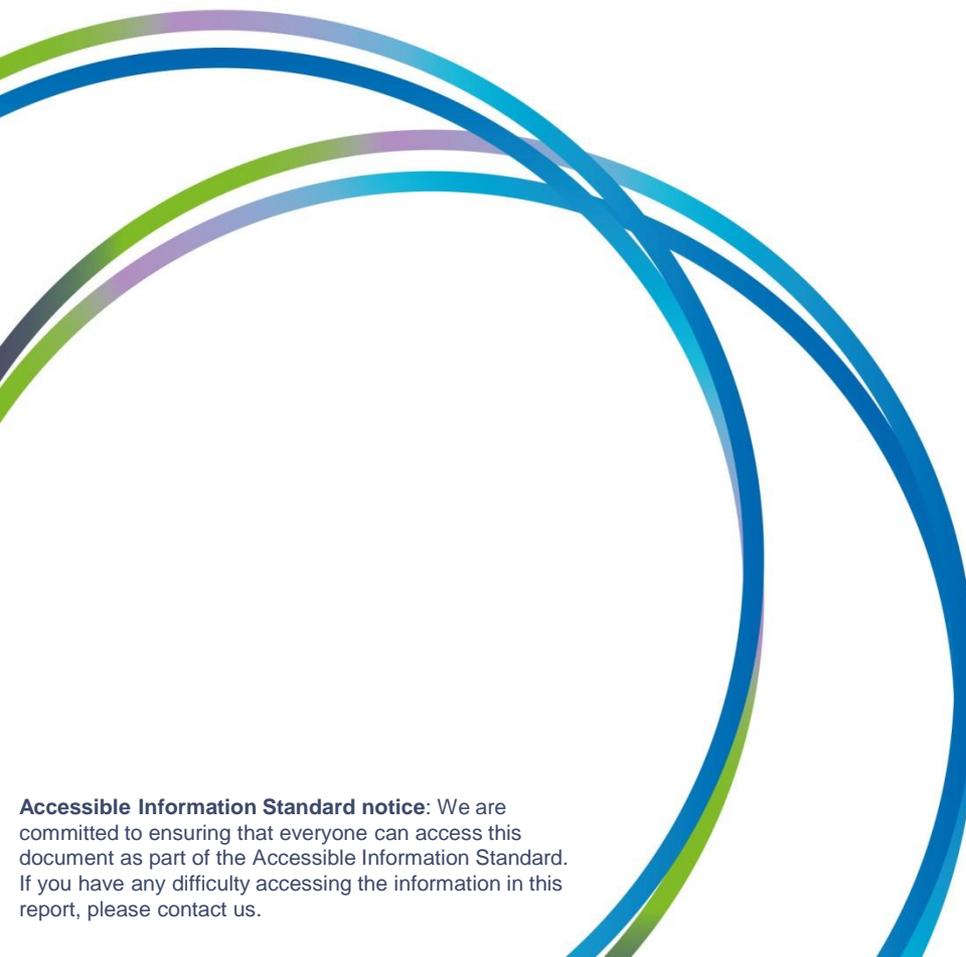




Oxford University Hospitals
NHS Foundation Trust

Integrated Performance Report
Month 12 (March data)

May 2022



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Integrated themes and issues from M12 (March 2022)

Quality and Safety

Maternity

In March **Red** areas related to:

- 823 Scheduled Bookings
- 1 (0.4%) Return to theatre
- 67% Test Result Endorsement

Amber areas related to:

- 625 Mothers Birthed
- 79% Percentage of Women Initiating Breastfeeding
- 31 (4.9%) Unexpected term admissions to NNU

Green areas related to:

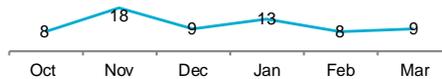
- 6 (0.9%) Postpartum Haemorrhage (PPH) 1.5L or greater
- 7 (1.12%) Puerperal Sepsis

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HAPU

In March there were **9** incidents of moderate harm causing **Hospital Acquired Pressure Ulceration (HAPU)**. This is an increase from the 8 reported in February. Of the 9 patients affected, 5 were assessed as bedbound. The use of medical devices, indwelling urinary catheters (IDC), were associated with 2 of the 9 incidents.

All Category 3 and above HAPU are investigated and an action plan approved and implemented. For 2021/22 four incidents have been assigned Division Level of Investigation and one as a Serious Incident.



Pages 27-29

Harm from Falls

There were **182 falls** reported in March, which was a 12% increase compared to the 162 falls recorded in February. The increase is attributable to an increase in falls with minor harm and more calendar days compared to February. Falls resulting in harm (minor and above) represented 30% of all falls in March, which was marginally higher compared to February (27.4%). There were four falls resulting in higher severity harm levels for patients: Moderate – 1 patient and Major 3 patients.



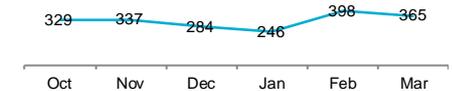
Pages 30-31

Safeguarding Children

There were **365** consultations with the **children's safeguarding** team in March, a decrease of 33 compared to 398 recorded in February. The main category for consultation was an increase in concerns of emotional harm, which related to an increase in mental health presentations to ED with adolescent self harm behaviours. Complex cases related to children with disabilities or life limiting conditions and concerns of neglect also continue.

Maternity safeguarding cases remain high and the team continue to support midwives at multi-agency meetings due to capacity issues. During Q4 24% (n=553) of maternity bookings had a social health element, mainly mental health. Additional hours are being worked by the team to manage the MASH health check referrals back log.

Safeguarding Children Training Compliance is incomplete due to data quality issues within the My Learning Hub system. Level 1 is at 91% and above the 90% KPI. Level 2 is at 84% and level 3 is at 70%, both are below the KPI. E-learning for health online training is available for all levels.

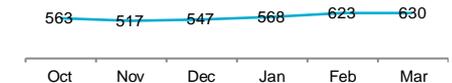


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Safeguarding Adults

Adult safeguarding activity (*referrals, consultations and incident reviews*) was **630** in March, an increase of 7 from the 623 reported in February. The main category for consultation referrals related to domestic abuse, neglect and self-neglect. Cases of financial abuse have been identified and staff are being reminded to not witness signatories and raise safeguarding concerns associated with capacity issues. A safety message to alert staff to the legal implications is to be circulated.

Training compliance for Prevent Levels 1 & 2 increased by 6 percentage points to 84%. The Trust is compliant for levels 3, 4 & 5 training, which increased by 2 percentage points to 92%. Safeguarding training compliance was overall below the 90% target. Level 1 compliance increased by 14 percentage points to 90% and level 2 compliance increased by 7 percentage points to 87%.



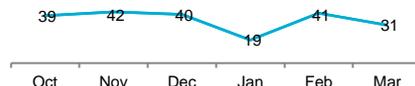
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Integrated themes and issues from M12 (March 2022)

Quality and Safety

DoLS

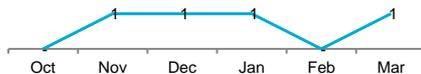
There were **31 Deprivation of Liberty Safeguards (DoLS)** applications reviewed in March, which was a decrease compared to the 41 recorded in February. The link to the DoLS assessment form has now been reinstated through EPR.



Page 33

Section 42

In March there was **1 new Section 42 investigation request**. There are currently three open s42 enquiries. There were 2 enquiries that did not progress to section 42 when scoped and information was shared.



Page 33

Complaints

There were **107 Complaints** in March, the same as the 107 reported in February. Of these, 27 complaints were received relating to Clinical Treatment, including incorrect procedure performed, mismanagement of labour, catheter care, injury sustained during treatment and inadequate pain management. There were 10 complaints received pertaining to the Values and Behaviours of staff, with issues raised including the attitude of medical staff, rudeness and communication with patients.

Complaints that breach the 25-working day deadline and/or the additional extension of 15 working days are reported to the Chief Nursing Officer weekly, detailing where the delay is occurring. These breaches are prioritised and completed by the Divisions as a matter of urgency.



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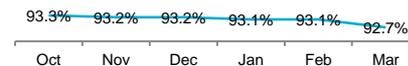
Family and Friends Test

The top 5 raised **FFT** themes in March included **11,055** comments. The top 5 themes, by volume, related to *Staff attitude 3,510*, *Implementation of care 3,158*, *Waiting time 1,608*, *Clinical Treatment 1,508*, and *Patient mood/feeling 1,271*, and the majority of responses within these categories were positive. The charts below include the % responses for likely to recommend from the adult FFT.

Inpatients



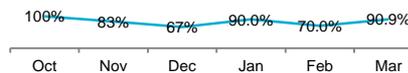
Outpatients



Emergency department



Maternity



Overall, the recommended rate from the **Children's FFT** was **90.9%** in March.

The Children's FFT QI Project highlighted that staff had a general understanding of the FFT but not how data is gathered and shared. 86% of staff did not know how to access FFT feedback reports and 49% did not know how feedback is gathered from patients and families. 65% of staff reported that FFT feedback is 'extremely important' and 23% reported that FFT feedback is 'somewhat important'. Work is being undertaken to increase staff awareness through training sessions and FAQ information leaflets to be shared with staff. All wards in CHOX will be asked to nominate a children's FFT 'Champion' to further advertise and promote children's FFT amongst staff.



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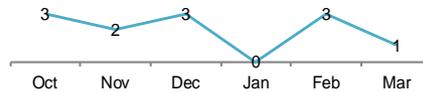
Executive Summary (3)

Integrated themes and issues from M12 (March 2022)

Quality and Safety

RIDDOR

In February there was **1 RIDDOR** report to the HSE, which related to a member of staff and was categorised as Lifting and handling injuries, with an actual impact of **2 - minor injury /illness**. The incident was reviewed by the Health and Safety team and a local manager. The H&S team requested a review of staff members' capabilities and associated controls. An Occupational health referral was conducted and the member of staff has returned to normal duties.



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PFI

In March, Porter training was 40% which is below the compliance target of 50%. At the JR 57% of staff are agency workers, versus a target of 20%. Work is being undertaken to support a stronger substantive workforce.

At the Churchill and NOC 41% of required cleaning audits were completed, which is below the 100% target for compliance. Weekly meetings are being held with G4S, Divisional leads and the PFI team to ensure service improvements are being made.

Work is being undertaken to provide access to Ulysses for all staff with a planned completion date of 30th June 2022.

The PFI team continue to work collaboratively with providers to deliver integration of PFI services and improve the KPI metrics.

Pages 38-42

Thrombosis

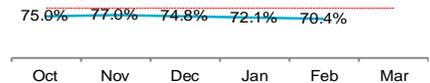
There were **zero** cases of **Hospital Acquired Thromboses** identified and judged avoidable in March. Ten cases have been reported year to date 2021/22.



Page 43

Dementia Screening

70.4% of dementia patients aged over 75 years admitted as an emergency were screened in February. Reporting for this indicator occurs one month in arrears.

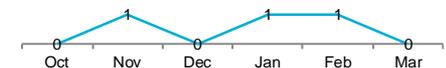


Page 44

MRSA

There were **0** cases of **MRSA bacteraemia >48 hours** in the month of March.

Three Hospital Onset Healthcare Associated (HOHA) Infections and one Community Onset Healthcare Associated (COHA) case have been documented to date in 2021/22



Page 45

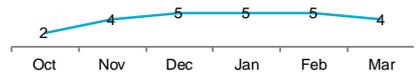
Executive Summary (4)

Integrated themes and issues from M12 (March 2022)

Quality and Safety



In March there were **4** cases of **post 48-hr MSSA** 1 less than the number of cases reported in February. All four cases related to Hospital Onset Healthcare Associated Infections.

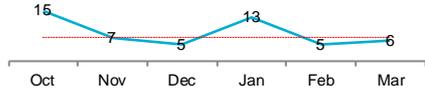


Page 45



There were **6** cases of **Clostridium Difficile** recorded in March, compared to 5 cases recorded in February.

At the end of March there was a cumulative total of 107 cases against a cumulative limit of 83 cases. The annual threshold for 2021/22 was 83, therefore the threshold was breached. Although the trajectory has not been met, when corrected for the number of discharges, the incidence of C.diff has gone down from 0.71/1000 discharges in 2020/21 to 0.54/1000 discharges in 2021/22. This represents a reduction of 24%.



Page 45



Gram negative blood stream infections (GNBSI): In March the cumulative total for Pseudomonas was **53** versus a threshold of **68**, for Klebsiella it was **104** versus a threshold of **101** and for E.coli it was **169** versus a threshold of **204**.

In March there were **two** cases of invasive aspergillus infection (Aspergillus) in immunosuppressed children which are currently being investigated.

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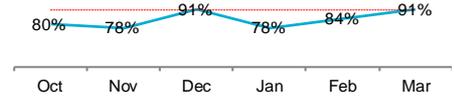
In March there were **587 COVID 19** positive patients. There were 44 definite nosocomial cases, mainly associated with outbreaks, and 50 probable cases. The nosocomial rate was 16% for March.

Asymptomatic staff who are contacts of positive COVID-19 case are to work as normal and continue to test twice weekly. There is no longer be a requirement to have a PCR test in order for staff to return to work.

Page 45



The overall **proportion of sepsis admissions that received antibiotics in <1 hour** was **91%** in March, which met the target of 90%. In ED the proportion of sepsis admissions that received antibiotics in <1 hour was **100%**, also meeting the target of 90%. The Mortality indicator related to Sepsis from SHMI was 86.4 (73.4- 101.07) (i.e. there were fewer deaths than expected).



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Safety Huddles are held daily in all areas throughout the Trust to focus on patient and staff safety. They provide learning of processes and actions that went well, what did not go so well, what was learnt and what can be done differently. They are also used to identify what the present risks are and what mitigation needs to be in place. The MyAssure app is being used to collect compliance data across the Trust.

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Executive Summary (5)

Integrated themes and issues from M12 (March 2022)

Quality and Safety

WHO Checklist

The **WHO Surgical Safety Checklist** for March Documentation was **99.2%** which was below the target of 100%, with non-compliance identified in some of the documentation at the Horton and Churchill theatres. Observation compliance met the target of **100%**.

Chart - Documentation

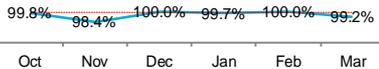
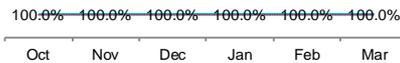


Chart - Observation



Page 47

LocSSIPs

33 Local Safety Standards in Invasive Procedures (LocSSIPs) 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 audits of the safety checklist element of the LocSSIPs is included in the WHO compliance.

Page 47

Never Events

There were **zero Never Events** declared in March.

Fifteen actions from 2020/21 Never Events have past their target date, all but two have been completed.

Eleven actions from the four 2021/22 Never Events have past their target date, ten have been completed.

Four Never Events have been recorded in 2021/22.



Pages 47

Excellence reporting

Excellence Reporting is a staff led initiative whereby members of staff can nominate colleagues to recognise instances of excellence. A multi-professional group promotes excellence reporting locally and has represented it Nationally. In March there were **141** reports of excellence, an increase on the 113 reported in February.

The CMO presented the second Reporting Excellence award of 2022, to a Clinical Psychologist for the significant contribution he has made throughout the pandemic.

Reporting
EXCELLENCE



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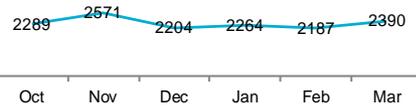
Executive Summary (6)

Integrated themes and issues from M12 (March 2022)

Quality and Safety

Patient Incidents

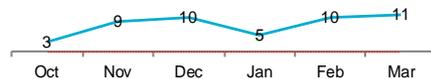
There were **2390 patient incidents** reported in March, a decrease compared to the **2187** incidents reported in February. In March, 91 incidents were reported as moderate and above impact and 62 of these incidents pertained to maternity and neonatal services.



Pages 49-50

Serious Incidents

In March, **11 Serious Incident Requiring Investigation (SIRI)** were declared and 10 SIRI investigations were sent for approval to the OCCG. Learning from these investigations is disseminated at a range of Trust, Division and local level meetings, with communication to target groups written into actions plans where appropriate.



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Harm reviews

The Trust has an established process for **assessing clinical and psycho-social harm for patients waiting over 52 weeks** for surgical treatment and patients whose cancer pathways exceed 104 days. The March data was presented at the April Harm Review Group meeting.

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Safety Messages

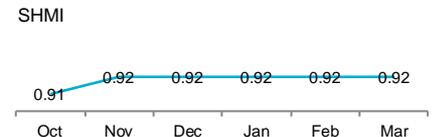
A **Weekly Safety Message (WSM)** is sent from the CMO and CNO via the central Clinical Governance team. The messages below were circulated across the Trust in March:

- 1) WSM 161: Point of care testing and blood gas results.
- 2) WSM 162: PCA and epidural devices.
- 3) WSM 163: Patient Safety Awareness Week & LocSIPP.
- 4) WSM 164: Auto-reporting Selection- Order Entry Form.
- 5) WSM 165: Oral and IV ciprofloxacin.

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Mortality

The SHMI for the period July 2020 to June 2021 was **0.92** and 'as expected'. The HSMR was **93.4** for the period December 2020 to November 2021, and remains 'lower than expected'.



Pages 55-56

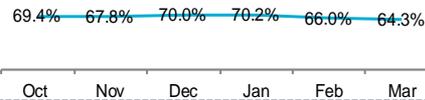
Executive Summary (7)

Integrated themes and issues from M12 (March 2022)

Operational Performance

4 Hour ED Wait

4 hour performance was **64.3%** in March, a deterioration of 1.7 percentage points compared to the previous month. Performance, although below the national standard, remains better than the national average and position of the Shelford hospitals, which were 63.8% and 54.3% respectively. Attendances increased at the Horton Hospital by 8.6% and by 6.0% at the John Radcliffe Hospital (JRH) (*when adjusted for days in the month*). Flow from the Emergency Department at the JRH for patients requiring admission resulted in a longer length of stay in the emergency department and an increase in the wait to be seen times for patients. The Acute Ambulatory Unit at the JRH remained open overnight as an expanded bed base, therefore limiting the unit's ability to function effectively as an ambulatory unit.



Page 59

LOS

Patients with a length of stay over 21 days occupying beds, expressed as a percentage, was 14.9% in March. Delays across discharge pathways within community and social care in March resulted in an increase in the percentage of patients medically optimised for discharge.



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18 Week RTT

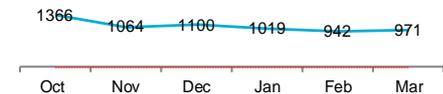
The **18 week incomplete Referral to Treatment (RTT) standard** was **74.9%** in March, a deterioration compared to the 76.0% reported in February. Performance, using benchmarking data in February, was better than the national and Shelford group averages, which were 62.5% and 61.1%, respectively. The total waiting list size for February was **57,599** and represented an increase compared to the previous month by 511 patients



Page 66

52 & 104 Weeks

The Trust achieved the planned trajectory for March 2022 for patients waiting over 52 weeks. There were **971** patients waiting over **52 weeks for treatment** at the end of March, which was an increase of 29 patients compared to the previous month but ahead of the planning trajectory of 1,693 patients. There were **26** patients waiting over 104 weeks at the end of March. This was an improvement compared to **58** patients reported last month and ahead of the planning trajectory of 75 patients.



Pages 66-69

Diagnostic waiting times

The Trust's performance against the **diagnostic 6 week waiting time standard** (the DM01) was **7.3%** in March, a deterioration compared to the previous month's position of 6.1%. There were **1,139** patients waiting over 6 weeks at the end of March, an increase of 207 patients compared to the position reported in February. Patient waits in the four modalities representing the highest number of patients over six weeks improved in MRI (from 314 to 243), but deteriorated in Non obstetric ultrasound (from 210 to 318), Audiology (from 283 to 353) and Computed Tomography (from 40 to 133).



Page 70

On the day Cancellations

Elective on the day cancellations increased to **32** in March compared to 29 cancellations reported in February. There were five breaches of the 28 day readmission standard in March due to consultant unavailability (1 cancellation), an emergency case taking priority (1 patient cancellation), bed availability (2 cancellations) and a booking error (1 cancellation).



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Integrated themes and issues from M12 (March 2022)

Operational Performance

Elective Care Prioritisation

RCS Prioritisation (P1-4): undated patients on the surgical waiting list (*excluding Endoscopy and "Planned/Surveillance"*) Patients have continued to be clinically prioritised using the Royal College of Surgeons (RCS) guidance.

Royal College of Surgeons (RCS) Prioritisation; P2 current wait profile (from P2 documentation date)

As at the 27/02/2022 **55.8%** of undated patients (*excluding Endoscopy "planned/surveillance"*) had an RCS documented within EPR, showing a continued deteriorating performance compared with previous month's position.

Redesign changes to capture the RCS at the point of addition to waiting list went live on 23rd February 2022. The changes made it mandatory for assigning RCS priority "P" code at the point of addition to the waiting list. It is therefore expected that RCS completion rates will begin to improve.

In addition, the new workflow includes a mandatory requirement for clinicians to mark for moderate or above patient harm.

Reporting harm is under development and will expect to be formally monitored via the Patient Harm Review Group.

Since the Go-live of the revised workflow there has been a reporting issue; a temporary solution has been implemented via the PTL for operational use whilst Cerner work to rectify at source to allow the correct reporting of the true coded position.

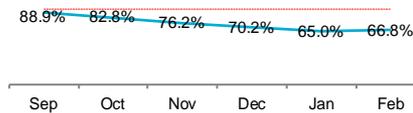
Cancer Wait Times

Cancer Wait Times performance is reported one month in arrears. In February, the Trust achieved two of the nine national standards.

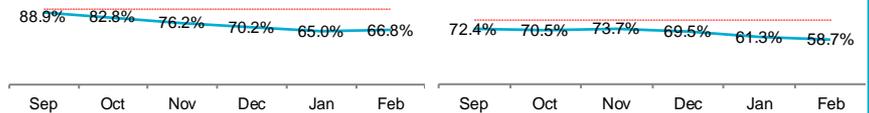
The Trust achieved the targets for the 28 day Faster Diagnosis standard (**77.1%** vs 75%) and the 31 day Decision to Subsequent Treatment (Drugs) standard (**98.2%** vs 98%).

The Trust did not achieve the targets for the 2WW for suspected cancer standard (**66.8%** vs 93%), the Breast Symptomatic standard (**2.4%** vs 93%), the 31 day Decision to First Treatment standard (**89.2%** vs 96%), the 31 day Decision to Subsequent Treatment (Radiotherapy) standard (**81.3%** vs 94%), the 31 day Decision to Subsequent Treatment (Surgery) standard (**75.0%** vs 94%), the 62 day screening to first treatment standard (**45.2%** vs 90%), and the 62 day GP referral to treatment standard (**58.7%** vs 85%).

2WW performance



62 day GP performance



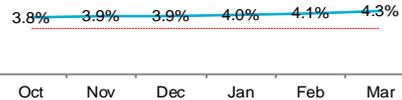
Executive Summary (9)

Integrated themes and issues from M12 (March 2022)

Workforce

Sickness absence

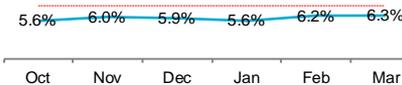
Sickness absence was **4.3%** in March, as measured on a rolling basis versus a target of 3.1%. Sickness continues to be influenced by COVID19 absence. In March, COVID 19 was 2.1% of the 5.4% in month absence rate, which is reflected in the Divisional observations. Since March 2020, Mental Health (MH) absence has largely remained above the three year average but compared to the previous year, there has been a 6.3% decrease. Divisions are continuing to focus on hot spot areas, and actions are in place to support staff wellbeing, risk assessments and improving attendance.



Pages 80-81 & 84-86

Vacancies

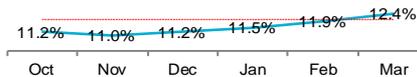
The **vacancy rate** was **6.3%** in March, a slight increase on the performance reported in February but below the target of 7.7%. Indications show that the rate of leavers is increasing at a relatively slow rate.



Pages 80-81 & 87 & 94

Turnover

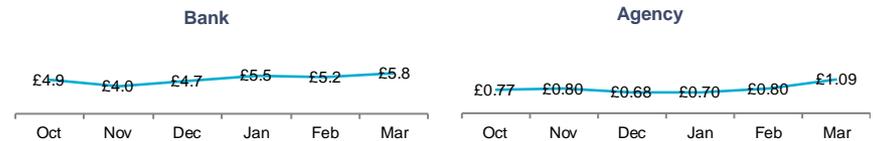
Turnover in March was **12.4%**, an increase on the reported position of 11.9% in February. March's performance has breached the target of $\leq 12.0\%$. Staff groups such as Additional Clinical Services have a turnover rate of 16.3%, Estates staff are reporting a turnover of 16.1%, Allied Health Professions (AHPs) recorded the next highest turnover rate for a clinical staff group of 14.5%, and Nursing and Midwifery, the largest staff group, has a turnover rate of 11.7%.



Pages 80-81 & 88 & 94

Bank and Agency

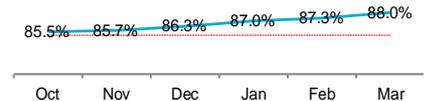
Combined Bank and Agency expenditure in March was £6.9m, which was higher than the £6.1m in February. In March compared to February the number of bank staff increased to 1,084.2 from 936.1 WTE, and costs were £5.8m, an increase on the February position at £5.2m. The respective changes in agency staff were a WTE increase to 131.4 from 105.4 WTE, and an increase in cost to £1.09m from £0.80m. Some of the increase in spend is attributable to accruals.



Pages 80-81 & 89

Core skills training

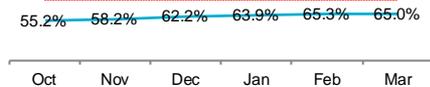
Core skills training in February was reported as **88.0%** which is above the target of 85%. The Trust's Core Skills compliance rate has exceeded the KPI (85%) for six consecutive months. Compliance continues to improve, albeit at a slower rate. Information Governance and Data Security (IG) compliance remains a concern, and Divisions are focusing on improving the compliance rate to meet the specific 95% target.



Pages 80, 82-83 & 90

Appraisals

Appraisal compliance in March was reported as **65.0%** versus the target of 85%. Recent improvements have ceased, and it is expected that appraisal compliance will initially reduce at the start of the new financial year until the new arrangements regarding the appraisal window start to be reported on.



Pages 80, 82 & 91

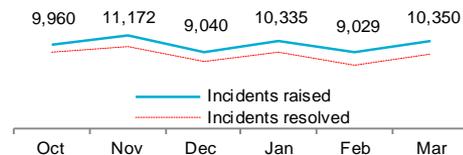
Executive Summary (10)

Integrated themes and issues from M12 (March 2022)

Digital

Service Desk

OUH IM&T Service Desk performance is integral to the day to day running of the Trust. In March (10,350) incidents were raised, shown in the chart below in the blue line and 86.7% (8,974) were resolved, shown in the red line in the chart below. This is an increase compared to February, where 84.2% were closed. In March there was 1 Priority 1 incident, one more than February (0).



Pages 96-97

CYBER Status

In March **12,921** Devices and **804** Servers were monitored. There was **161.8TB** of internet traffic. Work on the NHS DSPT Annual action plan was ongoing. Significant computer upgrade activity took place on the Windows PC and Server estates, either critical security updates or version upgrades as required under DSPT. The overall cyber status for the Trust is **Green**.

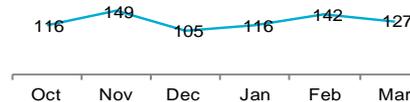
Green



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Information requests

The demand on the **Information request service** for March '22 was 127. User feedback is very positive at 99%. ORBIT usage in March '22 has dropped compared to the same period in 2021.



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Digital delivery

Digital Programme Delivery overview:

- NOC HIMSS Stage 6 accredited. Annual reviews planned.
- Global Digital Exemplar (GDE) accreditation received Sep21.
- Achieving standards for improving patient safety & quality of care also increases opportunities of central funding of bids

Projects completed or in flight during the last Qtr include:

- **Priority 1: keeping the lights on & levelling up infrastructure.** User Mailboxes migrated to cloud (Exchange Online) for future exploitation of Office 365 and Network upgrade (Wi-Fi improvements) will complete Jul22.
- **Priority 2: Referral & Triage:** Advice & Guidance is in design; eRS API Mar22 start; Self Service Appointments Started Feb22; Standard letters in design.
- **Priority 3: Cerner Theatres** (replace TIMS) including Digital Consent. NOC went Live in Mar22. Apr22 briefing on NOC lessons to take into action for Rollout planning to Oct22, and to inform Theatre Productivity Improvements.
- **Priority 4: Pharmacy Stock Control system replacement.** Trust Risk. Cerner solution & Dispensing Robot interface slip from May to Jul23.
- **Priority 5: Endoscopy** partial booking is delivered, Endobase reports are integrated to EPR for endorsement, and requesting optimisations are on track.
- **Priority 6: Live Bed State (CapMan)** configuration changes for Electives are delayed due to Cerner capacity. Not expected to commence before Apr22.
- **Priority 7: Revenue Cycle rollout** is 90% complete, reducing admin effort & improving Data Quality (reducing Patients reported as Missing Follow-up). Rollout is expected to complete by Feb22.
- **Priority 8: RCS Priority & 'Diagnostic' Reporting** is live: inpatient/outpatient workflow issues being 'fixed forward'. NF2F live. PIFU is in design.
- **Priority 9: Health Information Exchange** (shared care records across ICS) is live with OUH, GP's & Oxford Health.. Population Health Insight delayed. ICS Programme governance is being resolved & expert leads appointed.
- **Priority 10: Cancer 2ww integration** (EPR/ Infoplex / CRIS) & MDT including Chronic Condition Management is in flight. Scope definition planned for Apr22
- **Priority 11: Community Diagnostic Centre** configuration is live. Phlebotomy Bus procurement is delayed, now expected May22
- 2022-23 Digital Work Planning in Apr22 is being validated against Trust objectives and plans. Digital Programme overall status is **Amber**

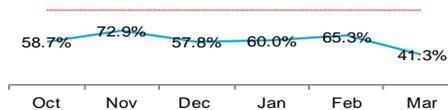
Executive Summary (11)

Integrated themes and issues from M12 (March 2022)

Digital

FOIs

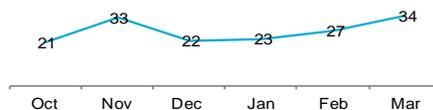
Freedom of information (FOI). The compliance target for FOI requests is 20 working days. **41.3%** out of **80** FOI requests received in March were closed on time (i.e. closed in March or April but within the 20 working day deadline since receiving the request in March). This is a 24 percentage point decrease from the previous month. **33** FOI requests received pre-March were also closed in March. A total of **57** requests were closed in March.



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DSPB

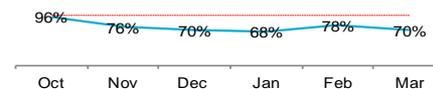
Data Security & Protection Breaches. There were **34** Data protection incidents that occurred in March. There was an increase of 7 incidents when compared to February 2022. One incident required reporting externally via the NHS Data Security and Protection Toolkit (DSPT).



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DSAR

Data Subject Access Requests (DSAR). The number of DSAR requests in March was **772**. The compliance rate was **70%**, which was a decrease compared to 78% recorded in February.

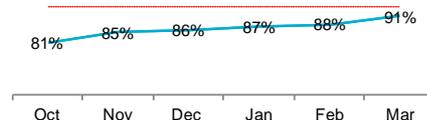


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DSPT

Data Security and Protection Toolkit (DSPT). The DSPT for 2020/21 was submitted on the 30th June 2021. NHS Digital updated the published status to "Approaching Standards" on 4th August 2021. The DSPT baseline submission was submitted on the 4th March 2022.

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff need to complete Data Security training annually. Current reported compliance is **91%**. There are ongoing issues concerning the accuracy of training statistics following the transfer of data from eLMS to My Learning Hub. The Digital team are working with the My Learning Hub team to resolve this.



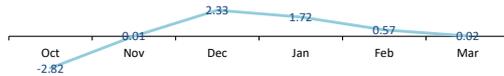
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Integrated themes and issues from Month 12 (March 2022)

Finance

Overall

Income and Expenditure (I&E) performance in March was a breakeven position, which is **£1.2m better** than the in-month plan. This gives the Trust a **£3.3m surplus** for the 2021/22 financial year, which is **£8.7m better** than plan.

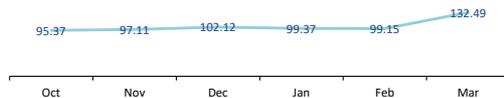


Commissioning Income

Commissioning income including pass through income was **£35.2m better** than plan in March. Passthrough drugs and devices income were **£1.7m worse** than plan in March mainly due to a year end adjustment for passthrough drugs.

Commissioning income from NHSE and CCGs was **£36.8m better** than plan due to the receipt of **£29.0m** of NHSE funding for the additional employer pension contribution (matched by additional pay cost), additional income from BOB ICS of **£4.7m**, further (pump-prime) ERF+ award of **£1.0m**, and additional income received for thrombectomy of **£0.6m**. Providers are instructed not to plan for the year end pension income and costs.

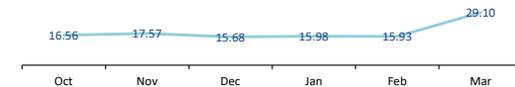
The H2 plan included income from ERF+ and Independent sector (IS) funds totalling **£5.3m**. In Q3, the Trust was awarded a further **£5.6m** of ERF+ funds, with **£6.1m** being the final amount received.



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Non- NHS Income

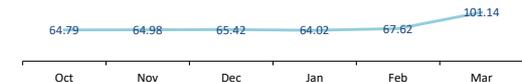
Non-NHS income (Other, PP, RTA, Overseas) was **£15.2m better** than plan. This is mainly due to R&D income being **£4.7m better** than plan; Education and Training income being **£2.9m better** than plan, with **£1.9m** of that relating to a notional adjustment for apprenticeship levy income; **£2.6m** of notional income for PPE stock received from NHSE in response to COVID-19 (this is adjusted out of the position for performance purposes); and other income being **£5.0m better** than plan, driven by further improved income from the ONS COVID Infection Survey (CIS) contract and release of income that was not able to be deferred into the next financial year.



Pay Expenditure

Pay costs were **£36.2m worse** than plan in March. This is mainly due to the additional pension contribution of **£29.0m** (matched with income), **£2.9m** of other provisions; the staff cash bonus accrual of **£2.0m**, R&D pay costs being **£2.3m worse** than plan and Clinical Excellence Awards being **£1.0m worse** than plan in month following a national directive issued in February. Underlying pay costs and recovery pay costs were **£36.7m worse** than plan and COVID-19 pay costs were **£0.5m better** than plan.

COVID-19 pay costs reduced by **£0.3m** from last month at **£1.3m**, this is due to backfill cover for staff absence reducing in month.



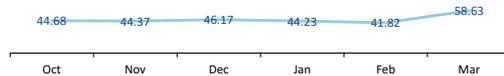
Pages 102-108

Integrated themes and issues from Month 12 (March 2022)

Finance

Non-Pay expenditure

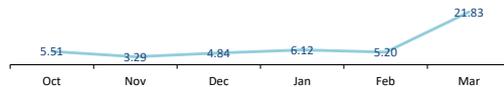
Non-Pay costs were **£17.0m worse** than plan in March. This is mainly due to a £3.0m provision for the staff travel voucher; R&D non-pay costs being £2.2m worse than plan; £0.9m of purchases of medical and digital equipment; £0.7m of operational estates works; £1.1m of grants issued for research projects; and £6.8m of notional stock adjustments relating to the PPE stock received from NHSE in response to COVID-19 (this is adjusted out of the position for performance purposes).



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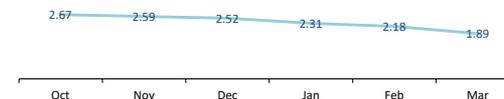
Financing and capital charges

Financing and Capital Charges costs were **£4.0m better** than plan in March. This is due to year end technical adjustments around COVID-19 PPE stock.



COVID-19

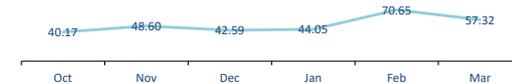
The Trust was **£28.6m underspent** against the COVID-19 funding envelope provided through the ICS, however this funding is being used for other expenditure that is not classified by NHSE as COVID-19. A deficit would be created if this funding was reduced or withdrawn. (Chart below adjusted for PPE stock technical item).



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Cash

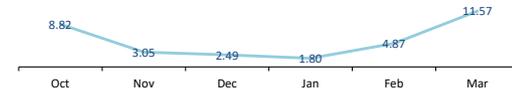
Cash was **£57.3m at year end**, **£13.3m lower** than the previous month end. This is principally due to the payment of capital creditors.



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Capital

Capital expenditure was **£67.1m for the 2021/22 financial year**, which includes spend of £18.6m on the JR Critical Care expansion scheme and £10.8m on the Swindon Radiotherapy scheme.



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Forecast

The I&E surplus of £3.3m was in line with the forecast submitted to NHSI in Month 11 (a **surplus of £3.0m**), with the difference being due to a late notification of income from NHSE in relation to COVID-19 funding.

However, the final year end position is £3.1m lower than the internal forecast reported last month (a **surplus of £6.4m**). This is mainly due to the annual leave accrual remaining at the same level and not being reduced by £3.0m as forecast at M11; an additional £2.5m of PFI accruals being released above the level previously forecast based on an assessment of liabilities by the PFI team; and other provisions of £2.9m being made.

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Indicator Overview Summary

Domain	Page	Indicator	Target	Previous Month	Indicators better than target or indicators without target that improved/or increased compared to previous month	Indicators worse than target or indicators without target that deteriorated/or decreased compared to previous month
Nursing and Midwifery Staffing	27-29	HAPU		8		9
	30-31	Harm from Falls		162		182
	32	Safeguarding Children Consultations		398	365	
	33	Safeguarding Adults Activity		623		630
	33	DoLS		41	31	
	33	Section 42 Investigations		0		1
	34	Complaints		107	107 (remained the same)	
	35-36	Friends and Family Test Comments		10530	11055	
Quality and Safety	37	RIDDOR		3	1	
	43	Thrombosis		0	0	
	44	Dementia Screening	90%	72.1%		70.4%
	45	MRSA		1	0	
	45	C-Diff (current month)	7	5		6
	45	MSSA		5	4	
	46	Sepsis	90%	84%	91.0%	
	47	WHO checklist (Documentation)	100%	100.0%		99.17%
	47	WHO checklist (Observation)	100%	100.0%	100.0%	
	47	Never Events		0	0	
	48	Excellence Reporting		113	141	
	49-50	Patient Incidents		2187		2390
Operational Performance	51	Serious Incidents		10		11
	52	Harm Reviews		Not reported	Not reported	Not reported
	55-56	Mortality (SHMI)		0.92	0.92	
	59	4 Hour ED Wait	95%	66.0%		64.3%
	64	LOS	12%	14.8%		14.9%
	66	18 Week RTT	92%	76.0%		74.9%
	66-69	52 Weeks		942		971
	70	DM01	1.0%	6.1%		7.3%
	71	On the day Cancellations		29		32
	71	28 day readmission standard for cancellations	0	6		5
Cancer Wait Times	72	Patients prioritised as P1-4		64.40%		55.8%
	73 & 75	28 day Faster Diagnosis:	75%	70.9%	77.1%	
	73-74	2WW for suspected cancer	93%	65.0%		66.8%
	73-74	2WW for breast symptomatic	93%	8.4%		2.4%
	73 & 76	31 day standard for first treatment	96%	77.0%		89.2%
	73 & 76	31 day standard for subsequent treatment (drugs)	98%	92.2%	98.2%	
	73 & 76	31 day standard for subsequent treatment (radiotherapy)	94%	72.1%		81.3%
	73 & 76	31 day standard for subsequent treatment (surgery)	94%	63.9%		75.0%
	73 & 77	62 day standard from screening to first treatment	90%	46.5%		45.2%
Workforce	73 & 77	62 day standard from GP referral to first treatment	85%	61.3%		58.7%
	80-81 & 84-86	Sickness	3.1%	4.1%		4.3%
	80-81 & 87 & 94	Vacancies	7.7%	6.2%	6.3%	
	80-81 & 88 & 94	Turnover	12%	11.9%		12.4%
	80-81 & 89	Agency	£1.3m	£0.8m	£1.09m	
	80, 82-83 & 90	Core Skills Training	85%	87.3%	88.0%	
Digital	80, 82 & 91	Appraisals	85%	65.3%		65.0%
	97	Service Desk incidents resolved		84%	86.7%	
	99	Freedom of information (FOI)	100%	65.3%		41.3%
	99	Data Security & Protection Breaches (DSPB)		27		34
	100	Data Subject Access Requests (DSAR)	100%	78.0%		70.0%
Finance	100	Data Security and Protection Training (DSPT)	95%	88.0%		91.0%
	102-108	Income and Expenditure (in month)	-£1.16m		£0.02	
	102-108	Income and Expenditure (YTD)	-£5.48m		£3.26m	
	108	Cash YTD				£57.3m
109	Capital YTD	£76.2m			£67.1m	

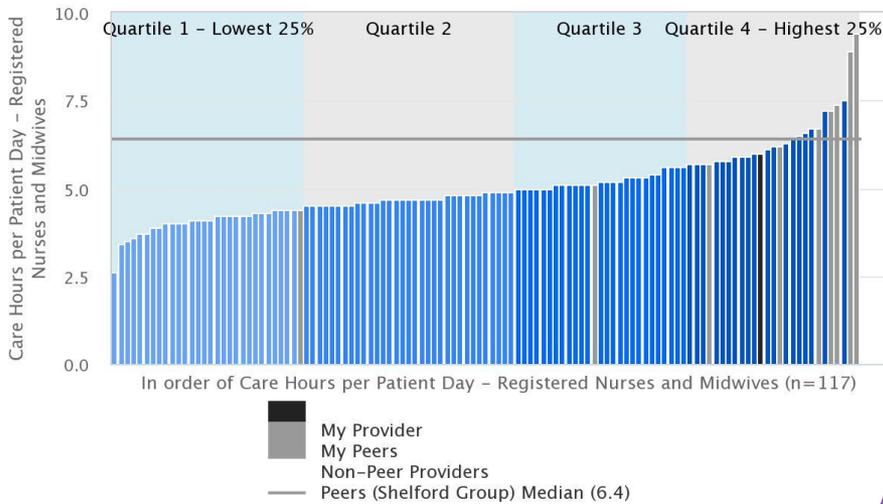
**Quality –
Outcomes & Patient experience**

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

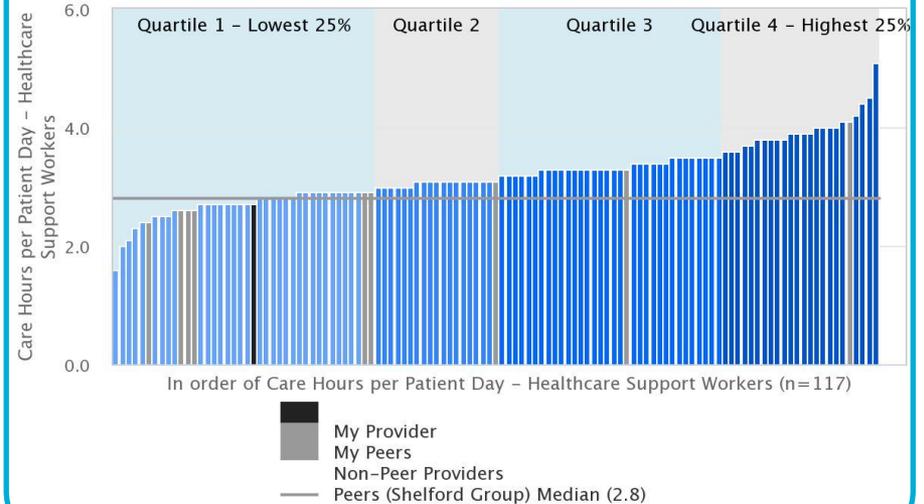
The two graphs below show CHPPD average hours for the OUHFT Trust in Black and the Shelford Group Trust's average CHPPD hours in Grey, the blue bars are all other UK NHS Trusts. The chart on the left is for registered nurse CHPPD and the chart on the right is for healthcare support workers CHPPD.

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)

March 2022	Care Hours Per Patient Day								Census				Nurse Sensitive Indicators				Maternity Sensitive Indicators					HR					Roosting KPIs				FFT – Total responses in each category for each ward						
	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 n/Errors or Concerns	Extravasation Incidents	Pressure Ulcers Category 2,3&4	Falls	Delay in Induction (PROM or booked IOL)	Medication errors (Administration n, errors or omission)	Pressure Ulcers	Proportion of women readmitted postnatally within 28 days of delivery	Proportion of mothers who initiated breastfeeding	Proportion of births where the intended place of birth was changed due to staffing	Revised Vacancy HR Vacancies plus IT Soc & Mat Leave (%)	Turnover (%)	Sickness (%)	Maternity (%)	Roster manager approved for Payroll	Net Hours 2/2%	8 week lead time	Annual Leave 12-16%	1 - Extremely Likely	2 - Likely	3 - Neither likely nor unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't Know				
NOTSCAN																																					
Bellhouse / Drayson Ward	435	7.67	6.5	2.19	1.8	9.86	9.58	8.3	95.70%	4	2	0	0							23.77%	17.16%	6.51%	4.83%	Yes	-1.48%	11.29	15.98%	34	7	1	2	0	1				
BIU	642	3.73	3.9	2.32	2.6	6.05	7.26	6.4	100.00%	0	0	3	2							23.31%	29.80%	9.32%	0.00%	Yes	-2.10%	8.43	21.44%	0	0	0	0	0	0				
HDU/Recovery (NOC)	97	20.76	15.5	3.31	1.9	24.07		17.5		0	0	0	0							37.15%	5.06%	5.42%	8.24%	Yes	3.24%	8.71	14.48%	0	0	0	0	0	0				
Head and Neck Blenheim Ward	362	5.40	6.1	1.89	2.6	7.29	8.15	8.7	100.00%	1	0	0	2							-4.25%	2.43%	5.18%	7.34%	Yes	-0.44%	8.43	19.13%	7	0	1	0	0	0				
HH Childrens Ward	310	7.67	5.5	1.58	0.1	9.25	9.04	5.6	78.49%	0	0	0	0							25.30%	11.82%	10.04%	10.31%	Yes	3.43%	4.86	15.64%	47	5	2	2	0	0				
HH F Ward	837	4.31	4.0	3.04	2.6	7.35	8.14	6.6	100.00%	0	0	1	11							1.17%	7.03%	8.52%	0.00%	Yes	-1.44%	8.57	18.54%	0	0	0	0	0	0				
Kamrans Ward	275	7.67	7.9	2.56	0.3	10.23	10.47	8.1	100.00%	0	0	0	0							-11.97%	7.62%	8.40%	0.00%	Yes	-21.90%	6.71	16.34%	11	4	0	0	1	0				
Major Trauma Ward 2A	607	5.23	4.7	2.91	2.5	8.14	7.89	7.2	98.92%	0	0	0	1							-5.46%	20.72%	6.37%	5.24%	Yes	2.11%	8.00	17.23%	0	0	0	0	0	0				
Melanias Ward	372	5.75	5.5	0.96	2.2	6.71	11.14	7.7	100.00%	1	0	0	0							-17.71%	10.37%	7.35%	9.64%	Yes	4.83%	9.57	20.44%	16	1	0	0	0	0				
Neonatal Unit	1172	13.87	10.7	3.36	2.6	17.23		13.3		3	2	0	0							21.07%	15.67%	8.02%	5.73%	No	4.74%	9.57	17.09%										
Neurology - Purple Ward	590	3.82	3.5	5.33	3.4	9.15	8.78	6.9	100.00%	3	0	1	4							8.30%	17.57%	7.22%	4.85%	Yes	1.73%	8.57	26.19%	8	0	0	0	0	0				
Neurosurgery Blue Ward	683	5.27	4.9	3.96	4.0	9.23	10.15	8.9	100.00%	1	0	1	10							13.08%	11.54%	10.33%	2.23%	Yes	2.15%	4.71	23.20%	11	1	2	1	0	0				
Neurosurgery Green/ IU Ward	364	4.81	4.0	6.44	5.9	11.25	10.75	9.8	100.00%	0	0	0	0							6.25%	25.98%	5.51%	6.44%	Yes	2.24%	9.57	20.82%	20	4	1	0	1	0				
Neurosurgery Red/HC Ward	658	6.44	6.6	5.21	5.3	11.65	12.29	11.9	100.00%	0	0	1	4							-1.06%	13.03%	7.43%	1.63%	Yes	1.72%	11.43	22.95%	6	0	0	0	0	0				
Paediatric Critical Care	348	30.82	19.2	3.29	4.7	34.11		23.9		2	0	2	0							-4.42%	17.38%	3.53%	6.29%	Yes	-0.06%	6.71	19.71%	1	0	0	0	0	0				
Robins Ward	308	9.59	6.4	5.46	0.9	15.05	9.53	7.3	100.00%	0	0	1	0							3.99%	19.38%	5.26%	3.06%	Yes	-0.22%	7.14	24.95%	21	4	0	1	0	0				
Specialist Surgery I/P Ward	979	5.68	4.9	2.33	2.5	8.01	7.99	7.4	100.00%	5	0	10	2							12.48%	7.55%	8.00%	5.06%	Yes	-0.58%	8.43	21.01%	31	4	1	2	0	0				
Tom's Ward	413	5.69	7.0	1.73	1.2	7.42	9.97	8.2	97.85%	3	1	0	0							11.39%	7.89%	1.53%	11.49%	Yes	0.53%	7.57	17.03%	27	1	1	1	1	0				
Trauma Ward 3A	580	5.76	4.6	3.24	2.9	9.00	8.03	7.5	100.00%	0	0	3	2							12.33%	5.40%	6.89%	1.59%	Yes	2.44%	5.86	16.94%	0	0	0	0	0	0				
Ward 6A - JR	715	4.01	4.3	3.17	2.8	7.18	8.00	7.1	100.00%	2	0	4	4							9.44%	0.00%	2.81%	4.38%	Yes	-3.16%	8.43	23.78%	9	0	0	0	0	0				
Ward E (NOC)	484	3.88	3.9	2.42	2.9	6.30	7.55	6.9	100.00%	2	0	0	0							32.24%	18.81%	11.91%	3.45%	Yes	-0.11%	8.57	21.75%	5	2	1	0	0	0				
Ward F (NOC)	604	4.48	4.1	2.42	2.7	6.90	7.88	6.8	100.00%	1	0	1	3							19.29%	13.42%	2.94%	0.00%	Yes	0.68%	8.29	19.67%	5	1	0	0	1	0				
WW Neuro ICU	367	27.45	26.6	0.00	0.0	27.45		26.6		2	0	3	0							13.83%	6.10%	7.91%	2.67%	Yes	-1.32%	9.86	16.40%	1	0	0	0	0	0				
MRC																																					
Cardiology Ward	1085	5.26	5.0	2.12	2.1	7.38	9.81	7.1	95.70%	3	0	3	4							10.91%	11.54%	3.27%	6.53%	No	5.11%	8.29	17.72%	7	2	0	0	1	0				
Cardiothoracic Ward (CTW)	775	5.06	4.5	3.68	2.4	8.74	8.47	6.9	91.40%	0	0	0	3							21.99%	6.51%	11.87%	5.49%	Yes	1.41%	1.86	26.06%	16	1	0	0	1	0				
Complex Medicine Unit A	533	4.47	4.3	3.19	3.7	7.66	9.68	8.0	100.00%	0	0	2	2							3.89%	23.29%	3.25%	5.22%	Yes	1.21%	5.71	25.88%	5	0	0	0	0	2				
Complex Medicine Unit B	511	4.74	4.4	3.94	4.1	8.68	11.57	8.4	94.62%	0	0	2	2							8.61%	10.17%	4.78%	8.57%	Yes	-0.34%	8.00	19.46%	0	0	0	0	0	0				
Complex Medicine Unit C	608	4.18	4.3	3.14	3.4	7.32	11.31	7.7	97.85%	1	0	3	3							7.19%	0.00%	7.88%	5.50%	Yes	-2.36%	6.57	19.33%	3	0	0	0	0	0				
Complex Medicine Unit D	620	4.03	3.7	3.45	3.1	7.48	8.10	6.8	100.00%	0	0	2	5							11.56%	0.00%	2.03%	0.00%	Yes	4.83%	7.43	17.41%	2	2	0	0	0	0				
CTCCU	331	15.67	24.2	0.00	0.0	15.67	0.00	24.2		2	0	0	0							8.15%	13.83%	5.16%	2.60%	Yes	-1.53%	7.43	19.79%	1	2	0	0	0	0				
Emergency Assessment Unit (EAU)		5.23		1.22		6.45	7.93		37.63%	4	0	2	3							19.58%	9.58%	6.12%	3.15%	Yes	3.58%	8.00	20.99%										
HH CCU	124	11.5	17.8	5.75	9.7	17.25		27.5		0	0	0	0							23.92%	11.01%	6.44%	0.00%	Yes	-2.47%	5.71	17.67%										
HH EAU		6.39		3.51		9.90	7.19		65.59%	0	0	7	10							23.93%	16.77%	4.22%	4.76%	Yes	-0.86%	3.29	20.70%										
HH Emergency Department		14.14		4.11		18.25				0	0	0	2							25.85%	10.76%	6.66%	3.57%	Yes	-1.94%	5.29	16.98%	380	130	39	27	28	3				
John Warin Ward	504	5.77	5.3	5.05	4.0	10.82	9.97	9.2	97.85%	3	0	1	0							6.02%	4.85%	1.88%	3.01%	No	0.82%	4.29	20.30%	12	4	2	0	1	0				
JR Emergency Department		11.16		3.58		14.74				5	0	0	2							32.71%	15.25%	7.26%	5.32%	No	3.95%	8.43	21.06%	554	264	114	89	173	18				
Juniper Ward	930	4.62	3.7	4.27	3.3	8.89	8.87	7.0	100.00%	0	0	5	8							-2.05%	3.88%	5.48%	2.19%	Yes	-2.84%	4.71	19.52%	0	0	0	0	0	0				
Laburnum	841	4.31	4.1	3.70	3.3	8.01	8.78	7.4	97.85%	0	0	3	1							-14.83%	0.00%	5.11%	3.23%	Yes	-1.48%	4.86	16.59%	1	0	0	0	0	0				
OCE Rehabilitation Nursing (NOC)	570	3.93	3.9	6.21	5.8	10.14	12.20	9.8	98.92%	0	0	3	1							7.10%	7.90%	7.08%	2.06%	No	-1.67%	5.00	17.17%	3	0	1	0	0	0				
Osler Respiratory Unit	744	7.69	7.1	5.80	5.2	13.49	12.22	12.3	96.77%	1	0	1	1							9.29%	2.95%	3.00%	1.46%	No	-0.93%	10.43	17.20%	16	5	0	0	0	0				
Ward 5A SSW	682	4.70	4.0	3.14	3.4	7.84	9.19	7.4	97.85%	1	0	4	5							-3.52%	5.53%	3.11%	2.17%	Yes	-1.00%	7.43	20.09%	1	0	0	0	0	0				
Ward 5B SSW	620	4.60	4.2	3.45	3.4	8.05	9.01																														

Nursing and Midwifery Staffing Workforce Report – March 2022

The safe staffing dashboard for March 2022 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 the Trust has mitigated risk to declare Level 2 staffing. Increased staff sickness and covid absence has presented challenge to safe staffing in March. This has required an increased use of higher cost temporary staffing options across the Trust inpatient areas to be utilised to reduce the risks associated with level 3 staffing. Central safe staffing meetings have been increased during certain days in March to support cross divisional decisions and mitigation solutions. Temporary staffing remains in short supply and the Trust is working with third party providers to seek solutions to increase temporary staffing fill rates.

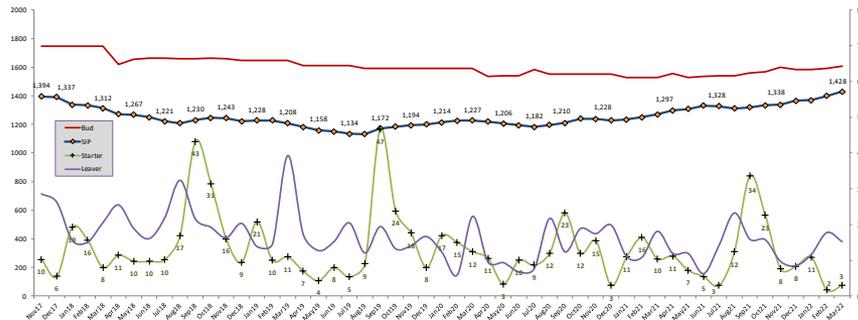
Rostering efficiencies continue to improve across all divisions, however, annual Leave has been challenging in February and March 2022, resulting in some areas being outside of the key performance indicator, (KPI). This is predominantly due to a high volume of new starters required to take their annual leave entitlement prior to 1st April 2022. The Trust anticipates improvements in this KPI from 1st April 2022.

Band 5 RN vacancy and turnover continues to remain stable however has slightly increased this month.

International nurse recruitment continues across the Trust. The Nursing Workforce team are currently in India recruiting. In March there were 62 internationally educated nurses who joined the Trust. The Trust have met the agreed NHSI target of 350 new internationally educated nurses that were required to join by the end of March 2022. Centralised recruitment for all general band 5 adult nurses and theatre nurses continues as well as initiatives to engage and recruit newly qualified nurses from Oxford Brookes University.

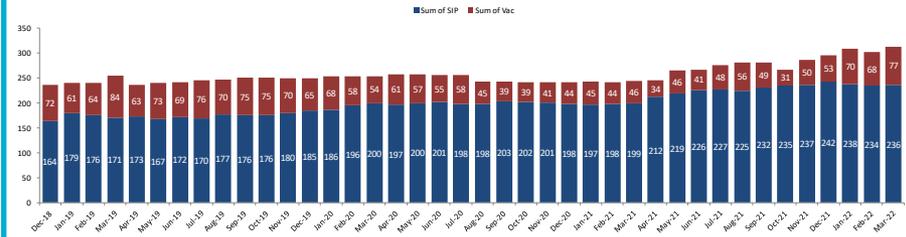
Band 5 RNs in Post, Budget, Leavers and Starters and Turnover Trajectory in March 2022

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. It is monitored at the recruitment and retention steering group as part of evaluating recruitment and retentions initiatives for nursing and midwifery.

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

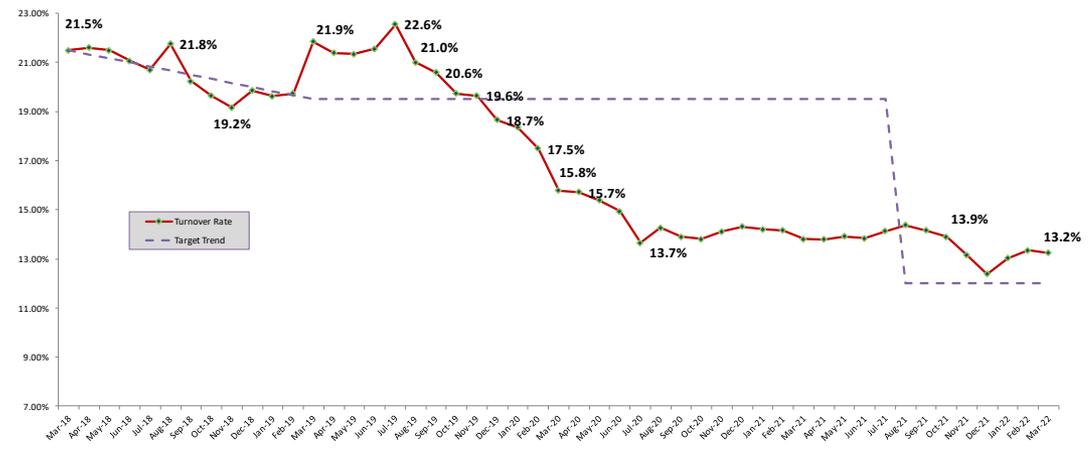


We expect to see less movement of staff from these services. This month there has been a slight increase in vacancy rate. Again this is monitored monthly by the steering group.

Nursing and Midwifery Staffing;

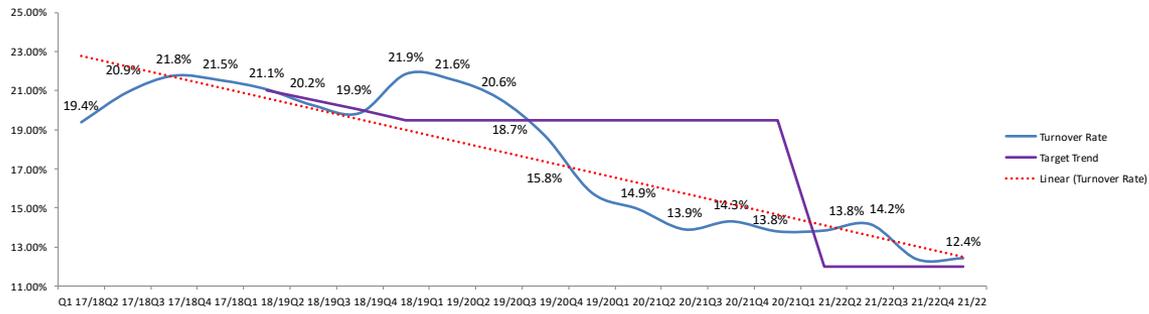
Band 5 Registered Nurse Turnover Trajectory – March 2022

Turnover Rate and Target



Band 5 RN turnover continues to remain stable with a slight decrease in March. This is consistent with previous years where there is a slight increase of turnover at this time of the year.

Historical Context of B5 Nurse Turnover



The trend of band 5 turnover continues to remain stable.

RN and Midwifery Turnover – March 2022

Registered Nursing Turnover

	FTE	Leavers FTE	Annual Turnover Rate	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	3435	385	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	1557	206	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	1165	115	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	713	64	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%

Turnover continues to remain stable with a very slight increase on average for all nursing.

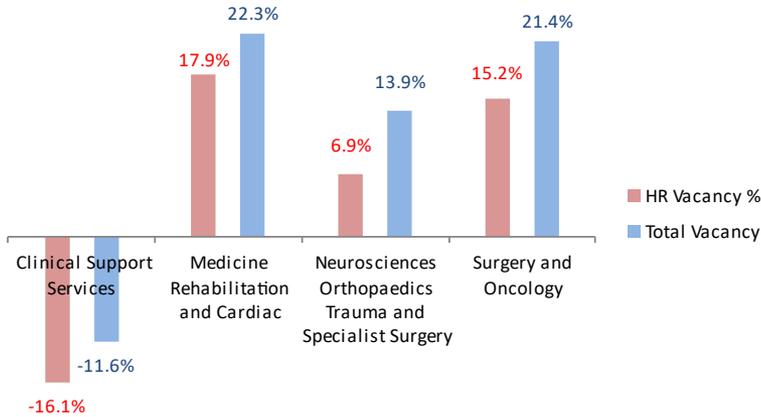
Registered Midwifery Turnover

	FTE	Leavers FTE	Annual Turnover Rate	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	289	49	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	42	3	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	184	36	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	63	11	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 remained stable across all bands of midwives with a very slight increase for all bands.

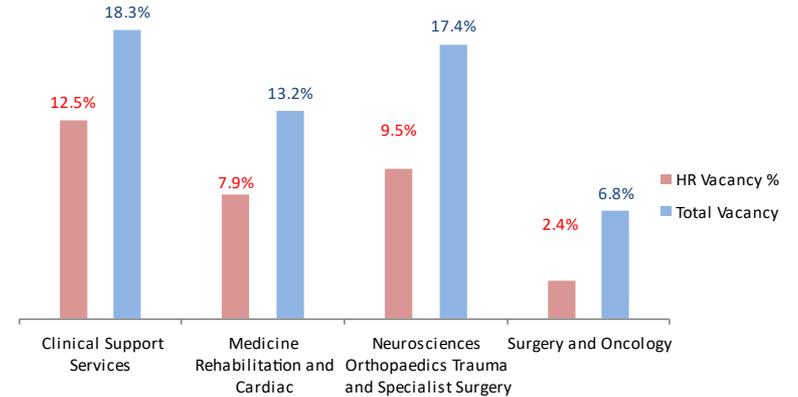
RN and Midwifery Vacancies – March 2022

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 currently shows a minus percentage vacancy due to the focused recruitment to support the new Critical Care Department.

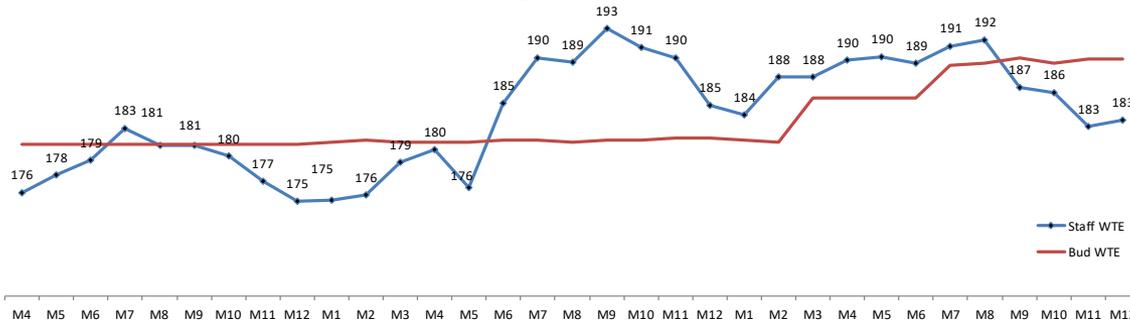
Vacancy at band 6/7 by division in percentage.



Band 6 RN vacancy has seen a slight decrease in total vacancy rates across all four divisions including CSS, which has historically been higher than other divisions.

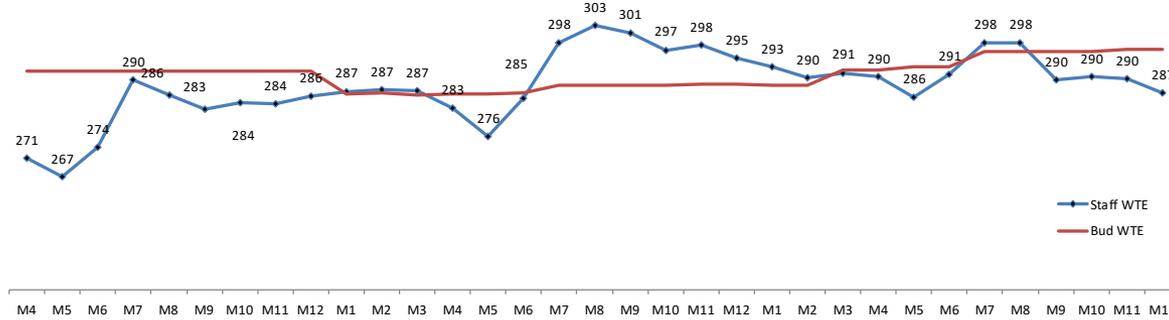
Midwifery Staffing – March 2022

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.

All Midwives - Staff and Budget



Against budget, midwifery staff in post has seen a very slight decrease to the previous month.

Midwives Turnover Rate Comparison



The number of leavers in 2021-2022 was higher than the previous 3 years. However In 2020-2021 the number of leavers was significantly lower (32.03 wte). The average of the past two years together is the same as the previous years (45.32 wte). This would suggest the number of leavers over the past 4 years has remained constant. We will continue to monitor the number of leavers and reasons for leaving over the coming year. The reasons captured for leavers fall into the following categories, relocation, retirement and promotion

Red areas:

- **Scheduled Bookings – 823** This is an increase from the previous 7 months. March bookings are higher than other months, although this is following the similar trend to previous years (2020 – 780 bookings, 2021 – 837 bookings).
- **Returns to theatre – 1 (0.4%)** Examination under anaesthetic (EUA) following a caesarean section
- **Test Result Endorsement – 67%** (same as the previous month) Work continues with each area and leads for each service. Specific QI work started with Maternity Assessment Unit

Amber areas:

- **Mothers birthed – 625 (previous month 578).** Overall the number of women who have given birth in this Trust has increased. Year end statistic ,for 2021-2022 there were an additional 518 births.
- **Percentage of Women Initiating Breastfeeding – 79%** This is lower than the previous 2 months where it was at 81%. No specific reason has been identified for this. The infant feeding team are working across the service to improve the rate.
- **Unexpected term admissions to NNU – 31 (4.9%)** There was 46 unexpected term admissions to SCBU reviewed last month. 7 were graded as 'A' no care issues identified, appropriate guidelines followed. 19 were graded as a 'B' cases issues identified but these did not impact the care or management.

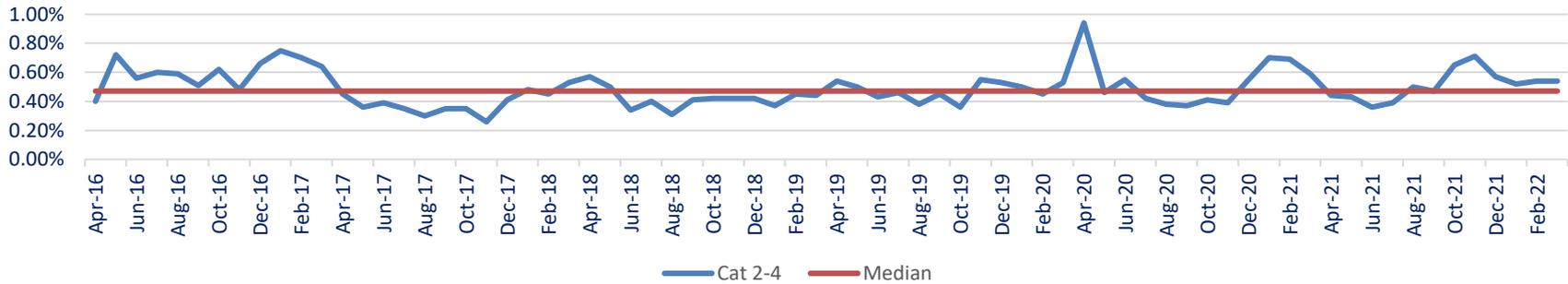
Green:

- **Post –partum Haemorrhage (PPH) >1.5L for caesarean section – 6 (0.9%)** PPH's are reviewed using a proforma. There were 30 PPH's of greater than 1.5l reviewed in March. 22 were graded as an 'A' – no care concerns identified, appropriate guidelines followed and 8 were graded as a 'B' care issues identified but these did not impact the care or management.
- **Puerperal Sepsis – 7 (1.12%)** This was lower than the previous month (9 – 1.55%)

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.

Reported Incidence of HAPU Cat 2 and above: April 2016 – March 2022

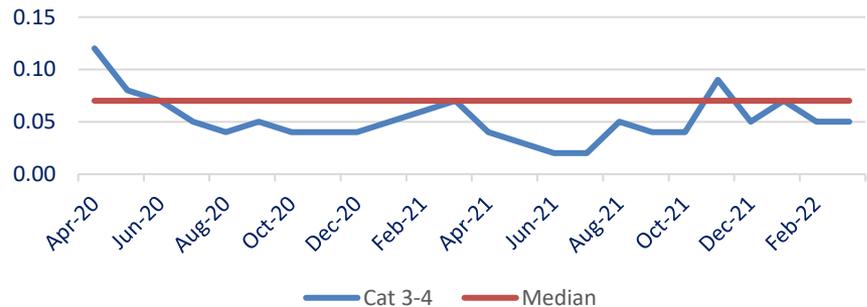
HAPU Cat 2-4



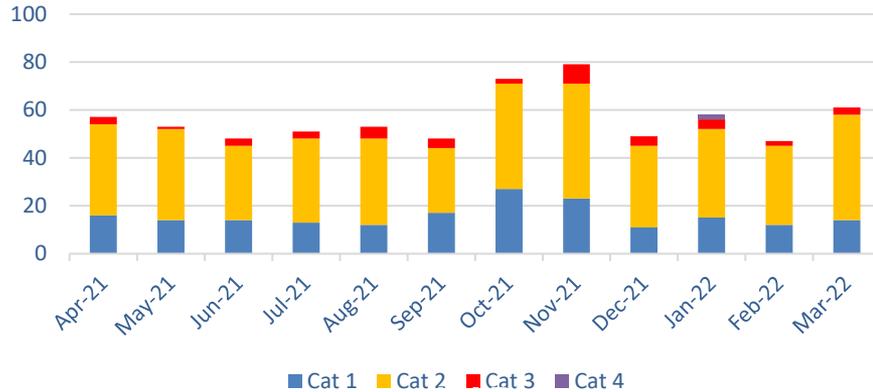
All HAPU Categories 3 and above follow the current Trust process for Moderate and above Harms. These incidents are monitored with oversight from the Harm Free Assurance Forum (HFAF).

Incidence of HAPU Cat 3 and above: April 2020 – March 2022

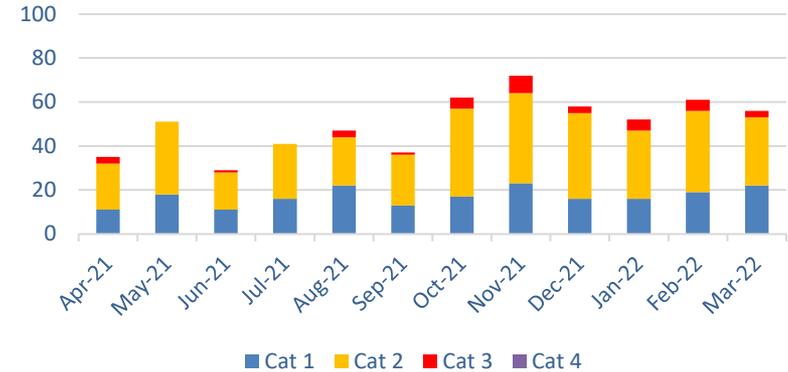
HAPU Cat 3-4



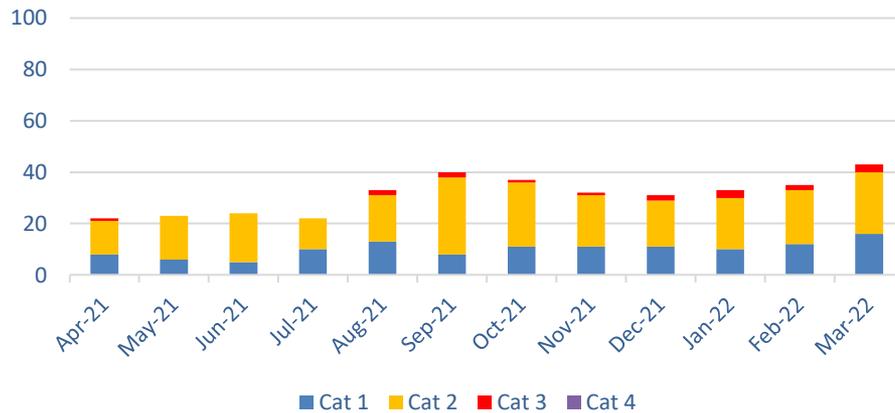
MRC



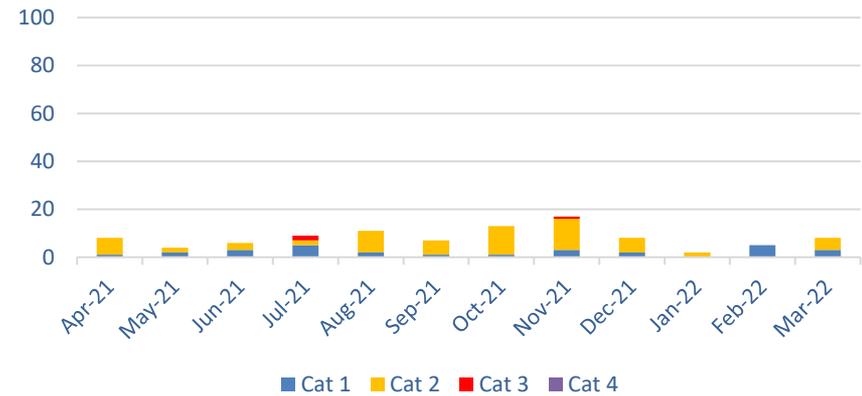
NOTSSCAN



SUWON



CSS



ANALYSIS: Of the 9 incidents reported as Moderate Harm, 7 Category 3 and 2 full-thickness mucosal pressure ulcer, 3 had been reported at an earlier stage of skin damage.

The age range of the individual affected was between 50 and 89. All patients were assessed as being at high risk of pressure damage prior to the identification of the skin damage. The average length of stay until identification of Cat 3/full thickness mucosal damage was 17 days. Of the 9 patients affected, 5 were assessed as bedbound.

The use of medical devices, indwelling urinary catheters (IDC), were associated with 2 of the 9 incidents. The average surface area for reported skin damage was approximately 3.5cm, with all 9 ulcers described as shallow ulceration.

DISCUSSION

All Category 3 and above HAPU are investigated and an action plan 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. For 2021/2 four incidents have been assigned Division Level of Investigation and one as a Serious Incident.

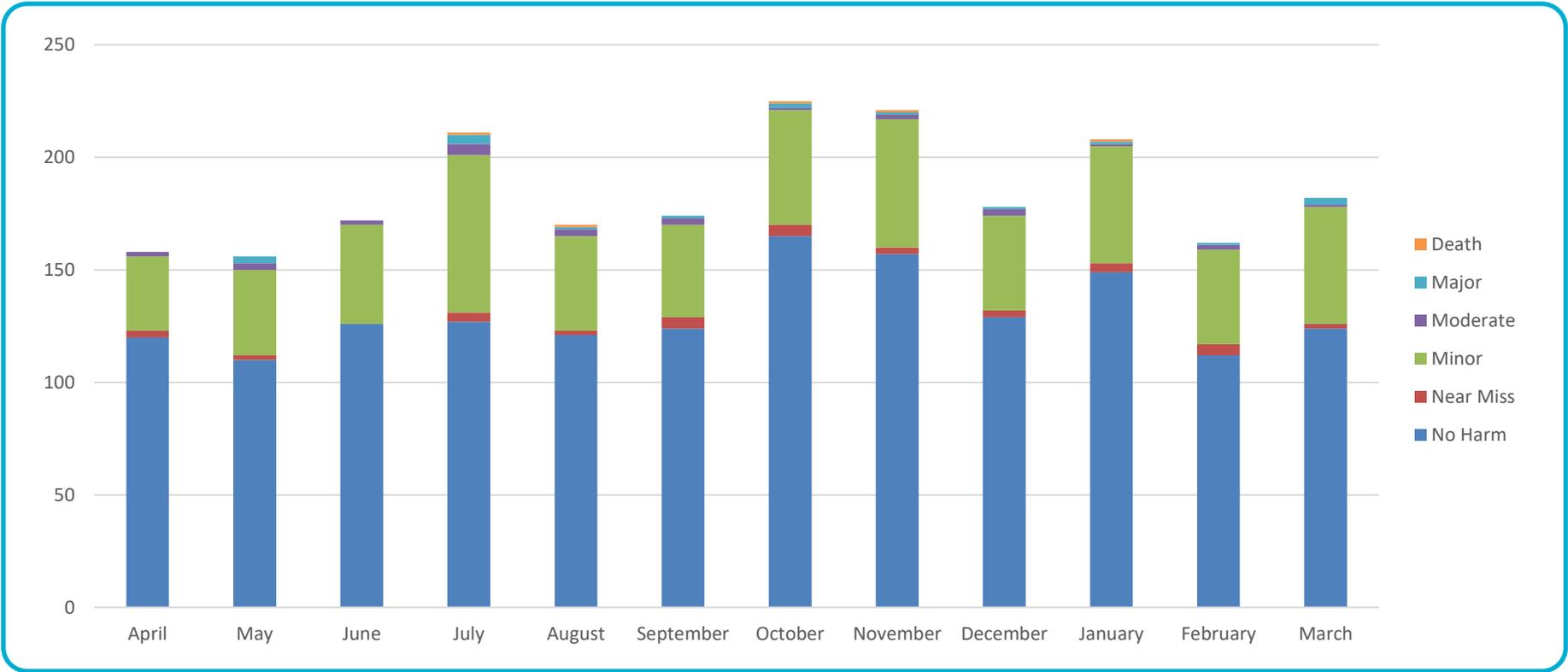
ACTIONS

Themes from the AAR meetings are discussed at HFAP. Areas identified for improvement have included the quality of visual skin inspection, the quality of positioning and repositioning and the skills required to undertake thorough catheter care. An “At a Glance” document has been circulated to the Practice Development Teams to improve practice related to indwelling urinary catheters (IDC).

A Trust Quality Priority for the reduction of HAPU for 2022/23 has been proposed with the ambition of reducing HAPU Category 2 and above by 30%. An associated workplan is under development by the HFAP to guide and drive delivery.

Harm from falls report March 2022

The chart below shows all patient reported falls by the level of actual harm between April 2021 – March 2022

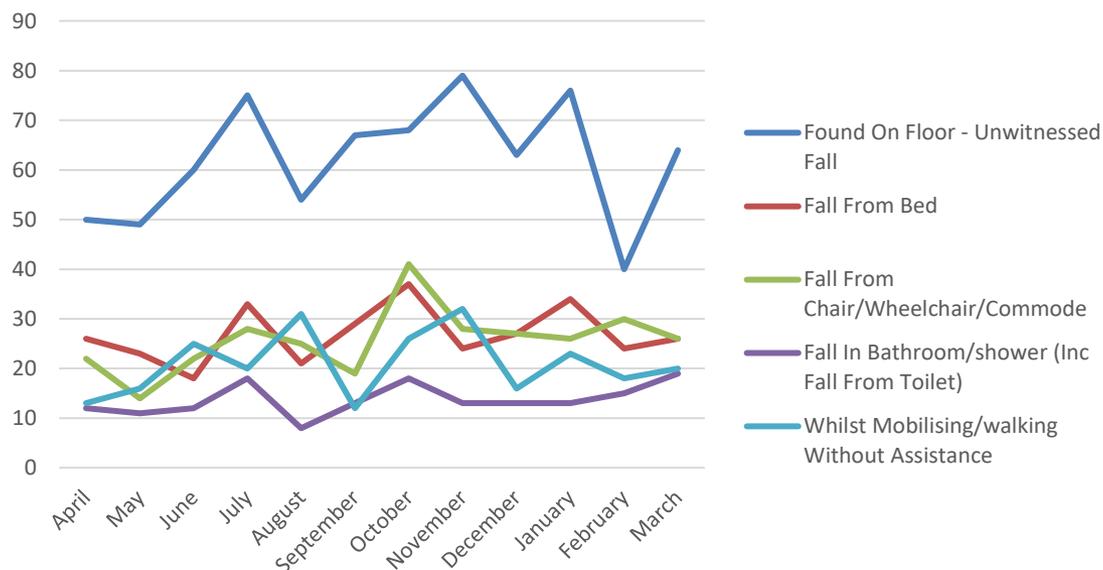


March 2022 summary: There were 182 falls reported in March, which represents a 12% increase compared to February (162). This is accounted for by the three fewer days in February. This total is below the rolling average of 184.8 reported falls per month but is higher than the total falls for this time last year (154) (2020/21 performance data is affected by the coronavirus pandemic). Falls resulting in harm (minor and above) accounted for 55 (30%) of all falls this month, which is higher compared to February's performance (27.4%). There were four falls resulting in higher severity harm levels: Moderate - 1 and Major - 3.

Harm level	March 2021*	March 2022
No harm	102	124(↑)
Near miss	0	2 (↑)
Minor	51	52 (↑)
Moderate	0	1 (↑)
Major	1	3 (↑)
Death	0	0 (-)
Total falls	154	182 (↑)

March performance: annual comparison 2021* vs 2022

Top five categories of falls - rolling 12-month period: April 2021 to March 2022



Top five categories of falls March 2022

Previous month comparison

Category	Feb	Mar
Unwitnessed Fall – found on floor	40	64 (↑)
Fall From Chair / Wheelchair/Commode	30	26 (↑)
Fall from bed	24	26 (↑)
Fall whilst mobilising/ walking without assistance	18	19 (↑)
Fall in bathroom/shower/ from toilet	15	20 (↑)

ANALYSIS:

The proportion of falls resulting in harm this month is 30%; the increase is attributable to an increase in falls with minor harm. The proportion of falls with more serious harm (moderate and above) was 2.1%, which is in keeping with the Trust’s usual performance of between 2–3%.

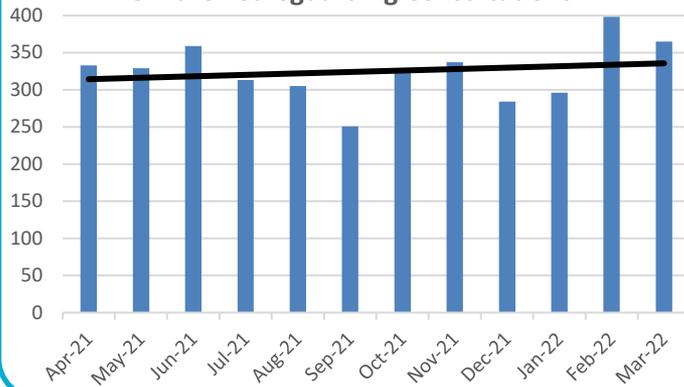
IDENTIFIED THEMES:

- Increase in falls with minor harm
- Significant increase in unwitnessed falls

ACTIONS:

- Review the four incidents of moderate harm and above at the next Harm-free assurance group to identify themes and actions for learning and clinical practice integration.

Children Safeguarding Consultations



Consultations: activity reduced by 33 (n=365) during March. Neglect remains the predominant category of concern. Concerns of emotional harm increased which related to an increase in mental health presentations to ED with adolescent self harm behaviours.

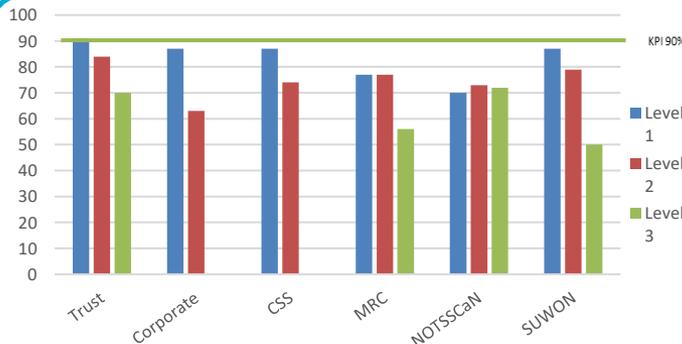
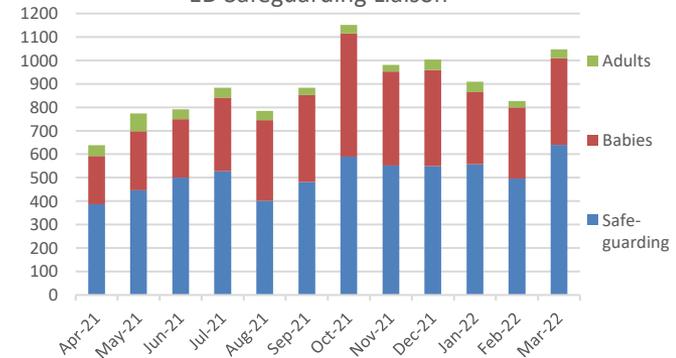
The complexity of cases continue related to children with disabilities or life limiting conditions and concerns of neglect.

Maternity safeguarding cases remain high and the team to support midwives at multi-agency meetings for due to capacity issues. During Q4 24% (n=553) of maternity bookings have a social health elements, mainly mental health.

The MASH health check back log continue to be an issue and additional hours are being worked by the team.

ED Safeguarding Liaison referrals increased by 221 over March (n=1048). There was an increase of 143 children attending ED with safeguarding concerns (n=640), 107 relating to self harm behaviours. Attendance of babies under one increased by 67 (n=370), information is shared with health visitors to support families. Children frequently attending ED increased by 13 (n=130) and is monitored to ensure follow up by primary care. Adults presenting to ED with a safeguarding concern and caring responsibilities for children increased (n=38). Child protection conference information requests increased by 4 (n=82) for 75 children and 7 unborn babies for 36 families.

ED Safeguarding Liaison



Safeguarding Children Training Compliance The data is not complete due to recording errors on the MLH system. The issue has been identified and is being resolved. Mapping staff to correct level of training is an issue, errors have been identified and are also being resolved.

Trust level 1 is at 91% and above the 90% KPI. Level 2 is at 84% and level 3 70%, both below the KPI.

Uptake for online MST level 3 training is improving. E-learning for health online training is available for all levels.

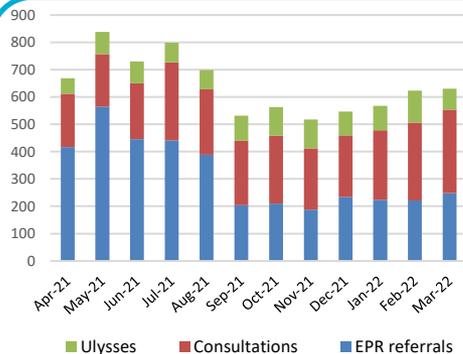


Chart 1: Combined Activity

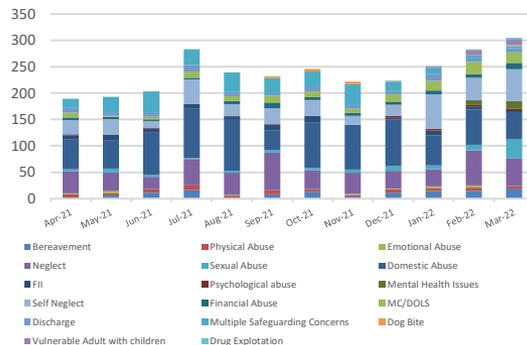


Chart 2: Consultations

Activity

Chart 1: Combined activity increased slightly by 7 (n=630). EPR referrals increased by 27 (n=248). Ulysses incidents decreased by 40 (n=77) and consultations increased by 20 (n=305).

Chart 2: Domestic abuse, neglect and self-neglect, remain the main categories of concern. Cases of financial abuse have been identified and staff are being reminded to not witness signatories and raise safeguarding concerns associated with capacity issues. A safety message to alert staff to legal implications is to be circulated.

Governance: A focus on the assessment and documentation of a patients capacity and recording on EPR and to identify patients requiring DoLS is being reiterated. The LPS code of practice has been published, multi agency regional and local implementation groups are in place to support putting into practice .

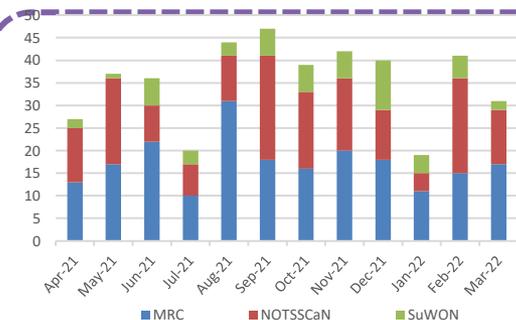


Chart 3: DOLS Applications by Division

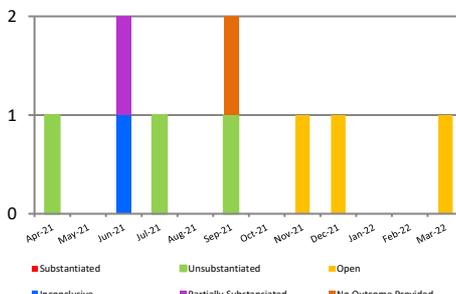


Chart 4: Section 42 investigations

Statutory responsibilities

Chart 3: There were 31 Deprivation of Liberty Safeguards (DoLS) applications reviewed during March, a decrease of 10. The link to the DoLS assessment form has now been reinstated through EPR.

Chart 4: There has been 1 new s42 investigation requests during March for the CSS Division for alleged neglect. There are currently three open s42 enquiries for the MRC Division. There were 2 enquiries that did not progress to section 42 when scoped and information shared.

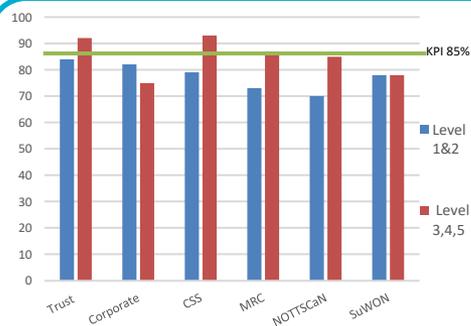


Chart 5: Prevent Training

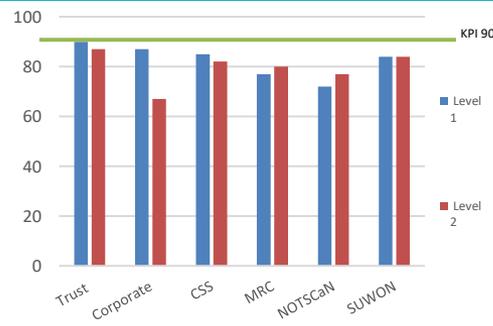


Chart 6: Safeguarding Training

Training

Chart 5: Trust Prevent training Level 1 & 2 compliance increased 6% to 84%. Level 3,4 & 5 compliance increased by 2% to 92%. The KPI is set at 85%.

Chart 6: Safeguarding training compliance across the Trust is below the 90% KPI. Level 1 increased 14% to 90%, and level 2 increased 7% to 87%. Level 3 has been developed to roll out as a 2 part MST video training to be accessible to staff. Training is also available via eLFH weekly learning sessions. There is a 2 year implementation period to achieve Trust compliance of 90%.

Governance: Mental Capacity Act training is available as a recording on the intranet. The DoLS process is being recorded to support staff to complete the documents required.

The Trust received and recorded 107 formal complaints in March 2022, which is the same as the number received in February 2022 (n=107).

Emerging/continuing themes:

In March, the Trust received 27 complaints that were categorised on issues relating to Clinical Treatment across all four of the clinical Divisions. Issues included incorrect procedure performed, mismanagement of labour, catheter care, injury sustained during treatment and inadequate pain management. In addition, 10 of the complaints received in March 2022 were pertaining to the Values and Behaviours of staff, with issues raised including the attitude of medical staff, rudeness and communication with patients.

Complaints related to these areas will be monitored in the coming months, with updates given in future reports.

Update on last month's theme:

February saw the Trust receive 10 formal complaints on the car parking system, particularly the newly installed ANPR parking system. Investigations showed that the Trust and SIP (the parking company in charge of the ANPR system) have invested further in additional signage to raise awareness of the new parking system and assist our patients in understanding how and where to pay for parking.

Two further car parking complaints were received in March 2022. The Complaints team will continue to monitor this theme and report back to Trust Board accordingly.

Complaints Compliance:

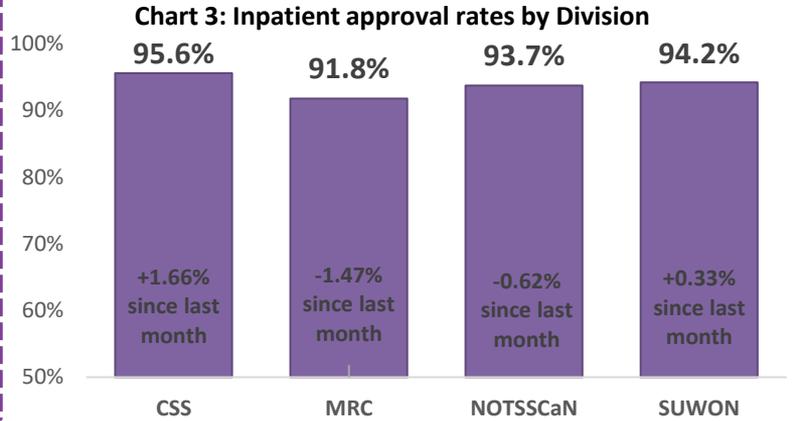
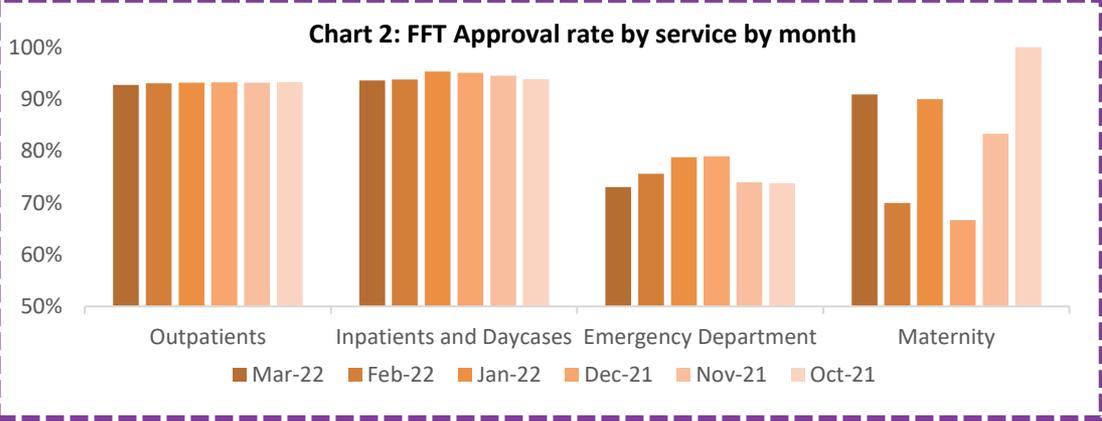
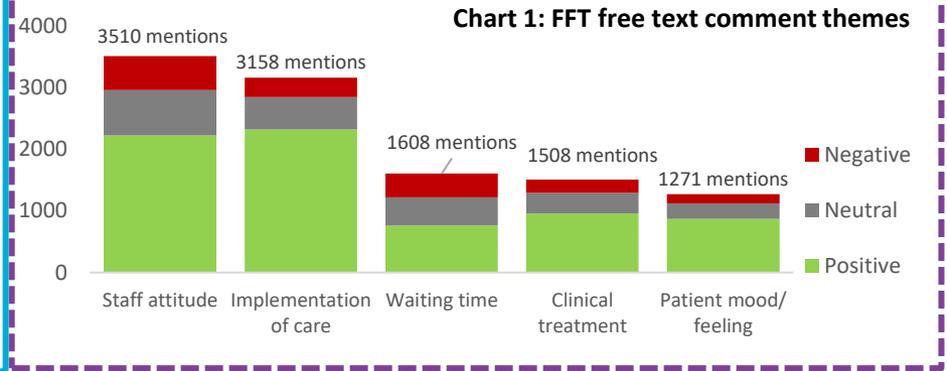
Complaints that breach the 25-working day deadline and/or the additional extension of 15 working days continue to be reported to the Chief Nursing Officer every week, detailing where the delay is occurring – for example is it still under investigation with the Division/Directorate, is it a delay on the Complaints team in reviewing/completing the response, or is it delayed elsewhere in the process. This is discussed in the weekly meeting with the Divisional Directors of Nursing. Each Division is expected to ensure these complaints are prioritised and completed as a matter of urgency.

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.

Patient Experience- March 2022

The 'Scale, Spread and Embed' project with Imperial College NHS FT is in the next phase. The Patient Experience Team with the help from the Deputy Divisional Nurse for SUWON, will be manually coding sample of comments to strengthen and test algorithm. Next stages will include working with Quality Improvement team to plan how to use the data and information gained from the free text analysis to drive quality and sustainable improvements within the Trust.

Maternity FFT- Work to introduce SMS texts for the Birth section of the Maternity FFT survey is advancing. Testing is now underway to check sample indicator (indicating suitability for inclusion), once ready this can go to provider for testing ready for implementation. Paper forms are currently in development with form designs being finalised.



Interpreting and Translation

A SIRI has been identified for a structured review which involved a patient that should have had interpreting services involved but did not. The team are working on continually promoting the service and are revising the training to enhance knowledge and ensure that colleagues are aware of the importance of using an interpreter. The team remain on hand to support colleagues wherever needed to access I&T services.

A video to advertise the provision of interpreting and translation services within the Trust is currently being developed. We will then work with local community groups to get the video translated into other languages and circulated more widely within those groups to get the message out. It is hoped that this will empower our patients to ask for any support that they may need to understand their healthcare.

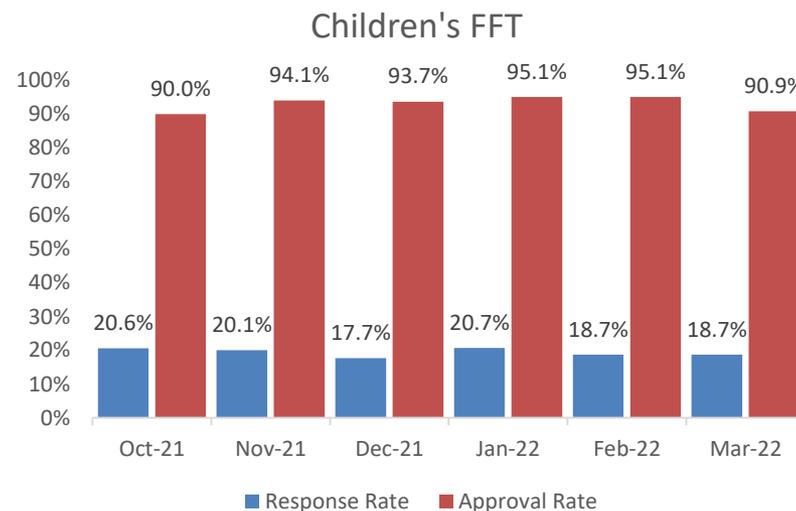
The team has held conversations with local refugee resettlement groups in the first instance, which have been productive and there is a shared desire to work better together going forward.

Other Patient Experience Updates

- Carers Policy approved at Clinical Policy Group
- The team is continuing to work on the arrangements to undertake PLACE assessments in September
- Working with EDI to prepare for Trustwide rollout of Accessible Information Standard.
- Another very kind donation of handmade twiddlemuffs is making its way to level 7 for our patients

Children's FFT QI Project

- A staff survey has been conducted to gather data on how well staff working in CHOX understand what FFT is and how FFT works in CHOX.
- This staff survey has highlighted that, although staff have a general understanding of what FFT is, they do not understand how feedback is gathered from families and how this feedback is then shared with staff.
- 86% of staff who responded to the survey did not know how to access FFT feedback reports and 49% of staff did not know how feedback is gathered from patients and families.
- Children's FFT feedback data is important to staff as 65% reported FFT feedback is 'extremely important' and 23% reported that FFT feedback is 'somewhat important'.
- Work is now being done to increase staff awareness through training sessions and FAQ information leaflets to be shared with staff.
- All wards in CHOX will also be asked to nominate a children's FFT 'Champion' to further advertise and promote children's FFT amongst staff.



Children's Patient Experience

Under 16 Cancer Patient Experience Survey

All data returns have now been submitted by the Trust to Picker, ready for the survey to start being sent out to children and families from April. The survey window will close at the end of July with the results being sent to the Trust in October 2022.

Kamran's Ward:

Individual ward survey support has been given to Kamran's Ward, gathering feedback from all staff working within the Thames Valley Cancer Network in order to help NHS England to develop its 10 Year Cancer Plan.

The second survey is to support staff working on Kamran's Ward and in our connected Paediatric Oncology Shared Care Units (POSCU's) to improve the long-term medical care offered to children who had a diagnosis of Acute Lymphoblastic Leukaemia but who have now completed their cancer treatment. The surveys are concentrated on what support children/families need post cancer treatment (e.g. the need for ECHO's to check heart health, psychological support), who should deliver this care (CHOX Consultant or POSCU Consultant) and how often families would like to be seen.

Children's Haemophilia Service Survey

The Children's Haemophilia Service was supported to develop a patient/carer feedback survey to gather patient views on the service and its use of Attend Anywhere virtual appointments and telephone appointments. The survey had a response rate of 29%. The results indicate that families would like to continue being offered a range of virtual/telephone appointments and face-to-face appointments. Families reported that virtual/telephone appointments are more convenient and lead to less stress in regards to travel and parking.

Person type: Staff

RIDDOR type: Accident-over 7 day absence

Accident type: Lifting and handling injuries

Incident location: CICU Churchill

Incident details : The injured party (IP) is a staff member who was pulling the sisters office door to a close and felt a sharp pain shoot down their forearm to their wrist.

Additional information: The IP was unable to mobilise their wrist and had over 7 days of work sick and has underlying possible arthritis exacerbated by this incident

Incident outcome: Actual impact 2 – minor injury / illness

Lessons learned: Reviewed by Health and Safety team and local manager. H&S requested review of staff members capabilities and associated controls. Occupational health referral conducted and staff member has returned to normal duties

The PFI Indicator Dashboard illustrates the M12 position against the PFI objectives. The dashboard is currently under development and a six month trend will be presented next month. 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.

Due to the high use of agency staff at the John Radcliffe, Porter training for M12 is at 40%, which is below the target of 50%. Mitie's Porter Manager is meeting with the Clinical Head of Hospitality Services to review the position and a plan will be put in place to deliver training compliance by June 2022. At the JR, 57% of staff are filled by agency, versus a target of 20%. To remove the reliance on agency staff, TME have agreed for a workforce options appraisal to be submitted to support a move towards a stronger substantive workforce. This paper has been submitted to TME for the meeting on the 28th April.

Cleaning standards at the Churchill and NOC remain under review, and in M12 only 41% of the required cleaning audits were completed against a target of 100% at the Churchill. This was due to the G4S Supervisors being absent with Covid or on leave. Weekly meetings are taking place between the G4S Service Manager, Divisional leads and PFI team to assess the situation and ensure service improvements continue to be delivered by the set target date of 30th April 2022.

Due to the requirement for PFI staff to log on to Ulysses, a project is being undertaken that will ensure these members of staff have access to the system and are able to appropriately report and investigate incidents. The project is due for completion by 30th June and will provide assurance that information governance and visibility of reporting is maintained.

To support the collaboration and integration of PFI services and improve the KPI metrics, work is being undertaken with the service providers to gain a greater level of analysis and trend data, and to understand the implications of these trends.

The PFI team will continue to review the overall KPI metrics and will work to understand the data at a granular level. This will enable the team to support and work with our providers to focus their attention and achieve the required outcomes collaboratively.

Assurance on the progress of the Cleaning improvement programme at Churchill was delivered to the Clinical Governance Committee on April 20th, where good progress was shared, with the confirmation that all milestones were on target for completion. The improvement in the areas has been further supported by joint walkarounds by the PFI and clinical teams.

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 Porters that have undertaken bereavement training: 40% at the JR WW vs target of 50%</p>	<p>MITIE have 45 porters who require refresher mortuary training with 15 new to service who require full training. This expired in Jan/Feb of 2022. The Mortuary policy specifies this must be delivered by the mortuary team – this team is currently depleted and current advice is unable to support until June of 2022</p> <p>Portering manager and Clinical Head of Hospitality services to meet with Mortuary manager to identify plan to address.</p>	<ul style="list-style-type: none"> To be confirmed following meeting with mortuary team. 	<ul style="list-style-type: none"> Soft FM performance review meeting. CSS clinical governance meeting as a component of Mortuary risk and governance section.
<p>% of Porters that have undertaken PPID training: 0% at the Churchill vs target of 95%</p>	<p>G4S portering manager has developed appropriate tool box talk for PPID for cascade training. Manager will ensure all porters receive this training, with training log to be maintained.</p>	<ul style="list-style-type: none"> Deadline for completion 30th April 2022. This is on target. 	<ul style="list-style-type: none"> Soft FM performance review meeting. CSS clinical governance meeting Patient safety team SIRI progress meetings
<p>% of PFI workforce employed by Agency or zero hours (hours worked): 54% at the JR vs target of 20%</p>	<p>Mite are currently reliant on an agency workforce to deliver their service. A paper has been produced for discussion at TME on 28/4/2022 that contains within options to address the high agency use.</p>	<ul style="list-style-type: none"> Pending outcome of TME discussions 	<ul style="list-style-type: none"> Soft FM performance review meeting. TME
<p>% of cleaning audits completed vs scheduled: 41% at the Churchill vs target of 100%.</p> <p>Number of cleaning audits completed below the performance standard increased</p>	<p>Soft FM team working collaboratively with G4S soft FM service manager is to improve this situation. Weekly service improvements meetings continue, new G4S soft FM manager appointed.</p> <p>New audit regime being introduced to align with National Cleaning standard implementation in coming months</p>	<ul style="list-style-type: none"> 30th April 2022 	<ul style="list-style-type: none"> Soft FM performance reviews
<p>Currently PFIs across all site are unable to report incidents or investigate them utilising the recognised Ulysses system.</p>	<p>Clinical lead for hospitality services working with clinical governance, informatics and PFI managers to deliver a process that will allow appropriate reporting with delegated responsibilities to defined PFI team members.</p>	<ul style="list-style-type: none"> Full all site PFI transfer to Ulysses system 30/6/2022 	<ul style="list-style-type: none"> Soft FM performance reviews

					Feb-22	Mar-22	Exception Report
	PFI objective	Indicator	Target	Site	M11	M12	
Growing Stronger Together	To ensure that Porters have a high standard of training in bereavement, PPIID and Core Skills	% of Porters that have undertaken bereavement training	50%	JR West Wing	40%	40%	Y
				Churchill Cancer Centre	85%	85%	
				Nuffield Orthopaedic Centre	Not applicable	Not applicable	
		% of Porters that have undertaken PPIID training	95%	JR West Wing	98%	98%	
				Churchill Cancer Centre	0%	0%	Y
				Nuffield Orthopaedic Centre	100%	100%	
		% of Porters that have undertaken Core Skills training	90%	JR West Wing	94%	95%	
				Churchill Cancer Centre	93%	93%	
				Nuffield Orthopaedic Centre	100%	100%	
Quality	To provide a high standard of safety across all areas	Number of incidents with moderate harm or above	0	JR West Wing	0	0	
				Churchill Cancer Centre	0	0	
				Nuffield Orthopaedic Centre	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	59%	57%	Y
				Churchill Cancer Centre	13%	12%	
				Nuffield Orthopaedic Centre	13%	10%	
	To achieve Hard FM PPM in month	PPMs completed in month vs programme including statutory inspections	% (stat)	JR West Wing	99.3%	99.7%	
				Churchill Cancer Centre	96.5%	97.0%	
				Nuffield Orthopaedic Centre	99.0%	99.0%	
	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	
				Churchill Cancer Centre	0	0	
				Nuffield Orthopaedic Centre	0	0	
	To provide a high standard of cleaning across all areas	% cleaning score by site (average)	Monthly Avg	JR Site	96%	96%	
				Churchill Cancer Centre	94%	95%	
				Nuffield Orthopaedic Centre	100%	95%	
% of cleaning audits completed vs scheduled		100%	JR West Wing	100%	90%	Y	
			Churchill Cancer Centre	81%	41%	Y	
			Nuffield Orthopaedic Centre	100%	90%	Y	
Number of cleaning audits completed below the performance standard	TBC	JR West Wing	65	91			
		Churchill Cancer Centre	22	16			
		Nuffield Orthopaedic Centre	0	10			
Patient experience	To review and respond to patient, visitor and staff feedback	Number of complaints received		JR West Wing	10	30	
				Churchill Cancer Centre	8	6	
				Nuffield Orthopaedic Centre	0	2	
	% of complaints responded to by the PFI team within 3 weeks	100%	JR West Wing	80%	90%		
			Churchill Cancer Centre	100%	100%		
			Nuffield Orthopaedic Centre	n/a	n/a		
	To ensure patient engagement in service delivery	Outline of schedule of service changes/ reviews provided		JR West Wing	None in month	None in month	
				Churchill Cancer Centre	None in month	None in month	
				Nuffield Orthopaedic Centre	None in month	None in month	
		Meaningful patient involvement demonstrated in all changes/ reviews	100%	JR West Wing	Not applicable	Not applicable	
				Churchill Cancer Centre	Not applicable	Not applicable	
				Nuffield Orthopaedic Centre	Not applicable	Not applicable	
To ensure active engagement in and response to PLACE reviews	% of PLACE audits due in 6 months scheduled		JR West Wing	None at this time	None at this time		
			Churchill Cancer Centre	None at this time	None at this time		
			Nuffield Orthopaedic Centre	None at this time	None at this time		
	% of PLACE audits scheduled to be undertaken completed		JR West Wing	TBC	TBC		
			Churchill Cancer Centre	TBC	TBC		
			Nuffield Orthopaedic Centre	TBC	TBC		
% of actions on track or completed by due dates following PLACE audits		JR West Wing	TBC	TBC			
		Churchill Cancer Centre	TBC	TBC			
		Nuffield Orthopaedic Centre	TBC	TBC			

	PFI objective	Indicator	Target	Site	M11	M12	
Digital	To introduce technology to Soft FM provision	% of technology scheduled to be introduced on track or completed by due date	95%	JR West Wing	90%	90%	
				Churchill Cancer Centre	Nil Currently	Nil Currently	
				Nuffield Orthopaedic Centre	Nil Currently	Nil Currently	
	Provide Ulysses Access to PFI providers	% of providers with access to Ulysses	100%	JR West Wing	0%	0%	Y
				Churchill Cancer Centre	0%	0%	Y
				Nuffield Orthopaedic Centre	0%	0%	Y
Finance	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	
				Churchill Cancer Centre	Process to be agreed	Process to be agreed	
				Nuffield Orthopaedic Centre	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	
				Churchill Cancer Centre	Process to be agreed	Process to be agreed	
				Nuffield Orthopaedic Centre	Process to be agreed	Process to be agreed	
	To maintain a robust process for managing financial deductions	Provision of monthly deductions/withholds report provided (within 10 working days of month end) for each OUH Division		JR West Wing	£5,356.35	£18,500.61	
				Churchill Cancer Centre	£32,293.81	£28,204.89	
				Nuffield Orthopaedic Centre	£1,728.87	£597.46	
		% of all deductions reviewed and signed off by finance (excluding current month)		JR West Wing	100%	100%	
				Churchill Cancer Centre	100%	100%	
				Nuffield Orthopaedic Centre	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		JR West Wing	Process in Development	Process in Development	
				Churchill Cancer Centre	Process in Development	Process in Development	
				Nuffield Orthopaedic Centre	Process in Development	Process in Development	
		% of all recharges reviewed and signed off by finance (excluding current month)		JR West Wing	Process in Development	Process in Development	
				Churchill Cancer Centre	Process in Development	Process in Development	
				Nuffield Orthopaedic Centre	Process in Development	Process in Development	
	To review monthly budgets to ensure financial performance meets plan	Actual vs plan (monthly)		JR West Wing	Review dates in diaries	Review dates in diaries	
				Churchill Cancer Centre	Review dates in diaries	Review dates in diaries	
				Nuffield Orthopaedic Centre	Review dates in diaries	Review dates in diaries	
		Actual vs plan (YTD)		JR West Wing	Review dates in diaries	Review dates in diaries	
				Churchill Cancer Centre	Review dates in diaries	Review dates in diaries	
				Nuffield Orthopaedic Centre	Review dates in diaries	Review dates in diaries	
Forecast vs plan (year end)			JR West Wing	Review dates in diaries	Yes		
			Churchill Cancer Centre	Review dates in diaries	Yes		
			Nuffield Orthopaedic Centre	Review dates in diaries	Yes		

	PFI objective	Indicator	Target	Site	M11	M12	
Capital	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	
				Churchill Cancer Centre	Awaiting SPV Sign off	Awaiting SPV Sign off	
		Nuffield Orthopaedic Centre		In development	In development		
		JR West Wing		In development	In development		
		Churchill Cancer Centre		In Development	In Development		
		Nuffield Orthopaedic Centre		In Development	In Development		
Data quality	To maintain high standards of data quality	Alignment of PFI cleaning scores with independent assessment	N# of cleaning scores where deviation >5 percentage points	JR West Wing	3	5	
				Churchill Site	9	10	
				Nuffield Orthopaedic Centre	0	0	
Other	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	33	13	
				JR West Wing Soft FM		207	
				Churchill Cancer Centre	87	86	
				Nuffield Orthopaedic Centre	79	85	

Key Quality Metrics Table

ID	Descriptor	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
PS10	% of incidents associated with moderate harm or greater	1.72%	2.11%	1.91%	1.57%	3.30%	2.20%	2.88%	4.52%	3.90%	4.38%	4.12%	4.10%
PS14	% Radiology direct access 7 day turnaround times - Plain Film, CT, MRI & Ultrasound	83.33%	84.77%	80.97%	77.51%	74.23%	72.91%	73.34%	73.34%	79.62%	77.35%	77.16%	N/A
PS16	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
PS17	Number of hospital acquired thromboses identified and judged avoidable	1	1	0	1	1	2	0	0	2	2	0	0
CE02	Crude Mortality	194	182	190	209	182	254	229	200	265	241	198	235
CE03	Dementia - % patients aged > 75 admitted as an emergency who are screened	81.74%	81.31%	80.69%	78.11%	77.95%	74.97%	74.97%	76.98%	74.83%	72.10%	70.40%	N/A
CE06	ED - % patients seen, assessed and discharged / admitted within 4h of arrival	85.21%	83.50%	80.53%	74.47%	76.58%	72.13%	69.43%	67.76%	70.03%	70.17%	66.03%	64.35%
PE01	Friends & Family test % likely to recommend - ED	83.38%	82.78%	78.54%	76.79%	80.20%	74.04%	73.77%	73.97%	78.98%	N/A	75.60%	73.01%
PE02	Friends & Family test % not likely to recommend - ED	9.81%	10.13%	13.95%	14.34%	12.27%	16.26%	16.16%	16.05%	13.60%	N/A	15.73%	17.43%
PE03	Friends & Family test % likely to recommend - Mat	N/A	75.00%	N/A	100%	N/A	80.00%	100%	83.33%	66.67%	N/A	100.00%	90.91%
PE04	Friends & Family test % not likely to recommend - Mat	50.00%	0.00%	N/A	0.00%	N/A	0.00%	N/A	0.00%	8.33%	N/A	0.00%	0.00%
PE05	Friends & Family test % likely to recommend - IP	94.91%	95.00%	94.41%	94.83%	95.12%	94.57%	93.80%	94.54%	94.98%	N/A	93.82%	93.46%
PE06	Friends & Family test % not likely to recommend - IP	2.38%	2.48%	3.09%	2.84%	2.53%	2.86%	2.77%	2.89%	2.46%	N/A	2.90%	3.30%
PE07	Friends & Family test % likely to recommend - OP	98.84%	94.27%	94.28%	94.14%	N/A	93.29%	N/A	93.16%	93.23%	N/A	93.05%	92.73%
PE08	Friends & Family test % not likely to recommend - OP	2.36%	2.66%	2.93%	1.46%	N/A	3.33%	N/A	3.27%	3.24%	N/A	3.69%	4.09%
PE15	% patients EAU length of stay < 12h	58.06%	53.46%	53.28%	53.54%	53.07%	51.19%	49.05%	51.41%	50.77%	50.76%	43.28%	50.26%
PE16	% Complaints upheld or partially upheld [Quarterly in arrears]	N/A	N/A	73.16%	N/A	N/A	65.48%	N/A	N/A	75.91%	N/A	N/A	N/A

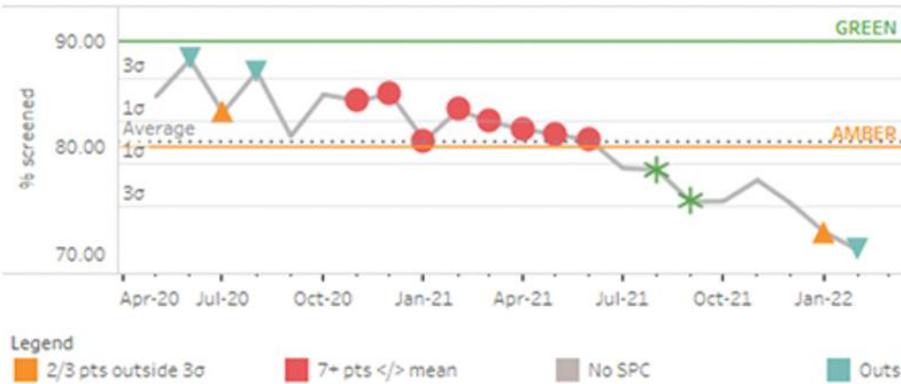
Key Quality Exceptions

Indicators where performance has declined:

- Dementia - % patients aged > 75 admitted as an emergency who are screened

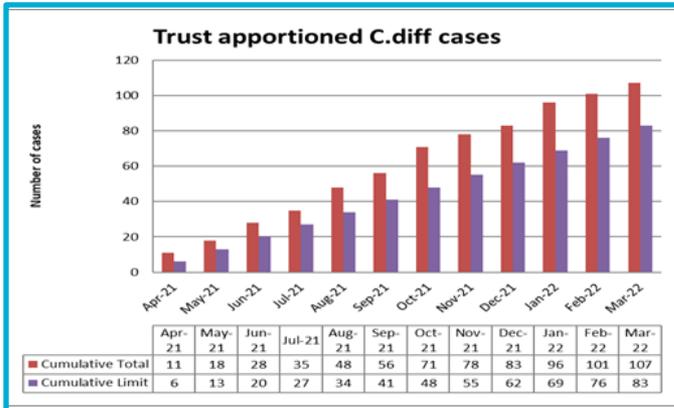
Dementia - % patients aged > 75 admitted as an emergency who are screened

Dementia - % patients aged > 75 admitted as an emergency who are screened [one month in arrears] (Submitted) (DemCquin)



This is currently a MRC Division priority: The Dementia Plan includes cognitive screening being discussed at all departmental and governance meetings. The digital lead for the Division is also reviewing EPR and how cognitive screening is reported. A meeting has been arranged with the EPR team to discuss how to ensure cognitive screening assessments undertaken in ED are carried forward to EAU as this is currently showing as under reporting. In addition the Memory Nurse is visiting the wards at intervals to try and ensure feedback to ward teams occurs in real time regarding outstanding cognitive screens.

MRC 69%
NOTSSCaN 72%
SuWOn 76%



C. diff

During March 2022 there were 6 HOHA cases of C. difficile and 0 COHA cases; therefore, a total of 6 cases apportioned to the OUH.

We are reporting a total of 107 cases for 2021/22. Although we have not met the trajectory (83), when corrected for the number of discharges, the incidence of C.diff has gone down from 0.71/1000 discharges in 2020/21 to 0.54/1000 discharges in 2021/22 (P=0.04 (Fishers exact test). This represents a reduction of 24.1% (95% CI 0.00-42.2%).

MRSA: No cases for March. 3 hospital onset cases and 1 community onset, healthcare associated case for 2021/22

Gram negative blood stream infections (GNBSI): HOHA & COHA cases reported against objectives; within trajectory

MSSA: 4 HOHA and 0 COHA. Using hospital discharges to correct for activity, the incidence of HOHA MSSA has decreased from 0.29/1000 discharges in 2020/21 to 0.21/1000 discharges in 2021/22 (27.6% reduction, P=NS).

COVID-19: During March the IPC team followed up 587 COVID-19 positive patients. There were 44 definite nosocomial cases, mainly associated with outbreaks, and 50 probable cases. The nosocomial rate was 16% for March.

Surgical testing pathway updated to mainly lateral flow based testing, COVID positive patients now being stepped down on day 7 if negative lateral flow

Staff testing –updates:

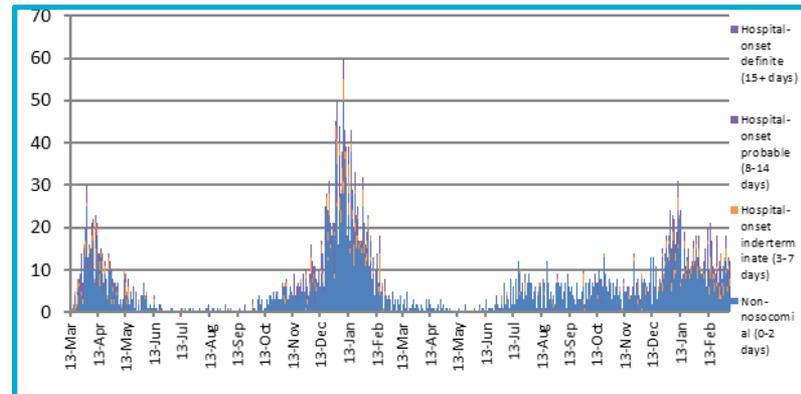
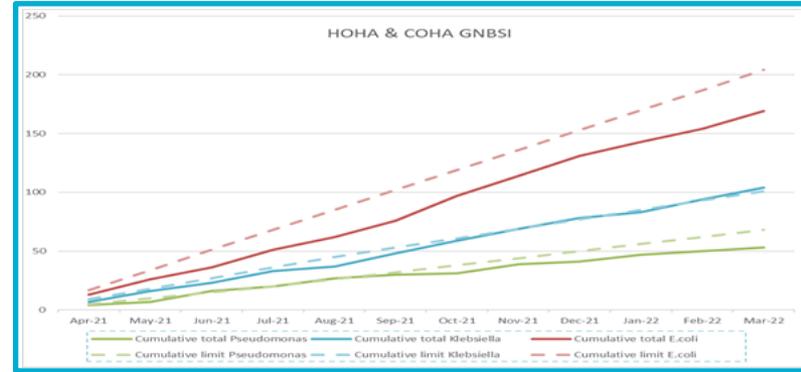
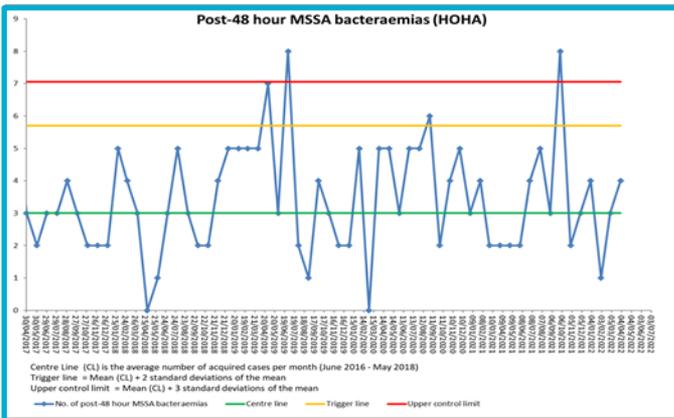
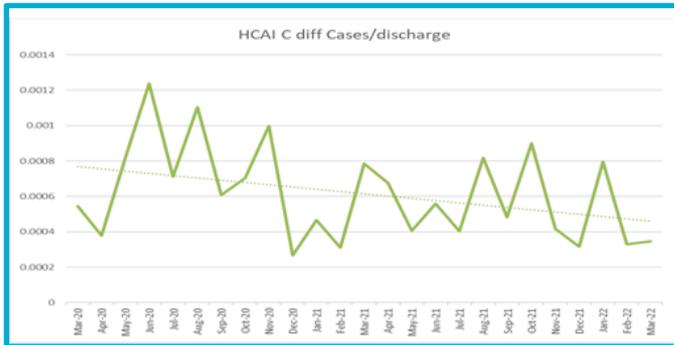
Asymptomatic: all patient facing staff to access LFD through government website and continue to test twice weekly, reporting to staff testing website.

Contacts: Asymptomatic staff who are contacts of a positive COVID-19 case to work as normal and continue to test twice weekly (exception being for staff caring for transplant, haematology and oncology patients who should test daily for 7 days). Household contacts (higher risk) need risk assessment with line manager if working with vulnerable groups.

No longer be a requirement to have a PCR test in order to return to work.

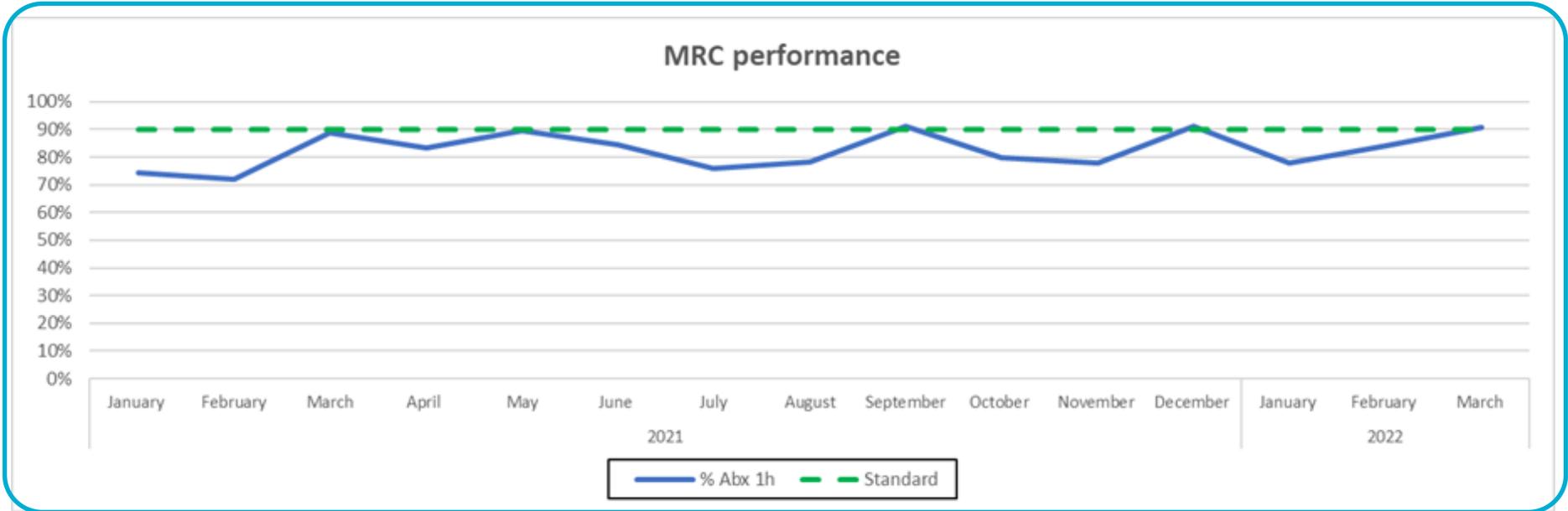
Aspergillus

Two cases of invasive aspergillus infection in immunosuppressed children are currently being investigated.



Open COVID Outbreaks

Site	First reported	Last positive case	Total	Indeterminate	Probable	Definite	Staff
CMU-C	23/02/2022	12/04/2022	35	13	13	9	9
F ward- HH	20/02/2022	10/04/2022	36	15	10	11	12
CMU-A	23/03/2022	07/04/2022	15	5	2	8	4
5B	28/03/2022	08/04/2022	10	2	0	2	2
5A	14/02/2022	05/04/2022	31	5	16	10	5
CMU-D	02/02/2022	28/03/2022	12	3	0	3	0
CMU-B	14/03/2022	23/03/2022	12	3	0	3	1
Neuro Blue	22/02/2022	20/03/2022	8	1	0	1	2
Neuro Purple	24/02/2022	15/03/2022	4	1	1	2	0
Haematology Ward	07/03/2022	07/03/2022	4	1	1	1	0



Proportion of sepsis admissions that received antibiotics in <1h (target >90%):*
 March 2022: Overall **10/11 (91%)**; ED **10/10 (100%)**
 Latest SHMI for sepsis **86.4 (73.4-101.07)** [March 20 – Feb 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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Documentation	99.78%	98.43%	100.00%	100%	100.00%	99.17%
Observation	100%	100%	100%	100%	100%	100%

WHO documentation audit 99.2% compliance (479/483): CSS 100% (144/144), MRC 100% (171/171), NOTSSCaN 100% (110/110), SuWOn 93% (54/58) WHO audit demonstrated a non-compliance in some of the documentation at the Horton and Churchill theatres. This was addressed at the time and discussed at the daily safety huddles for accuracy.

WHO observational audit 100% compliance (246/246): CSS 100% (15/15), MRC 100% (25/25), NOTSSCaN 100% (102/102), SuWOn 100% (104/104).

Local Safety Standards in Invasive Procedures (LocSSIPs)

- A LocSSIP Awareness Week took place as part of national Patient Safety Week to further raise the profile of the importance of the use of LocSSIPs to ensure patient safety.
- 33 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 above.

Completion rate of actions from root cause analysis Never Event investigations in 2020/21

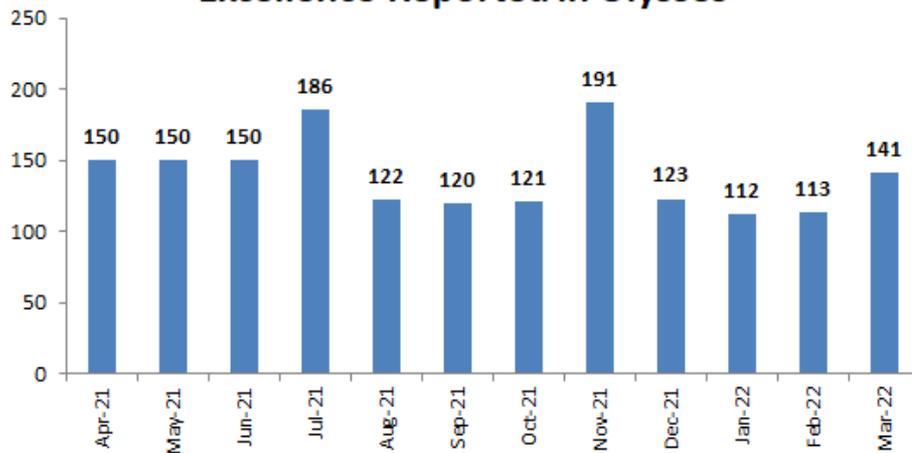
- Fifteen actions from 2020/21 Never Events have past their target date, all but two of which have been completed.
- Eleven actions from the four 2021/22 Never Events have past their target date, ten of which have been completed.

Four Never Events were recorded in 2021/22.

“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 Medical Officer personally presents an excellence report of the month to an individual or team that has made a significant contribution.
- The Reporting Excellence award in March was presented to a Clinical Psychologist for the amazing work he has done throughout the pandemic and beyond. He was instrumental in developing and setting up a national platform (as part of the ACP) for psychologists, providing staff support and has been co-chairing this since, on top of his "normal day-to-day job". He has put enormous efforts into driving different initiatives forward and ensuring that Oxford is linked into what's going on nationally.

Excellence Reported in Ulysses



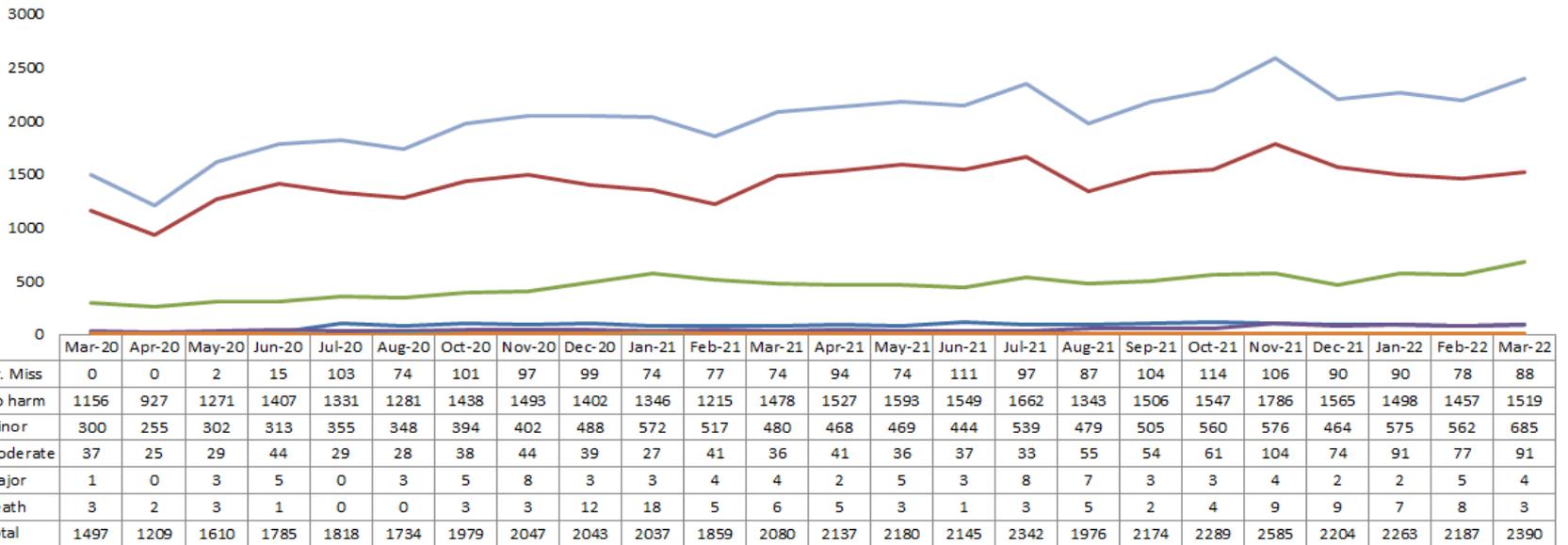
Theme	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Teamworking	46	66	48	40	40	47
Compassionate Care	14	22	21	28	16	29
Going Above And Beyond	61	101	50	40	55	60
Innovation	0	2	4	4	2	5
Grand Total	121	191	123	112	113	141

Reporting
EXCELLENCE



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

2390 patient incidents were reported in March 2022; the mean monthly number over the past 24 months is 2024. The number of incidents reported reduced in mid-March 2020 due to the COVID-19 pandemic-related reduction in numbers of in-patients, halted elective surgery and reduced outpatient activity. Incident reporting levels have returned to previous levels. A large number of incidents reported with a small percentage of incidents with significant impact reflects a good safety culture.



In March, 150 incidents reported as entailing moderate and above impact were discussed at PSR. Five visits from PSR representatives to support staff or patients took place, and 12 incidents had their impact downgraded in the meeting.

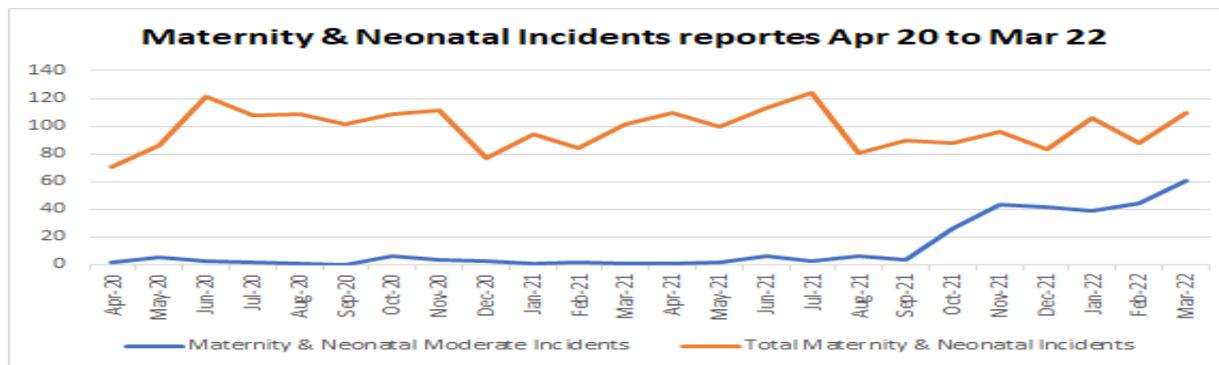
The number of moderate impact incidents was 91 in March 2022. This is in line with the recent trend, in which the number of such cases have been above the 24-month mean of 49 incidents per month since July 2021.

Much of this increase in incident numbers has been from Maternity and Neonatal, resulting from a review of their reporting classification. This change occurred on 1 October 2021; area-specific training was implemented in November 2021 to ensure these incidents are correctly classified. This training has therefore increased the number of incidents reported. The graph below shows that the number of Moderate incidents in these services increased following this work, whilst the total number of incidents has not increased (October 2021-March 2022 these services reported 255 Moderate incidents, whereas 52 had been reported April 2020-September 2021). In March 62 of the 91 moderate incidents pertained to maternity and neonatal services.

The following incidents are now classified as Moderate impact:

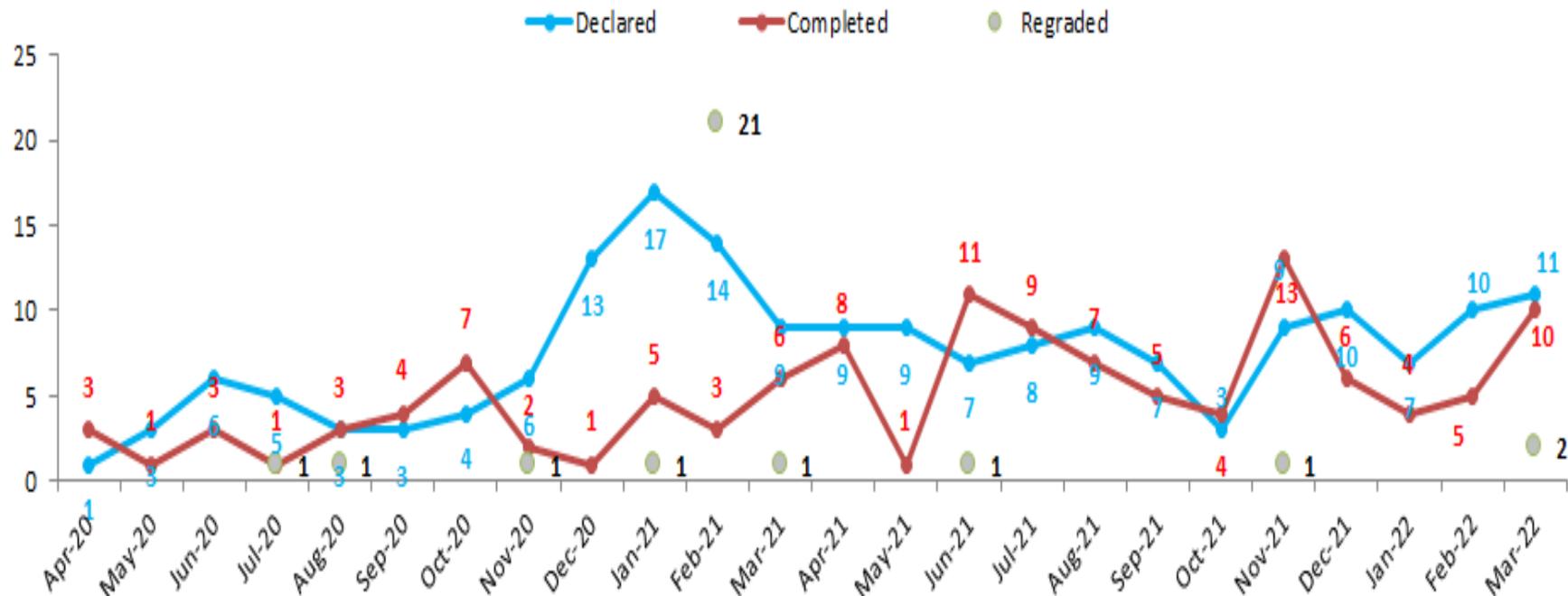
- Post-partum haemorrhages over 1.5 Litres (blood loss at delivery is now being weighed)
- Term (over 37 weeks) admissions to SCBU
- 3rd and 4th degree tears

All intrauterine deaths over 24 weeks of gestation are classified as Death.



The graph below shows 11 SIRIs were declared by the Trust in March 2022 and 10 SIRI investigations were sent for approval to the OCCG. 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

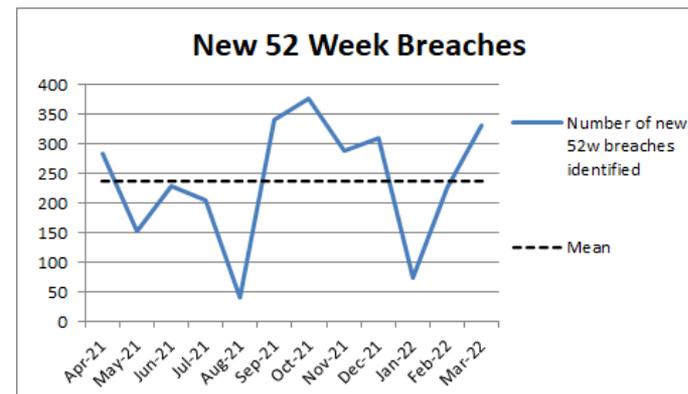


The Trust has an established process for assessing clinical and psycho-social harm for patients waiting for over 52 weeks for treatment. This is in addition to the program of harm reviews for patients undergoing care for cancer whose pathways exceed 104 days. This data was presented at the April Harm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

Services with over 20 new 52w breaches

Specialty	Dec21 new breaches	Jan22 new breaches	Feb22 new breaches	Mar22 new breaches	Mar22 total breaches
Cardiology	(13)	(11)	(6)	26 ↑	35
Ophthalmology	21	(1)	(8)	(7) ↓	41
Plastic Surgery	(18)	(8)	22	30 ↑	104
Spinal Surgery Service	25	(4)	23	30 ↑	121
Trauma & Orthopaedics	63	(6)	37	51 ↑	130
Urology	46	(18)	30	30 ↔	146

Total new 52w breaches



- There were 969 patients who had been waiting more than 52 weeks for elective treatment at the end of March 2022 (an increase on the February figure of 883).
- March saw 331 new 52w breaches, an increase on the February figure of 227. The twelve-month mean is 239
- Five specialties had 20 or more new 52w breaches in March. The table above shows details of all services that have had 20 or more new breaches in any of the past 4 months.
- Four 52w breaches since 1 April 2021 have entailed Moderate impact. Two of these are being responded to by Divisional investigations, one is being addressed locally, and the final case will be considered by the Harm Review Group.
- 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.

March 2022 52w breach cases with details of the prioritisation level

Row Labels	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	RCS not recorded	Grand Total
Urology	4	72	49	1	126
Gynaecology	2	9	4	3	18
Neurosurgical Service	1	11	5		17
Spinal Surgery Service	1	18	37	5	61
Trauma and Orthopaedics	1	37	42	7	87
Maxillo Facial Surgery	1	3	18	1	23
Vascular Surgery	1	1	7	2	11
Interventional Radiology				1	1
Paediatric Urology		8	7		15
Paediatric Surgery		4			4
Ophthalmology		2	31	2	35
Plastic Surgery		22	48	8	78
Orthopaedic Service		6	2	1	9
Upper Gastrointestinal Surgery			1		1
Paediatric ENT		1		2	3
Paediatric Trauma and Orthopaedics			3		3
Paediatric Gastroenterology		1			1
Physiotherapy			1	1	2
Ear Nose and Throat		4	8	2	14
Plastic Surgery Craniofacial		1			1
Colorectal Surgery		1	1		2
Endoscopy (Gastroenterology)				2	2
Paediatric Plastic Surgery		8	12	3	23
General Surgery			1		1
Paediatric Spinal Surgery		27	20	1	48
Paediatric Neurosurgery			2		2
Paediatric Ophthalmology		2	31	1	34
Grand Total	11	238	330	43	622

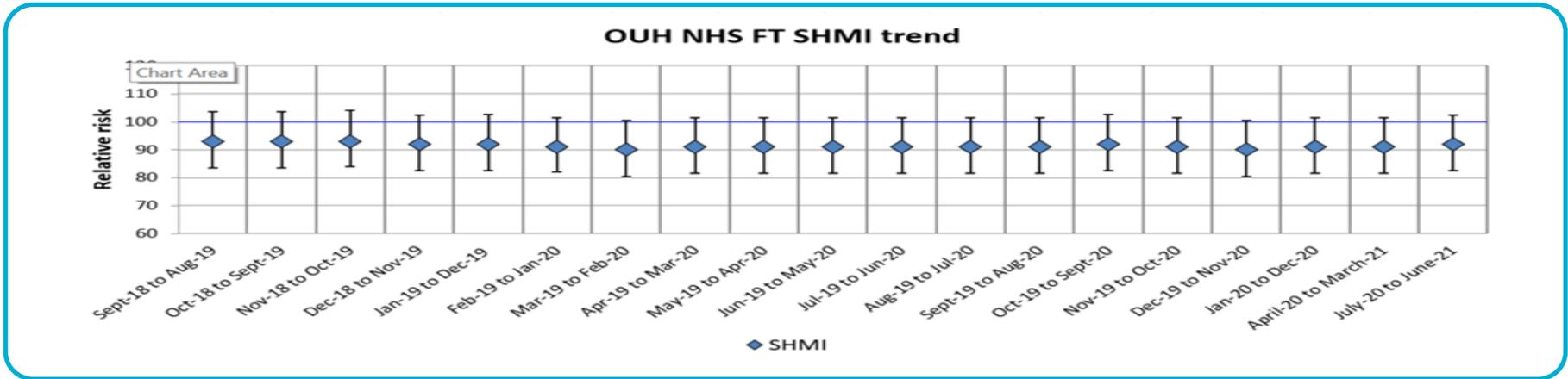
Please note, the 'RCS not recorded' column indicates where a categorisation has not been added to the pathway in EPR. Because of the urgency, under normal circumstances no priority 1 cases appear amongst the 52w breaches. Although these prioritisation reviews have not been recorded on the system, in most cases these will have been done by the clinical teams. Further work on e-prioritisation is intended to assist with this.

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

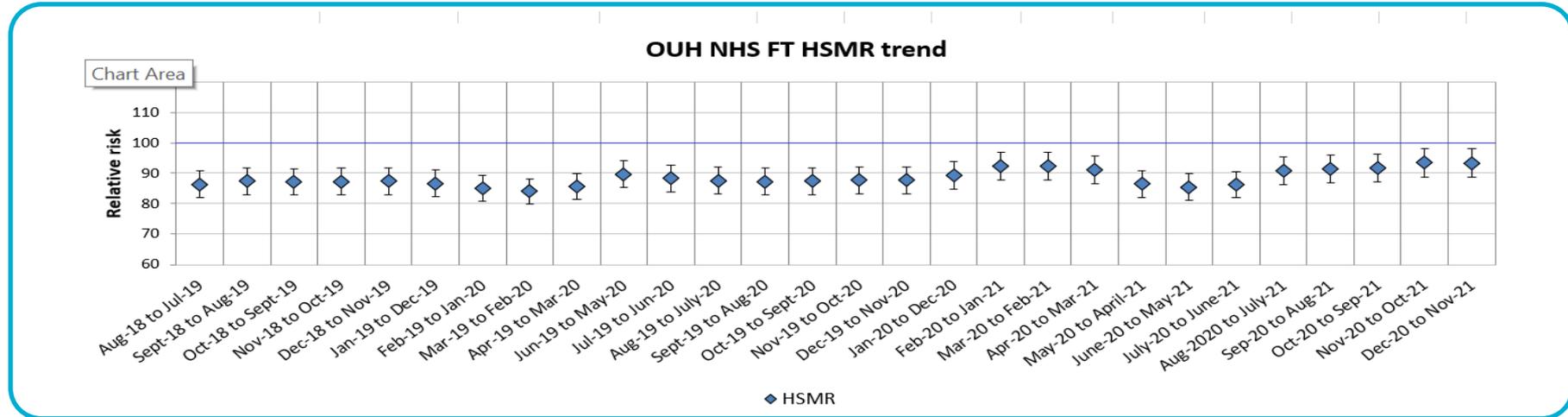
Weekly Safety Alerts

Actions ▾		1 - 100 ▶
📄	Title	Alert Date
	Weekly Safety Message 168: Hospital Passports for Patients with Learning Disabilities or Additional Needs	19/04/2022 13:00
	Weekly Safety Message 167: Use of Interpreters	12/04/2022 10:00
	Weekly Safety Message 166: Results endorsement	05/04/2022 11:00
	Weekly Safety Message 165: Oral and IV ciprofloxacin	29/03/2022 13:00
	Weekly Safety Message 164: Auto-reporting Selection-Order Entry Form	23/03/2022 11:00
📄	Weekly Safety Message 163: Patient Safety Awareness Week & LocSIPP	15/03/2020 10:00
📄	Weekly Safety Message 162: PCA and epidural devices	08/03/2022 10:00
	Weekly Safety Message 161: Point of care testing and blood gas results	01/03/2022 10:00

The SHMI for the data period July 2020 to June 2021 is 92. This remains rated 'as expected'.



* 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



The HSMR is 93.4 for December 2020 to November 2021. The HSMR is rated as 'lower than expected'

Summary Hospital-level Mortality Indicator (SHMI) July 2020 to June 2021 – Shelford Group

Shelford Group Trust	SHMI (Jan-20 to Dec-20)	Banding
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0.70	Lower than expected
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	0.73	Lower than expected
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.75	Lower than expected
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.88	Lower than expected
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.92	As expected
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	0.94	As expected
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.95	As expected
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	0.95	As expected
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	0.97	As expected
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	1.00	As expected

The SHMI calculation includes deaths within 30 days of discharge and palliative care. OUH SHMI is 'as expected' while some trusts have a 'lower than expected' SHMI. An analysis of the data indicates that this difference is due to the on-site hospice at OUH. When the OUH SHMI value is adjusted for palliative care it is rated as 'lower than expected.'

Hospital Standardised Mortality Ratio (HSMR) December 2020 to November 2021 – Shelford Group

Shelford Group Trust	HSMR (July-20 to June-21)	Banding
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	68.3	Lower than expected
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	71.2	Lower than expected
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	75	Lower than expected
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	75.8	Lower than expected
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	85	Lower than expected
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	93.4	Lower than expected
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.9	As expected
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	97.7	As expected
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	105.4	Higher than expected
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	108.2	Higher than expected

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%	31/03/2022	63.81%	54.28%	64.35%
Referral to Treatment Standards					
RTT: % <18 week waits, Incomplete pathways	92%	28/02/2022	62.46%	61.12%	76.01%
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	28/02/2022	1645	5636	941
Cancer Standards					
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	28/02/2022	80.66%	77.37%	66.75%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	28/02/2022	56.50%	17.11%	2.44%
First treatment within 31 days of cancer diagnosis	96%	28/02/2022	93.68%	90.75%	89.22%
First cancer treatment within 62 days of urgent referral from screening service	90%	28/02/2022	64.51%	61.22%	45.16%
First cancer treatment within 62 days of urgent GP referral	85%	28/02/2022	62.11%	51.49%	58.70%
Subsequent cancer treatment in <31 days: surgery	94%	28/02/2022	84.33%	75.94%	75.00%
Subsequent cancer treatment in <31 days: drugs	98%	28/02/2022	98.98%	98.63%	98.24%
Subsequent cancer treatment in <31 days: radiotherapy	94%	28/02/2022	94.36%	95.21%	81.25%
DMO1 6 week Diagnostic Standard					
DMO1: >6 week waits for treatment	1%	28/02/2022	24.02%	23.24%	6.10%

A&E

In month 12, whilst performance against the 4 hour standard continued to be extremely challenging, OUH performed favourably in comparison to both the national average and Shelford group average.

RTT

At the end of February, OUH performed above the national average and the Shelford group average for patients waiting under 18 weeks at 76.01% and continued to report significantly less >52 week waits when compared to both the national average and the Shelford group.

Cancer Standards

At the end of February 2022, OUH performed less favourably across 7 out of the 8 cancer standards when compared to the National and Shelford Group averages

Diagnostic waits

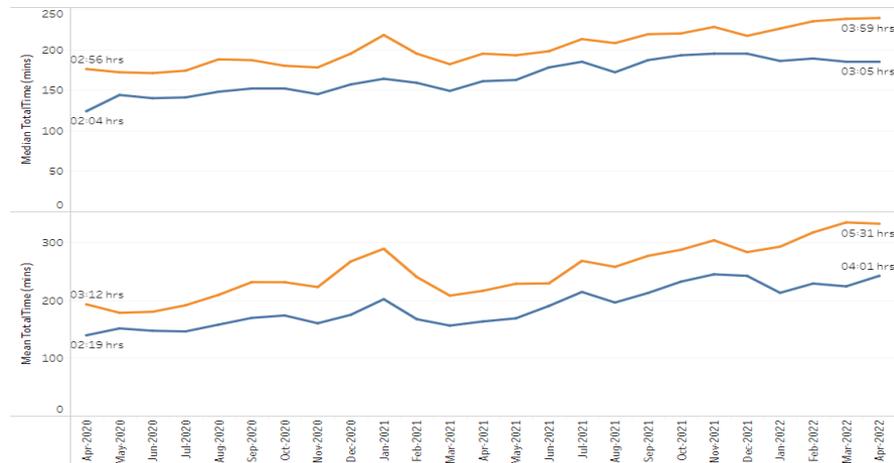
At the end of February 2022, OUH continued to perform favourably against the 6 week diagnostic standard when compared to the national and Shelford group averages.

ED 4 - hour performance



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

ED Average Length of Stay



- Performance against the 4 hour standard reduced to 64.35% in March, a drop of 1.68% from February 2022. Attendances to the Emergency Departments increased on both sites with the Horton Hospital seeing a rise of 8.6%, and an increase of 6% at the John Radcliffe Hospital (when adjusted for days in the month).
- Flow from the Emergency Department at the John Radcliffe Hospital for patients requiring admission continued to remain a major challenge throughout March and into April, resulting in a longer length of stay in the emergency department and an increase in the wait to be seen times for patients. Factors continuing to affect the flow out of the Emergency Department were the increase in the number of patients on the Ready For List and Covid 19 outbreaks impacting bed availability.
- The Acute Ambulatory Unit at the John Radcliffe Hospital has remained open overnight throughout March as an expanded bed base; however this has a significant impact on the units ability to function effectively as an ambulatory unit.

ED Attendance figures by Acuity, Site



SEDIT - John Radcliffe Hospital (RTH08)

Oxford University Hospitals NHS Foundation Trust, South East
Summary Emergency Department Indicator Table

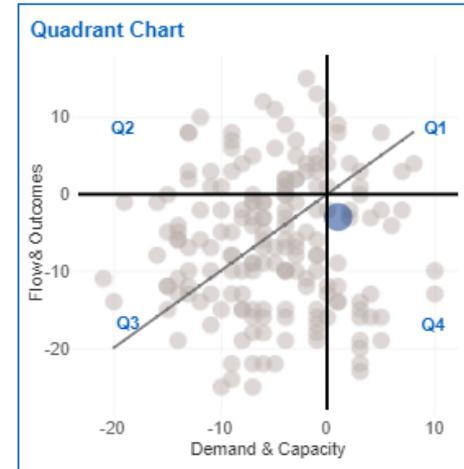
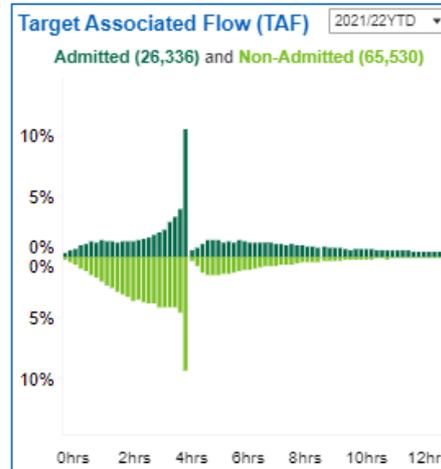
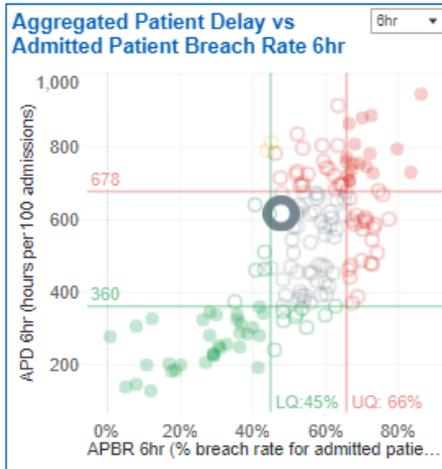
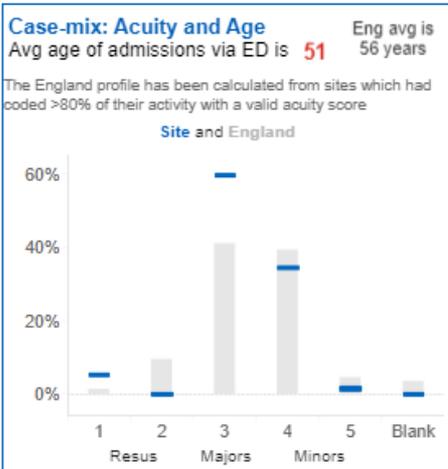
← 📊 🔍 **NHS**
Latest Refresh: 08/04/2022 16:31:13
Latest available date: February 2022

Please note: The Banner metrics are fixed to the latest available date, currently showing: **February 2022**

Activity		Workforce		Cubicles and Beds		Case-mix		Quality & Ranking	
T1 Attendances last 12m (rolling 12 months) 98,881 271/day	Admissions via ED last 12m (rolling 12 months) 34,523 95/day	ED consultants (wte) 14.50	ED registered nurses (wte) 120.00	ED Majors & Resus cubicles 39	G&A beds (site) 620 984	Average age of ED admitted patients 51 years	GIRFT ED Acuity Index 1.82	CQC Urgent & Emergency Services "Overall" ED rating Requires improvement	GEMI GIRFT Emergency Medicine Index Rank 107

Selected: February 2022 Roll back analysis (charts below)
Previous*: January 2022 February 2022

Select desired cohort:
Region, Coastal, Trauma Status, Teaching & STP
National



Domains - Benchmarked metrics

■ 1st quartile ■ 2nd quartile ■ 3rd quartile ■ 4th quartile

Demand (2)

Metric Name	Site Value
Proportion of catchment population attending per year	% 19.0
% of ED admissions aged 75+	% 27.4
% ED attends in highest deprivation quintile	% 6.1
GIRFT ED Acuity Index	1.8
% of ED attendances admitted (SUS)	% 34.7
% of emergency admissions via ED	% 55.0
% of elective I/P admissions	% 11.1
Trauma status	MTC

Capacity (-1)

Metric Name	Site Value
Annual ED attendances per ED consultant	6,819.4
Annual ED admissions per ED consultant	2,380.9
Annual ED attendances per ED registered nurse	824.0
Annual ED admissions per M&R cubicle	885.2
Annual ALL overnight admissions per G&A bed	95.6
Annual acute overnight admissions per G&A bed	84.4
Annual elective overnight admissions per G&A bed	11.3
Annual Trust admissions per Trust consultant wte	189.1
ED estate adequacy	

Flow (2)

Metric Name	Site Value
% of 999 ambulance handover delays > 30mins	% 11.0
% Discharged, Admitted or Transferred <= 2hrs of arrival (DAT2)	% 14.3
APBR6 (Admitted Patient Breach Rate >6hrs)	% 47.9
APD6 (Aggregated Patient Delay >6hrs)	615.9
SDEC (Same Day Emergency Care): Emergency Admissions with Zero LoS	% 41.8
% Adms via A&E with a LoS >0 and < 2 days	% 21.3
% Adms via A&E with LoS > 6 days	% 20.2

Outcomes (-5)

Metric Name	Site Value
APBR 12 (Admitted Patient Breach Rate >12hrs)	% 22.0
APD12 (Aggregated Patient Delay >12hrs)	430.1
Annual Delay Related Harms	105.8
Litigation liability per attendance	GBP 11.4
Staff Survey Score - Recommendation	3.9

For queries please email NHSI.AnalyticsProductsTeam@nhs.net



Latest Refresh: 08/04/2022 16:31:13
Latest available date: February 2022

SEdit - Horton General Hospital (RTH05)

Oxford University Hospitals NHS Foundation Trust, South East
Summary Emergency Department Indicator Table

Please note: The Banner metrics are fixed to the latest available date, currently showing: February 2022

Activity		Workforce		Cubicles and Beds		Case-mix		Quality & Ranking	
T1 Attendances last 12m (rolling 12 months) 47,095 129/day	Admissions via ED last 12m (rolling 12 months) 7,998 22/day	ED consultants (wte) 5.80	ED registered nurses (wte) 51.10	ED Majors & Resus cubicles 16	G&A beds (site) 132	Average age of ED admitted patients 64 years	GIRFT ED Acuity Index 0.88	CQC Urgent & Emergency Services "Overall" ED rating Requires improvement	GEMI GIRFT Emergency Medicine Index Rank 33

Selected: February 2022

Roll back analysis (charts below)

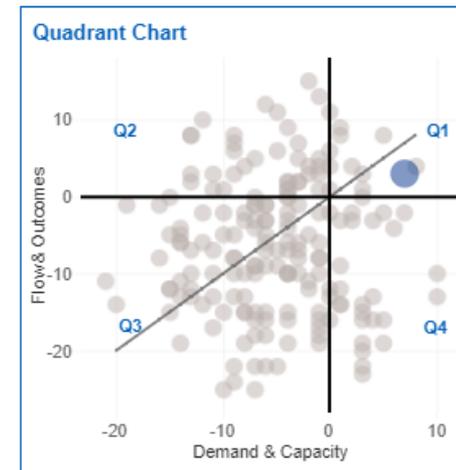
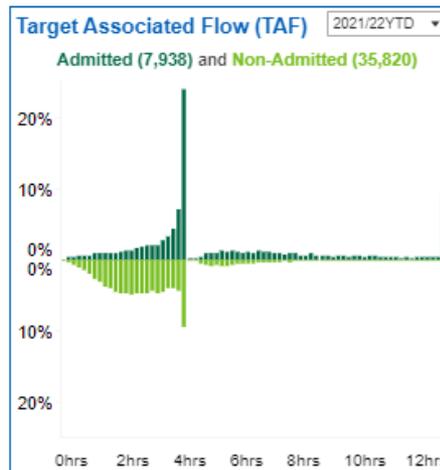
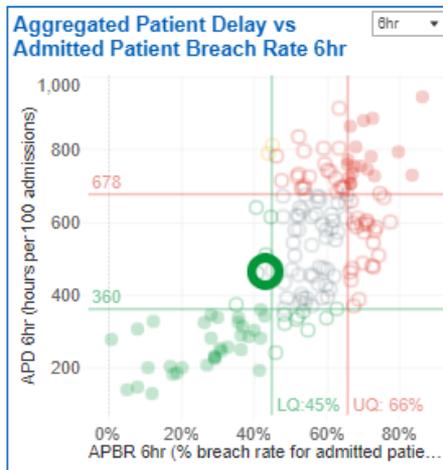
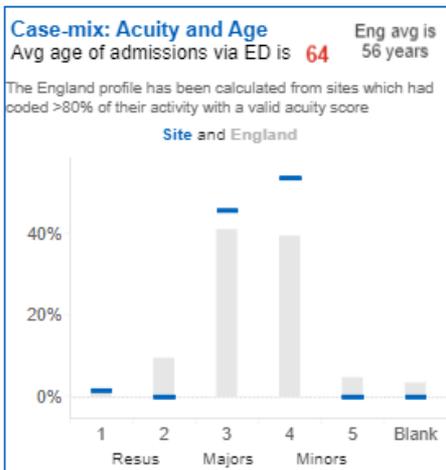
Previous*: January 2022

February 2022

Select desired cohort:

Region, Coastal, Trauma Status, Teaching & STP

National



Domains - Benchmarked metrics

■ 1st quartile ■ 2nd quartile ■ 3rd quartile ■ 4th quartile

Demand (1)

Metric Name	Site Value
Proportion of catchment population attending per year	% 28.8
% of ED admissions aged 75+	% 50.7
% ED attends in highest deprivation quintile	% 6.6
GIRFT ED Acuity Index	0.9
% of ED attendances admitted (SUS)	% 16.3
% of emergency admissions via ED	% 61.8
% of elective I/P admissions	% 0.2
Trauma status	ND

Capacity (6)

Metric Name	Site Value
Annual ED attendances per ED consultant	8,119.8
Annual ED admissions per ED consultant	1,379.0
Annual ED attendances per ED registered nurse	921.6
Annual ED admissions per M&R cubicle	499.9
Annual ALL overnight admissions per G&A bed	50.4
Annual acute overnight admissions per G&A bed	50.2
Annual elective overnight admissions per G&A bed	0.2
Annual Trust admissions per Trust consultant wte	189.1
ED estate adequacy	

Flow (4)

Metric Name	Site Value
% of 999 ambulance handover delays > 30mins	% 7.4
% Discharged, Admitted or Transferred <= 2hrs of arrival (DAT2)	% 24.1
APBR6 (Admitted Patient Breach Rate >6hrs)	% 43.3
APD6 (Aggregated Patient Delay >6hrs)	461.8
SDEC (Same Day Emergency Care): Emergency Admissions with Zero LoS	% 42.9
% Adms via A&E with a LoS >0 and < 2 days	% 18.8
% Adms via A&E with LoS > 6 days	% 28.3

Outcomes (-1)

Metric Name	Site Value
APBR 12 (Admitted Patient Breach Rate >12hrs)	% 11.9
APD12 (Aggregated Patient Delay >12hrs)	486.7
Annual Delay Related Harms	20.3
Litigation liability per attendance	GBP 11.4
Staff Survey Score - Recommendation	3.9

For queries please email NHSI.AnalyticsProductsTeam@nhs.net

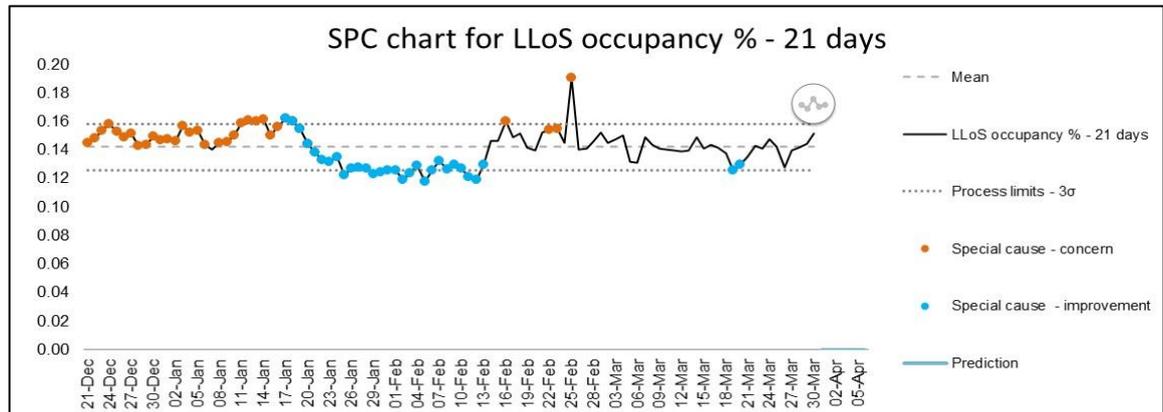
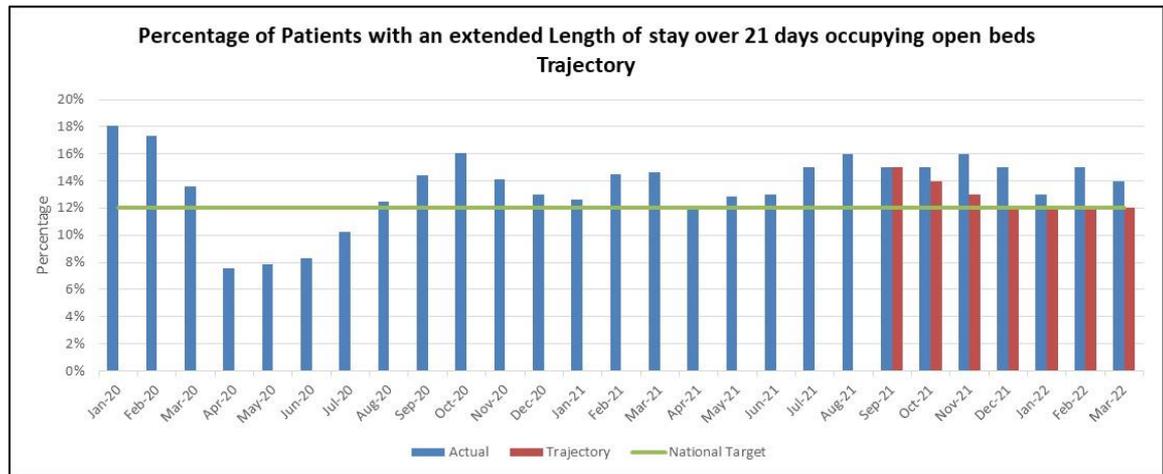
Urgent Care: Length of stay (LOS) over 21 days

Patients with a LOS over 21 days

- Refresh underway with the Divisional Directors of Nursing on the approach with 21 day length of stay reduction. Weekly meetings continue whilst this review is being taken.
- Maintained momentum of Executive escalation for patient repatriations which has had some success in reducing the number of patients awaiting repatriation during March.
- Significant delays across most discharge pathways within community and social care in March resulting in marked increase in the percentage of patients medically optimised for discharge.

Patient with a LOS over 21 days – point prevalence 28th March 2022

- 14.89% (132) of 886 adults are over 21 days
- 5% (6) are waiting for repatriation
- 31% (41) are out of county
- 9% (12) are NEWs 5 and above
- 46% (61) are Medically Fit for Discharge, of this 38% (23) are waiting for community hospital placement or any other bedded intermediate / reablement care and 21% (13) are waiting for social care reablement or home-based intermediate care time limited



Priority 1 – Keeping people safely at home

- Identification of high risk/frail people who require proactive assessment and care planning
- MDT development across community nursing and primary care to maintain the person in their own home
- Workforce to meet demand - optimise nursing associates
- Digital access across IT systems
- Care and anticipatory plans available for emergency teams to view

Priority 3 – Reduce the number of people in beds across Oxfordshire waiting to return home

- Pathway 1 –people who require support to return home
- Reduce the length of stay within the re-ablement pathway e.g., 50% achieve independence can this be achieved with a reduce LOS?
- Develop discharge to assess so the persons care needs are assessed in their own home
- Pathway 2- Reduce LOS in bed based care

Priority 2 – Virtual ward

Oxfordshire Virtual ward team (UCR, H@H, AOT, PML H@H)

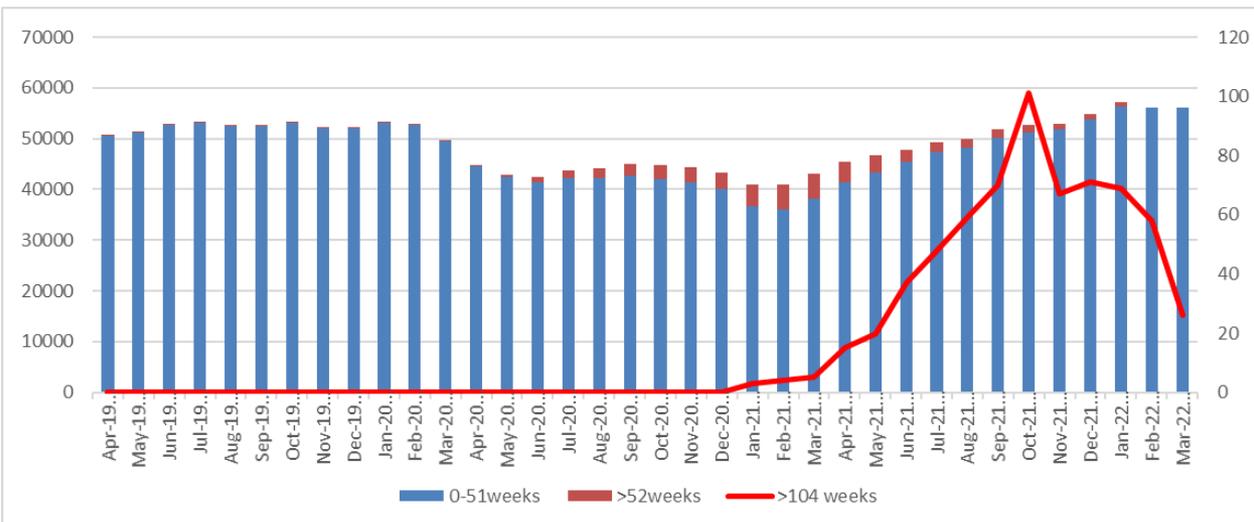
- Virtual ward workforce with teams working together across all providers to support referrals from SPA
- Develop diagnostics to replicate secondary care and can be delivered in the person own home
- Governance structure for the virtual ward and daily MDT

Priority 4 – Governance structure across proactive and Urgent and Emergency care i.e., committee and reporting structure

- Review and implement meeting structure for proactive and emergency care workstreams
- Provide clarity as to which committee has the authority to agree funding and committees with authority to agree strategy
- Clarity around reporting for each workstream/project



Elective Care: The total list size has increased with the number of 52 week waits also increasing slightly in March 2022



March 2022 submitted >104 week by specialty:

Specialty	Number of pathways
Paediatric Spinal Surgery	8
Plastic Surgery	7
Spinal Surgery Service	6
Maxillo Facial Surgery	2
Vascular Surgery	1
Paediatric Neurosurgery	1
Ear Nose and Throat	1
Grand Total	26

Month 12 Performance:

Trust performance against the overall **18-week incomplete Referral To Treatment (RTT) standard** was **74.87%**. The total RTT Incomplete **waiting list size for March is 57,599** and has increased by 511 pathways when compared to the previous month's submission (February 2022).

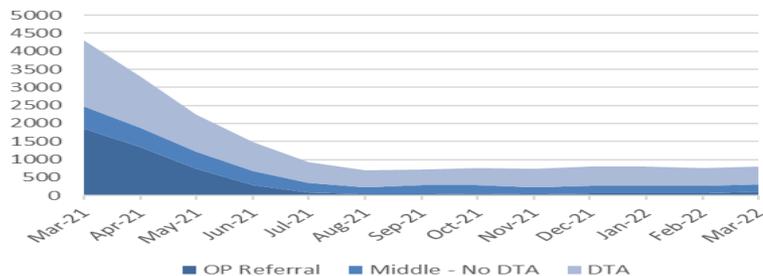
52 week wait position: There are **971** patients waiting **over 52 weeks** for first definitive treatment at the end of March 2022; this represents an increase of 29 patients when compared to previous month's position. The Trust achieved the planned trajectory for March 2022.

104 week wait position: **26** patients were submitted as having waited **over 104 weeks** at the end of March 2022; this included **12** patients who requested to delay their treatment beyond March 2022. This represents a decrease when compared with 58 reported in month 11 (February 2022). The services reporting > 104week breaches are detailed in the table (top right).

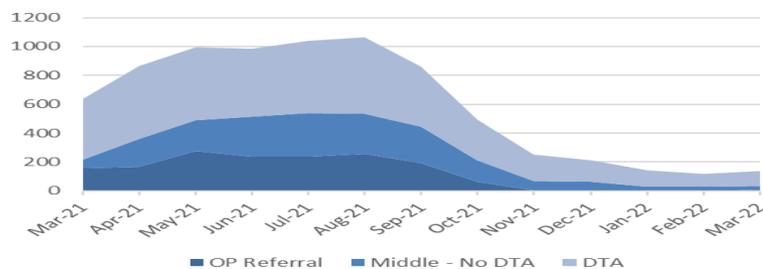
Areas of focus for 2021/22 include:

- Delivery of specialty plans for the second half of the financial year
- Monitor impact of elective care recovery schemes
- Maintain focus on patients with extended waiting times: >104 weeks, >78 weeks, >52 weeks
- Monitoring referral patterns and impact of services that reopened in year for routine referrals.
- Engagement with ICS Task & Finish Groups for challenged specialties
- Expedite projects within the Outpatient Improvement Programme
- Validation strategy to support stabilisation of waiting list size
- Continued escalation of technical issues affecting Incomplete RTT data
- Plans for 2022/23 developed with Divisional and Directorate teams

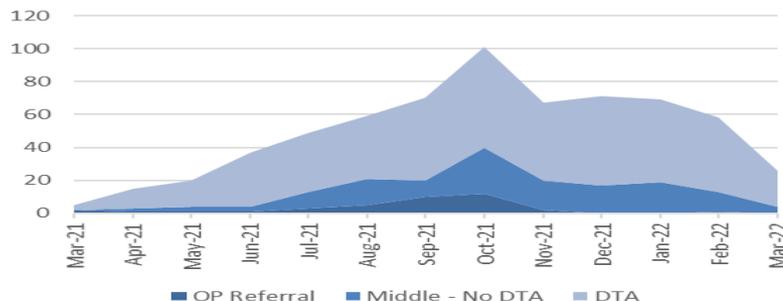
52-77wk trend by stage of treatment



78-103wk trend by stage of treatment



>104wk trend by stage of treatment



“OP Referral” = patient is still awaiting FIRST outpatient attendance (non-admitted pathway)

“Middle – No DTA” = Patient has attended first new appointment but does not currently have a decision to admit (non-admitted pathway)

“DTA” – Patient has a Decision to admit (DTA) and is on the surgical waiting list (admitted pathway)

52-77 weeks:

The number of patients waiting between **52-77 weeks** has **slightly increased** this month when compared to the previous month.

38% are at a **non admitted stage**, the key themes are:

- Inherited Cardiac Conditions patients awaiting first outpatient appointment
- Orthopaedic patients awaiting Ultrasound Guided Injections
- Orthopaedic patients with follow up appointments scheduled
- Spinal patients awaiting decisions or Nerve Root Block

62% are at the **admitted stage** and are awaiting surgery.

The top 4 areas by breach volume in this cohort are Orthopaedics, Plastic Surgery, Spinal services and Urology.

78-103 weeks:

This wait time cohort saw a slight increase from 118 last month (February 2022) to **137 in March 2022**

74% of the patients are on an **admitted pathway**. The top 4 areas by breach volume remain the same as last month: Spinal (*including paediatrics*), Plastic Surgery (*including paediatrics*), ENT (*including paediatrics*) and Neurosurgery.

>104 weeks:

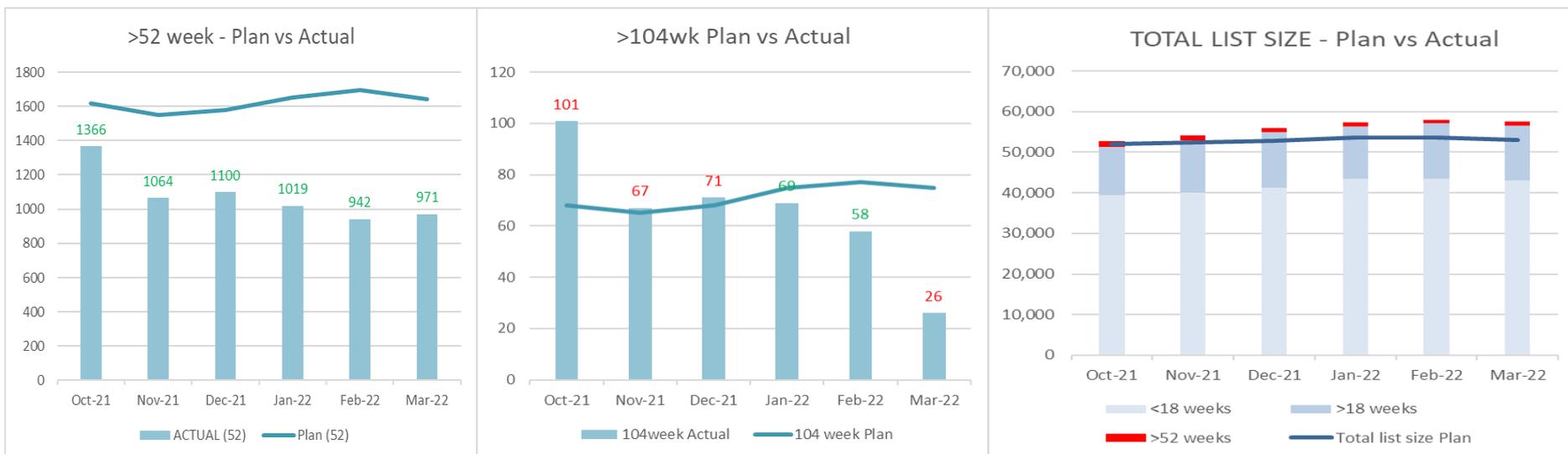
26 patients were submitted as having waited **over 104 weeks** at the end of March 2022, this represents a decrease from last month at 58 (February 2022). Most of these patients are on the admitted pathway.

Challenges in treating this cohort are:

- Critical care bed capacity, including PICU
- Workforce – COVID isolation/sickness creating short notice challenge
- Urgent and emergency care pressures
- Priority level 2 (P2) clearance - high volume P2 patients impacting on Plastics, Vascular and Spinal long wait clearance drive
- 12 of the 26 patients at point of submission were P6 patients (patient choice)

The operational plans for 2021/22 set an ambition for systems to:

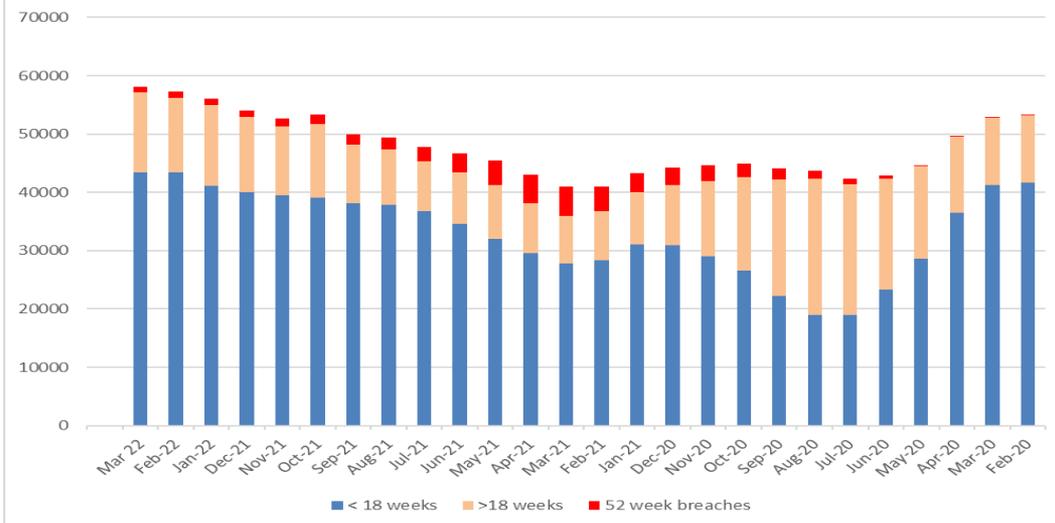
- **Eliminate waits of over 104 weeks** by March 2022 except where patients choose to wait longer
- **Hold or where possible reduce** the number of patients waiting **over 52 weeks**
- **Stabilise waiting lists** around the level seen at the end of **September 2021**
- **OUHFT year end actual performance against plan:**
- **>104 weeks** – March performance ahead of plan with an actual of **26** patients against a plan of 75 patients
- **>52 weeks** – March continued to meet plan with an actual of **971** patients against a plan of 1,693 patients
- **Total RTT Incomplete waiting list size** – did not meet trajectory plan with an actual of **57,599** against a plan of 53,550



The operational plans for 2022/23 extends on last years ambition for systems which include the following priorities:

- **Eliminate waits of over 104 weeks** by July 2022 except where patients choose to wait longer
- **Eliminate waits of over 78 weeks** by April 2023 except where patients choose to wait longer
- **Reduce outpatient follow up activity by 25% in March 2023** compared to March 2020 by progressing personalised care

RTT Incompletes Waiting list size

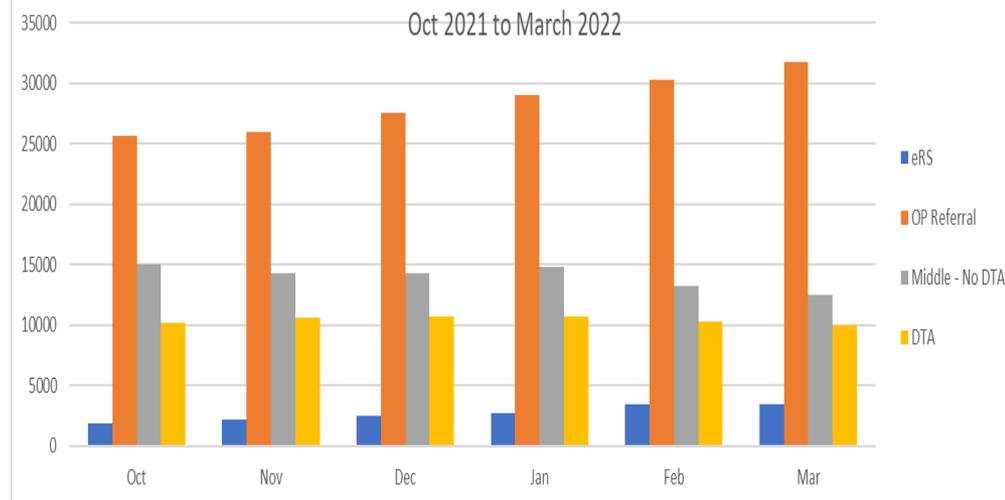


Top 10 specialties <18 week RTT waiting list growth October 2021 – February 2022

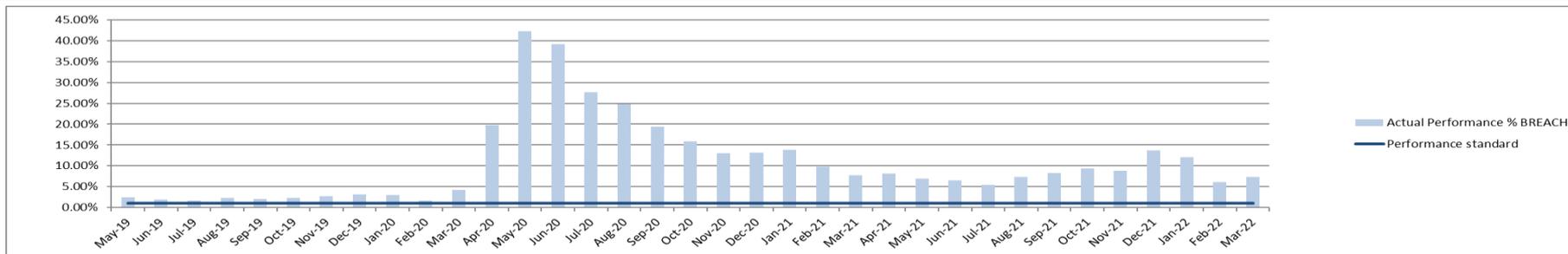
Speciality	Growth in <18 week pathway Oct - Mar
Ear Nose and Throat	1684
Orthopaedic Service	940
Ophthalmology	902
Paediatric ENT	348
Maxillo Facial Surgery	342
Gynaecology	330
Dermatology	296
Orthodontics	148
Hepatology	121
Paediatric Ophthalmology	88

- Total RTT Incomplete waiting list size continues to grow from 52,612 in October 2021 to 57,599 in March 2022
- The growth is mainly in the <18 week wait category which has **grown by 3,695** pathways during this period. The table (top right) shows the top 10 services with the largest volume of growth in the <18 week wait patient cohort.
- Potential contributors to growth:
- **Inclusion of eRS worklists** within RTT submissions began in Sept where this was not previously reported. eRS has grown from 1,227 (Sept 2021) to **3,435 (Mar 2022)**. Bottom right: Reopening eRS to routine referrals for some large services during this period contributed to circa 2,000 additions i.e. ENT, Ophthalmology and Maxillofacial Surgery
- **Data Quality** – Review to conclude on potential missed clock stops undertaken by external validation supplier
- **Clinic and Administrative resource capacity** - a number of services have been challenged with resolving the impact of reduced administrative resource for booking and scheduling. Digital solutions are in development to improve processes, inefficiencies and administrative reliance.

Month on Month Trend RTT PTL Submissions by Pathway Stage Oct 2021 to March 2022



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



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

Specialty	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend rolling 12 month period	6week breach change from previous month
Magnetic Resonance Imagi	794	882	762	616	547	584	542	397	341	444	460	314	243		-71
Computed Tomography	21	17	16	14	15	23	20	24	38	82	179	40	133		93
Non-obstetric ultrasound	15	20	10	8	6	120	252	674	670	1109	743	210	318		108
Barium Enema	0	0	0	0	0	0	0	0	2	1	0	0	0		0
DEXA Scan	0	0	0	0	0	0	1	0	0	0	0	0	0		0
Audiology - Audiology Asses	5	2	28	71	18	45	146	159	220	315	327	283	353		70
Cardiology - echocardiogra	9	1	0	40	64	122	125	89	42	40	22	12	36		24
Cardiology - electrophysiol	2	21	0	0	0	0	0	0	0	0	0	0	0		0
Neurophysiology - periphe	36	29	42	24	7	1	5	2	11	7	4	6	0		-6
Respiratory physiology - sle	0	0	0	0	0	0	0	0	0	0	0	0	0		0
Urodynamics - pressures &	1	14	18	22	15	21	18	14	13	1	7	2	2		0
Colonoscopy	13	19	25	22	11	17	28	12	14	19	16	11	11		0
Flexi sigmoidoscopy	11	16	18	20	11	13	19	11	4	9	13	13	3		-10
Cystoscopy	38	48	54	69	50	54	53	53	65	53	46	33	31		-2
Gastroscopy	37	41	33	41	31	26	24	23	22	26	15	8	9		1
patients waiting > 6 weeks	982	1110	1006	947	775	1026	1233	1458	1442	2106	1832	932	1139		207

Month 12 Performance:

There were **1,139** patients waiting over 6 weeks for a DM01 reportable diagnostic test at the end of March (an increase of 207 patients compared to previous month). The Trust did not meet **the diagnostic wait** standard with **7.28%** waiting more than 6 weeks. Overall performance remains above the national standard.

Audiology – Recruitment of audiologists remains a challenge. Rolling adverts for existing vacancies with an ongoing review to attractively brand roles. A new clinical audiologist started in post in February and an additional experienced administrative member is due to start shortly in support. The arrangement by the CCG to move the “standard” age related hearing loss reassessment patients to the community providers began in February with 250 patients transferred to the new provider to date. All departments are working together to try and reduce waiting lists and support other teams where there are shortages.

Staffing levels across Radiology have been challenged through March due to a rise in staff absences linked to Covid 19. The service have mitigated some of the impact through the flexibility of their staff to move across areas and sites. However, despite the actions taken, CT and Non-obstetric ultrasound has deteriorated in March when compared to the previous month.

28 Day reportable cancellations/readmission breaches by Month

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Total Hospital Non clinical cancellations in period	11	23	19	36	38	31	25	49	44	25	26	29	32
28 day Readmission breaches in period	0	1	0	3	4	6	4	2	7	6	3	6	5

Specialty	Cancellations	Readmission Breaches
Interventional Radiology	1	0
Cardiology	2	0
Thoracic Surgery	1	0
Paediatric Urology	0	1
Neurosurgical Service	4	1
Paediatric Plastic Surgery	1	0
Plastic Surgery	4	1
Plastic Surgery Cleft	0	1
Vascular Surgery	1	0
Orthopaedics	9	1
Plastic Surgery (NOC)	1	0
Trauma	1	0
Unknown	1	0
Endoscopy (Gastroenterology)	1	0
Gynaecology	3	0
Endocrine Surgery	1	0
Urology	1	0
	32	5

Month 12 Performance:

Cancellations - non-clinical hospital reason

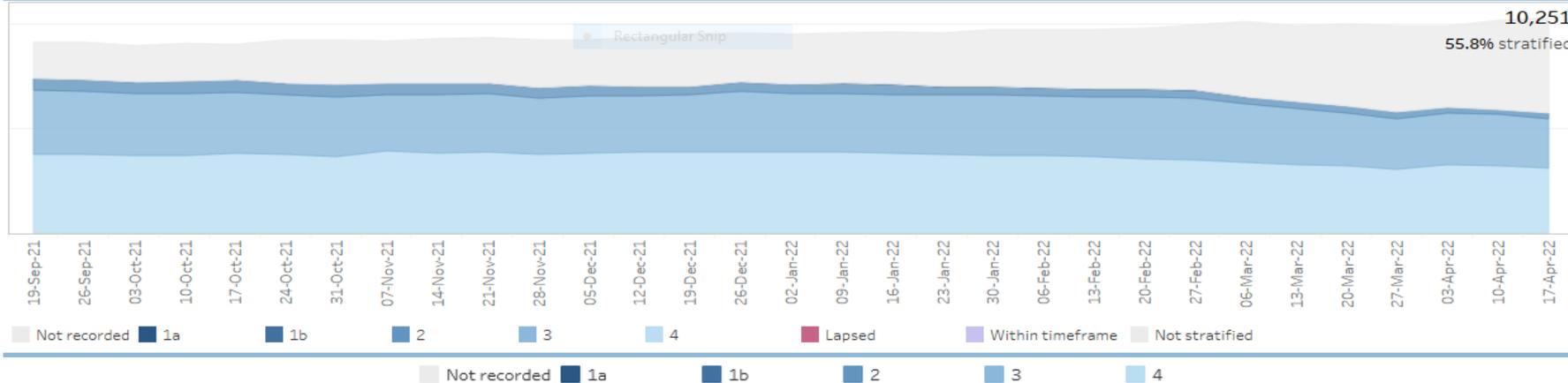
- There were 32 reportable **elective cancellations on the day** throughout the month of March 2022; this represents a slight increase in cancellations due to these reasons when compared to the previous month.
- The reasons for cancellation were as follows:
 - Anaesthetist unwell/unavailable (11 patients)
 - Overriding emergency/urgent took priority (7 patients)
 - No Bed (5 patients)
 - Surgeon unwell (4 patients)
 - Ran out of theatre time/list running late/Overbooked (3 patients)
 - Booking error – not suitable for list (1 patient)
 - No Radiographer available (1 patient)

Readmission breaches – non-clinical hospital cancellations including any from previous months that were readmitted after 28 days in month 12 or remain waiting beyond 28 days for readmission.

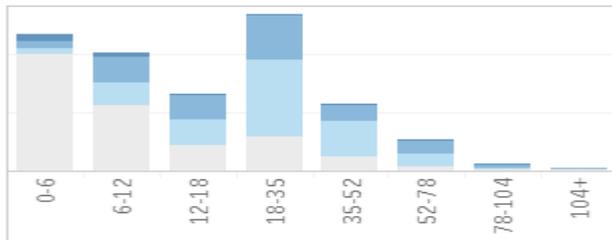
- There were **5 x 28 day readmission failures** in March 2022. Reasons were:
 - x1 No surgeon (sickness)
 - x1 No ward Bed available
 - x1 Emergency taking priority
 - x1 Booking error
 - x1 No ITU bed available

Elective Care; RCS Prioritisation (P1-P4) of Patients on UNDATED Surgical Waiting List (excluding Endoscopy and "Planned/surveillance")

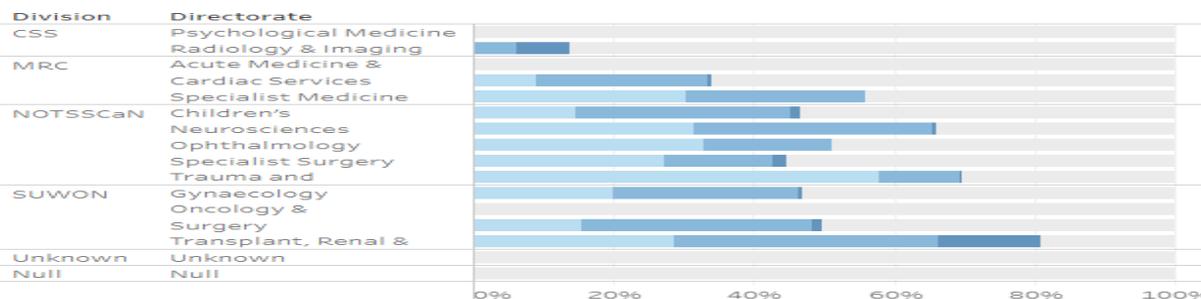
Weekly Inpatient PTL volume with Priority categories (P1-4)



Weeks since DTA with Priority Category



Prioritisation breakdown by area



RCS Prioritisation (P1-4) : Undated patients on the surgical waiting list (excluding Endoscopy and "Planned/Surveillance" patients, have continued to be clinically prioritised using Royal College of Surgeons (RCS) guidance. As at the surgical PTL snapshot of 27/02/22, **55.8%** of UNDATED patients (excluding Endoscopy "planned/surveillance") had an RCS documented within EPR, showing a continued deteriorating performance compared with previous month's position. This is based on coding up to 22nd Feb, all following activity is officially reported as null.

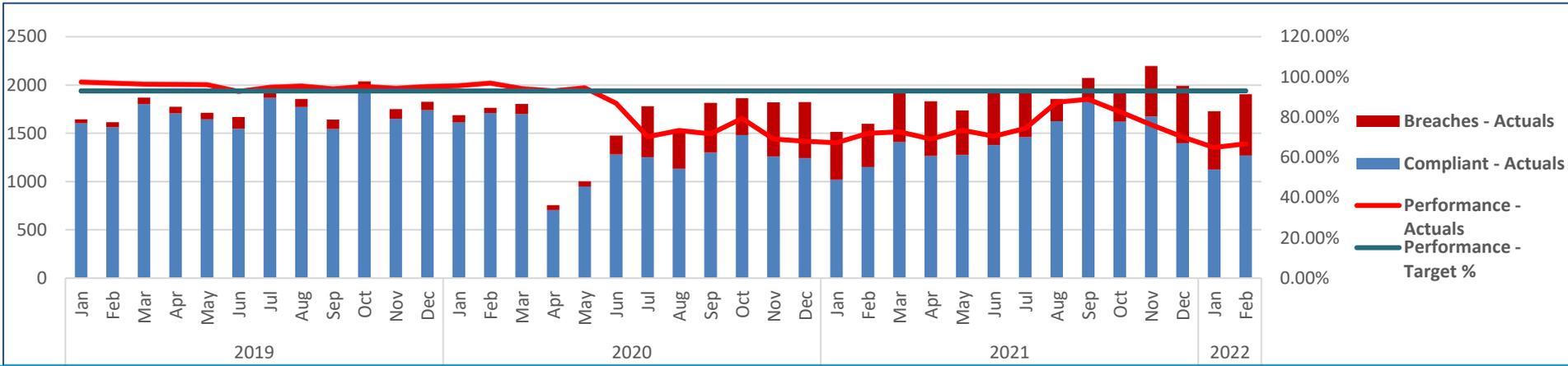
Redesign changes to capture the RCS at the point of addition to waiting list went **live on 23rd Feb 2022**. The changes make it mandatory for assigning RCS priority "P" code at the point of addition to waiting list, it is therefore expected that RCS completion rates will begin to improve. The change will also allow patients listed for inpatient/daycase diagnostic procedures to be assigned an appropriate **priority "D" code**. In addition, the new workflow includes a **mandatory** requirement for clinicians to **mark for moderate or above patient harm**. Reporting harm is under development and will expect to be formally monitored via the Patient Harm Review Group. Since the Go-live of the revised workflow there has been a reporting issue; a temporary solution has been implemented via the PTL for operational use whilst Cerner work to rectify at source to allow the correct reporting of the true coded position.

Standard	Target	Total	Within	Breach	Feb 22 Performance	Total	Within	Breach	Jan 22 Performance
2WW	93%	1,904.0	1,271.0	633.0	66.8%	1,729	1,124	605	65.0%
2WW Breast symptomatic	93%	164.0	4.0	160.0	2.4%	143	12	131	8.4%
31 day 1st	96%	399.0	356.0	43.0	89.2%	374	288	86	77.0%
31 day sub chemo	98%	170.0	167.0	3.0	98.2%	180	166	14	92.2%
31 day sub RT	94%	240.0	195.0	45.0	81.3%	233	168	65	72.1%
31 day sub surgery	94%	104.0	78.0	26.0	75.0%	97	62	35	63.9%
62 day screening	90%	31.0	14.0	17.0	45.2%	21.5	10	11.5	46.5%
62 day GP to 1 st treatment	85%	184.0	108.0	76.0	58.7%	199	122	77	61.3%
28 Day FDS Two Week Wait	75%	1,674.0	1,291.0	383.0	77.1%	1,619	1,148	471	70.9%

Two Standards achieved in February 2022

Performance By Tumour Type	2WW – 93%	28 FDS – 75%	31D 1 st – 96%	62D 1 st – 85%
Breast	9.1%	89.4%	75.0%	71.4%
Gynaecological	82.2%	69.2%	83.3%	36.4%
Haematological	94.4%	58.3%	100%	57.1%
Head & Neck	83.1%	75.4%	100%	41.4%
Lower Gastrointestinal	65.5%	62.6%	87.9%	47.4%
Lung	100%	85.3%	90.2%	42.9%
Sarcoma	79.0%	72.7%	91.7%	28.6%
Skin	97.4%	97.5%	90.9%	96.6%
Upper Gastrointestinal	98.0%	83.0%	88.9%	36.0%
Urological	58.0%	38.7%	88.2%	42.6%

Cancer Waiting Time Standards 2 Week Wait



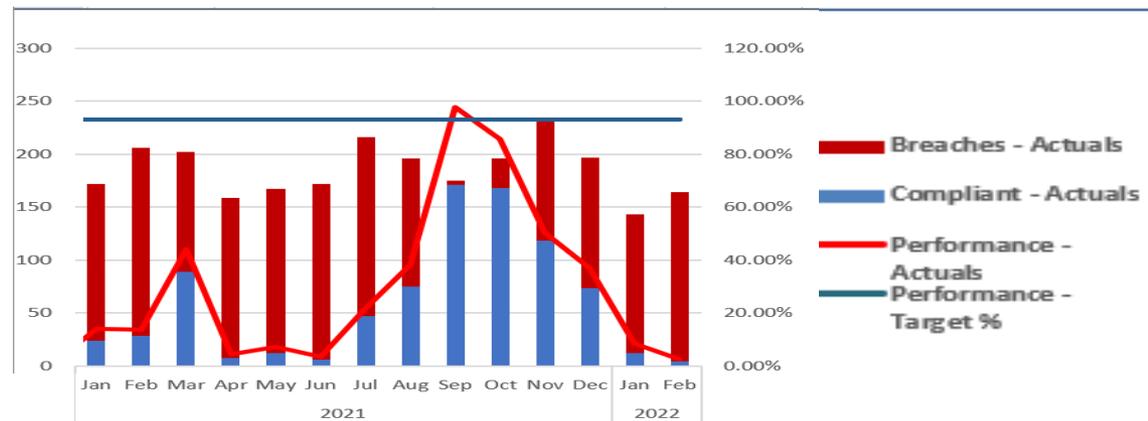
2WW standard was not achieved, reporting 66.8% against 93% threshold with 633 patients breaching. Breast accounted for 360 breaches (57%) followed by Lower GI with 76 breaches (12%) and Urology with 71 Breaches (11%). Positive improvements seen in Gynaecology 2WW performance; the past 3 months average performance was 82% against a previous 3 month average of 56%. Urology also saw a 48% reduction in 2WW breaches from January to February.

2ww Breast Symptomatic standard was not met with a performance of 2.4% against the standard of 93%. Maintaining the required capacity of 180 patients per week for clinics has been challenging due to staffing challenges. Mutual aid for the breast pathway requested through Region from within the BOB ICS and from providers outside of the ICS; however no support available. The service has implemented a change to how capacity is utilised by way of streamlining the pathway by age as diagnostic needs differ. Vacancies in mammography continue to be a significant challenge; recruitment plan is in place which includes international recruitment. The number of breaches increased in February and the mean average breach day also increased from 22.7 days in January to 22.9 days in February. The majority of the >30 day breaches relate to FIT test requests in LGI for those missing when referred by the GP. Data collected in February suggests that 47% (96 of 203) of patients were referred in without FIT tests completed. CCG addressing this issue with GP's and a generic letter has been formulated.

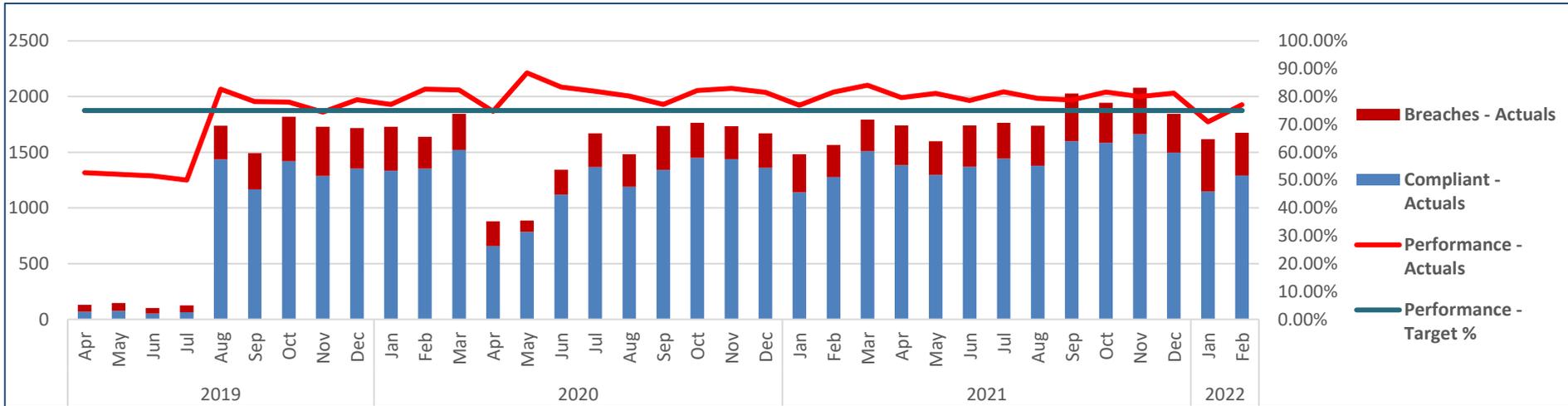
2 Week Wait Averages

2WW	Accountable	Number of Breaches (>14D)	Average day of breach	Median day of breach
OCT 21	1958	337	20.3	18.0
NOV 21	2197	523	21.0	18.0
DEC 21	1991	594	20.1	16.0
JAN 22	1727	604	22.7	21.0
FEB 22	1904	633	22.9	22.0

2 Week Wait Breast Symptomatic

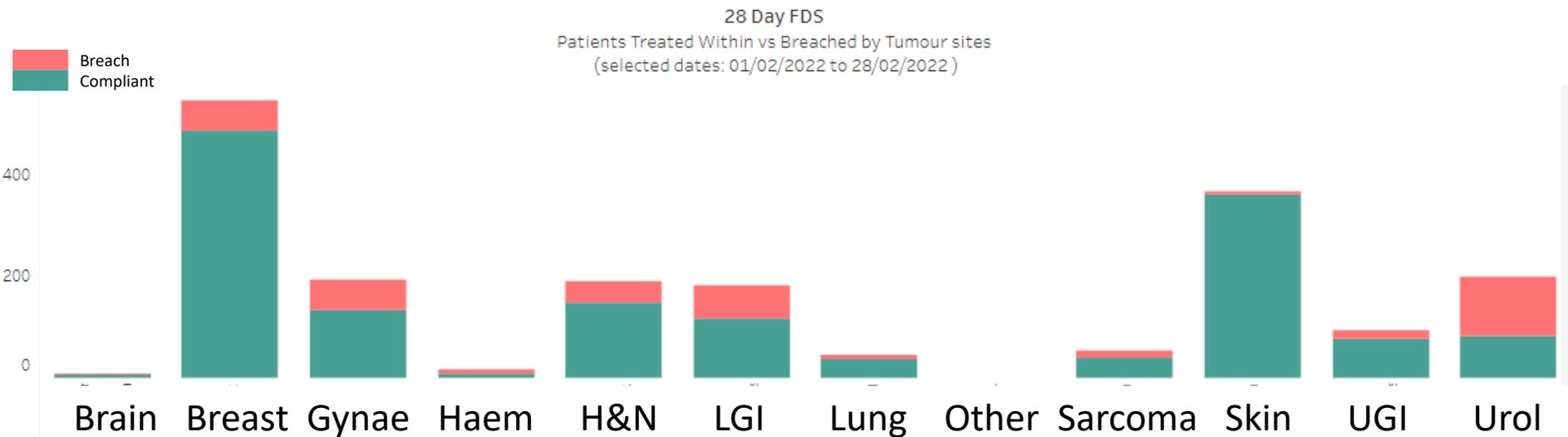


Cancer Waiting Time Standards 28 Day FDS

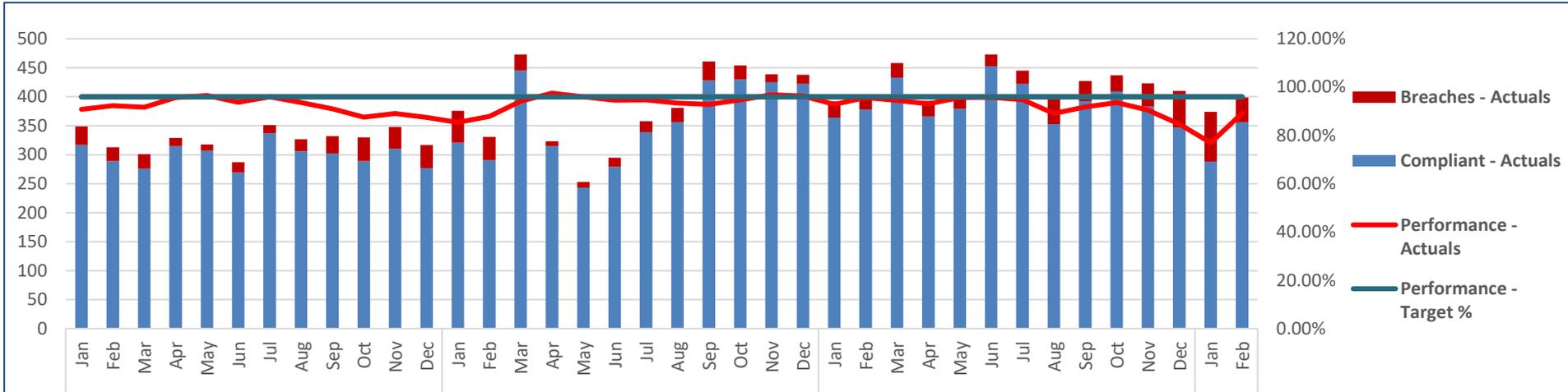


28 Day Faster Diagnosis Standard

The 28 day FDS Standard was **achieved**, reporting **77.1%** against 75% threshold with 383 patients breaching. Urology accounted for 111 breaches (29%), followed by LGI accounting for 70 breaches (18%) and Gynae accounting for 60 breaches (16%). Head and Neck reduced the number of patients breaching the 28 day standard by 43% in February in comparison to January and achieved the standard.



Cancer Waiting Time Standards 31 Day 1st

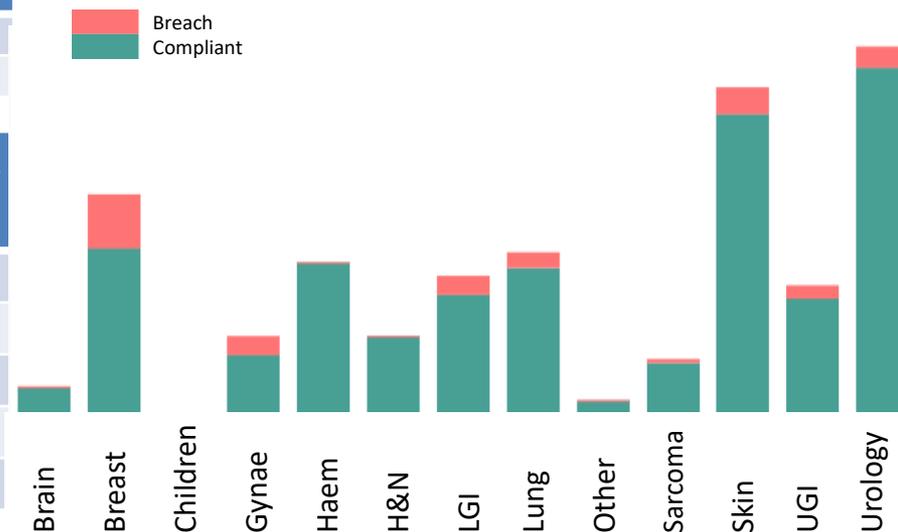


31 Day 1st Standard

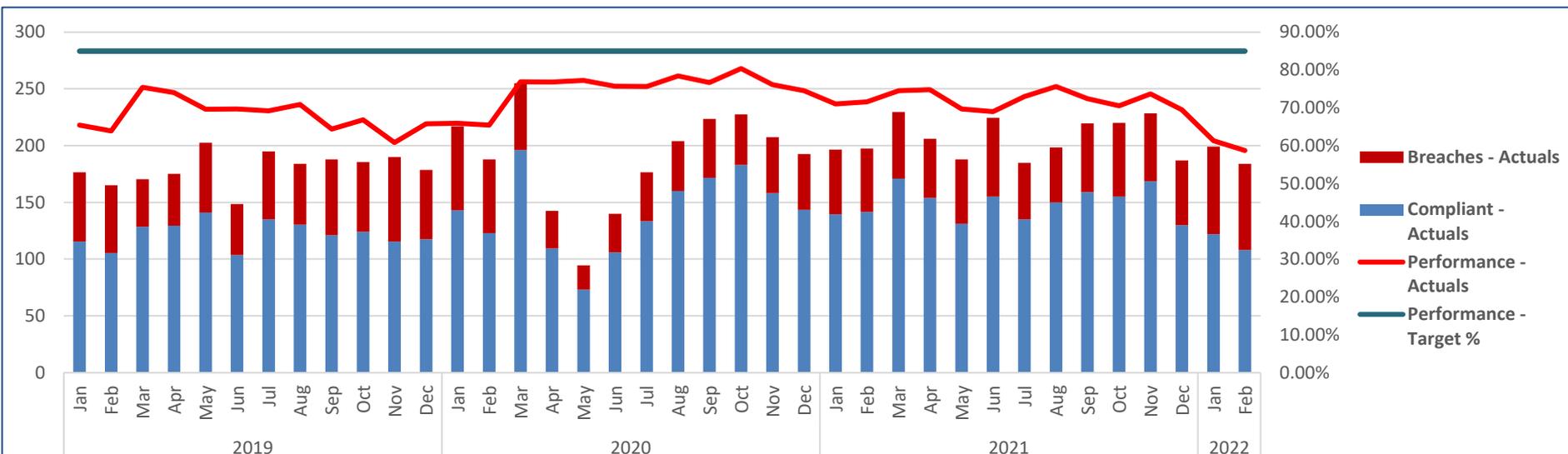
The number of treated patients **increased** from 374 patients in January to **398** patients in February, with 50% less patients breaching (86). The (mean) average number of days on which patients are breaching increased from **40.3** days in January to 50.9 days in February. The 31 Day performance has been affected by limited surgery capacity (accounting for 91% of the breaches). The **longest waiting patients** by tumour site and treatment modality are highlighted below.

Tumour Site	Skin	Skin	Skin	Skin	Skin	Urological
Day Breached	143	125	89	89	85	77
Modality	Surgery	Surgery	Surgery	Surgery	Surgery	Surgery

31 days	Accountable	Number of Breaches (>31D)	Average day of breach	Median day of breach
OCTOBER 21	437	28	45.0	38.5
NOVEMBER 21	422	40	44.1	38.5
DECEMBER 21	410	63	40.8	36.0
JANUARY 22	374	86	40.3	36.0
FEBRUARY 22	398	43	50.9	40.0



Cancer Waiting Time Standards 62 Day 1st

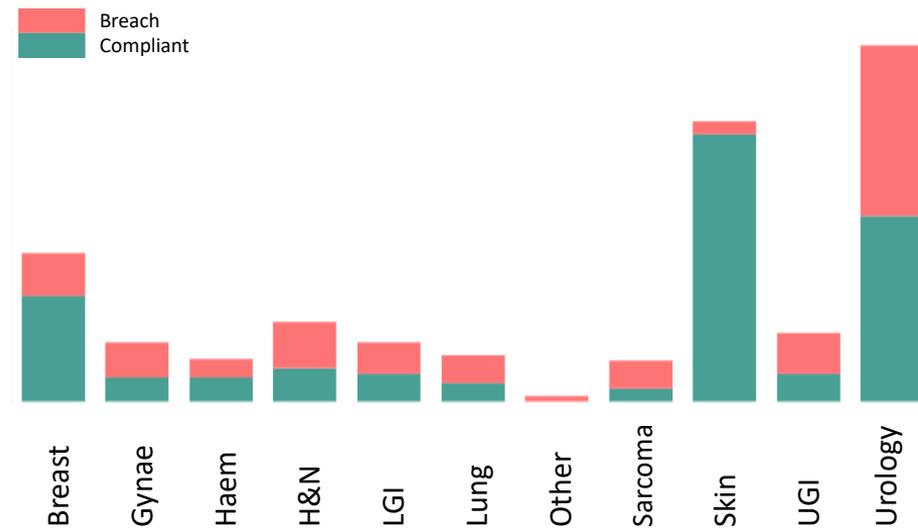


62 Day from GP referral: The number of completed pathways decreased from 199 patients in January to **184 patients in February**. Breaches marginally decreased from 77 breaches in January to **76 patients** in February resulting in a performance of **58.7%**. The main breaches were in Urology (27), Upper GI (8) Gynae (7) and H&N (8.5). The mean average for the days that patients breached decreased from 95.4 in January to 93.4 days in February with the **longest waiting patients** treated by tumour site highlighted below:

62 Day Breaches

Tumour Site	Urological	Lower GI	Gynae	Head & Neck	Lower GI
Day Breached	169	165	158	154	149

62D	Accountable	Number of Breaches (>62D)	Average day of breach	Median day of breach
OCTOBER 21	220	65	91.2	86.0
NOVEMBER 21	228.5	60	94.6	84.0
DECEMBER 21	187	57	93.3	83.5
JANUARY 22	199	77	95.4	87.0
FEBRUARY 22	184	76	93.4	87.0



Current Challenges

Recovery Actions

Medium term opportunities

Expected outcome

2WW

- Variable Trust performance
- **Breast (57%)** – vacancies in radiology, physical outpatient space, reduction in IS capacity
- **Lower GI (12%)** – endoscopy waiting times, vacancies across medical and nursing staff groups, referrals without FIT completion, utilisation of Horton capacity
- **Urology (11%)** – bladder pathway for flexi-sigmoidoscopy due to vacancies, utilisation of capacity, administrative vacancies
- **Hidden demand** – circa. 1,000 referrals

- Integrated Quality Improvement Plans in place for Breast and Endoscopy
- **Breast** – international recruitment; Community Diagnostic Centre phase 2, outpatient reconfiguration by age, agency staff
- **Lower GI** – primary care to support increase in FIT testing pre-referral, job plan review underway to improve utilisation, recruitment to vacant posts, Independent Sector collaboration
- **Urology** – trainees due to start in next rotation, additional lists at the Horton, pilot of A&C roles underway

- Integrated Quality Improvement Plans to be extended to challenged tumour sites
- **Urology** Improvement Board to oversee demand and capacity review focus on addressing imbalance; admin and clerical restructure to support retention and development of staff
- **Breast** – increase utilisation of CDC capacity over contract period, focus on retention of staff
- **Lower GI** – improve productivity to 120%, increase volume of referrals with FIT test complete to 100%, collaboration across BOB ICS

- 10% improvement in performance
- All tumour sites to ensure referral to 1st outpatient appointment within 7 days
- 100% of suspected lower GI referrals to be accompanied by FIT result
- Outpatient redesign to enable increase in straight to test capacity

31D

- Over 90% of pathways are awaiting surgical treatment.
- Theatre capacity due to vacancies and staff absences due to covid (**Urology and Skin**)
- Bed capacity inc. Critical Care
- Radiotherapy capital equipment
- Radiotherapy vacancies
- A high proportion of breaches are over by 1-5 days.
- **Breast** have the highest proportion of breaches due to challenges with coordinating radiological and surgical clinicians for wire implants

- Reopening 10th theatre at the Churchill
- Site Operations oversight of all elective cases to minimise cancellation on the day
- Continuation of the Linac renewal programme (Radiotherapy)
- International recruitment drive for radiotherapy staff
- Apply escalation process and accountability levels set for each pathway milestone by Tumour site
- Changes to Infection Control and Prevention protocols
- **Plastics** Service Manager to attend **Skin** PTL to improve expedition of capacity constraints

- Theatre Productivity and Improvement Programme – particular focus on Churchill
- Radiotherapy capacity stabilised once Linac Programme completed
- Radiotherapy Hub and Spoke with GWH
- Review and Redesign **Breast** clinical pathway to replace wire implants with seeds which is less time critical

- Improved theatre productivity (contribution of IPC changes)
- Mitigate on the day cancellations
- Reduced delay between escalations (Skin/Plastics)
- Improved treatment performance within Breast services will impact Trust overall
- Improved Radiotherapy access times

62D / 104D

- Performance challenged for the past 3 years
- Diagnostic and theatre capacity impacted by staff absences due to Covid-19
- Critical Care capacity
- Performance impacted by challenges across the beginning, middle and end of the pathways
- **Urology** and **Gynaecology** account for 34% and 14% of the >62 day waiting list, and account for 61% between them of the overall volume of patients waiting over 104 days
- Increase in Inter-provider transfers taking place beyond 62 days

- Implementation of Rapid Diagnostic Services across Lung and Lower GI
- Increase in radiology activity to 120% of 2019/20 levels
- Targeted backlog reduction schemes for each tumour site to reduce the number of patients waiting 63+ days to the same level as February 2020

- Performance will take time to recover as long wait patients are treated
- Oxford Critical Care Unit capacity
- Theatre bid submitted – awaiting NHSE/I approval
- Extension of Rapid Diagnostic Services across tumour sites to achieve time pathway milestones
- Explore further opportunities with CDC to improve diagnostic turnaround times
- Collaboration across Thames Valley Cancer Alliance on pathway reviews
- Thames Valley Cancer Alliance developing Cancer Access Policy to include inter-provider transfers

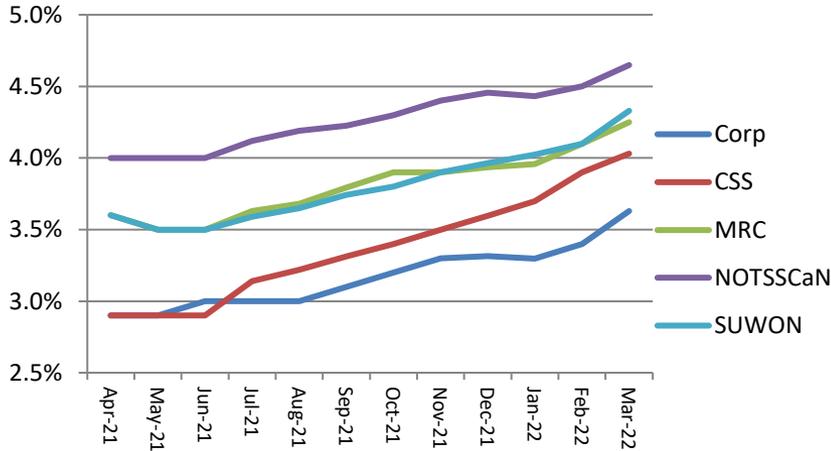
- Reduction in number of patients waiting over 104 days
- 10% Improvement in performance
- Improved productivity across diagnostic modalities

Workforce

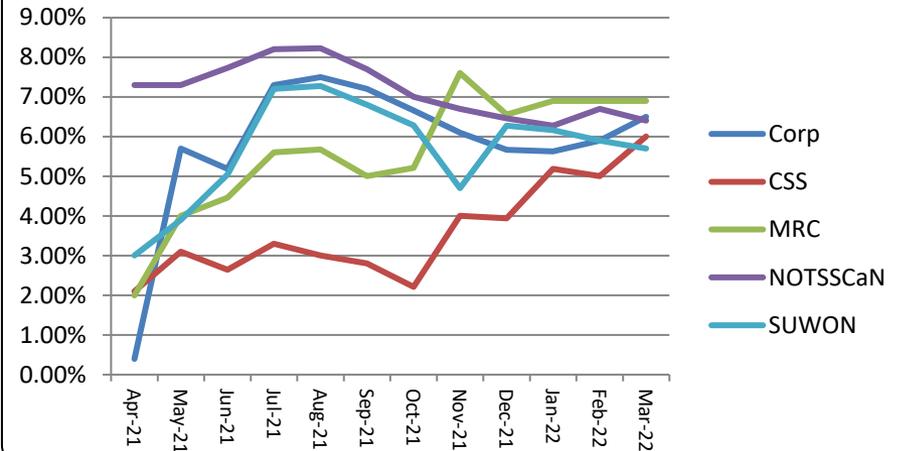
OUH Trust	4.3%	6.3%	12.4%	1,084.2	131.4	£5,814,296	£1,094,600	65.0%	88.0%
KPI (Green)	3.1%	7.7%	12.0%				<£1.33m	85.0%	85.0%
Division	Sickness	Vacancy	Turnover	Bank WTE	Agency WTE	Bank Spend	Agency Spend	Appraisals	Core Skills
Clinical Support Services	4.0%	6.0%	11.2%	75.5	20.9	£504,931	£69,423	67.9%	89.6%
Corporate	3.6%	6.5%	12.7%	80.7	0.7	£468,049	£46,525	63.4%	86.8%
Medicine Rehabilitation and Cardiac	4.3%	6.9%	12.5%	374.4	38.2	£1,957,616	£507,418	64.7%	87.8%
Neurosciences Orthopaedics Trauma and Specialist Surgery	4.7%	6.4%	11.3%	290.7	36.3	£1,603,029	£269,161	62.9%	86.1%
Surgery Women and Oncology	4.3%	5.7%	14.2%	262.9	35.2	£1,280,670	£202,073	66.3%	89.9%

The above data represents the M12 position of the key KPIs regarding HR Metrics. 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.

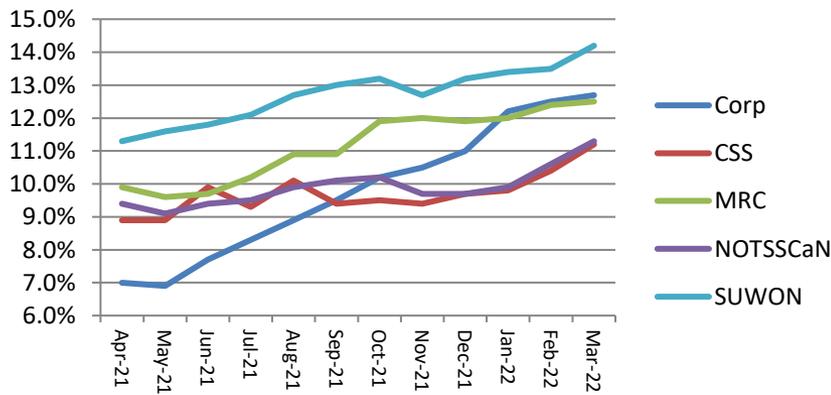
Sickness Absence % by Division



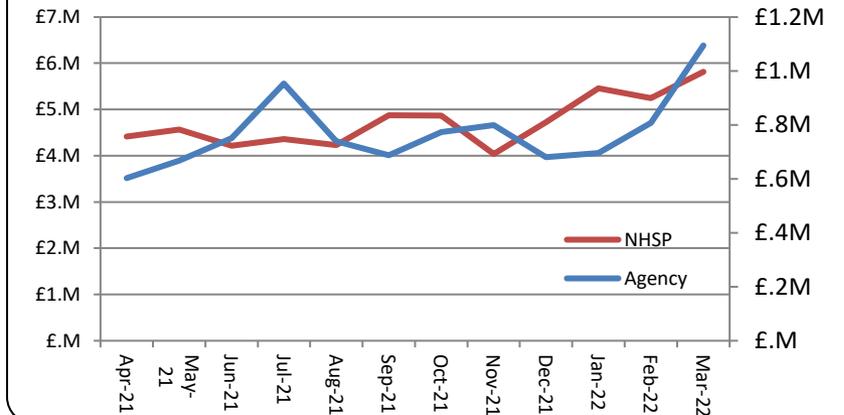
Vacancy % by Division



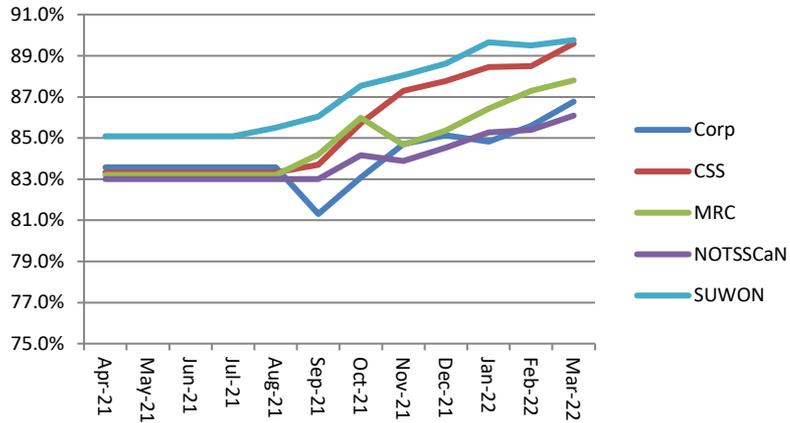
Turnover % by Division



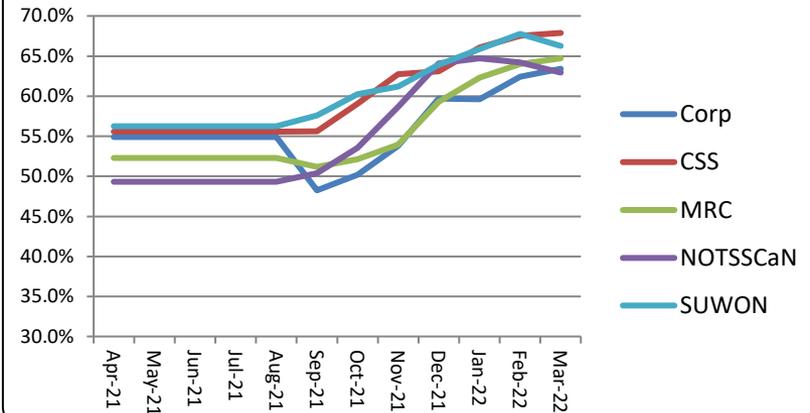
Bank and Agency Spend £



Core Skills %



Non Medical Appraisal % by Division

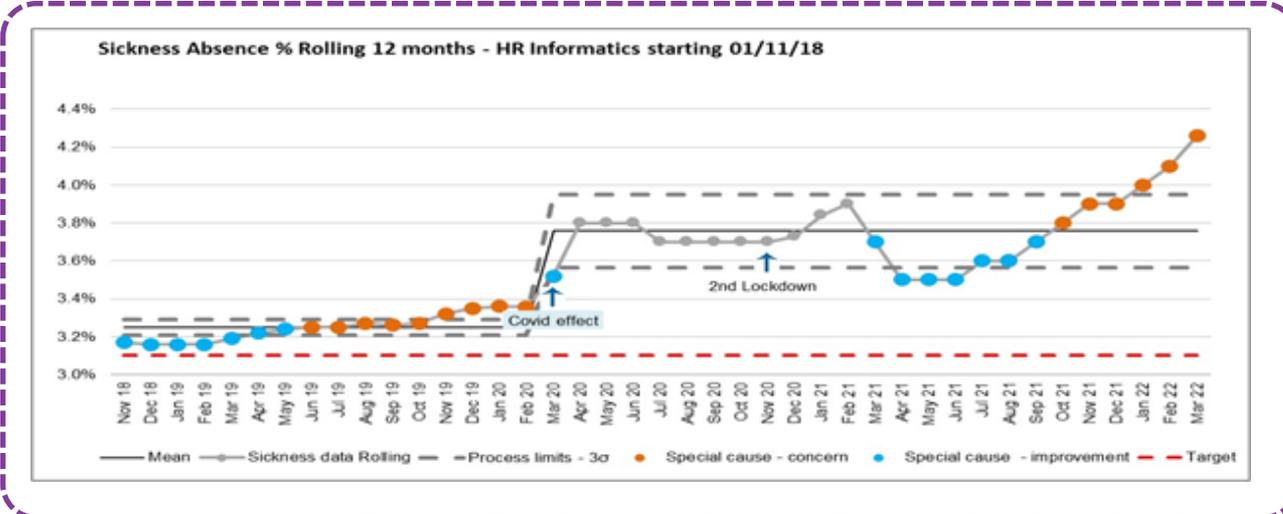


Row Labels	CSS	Corporate	Medicine Rehabilitation and Cardiac	Neurosciences Orthopaedics Trauma and Specialist Surgery	Surgery and Oncology	Grand Total
	% Compliant					
Core Skill - Equality, Diversity and Human Rights	92.9%	88.0%	92.6%	90.6%	94.7%	92.1%
Core Skill - Fire Safety	90.4%	88.5%	89.5%	88.5%	92.6%	90.0%
Core Skill - Health, Safety and Welfare	93.0%	87.8%	92.9%	90.6%	94.3%	92.0%
Core Skill - Infection Prevention and Control Level 1	96.8%	94.0%	97.0%	93.9%	96.5%	95.4%
Core Skill - Infection Prevention and Control Level 2	86.4%	82.2%	85.0%	84.9%	88.8%	86.1%
Core Skill - Information Governance and Data Security	90.8%	88.4%	93.1%	90.0%	93.2%	91.4%
Core Skill - Moving and Handling Level 1	90.8%	86.0%	83.5%	81.1%	88.1%	86.1%
Core Skill - Moving and Handling Level 2	75.8%	60.9%	74.9%	74.4%	70.1%	72.8%
Core Skill - Preventing Radicalisation Awareness	97.8%	94.0%	93.3%	91.2%	96.1%	93.8%
Core Skill - Preventing Radicalisation Basic	86.4%	83.2%	84.9%	83.3%	86.1%	84.8%
Core Skill - Resuscitation Level 2, 3 OR 4	84.3%	75.4%	84.2%	82.1%	89.4%	84.6%
Core Skill - Safeguarding Adults Level 1	90.3%	86.3%	90.7%	87.6%	90.8%	88.8%
Core Skill - Safeguarding Adults Level 2	91.0%	85.6%	88.3%	85.8%	90.8%	88.5%
Core Skill - Safeguarding Children Level 1	92.8%	88.8%	93.9%	86.7%	94.2%	90.8%
Core Skill - Safeguarding Children Level 2	79.9%	78.0%	85.3%	82.6%	85.2%	83.5%
Core Skill - Safeguarding Children Level 3			59.1%	77.2%	55.6%	70.6%
Grand Total	89.6%	86.8%	87.8%	86.1%	89.8%	88.0%

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%.

Reducing our absence rates

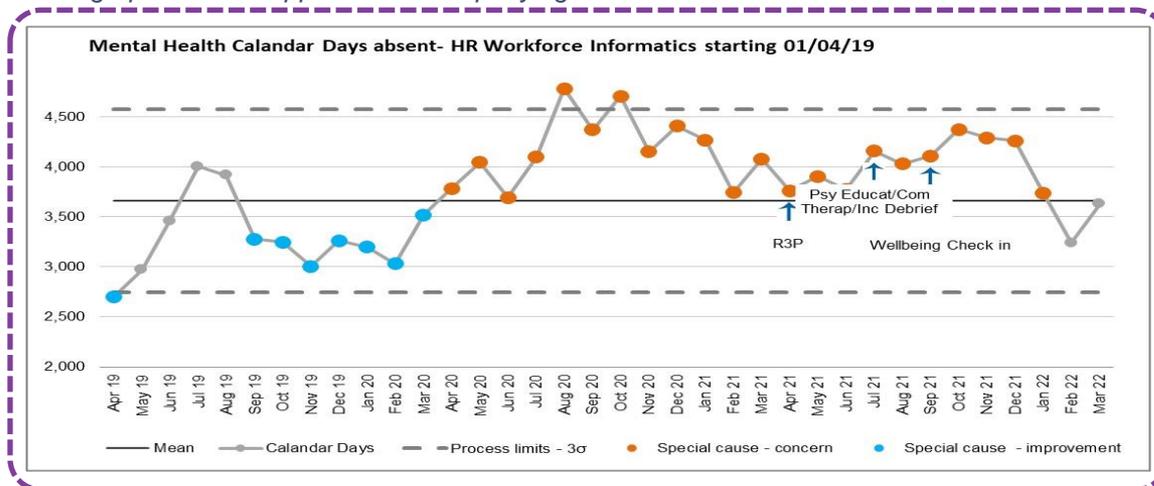
The graphs below support the accompanying text.



Month – Mar 22
4.3%
Target
3.1
Target Achievement
Metric is consistently above KPI target.

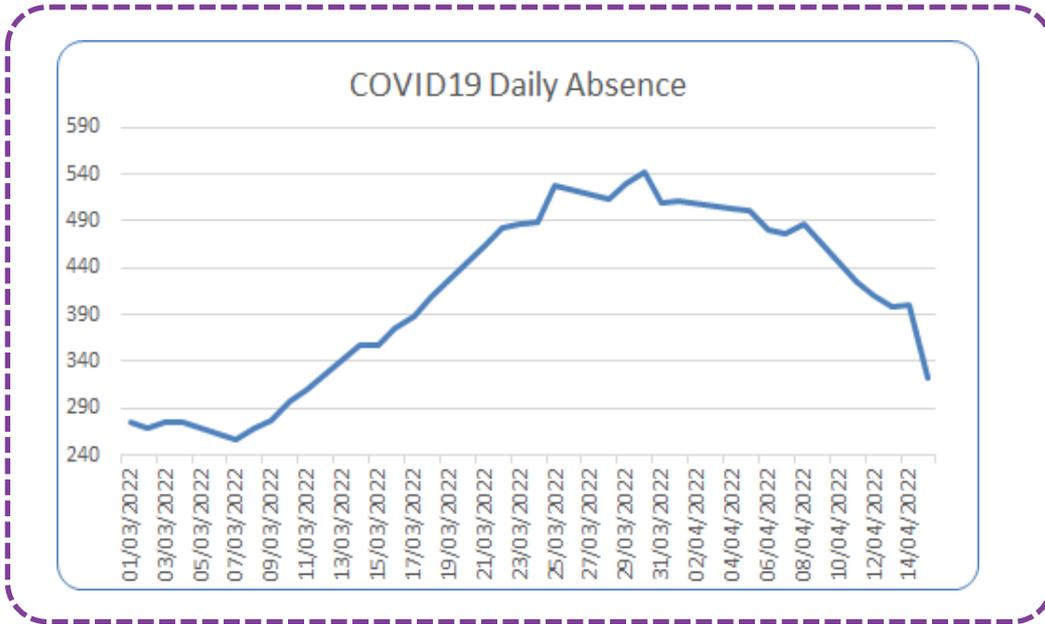
Background	What the chart tells us	Issues	Actions
Data taken from ESR for a rolling 12 months. Sickness % is wte absent/wte availability.	Sickness continues to be influenced by COVID19 absence. M12 has, in line with recent months seen an increase in absence rates, which has influenced the rolling absence rate. The effect is demonstrable in the above graph. For the last 12 months COVID19 absence represents 1% and non COVID19 absence is 3.3%, which is broadly the Trust's absence rate prior to the pandemic. In M12, COVID19 was 2.1% of the 5.4% in month absence rate, which is reflected in the Divisional observations.	Points which fall outside the grey process limits are unusual and should be investigated. The reasons for the recent increases are known and noted on this page. There is also a run of sequential points above the mean. 7 or more such points may indicate a significant change in process and could suggest a system out of control.	Corporate – COVID19 and Mental Health have been the top reasons for absence, short term sickness is 61% and long term is 39% of the total. The HR team will continue to meet daily to review sickness absence and will start to look at the return to work response rates to seek improvement. Weekly meetings with the team will aid a review of all absence cases and the themes to assure the right support is provided to improve attendance. MRC – Sickness continues to rise, with COVID19 being at an all time high at the end of M12 (104 of 283 absences). These absences are usually short term but are putting pressure on service delivery. NOTSSCaN – MSK, stress, anxiety & depression, together with COVID19 are typically the main reasons for sickness absence. Sickness remains high with hotspot areas identified across the whole division and Orthopaedics and JR & WW Theatres Directorates remain highest. Working with Head of Wellbeing on Mental Health absences and review of support needed for managers is ongoing, utilising Stress Management toolkit. CSS – COVID19 absence is impacting the services, managers are carrying out welfare calls and H&WB offer is circulated to the managers to share with staff. SUWON – Line manager support is in place to ensure absence management meetings are being scheduled as soon as an employee triggers, and reviews are taking place where any absences concerns are identified. Additional emphasis on RTW interviews continues, particularly in high absence rate areas.

The graphs below support the accompanying text.



Background	What the chart tells us	Issues	Actions
Data taken from Goodshape and is based upon Calendar days lost through Mental Health illness.	Since March 20, Mental Health (MH) absence has largely remained above the mean average. Compared to the previous year there has been a 6.3% drop in MH absence	There are two data points above and one data point below the grey process limits. None of these points are recent. 7 or more sequential points above or below the mean is unusual and may indicate a change in process. There is a run of points above/below the mean.	Targeted and Trust-wide initiatives have been introduced since April 21. MH initiatives include: R3P (Apr 21) run by Psychological Medicine for departments across the Trust Wellbeing check ins (Sep 21) - whole Trust c.2,900 recorded. Psychological Education (Jul 21) for different teams as requested Incident debriefing (Jul 21) – run for different teams Compassion Focussed Therapy (Jul 21) Guide to Health and Wellbeing Launched June 2020 Winter Wellbeing Campaign Jan-Mar 2021

The graph below support the accompanying text.



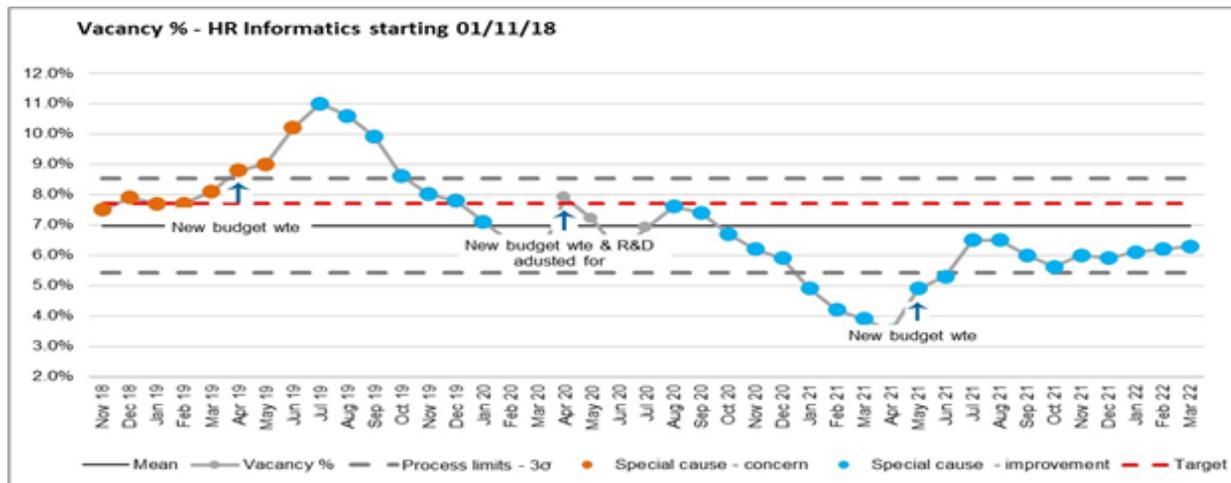
Actions

- A comprehensive programme of staff testing is in place and continues to be offered to staff.
- Ensuring wellness checks are undertaken for all staff; lateral flow testing kits made available to all staff.
- Psychological support is offered at all levels, from the individual level, such as the Employee Assistance Programme (EAP) and Occupational Health, through to teams, who are supported by a Health & Wellbeing Lead linked to the Psychological Medicine team, through to support for leaders.
- There is a continued focus on Covid Risk Assessments for new starters and there is also a renewed focus on Risk Assessments for staff who have been shielding.
- Following incidence of cross infection staff have been requested not to attend work if feeling unwell.
- The Trust is tracking staff with post COVID19 syndrome via Goodshape.
- Staff wellbeing checks have commenced and are recorded in My Learning Hub.

Covid 19

- BAME (Black, Asian and Minority Ethnic groups) absence is 29% as of 19/4/2022, although this figure changes daily. Trust wide BAME representation is 28%.
- The above graph clearly indicates the increase in COVID19 during March and its subsequent reduction.

The graphs below support the accompanying text.



Month – Mar 22

6.3%

Target

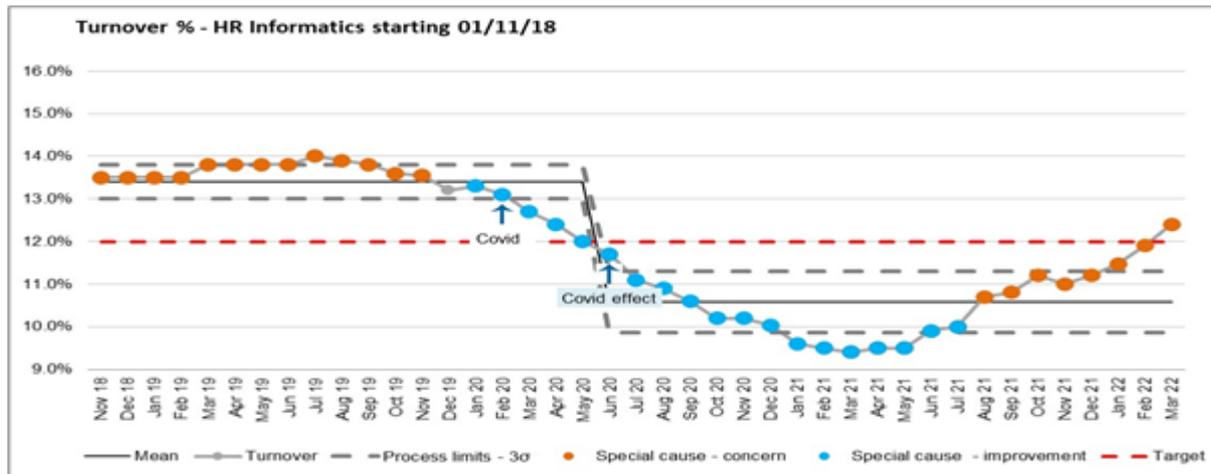
7.7%

Target Achievement

Metric is consistently below the KPI target.

Background	What the chart tells us	Issues	Actions
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.	In recent months vacancies have started to increase, although at a relatively slow rate. MRC has the highest vacancy factor for the clinical divisions. SUWON has the lowest. CSS vacancies have steadily increased throughout the financial year.	7 or more sequential rising/decreasing points below or above the mean may indicate a process is not in control. There are a number of such points. New financial year budgets may alter the vacancy situation.	MRC – There has been focus on HCSW vacancies and managers have been encouraged to upload vacancies into TRAC for co-ordinated central recruitment. At the end of M12 the HART contract will end and 44 vacant posts will no longer require recruitment owing to reduced workforce in new teams. NOTSSCaN - An additional 13 international nurses started in March and will move into substantive band 5 roles. Centralised B5 recruitment is continuing to progress, and the recruitment trajectory is regularly reviewed. Focus continues recruiting to HCSW roles with regular meetings now established to have clarity on actual vacancies and accuracy of Trac details. CSS – Recruitment plan in place for band 6 nursing in ITU, mammography recruitment plan underway coupled with a skill mix review. SUWON – Nursing vacancies are reducing with the arrival of the international nurses. Monthly meetings now in place with the Recruitment team, to discuss ongoing issues and work through problems together. Further review of exit interview process, within the Division, based on involvement from Culture & Leadership and Workforce teams and Recruitment & Retention Leads.

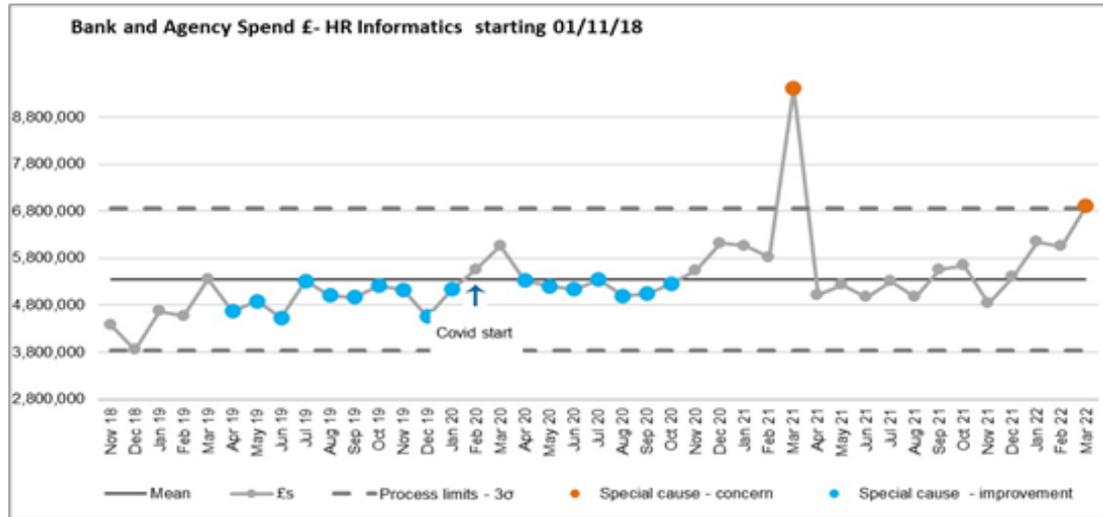
The graphs below support the accompanying text.



Month – Mar 22	
12.4%	
Target	
12.0%	
Target Achievement	
Rising turnover levels means that for KPI is above the KPI	

Background	What the chart tells us	Issues	Actions
<p>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.</p>	<p>As expected, turnover rates have continued to increase across the Trust. Staff groups such as Additional Clinical Services (16.3%) and Estates staff (16.1%), continue to reflect the difficulties of retention in the local labour market. AHPs have the next highest turnover at 14.5%. Nursing and Midwifery, the largest staff group, has a turnover rate of 11.7%. The rising Divisional turnover rates are depicted in slide 3. Within the Southeast Region all STPs are seeing high levels of leaver rates, with Buckinghamshire, Oxfordshire and Berkshire West STP currently being the most impacted. Since the ending of the national lockdown in March 21 turnover rates have steadily increased.</p>	<p>When there are more than 7 sequential points above/below the mean, this unusual and may indicate a process changing. The process is not in control. There is a run of points above/below the mean.</p>	<p>Corporate - There were 27 leavers in March, ten more than the previous month. The main reasons for leaving were retirement and other/not known. Further analysis of the key hot spot areas surrounding turnover will be reviewed and a plan to work with managers to improve retention. MRC – The Division wants to learn more from leavers about why they leave or consider leaving. Some exit discussions do take place with the R&R Lead for the Division, but the corporate work to improve this will be valuable when available. NOTSSCaN – The HR team is regularly reviewing hotspot areas and identifying support to help managers with retention issues. Turnover generally within target however A&C roles in Specialist Surgery Management CSU highlight issues that are currently under review. CSS – piloting stay questionnaire in ITU due to be rolled out. SUWON – Stay interviews are being undertaken in areas of specific concern which will feed into action plans. There is an ongoing focus on encouraging the completion of exit interviews and evaluation of this data to understand reasons for leaving and to identify themes, again this will continue to feed into action plans.</p>

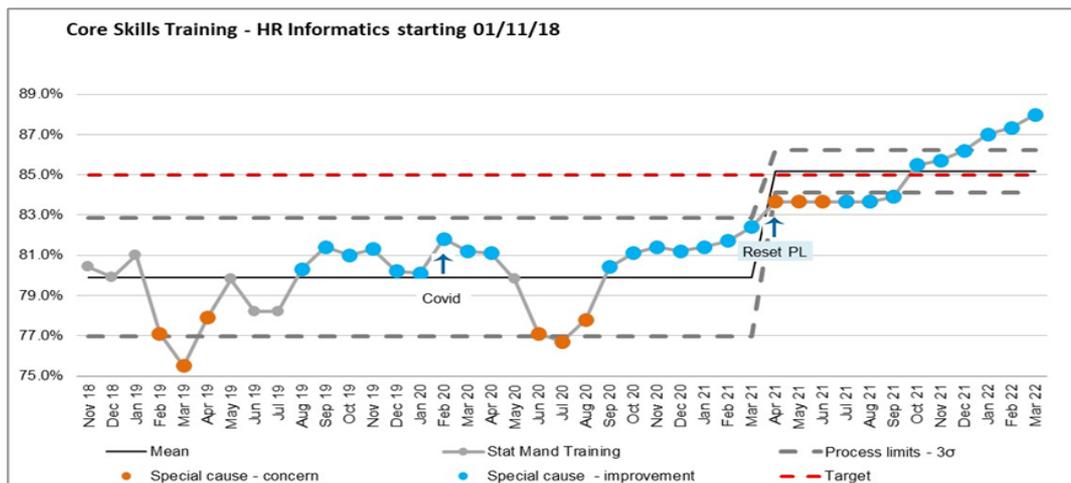
The graphs below support the accompanying text.



Month – Mar 22
£ 6.9m
Target
N/A
Target Achievement
N/A

Background	What the chart tells us	Issues	Actions
<p>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 include an accrual for nursing incentive payments.</p>	<p>Temporary spend has increased in M12, which is in keeping with previous years. The increase in spend is £0.9m between months, some of which will be attributable to accruals.</p>	<ul style="list-style-type: none"> N&M Staffing challenges: PICU, neonates, complex medicine, ED, Horton EAU, Neuro ICU. Agency 'hot spots': Horton EAU, NNU, PICU, Adult ITU. Flexible pool – difficulty filling RN pool shifts Days – especially lates Cascade agencies do not have specialist staff to support in these areas at short notice Medical locum pressures continue within MRC & emerged in SUWON 	<ul style="list-style-type: none"> Focus has been on increasing flex pool – Trust Bulletin, NHSP survey, updated/correct information on NHSP internet site Draft agency cascade produced based on supply and cost; consultation being undertaken prior to implementation. Agency lines of work arranged for AICU – continuity staffing/care; aim to avoid last minute requests for '545' / Thornbury BOB & Frimley ICS temporary staffing strategy continues to gain momentum. Aim to agree and introduce standard agency rates by 1st July 2022. Looking at framework supply through Workforce Alliance not HTE. Continuing work to develop BI reports for Divisional Directors re bank and agency usage for closer monitoring.

The graphs below support the accompanying text.



Month – Mar 22

88.0%

Target

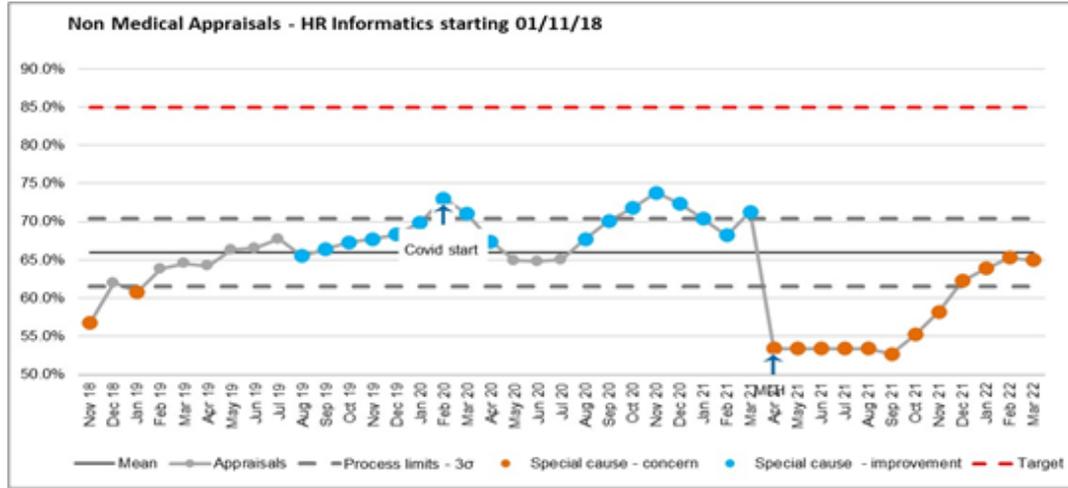
85.0%

Target Achievement

The metric is now in excess of the KPI (85%)

Background	What the chart tells us	Issues	Actions
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.	Core Skills compliance continues to improve, albeit at a slower rate. Information Governance and Data Security (IG) compliance continues to be of concern. This is illustrated in slide 5.	When there is a run of sequential points above or below the mean this can mean that the process is changing. There is a run of such data points. Data points falling outside the grey dotted process limits are unusual and may require investigation. There are three recent points above the upper process limit. Improved compliance is the reason for these data points, as are the removal of Honorary contract holders from the calculation.	Corporate – There has been an improvement in Core Skills compliance with a heightened focus on IG. Outlier services are Education and Training and Operating Expenses and a focus on these services will be made to improve IG compliance rate. MRC – The Division / Directorates now all have compliance greater than the Trust KPI of 85%. Where staff are still needing to complete modules the Divisional HR team regularly sends reports to Directorates to follow up with individuals. NOTSSCaN – Another increase for Core Skills for this month, continuing to achieve above 85% overall. IG compliance has had increased scrutiny this month to encourage improved compliance but still requires concerted efforts from the Division. CSS – Focus has been on IG, as well as the amber rated modules IPC L2, M&H L2, resus L2,3,4, safeguarding level 2. SUWON – Support and updates to managers have helped the Division achieve the target. Ongoing focus on IG and DS across the Division.

The graphs below support the accompanying text.



Month – Mar 22
65.0%
Target
85.0%
Target Achievement
Appraisal rates are consistently below required KPI.

Background	What the chart tells us	Issues	Actions
Data excludes information relating to Medical and Dental staff and is taken from My Learning Hub (MLH). Data pre-April 21 is from the Trust's legacy system.	The improvement shown in previous months has stopped with M12 at the same level as M11. Going forward into the new financial year, appraisal compliance will initially reduce, as the new arrangements re an appraisal window are reported upon.	A run of more than 7 sequential points above/below the mean is unusual and may indicate a change in process. There is a run of points above/below the mean.	Corporate - Appraisals have improved to 63.4%. Weekly updates are provided to the HR team for dissemination to managers at team meetings. Direct emails to managers are sent monthly to establish when appraisals will be completed. Meetings have taken place with Directors, Culture and Leadership and the Chief People Officer. Follow up meetings are being arranged. The new VBA window is in place. The weekly update will start to deliver the trajectory for achieving the compliance rate prior to 1 August 2022. MRC - A small increase towards compliance in M12. The Division continues to ask managers to complete at least one appraisal per week – but service pressures can affect this. During the appraisal window the DDO intends to take a target approach and set targets for managers to complete appraisals – with the objective of compliance by end of July 2022. NOTSSCaN - Renewed focus on appraisal compliance with the aim of successful achievement of appraisals during the new appraisal window. Drop-in sessions and regular comms are planned together with regular sign posting of training for managers. Directorates will report compliance at monthly F&P meetings. CSS - Focus on ensuring those who have pay impacting changes from April 2022 onwards have completed their appraisal and CMT and admin staff. SUWON – Communication continues to be shared regarding the appraisal window with support given to timetable appraisals to reflect those requiring completion for pay progression. Where operational pressures pose a risk to completion additional VBA training is being provided and the possibility of extra support is being explored. Maternity is an area of particular concern.

Engagement, Inclusion, and Experience

- Refresh Trust's Equality, Diversity and Inclusion (EDI) Objectives – Design Stage – Draft EDI Objectives have been written and were presented to the EDI Steering Group in Feb '22. A socialisation plan has been developed to build effective engagement prior to being presented to Trust Board in May '22. Feedback received on the Objectives as part of the socialisation plan is being incorporated into the final document.
- Developing Staff Networks – Design & Delivery stage – Development of Staff Network Leads is continuing, with Leads from each Network starting on a Network Lead Development Programme offered by Radius Networks. We are currently working with the Networks to understand ways in which they can best support individuals who raise employee relations concerns with them; recommendations about appropriate escalation pathways will be presented to Culture, Leadership and Workforce Leadership Meeting (CWILT) in May '22. Networks recognised events such as International Women's Day and International Trans Visibility Day.
- Recognition – Delivery stage –. Finalist surprise reveal meetings scheduled with attendance from NEDs and Exec members. Divisional celebration events currently being scheduled for Apr & May '22. Awards event being planned for 9 Jun '22
- National Staff Survey 2021 - Delivery stage – Embargo lifted on 30 Mar '22. Trust Management Executive discussed the Staff Survey results on 10 Mar '22 to include a new approach to engagement throughout divisions. Established 'Time to Talk' guidance for listening events across Trust to nurture deeper dive of data and capture planned improvement activity. Agreed use of Ulysses system to capture action plans. 2022 Quarter 1 survey additional question set agreed and submitted to Picker for inclusion and provision of ongoing analysis of key areas aligned with Trust's Strategic themes.
- Values Based Appraisal (VBA) - Delivery Phase – The VBA window is now live. Further updates to reporting and managers dashboard are underway, and the updated policy has been submitted for sign off.
- Values Based Interview- Interviewer update sessions underway and discovery phase in progress with interviews, questionnaires and focus groups.
- Menopause working group- Design phase - Scoping of a policy is starting and will be based on NHS England/Improvement. Staff stories will also be collected.
- Civility & Respect (C&R) - Discover stage – Initial current state mapping completed using the NHS England Diagnostic tool . Preparing for next stage of action plans
- Exit Interview Process – Discovery phase - The exit interview process including the stay questionnaire are currently being reviewed and will be aimed at encouraging higher completion levels and capturing data that is of a richer quality. This will allow appropriate preventative actions to be taken.

Leadership and Talent Development

- Values Based Leadership Framework – Design stage. Positive engagement with Leadership Steering Group – 2 x cross trust/role focus groups Apr '22
- Leadership development pathways – Design & Delivery stage – Clinical Director's development programme launched Aug '21 with the service innovation projects being presented by end Apr '22 to Executives. Senior Leadership Development Programme design progresses – delivery to begin May '22. Core leadership programme in the discover and design stage.
- Build Affina team coach capacity – Delivery stage - programme commenced in Nov '21 with 13 participants. Next Cohort of 16 scheduled to start in Jun '22.
- Build trust wide coaching capacity – Delivery stage – ILM level 5 cohort 2 began mid Feb '22 (12 participants).
- Build 360 feedback facilitator capacity – Delivery stage – Building further capacity and planning workshops in Jul '22.
- Build MBTI facilitator capacity – Delivery stage – training completed in Mar '22 – follow up event Apr '22 to begin planning implementation.
- Graduate Management Trainee Scheme – Delivery stage. Initial application for Sep '22 Cohort processed and accepted - next application stage Jun '22

Wellbeing

- Growing Stronger Together: Delivery stage - Spring Wellbeing Campaign launched which consists of three key initiatives: (1) Health Needs Assessment Kiosks (please see below under BOB), (2) Staffroom Wellbeing Packs - our Charity has funded, and is distributing over the next six weeks, 300 packs of wellbeing/relaxation treats and the Trust has funded with BOB ICS 'hot drinks' packs so that staff can make hot drinks in their staffrooms; and (3) Wellbeing 'Wallet' Cards (which can also be clipped onto a security pass or lanyard) which advertise our updated [OUH Guide to Health and Wellbeing](#) and on the other side the [BOB Staff Health and Wellbeing Hub](#).
- BOB Enhanced Occupational Health & Wellbeing: Delivery stage – Health Needs Assessment Kiosks – since their launch across the Trust in early Mar '21 824 people have had a wellbeing MOT. The kiosks measure people's BMI, Blood Pressure, Pulse and other metrics and provide a 'wellbeing age' and signposting to further help if required.
- Leading with Care – Delivery stage – 3,318 Wellbeing Check-Ins completed with 27.9% of colleagues having now had one. 570 leaders have attended a wellbeing Check-in briefing session to date and we will now run these manager briefing sessions once a month to ensure any new managers (as well as any existing managers) can attend.

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

ESR STAFF Group	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Add Prof Scientific and Technic	522.5	523.2	508.9	510.5	513.6	507.1	511.8	515.9	517.9	519.1	520.0	524.6
Additional Clinical Services	2,165.3	2,143.2	2,091.1	2,066.5	2,054.0	2,086.8	2,084.1	2,157.6	2,146.4	2,157.5	2,130.2	2149.5
Administrative and Clerical	2,695.7	2,696.7	2,703.9	2,683.3	2,678.9	2,679.2	2,673.5	2,672.7	2,677.6	2,674.5	2,663.6	2654.5
Allied Health Professionals	738.9	736.7	747.2	746.9	739.3	751.0	752.9	752.0	751.8	762.4	758.3	757.7
Estates and Ancillary	215.1	218.8	220.5	218.4	217.4	212.8	211.6	209.1	212.6	214.7	216.3	216.7
Healthcare Scientists	539.9	538.1	539.8	539.1	542.6	548.9	551.6	550.2	549.0	546.7	547.7	542.2
Medical and Dental	1,999.4	1,988.8	1,985.3	1,975.4	2,026.1	2,051.1	2,060.3	2,062.2	2,066.1	2,057.3	2,059.5	2049.7
Nursing and Midwifery Registered	3,725.3	3,730.1	3,770.2	3,769.4	3,758.3	3,793.9	3,835.9	3,846.2	3,867.4	3,884.4	3,916.6	3941.3
Total	12,602.1	12,575.5	12,566.8	12,509.5	12,530.2	12,630.7	12,681.8	12,766.0	12,788.8	12,816.6	12,812.3	12836.3
Bank	683.8	812.3	828.5	792.9	852.5	822.6	824.4	850.9	807.3	947.1	936.1	1084.2
Agency	99.14	113.8	118.91	102.2	115.06	94.3	107.1	112.1	99.7	96.1	105.4	131.4
Grand Total	13,385.1	13,501.5	13,514.2	13,404.6	13,497.8	13,547.6	13,613.3	13,729.0	13,695.8	13,859.8	13,853.8	14,051.9
Division	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Clinical Support Services	2,025.7	2,019.6	2,023.4	2,023.2	2,031.8	2,037.7	2,054.3	2,075.4	2,084.3	2084.2	2,089.4	2078.4
Corporate	1,569.0	1,571.9	1,577.7	1,576.8	1,580.8	1,590.9	1,592.7	1,599.4	1,602.8	1605.5	1,599.5	1596.1
Medicine Rehabilitation and Cardiac	2,848.8	2,859.2	2,863.3	2,850.2	2,851.8	2,878.5	2,872.5	2,861.5	2,874.7	2870.4	2,870.2	2891.1
Neurosciences Orthopaedics Trauma and Specialist Surgery	3,198.2	3,194.7	3,187.8	3,172.8	3,181.4	3,215.8	3,232.2	3,257.8	3,267.6	3286.2	3,270.3	3279.6
Surgery Women and Oncology	2,960.4	2,930.1	2,914.6	2,886.5	2,884.3	2,878.5	2,930.1	2,971.9	2,959.5	2970.3	2,982.8	2991.1
Total	12,602.1	12,575.5	12,566.8	12,509.5	12,530.2	12,630.7	12,681.8	12,766.0	12,788.8	12816.6	12,812.3	12836.3
Bank	683.8	812.3	828.5	792.9	852.5	822.6	824.4	850.9	807.3	947.1	936.1	1084.2
Agency	99.14	113.8	118.91	102.2	115.06	94.3	107.1	112.1	99.74	96.1	105.4	131.4
Grand Total	13,385.1	13,501.5	13,514.2	13,404.6	13,497.8	13,547.6	13,613.3	13,729.0	13,695.8	13,859.8	13,853.8	14,051.9

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.

Turnover Staff Group - ESR	Leavers wte	Turnover %
Clinical Support Services	193.8	11.2%
Add Prof Scientific and Technic	24.9	12.5%
Additional Clinical Services	55.7	15.7%
Administrative and Clerical	27.3	14.0%
Allied Health Professionals	29.7	12.6%
Healthcare Scientists	19.2	6.8%
Medical and Dental	7.7	3.1%
Nursing and Midwifery Registered	29.3	13.7%
Neurosciences Orthopaedics Trauma and Specialist Surgery	313.5	11.3%
Add Prof Scientific and Technic	10.3	9.8%
Additional Clinical Services	77.3	14.3%
Administrative and Clerical	62.9	14.1%
Allied Health Professionals	20.3	13.4%
Healthcare Scientists	9.7	15.3%
Medical and Dental	6.8	2.7%
Nursing and Midwifery Registered	126.2	10.8%
Surgery Women and Oncology	369.8	14.2%
Add Prof Scientific and Technic	7.3	7.8%
Additional Clinical Services	94.9	19.4%
Administrative and Clerical	69.2	16.8%
Allied Health Professionals	14.3	14.6%
Estates and Ancillary	2.0	10.4%
Healthcare Scientists	8.1	8.5%
Medical and Dental	11.8	7.9%
Nursing and Midwifery Registered	162.3	13.0%
Medicine Rehabilitation and Cardiac	305.6	12.5%
Add Prof Scientific and Technic	2.0	4.6%
Additional Clinical Services	98.2	16.1%
Administrative and Clerical	51.5	13.4%
Allied Health Professionals	37.0	17.1%
Estates and Ancillary	4.4	24.9%
Healthcare Scientists	4.2	6.8%
Medical and Dental	7.5	4.1%
Nursing and Midwifery Registered	99.8	10.7%
Students	1.0	200.0%
Corporate	175.5	12.7%
Add Prof Scientific and Technic	16.2	42.8%
Additional Clinical Services	3.0	11.5%
Administrative and Clerical	105.6	10.7%
Allied Health Professionals	1.9	17.9%
Estates and Ancillary	27.1	20.4%
Healthcare Scientists	3.2	18.6%
Medical and Dental	0.7	17.1%
Nursing and Midwifery Registered	17.8	11.2%
Grand Total	1358.3	12.4%

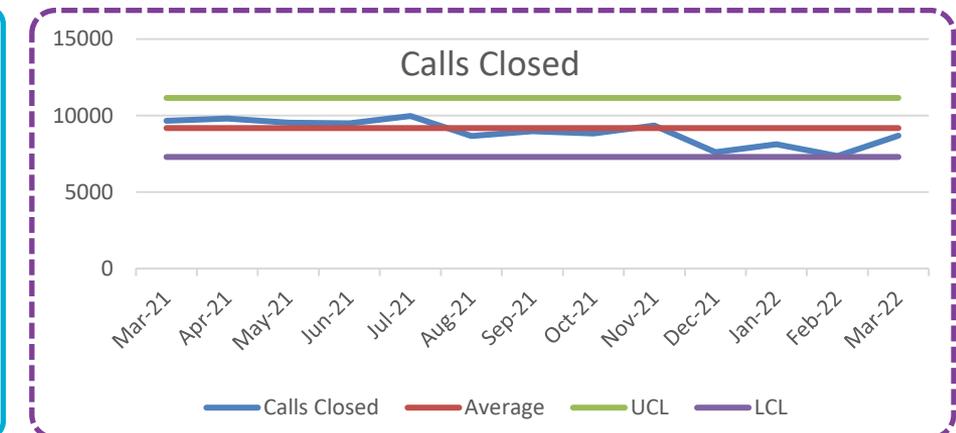
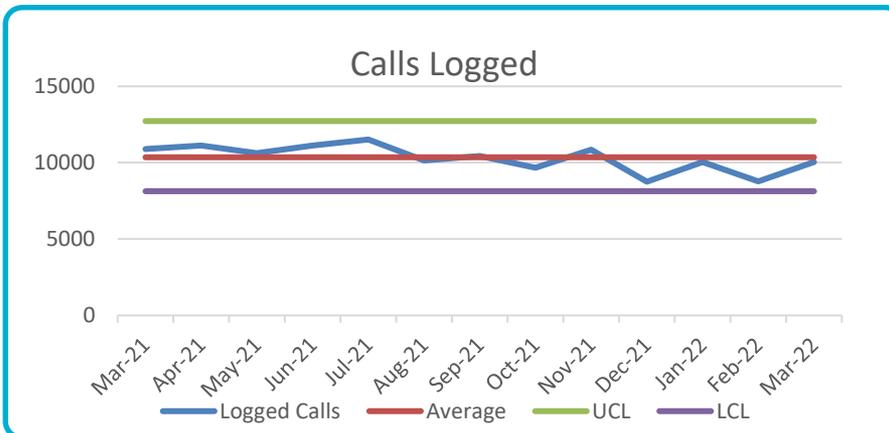
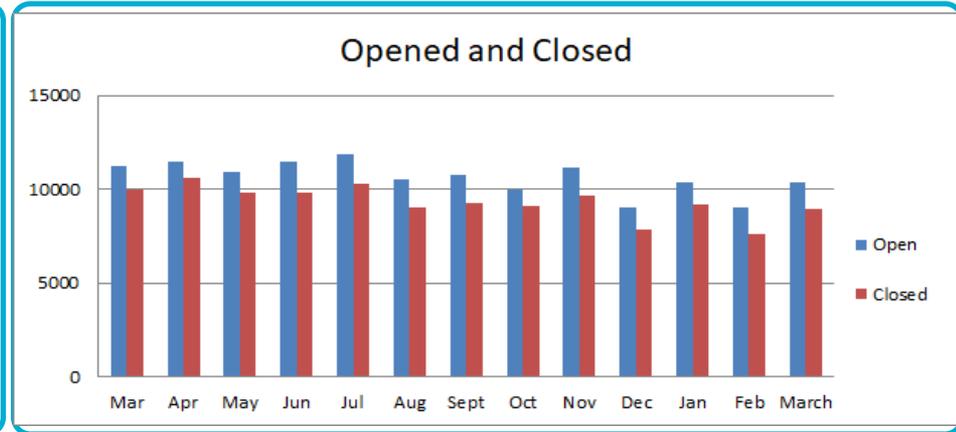
Vacancies Staff Group - Finance	Vac wte	Vacancy %
Clinical Support Services	132.0	6.0%
Consultants and Medics	2.5	0.6%
Health Care Assistants & Support	38.3	9.0%
Nurse and Midwives	40.6	14.6%
Other Staff	10.7	4.7%
Scientific, Thec., Therapeutic	39.9	4.8%
Corporate	96.1	6.5%
Consultants and Medics	24.7	31.1%
Health Care Assistants & Support	-15.4	-38.1%
Nurse and Midwives	4.6	3.6%
Other Staff	74.8	6.2%
Scientific, Thec., Therapeutic	7.3	18.6%
Medicine Rehabilitation and Cardiac	212.9	6.9%
Consultants and Medics	39.0	7.1%
Health Care Assistants & Support	41.6	6.3%
Nurse and Midwives	117.0	10.6%
Other Staff	22.3	5.1%
Scientific, Thec., Therapeutic	-7.0	-1.9%
Neurosciences Orthopaedics Trauma and Specialist Surgery	226.0	6.4%
Consultants and Medics	34.3	5.2%
Health Care Assistants & Support	33.5	5.1%
Nurse and Midwives	89.3	6.7%
Other Staff	59.6	11.1%
Scientific, Thec., Therapeutic	9.3	2.8%
Surgery Women and Oncology	182.4	5.7%
Consultants and Medics	5.2	1.3%
Health Care Assistants & Support	13.5	2.5%
Nurse and Midwives	82.6	6.0%
Other Staff	38.3	8.1%
Scientific, Thec., Therapeutic	42.8	12.1%
Grand Total	849.3	6.3%

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 March 2021 to March 2022. When comparing March 2021 with March 2022 there is an 8.0% decrease in calls logged. July 2021 has the highest call logged and call closure rate of the rolling year.

Priority	Total OUH calls logged in March	Total OUH calls closed in March	Total calls logged trend
1	1	1	
2	45	41	increase of 12.8%
3	1713	1520	March 2021 to March 2022
4	3342	2827	decrease of 8.0%
5	4944	4300	
Total	10045	8689	



Risks, Issues and Challenges

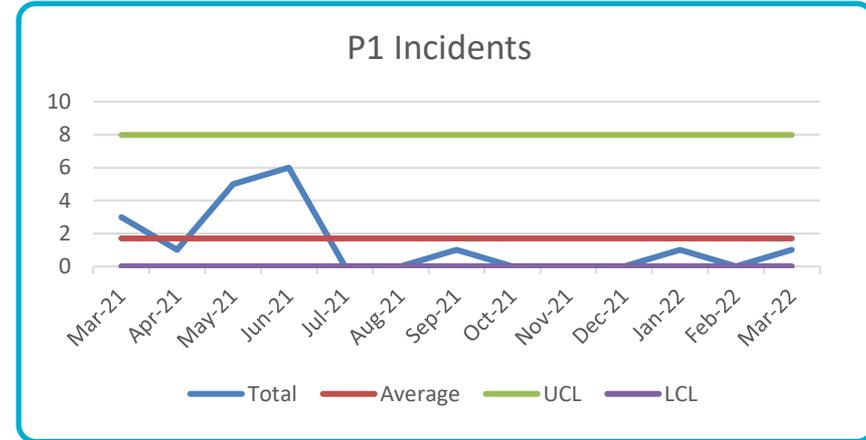
After identifying call growth for performance of, within warranty, devices additional solid state hard drives (SSD) have been ordered to upgrade some models and restore expected functionality/performance. These SSDs are now starting to be rolled out across the Trust. Citrix Workspace has been rolled out across all sites within the Trust.

Service Desk Performance

The tables below highlight the performance of the Service Desk from March 2021 to March 2022. When comparing March 2021 with March 2022 the number of Priority 1s logged was 1 more than the previous month with 1 logged.

OUH Priority 1 Incidents

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
3	1	5	6	0	0	1	0	0	0	1	0	1
30/03/22			New users unable to connect to Citrix Workspace.				2 virtual servers had crashed and required a re-boot to resolve the issue. Weekly automated server re-starts have been introduced to remove the risk of recurrence.					



Cyber Highlights:

Overall Cyber status **Green**

- 161.8TB of internet traffic use, up 16.4TB on February
- Extensive Windows updates being applied to desktop and server estates.
- Sunday 27th March a locum doctor's network account was accessed by unknown persons from Lithuania via the VDI Citrix platform. They proceeded to launch malware software which triggered alarms and automated . The account was subsequently disabled and an investigation launched with support from NHS Digital and Deloitte. MFA was implemented on VDI, inactive accounts management reviewed and weak password scans performed.

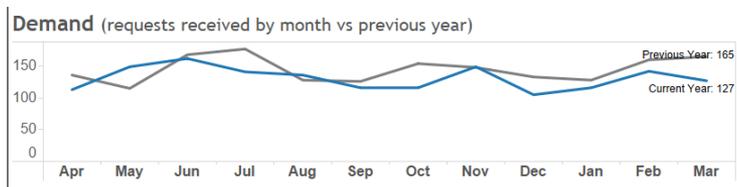
Cyber Management

	Month of March 2022	Year to date
CareCerts received	20	231
Virus blocked	375	1,652
Intrusions blocked	842	31,970
SPAM blocked	157,952	3,274,125
Devices monitored	12,921	-
Servers monitored	804	-

Forward view

Work has started to implement a new IT Service Management Tool called Service Now.

Information request Service



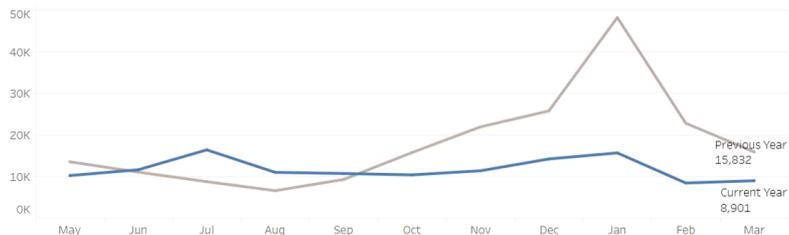
1.1 The demand on the Info request service for March '22 has decreased by 23% based on the same period last year.

1.2 This caused a delay to information requests delivery, the mean wait for information rose to 4.4 days and the median was 2 days.

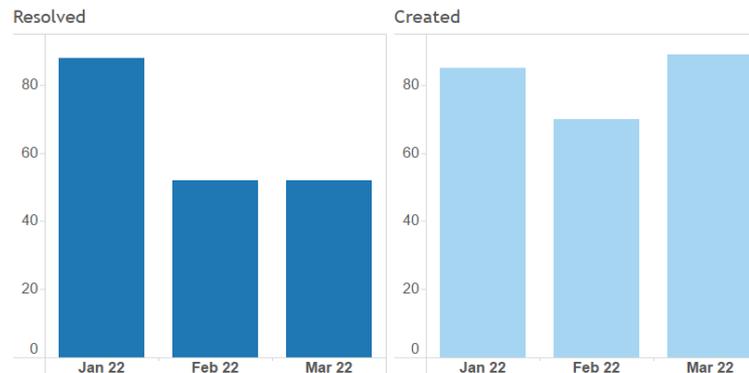
1.2 User feedback on the timeliness, usefulness and overall experience of the service was 99% for March '22.

ORBIT+

A total of 8901 views were recorded in March '22 this is a significant decrease when compared to the same period last year.



Other Demands



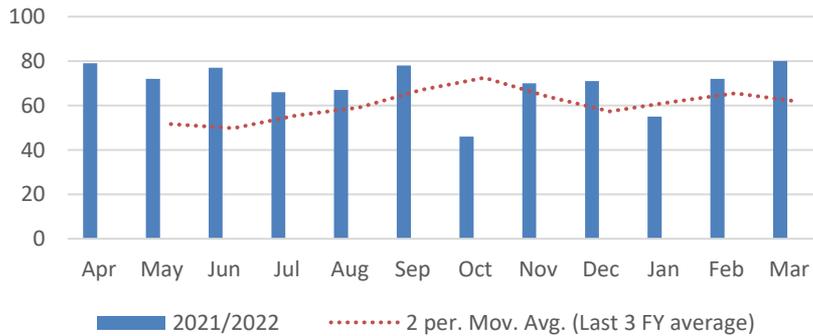
Current development priorities

- Cancer Reporting on ORBIT+
- Improved reporting for Cancellations
- ERF reporting
- P and D code reporting solution
- Datawarehouse Migration
- CDS 6.3 – Assessment and Planning
- Creation of a Surgical Morbidity tool

Freedom of Information (FOI)

80 FOI/EIR requests were received in March 2022. During this period, 33 requests were closed within 20 working days. 6 were not closed within 20 working days. The compliance rate for closure of requests within 20 working days in March 2022 was 41%. In March 2021, the compliance rate was 67%.

Number of requests received



Cumulative requests

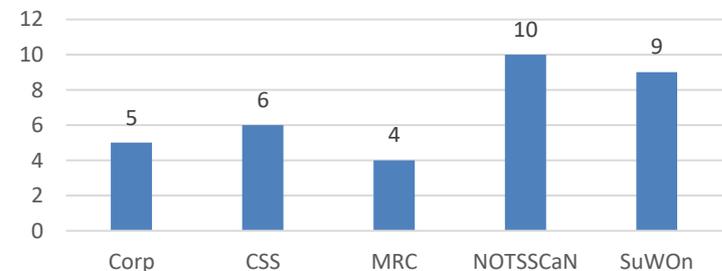


Data Security & Protection Breaches

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.

34 data protection incidents occurred in March 2022. 1 incident required reporting externally via the NHS Data Security and Protection Toolkit (DSPT).

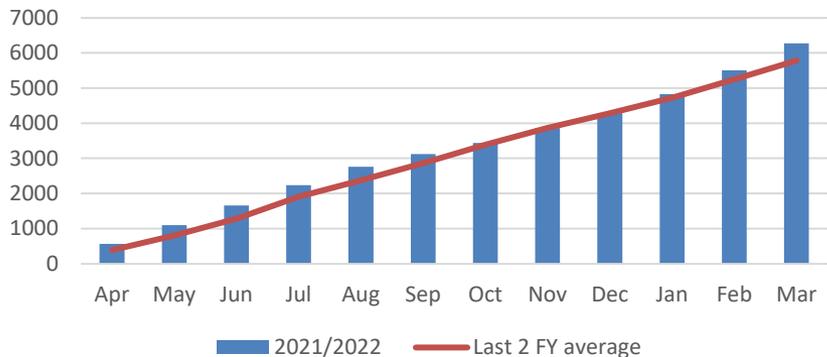
IG incidents by Division for March 2022



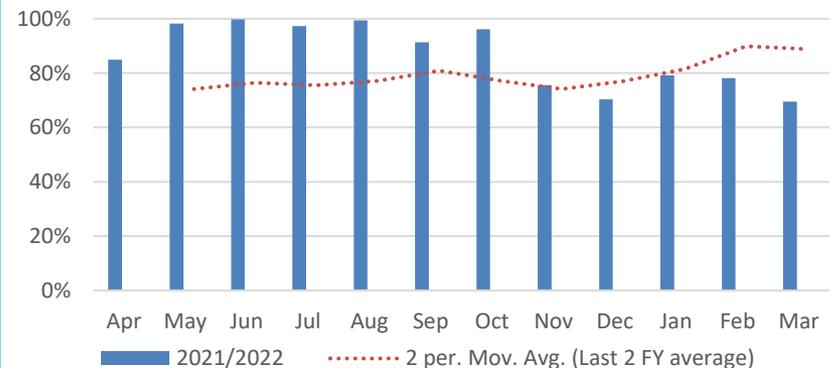
Data Subject Access Requests (DSAR)

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.

Cumulative DSARs



DSAR closure within timeframe performance



Data Security and Protection Training

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff must complete Data Security training annually.

(N.B. The statistics exclude the following staff groups: People employed by the Trust for less than 3 months; non-substantive staff; bank staff; staff with honorary contracts; undefined; staff on a career break; inactive not worked; staff on maternity and adoption leave; external secondments; and leavers.)

Data Security Awareness training compliance %



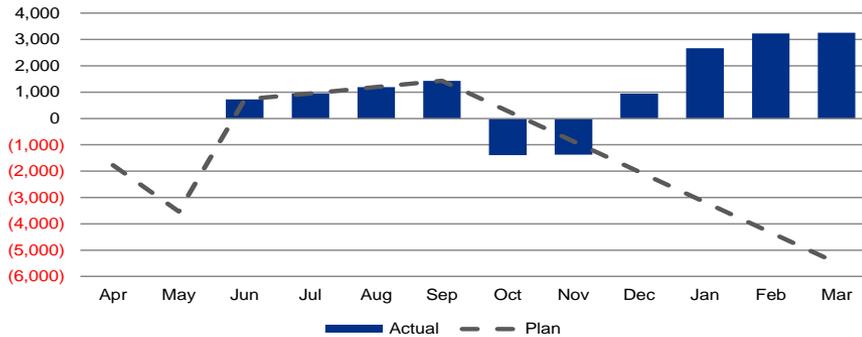
Finance, Procurement and Contracting

Financial Performance Report Month 12

Summary from Month 12 (March 2022)

Income & Expenditure - Performance Versus Plan

Cumulative Performance Against Plan (£000s)



I&E Forecast - Summary

£ms	Final H2 Plan	M11 Forecast	M12 Actuals	Change to H2 plan	Change to previous forecast
Year to date actuals	1.4	3.2	3.2	1.8	0.0
Core forecast assumptions	-9.9	-1.6	-1.6	8.2	0.0
Run rate adjustments	0.0	-0.2	-2.6	0.0	-2.4
One off items	3.0	1.4	1.4	-1.6	0.0
Forecast	-5.5	2.7	0.3	5.8	-2.4
Risks	-9.1	-13.5	-14.2	-5.1	-0.7
Opportunities	12.0	17.2	17.1	5.1	-0.1
Net (risk)/opportunity	2.9	3.7	2.9	0.0	-0.8
Forecast (risk adjusted)	-2.6	6.4	3.2	5.8	-3.2

Income & Expenditure Year-to-date - Summary

Retained surplus / (deficit) at Month 12 £000s	Annual Plan	Plan	YTD Actual	Var.
Recurrent EBITDA	61,892	61,892	62,355	463
% EBITDA	4.68%	4.68%	4.46%	0.22%
Non-recurrent: PSF/MRET	0.00	0.00	0.00	0.00
Planned EBITDA	61,892	61,892	62,355	463
Financing and Capital Charges	(68,294)	(68,294)	(78,941)	(10,647)
Retained surplus / (deficit) before technical adjs.	(6,402)	(6,402)	(16,586)	(10,184)
Technical adjs.*	(919)	(919)	(19,841)	(18,921)
Surplus / (deficit) as reported to NHSI	(5,482)	(5,482)	3,255	8,737

* n.b. technical adjustments includes donated asset receipts and depreciation / amortisation on donated assets

Capex Forecast - Summary

	CDEL budget	M11 pre-mitigation s forecast	M12 actuals	Movement to forecast	Mitigation s actual	M12 post mitigations	variance to Budget
ICS allocation	33,085	38,149	42,439	(4,290)	2,268	40,171	(7,086)
Centrally funded	13,413	11,588	11,145	443	(2,268)	13,413	-
Trust controlled CDEL	46,498	49,737	53,584	(3,847)	-	53,584	(7,086)
PFI residual interest	4,855	4,855	4,855	-	-	4,855	-
CDEL per NHSI Return	51,353	54,592	58,439	(3,847)	-	58,439	(7,086)
Critical Care equipment outstanding funds	-	-	-	-	-	-	-
Agreed offset with Oxford Health	700	-	-	-	-	-	700
CDEL post budget offsets	52,053	54,592	58,439	(3,847)	-	58,439	(6,386)
Non-CDEL capex	23,666	15,187	8,672	6,515	-	8,672	14,994
Total Capex	75,719	69,779	67,111	2,668	-	67,111	8,608

Technical notes:

1. In *Cumulative Performance Against Plan* (top left) the actual Year-to-date performance is breakeven in both Month 1 and 2 so the “actual” block is therefore not visible in both months on the axis.
2. I&E Forecast (top right) is a summarised version of detail presented later in the pack. Section headings are unchanged from previous versions.
3. In *Income & Expenditure - Summary* (bottom left), Annual Plan is the H1 plan plus the H2 plan submitted by the ICS on 18th November 2021.

I & E Subjective £000s	IN MONTH 12				YEAR TO DATE			
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %
Income								
Commissioning Income	85,823	122,656	36,833	42.9%	1,032,524	1,072,916	40,392	3.9%
Passthrough Drugs & Devices	11,494	9,832	(1,662)	-14.5%	123,485	130,549	7,065	5.7%
Other Income	13,131	28,272	15,141	115.3%	156,976	184,779	27,803	17.7%
PP, Overseas and RTA Income	803	825	22	2.8%	10,511	9,842	(669)	-6.4%
Total Income	111,251	161,586	50,334	45.2%	1,323,496	1,398,086	74,591	5.6%
Pay								
Consultants and Medics	(21,277)	(22,718)	(1,440)	-6.8%	(252,181)	(256,023)	(3,842)	-1.5%
Health Care Assistants & Support	(6,375)	(6,281)	93	1.5%	(74,648)	(71,240)	3,407	4.6%
Nurse and Midwives	(18,617)	(23,328)	(4,711)	-25.3%	(221,075)	(225,559)	(4,484)	-2.0%
Other Staff	(9,481)	(39,100)	(29,619)	-312.4%	(116,649)	(149,378)	(32,729)	-28.1%
Scientific, Thec., Therapeutic	(9,234)	(9,712)	(479)	-5.2%	(111,546)	(110,258)	1,288	1.2%
Total Pay	(64,983)	(101,139)	(36,156)	-55.6%	(776,098)	(812,458)	(36,360)	-4.7%
Non-Pay								
Clinical negligence	(2,788)	(2,550)	238	8.5%	(33,456)	(33,217)	239	0.7%
Clinical Supplies & Services	(9,258)	(14,930)	(5,672)	-61.3%	(119,816)	(119,334)	482	0.4%
Drugs & Devices	(17,415)	(15,620)	1,795	10.3%	(197,778)	(194,715)	3,063	1.5%
General Supplies & Services	(638)	(1,260)	(623)	-97.6%	(4,302)	(7,806)	(3,504)	-81.5%
Internal Recharges	152	(0)	(152)	-100.0%	1,822	(0)	(1,822)	-100.0%
Premises & Fixed Plant	(7,584)	(10,812)	(3,228)	-42.6%	(88,162)	(95,288)	(7,126)	-8.1%
Other Expenditure	(4,119)	(13,456)	(9,338)	-226.7%	(43,814)	(72,912)	(29,097)	-66.4%
Total Non-Pay	(41,649)	(58,628)	(16,979)	-40.8%	(485,505)	(523,273)	(37,768)	-7.8%
Operational EBITDA	4,619	1,819	(2,800)	-60.6%	61,892	62,355	463	0.7%
Financing and Capital Charges (Excl Tech Adj)	(5,774)	(1,798)	3,976	68.9%	(67,374)	(59,101)	8,274	12.3%
Operational Surplus / (Deficit)	(1,155)	21	1,175	101.8%	(5,482)	3,255	8,737	159.4%

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

Income

- Commissioning income, including passthrough drugs and devices, was £47.5m better than plan for the year mainly due to additional pension contribution funding of £29.0m, additional pass through income (there is a corresponding increase in cost in non-pay) of £10.1m and Elective Recovery Fund+ (ERF+) funding in H2 of £6.1m (not in the H2 plan).
- Other income was £27.8m better than plan-to-date, mainly due to additional R&D Income, HEE income, Pathology ONS, Pathology Network and International Nurse Recruitment Income.
- PP, Overseas and RTA income was £0.7m worse than plan.

Pay

- Pay was £36.4m worse than plan year-to-date. This is principally due to COVID-19 pay costs being £6.8m better than plan offset by underlying pay costs (£41.9m), this includes the additional pension contribution of £29.0m (which Providers are instructed not to include in plans) and recovery pay costs (£1.3m) that were worse than plan-to-date.

Non-Pay

- Non-pay is £37.8m worse than plan year-to-date. The adverse variance is driven by increased general supplies and services costs (£3.5m), higher premises costs (£7.1m) and other non-pay expenditure budget pressures (£29.1m), due to budget adjustments distorting the variance on this category.

I & E Subjective £000s	IN MONTH 12 - 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	116,806	1,893	0	3,957	0	122,656	994,130	31,553	0	47,233	0	1,072,916
Passthrough Drugs & Devices	9,832	0	0	0	0	9,832	130,549	0	0	0	0	130,549
Other Income	16,327	0	8,779	2,847	318	28,272	120,891	28	56,203	3,279	4,378	184,779
PP, Overseas and RTA Income	825	0	0	0	0	825	9,842	0	0	0	0	9,842
Total Income	143,791	1,893	8,779	6,805	318	161,586	1,255,412	31,581	56,203	50,512	4,378	1,398,086
Pay												
Consultants and Medics	(21,080)	(181)	(1,406)	(51)	0	(22,718)	(243,294)	(1,846)	(7,600)	(3,241)	(42)	(256,023)
Health Care Assistants & Support	(6,064)	(50)	(29)	(84)	(54)	(6,281)	(68,738)	(119)	(325)	(1,476)	(582)	(71,240)
Nurse and Midwives	(20,544)	(50)	(1,822)	(912)	0	(23,328)	(202,986)	(346)	(14,524)	(7,434)	(270)	(225,559)
Other Staff	(38,085)	(17)	(902)	(96)	0	(39,100)	(138,504)	(88)	(9,635)	(1,110)	(40)	(149,378)
Scientific, Thec., Therapeutic	(7,759)	(110)	(1,713)	(130)	0	(9,712)	(94,739)	(424)	(12,905)	(1,998)	(401)	(110,258)
Total Pay	(93,532)	(408)	(5,872)	(1,273)	(54)	(101,139)	(748,261)	(2,823)	(44,989)	(15,260)	(1,126)	(812,458)
Non-Pay												
Clinical negligence	(2,550)	0	0	0	0	(2,550)	(33,217)	0	0	0	0	(33,217)
Clinical Supplies & Services	(5,851)	(1,000)	(1,018)	(6,796)	(264)	(14,930)	(94,155)	(12,102)	(3,430)	(6,407)	(3,241)	(119,334)
Drugs & Devices	(15,612)	0	(2)	(6)	0	(15,620)	(194,715)	0	0	0	0	(194,715)
General Supplies & Services	(523)	0	(1)	(736)	0	(1,260)	(5,592)	0	(6)	(2,200)	(8)	(7,806)
Internal Recharges	325	0	(303)	(22)	0	(0)	2,206	0	(2,143)	(64)	0	(0)
Premises & Fixed Plant	(10,552)	(10)	(74)	(176)	0	(10,812)	(90,783)	(2,764)	(457)	(1,283)	(1)	(95,288)
Other Expenditure	(11,823)	(268)	(1,301)	(64)	0	(13,456)	(54,785)	(12,730)	(4,966)	(427)	(3)	(72,912)
Total Non-Pay	(46,585)	(1,278)	(2,700)	(7,801)	(264)	(58,628)	(470,604)	(27,597)	(11,006)	(10,813)	(3,253)	(523,273)
Operational EBITDA	3,674	206	207	(2,269)	0	1,819	36,547	1,162	207	24,439	0	62,355
Financing and Capital Charges (Excl Tech Adj)	(5,952)	0	0	4,154	0	(1,798)	(62,570)	(684)	0	4,154	0	(59,101)
Operational Surplus / (Deficit)	(2,278)	206	207	1,885	0	21	(26,023)	477	207	28,593	0	3,255

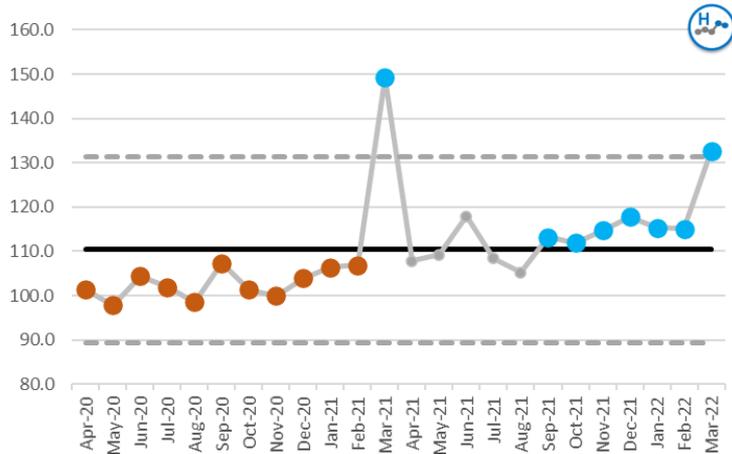
Source: Finance Ledger

- In-envelope COVID-19 costs totalled £26.1m for the year. The H2 (Month 7-12) plan assumed COVID spend would continue at the same run-rate as in H1, H2 pay costs were £0.4m higher than H1 and non-pay costs were £0.3m higher. Compared to February, pay costs decreased by £0.3m to £1.3m, backfill costs for staff absence had reduced. Non-pay costs increased by £7.5m mainly due to a year-end technical adjustment of £6.8m.
- The Trust was £28.6m underspent against the COVID-19 funding envelope provided through the ICS, however this funding is being used for other expenditure that is not being classified as COVID-19 spend and a deficit would be created if this funding was reduced or withdrawn.
- £0.3m of income, £0.1m worse than plan, has been accrued in-month to be reimbursed for COVID-19 (outside envelope) testing and vaccination costs.
- Recovery costs in March were £1.7m. The recovery costs included-to-date are the incremental costs of delivering additional elective activity, some independent sector outsourcing costs and ERF contingency accrual.
- R&D had a surplus of £0.2m in March and for the year.

Source: Finance Ledger, including COVID and recovery costs.

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

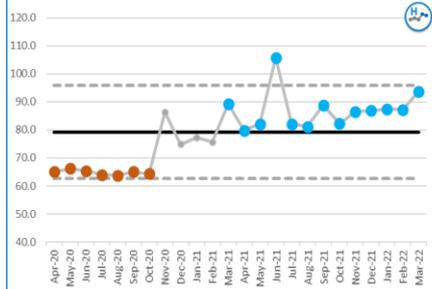
Total Income (Adjusted*) - in £m



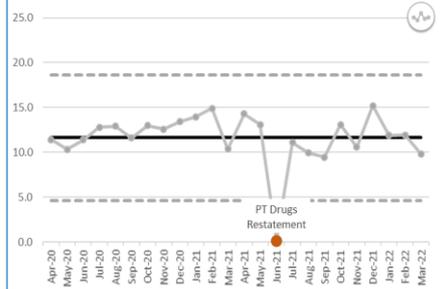
March 2022 (Month 12) - Total in-month Income of £161.6m (including £29.0m of additional pension contribution funding)

- Total income was £46.5m higher in March compared to February.
- Commissioning income was £33.3m higher than the previous month mainly due to the receipt of £29.0m of NHSE funding for the additional employer pension contribution (matched by additional pay cost) and additional income from BOB ICS of £4.7m.
- Other income was £13.1m higher in March compared to February. This was mainly a £4.4m increase in R&D income, a £2.4m increase in Education and Training income (with £1.9m for a notional apprenticeship levy adjustment), £2.6m of notional income for PPE stock received from NHSE in response to COVID-19 and £3.7m of other income including £0.6m for AHSN and £0.7m for IM&T.
- Private patient, Overseas and RTA income was at the same level as February at £0.8m.

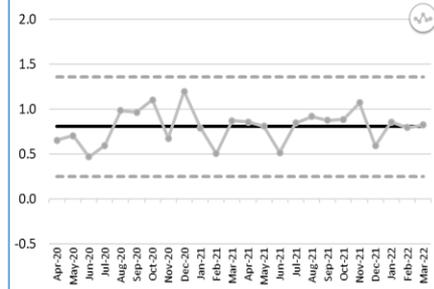
Commissioning Income (Adjusted*) - In £m



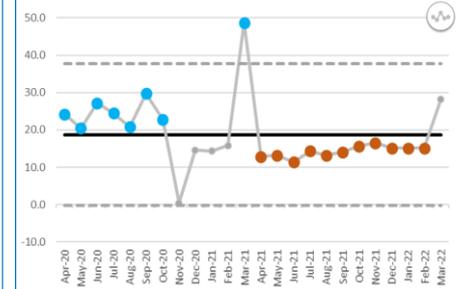
Pass Through - In £m



PP, Overseas & RTA Income - In £m



Other Income - In £m



SPC Trend Analysis

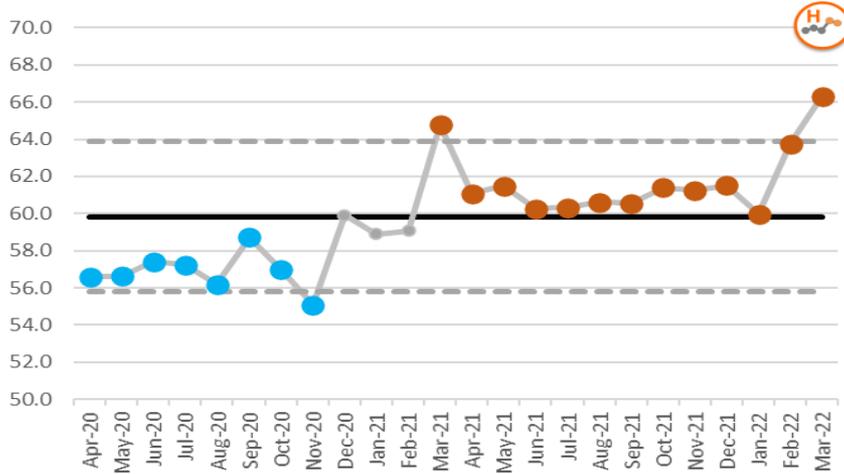
Total Income has consistently increased since September 2021 (Month 6), driven by commissioning income (also seen in the 'Commissioning Income' chart above). This a result of the change to the Visible Cost Model for Devices and the recognition of TIF income and ERF+ (recovery) income.

- 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 current 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.

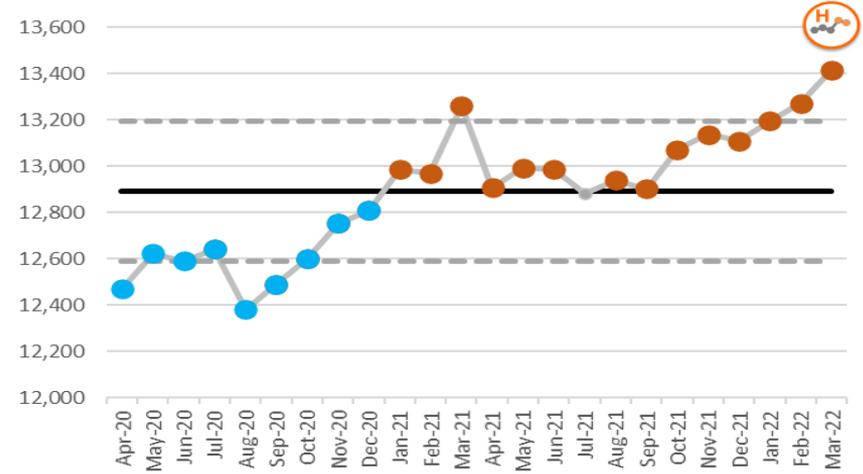
Is Performance Stable?

Yes	Getting Worse	Getting Better

A Total Pay, excl R&D (Adjusted*) - In £m



B Total Pay (Excl R&D) - In WTE



Is Performance Stable?



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

*Pay spend in the chart above was adjusted to remove the March 21 year end pension and annual leave accruals and the March 22 pensions accrual. Month 6 pay award was spread across Months 1-6 on a straight line basis. Financial year 2020/21 pay spend was not adjusted for inflation.

March 2022 (Month 12)

£95.3m (Inc £29.0m for Additional Pension Contributions)

13,414 WTE

- Total pay costs were £2.6m higher in March compared to February (with the additional pension contribution excluded).
- Substantive staffing costs in March were £1.7m higher than February, due to an accrual for the staff pay bonus (£2.0m) and other provisions (£2.9m), offset by the release of some in-year pay accruals totalling £3.1m. Excluding the year-end adjustments, underlying consultants and medics pay costs increased in March due to job plan changes and a growth in additional sessions.
- Temporary staff in-month expenditure was £0.9m higher than February, at £6.8m. £0.5m of the increase is on Nursing and Midwives temporary pay costs. Backfill costs for COVID-19 staff absence reduced in March.
- WTE increased in month by 141 to 13,414 (excludes R&D). Substantive staff have decreased by 33 WTE, whilst bank and agency staff increased by 174 WTE.
- COVID-19 pay costs were £1.3m in-month, which is £0.3m lower than last month.

Trend Analysis

- Pay spend is experiencing a deterioration since the beginning of the current financial year (Chart A), while the total of WTE is showing even earlier signs of deterioration, starting from January 2021 (late previous financial year) with WTE continuously above average (Chart B).
- Spend performance is driven by the September 2021 (Month 6) 3% pay award alongside other increases in pay relating to approved business cases and overall pay increase for Junior Doctors.
- WTE trend is driven by a steady increase in substantive staff since February 2021, namely for qualified nurses, alongside the impact of bank staff due to winter pressures in the prior financial year (October 2020 through to March 2021). These are shown in the appendix pay slides.
- The increase in substantive staff WTE is supported by the decrease in Agency WTE since November 2020. Furthermore, a similar decrease is seen in the vacancy rate (as shown in the HR section). This trend is predominantly driven by Nurses & Midwives.

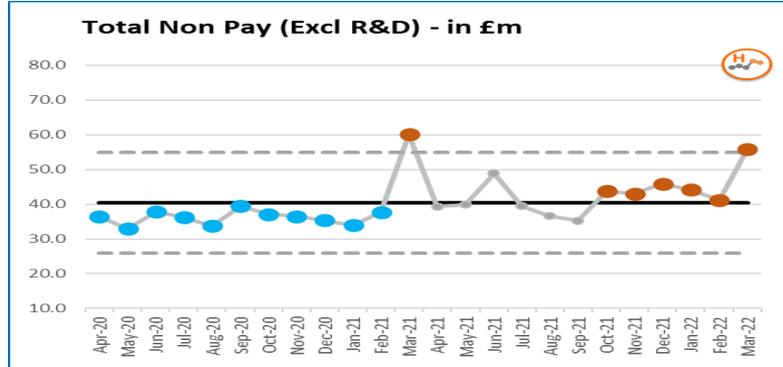
Non-Pay Run Rate Overview



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

March 2022 (Month 12) – Total Non Pay of £55.9m

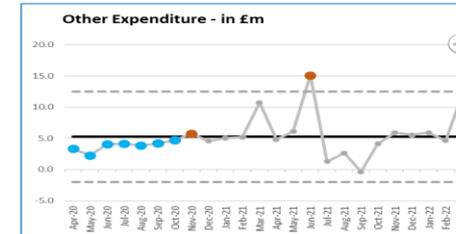
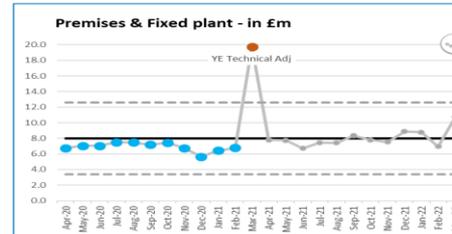
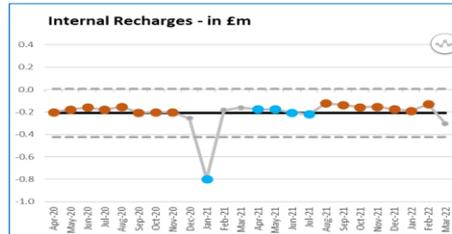
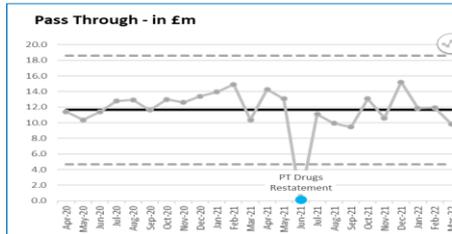
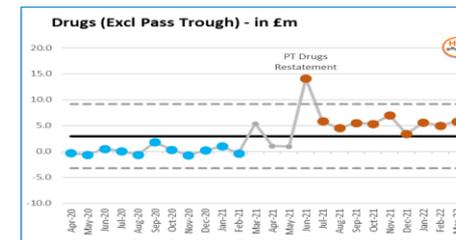
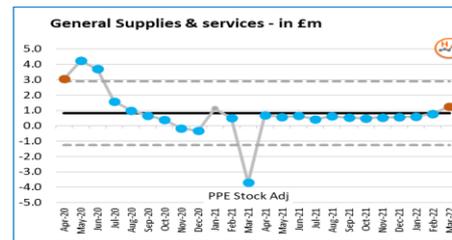
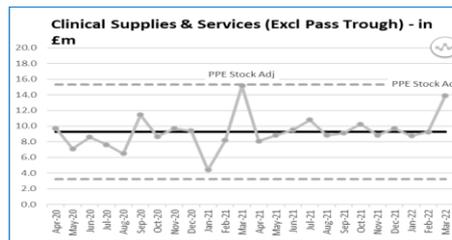
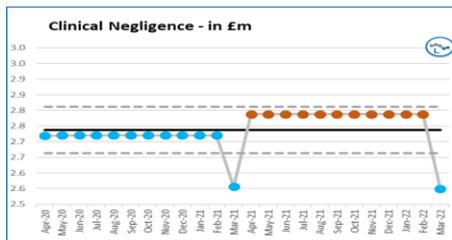
- Total non-pay costs were £14.7m higher in March compared to February.
- Other expenditure costs were £7.5m more in March than in February. This is mainly due to the staff travel voucher provision (£3.0m), grants issued for research (£1.1m), and additional training costs (£2.9m), of which £1.9m relates to a notional apprenticeship levy adjustment and a further £0.7m was the grant to Brookes for nursing research.
- Clinical supplies and services costs were £4.6m higher than the previous month due to £6.8m of notional stock adjustments relating to the PPE stock received from NHSE in response to COVID-19. If this is excluded clinical supplies and services costs reduced in March.
- Premises and fixed plant costs were £3.8m higher than the previous month mainly due to one-off year end projects and a reassessment of certain estates provisions.



SPC Trend Analysis

Total non-pay expenditure is currently in a 'special cause variation' meaning non-pay spend has been significantly higher since Oct-21. The total spend in the second half of FY21/22 was higher than the first half of FY21/22, however this is a result of accounting adjustments in Quarter 1 and Quarter 2 relating to ERF income (also seen in the 'Other Expenditure' chart below). Mar-22 non-pay spend includes year end technical adjustments for PPE (Clinical Supplies & Services), for estates related accruals (Premises & Fixed Plant) and staff bonus and travel incentive scheme which were announced on 31st March 2022. Discounting for this, non-pay expenditure is stable given RPI is currently 8.2% indicating the impact of fixed price contracts and competitive tendering on contract renewals.

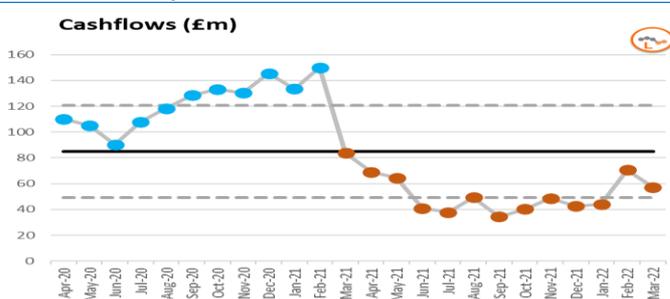
- The Non Pass-Through Drugs trend since June 2021 (Month 3) is a result of a change in the accounting at that point (for the year to date), which from that point drugs were only classified as pass-through if they were reimbursed on a cost and volume basis in income. This category therefore now includes a greater level of non-pass through 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.



Statement of Financial Position (SOFP) & Cash

Statement of Financial Position £000s	MONTH 10 2022	MONTH 11 2022	MONTH 12 2022	YTD Movement
Non Current Assets:				
Property, Plant and Equipment	625,583	627,733	650,574	41,662
Intangible Assets	17,370	17,198	14,154	(517)
Investment Property	31,844	31,844	32,030	1,636
Other Investments	23,635	23,635	14,310	(9,325)
Trade and Other Receivables	8,753	8,409	7,147	(1,453)
Total Non Current Assets	707,185	708,819	718,215	32,003
Current Assets:				
Inventories	31,116	30,648	28,518	(3,421)
Trade and Other Receivables	85,861	72,470	58,884	3,061
Other Current Assets				0
Cash and Cash Equivalents	44,046	70,649	57,323	(26,446)
Total Current Assets	161,023	173,767	144,725	(26,806)
Total ASSETS	868,208	882,586	862,940	5,197
Current Liabilities:				
Trade and Other Payables	(177,703)	(181,741)	(159,126)	9,950
Provisions	(4,617)	(4,065)	(7,958)	(1,349)
Borrowings	(12,629)	(12,711)	(12,939)	(1,887)
Commercial Loans	(439)	(461)	(426)	(35)
Total Current Liabilities	(196,067)	(199,673)	(181,179)	5,949
Net Current Assets/(Liabilities)	(35,044)	(25,906)	(36,454)	(20,857)
Total Assets Less Current Liabilities	672,141	682,913	681,761	11,146
Non Current Liabilities:				
Trade and Other Payables	(4,001)	(4,101)	(4,628)	(556)
Provisions	(9,007)	(9,007)	(8,459)	574
Borrowings	(216,372)	(215,300)	(214,842)	12,238
Commercial Loans	(6,208)	(6,208)	(6,095)	427
Total Non Current Liabilities	(250,347)	(249,875)	(249,263)	3,144
Assets Less Liabilities (Total Assets Employed)	421,794	433,038	432,498	14,290
Taxpayers Equity:				
Public Dividend Capital	290,336	301,137	303,749	14,011
Retained Earnings reserve	(5,183)	(4,079)	(23,432)	(8,598)
Revaluation Reserve	134,982	134,321	159,684	18,039
Other Reserves	1,743	1,743	1,743	0
FV Assets Reserve	(84)	(84)	(9,246)	(9,162)
Total Taxpayers Equity	421,794	433,038	432,498	14,290

Source: Finance Ledger



Up to and including February 2021, the main commissioning income block payments to Trusts were paid a month in advance to support Providers cashflow during the initial stages of the COVID-19 pandemic. In April 2021 (for the current financial year) this reverted to the previous norm of the main commissioning income block payments to Trusts being paid in-month, this is the key driver of the change seen between February and March 2021 in this SPC chart.

Non-Current Assets

- Non-current assets have increased with capital spend being greater than depreciation this year, and the year-end revaluation movements being an increase overall. Investment properties have increased by £1.6m year-to-date mostly due to a new investment property – the Marcela Botnar wing of the Botnar Centre at the NOC.

Current Assets

- Current assets have decreased by £26.81m to-date, mostly due to capital payments.
- Inventories overall are down £3.4m due mainly to reducing the carrying value of Personal Protective Equipment stock.

Current Liabilities

- Current liabilities have decreased by £5.9m to-date, which is due to a reduction in capital creditors, as above.
- Under the Better Payment Practice Code (BPPC) 90.5% of total bills year-to-date were paid within target (by value) and 81.0% (by number).

Non-Current Liabilities

- Non-current liabilities have decreased by £3.1m-to-date, due to repaying PFI and other loan liabilities offset with drawing down capital loan funding.

Cash

- Cash at the end of March was £57.3m, £26.4m lower than the year-end due to paying for capital both related to last year's programme and this year's. This reflects the fact that 2021/22 capital spending was part funded by one-off cash received during the pandemic and is above the level of investment that is affordable from operational cash flows.

Capital Expenditure £000s	IN MONTH 12			YEAR TO DATE			FULL YEAR PLAN	
	Plan	Actual	Variance	Plan	Actual	Variance	BASE	REVISED
Critical Care Unit Expansion [ICS expenditure]	0	850	(850)	10,353	18,585	(8,232)	10,353	10,353
Swindon Radiotherapy Satellite Unit [ICS expenditure]	71	533	(462)	11,500	10,839	661	11,500	11,500
Other building works underway	8	626	(618)	7,129	9,625	(2,496)	7,129	7,629
Contractually committed	41	87	(46)	3,555	2,969	586	3,555	3,555
Statutory compliance	189	131	58	1,698	559	1,139	1,698	1,198
Other expenditure within ICS allocation	0	204	(204)	0	(157)	157	0	700
Disposals/other deductions included in CDEL	(1,150)	0	(1,150)	(1,150)	20	(1,170)	(1,150)	(1,150)
Mitigations from CDEL outside envelope	0	(2,268)	2,268	0	(2,268)	2,268	0	0
ICS CDEL	(841)	164	(1,005)	33,085	40,171	(7,086)	33,085	33,785

CDEL outside ICS envelope £m	IN MONTH 12			YEAR TO DATE			FULL YEAR PLAN	
	Plan	Actual	Variance	Plan	Actual	Variance	BASE	REVISED
Critical Care Unit Expansion [non-ICS spend]]	0	0	0	2,357	2,357	0	5,200	5,200
Other Targeted Investment Fund (TIF)	0	2,205	(2,205)	5,234	3,855	1,379	0	5,234
Other external funding	0	4,500	(4,500)	5,822	4,933	889	0	5,822
Mitigations to ICS CDEL	0	2,268	(2,268)	0	2,268	(2,268)	0	0
PFI Residual Interest	405	405	0	4,855	4,855	0	4,855	4,855
CDEL outside ICS envelope	405	9,378	(8,973)	18,268	18,268	0	10,055	21,111
Total CDEL	(437)	9,541	(9,978)	51,353	58,439	(7,086)	43,140	54,896

Other capex not included in CDEL £m	IN MONTH 12			YEAR TO DATE			FULL YEAR PLAN	
	Plan	Actual	Variance	Plan	Actual	Variance	BASE	REVISED
Grants & donations	431	689	(258)	11,386	4,796	6,590	11,386	11,386
PFI Lifecycleing- (excl residual interest)	7,188	1,337	5,851	12,280	3,896	8,384	12,280	12,280
Other capex not included in CDEL	7,619	2,026	5,593	23,666	8,692	14,974	23,666	23,666
Net Capex (after disposals)	7,183	11,567	(4,384)	75,019	67,131	7,888	66,806	78,562
Add back disposal/other deductions	1,150	0	1,150	1,150	(20)	1,170	1,150	1,150
Gross Capex (before disposals)	8,333	11,567	(3,234)	76,169	67,111	9,058	67,956	79,712

Capital Expenditure - Memo Items £m	IN MONTH 12			YEAR TO DATE			FULL YEAR PLAN	
	Plan	Actual	Variance	Plan	Actual	Variance	BASE	Current
Critical Care Unit Expansion [all funding sources]	0	851	(851)	20,553	20,942	(389)	20,553	20,553
Swindon Radiotherapy [all funding sources]	71	1,113	(1,042)	13,300	13,339	(39)	13,300	13,300

The Trust's base plan had a full-year gross capital envelope of £68.0m. Within this, the ICS CDEL allocation was £33.1m. This comprised self- and loan-funded spend (£34.2m) offset by capital disposals (£1.2m). This remains the metric against which the Trust's performance is measured.

For information, a revised plan is included in the table, which includes an additional £13.0m of new confirmed PDC funding, including £2.4m which was originally part of the unfunded CCU plan

This revised plan is included in YTD plan column.

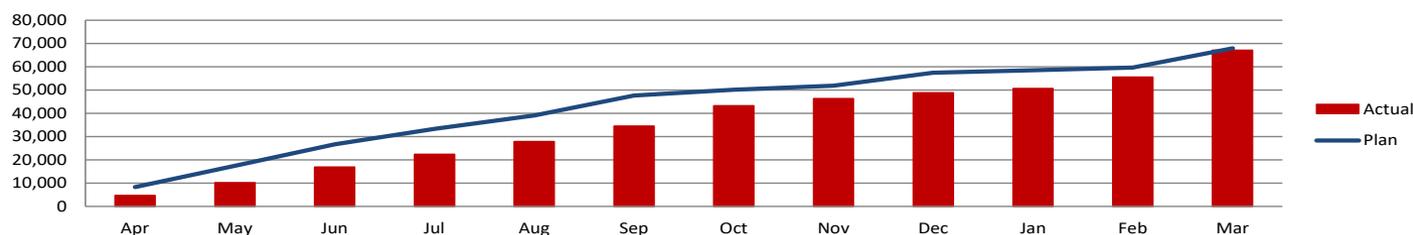
The YTD net spend against the revised plan is £40.2m, which is £7.1m over plan. This is after mitigations of £2.3m transferred from the underspend in other PDC funding. The key driver is the Critical Care Unit expansion, which is £8.2m ahead of the baseline ICS allocation. This includes both £2.8m unfunded from NHS and £4m which was expected to be charitably donated, but had to be counted as CDEL due to arrangements not being concluded by year-end.

The £2.5m overspend against other works underway includes critical fire safety works on the Trauma building and is part offset by the underspend on statutory compliance, as this work has been prioritized over other works included in the base plan.

Gross capital expenditure, which includes PFI and grants and donations, totals £67.1m which is in line with the original plan overall, but £9.1m behind the revised plan due to lags in the PFI replacement programme and much higher plan donations than actuals, due to change in classification of the CCU level 5

It should be noted that these underspends cannot be used to offset the overspend within the ICS allocation.

Cumulative Performance Against Plan (£000s)



Appendix 1 – Other Supporting Analysis: Month 12 2021/22

Statement of Financial Position (SOFP)

Statement of Financial Position £000s	MONTH 12 2021	MONTH 1 2022	MONTH 2 2022	MONTH 3 2022	MONTH 4 2022	MONTH 5 2022	MONTH 6 2022	MONTH 7 2022	MONTH 8 2022	MONTH 9 2022	MONTH 10 2022	MONTH 11 2022	MONTH 12 2022	YTD Movement
Non Current Assets:														
Property, Plant and Equipment	608,912	606,318	608,924	613,179	615,973	616,944	620,763	627,700	627,945	627,163	625,583	627,733	650,574	41,662
Intangible Assets	14,671	18,986	18,862	18,335	18,117	19,530	19,355	18,238	18,043	17,593	17,370	17,198	14,154	(517)
Investment Property	30,394	30,394	30,394	30,394	30,394	30,394	30,394	30,394	30,394	31,844	31,844	31,844	32,030	1,636
Other Investments	23,635	23,635	23,635	23,635	23,635	23,635	23,635	23,635	23,635	23,635	23,635	23,635	14,310	(9,325)
Trade and Other Receivables	8,600	8,546	8,375	8,098	8,140	8,166	8,165	8,262	8,303	8,675	8,753	8,409	7,147	(1,453)
Total Non Current Assets	686,212	687,879	690,190	693,641	696,259	698,669	702,312	708,229	708,320	708,910	707,185	708,819	718,215	32,003
Current Assets:														
Inventories	31,939	32,176	32,179	32,424	32,175	31,845	31,751	30,816	31,181	31,369	31,116	30,648	28,518	(3,421)
Trade and Other Receivables	55,823	65,212	71,885	87,016	100,609	79,788	80,519	79,065	78,041	85,079	85,861	72,470	58,884	3,061
Cash and Cash Equivalents	83,769	69,020	64,497	40,991	37,821	49,255	34,302	40,174	48,597	42,586	44,046	70,649	57,323	(26,446)
Sub Total Current Assets	171,531	166,408	168,561	160,431	170,605	160,888	146,572	150,055	157,819	159,034	161,023	173,767	144,725	(26,806)
Total Current Assets	171,531	166,408	168,561	160,431	170,605	160,888	146,572	150,055	157,819	159,034	161,023	173,767	144,725	(26,806)
Total ASSETS	857,743	854,287	858,751	854,072	866,864	859,557	848,884	858,284	866,139	867,944	868,208	882,586	862,940	5,197
Current Liabilities:														
Trade and Other Payables	(169,076)	(166,632)	(172,080)	(165,178)	(178,396)	(168,658)	(158,128)	(171,884)	(175,515)	(177,066)	(177,703)	(181,741)	(159,126)	9,950
Provisions	(6,609)	(6,640)	(6,640)	(6,640)	(6,588)	(6,588)	(6,588)	(6,175)	(5,122)	(5,065)	(4,617)	(4,065)	(7,958)	(1,349)
Borrowings	(11,052)	(11,206)	(11,349)	(11,485)	(11,940)	(11,864)	(12,028)	(12,177)	(12,328)	(12,478)	(12,629)	(12,711)	(12,939)	(1,887)
Commercial Loans	(391)	(415)	(439)	(400)	(424)	(448)	(408)	(431)	(455)	(416)	(439)	(461)	(426)	(35)
DH Capital Loan	0	0	(11)	(13)	(21)	(280)	(289)	(299)	(648)	(664)	(679)	(695)	(730)	(730)
Total Current Liabilities	(187,128)	(184,893)	(190,519)	(183,716)	(197,369)	(187,838)	(177,441)	(190,966)	(194,068)	(195,689)	(196,067)	(199,673)	(181,179)	5,949
Net Current Assets/(Liabilities)	(15,597)	(18,485)	(21,958)	(26,764)	(26,764)	(26,950)	(30,869)	(40,911)	(36,249)	(36,655)	(35,044)	(25,906)	(36,454)	(20,857)
Total Assets Less Current Liabilities	670,615	669,394	668,232	670,356	669,495	671,719	671,443	667,318	672,071	672,255	672,141	682,913	681,761	11,146
Non Current Liabilities:														
Trade and Other Payables	(4,072)	(4,065)	(4,058)	(4,051)	(4,043)	(4,036)	(4,029)	(4,022)	(4,015)	(4,008)	(4,001)	(4,101)	(4,628)	(556)
Provisions	(9,033)	(9,002)	(9,002)	(9,002)	(9,002)	(9,002)	(9,002)	(9,002)	(9,002)	(9,007)	(9,007)	(9,007)	(8,459)	574
Borrowings	(227,080)	(226,060)	(224,990)	(223,919)	(222,807)	(221,735)	(220,661)	(219,589)	(218,517)	(217,446)	(216,372)	(215,300)	(214,842)	12,238
Commercial Loans	(6,522)	(6,522)	(6,522)	(6,419)	(6,419)	(6,419)	(6,316)	(6,316)	(6,316)	(6,208)	(6,208)	(6,208)	(6,095)	427
DH Capital Loan	(5,700)	(5,700)	(5,700)	(8,300)	(8,300)	(11,555)	(11,555)	(11,555)	(14,759)	(14,759)	(14,759)	(15,259)	(15,239)	(9,539)
Total Non Current Liabilities	(252,407)	(251,349)	(250,272)	(251,691)	(250,571)	(252,747)	(251,563)	(250,484)	(252,609)	(251,428)	(250,347)	(249,875)	(249,263)	3,144
Assets Less Liabilities (Total Assets Employed)	418,208	418,045	417,960	418,665	418,924	418,972	419,880	416,834	419,462	420,827	421,794	433,038	432,498	14,290
Taxpayers Equity:														
Public Dividend Capital	289,738	289,738	289,738	289,738	289,738	289,738	289,738	289,738	290,336	290,336	290,336	301,137	303,749	14,011
Retained Earnings reserve	(14,834)	(14,279)	(13,704)	(12,339)	(11,419)	(10,710)	(9,142)	(11,527)	(8,837)	(6,811)	(5,183)	(4,079)	(23,432)	(8,598)
Revaluation Reserve	141,645	140,928	140,267	139,607	138,946	138,285	137,625	136,964	136,303	135,643	134,982	134,321	159,684	18,039
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)	(84)	(84)	(84)	(84)	(84)	(84)	(84)	(84)	(84)	(84)	(9,246)	(9,162)
Total Taxpayers Equity	418,208	418,046	417,960	418,665	418,924	418,972	419,880	416,834	419,461	420,827	421,794	433,038	432,498	14,290

Non-current assets increased by £32m over the year – due to new capital and the impact of the annual revaluation being more than the annual depreciation. Other investments fell due to the year-end refresh of the carrying value of shares.

Current assets fell in year due to the reduction in cash as we began the year with a high level capital creditors which have since been paid. This is reflecting in the reduction of trade payables, offset by £12m increase in non-capital creditors.

Non-current liabilities reduced by £3m net, with a reduction in PFI creditors of £12.2m being offset by an increase on DHSC loans of £9.5m.

PDC capital increased by £14m due to new capital funding from NHSE/I.

The retained earnings reduction includes revaluation impairments and other items which do not contribute to the I&E control total.

The revaluation reserve reflects the upward valuation of most of our property based in the annual review by our valuers. Where there is a downward valuation this is part of the impairment which is reflected in the retained earning reserve.

Cashflow

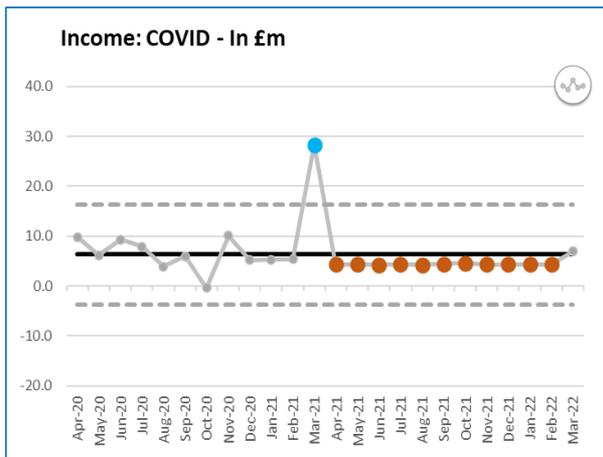
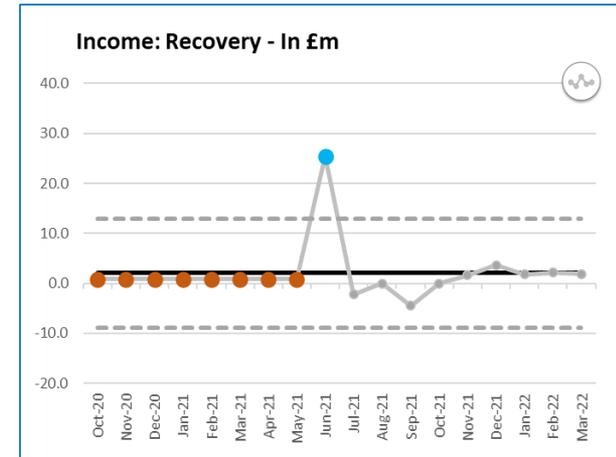
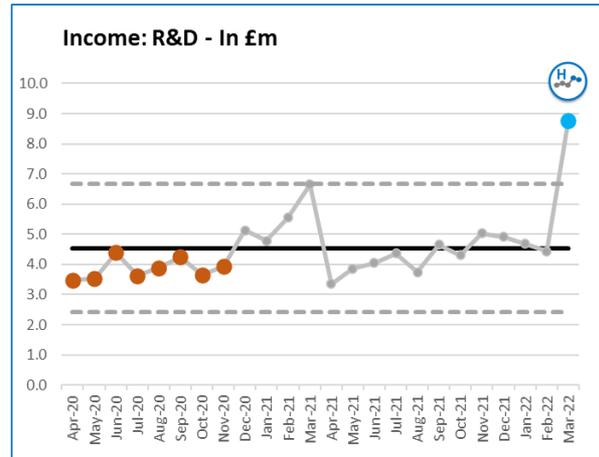
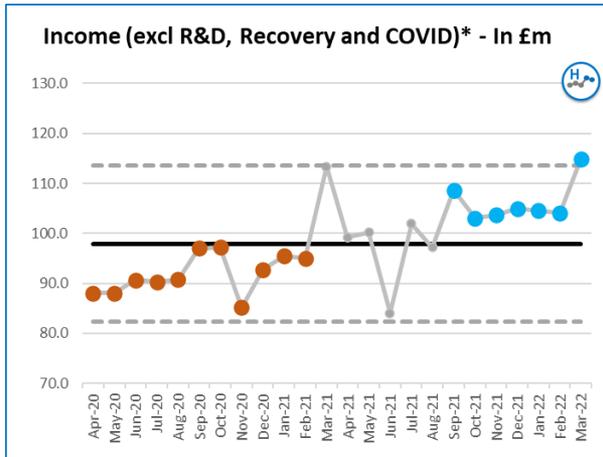
Cash flows from operating activities £000s	YTD MONTH 1	YTD MONTH 2	YTD MONTH 3	YTD MONTH 4	YTD MONTH 5	YTD MONTH 6	YTD MONTH 7	YTD MONTH 8	YTD MONTH 9	YTD MONTH 10	YTD MONTH 11	YTD MONTH 12
Cash Flows from Operating Activities												
Operating Surplus/(Deficit)	2,415	4,925	8,225	11,058	13,703	17,203	16,749	23,972	23,889	31,944	34,380	16,326
Depreciation and Amortisation	3,025	5,982	8,988	11,995	14,998	17,998	20,999	26,999	26,999	33,000	35,381	34,170
Impairments and Reversals	0	0	0	0	0	0	0	0	0	0	205	16,519
Donated Assets received credited to revenue but non-cash	0	(10)	(70)	(89)	(89)	(96)	(175)	(198)	(195)	(313)	(824)	(649)
Interest Paid	(1,891)	(3,795)	(5,759)	(7,654)	(9,547)	(11,511)	(13,404)	(17,286)	(17,319)	(21,143)	(23,035)	(23,096)
Dividend Paid	0	0	0	0	0	(4,019)	(4,019)	(4,686)	(4,019)	(4,686)	(4,686)	(8,017)
(Increase)/Decrease in Inventories	(237)	(240)	(485)	(236)	94	188	1,123	758	570	823	1,291	3,421
(Increase)/Decrease in Trade and Other Receivables	(9,335)	(15,837)	(30,688)	(44,322)	(23,528)	(26,105)	(24,748)	(23,764)	(31,175)	(32,035)	(20,009)	(5,951)
Increase/(Decrease) in Trade and Other Payables	20,397	24,814	16,118	29,983	20,623	14,304	23,865	28,842	30,694	31,580	33,451	10,970
Provisions Utilised	0	0	0	(52)	(52)	(52)	(52)	(104)	(1,611)	(2,058)	(2,611)	(2,933)
Increase/(Decrease) in Movement in non Cash Provisions	0	0	0	0	0	0	(413)	(1,413)	41	41	41	3,736
Net Cash Inflow/(Outflow) from Operating Activities	14,375	15,839	(3,671)	683	16,203	7,910	19,925	33,120	27,874	37,153	53,583	44,496
CASH FLOWS FROM INVESTING ACTIVITIES												
Interest Received	0	0	0	0	0	0	0	0	0	9	24	41
(Payments) for Property, Plant and Equipment	(23,758)	(28,835)	(34,802)	(41,625)	(47,815)	(53,449)	(57,913)	(65,959)	(66,429)	(72,020)	(72,710)	(81,264)
(Payments) for Intangible Assets	(4,444)	(4,439)	(4,029)	(4,091)	(4,319)	(4,340)	(5,097)	(5,098)	(5,097)	(5,098)	(5,151)	(2,405)
(Payments) for Investments	0	0	0	0	0	0	0	0	0	0	0	0
Proceeds of disposal of assets held for sale (PPE)	0	0	0	20	0	0	0	0	723	(589)	0	11
Cash movement from disposals of business units and subsidiaries (not absorption transfers)	0	0	0	0	0	0	0	0	0	0	0	0
Net Cash Inflow/(Outflow) from Investing Activities	(28,202)	(33,274)	(38,831)	(45,696)	(52,134)	(57,789)	(63,010)	(71,057)	(70,803)	(77,699)	(77,837)	(83,617)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(13,827)	(17,435)	(42,501)	(45,013)	(35,932)	(49,879)	(43,085)	(37,937)	(42,929)	(40,545)	(24,254)	(39,121)
CASH FLOWS FROM FINANCING ACTIVITIES												
Public Dividend Capital Received	0	0	0	0	0	0	0	598	598	598	11,399	14,011
Loans received from DH - New Capital Investment Loans	0	0	2,600	2,600	6,100	6,100	6,100	9,700	9,700	9,700	10,200	10,200
Other Loans Repaid	0	0	(94)	(94)	(94)	(189)	(189)	(189)	(289)	(289)	(289)	(392)
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	(922)	(1,849)	(2,783)	(3,441)	(4,588)	(5,499)	(6,421)	(7,343)	(8,263)	(9,187)	(10,176)	(11,144)
Net Cash Inflow/(Outflow) from Financing Activities	(922)	(1,838)	(277)	(935)	1,418	412	(510)	2,766	1,746	822	11,134	12,675
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	(14,749)	(19,272)	(42,778)	(45,948)	(34,514)	(49,467)	(43,595)	(35,171)	(41,183)	(39,723)	(13,120)	(26,446)
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	83,769											
Cash and Cash Equivalents (and Bank Overdraft) at YTD	69,020	64,497	40,991	37,821	49,255	34,302	40,174	48,598	42,586	44,046	70,649	57,323

The cash balance reduced by £26.4m over the financial year. The Trust generated £66m operating cash surplus, i.e. excluding depreciation and revaluations which are non-cash items and interest payments. Our working capital improved by £9m (i.e. debtor, creditors and inventories). We also received £24m in new PDC and DH Loans. This gave total cash for investment of £99m. We paid £84m for capital (including b/f outstanding amounts), £23m to service the PFI interest, £11m reduction on our PFI debt and £8m PDC Dividend, a total of £126m. The net impact of these items accounted for the reduction in the cash balance.

£m	M11 FoT	M12 Actuals	Movement from M11 to M12	Comment (Explanation of Movement) Remainder of FoT
YTD actuals	3.2	3.2	0.0	
Total run rate impact	-0.2	-2.6	-2.4	
Total one off items	1.4	1.4	0.0	
Forecast	2.7	0.3	-2.4	Unadjusted forecast
Identified risks / spending proposals				
Specialist Commissioning drug cost envelope	-2.0	0.0	2.0	Potential dispute due to Cancer Drugs Fund (CDF) data issue, resolved M12.
PPE stock movement	-1.0	-0.7	0.3	I&E position carries £1.5m stock adj. in plan. This residual risk reflects over-and-above that estimate with an adj. for valuation.
Asbestos provision review	-0.6	-0.6	0.0	Net adjustment to 21/22 provision based on utilisation (decrease) and further survey work (increase)
Impairment review	-0.1	-0.1	0.0	
Travel incentive scheme	-3.0	-3.0	0.0	As per Board paper w/c 28.3.22
Cash bonus	-1.7	-2.0	-0.3	As per Chair's action w/c 28.3.22
Grants	-1.1	-1.1	0.0	As per TME paper (OBU, TRE)
Low value Estates, medical and digital spend	-1.1	-1.7	-0.6	As per TME paper
Waived income	-0.7	-0.7	0.0	Income agreed with charitable partners
Energy claim	-0.8	-0.8	-0.1	Increase in energy claim for interest and potential VAT
Employment provisions: ETs, Exits, Redundancies	-0.1	-3.0	-2.9	Risk associated with historic injury benefit (£58k) and other provisions (£2.9m).
NHS and other debt provisions	-1.4	-0.5	0.9	Risk of non-payment associated with unpaid NHS debt
Total identified risks	-13.5	-14.2	-0.7	
Opportunities				
PFI settlement	0.0	2.5	2.5	Benefit of PFI settlement above that already in plan.
R&D underspend	0.0	0.2	0.2	R&D final position better than previous breakeven forecast.
Investment property valuation (2)	0.2	0.2	0.1	Valuer has revised valuation estimate to £0.2m.
A/L accrual release: Main accrual	3.0	0.0	-3.0	No net benefit in annual leave accrual.
In-year contingency on balance sheet	4.9	4.9	0.0	Contingency accrued in H1, review before year end, will be released.
Additional ICS funds	4.9	4.9	0.1	Funding to be transferred from ICS. Adjustment made for schemes that ICS plan to administer centrally
CNST bonus	0.2	0.2	0.0	
CQC rebate	0.1	0.1	0.1	
Deferred income	2.5	2.5	0.0	In year deferred income identified in M11 as unlikely to be spent by 31.3.22
Legacy AP balances	0.8	0.8	0.0	
Stock count	0.7	0.8	0.1	Minor benefit in stock counts.
Subtotal net upsides / downsides	17.2	17.1	-0.1	
Net (Risk)/Opportunity	3.7	2.9	-0.8	
Forecast plus net upsides / downsides	6.4	3.2	-3.2	

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.

R&D income remained in control during the financial year 21/22 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.

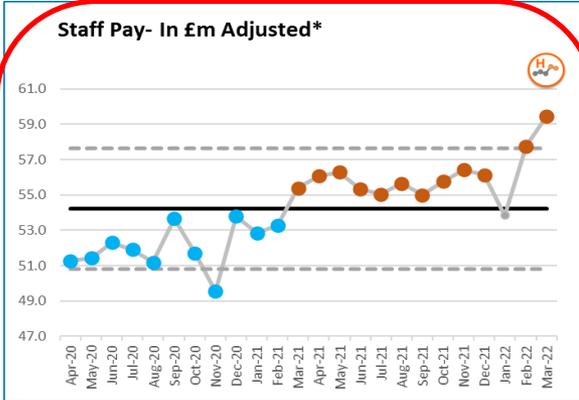
COVID-19 income (in envelope) was reduced in 2021/22 and is now paid on a block basis rather than fluctuating with costs. March 2022 (month 12) COVID income is slightly above average due to PPE funding.

Is Performance Stable?

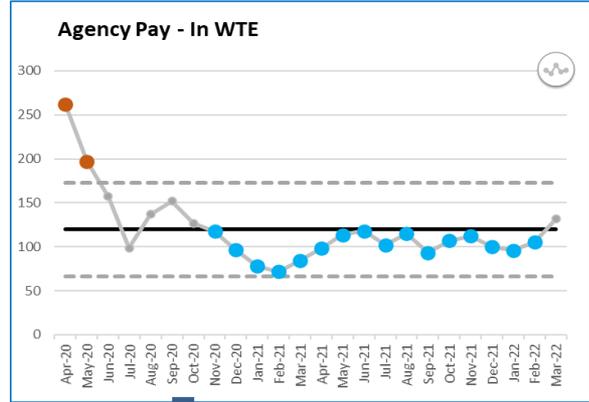
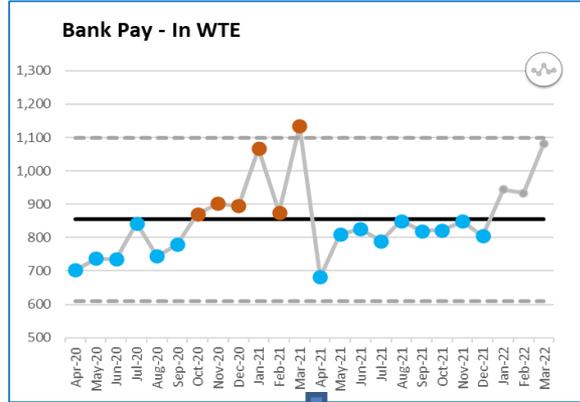
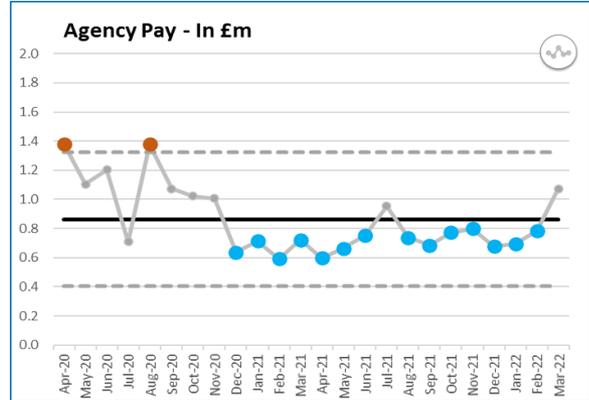
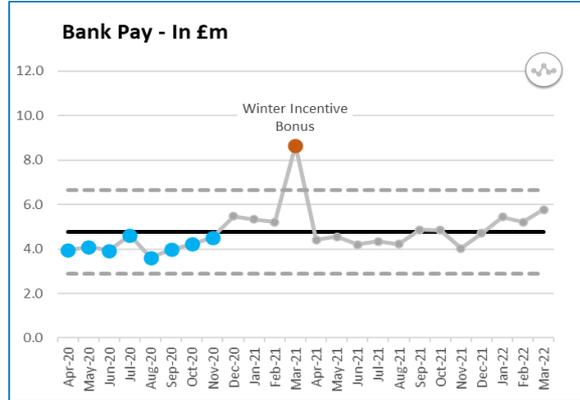
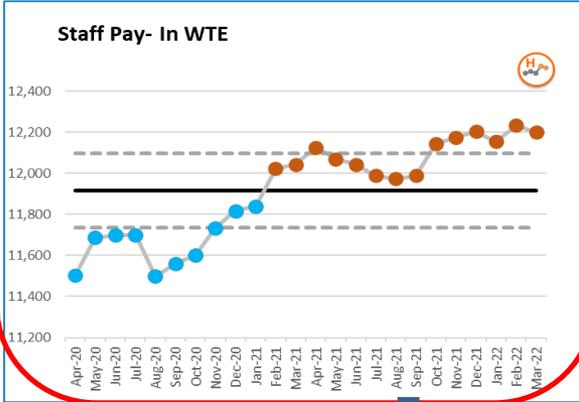


Pay: Run Rate by Staff Type

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

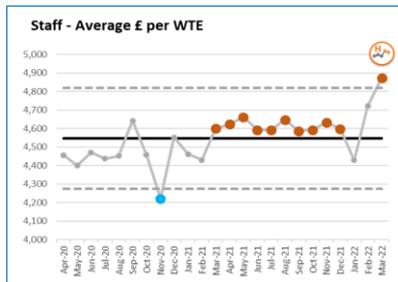


*Mar-21 pension and A/L accruals removed, Mar-22 pension accrual removed. M6 pay award spread across M1-6

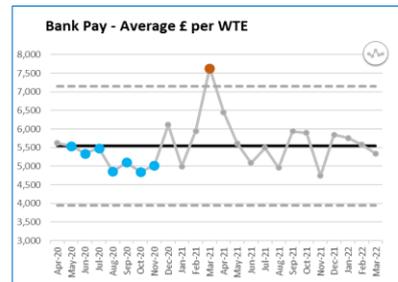


Is Performance Stable?

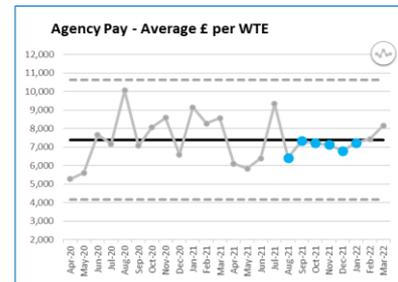
- Getting Better (Green icon)
- Getting Worse (Red icon)
- Yes (Grey icon)



Overall increase in average pay per WTE since February 2020 due to 3% pay award



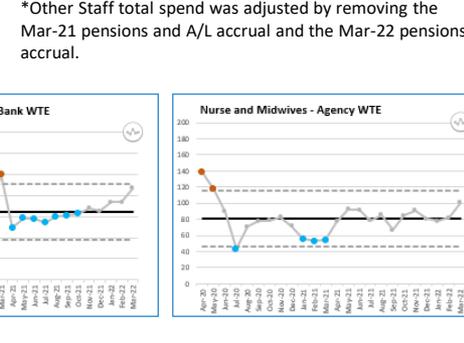
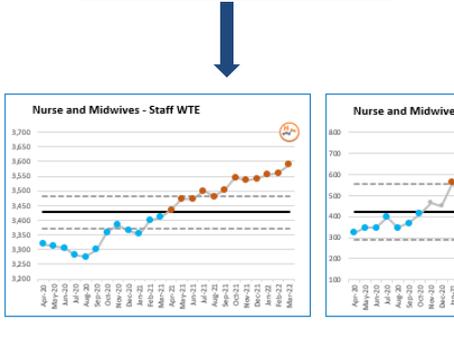
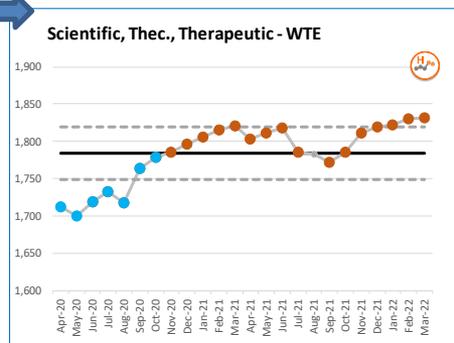
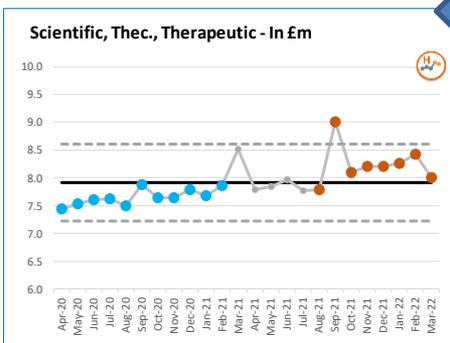
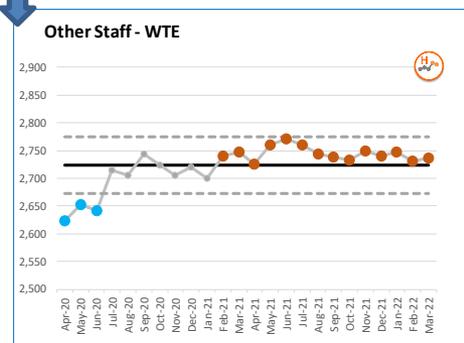
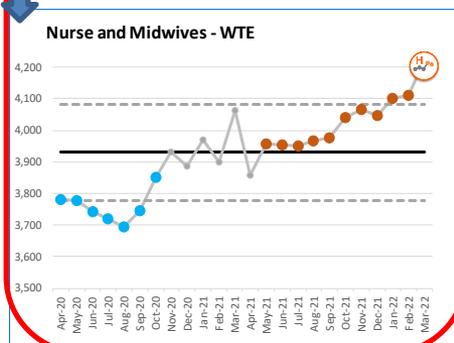
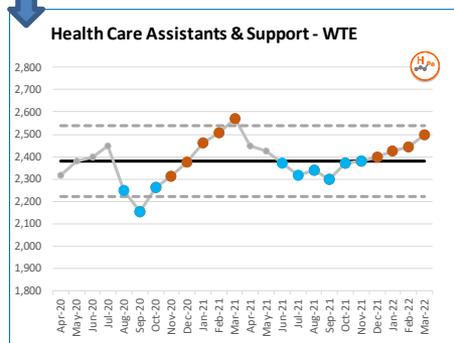
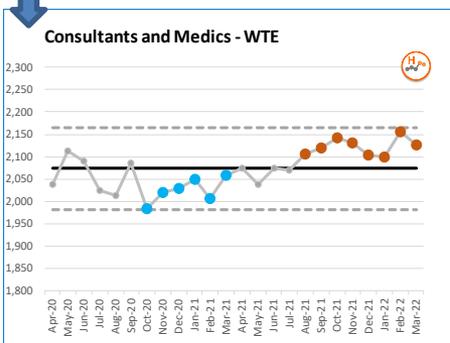
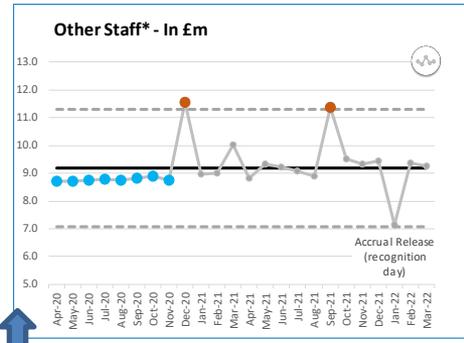
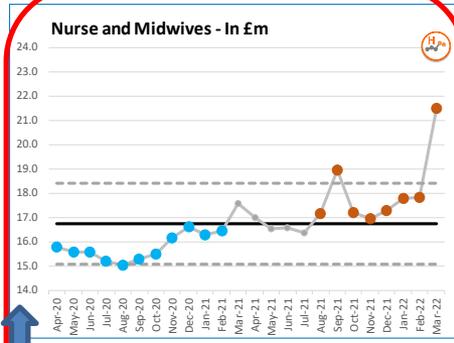
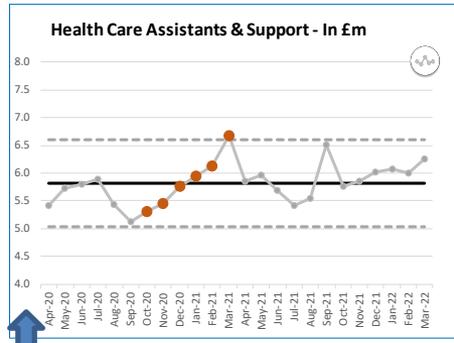
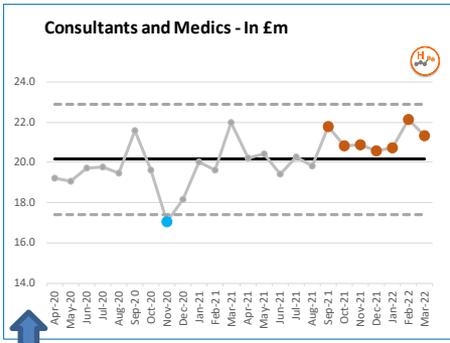
Bank WTEs rose in March due to staffing pressures, but there was no incentive scheme so costs rose less than in March 2021.



Overall decrease in agency WTEs against an increase in substantive WTE and vacancy rate. March 2022 increase in agency pay and WTEs due to March staffing pressures.

Pay: Run Rate by Staff Group

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



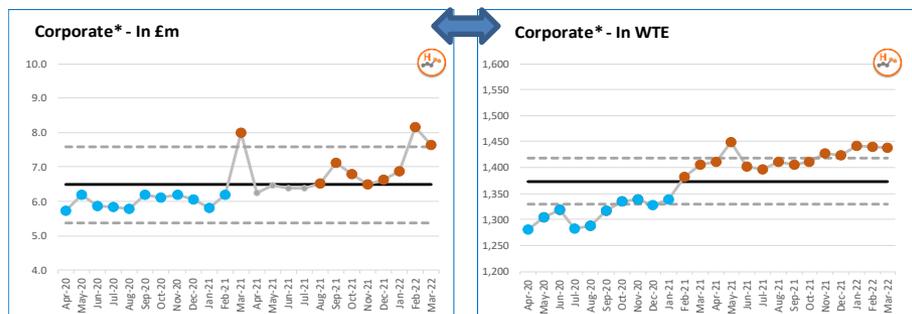
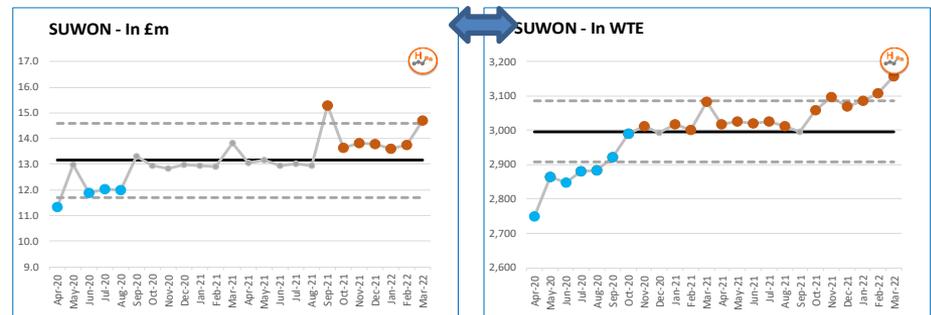
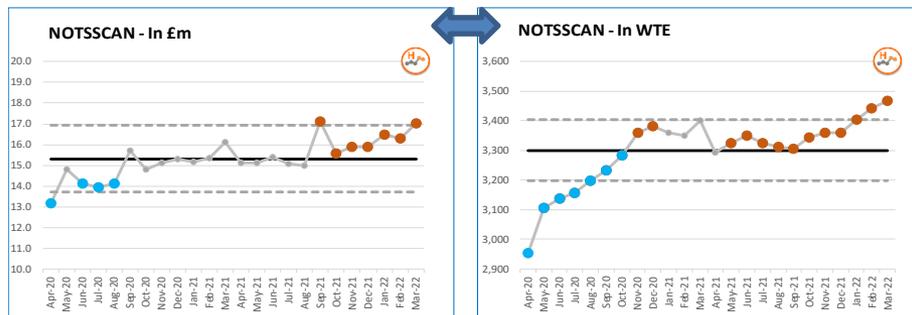
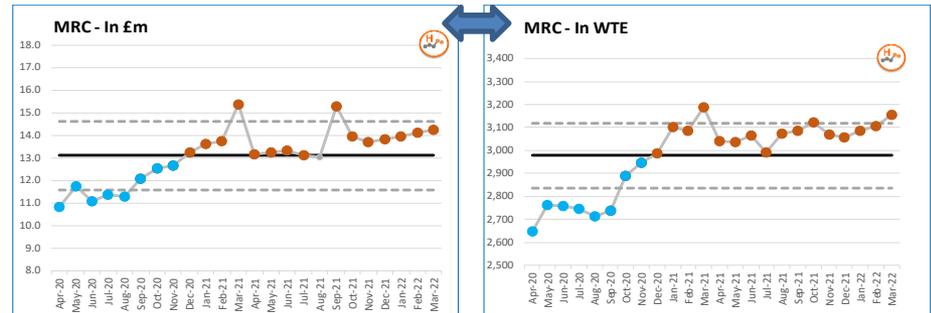
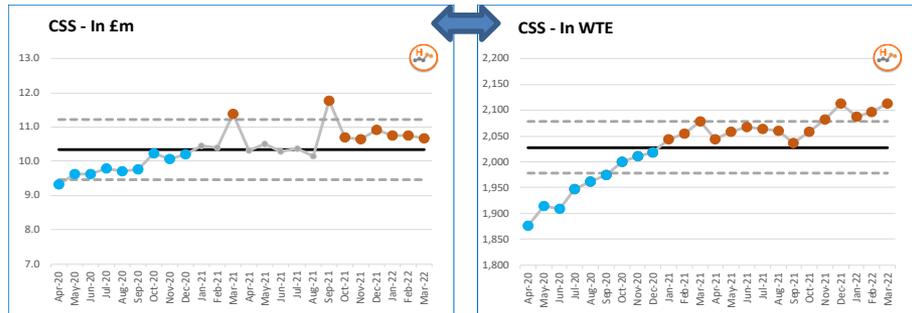
*Other Staff total spend was adjusted by removing the Mar-21 pensions and A/L accrual and the Mar-22 pensions accrual.

Pay and WTE trends are driven by nurses and midwives, particularly by substantive staff.

Is Performance Stable?

Yes
 Getting Worse
 Getting Better

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



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

Non clinical pay spend 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 since the middle of the prior financial year.

*Corporate includes Education, Estates and DOSI.

Is Performance Stable?

Yes	Getting Worse	Getting Better

I&E (Control total)	Risk adjusted forecast	21/22 ACTUALS	Variance	Comment
Data and IP royalties (includes ongoing deals such as SRA2 + spot deals)	0.20	0.00	-0.20	£0.2m royalties billed, provisioned due to bad debt risk
Ramsey treatment centre uplift	0.04	0.04	0.00	
FMRIB rental review (incremental)	0.04	0.00	-0.04	Expert determination likely
Private patient (incremental)	0.26	0.60	0.33	£0.7m pricing and billing processes, £0.2m volume, -£0.3m provision
Incremental PDC div	-0.04	0.17	0.20	Driven by reduction in Sensyne share value
Botnar 3	1.45	1.45	0.00	
Botnar 3 indemnity income	0.12	0.12	0.00	
General Investment Property valuation	0.18	0.18	0.00	
Equity revals (excluding Sensyne)	0.10	-0.16	-0.26	£120k increase in JV's less decrease in spin portfolio.
Private patients - underbilling review - new invoices	0.90	0.90	-0.00	
Private patients - underbilling review credit note provision	-0.20	-0.71	-0.51	80% provision on residual balance
Non pay	-0.49	-0.19	0.30	
Adjustments for transactions in old cost centre	-0.08	-0.08	0.00	
Staff cost	-0.40	-0.37	0.03	
NET POSITION (CONTROL TOTAL)	2.07	1.93	-0.14	

I&E (Non-control total)	Risk adjusted forecast	21/22 ACTUALS	Variance	Comment
Sensyne (non control total I&E)	-9.16	-9.17	-0.01	Deterioration in share price

Non-recurrent CDEL (postive = disposal)	Risk adjusted forecast	21/22 ACTUALS	Variance	Comment
Disposal of commercial assets	0.00	0.00	-0.00	Disposal conditions agreed with Investment Committee not met

- **I&E control total:** £1.93m profit delivered in year from a £0.64k cost base. Recurrent commercial profit (control total) entering into 21/22 was £0.3m. The recurrent commercial profit (control total) is now £1m. Focus on further increasing this KPI in 22/23.
- **I&E non-control total:** Sensyne shares have reduced by £9.2m since year end driven by cashflow concerns – Private Trust Board briefed 19/1/2022. Task and Finish group established to consider Investment Management approach.
- **CDEL:** £0.17m from sale of assets originally planned but not realised due to market factors.

Appendix 2 - Productivity Dashboard SPC chart: Month 12 2021/22

Is Performance Stable?

		
Yes	Getting Worse	Getting Better

Background

The productive use of trust resources (beds, theatres etc) delivers value for money and also controls cost or increases income.

Improvements in productivity do not immediately lead to cost reductions or additional income, but we can attach a monetary value based on average costs to each and then use adjustments in flexible capacity (e.g. temporary staffing, insourcing, outsourcing, WLIs) to reduced costs or take the benefit by delivering additional activity without higher costs and earning income (e.g. via ERF or tariff).

TME currently tracks some operational measures for quality or operational performance purposes.

The draft productivity dashboard track key indicators, which we can assign a monetary value to. The dashboard will allow TME and IAC to identify positive and negative trends and consider follow-up action. The same indicators are used to measure the potential impact of business cases and track progress. For example, RIPEL aims to avoid admissions and thus save bed days. The IPC business case aims to avoid infections, reduces reduce length of stay and therefore save bed days.

Indicators are tracked in SPC charts using trust data from [Orbit].

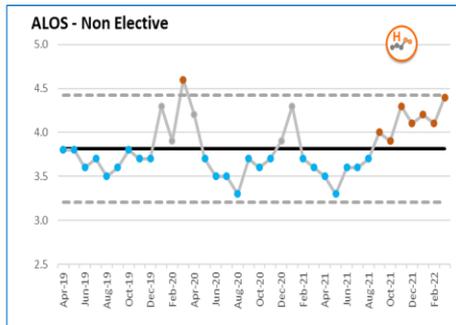
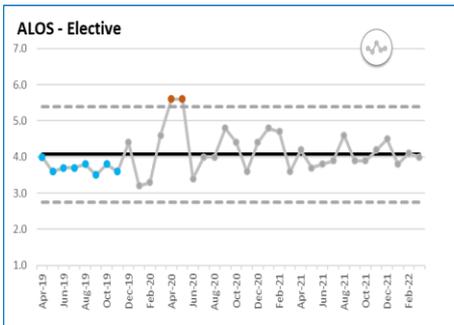
Indicators with estimated financial impacts:

- **NEL ALOS:** direct costs of a bed day are £350/patient/day. With 6,872 average monthly NEL admissions in 21/22 we estimate that each 1 day increase in NEL ALOS costs £2.4m/month or £28.9m/year. Marginal improvements in ALOS significantly improve the use of resources.
- **Staff sickness rate:** each 1% of absence is equivalent to 135 WTE and a cost of £0.8m/month or £9.6m/year, of which £0.2m/month is the premium the trust pays for temporary staffing.
- **Temporary staffing %:** every 1% increase in % of temporary staffing will cost OUH on average £0.8m/month. 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%. The premium for temporary staff in Mar-22 was £1.5m/month or £18m/year.
- **Pre-procedure bed days:** direct costs of a bed day are £350/patient/day. With a 1,642 average monthly EL admissions, and 1.4 days average pre procedure days, this is equivalent to £0.8m/month. For NEL, an average of 6,872 monthly admissions and 1.6 pre procedure days equates to £3.8m/month or £45.6m per year.
- **Theatres session:** each theatre session has an average income of £12.1k. Therefore reduction in the number of sessions per month results in a reduction in income if the Trust was operating on Payment by Results (PbR). An alternative measure would be to consider the relationship between sessions delivered and potentially avoidable spend on additional insourced and outsourced capacity.

Indicators without estimated financial impacts:

- **Theatre utilisation:** we do not yet have an estimate for the impact of movements in this indicator. We could look at the link between utilisation and total number of cases.
- **Day case rate:** we do not yet have an estimate for the impact of movements in this indicator.
- **Bed occupancy rate:** we do not yet have an estimate for the impact of movements in this indicator.
- **Outpatients:** Each Face to Face appointment cost approximately £93 more than a non Face to Face appointment. We can use this value in future to estimate the impact of movements in the proportion of Face to Face appointments in future.
- **Emergency readmission rate:** we do not yet have an estimate for the impact of movements in this indicator. We could look at number of bed days associated with each 1% movement in the readmission rate. However, there is a potential link between NEL ALOS and readmission rates.
- **Staff turnover rate:** we do not yet have an estimate for the impact of movements in this indicator. We could develop one by looking at supernumerary costs for new clinical staff and estimating how the turnover rate caused supernumerary costs to increase
- **Staff vacancy rate:** we do not yet have an estimate for the impact of movements in this indicator.
- **Hospital Acquired Pressure Ulceration (HAPU):** we have used NHS England's assumptions and will include these values next month.
- **Falls with Harm:** we have used NHS England's assumptions and will include these values next month.

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

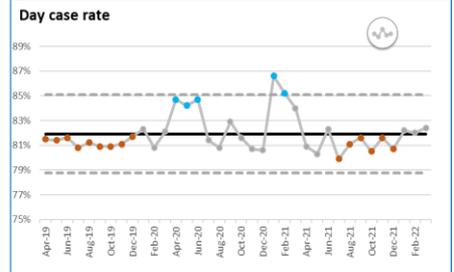
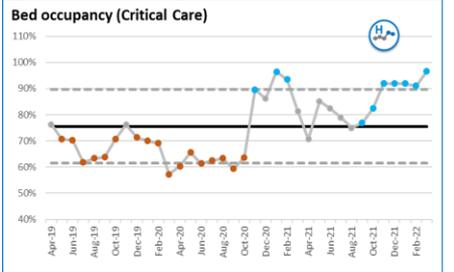
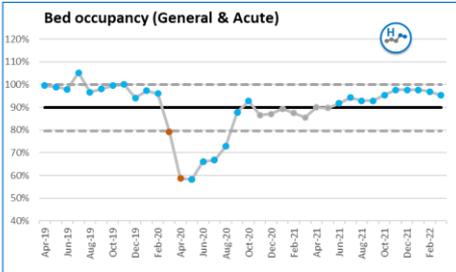
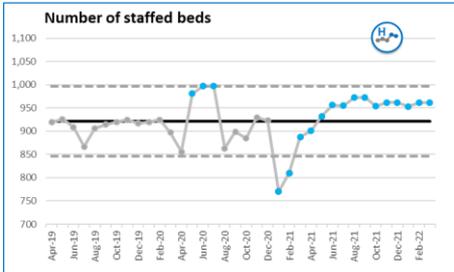
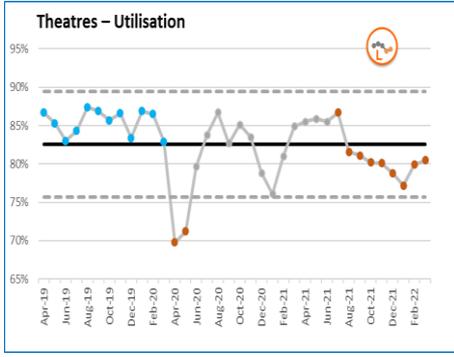
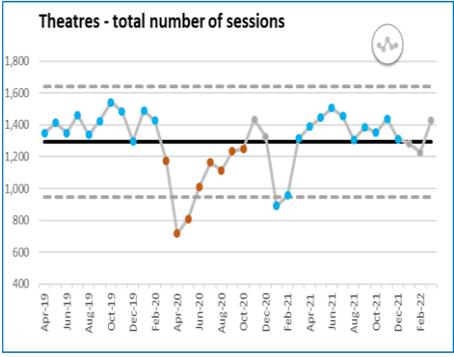


Overall Average Length of Stay ('ALOS'):

- ALOS includes Same Day Emergency Care ('SDEC') spells.
- Elective activity has remained in control.
- Non Elective ALOS (£9.1m cost per month), is showing signs of deterioration in recent months. The increase of ALOS from the average of 3.8 to 4.4 days for Non Elective activity in Mar-22 will have cost the Trust an additional £1.4m of direct costs in month largely through additional premium cost temporary staffing to open additional capacity or cancelled elective activity.

Total Number of Theatre Sessions was 1,430 in Mar-22, this is 35 sessions per month above the 2019/20 average of 1,395 sessions per month. This is an improvement compared to previous month (Feb-22) where total sessions were 1,227 and 168 below the average. At an average income of £12.1k per session this equates to £2.0m of unachieved income in month (on a PbR basis).

Theatres Utilisation is showing a consistent deterioration since Q2 2021/22, with a slight improvement in Feb-22 and Mar-22. In Mar-22 theatres utilisation stood at 81% which is 5% below the 2019/20 average of 86%.



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.

Day Case Rate is currently in control at a similar level to the day case rate in 19/20. The Mar-22 performance is slightly above the three year average.

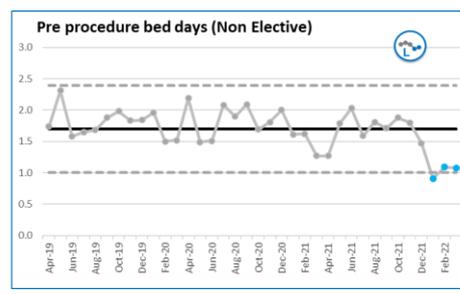
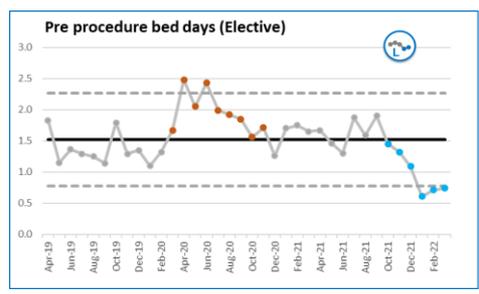
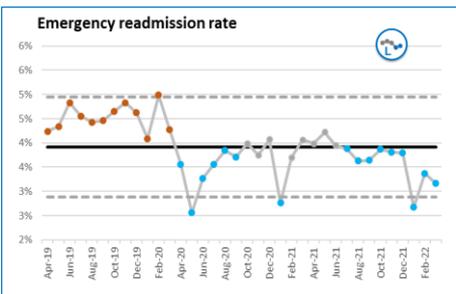
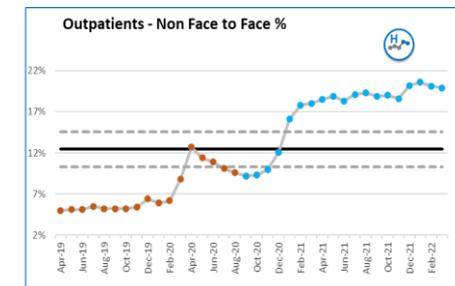
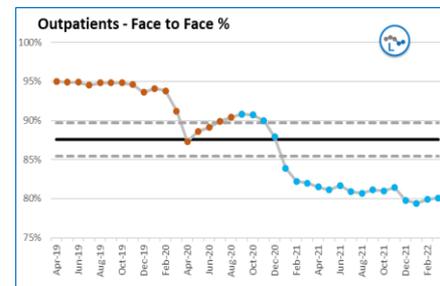
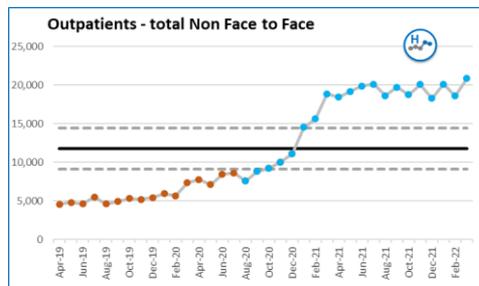
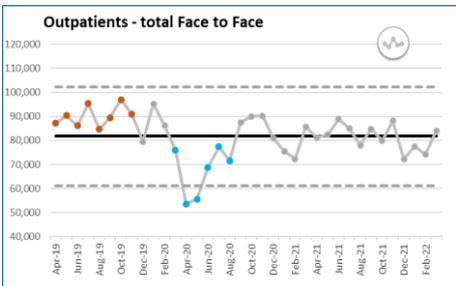
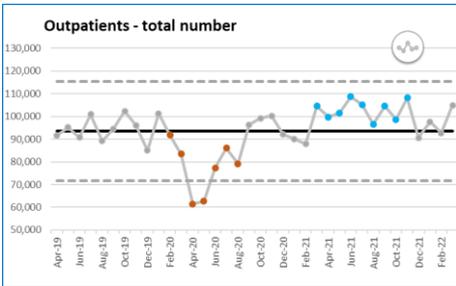
Is Performance Stable?

Yes Getting Worse Getting Better

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

Total Outpatients Number overall is at a higher level compared to 2019/20 pre COVID-19 levels, with a slight decrease since Nov-21.

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 20% of all Outpatients activity compared to only 5% before Mar-20. On average a Face to Face appointment cost £93 more than a non Face to Face appointment. In Mar-22 OUH had a total of 84,002 Face to Face appointments, therefore an indicative difference in cost of £7.8m, compared to the indicative cost of non Face to Face appointments.



Is Performance Stable?

Yes Getting Worse Getting Better

Emergency Readmission Rate has remained stable in the current year and is below the 3 year average. Mar-22 performance of 3.2% shows a slight increase in comparison to Jan-22 (but below the three years average of 4%).

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 £0.6m/month and for NEL admissions is a is equivalent to costs of approximately £2.4m/month.

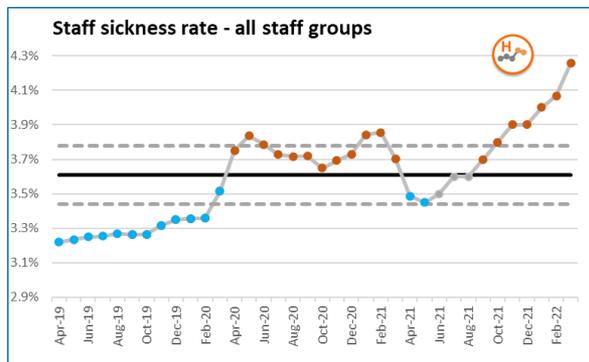
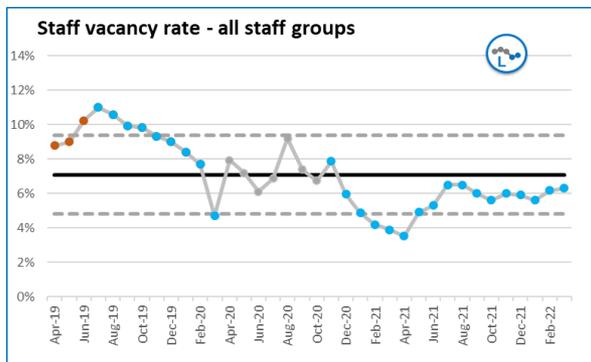
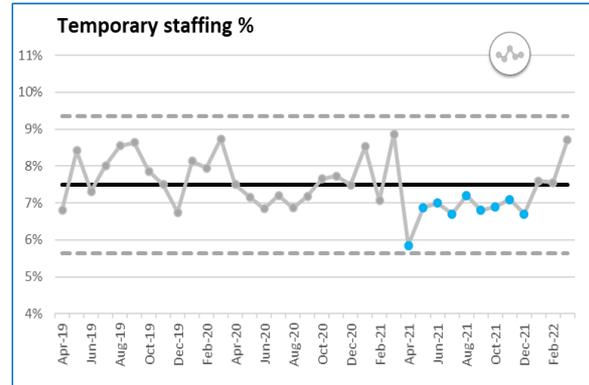
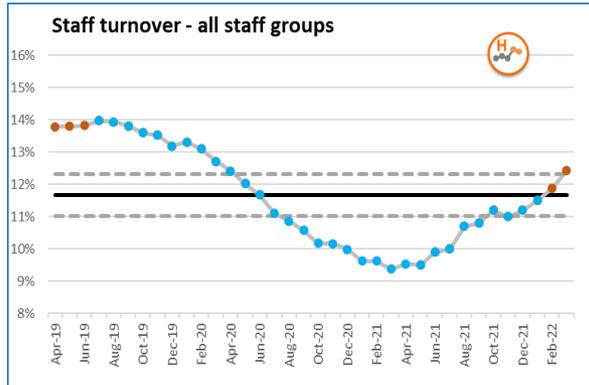
The SPC charts are pulling together productivity metrics which provides a overview of the Trust operational performance. The data sources are ORBIT+ the finance ledger.

Staff Vacancy Rate (calculated as the gap between budgeted WTE and contracted WTE) in currently below average. 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.

Staff Sickness Rate (where 1% is assumed at approximately 135 WTE lost) has continuously risen since Jun-21, driven by short term sickness absence. There is no indication that the increase has peaked. COVID-19 sickness and isolation will be a significant contributory factor. The indicative financial impact of the increase in sickness rate from the three years average of 3.6% to 4.3% in Feb-22 is £0.6m per month, of which £0.1m is the premium paid for temporary staffing. The actual cost may be higher if clinical staff are fully backfilled by temporary staffing.

Temporary Staffing % since Jan-22 has been above the average (driven by bank use) and increasing further in Mar-22 to 8.7%. The average premium the trust pay for temporary staffing is 28% above the cost of a substantive staff. In Mar-22 this is equivalent to £1.5m in cost.

Staff Turnover has remained below the three years average since Apr-20, however turnover is showing a continuous increase since Apr-21 with turnover rate in Feb-22 and March-22 reaching the upper control limit of 12.3% (this is the highest its been sine April-20).

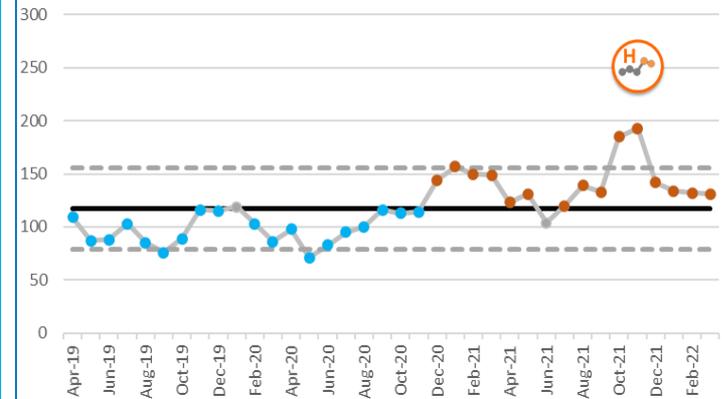


The SPC charts are pulling together productivity metrics which provides an overview of the Trust operational performance. The data sources are ORBIT+ the finance ledger.

Hospital Acquired Pressure Ulceration (HAPU):

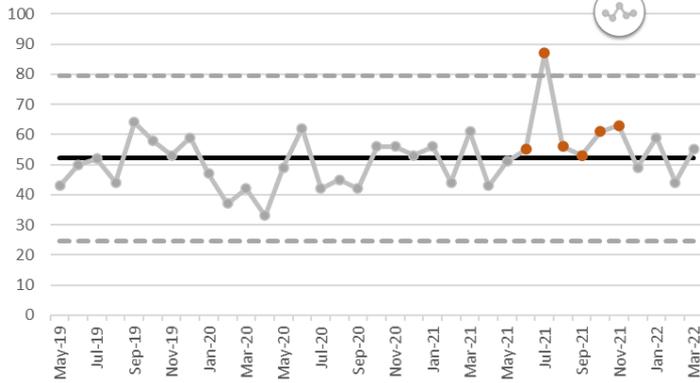
- The number of all HAPU incidents reported by month in category 1-4.
- The majority of HAPU incidents fall in category 2 - Minor Injury (superficial unbroken tissue damage).
- HAPU cases reported since Dec-20 have been significantly high (peaking in Nov-21 with nearly 200 cases) stabilising in recent months with cases just above the 3 year average of 125 cases.
- In Mar-22, there were a total of 118 cases HAPU (across cat 1-4). Based on NHSEI productivity tool this equates to an estimated cost of £0.8m in month (or £9.8m/year) which relates to the costs of diagnostic tests, additional monitoring, more expensive pressure relieving surfaces and extended inpatient length of stay.

HAPU cases (Cat. 1-4)



Cat. 1 = No Harm Cat. 2 = Minor Injury Cat. 3 = Moderate Injury (Not Long-Term)
Cat. 4 = Major Injury (Leading To Long-Term Disability/ Incapacity)

Falls with Harm (Cat. 2-5)



Cat. 2 = Minor Injury Cat. 3 = Moderate Injury (Not Long-Term)
Cat. 4 = Major Injury (Leading To Long-Term Disability/ Incapacity) Cat. 5 = Death

Falls with Harm:

- The number of Falls with Harm incidents reported by month in category 2-5.
- The majority of Falls with Harm are classified as category 2 - Minor Injury.
- Overall, the number of Falls with Harm has remained in control over the past three years, with the exception of the first half of the FY21/22 where the number of Falls with harm increased significantly.
- In Mar-22, 55 cases of Falls with Harm were reported. 51 of these case were cat.2 – minor injury. According to NHSEI report, on average, each fall with low harm will result in 9 additional bed days. At a cost of £350 per bed day, this equates to a total cost of £0.16m (£1.9m per year).

Is Performance Stable?

