Barts Health Integrated Performance Report

December-23

Performance for: **Oct-23**

Executive Summary

Quality Report

- **Infection Prevention and Control (IPC)** - although no exceptions identified; early warning signals indicate an increase in infection rates in MRSA, MSSA, Ecoli and CDiff which remains under surveillance.
- **Serious Incidents (SI)** – We have a number of overdue serious incidents, as we have now transitioned to the Patient safety Incident Response Framework (PSIRF) approach from 20th November 2023 we will continue to focus on closing down all the outstanding serious incidents with support from the Integrated Care Board. The position will continue to be monitored with dashboards at both hospital and group level.
- **Duty of Candour (DoC)** – A review of the metrics indicated a deterioration in performance across the group, agreement across all hospitals to immediately put in more focused senior oversight to the process.

Operational Performance

- October featured industrial action for junior doctors and consultants from the 2nd to the 5th and local action by Unite from the 4th to the 10th October which included Soft FM, pharmacy, portering and pathology staff. This Unite action also include ED nursing staff at the Royal London Hospital. Industrial action continues to pose a significant risk to the delivery of services, operational performance, and improvement efforts. With industrial action set to continue the risk to service delivery increases considerably.
- The Group and hospital teams continue to focus on the safe delivery of services, seeking to meet constitutional standards. Barts Health NHS Trust has been notified that it has now been added to Tier 1 regulatory support for elective recovery. This means the Trust is engaged with regulatory support and oversight in this area at a national level. Regulators have indicated there has been significant progress and hard work in both these areas but feel that the scale of activity undertaken and the risks to the 65w March 24 position requires increased oversight.
- Barts Health had entered Tier 2 regulatory support for cancer in May 2023 due to a deterioration in the Cancer back log for patients waiting over 62 days at over 12.5%. The Trust has now been informed that due to the progress made and confidence in the improvement plans for Cancer it will now step out of Tier 2 and resume standard regulatory reporting. The Tier 2 experience has been largely positive with constructive challenge and support in the delivery of improvement objectives.
- Winter planning continues with Hospital and Trust level plans being presented at the Trust Board in January.

Equity

- Data quality on ethnicity remains steady, but with room for improvement to reach the Trust's ambition of 95% across Inpatients, Outpatient and Emergency care activity.
- Our review of waiting lists found no concerning differences in waiting times by ethnicity or deprivation. There was a small but significant difference identified in wating times by gender. We believe this to be incidental but will watch for trends.
- There continues to be a disparity in waiting times for patients with a learning disability. This has been escalated to the Planned Care Board for further review and action.

People

- We welcomed onboard nearly 100 colleagues from G4S in October due to the TUPE in of BHRUT patient transport services. In addition we saw growth of 88 WTE in our registered nursing and midwifery workforce largely as a result of the onboarding of newly qualified nurses and midwives.
- Agency spend as a % paybill reduced to 4.4% YTD from 4.6%, although continues to exceed the 3.7% target.

Finance

- The Trust is reporting a £49.8m deficit for the year to date at month 7, which is (£33.6m) adverse against plan. Excluding the impact of industrial action the Trust is performing in line with its trajectory within the financial recovery plan agreed by the NEL system in summer 2023.
- The key financial challenges for the Trust in achieving the income and expenditure plan were identified at the start of the year as:
  - ➢ 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.
- Additional national funding has recently been allocated to ICB systems for medical industrial action costs and the NEL system is currently in the process of agreeing the 2023/24 forecast outturn position for the system with NHS England. The Trust continues to implement additional controls particularly in relation to pay expenditure to support financial recovery.

Quality Report

Domain Scorecard

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison				
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other
Patient Experience	C12	MSA Breaches	●			Sep-23 (m)	<=0	40	34	206	7	14	13	0	-
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff				2023/24 Q1 (q)	SPC Breach	20.5	17.7	17.7	18.5	38.0	33.0	10.0	-
	C1	FFT Recommended % - Inpatients	●			Sep-23 (m)	>= 95%	90.8%	90.9%	90.6%	88.3%	94.0%	87.6%	93.4%	-
	C2	FFT Recommended % - A&E	●			Sep-23 (m)	>= 86%	66.9%	64.8%	66.5%	61.9%	70.9%	60.5%	-	-
	C3	FFT Recommended % - Maternity	●			Sep-23 (m)	>= 96%	94.4%	96.9%	96.6%	0.0%	100.0%	96.4%	-	-
	C20	FFT Response Rate - Inpatients	●			Sep-23 (m)	>= 23%	30.6%	29.3%	31.4%	25.6%	41.6%	21.6%	29.3%	-
	C21	FFT Response Rate - A&E	●	●		Sep-23 (m)	>= 12%	8.0%	7.6%	8.0%	8.2%	8.6%	5.7%	-	-
	C22	FFT Response Rate - Maternity	●			Sep-23 (m)	>= 17.5%	19.1%	11.4%	17.1%	0.5%	21.6%	14.0%	-	-
Service User Support	R78	Complaints Replied to in Agreed Time	●			Sep-23 (m)	>= 85%	85.0%	85.9%	85.6%	88.5%	78.6%	85.7%	100.0%	-
	R30	Duty of Candour	●		●	Aug-23 (m)	>= 100%	69.6%	66.7%	76.8%	100.0%	80.0%	33.3%	100.0%	-

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

Domain Scorecard

SAFE — **Dec-23**

|	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison				
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other
Infection Control	S10	Clostridium difficile - Infection Rate	●			Sep-23 (m)	<=16	21.3	28.4	22.5	15.1	42.4	10.5	48.2	-
	S11	Clostridium difficile - Incidence	●			Sep-23 (m)	<=10	13	16	79	4	6	1	3	2
	S2	Assigned MRSA Bacteraemia Cases	●			Sep-23 (m)	<=0	2	1	8	0	0	0	1	0
	S77	MSSA Bacteraemias				Sep-23 (m)	SPC Breach	14	12	70	8	2	2	0	0
	S76	E.coli Bacteraemia Bloodstream Infections	●			Sep-23 (m)	<=20	19	34	177	13	5	10	6	0
Incidents	S3	Never Events	●			Sep-23 (m)	<=0	0	0	3	0	0	0	0	0
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●			Sep-23 (m)	<=0.9%	1.4%	1.9%	1.5%	1.6%	1.6%	2.6%	2.4%	-
	S45	Falls Per 1,000 Bed Days	●			Sep-23 (m)	<= 4.8	3.2	3.0	3.5	2.4	3.5	3.2	4.4	-
	S25	Medication Errors - Percentage Causing Harm	●			Sep-23 (m)	<= 4%	5.2%	5.0%	4.5%	7.0%	4.4%	4.2%	2.2%	-
	S49	Patient Safety Incidents Per 1,000 Bed Days			●	Sep-23 (m)	SPC Breach	51.6	49.0	54.7	34.8	61.8	60.6	60.7	-
	S53	Serious Incidents Closed in Time	●			Sep-23 (m)	>= 100%	0.0%	0.0%	6.4%	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.

Domain Scorecard

|	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison				
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other
Mortality	E1	Summary Hospital-Level Mortality Indicator	○	○	●	May-23 (m)	<=100	100	-	-	-	-	-	-	-
	E3	Risk Adjusted Mortality Index	●	○	○	Jun-23 (m)	<=100	94	94	94	92	97	-	92	-
Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	●	○	○	Sep-23 (m)	<=0.51	0.71	0.55	0.59	0.29	0.00	1.23	1.02	-

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.

Assigned MRSA Bacteraemia Cases
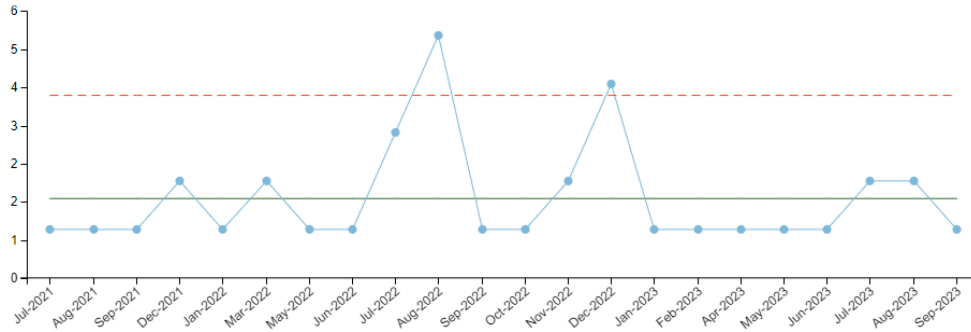
MSSA Bacteraemias
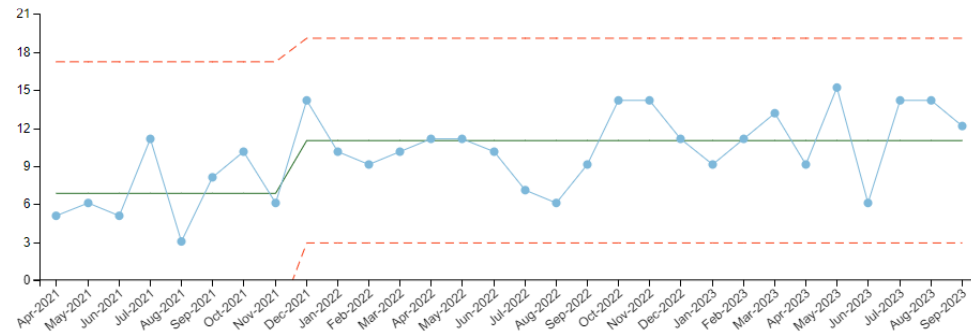
Indicator Background:

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 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.
- There is an Infection, Prevention, 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 as an multi disciplinary team 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 quality improvement 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 infection prevention and control 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
That the rates over the next 7 months may not return to be within statistical control. We may need additional time to fully embed the quality improvement workstream on line care across the Trust and use PDSA cycles to support the rollout.

Clostridium Difficile Infections (Trust)

Clostridium difficile - Incidence
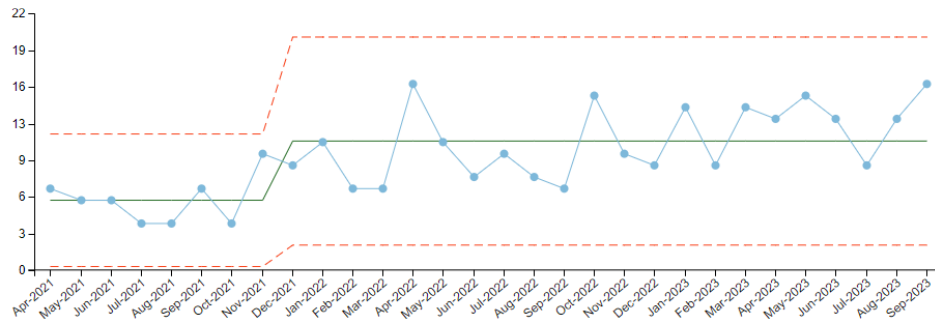
Indicator Background:

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 in 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.
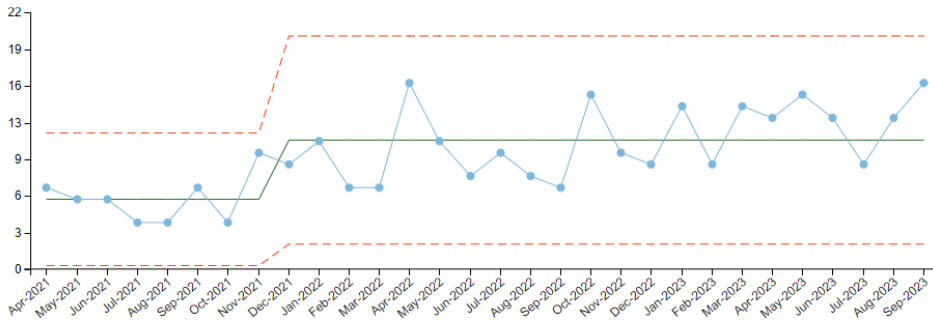
Issues and Risks:

- 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.

E.coli Bacteraemia Bloodstream Infections
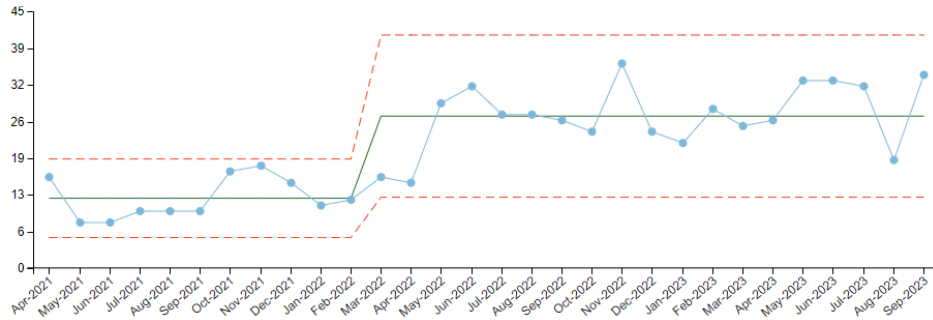
Clostridium difficile - Incidence

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

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 hepatobiliary cases have all had procedures prior to the bacteraemia being identified, they have all had appropriate prophylaxis.
- There continues to be a focus in our hospitals to promote early removal of urinary catheters using HOUDINI

Issues and Risks:

- Devices continue to be a risk and there is a focus on documentation of devices and care of these.
- We are at risk of not meeting the national reduction plan by 2024.
- 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.
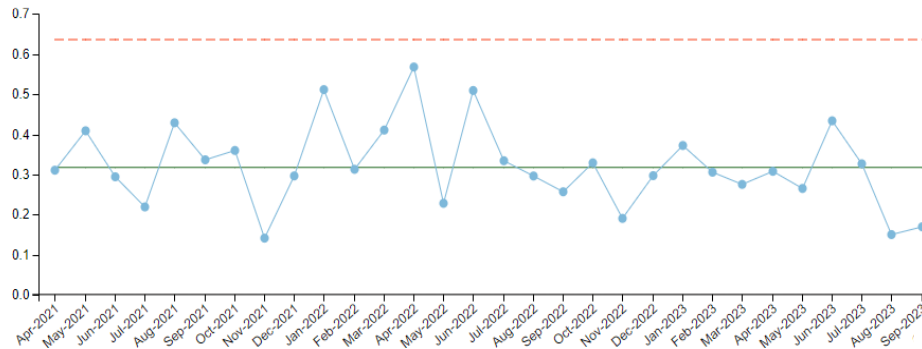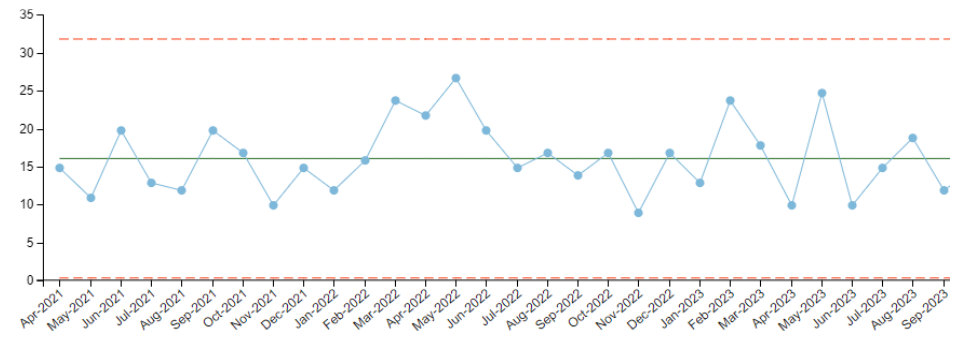
Serious Incidents Closed in Time
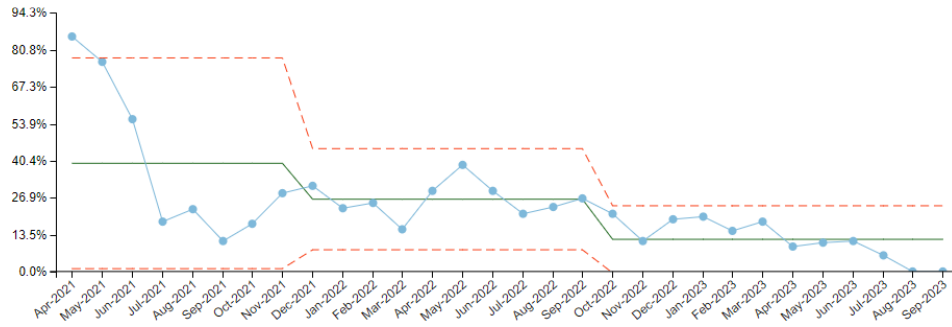
Serious Incidents Overdue
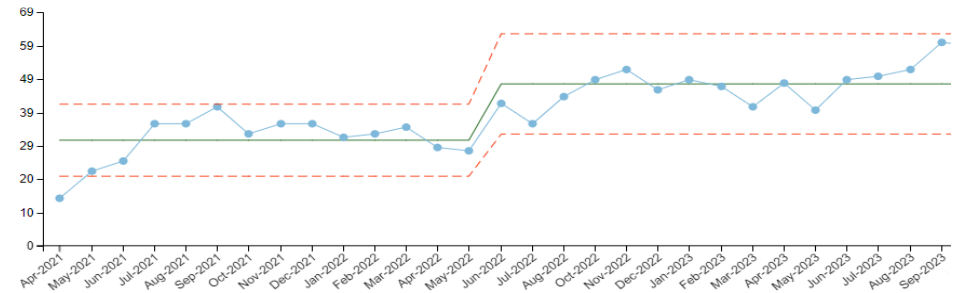
Serious Incidents Per 1,000 Bed Days

Serious Incidents Reported


Analysis of the current position

The number of serious incidents closed within the timeframe has deteriorated across some of our hospitals.   The impact of industrial action and operational pressures on capacity to undertake investigations is an issue

Actions taken

Specific issues at hospital level are monitored and plans to improve position in place. This is reviewed through dashboards and governance meetings.
Plans for clearing the backlog and timeframes are in place and support from system offered.

We have now transitioned to the Patient safety Incident Response Framework (PSIRF) approach from 20th November 2023. We will continue to focus on closing down all the outstanding serious incidents with support from the Integrated Care Board. The position will continue to be monitored with dashboards at both hospital site and group level.

Duty of Candour
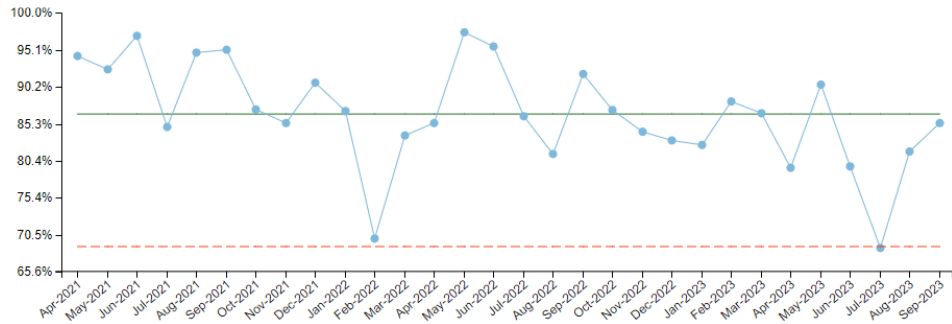
Indicator Background:

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.

What is the Chart Telling us:

The overall Duty of Candour performance fluctuates across the Trust, the chart indicates 2 key drops in performance.

Actions taken:

Data was drilled down to Hospital level and feedback shared with Hospital teams and discussed at deep dives.
The Central team will continue to monitor DoC compliance including supporting with peer audits as focus is on the quality of the letters. Individual hospitals will continue to push to improve performance.
DoC is discussed at the Trust Safety Committee.
Considering our performance hasn't improved and the lack of progress demonstrated in the internal audit outcome despite focused interventions . It has been agreed across the hospitals that more focused senior oversight will be put in place and a review of the process through a quality improvement project alongside alignment to PSIRF in relation to engaging patients.

Issues and Risks:

Performance is likely to continue to remain under achieving until the commencement of the new processes are embedded.

Maternity overview | Barts Health NHS Trust

| Latest month | 01/10/23 |
| Number of births | **1223** |

No significant change

Number of births

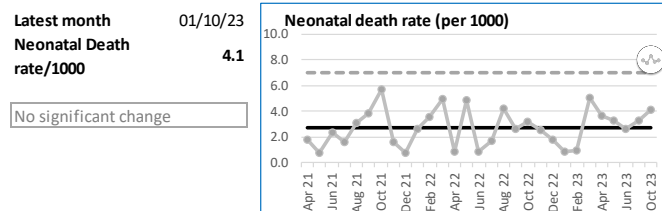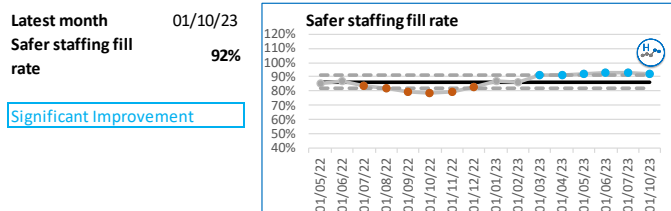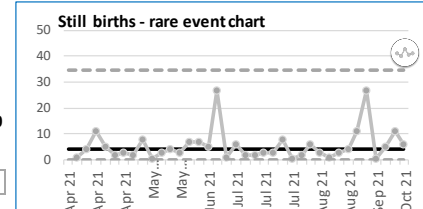| Latest month | 01/10/23 |
| Safer staffing fill rate | **92%** |

Significant Improvement

Safer staffing fill rate

| Latest month | |
| Proportion of staff with concerns about | |

Proportion of staff with concerns about safety

| Latest month | 01/10/23 |
| 3&4 degree tears (per 1000) | **14.6** |

No significant change

3&4 degree tears (per 1000)

| Latest month | 01/10/23 |
| Still birth rate/1000 | **4.1** |

No significant change

Stillbirth rate (per 1000)

| Latest month | 01/10/23 |
| Neonatal Death rate/1000 | **4.1** |

No significant change

Neonatal death rate (per 1000)

| Latest month | 01/10/23 |
| HIE rate/1000 | **3.3** |

No significant change

HIE rate (per 1000)

| Latest month | 01/10/23 |
| PPH >1500 (per 1000) | **26.0** |

No significant change

PPH >1500 (per 1000)

| Date of last stillbirth | 15/10/21 |
| Average days between stillbirths | **4.0** |

No significant change

Still births - rare event chart

| Date of last neonatal death | 11/05/23 |
| Average days between deaths | **29.0** |

No significant change

Neonatal deaths - rare event chart
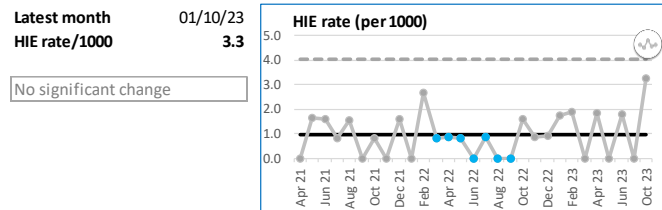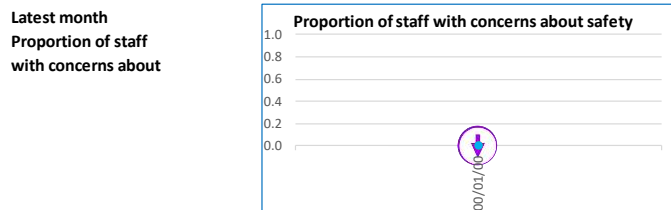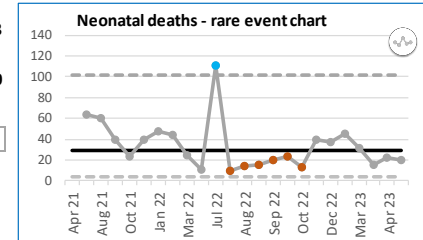
| Date of last HIE | 13/10/23 |
| Average days between HIE | **74.8** |

No significant change

HIE - rare event chart
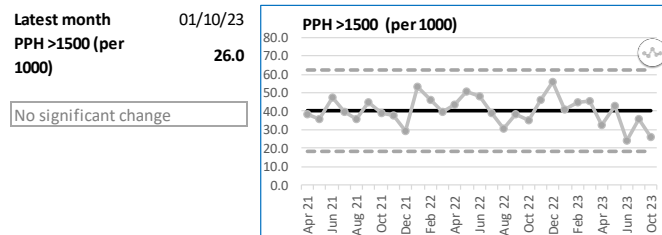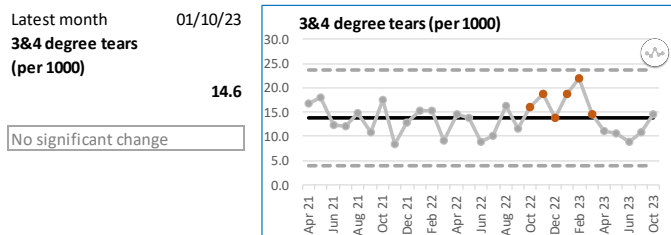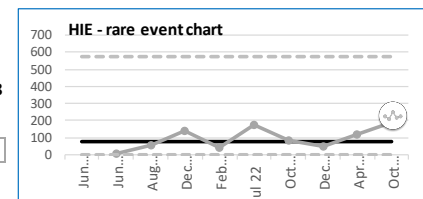
| Latest month | 01/10/23 |
| Unexpected admissions to NNU | **4.3** |

No significant change

Unexpected admissions to NNU
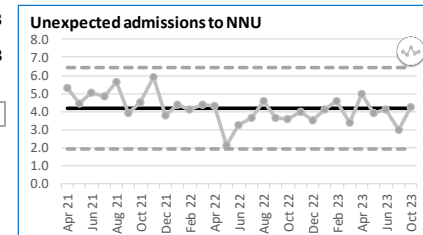
Performance Overview

This is the October data for the Reading the Signals.

The overall performance for Barts Health does not show any significant changes. On review of individual hospital data however for October, The Royal London Hospital has flagged for Hypoxic Ischemic Encephalopathy (HIE) (grade 2 or 3), which is a significant occurrence for them. These cases have been referred to Health Services Safety Investigations Body (HSSIB) (MNSI)

Responsible Director Update

The data for October will be reviewed by the hospitals sites, and triangulation against their staffing acuity, assurance regarding initial reviews of stillbirths and neonatal deaths through Local Maternity6 and Neonatal System reporting and through Perinatal Mortality Review Tool (PMRT) and other patient safety learning events forums will be undertaken.

Total number of Still births (all) per 1000 births

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 chart is telling us that overall for Barts Health there has been no significant change to the stillbirth rates.

The data displayed does not differentiate between the site outcomes, which a limitation of the data

Performance Overview
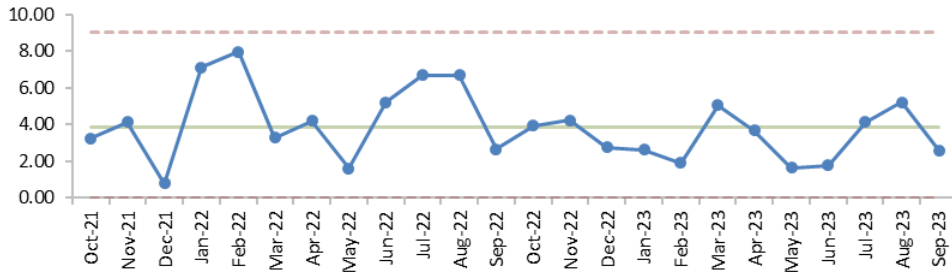
In month there were no stillbirths at Newham Hospital or Whipps Cross Hospital. There were however, 4 at The Royal London. This puts the individual hospital stillbirth rate at 9.6:1000, which is beyond what is expected.

These cases have all had an initial review by the MDT, and where they meet the criteria, escalated to MNSI (HSIB) for investigation. All cases will also be subject to a Perinatal Mortality Review using the national tool, with external support and where parents views are sought. Two of the cases were sadly for babies who were known to have severe abnormalities.

Responsible Director Update

Data for outcomes and reviewing it with triangulation against the clinical scenarios and softer intelligence about the service is key. Simply relying on one graph is not enough to provide assurance to The Board, the LMNS or our staff and service users on the safety in our services.

Assurance of maternity outcomes takes many forms. We report through the national PMRT portal through MBRACE. We also send exception reports to the LMNS (Local Maternity and Neonatal System) when we trigger on poor clinical outcomes. Intelligence through NHS R and through Early Notification Scheme (ENS) reporting for babies who meet their criteria also is undertaken. The added scrutiny of medical examiners at Barts Health also lends to the external view on our data.

Neonatal Deaths per 1000 Births

Neonatal Deaths per 1000 Births
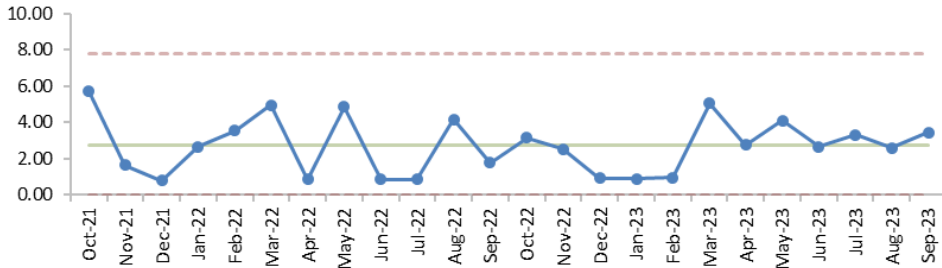
Indicator Background:

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	Responsible Director Update
There were two babies who sadly died at the Royal London during September. One baby was born with severe abnormalities that were not compatible with life, and who was placed on a palliative pathway. The other baby was born at Newham and transferred to RLH for treatment due to prematurity and sepsis. Both cases will also be subject to a Perinatal Mortality Review using the national tool, with external support and where parents views are sought.	The Royal London as a tertiary referral service will always see more women who are pregnant with babies who have severe abnormalities, and as a level 3 neonatal service have more babies born with more complex problems and will sadly see more neonatal deaths. Across Barts. we also work with communities who may choose not to terminate pregnancies early when such abnormalities are discovered early. Whilst this is important to understand, its also imperative that we see through these confounders and review all our cases to learn lessons where we need to and to ensure we continually improve our services.

HIE (Hypoxic-Ischaemic Encephalopathy)

Percentage of HIE

What is the Chart Telling us:

That there was only 1 diagnosed HIE grade 2/3 in babies born within and receiving treatment at Barts Health. Cases of HIE which are severe are thankfully rare.
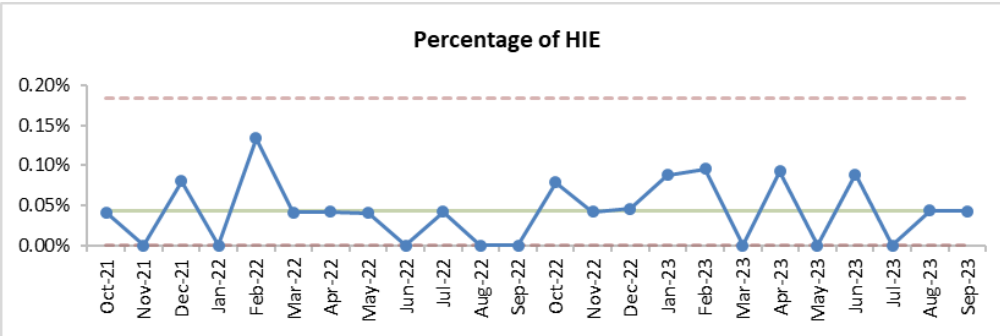
Indicator Background:

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	Responsible Director Update
There was one case notified in month. This was for a baby who was born to a mother who had recently arrived in the UK and had not yet been booked for maternity care. Unfortunately, from the time when she presented for care initially to when she came back in to the hospital in labour, she had not been able to have her booking appointment or scans. Her initial review of the service did not identify any immediate concerns and the baby at that time under went fetal monitoring that met the computerised non-stress test criteria.	This case has been referred to and accepted by HSIB (MNSI) and will be thoroughly reviewed by them. Initial review by the hospital did not identify any gaps in care.

Maternity SIs
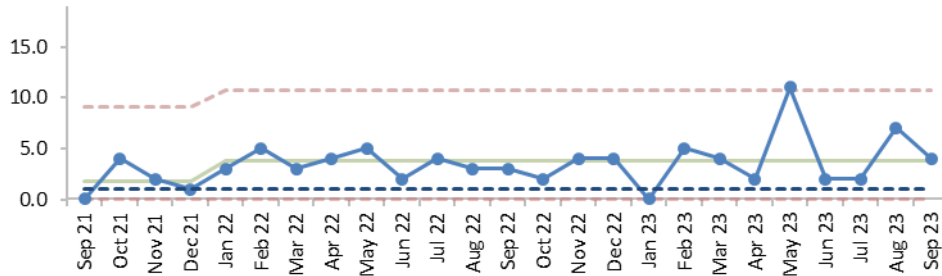
Indicator Background:

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

The Newham University Hospital site reported four Serious Incidents (SI) in September 2023 while the Royal London and Whipps Cross Hospitals did not report any SI.

Two of which are MNSI investigations which Trust will report as SI even though there was no concerns identified in the care of the mothers at initial review. The other two cases: an antepartum stillbirth due to reduced fetal movement at 34+5 weeks with the maternal preeclampsia and the other case of a delayed diagnosis of a fracture skull of a baby prior to discharge. The probable cause was attributed to the manual delivery of the baby's head that was deeply impacted during emergency caesarean section.

Operational Performance Report

Summary Performance Provided By Business Intelligence
Operational performance presented below was impacted by periods of Junior Doctor and Consultant industrial action across both September and October 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 October 2023, 42,376 attendances were recorded, 681 (+1.6%) more attendances than September.
- A&E 4-hour performance for October decreased from 68.0% in September 2023 to 66.9% (-1.1%).
- The proportion of patients with an A&E 12-hour journey time increased from 6.5% in September to 8.3% in October (+1.8%), against a national standard of no greater than 2%.
- For October 2023, Barts Health recorded the second highest volume of A&E attendances of any trust in England and the highest volume in London. In terms of performance against the 4-hour standard, the Trust was ranked 11th out of 18 trusts in London and was ranked 6th 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, changes in reporting will be applied to the January 24 edition of this report when October 23 performance data will be available.
- In September 2023 a performance of 93.0% was recorded in relation to the 2 week wait standard, set at 93%, a reduction of 0.7% against August's 93.7%. Breaches of the standard increased from 230 in August to 243 in September, the number of patients seen decreased from 3,653 to 3,496 (-157) across the same period meaning the proportion of patients breaching the standard increased.
- In relation to the Faster Diagnosis Standard, requiring 75% of referrals to have cancer diagnosed or ruled-out within 28-days, for September 2023 the Trust achieved the standard for Breast Symptomatic (99.3%) and Screening referrals (85.7%), however just missed the standard for GP urgent referrals (74.5%), this resulted in the trust achieving the standard for All (aggregated) referrals, recording a performance of 75.7%, a slight increase of 0.4% against August's 75.3%. This is the third consecutive month 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 October 2023, the trust recorded 333 patients waiting longer than 63-days against a plan of 328, five more than plan, this also represents a slight increase of two against the September position.

Diagnostics
- For October 2023 a performance of 74.6% was recorded, an increase of 1.4% against September's 73.2%.
- During October 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, with those specialties contributing 84% of all breaches.

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 October 2023 the trusts admitted (inpatient and day case) trajectory set a target of 8,312 admissions against which the trust delivered 8,070 (-242 admissions).
- For outpatients (first and follow up) for the same month the trajectory set a target of 130,236 attendances, against which the trust delivered 139,658 (+9,422 attendances).
- In relation to the RTT month-end nationally submitted data the trust reported 10 pathways waiting 104+ weeks at the end of October 2023, two more than reported at the end of September.
- In relation to 78+ week wait backlog volumes, 264 pathways were reported at the end of October, an increase of 23 against the September 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 October the trust recorded 2,624 pathways waiting 65+ weeks, an increase of 333 against the September position.

Operational Summary

Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison					
	Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other	Barts Health
A&E 4 Hours Waiting Time	●			Oct-23 (m)	>= 67.3%	67.9%	66.9%	69.3%	65.6%	70.8%	64.6%	-	-	66.9%
A&E 12 Hours Journey Time	●			Oct-23 (m)	<=2.0%	6.5%	8.3%	-	6.2%	10.6%	8.9%	-	-	8.3%
Ambulance Handover - Over 60 mins				Oct-23 (m)	-	93	142	-	22	68	52	-	-	142
Ambulance Handover - Over 30 mins				Oct-23 (m)	-	1,813	2,132	-	423	844	865	-	-	2,132
Cancer 31-Day Diagnosi to First Treatment	●			Sep-23 (m)	>= 96%	96.4%	95.1%	95.6%	85.9%	96.4%	100.0%	99.1%	-	95.1%
Cancer 62 Days From Urgent GP Referral	●			Sep-23 (m)	>= 85%	54.7%	60.3%	58.2%	50.0%	71.8%	41.7%	64.6%	-	60.3%
Cancer 28 Day FDS 2WW	●			Sep-23 (m)	>= 75%	73.8%	74.5%	71.8%	74.1%	71.5%	75.0%	90.8%	-	74.5%
Cancer 28 Day FDS Breast Symptomatic	●			Sep-23 (m)	>= 75%	95.6%	99.3%	96.3%	100.0%	100.0%	100.0%	98.4%	-	99.3%
Cancer 28 Day FDS Screening	●			Sep-23 (m)	>= 75%	83.3%	85.7%	88.3%	66.7%	80.0%	100.0%	-	-	85.7%
Diagnostic Waits Over 6 Weeks	●			Oct-23 (m)	>= 99%	73.2%	74.6%	76.4%	58.5%	99.6%	94.5%	69.8%	100.0%	74.6%
65+ Week RTT Breaches	●			Oct-23 (m)	1,892	2,291	2,624	-	1,895	499	215	15	-	2,624
78+ Week RTT Breaches	●			Oct-23 (m)	89	241	264	-	215	24	18	7	-	264
104+ Week RTT Breaches	●			Oct-23 (m)	0	8	10	-	4	2	1	3	-	10
Completeness of Ethnicity Recording				Oct-23 (m)		91.9%	92.0%	-	90.7%	91.5%	96.0%	91.1%	-	92.0%

A&E 4 Hour Waiting Time

Barts Health: A&E 4 Hour Wait Performance

Legend: Mean — UCL — LCL — Metric — Target
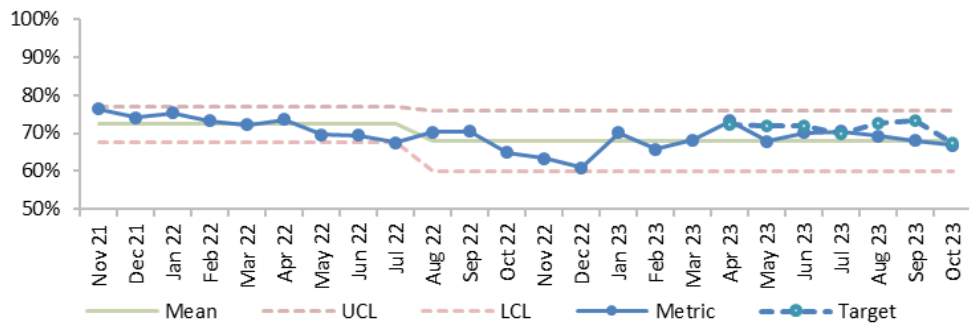
Indicator Background:

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.
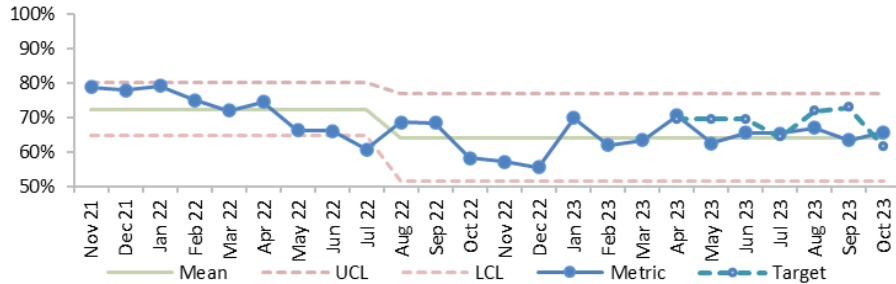
Trust Performance Overview

Overall trust 4-hour performance for October was 67.98%, 0.4% below that months target of 67.3%, set to meet the year end national recovery target of 76% by March 24. Year to date the trust is recording a performance of 69.3%.

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 November 2021. A reducing step-change is triggered from July 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 September 23 with a reduction in performance for October 23.

Trust Responsible Director Update

- **Overall Trust performance:** Trust performance was 66.9**%**, just below the trajectory of 67.3%. Across the Hospitals Royal London saw an improving position to 65.6% (up 2.18%) and Whipps Cross maintained a stable position at 70.79%, and Newham's position deteriorated by 7% to 64.58%.
- Newham's position was driven by an increase in Type 1 attendances and an increase in Length of stay due to increased acuity. A series of MADE (multi-agency discharge) events and long length of stay reviews are now in place. A positive impact has been seen, with the number of long-length of stay patients (over 21 days), expected to reduce over the next month.
- **UTC performance:** Type 3 performance Trust wide remained static with an improved position at the Royal London Hospital by 3.99%, supported by the UTC improvement programme. Performance at Newham was below trajectory but a detailed review has started with a focus on capacity and demand and productivity to support better flow.
- **Admitted performance:** Type 1 admitted performance improved in month despite the increase in attendances. This was driven by an increase in pre-11 discharges at Trust level.. This was driven by an increase of 1.8% by Newham, and 1% by Whipps Cross with the Royal London improved by 2%. We also saw an increase in the number of patients streamed to SDEC (Same Day Emergency Care) across the Trust.
- **Non-admitted performance:** In October Type 1 Non admitted attendances increased by 568 patients. This in turn impacted on performance which at Trust level deteriorated by 1.8%. Our focus is on supporting the streaming and direct access for our non admitted patients to our emergency village, as well as working with external partners such as 111, and primary care to redirect patients where appropriate.
- **System co-ordination centre:** The system co-ordination centre for North East London goes live on the 6th December, using SHREWD as its digital enabler. This will support the visibility of system pressures and enable colleagues across NEL to offer support to the most pressured parts of the system.
- **Winter plans:** We continue to work with primary care partners to ensure patients have access to any alternative pathways availabe to them to manage demand across our Emergency departments

Royal London: A&E 4 Hour Wait Performance

Whipps Cross: A&E 4 Hour Wait Performance
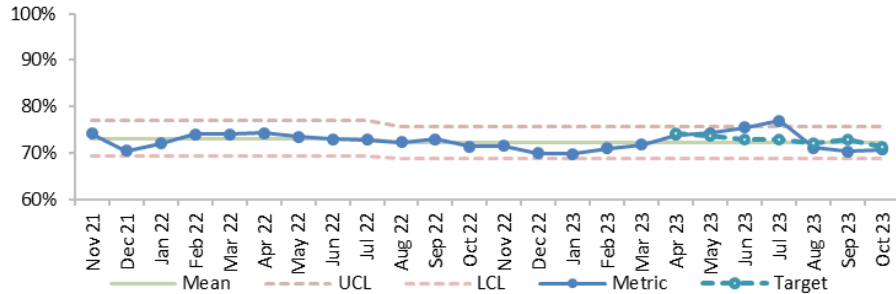
Newham: A&E 4 Hour Wait Peformance
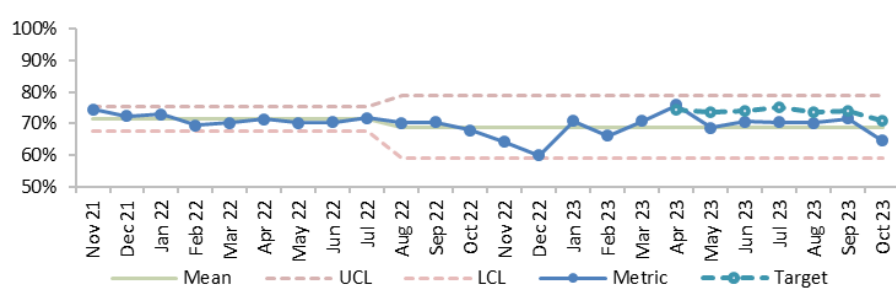
Hospital Site Performance Overview

Royal London:
The Royal London recorded a performance of 65.6% for October, an increase of 2.2% against September's 63.4%.

Whipps Cross:
Whipps Cross recorded a performance of 70.8% for October, an increase of 0.5% against September's 70.3%.

Newham:
Newham recorded a performance of 64.6% for October, a reduction of 7.0% against September's 71.6%.

Breach Reduction Across Hospitals
A detailed analysis has been undertaken across our hospitals to outline the breach tolerance across each area in ED. This is in line with our ambition to achieve the 76% standard by March 2024. Delivery of this is overseen by the Unplanned Care Board. Summary aims by hospital are set out below:

- **Royal London (50 Less Daily Breaches)** Type 1 (40 less daily breaches) focus on paediatrics, zone D productivity and utilisation of CDU, rapid release policy implementation.   Type 3 (10 less daily breaches) focus UTC improvement programme, redirection opportunities for Newham residents, overnight breaches.
- **Newham (40 Less Daily Breaches)** Type 1 (20 less daily breaches) focus on increased streaming to SDEC and workforce support in this area. LLOS review and reductions in over 21 day position and moving towards reducing over 17 day position. Type 3 (20 less daily breaches) focus on implementing rota and productivity improvements following ECIST demand and capacity tool review. Reducing breaches through continued productivity improvement work.
- **Whipps Cross (40 Less Daily Breaches)** Type 1 (35 less daily breaches) focus on Pathway Zero Long Length of Stay patients and pre-11am discharges. Ensuring that initial assessment space in the emergency department is not used for patients for whom a decision to admit has already been made. Type 3 (5 less daily breaches). Actively streaming 5 more patients a day from type 1 to reduce demand.

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

Legend: Mean — UCL — LCL — Metric — Target
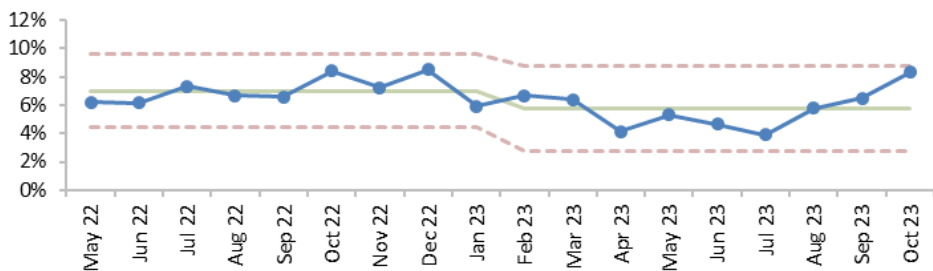
Indicator Background:

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

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

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

Trust Performance Overview
The proportion of patients with an A&E 12-hour journey time increased from 6.5% in September to 8.3% in October (+1.8%), against a national standard of no greater than 2%, with Whipps Cross seeing the largest proportion of patients waiting at 10.6%. Whipps Cross has an extended 12 hour journey time as they are supporting mental health patients for an average of 23 hours in their emergency department.

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 or 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 across August to October to 5.8%, 6.5% and 8.3% in each month.

Trust Responsible Director Update

- **Trust wide**: In October our 12 hour journey time increased by 1.8%. The overall position was driven by an increase in 12 hour journey times at both Whipps Cross and Newham. In correlation our discharge ready position rose by 1.2 %, and the Length of Stay (LoS) for our mental Health patients in ED rose to an average of 18 hrs.
- **Mental Health:** At Whipps Cross the average LoS for our mental health patients has now reached 23hrs, although attendances remain static. At Newham the average LoS for our mental health patients increased in October to 19hrs. Processes will be developed to monitor the impact through the Trust clinical harm group.
- **Rapid release programme:** Trust wide the Hospitals are working to reduce our 12 hour journey time through driving pre-11am discharges and implementing rapid release in our Emergency departments when they become congested.
- **Industrial action:** Unite Industrial action continues across our support services inclusive of pharmacy, pathology, catering and domestics. This action can result in patients being discharged later in the day as they await their medications, delays in waiting for blood results in the Emergency department and the amount of porters available to move our patients to the next step of their pathway. In addition to this the Royal London has also seen local action from Emergency department nurses.
- **SDEC:** In December our new SDEC at Whipps Cross will open, enabling a number of patients who may have been admitted to access specialist care on the day and be discharged home on the same day.

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 6.2% for October 2023, an increase of 1.1% against September's 5.1%.

Whipps Cross:
The proportion of 12-hour wait times recorded at Whipps Cross was 10.6% for October 2023, an increase of 1.4% against September's 9.2%.

Newham:
The proportion of 12-hour wait times recorded at Newham was 8.9% for October 2023, an increase of 3.3% against September's 5.6%.

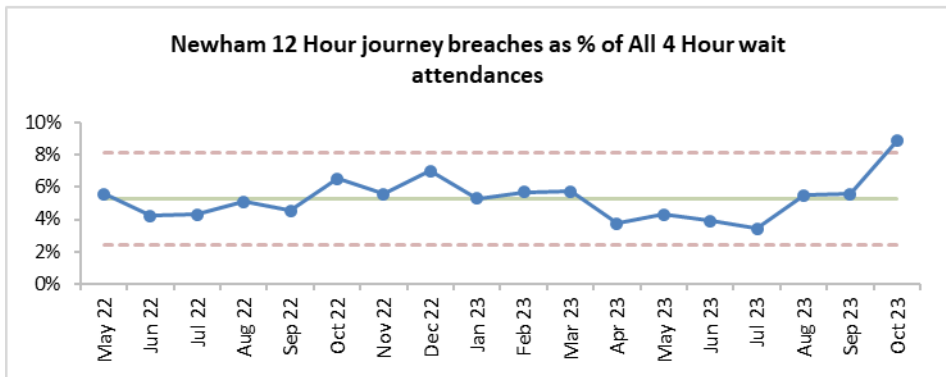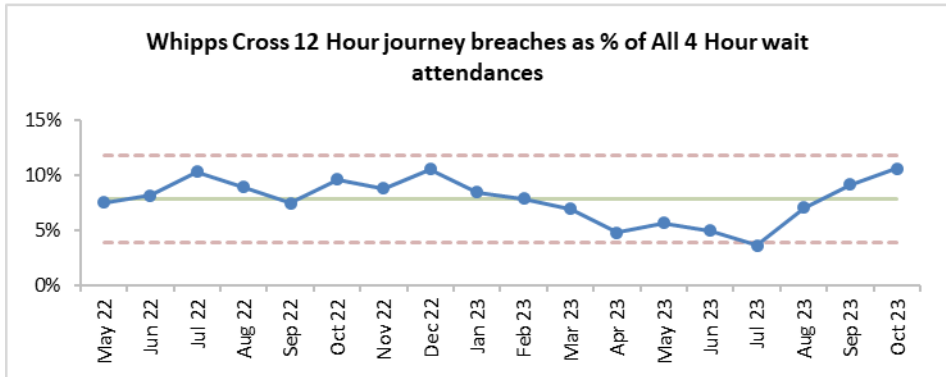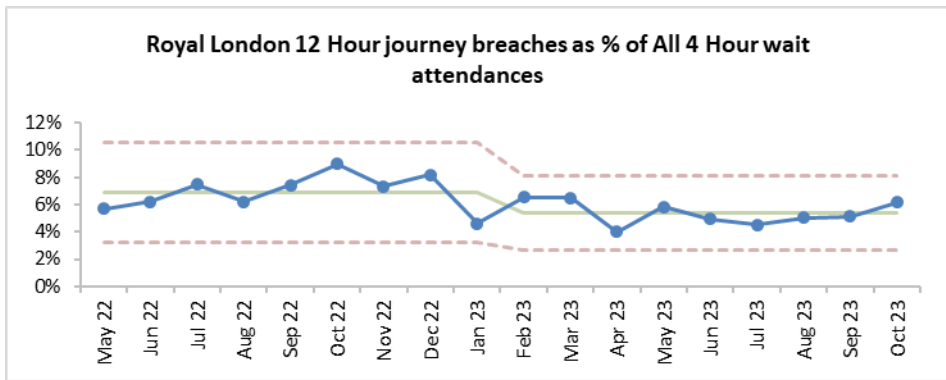The number and proportion of 12-hour breaches is heavily influenced by the pressure A&E's are under, including patient flow challenges, for example the early availability of inpatient beds and general availability of beds due to increased length of stay.

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
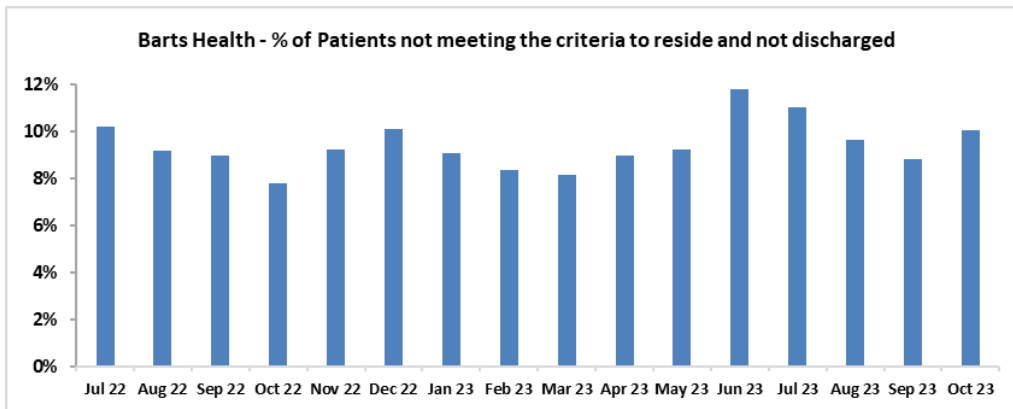
Indicator Background:

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

The number of patients who no longer meet the criteria to reside increased in October. During the month 10.0% 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 4,270 bed days.
- Whipps Cross: 14.9% equivalent to 294 patients, average across the month of 9 patients a day.
- Royal London: 11.1% equivalent to 260 patients, average across the month of 8 patients a day.
- Newham: 7.1% equivalent to 132 patients, average across the month of 4 patients a day.
- St Bart's: 1.9% equivalent to 23 patients, average across the month of less than 1 patient per day

Trust Responsible Director Update

- **Discharge ready: Discharge ready is the new NHSE metric to measure our patients that no longer meet the criteria to reside.** Our patients with an historic 'discharge ready' date rose by 1.2% in October to 10.1%.This is the equivalent to 704 patients across the Trust
- **Whipps Cross** has seen the largest increase with 14.9% of beds occupied with discharge ready patients, a position which has been consistently increasing. We are working with place based partners on alternative pathways for this group of patients to support an earlier discharge date.
- **Out of area patients:** Our longest staying patients who are discharge ready are our out of area patients. We are working with our place-based partners to hold a series of MADE (Multi Agency Discharge) events to support getting this group of patients home. We are also using these events to pull out themes and any learning to improve the experience for this group of patients in the future and implement new processes.
- **Pre-11am discharges**: Our pre-11 discharges have increased to 13.1%, an increase of 2.6%. An improvement was seen across all of our Hospitals, with the unvalidated pre-11am discharge position of **Newham 7.97%, Royal London 15.97%, Whipps Cross 12.81%, St Bart's: 12.59%.** This was in parallel to an increase in our discharge lounge utilisation. Work continues to drive this programme of improvement across our Hospitals in collaboration with our Improvement and Transformation teams
- **Virtual ward programme:** The number of Virtual wards across the Trust continues to grow each month, and we now have over 100 virtual beds open across the Trust, with a further 50 beds coming on line in December. This offers an alternative pathway for our patients who require ongoing care who do not need to stay in Hospital, with a home first focus.

Cancer Benchmarking Against Other Trusts

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

05-Nov	Over 62 days	Change in last week	% of Total PTL	Total PTL
North East London	553	+16	6.8%	8129
North Central London	754	-34	8.4%	8998
South East London	1100	-80	10.1%	10942
West London	1066	-48	6.2%	17237
England	24100	-494	8.8%	273498

05-Nov	Over 62 days	Change in last week	% of Total PTL	Gap from NEL Over 62day Trajectory
North East London	553	+16	6.8%	25
Barking	178	+1	5.0%	25
Barts Health	349	+13	9.4%	9
Homerton Univ	26	+2	3.0%	-1
London	3473	-146	7.7%	

- In September, the published Cancer Waiting Time (CWT) Standard, Barts Health achieved 6 of the 10 constitutional standards, with the group achieving 2WW and Faster Diagnosis Standard (FDS) for three consecutive months.
- From October 2023 the group will be reporting against the new CWT standards, FDS, 31 day and 62 day. The group continues to monitor the 2ww element through the First new report on a daily basis.
- As of the 5th November 23, North East London (NEL) had the lowest number of patients waiting > 62 days (553 patients) which was 6.8% of the total backlog.
- Barts Health backlog was 9.4% with 349 patients waiting above 62 days. This is monitored through the drive to five programme with monitors the backlog, improvements and work from the NEL Operational Improvement Managers who are implementing the national best practice timed pathways within Colorectal, Prostate, Lung, Gynae, Head & Neck and Oesophageal pathways.
- Barts Health continues to remain in tier two regulatory support, which involves bi weekly assurance meetings with NHSE. NHS England are reviewing the tiering scoring again in December.
- The trust was asked to review the H2 submission set in March 23, which has remained the same to reduce the backlog to 279 and FDS performance of 82% in March 2024.

Cancer > 63 Waiting List Backlog

Percentage of suspected cancer PTL: 104+
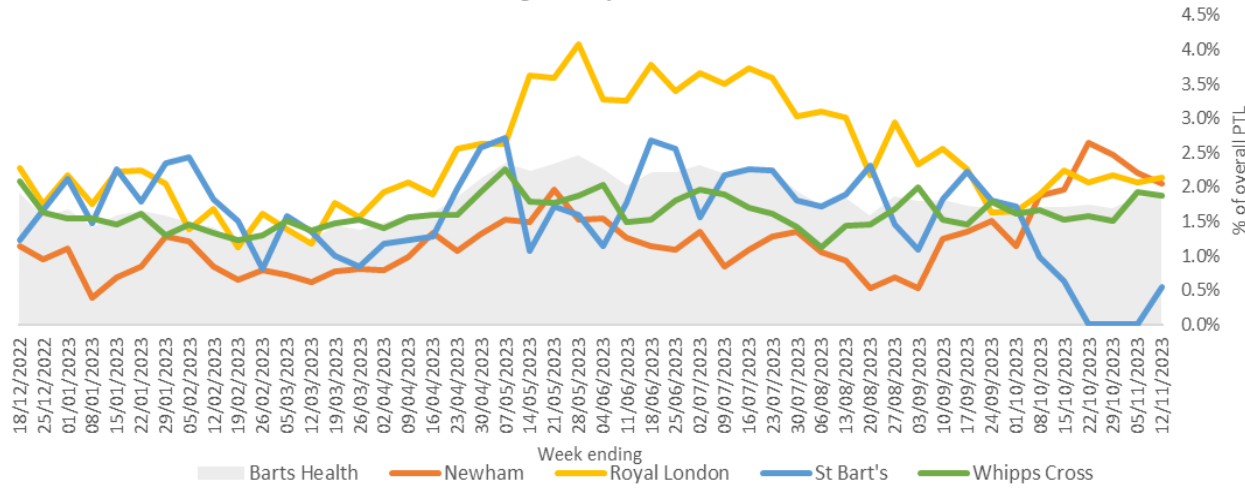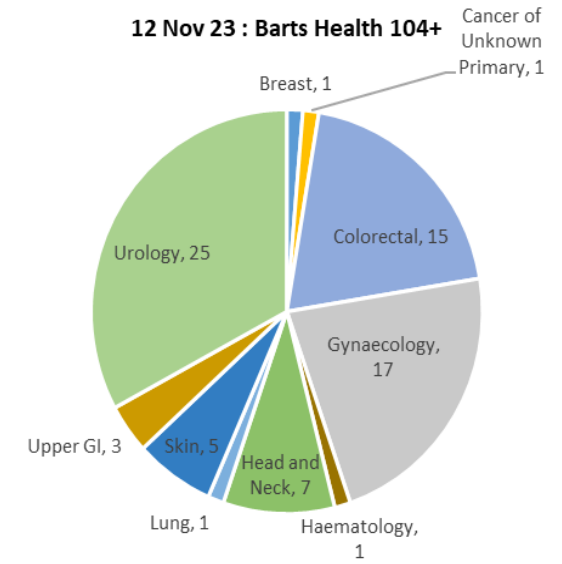
Size of suspected cancer PTL: 63-103

12 Nov 23 : Barts Health 104+
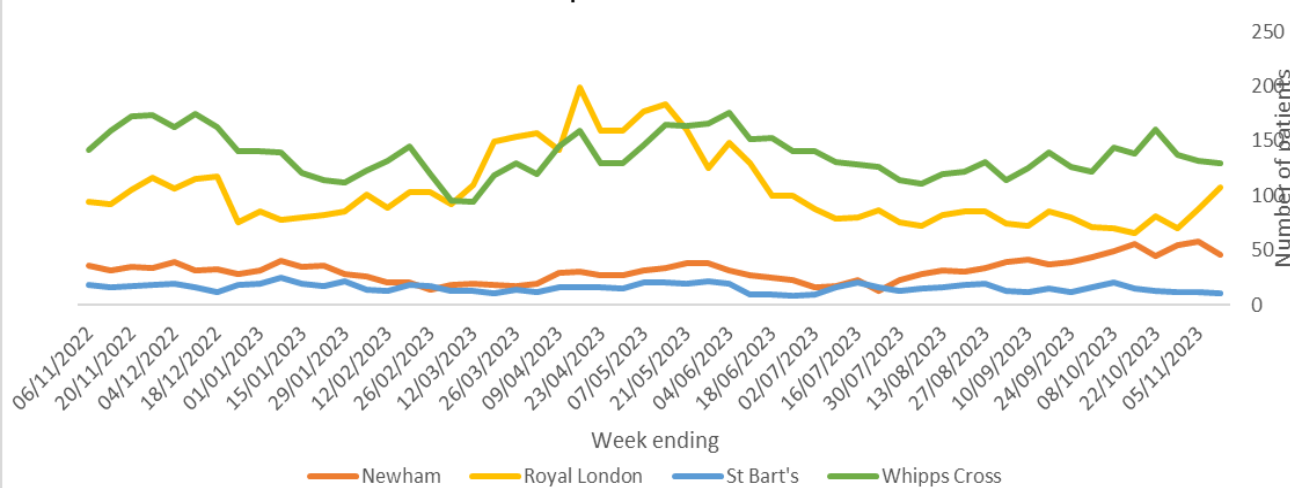
12 Nov 23 : Barts Health 63-103
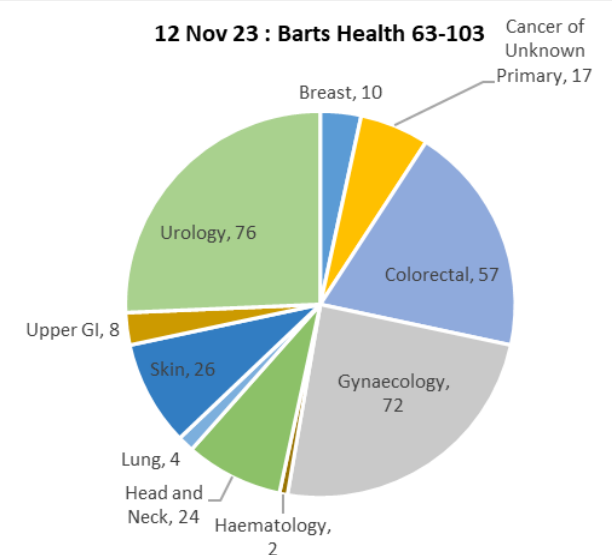
What These Charts Are Telling Us

The above charts to the left illustrate the percentage of patients waiting over 104 days and those patients waiting between 63-103 days. The charts provide this illustration at a hospital level.

The pie charts to the right provide the context of these waiting times at a tumour group level.
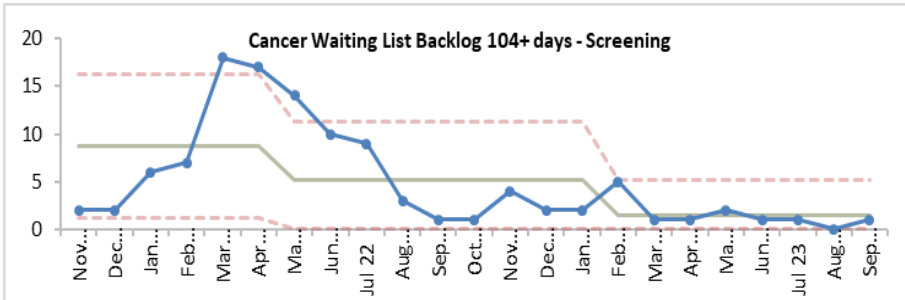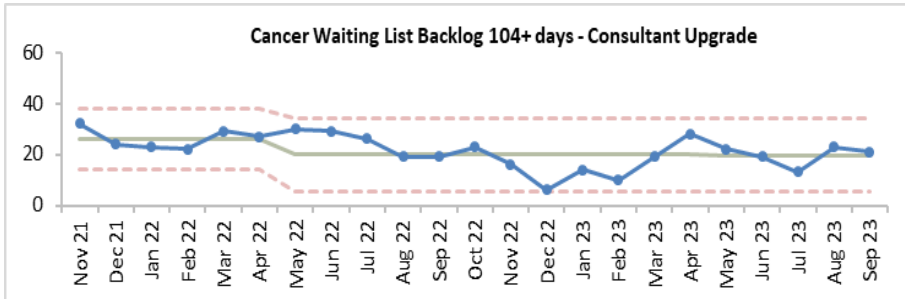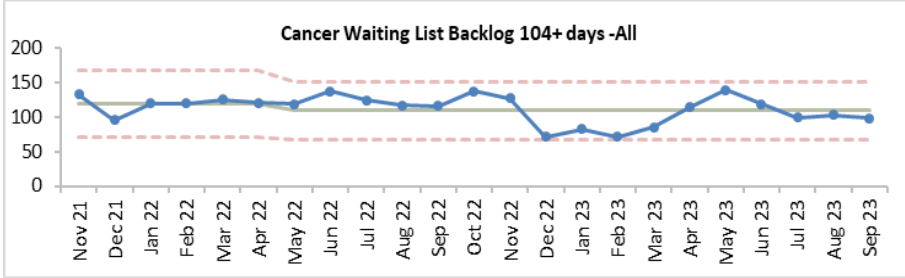
Cancer 104+ Waiting List Backlog

Cancer Waiting List Backlog 104+ days -All

Cancer Waiting List Backlog 104+ days - Consultant Upgrade

Cancer Waiting List Backlog 104+ days - Screening

Legend: 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 April 2022 with the last three data points below the mean, evidence of a reducing backlog.

Trust Performance Overview

The charts opposite present the 75 cancer pathways waiting greater than 104 days at the end of September 23, a reduction of five against the August 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 these patients will go through the clinical harm review process, once treated.

Cancer 63 -103 Waiting List Backlog
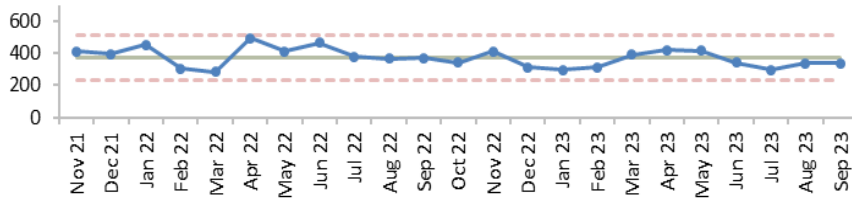
Cancer Waiting List Backlog 63-103 days - All

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

Cancer Waiting List Backlog 63-103 days plus - Screening

Legend: 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 four 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 October 2023 backlog reduction milestone is set at 328 against which the trust recorded 333, five more than plan.

Trust Responsible Director Update

- The trust monitors all patients waiting over > 62 days, which is broken down in > 104 days then 63-103 days. Any confirmed cancer patient who has waited longer than 62 days would have a Root Cause Analysis (RCA) completed and would go through the group clinical harm review process. Moving forwards the Cancer Waiting Time (CWT) changes will be reflected in the 3 main standards.
- The greatest backlogs continue to be within Urology, Gynae & Colorectal tumour groups. All have improvement plans which report into the 'Drive to Five' programme. Key actions for the next month are to increase diagnostic capacity, increase theatre capacity for gynaecology through reviewing theatre timetables and putting on additional outpatient capacity.
- The greatest risk to reducing the backlog is histopathology turnaround times, caused by national workforce shortages. NEL Cancer Alliance is establishing a new board for histopathology which will be launched in January 2024. There is also a risk with imaging reporting turnaround times, which will be monitored through the Trust's Elective Recovery Board, with North East London oversight via the APC Imaging Board.

Cancer Faster Diagnosis Standard Metrics (FDS) Dec-23

Cancer 28 Day FDS Aggregate

Metric Name	Aug-23			Sep-23		
	Seen	Breaches	%	Seen	Breaches	%
Cancer 28 Day FDS Aggregate	3,177	786	75.3%	3028	737	75.7%
Cancer 28 Day FDS Breast Symptomatic	204	9	95.6%	135	1	99.3%
Cancer 28 Day FDS Screening	24	4	83.3%	14	2	85.7%

Breakdown by Tumour Sites Failing 28 Day FDS Standard (Agrregate) - Sep-23

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	**3,028**	**737**	**75.7%**
Testicular	15	4	73.3%
Upper Gastrointestinal	225	87	61.3%
Gynaecological	309	134	56.6%
Lower Gastrointestinal	449	233	48.1%
Urological	208	116	44.2%
Haematological	23	13	43.5%
Other	3	3	0.0%

Indicator Background:

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

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

What is the Chart Telling us:

The chart presents performance against the Aggregate element of the standard. For the period November 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, August and September 23 the trust returned to compliance recording a performance of 76.3%, 75.3% and 75.7% in each of those months.

Trust Performance Overview

For September 2023 the Trust achieved the standard for Breast Symptomatic (99.3%) and Screening referrals (85.7%), however just missed the standard for GP urgent referrals (74.5%), this resulted in the trust achieving the standard for All (aggregated) referrals, recording a performance of 75.7%, a slight increase of 0.4% against August's 75.3%. This is the third consecutive month aggregated performance has achieved the national standard since March 2023.

Trust Responsible Director Update

- The trust achieved the Faster Diagnosis Standard (FDS) aggregated performance at 75.7% which was for the third consecutive month. The provisional performance for October is 74.6% which is still being validated ahead of upload on 1st December 23.
- The FDS is challenged within the 2ww element at 74.5%, which is mainly due to Urology, Gynae & Upper Gastrointestinal. All of these areas have the BPTP which the Operational Improvement Managers are supporting the group to implement. The testicular and Haematology delays were due to complex patients and pathways.
- The trust has an FDS dashboard in qliksense which is refreshed throughout the day. This is reviewed at hospital access meetings and tumour group deep dives.

Cancer 2 Week Wait

Barts Health - Cancer 2 Week Wait (2WW)
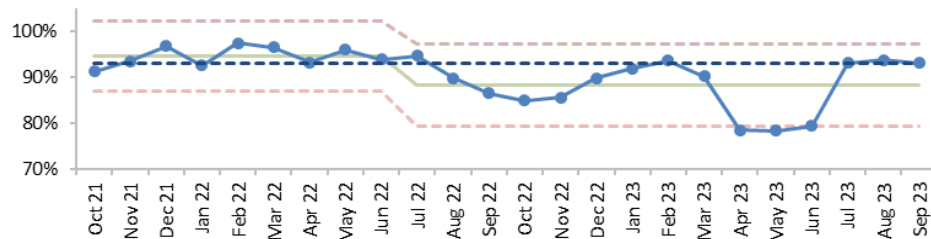
Indicator Background:

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

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

Cancer 2WW Breakdown by Site - Sep-23

Site	Seen	Breaches	Performance	Target
Royal London	951	123	87.1%	93.0%
Whipps Cross	1,688	61	96.4%	93.0%
Newham	579	21	96.4%	93.0%
St Bart's	279	38	86.4%	93.0%
Barts Health	**3,497**	**243**	**93.1%**	**93.0%**

What is the Chart Telling us:

The chart details a period of variable performance against the 93% standard for the period September 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 was non compliant between March and June 2023 with April, May and June's performance dropping below the lower confidence limit, a significant reducing change in performance. However, performance significantly improved across July, August and September with the standard achieved in all three months.

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

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	**3,497**	**243**	**93.1%**
Children's	13	3	76.9%
Brain/CNS	5	1	80.0%
Skin	748	124	83.4%
Gynaecological	371	43	88.4%
Haematological	20	2	90.0%

Trust Performance Overview

In September 2023 a performance of 93.0% was recorded in relation to the 2 week wait standard, set at 93%, a reduction of 0.7% against August's 93.7%. Breaches of the standard increased from 230 in August to 243 in September, the number of patients seen decreased from 3,653 to 3,496 (-157) across the same period meaning the proportion of patients breaching the standard increased.

Trust Responsible Director Update

- The trust achieved the 2WW standard for the third consecutive month in a row at 93%. In October the group saw 3515 2ww referrals.
- The key pathways which were not compliant in September were within Skin and Gynae due to a capacity shortfall which have action plans being developed for compliance. Childrens, Brain and Haematology breaches were due to patient choice.
- The trust developed a first new report which is used by teams to monitor their 2WWs. There has been an increase in breaches during November which is being reviewed through a deep dive week commencing 27th November.

Cancer 2 Week Wait

Royal London - Cancer 2 Week Wait (2WW)
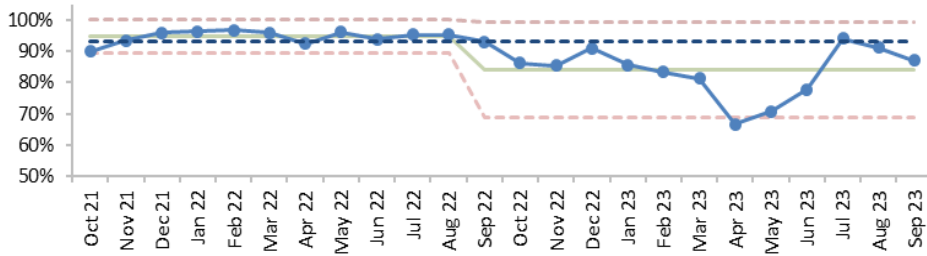
Whipps Cross - Cancer 2 Week Wait (2WW)
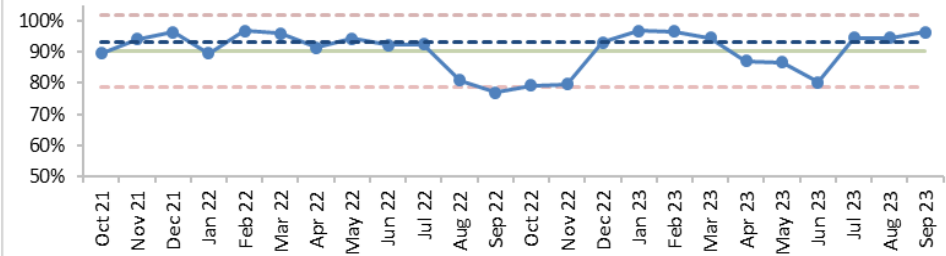
Newham - Cancer 2 Week Wait (2WW)
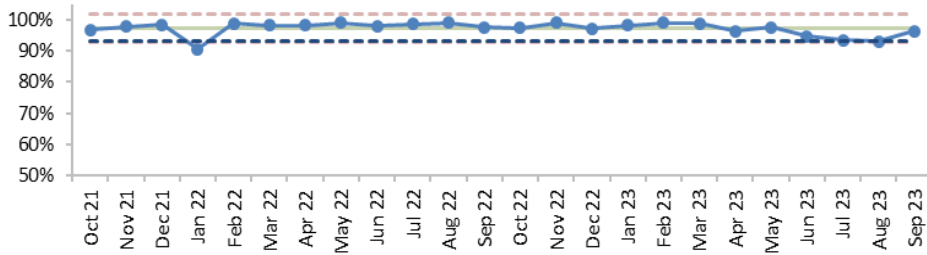
St Bart's - Cancer 2 Week Wait (2WW)
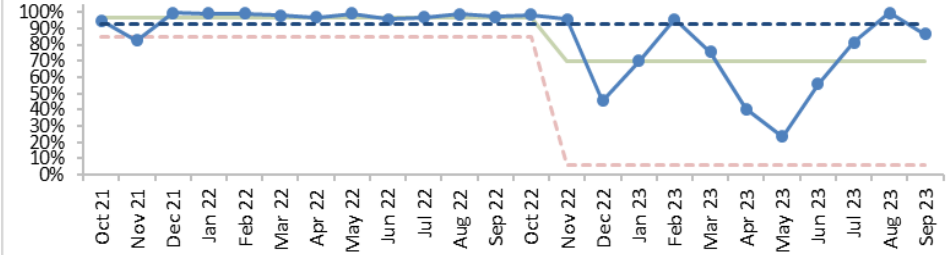
Mean — UCL — LCL — Metric — Target

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

For September 2023 two of the trusts four hospital sites exceeded the national standard, coincidentally achieving the same performance:

- Whipps Cross: 96.4%
- Newham: 96.4%

The two hospital sites failing the standard were:

- Royal London: 87.1%, to put this in context there were 123 breaches of the standard of which 110 were recorded in Skin.
- St Bart's: 86.4%, following August's significantly improved performance of 99.6% compliance against the national standard reduced, however is still the second highest performance since April 23. To put this in context there were 38 breaches of the standard of which 33 were recorded in Breast.

Diagnostic Waits Over 6 Weeks

Diagnostics all Modalities – Performance against 95% Standard
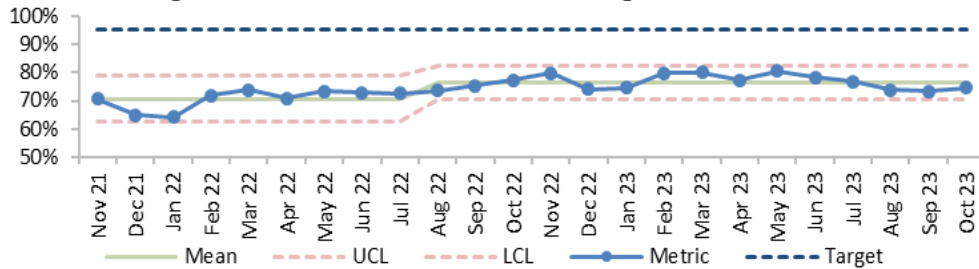
Trust Performance Overview

- For October 2023 a performance of 74.6% was recorded, an increase of 1.4% against September's 73.2%.
- During October 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, with those specialties contributing 84% of all breaches.
- There is performance oversight via the DM01 task and finish group, with regular reporting into the monthly Elective Recovery Board, where hospital and group improvement plans are monitored.

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.

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 August 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 period February to July 23, however the last two data points have dropped below the mean.

Diagnostic Imaging Waits Over 6 Weeks

Diagnostics Imaging (CT) – Performance against 95% Standard
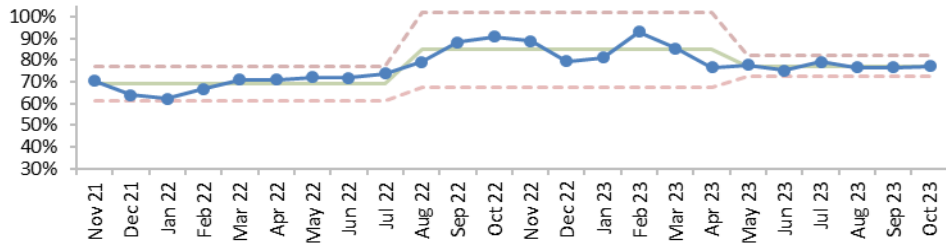
Diagnostics Imaging (MRI) – Performance against 95% Standard
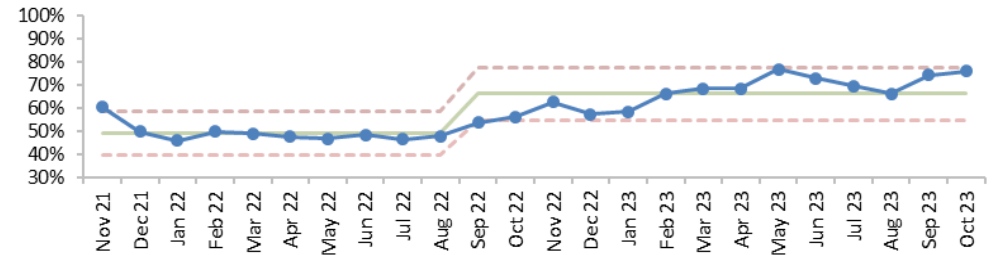
Diagnostics Imaging (NOUS) – Performance against 95% Standard
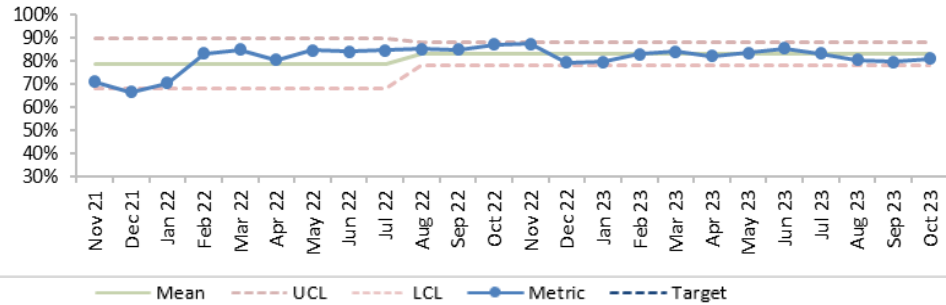
Legend: Mean — UCL ------ LCL ------ Metric —•— Target ------

Test Name	Sep-23			Oct-23			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Magnetic Resonance Imaging	4,681	1,210	74.2%	4,560	1,092	76.1%	1.9%
Computed Tomography	3,245	755	76.7%	3,435	782	77.2%	0.5%
Non-obstetric ultrasound	18,725	3,829	79.6%	19,236	3,647	81.0%	1.5%
DEXA Scan	1,172	260	77.8%	1,191	209	82.5%	4.6%
Barium Enema	0	0	100.0%	1	0	100.0%	0.0%
Grand Total	27,823	6,054	78.2%	28,423	5,730	79.8%	1.6%

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

Trust Responsible Director Update

- There has been a slight improvement in imaging waiting times over the past three months, whilst overall year to date group imaging performance remains challenged. The main area of challenge remains within Non-Obstetric Ultrasound which is ran from the Royal London Hospital. As recovery plan was presented to the elective recovery board in November 23 which reported recovery of the standard by February 2024. The key risk remains with workforce (sonographers) as there is a national shortage which results in delays with patients being protocolled. The benefits of protocolling patients it gives better patient experience, reduces risk of scan being cancelled and help with utilisation. The hospital is also scoping out an additional room, monitoring room utilisation, DNA rates and reviewing medical job planning.
- A recovery plan is being developed to support DEXA delivery.
- A review of group wide imaging risks has been undertaken and being presented to the elective recovery board in December.
- The Community Diagnostic Centre (CDC) at Mile End Programme has already launched the following services Plain film x ray, Cystoscopy, NOUS, CT with and without contrast and MRI without contrast. There are further seven areas being developed and rolled out from December onwards. The trust is reporting into the APC CDC group and working collaboratively with BHRUT.

Diagnostics Echocardiology – Performance against 95% Standard
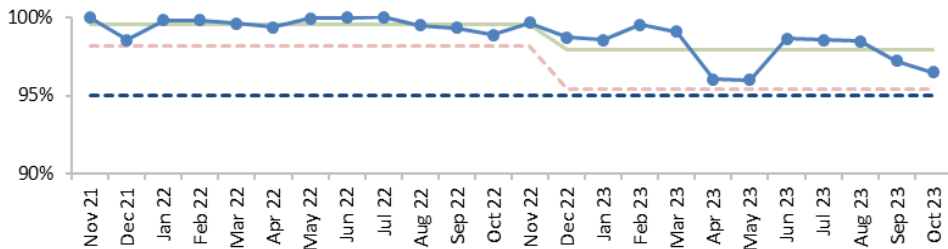
Diagnostics Endoscopy – Performance against 95% Standard
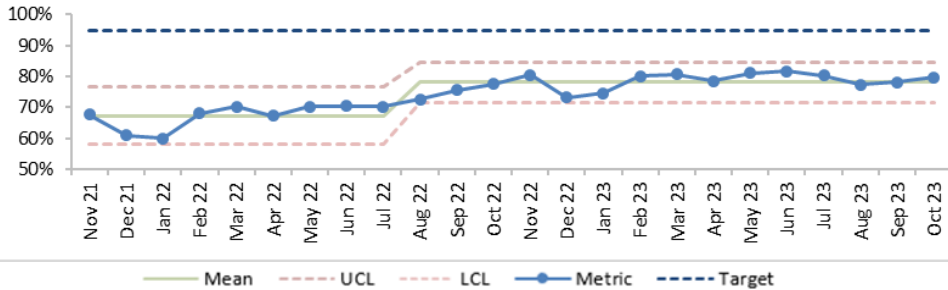
Legend: Mean — UCL --- LCL --- Metric ●— Target ----

Test Name	Sep-23			Oct-23			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Audiology - Audiology Assessments	3,374	2,540	24.7%	2,981	2,305	22.7%	-2.0%
Urodynamics - pressures & flows	104	79	24.0%	74	52	29.7%	5.7%
Neurophysiology - peripheral neurophysiology	260	148	43.1%	464	314	32.3%	-10.7%
Cystoscopy	449	252	43.9%	467	277	40.7%	-3.2%
Cardiology - Electrophysiology	2	1	50.0%	5	2	60.0%	10.0%
Respiratory physiology - sleep studies	297	114	61.6%	219	82	62.6%	0.9%
Gastroscopy	990	312	68.5%	1,017	315	69.0%	0.5%
Flexi sigmoidoscopy	221	51	76.9%	204	55	73.0%	-3.9%
Colonoscopy	781	73	90.7%	831	86	89.7%	-1.0%
Cardiology - echocardiography	1,860	52	97.2%	1,880	66	96.5%	-0.7%
Grand Total	**8,338**	**3,622**	**56.6%**	**8,142**	**3,554**	**56.3%**	**-0.2%**

NB: Imaging Modalities are shown on the preceding slides

Trust Responsible Director Update
- Cardiology (Echo) continues to be strong and compliant with performance over 95%.
- In October Physiological Measurements and Endoscopy remain challenged against the DM01 standards.
- A refresh of the BH Endoscopy group has been launched chaired by the Group Director, with a focus on utilisation particularly within the Community Diagnostic Centre at Mile End, > 6 week waiters, DNAs, patient information and experience and a review of the group-wide risks and the Joint Advisory Group (JAG) at each hospital. This will feed into the elective recovery board in December.
- A weekly task and finish group was launched on 6th November 23 focusing on recovering the Urodynamics standards, the service moving forwards will be run between WX and NUH. A clinical harm review is underway for a sample of patients waiting more than 6 weeks. This group is reviewing the workforce, sessions and improvement trajectories, which will be monitored.
- Audiology has agreed to outsource the majority of patients out to an external provider to commence in January 2024 which will be for a period of six months. Complex younger children will continue to be treated by the trust through additional capacity that has been secured. These patients are being monitored though the clinical harm review group that meets monthly and is chaired by the Group Deputy Chief Medical Officer.
- A review of the Neurophysiology patients in underway inline with the DM01 guidance review, a detailed update will come to board next month.

Admitted Elective Activity

			Barts Health					Last Month's Site Position			
		May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Royal London	Whipps Cross	Newham	St Bart's
All Elective Activity	Plan	8,260	7,961	8,167	8,308	8,324	**8,312**	3,927	1,907	1,361	1,118
	Actuals	8,056	8,164	7,654	7,818	7,862	**8,070**	3,936	1,479	1,011	1,644
	Mth variance plan	-204	203	-513	-490	-462	-242	9	-428	-350	526
Elective Day Case Activity	Plan	6,686	6,484	6,678	6,807	6,823	**6,822**	3,320	1,645	1,140	717
	Actuals	6,553	6,621	6,298	6,351	6,366	**6,652**	3,387	1,241	894	1,130
	Mth variance plan	-133	137	-380	-456	-457	-170	67	-404	-246	413
Elective IP Activity	Plan	1,573	1,476	1,489	1,500	1,500	**1,491**	607	262	221	401
	Actuals	1,503	1,543	1,356	1,467	1,496	**1,418**	549	238	117	514
	Mth variance plan	-70	67	-133	-33	-4	-73	-58	-24	-104	113
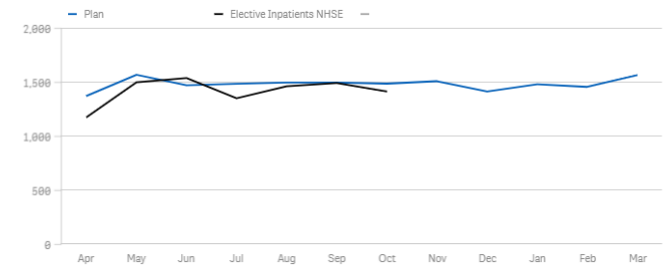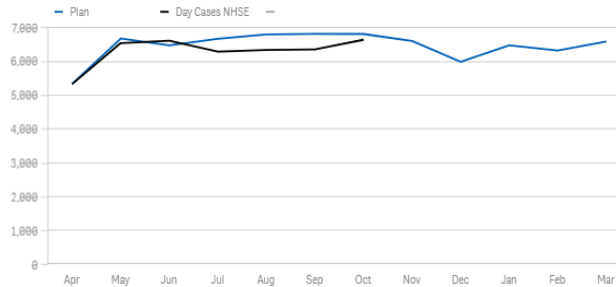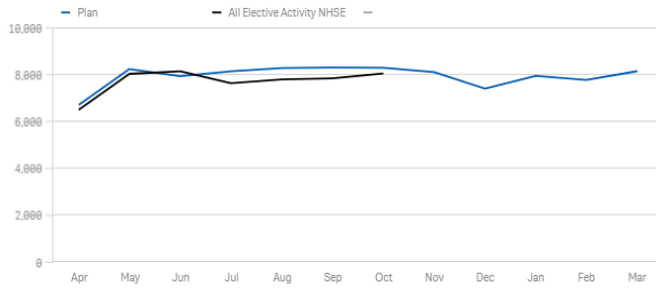
Data As at 20/11/2023

Performance Overview	**Responsible Director Update**
• 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 October 2023 the trusts admitted (inpatient and day case) trajectory set a target of 8,312 admissions against which the trust delivered 8,070 (-242 admissions).	• The validated RTT for October 2023 was 119,524. This is an increase of 346 from the validated position in September 2023. • During October 2023, there were 123 elective cases cancelled due to Industrial action. The Trust was 119 cases behind the monthly plan taking IA into account. • The Cross site Surgical Optimisation Group is reviewing it's terms of reference and will be presenting at the Elective Recovery Board in January 2024. • Focus remains on opportunities to agree further long-term moves particularly of high volume, low complexity cases (HVLC) and modelling work is underway to understand theatres capacity required to support clearance of remaining 78 week and 65 week wait cohort. • Work underway to review patients on the PTL with an intended procedure code that could be considered as a procedure of limited clinical effectiveness/value. An update and proposed plan will be taken to the next Elective Recovery Board (ERB).

Non Admitted Activity against Plan

Outpatient Activity

		Barts Health						Last Month's Site Position				
		May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Royal London	Whipps Cross	Newham	St Bart's	Other
Total OP Activity	Plan	136,608	127,368	123,379	125,187	130,476	**130,236**	54,652	30,898	21,145	23,541	0
	Actuals	135,971	137,861	130,504	131,906	132,615	**139,658**	58,996	31,714	22,751	26,132	65
	Mth variance plan	-637	10,493	7,125	6,719	2,139	**9,422**	4,344	816	1,606	2,591	65
Outpatient First	Plan	38,575	35,970	34,843	35,354	36,846	**36,780**	14,915	11,776	5,342	4,747	-
	Actuals	38,385	39,465	36,942	37,520	37,576	**40,771**	17,416	11,575	5,707	6,073	-
	Mth variance plan	-190	3,495	2,099	2,166	730	**3,991**	2,501	-201	365	1,326	-
Outpatient F/up	Plan	98,033	91,398	88,536	89,833	93,630	**93,456**	39,737	19,122	15,803	18,794	0
	Actuals	97,586	98,396	93,562	94,386	95,039	**98,887**	41,580	20,139	17,044	20,059	65
	Mth variance plan	-447	6,998	5,026	4,553	1,409	**5,431**	1,843	1,017	1,241	1,265	65
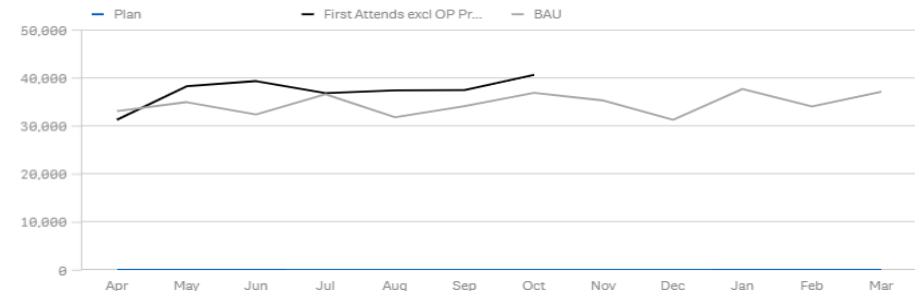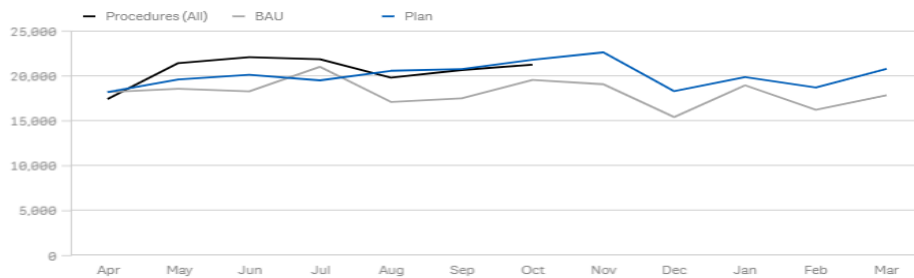
Data As at 20/11/2023

Performance Overview	Responsible Director Update
• 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 130,236 attendances, against which the trust delivered 139,658 (+9,422 attendances).	• The Trust continues to perform positively on OP metrics against 2023/24 plan. During October 1,624 outpatient attendances were cancelled due to Industrial Action. • The Trust is beginning to benchmark its virtual attendance rate, which currently sits in October 2023 at 13% with 9% of all first OP being completed virtually and 15% of follow up appointments. • Working with an external provider the Trust has sent out more than 25,000 text messages to patients who have been waiting >12 weeks and have not been validated or have a future appointment booked. • More than 12,000 responses have been received. From these 1,052 patients stated that they no longer needed to be seen, 8,130 wish to continue care within BH and more than 3,500 stated that they were happy to receive their care outside BH. There has been positive feedback from patients as part of this exercise. • 11,862 patients did not respond, and plans are being discussed with clinical teams over the next month to agree next steps for this cohort. • The Outpatient Transformation work has been refocused and is now more closely aligned with the Group Elective team, with a new Senior Responsible Officer in place. • At 17 November 2023, 83,480 patients had enrolled onto Patient Knows Best (PKB) (September 63,801). This gives patients secure access to their health record via an online portal. • The next PKB milestones are the release of Pathology results in January 2024 followed by radiology appointments which is due to go-live in February 2024.

Efficiency Activity

		Barts Health						Last Month's Site Position			
		May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Royal London	Whipps Cross	Newham	St Bart's
Avg Cases per 4hr Session	Actuals	1.64	1.62	1.65	1.68	1.66	1.69	1.58	2.28	2.07	1.03
	BAU	2.03	2.01	1.96	1.74	1.94	1.99	1.96	2.70	2.10	1.09
	Mth variance plan	-0.39	-0.39	-0.31	-0.06	-0.28	-0.30	-0.38	-0.42	-0.04	-0.06
Capped Utilisation	Actuals	74.6%	75.4%	74.6%	74.0%	75.6%	75.9%	77.4%	69.7%	74.6%	80.2%
	BAU	77.0%	76.8%	77.2%	68.0%	75.7%	77.2%	76.4%	76.7%	73.8%	82.3%
	Mth variance plan	-2.4%	-1.4%	-2.6%	6.0%	-0.1%	-1.3%	1.0%	-7.0%	0.8%	-2.1%
Day Case Rate	Actuals	57.0%	58.0%	60.4%	61.0%	58.2%	61.3%	58.9%	73.5%	78.4%	17.1%
	BAU	65.9%	65.7%	64.2%	64.0%	64.9%	63.7%	64.8%	76.5%	64.5%	16.3%
	Mth variance plan	-8.9%	-7.7%	-3.8%	-3.0%	-6.7%	-2.4%	-5.9%	-3.0%	13.9%	0.8%

Avg Cases per 4hr Session -Trust
Capped Utilisation - Trust
Day Case Rate -Trust
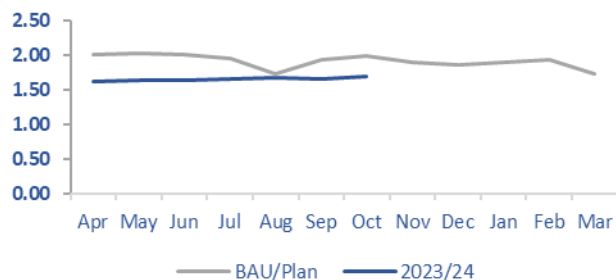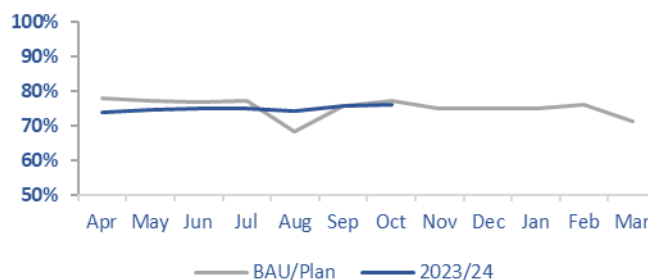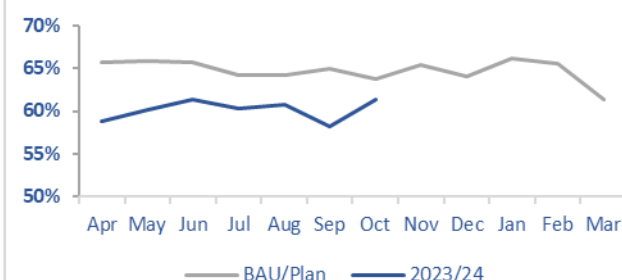
Data As at 20/11/2023

Performance Overview

- Set against internal trust data for October 1.69 cases per list were achieved against a BAU of 1.99 (-0.30).
- For the same month, a capped utilisation rate of 75.9% was recorded against a BAU of 77.2% (-1.3%).
- For October a day case rate of 61.3% was recorded against a BAU of 63.7% (-2.4%).

Responsible Director Update

- Barts Health Orthopaedic Centre (BHOC) received confirmation of it's accreditation as a surgical hub on 02nd November 2023. This is second surgical hub in London. Some of the areas of excellence that were identified were the inclusive culture, improved activity levels and positive cross site working. Areas of opportunity have been identified and the action plan in response will be reviewed in 3 months. This will be overseen via the Elective Recovery Board.
- During Q2 2023/24, BHOC has delivered an additional 82 cases despite the impact of industrial action
- A business case is being taken to Investment Steering Committee in November 2023 to seek approval for an Electronic E Consent Platform which will have a positive impact on theatre metrics once implemented. This will be achieved by reducing the time spent consenting patients on the day and therefore allowing lists to start on time. If approved it is likely this will be rolled out subject to project support in 2024/25.
- Care Coordination Solution (CSS) modules for theatre session and patient booking management is now live at Newham. Work is underway to ensure readiness of other sites within the group to go live with CCS during 2024/25
- The Terms of Reference for the Planned Care Programme Board, Chaired by the Chief of Surgery, are being reset to enable a greater focus on delivering theatre improvements.
- An external team is continuing to support work at Whipps Cross on fractured neck of femur improvements.

RTT Incomplete Pathways Recovery Trajectory - 65+ Weeks
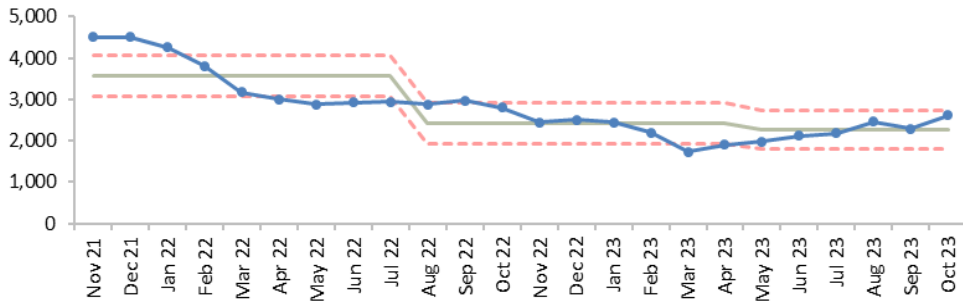
Indicator Background:

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

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

Trust Performance Overview

- For 2023/24 the NHS has set all trusts the objective of clearing 65+ week wait backlog volumes by March 2024. At the end of October the trust recorded 2,624 pathways waiting 65+ weeks, an increase of 333 against the September position.

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 consistently made a positive reduction in the total cohort of patients who will have waited 65 weeks by the end of March 2024. The graph on the right demonstrates thus reduction.
- As of 19 November, the Trust had **3,733** patients that are expected to be 65+ week waiters by March 2024 and require a first outpatient attendance across the medical and surgical specialties (including those that have an appointment within the target date).
- The two largest specialties contributing to the pathways left to book are Dermatology (1,291 patients) and Oral Surgery (318). Both have low volumes of conversion to surgery (3% and 6% respectively). They therefore remain a low risk to the year-end position.
- Through the North East London Collaborative Capacity Group, a weekly transfer of 70 patients to BHRUT from October across key risk specialties has been agreed – Dermatology, Gastroenterology, Respiratory, Gynaecology and Ophthalmology (although this is not currently a 65-week risk). This will support 1,260 patients being transferred to BHRUT by March 2024.
- A series of Hospital Deep Dives have been held this month across all sites. This has allowed focussed discussions around risks and mitigations for end of year delivery and opportunities for greater collaboration across hospitals.

65+ Weeks Wait End of March 24 Cohort

*Note nov 23 is an unvalidated position at present

78+ & 104+ Week RTT Activity

RTT Incomplete Pathways Recovery Trajectory - 78+ Weeks
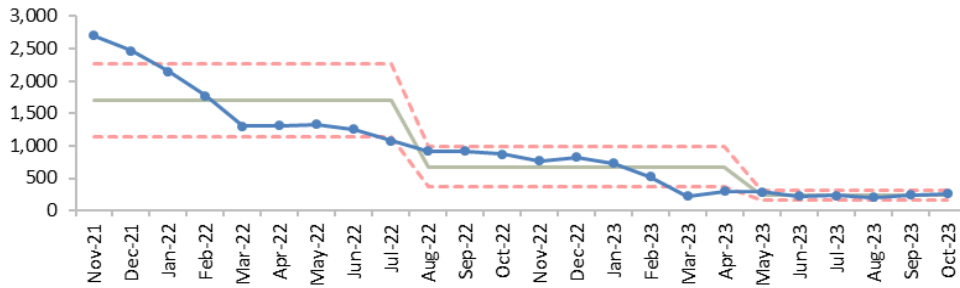
RTT Incomplete Pathways Recovery Trajectory - 104+ Weeks
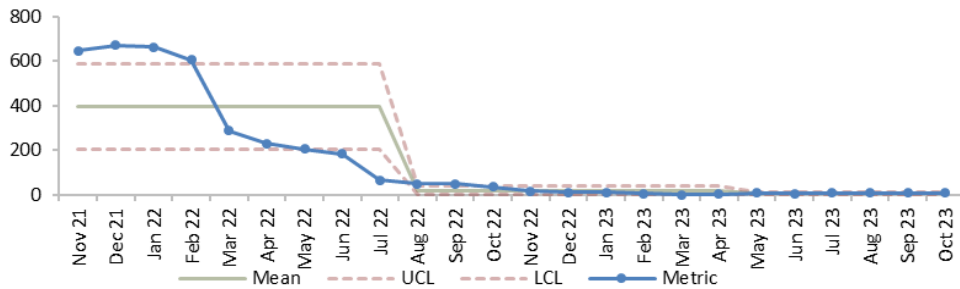
Indicator Background:

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 suggest points in time where process changes started to drive backlog reductions.

Trust Performance Overview

- In relation to 78+ week wait backlog volumes, 264 pathways were reported at the end of October, an increase of 23 against the September position.
- In relation to the RTT month-end nationally submitted data the trust reported 10 pathways waiting 104+ weeks at the end of October 2023, two more than reported at the end of September.

Trust Responsible Director Update

- There were 10 x 104 week wait pathways remaining on the PTL at the end of October 2023. Of these 5 were associated with Data Quality issues. There are now new SOPs in place as well as oversight from the Chief of Surgery of all in month breaches and escalation to Hospital Divisional Directors. An application has also been made to have RTT training as part of the core skills programme for staff to address knowledge gaps moving forwards.
- In addition, a process is being agreed with Operational Teams to support daily escalations if there are changes to plans or risks of cancellations for the longest waiting patients.
- Chronological booking reports have been shared with Hospital teams for review and action to ensure that the longest waiting patients are seen first where clinically appropriate. These have been well received and positive changes in practice have already been seen in some areas.
- In addition, there is agreement to undertake focused work on chronological booking opportunities within vascular services at the Royal London Hospital. This is being supported by the business intelligence unit data quality intervention team.

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 22nd November 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 by levels of deprivation. There is a small, but statistically significant difference in waiting times by gender. We will continue to observe this, but as it has not been the case in the past, we believe it is likely incidental.

Similar to last month, we did note a statistically significant difference in waiting times for patients with learning disabilities at Trust level. We have escalated this to the Surgery Leads and are presenting the findings to the Planned Care Board in December. We believe this is primarily a result of long waits in a few services at Royal London, such as Restorative Dentistry.

At site level, we did not find any concerning differences in waiting times by ethnicity or deprivation.

Next steps

We will continue to work with our Divisional Teams to mitigate the slight increase in the waiting times for patients with Learning Disabilities and address data quality.

Ethnicity Recording by Activity Type

A&E Ethnicity Completion
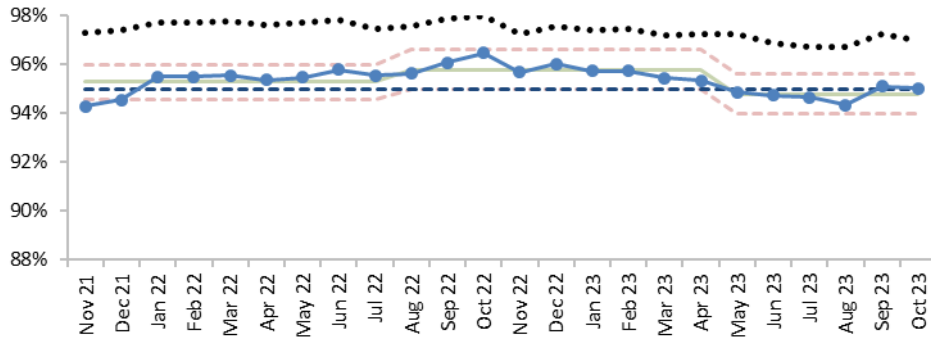
Outpatient Ethnicity Completion
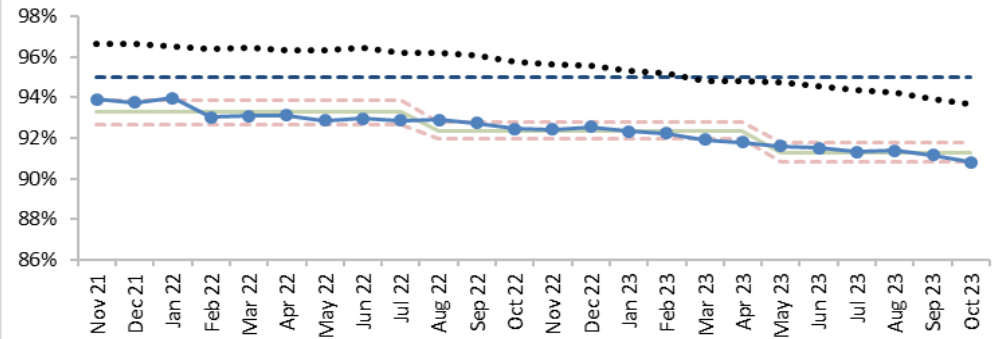
Inpatient Ethnicity Completion
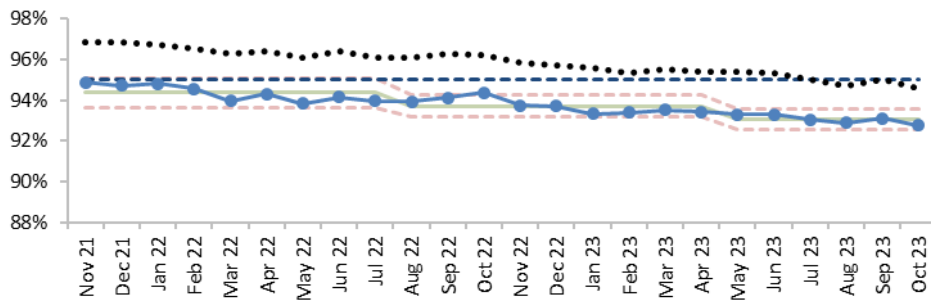
Ethnicity Recording by Activity Type - % Completion - Oct-23

Site	A&E	Inpatient	Outpatient
Royal London	95.8%	89.4%	89.3%
Whipps Cross	93.1%	93.4%	90.4%
Newham	96.0%	96.7%	95.8%
St Bart's	-	95.2%	90.2%
Trust	**95.0%**	**92.8%**	**90.8%**

Performance Overview

- Trust performance for Ethnicity recording remains above 90% and rates of recording have remained broadly consistent from last month, with no change in inpatient, 0.1% increase in A&E, and a 0.1% decrease in outpatient.
- Newham continues to be the leading site with recording rates above 95% in all areas
- Whipps Cross have seen a slight increase in A&E capture by 0.3% since last month
- Royal London have seen a slight decrease in A&E capture by 0.3% since last month
- St Bart's continues to achieve above 95% in Inpatient
- There is a continued downward trend in outpatient and inpatient Ethnicity completion across the trust.

Responsible Director Update

- It is encouraging to see 95% capture being achieved across the three activity areas of Newham, A&E at Royal London and Inpatient at St Barts.
- We are working with Newham to disseminate their best practice to other site leads via the Addressing Inequalities in Care meeting.
- Ethnicity capture has remained broadly static in recent months, and additional efforts should be made to ensure we are reaching 95% recording for all sites and areas
- 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.

Equity - Wait Times By Ethnicity

Ethnicity
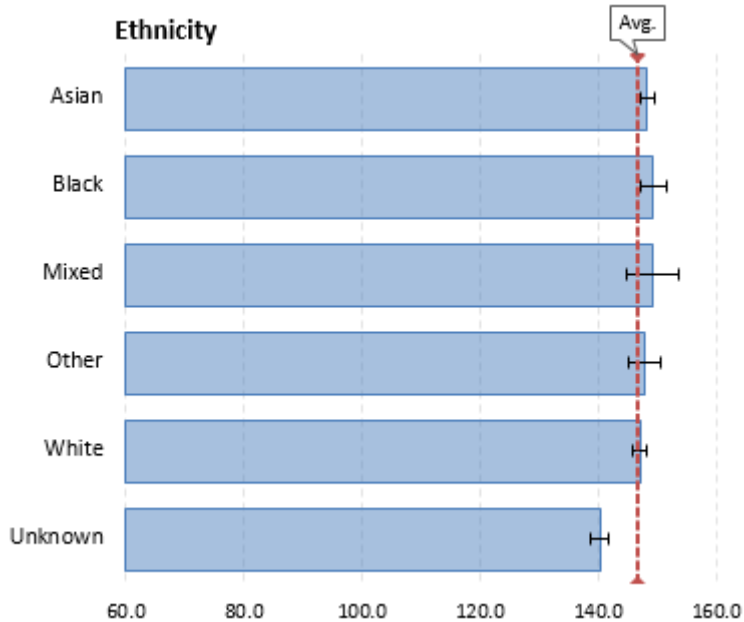
Summary Data

Ethnic Category	Total Wait Time (Days)	# of Pathways
Asian	5,355,253	36,103
Black	2,081,081	13,932
Mixed	405,846	2,721
Other	1,072,473	7,254
White	5,925,068	40,264
Unknown	2,862,261	20,412

Pathways with no Week Wait details excluded

Ethnic Category	Average Wait (Days)	Lower CI	Upper CI	Median WW
Asian	148.3	147.1	149.6	16-17
Black	149.4	147.3	151.4	16-17
Mixed	149.2	144.6	153.7	16-17
Other	147.8	145.1	150.6	16-17
White	147.2	146.0	148.3	16-17
Unknown	140.2	138.6	141.9	14-15
Grand Total	**146.7**			**14-15**

Commentary

At Trust level, there are no statistically significant 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 149.4 days. This is 2.2 days longer than the shortest waiters belonging to the 'White' 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. Findings are consistent with last month's reporting.

Equity – Wait Times by Gender

Gender
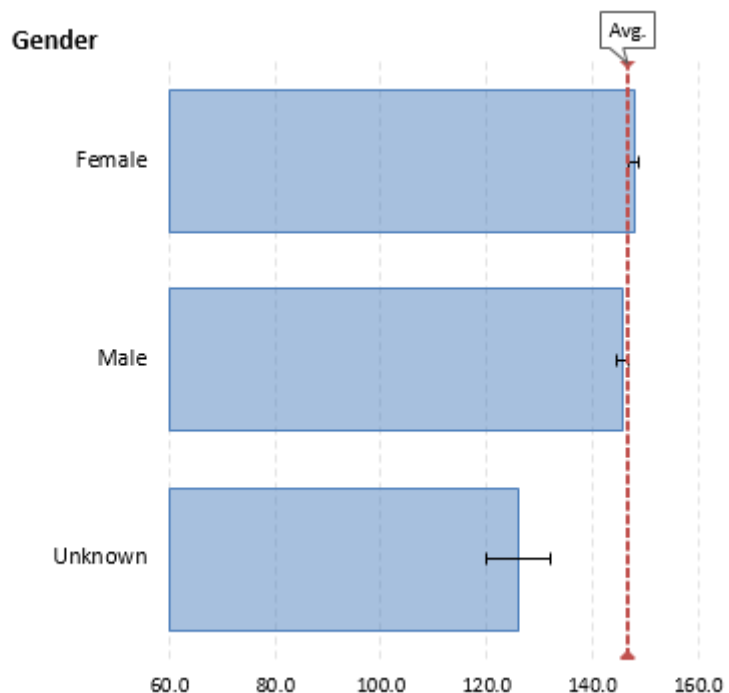
Commentary

At trust level, there is a small but statistically significant difference in wait times between male and female patients.

The average wait time from referral to treatment is 147.9 days for female patients, and 145.7 for male patients, with a difference of 2.2 days. This difference very small but is considered to be statistically significant. This has not been consistent with previous months and, therefore, could be due to random variation. We will continue to monitor for trends.

The median weeks wait is 16-17 for female patients and 14-15 for male patients, suggesting there is a skew in the data towards a larger number of female patients being longer waiters on our waiting list.

Patients of 'unknown' gender are a relatively small group and are likely to be urgent referrals. This group has significantly shorter wait times compared to those of known genders.

Summary Data

Gender	Total Wait Time (Days)	# of Pathways	
Female	10,120,113	68,447	Pathways with
Male	7,380,337	50,640	no Week Wait
Unknown	201,532	1,599	details
			excluded

Gender	Average Wait	Lower	Upper	Median WW
Female	147.9	146.9	148.8	16-17
Male	145.7	144.7	146.8	14-15
Unknown	126.0	120.1	131.9	12-13
Grand Total	**146.7**			**14-15**

Index of Multiple Deprivation (IMD) Quintile
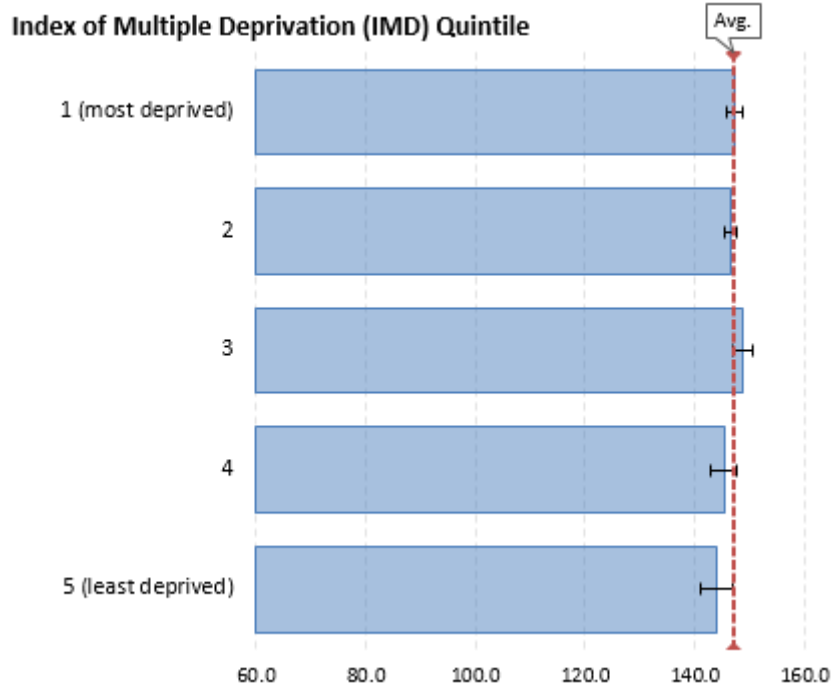
Commentary

This month, there is no statistically significant difference in wait times between patients in the most deprived postcodes, and those in the least deprived postcodes.

This is in line with findings from last reporting period where median and average wait times by deprivation have remained stable.

As with last reporting period median waits for patients living in IMD 3 areas is slightly longer at 16 – 17 weeks compared with 14 – 15 weeks for other IMD quintiles. However, the is an improvement in the difference in average waits between patients in IMD 3 areas and patients in IMD 5 (least deprived areas) from 6.7 days to 1.9 days.

Summary Data

IMD Quintile	Total Wait Time (Days)	# of Pathways	
1 (most deprived)	4,298,443	29,180	Pathways with
2	8,069,099	55,059	no Week Wait
3	2,829,234	19,019	details
4	1,434,303	9,873	excluded
5 (least deprived)	864,797	6,009	

IMD Quintile	Average Wait	Lower	Upper	Median WW
1 (most deprived)	147.3	145.9	148.7	14-15
2	146.6	145.5	147.6	14-15
3	148.8	147.0	150.5	16-17
4	145.3	142.9	147.6	14-15
5 (least deprived)	143.9	140.9	146.9	14-15
Grand Total	**146.9**			**14-15**

Learning Disability
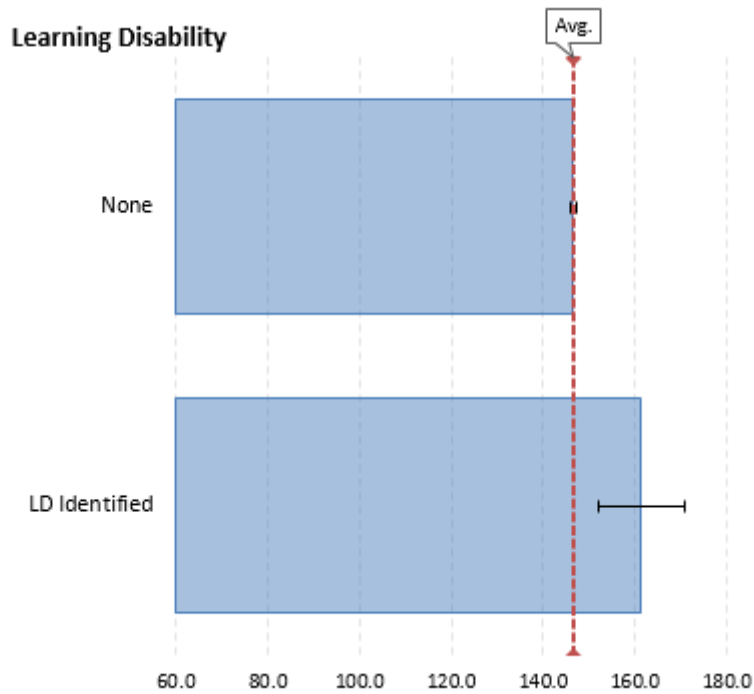
Commentary

This month, there is a statistically significant difference in waiting time for patients identified as having a learning disability (LD).

Last month we reported early signs of the average wait difference between LD and non-LD patients growing, with a mean difference of 14.7 days, slightly less than the difference last month (15.5 days) days. Similar to last month, the median waits also show a growing difference, as those who have not been identified as having a learning disability have a median wait of 14-15 weeks, while the median wait for those with a learning disability is 18-19 weeks.

Most patients with an LD waiting for surgery are at Royal London, with 22 waiting for surgery in Restorative Dentistry.

We have escalated this growing disparity to Divisional Leads and are presenting findings to the Planned Care Board in December.

Summary Data

LD_Flag	Total Wait Time (Days)	# of Pathways	
None	17,583,429	119,951	Pathways with no Week Wait details excluded
LD Identified	118,553	735	

LD_Flag	Average Wait	Lower	Upper	Median WW
None	146.6	145.9	147.3	14-15
LD Identified	161.3	152.0	170.6	18-19
Grand Total	**146.7**			**14-15**

Equity - Wait Times By Ethnicity (Sites)

Royal London
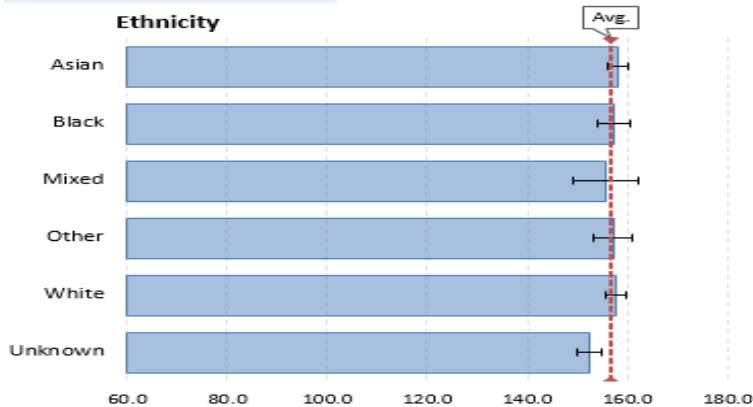
Whipps Cross
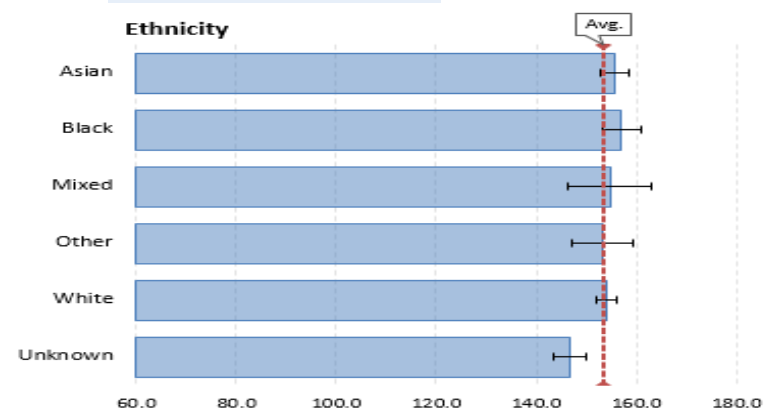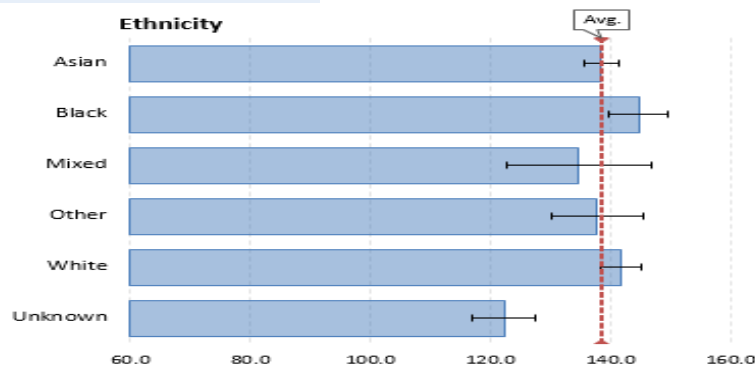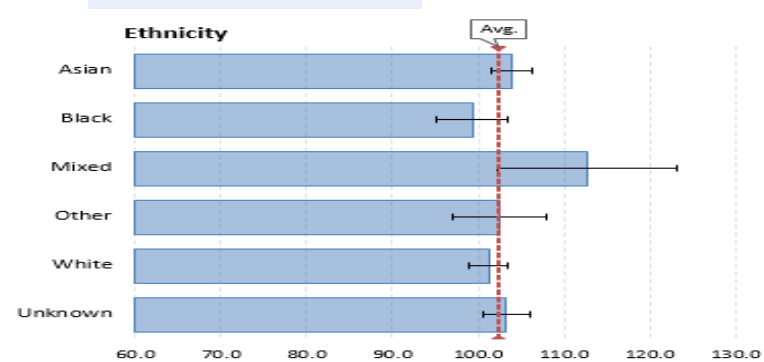
Newham

St Barts

Commentary

At site level, we did not identify any significant differences in wait times between ethnic categories. However, there appears to be greater variation in wait times at Newham and St Barts.

This broadly reflects findings from last month. Average wait times across all ethnic categories has remained largely stable at 146.7 days. Median wait time is also stable at 14 – 15 weeks.

However, as with last month these findings may be skewed by the 'Unknown' ethnic category. When comparing wait times for known ethnic categories, median wait time is 16 – 17 weeks. 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.

Equity – Wait Times By Deprivation (Sites)

Royal London
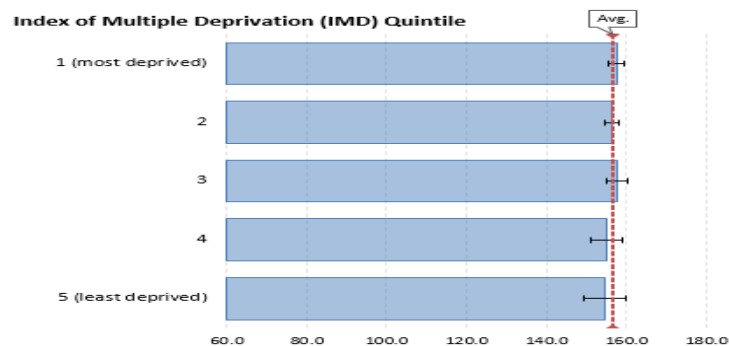
Whipps Cross
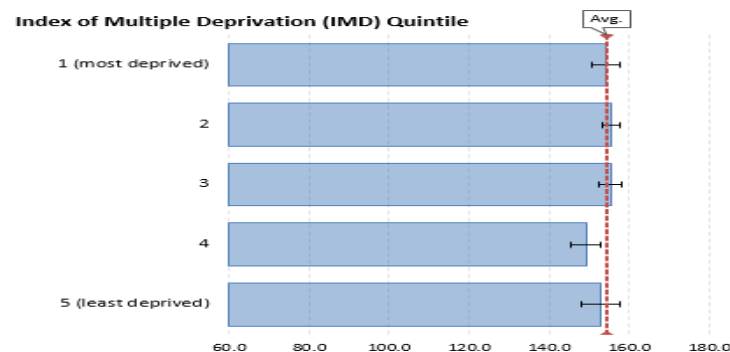
Newham
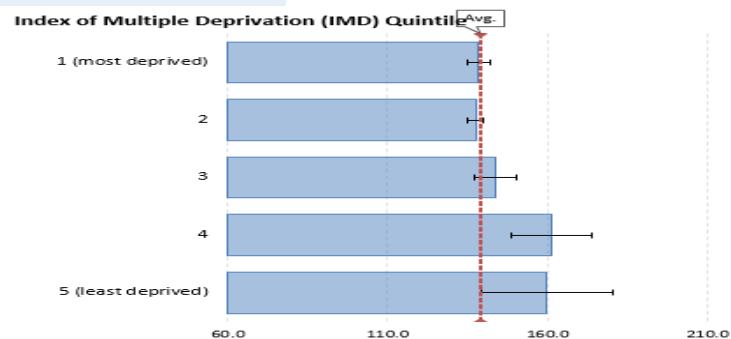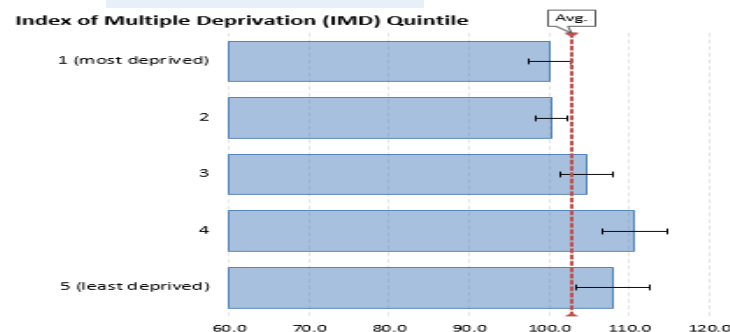
St Barts

Commentary

At St Barts, patients from the most deprived areas (IMD 1) have significantly shorter average wait times of 100 days compared to patients living in the least deprived (IMD 5) areas who wait on average 108 days. We do not believe this is a concerning finding, but will watch for trends.

Interestingly, patients at St Barts who live in IMD 4 areas wait the longest on average at 110.7 days. This is a new finding but is not of concern. We will, however, monitor for trends. The average wait time by deprivation for the Trust for this reporting period is 102.8 days with median waits of 10 – 11 weeks.

There are no other concerning statistically significant differences in wait times by level of deprivation.

People Report

Domain Scorecard

	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	Oct-23		39.2%	**39.2%**	35.5%	51.9%	58.1%	28.8%	36.3%	35.9%	28.6%
Supporting the wellbeing of our colleagues	Turnover Rate	Oct-23	<= 12.25%	10.6%	10.7%	11.5%	10.1%	9.6%	12.3%	12.5%	7.6%	7.7%
	Sickness Absence Rate	Sep-23	<=4%	4.43%	4.46%	4.43%	4.48%	5.10%	3.65%	4.47%	5.05%	4.44%
	Appraisal Rate - Non-Medical Staff	Oct-23	>= 90%	**58.2%**	**59.0%**	58.0%	75.0%	53.0%	61.0%	70.0%	44.0%	23.0%
	Appraisal Rate - Medical Staff	Oct-23	>= 85%	**87.0%**	**84.9%**	84.1%	87.7%	84.1%	84.9%			
	Mandatory and Statutory Training - All	Oct-23	>= 85%	**87.4%**	**87.7%**	86.6%	89.7%	87.3%	90.1%		84.9%	

	Indicator	This Period	This Period Target	Last Period	This Period	Royal London	Whipps Cross	Newham	St Bart's	Pathology Partnership	Group Support Services	Other
Fostering new ways of working to transform care	Roster compliance - Nursing Units Approved on Time %	Oct-23	100%	**55.9%**	**49.7%**	24.4%	86.4%	32.3%	52.2%			
	Roster compliance - Nursing Average Approval Lead Time (Days)	Oct-23	>=42	**40.1**	**40.1**	35.3	45.7	35.1	39.0			
	Roster compliance - % Nursing Units with Blue or Cloudy Sky	Oct-23			28.0%	22.2%	31.8%	29.0%	30.4%			
	Medical and Dental Job planning completion	Oct-23			**44.3%**	30.6%	69.8%	46.9%	56.2%			
Growing a permanent and stable workforce	Substantive fill rate - all staff	Oct-23	95%	**92.3%**	**92.6%**	93.3%	91.1%	89.1%	96.2%	89.9%	90.6%	99.2%
	Substantive fill rate - nursing and midwifery	Oct-23	95%	**86.6%**	**87.8%**	89.1%	89.3%	82.4%	88.2%			
	Time to Hire (Advert to All Checks Complete) - Median Weeks (Non Medical)	Oct-23	10.4	**9.4**	**9.2**	13.4	10.4	12.6	11.5	9.8	6.2	
	Time to Hire (Advert to All Checks Complete) - Median Weeks (Medical)	Oct-23	15.00	**10.8**	**9.8**	9.3	10.9	18.7	9.3			
	Temporary staff as a % of workforce	Oct-23		**12.4%**	**12.5%**	13.5%	16.7%	19.0%	11.0%	14.5%	2.0%	6.6%
	Agency Spend as % Paybill (YTD)	Oct-23	3.70%	**4.6%**	**4.4%**	3.4%	5.5%	7.2%	2.4%	3.3%	6.3%	4.3%

*** Agency Spend as % Paybill figures above are based on a YTD position, in October agency spend reduced to 3.8% of total pay spend*

Fostering new ways of working to transform care

- Roster compliance – approval on time dropped from 55.9% to 49.7% for rosters commencing in October with Whipps continuing to have the highest level of on time approvals at 86%. The average lead time for approval remained 40.1 days.

- Roster compliance - % nursing units with blue or cloudy sky (signifiers of threshold performance against compliance) is our quality metric for rosters. At the point the rosters were due to be go live 28% of reported rosters achieved a blue or cloudy sky with variation across the hospitals from 22% at The Royal London to 32% at Whipps Cross. The biggest challenge to achieving compliance is the balancing of individual contracted hours across the 4 week roster period. It is proposed that the nursing, midwifery and AHP board review the tolerances set in the report behind this, to ensure that they remain appropriate.

- Signed off medical job planning stood at 44.3% at the end of October, an increase from 33% the previous month. The highest level of sign off is at Whipps at 69%, followed by St Bartholomew's at 58%, Newham at 47% and Royal London at 31%. The hospital sites have been asked to provide a trajectory for completion.

Supporting the wellbeing of our colleagues

- As a group annualised voluntary turnover has crept up from 10.6% to 10.7%, although performance across the hospitals is variable with improvement at Whipps (10.4% to 10.1%) and Newham (9.7% to 9.6%) St Bartholomew's (12.2% from 12.4%) with a small deterioration at The Royal London (11.4% to 11.5%) and St Bartholomew's (12.2% to 12.3%). Nursing and Midwifery turnover is at 12.2% and ranges from 9.5% at Whipps Cross to 14.3% at The Royal London.

- Overall annualised sickness absence has largely plateaued at group level although we have seen 2 months with marginal increases. Further information is covered in the following exception page.

- Recorded appraisals for non medical staff showed a small increase 58.2% to 59.0% in month, remaining below target. The new appraisal framework for non-medical staff launched at the start of November , formally incorporating career conversations along with increased training provision including e-learning, step by step guides and videos.

- For medical staff the appraisal rate reduced from 87.0% to 84.9% dipping just below target. Further work is taking place to understand the cause of this.

- Statutory and Mandatory Training (all) compliance increased slightly from 87.4% to 87.7% with more detail provided in the subsequent exception page however it is noted that a main area of challenge is for SOFT FM colleagues who have TUPEd in and they are being assisted to access statutory and mandatory training where there are particular challenges around digital literacy, accessibility and neurodiversity.

Growing a permanent and stable workforce

Substantive Fill Rate - All Staff

Substantive Fill Rate - Nursing and Midwifery Registered
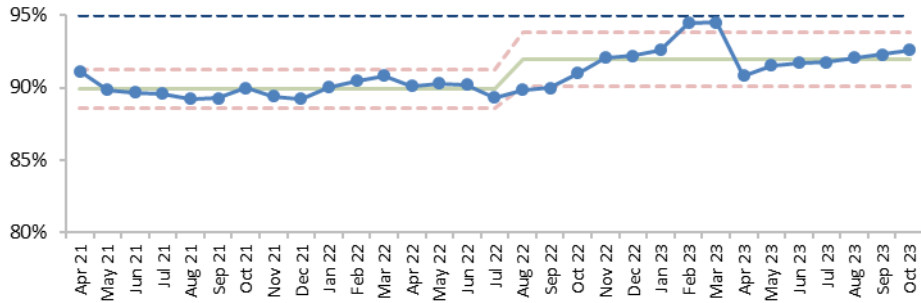
Indicator Background:

The substantive fill rate is an indicator of the contracted WTE employed by Barts Health NHS Trust against budgeted WTE. A long term goal is to deliver a 95% fill rate, minimising vacancies and the need to use temporary staffing.

The period between November 2022 and March 2023 is skewed in part due to the TUPE in of Soft FM services over that period and the budgeted WTE for these services being accurately reflected from April 2023

What are the Charts Telling us:

The charts here are showing our overall substantive fill rate as well as that for our registered nursing and midwifery staff group against the 95% target, the latter being our most challenging in terms of reducing gaps.

For both we are seeing improved fill rates month on month since April 23 with positive special cause variation for Nursing and Midwifery in October 2023 where the fill rate went from 86.6% to 87.8%

Commentary

- In October we onboarded 93 new colleagues under TUPE from G4S taking on the management of the patient transport services for BHRUT.

- We also saw an increase of 88 WTE registered nurses and midwives reflecting the work undertaken across the group to recruit newly qualified nurses resulting in 124 band 5 nurses and midwives joining in October

- Time to hire for non-medical staff was at 9.2 weeks however performance across the group varied with three hospital sites exceeding the 10.4 week target linked to some of the commissioning of recruitment for student nurses starting between March and May. Time to hire for medical staff was at 9.8 weeks

- Agency spend as a % paybill reduced to 4.4% YTD from 4.6%, although continues to exceed the 3.7% target.

- The overall level of temporary staffing used in October was stable compared to September at 2,723 WTE and within this there has been a small (23) WTE reduction in agency usage.

Annualised Sickness Absence Rate

Annualised Sickness Absence Rate

In Month WTE Sickness (Days) — Short Term %, Long Term %
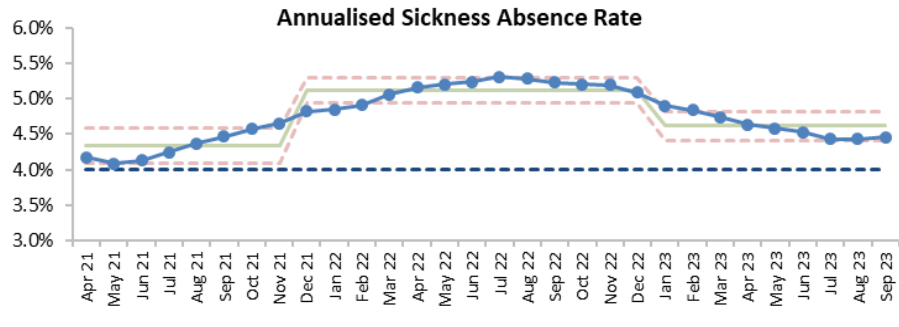
Indicator Background:

The annualised sickness absence rate is a 12 monthly rolling measure indicating the proportion of contracted days lost to sick absence during this period.

It is reported one month in arrears compared to other metrics due to the timing of this data being loaded into ESR

What are the Charts Telling us:

The top chart shows our annualised sick absence rate since April 2021. For much of this period rates have been impacted by COVID-19 related absence, with the last national peak in July 2022. Since that point we have seen a downward trend though now appear to be reaching a plateau.

The bottom chart reflects the split of long term and short term sick absence on a month by month basis. Over the past five months this split has been consistent.
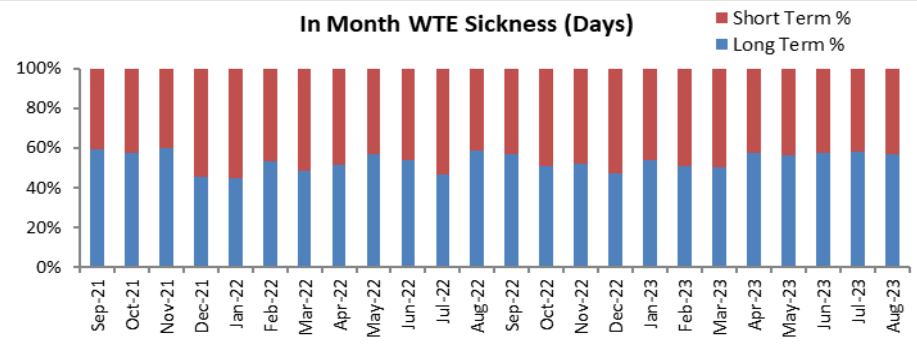
Commentary

Overall annualised sickness absence has largely plateaued at group level although we have seen 2 months with marginal increases.

Across the group any changes are also marginal
- Newham reduced from 5.14% to 5.10%
- RLH 4.44% to 4.43%
- SBH 3.64% to 3.65%
- WXH remained at 4.48%

Alongside this the split of long term and short term absence has been stable with 58% of all sick absence being long term

As presented last month work continues in line with our wellbeing strategy, alongside ongoing support from our employee wellbeing service

Mandatory and Statutory Training

Mandatory and Statutory Training (All) - Compliance
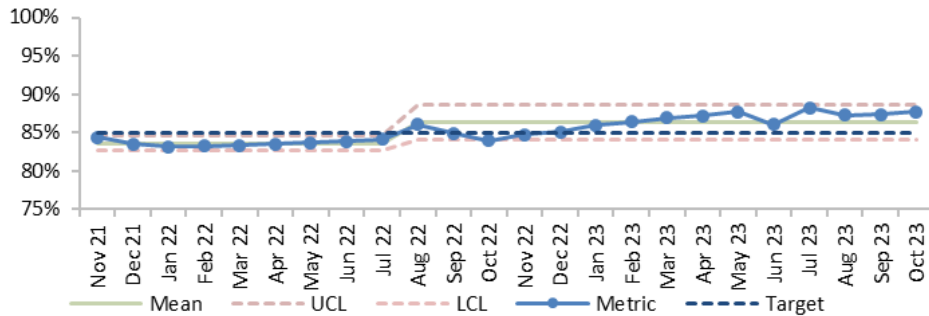
Mandatory and Statutory Training (National) - Compliance
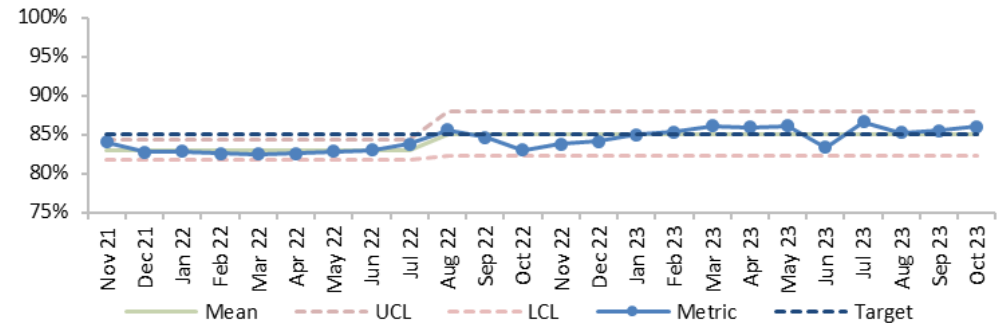
Bottom 5 Competencies: Total Number of Non-Compliant Employees

Competency	Previous 6 Months Compliance	Sep-23 Compliance	Sep-23 Staff Non-Compliant
Fire Safety	85.9%	83.2%	3,359
Safeguarding Children L2	77.7%	78.3%	2,785
Resuscitation - Basic Life Support	77.9%	78.2%	2,426
Infection Control (Clinical)	82.7%	81.6%	2,142
Safeguarding Adults L1	88.1%	89.6%	2,073

Bottom 5 Departments: Total Number of Non-Compliant Employees

Departments	Previous 6 Months Compliance	Sep-23 Compliance	Sep-23 Staff Non-Compliant
RLH - Cleaning (Other)	53.8%	74.5%	146
NUH - Cleaning (Other)	27.8%	66.4%	127
TRUST PATIENT TRANSPORT (Other)	81.3%	81.7%	103
SBH - Cleaning (Other)	37.7%	56.0%	90
Restorative Dentistry (Royal London)	65.6%	70.9%	68

Non-mandatory competencies have been excluded from the above tables

Performance Overview

- Trust compliance for the Core Skills Training Framework subjects currently stands at 86.13%, an increase of 0.45% since the last Board report, against a target of 85%.
- Compliance for Essential skills currently stands at 90.89%, a decrease of 0.07% since the last Board report, against a Trust target of 85%.
- Compliance in Fire Safety has dropped by 2.7% as a result of the cancellation of training sessions.
- Compliance in Resuscitation has increased by 0.3% and is currently subject to a review by the Education Academy.
- Services TUPED into the Trust have shown significance increases in compliance over the past few month with work ongoing with the Cleaning staff where there have been particular challenges.

Responsible Director Update

- All staff currently receive monthly reminders by email.
- Compliance figures are reported in site PR packs with spotlight reports each month.
- The total number of staff monitored is now 20,126 with 446,511 compliance items monitored monthly.
- In light of the particular risks around fire, the Fire Committee have agreed to reintroduce the national eLearning package. This is a result of not being able to offer enough training session due to a lack of fire officers.
- Work is continuing on aligning all subjects to the Skills for Health Core Skills Training Framework, with a monthly programme of work looking at each subject and necessary changes in requirements.
- TUPED staff are being assisted to access statutory and mandatory training where there are particular challenges around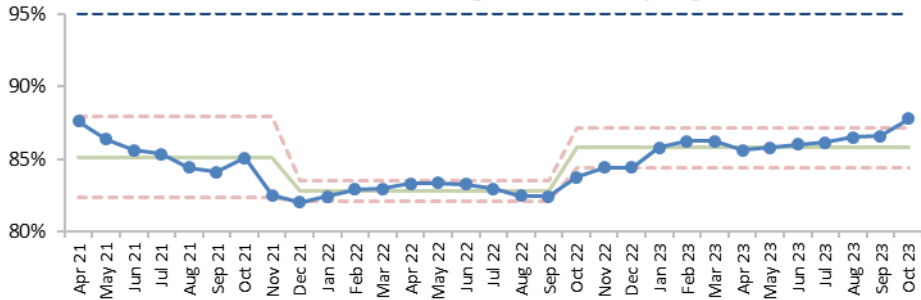 digital literacy, accessibility and neurodiversity. Work is continuing with Estates and Facilities staff on reviewing materials to ensure they are fit for purpose.

- The Trust's average fill rates for both Registered Nursing and Midwifery (RNs/RMs) and for Care Staff (HCAs) remained above 95% for both day and night shifts.

- Fill rates for each hospital site continue to be above 90% target for RNs/RMs and for HCAs across both day and night shifts, with the exception of SBH where RN fill rate averaged at 88% of plan. this was mitigated as required.

- Overall average Care Hours Per Patient Day (CHPPD) were at 10.5 compared to 10.7 in September. The CHPPD remain above last published peer averages (9.4, 'recommended'; 8.9 'region'; August 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.

- Enhanced care utilisation remains high in most areas due to the changing health needs of our patients. Hospitals are ensuring demand is assessed in line with policy and that additional duties are approved at ADoN level.

- 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.

- Nursing Red Flag incidents(RFIs) recorded on Datix decreased from 17 in September to 4 in October whilst Maternity captured 98 RFIs via Birthrate Plus. They are using a dual system, capturing incidents meeting RFI criteria via Birthrate Plus, with those resulting in harm also recorded on Datix. The total of all RFIs within the Trust were 102 in contrast to 116 captured last month. .

- Red Flag data collection and reporting processes for nursing are being updated following discussion at NMAHP Board in September. Enabling work is underway, with the new process due to be piloted from February 2024.

- There was a 4% drop in compliance with day time acuity and dependency scoring via SafeCare compared to September. However, compliance remained better than for the same month in 2022.

- SafeCare outputs are reviewed at site safety and staffing huddles to support deployment decisions

- Recruitment and retention continue to be driven across all hospital sites. Recruitment of International Midwives has commenced, with 4 landed and 10 in the pipeline and further numbers commissioned.

Staffing Fill Rates (Days) / Average Care Hours Per Patient Day (CHPPD)

Average CHPPD (right-hand axis) — Average Fill Rate Registered Day — Average Fill Rate Unregistered Day

Staffing Fill Rates (Nights) / Average Care Hours Per Patient Day (CHPPD)

Average CHPPD (right-hand axis) — Average Fill Rate Registered Night — Average Fill Rate Unregistered Night
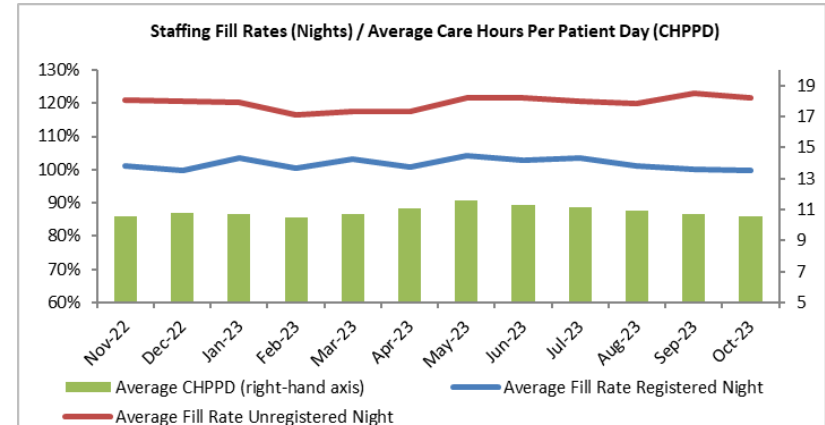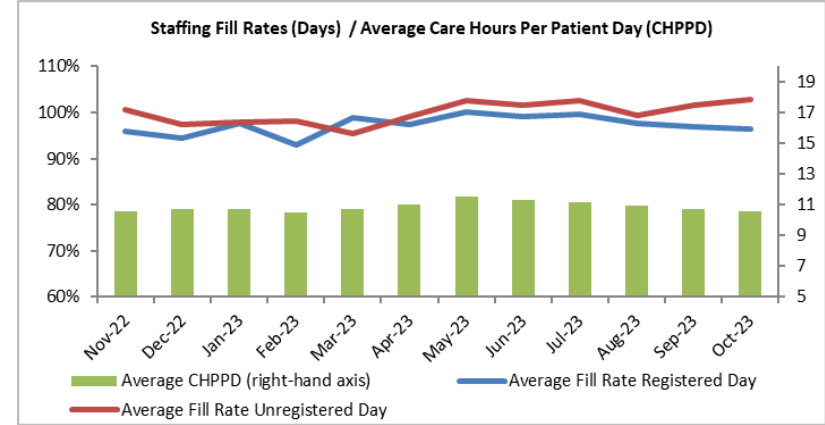
Staffing Figures by Site - Oct-23					
	Average Fill Rate (Day)		Average Fill Rate (Night)		Average Care Hours Per Patient Day (CHPPD)	Safe Staffing Red Flag Incidents
Site	Registered Nurses / Midwives (%)	Care Staff (%)	Registered Nurses / Midwives (%)	Care Staff (%)	Average Care Hours Per Patient Day (CHPPD)	Safe Staffing Red Flag Incidents
Trust	**96.4%**	**102.9%**	**99.9%**	**121.8%**	**10.5**	**4**
Royal London	101.4%	100.2%	106.8%	133.1%	10.5	1
Whipps Cross	94.1%	106.7%	97.6%	115.5%	9.9	0
Newham	97.8%	102.2%	101.1%	111.4%	10.2	3
St Bart's	88.0%	101.7%	88.2%	124.5%	12.3	0

Finance Report

- The Trust is reporting a £49.8m deficit for the year to date at month 7, which is (£33.6m) adverse against plan. The adverse variance is primarily due to the net impact of medical staff industrial action of £24.7m for the year to date (additional pay costs £12.0m, reduced ERF income £12.7m). Excluding the impact of industrial action the Trust is in line with its trajectory within the financial recovery plan agreed by the NEL system.

- Income is £25.9m favourable against plan for the year to date at month 7. NHS Patient Treatment income is £17.3m favourable overall. This is driven by £4.0m ERF over performance, £2.0m chemotherapy activity over performance, £3.2m over performance on passthrough drugs (which is offset by associated additional expenditure) and £7.4m central non-recurrent benefits released into the year to date position. Other income is £8.6m favourable, which is driven by £2.8m favourable Royal London Hospital variance primarily for pathology tests provided to other NHS bodies and £4.9m for release of central non-recurrent benefits from balance sheet review.

- Expenditure is (£59.4m) adverse against plan for the year to date at month 7. Site and Services pay expenditure is (£42.7m) adverse driven by (£23.3m) of unallocated pay savings targets and (£19.4m) of overspends against existing budgets. Overspends against existing budgets are driven by premium rate costs for medical bank expenditure for both consultants and junior doctors (£11.3m) and by temporary staffing wte in excess of establishment for Health Care Assistants (£4.0m) and Radiographers (£3.2m). Additional medical staffing costs incurred on industrial action days have been fully funded within site budgets. Sites and Services non-pay expenditure is (£20.7m) adverse year to date, key overspends include unallocated non-pay savings targets (£6.5m), increased expenditure on Estates Transport and Soft FM costs (£3.1m), outsourced activity to the independent sector (£3.6m) and loss of clinical negligence premium maternity incentive discount (£1.8m). The overspend for passthrough drugs and devices offsets with favourable income variance. Central expenditure and reserves are £4.0m favourable year to date, due to release of one-off benefits and a £2.5m favourable variance for interest receivable.

- Capital Expenditure in month 7 is £5.3m, the year to date variance against plan of £17.6m can be attributed to delays in closing old year schemes, VAT recoveries as well as major schemes running behind their forecasts. There are delays with a number of high value externally funded schemes which will result in a £20m underspend in 2023/24 and similar cost pressure in 2024/25. Discussions are ongoing with NEL/NHSE to see if some funds can be transferred to 2024/25. It may not be possible to broker the underspends in which case permission is to be sought to use it against the Trust over commitment.

- Cash balances in October 2023 are higher by £18.0m compared to a plan of £30.0m, as a result of additional receipts received in month and movement 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) was paid to staff in June 2023. The 2023/24 pay award for medical staff, backdated to April 2023 (circa £10.2m, funded by the ICBs) was 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 loan of £40.0m previously envisaged. This will be monitored closely over the coming months.

- Additional national funding has recently been allocated to ICB systems for medical industrial action costs and the NEL system is currently in the process of agreeing the 2023/24 forecast outturn position for the system with NHS England. The Trust continues to implement additional controls particularly in relation to pay expenditure to support financial recovery.

Finance Key Metrics

Metrics	Current Performance Year To Date £millions		Trend	Comments
NHS Financial Performance Surplus / (Deficit)	Plan	(16.2)	NHS Financial Performance Surplus/(Deficit) £m	The Trust is reporting a £49.8m deficit for the year to date at month 7, which is (£33.6m) adverse against plan. The adverse variance is primarily due to the net impact of medical staff industrial action of £24.7m for the year to date (additional pay costs £12.0m, reduced ERF income £12.7m). Excluding the impact of industrial action the Trust is in line with its trajectory within the financial recovery plan agreed by the NEL system.
	Actual	(49.8)		
	Variance	(33.6)		
Total Income	Plan	1,308.0	Income £m	Income is £25.9m favourable against plan for the year to date at month 7. NHS Patient Treatment income is £17.3m favourable overall. This is driven by £4.0m ERF over performance, £2.0m chemotherapy activity over performance, £3.2m over performance on passthrough drugs (which is offset by associated additional expenditure) and £7.4m central non-recurrent benefits released into the year to date position. Other income is £8.6m favourable, which is driven by £2.8m favourable Royal London Hospital variance primarily for pathology tests provided to other NHS bodies and £4.9m for release of central non-recurrent benefits from balance sheet review.
	Actual	1,333.8		
	Variance	25.9		
Total Expenditure	Plan	(1,324.2)	Expenditure £m	Expenditure is (£59.4m) adverse against plan for the year to date at month 7. Site and Services pay expenditure is (£42.7m) adverse driven by (£23.3m) of unallocated pay savings targets and (£19.4m) of overspends against existing budgets. Overspends against existing budgets are driven by premium rate costs for medical bank expenditure for both consultants and junior doctors (£11.3m) and by temporary staffing wte in excess of establishment for Health Care Assistants (£4.0m) and Radiographers (£3.2m). Additional medical staffing costs incurred on industrial action days have been fully funded within site budgets. Sites and Services non-pay expenditure is (£20.7m) adverse year to date, key overspends include unallocated non-pay savings targets (£6.5m), increased expenditure on Estates Transport and Soft FM costs (£3.1m), outsourced activity to the independent sector (£3.6m) and loss of clinical negligence premium maternity incentive discount (£1.8m). The overspend for passthrough drugs and devices offsets with favourable income variance. Central expenditure and reserves are £4.0m favourable year to date, due to release of one-off benefits and a £2.5m favourable variance for interest receivable.
	Actual	(1,383.6)		
	Variance	(59.4)		

Finance Key Metrics

Metrics	Current Performance Year To Date £millions		Trend	Comments
Capital Expenditure	Plan	51.9		Capital Expenditure in month 7 is £5.3m. The year to date variance of £17.6m 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 is £0.1m (£0.1m in month 6); £1.7m year to date. There are delays with a number of high value externally funded schemes which will result in a £20m underspend in 2023/24 and similar cost pressure in 2024/25. Discussions are ongoing with NEL/NHSE to see if some funds can be transferred to 2024/25. It may not be possible to broker the underspends in which case permission is to be sought to use it against the Trust over commitment.
	Actual	34.3		
	Variance	(17.6)		
Cash	Plan	30.0		Cash balances in October 2023 are higher by £18.0m compared to a plan of £30.0m, as a result of additional receipts received in month and movement 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) was paid to staff in June 2023. The 2023/24 pay award for medical staff, backdated to April 2023 (circa £10.2m, funded by the ICBs) was 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 loan of £40.0m previously envisaged. This will be monitored closely over the coming months.
	Actual	48.0		
	Variance	18.0		

Key Issues

The key financial challenges for the Trust in achieving its 2023/24 income and expenditure plan identified at the start of the year were:
- 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 at month 7 is in line with the financial recovery plan agreed with NEL ICB in summer 2023. Additional national funding has recently been allocated to ICB systems for medical industrial action costs and the NEL system is currently in the process of agreeing the 2023/24 forecast outturn position for the system with NHS England.

The Trust continues to implement additional controls particularly in relation to pay expenditure to support financial recovery.

Income & Expenditure - Trustwide

PY Actual	£millions	In Month				Year to Date				Annual
		Plan	Actual	Variance		Plan	Actual	Variance		Plan
	Income									
920.2	NHS Patient Treatment Income	150.9	153.6	2.7	🟢	996.2	1,002.8	6.5	🟢	1,706.6
1.7	Other Patient Care Activity Income	0.6	0.3	(0.2)	🔴	4.0	2.0	(2.0)	🔴	6.9
72.5	Other Operating Income	11.5	12.1	0.6	🟢	74.5	77.1	2.6	🟢	129.5
994.3	**Total Income**	**163.0**	**166.0**	**3.0**	🟢	**1,074.8**	**1,081.9**	**7.1**	🟢	**1,843.0**
	Operating Expenditure									
(668.3)	Pay	(106.0)	(110.2)	(4.2)	🔴	(732.1)	(774.8)	(42.7)	🔴	(1,254.4)
(119.0)	Drugs	(18.1)	(18.8)	(0.7)	🔴	(122.0)	(126.3)	(4.3)	🔴	(209.0)
(96.8)	Clinical Supplies	(16.0)	(16.2)	(0.3)	🔴	(109.5)	(108.3)	1.1	🟢	(187.8)
(183.6)	Other Non Pay	(23.9)	(26.8)	(2.9)	🔴	(164.4)	(182.0)	(17.6)	🔴	(280.7)
(1,067.7)	**Total Operating Expenditure**	**(164.0)**	**(172.0)**	**(8.0)**	🔴	**(1,128.0)**	**(1,191.4)**	**(63.4)**	🔴	**(1,931.9)**
(73.4)	**Site & Services Budgets Total**	**(1.0)**	**(6.0)**	**(5.0)**	🔴	**(53.3)**	**(109.6)**	**(56.3)**	🔴	**(88.8)**
(31.5)	Pathology Partnership (net)	(4.6)	(4.5)	0.2	🟢	(32.4)	(33.1)	(0.7)	🔴	(55.6)
0.0	Vaccination Programme & Nightingale (net)	-	(0.0)	(0.0)	🟡	-	(0.0)	(0.0)	🟡	-
0.0	Research & Development (net)	0.0	0.0	(0.0)	🟡	0.0	0.0	-	🟢	0.0
61.2	Central NHS PT Income	7.3	9.9	2.6	🟢	84.9	95.6	10.7	🟢	148.2
4.4	Central RTA & OSV Income (net)	1.0	0.7	(0.3)	🔴	6.9	4.9	(1.9)	🔴	11.8
10.1	Central Expenditure (net)	(0.1)	(0.9)	(0.8)	🔴	(0.7)	6.8	7.5	🟢	(1.2)
(3.7)	Reserves (net)	(3.0)	(0.8)	2.2	🟢	(8.5)	(3.9)	4.7	🟢	(19.7)
(32.8)	**EBITDA**	**(0.5)**	**(1.7)**	**(1.2)**	🔴	**(3.2)**	**(39.2)**	**(36.1)**	🔴	**(5.3)**
(41.1)	Depreciation and Amortisation (net)	(6.4)	(6.4)	(0.0)	🟡	(44.6)	(44.6)	-	🟢	(76.7)
(40.6)	Interest	(7.0)	(6.6)	0.4	🟢	(48.5)	(46.0)	2.5	🟢	(82.9)
(6.2)	PDC Dividends	(1.3)	(1.3)	0.0	🟢	(9.0)	(9.0)	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	-	-	-	🟢	-	-	-	🟢	-
(120.5)	**Surplus/(Deficit) Before System Top-Up**	**(15.2)**	**(16.0)**	**(0.8)**	🔴	**(105.2)**	**(138.8)**	**(33.6)**	🔴	**(180.4)**
88.0	System Top-Up Income	12.7	12.7	-	🟢	89.0	89.0	-	🟢	152.6
(32.6)	**NHS Reporting Surplus/(Deficit)**	**(2.5)**	**(3.3)**	**(0.8)**	🔴	**(16.2)**	**(49.8)**	**(33.6)**	🔴	**(27.8)**

Capital Expenditure Summary - Trustwide   Dec-23

22/23 YTD Prev Yr Actual	Programme Area £millions	In Month Plan	Actual	Variance	%	Year to Date Plan	Actual	Variance	%	Annual M7 (PFR) Capital Plan	Internally Approved Plan M7	Variance	%
4.9	Equipment (Medical and Other)	0.8	0.4	0.3	45 %	6.1	2.5	3.6	59 %	14.6	15.2	(0.6)	(4)%
1.2	Informatics	1.8	1.8	(0.1)	(4)%	4.7	4.1	0.6	13 %	8.8	11.2	(2.4)	(27)%
13.7	Estates	0.3	0.8	(0.5)	(170)%	5.6	4.2	1.3	24 %	9.2	10.5	(1.3)	(14)%
4.7	New Build and Site Vacations	2.6	1.1	1.4	56 %	27.3	15.5	11.8	43 %	49.4	49.5	(0.1)	(0.0)
6.1	PFI Lifecycle Assets	1.1	1.1	(0.0)	(0)%	7.4	7.4	(0.0)	(0)%	12.6	12.6	-	0 %
-	New Build - Diagnostics	-	-	-	- %	-	-	-	- %	-	-	-	- %
4.8	Finance Lease	0.8	-	0.8	100 %	0.8	0.6	0.2	28 %	12.1	12.1	-	- %
35.4	Total Exchequer programme	7.3	5.3	2.0	28 %	51.9	34.3	17.6	0.0	106.7	111.1	(4.4)	(0.0)
-													
35.4	Total Trust Funded Assets	7.3	5.3	2.0	28 %	51.9	34.3	17.6	34 %	106.7	111.1	(4.4)	(4)%
2.6	Donated	0.9	0.1	0.7	86 %	6.0	1.8	4.2	71 %	10.3	10.3	-	(0)%
38.0	Total Capital Expenditure	8.2	5.4	2.8	34 %	57.9	36.1	21.8	38 %	117.0	121.5	(4.4)	(4)%

Key Messages

2023/24 position. The internally approved exchequer programme is £111.1m (£111.0m in month 6), which includes £12.4m agreed overspend. In October 2023 NEL/NHSL agreed the Trust could present an £8m overspend within our Capital month 7 return (PFR) which takes the capital plan as per the PFR to £106.7 from £98.6m in month 6. This presents an acknowledged £8m overspend which at this point in time, is not matched with CRL funding. Discussions continue with NEL and NHSL to secure the additional CRL required.

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

Funding. The Trust received an MOU for a further £134k for the Pathology LIMS scheme.

Expenditure in month 7 is £5.3m. The year to date variance of £17.6m can be attributed to delays in closing old year schemes, VAT recoveries as well as major schemes running behind their forecasts including the following:-
Externally Funded
(£4.3m) - MEH CDC - delays during the procurement process for the design and build contractors and a 2 month design delay, estimated c£6m underspend in 2023/24 and resultant £6m cost pressure in 2024/25.
(£3.5m) - SBH ITU - delayed along with the CRF due to Trust and CHL working through legal issues relating to payment requirements, deed of variation and JCT contract Procurement via CHL as a VE. c£10m expected underspend in 2023/24, with a risk same level cost pressure in 2024/25 unless a deal can be made with NEL/NHSE to broker the funding.
(£0.9m) - NUH mothballed theatres - this scheme is on pause as funding is insufficient to deliver the scheme. There will be an underspend of £3.3m in 2023/24 and resultant £3.3m cost pressure in 2024/25.
Internally funded
(£2.7m) - NUH modular build - delays due to supply chain and labour issues which have put the programme behind schedule by c9 weeks. Part of the planning condition works will be a £0.7m cost pressure in 2024/25.
(£1m) - Modular Build Fit out - timing difference that will be caught up.
(£1.1m) - NUH fire programme - timing delay that will be caught up.
(£1m) - CAU - timing delay that will be caught up.
(£0.7m) - VAT recoveries and close out of old year schemes which will be offset against cost pressures.

Expenditure against **donated schemes** was £0.1m (£0.1m in month 6); £1.8m year to date.

Forecast - As noted above there are delays with a number of high value externally funded schemes which will result in a £20m underspend in 2023/24 and similar cost pressure in 2024/25. The key elements of the £20m are MEH CDC c£6m, SBH ITU c£10m, NUH mothballed theatres c£3.3m. Discussions are ongoing with NEL/NHSE to see if the CDC funds and the ITU funds can be transferred to 2024/5. It may not be possible to broker the Mothballed theatres underspend in which case permission is to be sought to use it against the Trust over commitment.

Capital Funding

	Capital Plan	Secured	Not Yet Secured	% 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)	8.0		8.0	- %
IFRS16 CRL adjustment	12.1		12.1	- %
Other Leases CRL adjustment				
PDC: WXH Redevelopment core programme team	1.7	1.1	0.5	68 %
PDC: WXH Redevelopment NHP Enabling works costs	2.1	2.1	-	100 %
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	2.7	-	100 %
PDC- MEH CDC	8.3	8.3	-	100 %
PDC - LIMS	0.2	0.2	-	100 %
PDC - Paeds Observation rooms	0.5	0.5	-	100 %
Planned Capital exc. Donated	**106.7**	**86.1**	**20.7**	**80.6 %**
Asset sales	-	-	-	- %
*Total approved Exchequer funding ex donated	**106.7**	**86.1**	**20.7**	**80.6 %**
Donated	10.3	1.7	8.7	16.0 %
Planned Capital inc. Donated	**117.0**	**87.7**	**29.3**	**74.9 %**
*CRL overspend	(4.4)			

Cashflow

£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**	**24.0**	**48.0**	**40.5**	**9.4**	**22.6**	**18.7**	**60.2**
Cash inflows													
Healthcare contracts	155.9	166.0	203.3	167.7	169.7	174.0	180.1	165.5	166.8	165.8	165.8	187.1	2,067.7
Other income	42.5	24.7	17.4	28.9	30.5	33.8	48.7	25.8	17.6	30.0	24.3	30.1	354.3
Financing - Revenue Loans / Capital PDC	-	-	-	-	-	3.1	-	-	-	16.6	-	19.7	39.4
Total cash inflows	**198.4**	**190.7**	**220.7**	**196.6**	**200.2**	**210.9**	**228.8**	**191.3**	**184.4**	**212.4**	**190.1**	**236.9**	**2,461.4**
Cash outflows													
Salaries and wages	(61.1)	(65.0)	(94.4)	(68.0)	(70.5)	(71.5)	(65.8)	(69.2)	(70.0)	(67.7)	(68.8)	(70.2)	(842.2)
Tax, NI and pensions	(30.7)	(46.4)	(46.6)	(65.6)	(50.2)	(48.3)	(54.9)	(50.2)	(51.0)	(51.0)	(51.0)	(51.0)	(596.9)
Non pay expenditures	(63.7)	(76.2)	(116.8)	(57.7)	(76.6)	(108.2)	(79.6)	(76.0)	(90.5)	(76.0)	(68.7)	(106.3)	(996.3)
Capital expenditure	(8.1)	(3.0)	(3.2)	(5.9)	(4.0)	(4.1)	(4.5)	(3.4)	(4.0)	(4.5)	(5.5)	(15.3)	(65.5)
Dividend and Interest payable	-	-	-	-	-	(7.9)	-	-	-	-	-	(7.8)	(15.7)
Total cash outflows	**(163.6)**	**(190.6)**	**(261.0)**	**(197.2)**	**(201.3)**	**(240.0)**	**(204.8)**	**(198.8)**	**(215.5)**	**(199.2)**	**(194.0)**	**(250.6)**	**(2,516.6)**
Net cash inflows / (outflows)	**34.8**	**0.1**	**(40.3)**	**(0.6)**	**(1.1)**	**(29.1)**	**24.0**	**(7.5)**	**(31.1)**	**13.2**	**(3.9)**	**(13.7)**	**(55.2)**
Closing cash at bank - actual / forecast	**95.0**	**95.1**	**54.8**	**54.2**	**53.1**	**24.0**	**48.0**	**40.5**	**9.4**	**22.6**	**18.7**	**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**

Month End Closing Cash Balance Compared to Plan

- Cash - Actual
- Cash - Forecast
- Cash - Plan
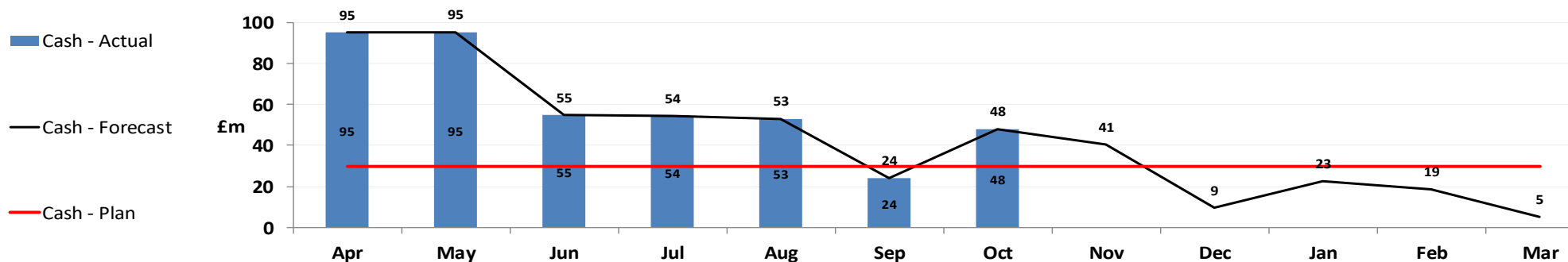
Key Messages

Cash balances in October 2023 are higher by £18.0m compared to a plan of £30.0m, as a result of additional receipts received in month and movement 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) was paid to staff in June 2023. The 2023/24 pay award for medical staff, backdated to April 2023 (circa £10.2m, funded by the ICBs) was 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 loan of £40.0m previously envisaged. This will be monitored closely over the coming months.

Statement of Financial Position

22/23		Actual							Forecast					
31 Mar 2023	£millions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	22/23 v 23/24
	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	1,585.1	1,583.9	1,620.9	1,626.2	1,629.9	1,633.6	1,633.5	39.3
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	16.5	16.5	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**	**1,601.7**	**1,600.5**	**1,637.7**	**1,643.0**	**1,646.7**	**1,650.4**	**1,649.7**	**38.7**
	Current assets:													
31.4	Inventories	32.1	32.2	33.9	32.9	32.3	33.0	33.2	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	123.9	106.5	121.2	112.5	110.9	114.0	149.5	4.0
60.2	Cash and cash equivalents	95.1	95.1	54.8	54.2	53.1	24.0	47.9	40.5	9.4	22.6	18.7	5.0	(55.2)
237.1	**Total current assets**	**259.2**	**251.1**	**181.1**	**212.8**	**186.4**	**180.9**	**187.6**	**193.1**	**153.3**	**164.9**	**164.1**	**185.9**	**(51.2)**
1,848.2	**Total assets**	**1,868.5**	**1,857.1**	**1,786.4**	**1,817.4**	**1,788.1**	**1,782.6**	**1,788.1**	**1,830.8**	**1,796.3**	**1,811.6**	**1,814.5**	**1,835.6**	**(12.5)**
	Current liabilities													
(290.0)	Trade and other payables	(320.3)	(318.8)	(263.7)	(305.9)	(288.0)	(285.8)	(297.7)	(265.5)	(223.8)	(241.0)	(245.2)	(265.9)	24.1
(2.8)	Provisions	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(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)	(37.3)	(37.3)	(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)**	**(326.0)**	**(337.9)**	**(310.3)**	**(268.6)**	**(285.8)**	**(290.0)**	**(309.2)**	**20.9**
(93.0)	**Net current (liabilities) / assets**	**(101.3)**	**(107.9)**	**(122.8)**	**(133.3)**	**(141.8)**	**(145.1)**	**(150.3)**	**(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**	**1,456.6**	**1,450.2**	**1,520.5**	**1,527.7**	**1,525.8**	**1,524.5**	**1,526.4**	**8.4**
	Non-current liabilities													
(5.9)	Provisions	(5.9)	(5.9)	(6.0)	(6.1)	(6.1)	(6.2)	(6.3)	(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)	(896.8)	(893.8)	(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)**	**(903.5)**	**(900.6)**	**(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**	**553.1**	**549.6**	**582.7**	**600.4**	**598.5**	**597.2**	**608.2**	**11.7**
	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	1,083.7	1,083.7	1,080.6	1,100.3	1,100.3	1,100.3	1,113.3	32.7
(900.9)	Retained earnings	(907.8)	(914.6)	(927.2)	(935.4)	(943.6)	(947.4)	(950.9)	(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**	**553.1**	**549.6**	**582.7**	**600.4**	**598.5**	**597.2**	**608.2**	**11.7**

Glossary

Operational Planning 2023/24

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 Oversite 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 Scorecard Glossary

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Responsive	Waiting Times	R1	A&E 4 Hours Waiting Time	The number of Accident & Emergency (A&E) attendances for which the patient was discharged, admitted or transferred within four hours of arrival, divided by the total number of A&E attendances. This includes all types of A&E attendances including Minor Injury Units and Walk-in Centres	Monthly	Recovery trajectory
Responsive	Waiting Times	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 Scorecard Glossary

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 Scorecard Glossary

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 Equivalents (WTE) - actual	
Planned vs Actual WTE	Bank WTE - Plan	Bank Whole Time Equivalents (WTE) - plan	
Planned vs Actual WTE	Agency WTE - Actual	Agency Whole Time Equivalents (WTE) - actual	
Planned vs Actual WTE	Agency WTE - Plan	Agency Whole Time Equivalents (WTE) - plan	
Planned vs Actual WTE	Total Staffing - Actual	Substantive staff in post plus bank WTE plus agency WTE (actual)	
Planned vs Actual WTE	Total Staffing - Plan	Substantive staff in post plus bank WTE plus agency WTE (plan)	
Recruitment Plans	Substantive Fill Rate - Actual	Percentage of substantive staff in post against the substantive and locum establishment - actual	
Recruitment Plans	Substantive Fill Rate - Plan	Percentage of substantive staff in post against the substantive and locum establishment - plan	
Recruitment Plans	Unconditional Offers - Actual	Offers achieved	
Recruitment Plans	Unconditional Offers - Plan	Offers planned	
Rosters	Roster Compliance - % Approved on Time (>20 WTEs)	Percentage of rosters fully approved between 42 and 70 days in advance of the roster starting, for units with 20 WTE or more	Based on the week in which the roster was due to be approved
Rosters	Nursing Roster Quality - % Blue or Cloudy Sky	Percentage of rosters with good data quality based on 6 domains such as budget, safety, annual leave, etc. "Blue Sky" and "Cloudy Sky" rosters meet 5 or 4 of the domains respectively	Based on the week in which the roster was due to be approved
Rosters	Additional Duty Hours (Nursing)	Total nursing additional duty hours	No target can be set due to the nature of this metric
Diversity	% of BME Staff at Band 8a to VSM	Percentage of whole time equivalent staff from band 8a to very senior managers (VSM) who are black and minority ethnic	

Appendix

Interpretation of Scorecards (New QV)

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

Example Indicator

Mean — UCL — LCL — Metric
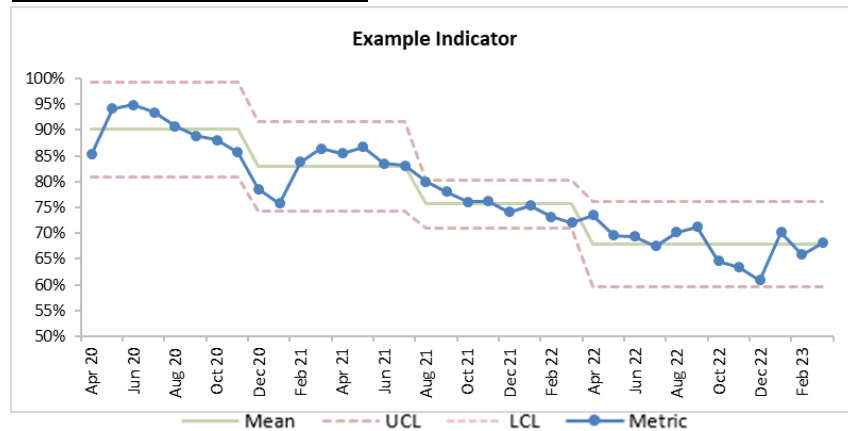
Statistical Process Control (SPC) charts using the Individual metric (X shown as blue data points on a line) and it's moving Range (XmR) allows you to identify statistically significant changes in data. The red dotted lines (upper or lower process limits) represent the expected range for data points, 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	10E RLH	2,139.0	2,337.5	1,069.5	1,230.5	1,784.0	1,941.0	724.5	1,495.0	109.3%	115.1%	108.8%	206.3%	799	5.4	3.4	8.8
Royal London	10F RLH	1,116.0	1,330.5	792.5	766.0	1,023.0	1,100.0	341.0	647.3	119.2%	96.7%	107.5%	189.8%	495	4.9	2.9	7.8
Royal London	11C RLH	2,844.5	2,777.5	1,463.0	1,387.5	2,852.0	3,208.5	713.0	1,035.0	97.6%	94.8%	112.5%	145.2%	763	7.8	3.2	11.0
Royal London	11E & 11F AAU	4,309.0	4,572.0	1,782.5	1,762.0	3,921.5	4,304.0	1,424.8	1,907.0	106.1%	98.8%	109.8%	133.8%	1,487	6.0	2.5	8.4
Royal London	12C RLH	1,886.0	1,891.0	1,426.0	1,426.0	1,840.0	1,916.5	1,069.5	1,391.5	100.3%	100.0%	104.2%	130.1%	783	4.9	3.6	8.5
Royal London	12D RLH	1,426.0	1,830.0	713.0	985.5	1,426.0	1,851.5	368.0	747.5	128.3%	138.2%	129.8%	203.1%	502	7.3	3.5	10.8
Royal London	12E RLH	2,778.5	2,794.0	1,426.0	1,686.9	2,495.5	2,540.5	1,426.0	1,840.0	100.6%	118.3%	101.8%	129.0%	713	7.5	4.9	12.4
Royal London	12F RLH	2,035.5	2,557.0	1,782.5	1,870.0	1,782.5	2,392.0	1,782.5	2,070.0	125.6%	104.9%	134.2%	116.1%	857	5.8	4.6	10.4
Royal London	13C RLH	2,104.5	2,071.5	724.5	886.0	1,518.0	1,552.5	713.0	955.0	98.4%	122.3%	102.3%	133.9%	782	4.6	2.4	7.0
Royal London	13D RLH	1,771.0	2,139.0	713.0	781.2	1,426.0	1,805.0	713.0	1,046.0	120.8%	109.6%	126.6%	146.7%	745	5.3	2.5	7.7
Royal London	13E RLH	2,047.0	2,785.5	736.0	1,017.5	1,690.5	2,643.5	713.0	1,058.0	136.1%	138.2%	156.4%	148.4%	756	7.2	2.7	9.9
Royal London	13F RLH	1,759.5	2,625.5	966.0	1,073.5	1,782.5	2,610.5	713.0	1,140.5	149.2%	111.1%	146.5%	160.0%	681	7.7	3.3	10.9
Royal London	14E & 14F RLH	3,411.0	4,289.3	2,771.5	2,634.5	2,852.0	3,921.5	2,150.5	2,726.0	125.7%	95.1%	137.5%	126.8%	1,566	5.2	3.4	8.7
Royal London	3D RLH	4,095.0	4,177.0	2,691.0	2,178.5	3,220.0	4,163.0	1,782.5	2,173.5	102.0%	81.0%	129.3%	121.9%	1,090	7.7	4.0	11.6
Royal London	3E RLH	2,136.0	2,301.3	713.0	1,092.5	1,782.5	2,001.0	713.0	1,207.5	107.7%	153.2%	112.3%	169.4%	829	5.2	2.8	8.0
Royal London	3F RLH	1,584.0	2,150.5	1,054.0	724.5	1,092.5	2,035.5	736.0	931.5	135.8%	68.7%	186.3%	126.6%	476	8.8	3.5	12.3
Royal London	4E RLH	13,884.0	14,132.8	1,064.5	1,011.2	13,903.5	13,986.0	1,069.5	1,003.5	101.8%	95.0%	100.6%	93.8%	1,334	21.1	1.5	22.6
Royal London	6C RLH	4,527.0	3,354.3	816.5	290.8	3,611.0	2,915.8	724.5	323.0	74.1%	35.6%	80.7%	44.6%	208	30.1	3.0	33.1
Royal London	6E & 6F RLH	5,965.3	5,466.4	1,481.0	1,384.8	5,337.5	5,144.0	1,069.5	1,002.5	91.6%	93.5%	96.4%	93.7%	1,008	10.5	2.4	12.9
Royal London	7C RLH	1,426.0	1,415.0	609.5	920.0	1,069.5	1,288.0	563.5	919.0	99.2%	150.9%	120.4%	163.1%	383	7.1	4.8	11.9
Royal London	7D RLH	1,782.5	1,573.3	878.0	756.8	1,426.0	1,390.8	713.0	851.0	88.3%	86.2%	97.5%	119.4%	428	6.9	3.8	10.7
Royal London	7E RLH	2,847.8	2,680.6	1,069.5	1,261.3	2,485.0	2,403.0	1,069.5	1,770.4	94.1%	117.9%	96.7%	165.5%	723	7.0	4.2	11.2
Royal London	7F RLH	1,426.0	1,322.5	356.5	672.5	1,069.5	1,115.5	356.5	713.0	92.7%	188.6%	104.3%	200.0%	368	6.6	3.8	10.4
Royal London	8C RLH	1,979.0	2,252.5	713.0	866.0	1,426.0	1,776.5	713.0	1,060.5	113.8%	121.5%	124.6%	148.7%	587	6.9	3.3	10.1
Royal London	8D RLH	10,144.8	8,199.5	1,591.0	571.5	8,812.0	7,028.5	471.5	414.0	80.8%	35.9%	79.8%	87.8%	1,001	15.2	1.0	16.2
Royal London	8F RLH	1,763.0	1,598.0	1,456.0	1,413.0	1,069.5	1,081.0	1,426.0	1,403.0	90.6%	97.0%	101.1%	98.4%	1,610	1.7	1.7	3.4
Royal London	9E HDU RLH	1,426.0	1,046.5	0.0	0.0	1,426.0	1,081.0	0.0	0.0	73.4%		75.8%		182	11.7	0.0	11.7
Royal London	9E RLH	1,781.5	1,931.0	713.0	954.5	1,426.0	1,587.0	713.0	1,387.5	108.4%	133.9%	111.3%	194.6%	775	4.5	3.0	7.6
Royal London	9F RLH	1,781.5	1,783.5	713.0	734.0	1,414.5	1,440.0	713.0	968.0	100.1%	102.9%	101.8%	135.8%	746	4.3	2.3	6.6

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	4,630.8	5,151.2	2,502.0	2,583.9	4,631.5	5,229.5	2,139.0	2,514.6	111.2%	103.3%	112.9%	117.6%	1,389	7.5	3.7	11.1
Whipps Cross	ACACIA	954.5	979.5	460.0	464.0	713.0	713.5	713.0	714.0	102.6%	100.9%	100.1%	100.1%	364	4.7	3.2	7.9
Whipps Cross	ACORN	3,703.5	2,828.5	356.5	443.3	2,852.0	2,495.5	356.5	230.0	76.4%	124.3%	87.5%	64.5%	547	9.7	1.2	11.0
Whipps Cross	B3 WARD WXH	1,322.5	1,196.0	1,065.5	1,541.0	1,069.5	1,058.0	713.0	1,414.5	90.4%	144.6%	98.9%	198.4%	520	4.3	5.7	10.0
Whipps Cross	BIRCH	1,069.5	1,403.0	1,067.0	1,426.0	1,069.5	1,184.5	713.0	1,104.0	131.2%	133.6%	110.8%	154.8%	524	4.9	4.8	9.8
Whipps Cross	BLACKTHORN	1,069.5	1,298.5	1,069.5	1,458.5	1,069.5	1,069.5	713.0	1,173.0	121.4%	136.4%	100.0%	164.5%	516	4.6	5.1	9.7
Whipps Cross	Bracken Ward WXH	1,320.5	1,311.0	1,068.5	1,421.5	1,069.5	1,069.5	713.0	1,173.0	99.3%	133.0%	100.0%	164.5%	489	4.9	5.3	10.2
Whipps Cross	CEDAR	1,414.5	1,243.5	1,449.0	1,681.0	1,069.5	1,035.0	1,069.5	1,230.5	87.9%	116.0%	96.8%	115.1%	550	4.1	5.3	9.4
Whipps Cross	CHESTNUT	966.0	933.3	356.5	724.5	713.0	1,023.5	356.5	724.5	96.6%	203.2%	143.5%	203.2%	390	5.0	3.7	8.7
Whipps Cross	CONIFER	1,426.0	1,379.5	1,426.0	1,725.0	1,069.5	1,173.0	1,069.5	1,276.5	96.7%	121.0%	109.7%	119.4%	482	5.3	6.2	11.5
Whipps Cross	CURIE	1,426.0	1,279.0	1,069.5	1,242.0	1,069.5	943.0	1,069.5	1,230.5	89.7%	116.1%	88.2%	115.1%	545	4.1	4.5	8.6
Whipps Cross	DELIVERY SUITE WXH	5,852.5	5,422.6	1,437.5	1,345.0	4,991.0	4,694.3	1,426.0	1,337.0	92.7%	93.6%	94.1%	93.8%	484	20.9	5.5	26.4
Whipps Cross	ELIZABETH	1,679.0	1,631.0	356.5	399.5	1,426.0	1,427.5	356.5	390.5	97.1%	112.1%	100.1%	109.5%	555	5.5	1.4	6.9
Whipps Cross	FARADAY	1,413.0	1,298.5	711.5	847.0	1,391.5	1,368.5	356.5	402.5	91.9%	119.0%	98.3%	112.9%	484	5.5	2.6	8.1
Whipps Cross	Frail Elderly WXH	866.5	729.0	356.5	345.0	713.0	483.0	356.5	287.5	84.1%	96.8%	67.7%	80.6%	182	6.7	3.5	10.1
Whipps Cross	ICU WXH	6,959.0	5,347.0	1,380.0	468.0	6,369.0	4,831.0	1,364.0	363.0	76.8%	33.9%	75.9%	26.6%	305	33.4	2.7	36.1
Whipps Cross	MARGARET	1,069.5	1,048.0	356.5	399.5	713.0	713.0	356.5	460.0	98.0%	112.1%	100.0%	129.0%	310	5.7	2.8	8.5
Whipps Cross	MULBERRY	2,315.0	2,029.3	1,756.0	1,123.5	1,426.0	1,383.0	1,426.0	1,172.0	87.7%	64.0%	97.0%	82.2%	1,097	3.1	2.1	5.2
Whipps Cross	NEONATAL WXH	2,435.0	1,744.0	1,196.0	525.0	2,058.5	1,672.5	678.5	322.5	71.6%	43.9%	81.2%	47.5%	235	14.5	3.6	18.1
Whipps Cross	NIGHTINGALE	1,426.0	1,357.0	356.5	402.5	1,426.0	1,414.0	356.5	368.0	95.2%	112.9%	99.2%	103.2%	378	7.3	2.0	9.4
Whipps Cross	PEACE	1,679.0	1,774.5	1,422.0	1,375.8	1,069.5	1,416.5	1,069.5	1,070.0	105.7%	96.7%	132.4%	100.0%	493	6.5	5.0	11.4
Whipps Cross	POPLAR	1,817.0	1,772.0	1,115.5	1,104.0	1,426.0	1,368.5	1,069.5	1,046.5	97.5%	99.0%	96.0%	97.8%	615	5.1	3.5	8.6
Whipps Cross	PRIMROSE	1,782.5	1,874.3	1,423.5	1,748.0	1,426.0	1,621.5	1,069.5	1,759.5	105.1%	122.8%	113.7%	164.5%	884	4.0	4.0	7.9
Whipps Cross	ROWAN	1,782.5	1,771.0	1,426.0	1,809.5	1,426.0	1,429.6	1,058.0	1,782.5	99.4%	126.9%	100.3%	168.5%	887	3.6	4.0	7.7
Whipps Cross	SAGE	1,679.0	1,679.0	1,422.0	1,663.5	1,426.0	1,426.0	1,069.5	1,333.3	100.0%	117.0%	100.0%	124.7%	829	3.7	3.6	7.4
Whipps Cross	SYCAMORE	1,322.5	1,696.3	1,425.5	1,735.0	1,069.5	1,414.5	1,069.5	1,403.0	128.3%	121.7%	132.3%	131.2%	834	3.7	3.8	7.5
Whipps Cross	SYRINGA	1,422.5	1,414.5	1,725.0	1,755.5	1,069.5	1,069.5	1,426.0	1,598.5	99.4%	101.8%	100.0%	112.1%	794	3.1	4.2	7.4

Safe Staffing Fill Rates by Ward and Site

Site	Ward name	Registered midwives / nurses (day)		Care Staff (day)		Registered midwives / nurses (night)		Care Staff (night)		Day		Night		Care Hours Per Patient Day (CHPPD)			
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Patients at Midnight	Registered midwives / nurses	Care Staff	Overall
Newham	BECKTON	1,437.0	1,868.8	1,064.8	1,166.3	1,426.0	1,944.5	1,069.5	1,219.0	130.0%	109.5%	136.4%	114.0%	607	6.3	3.9	10.2
Newham	Custom House NUH	1,426.0	1,452.5	1,069.5	1,230.5	1,069.5	1,069.5	1,426.0	1,449.0	101.9%	115.1%	100.0%	101.6%	614	4.1	4.4	8.5
Newham	DELIVERY SUITE NUH	4,884.5	4,729.8	740.0	724.3	4,715.0	4,508.5	724.5	724.3	96.8%	97.9%	95.6%	100.0%	603	15.3	2.4	17.7
Newham	EAST HAM	1,782.5	1,851.5	1,069.5	1,334.0	1,437.5	1,553.5	1,069.5	1,460.5	103.9%	124.7%	108.1%	136.6%	724	4.7	3.9	8.6
Newham	HEATHER	2,153.0	2,457.0	1,069.5	1,352.0	2,127.5	2,451.5	1,069.5	1,334.0	114.1%	126.4%	115.2%	124.7%	788	6.2	3.4	9.6
Newham	LARCH	3,351.0	2,896.0	2,073.5	1,862.0	2,173.5	2,105.8	1,817.0	1,880.0	86.4%	89.8%	96.9%	103.5%	1,616	3.1	2.3	5.4
Newham	Manor Park ITU NUH	4,287.5	3,726.5	713.0	598.0	4,278.0	3,668.5	713.0	690.0	86.9%	83.9%	85.8%	96.8%	312	23.7	4.1	27.8
Newham	MAPLE	1,102.5	903.9	713.0	831.5	1,069.5	967.0	713.0	713.0	82.0%	116.6%	90.4%	100.0%	175	10.7	8.8	19.5
Newham	NEONATAL NUH	3,220.0	2,854.5	759.0	438.5	3,082.0	2,484.0	667.0	471.5	88.6%	57.8%	80.6%	70.7%	423	12.6	2.2	14.8
Newham	NUH MIDWIFERY	1,081.0	1,018.8	322.0	274.0	1,069.5	1,008.8	356.5	356.5	94.2%	85.1%	94.3%	100.0%	145	14.0	4.3	18.3
Newham	PLASHET	1,591.0	1,613.3	1,069.5	1,230.5	1,426.0	1,483.5	1,069.5	1,288.0	101.4%	115.1%	104.0%	120.4%	770	4.0	3.3	7.3
Newham	RAINBOW	2,819.5	2,617.3	994.5	927.5	1,782.5	2,196.5	356.5	379.5	92.8%	93.3%	123.2%	106.5%	330	14.6	4.0	18.5
Newham	SILVERTOWN	1,782.5	1,848.5	1,058.0	1,127.0	1,702.0	1,902.5	1,069.5	1,165.5	103.7%	106.5%	111.8%	109.0%	740	5.1	3.1	8.2
Newham	STRATFORD	1,419.0	1,476.8	1,081.0	1,048.5	1,426.0	1,511.3	1,069.5	1,129.0	104.1%	97.0%	106.0%	105.6%	540	5.5	4.0	9.6
Newham	Tayberry	2,492.0	2,632.4	1,069.5	1,104.0	2,507.0	2,725.5	1,069.5	1,219.0	105.6%	103.2%	108.7%	114.0%	532	10.1	4.4	14.4
Newham	THISTLE	1,794.0	1,800.3	1,092.5	1,150.0	1,782.5	1,816.0	1,081.0	1,276.5	100.4%	105.3%	101.9%	118.1%	802	4.5	3.0	7.5
Newham	WEST HAM	1,288.0	1,325.0	1,069.0	995.5	1,069.5	1,115.5	356.5	724.5	102.9%	93.1%	104.3%	203.2%	716	3.4	2.4	5.8
St Bart's	1C	6,037.5	4,862.5	356.5	293.9	5,255.5	4,496.5	195.5	299.0	80.5%	82.4%	85.6%	152.9%	332	28.2	1.8	30.0
St Bart's	1D	3,208.5	2,509.0	356.5	433.5	2,852.0	2,279.0	356.5	368.0	78.2%	121.6%	79.9%	103.2%	338	14.2	2.4	16.5
St Bart's	1E	4,991.0	3,709.5	356.5	345.0	4,991.0	3,632.5	356.5	322.0	74.3%	96.8%	72.8%	90.3%	266	27.6	2.5	30.1
St Bart's	3A SBH	4,991.0	4,458.5	1,425.5	1,334.0	4,991.0	4,574.0	1,426.0	1,552.5	89.3%	93.6%	91.6%	108.9%	850	10.6	3.4	14.0
St Bart's	3D SBH	1,575.5	1,821.0	1,219.0	1,292.0	1,518.0	1,518.5	966.0	931.5	115.6%	106.0%	100.0%	96.4%	508	6.6	4.4	11.0
St Bart's	4A SBH	1,782.5	1,748.0	1,069.5	1,022.5	1,414.5	1,403.0	356.5	667.0	98.1%	95.6%	99.2%	187.1%	718	4.4	2.4	6.7
St Bart's	4B SBH	1,591.0	1,552.5	1,234.5	1,243.4	1,426.0	1,426.0	713.0	1,069.5	97.6%	100.7%	100.0%	150.0%	580	5.1	4.0	9.1
St Bart's	4C SBH	1,782.5	1,713.5	966.0	900.5	1,426.0	1,426.0	966.0	1,000.5	96.1%	93.2%	100.0%	103.6%	660	4.8	2.9	7.6
St Bart's	4D & 4E SBH	1,688.0	1,504.0	713.0	724.5	1,633.0	1,311.0	713.0	644.0	89.1%	101.6%	80.3%	90.3%	443	6.4	3.1	9.4
St Bart's	5A SBH	2,175.0	2,331.0	900.0	1,007.6	1,474.0	1,597.8	341.0	750.9	107.2%	112.0%	108.4%	220.2%	597	6.6	2.9	9.5
St Bart's	5B SBH	1,426.0	1,412.0	713.0	691.0	1,426.0	1,409.5	356.5	713.0	99.0%	96.9%	98.8%	200.0%	467	6.0	3.0	9.0
St Bart's	5C SBH	2,139.0	2,273.8	710.0	943.0	1,782.5	2,087.7	356.5	867.8	106.3%	132.8%	117.1%	243.4%	617	7.1	2.9	10.0
St Bart's	5D SBH	2,139.0	1,949.5	713.0	839.5	1,759.5	1,716.5	713.0	838.0	91.1%	117.7%	97.6%	117.5%	724	5.1	2.3	7.4
St Bart's	6A SBH	6,405.5	4,899.3	356.5	333.5	6,417.0	4,817.0	356.5	299.0	76.5%	93.5%	75.1%	83.9%	237	41.0	2.7	43.7
St Bart's	6D SBH	1,460.5	1,426.0	759.0	644.0	1,069.5	1,072.0	701.5	724.5	97.6%	84.8%	100.2%	103.3%	490	5.1	2.8	7.9