

Barts Health Integrated Performance Report

October-23

Performance for: **Aug-23**



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Barts Health
NHS Trust

Executive Summary



Quality

The quality focus for this month has been on infection prevention and control metrics. Trends indicated early warning signs that performance across a range of metrics may require improvement or intervention. There has been a focussed response at both hospital and group level.

As the implementation of the Patient Safety Incident Response Framework (PSIRF) draws closer the closure of serious incidents remains a priority.

Operational Performance

The Group and hospital teams continue to focus on the safe delivery of services, seeking to meet constitutional standards in the context of ongoing industrial action. For urgent and emergency care, August performance against the 4hour standard was 69.2% against an internal trajectory of 73%. Ambulance handovers met the 90% standard at a Trust level (offload within 30 minutes). The Trust will seek to consolidate and incrementally improve this position through the winter planning processes currently underway

Barts Health NHS Trust has been notified of its continued Tier 2 status for Elective and Cancer, which means the Trust is engaged with regulatory support and oversight. The Trust's current priority for elective care is to protect and expand elective capacity, particularly given the impact of industrial action. Outpatient booking arrangements are being put in place to ensure that, for the total patient journey, no patient waits more than 65 weeks by the end of March 2024. For cancer, there is a continued focus on reducing the backlog of patients waiting more than 62 days and continuing to mitigate the impact of industrial action, with an aim of reducing the backlog of those waiting more than 62 days from the current position of 8.8% to the 7% standard by March 24. For diagnostics the Trust is seeking to understand the relationship between substantive and temporary workforce and the high levels of activity currently being delivered. Specific improvement plans for MRI, Cardiac CT, non-obstetric ultrasound and audiology will be tracked via our Elective Recovery Board and Hospital Performance Boards.

Equity

At Trust level, there are no significant differences in average wait times between ethnic groups or between male and female patients. While not significant, we did note a small difference in waiting times for patients with learning disabilities.

We also found that patients living in the most deprived areas wait approximately a week longer than those who live in the least deprived areas. We believe this is because of longer waits in a few services at Royal London, which serves a more deprived population. At Whipps Cross Hospital patients from deprived post codes do tend to wait slightly longer. This is not found in Royal London, Newham, or St. Bartholomew's data. We are working to understand better why this is occurring. “

People

The substantive fill rate has continued to grow, now at 92%, with a growth of 53 WTE largely linked to the August medical rotation. Agency spend as a % of pay spend YTD has increased slightly to 4.7%, although in mitigation we are committed to holding in line with the NHSE agency rates which should reduce overall spend.

Finance

The Trust is reporting a £42.5m deficit for the year to date at month 5, which is (£30.9m) 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.

Financial performance is being closely monitored by NHS England. The Trust has implemented additional controls on pay expenditure to support financial recovery.



Barts Health
NHS Trust

Quality Report



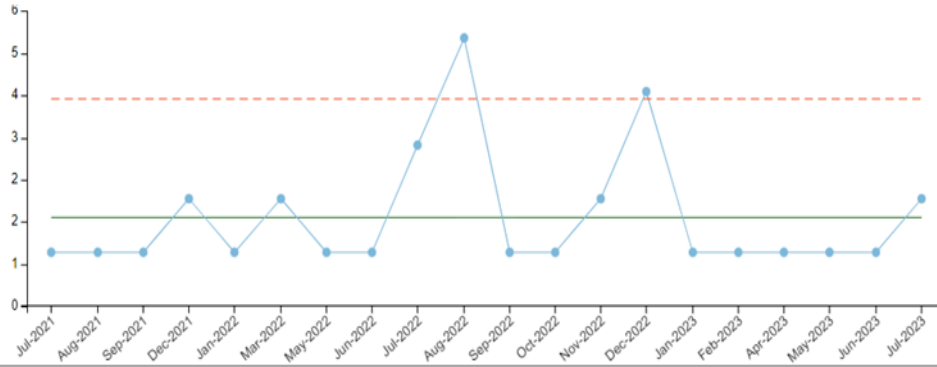
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			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	
Patient Experience	C12	MSA Breaches	●	○	○	Jul-23 (m)	<=0	36	23	132	3	12	8	0	-	○
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff	○	○	○	2023/24 Q1 (q)	SPC Breach	-	17.3	17.3	18.5	37.4	31.0	9.3	-	○
	C1	FFT Recommended % - Inpatients	●	○	●	Jul-23 (m)	>= 95%	90.9%	90.5%	90.4%	87.7%	93.6%	83.9%	94.0%	-	○
	C2	FFT Recommended % - A&E	●	○	●	Jul-23 (m)	>= 86%	66.7%	66.8%	66.8%	61.9%	74.0%	63.3%	-	-	○
	C3	FFT Recommended % - Maternity	●	○	●	Jul-23 (m)	>= 96%	96.9%	98.6%	97.1%	100.0%	99.1%	98.0%	-	-	○
	C20	FFT Response Rate - Inpatients	●	○	●	Jul-23 (m)	>= 23%	29.1%	32.0%	32.2%	24.2%	53.6%	21.5%	35.6%	-	○
	C21	FFT Response Rate - A&E	●	○	●	Jul-23 (m)	>= 12%	7.7%	8.0%	8.1%	8.2%	9.8%	6.1%	-	-	○
	C22	FFT Response Rate - Maternity	●	○	●	Jul-23 (m)	>= 17.5%	17.6%	18.1%	18.1%	1.4%	32.2%	23.3%	-	-	○
	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	●	○	●	Jul-23 (m)	>= 85%	86.3%	91.3%	85.6%	91.4%	93.5%	83.3%	100.0%	-	○
	R30	Duty of Candour	●	○	●	Jun-23 (m)	>= 100%	90.7%	83.7%	85.0%	73.7%	100.0%	90.0%	83.3%	-	○

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

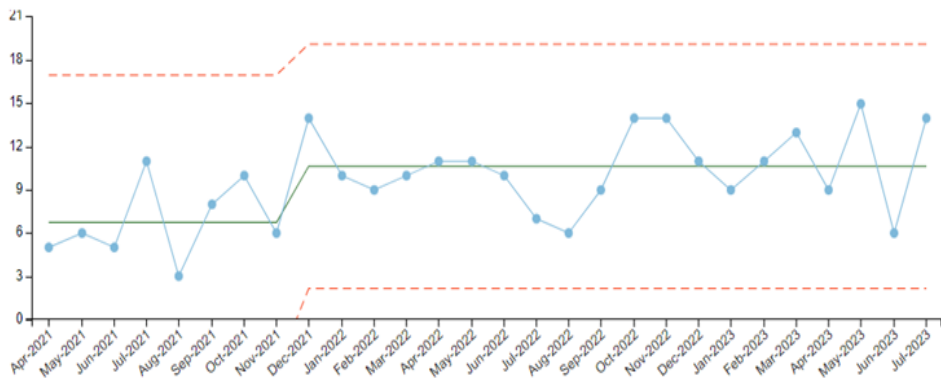
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					Excep.
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	
Infection Control	S10	Clostridium difficile - Infection Rate	●	○	○	Jul-23 (m)	≤ 16	22.2	15.1	21.4	14.3	13.0	0.0	30.7	-	○
	S11	Clostridium difficile - Incidence	●	○	○	Jul-23 (m)	≤ 10	13	9	50	4	2	0	2	1	○
	S2	Assigned MRSA Bacteraemia Cases	●	○	●	Jul-23 (m)	≤ 0	1	2	5	0	0	2	0	0	○
	S77	MSSA Bacteraemias	○	○	●	Jul-23 (m)	SPC Breach	6	14	44	10	1	1	2	0	○
	S76	E.coli Bacteraemia Bloodstream Infections	●	○	○	Jul-23 (m)	≤ 21	33	32	124	12	6	6	8	0	○
Incidents	S3	Never Events	●	○	●	Jul-23 (m)	≤ 0	1	1	3	0	1	0	0	0	○
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●	○	●	Jul-23 (m)	≤ 0.9%	1.6%	2.0%	1.6%	2.2%	1.4%	1.3%	4.3%	-	○
	S45	Falls Per 1,000 Bed Days	●	○	○	Jul-23 (m)	≤ 4.8	3.9	3.3	3.8	3.1	3.2	3.3	4.1	-	○
	S25	Medication Errors - Percentage Causing Harm	●	○	○	Jul-23 (m)	≤ 4%	5.3%	3.4%	4.3%	3.8%	4.7%	2.0%	2.4%	-	○
	S49	Patient Safety Incidents Per 1,000 Bed Days	○	○	●	Jul-23 (m)	SPC Breach	59.4	55.5	57.1	41.4	67.4	67.0	68.1	-	○
	S53	Serious Incidents Closed in Time	●	○	○	Jul-23 (m)	≥ 100%	11.1%	5.9%	10.5%	20.0%	0.0%	0.0%	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.

Assigned MRSA Bacteraemia Cases



MSSA Bacteraemias



Indicator Background:

MRSA

From 2013-14 the Department of Health & Social Care moved away from a fixed numerical target in favour of a policy of ‘zero tolerance of avoidable infection’. It was accepted, that there would continue to be small numbers of infections seen, and that the national aim was to reach an ‘irreducible minimum’, with national figures supporting this contention.

MSSA

Currently there is no national threshold for MSSA bacteraemia. National data show that the general reduction in MRSA BSI has not been mirrored by a fall in MSSA bloodstream infection. This is of concern as the two organisms have similar epidemiology and pathogenesis. The Department of Health therefore introduced mandatory surveillance of MSSA bacteraemia from January 2011

What is the Chart Telling us:

MRSA

Astronomical points in August and December 2022. Five total Healthcare Associated MRSA reported up to the end of August; 2 at Whipps Cross and Newham and 1 at the Royal London.

MSSA

Benchmarking for MSSA infections is less developed than for MRSA, and the balance between healthcare-associated and other infection less clear. There has been year to year fluctuations with hospital onset cases. Cases reported have generally not been linked to location. The renal department review their MSSA bacteraemia cases in an Multi Disciplinary Team meeting (MDT) and aim to identify any issues that may need to be improved. The main sources of the bacteraemia's are intravenous lines and pneumonia, with some cases linked to surgical site infections. The QI plan is in place which includes a workstream focusing on line care, the rates will be monitored over the next two quarters to ensure they are within statistical control.

Actions taken:

MRSA

- Learning from bacteraemia cases is related to line care and documentation of devices and removal of devices when they are not required. At Newham we have identified some areas require a refocus on Aseptic Non Touch Technique (ANTT).
- There is an Infection Prevention and Control (IPC) Quality Improvement (QI) project group running and all divisions are required to have focused projects related to IPC, these pieces of work will hopefully influence our cases of reported infections.

MSSA

- The renal department review their MSSA bacteraemia cases in an MDT and aim to identify any issues that may need to be improved.
- The main sources of the bacteraemia's are intravenous lines and pneumonia.
- The QI plan is in place which includes a workstream focusing on line care, the rates will be monitored over the next two quarters to ensure they are within statistical control.

Issues and Risks:

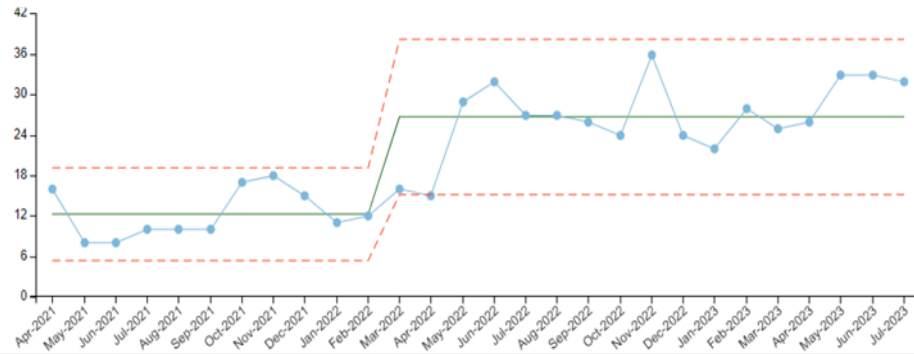
MRSA

As the Trust continues to recover and remobilise after the Covid-19 pandemic, it is essential that we refocus on the full breadth of our IPC programme. We must remain vigilant to the challenges yet to emerge and be prepared to respond appropriately to the variety and range of pathogens that we now see. Much of this will be proactive, putting an emphasis on training, education, supporting best practice and learning from incidents and mistakes. We are doing more collaborative work with community partners, across the sector.

MSSA

Rates over the next 7 months may not return to be within statistical control. We may need additional time to fully embed the QI workstream on line care across the Trust and use PDSA cycles to support the rollout

E.coli Bacteraemia Bloodstream Infections



Indicator Background:

Under the NHS Standard Contract requirements are set to minimise C. difficile infection and gram negative blood stream infections to threshold levels set by NHS England. Thresholds are based on the number of infections reported not rates of infection. For 2022/23, trust-level thresholds comprise total healthcare-associated cases (i.e. Hospital Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA)). The national ambition to reduce by half the number of healthcare associated Gram negative bloodstream infections (GNBSIs) by 2024 remains in place. It is also relevant to note that E. coli remains the most frequent cause of bloodstream infection in the UK and we will continue with our work to identify the themes and trends to prevent avoidable infections and to improve our position nationally.

What is the Chart Telling us:

Across the Trust there have been the same number of cases reported as last month. At RLH there were slightly less numbers.

We have breached our target year to date by 53 cases the end of July, with St Bartholomew's (+5), Newham (+6), Whipps Cross (+13) and Royal London (+29) all over trajectory. Examining the data more closely in relation to HOHA and COHA cases highlights 49 were COHA's and 76 were HOHA's. Previous reporting methods would have resulted in a significantly lower number of cases being reported as the HOHA cases would have been the post 48 hours cases.

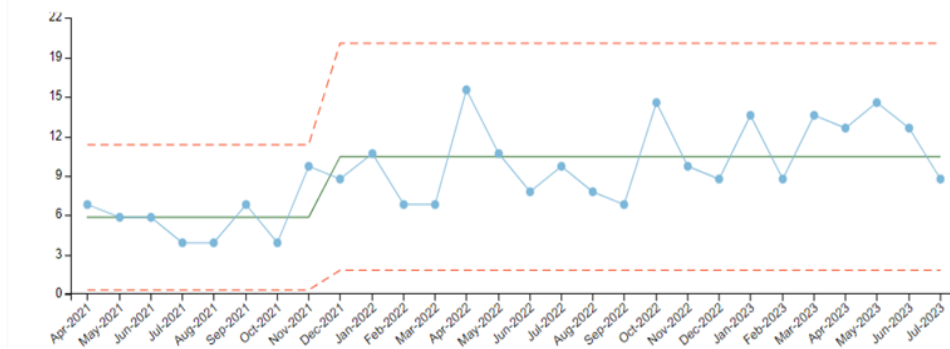
Actions taken:

- Investigation in to the COHA cases has involved identifying the location of their previous admission and then reviewing any learning from these cases.
- The COHA cases from RLH have been noted to be 4 cases previously in SBH, one renal dialysis case and one case who had been admitted RLH under the respiratory team.
- The sources of the cases at RLH have been reviewed and the majority of cases were hepatobiliary with Gastrointestinal and also lower urinary tract.
- The hepatobiliary cases have all had procedures prior to the bacteraemia being identified, they have all had appropriate prophylaxis.
- There continues to be a focus on site to promote early removal of urinary catheters using the HOUDINI checklist (Haematuria, Obstruction, Urological surgery/intervention, decubitus ulcer, input/output monitoring, nursing care and immobility).

Issues and Risks:

- Devices continue to be a risk and there is a focus on documentation of devices and care of these.
- We have breached our objective this year and have a number of QI projects planned to support reductions of GNBSI's. If not implemented by each hospital we may not sustain this reduction.
- We are at risk of not meeting the national reduction plan by 2024.

Clostridium difficile - Incidence



Indicator Background:

For each blood stream infection and Clostridium difficile infection, cases are defined as to whether they are healthcare associated or not. For those that are health care associated they may be further defined as being:

Hospital onset healthcare associated (HOHA) - if identified on or after 3 days of admission where day 1 is the day of admission.

Community onset healthcare associated (COHA - not categorised as HOHA but discharged from hospital in the previous 28 days (including day case and Emergency Department visits), these were previously called pre 48-hour incidents and not allocated to the Trust

What is the Chart Telling us:

We had seen increased levels of CDT since late 2022 and year to date we have breached our target by 12 cases the end of July, with St Bartholomew's (+5), Whipps Cross (+1) and Royal London (+9) all over trajectory. Newham are under trajectory by 3. Of the cases 42 were HOHA's and 7 were COHA's. Reviews of the cases has identified most of the patients were on or had previous antibiotics. No lapses of care identified.

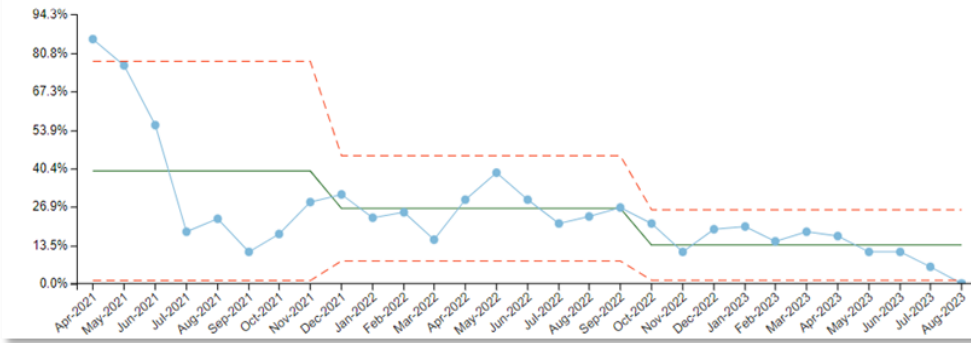
Actions taken:

- From a national perspective, there has been a sustained increase in hospital onset Clostridioides difficile infection (CDI) cases reported in England compared with 2019. Historical increases in CDI incidence have been linked to newly emergent strains and/or antibiotic prescribing; however, neither cause appears to explain the ongoing increase. There continues to be education about sampling and isolation of patients with diarrhoea.
- One of the concerning themes is related to repeat sampling of patients known to have C difficile, which leads to repeat cases reported on our figures, focused education is being rolled out. We are discussing the role of the ward pharmacist in monitoring antibiotic prescribing with the Chief Pharmacist.

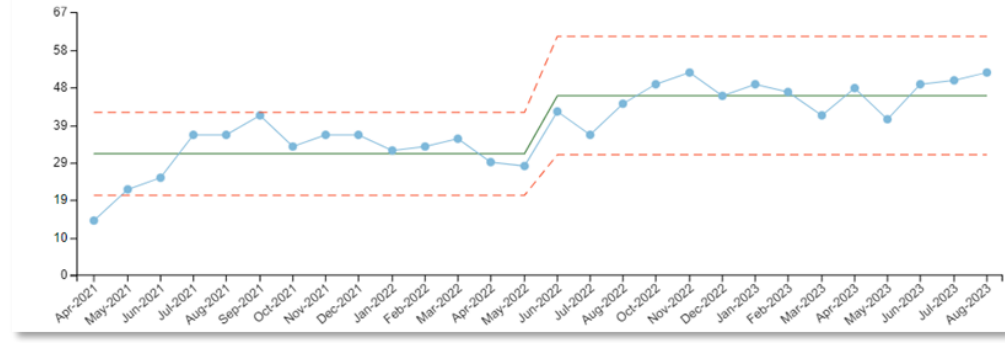
Issues and Risks:

There is limited review of antimicrobial stewardship due to restricted resource, however in these cases pharmacy confirmed that they were in line with our policy.

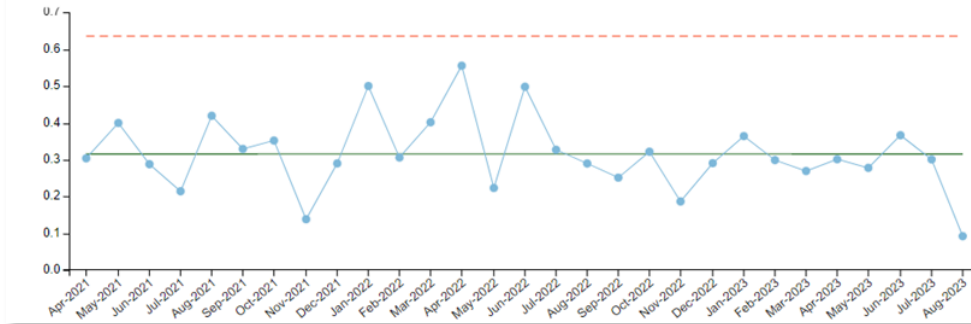
Serious Incidents Closed in Time



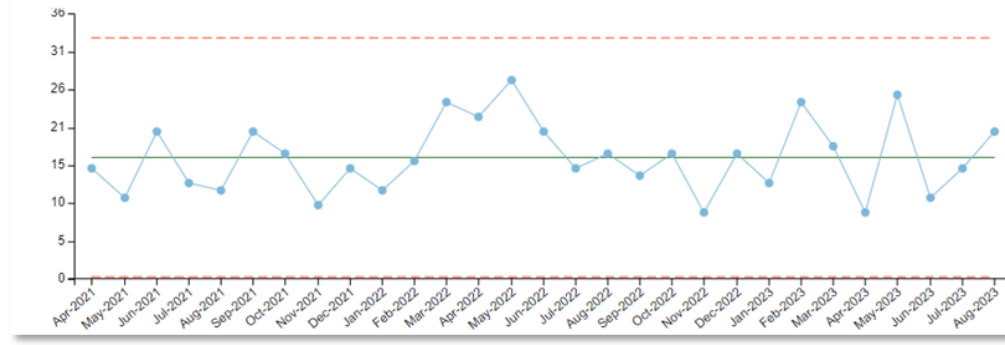
Serious Incidents Overdue



Serious Incidents Per 1,000 Bed Days



Serious Incidents Reported



Analysis of the current position

The number of open SIs continues to be high. About 50% of all open SIs has breached the closure date and are now overdue.

Actions taken

The Trust has taken rigorous measures to reduce the number of overdue SIs in preparation for the implementation of PSIRF. The site governance teams continue to work with the SI investigators to ensure robust investigation.

Patient/Families have been kept up to date with delays. The Trust is exploring various options to reduce the number of outstanding investigations and some of the open investigations, such as, pressure injuries and falls being closed via thematic analysis.

Plans for clearing the backlog and timeframes

Work is in progress to test how PSIRF will affect our management of serious incidents; especially in view of the style of investigations and the transition. Site Governance Teams will continue to finish reports on behalf of authors where possible. SI declaration rate in recent months has been more compatible with capacity for closure on time (though numbers in August are again on the high side). Recent SIs are being investigated with a PSIRF-style approach which should help matters.

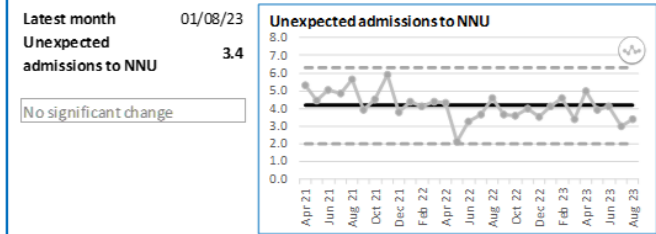
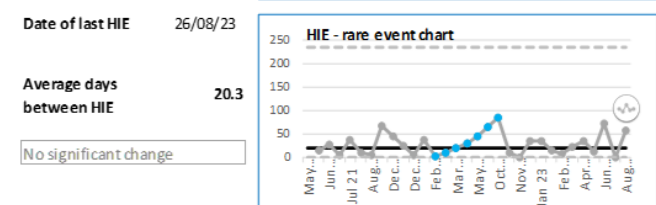
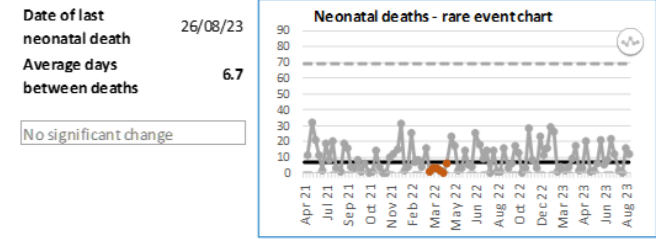
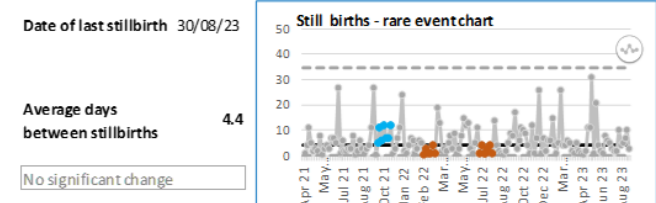
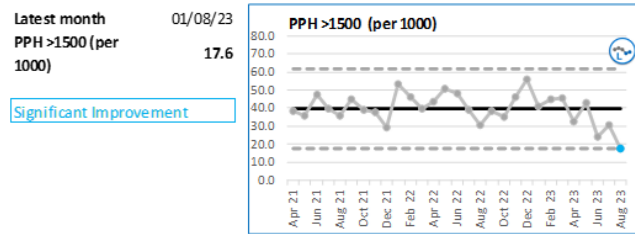
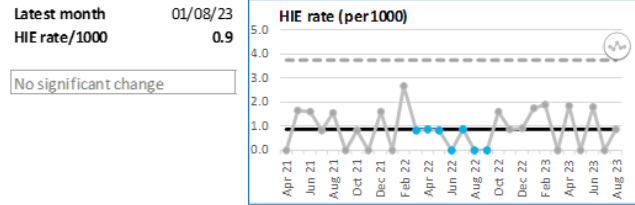
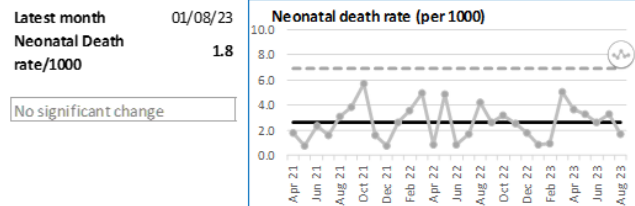
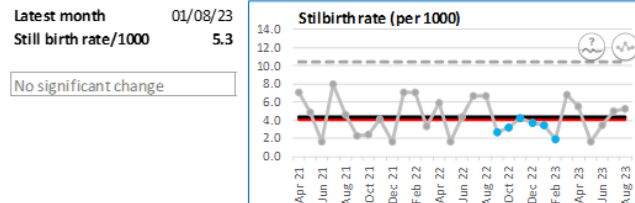
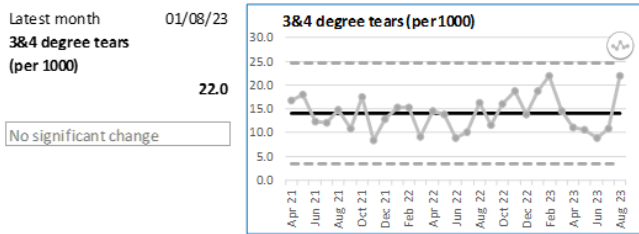
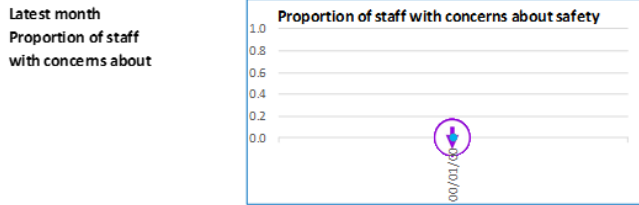
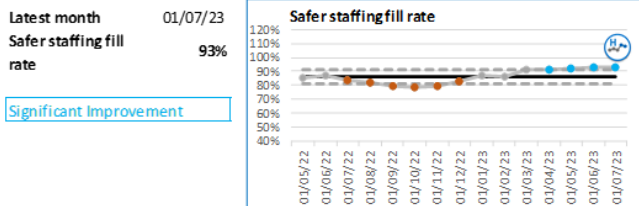
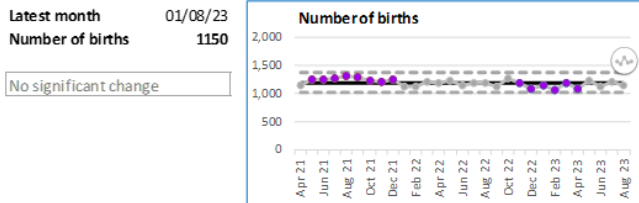
Issues, risks and support requirements

The hospital is working with the implementation of PSIRF and will be looking at double running with the two systems until confident PSIRF has been fully implemented and there is assurance that staff have clear understanding of the new approach. Repeated themes still coming through suggest that sharing of learning might not be effective. There are a high number of investigations outstanding in Maternity services given the capacity of teams across the sites. The number of experienced investigation officers further delays the number of incidents closed in time. The Trust continues to receive further information requests (FIR) from the ICB on recently completed investigations which take extra time and resource of the site governance and investigation teams.

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	Barts Health
Mortality	E1	Summary Hospital-Level Mortality Indicator	●	○	○	Mar-23 (m)	<=100	98	98	-	93	100	106	97	-	-	98
	E3	Risk Adjusted Mortality Index	●	○	○	May-23 (m)	<= 100	94	93	-	90	94	95	94	-	-	93
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●	○	●	Jul-23 (m)	<=0.51	0.43	0.61	0.57	0.28	0.83	0.42	0.98	-	-	0.61

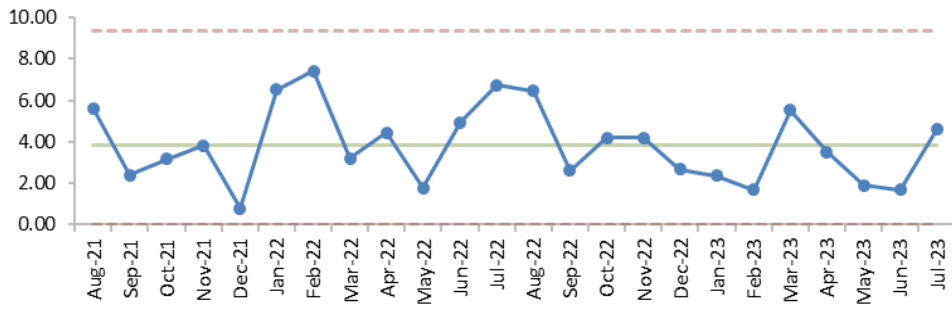
Annual discharge data, ending in month indicated as 'This period', used for the generation of the indicator. Confirmed or suspected cases of Covid – 19 are excluded.

Maternity overview Barts Health NHS Trust



The rare events chart is showing an improvement in the time between neonatal deaths at all three hospitals. There is also an improvement in overall staffing fill rates at all three hospitals with the caveat of day shifts at RLH labour ward and postnatal ward and WXH postnatal ward which are still below 90% fill rates. There is an independent audit via the Early Notification Scheme through NHS Resolution on 91 cases that have been notified to the scheme since it's inception, and we are expecting the results in September, which will provide thematic feedback on cases. There is also an audit for all neonatal and stillbirth cases across North East London for 6 months in 2023 being undertaken in September. This will link cases to elements of the Saving Babies Lives Care Bundle v3, and identify areas of improvement and focus against the new standards which may have had an impact in case outcomes.

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:

There had been an increase in March and April of which the cases are being investigated in line with usual governance arrangements and with thematic analysis to identify any themes across the group

Performance Overview

There were 5 stillbirths notified in month. One case will be managed within the serious incident framework due to concerns with care being identified during initial review. The rapid review of the case identified a delay in escalation and review for a high risk woman who attended the triage department with raised blood pressure. The fetal heart whilst initially normal on an admission tracing, was subsequently absent on review 9 hours later.

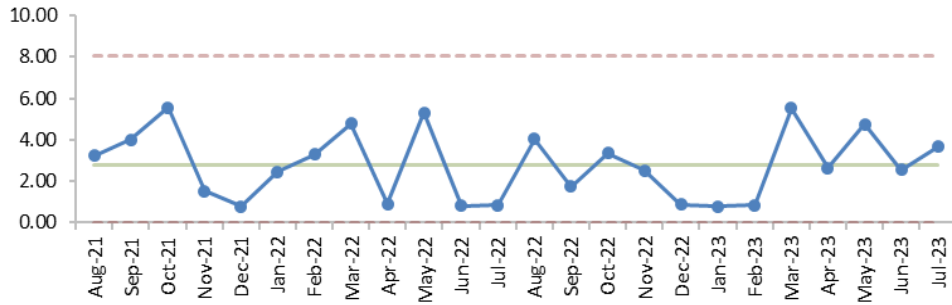
The remaining four cases will be reviewed using the Perinatal Mortality Review Tool by a multidisciplinary group and findings shared as part of ongoing learning.

Responsible Director Update

When compared to comparable organisations with level 3 NICU and neonatal surgery, Barts Health has lower stillbirth rates. Rates across, the organisation have steadily decreased over the last five years, with the exception of a small rise during the peak of the first two waves of the pandemic, as seen in national data.

There is still improvements to be made in order to meet the national ambition of a 50% Reduction by 2025.

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

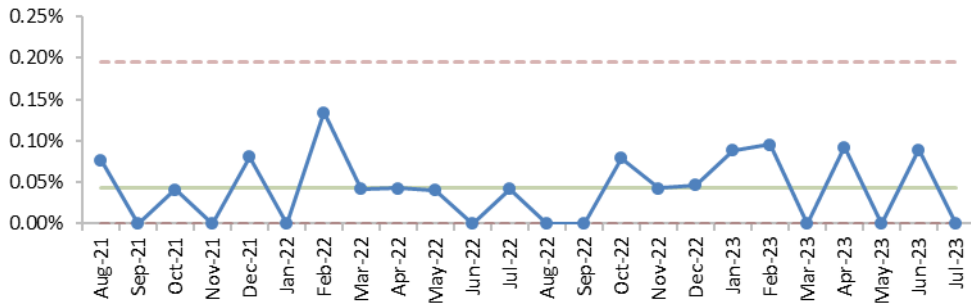
There have been 3 Neonatal deaths in month. One case was due to abnormalities not compatible with life. One case was due to an unexpected death following a period of bradycardia before birth, which has been referred to Healthcare Safety Investigation Branch (HSIB). The final case relates to a late pre-term baby who was admitted to the neonatal unit, but who unexpectedly deteriorated and could not be resuscitated. This case is being investigated as a Serious Incident with external support via the Local Maternity and Neonatal System.

Responsible Director Update

When compared to comparable organisations with level 3 NICU and neonatal surgery, Barts Health has lower Neonatal death rates. Rates across the organisation have remained relatively stable with no sustainable improvements. There is still improvements to be made in order to meet the national ambition of a 50% in perinatal mortality reduction by 2025

Continued work with the Saving Babies Lives Care Bundle, and the Equity and Health Inequalities group working across Barts maternity is key in Improving outcomes.

Percentage of HIE



What is the Chart Telling us:

That there were no cases of diagnosed HIE in babies born within and receiving treatment at Barts Health in July.

There was however 1 case of HIE Grade 1 for a baby born at WXH who received cooling therapy at The Homerton Hospital.

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 HSIB. The data captured through Barts Health only includes cases of severe damage (HIE grades 2 &3) and babies both born and treated at Barts Health. 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.

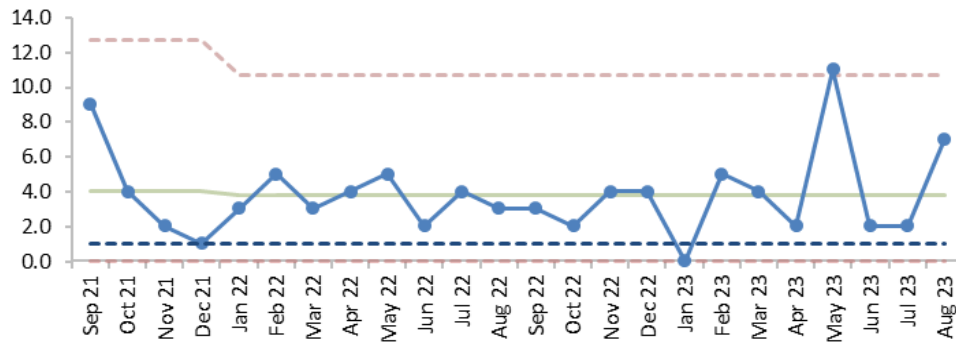
Performance Overview

There was one case of HIE Grade 1 for a baby born at Whipps Cross hospital who received cooling therapy at The Homerton Hospital, and therefore was not captured on our digital systems. This case was alerted through risk managements systems, and has been referred and accepted by HSIB/MNSI (maternity and newborn safety investigations) for investigation.

Responsible Director Update

- On going work with the Saving Babies Lives Care Bundle and improving antenatal identification of at risk babies continues at Barts health and will be supported by the Local Maternity and Neonatal System as part of a QI process, which is a national scheme and part of the Year 5 Maternity Incentive Scheme. There will be regular compliance checks quarterly by the Local Maternity & Neonatal System (LMNS) and this will be reported through the hospital Maternity and neonatal Committees, the Hospital Executive Boards HEBs) and the Strategic Maternity and Neonatal group.

Maternity SIs



Indicator Background:

An 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.

In maternity some 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.

The Healthcare Services Investigation Branch, investigate maternity incidents that meet the Early Notification scheme (stillbirths at term, neonatal deaths, and babies sent for cooling therapy or with confirmed brain injury due to hypoxia) and maternal deaths.

Performance Overview

In July there were 4 cases declared, some however were not notified until August.

One case related to a baby who sustained a fractured femur during a breech birth. This was not identified until the baby was a week old, and their leg was noted to be swollen. The baby has been followed up in orthopaedics.

The second case related to a woman with a history of obstetric cholestasis, who attended with ruptured membranes. Delivered as a category 2 caesarean section (CS). Baby initially born in good condition but deteriorated and unable to be resuscitated. Initial review did not identify any care or service delivery problems. Case has been referred to the coroner in line with guidance.

The third a delayed diagnosis brain tumour mother – presented with seizures during pregnancy but no imaging carried out. Mother readmitted 11 days postnatally with a severe headache, diagnosed with brain tumour.

The fourth for a baby born in poor condition, following a delay in CS with pathological Cardiotocography (CTG) at 32 weeks. It has been identified that there were missed opportunities to deliver the baby earlier. Investigated as SI due to opportunities to identify system learning.



Barts Health
NHS Trust

Operational Performance Report



Summary Performance Provided By Business Intelligence

Operational performance presented below was impacted by two periods of Junior Doctor and Consultant industrial action across both July and August 2023.

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 August 2023, 39,833 attendances were recorded, 3,028 (-7.1%) fewer attendances than July.
- A&E 4-hour performance for August decreased from 70.4% in July 2023 to 69.2% (-1.1%).
- The proportion of patients with an A&E 12-hour journey time increased from 3.9% in July to 5.8% in August (+1.9%), against a national standard of no greater than 2%.
- For August 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 12th out of 18 trusts reporting data in London and was ranked 5th out of the top 10 English trusts (ranked by volume of attendances).

Cancer

- During August NHS England announced a change to cancer waiting time standards, replacing the current set of ten waiting time standards with a reduced set of three from 1 October, future editions of this Board report will reflect these changes once they come into effect:
 - ✓ The 28-day Faster Diagnosis Standard (75%)
 - ✓ One headline 62-day referral to treatment standard (85%)
 - ✓ One headline 31-day decision to treat to treatment standard (96%)
- In July 2023 a performance of 93.1% was recorded in relation to the 2 week wait standard of 93%, a significant improvement of 13.7% against June's 79.4%. Breaches of the standard also reduced significantly from 797 in June to 253 in July (-544), the number of patients seen decreased slightly by 207 across the same period meaning the proportion of patients breaching the standard reduced.
- In relation to the Faster Diagnosis Standard, requiring 75% of referrals to have cancer diagnosed or ruled-out within 28-days, for July 2023 the Trust achieved the standard for Breast Symptomatic (98.4%) and Screening referrals (77.4%), however just missed the standard for GP urgent referrals (74.9%), this resulted in the trust achieving the standard for All (aggregated) referrals, recording a performance of 76.3%, an increase of 4.9% against June's 71.4%. This is the first time aggregated performance has achieved the national standard since March 2023.
- With continued focus from NHS England on 62 day backlog clearance, at the end of August 2023, the trust recorded 438 patients waiting longer than 63-days against a plan of 348 (+90), however this represents a reduction of 36 against the July position.

Diagnostics

- For August 2023 a performance of 73.9% was recorded, a reduction of 2.8% against July's 76.8%.
- During August the greatest challenges related to MRI, Cardiac CT and non-obstetric ultrasound long waits with audiology also remaining challenged in relation to long waits and performance.
- Opportunities for process and productivity improvements; helping to mitigate the need for additional staff, are being developed across modalities.

Elective Care

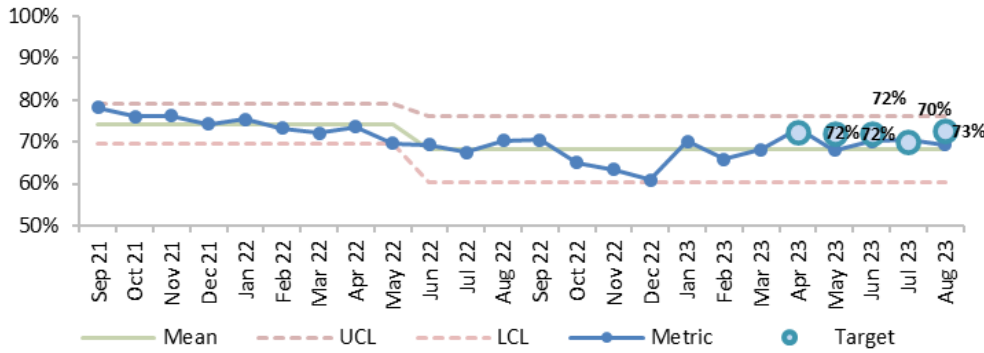
- For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog. For August 2023 the trusts admitted (inpatient and day case) trajectory set a target of 8,308 admissions against which the trust delivered 7,697 (-611 admissions).
- For outpatients (first and follow up) for the same month the trajectory set a target of 125,187 attendances, against which the trust delivered 129,229 (+4,042 attendances).
- In relation to the RTT month-end nationally submitted data the trust reported 8 pathways waiting 104+ weeks at the end of August 2023, the same number reported at the end of July.
- In relation to 78+ week wait backlog volumes, 204 pathways were reported at the end of August, a decrease of 30 against the July 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 August the trust recorded 2,455 pathways waiting 65+ weeks, an increase of 272 against the July 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	●			Aug-23 (m)	>= 72.5%	70.4%	69.2%	70.1%	67.0%	71.2%	70.3%	-	-	69.2%
A&E 12 Hours Journey Time	●			Aug-23 (m)	<=2.0%	3.9%	5.8%	-	5.0%	7.1%	5.5%	-	-	5.8%
Ambulance Handover - Over 60 mins				Aug-23 (m)	-	326	81	-	16	37	28	-	-	81
Ambulance Handover - Over 30 mins				Aug-23 (m)	-	1,583	1,761	-	401	690	670	-	-	1,761
Cancer 31-Day Diagnosis to First Treatment	●			Jul-23 (m)	>= 96%	97.0%	94.7%	95.5%	87.9%	93.3%	100.0%	98.5%	-	94.7%
Cancer 62 Days From Urgent GP Referral	●			Jul-23 (m)	>= 85%	53.2%	62.1%	58.8%	55.7%	77.1%	50.0%	50.0%	-	62.1%
Cancer 28 Day FDS 2WW	●			Jul-23 (m)	>= 75%	69.4%	74.9%	70.5%	73.3%	71.4%	78.8%	94.6%	-	74.9%
Cancer 28 Day FDS Breast Symptomatic	●			Jul-23 (m)	>= 75%	98.9%	98.4%	95.9%	-	96.7%	100.0%	98.6%	-	98.4%
Cancer 28 Day FDS Screening	●			Jul-23 (m)	>= 75%	91.4%	77.4%	89.4%	84.6%	66.7%	77.8%	-	-	77.4%
Diagnostic Waits Over 6 Weeks	●			Aug-23 (m)	>= 99%	76.8%	74.0%	77.4%	59.9%	97.4%	88.1%	70.9%	100.0%	74.0%
65+ Week RTT Breaches				Aug-23 (m)	1,354	2,182	2,455		1,747	526	177	5	-	2,455
78+ Week RTT Breaches				Aug-23 (m)	0	234	204	-	162	25	16	1	-	204
104+ Week RTT Breaches				Aug-23 (m)	0	8	8	-	5	1	2	0	-	8
Completeness of Ethnicity Recording				Aug-23 (m)		91.9%	91.6%	-	90.6%	91.4%	93.3%	92.1%	-	91.6%

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
- 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 September 2021. A reducing step-change is triggered from May 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. A degree of consistency above or close to the 70% threshold is then visible in the data across the period June to August 23.

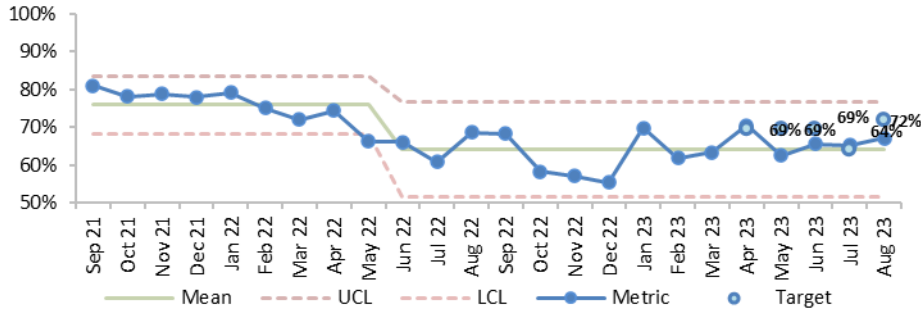
Trust Performance Overview

- In August 2023, 39,833 attendances were recorded, 3,028 (-7.1%) fewer attendances than July.
- A&E 4-hour performance for August decreased from 70.4% in July 2023 to 69.2% (-1.1%).

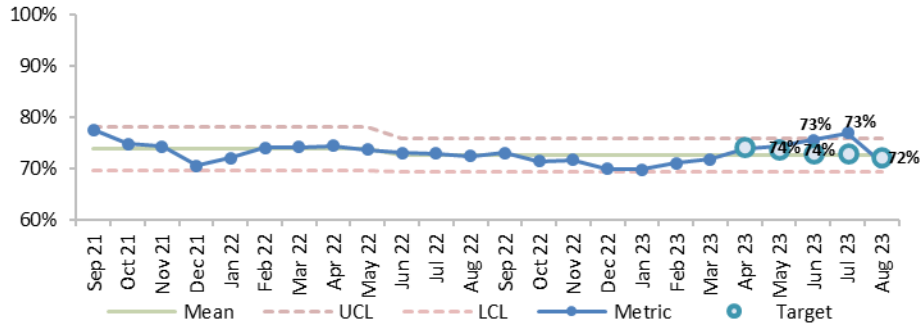
Trust Responsible Director Update

- **Overall Trust performance:** Trust performance for August was below trajectory at 69.2%. This position varied across the hospitals with The Royal London seeing an improvement of 1.7%, Newham remaining stable, and Whipps Cross seeing a 5.8% deterioration. Whipps cross's performance was driven by an increase in Type 1 admitted attendances and an increase in length of stay for our mental health patients. The Unplanned care board are working with the Hospital's to reset their trajectories based on observed performance year to date and in line with the 80% stretch target for Q4 set by NHS England as part on the Winter Incentives scheme.
- **UTC:** Type 3 attendances saw a reduction in August with an improvement in performance of 3% at Trust Level. A detailed review of the UTCs across the Trust has now been completed with a number of recommendations being implemented under the oversight of the Unplanned Care Board.
- **Ambulance handovers:** The number of ambulances waiting over 60 minutes reduced significantly across the Trust in August with a 245 less ambulances waiting over an hour. This was directly linked to the W45 pilot. Throughout this period the Trust has worked closely with LAS and NEL colleagues to support step arrangements to keep our emergency departments safe. Ambulance flow has been identified is a key priority for the acute provider collaborative for this winter.
- **Industrial action:** Further rounds of industrial action were experienced throughout August with both Junior Doctors and Consultants taking action together. Our hospitals have continued to provide an effective and safe service during these times.

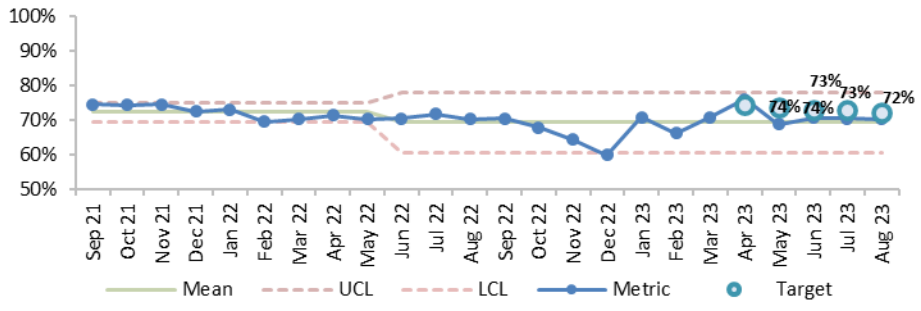
Royal London: A&E 4 Hour Wait Performance



Whipps Cross: A&E 4 Hour Wait Performance



Newham: A&E 4 Hour Wait Performance



Hospital Site Performance Overview

Royal London:

For August 2023 the Royal London recorded a performance of 67.0%, an increase of 1.7% against July's 65.3%. Between July and August attendances reduced by 1,183 from 17,099 to 15,916, a reduction of 6.9%.

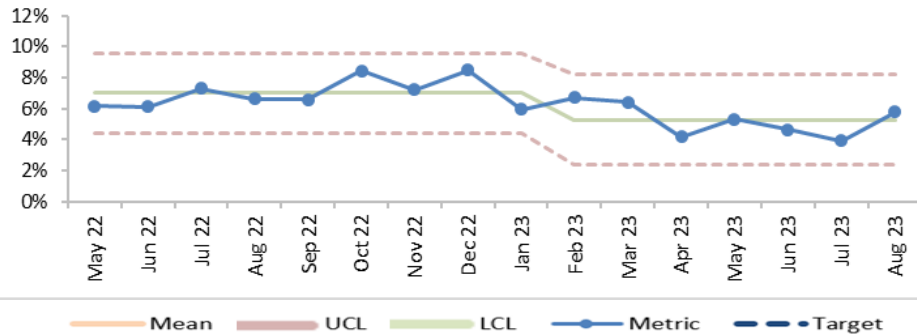
Whipps Cross:

For August 2023 Whipps Cross recorded a performance of 71.2%, a reduction of 5.8% against July's 77.0%. Between July and August attendances reduced by 775 from 12,935 to 12,160, a reduction of 6.0%.

Newham:

For August 2023 Newham recorded a performance of 70.3%, a reduction of 0.2% against July's 70.5%. Between July and August attendances reduced by 1,056 from 12,813 to 11,757, a reduction of 8.2%.

Barts Health 12 Hour journey breaches as % of All 4 Hour wait attendances



Trust Performance Overview

The proportion of patients with an A&E 12-hour journey time increased from 3.9% in July to 5.8% in August (+1.9%), against a national standard of no greater than 2%.

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.

What is the Chart Telling us:

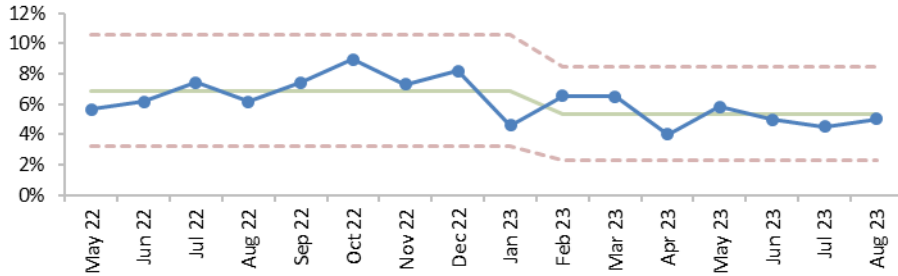
The chart presents considerable data-variability above and below the mean (Green line) however without any statistically significant breaches of the upper and lower confidence limits, however a reducing step-change is visible in the data from January 23.

July 2023 recorded the lowest proportion of 12-hour breaches up to that point in the data-series at 3.9%, however the proportion of breaches increased in August to 5.8%.

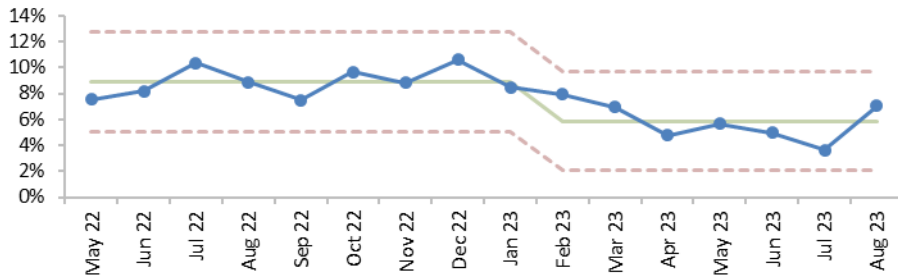
Trust Responsible Director Update

- In August our 12hr journey time increased, driven by an increase in Type 1 admitted attendances at Whipps Cross and Newham. This was further impacted by the proportion of mental health patients awaiting a bed in our Emergency departments. These patients have an average length of stay of 15 hrs waiting in our A&Es.
- As part of trajectory resetting and winter planning, internal options are being explored in collaboration with our mental health partners to provide an alternative environment for this group of patients. This in turn will release capacity for all of our patients accessing care in A&E. The Acute Provider collaborative has listed Mental Health as one of their key priorities.

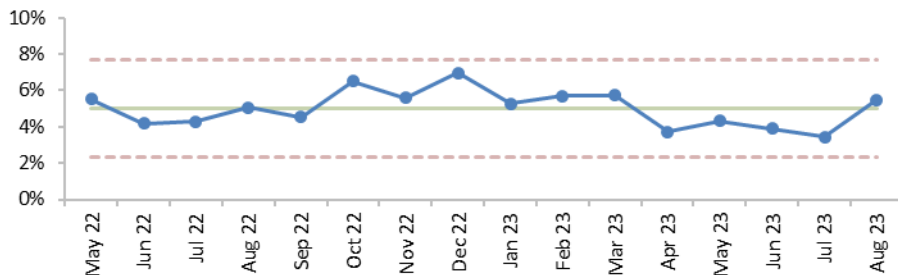
Royal London 12 Hour journey breaches as % of All 4 Hour wait attendances



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 August 2023, an increase of 0.5% against July's 4.5%.

Whipps Cross:

The proportion of 12-hour wait times recorded at Whipps Cross was 7.1% for August 2023, an increase of 3.5% against July's 3.6%.

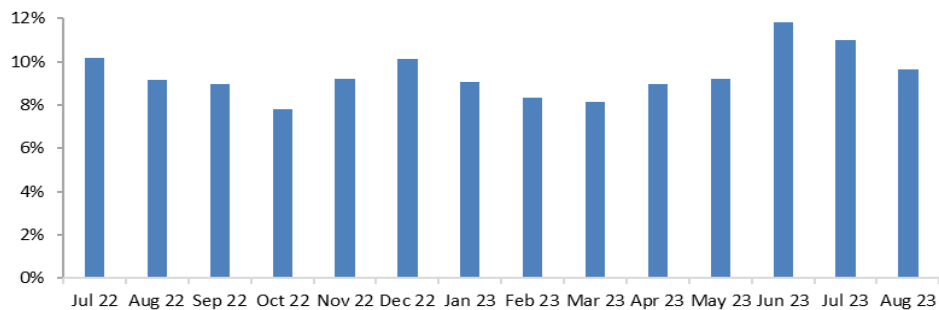
Newham:

The proportion of 12-hour wait times recorded at Newham was 5.5% for August 2023, an increase of 2.1% against July's 3.4%.

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 stay.

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

Barts Health - % of Patients not meeting the criteria to reside and not discharged



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 August 2023 9.6% of our bed base was occupied by patients with no criteria to reside. Trust wide this is the equivalent of 704 patients (average across the month of 23 patients a day) and a total of 4,016 bed days.

- Whipps Cross: 12.8% equivalent to 286 patients, average across the month of 9 patients a day.
- Royal London: 12.2% equivalent to 311 patients, average across the month of 10 patients a day.
- Newham: 6.9% equivalent to 100 patients, average across the month of 3 patients a day.
- St Bart’s: 1.0% equivalent to 10 patients, average across the month of less than 1 patient per day

Discharges before 11am

Up to end of 17-Sep-2023

Month	Newham	RLH	SBH	Whipps	TRUST
Apr-23	7.75%	12.98%	10.32%	9.44%	10.75%
May-23	7.19%	11.62%	9.15%	9.04%	9.79%
Jun-23	7.35%	11.90%	11.62%	8.63%	10.20%
Jul-23	8.37%	11.65%	11.81%	8.77%	10.32%
Aug-23	6.48%	11.88%	8.72%	8.62%	9.59%
Sep-23	6.19%	13.14%	10.71%	8.87%	10.47%
YTD	7.29%	12.11%	10.33%	8.89%	10.15%

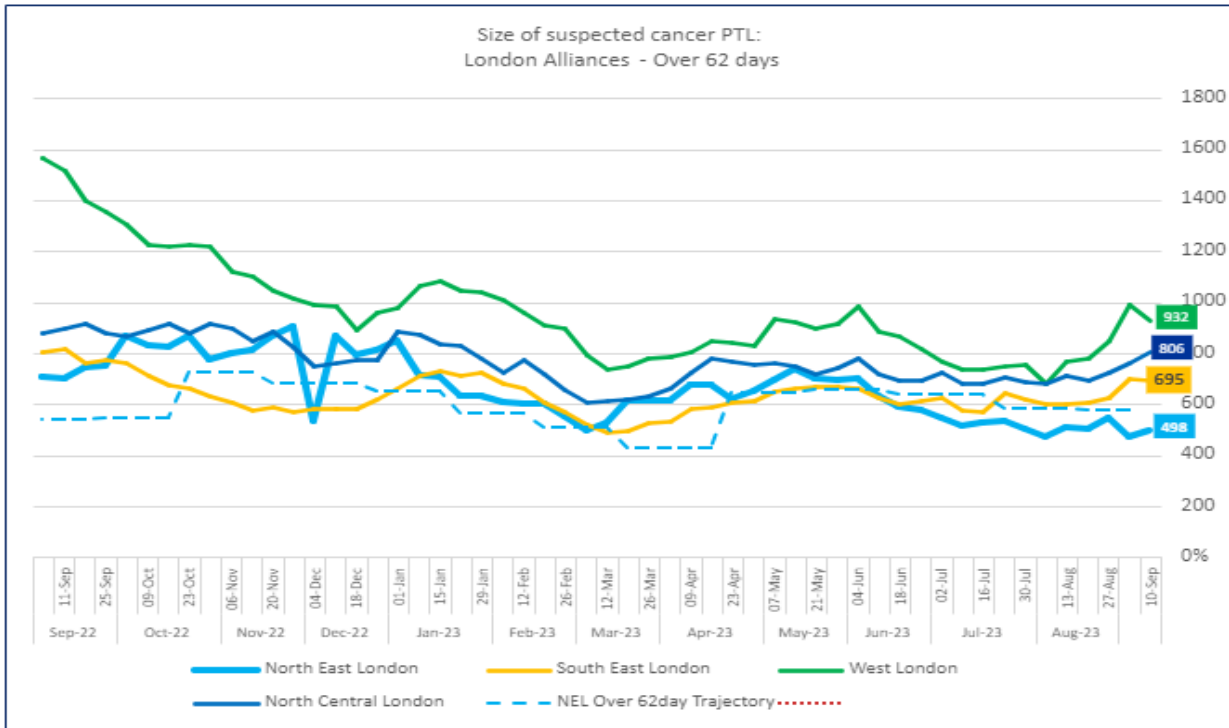
Trust Responsible Director Update

In-Hospital Approach

- Each hospital continues to work with the Trust’s Improvement and Transformation team on detailed flow programmes to improve discharges. This detailed programme includes a focus on pre-11am discharges with the development of a new dashboard at site and ward level.
- Improvement projects at two wards at Whipps Cross have seen an improvement in the pre-11am discharge position with the wards achieving above the 33% target. The flow programme at the RLH has helped drive improvements using an MDT led approach to discharge which has resulted in a reduction of 2.5 hrs in the time taken to discharge a patient. There will be a specific focus on improving pre-11am discharges at Newham, which has the lowest % across the group hospitals at 7.29% (YTD).
- The Operations Hub continues to work with boroughs out of area to support patients who no longer meet the criteria to reside being repatriated to their local areas. The Group Virtual ward governance framework is now embedded to support delivery and further access for our patients, supporting a home first approach.

System approach

- On the 1st November the NHS NEL System co-ordination centre comes online to support the delivery of a system wide approach to community capacity ensuring equity and support for our patients across NEL.

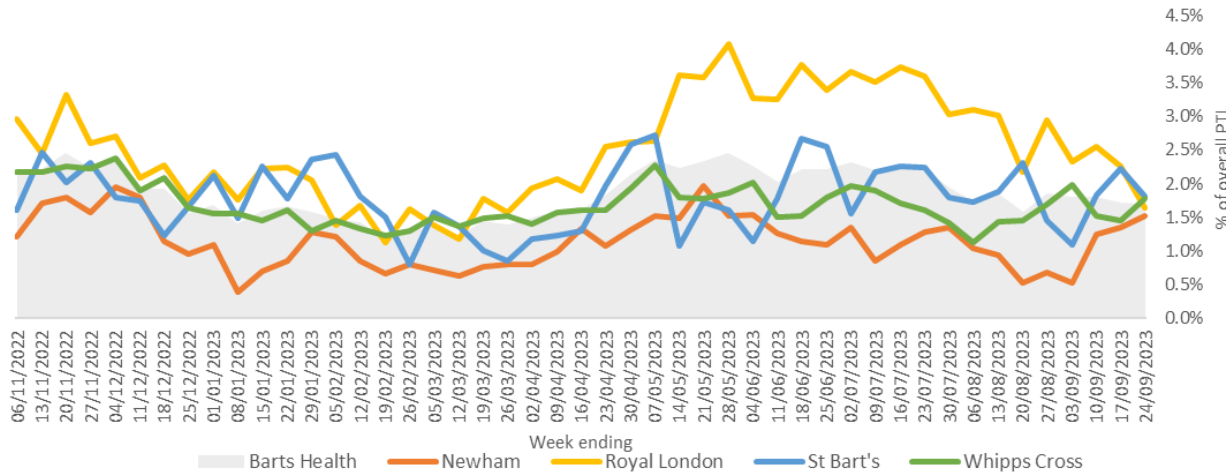


- In July, in the published Cancer Waiting Time (CWT) standards, Barts Health achieved 5 of the 10 constitutional standards.
- London achieved 2 of the 10 CWT standards in July.
- As at 21st September 2023, North East London (NEL) has the second lowest overall backlog within London Integrated Care Boards, with 534 patients over 62 days, at 6.5% compared to West London who had a backlog of 6.1%. All alliances in London have seen an increase in their backlogs from the beginning of September.
- The Barts Health backlog is currently 8.8% with 342 patients waiting over 62 days.
- Due to the BH backlog being above 12% in May 2023, NHS England placed Barts Health into Tier Two, which has involved bi-weekly assurance meetings.
- A drive to five strategy was launched in August with the aim for BH to reduce the backlog down further from the 7% trajectory that was set in March 2023. This group has key representation from each hospital, and will track progress of key themes for improvement from the clinical reviews there were carried out in the summer that were chaired by the trusts Group Chief Operating Officer.
- NHS England wrote to CEOs on 17th August regarding changes to Cancer Waiting Time (CWT) Standard changes from 1st October 2023 which will reduce from 10 to 3, with focus on Faster Diagnosis Standard, 31-Day and 62-Day Standard. The group has launched a the new first new report, which will replace the previous 2WW report, and will focus on the first part of the pathway, whether that is OPA, diagnostic test etc. This will then be monitored through weekly access and the elective recovery weekly session. This will ensure there will not be drop in performance at the beginning of the pathway.

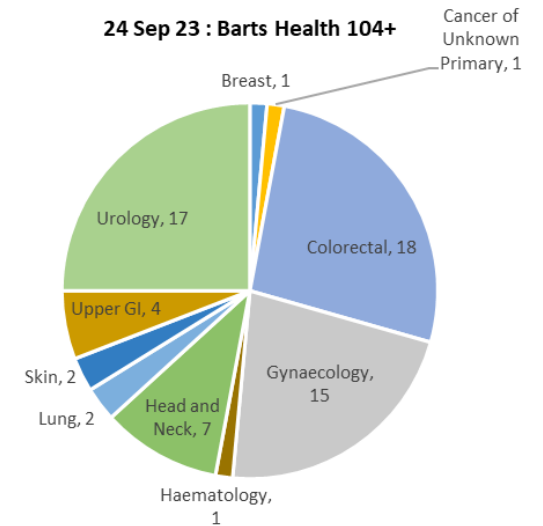
10-Sep	Over 62 days	Change in last week	% of Total PTL	Total PTL
North East London	498	+25	6.1%	8133
North Central London	806	+43	9.5%	8523
South East London	695	-4	7.9%	8820
West London	932	-58	5.7%	16389
England	24323	+514	8.9%	273939

10-Sep	Over 62 days	Change in last week	% of Total PTL	Gap from NEL Over 62day Trajectory
North East London	498	+25	6.1%	78
Barking	160	-4	4.7%	43
Barts Health	313	+24	8.3%	45
Homerton Univ	25	+5	2.6%	0
London	2931	+6	7.0%	

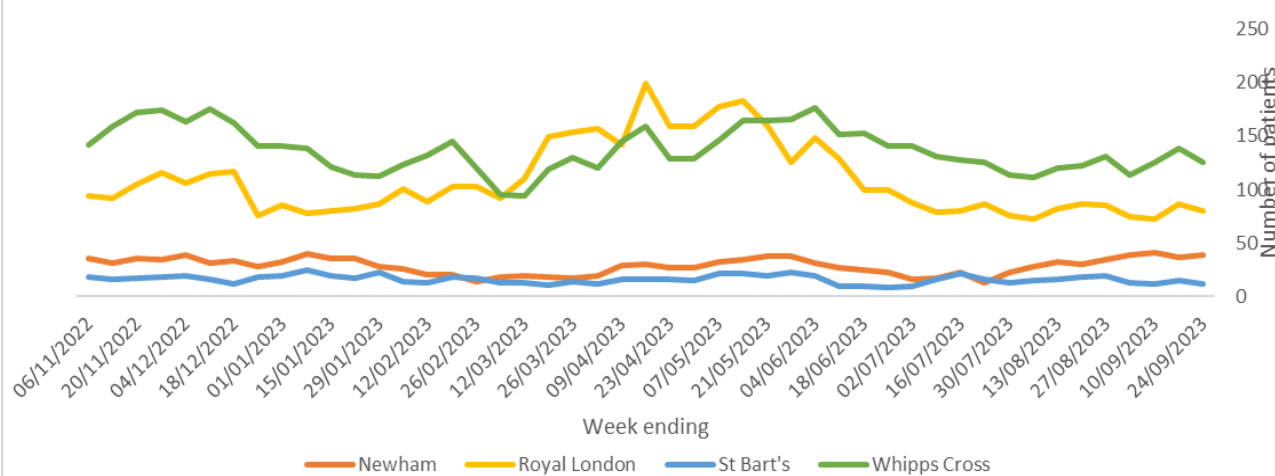
Percentage of suspected cancer PTL: 104+



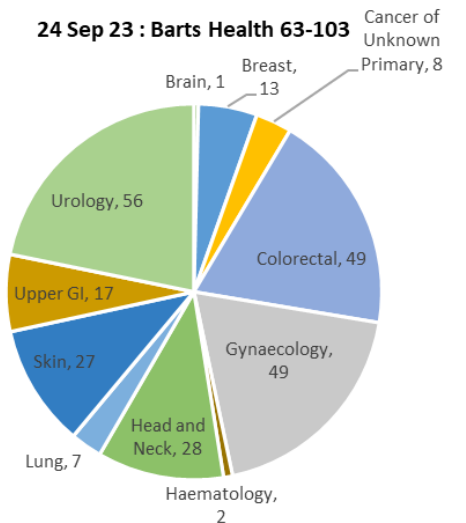
24 Sep 23 : Barts Health 104+



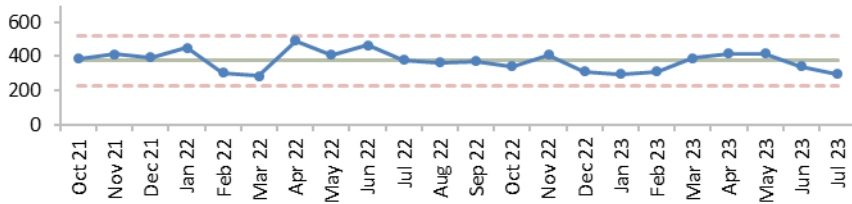
Size of suspected cancer PTL: 63-103



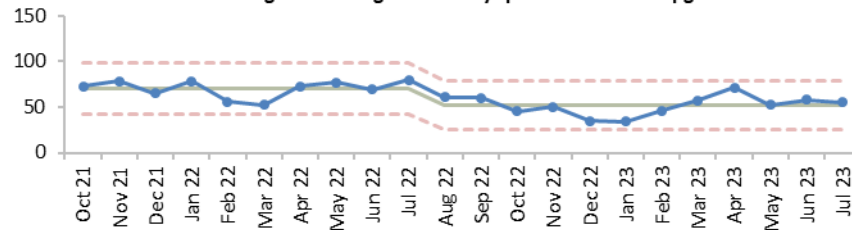
24 Sep 23 : Barts Health 63-103



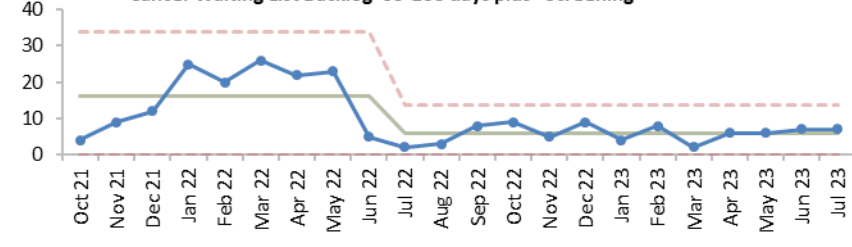
Cancer Waiting List Backlog 63-103 days - All



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



Cancer Waiting List Backlog 63-103 days plus - Screening



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

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 their 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, however the last two data points are showing a reduction below the mean.

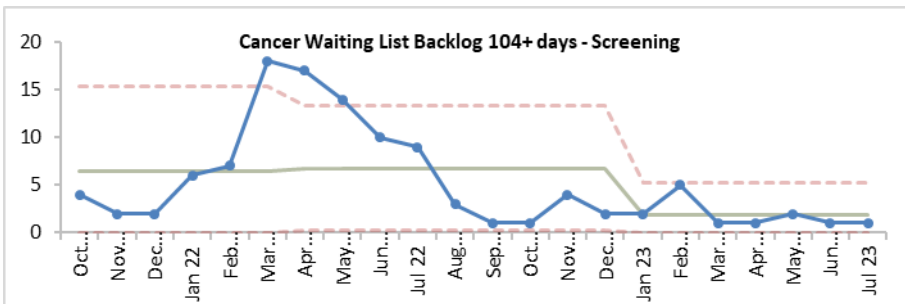
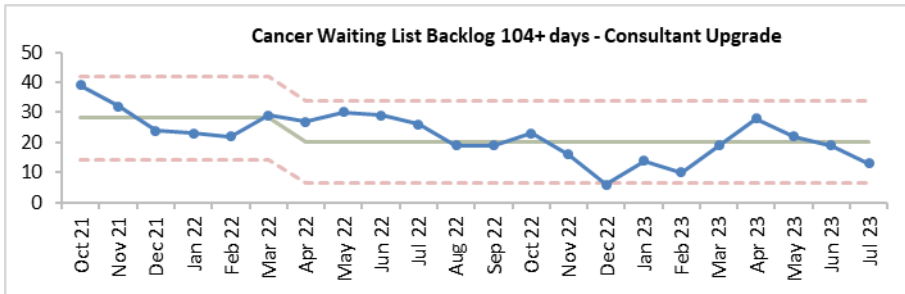
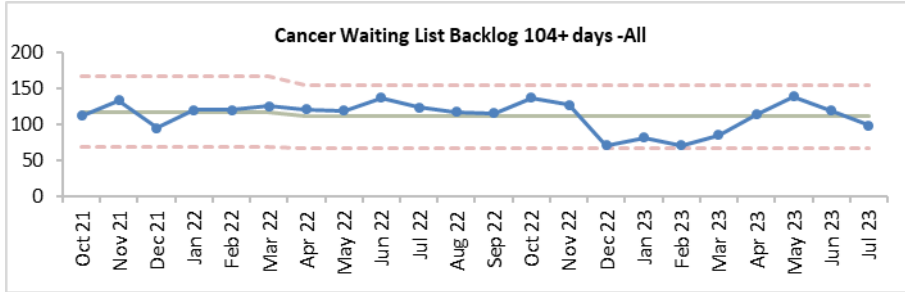
Trust Performance Overview

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 August 2023 backlog reduction milestone is set at 348 against which the trust recorded 438, 90 above plan.

Trust Responsible Director Update

- As at 21st September the total backlog over 63 days was 342 which was an increase of 29 from the previous week.
- The biggest tumour group involved is Urology comprising 118 patients, followed by 90 Gynae and then 76 Colorectal, all of these are tracked daily with escalations to hospital teams.
- The drive to five group will monitor key issues and track improvement themes that came out of the clinical reviews in the summer, with a focus on three areas with the greatest backlogs.
- There are delays with histopathology turnaround times due to workforce shortage within the network, Gynae has significant risk for the next 4-6 weeks due to unplanned absence.
- The four additional project manager posts funded by the cancer alliance have been recruited to, two have commenced in post with a further 2 joining next month. These are focussing on the six best practice timed pathways, and they will subsequently report into the drive to five group.
- A follow up meeting on MDT improvements is planned for the beginning of October, following a successful launch in July.
- The group is looking to refresh the clinical harm review process for cancer, this will be linked to the changes to the Cancer Waiting Times standards.



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

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.

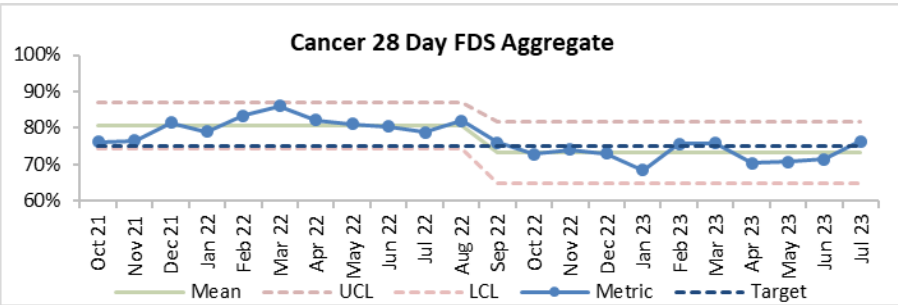
The NHS has made it a priority to clear this backlog with the number of patients waiting longer than 62 days no greater than at the start of the Covid pandemic by March 2024.

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. The reductions have been sufficient to drive a reducing step change against All patients waiting from March 2022 with the last two data points recording a reducing backlog.

Trust Performance Overview

The charts opposite present the 85 cancer pathways waiting greater than 104 days at the end of July 23, a reduction of 14 against the June position. The charts present the number of patients waiting by All referrals, Consultant Upgrade and Screening service referrals. This represents all patients waiting 104 days and above. All of these patients would go through the clinical harm review process, once treated.



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.

Metric Name	Jun-23			Jul-23		
	Seen	Breaches	%	Seen	Breaches	%
Cancer 28 Day FDS Aggregate	3,039	868	71.4%	3126	740	76.3%
Cancer 28 Day FDS Breast Symptomatic	188	2	98.9%	184	3	98.4%
Cancer 28 Day FDS Screening	35	3	91.4%	31	7	77.4%

What is the Chart Telling us:

The chart presents performance against the Aggregate 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 October 2022 to January 2023. For February and March 23 the trust returned to compliance, however the standard was not achieved across April to June 23. For July 23 the trust returned to compliance recording a performance of 76.3%.

Breakdown by Tumour Sites Failing 28 Day FDS Standard (Aggregate) - Jul-23			
Tumour Site	Seen	Breaches	Performance
All Tumour Sites	3,126	740	76.3%
Lung	30	8	73.3%
Head and Neck	335	98	70.7%
Upper Gastrointestinal	218	66	69.7%
Gynaecological	304	110	63.8%
Lower Gastrointestinal	456	218	52.2%
Testicular	11	6	45.5%
Urological	240	133	44.6%

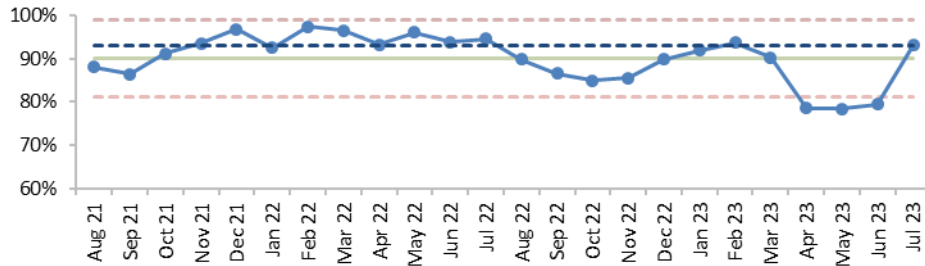
Trust Performance Overview

For July 2023 the Trust achieved the standard for Breast Symptomatic (98.4%) and Screening referrals (77.4%), however just missed the standard for GP urgent referrals (74.9%), this resulted in the trust achieving the standard for All (aggregated) referrals, recording a performance of 76.3%, an increase of 4.9% against June's 71.4%. This is the first time aggregated performance has achieved the national standard since March 2023.

Trust Responsible Director Update

- The Group achieved aggregated Faster Diagnosis Standard (FDS) performance in July at 76.3%, the 2WW part of this was just below the 75% standard at 74.9%.
- August FDS aggregated performance is 74.9% and is still being validated.
- The key FDS challenges were within Lung, Gynae, Colorectal, ENT, Upper Gastrointestinal (UGI) and Urology.
- Lung challenges relate to late referrals into BH, plus a lack of capacity to treat patients within 24 days. Gynae has a backlog of patients requiring general anaesthetic hysteroscopy tests, had capacity issues within 2WW which has since been resolved. Colorectal, Gynae and UGI had diagnostic delays. The Urology delays were due to several diagnostic capacity delays in CT, PET and template biopsy delays. There has been a deep dive into testicular which has highlighted a data quality issue, but has highlighted some patients being referred in late from North Central London, which is being addressed and has led to a strengthening of referral processes between out of area providers. These risks and planned improvements will be monitored and tracked through drive to five group, with support from Urology Network.

Barts Health - Cancer 2 Week Wait (2WW)



Cancer 2WW Breakdown by Site - Jul-23

Site	Seen	Breaches	Performance	Target
Royal London	1,063	63	94.1%	93.0%
Whipps Cross	1,769	97	94.5%	93.0%
Newham	529	35	93.4%	93.0%
St Bart's	310	58	81.3%	93.0%
Barts Health	3,671	253	93.1%	93.0%

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

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	3,671	253	93.1%
Brain/CNS	4	1	75.0%
Gynaecological	409	72	82.4%
Lung	60	8	86.7%
Breast	733	71	90.3%
Testicular	21	2	90.5%
Children's	13	1	92.3%

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 July 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, May and June's performance dropping below the lower confidence limit, a significant reducing change in performance.

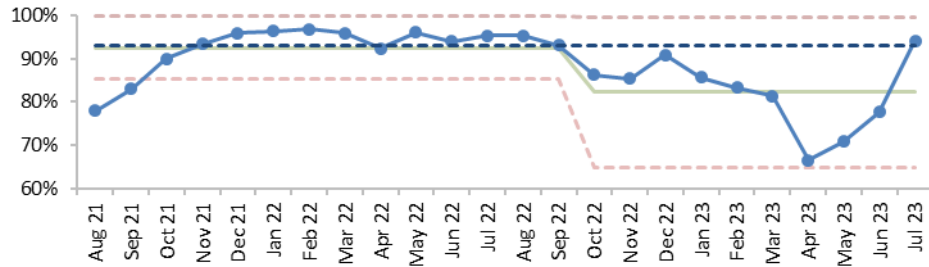
Trust Performance Overview

In July 2023 a performance of 93.1% was recorded in relation to the 2 week wait standard of 93%, a significant improvement of 13.7% against June's 79.4%. Breaches of the standard also reduced significantly from 797 in June to 253 in July (-544), the number of patients seen decreased slightly by 207 across the same period meaning the proportion of patients breaching the standard reduced.

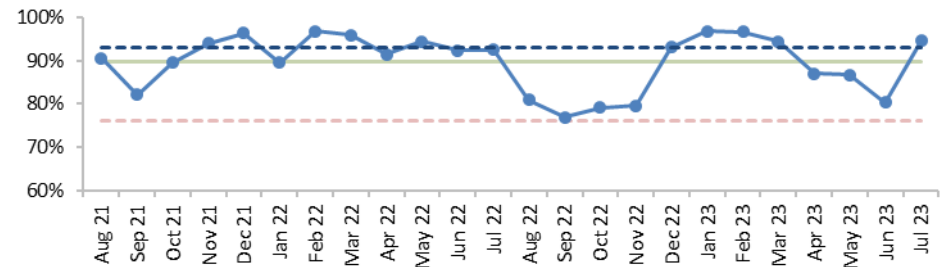
Trust Responsible Director Update

- July 2WW performance was 93.1%. This was the first time the group has been compliant this financial year.
- The group will achieve compliance in August at over 94%, even with the recent Industrial Action (IA).
- The challenges in September are within Skin, Gynae and Breast. The Skin team has been impacted by IA and capacity shortfalls, Gynae challenges are related to a lack of diagnostic capacity and workforce vacancies. Breast challenges are due to IA and screening vacancies. All of these are being worked through with hospital teams.

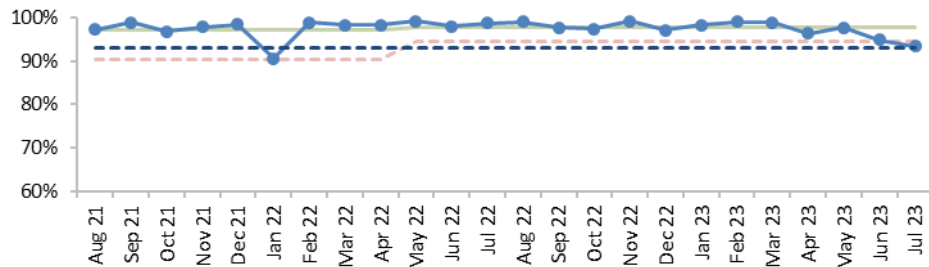
Royal London - Cancer 2 Week Wait (2WW)



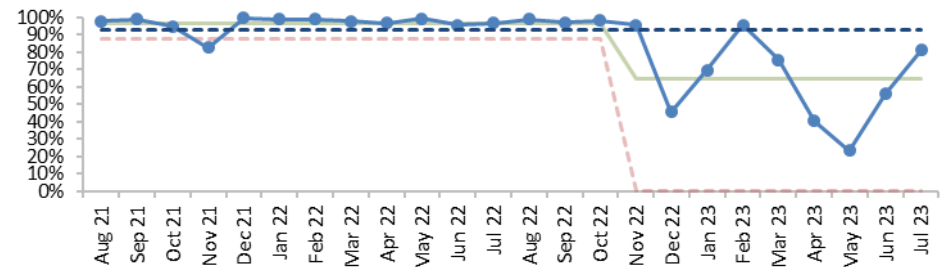
Whipps Cross - Cancer 2 Week Wait (2WW)



Newham - Cancer 2 Week Wait (2WW)



St Bart's - Cancer 2 Week Wait (2WW)



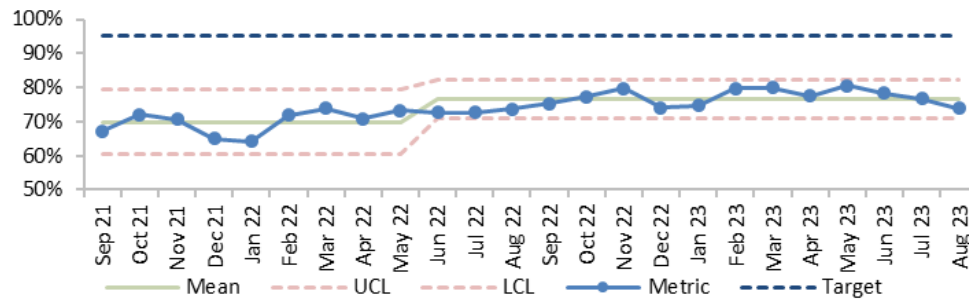
— Mean - - - UCL ····· LCL —●— Metric - - - Target

Performance by hospital site against the 93% standard for July 23

For July 23 three of the trusts four hospital sites exceed the national standard:

- Whipps Cross: 94.5%
- Royal London: 94.0%
- Newham: 93.4%
- St Bart's did not achieve the standard, recording a performance of 81.3%, virtually all breaches recorded for the month were in the Breast pathway, there were 53 breaches in Breast against 259 referrals for that service, resulting in a performance of 79.5% for Breast. However, this is a significant improvement on June when 154 breaches were recorded with a performance of 48.8%.

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.

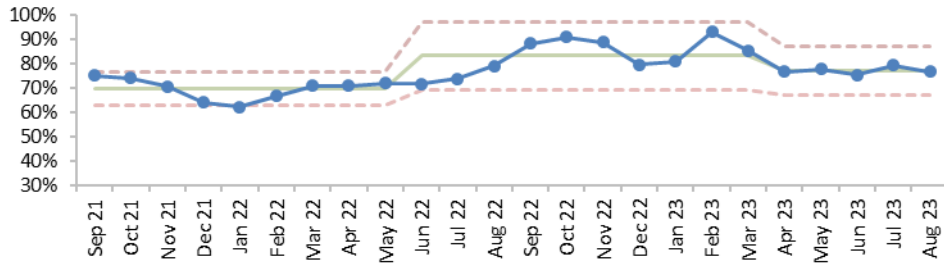
Trust Performance Overview

- For August 2023 a performance of 73.9% was recorded, a reduction of 2.8% against July's 76.8%.
- During August the greatest challenges related to MRI, Cardiac CT long waits and performance and non-obstetric ultrasound long waits with audiology also remaining challenged in relation to long waits and performance.
- Endoscopy was DM01 compliant within two hospitals with one noncompliant due to a capacity shortfall and decontamination room being refurbished.
- Imaging modalities are broadly delivering overall against operating plan recovery aggregate performance commitments, but this was not achieved in August for: MRI, CT and non-obstetric ultrasound (NOUS) (77.1% vs 80.0% plan).
- Non-Obstetric Ultrasound and MRI breaches account for 38.8% and 18.7% of all DM01 breaches at the end of August 2023 - a similar position to July 2023.
- CT 6 week wait performance is not compliant (76.7%). This is directly associated with cardiac CT (50.9%).
- Dexa performance at end Aug 23 is 83.3%. Mitigations are in place at the Royal London, and these challenges are not expected to be long-term.
- Barium Enema performance is 100% and there are no operational concerns with this area.

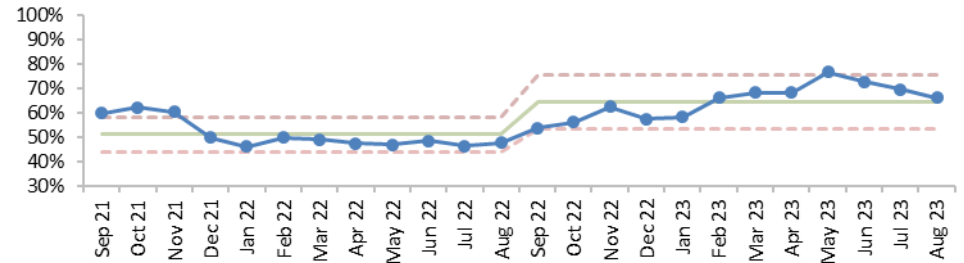
What is the Chart Telling us:

An increasing step-change (resulting from a run of 8 data-points above the preceding mean) may be observed from June 2022. This suggests a point in time where process changes started to drive breach reductions and performance improvement. Performance has been above or at the mean for the last six consecutive data points, with a reduction below the mean in August 23.

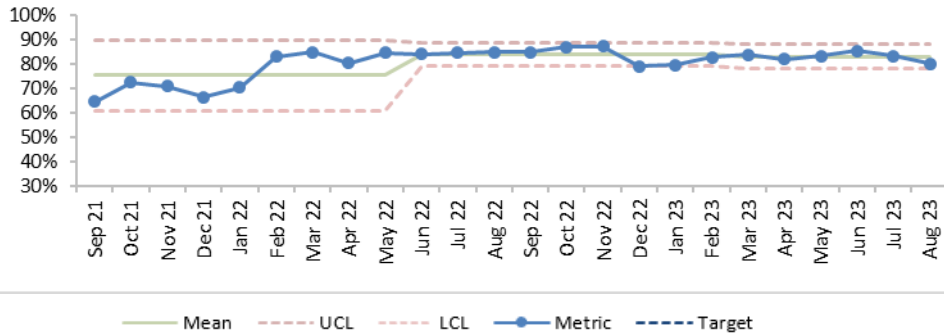
Diagnostics Imaging (CT) – Performance against 95% Standard



Diagnostics Imaging (MRI) – Performance against 95% Standard



Diagnostics Imaging (NOUS) – Performance against 95% Standard



DM01 Breakdown by Test

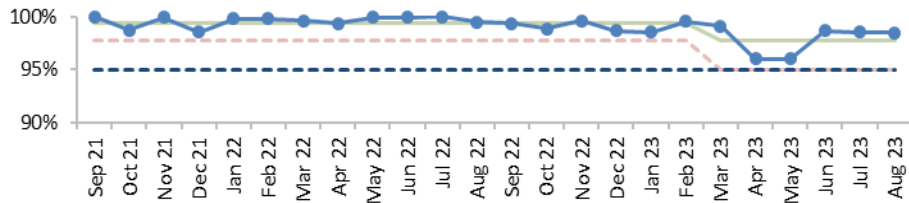
Test Name	Jul-23			Aug-23			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Magnetic Resonance Imaging	5,481	1,670	69.5%	5,127	1,740	66.1%	-3.5%
Computed Tomography	3,485	721	79.3%	3,273	763	76.7%	-2.6%
Non-obstetric ultrasound	18,005	3,022	83.2%	18,292	3,611	80.3%	-3.0%
DEXA Scan	1,288	131	89.8%	1,129	189	83.3%	-6.6%
Barium Enema	0	0	100.0%	0	0	100.0%	0.0%
Grand Total	28,259	5,544	80.4%	27,821	6,303	77.3%	-3.0%

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

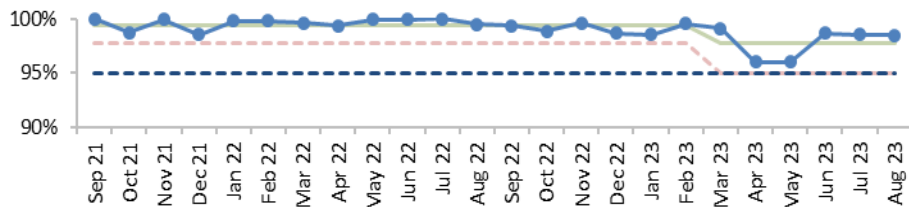
Trust Responsible Director Update

- Imaging modalities are broadly delivering overall against operating plan recovery aggregate performance commitments, but did not deliver in August 23 for: MRI, CT and NOUS (77.1% vs 80.0% plan). Imaging performance has declined at the Royal London, whilst it has remained broadly unchanged at other sites due to ongoing MRI capacity, Ultrasound and cardiac capacity constraints. Growth in demand remains a concern, but activity is delivered above plan at more than 110% of 19/20 levels and waiting list sizes are reducing. Latest data shows only 91 patients are waiting more than 13 weeks without an appointment, compared to 3,600 patients in January 2021.
- 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 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. Some work has been completed at RLH and the next phase is to translate this across to Whipps Cross and St Barts Cardiac Imaging services and develop other SOPs.
- Work has been completed to monitor performance, activity (for all modalities) and Imaging workforce KPIs against plans. Monitoring of plans for productivity and finance 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 are being developed, which should help mitigate the need for additional staff and reduce operating running costs.

Diagnostics Echocardiology – Performance against 95% Standard



Diagnostics Echocardiology – Performance against 95% Standard



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

DM01 Breakdown by Test

Test Name	Jul-23			Aug-23			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Cardiology - Electrophysiology	1	0	100.0%	1	1	0.0%	-100.0%
Urodynamics - pressures & flows	120	111	7.5%	113	106	6.2%	-1.3%
Audiology - Audiology Assessments	3,166	2,112	33.3%	3,268	2,140	34.5%	1.2%
Neurophysiology - peripheral neurophysiology	175	92	47.4%	230	127	44.8%	-2.6%
Cystoscopy	297	156	47.5%	347	169	51.3%	3.8%
Respiratory physiology - sleep studies	237	92	61.2%	243	115	52.7%	-8.5%
Flexi sigmoidoscopy	180	36	80.0%	194	45	76.8%	-3.2%
Gastroscopy	846	162	80.9%	982	224	77.2%	-3.7%
Colonoscopy	854	48	94.4%	809	53	93.4%	-0.9%
Cardiology - echocardiography	1,939	28	98.6%	1,723	26	98.5%	-0.1%
Grand Total	7,815	2,837	63.7%	7,910	3,006	62.0%	-1.7%

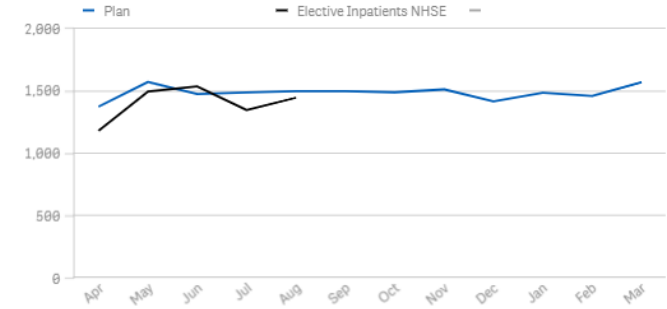
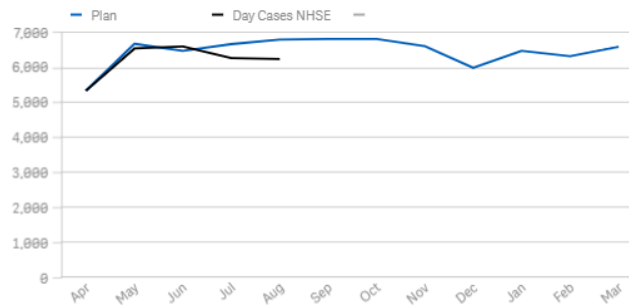
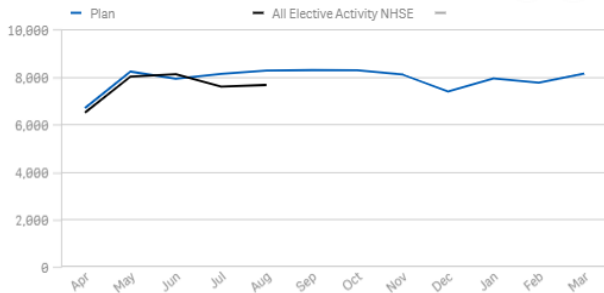
NB: Imaging Modalities are shown on the preceding slides

Trust Responsible Director Update

- Echo achieved > 98% in the past two months. The group is now reviewing planned patients in response to the NHSE letter from August.
- Audiology have rolled out a new PAS system in September, which has improved data reporting. An options appraisal has been drafted with the support of an external provider to help clear the backlog of patients within six months. The group has also recruited an Audiology lead who will commence in post in Q3 and is continuing with extra sessions to treat complex cases.
- Neurophysiology is undertaking data analysis, to support an options appraisal for additional resources to support clearing the backlog
- Endoscopy was DM01 compliant within two hospitals. One site is challenged due to capacity shortfalls and a decontamination room being down due to refurbishment.
- For sleep studies, one site is non-compliant with a recovery plan in place to mitigate for Q3.

Admitted Elective Activity

		Barts Health						Last Month's Site Position			
		Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Royal London	Whipps Cross	Newham	St Bart's
All Elective Activity	Plan	9,104	6,726	8,260	7,961	8,167	8,308	4,054	1,737	1,285	1,232
	Actuals	8,535	6,527	8,049	8,147	7,628	7,697	3,721	1,345	1,049	1,582
	<i>Mth variance plan</i>	-569	-199	-211	186	-539	-611	-333	-392	-236	350
Elective Day Case Activity	Plan	7,303	5,351	6,686	6,484	6,678	6,807	3,434	1,457	1,106	810
	Actuals	7,082	5,345	6,553	6,610	6,279	6,250	3,157	1,096	931	1,066
	<i>Mth variance plan</i>	-221	-6	-133	126	-399	-557	-277	-361	-175	256
Elective IP Activity	Plan	1,801	1,375	1,573	1,476	1,489	1,500	620	280	179	422
	Actuals	1,453	1,182	1,496	1,537	1,349	1,447	564	249	118	516
	<i>Mth variance plan</i>	-348	-193	-77	61	-140	-53	-56	-31	-61	94



Data As at 21/09/2023

Performance Overview

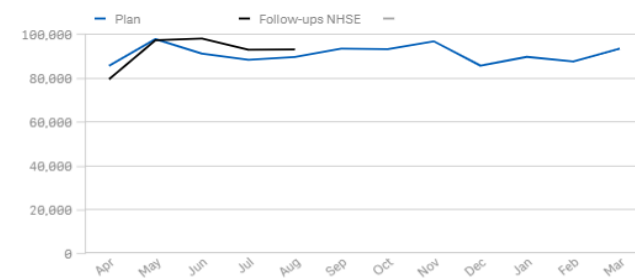
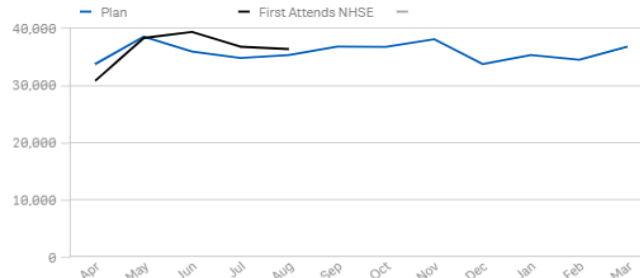
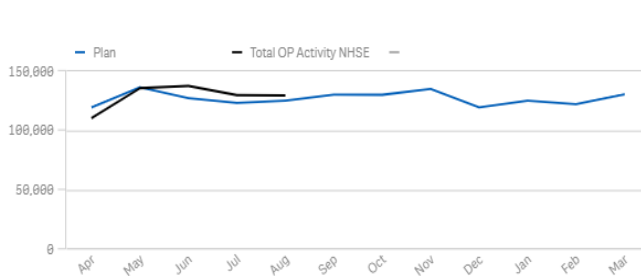
- For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog.
- For August 2023 the trusts admitted (inpatient and day case) trajectory set a target of 8,308 admissions against which the trust delivered 7,697 (-611 admissions).

Responsible Director Update

- The validated RTT PTL for August 23 was 120,011 which is a reduction of 1,022 pathways from the July 23 position.
- During August 23, 291 elective cases were cancelled due to Industrial action. Had this not happened the Trust would still have been 320 cases under plan with St Barts continuing to achieve above plan trajectories. As per previous periods of Industrial Action, there is under utilised capacity which has not been quantified in the cancellation numbers as hospital operational teams avoid booking into slots that may have to be cancelled. Work is underway with BIU to consider how this can be captured.
- In September 2023, 227 elective cases have been cancelled due to Industrial Action.
- The Chief of Surgery has been asked to review the Surgical Strategy. The cross site surgical optimisation group continues to meet regularly and has been focusing on tactical movement of services to date. This group continues to provide regular updates to the Elective Recovery Board (ERB) and will look to work with the Chief of Surgery on how to agree further long-term moves particularly of High volume, low complexity cases (HVLC).

Non Admitted Elective Activity

		Barts Health						Last Month's Site Position				
		Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Royal London	Whipps Cross	Newham	St Bart's	Other
Total OP Activity	Plan	128,044	119,595	136,608	127,368	123,379	125,187	52,710	29,688	20,399	22,390	0
	Actuals	137,395	110,485	135,821	137,661	129,769	129,229	52,361	30,289	22,053	24,453	73
	Mth variance plan	9,351	-9,110	-787	10,293	6,390	4,042	-349	601	1,654	2,063	73
Outpatient First	Plan	40,608	33,777	38,575	35,970	34,843	35,354	14,514	11,303	5,210	4,327	0
	Actuals	37,374	30,797	38,352	39,413	36,807	36,219	13,951	10,980	5,774	5,514	0
	Mth variance plan	-3,234	-2,980	-223	3,443	1,964	865	-563	-323	564	1,187	0
Outpatient F/up	Plan	87,436	85,818	98,033	91,398	88,536	89,833	38,196	18,385	15,189	18,063	0
	Actuals	100,021	79,688	97,469	98,248	92,962	93,010	38,410	19,309	16,279	18,939	73
	Mth variance plan	12,585	-6,130	-564	6,850	4,426	3,177	214	924	1,090	876	73



Data As at 21/09/2023

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 125,187 attendances, against which the trust delivered 129,229 (+4,042 attendances).

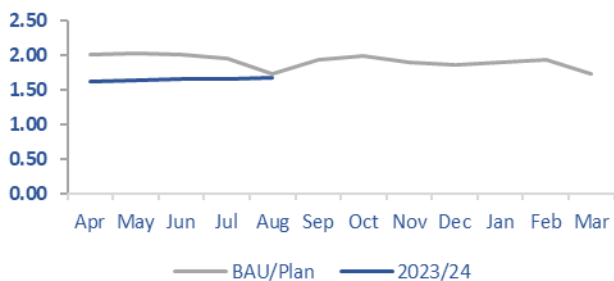
Responsible Director Update

- Barts Health is undertaking a gap analysis against the 15 specialty handbooks as part of the Further Faster programme of work to determine the key improvement opportunities by specialty. This will be discussed, and actions agreed at the October Elective Recovery Board. Confirmation has now been received that 80K of funding has been received to support this programme of work. Around 25K is being used to support the 2-way text validation which will commence in early October 2023.
- Patient Initiated follow-up (PIFU) in T&O PIFU has increased to 4% in August 23. Work continues to support roll out of this in additional specialties as a key drive to support reduction in follow-up activity. A dashboard has been developed and is in the final stages of testing.
- At the end of August 23, 64,000 patients had enrolled onto Patient Knows Best (PKB) – 1,700 registering each week. 10,000 patients are logging in each week. In August, functionality for patients to see In-patient and Emergency Department Discharge summaries went live. Letters and Maternity discharge summaries remain on track to be rolled out in the coming weeks.
- In August 23, the Trust was above plan on outpatient 1st attendances by 865 and above plan on outpatient follow-ups by 3,177. During the Industrial action in August 23, 1,658 outpatient appointments were cancelled. During September 1952 appointments have been cancelled due to Industrial Action.
- A paper has been endorsed by Elective Recovery Board in September 23 on Counting and Coding opportunities in outpatients. This has been shared with the Financial Recovery Board.

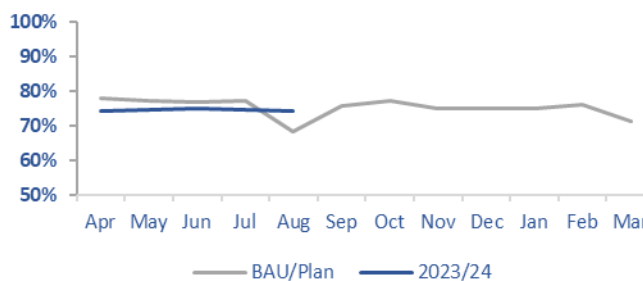
Efficiency Activity

		Barts Health						Last Month's Site Position			
		Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Royal London	Whipps Cross	Newham	St Bart's
Avg Cases per 4hr Session	Actuals	1.70	1.67	1.64	1.62	1.65	1.68	1.56	2.30	2.09	1.08
	BAU	1.72	2.02	2.03	2.01	1.96	1.74	1.71	2.22	2.06	1.05
	Mth variance plan	-0.02	-0.34	-0.39	-0.39	-0.31	-0.06	-0.15	0.08	0.03	0.03
Capped Utilisation	Actuals	73.3%	74.0%	74.6%	75.4%	74.6%	74.0%	75.0%	67.0%	76.0%	79.0%
	BAU	71.1%	77.7%	77.0%	76.8%	77.2%	68.0%	69.0%	63.0%	63.0%	73.0%
	Mth variance plan	2.2%	-3.7%	-2.4%	-1.4%	-2.6%	6.0%	6.0%	4.0%	13.0%	6.0%
Day Case Rate	Actuals	61.6%	55.6%	57.0%	58.0%	60.4%	61.0%	61.0%	69.0%	78.0%	19.0%
	BAU	61.4%	65.6%	65.9%	65.7%	64.2%	64.0%	66.0%	78.0%	67.0%	16.0%
	Mth variance plan	0.2%	-10.0%	-8.9%	-7.7%	-3.8%	-3.0%	-5.0%	-9.0%	11.0%	3.0%

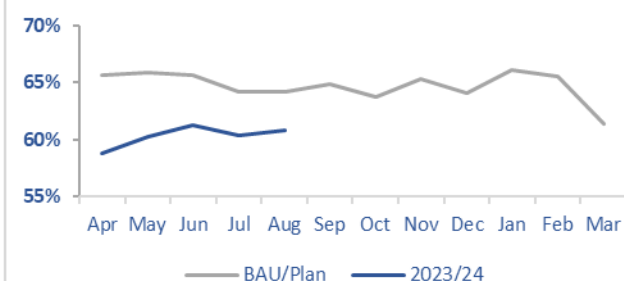
Avg Cases per 4hr Session - Trust



Capped Utilisation - Trust



Day Case Rate - Trust



Data As at 21/09/2023

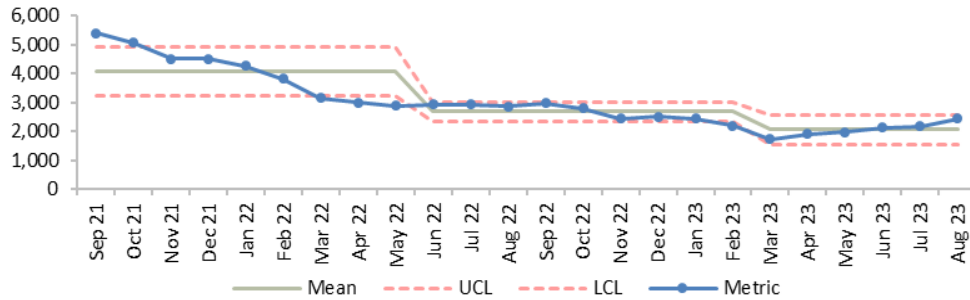
Performance Overview

- Set against internal trust data for August 1.68 cases per list were achieved against a BAU of 1.74 (-0.06).
- For the same month, a capped utilisation rate of 74.0% was recorded against a BAU of 68.0% (+6.0%).
- For July a day case rate of 61.0% was recorded against a BAU of 64.0% (-3.0%).

Responsible Director Update

- Theatre metrics have been static since April 23. The Barts Health Planned Care programme board, chaired by the Chief of Surgery, is reviewing this data set and under taking a deep dive with Hospitals in order to identify good practice and opportunities within specialties that can be adopted across hospitals in order to promote a step change on this metric.
- Through the Johnson and Johnson non elective T&O theatres improvement work at WX, 4 deliverables have been identified – time to theatre (improvement in morbidity & mortality indicators), Length of Stay (reduce median from 18-11 days), improve data capture and golden patient (locking down theatre timetable day before).
- CCS (care coordination solution) has gone live across all theatres at Newham (including BHOC). This is an amendment to the original plan which was to deliver progress on a specialty basis. An update against KPIs will be presented to the October Elective Recovery Board. Phase 2 (site to be decided) will commence in November 2023 and Phase 3 in March 2024.
- BHOC has NHS Surgical Hub accreditation visit planned on 17.10.2023. A readiness update will be provided to the Elective Recovery Board on 10.10.23.

RTT Incomplete Pathways Recovery Trajectory - 65+ Weeks



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 August the trust recorded 2,455 pathways waiting 65+ weeks, an increase of 272 against the July position.

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

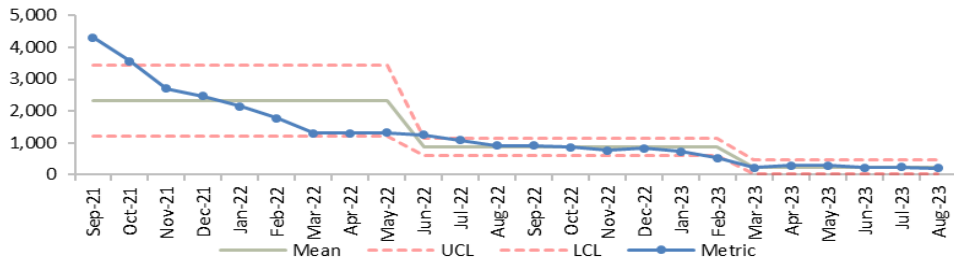
What are the Charts Telling us:

The SPC chart presents a sustained reduction in 65+ week waiters from September 21 to March 23, driving reducing step-changes in May 22 and March 23, this data suggests points in time where process changes started to drive backlog reductions. However increases in the volume 65+ week wait patients have been recorded across the period April to August 23, with August breach volumes approaching the upper confidence limit.

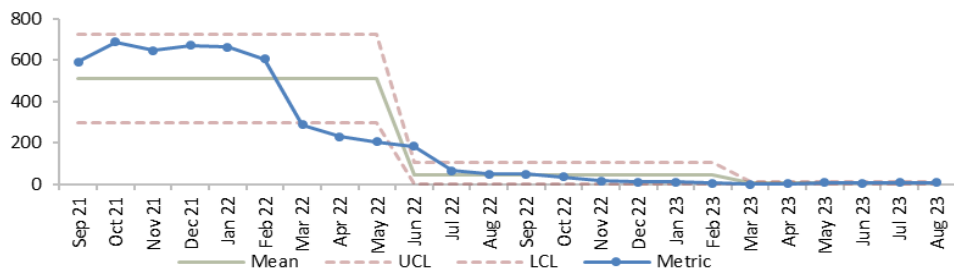
Trust Responsible Director Update

- The Trust has completed the self assessment as per the NHSE request from the Elective letter received on 04.08.23. This was endorsed by the Elective Recovery Board in September 2023, signed off by Group Chair and CEO with an update to be provided to the next Trust Board.
- The high level run rate for patients who will be 65 weeks by the end of March 2023 remains positive at around 1,400 pathways being removed on average.
- As of 25.09.23, there were around 7,571 patients within this cohort who had not yet had a 1st appointment booked. A waterfall has been created with a range of mitigating actions described which includes outsourcing, validation, Digital Mutual Aid (DMAS) and additional waiting list initiatives. Some of the initiatives are subject to agreement on funding which has been discussed with financial recovery board and with NHS London. Based on current run rate and additional actions underway, the trust would achieve <1,500 patients left to be booked at the end of October 2023. The 2 largest specialties contributing to the pathways left to book at the end of October 23 are Dermatology and Oral Surgery. Both of these have low volumes of conversion to surgery (3% and 6% respectively) therefore remain a low risk to achieving 0 65 week wait pathways left by the end of March 2024.
- The trust are working with an external provider to support the 2 way text validation project which will go live in early October 23. Around 30,000 patients who are waiting over 12 weeks and have not been validated or have a future appointment will be sent a text message and a letter (with functionality to translate into another language). This will ask them to respond to confirm that they still require an appointment for the referenced speciality they have been referred to.
- Industrial action remains a continued risk to our 65-week clearance plan due to the need to cancel patients as well as rebook and look to prioritise cancer, urgent patients and long waiters.
- Regular tracking of actions is being undertaken to reduce the 65 week wait cohort

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) in both cases from June 22 and March 23. This suggests points 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 8 pathways waiting 104+ weeks at the end of August 2023, the same number reported at the end of July.
- In relation to 78+ week wait backlog volumes, 204 pathways were reported at the end of August, a decrease of 30 against the July position.

Trust Responsible Director Update

- Of the 8 104ww breaches remaining on the PTL at the end of August 23, 4 patients are yet to be treated however all have plans.
- The trust was aiming to have a sustainable position of 0 104 week wait breaches by the end of September. However this is a risk due to recent patient initiative cancellations due to illness and challenges confirming treatment dates for patients who require specific surgeons. These challenges have been exacerbated by industrial action.
- The trust achieved the position of less than 230 78 week breaches at the end of August 2023 that it had committed to. The trust has reset the trajectory for 78 week wait breaches and is aiming to clear all remaining 78 week breaches by the end of December 2023. Hospitals continue to operate detailed tracking of each of these patients as well as future breaches. Hospitals are supported by group infrastructure, with issues escalated and resolved as required.



Barts Health
NHS Trust

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. We are also working to embed a regular digital download of ethnicity data from GP records in the coming months for missing records.

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 20th September 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

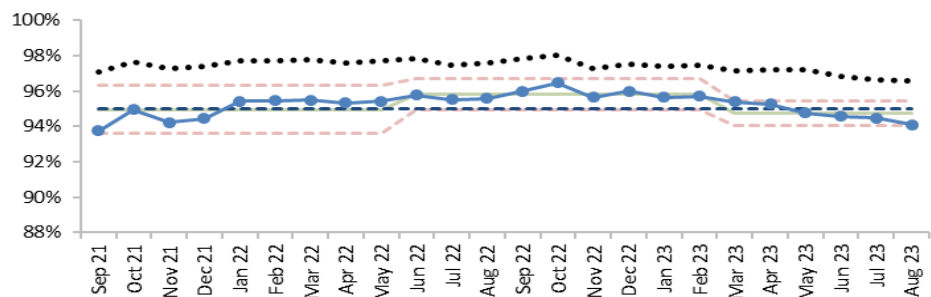
At Trust level, there are no significant differences in average wait times between ethnic groups or between male and female patients. While not significant, we did note a small difference in waiting times for patients with learning disabilities.

We also found that patients living in the most deprived areas wait approximately a week longer than those who live in the least deprived areas. We believe this is because of longer waits in a few services at Royal London, which serves a more deprived population. At Whipps Cross patients from deprived postcodes do tend to wait slightly longer. This is not found in Royal London, Newham, or St. Bartholomew's data.

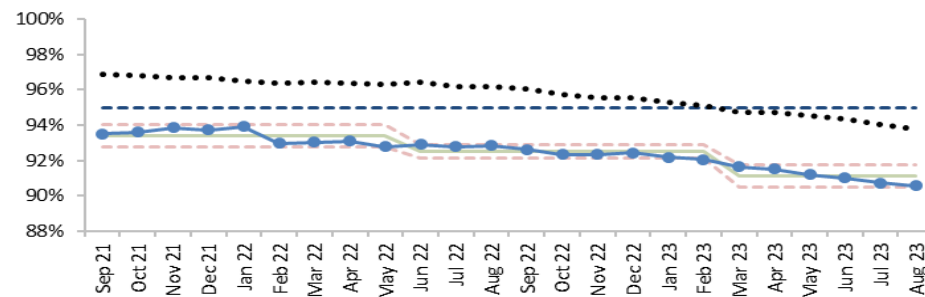
Next steps

We are working to understand better the trend in increased waits for patients from deprived postcodes. We will work with our Divisional Teams to mitigate the slight increase in the waiting times for patients with Learning Disabilities and address data quality.

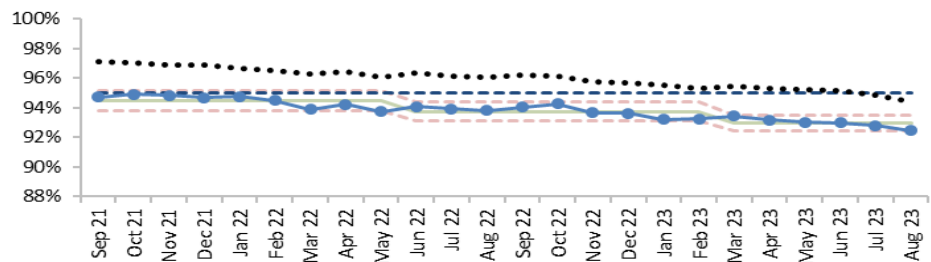
A&E Ethnicity Completion



Outpatient Ethnicity Completion



Inpatient Ethnicity Completion



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

Site	A&E	Inpatient	Outpatient
Royal London	94.4%	89.2%	89.5%
Whipps Cross	92.4%	93.0%	90.8%
Newham	95.4%	94.9%	91.9%
St Bart's	-	95.3%	91.4%
Trust	94.1%	92.5%	90.6%

— Mean
- - - UCL
- - - LCL
- - - Target
—●— Y Data
- - -●- - - CompletenessDiscovery

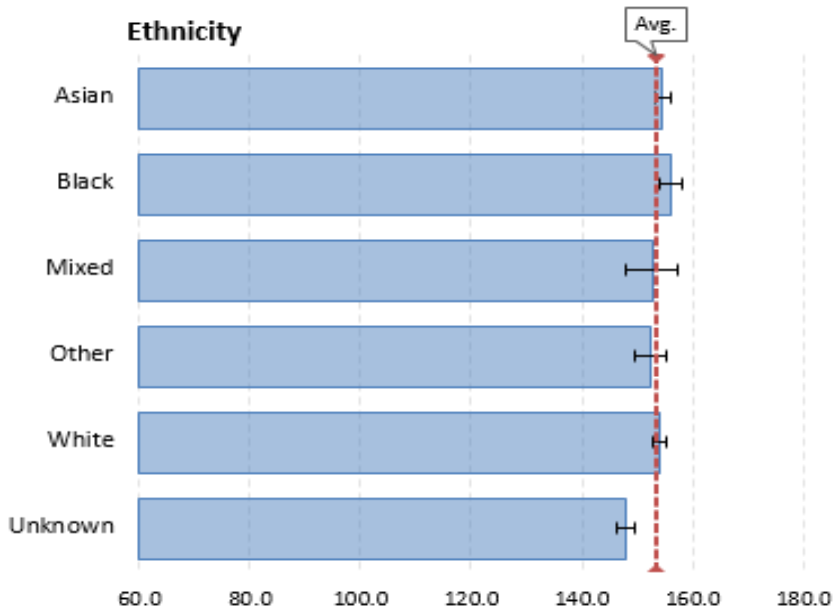
The above figures show the % activity where the ethnicity of the patient is known and has been recorded (i.e. not including where it has not been requested, recorded as not stated or the patient has refused to give it). The dotted black line shows what the % recorded would be expected to be if North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

Performance Overview

- Trust performance across all three activity areas remains above 90%. However, there has been a marked decrease overall since December 2022.
- The decline in ethnicity completion rate in all areas signals 'special cause' variance, which means the change in capture rates is due to an assignable cause such as a change in process.
- St Barts Inpatients and Newham A&E have achieved the highest capture rates at 95.3% 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

- While overall performance remains above 90%, the continued decline in completion rates is troubling. This is likely resulting, in part, from other, continued operational pressures, meaning staff have less time.
- Led by an analyst at St. Barts, we have recently trialled digitally downloading ethnicity data from GP records that is missing in our data set. We are working with ICT to embed this function/download so that it happens at regular intervals.



Commentary

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

The longest waiters identify as belonging to the 'Black' ethnic category with an average wait of 153.3 days. This is 3.6 days longer than the shortest waiters belonging to the 'Other' ethnic category. 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.

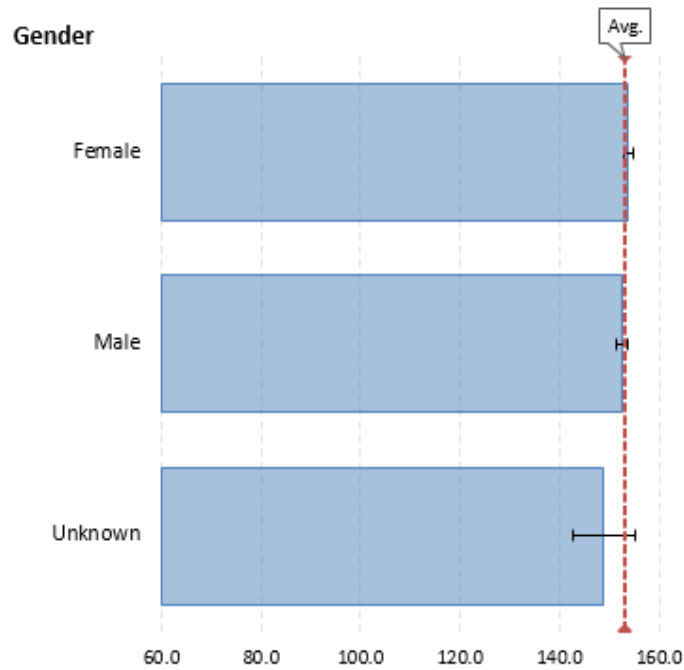
Median wait times are 16 – 17 weeks for all known ethnic categories.

Summary Data

Ethnic Category	Total Wait Time (Days)	# of Pathways
Asian	5,694,307	36,827
Black	2,204,833	14,138
Mixed	443,024	2,903
Other	1,110,065	7,282
White	6,361,892	41,274
Unknown	3,085,415	20,877

Pathways with no Week Wait details excluded

Ethnic Category	Average Wait (Days)	Lower CI	Upper CI	Median WW
Asian	154.6	153.4	155.9	16-17
Black	156.0	153.9	158.0	16-17
Mixed	152.6	148.1	157.1	16-17
Other	152.4	149.6	155.2	16-17
White	154.1	152.9	155.4	16-17
Unknown	147.8	146.1	149.5	14-15
Grand Total	153.3			16-17



Commentary

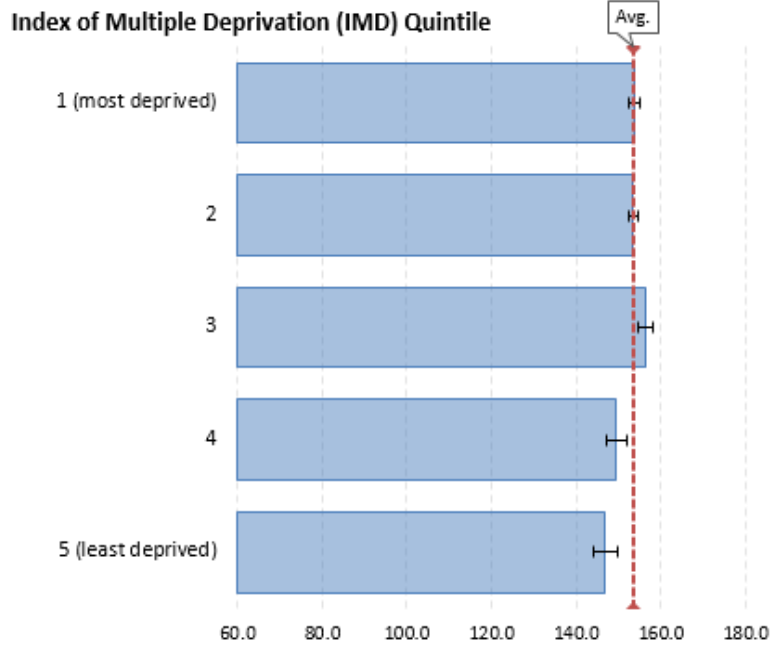
At trust level, there is no practical difference in wait times between male and female patients, or those of unknown gender.

The wait time from referral to treatment by gender is very similar for male patients compared with female patients (153.9 days vs 152.6 days respectively). The median wait time is between 16-17 weeks for these two genders.

Summary Data

Gender	Total Wait Time (Days)	# of Pathways	Pathways with no Week Wait details excluded
Female	10,611,127	68,959	
Male	8,039,338	52,669	
Unknown	249,071	1,673	

Gender	Average Wait	Lower	Upper	Median WW
Female	153.9	152.9	154.8	16-17
Male	152.6	151.6	153.7	16-17
Unknown	148.9	142.7	155.1	14-15
Grand Total	153.3			16-17



Summary Data

IMD Quintile	Total Wait Time (Days)	# of Pathways
1 (most deprived)	4,553,960	29,634
2	8,563,559	55,810
3	3,089,250	19,738
4	1,539,427	10,303
5 (least deprived)	895,791	6,102

Pathways with no Week Wait details excluded

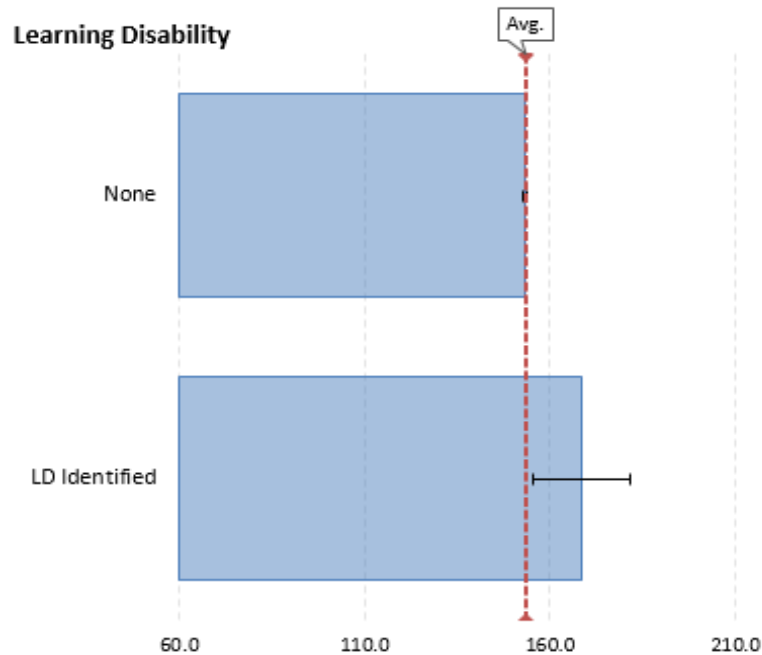
IMD Quintile	Average Wait	Lower	Upper	Median WW
1 (most deprived)	153.7	152.2	155.1	16-17
2	153.4	152.4	154.5	16-17
3	156.5	154.8	158.3	16-17
4	149.4	147.1	151.8	16-17
5 (least deprived)	146.8	143.9	149.8	14-15
Grand Total	153.3			16-17

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.

Patients in the most deprived Postcodes see an average wait of 153.7 days when compared to the average wait of 146.8 days for patients in the least deprived Postcode areas (6.9 day difference). The median wait time has lowered to 14-15 weeks for only the least deprived patients this month, remaining at 16-17 weeks for patients from other levels of deprivation. We believe this may, in part, be due to longer waits within a few specific services at Royal London, which serves a more deprived population.

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



Commentary

There is not a statistically significant difference in waiting time for patients identified as having a learning disability (LD).

However, There are early signs of the average wait difference between LD and non-LD patients growing, with a mean difference of 15 days. The median for both groups remains the same, 16-17 weeks.

We have also identified a small data quality issue within this cohort. The number of LD patients with no clock start date and therefore an unknown waiting time is higher than non-LD patients. Of the 25 LD patients with no known weeks wait, 11 of them are in Ophthalmology.

We will be working with the divisions over the coming weeks to reduce the growing disparity and resolve the data quality issue. Our work with this cohort was recently presented at the London Clinical Executive Group as an example of good practice.

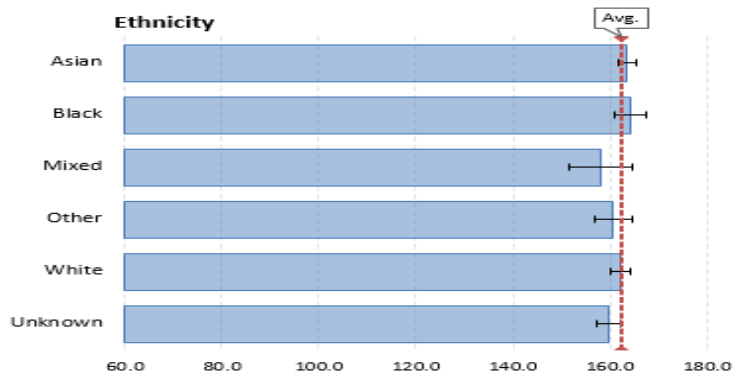
Summary Data

LD_Flag	Total Wait Time (Days)	# of Pathways
None	18,767,401	122,518
LD Identified	132,135	783

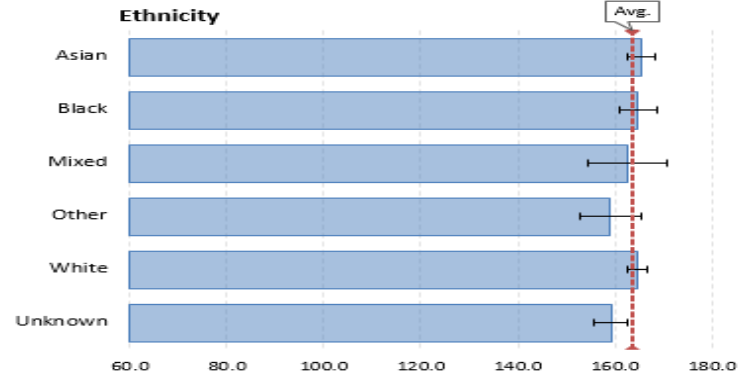
Pathways with no Week Wait details excluded

LD_Flag	Average Wait	Lower	Upper	Median WW
None	153.2	152.5	153.9	16-17
LD Identified	168.8	155.6	181.9	16-17
Grand Total	153.3			16-17

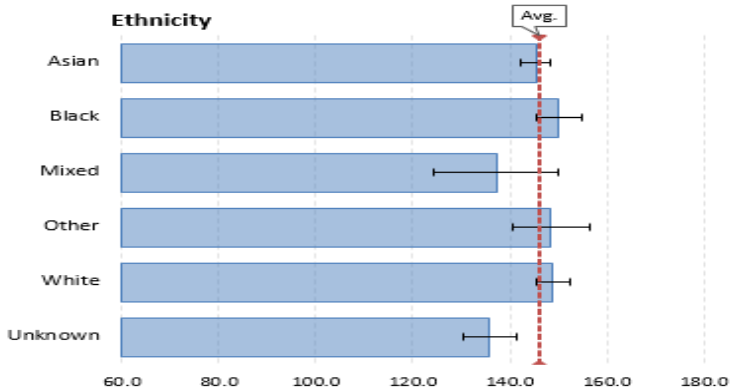
Royal London



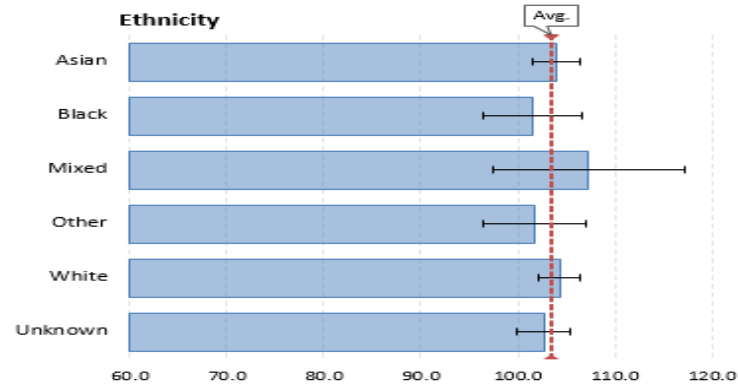
Whipps Cross



Newham



St Barts



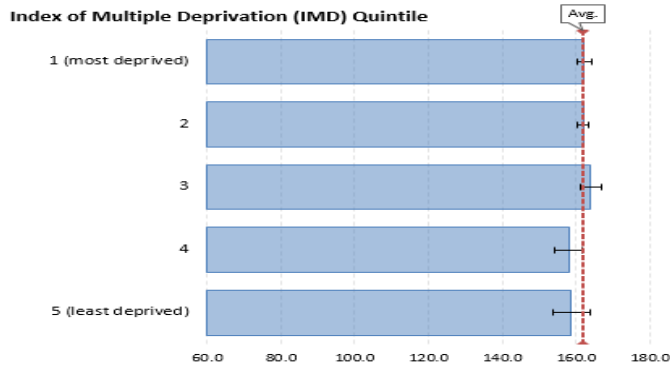
Commentary

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

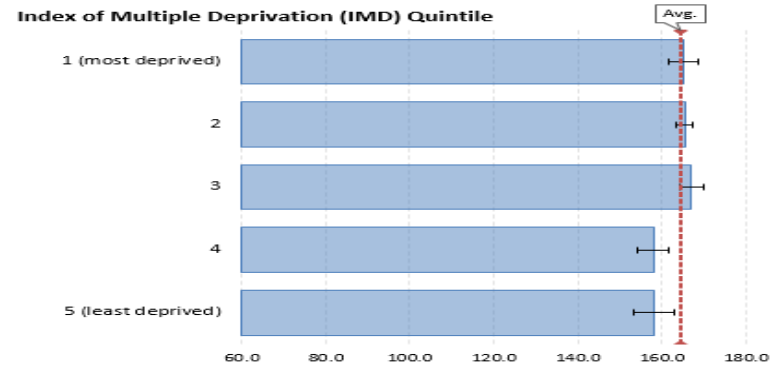
This is in line with findings from last reporting period. The average wait time by ethnicity across all sites is 153.3 days. St Barts and Newham appear to have greater variation in wait times between ethnic groups; however, this is not materially significant. Median wait times for known ethnicities is 16 – 17 weeks across sites.

The difference in wait time for 'Unknown' ethnicity individuals at Newham is significantly shorter (135.8 days) when compared to other ethnicities. The average wait time by ethnicity at Newham is 146 days. We believe patients in the 'Unknown' category are more likely to be urgent referrals and previously unknown to the Trust. We are investigating data quality issues and will continue to monitor trends.

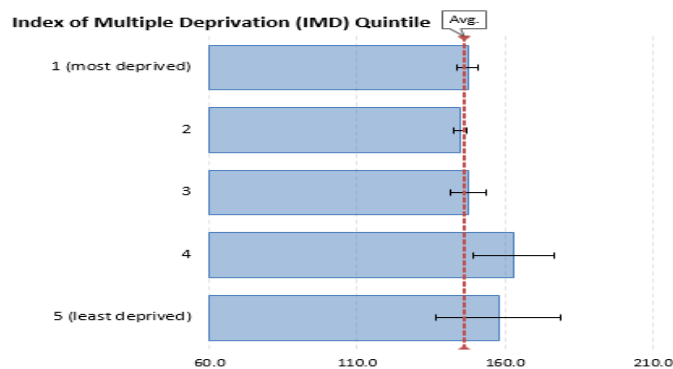
Royal London



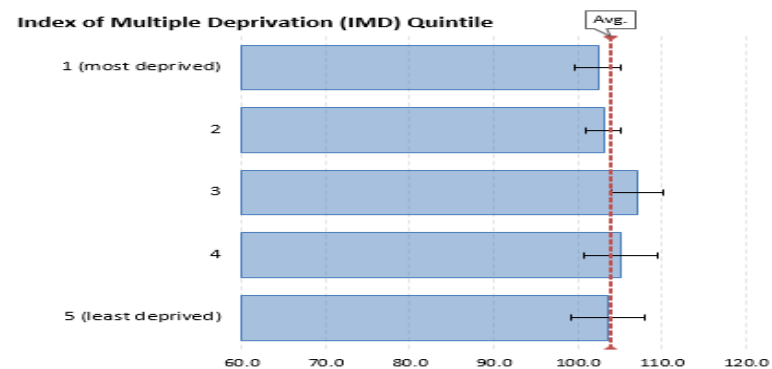
Whipps Cross



Newham



St Barts



Commentary

At Royal London, Newham, and St. Barts, there is no significant difference in waiting times between patients living in the most deprived and the least deprived postcodes. However, patients at Whipps Cross Hospital living in the most deprived areas wait slightly longer than patients from the least deprived areas.

Average wait times by level of deprivation at Whipps Cross Hospital is 164.2 days. Patients from the most deprived areas (IMD 1) wait on average 7 days longer than those from the least deprived areas (IMD 5). This is similar to findings from last reporting period; however, the average difference was 10 days. Median wait times for Whipps Cross is consistent for all areas at 18 – 19 weeks.

At Newham Hospital, average wait times by deprivation is 146.2 days. Patients from IMD 4 areas wait longer (162.8 days) than patients from other IMD quintile areas. Median wait times for IMD 4 is 18 – 19 weeks versus 16 – 17 weeks for other IMD quintile areas. This is a new finding and we will continue to monitor.



Barts Health
NHS Trust

People Report



Growing a permanent and stable workforce

- The substantive fill rate has continued to increase from 91.8% to 92.0% with a growth of 53 WTE. As expected in August, due to the new rotations, the majority of this growth is related to the medical and dental workforce (+45 WTE) although we have also seen a small growth in registered nursing (+8 WTE). The registered nursing and midwifery fill rate saw a small increase from 86.0% to 86.3%. St Bartholomew's has the highest overall fill rate at 94.0%, although its nursing fill rate is at 84.1%. Whipps Cross has the highest registered nursing fill rate at 88.7%.
- Time to hire (advert to all checks complete) for non medical staff was within target again this month at 10.0 weeks although there was some variation at site level. For medical staff the target was exceeded by a small margin (15.2 weeks against 15 week target). There is variation across sites, from 12.7 weeks at Whipps Cross to 17.6 weeks at Royal London however this is significantly impacted by the number of offers made at site level.
- Temporary staffing accounted for 13.1% of the workforce in August, with a decrease of 68 WTE, the majority of which was bank. Whilst some demand was suppressed due to the August bank holiday this does not account for the full reduction.
- Agency spend as a % of paybill YTD has increase slightly to at 4.7% within month spend being £5.7m or 4.9% of the in month pay bill.

Fostering new ways of working to transform care

- Roster compliance – approval on time marginally improved from 48% to 54% in month with Whipps having the highest level of on time approvals at 91%. The average lead time for approval was 40.2 days a notable improvement from that reported for July. Over 70% of rosters were fully approved at least 4 weeks in advance.
- Roster compliance - % nursing units with blue or cloudy sky (signifiers of threshold performance against compliance) is our quality metric for rosters. This has seen a small improvement from 30% to 34%. As it is currently reported it reflects the position at the point the roster was approved, and therefore prior to the opportunity to fill gaps with bank and agency staff. A change was intended to be made this month to start reflecting the point just before a roster commenced, however this will now be implemented from next months reporting.
- Consultant Job Planning – there has been a small increase from 25% to 28% of fully signed off job plans. Whipps Cross retains the highest rate at 59%. A further 25% of job plans are awaiting first or second signoff. As a group we are working towards 90% of job plans signed off by end of October 2023.

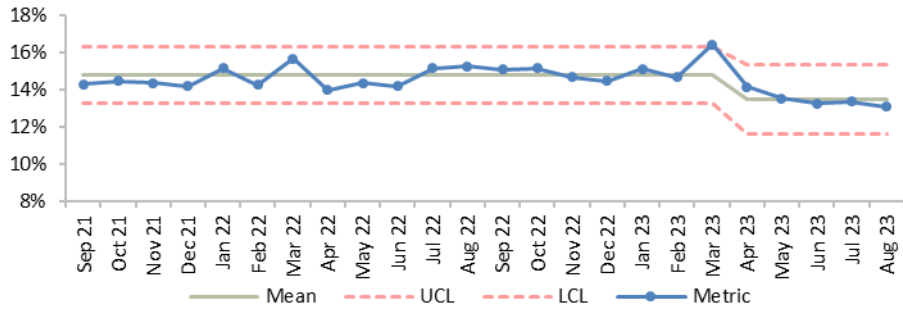
Supporting the wellbeing of our colleagues

- As a group annualised voluntary turnover continues to improve going from 10.9% to 10.6% with notable improvements at Newham (from 9.6% to 9.2%) and St Barts (from 13.3% to 12.3%). Nursing and Midwifery turnover continues to reduce and is now at 12.1%
- Annualised sickness continues to fall and is now at 4.43%. Given July 22 was the last notable spike in COVID reported absence we won't see further reductions that can be directly attributed to COVID peaks. In month absence has shown as small increase from 4.00% to 4.27% this is expected in line with normal seasonal variation.
- Recorded appraisals for non medical staff dropped to 58.9% from 60.0% in month, remaining below target, whilst for medical staff it reduced from 87.7% to 87.1% but remained above target.
- Statutory and Mandatory Training compliance reduced from 88.2% to 87.3% but remains above target.

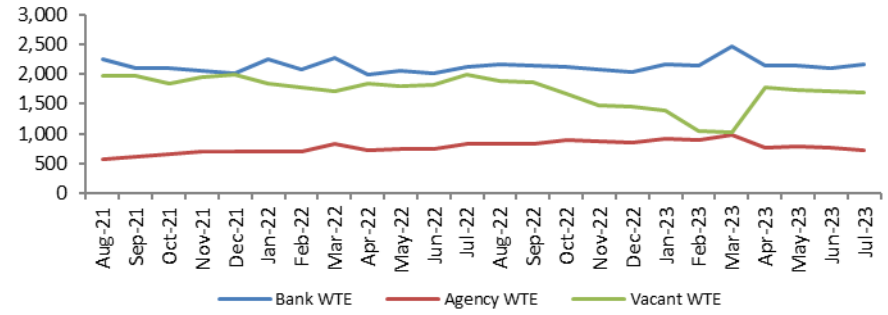
	Indicator	This Period	This Period Target	Performance		Site Comparison						
				Last Period	This Period	Royal London	Whipps Cross	Newham	St Bart's	Pathology Partnership	Group Support Services	Other
Creating a fair and just culture	Percentage of BAME staff in 8a+ roles	Aug-23		38.6%	38.9%	36.1%	49.7%	56.3%	26.4%	37.5%	36.2%	40.6%
Supporting the wellbeing of our colleagues	Turnover Rate	Aug-23	<= 12.25%	10.9%	10.6%	11.4%	10.2%	9.2%	12.3%	12.1%	7.0%	11.2%
	Sickness Absence Rate	Jun-23	<=4%	4.52%	4.43%	4.44%	4.52%	5.11%	3.64%	4.50%	4.84%	2.08%
	Appraisal Rate - Non-Medical Staff	Aug-23	>=90%	60.0%	58.9%	57.0%	72.8%	46.2%	58.1%	71.6%	59.1%	28.8%
	Appraisal Rate - Medical Staff	Aug-23	>=85%	87.7%	87.1%	87.0%	90.0%	85.0%	89.0%			
	Mandatory and Statutory Training - All	Aug-23	>=85%	88.2%	87.3%	86.5%	90.2%	86.9%	91.2%	81.6%		

	Indicator	This Period	This Period Target	This Period	This Period	Royal London	Whipps Cross	Newham	St Bart's	Pathology Partnership	Group Support Services	Other
	Roster compliance - Nursing Average Approval Lead Time (Days)	Aug-23	>=42	34.8	40.2	34.0	48.0	38.0	36.0			
	Roster compliance - % Nursing Units with Blue or Cloudy Sky	Aug-23		30.1%	34.3%	28.9%	43.2%	38.7%	21.7%			
Growing a permanent and stable workforce	Substantive fill rate - all staff	Aug-23	95%	91.8%	92.0%	93.2%	90.3%	88.1%	94.0%	91.1%	90.5%	116.8%
	Substantive fill rate - nursing and midwifery	Aug-23	95%	86.0%	86.3%	88.4%	88.7%	80.7%	84.1%			
	Time to Hire (Advert to All Checks Complete) - Median Weeks (Non Medical)	Aug-23	10.4	9.6	10.0	10.6	10.4	10.8	9.9	5.8	10.1	
	Time to Hire (Advert to All Checks Complete) - Median Weeks (Medical)	Aug-23	15.00	13.6	15.2	17.6	12.7	16.6	15.1			
	Temporary staff as a % of workforce	Aug-23		13.4%	13.1%	13.8%	17.4%	20.8%	11.5%	14.4%	1.8%	4.6%
	Agency Spend as % Paybill (YTD)	Aug-23	3.70%	4.6%	4.7%	3.6%	6.0%	7.8%	2.7%	3.4%	6.0%	0.2%

Proportion of Temporary Staff



Temporary Staff WTEs Against Vacant WTEs



Proportion of Temporary Staff by Site

Site	Staff Group	Average of Previous 6 Months			Aug-23			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	1,059	7,442	14.2%	1,027	7,429	13.8%	-0.4%
Whipps Cross	All Staff Groups	710	3,745	19.0%	644	3,702	17.4%	-1.6%
Newham	All Staff Groups	611	2,763	22.1%	576	2,773	20.8%	-1.3%
St Bart's	All Staff Groups	395	3,190	12.4%	369	3,217	11.5%	-0.9%
Other	All Staff Groups	227	3,734	6.1%	199	4,374	4.6%	-1.5%

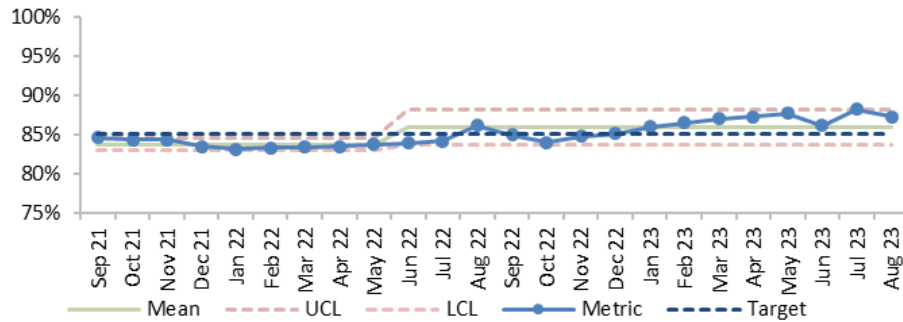
Performance Overview

- Temporary staffing accounted for 13.1% of the workforce in August, with a decrease of 68 WTE, the majority of which was bank. Newham continues to have the highest proportion of temporary staff at 20.8%
- Agency spend as a % of paybill YTD has increased slightly to at 4.7% with in month spend being £5.7m or 4.9% of the in month pay bill. The Royal London, St Bartholomew's and Pathology Partnership all remain under the 3.7% target, however Newham (7.8%), Whipps (6.0%), and GSS (6.0%) .
- Since tightening controls over admin and clerical agency usage we have seen a c.60% reduction down to 34 WTE with further reductions anticipated as these controls embed.
- Nursing agency usage this financial year has been consistently around 520 WTE, although this is down from the 670 WTE average between January and March 2023

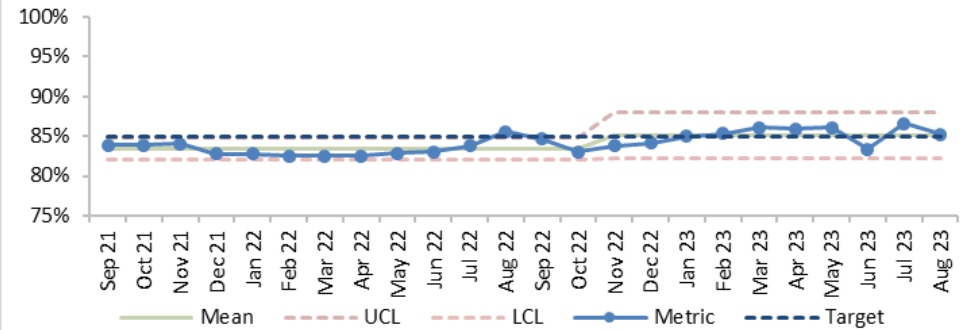
Responsible Director Update

- The Trust is actively working on drafting a Standard Operating Procedure with agreed rate card for medical Bank. There has been good engagement from medical directors. Essential to making the programme work is standardising the process used by rota coordinators including bank bookings and rota management. A senior operational lead needs to be identified for each hospital to lead on the work.
- Soft FM bank continues to grow. One of the challenges is that the inherited bookings are nearly all agency and a significant portion off framework. The appropriate notice periods need to be served to move the workers off agency and avoid fees.
- There is a commitment across London to bring agency rates in line with NHSE caps and the framework. This will result in a reduction in agency spend if the services can hold and not ask for break glass payments to agency workers.

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	Jul-23	
	Compliance	Compliance	Staff Non-Compliant
Fire Safety	87.3%	85.3%	2,930
Safeguarding Children L2	76.5%	78.3%	2,772
Safeguarding Adults L1	88.2%	87.6%	2,462
Conflict Resolution	87.8%	84.7%	2,357
Resuscitation - Basic Life Support	78.3%	78.9%	2,348

Bottom 5 Departments: Total Number of Non-Compliant Employees

Departments	Previous 6 Months	Jul-23	
	Compliance	Compliance	Staff Non-Compliant
RLH - Cleaning (Other)	21.9%	67.7%	174
WXH - Cleaning (Other)	37.0%	59.6%	160
NUH - Cleaning (Other)	15.2%	22.2%	136
TRUST PATIENT TRANSPORT (Other)	80.8%	80.7%	108
SBH - Cleaning (Other)	15.3%	45.5%	97

Non-mandatory competencies have been excluded from the above tables

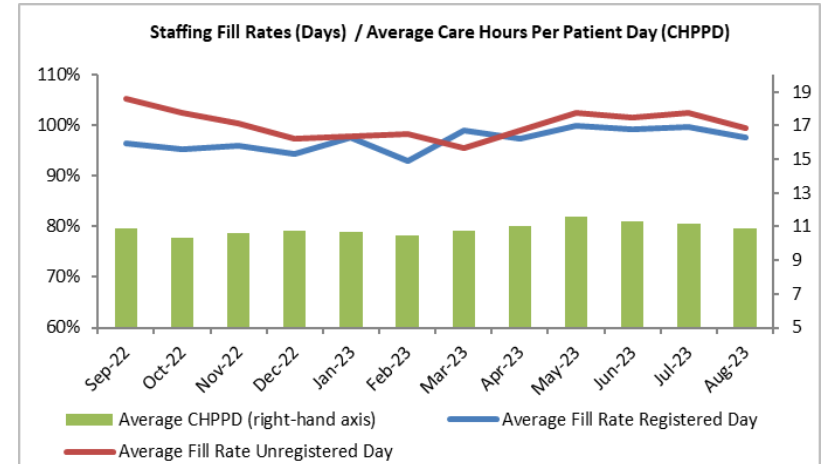
Performance Overview

- Overall, the Trust compliance for Core Skills Training Framework (CSTF) is currently at 85.54%, a decrease of 1.73% from the last board report but is still above the Trust target of 85% this month. The drop in compliance is due to an increase in headcount with Serco staff now being included in the compliance figures following a grace period from the point of transfer.
- Essential Skills training compliance has decreased by 0.42% this month from 91.44% to 91.02% but is also still above the Trust target of 85%

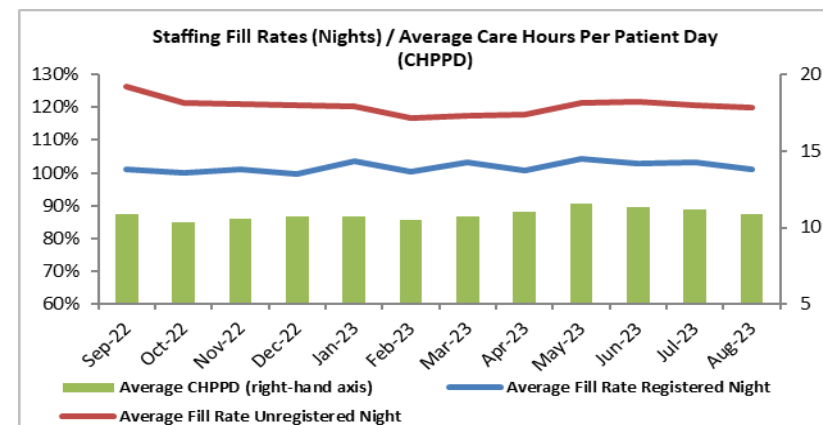
Responsible Director Update

- Monthly reminders continue to be sent to non-compliant staff together with data added to site PR packs.
- The Information Governance team are working to improve compliance by visiting underperforming departments and providing bespoke training. This is expected to significantly improve compliance rates over the next few months.
- The root and branch review of essential training continues and as part of this it has been agreed via the SME for IPC and Catheter acquired infections, that these subjects will now be merged into the IPC level 2 training in line with the new National IPC Education Standards. This will result in Catheter Acquired infections (one of the 4 Harms subjects) being removed from the Essential Skills portfolio. Additionally as part of the review, it has been agreed by the Education Committee that the subject Smoking and Alcohol Cessation should be removed from the essential skills TNA as this subject does not meet the recently agreed principles or threshold for TNA inclusion. The subject will now be referred to the Multi Professional Education Board for consideration on how best to promote.
- Work continues to be ongoing with the relevant SMEs following the latest re-declaration of alignment to the CSTF Framework v1.1. with specific work being undertaken with SME's for Conflict Resolution, Moving and Handling and Resuscitation to take forward the revised training requirements in order to fully comply.

- The average Trust fill rates for both Registered Nursing and Midwifery (RNs/RMs) and for Care Staff (HCAs) were above 95% for both day and night shifts.
- On each hospital site, fill-rates were above the 90% target for RNs/RMs and for HCAs across both day and night shifts.
- The Tendable audit system has been updated to strengthen questions regarding use of enhanced care following review of the Enhanced Care Policy earlier in the year. A pilot audit was undertaken in July; results are being processed.
- Overall average Care Hours Per Patient Day (CHPPD) were at 10.9. This is above last published peer averages (9.1, 'recommended'; 8.9 'region'; June 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.
- CHPPD trend dipped slightly from 11.2 in July to 10.9 in August. 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 in a timely manner.
- Red Flag incidents(RFIs) recorded were 13 in August compared to 12 in July, correlating with high CHPPD and sustained good overall average fill-rates. This data exclude maternity.
- Red Flag data collection and reporting processes are being updated following discussion at NMAHP Board I September. New process due to be piloted October – December.
- Recruitment activity continues across the 4 hospitals as part of the Drive 95 programme. The impact of bespoke programmes is being realised in maternity and ED departments as is the successful international recruitment programme across all areas.
- Acuity and dependency scoring has continued its upward trajectory on Safe Care with day-time census compliance. Compliance was 82.5% in July and August saw this increase to 89.6%. 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	97.6%	99.4%	101.2%	120.0%	10.9	13
Royal London	100.6%	98.6%	106.3%	129.7%	10.7	9
Whipps Cross	94.7%	102.3%	98.0%	114.7%	10.6	0
Newham	100.9%	98.7%	105.0%	111.0%	10.9	4
St Bart's	92.2%	95.0%	91.9%	121.9%	12.2	0





Barts Health
NHS Trust

Finance Report



- The Trust is reporting a £42.5m deficit for the year to date at month 5, which is (£30.9m) adverse against plan. Additional staffing costs for medical industrial action cover for the year to date have been reported to NHS England as (£10.2m) for the year to date and budget funding has been allocated to hospital sites from reserves for these costs.
- Income is £17.5m favourable against plan for the year to date at month 5. NHS Patient Treatment income is £12.3m favourable overall, driven by: £5.5m additional funding for medical staff pay award costs, inclusion of an assumption of a £2.7m favourable ERF variance pending NHS England confirmation of a further reductions in the ERF target in respect of the impact of medical staff industrial action and a £3.5m favourable variance for passthrough drugs & devices income. Other income is £5.2m favourable, which is driven by release of one-off non-recurrent benefits from balance sheet review within the year to date position.
- Expenditure is (£48.4m) adverse against plan for the year to date at month 5. Site and Services pay expenditure is (£32.5m) adverse driven by (£16.4m) of unallocated pay savings targets and (£16.1m) of overspends for medical and other clinical temporary staffing. Excluding the impact of industrial action staffing levels and pay costs were at a similar level in month 5 to previous months. Sites and Services non-pay expenditure is (£16.2m) adverse year to date, key overspends include unallocated non-pay savings targets (£4.9m) and increased expenditure on outsourced activity to the independent sector (£2.6m). There is an overspend for passthrough and devices which offsets with favourable income variance. Central expenditure and reserves are £0.3m favourable year to date, this is net of accrued costs for the medical staff pay award which will be paid in September.
- Capital Expenditure in M5 is £3.7m which is £4.6m behind the plan. The YTD variance of £26.8m 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 £0.1m (£0.3m, M4); £1.4m ytd. There are delays with a number of significant schemes which will result in a cost pressure against the 2024/5 capital plan. We are working with investment leads to reach stable position on the expenditure split between years to inform the half year reforecast and expected outturn.
- Cash balances in August 2023 are higher by £23.1m 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. The 2023/24 pay award for Medical staff, backdated to April 2023 (circa £10.2m, funded by ICBs) will be paid to staff in September 2023. An assumption has been made that capital spend will be spread evenly over the coming months, thereby removing the need for an external revenue loan of £40m previously envisaged. This will be monitored closely over the coming months.
- The key financial challenges for the Trust in achieving its income and expenditure plan for the year 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.
- Financial performance is being closely monitored by NHS England. The Trust has implemented additional controls on pay expenditure to support financial recovery.

Metrics	Current Performance Year To Date	£millions	Trend	Comments
NHS Financial Performance Surplus / (Deficit)	Plan	(11.6)	<p>NHS Financial Performance Surplus/(Deficit) £m</p> <p>Legend: Actual (Blue Bar), Plan (Red Line)</p>	<p>The Trust is reporting a £42.5m deficit for the year to date at month 5, which is (£30.9m) adverse against plan.</p> <p>Additional staffing costs for medical industrial action cover for the year to date have been reported to NHS England as (£10.2m) for the year to date and budget funding has been allocated to hospital sites from reserves for these costs.</p>
	Actual	(42.5)		
	Variance	(30.9)		
Total Income	Plan	926.6	<p>Total Income £m</p> <p>Legend: Actual (Blue Bar), Plan (Red Line)</p>	<p>Income is £17.5m favourable against plan for the year to date at month 5.</p> <p>NHS Patient Treatment income is £12.3m favourable overall, driven by: £5.5m additional funding for medical staff pay award costs, inclusion of an assumption of a £2.7m favourable ERF variance pending NHS England confirmation of a further reductions in the ERF target in respect of the impact of medical staff industrial action and a £3.5m favourable variance for passthrough drugs & devices income.</p> <p>Other income is £5.2m favourable, which is driven by release of one-off non-recurrent benefits from balance sheet review within the year to date position.</p>
	Actual	944.1		
	Variance	17.5		
Total Expenditure	Plan	(938.2)	<p>Total Expenditure £m</p> <p>Legend: Actual (Blue Bar), Plan (Red Line)</p>	<p>Expenditure is (£48.4m) adverse against plan for the year to date at month 5.</p> <p>Site and Services pay expenditure is (£32.5m) adverse driven by (£16.4m) of unallocated pay savings targets and (£16.1m) of overspends for medical and other clinical temporary staffing. Excluding the impact of industrial action staffing levels and pay costs were at a similar level in month 5 to previous months.</p> <p>Sites and Services non-pay expenditure is (£16.2m) adverse year to date, key overspends include unallocated non-pay savings targets (£4.9m) and increased expenditure on outsourced activity to the independent sector (£2.6m). There is an overspend for passthrough and devices which offsets with favourable income variance.</p> <p>Central expenditure and reserves are £0.3m favourable year to date, this is net of accrued costs for the medical staff pay award which will be paid in September.</p>
	Actual	(986.6)		
	Variance	(48.4)		

Metrics	Current Performance Year To Date £millions	Trend	Comments
Capital Expenditure	Plan 49.5		<p>Capital Expenditure in M5 is £3.7m which is £4.6m behind the plan. The YTD variance of £26.8m 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 £0.1m (£0.3m, M4); £1.4m ytd.</p> <p>There are delays with a number of significant schemes which will result in a cost pressure against the 2024/5 capital plan. We are working with investment leads to reach stable position on the expenditure split between years to inform the half year reforecast and expected outturn.</p>
	Actual 22.7		
	Variance (26.8)		
Cash	Plan 30.0		<p>Cash balances in August 2023 are higher by £23.1m 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.</p> <p>The 2023/24 pay award for Medical staff, backdated to April 2023 (circa £10.2m, funded by ICBs) will be paid to staff in September 2023. An assumption has been made that capital spend will be spread evenly over the coming months, thereby removing the need for an external revenue loan of £40m previously envisaged. This will be monitored closely over the coming months.</p>
	Actual 53.1		
	Variance 23.1		

Key Issues

The key financial challenges for the Trust in achieving its income and expenditure plan for the year 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.

Key Risks & Opportunities

Financial performance is being closely monitored by NHS England. The Trust has implemented additional controls on pay expenditure to support financial recovery.

PY Actual	£millions	In Month			Year to Date			Annual
		Plan	Actual	Variance	Plan	Actual	Variance	Plan
	Income							
641.1	NHS Patient Treatment Income	140.3	141.2	0.8	686.4	689.7	3.3	1,658.5
1.3	Other Patient Care Activity Income	0.6	0.3	(0.3)	2.9	1.5	(1.4)	6.9
51.2	Other Operating Income	10.7	10.7	0.0	52.3	54.1	1.7	124.7
693.6	Total Income	151.6	152.2	0.6	741.6	745.3	3.6	1,790.2
	Operating Expenditure							
(460.6)	Pay	(104.1)	(111.3)	(7.2)	(512.1)	(544.6)	(32.5)	(1,222.5)
(84.0)	Drugs	(18.2)	(19.5)	(1.3)	(86.4)	(89.9)	(3.5)	(209.2)
(68.2)	Clinical Supplies	(15.8)	(17.1)	(1.3)	(77.9)	(76.9)	1.1	(187.9)
(132.4)	Other Non Pay	(23.3)	(25.7)	(2.4)	(116.9)	(130.6)	(13.7)	(277.5)
(745.2)	Total Operating Expenditure	(161.5)	(173.6)	(12.1)	(793.2)	(841.9)	(48.7)	(1,897.1)
(51.5)	Site & Services Budgets Total	(9.9)	(21.4)	(11.6)	(51.6)	(96.6)	(45.0)	(106.9)
(22.1)	Pathology Partnership (net)	(4.7)	(4.9)	(0.2)	(23.4)	(24.0)	(0.6)	(56.2)
0.3	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
48.2	Central NHS PT Income	13.8	23.1	9.3	77.6	86.6	9.0	180.4
3.1	Central RTA & OSV Income (net)	1.0	0.4	(0.6)	4.9	3.3	(1.6)	11.8
8.4	Central Expenditure (net)	(0.1)	3.1	3.2	(0.4)	7.7	8.1	(1.0)
(10.1)	Reserves (net)	(0.6)	(6.7)	(6.0)	(9.2)	(11.7)	(2.5)	(33.1)
(23.8)	EBITDA	(0.5)	(6.4)	(5.9)	(2.1)	(34.7)	(32.6)	(5.0)
(29.2)	Depreciation and Amortisation (net)	(6.4)	(6.4)	(0.0)	(31.8)	(31.8)	(0.0)	(76.7)
(29.2)	Interest	(7.0)	(6.6)	0.4	(34.7)	(33.0)	1.7	(82.9)
(4.5)	PDC Dividends	(1.3)	(1.3)	0.0	(6.5)	(6.5)	0.0	(15.5)
0.1	Profit On Fixed Asset Disposal	0.0	0.0	0.0	0.0	0.1	0.0	0.1
-	Loss on return of COVID assets to DHSC	-	-	-	-	-	-	-
(86.6)	Surplus/(Deficit) Before System Top-Up	(15.1)	(20.6)	(5.5)	(75.0)	(105.9)	(30.9)	(180.0)
61.8	System Top-Up Income	12.7	12.7	(0.0)	63.4	63.4	(0.0)	152.2
(24.7)	NHS Reporting Surplus/(Deficit)	(2.5)	(8.0)	(5.5)	(11.6)	(42.5)	(30.9)	(27.8)

22/23 YTD	Programme Area
Prev Yr Actual	Emillions
2.1	Equipment (Medical and Other)
0.8	Informatics
7.8	Estates
1.6	New Build and Site Vacations
4.3	PFI Lifecycle Assets
	New Build - Diagnostics
4.8	Finance Lease
21.5	Total Exchequer programme
-	
21.5	Total Trust Funded Assets
1.4	Donated
22.9	Total Capital Expenditure

In Month			
Plan	Actual	Variance	%
1.5	(0.0)	1.5	101 %
0.2	0.0	0.2	96 %
0.3	0.2	0.1	22 %
5.2	2.4	2.9	55 %
1.1	1.1	(0.0)	(0)%
-	-	-	- %
-	-	-	- %
8.3	3.7	4.6	56 %
8.3	3.7	4.6	56 %
0.9	0.1	0.8	91 %
9.1	3.7	5.4	59 %

Year to Date			
Plan	Actual	Variance	%
3.8	1.5	2.4	0.0
2.5	2.1	0.4	0.0
5.0	2.9	2.0	0.0
22.0	11.0	11.1	0.0
5.3	5.3	(0.0)	(0.0)
-	-	-	-
10.9	-	10.9	0.0
49.5	22.7	26.8	0.0
49.5	22.7	26.8	54 %
4.3	1.4	2.9	68 %
53.8	24.1	29.7	55 %

Annual			
Funded Balanced Plan July 2023	Plan M4	Variance	%
11.5	11.5	-	- %
6.2	6.2	-	- %
7.1	7.1	-	(0)%
58.5	58.5	-	(0.0)
12.6	12.6	-	0 %
-	-	-	- %
23.0	24.6	(1.5)	(7)%
119.0	120.5	(1.5)	(0.0)
119.0	120.5	(1.5)	(1)%
10.3	10.3	-	(0)%
129.3	130.8	(1.5)	(1)%

Key Messages

2023/24 position. The current approved exchequer programme forecast is £120.5m against the funded capital plan of £119m; unchanged from month 4. The over commitment of current plan against the funded plan is £1.5m arising from the increase in IFRS16 lease cover required for St Martin Le Grand and is unchanged from last month. As previously noted the current funded plan remains insufficient to meet the Trust capital needs by c£45m. A paper proposing to over-commit the capital programme at risk by £12.4m in order to maintain safe services was due to be considered at Trust Board in September however it has been deferred to November 2023. In the meantime, following support to proceed at risk from FIP, urgent schemes for informatics, estates back log/fire safety and medical equipment replacement are being progressed.

Discussions continue between Trust senior directors and both NEL and NHSE London about the insufficiency of the Trust CRL allocation with a view to securing an increase.

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

Funding. The secured funding position is largely unchanged from the previous month apart from an award of £0.1m PDC for the WXH redevelopment scheme.

Expenditure in M5 is £3.7m which is £4.6m behind the plan. The YTD variance of £26.8m 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) - The delayed leases for Henry Brierley House, Hubert Ashton House and Kent House have been reviewed by the property team who note they are unlikely to happen in 2023/24 so can be removed from the plan at the half year reforecast. (£3.1m) - MEH CDC - due to delays during the procurement process for the design and build work contractors followed by a 2 month design delay, the full funding allocation will not be used so c£5m is to be handed back which will result in a cost pressure in 2024/25. The project completion date will slip from December 2023 to August 2024. (£2.1m) - Modular Build Fit out - timing difference that will be caught up - the contract for the full value of the remaining works is due to be signed shortly as the Trust moves away from monthly letters of intent. (£3.4m) - The modular build scheme - is delayed due to supply chain and labour issues which have put the programme behind schedule by c10 weeks. (£1.4m) - NUH fire programme - timing delay that will be caught up. (£1.1m) - CAU - timing 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. (£0.7m) - VAT recoveries and close out of old year schemes.

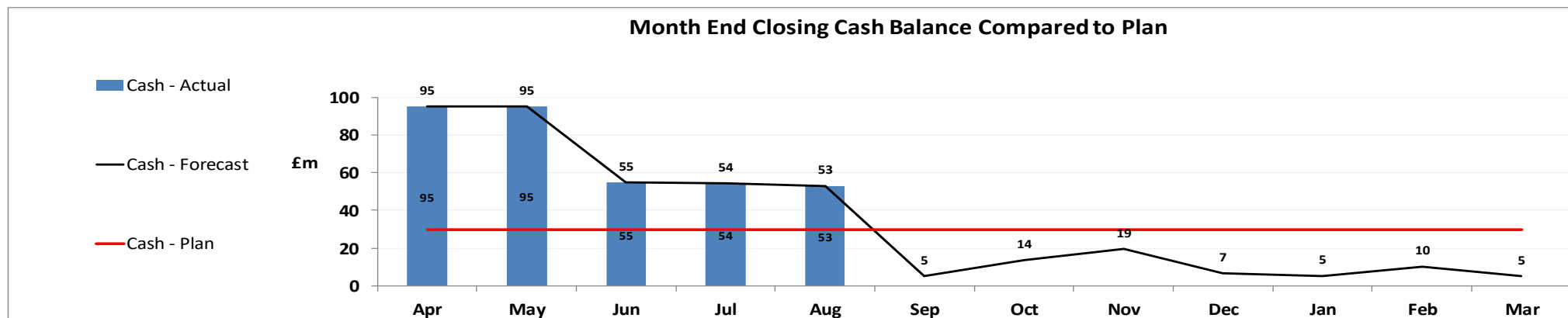
Expenditure against donated schemes was £0.1m (£0.3m, M4); £1.4m ytd.

Forecast - As noted above there are delays with a number of significant schemes which will result in a cost pressure against the 2024/5 capital plan. We are working with investment leads to reach stable position on the expenditure split between years to inform the half year reforecast and expected outcome.

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	23.0	-	23.0	- %
Other Leases CRL adjustment	-	-	-	- %
PDC: WXH Redevelopment core programme team	1.7	1.2	0.5	71 %
PDC: WXH Redevelopment NHP Enabling works costs	12.0	-	12.0	- %
Specific PDC: WXH Enabling works	-	-	-	- %
TIF NUH Modular Build and Mothballed Theatres	6.3	6.3	-	100 %
TIF - ITU Expansion SBH	11.1	11.1	-	100 %
ACTIF - RLH/WXH	2.7	-	0.0	- %
PDC- MEH CDC	8.3	8.3	-	100 %
PDC - LIMS	0.1	0.1	-	100 %
Planned Capital exc. Donated	119.0	80.8	35.5	69.5 %
Asset sales	-	-	-	- %
*Total approved Exchequer funding ex donated	119.0	80.8	35.5	69.5 %
Donated	10.3	1.4	8.9	13.3 %
Planned Capital inc. Donated	129.3	82.2	44.5	64.9 %
*CRL overspend	(1.5)	-	-	- %

£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	54.2	53.1	5.0	13.6	19.4	6.7	5.3	10.2	60.2
Cash inflows													
Healthcare contracts	155.9	166.0	203.3	167.7	169.7	167.5	163.6	168.7	162.6	162.6	162.6	184.2	2,034.4
Other income	42.5	24.7	17.4	28.9	30.5	29.3	39.6	27.5	19.1	38.5	26.7	33.7	358.4
Financing - Revenue Loans / Capital PDC	-	-	-	-	-	3.1	-	-	19.7	-	-	19.3	42.1
Total cash inflows	198.4	190.7	220.7	196.6	200.2	199.9	203.2	196.2	201.4	201.1	189.3	237.2	2,434.9
Cash outflows													
Salaries and wages	(61.1)	(65.0)	(94.4)	(68.0)	(70.5)	(76.1)	(69.1)	(69.1)	(69.1)	(69.1)	(69.1)	(70.0)	(850.6)
Tax, NI and pensions	(30.7)	(46.4)	(46.6)	(65.6)	(50.2)	(48.3)	(54.8)	(51.0)	(51.0)	(51.0)	(51.0)	(51.0)	(597.6)
Non pay expenditures	(63.7)	(76.2)	(116.8)	(57.7)	(76.6)	(113.8)	(67.3)	(66.9)	(90.0)	(77.9)	(58.8)	(107.7)	(973.4)
Capital expenditure	(8.1)	(3.0)	(3.2)	(5.9)	(4.0)	(1.9)	(3.4)	(3.4)	(4.0)	(4.5)	(5.5)	(5.9)	(52.8)
Dividend and Interest payable	-	-	-	-	-	(7.9)	-	-	-	-	-	(7.8)	(15.7)
Total cash outflows	(163.6)	(190.6)	(261.0)	(197.2)	(201.3)	(248.0)	(194.6)	(190.4)	(214.1)	(202.5)	(184.4)	(242.4)	(2,490.1)
Net cash inflows / (outflows)	34.8	0.1	(40.3)	(0.6)	(1.1)	(48.1)	8.6	5.8	(12.7)	(1.4)	4.9	(5.2)	(55.2)
Closing cash at bank - actual / forecast	95.0	95.1	54.8	54.2	53.1	5.0	13.6	19.4	6.7	5.3	10.2	5.0	5.0
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



Key Messages

Cash balances in August 2023 are higher by £23.1m 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.

The 2023/24 pay award for Medical staff, backdated to April 2023 (circa £10.2m, funded by ICBs) will be paid to staff in September 2023. An assumption has been made that capital spend will be spread evenly over the coming months, thereby removing the need for an external revenue loan of £40m previously envisaged. 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	1,587.9	1,585.0	1,614.7	1,618.2	1,620.9	1,626.2	1,629.9	1,633.6	1,642.9	48.7
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	16.6	16.6	16.7	16.7	16.7	16.7	16.7	16.7	16.2	(0.6)
1,611.1	Total non-current assets	1,609.3	1,606.0	1,605.3	1,604.6	1,601.7	1,631.5	1,635.0	1,637.7	1,643.0	1,646.7	1,650.4	1,659.1	48.1
	Current assets:													
31.4	Inventories	32.1	32.2	33.9	32.9	32.3	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	125.7	101.0	119.0	129.2	132.7	115.2	110.5	111.6	149.5	4.0
60.2	Cash and cash equivalents	95.1	95.1	54.8	54.2	53.1	5.0	13.6	19.4	6.7	5.3	10.2	5.0	(55.2)
237.1	Total current assets	259.2	251.1	181.1	212.8	186.4	155.4	174.2	183.5	153.3	147.2	153.2	185.9	(51.2)
1,848.2	Total assets	1,868.5	1,857.1	1,786.4	1,817.4	1,788.1	1,786.9	1,809.2	1,821.2	1,796.3	1,793.9	1,803.6	1,845.0	(3.1)
	Current liabilities													
(290.0)	Trade and other payables	(320.3)	(318.8)	(263.7)	(305.9)	(288.0)	(218.1)	(242.3)	(255.9)	(223.8)	(223.3)	(234.3)	(265.9)	24.1
(2.8)	Provisions	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(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)	(37.3)	(37.3)	(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)	(346.1)	(328.2)	(262.9)	(287.1)	(300.7)	(268.6)	(268.1)	(279.1)	(309.2)	20.9
(93.0)	Net current (liabilities) / assets	(101.3)	(107.9)	(122.8)	(133.3)	(141.8)	(107.5)	(112.9)	(117.2)	(115.3)	(120.9)	(125.9)	(123.3)	(30.3)
1,518.1	Total assets less current liabilities	1,508.0	1,498.1	1,482.5	1,471.3	1,459.9	1,524.0	1,522.1	1,520.5	1,527.7	1,525.8	1,524.5	1,535.8	17.8
	Non-current liabilities													
(5.9)	Provisions	(5.9)	(5.9)	(6.0)	(6.1)	(6.1)	(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)	(902.7)	(899.5)	(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	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
(921.6)	Total non-current liabilities	(918.4)	(915.3)	(912.3)	(909.3)	(906.1)	(937.8)	(937.8)	(937.8)	(927.3)	(927.3)	(927.3)	(918.2)	3.3
596.5	Total Assets Employed	589.6	582.8	570.2	562.0	553.8	586.2	584.3	582.7	600.4	598.5	597.2	617.6	21.1
	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	1,122.7	42.1
(900.9)	Retained earnings	(907.8)	(914.6)	(927.2)	(935.4)	(943.6)	(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	562.0	553.8	586.2	584.3	582.7	600.4	598.5	597.2	617.6	21.1



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	R8	Cancer 2 Week Wait	Percentage of patients first seen by a specialist for suspected cancer within two weeks (14 days) of an urgent GP referral for suspected cancer	Monthly	National
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
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	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
Safe	Saving Lives	S87	Saving Lives: Central Venous Catheter Care Bundle (Continuing Care)	The percentage of central venous catheter care bundle audits carried out (for patients with continuing care) in which the results were all found to be fully compliant. The audit consists of monthly observations on catheter injection ports, catheter access, catheter replacement, hand hygiene, etc.	Monthly	TBC
Safe	Saving Lives	S88	Saving Lives: Central Venous Catheter Care Bundle (On Insertion)	The percentage of central venous catheter care bundle audits carried out (on insertion of catheters) in which the results were all found to be fully compliant. The audit consists of monthly observations on catheter type, insertion site, safe disposal of sharps, hand hygiene, etc.	Monthly	TBC
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	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

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



Barts Health
NHS Trust

Appendix



How to Interpret the Scorecard

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

Triggers based on current reporting month:

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

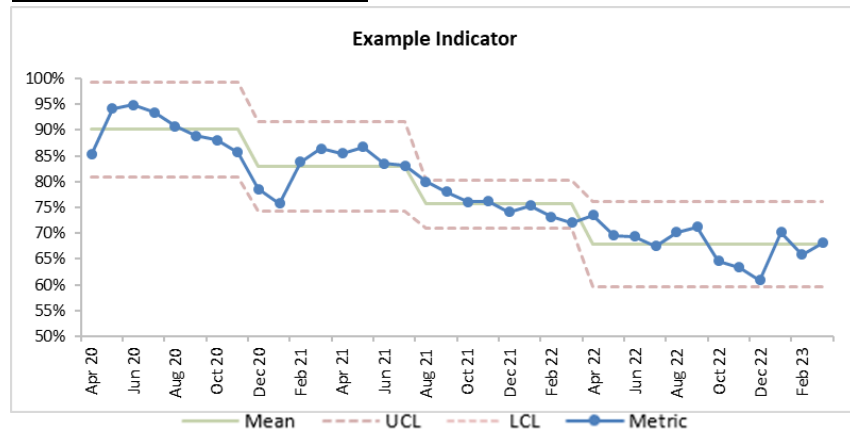
Reporting month target for reporting site

Reporting month actuals for reporting site

Reporting month actuals for other sites & trust total

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

How to Interpret an SPC Chart



Statistical Process Control (SPC) 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.

Safe Staffing Fill Rates by Ward and Site

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Royal London	10ERLH	2,139.0	2,312.5	1,081.0	1,410.5	1,782.5	1,988.5	713.0	1,575.5	108.1%	130.5%	111.6%	221.0%	838	5.1	3.6	8.7
Royal London	10FRLH	1,104.0	1,610.0	744.0	705.5	1,023.0	1,496.5	341.0	374.0	145.8%	94.8%	146.3%	109.7%	510	6.1	2.1	8.2
Royal London	11CRLH	2,845.0	2,816.0	1,426.0	1,426.0	2,852.0	3,174.0	713.0	1,022.5	99.0%	100.0%	111.3%	143.4%	745	8.0	3.3	11.3
Royal London	11E & 11F AAU	4,067.0	4,513.3	1,782.5	1,773.5	3,921.5	4,504.5	1,426.0	1,851.0	111.0%	99.5%	114.9%	129.8%	1,381	6.5	2.6	9.2
Royal London	12CRLH	1,885.5	2,898.0	1,426.0	1,422.0	1,840.0	3,044.5	1,069.5	1,345.3	153.7%	99.7%	165.5%	125.8%	806	7.4	3.4	10.8
Royal London	12DRLH	1,426.0	2,230.7	713.0	1,034.0	1,426.0	2,243.3	356.5	791.8	156.4%	145.0%	157.3%	222.1%	504	8.9	3.6	12.5
Royal London	12ERLH	2,797.5	2,949.0	1,426.0	1,567.5	2,495.5	2,657.0	1,426.0	1,792.8	105.4%	109.9%	106.5%	125.7%	721	7.8	4.7	12.4
Royal London	12FRLH	2,047.0	2,035.5	1,779.5	1,699.0	1,782.5	1,782.5	1,782.5	1,932.0	99.4%	95.5%	100.0%	108.4%	830	4.6	4.4	9.0
Royal London	13CRLH	1,943.5	2,358.0	706.0	729.5	1,426.0	1,819.0	713.0	862.5	121.3%	103.3%	127.6%	121.0%	807	5.2	2.0	7.1
Royal London	13DRLH	1,776.5	2,042.3	713.0	793.5	1,414.5	1,749.0	690.0	1,035.0	115.0%	111.3%	123.6%	150.0%	724	5.2	2.5	7.8
Royal London	13ERLH	2,070.0	2,454.5	782.0	1,038.8	1,713.5	2,156.0	713.0	1,173.0	118.6%	132.8%	125.8%	164.5%	749	6.2	3.0	9.1
Royal London	13FRLH	1,816.5	2,643.0	977.5	1,012.0	1,817.0	2,703.5	713.0	839.5	145.5%	103.5%	148.8%	117.7%	719	7.4	2.6	10.0
Royal London	14E & 14F RLH	3,392.0	3,868.0	2,698.5	2,839.5	2,852.0	3,174.0	2,139.0	3,255.0	114.0%	105.2%	111.3%	152.2%	1,576	4.5	3.9	8.3
Royal London	3DRLH	4,137.0	4,138.5	2,708.0	1,886.0	3,208.5	3,657.8	1,782.5	2,047.0	100.0%	69.6%	114.0%	114.8%	979	8.0	4.0	12.0
Royal London	3ERLH	2,139.0	2,127.5	713.0	1,066.0	1,782.5	1,785.5	713.0	1,115.5	99.5%	149.5%	100.2%	156.5%	833	4.7	2.6	7.3
Royal London	3FRLH	1,593.0	1,954.3	1,069.5	839.5	1,069.5	1,939.8	724.5	885.5	122.7%	78.5%	181.4%	122.2%	395	9.9	4.4	14.2
Royal London	4ERLH	13,852.5	14,233.9	1,069.5	1,127.0	13,880.5	14,017.8	1,069.5	1,000.5	102.8%	105.4%	101.0%	93.5%	1,342	21.1	1.6	22.6
Royal London	6CRLH	4,534.0	3,268.7	816.5	391.0	3,611.0	2,764.8	701.5	346.0	72.1%	47.9%	76.6%	49.3%	162	37.2	4.5	41.8
Royal London	6E & 6FRLH	5,969.0	5,006.0	1,422.0	1,173.5	5,336.0	5,158.5	1,069.5	1,015.0	83.9%	82.5%	96.7%	94.9%	901	11.3	2.4	13.7
Royal London	7CRLH	1,426.0	1,288.0	356.5	636.0	1,069.5	1,046.5	356.5	736.0	90.3%	178.4%	97.8%	206.5%	346	6.7	4.0	10.7
Royal London	7DRLH	1,772.0	1,639.3	881.8	678.5	1,403.0	1,458.0	713.0	724.5	92.5%	76.9%	103.9%	101.6%	359	8.6	3.9	12.5
Royal London	7ERLH	2,849.8	2,564.5	1,069.5	1,324.3	2,495.5	2,392.0	1,069.5	1,794.0	90.0%	123.8%	95.9%	167.7%	646	7.7	4.8	12.5
Royal London	7FRLH	1,426.0	1,242.0	609.5	770.5	1,069.5	1,047.5	575.0	805.0	87.1%	126.4%	97.9%	140.0%	347	6.6	4.5	11.1
Royal London	8CRLH	1,990.5	1,984.5	714.0	666.8	1,426.0	1,543.0	713.0	828.0	99.7%	93.4%	108.2%	116.1%	606	5.8	2.5	8.3
Royal London	8DRLH	10,221.3	8,152.1	1,595.5	507.5	8,842.5	7,251.8	448.5	448.5	79.8%	31.8%	82.0%	100.0%	1,087	14.2	0.9	15.1
Royal London	8FRLH	1,879.5	1,594.5	1,449.0	1,406.0	1,058.0	1,000.5	1,426.0	1,426.0	84.8%	97.0%	94.6%	100.0%	1,495	1.7	1.9	3.6
Royal London	9EHDU RLH	1,426.0	1,069.5	0.0	0.0	1,414.5	1,069.5	0.0	0.0	75.0%		75.6%		180	11.9	0.0	11.9
Royal London	9ERLH	1,782.0	1,978.0	713.0	1,035.0	1,426.0	1,669.5	713.0	1,313.5	111.0%	145.2%	117.1%	184.2%	764	4.8	3.1	7.8
Royal London	9FRLH	1,782.0	1,680.5	713.0	748.5	1,426.0	1,427.5	713.0	852.0	94.3%	105.0%	100.1%	119.5%	727	4.3	2.2	6.5

Safe Staffing Fill Rates by Ward and Site

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Whipps Cross	AAU WXH	4,646.0	5,563.0	2,495.5	2,506.5	4,657.5	5,611.5	2,150.5	2,176.7	119.7%	100.4%	120.5%	101.2%	1,150	9.7	4.1	13.8
Whipps Cross	ACACIA	966.0	976.3	448.5	624.5	713.0	720.0	713.0	953.3	101.1%	139.2%	101.0%	133.7%	353	4.8	4.5	9.3
Whipps Cross	ACORN	3,726.0	2,817.8	356.5	540.5	2,852.0	2,415.0	356.5	161.0	75.6%	151.6%	84.7%	45.2%	487	10.7	1.4	12.2
Whipps Cross	B3 WARD WXH	1,334.0	1,266.0	1,069.5	1,207.5	1,069.5	1,081.5	713.0	1,061.0	94.9%	112.9%	101.1%	148.8%	511	4.6	4.4	9.0
Whipps Cross	BIRCH	1,064.5	1,196.5	1,069.5	1,256.5	1,069.5	1,007.0	713.0	1,035.0	112.4%	117.5%	94.2%	145.2%	542	4.1	4.2	8.3
Whipps Cross	BLACKTHORN	1,058.0	1,295.0	1,069.5	1,146.2	1,069.5	1,046.8	713.0	1,000.8	122.4%	107.2%	97.9%	140.4%	499	4.7	4.3	9.0
Whipps Cross	Bracken Ward WXH	1,327.5	1,327.5	1,069.5	1,332.5	1,069.5	1,069.5	713.0	1,104.0	100.0%	124.6%	100.0%	154.8%	501	4.8	4.9	9.6
Whipps Cross	CEDAR	1,426.0	1,322.5	1,426.0	1,541.0	1,069.5	1,000.5	1,069.5	1,207.5	92.7%	108.1%	93.5%	112.9%	538	4.3	5.1	9.4
Whipps Cross	CHESTNUT	977.5	889.5	356.5	782.0	713.0	991.0	356.5	792.5	91.0%	219.4%	139.0%	222.3%	354	5.3	4.4	9.8
Whipps Cross	CONIFER	1,426.0	1,518.0	1,426.0	1,345.5	1,069.5	1,187.0	1,069.5	1,288.0	106.5%	94.4%	111.0%	120.4%	474	5.7	5.6	11.3
Whipps Cross	CURIE	1,426.0	1,368.5	1,069.5	1,288.0	1,069.5	1,114.0	1,069.5	1,311.0	96.0%	120.4%	104.2%	122.6%	541	4.6	4.8	9.4
Whipps Cross	DELIVERY SUITE WXH	5,685.0	5,346.5	1,426.0	1,288.0	4,991.0	4,717.8	1,426.0	1,357.0	94.0%	90.3%	94.5%	95.2%	413	24.4	6.4	30.8
Whipps Cross	ELIZABETH	1,690.5	1,681.5	345.0	335.5	1,426.0	1,417.0	356.5	368.0	99.5%	97.2%	99.4%	103.2%	527	5.9	1.3	7.2
Whipps Cross	FARADAY	1,430.5	1,328.0	713.0	816.5	1,426.0	1,498.0	356.5	379.5	92.8%	114.5%	105.0%	106.5%	480	5.9	2.5	8.4
Whipps Cross	Frail Elderly WXH	890.0	811.5	356.5	288.0	713.0	678.5	356.5	414.0	91.2%	80.8%	95.2%	116.1%	284	5.2	2.5	7.7
Whipps Cross	ICU WXH	6,999.5	4,852.3	1,392.0	420.0	6,391.0	4,217.0	1,364.0	473.0	69.3%	30.2%	66.0%	34.7%	198	45.8	4.5	50.3
Whipps Cross	MARGARET	1,069.5	1,043.3	356.5	368.0	713.0	714.8	356.5	368.0	97.5%	103.2%	100.2%	103.2%	260	6.8	2.8	9.6
Whipps Cross	MULBERRY	2,314.5	1,872.5	1,771.0	1,160.5	1,426.0	1,364.5	1,391.5	1,147.3	80.9%	65.5%	95.7%	82.4%	936	3.5	2.5	5.9
Whipps Cross	NEONATAL WXH	2,631.0	2,277.4	1,138.5	546.3	2,254.0	2,220.8	701.5	299.0	86.6%	48.0%	98.5%	42.6%	339	13.3	2.5	15.8
Whipps Cross	NIGHTINGALE	1,426.0	1,450.5	356.5	413.5	1,414.5	1,416.3	356.5	425.0	101.7%	116.0%	100.1%	119.2%	375	7.6	2.2	9.9
Whipps Cross	PEACE	1,686.0	1,670.5	1,414.5	1,733.1	1,069.5	1,426.0	1,069.5	1,538.5	99.1%	122.5%	133.3%	143.9%	476	6.5	6.9	13.4
Whipps Cross	POPLAR	1,748.0	1,472.0	1,069.5	816.5	1,391.5	1,127.0	1,069.5	712.5	84.2%	76.3%	81.0%	66.6%	353	7.4	4.3	11.7
Whipps Cross	PRIMROSE	1,782.5	2,019.0	1,403.0	1,472.0	1,426.0	1,690.5	1,069.5	1,495.0	113.3%	104.9%	118.5%	139.8%	825	4.5	3.6	8.1
Whipps Cross	ROWAN	1,782.5	1,779.5	1,424.5	1,778.5	1,414.5	1,424.2	1,068.5	1,757.0	99.8%	124.9%	100.7%	164.4%	810	4.0	4.4	8.3
Whipps Cross	SAGE	1,684.5	1,581.0	1,426.0	1,814.5	1,426.0	1,230.5	1,069.5	1,633.0	93.9%	127.2%	86.3%	152.7%	816	3.4	4.2	7.7
Whipps Cross	SYCAMORE	1,334.0	1,830.5	1,426.0	1,736.5	1,069.5	1,598.5	1,069.5	1,449.0	137.2%	121.8%	149.5%	135.5%	807	4.2	3.9	8.2
Whipps Cross	SYRINGA	1,426.0	1,468.0	1,782.5	1,796.0	1,069.5	1,115.5	1,426.0	1,794.0	102.9%	100.8%	104.3%	125.8%	789	3.3	4.6	7.8

Safe Staffing Fill Rates by Ward and Site

Oct-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	1,426.0	2,287.0	1,069.5	1,161.5	1,426.0	2,322.0	1,058.0	1,334.0	160.4%	108.6%	162.8%	126.1%	598	7.7	4.2	11.9
Newham	Custom House NUH	1,426.0	1,543.2	1,069.5	1,414.5	1,069.5	1,176.5	1,414.5	1,526.8	108.2%	132.3%	110.0%	107.9%	609	4.5	4.8	9.3
Newham	DELIVERY SUITE NUH	4,970.5	4,878.8	701.5	584.3	4,818.5	4,689.9	713.0	701.5	98.2%	83.3%	97.3%	98.4%	618	15.5	2.1	17.6
Newham	EAST HAM	1,781.5	1,660.9	1,069.5	1,046.5	1,424.5	1,448.5	1,069.5	1,092.5	93.2%	97.8%	101.7%	102.2%	680	4.6	3.1	7.7
Newham	HEATHER	2,137.0	2,411.0	1,069.5	1,470.7	2,150.5	2,589.5	1,081.0	1,368.5	112.8%	137.5%	120.4%	126.6%	790	6.3	3.6	9.9
Newham	LARCH	3,252.0	2,902.4	2,070.0	1,741.0	2,162.0	2,212.3	1,782.5	1,644.5	89.3%	84.1%	102.3%	92.3%	1,505	3.4	2.2	5.6
Newham	Manor Park ITU NUH	4,240.5	3,432.8	713.0	632.5	4,254.0	3,439.5	724.5	690.0	81.0%	88.7%	80.9%	95.2%	265	25.9	5.0	30.9
Newham	MAPLE	1,105.3	931.8	713.0	655.5	1,069.5	947.0	713.0	655.5	84.3%	91.9%	88.5%	91.9%	175	10.7	7.5	18.2
Newham	NEONATAL NUH	3,714.5	3,390.5	747.5	547.0	3,611.0	3,139.5	632.5	379.5	91.3%	73.2%	86.9%	60.0%	495	13.2	1.9	15.1
Newham	NUH MIDWIFERY	1,055.5	1,026.5	329.5	331.0	1,081.0	1,049.5	356.5	357.0	97.3%	100.5%	97.1%	100.1%	161	12.9	4.3	17.2
Newham	PLASHET	1,598.5	2,078.2	1,069.5	1,117.3	1,426.0	1,956.0	1,069.5	1,081.0	130.0%	104.5%	137.2%	101.1%	727	5.5	3.0	8.6
Newham	RAINBOW	2,810.5	2,568.0	1,120.0	805.0	1,782.5	2,096.0	356.5	345.0	91.4%	71.9%	117.6%	96.8%	309	15.1	3.7	18.8
Newham	SILVERTOWN	1,727.1	2,103.6	1,069.5	1,161.5	1,725.0	2,046.3	1,069.5	1,574.0	121.8%	108.6%	118.6%	147.2%	725	5.7	3.8	9.5
Newham	STRATFORD	1,437.5	1,442.0	1,069.5	1,035.0	1,426.0	1,506.5	1,058.0	1,219.0	100.3%	96.8%	105.6%	115.2%	539	5.5	4.2	9.7
Newham	Tayberry	2,490.5	2,461.0	1,069.5	1,058.0	2,495.5	2,587.5	1,069.5	1,403.0	98.8%	98.9%	103.7%	131.2%	697	7.2	3.5	10.8
Newham	THISTLE	1,781.0	2,099.7	1,069.5	1,056.2	1,782.5	2,231.0	1,069.5	1,150.7	117.9%	98.8%	125.2%	107.6%	541	8.0	4.1	12.1
Newham	WEST HAM	1,194.5	1,263.5	1,035.0	1,023.5	1,069.5	1,069.5	356.5	782.0	105.8%	98.9%	100.0%	219.4%	616	3.8	2.9	6.7
St Bart's	1C	6,097.5	5,353.5	356.5	299.0	5,370.5	5,146.5	218.5	333.5	87.8%	83.9%	95.8%	152.6%	403	26.1	1.6	27.6
St Bart's	1D	3,197.0	2,697.0	356.5	357.8	2,852.0	2,208.0	356.5	379.5	84.4%	100.4%	77.4%	106.5%	354	13.9	2.1	15.9
St Bart's	1E	4,979.5	4,297.5	356.5	299.0	4,991.0	4,243.5	356.5	356.5	86.3%	83.9%	85.0%	100.0%	295	29.0	2.2	31.2
St Bart's	3A SBH	4,986.5	4,554.0	1,421.5	1,288.0	4,991.0	4,525.5	1,426.0	1,460.5	91.3%	90.6%	90.7%	102.4%	924	9.8	3.0	12.8
St Bart's	3D SBH	1,598.5	1,792.0	1,242.0	1,322.0	1,552.5	1,586.0	977.5	977.5	112.1%	106.4%	102.2%	100.0%	538	6.3	4.3	10.6
St Bart's	4A SBH	1,759.5	1,748.0	1,058.0	1,058.0	1,426.0	1,426.0	356.5	794.5	99.3%	100.0%	100.0%	222.9%	701	4.5	2.6	7.2
St Bart's	4B SBH	1,598.5	1,432.5	1,242.0	939.5	1,426.0	1,403.0	713.0	701.5	89.6%	75.6%	98.4%	98.4%	590	4.8	2.8	7.6
St Bart's	4C SBH	1,782.5	1,676.0	977.5	893.0	1,426.0	1,391.5	977.5	943.0	94.0%	91.4%	97.6%	96.5%	610	5.0	3.0	8.0
St Bart's	4D & 4ESBH	1,679.0	1,884.0	713.0	621.0	1,644.5	1,659.0	713.0	876.0	112.2%	87.1%	100.9%	122.9%	494	7.2	3.0	10.2
St Bart's	5A SBH	2,220.8	2,256.5	896.0	1,153.0	1,463.0	1,638.3	341.0	880.0	101.6%	128.7%	112.0%	258.1%	624	6.2	3.3	9.5
St Bart's	5B SBH	1,416.5	1,373.3	713.0	598.0	1,426.0	1,391.5	356.5	805.0	96.9%	83.9%	97.6%	225.8%	450	6.1	3.1	9.3
St Bart's	5C SBH	2,139.0	2,019.9	713.0	736.0	1,782.5	1,725.5	356.5	471.5	94.4%	103.2%	96.8%	132.3%	575	6.5	2.1	8.6
St Bart's	5D SBH	2,138.5	2,085.0	711.0	651.3	1,782.5	1,667.5	701.5	816.5	97.5%	91.6%	93.5%	116.4%	716	5.2	2.0	7.3
St Bart's	6A SBH	6,405.5	5,494.5	356.5	299.0	6,405.5	5,336.0	356.5	333.5	85.8%	83.9%	83.3%	93.5%	321	33.7	2.0	35.7
St Bart's	6D SBH	1,456.0	1,401.0	721.0	724.5	1,069.5	1,058.0	713.0	747.5	96.2%	100.5%	98.9%	104.8%	469	5.2	3.1	8.4