

Barts Health Integrated Performance Report

February-24

Performance for: **Dec-23**



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Barts Health
NHS Trust

Executive Summary



Quality Report

The Trust is reviewing quality and safety data using statistical process control; this supports early identification of risk and enables proactive planning. A review of the metrics demonstrated common cause variation across the following indicator metrics.

- **Infection Prevention and Control (IPC)** – cases of MRSA and Cdiff have breached monthly threshold and remain under surveillance.
- **Duty of Candour (DoC)** – A review of the metrics indicated a deterioration in performance across the group, each hospital site has implemented oversight arrangement and are reporting on individual breaches

Operational Performance

Operational performance reports on the performance and delivery of the Group and Hospitals in relation to constitutional standards. These objectives were reviewed in September at the request of the national team with local objectives agreed for the remainder of the financial year (H2). The H2 objectives for Barts Health are:

- UEC - 76% for 4 hrs and reduced Cat 2 Ambulance Handover
- Cancer – 7% Backlog or 279 patients with FDS at 75% with a stretch to 81%
- Elective – 0 104 week breaches, 0 78 week breaches and 1500 65 week breaches

The Group and hospital teams continue to focus on both the safe delivery of services as well as seeking to meet trajectories for March 2024 across the main constitutional standards covering elective care, urgent and emergency care and cancer and diagnostic services.

Equity

- Ethnicity capture has been improved through a data download from GP records in North East London which took place in December. There has however been a decline in our ethnicity capture since, which needs to be addressed.
- At Trust level, our review of waiting lists found no concerning difference in waiting times by ethnicity or deprivation. There was a small but significant difference in wait times by gender, which is believed to be incidental but we will continue to monitor for trends. At Newham and Barts, patients living in the least deprived areas tend to wait longer than those in deprived areas, which is believed to be partially that these patients have sought care elsewhere.
- There continues to be a disparity in waiting times for patients with an identified learning disability, which we have escalated to the Planned Care Board. However, this difference is not significant when we look at waits by site.

People

- The substantive fill rate has reduced from 93.1% to 92.5% as a result of budget going in for the Community Diagnostics Hub at Mile End and the Surgical assessment Unit at Whipps Cross. All sites have achieved at least 90% fill. We have seen continued improvement in the registered nursing and midwifery fill from 89.1% to 89.2%.
- Staff voluntary turnover has reduced from 10.5% to 10.4%.
- Agency spend as a % of paybill reduced to 4.3% YTD, and reduced to 3.59% in Month.

Finance

- The Trust is reporting a £34.7m deficit for the year to date at month 9, this is (£13.8m) adverse against original plan but is in line with the forecast outturn plan agreed with NHSE/ICB in early December for a £36.4m deficit for the year, before the impact of any medical industrial action during winter 2023/24. The current month position includes the impact of junior doctor industrial action in December. The remaining adverse variance for the year to date includes the loss of clinical negligence premium maternity incentive discount in 2023/24 and the impact of the operational focus on managing industrial action on efficiency savings delivery.
- Following confirmation of allocation of medical industrial action funding in November, the Trust agreed a forecast outturn target of £36.4m deficit for 2023/24 as part of an NEL system planned forecast outturn deficit of £25m. The £36.4m target deficit excludes both the financial impact of any further industrial action post October 2023 and the impact of transition to IFRS 16 for PFI liabilities on PDC dividend costs. The Trust continues to implement additional controls particularly in relation to pay expenditure to support financial recovery, and as at month 9 is on track to meet its target deficit subject to the excluded items.
- The key financial challenges for the Trust in achieving its forecast outturn deficit for the financial year include:
 - Managing additional costs resulting from the delivery of the winter plan for emergency and urgent care.
 - Managing additional premium costs that may be incurred to meet activity requirements for the delivery of elective waiting times targets,
 - Year end arrangements for final determination of Elective Recovery over performance income have yet to be confirmed by NHS England.
 - The potential impact of further medical industrial action in 2023/24.



Barts Health
NHS Trust

Quality Report



- January and February continue to be compromised by seasonal infections on our workforce and pressure on emergency services and accompanying impact on elective services, all our hospitals continue to cope well with little significant impact on our quality metrics.
- The Trust uses statistical process control to identify common cause variation, any indicator that sits outside the limits is reviewed with the hospital site otherwise a trend analysis is used when performance deteriorates or improves. This report provides some narrative where this occurs but should be noted none of the metrics are causing serious concerns.
- The launch of the National Patient Safety Incident Reporting Framework (PSIRF) in the Trust took place in November and we continue to adapt and learn alongside all organisations across England. In addition we are continuing to close down our legacy investigations. We have had one never event in month related to a retained swab and full investigation of that event is underway.
- Responses to complaints, FFT recommend score and duty of candour performance is being monitored for sustainable improvement. This is focus for quality discussions with each of the hospital sites and within quality groups and committees within the Trust

	Ref	Indicator	Month Target	Step Change	Contl. Limit	This Period	This Period Target	Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other
Patient Experience	C12	MSA Breaches	●	○	○	Nov-23 (m)	<=0	70	74	317	1	16	10	6	-
Patient Feedback	C10	Written Complaints Rate Per 1,000 Staff	○	○	○	2023/24 Q2 (q)	SPC Breach	17.7	22.8	22.8	28.6	47.2	30.0	11.7	-
	C1	FFT Recommended % - Inpatients	●	○	○	Nov-23 (m)	>= 95%	91.8%	90.8%	90.7%	87.1%	94.6%	89.6%	93.6%	-
	C2	FFT Recommended % - A&E	●	○	○	Nov-23 (m)	>= 86%	63.0%	64.1%	65.2%	65.9%	66.7%	56.4%	-	-
	C3	FFT Recommended % - Maternity	●	○	●	Nov-23 (m)	>= 96%	90.3%	87.1%	94.5%	78.6%	91.7%	85.2%	-	-
	C20	FFT Response Rate - Inpatients	●	○	○	Nov-23 (m)	>= 23%	30.7%	27.7%	30.4%	21.3%	37.5%	30.1%	29.6%	-
	C21	FFT Response Rate - A&E	●	○	●	Nov-23 (m)	>= 12%	6.0%	5.1%	7.5%	5.1%	6.6%	3.7%	-	-
	C22	FFT Response Rate - Maternity	●	○	○	Nov-23 (m)	>= 17.5%	15.7%	12.4%	15.7%	3.3%	16.6%	17.1%	-	-
Service User Support	R78	Complaints Replied to in Agreed Time	●	○	○	Nov-23 (m)	>= 85%	84.0%	79.4%	84.5%	83.3%	73.9%	80.6%	81.8%	-
	R30	Duty of Candour	●	○	○	Nov-23 (m)	>= 100%	70.8%	78.2%	79.6%	70.0%	90.9%	73.3%	88.9%	-

Update since previous month

R30 Duty of Candour: In response to the recent audit outcome and performance each hospital site has developed stronger oversight and performance is under constant scrutiny we are confident this will begin to show signs of improvement through the next few reporting months.

C1, C2 & C3 FFT: work underway to check robustness of data and to explore responses for any themes in responses

C10 & R78 - the strikes, staff turnover in governance teams, the winter seasonal dip in performance due to staff absences have had an impact. Response performance remains a standing item on the improvement group agenda and governance teams advised that they are recruiting to posts and areas of challenge are being escalated upwards to the hospital execs.

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

	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison						
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	CSS	Other	Barts Health
Infection Control	S10	Clostridium difficile - Infection Rate	●			Nov-23 (m)	<= 32	14.8	17.0	20.4	9.9	31.1	8.9	29.1	-	-	17.0
	S11	Clostridium difficile - Incidence	●			Nov-23 (m)	<= 19	19	11	98	3	5	1	2	-	0	11
	S2	Assigned MRSA Bacteraemia Cases	●			Nov-23 (m)	<= 0	2	1	10	0	0	1	0	-	0	1
	S77	MSSA Bacteraemias				Nov-23 (m)	SPC Breach	20	10	90	6	2	1	1	-	0	10
	S76	E.coli Bacteraemia Bloodstream Infections	●			Nov-23 (m)	<= 20	25	29	231	5	11	5	8	-	0	29
Incidents	S3	Never Events	●			Nov-23 (m)	<= 0	0	0	4	0	0	0	0	-	0	0
	S09	% Incidents Resulting in Harm (Moderate Harm or More)	●		●	Nov-23 (m)	<= 1.8%	2.0%	2.2%	1.6%	2.6%	1.5%	3.3%	3.0%	-	-	2.4%
	S45	Falls Per 1,000 Bed Days	●		●	Nov-23 (m)	<= 9.6	3.3	2.9	3.4	2.8	2.4	2.6	3.6	-	-	2.8
	S25	Medication Errors - Percentage Causing Harm	●			Nov-23 (m)	<= 8%	6.9%	5.4%	5.0%	9.8%	2.2%	2.4%	4.4%	-	-	6.3%
	S48	Medication Errors - Rate Per 1,000 Bed Days				Nov-23 (m)	SPC Breach	5.7	5.0	5.9	5.6	3.0	3.9	15.0	-	-	5.6
	S49	Patient Safety Incidents Per 1,000 Bed Days			●	Nov-23 (m)	SPC Breach	46.6	39.1	50.6	31.1	51.3	46.1	49.5	-	-	41.0
	S53	Serious Incidents Closed in Time	●			Nov-23 (m)	>= 100%	9.1%	5.0%	6.5%	0.0%	0.0%	33.3%	0.0%	-	-	5.0%

S76 E. Coli - NHS England has set a national target of halving of healthcare associated Gram-negative blood stream infections (GNBSI) by 2024/25. As this is gut organism, it can be difficult to reduce the rate of rise of E. coli infections. The changes in patient demographics with an ageing population and more people at risk because of comorbidity or treatment such as immunosuppression are likely to contribute to an increase in cases. Our patient population is different within each of our hospitals across the Trust. Work around improving Aseptic Non-Touch Technique (ANNT), line care and environmental standards continue with slow but continued progress. The Infection, Prevention and Control Committee (IPCC) has commissioned a piece of work to review current literature and national figures and compare to our local data to identify any potential gaps in current care practices. If none identified, we will continue with the above work until all potential contributing factors are addressed.

S2 MRSA – Each case is subject to investigation to understand the underlying causes.

S53 – As we have transitioned to PSIRF we are working through closure of all our legacy serious incidents – At the time of PSIRF launch on 20 November the Trust had 107 open Serious Incident investigations a significant number of these attributable to maternity with the Health Services Safety Investigations Branch (HSSIB) involvement.

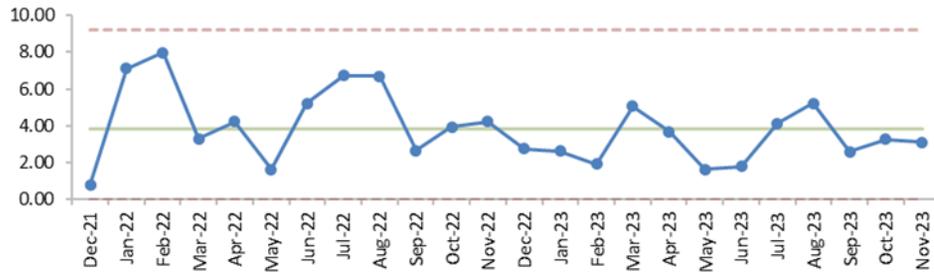
	Ref	Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison				
			Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other
Mortality	E1	Summary Hospital-Level Mortality Indicator	○	○	●	May-23 (m)	<= 100	100	-	-	-	-	-	-	-
	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	●	○	○	Nov-23 (m)	<= 1.01	0.54	0.47	0.56	0.39	0.00	1.16	0.39	-

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.

	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
Harm Free Care	S14	Pressure Ulcers Per 1,000 Bed Days	●	○	○	Nov-23 (m)	<= 1.2	1.1	1.4	1.3	1.0	1.6	1.9	0.8	-
	S35	Pressure Ulcers (Device-Related) Per 1,000 Bed Days	○	○	○	Nov-23 (m)	SPC Breach	0.1	0.1	0.1	0.1	0.0	0.1	0.0	-

The Trust is reviewing quality and safety data using statistical process control; this supports early identification of risk and enables proactive planning. A review of the metrics demonstrated common cause variation across the indicator metrics.

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. When compared to comparable organisations with level 3 NICU and neonatal surgery, Barts Health has had lower stillbirth rates. Rates across the organisation have steadily decreased over the last five years, with the exception of a small rise during the peak of the first two waves of the pandemic, as seen in national data (MRACE last published in 2021).

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

There were a total of six cases across Barts in November, two stillbirths relate to terminations for fetal abnormality.

One case relates to a baby with known lethal abnormalities, where the parents decided to continue with their pregnancy.

There was a case for a baby who was known to have serious abnormalities, and a further case who had high probability screening results where diagnostics were not undertaken by the parents. Full reviews are awaited.

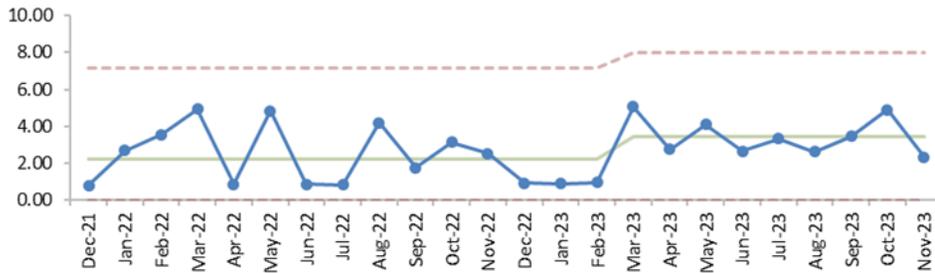
One stillbirth case was for a 28 week baby, which is unexplained at this time, the parents did not have screening and investigations pending.

The final case was a baby whose mother was a diet controlled diabetic. She had had three episodes of reduced fetal movements. A plan was made for an induction of labour, but the baby sadly passed away before this happened.

Responsible Director Update

All cases will be reviewed using the National Perinatal Mortality Review Tool. The parents will be supported to ask questions of the team and investigation and will be supported by the bereavement midwives to do this. All parents receive an individualised outcome for the review of their care and follow up with the obstetric teams to discuss the findings.

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).

When compared to comparable organisations with level 3 NICU and neonatal surgery, Barts Health has lower Neonatal death rates. MBACE 2021 (last available data)

What is the Chart Telling us:

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

Performance Overview

There were three neonatal deaths in month.

One case relates to a baby who was born with signs of life following a termination of pregnancy at 21 weeks. This was following chorioamnionitis (a severe infection that can risk the mother's life).

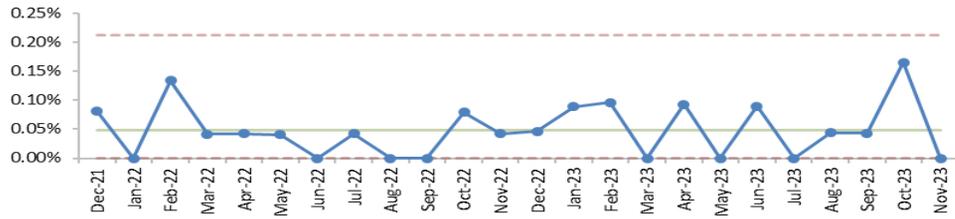
One case was of a 23 week baby who developed complications related to prematurity and was moved onto a palliative pathway.

The third for a 27 week baby who had had fetal medicine interventions during the pregnancy, but sadly despite intensive care deteriorated and passed away.

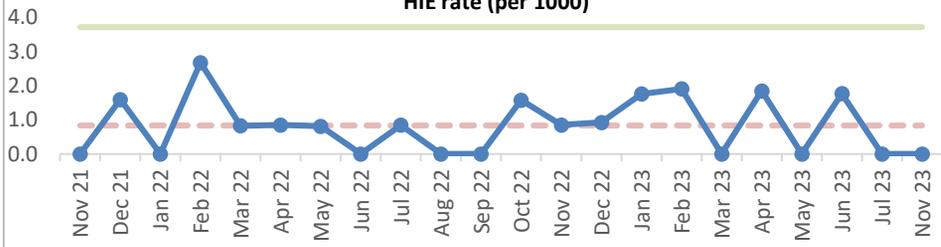
Responsible Director Update

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Percentage of HIE



HIE rate (per 1000)



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.

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.

Performance Overview

There was only one case in November. The Baby was born in poor condition, initially cooled, and diagnosed with spinal injury and spinal subdural haematoma following forceps birth.

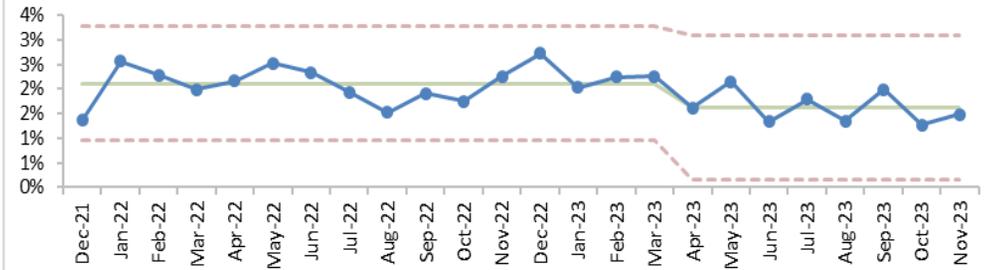
Responsible Director Update

Case has undergone rapid review on site and no care issues identified at rapid review. The baby remains an inpatient and the parents have had duty of candour conversations and written information as well as individual discussions with the governance lead consultant. The prognosis for this baby is poor and the case has been referred to Maternity and Newborn Safety Investigation programme (MNSI).

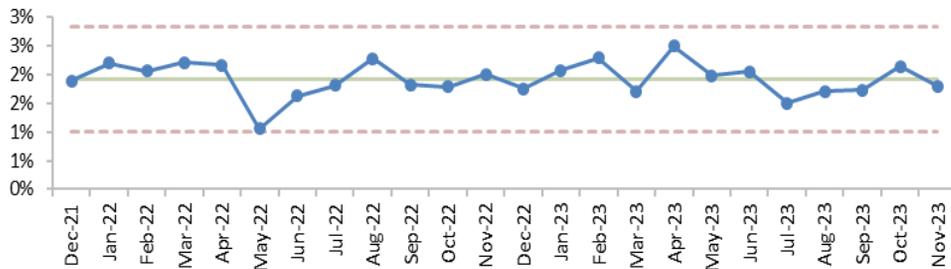
Percentage of 3/4 degree tear



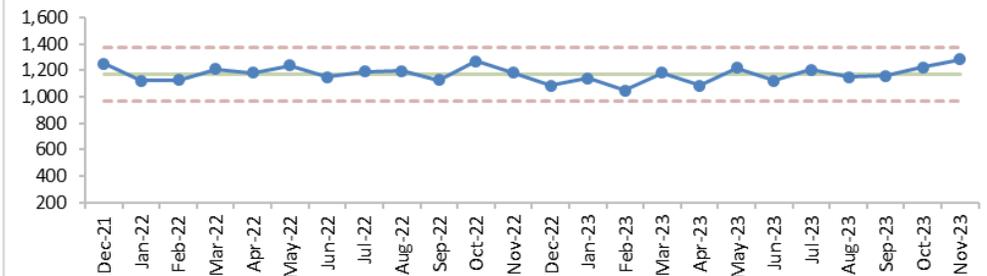
Percentage of PPH ≥ 1500ml



Percentage of Number of unexpected term admission to NNU



Number of Babies Born



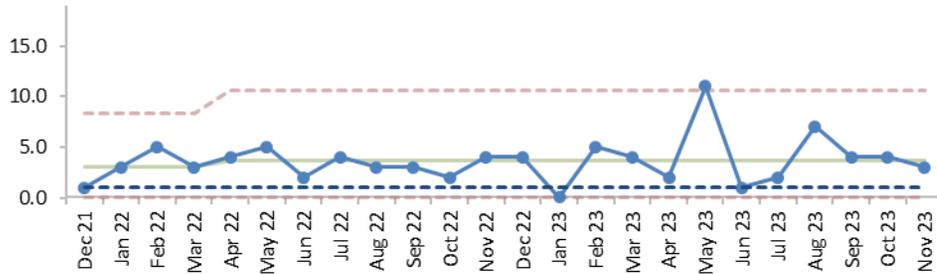
Performance Overview

November 2023 has been the busiest month in the last 12 months with 1285 babies being born across three hospitals. The Royal London was noted to have an increase in HIE rates. Newham sustained their improvements in their PPH rates; however the Royal London rate has increased again. There have been significant QI programmes of work in this area, and the teams are hopeful for a sustained improvement trajectory. Whipps Cross saw a deterioration in their 3rd and 4th degree tear rates. This trend will be subject to a deep dive at hospital level to review cases and identify any learning.

Responsible Director Update

The maternity signals work continues with support from the group director of performance and the Making Data Count team at NHS E with the Maternity Improvement Advisors from the Maternity safety Support Programme.

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

There were 4 maternity serious incidents declared in month. Maternity is still transitioning into the PSIRF model.

NUH – Case of fulminant NEC (necrotizing enterocolitis). Baby was born NUH and transferred to RLH. The baby sadly passed away in October. And a request has been made to the neonatal network for a reviewer and one has been allocated. Feedback with actions will follow the review findings.

RLH – Client with 2 x previous CS seen in pre-term birth clinic with uterine abnormalities which increase risk of pre-term birth. Client sadly attended triage at 38+3 with reduced fetal movements, fetal bradycardia was identified on arrival with abdominal pain. Emergency caesarean section was undertaken; however the baby was not able to be resuscitated following birth. Case referred to MNSI for investigation.

RLH – Baby born in poor condition, initially cooled, and diagnosed with spinal injury and spinal subdural haematoma following forceps birth. As described in the HIE data slide.

WXH – Never Event - A post-delivery patient was tachycardic and sepsis was suspected. On examination the patient was found to have a retained swab following the repair of a second-degree tear. Verbal and written duty of candour have been completed. Learning will be shared across the maternity safety Welimprove programme across the Barts maternity services.



Barts Health
NHS Trust

Operational Performance Report



Operational performance presented below was impacted by periods of Junior doctor industrial action during December 23.

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 December 2023, 42,322 attendances were recorded, 1,225 (+3.0%) more attendances than November.
- Despite the increase in attendances A&E 4-hour performance for December improved from 65.0% in November 2023 to 65.8% (+0.8).
- The proportion of patients with an A&E 12-hour journey time decreased from 9.4% in November to 8.7% in December (-0.7%), against a national standard of no greater than 2%.
- For December 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 12th out of 18 trusts in London and was ranked 5th out of the top 10 English trusts (ranked by volume of attendances).

Cancer

- During August NHS England announced a change to cancer waiting time standards, replacing the current set of ten standards with a reduced set of three headline measures, applicable from 1st October. Changes in reporting were applied to last month's Board report providing views of aggregate performance relating to the 28-day Faster Diagnosis, 62-day Referral to Treatment and 31-day Decision to Treat standards and will continue in future editions of this report.
- In November 2023 the trust achieved 75.6% in relation to the Aggregate Faster Diagnosis Standard, requiring 75% of referrals to have cancer diagnosed or ruled-out within 28-days, this marks the fifth consecutive month the national standard has been achieved.
- For November 2023 the trust did not achieve the Aggregate 62-day Referral to Treatment standard, recording a performance of 59.7% against a target of 85%, however this represents an improvement of +7.4% against October's performance of 52.2%.
- During November 2023 the trust achieved the Aggregate 31-day Decision to Treat standard, recording a performance of 96.2% against a target of 96%, this marks the fourth consecutive month the national standard has been achieved.
- With continued focus from NHS England on 62 day backlog clearance, at the end of December 2023, the trust recorded 318 GP referral patients waiting longer than 62-days, a reduction of 31 against the November position of 349.
- Whilst no longer a national headline measure the trust is continuing to shadow report internally against the 2-week wait from referral to first appointment standard. Please refer to later sections of this report.

Diagnostics

- For December 2023 a performance of 72.8% was recorded, a decrease of 4.6% against November's 77.4%.
- During December 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 83% of all breaches.

Elective Care

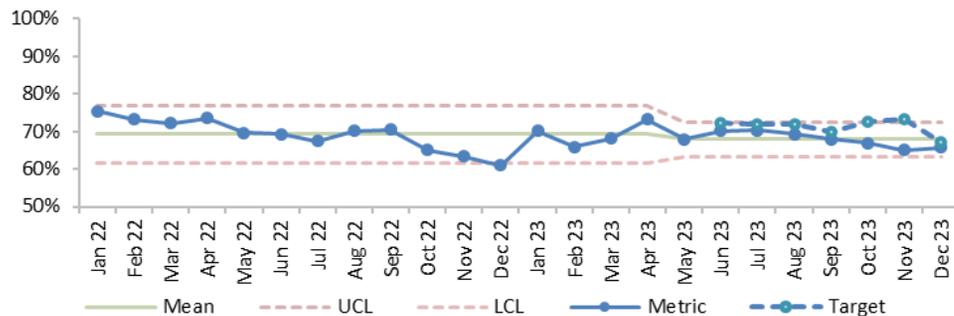
- For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog. For December 2023 the trusts admitted (inpatient and day case) trajectory set a target of 7,420 admissions against which the trust delivered 6,872 (-548 admissions).
- For outpatients (first and follow up) for the same month the trajectory set a target of 119,630 attendances, against which the trust delivered 115,320 (-4,310 attendances).
- The Trust RTT PTL for December 2023 was 118,999 total pathways. This was 102 pathways more than the November 2023 position.
- In relation to the RTT month-end nationally submitted data the trust reported 12 pathways waiting 104+ weeks at the end of December 2023, three more than reported at the end of November.
- In relation to 78+ week wait backlog volumes, 379 pathways were reported at the end of December, an increase of 74 against the November 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 December the trust recorded 2,628 pathways waiting 65+ weeks, an increase of 130 against the November position.

Indicator	Exception Triggers			This Period	This Period Target	Performance			Site Comparison				
	Month Target	Step Change	Contl. Limit			Last Period	This Period	YTD	Royal London	Whipps Cross	Newham	St Bart's	Other
A&E 4 Hours Waiting Time	●			Dec-23 (m)	>= 64.2%	65.0%	65.8%	68.5%	63.3%	69.1%	65.6%	-	-
A&E 12 Hours Journey Time	●			Dec-23 (m)	<=2.0%	9.4%	8.7%	-	7.1%	11.4%	8.0%	-	-
Ambulance Handover - Over 60 mins				Dec-23 (m)	-	112	139	-	34	49	56	-	-
Ambulance Handover - Over 30 mins				Dec-23 (m)	-	2,040	2124	-	417	831	876	-	-
Cancer 62 Day Aggregate	●			Nov-23 (m)	>= 85%	52.2%	59.7%	62.3%	55.0%	64.3%	46.3%	65.0%	-
Cancer 31 Day Aggregate	●			Nov-23 (m)	>= 96%	96.1%	96.2%	96.3%	97.3%	85.3%	100.0%	98.4%	-
Cancer 28 Day FDS Aggregate	●			Nov-23 (m)	>= 75%	75.5%	75.6%	74.0%	70.8%	72.8%	79.5%	93.7%	-
Diagnostic Waits Over 6 Weeks				Dec-23 (m)	>= 95%	77.4%	72.8%	76.1%	56.6%	98.9%	98.1%	67.1%	100.0%
65+ Week RTT Breaches	●			Dec-23 (m)	1,144	2,498	2,628	-	1,817	553	250	8	-
78+ Week RTT Breaches	●			Dec-23 (m)	0	305	379	-	296	42	37	4	-
104+ Week RTT Breaches	●			Dec-23 (m)	0	9	12	-	6	2	4	0	-
Completeness of Ethnicity Recording				Dec-23 (m)		96.4%	95.8%	-	95.1%	96.5%	98.3%	93.5%	-

Note to table:

- The ambulance handover metrics are those reported for London Region and do not reflect a Barts Health validated position
- 78 and 104 RTT weeks wait targets are zero for 2023/24, however NHS England have set the trust a deadline of end June 23 to clear 78+ week backlog
- A 95% target for Diagnostic six week waits is required by March 2025 so no RAG rating is applied for this year

Barts Health: A&E 4 Hour Wait Performance



Indicator Background:

The A&E four-hour waiting time standard requires patients attending A&E to be admitted, transferred or discharged within four hours. From 2010 the four-hour A&E waiting time target required that at least 95% of patients were treated within four-hours. As a consequence of the impact of the Covid pandemic, during December 2022 an intermediary threshold recovery target of 76% was set to be reached by March 2024 with further improvement expected in 2024/25. Fundamentally the four-hour access target is a clinical quality and patient experience measure.

What is the Chart Telling us:

The data records a reducing trend in relation to performance against the 4-hour standard since the start of the data-series in January 2022. A reducing step-change is triggered from May 2023 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 from October 23.

Trust Performance Overview

Overall trust 4-hour performance for December was 65.8%, 1.6% above that months target of 64.2%, set to meet the year end national recovery target of 76% by March 24. Year to date the trust is recording a performance of 68.5%.

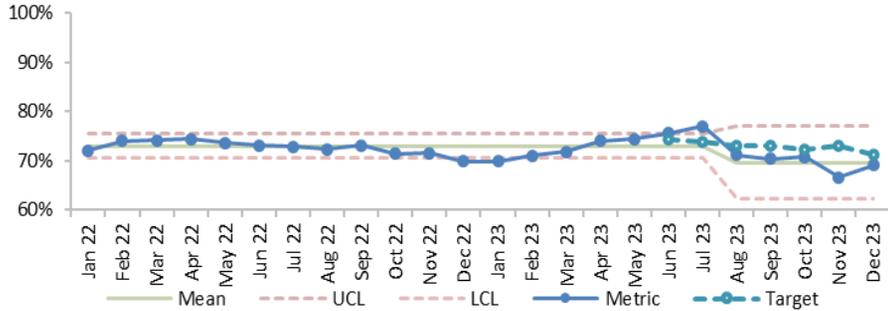
Trust Responsible Director Update

- **Overall Trust performance:** Trust performance in December was 65.8%, 1.6% above the trajectory of 64.2% for December, both Newham and Whipps Cross saw an improving performance from November, with Royal London seeing a small deterioration of 0.8%. The Trust target for March 24 remains at 76% in line with the national UEC recovery programme, with year to date performance sitting at 68.3% as at 1st February 2024.
- **Industrial Action:** Further industrial action took place in December, which was managed well over the festive period with all Hospitals having senior decision-makers at the front door.
- **UTC performance:** Type 3 performance improved to 85.2%, despite an increase in attendances of over 1000 patients. This was driven by a 1.5% increase at the Royal London to 78% and Newham seeing a small improvement of 0.1% at 86.7%. Whipps Cross performance remains consistently above 99%, and also saw the majority of the increases in attendances from November to 651. The average UTC performance across London sits at 93%, with Barts Health position of 85.2%. The aim for February is to improve this position in line with the London average, which would have a significant positive impact on the overall Trust 4 Hour performance, driving it closer towards the 76% trajectory.
- **Admitted performance:** Type 1 admitted performance remained static despite an increase in admissions. In December, Whipps Cross opened their new SDEC, this supported an increase of 2% in their admitted performance. A review of all of the Trusts Same Day Emergency Care Unit (SDECs) is underway to support driving 40% of Type 1 admitted attendances through them. This work is being supported by the Improvement and Transformation team and overseen by the Unplanned Care board.
- **Non-admitted performance:** In December Type 1 Non admitted attendances hit a 12 month peak at 19,676, despite this performance remained static at 59%. Through streaming more patients to UTC, Whipps Cross saw an increase in performance to 64%. Both Royal London and Newham saw an increase in attendances. The work to improve this will be driven through Hospital based UTC plans and working with Place based partners to expand redirection to community led services.
- **5 point plan:** The Unplanned Care Board is working to drive improvements through a 5 point plan inclusive of UTC performance, increasing pre-11am discharges, maximising virtual ward capacity, SDEC utilisation, reducing the number of discharge ready patients in a Hospital bed. These KPIs will be tracked daily through an Emergency care dashboard, supporting live actions and changes to drive improvements, as well as sharing areas of best practice across the Trust.

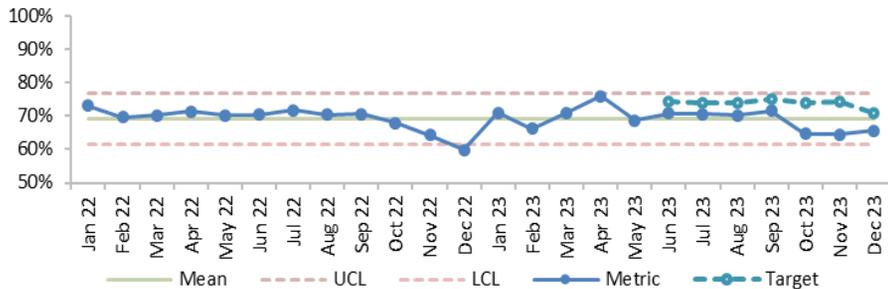
Royal London: A&E 4 Hour Wait Performance



Whipps Cross: A&E 4 Hour Wait Performance



Newham: A&E 4 Hour Wait Performance



Hospital Site Performance Overview

Royal London:

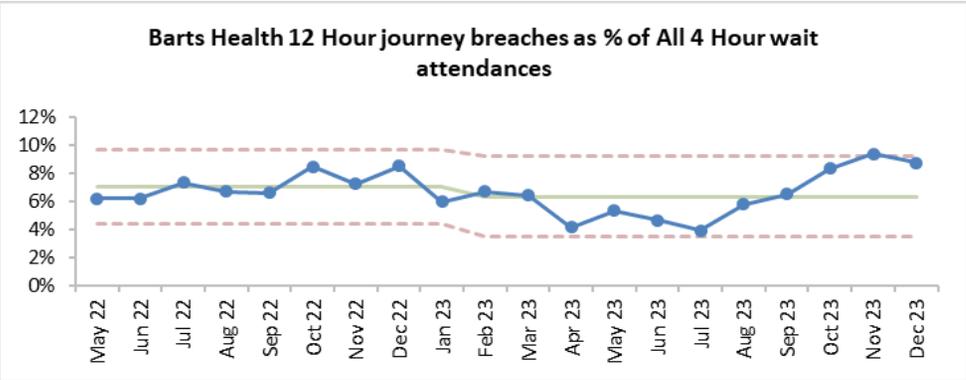
The Royal London recorded a performance of 63.3% for December, a decrease of 0.8% against November's 64.1%. Key challenges remain across Type 3 activity at RLH with UTC performance continuing to be variable.

Whipps Cross:

Whipps Cross recorded a performance of 69.1% for December, an increase of 2.5% against November's 66.6%. There is the expectation that the recent establishment of SDEC and SAU (surgical assessment unit) at Whipps Cross will lead to performance improvements.

Newham:

Newham recorded a performance of 65.6% for December, an increase of 1.2% against November's 64.4%. Work is in hand to realise the opportunities inherent in improved UTC performance at Newham.



Trust Performance Overview
The proportion of patients with an A&E 12-hour journey time decreased from 9.4% in November to 8.7% in December (-0.7%), against a national standard of no greater than 2%, with Whipps Cross seeing the largest proportion of patients waiting at 11.4%.

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 A&E’s to potential patient harm and clinical outcome.

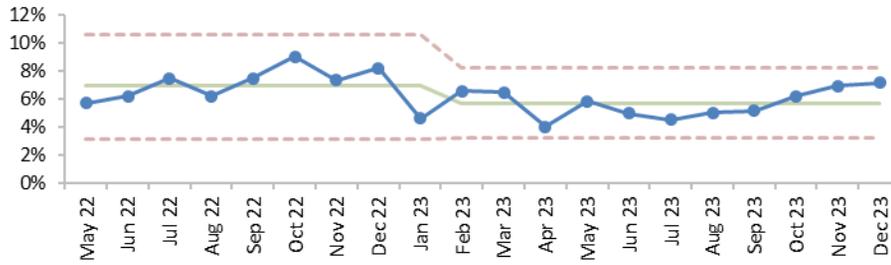
What is the Chart Telling us:

The chart presents considerable data-variability above and below the mean (Green line) however without any statistically significant breaches of the upper 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 November increasing from 5.8% to 9.4% across the period, the final data-point, December 23, presents a slight decrease to 8.7%.

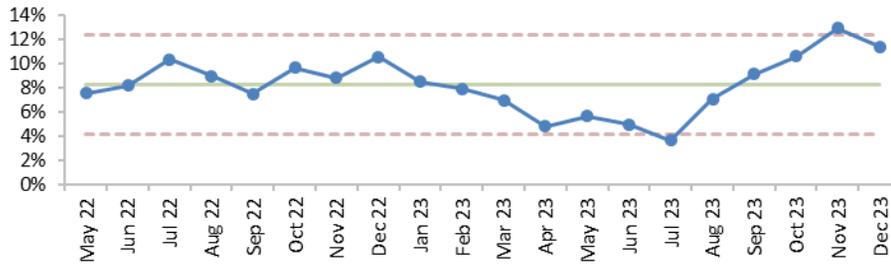
Trust Responsible Director Update

- **Trust wide:** In December, our 12-hour journey time decreased by 0.7% to 8.7%. In correlation our discharge ready position reduced by 1.2 %, and the Length of Stay (LoS) for our mental Health patients in ED reduced to an average of 18 hrs.
- **Mental Health:** The overall LoS for MH patients in our Emergency departments reduced to 18.2hrs from 19.1hrs. The most significant improvement there was seen at Whipps cross, which saw LoS reduce from an average of 25 hrs in November to 17hrs in December. Newham however saw an increase from 22hrs to 23hrs, and Royal London from 12 hrs to 13 hrs.
- **Oversight:** The NHSE oversight for patients over 72 hrs continues to see a reduction in patients stranded in our Emergency departments. Enhanced escalation is in place and we have seen an improvement for our Mental Health patients. The Longest length of stay patients are discussed in site meetings and our daily Group Operational calls, ensuring clear plans are in place for these patients.

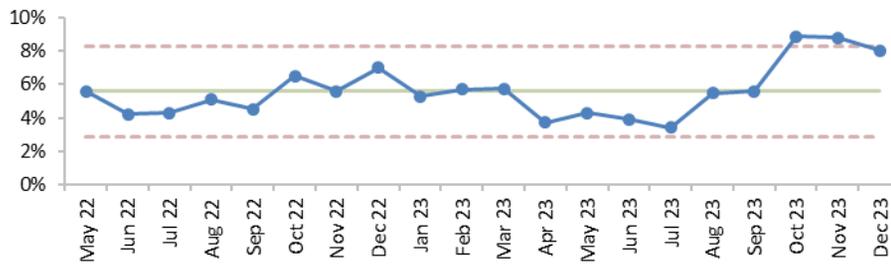
Royal London 12 Hour journey breaches as % of All 4 Hour wait attendances



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 7.1% in December, an increase of 0.2% against November's 6.9%.

Whipps Cross:

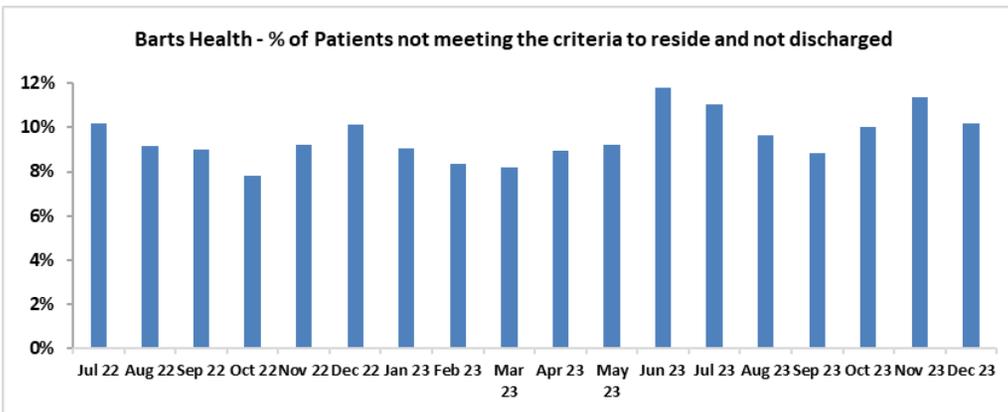
The proportion of 12-hour wait times recorded at Whipps Cross was 11.4% in December a decrease of 1.6% against November's 13.0%.

Newham:

The proportion of 12-hour wait times recorded at Newham was 8.0% in December 2023, a decrease of 0.8% against November's 8.8%.

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. Elevated A&E wait times for mental health patients also has a significant impact on the data.

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



Trust Performance Overview

The number of patients who no longer meet the criteria to reside decreased in December. During the month 10.2% of our bed base was occupied by patients with no criteria to reside, against 11.4% in November. Trust wide this is the equivalent of 746 patients (average across the month of 24 patients a day) and a total of 4,294 bed days.

- Whipps Cross: 13.9% equivalent to 287 patients, average across the month of 9 patients a day.
- Royal London: 11.7% equivalent to 307 patients, average across the month of 10 patients a day.
- Newham: 8.1% equivalent to 135 patients, average across the month of 4 patients a day.
- St Bart's: 1.3% equivalent to 22 patients, average across the month of less than 1 patient per day

Indicator Background:

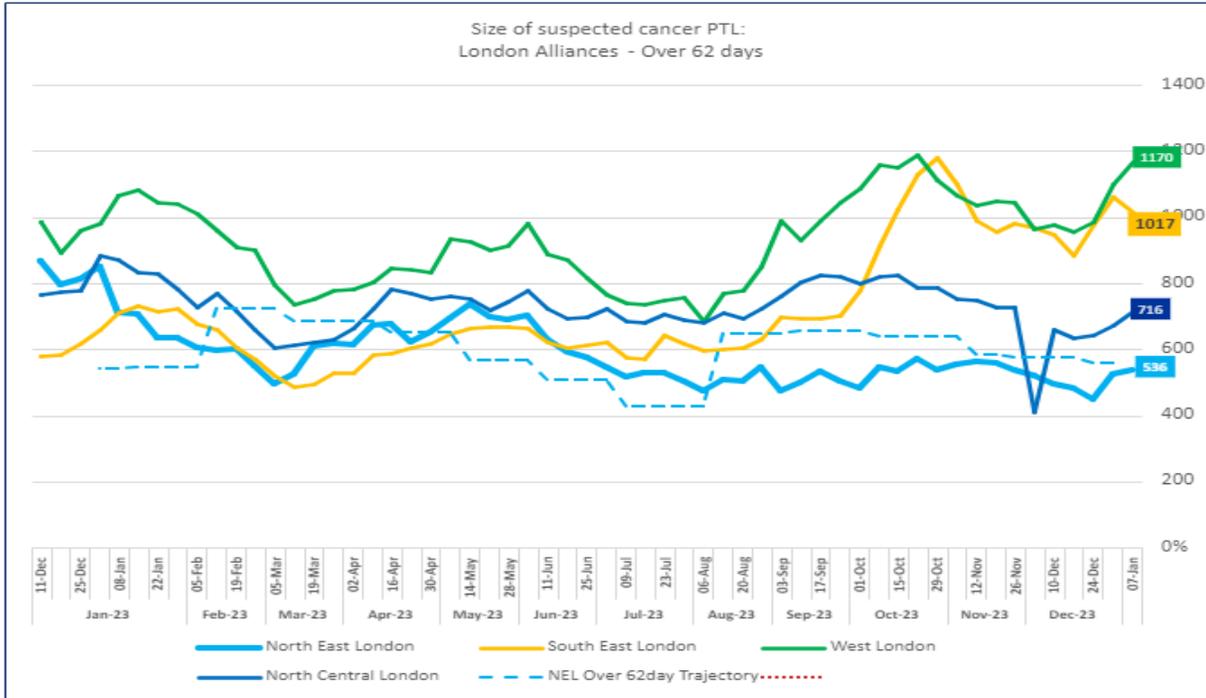
Once people no longer need hospital care, being at home or in a community setting (such as a care home) is the best place for them to continue recovery. However, unnecessary delays in being discharged from hospital are a problem that too many people experience. Not only is this bad for patients but it 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 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 reduced to by 1.2% in December to 10.2%. All Hospitals saw a reduction in this space with the largest reduction being seen at Whipps Cross whose position reduced from 16.4% to 13.9%.
- **Community bed capacity mapping:** As reflected in the above figures this exercise has been successful and our community beds are being maximised each day, with criteria being expanded to meet the needs of our patients.
- **Out of area patients:** We continue to work with our place based partners in reducing the number of out of area patients who are medically optimised in a Hospital bed. In January a new escalation framework was launched to support this group of patients receiving their onward care in a more timely manner.
- **Pre-11am discharges:** Barts Health pre-11 discharges increased by 0.4 to 13.4%, Newham 8.5%, Royal London 16.5%, Whipps Cross 11.4%. Both Newham and Royal London saw improvements with Whipps seeing a decline.
- **Virtual ward programme:** In December more virtual ward beds came on line and there are now 204 virtual ward beds across the Trust footprint. Work now continues to maximise occupancy. Whipps cross is consistently hitting above 70% occupancy, with Newham and Royal London achieving 50%. Criteria is continuously being reviewed to ensure the virtual wards can be flexed to meet the demand for Barts Health patients.

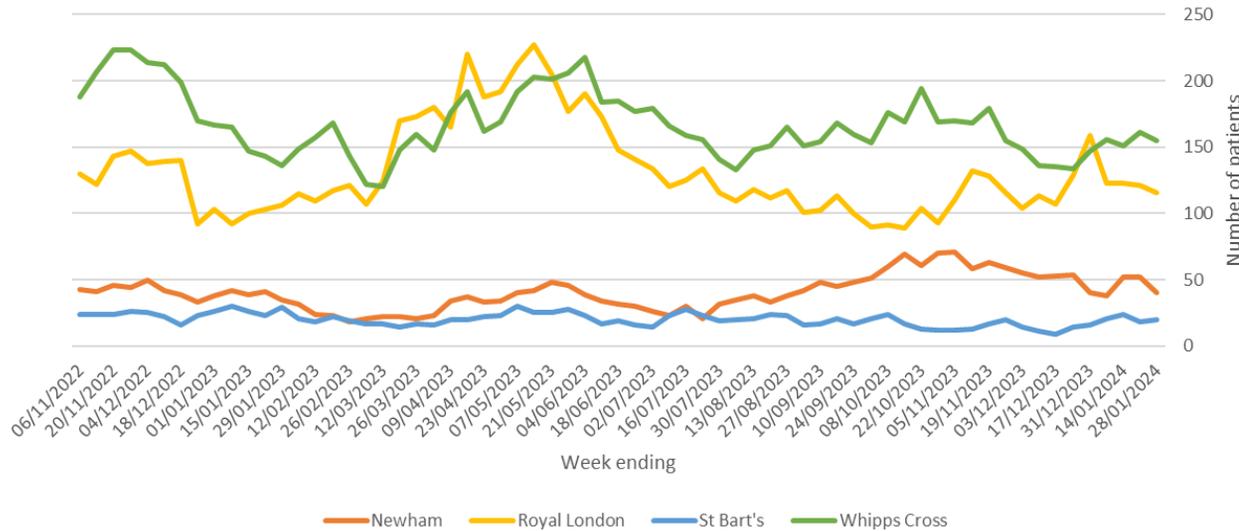


07-Jan	Over 62 days	Change in last week	% of Total PTL	Total PTL
North East London	536	+12	7.5%	7103
North Central London	716	+41	9.2%	7764
South East London	1017	-45	11.8%	8598
West London	1170	+69	8.3%	14043
England	24426	+670	10.7%	228100

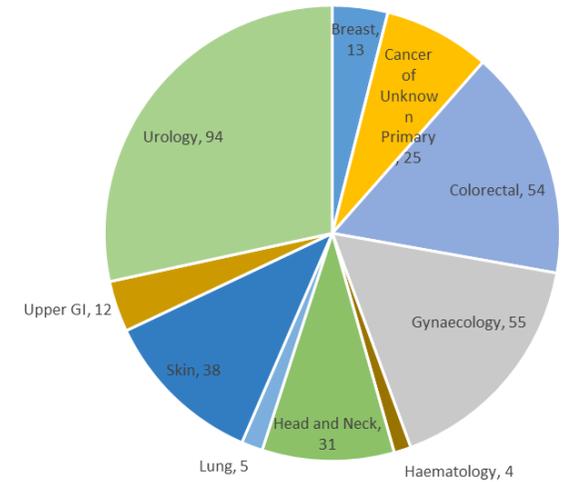
07-Jan	Over 62 days	Change in last week	% of Total PTL	Gap from NEL Over 62day Trajectory
North East London	536	+12	7.5%	-4
Barking	191	-6	6.3%	12
Barts Health	316	+22	9.6%	42
Homerton Univ	29	-4	3.6%	-4
London	3439	+77	9.2%	

- In November, in the published Cancer Waiting Time Standards (CWT), Barts Health achieved 2 of the 3 cancer standards, FDS (75.6%) this was for the fifth consecutive month and 31 Day (96.2%) this was for the fourth consecutive month.
- The trust was taken out of tier two by NHSE on the 7th December 2023, after being placed in tier two since May 2023, as NHSE were satisfied with progress and the control measures in place.
- As of the 7th January 24, North East London Cancer Alliance (NELCA) had the lowest backlog across London systems at 7.5% with 536 patients waiting above 62 days.
- Barts Health backlog as of 29.01.24 was 9.6% with 349 patients waiting more than 62 days. The NEL Operational Improvement managers report into the drive to five programme, supporting plans to achieve the FDS standard and hit the backlog target of 279 by the end of March 24.
- The trust continues to monitor the first new referrals (previously referred to as 2WW). The trust has made further developments to the report to support hospitals and update the Electronic referral System (ERS) to remove 2WW and change it to Suspected Cancer Referrals as advised by NHSE.

Size of suspected cancer PTL: > 62

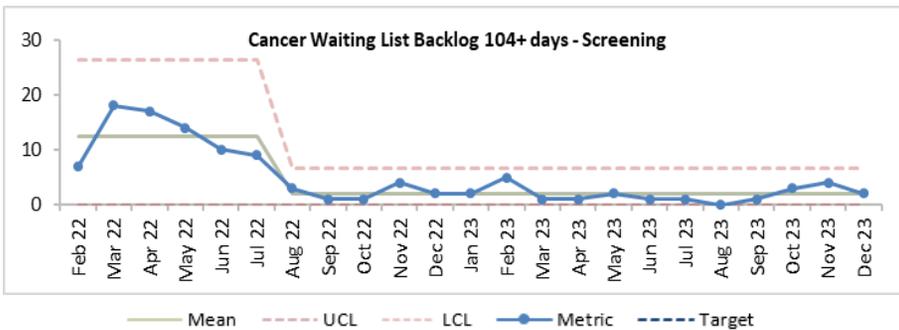
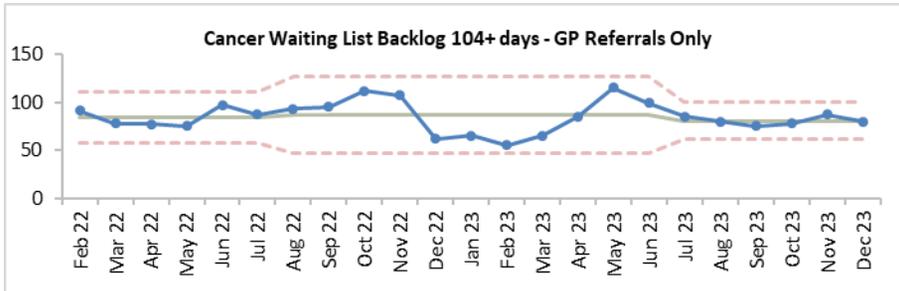


28 Jan 24 : Barts Health > 62



Trust Responsible Director Update

- The overall backlog for the trust is 8.63% for GP referrals as 29th January 2024.
- WX has the highest backlog at 150 patients, they would need to reduce to 138 to achieve the 7% target.
- RLH has the second highest backlog at 116 patients, they would need to reduce to 80 patients to achieve the 7% target.
- NUH and SBH are already achieving their 7% target with work underway to reduce this further to 5%.
- The tumour groups with the biggest backlog are Urology, Colorectal, Gynae, ENT and Skin all of which have plans to improve this detailed in the following slides.
- The trust cancer operational policy is being updated ahead of this expiring in April 24, this will include changes to CWT and guidance update from NHSE.



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 (a standard of 90%) or by a consultant upgrading the urgency of the referral (a standard of 85%) should be treated within 62 days. Historically performance against each of the standard components has been reported separately with the headline measure those patients referred by their GP.

During August NHS England announced a change to cancer waiting time standards, replacing the current set of three 62-day standards with one headline measure, the aggregate performance of all three components. The change in reporting is applicable from 1st October.

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

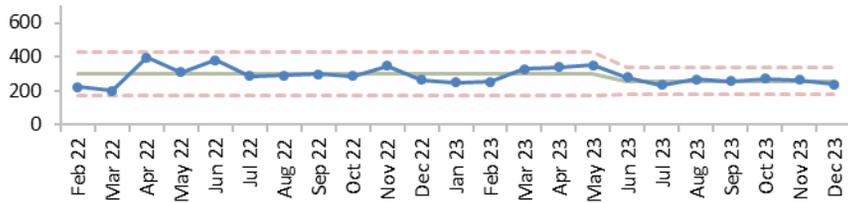
What is the Chart Telling us:

The three charts break out 62-day backlog for All referrals as well as for Consultant Upgrade and Screening referrals. 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 July 2022.

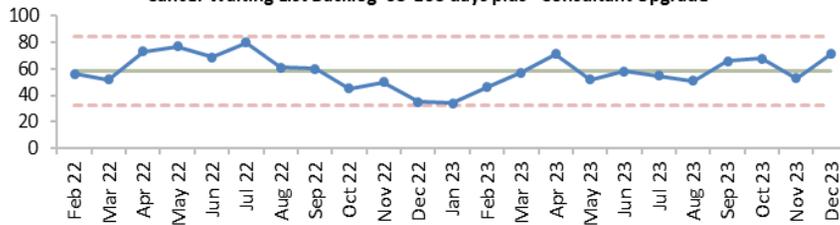
Trust Performance Overview

The charts opposite present the 109 cancer pathways waiting greater than 104 days at the end of December 23, a decrease of seven against the November position of 116. The charts present the number of patients waiting by GP referrals (80), Consultant Upgrade (27) and Screening service referrals (2). This represents all patients waiting 104 days and above. All these patients will go through the clinical harm review process, once treated.

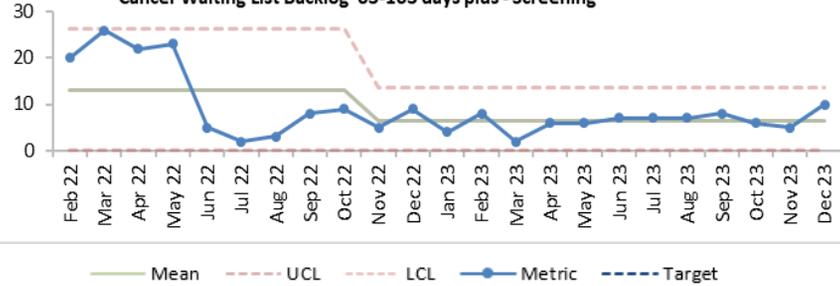
Cancer Waiting List Backlog 63-103 days - GP Referrals Only



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



Cancer Waiting List Backlog 63-103 days plus - Screening



Indicator Background:

The NHS has for many years set a standard that 85% of patients urgently referred by their GP for suspected cancer, or urgently referred from a cancer screening programme (a standard of 90%) or by a consultant upgrading the urgency of the referral (a standard of 85%) should be treated within 62 days. Historically performance against each of the standard components has been reported separately with the headline measure those patients referred by their GP.

During August NHS England announced a change to cancer waiting time standards, replacing the current set of three 62-day standards with one headline measure, the aggregate performance of all three components. The change in reporting is applicable from 1st October.

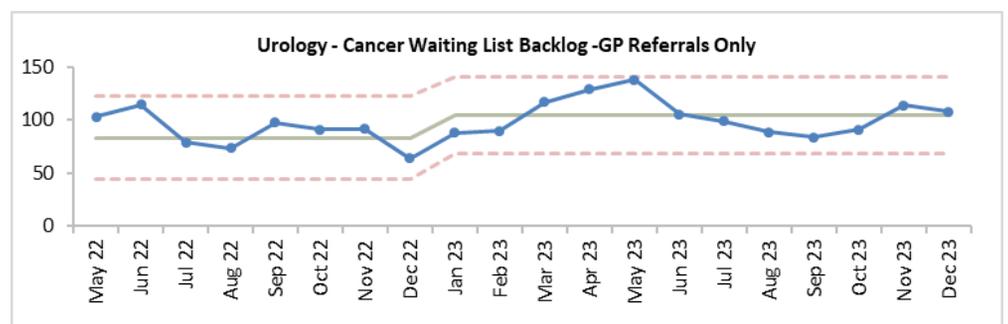
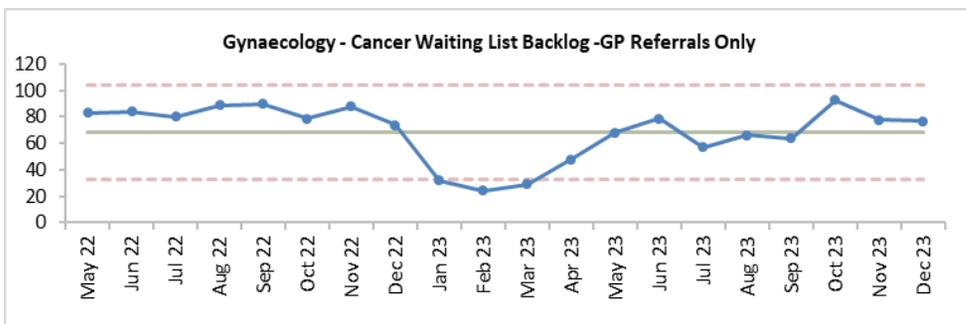
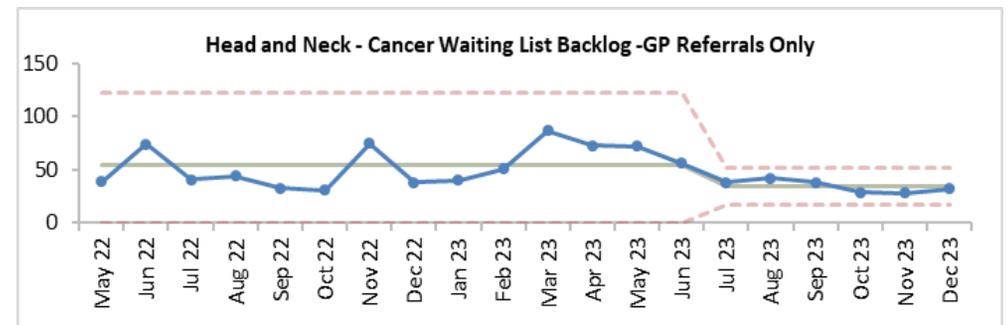
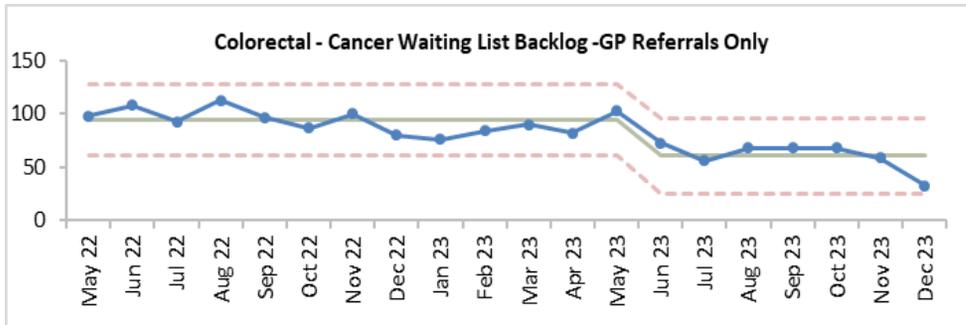
The NHS has made it a priority to clear the backlog of patients waiting longer than 62-days with the number of patients waiting no greater than at the start of the Covid pandemic by March 2024.

What is the Chart Telling us:

A reducing step-change for 63+ day backlog resulting from Screening service referrals is visible in the data. However, despite some data variability, the volume of backlog for Consultant Upgrade and GP referrals is remaining relatively consistent across the last 6-months.

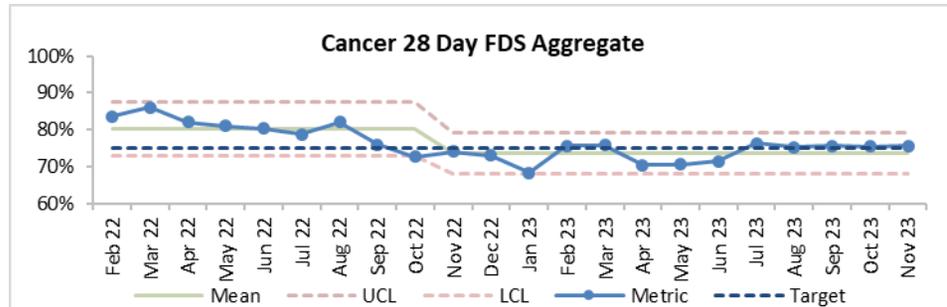
Trust Performance Overview

The charts opposite present the 312 cancer pathways waiting between 63 – 103 days at the end of December 23, a decrease of eight against the November position of 320. The charts present the number of patients waiting by GP referrals (238), Consultant Upgrade (64) and Screening service referrals (10). This represents all patients waiting between 63 – 103 days.



Commentary

- The trust monitors all patients waiting over > 62 days, which is broken down in > 104 days then 63-103 days. Any confirmed cancer patients who have waited longer than 62 days would have a Root Cause Analysis (RCA) completed and would go through the group clinical harm review process linked to the three key cancer waiting times standards.
- The greatest backlogs continue to be within Urology, Gynae, Colorectal & ENT, all have improvement plans which report into the drive to five programme. Key actions are to review theatre timetables to give Gynae an extra day of operating, additional template biopsy lists to clear the backlog and treat patients in line with the best practice timed pathway of 5 days. ENT will pilot a new project using speech and language therapy commencing in Q1, and Colorectal are looking to put on additional sessions to bring waits down to 7 days and sustain this, which is being monitored through the Endoscopy group that meets weekly.
- The biggest risk in the backlog is histopathology turnaround times, due to workforce shortages. A meeting has taken place in January 2024 with key stakeholders to strengthen the escalation route to report suspected cancer samples. The Histopathology partnership has recruited an additional two Gynae Histopathologists which should be in post within Q1, subject to successful recruitment. The Histopathology board is to be launched this month monitoring waiting times, reporting into the Acute Provider Collaborative (APC), with a dedicated Project Manager undertaking several key tasks which should realise an impact from Q1 2024/25 onwards.



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.

During August NHS England announced a change to cancer waiting time standards, replacing the current set of three Faster Diagnosis Standards with one headline measure, the aggregate performance of all three components. The change in reporting is applicable from 1st October.

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 a later slide.

Metric Name	Oct-23			Nov-23		
	Seen	Breaches	%	Seen	Breaches	%
Cancer 28 Day FDS Aggregate	3,076	754	75.5%	3234	787	75.7%
Cancer 28 Day FDS Breast Symptomatic	214	2	99.1%	169	8	95.3%
Cancer 28 Day FDS Screening	17	7	58.8%	11	1	90.9%

What is the Chart Telling us:

The chart presents performance against the Aggregate element of the standard. For the period February 2022 to December 2022 compliance was achieved against the 75% standard, however the Trust was non-compliant for the period January 2023 to June 2023. Since July 23 the trust achieved compliance each month with 75.6% recorded in the most recent month, November.

Trust Performance Overview

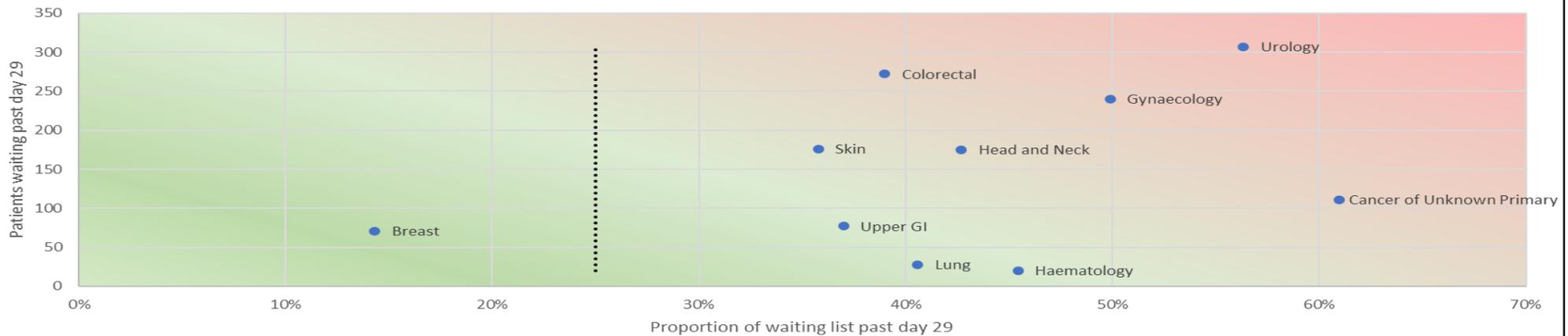
For November 2023 the Trust achieved the standard for Breast Symptomatic (95.3%) and Screening referrals (90.9%), however did not achieve the standard for GP urgent referrals (74.5%). However the trust did achieve the standard for All (aggregated) referrals, recording a performance of 75.6%, the fifth consecutive month aggregated performance has been achieved since July 2023.

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	3,234	787	75.7%
Upper Gastrointestinal	223	60	73.1%
Lung	65	18	72.3%
Testicular	14	4	71.4%
Other	3	1	66.7%
Gynaecological	275	123	55.3%
Lower Gastrointestinal	433	217	49.9%
Urological	273	148	45.8%
Brain/CNS	3	2	33.3%

Trust Responsible Director Update

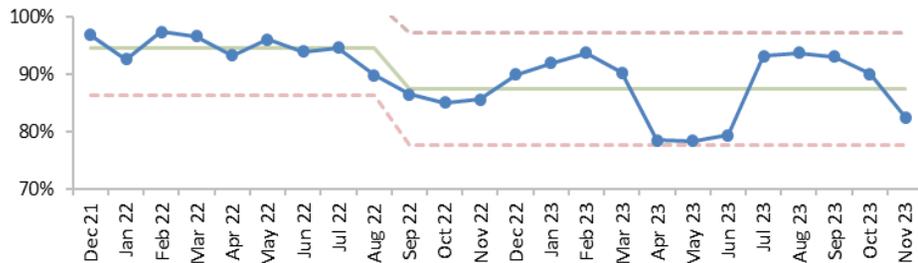
- Barts Health achieved the FDS aggregated performance at 75.7% which was for the fifth consecutive month. The provisional performance for December is > 76%.
- The FDS standard is challenged within the 2ww element with performance just below 75% which is made up of non-compliance in Urology, Colorectal, Gynae, Lung & Upper Gastrointestinal. All these areas have the BPTP which the trust is looking to implement through the NEL Funded Operational Improvement Managers, however delays in diagnosing these patients and recent Industrial Action have led to breaches.. The testicular and Other (Non-Specific Symptoms) delays were due to complex patients/pathways.
- The Group has an FDS dashboard in use and a refresh of FDS detail is going through each hospital access meeting and to the weekly Elective recovery Weekly Group and Elective recovery Board.

Proportion of PTL waiting 29+ days W/E 31/12/2023 by tumour type in Barts Health



Barts Health		Breast	Cancer of Unknown Primary	Colorectal	Gynaecology	Haematology	Head and Neck	Lung	Other (Brain, Other or Paediatric)	Skin	Upper GI	Urology	Total
Maximum tolerance (% waiting 29+ days)		10%	25%	25%	25%	25%	25%	15%	25%	10%	25%	25%	25%
Current Week	31/12/2023	21	66	98	120	9	73	18	1	127	25	171	572
Week prior	24/12/2023	6	56	62	117	6	60	13	1	103	7	146	398
Nov-23	03/12/2023	0	44	64	103	2	72	9	1	141	7	153	411
Oct-23	29/10/2023	-10	32	72	140	7	59	14	2	126	13	132	403
Sep-23	01/10/2023	14	19	105	104	1	4	13	-1	117	9	98	295
Aug-23	03/09/2023	17	46	127	120	13	36	14	2	163	23	119	501
Jul-23	30/07/2023	10	16	56	65	13	81	19	0	51	16	105	225

Barts Health - Cancer 2 Week Wait (2WW)



Indicator Background:

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

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

What is the Chart Telling us:

The chart details a period of consistent delivery of the two-week standard across December 21 to July 22, performance drops below the standard for the period August 22 to January 23. A period of exceptionally low performance (although the lower confidence limit is not breached) is recorded across April to June 23. Recovery against the standard is then achieved rapidly between July and September 23, however performance has reduced below the standard for the two most recent data points, October and November 23.

Cancer 2WW Breakdown by Site - Nov-23

Site	Seen	Breaches	Performance	Target
Royal London	1,140	239	79.0%	93.0%
Whipps Cross	1,871	192	89.7%	93.0%
Newham	544	21	96.1%	93.0%
St Bart's	345	230	33.3%	93.0%
Barts Health	3,900	682	82.5%	93.0%

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

Tumour Site	Seen	Breaches	Performance
All Tumour Sites	3,900	682	82.5%
Brain/CNS	2	2	0.0%
Breast	727	353	51.4%
Skin	788	216	72.6%
Other	66	13	80.3%
Lung	80	9	88.8%
Testicular	22	2	90.9%

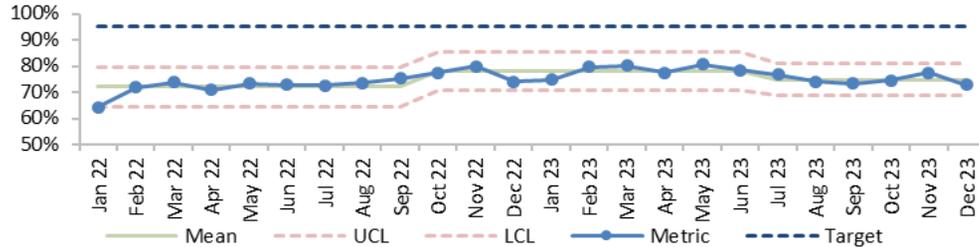
Trust Performance Overview

In November 2023 a performance of 82.5% was recorded in relation to the 2 week wait standard, set at 93%, a reduction of 7.5% against October's 90.0%. Breaches of the standard increased from 356 in October to 682 in November (+326), the number of patients seen increased from 3,556 to 3,888 (+332).

Trust Responsible Director Update

- The trust continues to monitor internally the First New Position (Previously 2WW), with performance being at 82.5% with compliance at only one Hospital.
- The key pathways which were not compliant were within Breast, skin and non-specific symptoms (NSS) (tabled above as other). A meeting has taken place with the Breast network to ensure equity of access to patients coming into the trust, a review of job plans and the DNA rate. Skin has seen increase in referrals which has resulted in a capacity shortfall. The Tele Dermatology project launched at WX is being rolled out to the RLH. NSS is developing a business case to make the service substantive which will follow the national pathway set by NHSE.
- The trust has made some further enhancements to the First New Report to support hospitals in managing these patients from 29th January 2024.

Diagnostics all Modalities – Performance against 95% Standard



Trust Performance Overview

- For December 2023 a performance of 72.8% was recorded, a decrease of 4.6% against November's 77.4%.
- During December, 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 83% of all breaches.

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:

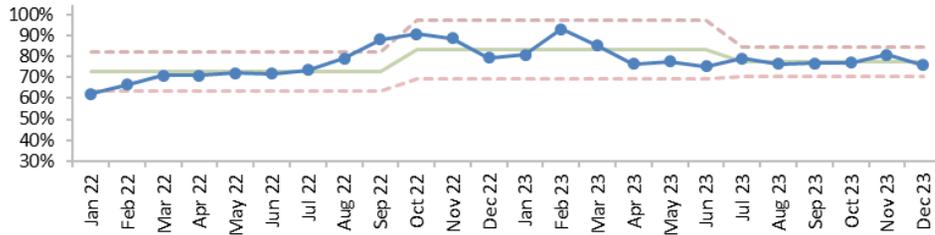
1. Outpatient Pathway
2. Diagnostic pathway
3. Admitted pathway

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.

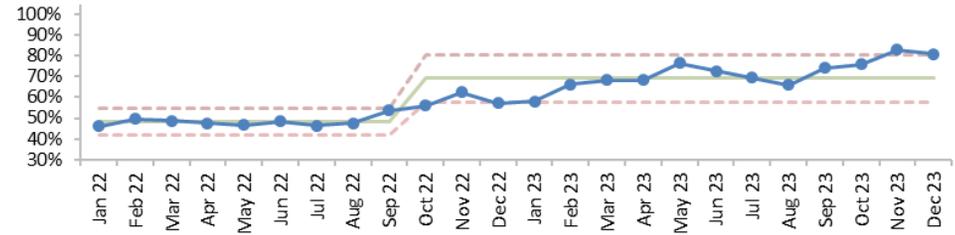
What is the Chart Telling us:

An increasing step-change (resulting from a run of 8 data-points above the preceding mean) may be observed from September 22. This suggests a point in time where process changes started to drive breach reductions and performance improvement. However, a reducing step-change is visible from June 23, suggesting a slow-down in relation to service recovery, this is associated with both the winter period and a number of periods of doctor industrial action.

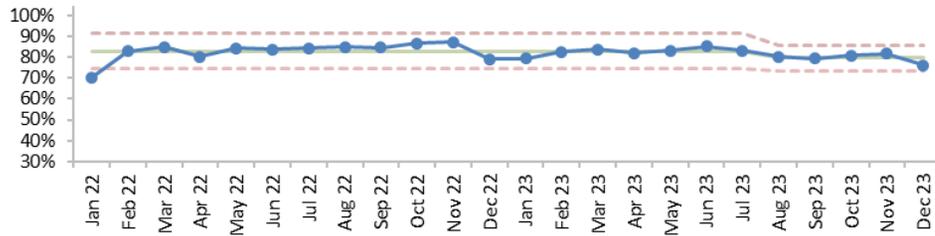
Diagnostics Imaging (CT) – Performance against 95% Standard



Diagnostics Imaging (MRI) – Performance against 95% Standard



Diagnostics Imaging (NOUS) – Performance against 95% Standard



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

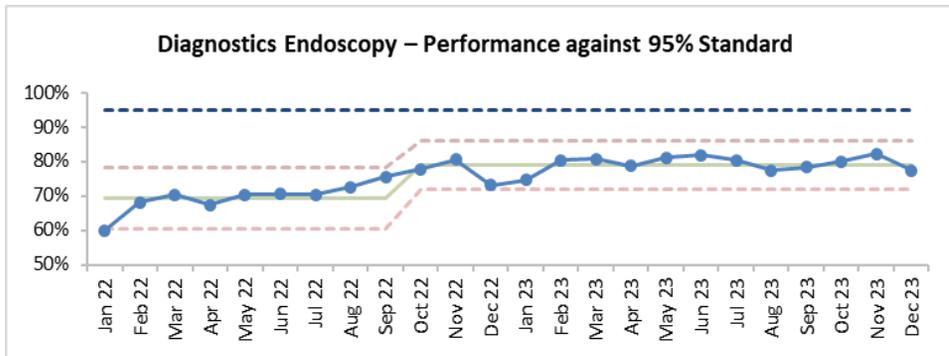
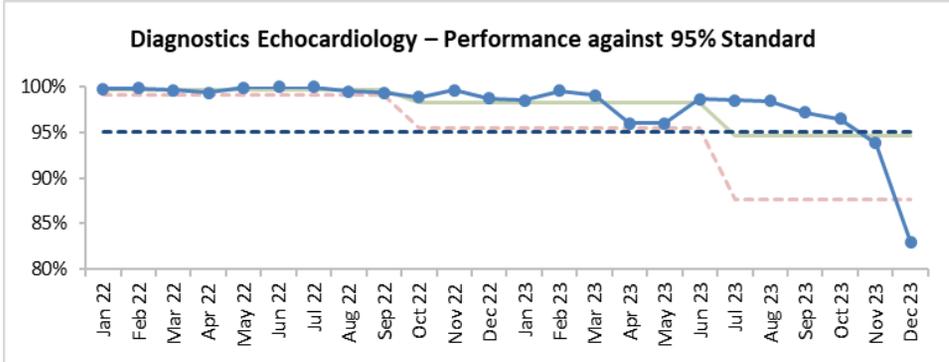
DM01 Breakdown by Test

Test Name	Nov-23			Dec-23			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Computed Tomography	3,743	714	80.9%	4,001	964	75.9%	-5.0%
Non-obstetric ultrasound	18,999	3,436	81.9%	17,513	4,138	76.4%	-5.5%
DEXA Scan	1,189	146	87.7%	1,127	229	79.7%	-8.0%
Magnetic Resonance Imaging	5,256	888	83.1%	4,902	927	81.1%	-2.0%
Barium Enema	0	0	100.0%	0	0	100.0%	0.0%
Grand Total	29,187	5,184	82.2%	27,543	6,258	77.3%	-5.0%

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

Trust Responsible Director Update

- Overall group imaging performance remains challenged, there has been decrease in performance by 4.9%. The main area of challenge remains within Non-Obstetric Ultrasound which is run from within RLH. A recovery plan is in place to bring forward recovery by February 2025. The key risk remains with workforce (sonographers) as there is a national shortage which results in delays with patients being protocolled. The hospital is also scoping out additional room capacity, monitoring room utilization, DNA rates and reviewing medical job planning.
- A review of group wide imaging risks has been undertaken and is being presented to the Risk Management Board in March 24.
- The Community Diagnostic Centre (CDC) programme has awarded the building contract, and works are due to commence in February 24, with completion and activity starting by November 24. A further update is planned to come to ERB in February 24.
- A review of all planned patients and over 13-week waiters is underway within Imaging with detailed plans being presented to ERB in Q4.
- An update to the Trust’s Significant Finding Policy is being developed, the trust is working with NEL Acute Provider Collaborative (APC) to develop this across NEL, which is being overseen by the NEL Imaging Board.



DM01 Breakdown by Test							
Test Name	Nov-23			Dec-23			Variance in Performance
	Waiting	Breaches	Performance	Waiting	Breaches	Performance	
Cardiology - Electrophysiology	5	4	20.0%	4	3	25.0%	5.0%
Audiology - Audiology Assessments	2,897	2,164	25.3%	2,641	1,979	25.1%	-0.2%
Neurophysiology - peripheral neurophysiology	321	205	36.1%	381	250	34.4%	-1.8%
Urodynamics - pressures & flows	63	35	44.4%	46	28	39.1%	-5.3%
Cystoscopy	519	285	45.1%	562	338	39.9%	-5.2%
Gastroscopy	958	265	72.3%	882	270	69.4%	-3.0%
Flexi sigmoidoscopy	181	41	77.3%	193	36	81.3%	4.0%
Cardiology - echocardiography	2,039	126	93.8%	1,989	338	83.0%	-10.8%
Respiratory physiology - sleep studies	106	23	78.3%	185	31	83.2%	4.9%
Colonoscopy	796	59	92.6%	913	86	90.6%	-2.0%
Grand Total	7,885	3,207	59.3%	7,796	3,359	56.9%	-2.4%

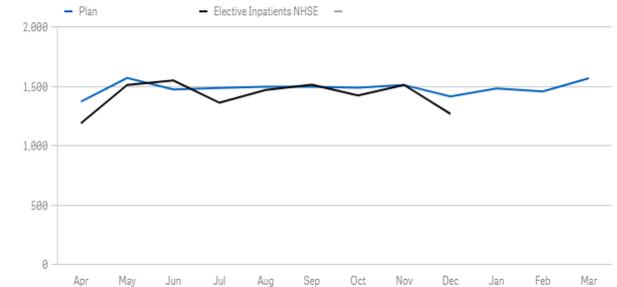
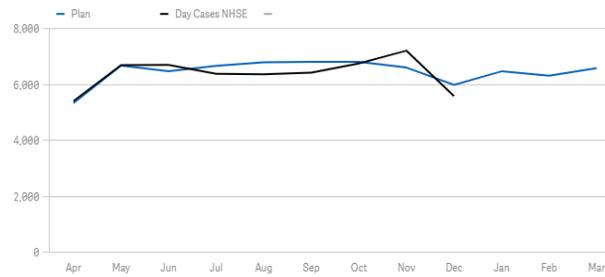
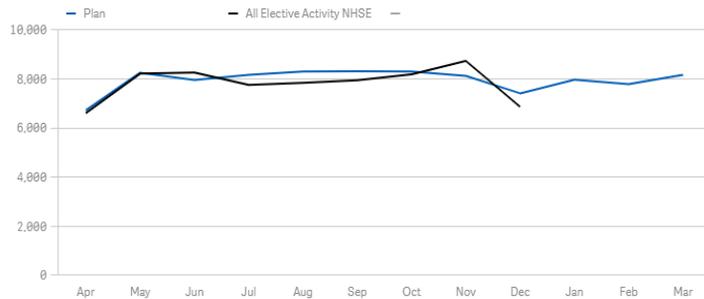
NB: Imaging Modalities are shown on the preceding slides

Trust Responsible Director Update

- Physiological Measurements and Endoscopy remain challenged against the DM01 standards.
- A trust Endoscopy meeting has been launched to be overseen by the BH Group Director. The group is focussing on over 13-week waiters, DNAs and poor bowel preparation. A group wide capacity and demand modelling exercise is underway within Early Diagnostic centre (EDC), once the decontamination room at RLH has been replaced with completion due in May 24. This will ensure equity of access for patients within BH and NEL.
- A bi weekly group meets to focus on recovering the Urodynamics standard, the trust is exploring a single point of access within this area which would be in-line with the surgical strategy. Recovery trajectories are being developed. A review of all patients waiting over 6 weeks has been undertaken and a sample review of patients has been taken through clinical harm review process, with no harm identified. An update was provided to elective recovery weekly meeting on 30th January 24.
- Audiology has agreed to outsource the majority of non-complex patients out to an external provider which was due to commence in January 2024, but is now expected to start during February, subsequently seeing patients in March 24. The backlog is expected to be cleared within four to six months. The complex younger children will continue to be treated by the trust through additional capacity that has been secured. An update to Quality Board is planned in February 24, which will include an options appraisal about the longer-term strategy for this service.
- A review of Neurophysiology patients is complete and the service has stopped in-sourcing from January 24. A business case is being developed for investment back into the service.
- Cardiology (Echo) and Sleep Studies (NUH) saw a drop in performance, which is being explored by the group with the relevant hospitals.

Admitted Elective Activity

		Barts Health						Last Month's Site Position			
		Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Royal London	Whipps Cross	Newham	St Bart's
All Elective Activity	Plan	8,167	8,308	8,324	8,312	8,132	7,420	3,862	1,576	864	1,118
	Actuals	7,763	7,851	7,950	8,194	8,737	6,872	3,361	1,268	924	1,319
	Mth variance plan	-404	-457	-374	-118	605	-548	-501	-308	60	201
Elective Day Case Activity	Plan	6,678	6,807	6,823	6,822	6,618	6,002	3,258	1,307	720	717
	Actuals	6,398	6,378	6,434	6,768	7,223	5,601	2,855	1,059	812	875
	Mth variance plan	-280	-429	-389	-54	605	-401	-403	-248	92	158
Elective IP Activity	Plan	1,489	1,500	1,500	1,491	1,514	1,418	604	269	144	401
	Actuals	1,365	1,473	1,516	1,426	1,514	1,271	506	209	112	444
	Mth variance plan	-124	-27	16	-65	0	-147	-98	-60	-32	43



Data As at 22/01/2024

Performance Overview

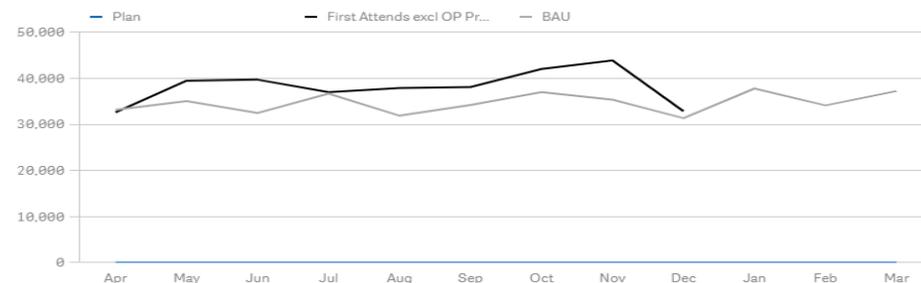
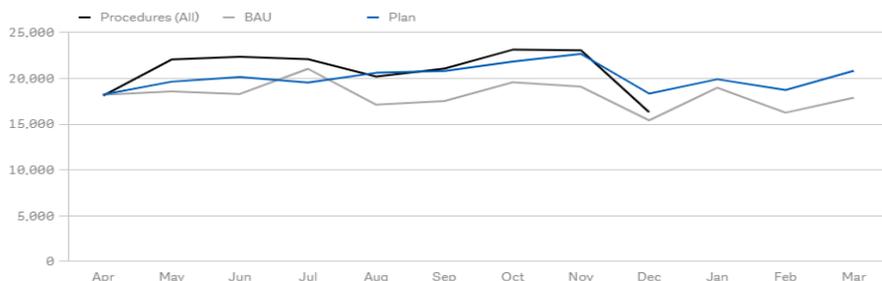
- For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog.
- For December 2023 the trusts admitted (inpatient and day case) trajectory set a target of 7,420 admissions against which the trust delivered 6,872 (-548 admissions).

Responsible Director Update

- The validated RTT for December 2023 was 118,999. This is an increase of 102 pathways from the validated position in November 2023.
- Elective activity was 548 cases behind plan in December 2023 with 202 cases cancelled due to Industrial Action. Central tracking of patients who are cancelled due to IA is in place with review of any potential clinical harm.
- During Industrial Action in January 2023, the trust cancelled 164 elective cases. This takes the total number of elective cases cancelled between March 23 – January 24 to 2,435
- During each week of Industrial Action, the Trust has identified that there are around 700 less clock stops across all week wait bands. This is through patients cancelled and slots that were not utilised to treat patients leading up to, during and proceeding each strike period. This is due to Consultants covering for Junior doctors and prioritising inpatient and emergency cover.
- The Chief of Surgery has been meeting with Hospital Executive Leads to discuss medium to longer term surgical moves which will look to support use of operating capacity across the Barts Health Group. An update will be provided to Elective Recovery Board and to GEB during February 2024.

Outpatient Activity

		Barts Health						Last Month's Site Position			
		Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Royal London	Whipps Cross	Newham	St Bart's
Total OP Activity	Plan	123,379	125,187	130,476	130,236	135,097	119,630	50,681	27,393	19,546	22,010
	Actuals	130,767	132,496	133,514	142,137	150,175	115,320	48,217	26,017	19,355	21,639
	Mth variance plan	7,388	7,309	3,038	11,901	15,078	-4,310	-2,464	-1,376	-191	-371
Outpatient First	Plan	34,843	35,354	36,846	36,780	38,152	33,788	14,185	9,827	5,029	4,747
	Actuals	37,042	37,931	38,125	42,084	43,897	32,857	13,577	9,461	4,914	4,905
	Mth variance plan	2,199	2,577	1,279	5,304	5,745	-931	-608	-366	-115	158
Outpatient F/up	Plan	88,536	89,833	93,630	93,456	96,945	85,842	36,496	17,566	14,517	17,263
	Actuals	93,725	94,565	95,389	100,053	106,278	82,463	34,640	16,556	14,441	16,734
	Mth variance plan	5,189	4,732	1,759	6,597	9,333	-3,379	-1,856	-1,010	-76	-529



Data As at 22/01/2024

Performance Overview

- For 2023/24 the NHS has set all trusts elective activity targets designed to return activity to greater than pre-pandemic levels and support the clearance of long-waiter backlog.
- For outpatients (first and follow up) for the same month the trajectory set a target of 119,630 attendances, against which the trust delivered 115,320 (-4,310 attendances).

Responsible Director Update

- During Industrial Action (IA) in January 2024, the trust cancelled 1,583 outpatient appointments. Between March 2023 – January 2024, the trust has cancelled 28,408 outpatient appointments due to IA.
- There are now 101,000 individuals enrolled onto Patient Knows Best (PKB). Awareness sessions are under way across Hospitals. A drop-in webinar on the system was held in January 2024 with a further session planned for February. They are still on track to enable access to Pathology results in February 2024. This will then expand to include Radiology (Imaging) results.
- 13.6% of New and Follow up outpatient activity year to date was delivered virtually. An update on remote consultations is on the agenda for the February 2024 Elective Recovery Board
- The patient validation exercise has been discussed at Elective Recovery Board and Group Executive Board in January 2024. Clinical review of non responding specialties is due to be complete by the end of the month and discharge to PIFU will follow. Lessons learned is being collated and will be discussed at the February 2024 Elective recovery board.
- A process map exercise relating to clinic template changes has been undertaken. This is being further tested with operational and clinical systems teams. A business case is being produced to consider the team and capacity required to undertake clinic template standardisation based on GIRFT standards.
- As part of involvement in Further Faster, we are pulling together a repository of the information that has been presented by other Trusts as part of the speciality meetings. This will enable the trust to engage with other organisations that have undertaken improvement initiatives.

Efficiency Activity

		Barts Health						Last Month's Site Position			
		Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Royal London	Whipps Cross	Newham	St Bart's
Avg Cases per 4hr Session	Actuals	1.65	1.68	1.66	1.69	1.61	1.62	1.54	2.14	1.99	0.99
	BAU	1.96	1.74	1.94	1.99	1.90	1.87	1.81	2.59	2.10	1.02
	<i>Mth variance plan</i>	-0.31	-0.06	-0.28	-0.30	-0.29	-0.24	-0.27	-0.45	-0.11	-0.03
Capped Utilisation	Actuals	74.6%	74.0%	75.6%	75.9%	73.9%	74.6%	76.1%	69.0%	74.2%	78.1%
	BAU	77.2%	68.0%	75.7%	77.2%	75.0%	74.7%	75.7%	74.5%	70.5%	74.4%
	<i>Mth variance plan</i>	-2.6%	6.0%	-0.1%	-1.3%	-1.1%	-0.1%	0.4%	-5.5%	3.8%	3.7%
Day Case Rate	Actuals	60.4%	61.0%	58.2%	61.3%	60.8%	60.2%	59.0%	72.0%	73.7%	18.3%
	BAU	64.2%	64.0%	64.9%	63.7%	65.3%	64.0%	63.6%	77.5%	68.9%	17.7%
	<i>Mth variance plan</i>	-3.8%	-3.0%	-6.7%	-2.4%	-4.6%	-3.8%	-4.5%	-5.5%	4.8%	0.7%

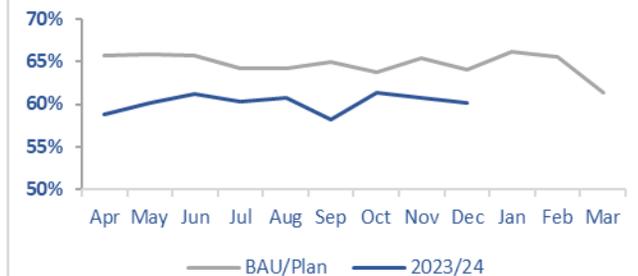
Avg Cases per 4hr Session - Trust



Capped Utilisation - Trust



Day Case Rate - Trust



Data As at 19/01/2024

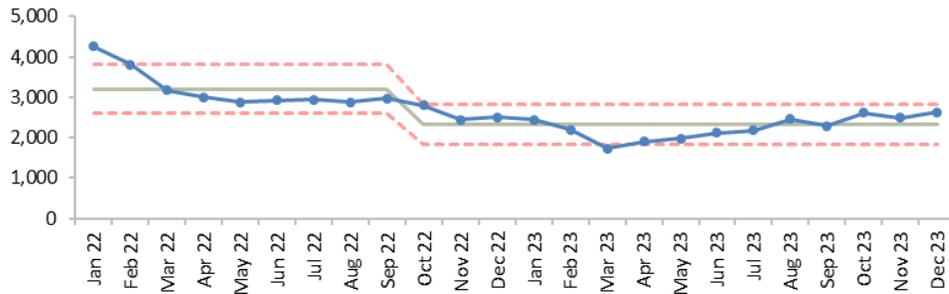
Performance Overview

- Set against internal trust data for December 1.62 cases per list were achieved against a BAU of 1.87 (-0.24).
- For the same month, a capped utilisation rate of 74.6% was recorded against a BAU of 74.7% (-0.1%).
- For December a day case rate of 60.2% was recorded against a BAU of 64.0% (-3.8%).

Responsible Director Update

- Supplier presentations for the procurement of the e-consent platform were held in January 2024. A decision is expected imminently on the preferred supplier. Once finalised the programme team and governance structure will start to mobilise.
- Recent conversations have been held with NHSE/ Palantir about the next roll out to WX and then RLH. The Trust plans to do the technical implementation to WX and RLH simultaneously. The operational deployment will then be staggered with WXH starting first and then RLH. This would mean that both Hospitals are live using CCS by April 2024. An assessment is yet to be undertaken with regards to roll out to St Bartholomews.
- The Surgical Optimisation Group is being reset a with terms of reference revision. Productivity will be a key area of focus as part of this reset.

RTT Incomplete Pathways Recovery Trajectory - 65+ Weeks

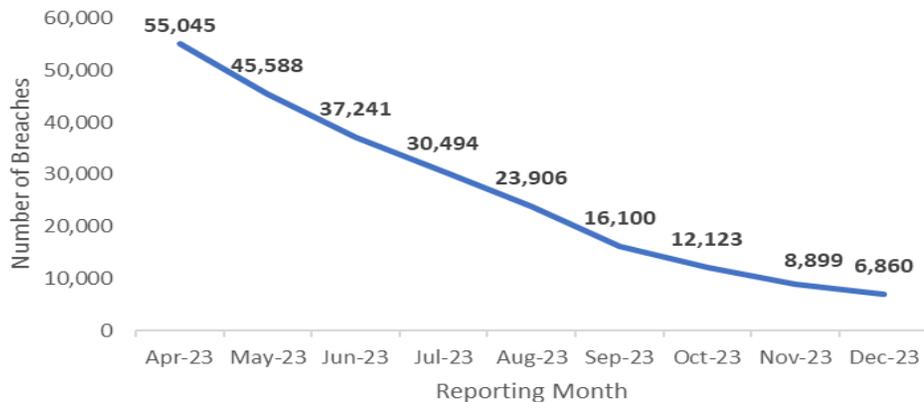


Indicator Background:

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

65+ Weeks Wait End of March 24 Cohort



What are the Charts Telling us:

The SPC chart presents a sustained reduction in 65+ week waiters from January 22 to March 23, driving a reducing step-change in September 22, this data suggest a period where process changes started to drive backlog reductions. However increases in the volume of 65+ week wait patients have been recorded across the period April to December 23, with the most recent data-point approaching the upper confidence limit.

The graph presents a view of the total end of March 65 week wait cohort from April 23 to December 23. This shows positive monthly reductions within this group of pathways.

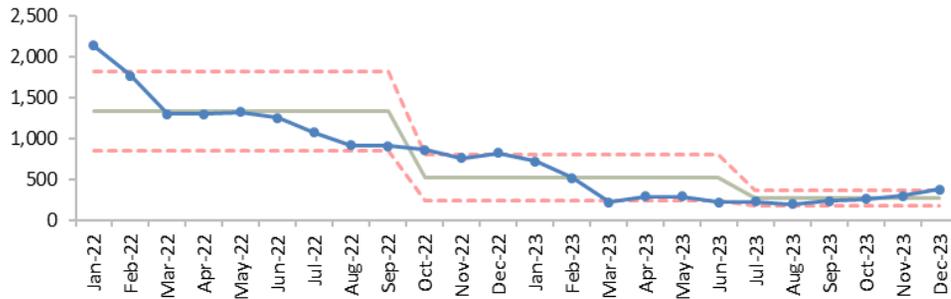
Trust Performance Overview

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 December the trust recorded 2,628 pathways waiting 65+ weeks, an increase of 130 against the November position.

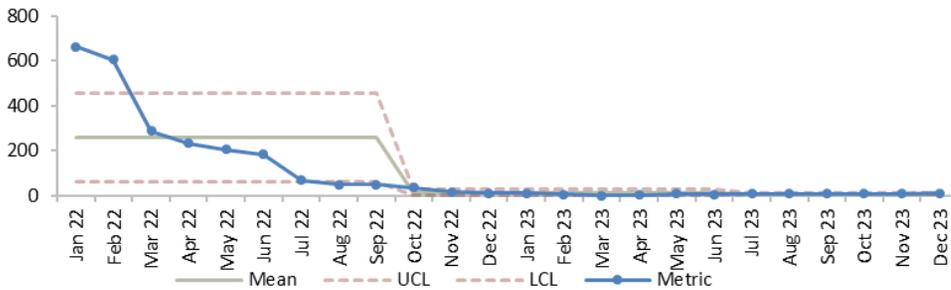
Trust Responsible Director Update

- The trust continues with a positive reduction in the total end of March 65 week wait cohort. The validated position for December 2023 showed that there were 6,860 pathways in this cohort which is a reduction of 48,185 pathways since April 2023.
- As of 31st January 2023, the Trust had 994 patients within this cohort that still required a first outpatient appointment to be booked, or are currently booked beyond the target date (surgical patients by 31.01.24 and medical patients by 29.02.24).
- Dermatology has been one of the largest contributing specialties and during the last month Barts Health has increased the insourcing volumes to support reducing this cohort. North East London (NEL) Integrated Care Board approved the case to continue with Dermatology Community provision for a further 6 months from March 2024 – October 2024. This will provide a mitigation for patients who may be a 65 week risk during Quarter 1 2024/25.
- A number of specialties are putting in place additional clinics (Oral Surgery, Vascular, ENT, Gynae) in order to increase capacity. This remains a risk subject to workforce uptake/ availability.
- Between March 2023 and December 2023, the trust has transferred 2,196 patients to other acute providers across North East London (607 BHRUT and 1589 Homerton). Further requests for collaborative capacity are agreed via a weekly NEL meeting which is chaired by the NEL Director of Planned Care.
- The trust has transferred 200 Gastroenterology patients to an independent sector provider (CHEC) who are within the 65 week risk cohort to provide mitigation within this service.

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 September 22 and for 78+ also from June 23. This suggests points in time where process changes started to drive backlog reductions.

Trust Performance Overview

- In relation to 78+ week wait backlog volumes, 379 pathways were reported at the end of December, an increase of 74 against the November position.
- For 104+ week wait backlog volumes, the trust reported 12 pathways waiting 104+ weeks at the end of December 2023, three more than reported at the end of November.

Trust Responsible Director Update

- Of the 12 pathways who were waiting over 104 weeks at the end of December 23, 6 relate to data quality issues e.g. they have only been visible on the patient treatment list in the last 1-2 months due to an inappropriate application of an RTT at some point during the pathway.
- The weekly Tier 1 meeting has been reset to focus on 78 week wait clearance by the end of March 2024. A number of mitigating actions are being taken to reduce this position including insourcing, outsourcing and further collaborative capacity.
- 78 week waits have increased across all London systems over the last 12 months however the NEL position has improved.
- Due to Industrial action, there have been 920 less clock stops within the 78 week wait cohort since March 2023 – January 2024 and an estimated 7,000 less clock stops across all weeks wait bands. This has been through patients cancelled and lost opportunities (patients who were not booked to avoid cancelling).
- A ministerial visit is taking place at the Royal London on 01.02.24 focused on elective recovery, highlighting the actions and improvements being made to treat long waiting patients.



Barts Health
NHS Trust

Equity Report



Ethnicity capture

Trust ethnicity capture remains above 90%, and there has been a marked improvement since the upload of GP data from North East London. There is however a decline in capture overall this month, which has been raised with site leads.

Analysis

The Trust has reviewed its waiting lists to identify differences in wait times between patient groups at Trust level. The Trust reviewed waiting times by ethnicity, gender, learning disability status, and between patients who live in wealthier postcodes compared to those who live in more deprived postcodes. We explored differences between ethnic groups and varying levels of deprivation at hospital site level as well as at trust level. The analysis is a snapshot of data as of 22nd January 2024.

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

Findings

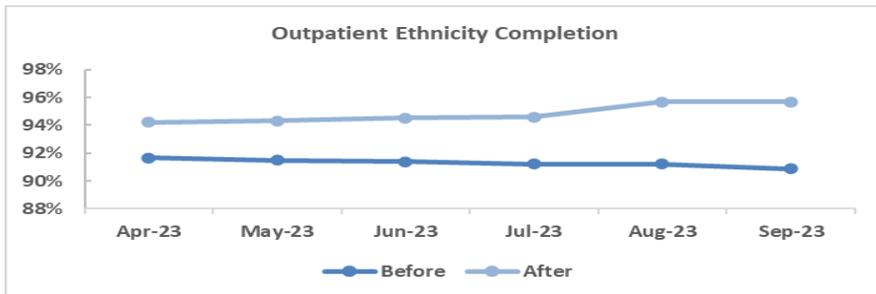
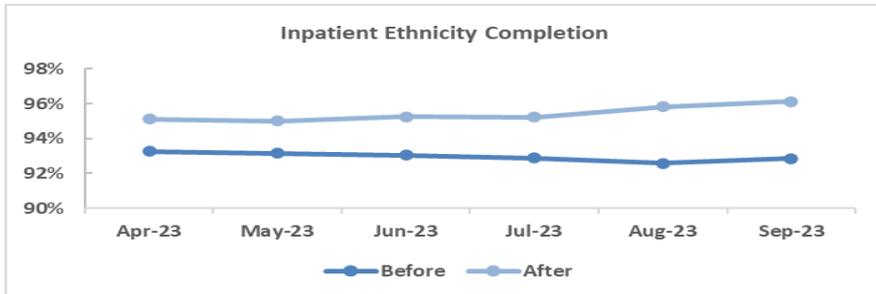
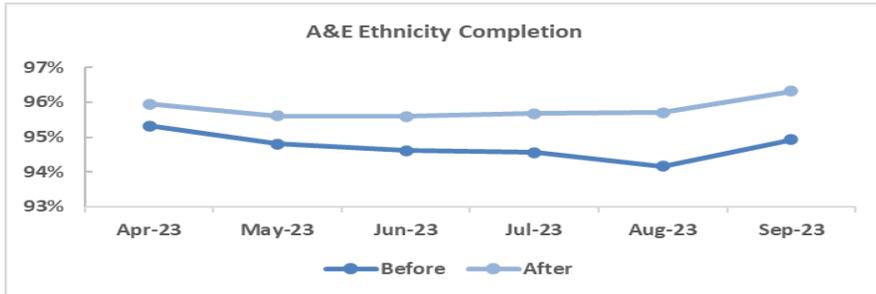
At Trust level, there are no significant differences in average wait times between ethnic groups or by levels of deprivation. There is a small, but statistically significant difference in waiting times by gender of 2.2 days. We will continue to monitor this, given this is the third month we have observed this trend.

Similar to last month, we 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 have shared the findings with the Planned Care Board. We believe this is primarily as 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 in ethnicity but have noted higher wait times for patients living in the least deprived areas for Newham and St Barts Hospital.

Next steps

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



Before Data upload

Ethnicity Recording by Activity Type - % Completion - Sep-23			
Site	A&E	Inpatient	Outpatient
Royal London	96.1%	89.4%	89.4%
Whipps Cross	92.8%	93.4%	90.4%
Newham	95.5%	96.5%	95.6%
St Bart's	-	95.3%	90.1%
Trust	94.9%	92.8%	90.9%

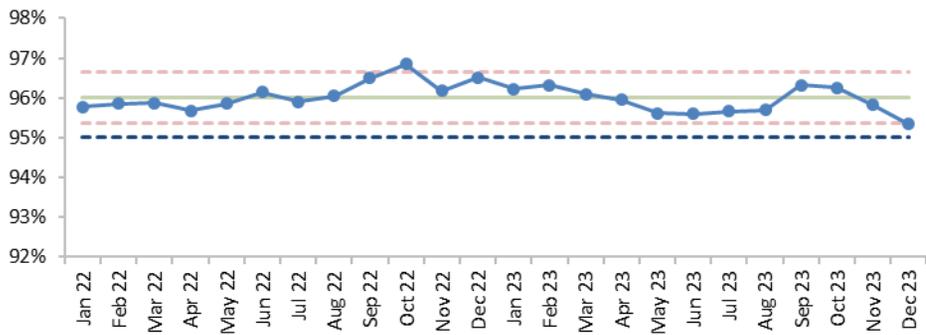
After Data upload

Ethnicity Recording by Activity Type - % Completion - Sep-23			
Site	A&E	Inpatient	Outpatient
Royal London	97.1%	93.6%	95.2%
Whipps Cross	95.1%	97.6%	96.9%
Newham	96.6%	98.8%	98.4%
St Bart's	-	97.2%	93.0%
Trust	96.3%	96.1%	95.7%

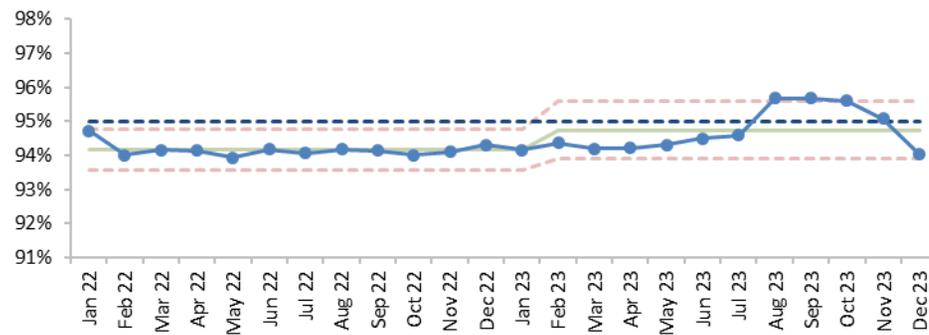
Commentary

This slide has been included to illustrate a data upload exercise completed by the Business Intelligence team to transfer patient ethnicity information from patient records. This took place in December 2023, however the upload retrospectively increased ethnicity recording for patients for those who attended in previous months. The side-by-side graph comparison shows that as a result of this exercise our ethnicity capture has increased overall.

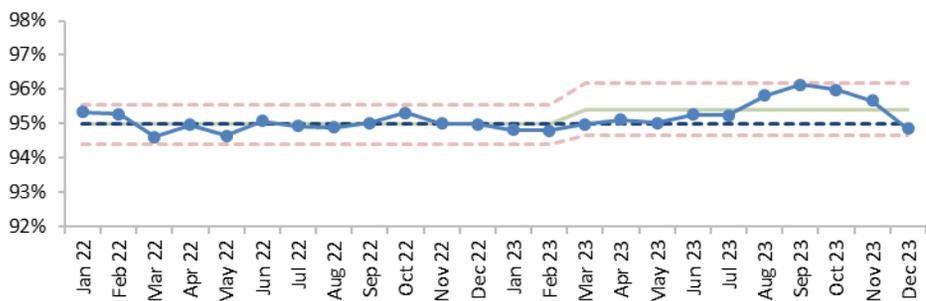
A&E Ethnicity Completion



Outpatient Ethnicity Completion



Inpatient Ethnicity Completion



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

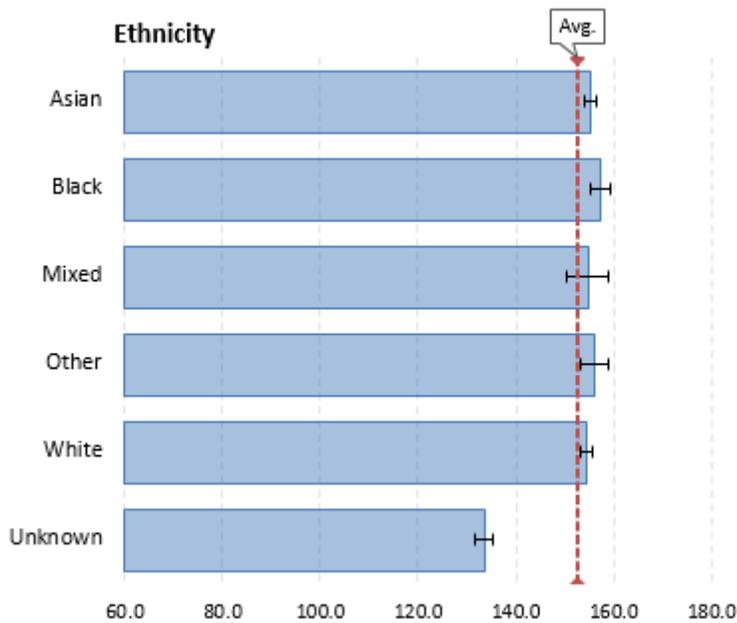
Site	A&E	Inpatient	Outpatient
Royal London	96.4%	92.3%	93.1%
Whipps Cross	93.6%	96.3%	94.9%
Newham	95.9%	97.7%	96.9%
St Bart's	-	95.8%	92.6%
Trust	95.4%	94.9%	94.0%

Performance Overview

- Trust performance across all three activity areas remains above 90% and has increased overall since the data upload exercise, however there has been a decline in completion rates across all areas this month.
- The highest capture rates are shown at Newham for inpatient and outpatient, and at Royal London for A&E

Responsible Director Update

- It is encouraging that the data upload exercise has improved data capture overall, and that 95% capture is being achieved across the three activity areas of Newham, A&E at Royal London, and Inpatient at Whipps Cross and St Bart's.
- Despite increased capture overall, there has been a decrease in ethnicity completion across all areas, which needs to be addressed.



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 categories with an average wait of 157.4 days. This is on average 3.1 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.

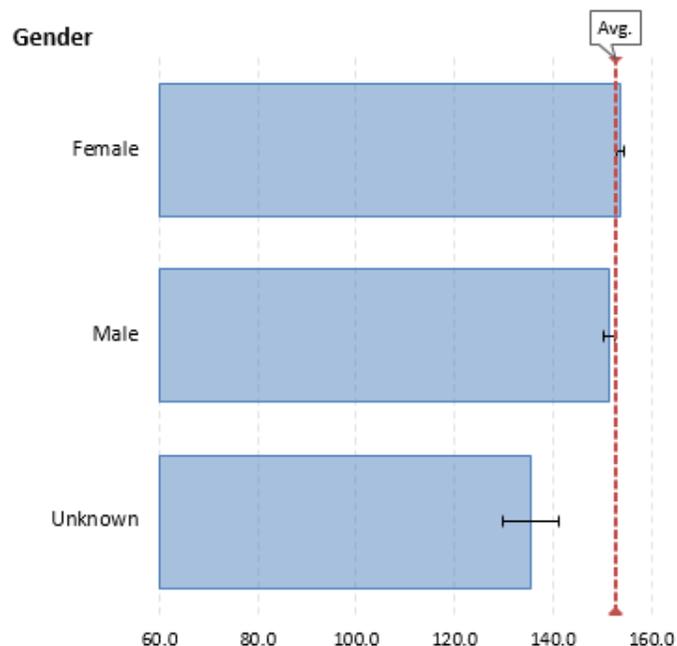
Median wait times are 16 – 17 weeks for all known ethnic categories. Findings are consistent with last month's reporting.

Summary Data

Ethnic Category	Total Wait Time (Days)	# of Pathways
Asian	5,817,198	37,442
Black	2,330,143	14,804
Mixed	455,515	2,945
Other	1,190,339	7,623
White	6,661,812	43,099
Unknown	2,055,342	15,394

Pathways with no Week Wait details excluded

Ethnic Category	Average Wait (Days)	Lower CI	Upper CI	Median WW
Asian	155.4	154.1	156.6	16-17
Black	157.4	155.4	159.4	16-17
Mixed	154.7	150.3	159.0	16-17
Other	156.2	153.4	158.9	16-17
White	154.6	153.4	155.7	16-17
Unknown	133.5	131.7	135.3	12-13
Grand Total	152.6			16-17



Commentary

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

Female patients wait on average 2.2 days longer than male patients (153.7 vs 151.5 days). This difference is very small but is considered to be statistically significant. This is the third month we have observed this finding, and we will continue to monitor.

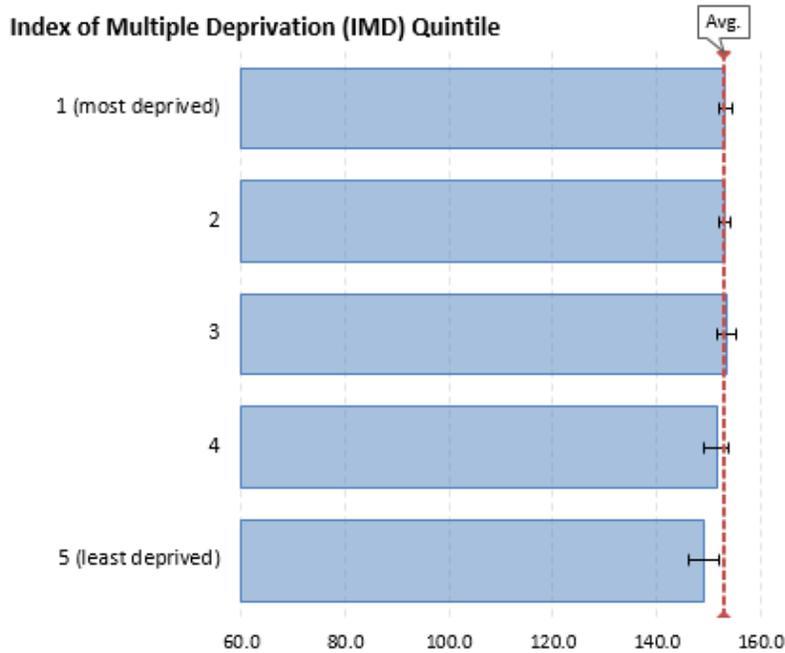
Last month, we reported lower median waits of 14-15 weeks for male patients compared to 16-17 weeks for female patients. The median wait is now consistent at 16-17 weeks for both genders, suggesting a reduction in the skew of female patients with the longest waits.

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	Pathways with no Week Wait details excluded
Female	10,566,718	68,734	
Male	7,756,489	51,193	
Unknown	187,142	1,380	

Gender	Average Wait	Lower	Upper	Median WW
Female	153.7	152.8	154.6	16-17
Male	151.5	150.5	152.6	16-17
Unknown	135.6	129.9	141.3	14-15
Grand Total	152.6			16-17



Commentary

This month, there are no statistically significant differences 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.

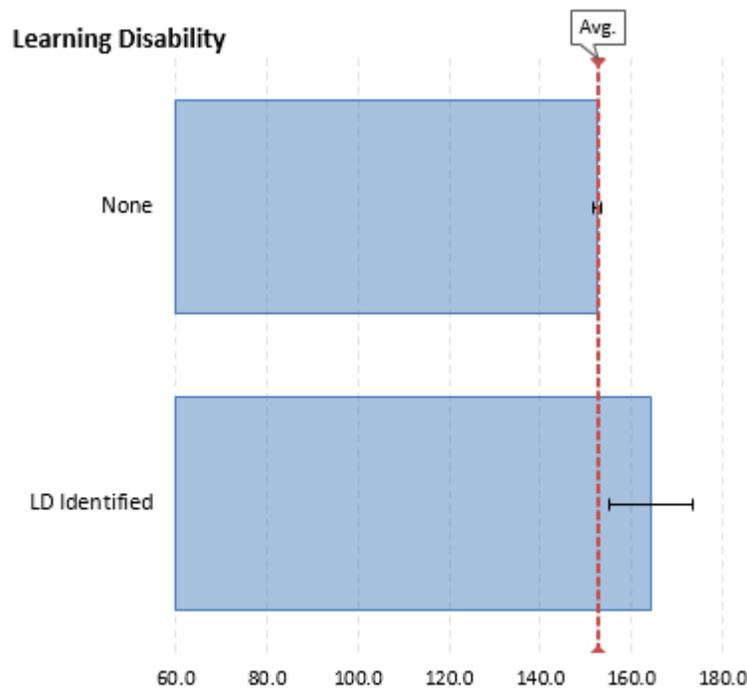
Last month, we reported longer median waits for IMD3 and IMD4 patient groups, however these are now consistent at 16-17 weeks for all levels of deprivation. This suggests the distribution of length of stay is now more consistent across deprivation, and less skewed by the longest waiters on our patient list.

Summary Data

IMD Quintile	Total Wait Time (Days)	# of Pathways
1 (most deprived)	4,510,590	29,446
2	8,445,688	55,210
3	2,935,793	19,145
4	1,518,345	10,021
5 (least deprived)	898,451	6,029

Pathways with no Week Wait details excluded

IMD Quintile	Average Wait	Lower	Upper	Median WW
1 (most deprived)	153.2	151.8	154.6	16-17
2	153.0	152.0	154.0	16-17
3	153.3	151.6	155.1	16-17
4	151.5	149.2	153.9	16-17
5 (least deprived)	149.0	146.0	152.1	16-17
Grand Total	152.8			16-17



Commentary

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

We have observed this significant finding for the past 3 months of reporting, initially with a difference of 14.7 days, decreasing to an 11.8 day difference in wait times, and now observing a 11.6 day difference in waits for LD patients this month.

When we view Learning Disability waits by site, there are no significant differences between patients who have been identified as having a learning disability and those who have not. We believe the trust level disparity to partly be linked to a high proportion of learning disability patients waiting for treatment in specialties with long waits, for example 77 patients with learning disabilities (approx. 10%) are waiting for Restorative Dentistry.

Findings have been shared with site leads through the Planned Care Board, and we will continue to monitor trends in the data.

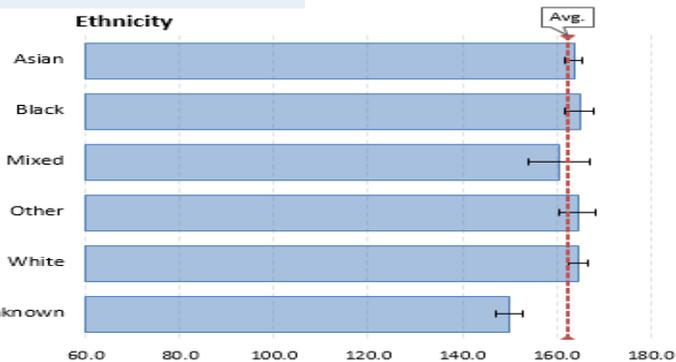
Summary Data

LD_Flag	Total Wait Time (Days)	# of Pathways
None	18,381,825	120,524
LD Identified	128,524	783

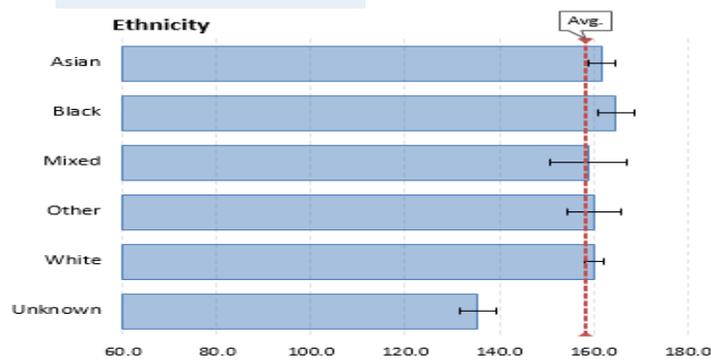
Pathways with no Week Wait details excluded

LD_Flag	Average Wait	Lower	Upper	Median WW
None	152.5	151.8	153.2	16-17
LD Identified	164.1	154.9	173.4	18-19
Grand Total	152.6			16-17

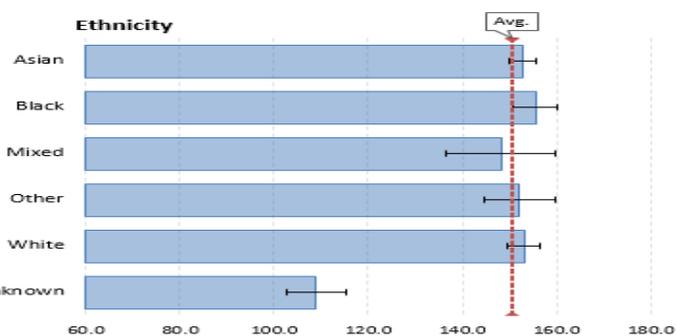
Royal London



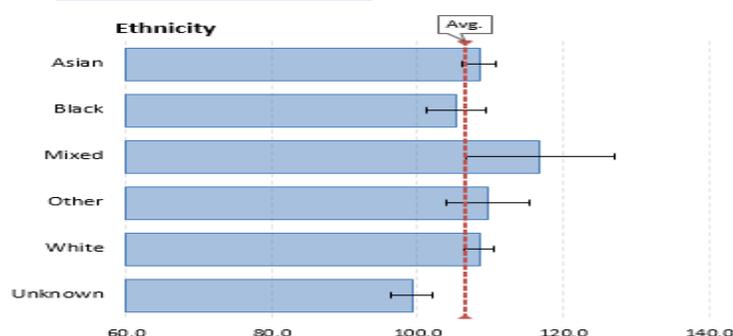
Whipps Cross



Newham



St Barts

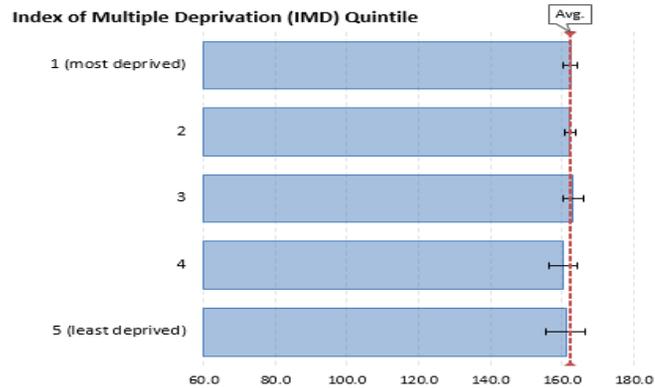


Commentary

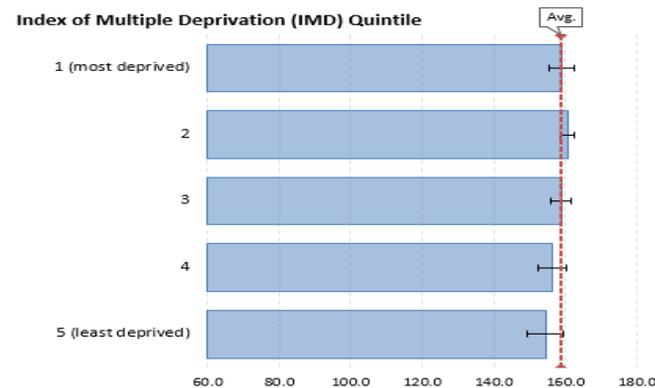
At site level, there are no statistically significant differences in wait times between known ethnicities.

This broadly reflects findings from last month. Wait times by ethnicity show greater variation at Newham hospital, although these differences are not considered to be statistically significant. Wait times are lower for patients of unknown ethnicity at all sites, which we believe to be more likely to be urgent referrals.

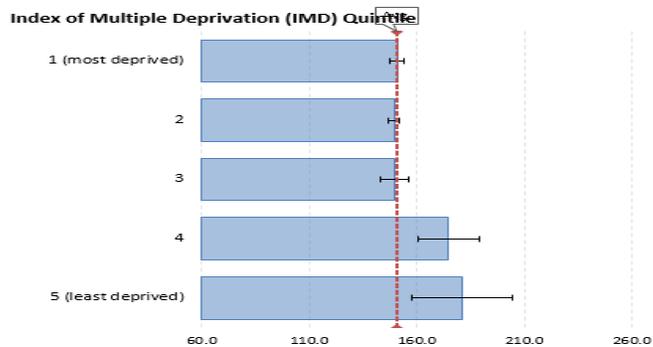
Royal London



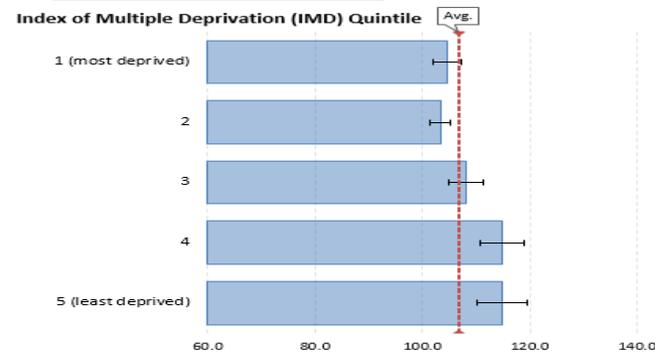
Whipps Cross



Newham



St Barts



Commentary

At Newham and St Barts, patients living in the least deprived areas (IMD 4 and 5) tend to wait longer than patients in the most deprived areas (IMD 1). These findings are consistent with last month.

It should be noted that patients from least deprived postcodes (IMD 4 and 5) account for only 2.7% of the Newham waiting list, and 19.6% of the St Barts waiting list, and there is consequently greater variation in this smaller patient group, particularly at Newham. There is evidence to suggest that a large proportion of these patients belong to surgical specialties with longer average wait times.

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



Barts Health
NHS Trust

People Report



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	Nov-23		39.2%	38.8%	35.0%	51.4%	60.4%	29.0%	35.4%	35.2%	36.7%
Supporting the wellbeing of our colleagues	Dec-23	<= 12.25%	10.5%	10.4%	11.1%	9.7%	9.3%	11.8%	13.2%	7.6%	9.8%
	Nov-23	<=4%	4.45%	4.45%	4.44%	4.44%	4.88%	3.56%	4.29%	5.33%	4.34%
	Dec-23	>=90%	57.9%	57.9%	55.6%	69.3%	52.7%	65.7%	64.8%	45.7%	35.1%
	Dec-23	>=85%	83.5%	82.2%	81.1%	81.8%	84.5%	83.4%			
	Nov-23	>=85%	87.2%	87.3%	85.5%	88.9%	86.6%	91.4%		85.6%	

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
Fostering new ways of working to transform care	Dec-23	100%	53.8%	57.3%	42.2%	88.6%	54.8%	30.4%			
	Dec-23	>=42	40.5	42.9	41.4	46.0	45.2	36.8			
	Dec-23		41.3%	28.0%	20.0%	29.5%	32.3%	34.8%			
	Dec-23		55.3%	60.5%	42.7%	73.0%	77.7%	87.1%			
Growing a permanent and stable workforce	Nov-23	95%	93.1%	92.5%	92.9%	90.9%	90.3%	97.5%	87.9%	90.0%	121.7%
	Nov-23	95%	89.1%	89.2%	90.0%	89.1%	85.0%	90.8%			
	Dec-23	10.4	10.2	9.2	10.0	9.8	8.0	8.6	11.4	7.5	
	Dec-23	15.00	11.5	9.8	9.7	12.2	3.6	10.6			
	Nov-23		12.6%	12.5%	11.1%	17.6%	17.1%	9.7%	14.2%	6.0%	5.5%
	Dec-23	3.70%	4.39%	4.30%	3.27%	5.41%	6.62%	2.30%	3.47%	6.53%	3.27%
	Dec-23	3.70%	3.71%	3.59%	2.08%	4.80%	3.79%	1.32%	3.89%	7.47%	2.08%

Fostering new ways of working to transform care:

Roster compliance – approval on time increased from 53.8% to 57.3% for rosters commencing in December with Whipps Cross Hospital continuing to have the highest level of on time approvals at 89%. The average lead time for approval improved to 42.9 days.

Roster compliance - % nursing units with blue or cloudy sky (Composite quality metric for rosters). At the point the rosters were due to be go live just 28% of reported rosters achieved a blue or cloudy sky, a deterioration against the 41% report last month. One of the main drivers for this is the period falling over Christmas and New year with increased annual leave being taken especially in areas where activity is driven by elective and outpatient activity.

Signed off **medical job planning** increased to 60.5% in December from 55.3% at the end of October. The highest level of sign off is at St Bartholomew's at 87% followed by Newham at 78%, Whipps at 73% and Royal London at 43%. Of the job plans that have not been signed off 18% remain at discussion stage and 20% are at 1st or 2nd sign off stage. Whilst the level of signed off plans at Royal London is low, this is a reflection their traditional approach to job plan in Q4 and 53% are now in the sign off process with just 14% still under discussion.

Supporting the wellbeing of our colleagues:

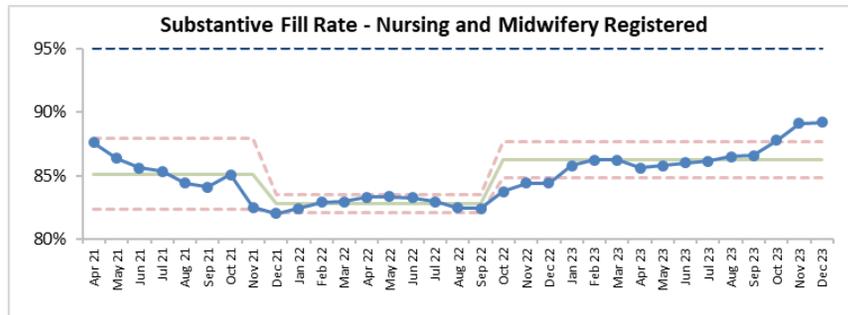
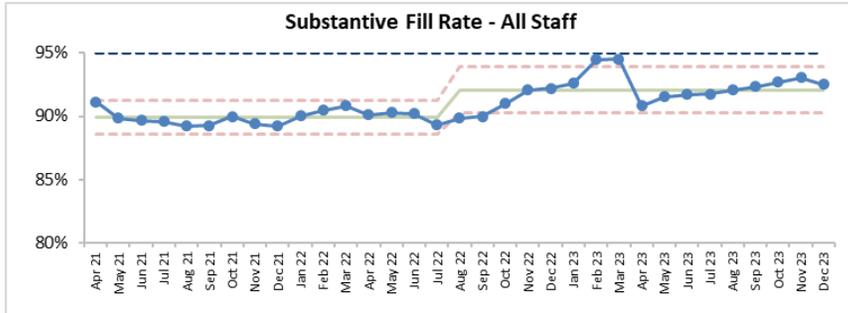
Overall annualised sickness absence continues to remain at 4.45%. The highest absence rate is in GSS at 5.33% (up from 5.24%).

Recorded appraisals for non medical staff remained at 57.9%, reflecting that the level of recording is being maintained although previous staff survey results indicate these are between 15% and 20% under recorded.

The medical staff appraisal rate reduced from 83.5% to 82.2%

Statutory and Mandatory Training (all) compliance improved 87.2% to 87.3% with more detail provided in the subsequent exception page.

Annualised voluntary turnover has shown a further reduction to 10.4%. With the exception of St Bartholomew's (which remained at 11.8%) we saw reductions at our hospital sites with Newham reducing to 9.3% (from 9.8%), Whipps to 9.7% (from 10.0%) and The Royal London from 11.4% to 11.1%



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.

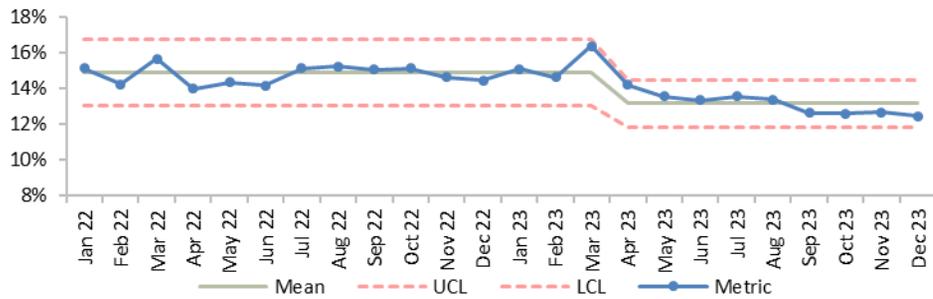
For registered nursing and midwifery we are seeing improved fill rates month on month since April 23 with positive special cause variation for Nursing and Midwifery in November 2023 and December where the fill rate went from 87.8% to 89.2%

For all staff we saw a reduction of the substantive fill rate to 92.5%

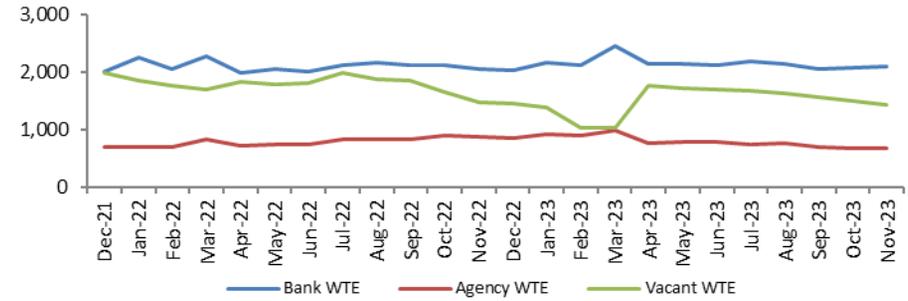
Commentary

- In December we saw an increase of 109 WTE budgeted establishment which along with a small reduction of 17 WTE resulted in the overall reported fill rate reducing to 92.5% from 93.1%. The increase in budget is primarily linked to the Community Diagnostics Hub at Mile End and the Surgical Assessment Unit at Whipps Cross.
- The reduction in staff in post is primarily in GSS where it has reduced by 16 WTE, spread across the directorates staff, although it is not clear from the small numbers if this relates to tighter workforce controls or natural variation. There has been small levels of variation (positive and negative) across the four hospital sites.
- Whilst the overall fill rate reduced, the nursing fill rate continued to increase despite an increase in establishment of 18 WTE.
- Time to hire for non medical staff was at 9.2 weeks down from 10.2 weeks with performance across the group ranging from 8.0 weeks at Newham to 11.4 weeks for the pathology partnership. Time to hire for medical staff was back down to 9.8 weeks from 11.5 weeks.

Proportion of Temporary Staff



Temporary Staff WTEs Against Vacant WTEs



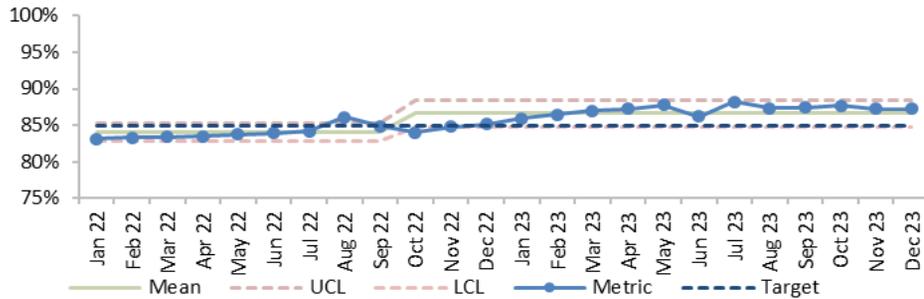
Proportion of Temporary Staff by Site

Site	Staff Group	Average of Previous 6 Months			Dec-23			Variance
		Bank & Agency WTE	All Used WTE	%	Bank & Agency WTE	All Used WTE	%	
Royal London	All Staff Groups	1,040	7,462	13.9%	946	7,466	12.7%	-1.3%
Whipps Cross	All Staff Groups	653	3,725	17.5%	668	3,794	17.6%	0.1%
Newham	All Staff Groups	549	2,744	20.0%	464	2,721	17.1%	-3.0%
St Bart's	All Staff Groups	377	3,250	11.6%	318	3,286	9.7%	-1.9%

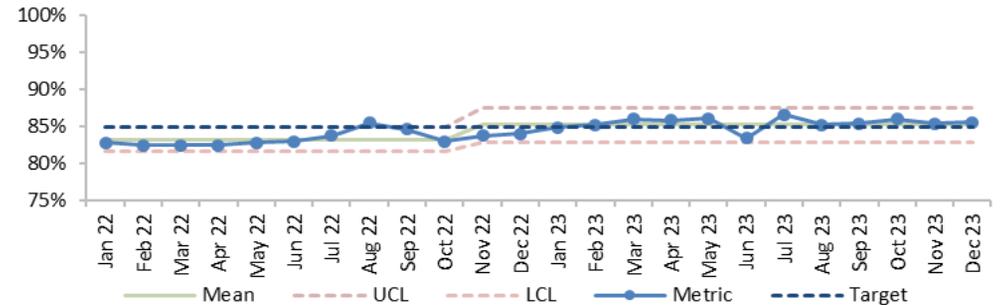
Commentary

- The proportion of temporary staff used marginally reduced to 12.5%, reflecting a small decrease of 58 WTE to 2,738 in total, however we continue to see reportable bank and agency WTE usage in estates and facilities increase as more bookings go through Bank Partners.
- Whilst this overall decrease is positive it includes the Christmas week, where we saw the WTE drop to 2,110 WTE reflecting the reduced level of elective and outpatient activity.
- Agency spend as a % pay bill reduced to 4.30% YTD from 4.39%, although continues to exceed the 3.7% target. In month it was 3.59%, down from 3.71% in the previous month however in month figures are subject to fluctuation due to the flow of invoices. The four hospital sites are all showing in month agency spend as a proportion of pay bill lower than the YTD figure

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	Dec-23	
	Compliance	Compliance	Staff Non-Compliant
Fire Safety	84.3%	83.3%	3,450
Safeguarding Children L2	78.1%	77.7%	2,992
Resuscitation - Basic Life Support	78.2%	77.5%	2,611
Infection Control (Clinical)	81.8%	79.8%	2,438
Safeguarding Adults L1	88.3%	89.4%	2,191

Bottom 5 Departments: Total Number of Non-Compliant Employees

Departments	Previous 6 Months	Dec-23	
	Compliance	Compliance	Staff Non-Compliant
RLH - Cleaning (Other)	62.6%	80.4%	104
BHRUT Patient Transport (Other)	7.3%	20.2%	85
NUH - Cleaning (Other)	45.4%	79.5%	81
Restorative Dentistry (Royal London)	66.2%	64.5%	72
8D - NICU (Royal London)	84.3%	80.9%	66

Non-mandatory competencies have been excluded from the above tables

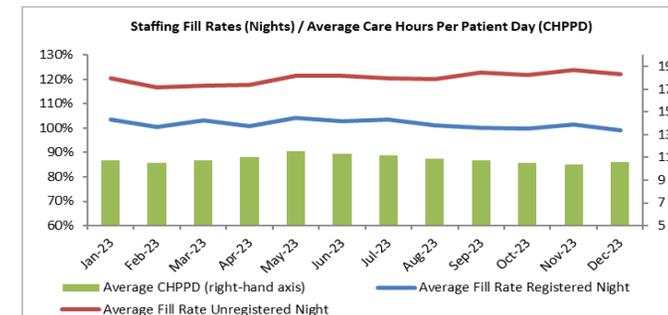
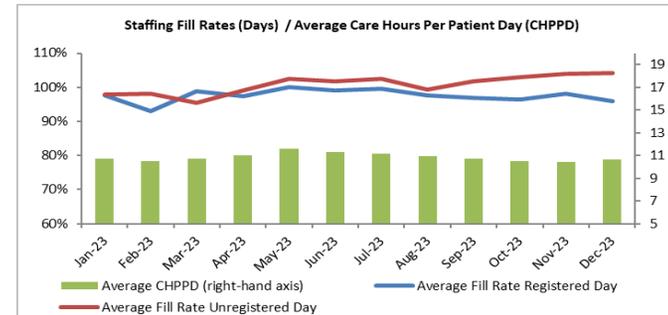
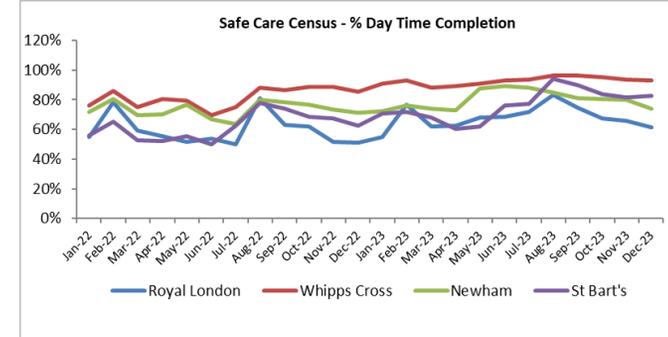
Performance Overview

- Compliance with the Core Skills Training Framework currently stands at 85.73%, a increase of 0.05% from the last Board report and is above the Trust target of 85% this month. Essential Skills training compliance has decreased by 0.63% from 91.02% to 90.39% in December and is also above the Trust target of 85%.
- Subjects within the Core Skills Training Framework are mostly above the Trust target of 85% with the exception of fire safety, IPC for clinical staff, Information Governance, Resuscitation and Safeguarding Adults level 2.
- Staff transferring from Serco have made great steps in undertaking training with only the cleaning staff below the Trust target and it is expected that this will exceed 83% in the last quarter of 2023/24.
- The WIRED system currently monitors training for 21,184 staff and 442,469 compliance items.

Responsible Director Update

- BHRUT Transport have recently transferred to the Trust and no training records have been received from their previous employers. Work is ongoing to align these staff with the current training needs analysis for the Trust Transport team and provide them with adequate time and resources to undertake appropriate training.
- Work is continuing to align the Trust to all subjects in the Skills for Health Core Skills Training Framework, however it is recognised that there may be some challenges to overcome.
- The Oliver McGowan Mandatory Training for Learning Disabilities and Autism part 1 will be add to every member of staff's profile in January 2024. The ICB are responsible for delivery of Part 2 and the Trust is yet to receive final details of this delivery.
- Monthly reminders continue to be sent to all staff who are non-compliant or due to expire shortly and statutory and mandatory training is a key element of site PR packs.

- The Trust’s average fill rates on both day and night shifts for both Registered Nursing and Midwifery (RNs/RMs) and for Care Staff (HCAs) remained consistent at above 95%.
- Each hospital’s fill rates continued to be above 90% target for both day and night shifts of RNs/RMs and for HCAs across both day and night shifts, with the exception of St Bart’s (SBH) where average fill rates for RNs were just below 90%. This did not give cause for concern as staffing levels are adjusted in line with activity and there were no recorded Red Flag Incidents at SBH.
- Overall average Care Hours Per Patient Day (CHPPD) increased slightly to 10.6 compared to 10.4 in November. The CHPPD remain above last published peer averages (8.4, ‘national value’; 8.9, ‘recommended peers’; 8.9 ‘region’; October 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.
- Average CHPPD at or above peers together with stable average fill rates consistently above 90% provides a positive indication regarding average staffing levels.
- Enhanced care utilisation remains high in most areas due to the changing health needs of our patients. Hospitals ensure demand is assessed in line with policy and that shifts 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) captured on Datix on were 10 in November but decreased by >50% to 4 in December. Maternity captured 126 RFIs via Birthrate plus which was a decrease of 31 RFIs in reporting. It should be noted that the criteria for Red Flags differs between maternity and nursing, with the maternity system including a broader range of triggers. The incidents were reported as not resulting in harm.
- Red Flag data collection and reporting processes for nursing are being updated following discussion at NMAHP Board in September. Enabling work is under way , with the new process due to be piloted in February.
- Recruitment activity continues across our 4 hospitals as part of the Drive 95 programme. The impact of bespoke programmes is being realised in maternity and a number of other departments as is the successful international recruitment programme across all areas.
- Acuity and dependency scoring via Safe Care has dipped slightly in it’s trajectory with day-time census compliance at 77.5% for December. This is being monitored on a daily basis to support continuous improvement, with a trust wide focus in January and February during the planned Safer Nursing Care Tool audit.



Site	Average Fill Rate (Day)		Average Fill Rate (Night)		Average Care Hours Per Patient Day (CHPPD)	Safe Staffing Maternity Red Flag Incidents	Safe Staffing Nursing Red Flag Incidents
	Registered Nurses / Midwives (%)	Care Staff (%)	Registered Nurses / Midwives (%)	Care Staff (%)			
Trust	95.9%	104.1%	99.1%	122.1%	10.6	126	4
Royal London	100.4%	105.7%	104.8%	140.3%	11.0	52	2
Whipps Cross	95.1%	105.3%	98.2%	112.7%	9.8	37	0
Newham	95.5%	104.6%	99.0%	113.2%	9.7	37	2
St Bart's	88.2%	95.9%	89.2%	109.9%	12.8	0	0



Barts Health
NHS Trust

Finance Report



- The Trust is reporting a £34.7m deficit for the year to date at month 9, this is (£13.8m) adverse against original plan but is in line with the forecast outturn plan agreed with NHSE/ICB in early December for a £36.4m deficit for the year, before the impact of any medical industrial action during winter 2023/24.
- The current month position includes the impact of junior doctor industrial action in December. The remaining adverse variance for the year to date includes the loss of clinical negligence premium maternity incentive discount in 2023/24 and the impact of the operational focus on managing industrial action on efficiency savings delivery.
- Income is £72.3m favourable against plan for the year to date at month 9. NHS Patient Treatment income is £63.7m favourable overall. This is driven by medical industrial action funding of £19.1m, ERF overperformance £19.4m, overperformance on passthrough drugs £11.6m (which is offset by associated additional expenditure) and £10.6m central non-recurrent benefits released into the year to date position. Other income is £11.9m 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 (£86.2m) adverse against plan for the year to date at month 9. Site and Services pay expenditure is (£51.9m) adverse driven by (£29.6m) of unallocated pay savings targets and (£22.3m) 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 (£14.7m) and by temporary staffing wte in excess of establishment for Soft FM staffing (£5.2m) and nursing and health care assistants (£2.4m). Additional medical staffing costs incurred on industrial action days have been fully funded within site budgets. Sites and Services non-pay expenditure is (£33.3m) adverse year to date, key overspends include unallocated non-pay savings targets (8.4m), outsourced activity to the independent sector (£4.6m), increased expenditure on Estates Transport and Soft FM costs (£3.5m) and loss of clinical negligence premium maternity incentive discount (£2.3m). The overspend for passthrough drugs and devices (£10.6m) offsets with favourable income variance. Central expenditure and reserves are (£1.0m) adverse year to date, which includes the claw back of the clinical negligence premium maternity incentive discount for the previous two financial years.
- Following confirmation of allocation of medical industrial action funding in November, the Trust agreed a forecast outturn target of £36.4m deficit for 2023/24 as part of an NEL system planned forecast outturn deficit of £25m. The £36.4m target deficit excludes both the financial impact of any further industrial action post October 2023 and the impact of transition to IFRS 16 for PFI liabilities on PDC dividend costs. The Trust continues to implement additional controls particularly in relation to pay expenditure to support financial recovery, and at month 9 is on track to meet its target deficit subject to the excluded items.
- Capital Expenditure in month 9 is £4.1m. The year to date underspend of £24.0m can be attributed to a number of schemes running behind plan. These delays will result in a forecast underspend of £20.7m in 2023/24 and a cost pressure of £22.8m in 2024/25. A process is underway to commit additional schemes to alleviate the underspend and reduce the cost pressures in the new financial year. It may not be possible to broker the underspends in which case permission is being sought to use it against the Trust overcommitment or discontinue the schemes and not drawdown the funds.
- Cash balances in December 2023 are higher by £3.9m compared to a plan of £30.0m, as a result of movement in working capital. The transition to IFRS 16 for PFI liabilities processed in month has resulted in a £14.9m benefit from PDC dividend due to DHSC later in the year. This benefit is being discussed centrally and the Trust is awaiting further clarifications on the treatment. An assumption has been made that capital spend will be spread evenly over the coming months, thereby removing the need for an external revenue loan of £40m previously envisaged. This will be monitored closely over the coming months.

Metrics	Current Performance	Trend	Comments	
	Year To Date			
	£millions			
NHS Financial Performance Surplus / (Deficit)	Plan	(20.9)	<p>NHS Financial Performance Surplus/(Deficit) £m</p> <p>Legend: Actual (Blue bars), Plan (Red line)</p>	<p>The Trust is reporting a £34.7m deficit for the year to date at month 9, which is (£13.8m) adverse against plan.</p> <p>The current month position includes the impact of junior doctor industrial action in December. The remaining adverse variance for the year to date includes the loss of clinical negligence premium maternity incentive discount in 2023/24 and the impact of the operational focus on managing industrial action on efficiency savings delivery.</p>
	Actual	(34.7)		
	Variance	(13.8)		
Total Income	Plan	1,684.4	<p>Total Income £m</p> <p>Legend: Actual (Blue bars), Plan (Red line)</p>	<p>Income is £72.3m favourable against plan for the year to date at month 9.</p> <p>NHS Patient Treatment income is £63.7m favourable overall. This is driven by medical industrial action funding of £19.1m, ERF overperformance £19.4m, overperformance on passthrough drugs £11.6m (which is offset by associated additional expenditure) and £10.6m central non-recurrent benefits released into the year to date position.</p> <p>Other income is £11.9m 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.</p>
	Actual	1,756.7		
	Variance	72.3		
Total Expenditure	Plan	(1,705.3)	<p>Total Expenditure £m</p> <p>Legend: Actual (Blue bars), Plan (Red line)</p>	<p>Expenditure is (£86.2m) adverse against plan for the year to date at month 9.</p> <p>Site and Services pay expenditure is (£51.9m) adverse driven by (£29.6m) of unallocated pay savings targets and (£22.3m) 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 (£14.7m) and by temporary staffing wte in excess of establishment for Soft FM staffing (£5.2m) and nursing and health care assistants (£2.4m). Additional medical staffing costs incurred for cover on industrial action days have been fully funded within site budgets.</p> <p>Sites and Services non-pay expenditure is (£33.3m) adverse year to date, key overspends include unallocated non-pay savings targets (8.4m), outsourced activity to the independent sector (£4.6m), increased expenditure on Estates Transport and Soft FM costs (£3.5m) and loss of clinical negligence premium maternity incentive discount (£2.3m). The overspend for passthrough drugs and devices (£10.6m) offsets with favourable income variance.</p> <p>Central expenditure and reserves are (£1.0m) adverse year to date, which includes the claw back of the clinical negligence premium maternity incentive discount for the previous two financial years.</p>
	Actual	(1,791.4)		
	Variance	(86.2)		

Metrics	Current Performance Year To Date	£millions	Trend	Comments
Capital Expenditure	Plan	69.2		<p>Capital Expenditure in month 9 is £4.1m. The year to date underspend of £24.0m can be attributed primarily to one major scheme running behind plan for legal reasons (£5.1m), a number of schemes slipping to the following year with associated mitigations (£10.5m), some where slippage will be caught up in this financial year (£8.9m) and some slippage will which result in a cost pressure next year. These delays will result in a forecast underspend of £20.7m in 2023/24 and a cost pressure of £22.8m in 2024/25. A process is underway to commit additional schemes to alleviate the underspend and reduce the cost pressures in the new financial year. It may not be possible to broker the underspends in which case permission is being sought to use it against the Trust overcommitment or discontinue the schemes and not drawdown the funds.</p>
	Actual	45.2		
	Variance	(24.0)		
Cash	Plan	30.0		<p>Cash balances in December 2023 are higher by £3.9m compared to a plan of £30.0m, as a result of 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. The transition to IFRS 16 for PFI liabilities processed in month has resulted in a £14.9m benefit from PDC dividend due to DHSC later in the year. This benefit is being discussed centrally and the Trust is awaiting further clarifications on the treatment. An assumption has been made that capital spend will be spread evenly over the coming months, thereby removing the need for an external revenue loan of £40m previously envisaged. This will be monitored closely over the coming months.</p>
	Actual	33.9		
	Variance	3.9		

Key Issues

Following confirmation of allocation of medical industrial action funding in November, the Trust agreed a forecast outturn target of £36.4m deficit for 2023/24 as part of an NEL system planned forecast outturn deficit of £25m. The £36.4m target deficit excludes both the financial impact of any further industrial action post October 2023 and the impact of transition to IFRS 16 for PFI liabilities on PDC dividend costs. The Trust continues to implement additional controls particularly in relation to pay expenditure to support financial recovery and at month 9 is on track to meet its target deficit subject to the excluded items.

Key Risks & Opportunities

- The key financial challenges for the Trust in achieving its forecast outturn deficit target for the financial year include:
- Managing additional costs resulting from the delivery of the winter plan for emergency and urgent care.
 - Managing additional premium costs that may be incurred to meet activity requirements for the delivery of elective waiting times targets,
 - Year end arrangements for final determination of Elective Recovery over performance income have yet to be confirmed by NHS England.
 - The potential impact of further medical industrial action in 2023/24.

Last Year		£millions	In Month			Year to Date			Annual		
YTD Actual	Plan		Actual	Variance	Plan	Actual	Variance	Plan			
Income											
1,190.3		NHS Patient Treatment Income	134.2	141.8	7.6	●	1,276.7	1,303.6	26.9	●	1,706.7
2.3		Other Patient Care Activity Income	0.6	0.2	(0.4)	●	5.2	2.6	(2.6)	●	6.9
94.3		Other Operating Income	11.2	11.8	0.6	●	97.8	101.1	3.3	●	131.2
1,287.0		Total Income	146.0	153.8	7.8	●	1,379.7	1,407.3	27.6	●	1,844.8
Operating Expenditure											
(863.3)		Pay	(107.1)	(110.4)	(3.3)	●	(944.6)	(996.5)	(51.9)	●	(1,259.5)
(153.9)		Drugs	(16.2)	(19.1)	(2.9)	●	(156.4)	(168.4)	(12.1)	●	(208.9)
(127.4)		Clinical Supplies	(15.4)	(14.9)	0.4	●	(141.2)	(142.3)	(1.1)	●	(188.3)
(236.4)		Other Non Pay	(23.7)	(25.5)	(1.9)	●	(213.1)	(233.1)	(20.0)	●	(283.3)
(1,381.0)		Total Operating Expenditure	(162.3)	(170.0)	(7.6)	●	(1,455.2)	(1,540.3)	(85.1)	●	(1,940.0)
(94.0)		Site & Services Budgets Total	(16.3)	(16.1)	0.2	●	(75.5)	(133.1)	(57.5)	●	(95.2)
(40.8)		Pathology Partnership (net)	(4.7)	(4.9)	(0.2)	●	(41.7)	(42.7)	(1.0)	●	(55.7)
0.0		Vaccination Programme & Nightingale (net)	-	(0.0)	(0.0)	●	-	(0.0)	(0.0)	●	-
0.0		Research & Development (net)	0.0	0.0	0.0	●	0.0	0.0	(0.0)	●	0.0
78.9		Central NHS PT Income	18.2	21.2	3.0	●	112.9	149.8	36.8	●	149.2
5.6		Central RTA & OSV Income (net)	1.0	0.6	(0.4)	●	8.9	6.3	(2.6)	●	11.8
16.1		Central Expenditure (net)	(0.1)	(8.1)	(8.0)	●	(0.9)	(1.6)	(0.7)	●	(1.2)
(3.6)		Reserves (net)	1.2	1.5	0.3	●	(9.4)	(3.0)	6.4	●	(16.6)
(37.8)		EBITDA	(0.7)	(5.9)	(5.2)	●	(5.7)	(24.4)	(18.7)	●	(7.6)
(53.0)		Depreciation and Amortisation (net)	(6.4)	(4.9)	1.5	●	(57.4)	(55.9)	1.5	●	(76.7)
(51.8)		Interest	(6.8)	(6.4)	0.4	●	(60.6)	(57.4)	3.3	●	(80.6)
(8.0)		PDC Dividends	(1.3)	(1.3)	0.0	●	(11.6)	(11.6)	0.0	●	(15.5)
0.1		Profit On Fixed Asset Disposal	0.0	0.0	0.0	●	0.1	0.1	0.1	●	0.1
(150.4)		Surplus/(Deficit) Before System Top-Up	(15.2)	(18.5)	(3.3)	●	(135.3)	(149.1)	(13.8)	●	(180.4)
113.0		System Top-Up Income	12.7	12.7	-	●	114.4	114.4	-	●	152.6
(37.4)		NHS Reporting Surplus/(Deficit)	(2.5)	(5.8)	(3.3)	●	(20.9)	(34.7)	(13.8)	●	(27.8)

22/23 YTD	Programme Area
Prev Yr Actual	£millions
7.0	Equipment (Medical and Other)
2.4	Informatics
18.2	Estates
11.4	New Build and Site Vacations
7.8	PFI Lifecycle Assets
4.8	Finance Lease
51.7	Total Exchequer programme
-	
51.7	Total Trust Funded Assets
3.6	Donated
55.3	Total Capital Expenditure

In Month			
Plan	Actual	Variance	%
0.8	1.0	(0.2)	(20)%
1.0	0.1	0.9	88 %
0.7	0.2	0.5	70 %
5.9	1.7	4.2	71 %
1.1	1.1	(0.0)	(0)%
1.1	-	1.1	100 %
10.6	4.1	6.5	61 %
10.6	4.1	6.5	61 %
(2.4)	0.4	(2.8)	117 %
8.2	4.5	3.7	45 %

Year to Date			
Plan	Actual	Variance	%
8.6	6.5	2.0	24 %
6.0	4.3	1.7	29 %
6.6	5.3	1.3	19 %
35.8	18.9	16.8	47 %
9.5	9.5	(0.0)	(0)%
2.8	0.6	2.2	78 %
69.2	45.2	24.0	0.0
69.2	45.2	24.0	35 %
4.5	2.4	2.1	47 %
73.7	47.6	26.1	35 %

Annual			
M9 (PFR) Capital Plan	Internally Approved Plan M9	Variance	%
12.2	15.2	(3.0)	(25)%
7.3	11.8	(4.5)	(62)%
10.7	10.5	0.2	2 %
49.1	49.2	(0.1)	(0.0)
12.6	12.6	-	0 %
12.1	12.1	-	- %
104.0	111.5	(7.4)	(0.0)
104.0	111.5	(7.4)	(7)%
5.6	5.6	-	- %
109.6	117.1	(7.4)	(7)%

Key Messages

2023/24 position. The internally approved exchequer programme is £111.5m (£111.7m in Month 8), which includes £12.4m agreed overspend. The reduction in the programme relates to a revised outturn forecast for the WXH redevelopment programme. In December NEL/NHSL allocated a further £5m CRL cover to the Trust, this has replaced the October 2023 agreement that the Trust could present an £8m overspend within the Capital Month 7 PFR return. This amendment reduces the capital plan from £107.3m (Month 8 PFR) to £104.0m (Month 9 PFR). This leaves the Trust with a £7.4m overspend which while notified to all parties is not formally acknowledged in the PFR and is not funded. Discussions continue with NEL and NHSL to secure the additional CRL required. The programme funded by charitable donation has been reduced following forecast projections from £10.3m to £5.6m. The bulk of the reduction is because the Clinical Research Facility scheme faces similar legal issues with the PFI partner as those experienced with the SBH ITU which have resulted in significant slippage into 2024/5.

Funding. The Trust received confirmation of additional CRL of £5.0m to support fire works.

Expenditure in Month 9 is £4.1m. The year to date adverse variance of £24.0m can be attributed primarily to one major scheme running behind plan for legal reasons (£5.1m), a number of schemes slipping to the following year with associated mitigations (£10.5m), some where slippage will be caught up in this financial year (£8.9m) and some slippage will which result in a cost pressure next year.

Slippage for legal issues(externally funded £5.1m):-
 (£5.1m) - 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 underspend in 2023/24, with a risk same level cost pressure in 2024/25 unless a deal can be made with NEL/NHSL to broker the funding.

Slippage with expected catch up in year (£8.9m):-
 (£2.9m) - NUH modular build - delays due to supply chain and labour issues which have put the programme behind which along with planning condition works result in a £1.6m cost pressure in 2024/25.
 (£1.3m) - NUH fire programme - timing delay that will be caught up.
 (£0.7m) - CAU - timing delay that will be caught up with a potential additional £0.4m cost pressure in year.
 (£4.0m) - total of other programmes with in year slippage which will be caught up by 31.3.24.

Slippage with associated mitigations (£10.5m):-
 (£5.6m) - MEH CDC - delays during the procurement process for the design and build contractors and a 2 month design delay, estimated c£7m underspend in 2023/24 and resultant £7.6m cost pressure in 2024/25.
 (£1.7m) - NUH mothballed theatres - this scheme is on pause as funding is insufficient to deliver the scheme. There will be an underspend of £3.0m in 2023/24 and potential resultant £3.3m cost pressure in 2024/25.
 (£2.5m) - Equipment leases - scoping is underway to use this for additional cloud storage.

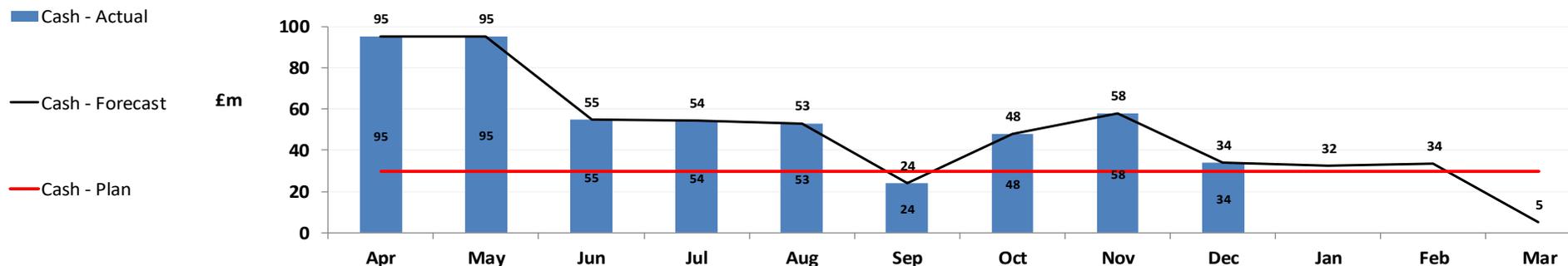
Internally funded
 (£0.7m) - VAT recoveries and close out of old year schemes which will be offset against cost pressures.
 Expenditure against donated schemes was £0.4m (£0.2m in Month 8); £2.4m year to date.

Forecast - As noted above there are delays with a number of high value externally funded schemes which will result in a £20.7m underspend in 2023/24 and a cost pressure of £22.8m in 2024/25. The significant cost pressures are MEH CDC c£7.6m, SBH ITU c£10.2m, NUH mothballed theatres c£3.3m and modular build £1.6m. A process is underway to commit additional schemes brought forward from 2024/25 to alleviate the underspend in the CDC and reduce the cost pressures in the new financial year. It may not be possible to broker the Mothballed theatres underspend in which case permission is being sought to use it against the Trust over commitment or discontinue the scheme and not drawdown the funds.

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	-	-	-	- %
Agreed overcommitment NHSE/NEL	-	-	-	- %
Additional CRL from NHSE/NEL (not cash backed)	5.0	5.0	-	- %
IFRS16 CRL adjustment	12.1	-	12.1	- %
PDC: WXH Redevelopment core programme team	1.4	1.1	0.3	81 %
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 %
PDC - Cyber Security	0.2	0.2	-	100 %
PDC - We Connect	0.4	0.4	-	100 %
Planned Capital exc. Donated	104.0	91.6	12.4	88.1 %
Asset sales	-	-	-	- %
*Total approved Exchequer funding ex donated	104.0	91.6	12.4	88.1 %
Donated	5.6	2.4	3.2	42.9 %
Planned Capital inc. Donated	109.6	94.0	15.6	85.8 %
*CRL overspend	(7.4)			

£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	57.9	33.9	32.4	33.5	60.2
Cash inflows													
Healthcare contracts	155.9	166.0	203.3	167.7	169.7	174.0	180.1	166.9	189.2	172.9	165.7	175.8	2,087.2
Other income	42.5	24.7	17.4	28.9	30.5	33.8	48.7	28.8	18.3	28.9	22.9	31.4	356.8
Financing - Revenue Loans / Capital PDC	-	-	-	-	-	3.1	-	-	-	2.2	-	11.4	16.7
Total cash inflows	198.4	190.7	220.7	196.6	200.2	210.9	228.8	195.7	207.5	204.0	188.6	218.6	2,460.7
Cash outflows													
Salaries and wages	(61.1)	(65.0)	(94.4)	(68.0)	(70.5)	(71.5)	(65.8)	(66.7)	(64.1)	(70.5)	(69.1)	(70.3)	(837.0)
Tax, NI and pensions	(30.7)	(46.4)	(46.6)	(65.6)	(50.2)	(48.3)	(54.9)	(50.2)	(50.0)	(51.2)	(51.0)	(51.0)	(596.1)
Non pay expenditures	(63.7)	(76.2)	(116.8)	(57.7)	(76.6)	(108.2)	(79.6)	(64.9)	(114.6)	(81.0)	(61.9)	(107.1)	(1,008.3)
Capital expenditure	(8.1)	(3.0)	(3.2)	(5.9)	(4.0)	(4.1)	(4.5)	(4.0)	(2.8)	(2.8)	(5.5)	(10.9)	(58.8)
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)	(185.8)	(231.5)	(205.5)	(187.5)	(247.1)	(2,515.9)
Net cash inflows / (outflows)	34.8	0.1	(40.3)	(0.6)	(1.1)	(29.1)	24.0	9.9	(24.0)	(1.5)	1.1	(28.5)	(55.2)
Closing cash at bank - actual / forecast	95.0	95.1	54.8	54.2	53.1	24.0	48.0	57.9	33.9	32.4	33.5	5.0	5.0
Closing cash at bank - plan	30.0												

Month End Closing Cash Balance Compared to Plan



Key Messages

Cash balances in December 2023 are higher by £3.9m compared to a plan of £30.0m, as a result of 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. The transition to IFRS 16 for PFI liabilities processed in month has resulted in a £14.9m benefit from PDC dividend due to DHSC later in the year. This benefit is being discussed centrally and the Trust is awaiting further clarifications on the treatment. An assumption has been made that capital spend will be spread evenly over the coming months, thereby removing the need for an external revenue loan of £40m previously envisaged. This will be monitored closely over the coming months.

22/23		Actual										Forecast			
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	1,584.2	1,583.1	1,629.9	1,633.6	1,644.9	50.7	
0.1	Intangible assets	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.5	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	16.5	16.4	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	1,600.8	1,600.0	1,646.7	1,650.4	1,661.1	50.1	
	Current assets:														
31.4	Inventories	32.1	32.2	33.9	32.9	32.3	33.0	33.2	33.2	34.6	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	126.9	137.4	108.7	107.9	149.5	4.0	
60.2	Cash and cash equivalents	95.1	95.1	54.8	54.2	53.1	24.0	47.9	57.9	34.0	32.4	33.5	5.0	(55.2)	
237.1	Total current assets	259.2	251.1	181.1	212.8	186.4	180.9	187.6	218.0	206.0	172.5	172.8	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	1,818.8	1,806.0	1,819.2	1,823.2	1,847.0	(1.1)	
	Current liabilities														
(290.0)	Trade and other payables	(320.3)	(318.8)	(263.7)	(305.9)	(288.0)	(285.8)	(297.7)	(310.6)	(307.2)	(248.6)	(253.9)	(309.9)	(19.9)	
(2.8)	Provisions	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.9)	(2.8)	(2.8)	(3.7)	(0.9)	
(37.3)	Liabilities arising from PFIs / Finance Leases	(37.3)	(37.3)	(37.3)	(37.3)	(37.3)	(37.3)	(37.3)	(37.3)	(60.0)	(60.0)	(60.0)	(59.2)	(21.9)	
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)	(350.8)	(370.1)	(311.4)	(316.7)	(372.8)	(42.7)	
(93.0)	Net current (liabilities) / assets	(101.3)	(107.9)	(122.8)	(133.3)	(141.8)	(145.1)	(150.3)	(132.8)	(164.1)	(138.9)	(143.9)	(186.9)	(93.9)	
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	1,468.0	1,435.9	1,507.8	1,506.5	1,474.2	(43.8)	
	Non-current liabilities														
(5.9)	Provisions	(5.9)	(5.9)	(6.0)	(6.1)	(6.1)	(6.2)	(6.3)	(6.3)	(5.9)	(6.7)	(6.7)	(5.8)	0.1	
(915.2)	Liabilities arising from PFIs / Finance Leases	(912.2)	(908.9)	(905.8)	(902.7)	(899.5)	(896.8)	(893.8)	(890.7)	(1,650.8)	(1,650.8)	(1,650.8)	(1,648.1)	(732.9)	
(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)	(897.5)	(1,657.2)	(1,658.0)	(1,658.0)	(1,654.3)	(732.8)	
596.5	Total Assets Employed	589.6	582.8	570.2	562.0	553.8	553.1	549.6	570.5	(221.3)	(150.2)	(151.5)	(180.1)	(776.6)	
	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	1,083.7	1,083.7	1,100.3	1,100.3	1,113.7	33.1	
(900.9)	Retained earnings	(907.8)	(914.6)	(927.2)	(935.4)	(943.6)	(947.4)	(950.9)	(930.0)	(1,721.8)	(1,667.3)	(1,668.6)	(1,721.6)	(820.7)	
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	427.8	11.0	
596.5	Total Taxpayers' Equity	589.6	582.8	570.2	562.0	553.8	553.1	549.6	570.5	(221.3)	(150.2)	(151.5)	(180.1)	(776.6)	



Barts Health
NHS Trust

Glossary



The key 2023/24 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 sit alongside these and 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

The Operational Performance chapter of this report (pages 17 to 40) provides monthly and year to date views of delivery against the performance and activity objectives set out above and opposite.

In relation to 2024/25, planning guidance has been delayed until late January or early February 2024, once this guidance has been received this page will be updated with the national planning priorities for next year. It is anticipated that these will build on the current objectives set out above. NHS England will also work with ICBs and providers to agree a standard set of metrics that all executive teams and boards should use as a minimum to track productivity alongside service delivery. Once published views of the productivity metrics will be developed and incorporated within this report.

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

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Responsive	Waiting Times	R1	A&E 4 Hours Waiting Time	The number of Accident & Emergency (A&E) attendances for which the patient was discharged, admitted or transferred within four hours of arrival, divided by the total number of A&E attendances. This includes all types of A&E attendances including Minor Injury Units and Walk-in Centres	Monthly	Recovery trajectory
Responsive	Waiting Times	R8	Cancer 2 Week Wait	Percentage of patients first seen by a specialist for suspected cancer within two weeks (14 days) of an urgent GP referral for suspected cancer	Monthly	National
Responsive	Waiting Times	R35	Cancer 62 Days From Urgent GP Referral	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer. Logic is 50/50 split for referring and treating trust/site up to and including Mar-19 then reallocation from Apr-19 as per national reporting rules	Monthly	National
Responsive	Waiting Times	R36	Cancer 62 Days From Screening Programme	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of referral from a NHS Cancer Screening Service. Logic is 50/50 split for referring and treating trust/site up to and including Mar-19 then reallocation from Apr-19 as per national reporting rules	Monthly	National
Responsive	Waiting Times	R6	Diagnostic Waits Over 6 Weeks	The number of patients still waiting for diagnostic tests who had waited 6 weeks or less from the referral date to the end of the calendar month, divided by the total number of patients still waiting for diagnostic tests at the end of the calendar month. Only the 15 key tests included in the Diagnostics Monthly (DM01) national return are included	Monthly	National
Well Led	People	W19	Turnover Rate	The number of leavers (whole time equivalents) who left the trust voluntarily in the last 12 months divided by the average total number of staff in post (whole time equivalents) in the last 12 months	Monthly	Local
Well Led	People	OH7	Proportion of Temporary Staff	The number of bank and agency whole time equivalents divided by the number of bank and agency whole time equivalents plus permanent staff in post (whole time equivalents)	Monthly	Local
Well Led	People	W20	Sickness Absence Rate	The number of whole time equivalent days lost to sickness absence (including non-working days) in the last 12 months divided by the total number of whole time equivalent days available (including non-working days) in the last 12 months, i.e. the annualised percentage of working days lost due to sickness absence	Monthly	Local
Well Led	Staff Feedback	C6	Staff FFT Percentage Recommended - Care	The number of staff who responded that they were extremely likely or likely to recommend the trust to friends and family if they needed care or treatment, divided by the total number of staff who responded to the Staff Friends and Family Test (Staff FFT)	Quarterly	Local
Well Led	Staff Feedback	OH6	NHS Staff Survey	The overall staff engagement score from the results of the NHS Staff Survey	Yearly	National
Well Led	Compliance	W50	Mandatory and Statutory Training - All	For all mandatory and statutory training topics, the percentage of topics for which staff were competent (i.e. have completed training and were compliant)	Monthly	Local

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

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

Domain	Sub Domain	Metric Ref	Metric Name	Description	Frequency	Target Source
Safe	Harm Free Care	S17	Emergency C-Section Rate	The number of deliveries which were emergency caesarean sections divided by the total number of deliveries. Based on data frozen as at the 12th working day of the month	Monthly	Local
Safe	Harm Free Care	S27	Patient Safety Alerts Overdue	The number of NHS England or NHS Improvement patient safety alerts overdue (past their completion deadline date) at the time of the snapshot. These are a sub-set of all Central Alerting System (CAS) alerts	Monthly	National
Safe	Assess & Prevent	S7	Dementia - Referrals	Percentage of patients aged 75 and above admitted as emergency inpatients, with length of stay > 72 hours, who have had a diagnostic assessment (with an outcome of "positive" or "inconclusive") and who have been referred for further diagnostic advice in line with local pathways	Monthly	National
Safe	Saving Lives	S87	Saving Lives: Central Venous Catheter Care Bundle (Continuing Care)	The percentage of central venous catheter care bundle audits carried out (for patients with continuing care) in which the results were all found to be fully compliant. The audit consists of monthly observations on catheter injection ports, catheter access, catheter replacement, hand hygiene, etc.	Monthly	TBC
Safe	Saving Lives	S88	Saving Lives: Central Venous Catheter Care Bundle (On Insertion)	The percentage of central venous catheter care bundle audits carried out (on insertion of catheters) in which the results were all found to be fully compliant. The audit consists of monthly observations on catheter type, insertion site, safe disposal of sharps, hand hygiene, etc.	Monthly	TBC
Effective	Mortality	E1	Summary Hospital-Level Mortality Indicator	The ratio between the actual number of patients who died following hospitalisation at the trust and the number who would be expected to die on the basis of average England figures (given the characteristics of the patients treated at the trust), multiplied by 100	Monthly	National
Effective	Mortality	E3	Risk Adjusted Mortality Index	The ratio of the observed number of in-hospital deaths with a Hospital Standardised Mortality Ratio (HSMR) diagnosis to the expected number of deaths, multiplied by 100, at trust level. This metric considers mortality on weekdays and weekends	Monthly	National
Effective	Outcomes	0502	Cardiac Arrest 2222 Calls (Wards) Per 1,000 Admissions	The number of 2222 emergency calls which were for cardiac arrests on wards (including medical emergencies leading to cardiac arrests) per 1,000 admissions, i.e. the number of calls divided by the number of admissions which has been multiplied by 1,000	Monthly	Local

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



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Appendix



How to Interpret the Scorecard

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

Triggers based on current reporting month:

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

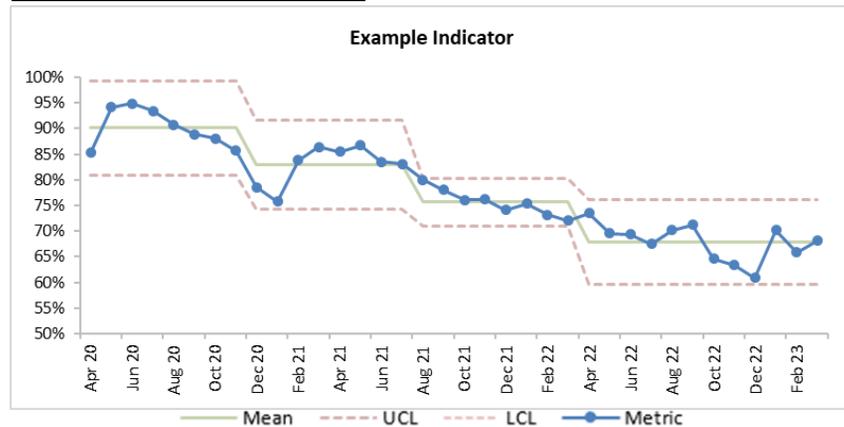
Reporting month target for reporting site

Reporting month actuals for reporting site

Reporting month actuals for other sites & trust total

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

How to Interpret an SPC Chart



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

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

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

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

How Exceptions Are Identified For Inclusion

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

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

Safe Staffing Fill Rates by Ward and Site

Feb-24

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	2,366.2	1,069.5	1,591.0	1,782.5	1,989.5	713.0	1,842.7	110.6%	148.8%	111.6%	258.4%	744	5.9	4.6	10.5
Royal London	10F RLH	1,116.0	1,104.0	744.0	1,007.5	1,023.0	1,023.0	341.0	606.6	98.9%	135.4%	100.0%	177.9%	501	4.2	3.2	7.5
Royal London	11C RLH	2,852.0	2,817.5	1,426.0	1,399.5	2,852.0	2,909.5	713.0	1,288.5	98.8%	98.1%	102.0%	180.7%	720	8.0	3.7	11.7
Royal London	11E & 11F AAU	4,278.0	4,585.4	1,782.5	1,768.5	3,933.0	4,453.0	1,426.0	1,782.5	107.2%	99.2%	113.2%	125.0%	1,468	6.2	2.4	8.6
Royal London	12C RLH	1,886.0	2,215.3	1,426.0	1,720.8	1,840.0	2,188.0	1,069.5	1,816.0	117.5%	120.7%	118.9%	169.8%	781	5.6	4.5	10.2
Royal London	12D RLH	1,426.0	1,683.7	713.0	974.0	1,426.0	1,655.8	517.5	964.5	118.1%	136.6%	116.1%	186.4%	505	6.6	3.8	10.5
Royal London	12E RLH	2,767.0	3,021.5	1,426.0	1,439.1	2,495.5	2,782.3	1,426.0	1,496.0	109.2%	100.9%	111.5%	104.9%	722	8.0	4.1	12.1
Royal London	12F RLH	2,024.0	2,369.0	1,782.5	1,886.0	1,782.5	2,139.0	1,781.5	2,070.0	117.0%	105.8%	120.0%	116.2%	817	5.5	4.8	10.4
Royal London	13C RLH	1,955.0	2,107.5	709.5	998.5	1,782.5	1,922.5	713.0	1,368.5	107.8%	140.7%	107.9%	191.9%	778	5.2	3.0	8.2
Royal London	13D RLH	1,782.5	2,364.5	713.0	816.0	1,426.0	1,713.5	713.0	1,587.0	132.7%	114.4%	120.2%	222.6%	727	5.6	3.3	8.9
Royal London	13E RLH	2,058.5	2,719.0	736.0	941.0	1,667.5	2,474.5	713.0	1,242.5	132.1%	127.9%	148.4%	174.3%	742	7.0	2.9	9.9
Royal London	13F RLH	1,782.5	2,359.5	954.5	945.0	1,794.0	2,369.0	713.0	1,115.5	132.4%	99.0%	132.1%	156.5%	688	6.9	3.0	9.9
Royal London	14E & 14F RLH	3,333.0	3,988.0	2,679.5	2,573.0	2,852.0	3,384.0	2,127.5	2,875.0	119.7%	96.0%	118.7%	135.1%	1,548	4.8	3.5	8.3
Royal London	3D RLH	3,560.0	3,080.6	2,200.5	1,941.0	3,565.0	3,386.0	2,139.0	2,093.0	86.5%	88.2%	95.0%	97.8%	954	6.8	4.2	11.0
Royal London	3E RLH	2,104.5	2,387.5	713.0	1,184.5	1,771.0	2,116.0	713.0	1,391.5	113.4%	166.1%	119.5%	195.2%	763	5.9	3.4	9.3
Royal London	3F RLH	1,572.0	1,918.0	1,069.5	655.5	1,104.0	1,830.5	713.0	655.5	122.0%	61.3%	165.8%	91.9%	435	8.6	3.0	11.6
Royal London	4E RLH	13,859.0	14,471.9	1,069.5	897.0	13,915.0	14,542.0	1,069.5	770.5	104.4%	83.9%	104.5%	72.0%	1,274	22.8	1.3	24.1
Royal London	6C RLH	4,339.5	3,199.5	816.5	413.3	3,622.5	2,691.3	713.0	529.0	73.7%	50.6%	74.3%	74.2%	234	25.2	4.0	29.2
Royal London	6E & 6F RLH	5,967.5	4,770.0	1,414.5	1,447.0	5,336.0	4,837.5	1,069.5	1,207.5	79.9%	102.3%	90.7%	112.9%	916	10.5	2.9	13.4
Royal London	7C RLH	1,426.0	1,442.5	598.0	861.0	1,069.5	1,311.0	540.5	1,058.0	101.2%	144.0%	122.6%	195.7%	386	7.1	5.0	12.1
Royal London	7D RLH	1,782.5	1,800.3	836.5	918.8	1,426.0	1,626.5	713.0	885.5	101.0%	109.8%	114.1%	124.2%	419	8.2	4.3	12.5
Royal London	7E RLH	2,863.5	2,735.8	1,069.5	1,468.5	2,484.0	2,495.3	1,069.5	1,908.4	95.5%	137.3%	100.5%	178.4%	645	8.1	5.2	13.3
Royal London	7F RLH	1,426.0	1,652.0	356.5	897.0	1,069.5	1,572.9	356.5	1,081.0	115.8%	251.6%	147.1%	303.2%	361	8.9	5.5	14.4
Royal London	8C RLH	1,967.5	2,168.0	703.5	905.5	1,426.0	1,641.0	713.0	975.3	110.2%	128.7%	115.1%	136.8%	546	7.0	3.4	10.4
Royal London	8D RLH	10,159.8	7,799.3	1,583.5	528.5	8,878.0	7,124.0	448.5	494.5	76.8%	33.4%	80.2%	110.3%	1,084	13.8	0.9	14.7
Royal London	8F RLH	1,782.0	1,668.5	1,544.0	1,496.5	1,104.0	1,069.5	1,437.5	1,437.5	93.6%	96.9%	96.9%	100.0%	1,488	1.8	2.0	3.8
Royal London	9E HDU RLH	1,426.0	1,046.5	0.0	11.5	1,426.0	1,058.0	0.0	0.0	73.4%		74.2%		174	12.1	0.1	12.2
Royal London	9E RLH	1,782.5	1,874.5	713.0	966.0	1,426.0	1,600.5	713.0	1,299.5	105.2%	135.5%	112.2%	182.3%	744	4.7	3.0	7.7
Royal London	9F RLH	1,794.0	1,831.0	713.0	717.0	1,426.0	1,518.0	713.0	747.5	102.1%	100.6%	106.5%	104.8%	627	5.3	2.3	7.7

Safe Staffing Fill Rates by Ward and Site

Feb-24

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	5,739.0	6,190.8	3,169.5	3,272.2	5,508.5	6,085.4	2,817.5	2,763.1	107.9%	103.2%	110.5%	98.1%	1,752	7.0	3.4	10.5
Whipps Cross	ACACIA	952.5	947.0	471.5	643.8	713.0	717.5	713.0	913.0	99.4%	136.5%	100.6%	128.1%	346	4.8	4.5	9.3
Whipps Cross	ACORN	3,679.5	2,636.8	356.5	545.0	2,840.5	2,438.5	356.5	333.5	71.7%	152.9%	85.8%	93.5%	609	8.3	1.4	9.8
Whipps Cross	B3 WARD WXH	1,311.0	1,171.3	1,062.5	1,329.5	1,069.5	1,069.5	708.0	907.0	89.3%	125.1%	100.0%	128.1%	501	4.5	4.5	8.9
Whipps Cross	BIRCH	1,058.0	1,265.0	1,069.0	1,333.0	1,069.5	1,058.0	701.5	1,104.0	119.6%	124.7%	98.9%	157.4%	548	4.2	4.4	8.7
Whipps Cross	BLACKTHORN	1,080.5	1,299.0	1,066.0	1,313.0	1,069.5	1,069.5	713.0	1,101.5	120.2%	123.2%	100.0%	154.5%	511	4.6	4.7	9.4
Whipps Cross	Bracken Ward WXH	1,311.0	1,289.5	1,100.5	1,077.8	1,069.5	1,059.0	713.0	713.0	98.4%	97.9%	99.0%	100.0%	512	4.6	3.5	8.1
Whipps Cross	CEDAR	1,426.0	1,897.3	1,426.0	1,437.0	1,069.5	1,599.8	1,069.5	1,310.8	133.0%	100.8%	149.6%	122.6%	536	6.5	5.1	11.7
Whipps Cross	CHESTNUT	954.5	897.0	356.5	770.5	713.0	1,000.5	356.5	759.0	94.0%	216.1%	140.3%	212.9%	380	5.0	4.0	9.0
Whipps Cross	CONIFER	1,426.0	1,492.3	1,422.5	1,477.5	1,069.5	1,194.0	1,069.5	1,322.5	104.6%	103.9%	111.6%	123.7%	479	5.6	5.8	11.5
Whipps Cross	CURIE	1,426.0	1,255.5	1,066.0	1,308.5	1,069.5	897.0	1,069.5	1,357.0	88.0%	122.7%	83.9%	126.9%	522	4.1	5.1	9.2
Whipps Cross	DELIVERY SUITE WXH	5,894.0	4,991.8	1,426.0	1,244.3	5,025.5	4,146.3	1,426.0	1,300.5	84.7%	87.3%	82.5%	91.2%	592	15.4	4.3	19.7
Whipps Cross	ELIZABETH	1,668.0	1,634.0	356.5	414.0	1,426.0	1,423.0	356.5	392.0	98.0%	116.1%	99.8%	110.0%	530	5.8	1.5	7.3
Whipps Cross	FARADAY	1,423.0	1,305.7	713.0	1,079.5	1,426.0	1,426.0	356.5	689.0	91.8%	151.4%	100.0%	193.3%	474	5.8	3.7	9.5
Whipps Cross	ICU WXH	6,972.0	5,618.4	1,368.0	432.0	6,391.0	5,132.3	1,364.0	330.0	80.6%	31.6%	80.3%	24.2%	357	30.1	2.1	32.2
Whipps Cross	MARGARET	1,068.0	1,018.5	356.5	396.3	713.0	713.0	356.5	437.0	95.4%	111.2%	100.0%	122.6%	253	6.8	3.3	10.1
Whipps Cross	MULBERRY	2,296.5	1,724.9	1,748.5	1,213.0	1,414.5	1,128.6	1,414.5	1,150.0	75.1%	69.4%	79.8%	81.3%	1,114	2.6	2.1	4.7
Whipps Cross	NEONATAL WXH	2,448.0	2,266.8	1,074.0	554.3	2,181.5	2,109.5	724.5	333.5	92.6%	51.6%	96.7%	46.0%	391	11.2	2.3	13.5
Whipps Cross	NIGHTINGALE	1,414.5	1,452.0	356.5	424.5	1,426.0	1,446.5	356.5	368.0	102.7%	119.1%	101.4%	103.2%	386	7.5	2.1	9.6
Whipps Cross	PEACE	1,667.5	1,656.0	1,420.0	1,312.8	1,069.5	1,058.0	1,069.5	1,069.5	99.3%	92.4%	98.9%	100.0%	452	6.0	5.3	11.3
Whipps Cross	POPLAR	1,780.0	1,632.0	1,069.5	1,104.0	1,426.0	1,407.5	1,068.0	1,023.5	91.7%	103.2%	98.7%	95.8%	626	4.9	3.4	8.3
Whipps Cross	PRIMROSE	1,782.0	2,105.0	1,426.0	1,690.5	1,426.0	1,793.5	1,069.5	1,575.5	118.1%	118.5%	125.8%	147.3%	835	4.7	3.9	8.6
Whipps Cross	ROWAN	1,782.5	1,764.5	1,426.0	1,651.0	1,426.0	1,438.8	1,069.5	1,598.5	99.0%	115.8%	100.9%	149.5%	819	3.9	4.0	7.9
Whipps Cross	SAGE	1,667.5	1,679.5	1,443.3	1,924.5	1,426.0	1,424.5	1,069.5	1,529.5	100.7%	133.3%	99.9%	143.0%	828	3.7	4.2	7.9
Whipps Cross	SYCAMORE	1,311.0	1,644.5	1,380.0	1,736.5	1,069.5	1,426.0	1,069.5	1,506.5	125.4%	125.8%	133.3%	140.9%	797	3.9	4.1	7.9
Whipps Cross	SYRINGA	1,424.0	1,414.5	1,725.0	1,748.0	1,069.5	1,080.0	1,426.0	1,713.5	99.3%	101.3%	101.0%	120.2%	793	3.1	4.4	7.5

Safe Staffing Fill Rates by Ward and Site

Feb-24

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	1,425.0	1,440.6	1,069.5	1,322.5	1,426.0	1,449.6	1,081.0	1,430.5	101.1%	123.7%	101.7%	132.3%	583	5.0	4.7	9.7
Newham	Custom House NUH	1,414.5	1,460.5	1,069.5	1,138.5	1,069.5	1,115.3	1,426.0	1,483.3	103.3%	106.5%	104.3%	104.0%	626	4.1	4.2	8.3
Newham	DELIVERY SUITE NUH	4,721.5	4,252.6	713.0	626.2	4,772.5	4,406.7	713.0	700.8	90.1%	87.8%	92.3%	98.3%	600	14.4	2.2	16.6
Newham	EAST HAM	1,793.0	2,022.5	1,069.5	1,115.5	1,426.0	1,782.0	1,069.5	1,092.5	112.8%	104.3%	125.0%	102.2%	682	5.6	3.2	8.8
Newham	HEATHER	2,139.0	2,514.0	1,069.5	1,248.5	2,139.0	2,449.5	1,069.5	1,115.5	117.5%	116.7%	114.5%	104.3%	784	6.3	3.0	9.3
Newham	LARCH	3,445.5	3,103.0	2,113.5	1,884.0	2,254.0	2,203.0	1,782.5	1,689.5	90.1%	89.1%	97.7%	94.8%	1,795	3.0	2.0	4.9
Newham	Manor Park ITU NUH	4,278.0	3,631.3	713.0	793.5	4,278.0	3,772.0	713.0	773.5	84.9%	111.3%	88.2%	108.5%	298	24.8	5.3	30.1
Newham	MAPLE	1,035.0	862.5	690.0	656.0	1,023.5	758.5	713.0	632.5	83.3%	95.1%	74.1%	88.7%	157	10.3	8.2	18.5
Newham	NEONATAL NUH	3,404.0	2,752.0	736.0	701.5	3,070.5	2,718.0	701.5	586.5	80.8%	95.3%	88.5%	83.6%	514	10.6	2.5	13.1
Newham	NUH MIDWIFERY	1,081.0	927.5	356.5	333.5	1,048.5	942.5	356.5	362.5	85.8%	93.5%	89.9%	101.7%	147	12.7	4.7	17.5
Newham	PLASHET	1,581.0	1,585.0	1,069.5	1,242.0	1,426.0	1,449.0	1,069.5	1,426.0	100.3%	116.1%	101.6%	133.3%	790	3.8	3.4	7.2
Newham	RAINBOW	2,793.5	2,481.9	941.0	789.5	1,782.5	1,761.3	356.5	414.0	88.8%	83.9%	98.8%	116.1%	354	12.0	3.4	15.4
Newham	SILVERTOWN	1,773.0	1,731.5	1,069.5	1,173.0	1,426.0	1,426.0	1,069.5	1,337.5	97.7%	109.7%	100.0%	125.1%	747	4.2	3.4	7.6
Newham	STRATFORD	1,423.5	1,547.6	1,069.5	1,127.0	1,426.0	1,711.3	1,069.5	1,104.0	108.7%	105.4%	120.0%	103.2%	540	6.0	4.1	10.2
Newham	Tayberry	2,495.5	2,483.8	1,069.5	1,150.0	2,495.5	2,553.0	1,069.5	1,288.0	99.5%	107.5%	102.3%	120.4%	718	7.0	3.4	10.4
Newham	THISTLE	1,778.5	1,805.5	1,069.5	1,127.0	1,782.5	1,771.0	1,069.5	1,334.0	101.5%	105.4%	99.4%	124.7%	765	4.7	3.2	7.9
Newham	WEST HAM	1,253.5	1,541.0	1,058.0	1,299.5	1,058.0	1,288.0	356.5	989.0	122.9%	122.8%	121.7%	277.4%	778	3.6	2.9	6.6
St Bart's	1C	5,934.0	4,685.0	356.5	414.0	5,106.0	4,740.0	195.5	425.5	79.0%	116.1%	92.8%	217.6%	368	25.6	2.3	27.9
St Bart's	1D	3,208.5	2,450.8	356.5	448.5	2,852.0	2,140.0	356.5	379.5	76.4%	125.8%	75.0%	106.5%	271	16.9	3.1	20.0
St Bart's	1E	4,979.5	3,858.0	356.5	506.0	4,991.0	3,783.5	356.5	471.5	77.5%	141.9%	75.8%	132.3%	275	27.8	3.6	31.3
St Bart's	3A SBH	4,991.0	4,770.8	1,426.0	1,181.8	4,991.0	4,774.5	1,426.0	1,368.5	95.6%	82.9%	95.7%	96.0%	985	9.7	2.6	12.3
St Bart's	3D SBH	1,542.0	1,715.0	1,196.0	1,301.5	1,506.5	1,462.5	954.5	908.5	111.2%	108.8%	97.1%	95.2%	500	6.4	4.4	10.8
St Bart's	4A SBH	1,782.5	1,759.5	1,069.5	1,011.9	1,426.0	1,414.5	356.5	724.5	98.7%	94.6%	99.2%	203.2%	733	4.3	2.4	6.7
St Bart's	4B SBH	1,583.5	1,623.0	1,227.0	1,010.6	1,426.0	1,541.0	713.0	747.5	102.5%	82.4%	108.1%	104.8%	586	5.4	3.0	8.4
St Bart's	4C SBH	1,782.5	1,460.5	954.5	793.5	1,426.0	1,219.0	954.5	749.5	81.9%	83.1%	85.5%	78.5%	402	6.7	3.8	10.5
St Bart's	4D & 4E SBH	1,667.5	1,380.0	713.0	633.5	1,610.0	1,207.5	713.0	643.5	82.8%	88.8%	75.0%	90.3%	350	7.4	3.6	11.0
St Bart's	5A SBH	2,212.0	2,346.4	880.5	970.2	1,452.0	1,646.6	341.0	715.0	106.1%	110.2%	113.4%	209.7%	569	7.0	3.0	10.0
St Bart's	5B SBH	1,428.0	1,350.5	713.0	609.5	1,426.0	1,392.5	356.5	356.5	94.6%	85.5%	97.7%	100.0%	366	7.5	2.6	10.1
St Bart's	5C SBH	2,132.5	2,041.9	713.0	629.8	1,782.5	1,704.8	356.5	390.0	95.8%	88.3%	95.6%	109.4%	532	7.0	1.9	9.0
St Bart's	5D SBH	2,139.0	1,993.5	713.0	690.0	1,771.0	1,667.5	713.0	736.0	93.2%	96.8%	94.2%	103.2%	636	5.8	2.2	8.0
St Bart's	6A SBH	6,417.0	5,318.0	356.5	483.0	6,417.0	5,246.0	356.5	414.0	82.9%	135.5%	81.8%	116.1%	307	34.4	2.9	37.3
St Bart's	6D SBH	1,472.0	1,432.0	780.0	641.5	1,069.5	1,071.5	713.0	713.0	97.3%	82.2%	100.2%	100.0%	503	5.0	2.7	7.7