

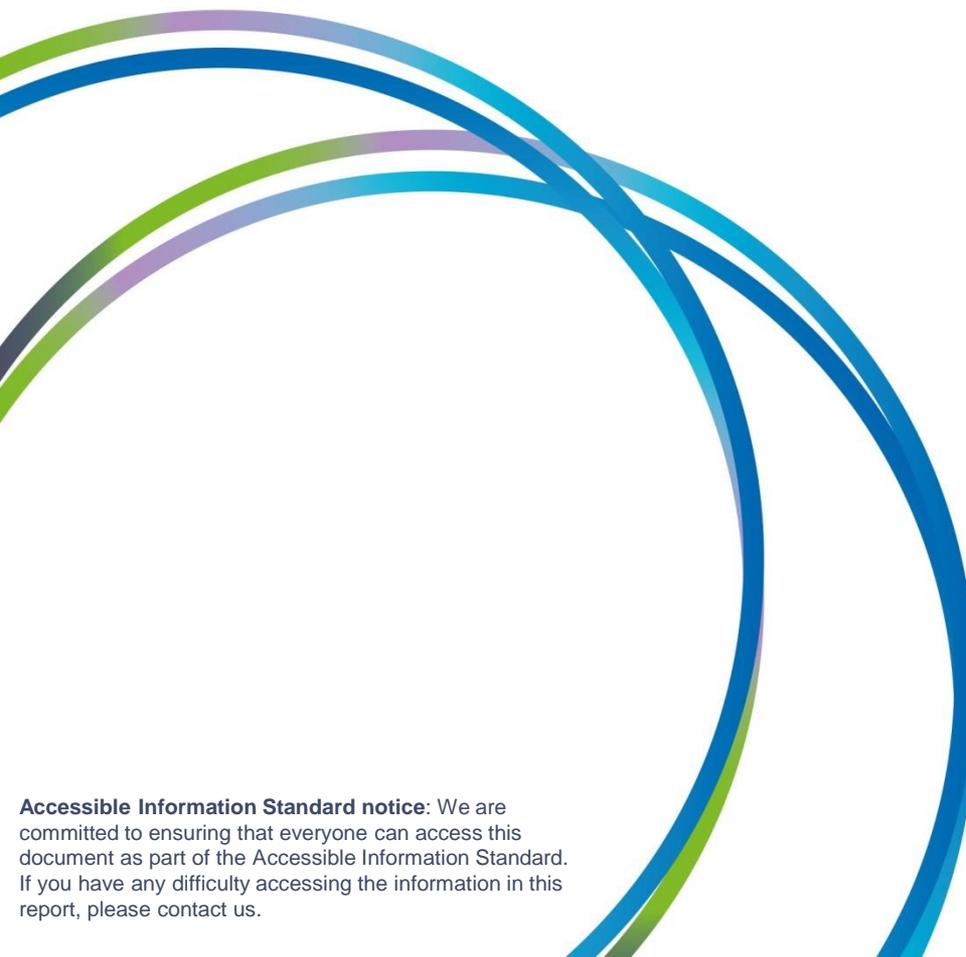


Oxford University Hospitals

NHS Foundation Trust

Integrated Performance Report Month 10 (January data)

March 2023



Accessible Information Standard notice: We are committed to ensuring that everyone can access this document as part of the Accessible Information Standard. If you have any difficulty accessing the information in this report, please contact us.

Contents

Executive summary	Page 3
SPC Key indicators overview summary	Page 10
SPC charts of key performance indicators	Page 11
Quality , Outcomes and Patient Experience	
Nursing and Midwifery Staffing	Page 17
Quality and Safety	Page 45
Operational performance	
Urgent care	Page 61
Elective care	Page 68
Workforce	
Workforce	Page 80
Digital	
Digital	Page 109
Finance, Procurement and Contracting	
Finance, Procurement and Contracting	Page 115
Appendix 1: Other Supporting Analysis	Page 124
Appendix 2: Productivity Dashboard SPC chart	Page 139

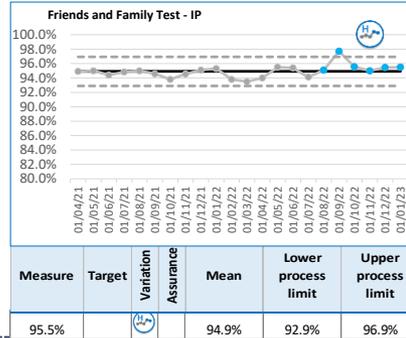
Executive Summary (1)

Indicators exhibiting special cause variation (+/-) or consistently failing target: M10 (January 2023)



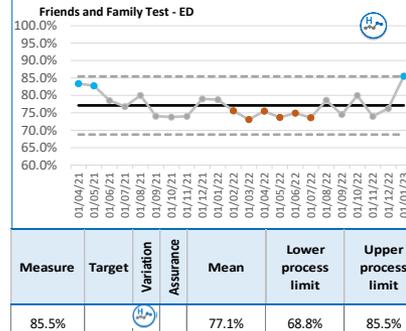
Quality and Safety

Friends and Family Test – Inpatient performance was 95.5% in January. Performance exhibited special cause variation due to successive periods of performance (6 months) above the mean of 94.9%. The indicator remains below the upper process control limit of 96.9%.



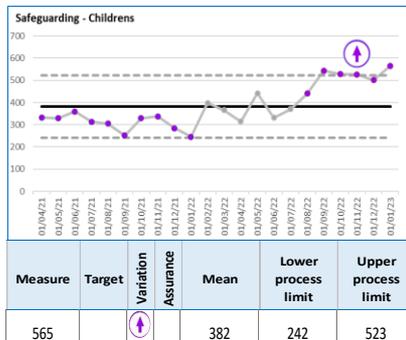
Page 32

Friends and Family Test – Emergency Department performance was 85.5% in January. Performance exhibited special cause variation. In January performance was equal to the upper process control limit of 85.5%.



Page 32

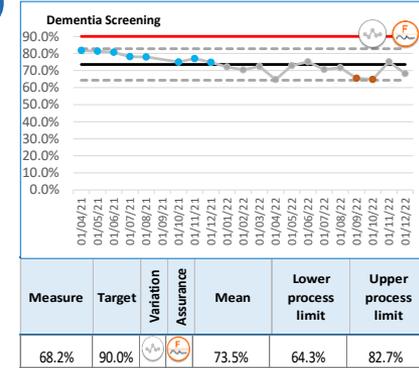
Safeguarding Children consultations totalled 565 in January. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of 382 consultations. The indicator has also exceeded the upper process control limit of 523.



Page 36

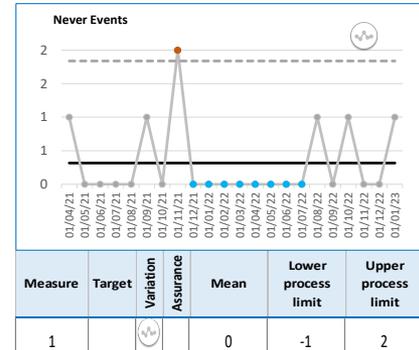
Quality and Safety, continued

Dementia screening performance was 68.2% in December. Performance exhibited common cause variation but has consistently not achieved the target of 90% (NB. Indicator is reported one month in arrears)



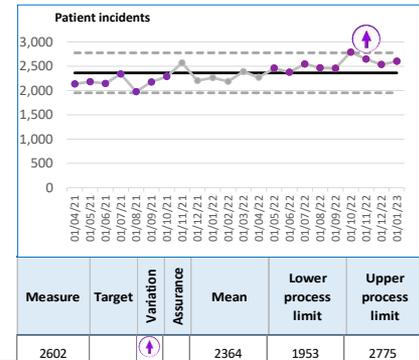
Page 45

One **Never Event** was reported in January. Analysis of the incident and subsequent patient safety improvements are detailed on page 50.



Page 49-50

There were **2,602 Patient incidents** reported in January. Performance exhibited special cause variation due to successive periods of performance above the mean (>6 months). In January the number of patient incidents was below the upper process limit of 2,775.



Page 52

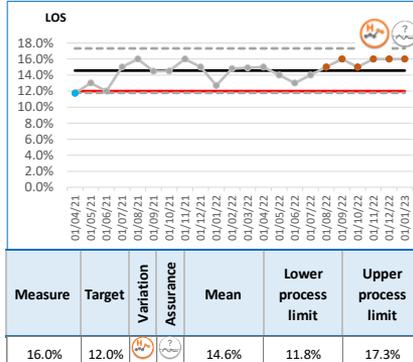
Executive Summary (3)

Indicators exhibiting special cause variation (+/-) or consistently failing target: M10 (January 2023)



Operational Performance, *continued*

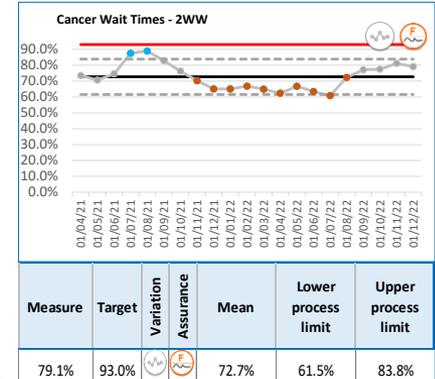
Percentage of patients with a **Length of Stay over 21 days** was 16.0% in January. Performance exhibited special cause variation due to consecutive performance (>6 months) above the mean.



Pages 65

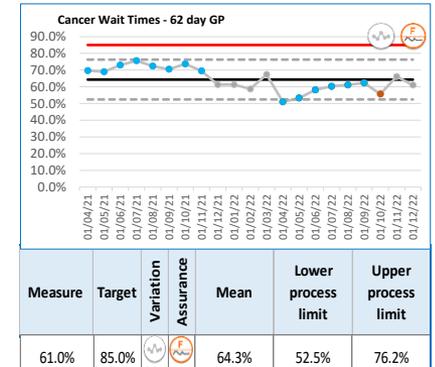
Operational Performance, *continued*

Cancer 2WW waiting time performance was 79.1% in December. Performance exhibited common cause variation. The indicator has consistently not achieved the target.
(NB. Indicator is reported one month in arrears)



Pages 61 & 74

Cancer 62 day GP waiting time performance was 61.0% in December. Performance has exhibited common cause variation. The indicator has consistently not achieved the target.
(NB. Indicator is reported one month in arrears)



Pages 61 & 77

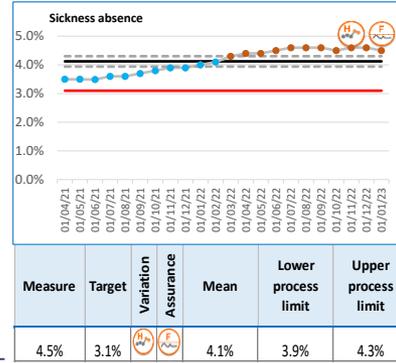
Executive Summary (4)

Indicators exhibiting special cause variation (+/-) or consistently failing target: M10 (January 2023)



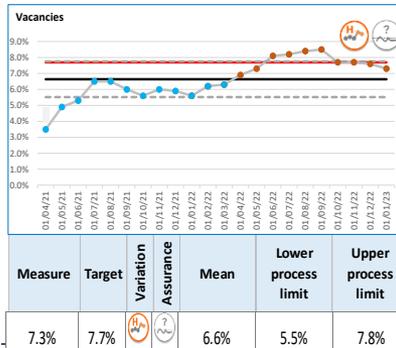
Workforce

Sickness absence performance was 4.5% in January. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of 4.1% as well as exceeding the upper process limit of 4.3%. The indicator has consistently not achieved the target.



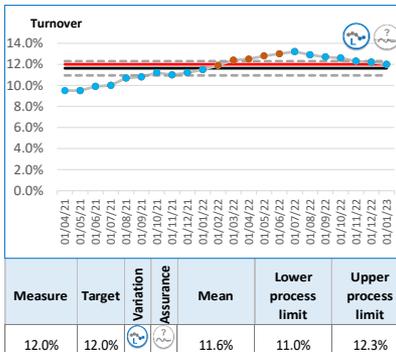
Pages 82-95

Vacancies were 7.3% in January. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of 6.6%. The indicator was better than target in January but this has not consistently been achieved therefore process assurance cannot be provided.



Pages 82-93,98,103

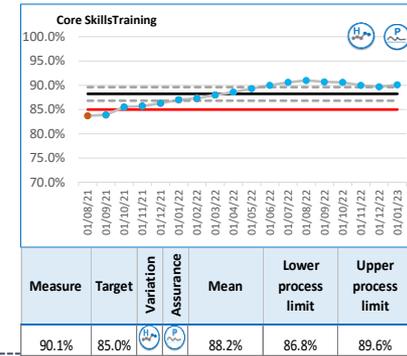
Turnover was 12.0% in January. Performance exhibited special cause variation due to successive periods of performance improvement (>6 months). In January the indicator met the target but this has not consistently been achieved therefore process assurance cannot be provided.



Pages 82-93,101

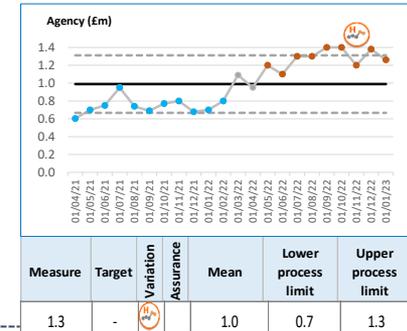
Workforce, continued

Core Skills Training compliance was 90.1% in January. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of 88.2% as well as exceeding the upper process limit of 89.6%. The indicator has consistently achieved the performance standard, demonstrating process assurance.



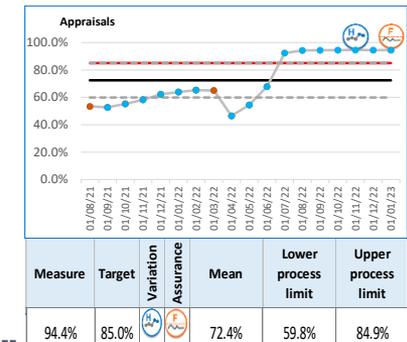
Pages 82-93,97,106

Temporary pay spend on Agency in January was £1.3m. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of £1.0m. The indicator remained within the upper process limit of £1.3m in January.



Pages 82-93,100,102,104

Appraisal (non medical) performance was 94.4% in January. Performance exhibited special cause variation due to exceeding the upper process limit of 84.9% and successive periods of performance above the mean of 72.4%. The indicator has achieved the performance standard for the last seven months but has not yet achieved this for successive periods to trigger process assurance.



Pages 82-93,96

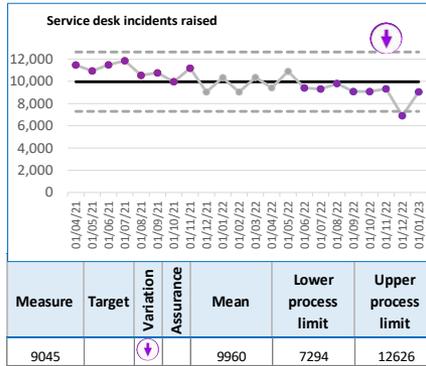
Executive Summary (5)



Indicators exhibiting special cause variation (+/-) or consistently failing target: M10 (January 2023)

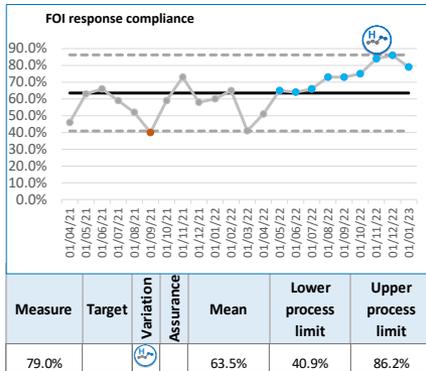
Digital

There were 9,045 **Service Incidents Raised** in January. Performance exhibited special cause due to successive periods of performance (>6 months) below the mean of 9,960. In January the indicator was above the lower process control limit of 7,294.



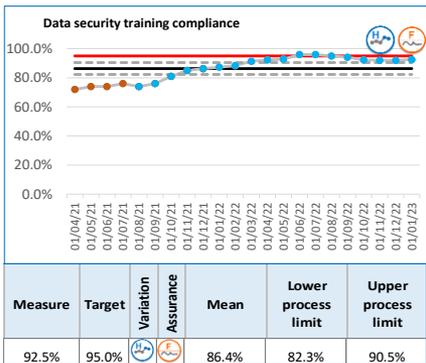
Page 109

FOI response compliance was 79.0% in January. Performance exhibited special cause due to successive periods of performance (>6 months) above the mean of 63.5%, but remained within the upper process limit of 86.2%.



Page 112

Data security training compliance was 92.5% in January. Performance exhibited special cause due to successive periods of performance (>6 months) above the mean of 86.4% as well as exceeding the upper process limit of 90.5%. The indicator has not yet consistently achieved the target.



Page 113

Integrated themes and issues from M10 (January 2023)

Finance

Overall

Income and Expenditure (I&E) performance in January generated a **breakeven position**. This was a slight deterioration of £0.3m from December. After adjusting for additional income and the release of a PFI provision this month, the average run rate deficit was slightly improved from last month at £2.2m per month.

Forecast

The Board has approved a revised reforecast of a **£5.3m deficit** which represents a realistic central case within the range of possible outcomes (the range is represented on the chart opposite). The reforecast protocols have been completed and the finalised re-forecast position reflects and additional income from the ICB (agreed as part of the system reforecast this month). The forecast has been approved by the ICB and shared NHSE.

Income

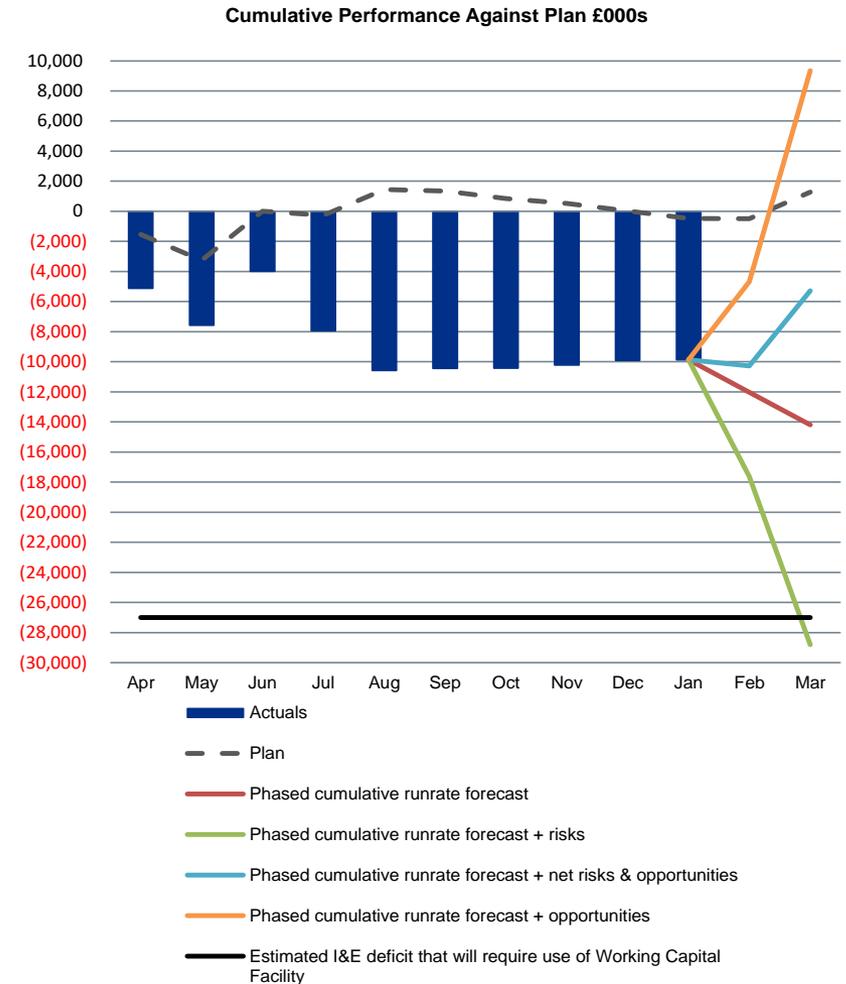
Commissioning income including passthrough income was **£4.5m better** than plan in January. Passthrough drugs and devices were £2.5m better than plan and other commissioning income was £2.0m better than plan mainly due to recognising additional contract income from other ICBs for the year-to-date and increased income for Thrombectomy, Genomics testing and Major Knee revisions.

Non-NHS income (PP, Overseas, RTA and other) was **£0.6m better** than plan in January (including R&D £0.2m better than plan). Private patient income was on plan.

Pay Expenditure

Pay costs were **£2.7m worse** than plan in-month mainly due to consultants and medical staff costs and nursing costs in month. Year-to-date, pay costs are **£22.1m worse** than plan principally driven by additional sessions and temporary staffing rather than an increase in WTEs.

Income & Expenditure - Performance Versus Plan



Executive Summary (7)

Integrated themes and issues from M10 (January 2023)

Finance

Non-pay Expenditure

Non-pay costs were **£0.2m worse** than plan in January. Non-pay costs are **£1.4m worse** than plan to date (**£10.0m better** than plan if passthrough expenditure is excluded). Elective recovery non-pay costs are £9.3m lower than plan and COVID-19 non-pay costs are £1.3m lower than plan. Non-pay included the release of a PFI provision this month of £1.0m.

Productivity & efficiency savings

Productivity KPIs continue to track below planned levels with sickness, theatre activity levels and higher ALOS all contributing to an estimated **£31.4m** negative productivity impact in the year-to-date position which is the underlying cause of pay overspends.

Efficiency savings are progressing well in the clinical divisions, and some corporate areas have identified savings, but other corporate directorates need to submit their plans. Trustwide savings from the benefits of business cases are not being delivered because schemes are either delayed or the ALOS benefit (e.g. on harm reduction) is being entirely offset by delayed discharges and other pressures on bed capacity.

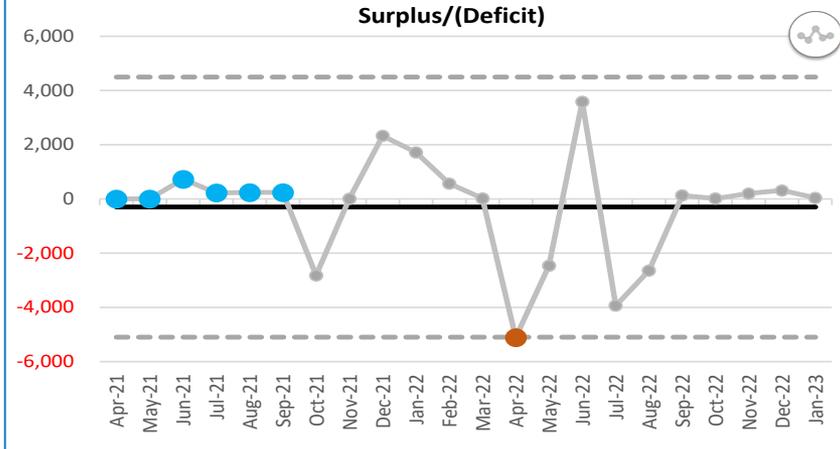
Cash

Cash was £41.4m at the end of January, **£3.0m higher** than the previous month, largely due to timing of the weekly creditor payments.

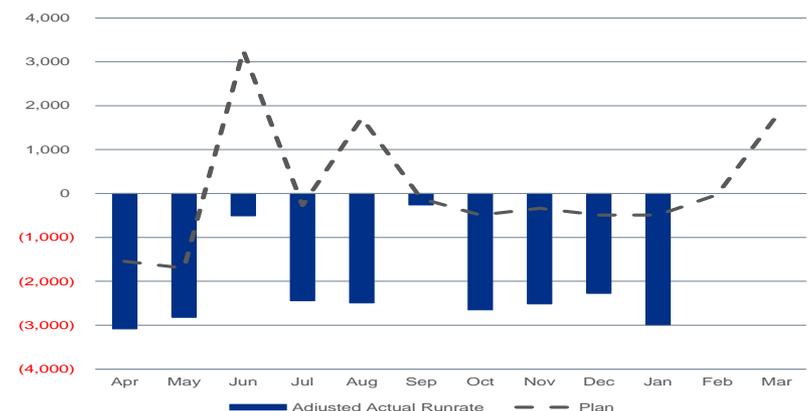
Capital

Gross capital expenditure was £17.5m for the year to the end of January, **behind plan by £20.3m**, due to both capital schemes and PFI life-cycling being behind trajectory.

Income & Expenditure – Monthly Reported Performance from April 2021 (£'000)



Income & Expenditure – Adjusted Run Rate Performance (10 months)



SPC Key Indicator Overview Summary

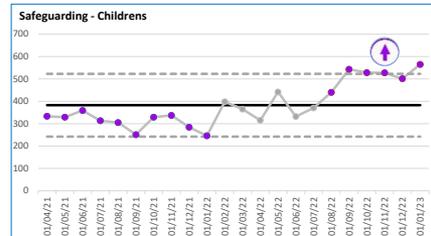
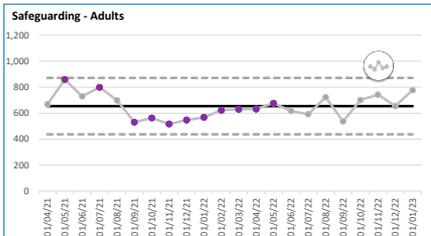
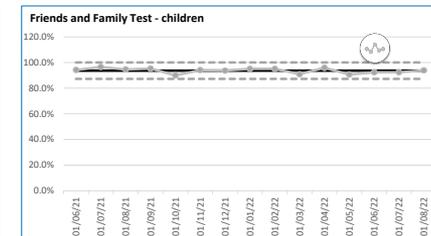
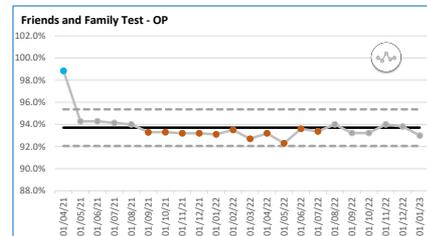
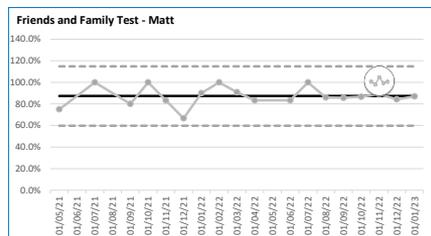
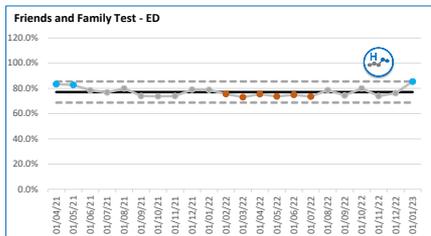
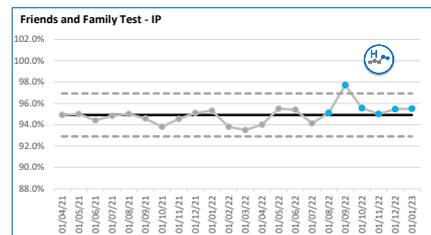
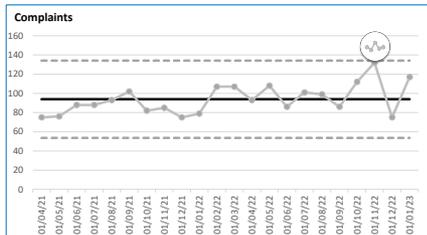
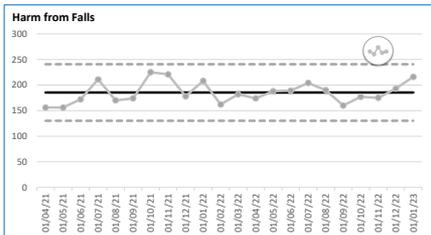
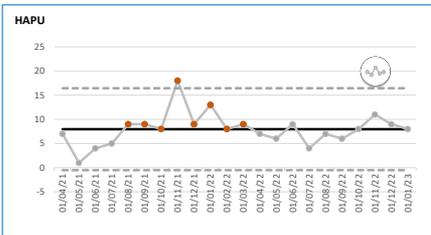
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Never Events	Jan 23	1	-	📉	📊	0	-1	2
Serious Incidents	Jan 23	7	-	📉	📊	9	-1	18
Dementia Screening	Dec 22	68.2%	90.0%	📉	📊	73.5%	64.3%	82.7%
Patient incidents	Jan 23	2602	-	📈	📊	2364	1953	2775
Sickness absence	Jan 23	4.5%	3.1%	📈	📊	4.1%	3.9%	4.3%
Vacancies	Jan 23	7.3%	7.7%	📈	📊	6.6%	5.5%	7.8%
Turnover	Jan 23	12.0%	12.0%	📊	📊	11.6%	11.0%	12.3%
Bank (£m)	Jan 23	5.8	-	📉	📊	5.1	4.1	6.2
Agency (£m)	Jan 23	1.3	-	📉	📊	1.0	0.7	1.3
Appraisals	Jan 23	94.4%	85.0%	📈	📊	72.4%	59.8%	84.9%
Core Skills Training	Jan 23	90.1%	85.0%	📈	📊	88.2%	86.8%	89.6%
RIDDOR	Jan 23	3	-	📉	📊	3	-2	8
DoLS applications	Jan 23	54	-	📉	📊	42	11	73
Section 42 enquiries in month	Jan 23	0	-	📉	📊	1	-1	3
Service desk incidents raised	Jan 23	9045	-	📈	📊	9960	7294	12626
Service desk incidents resolved	Jan 23	8596	-	📈	📊	8894	6316	11472
Information requests	Jan 23	118	-	📉	📊	125	70	179
FOI response compliance	Jan 23	79.0%	-	📈	📊	63.5%	40.9%	86.2%
DSPB	Jan 23	29	-	📉	📊	24	10	38
DSARs	Dec 22	73.9%	80.0%	📉	📊	78.0%	62.8%	93.1%
Data security training compliance	Jan 23	92.5%	95.0%	📈	📊	86.4%	82.3%	90.5%

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
4 Hour ED Wait	Jan 23	64.4%	95.0%	📉	📊	68.2%	60.4%	76.1%
LOS	Jan 23	16.0%	12.0%	📈	📊	14.6%	11.8%	17.3%
18 Week RTT	Jan 23	62.1%	92.0%	📉	📊	71.6%	68.3%	75.0%
52 Weeks	Jan 23	1898	-	📈	📊	1679	1139	2218
78 weeks	Jan 23	154	-	📈	📊	443	264	622
104 weeks	Jan 23	5	-	📈	📊	36	10	62
DM01	Jan 23	10.5%	1.0%	📈	📊	8.1%	4.3%	11.9%
On the day cancellations	Jan 23	41	-	📉	📊	33	15	52
Cancer Wait Times - 62 day GP	Dec 22	61.0%	85.0%	📉	📊	64.3%	52.5%	76.2%
Cancer Wait Times - 2WW	Dec 22	79.1%	93.0%	📉	📊	72.7%	61.5%	83.8%

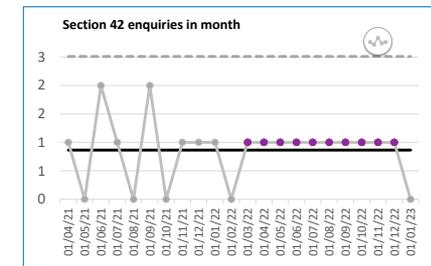
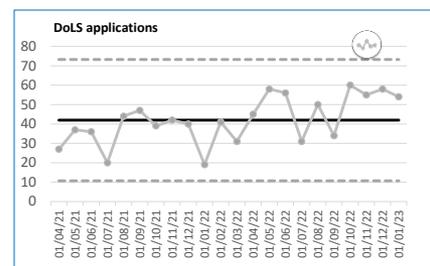
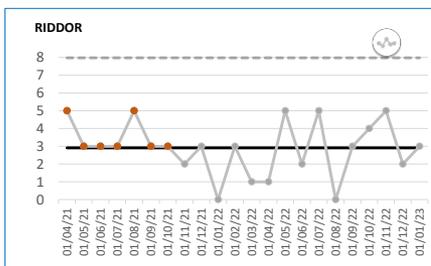
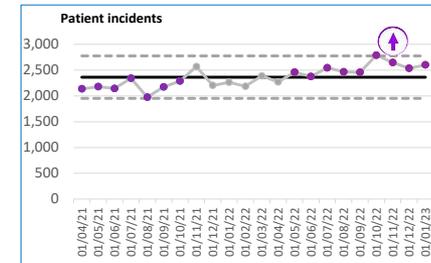
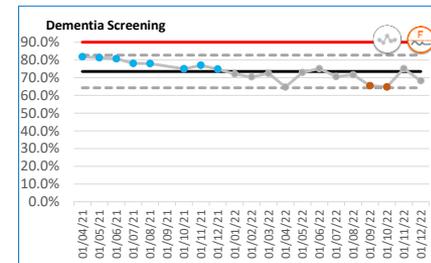
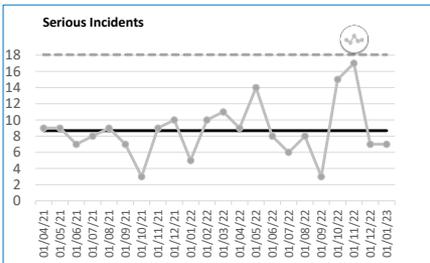
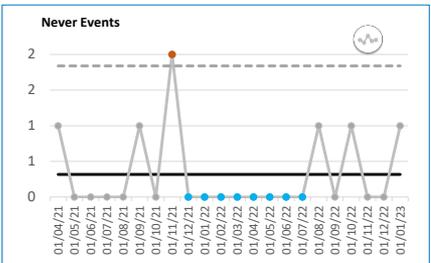
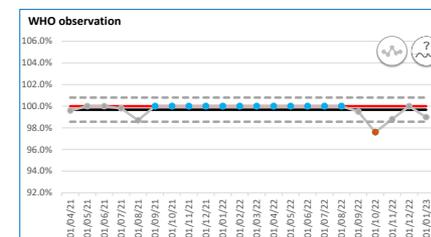
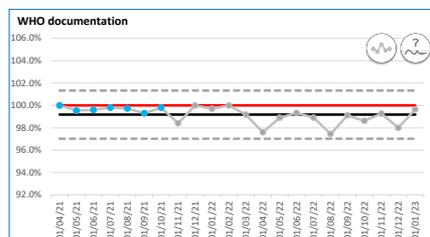
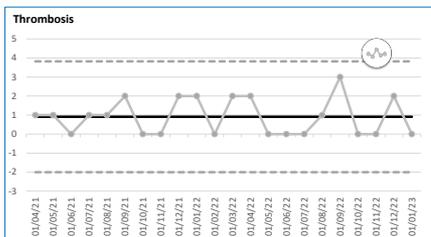
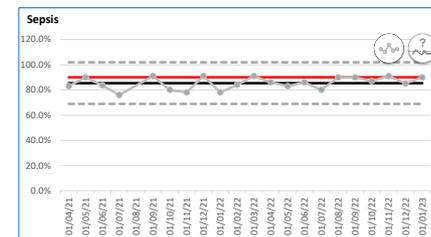
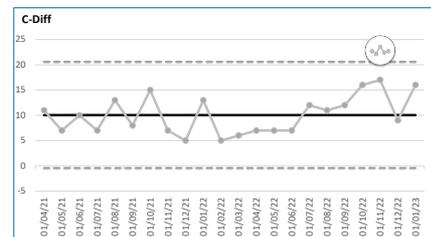
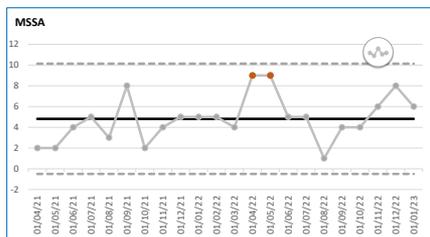
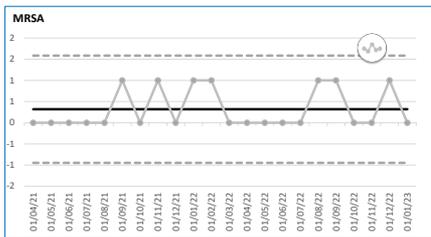
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
HAPU	Jan 23	8	-	📉	📊	8	-1	16
Harm from Falls	Jan 23	216	-	📉	📊	186	130	241
Complaints	Jan 23	117	-	📉	📊	94	54	134
Friends and Family Test - IP	Jan 23	95.5%	-	📈	📊	94.9%	92.9%	96.9%
Friends and Family Test - ED	Jan 23	85.5%	-	📈	📊	77.1%	68.8%	85.5%
Friends and Family Test - Matt	Jan 23	87.0%	-	📈	📊	87.3%	59.7%	114.9%
Friends and Family Test - OP	Jan 23	93.0%	-	📈	📊	93.7%	92.0%	95.4%
Friends and Family Test - children	Aug 22	93.9%	-	📈	📊	93.6%	87.2%	100.1%
Safeguarding - Adults	Jan 23	777	-	📉	📊	654	437	871
Safeguarding - Childrens	Jan 23	565	-	📈	📊	382	242	523
MRSA	Jan 23	0	-	📉	📊	0	-1	2
MSSA	Jan 23	6	-	📉	📊	5	-1	10
C-Diff	Jan 23	16	-	📉	📊	10	0	21
Sepsis	Jan 23	90.0%	90.0%	📊	📊	85.4%	68.9%	101.9%
Thrombosis	Jan 23	0	-	📉	📊	1	-2	4
WHO documentation	Jan 23	99.7%	100.0%	📉	📊	99.2%	97.0%	101.3%
WHO observation	Jan 23	99.0%	100.0%	📉	📊	99.7%	98.6%	100.8%



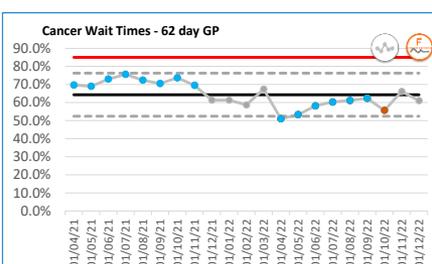
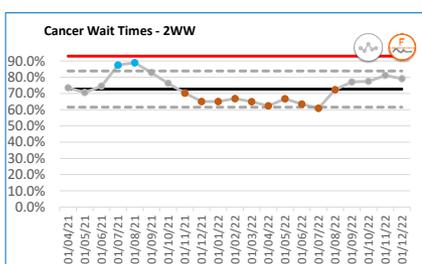
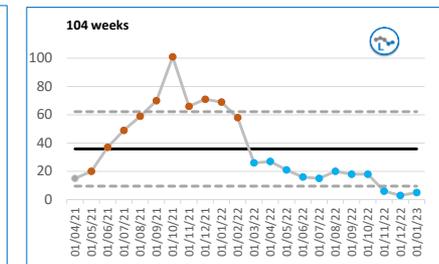
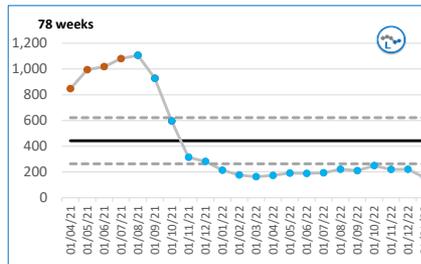
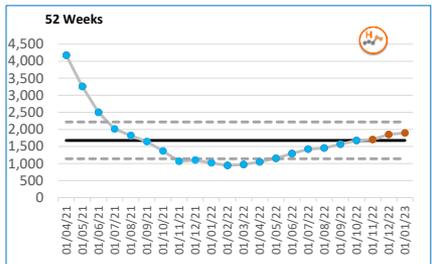
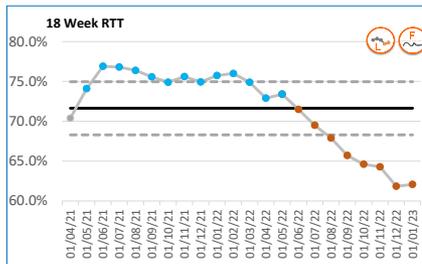
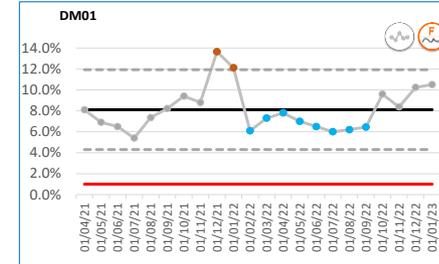
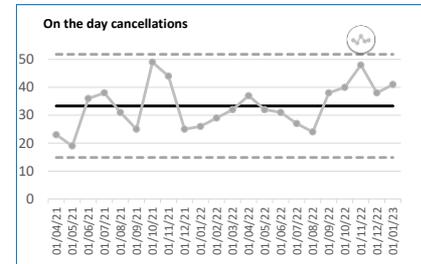
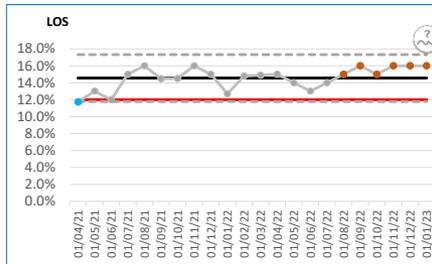
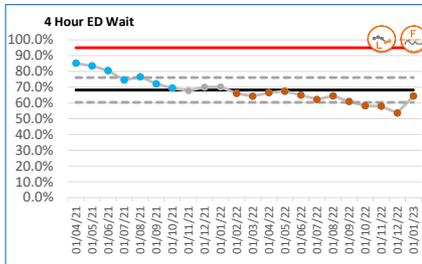
Quality and Safety



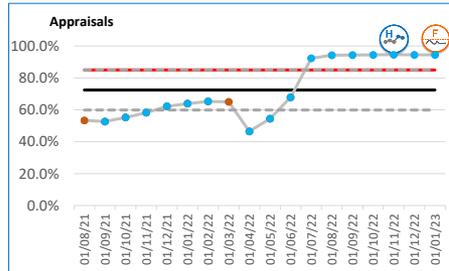
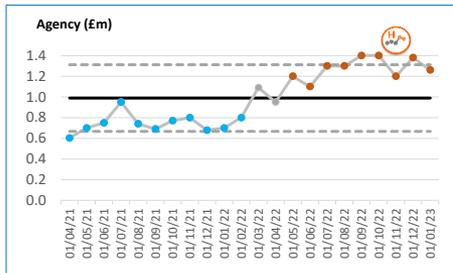
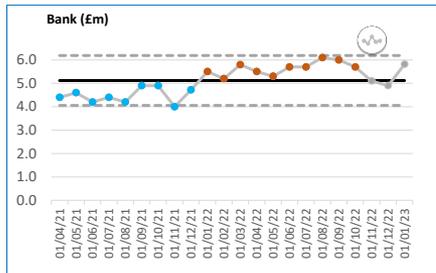
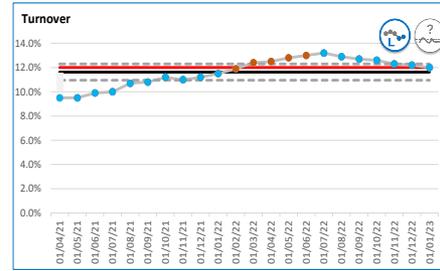
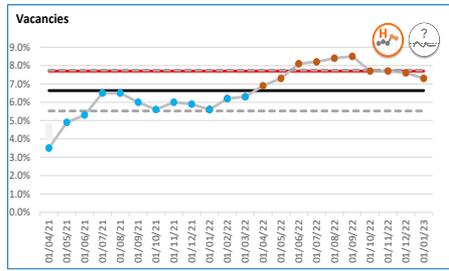
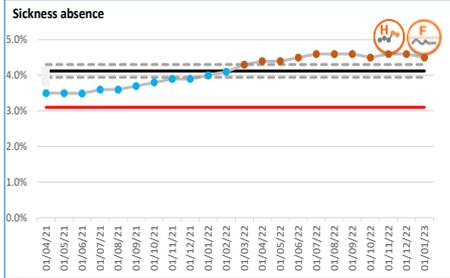
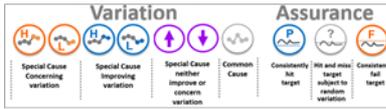
Quality and Safety



Operational Performance

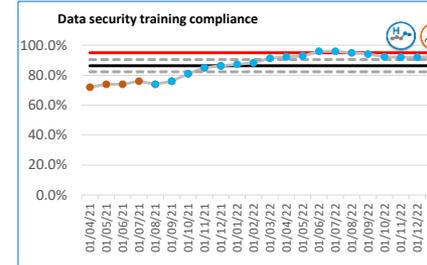
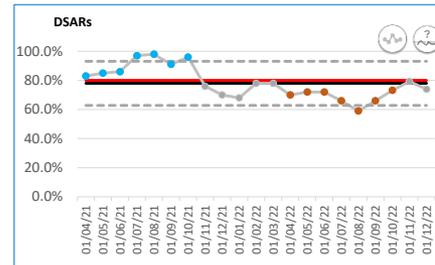
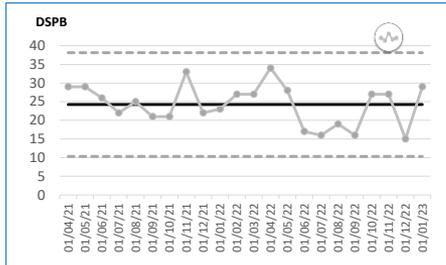
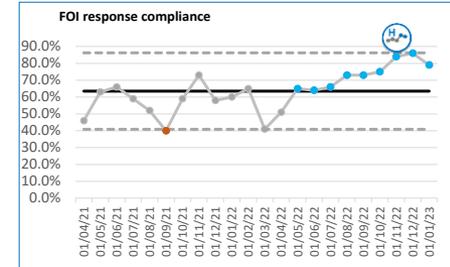
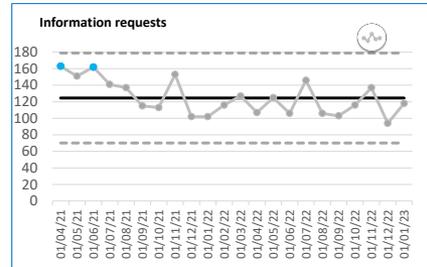
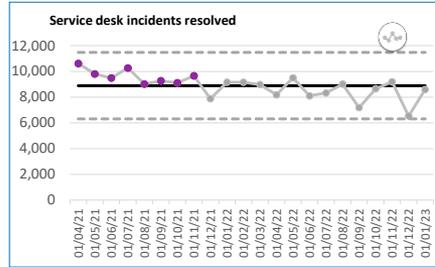
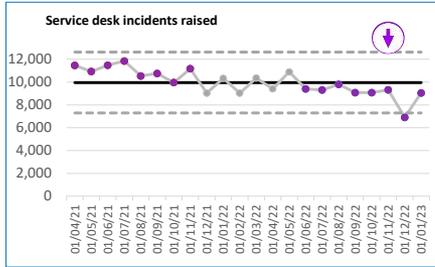


Workforce



SPC charts of key performance indicators: M10 (January 2023)

Digital



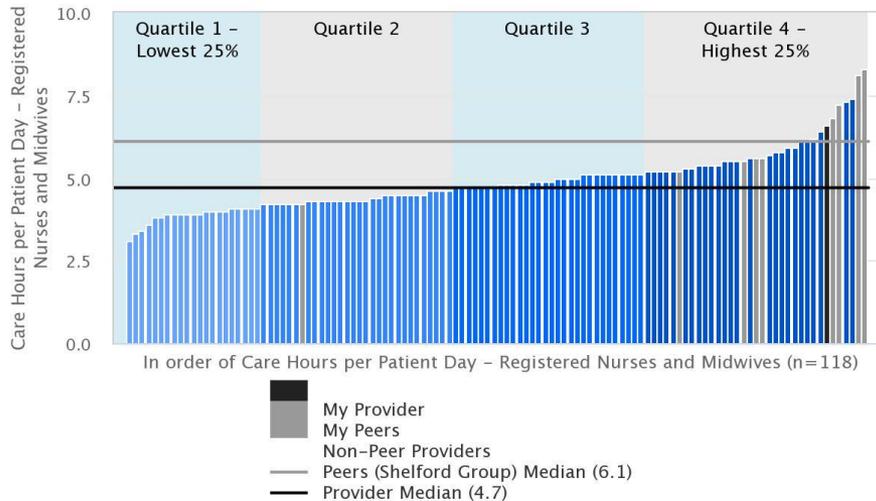
Quality – Outcomes & Patient experience

Care hours per patient day (CHPPD) is a nationally used principal measure of staff deployment within inpatient areas only.

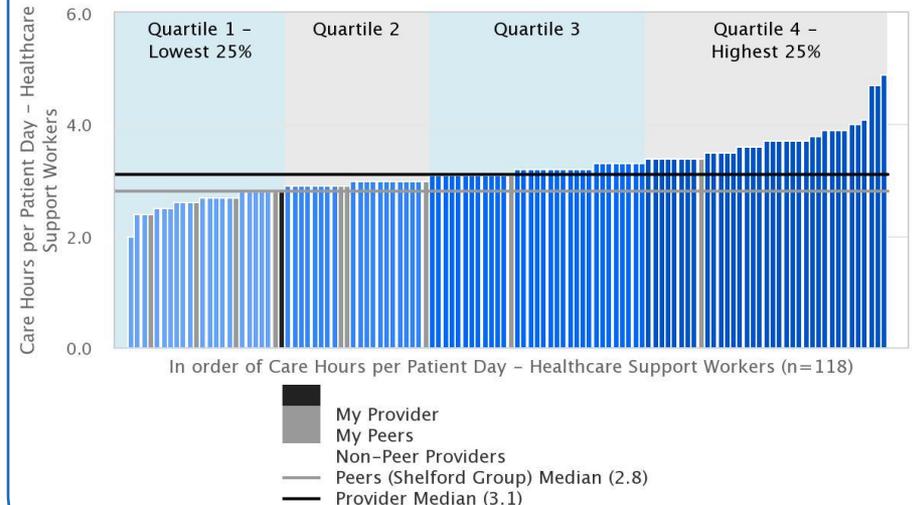
The two graphs below show CHPPD average hours for the OUHFT Trust in Black and the Shelford Group Trust's average CHPPD hours in Grey, the blue bars are all other UK NHS Trusts. The chart on the left is for registered nurse CHPPD and the chart on the right is for healthcare support workers CHPPD.

It is used within OUH alongside quality and safety outcome measures as represented on the safe staffing dashboard.

Care Hours per Patient Day – Registered Nurses and Midwives, National Distribution



Care Hours per Patient Day – Healthcare Support Workers, National Distribution



Nursing and Midwifery Staffing; Safe Staffing Dashboard – Nursing & Midwifery (Inpatients)

January 2023		Care Hours Per Patient Day							Census		Nurse Sensitive Indicators				Maternity Sensitive Indicators					HR				Rostering KPIs			FTT - Total responses in each category for each ward						
Ward Name	Cumulative count over the month of patients at 23:59 each day	Budgeted Registered nurses and midwives	Actual Registered nurses and midwives	Budgeted Care Staff	Actual Care staff	Budgeted Overall	Required Overall	Actual Overall	Census Compliance (%)	Medication Administration Error or Concerns	Extravasation Incidents	Pressure Ulcers Category 2,3&4	Falls	Delay in induction (Paincode Booked IOL)	Medication errors (Administration, delay or omission)	Pressure Ulcers	Number of women readmitted within 28 days of delivery	Proportion of mothers who initiated breastfeeding	Number of births where the intended place of birth was changed due to staffing	Revised Headline with Vets plus LT Sick & Mat Leave (%)	Turnover (%)	Sickness (%)	Maternity (%)	Roster manager approved for Payroll?	Net Hours 2/-2%	8 week lead time	Annual Leave 12-16%	1 - Extremity New	2 - Limb	3 - Multiple (aligns not urinary)	4 - Urinary	5 - Extremity urinary	6 - Don't know
NOTSScan																																	
Bellhouse / Drayson Ward	449	7.67	8.4	2.19	1.6	9.86	9.35	10.0	94.62%	3	1	1	1							11.80%	14.17%	2.96%	2.07%	Yes	-0.28%	7.00	14.83%	36	4	1	2	0	0
BIU	527	3.73	4.4	2.32	2.5	6.05	6.73	6.9	100.00%	3	0	0	4							24.69%	18.29%	3.16%	6.10%	Yes	1.13%	9.00	17.83%	1	0	0	0	0	0
HDU/Recovery (NOC)	77	18.14	17.6	3.02	2.1	21.16	19.7													28.03%	14.24%	2.77%	9.44%	Yes	2.79%	8.29	16.90%	0	0	0	0	0	0
Head and Neck Blenheim Ward	351	5.40	6.6	1.89	2.6	7.29	8.56	9.2	100.00%	1	0	0	1							8.85%	5.60%	0.87%	0.00%	Yes	-0.73%	9.00	17.08%	9	0	0	0	0	1
HH Childrens Ward	248	7.67	12.8	3.50	2.4	11.17	9.15	15.2	100.00%	0	0	0	0							22.71%	17.89%	11.01%	0.00%	Yes	0.00%	7.57	22.32%	61	3	0	0	1	0
HHF Ward	797	5.11	4.4	3.04	2.7	8.15	8.15	7.1	100.00%	0	0	0	1	6						0.87%	0.00%	4.94%	3.02%	Yes	-2.19%	8.00	13.97%	0	0	0	0	0	0
Kamrans Ward	214	7.67	9.1	2.56	1.1	10.23	10.60	10.2	100.00%	0	0	0	0							15.08%	12.96%	1.58%	4.30%	Yes	-1.85%	7.57	13.60%	14	1	0	0	1	0
Major Trauma Ward 2A	651	5.19	5.5	2.92	2.9	8.11	8.19	8.5	100.00%	3	0	5	5							3.68%	18.02%	10.15%	2.29%	Yes	4.72%	8.14	15.53%	6	1	0	0	0	0
Melanes Ward	296	5.75	7.5	0.96	3.3	6.71	12.39	10.7	100.00%	1	0	0	0							-1.72%	20.36%	2.82%	5.63%	Yes	-0.19%	11.57	14.61%	24	4	1	0	1	0
Neonatal Unit	1029	17.94	15.1	0.82	1.8	18.76	16.9													18.99%	9.32%	6.65%	6.21%	No	2.51%	8.43	14.78%						
Neurology - Purple Ward	536	3.82	4.0	5.21	4.0	9.03	10.36	8.0	100.00%	2	0	0	5							5.91%	6.12%	5.38%	2.97%	Yes	2.63%	8.43	12.19%	2	0	0	0	0	0
Neurosurgery Blue Ward	701	4.97	5.4	3.96	3.9	8.93	11.01	9.4	100.00%	0	0	0	6							9.81%	15.74%	1.49%	0.00%	Yes	1.14%	8.29	14.96%	8	2	1	1	0	0
Neurosurgery Green/1U Ward	374	4.75	4.1	5.76	5.4	10.51	11.49	9.4	100.00%	0	0	0	2							3.82%	3.49%	6.33%	0.00%	Yes	1.37%	8.29	16.63%	0	1	0	0	0	0
Neurosurgery Red/HIC Ward	679	6.44	6.4	5.21	5.1	11.65	13.66	11.5	100.00%	0	0	0	3							6.47%	1.01%	7.42%	1.68%	Yes	1.06%	8.43	15.61%	5	0	0	0	0	0
Paediatric Critical Care	385	30.82	25.2	3.29	3.0	34.11	28.2													-6.31%	9.84%	3.51%	5.67%	Yes	0.86%	8.57	19.21%						
Robins Ward	325	6.78	7.5	5.46	1.5	12.24	10.94	9.0	97.85%	2	0	0	0							-14.76%	8.40%	2.19%	1.50%	Yes	2.55%	8.57	13.09%	16	4	1	0	0	0
Specialist Surgery I/P Ward	988	5.75	5.0	2.73	2.6	8.48	8.45	7.6	100.00%	2	0	3	7							18.01%	12.06%	5.90%	5.91%	No	3.26%	8.43	16.85%	36	4	3	1	0	0
Tom's Ward	687	6.90	7.5	1.15	1.2	8.05	9.73	8.7	100.00%	4	0	0	0							9.46%	22.03%	1.57%	0.00%	Yes	3.26%	7.57	15.04%	33	2	0	0	1	1
Trauma Ward 3A	682	8.38	5.9	3.25	2.6	11.63	9.36	8.4	75.27%	3	0	2	2							20.00%	0.00%	10.80%	10.09%	Yes	2.32%	8.14	13.80%	4	2	0	0	0	0
Ward GA - JR	716	3.99	4.2	3.18	2.7	7.17	7.86	6.8	100.00%	0	0	4	6							20.11%	4.02%	9.14%	5.17%	Yes	-0.13%	8.43	17.08%	4	2	1	0	0	0
Ward E (NOC)	687	3.88	3.6	2.42	2.3	6.30	7.95	5.9	100.00%	1	0	0	1							25.71%	20.92%	11.81%	3.02%	No	3.27%	8.71	13.96%	12	4	1	0	0	0
Ward F (NOC)	268	4.23	5.0	2.42	3.5	6.65	8.12	8.5	82.80%	1	0	2	1							28.38%	0.00%	12.91%	3.31%	Yes	10.76%	9.00	19.48%	0	0	0	0	0	0
WW Neuro ICU	388	27.37	25.9	0.00	0.0	27.37	25.9													21.44%	5.59%	3.73%	8.39%	Yes	0.32%	8.43	12.89%	0	0	0	0	0	0
MRC																																	
Ward SA SSW	655	4.18	4.4	3.66	3.7	7.84	8.55	8.1	97.85%	1	0	0	6							25.92%	0.00%	3.35%	13.64%	Yes	-1.22%	8.43	14.60%	1	0	0	1	0	0
Ward SB SSW	568	4.60	5.0	3.45	3.4	8.05	9.06	8.4	100.00%	2	0	1	5							22.05%	7.71%	10.63%	8.19%	Yes	-0.68%	9.57	17.07%	0	0	0	0	0	0
Cardiology Ward	1085	5.26	4.8	2.12	1.8	7.38	7.06	6.6	89.25%	1	1	0	3							23.20%	15.33%	5.61%	6.99%	Yes	2.75%	7.00	17.63%	11	0	1	0	0	0
Cardiothoracic Ward (CTW)	769	5.06	4.3	3.68	1.9	8.74	8.37	6.2	100.00%	1	0	0	2							22.99%	10.92%	7.04%	2.52%	Yes	0.58%	6.71	12.19%	20	4	1	0	0	0
Complex Medicine Unit A	545	4.47	4.3	3.19	3.6	7.66	8.76	7.8	65.59%	0	0	0	4							18.04%	18.18%	4.90%	2.83%	Yes	2.60%	9.29	17.15%	0	0	0	0	0	0
Complex Medicine Unit B	512	4.74	4.4	3.94	4.1	8.68	9.92	8.5	100.00%	0	0	4	2							11.37%	9.15%	3.09%	7.82%	Yes	1.08%	9.57	15.55%	6	1	0	0	0	0
Complex Medicine Unit C	632	4.18	4.6	3.14	3.2	7.32	10.77	7.8	100.00%	1	0	0	4							29.54%	0.00%	2.39%	8.62%	Yes	-0.58%	8.57	16.45%	4	1	0	0	0	0
Complex Medicine Unit D	593	5.18	4.1	3.45	3.4	8.63	7.91	7.5	82.80%	0	0	2	4							20.14%	5.23%	6.64%	1.63%	Yes	0.22%	8.57	19.58%	0	0	0	0	0	0
CTCCU	317	16.92	24.0	0.00	0.0	16.92	0.00	24.0		5	1	1	0							17.01%	6.51%	5.07%	5.91%	No	-0.38%	9.14	16.97%						
Emergency Assessment Unit (EAU)		5.75		2.78		8.53	8.66		47.31%	2	0	3	6							29.96%	3.14%	3.39%	8.79%	Yes	4.62%	8.86	17.33%						
HH CCU	250	17.25	8.8	8.63	4.4	25.88	13.2		1	0	1	3								17.60%	10.02%	6.01%	0.00%	Yes	-1.26%	4.57	16.23%						
HH EAU		6.69		4.47		11.16	7.45		32.26%	2	0	3	9							22.78%	7.00%	4.37%	5.92%	Yes	1.20%	4.29	13.78%						
HH Emergency Department		18.07		4.93		23.00				5	0	0	2							17.81%	15.51%	5.01%	6.20%	No	-0.54%	4.29	13.19%	495	102	41	20	11	4
John Warin Ward	504	6.07	5.6	5.36	4.2	11.43	10.11	9.8	100.00%	0	1	0	1							31.09%	5.05%	7.77%	6.44%	Yes	-1.17%	7.57	13.40%	1	1	0	0	0	0
JR Emergency Department		12.18		3.82		16.00				7	0	0	7							23.34%	15.97%	5.79%	3.83%	Yes	12.00%	8.71	14.53%	650	190	49	41	62	15
Juniper Ward	914	4.63	3.8	4.27	3.0	8.90	8.18	6.8	100.00%	0	0	2	3							22.48%	12.33%	8.72%	0.00%	No	-1.05%	3.71	10.97%	0	1	0	0	0	0
Laburnum	865	5.14	3.6	3.70	3.1	8.84	8.45	6.8	100.00%	0	0	1	8							13.43%	10.74%	4.25%	2.21%	No	-5.58%	2.86	19.05%	1	0	0	1	0	0
OCE Rehabilitation Nursing (NOC)	583	3.91	3.8	6.63	4.8	10.54	9.49	8.6	100.00%	0	0	0	0		</																		

The safe staffing dashboard for January 2023 provides the data to enable the Board to understand the Trust's nursing and midwifery staffing situation by ward/department. The CHPPD data is presented by ward, grouped by division and presented triangulated with incidents, HR records data, electronic rostering key performance indicators, (KPIs) and friends and family test results, (FFT). This provides an overall picture of nurse staffing in the inpatient areas at OUHFT.

Overall in January the Trust has mitigated risk to declare Level 2 staffing. Sickness absence rates across the Trust continued to rise in January, with cases of Covid-19 and Flu. Although presentation rates at our Emergency and Assessment Departments have decreased in January, the acuity of the patients has presented some staffing challenges that have been mitigated by higher cost temporary staffing to reduce the risks associated with level 3 staffing. Across the Trust inpatient areas, increased capacity escalation beds have remained open requiring further use of higher cost temporary staffing. However, the number of escalated shifts decreased in January compared to December. In some inpatient areas there has been an increase in hospital acquired pressure ulcers and falls, the divisional directors of nursing are fully aware of this and are monitoring this closely in line with staffing levels, especially in areas with increased escalation bed capacity open. Central safe staffing meetings continue to support cross divisional decisions and mitigation solutions.

Although there was no nursing, midwifery or AHP industrial action in January, the Trust was able to support staffing at Level 3 to maintain safety during the nursing industrial action in December.

The majority of our areas are now achieving the trust KPI's (Key Performance Indicators), with the Safe Staffing Team continuing to work with the Divisional Directors of Nursing and their Deputies.

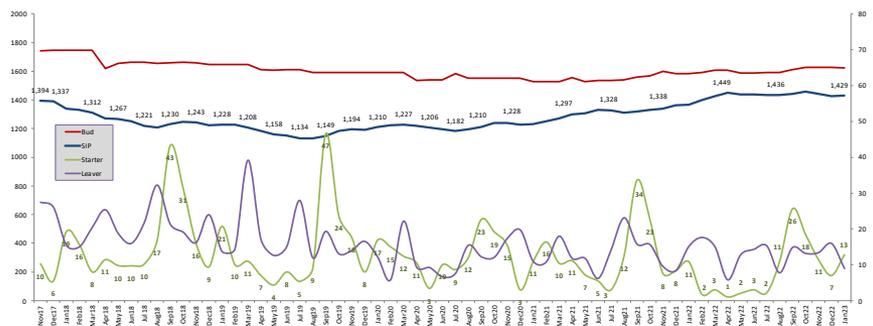
Band 5 RN vacancy has remained stable as the previous month and continues to remain the below 12% turnover target.

During January the Trust supported a smaller cohort of 6 internationally educated nurses (IEN's) through the OSCE process and 45 IEN's successfully completed their OSCE and now awaiting their NMC Pin. The Trust interviewed and offered 6 internationally educated midwives as part of the new IEM programme which will start in April 2023.

Work continues with the Interim joint Director of Workforce and education team to review and support recruitment opportunities for care support workers with a dedicated task and finish group set up to support this work.

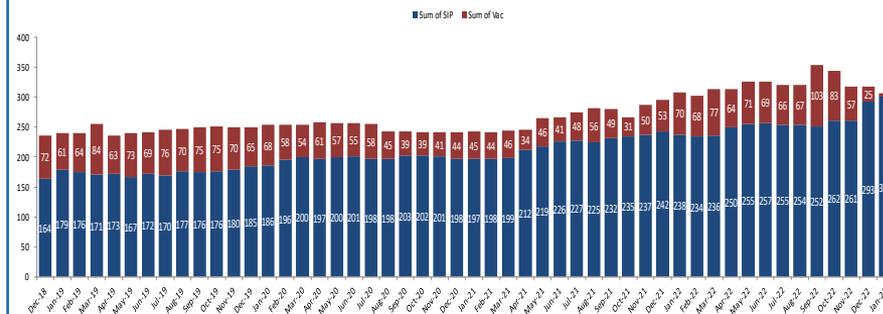
Band 5 RNs in Post, Budget, Leavers and Starters and Turnover Trajectory in January 2023

Staff in Post and Budget by Month



This graph presents the starters and leavers at band 5 RN alongside the current number in post and what the budget is across the divisions. January saw a slight increase in new starters compared to leavers. (The number of IEN's aren't reflected within this number as they initially start as a pre pin Nurse (band 3).)

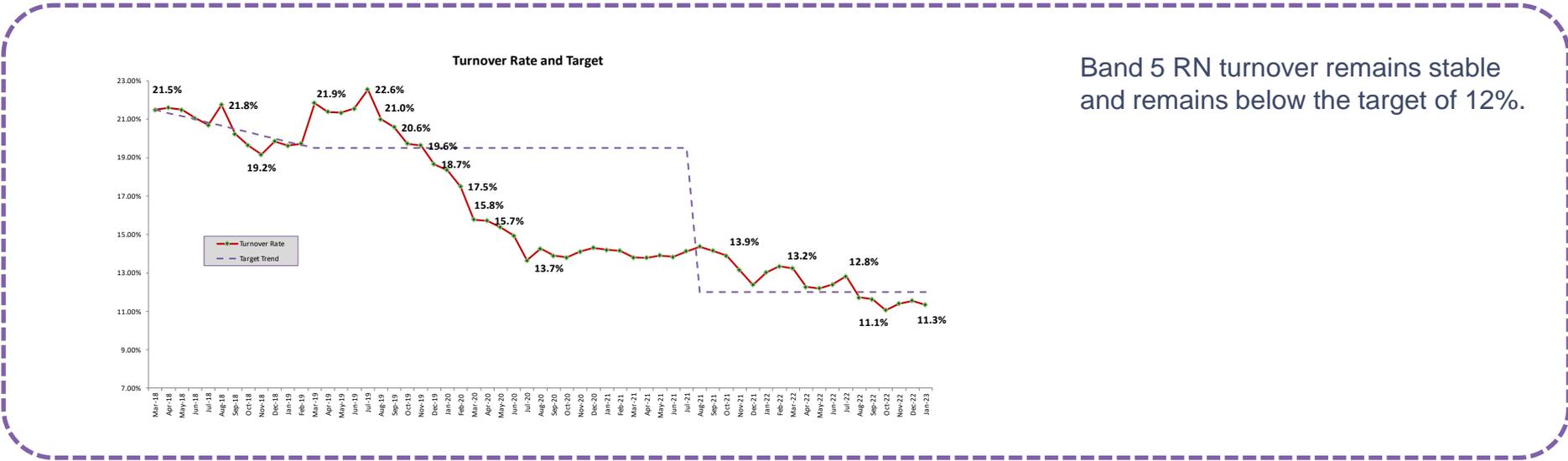
Non-inpatient/theatre or critical care areas RN vacancy rates



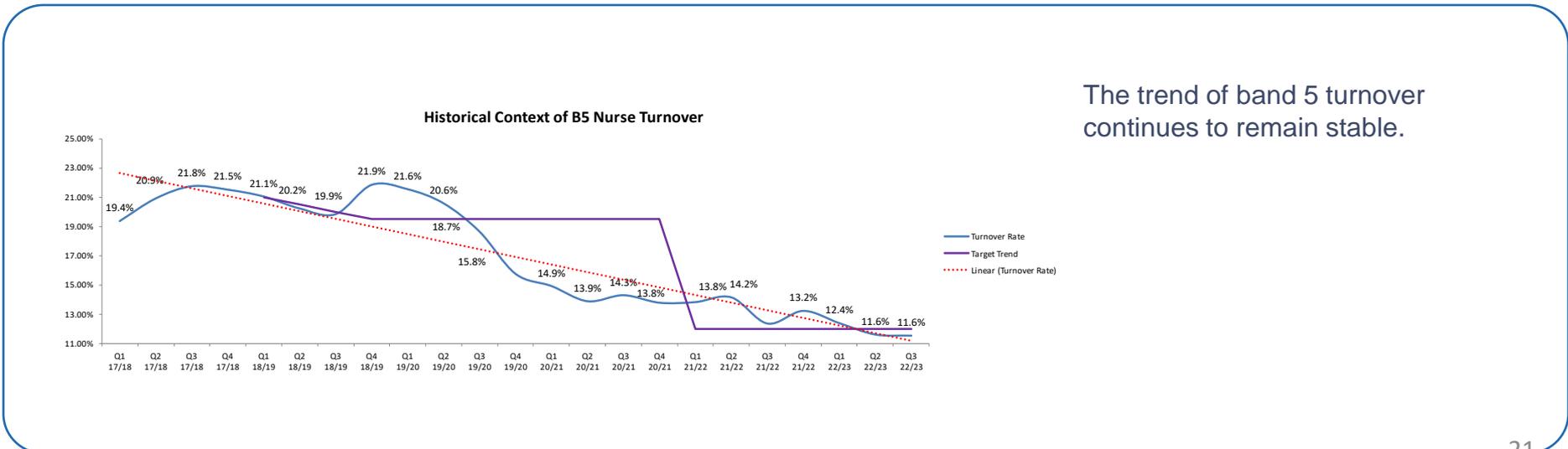
The vacancy rate has continued to decrease this month compared to the previous month.

Nursing and Midwifery Staffing;

Band 5 Registered Nurse Turnover Trajectory – January 2023



Band 5 RN turnover remains stable and remains below the target of 12%.



The trend of band 5 turnover continues to remain stable.

RN and Midwifery Turnover – January 2023

Registered Nursing Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Dec-22	Nov-22	Oct-22	Sep-22	Aug-22	Jul-22	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
All Nursing Turnover	3608	360	10.0%	10.2%	10.5%	10.4%	10.6%	10.8%	11.3%	11.1%	11.1%	11.2%	11.2%	11.1%	10.9%	10.5%	10.6%	11.3%	11.2%	11.1%	10.8%	10.8%	10.6%	10.5%	10.5%	10.5%	10.8%
Band 5 Nursing Turnover	1661	188	11.3%	11.6%	11.4%	11.1%	11.6%	11.7%	12.6%	12.4%	12.2%	12.3%	13.2%	13.3%	13.0%	12.4%	13.1%	13.9%	14.2%	14.4%	14.1%	13.9%	13.9%	13.8%	13.8%	14.2%	14.2%
Band 6 Nursing Turnover	1196	101	8.4%	9.0%	9.8%	9.9%	9.5%	10.0%	10.1%	10.0%	10.0%	10.3%	9.9%	9.4%	9.5%	9.4%	8.6%	9.4%	9.4%	9.4%	8.9%	8.9%	8.8%	8.4%	8.5%	8.1%	8.2%
Band 7+ Nursing Turnover	740	67	9.0%	8.7%	8.9%	9.1%	9.5%	9.7%	9.7%	9.5%	10.3%	9.8%	8.9%	8.6%	8.7%	8.3%	8.7%	9.0%	8.0%	7.2%	8.4%	7.5%	6.7%	7.1%	6.4%	6.8%	6.7%

Overall turnover continues to remain stable across all levels of nursing with a very small increase for band 7 nurses this month.

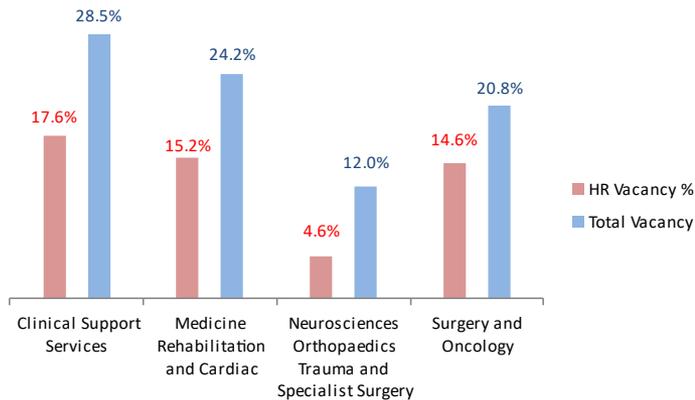
Registered Midwifery Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Dec-22	Nov-22	Oct-22	Sep-22	Aug-22	Jul-22	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
All Midwifery Turnover	290	40	13.8%	13.9%	14.6%	15.9%	16.5%	19.9%	20.5%	19.1%	18.6%	18.0%	17.0%	15.7%	15.6%	16.7%	14.5%	13.1%	13.7%	12.8%	12.0%	12.4%	13.1%	12.3%	12.0%	11.5%	11.4%
Band 5 Midwifery Turnover	47	6	13.1%	10.9%	10.6%	10.5%	8.8%	16.6%	12.1%	14.4%	11.8%	8.7%	6.9%	6.6%	6.7%	8.8%	8.2%	8.6%	8.2%	8.2%	5.2%	5.0%	4.9%	6.8%	6.6%	0.0%	0.0%
Band 6 Midwifery Turnover	178	28	15.9%	16.6%	17.6%	18.6%	19.1%	22.0%	23.5%	21.6%	21.6%	20.6%	19.4%	18.5%	18.2%	18.9%	16.3%	15.1%	15.0%	13.7%	13.4%	13.9%	14.5%	13.7%	13.4%	13.7%	13.7%
Band 7+ Midwifery Turnover	64	6	8.6%	8.7%	9.5%	12.8%	13.8%	15.8%	16.9%	14.0%	14.0%	16.4%	16.8%	13.9%	14.3%	15.8%	13.9%	10.3%	11.6%	12.6%	11.9%	12.7%	14.5%	12.2%	11.9%	13.5%	12.8%

Turnover has continued to decrease across all levels of midwives except band 5 which has seen another small increase. There are a number of initiatives maternity continue to put in place to improve recruitment and retention led by the interim Director of Midwifery and the Clinical Midwifery Manager.

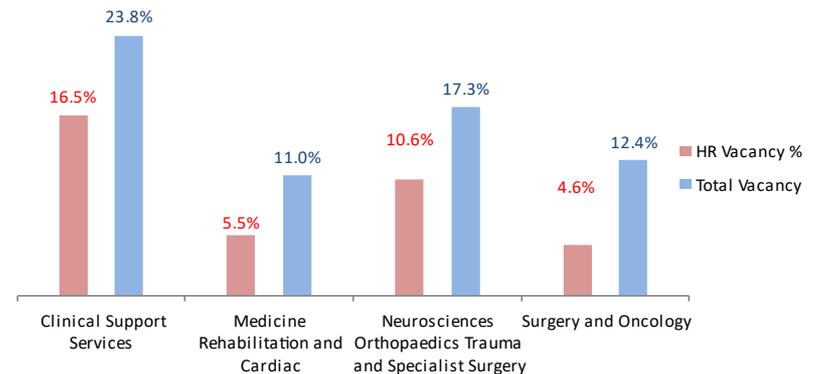
RN and Midwifery Vacancies – January 2023

Vacancy at band 5 by division in percentage



Band 5 RN vacancy continues to be monitored by division as the most fluctuating and largest group within the nursing workforce, Total vacancy includes those who are absent from work for reasons such as long term sickness absence and allows Divisions to monitor against bank and agency spend. CSS shows a higher percentage of vacancies however the number of WTE is relatively small due to the size of the workforce and recruitment plans are in place to reduce this number of vacancies.

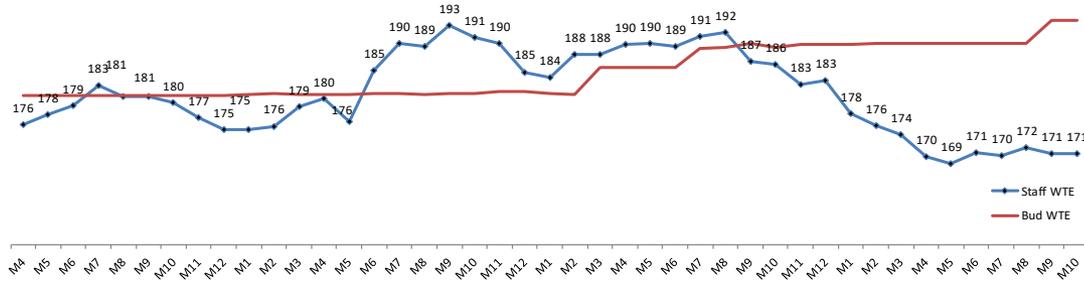
Vacancy at band 6/7 by division in percentage.



Band 6/7 RN vacancies have remained fairly stable with a positive decrease in HR vacancy across all of the divisions. CSS continues to have a higher vacancy due to the difficulty to recruit to the band 6 level. This remains a high priority for recruitment.

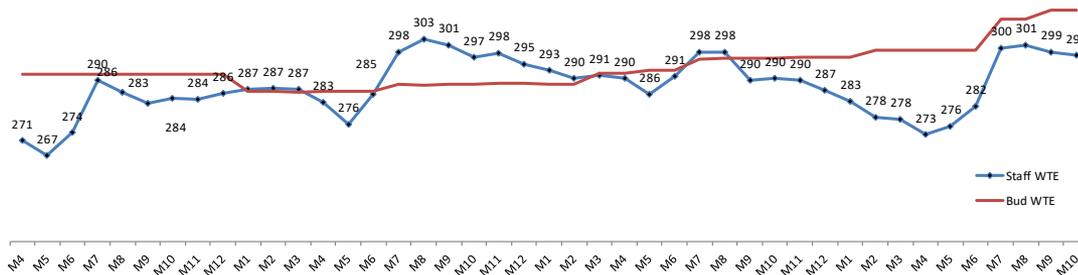
Midwifery Staffing – January 2023

Band 6 Midwives - Staff and Budget



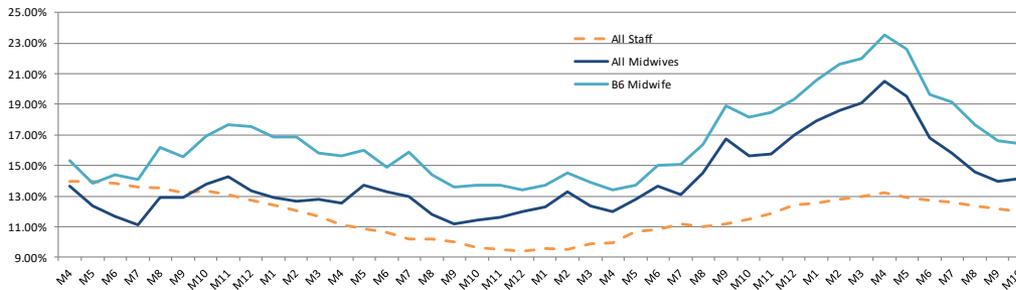
Band 6 midwives is the larger workforce within midwifery and is monitored through the steering group for the same reasons as band 5 within the RN workforce. The dedicated improvement work in maternity continues to support this.

All Midwives - Staff and Budget



Against budget, midwifery staff in post has had a very small decrease. We would expect to see this after the increase due to the number of newly qualified midwives joining the Trust and then staffing starting to settle.

Midwives Turnover Rate Comparison

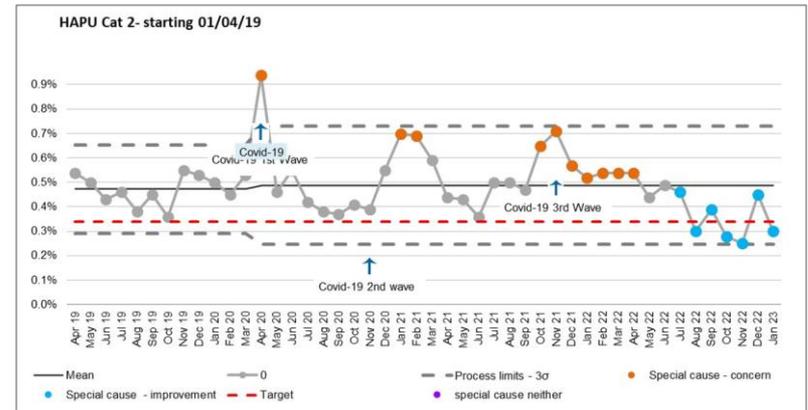


This indicates that as the largest workforce, band 6 turnover is the highest and remains the focus however is continuing to decrease.

Skin damage related to unrelieved pressure constitutes potential harm to our patients. The Trust is committed to reducing Harms associated with pressure damage in order to evidence excellence in care provision.

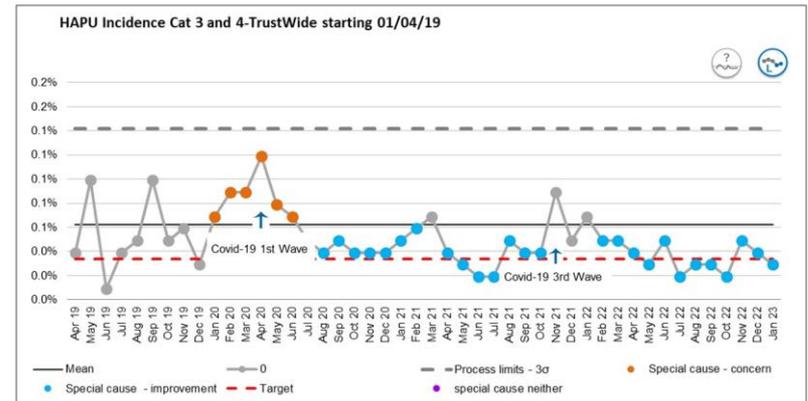
All HAPU Category 2 and above skin damage are confirmed by the Tissue Viability Team where possible.

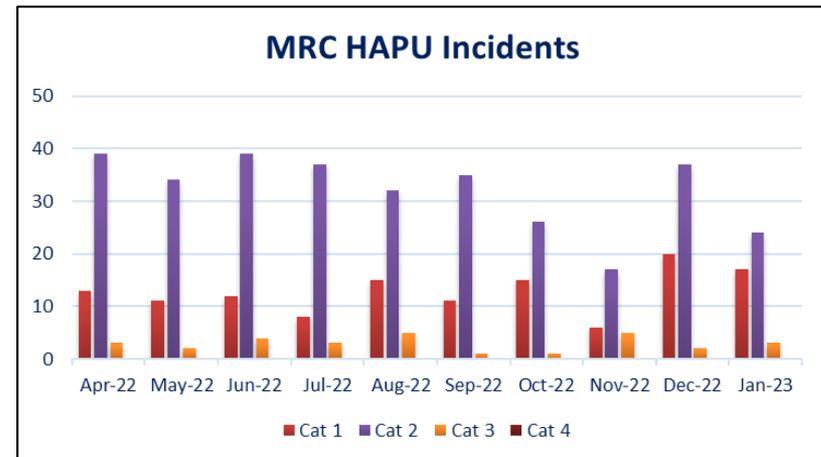
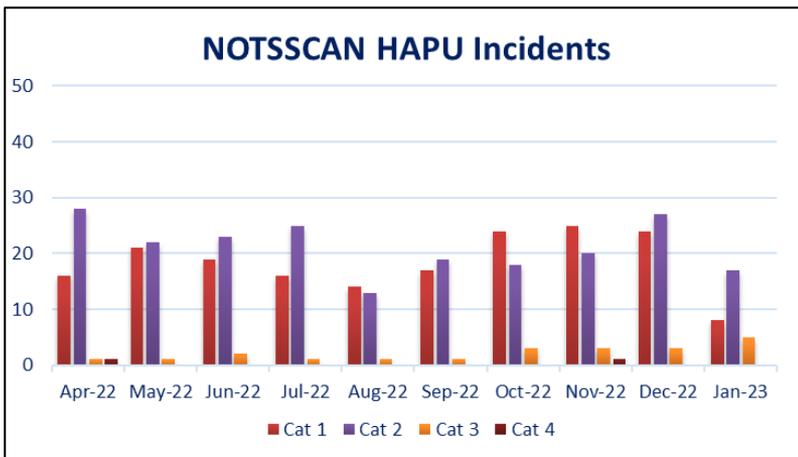
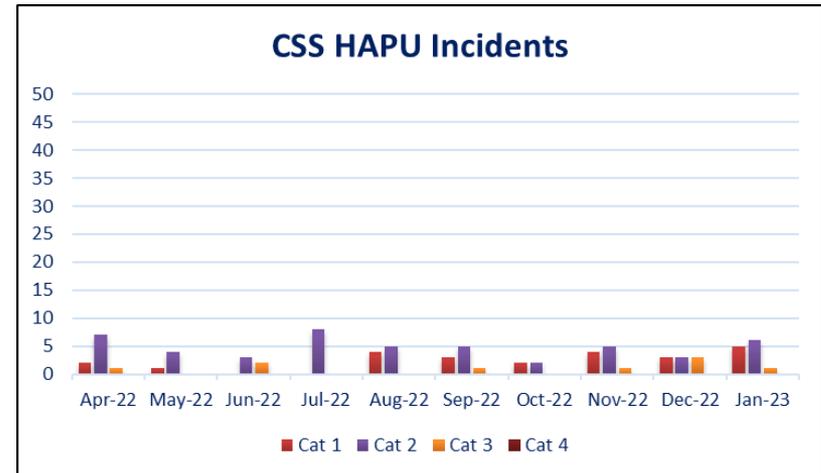
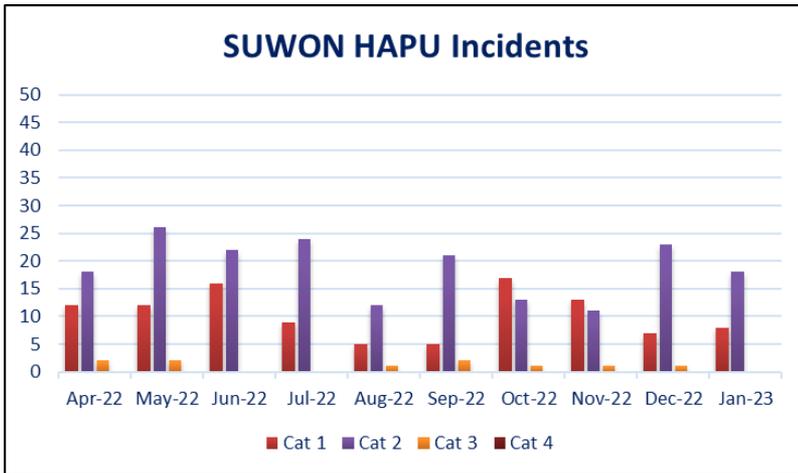
Chart 1: Incidence of HAPU Cat 2 April, 2019- Jan 2023



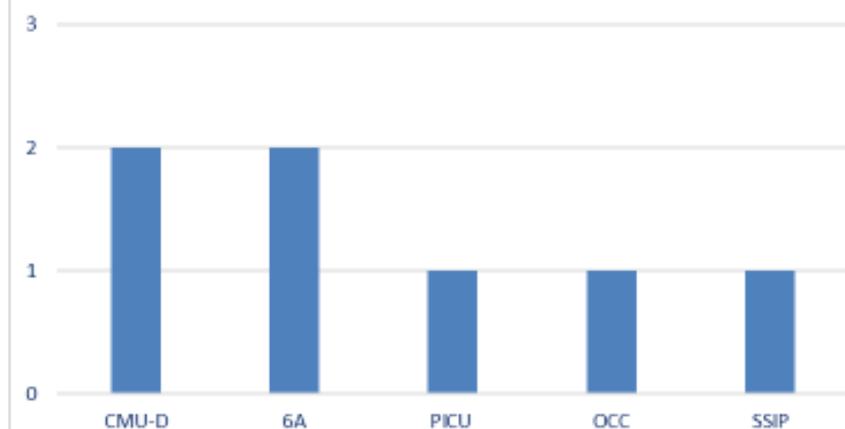
All HAPU Categories 3 and above follow the current Trust process for Moderate and above Impact. These incidents are monitored with oversight from the Harm Free Assurance Forum (HFAF).

Chart 2: Incidence of HAPU Cat 3 and above: April 2019 – Jan 2023





Moderate Impact by Clinical Area



JANUARY ANALYSIS:

All 8 incidents reported as Moderate or above Impact, 7 were confirmed as Category 3 pressure damage.

The age range of the individuals affected was between 0-99 years.

All patients were assessed as being at high risk of pressure damage prior to the identification of the skin damage, with 3 of the incidents reported at an earlier stage of skin damage.

The average length of stay until identification of the pressure damage was 21 days (range 10 -28).

The use of medical devices, were associated with 1 of the 7 incidents.

The average surface area of the skin damage was 4 cm.

DISCUSSION

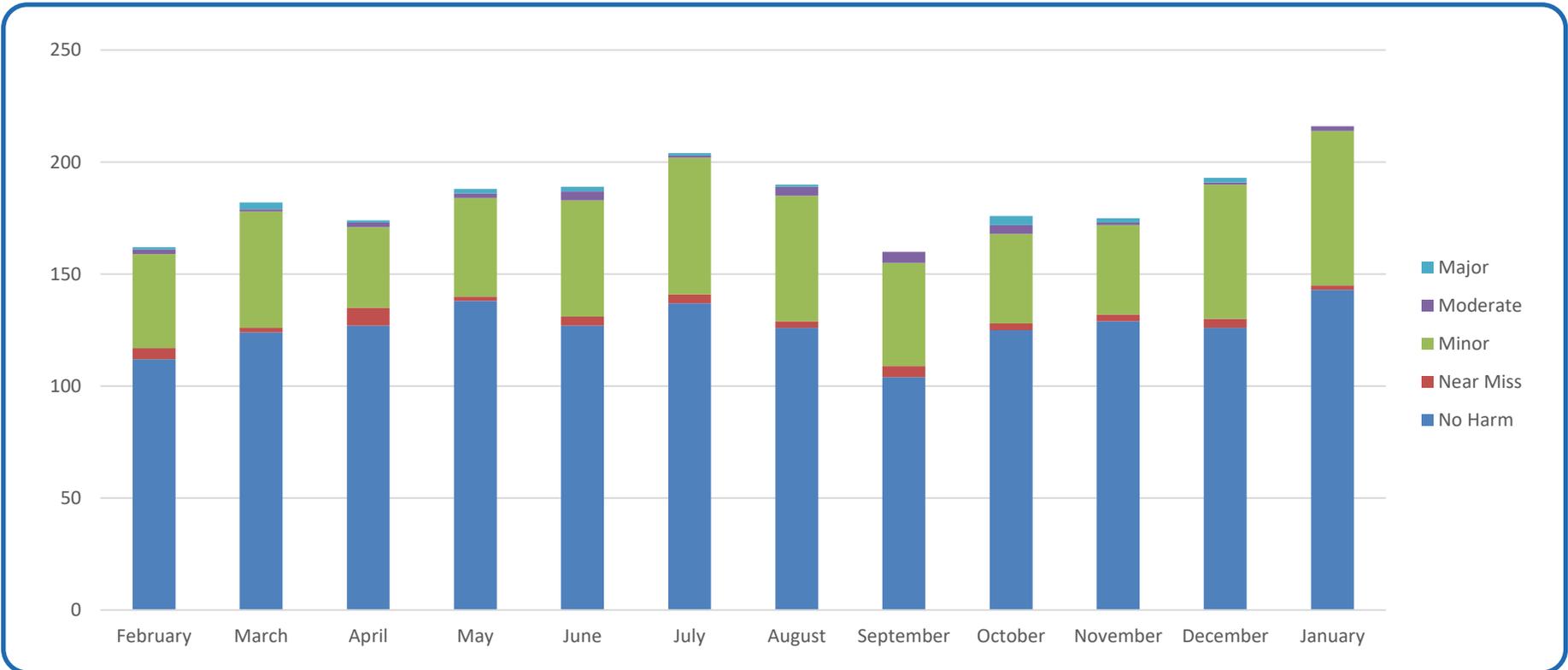
All Category 3 and above HAPU are investigated and action plans approved and implemented. For those investigated at local level, 30 day action plans are recommended with oversight for the closure of these action plans through the Harm Free Assurance Forum.

The annual pressure ulcer clinical audit, undertaken in November 2022, suggested a number of cohort changes, such as a significant increase in the number of inpatients assessed as at risk of pressure damage from 73% compared to 45% in 2018. The number of patients assessed as fully mobile decreased from 44% to 38%, whilst those assessed as having limited mobility increased from 33% to 39%, whilst those assessed as bedfast was 23%. This suggests an increasing dependency on care delivery.

ACTIONS

- Themes from the AAR meetings are discussed at HFAF.
- Pressure Ulcer Prevention eLearning for Registered and Non-Registered Nurses and Midwives and AHPs has been restored to Role Specific Training. Compliance for nurses and midwives is currently 72% and AHPs 66%.
- A Trust Quality Priority for the reduction of HAPU for 2022/23 has been approved with the ambition of reducing HAPU Category 2 and above by 30%. Progress against the work programme and associated QI projects are reviewed at HFAF.
- The annual clinical audit of pressure ulcer prevention was conducted on the 6th November 2022 and was presented at Clinical Improvement Group in February 2023. Divisional action plans to address any issues identified from the Annual Audit will be developed by end of March 2023.
- A CNO Research Fellow has been appointed, on a 6-month secondment, to support the HAPU Quality Priority work programme.

The chart below shows all patient reported falls by the level of actual harm between February 2022 – January 2023

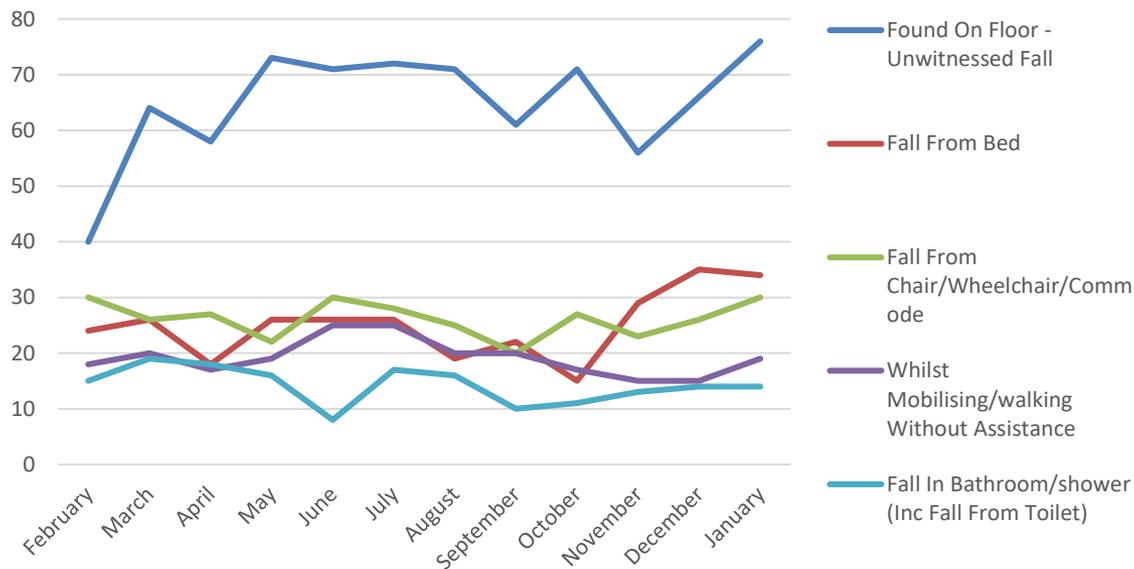


January 2023 summary: There were 216 falls reported in January, which represents a 12% increase compared to December (193). This total is higher than the rolling average of 184 reported falls per month and is higher than the total falls for this time last year (208) (2021/22 performance is affected by the coronavirus pandemic). Falls resulting in harm (minor and above) accounted for 71 (32.9%) of all falls this month, which is higher than December's performance (63, 32.6%). Two falls resulted in higher severity harm levels (0.9%). Both falls were moderate harm level.

Harm level	January '22*	January '23
No harm	149	143 (↓)
Near miss	4	2 (↓)
Minor	52	69 (↑)
Moderate	1	2(↑)
Major	1	0 (↓)
Death	1	0 (↓)
Total falls	208	216 (↑)

Jan performance: annual comparison 2022* vs 2023

Top five categories of falls - rolling 12-month period: February 2022 to January 2023



Top five categories of falls January 2023

Previous month comparison

Category	Dec	Jan
Unwitnessed Fall – found on floor	66	76 (↑)
Fall from bed	35	34 (↓)
Fall From Chair / Wheelchair/Commode	26	30 (↑)
Fall whilst mobilising/walking without assistance	15	19 (↑)
Fall in bathroom/shower/ from toilet	14	14 (-)

ANALYSIS:

There was a 12% rise in falls this month compared to December. This is largely accounted for by an increase in falls with no harm and to a lesser extent minor harm. The proportion of those falls resulting in higher severity harm levels (moderate and above) is considerably lower than usual as a proportion (0.9% vs 2.6%). Unwitnessed falls increased for the second consecutive month reaching a high point for the 12-month rolling period.

IDENTIFIED THEMES:

- Increase in falls with no harm and minor harm
- Low proportion of falls with higher severity harm
- Unwitnessed falls reach 12-month high point

ACTIONS:

- Review the outcomes and learning of the harm-free falls review meetings and action plans for the two incidents of moderate harm and above at the next HFAG.
- Evaluate incident and local investigation data related to unwitnessed falls to explore cause for the increase.

Complaints reporting January 2023

The Trust received and recorded 117 formal complaints in January 2023, which is an increase from the number received in December 2022 (n=77).

Of the 117 complaints received in January, 43 of them were for the NOTSSCAN Division, the highest number received by a single Division this month but is on a par with October and November data. The breakdown by Directorate is as follows:

Childrens – 6
Neurosciences – 15
Ophthalmology – 3
Specialist Surgery – 4
Trauma and Orthopaedics – 15

Issues include Cancelled/Rescheduled Surgery/Procedure, Communication with Patient, Discharge Arrangements, Attitude of Medical staff, Wait for Operation/Procedure and Transfer Arrangements.

SUWON received 28 complaints, increased from 20 received in December. 14 complaints were received for Maternity and Gynaecology and include issues such as inappropriate treatment, mismanagement of labour, rudeness, policy decisions and inadequate pain management.

25 complaints were received for the MRC Division, an increase from 16 received in December. 14 of these complaints were relating to the Emergency Departments. Issues raised by complainants include attitude of medical staff, Emergency Department waiting time, discharged too early and failure to admit.

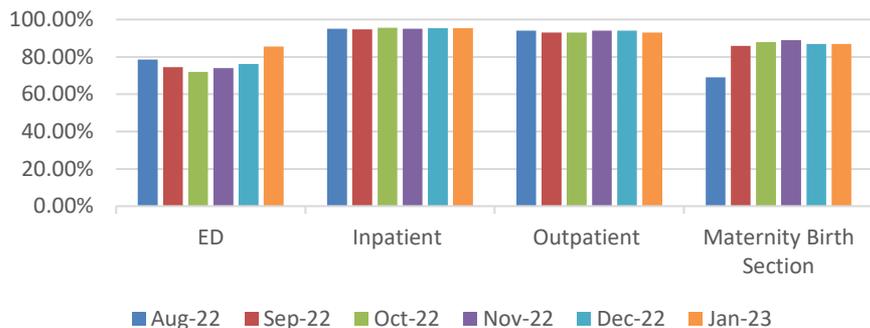
Complaints Compliance

Breached complaints continue to be presented to the Chief Nursing Officer on a weekly basis and shared with the relevant Divisions. The breach sheet shows where each complaint is in the process – for example, is it with the Division/Directorate for investigation, with the Complaints Co-ordinator for review, with the Complaints & Patient Services Manager for final review or with the CNO for sign off. Complaints are reviewed by the Complaints and Patient Services Manager and the CNO within 48 hours.

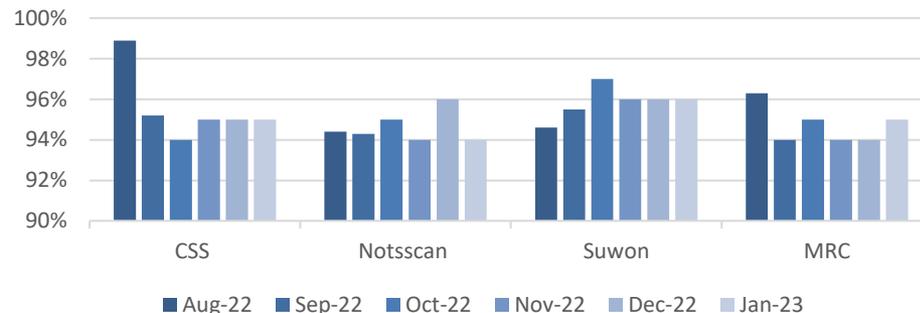
A considerable effort was made by the NOTSSCAN Divisional team, alongside the relevant Directorate teams and Complaints team, to significantly reduce the number of complaints that had breached 40 working days. This work will continue, to ensure the current position is maintained. Additionally the Directorate teams will ensure their processes for managing their complaints mirrors other Divisional teams, who do not have a backlog of overdue complaints. Compliance in responding to complaints for NOTSSCAN will continue to be reviewed weekly with meetings chaired by the Divisional Director of Nursing and Divisional Director with input from the Complaints Team.

A report is produced detailing all complaints received into the Trust in the previous week and shared by the Complaints and Patient Services Manager at the weekly ICCSIS meeting, triangulating new complaints against claims, inquests, incidents and safeguarding issues. In addition, the Heads of services involved in the meeting utilise the meeting to discuss particular cases that either may have or have already crossed into other service. The Patient Safety team, who attend the meeting, will also review the complaints reported on each week and challenge Divisions when it is considered appropriate that an incident should be raised regarding the matter in the complaint. Significant issues are then highlighted in the weekly SIG meeting. Issues raised in the ICCSIS meeting are balanced against the data from the Friends and Family Test (FFT), which consistently shows more positive feedback from patients.

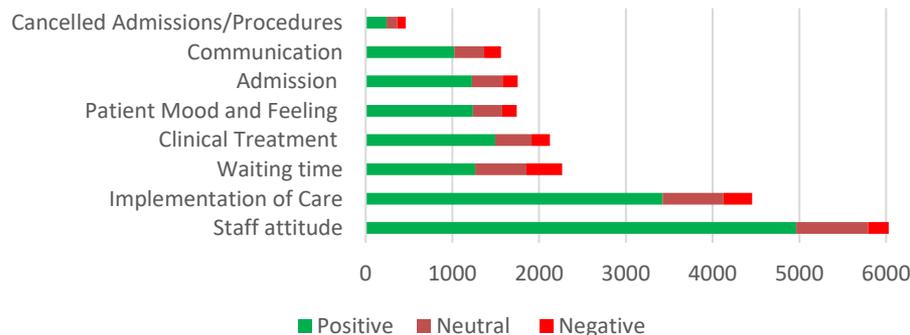
FFT Approval Rate by Service



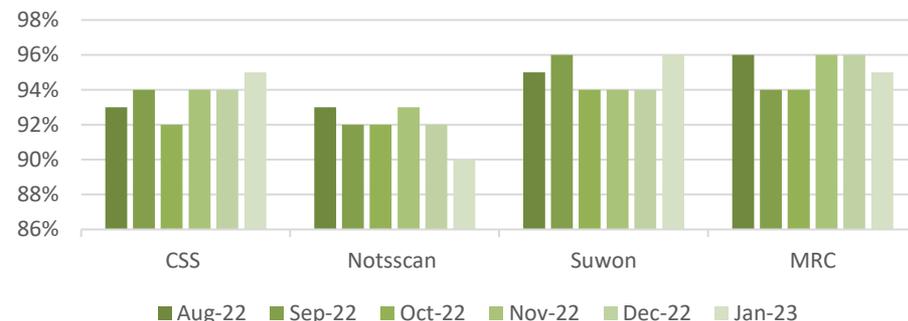
Inpatient Approval by Division



Free Text Themes Analysis



Outpatient Approval by Division



National/ ICB Comparisons are only available for the previous months data. The Trust is achieving a higher than average (national and ICB) approval rate for Inpatient and ED FFT. They are on average for Outpatients but 5% below average for Maternity FFT Birth Section Approval Rate.

We are on hearing more patients coming through our Emergency department than other Trusts nationally and within our ICB. OUH response rate 9% higher than ICB average and 16% higher than the national response rate. Maternity Birth section FFT is also seeing a higher response rate with OUH sat at 18% which is 5% higher than our ICB and 7% higher than the national average. Regarding the Inpatients data, OUH operate with a response rate 4% higher than the ICB average and 7% higher than the national average.

Approval Rate (December data)	Trust	ICB	National
Inpatient	96%	94%	94%
Outpatient	94%	94%	94%
ED	76%	73%	73%
Maternity Birth	87%	92%	92%

CQC Maternity Survey 2022- Published 11th January 2023

<p>The Trust scored better than other Trusts in 3 questions:</p>	<p>The Trust scored worse than other Trust in 2 questions:</p>
<ol style="list-style-type: none"> 1. Were you offered a choice about where to have your baby? 2. Did you get enough information from either a midwife or doctor to help you decide where to have your baby? 3. Were you given enough support for your mental health during your pregnancy? 	<ol style="list-style-type: none"> 1. Before you were induced, were you given appropriate information and advice on the risks associated with an induced labour? 2. Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?
<p>The Trust improved their score from the 2021 survey in 6 questions:</p>	<p>The Trust score declined compared to the 2021 survey in 1 question:</p>
<ol style="list-style-type: none"> 1. Did you get enough information from either a midwife or doctor to help you decide where to have your baby? 2. During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history? 3. During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy? 4. If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted? 5. In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress? 6. Were you given enough support for your mental health during your pregnancy? 	<ol style="list-style-type: none"> 1. Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted? <p style="text-align: center;">Additional Information</p> <p>263 patients responded to the survey, giving the Trust a response rate of 50.29%. This is the same response rate as the 2021 survey.</p> <p>The Trust also scored better than other Trusts for the entire first section of the survey- "The start of your care in your pregnancy"</p> <p>Work is now underway to develop and agree action plan within Maternity and this will be developed via their own governance routes.</p>



NHS Maternity Survey 2022



Results for Oxford University Hospitals NHS Foundation Trust

Where mothers' experience is best

- ✓ During antenatal check-ups, mothers being given enough information from either a midwife or doctor to help decide where to have their baby.
- ✓ Mothers being offered a choice about where to have their baby during their antenatal care.
- ✓ Mothers being given enough support for their mental health during pregnancy.
- ✓ Mothers being able to see or speak to a midwife as much as they wanted during their care after birth.
- ✓ During pregnancy, mothers receiving the help they needed when they contacted a midwifery team.

Where mothers' experience could improve

- Mothers being given appropriate information and advice on the risks associated with an induced labour, before being induced.
- Mothers being given the information or explanations they needed while in hospital after the birth.
- Mothers having the opportunity to ask questions about their labour and the birth after the baby was born.
- Mothers being given enough information on induction before being induced.
- Mothers being treated with kindness and understanding while in hospital after the birth.

These questions are calculated by comparing your trust's results to the average of all trusts who took part in the survey. "Where mothers' experience is best": These are the five results for your trust that are highest compared with the average of all trusts who took part in the survey. "Where mothers' experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts who took part in the survey.

This survey looked at the experiences of individuals in maternity care who gave birth in February 2022 at Oxford University Hospitals NHS Foundation Trust. Between April 2022 and August 2022 a questionnaire was sent to 524 individuals. Responses were received from 263 individuals at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].

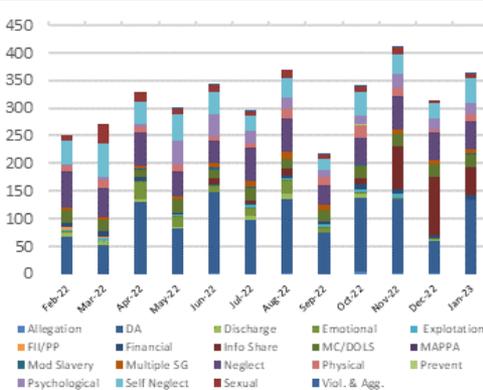
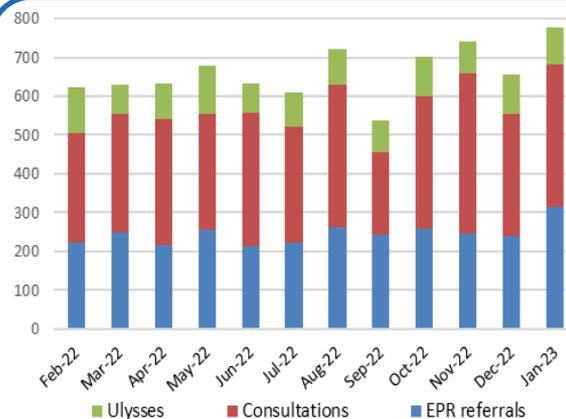
71 Maternity Services Survey | 2022 | RTH | Oxford University Hospitals NHS Foundation Trust



Shared Decision making

Five teams are involved in the CQUIN this year – Congenital Heart Disease, SACT, AF Ablation, Neurosurgery and Renal. The first stage of completing baseline questionnaire using [SDMQ9](#) with 30 patients is complete and the results shared with the teams. The provisional results show that patients do feel involved in their care. Stage 2, the implementation of [Shared Decision Making Resources](#) across the 5 teams will now start. The AF Ablation and Renal teams will be using nationally developed resources developed for their clinical speciality. The CQUIN has been extended for a further year. Thankyou to all the teams involved for their collaboration on this project.

PLACE update (Patient Led Assessment of Care Environments). NHS digital will be publishing the national report on 30th March.

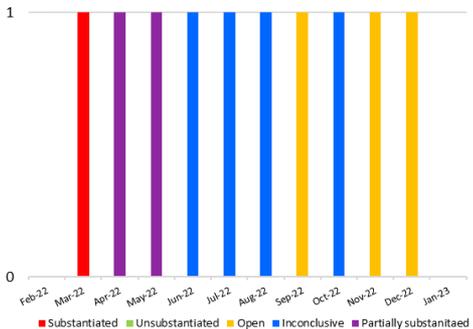
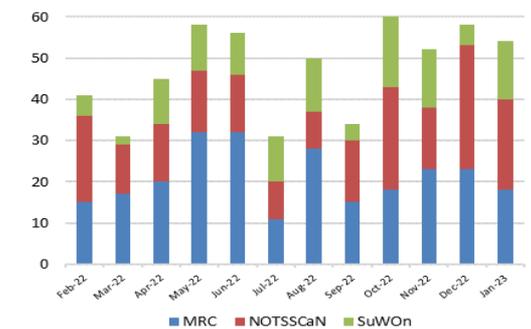


Activity

Chart 1: Combined activity increased by 122 (n=777). EPR referrals increased by 76 (n=316). Ulysses incidents decreased by 4 (n=96) and consultations increased by 50 (n=365).

Chart 2: Neglect and domestic abuse continue to be the themes of concern. Complex cases continue. Themes of asylum seeker issues and family disharmony related to discharge and financial/legal concerns. Support for best interest meeting requests continue.

Governance: inappropriate staff access to records has been highlighted with cases being managed by the HR DSO role. A safety message has been circulated to remind staff of the information governance rules.

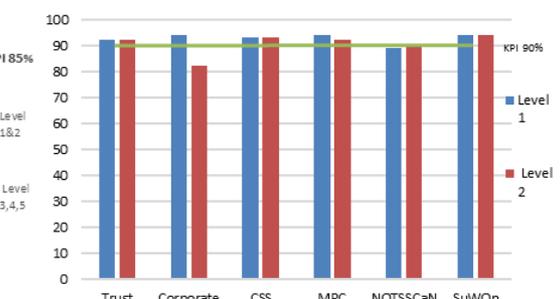
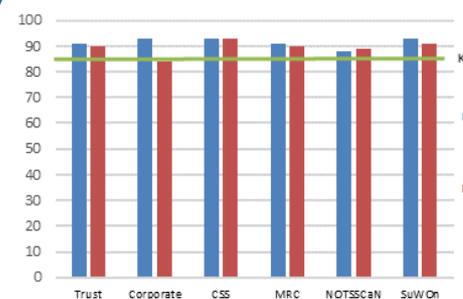


Statutory responsibilities

Chart 3: There were 54 Deprivation of Liberty Safeguards (DoLS) applications reviewed during January, a slight decrease of 4.

Chart 4: There has been no new s42 investigation request's for January. There are three open s42 enquiries awaiting outcomes at the end of January, all for MRC Division. Closure notices are being requested.

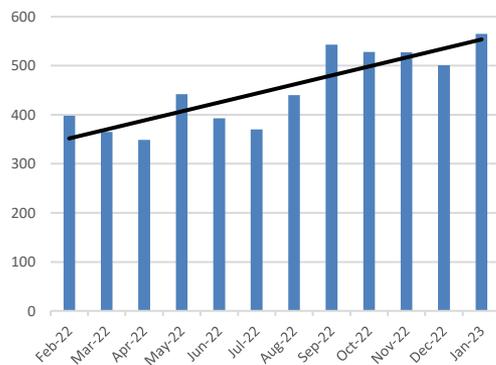
Governance: Safeguarding ward walkabouts to highlight the process to improve capacity assessments and documentation have been received positively by teams. A Mini DoLS audit has been completed in Neuroscience area demonstrating improved compliance with the Mental Capacity Act 2005.



Training

Chart 5: Trust Prevent training Level 1 & 2 compliance increased by 1% to 91% with 900 staff require training. Level 3,4 & 5 remained at 90% with 448 staff that require training. The KPI is set at 85%.

Chart 6: Trust safeguarding training compliance % remained the same however, the number of staff requiring training improved and met the 90% KPI. Level 1 remained at 92% with 379 staff that require training, and level 2 increased by 1% to 92% with 812 staff require training.



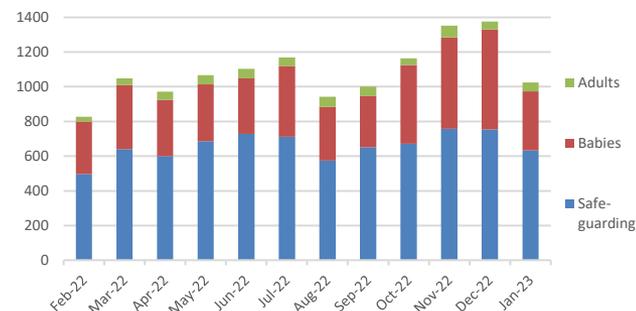
Consultation activity rose by 64 (n=565) during January. The main themes are neglect, emotional and domestic abuse. There has been a theme of children with developmental delay due to parental development neglect. Mental health issues remain a significant concern with an increase in complexity. Self-harm presentations increased by 23 (n=72) with 25 (35%) needing admission indicating the increased level of seriousness. Information is shared with partner agencies. Maternity safeguarding remains high with themes of domestic abuse, illicit drug use and asylum seekers continuing. There were 27% of bookings with a social/safeguarding element (n=206). Social care and probation have raised concerns about the increase in vulnerable pregnant women which will impact on maternity ward and community acuity and safeguarding. There have been delays in discharge due to homelessness court processes. Escalation to the BOB regarding concerns in relation to health inequalities for asylum seeking pregnant women living in Oxon hotels. Maternity have put in additional support to ensure women access clinics to meet health needs.

Delays in MASH health information shares improved temporarily with team mitigations, it is recognised there is no resilience in the resourcing when there are unplanned absences.

Safeguarding Liaison activity for ED dropped by 351 (n=1024), there has been a significant reduction in babies attending ED with seasonal illnesses. Babies dropped by 237 (n=339), safeguarding attendances also dropped 120 (n=634) Information shared with primary care and social care. Frequent attendances to ED dropped by 64 to 110.

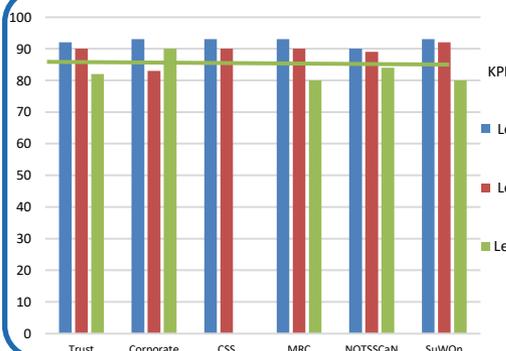
Adults attending ED with safeguarding concerns who have responsibility for children, increased by 6 (n=51), the mental health and domestic abuse are the main theme.

Information requests for initial child protection conferences dropped by 2 (n=16) for 30 children and 6 unborn babies, information on EPR supports clinicians overview of concerns.



Safeguarding Children Training Compliance

Level 1 compliance remained at 92% with 333 staff requiring training. Level 2 remained at 90% with 847 staff requiring training. Level 3 increased by 1% to 82% = 306 staff requiring training. Level 3 training remains below the 90% KPI with a plan to target individuals to remind to attend training. Maternity are above the KPI in level L1 = 92%, L2 = 91% and for L3 increased by 2% to 80% (125 staff). Safeguarding maternity mandatory training is being provided for all midwives. Children's directorate level 1 remained at 92%, level 2 increased by 5% to 85% and Level 3 remained at 84%. Spaces on training is available for both online and remote teams face to face courses.



Person type: Staff

RIDDOR type: Slip, trip fall same level

Accident type: Accident - over 7 day absence

Incident location: Pathway outside postgraduate Building- HGH

Incident details : The injured party (IP) was a staff member who slipped on a muddy pathway outside the Horton postgraduate building.

Additional information: The IP attended ED who confirmed a sacral fracture

Incident outcome: Actual impact 3 – moderate effect or serious injury (but not long-term)

Lessons learned: Reviewed by Health and Safety and Horton Estates team who have cleaning regimes in place for all walkways and also a gritting protocol in cold weather.

Person type: Staff

RIDDOR type: Lifting and handling injuries

Accident type: Accident - over 7 day absence

Incident location: Osler respiratory 5D/E-JR

Incident details : The injured party (IP) was a staff member who injured their back assisting a patient to the toilet.

Additional information: The IP had to quickly assist the patient who had mistakenly thought they had already sat on the toilet and thus would have fallen over.

Incident outcome: Actual impact 2 – minor injury/illness

Lessons learned: Reviewed by Health and Safety and local manager, correct manual handling technique used. IP referred to Occupational Health.

Person type: Staff

RIDDOR type: Lifting and handling injuries

Accident type: Accident - over 7 day absence

Incident location: Juniper Ward-HGH

Incident details : The injured party (IP) was a staff member who injured their wrist when assisting a patient from bed to chair.

Additional information: The injury was as a result of the patient falling back onto the staff members hand as they got into bed.

Incident outcome: Actual impact 2 – minor injury/illness

Lessons learned: Reviewed by Health and Safety and local manager, correct manual handling technique used with appropriate assistance of two. IP referred to Occupational Health.

The PFI Indicator Dashboard illustrates the M10 position against the PFI objectives; the dashboard shows a six-month data trend. A summary of performance against objectives and risks by exception has been included in the PFI report, and an overview of the current position is summarised below. This is followed by exception reports against indicators falling below agreed standards.

The Mitie recruitment increased in January, completing 24 formally issued contracts and moving to monthly payroll. Mitie confirmed they are on track to achieve 100 by the end of February 23, leaving 70% to be completed by the end of March 2023. During January, Mitie held recruitment stalls at the JR's main entrance, contacted the local job centre, and enquired about access to the Trust recruitment advertising to recruit the required staffing levels.

During January, there has been continued progress in the cleaning standards at the CH site; though the challenges are still being worked through, the aim is to reach a sustainable service overall. A total of 40 audits were completed in FR1 & 2 areas, 98% achieving four stars or greater, comparable to other PFI sites. Positive communication and feedback have been received, with some noting a remarkable improvement. The PFI team remain fully engaged with the G4S management team; service improvement meetings are ongoing, with G4S demonstrating the transparency of information evidenced by an articulate improvement plan with clear and deliverable actions. A triparty workshop is organised for February to continue re-evaluating the focus and actions for Q1 of 2023.

The Ulysses project is progressing, with the local SOP agreed upon and supported by all Project Co's. The rollout across the PFIs is moving forward; tests are being conducted to understand and resolve any challenges on the system with one nominated Service Provider. Once established for all PFIs, compliance oversight and assurance will be provided by the Clinical Head of Hospitality Services.

Training platforms and assurance of adherence with the Trust Core Skills Policy have been regularly discussed, with the PFI team engaging with the E-learning teams and platforms to find a suitable arrangement for the PFI partners to access the required Core Skills modules. To ensure the staff are competent, the PFI providers continue to use the previously provided Workbooks.

The National Cleaning Standards 2021 are now fully established on all sites. The Synbiotix reporting platform ensures swift and transparent communication of the audit outcomes to all service users. The appropriate action and identification of responsibilities can be addressed swiftly; for Domestic, Clinical and Estates. Reporting continues by exception to HIPCC. The PFI team will monitor it to ensure a robust and consistent approach is taken to implement improvement action plans as indicated (three stars or less). Currently, the variations to the PFIs to amend the contractual documentation are under consultation, to conclude in early March 2023.

PLACE assessments concluded in early January for inpatient and outpatient areas for this year; the feedback paper is currently being collated. The soft facilities management team chaperoned the auditors on all four Trust sites, subsequently supporting the delivery of required improvement actions resulting from the reviews. The next step will be to engage in the PLACE lite audits during 2023.

Indicator and reason for exception reporting	Identification of actions to address risks, issues and emerging concerns relating to current performance and trajectory	Timescales to address performance issue and identification of any further support required	Committees/ Groups where indicator reviewed
<p>% of PFI workforce employed by Agency or zero hours (hours worked): 32% at the JR vs target of 20%</p>	<p>ROE onboarding commenced later than expected. Difficulties identified during the process are being worked through and improved each month from October for further onboarding of Agency staff to secure permanent ROE contracts.</p>	<ul style="list-style-type: none"> Mitie's extended proposal is to be fully recruited by March 2023. 	<ul style="list-style-type: none"> OJR HR Group meeting. Soft /FM Service Meeting
<p>G4S at the Nuffield Orthopaedic Centre has limited the amount of human resource data they are willing to provide to the Trust.</p>	<p>Formally requested data to be provided from SPV; G4S response awaited. The request will be for monthly reporting of the required IPR data within the standard service reports.</p>	<ul style="list-style-type: none"> Agreement and improved reporting by March 2023 	<ul style="list-style-type: none"> Trust/PFI Service Meetings Informal Liaison
<p>The quality and content of CH G4S complaint responses are unsatisfactory.</p>	<p>G4S have been asked to provide their SOP for complaint responses. The Trusts Clinical Head of Hospitality will continue to review all complaint responses, providing the G4S management team with appropriate constructive feedback as required. The PFI management team will continue to monitor, ensuring all complaints are responded to within required timeframes.</p>	<ul style="list-style-type: none"> Weekly review of outstanding responses. To be included as any other business at weekly improvement meetings. 	<ul style="list-style-type: none"> Soft FM performance reviews Monthly Service contract meetings
<p>There is currently no system in place for G4S at the Churchill hospital to obtain patient or staff feedback on their services.</p>	<ul style="list-style-type: none"> Clarify to G4S the requirement Confirm mechanisms to collect and report feedback G4s confirm mechanism of reporting to local areas and Trust G4S confirm action plan to address issues highlighted G4S to deliver action plan to address deficit and evidence this Monitor standard achieved to ensure sustained consistency 	<ul style="list-style-type: none"> Discussed and identified date weekly PFI improvement meetings Included on agenda as rolling item Mechanisms to be established to collate service feedback. 	<ul style="list-style-type: none"> Soft and Hard FM performance meetings Monthly Soft and Hard FM contract meetings
<p>G4S at the Nuffield have seen an increase in SFPs and deductions in Hard FM. Alongside a low % of completed PPMs (68%)</p>	<p>G4S are reviewing the process of assigning their tasks to the in-house Estates Team. It has been confirmed all Statutory and Mandatory PPMs have been completed.</p> <p>In January, the NOC confirmed they closed the Hydrotherapy Pool, causing Unavailability due to a positive Pseudomonas Sample.</p>	<ul style="list-style-type: none"> G4S to focus on completing outstanding PPMS during February 2023. Review the water management process for the hydrotherapy pool 	<ul style="list-style-type: none"> Hard FM Performance meetings Monthly Hard FM contract meetings

2022-23

PFI objective	Indicator	Target	Site	M5	M6	M7	M8	M9	M10	Exception report	Trend
				M5 Aug 22	M6 Sep 22	M7 Oct 22	M8 Nov 22	M9 Dec 22	M10 Jan 23		
To ensure that Porters have a high standard of training in bereavement, PPID and Core Skills	% of Porters that have undertaken mortuary training	50%	JR West Wing	51%	39%	33%	43%	25%	24%		
			Churchill Cancer Centre	84%	84%	84%	84%	84%	84%		
			Nuffield Orthopaedic Centre	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
	% of Porters that have undertaken PPID training	95%	JR West Wing	97%	98%	95%	97%	99%	99%		
			Churchill Cancer Centre	61%	61%	66%	66%	66%	90%		
			Nuffield Orthopaedic Centre	Not supplied	Not supplied	Not supplied	Not supplied	Not supplied	Not supplied	Y	
	% of Porters that have undertaken Core Skills training	90%	JR West Wing	98%	93%	91%	96%	97%	94%		
			Churchill Cancer Centre	81%	74%	75%	89%	91%	86%		
			Nuffield Orthopaedic Centre	Not supplied	Not supplied	Not supplied	Not supplied	Not supplied	Not supplied	Y	
To provide a high standard of safety across all areas	Number of incidents with moderate harm or above	0	JR West Wing	0	0	0	0	1	0		
			Churchill Cancer Centre	0	0	0	0	0	0		
			Nuffield Orthopaedic Centre	0	0	0	0	0	0		
To maintain continuity in PFI teams by minimising the use of Agency and zero hours	% of PFI workforce employed by Agency or zero hours(hours worked)	20%	JR West Wing	55%	65%	64%	57%	58%	32%	Y	
			Churchill Cancer Centre	24%	21%	28%	27%	20%	25%		
			Nuffield Orthopaedic Centre	12%	12%	7%	18%	18%	8%		
To achieve Hard FM PPM in month	PPMs completed in month vs programme including statutory inspections	% (stat)	JR West Wing	99%	99%	100%	100%	100%	100%		
			Churchill Cancer Centre	100%	100%	85%	99%	99%	92%		
			Nuffield Orthopaedic Centre	39%	24%	44%	62%	47%	68%	Y	
To achieve Soft FM requirements within contract	Items by exception to report where statutory obligations at risk or not on track to be completed	0	JR West Wing	0	0	0	0	0	0		
			Churchill Cancer Centre	0	0	0	0	0	0		
			Nuffield Orthopaedic Centre	0	0	0	0	0	0		
To provide a high standard of cleaning across all areas	% cleaning score by site (average)	Monthly Avg	JR Site	98%	93%	96%	96%	94%	93%		
			Churchill Cancer Centre	97%	93%	95%	94%	94%	96%		
			Nuffield Orthopaedic Centre	98%	98%	99%	98%	99%	97%		
	% of cleaning audits completed vs scheduled	100%	JR West Wing	79%	88%	83%	91%	98%	96%		
			Churchill Cancer Centre	11%	38%	75%	75%	73%	73%		
			Nuffield Orthopaedic Centre	82%	82%	91%	82%	91%	100%		
Number of cleaning audits completed below the performance standard	TBC	JR West Wing	10	19	13	14	12	19			
		Churchill Cancer Centre	0	5	3	4	6	1			
		Nuffield Orthopaedic Centre	0	0	1	0	0	1			
To review and respond to patient, visitor and staff feedback	Number of complaints received		JR West Wing	21	17	23	19	26	15		
			Churchill Cancer Centre	18	9	12	17	12	13		
			Nuffield Orthopaedic Centre	0	0	0	5	1	1		
	% of complaints responded to by the PFI team within 3 weeks	100%	JR West Wing	100%	94%	96%	95%	77%	80%		
			Churchill Cancer Centre	100%	100%	100%	59%	67%	62%	Y	
			Nuffield Orthopaedic Centre	Not applicable	Not applicable	Not applicable	100%	100%	100%		
To ensure patient engagement in service delivery	Outline of schedule of service changes/ reviews provided		JR West Wing	60 surveys completed, 93% Satisfaction	4 surveys completed, 84% Satisfaction	233 surveys completed, 88% Satisfaction	403 surveys completed, 89% Satisfaction	49 surveys completed, 87% Satisfaction	356 surveys completed, 90% Satisfaction		
			Churchill Cancer Centre	None in month	None in month	None in month	None in month	None in month	None in month	Y	
			Nuffield Orthopaedic Centre	40 surveys completed, 95% satisfaction	35 surveys completed, 93% satisfaction	49 surveys completed, 97% satisfaction	37 surveys completed, 91% satisfaction	24 surveys completed, 97% satisfaction	42 surveys completed, 97% satisfaction		
	Meaningful patient involvement demonstrated in all changes/ reviews	100%	JR West Wing	100%	100%	100%	100%	100%	100%		
			Churchill Cancer Centre	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	Y	
			Nuffield Orthopaedic Centre	100%	100%	100%	100%	100%	100%		
To ensure active engagement in and response to PLACE reviews	Number of PLACE audits due in 3 months scheduled	85%	JR West Wing	None at this time	None at this time	30%	65%	6%	PLACE lite to be introduced		
			Churchill Cancer Centre	None at this time	None at this time	30%	18%	33%	PLACE lite to be introduced		
			Nuffield Orthopaedic Centre	None at this time	None at this time	25%	0%	13%	PLACE lite to be introduced		
	% of PLACE audits scheduled to be undertaken completed	100%	JR West Wing	TBC	TBC	100%	91%	0%	n/a		
			Churchill Cancer Centre	TBC	TBC	100%	100%	60%	n/a		
			Nuffield Orthopaedic Centre	TBC	TBC	85%	0%	50%	n/a		
	% of actions on track or completed by due dates following PLACE audits	100%	JR West Wing	TBC	TBC	100%	100%	100%	100%	n/a	
			Churchill Cancer Centre	TBC	TBC	100%	100%	100%	100%	n/a	
			Nuffield Orthopaedic Centre	TBC	TBC	100%	100%	100%	100%	n/a	

PFI objective	Indicator	Target	Site	M5 Aug 22	M6 Sep 22	M7 Oct 22	M8 Nov 22	M9 Dec 22	M10 Jan 23	Exception report	Trend	
To introduce technology to Soft FM provision	% of technology scheduled to be introduced on track or completed by due date	95%	JR West Wing	Not applicable	Not applicable	90%	92%	92%	92%			
			Churchill Cancer Centre	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
			Nuffield Orthopaedic Centre	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
Provide Ulysses Access to PFI providers	% of providers with access to Ulysses	100%	JR West Wing	50%	50%	85%	85%	85%	85%	Y		
			Churchill Cancer Centre	0%	0%	0%	85%	85%	85%	85%	Y	
			Nuffield Orthopaedic Centre	50%	50%	85%	85%	85%	85%	85%	Y	
To review all variations to contracts by Divisional finance teams to ensure value for money and budgetary impact	Provision of monthly variation report provided (within 8 working days of month end) for each OUH Division		JR West Wing	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed			
			Churchill Cancer Centre	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed			
			Nuffield Orthopaedic Centre	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed			
	% of all variations reviewed and signed off by finance (excluding current month)		JR West Wing	Process to be agreed	Process to be agreed	100%	100%	100%	100%			
			Churchill Cancer Centre	Process to be agreed	Process to be agreed	100%	100%	100%	100%			
			Nuffield Orthopaedic Centre	Process to be agreed	Process to be agreed	100%	100%	100%	100%			
To maintain a robust process for managing financial deductions	Provision of monthly deductions/witholds report provided (within 10 working days of month end) for each OUH Division		JR West Wing	£3,453.90	£6,986.32	£4,799.55	£4,156.04	£10,778.13	£9,079.64			
			Churchill Cancer Centre	£57,439.07	£10,086.78	£64,487.00	£17,529.59	£24,302.00	£23,221.10			
			Nuffield Orthopaedic Centre	£7,374.41	£3,176.75	£4,180.01	£797.29	£677.85	£1,989.59			
	% of all deductions reviewed and signed off by finance (excluding current month)	100%	JR West Wing	100%	100%	100%	100%	100%	100%			
			Churchill Cancer Centre	100%	100%	100%	100%	100%	100%			
			Nuffield Orthopaedic Centre	100%	100%	100%	100%	100%	100%			
To maintain a robust process for managing financial recharges	Provision of monthly recharge report provided (within 10 working days of month end) for each OUH Division	Y/N	JR West Wing	Process in Development	Process in Development	Y	Y	Y	Y			
			Churchill Cancer Centre	Process in Development	Process in Development	Y	Y	Y	Y			
			Nuffield Orthopaedic Centre	Process in Development	Process in Development	Y	Y	Y	Y			
	% of all recharges reviewed and signed off by finance (excluding current month)	100%	JR West Wing	Process in Development	Process in Development	100%	100%	100%	100%			
			Churchill Cancer Centre	Process in Development	Process in Development	100%	100%	100%	100%			
			Nuffield Orthopaedic Centre	Process in Development	Process in Development	100%	100%	100%	100%			
To review monthly budgets to ensure financial performance meets plan	Actual vs plan (monthly)	Y/N	JR West Wing	Review Dates in Diaries	Review Dates in Diaries	Y	Y	Y	Y			
			Churchill Cancer Centre	Review Dates in Diaries	Review Dates in Diaries	Y	Y	Y	Y			
			Nuffield Orthopaedic Centre	Review Dates in Diaries	Review Dates in Diaries	Y	Y	Y	Y			
	Actual vs plan (YTD)	Y/N	JR West Wing	Review Dates in Diaries	Review Dates in Diaries	Y	Y	Y	Y			
			Churchill Cancer Centre	Review Dates in Diaries	Review Dates in Diaries	Y	Y	Y	Y			
			Nuffield Orthopaedic Centre	Review Dates in Diaries	Review Dates in Diaries	Y	Y	Y	Y			
	Forecast vs plan (year end)	Y/N	JR West Wing	Review Dates in Diaries	Review Dates in Diaries	Y	Y	Y	Y			
			Churchill Cancer Centre	Review Dates in Diaries	Review Dates in Diaries	Y	Y	Y	Y			
			Nuffield Orthopaedic Centre	Review Dates in Diaries	Review Dates in Diaries	Y	Y	Y	Y			

PFI objective	Indicator	Target	Site	M5 Aug 22	M6 Sep 22	M7 Oct 22	M8 Nov 22	M9 Dec 22	M	Exception report	Trend	
To ensure agreed lifecycle programmes are in place for all Trust sites	Capital investment plan and replacement programme in place		JR West Wing	In Development	In Development	In Development	In Development	In Development	In Development			
			Churchill Cancer Centre	Awaiting SPV Sign Off	Awaiting SPV Sign Off	Awaiting SPV Sign Off	Awaiting SPV Sign Off	Awaiting SPV Sign Off	Awaiting SPV Sign Off			
			Nuffield Orthopaedic Centre	In Development	In Development	In Development	In Development	In Development	In Development			
	Items by exception to report where there is deviation to lifecycle plan in current or future period and for implications to financial forecasting and other performance indicators within contract to be identified			JR West Wing	In Development	In Development						
				Churchill Cancer Centre	In Development	In Development						
				Nuffield Orthopaedic Centre	In Development	In Development						
To maintain high standards of data quality	Alignment of PFI cleaning scores with independent assessment	N# of cleaning scores where deviation >5 percentage	JR West Wing	Not applicable	Not applicable	In Development	In Development	In Development	In Development			
			Churchill Site	Not applicable	Not applicable	In Development	In Development	In Development	In Development			
			Nuffield Orthopaedic Centre	Not applicable	Not applicable	In Development	In Development	In Development	In Development			
To monitor monthly performance reports from PFI providers to review trends and identify any early interventions required	Monthly Total Number of Service Failure Points by PFI provider		JR West Wing Hard FM	6	6	9	18	19	16			
			JR West Wing Soft FM	124	114	74	170	341	158			
			Churchill Cancer Centre	275	34	593	119	147	92			
			Nuffield Orthopaedic Centre	480	384	634	207	608	335			

Key Quality Metrics Table

Descriptor	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
VTE Risk Assessment(% admitted patients receiving risk assessment)	98.28%	98.34%	98.13%	98.33%	98.33%	98.37%	98.12%	97.78%	97.84%	98.11%	98.07%	N/A
Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)	101	107	7	15	22	34	45	57	73	90	99	115
Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)	4	4	0	0	0	0	1	2	2	2	3	3
% patients receiving stage 2 medicines reconciliation within 24h of admission	47.60%	47.36%	40.74%	44.88%	43.29%	45.59%	50.32%	44.58%	42.74%	44.05%	43.56%	44.49%
% of incidents associated with moderate harm or greater	4.12%	4.10%	4.96%	5.18%	3.62%	3.70%	4.01%	4.56%	3.37%	5.63%	4.22%	4.19%
% Radiology direct access 7 day turnaround times - Plain Film, CT, MRI & Ultrasound	77.16%	70.50%	70.38%	69.58%	69.79%	70.60%	73.62%	76.31%	77.65%	70.10%	75.26%	N/A
CAS alerts breaching deadlines at end of month and/or closed during month beyond deadline	0	0	0	0	0	0	0	0	0	0	0	0
Number of hospital acquired thromboses identified and judged avoidable	0	2	2	0	0	0	1	3	0	0	2	0
Crude Mortality	198	235	239	213	194	253	220	203	223	209	308	261
Dementia - % patients aged > 75 admitted as an emergency who are screened	70.40%	72.43%	64.66%	72.86%	75.15%	70.46%	71.66%	65.50%	64.81%	75.14%	68.20%	N/A
ED - % patients seen, assessed and discharged / admitted within 4h of arrival	66.03%	64.35%	66.50%	67.39%	65.04%	62.22%	64.51%	60.95%	58.19%	57.91%	53.63%	64.42%
Friends & Family test % likely to recommend - ED	75.60%	73.01%	75.48%	N/A	74.95%	73.60%	78.55%	74.51%	71.97%	73.63%	76.26%	N/A
Friends & Family test % not likely to recommend - ED	15.73%	17.43%	15.40%	N/A	16.77%	16.96%	12.78%	15.00%	17.48%	17.60%	15.55%	N/A
Friends & Family test % likely to recommend - Mat	100.00%	91%	83.33%	N/A	83.33%	100.00%	86.41%	85.71%	86.67%	85.09%	84.27%	N/A
Friends & Family test % not likely to recommend - Mat	0.00%	0.00%	33.33%	N/A	0.00%	0.00%	9.71%	7.62%	7.50%	5.26%	12.36%	N/A
Friends & Family test % likely to recommend - IP	93.82%	93.46%	94.03%	N/A	95.39%	94.12%	95.07%	97.71%	95.56%	94.95%	95.46%	N/A
Friends & Family test % not likely to recommend - IP	2.90%	3.30%	2.90%	N/A	2.34%	2.95%	2.34%	2.38%	2.30%	2.62%	2.25%	N/A
Friends & Family test % likely to recommend - OP	93.05%	92.73%	93.22%	N/A	93.55%	93.37%	93.09%	93.22%	93.22%	93.75%	93.81%	N/A
Friends & Family test % not likely to recommend - OP	3.69%	4.09%	3.08%	N/A	3.23%	3.37%	3.05%	3.61%	3.61%	2.87%	3.08%	N/A
% patients EAU length of stay < 12h	43.28%	48.28%	50.16%	50.51%	51.82%	47.22%	45.69%	48.14%	48.07%	48.47%	42.14%	46.79%
% Complaints upheld or partially upheld [Quarterly in arrears]	N/A	30.80%	N/A	N/A	43.55%	N/A	N/A	N/A	N/A	N/A	35.69%	N/A

Indicator	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)	101	107	7	15	22	34	45	57	73	90	99	115

The national contract threshold for OUH apportioned cases of C. difficile for 2022/23 is 104 cases and the OUH currently has 115.

The increase in the number of C.diff cases is of concern and is reflected nationally, with around a 25% increase in cases across England, particularly in the hospital onset cases. After feedback from NHSE this increase is not thought to be due to a newly emergent strain or antibiotic prescribing.

A number of interventions have been rolled out in the OUH over the last couple of months including a Safety Message to highlight:

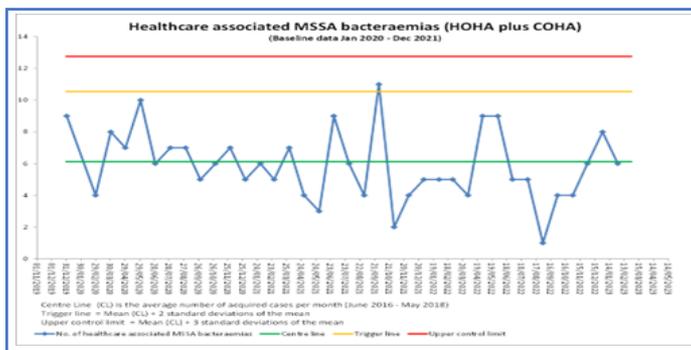
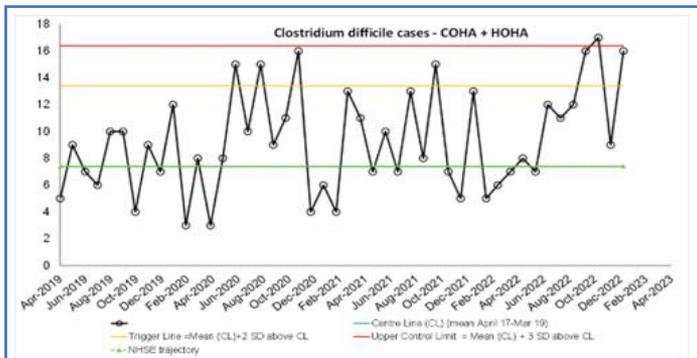
- The importance of hand hygiene, decontamination of patient equipment, and environment

- Patients that are faecal toxin negative to be isolated and treated if symptomatic

- Advice in clinical report from micro on treatment, plus pop up on EPR to remind staff to request C.diff if suspicious of C.diff

- Antimicrobial Stewardship ward rounds continue

On review of the antimicrobial prescribing during December, there is a clear increase in consumption of antibiotics most likely due to the increase to the number of patients admitted to the Trust with respiratory illness requiring treatment. Alongside this there was an increase in sepsis alerts for patients who would then have received antibiotics. It is hypothesised that this may have led to an increase in C. diff cases in January on the JR site (7/16 cases on CMU wards). To this end, a focus on antimicrobial stewardship weekly rounds in the Emergency Assessment areas has been implemented.



C.diff: trajectory is 104 cases, currently at 115 cases. December saw an increase in antibiotic prescribing, probably because of the increase in the number of patients being admitted for respiratory illness. There was increase in the number of sepsis alerts also contributing to antibiotic consumption.

MRSA: no cases in January 2023.

MSSA: remain within the control limits on the SPC graph

GNBSI: no clear themes to reduce rate of E.coli infections. Changes in patient demographics, an ageing population & more 'at risk' patients because of comorbidity or treatment such as immunosuppression are likely to contribute to the increase.

Respiratory Viruses: decrease in cases but an increase in number of nosocomial COVID-19 cases. Likely to be multi-factorial, including significant operational pressure the Trust was under in January (OPEL 4 for 8 days) leading to an inability to optimise isolation, cohorting, and use facilities with optimised ventilation.

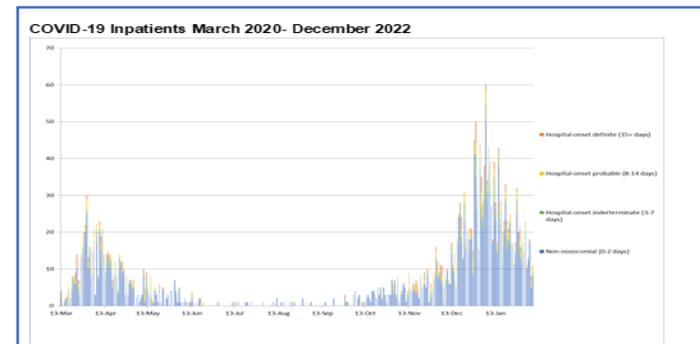
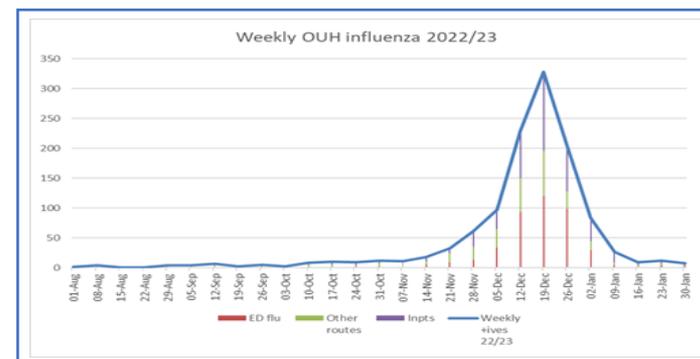
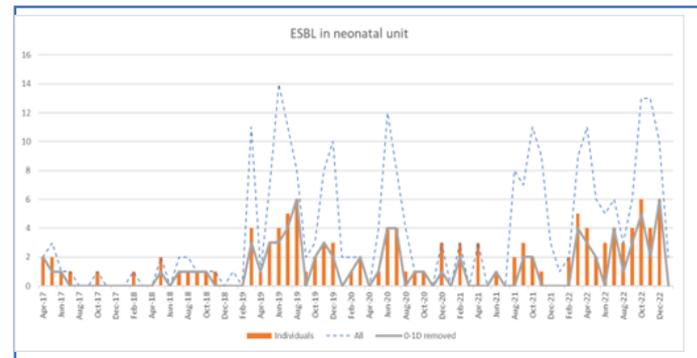
Device Related Infection Prevention

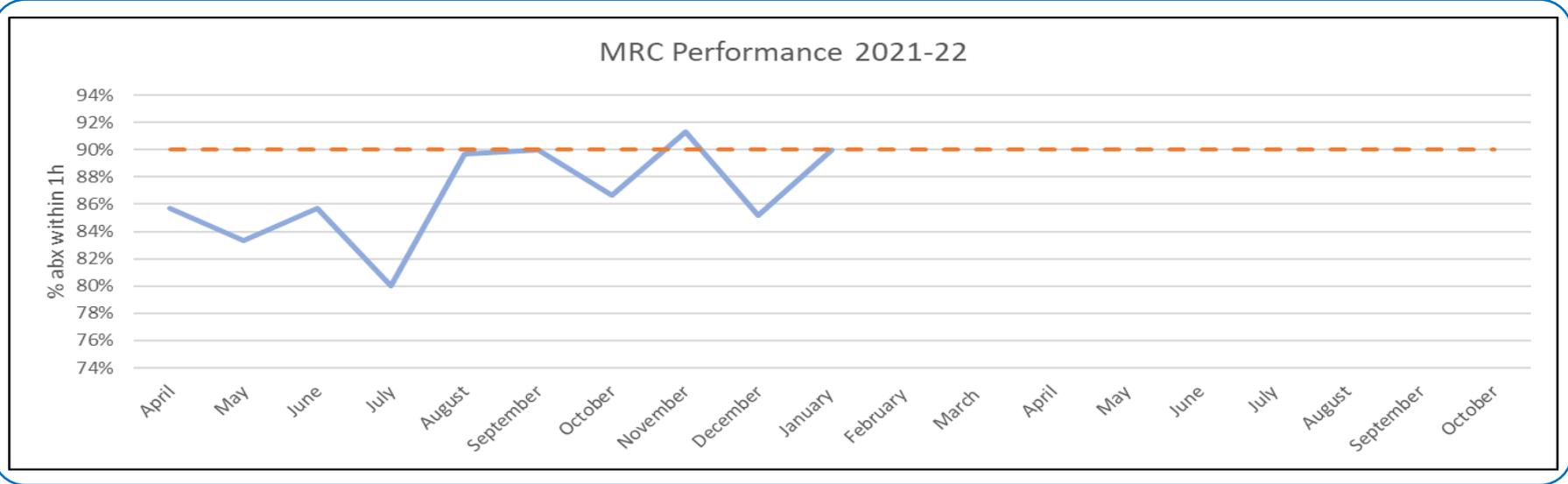
Work: point prevalence audit of invasive devices undertaken 562 pts, 103 with urinary catheter & 309 peripheral lines. Results shared with clinical areas

Spinal Surgery: IPC team have been meeting the Spinal Surgery Governance Lead monthly prior to NHSE visit. Ongoing work is now occurring to update and re-implement the SSI reduction bundle.

IPC Surveillance Software: Company that supply surveillance has ceased trading, the software is still in use but unsupported. Paper prepared for Business Planning Group highlighting implications, mitigation where possible, & potential solutions.

Neonatal Unit: new cases of ESBL colonisation occurred during December. Larger environmental issues will take





- - - Standard — % Abx 1h

Proportion of sepsis admissions that received antibiotics in <1h (target >90%)

- January 2023: Overall 19/21 (90%); ED 19/21 (90%)
- Latest SHMI for sepsis currently unavailable whilst Dr Foster undergoes essential maintenance. Last available 09.01.22 (87.98-94.54) Dec 2020- Nov 21; “lower than expected”; Dr Foster

*Data from audit; dashboard data adjusted after case notes review

Safety Huddles

Safety Huddles are held in all areas to focus on patient and staff safety; to learn from what went well yesterday, what did not go so well, what can we learn and do differently today and what are the risks that need mitigating. The MyAssure app is used to gather compliance data across the OUH and shows 85% compliance with asking the aforementioned questions.

Aim for 100% Compliance with the WHO Surgical Safety Checklist

WHO Audit	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Documentation	97.5%	99.11%	98.62%	99.27%	98.04%	99.65%
Observation	100%	99%	98%	98.8%	100.0%	98.98%

WHO documentation audit 99.65% compliance (284/285): MRC 100% (20/20) NOTSSCaN100% (89/89) SuWOn 100% (30/30) CSS 99.32% (145/146) The non-compliance in Blenheim outpatients was highlighted via an incident report in which the patient underwent a core biopsy of a neck lesion without a WHO checklist and was admitted due to a suspected haematoma. This has been discussed with relevant staff involved alongside the Divisional Medical Director and CMO.

WHO observational audit 98.98% compliance (387/391): CSS 100% (24/24), MRC 100% (119/119), SUWON 100% (135/135) NOTSSCaN 96.46% (109/113). Three observation audits had a member of team missing from the WHO in JR Theatres; this has been addressed and weekly compliant audits will be undertaken. One observation audit in oral max fax outpatients was not compliant due to Sign In section, this was addressed with team present at time of audit and with the clinical governance lead.

Local Safety Standards in Invasive Procedures (LocSSIPs)

- 36 have been completed and ratified for use at the relevant Directorate and Divisional Governance meetings, and Safer Surgery and Procedures Implementation Group (SSPIG). These LocSSIPs are published on the Trust intranet for staff to access.
- Local audit of the safety checklist element of the LocSSIPs is included in the WHO compliance audit above.

Completion rate of actions from Never Event root cause analyses

- Sixteen actions from 2020/21 Never Events have passed their target date and all but one have been completed with evidence uploaded to Ulysses.
- Twenty-five actions from the four 2021/22 Never Events have passed their target date, 16 of which have been completed with evidence uploaded.
- Four actions from the completed 2022/23 Never Event have passed their target date, one of which has been completed with evidence uploaded.
- The outstanding actions are being actively followed up by the Head of Clinical Governance and Patient Safety Managers with the relevant Divisional Clinical Governance & Risk Practitioners.

Three Never Events have been agreed to date in 2022/23

- One investigation is complete, the second is ongoing.
- The third and most recent Never Event confirmed in January 2023 is detailed on the slide below.

Never Event

A new Never Event was confirmed in January 2023, reference 2223-088.

It concerned a patient who had a temporary chest drain inserted to drain pleural fluid. When the drain was removed it was noted that the guidewire had been retained within the drainage tube. The guidewire was removed under ultrasound guidance without complication on the day the retention was identified.

The Clinical Director contacted all Radiology staff to reiterate the important of the WHO sign-out for ensuring all accountable items have been accounted for and counted.

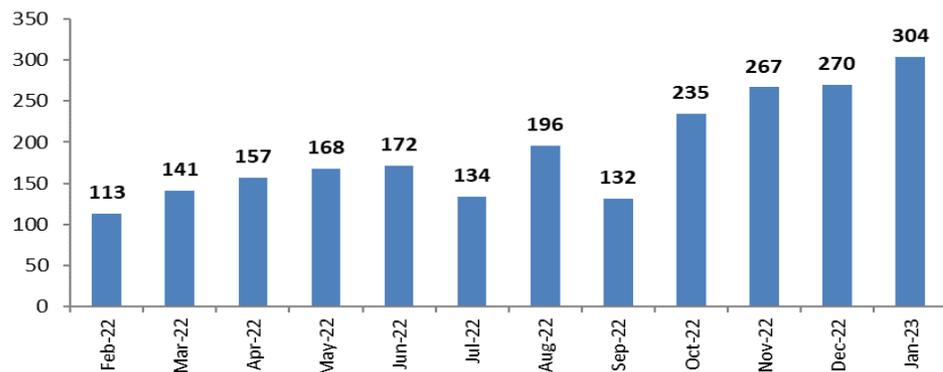
WHO training for radiologists was discussed at the subsequent Directorate governance meeting in January 2023.

A lead investigator has been appointed, and discussions with staff undertaken; the case will be discussed in Serious Incident Group in February 2023.

“Studying excellence in healthcare can create new opportunities for learning and improving resilience and staff morale”

- A staff led initiative whereby members of staff can nominate colleagues to recognise instances of excellence.
- The nominee receives an email thanking them and the narrative that was reported.
- A multi-professional core group has enthusiastically promoted Excellence Reporting locally (within respective divisions and in all-staff briefings, through Corporate Communications and on social media) and represented the Trust work nationally.
- The Chief Executive Officer personally presents an excellence report of the month to an individual or team that has made a significant contribution.
- In January 2023 our Chief Executive Officer presented the award to an Advanced Nurse Practitioner from our Transplant team, who was recognised for going above and beyond by arranging a fundraising event for one of our kidney transplant patient's children, supporting them and enhancing staff morale.

Excellence Reported in Ulysses

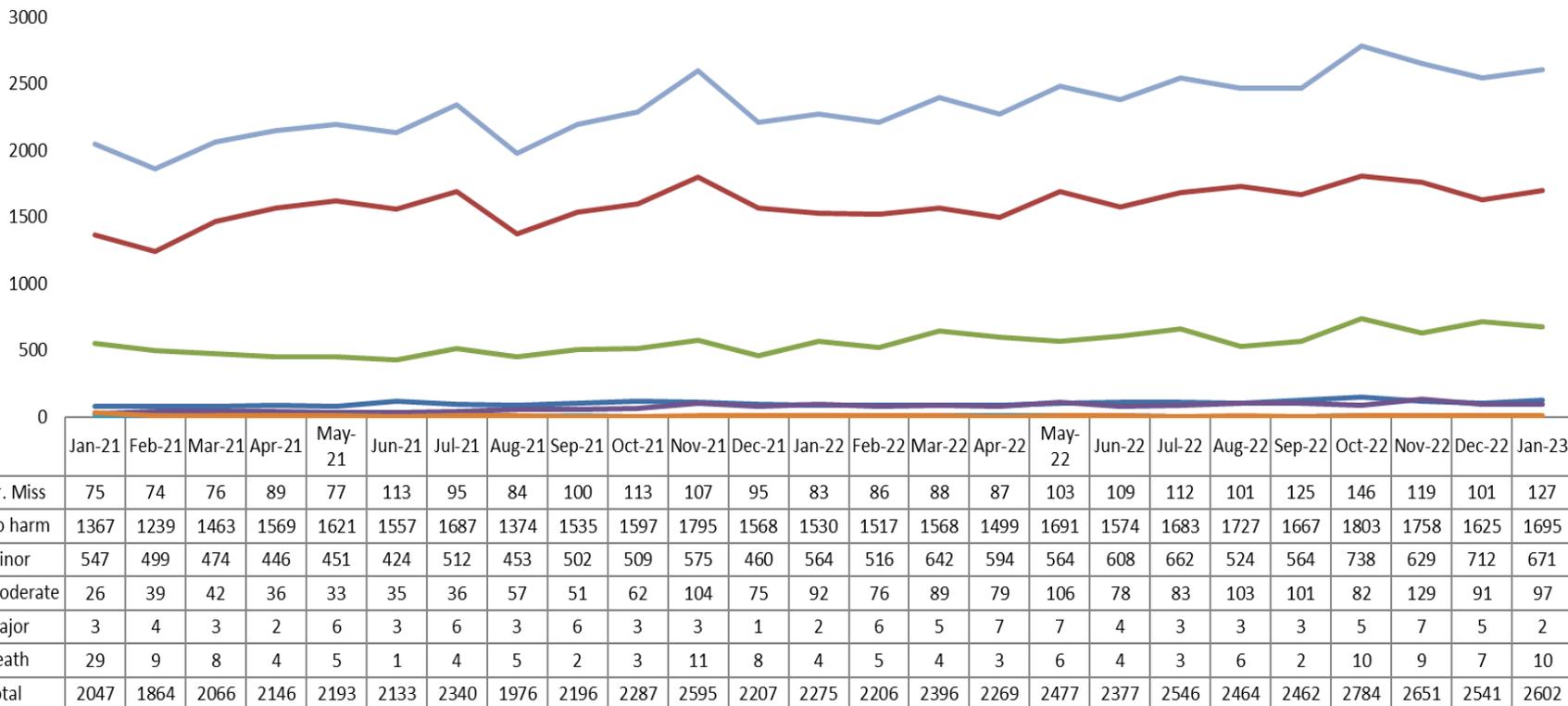


Theme	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Compassionate Care	34	27	49	47	36	57
Going Above And Beyond	96	62	109	112	104	131
Innovation	6	4	5	6	5	12
Teamworking	60	39	75	102	125	104
Grand Total	196	132	235	267	267	304



Incidents reported in the last 24 months and Patient Safety Response (PSR)

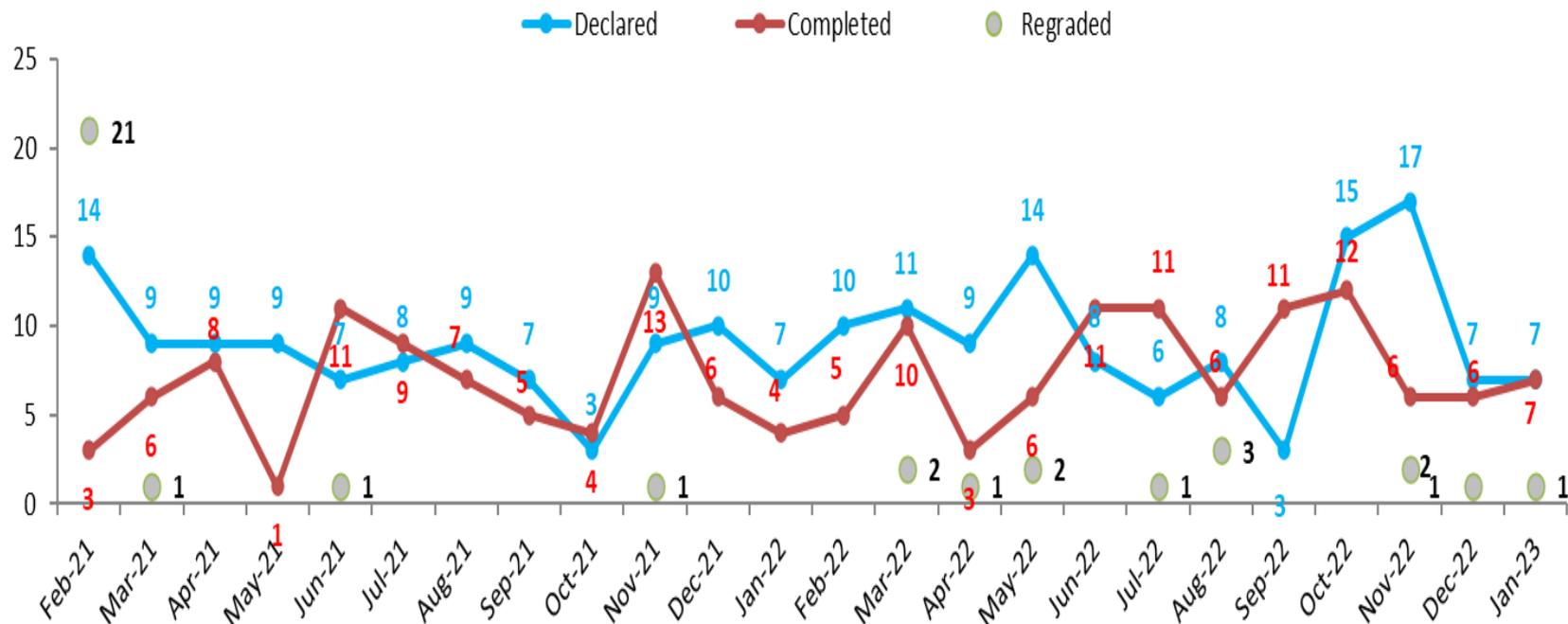
2602 patient incidents were reported in January 2023; the mean monthly number over the past 24 months is 2324. A large number of incidents reported with a small percentage of incidents with significant impact reflects a good safety culture.



In January 174 incidents were discussed at PSR. 10 visits from PSR representatives to support staff or patients took place, and 11 incidents had their impact downgraded in the meeting.

The graph below shows 7 SIRIs were declared by the Trust in January 2023 and 7 SIRI investigations were sent for approval to the ICB. Learning from these investigations is disseminated at a range of Trust, Division and local level meetings, with communication to target groups often written into actions plans.

SIRIs declared and completed in the last 24 months

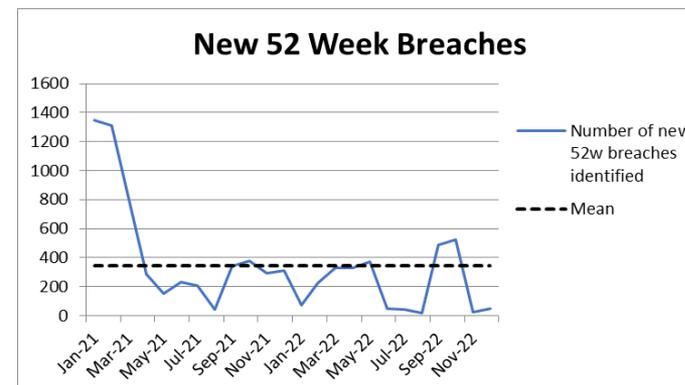


The Trust has an established process for assessing clinical and psycho-social harm for patients waiting for over 52 weeks for treatment. This is in addition to the program of harm reviews for patients undergoing care for cancer whose pathways exceed 104 days. This data is shared at the Harm Review Group (HRG) meeting.

Services with over 20 new 52-77w breaches

Specialty	Sep22 new breaches	Oct22 new breaches	Nov22 new breaches	Dec22 new breaches	Dec22 total breaches
Endoscopy (Gastro)	(17)	22	(1)	(0) ↓	31
Gastroenterology	26	26	(0)	(0) ↔	74
Gynaecology	(16)	22	(2)	(2) ↔	56
Maxillofacial	(6)	22	(0)	(2) ↑	45
Orthopaedics	25	34	(2)	(3) ↑	112
Plastic Surgery	36	34	(2)	(5) ↑	79
Rheumatology	(15)	20	(0)	(0) ↔	60
Spinal Surgery Service	31	27	(4)	(1) ↓	92
Trauma & Orthopaedics	83	92	(4)	(6) ↑	305
Urology	78	102	(1)	(9) ↑	322
Vascular Surgery	24	24	(1)	(1) ↔	69

New 52-77w breaches per month



- There were 1630 patients who had been waiting 52-77 weeks for elective treatment at the end of December 2022 (an increase on the November figure of 1509).
- December saw 49 new 52-77w breaches, a slight increase on November's figure of 25. The 24-month mean is 342.
- The table above shows details of all services that have had 20 or more new breaches in recent months; for the second consecutive month all services had below 20.
- No cases with Moderate+ impact have been confirmed from 52w breaches in 2022/23 to date. Some with Moderate impact identified on the harm review are being considered by HRG to confirm impact.
- The following slide shows the number of 52w breaches with a decision to treat. The information is then collated using the RCS priority codes assigned to the patient.

December 2022 52+w breach cases with details of the prioritisation level

Service	P2	P3	P4	P6	D2	D3	D4	D7	N1	No RCS code recorded	Grand Total	
Urology		3	130	93	13						53	292
Neurosurgical Service		2	16	7	1						4	30
Cardiology		1	1								2	4
General Surgery		1										1
Plastic Surgery		1	13	24	5			1			22	66
Orthopaedic Service		1	8	43	5	2				1	16	76
Vascular Surgery		1	3	6	6						9	25
Paediatric Spinal Surgery			18	11							3	32
Spinal Surgery Service			8	26							8	42
Physiotherapy				3							2	5
Clinical Neurophysiology											1	1
Paediatric Oral and Maxillofacial Surgery Service			3	4							1	8
Gynaecology			16	15	3						10	44
Paediatric Trauma and Orthopaedics			1	3								4
Interventional Radiology											3	3
Plastic Surgery Craniofacial			1	2							1	4
Maxillo Facial Surgery			26	11	3						5	45
Upper Gastrointestinal Surgery				2								2
Colorectal Surgery				1	1					1		3
Paediatric Plastic Surgery			3	10				1			5	19
Ophthalmology			7	44	1						11	63
Paediatric Surgery			1	1	1						3	6
Orthodontics											1	1
Paediatric Urology			2								1	3
Dermatology			1								2	3
Endoscopy (General Surgery)											1	1
Ear Nose and Throat			5	9							1	15
Rheumatology				2								2
Endoscopy (Gastroenterology)						1	1	1		1	2	6
Trauma and Orthopaedics			48	159	5						57	269
Paediatric Gastroenterology					1							1
Gastroenterology								3				3
Paediatric Ophthalmology			1	12							1	14
Orthoptics				1								1
Paediatric ENT			2	2								4
Grand Total		10	314	491	45	3	1	6	1	2	225	1098

This table shows patients with a decision to treat. The following slide contains a key for the prioritisation codes.

Prioritisation level key

Priority Code	Priority Description
P1A	Emergency - Operation needed within 24 Hours
P1B	Urgent - Operation needed within 72 hours
P2	Surgery that can be delayed for up to 4 weeks
P3	Surgery that can be delayed for up to 3 months
P4	Surgery that can be delayed for more than 3 months
P6	Patient choice to wait for social reasons
P7	Prioritise at a later date
D1	Potentially life threatening or time critical conditions - Emergency
D2	Potential to cause disability or severe of reduction of quality of life
D3	Chronic complaints that impact on quality of life and may result in mild or moderate disability (4-6 weeks)
D4	Chronic complaints that impact on quality of life and may result in mild or moderate disability (6-12 weeks)
D7	Prioritise at a later date
N1	Planned / Surveillance
N2	Private Patient
Unknown/no	Unknown/not stratified

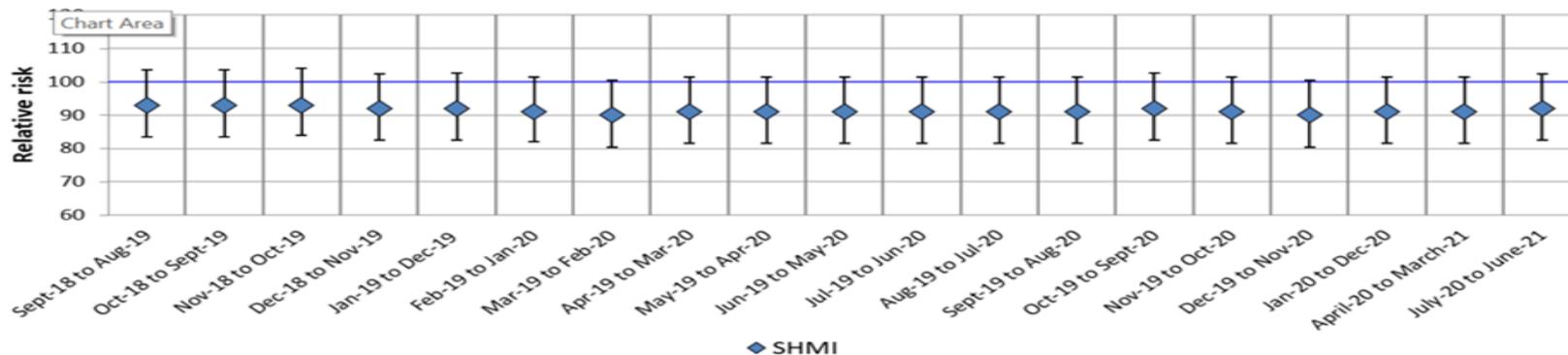
Since 5 February 2019 a weekly safety message from the CMO and CNO has been issued from the central Clinical Governance team, emailed to all staff accounts, and available on the intranet

Weekly Safety Alerts

Actions ▾		1 - 100 ▶
 Title	Alert Date	
Weekly Safety Message 210: Elective Pathway Harm Reviews NEW	14/02/2023 13:00	
Weekly Safety Message 209: Testing Resuscitation Bleeps	07/02/2023 09:00	
Weekly Safety Message 208: Results Endorsement	31/01/2023 10:00	
Weekly Safety Message 207: Wearable Diabetes Devices	24/01/2023 10:00	
Weekly Safety Message 206: Hospital/Healthcare Passports for Patients with Learning Disabilities or Additional Needs	17/01/2023 11:00	
Weekly Safety Message 205: Caution required for Look-Alike Medicines	10/01/2023 11:00	
Weekly Safety Message 204: Dying with Parkinson's Disease	03/01/2023 10:00	

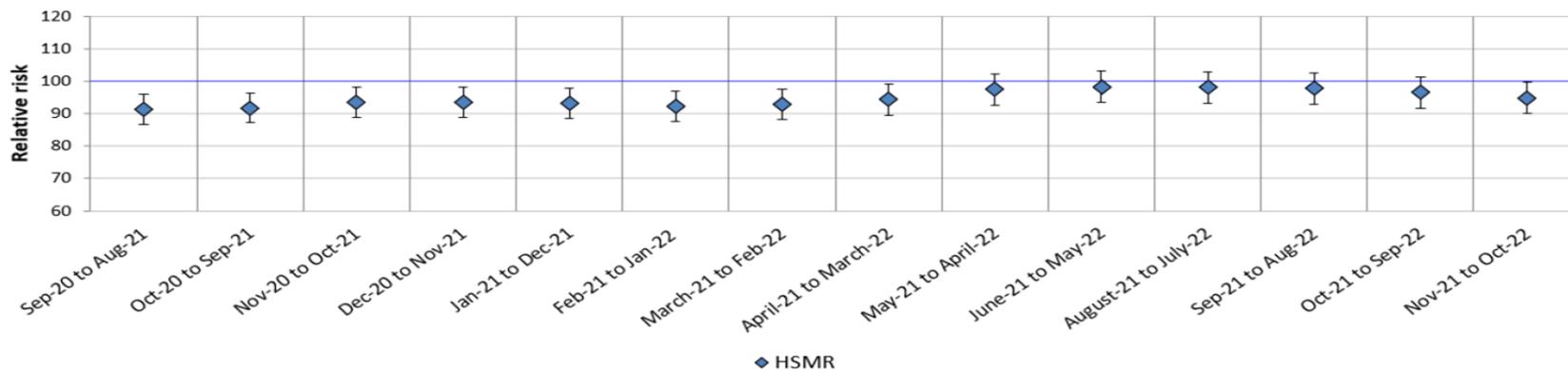
The SHMI for the data period July 2021 to June 2022 is 95. This remains rated 'as expected'.

OUH NHS FT SHMI trend



* SHMI is normally expressed as a standardised ratio with a baseline of 1; this has been multiplied by 100 to express as a relative risk with a baseline of 100 to enable comparison to the HSMR.

OUH NHS FT HSMR trend



The HSMR is 94.9 for November 2021 to October 2022. The HSMR is rated 'lower than expected'

Site	SHMI	Banding	95% lower CL	95% upper CL	Observed deaths	Expected deaths
John Radcliffe Hospital	0.91	As expected	0.896	1.116	2024	2216
Horton General Hospital	0.97	As expected	0.85	1.18	528	545
Nuffield Orthopaedic Centre	0.36	Lower than expected	0.670	1.440	13	36
Churchill Hospital	0.86	As expected	0.84	1.179	333	387
Sobell House Hospice	3.04	Higher than expected	0.70	1.42	110	36
Katherine House Hospice	3.10	Higher than expected	0.67	1.48	89	29

NHS Digital have advised removing OUH Hospice data from the Trust level SHMI due to issues with the volume of spells and mortality rate which skew the data when comparing with Trusts without hospices. The SHMI does not consider the speciality of site. The current Trust level SHMI (95) includes both Sobell House Hospice and KHH. These will be excluded by NHS Digital for the next SHMI release.

HSMR (56 diagnosis groups) benchmarking with the Shelford Group – Observed Vs Expected deaths and HSMR figure by Trust

Title	CUSUM	Vol	Obs	Exp	%	Relative risk	Trend
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	🟢 1 🟡 5	87160	2210	1925.6	2.5	114.8	
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	🟢 6 🟡 3	117265	4000	3701.3	3.4	108.1	
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	🟢 6	52885	1910	1977.1	3.6	96.6	
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	🟢 4	64448	2147	2262.3	3.3	94.9	
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	🟢 3	75200	1565	1666.5	2.1	93.9	
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	🟢 26	88135	2505	2708.4	2.8	92.5	
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	🟢 15	58875	1270	1527.1	2.2	83.2	
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	🟢 22	52280	915	1179.4	1.8	77.6	
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	🟢 37	66980	1440	1905.6	2.1	75.6	
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	🟢 21	52350	645	859.8	1.2	75.0	

Operational Performance

Note: Benchmark data for A&E and cancer standards is in line with the rest of the report; RTT and diagnostics is one month behind.

OUH Operational Performance Benchmarking – National and Shelford Group

Indicator	Standard	Current Data Period	National	Shelford	OUH
Accident & Emergency '4 hour' standard 'All Types'					
% ≤4 hour waits from Emergency Department attendance to admission/transfer/discharge	95%	31/01/2023	64.64%	54.53%	64.42%
Referral to Treatment Standards					
RTT: % <18 week waits, Incomplete pathways	92%	31/12/2022	57.55%	59.48%	61.85%
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	31/12/2022	2171	5211	1850
Cancer Standards					
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	31/12/2022	80.29%	82.29%	79.09%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	31/12/2022	72.47%	63.19%	95.74%
First treatment within 31 days of cancer diagnosis	96%	31/12/2022	92.67%	88.44%	84.88%
First cancer treatment within 62 days of urgent referral from screening service	90%	31/12/2022	73.00%	57.32%	23.08%
First cancer treatment within 62 days of urgent GP referral	85%	31/12/2022	61.76%	54.36%	61.01%
Subsequent cancer treatment in <31 days: surgery	94%	31/12/2022	81.86%	73.87%	75.31%
Subsequent cancer treatment in <31 days: drugs	98%	31/12/2022	97.89%	97.46%	98.06%
Subsequent cancer treatment in <31 days: radiotherapy	94%	31/12/2022	90.71%	94.17%	97.93%
DMO1 6 week Diagnostic Standard					
DMO1: >6 week waits for treatment	1%	31/12/2022	31.28%	27.88%	10.51%

A&E

January 2023 saw an improvement in performance against the 4-hour standard, with OUH remaining in the lower quartile nationally, but comparing favourably when compared to the Shelford average.

RTT

At the end of December 2022, OUH performed above the national average and the Shelford group average for patients waiting under 18 weeks at 61.85% and continues to report significantly less >52 week waits when compared to both the national average and the Shelford group.

Cancer Standards

In December 2022, OUH performed less favourably across 2 of the 8 cancer standards when compared to both the national and Shelford Group averages. Performance across 5 cancer standards was favourable when compared solely to the Shelford Group averages.

Diagnostic waits

At the end of December 2022, OUH continued to perform favourably against the 6-week diagnostic standard when compared to the national and Shelford group averages.

ED 4 - hour performance



Figure 1. OUH 4 hr 'all types' performance Mar 2019 – January 2022

Legend: Oxford University Hospitals (Blue), Buckinghamshire & Berkshire (Orange), Shelford Group (Purple), Other (Grey)

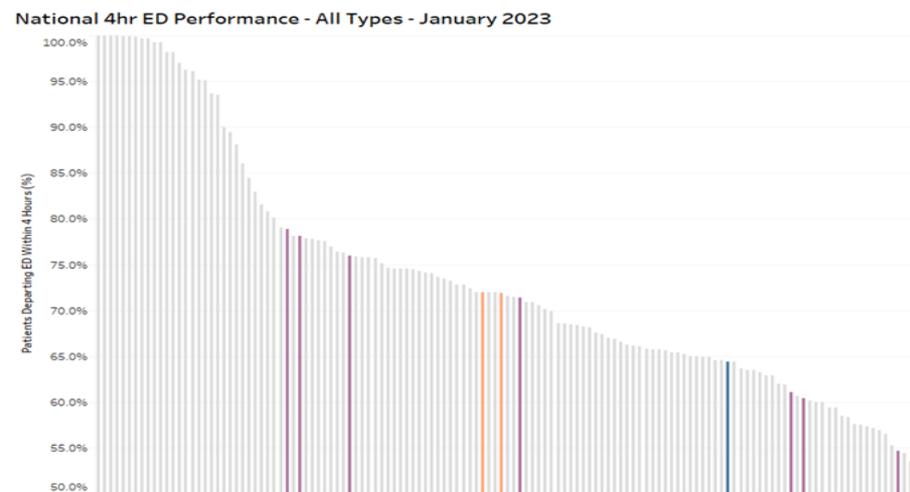


Figure 2. OUH performance of 'all types' (Emergency Departments only) compared to the National position – January 2023

- Performance against the ED 4-hour standard for OUH increased to 64.42% in January 2023, an improvement of 10.79% from December 2022.
- The JR performance improved by 10.93% to 62.27% compared to 51.34% in the previous month and at the Horton by 10.47% up to 70.71% compared to 60.24% in December 2022.
- The OUH position for January 2023 improved compared to December 2022 in the national rankings for ED 4-hour performance 'all types' but continued to remain in the lower quartile for performance.
- OUH maintained 5th position against the Shelford Group and remained in 7th position against the local regional hospitals.
- ED attendances have decreased from 13,866 in December 2022 to 11,707, in January 2023, a fall of 15.57%. Attendances at the Horton dropped by 510 (12.9%) and those at the JR decreased by 1,648 (16.63%)
- The most notable reduction in type activity was seen in Majors. When compared to December 2022, there was an 8.42% decrease in Majors emergency care presentations at the JR and 12.45% decrease at the Horton.
- January saw a significant reduction in **Paediatric presentations with a decreased of 34.4% at the JR ED**. Adult presentations at JR ED decreased by 8.66% in January 2023 compared to December 2022. **Paediatric presentations at the Horton ED also decreased by 29%** in January 2023. Adult presentations decreased by 7.6% at Horton ED in January 2023 compared to December 2022.
- The most significant breach reasons for admitted patients were 'Waiting to be seen' (36%) or 'Bed wait' (28.9%). The most significant breach reasons for non-admitted patients was 'Waiting to be seen' (64.85%), of which 57.23% of the non-admitted breaches were 'Waiting to be seen' by ED. A key focus of the OUH UEC Recovery programme is on reducing the time patients are waiting to be seen by the re-introduction of the ED navigator role, twilight senior decision maker pilot and operational trial of 12hr total stay in ED as a 'never event' which will all support in creating space to be available for patients to be seen in a more timely way.
- The Acute Ambulatory Unit (AAU) was able to resume full function as a daytime only ambulatory unit. The additional capacity (4 beds) on 5B was able to close but the 12 medical escalation beds on 6D remained open.
- At the Horton site additional capacity was used intermittently on CCU and for some short periods the new Discharge Lounge was converted to inpatient space for patients expected to go home within the next 24 hours. The Day Surgery Unit has helpfully accommodated traditional Discharge Lounge patients when needed.
- Despite being in a larger environment, the Surgical Emergency Unit (SEU) triage came under intense pressure into February with very high emergency attendances.
- Pressure on critical care capacity into January at OUH which was reflected across the Region. Adult and paediatric elective work were impacted as a result.

Figure 1.

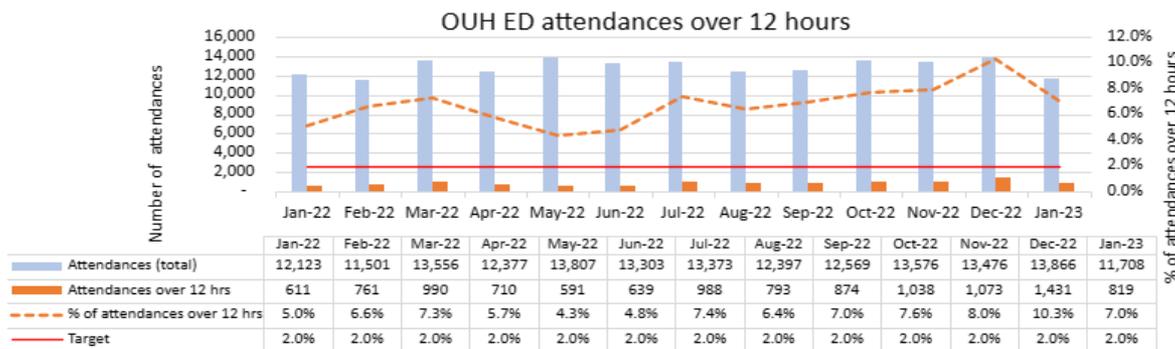


Figure 2.

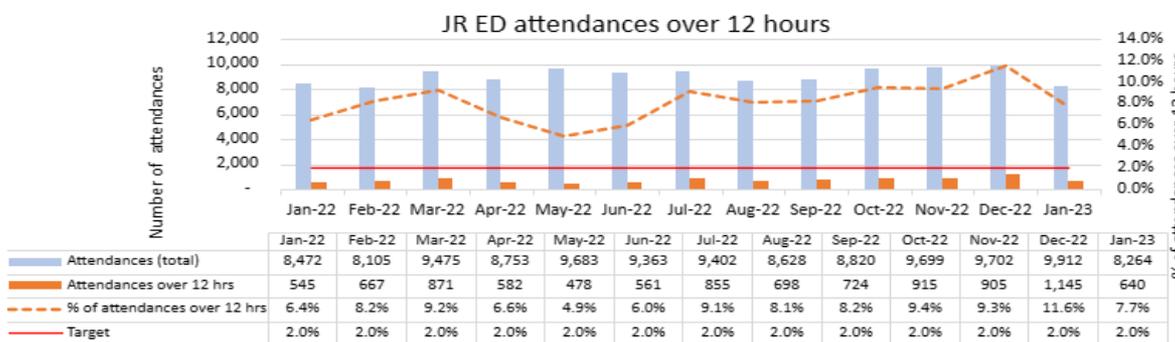
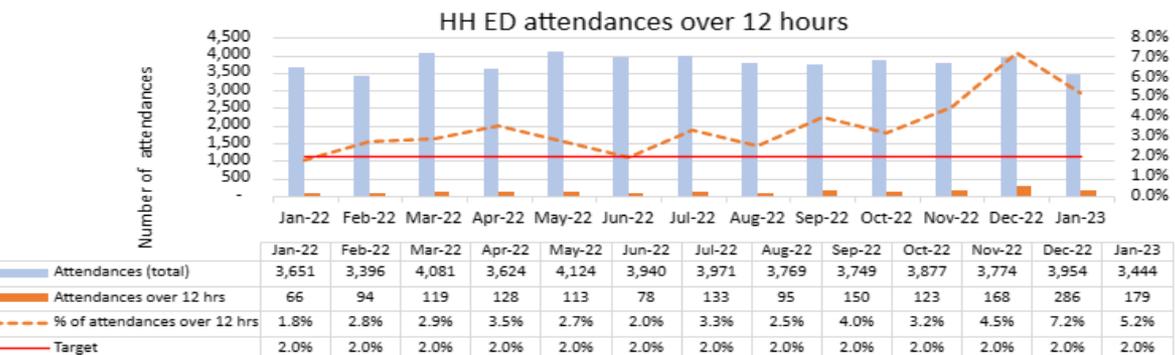
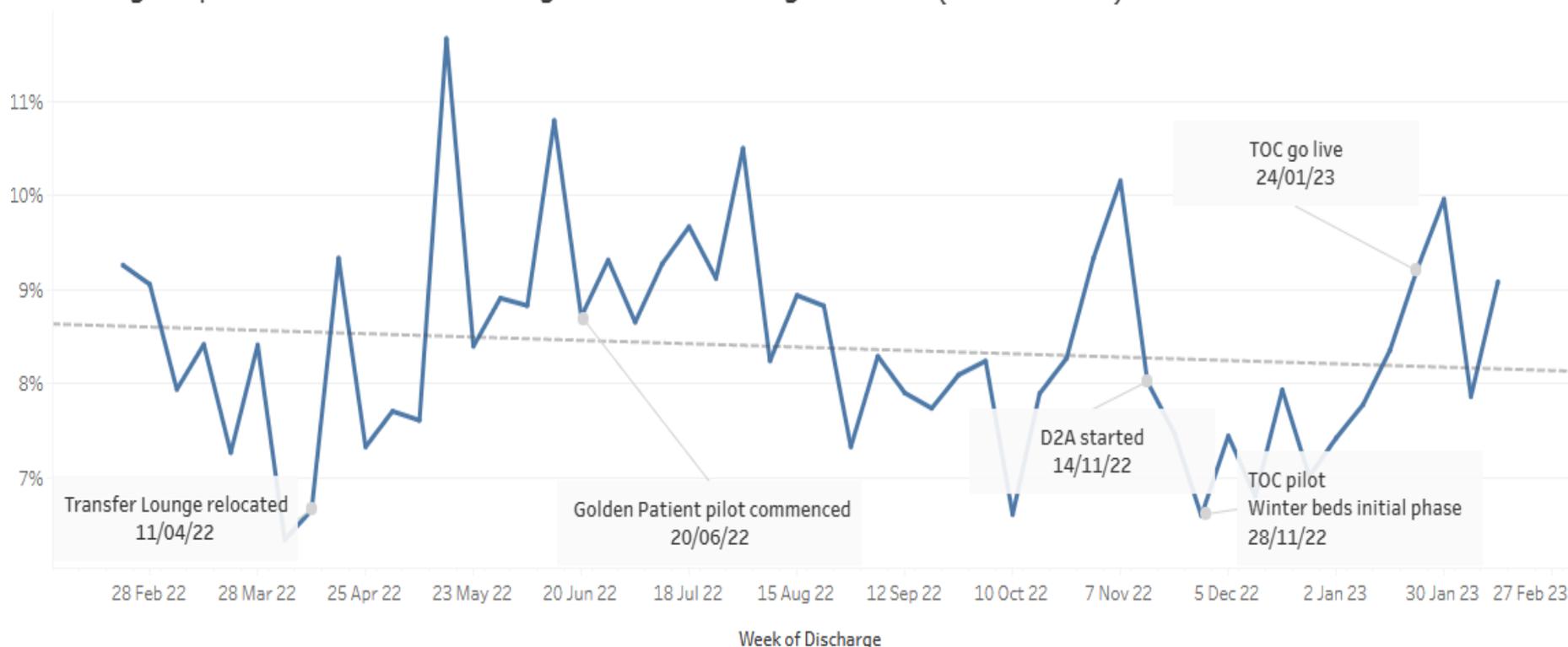


Figure 3.



- January 2023 saw 7% of Emergency Department (ED) attendances (819 patients) with a length of stay greater than 12 hours against the threshold of 2.0%. This is a significant improvement on the previous month but also reflects the reduced number of attendances.
- Figure 2 illustrates the percentage of attendances at the JR ED with a length of stay greater than 12 hours. This has decreased on the previous month at 7.7% with 640 patients, residing in the JR ED for greater than 12 hours.
- Whilst Covid and Flu numbers reduced during January, there were still challenges in appropriate placement of patients in line with IPC guidance. A balance of risk approach was taken when approaching these scenarios.
- Figure 3 illustrates the percentage of ED attendances at the Horton with a length of stay greater than 12 hours. This was 5.2% in January, 179 patients. Whilst this is an improvement on the previous month, compared to previous months with similar attendance figures, is a deteriorated position. The main contribution factor to this for the Horton site in December was flow out of the ED due to capacity constraints within the inpatient areas. On occasions, the Discharge Lounge remained open overnight with patients for discharge the following day.
- Historically all patients with a length of stay of over 12 hours were adults. Due to the nature of IPC related attendances in January and availability of side rooms in the Children's Hospital, some children were in our ED's for over 12 hours. This was 2% (44 children) of paediatric attendances in December, the same as the previous month.

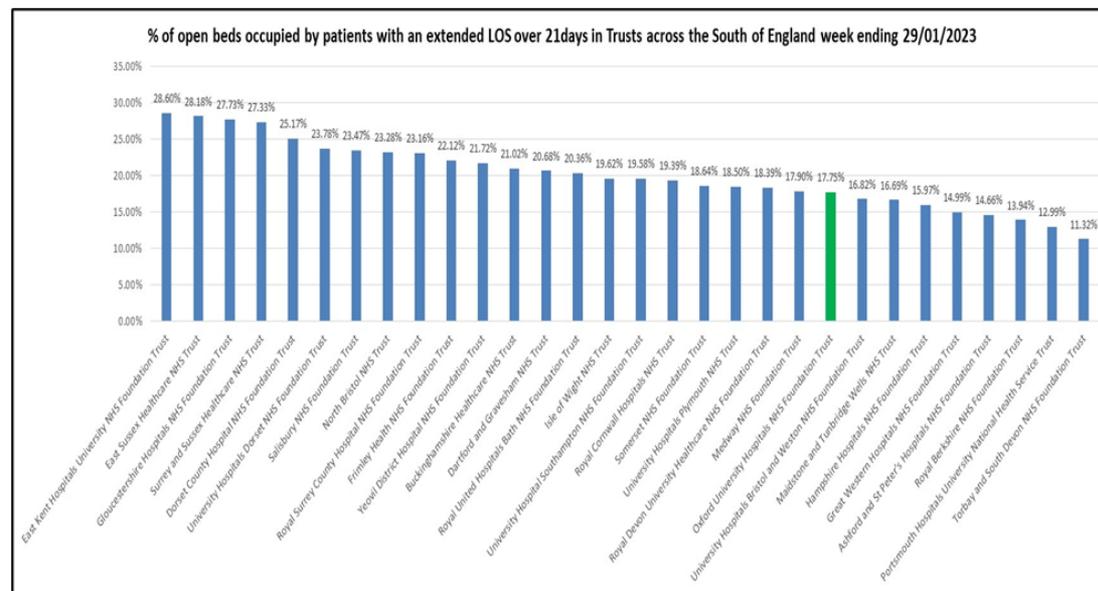
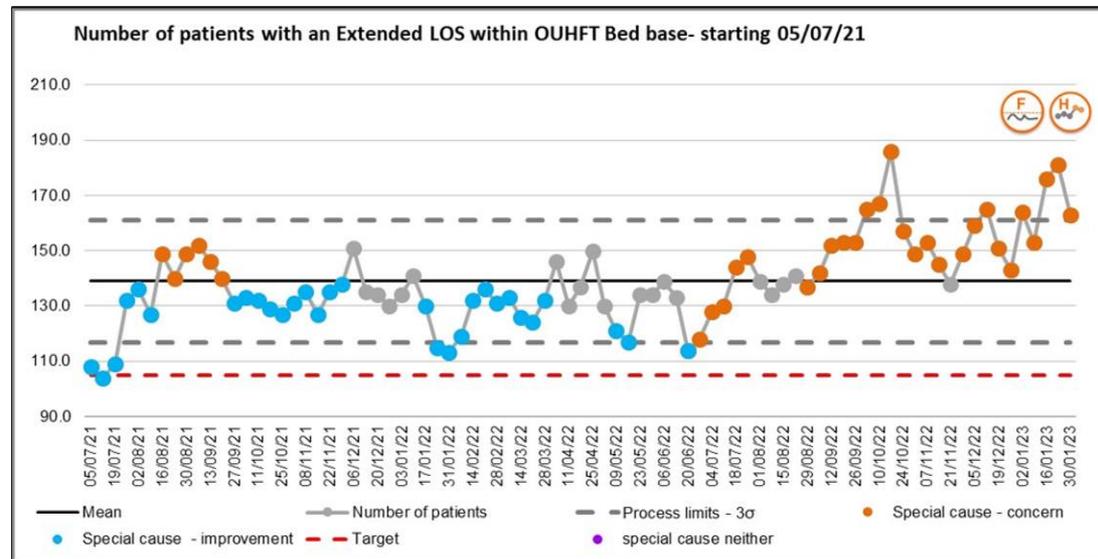
Percentage of patients who were discharged between midnight & 10am (00:00 - 10:00)



- The above graphs illustrate the percentage of discharges before 10am. The data includes the last ward that the patient was on, or penultimate ward if the patient was discharged from the Transfer Lounge.
- Increasing numbers of patients with Covid and Flu from the Autumn onwards impacted the utilisation of the transfer lounge and consequently the number of patients discharged before 10am.
- Scoping work was carried out in December for an alternative Discharge Lounge area for patients with either Flu or Covid that will be considered by the Trust-wide Urgent Care Group.
- As part of the Urgent and Emergency Care Recovery Programme 2023/24, both the JR and Horton Discharge Lounges will be assessed against the National Discharge Lounge Guidance alongside an improvement cycle for early discharge.

Progress this reporting period

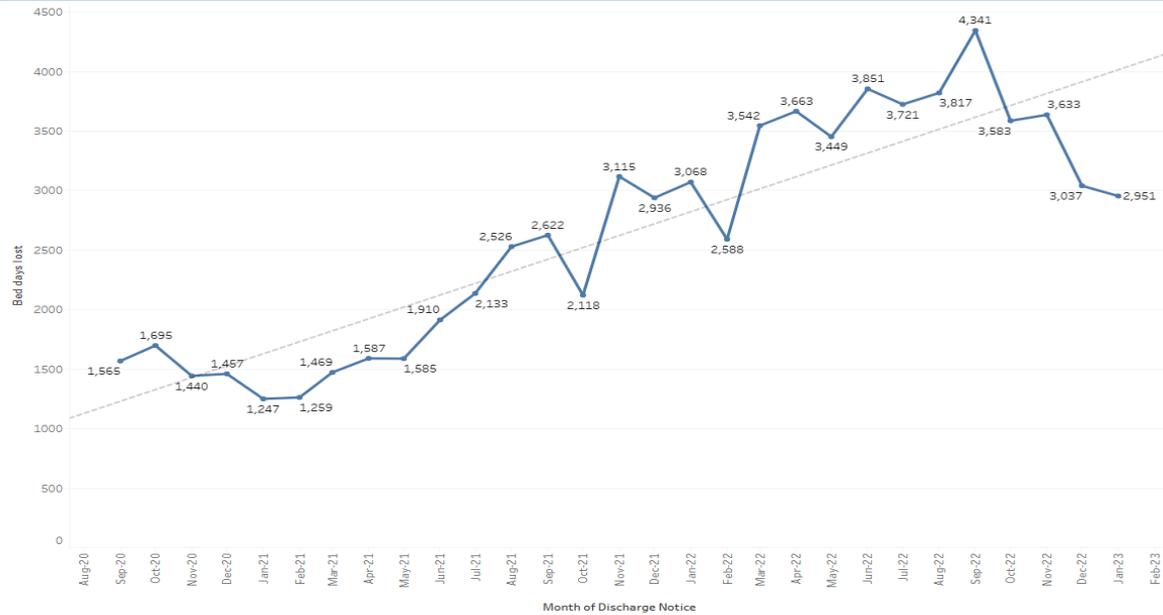
- The percentage and number of patients with an extended length of stay of over 21 days increased for the second consecutive month.
 - OUHFT still performs well in the Region, specifically when compared to comparable Trusts, but has slipped down to 9th position from 4th.
 - A reduce percentage in January were medically optimised for discharge, however there were increasing numbers that were due to out of county delays. A dedicated nurse within the Discharge Team started in post in January 2023 to provide dedicated support to out of area patients.
 - The expansion of the Transfer of Care Hub in January went well and should result in reduced length of stay for patients once MOFD.
 - Action plans are underway with the Dep Director of UEC and Dep Divisional Nurses to address key areas that are within the control of OUHFT; pathway review for patients awaiting community hospital placement, patients NOT MOFD due to intravenous therapy, address 'blanks' for delay code, refresh and relaunch of the revised Board Round Policy.
- Patient with a LOS over 21 days – point prevalence 30/01/2023**
 - 16% (163) are over 21 days
 - 1% (2) are waiting for repatriation
 - 35% (57) are out of county
 - 12% (20) are NEWs 5 and above
 - 29% (47) are Medically Fit for Discharge, of this 36% (17) are waiting for community hospital placement or any other bedded intermediate/ reablement care, 21% (10) are waiting for social care reablement or home-based intermediate care time limited and 9% (4) are waiting for start or restart of domiciliary care package – long-term packages.



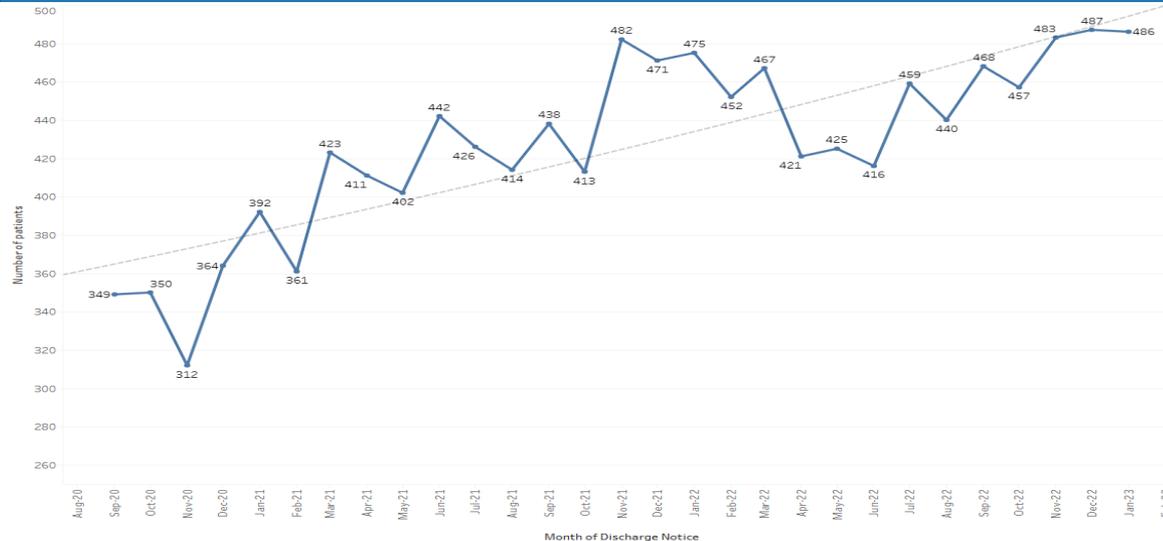
Urgent Care: Medically Optimised for Discharge

- There has been a steady increase in the number of patients who do not meet the criteria to reside that are delayed waiting for services to support discharge (Pathways 1-3) over the past 2 years
- However, the length of time these patients have been delayed has decreased.
- A number of factors contributed to the increase in medically optimised patients:
 - A change in reablement provider and the criteria for accessing the service
 - A subsequent increase in referrals to social care
 - Management and process of referrals (linear)
 - Covid outbreaks within the Short Stay Hub Bed providers leading to bed closures
 - Closure of one Short Stay Hub Bed unit in the North of Oxfordshire
 - Workforce challenges across domiciliary providers
 - The removal of the Hospital Discharge Programme post Covid
 - Challenges to implement a 'Discharge to Assess' at home approach
- The Transfer of Care Hub has been extended to all bed bases as part of our MADE event in January. The ToC Hub will facilitate more rapid decision making, proactive discharge planning, facilitate discharge home to a higher proportion of patients and reduce length of stay once MOFD.
- The additional 'winter beds' that were procured has helped to facilitate further discharges to the community post-Christmas. The CARE team have also been trialling a 'Discharge to Assess' model which has proven very successful.

Number of bed days lost for patients who were medically optimised for discharge but whose discharge was delayed



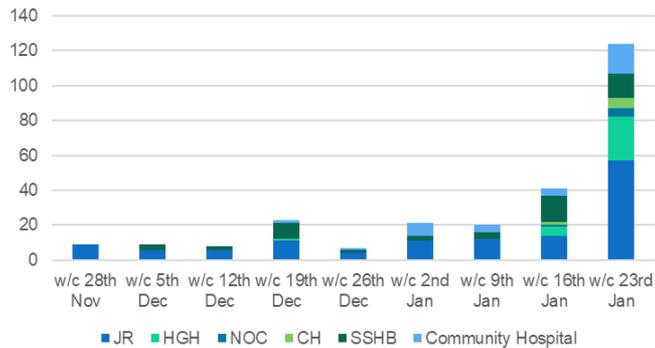
Number of patients who were medically optimised for discharge but whose discharge was delayed



MaDE week undertaken across the system at the end of January and was used for a significant rollout of the ToC Hub approach and process.

The ToC Hub now covers 54 out of 56 appropriate bed bases in the Oxfordshire system.

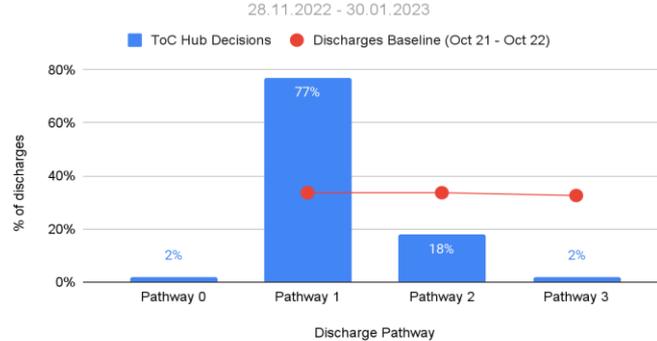
Referrals to the ToC Hub by week since pilot launch



The MaDE week was used for a significant rollout of the ToC Hub approach and process. It now covers 54 out of 56 appropriate bed bases in the Oxfordshire system.

126 referrals received by the ToC Hub in w/c 23rd January.

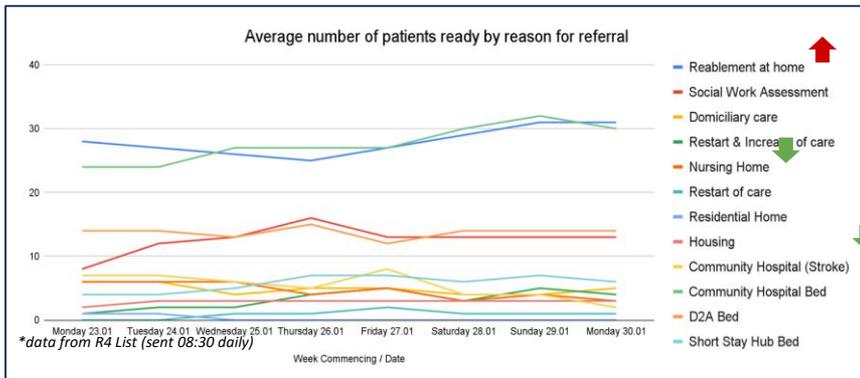
ToC Hub decisions made by pathway



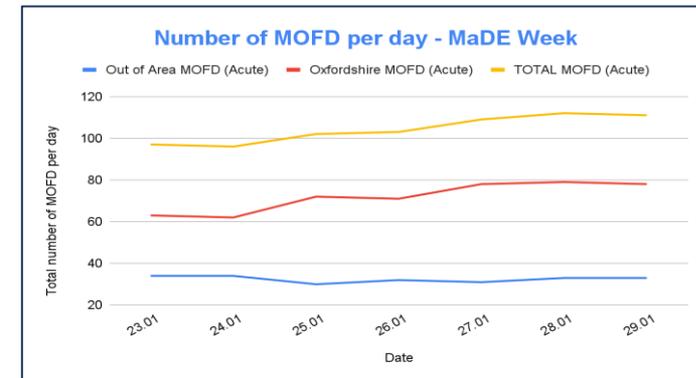
ToC Hub discussions and decision making is enabling an increase in the number of discharge decisions via Pathway 1.

Continued data analysis will monitor impact on Length of Stay and outcomes, now that the ToC Hub is at scale.

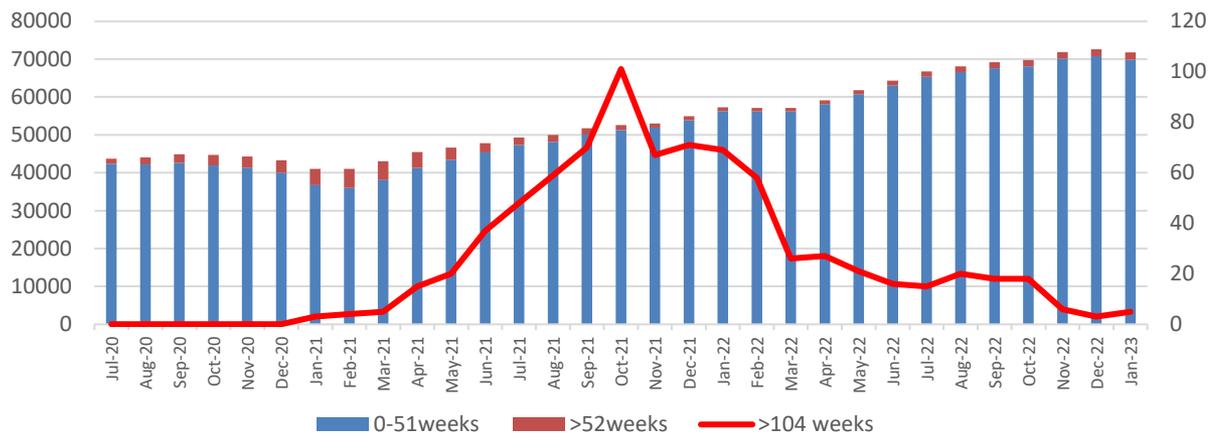
Pathway delays



Total OUH MOFD (exc. SSHB)



Elective Care: The total list size has decreased, however the number of 52 week waits continues to increase in January 2023



January 2023 submitted >104 week by specialty:

Specialty	Number of pathways
Ophthalmology	1
Paediatric Spinal Surgery	1
Plastic Surgery	2
Vascular Surgery	1
Grand Total	5

Month 10 Performance:

Trust performance against the overall **18-week incomplete Referral To Treatment (RTT) standard** was **62.09%**. The total RTT Incomplete **waiting list size for January is 71,761** and has decreased by **859** pathways when compared to the previous month's submission (December 2022).

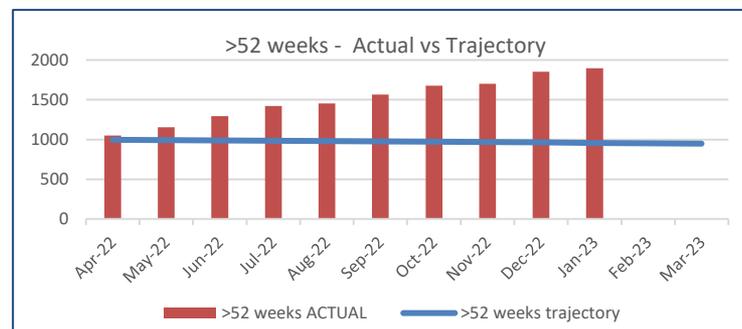
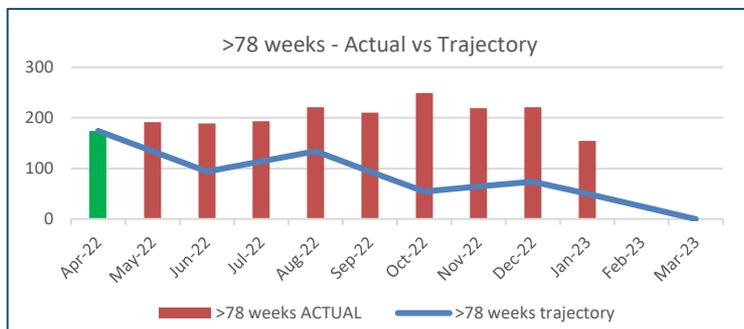
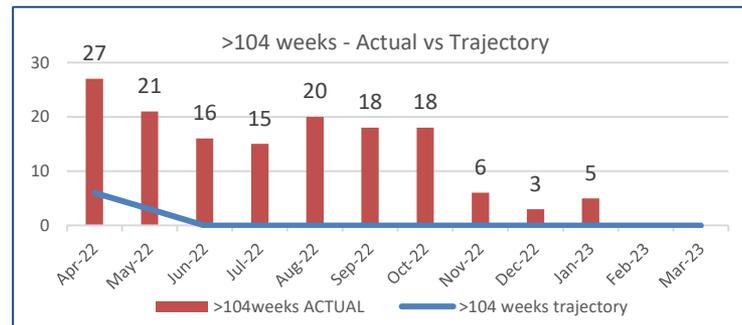
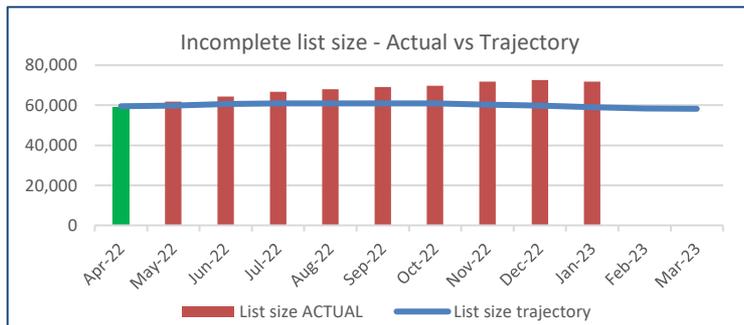
52 week wait position: There are **1,898** patients waiting **over 52 weeks** for first definitive treatment at the end of January 2023; this represents an increase of 47 patients when compared to the previous month's position.

78 week wait position: There are **154** patients waiting **over 78 weeks** for first definitive treatment at the end of January 2023; this represents a decrease of 67 patients when compared to the previous month's position.

104 week wait position: **5** patients were submitted as having waited **over 104 weeks** at the end of January 2023. This represents an increase of 2 patients when compared with the previous month. The services reporting > 104week breaches are detailed in the table (top right).

Areas of focus for 2022/23 include:

- Tracking and performance monitoring of elective recovery scheme activity and expenditure
- Implementation of adjusted theatre allocations to support delivery priorities
- Progressing mutual aid support for specialties that have capacity challenges
- Delivery of operating plans through monitoring of POD activity against activity undertaken in 2019
- Maintain focus on patients with extended waiting times: >104 weeks, >78 weeks, >52 weeks
- Improve advice and guidance services to support primary care ahead of referring to secondary care services
- Monitoring referral patterns to manage capacity and adjust polling ranges accordingly
- Participating in ICS led Task & Finish Groups for ENT and Urology
- Steering projects within the Outpatient Improvement Programme
- Recommendations supported by ECRG to reduce validation needs with GIRFT, training and digital solutions



Current Performance against trajectory

There was a decrease in the volume of **current** waits above 78 weeks (219), the full year cohort of 78 weeks continues to reduce. The Trust continues to regularly track patient cohorts alongside specialty plans, providing assurance of delivery of our operating plan for 2022/23. There is a significant focus on the booking of next steps for each patient.

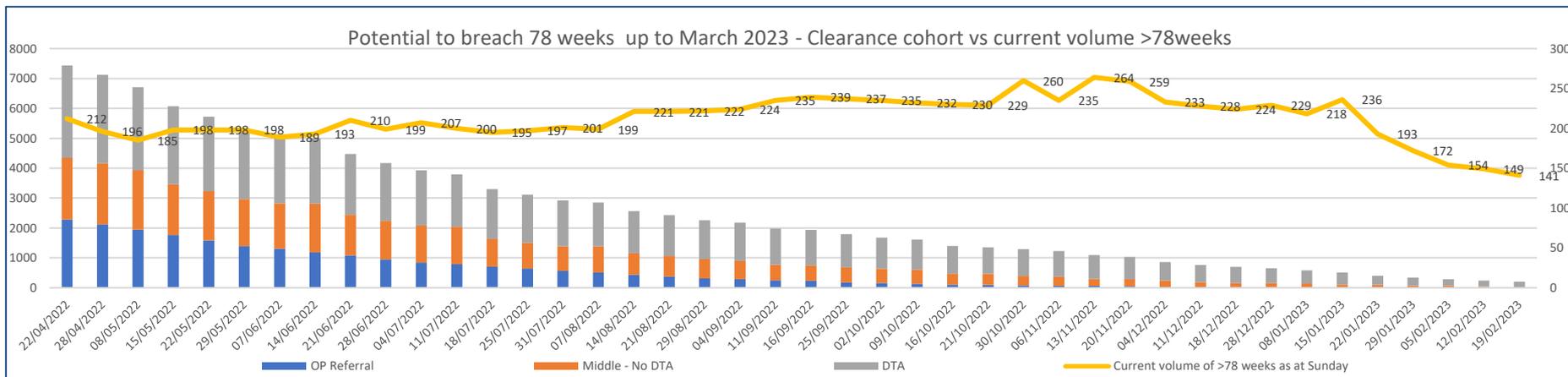
Risks

- Specialist services unable to agree a Mutual Aid / Independent Sector solution
- Anaesthetic staff shortages impacting theatre capacity
- Impact of Cancer and P2 demand clinically prioritised over routine
- Covid / Flu / RSV impact (patient and staff sickness, patient confidence/uptake, infection prevention and control measures reducing capacity)
- Diagnostic reporting delays
- Winter pressures / bed capacity, including adult and paediatric critical care
- Industrial Action across a number of staff groups

Mitigations

- Assessment of Anaesthetic staffing / rigour of 6-4-2 process
- Infection Prevention and Control measures reducing the risk of staff sickness at work and nosocomial infections
- Staff skill-mix review (e.g. radiologist vs radiographer duties)
- Winter planning / bed capacity modelling

RTT extended waits: >78 weeks (current, and those required to be cleared by March 2023)



Currently waiting >78 weeks (as at 19.02.2023)

- There were 141 patients **currently waiting** >78 weeks (already breached 78weeks) on 19.02.2023
- The number of patients in this cohort has continued to decrease for the past month.

39.01% of patients currently waiting over 78 weeks **do not have** a scheduled next step (see table below for the top 10 specialties by volume)

Specialty	Middle - No DTA		DTA		Grand Total	Total	
	DATED	UNDATED	DATED	UNDATED		UNDATED next step	% UNDATED next step
Urology	4	1	18	12	35	13	37.14%
Ophthalmology			4	22	26	22	84.62%
Orthopaedic Service	1		8	3	12	3	25.00%
Paediatric Spinal Surgery			5	6	11	6	54.55%
Trauma and Orthopaedics			10	1	11	1	9.09%
Plastic Surgery			9	1	10	1	10.00%
Spinal Surgery Service	2		5	2	9	2	22.22%
Vascular Surgery		1	4	3	8	4	50.00%
Neurosurgical Service	1	1	5		7	1	14.29%
Rheumatology	2				2	0	0.00%
Grand Total	11	3	75	52	141	55	39.01%

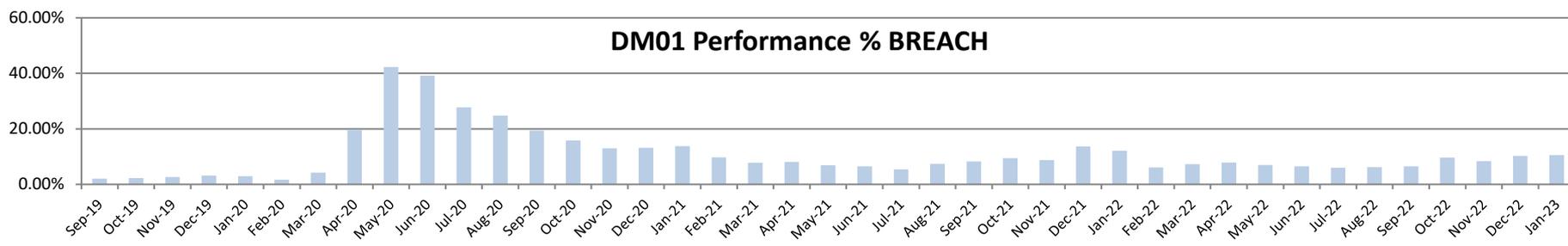
Forward View: March 2023 >78 weeks clearance cohort

There were **203** patients who have 78-week breach dates on or before 31st March 2023 (March clearance cohort)
The number of patients in this cohort continues to reduce.

34.98% of patients in March 23 clearance **do not have** a scheduled next step (see table below for the top 10 specialties by volume)

Specialty	Middle - No DTA		DTA		Grand Total	Total	
	DATED	UNDATED	DATED	UNDATED		UNDATED next step	% UNDATED next step
Urology	9	1	26	15	51	16	31.37%
Ophthalmology			6	23	29	23	79.31%
Orthopaedic Service	3		13	5	21	5	23.81%
Trauma and Orthopaedics			17	2	19	2	10.53%
Paediatric Spinal Surgery			7	8	15	8	53.33%
Plastic Surgery			13	1	14	1	7.14%
Spinal Surgery Service	2		7	4	13	4	30.77%
Vascular Surgery		2	6	3	11	5	45.45%
Neurosurgical Service	1	2	5	3	11	5	45.45%
Paediatric Ophthalmology			4		4	0	0.00%
Grand Total	20	5	112	66	203	71	34.98%

% Patients waiting >6 weeks for diagnostic procedure against performance standard



Number of patients waiting over 6 weeks at submitted position for monthly diagnostic return

Specialty	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Trend rolling 12 month period	6week breach change from previous month
Magnetic Resonance Imaging	460	314	243	258	212	249	210	206	236	248	197	202	177		-25
Computed Tomography	179	40	133	112	136	74	57	36	39	25	13	11	9		-2
Non-obstetric ultrasound	743	210	318	306	256	246	277	314	264	317	199	154	38		-116
Barium Enema	0	0	0	0	0	0	0	0	8	0	4	0	1		1
DEXA Scan	0	0	0	0	1	0	11	0	1	0	0	0	0		0
Audiology - Audiology Assessments	327	283	353	298	215	242	148	125	133	100	114	111	161		50
Cardiology - echocardiography	22	12	36	45	104	74	94	106	126	208	152	185	293		108
Cardiology - electrophysiology	0	0	0	0	0	0	0	0	0	0	1	1	1		-1
Neurophysiology - peripheral neurophysiology	4	6	0	5	0	14	16	17	50	57	101	180	270		90
Respiratory physiology - sleep studies	0	0	0	0	0	0	0	0	473	535	626	644	644		18
Urodynamics - pressures & flows	7	2	2	5	4	4	8	10	13	5	8	2	17		15
Colonoscopy	16	11	11	7	3	8	6	15	16	11	10	10	10		0
Flexi sigmoidoscopy	13	13	3	8	0	3	2	4	11	8	2	5	5		0
Cystoscopy	46	33	31	40	41	43	37	37	31	14	15	13	15		2
Gastroscopy	15	8	9	9	0	5	5	6	9	25	26	34	21		-13
Total > 6 weeks against performance standard	1832	932	1139	1093	972	962	871	876	937	1491	1377	1534	1661		127

Month 10 Performance: There were **1,661** patients waiting over 6 weeks for a DM01 reportable diagnostic test at the end of January (an increase of 127 patients compared to the previous month). The Trust did not meet the **diagnostic wait** standard with **10.51%** waiting more than 6 weeks. Overall performance remains above the national standard.

Respiratory Physiology – Sleep studies – Team have used the ERF funding to purchase 20 new machines. X10 to replace old out of service machines and x10 machines. The service is currently running without the lead physiologist technician which is reducing the current service availability to book. Sleep team are undertaking extra sessions on the Churchill site and maximising capacity where possible, pending staff resource. Will start using CDC for extra sessions in March 2023 which will deliver potentially 10 extra per week (awaiting further sleep diagnostic machines)

Cardiology – Staffing levels remain reduced in January. 1 x band 7 and 1x band 6 currently out to advert with an additional 1 x band 6 and 1 x band 7 recruited to but awaiting start dates (overseas). There are known national challenges to recruiting echocardiographers; in response to this, the service is reviewing alternative workforce models, including medical staff cover. **Please note we are still under reporting the number of patients waiting for Community cardiac ECHO**

Neurophysiology continues to increase in breaches when compared to previous month. Bespoke have started doing EMGs and evening clinics in late January (15 patients per clinic). There are plans to increase this to 22 patients per clinic.

Elective Care: Elective on the day cancellations (hospital non-clinical reason) and 28 day readmission

28 Day reportable cancellations/readmission breaches by Month

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Total Hospital Non clinical on the day cancellations in period	26	29	32	37	32	31	27	24	38	40	48	38	41
28 day Readmission breaches in period	3	6	5	5	1	4	7	4	2	4	3	6	8

Specialty	On the day elective cancellations (for hospital non clinical reasons)	28 day readmission breaches
Interventional Radiology	2	0
Cardiac Surgery	4	0
Dermatology	1	0
Paediatric Cardiology	1	0
Paediatric Urology	2	0
Paediatrics	1	2
Neurosurgical Service	6	2
Spinal Surgery Service (NOC)	2	0
Ophthalmology	1	0
Paediatric Ophthalmology	1	0
Ear Nose and Throat	0	1
Maxillo Facial Surgery	1	0
Plastic Surgery Cleft	0	1
Vascular Surgery	1	0
Orthopaedics	6	0
Trauma and Orthopaedics	5	0
Gynaecology	1	0
Transplant Surgery Service	2	0
Urology	4	2
Trust total	41	8

Month 10 Performance:

Elective Cancellations - non-clinical hospital reason - There were 41 reportable **elective cancellations on the day** throughout the month of January 2023; this represents a slight increase in cancellations due to these reasons when compared to the previous month.

The reasons for cancellation were as follows:

- No Bed (16 patients)
- Overriding emergency/urgent took priority (8 patients)
- Ran out of theatre time/list running late/overbooked (6 patients)
- Technical issues in radiology (4 patients)
- Equipment failure/unavailable (3 patients)
- Anaesthetist unwell/unavailable (1 patient)
- Booking error (1 patient)
- Blood not available (1 patient)
- Fertility team not available (1patient)

Readmission breaches – non-clinical hospital cancellations including any from previous months that were readmitted after 28 days in month 8 or remain waiting beyond 28 days for readmission.

There were **8 x 28 day readmission failures** in January 2023. Reasons were:

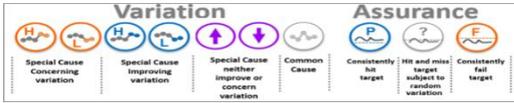
- 3 x no availability of ITU bed to readmit
- 2 x no capacity to readmit within 28 days due to more urgent cases
- 1 x no sooner capacity with consultant due to specific consultant annual leave
- 2 x no reason provided by service

Cancer Waiting Time – Performance Overview

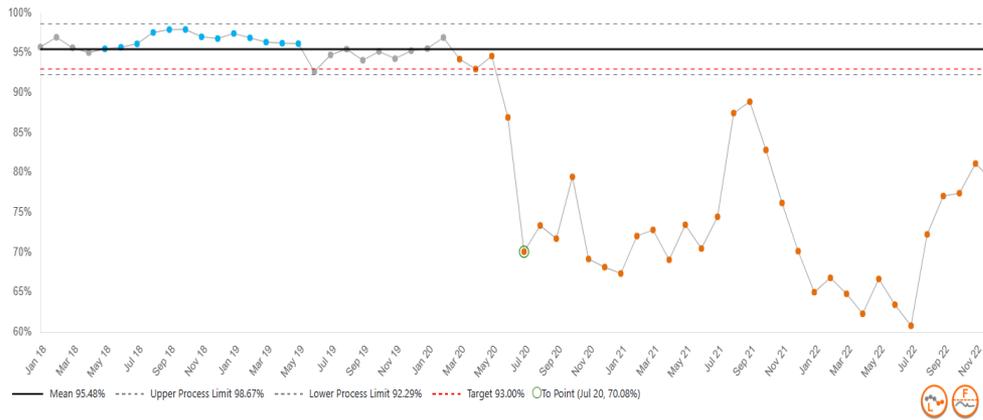
Standard	Target	Total	Within	Breach	December 2022	November 2022	Variance
2ww Referrals	93%	2190	1732	458	79.1%	81.1%	-2.00%
Breast Symptomatics	93%	141	135	6	95.7%	93.7%	2.00%
31 Day First Treatment	96%	430	365	65	84.9%	83.1%	1.83%
31 Day Sub Treatment Drug	98%	155	152	3	98.1%	98.5%	-0.40%
31 Day Sub Treatment Radiotherapy	94%	241	236	5	97.9%	93.0%	4.95%
31 Day Sub Treatment Surgery	94%	81	61	20	75.3%	82.3%	-7.00%
62 Day Screening	90%	26	6	20	23.1%	45.5%	-22.38%
62 Day Treated	85%	238.5	145.5	93	61.0%	58.0%	3.05%
28 Day FDS 2WW	75%	2075	1677	398	80.8%	78.5%	2.36%

4 Standards achieved in December 2022

Tumour Site	2ww Referrals	31 Day First Treatment	62 Day Screening	62 Day Treated	28 Day FDS 2WW
	93%	93%	90%	85%	75%
Brain/CNS	N/A	N/A	N/A	N/A	N/A
Breast	99.0%	74.6%	18.2%	75.7%	96.1%
Children's	62.5%	100.0%	N/A	100.0%	77.8%
Gynae	46.4%	85.0%	N/A	31.8%	65.9%
Haem	92.3%	100.0%	N/A	77.8%	50.0%
Head&Neck	72.0%	69.6%	N/A	50.0%	72.5%
Lower GI	75.4%	92.5%	50.0%	53.7%	79.9%
Lung	100.0%	93.9%	N/A	59.3%	84.7%
Other	N/A	100.0%	N/A	100.0%	N/A
Sarcoma	69.0%	91.7%	N/A	81.8%	69.6%
Skin	97.7%	85.0%	N/A	89.6%	96.5%
Testicular	28.6%	N/A	N/A	N/A	71.4%
Upper GI	N/A	N/A	N/A	N/A	N/A
Urological	44.8%	83.1%	N/A	21.1%	45.6%



Period: Jan 2018 to Dec 2022



GP referral 2WW standard

2WW standard, although showing improvement was not achieved in December reporting 79.1% against 93% threshold with 458 patients breaching.

The SPC (left) shows a **special cause concerning variation** since **February 2020** due to more than 7 consecutive months falling below the mean. Additionally, since performance has not achieved the target within the time series included in the SPC chart, the process has been flagged as consistently, from an assurance perspective, failing the target of 93%.

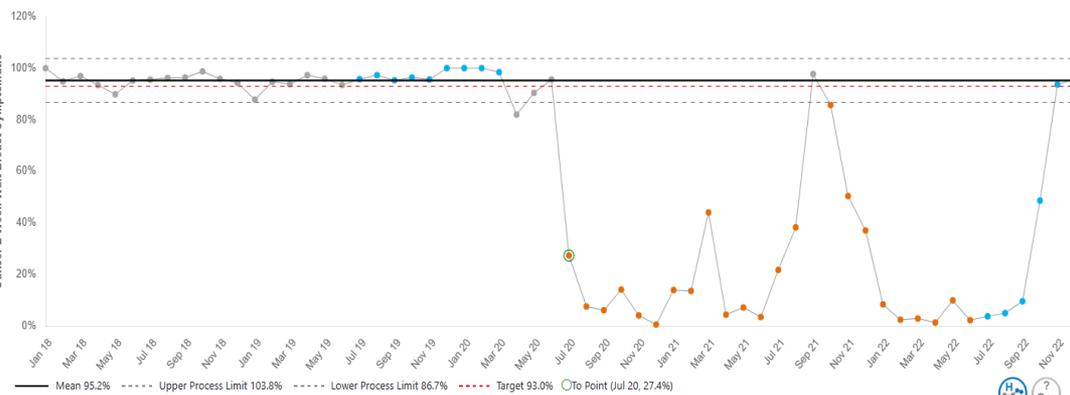
Breast, Lung and Skin achieved the standard at 99% with 4 breaches for Breast, 100% for Lung and 97.7% with 11 breaches for Skin. Gynae had 149 breaches followed by Urology with 116 breaches and H&N with 80 breaches.

2ww Breast Symptomatic: SPC (left below) triggered a special cause of improved performance, meeting national standards for two months with an increase to 95.7% from November 93.7%. We anticipate for this to be maintained in January 2023.

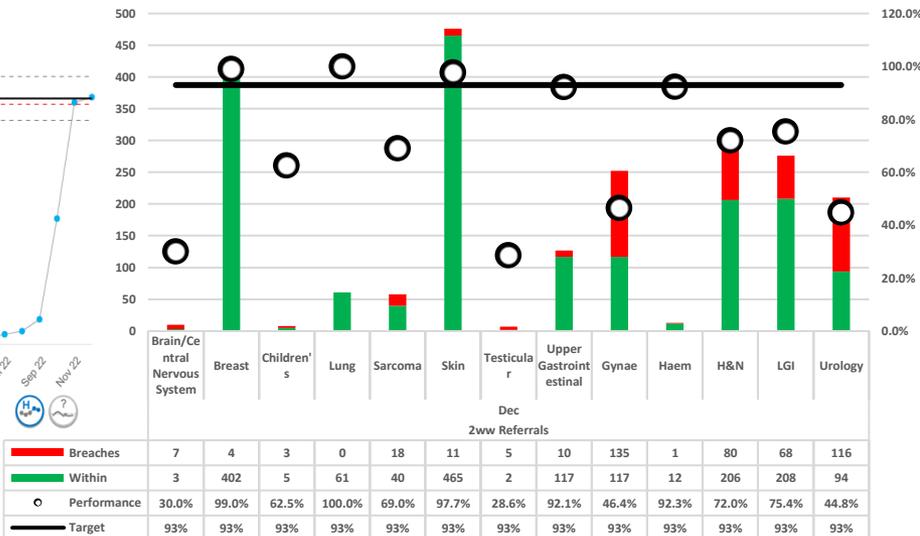
Action taken:

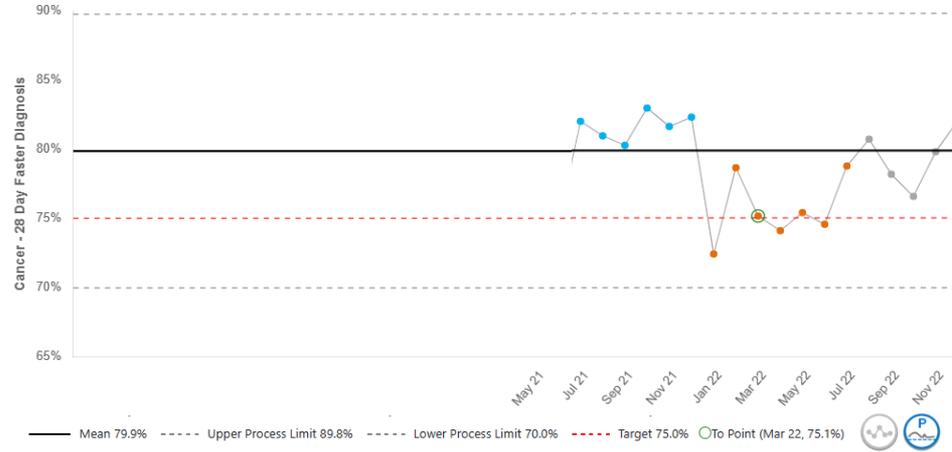
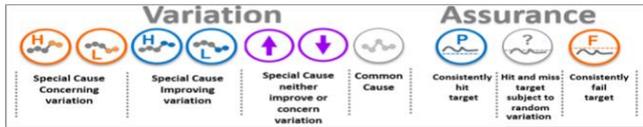
Insourcing capacity in place for Skin to support performance recovery. Gynae and LGI continue to monitor incomplete GP referrals which are currently causing delays in the pathway.

2 Week Wait Breast Symptomatic – December 2022



GP referral 2WW Volume by Performance – December 2022





28 Day Faster Diagnosis Standard

28 Day FDS Standard **continued to improve and was achieved**, reporting 80.8% against 75% threshold with 398 patients breaching.

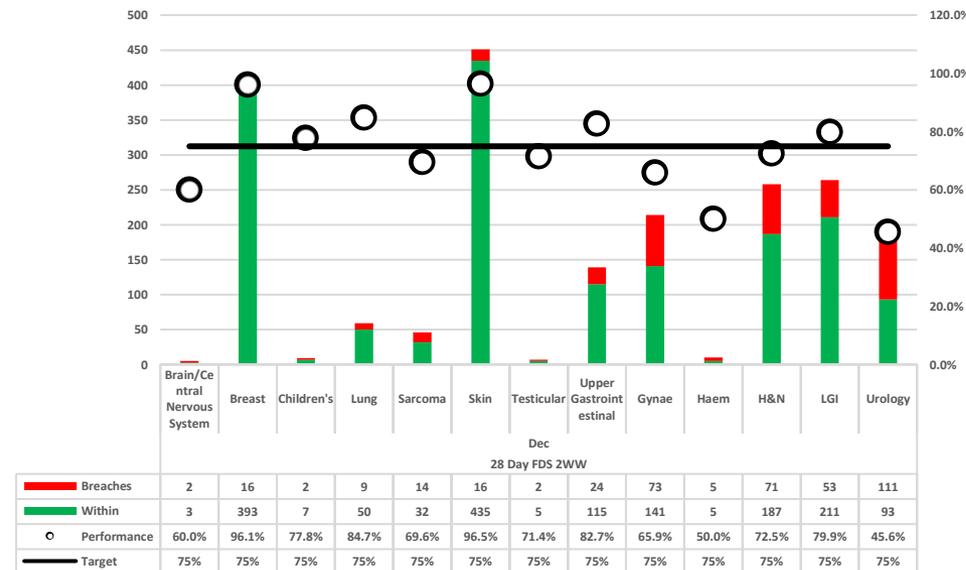
The SPC (left) shows a **common cause of variation since August 2022 with a trigger of better than target.**

Urology accounted for 111 breaches, followed by Gynae accounting for 73 breaches and Head & Neck accounting for 71 breaches.

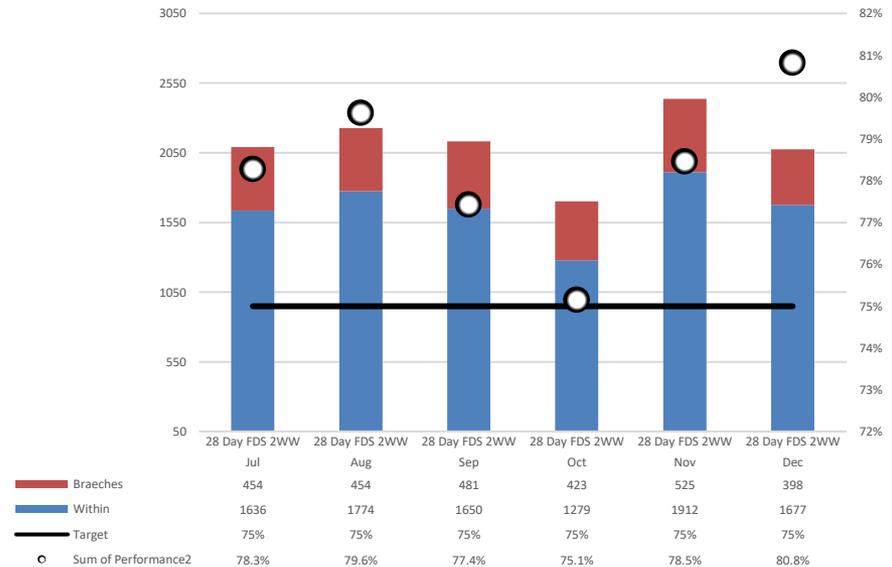
Action taken:

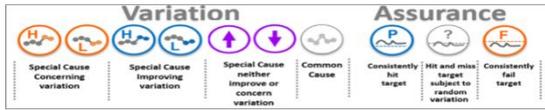
Task & Finish Groups (TAFG) commenced to analyse and recommend improvements to the Urology, Gynaecology, LGI and H&N pathway. Thames Valley Cancer Alliance (TVCA) have approved a revised Faeco-immunochemical test (FIT) letter to be sent to GP practices who do not comply with FIT criteria. Training is underway to develop independent nurse led hysteroscopy lists. General Anaesthetic (GA) hysteroscopy capacity remains a challenge and is being assessed through the TAFG.

28 Day FDS December 2022



28 Day FDS Volume by Performance





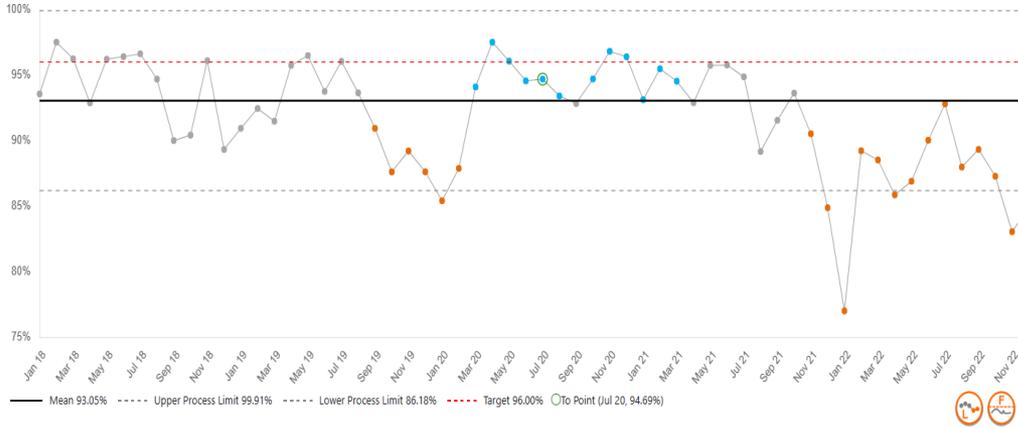
31 Day 1st Standard

The number of treated patients decreased from 472 patients in November to **430** patients in December. Although performance improved to 84.9%, achieving the target of 96% remains a challenge.

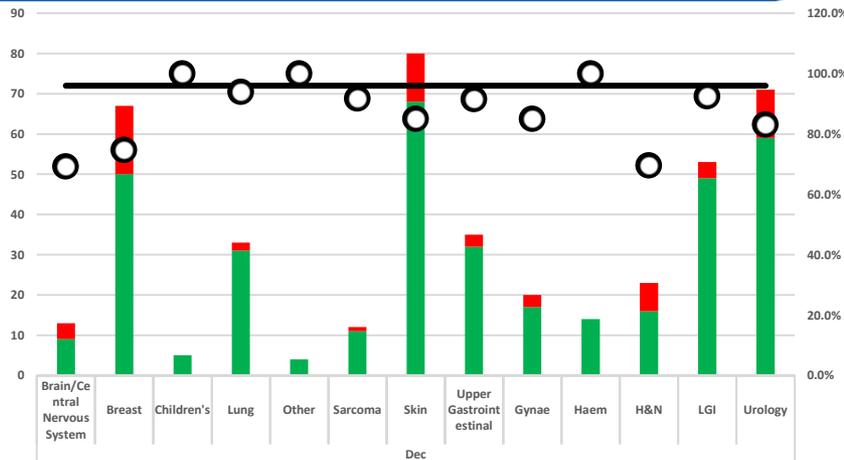
The SPC (left) shows a **special cause of concern since November 2021**. Additionally, since performance has not achieved the target within the time series included in the SPC chart, the process has been flagged as consistently, from an assurance perspective, as failing the target of 93%.

93% (82) of 31D breaches were Surgery related and 7% (6) Other Treatments. Surgery / anaesthetic / Plastics capacity were the key issues as well as patients with comorbidities / COVID causing delays to treatment. Late transfers from other trusts also impacted whereby the 31D target had already breached prior to transfer to OUH.

Actions taken: A review of theatre capacity aligned with clinical priorities has been undertaken and is being implemented across the Divisions. The criteria and process for Inter-Provider Transfers are being reviewed within identified tumour site workstreams, to ensure patients are appropriately prepared for treatment before transfer. Proposal for WLI/insourcing surgical skin pathway procedures to support recovery

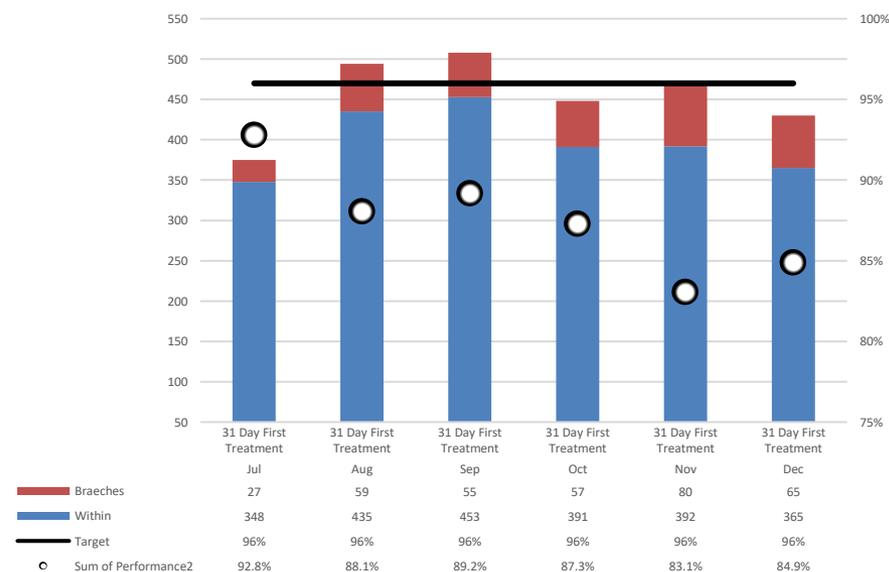


31 Day 1st By Tumour site – Dec 2022

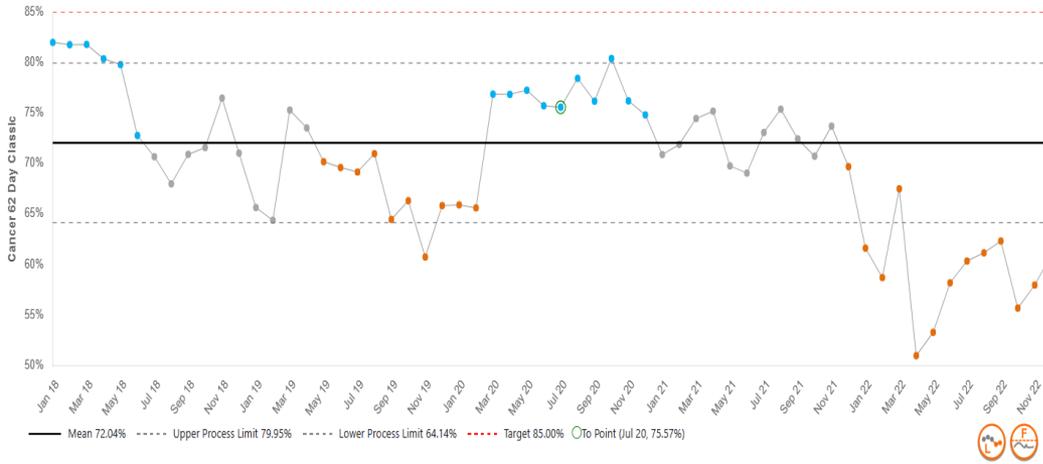
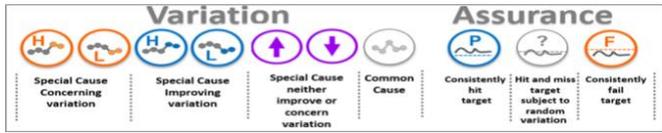


	Brain/Ce ntral Nervous System	Breast	Children's	Lung	Other	Sarcoma	Skin	Upper Gastroint estinal	Gynae	Haem	H&N	LGI	Urology
Breaches	4	17	0	2	0	1	12	3	0	7	4	12	
Within	9	50	5	31	4	11	68	32	17	14	16	49	59
Performance	69.2%	74.6%	100.0%	93.9%	100.0%	91.7%	85.0%	91.4%	85.0%	100.0%	69.6%	92.5%	83.1%
Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

31 Day 1st Volume by Performance



	Jul	Aug	Sep	Oct	Nov	Dec
Breaches	27	59	55	57	80	65
Within	348	435	453	391	392	365
Target	96%	96%	96%	96%	96%	96%
Sum of Performance2	92.8%	88.1%	89.2%	87.3%	83.1%	84.9%



62 Day from GP referral

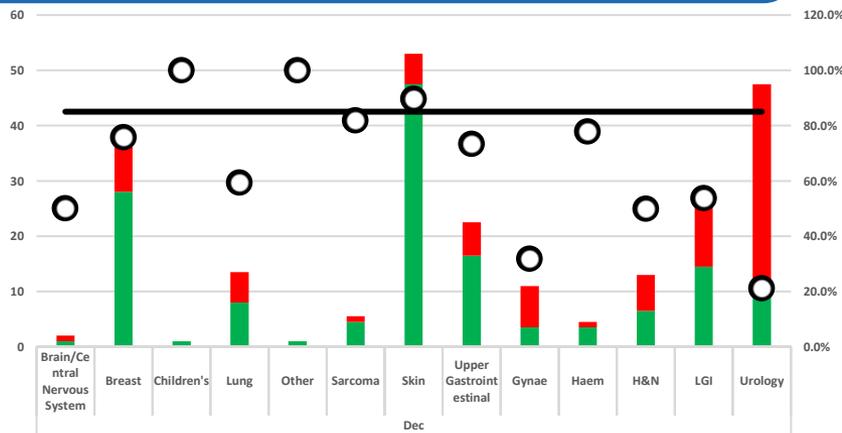
The number of treated patients increased to 238, an increase of 3.05% since November. Of these patients, 145 were in target and 93 breached.

The SPC (left) shows a **special cause since December 2021**. Additionally, since performance has not achieved the target within the time series included in the SPC chart, the process has been flagged as consistently, from an assurance perspective, as failing the target of 85%.

62-day performance will remain non-compliant as we treat our longest waiting patients on the waiting list.

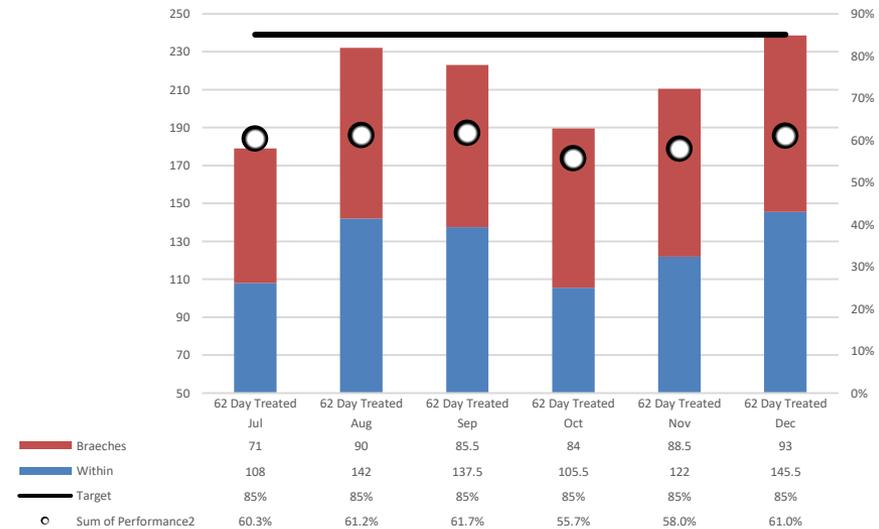
Action taken: considerable focus on addressing pathway delays for our longest waiting patients suspected with cancer. Initiatives are being developed utilising the approach contained within the Trust's Quality Improvement Framework, with implementation overseen through the Cancer Improvement Programme. For example, Urology surgical capacity plan has been prioritised and increased through until March 2023. A review of late inter-provider transfers to Lower GI services has been undertaken with a goal to improve compliance and mitigate delays once transferred.

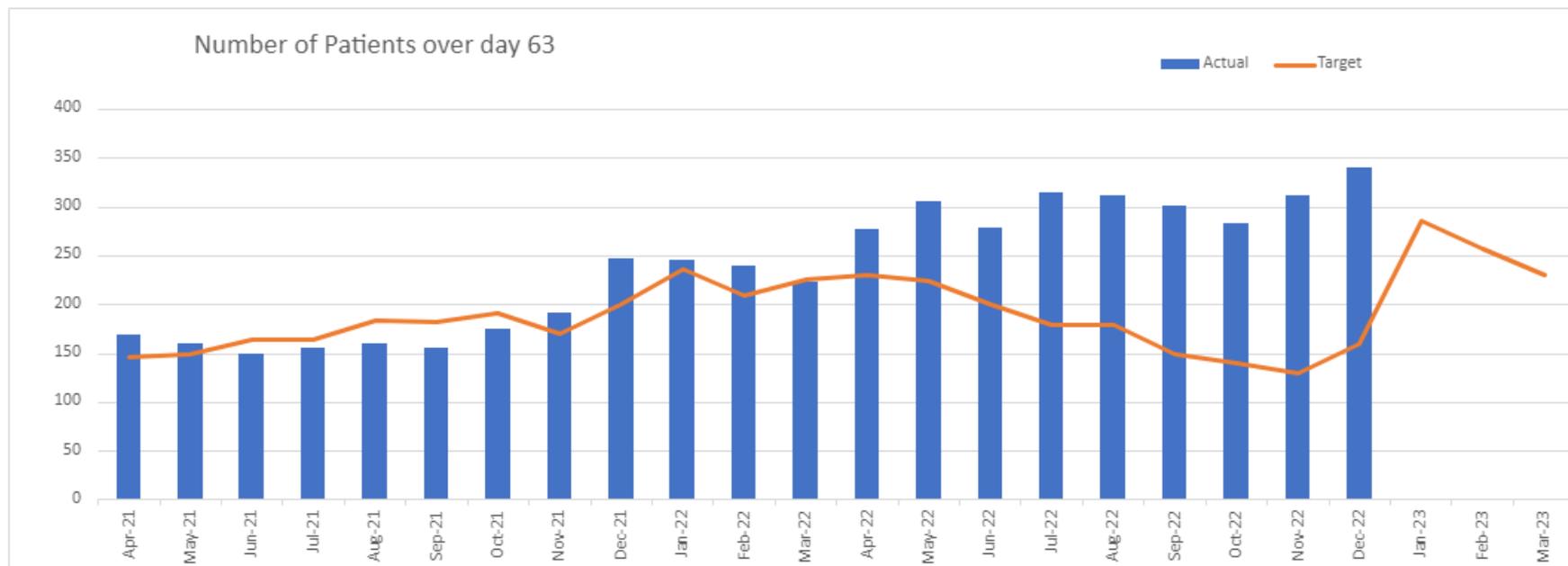
62D 1st - December 2022



	Brain/Central Nervous System	Breast	Children's	Lung	Other	Sarcoma	Skin	Upper Gastrointestinal	Gynae	Haem	H&N	LGI	Urology
Breaches	1	9	0	5.5	0	1	5.5	6	7.5	1	6.5	12.5	37.5
Within	1	28	1	8	1	4.5	47.5	16.5	3.5	3.5	6.5	14.5	10
Performance	50.0%	75.7%	100.0%	59.3%	100.0%	81.8%	89.6%	73.3%	31.8%	77.8%	50.0%	53.7%	21.1%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

62 Day 1st Volume by Performance





Patients Over Day 63

The December month end position of 340 patients is **above the forecasted trajectory** of 160 patients waiting 63 days or more. 109 patients have been waiting 105 days or longer.

The primary reasons for the delays were: **slow diagnostic pathways** which included the need for additional biopsies, **surgical capacity**, **treatment of another condition / comorbidity**, **patients delaying diagnostics**, **late referrals from other trusts** and **inability to treat post covid infection**. As part of the Cancer Improvement Programme, a weekly review of patients waiting over 104 days is being undertaken by the Chief Operating Officer.

Workforce

Priority Area	Actions	Updates	How we are Evaluating Success
Getting the basics right in relation to wellbeing	Priority Area (Basic Wellbeing Needs) shared with staff via meetings, emails and comms.	<ul style="list-style-type: none"> The Wellbeing Team are now also promoting the Getting Basic Needs right in relation to Wellbeing via Directorate meetings (Such as Children's) and through the Wellbeing Champions There is a dedicated page on the People Plan intranet page under 'Growing Stronger Together' with the feedback form as well as the posters with the QR codes 	Model Hospital Data (MHD) - Recommend my organisation as a great place to work - quartile 3 (red/amber).
	Identify the main areas and issues where people's basic wellbeing needs are not being met.	<ul style="list-style-type: none"> To the end of Month 10 (Jan) 80+ issues have been logged. Key issues are addressing rest and relaxation space, access to drinking water & issues with traffic ED Staff reporting high levels of stress; HSE Stress Risk Assessment Data has been collated. This is now being analysed to support the work of a bespoke local group with input from Wellbeing, Psychological Medicine, Occupational Health and local ED leadership. 	MHD - My organisation takes positive action on health and well-being – quartile 3 (red/amber).
	Develop an action plan to prioritise addressing the issues identified. Assign a timeframe for addressing the priority issues for the identified areas.	<ul style="list-style-type: none"> Wellbeing Equipment from Capital Funds Update: All Energy Pods, Sleep Tubes and Wellbeing Nooks purchased and due for installation by 31st March Estates have advised that Outdoor Gym Equipment will require planning permission however, the equipment can be purchased in-year whilst this requirement is met and they will be installed in the next financial year. Revenue budget for maintenance still to be identified – to be discussed with Director of Capital. Basic Wellbeing Needs: 10+ issues are currently being resolved. Respiratory was identified as an urgent hotspot after the CD contacted the CPO highlighting a series of facilities issues; these were quickly resolved through a collaboration between the Head of Wellbeing, Estates and Charity who were able to resolve issues in toilets and provide wellbeing boxes. 	<p>All relevant wellbeing equipment installed in the Trust by 31.3.23</p> <p>Tracking progress of all issues logged and identifying quick wins</p>
Streamlining and improving recruitment processes	Robotic Process Automation - Offers, management of queries, Occupational Health, Paperlight & DRS	<ul style="list-style-type: none"> An automated unconditional offer process has been in testing and is ready to be demonstrated to the team for initial commencement. Meeting is planned for early March. ChatBot functionality continuing to progress, questions have been loaded into the chatbot, aiming to launch 31 March with a comprehensive bank of questions. IM&T are working on giving the bot access via Citrix to the HR records system to enable the filing bot to move into the building phase. 	<p>Monitoring and delivery against the new KPIs in the new SLA's</p> <p>MHD - Reduction in recruitment time to hire (TtH) Target – 53 days.</p>
	Service Level Agreements for all aspects of recruitment.	<ul style="list-style-type: none"> SLA is in place for general recruitment and is being monitored through a KPI dashboard, which is shared with Divisions. Medical recruitment SLA is in development and will come to TME for agreement. 	
	Visibility and monitoring on performance against the KPIs.	<ul style="list-style-type: none"> Overall Time to Hire was 47.1 days this month, which is within the KPI. Particular areas of focus this month as highlighted by the data are advertisement length and ensuring the checks ok to contract sent stage is within 5 days. The AD of Resourcing and the recruitment team continue to review daily reports and unblock issues, liaising with Divisional colleagues as needed. 	

Priority Area	Actions	Updates	How we are Evaluating Success
Management training and support.	Creation and delivery of new manager onboarding programme.	<ul style="list-style-type: none"> Initial draft of My Learning Hub (MLH) onboarding programme underway with the MLH team. Web pages outline agreed with further discussion with SLDP on who is doing what and where will it sit (Intranet/SharePoint). 	<p>Reduction in leavers in first 12 months to 18%.</p> <p>MHD - Relationships at work are strained reducing - Quartile 2 (green).</p>
	Development and launch of 'how to' guides and process maps for phase 1 priority areas: HR processes, induction, procurement & budget management.	<ul style="list-style-type: none"> 'How To Guide' template agreed, and design confirmed with OMI in November 2022. All Subject Matter Experts (SME) identified and topics agreed for HR, Induction and Finance. Meetings and content still required from Finance and Procurement which the CFO is helping to unblock. 	MHD – Recommend my organisation as a great place to work (amber/green).
Great reward and benefits for working at OUH, with a focus on practical support such as cost of living.	Identify and implement new reward and employee benefits.	<ul style="list-style-type: none"> No additional new benefits have been implemented this month, but the Trust has had a number of early discussions with a range of benefits providers to look at options for implementation during 2023/24. 	Reduction in leavers in first 12 months to 18%.
	Showcase and raise awareness of current rewards and employee benefits.	<ul style="list-style-type: none"> Two new Intranet hubs have been designed to promote our reward and employee benefits to staff, and also to promote our additional cost of living support. These will go live in early March and will feature content curated in partnership with Citizens Advice and Money Helper. 	<p>MHD - Recommend my organisation as a great place to work - Quartile 3 (red/amber).</p> <p>MHD – Leavers rate (turnover) – Quartile 3 (red/amber).</p>

Jan-23

Division	Sickness	Sickness Change	Vacancy	Vacancy Change	Turnover	Turnover Change	Temporary Pay Spend	Temporary Pay Spend Change £	Appraisals	Appraisal Change	Core Skills	Core Skills Change
OUH FT	4.5%	-0.1%	7.3%	-0.2%	12.0%	-0.2%	£7,083,574	£777,726	94.4%	0.0%	90.1%	0.4%
KPI (Green)	3.1%		7.7%		12.0%				85.0%		85.0%	
CSS	4.0%	-0.2%	6.3%	0.4%	12.3%	0.1%	£667,325	£-49,495	96.4%	0.2%	91.8%	0.8%
Corporate	3.8%	-0.1%	8.8%	-0.3%	10.4%	-0.8%	£590,719	£4,330	94.7%	-0.2%	89.0%	0.0%
MRC	4.7%	-0.1%	7.6%	-0.8%	11.9%	-0.4%	£2,519,598	£400,211	93.9%	0.1%	90.0%	0.4%
NOTSSCaN	4.9%	-0.1%	8.9%	0.1%	11.9%	-0.1%	£1,903,394	£307,037	93.0%	-0.3%	88.4%	0.3%
SUWON	4.5%	-0.1%	5.3%	-0.5%	12.7%	0.1%	£1,402,538	£115,643	94.8%	0.0%	91.4%	0.2%

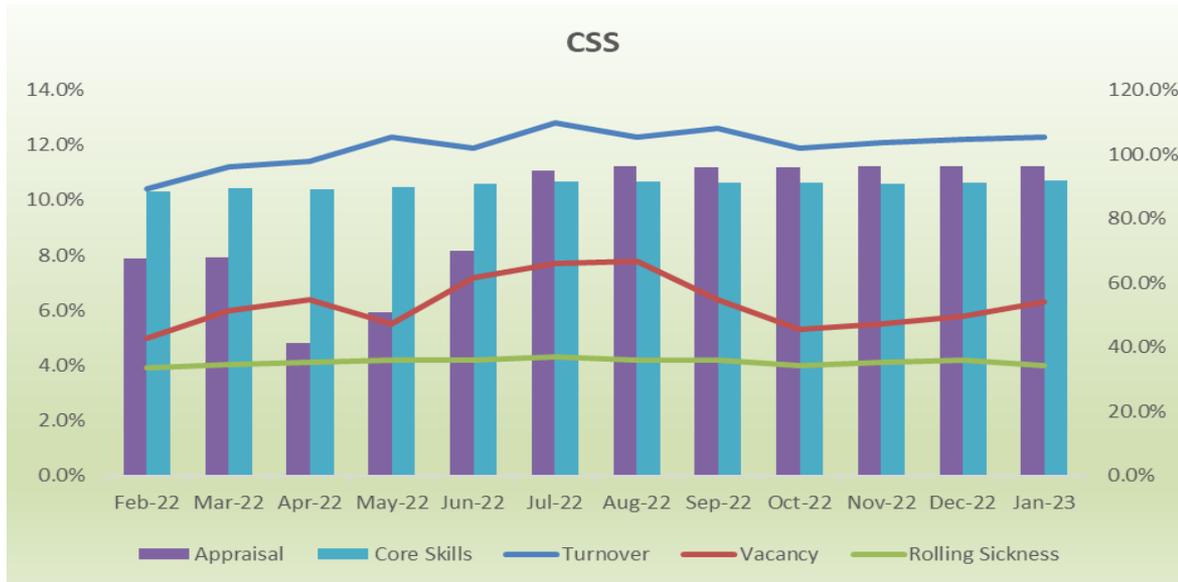
Analysis

- **Sickness absence:** Sickness absence between months has reduced marginally, as the incidence of COVID19 and Flu/Coughs/Colds has reduced. These reasons for absence were significant factors in earlier months.
- **Appraisal:** Appraisals are above the Key Performance Indicator (KPI) level of 85%. 94% has been achieved regularly since August 22.
- **Core Skills:** Core Skills has increased between months and is at 90.1%. Performance across the Divisions continues to be positive with the range of compliance being between 88.4% (NOTSSCaN) and 91.8% (CSS). The KPI is 85%. Information Governance (IG) continues to be of concern and is at 87.5%.
- **Turnover:** Turnover has been consistently reducing since July 2022. A small increase in the average staff in post and a small reduction in the rolling leavers has ensured that this situation has continued in M10. The range of turnover amongst the Trust's Divisions is from 10.4% (Corporate) to 12.7% (SUWON).
- **Vacancies:** Increase in staff in post has led to a decline in vacancies between months. The current rate is 7.3% and continues a recent downwards trend in vacancy levels.

The above data represents the Workforce KPI's M10 position. Vacancies are calculated as the difference between the WTE establishment from the financial ledger and staff in post wte from the Electronic Staff Record (ESR). Corporate is combined with Estates, R&D, Operating Services, Hosted Services, Trust Wide, Operating Expenses. Agency spend KPI reflects NHSI agency ceiling. Changes of 0.5% are treated as "no change".

The graphs below support the accompanying text.

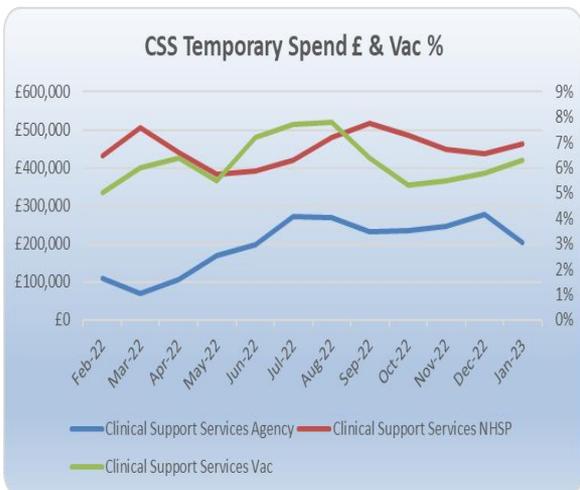
Metrics reflect KPI Performance on sheet 4



HR Metric	Performance	Target
Sickness %	4.0%	3.1%
Vacancy %	6.3%	7.7%
Turnover %	12.3%	12.0%
Bank/agency Spend £	£667,325	N/A
Non Med Appraisal %	96.4%	85.0%
Core Skills %	91.8%	85.0%

Analysis

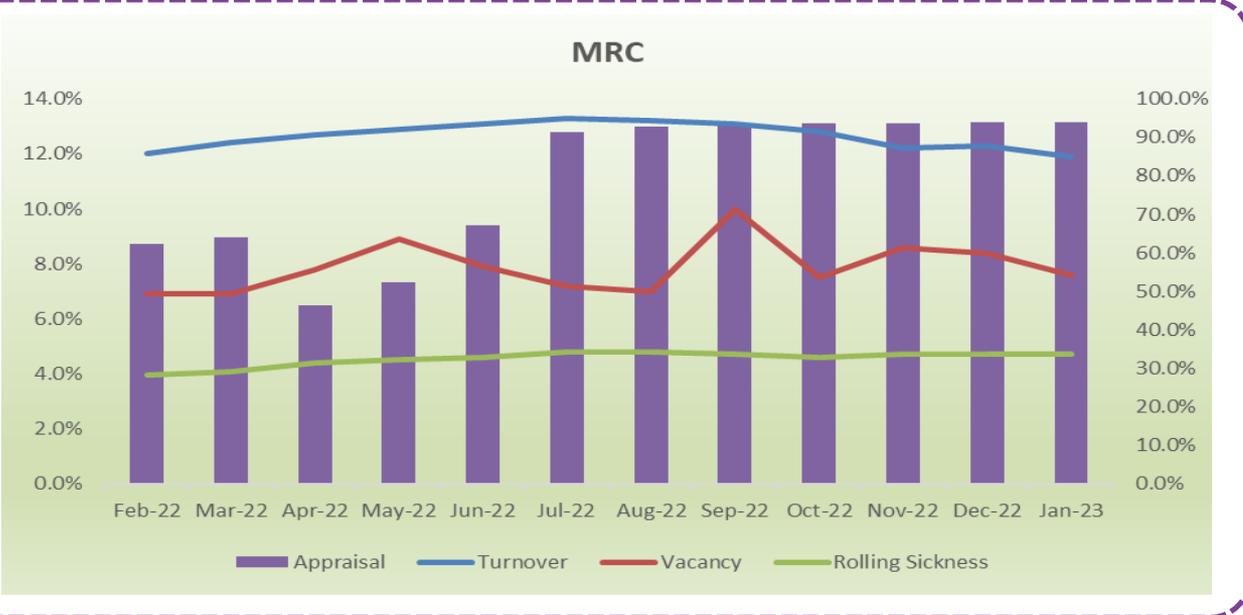
- **Sickness absence:** Sickness has reduced. The most common reasons for absences are flu and mental health. The prevention measures are discussed at the DME meetings. The Wellbeing Champion project aims to have at least one Champion per department, to promote the role. The benefit of having HWB Champions is shared at the monthly meetings.
- **Appraisals:** Appraisal compliance has increased to 96.4%. The Divisional HRA and HR Admin Assistant are proactively chasing the remaining outstanding appraisals and ensuring the data is accurate in preparation for the next appraisal window.
- **Core skills:** Core Skills compliance is above the KPI. The Division's HR Admin Assistant is proactively chasing IG Training, and Core Skills compliance is being raised at monthly DME meetings.
- **Turnover:** Turnover has increased slightly to 12.3% at M10, although has reduced overall across the last quarter. Stay questionnaires will take place in Radiology, Sterile Services, ACC and PPDU.
- **Vacancy:** Weekly drop-in meetings are taking place with the recruitment team to reduce the time to hire across the Division and review current recruitment practices. ICU is planning a virtual recruitment event in February 2023 to reach B6s. Pharmacy is reaching out to local communities to promote the available vacancies; they are also considering a virtual event in March-April 23 that is aimed to promote the services and recruit staff to various Pharmacy posts.



Hotspots	Actions
<p>West Wing Imaging</p> <ul style="list-style-type: none"> •Sickness: increase – 2.8% (M9) to 3.0% (M10) •Turnover: decrease – 24% (M9) to 20.3% (M10) •Vacancy: increase – 13.3% (M9) to 15.2% (M10) •Appraisals: increase – 94.4 % (M9) to 94.7% (M10) •Core skills: decrease – 92.3% (M9) to 90.9% (M10) <p>Churchill Radiology Imaging</p> <ul style="list-style-type: none"> •Sickness: decrease – 5.5% (M9) to 5.4% (M10) •Turnover: decrease – 15% (M9) to 12.2% (M10) •Vacancy: remains the same -10.1% (M10) •Appraisals: increase – 94.6% (M9) to 94.7% (M10) •Core skills: increase – 87.5% (M9) to 88.0% (M10) <p>Radiology Nursing & Assistants</p> <ul style="list-style-type: none"> •Sickness: remains the same 7.3% (M10) •Turnover: increase – 12.3% (M8) to 13% (M10) •Vacancy: increase – 8.4% (M9) to 11.5% (M10) •Appraisals: remains the same 98.6% (M10) •Core skills: decrease – 92.1% (M9) to 90.9% (M10) 	<p>Turnover:</p> <ul style="list-style-type: none"> • Stay questionnaires are being sent to Sterile Services, Pharmacy Clinical, Critical Care and Sonography. Action plans are being drafted using the data from the Radiology Nursing and Nursing Assistants stay questionnaire data. • Regular catch ups with the Freedom to Speak Up Team are taking place and the team are working to increase the number of Wellbeing Champions. ‘Listening corner’ is being implemented in collaboration with FTSU <p>Sickness absence</p> <ul style="list-style-type: none"> • HR Advisor is regularly meeting line managers across the Division and holding training sessions on how to conduct RTW interviews to increase compliance. A working group is being formed to cleanse notifications on the GoodShape system to ensure accurate records, and to assist with increasing RTW compliance by ensuring the correct managers are notified. <p>Vacancies & Leavers</p> <ul style="list-style-type: none"> • Virtual recruitment events are taking place in ICU, Pharmacy and Mammography during Q4/Q1 of 2023. • The Pharmacy Recruitment and Retention Focus group meets biweekly, and are reaching out to local communities to raise awareness on pharmacy services. They have recruited 4 apprentices. • A new technician apprenticeship is launching within the Labs in September 2023 and the team have been out at careers fairs to attract 2023 school leavers. <p>Agency & Temporary Staff Spend</p> <ul style="list-style-type: none"> • The Divisional HR Team are attending monthly budget meetings to discuss B&A spend. • Horton Radiology are reviewing long term bookings from agencies to review staff can be moved onto OUH contracts. The team are offering flexible working opportunities to support staff moving across. • Strike action and seasonal pressures have resulted in a temporary increase in temporary spend. • OCC will review temp to perm or perm through external agency to reduce spend. • Sourcing a recruitment agency to recruit substantive band 6 nurses in OCC should reduce temp and agency spend. The recruitment drive will provide an opportunity for temporary workers to switch to substantive contracts. <p>Kindness into Action</p> <ul style="list-style-type: none"> • Hotspots have been identified and raised at DME. Due to current operational pressures teams have been advised to book for March onwards. It has also been suggested that teams could complete the sessions together during team meetings. • An increase in R&D cases has highlighted the need for this training across the Division. ER Data is being used to support the case during Divisional and Directorate DME meetings.

The graphs below support the accompanying text.

Metrics reflect KPI Performance on sheet 4



HR Metric	Performance	Target
Sickness %	4.7%	3.1%
Vacancy %	7.6%	7.7%
Turnover %	11.9%	12.0%
Bank/agency Spend £	£2,519,598	N/A
Non Med Appraisal %	93.9%	85.0%
Core Skills %	90.0%	85.0%

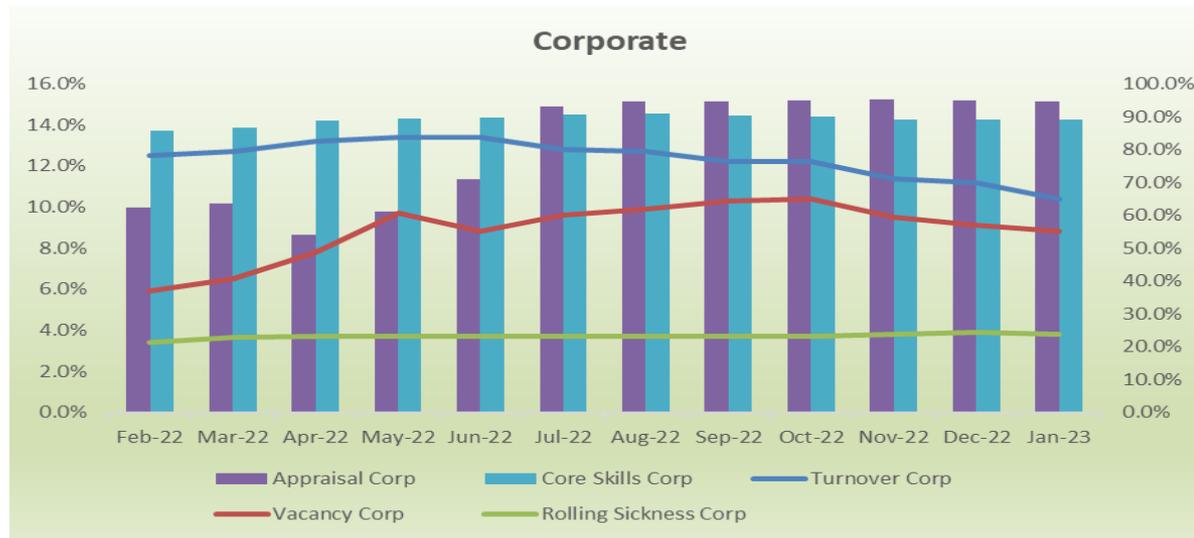


Analysis

- Sickness absence:** Whilst the Trust's absence rate has declined, MRC's absence rate has remained at the same level as the previous month. Acute Medicine at 5.2% has the highest sickness rate and is followed by Specialist Medicine at 3.9%. Within Acute Medicine, General Medicine Horton at 6.1% is the lowest performing CSU, followed by Acute General Medicine at 5.7%.
- Appraisals:** Appraisals are at 93.9%, above the 85% KPI. All Directorates bar the Divisional Management Team are above this benchmark.
- Core Skills:** Core Skills is at 90.0% and above the 85% benchmark. All Directorates exceed 85%. With regards to IG, improvement is needed as the current Divisional rate is 88.3% against a target of 95%. Medical staff have the lowest compliance rate of 75.1%, although all staff groups/Directorates need to increase compliance.
- Turnover:** At 11.9%, turnover has reduced from 12.3% in the previous month. Acute Medicine at 12.8% is highest. By staff group ACS at 18.8% is significantly above the KPI. By contrast Nursing and Midwifery is at 9.1%.
- Vacancies:** Vacancies at 7.6%, whilst above the Trust figure of 7.3%, have reduced since M9, going from 8.4% to the M10 position of 7.6%. Of the Clinical areas Cardiology Cardiac and Thoracic Surgery at 8.5%, is the Directorate with the highest vacancy level, followed by Acute Medicine and Rehabilitation at 8.2%.

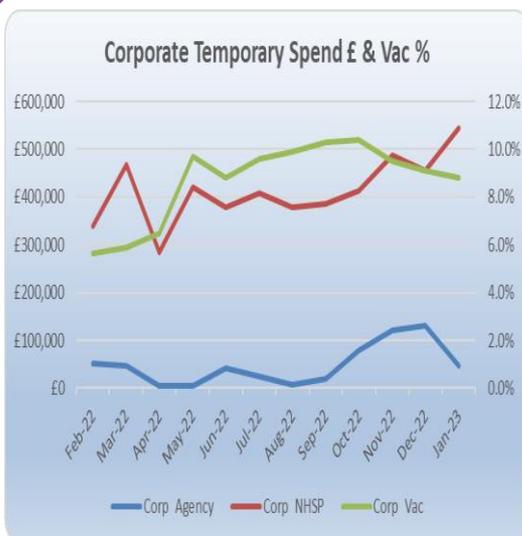
Hotspots	Actions
<p>Emergency Department JR (AMR)</p> <ul style="list-style-type: none"> • Turnover: reduced - 11.1% (M9) to 10.6% (M10) • Vacancies: reduced - 17.6% (M9) to 15.6% (M10) • Sickness: reduced - 4.5% (M9) to 4.4% (M10) • Appraisals: increase - 89.6% (M9) to 90% (M10) • Core Learning: increase – 86.7% (M9) to 87.5% (M10) <p>General Medicine Horton Hospital (AMR)</p> <ul style="list-style-type: none"> • Turnover – reduced - 12.6% (M9) to 12.5% (M10) • Vacancies – reduced - 17.7% (M9) to 17.2% (M10) • Sickness – reduced - 6.3% (M9) to 6.1% (M10) • Appraisals – increase - 93.5% (M9) to 94.4% (M10) • Core Learning – increase – 91.6% (M9) to 93.4% (M10) <p>Emergency Department Horton Hospital (AMR)</p> <ul style="list-style-type: none"> • Turnover – reduced - 14.8% (M9) to 14.3% (M10) • Vacancies – reduced - 12.4% (M9) to 12% (M10) • Sickness – reduced - 5.8% (M9) to 5.6% (M10) • Appraisal – reduced - 92.7% (M9) to 92.6% (M10) • Core Learning – increased - 93.9% (M9) to 94.9% (M10) 	<p>Turnover:</p> <ul style="list-style-type: none"> • HRCs will present a report to outline stay questionnaire feedback at Directorate Performance Meetings and include as part of revised monthly workforce reports. <u>General Themes/Concerns:</u> Culture, work environment, line management behaviours, career progression, lack of meaningful appraisals • Advocating Kindness into Action & Respectful Resolution • Second round of stay questionnaire sent on 10th February to: Clinical Genetics, General Medicine Horton Hospital, Stroke CSU and Sexual Health <p>Sickness absence</p> <ul style="list-style-type: none"> • HRCs provide monthly absence data to Directorates to enable oversight, highlighting teams with higher absence levels, identifying themes and supporting management of issues • Promoting Wellbeing Leads/Champions to ensure that a lead is in place for every Service/CSU • Team encouraging early referral to OH for absence of 7 days or more when mental health and MSK absence reasons given (DSE assessment and Stress Risk assessments carried out) <p>Vacancies & Leavers</p> <ul style="list-style-type: none"> • Reviewing Nursing Vacancies – Live on TRAC vs. Number of Vacancy requests (approved by Divisional Pay Panel) – reviewed in line with Daily ‘SitRep’ reports and ‘One Person – One Post’ • First Cohort of ‘SWAP’ Pilot starting in March in MRC. Collaboration between ‘Activate Learning’ (Intro Health & Social Care) and guaranteed interview at end of 2-week placement <p>Agency & Temporary Staffing Spend</p> <ul style="list-style-type: none"> • ‘Plan for Every Post’ audit report. Identified 10+ agency workers no longer in use and analysed TRAC activity (x14 on list at start of review, x5 no longer in use; x7 active recruitment) • Monthly Finance & Workforce Clinics/meetings attended by all the Divisional Management Team • Focus on hotspot areas (e.g., rates of pay) identified in bi-weekly Medical Locums and Agency Spend Reports • Statement of Need Form introduced – covers workforce requests, funding & risks <p>Kindness into Action</p> <ul style="list-style-type: none"> • Recent increase in ‘raising concerns’ regarding team leader behaviours highlight the need for this training across the Division. • Alternative approaches to ‘market’ and deliver the training are being explored <p>Flu Vaccinations</p> <ul style="list-style-type: none"> • As at 4th Feb – slight increase from 50.51% in (M9) to 50.96% (M10) <p>ED Deep Dive</p> <ul style="list-style-type: none"> • A further workshop is taking place to define how process changes could be achieved in ED and what resources and support would be needed. The outcome will be used to revisit the workforce recommendations in the current report, adjusting the ‘ask’ and the investment needed appropriately.

The graphs below support the accompanying text.



Metrics reflect KPI Performance on sheet 4

HR Metric	Performance	Target
Sickness %	3.8%	3.1%
Vacancy %	8.8%	7.7%
Turnover %	10.4%	12.0%
Bank/agency Spend £	£590,719	N/A
Non Med Appraisal %	94.7%	85.0%
Core Skills %	89.0%	85.0%

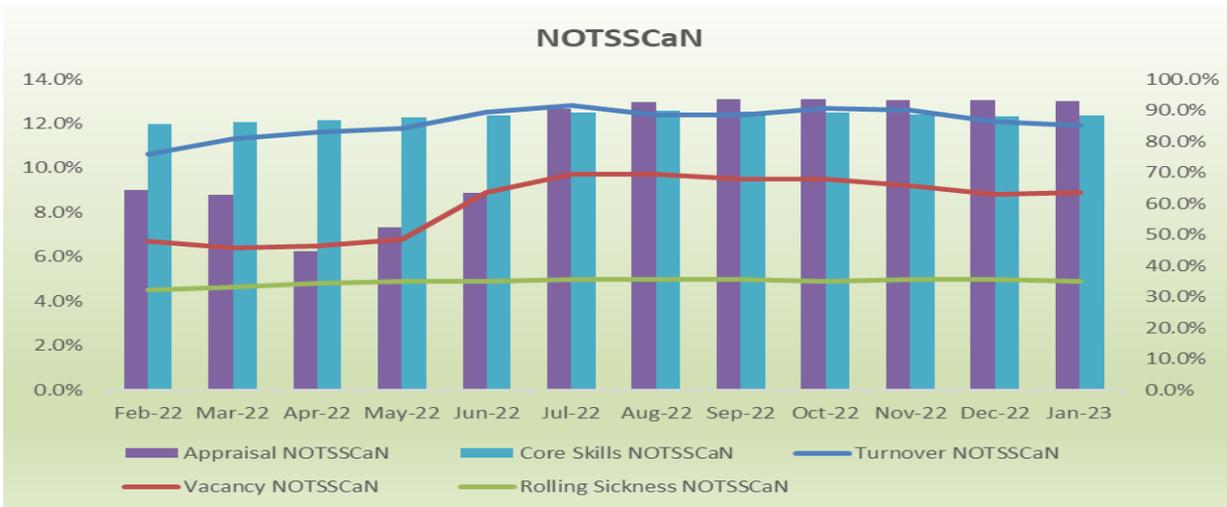


Analysis

- **Sickness absence:** Absence levels have reduced marginally to 3.8% from 3.9% in M9. Estates are still the area with the highest absence rate at 6.8%, next closest being Operational Services at 4.6%.
- **Appraisals:** There is a marginal reduction in appraisal rates to 94.7%. Hosted Services at 82.5% is below the KPI level and requires improvement.
- **Core Skills:** At 81.0% Hosted Services are the main outlier in terms of compliance. The Division overall is at 89.0%, unchanged since M9. At 87.3% IG requires improvement if the 95% threshold is to be met.
- **Turnover:** Turnover at 10.4% is down from 11.4% and has been on a downward trend since Summer last year. Estates at 12.8% and Research and Development at 18.1% are the highest Corporate areas. Chief Officer Directorates are at 8.9%.
- **Vacancies:** Vacancies have fallen to 8.8% from 9.4%. Hosted Services at 18.7% are of note. Chief Officer areas are at 8.3%, Estates at 7.1% and Operational Services 9.5%. As expected, the majority of vacancies are in the "other" staff group which hosts Administrative staff. These are 48% of the Division's vacancies.

Hotspots	Actions
<p>Operational Support -</p> <ul style="list-style-type: none"> • Turnover has reduced marginally from 12.6% in month 9 to 12.5% • Vacancy rate remains static at 14% Switchboard roles are at job evaluation to see if re banding can attract and retain switchboard operators. • Sickness absence has increased from 8.3% to 8.6% Two members of staff are on long term sick ; one is currently at stage three of the sickness absence procedure and the other is due to return to work on 19 February 2023. • Appraisals has improved from 86% to 87% • Core skills has improved from 78% to 81.7% <p>Only 13 (45%) from a possible sample of 29 staff responded to the 2022 staff Survey although overall, Operational Services Directorate achieved a 65% response rate. None of the staff identified for Kindness into Action training have attended either session A or B, however 2 are booked on to carry out these sessions.</p> <p>Estates Operations - CH,JR,NOC -</p> <ul style="list-style-type: none"> • Turnover has reduced from 11.5% in month 9 to 10.5% in month 10 • Vacancy rate has remained static at 9.9% • Sickness absence has reduced from 8.6% to 6.5% • Appraisals remains static at 88.5% • Core skills has marginally increased at 77.8%; an increase from 77.6% <p>Out of the 18 staff identified for Kindness into Action, 3 have completed session A and 2 have completed session B. 28 out of 66 (43%) of staff responded to the 2022 Staff Survey although overall, Estates achieved a 59% response rate</p> <p>One outstanding employee relations case which is at the hearing stage (date to be confirmed by the Case Manager).</p> <p>Estates programme -</p> <p>The phased recruitment process for the Estates Business Case has commenced. Bespoke processes for Job Evaluations and reduced vacancy authorisation are in place. 6 priority roles for Pre Q1 have been filled, 3 already in post with the others due to commence shortly. Q1 Phase 1 comprises of approximately a further 17 key posts, the majority of which have been job matched. Jobs are now regularly being uploaded onto TRAC and are out to advert in line with the Recruitment SLA. In Q1 Phase 2, approximately 33 posts are being progressed at pace.</p> <p>The development of an RRP paper for various hard to fill roles is being drafted for consideration.</p>	<p>Turnover:</p> <ul style="list-style-type: none"> • Targeting hot spot areas (Research and Development) by sending stay questionnaires with the impetus to generate wellbeing and career conversations. • Reviewing staff survey data in hotspot areas - specifically regarding the value of appraisals and career development which can help staff retention. <p>Sickness absence</p> <ul style="list-style-type: none"> • Daily alert meetings in place to ensure the HRCs touch base with managers with staff who trigger for short-term and long-term sickness absence. • A review of open sickness absences are taking place, ensuring long term sickness absence cases are managed at the point the sickness absence begins and that absences are tracked in real-time • There is a focus on return-to-work meetings, ensuring these take place promptly. • Monthly Occupational Health reviews provide a co-ordinated approach and develop strategies to manage complex sickness absence referrals. <p>Vacancies & Leavers</p> <ul style="list-style-type: none"> • HRC to link with AHSN (Hosted Services) who have a vacancy rate of 18.7% • Support services to record leaver reasons accurately (highest is other/not known). • Nursing and Digital have the highest vacancies in the Corporate Division. Work is taking place to implement recruitment and selection activity via the estates business case (see Estates programme section under ‘Hotspots’) <p>Agency & Temporary Staff Spend</p> <ul style="list-style-type: none"> • Increase in temporary staffing spend in month 10. • Deep dive to be undertaken by the HRCs on overall temporary staffing spend and to map against current recruitment activity. <p>Kindness into Action</p> <ul style="list-style-type: none"> • Email contact has been made with all staff who have not attended session A or B of the Kindness into Action programme. • Follow up email to be sent at the beginning of March. • Encouragement is given to managers at meetings to book on and attend kindness into Action.

The graphs below support the accompanying text.



Metrics reflect KPI Performance on sheet 4

HR Metric	Performance	Target
Sickness %	4.9%	3.1%
Vacancy %	8.9%	7.7%
Turnover %	11.9%	12.0%
Bank/agency Spend £	£1,903,394	N/A
Non Med Appraisal %	93.0%	85.0%
Core Skills %	88.5%	85.0%



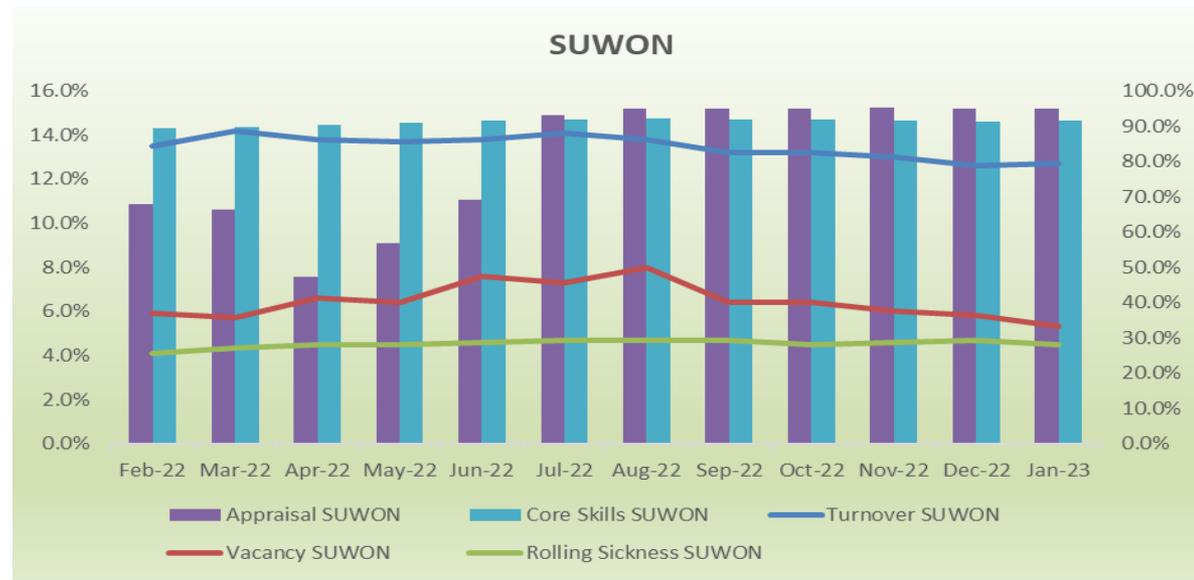
Analysis

- Sickness absence:** Sickness absence has reduced marginally between months. JR & WW Theatres at 5.4% and Trauma and Orthopaedics at 5.7% are the two highest Directorates in terms of absence. By staff group ACS at 7.0% and Administrative staff at 6.0% have the highest rates of absence.
- Appraisals:** At 93.0% appraisals are comfortably above the KPI. All Directorates exceed the 85% benchmark.
- Core Skills:** Core Skills similarly is in excess of the KPI and has been since December 21. Trauma and Orthopaedics at 92.9% is the best performing Directorate. IG is at 86.1%.
- Turnover:** At 11.9%, turnover has reduced by 0.2% on the month before. In July 22 turnover was at 12.8%. Since then turnover has been declining across the Division. Ophthalmology at 17.0% is the highest Directorate followed by Specialist Surgery at 13.5%. By staff group ACS at 15.7% and Administrative staff at 18.4% are highest. Most leavers (36% of the leaver wte) are within Nursing and Midwifery although the turnover rate is much lower at 10.0%.
- Vacancies:** Vacancies have increased marginally by 0.1% in the Division. As noted in previous reports, whilst most vacancies are within the largest staff group – Nursing and Midwifery – Health care Assistants 10.9%; and “Other” staff 14.9% are the two highest staff groups percentage wise.

Hotspots	Actions
<p>Specialist Nurses (=2) <u>Bk & Ag</u> – Static at 1.8% at M10 compared to M9 <u>Turnover</u> – up to 19.3% at M10 from 16.8% at M9 <u>Vacancies</u> – down to 9.1% at M10 from 9.8% at M9 <u>Sickness</u> – up to 8.5% at M10 from 8.3% at M9 <u>Appraisal</u> – up to 84.1% at M10 from 83.7% at M9 <u>Core Skills</u> – down to 77.1% at M10 from 77.2% at M9</p> <p>Oral & Maxillofacial Surgery (3, previously 6) <u>Bk & Ag</u> – up to 7.8% at M10 from 3.1% at M9 <u>Turnover</u> - up to 14.6% at M10 from to 14% at M9 <u>Vacancies</u> – down to 13.7% at M10 from 17.6% at M9 <u>Sickness</u> –down to 5.9% at M10 from 6% at M9 <u>Appraisals</u> – up to 87.5% at M10 from 87% at M9 <u>Core Skills</u> – up to 86.1% at M10 from 85.6% at M9</p> <p>JR & WW Theatres (4, previously 2) <u>Bk & Ag</u> – down to 17.7% at M10 from 17.9% for M9 <u>Turnover</u> – down to 15.2% at M10 from 16% at M9 <u>Vacancies</u> – down to 12.5% at M10 from 13.2% <u>Sickness</u> – down to 4.9% at M10 from 5.1% at M9 <u>Appraisals</u> – up to 89.4% at M10 from 89.3% at M9 <u>Core Skills</u> – up to 90% at M10 from 89.2% at M9</p> <p>Neurosciences Orthopaedics Trauma Spec Surg Division Management (5, previously 35) <u>Bk & Ag</u> – up to 30.6% at M10 from 0.6% for M9 <u>Turnover</u> – down to 11.5% at M10 from 11.7% at M9 <u>Vacancies</u> – down to 22% at M10 from 25.8% at M9 <u>Sickness</u> – down to 3.6% at M10 from 4% at M9 <u>Appraisals</u> – down to 90% at M10 from 92.1% at M9 <u>Core Skills</u> – down to 89.1% at M10 from 89.8% at M9</p> <p>Neonatology (6, previously 5) <u>Bk & Ag</u> – up to 16.4% at M10 from 15.8% at M9 <u>Turnover</u> – down to 9.1% from 10.3% at M9 <u>Vacancies</u> – down to 8.8% at M10 from 9.4% at M9 <u>Sickness</u> – down to 7% at M10 from 7.2% at M9 <u>Appraisals</u> – down to 86.8% at M10 from 87.7% at M9 <u>Core Skills</u> – up to 83.4% at M10 from 82.1% at M9</p>	<p>Turnover</p> <ul style="list-style-type: none"> Stay questionnaire data is being used to take forward actions from the responses provided, including working with the R&R lead to provide support. Specific actions are being put in place for specialist nurses and neurosurgery. Themes include lack of support and career development. Divisional R&R lead is undertaking additional listening events with areas where behavioural issues are being reported. These are focussing on neurosciences & specialist nurses for January Turnover remains highest in Spinal Surgery (28.8%) with Additional Clinical and A&C remaining the highest staff groups at 15.7% and 18.4% respectively. Focussed work in these areas taking place and A&C time to hire is beginning to reduce which is helping retain existing staff Stay questionnaire is being sent to a high performing area this round (Trauma), to take some good practice to share across the division. Theatres & OMFS also to be contacted <p>Sickness absence</p> <ul style="list-style-type: none"> Absence has reduced to 4.9% at M10 which is the first decrease seen since the KPI began to increase in February 2022. 70.5% is due to frequent absence and 29.5% long term absence Focus on RTW compliance ongoing, with emphasis re-iterated at Divisional Management Executive meeting. HR Team focussing on weekly provision of frequent absence reports to managers to initiate formal processes where required, together with reminders for RTW compliance Flu, COVID and SA&D the top reasons for absence, with high rates of flu for M10 even with a reduction from M9 <p>Vacancy & Leavers</p> <ul style="list-style-type: none"> A&C, HCSW and Consultants continue to be the highest areas of vacancy Focussed work with general recruitment and medical staffing recruitment is underway to unblock pipeline, now showing improvements with TTH. New divisional pay panel providing a mechanism to review this data weekly with recruiting managers. Focus is on Children's physiotherapy business case to attract new colleagues to the area using data from stay questionnaires

Hotspots	Actions
<p>Hotspots continued</p> <p>Neurosurgery (7, previously 9) <u>Bk & Ag</u> – down to 7.6% at M10 from 12% for M9 <u>Turnover</u> – Up to 17% at M10 from 3.9% for M9 <u>Vacancies</u> down to 8.8% at M10 from 10.2% for M9 <u>Sickness</u> – down to 3.8% at M10 from 3.9% for M9 <u>Appraisals</u> – Up to 78.9% for M10 from 73.7% <u>Core Skills</u> – down to 59.8% at M10 from 61.8% for M9</p> <p>Head & Neck (10, previously 15) <u>Bk & Ag</u> – up to 18.2% at M10 from 15.7% for M9 <u>Turnover</u> – up to 14.2% at M10 from 14% at M9 <u>Vacancies</u> – down to 19.7% at M10 from 22.3% at M9 <u>Sickness</u> – down to 5.6% at M10 from 5.8% at M9 <u>Appraisals</u> – static at 97.6% at M10 compared to M9 <u>Core Skills</u> – down to 92.4% at M10 from 93.8% at M9</p>	<p>Actions continued</p> <p>Agency & Temporary Staff Spend</p> <ul style="list-style-type: none"> • Increase for M10, highest area in Trauma nursing. Review of Trauma agency nurse spend for additional beds at Horton and JR underway with the aim of converting to substantive • Plans in place to review junior Dr rota gaps to assist with reducing high expenditure • The increase showing on the Divisional Management CSU largely related to the Covid cost centre retrospective payments. There have also been some backdated coding corrections for F Ward at the Horton, who have additional beds open to support Medicine, which are charged to MRCs covid cost centre. • New divisional pay panel providing a mechanism to review this weekly and challenge use of agency with managers, specifically medical locums and agency nurses. Also reviewing Additional Sessions payments. <p>Kindness into Action Update</p> <ul style="list-style-type: none"> • Training, 'In progress' & 'completed' at 12.08% (report date 3.2.23) • Directorates encouraged at divisional meetings to attend the workshops and focussed areas where support is identified i.e. where there are behavioural issues being reported. <p>Ibex Gale (Neonatology)</p> <ul style="list-style-type: none"> • First workstream meetings have now taken place, with further meetings being scheduled. • Colleagues from the Workforce Team and from the Culture & Leadership team are supporting Neonatal colleagues with this process <p>Flu Vaccinations</p> <ul style="list-style-type: none"> • Divisional rate currently at 49.72% • Encouragement continuing throughout directorate meetings.

The graphs below support the accompanying text.



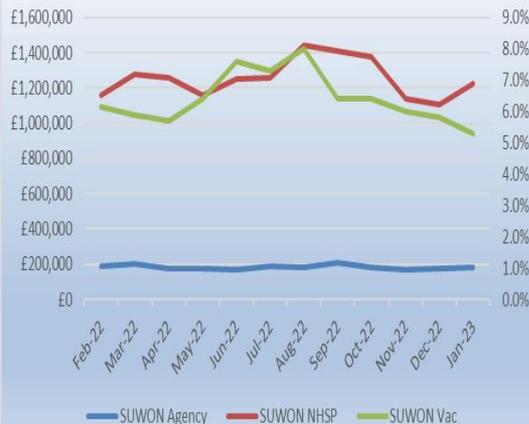
Metrics reflect KPI Performance on sheet 4

HR Metric	Performance	Target
Sickness %	4.5%	3.1%
Vacancy %	5.3%	7.7%
Turnover %	12.7%	12.0%
Bank/agency Spend £	£1,402,538	N/A
Non Med Appraisal %	94.8%	85.0%
Core Skills %	91.4%	85.0%

Analysis

- Sickness absence:** At 4.5%, SUWON in M10 has had a reduction in its absence rate. Directorate management aside, the highest absence rate is within Maternity at 5.4%. This is followed by Gastroenterology, Endoscopy and Theatres where absence is at 5.1%. Clinical Directorate absence rates range from 3.9% (Surgery) to 5.4% (Maternity).
- Appraisals:** At 94.8% appraisals are significantly above the KPI. All Directorates exceed 90% and are above the KPI.
- Core Skills:** At 91.4% the Division has had a small (0.2%) increase in compliance levels. All Directorates are above the KPI with Gynaecology at 96.5% the best performing. For IG, like all Divisional areas, there is a need to improve the score which at M10 is at 88.2%. Medics in SUWON are the lowest area with an IG rate of 77.2%.
- Turnover:** Between M9 and M10 the turnover rate has marginally increased by 0.1% to 12.7%. Maternity at 13.9% is relatively high as is Renal Transplant and Urology at 13.6%. By staff group ACS (18.7%) and Administrative and Clerical (16.5%) are of note.
- Vacancies:** Vacancies have shown a notable reduction from 5.8% to 5.3%. Health Care Assistants at 13.1% and "Other" staff (primarily Administrative staff) 10.6% are of note. By Directorate, Surgery at 13.4% and Renal Transplant and Urology at 11.0% are noticeably higher than the other areas.

SUWON Temporary Spend £ & Vac %



Hotspots	Actions
----------	---------

Note – The division has no CSU's in the Trust top 10, so has put a focus on the divisional top 3.

Endoscopy

- Sickness: decreased 5.6% (M9) to 5.2% (M10)
- Turnover: Increase– 13.6% (M9) to 13.8% (M10)
- Vacancy: increase – 12.3% (M9) to 13.6% (M10)
- Appraisals: Remained– 92.6 %(M9) to 92.6% (M10)
- Core skills: decrease – 94.6% (M9) to 93.1% (M10)

Women's Theatres

- Sickness: increase – 4.4% (M8) to 4.8% (M10)
- Turnover: Increase – 11.3% (M9) to 13.2% (M10)
- Vacancy: increase – 15.5% (M9) to 16.9% (M10)
- Appraisals: decrease – 92.7 %(M8) to 92.6% (M10)
- Core skills: increase – 95.2% (M8) to 95.3% (M10)

Obstetrics and Midwifery

- Sickness: decrease – 5.8% (M9) to 5.4% (M10)
- Turnover: decrease – 14.2% (M9) to 13.9% (M10)
- Vacancy: decrease – 2.8% (M9) to 2.5% (M10)
- Appraisals: decrease – 86.7% %(M9) to 86.6% (M10)
- Core skills: increase – 88.1% (M8) to 88.3% (M10)

Turnover:

- Actions associated with reducing turnover in A&C and HCSW are underway, including utilising data from our stay questionnaires to look at succession planning.
- Further listening events underway to explore further some themes that have arisen from our stay questionnaire data
- Stay questionnaire data shows a trend for staff feeling there is a lack of development and career progression within our hotspots. Succession planning and promotion of development opportunities underway in these areas.
- Maternity – the Workforce Task and finish group is now set up to have ownership of the 78 workforce related actions arising from the focus groups. These actions will be measured against our KPI's, staff survey and stay questionnaire data.

Sickness absence

- A focus on RTW compliance continues, ensuring that the absence monitoring actions are taken (3 in 6 Triggers).
- Long term cases receiving support at monthly meetings with Occupational health, with plans being created for individuals.
- Triangulation of wellbeing questions and the staff survey is being utilised to identify areas of concern and to create actions specific to them.

Vacancies & Leavers

- The Division is now holding a weekly pay panel and vacancies are moving to recruitment faster. The Division is establishing a process to deal with “fast track” vacancies.
- Divisional R&R lead focussing on hot spot areas and recruitment campaigns within those, looking at the recruitment pipeline.
- Organisational change in Gynaecology is developing to address some of the issues in their admin team.

Agency & Temporary Staff Spend

- Focussing on filling vacancies to reduce long line agency usage in Oncology - Chemotherapy Nurses.
- Vacancies being approved in Theatres when agency assignments have end dates.
- Engaging with the central group reviewing this.
- Reviewing the reasons for increased RN545 usage, with support from the central group on this.

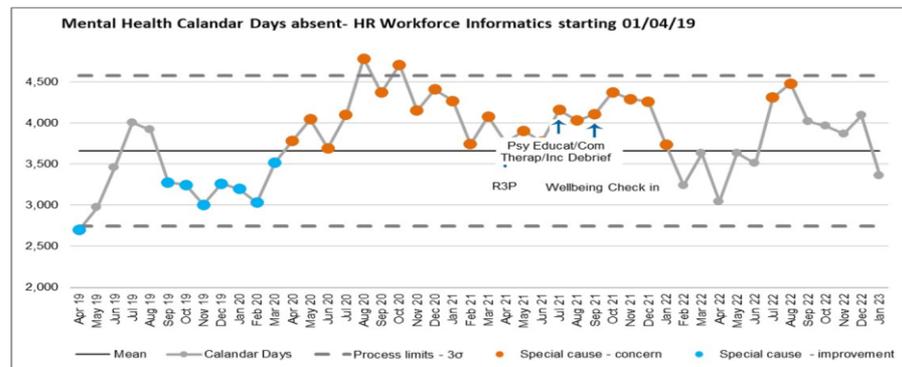
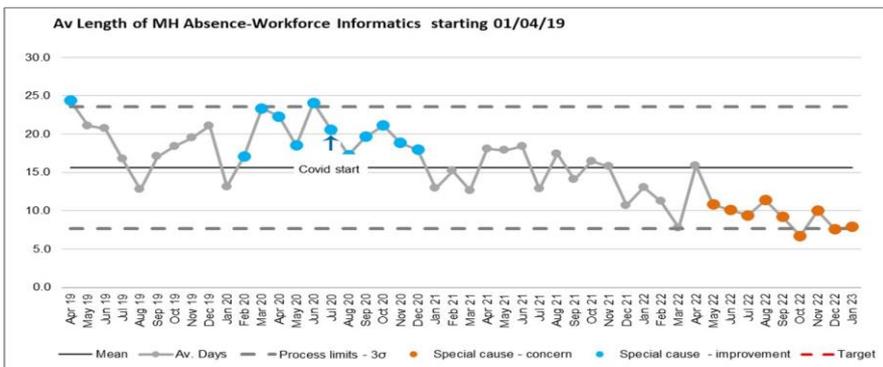
Kindness into Action

- Divisional completion rate is currently low, 55 in "in progress" and 4 "completed"
- Promotion at directorate meetings, support from C&L team to share good news stories from those that have completed it.
- Using the "your line manager" section of the staff survey to take a targeted approach.

Flu Vaccinations

- 52.43% staff have received their vaccination

Reducing our Mental Health Absence



Analysis of graphs

Reducing our Mental Health Absence

- Average length of Mental Health absence has reduced increased slightly between months. The overall trend is downwards.
- When 2 out of 3 data points lie near the Lower Process Limit (LPL) this can be a warning that the process may be changing. Process limits may need to be reset.
- Calendar days lost each month are not reaching the high points of Aug 2020. Mental Health absence continues to be the highest long term sickness reason at 32.5%.

Updated Actions from the Wellbeing Quality Priority with metrics that can be reported on a monthly basis

Action 1: Getting the basics right in relation to wellbeing by end March 2023.

Action 2: By end March 2023, 50% of our people to have participated in a Wellbeing Check-In.

Action 3: (b) Psychological Medicine Support for Staff service to deliver 60 team sessions by the end of March 2023

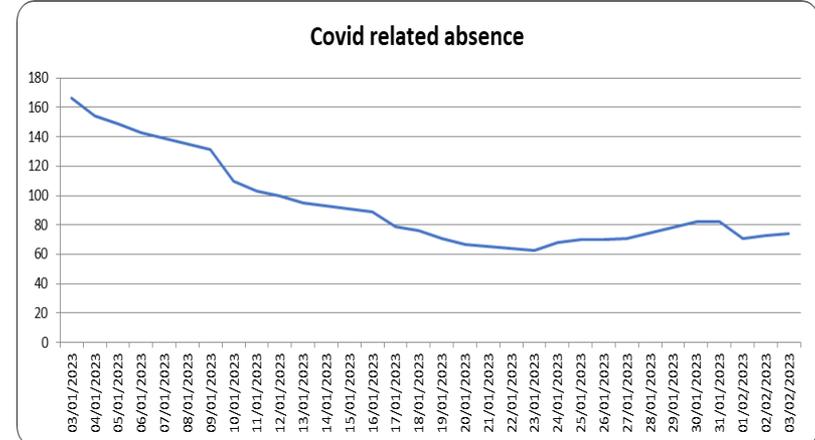
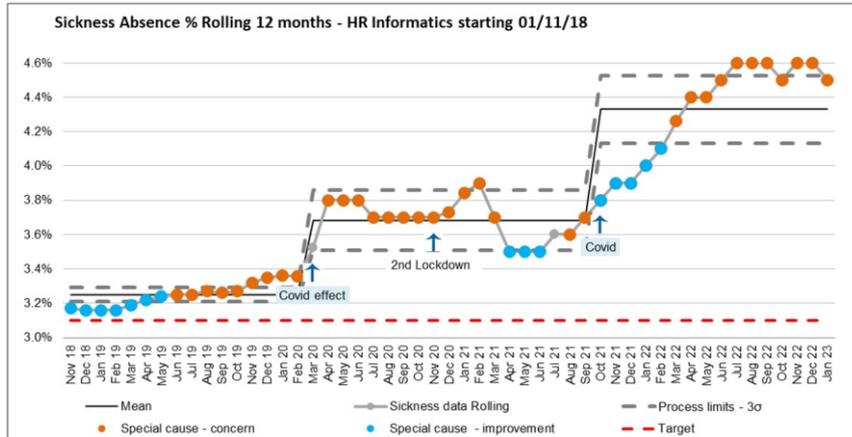
Action Updates – please note following signing off the people plan we updated the sect of actions for the Wellbeing Quality Priority

Action 1: This update is provided in Year 1 priorities from Theme 1 of the People Plan on slide 2.

Action 2: As of end of Jan '23 there have been 6506 Wellbeing Check-ins held with substantive staff since Sept '21. Recognising that some people have had more than 1 Check-in, the percentage of individuals who've had a conversation is 27.5% of our workforce (14.6k). We therefore need to ensure people are participating and recording check-ins to achieve our 50% target by end Mar '23. We are pushing this via the Wellbeing Champions, better signage in the VBA and in cooperation with the HoWs promoting this to their divisional HR teams.

Action 3: (b) There has been a hiatus in the Staff Support Service since substantive funding was agreed at end October '22 and a few staff left prior to funding being agreed. 2.4 psychologists have now been appointed and will be joining by end March '23. Before the hiatus 31 sessions had been held.

The graphs below support the accompanying text.



Background

Data taken from ESR for a rolling 12 months. Sickness % is wte absent/wte availability.

What the chart tells us

Sickness has reduced to 4.5%, for a rolling 12 months from 4.6% in the previous month. Points which fall outside process limits are of concern. However, the M10 reduction has meant that the data point for the month sits inside the upper and lower process limits.

Issues

Sickness continues to be above the KPI. NOTSSCAN has the highest absence rate at 4.9%. Of the clinical Divisions CSS is lowest at 4.0%, Corporate is at 3.8%. Estates staff at 8.4% and ACS at 6.6% are the highest staff groups.

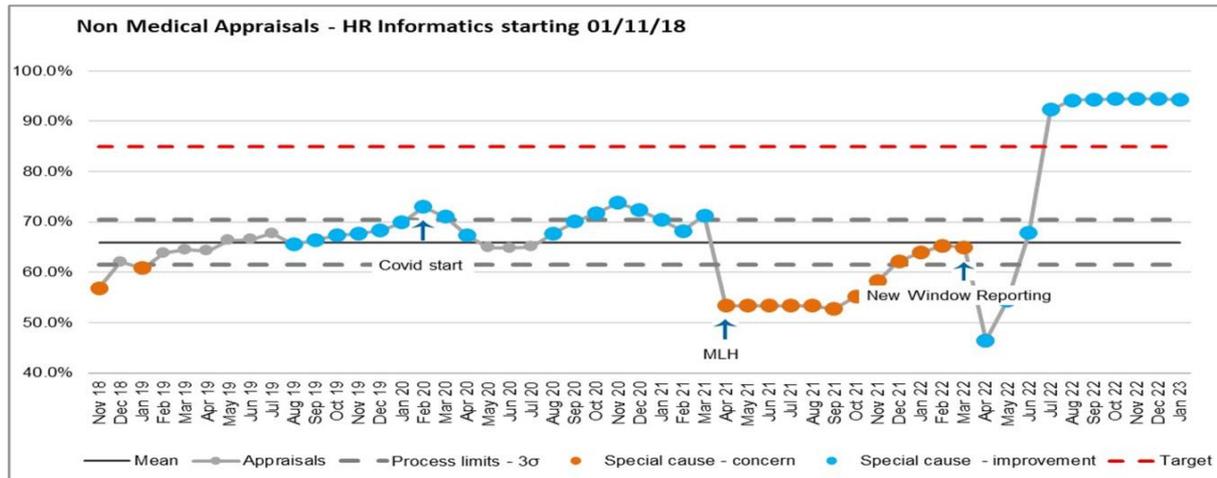
M10 saw significant reductions in the principal absence reasons between months 9 and 10 including COVID19. Biggest drop was in Colds/coughs and flu.

HR Metric	Performance	Target
Sickness %	4.5%	3.1%

Return To Work Interviews

Division	% Completed	Av Days to complete
NOTSSCaN	45.5%	8.1
SUWON	56.0%	6.7
MRC	53.0%	7.3
CSS	41.5%	8.2
Corp	52.2%	6.2

The graphs below support the accompanying text.



HR Metric	Performance	Target
Appraisal %	94.4%	85%

Background

Data excludes information relating to Medical and Dental staff and is taken from My Learning Hub (MLH). Data before April 21 is from the Trust's legacy system.

What the chart tells us

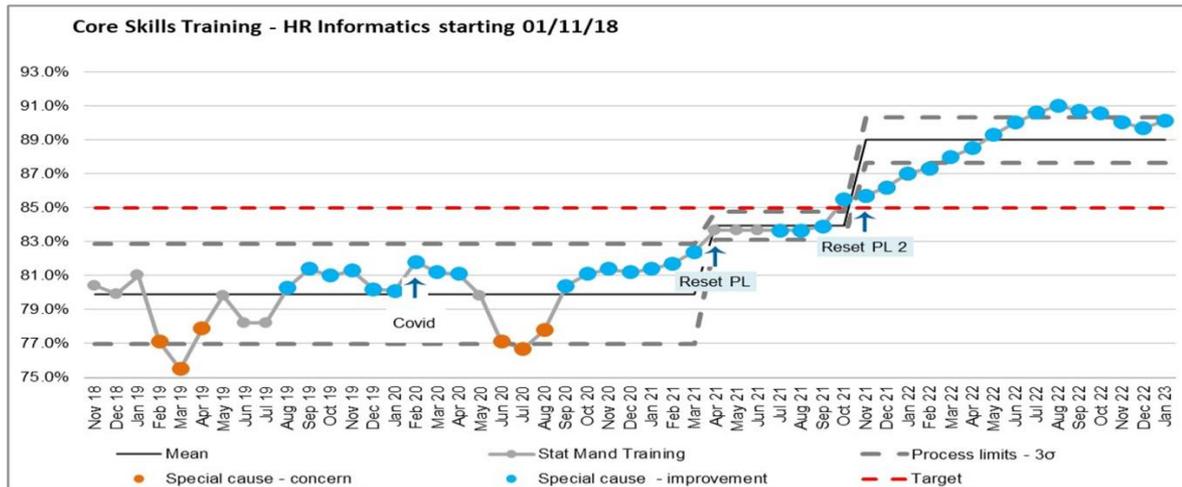
Points which fall outside the process limits should normally be investigated, however the points from July 22 onwards reflect the introduction of the "appraisal window" and the improved performance it brought.

Issues

The overall score has changed little since August 22. The cohort of staff who have not undertaken/completed their appraisal is c 570, of which 230 have no action against their record.

CSS continues to have the highest compliance rate at 96.4%. The Division with the lowest compliance rate is NOTSSCaN at 93.0%, which is still 8 % above the KPI.

The graphs below support the accompanying text.



HR Metric	Performance	Target
Core Skills %	90.1%	85%

Background

Data is that taken from My Learning Hub (MLH) following the recent re loading of information in August. Pre April 21 data was taken from the legacy system and includes honorary contract holders who distorted compliance rates. Care should be taken when comparing the above graph.

What the chart tells us

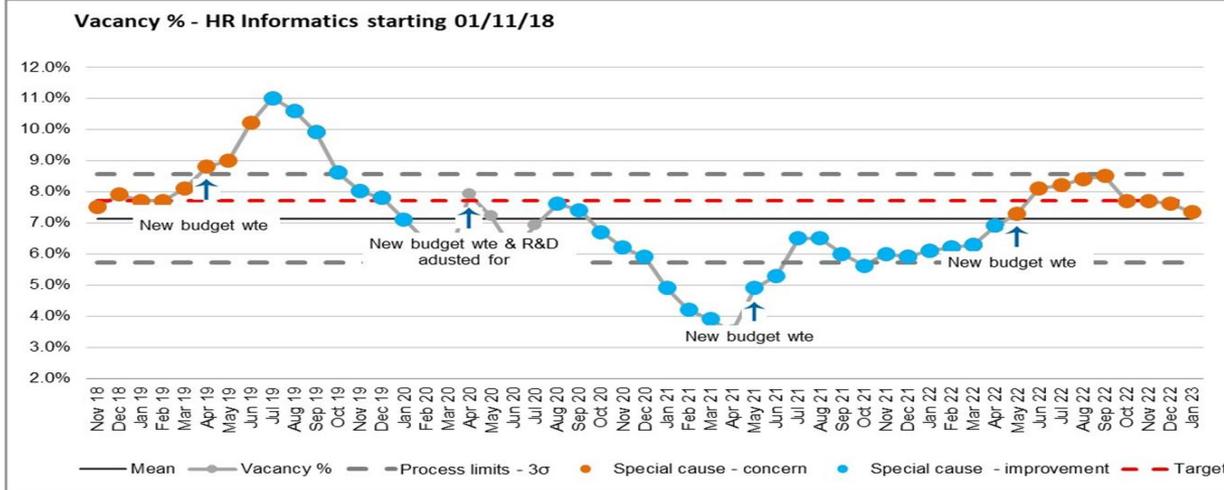
Month 10 has seen a small increase in compliance levels.

Issues

Compliance continues to be consistently above the KPI of 85%. CSS is the highest performing Division at 91.8%.

All Divisions exceed the required level, with NOTSSCaN at 88.4% the lowest. Across the Trust, IG still requires improvement at 87.5%. All staff groups fall below the 95% attainment level with Medical staff of note at 77%. Nursing and Midwifery is highest at 90.7%.

The graphs below support the accompanying text.



HR Metric	Performance	Target
Vacancy %	7.3%	7.7%

Background

Vacancy data is taken from merged data sets comprising of Budget wte from the ledger, and Contracted wte from the Electronic Staff Record (ESR). Vacancy data excludes R&D, Trust wide and Operational Expenses Divisions.

What the chart tells us

The vacancy rate continues to decrease, as staff in post steadily increases. The M10 rate is marginally above the mean rate. There are sequentially decreasing data points, above the mean as vacancy rates have steadily reduced since peaking in M6 2022 at 8.5%.

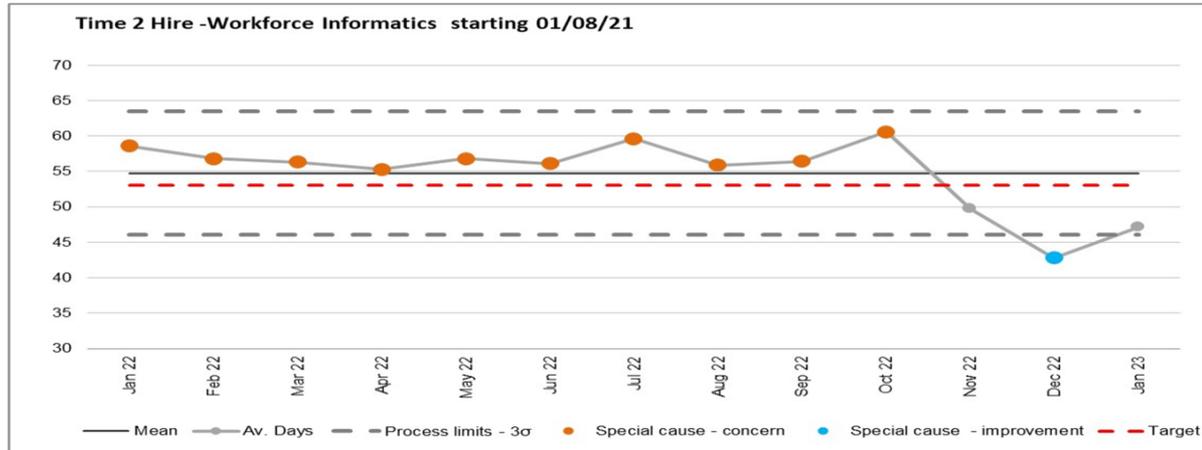
Issues

At 7.3% the Trust has a vacancy rate below its KPI of 7.7%. CSS at 6.3%, MRC 7.6% and SUWON at 5.3% are below the required level. Corporate 8.8% and NOTSSCaN 8.9% are the Divisions with the highest vacancy rates.

By staff group little has changed between months, with Health Care Assistants and Support at 13.1% - the lowest performing. Next is "Other" staff group at 9.5%, which mostly comprises Administrative vacancies. For context, the largest staff group is Nursing and Midwifery where the absence rate is 6.6%.

Reducing our Time to Hire

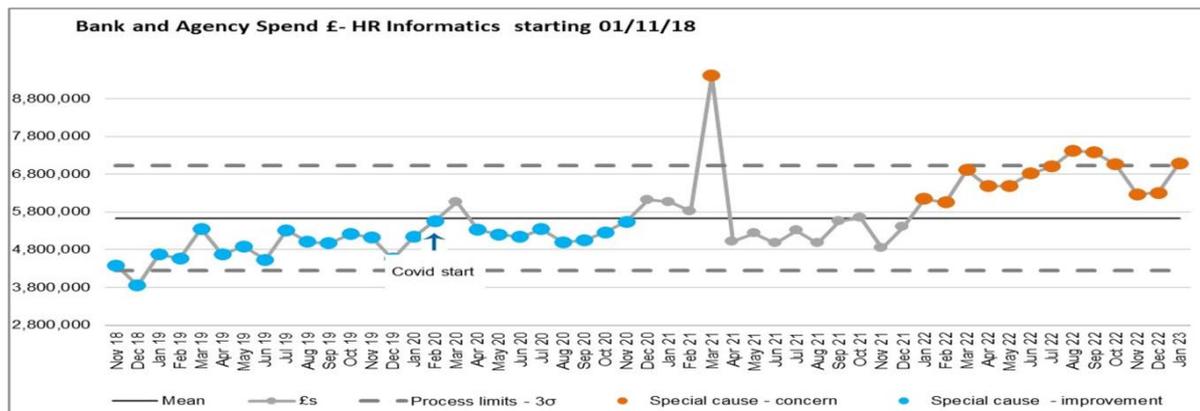
The graphs below support the accompanying text.



HR Metric	Performance	Target
Time to Hire	47.1	53.00

Background	What the chart tells us	Issues
<p>The data is taken from TRAC, the Trust's recruitment management system and reflects the Trust's time to hire which is from advert to employment checks completed.</p> <p>Improved performance in this metric may benefit areas such as vacancies, turnover, bank and agency spend and a reduction in sickness absence.</p> <p>The above data reflects general recruitment.</p>	<p>Time to Hire has increased to 47.1. This is up from 42.8 in the last month. Current performance is below the KPI of 53.</p> <p>Month 09 saw the data point fall below the lower process point. The number of days for M10 has brought the data point back within the expected range of performance.</p> <p>Importantly the since October 22 the time to Hire has fallen.</p>	<p>Particular areas of focus this month as highlighted by the data are advertisement length and ensuring the checks ok to contract sent stage is within 5 days.</p> <p>A meeting with TRAC is being arranged so the Joint AD of Resourcing can explore ways of managing candidates when the TRAC vacancy has been in authorisation for a period of time as this affects the Trusts overall compliance against the KPIs.</p>

The graphs below support the accompanying text.



HR Metric	Performance	Target
Bank & Agency Spend £	£7,083,574	N/A

Background

Temporary spend is taken from the financial ledger and is the combination of bank and agency spend. From a backdrop of breaching the agency ceiling in 19/20, there has been a drive to reduce our agency spend and achieve the ceiling (£16.4M) for 20/21, which the Trust has achieved by c£5M (£11.6M). The figures for March 21 include an accrual for nursing incentive payments.

What the chart tells us

Last two data points have been showing signs that spend is increasing. When two out of 3 data points lie close to the Upper Process Limit this can be a warning that the process is changing. January's data point lie on the UPL.

Issues

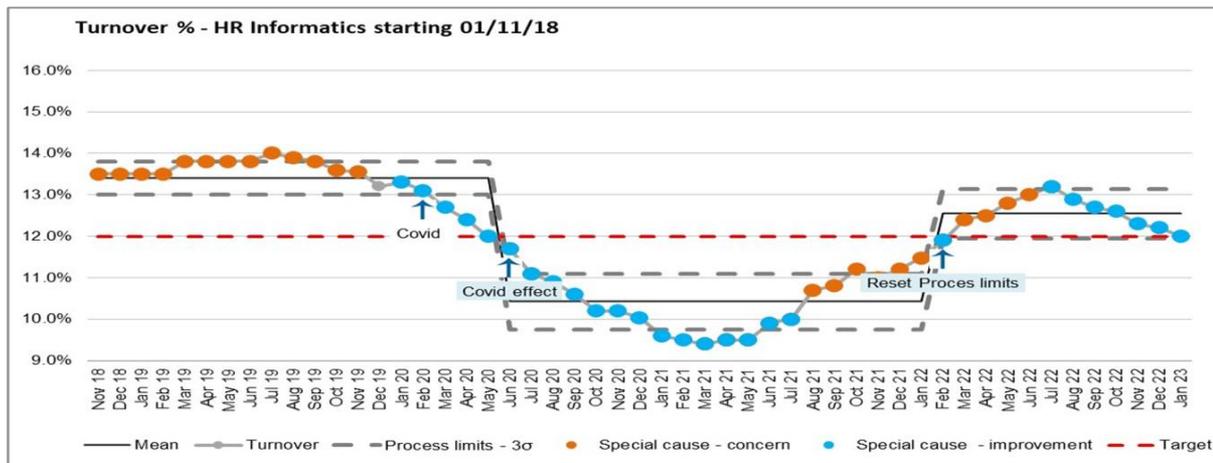
Overall demand for M10 increased - figures driven by Nursing & Midwifery - 22% increase. Doctors remained static whereas AHP/HCS decreased. Overall fill rate increased, predominantly N&M and via bank 33% increase - reflected in spend bank up £890K / agency down £112K. Vacancy continues as the significant reason given for bank and agency cover. Retrospective bookings added to the system remains high for medical locums at 44%. ICS target 5%. Impact on timely data and tighter controls.

Nursing: demand hotspots JR ICU / Neonatal Unit / Paediatric wards / Emergency Department; RN545 requests increased by 14%. 1363 shifts requested up from 1191. Fill rate increased by 40% 820 shifts up from 584 – this rise almost entirely occurred in first week in January. Significant pressure to find RMNs with restraint training; recent off framework breaches.

Doctors: 19 agency locums worked in M10; MRC – 9; NOTSSCaN – 10. All agency rates above cap. 'Break glass rates' 23% of shifts.

AHP – highest bank/agency spend for Operating Theatre Practitioner, followed by radiographers.
HCS - NHSP working on 24 out of 27 requests for pharmacy – hard to source candidates.

The graphs below support the accompanying text.



HR Metric	Performance	Target
Turnover %	12.0%	12.0%

Background

Turnover is calculated by leavers in a rolling twelve month period being divided by average staff in post. Fixed term contract holders and leavers via redundancy are excluded.

This data is taken from the ESR.

What the chart tells us

Turnover continues to decline and the most recent points falls outside the reset process limits. 7 sequential increasing/decreasing points indicate a change in process. The process is not in control. In this data set there is a run of rising and falling data points. Since July 2022 turnover has consistently declined after peaking following an increase in turnover rates post Covid19.

Issues

Despite reductions in turnover rates, staff groups such as ACS (17.6%), Administrative and Clerical (13.0%) and Estates (13.0%), are all of note as the highest staff groups.

Nursing and Midwifery is running at 10.3%, with Band 5 turnover at 11.4%.

By Division SUWON is highest at 12.7%. Both MRC and NOTSSCaN are at 11.9% with CSS the lowest of the Clinical Divisions. Corporate areas are at 11.2%.

Staff in post (contracted wte) by ESR Staff group by month:

ESR STAFF Group	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Add Prof Scientific and Technic	520.0	524.6	519.4	522.6	508.7	504.6	509.3	521.9	518.1	514.9	521.3	529.2
Additional Clinical Services	2,130.2	2,149.5	2,098.8	2,071.3	2,063.5	2,079.1	2,054.6	2,059.2	2,055.1	2,075.6	2,062.7	2,049.9
Administrative and Clerical	2,663.6	2,654.5	2,631.0	2,624.1	2,615.6	2,601.6	2,605.0	2,605.7	2,617.0	2,627.3	2,629.1	2,633.3
Allied Health Professionals	758.3	757.7	753.8	756.3	753.6	754.3	756.8	776.0	780.6	792.0	790.4	793.4
Estates and Ancillary	216.3	216.7	215.1	215.9	213.6	214.5	217.7	216.5	215.2	220.7	219.5	224.3
Healthcare Scientists	547.7	542.2	544.8	548.8	547.1	539.9	541.5	547.7	557.4	557.7	558.5	557.1
Medical and Dental	2,059.5	2,049.7	2,038.6	2,044.6	2,024.8	2,005.7	2,013.9	2,096.6	2,108.9	2,115.4	2,118.0	2,115.1
Nursing and Midwifery Registered	3,916.6	3,941.3	3,956.7	3,954.8	3,974.1	3,968.5	3,965.4	3,999.7	4,041.1	4,037.5	4,062.2	4,108.5
Total	12,812.3	12,836.3	12,758.2	12,738.4	12,701.2	12,668.1	12,664.2	12,823.2	12,893.5	12,941.1	12,961.8	13,010.9

Bank	936.1	1084.2	886.7	941.9	1024.1	1033.2	1038.3	1013.1	935.5	908.5	788.7	991.2
Agency	105.4	131.4	111.6	131.9	130.3	139.7	151.5	157.1	161.5	155.4	147.6	149.5

Grand Total	13,853.8	14,051.9	13,756.5	13,812.1	13,855.6	13,840.9	13,853.9	13,993.5	13,990.5	14,005.1	13,898.1	14,151.6
--------------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------

Divison	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Clinical Support Services	2,089.4	2,078.4	2,051.7	2,046.8	2,048.6	2,041.1	2,057.3	2,088.6	2,112.5	2,114.1	2,109.9	2,111.8
Corporate	1,599.5	1,596.1	1,577.7	1,573.1	1,582.3	1,568.0	1,571.0	1,574.2	1,572.7	1,590.6	1,595.9	1,600.4
Medicine Rehabilitation and Cardiac	2,870.2	2,891.1	2,884.0	2,883.5	2,872.5	2,879.6	2,883.0	2,918.0	2,930.7	2,935.5	2,940.1	2,962.2
Neurosciences Orthopaedics Trauma and Specialist Surgery	3,270.3	3,279.6	3,279.4	3,274.7	3,247.0	3,229.1	3,224.1	3,266.9	3,279.3	3,289.0	3,301.2	3,298.1
Surgery Women and Oncology	2,982.8	2,991.1	2,965.4	2,960.4	2,950.8	2,950.3	2,928.8	2,975.5	2,998.2	3,011.9	3,014.8	3,038.4
Total	12,812.3	12,836.3	12,758.2	12,738.4	12,701.2	12,668.1	12,664.2	12,823.2	12,893.5	12,941.1	12,961.8	13,010.9

Bank	936.1	1084.2	886.7	941.9	1024.1	1033.2	1038.3	1013.13	935.53	908.5	788.7	991.2
Agency	105.4	131.4	111.64	131.9	130.3	139.7	151.5	157.11	161.47	155.43	147.6	149.5

Grand Total	13,853.8	14,051.9	13,756.5	13,812.1	13,855.6	13840.9	13853.9	13993.5	13990.5	14005.1	13898.1	14151.6
--------------------	-----------------	-----------------	-----------------	-----------------	-----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------

Staff in post data and band and agency Information:

The data above is taken from the ESR. It reflects contracted wte in post, **not** headcount and is the position as of the last calendar day of each month. Data excludes Honorary contract holders but does include maternity leaves etc. Corporate is made up of all non clinical divisions.

Bank and agency figures are taken from the Financial Ledger.

Division	Staff Group (ESR)	Leaver WTE	Turnover %
Clinical Support Services	Add Prof Scientific and Technic	24.7	12.8
	Additional Clinical Services	66.4	17.4
	Administrative and Clerical	22.7	11.7
	Allied Health Professionals	29.9	12.4
	Estates and Ancillary	1.0	22.2
	Healthcare Scientists	34.3	12.0
	Medical and Dental	13.1	5.1
	Nursing and Midwifery		
	Registered	27.1	12.2
	Students	0.0	0.0
	Clinical Support Services Total		219.1
Corporate	Add Prof Scientific and Technic	8.7	8.5
	Additional Clinical Services	84.6	15.7
	Administrative and Clerical	79.9	18.4
	Allied Health Professionals	20.8	12.9
	Estates and Ancillary	1.0	2.9
	Healthcare Scientists	8.1	11.7
	Medical and Dental	11.2	4.4
	Nursing and Midwifery		
	Registered	121.2	10.0
	Corporate Total		335.4
Medicine Rehabilitation and Cardiac	Add Prof Scientific and Technic	7.0	7.1
	Additional Clinical Services	87.7	18.7
	Administrative and Clerical	66.6	16.5
	Allied Health Professionals	9.5	8.7
	Estates and Ancillary	3.2	16.8
	Healthcare Scientists	7.0	7.3
	Medical and Dental	11.9	7.5
	Nursing and Midwifery		
	Registered	143.0	11.1
	Medicine Rehabilitation and Cardiac Total		335.8
Neurosciences Orthopaedics Trauma Specialist Surgery Childrens and Neonates	Add Prof Scientific and Technic	4.8	10.7
	Additional Clinical Services	106.7	18.8
	Administrative and Clerical	49.4	13.0
	Allied Health Professionals	31.1	14.1
	Estates and Ancillary	2.4	13.4
	Healthcare Scientists	3.4	5.1
	Medical and Dental	8.1	4.3
	Nursing and Midwifery		
	Registered	91.4	9.1
	Neurosciences Orthopaedics Trauma Specialist Surgery Childrens and Neonates Total		297.3
Surgery Women and Oncology	Add Prof Scientific and Technic	7.5	18.5
	Additional Clinical Services	3.0	12.9
	Administrative and Clerical	94.3	9.4
	Allied Health Professionals	0.8	8.7
	Estates and Ancillary	20.2	14.6
	Healthcare Scientists	2.4	14.6
	Medical and Dental	1.0	32.6
	Nursing and Midwifery		
	Registered	17.3	10.2
	Surgery Women and Oncology Total		146.5
Grand Total		1334.2	12.0

Division	Staff Group (Financial)	WTE Vac	Vac %
Clinical Support Services	Consultants and Medics	7.8	1.7%
	Health Care Assistants & Support	38.1	9.0%
	Nurse and Midwives	49.0	17.1%
	Other Staff	8.0	3.5%
	Scientific, Thec., Therapeutic	38.0	4.5%
Clinical Support Services Total		140.9	6.3%
Corporate	Consultants and Medics	22.2	30.1%
	Health Care Assistants & Support	35.6	57.6%
	Nurse and Midwives	7.8	5.3%
	Other Staff	65.1	5.4%
	Scientific, Thec., Therapeutic	4.0	10.0%
Corporate Total		134.6	8.8%
Medicine Rehabilitation and Cardiac	Consultants and Medics	-0.4	-0.1%
	Health Care Assistants & Support	96.0	14.0%
	Nurse and Midwives	80.0	7.0%
	Other Staff	74.7	15.6%
	Scientific, Thec., Therapeutic	-6.9	-1.9%
Medicine Rehabilitation and Cardiac Total		243.5	7.6%
Neurosciences Orthopaedics Trauma Specialist Surgery Childrens and Neonates	Consultants and Medics	61.7	8.9%
	Health Care Assistants & Support	73.5	10.9%
	Nurse and Midwives	100.6	7.4%
	Other Staff	80.8	14.9%
	Scientific, Thec., Therapeutic	6.9	2.0%
Neurosciences Orthopaedics Trauma Specialist Surgery Childrens and Neonates Total		323.6	8.9%
Surgery Women and Oncology	Consultants and Medics	-2.9	-0.7%
	Health Care Assistants & Support	72.3	13.1%
	Nurse and Midwives	47.4	3.4%
	Other Staff	50.7	10.6%
	Scientific, Thec., Therapeutic	3.6	1.0%
Surgery Women and Oncology Total		171.1	5.3%
Grand Total		1,013.8	7.3%

Temporary Pay Spend By Division:

Row Labels	Agency	NHSP	Total Temp Pay Spend	% Of all pay Spend
Clinical Support Services	£204,210	£463,115	£667,325	5.9%
Consultants and Medics		£12,473	£12,473	0.3%
Health Care Assistants & Support	£3,143	£32,653	£35,797	3.8%
Nurse and Midwives	£83,430	£166,706	£250,136	21.2%
Other Staff		£19,864	£19,864	3.1%
Scientific, Thec., Therapeutic	£117,636	£231,419	£349,055	9.0%
Corporate	£47,118	£543,601	£590,719	5.4%
Consultants and Medics	£8,459	£0	£8,459	0.4%
Health Care Assistants & Support	£0	£70,752	£70,752	-8338.3%
Nurse and Midwives	£32,774	£224,082	£256,855	13.6%
Other Staff	£1,800	£236,347	£238,147	3.9%
Scientific, Thec., Therapeutic	£4,085	£12,420	£16,505	1.9%
Medicine Rehabilitation and Cardiac	£398,808	£2,120,791	£2,519,598	16.6%
Consultants and Medics	£227,671	£374,900	£602,571	11.6%
Health Care Assistants & Support	£0	£423,317	£423,317	22.2%
Nurse and Midwives	£145,768	£1,107,501	£1,253,269	24.1%
Other Staff	£0	£34,619	£34,619	2.7%
Scientific, Thec., Therapeutic	£25,368	£180,454	£205,822	12.6%
Neurosciences Orthopaedics Trauma Specialist Surgery Childrens and Neonates	£438,096	£1,465,298	£1,903,394	11.1%
Consultants and Medics	£140,910	£228,347	£369,257	5.7%
Health Care Assistants & Support		£237,653	£237,653	13.2%
Nurse and Midwives	£288,401	£900,055	£1,188,456	19.7%
Other Staff	£0	£60,728	£60,728	4.4%
Scientific, Thec., Therapeutic	£8,786	£38,514	£47,301	3.2%
Surgery Women and Oncology	£179,105	£1,223,433	£1,402,538	9.8%
Consultants and Medics	£10,771	£236,506	£247,278	5.9%
Health Care Assistants & Support	£1,208	£204,507	£205,715	14.6%
Nurse and Midwives	£161,532	£670,497	£832,030	14.0%
Other Staff	£0	£60,482	£60,482	4.9%
Scientific, Thec., Therapeutic	£5,594	£51,440	£57,034	3.7%
Grand Total	£1,267,337	£5,816,237	£7,083,574	10.3%

Reasons For Leaving - ESR

The graphs below support the accompanying text.

Leaving Reason	Headcount Rolling Leavers	% Headcount Reason
Death in Service	4	0.4%
Dismissal - Capability	4	0.4%
Dismissal - Conduct	3	0.3%
Dismissal - Some Other Substantial Reason	3	0.3%
Employee Transfer	1	0.1%
Retirement	172	15.4%
Has Not Worked	2	0.2%
Voluntary Resignation - Adult Dependants	10	0.9%
Voluntary Resignation - Better Reward Package	27	2.4%
Voluntary Resignation - Child Dependants	34	3.0%
Voluntary Resignation - Health	28	2.5%
Voluntary Resignation - Incompatible Working Relationships	2	0.2%
Voluntary Resignation - Lack of Opportunities	11	1.0%
Voluntary Resignation - Other/Not Known	287	25.6%
Voluntary Resignation - Promotion	65	5.8%
Voluntary Resignation - Relocation	266	23.8%
Voluntary Resignation - To undertake further education or training	85	7.6%
Voluntary Resignation - Work Life Balance	116	10.4%
Grand Total	1120	100.0%

Analysis

- Data reflect headcount of leavers, Clinical Divisions in a rolling year .
- Data excludes staff on Fixed Term Contracts.
- Data excludes Administrative and Estates staff.
- “Not Known” at 25.6% is highest reason, followed by “Relocation” at 23.8%. The reason for the Relocation is not known.
- Exit questionnaires are now available on line. There has been discussions at the Recruitment and Retention Steering Group as to how best to maximise uptake and ensure they are communicated to as wider an audience as possible.
- In conjunction with the exit questionnaires, Divisions are targeting CSUs with relatively high levels of turnover and conducting on line stay questionnaires so that recruitment and retention measures can be better targeted.
- Of the retirements just under 100 have returned to work for the Trust.

	Clinical Support Services	Medicine Rehabilitation and Cardiac	Neurosciences Orthopaedics Trauma Specialist Surgery Childrens and Neonates	Surgery Women and Oncology	Corporate	Grand Total
	% Compliant					
Core Skill - Equality, Diversity and Human Rights	94.8%	93.7%	92.6%	95.4%	91.4%	93.7%
Core Skill - Fire Safety	93.7%	92.9%	91.8%	94.7%	89.3%	92.7%
Core Skill - Health, Safety and Welfare	94.0%	93.0%	92.1%	94.6%	89.3%	92.8%
Core Skill - Infection Prevention and Control Level 1	93.2%	93.5%	88.3%	93.4%	89.7%	91.3%
Core Skill - Infection Prevention and Control Level 2	84.6%	84.4%	83.3%	85.6%	80.7%	84.3%
Core Skill - Information Governance and Data Security	87.7%	88.3%	86.1%	88.2%	87.3%	87.5%
Core Skill - Moving and Handling Level 1	92.3%	85.4%	85.5%	89.7%	89.8%	88.8%
Core Skill - Moving and Handling Level 2	77.7%	83.1%	80.2%	82.3%	65.3%	81.0%
Core Skill - Preventing Radicalisation Awareness	93.4%	90.0%	88.7%	90.8%	88.0%	90.0%
Core Skill - Preventing Radicalisation Basic	93.0%	90.9%	87.7%	93.1%	88.9%	90.7%
Core Skill - Resuscitation Level 1	93.4%	93.3%	90.7%	94.5%	91.7%	92.6%
Core Skill - Resuscitation Level 2, 3 OR 4	93.0%	89.8%	88.8%	92.2%	83.5%	90.3%
Core Skill - Safeguarding Adults Level 1	93.1%	93.7%	89.5%	93.5%	90.2%	91.8%
Core Skill - Safeguarding Adults Level 2	93.8%	91.7%	89.9%	93.6%	84.9%	91.7%
Core Skill - Safeguarding Children Level 1	93.2%	93.1%	90.0%	93.2%	90.8%	91.9%
Core Skill - Safeguarding Children Level 2	89.9%	89.7%	89.0%	92.4%	82.0%	90.0%
Core Skill - Safeguarding Children Level 3		81.0%	84.3%	79.5%	90.0%	82.2%
Grand Total	91.8%	90.0%	88.4%	91.4%	89.0%	90.1%

Green RAG rating is for any core skills course or department etc to be equal to or in excess of 85%. In addition, NHS Digital require that the Trust's IG training is equal to or in excess of 95%.

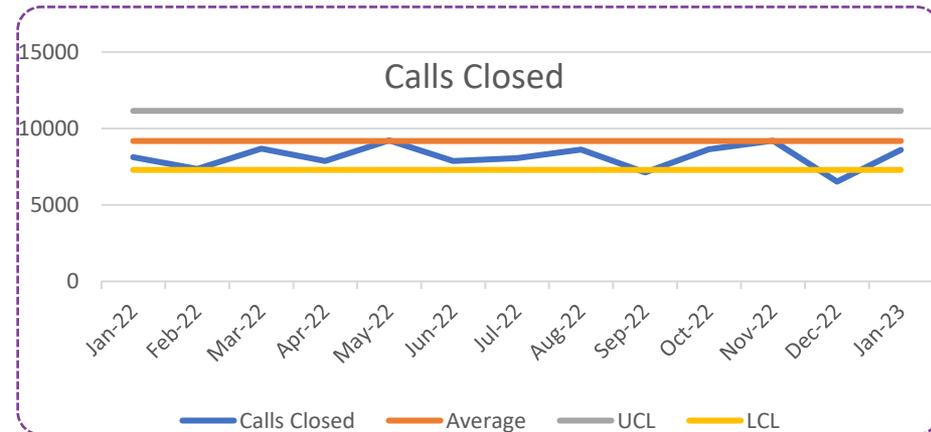
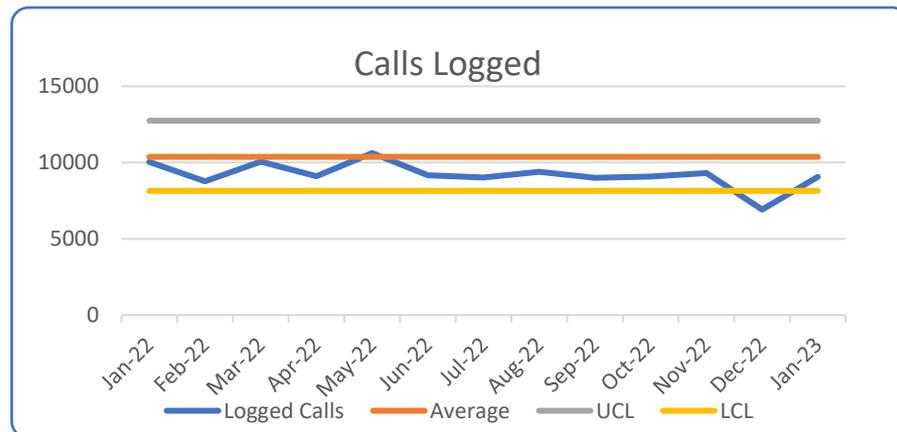
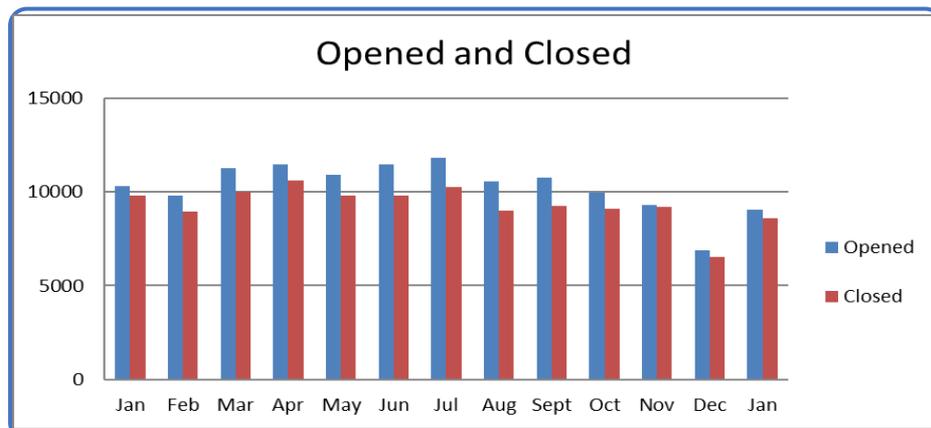
Stay Interviews	Issues	Actions
<ul style="list-style-type: none"> • 16 CSUs approached • Response rate 16.3% • 2554 staff approached • 416 responses • Next questionnaire has been sent - January 2023. 	<ul style="list-style-type: none"> • Over 50% agree or strongly agree with the intention to leave their role in the next 3 years • Approx. 50% of those asked agree or strongly agree this role would be outside of OUH • Approx. 50% are not aware they could discuss their intentions to leave • Career progression or 'other' biggest reason of wanting to leave • Approx 60-% feel supportive working environment, however nearly 50% said don't know about support available if did need it • Approx. 30% believe they do not receive feedback from their manager on performance • Approx 60% feel open and collaborative relationship with manager • Approx 70% feel part of the team 	<ul style="list-style-type: none"> • Look at interventions to try and retain these staff • Ensure communication is improved in terms of access to R&R leads or equivalent for staff thinking of leaving • Communicate support options for employees across OUH • Use results as further reason to encourage uptake of KIA • Ensure quality of appraisal is highlighted as well as just having one
Exit Interviews	Issues	Actions
<ul style="list-style-type: none"> • The Trust has received 91 responses to the exit questionnaire. 	<ul style="list-style-type: none"> • To improve compliance the Trust is now approaching leavers with future leaving dates • Staff moving internally are now being approached as part of the process so that additional data can be obtained. This includes those moving through open borders • To aid retention the questionnaire holds a list of Recruitment and Retention Leads and equivalent so that individuals can be contacted quickly. • Nursing and Midwifery have the highest level of respondents, 31 out of 78 • Main reasons for leaving are Now Career Progression (17), Other (14), Flexible Working (9) • Monthly reports are being produced to be sent to Heads of Workforce, Clinical Retention Group and People and Comms 	<ul style="list-style-type: none"> • Explore further ways of encouraging completion by staff

Digital

Service Desk Performance

The OUH IM&T Service Desk is integral to the day-to-day running of the Trust. IT services deliver a range of IT support to staff daily. The table below highlights the performance of the Service Desk from January 2022 to January 2023. When comparing January 2022 with January 2023 there is a 12.3% decrease in calls logged. The decrease is mainly due to the work completed by Digital to upgrade Virtual Workspace and PC upgrades (SSDs), resulting in fewer support tickets and lost time to Digital issues.

Priority	Total OUH calls logged in January	Total OUH calls closed in January	Total calls logged trend
1	1	1	Month on month trend Dec to Jan 2023
2	77	73	
3	1241	1177	increase of 23.6%
4	2548	2522	
5	3078	2933	Jan 2022 to Jan 2023
Total	9045	8596	decrease of 12.3%



Risks, Issues and Challenges

Installation of 4000 SSDs (solid state drive) has commenced to address poor performance of 2018/19 purchased PC requires at least one hour per device upgrade time, and there are nearly 4,000 desktops/laptops in scope for this fix. This is being mitigated with additional resources.

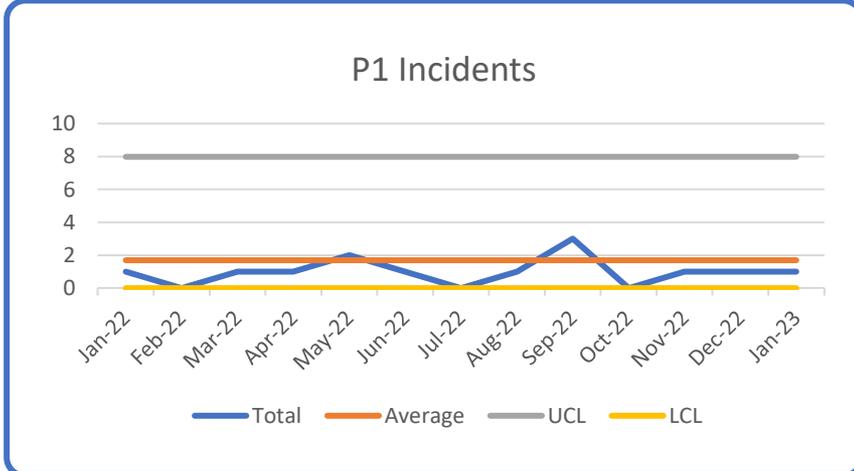
Service Desk Performance

The tables below highlight the performance of the Service Desk from January 2022 to January 2023. When comparing January 2022 with January 2023 the number of Priority 1s logged was 1 in January 2023, the same number as January 2022. Up to June 2021 we had spent considerable effort improving our processes and underpinning infrastructure to reduce the number of unavoidable P1 & P2 issue which we have achieved

OUH Priority 1 Incidents

Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
1	0	1	1	2	1	0	1	3	0	1	1	1

Date	Issue	Action
28/01/23	OUH Website unavailable for all users	Mitigated with additional website firewall resources and blocking target ports.



Cyber Highlights: Overall Cyber status **Green**

- 136.5TB of internet traffic use, up by 22.4TB on December 2022
- OUH website targeted by Pro-Russian KILLNET group, with denial of service attack.
- DHSC STARA security assessments continues with onsite visits/workshops with key stakeholders.
- Windows 10 Build 21H1 left Microsoft support in December. 27 OUH PCs continue to run this build.
- Migration to Edge continues ahead of IE11 decommission (expected in February 2023).
- Review of scanning systems for intelligent Medical Devices and IoT underway. This is aligned to new DSPT requirements, and in addition to IT Health Assurance Dashboard scanning/reporting to Cyber Security Taskforce. This additional device reporting will increase cyber efficiency and lower risks.

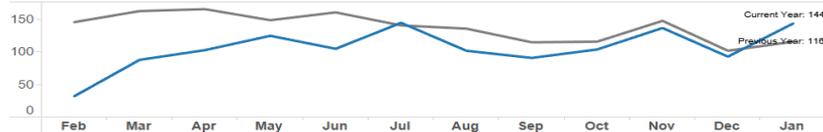
Cyber Management		
	Month of January	Year to date
CareCerts received	20	199
Virus blocked	367	6,232
Intrusions blocked	695	4,627
SPAM blocked	122,921	1,380,756
Devices monitored	12,882	-
Servers monitored	709	-

Forward view

The new IT Service Management Tool called Service Now, is live with Incidents, Requests, Problems and Changes and went live with Projects in November 2022. Reporting from ServiceNow from October-December has provided better visibility and reporting against KPIs for Q4.

Information request Service

Demand (requests received by month vs previous year)



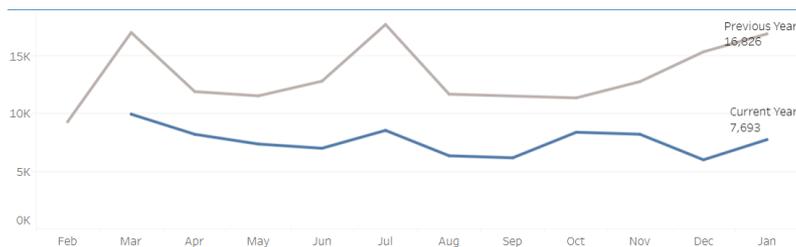
1.1 The demand on the Info request service for January '23 is Higher than the same period last year.

1.2 The median wait for a request was 1 working day.

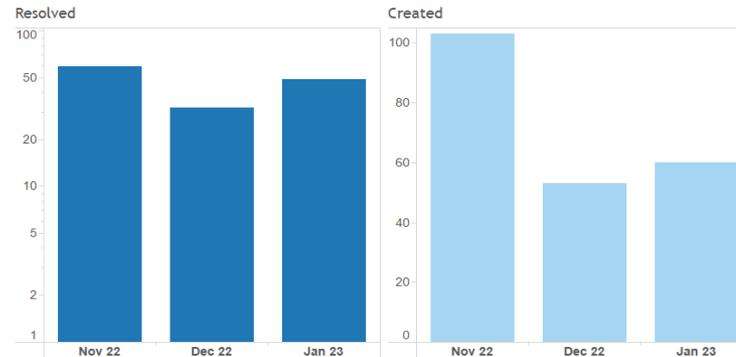
1.2 User feedback on the timeliness, usefulness and overall experience of the service was 91% (out of 22 respondents) for January '23.

ORBIT+

A total of 7693 access to views were recorded in January '23 this has decreased when compared to the same period last year.



Other Demands



Current development priorities

- Cerner Theatres Reporting support
- Data support for QI Projects
- CDS 6.3
- Cancer reporting enhancements
- Elective recovery reporting
- ORBIT+ and ORBIT Explorer enhancements
- ED Real time reporting & SHREWD
- Faster Data Flows
- IPR SPC Developments

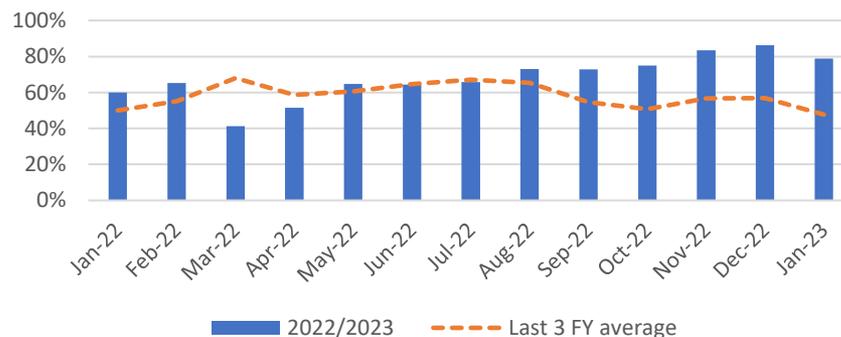
Freedom of Information (FOI)

118 FOI/EIR requests were received in January 2023, a Trust record. During this period, 93 requests were closed within 20 working days, which again is the record. 14 were not closed within 20 working days. Therefore the compliance rate for closure of requests within 20 working days in January 2023 was 79%. In January 2022, the compliance rate was 48%.

Monthly requests



Compliance with 20 working day deadline



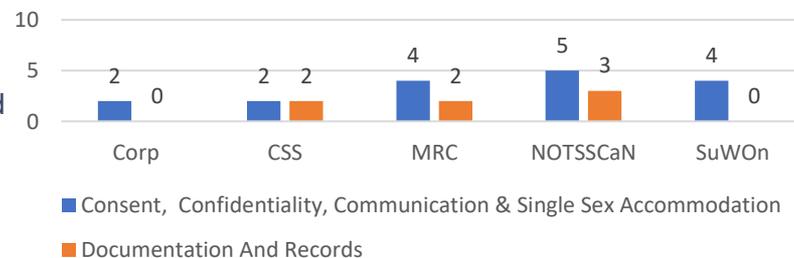
NB. Charts

Data Security & Protection Breaches

Data security and protection breaches are classified using the NHS Digital data security breach reporting matrix. Where incidents are assessed as likely that some harm has occurred and the impact is (at least) minor, the incident is reportable to the ICO.

29 data protection incidents occurred in January 2023. 2 incidents required reporting externally via the NHS Data Security and Protection Toolkit (DSPT) though no further action was required. 19 incidents occurred in December 2022 – this was a low number so the jump back up to ~30 is expected

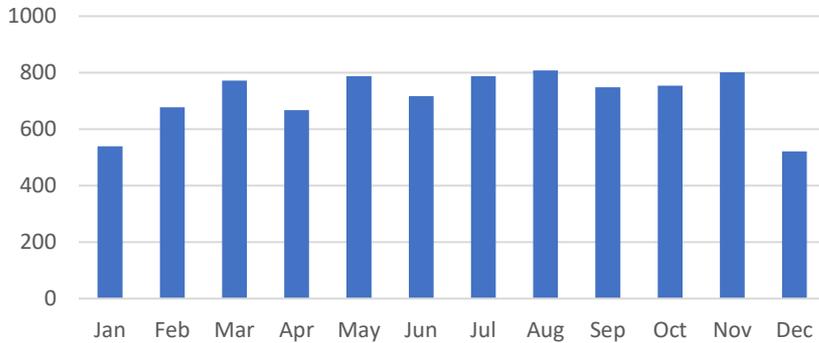
IG incidents by Division for January 2023



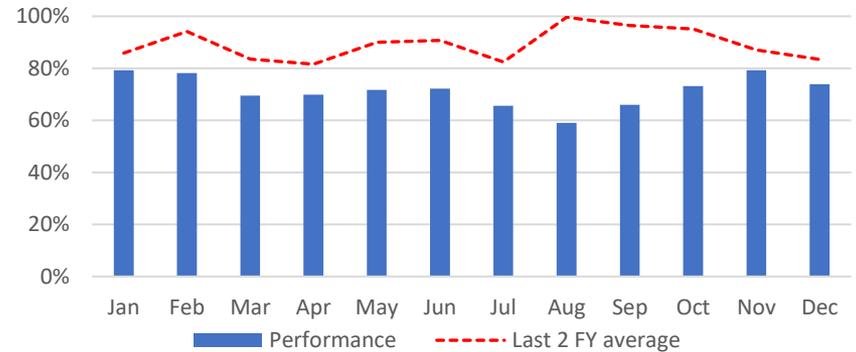
Data Subject Access Requests (DSAR)

The statutory timeframe for completion of DSARs is one calendar month from receipt or can be extended by a further two calendar months if the request is complex. DSARs are processed by six Trust departments. The data below represents the numbers of requests received by the Information Governance, Occupational Health, SAR, PACS, Security, and Sexual Health Teams. **Please note 'Subject Access Request information is unavailable for January. This will be included in the March (February data) IPR'.**

DSARs received per month



DSAR closure within statutory time limit

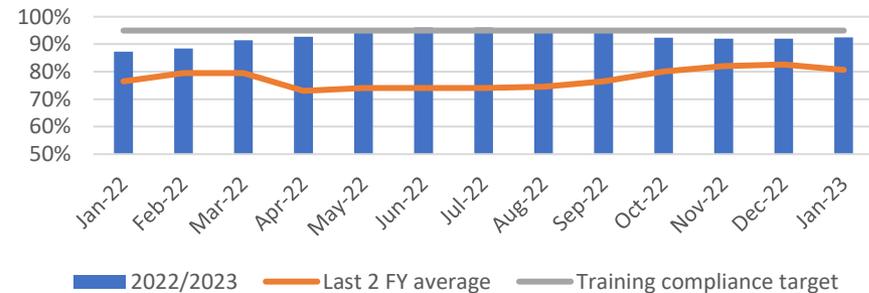


Data Security and Protection Training

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff must complete Data Security training annually. In January 2023 this figure was 92.5%

(N.B. The statistics now only exclude leavers – all other staff working at OUH must have done their training either via OUH or their agency.)

Data Security Awareness training compliance

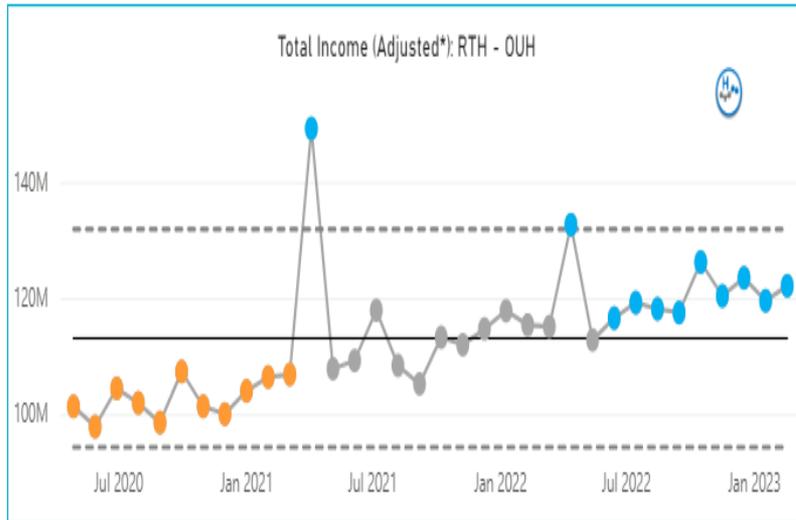


Finance, Procurement and Contracting

Income Overview

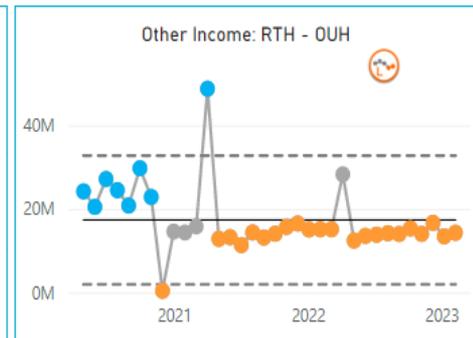
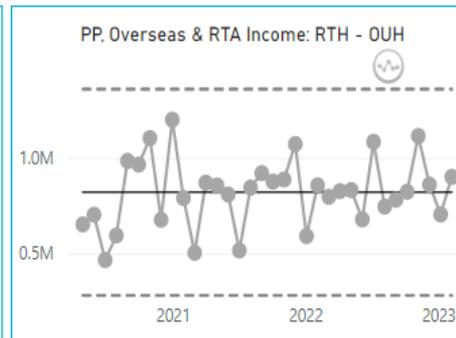
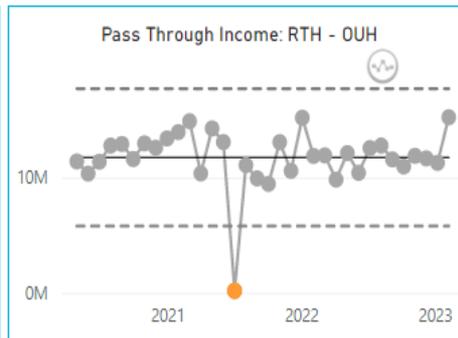
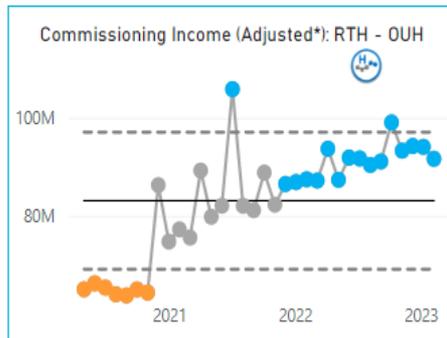
Source: Finance Ledger

*Income in the charts below were adjusted to remove the FY21 and FY22 (month 12) year end pension and annual leave accruals.



January 2023 (Month 10) - Total in-month Income of £122.1m

- Total income was £2.6m higher in January compared to December.
- Commissioning income was £1.5m higher in January. This was driven by Passthrough income increasing by £4.0m in-month (due to high-cost drugs including a £2.1m reclassification of HIV drugs into passthrough). Non passthrough income was £2.5m lower this month, due to the additional income recognised for the year-to-date last month. In January additional contract income from other ICBs for the year-to-date last month has been recognised as well as increased income for Thrombectomy, Genomics testing and Major Knee revisions.
- Other income was £0.8m higher in January compared to December, due to a £0.4m increase in R&D income and the non-recurrent income impact in Estates last month.
- Private patient, Overseas and RTA income was £0.2m higher in January compared to December at £0.9m.



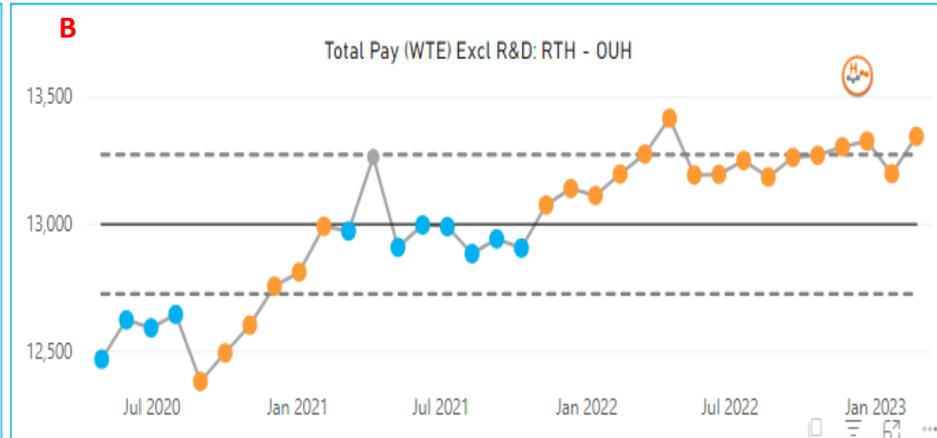
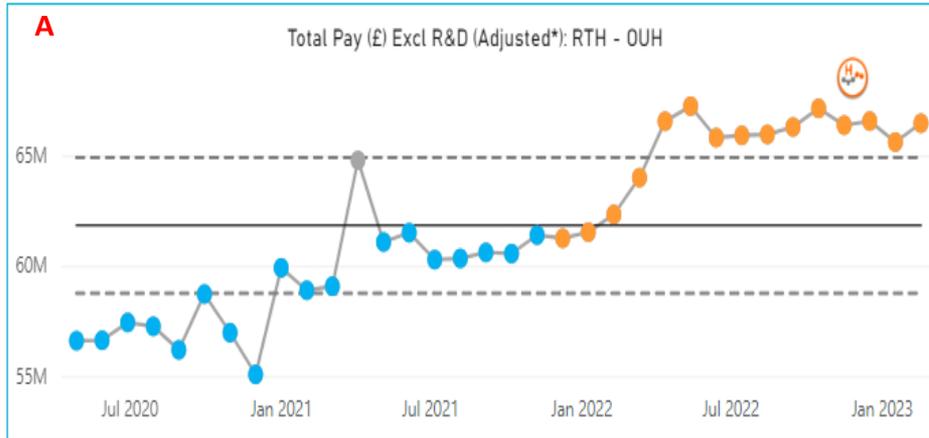
SPC Trend Analysis

Total Income has consistently increased since September 2021 (Month 6), driven by commissioning income (also seen in the '[Commissioning Income](#)' chart above). This is a result of the change to the Visible Cost Model for Devices and the recognition of TIF income and ERF+ (recovery) income.

- [Total Income](#) in March 2021 (Month 12 2020/21) and March 2022 was significantly high as a result of year end technical adjustments and R&D income.
- [Other Income](#) during the 2021/22 financial year was significantly lower than the previous financial year which is a result of top-up funding switching from being Other Income in 2020/21 to Commissioning Income in 2021/22.

Pay: Run Rate Overview

Source: Finance Ledger, excluding R&D costs, including COVID and recovery costs.



*Pay spend in the chart above was adjusted to remove the FY21 and FY22 (month 12) yearend pension and annual leave accruals. The pay awards in September 2021 and September 2022 were spread across month 1 to month 6, respectively, on a straight-line basis. The annual leave accrual releases throughout the year were removed. FY21 and FY22 pay spend was not adjusted for inflation.

Jan 2023
(Month 10)

£65.5m

13,343
WTE

- Total pay was £1.5m higher in January compared to December. Excluding R&D, pay costs were £0.9m higher in January compared to December.
- Substantive staffing costs (excluding the annual leave accrual release) were £0.1m higher in January compared to December. The run rate on substantive pay expenditure is up on the last financial year (after discounting the pay award and employers' NI increase), this is seen across all staff groups, but is primarily driven by consultant and junior doctor expenditure and nurses and midwives expenditure.
- Temporary staff in-month expenditure was £0.8m higher in January compared to December. Bank staff expenditure increased by £0.9m from December and agency staff costs decreased by £0.1m. The average temporary staff spend for this financial year-to-date is £1.3m higher per month than the average level for the previous financial year, with medical staffing driving £0.5m of this increased run-rate and nursing and midwifery staffing £0.5m of it. Temporary staff spend in January is £1.5m higher than the previous year monthly average and agency expenditure is now identified as 'special cause variation'. This means that the level of spend in the last 6 months has kept on rising.
- WTE increased in month by 147 to 13,343 (excluding R&D). Substantive staff have decreased by 59 WTE, bank staff increased by 202 WTE and agency staff increased by 3 WTE.
- COVID-19 pay costs were £0.6m in-month, which is £0.2m higher than last month.

Trend
Analysis

- Pay spend and WTEs are up compared to the last financial year, this trend is seen in Chart A and B above). Overall, the year-to-date trend is in-part driven by the September 2021 and September 2022 pay awards, alongside other increases in pay relating to approved business cases, overall pay increase for Junior Doctors and use of temporary staffing to backfill high sickness rate. Trend by staff group and type are shown in the appendix.
- **Substantive** staffing costs and WTEs are both up on last financial year across all staff groups, primarily driven by junior doctors costs, medics overtime claims and by nursing staff cost. The increase in Staff spend has exceeded the increase in WTE due to the September 2021 and September 2022 pay awards.
- **Bank** expenditure and WTEs are also up compared to last financial year after a continues increase in the last six months. This is driven by increase in consultant spend linked with the increased in sickness rate.
- **Agency** spend and WTEs have increased significantly in the last six months, with consultants being predominant contributors to costs.

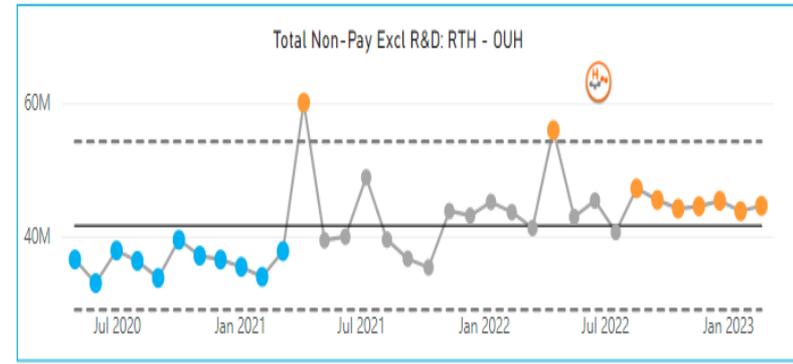
Non-Pay Run Rate Overview



Source: Finance Ledger, excluding R&D costs, including COVID and recovery costs. No further adjustments to data.

January 2023 (Month 10) – Total Non-Pay £44.6m

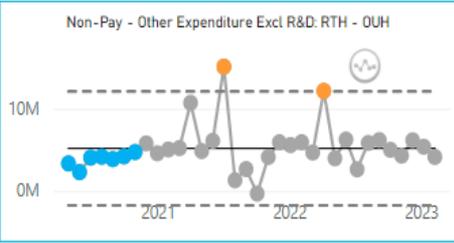
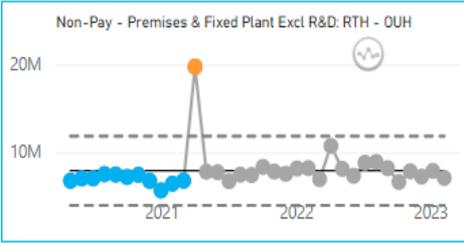
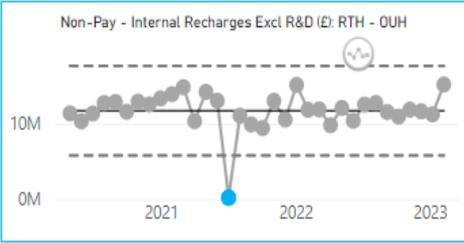
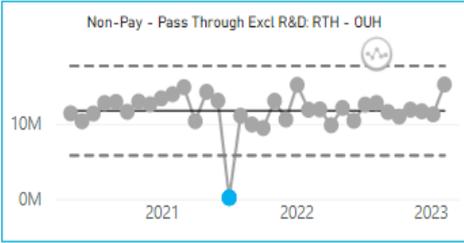
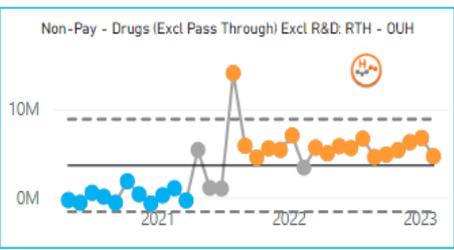
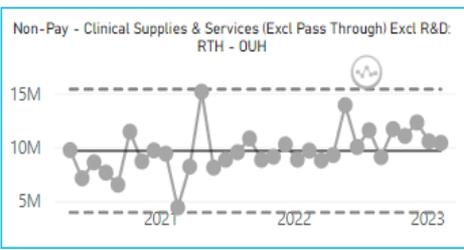
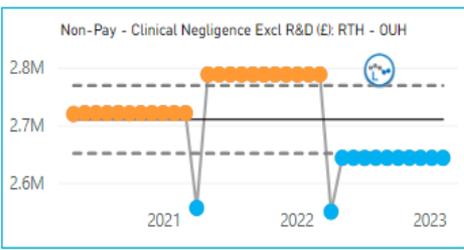
- Total non-pay was £0.5m higher in January than December. Excluding R&D, non-pay costs were £0.8m higher in January compared to December.
- Clinical supplies and services costs increased by £0.6m and passthrough costs increased by £4.0m (with a corresponding increase in income). These were partly offset by other non-pay costs which decreased by £1.2m and premises and fixed plant costs which decreased by £0.8m (includes the release of a PFI provision this month of £1.0m).
- The reduced other non-pay costs were partly due to a £0.6m decrease in expenditure relating to a correction of a SCAS recharges accrual.



SPC Trend Analysis

Non-pay spend during the financial year 2020/21 has been significant lower compared to 2021/22 and the spend in the year-to-date. March 2022 non-pay spend includes year end technical adjustments for PPE (Clinical Supplies & Services), estates related accruals (Premises & Fixed Plant) and staff bonus and travel incentive scheme which were announced on 31st March 2022. Non-pay expenditure in recent months is now indicating a special cause variation, which given that RPI is currently 13.4% indicates that the impact of fixed price contracts and competitive tendering on contract renewals is starting to diminish over this period.

- The Non Passthrough Drugs trend since June 2021 (Month 3) is a result of a change in the accounting at that point (for the year-to-date), which from that point drugs were only classified as pass-through if they were reimbursed on a cost and volume basis in income. This category therefore now includes a greater level of non passthrough high cost drugs when compared to the last financial year.
- Other Expenditure is currently performing as expected with June 2021 (Month 3) showing significantly high as a result of accounting adjustment in regards to recovery spend for the YTD.



Indicator	Currency	Target	£/unit	Actual Vs Target - Indicative financial impact (£)				
				Q1 FY23	Q2 FY23	Q3 FY	Jan-23	FY22/23 YTD Total
Elective ALOS	Days	4 <i>(FY21/22 Avg)</i>	1 day = £0.5m/month	(£0.6m)	£0.0m	(£0.1m)	(£0.1m)	(£0.6m)
Non-elective ALOS	Days	3.9 <i>(FY21/22 Avg)</i>	1 day = £2.4m/month	(£2.4m)	(£2.2m)	(£2.2m)	(£1.0m)	(£7.7m)
Theatre sessions (Planned)	Sessions	1,082 <i>(FY21/22 Monthly Avg)</i>	£12.1k income / session	(£1.8m)	(£1.5m)	(£6.7m)	(£0.9m)	(£10.9m)
Face to Face Appointments	Appointments	81,821 <i>(FY21/22 Monthly Avg)</i>	1 Appointment = £93	£1.0m	£0.3m	£0.1m	(£0.5m)	£0.9m
Staff sickness rate	% of staff	3.1% <i>(Trust target)</i>	1% = £0.8m/month	(£3.2m)	(£3.5m)	(£3.4m)	(£1.1m)	(£11.4m)
Staff turnover rate	% of staff	12% <i>(Trust target)</i>	1% = £280k/month	(£0.6m)	(£0.8m)	(£0.3m)	£0.0m	(£1.7m)
Total adverse impact				(£7.6m)	(£7.8m)	(£12.6)	(£3.4m)	(£31.4m)

Impact of key indicators

- The productivity key indicators are a work in progress representing the drivers to performance via the financial impact of movements in KPIs versus the Trust's planning assumptions. The approach seeks to join up the operational data with the financial run rate. The development and use of this data is a key focus of the Productivity Committee (a new sub-committee of TME).
- Year-to-date the Trust's run rate deficit of £14m is driven by the estimated negative impact of reductions in productivity.
- This is most clearly seen in the estimated negative impact of movements in non-elective average length of stay (ALOS) which causes the use of temporary staffing to open additional beds and in sickness and turnover rates which causes the use of temporary staffing to fill staffing gaps

Division	Plan 2022/23 (£m)	Identified 2022/23 (£m)	Variance 2022/23 (£m)	Plan YTD (£m)	Identified YTD (£m)	Delivered YTD (£m)	Variance to Plan YTD (£m)
CSS	1.8	1.8	0.0	1.5	1.4	1.5	0.0
MRC	2.0	2.0	0.0	1.7	1.6	1.5	-0.2
NOTSSCaN	2.7	1.8	-0.9	2.3	1.9	1.2	-1.1
SuWOn	2.4	3.6	1.2	2	2.5	2.9	0.9
Corporate	0.9	1.0	0.1	0.8	0.4	1.3	0.5
Operational Services	0.1		-0.1	0.1			-0.1
Estates	1.3		-1.3	1.1		1.2	0.1
Education	0.1		-0.1	0.1			-0.1
Central - recurrent	17.9	15.4	-2.5	14.9	12.8	1.1	-13.8
Central - non recurrent	15.6	19.9	4.3	13	15.3	19.8	6.8
TOTAL £m	44.8	45.5	0.7	37.5	35.9	30.5	-7.0

Clinical divisions

- Planned savings have been fully identified. YTD delivery is behind the straight-line plan assumption, but divisional plans tested via performance review meetings appear robust for the full year. However, this is likely to be more than offset by cost overspends.

Corporate

- Planned savings have not been identified to Corporate Finance by most directorates which must be rectified by month 6. The variance to plan YTD on efficiencies matches the corporate directorates overspend YTD versus budgets.

Central – recurrent

- Central recurrent schemes consists primarily of benefits realisation of agreed business cases (UCR, RIPEL, infection control etc). Some schemes are behind plan (Surginet and digital outpatients) and will provide no benefit in 2022/23, others such as RIPEL will provide benefits, but in later quarters. Finally, some benefits (e.g. from reduced infection rates) are being entirely offset by ALOS increases due to delayed discharges. We will refine the reporting in later months.
- No financial benefits have been identified to date from the Quality Improvement Programme, but we are working via the Productivity Committee on mapping each project within that programme to measurable operational outputs which we can attribute a value to and also understanding better whether the programme is sufficiently focused on quality improvements that also deliver a financial benefit.

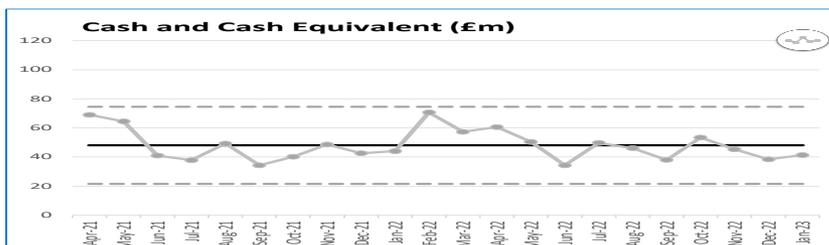
Central – non-recurrent

- Planned schemes include commercial settlements which are running ahead of plan YTD and also matching the non-recurrent release of the annual leave accrual against non-recurrent staff costs of leave in budgets.

Source: Finance Ledger

Statement of Financial Position £000s	MONTH 12 2022	MONTH 8 2023	MONTH 9 2023	MONTH 10 2023	YTD Movement
Non Current Assets:					
Property, Plant and Equipment	650,574	647,665	643,905	644,863	(5,711)
Intangible Assets	14,154	13,520	14,138	14,139	(15)
Investment Property	32,030	32,030	32,030	32,030	0
Other Investments	14,310	13,841	13,892	13,892	(418)
Trade and Other Receivables	7,147	6,385	6,494	6,538	(609)
Total Non Current Assets	718,215	713,441	710,459	711,462	(6,753)
Current Assets:					
Inventories	28,518	28,106	28,324	27,723	(795)
Trade and Other Receivables	58,884	72,993	73,511	70,492	11,608
Cash and Cash Equivalents	57,323	45,334	38,367	41,352	(15,971)
Total Current Assets	144,725	146,433	140,202	139,567	(5,158)
Total ASSETS	862,940	859,874	850,661	851,029	(11,911)
Current Liabilities:					
Trade and Other Payables	(155,245)	(145,329)	(141,656)	(148,142)	7,103
Other Liabilities: Deferred Income	(3,882)	(17,778)	(14,475)	(11,842)	(7,960)
Provisions	(7,958)	(6,556)	(6,556)	(4,741)	3,217
Borrowings	(12,939)	(13,769)	(13,467)	(13,118)	(179)
Commercial Loans	(426)	(487)	(434)	(459)	(33)
DH Capital Loan	(730)	(757)	(783)	(703)	27
Total Current Liabilities	(181,180)	(184,676)	(177,371)	(179,005)	2,175
Net Current Assets/(Liabilities)	(36,455)	(38,243)	(37,169)	(39,438)	(2,983)
Total Assets Less Current Liabilities	681,760	675,198	673,290	672,024	(9,736)
Non Current Liabilities:					
Other Liabilities: Deferred Income	(4,628)	(4,782)	(4,772)	(5,086)	(458)
Provisions	(8,459)	(8,459)	(8,459)	(8,459)	0
Borrowings	(214,842)	(217,378)	(216,199)	(215,174)	(332)
Commercial Loans	(6,095)	(5,872)	(5,778)	(5,778)	317
DH Capital Loan	(15,239)	(14,908)	(14,908)	(14,577)	662
Total Non Current Liabilities	(249,263)	(251,399)	(250,116)	(249,074)	189
Assets Less Liabilities (Total Assets Employed)	432,497	423,799	423,174	422,950	(9,547)
Taxpayers Equity:					
Public Dividend Capital	303,749	303,749	303,749	303,749	0
Retained Earnings reserve	(23,432)	(25,991)	(25,245)	(24,717)	(1,285)
Revaluation Reserve	159,684	153,544	152,790	152,036	(7,648)
Other Reserves	1,743	1,743	1,743	1,743	0
FV Assets Reserve	(9,246)	(9,246)	(9,864)	(9,861)	(615)
Total Taxpayers Equity	432,498	423,799	423,173	422,950	(9,548)

Draft figures, pending completion of Q3 TACs



All comments refer to movement since year-end unless otherwise stated

Non-Current Assets

- There was an overall decrease in the non-current assets since the year-end due to the impact of depreciation (-£36m) being greater than new capital additions and the inclusion of the Right of Use assets as part of the transition to IFRS 16 (+£15.6m).

Current Assets

- Current assets have decreased by £5.2m, due to a reduction in cash of £16m partly offset by an increase in receivables.

Current Liabilities

- Current liabilities have decreased by £2.2m – capital payables have reduced while deferred income has increased. The movement in borrowings is the contra to the increase in non-current assets for IFRS16 in relation to lease payments due within one year, plus some new leases taken out in the year.
- Under the Better Payment Practice Code (BPPC) 90.8% of total bills in-month were paid within target (by value) and 76.8% (by number). This is short of the national standard of 95%.

Non-Current Liabilities

- Non-current liabilities have decreased by £0.2m this being the liability in relation to IFRS 16 leases greater than 1 year, offset by PFI liability reductions due to monthly repayments.

Cash

- Cash increased by £3.0m in month largely due to timing of the weekly supplier payments. Cash resilience is a priority and is being addressed through the cash committee.
- The cash balance, on a monthly basis doesn't vary outside of SPC expectations. However, the overall trend on a plan and forecast basis indicates future pressures are expected.

ICS CDEL	Full-year	Total accounted in Year to Date	Ordered in YtD (to be delivered)	Not yet ordered - balancing figure	Total in-year forecast	Full-year variance
	Plan	Month 10	Month 10	Month 10	Forecast	(Over)/Under
Estates specific projects	7,965	3,945	1,824	4,522	10,292	(2,327)
Estates rolling programmes	6,350	889	2,598	1,664	5,150	1,200
Total Estates ICS CapEx	14,315	4,834	4,422	6,186	15,442	(1,127)
Digital specific projects	1,700	104	0	519	624	1,076
Digital rolling programmes	7,000	469	1,449	3,370	5,288	1,759
Total Digital ICS CapEx	8,700	574	1,449	3,889	5,913	2,835
Equipment specific projects	323	361	510	129	1,000	(677)
Equipment rolling programmes	7,500	2,779	3,678	1,419	7,875	(375)
Total Equipment ICS CapEx	7,823	3,139	4,188	1,548	8,875	(1,052)
Sale of Financial Assets	0	(469)	0	0	(469)	469
ICS CDEL before impact of IFRIC-16	30,838	8,078	10,059	11,623	29,760	1,125

Externally funded outside ICS CDEL	Full-year	Total accounted in Year to Date	Ordered in YtD (to be delivered)	Not yet ordered - balancing figure	Total in-year forecast	Full-year variance
	Plan	Month 10	Month 10	Month 10	Forecast	(Over)/Under
HGH 2nd CT	1,702	56	1,185	461	1,702	0
MRI acceleration	348	31	318	0	348	0
Secure Data Environment (SDE)	2,500	0	2,500	0	2,500	0
Digital Diagnostics	1,406	37	364	1,006	1,406	0
Endoscopy	1,061	0	0	530	1,061	0
Total externally funded	7,017	123	4,366	2,528	7,017	0
Total ICS & externally funded	37,855	8,201	14,425	14,151	36,777	1,125

Other items	Full-year	Total accounted in Year to Date	Ordered in YtD (to be delivered)	Not yet ordered - balancing figure	Total in-year forecast	Full-year variance
	Plan	Month 10	Month 10	Month 10	Forecast	(Over)/Under
Grants and donations	3,334	1,225	30	3,403	4,658	(1,324)
IFRIC 12	13,199	6,430	412	3,257	10,099	3,100
IFRS 16	5,571	1,215		838	2,053	3,518
Total excluded items	22,104	8,870	442	7,498	16,810	5,294
Add back sale of financial assets	0	469	0	0	469	(469)
Gross CapEx	59,959	17,539	14,867	21,649	54,056	5,950

The plan included in this table matches the plan submission of 20 June, with the addition of £7m confirmed PDC funding, as MoUs for these externally funded projects have been signed since the submission of the plan.

The revised plan for 2022/23 for gross capital expenditure, including this external funding, is £60.0m. Within this the Trust's share of the ICS capital allocation (ICS CDEL) remains £30.8m before adjusting for the impact of IFRS 16, 'Right of Use' assets.

Total expenditure against ICS CDEL (before impact of IFRS-16) was £8.1m to January, £14.5m behind plan.

The main causes this are: Statutory Compliance, £4.9m behind plan; Digital, £4.6m under plan; Medical Equipment, £2.3m behind plan. All of these areas started late due to late approval of the plan and lead times limit scope to catch up in year.

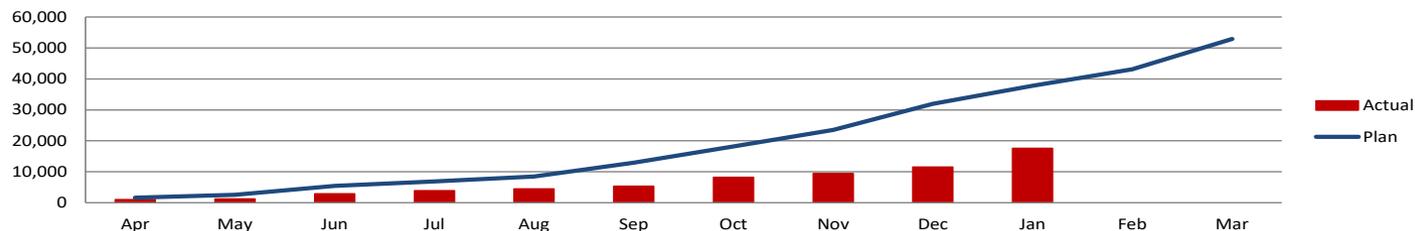
Schemes Underway are £1.6m behind plan, including £0.9m on Digital projects and £0.8m from other Estates projects; the £0.5m underspend on Cath Labs D&E has been reallocated to Lab A. These underspends are currently offset by £0.7m overspend on the CCU L5, pending confirmation of charitable contribution.

Capital costs relating to IFRS-16 of £1.2m have been realised against a plan to date of £4.3m and an adjustment to Residual Interest brings the CDEL variance to £18.3m.

Net Capital Expenditure, which also includes grants & donations and PFI life-cycling, to date is £17.6m, behind plan by £20.3m. There has also been a disposal of financial assets of £0.5m.

The capital forecast is shown under a separate report.

Cumulative Performance Against Plan (£000s)



ICS CDEL	Full-year	Total accounted in Year to Date	Ordered in YtD (to be delivered)	Not yet ordered - balancing figure	Total in-year forecast	Full-year variance
£m	Plan	Month 10	Month 10	Month 10	Forecast	(Over)/Under
Estates specific projects	7,965	3,945	1,824	4,522	10,292	(2,327)
Estates rolling programmes	6,350	889	2,598	1,664	5,150	1,200
Total Estates ICS CapEx	14,315	4,834	4,422	6,186	15,442	(1,127)
Digital specific projects	1,700	104	0	519	624	1,076
Digital rolling programmes	7,000	469	1,449	3,370	5,288	1,759
Total Digital ICS CapEx	8,700	574	1,449	3,889	5,913	2,835
Equipment specific projects	323	361	510	129	1,000	(677)
Equipment rolling programmes	7,500	2,779	3,678	1,419	7,875	(375)
Total Equipment ICS CapEx	7,823	3,139	4,188	1,548	8,875	(1,052)
Sale of Financial Assets	0	(469)	0	0	(469)	469
ICS CDEL before impact of IFRIC-16	30,838	8,078	10,059	11,623	29,760	1,125

Externally funded outside ICS CDEL	Full-year	Total accounted in Year to Date	Ordered in YtD (to be delivered)	Not yet ordered - balancing figure	Total in-year forecast	Full-year variance
£m	Plan	Month 10	Month 10	Month 10	Forecast	(Over)/Under
HGH 2nd CT	1,702	56	1,185	461	1,702	0
MRI acceleration	348	31	318	0	348	0
Secure Data Environment (SDE)	2,500	0	2,500	0	2,500	0
Digital Diagnostics	1,447	37	364	1,006	1,447	0
Endoscopy	1,061	0	0	530	1,061	0
Total externally funded	7,058	123	4,366	1,997	7,058	0
Total ICS & externally funded	37,896	8,201	14,425	13,620	36,818	1,125

Other items	Full-year	Total accounted in Year to Date	Ordered in YtD (to be delivered)	Not yet ordered - balancing figure	Total in-year forecast	Full-year variance
£m	Plan	Month 10	Month 10	Month 10	Forecast	(Over)/Under
Grants and donations	3,334	1,225	30	3,403	4,658	(1,324)
IFRIC 12	13,199	6,430	412	3,257	10,099	3,100
IFRS 16	5,571	1,215		838	2,053	3,518
Total excluded items	22,104	8,870	442	7,498	16,810	5,294
Add back sale of financial assets	0	469	0	0	469	(469)
Gross CapEx	60,000	17,539	14,867	21,118	54,097	5,950

The plan included in this table matches the plan submission of 20 June, with the addition of £7.1m PDC funding, as MoUs for these externally funded projects have been signed since the submission of the plan.

The revised plan for 2022/23 for gross capital expenditure, including the confirmed external funding, is £59.43m. Within this the Trust's share of the ICS capital allocation (ICS CDEL) remains £30.84m.

Forecast spend against ICS CDEL is £1.13m under plan at £29.76m. The key drivers to this underspend is Digital (£2.84m under at £5.91m) and the Estates Critical Infrastructure Risk programme, revised to £4.50m, under by £0.85m. These programmes were subject to delays at the start of the year and lead teams for delivery and completion limit the opportunities to catch up by year end. The ICS CDEL control total also includes £0.47k negative CDEL for the disposal financial assets.

Other specific programmes in the plan (notably WW Stairwell, CTASU, Sterile Services, Gamma Camera) have been deferred or materially delayed. These underspends have been partly offset by internally funded spend on the JR Theatres new build (£4.91m including £3.20m on steel) and wellbeing equipment (£0.50m).

Funding for new programmes has been agreed. All these programmes are expected to complete on budget and on schedule.

Spend on excluded items is currently forecast to be £5.29m under plan, with lower than planned expenditure against IFRIC 12 (PFI) and IFRS 16 (leases) partly offset by grants and donations higher than or additional to the submitted plan.

Gross CapEx is forecast to be £5.95m behind the revised plan at £53.53m.

The forecast remains subject to a high degree of risk and provisional assumptions, notably the ability to deliver by year end. The forecast spend against ICS CDEL includes £11.6m of orders yet to be raised by the end of January.

Appendix 1 – Other Supporting Analysis: Month 10 2022/23

Income and Expenditure: Subjective Analysis

I & E Subjective £000s	IN MONTH 10				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
Income									
Commissioning Income	89,671	91,661	1,991	2.2%	916,982	924,892	7,910	0.9%	1,099,938
Passthrough Drugs & Devices	12,776	15,250	2,474	19.4%	109,152	120,572	11,421	10.5%	130,982
Other Income	13,742	14,287	545	4.0%	144,179	141,750	(2,429)	-1.7%	171,678
PP, Overseas and RTA Income	893	900	7	0.8%	8,928	8,513	(414)	-4.6%	10,713
Total Income	117,081	122,098	5,017	4.3%	1,179,241	1,195,728	16,488	1.4%	1,413,311
Pay									
Consultants and Medics	(21,361)	(22,645)	(1,285)	-6.0%	(214,959)	(227,477)	(12,517)	-5.8%	(257,785)
Health Care Assistants & Support	(5,920)	(6,073)	(153)	-2.6%	(62,410)	(62,129)	281	0.5%	(74,920)
Nurse and Midwives	(19,320)	(20,248)	(928)	-4.8%	(188,787)	(197,455)	(8,668)	-4.6%	(226,873)
Other Staff	(10,474)	(10,593)	(118)	-1.1%	(106,485)	(107,279)	(794)	-0.7%	(127,711)
Scientific, Thec., Therapeutic	(9,226)	(9,419)	(193)	-2.1%	(93,613)	(93,980)	(367)	-0.4%	(111,895)
Total Pay	(66,301)	(68,978)	(2,677)	-4.0%	(666,255)	(688,319)	(22,064)	-3.3%	(799,183)
Non-Pay									
Clinical negligence	(2,643)	(2,643)	(0)	0.0%	(26,431)	(26,431)	0	0.0%	(31,718)
Clinical Supplies & Services	(10,728)	(10,451)	277	2.6%	(108,493)	(110,182)	(1,688)	-1.6%	(129,948)
Drugs & Devices	(16,110)	(19,929)	(3,818)	-23.7%	(161,102)	(177,940)	(16,838)	-10.5%	(193,322)
General Supplies & Services	(496)	(552)	(57)	-11.4%	(4,953)	(6,174)	(1,220)	-24.6%	(5,944)
Internal Recharges	165	(0)	(165)	-100.0%	1,547	(0)	(1,547)	-100.0%	1,878
Premises & Fixed Plant	(7,923)	(7,123)	800	10.1%	(78,769)	(78,136)	633	0.8%	(93,509)
Other Expenditure	(7,216)	(4,446)	2,769	38.4%	(72,440)	(53,166)	19,274	26.6%	(85,090)
Total Non-Pay	(44,950)	(45,144)	(194)	-0.4%	(450,641)	(452,029)	(1,387)	-0.3%	(537,652)
Operational EBITDA	5,830	7,976	2,146	36.8%	62,345	55,380	(6,964)	-11.2%	76,475
Financing and Capital Charges (Excl Tech Adj)	(6,321)	(7,937)	(1,616)	-25.6%	(62,810)	(65,254)	(2,444)	-3.9%	(75,196)
Operational Surplus / (Deficit)	(491)	39	530	108.0%	(465)	(9,873)	(9,408)	-2021.7%	1,280

Source: Finance Ledger (Includes COVID-19 and Recovery)

Income

- Commissioning income, including passthrough drugs and devices, is £19.3m better than plan to-date. This is mainly due to passthrough drugs and devices (£11.4m) which is in line with a corresponding movement on costs, over performance on other ICB contracts and additional NHSE recovery and non-elective funding.
- Other income is £2.4m worse than plan year-to-date. This is mainly due to non-patient care income being £3.5m worse than plan and R&D income (£0.2m worse than plan) which will be offset by reduced R&D expenditure (therefore nil bottom line impact).
- PP, Overseas and RTA income is £0.4m worse than plan to date.

Pay

- Pay is £22.1m worse than plan year-to-date. £2.7m of this overspend relates to COVID-19 pay expenditure (COVID-19 pay expenditure has not reduced compared to last financial year, but a 50% reduction was assumed in the plan), £6.5m relates to pay savings that will need to be recovered later in the year, £6.7m overspend on medical staffing, £5.2m on nursing and midwives staffing and £3.6m on elective recovery pay costs, offset by a £2.1m underspend from the pay award. The run rate on substantive and temporary staffing has increased this financial year, medical staffing costs are driving this increase.

Non-Pay

- Non-pay is £1.4m worse than plan to date (£10.0m better than plan if passthrough expenditure is excluded). R&D non-pay costs are on plan. Elective recovery non-pay costs are £9.2m better than plan.

Income and Expenditure: Subjective Analysis (R&D, Recovery and COVID-19)

I & E Subjective £000s	IN MONTH 10 - ACTUAL						YEAR TO DATE - ACTUAL					
	Excl R&D, RECOVERY & COVID	Recovery	R&D	COVID IN ENV	COVID OUT ENV	Total	Excl R&D, RECOVERY & COVID	Recovery	R&D	COVID IN ENV	COVID OUT ENV	Total
Income												
Commissioning Income	87,155	2,792	0	1,714	0	91,661	879,829	27,921	0	17,142	0	924,892
Passthrough Drugs & Devices	15,250	0	0	0	0	15,250	120,572	0	0	0	0	120,572
Other Income	10,006	0	4,072	37	172	14,287	96,330	0	43,676	34	1,710	141,750
PP, Overseas and RTA Income	900	0	0	0	0	900	8,513	0	0	0	0	8,513
Total Income	113,311	2,792	4,072	1,751	172	122,098	1,105,244	27,921	43,676	17,176	1,710	1,195,728
Pay												
Consultants and Medics	(21,402)	(333)	(724)	(187)	0	(22,645)	(216,875)	(2,069)	(5,692)	(2,842)	2	(227,477)
Health Care Assistants & Support	(5,903)	(67)	(31)	(61)	(11)	(6,073)	(60,492)	(178)	(253)	(994)	(210)	(62,129)
Nurse and Midwives	(18,521)	(221)	(1,220)	(285)	0	(20,248)	(180,716)	(960)	(11,688)	(4,088)	(4)	(197,455)
Other Staff	(9,743)	(15)	(791)	(43)	0	(10,593)	(97,678)	(109)	(8,846)	(646)	0	(107,279)
Scientific, Thec., Therapeutic	(8,638)	(32)	(722)	(26)	0	(9,419)	(84,175)	(295)	(8,603)	(907)	0	(93,980)
Total Pay	(64,207)	(668)	(3,489)	(603)	(11)	(68,978)	(639,936)	(3,611)	(35,083)	(9,477)	(212)	(688,319)
Non-Pay												
Clinical negligence	(2,643)	0	0	0	0	(2,643)	(26,431)	0	0	0	0	(26,431)
Clinical Supplies & Services	(10,267)	(91)	(55)	123	(161)	(10,451)	(106,687)	0	(2,995)	998	(1,498)	(110,182)
Drugs & Devices	(19,901)	0	(20)	(8)	0	(19,929)	(177,940)	0	0	0	0	(177,940)
General Supplies & Services	(450)	0	(1)	(101)	0	(52)	(5,138)	0	(14)	(1,021)	0	(6,174)
Internal Recharges	140	0	(135)	(5)	0	(0)	1,675	0	(1,662)	(13)	0	(0)
Premises & Fixed Plant	(7,045)	0	(44)	(33)	0	(7,123)	(77,532)	0	(439)	(165)	0	(78,136)
Other Expenditure	(3,476)	(640)	(328)	(3)	0	(4,446)	(41,993)	(7,682)	(3,460)	(32)	0	(53,166)
Total Non-Pay	(43,642)	(731)	(583)	(27)	(161)	(45,144)	(433,944)	(7,682)	(8,594)	(311)	(1,498)	(452,029)
Operational EBITDA	5,461	1,393	0	1,122	0	7,976	31,364	16,628	0	7,388	0	55,380
Financing and Capital Charges (Excl Tech Adj)	(7,937)	0	0	0	0	(7,937)	(65,254)	0	0	0	0	(65,254)
Operational Surplus / (Deficit)	(2,476)	1,393	0	1,122	0	39	(33,890)	16,628	0	7,388	0	(9,873)

Source: Finance Ledger

- Year-to-date in-envelope COVID-19 costs total £9.8m. The plan assumed COVID-19 costs would reduce by 50% this year as the funding from the ICS reduced by over 50% this year. Compared to December, pay costs increased by £0.3m to £0.6m. Non-pay costs reduced by £0.1m. COVID-19 year-to-date expenditure is £1.8m worse than plan (£0.2m better than plan in January).
- £0.2m of income has been accrued in-month to be reimbursed for COVID-19 (outside envelope) testing costs.
- Recovery costs in January were £1.4m. The recovery costs included-to-date are the incremental costs of delivering additional elective activity and some independent sector outsourcing costs (these costs are subject to further review against the agreed expenditure in the recovery plans).
- R&D were at a breakeven position in January and for the year-to-date.

Adjusted Run Rate and Underlying Position

2022/23 Reported Position excl. Pass-through and R&D £000s	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	YTD
Income	97,250	102,135	102,346	100,817	101,443	110,514	103,916	105,754	104,529	102,776	1,031,479
Pay	(65,583)	(63,636)	(63,932)	(64,021)	(64,332)	(71,069)	(64,949)	(65,587)	(64,636)	(65,489)	(653,235)
Non-Pay	(30,758)	(34,913)	(28,058)	(34,382)	(33,592)	(33,158)	(32,585)	(33,635)	(32,472)	(29,311)	(322,864)
Operational EBITDA	909	3,585	10,356	2,413	3,519	6,287	6,382	6,532	7,421	7,976	55,380
Financing and Capital Charges (Excl Tech Adj)	(6,024)	(6,046)	(6,779)	(6,345)	(6,158)	(6,157)	(6,367)	(6,334)	(7,107)	(7,937)	(65,253)
Operational Surplus / (Deficit)	(5,116)	(2,460)	3,577	(3,931)	(2,640)	130	15	198	314	39	(9,874)
Smoothing Adjustments	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	YTD
Income											
Commissioning Income catch up M2	1,343	(1,343)									0
Commissioning Income run rate increase M3	438	438	(876)								0
Commissioning Income additional pay award funding M6	1,471	1,471	1,471	1,471	1,471	(7,355)					0
Clinical Genetics income	170	170	170	170	170	170	(830)	27	(213)		0
Education M8 correcting M7 (CEAs) - offset on pay							500	(500)			0
Commissioning income PET CT Q2				164	164	164		(492)			0
Commissioning income Northants, Frimley, other ICBs YTD	297	297	297	297	297	297	297	(2,077)			0
Commissioning income other ICBs YTD (Mainly Herts and Bedfordshire)	120	120	120	120	120	120	120	120	(960)		0
SDF income (Virtual Wards, Nmabs, Public Health, all dropped M9)	(281)	(281)	(281)	(281)	(281)	(281)	(281)	(281)	2,250		0
Commissioning income (Virtual Wards, CMDU, MVL, SIRT) YTD	86	86	86	86	86	86	86	86	(689)		0
Commissioning income (Thrombectomy and Genomics increases) YTD	113	113	113	113	113	113	113	113	113	(1,017)	0
Commissioner income other ICBs (including Herts & WE, NW London, Hants & IOW)	80	80	80	80	80	80	80	80	80	(720)	0
Commissioning income (Major knee) YTD	54	54	54	54	54	54	54	54	54	(486)	0
Pay											
A/L accrual increased from 3 to 4 days M2	242	(242)									0
Pay award impact M6 (net of previous 2% accrual)	(1,252)	(1,252)	(1,252)	(1,252)	(1,252)	6,258					0
NHSP pay award arrears lower than expected	128	128	128	128	128	128			(766)		0
Education M8 correcting M7 (CEAs) - offset on income							(500)	500			0
Flowers (adj run rate M9)	10	10	10	10	10	10	10	10	(82)		0
Non-Pay											
Bad debt to plan M2 (v M1)	(783)	783									0
NHS Supply Chain (part week impact in M4 relating to M3)			(606)	606							0
Recovery adjustment M3 CSS Division (over stated M1/M2)	200	200	(400)								0
Edwards Life Sciences funding (M6)	83	83	83	83	83	(417)					0
Asbestos Spend and Provision Release	(40)	(153)	82	(148)	259						0
SCAS invoice over-accrual (Corporate)	72	72	72	72	72	72	72	72	72	(649)	0
Financing and Capital Charges											
Depreciation catch up Q1 from capital FA ledger	(265)	(265)	530								0
Depreciation catch up Q3 from capital FA ledger	(159)	(159)	(159)	(159)	(159)	(159)	(159)	(159)	1,272		0
Depreciation catch up Q4 from capital FA ledger	(60)	(60)	(60)	(60)	(60)	(60)	(60)	(60)	(60)	540	0
CEF adjustment (interest charges)	(34)	(34)	(34)	(34)	(34)	(34)	(34)	(34)	(34)	306	0
Smoothing Adjustments Total	2,033	410	(278)	1,614	1,415	(660)	(438)	(2,447)	1,131	(2,872)	(94)
2022/23 'Smoothed' Position excl. Pass-through and R&D £000s	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	YTD
Income	101,140	103,339	103,579	103,090	103,716	103,961	104,054	102,884	105,164	100,553	1,031,479
Pay	(66,455)	(64,992)	(65,046)	(65,135)	(65,446)	(64,673)	(65,439)	(65,077)	(65,484)	(65,489)	(653,235)
Non-Pay	(31,225)	(33,928)	(28,826)	(33,769)	(33,178)	(33,503)	(32,513)	(33,563)	(32,400)	(29,960)	(322,864)
Operational EBITDA	3,459	4,419	9,707	4,186	5,092	5,786	6,103	4,244	7,280	5,104	55,380
Financing and Capital Charges (Excl Tech Adj)	(6,542)	(6,564)	(6,502)	(6,598)	(6,411)	(6,410)	(6,620)	(6,587)	(5,929)	(7,091)	(65,253)
Operational Surplus / (Deficit)	(3,083)	(2,145)	3,205	(2,412)	(1,319)	(624)	(517)	(2,343)	1,351	(1,987)	(9,874)

- These tables show the run rate each month adjusted for timing differences and the position when in-year one-off costs and benefits are removed from the reported position.
- The average run rate deficit is £2.2m a month. (This includes the benefit of the annual leave accrual release, COVID-19 and recovery underspends)
- If this monthly average deficit position continues without any management action, the deficit is projected to be £14.2m for the year (i.e. £9.9m YTD plus £4.3m for months 11-12 at £2.2m deficit per month).

Adjusted Run Rate and Underlying Position

2022/23 'Smoothed' Position excl. Pass-through and R&D £000s	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	YTD
Income	101,140	103,339	103,579	103,090	103,716	103,961	104,054	102,884	105,164	100,553	1,031,479
Pay	(66,455)	(64,992)	(65,046)	(65,135)	(65,446)	(64,673)	(65,439)	(65,077)	(65,484)	(65,489)	(653,235)
Non-Pay	(31,225)	(33,928)	(28,826)	(33,769)	(33,178)	(33,503)	(32,513)	(33,563)	(32,400)	(29,960)	(322,864)
Operational EBITDA	3,459	4,419	9,707	4,186	5,092	5,786	6,103	4,244	7,280	5,104	55,380
Financing and Capital Charges (Excl Tech Adj)	(6,542)	(6,564)	(6,502)	(6,598)	(6,411)	(6,410)	(6,620)	(6,587)	(5,929)	(7,091)	(65,253)
Operational Surplus / (Deficit)	(3,083)	(2,145)	3,205	(2,412)	(1,319)	(624)	(517)	(2,343)	1,351	(1,987)	(9,874)
Run Rate Adjustments	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	YTD
Income											
Income upside recognised (OU)			(421)								(421)
Income OY (Spec Comm)					(1,174)						(1,174)
TTP mobilisation - Oncology								(168)			(168)
Estates income accrual correction									1,620		1,620
Additional NEL income (NHSE)									(875)		(875)
ERF income overperformance (NHSE)									(1,725)		(1,725)
VAT credit (back 3 years)									(1,059)		(1,059)
Pay											
Flowers accrual release		(208)									(208)
Additional bank holiday (M6 paid in M7)							300				300
Staff bonus scheme							(283)				(283)
SUWON old year accrual release (offset by MRC backdated session claims)								(220)			(220)
Trainee Junior Doctors coding error (Central)									(477)		(477)
Non-Pay											
Bad debt provision release (OU)			(2,531)								(2,531)
VAT credit				(633)					206		(427)
Atticus stock credit		(466)									(466)
NHS Supply Chain prior year impact / GRNI release				602							602
Recovery adjustment CSS Division (over stated 21/22)			(260)								(260)
Audiology stock benefit			(500)								(500)
Q2 stock takes						(90)	(224)				(314)
AFC pay inflation - ROE (PFI)						455	(455)				0
Cost of living - travel							(1,700)				(1,700)
TTP mobilisation - Oncology								168			168
SUWON old year accrual and maintenance GRNI releases								(380)			(380)
Estates old year accruals									(213)		(213)
Estates - Medical Gases correction								430	(430)		0
PFI provision release (cladding)										(1,000)	(1,000)
Financing and Capital Charges											
Profit or loss on disposal		0					230				230
Fair value gain on investments									(669)		(669)
Run Rate Adjustments Total	0	(674)	(3,712)	(31)	(1,174)	365	(2,132)	(170)	(3,622)	(1,000)	(12,150)
2022/23 Run Rate Position excl. Pass-through and R&D £000s	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	YTD
Income	101,140	103,339	103,158	103,090	102,542	103,961	104,054	102,716	103,124	100,553	1,027,677
Pay	(66,455)	(65,200)	(65,046)	(65,135)	(65,446)	(64,673)	(65,422)	(65,297)	(65,961)	(65,489)	(654,123)
Non-Pay	(31,225)	(34,394)	(32,117)	(33,800)	(33,178)	(33,138)	(34,892)	(33,345)	(32,837)	(30,960)	(329,885)
Operational EBITDA	3,459	3,745	5,995	4,155	3,918	6,151	3,741	4,074	4,326	4,104	43,668
Financing and Capital Charges (Excl Tech Adj)	(6,542)	(6,564)	(6,502)	(6,598)	(6,411)	(6,410)	(6,390)	(6,587)	(6,598)	(7,091)	(65,692)
Operational Surplus / (Deficit)	(3,083)	(2,819)	(507)	(2,443)	(2,493)	(259)	(2,649)	(2,513)	(2,272)	(2,987)	(22,024)

- These tables show the run rate each month adjusted for timing differences and the position when in-year one-off costs and benefits are removed from the reported position.
- The average run rate deficit is £2.2m a month. (This includes the benefit of the annual leave accrual release, COVID-19 and recovery underspends).
- If this monthly average deficit position continues without any management action, the deficit is projected to be £14.2m for the year (i.e. £9.9m YTD plus £4.3m for months 11-12 at £2.2m deficit per month).

	Plan			M10		
	Gross value	Likelihood	Net value	Gross value	Likelihood	Net value
Plan / year to date financial performance			1,258			(9,874)
Run rate forecast			n/a			(4,312)
Forecast before risks opportunities			1,258			(14,186)
Risks adjusted for latest data (£000)						
Income assumptions	(18,800)	15%	(2,820)	0	0%	0
ERF clawback	(32,900)	50%	(16,450)	0	0%	0
Unfunded business cases	(18,100)	10%	(1,810)	(1,333)	38%	(500)
Identified efficiency not achieved	(25,934)	25%	(6,483)			0
Unidentified efficiency not achieved	(2,466)	50%	(1,233)			0
Premium costs above run rate			N/A	(4,000)	50%	(2,000)
Excess inflation	(13,400)	25%	(3,350)	0	0%	0
Underfunded pay deal						
Additional bank holiday				0	0%	0
Provision settlements		0%	0	(8,660)	100%	(8,660)
Covid Expenditure	(5,700)	75%	(4,275)	0	0%	0
NICE decisions not funded by ICS	(3,000)	75%	(2,250)	(49)	75%	(37)
Depreciation / PDC dividend				(5,089)	67%	(3,420)
Total Risks	(120,300)		(38,672)	(40,212)		(14,616)
Opportunities adjusted for latest data (£000)						
Other income inflation	2,142	50%	1,071			
NHSE & DHSC income opportunities (margin)	10,500	25%	2,625			
Commercial settlements	0	n/a	0	8,765	81%	7,100
Commissioner settlements				10,992	100%	10,992
Recovery costs not incurred	4,500	75%	3,375	0	50%	0
Covid costs				694	72%	500
Divisional efficiency plans				1,496	80%	1,197
Corporate efficiency plans				1,593	50%	797
Agency controls				0	0%	0
Bank controls				0	0%	0
Provision settlements				2,943	100%	2,943
Release contingency	6,380	100%	6,380	0	0%	0
Total Opportunities	23,522		13,451	37,957		23,528
Net Risks and Opportunities	(96,778)		(25,221)			8,911
Forecast + opportunities						9,342
Forecast + risks						(28,802)
Forecast + net risks and opportunities			(23,963)			(5,275)

Explanation of format

- This format starts with the year-to-date performance and adds the run rate deficit to reach an unmitigated forecast of -£14.2m.
- Risks and opportunities are presented in the same format as in the Month 3 version of this table.
- The risks and opportunities have been reviewed to reflect those that are now fully assumed within the run rate deficit of £2.2m per month (e.g. some income opportunities).

Commentary on content

- Risk** has substantially reduced as most risks are now judged to have crystallised in the run rate.
- Income opportunities** have reduced as the relevant central NHS budgets that we expected to bid for have been heavily cut to fund the pay deal.
- Commercial settlements** reflects the potential benefit of resolving a wide range of disputes (e.g. PFI, bad debts, employment issues) at a lower cost than previously estimated. There is a wide range of possible outcomes and the benefits are one-off. However, there is generally no operational downside to these settlements. Relying on this area could defer problems until 2023/24 if the run rate does not improve.
- Controllable costs:** recovering efficiency plans is the best long term mitigation, but controls on temporary staffing with an operational impact may be needed. TME will weight the options and make recommendations to the Board.

Statement of Financial Position (SOFP)

Statement of Financial Position £000s	MONTH 10 2022	MONTH 11 2022	MONTH 12 2022	MONTH 1 2023	MONTH 2 2023	MONTH 3 2023	MONTH 4 2023	MONTH 5 2023	MONTH 6 2023	MONTH 7 2023	MONTH 8 2023	MONTH 9 2023	MONTH 10 2023	MOVEMENT 202210 - 202310
Non Current Assets:														
Property, Plant and Equipment	625,583	627,733	650,574	667,358	661,270	658,548	656,130	653,381	651,102	650,803	647,665	643,905	644,863	19,280
Intangible Assets	17,370	17,198	14,154	13,900	13,646	13,951	13,692	13,526	13,161	12,914	13,520	14,138	14,139	(3,231)
Investment Property	31,844	31,844	32,030	32,030	32,030	32,030	32,030	32,030	32,030	32,030	32,030	32,030	32,030	186
Other Investments	23,635	23,635	14,310	14,310	14,310	14,310	14,276	14,276	14,072	13,841	13,841	13,892	13,892	(9,743)
Trade and Other Receivables	8,753	8,409	7,147	7,069	7,039	6,816	6,627	6,568	6,465	6,535	6,385	6,494	6,538	(2,215)
Total Non Current Assets	707,185	708,819	718,215	734,667	728,295	725,655	722,755	719,781	716,830	716,123	713,441	710,459	711,462	4,277
Current Assets:														
Inventories	31,116	30,648	28,518	27,935	27,951	28,941	28,644	28,588	28,436	28,182	28,106	28,324	27,723	(3,393)
Trade and Other Receivables	85,861	72,470	58,884	62,770	70,198	84,239	79,530	67,999	73,440	69,281	72,993	73,511	70,492	(15,369)
Cash and Cash Equivalents	44,046	70,649	57,323	60,600	50,244	34,326	49,709	46,111	38,012	53,389	45,334	38,367	41,352	(2,694)
Total Current Assets	161,023	173,767	144,725	151,305	148,393	147,506	157,883	142,698	139,888	150,852	146,433	140,202	139,567	(21,456)
Total ASSETS	868,208	882,586	862,940	885,972	876,688	873,161	880,638	862,479	856,718	866,975	859,874	850,661	851,029	(17,179)
Current Liabilities:														
Trade and Other Payables	(162,990)	(162,493)	(155,245)	(158,092)	(158,654)	(151,331)	(158,862)	(149,613)	(149,336)	(146,704)	(145,329)	(141,656)	(148,142)	14,848
Other Liabilities: Deferred Income	(14,713)	(19,248)	(3,882)	(12,823)	(10,287)	(12,004)	(17,530)	(13,089)	(9,440)	(22,403)	(17,778)	(14,475)	(11,842)	2,871
Provisions	(4,617)	(4,065)	(7,958)	(7,034)	(7,034)	(7,034)	(6,775)	(6,747)	(6,556)	(6,556)	(6,556)	(4,741)	(4,741)	(124)
Borrowings	(12,629)	(12,711)	(12,939)	(16,429)	(15,898)	(15,598)	(15,354)	(15,066)	(14,790)	(14,064)	(13,769)	(13,467)	(13,118)	(489)
Commercial Loans	(439)	(461)	(426)	(448)	(471)	(434)	(456)	(478)	(443)	(465)	(487)	(434)	(459)	(20)
DH Capital Loan	(679)	(695)	(730)	(746)	(669)	(684)	(704)	(720)	(736)	(752)	(757)	(783)	(703)	(24)
Total Current Liabilities	(196,067)	(199,673)	(181,180)	(195,572)	(193,013)	(187,085)	(199,940)	(185,741)	(181,492)	(190,944)	(184,676)	(177,371)	(179,005)	17,062
Net Current Assets/(Liabilities)	(35,044)	(25,906)	(36,455)	(44,267)	(44,620)	(39,579)	(42,057)	(43,043)	(41,604)	(40,092)	(38,243)	(37,169)	(39,438)	(4,394)
Total Assets Less Current Liabilities	672,141	682,913	681,760	690,400	683,675	686,076	680,698	676,738	675,226	676,031	675,198	673,290	672,024	(117)
Non Current Liabilities:														
Other Liabilities: Deferred Income	(4,001)	(4,101)	(4,628)	(4,621)	(4,613)	(4,606)	(4,595)	(4,587)	(4,728)	(4,793)	(4,782)	(4,772)	(5,086)	(1,085)
Provisions	(9,007)	(9,007)	(8,459)	(8,459)	(8,459)	(8,459)	(8,459)	(8,459)	(8,459)	(8,459)	(8,459)	(8,459)	(8,459)	548
Borrowings	(216,372)	(215,300)	(214,842)	(225,995)	(221,990)	(221,125)	(219,953)	(218,880)	(217,443)	(218,401)	(217,378)	(216,199)	(215,174)	1,198
Commercial Loans	(6,208)	(6,208)	(6,095)	(6,095)	(6,095)	(5,984)	(5,984)	(5,984)	(5,872)	(5,872)	(5,872)	(5,778)	(5,778)	430
DH Capital Loan	(14,759)	(15,259)	(15,239)	(15,239)	(14,908)	(14,908)	(14,908)	(14,908)	(14,908)	(14,908)	(14,908)	(14,908)	(14,908)	182
Total Non Current Liabilities	(250,347)	(249,875)	(249,263)	(260,409)	(256,065)	(255,082)	(253,899)	(252,818)	(251,410)	(252,433)	(251,399)	(250,116)	(249,074)	1,273
Assets Less Liabilities (Total Assets Employed)	421,794	433,038	432,497	429,991	427,610	430,994	426,799	423,920	423,816	423,598	423,799	423,174	422,950	1,156
Taxpayers Equity:														
Public Dividend Capital	290,336	301,137	303,749	303,749	303,749	303,749	303,749	303,749	303,749	303,749	303,749	303,749	303,749	13,413
Retained Earnings reserve	(5,183)	(4,079)	(23,432)	(25,185)	(26,706)	(22,568)	(26,008)	(28,133)	(27,483)	(26,947)	(25,991)	(25,245)	(24,717)	(19,534)
Revaluation Reserve	134,982	134,321	159,684	158,930	158,070	157,316	156,561	155,807	155,053	154,299	153,544	152,790	152,036	17,054
Other Reserves	1,743	1,743	1,743	1,743	1,743	1,743	1,743	1,743	1,743	1,743	1,743	1,743	1,743	0
FV Assets Reserve	(84)	(84)	(9,246)	(9,246)	(9,246)	(9,246)	(9,246)	(9,246)	(9,246)	(9,246)	(9,246)	(9,864)	(9,864)	(9,777)
Total Taxpayers Equity	421,794	433,038	432,498	429,991	427,610	430,994	426,799	423,920	423,816	423,598	423,799	423,173	422,950	1,156

Draft figures, pending completion of Q3 TACs

Non-current assets increased by £4m compared with last January– due to new capital, the impact of the annual revaluation in March and the transition of operating leases to right-of-use assets in April 2022/23 being more than a calendar year of depreciation. Other investments fell due to the year-end refresh of the carrying value of shares, and a sale in 2022/23 of some shares.

Current assets decreased by £21m since last January with reductions in inventories (largely pandemic stock usage), receivables and cash. Cash is £3m lower than this time last year.

Current liabilities decreased by £17m since last January, borrowings and loans have increased – including the impact of the transition to IFRS 16 in April 2022.

Non-current liabilities decreased by £1m, with repayments of PFI creditors and loans more than offsetting the impact of IFRS16.

PDC capital increased by £13m due to new capital funding from DHSC last financial year. The retained earnings reduction includes the prior year and current year-to-date deficits, revaluation impairments and other reserve entries which do not affect the I&E control total. The revaluation reserve change reflects the upward valuation of most of our properties based in the annual review accounted in March by our valuers partly offset by some technical reserve accounting entries.

Cash flows from operating activities £000s	MONTH 10 2022	MONTH 11 2022	MONTH 12 2022	MONTH 1 2023	MONTH 2 2023	MONTH 3 2023	MONTH 4 2023	MONTH 5 2023	MONTH 6 2023	MONTH 7 2023	MONTH 8 2023	MONTH 9 2023	MONTH 10 2023
Cash Flows from Operating Activities													
Operating Surplus/(Deficit)	8,055	2,435	(18,054)	(2,379)	586	6,326	(1,226)	86	2,847	2,905	3,042	2,170	2,940
Depreciation and Amortisation	6,001	2,381	(1,211)	3,312	3,282	4,092	3,687	3,460	3,491	3,515	3,761	5,274	5,048
Impairments and Reversals	0	205	16,314	0	0	0	0	0	1	0	0	0	0
Donated Assets received credited to revenue but non-cash	(118)	(511)	175	(27)	(279)	(52)	140	(29)	(66)	(39)	(268)	0	0
Interest Paid	(3,824)	(1,892)	(61)	(2,111)	(2,265)	(2,190)	(2,149)	(2,143)	(2,227)	(2,115)	(2,139)	(2,231)	(2,575)
Dividend Paid	(667)	0	(3,331)	0	0	0	0	0	(7,104)	0	0	0	0
Release of PFI/deferred credit	0	0	0	(7)	(7)	14	0	0	0	0	0	0	0
(Increase)/Decrease in Inventories	253	468	2,130	583	(16)	(990)	297	56	152	254	76	(218)	601
(Increase)/Decrease in Trade and Other Receivables	(860)	12,026	14,058	(3,810)	(7,395)	(13,818)	4,899	11,590	(5,421)	3,556	(3,563)	(627)	(243)
Increase/(Decrease) in Trade and Other Payables	886	1,871	(22,481)	5,008	1,025	(6,940)	8,212	(9,482)	7,104	(3,707)	(1,933)	(4,240)	4,651
Increase/(Decrease) in Other Current Liabilities	0	0	0	8,934	(2,544)	1,710	5,515	(4,449)	(3,508)	13,028	(4,636)	(3,313)	(2,319)
Provisions Utilised	(448)	(553)	(322)	0	0	0	0	(259)	(28)	(191)	0	0	(815)
Increase/(Decrease) in Movement in non Cash Provisions	0	0	3,695	(924)	0	0	0	0	0	0	0	0	(1,000)
Net Cash Inflow/(Outflow) from Operating Activities	9,279	16,430	(9,087)	8,579	(7,614)	(11,848)	19,375	(1,170)	(4,759)	17,207	(5,660)	(3,185)	6,288
CASH FLOWS FROM INVESTING ACTIVITIES													
Interest Received	9	15	18	44	44	69	74	68	98	110	172	219	203
(Payments) for Property, Plant and Equipment	(5,591)	(690)	(8,554)	(4,003)	(1,201)	(2,446)	(2,539)	(1,045)	(1,964)	(946)	(299)	(1,317)	(1,461)
(Payments) for Intangible Assets	(1)	(53)	2,746	0	0	(573)	5	(90)	119	7	(955)	(1,035)	(340)
Proceeds of disposal of assets held for sale (PPE)	(1,312)	589	11	0	49	0	0	0	0	0	5	0	0
Proceeds from Disposal of Other Financial Assets	0	0	0	0	0	0	34	0	204	0	0	0	0
Net Cash Inflow/(Outflow) from Investing Activities	(6,895)	(138)	(5,780)	(3,959)	(1,108)	(2,950)	(2,427)	(1,068)	(1,542)	(829)	(1,076)	(2,133)	(1,597)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	2,384	16,292	(14,867)	4,620	(8,722)	(14,798)	16,948	(2,237)	(6,301)	16,377	(6,736)	(5,318)	4,690
CASH FLOWS FROM FINANCING ACTIVITIES													
Public Dividend Capital Received	0	10,801	2,612	0	0	0	0	0	0	0	0	0	0
Loans received from DH - New Capital Investment Loans	0	500	0	0	0	0	0	0	0	0	0	0	0
Loans repaid to DH - Capital Investment Loans Repayment of Principal	0	0	0	0	(331)	0	0	0	0	0	0	0	(331)
Other Loans Repaid	0	0	(103)	0	0	(103)	0	0	(103)	0	0	(103)	0
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	(923)	(989)	(968)	(1,343)	(1,302)	(1,164)	(1,418)	(1,361)	(1,695)	(1,001)	(1,318)	(1,546)	(1,374)
Capital grants and other capital receipts	0	0	0	0	0	146	(146)	0	0	0	0	0	0
Net Cash Inflow/(Outflow) from Financing Activities	(923)	10,312	1,541	(1,343)	(1,633)	(1,121)	(1,564)	(1,361)	(1,798)	(1,001)	(1,318)	(1,649)	(1,705)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	1,460	26,603	(13,326)	3,277	(10,355)	(15,919)	15,384	(3,598)	(8,100)	15,377	(8,055)	(6,967)	2,985
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	42,586	44,046	70,649	57,323	60,600	50,244	34,325	49,709	46,111	38,012	53,389	45,334	38,367
Restated Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	42,586	44,046	70,649	57,323	60,600	50,244	34,325	49,709	46,111	38,012	53,389	45,334	38,367
Cash and Cash Equivalents (and Bank Overdraft) at YTD	44,046	70,649	57,323	60,600	50,244	34,325	49,709	46,111	38,012	53,389	45,334	38,367	41,352

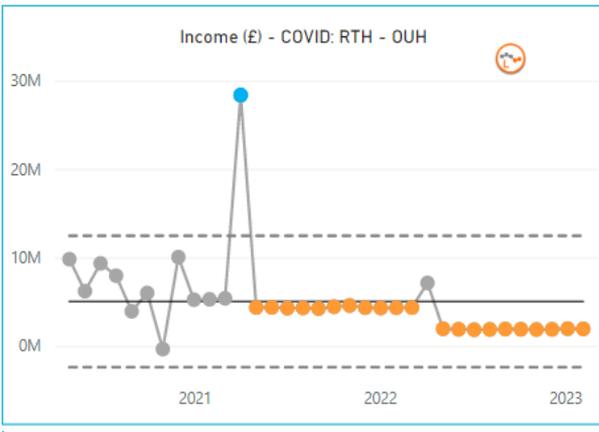
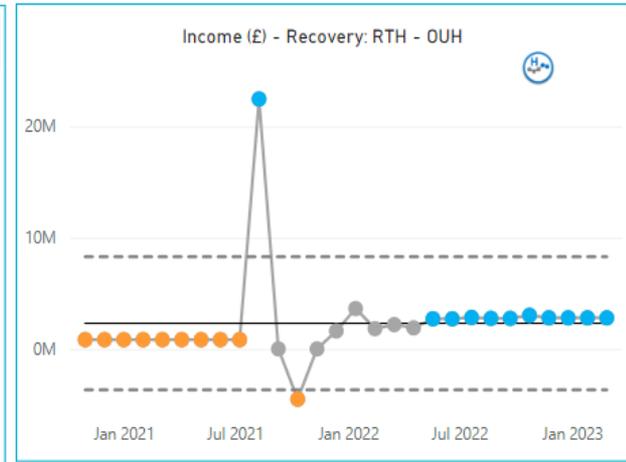
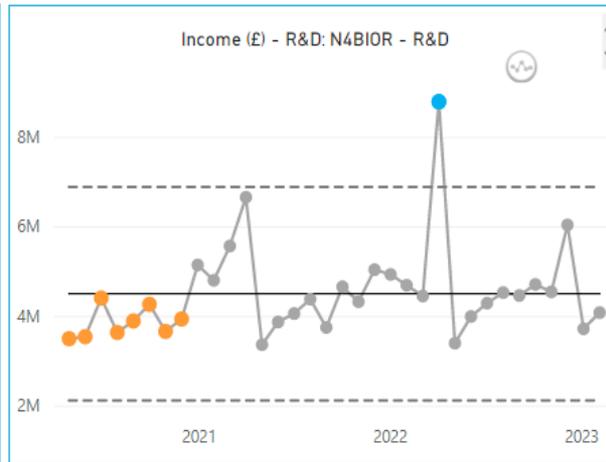
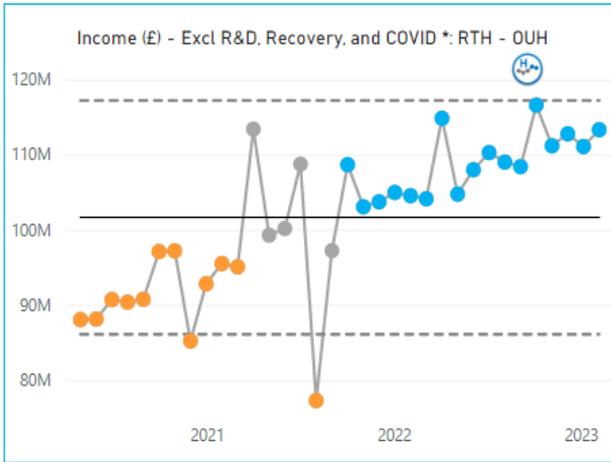
Draft figures, pending completion of Q3 TACs

The cash balance increased by £3m in-month, however this was temporary due to the timing of the next supplier payment run. The Trust reported a £2.9m operating cash surplus after release of some balance sheet items, i.e. excluding depreciation and revaluations which are non-cash items and interest payments. Our working capital improved by £0.9m (i.e. debtor, creditors and inventories) largely due to timing. We paid £1.8m for capital items, £4.3m to service the PFI interest and reduce our PFI debt. The net impact of these items accounted for the decrease in the cash balance. The Trust isn't generating sufficient cash to manage its outgoings as things stand.

Income By Type

Source: Finance Ledger.

*Income in the charts below were adjusted to remove the FY21 and FY22 (month 12) year end pension and annual leave accruals.



SPC Trend Analysis

Income, excluding R&D, Recovery and COVID has been significantly high since September 2021 (Month 6) due to the visible cost model for devices. The increase in September 2022 is due to the additional funding received for the pay award.

R&D income remained in control during the 2021/22 financial year with no unexpected performance. R&D income in March 2021 (Month 12) benefitted from a release of deferred income (which helped to fund the University Grant). March 2022 (month 12) is showing as a 'special cause variation' indicating a significant improvement, which is due to release of income that could not be deferred into the following financial year.

Recovery income commenced in October 2020 (Month 7) and was showing significantly high in June 2021 (Month 3) as a result of the recognition of Quarter 1 ERF, prior to a change in the ERF income rules from Quarter 2. Overall, recovery income is currently within expectations.

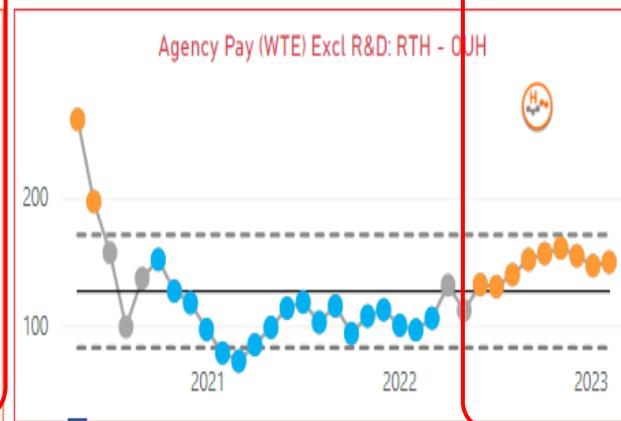
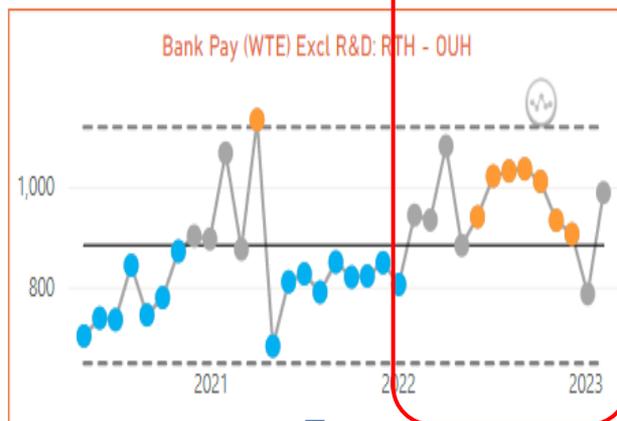
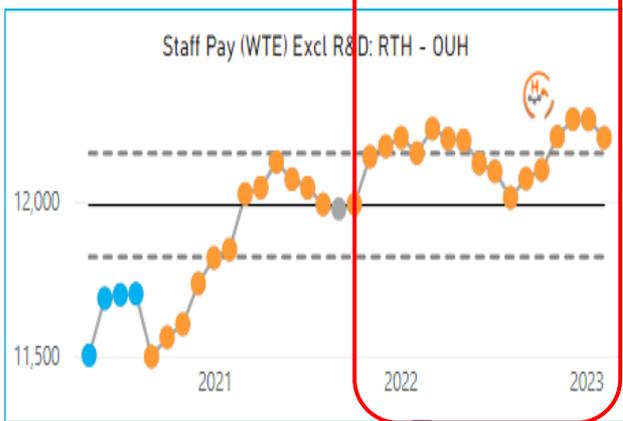
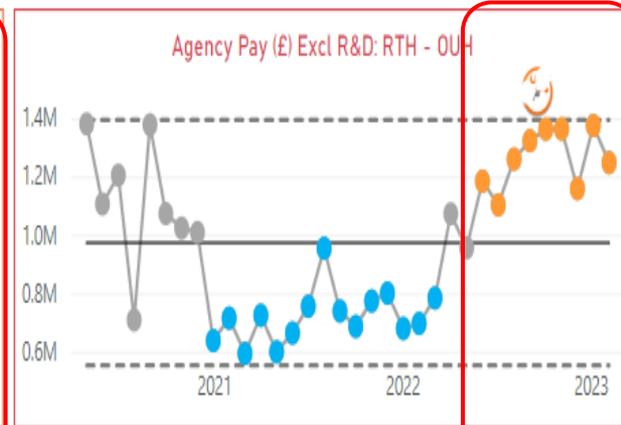
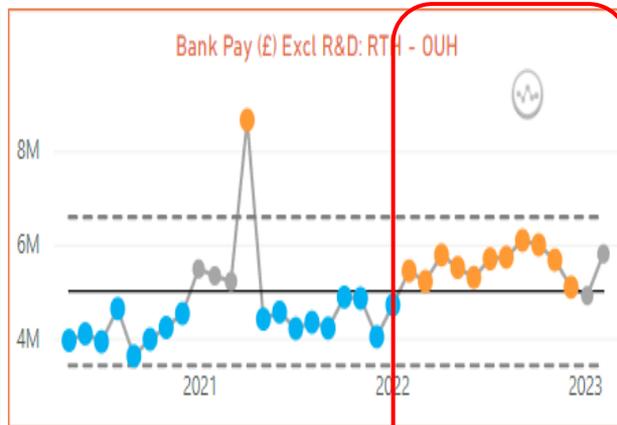
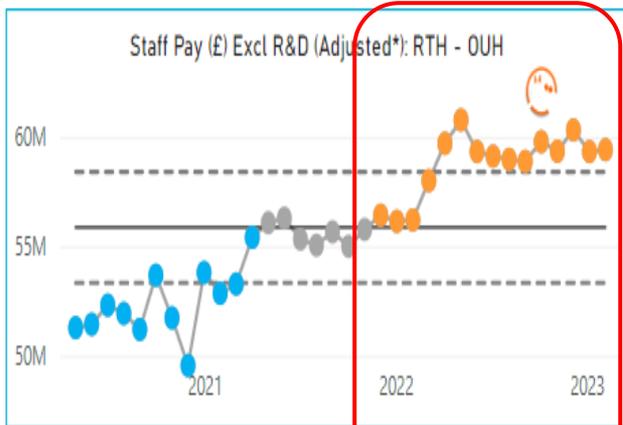
COVID-19 income (in envelope) was reduced in 2021/22 and is now paid on a block basis rather than fluctuating with costs. March 2022 (month 12) COVID income is slightly above average due to PPE funding (a technical adjustment that was reversed out for control total purposes). COVID-19 income within the block has reduced by about 50% in 2022/23.

Is Performance Stable?

Yes	Getting Worse	Getting Better

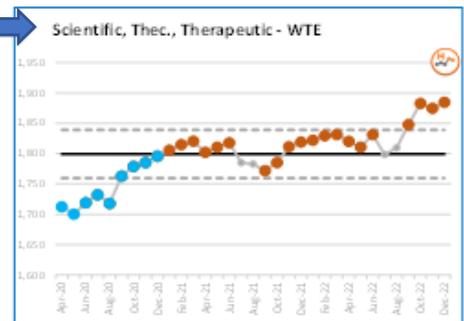
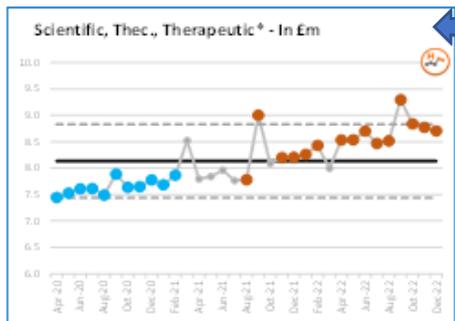
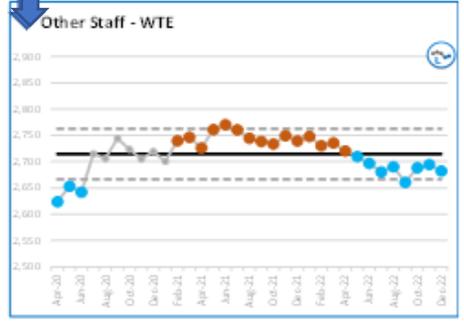
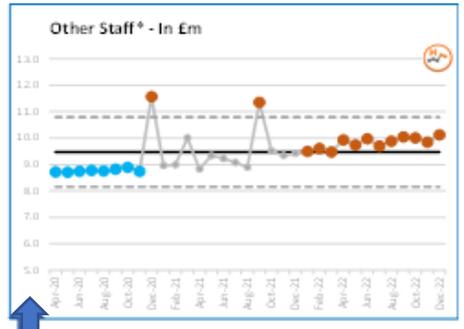
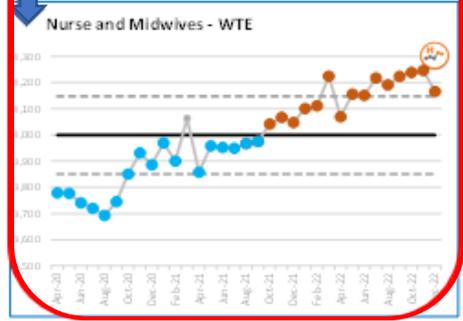
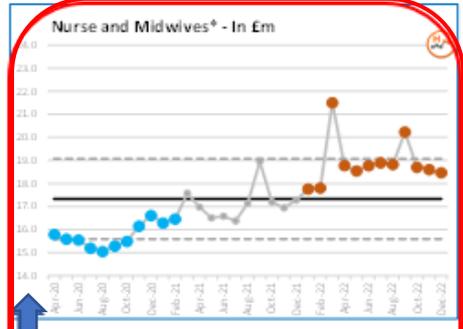
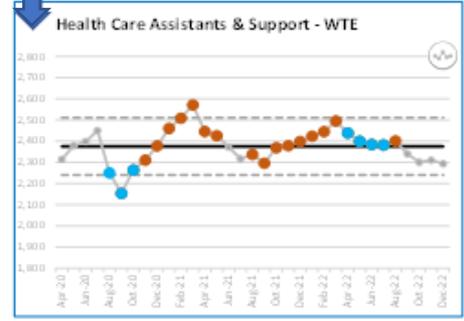
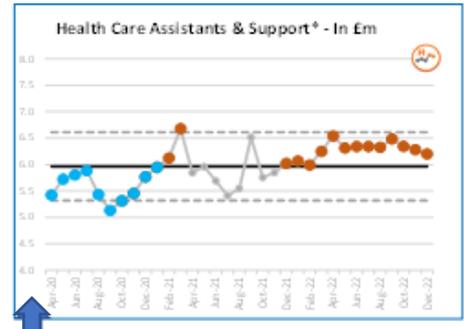
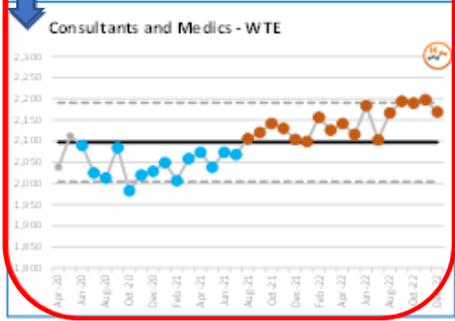
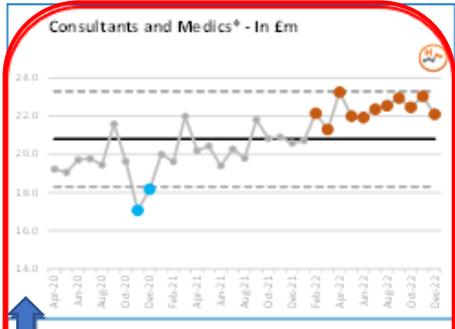
Pay: Run Rate by Staff Type

*Pay spend in the chart below was adjusted to remove the FY21 and FY22 (month 12) yearend pension and annual leave accruals. The pay awards in September 2021 and September 2022 were spread across month 1 to month 6, respectively, on a straight-line basis. The annual leave accrual releases throughout the year were removed. FY21 and FY22 pay spend was not adjusted for inflation.



<p>Is Performance Stable?</p> <p>Getting Better</p> <p>Getting Worse</p> <p>Yes</p>	<p>Staff - Average £ per WTE</p>	<p>Bank Pay - Average £ per WTE</p>	<p>Agency Pay - Average £ per WTE</p>	<p>Agency - Overall, FY21/22 agency WTEs trend (below average) corresponds to the increase in substantive WTE and vacancy rate.</p> <p>However, Agency spend in the current financial year has consistently been deteriorating (increasing). This is linked to staffing pressures and increase in sickness rate.</p>
	<p>Staff - Overall increase in average pay per WTE, linked to the September 2021 and September 2022 pay awards.</p>	<p>Bank - Bank WTEs rose in March due to staffing pressures, but there was no incentive scheme so costs rose less than in March 2021. Spend and WTE since Jan-22 has increased significantly, linked to the increase seen in recent months in sickness rate – this is predominantly driven by Medics (the increase is seen in both Spend and WTEs)</p>		

Pay: Run Rate by Staff Group



Consultants and Medics, Nurses and Midwives and ST&T staff group are all showing deterioration in both level of spend and WTEs.

Healthcare Assistance and Support staff group spend has stayed at a high level in the last 12 months, however WTE has gone down slightly.

Other Staff spend has also been at a higher level compared to the prior financial year, however WTEs trend is showing a continuous improvement in the last 6 months.

Source: Finance Ledger, excluding R&D costs, including COVID and recovery costs

*The pay award in September 2022 was spread across month 1 to month 6, on a straight-line basis. The annual leave accrual releases throughout the year were removed. FY21 and FY22 pay spend was not adjusted for inflation.

Is Performance Stable?

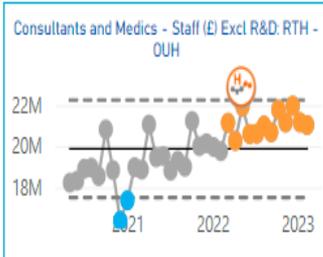
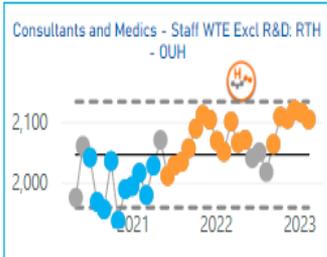
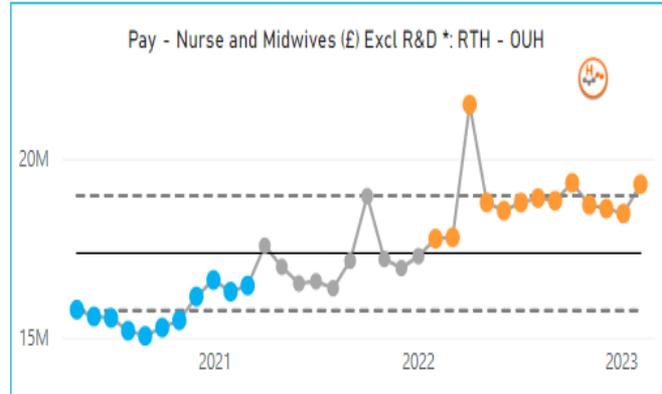
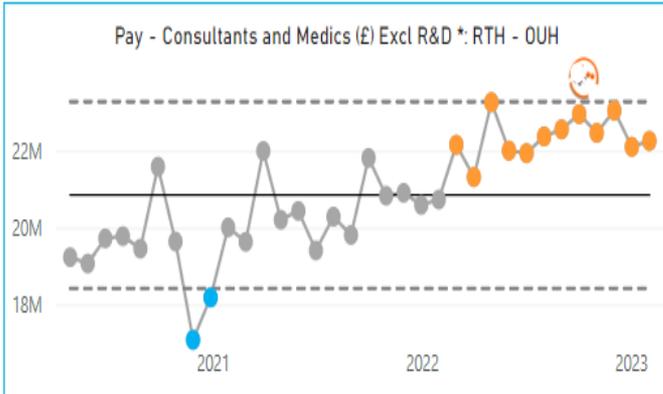


Yes

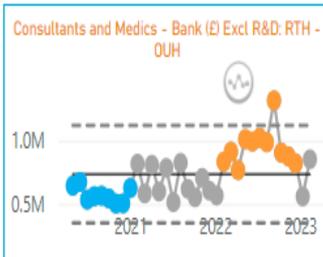
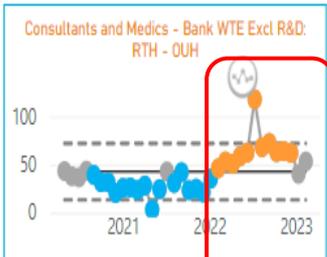
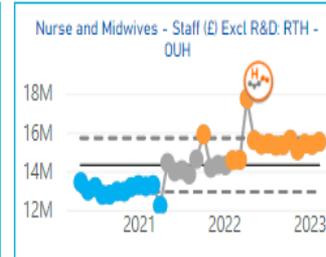
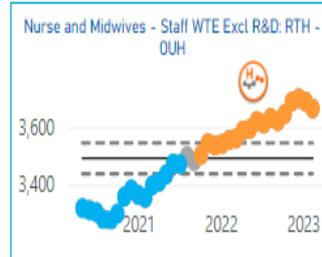
Getting Worse

Getting Better

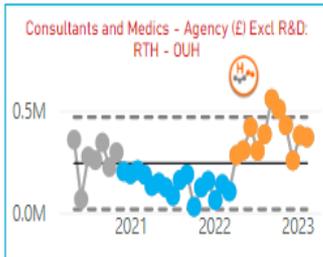
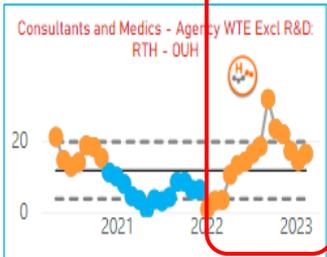
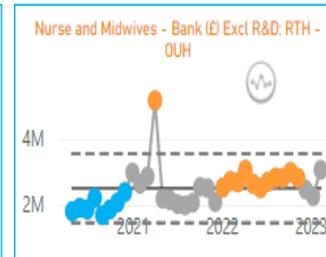
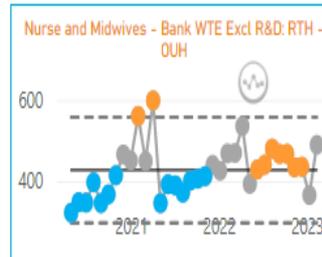
Pay: Consultants and Nurses



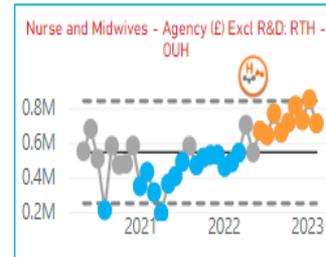
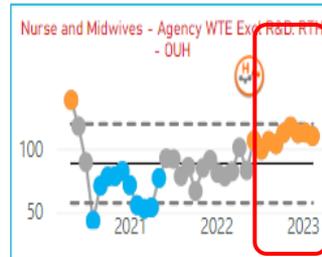
STAFF



BANK



AGENCY

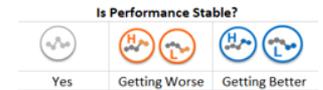


Consultants and Medics

Overall increase in spend and WTE is seen across all staff type, in particular in **substantive** and **agency** use in recent months. Bank is not currently a special variation.

Nurses and Midwives

Overall increase in spend is driven by **substantive** and **agency** staff pay and WTEs. However in recent months, and month 6 in particular, we are seeing an increase in use of temporary staffing particularly **agency**. Bank is not currently a special variation.



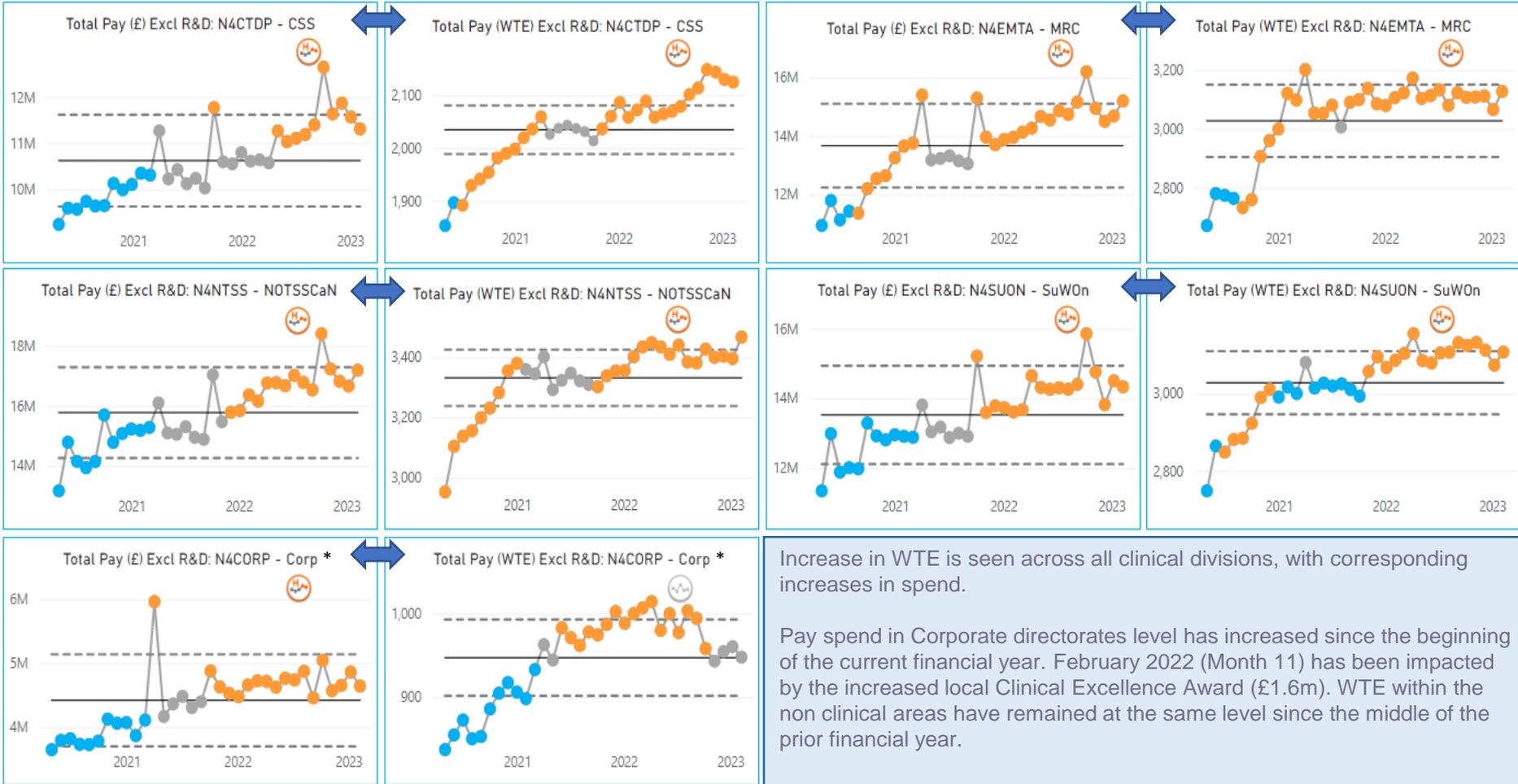
Source: Finance Ledger, excluding R&D costs, including COVID and recovery costs

*Pay in this slide was adjusted to remove the A/L accruals and the release of such accruals through out the year. September 2022 pay award was spread across M1-6, on a straight line basis.

Pay: Run Rate by Divisions

Source: Finance Ledger, excluding R&D costs, including COVID and recovery costs

*Pay in this slide was adjusted to spread the September 2022 pay award, across months 1-6, on a straight-line basis.



Increase in WTE is seen across all clinical divisions, with corresponding increases in spend.

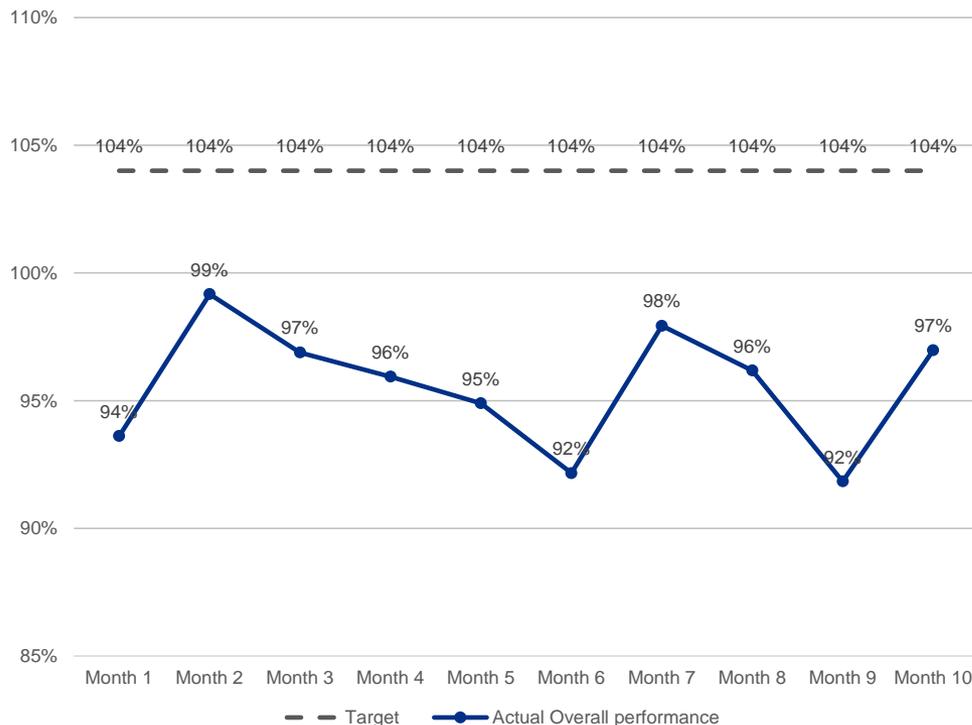
Pay spend in Corporate directorates level has increased since the beginning of the current financial year. February 2022 (Month 11) has been impacted by the increased local Clinical Excellence Award (£1.6m). WTE within the non clinical areas have remained at the same level since the middle of the prior financial year.

*Corporate includes Education, Estates and DOSI.

Is Performance Stable?

Yes	Getting Worse	Getting Better

ERF Performance



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10
Target	104%	104%	104%	104%	104%	104%	104%	104%	104%	104%
Actual Overall performance	94%	99%	97%	96%	95%	92%	98%	96%	92%	97%
DC	91%	99%	88%	89%	91%	90%	97%	94%	91%	93%
EL	94%	96%	101%	98%	87%	85%	91%	92%	88%	102%
OPPROC	111%	123%	112%	116%	116%	114%	132%	102%	55%	54%
OPFA	98%	111%	107%	107%	112%	104%	113%	115%	109%	114%
OPFU (actual capped 85% of plan)	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Chemotherapy	112%	110%	103%	102%	102%	107%	111%	103%	113%	101%
Radiotherapy	102%	102%	102%	89%	102%	92%	97%	81%	111%	104%

This graph shows overall performance against target for the Elective Recovery Fund.

The target is based on 104% of the price-weighted activity for each month compared to the 2019/20 baseline (i.e. it is a financial measure based on coded activity used to judge non-financial performance).

Overall price-weighted performance against the target has been between 92% and 99% in the ten months of the year so far. Performance at point of delivery is shown in the table.

Day case and elective inpatient care both remain below the target, hampered by a lack of capacity in theatres and beds, with continued levels of staff sickness being a factor.

Outpatient procedures were above target in the first seven months of the financial year but performance dropped to 102% in November and 55% in December. The data for January is not complete at 54%.

Following April, where Outpatient first appointment activity was below target, the following eight months were at or above target, peaking at 115% in November.

Under the framework, performance of outpatient follow-up activity is capped at 85% of the 2019/20 baseline. This is to incentivise a reduction in follow-ups to free up capacity for first appointments. In actual terms this activity has averaged 111% performance over the ten months to-date.

Chemotherapy activity was at 112% in April but reduced over the next four months, dipping to 102% in July and August before increasing to 107% in September and 111% in October. November saw a fall to 103% before increasing to 113% in December. January fell to 101%.

Radiotherapy activity was constant at 102% for the first three months before falling to 89% in July, increasing back to 102% in August, falling again to 92% in September, increasing slightly to 97% in October before falling to its lowest level of 81% in November. December had the highest level of the year at 111% and January is at the target of 104%.

A total of £33m of ERF funding is recognised in the 2022/23 plan and recognised in the income position. The financial regime for this year states that this may be clawed back if systems do not reach the 104% target. However, there has been verbal assurance from regional and national colleagues that ERF funding will not be clawed back in this financial year.

I&E (CONTROL TOTAL)	Mid year 22/23 forecast					Risk / Opportunity adjustment	Net impact on Plan
	Q1	Q2	Q3	Q4	22/23 Total		
COST CENTRE							
<u>Data and innovation</u>							
Revenue			0.25	0.05	0.30	-0.25	0.05
Pay	-0.024	-0.02	-0.02	-0.02	-0.10		-0.10
Non pay	-0.025	-0.03	-0.03	-0.03	-0.10		-0.10
Net profit	-0.05	-0.05	0.20	0.00	0.10	-0.25	-0.15
<u>Investment Management</u>							
Investment property rent	0.44	0.44	0.44	0.44	1.76		1.76
Equity revaluations (control total)				0.40	0.40		0.40
Pay	-0.010	-0.01	-0.01	-0.01	-0.04		-0.04
Non pay	-0.013	-0.01	-0.01	-0.01	-0.05		-0.05
PDC dividend (estimated)				-1.50	-1.50		-1.50
Net profit	0.42	0.42	0.42	-0.68	0.57	0.00	0.57
<u>Private patients</u>							
PP margin B/F	0.33	0.33	0.33	0.33	1.31		1.31
PP pricing and processes	0.20	0.20	0.20	0.20	0.80	-0.10	0.70
PP central pay	-0.08	-0.08	-0.12	-0.12	-0.42		-0.42
PP central non pay	-0.03	-0.03	-0.03	-0.03	-0.10		-0.10
OUC loan interest	-0.08	-0.08	-0.08	-0.08	-0.30		-0.30
Net profit	0.35	0.35	0.30	0.30	1.30	-0.10	1.20
<u>Overseas visitors</u>							
Revenue	0.03	0.03	0.03	0.03	0.13	1.08	1.20
Pay	-0.023	-0.02	-0.02	-0.02	-0.09		-0.09
Non pay	-0.006	-0.01	-0.01	-0.01	-0.03		-0.03
Net profit	0.00	0.00	0.00	0.00	0.01	1.08	1.08
<u>Commercial corporate</u>							
Income				0.15	0.15	-0.10	0.05
Pay	-0.080	-0.08	-0.08	-0.08	-0.32		-0.32
Non pay	-0.013	-0.01	-0.01	-0.01	-0.05		-0.05
Net profit	-0.09	-0.09	-0.09	0.06	-0.22	-0.10	-0.32
NET RECURRENT POSITION (CONTROL TOTAL)	0.62	0.62	0.83	-0.32	1.76	0.63	2.39
<u>Non-recurrent</u>							
PP and overseas debt recovery			0.13	0.13	0.25	-0.50	-0.25
Investment property valuation				0.30	0.30	-0.30	0.00
JR service charge settlement	3.02				3.02		3.02
Non pay	-0.075	-0.08	-0.08	-0.08	-0.30		-0.30
Net profit (non-recurrent)	2.95	-0.08	0.05	0.35	3.27	-0.80	2.47
NET I&E POSITION (CONTROL TOTAL)	3.57	0.55	0.88	0.03	5.03	-0.18	4.86

- **I&E control total:** Plan assumes 76% increase in recurrent profit in 22/23 (21/22 £1m, 22/23 £1.76m).
- Overall forecast profit (recurrent + non-recurrent) after risks/opportunities is £0.18m less than the mid year forecast.
- **Significant risks/opportunities**
 - +£0.73m due to overseas visitors income now being included. Overseas visitors income is assumed to flow to surplus/(deficit) as activities focus on recovering charges for patients that would otherwise be treated as NHS. This treatment may change in future years depending on the impact of the new overseas visitors policy and CCG contracts.
 - -£0.5m PP and OVS debt recovery – risk due to identification of previously unknown insurer contracts that may limit debt recovery efforts, and difficulties recruiting to cash collection role
 - -£0.3m investment property valuations – no gain expected in year given economic situation
 - -£0.25m data revenues – due to lack of capacity to service data requests within the clinical data warehouse.

Appendix 2 - Productivity Dashboard SPC chart: Month 10 2022/23

Is Performance Stable?		
Yes	Getting Worse	Getting Better

KPI/ Assumption	Description	Value	
Cost per Bed day	Direct costs of a bed day, per patient, per day	£350	Estimate
Elective Admissions (EL)	Monthly average of admissions	1,542	Actuals - Based on FY21/22 activity
Non Elective Admissions (NEL)	Monthly average of admissions	6,859	Actuals - Based on FY21/22 activity
Theatre Sessions (Planned)	Monthly average of PLANNED theatres sessions	1,082	Actuals - Based on FY21/22 activity
Income per Theatre Session	Average income per session, if the Trust was operating on Payment by Results (PbR)	£12,100	Actuals - Based on FY19/20 (inflated)
Face to Face Appointment	Monthly average of Face to Face appointments	81,821	Actuals - Based on FY21/22 activity
Face to Face Appointment cost (vs Non Face to Face)	The average cost difference between a Face to Face and a Non Face to Face appointments (fully absorbed cost)	£93	Actuals - Based on FY20/21 activity
Sickness Rate Costs (rolling 12 months)	The monthly cost of each 1% of sickness absence (135 WTE), resulting in temporary staffing	£800k	Actuals - Based on FY21/22 spend The average premium associated with temporary staffing is 28% . Please note that temporary staff premium varies by staff type, for example the average premium associated with nurses is 51%.
Turnover Rate Costs (rolling 12 months)	The monthly cost of each 1% of turnover rate (145 headcounts)	£280k	The cost includes the temporary staffing costs, recruitment costs and supernumerary costs.

Productivity Dashboard: Theatres

The SPC charts are pulling together productivity metrics which provides a overview of the Trust operational performance. The data sources are ORBIT+ and the finance ledger.

Overall, **Theatres monthly Utilisation** since Q2 2021/22 is showing a consistent deterioration, with 79% utilisation across all theatres in Dec-22, landing below the three years average of 82.5%.

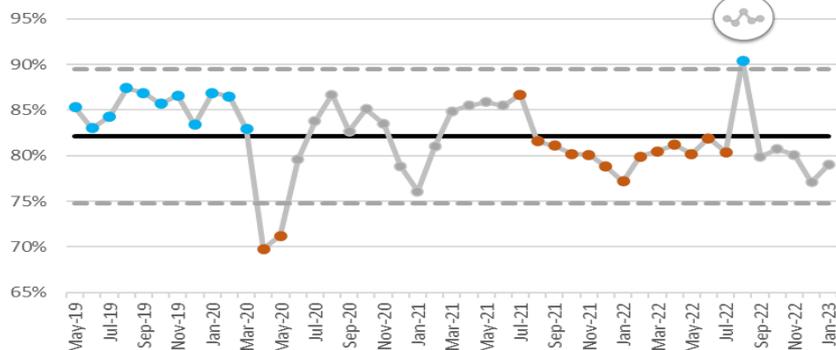
The weekly **Planned sessions utilisation** [Trust target of 85%] has landed above the trust target at the end of Jan-23 with a 88.2% utilisation. Utilisation for planned sessions in the last 6 months has been above the average line, therefore triggered a 'special cause variation', meaning utilisation has been unusually high.

Unplanned/emergency sessions utilisation does not have a trust target.

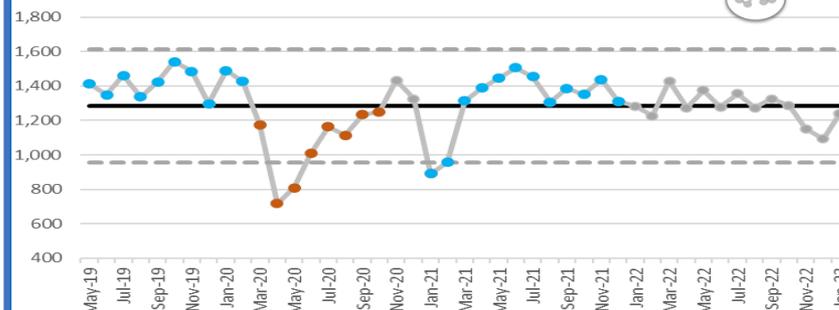
Total Number of Theatre Sessions was 1,241 in Jan-23 and 147 sessions below the 21/22 average of 1,388 sessions per month.

Total number of **planned theatre session** was lower in Dec-22 with a recovery in Jan-23, with a total of 1,006 sessions and 76 below the 21/22 average of 1,082 sessions per month. At an average income of £12.1k per session this equates to **£0.9m** of unachieved income in month (on a PbR basis).

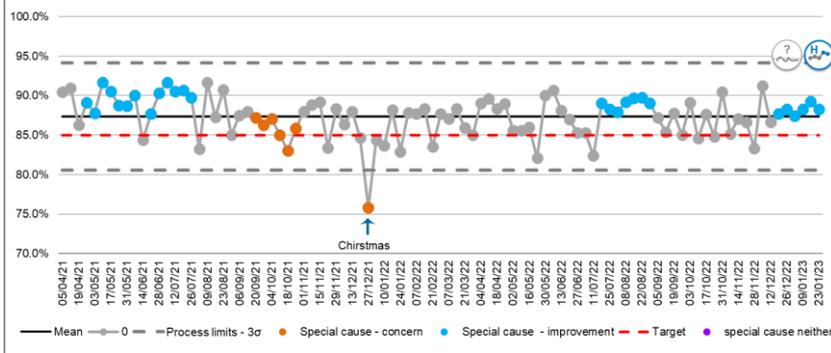
Theatres – Utilisation



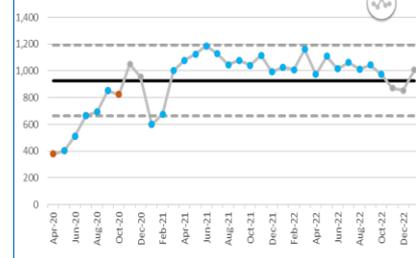
Theatres - total number of sessions



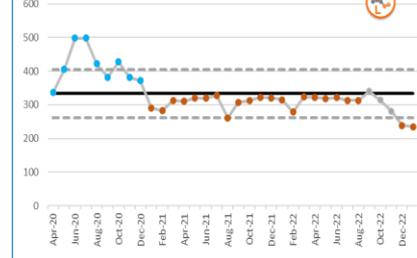
Theatres Utilisation - Planned Sessions



Theatres - No. of Planned Sessions



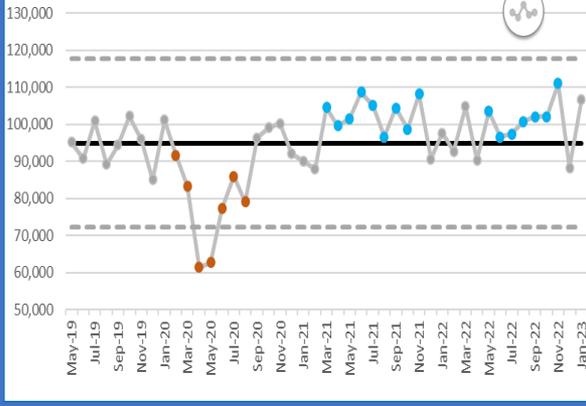
Theatres - No. of Unplanned Sessions



Planned

The SPC charts are pulling together productivity metrics which provides a overview of the Trust operational performance. The data sources are ORBIT+ and the finance ledger.

Outpatients - total number



Total Outpatients Number overall is at a higher level compared to 2019/20 pre COVID-19 levels, with activity in the current financial year reaching above the three years average.

In Oct-20, outpatients' trend had triggered a 'special cause variation', meaning the total number of outpatients has been above the three years average, for six consecutive month, with Nov-20 showing a further peak in number of outpatients. In Dec-22, the performance has dropped linked to reduced activity over the holidays. Jan-23 is showing a recovery with total outpatients' number of 106,691.

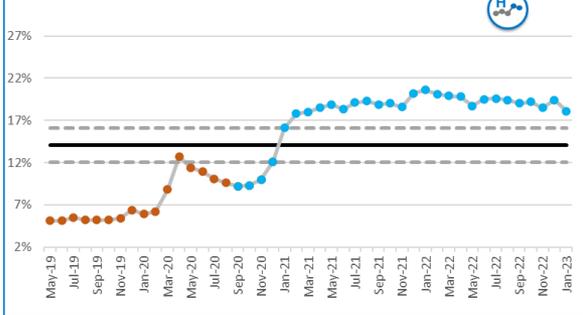
Due to the impact of COVID-19 there has been a shift between the **Face to Face** and the **Non Face to Face** appointments. Non-Face to Face appointments currently make up approx. 20% of all Outpatients activity compared to only 5% before Mar-20. The national target is set at 25%.

On average a Face to Face appointment cost **£93** more than a non Face to Face appointment.

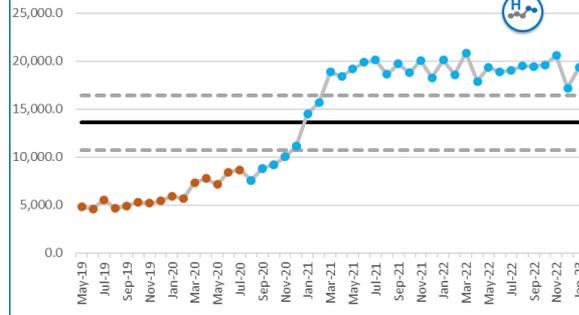
The number of Face to Face appointments in Jan-23 was 87,373 and 5,552 above the 21/22 average (81,821) therefore results in an adverse indicative financial impact of **£0.5m**.

Non F2F

Outpatients - Non Face to Face %

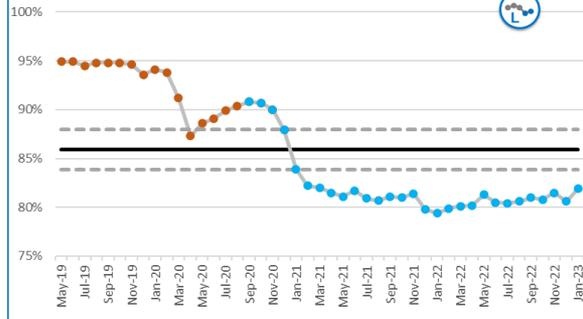


Outpatients - No. of Non Face to Face appointments

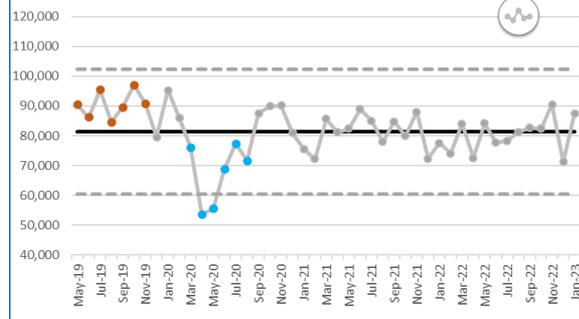


F2F

Outpatients - Face to Face %



Outpatients - No. of Face to Face appointments

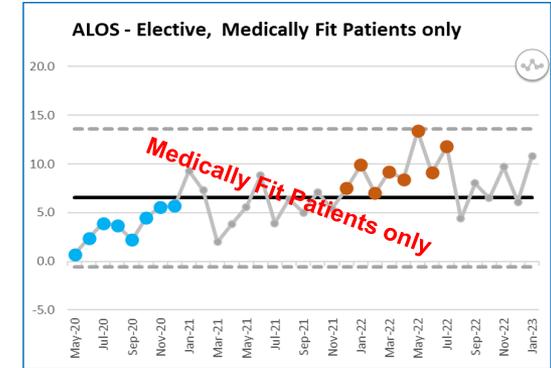
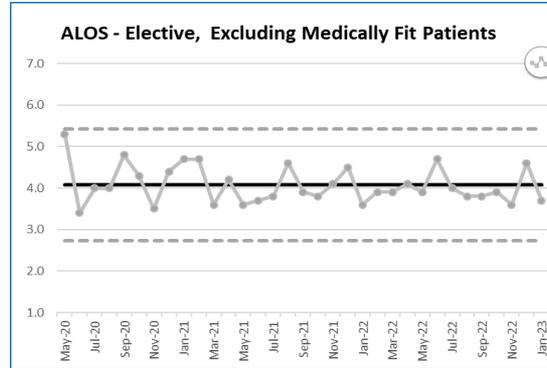
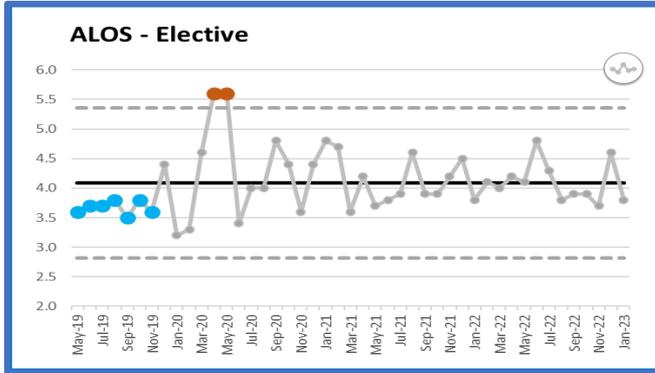


Is Performance Stable?



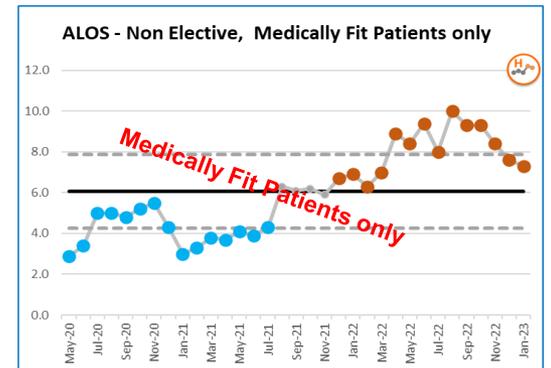
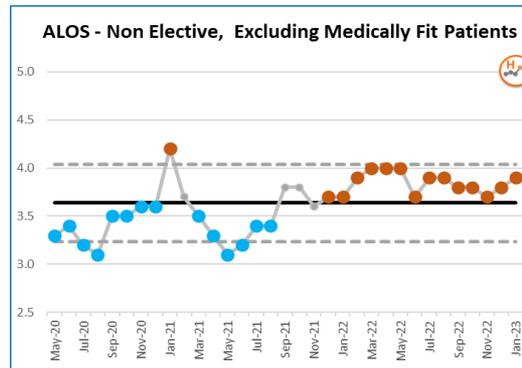
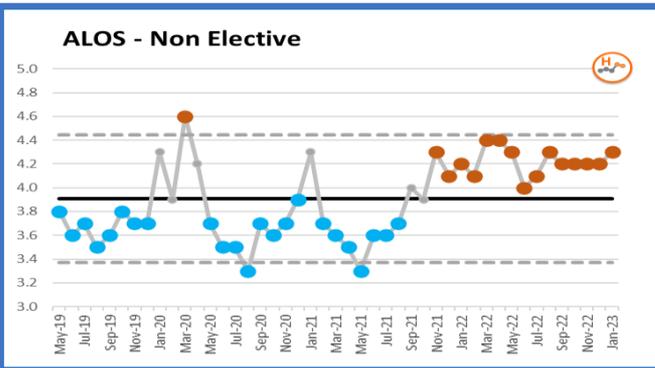
Productivity Dashboard: ALOS (includes Same Day Emergency Care ('SDEC') spells.)

The SPC charts are pulling together productivity metrics which provides a overview of the Trust operational performance. The data sources are ORBIT+ and the finance ledger.



Average Length of Stay ('ALOS') – Elective Patients

- Overall activity has remained in control, with a spike in Dec-22 (4.6 days) followed by a decrease in Jan-23 to an average of 3.8 days.
- The Jan-23 ALOS was 0.2 days below the 21/22 average of 4 days, resulting in a favourable indicative financial impact of **£0.1m**/per month and **£1.2m**/year.
- The charts on the right, demonstrates the ALOS for elective admission related to medically fit for discharge patients has been significantly higher in the FY21/22 with a slight decrease seen in recent months. ALOS, excluding those who are medically fit for discharge have remained with no significant changes in performance over the last three years.



Average Length of Stay ('ALOS') – Non Elective

- Non Elective ALOS is showing signs of deterioration since Sep-21 with ALOS stabilising in recent months with a total of 4.3 days in Jan-23.
- This is 0.4 additional day vs. 21/22 average (3.9 days) with an indicative adverse financial impact of **£1m**/month and **£12m**/year largely through additional premium cost temporary staffing to open additional capacity or cancelled elective activity.
- The charts on the right demonstrates the increase is driven by the ALOS for all patients, including those who are medically fit for discharge.

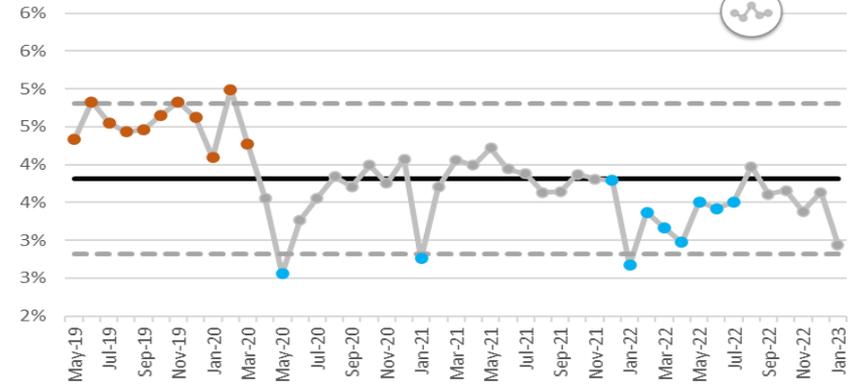
Productivity Dashboard: Emergency Readmission Rate and Procedure Days

The SPC charts are pulling together productivity metrics which provides a overview of the Trust operational performance. The data sources are ORBIT+ and the finance ledger.

Emergency Readmission Rate has remained stable in the current year and is below the 3 year average with significant improvements earlier in the year.

Jan-23 performance was of 2.8% which is a further improvement compare to recent months..

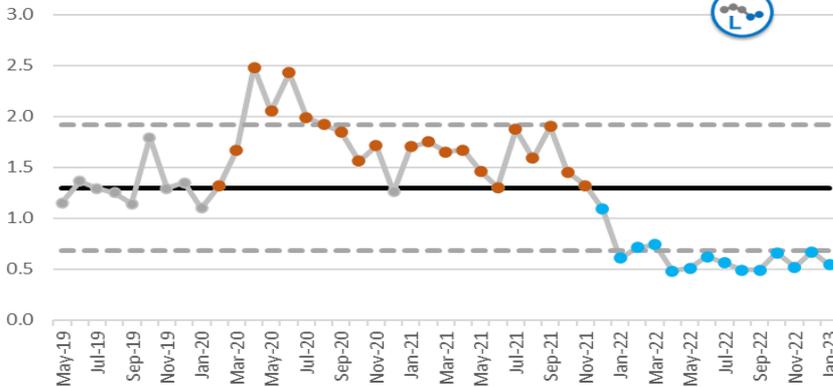
Emergency readmission rate



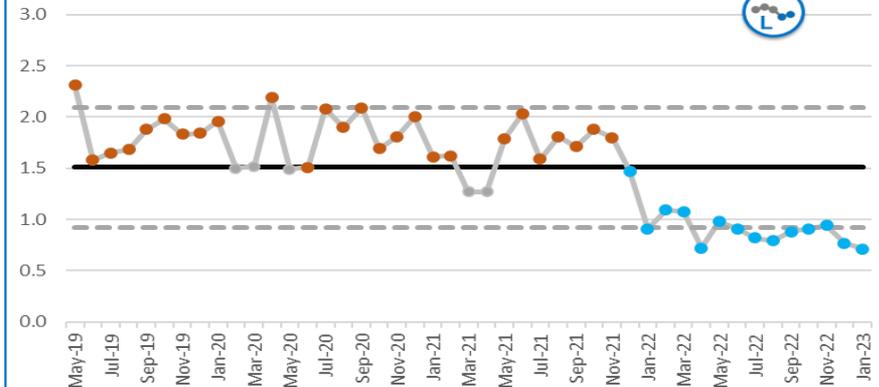
Pre Procedures Bed Days Since the winter (Dec-21) there has been a reduction in both Elective and Non Elective pre procedure bed days after a prolonged period within the control limits. Based on direct costs, an average reduction of 1.0 EL pre-procedure bed day is equivalent to costs of approximately £0.5m/month and for NEL admissions is a is equivalent to costs of approximately £2.4m/month.

In Jan-23, for EL admissions, pre procedures day average stood at 0.5 days. For NEL admissions, pre procedures day average stood at 0.7 days. Both performances are significantly lower than the three years average, financial benefiting the trust through a reduction in the direct cost associated to beddays.

Pre procedure bed days (Elective)



Pre procedure bed days (Non Elective)



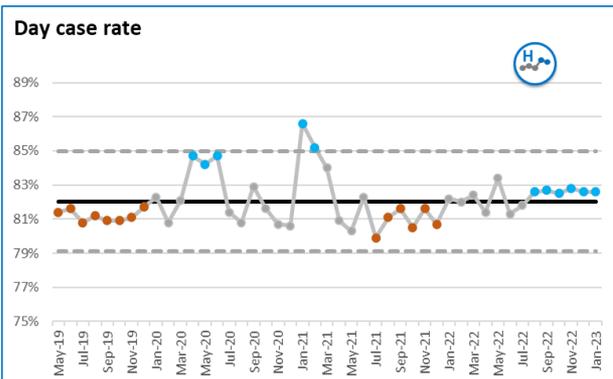
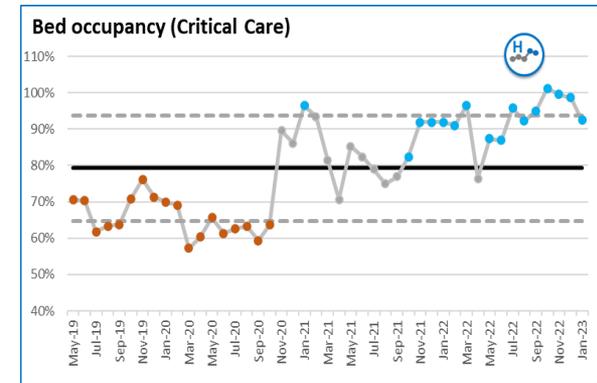
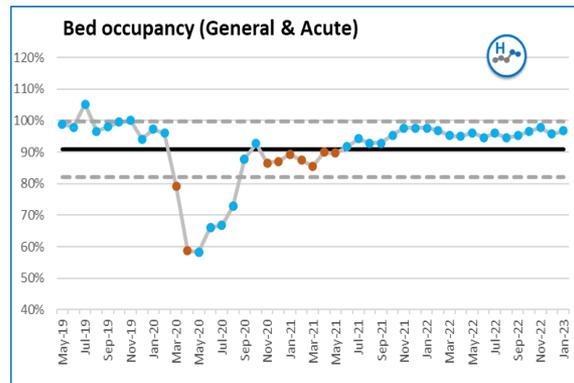
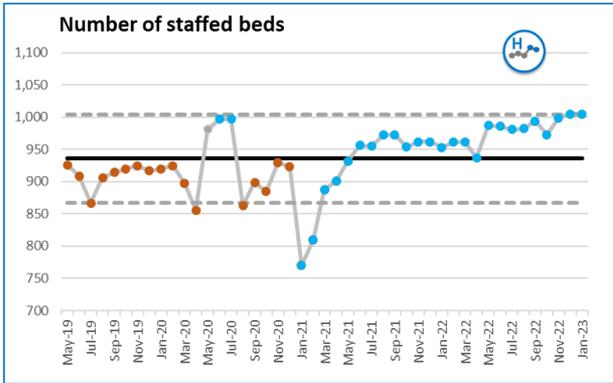
Productivity Dashboard: Bed Occupancy

The SPC charts are pulling together productivity metrics which provides a overview of the Trust operational performance. The data sources are ORBIT+ and the finance ledger.

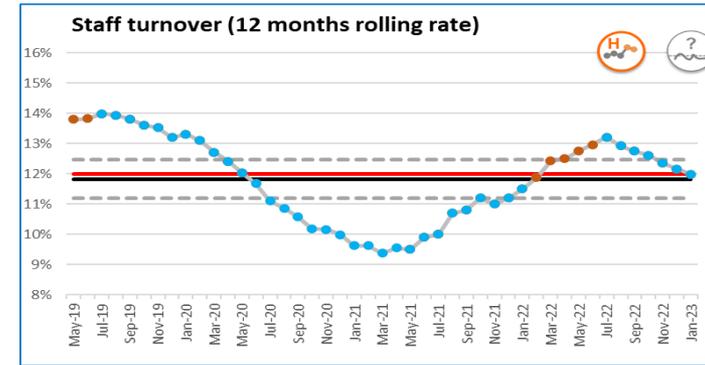
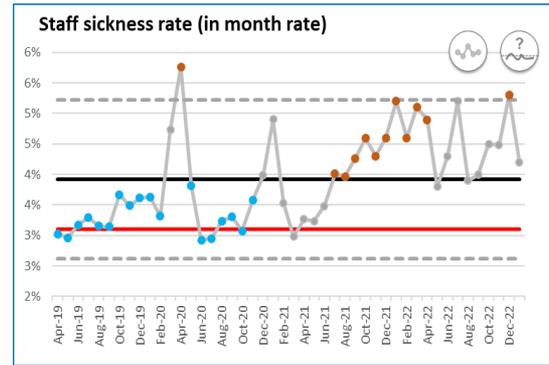
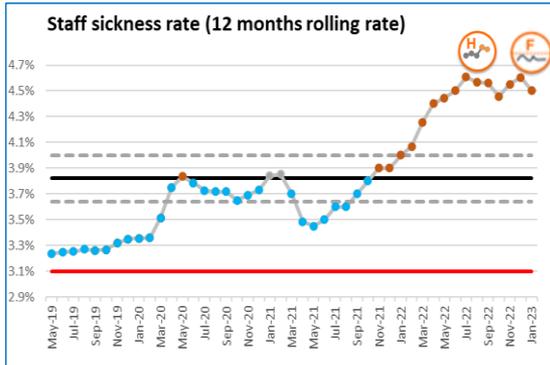
Number of Staffed Beds and **Bed Occupancy** (in both critical care and general & acute) are showing a significant improvement in performance from Q3 2020/21 onwards. General & acute and critical care remain at a high occupancy rate, which is likely to link to the temporary staffing spend. Critical Care Occupancy plummeted in Apr-22 to 76% however recent months have shown a significant increase with Occupancy rate reaching 97% in Jan-23.

The number of staffed beds is calculated based on the number of available beds divided by number of patients on the ward (at midnight). The increase in the number of staffed beds seen in recent months is linked to the new Oxford critical care centre, which opened in late Mar-22.

Day Case Rate in the past six months has been above the average line, and has triggered a 'special cause variation', meaning day case rates have been significantly high. Day case rate in Jan-23 was 83%.



The SPC charts are pulling together productivity metrics which provides an overview of the Trust operational performance. The data sources are ORBIT+ and the finance ledger.



Staff Sickness Rate - [Trust Target – 3.1%]

The charts above demonstrates the difference between the 'in month' and the '12 month rolling' sickness rate.

The 12-month rolling sickness rate is slower in reflecting trends. In Jan-23, the '12 months rolling' sickness rate was showing a special variation (orange dots), meaning the rate has maintained at a high level, while the 'in month' rate has dropped down to an 'expected' level.

Sickness rate has continuously risen since Jun-21, driven by short term sickness absence. COVID-19 sickness and isolation will be a significant contributory factor. Sickness rate pre COVID stood at 3.3%.

- In Jan-23 the **12 months rolling sickness rate slightly decreased to 4.5%** (compared to its peak of 4.61% in Jul-22). The **'in month' rate was 4.2%** (compared to its peak of 5.4% in Jul-22).
- The indicative financial impact of the '12 months' rolling sickness rate in Jan-23 is **£1.1m p/m** versus **£0.9m p/m** for the 'in month' rate, (based on the Trusts target of 3.1%), of which £0.3m is the premium paid for temporary staffing. The actual cost may be higher if clinical staff are fully backfilled by temporary staffing.

Staff Turnover – 12 months rolling rate [Trust Target – 12%]

Turnover rate has seen a significant improvement between April-19 and Mar-21, however we have seen a continuous increase since the beginning of the last financial year (2021/22).

The performance in recent months is indicating a recovery with turnover rate in Jan-23 decreasing to 12% and landing on the trust target (therefore financial impact is assumed as **£0m**).

An indicative financial impact of an increase in staff turnover rate from the Trusts target of 12% include temporary staffing, recruitment and supernumerary costs.

Is Performance Stable?



Yes

Getting Worse

Getting Better

The SPC charts are pulling together productivity metrics which provides a overview of the Trust operational performance. The data sources are ORBIT+ and the finance ledger.

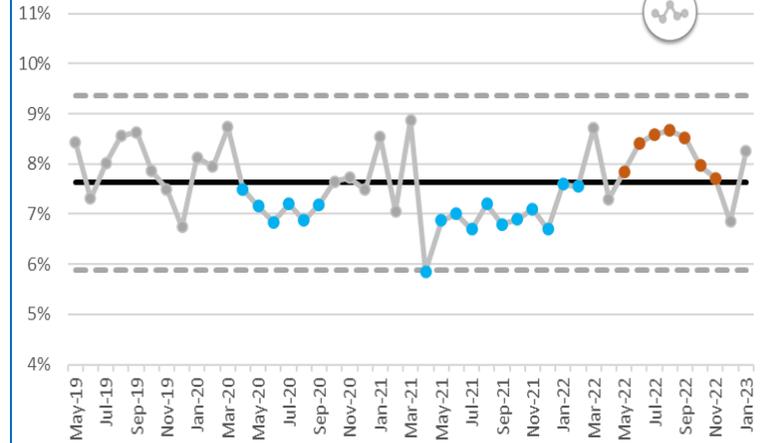
Temporary Staffing

Temporary staffing rate during the winter months in 2020 and 2021 was higher compared to the rest of the year and was driven by bank use. We have seen a significant increase in rate in the current financial (both bank and agency driven), peaking at 8.7% in Aug-22 and significantly reducing to 6.9% in Dec-22.

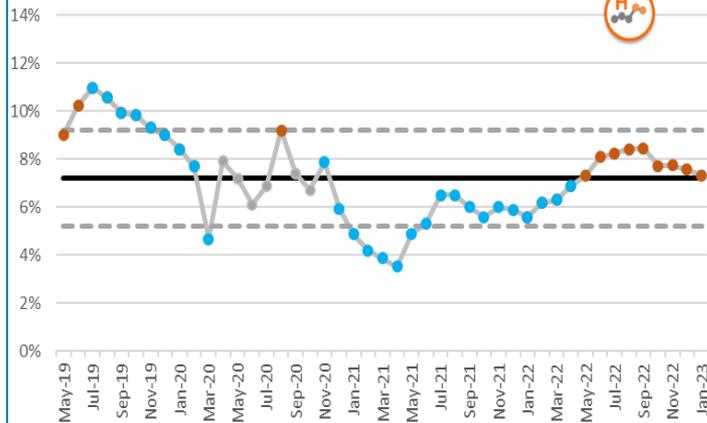
Temporary staffing rate in Jan-23 was 8.3% with a total spend of £7m.

The average premium the trust pay for temporary staffing is 28% above the cost of a substantive staff. In Jan-22 this is equivalent to £1.4 in cost.

Temporary staffing %



Staff vacancy rate - all staff groups



Staff Vacancy Rate

- Calculated as the gap between budgeted WTE and contracted WTE
- It is important to note that this metric does not include the staff needed to cover short or long-term sickness or parental leave (as staff will still show as a contracted WTE), these staff are typically backfilled with bank staff at a premium rate.
- International recruitment of registered nurses is a significantly preferable long-term mitigation to vacancies, compared to the premium the trust pays for bank and agency workers.

The Jan-23 vacancy rate of 7.3% is an improvement compared to the performance in recent months. Since May-22 the vacancy rate has landed above the three years average of 7%.

Is Performance Stable?



The SPC charts are pulling together productivity metrics which provides a overview of the Trust operational performance. The data sources are ORBIT+ and the finance ledger. HAPUs data is reported one month in arrears.

Hospital Acquired Pressure Ulceration (HAPU):

- The number of all HAPU incidents reported by month Category 2-4.
- The majority of HAPU incidents reported are Category 2 - Minor Injury (superficial tissue damage).
- HAPU data was extracted from ORBIT and reported month in arrears.

HAPU Hospital Acquired - Category 2

- HAPU incidents reported since Dec-20 have been significantly high (peaking in Nov-21 with 122 incidents) reducing in recent months. However we are seeing an increase in number of incidents in Dec-22, with a total of 90 cases.

HAPU Hospital Acquired - Category 3 - 4

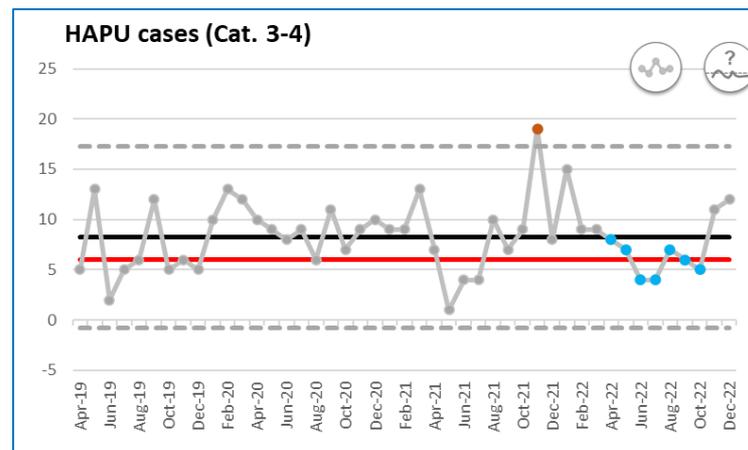
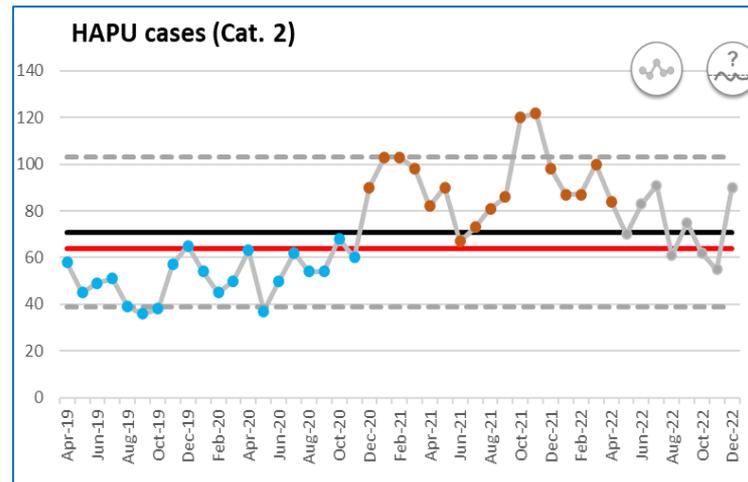
- HAPU incidents remained within control limits with the exception of Nov-21 where total of incidents reached 19 in month. Since the beginning of 22/23, we have seen a significant reduction in cases (seen as the blue dots on the chart to the right). However, in Nov-22 and Dec-22 we had a total of 11 and 12 cases, respectively, which is well above there average and the trust target.

Indicative Financial Impact

- In Dec-22, there were a total of 102 HAPU incidents (across cat 2-4). Based on the NHSEI productivity calculator this equates to an estimated cost of **£0.7m** in month (or £8.4m/year) to the health economy, which relates to the costs of diagnostic tests, additional monitoring, more expensive pressure relieving equipment and extended inpatient length of stay and ongoing care.

Target

The target line in these charts reflect the Trust's priory for FY23 of a 30% reduction in cat 2 and 30% reduction in cat 3-4. The baseline for the reduction was set as the FY22 outturn.



Cat. 2 = Minor Injury Cat. 3 = Moderate Injury (Not Long-Term) Cat. 4 = Major Injury (Leading To Long-Term Disability/ Incapacity)

