

Barts Health Integrated Performance Report

August-23

Performance for: **Jun-23**



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Barts Health
NHS Trust

Executive Summary



Quality

Patient Safety - The Trust remains particularly challenged with the completion of serious incident investigations on time with a high proportion of investigations going overdue against the internal 60 days target. The number of SIs reported, and the number of SIs closed in time both remain a challenge across the Trust. In view of the planning for the transition to Patient Safety Incident Response Framework (PSIRF) reporting for this month focuses on serious incidents with an emphasis on actions to reduce the number of overdue investigations.

Infection prevention and control - Exceptions are noted with respect to infection prevention and control. Analysis of trends do not identify statistically significant variation for E coli or c diff infections and will be monitored as potential early indicators.

Maternity – Reporting this month sees the introduction of the ‘Reading the Signals’ dashboard, which marks a significant step in supporting our understanding of performance across areas of focus in maternity services.

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

The continued disruption to services as a result of industrial action is impacting on the Trusts ability to establish longer term performance trajectories with confidence. The operational teams in Group Operations and in each Hospital operational team are relentlessly focussed on the safe delivery of services with the ambition to maintain as much elective work as possible. Working with clinical leaders, establishing plans to mitigate disruption to services and patients will continue as further waves of industrial action are likely and dates for senior doctors are now planned for August.

Aside from the response to industrial action the delivery of improvement plans in Emergency Care, Elective delivery and Cancer continues at pace. The improvement at Whipps Cross stands out again with above plan performance. Learning is shared through the Unplanned Care Board and the Improvement and Transformation Team are continuing to apply a narrower focus on key areas of the operational plan. The work at RLH in patient flow is starting to have a positive impact. SBH have made good progress in the Theatre and Critical Care Improvement plans and have shared their QI approach and learning which will benefit across the Group.

In cancer services there had been an increase in the % of patients waiting longer than the 62-day cancer waiting time standard. In the last 2 months there has been patient level focus on improving pathways with Urology, ENT and Gynaecology at both Whipps Cross and Royal London Hospital. This has led to a 5% reduction in number of patients waiting in this cohort. This month we have also started to revise the approach to improvements in outpatients. Aligning the work in Hospital teams, the national GIRFT Further Faster programme and the BH Outpatient Transformation programme into a cohesive plan which includes the revision of clinic templates and further improvements in DNA. The use of best practice guides and connecting clinicians by speciality at a national level to share improvement ideas. The work will also seek to maximise the benefits of digital at Group and Hospital level through improving data quality in the patient waiting list and growing our Patient Knows Best population who can access information on their care and treatment plans.

Equity

Trust performance for ethnicity capture across A&E, Inpatients and Outpatients remains above 90%. However, there has been a marked decrease overall since December 2022 which is of concern and has been raised with site leads.

In this month’s snapshot, at Trust level, there are no significant differences in average waits between ethnic groups, or between male and female patients or for patients with Learning Disabilities. There was, however, a small difference in waiting times for patients living in the most deprived postcodes.

People

We continue to see growth in substantive staffing, alongside reductions in turnover and sickness absence rates, however the level of temporary staffing and specifically agency spend remain of concern.

Finance

- The Trust is reporting a £26.1m deficit for Month 3, which is (£19.5m) adverse against plan.
- The key financial challenges for the Trust in achieving its plan for the year to date include:
 - Delivery of the Elective Recovery Fund activity trajectory and the associated funding,
 - Improving productivity to reduce temporary staffing costs and deliver the efficiency savings targets set within Sites and Services budgets.
 - The impact of industrial action by medical staff.
- The Trust is currently working with NEL system partners on a system financial recovery plan for 2023/24. This plan will be submitted to NHS England and will specify the impact of financial recovery measures and the income and expenditure trajectory over the remainder of the year.



Barts Health
NHS Trust

Quality Report



Patient Safety - The Trust remains particularly challenged with the completion of serious incident investigations on time with a high proportion of investigations going overdue against the internal 60 days target. The number of SIs reported and the number of SIs closed in time both remain a challenge across the Trust. In view of the planning for the transition to Patient Safety Incident Response Framework (PSIRF) reporting for this month focuses on serious incidents with an emphasis on actions to reduce the number of overdue investigations.

Initiatives to address the overdue investigations include: additional support to investigators from governance teams at hospital and group levels; support to draft reports; streamlining of panel review and sign off process; alternative investigation methods such as round table reviews and investigation panels; Harm Free panel reviews with a focus on prevention to reduce incidents reoccurring.

Infection prevention and control - Exceptions are noted with respect to infection prevention and control. Analysis of trends do not identify statistically significant variation for E coli or c diff infections and will be monitored as potential early indicators.

Maternity – Reporting this month sees the introduction of the ‘Reading the Signals’ dashboard, which marks a significant step in supporting our understanding of performance are areas of focus in maternity services. Missing data in this iteration will be added in subsequent months. Exception reports are included for: Total number of Still births (all) per 1000 births; HIE (Hypoxic-Ischaemic Encephalopathy) – noting there were no cases in this reporting period; and maternity serious incidents.

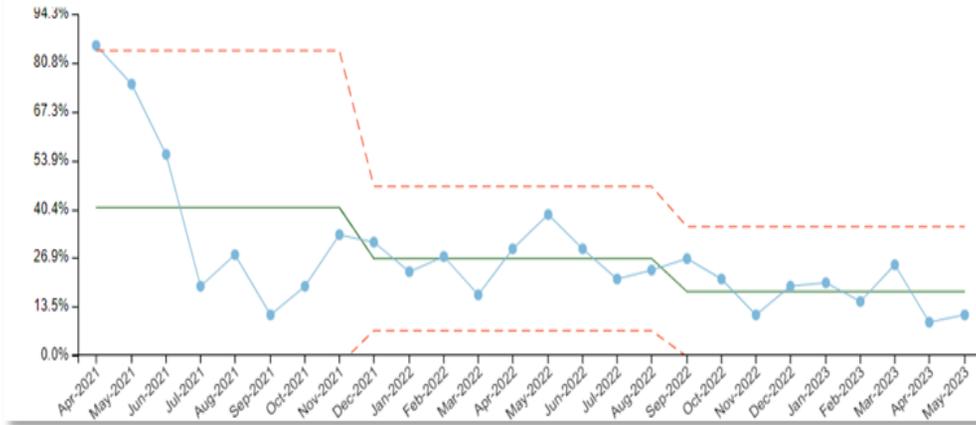
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison				
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other
Patient Experience	C12	MSA Breaches	●	○	○	May-23 (m)	<= 0	37	36	73	2	17	14	3	-
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff	○	○	○	2022/23 Q4 (q)	SPC Breach	22.3	20.7	20.7	26.9	36.1	23.9	11.2	-
	C1	FFT Recommended % - Inpatients	●	○	○	May-23 (m)	>= 95%	89.1%	91.3%	90.2%	87.6%	94.7%	90.4%	92.9%	-
	C2	FFT Recommended % - A&E	●	●	○	May-23 (m)	>= 86%	68.1%	65.7%	67.0%	59.2%	75.2%	60.5%	-	-
	C3	FFT Recommended % - Maternity	●	○	○	May-23 (m)	>= 96%	97.1%	95.8%	96.4%	100.0%	98.0%	91.9%	-	-
	C20	FFT Response Rate - Inpatients	●	○	○	May-23 (m)	>= 23%	36.8%	31.7%	34.0%	26.0%	52.5%	18.9%	32.4%	-
	C21	FFT Response Rate - A&E	●	○	○	May-23 (m)	>= 12%	9.6%	7.2%	8.3%	7.3%	9.2%	5.2%	-	-
	C22	FFT Response Rate - Maternity	●	●	○	May-23 (m)	>= 17.5%	16.2%	20.1%	18.3%	0.5%	44.7%	19.5%	-	-
	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	●	○	○	May-23 (m)	>= 85%	84.2%	82.1%	83.0%	82.5%	82.9%	66.7%	100.0%	-
	R30	Duty of Candour	●	○	○	Apr-23 (m)	>= 100%	83.7%	76.2%	76.2%	84.6%	100.0%	66.7%	33.3%	-

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

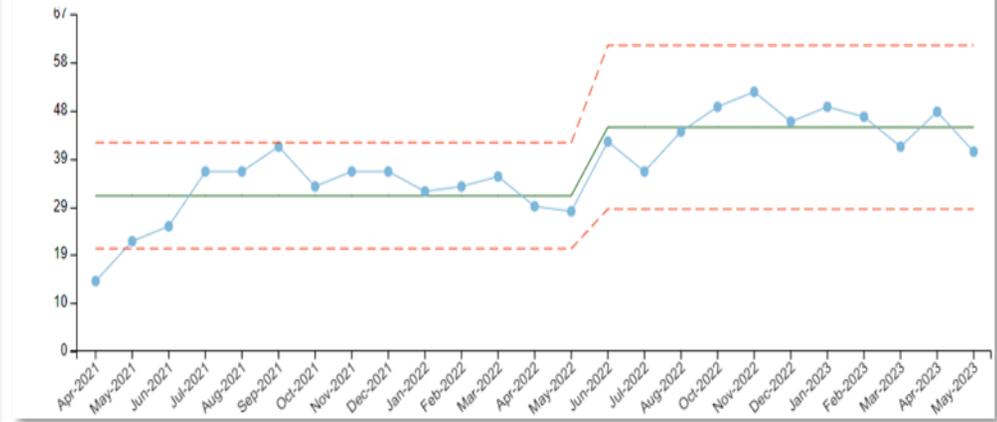
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison				
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other
Infection Control	S10	Clostridium difficile - Infection Rate	●	●	○	May-23 (m)	<= 16	23.5	24.6	24.1	10.9	42.2	9.6	63.1	-
	S11	Clostridium difficile - Incidence	●	○	○	May-23 (m)	<= 10	13	15	28	3	7	1	4	0
	S2	Assigned MRSA Bacteraemia Cases	●	●	○	May-23 (m)	<= 0	1	1	2	0	1	0	0	0
	S77	MSSA Bacteraemias	○	○	○	May-23 (m)	SPC Breach	9	15	24	5	3	2	5	0
	S76	E.coli Bacteraemia Bloodstream Infections	●	○	○	May-23 (m)	<= 20	26	33	59	16	9	3	5	0
Incidents	S3	Never Events	●	○	○	May-23 (m)	<= 0	1	0	1	0	0	0	0	0
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●	○	○	May-23 (m)	<= 0.9%	1.5%	1.9%	1.7%	2.1%	1.2%	3.2%	1.4%	-
	S45	Falls Per 1,000 Bed Days	●	○	○	May-23 (m)	<= 4.8	3.6	4.2	3.9	3.8	4.5	3.7	6.1	-
	S25	Medication Errors - Percentage Causing Harm	●	○	○	May-23 (m)	<= 4%	4.4%	4.0%	4.2%	4.3%	3.4%	3.6%	4.3%	-
	S49	Patient Safety Incidents Per 1,000 Bed Days	○	○	○	May-23 (m)	SPC Breach	55.2	58.2	56.8	46.0	73.1	60.7	66.0	-
	S53	Serious Incidents Closed in Time	●	○	○	May-23 (m)	>= 100%	9.1%	11.1%	10.3%	12.5%	0.0%	25.0%	0.0%	-

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

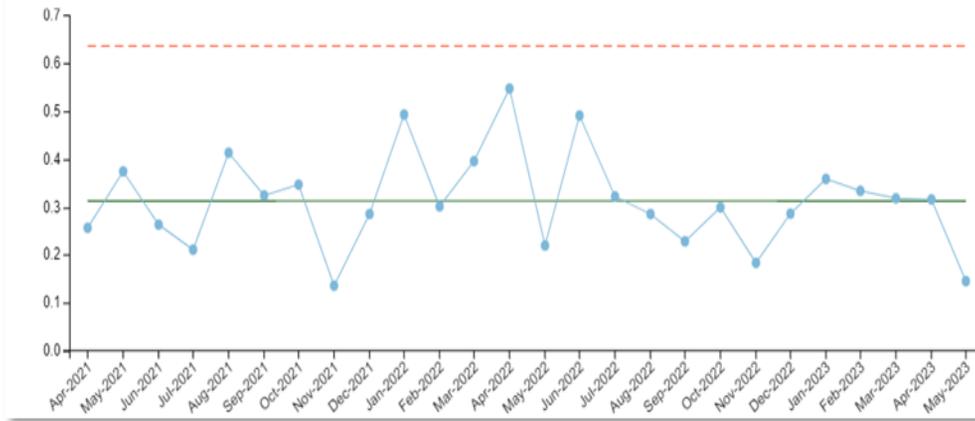
Serious Incidents Closed in Time



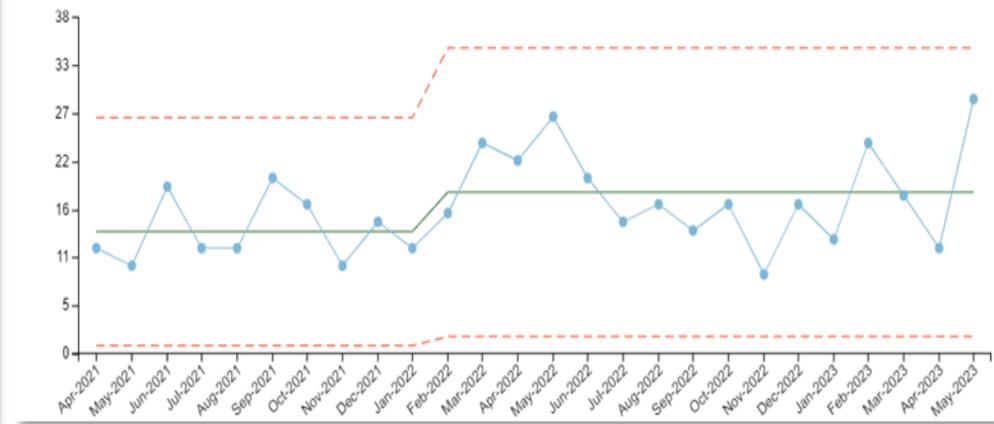
Serious Incidents Overdue



Serious Incidents Per 1,000 Bed Days



Serious Incidents Reported



Analysis for the current position

The Trust remains particularly challenged with the completion of serious incident investigations on time with a high proportion of investigations going overdue against the internal 60 days target. The number of SIs reported and the number of SIs closed in time both remain a challenge across the Trust. Analysis of the data identifies an increase in the number of serious incidents (SI) reported coinciding with pandemic recovery, with a subsequent increase in reporting of overdue SI investigations.

The management of SIs remains a top priority. Progress is monitored weekly at both divisional governance forums and monthly divisional performance reviews and associated hospital and trust level committees. The progress is overseen by the Medical and Nursing Directors at hospital level and Executive oversight via Quality Deep Dives and reporting to the Quality Board and Quality Assurance Committee.

Actions for clearing the backlog and timeframes

Significant efforts are being made to reduce the number of overdue SIs, which has included exploring taking a thematic approach to SIs with clustering of common themes. Whilst the key learning points may be similar, the emphasis remains focused on supporting patient engagement and involvement.

Initiatives to address the overdue investigations include: additional support to investigators from governance teams at hospital and group levels; support to draft reports; streamlining of panel review and sign off process; alternative investigation methods such as round table reviews and investigation panels; Harm Free panel reviews with a focus on prevention to reduce incidents reoccurring.

In preparation for the transition to the Patient Safety Incident Response Framework (PSIRF) hospitals are starting to consider future learning responses to patient safety events as SIs are declared with the aim trialling new investigation methodologies. The aim is to have none or minimal outstanding/overdue SIs at the point of PSIRF implementation in November 2023.

	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	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	●	●	○	Apr-23 (m)	<= 0.51	0.67	0.83	0.83	0.48	0.63	1.93	0.95	-

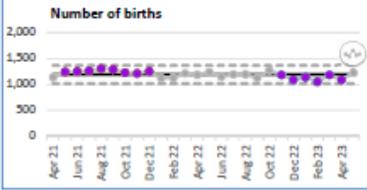
Summary Hospital-Level Mortality Indicator and Risk Adjusted Mortality Index: these metrics are adjusted for Covid-19 (i.e. confirmed or suspected cases of Covid-19 are not included).

Maternity overview

Barts Health NHS Trust

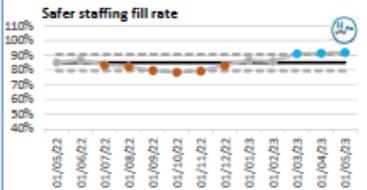
Latest month 01/05/23
Number of births 1222

No significant change



Latest month 01/05/23
Safer staffing fill rate 92%

Significant Improvement

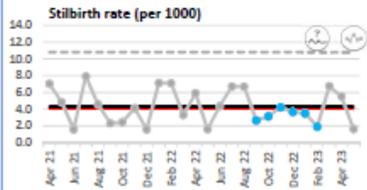


Latest month
Proportion of staff with concerns about safety



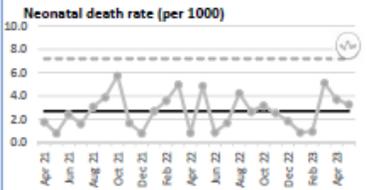
Latest month 01/05/23
Still birth rate/1000 1.6

No significant change



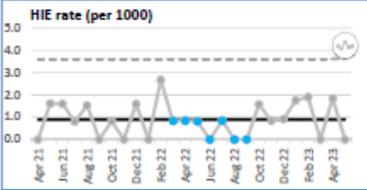
Latest month 01/05/23
Neonatal Death rate/1000 3.3

No significant change



Latest month 01/05/23
HIE rate/1000 0.0

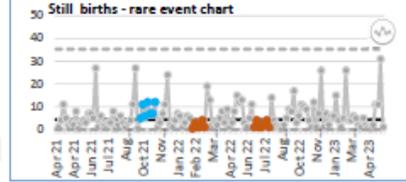
No significant change



Date of last stillbirth 29/05/23

Average days between stillbirths 4.3

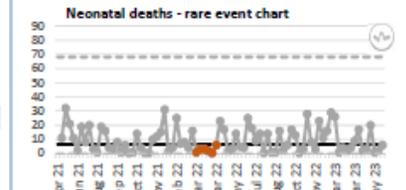
No significant change



Date of last neonatal death 20/05/23

Average days between deaths 6.5

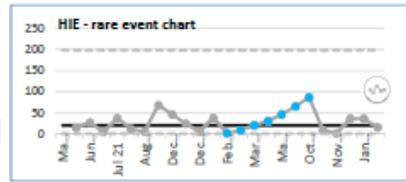
No significant change



Date of last HIE 27/01/23

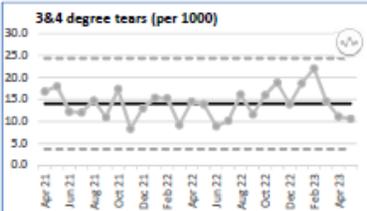
Average days between HIE 20.1

No significant change



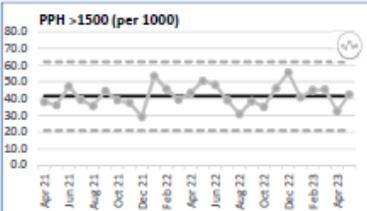
Latest month 01/05/23
3&4 degree tears (per 1000) 10.6

No significant change



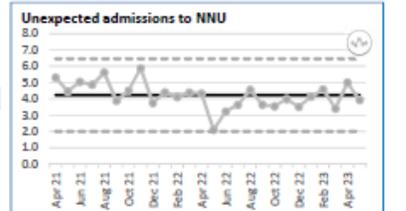
Latest month 01/05/23
PPH >1500 (per 1000) 42.6

No significant change

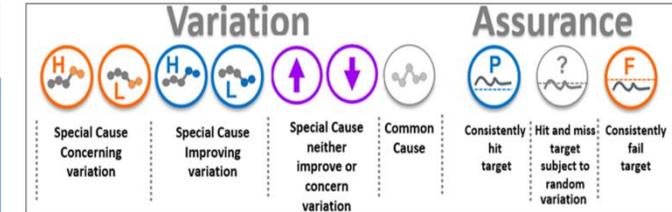


Latest month 01/05/23
Unexpected admissions to NNU 3.9

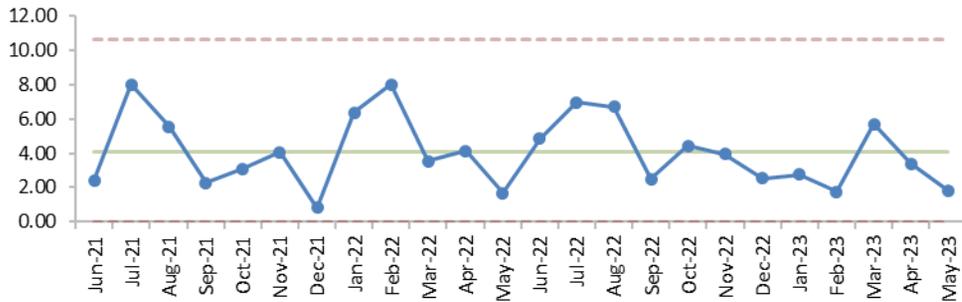
No significant change



KPI	Latest month	Barts Health NHS Trust		Newham University Hospital		The Royal London		Whipps Cross	
		Measure	Variation	Measure	Variation	Measure	Variation	Measure	Variation
Number of births	May 23	1222	↔	451	↔	421	↔	350	↔
Stillbirth rate (per 1000)	May 23	1.64	↔	2.22	↔	0.00	↔	2.86	↔
Neonatal death rate (per 1000)	May 23	3.3	↔	0.0	↔	7.1	↔	2.9	↔
HIE rate (per 1000)	May 23	0.0	↔	0.0	↔	0.0	↔	0.0	↔
Unexpected admissions to NNU	May 23	5.0	↔	4.5	↔	2.9	↔	20.4	↔
3&4 degree tears (per 1000)	May 23	10.6	↔	6.7	↔	17.0	↔	8.7	↔
PPH >1500 (per 1000)	May 23	42.6	↔	31.3	↔	58.3	↔	40.6	↔
Safer staffing fill rate	May 23	92%	↑	96%	↔	94%	↔	86%	↔
Proportion of staff with concerns about safety	May 23		↔		↔		↔		↔



Total Still birth per 1000 births (Ante-Partum)



Indicator Background:

There is a national ambition to reduce stillbirth, neonatal death and brain injury by 50% by 2025. The stillbirth ambition is for the rate to decrease to 2.6 stillbirths per 1,000 births by 2025. The 2020 national rate was 3.8 stillbirths per 1,000 births unchanged since 2019.

What is the Chart Telling us:

The SPC chart shows normal variation within our parameters but does not yet indicate a statistical shift to demonstrate progress towards a target of a 50% reduction.

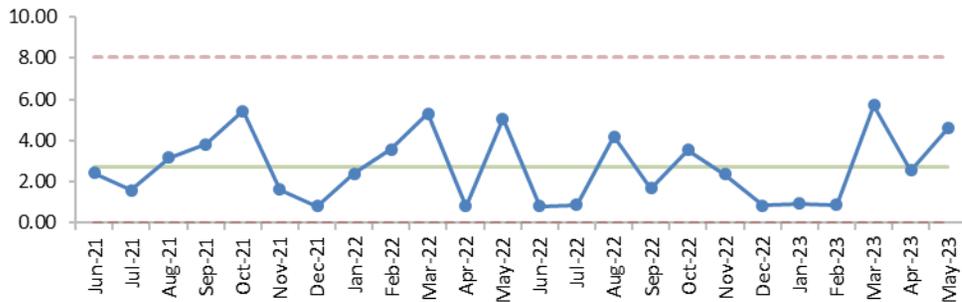
Performance Overview

There were two stillbirth cases in May. One related to a baby with known abnormalities which were incompatible with life. This woman was cared for by the fetal medicine specialist team and chose to continue her pregnancy. The second case was for a baby, whose mother reported reduced fetal movements. There were no care of service delivery problems identified in this case during the review. Both cases will be subject to a Multi Disciplinary Team (MDT) review using the national perinatal mortality review tool (PMRT).

Responsible Director Update

No PMRT cases were closed in month. The cases reviewed on the PMRT platform relate to losses from previous months, as information gathering and parental involvement, including investigations are all fed into the review. During the previous quarter, there were 20 stillbirth cases. Of the two cases closed, both had parental perspective of care sought and considered. One loss was at 32-36 weeks gestation, and had growth restriction in pregnancy which was appropriately managed. The other loss was at full term. The reviewers identified that in one case the Did Not Attend (DNA) policy was not followed, but that this did not impact the care or outcome for the baby. The hospitals are working on a policy which will allow parents who wish it, to take their baby home with them directly before the funeral takes place, which is in line with national best practice recommendations, and following feedback from women.

Neonatal Deaths per 1000 Births



Indicator Background:

Prior to 2021, the national ambition covered all neonatal deaths, and required the neonatal mortality rate to fall to 1.5 deaths per 1,000 live births by 2025. In 2021, the ambition was revised, as outlined in the Safer maternity care progress report 2021. The ambition was changed to 1.0 neonatal deaths per 1,000 live births for babies born at 24 weeks or over (1.3 for all gestations).

What is the Chart Telling us:

The charts tell us that thankfully neonatal deaths are rare. Because of this, that data fluctuates from month to month. Work with the Making Data Count team at NHS Improvement will support the development of a rare events chart which will assist with visualisation of performance and outcomes.

Performance Overview

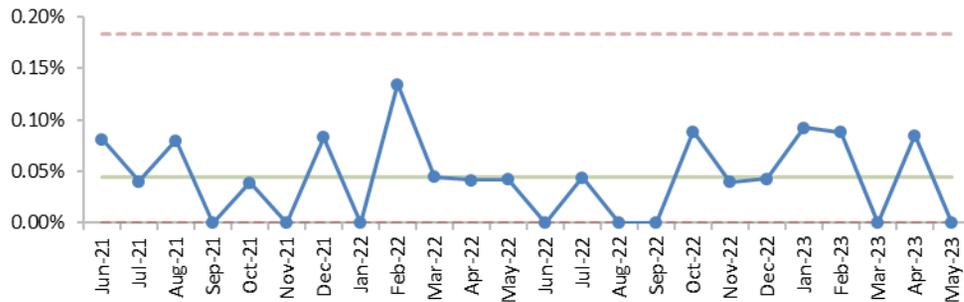
There were 4 neonatal deaths recorded in May. Three cases were for babies born at the extremes of prematurity. One baby died at 29 weeks for corrected gestation, also of complications of prematurity.

These case will be subject to a MDT review using the national perinatal mortality review tool (PMRT), some may be excluded from a full review due to the prematurity.

Responsible Director Update

No PMRT cases were closed in month. The cases reviewed on the PMRT platform relate to neonatal deaths from previous months, as information gathering and parental involvement, including investigations are all fed into the review. During the previous quarter, there were 12 neonatal and late neonatal deaths reported, of which 1 was not supported for review using this tool due to exclusion criteria, and 11 are still in progress.

Percentage of HIE



What is the Chart Telling us:

Nil of note for May for babies born and receiving treatment in neonatal facilities at Barts health.

Indicator Background:

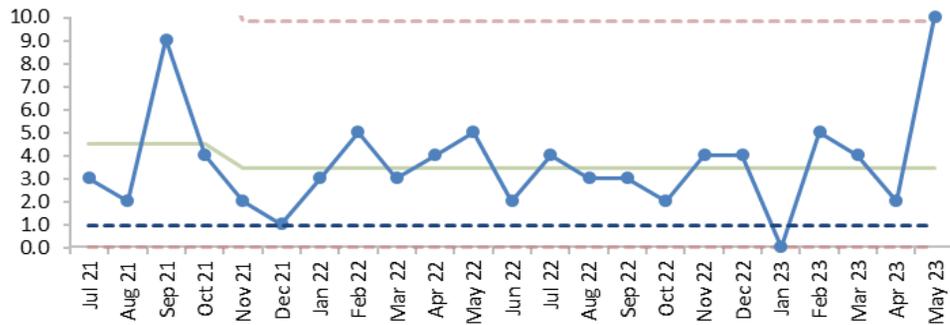
The rates for brain injury or HIE fluctuate monthly across the sites, Cases of severe brain injury are fortunately rare. Babies who are born in poor condition at birth are reviewed by our neonatal teams to review suitability for cooling therapy which is known to reduce the severity of injury to the brain following acute onset of hypoxia during birth. Cooling therapy is known to slow down the changes in the brain which can continue to have a detrimental effect even after the hypoxic insult has occurred. Babies are cooled for 72 hours, their body temperature is reduced and they are sedated and made comfortable during this process with various medications. Bart's Health provides this therapy at the Royal London site, and we also refer babies to The Homerton hospital where needed.

Brain injury can be as a result of changes that occur during the pregnancy as a result of reduced blood flow to the placenta, but can also occur during labour, which is why foetal monitoring is a vital component of safe care. Any cases where a baby is referred for cooling and has a brain injury is referred for external review by Healthcare Safety Investigation Branch (HSIB). Improvement work at Barts health focuses on foetal well being in pregnancy and good foetal monitoring during labour to identify early signs of hypoxia and to help us deliver these babies in a timely way.

Performance Overview

There were no cases of HIE identified in May for babies born within and treated at Barts Health. There were two babies who were referred for cooling therapy during the month, thankfully both MRI scans demonstrated that there was no significant HIE diagnosed. Both cases were therefore rejected for HSIB review, but have been reviewed internally, one of which will be reviewed as a serious incident.

Maternity SIs



Indicator Background:

A Serious Incident (SI) is an incident in which a patient, member of staff or members of the public suffers serious injury, major permanent harm, or unexpected death, (or the risk of death or injury), on hospital premises. It could be an incident where the actions of healthcare staff are likely to cause significant public concern. It can also be an incident that might seriously impact upon the delivery of service plans and/or may attract media attention and/or result in litigation and/or may reflect a serious breach of standards or quality of service.

What is the Chart Telling us:

The chart tells us that 10 serious incidents were reported onto the STEIS (SI) database in May. In maternity incidents will still be declared as SIs even if it was not deemed that there was a lapse in care standards due to the serious impact this may have on the woman or baby and the opportunity for learning.

Performance Overview

Of the 10 incidents reported, three occurred in the reporting period details of which are in the adjacent box.

The remaining 7 incidents reported on STEIS in May relate to incidents that occurred in previous months, details of which have been reported in earlier reports, 5 of which relate to cases notified to and accepted in April by HSIB that have contributed to the May figures.

There are currently 12 cases still with HSIB for review:

6 cases relating to HIE and Cooling therapy,
1 neonatal death

5 intrapartum stillbirths, two of which are with the Trust for factual accuracy.

Responsible Director Update

Serious Incidents accruing in May:

- A baby was referred for cooling therapy and had a normal MRI. To review identification and management of maternal diabetes late in pregnancy and review of fetal growth.
- A baby born in poor condition, who received cooling therapy and had a normal MRI. To review oversight of the second stage of labour where there has been a concern in fetal wellbeing.
- A baby born in March at another level 3 neonatal unit. BH informed in May as part of the PMRT review. To review triage process and holistic clinical oversight - mother presented on the day previous to premature labour with abdominal pain.

HSIB

- HSIB Themes: risk assessment, escalation and clinical oversight.
- Themes specifically identified at NUH: challenges in the Triage department including the staffing and escalation model; staffing ring-fenced during times of high activity.



Barts Health
NHS Trust

Operational Performance Report



Summary Performance

Urgent & Emergency Care

- For 2023/24 the NHS has set a 76% A&E performance standard to be achieved by all trusts by March 2024.
- In June 2023, 42,994 attendances were recorded, 1,401 (-3.2%) fewer attendances than May.
- A&E 4-hour performance for June performance increased from 67.9% in May to 70.1% in June 2023, an increase of 2.2%.
- The proportion of patients with an A&E 12-hour journey time reduced from 5.3% in May to 4.7% in June (-0.6%), against a national standard of no greater than 2%.
- For June 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 10th out of 18 trusts reporting data in London and was ranked 5th out of the top 10 English trusts (ranked by volume of attendances) reporting data.

Cancer

- In May 2023 a performance of 78.4% was recorded in relation to the 2 week wait standard of 93%, a reduction of 0.1% against April's 78.5%. Breaches of the standard increased from 641 in April to 731 in May (+90), performance for the month was impacted by Industrial Action which occurred between 11 - 15 April as well as the Easter holiday period.
- Barts Health has had strong aggregated performance for the Faster Diagnosis Standard, requiring that at least 75% of patients should wait no longer than 28 days from referral to finding out whether or not they have cancer, whilst performance against the standard has been challenged since September 22, the Trust returned to compliance in both February and March 2023. For May 2023 the Trust achieved the standard for Breast Symptomatic (98.9%) and Screening referrals (100%), however did not achieve the standard for All (aggregated) referrals, recording a performance of 70.7%, an increase of 0.3% against April's 70.4%.
- With continued focus from NHS England on 62 day backlog clearance as at 20th July 2023, North East London (NEL) had the second lowest backlog of the London Integrated Care Boards (ICBs), with 528 patients waiting over 62 days, at 6.4% of the total waiting list.

Diagnostics

- For June 2023 a performance of 78.4% was recorded, a movement of 2.3% against May's 80.7%.
- In June the greatest challenges relate to MRI long waits, Cardiac CT long waits and performance, and non-obstetric ultrasound (NOUS) waiting list size.
- Opportunities for process and productivity improvements; helping to mitigate the need for additional staff, are being developed across modalities.

Elective Care

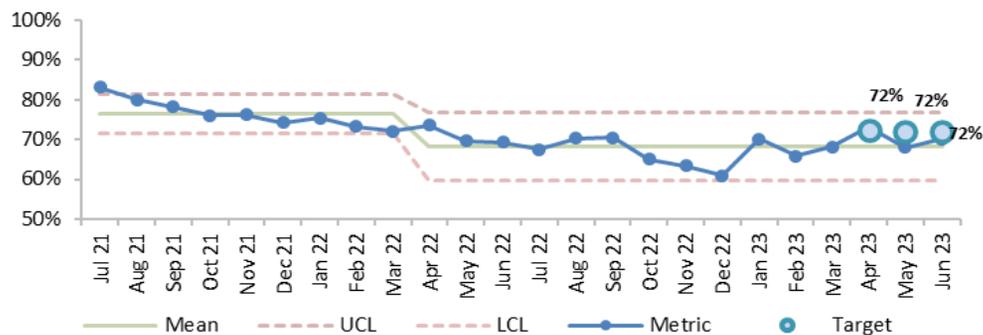
- For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog. For June 2023 the trusts admitted (inpatient and day case) trajectory set a target of 7,961 admissions against which the trust delivered 7,990 (+29 admissions).
- For outpatients (first and follow up) for the same month the trajectory set a target of 127,368 attendances, against which the trust delivered 135,743 (+ 3,292 attendances).
- In relation to the RTT month-end nationally submitted data the trust reported 6 pathways waiting 104+ weeks at the end of June 2023, an reduction of 2 pathways against the May position.
- In relation to 78+ week wait backlog volumes, 226 pathways were reported at the end of June, a reduction of 66 against the May position.
- For 2023/24 the NHS has set all trusts the objective of clearing 65+ week wait backlog volumes by March 2024. At the end of June the trust recorded 2,128 pathways waiting 65+ weeks, an increase of 151 against the May position.

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	●			Jun-23 (m)	>= 72%	67.9%	70.1%	70.3%	62.4%	74.4%	68.7%	-	-	67.9%
A&E 12 Hours Journey Time	●			Jun-23 (m)	<=2.0%	5.3%	4.7%	-	5.0%	5.0%	3.9%	-	-	4.7%
Ambulance Handover - Over 60 mins				Jun-23 (m)	-	510	458	-	50	239	169	-	-	458
Ambulance Handover - Over 30 mins				Jun-23 (m)	-	1,338	1,224	-	343	367	514	-	-	1,224
Cancer 62 Days From Urgent GP Referral	●			May-23 (m)	>= 85%	59.6%	60.6%	60.0%	59.5%	71.6%	40.9%	51.8%	-	60.6%
Cancer 31 Day Diagnosis to First Treatment	●			May-23 (m)	>= 96%	93.9%	95.9%	94.9%	88.9%	98.1%	100.0%	97.5%	-	95.9%
Cancer 28 Day FDS 2WW	●			May-23 (m)	>= 75%	68.8%	68.1%	68.4%	62.7%	63.2%	77.7%	93.3%	-	68.1%
Cancer 28 Day FDS Breast Symptomatic	●			May-23 (m)	>= 75%	87.6%	98.9%	93.2%	-	100.0%	100.0%	97.4%	-	98.9%
Cancer 28 Day FDS Screening	●			May-23 (m)	>= 75%	84.8%	100.0%	93.4%	100.0%	100.0%	100.0%	100.0%	-	100.0%
Diagnostic Waits Over 6 Weeks	●			Jun-23 (m)	>= 95%	80.7%	78.4%	78.8%	66.3%	99.0%	91.2%	73.0%	-	78.4%
65+ Week RTT Breaches	●			Jun-23 (m)	1,813	1,977	2,128		1,420	546	154	7	1	2,128
78+ Week RTT Breaches	●			Jun-23 (m)	0	292	226		168	26	32	0	-	226
104+ Week RTT Breaches	●			Jun-23 (m)	0	8	6		6	0	0	0	-	6
Completeness of Ethnicity Recording				Jun-23 (m)		92.0%	91.7%	-	91.0%	91.7%	92.5%	92.6%	-	91.7%

Note to table:

- The A&E target presents monthly trajectory values designed to deliver the national ambition of 76% 4-hour performance by March 2024
- 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 targets are zero for 2023/24, however NHS England have set the trust a deadline of end June 23 to clear 78+ week backlog
- 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



Indicator Background:

The A&E four-hour waiting time standard requires patients attending A&E to be admitted, transferred or discharged within four hours. From 2010 the four-hour A&E waiting time target required that at least 95% of patients were treated within four-hours.

As a consequence of the impact of the Covid pandemic, during December 2022 an intermediary threshold recovery target of 76% was set to be reached by March 2024 with further improvement expected in 2024/25. Fundamentally the four-hour access target is a clinical quality and patient experience measure.

What is the Chart Telling us:

The data records a reducing trend in relation to performance against the 4-hour standard since the start of the data-series in July 2021. A reducing step-change is triggered from March 2022 resulting from a run of 8 data-points below the mean. A degree of variability is visible in the data from December 2022, with that month recording the lowest performance in the data-series and April 2023 recording the highest since April 2022. May 2023 performance dropped below the mean and failed the target but June shows an improvement with performance above the mean.

Trust Performance Overview

- In June 2023, 42,994 attendances were recorded, 1,401 (-3.2%) less than May. June 2023 attendance were 6.1% lower than in June 2022 (-2,791).
- A&E 4-hour performance increased from 67.9% in May to 70.1% in June 2023, an increase of 2.2%.

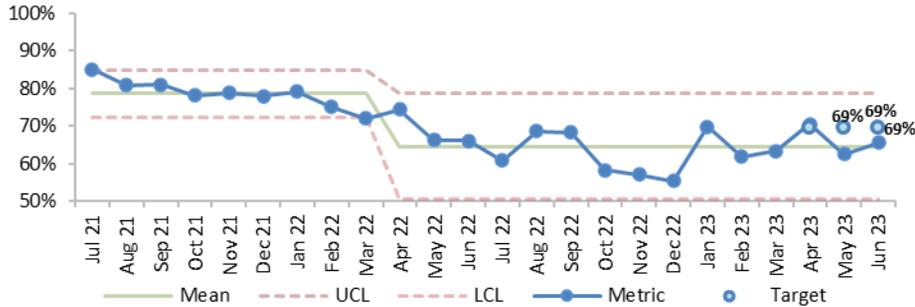
Trust Responsible Director Update

July saw further industrial action by the BMA. This period saw a longer duration (five days) and action by both junior and senior doctors. The hospitals planned well for this action with Urgent and Emergency Care (UEC) pathways safely maintained throughout the period even though ambulance volumes did not reduce. Of particular note was the improvement in flow observed at RLH, potentially the effect of more senior medical staff on discharge decisions. Mental Health patients' waiting for extended periods of time continued to present a safety and performance risk for both patients and staff in June. In response to the ongoing issues (particularly impacting Whipps and RLH) a CEO Escalation meeting was held NEL-wide on 15 June. The outputs from this meeting amongst other things include a "Mental health in ED" summit. The outputs will also need to include a clearer position on mental health capacity across NEL as this is currently a key challenge.

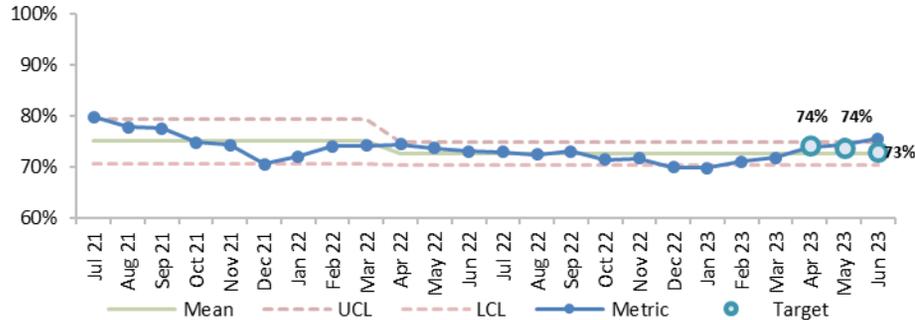
Overall, the Group met the 4 hour wait performance trajectory in July. However, a better than trajectory performance at Whipps Cross and an improving position at Newham effectively offsets the ongoing performance challenges at the Royal London. Revised trajectories have been produced by both Newham and RLH for the weekly Urgent Care Board oversight group. Steady progress through July can be seen at Newham, where further work is to be undertaken on bolstering the ED nursing and medical workforce, including further support for the Urgent Treatment Centre. Whilst RLH hit the recast (lower) trajectory for July, the absolute level of performance and an increased trajectory for August remain a cause for concern. The main challenge for RLH is Type 3 Urgent Treatment Centre (UTC) performance. NHS North East London (NHS NEL) has recently commissioned a review of UTCs, including RLH. It is important to work with NHS NEL to expedite progress on this review, which will support the improvements required by the current provider.

Short term recovery work at RLH also highlights the importance of flow through the hospital along with earlier in the day discharges. The Group Improvement and Transformation Team is working with the RLH COO and team to quantify the impact of work on patient flow and the number of patients able to be discharged earlier in the day. Some evidence of an improvement in type one performance at RLH can be seen.

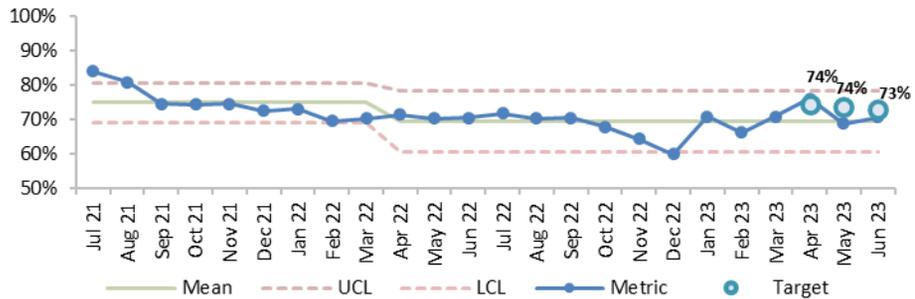
Royal London: A&E 4 Hour Wait Performance



Whipps Cross: A&E 4 Hour Wait Performance



Newham: A&E 4 Hour Wait Performance



Hospital Site Performance Overview

Whipps Cross:

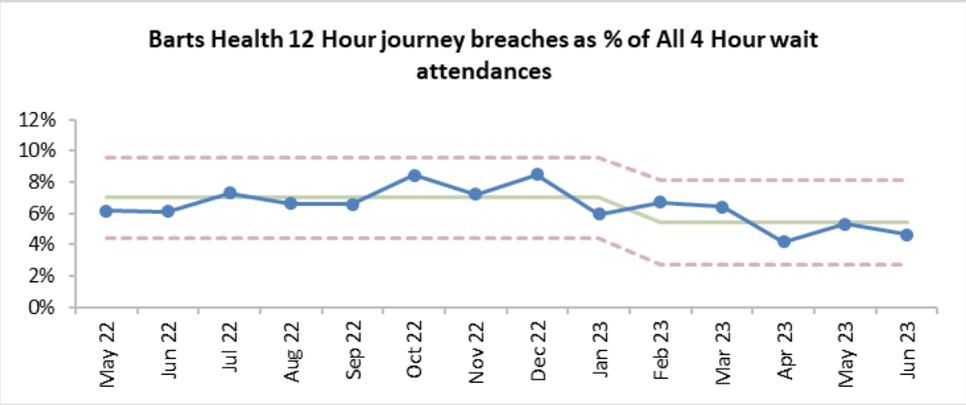
For June 2023 Whipps Cross recorded a performance of 75.6%, an improvement of 1.2% against May's 74.4%. Between May and June attendances reduced by 226 from 13,262 to 13,036, a reduction of 1.7%.

Newham:

For June 2023 Newham recorded a performance of 70.7%, an improvement of 2% against May's 68.7%. Between May and June attendances decreased by 642 from 13,403 to 12,761, a reduction of 4.8%.

Royal London:

For June 2023 the Royal London recorded a performance of 65.5%, an increase of 3.1% against May's 62.4%. Between May and June attendances reduced by 533 from 17,730 to 17,197, a reduction of 3%.



Indicator Background:

The NHS has two methods for measuring twelve-hour A&E waiting times. The first, also referred to as “trolley waits”, refers to the elapsed time from the point a decision is made to admit a patient to the point the patient leaves A&E to be admitted to a hospital bed. As such the standard only measures waiting time against the twelve-hour threshold for patients requiring admission and does not include the period prior to a decision to admit being made.

The second method measures the elapsed time from the moment a patient attends A&E to the time they are admitted, discharged or transferred. As such this version of the standard is referred to as the “total journey time” as it measures all elements of the patients journey regardless of whether or not they require admission.

Both versions of the standard are designed to measure and improve patient experience and clinical care. However, it is the “journey time” standard reported in this section of the performance report. 12 hour journey time is a key performance and safety metric with the Royal College of Emergency Medicine noting a correlation of long waits in EDs to potential patient harm and clinical outcome.

Trust Performance Overview

Hospital site performance:
The proportion of patients with an A&E 12-hour journey time reduced from 5.3% in May to 4.7% in June (-0.7%), against a national standard of no greater than 2%.

What is the Chart Telling us:

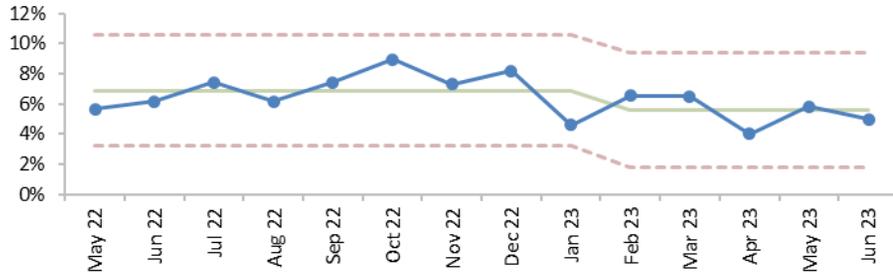
The chart presents considerable data-variability above and below the mean (Green line) however without any continuous trends visible in the data or statistically significant breaches of the upper and lower confidence limits. April 2023 recorded the lowest proportion of 12-hour breaches in the entire data-series stretching back to April 2022 at 4.2%. Breaches decreased in June to 4.7%.

Trust Responsible Director Update

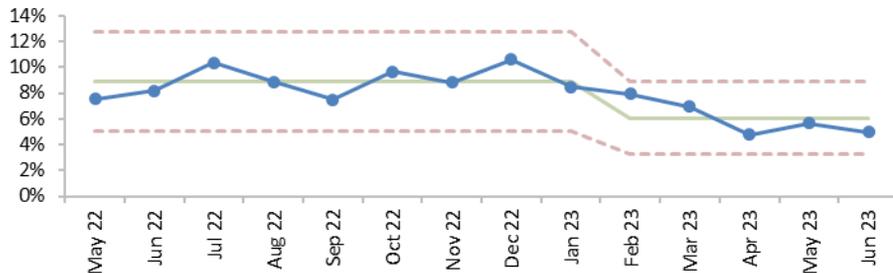
Mental Health Substantial volumes of mental health patients wait for longer than 12 hours in our Emergency Departments before being admitted to a mental health bed, particularly at Whipps Cross and the Royal London. In June, 14% of the patients that waited 12 hours from decision to admit to the time they left A&E (trolley waits) were mental health patients. This will therefore also be having an impact on the overall 12-hour journey time performance. Further work across hospitals and with integrated care system and mental health provider teams is crucial to address this issue, particularly prior to the winter months. A NEL improvement plan for mental health has now been shared and impact and metrics will be tracked via the Urgent Care Board (UCB).

Improvement Planning and Supporting Flow The overall volume of patients waiting for 12 hours continued to reduce in July to less than 4% from a peak of more than 11% in October last year. Further work is required to reach the ambition of 2%. Improvement work overseen by the UCB continues to focus on the underlying reasons for long ED waits; programmes of work are flow streaming and same day emergency care. We will seek to accelerate this work over the autumn to support hospitals as we prepare for the winter months.

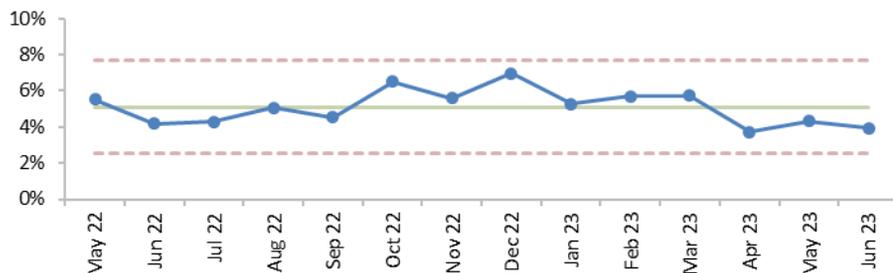
Royal London 12 Hour journey breaches as % of All 4 Hour wait attendances



Whipps Cross 12 Hour journey breaches as % of All 4 Hour wait attendances



Newham 12 Hour journey breaches as % of All 4 Hour wait attendances



Mean UCL LCL Metric Target

Hospital Site Performance Overview

Royal London:

The proportion of 12-hour wait times recorded at the Royal London was 5.0% for June 2023, an decrease of 0.8% against May's 5.8%.

Whipps Cross:

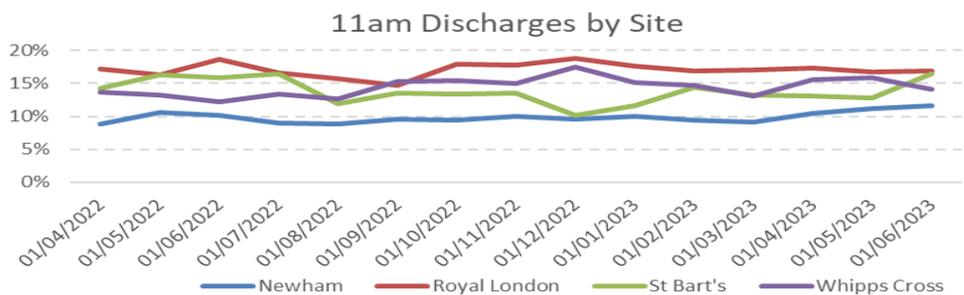
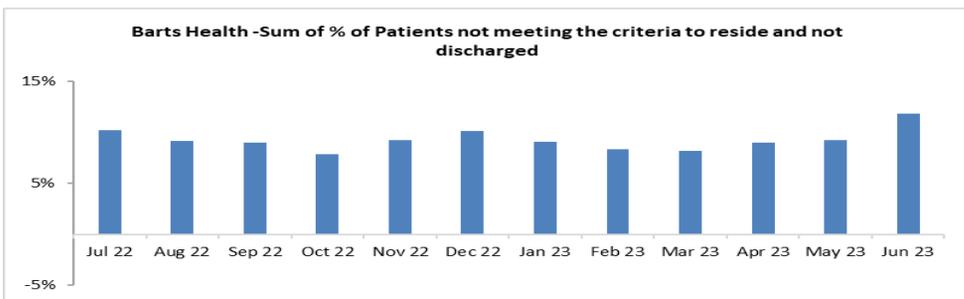
The proportion of 12-hour wait times recorded at Whipps Cross was 5.0% for June 2023, an decrease of 0.7% against May's 5.6%.

Newham:

The proportion of 12-hour wait times recorded at Newham was 3.9% for June 2023, an decrease of 0.4% against May's 4.3%.

The number and proportion of 12-hour breaches is heavily influenced by the pressure A&E's are under, including patient flow challenges for example the early availability of inpatient beds and general availability of beds due to increased length of stays.

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



Indicator Background:

Once people no longer need hospital care, being at home or in a community setting (such as a care home) is the best place for them to continue recovery. However, unnecessary delays in being discharged from hospital are a problem that too many people experience. Not only is this bad for patients but it also means the bed cannot be used for someone who needs it, either waiting for admission from A&E or waiting for an elective admission from the waiting list.

In order to focus attention on this issue all hospitals are required to review their patients every day against what are known as the “criteria to reside”. Where a patient no longer needs to be in a hospital bed then they also no longer meet the criteria to reside and should have an active plan in place to discharge them, in some cases with support from health and social care services, or they may require a residential placement in a community setting. Lack of community resources or inefficient hospital discharge processes can result in such patients remaining in a hospital bed.

It is these patients that are reported in this section of the Board report. While there is no national target, the number and proportion of no criteria to reside patients should be as small as possible and reducing over time.

A new national discharge ready metric will be reported on a daily basis and replaces the ‘no criteria to reside’ category. This return and discharge processes requires continuing close partnership working between Local Authorities, social care colleagues and acute providers.

Trust Performance Overview

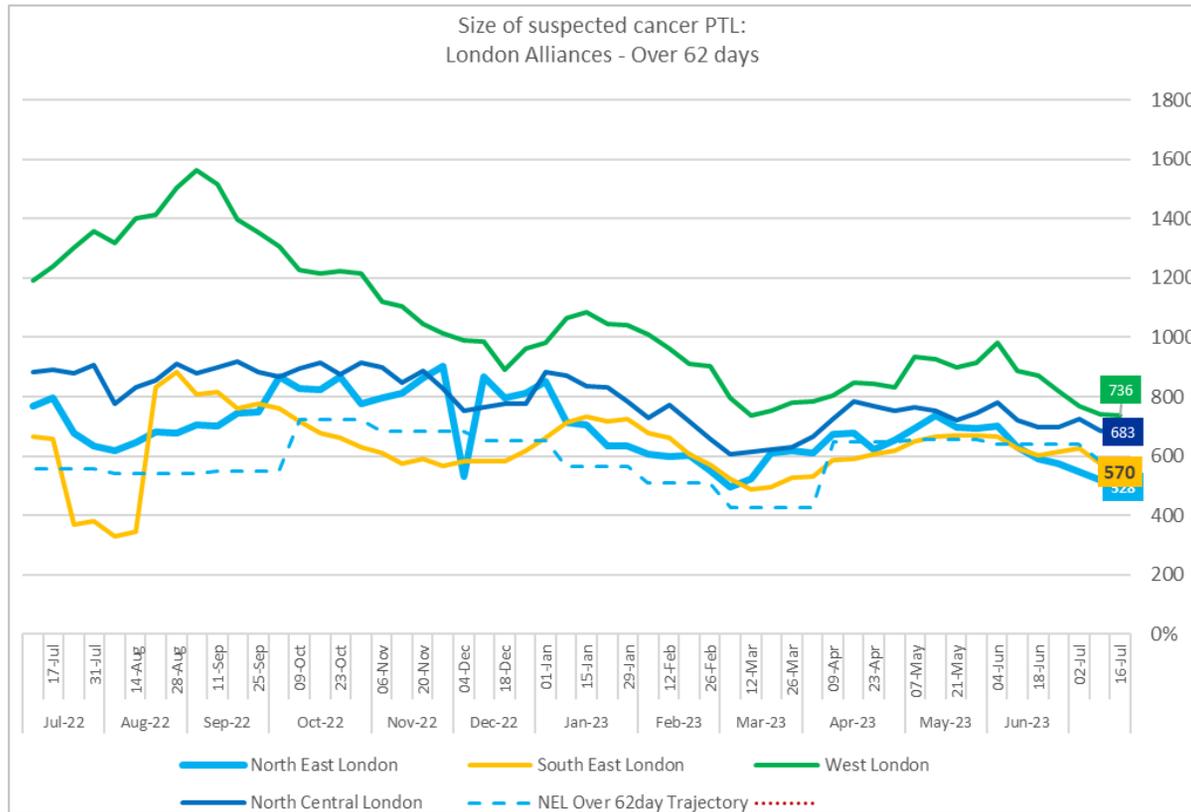
- In May 2023 9.2% of our bed base was occupied by patients with no criteria to reside. Trust wide this is the equivalent of 753 patients (average across the month of 24 patients a day) and a total of 4,003 bed days.
- Royal London: 11.8% equivalent to 312 patients, average across the month of 10 patients a day.
- Whipps Cross: 10.5% equivalent to 273 patients, average across the month of 8 patients a day.
- Newham: 9.7% equivalent to 157 patients, average across the month of 5 patients a day.
- St Bart’s: 0.9% equivalent to 13 patients, average across the month of less than 1 patient per day

Trust Responsible Director Update

Work with each of the hospitals supported by the Transformation and improvement team is designed to increase the number and timeliness of non complex discharges. The national ambition remains for hospitals to achieve 33% of daily discharges before 11.00 am. This opportunity is recognised by the Hospitals as it will improve flow, reduce pressures in our ED and lower the rate of elective cancellation. Analysis supporting early discharge work across the Group suggests material room for improvement on early discharge with RLH at 21% YTD SBH at 19% YTD NUH at 10% YTD and WX at 9% YTD. The Group overall is at 15%.

Hospital plans, supported by our Improvement and Transformation teams, are focusing on improved capacity and capability in Same Day Emergency Care, Virtual Wards and Flow. These workstreams should allow UCB to oversee earlier rates of discharge at its weekly meeting. A summary of work by site:

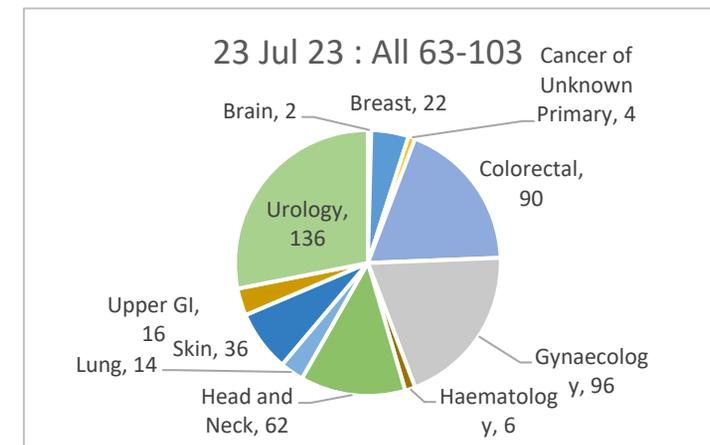
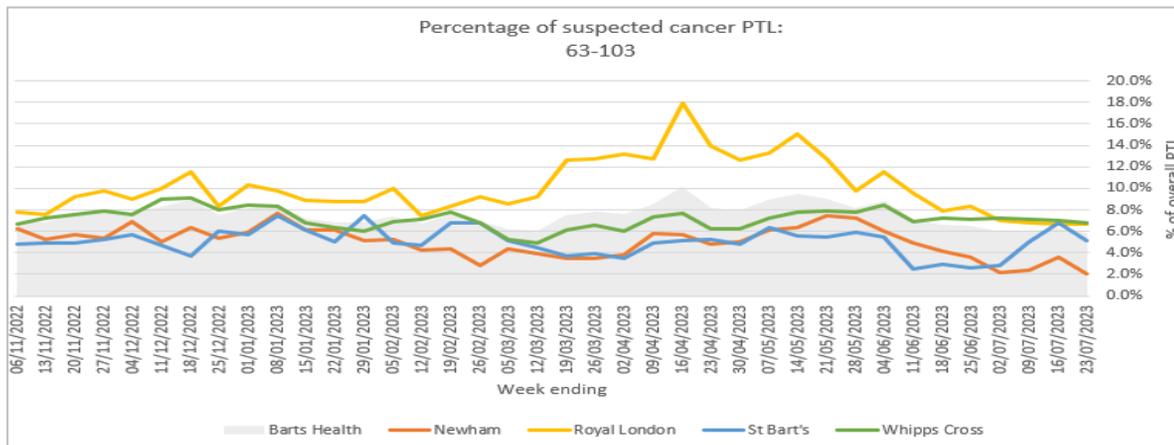
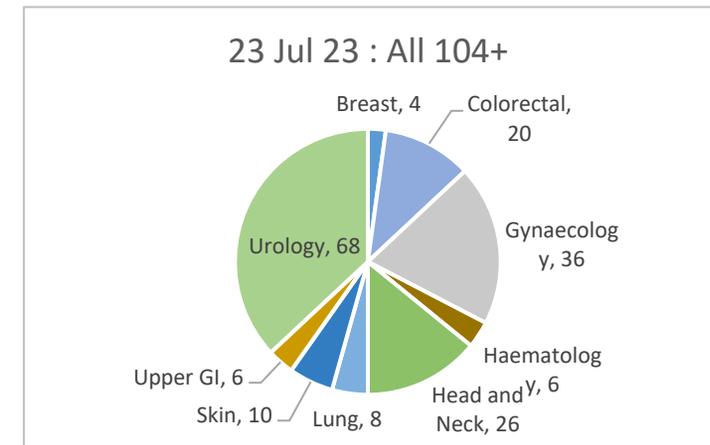
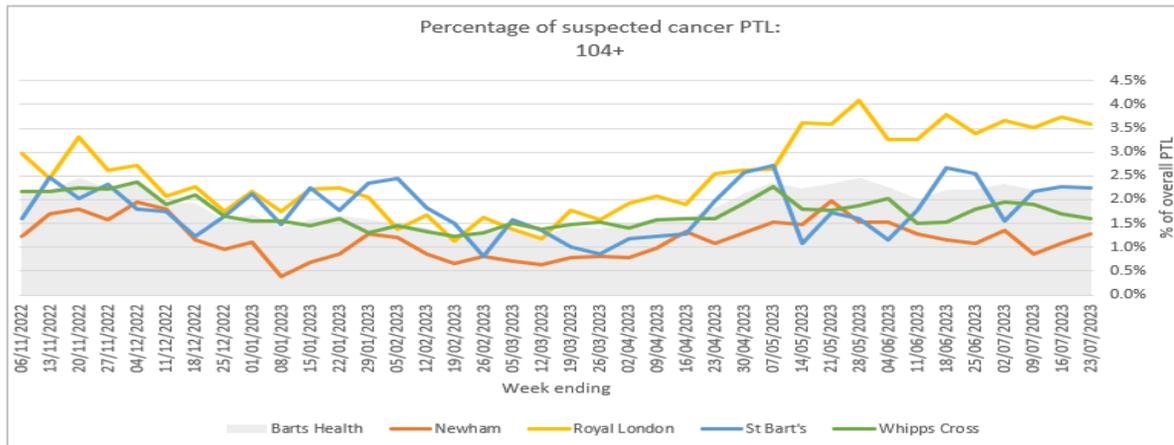
- RLH - focus on bringing discharge forward in the day and rapid release. Engagement session with RLH senior team, led by Hospital CEO, to clarify role and focus of I&T support. Communication with wards in place, launch of rapid improvement process on 10th July.
- NUH - focus on strengthening project plans, ownership and areas of focus. Connected with site QI team.
- WX - agreed focus on standing up SDEC and surgical assessment unit. Collaborative model across unplanned care, aligned to redevelopment team and site QI team.



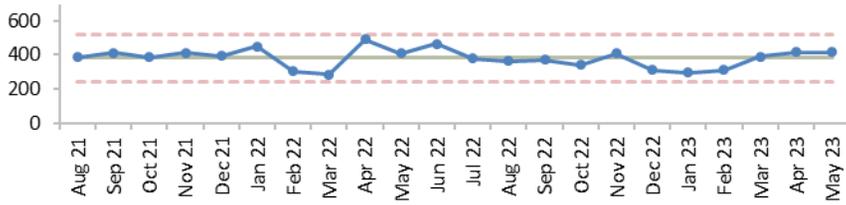
- In May, in the published CWT standards, Barts Health achieved 3 of the 10 constitutional standards, which meant NEL was the best performing cancer alliance nationally on the 31 day subsequent surgery standard at 93.3%.
- As at 20th July 2023, North East London (NEL) has the second lowest overall backlog within London Integrated Care Boards, with 8238 patients, at 6.4% compared to West London who had a backlog of 4.7%. A break down of this percentage by hospital, along with volume by tumour group is on the following slide.
- Due to the increased backlog of > 12% (In May) NHSE has placed BH into Tier Two, with bi weekly assurance meetings established from 15th June.
- The clinical > 63 day review continues with Urology and Gynae scheduled next to be reviewed.

16-Jul	Over 62 days	Change in last week	% of Total PTL	Total PTL
North East London	528	+10	6.4%	8238
North Central London	683	-2	7.7%	8878
South East London	570	-5	6.7%	8499
West London	736	-4	4.7%	15774
England	20839	-160	7.6%	274190

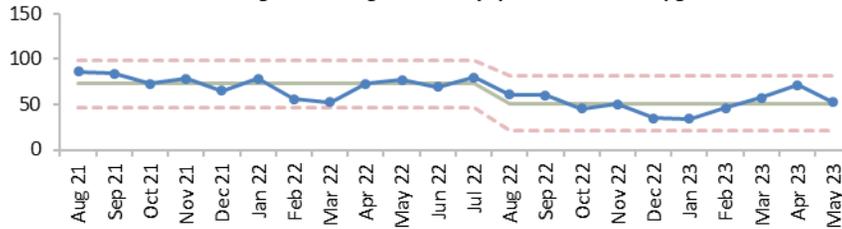
16-Jul	Over 62 days	Change in last week	% of Total PTL	Gap from NEL Over 62day Trajectory	Total PTL
North East London	528	+10	6.4%	53	8238
Barking	169	+5	4.9%	34	3444
Barts Health	336	+6	9.1%	22	3702
Homerton Univ	23	-1	2.1%	1	1092
London	2517	-1	6.1%	1	41389



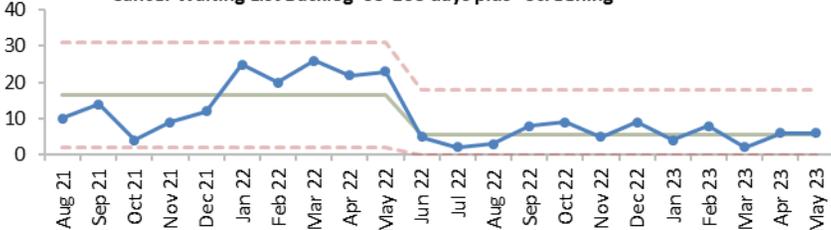
Cancer Waiting List Backlog 63-103 days - All



Cancer Waiting List Backlog 63-103 days plus - Consultant Upgrade



Cancer Waiting List Backlog 63-103 days plus - Screening



Indicator Background:

The NHS has for many years set a standard that 85% of patients urgently referred by their GP for suspected cancer, or urgently referred from a cancer screening programme or by a consultant upgrading the urgency of the referral should be treated within 62 days.

What is the Chart Telling us:

Despite reducing step-changes for 63+ day backlog resulting from Consultant Upgrade and Screening service referrals this has not been sufficient to drive a reducing step-change against All 63+ day backlog, with three of the last four data points showing an increase, with a slight reduction in May.

Trust 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 a priority for 2023/24. This requires the trust to reduce backlog to no greater than 279 patients, pre-pandemic levels, by March 2024.
- The May 2023 backlog reduction milestone is set at 378 against which the trust recorded 554, 22 greater than April and 176 greater than plan.

Trust Responsible Director Update

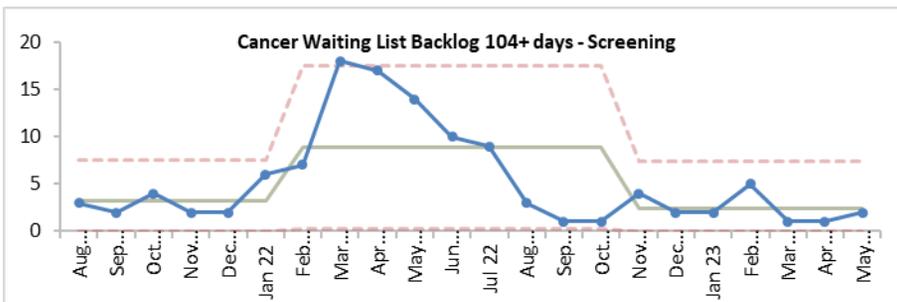
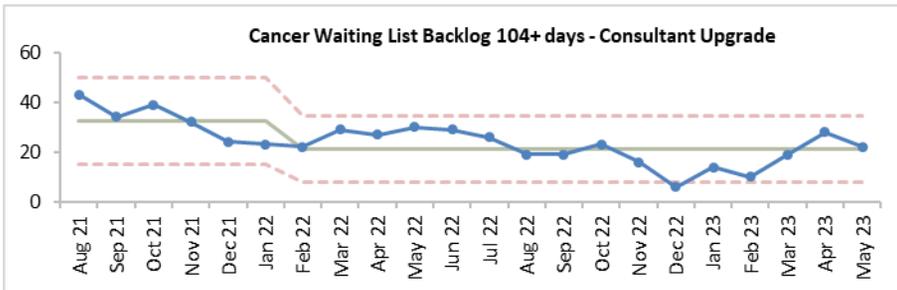
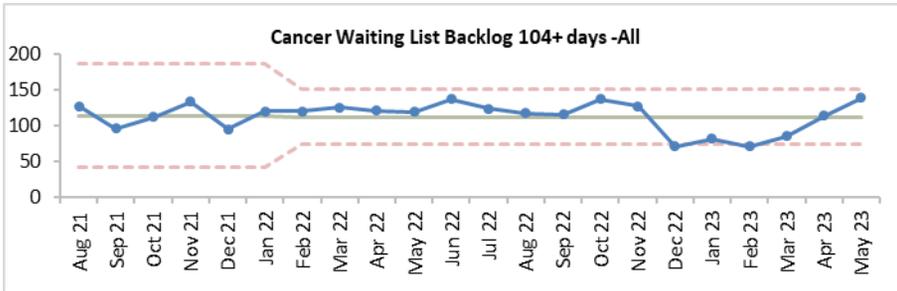
As at 24th July 23 the total backlog is 429 of that 347 GP referrals, 72 consultant upgrade and 10 screening. The current GP backlog relate to 136 Urology, 74 Gynae, 65 Colorectal and 53 ENT patients waiting longer than 63 days for treatment. Urology and ENT had delays caused by patients not being seen with 2WW, which then mean they did not receive their diagnosis within 28 days. This has now been resolved but patients are still waiting for diagnostic capacity.

Gynae has a shortfall in theatre capacity, a line by line review is planned for WC 31st July 2023, and plans are being developed to put on extra theatre sessions.

Colorectal had delays to Colonoscopy, the RLH is exploring Straight to test (STT), and making use of the Early Diagnostic Centre (EDC) at Mile End.

A review of the data showed higher amount of urology patients upgraded to a cancer pathway compared to other specialties, this is being explored with Urology network, along with late referrals into BH from neighbouring providers and complex patients with multiple diagnostics.

NEL held an MDT event on 5th July which was well attended by colleagues from all providers, lots of discussions and helpful ideas. These are being pulled into a workplan which will be monitored through the Cancer Alliance. BH is hosting four Project Managers on behalf of the Alliance, to focus on pathways within Prostate, Gynae, Colorectal and ENT pathways, the interviews are taking place last week in July 23.



Indicator Background:

The NHS has for many years set a standard that 85% of patients urgently referred by their GP for suspected cancer, or urgently referred from a cancer screening programme or by a consultant upgrading the urgency of the referral should be treated within 62 days.

The NHS has made it a priority to clear this backlog with the number of patients waiting longer than 62 days no greater than at the start of the Covid pandemic by March 2023.

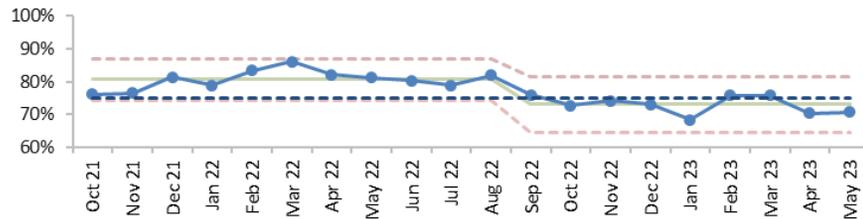
What is the Chart Telling us:

For Consultant Upgrade and Screening the charts present reducing step-changes in the data series resulting from a run of 8 data-points below the preceding mean, meaning backlog has reduced over the course of the charts time-series. However, the reductions have been insufficient to drive a reducing step change against All patients waiting with the last three data points recording an increase in backlog.

Trust Performance Overview

- The charts opposite present the 139 cancer pathways waiting greater than 104 days, an increase of 25 against the April position. The charts present the number of patients waiting by All referrals, Consultant Upgrade and Screening service referrals. This represents all patients waiting 63 days and above. All of these patients would go through the clinical harm review process, once treated.

Cancer FDS Aggregate Performance



Cancer Faster Diagnosis Standard (FDS) Metrics

Metric	Apr-23			May-23			Variance
	Seen	Breaches	%	Seen	Breaches	%	
28-Day FDS Aggregate	2,441	722	70.4%	2,656	778	70.7%	0.3%
28-Day FDS Breast Symptom	185	23	87.6%	180	2	98.9%	11.3%
28-Day FDS Screening	33	5	84.8%	43	0	100.0%	15.2%

Breakdown by Tumour Sites Failing 28 Day FDS Standard Aggregate

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	2656	778	70.7%
Brain/CNS	1	1	0.0%
Breast	458	15	96.7%
Breast Symptomatic	180	2	98.9%
Children's	5	0	100.0%
Gynaecological	213	95	55.4%
Haematological	21	7	66.7%
Head and Neck	239	106	55.6%
Lower Gastrointestinal	445	282	36.6%
Lung	37	11	70.3%
Skin	527	39	92.6%
Testicular	11	6	45.5%
Upper Gastrointestinal	219	82	62.6%
Urological	257	132	48.6%
Other	43	0	100.0%

Trust Responsible Director Update

Faster Diagnostic Standard (FDS) aggregated performance was 70.7%. The trust was compliant in Breast Symptomatic (98.9%) and Screening (100%). 2Week Wait (2WW) performance was 68.1% due to patients not being seen within 2WW standard.

There are some diagnostic challenges within Endoscopy at Whipps Cross, template biopsies and General Anaesthetic Hysteroscopy. All of these have a mitigation plan to improve access for patients. We added some additional patient information leaflets to the trust website for patients on the Colorectal pathway which will help with do not attend (DNA) and pre diagnostic instructions

A patient event was held on 25th July 23 at WX, signposting patients, giving information to help with earlier diagnosis and awareness of the screening work within North East London (NEL).

Indicator Background:

Over the last two years the 28-day Faster Diagnosis Standard has been introduced. The standard requires at least 75% of people who have been urgently referred for suspected cancer, have breast symptoms, or have been picked up through cancer screening, to have cancer ruled out or receive a diagnosis within 28 days.

The Faster Diagnosis Standard is considered a better measure for clinical care and patient experience than the two-week wait target. The two-week wait target simply measured the time from referral to seeing a specialist, it did not measure waiting times for diagnostic tests, results reporting and for the patients to be told whether or not they have cancer. However two-week waiting times continue to be reported to the NHS and are included on the next page.

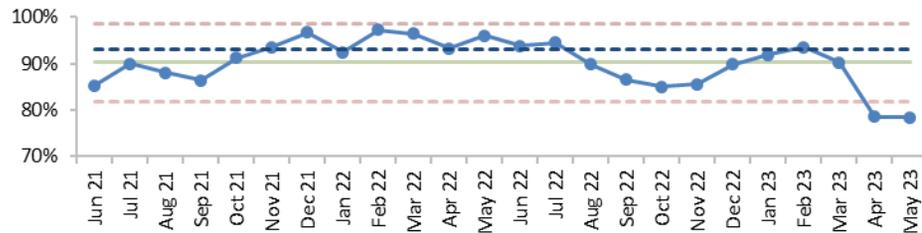
What is the Chart Telling us:

The chart presents performance against the GP Urgently Referred element of the standard. For the period October 2021 to September 2022 compliance was achieved against the 75% standard, however the Trust was non-compliant for the period September 2022 to January 2023. April and May 2023 are non-compliant and performance is below the mean.

Trust Performance Overview

Performance against the 75% standard has been challenged since October 2022, however the Trust returned to compliance against the aggregated element of the standard in February and March, but performance reduced below the standard from April. For May the Trust continued to achieve the standard for Breast Symptomatic (98.9%) and Screening referrals (100%), however did not achieve the standard for All (Aggregated) referrals, recording a performance of 70.7%, an increase of 0.3% against April's 70.4%.

Barts Health - Cancer 2 Week Wait (2WW)



Indicator Background:

The Cancer two-week wait standard has been in place for many years and requires at least 93% of patients urgently referred by their GP for suspected cancer to receive a first outpatient appointment within two-weeks. The standard also requires 93% of patients with breast symptoms, where cancer is not suspected, to receive a first hospital assessment within two-weeks.

Over the course of the last two years the 28-day Faster Diagnosis Standard, reported on the previous page, has been introduced as a better measure of clinical care and patient experience as it includes waiting times for diagnostic tests, results reporting and for the patient to be told whether or not they have cancer.

What is the Chart Telling us:

The chart details a period of variable performance against the 93% standard for the period May 2021 to January 2022. However, the Trust returned to compliance between February 2022 and July 2022, before returning to non compliance between August 2022 to January 2023. The Trust has been non compliant since March 2023 with April and May's performance dropping below the lower confidence limit, a significant reducing change in performance.

Trust Performance Overview

May 2WW position was 78.4% with 3379 attendances, which was an increase of 11% from April 23. June position is 78.8% with 3793 attendances, which is a further increase of 12.2%. There was lack of capacity with Breast 381, Skin 165 and Gynae 121 all have since been mitigated with locum workforce and additional capacity. July performance to date is 92.1%, so expecting to achieve the 93% target by month end but sharing capacity within the group.

Cancer 2WW Breakdown by Site - May-23

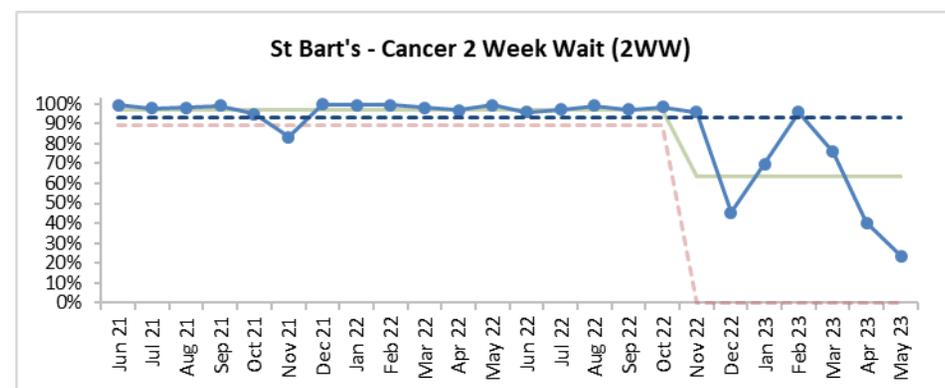
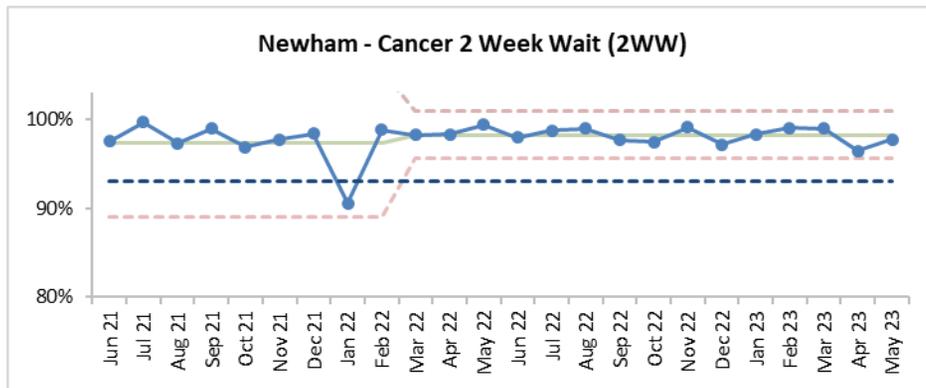
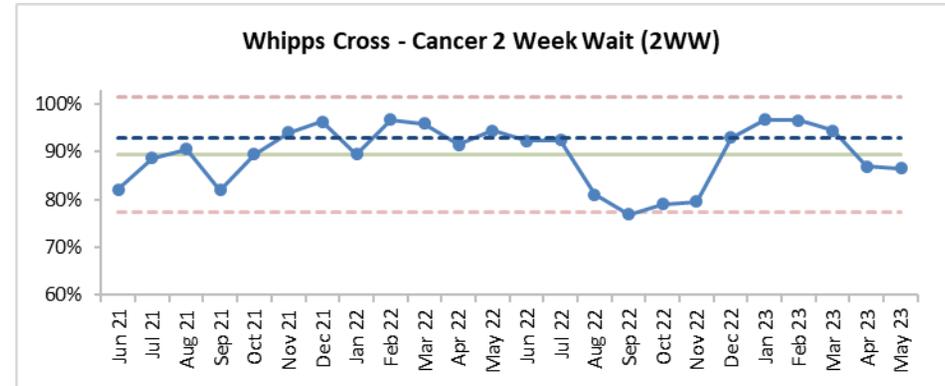
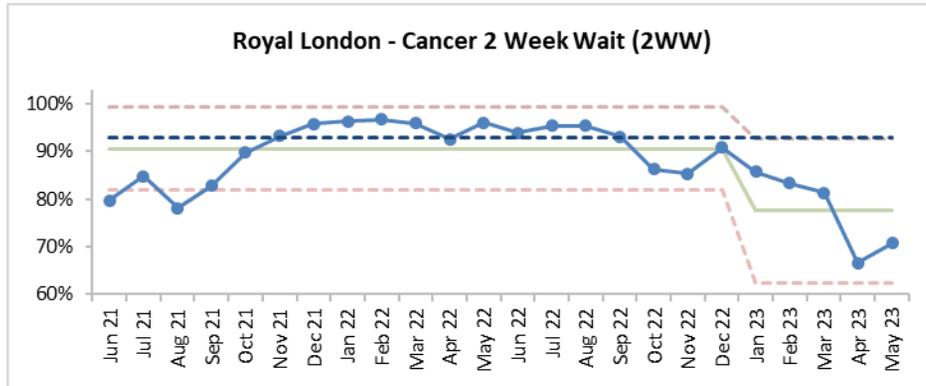
Site	Seen	Breaches	Performance	Target
Royal London	907	265	70.8%	93.0%
Whipps Cross	1,698	227	86.6%	93.0%
Newham	476	11	97.7%	93.0%
St Bart's	298	228	23.5%	93.0%
Barts Health	3,379	731	78.4%	93.0%

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

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	3,379	731	78.4%
Breast	542	288	46.9%
Gynaecological	348	127	63.5%
Testicular	28	8	71.4%
Head and Neck	461	130	71.8%
Skin	590	94	84.1%
Urological	406	61	85.0%

Trust Responsible Director Update

Breast had a high amount of breaches due to staff absence, Industrial action and Radiologist vacancies. All have since been mitigated with an additional Radiologist commencing in August, as well as a locum doctor. Gynae have secured support from within the group to help delivery of the 2WW standard. Urology including Testicular has cleared the 2WW backlog and is now compliant with the 2WW standard. Skin has seen a seasonal increase in referrals, which is being worked through. The RLH is also looking to establish a tele-dermatology service, similar to what has been established at WX. ENT have cleared the 2WW backlog and are compliant with over 93% for July.

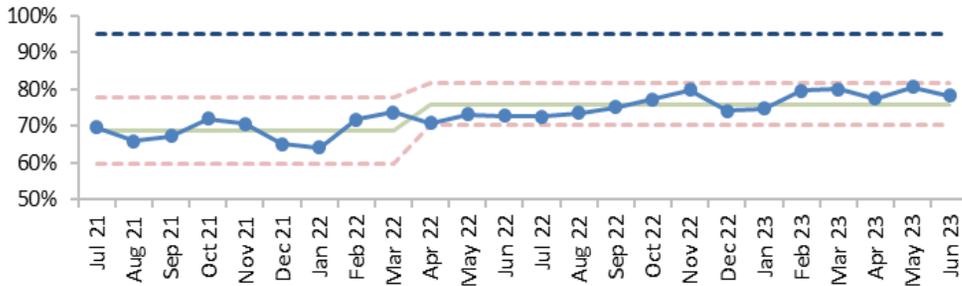


Mean UCL LCL Metric Target

Performance by hospital site against the 93% standard:

- Newham: 97.7%, this exceeded the national standard.
- Whipps Cross: 86.6%, the greatest volume of breaches were recorded in Gynaecology and Breast, there were 227 breaches overall against 1,698 total referrals.
- Royal London: 70.8%, the greatest volume of breaches were recorded in ENT, Skin and Urology, there were 265 breaches overall against 907 total referrals.
- St Bart's: 23.5%, the greatest volume of breaches were recorded in Breast, there were 228 breaches overall against 298 total referrals. 227 of the breaches related to Breast against 251 referrals for the Breast service.

Diagnostics all Modalities – Performance against 95% Standard



Indicator Background:

During the period when Referral to Treatment was being introduced across the NHS three key stages of treatment were identified, each to take no longer than six weeks, 18 weeks in total. The three key stages of treatment were:

1. Outpatient Pathway
2. Diagnostic pathway
3. Admitted pathway

As part of the drive to reduce overall waiting times a 6-week maximum wait was set to receive a diagnostic test following referral for a test with an operational standard set of 99% of patients receiving their test within 6-weeks. The standard applies to a basket of 15 diagnostic modalities across imaging, endoscopy and physiological measurement. As part of the Covid pandemic recovery process a target of 95% has been set across the NHS to be achieved by March 2025.

Trust Performance Overview

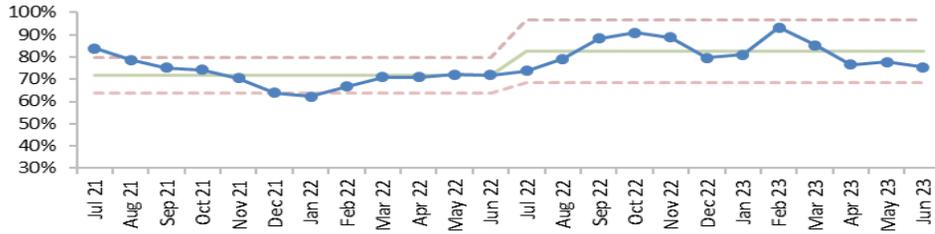
Overall DM01 performance declined by 2.2% from May to 78.4% in June. Endoscopy achieved 99.6% in May against all three modalities. Imaging modalities are delivering overall against operating plan recovery aggregate performance commitments for: MRI, CT and NOUS (81.6% vs 80.4% plan). The greatest challenges are related to MRI long waits, Cardiac CT long waits and performance, and non-obstetric ultrasound (NOUS) waiting list size.

MRI breaches account for 20.0% of all DM01 breaches at the end of June 2023; a reduction compared to May 2023. CT 6 week wait performance is not compliant (75.4%) and has declined. This is directly related to a declining position associated with cardiac CT (44.5%). Dexa performance has improved month on month (86.5%) associated with mitigations put in place at Royal London and this is not expected to be a long term challenge. Barium Enema performance is 100%. There are no operational concerns with this area.

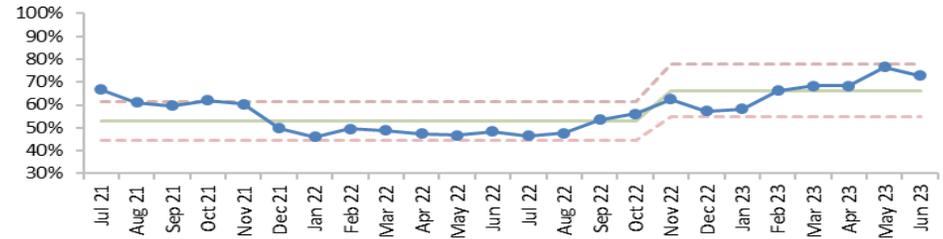
What is the Chart Telling us:

An increasing step-change (resulting from a run of 8 data-points above the preceding mean) may be observed from February 2022. This suggests a point in time where process changes started to drive breach reductions and performance improvement. Performance has been above the mean for the last five consecutive data points.

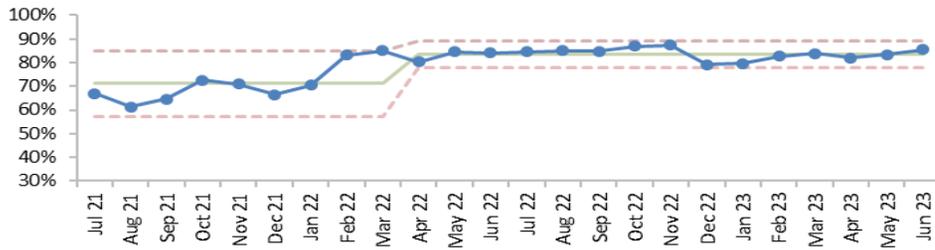
Diagnostics Imaging (CT) – Performance against 95% Standard



Diagnostics Imaging (MRI) – Performance against 95% Standard



Diagnostics Imaging (NOUS) – Performance against 95% Standard



Mean UCL LCL Metric Target

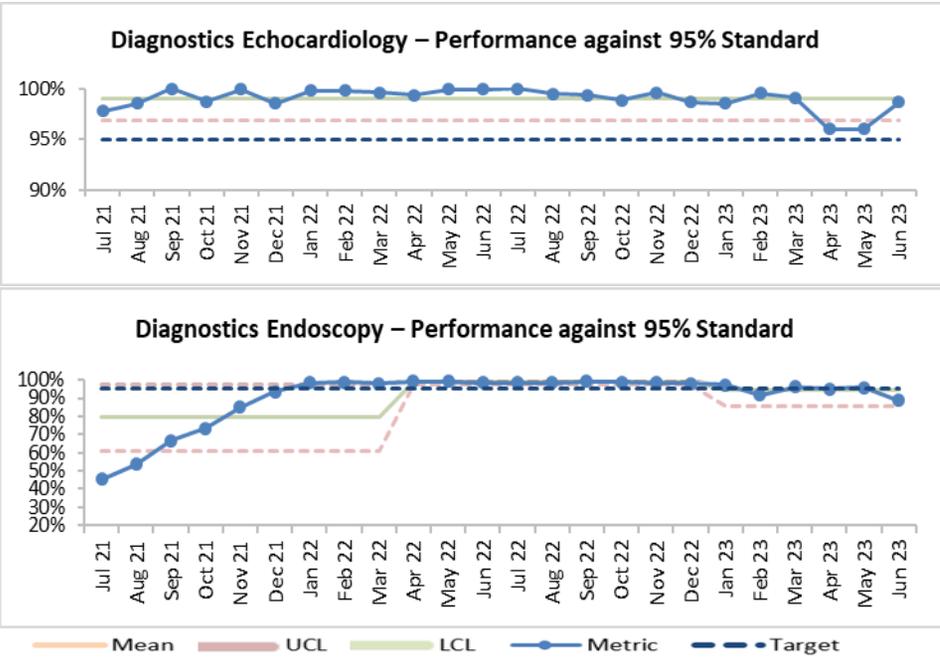
DM01 Breakdown by Test

Test Name	May-23			Jun-23			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Magnetic Resonance Imaging	5,776	1,346	76.7%	5,835	1,587	72.8%	-3.9%
Computed Tomography	3,337	741	77.8%	3,282	809	75.4%	-2.4%
Non-obstetric ultrasound	17,871	2,974	83.4%	18,416	2,679	85.5%	2.1%
DEXA Scan	1,159	271	76.6%	1,113	150	86.5%	9.9%
Barium Enema	1	1	0.0%	1	0	100.0%	100.0%
Grand Total	28,144	5,333	81.1%	28,647	5,225	81.8%	0.7%

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

Trust Responsible Director Update

- Imaging performance is improving at the Royal London and Whipps Cross, whilst it has declined at Newham due to MRI capacity constraints and at St Barts due to Cardiac capacity constraints. Growth in demand remains a concern, but activity is delivered above plan at more than 110% of 19/20 levels. Latest data shows only 16 patients waiting more than 26 weeks and only 87 patients are waiting more than 13 weeks without an appointment.
- Following national guidance, reviews of pathways are continuing in support of direct access for cancer and urgent referrals and demand management opportunities. Opportunities to share MRI and CT capacity (including cardiac) across hospitals have been agreed through the use of new capacity at Newham and Mile End.
- Discussions are underway to review and consolidate the medium term dependency on mobile MRI scanners and outsourcing.
- Standardised digital solutions and standard operating procedures (SOPs) are being implemented to support enhanced patient communications and to share patient information between hospitals; supporting collaborative capacity. SOP work has been completed at RLH and the next phase is to translate this across to Whipps Cross and St Barts Cardiac Imaging services.
- The Annual National Imaging Data Collection has been completed and signed off through the Elective Recovery Board. The information is used to support planning and service improvements across Barts Health; and across North East London through the Imaging Network. It is also used to support service benchmarking via the Model Hospital information portal.
- Work has been completed to monitor performance (for all modalities) and Imaging workforce KPIs against plans. Monitoring of plans for activity, performance, productivity, finance and workforce KPIs are under development. Data is being reviewed by hospital teams and modality networks to understand variation in minutes booked between hospitals. Opportunities for process and productivity improvements, helping to mitigate the need for additional staff and reduce operating running costs are being developed.



NB: Imaging Modalities are shown on the preceding slides

DM01 Breakdown by Test							
Test Name	May-23			Jun-23			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Urodynamics - pressures & flows	132	114	13.6%	131	113	13.7%	0.1%
Audiology - Audiology Assessments	1,860	1,066	42.7%	3,141	2,220	29.3%	-13.4%
Cystoscopy	278	80	71.2%	316	148	53.2%	-18.1%
Neurophysiology - peripheral neurophysiology	79	12	84.8%	89	27	69.7%	-15.1%
Respiratory physiology - sleep studies	293	8	97.3%	257	51	80.2%	-17.1%
Gastroscopy	747	5	99.3%	985	89	91.0%	-8.4%
Flexi sigmoidoscopy	156	0	100.0%	189	13	93.1%	-6.9%
Colonoscopy	997	2	99.8%	985	26	97.4%	-2.4%
Cardiology - echocardiography	1,917	77	96.0%	1,929	26	98.7%	2.7%
Cardiology - Electrophysiology	2	0	100.0%	0	0	100.0%	0.0%
Grand Total	6,461	1,364	78.9%	8,022	2,713	66.2%	-12.7%

Trust Responsible Director Update

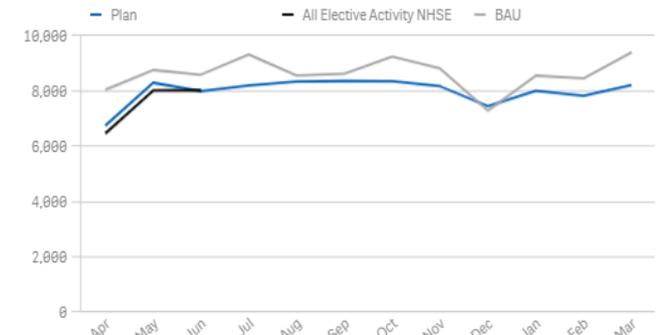
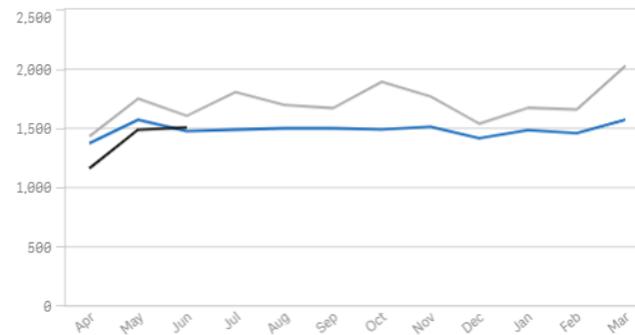
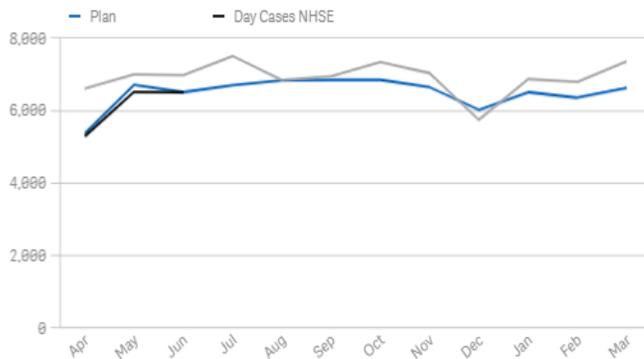
The Diagnostic Waiting Times and Activity (DM01) Task & Finish continues to meet monthly, with a focus on ensuring reporting is correct and adherence to the diagnostic workbook is in place. This hopes to be concluded by end of 2023 then will review planned and surveillance patients. Endoscopy saw a drop in performance in June due to industrial action (IA). A refresh of the Barts Health Endoscopy Group meeting is to be launched in August, focussing on reducing waits below 7 days for cancer patients, general DNAs and bowel preparation.

The Urology test, Urodynamics, will move capacity from RLH to NUH and WX moving forward to improve access. Neurophysiology is challenged within BH, a review of this service is planned for August. The Urology Test, Cystoscopy, saw a drop in performance in June due to sickness, this has been mitigated and recovery will be in August 23. Audiology saw an increase in the number of patients waiting, due to this previously being under-reported. This data has been validated for adults and paediatrics and now reflects the accurate position.

The Acute Provider Collaborative (APC) Audiology Task and Finish Group continues to meet, looking at equity of access within NEL, workforce and future strategy.

Admitted Elective Activity

		Barts Health						Last Month's Site Position			
		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Royal London	Whipps Cross	Newham	St Bart's
All Elective Activity	Plan	8,536	8,464	9,104	6,726	8,260	7,961	3,859	1,847	1,177	1,078
	Actuals	8,040	7,721	8,518	6,438	7,979	7,990	4,006	1,503	1,058	1,423
	Mth variance plan	-496	-743	-586	-288	-281	29	147	-344	-119	345
Elective Day Case Activity	Plan	6,896	6,825	7,303	5,351	6,686	6,484	3,242	1,573	991	678
	Actuals	6,733	6,386	7,071	5,274	6,490	6,483	3,408	1,234	912	929
	Mth variance plan	-163	-439	-232	-77	-196	-1	166	-339	-79	251
Elective IP Activity	Plan	1,640	1,639	1,801	1,375	1,573	1,476	617	274	186	400
	Actuals	1,307	1,335	1,447	1,164	1,489	1,507	598	269	146	494
	Mth variance plan	-333	-304	-354	-211	-84	31	-19	-5	-40	94



Data As at 26/07/2023

Performance Overview

- For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog.
- For June 2023 the trusts admitted (inpatient and day case) trajectory set a target of 7,961 admissions against which the trust delivered 7,990 (+29 admissions).

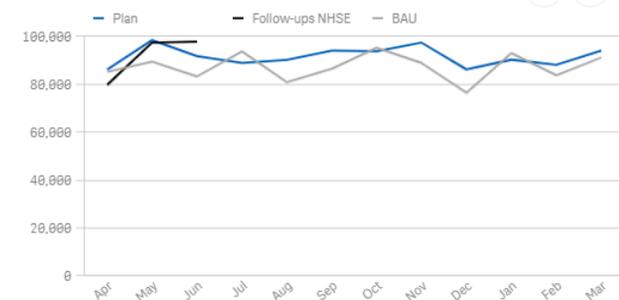
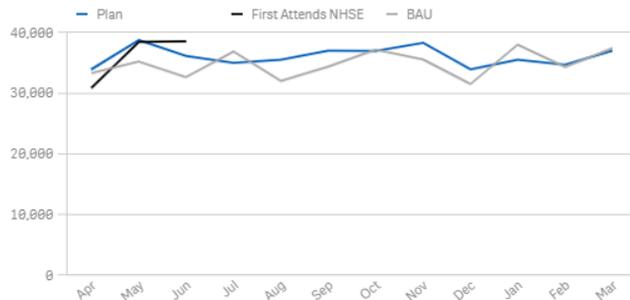
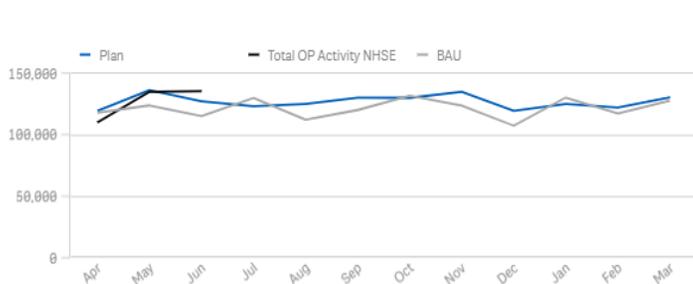
Responsible Director Update

The validated RTT PTL for June 23 was 118,972 which is an increase of 1,475 pathways from May 23. A comprehensive pack has been pulled together for Elective Recovery Board (ERB) which provides a view of activity, value weighted activity and key productivity metrics benchmarked against peers and 2019/2022 performance. This pack will be updated monthly and used to support discussions around areas of opportunity to improve against plan.

During June 23, day case activity was 1 under plan with In-patient activity 29 cases above plan. The Surgical Optimisation Group continues to meet regularly to focus on use of group wide operating capacity and reducing fallow (unfilled) theatre sessions. During the week of Industrial action, 315 elective cases were cancelled. In the absence of this the Trust would have been above plan on Day case and IP activity. During the 2 periods of Industrial action in July 23, 351 elective cases were cancelled.

Outpatient Activity

		Barts Health						Last Month's Site Position			
		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Royal London	Whipps Cross	Newham	St Bart's
Total OP Activity	Plan	131,775	122,446	128,044	119,595	136,608	127,368	53,261	30,711	20,142	23,254
	Actuals	132,664	124,288	137,312	110,285	135,239	135,743	56,553	31,719	22,333	25,059
	Mth variance plan	889	1,842	9,268	-9,310	-1,369	8,375	3,292	1,008	2,191	1,805
Outpatient First	Plan	42,371	39,022	40,608	33,777	38,575	35,970	14,401	12,009	4,687	4,873
	Actuals	35,767	34,328	37,337	30,759	38,289	38,382	15,723	11,155	5,755	5,749
	Mth variance plan	-6,604	-4,694	-3,271	-3,018	-286	2,412	1,322	-854	1,068	876
Outpatient F/up	Plan	89,404	83,424	87,436	85,818	98,033	91,398	38,860	18,702	15,455	18,381
	Actuals	96,897	89,960	99,975	79,526	96,950	97,361	40,830	20,564	16,578	19,310
	Mth variance plan	7,493	6,536	12,539	-6,292	-1,083	5,963	1,970	1,862	1,123	929



Data As at 26/07/2023

Performance Overview

- For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog.
- For outpatients (first and follow up) for the same month the trajectory set a target of 127,368 attendances, against which the trust delivered 135,743 (+ 3,292 attendances).

Responsible Director Update

The Trust continues to positively engage in the National Further Faster Programme. Programme support has been provided from the National Getting it right first time (GIRFT) team to support a gap analysis against the speciality playbooks and collate information around clinic templates. For the Q1 specialities supported by the I&T programme: The trust continues to see an increase in Patient Initiated Follow Up (PIFU) uptake following roll out in May 23. Advice & Guidance (A&G) in Urology has increased by 83% from 2022/23. There is a continued downward trend in the Trust DNA rate from 13.8% in Dec 22 to 12.4% in June 23. As of 26th July 23, 54,324 patients have enrolled on Patient Knows Best (PKB). Around 484 people are registering each week with the number of weekly log ins at around 17,300. Work is ongoing for Phase 2 (to commence in September 2023) which will include access to discharge summaries and letters then moving to including results form diagnostics. There are Information governance and safeguarding milestones to address before this can go live .

In June 23, the Trust was above plan on outpatients 1st attendances by 2,412 and above plan on out-patient follow-ups by 5,963. During the Industrial action in July 23 (Junior Doctors and Consultant) 2,251 outpatient appointments were cancelled. Wellbeing support is being addressed via Hospital Leads for booking and scheduling teams. Group Operations is working with hospitals around out-patient counting and coding as opportunities have been identified which will support increased income. The Trust has reviewed services and potential to lift referral restrictions. At present around 30% of services can have referral restrictions lifted to NEL GPs. The trust will work with Acute Provider Colleagues to enact this change and also ensure accurate data is made available to patients and GPs on waiting times.

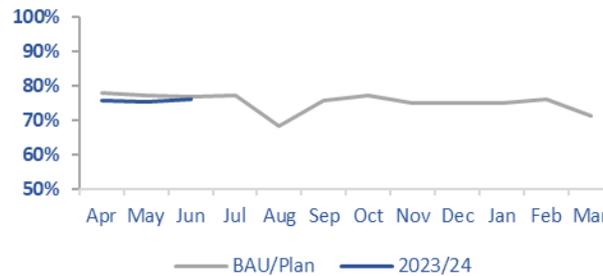
Efficiency Activity

		Barts Health						Last Month's Site Position			
		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Royal London	Whipps Cross	Newham	St Bart's
Avg Cases per 4hr Session	Actuals	1.58	1.63	1.70	1.67	1.64	1.62	1.51	2.19	2.13	1.00
	BAU	1.90	1.94	1.72	2.02	2.03	2.01	1.99	2.67	2.34	1.08
	Mth variance plan	-0.33	-0.30	-0.02	-0.34	-0.39	-0.39	-0.48	-0.48	-0.22	-0.07
Capped Utilisation	Actuals	71.2%	74.8%	73.3%	74.0%	74.6%	75.4%	76.3%	69.3%	72.7%	80.0%
	BAU	74.9%	76.0%	71.1%	77.7%	77.0%	76.8%	77.3%	71.5%	71.5%	84.4%
	Mth variance plan	-3.7%	-1.2%	2.2%	-3.7%	-2.4%	-1.4%	-0.9%	-2.2%	1.2%	-4.4%
Day Case Rate	Actuals	58.2%	59.2%	61.6%	55.6%	57.0%	58.0%	54.9%	78.3%	73.8%	15.9%
	BAU	66.1%	65.5%	61.4%	65.6%	65.9%	65.7%	67.0%	77.6%	71.0%	16.5%
	Mth variance plan	-7.9%	-6.3%	0.2%	-10.0%	-8.9%	-7.7%	-12.1%	0.6%	2.8%	-0.6%

Avg Cases per 4hr Session - Trust



Capped Utilisation - Trust



Day Case Rate - Trust



Data As at 26/07/2023

Performance Overview

- Set against internal trust data for June 1.62 cases per list were achieved against a BAU of 2.01 (-0.39).
- For the same month, a capped utilisation rate of 75.4% was recorded against a BAU of 76.8% (-1.4%).
- For June a day case rate of 58.0% was recorded against a BAU of 65.7% (-7.7%).

Responsible Director Update

The surgical optimisation group presented at ERB in July 23. Through this work additional fixed theatre lists for OMFS, Gynae and ENT have been put in place at WX, which is supporting a continued reduction in fallows. This group is now meeting to review available elective theatre capacity across the group against the waiting list demand and consultant job plans, pre operative assessment process and communication plan with GPs to promote cross site activity and improve understanding of where services are delivered.

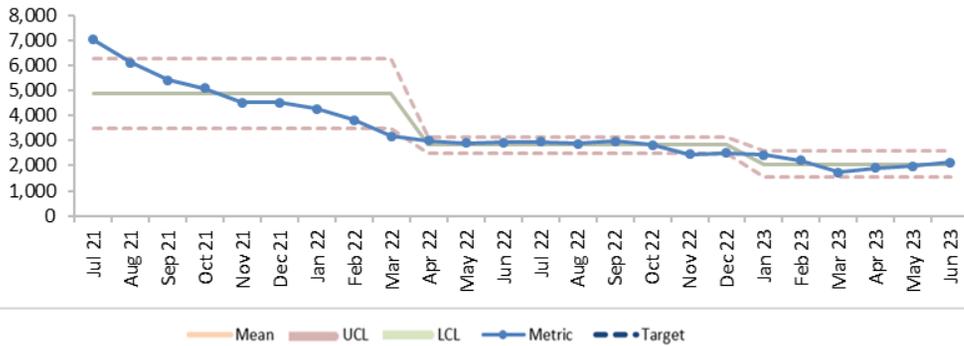
Capped utilisation and day case rate are showing an improvement on previous months trust wide with case numbers per list slightly decreased.

The CCS (Care Coordination Solution) programme roll out has been further delayed due to technical and operational process issues which have been outside of the programme board control. Go live for T&O is now likely to be early September 23, however the team continue to work to expedite. Further speciality roll out dates to be confirmed.

A peer review took place with a visit to the BHRUT Surgical Hub. There was good representation from Barts Health sites and further visits are planned over the next 6 months to support learning and sharing of good practice.

BHOC surgical hub accreditation visit is planned for 17.10.23

RTT Incomplete Pathways Recovery Trajectory - 65+ Weeks



Indicator Background:

During the course of the Covid pandemic elective waiting times grew significantly with many patients waiting longer than two years for treatment. Since 2022/23 the NHS has set a number of targeted objectives to drive down the number of long-waiting patients, these include:

- Zero 104 week wait patients by July 2022
- Zero 78 week wait patients by April 2023
- Zero 65 week wait patients by March 2024
- Zero 52 week wait patients by March 2025

Trust Performance Overview

- For 2023/24 the NHS has set all trusts the objective of clearing 65+ week wait backlog volumes by March 2024.
- At the end of June the trust recorded 2,128 pathways waiting 65+ weeks, an increase of 151 against the May position.

What are the Charts Telling us:

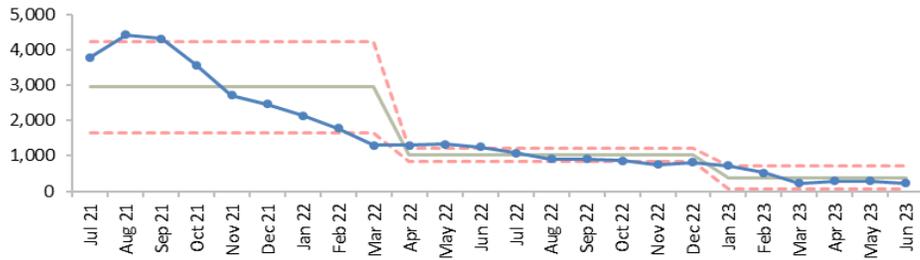
The SPC chart presents a sustained reduction in 65+ week waiters across the data-series. There are two reducing step-changes (resulting from a run of 8 data-points below the preceding mean) from February and November 2022. These suggest points in time where process changes started to drive backlog reductions.

Trust Responsible Director Update

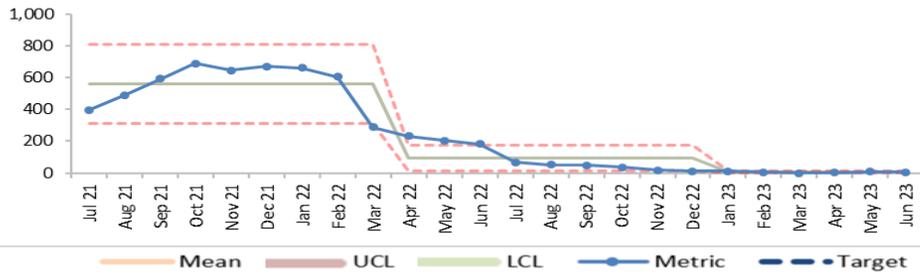
The Trust has committed to having 0 patients waiting over 65 weeks by the end of March 2024. The Trust is continuing to see a weekly reduction in the total risk cohort that is being tracked until March 2024 in line with a trajectory to clear, however there is a slight increase in the actual number of patients waiting more than 65 weeks. There is a continued impact on this group of patients from Industrial Action.

The Trust is working on an overarching costed plan for sustained clearance of 65ww by the end of March 2024. This will include regular validation of waiting lists, identification of patients who can move to other APC providers for treatment and also patients who are appropriate to outsource to funded Independent sector capacity. Around 1,900 patients have been taken off our PTL and moved to either Homerton or Independent sector capacity since April 2023. The Trust has updated the Access policy and has worked with BIU to develop a report which will highlight patients who are not attending more than 2 consecutive appointments and in line with the access policy should be discharged back to their GP.

RTT Incomplete Pathways Recovery Trajectory - 78+ Weeks



RTT Incomplete Pathways Recovery Trajectory - 104+ Weeks



Indicator Background:

During the course of the Covid pandemic elective waiting times grew significantly with many patients waiting longer than two years for treatment. Since 2022/23 the NHS has set a number of targeted objectives to drive down the number of long-waiting patients, these include:

- Zero 104 week wait patients by July 2022
- Zero 78 week wait patients by April 2023
- Zero 65 week wait patients by March 2024
- Zero 52 week wait patients by March 2025

What are the Charts Telling us:

Both the 78+ and 104+ weeks wait SPC charts present reducing step-changes (resulting from a run of 8 data-points below the preceding mean) from February 2022 and March 2022 respectively. This suggests a point in time where process changes started to drive backlog reductions.

Trust Performance Overview

- In relation to the RTT month-end nationally submitted data the trust reported 6 pathways waiting 104+ weeks at the end of June 2023, an reduction of 2 pathways against the May position.
- In relation to 78+ week wait backlog volumes, 226 pathways were reported at the end of June, a reduction of 66 against the May position.

Trust Responsible Director Update

- Of the 6 104ww breaches in June 23, 1 patient has since been treated, 3 patients will be treated in July with the remaining 2 awaiting a confirmed plan for treatment in August 23.
- The trust achieved 226 78ww breaches at the end of June 23 which was in line with the forecast.
- The trust is forecasting 300 78ww breaches at the end of July 23. Without industrial action the trust was forecasting to be at 200 78 ww breaches.
- The trust continues to undertake regularly line by line review of all patients waiting over 78 weeks in order to expedite treatment plans.

Equity Report



Ethnicity capture

Trust performance across A&E, Inpatients and Outpatients remains above 90%. However, there has been a marked decrease overall since December 2022 which is of concern and has been raised with site leads.

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, learning disability status, and between groups of patients who live in wealthier postcodes compared with those who live in deprived postcodes. We explored differences between ethnic groups and varying levels of deprivation (by postcode) at Trust, as well as hospital level. The analysis is a snapshot of data from 21st July 2023.

We now include median wait times in our analyses. This is because waiting times are often not a standard distribution and are skewed by a few very long waiters. The median is considered a better summary statistic than the mean or average in those circumstances.

Findings

At Trust level, there are no significant differences in average wait times between ethnic groups, or between male and female patients.

On average, patients living in the most deprived postcodes waited 7.2 days longer than those living in the least deprived postcodes, which is a small but statistically significant difference. This is 1.6 days longer than last reporting period and we will continue to monitor. The median wait time remains the same at 16-17 weeks for all groups.

At site level, there is a small but statistically significant difference at Whipps Cross Hospital in average wait times between patients living in the most deprived and least deprived areas of 10.4 days against an average wait of 159.8 days. This finding was not observed during the last reporting period. We will continue to monitor the trends. Median wait times for IMD 1 areas is 18 – 19 weeks versus 16 – 17 weeks for IMD 5 areas.

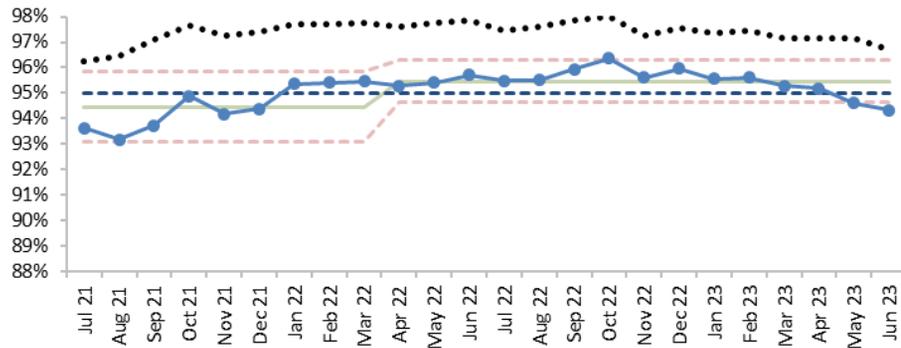
Similar to last month, the difference in waiting times for patients with Learning Disabilities is approximately 9.3 days (approximately 2.3 days longer than last month). The distribution of waiting times often has some outliers meaning the median can better describe the data. The median wait for both groups is 16-17 weeks.

Next steps

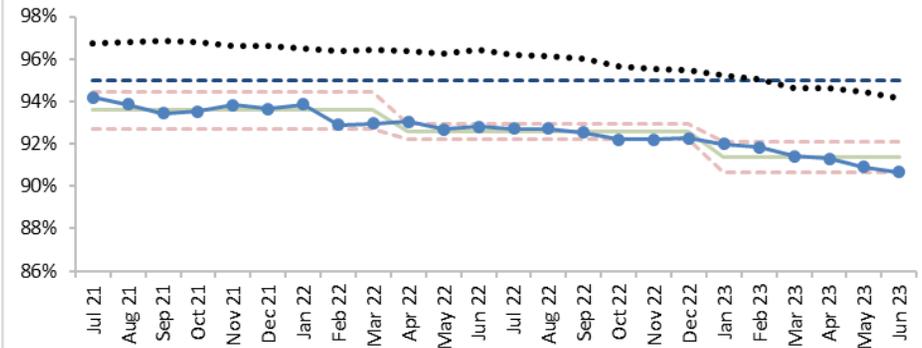
Findings from this month's review will be brought to the attention of site leads.

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

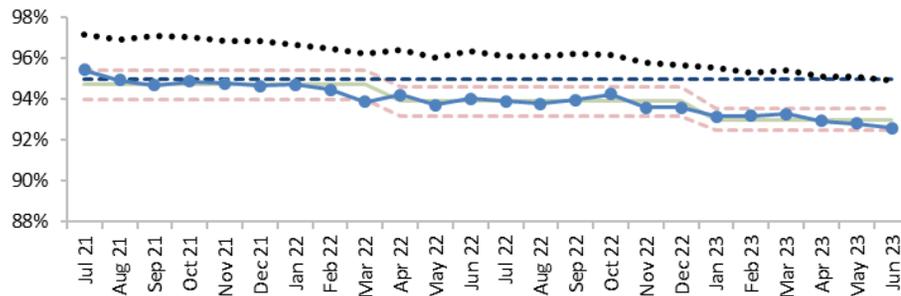
A&E Ethnicity Completion



Outpatient Ethnicity Completion



Inpatient Ethnicity Completion



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

Site	A&E	Inpatient	Outpatient
Royal London	95.4%	89.6%	89.8%
Whipps Cross	93.5%	92.8%	90.8%
Newham	93.8%	94.8%	91.3%
St Bart's	-	95.7%	91.9%
Trust	94.3%	92.6%	90.7%

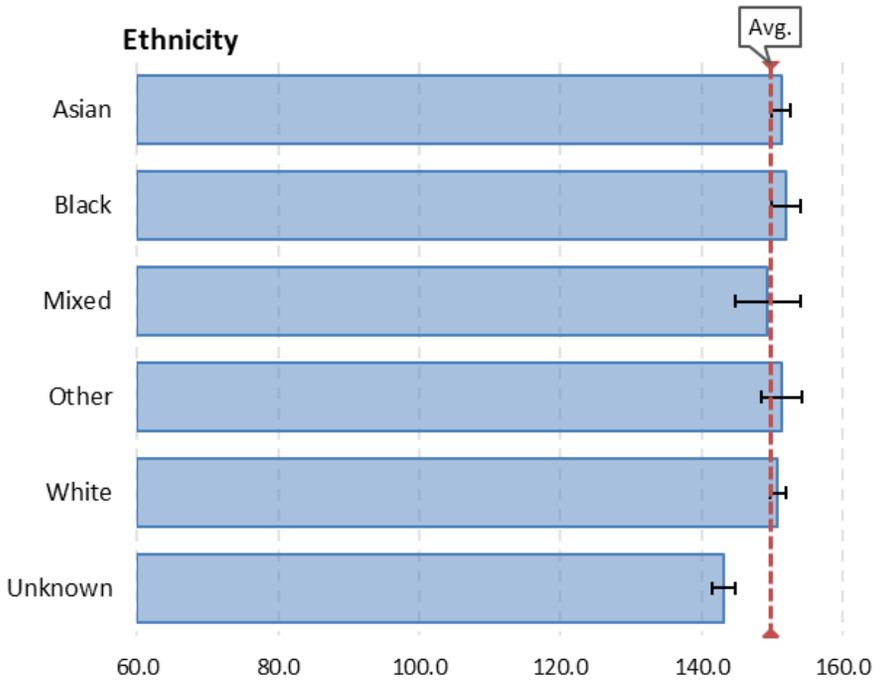
The above figures show the % activity where the ethnicity of the patient is known and has been recorded (i.e. not including where it has not been requested, recorded as not stated or the patient has refused to give it). The dotted black line shows what the % recorded would be expected to be if North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

Performance Overview

- An analysis on ethnicity capture rates was not included in last month's IPR report due to concerns over data quality; therefore, a month-to-month comparison has not been conducted.
- Trust performance across all three activity areas remains above 90%. However, there has been a marked decrease overall since December 2022.
- St Barts Inpatients and Royal London A&E have achieved the highest capture rates at 95.7% and 95.4%, respectively. However, opportunities still exist to improve capture rates to the 95% ethnicity capture target at other sites and areas.

Responsible Director Update

- There is still an ongoing decline in capture rates which is of concern and has been escalated via the Addressing Inequalities in Care Group to site leads.
- It is encouraging to see 95% capture being achieved in Royal London A&E and St Barts Inpatients departments; however, there is still work to do to improve capture rates in other sites and areas.
- The Trust is working to download GP data on ethnicity to improve overall rates of recording.
- Ethnicity capture performance is now included as part of standard divisional PR packs.



Commentary

At Trust level, there is no practical difference in wait times between patients from known ethnic groups. This is consistent with findings from last month.

In this snapshot, the longest waiters identify as belonging to the 'Black' ethnic category with an average of 152.0 days. This equates to an average difference of 2.6 days between the longest and shortest waiters by known ethnicities. We have not found any statistically significant differences in wait times between any of the known ethnicity groups. This means we cannot infer with confidence if the differences seen in wait times are directly related to ethnicity, or if this is due to random chance.

We believe the shorter waits for unknown ethnic groups may be as they are more likely to be urgent referrals.

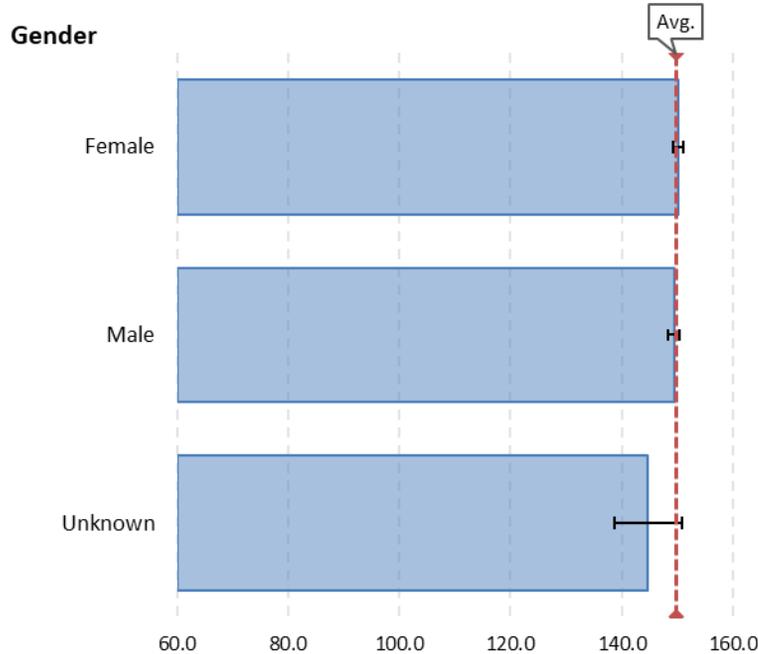
Work is also underway to include reporting over time to allow meaningful identification and interpretation of trends.

Summary Data

Ethnic Category	Total Wait Time (Days)	# of Pathways
Asian	5,530,050	36,554
Black	2,143,587	14,101
Mixed	421,342	2,820
Other	1,113,328	7,356
White	6,167,701	40,892
Unknown	2,976,125	20,798

Pathways with no Week Wait details excluded

Ethnic Category	Average Wait (Days)	Lower CI	Upper CI	Median WW
Asian	151.3	150.0	152.5	16-17
Black	152.0	150.0	154.1	16-17
Mixed	149.4	144.8	154.0	16-17
Other	151.3	148.5	154.2	16-17
White	150.8	149.6	152.0	16-17
Unknown	143.1	141.5	144.7	14-15
Grand Total	149.8			16-17



Commentary

At trust level, there is no practical difference in wait times between male and female patients, as well as those of unknown gender.

As with last month, the wait time from referral to treatment by gender is very similar for male patients compared with female patients (149.5 days vs 150.1 days respectively). The median wait time is between 16-17 weeks for these two genders.

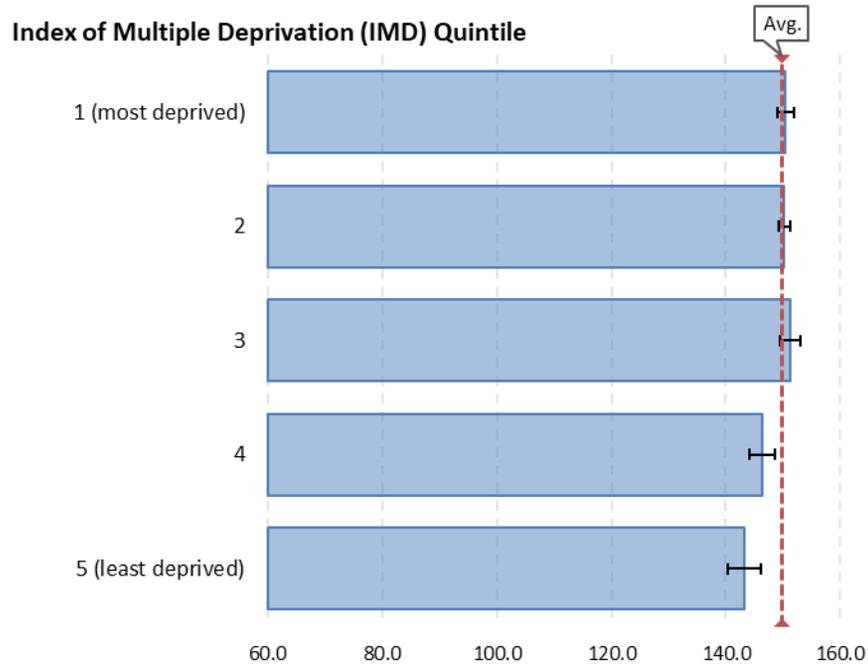
Additionally, we continue to look into gender capture rates for the 'Unknown' group. Individuals in this cohort may likely be patients that we have come into contact with less in the past through, for example, emergencies.

Summary Data

Gender	Total Wait Time (Days)	# of Pathways
Female	10,262,126	68,349
Male	7,844,311	52,475
Unknown	245,696	1,697

Pathways with no Week Wait details excluded

Gender	Average Wait	Lower	Upper	Median WW
Female	150.1	149.2	151.1	16-17
Male	149.5	148.4	150.5	16-17
Unknown	144.8	138.7	150.9	14-15
Grand Total	149.8			16-17



Commentary

As with last month, there is a small but statistically significant difference in wait times at Trust level between patients living in the most deprived postcodes, and those in the least deprived postcodes.

Across the Trust, the average wait time by deprivation is 149.8 days. Patients in the most deprived postcodes see an average wait of 150.4 days when compared to the average wait of 143.2 days for patients in the least deprived postcode areas (7.2 day difference). This is an increase from last reporting period of 1.6 days. The median wait time remains the same at between 16-17 weeks for all groups.

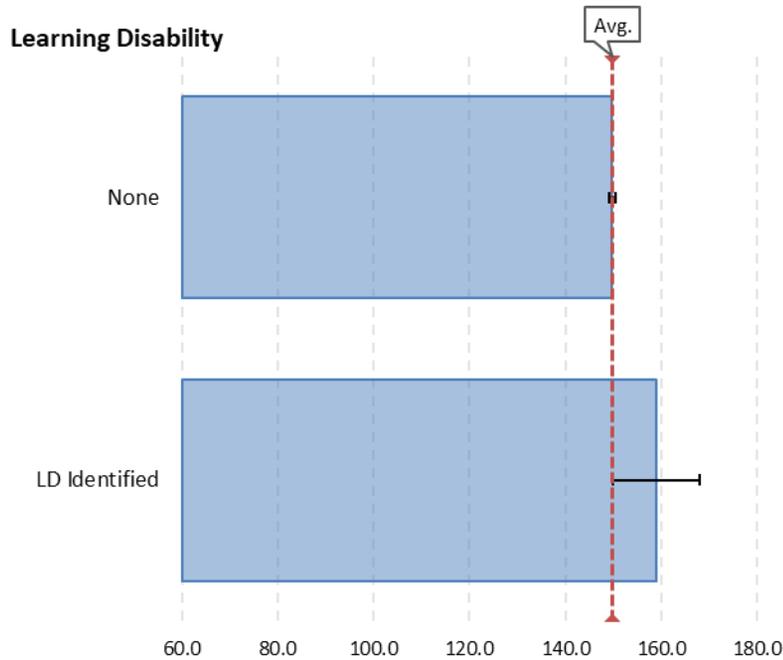
We will be investigating this further to understand underlying reasons, and will continue to monitor for trends in the data.

Summary Data

IMD Quintile	Total Wait Time (Days)	# of Pathways
1 (most deprived)	4,400,616	29,255
2	8,386,628	55,828
3	2,973,174	19,659
4	1,486,146	10,155
5 (least deprived)	848,449	5,926

Pathways with no Week Wait details excluded

IMD Quintile	Average Wait	Lower	Upper	Median WW
1 (most deprived)	150.4	149.0	151.8	16-17
2	150.2	149.2	151.2	16-17
3	151.2	149.5	152.9	16-17
4	146.3	144.0	148.7	16-17
5 (least deprived)	143.2	140.2	146.1	16-17
Grand Total	149.8			16-17



Commentary

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

Patients with an identified learning disability wait on average 9.3 days longer. However, this finding not **statistically** significant, meaning we cannot infer with confidence if the difference seen in wait times is directly related to learning disability status, or if this is due to random chance. This is because the number of patients where a learning disability is identified is not large enough to detect this effect with confidence. Median wait times remains at 16 – 17 weeks for both groups.

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, particularly in 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 specialty.

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

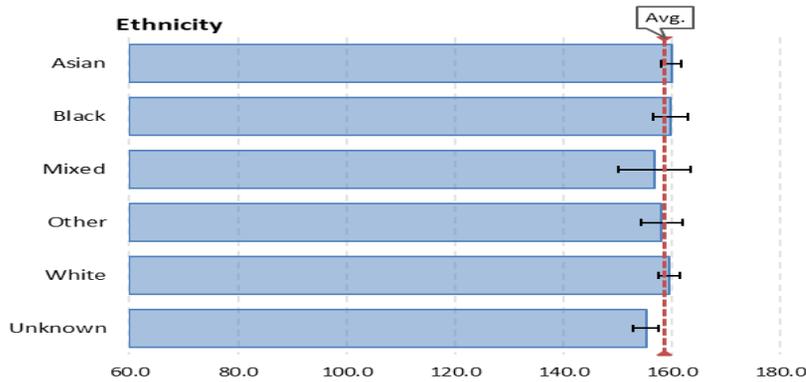
Summary Data

LD_Flag	Total Wait Time (Days)	# of Pathways
None	18,230,994	121,759
LD Identified	121,139	762

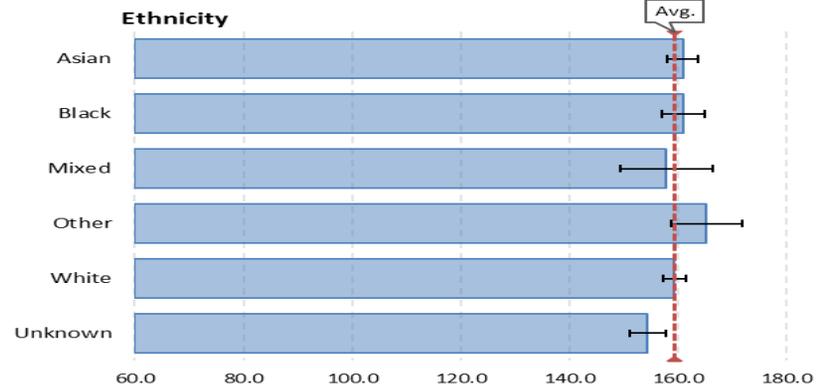
Pathways with no Week Wait details excluded

LD_Flag	Average Wait	Lower	Upper	Median WW
None	149.7	149.0	150.4	16-17
LD Identified	159.0	149.9	168.1	18-19
Grand Total	149.8			16-17

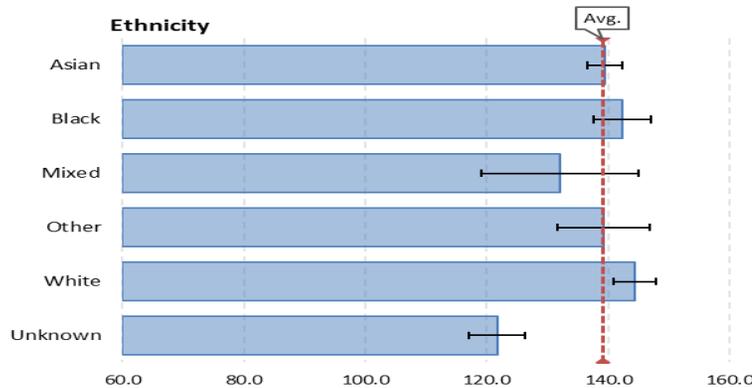
Royal London



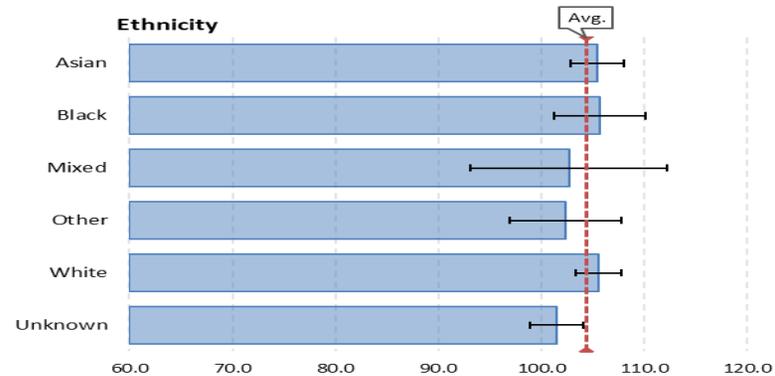
Whipps Cross



Newham



St Barts

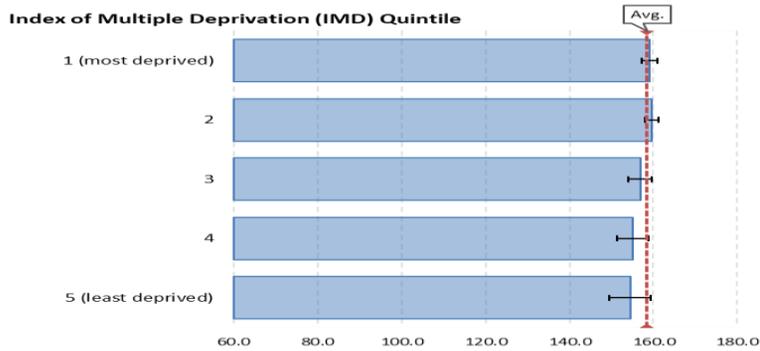


Commentary

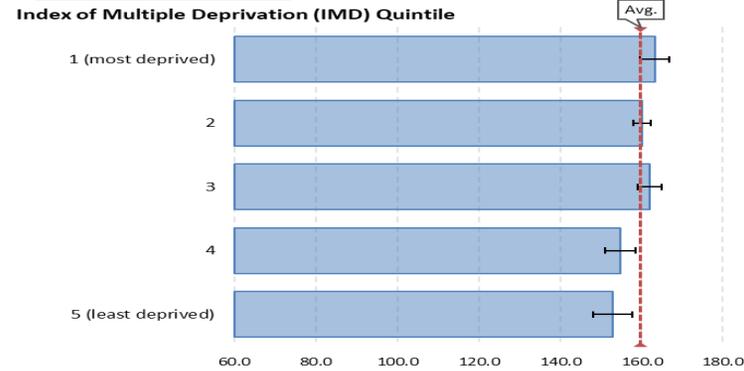
This month, there are no material differences in wait times between patients of known ethnicities across all sites.

Last reporting period, patients who identified as belonging to the 'Mixed' ethnic category at St Barts appeared to have longer average wait times compared with other known ethnicities; however, this finding was not significant and thought to be due to small patient numbers. It has not been observed this month.

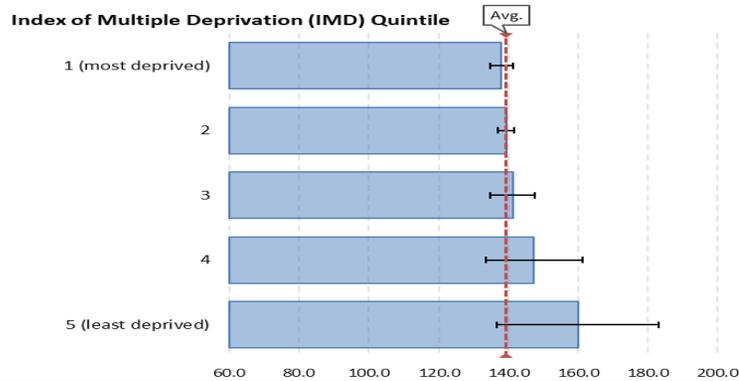
Royal London



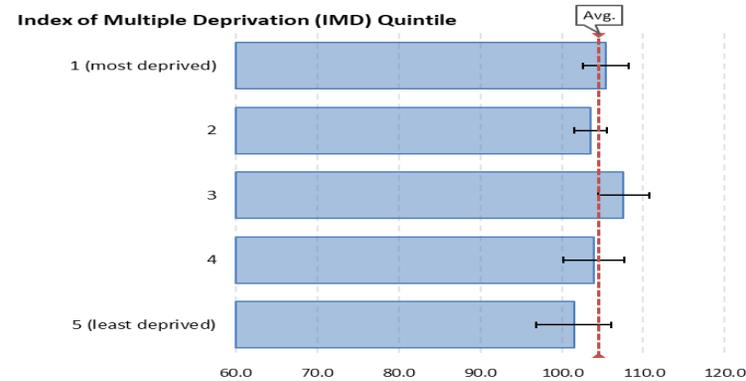
Whipps Cross



Newham



St Barts



Commentary

At Whipps Cross Hospital there is a small but statistically significant difference in wait times between patients living in the most deprived and least deprived areas.

The average wait time at Whipps Cross Hospital by level of deprivation is 159.8 days. The average wait times for Whipps Cross Hospital patients living in the most deprived areas (IMD 1) compared with the least deprived (IMD 5) is 163.3 days versus 152.9 days respectively. This equates to a difference of 10.4 days. This finding was not observed last reporting period and we will continue to monitor for trends. Median wait times for IMD 1 areas is 18 – 19 weeks versus 16 – 17 weeks for IMD 5 areas.

There are no other material differences at site level by deprivation. Interestingly, as with last month, wait times at Newham for patients living in the least deprived areas continue to be longer than those living in the most deprived areas. However, this finding is not considered significant.



Barts Health
NHS Trust

People Report



Growing a permanent and stable workforce

- Substantive fill rate has increased to 91.7% from 91.5%. Growth has been seen across all sites with St Bartholomew's and the Royal London at 93.3%. Three divisions across the group are reporting at over 95% with Whipps Surgery & Cancer at 96.6%, Royal London Emergency Care & Trauma at 96.1% and RLH Surgery, Peri-operative and Critical Care at 95.1%
- Registered Nursing and Midwifery substantive fill rate increased from 88.8% to 89.2% with notable growth of 1.2% at SBH, but regrettably Newham reducing by 0.7%. Three clinical divisions across the group exceed 90% fill with WXH Surgery & Cancer leading the way at 97.6%
- Time to hire (advert to all checks complete) met target for non medical staff at 9.4 weeks (against 10.4 target), but marginally breached for medical staff at 15.4 weeks (against 15 weeks target)
- Temporary staffing as a % of workforce dropped to 13.1%, with a small reduction in agency as % paybill YTD from 4.7% to 4.6%, although this is likely due to the implementation of the 23/24 pay award for substantive agenda for change staff. Both Whipps and Newham remain of concern (6.0% and 7.9% spend respectively) whilst Royal London and St Bartholomew's are below target.

Fostering new ways of working to transform care

- Roster compliance – approvals dropped as a result of the full approval deadline taking place during a strike period. Whilst 44% were approved on time, this increased to 68% fully approved 6 weeks in advance. The relatively low levels of approvals also affected the average approval lead time and the quality metric too. A review of the quality metric will be undertaken to understand whether this is negatively impacted by reporting at full approval date.

Supporting the wellbeing of our colleagues

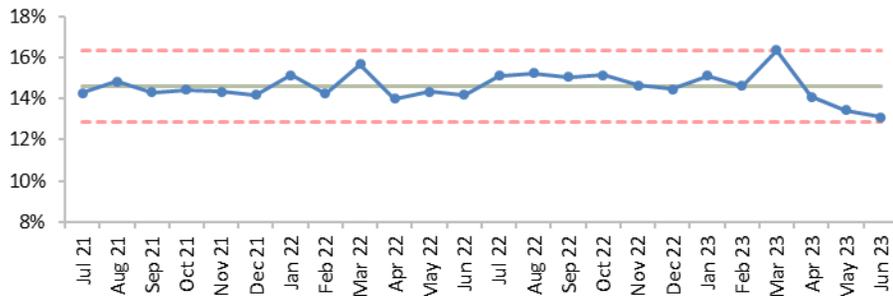
- Turnover improved again this month now at 11.1%, with 11 consecutive months of improvement. Both Whipps and The Royal London had the biggest in month improvements from 10.8% to 10.4% and from 12.4% to 12.1% respectively.
- Sickness absence continued to improve to 4.58%. There have been 10 months of continuous improvement since July 22 and we anticipate this to continue. Improvements have been reflected across the group. The Employee Wellbeing Service has noted an increase in demand for case conferences to review individual absences reflecting increased work by HR colleagues across the sites.
- Recorded appraisal rates for non medical staff have increased from 59.5% to 60.7% with significant variation in the levels of recording across the group. From 83% in Whipps Surgery & Cancer to 26% in Newham Emergency Care and Medicine. Recorded appraisal rates for medical staff have increased from 83.5% to 86.0%
- Statutory and Mandatory Training has dropped from 87.7% to 86.1%

		Performance			Site Comparison								
Indicator		This Period	This Period Target	Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Pathology Partners hip	Group Support Services	Other
Creating a fair and just	Percentage of BAME staff in 8a+ roles	Jun-23		38.1%	39.1%		34.8%	48.2%	54.5%	25.6%	37.8%	38.4%	34.5%
	Turnover Rate	Jun-23	<=	11.3%	11.1%	11.86%	12.1%	10.4%	10.1%	13.1%	12.4%	7.1%	15.3%
Supporting the wellbeing of our colleagues	Sickness Absence Rate	May-23	<=4%	4.6%	4.6%	4.73%	4.6%	4.7%	5.2%	3.8%	4.8%	5.0%	1.8%
	Appraisal Rate - Non-Medical Staff	Jun-23	>=90%	59.5%	60.7%	58.9%	60.2%	71.5%	43.7%	59.7%	69.6%	67.5%	30.0%
	Appraisal Rate - Medical Staff	Jun-23	>=85%	83.5%	86.0%	87.4%	86.0%	90.0%	86.0%	88.0%			
	Mandatory and Statutory Training - All	Jun-23	>=85%	87.7%	86.1%		86.6%	90.0%	87.3%	90.9%		67.5%	94.2%
	People Pulse Engagement Score	Jun-23											
	People Pulse % completion	Jun-23											
		Jun-23	This Period Target	Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Pathology Partners hip	Group Support Services	Other
Fostering new ways of working to transform care	Roster compliance - Nursing Units Approved on Time %	Jun-23	100%	72.6%	44.1%		37.8%	68.2%	22.6%	39.1%			
	Roster compliance - Nursing Average Approval Lead Time	Jun-23	>=42	40.6	23.0		18.0	33.0	14.0	18.0			
	Roster compliance - % Nursing Units with Blue or Cloudy Sky	Jun-23		40.5%	25.9%		15.6%	38.6%	29.0%	17.4%			
	Medical and Dental Job planning completion	Jun-23											
	% of roles advertised as flexible	Jun-23											
Growing a permanent and stable workforce	Substantive fill rate - all staff	Jun-23	95%	91.5%	91.7%		93.3%	90.1%	86.7%	93.3%	92.1%	90.7%	113.7%
	Substantive fill rate - nursing and midwifery	Jun-23	95%	85.7%	85.9%		89.2%	87.8%	79.0%	82.7%			
	Time to Hire (Advert to All Checks Complete) - Median Weeks (Non Medical)	Jun-23	10.4	9.8	9.4		10.4	7.6	10.6	9.3	6.8	8.4	
	Time to Hire (Advert to All Checks Complete) - Median Weeks (Medical)	Jun-23	15.00	12.2	15.4		15.4	13.6	18.4	15.9			
	Temporary staff as a % of workforce	Jun-23		13.3%	13.1%		13.9%	17.7%	20.6%	11.6%	14.1%	2.1%	2.9%
	% Medical Shifts Breach Cap	Jun-23	0										
	% Shifts Off Framework	Jun-23	0										
	Agency Spend as % Paybill (YTD)	Jun-23	3.70%	4.7%	4.6%		3.5%	6.0%	7.9%	2.9%	3.7%	5.6%	1.5%

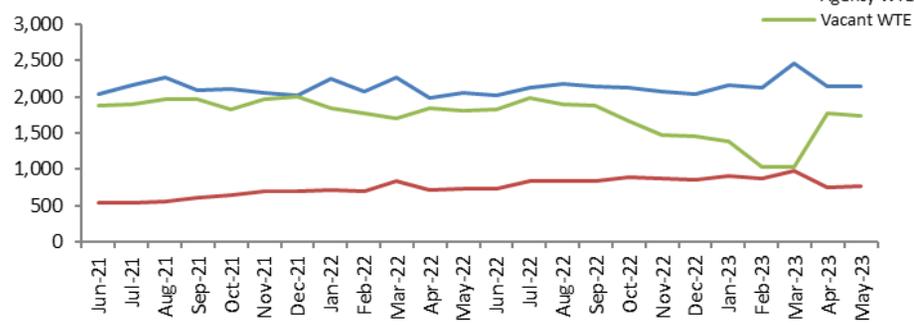
Target for % Utilisation (Total Fill Rate)	95% to 100%	<95%	>100%
Target for Staff in Post Actual Against Plan (% Variance)	>=0%	Between 0% and -5%	<=-5%
Targets for Bank, Agency and Total Staffing Actual Against Plan (% Variance)	<=-5%	Between 0% and -5%	>=0%
Target for Unconditional Offers Actual Against 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

Proportion of Temporary Staff



Temporary Staff WTEs Against Vacant WTEs



Proportion of Temporary Staff by Site

Site	Staff Group	Average of Previous 6 Months			Jun-23			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	1,038	7,414	14.0%	1,031	7,408	13.9%	-0.1%
Whipps Cross	All Staff Groups	739	3,744	19.7%	656	3,703	17.7%	-2.0%
Newham	All Staff Groups	603	2,742	22.0%	559	2,717	20.6%	-1.4%
St Bart's	All Staff Groups	389	3,142	12.4%	363	3,144	11.6%	-0.8%
Other	All Staff Groups	236	3,337	7.1%	201	4,387	4.6%	-2.5%

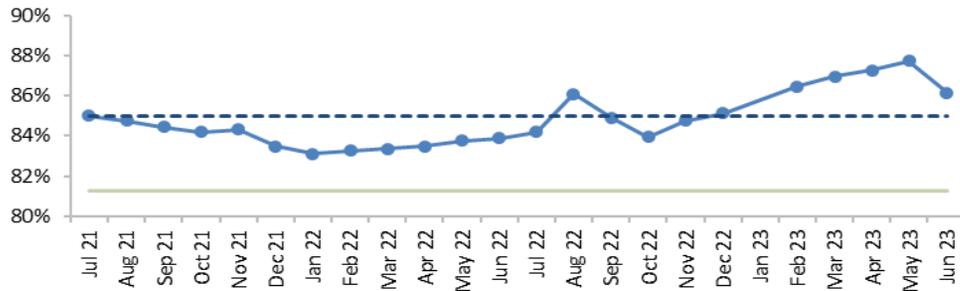
Performance Overview

- Temporary staffing as a % of workforce dropped to 13.1%, the third consecutive drop since March, although this is in part a result of the TUPE in of Soft FM staff.
- There has been a small reduction in agency as % paybill YTD from 4.7% to 4.6%, although this due to the implementation of the 23/24 pay award for substantive agenda for change staff.
- Actual in month agency spend for M03 marginally increased from £5.39m to £5.46m

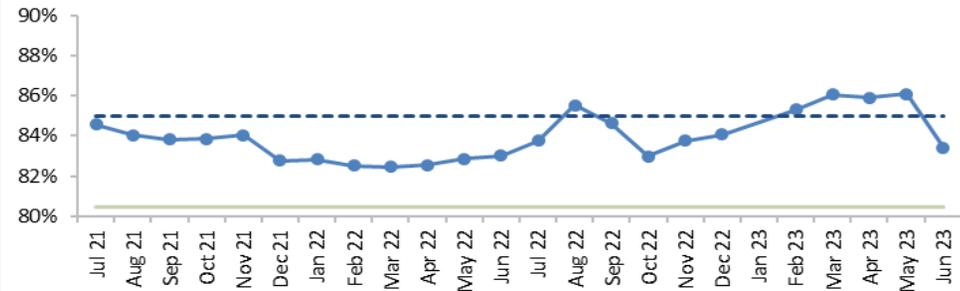
Responsible Director Update

- Work continues across the group, under the oversight of the workforce resourcing board to identify opportunities to reduce the usage of temporary staff across the group, including enhancing existing pay controls where appropriated.

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	Jun-23	
	Compliance	Compliance	Staff Non-Compliant
Fire Safety	87.9%	83.3%	3,361
Safeguarding Adults L1	88.4%	85.2%	2,973
Conflict Resolution	88.9%	81.1%	2,945
Safeguarding Children L2	75.3%	77.8%	2,933
Safeguarding Children L1	88.9%	85.8%	2,869

Bottom 5 Departments: Total Number of Non-Compliant Employees

Departments	Previous 6 Months	Jun-23	
	Compliance	Compliance	Staff Non-Compliant
Fire Safety (Barts Health)	87.9%	83.3%	3,361
Conflict Resolution (Barts Health)	88.9%	81.1%	2,945
Safeguarding Children L2 (Barts Health)	75.3%	77.8%	2,933
Resuscitation - Basic Life Support (Barts Health)	78.5%	77.7%	2,546
Moving Handling - Clinical (Barts Health)	84.0%	84.2%	2,030

Non-mandatory competencies have been excluded from the above tables

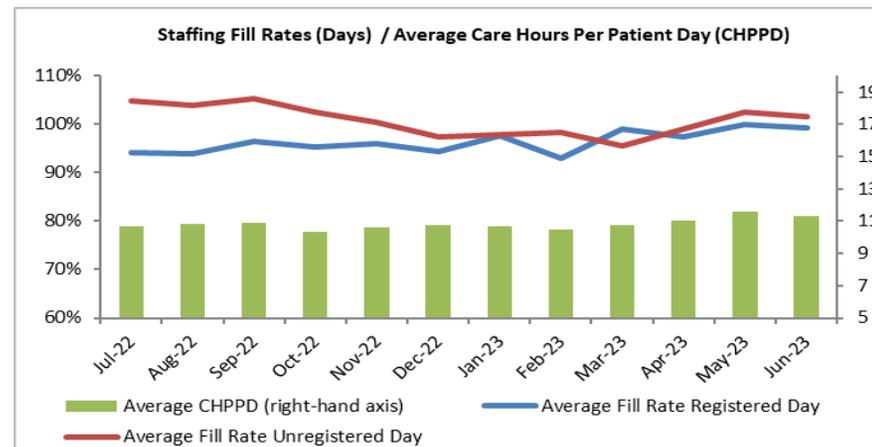
Performance Overview

- Compliance with the Core Skills Training Framework currently stands at 87.25%, an increase of 0.38% from the last Board report and is above the Trust target of 85% this month. Essential Skills training compliance has increased by 0.36% from 91.09% to 91.45% in June and is also above the Trust target of 85%.
- The addition of TUPE'd staff from Serco has had an effect on compliance rates for individual subjects and will be excluded from reporting until December 2023 whilst training records are updated and uploaded to the Trust WIRED system and non compliant staff are assisted to complete their necessary training.
- The WIRED system currently monitors training for 20,644 staff (an increase of 25% in 5 years) and 437,634 compliance items.

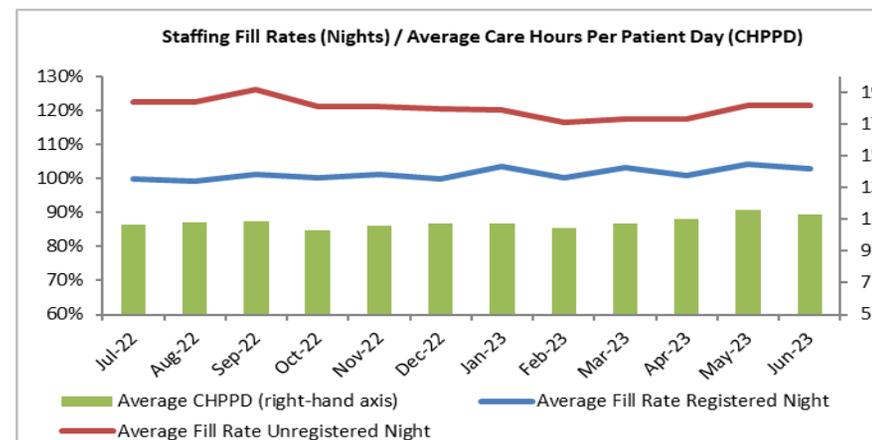
Responsible Director Update

- All Trust staff receive monthly reminders of expired competencies and those due to expire within the next three months. This allows plenty of time for staff to book time off to attend face to face training sessions and complete any required online training.
- Statutory and Mandatory training is included in site PR packs together with highlight reports.
- Work is being undertaken to review the training needs analysis for resuscitation together with new methods of undertaking training.
- The WIRED reporting system is currently being upgraded as a result of moving to Microsoft 365 and the Rules Based software not being compatible with MS365. It is expected that this work will be completed end of Q4 2023/24 when the new Rules software will be operational. This new software will base the overall Training Needs Analysis on National Occupation Codes which will require less general maintenance.
- Coupled with the WIRED upgrade, work is being undertaken to give all staff greater access and visibility to their WIRED record via their training completion history on the cloud.

- Trust-level average fill rates were at or above 99% for Registered Nursing and Midwifery (RNs/RMs) and for Care Staff (HCAs) across both day and night shifts.
- At hospital level, average fill-rates were above the 90% target for all sites for Registered Nursing and Midwifery (RNs/RMs) and for Care Staff (HCAs) across both day and night shifts, with the exception of average RN fill rates for SBH. These were slightly below target at 87.7%, but any shortfalls were mitigated and no issues were reported.
- All hospitals reported continued use of enhanced care, primarily to support patients with mental health needs or with safety risks such as falls. All requests for associated additional staffing are approved at ADoN level.
- Overall average Care Hours Per Patient Day (CHPPD) were at 11.3, a marginal reduction on May's (11.6) position. This is above last published London average (9.1; April 2023). CHPPD data is less useful at organisation level - the high number of specialist and critical care units within the Barts Health Group will result in high overall CHPPD.
- The CHPPD trend is up compared to June 2022 (10.6), reflecting the high use of enhanced care reported by hospital leads. The NHSE data request which feeds CHPPD reporting covers all staff booked, inclusive of additional staff for enhanced care.
- Where incidences of day-to-day staffing pressures occurred at individual ward level across the sites, risks were reviewed and mitigated through dynamic redeployment and/or with senior staff working clinically when required.
- There were no staffing Red Flag incidents recorded in June. This correlates with high CHPPD and sustained good overall average fill-rates. This indicates that staffing is overall likely in line with demand.
- Work continues to review Red Flag reporting and response processes to ensure it is an effective safety measure and accurate indicator.
- Recruitment activity continues across each site as part of the Drive 95 programme. The impact of bespoke programmes is beginning to be seen in maternity and ED departments as is the successful international recruitment programme across all areas. Of note, fill-rate for substantive band 5 posts is above 90% at WCH.
- Use of the SafeCare demand and capacity tool continued its upward trajectory, with day-time census compliance at 81.4% (June 2023) compared to 61.7% (June 2022). Compliance is being monitored on a daily basis to support continuous improvement.
- Outputs reviewed at site safety and staffing huddles to support deployment decisions.



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	99.2%	101.7%	102.8%	121.6%	11.3	0
Royal London	105.0%	102.0%	111.9%	131.9%	11.1	0
Whipps Cross	96.9%	104.3%	99.1%	114.0%	10.6	0
Newham	102.1%	101.6%	104.8%	117.9%	12.7	0
St Bart's	87.7%	94.4%	87.6%	118.7%	11.9	0



Finance Report



- The Trust is reporting a £26.1m deficit for the year to date at month 3, which is (£19.5m) adverse against plan.
- Income is £6.1m favourable against plan for the year to date at Month 3. NHS Patient Treatment income is (£0.5m) adverse overall. It is assumed within the overall position that ERF clawback will not be applied in quarter 1, due to the impact of junior doctor industrial action across April and June. Other income is £6.5m favourable, which is due to release of £6.3m one-off non-recurrent benefits from balance sheet review within the year to date position.
- Expenditure is (£25.5m) adverse against plan for the year to date at Month 3. Site and Services expenditure is (£29.2m) adverse, the adverse variance is due to underachievement against recurrent efficiency savings targets, overspending for medical and nursing staffing and non-pay overspends including healthcare outsourcing, Soft FM contract exit costs and patient transport costs. Temporary staffing costs to date remains higher than plan. Additional budget funding of £4.2m was allocated to sites from reserves to offset the additional consultant locum costs incurred by sites in 1 quarter one due to Junior Doctor industrial action. Central expenditure and reserves are £3.7m favourable which is primarily due to release of ERF clawback risk reserve, reflecting the reporting assumption that ERF clawback will not be applied. There is also a favourable variance for interest receivable (£1.0m).
- Capital Expenditure in month 3 is £5.7m which is £14.7m behind the plan. The YTD variance of £21.4m can be attributed to delays in closing old year schemes, VAT recoveries as well as major schemes running behind their forecasts. Expenditure against donated schemes was £0.3m (£0.2m, M2).
- Cash balances in June 2023 are higher by £24.8m compared to a plan of £30m, as a result of the higher closing cash balance of £60.2m in March 2023, and other movements in working capital. The 2022/23 pay rise award for Agenda for Change (AfC) staff (circa £32m, and funded by NHS England), and the 5% backdated 2023/24 AfC uplift (funded by NHSE and ICBs) were paid to staff in June 2023. An assumption has been made that external support would be required in form of revenue loan funding totalling £40m to be taken in December 2023 and March 2024, however this will be monitored closely over the coming months.
- The key financial challenges for the Trust in achieving its plan for the year to date include:
 - Delivery of the Elective Recovery Fund activity trajectory and the associated funding,
 - Improving productivity to reduce temporary staffing costs and deliver the efficiency savings targets set within Sites and Services budgets.
 - The impact of industrial action by medical staff.
- The Trust is currently working with NEL system partners on a system financial recovery plan for 2023/24. This plan will be submitted to NHS England, and will specify the impact of financial recovery measures and the income and expenditure trajectory over the remainder of the year.

Metrics	Current Performance Year To Date £millions	Trend	Comments
NHS Financial Performance Surplus / (Deficit)	Plan (6.7)	<p>NHS Financial Performance Surplus/(Deficit) £m</p> <p>Legend: Actual (Blue Bar), Plan (Red Line)</p>	The Trust is reporting a £26.1m deficit for the year to date at month 3, which is (£19.5m) adverse against plan.
	Actual (26.1)		
	Variance (19.5)		
Total Income	Plan 554.3	<p>Income £m</p> <p>Legend: Actual (Blue Bar), Plan (Red Line)</p>	Income is £6.1m favourable against plan for the year to date at Month 3. NHS Patient Treatment income is (£0.5m) adverse overall. It is assumed within the overall position that ERF clawback will not be applied in quarter 1, due to the impact of junior doctor industrial action across April and June. Other income is £6.5m favourable, which is due to release of £6.3m one-off non-recurrent benefits from balance sheet review within the year to date position.
	Actual 560.4		
	Variance 6.1		
Total Expenditure	Plan (560.9)	<p>Expenditure £m</p> <p>Legend: Actual (Blue Bar), Plan (Red Line)</p>	Expenditure is (£25.5m) adverse against plan for the year to date at Month 3. Site and Services expenditure is (£29.2m) adverse, the adverse variance is due to underachievement against recurrent efficiency savings targets, overspending for medical and nursing staffing and non-pay overspends including healthcare outsourcing, Soft FM contract exit costs and patient transport costs. Temporary staffing costs to date remains higher than plan. Additional budget funding of £4.2m was allocated to sites from reserves to offset the additional consultant locum costs incurred by sites in 1 quarter one due to Junior Doctor industrial action. Central expenditure and reserves are £3.7m favourable which is primarily due to release of ERF clawback risk reserve, reflecting the reporting assumption that ERF clawback will not be applied. There is also a favourable variance for interest receivable (£1.0m).
	Actual (586.5)		
	Variance (25.5)		

Metrics	Current Performance Year To Date £millions	Trend	Comments	
Capital Expenditure	Plan	34.9		<p>Capital Expenditure in month 3 is £5.7m which is £14.7m behind the plan. The YTD variance of £21.4m can be attributed to delays in closing old year schemes, VAT recoveries as well as major schemes running behind their forecasts. Expenditure against donated schemes was £0.3m (£0.2m, M2).</p>
	Actual	13.5		
	Variance	(21.4)		
Cash	Plan	30.0		<p>Cash balances in June 2023 are higher by £24.8m compared to a plan of £30m, as a result of the higher closing cash balance of £60.2m in March 2023, and other movements in working capital.</p> <p>The 2022/23 pay rise award for Agenda for Change (AfC) staff (circa £32m, and funded by NHS England), and the 5% backdated 2023/24 AfC uplift (funded by NHSE and ICBs) were paid to staff in June 2023. An assumption has been made that external support would be required in form of revenue loan funding totalling £40m to be taken in December 2023 and March 2024, however this will be monitored closely over the coming months.</p>
	Actual	54.8		
	Variance	24.8		

Key Issues
<p>The key revenue financial challenges the Trust is experiencing for this financial year to date include:</p> <ul style="list-style-type: none"> - Uncertainty regarding delivery the Elective Recovery Fund activity trajectory and the associated funding, - Ensuring improvements in productivity in order to reduce temporary staffing costs and deliver the efficiency savings target sets within Sites and Services budgets. - The impact of industrial action by medical staff.
Key Risks & Opportunities
<p>The Trust is currently working with NEL system partners on a system financial recovery plan for 2023/24. This plan will be submitted to NHS England, and will specify the impact of financial recovery measures and the income and expenditure trajectory over the remainder of the year.</p>

PY Actual	£millions	In Month			Year to Date			Annual Plan
		Plan	Actual	Variance	Plan	Actual	Variance	
	Income							
378.9	NHS Patient Treatment Income	140.2	142.4	2.3 ●	405.3	406.7	1.4 ●	1,657.8
0.7	Other Patient Care Activity Income	0.6	0.4	(0.2) ●	1.7	1.0	(0.7) ●	6.9
30.6	Other Operating Income	10.7	11.3	0.6 ●	31.2	31.8	0.7 ●	123.9
410.1	Total Income	151.4	154.1	2.7 ●	438.2	439.5	1.4 ●	1,788.6
	Operating Expenditure							
(275.0)	Pay	(109.3)	(115.7)	(6.4) ●	(303.5)	(322.1)	(18.6) ●	(1,214.0)
(51.8)	Drugs	(18.2)	(19.0)	(0.8) ●	(50.6)	(51.0)	(0.4) ●	(209.2)
(40.0)	Clinical Supplies	(15.6)	(18.1)	(2.5) ●	(46.2)	(48.2)	(2.0) ●	(186.9)
(80.7)	Other Non Pay	(22.6)	(25.9)	(3.2) ●	(70.8)	(79.0)	(8.3) ●	(270.7)
(447.6)	Total Operating Expenditure	(165.7)	(178.7)	(12.9) ●	(471.1)	(500.3)	(29.2) ●	(1,880.9)
(37.4)	Site & Services Budgets Total	(14.3)	(24.6)	(10.3) ●	(32.9)	(60.7)	(27.8) ●	(92.2)
(13.2)	Pathology Partnership (net)	(5.0)	(5.3)	(0.4) ●	(14.0)	(14.2)	(0.1) ●	(56.2)
(0.0)	Vaccination Programme & Nightingale (net)	-	(0.0)	(0.0) ●	-	(0.0)	(0.0) ●	-
0.0	Research & Development (net)	0.0	0.0	0.0 ●	0.0	0.0	(0.0) ●	0.0
33.8	Central NHS PT Income	18.6	15.5	(3.1) ●	51.5	49.7	(1.9) ●	180.4
1.8	Central RTA & OSV Income (net)	1.0	0.9	(0.1) ●	3.0	2.3	(0.7) ●	11.8
6.9	Central Expenditure (net)	(0.1)	1.9	2.0 ●	(0.2)	6.6	6.8 ●	(0.8)
(5.7)	Reserves (net)	(0.6)	0.4	0.9 ●	(8.6)	(5.2)	3.3 ●	(48.0)
(13.9)	EBITDA	(0.4)	(11.3)	(10.9) ●	(1.2)	(21.6)	(20.4) ●	(5.0)
(17.5)	Depreciation and Amortisation (net)	(6.3)	(6.3)	(0.0) ●	(19.0)	(19.0)	(0.0) ●	(76.7)
(17.4)	Interest	(6.8)	(6.4)	0.4 ●	(20.6)	(19.7)	1.0 ●	(82.9)
(2.7)	PDC Dividends	(1.3)	(1.3)	0.0 ●	(3.9)	(3.9)	0.0 ●	(15.5)
0.1	Profit On Fixed Asset Disposal	0.0	0.0	0.0 ●	0.0	0.0	0.0 ●	0.1
-	Loss on return of COVID assets to DHSC	-	-	- ●	-	-	- ●	-
(51.4)	Surplus/(Deficit) Before System Top-Up	(14.8)	(25.3)	(10.5) ●	(44.7)	(64.2)	(19.5) ●	(180.0)
37.1	System Top-Up Income	12.7	12.7	- ●	38.1	38.1	(0.0) ●	152.2
(14.3)	NHS Reporting Surplus/(Deficit)	(2.1)	(12.6)	(10.5) ●	(6.7)	(26.1)	(19.5) ●	(27.8)

22/23 YTD	Programme Area
Prev Yr Actual	£millions
1.0	Equipment (Medical and Other)
0.3	Informatics
3.5	Estates
0.5	New Build and Site Vacations
2.6	PFI Lifecycle Assets
	New Build - Diagnostics
4.8	Finance Lease
12.7	Total Exchequer programme
-	
12.7	Total Trust Funded Assets
1.4	Donated
14.0	Total Capital Expenditure

In Month			
Plan	Actual	Variance	%
0.6	0.7	(0.1)	(16)%
1.0	(0.0)	1.0	102 %
1.3	1.1	0.2	16 %
5.6	2.9	2.7	48 %
1.0	1.0	0.0	0 %
-	-	-	- %
10.9	-	10.9	100 %
20.3	5.7	14.7	72 %
20.3	5.7	14.7	72 %
0.9	0.3	0.6	65 %
21.2	6.0	15.2	72 %

Year to Date			
Plan	Actual	Variance	%
1.5	1.1	0.4	0.0
2.2	0.7	1.5	0.0
4.4	2.5	1.9	0.0
12.8	6.2	6.6	0.0
3.1	3.1	0.0	0.0
-	-	-	-
10.9	-	10.9	0.0
34.9	13.5	21.4	0.0
34.9	13.5	21.4	61 %
2.6	0.8	1.8	70 %
37.5	14.3	23.2	62 %

Annual			
Funded Balanced Plan Mar 2023	Plan M2	Variance	%
11.5	11.5	-	- %
6.2	6.2	-	- %
7.1	7.1	-	(0)%
55.8	55.8	-	(0.0)
12.6	12.6	-	0 %
-	-	-	- %
23.0	25.1	(2.1)	(9)%
116.3	118.4	(2.1)	(0.0)
116.3	118.4	(2.1)	(2)%
10.3	10.3	-	(0)%
126.6	128.7	(2.1)	(2)%

Key Messages

2023/24 position. There is no change since last month. The Trust has submitted an original balanced capital plan of £116.3m now adjusted to £118.4m forecast outturn to cover the lease extension of St. Martin Le Grand. This is insufficient to meet the Trust's needs for capital indicating at this time a funding shortfall of c£45m.

Both NEL and NHSE London are aware of the challenges faced by the CRL allocation for NEL and are working with Senior Directors of the Trust to secure an increase in CRL in the financial year. To support the request for funds the Trust has provided a detailed justification of key requirements. However in order to continue to provide safe services without interruption it is clear that there is a requirement to fund some activities at risk until the allocation is resolved. Proposals approved at ISC in June 2023 were recommended to the Board in July 2023.

In addition to the exchequer programme, there is a programme of £10.3m funded from charitable donations.

Funding. There is no change since last month.

Expenditure in M3 is £5.7m which is £14.7m behind the plan. The YTD variance of £21.4m can be attributed to delays in closing old year schemes, VAT recoveries as well as major schemes running behind their forecasts including the following:-

(10.9m) - Delayed leases for Henry Brierley House, Hubert Ashton House and Kent House - currently under review to ascertain if they will still happen this financial year.

(£1.3m) IT infrastructure - Unified comms - Timing delay which will be caught up

(£1.3m) - NUH fire programme - timing delay that will be caught up

(£1.8m) - CAU - delay due to an initial non compliant ventilation which has now been resolved, the revised plan is scheduled to complete with an 8 week delay in November 2023.

(£1.9m) - MEH CDC - due to delays during the procurement process for the design and build work contractors, it is not expected that the full funding allocation will be used so c£2m is to be handed back which will result in a cost pressure in 2024/25, mitigations are underway to avoid worsening the situation. It is currently anticipated that the project completion date will slip from December 2023 to July 2024.

(£1.2m) - The modular build scheme - due to supply chain and labour issues which have put the programme behind schedule by c5 weeks.

(£1.2m) - Modular Build Fit out - timing difference that will be caught up.

(£0.7m) - VAT recoveries and close out of old year schemes.

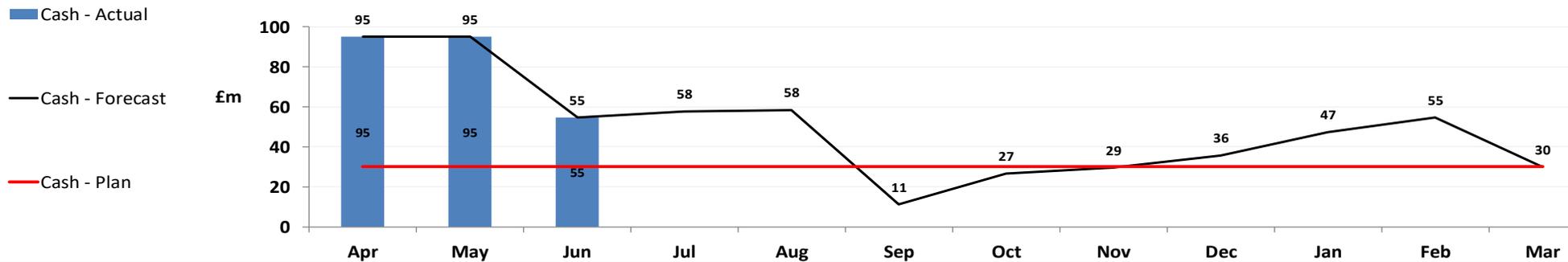
Expenditure against donated schemes was £0.3m (£0.2m, M2).

Capital Funding

	Capital Plan	Secured/ Drawdown	Not Secured/ Drawdown	% Secured
Gross Depreciation	76.7	76.7	-	100 %
Repayment of PFI principal	(26.0)	(26.0)	-	100 %
Repayment Other Finance Leases (IFRS16)	(11.3)	(11.3)	-	100 %
Net Depreciation	39.5	39.5	-	100 %
CRL (not cash backed)	13.7	13.7	-	100 %
Add CRL - Neonatal cot capacity RLH (not cash backed)	0.7	0.7	-	100 %
EFA	-	-	-	- %
Additional CRL from NHSE/NEL (not cash backed)	-	-	-	- %
IFRS16 CRL adjustment	25.1	-	25.1	- %
Other Leases CRL adjustment	-	-	-	- %
PDC: WXH Redevelopment core programme team	1.7	1.1	0.6	63 %
PDC: WXH Redevelopment NHP Development costs	12.0	-	12.0	- %
Specific PDC: WXH Enabling works	-	-	-	- %
TIF NUH Modular Build and Mothballed Theatres	6.3	6.3	-	100 %
PDC - ITU Expansion SBH	11.1	11.1	-	100 %
PDC - MEH CDC	8.3	8.3	-	100 %
PDC - LIMS	0.1	0.1	-	100 %
Planned Capital exc. Donated	118.4	80.7	37.7	68 %
Asset sales	-	-	-	- %
*Total approved Exchequer funding ex donated	118.4	80.7	37.7	68 %
Donated	10.3	0.8	9.5	8 %
Planned Capital inc. Donated	128.7	81.4	47.3	63 %
*CRL overspend	-	-	-	- %

£millions	Actual			Forecast									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn
Opening cash at bank	60.2	95.0	95.1	54.8	57.7	58.5	11.1	26.6	29.5	35.7	47.4	54.8	60.2
Cash inflows													
Healthcare contracts	155.9	166.0	203.3	167.6	164.2	167.6	163.1	163.4	162.4	162.4	162.4	189.5	2,027.8
Other income	42.5	24.7	17.4	40.4	28.7	19.3	39.7	28.4	19.2	38.6	28.1	34.6	361.6
Financing - Revenue Loans / Capital PDC	-	-	-	-	-	-	-	-	55.0	-	-	24.4	79.4
Total cash inflows	198.4	190.7	220.7	208.0	192.9	186.9	202.8	191.8	236.6	201.0	190.5	248.5	2,468.8
Cash outflows													
Salaries and wages	(61.1)	(65.0)	(94.4)	(68.9)	(69.9)	(67.6)	(65.2)	(66.3)	(67.4)	(65.2)	(66.3)	(67.6)	(824.9)
Tax, NI and pensions	(30.7)	(46.4)	(46.6)	(65.6)	(49.0)	(49.0)	(49.0)	(49.0)	(49.0)	(49.0)	(49.0)	(49.0)	(581.3)
Non pay expenditures	(63.7)	(76.2)	(116.8)	(66.1)	(68.7)	(105.9)	(67.3)	(66.8)	(106.0)	(66.1)	(58.8)	(101.6)	(964.0)
Capital expenditure	(8.1)	(3.0)	(3.2)	(4.5)	(4.5)	(4.0)	(5.8)	(6.8)	(8.0)	(9.0)	(9.0)	(47.3)	(113.2)
Dividend and Interest payable	-	-	-	-	-	(7.8)	-	-	-	-	-	(7.8)	(15.6)
Total cash outflows	(163.6)	(190.6)	(261.0)	(205.1)	(192.1)	(234.3)	(187.3)	(188.9)	(230.4)	(189.3)	(183.1)	(273.3)	(2,499.0)
Net cash inflows / (outflows)	34.8	0.1	(40.3)	2.9	0.8	(47.4)	15.5	2.9	6.2	11.7	7.4	(24.8)	(30.2)
Closing cash at bank - actual / forecast	95.0	95.1	54.8	57.7	58.5	11.1	26.6	29.5	35.7	47.4	54.8	30.0	30.0
Closing cash at bank - plan	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0

Month End Closing Cash Balance Compared to Plan



Key Messages

Cash balances in June 2023 are higher by £24.8m compared to a plan of £30m, as a result of the higher closing cash balance of £60.2m in March 2023, and other movements in working capital. The 2022/23 pay rise award for Agenda for Change (AfC) staff (circa £32m, and funded by NHS England), and the 5% backdated 2023/24 AfC uplift (funded by NHSE and ICBs) were paid to staff in June 2023. An assumption has been made that external support would be required in form of revenue loan funding totalling £40m to be taken in December 2023 and March 2024, however this will be monitored closely over the coming months.

22/23		Actual			Forecast									22/23 v 23/24
31 Mar 2023	£millions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Non-current assets:													
1,594.2	Property, plant and equipment	1,592.4	1,589.2	1,588.5	1,611.6	1,614.3	1,614.7	1,618.2	1,620.9	1,626.2	1,629.9	1,633.6	1,640.3	46.1
0.1	Intangible assets	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
16.8	Trade and other receivables	16.8	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	(0.1)
1,611.1	Total non-current assets	1,609.3	1,606.0	1,605.3	1,628.4	1,631.1	1,631.5	1,635.0	1,637.7	1,643.0	1,646.7	1,650.4	1,657.0	46.0
	Current assets:													
31.4	Inventories	32.1	32.2	33.9	31.4	31.4	31.4	31.4	31.4	31.4	31.4	31.4	31.4	0.0
145.5	Trade and other receivables	132.0	123.8	92.4	111.0	112.3	113.0	116.2	121.6	141.5	110.5	111.6	139.5	(6.0)
60.2	Cash and cash equivalents	95.1	95.1	54.8	57.7	58.5	11.0	26.6	29.5	35.7	47.4	54.8	30.0	(30.2)
237.1	Total current assets	259.2	251.1	181.1	200.1	202.2	155.4	174.2	182.5	208.6	189.3	197.8	200.9	(36.2)
1,848.2	Total assets	1,868.5	1,857.1	1,786.4	1,828.5	1,833.3	1,786.9	1,809.2	1,820.2	1,851.6	1,836.0	1,848.2	1,857.9	9.8
	Current liabilities													
(290.0)	Trade and other payables	(320.3)	(318.8)	(263.7)	(245.7)	(252.5)	(218.1)	(242.3)	(254.9)	(243.8)	(265.4)	(278.9)	(241.5)	48.5
(2.8)	Provisions	(2.9)	(2.9)	(2.9)	(2.8)	(2.8)	(2.8)	(2.8)	(2.8)	(2.8)	(2.8)	(2.8)	(2.8)	0.0
(37.3)	Liabilities arising from PFIs / Finance Leases	(37.3)	(37.3)	(37.3)	(42.0)	(42.0)	(42.0)	(42.0)	(42.0)	(42.0)	(42.0)	(42.0)	(40.5)	(3.2)
0.0	DH Revenue Support Loan (Including RWCSF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(330.1)	Total current liabilities	(360.5)	(359.0)	(303.9)	(290.5)	(297.3)	(262.9)	(287.1)	(299.7)	(288.6)	(310.2)	(323.7)	(284.8)	45.3
(93.0)	Net current (liabilities) / assets	(101.3)	(107.9)	(122.8)	(90.4)	(95.1)	(107.5)	(112.9)	(117.2)	(80.0)	(120.9)	(125.9)	(83.9)	9.1
1,518.1	Total assets less current liabilities	1,508.0	1,498.1	1,482.5	1,538.0	1,536.0	1,524.0	1,522.1	1,520.5	1,563.0	1,525.8	1,524.5	1,573.1	55.1
	Non-current liabilities													
(5.9)	Provisions	(5.9)	(5.9)	(6.0)	(6.7)	(6.7)	(6.7)	(6.7)	(6.7)	(6.7)	(6.7)	(6.7)	(6.7)	(0.8)
(915.2)	Liabilities arising from PFIs / Finance Leases	(912.2)	(908.9)	(905.8)	(941.1)	(941.1)	(930.6)	(930.6)	(930.6)	(920.1)	(920.1)	(920.1)	(911.1)	4.1
(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
0.0	DH Revenue Support Loan (Including RWCF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(35.3)	0.0	0.0	(40.0)	(40.0)
0.0	DH Capital Investment Loan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
(921.6)	Total non-current liabilities	(918.4)	(915.3)	(912.3)	(948.3)	(948.3)	(937.8)	(937.8)	(937.8)	(962.6)	(927.3)	(927.3)	(958.2)	(36.7)
596.5	Total Assets Employed	589.6	582.8	570.2	589.7	587.7	586.2	584.3	582.7	600.4	598.5	597.2	614.9	18.4
	Financed by:													
	Taxpayers' equity													
1,080.6	Public dividend capital	1,080.6	1,080.6	1,080.6	1,080.6	1,080.6	1,080.6	1,080.6	1,080.6	1,100.3	1,100.3	1,100.3	1,120.0	39.4
(900.9)	Retained earnings	(907.8)	(914.6)	(927.2)	(907.7)	(909.7)	(911.2)	(913.1)	(914.7)	(916.7)	(918.6)	(919.9)	(921.9)	(21.0)
416.8	Revaluation reserve	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	416.8	0.0
596.5	Total Taxpayers' Equity	589.6	582.8	570.2	589.7	587.7	586.2	584.3	582.7	600.4	598.5	597.2	614.9	18.4



Barts Health
NHS Trust

Glossary



On Wednesday 22 March 23, Barts Health submitted its 2023/24 activity and performance trajectories to North East London ICB for onwards submission to NHS England by 30 March 23.

The key NHS England Urgent and Emergency Care and Elective performance objectives and milestones are set-out in the table opposite. However a number of high-priority operational standards are expected to sit alongside these once the 2023/24 NHS Oversight metrics are published, these may include:

- ✓ A&E 12-hour journey times, measuring the wait time from arrival to departure, rather than the previous version of the standard which measured wait time from decision to admit to admission
- ✓ Ambulance handover delays of greater than 30 and 60 minutes

In relation to Activity, North East London, including Barts Health, were set an objective by NHS England to deliver 109% of Value Weighted Activity against 2019/20 baseline.

Submitted activity trajectories achieve the 109% objective with a 0.3% contribution relating to improved Outpatient Procedure Recording. NHS England has prescribed the Activity types contributing to the Value Weighted total, these include:

- ✓ First outpatient appointments
- ✓ First and follow up outpatient procedures
- ✓ Elective ordinary (inpatient) admissions
- ✓ Day case admissions

	Objective	Deadline
Urgent & Emergency Care	76% of patients seen within 4-hours	Mar-24
	Achieve 92% G&A bed occupancy	No deadline published
Elective Waits	Eliminate waits of over 65 weeks	Mar-24
	Eliminate waits of over 52 weeks	Mar-25
Cancer	Meet the 75% cancer faster diagnosis standard	Mar-24
	Continue to reduce the number of patients waiting over 62 days	
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks to 95%	Mar-25

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

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

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

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

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

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)

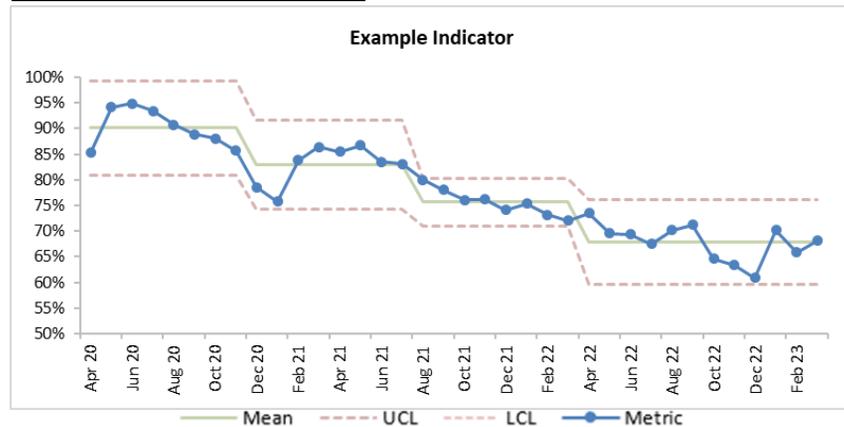
Reporting month target for reporting site

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) charts using the Individual metric (X shown as blue data points on a line) and its moving Range (XmR) allows you to identify statistically significant changes in data. The red dotted lines (upper or lower process limits) represent the expected range for data points, if variation is within expected limits - that is, normal. If there is a target, then this will be shown using a black dotted line.

When you are interpreting these SPC charts there are a couple of things that help you identify what the performance is doing.

If any point is outside any of the red dotted lines, then this means that "special cause" variation is present in the system i.e. that data point is unusual and should be investigated.

A step consists of at least 8 data points. A step change is only triggered after the minimum step run and by the next 8 data points ALL being one side of the preceding step mean (green line) i.e.. ALL above or ALL below. In the example to the left the first step has a mean of 90.15% and a step change occurs in Dec 2020 as 8 data points have elapsed in the first step and the next 8 data points are all below the first step mean.

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.

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Royal London	10ERLH	2,058.5	2,265.2	1,035.0	1,398.0	1,725.0	2,002.5	678.5	1,380.0	110.0%	135.1%	116.1%	203.4%	751	5.7	3.7	9.4
Royal London	10FRLH	1,080.0	1,056.0	720.0	873.8	990.0	1,068.0	330.0	605.0	97.8%	121.4%	107.9%	183.3%	520	4.1	2.8	6.9
Royal London	11CRLH	2,760.0	2,642.2	1,380.0	1,350.5	2,760.0	2,771.5	690.0	1,150.0	95.7%	97.9%	100.4%	166.7%	654	8.3	3.8	12.1
Royal London	11E & 11F AAU	3,933.0	4,722.0	1,725.0	1,675.5	3,795.0	4,650.3	1,380.0	1,598.5	120.1%	97.1%	122.5%	115.8%	1,438	6.5	2.3	8.8
Royal London	12CRLH	1,837.5	2,215.5	1,380.0	1,358.5	1,782.5	2,142.0	1,035.0	1,219.0	120.6%	98.4%	120.2%	117.8%	776	5.6	3.3	8.9
Royal London	12DRLH	1,380.0	2,302.0	690.0	1,042.2	1,380.0	2,352.5	345.0	1,011.5	166.8%	151.0%	170.5%	293.2%	493	9.4	4.2	13.6
Royal London	12ERLH	2,686.5	3,241.3	1,380.0	1,605.5	2,415.0	3,048.5	1,380.0	1,702.2	120.7%	116.3%	126.2%	123.3%	714	8.8	4.6	13.4
Royal London	12FRLH	1,978.0	2,038.0	1,725.0	1,671.5	1,725.0	1,840.0	1,725.0	1,736.5	103.0%	96.9%	106.7%	100.7%	773	5.0	4.4	9.4
Royal London	13CRLH	1,870.5	2,116.3	690.0	1,092.5	1,380.0	1,692.5	690.0	1,472.0	113.1%	158.3%	122.6%	213.3%	704	5.4	3.6	9.1
Royal London	13DRLH	1,725.0	2,286.5	690.0	713.0	1,378.0	1,963.0	690.0	724.5	132.6%	103.3%	142.5%	105.0%	711	6.0	2.0	8.0
Royal London	13ERLH	2,008.5	2,752.3	690.0	762.5	1,633.0	2,491.0	690.0	1,083.0	137.0%	110.5%	152.5%	157.0%	706	7.4	2.6	10.0
Royal London	13FRLH	1,713.0	2,415.5	943.0	1,025.0	1,725.0	2,507.0	690.0	989.0	141.0%	108.7%	145.3%	143.3%	685	7.2	2.9	10.1
Royal London	14E & 14F RLH	3,312.0	3,933.0	2,610.5	2,403.5	2,760.0	3,484.5	2,070.0	2,598.0	118.8%	92.1%	126.3%	125.5%	1,347	5.5	3.7	9.2
Royal London	3DRLH	4,013.5	4,487.0	2,622.0	2,232.5	3,105.0	4,522.0	1,725.0	2,185.0	111.8%	85.1%	145.6%	126.7%	993	9.1	4.4	13.5
Royal London	3ERLH	2,070.0	2,035.5	690.0	1,015.5	1,713.5	1,748.0	690.0	1,035.0	98.3%	147.2%	102.0%	150.0%	780	4.9	2.6	7.5
Royal London	3FRLH	1,545.0	2,211.0	1,046.5	1,023.5	1,035.0	2,219.5	690.0	1,000.5	143.1%	97.8%	214.4%	145.0%	495	9.0	4.1	13.0
Royal London	4ERLH	13,462.5	14,394.5	1,035.0	1,114.5	13,455.0	14,190.1	1,035.0	1,021.5	106.9%	107.7%	105.5%	98.7%	1,273	22.5	1.7	24.1
Royal London	6CRLH	4,394.5	3,323.2	782.0	333.5	3,496.0	2,779.8	701.5	322.0	75.6%	42.6%	79.5%	45.9%	185	33.0	3.5	36.5
Royal London	6E & 6FRLH	5,772.5	4,713.3	1,380.0	1,112.0	5,163.5	5,050.5	1,035.0	977.5	81.7%	80.6%	97.8%	94.4%	863	11.3	2.4	13.7
Royal London	7CRLH	1,368.5	1,578.0	345.0	688.5	1,035.0	1,312.0	345.0	747.5	115.3%	199.6%	126.8%	216.7%	431	6.7	3.3	10.0
Royal London	7DRLH	1,725.0	2,010.0	855.0	637.8	1,380.0	1,795.5	690.0	828.0	116.5%	74.6%	130.1%	120.0%	408	9.3	3.6	12.9
Royal London	7ERLH	2,766.0	2,940.8	1,035.0	1,297.3	2,415.0	2,701.0	1,035.0	1,736.5	106.3%	125.3%	111.8%	167.8%	551	10.2	5.5	15.7
Royal London	7FRLH	1,380.0	1,460.5	598.0	793.5	1,035.0	1,184.5	529.0	885.5	105.8%	132.7%	114.4%	167.4%	387	6.8	4.3	11.2
Royal London	8CRLH	1,933.0	2,145.5	684.0	750.0	1,368.5	1,568.5	690.0	876.5	111.0%	109.6%	114.6%	127.0%	508	7.3	3.2	10.5
Royal London	8DRLH	9,627.0	8,241.8	1,518.5	575.5	8,438.5	7,200.0	448.5	483.0	85.6%	37.9%	85.3%	107.7%	1,029	15.0	1.0	16.0
Royal London	8FRLH	1,735.0	1,549.5	1,410.0	1,457.5	1,035.0	1,035.0	1,380.0	1,380.0	89.3%	103.4%	100.0%	100.0%	1,512	1.7	1.9	3.6
Royal London	9EHDU RLH	1,380.0	1,023.5	0.0	0.0	1,380.0	1,046.5	0.0	0.0	74.2%		75.8%		170	12.2	0.0	12.2
Royal London	9ERLH	1,725.0	1,518.0	690.0	874.0	1,380.0	1,368.5	690.0	839.5	88.0%	126.7%	99.2%	121.7%	829	3.5	2.1	5.5
Royal London	9FRLH	1,725.0	1,637.5	690.0	796.0	1,380.0	1,347.5	690.0	1,092.5	94.9%	115.4%	97.6%	158.3%	706	4.2	2.7	6.9

Safe Staffing Fill Rates by Ward and Site

Aug-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
Whipps Cross	AAU WXH	4,481.0	5,454.3	2,408.5	2,487.3	4,485.0	5,324.6	2,070.0	2,249.3	121.7%	103.3%	118.7%	108.7%	1,134	9.5	4.2	13.7
Whipps Cross	ACACIA	943.0	951.6	437.0	643.0	690.0	729.0	690.0	834.0	100.9%	147.1%	105.7%	120.9%	351	4.8	4.2	9.0
Whipps Cross	ACORN	3,600.0	2,800.8	345.0	483.5	2,760.0	2,082.5	350.5	368.0	77.8%	140.1%	75.5%	105.0%	442	11.0	1.9	13.0
Whipps Cross	B3 WARD WXH	1,279.0	1,199.0	1,034.0	1,149.0	1,035.0	1,069.5	690.0	736.0	93.7%	111.1%	103.3%	106.7%	554	4.1	3.4	7.5
Whipps Cross	BIRCH	1,035.0	1,174.0	1,035.0	1,261.5	1,023.5	1,058.5	690.0	805.0	113.4%	121.9%	103.4%	116.7%	526	4.2	3.9	8.2
Whipps Cross	BLACKTHORN	1,035.0	1,299.5	1,035.0	1,350.5	1,012.0	1,069.5	690.0	1,069.5	125.6%	130.5%	105.7%	155.0%	469	5.1	5.2	10.2
Whipps Cross	Bracken Ward WXH	1,318.8	1,393.4	1,034.0	1,367.3	1,035.0	1,115.5	690.0	1,034.5	105.7%	132.2%	107.8%	149.9%	554	4.5	4.3	8.9
Whipps Cross	CEDAR	1,380.0	1,233.5	1,380.0	1,563.0	1,035.0	931.5	1,035.0	1,299.5	89.4%	113.3%	90.0%	125.6%	469	4.6	6.1	10.7
Whipps Cross	CHESTNUT	941.5	821.0	345.0	793.5	690.0	1,000.5	345.0	736.0	87.2%	230.0%	145.0%	213.3%	338	5.4	4.5	9.9
Whipps Cross	CONIFER	1,375.0	1,243.0	1,384.8	1,425.8	1,035.0	984.5	1,035.0	1,253.5	90.4%	103.0%	95.1%	121.1%	470	4.7	5.7	10.4
Whipps Cross	CURIE	1,380.0	1,340.5	1,035.0	1,114.0	1,380.0	954.5	1,035.0	1,173.0	97.1%	107.6%	69.2%	113.3%	453	5.1	5.0	10.1
Whipps Cross	DELIVERY SUITE WXH	5,574.8	5,313.6	1,379.0	1,252.5	4,807.0	4,730.8	1,380.0	1,311.7	95.3%	90.8%	98.4%	95.0%	359	28.0	7.1	35.1
Whipps Cross	ELIZABETH	1,633.0	1,657.5	345.0	470.5	1,368.5	1,414.5	345.0	473.0	101.5%	136.4%	103.4%	137.1%	524	5.9	1.8	7.7
Whipps Cross	FARADAY	1,448.0	1,390.5	685.5	727.5	1,472.0	1,417.6	345.0	436.5	96.0%	106.1%	96.3%	126.5%	610	4.6	1.9	6.5
Whipps Cross	Frail Elderly WXH	857.5	851.2	345.0	368.0	690.0	681.4	345.0	439.0	99.3%	106.7%	98.8%	127.2%	395	3.9	2.0	5.9
Whipps Cross	ICU WXH	6,792.0	5,812.2	1,665.5	675.0	6,193.0	5,282.0	1,320.0	385.0	85.6%	40.5%	85.3%	29.2%	320	34.7	3.3	38.0
Whipps Cross	MARGARET	1,057.0	973.5	361.3	365.0	690.0	690.0	345.0	356.5	92.1%	101.0%	100.0%	103.3%	264	6.3	2.7	9.0
Whipps Cross	MULBERRY	2,218.5	1,853.0	1,702.5	992.0	1,368.5	1,359.0	1,378.0	1,006.0	83.5%	58.3%	99.3%	73.0%	741	4.3	2.7	7.0
Whipps Cross	NEONATAL WXH	2,413.0	1,894.9	1,108.5	569.0	2,001.0	1,991.8	701.5	288.0	78.5%	51.3%	99.5%	41.1%	315	12.3	2.7	15.1
Whipps Cross	NIGHTINGALE	1,403.0	1,414.5	345.0	376.5	1,426.0	1,403.0	345.0	379.5	100.8%	109.1%	98.4%	110.0%	406	6.9	1.9	8.8
Whipps Cross	PEACE	1,610.0	1,644.5	1,367.5	1,455.8	1,035.0	1,105.2	1,035.0	1,207.2	102.1%	106.5%	106.8%	116.6%	465	5.9	5.7	11.6
Whipps Cross	POPLAR	1,735.0	1,565.5	1,046.5	827.0	1,368.5	1,058.0	1,035.0	724.5	90.2%	79.0%	77.3%	70.0%	381	6.9	4.1	11.0
Whipps Cross	PRIMROSE	1,723.0	2,111.5	1,382.0	1,610.0	1,380.0	1,842.0	1,035.0	1,495.0	122.5%	116.5%	133.5%	144.4%	829	4.8	3.7	8.5
Whipps Cross	ROWAN	1,725.0	1,750.3	1,377.5	1,561.5	1,380.0	1,370.5	1,035.0	1,552.5	101.5%	113.4%	99.3%	150.0%	725	4.3	4.3	8.6
Whipps Cross	SAGE	1,630.5	1,599.5	1,381.0	1,994.5	1,379.0	1,276.5	1,035.0	1,656.0	98.1%	144.4%	92.6%	160.0%	745	3.9	4.9	8.8
Whipps Cross	SYCAMORE	1,288.0	1,472.0	1,372.5	1,721.5	1,035.0	1,414.5	1,035.0	1,437.5	114.3%	125.4%	136.7%	138.9%	795	3.6	4.0	7.6
Whipps Cross	SYRINGA	1,380.0	1,380.0	1,725.0	1,711.5	1,035.0	1,069.5	1,035.0	1,585.5	100.0%	99.2%	103.3%	153.2%	766	3.2	4.3	7.5

Safe Staffing Fill Rates by Ward and Site

Aug-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	BECKTON	1,378.0	1,912.9	1,035.0	1,048.5	1,391.5	1,863.0	1,035.0	1,196.0	138.8%	101.3%	133.9%	115.6%	506	7.5	4.4	11.9
Newham	Custom House NUH	1,378.0	1,585.5	1,035.0	1,214.7	1,035.0	1,266.2	1,380.0	1,642.2	115.1%	117.4%	122.3%	119.0%	551	5.2	5.2	10.4
Newham	DELIVERY SUITE NUH	4,773.0	4,723.2	681.5	645.6	4,657.5	4,499.8	690.0	690.0	99.0%	94.7%	96.6%	100.0%	616	15.0	2.2	17.1
Newham	EAST HAM	1,702.0	2,003.0	1,035.0	1,011.4	1,380.0	1,670.5	1,035.0	1,092.5	117.7%	97.7%	121.1%	105.6%	639	5.7	3.3	9.0
Newham	HEATHER	2,070.0	2,309.5	1,046.5	1,331.0	2,081.5	2,370.0	1,035.0	1,391.5	111.6%	127.2%	113.9%	134.4%	715	6.5	3.8	10.4
Newham	LARCH	3,153.5	2,846.0	2,011.0	1,872.0	2,116.0	2,104.5	1,725.0	1,702.0	90.2%	93.1%	99.5%	98.7%	1,586	3.1	2.3	5.4
Newham	Manor Park ITU NUH	4,140.0	3,162.5	690.0	724.5	4,117.0	3,176.0	690.0	759.0	76.4%	105.0%	77.1%	110.0%	286	22.2	5.2	27.3
Newham	MAPLE	1,035.0	931.0	690.0	646.7	1,012.0	874.0	690.0	644.0	90.0%	93.7%	86.4%	93.3%	169	10.7	7.6	18.3
Newham	NEONATAL NUH	3,737.5	3,342.5	586.5	322.0	3,427.0	3,213.5	552.0	414.0	89.4%	54.9%	93.8%	75.0%	593	11.1	1.2	12.3
Newham	NUH MIDWIFERY	931.5	1,013.0	336.0	313.0	1,035.0	1,023.5	345.0	345.0	108.7%	93.2%	98.9%	100.0%	140	14.5	4.7	19.2
Newham	PLASHET	1,566.0	2,583.0	1,035.0	1,200.6	1,380.0	2,310.0	1,035.0	1,328.2	164.9%	116.0%	167.4%	128.3%	680	7.2	3.7	10.9
Newham	RAINBOW	2,798.5	2,532.5	1,095.0	1,068.5	1,725.0	1,823.0	345.0	563.5	90.5%	97.6%	105.7%	163.3%	352	12.4	4.6	17.0
Newham	SILVERTOWN	1,713.5	1,690.5	1,023.5	1,066.5	1,690.5	1,667.5	1,035.0	1,589.8	98.7%	104.2%	98.6%	153.6%	626	5.4	4.2	9.6
Newham	STRATFORD	1,377.5	1,757.0	1,035.0	1,161.5	1,380.0	1,886.0	1,035.0	1,242.0	127.5%	112.2%	136.7%	120.0%	490	7.4	4.9	12.3
Newham	Tayberry	2,422.0	2,557.0	1,035.0	984.5	2,415.0	2,679.5	1,035.0	1,080.8	105.6%	95.1%	111.0%	104.4%	0			
Newham	THISTLE	1,715.5	1,719.5	1,046.5	1,092.5	1,725.0	1,759.5	1,035.0	1,288.0	100.2%	104.4%	102.0%	124.4%	0			
Newham	WEST HAM	1,288.0	1,282.0	966.0	938.5	1,035.0	1,035.0	345.0	759.0	99.5%	97.2%	100.0%	220.0%	549	4.2	3.1	7.3
St Bart's	1C	5,896.0	4,393.5	345.0	410.0	5,301.5	4,389.5	207.0	299.0	74.5%	118.8%	82.8%	144.4%	435	20.2	1.6	21.8
St Bart's	1D	3,105.0	2,350.0	345.0	379.5	2,760.0	2,163.0	345.0	368.0	75.7%	110.0%	78.4%	106.7%	395	11.4	1.9	13.3
St Bart's	1E	4,830.0	3,827.5	345.0	425.5	4,830.0	3,622.5	345.0	425.5	79.2%	123.3%	75.0%	123.3%	396	18.8	2.1	21.0
St Bart's	3A SBH	4,830.0	4,463.0	1,376.5	1,202.8	4,830.0	4,475.5	1,380.0	1,333.0	92.4%	87.4%	92.7%	96.6%	829	10.8	3.1	13.8
St Bart's	3D SBH	1,541.0	1,806.5	1,196.0	1,296.2	1,495.0	1,541.0	943.0	954.5	117.2%	108.4%	103.1%	101.2%	462	7.2	4.9	12.1
St Bart's	4A SBH	1,725.0	1,717.5	1,023.5	943.0	1,380.0	1,357.0	345.0	678.5	99.6%	92.1%	98.3%	196.7%	664	4.6	2.4	7.1
St Bart's	4B SBH	1,545.0	1,378.0	1,188.5	949.5	1,380.0	1,368.5	678.5	897.0	89.2%	79.9%	99.2%	132.2%	627	4.4	2.9	7.3
St Bart's	4C SBH	1,702.0	1,518.0	918.5	946.5	1,368.5	1,186.5	943.0	875.0	89.2%	103.0%	86.7%	92.8%	447	6.1	4.1	10.1
St Bart's	4D & 4ESBH	1,684.0	1,782.0	690.0	690.0	1,575.5	1,598.5	690.0	690.0	105.8%	100.0%	101.5%	100.0%	486	7.0	2.8	9.8
St Bart's	5A SBH	2,107.5	2,126.8	876.0	861.5	1,408.0	1,608.5	330.0	627.8	100.9%	98.3%	114.2%	190.2%	583	6.4	2.6	9.0
St Bart's	5B SBH	1,376.5	1,374.8	690.0	506.0	1,380.0	1,347.0	345.0	632.5	99.9%	73.3%	97.6%	183.3%	415	6.6	2.7	9.3
St Bart's	5C SBH	2,058.5	2,007.4	685.3	777.3	1,725.0	1,745.0	345.0	678.3	97.5%	113.4%	101.2%	196.6%	517	7.3	2.8	10.1
St Bart's	5D SBH	2,070.0	1,853.5	686.5	744.5	1,725.0	1,576.5	690.0	803.0	89.5%	108.4%	91.4%	116.4%	613	5.6	2.5	8.1
St Bart's	6A SBH	6,194.5	5,166.0	345.0	310.5	6,210.0	4,926.0	345.0	299.0	83.4%	90.0%	79.3%	86.7%	378	26.7	1.6	28.3
St Bart's	6D SBH	1,702.0	1,405.7	1,035.0	644.0	1,380.0	1,058.0	691.5	678.5	82.6%	62.2%	76.7%	98.1%	538	4.6	2.5	7.0