

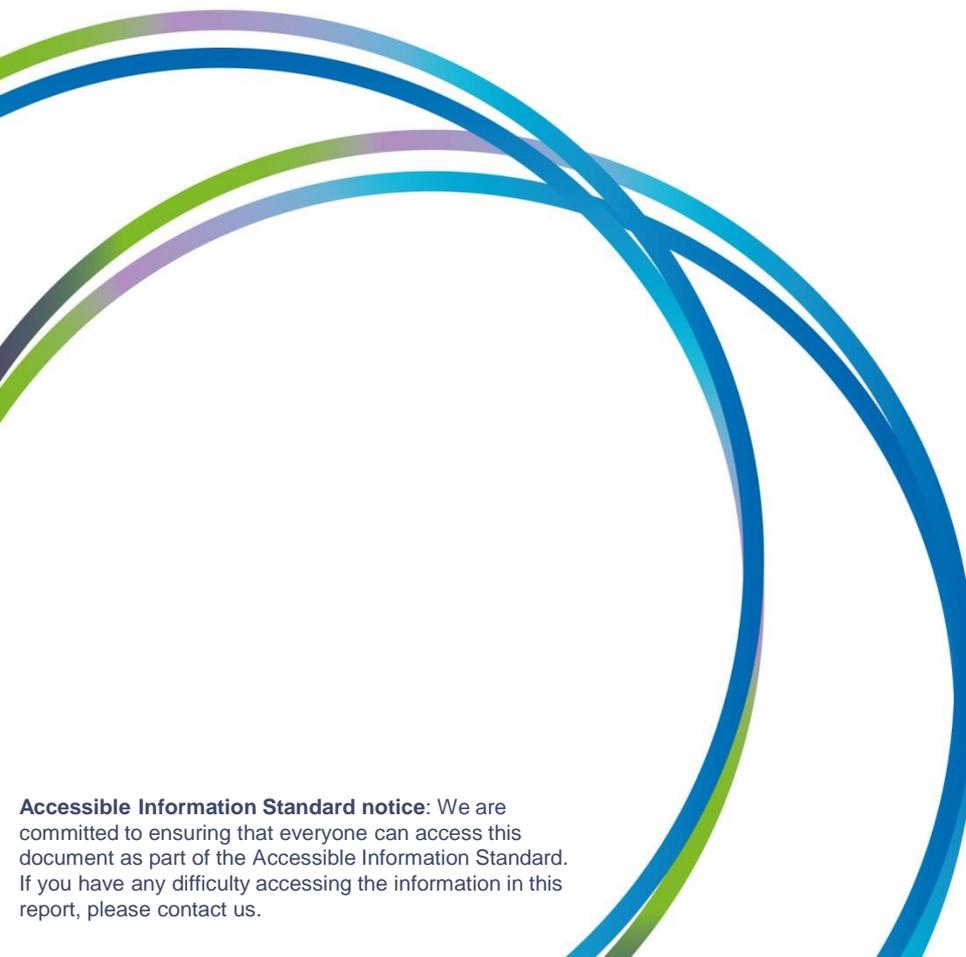


Oxford University Hospitals

NHS Foundation Trust

Integrated Performance Report Month 10 (January data)

March 2022



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Integrated themes and issues from M10 (January 2022)

Quality and Safety

Maternity

In January **Red** areas related to:

- 344 (55%) Spontaneous Vaginal Births
- 202 (32%) Caesarean Section (CS) rate
- 1 HAT (Declared as SIRI)
- 1 (0.5%) Return to theatre
- 68% Test Result Endorsement

Amber areas related to:

- 627 Mothers birthed
- 29 (4.5%) Unexpected admissions to NNU

Green areas related to:

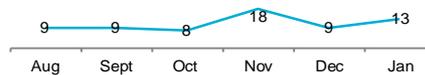
- 1:25 Midwife: Birth Ratio
- 0 cases of HIE grade 3 reported
- 81% of Women Initiating Breastfeeding

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HAPU

In January there were **13** incidents of moderate harm causing **Hospital Acquired Pressure Ulceration (HAPU)**. This is an increase to the 9 reported in December. Of the 13 incidents reported, 9 were assessed as bedbound, and 6 had been reported at an earlier stage of skin damage. The use of medical devices, such as oxygen masks and a catheter were associated with 5 of the 13 incidents.

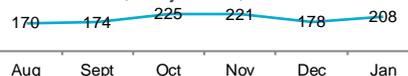
All Category 3 and above HAPU are investigated and an action plan approved and implemented. At the time of reporting one Serious Incident has been reported as associated with Category 4 pressure damage and is currently under investigation.



Pages 27-29

Harm from Falls

There were **208 falls** reported in January, which was a 16.8% increase compared to the 178 falls recorded in December. The increase was attributable to a rise in falls resulting in no harm (+11.2%) and minor harm (+5.6%). Falls resulting in harm (minor and above) represented 26.4% of all falls in January, which was lower than the Trust's rolling twelve-month average of 27.9%. There were three falls resulting in higher severity harm levels for patients: Moderate - 1, Major - 1, and Death - 1.

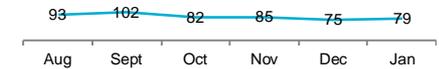


Pages 30-31

Complaints

There were **79 Complaints** in January, an increase compared to 75 reported in December. Complaints were received relating to concerns over patient care, including care needs not being adequately met, and the attitude of medical staff. Seven complaints have been received relating to communication issues in the Ophthalmology service and arranging appointments. Complaints are still being made in relation to the ED, with 14 received in January. Most complaints related to the discharge process from ED, and the perceived poor communications with relatives.

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

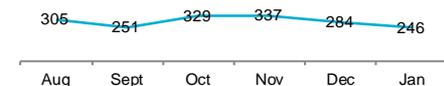


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Safeguarding Children

There were **246 consultations** with the **children's safeguarding** team in January, a decrease of 38 compared to 284 recorded in December. Cases of neglect and an increase in sexual abuse cases were the main categories for consultation. Self harming presentations increased from 48 to 95 during January. Close working with CAMHS and OUH to establish pre warning of complex cases attending ED is having a positive impact to ensure efficiency to discharge when clinically indicated to the most appropriate places. Maternity safeguarding activity remains complex, with increases in maternal mental health issues, domestic abuse and drug/alcohol misuse requiring longer admissions due to babies withdrawing.

Safeguarding Children Training Compliance remains below the target of 90%. Level 1 training remained at 79%, level 2 training increased two percentage points to 75%, and level 3 training reduced by two percentage points to 79%. Current clinical pressures make training compliance difficult to achieve.



Pages 33

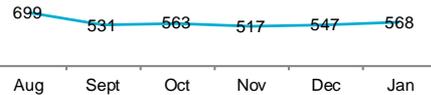
Integrated themes and issues from M10 (January 2022)

Quality and Safety

Safeguarding Adults

Adult safeguarding activity (*referrals, consultations and incident reviews*) was **568** in January, an increase of 21 from the 547 reported in December. The main category for consultation referrals related to neglect, self-neglect, and domestic abuse. Awareness continues to be raised for mental capacity assessments and EPR documentation to support decision making and improve referrals for DoLS.

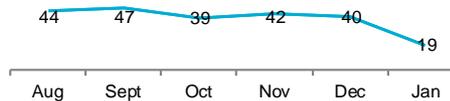
Training compliance for Prevent Levels 1 & 2 increased by one percentage point to 79%. The Trust is compliant for levels 3,4,5 training, which remained at 89%. Safeguarding training compliance is below the 90% target. Level 1 compliance remained at 79% and level 2 compliance increased by 4 percentage points to 80%.



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DoLS

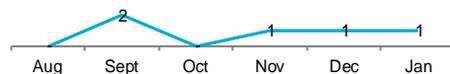
There were **19 Deprivation of Liberty Safeguards (DoLS)** applications reviewed in January, which was a decrease compared to the 40 recorded in December. This was noted to be unusual and areas were reviewed to ensure accurate reporting.



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Section 42

In January there was **one Section 42 investigation**. There are two open S42 enquiries.

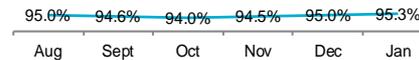


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Friend's and Family Test

The top 5 raised FFT themes in January included **11,751** comments. The top 5 themes, by volume, related to *Staff attitude 4,299, Implementation of care 3,210, Waiting time 1,483, Clinical Treatment 1,459, and Patient mood/feeling 1,300*, and the majority of responses within these categories were positive. The charts below include the % responses for likely to recommend from the adult FFT. *At the time of reporting the January data for Maternity was unavailable.*

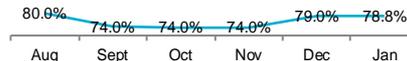
Inpatients



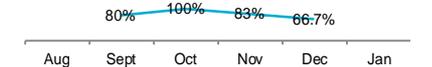
Outpatients



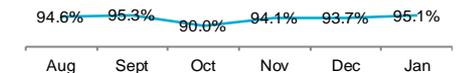
Emergency department



Maternity



Overall, the recommended rate from the **Children's FFT** was **95.1%** in January. The top 3 positive themes within the Children's FFT included **Staff-Care and Compassion (137)**, **Patient Care and Treatment (73)** and **Communication and Information Giving (44)** and the most common negative FFT themes included **Communication and Information Giving (20)**, **Time Waiting (12)** and **Food for children (11)**. The new children's FFT Transition - Moving Into Adulthood Quality priority Year 2 and QI Project, is currently in stage 1: GAP analysis. Surveys to maximise opportunity for feedback and posters to advertise the project are in place across the Trust. It is hoped that regular promotion will improve engagement. Within the Trust, 38 Moving to Adulthood clinics for children with long term conditions have been logged. It is expected that the initial GAP analysis should be finished by the 1st March 2022.



Pages 35-36

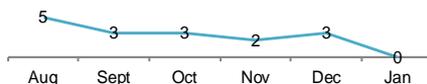
Executive Summary (3)

Integrated themes and issues from M10 (January 2022)

Quality and Safety

RIDDOR

In January there were no RIDDOR reports to the HSE.

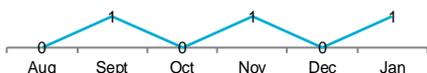


N/A

MRSA

There was **1 case of MRSA bacteraemia >48 hours** in the month of January. The case was Community Onset Healthcare Associated MRSA bacteraemia. The Case Review that was completed judged it to be unavoidable.

Three cases have been recorded to date in 2021/22.



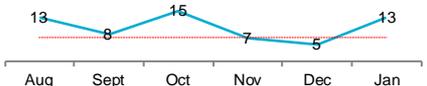
Pages 37-38 & 40

C-Diff

There were **13 cases of Clostridium Difficile >72 hours** in January, compared to 5 cases recorded in December.

At the end of January there was a cumulative total of 96 against a cumulative limit of 69 cases. The annual threshold for 2021/22 is 83 therefore, the threshold has now breached.

For the last 4 weeks, AMS rounds at the Horton resulted in antibiotic prescription changes in 58% of patients, mainly through stopping antibiotics, or switching to an oral route.



Page 37-38 & 40

Thrombosis

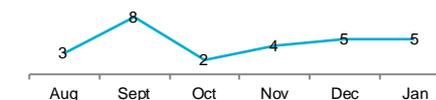
There were **2 cases of Hospital Acquired Thromboses** identified and judged avoidable in January. Ten cases have been reported year to date 2021/22.



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MSSA

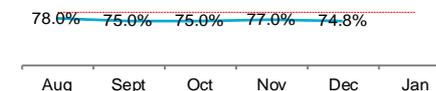
In January there were **5 cases of post 48-hr MSSA** the same as the number of cases reported in December. Of the five cases, one related to Healthcare Onset Healthcare Associated Infections and four cases related to a Community Onset Healthcare Associated Infections.



Page 40

Dementia Screening

74.8% of dementia patients aged over 75 years admitted as an emergency were screened in December. Reporting for this indicator occurs one month in arrears.



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Executive Summary (4)

Integrated themes and issues from M10 (January 2022)

Quality and Safety

Other

Gram negative blood stream infections (GNBSI): In January the cumulative total for Pseudomonas was **47** versus a threshold of **56**, for Klebsiella it was **83** versus a threshold of **85** and for E.coli it was **143** verses a threshold of **170**.

Churchill cleaning standards remain a concern and weekly meetings are being held with Ochre Solutions Limited (OSL), G4S and the Trust. A paper providing a detailed status update was presented to Clinical Governance in February by the Trust PFI office.

In relation to Churchill PFI Water, all outlets have point of use filters fitted and regular sampling continues. A paper was presented at Clinical Governance in February to provide a status report following the issue of the 'Step-in' notice to OSL.

Page 40

COVID-19

In January the Infection Prevention Control team followed up on 474 **COVID 19** positive patients. There were 33 definite nosocomial cases, mainly associated with outbreaks across ten different sites.

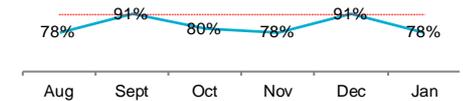
The number of staff being confirmed positive by PCR is decreasing due to the new government guidance that a positive lateral flow test is sufficient.

In January and to date in February, the number of individuals reporting positive lateral flows has increased. These positive cases do not seem to be linked to outbreak areas.

Page 40

Sepsis

The overall **proportion of sepsis admissions that received antibiotics in <1 hour** was **78%** in January below the target of 90%. In ED the proportion of sepsis admissions that received antibiotics in <1 hour was **75%**, also below 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

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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Integrated themes and issues from M10 (January 2022)

Quality and Safety

WHO Checklist

The **WHO Surgical Safety Checklist** documentation and observation was **99.7%** and **100% respectively** in January. Within the documentation audit, areas of non compliance and learnings have been shared.

Chart - Documentation

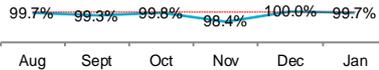
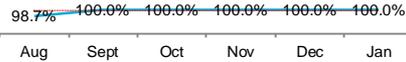


Chart - Observation



Page 42

LocSSIPs

32 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.

A LocSSIP Awareness Week will take place as part of national Patient Safety Week in mid-March, this will raise the profile of the importance of using LocSSIPs to ensure patient safety.

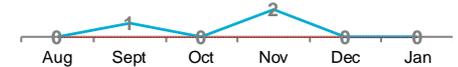
Page 42

Never Events

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

Fourteen actions from 2020/21 Never Events have past their target date, all but one has been completed.

Two actions from the two 2021/22 Never Events have been completed. The other two 2021/22 Never Event investigations are ongoing. Four Never Events have been recorded in 2021/22.



Pages 42

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 January there were **112** reports of excellence, a reduction on the 123 reported in December.

The CMO presented the first Reporting Excellence award of 2022, to the Respiratory Early Diagnostic Service team at the Churchill Hospital, following the successful launch of a next-day CT service. This innovation will enable patients to access a CT scan within a maximum of 48 hours if they have had irregular Xray results.

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Reporting
EXCELLENCE



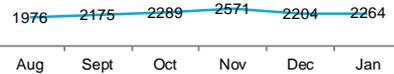
Executive Summary (6)

Integrated themes and issues from M10 (January 2022)

Quality and Safety

Patient Incidents

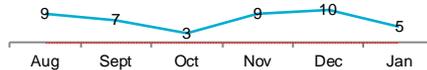
There were **2264 patient incidents** reported in January, an increase compared to the **2204** incidents reported in December. In January, 104 incidents reported as moderate and above impact were reviewed and 10 incidents had their impact downgraded.



Page 44

Serious Incidents

In January, **5 Serious Incident Requiring Investigation (SIRI)** were declared and 4 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.



Page 45

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. This data was presented at the January Harm Review Group meeting.

Pages 46-47

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 January:

- 1) WSM 153: Security and Medicine storage
- 2) WSM 154: Dalteparin VTE prophylaxis prior to procedures and surgery.
- 3) WSM 155: When to assess mental capacity.
- 4) WSM 156: The safe use of ultrasound gel to reduce infection risk.

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Mortality

The SHMI for the period July 2020 to June 2021 was **.92** and 'as expected'. The HSMR was **93.5** for the period November 2020 to October 2021, and remains 'lower than expected'.



Pages 49-50

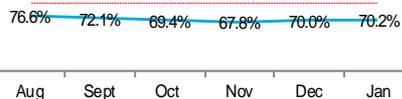
Executive Summary (7)

Integrated themes and issues from M10 (January 2022)

Operational Performance

4 Hour ED Wait

4 hour performance was **70.2%** in January, an improvement of 0.2 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 66.1% and 58.0% respectively. Compared to January 2020 (pre-COVID19 period), attendances in January 2022 were 3.7% higher at the John Radcliffe site but 5.4% lower at the Horton General Hospital.



Page 53

LOS

Patients with a length of stay over 21 days occupying beds, expressed as a percentage, was **12.7%** in January. This was an improvement compared to the previous months but above the target of 12%. Processes for reviewing inpatients with a LOS over 21 days include weekly reviews by division and specialties, and a daily (7 days per week) meeting at 12:00 to review all patients medically optimised to support their discharge. At the beginning of January, Operation Re-Set was implemented with a multidisciplinary approach to reducing Medically Optimised for Discharge Patients.



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18 Week RTT

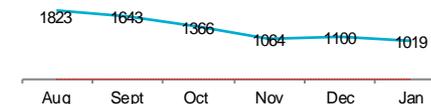
The **18 week incomplete Referral to Treatment (RTT) standard** was **75.7%** in January, a slight improvement compared to the 74.9% reported in December. Performance, using benchmarking data in December, was better than the national and Shelford group averages, which were 63.1% and 60.6%, respectively. The total waiting list size for December was 57,271 and represented an increase compared to the previous month of 2,346 patients (+4.3%).



Page 63

52 & 104 Weeks

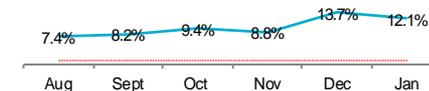
There were **1,019** patients waiting over **52 weeks for treatment** at the end of January. This was a decrease of 81 patients compared to the previous month and better than the planned trajectory for January 2022. There were **69** patients waiting over 104 weeks at the end of January. This was an improvement compared to **71** patients reported last month.



Pages 63-68

Diagnostic waiting times

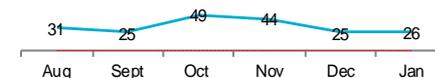
The Trust's performance against the **diagnostic 6 week waiting time standard** (the DM01) was **12.1%** in January, an improvement compared to the previous month's position of 13.7%. There were **1,832** patients waiting over 6 weeks at the end of January, a decrease of 274 patients compared to the position reported in December. Staffing shortages contributed to increases in patient waits over six weeks in Audiology (from 315 to 327) and MRI (from 444 to 460). Non obstetric ultrasound breaches decreased from 1,109 breaches in December to 743 breaches in January, supported by agency Sonographers. Breaches within Non obstetric ultrasound continue to represent the highest volume by modality.



Page 69-70

On the day Cancellations

Elective on the day cancellations increased to **26** in January compared to 25 cancellations reported in December. There were three breaches of the 28 day readmission standard in January due to clinically more urgent cases taking priority (1 patient), a consultant job plan not enabling operating again within 28 days (1 patient), and ITU bed unavailability (1 patient).



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Executive Summary (8)

Integrated themes and issues from M10 (January 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 13/02/2022 there were **735** patients stratified as **RCS category P2** on the Inpatient/Daycase waiting list.

- **34.8%** (256) of patients categorised as P2 have waited in excess of the 4 week timeframe since last being prioritised (lapsed).

Lapsed P2 data is shared and discussed with Divisions on a weekly basis via the PTL and Assurance meeting process, with particular focus on those lapsing by the greatest amount of time (>6weeks), and securing a plan.

As of 13/02/2022, there were 12 patients categorised as a P2 whose total RTT pathway exceeded 52 weeks. This included:

- 4 Paediatric Plastics that have TCIs scheduled in February/March
- 2 Plastic surgery with TCIs scheduled for February
- 2 Neurosurgery awaiting TIC Injection – escalated for TCI
- 1 Neurosurgery with TCI scheduled for March
- 2 Urology awaiting TCI
- 1 Spinal Surgery awaiting TCI

Pages 72-73

Cancer Wait Times

Cancer Wait Times performance is reported one month in arrears. In December, the Trust achieved 2 out of 9 of the national standards. The Trust achieved the 31 day Decision to Subsequent Treatment (Drugs) standard (**100%** vs 98%) and the 28 day Faster Diagnosis standard (**81.2%** vs 75%).

The Trust did not achieve the targets for the 2WW for suspected cancer standard (**70.2%** vs 93%), the Breast Symptomatic standard (**37.1%** vs 93%), the 31 day Decision to First Treatment standard (**84.6%** vs 96%), the 31 day Decision to Subsequent Treatment (Radiotherapy) standard (**74.4%** vs 94%), the 31 day Decision to Subsequent Treatment (Surgery) standard (**82.2%** vs 94%), the 62 day screening to first treatment standard (**65.5%** vs 90%), and the 62 day GP referral to treatment standard (**69.5%** vs 85%).



Pages 74-80

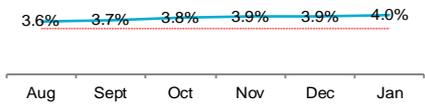
Executive Summary (9)

Integrated themes and issues from M10 (January 2022)

Workforce

Sickness absence

Sickness absence was **4.0%** in January, as measured on a rolling basis versus a target of 3.1%. Historical COVID-19 absence, and the Omicron variant have placed upward pressure on the absence rate. Divisions are continuing to focus on hot spot areas, and actions are in place to support staff wellbeing, risk assessments and vaccination uptake.



Pages 82-83 & 86-87

Vacancies

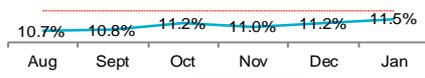
The **vacancy rate** was **5.6%** in January, a decrease on the performance reported in December and below the target of 7.7%. The reduction in vacancies is attributed to an increase in staff in post and a small reduction in establishment between months.



Pages 82-83 & 88 & 96

Turnover

Turnover in January was **11.5%**, an increase on the reported position of 11.2% in December. January's performance remains below the target of <=12.0%. The Corporate Division has increased by 1 percentage point and reflects highest increase overall. The areas recording the highest turnover rates were Estates (15%), AHPs (14.6%), and Additional Clinical Support staff (14.7%). Approximately 20% of leavers have less than one year of service, and within two of the areas with the highest turnover this is disproportionately higher, with 37% of Additional Clinical Support staff and 41% of Estates staff losing staff within a year of starting in post.



Pages 82-83 & 89 & 96

Bank and Agency

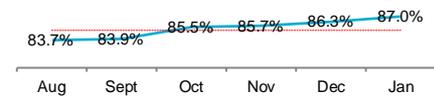
Combined Bank and Agency expenditure in January was £6.1m, an increase to the position of £5.4m in December. In January compared to December the number of bank staff increased to 947.1 from 807.3 WTE, and costs were £5.5m an increase on the December position at £4.7m. The respective changes in agency staff were a WTE reduction to 96.1 from 99.7 WTE, and an increase in cost to £0.70m from £0.68m. Bank spend increased due to an increase in NHSP spend.



Pages 82-83 & 90

Core skills training

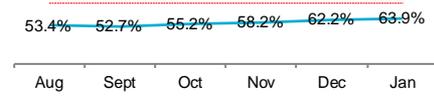
Core skills training in January was reported as **87.0%** which is above the target of 85%. The Trust's Core Skills compliance rate has exceeded the KPI (85%) for four consecutive months.



Pages 82, 84-85 & 91

Appraisals

Appraisal compliance in January was reported as **63.9%** versus a target of 85%. Performance in January, has seen the compliance rate increase with non medical staff appraisals. There is a continued effort to improve appraisal compliance whilst dealing with ongoing winter pressures.



Pages 82, 84 & 92-93

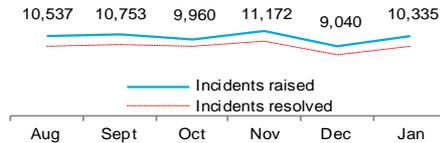
Executive Summary (10)

Integrated themes and issues from M10 (January 2022)

Digital

Service Desk

OUH IM&T Service Desk performance is integral to the day to day running of the Trust. In January (10335) incidents were raised, shown in the chart below in the blue line and **88.6% (9155)** were resolved, shown in the red line in the chart below. This is an increase compared to December, where 87.2% were closed. In January there was 1 Priority 1 incident, 1 more than in December.



Pages 98-99

CYBER Status

In December **12,195** Devices and **882** Servers were monitored. There was **226.4TB** of internet traffic. Work on the NHS DSPT Annual action plan was ongoing. Major 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 January '22 was 116. User feedback is very positive at 96%. ORBIT usage in January '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) accredited. Site visit Mar22.
- 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) are on track to complete in 2021-22.
- **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 Go Live in Mar22 before rolling out across all Trust theatres by Oct22, informing Theatre Productivity Improvements.
- **Priority 4: Pharmacy Stock Control system replacement.** Trust Risk. Cerner solution delivery and Dispensing Robot interface planned live in May23.
- **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 on track to complete by Feb22.
- **Priority 8: RCS Priority & 'Diagnostic' Reporting** 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 for OUH and GP's. Population Health Insight is technically delayed. ICS Programme governance issues are being resolved & expert leads appointed.
- **Priority 10: Cancer 2ww integration** (EPR/ Infoflex / CRIS) & MDT including Chronic Condition Management is in flight while scoped is being defined.
- **Priority 11: Community Diagnostic Centre** configuration will complete by Mar22. Phlebotomy Bus procurement is delayed awaiting commitment date.

2021-23 Digital Work Plan Priorities agreed 2nd Nov21 will be reviewed at Mar22 Digital Oversight Committee. Digital Programme overall status is **Amber**

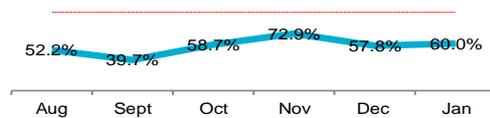
Executive Summary (11)

Integrated themes and issues from M10 (January 2022)

Digital

FOIs

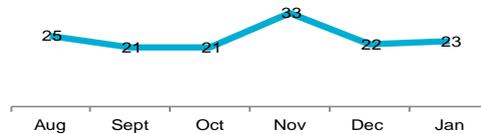
Freedom of information (FOI). The compliance target for FOI requests is 20 working days. **60%** out of **55** FOI requests received in January that were closed on time (i.e. closed in January or February but within the 20 working day deadline since receiving the request in January). This was a 2 percentage point increase from the previous month. **30** FOI requests received pre-January were also closed. A total of **53** requests closed in January.



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DSPB

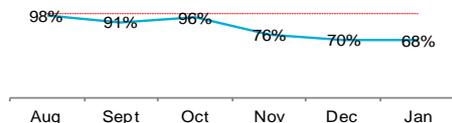
Data Security & Protection Breaches. There were **23** Data protection incidents that occurred in January. There was an increase of 1 incident when compared to December 2021. **0** incidents were reported to the Information Commissioner's Office (ICO).



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DSAR

Data Subject Access Requests (DSAR). The number of DSAR requests in January was **549**. The compliance rate was **68%**, which was a decrease compared to 70% recorded in December. No statistics were provided by the OH Team.

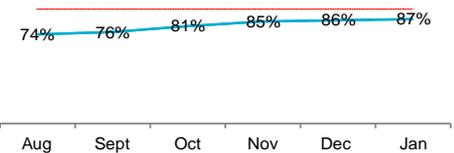


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DSPT

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 is due on the 28th February 2022.

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff need to complete Data Security training annually. Current reported compliance is **87%**. 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.



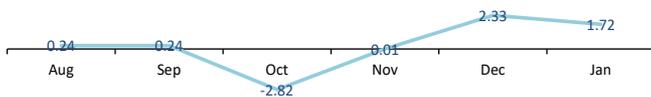
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Integrated themes and issues from Month 10 (January 2022)

Finance

Overall

Income and Expenditure (I&E) performance in January generated a net surplus of £1.7m, which is £2.9m better than the in-month plan. Year-to-date this gives the Trust a £2.7m surplus, which is £5.8m better than plan.

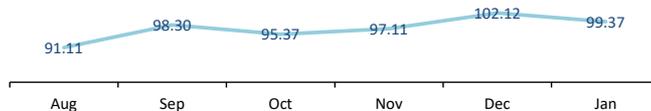


Commissioning Income

Commissioning income including pass through income was £2.7m above plan in January. Passthrough drugs and devices income were £0.4m above plan in January.

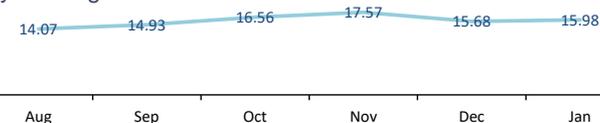
Commissioning income from NHSE and CCGs was £2.3m above plan in-month mainly due to the further (pump-prime) ERF+ award (£0.9m), and additional income received for PET-CT (£0.9m) and Thrombectomy (0.2m).

The H2 plan included income from ERF+ and independent sector (IS) funds totalling £5.3m, in addition to which, in Q3, the Trust was awarded a further £5.6m of ERF+ funds.



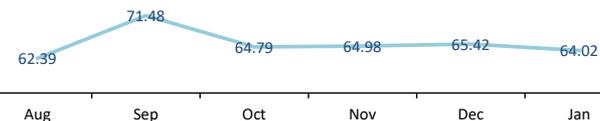
Non-NHS Income

Non-NHS income (Other, PP, RTA, Overseas) was £2.1m higher than plan in-month. This is mainly due to R&D income being £0.7m better than plan and other income being £1.6m better than plan, driven by further improved income from the ONS COVID Infection Survey (CIS) contract and income from salary recharges.



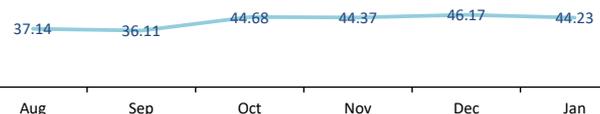
Pay Expenditure

Pay costs were £0.7m lower than plan in-month. This includes 10 months of Recognition Day accrual release benefit (£2.4m). Underlying pay costs and COVID-19 pay costs were £0.9m lower than plan and recovery pay costs were £0.2m above plan. COVID-19 pay costs were £0.5m higher than last month at £1.6m in January, this is due to absence cover for an increased number of staff that needed to isolate in January and is the main factor for higher bank spend in month.



Non-Pay expenditure

Non-Pay costs were £3.0m higher than plan in January. The principle driver of this was other expenditure which was £2.4m above plan although this is mostly due to budget movements. Premises expenditure was £0.6m higher than plan mainly due to PFI costs being £0.3m above plan. Passthrough drugs and devices were £0.4m above plan (offset by additional income).



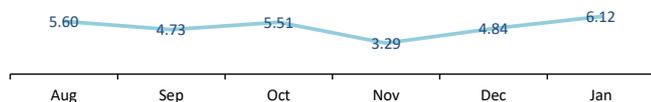
Executive Summary (13)

Integrated themes and issues from Month 10 (January 2022)

Finance

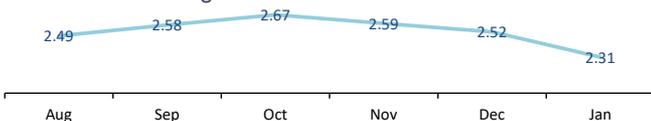
Non-EBITDA

Non-EBITDA costs were **£0.4m lower** than plan in January.



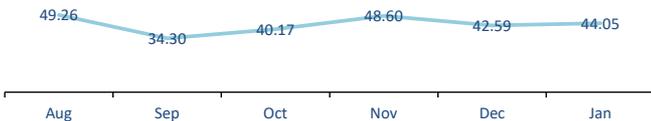
COVID-19

Year-to-date, the Trust is **£24.5m 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 spend (e.g. internally redeployed staff and a new COVID ward) and a deficit would be created if this funding was reduced or withdrawn.



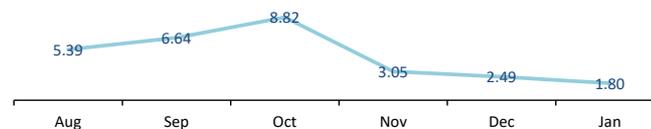
Cash

Cash was **£44.0m at month end**, **£1.4m higher** than the previous month end and **£8.2m lower** than the internal plan balance of £52.2m. This is partly due to the high levels of accrued income the Trust is carrying.



Capital

Capital expenditure was **£50.7m by January**, which includes spend of £13.9m on the JR Critical Care expansion scheme and £10.3m on the Swindon Radiotherapy scheme. Capital expenditure is **£7.9m behind** plan to January, this is primarily due to PFI life-cycling schemes (£4.5m).



Forecast

The I&E forecast submitted to NHSI in Month 10 was a **surplus of £3.0m** a £8.4m improvement to the £5.5m deficit previously planned. This is mainly due to the additional ERF+ income, release of the recognition day annual leave accrual and an investment gain.

The CDEL forecast is a £0.1m overspend of the total CDEL allocation from NHSE.

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Indicator Overview Summary

Domain	Page	Indicator	Target	Previous Month %	Indicators better than target or indicators without target that improved compared to previous month	Indicators worse than target or indicators without target that deteriorated compared to previous month		
					Indicators achieving target	Improvement compared to previous month (no target)	Indicators worse than target	Deterioration compared to previous month (no target)
Nursing and Midwifery Staffing	27-28	HAPU		9				13
	30-31	Harm from Falls		178				208
	32	Complaints		75				79
	33	Safeguarding Children Consultations		284		246		
	34	Safeguarding Adults Activity		547				568
	32	DoLS		40		19		
	32	Section 42 Investigations		1		1		
	35-36	Friends and Family Test Comments		9345		11751		
Quality and Safety	n/a	RIDDOR		3		0		
	37-38 & 40	MRSA		0				1
	37-38 & 40	C-Diff (current month)		5				13
	37 & 39	Thrombosis		2				2
	40	MSSA		5		5		
	37	Dementia Screening	90%	77%			74.8%	
	41	Sepsis	90%	91%				78%
	42	WHO checklist (Documentation)	100%	100%			100%	
	42	WHO checklist (Observation)	100%	100%	100.0%			
	42	Never Events		0		0		
	43	Excellence Reporting		123				
	44	Patient Incidents		2204				
	45	Serious Incidents		10			5	
	46	Harm Reviews		1063		Not reported	Not reported	Not reported
Operational Performance	49-50	Mortality (SHMI)		0.92		0.94		
	53	4 Hour ED Wait	95%	70.0%			70.2%	
	59	LOS	12%	15.0%		12.7%		
	63	18 Week RTT	92%	74.9%			75.7%	
	63-69	52 Weeks		1100		1019		
	69-70	DM01	1.0%	13.7%			12.1%	
	71	On the day Cancellations		25				26
	71	28 day readmission standard for cancellations		6		3		
Cancer Wait Times	74-80	Patients prioritised as P2		825		735		
	74 & 76	28 day Faster Diagnosis:	75%	80.0%	81.2%			
	74 & 75	2WW for suspected cancer	93%	76.2%			70.2%	
	74 & 75	2WW for breast symptomatic	93%	50.4%			37.1%	
	74 & 77	31 day standard for first treatment	96%	90.4%			84.6%	
	74 & 77	31 day standard for subsequent treatment (drugs)	98%	97.4%	100.0%			
	74 & 77	31 day standard for subsequent treatment (radiotherapy)	94%	79.0%			74.4%	
	74 & 77	31 day standard for subsequent treatment (surgery)	94%	77.1%			82.2%	
	74 & 78	62 day standard from screening to first treatment	90%	80.0%			65.5%	
	74 & 78	62 day standard from GP referral to first treatment	85%	73.7%			69.5%	
Workforce	82-83 & 86-87	Sickness	3.1%	3.9%			4.0%	
	82-83 & 88 & 96	Vacancies	7.7%	5.9%	5.6%			
	82-83 & 89 & 96	Turnover	12%	11.2%	11.5%			
	82-83 & 90	Bank & Agency		5.4m				6.1m
	82, 84-85 & 91	Core Skills Training	85%	86.3%		87%		
	82, 84 & 92-93	Appraisals	85%	62.2%				63.9%
Digital	96	Service Desk incidents resolved		87.2%		88.60%		
	99	Freedom of information (FOI)	100%	58%			60%	
	99	Data Security & Protection Breaches (DSPB)		22				23
	100	Data Subject Access Requests (DSAR).	100%	70%			69%	
	100	Data Security and Protection Training (DSPT)	95%	86%			87%	
Finance	104-107	Income and Expenditure (in month)	-£1.15m		£1.7m/£2.9m better than plan			
	104-107	Income and Expenditure (YTD)	-£3.1		£2.7m/£5.8m better than plan			
	111	Capital (YTD)	£58.6m				£50.7m/£7.9m behind plan	
	110	Cash (YTD)	£52.2m				£44m/£8.2m lower than internal plan	

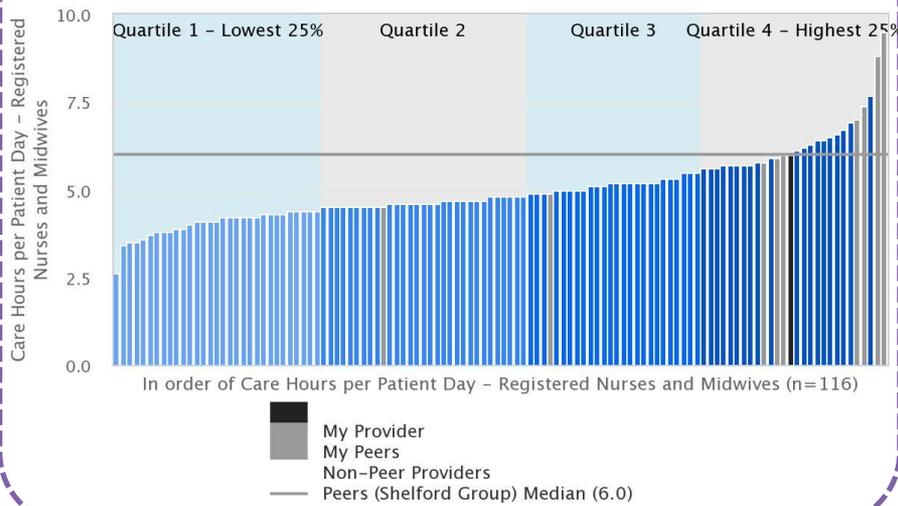
**Quality –
Outcomes & Patient experience**

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

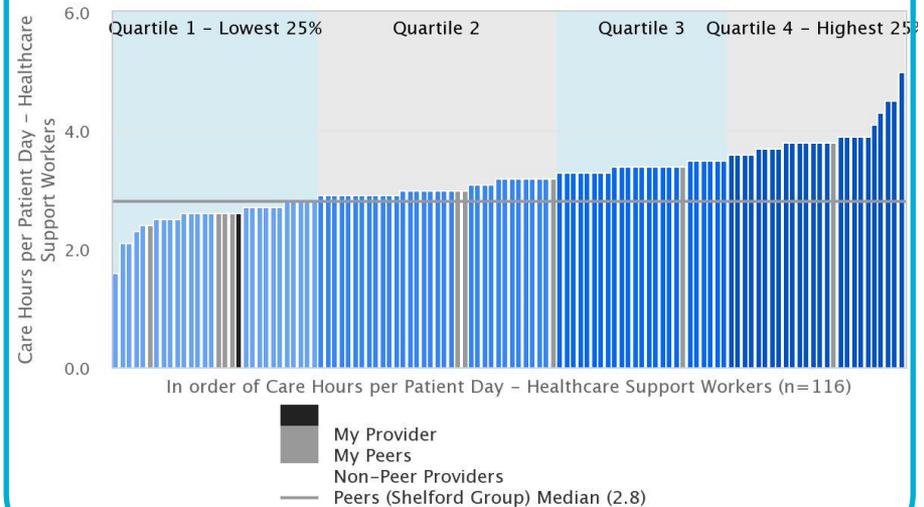
The two graphs below show CHPPD average hours for the OUHFT Trust in Black and the Shelford Group Trust's average CHPPD hours in Grey, the blue bars are all other UK NHS Trusts. The chart on the left is for registered nurse CHPPD and the chart on the right is for healthcare support workers CHPPD.

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

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



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



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

January 2022		Care Hours Per Patient Day							Census	Nurse Sensitive Indicators				Maternity Sensitive Indicators					HR			Rostering KPIs			FFT - Total responses in each category for each ward												
Ward Name	Cumulative count over the month of patients at 23:59 each day	Budgeted Registered nurses and midwives	Actual Registered nurses and midwives	Budgeted Care Staff	Actual Care staff	Budgeted Overall	Required Overall	Actual Overall	Census Compliance (%)	Medication Administration Error or Concerns	Intravascular Incidents	Pressure Ulcers Category 2,3&4	Falls	Delay in Induction (FROM or booked IOL)	Medication errors (Administration, delay or omission)	Pressure Ulcers	Proportion of women readmitted postnatally	Proportion of mothers who initiated breastfeeding	Proportion of births where the intended place of birth was changed due to staffing	Revised Vacancy HR less plus/17 Sick & 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				
NOTSScan																																					
Bellhouse / Drayson Ward	430	7.67	7.9	2.19	1.7	9.86	9.96	9.6	97.85 %	5	0	1	0						26.63%	14.77%	13.98%	4.75%	Yes	-0.63%	10.00	12.15%	36	7	4	2	2	0	0				
BIU	713	3.73	3.7	2.32	2.3	6.05	7.52	6.0	97.85 %	2	0	3	4						15.53%	23.98%	3.16%	0.00%	Yes	-2.07%	8.00	17.56%	5	0	0	0	0	0	0				
HDU/Recovery (NOC)	89	20.76	15.7	3.31	2.0	24.07		17.7		0	0	0	0						33.44%	4.94%	3.33%	7.85%	Yes	2.98%	8.00	12.15%	0	0	0	0	0	0	0				
Head and Neck Blenheim Ward	331	5.40	6.7	1.89	2.9	7.29	9.08	9.6	100.00 %	1	0	2	0						13.58%	2.64%	6.63%	12.27%	Yes	-2.28%	8.57	15.14%	7	1	0	0	0	0	0				
HH Childrens Ward	310	7.67	6.6	1.58	0.1	9.25	9.13	6.7	96.77 %	0	0	0	0						25.89%	12.10%	21.51%	4.87%	Yes	5.27%	6.86	14.11%	43	4	0	1	0	0	0				
HH F Ward	837	4.30	4.1	2.65	2.5	6.95	7.80	6.6	100.00 %	0	0	4	4						1.17%	6.86%	6.62%	0.00%	No	-6.30%	8.00	15.88%	3	0	0	0	0	0	0				
Kamrans Ward	279	7.67	8.0	2.56	0.4	10.23	10.62	8.4	100.00 %	1	0	0	0						-11.97%	7.62%	5.30%	0.00%	Yes	-21.58%	6.14	13.07%	14	2	0	0	1	0	0				
Melanias Ward	347	5.75	6.1	0.96	1.9	6.71	10.76	8.0	100.00 %	1	0	0	0						-23.38%	7.20%	4.84%	9.38%	Yes	8.98%	8.86	15.53%	23	3	0	0	0	0	0				
Neonatal Unit	1223	13.32	10.1	3.36	2.6	16.68		12.7		5	3	0	0						19.79%	14.35%	6.87%	3.87%	Yes	7.82%	8.29	10.72%											
Neurology - Purple Ward	568	3.90	3.7	4.32	3.6	8.22	9.50	7.3	100.00 %	1	1	1	2						14.29%	18.18%	7.39%	4.85%	Yes	2.69%	6.71	12.87%	23	1	0	0	0	0	0				
Neurosurgery Blue Ward	662	6.07	5.1	3.95	4.3	10.02	10.42	9.3	100.00 %	1	1	2	7						7.83%	7.74%	3.05%	0.00%	Yes	14.41%	7.71	11.69%	17	4	1	0	1	0	0				
Neurosurgery Green/1U Ward	353	4.92	4.1	5.88	5.9	10.80	10.02	10.0	100.00 %	1	0	1	3						12.16%	28.68%	6.45%	6.54%	Yes	3.86%	7.29	15.02%	1	0	1	0	0	0	0				
Neurosurgery Red/HCC Ward	645	6.47	6.8	5.20	5.4	11.67	12.36	12.2	100.00 %	1	0	0	4						5.29%	13.28%	4.67%	0.00%	Yes	9.00%	7.71	12.57%	11	3	0	0	0	0	0				
Paediatric Critical Care	360	30.82	22.3	3.29	1.0	34.11		23.3		5	1	2	0						-2.74%	13.40%	5.71%	5.21%	Yes	1.22%	7.57	13.79%	3	1	0	0	0	0	0				
Robins Ward	247	9.59	8.4	5.46	1.8	15.05	9.63	10.3	98.92 %	0	0	0	1						3.70%	11.75%	8.29%	2.88%	Yes	0.67%	8.86	12.56%	23	5	0	0	0	0	0				
Specialist Surgery I/P Ward	927	5.68	4.9	2.33	2.7	8.01	8.26	7.6	100.00 %	4	0	0	7						11.18%	5.20%	6.28%	2.08%	Yes	-6.65%	8.43	12.38%	37	14	0	1	1	0	0				
Tom's Ward	413	5.69	7.1	1.73	0.8	7.42	9.87	8.0	100.00 %	2	0	0	1						11.39%	7.77%	3.45%	11.49%	Yes	0.43%	8.57	11.06%	23	5	0	0	0	0	0	0			
Trauma B Side	548	5.80	4.9	3.25	2.8	9.05	9.57	7.7	100.00 %	1	0	2	2						16.22%	5.49%	6.45%	1.75%	Yes	0.68%	5.86	13.23%	0	0	0	0	0	0	0	0			
Trauma C Side	587	5.24	4.9	2.90	3.1	8.14	9.22	8.1	100.00 %	3	0	1	1						-14.45%	13.95%	0.84%	2.43%	No	-0.89%	7.86	12.90%	0	0	0	0	0	0	0	0			
Ward 6A - JR	713	4.00	4.3	3.18	3.1	7.18	7.96	7.4	98.92 %	1	0	6	7						6.18%	3.05%	7.66%	1.90%	Yes	-2.34%	8.43	14.41%	7	3	0	0	0	0	0				
Ward F (NOC)	647	4.48	4.0	2.42	3.0	6.90	8.50	6.9	94.62 %	0	0	2	2						21.95%	12.98%	5.48%	0.00%	Yes	31.23%	8.00	14.61%	0	0	0	0	0	0	0	0			
WW Neuro ICU	274	27.45	29.4	0.00	0.0	27.45		29.4		2	0	4	0						17.92%	8.86%	6.35%	2.82%	Yes	-0.91%	10.14	14.41%	0	0	0	0	0	0	0	0			
MRC																																					
Cardiology Ward	1085	5.26	5.0	2.12	2.1	7.38	9.36	7.1	92.47 %	5	0	3	5						12.68%	14.43%	6.89%	6.98%	Yes	2.71%	7.57	16.27%	20	5	1	1	0	0	0				
Cardiothoracic Ward (CTW)	775	5.06	4.4	3.68	1.6	8.74	7.23	6.1	93.55 %	2	0	0	6						29.02%	2.71%	11.95%	8.49%	Yes	-11.78%	2.71	12.62%	20	9	1	0	0	2	0				
Complex Medicine Unit A	535	4.47	4.3	3.19	3.9	7.66	9.60	8.2	90.32 %	0	0	8	5						15.00%	24.67%	7.09%	2.71%	No	-8.27%	7.00	20.19%	6	2	0	0	0	0	0	0			
Complex Medicine Unit B	518	4.74	4.4	3.94	3.7	8.68	10.02	8.1	97.85 %	0	0	1	4						2.90%	0.00%	2.32%	5.56%	No	-0.37%	7.29	15.02%	0	0	0	0	0	0	0				
Complex Medicine Unit C	632	4.18	4.4	3.14	3.4	7.32	11.23	7.8	100.00 %	1	0	4	4						15.52%	0.00%	5.52%	6.00%	Yes	-11.80%	7.00	15.22%	13	1	0	0	0	0	0				
Complex Medicine Unit D	620	4.03	3.6	3.45	3.4	7.48	7.97	7.0	100.00 %	2	0	2	4						17.11%	0.00%	7.44%	0.00%	Yes	1.16%	5.00	11.78%	0	0	0	0	0	0	0				
CTCCU	290	19.30	25.5	0.00	0.0	19.30	0.00	25.5		3	0	1	0						9.24%	17.27%	7.66%	3.23%	Yes	-0.91%	6.71	14.84%	6	2	0	0	0	0	0				
HH EAU		6.39	3.51			9.90	7.13		61.29 %	0	0	1	14						26.20%	16.59%	3.20%	3.34%	Yes	-3.85%	5.71	13.00%											
HH Emergency Department		13.96	4.36			18.32				3	0	0	2						33.36%	16.59%	3.26%	3.98%	Yes	-4.94%	5.29	12.86%						452	122	39	21	42	7
Emergency Assessment Unit (EAU)		5.23	1.22			6.45	8.85		43.01 %	2	0	0	9						19.90%	9.50%	7.02%	3.07%	Yes	4.18%	8.00	14.68%											
JR Emergency Department		11.16	3.58			14.74				3	0	4	7						24.00%	16.05%	9.96%	4.96%	No	7.61%	8.43	15.51%						651	226	84	85	101	12
John Warin Ward	437	5.77	6.1	5.05	4.5	10.82	10.31	10.6	100.00 %	1	0	1	5						1.34%	5.40%	2.41%	2.81%	No	-0.44%	5.86	13.76%	12	7	2	0	0	0	0				
Juniper Ward	901	4.63	3.9	4.27	3.3	8.90	7.79	7.2	100.00 %	0	0	3	1						-7.29%	3.76%	3.88%	2.20%	Yes	0.08%	6.71	16.62%	0	0	0	0	0	0	0				
Laburnham	829	4.32	4.1	3.70	3.5	8.02	8.88	7.6	100.00 %	1	0	2	5						-15.37%	0.00%	4.52%	5.17%	Yes	-7.07%	3.71	14.39%	2	0	0	0	0	0	0				
OCE Rehabilitation Nursing (NOC)	620	3.92	4.0	6.20	5.4	10.12	9.76	9.4	94.62 %	1	0	1	5						4.44%	6.84%	9.31%	2.01%	Yes	-1.17%	4.29	14.55%	2	0	0	0	0	0	0				
Osler Respiratory Unit	744	7.70	7.0	5.82	5.3	13.52	11.16	12.3	100.00 %	0	0	3	1						11.98%	3.21%	11.24%	0.00%	No	1.20%	10.43	14.78%	0	0	0	0	0	0	0				
Ward 5A SSW	682	4.70	4.0	3.14	3.2	7.84	8.64	7.2	83.87 %	1	0	5	1						8.98%	5.90%	7.23%	2.46%	Yes	-6.22%	8.00	17.32%	4	0	0	0	0	0	0				
Ward 5B SSW	620	4.60	4.3	3.45	3.1	8.05	8.23	7.4	100.00 %	1	0	2	3						1.78%	5.43%	12.85%	0.00%	Yes	-3.16%	8.86	11.83%	5	0	0	0	0	0	0				
Ward 5E/F	671	5.26	5.5	5.26	4.9	10.52	8.60	10.4	95.70 %	0	0	3																									

The safe staffing dashboard for January 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. Critical care capacity, particularly in Paediatric and Neonatal Units has increased the staffing requirements. This has required an increased use of higher cost temporary staffing options to be utilised to reduce the risks associated with level 3 staffing. Cross critical care staffing deployment and review continues twice daily.

Rostering efficiencies continue to improve across all divisions illustrated by January's key performance indicators. MRC clinical managers continue to be supported by the Safe Staffing Team to improve their acuity census compliance and consistency of acuity scoring to ensure the complexity and demands on the urgent care system are reflected within the data.

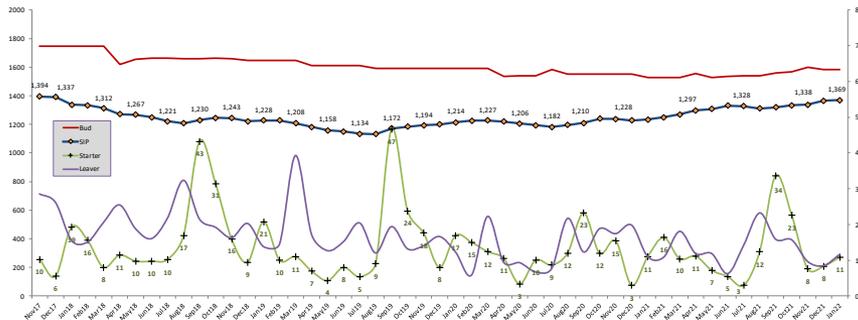
Staff sickness is higher than average with a number of nursing and support workers affected by nosocomial covid infections which has caused some challenges and there are lower than average temporary staffing fill rates. The Nursing Workforce Team continue to work closely with HR senior teams and the temporary staffing providers to improve fill rates and maintain safe staffing.

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

International nurse recruitment continues across the Trust. In January there were 25 internationally educated nurses that joined the Trust. The Trust are currently on target to meet the NHSI agreed number of 350 new nurses by the end of March. 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.

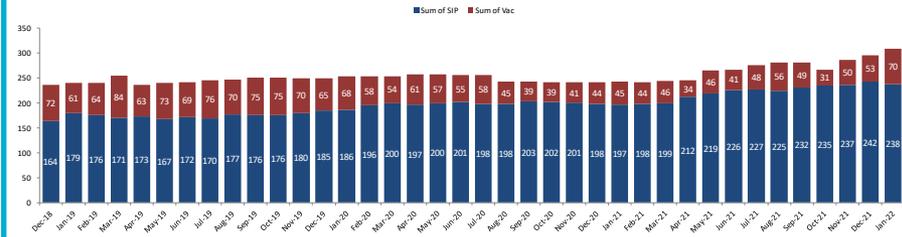
Band 5 RNs in Post, Budget, Leavers and Starters and Turnover Trajectory in January 2022

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

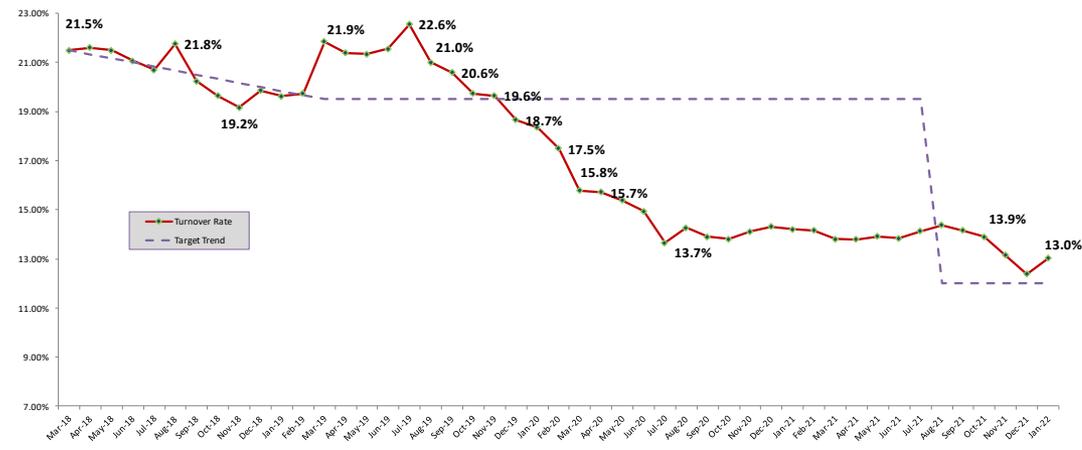


We expect to see less movement of staff from these services. This month there has been a slight increase in vacancy rate. Again this is monitored monthly by the steering group.

Nursing and Midwifery Staffing;

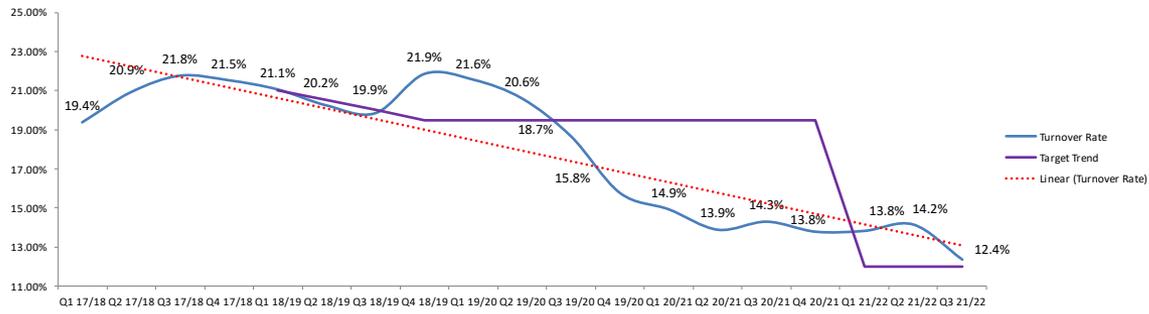
Band 5 Registered Nurse Turnover Trajectory – January 2022

Turnover Rate, Target Trend and Deviation



Band 5 RN turnover continues to remain stable with a slight increase in January. 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 – January 2022

Registered Nursing Turnover

	FTE	Leavers FTE	Annual Turnover Rate	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	3371	368	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	1507	196	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	1160	110	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	704	62	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 slight increase across all bands.

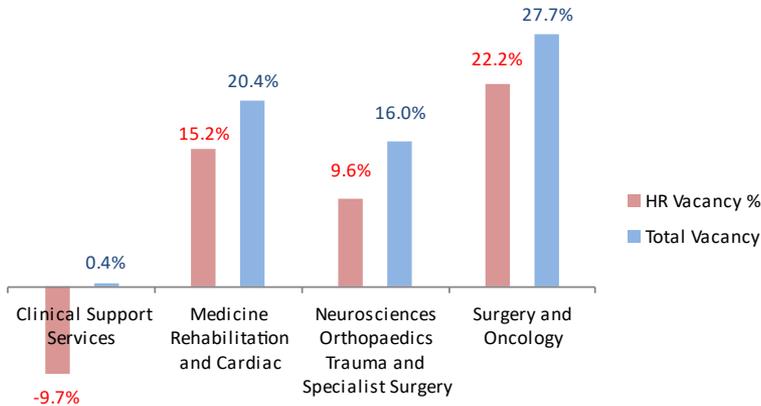
Registered Midwifery Turnover

	FTE	Leavers FTE	Annual Turnover Rate	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	292	46	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	44	3	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	188	34	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	60	9	14.3%	15.8%	13.9%	10.3%	11.6%	12.6%	11.9%	12.7%	14.5%	12.2%	11.9%	13.5%	12.8%

Turnover has improved across all bands of midwives, with a slight decrease across all bandings. Turnover continues to remain higher across band 6/7 which is the larger midwifery workforce.

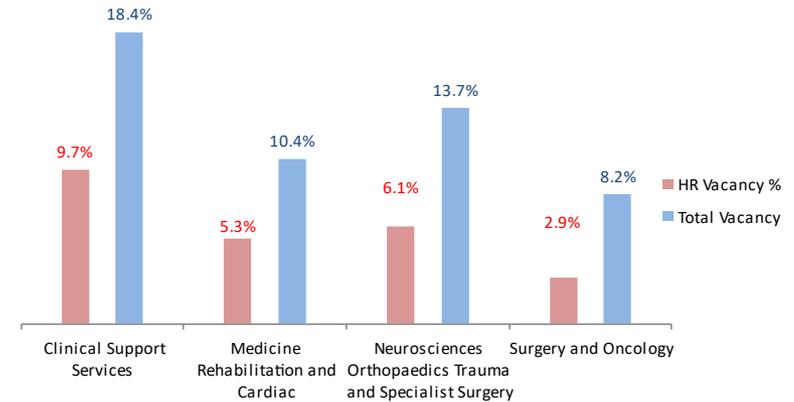
RN and Midwifery Vacancies – January 2022

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.

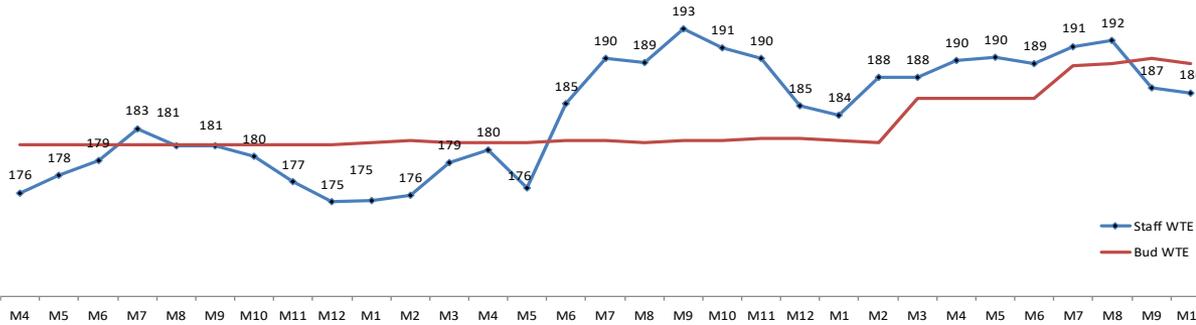
Vacancy at band 6/7 by division in percentage.



Band 6 RN vacancy remains stable across 3 divisions however we continue to see an expected larger deficit within CSS Division, driven by the higher band 6 ratio of RNs for critical care.

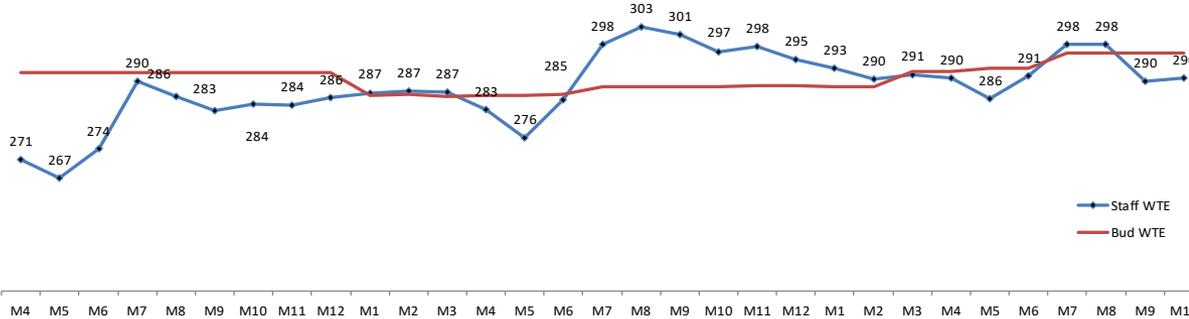
Midwifery Staffing – January 2022

Band 6 Midwives - Staff and Budget



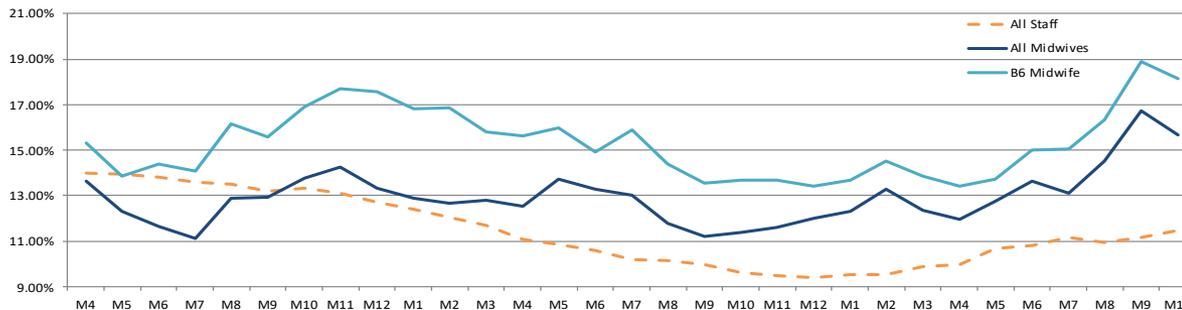
Band 6 midwives is the larger workforce within midwifery and is monitored through the steering group for the same reasons as band 5 within the RN workforce.

All Midwives - Staff and Budget



Against budget, midwifery staff in post has remained the same as the previous month.

Midwives Turnover Rate Comparison



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

Red areas:

- **Spontaneous Vaginal Births – 344 (55%)** – target rate is >59%, this is as a result of the higher caesarean section rate Previous month 55.3%
- **Caesarean Section (CS) - 202 (32%)** The Trust have received a letter from NHS England and NHS Improvement and they have asked all maternity services to stop using total CS rates as a means of performance management as they are concerned by the potential for services to pursue targets that may be clinically inappropriate and unsafe in individual cases. This matter was discussed at the trust Clinical Governance meeting on the 16 February 2022. The service is now progressing the development of a new dashboard.
- **HAT – 1** A postnatal woman did not receive any thromboprophylaxis as per the VTE risk assessment and developed a pulmonary embolism. This has been declared as a SIRI.
- **Returns to theatre – 1 (0.5%)** Examination under anaesthetic (EUA) following a caesarean section
- **Test Result Endorsement – 68%** (same as the previous month) Work continues with each area and leads for each service. Specific QI work started with MAU

Amber areas:

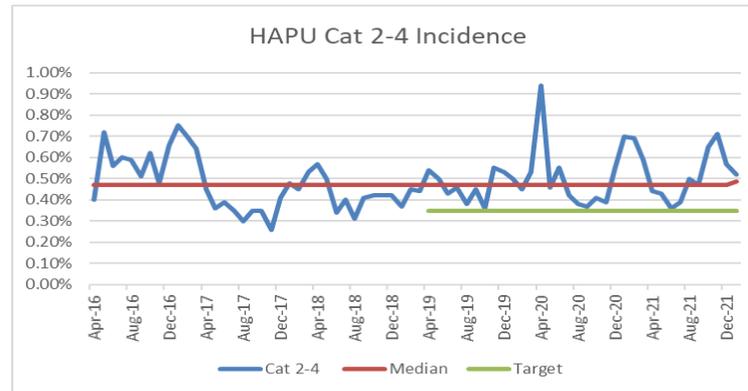
- **Mothers birthed – 627** This is slightly less than the previous month (658) but is similar to other months since August. There is an overall increase in births in this financial year.
- **Unexpected admissions to NNU – 29 (4.5%)** These are reviewed using the proforma's on Ulysses. In January there were 12 cases reviewed using the proforma. 9 were graded as A (No care issues identified, appropriate guidelines followed) and 3 were graded as a B (Care issues identified - did not impact the care or management). The learning identified was: (i) improvement in documentation of feeds in the care-plan and (ii) Consultant referral required – Matron for community contacted and will discuss with booking midwife.

Green:

- **Midwife: birth ratio – 1:25** This is consistent with the previous two months although it has been red since July 2021. Ratio is per worked figures not budgeted. We remain budgeted to provide at a ratio of 1:25. Birthrate plus being completed at present. Closure of two MLU's to intrapartum care has been required to support safe staffing.
- **HIE 3** – there were no cases reported as HIE level 3 in January
- **Percentage of Women Initiating Breastfeeding – 81%** This had previously been amber for the past 3 months. The infant feeding team (IFT) have met with the community midwives and gave a presentation on breast feeding initiative (BFI) and infant meeting. Further meeting arranged with the antenatal leads. The IFT have continued with their Facebook live sessions through the MVP. The IFT team are also in the process of arranging for QR codes for their videos.

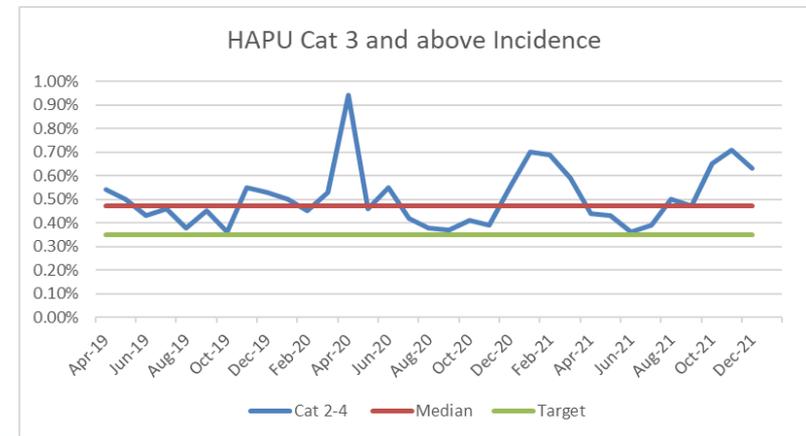
Skin damage related to unrelieved pressure constitutes potential harm to our patients. The Trust is committed to reducing Harms associated with pressure damage in order to evidence excellence in care provision.

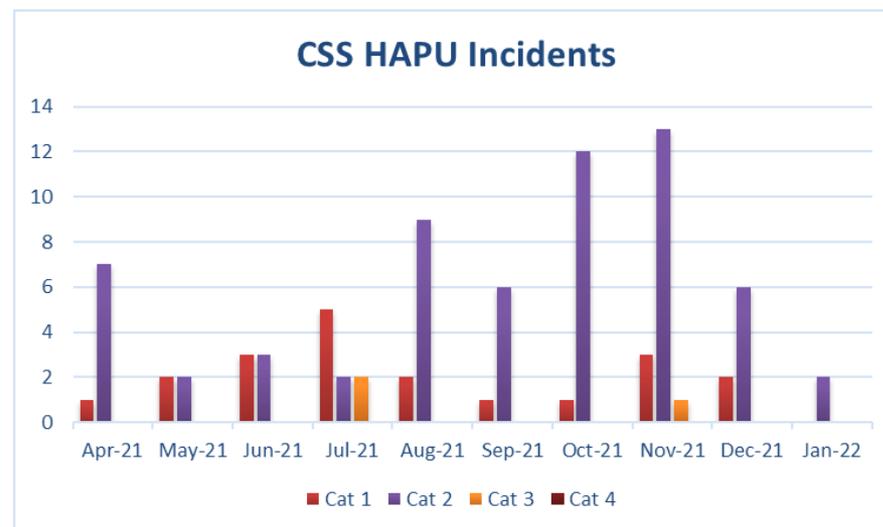
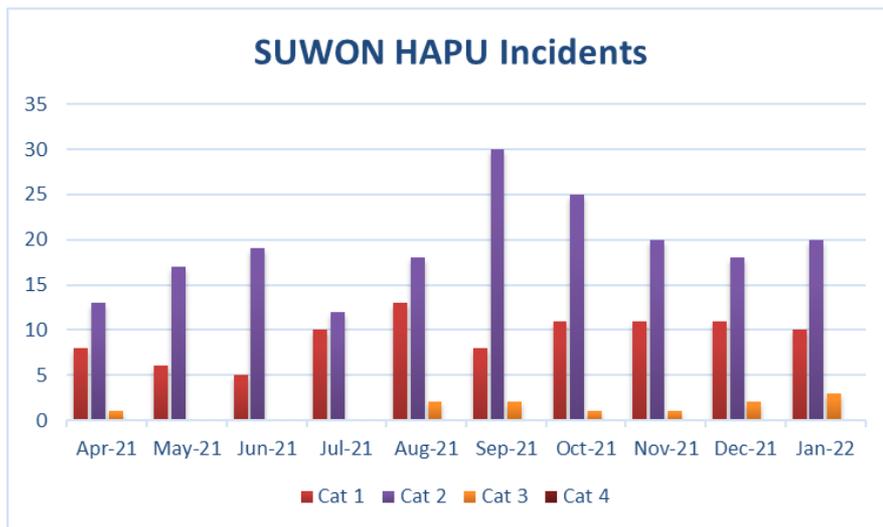
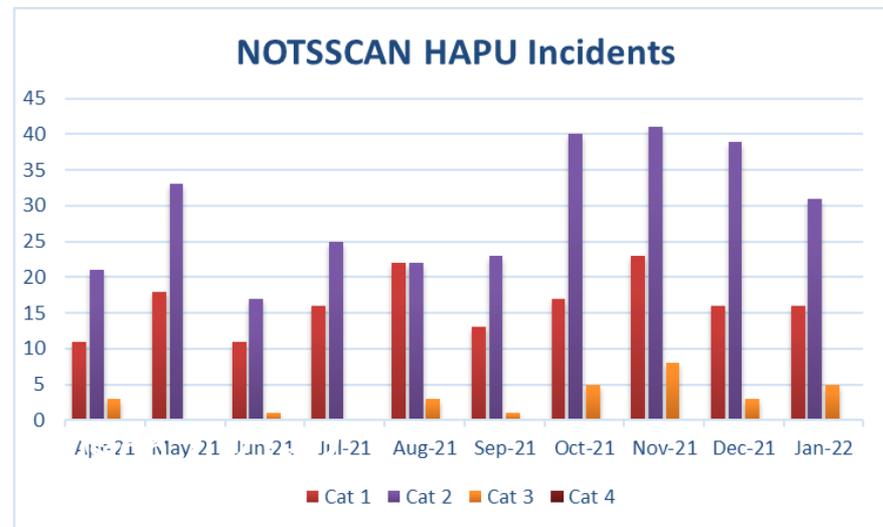
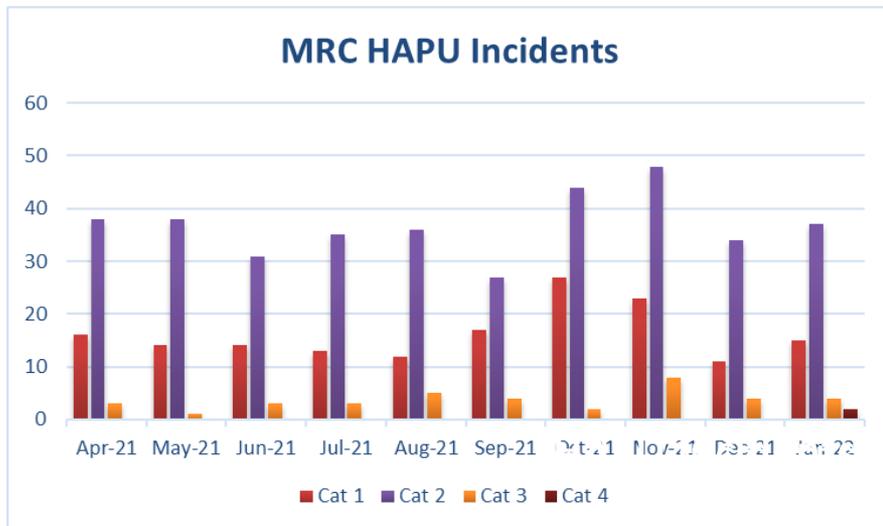
Reported Incidence of HAPU Cat 2 and above: April 2016 - Jan 2022



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 2016 – Jan 2022





ANALYSIS: Of the 13 incidents reported as Moderate Harm, 6 had been reported at an earlier stage of skin damage. The age range of the individual affected was between 0 and 99, with the average age of 78. All, but one, patients had been 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 was 20 days. Of the 13 patients affected, 9 were assessed as bedbound. The use of medical devices, such as oxygen mask and a catheter, were associated with 5 of the 13 incidents. The average surface area for the reported skin damage was approximately 9 cm, with 9 ulcers described as shallow and 4 as deep 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 to the end of January, 4 incidents have been assigned Division Level of Investigation and one Serious Incident. Two Category 4 pressure ulcer incidents were reported in January 2022, resulting in a Serious Incident and a Divisional investigation in MRC.

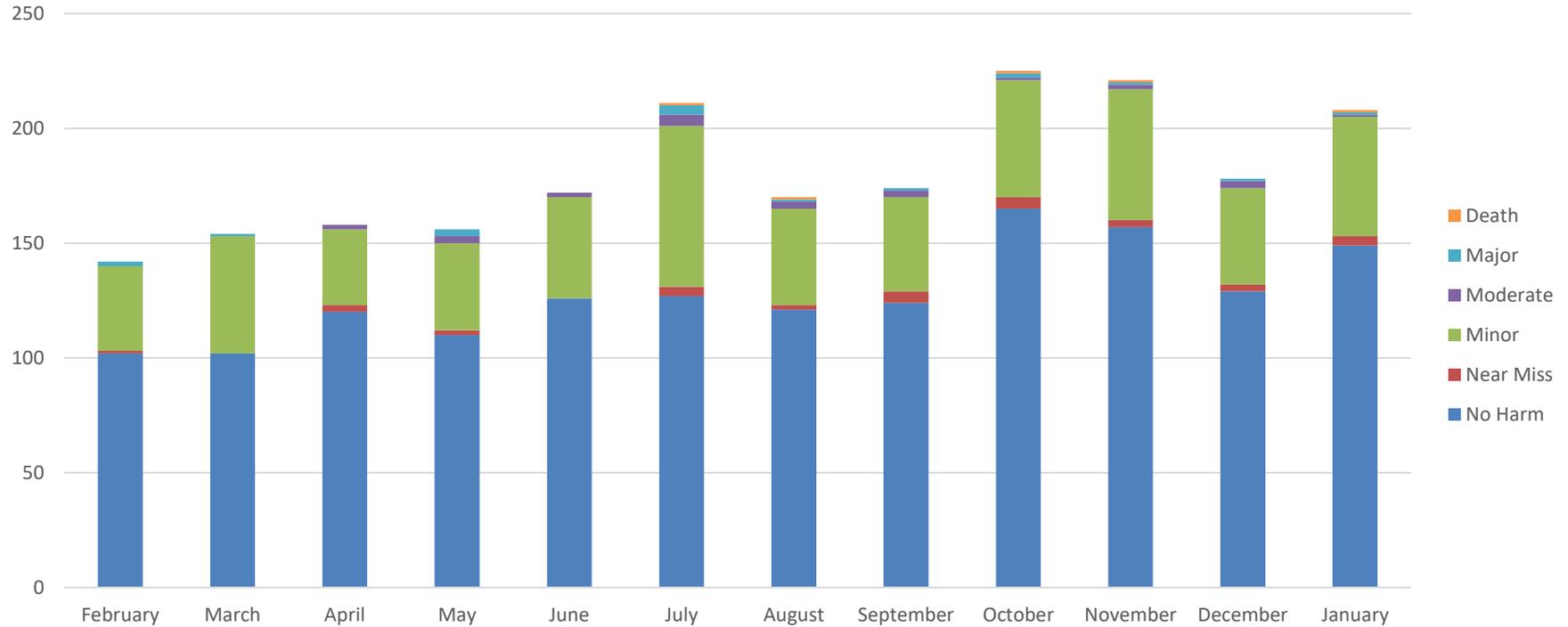
ACTIONS

Themes from the AAR meetings are discussed at HFAF. Divisional work plans are currently under development with Listening events for clinical teams and the development of QI projects. Areas identified for improvement are the quality of visual skin inspection, the quality of positioning and repositioning and the skills required to support patients declining therapeutic interventions. Analysis of staffing, skill mix and numbers, is under review to identify if any correlation between workforce and increased incidents.

A Quality Priority for the Reduction of HAPU for 2022/23 has been proposed.

Harm from falls report January 2022

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

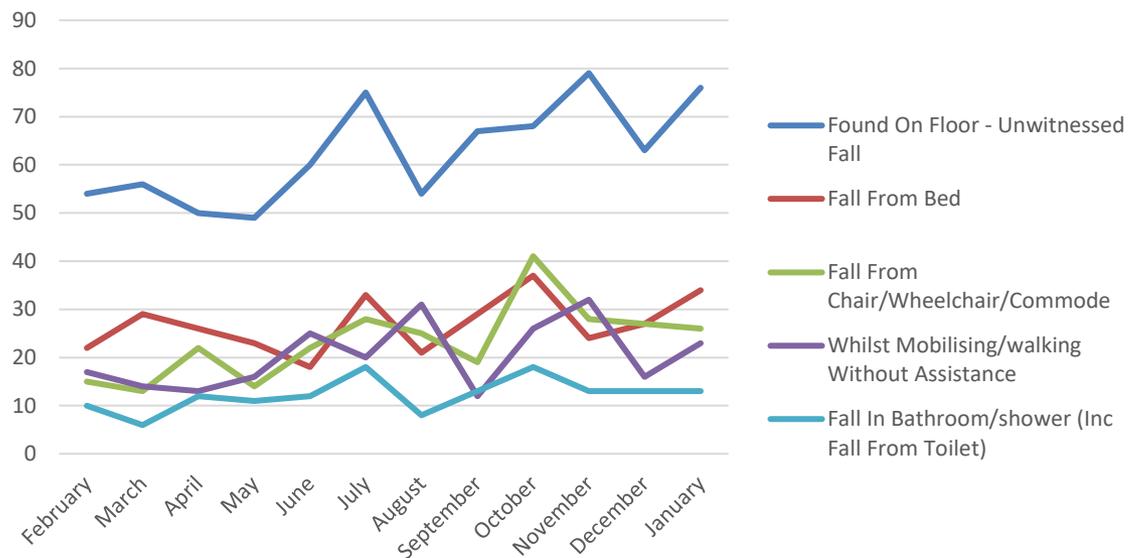


January 2021 summary: There were 208 falls reported in January, which represents a 17% increase compared to December (178). This total is marginally below the rolling average of 181 reported falls per month, but is higher than the total falls for this time last year (199) (2020/21 performance data is affected by the coronavirus pandemic). Falls resulting in harm (minor and above) accounted for 55 (26.4%) of all falls this month, which is a marginally higher compared to December's performance (25.8%). There were three falls resulting in higher severity harm levels: Moderate - 1, Major - 1, and Death - 1.

Harm level	January 2021*	January 2022
No harm	144	149(↑)
Near miss	3	4 (↑)
Minor	52	52 (-)
Moderate	0	1 (↑)
Major	0	1 (↑)
Death	0	1 (↑)
Total falls	199	208 (↑)

January performance: annual comparison 2021* vs 2022

Top five categories of falls rolling 12-month period: February 2021 to January 2022



Top five categories of falls January 2022

Previous month comparison

Category	Dec	Jan
Unwitnessed Fall – found on floor	63	76(↑)
Fall from bed	27	34(↑)
Fall From Chair / Wheelchair/Commode	27	26(↓)
Fall whilst mobilising/ walking without assistance	16	23(↑)
Fall in bathroom/shower/ from toilet	13	13 (-)

ANALYSIS:

The 17% in-month increase in falls is entirely attributable to an increase in falls resulting in no harm (11.2% rise) and minor harm (5.6% rise) categories. There was a 0.6% (26.4%) increase in the proportion of falls resulting in a form of harm compared to December (25.8%). This is lower than the Trust's average performance over the rolling twelve-month period of 27.9% of all falls resulting in a form of harm.

IDENTIFIED THEMES:

- In-month increase in falls without harm and with minor harm
- Marginal increase in the proportion of falls with harm, but lower than the rolling average

ACTIONS:

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

The Trust received and recorded 79 formal complaints in January 2022, which is an increase from the number received in December 2021 (n=75).

Emerging/continuing themes

January saw a number of complaints received which featured concerns over patient care – which includes issues such as care needs not adequately met, and the attitude of medical staff. These were across three of the clinical Divisions – MRC, NOTSSCAN and SUWON. In addition, 7 complaints regarding the Ophthalmology service were received, which featured issues over communication and the arranging of appointments.

Update on last month's theme

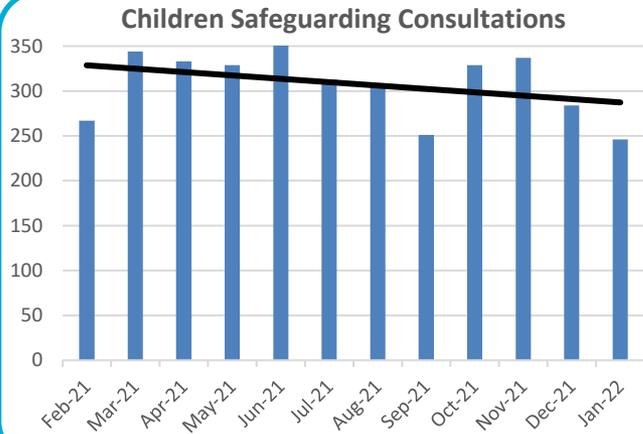
Over the last few months, complaints regarding the Emergency Departments (Eds) have featured several times. January saw the continuation of complaints being received in relation to the ED, with 14 in total. However, the concerns raised are in relation to the discharge process from ED, and the (perceived) poor communications with relatives.

Complaints Compliance

Complaints that breach the 25-working day deadline and/or the additional extension of 15 working days are 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. Key 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.

Safeguarding Children January 2022

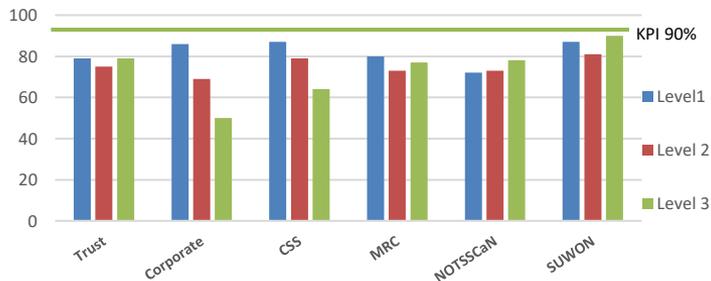
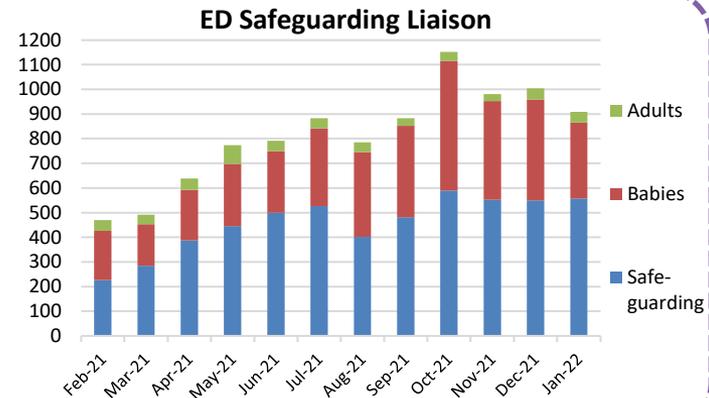


Consultations: activity reduced by 38 (n=246) during January. The main category remains neglect and an increase in sexual abuse cases. The complexity of cases has increased. The team are under capacity, new members are due to start in March/April. Self harming presentations increased from 48 to 95 during January. Close working with CAMHS and OUH to have pre warning of complex cases attending ED is having a positive impact to ensure efficiency to discharge when clinically indicated to the most appropriate places. Maternity safeguarding remains high with complex cases, increases in maternal mental health issues, domestic abuse and drug/alcohol misuse requiring longer admissions due to babies withdrawing. MASH health back log pressures continue in part due to increased referrals and sickness. Additional resources are being requested to manage workload.

ED Safeguarding Liaison referrals reduced by 95 over January (n=909). There was a small increase of children attend ED with safeguarding concerns (n=557), babies under one dropped by 102 (n=308). Attendances are shared with social care if cases open and all cases shared with primary care to ensure known risks are followed up.

A robust process is in place to follow up frequent attendances in ED following the pathway change in EPR. This is used to evidence compliance with an action plan from an OSCB case review. There were 126 cases identified as being a frequent attendance in January.

There were 44 adults who presented to ED with a safeguarding concern that have caring responsibility for children, this information is shared to ensure risks are managed and support is provided.



Safeguarding Children Training Compliance continues to be below the 90% KPI. Level 1 Trust compliance remained at 79%, level 2 increased 2% to 75% and level 3 reduced 2% to 79%. Due to increased clinical pressures related to Covid and sickness during January training has not been pushed with teams.

Uptake to the online MST level 3 training has remained low which is related to staffing capacity. E-learning for health online training is available for all levels. Level 3 training for Brookes has been provided.

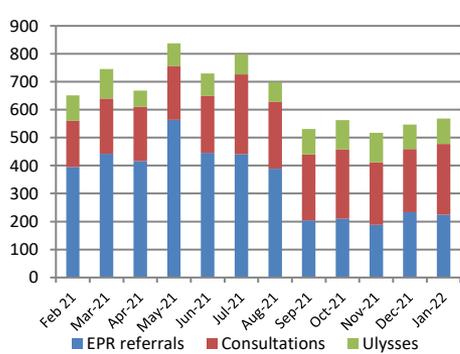


Chart 1: Combined Activity

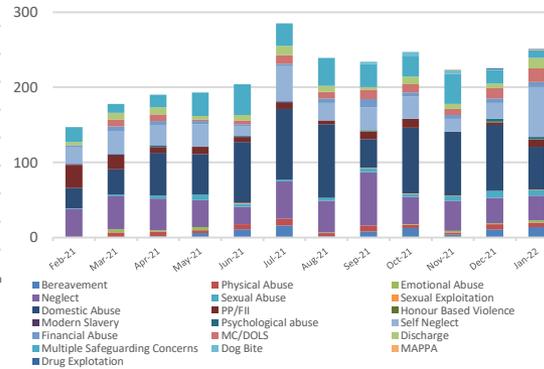


Chart 2: Consultations

Activity

Chart 1: Combined activity increased by 21 (n=568). EPR referrals decreased by 10 (n=224). Ulysses incidents had a slight increase of 2 (n=90) and consultations increased by 29 (n=254).

Chart 2: Neglect, self-neglect, and domestic abuse are the main categories of concern.

Governance: the team have been targeting areas to improve assessments and encourage all staff to document capacity assessment of the EPR template to support decision making and improve referrals for DoLS. The team continues to raise awareness of mental capacity assessments and DoLS EPR documentation.

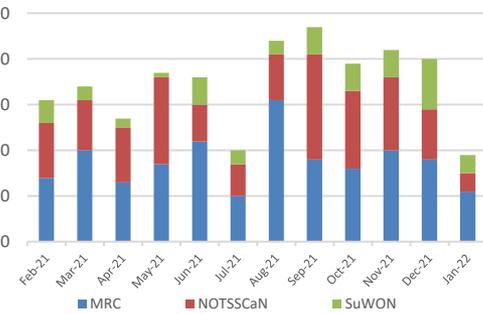


Chart 3: DOLS Applications by Division

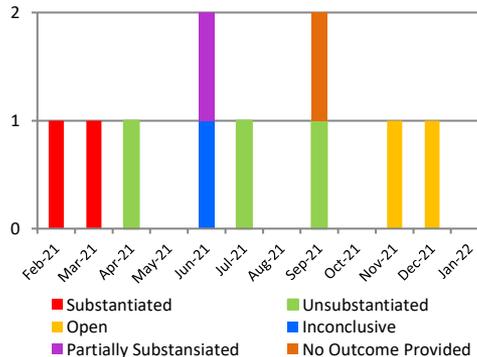


Chart 4: Section 42 investigations

Statutory responsibilities

Chart 3: There were 19 Deprivation of Liberty Safeguards (DoLS) applications reviewed. This is a decrease of 21 during January. This was noted to be unusual and areas were targeted to ensure accurate reporting.

Chart 4: One s42 investigation was closed during January, no outcome was provided as OCC have changed their process to rate s42 outcomes and will no longer provide a rating however, will give recommendations. No recommendations were given for the case closed that related to an allegation in MRC division.

There are currently two open s42 enquiries.

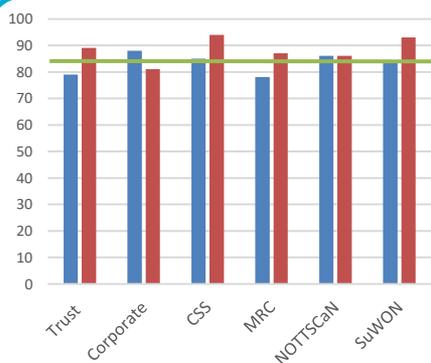


Chart 5: Prevent Training

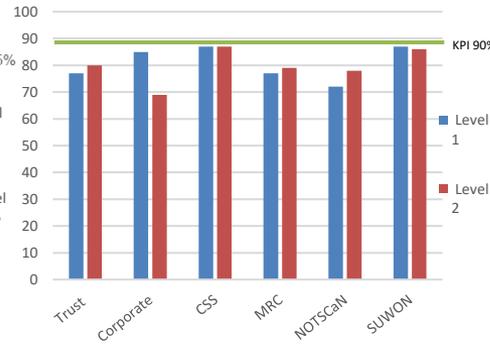


Chart 6: Safeguarding Training

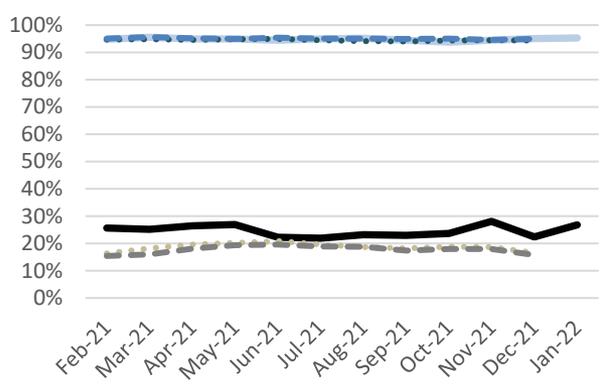
Training Chart 5: Trust Prevent training Level 1 & 2 compliance increased 1% to 79%. Level 3,4 & 5 compliance remained at 85%. The KPI is set at 85%.

Chart 6: Safeguarding training compliance across the Trust is below the 90% KPI. Level 1 remained at 79%, and level 2 increased by 4% to 80%. Level 3 is being introduced and will be delivered via a 2 part programme using MST video training and is also available via eLFH weekly learning sessions.

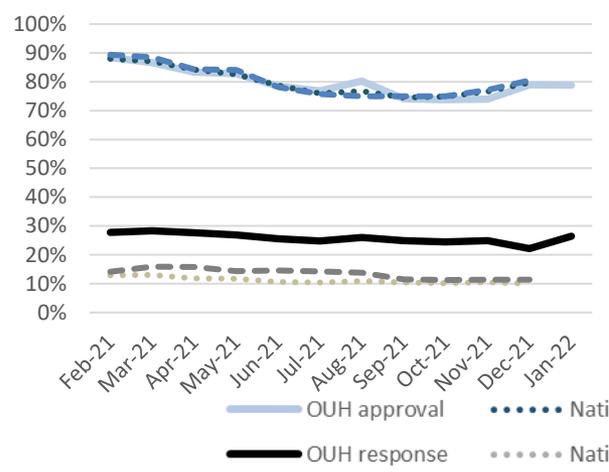
Governance: Mental Capacity Act training is recorded to access on the intranet. The DoLS process is being recorded to support staff to complete the documents required. A review of training is being undertaken to implement the new Level 3 requirement as per the intercollegiate guidance. There will be a 2 year implementation to gain compliance.

Patient Experience January 2022

FFT response and approval rates (IPDC)



FFT response and approval rates (ED)



FFT response and approval rates (OP)

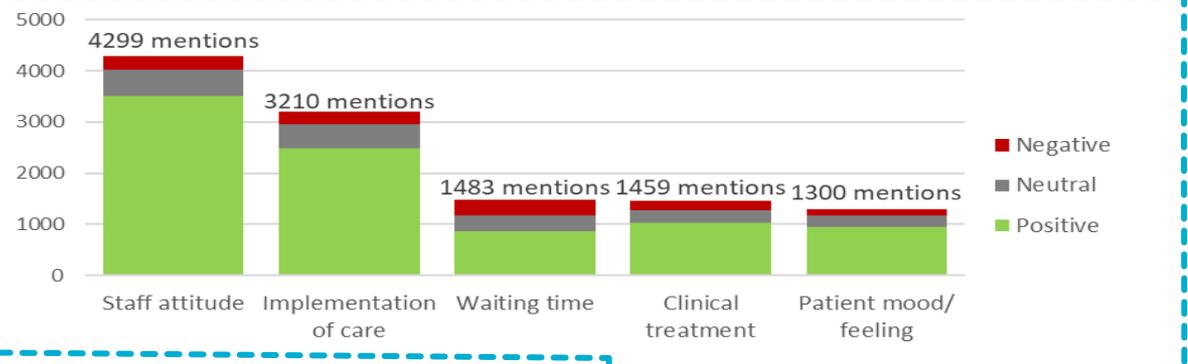
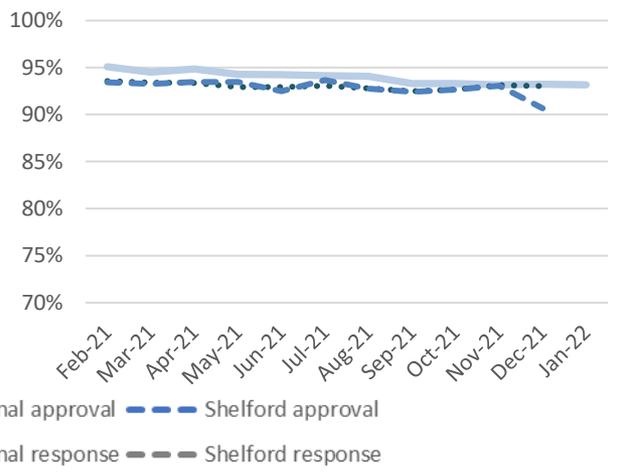


Chart 4: Sentiment breakdown of top 5 most-mentioned themes Jan 2022.

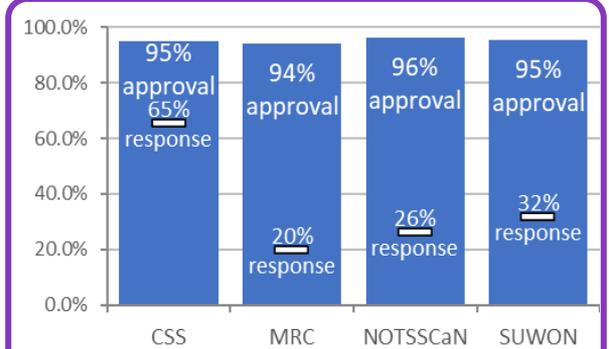


Chart 5: IPDC FFT response and approval rates by OUH clinical division Jan 2022.

Charts 1-3: FFT approval rates and response rates against National and Shelford Group averages by service (Inpatient and Day Case, Emergency Department and Outpatients) Year-to-date January 2022. NB national data lags 1 month behind OUH.

- OUH continues to outperform National and Shelford average response rates where measured.
- SUWON response rate for Inpatient FFT has almost hit 32% this month.
- [Scale Spread and Embed](#) Project with Imperial College NHS FT and NIHR:
 - Sample data has been sent for themes analysis.
 - Quality Improvement Team have joined the project team to assist with the long term patient experience improvement and impact from the study.

National Survey Programme Update

- Maternity 2021 Published 10th February 2022 with full benchmarking and trend analysis. Oxford University Hospitals Trust results can be found [here](#).
- Trust Communication can be found [here](#).
- Patient Experience working with Maternity team to build and develop action plan.
- TME paper has been submitted.

Children's FFT

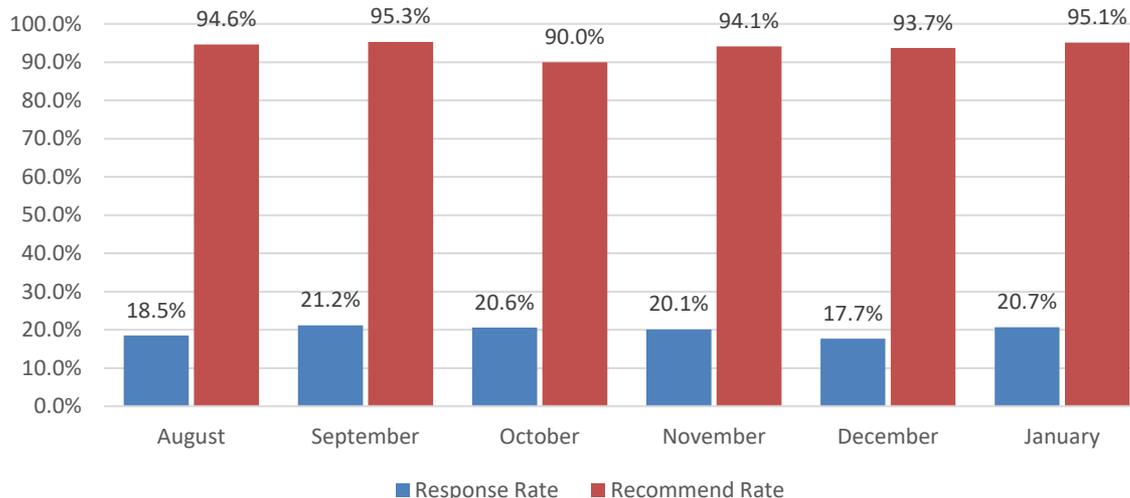


Chart 6: Children's FFT

Top 3 Positive Themes:

1. Staff care and compassion (137)
2. Patient care or treatment (73)
3. Communication – information giving (44) Staff taking the time to explain required tests and procedures, communicating well with other wards and departments, staff explaining diagnosis and required aftercare.

Top 3 Negative Themes:

1. Communication - information giving (20) Patients being given mixed messages by staff. Communication breakdown between different wards/departments.
2. Time waiting (12)
3. Food – for children (11) - Children not receiving meals, specialist menus (e.g. diabetic/gluten free) not being available, children not receiving the meals they had ordered (food being substituted without warning) leading to children not eating their meals.

“The staff were very friendly, explained things to both me and my daughter. They were very patient with all her questions. Even though the consultant was isolating, she still spoke to us via telephone and answered all our questions”

“All the nurses and doctors have been incredibly friendly and helpful. They explained everything in detail and gave me plenty of opportunities for asking questions. They showed big hearts and a sweet approach when talking with my two-year old daughter. I couldn't have asked for a better treatment.”

“On a couple of occasions including the most recent stay we have filled in our menus as requested but never receive what we've ordered. Our child has sensory issues and will only eat certain things. We're not told that the food we've requested is unavailable it's just put down and they walk out. My partner spoke with a nurse who went off to find out and brought back what was ordered so it wasn't like it was unavailable. Also, it's not the greatest quality of food either to be honest”

Transition – Moving Into Adulthood Quality priority Year 2 and QI Project

Three overall actions for the year two plan have been proposed. Currently in Stage 1: GAP analysis. The parents, young people and staff surveys are still running to maximise the opportunity for feedback. Posters to advertise are now displayed in the Trust Outpatient areas. Engagement with this has been slow and needs regular promoting. Within the Trust, 38 Moving to Adulthood clinics for children with long term conditions have been logged. It is expected that the initial GAP analysis should be finished by the 1st March 2022.

Key Quality Metrics Table

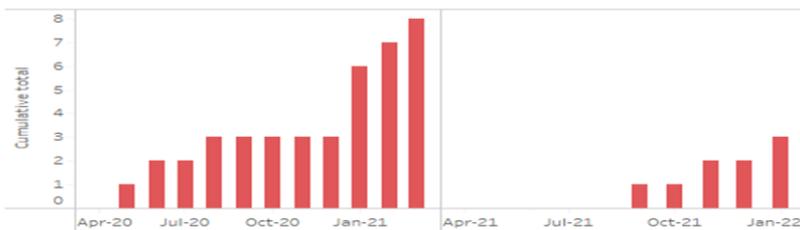
Descriptor	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
VTE Risk Assessment(% admitted patients receiving risk assessment)	98.22%	98.37%	98.18%	98.40%	98.42%	98.26%	98.01%	98.09%	N/A	98.05%	97.91%	N/A
Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)	101	114	11	18	28	35	48	56	71	78	83	96
Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)	7	7	0	0	0	0	0	1	1	2	2	3
% patients receiving stage 2 medicines reconciliation within 24h of admission	66.23%	67.08%	59.46%	N/A	56.00%	50.90%	51.13%	48.44%	49.14%	50.80%	48.71%	47.86%
% patients receiving allergy reconciliation within 24h of admission	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A
% of incidents associated with moderate harm or greater	2.34%	2.06%	1.72%	2.11%	1.91%	1.57%	3.30%	2.20%	2.88%	4.52%	3.90%	4.38%
% Radiology direct access / day turnaround times - Plain Film, CT, MRI & Ultrasound	84.58%	82.36%	83.33%	84.77%	80.97%	77.51%	74.23%	72.91%	73.34%	73.34%	79.62%	N/A
CAS alerts breaching deadlines at end of month and/or closed during month beyond deadline	0	0	0	0	0	0	0	0	0	0	0	0
Number of hospital acquired thromboses identified and judged avoidable	0	2	1	1	0	1	1	2	0	0	2	2
Crude Mortality	216	222	194	182	190	209	182	254	229	200	265	241
Dementia - % patients aged > 75 admitted as an emergency who are screened	83.58%	82.48%	81.74%	81.31%	80.69%	78.11%	77.95%	74.97%	74.97%	76.98%	74.83%	N/A
ED - % patients seen, assessed and discharged / admitted within 4h of arrival	81.52%	88.22%	85.21%	83.50%	80.53%	74.47%	76.58%	72.13%	69.43%	67.76%	70.03%	70.17%
Friends & Family test % likely to recommend - ED	88.35%	86.63%	83.38%	82.78%	78.54%	76.79%	80.20%	74.04%	N/A	73.97%	78.98%	N/A
Friends & Family test % not likely to recommend - ED	6.85%	7.07%	9.81%	10.13%	13.95%	14.34%	12.27%	16.26%	N/A	16.05%	13.60%	N/A
Friends & Family test % likely to recommend - Mat	N/A	N/A	N/A	75.00%	N/A	100%	N/A	80.00%	N/A	83.33%	66.67%	N/A
Friends & Family test % not likely to recommend - Mat	N/A	N/A	50.00%	0.00%	N/A	0.00%	N/A	0.00%	N/A	0.00%	8.33%	N/A
Friends & Family test % likely to recommend - IP	94.87%	95.54%	94.91%	95.00%	94.41%	94.83%	95.12%	94.57%	N/A	94.54%	94.98%	N/A
Friends & Family test % not likely to recommend - IP	2.59%	2.43%	2.38%	2.48%	3.09%	2.84%	2.53%	2.86%	N/A	2.89%	2.46%	N/A
Friends & Family test % likely to recommend - OP	95.07%	94.51%	98.84%	94.27%	94.28%	94.14%	N/A	93.29%	N/A	93.16%	93.23%	N/A
Friends & Family test % not likely to recommend - OP	2.35%	2.73%	2.36%	2.66%	2.93%	1.46%	N/A	3.33%	N/A	3.27%	3.24%	N/A
% patients EAU length of stay < 12h	53.16%	56.59%	58.06%	53.46%	53.28%	53.54%	53.07%	51.19%	49.05%	51.41%	50.77%	50.76%
% Complaints upheld or partially upheld [Quarterly in arrears]	N/A	74.85%	N/A	N/A	73.16%	N/A	N/A	65.48%	N/A	N/A	75.91%	N/A

Indicators where performance has declined:

- Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)
- Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)
- Number of hospital acquired thromboses identified and judged avoidable

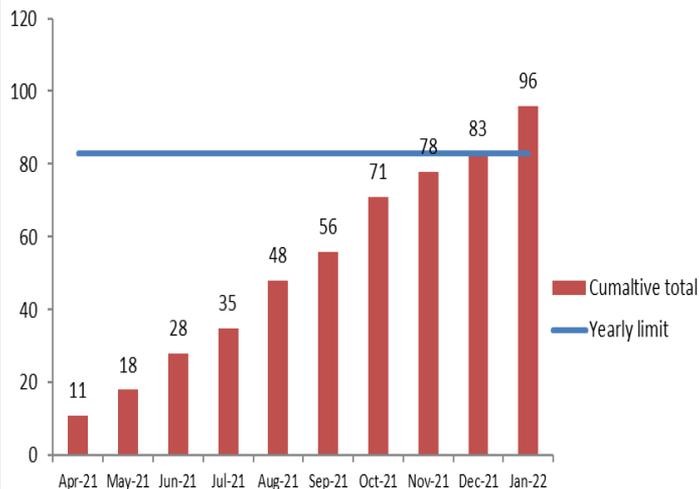
Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)

Incidence of MRSA bacteraemia (MRSAInc)



In January 2022 there was 1 community onset, healthcare associated MRSA bacteraemia. This patient was discharged from the OUH 19 days prior to the positive blood culture. The source was considered to be skin/soft tissue and not likely to be related to their previous admission. The IPC Lead from the CCG requested a review meeting with the Trust, following which this case was agreed to be unavoidable.

Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)



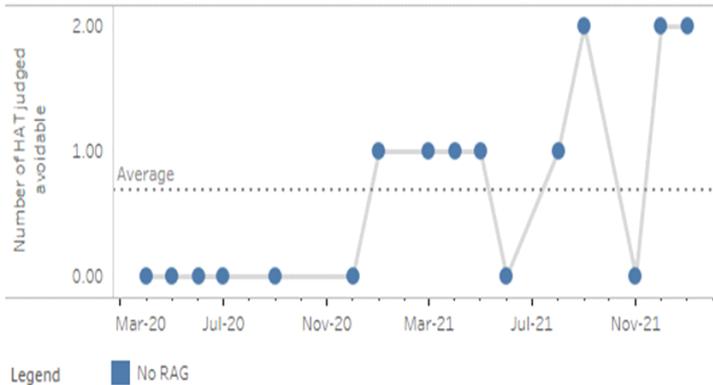
The threshold for OUH apportioned cases of *C. difficile* for 2021/22 has been set at 83 cases. This figure is based on the total number of Trust apportioned cases, minus one, for the calendar year of 2019. The OUH had a total of 96 cases at the end of January. The number of cases apportioned to the Trust for 2020/21 was 114. The threshold of 83 set by NHSE/I does not account for any changes in activity or the CoVID pandemic. This has been escalated by the OUH DIPC to NHSE/I who are considering their response, although this is unlikely to impact until next year.

The increase in OUH apportioned cases of *C. difficile* is reflected nationally. Comparing the most recent quarter for which national data is available (July to September 2021) to the same period in the pre-pandemic period (July to September 2019) shows a 9.1% increase in the count of all reported cases and 8.9% increase in incidence rate from 3,639 to 3,969 and 25.6 to 27.9 cases per 100,000 population, respectively. Hospital-onset CDI cases increased by 15.4% from 1,211 to 1,398 which corresponds to an incidence rate increase of 21.5% from 14 cases per 100,000 bed-days to 17.1. Community-onset CDI cases increased by 5.9% from 2,428 to 2,571 while the rate increased from 17.1 to 18.1 per 100,000 population.

The outcome of the business case to increase staffing in infection prevention and control, to include specific antimicrobial stewardship activity, is awaited.

Number of hospital acquired thromboses identified and judged avoidable

Number of Moderate or Greater hospital acquired thromboses identified and judged avoidable. (HAThrombosesMG)



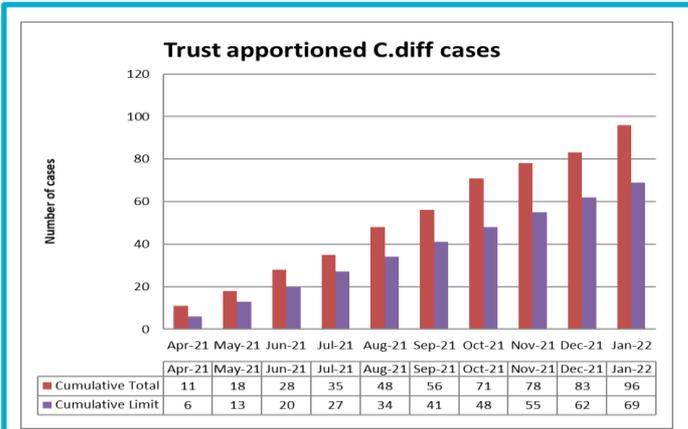
1. Patient admitted due to abdominal pain and vomiting. CT Abdo pelvis showed large bowel obstruction secondary to diverticulitis with contained perforation. VTE risk assessment not completed within 6 hours admission (total delay of 39 hours). Delay in completing VTE risk assessment and not prescribing appropriate thromboprophylaxis led to two missed doses of dalteparin. HAT outcome from Consultant was that it was not an active clinical decision to withhold the dalteparin. VTE Prevention Team asked the consultant to feedback to the team involved the importance of completing a VTE risk assessment within 6 hours of admission conducting daily reviews of thromboprophylaxis. This has been disseminated to the ward and junior teams involved by the consultant.

2. Patient admitted with one week history of diarrhoea and abdominal pain. VTE risk assessment not completed within 6 hours of admission (total delay of 57 hours). Delay in completing VTE risk assessment and not prescribing appropriate thromboprophylaxis led to two missed doses of dalteparin. HAT outcome from Consultant was that the VTE risk assessment should have been completed on admission and for the dalteparin to be prescribed. Mitigating circumstances are that it was not entirely clear which team was responsible for the patient as under two teams.

HAT reporting fluctuates depending on the time frame from hospital admission to VTE event, identification and completion of HAT form. The VTE Prevention Team are working in collaboration with the EPR team to explore EPR solutions. The following is now live in EPR:

- an alert now appears if a patients platelet count is below 50 and on dalteparin prophylaxis
- a new counselling form for patients on oral anticoagulation
- an EPR message is sent to the responsible consultant listed on EPR when the VTE risk assessment has been dismissed on three occasions.

The Trust Wide Audit of Appropriate Thromboprophylaxis in October 2021 showed that 99.0% of in patients received appropriate thromboprophylaxis.



C. diff: 2021/22: At the end of Jan there were 96 cases against objective of 83. Annual cumulative limit now breached. AMS rounds for last 4 weeks at the Horton resulted in antibiotic prescription changes in 58%, mainly stopping antibiotics, or switching to oral route.

MRSA: 1 community onset, healthcare associated MRSA bacteraemia. Case review: unavoidable.

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

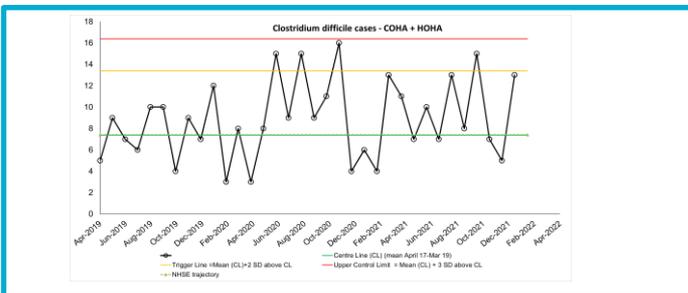
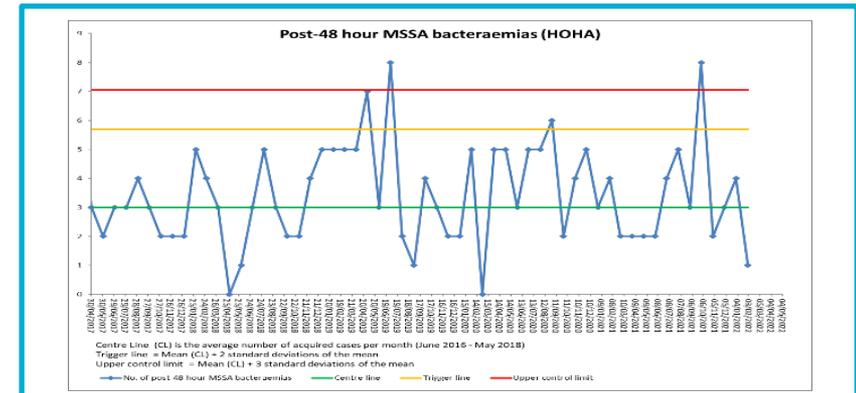
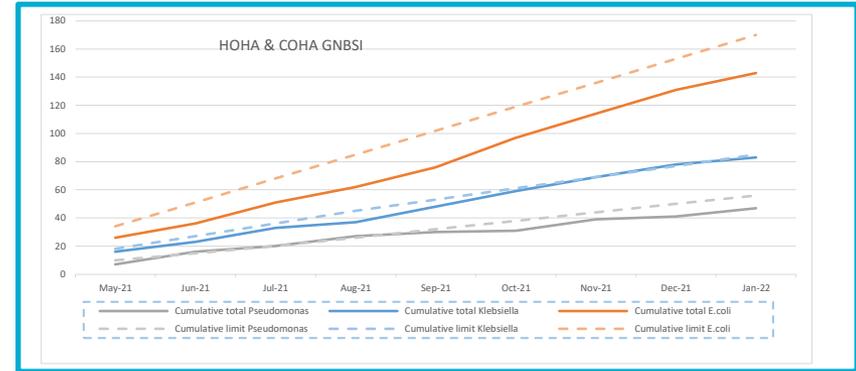
MSSA: 1 HOHA and 4 COHA. HOHA case is spinal SSI, case review planned

COVID-19: IPC team followed up 474 COVID-19 positive patients. There were 33 definite nosocomial cases, mainly associated with outbreaks.

Staff testing -The number of staff being confirmed positive by PCR is decreasing due to the new government guidance that a positive lateral flow test is sufficient. In January and to date in February, the number of individuals reporting positive lateral flows has increased. These positive cases do not seem to be linked to outbreak areas.

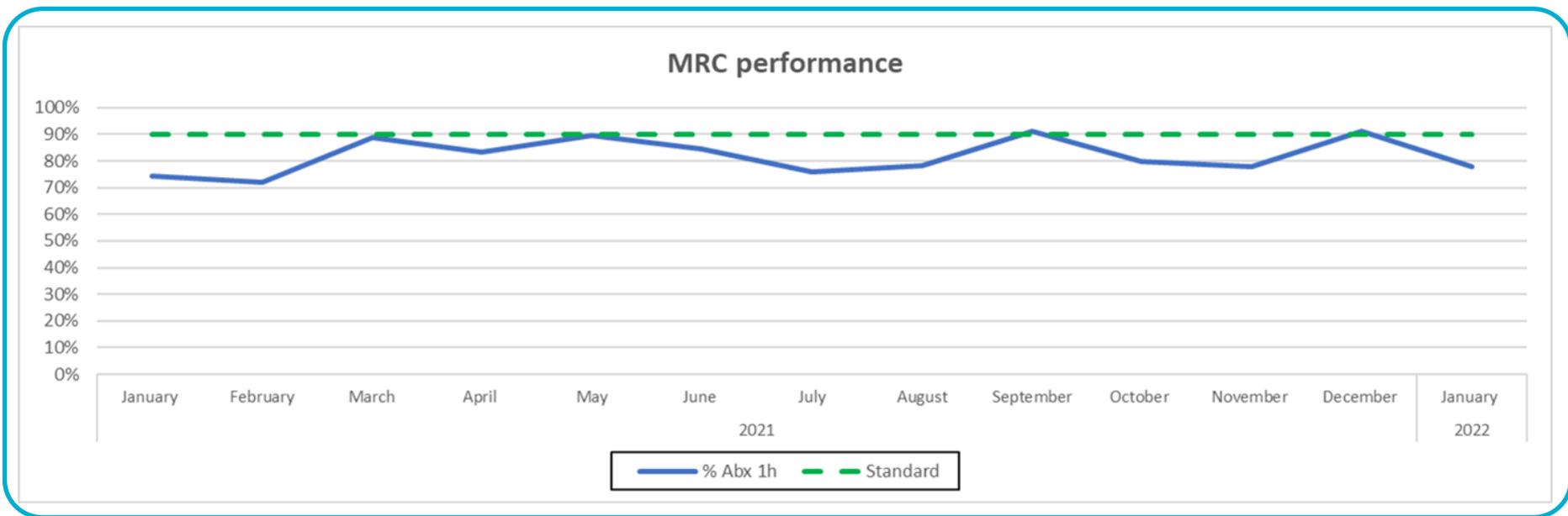
Churchill Cleaning remains a concern and the weekly meetings with OSL, G4S and the Trust continues. A paper providing a detailed status update was presented to Clinical Governance in February by the Trust PFI office.

Churchill PFI Water: All outlets have point of use filters fitted and regular sampling continues. A paper was presented at Clinical Governance in February to provide a status report following the issue of the 'Step-in' notice to OSL.



Output from AMS rounds at the Horton						
Action		Percentage				
Antibiotic switch (IV)		2.6%				
Duration change		2.6%				
Stop antibiotics		23.7%				
PO switch		28.9%				
No change		42.1%				
Antibiotic	Action					
	AB switch	Duration	Stop	PO switch	No change	
Ciprofloxacin	0	0	2	0	0	
Co-amoxiclav	0	1	1	9	10	
Meropenem	1	0	0	1	1	
PipTaz	0	0	6	1	5	

Open COVID Outbreaks							
Site	Start Date	Last Positive Case	Total No Patients	Indeterminate	Probable	Definite	Staff
SEU F	01/01/22	19/01/22	13	1	5	7	11
Laburnum	05/01/22	30/01/22	21	2	6	12	7
Urology	17/01/22	22/01/22	6	3	2	0	2
RAU	17/01/22	20/01/22	3	1	1	1	0
7F	22/01/22	04/02/22	11	6	2	3	3
CMU-D	02/02/22	02/02/22	10	2	5	3	1
CMU-A	02/02/22	02/02/22	2	0	2	0	1
CMU-B	07/02/22	06/02/22	3	2	1	0	3
5A	14/02/22	15/02/22	14	2	8	4	1
Renal	14/02/22	11/02/22	5	0	1	3	3



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

- January 2022: Overall **14/18 (78%)**; ED **12/16 (75%)**
- Latest SHMI for sepsis **86.4 (73.4-101.07)** [March 20 – Feb 21; “lower than expected”; Dr Foster]
- The data, shows a drop from our standard of 90%, this is likely due to an increase in front door pressures faced by the emergency areas.
- We have had a reduced sepsis Nurse service due to sickness over this period of time.
- We are currently working on a sepsis PGD e-learning package, for ease of training and to have a centralised system to maintain training records. Once this is in place we hope to see more ED/EAU nurses trained up to be able to deliver timely antibiotics.

*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.

Aim for 100% Compliance with the WHO Surgical Safety Checklist

WHO Audit	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Documentation	99.73%	99.31%	99.78%	98.43%	100%	99.67%
Observation	98.70%	100%	100%	100%	100%	100%

WHO documentation audit 96.97% compliance (306/307): MRC 100% (146/146), NOTSSCaN 100% (74/74), SuWOn 100% (54/54)

- CSS 100% (32/33) 1 form not compliant in JR Interventional radiology as the sign out was not completed – staff have been informed of this breach.

WHO observational audit 100% compliance (319/319): CSS 100% (13/13), MRC 100% (20/20), NOTSSCaN 100% (130/130), SuWOn 100% (139/156).

Local Safety Standards in Invasive Procedures (LocSSIPs)

- 32 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.
- The LocSSIP for patients undergoing elective surgery has been published, this covers the generality of surgical cases.
- Local audit of the safety checklist element of the LocSSIPs is included in the WHO compliance above.
- A LocSSIP Awareness Week will take place as part of national Patient Safety Week mid-March to further raise the profile of the importance of the use of LocSSIPs to ensure patient safety.

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

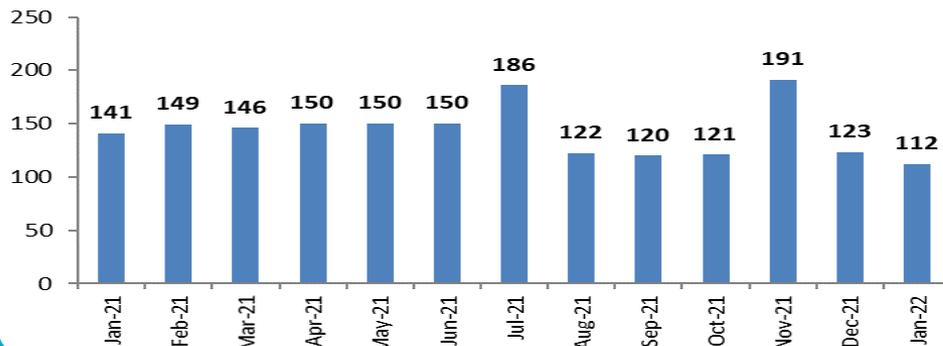
- Fourteen actions from 2020/21 Never Events have past their target date, all but one of which have been completed.
- Two actions from the two 2021/22 Never Events which have been fully investigated have past their target date, both of which have been completed. The other two 2021/22 Never Event investigations are ongoing.
- **Four Never Events have been recorded to date in 2021/22**

There were 2 Never Events called in 2020/21, down from 7 the previous year.

“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.
- Professor Pandit personally presents an excellence report of the month to an individual or team that has made a major contribution.
- The first Reporting Excellence award of 2022 was awarded to the Respiratory Early Diagnostic Service team at the Churchill Hospital following the successful launch of a next-day CT service. This innovation will enable patients to access a CT scan within a maximum of 48 hours if they have had irregular Xray results

Excellence Reported in Ulysses

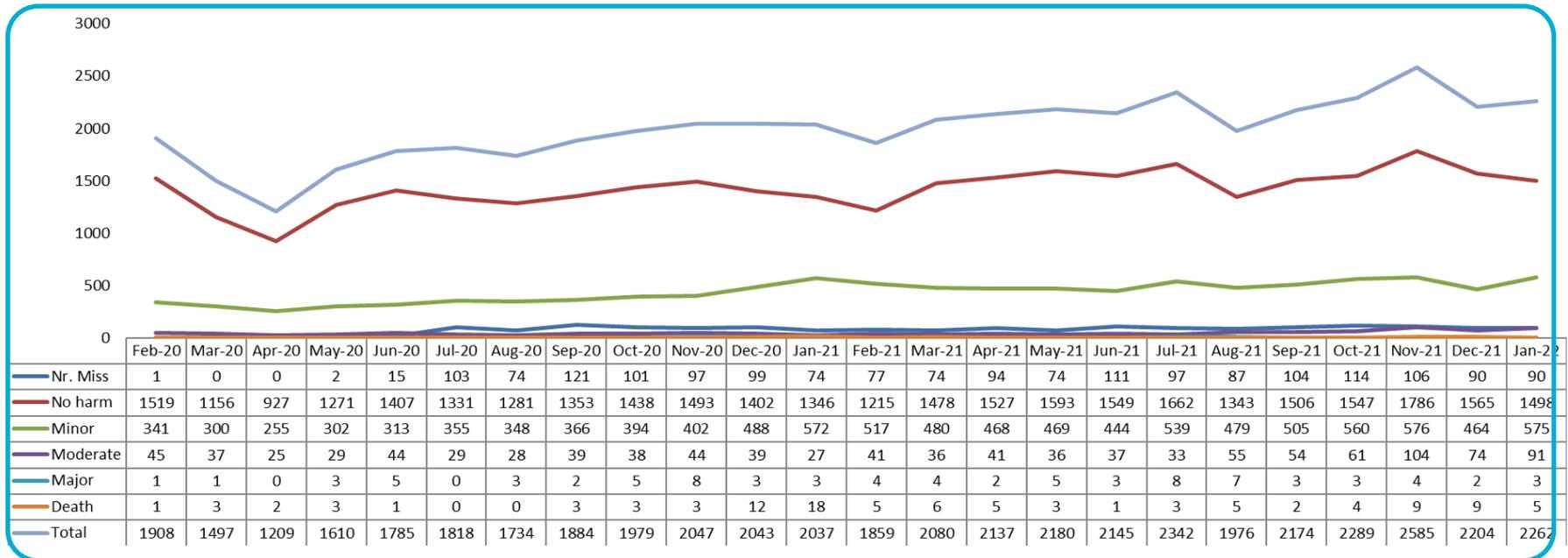


Theme	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Teamworking	40	45	46	66	48	40
Compassionate Care	18	13	14	22	21	28
Going Above And Beyond	62	61	61	101	50	40
Innovation	2	1	0	2	4	4
Grand Total	122	120	121	191	123	112



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

2264 patient incidents were reported in January 2022; the mean monthly number over the past 24 months is 1991. 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.

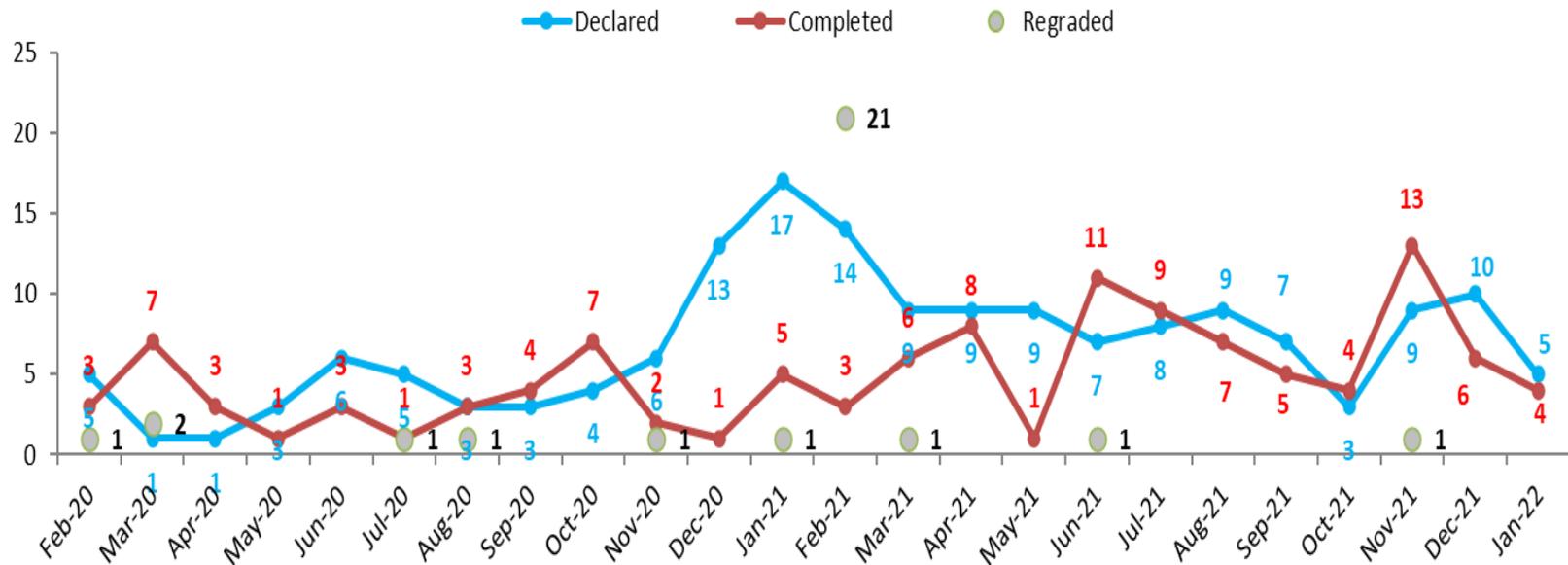


In January, 104 incidents reported as entailing moderate and above impact were discussed at PSR. One visit from PSR representatives to support staff or patients took place, and 10 incidents had their impact downgraded in the meeting.

Clinical Risk: Serious Incidents Requiring Investigation (SIRI)

The graph below shows 5 SIRIs were declared by the Trust in January 2022 and 4 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

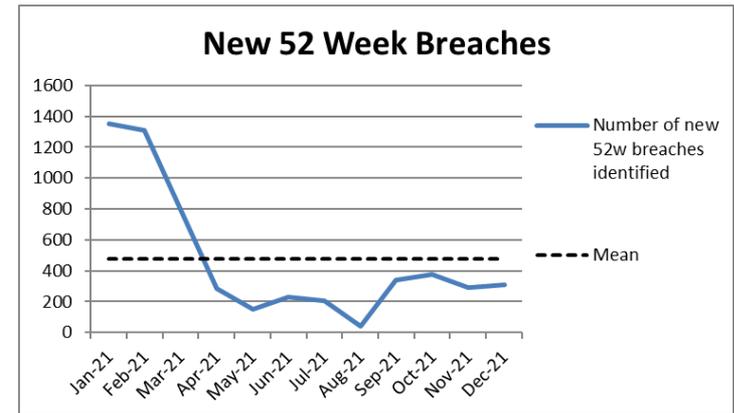


The Trust has an established process for assessing clinical and psycho-social harm for patients waiting for over 52 weeks for treatment. This is in addition to the program of harm reviews for patients undergoing care for cancer whose pathways exceed 104 days. This data was presented at the January Harm Review Group meeting, at the time of reporting January 2022 breach data is unavailable.

Services with over 20 new 52w breaches

Specialty	Sep21 new breaches	Oct21 new breaches	Nov21 new breaches	Dec21 new breaches	Dec21 total breaches
Ophthalmology	20	24	(19)	21 ↑	50
Plastic Surgery	48	46	37	(18) ↓	134
Spinal Surgery Service	66	36	26	25 ↓	145
Trauma & Orthopaedics	67	81	65	63 ↓	166
Urology	(16)	28	27	46 ↑	103

Total new 52w breaches



- There were 1,100 patients who had been waiting more than 52 weeks for elective treatment at the end of December 2021 (a small increase on the November figure of 1,063).
- December saw 310 new 52w breaches, a small increase on the November figure of 290. All figures from FY 2021/22 have been below the 12-month mean of 474 new breaches per month.
- Four services had 20 or more new 52w breaches in December. The table above shows details of all services that have had 20 or more new breaches in any of the past 4 months.
- Twelve 52w breaches in 2020/21, and 3 in 2021/22 have been confirmed as entailing moderate impact. All but one of these are being covered by a special single Divisional investigation, the investigation level of the final case is to be confirmed.
- The following slide shows the number of 52w breaches with a decision to treat. The information is then collated using the RCS priority codes assigned to the patient.

December 52w breach cases with details of the prioritisation level

Directorate	2. Surgery that can be deferred for up to 4 weeks	3. Surgery that can be delayed for up to 3 months	4. Surgery that can be delayed for more than 3 months	NO RCS priority	Grand Total
Ear Nose and Throat		6	19	9	34
Endoscopy (Gastroenterology)				1	1
General Surgery				1	1
Gynaecological Oncology				1	1
Gynaecology	1	3	5	8	17
Interventional Radiology		1			1
Maxillo Facial Surgery		8	20	9	37
Neurosurgical Service	3	24	9	5	41
Ophthalmology		2	25	12	39
Orthopaedic Service		1			1
Paediatric ENT		3	4	5	12
Paediatric Neurosurgery			2		2
Paediatric Ophthalmology		3	8	22	33
Paediatric Oral and Maxillofacial Surgery Service		1	1		2
Paediatric Plastic Surgery	4	10	11	3	28
Paediatric Spinal Surgery		25	17	1	43
Paediatric Surgery		6		1	7
Paediatric Trauma and Orthopaedics			4	3	7
Paediatric Urology		9	7	3	19
Physiotherapy			2		2
Plastic Surgery	2	25	68	20	115
Plastic Surgery Craniofacial	2				2
Public Health Medicine		1	2	1	4
Spinal Surgery Service	2	25	40	14	81
Trauma and Orthopaedics		41	49	29	119
Urology	1	49	22	10	82
Vascular Surgery	1	1	13	4	19
Grand Total	16	244	328	162	750

Please note, the 'No RCS priority' 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.

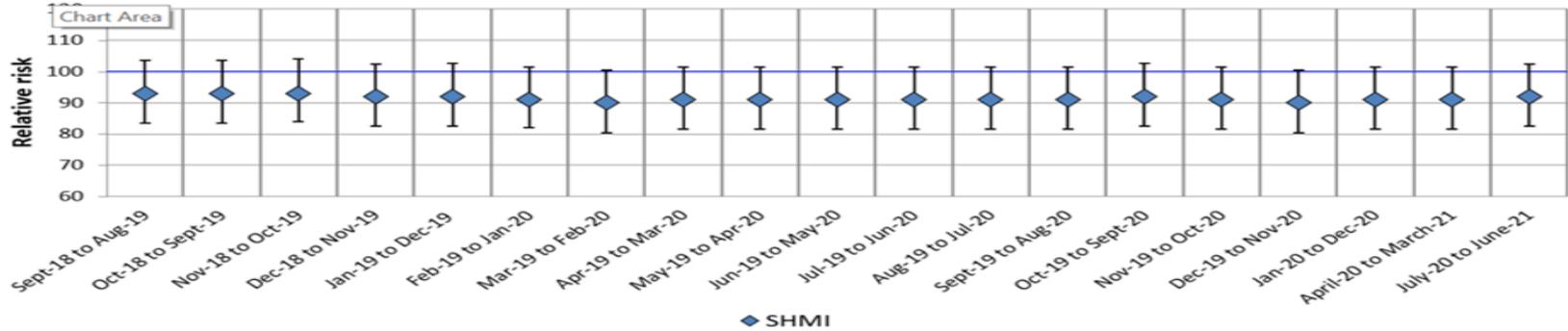
Since 5 February 2019 a weekly safety message from the CMO and CNO has been issued from the central Clinical Governance team, emailed to all staff accounts, and available on the intranet

Weekly Safety Alerts

Actions ▾		1 - 100 ▶
@	Title	Alert Date
	Weekly Safety Message 159: Syringe Drivers and CSCIs (Adults)	15/02/2022 11:00
@	Weekly Safety Message 158: PPID for safe blood transfusion	08/02/2022 10:00
	Weekly Safety Message 157: New notifications when VTE assessment has been dismissed	01/02/2022 10:00
	Weekly Safety Message 156: The safe use of ultrasound gel to reduce infection risk	25/01/2022 10:00
	Weekly Safety Message 155: When to assess mental capacity	18/01/2022 10:00
	Weekly Safety Message 154: Dalteparin VTE prophylaxis prior to procedures and surgery	11/01/2022 10:00
	Weekly Safety Message 153: Security & medicine storage	04/01/2022 10:00

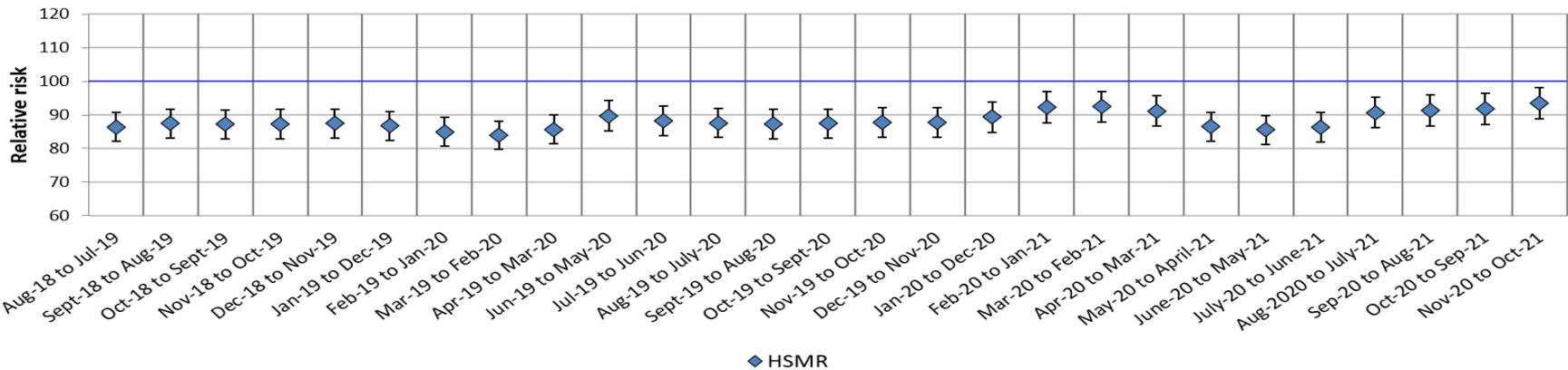
The SHMI for the data period July 2020 to June 2021 is 92. This remains rated 'as expected'.

OUH NHS FT SHMI trend



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

OUH NHS FT HSMR trend



The HSMR is 93.5 for November 2020 to October 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) November 2020 to October 2021 – Shelford Group

Shelford Group Trust	HSMR (July-20 to June-21)	Banding
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	68.2	Lower than expected
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	68.8	Lower than expected
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	74.5	Lower than expected
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	74.3	Lower than expected
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	85.7	Lower than expected
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	93.5	Lower than expected
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.1	As expected
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	97.7	As expected
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	106.8	Higher than expected
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	107.9	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%	31/01/2022	66.09%	57.58%	70.17%
Referral to Treatment Standards					
RTT: % <18 week waits, Incomplete pathways	92%	31/12/2022	63.10%	60.63%	74.94%
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	31/12/2022	1741	5998	1098
Cancer Standards					
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	31/12/2022	78.64%	75.46%	70.18%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	31/12/2022	50.85%	21.23%	37.06%
First treatment within 31 days of cancer diagnosis	96%	31/12/2022	93.43%	89.27%	84.63%
First cancer treatment within 62 days of urgent referral from screening service	90%	31/12/2022	75.87%	71.78%	65.52%
First cancer treatment within 62 days of urgent GP referral	85%	31/12/2022	66.95%	56.86%	69.52%
Subsequent cancer treatment in <31 days: surgery	94%	31/12/2022	82.98%	76.71%	82.18%
Subsequent cancer treatment in <31 days: drugs	98%	31/12/2022	98.95%	98.88%	100.00%
Subsequent cancer treatment in <31 days: radiotherapy	94%	31/12/2022	94.07%	93.66%	74.38%
DMO1 6 week Diagnostic Standard					
DMO1: >6 week waits for treatment	1%	31/12/2022	29.01%	29.23%	13.66%

A&E

In month 10, 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 December, OUH performed above the national average and the Shelford group average for patients waiting under 18 weeks at 74.94% and continued to report less >52 week waits when compared to both the national average and the Shelford group.

Cancer Standards

At the end of December 2021, OUH performed favourably when compared to the National and Shelford Group averages for the 'First cancer treatment within 62 days of urgent GP referral' and 'Subsequent cancer treatment in <31 days: drugs'. When solely compared to the Shelford Group averages, OUH performed better in 4 out of 8 cancer standards.

Diagnostic waits

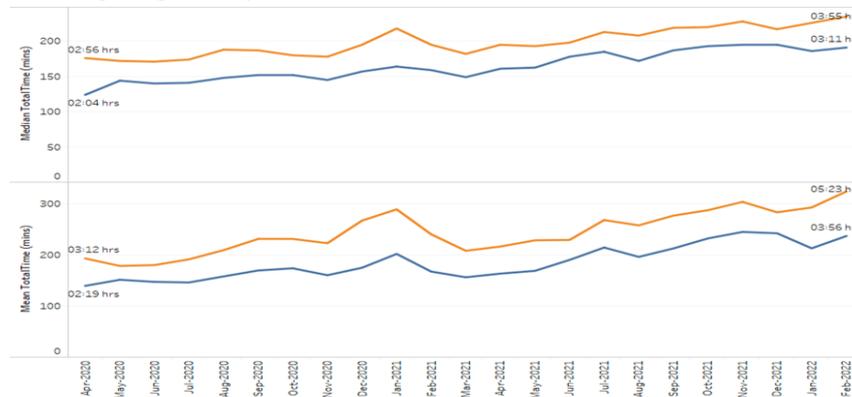
At the end of December 2021, OUH continued to perform favourably against the 6 week diagnostic standard when compared to the national and Shelford group averages.

ED 4 - hour performance



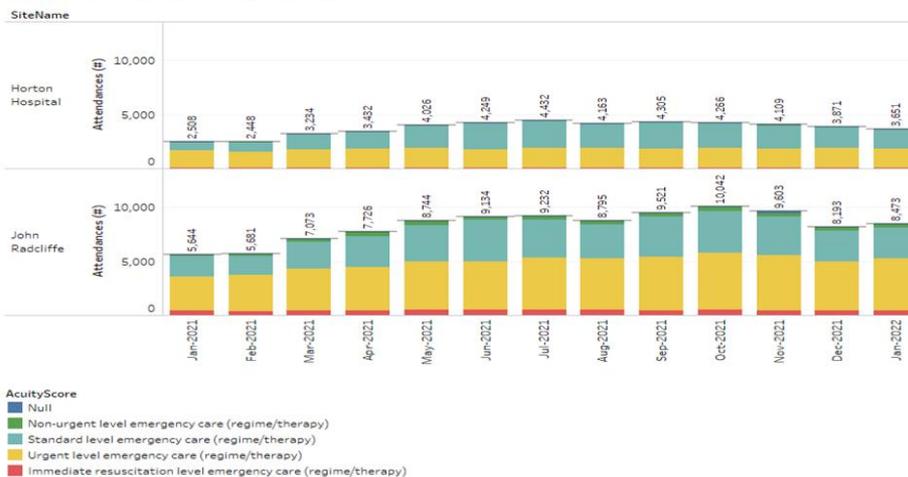
Figure 1. OUH 4 hr 'all types' performance Mar 2019 – January 2022

ED Average Length of Stay



- Compared to January 2020, pre-COVID19, ED attendances has slightly increased (12,124 versus 12,034 across both the John Radcliffe (JR) Hospital and Horton sites during January 2022. The increase at the JR was 3.7%, and Horton saw a reduction of 5.4%.
- 4 hour performance in January 2022 was 70.17%, an improvement of 0.14% from the previous month. The Horton site position improved from the previous month achieving 81.35% an increase of 6.8%. The JR position deteriorated by 2.17% compared to January giving a performance of 66.03%.
- Conversion rate of ED attendance to admission at the JR decreased by 1.54% to 32.67% in January 2022 compared to the previous month. Horton Hospital conversion rate of ED attendance to admission increased slightly by 0.43% to 18.90%.
- Average length of stay in both Emergency Departments increased in January 2022 although both hospitals continued to struggle for capacity, effectively gridlocking the departments. Lack of flow and 'patients waiting to be seen' were predominant causes for breaches of the 4 hour standard.
- January 2022 ED attendance by higher acuity for each site continue to be similar to that seen in December 2021.

ED Attendance figures by Acuity, Site



SEdit - John Radcliffe Hospital (RTH08)

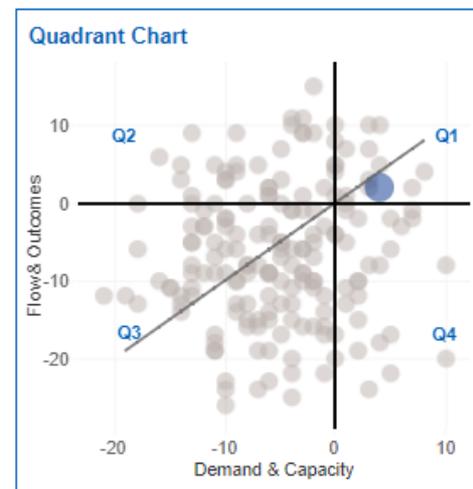
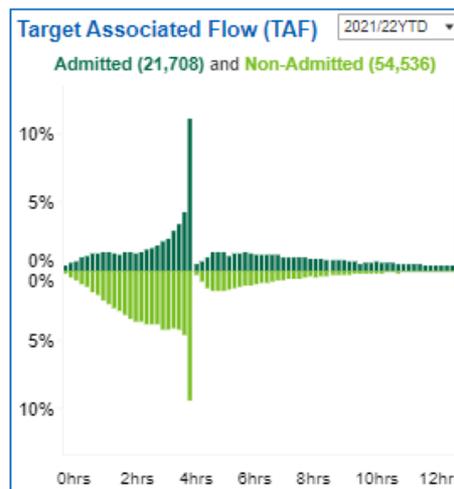
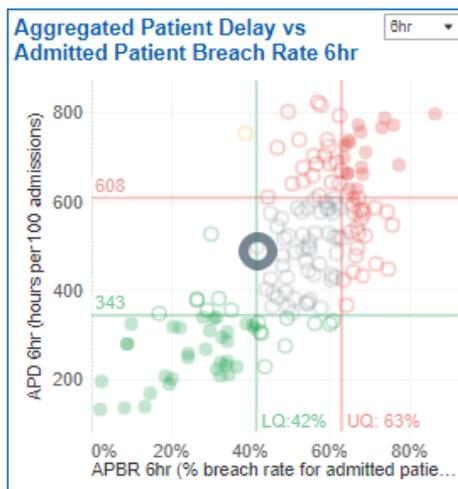
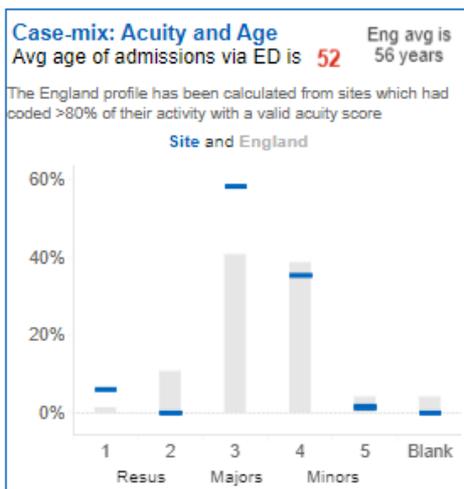
Oxford University Hospitals NHS Foundation Trust, South East
Summary Emergency Department Indicator Table

Please note: The Banner metrics are fixed to the latest available date, currently showing: December 2021

Activity		Workforce		Cubicles and Beds		Case-mix		Quality & Ranking	
T1 Attendances last 12m (rolling 12 months) 94,136 258/day	Admissions via ED last 12m (rolling 12 months) 33,415 92/day	ED consultants (wte) 14.50	ED registered nurses (wte) 120.00	ED Majors & Resus cubicles 39	G&A beds (site) 620 964	Average age of ED admitted patients 52 years	GIRFT ED Acuity Index 1.74	CQC Urgent & Emergency Services "Overall" ED rating Requires improvement	GEMI GIRFT Emergency Medicine Index Rank 69

Selected: **December 2021** Roll back analysis (charts below)
Previous*: **November 2021**

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



Domains - Benchmarked metrics

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

Demand (2)

Metric Name	Site Value
Proportion of catchment population attending per year	% 18.1
% of ED admissions aged 75+	% 28.1
% ED attends in highest deprivation quintile	% 6.4
GIRFT ED Acuity Index	1.7
% of ED attendances admitted (SUS)	% 38.9
% of emergency admissions via ED	% 54.8
% of elective I/P admissions	% 10.5
Trauma status	MTC

Capacity (2)

Metric Name	Site Value
Annual ED attendances per ED consultant	6,492.1
Annual ED admissions per ED consultant	2,304.5
Annual ED attendances per ED registered nurse	784.5
Annual ED admissions per M&R cubicle	856.8
Annual ALL overnight admissions per G&A bed	93.4
Annual acute overnight admissions per G&A bed	82.8
Annual elective overnight admissions per G&A bed	10.6
Annual Trust admissions per Trust consultant wte	185.8
ED estate adequacy	

Flow (5)

Metric Name	Site Value
% of 999 ambulance handover delays > 30mins	% 7.7
% Discharged, Admitted or Transferred <= 2hrs of arrival (DAT2)	% 18.8
APBR6 (Admitted Patient Breach Rate >6hrs)	% 42.0
APD6 (Aggregated Patient Delay >6hrs)	488.1
SDEC (Same Day Emergency Care): Emergency Admissions with Zero LoS	% 41.3
% Adms via A&E with a LoS >0 and < 2 days	% 20.7
% Adms via A&E with LoS > 6 days	% 18.3

Outcomes (-3)

Metric Name	Site Value
APBR 12 (Admitted Patient Breach Rate >12hrs)	% 15.3
APD12 (Aggregated Patient Delay >12hrs)	339.4
Annual Delay Related Harms	92.2
Litigation liability per attendance	GBP 11.4
Staff Survey Score - Recommendation	3.9

For queries please email NHSI.AnalyticsProductsTeam@nhs.net



Latest Refresh: 08/02/2022 22:01:40
Latest available date: December 2021

SEdit - Horton General Hospital (RTH05)

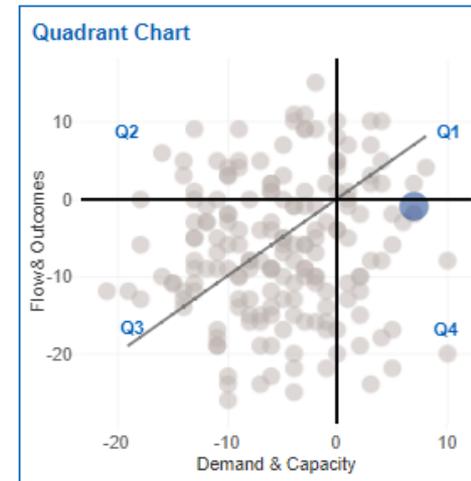
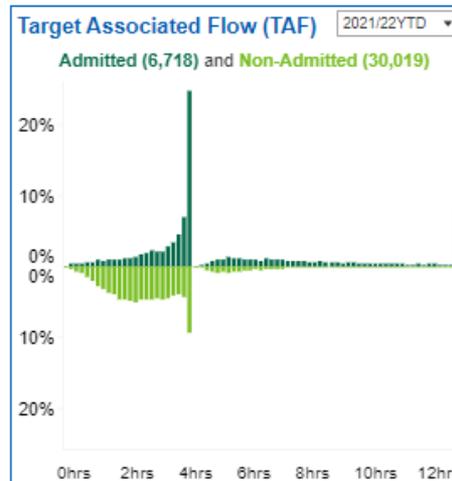
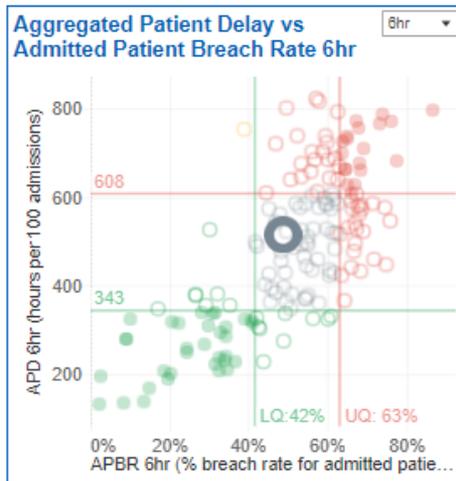
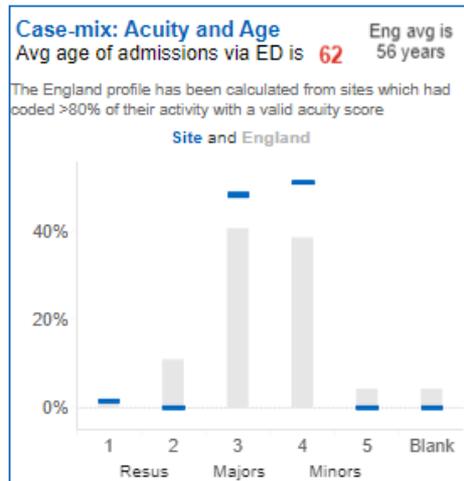
Oxford University Hospitals NHS Foundation Trust, South East
Summary Emergency Department Indicator Table

Please note: The Banner metrics are fixed to the latest available date, currently showing: December 2021

Activity		Workforce		Cubicles and Beds		Case-mix		Quality & Ranking	
T1 Attendances last 12m (rolling 12 months) 45,004 123/day	Admissions via ED last 12m (rolling 12 months) 7,916 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 62 years	GIRFT ED Acuity Index 0.98	CQC Urgent & Emergency Services "Overall" ED rating Requires improvement	GEM GIRFT Emergency Medicine Index Rank 52

Selected: **December 2021** Roll back analysis (charts below)
Previous*: **November 2021**

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



Domains - Benchmarked metrics

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

Demand (0)

Metric Name	Site Value
Proportion of catchment population attending per year	% 27.5
% of ED admissions aged 75+	% 48.5
% ED attends in highest deprivation quintile	% 7.2
GIRFT ED Acuity Index	1.0
% of ED attendances admitted (SUS)	% 16.8
% of emergency admissions via ED	% 69.5
% of elective I/P admissions	% 1.1
Trauma status	ND

Capacity (6)

Metric Name	Site Value
Annual ED attendances per ED consultant	7,759.3
Annual ED admissions per ED consultant	1,364.8
Annual ED attendances per ED registered nurse	880.7
Annual ED admissions per M&R cubicle	494.8
Annual ALL overnight admissions per G&A bed	50.0
Annual acute overnight admissions per G&A bed	49.7
Annual elective overnight admissions per G&A bed	0.2
Annual Trust admissions per Trust consultant wte	185.8
ED estate adequacy	

Flow (0)

Metric Name	Site Value
% of 999 ambulance handover delays > 30mins	% 6.7
% Discharged, Admitted or Transferred <= 2hrs of arrival (DAT2)	% 22.4
APBR6 (Admitted Patient Breach Rate >6hrs)	% 48.7
APD6 (Aggregated Patient Delay >6hrs)	516.3
SDEC (Same Day Emergency Care): Emergency Admissions with Zero LoS	% 43.1
% Adms via A&E with a LoS >0 and < 2 days	% 17.2
% Adms via A&E with LoS > 6 days	% 27.0

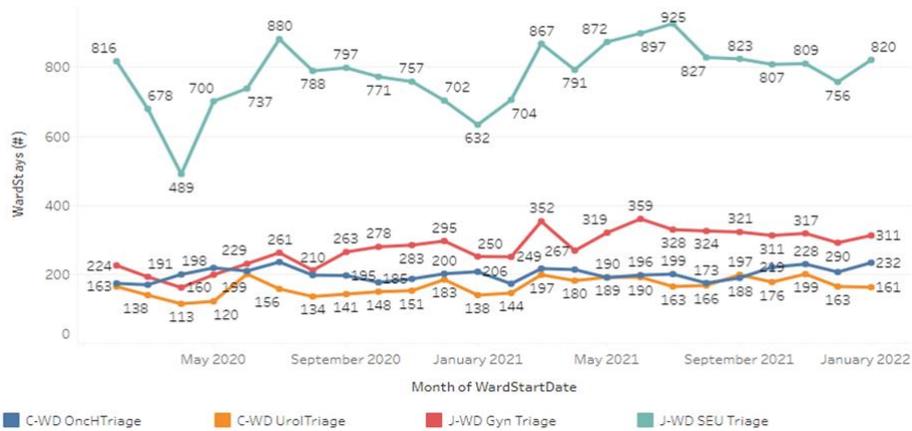
Outcomes (-1)

Metric Name	Site Value
APBR 12 (Admitted Patient Breach Rate >12hrs)	% 18.3
APD12 (Aggregated Patient Delay >12hrs)	368.2
Annual Delay Related Harms	17.1
Litigation liability per attendance	GBP 11.4
Staff Survey Score - Recommendation	3.9

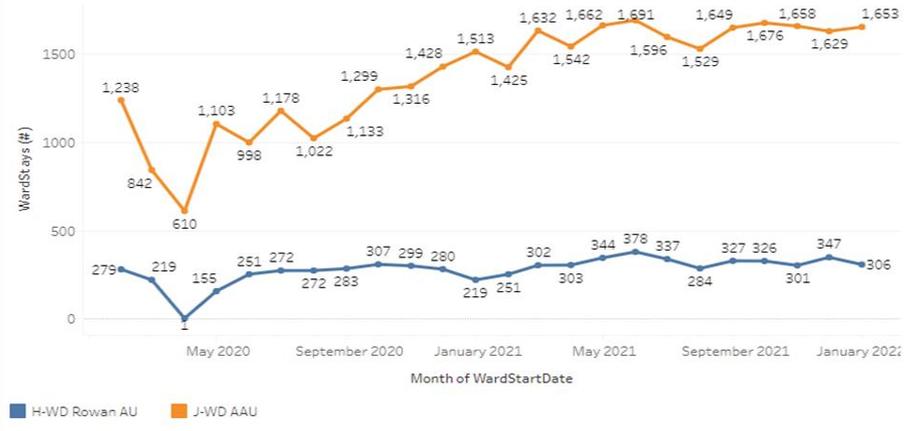
For queries please email NHSI.AnalyticsProductsTeam@nhs.net

Urgent Care: Acute Same Day Emergency Care (SDEC) performance

Number of SUWON patients treated on Ambulatory pathways - Last 24 months by ward



Number of MRC patients treated on Ambulatory pathways - Last 24 months by ward



Number of NOTSSCaN patients treated on Ambulatory pathways - Last 24 months by ward



Key highlights:

- Adult Ambulatory Unit (AAU)/Rowan Ambulatory Unit (RAU) continue to see and treat high volumes of medical patients at both sites, buffering the attendances through both Emergency Departments.
- The conversion rate from AAU to admission was around 10%, well below the national trend even though the acuity of the patients has increased due to the revised operating model.
- The first two weeks of February has seen the need to open AAU over consecutive nights for medical admissions which reduced the capacity available to see ambulatory patients throughout the day. Staffing continues to be a challenge throughout going forward but AAU are proactively looking to cover any vacancies.

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

Patients with a LOS over 21 days

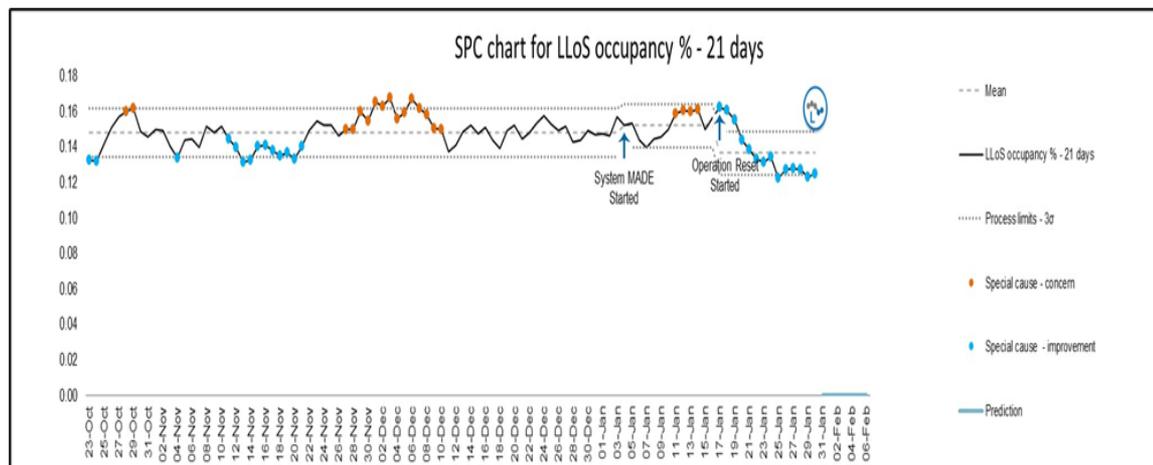
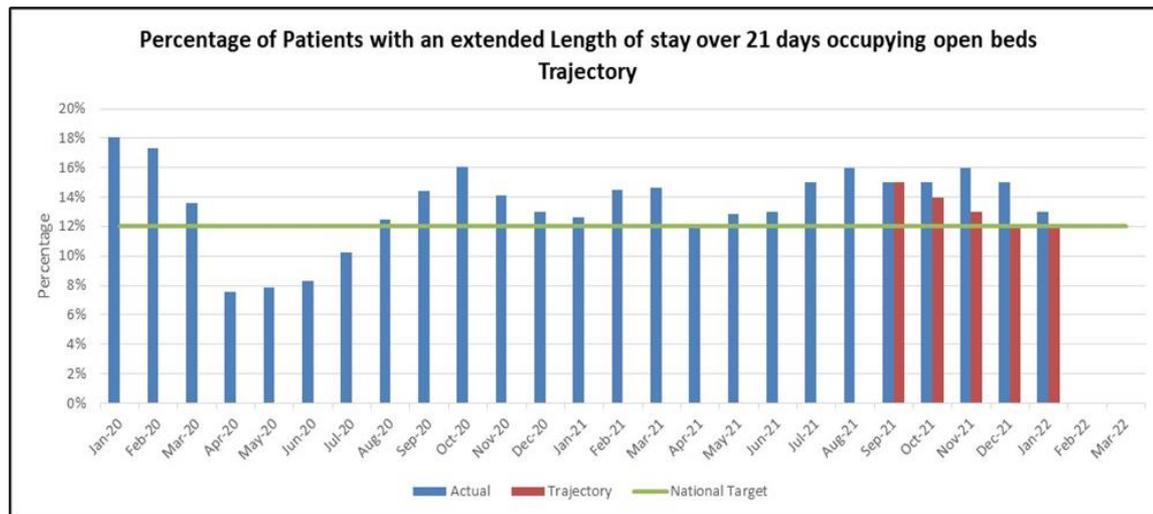
Process for reviewing inpatients with a LOS over 21 days:

1. Weekly review of all patients with a LOS over 21 days per specialty
2. Divisional weekly meetings
3. Daily 12:00 (7 days a week) meeting to discuss everyone medical optimised as to how we support their discharge

At the beginning of January, Operation Re-Set was implemented with a multidisciplinary approach to reducing Medically Optimised for Discharge Patients.

Patient with a LOS over 21 days – point prevalence 30th January

- 12.7% (113) of 886 adults are over 21 days
- 2% (2) are waiting for repatriation
- 37% (42) are out of county
- 7% (8) are NEWs 5 and above
- 39% (44) are Medically Fit for Discharge, of this 43% (19) are waiting for community hospital placement or any other bedded intermediate/ reablement care and 7% (3) are waiting for social care reablement or home-based intermediate care time limited





Oxfordshire Place Board Reporting Template

Meeting	AEDB	Date	18 TH February 2022	RAG	Red
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Key messages

- Please see attached executive summary slide of key messages shared at AEDB

Points for Escalation to Place Board

- Poor 4hr ED performance – Increased ambulance delays, Corridor nursing and 1 x 12 hour breach.
- HDP funding - Operational implications of exiting interim arrangements Impact on funding requirements for 2022/23 requires identification of funding beyond April

Dependencies on other Oxfordshire Workstreams

Workstream	Dependency
6 weeks until contract ends for OUH delivery of HART	(138 staff to be redeployed) . ASC strengthening oversight of handover in place. Systems needs to have a robust understanding of capacity when HART is no longer operational.

Top Issues: e.g. Performance standards at risk/£/other Risks/Outstanding Actions

Description	RAG	Proposed Mitigation/Actions Required to Resolve
<ul style="list-style-type: none"> 4 hour performance in January 2022 was 70.17%, an improvement of 0.14% from the previous month. The Horton site position improved from the previous month achieving 81.35% an increase of 6.8%. The John Radcliffe position worsened by 2.17% compared to January giving a performance of 66.03%. 	Red	<ul style="list-style-type: none"> Delivery of attendance avoidance plans Shape new actions following learning of “call before convey” test day Delivery of actions to improve reduction of MOFD list

AEDB 18TH February 2022- Executive Summary of key areas discussed

UCC

- Success of pilot in Banbury to date received.

Primary Care

- Anticipatory care not easily accessible to Health Care Professionals in emergency situations due to interoperability between organisation's IT systems when held electronically. To avoid inappropriate admissions and support optimal patient care and the use of alternatives to ED an interim solution needs to be found e.g. plans in hard copy in patient's home.

SCAS

- Ambulance handover delays impacting on performance in community

OUH

- Attendance avoidance needs support; promotion of alternative pathways via SPA and utilisation of UCR is needed with rapid impact
- Bed-based discharge process is strained; incongruence between the expectations of hospital team and families and are leading to increasingly challenging conversations and formal complaints – plan for
 - Single Oxon D/C team development

HART

- 6 weeks until contractual changes for 138 HART staff. ASC have action plan in place; task & finish group and strategic group in place; end dates for new cases; 295 contingency hours and 80 cases in HART on 15.02.2022. Systems needs to have a robust understanding of capacity when HART is no longer operational.

SPA – Project vision approved

Urgent Community Response

- Call before Convey pilot results received - actions being worked through

OOH

- On-going end-to-end review of patients from care homes (residential and nursing) who admitted in the Out Of hours to the OUHFT, need to develop a new pathway with Out Of Hours.

Mental Health

- Most consistent barrier to D/C remains discharging for residential or domiciliary care provision
- Flow affected severely by availability of hospital-based places of safety. Impact on police colleagues too.
- Major demand and capacity issues with Place of Safety across Oxfordshire and Buckinghamshire.

Social Care

- Oxfordshire's dependence on beds; 119 additional beds in system causing a strain on Social services. Oxfordshire needs a re-focus on HomeFirst.
- Delirium and Dementia patients can be time consuming to source for. Use of UCR/alternative services for home assessment or supporting during the recovery of episode to be explored.
- HDP-funded care ends at end of March (? end of May – TBC by ICS) – exit plan needed

Comms

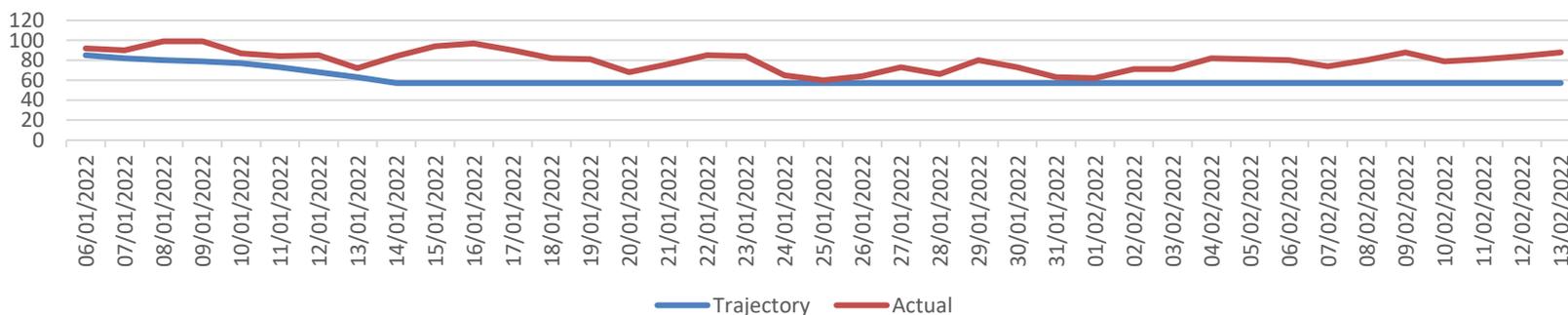
- Request for OXON urgent care staff brief to be prepared

Patients not meeting Clinical Criteria to Reside

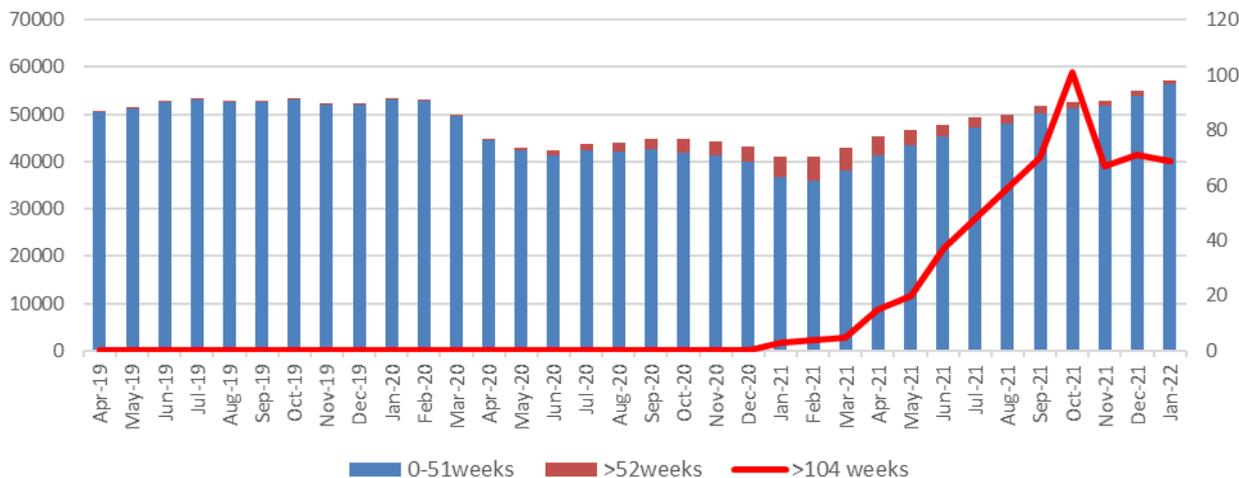
Acute trusts were given a trajectory for a 30% to be achieved by 14th Jan and 50% reduction in MOFD by 31st January 2022.

- Demand for reablement and Long term care exceeding actual capacity to reduce delays across all bed bases
- Short stay HUB beds closed to Covid outbreaks, resulting in an increase in interim beds
- Workforce issues across care home providers

OUHFT those who do not meet clinical criteria to reside



Elective Care: The total list size continues to increase and the number of 52 week waits continue to decrease in January 2022



January 2022 submitted >104 week by specialty:

Specialty	Number of >104wks
Plastic Surgery	13
Spinal Surgery Service	11
Ear Nose and Throat	9
Paediatric Spinal Surgery	8
Vascular Surgery	7
Neurosurgical Service	5
Maxillo Facial Surgery	5
Urology	2
Paediatric Plastic Surgery	2
Paediatric Ophthalmology	1
Paediatric ENT	1
Paediatric Oral and Maxillofacial Surgery Service	1
Plastic Surgery Craniofacial	1
Paediatric Neurosurgery	1
Paediatric T&O	1
Rheumatology	1
Grand Total	69

Month 10 Performance:

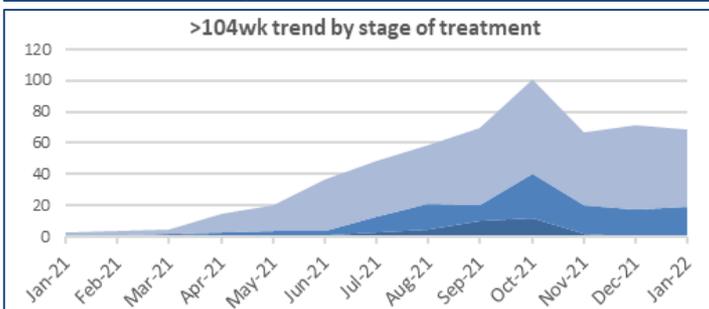
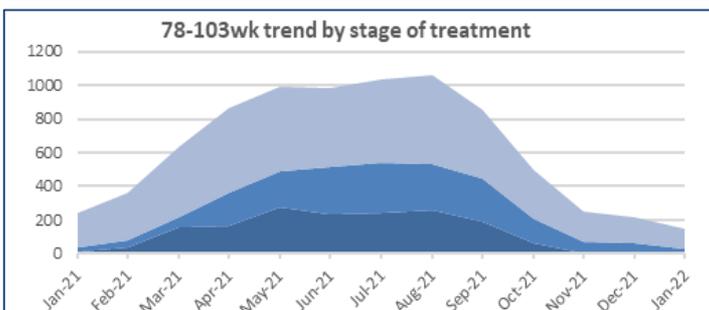
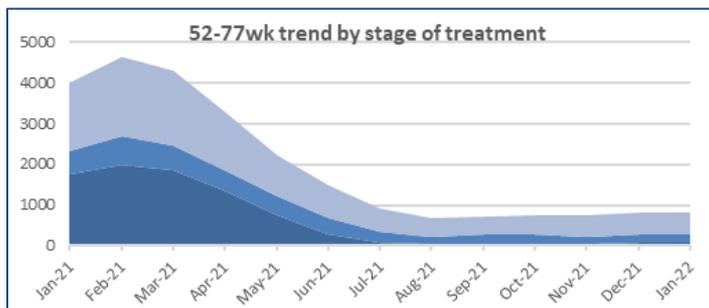
Trust performance against the overall **18-week incomplete Referral To Treat (RTT) standard** was **75.74%**. The total RTT Incomplete **waiting list size for January is 57,271** and therefore represents a continued **increased list size** (increase of 2,346 pathways) when compared to the previous months' submission (Dec 2021).

52 week wait position: There were **1,019** patients waiting over 52 weeks for first definitive treatment at the end of January 2022; this represents a **decrease** of 81 patients when compared to previous months performance position and is below the planned trajectory for January 2022.

104 week wait position: **69** patients were submitted as having waited **over 104 weeks** at the end of January 2022. This represents a decrease when compared with 71 reported in month 9 (Dec 2021). The services reporting >104week breaches are detailed in the table (top right).

Areas of focus for elective care 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
- Executive oversight of plans for patients who are at risk of breaching 104 weeks by end of March 2022
- Monitoring referral patterns and impact on 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 programme underway to support stabilisation of waiting list size
- Continued escalation of technical issues affecting Incomplete RTT data



■ OP Referral ■ Middle - No DTA ■ DTA

“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 decreased** this month when compared to the previous month.

33% 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

67% are at the **admitted** stage and are awaiting surgery

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

78-103 weeks:

This wait time cohort saw a continued **reduction** from 214 last month (Dec 21) to **145 in Jan '22**

81.4% of the patients are on an **admitted pathway**. The top 4 areas by breach volume are Spinal (*including paediatrics*), Plastics (*including paediatrics*), ENT (*including paediatrics*) and Neurosurgery

>104 weeks:

69 patients were submitted as having waited **over 104 weeks** at the end of January 2022, this represents a decrease from last month at 71 (Dec 2021). The majority of these patients are on the admitted pathway. Challenges in treating this cohort are;

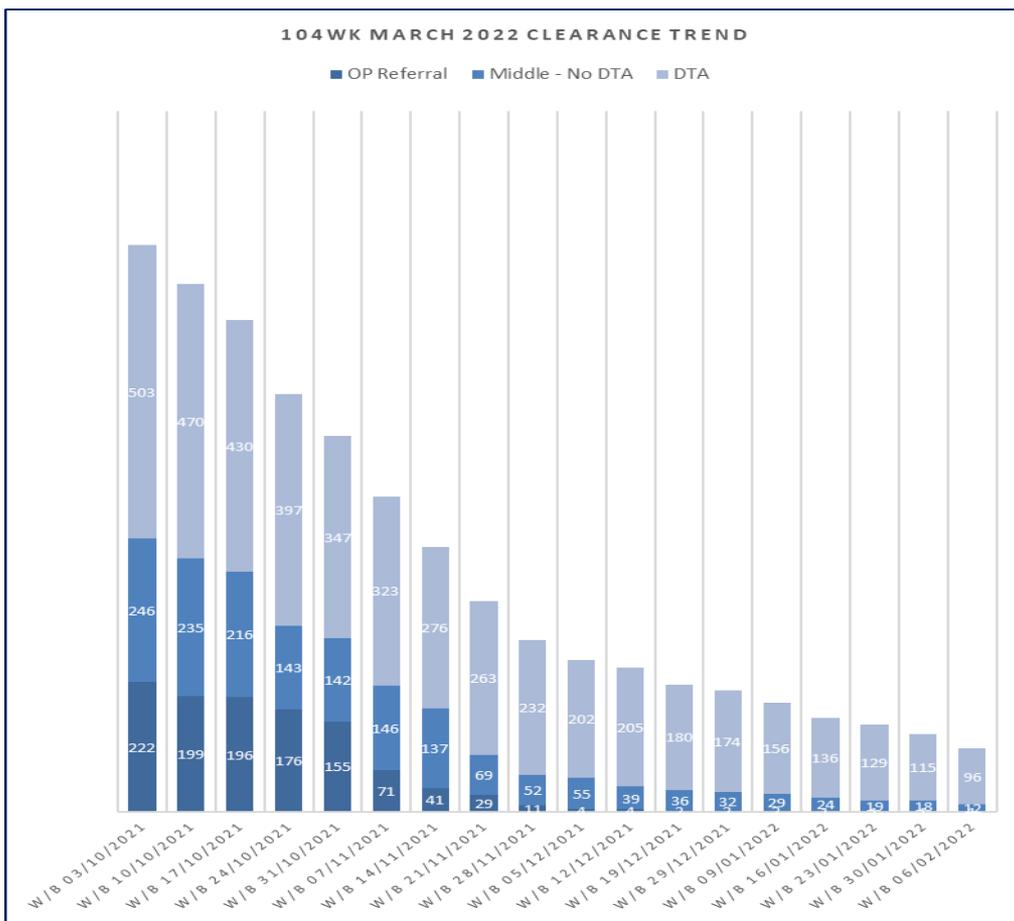
- Theatre capacity across a range of surgical specialties
- Critical care bed capacity, including PICU
- Workforce – COVID isolation/sickness creating short notice challenge
- Urgent and emergency care pressures
- Priority level 2 (P2) clearance - high volume P2 patients impacting on Plastics, Vascular and Spinal long wait clearance drive

Reductions and focus:

- Weekly Patient Tracking List (PTL) meetings with services are focussing on securing a date for all patients ahead of the end of March 2022
- The 104 week March 2022 clearance trend has continued to show week on week reductions, however the rate of reduction has slowed in recent weeks.

Key Challenges:

- **Common themes to all specialties**
 - Critical Care bed capacity, including Paediatric Intensive Care Unit (PICU) capacity.
 - Theatre capacity across a range of surgical specialties.
 - Workforce - Covid isolation / sickness creating short notice challenges.
 - Urgent & Emergency Care pressures
- **Spinal** - High risk specialty for >104wk clearance by March. Additional theatre sessions have been planned above the current theatre timetable. ACDF activity transferred to the NOC from 17/01/22.
- **Paediatric Spine** - High risk specialty for >104 clearance by March. Additional operating sessions have been scheduled at the JR site with activity also continuing to be undertaken at the Portland. Mutual aid request submitted to the Region for additional support.



On 30/09/2021, NHSEI published “2021/22 priorities and operational planning guidance: October 2021 to March 2022” which sets out the expectations for Providers and Systems to update their operational plans for 2021/22.

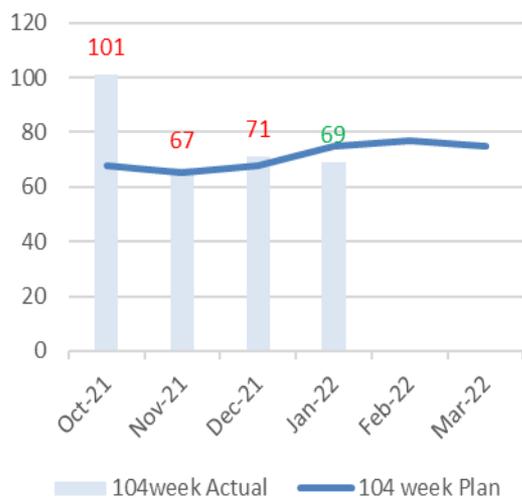
In relation to RTT, the guidance outlines the **aim to return to / or exceed pre-pandemic levels of activity across the second half of the year** in order to reduce long waits and prevent further ageing of the waiting lists. The ambition is for systems to:

- **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**

January 2022 Performance against H2 plan:

- **>104 weeks** – In January, the Trust was below the trajectory plan with an actual of **69** against a plan of 75
- **>52 weeks** – In January, the Trust continued to meet plan with an actual of **1,019** against a plan of 1,650
- **Total RTT Incomplete waiting list size** – did not meet trajectory plan with an actual of **57,271** against a plan of 53,550

>104wk Plan vs Actual

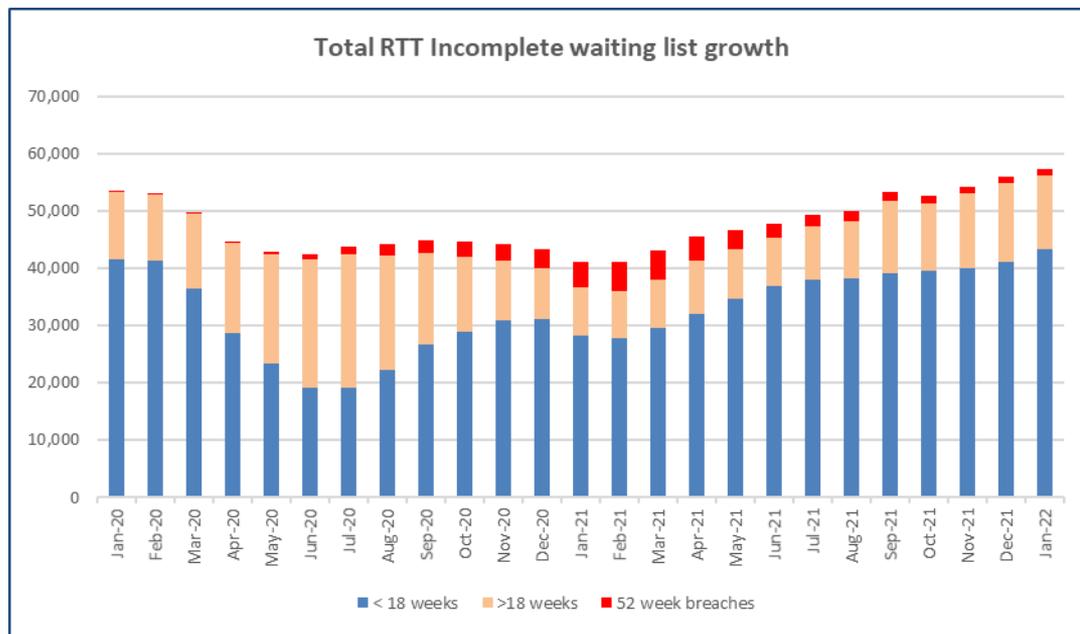


>52 week - Plan vs Actual



TOTAL LIST SIZE - Plan vs Actual

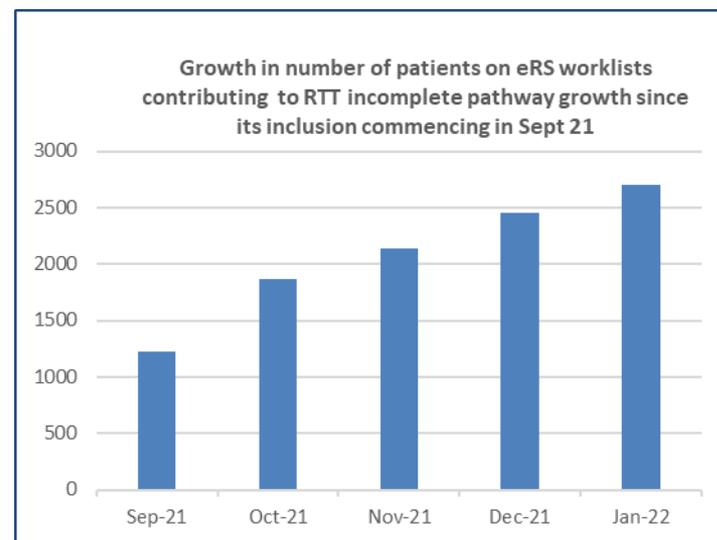




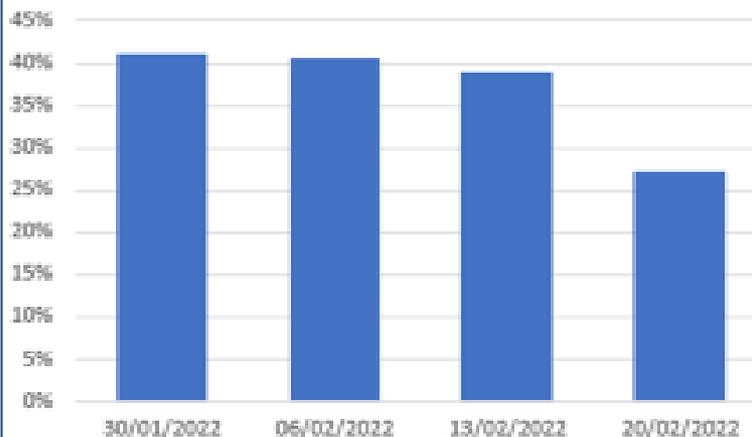
Top 10 specialties <18week RTT waiting list growth September 2021 – January 2022

Specialty	Growth in <18 week pathways Sept-Jan
Ear Nose and Throat	1,268
Rheumatology	740
Endoscopy (Gastroenterology)	725
Urology	606
Ophthalmology	584
Orthopaedic Service	578
Gynaecology	383
Maxillo Facial Surgery	360
Paediatric ENT	230
Orthodontics	219
OTHER	-367
Grand Total	5,326

- Total RTT Incomplete waiting list size has continued to grow from 51,741 in September 2021 to 57,271 in January 2022
- The growth is mainly within the <18 week category which has **grown by 5,326** pathways during this period. The table (top right) shows the top 10 services with the largest volume of growth in the <18 week patient cohort.
- Potential contributors to growth:
 - Improved reporting - Inclusion of eRS worklist patients in RTT incomplete returns commenced in September 2021
 - Reopening of eRS to routine referrals for some large services during this period
 - Extended waiting times to first NEW outpatient appointment (capacity)
 - Data Quality – pathway validation



Weekly PTL Removal %



Summary Update

- Source Group commenced a programme of validation on **24th January 2022** to increase validation coverage across the RTT incomplete waiting list and to improve the data quality of our waiting lists.
- Source Group validation resource is being **focussed on <18 week pathways**
- Source Group have achieved **4,686 clock stops** out of **13,214 validations**. This gives an **average closure rate to date of 35.5%** .
- The closure rate has been reducing each week i.e. **27% week ending 20th February**, as prioritisation had initially been given to those pathways with a high probability of stopping (using intelligence built in their own system, Clear PTL).
- Audit outcomes of potential data quality feed back are reviewed and plans are being developed to address at source in order to reduce the need for recurrent validations.

Cumulative view

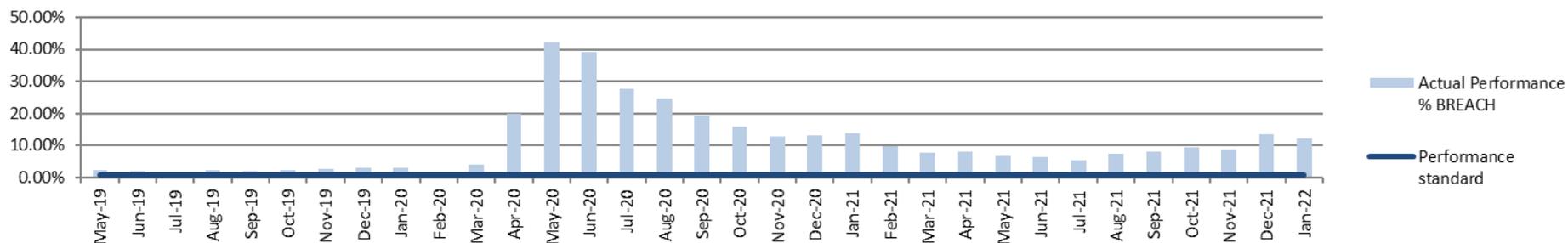
Total	Plan	
	1099.5	52665
Week ending	Days	Validations
30-Jan	77	1540
06-Feb	147	5040
13-Feb	224	8890
20-Feb	317.5	13565
27-Feb	414.5	18415
06-Mar	525.5	23965
13-Mar	641.5	29765
20-Mar	757.5	35565
27-Mar	873.5	41365
03-Apr	989.5	47165
10-Apr	1099.5	52665

Total	Actual	
	782	39451
Week ending	Days	Validations
30-Jan	77	1284
06-Feb	147	4633
13-Feb	224	8559
20-Feb	318	13214
27-Feb		
06-Mar		
13-Mar		
20-Mar		
27-Mar		
03-Apr		
10-Apr		

Total	Variance			Variance %	
	Days	Validations	Days	Validations	Net
30-Jan	0	-256	0%	-17%	-17%
06-Feb	0	-407	0%	-8%	-8%
13-Feb	0	-331	0%	-4%	-4%
20-Feb	0	-351	0%	-3%	-3%
27-Feb					
06-Mar					
13-Mar					
20-Mar					
27-Mar					
03-Apr					
10-Apr					

Elective Care: Diagnostic Waits (DM01) January 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	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Trend rolling 12 month period
Magnetic Resonance Imaging	808	741	794	882	762	616	547	584	542	397	341	444	460	
Computed Tomography	22	26	21	17	16	14	15	23	20	24	38	82	179	
Non-obstetric ultrasound	193	15	15	20	10	8	6	120	252	674	670	1109	743	
Barium Enema	0	0	0	0	0	0	0	0	0	0	2	1	0	
DEXA Scan	0	0	0	0	0	0	0	0	1	0	0	0	0	
Audiology - Audiology Assessments	8	19	5	2	28	71	18	45	146	159	220	315	327	
Cardiology - echocardiography	24	8	9	1	0	40	64	122	125	89	42	40	22	
Cardiology - electrophysiology	28	8	2	21	0	0	0	0	0	0	0	0	0	
Neurophysiology - peripheral neurophysiology	66	53	36	29	42	24	7	1	5	2	11	7	4	
Respiratory physiology - sleep studies	0	0	0	0	0	0	0	0	0	0	0	0	0	
Urodynamics - pressures & flows	1	13	1	14	18	22	15	21	18	14	13	1	7	
Colonoscopy	59	38	13	19	25	22	11	17	28	12	14	19	16	
Flexi sigmoidoscopy	50	27	11	16	18	20	11	13	19	11	4	9	13	
Cystoscopy	53	40	38	48	54	69	50	54	53	53	65	53	46	
Gastroscopy	154	85	37	41	33	41	31	26	24	23	22	26	15	

Month 10 Performance:

There were **1,832** patients waiting over 6 weeks for a DM01 reportable diagnostic test at the end of January (a decrease of 274 patients compared to previous month) . The Trust did not meet **the diagnostic wait** standard with **12.11%** waiting more than 6 weeks. Overall performance remains above the national standard.

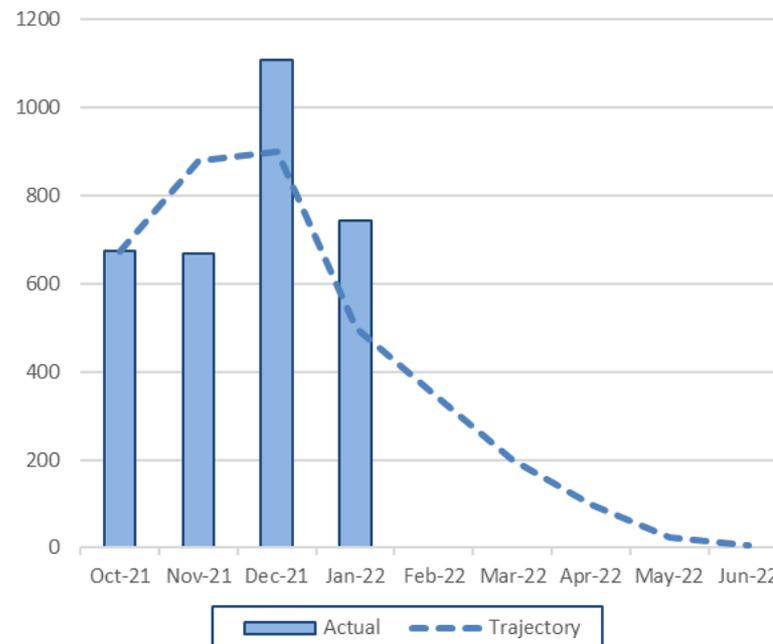
Audiology – Recruitment of audiologists remains a challenge. Rolling adverts continue for existing vacancies with an ongoing review to attractively brand roles. A new clinical audiologist has started in post during February and an experienced administrative member is due to start shortly to provide additional support. The arrangement by Oxfordshire Clinical Commissioning Group (CCG) to move the “standard” age-related hearing loss reassessment patients to Community providers began in February 2022, transferring approximately 100 patients per week.

Non obstetric ultrasound has shown improvement when compared to the previous month but remains the **highest volume of breaches** across the DM01 tests, with **743 breaching** the 6-week standard in **January**. Please see next slide for detail.

MRI 6 week breach volume: Actual vs Trajectory



US 6 week breach volume: Actual vs Trajectory



DM01 performance against trajectory:

MRI - The number of DM01 reportable breaches increased slightly this month and did not meet the January trajectory. There has been continued staff shortages (sickness) which have been largely mitigated against to prevent further deterioration. Capacity at The New Foscote Hospital has been in place since the last week in September and the capacity at the Community Diagnostic Centre at Perspectum is also operational.

Non obstetric US breaches have improved this month (**from 1,109** in December 2021 to **743 in January 2022**). There has been continued staff sickness, but this has been mitigated with agency sonographers in place.

Turnaround times: To support improvements in turnaround times, outsourcing of reporting and zero hours contracts are in place.

28 Day reportable cancellations/readmission breaches by Month													
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Total Hospital Non clinical cancellations in period	14	6	11	23	19	36	38	31	25	49	44	25	26
28 day Readmission breaches in period	0	0	0	1	0	3	4	6	4	2	7	6	3
Other - reasons for elective on the day cancellation by Month													
Clinical reason	21	21	28	18	29	30	22	30	31	34	30	34	37
Patient declined treatment on the day	1	2	6	1	3	3	2	6	3	4	4	1	4

Specialty	Elective on the day cancellations (hospital non clinical reason)	28 day readmission Breaches
Interventional Radiology	2	0
Respiratory Medicine	2	0
Paediatric Neurosurgery	1	0
Paediatric Urology	1	0
Neurology	1	0
Neurosurgical Service	1	0
Ophthalmology	1	0
Plastic Surgery Craniofacial	1	0
Vascular Surgery	2	0
Orthopaedics	8	2
Trauma and Orthopaedics	1	0
Endoscopy (Gastroenterology)	3	0
Endoscopy (General Surgery)	1	0
Hepatobiliary and Pancreatic Surgery	1	0
Urology	0	1
Total	26	3

Month 10 Performance:

Cancellations - non-clinical hospital reason

There were 26 reportable **elective cancellations on the day** throughout the month of January 2022; this represents a slight increase in cancellations when compared to the previous month.

The reasons for cancellation were as follows:

- No Bed (8 patients)
- No CORU bed (1 patient)
- Ran out of theatre time/list running late/overbooked (4 patients)
- Overriding emergency/urgent took priority (4 patients)
- Surgeon unwell (4 patients)
- Booking error – not suitable for list (1 patient)
- Booking error - no prep sent (1 patient)
- Theatre staff unwell (2 patients)
- Anaesthetist unwell (1 patient)

Readmission breaches – non-clinical hospital cancellations including any patients from previous months that were readmitted after 28days in month 10, or remain waiting beyond 28 days for readmission.

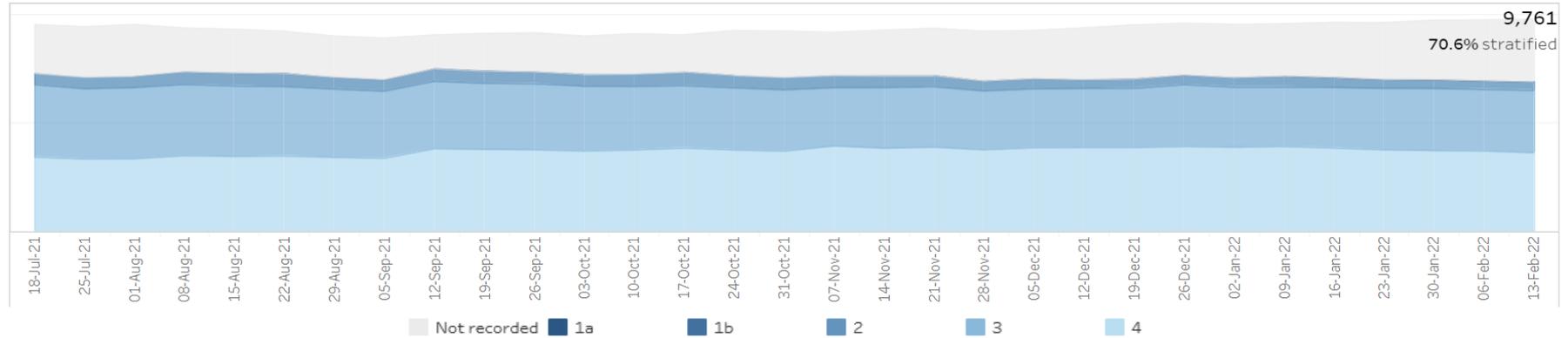
There were **3 x 28 day readmission failures** in January 2022. Reasons were:

- 1 x No capacity as clinically more urgent/cancer cases were prioritised into the available capacity
- 1 x Consultant job plan - not operating again within 28 day period
- 1 x No ITU bed available to readmit within 28 days

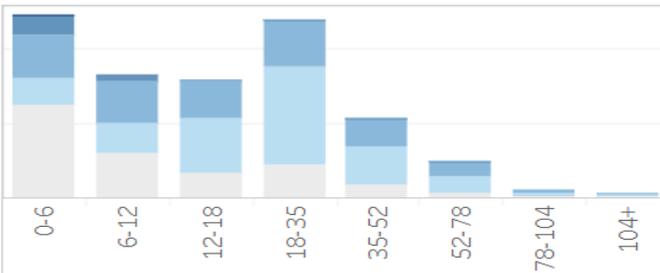
Improvement projects in place looking at both **theatre improvement**, and **cancellation reason capture and recording** within EPR to enable **improved analysis on cancellation data**. An enhanced selection of cancellation reasons have been applied in EPR as part of a wider project to improve reporting of elective cancellations. Informatics and reporting are **developing a reporting solution** using these improved reasons, however these are not yet available operationally.

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

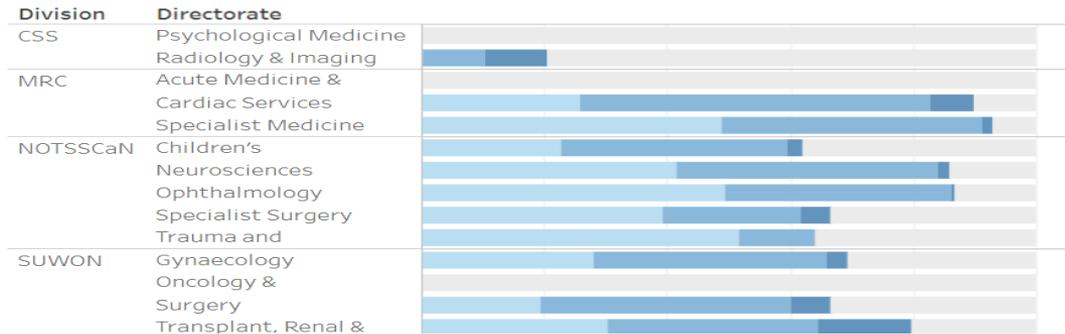
Weekly Inpatient PTL volume with Priority categories (P1-4)



Weeks since DTA with Priority Category



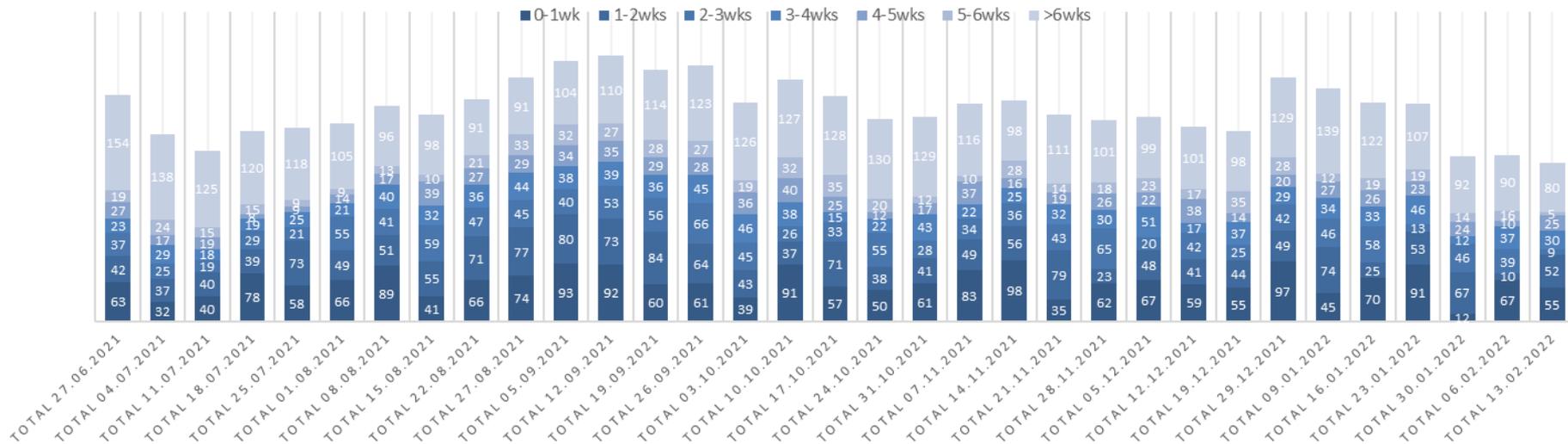
Prioritisation breakdown by area



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 13/02/22, **70.6%** of UNDATED patients had an RCS Prioritisation code documented within EPR, showing a continued deteriorated performance compared with the previous month's position.

Redesign changes to capture the RCS code at point of addition to the waiting list went **live on 23rd February 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 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.

Lapsed P2s (by number of weeks lapsed) - Trend



Performance as at 13/02/2022:

- There are **735** patients stratified as RCS category “P2” on the Inpatient/Daycase waiting list
- **34.8%** (256) of patients categorised as P2 have waited in **excess of the 4 week timeframe** since last being prioritised (lapsed)
- Lapsed P2 data is shared and discussed with Divisions on a weekly basis via the PTL and Assurance meeting process, with particular focus on those lapsing by the greatest amount of time (>6 weeks), and securing a plan
- There were **12 patients categorised as a P2 with a total RTT pathway exceeding 52 weeks:**
 - 4 Paediatric Plastics that have TCIs scheduled in February/March
 - 2 Plastic surgery with TCIs scheduled for February
 - 2 Neurosurgery awaiting **TIC Injection – escalated** for TCI
 - 1 Neurosurgery with TCI scheduled for March
 - 2 Urology awaiting TCI
 - 1 Spinal Surgery awaiting TCI

Information on 52 week breaches and lapsed P2 trend information has been shared with Patient Safety team for Harm review processing and discussion

Top 10 specialties of Lapsed P2s by volume of patients currently lapsed (as at 13/02/2022) and TCI status:

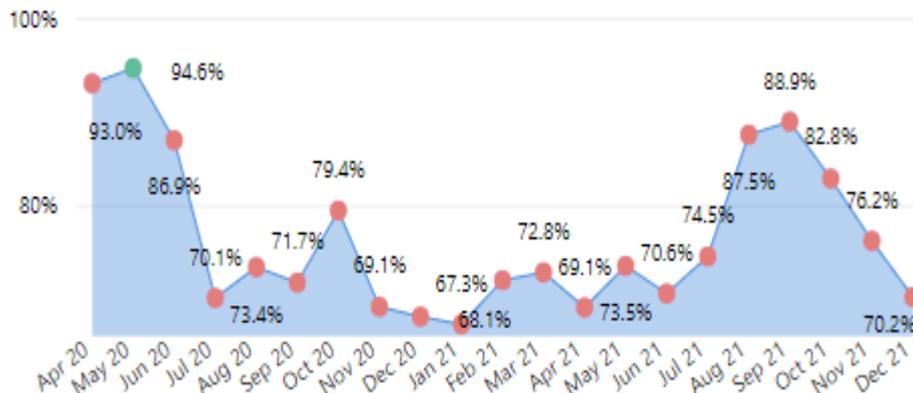
Specialty	No TCI	TCI	Grand Total
Urology	59	16	75
Gynaecology	10	11	21
Colorectal Surgery	10	8	18
Orthopaedics	1	16	17
Vascular Surgery	7	10	17
Neurosurgical Service	3	8	11
Maxillo Facial Surgery	9	1	10
Breast Surgery	2	7	9
Ear Nose and Throat	4	4	8
Cardiac Surgery	5	2	7

Standard	Target	Total	Within	Breach	Dec 21 Performance	Total	Within	Breach	Nov 21 Performance
2WW	93%	1,992	1,398	594	70.2%	2,197	1,674	523	76.2%
2WW Breast symptomatic	93%	197	73	124	37.1%	234	118	116	50.4%
31 day 1st	96%	410	347	63	84.6%	423	383	40	90.5%
31 day sub chemo	98%	144	144	0	100%	194	189	5	97.4%
31 day sub RT	94%	242	180	62	74.4%	267	211	56	79.0%
31 day sub surgery	94%	101	83	18	82.2%	105	81	24	77.1%
62 day screening	90%	29	19	10	65.5%	25	20	5	80.0%
62 day GP to 1 st treatment	85%	187	130	57	69.5%	228.5	168.5	60	73.7%
28 Day FDS Two Week Wait	75%	1,845	1,498	347	81.2%	2,080	1,663	417	80.0%

2 out of 9 Standards achieved in December 2021

Tumour Type	2WW	28 FDS	31D	62D 1ST
Breast	26.8%	92.2%	71.7%	80.9%
Gynaecological	80.2%	65.1%	90.5%	73.3%
Haematological	100%	53.8%	100.0%	33.3%
Head & Neck	82.4%	73.5%	77.8%	50.0%
Lower Gastrointestinal	75.1%	76.8%	89.2%	72.0%
Lung	98.3%	84.6%	85.7%	43.8%
Sarcoma	88.3%	77.8%	85.7%	41.2%
Skin	99.0%	99.7%	84.6%	96.1%
Upper Gastrointestinal	98.0%	85.5%	82.6%	20.0%
Urological	48.9%	38.5%	86.0%	58.4%
All Tumour Sites	70.2%	81.2%	84.6%	69.5%

Performance by Period



2ww from GP referral:

The **2ww from GP referral standard** was not achieved, reporting 70.2% against 93% threshold with 594 patients breaching the standard. The breast service accounted for 320 breaches (54%) followed by Urology with 113 breaches (19%)

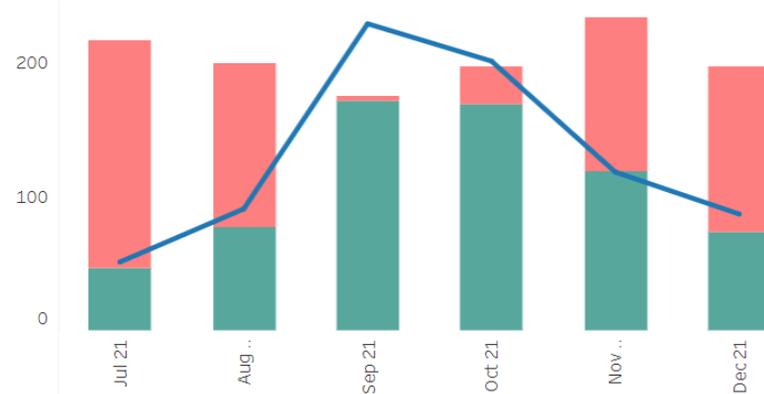
2ww Breast Symptomatic: the standard was not met with performance at 37.1% against the standard of 93%. Maintaining the required capacity of 180 patients per day for clinics has been challenging due to staffing issues within the radiology service. The Trust has submitted a mutual aid request into the Region and this is being reviewed by Thames Valley Cancer Alliance.

Although the number of breaches increased substantially in December, the mean average breach day slightly decreased from 21 days in November to 20.1 days in December.

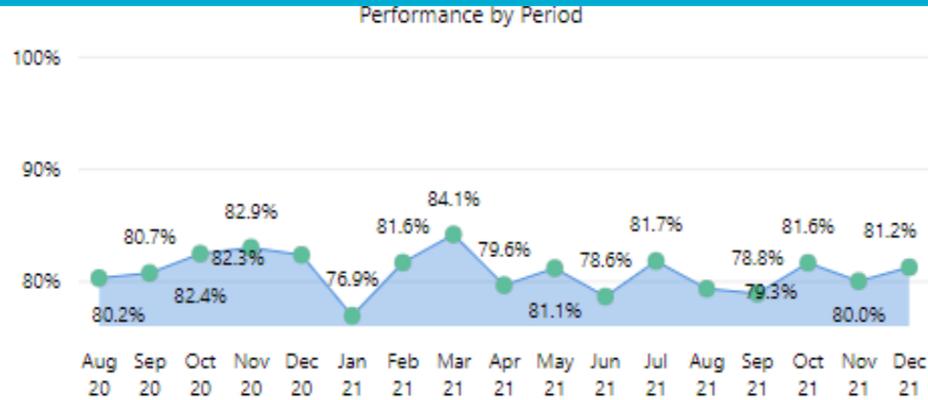
2 Week Wait Averages

2WW	Accountable	Number of Breaches (>14D)	Number of Within (<14D)	Average day of breach
AUGUST	1855	232	1623	21.7
SEPTEMBER	2073	230	1843	21.4
OCTOBER	1958	337	1621	20.3
NOVEMBER	2197	523	1674	21.0
DECEMBER	1991	594	1397	20.1

2 Week Wait Breast Symptomatic



Cancer Waiting Time Standards: 28 Day Faster Diagnosis Standard

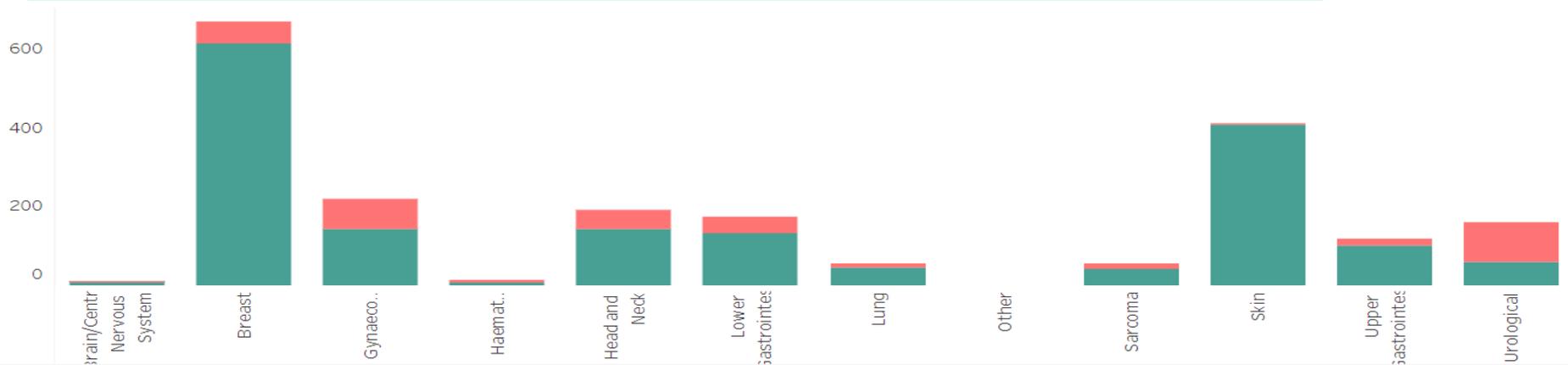


28 Day Faster Diagnosis Standard

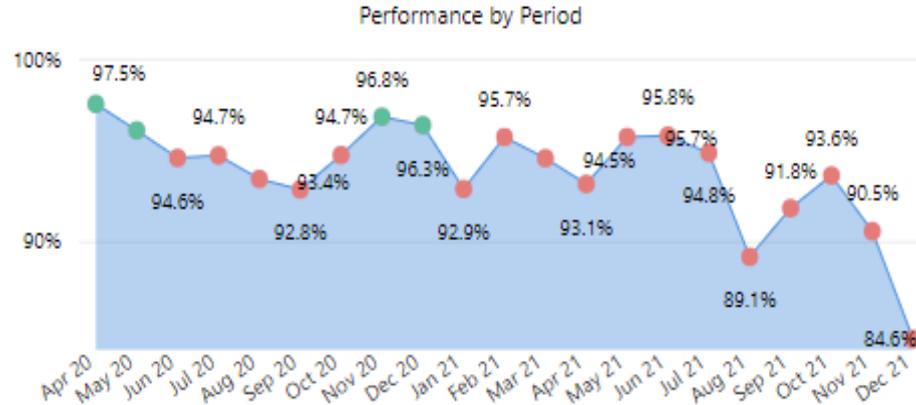
The 28 day FDS Standard was achieved in December, reporting 81.2% against 75% threshold with 347 patients breaching the standard. This performance is in line with previous high achievement levels, with Oxford University Hospitals ranked second out of 12 when compared to the peer trusts specified for 28 day performance from April 2021 to November 2021. The trust also ranked second out of 12 in the most recent data publication (November 2021).

When looking at trusts comparable in activity to Oxford University Hospitals, 28 day performance was in the top three for most of the months reported (April 2021 to November 2021).

28 Day FDS December 2021



Cancer Waiting Time Standards: 31 Day First Definitive Treatment



31 Day 1st Standard

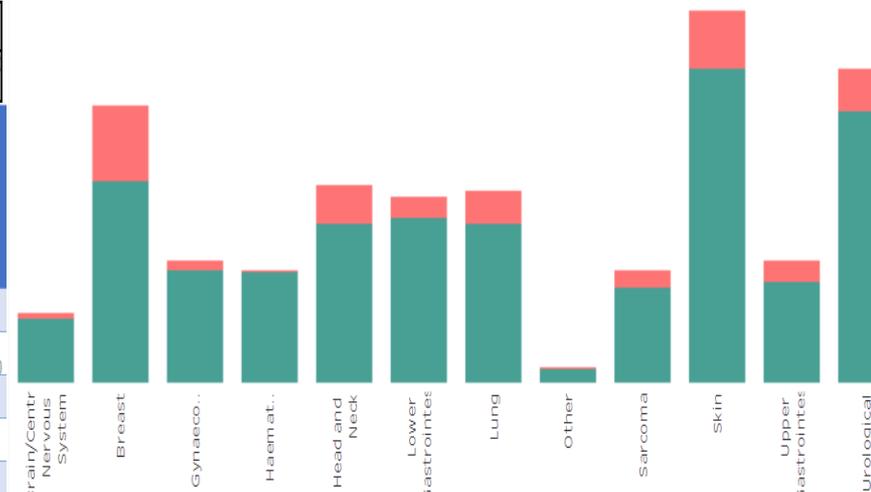
- The number of treated patients decreased from 422 patients in November to 410 patients in December, with more patients breaching the standard (63). The (mean) average number of days on which patients breached reduced down to 40.8 days. The 31 Day performance has been affected by limited surgical capacity and the Linac upgrade programme in Radiotherapy. The longest waiting patients by tumour site are highlighted below:

31 Day 1st December 2021

31D

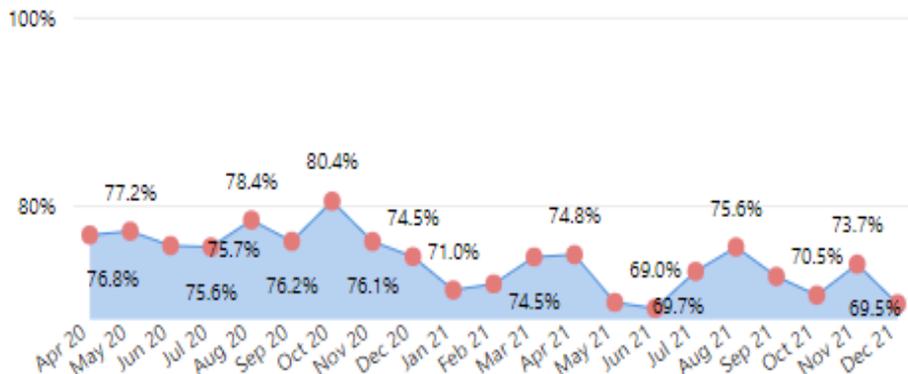
Tumour Site	Sarcoma	UGI	Urological	Lung	Head & Neck
Day Breached	121	93	72	69	64

31D	Accountable	Number of Within (<31D)	Average day of breach	Median day of breach
AUGUST	396	353	39.4	37.0
SEPTEMBER	427	392	56.5	42.0
OCTOBER	437	409	45.0	38.5
NOVEMBER	422	382	44.1	38.5
DECEMBER	410	347	40.8	36.0

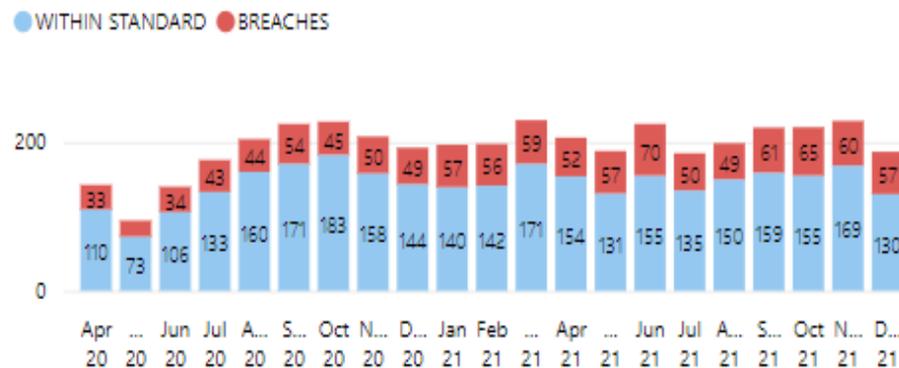


Cancer Waiting Time Standards: 62 Day Standard

Performance by Period



No of Patients Treated by Period



62 Day Standard

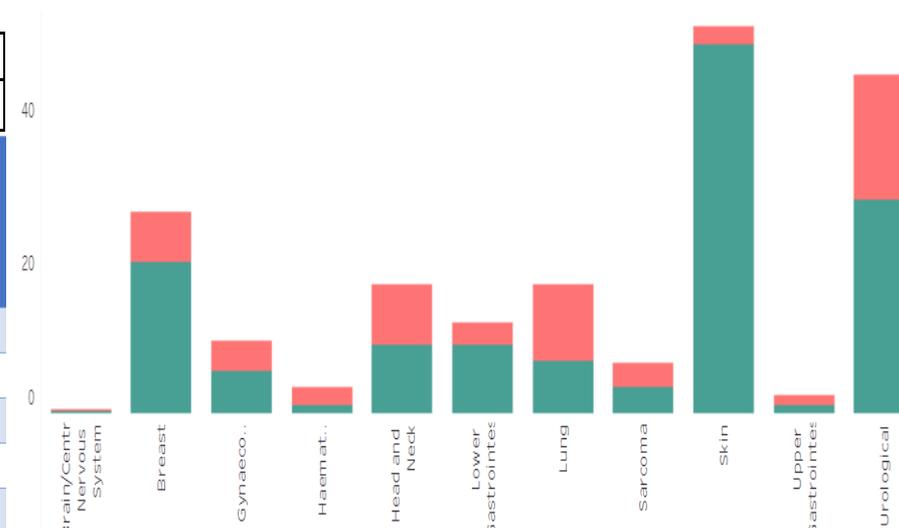
- 62 Day from GP referral: The number of completed pathways reduced in line with the Christmas period to 187 patients treated with 57 breaches resulting in a performance of 69.5%. The main breaches were in Urology (16), Lung (9) and H&N (9). The mean average for the days that patients breached decreased from 94.6 in November to 93.3 in December with the longest waiting patients treated by tumour site highlighted below

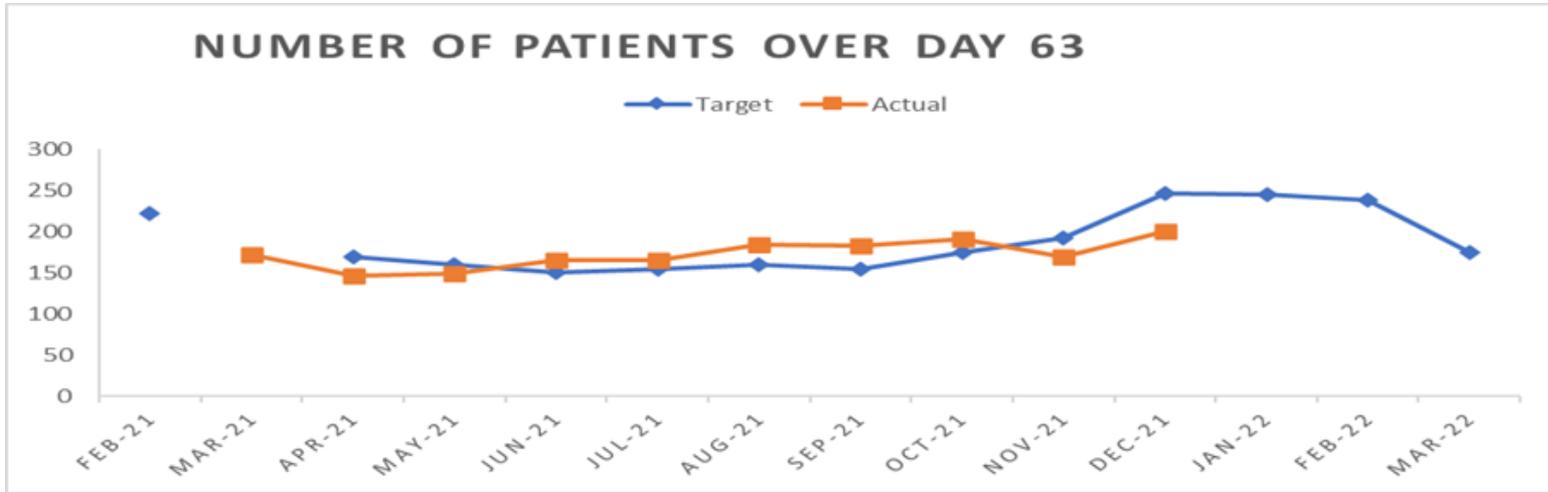
62 Day 1st December 2021

62D

Tumour Site	Lung	Urological	Lung	Skin	Sarcoma
Day Breached	235	162	162	158	140

62D	Accountable	Number of Breaches (>62D)	Number of Within (<62D)	Average day of breach	Median day of breach
AUGUST	198.5	48.5	150	98.5	90.0
SEPTEMBER	219.5	60.5	159	90.8	87.5
OCTOBER	220	65	155	91.2	86.0
NOVEMBER	228.5	60	168.5	94.6	84.0
DECEMBER	187	57	130	93.3	83.5





Patients Over Day 63

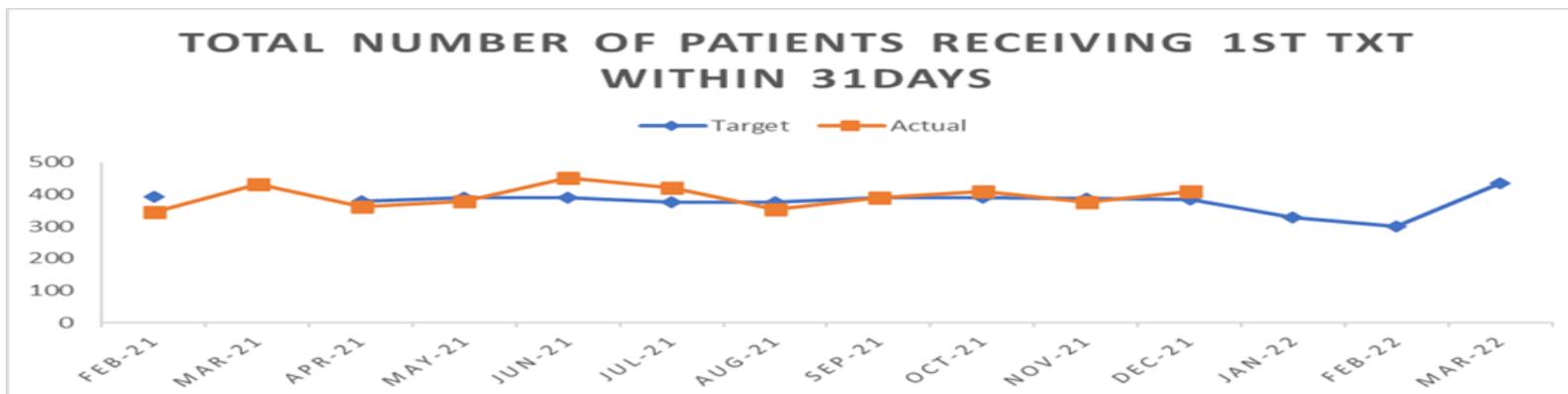
The Month end position of **200** patients is below the forecasted trajectory of **247** patients waiting 63 days or more in December 2021.

Patients waiting over 104 days for diagnosis and treatment:

As of 20/12/2021, there are 42 patients over 104 days who are untreated; 15 patients confirmed, 27 patients suspected (Urology 12, LGI 3, Gynaecology 1, Lung 4, Skin 5, Sarcoma 3, H&N 8, Neuroendocrine 2, UGI 3 Haematology 1).

The primary reasons for the delays were: slow diagnostic pathways which included the need for additional biopsies, surgical capacity and treatment of another condition / comorbidity, patients delaying diagnostics and late referrals from other Trusts.

Day Referred	253	169	113	110	106	105	104	98	96	62 Day incomplete pathways >62 days	Count	Dec 200	Nov 170
Day in Pathway	260	215	194	139	137	160	126	117	118				
Tumour Group	Skin	Urology	H&N	Sarcoma	Skin	LGI	Urology	Urology	UGI	62 Day incomplete pathways >104 days	Count	Dec 42	Nov 41
Referring Trust	RBH	MK	Bucks	Basingstoke	MK	RBH	Bucks	MK	MK				

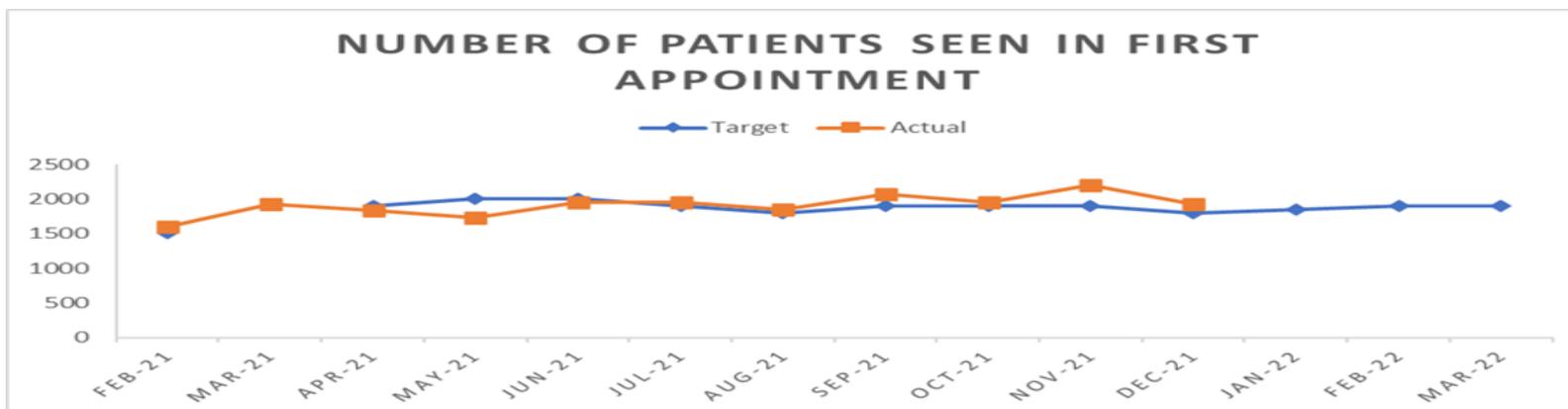


Patients Receiving Treatments Within 31 Days

The chart above shows the Trust’s position, as at the end of December, for the number of patients receiving first definitive treatment within 31 days against the submitted trajectory for the second half of the financial year. In December, **410** patients were treated within 31 days compared to the trajectory of **384** patients.

Number of Patients Seen in First Appointment:

The chart below shows the Trust’s position of the number of patients seen for their first appointment compared to the trajectory submitted for the second half of the year. In December, **1,922** patients were seen for their first outpatient appointment which was above the forecasted trajectory of **1,850** patients.

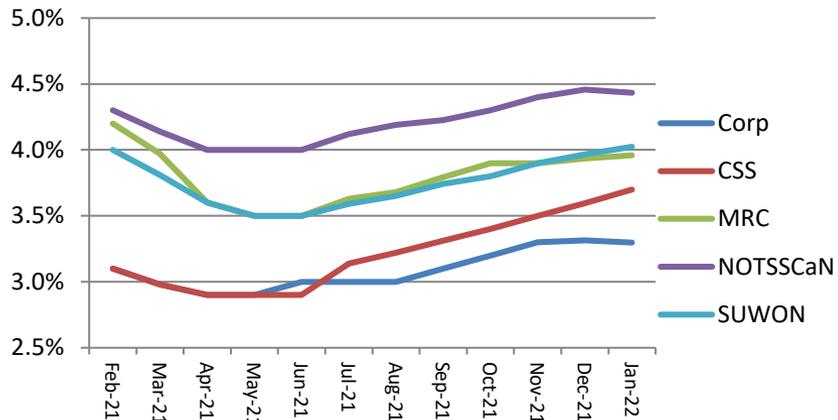


Workforce

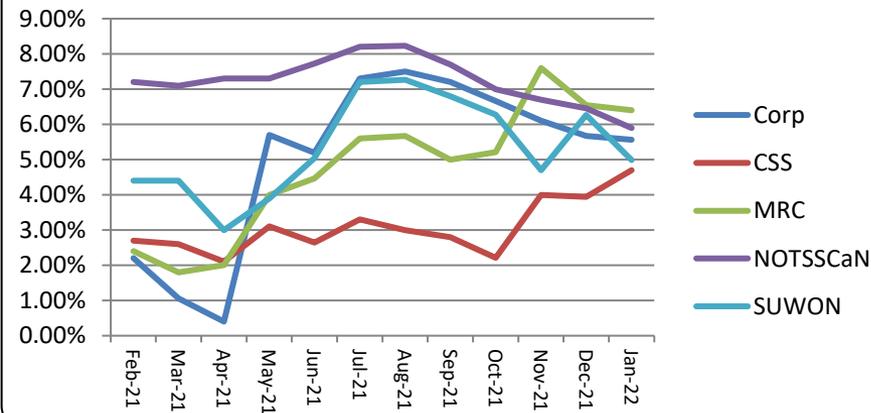
KPI (Green)	3.1%	7.7%	12.0%				<£1.33m	85.0%	85.0%
OUH Trust	4.0%	5.6%	11.5%	947.1	96.1	£5,454,138	£695,729	63.9%	87.0%
Division	Sickness	Vacancy	Turnover	Bank WTE	Agency WTE	Bank Spend	Agency Spend	Appraisals	Core Skills
Clinical Support Services	3.7%	4.7%	9.8%	68.8	14.5	£518,849	£26,776	66.1%	88.4%
Corporate	3.3%	5.6%	12.2%	84.7	0.7	£420,702	£20,224	59.6%	84.8%
Medicine Rehabilitation and Cardiac	4.0%	6.4%	12.0%	330.3	29.5	£1,925,561	£324,526	62.3%	86.4%
Neurosciences Orthopaedics Trauma and Specialist Surgery	4.4%	5.9%	9.9%	241.9	19.8	£1,463,353	£143,721	64.7%	85.3%
Surgery Women and Oncology	4.0%	5.0%	13.4%	221.5	31.7	£1,125,674	£180,481	65.9%	89.7%

The above data represents the M10 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.

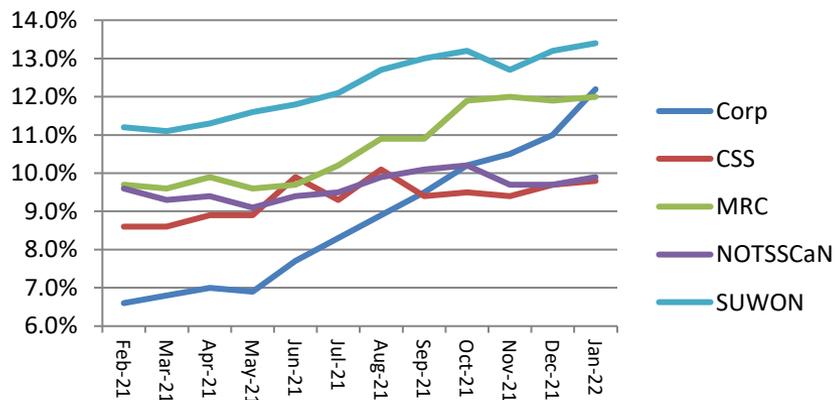
Sickness Absence % by Division



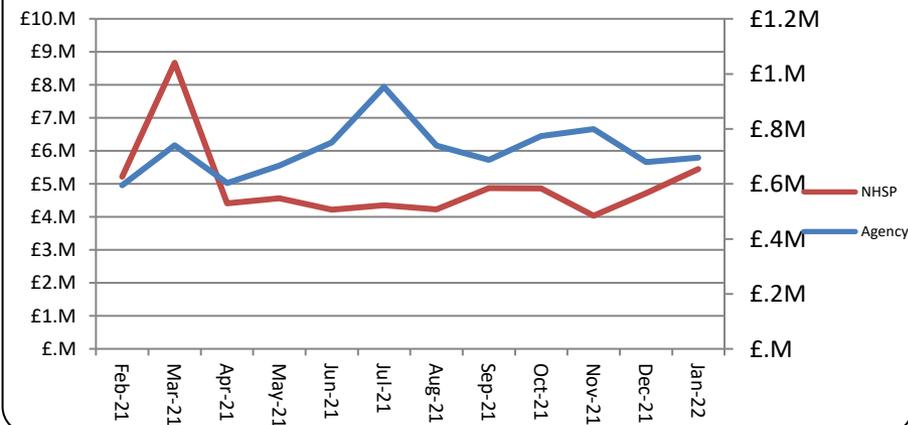
Vacancy % by Division



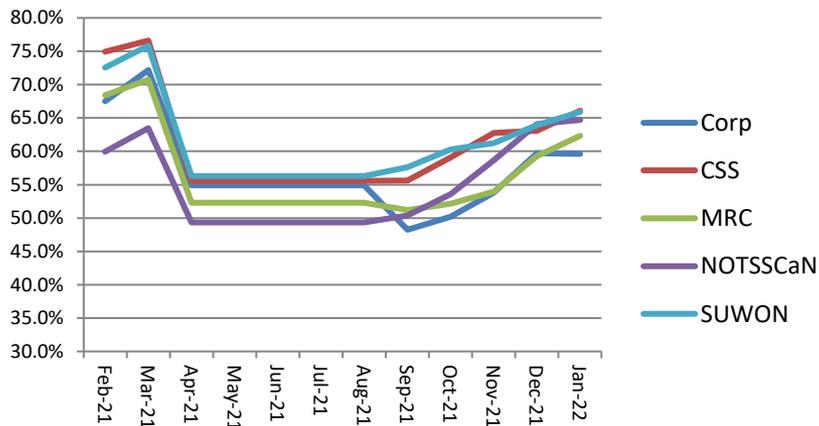
Turnover % by Division



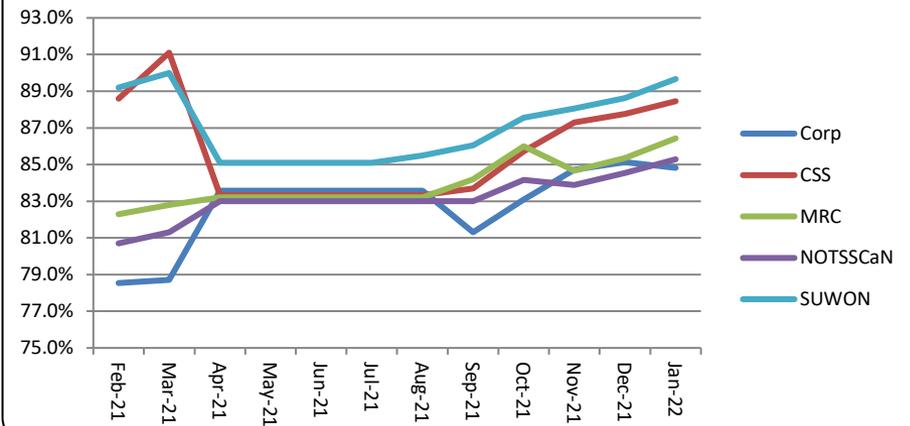
Bank and Agency Spend £



Non Medical Appraisal % by Division



Core Skills % by Division

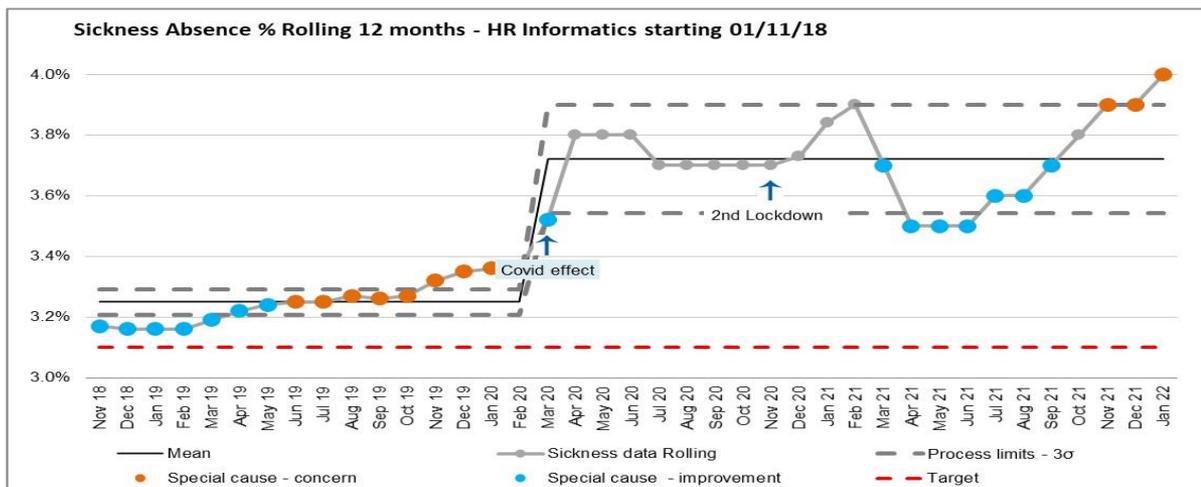


Key Performance Indicators by Division (III)

Course Name	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	90.8%	85.8%	90.4%	89.0%	93.1%	90.2%
Core Skill - Fire Safety	88.0%	83.7%	87.4%	86.9%	90.4%	87.6%
Core Skill - Health, Safety and Welfare	90.7%	85.6%	90.5%	89.2%	92.9%	90.1%
Core Skill - Infection Prevention and Control Level 1	96.1%	92.9%	97.1%	94.2%	97.2%	95.1%
Core Skill - Infection Prevention and Control Level 2	83.5%	80.5%	82.2%	81.7%	85.7%	83.1%
Core Skill - Information Governance and Data Security	86.4%	82.3%	89.3%	85.4%	91.0%	87.3%
Core Skill - Moving and Handling Level 1	88.0%	83.2%	79.5%	77.8%	87.6%	83.2%
Core Skill - Moving and Handling Level 2	75.8%	67.1%	78.5%	79.7%	75.0%	77.1%
Core Skill - Preventing Radicalisation Awareness	96.8%	96.0%	92.9%	90.7%	95.6%	93.4%
Core Skill - Preventing Radicalisation Basic	91.5%	89.0%	88.8%	87.9%	92.8%	90.0%
Core Skill - Resuscitation Level 2, 3 & 4	78.5%	73.0%	79.4%	79.1%	85.8%	80.6%
Core Skill - Safeguarding Adults Level 1	90.8%	83.1%	91.1%	87.9%	94.0%	88.6%
Core Skill - Safeguarding Adults Level 2	90.5%	85.2%	87.8%	86.1%	91.6%	88.5%
Core Skill - Safeguarding Children Level 1	91.7%	84.5%	92.3%	88.2%	94.2%	89.4%
Core Skill - Safeguarding Children Level 2	85.5%	78.9%	81.4%	82.4%	86.1%	83.4%
Core Skill - Safeguarding Children Level 3	81.5%	86.7%	79.2%	82.5%	91.8%	84.0%
Grand Total	88.4%	84.8%	86.4%	85.3%	89.7%	87.0%

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%.

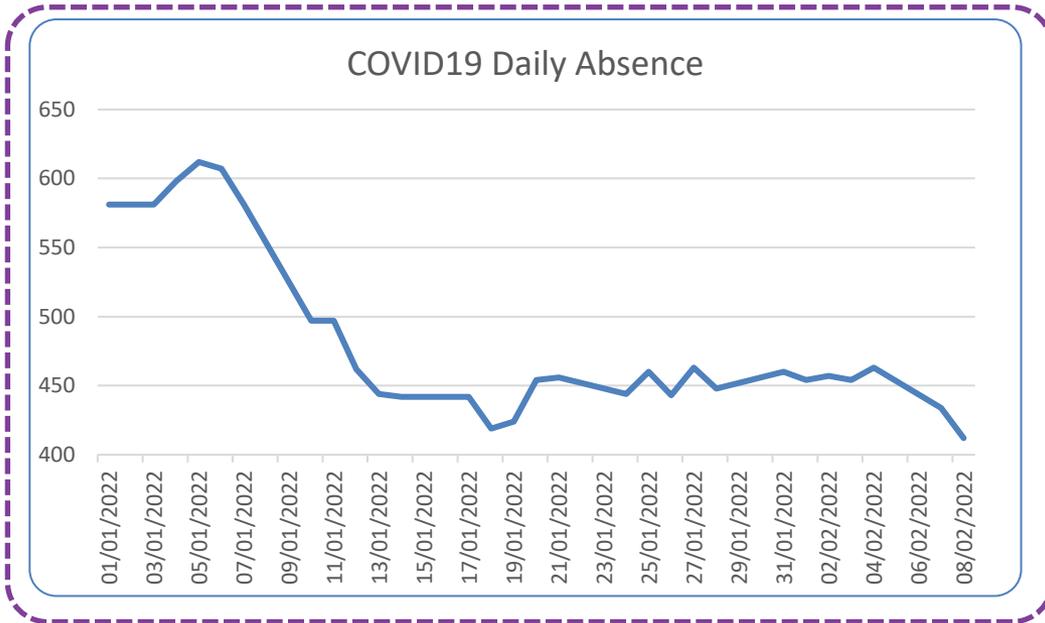
The graphs below support the accompanying text.



Month – Jan 22
4.0%
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.	Not unexpectedly, sickness has risen as historical COVID19 absence, and the Omicron variant have put upward pressure on the absence rate. Absence for M10 was in excess of 5%. However, there are signs in M11 that COVID19 absences are reducing. Should this continue, rolling absence rates will decline, but are unlikely to immediately return to pre pandemic levels as COVID19 absences may occur for some time, and sickness is measured over a rolling 12 month period.	Data points above/below the grey dotted line can be of concern, as can a run of sequential points above or below the mean. Both can indicate a process that is not in control. Likewise, 2 out of 3 data points lying near the upper process limit may be an indication that the process is changing. As stated, over time it is hoped that that this peak will diminish.	Corporate – Sickness absence is above target. The work within hotspot areas such as Estates continues. Trigger reports are presented to managers and support is followed using the sickness absence procedure. Mental health anxiety and stress is the main reason for days lost over the last 12 months where further health and wellbeing initiatives will be used as well as assessed for their effectiveness. NOTSSCaN - LT sickness absence cases continue to be closely managed with ongoing support to managers. Specific focus on LTS cases where absence is 6+ months. Review of Stress, Anxiety & Depression cases underway to identify additional support for colleagues. There was an increase in COVID19 related absences in January. Focus continuing on hotspots across the directorates. SUWON – Main reason for increased % is COVID19 absences rising from 303 episodes in M9 to 479 in M10. Excluding these absences, cases reduced by 69 episodes of absence and 631.59 calendar days lost in M10. Pro-active action is being taken to ensure absence management meetings are being scheduled as soon as an employees triggers, and reviews are taking place where any absences concerns are identified. MRC – Through the month there has been a steady rise in the number of staff off sick. COVID19 absence increased in line with this. The HR Team has continued to provide managers with support, and where appropriate, cases are managed in line with Trust Policy. HR continue to link with the Divisional Director of Nursing in order to look at targeted support for ED at the JR. CSS – Focus continues on long term sickness cases and regularly reviewing action plans.

The graph below support the accompanying text.

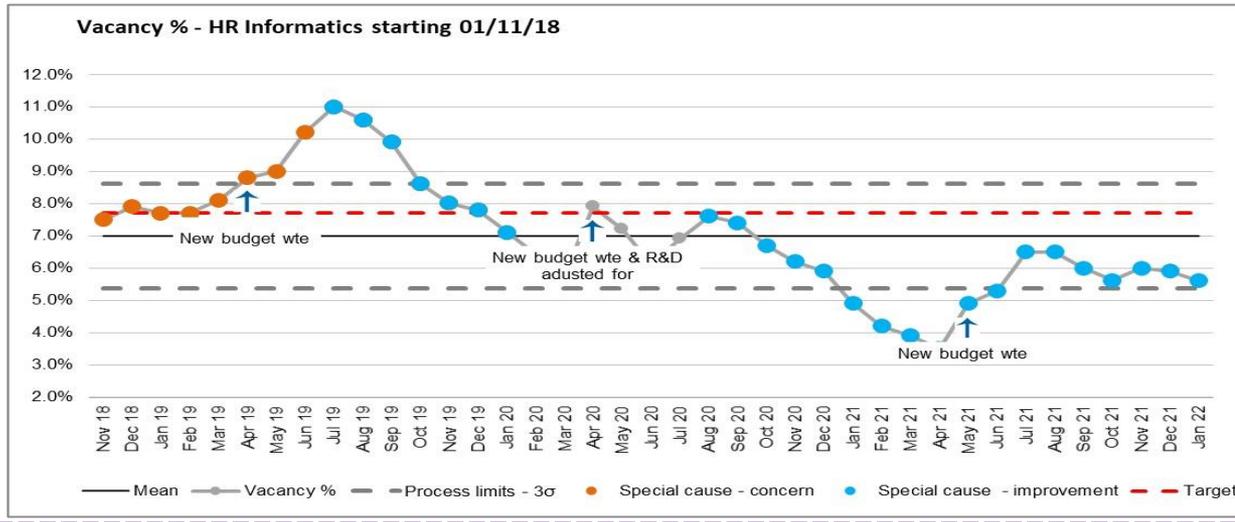


- Following a peak in early January 2022, absences from COVID19 initially declined but then levelled off at around c400 absences per day and now are showing signs of reduction.
- BAME (Black, Asian and Minority Ethnic groups) absence is 31% as of 8/2/2022, although this figure changes daily. Trust wide BAME representation is 27%.

Actions

- The Trust has now offered vaccination to all staff and developed various interventions for staff with concerns. In particular, there is work to support vaccination rates amongst PFI staff. Boosters are now being offered.
- 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 (formerly FirstCare).
- The Winter Vaccination programme is underway, which will deliver COVID19 boosters and flu jabs in accordance with national guidance.
- Staff wellbeing checks have commenced and are recorded in My Learning Hub.
- Mandatory vaccinations for front line staff are on hold. How this affects leaver rates for those staff who were facing dismissal through non compliance remains to be seen.

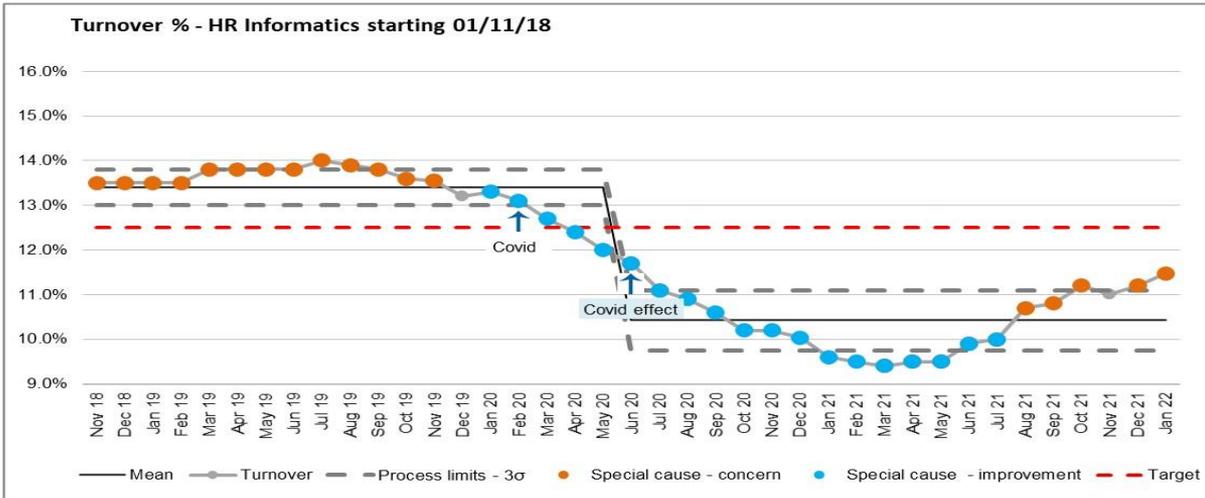
The graphs below support the accompanying text.



Month – Jan 22
5.6%
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.	Small reduction in vacancies following increase in staff in post and a small reduction in establishment between months.	7 sequential points above/below the mean may indicate changes in process. There are a run of recent points below the mean. When there is 2 out of 3 points near the lower process limit (grey dotted line) this may indicate that the process is changing.	Corporate – The time to hire for the Corporate Division is 30 days. Recruitment is taking place through pay panel or fast track, however there are difficulties in recruiting to housekeepers at the Horton. An Estates workforce plan is being drafted with managers in Estates and HR that will focus on amongst other things, recruitment and retention. NOTSSCaN Reduction from 6.5% to 5.9% for M10. A high number of international nurses are successfully gaining professional registration and moving into substantive band 5 roles. Centralised B5 recruitment is continuing to progress and the recruitment trajectory is regularly reviewed. SUWON – Nursing vacancies are reducing with the arrival of the international nurses, this has resulted in 2 beds being opened on Sobell Inpatients in Jan and a further 3 beds for end of Feb. Due to feedback from managers around the challenges of getting staff in once recruited, a meeting has been scheduled with recruitment to discuss reducing the barriers to filling vacancies. MRC – Continue to enjoy overseas staff achieving UK registration and being able to take band 5 posts substantively. The Division is also linking with the recruitment team to look at innovative approaches for roles in Dietetics. Work with the Deputy to the Divisional Nurse is underway looking at issues in Podiatry. CSS – Dedicated campaign for band 5/6 Radiology posts with HEE, undertaking skill mix review to fill the band 6 vacancies as recruitment to date has not been successful. Recruitment/Workforce Informatics to publish “Time to Hire” KPIs to managers at a Directorate level, which in turn will potentially enhance the service by providing evidence of where practices can be improved.

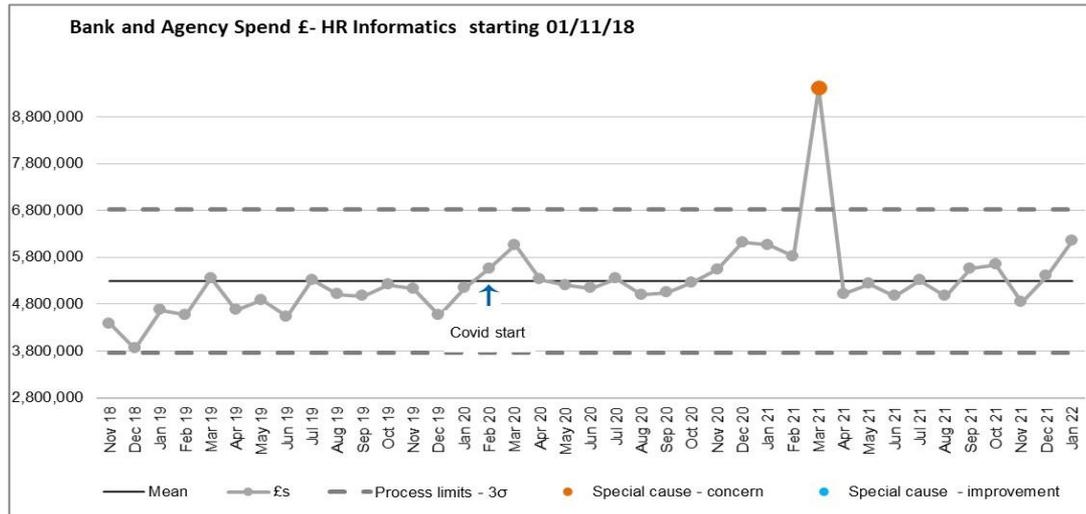
The graphs below support the accompanying text.



Month – Jan 22
11.5%
Target
12.5%
Target Achievement
Metric since April 20 is consistently below KPI target.

Background	What the chart tells us	Issues	Actions
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.	Turnover continues to rise All Divisions have experienced increases in the turnover rate. Corporate has gone up the most (1%) and reflects an increase in leavers wte across most Corporate areas. Estates at 15%, AHPs 14.6%, and Additional Clinical Support staff at 14.7% have the highest turnover rates. C 20% of leavers have less than one years service, with Additional Clinical Support staff (37%) and Estates staff (41%) losing cohorts of staff within a year of starting.	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are two recent points which lie above the upper process limit. In addition when 2 out of 3 data appoints lie near the UPL, this is a warning that the process may be changing.	Corporate – The turnover rate has been trending and has been at its highest since February 2020. There were 23 leavers in January of which 3 were from Estates. Relocation, other /not known and better reward package were the main reasons for leaving. Attention on retention will be given to hotspot areas to aid the reduction in turnover. NOTSSCaN – The HR team is regularly reviewing hotspot areas and identifying support to help managers with retention. Exit interview data to be used to identify reasons for staff leaving the Trust, targeting hotspot areas. SUWON – A project is being planned which will involve the HR team and the R&R lead. There will be a 4 week window where all employees leaving or whom have resigned during that time will be interviewed to gain a full understand of their reasons for leaving. The information gained from this will then be analysed to enable appropriate action to be taken. MRC Developing “Nurse Discussions” in conjunction with the Divisional R&R lead. There will be a published programme where MRC know when / where these will be of help. These will be listening events to learn of any concerns. These will then be addressed with the hope that staff will not want to leave. We are considering how to provide this to other staff groups – one option may by through the Nursing R&R lead. CSS - Turnover has remained relatively static. There is an anticipated increase in ITU leavers. Actions include scoping a review of exit data and staff survey, designing stay questionnaire and listening events.

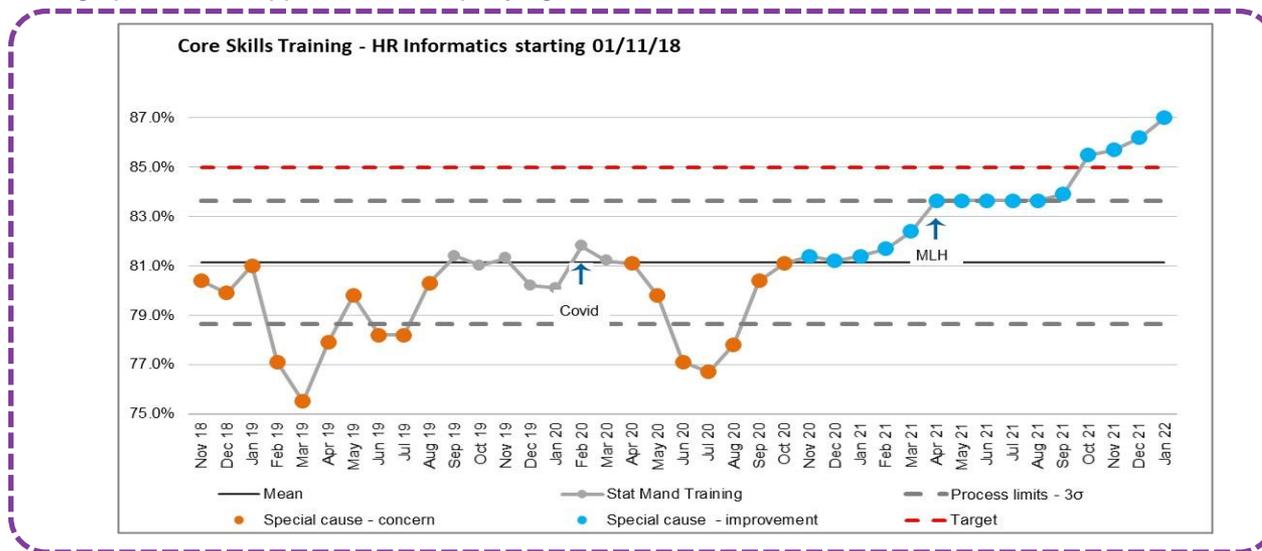
The graphs below support the accompanying text.



Month – Jan 22
£6.1m
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>Agency spend in M10 has remained relatively stable between months, whilst there has been a notable increase in NHSP spend – see slide 3</p>	<ul style="list-style-type: none"> The fill rate with NHSP improved which has shown as an increase in bank spend. The use of the incentive code (RN545) has had higher utilisation for Paediatric ICU. During the last quarter the winter incentive rates for junior doctors in ED and Acute Medicine have been utilised to support an increase in patients and absence. 	<ul style="list-style-type: none"> The use of the RN545 code is reverting back to business as usual so the management is divisionally led. The Temporary Staffing Strategy for the BOB has started to take shape and work has commenced on collaborating on rates and agency usage. The standard operating procedures for temporary staffing is the main objective and these will be published on the intranet for each step of process to ensure rigor and increased governance The weekly monitoring meetings for nursing continues and fill has started to improve.

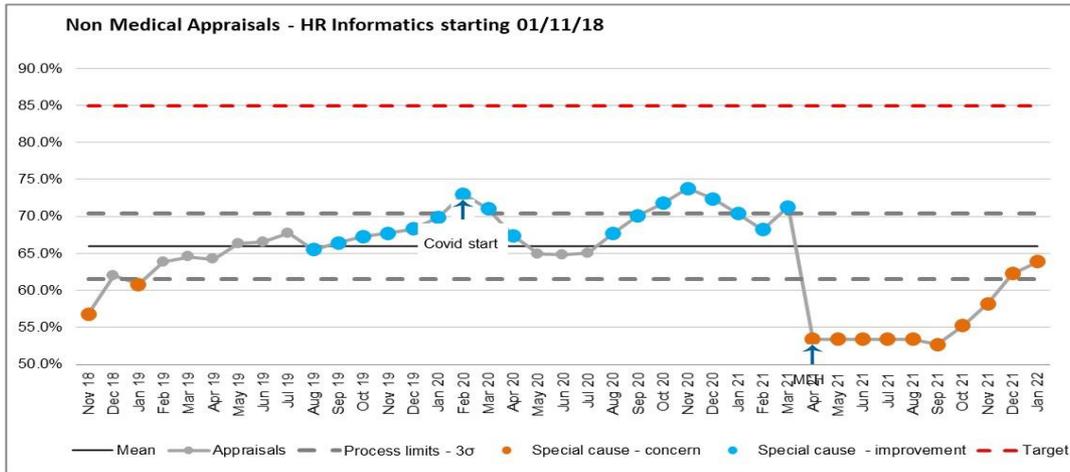
The graphs below support the accompanying text.



Month – Jan 22	
87.0%	
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.	For the fourth month running the KPI has been exceeded as Divisions continue to improve performance on Core Skills compliance.	Where data points exceed the upper process limit they can represent a system out of control, as can a run of sequential points above/below the mean. Given the change to MLH, and removal of Honorary contract holders from the calculation it may be prudent to revise the process limits going forward.	<p>Corporate – There has been a slight drop in January. As with appraisals, a plan will be implemented by Directorate who are below the compliance rate with an objective to meet the target by March 2022.</p> <p>NOTSSCaN – Achieved increase to 85.2% for M10 showing continued improvements month on month by the Division. Focus on achieving the 95% target for IG. HR team continuing to support managers with regular compliance reports.</p> <p>SUWON – Continued support and updates to managers has achieved the target.</p> <p>MRC – Despite service pressures staff continue to complete core skills training and the Division is in excess of the Trust KPI.</p> <p>CSS - Compliance reports run and circulated. Focus mainly on red rated modules, Moving and Handling Level 2, Resuscitation Level 2, 3 & 4 and Safeguarding Adults Level 2.</p>

The graphs below support the accompanying text.



Month – Jan 22
63.9%
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 Trust continues to make progress with non medical staff appraisals, however it is not yet at the required level. The Omicron COVID19 variant and the operational pressures it will have inevitably caused, may be a limiting factor in the improvement shown.	A run of increasing/decreasing sequential points can indicate a process out of control. There is a run of rising points.	<p>Corporate - Appraisals has dropped by 0.09%. In February and March there will be a targeted approach within each Directorate who will be asked to provide a date for each outstanding appraisal and an expectation on completion by 31 March.</p> <p>NOTSSCaN - Continued improvements being shown month on month by the division. Managers being supported to ensure regular completion of appraisals, highlighting pay impacting changes from April 2022. HR team continuing to support managers with regular compliance reports.</p> <p>SUWON – Regular reports are being sent to OSMs & Matrons, high non-compliance areas are being targeted and being asked to provide dates of when appraisals have been scheduled, which is helping to gradually improve the compliance rate.</p> <p>MRC - The Division continues a message, through the Divisional weekly huddle, that appraisals should be completed, and we continue the message “as a minimum do one this week”. The Division has provided Directorates with the detail of pay effecting increments to ensure that these staff are appraised before the increment date.</p> <p>CSS – Focus on ensuring those who have pay impacting changes from April 2022 onwards have completed their appraisal and CMT and admin staff.</p>

The updated Trust VBA policy approved in November 2021 agreed in principle that an appraisal window would be implemented from April 2022, with further engagement to take place with divisions to understand how the window would work in practice.

The aim of the appraisal window is to have a clear and focused period at the start of the financial year whereby we concentrate on undertaking quality appraisal conversations throughout the organisation. This will enable our people to have a quality appraisal conversation, plan their year ahead, be clear on their objectives, align team and individual objectives to overall Trust objectives and have a concentrated window of support for appraisals during a time where there may be slightly less operational pressure.

Our Culture and Leadership Service undertook focus groups with a cross section of our people to identify how we can collectively transition and implement a successful appraisal window from April 2022. Feedback was also gathered from other NHS Trusts, both local and Shelford, to establish success factors to help inform our approach with the aim of improving appraisal compliance.

The proposals were discussed, updated and agreed at the Trust People and Communications Committee on 14 February 2022 and ratified by the Trust Management Executive on 24 February 2022.

Key points to note with the new appraisal window:

- It will be implemented from April – July 2022 inclusively. This will allow the cascade of objectives set by Executives and Divisional Directors during March 2022, to our senior leaders during April 2022.
- Divisional teams will have the responsibility to implement the appraisal window throughout their services during the four month period.
- To support transition in year one, people who have completed their appraisal between November 2021 – March 2022 will be included in the 2022/23 window compliance reporting and will transition to the April – July window in 2023. These people will be encouraged to review their appraisals during the window period to ensure their objectives and development plans align with the Trust objectives. This transitional approach recognises the efforts of our teams to undertake appraisals in the latter part of 2021/22 and the request from our people to not have a tick box approach to appraisals and support them to have quality conversations.
- A review of the appraisal window will be undertaken during November - December 2022 to identify what has worked well and what could be even better in preparation for the 2023 appraisal window.

The Board is asked to note the reporting changes to appraisals in the Integrated Performance Report from April 2022 to reflect the introduction of the new appraisal window. For example, for the April IPR we will be reporting on the people who have completed an appraisal from 1 November 2021 to end April 2022. The achievement of our 85% target for appraisal completions will increase incrementally during April – end July 2022. The cascade approach is designed to achieve our 85% appraisal target completion rate by end July 2022.

Engagement, Inclusion, and Experience

- Refresh Trust's EDI Objectives – Design Stage – Draft EDI Objectives have been written and will be presented to the EDI Steering Group in Feb '22. These Objectives incorporate findings from the EDI peer reviews undertaken across six services in Dec '21. A communications plan is being developed to promote the Objectives after their approval at March Board.
- Developing Staff Networks – Design & Delivery stage – Following self-assessment against the Staff Networks Maturity Framework, a development plan for the Network objectives and Network Leads is being created that will develop the capability of Leads to run effective Networks. Networks have also undertaken activities such as supporting staff engagement for the VCOD agenda, initiating work to support staff through menopause, and planning for LGBT+ History Month.
- Recognition – Delivery stage – Finalists and winners have been selected in all categories. 1st round of save-the-date invitations will be sent in Feb '22. Event has been rescheduled to Thursday 9th June. Preparations are in progress. OUH poem engagement work completed and poem to be drafted in Feb '22.
- National Staff Survey 2021 - Delivery stage – survey provider (Picker) has presented headline findings to key stakeholders. Trust Year of Engagement plan now moves to preparation for engagement and action planning with divisions, directorates and CSUs.
- VBA Window – Design stage - Internal focus groups were held during Dec '21 to gather feedback from divisions on how we can collectively transition and implement a successful appraisal window. Feedback was gathered from other NHS Trusts to establish success factors to help inform our approach with the aim of improving appraisal completions. The appraisal window proposal will be presented for decision to the People and Comms Committee on 14 Feb '22 before Trust Management Executive ratification on 24 Feb '22. Additional training resources are currently being tested and due to be launched by the end of Feb '22.
- VBI - Design phase - Update training sessions are ongoing for existing values based interviews as part of our quality improvement project.
- Exit interview project - Discovery stage - Meeting with Retention and Recruitment leads, taking place on 9 Feb '22 to gather feedback on the current process, explore any issues, and gather ideas / thoughts on how things could be improved going forward. A proposal with recommendations will then be drafted for socialisation.
- Civility & Respect (C&R) - Discover stage – Current state mapping being completed using the NHS England Diagnostic tool during Feb '22 funded by BOB.

Leadership and Talent Development

- Values Based Leadership Framework – Design stage.
- Leadership development pathways – Design & Delivery stage – Clinical Director's development programme launched Aug '21 with the service innovation projects being presented by end April '22 to Executives. Consistent core leadership programmes 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 May '22.
- Build trust wide coaching capacity – Delivery stage - ILM level 5 coaching programme in progress for qualification in Jan '22 with 12 participants. Next cohort starts Feb '22
- Build 360 feedback facilitator capacity – Delivery stage – 2 x 360 feedback facilitator workshops on 10 Nov and 8 Dec '21 with 18 participants.
- Build MBTI facilitator capacity – Design stage - Training booked for 10 MBTI Practitioners between Jan – April '22.
- Graduate Management Trainee Scheme – Delivery stage.

Wellbeing

- Growing Stronger Together: Rest Reflect Recover programme – Delivery stage - Continued delivery of R3P workshop with 41 teams having undertaken it between April - end Jan '22. Winter wellbeing campaign released in Dec '21 to highlight key support available. The Head of Wellbeing has been liaising with the Oxford Hospitals Charity around Staff Wellbeing Packs which will be going out into staff rooms from early Feb '22. A further 1,650 staff have requested a free copy of the Beyond Words Book in addition to the 2,000 staff who pre-ordered a copy which means c.3,650 staff in total have requested one.
- Leading with Care – Design & Delivery stage – 570 leaders have attended a Wellbeing Check-in briefing session; 2,263 Wellbeing Check-ins as at 4 Feb '22. In January we continued the 'Leading Self' package of wellbeing support for leaders. This package includes a workshop on self-care strategies for leaders, tailored help through coaching and 'self-service' help/guidance from various NHS providers.
- BOB Enhanced OH & Wellbeing – Delivery Phase - BOB has funded a new System-wide Staff Health and Wellbeing Hub website: <https://staffwellbeinghub-bob.nhs.uk/> This is designed to improve access for our hard-to-reach people so that they can more easily access wellbeing information across the System. It will be promoted across the Trust via a comms campaign with accompanying lanyard cards when we launch the updated Guide to Health and Wellbeing on the OUH Internet pages in Mid Feb '22

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		
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		
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		
Allied Health Professionals	738.9	736.7	747.2	746.9	739.3	751.0	752.9	752.0	751.8	762.4		
Estates and Ancillary	215.1	218.8	220.5	218.4	217.4	212.8	211.6	209.1	212.6	214.7		
Healthcare Scientists	539.9	538.1	539.8	539.1	542.6	548.9	551.6	550.2	549.0	546.7		
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		
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		
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		

Bank	683.8	812.3	828.5	792.9	852.5	822.6	824.4	850.9	807.3	947.1		
Agency	99.14	113.8	118.91	102.2	115.06	94.3	107.1	112.1	99.7	96.1		

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		
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Divison	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		
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		
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		
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		
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		
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		

Bank	683.8	812.3	828.5	792.9	852.5	822.6	824.4	850.9	807.3	947.1		
Agency	99.14	113.8	118.91	102.2	115.06	94.3	107.1	112.1	99.74	96.1		

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		
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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 and Vacancies by Staff Group and Division

Turnover Staff Group - ESR	Leavers wte	Vacs %
Clinical Support Services	170.0	9.8%
Add Prof Scientific and Technic	20.5	10.1%
Additional Clinical Services	48.7	13.7%
Administrative and Clerical	24.9	12.6%
Allied Health Professionals	29.1	12.5%
Estates and Ancillary	0.0	0.0%
Healthcare Scientists	17.1	6.0%
Medical and Dental	5.0	2.0%
Nursing and Midwifery Registered	24.7	11.8%
Neurosciences Orthopaedics Trauma and Specialist Surgery	274.0	9.9%
Add Prof Scientific and Technic	9.0	8.6%
Additional Clinical Services	69.8	12.7%
Administrative and Clerical	48.3	10.6%
Allied Health Professionals	20.0	13.0%
Estates and Ancillary	0.0	0.0%
Healthcare Scientists	7.7	12.0%
Medical and Dental	6.3	2.5%
Nursing and Midwifery Registered	113.0	9.8%
Surgery Women and Oncology	348.3	13.4%
Add Prof Scientific and Technic	7.3	7.7%
Additional Clinical Services	88.3	17.8%
Administrative and Clerical	61.8	14.8%
Allied Health Professionals	13.8	13.9%
Estates and Ancillary	1.0	5.1%
Healthcare Scientists	8.1	8.6%
Medical and Dental	9.6	6.5%
Nursing and Midwifery Registered	158.4	12.9%
Medicine Rehabilitation and Cardiac	291.4	12.0%
Add Prof Scientific and Technic	4.0	9.4%
Additional Clinical Services	89.1	14.8%
Administrative and Clerical	46.4	11.9%
Allied Health Professionals	39.2	18.2%
Estates and Ancillary	4.4	24.9%
Healthcare Scientists	4.2	6.9%
Medical and Dental	5.7	3.1%
Nursing and Midwifery Registered	97.4	10.6%
Students	1.0	200.0%
Corporate	167.4	12.2%
Add Prof Scientific and Technic	13.2	36.8%
Additional Clinical Services	3.0	12.0%
Administrative and Clerical	100.4	10.1%
Allied Health Professionals	1.9	17.4%
Estates and Ancillary	25.1	19.4%
Healthcare Scientists	1.8	10.9%
Medical and Dental	0.7	17.1%
Nursing and Midwifery Registered	21.2	13.3%
Grand Total	1251.1	11.5%

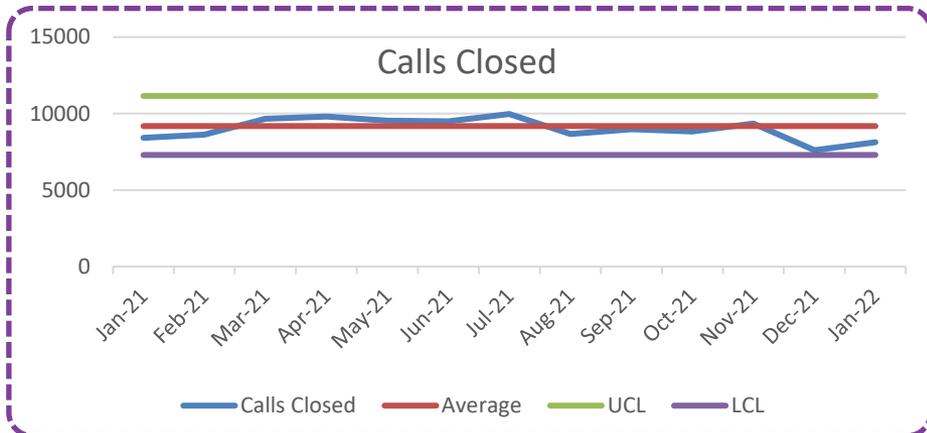
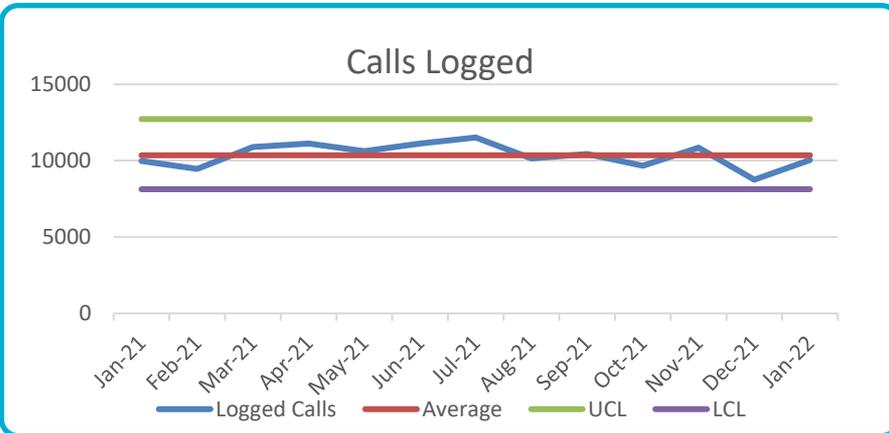
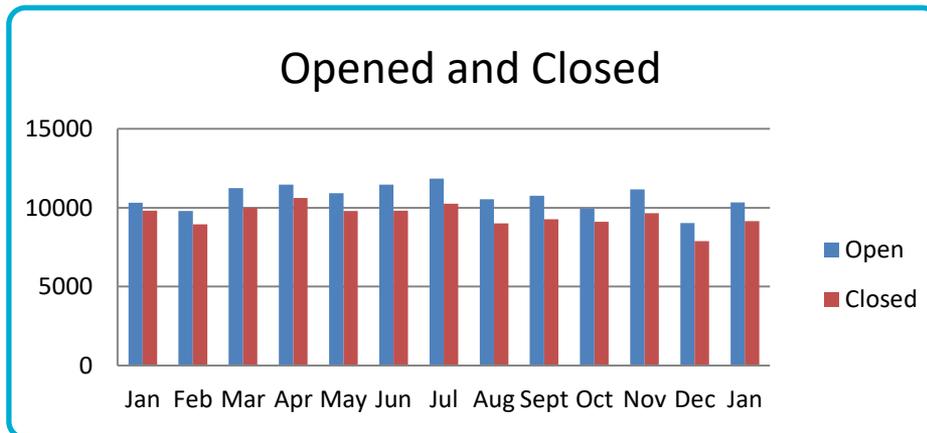
Vacancies Staff Group - Finance	Vac wte	Vacancy %
Clinical Support Services	103.8	4.7%
Consultants and Medics	-0.1	0.0%
Health Care Assistants & Support	30.0	7.0%
Nurse and Midwives	33.3	12.6%
Other Staff	15.1	6.7%
Scientific, Thec., Therapeutic	25.6	3.1%
Corporate	83.7	5.6%
Consultants and Medics	25.1	31.6%
Health Care Assistants & Support	-22.4	-55.4%
Nurse and Midwives	2.5	1.9%
Other Staff	72.2	6.0%
Scientific, Thec., Therapeutic	6.3	16.1%
Medicine Rehabilitation and Cardiac	197.3	6.4%
Consultants and Medics	31.2	5.8%
Health Care Assistants & Support	65.1	9.9%
Nurse and Midwives	87.8	8.2%
Other Staff	17.0	3.9%
Scientific, Thec., Therapeutic	-3.8	-1.1%
Neurosciences Orthopaedics Trauma and Specialist Surgery	206.2	5.9%
Consultants and Medics	27.2	4.1%
Health Care Assistants & Support	28.9	4.4%
Nurse and Midwives	98.0	7.4%
Other Staff	50.1	9.4%
Scientific, Thec., Therapeutic	2.0	0.6%
Surgery Women and Oncology	156.0	5.0%
Consultants and Medics	2.5	0.6%
Health Care Assistants & Support	11.3	2.1%
Nurse and Midwives	88.5	6.5%
Other Staff	14.7	3.2%
Scientific, Thec., Therapeutic	39.1	11.2%
Grand Total	747.0	5.6%

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 Jan 2021 to Jan 2022. When comparing Jan 2021 with Jan 2022 there is a 19.4% 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 Jan	Total OUH calls closed in Jan	Total calls logged trend
1	1	1	Month on month trend Dec to Jan 2022
2	35	34	increase of 14.3%
3	1494	1327	Jan 2021 to Jan 2022
4	3609	3149	increase of 0.2%
5	4899	4361	
Total	10038	8130	



Risks, Issues and Challenges

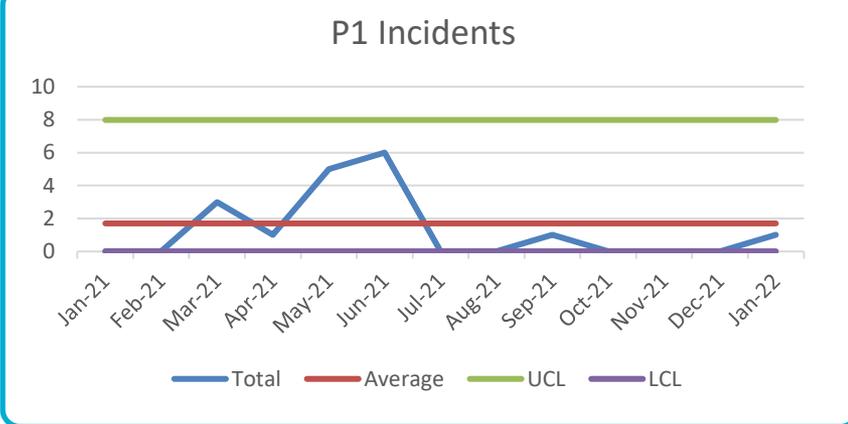
A large amount of desktop software changes have been made, including Windows security updates, Cisco VPN upgrades and Office 365 installations/migrations. After identifying call growth for performance of, within warranty, devices additional solid state hard drives (SSD) have been ordered to upgrade some models and restore expected functionality/performance.

Service Desk Performance

The tables below highlight the performance of the Service Desk from Jan 2021 to Jan 2022. When comparing Jan 2021 with Jan 2022 the number of Priority 1s logged have increased by 1 to 1.

OUH Priority 1 Incidents

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
0	0	3	1	5	6	0	0	1	0	0	0	1
19/01/22		HyperV Cluster host crashes due to Vendor policy change for antivirus software				AV software removed – no risk due to client AV still installed. Review of options including moving away from Sophos underway, with NCSC (NHS National Cyber Security Centre)						



Cyber Highlights:

Overall Cyber status **Green**

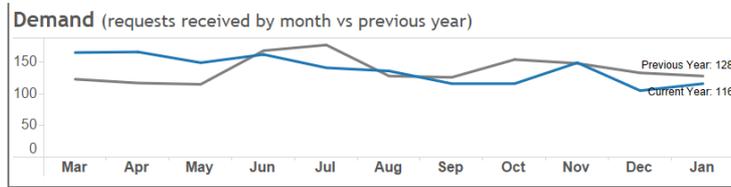
- 226.4TB of internet traffic use, up 54.7TB on December
- High Severity VMware Vcenter alert received in late January requiring patching.
- Works continued to remediate the critical alert for Apache Log4J RCE vulnerability, an opensource Oracle software heavily used in many applications. Extensive effort to identify computers with the software and manage mitigation or upgrades – within corporate IT services but also within clinical division systems.
- Extensive Windows updates being applied to desktop and server estates.

Cyber Management

	Month of January	Year to date
CareCerts received	25	197
Virus blocked	44	1,200
Intrusions blocked	773	30,147
SPAM blocked	126,587	2,984,344
Devices monitored	12,195	-
Servers monitored	882	-

Forward view

Information request Service



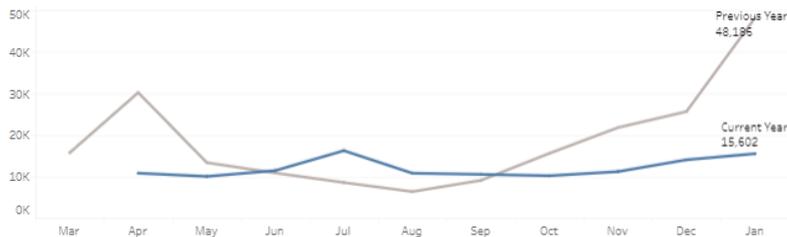
1.1 The demand on the Info request service for January '22 has decreased by 10% based on the same period last year and resource was diverted to priority work around the elective recovery.

1.2 This caused a delay to information requests delivery, the mean wait for information rose to 4 days and the median was 3 days.

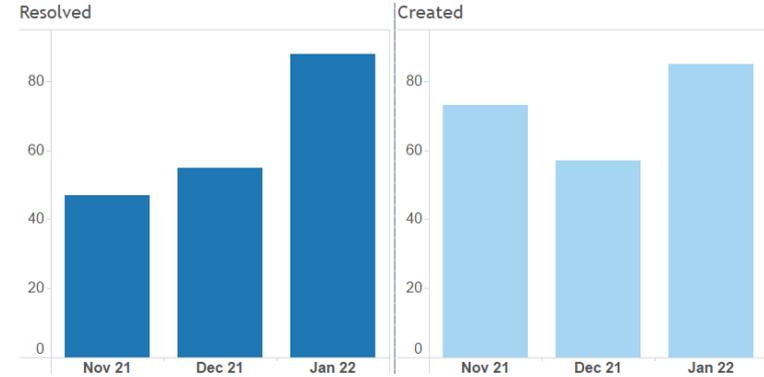
1.2 User feedback on the timeliness, usefulness and overall experience of the service was 96% for January '22.

ORBIT+

A total of 15602 views were recorded in January '22 this is a major decrease when compared to the same period last year.



Other Demands



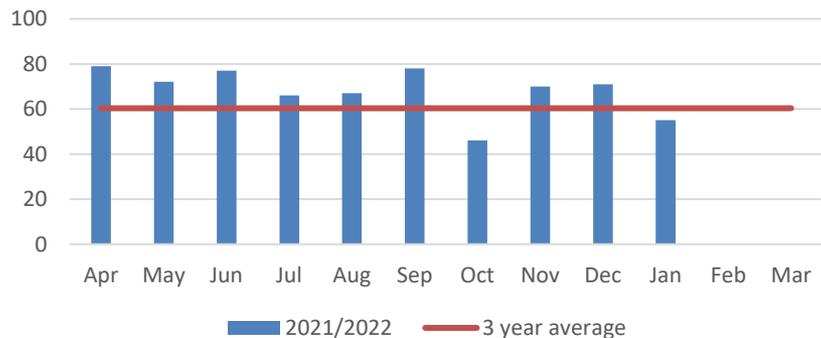
Current development priorities

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

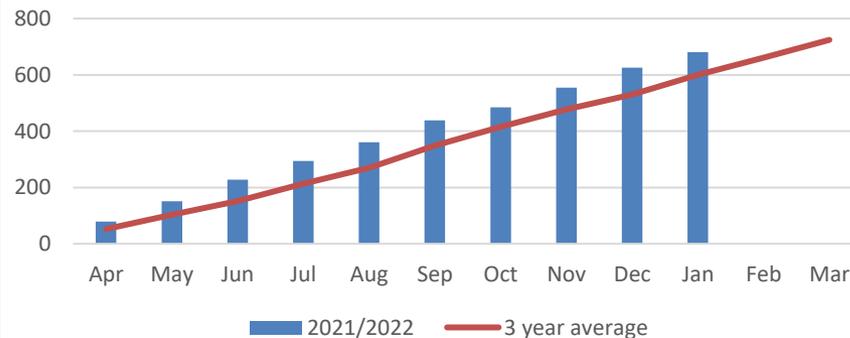
Freedom of Information (FOI)

55 FOI/EIR requests were received in January 2022. As of the 23rd February 2022, 33 requests were closed within 20 working days. 2 were not closed within 20 working days. 11 open requests have breached the statutory deadline. 5 open requests, if closed on the 23rd February 2022, would still be closed within the deadline. The compliance rate for closure of requests within 20 working days for requests received in January 2022 was 60%. In January 2021, the compliance rate was 26%.

Number of requests received



Cumulative requests

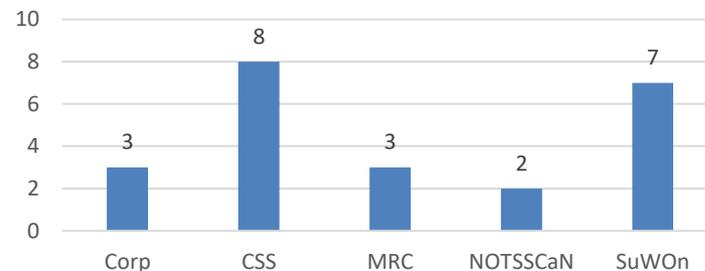


Data Security & Protection Breaches

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.

23 data protection incidents occurred in January 2022. No incidents required reporting externally via the NHS Data Security and Protection Toolkit (DSPT).

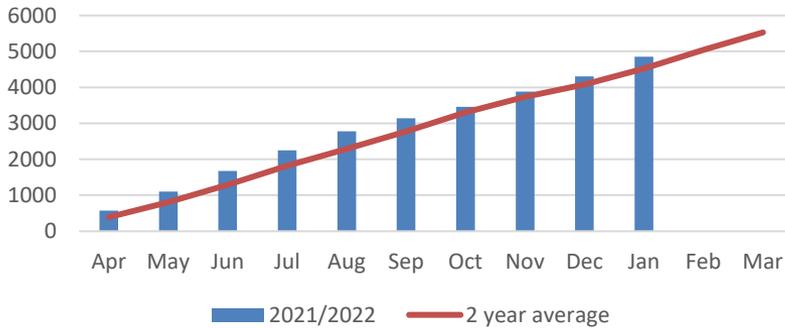
IG incidents by Division for January 2022



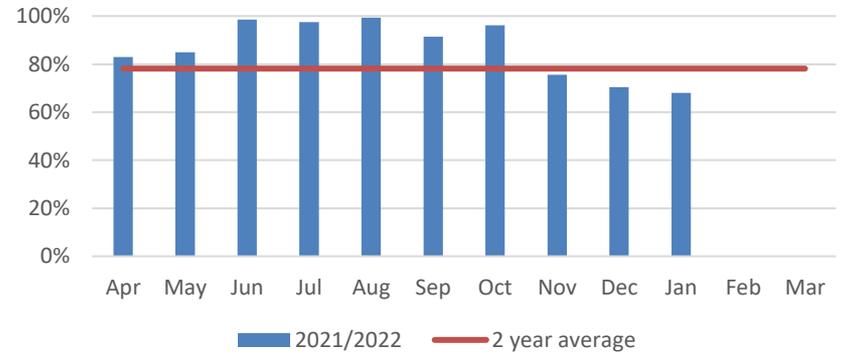
Data Subject Access Requests (DSAR)

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 in 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

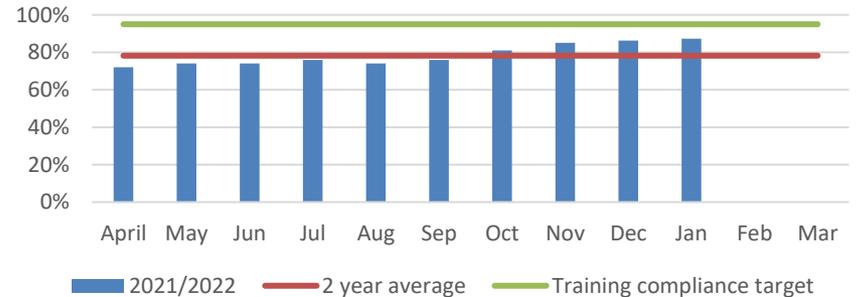


Data Security and Protection Training

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 %

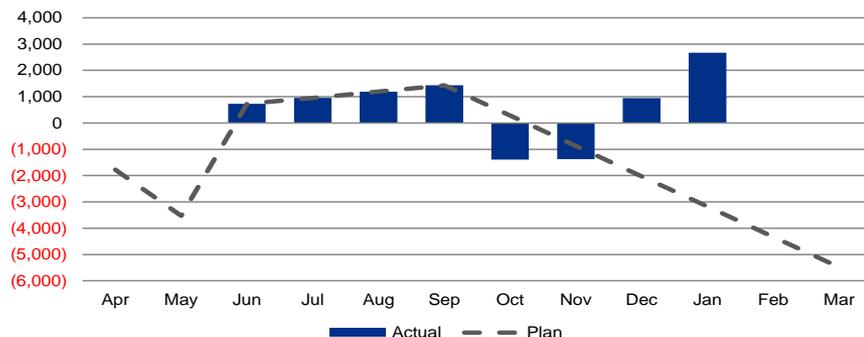


Finance, Procurement and Contracting

Summary from Month 10 (January 2022)

Income & Expenditure - Performance Versus Plan

Cumulative Performance Against Plan (£000s)



I&E Forecast - Summary

£m	Final H2 Plan	M9 forecast	M10 Forecast	Change to H2 plan	Change to previous forecast
Year to date actuals	1.4	1.0	2.7	1.3	1.8
Core forecast assumptions	-9.9	-4.9	-3.3	6.6	1.6
Run rate adjustments	0.0	-0.2	0.3	0.0	0.5
One off items	3.0	4.3	3.3	0.3	-1.0
Forecast	-5.5	0.1	3.0	8.5	2.9
Risks	-9.1	-4.1	-5.0	4.1	-0.9
Opportunities	12.0	10.1	12.1	0.1	1.9
Net (risk)/opportunity	2.9	6.0	7.1	4.2	1.1
Forecast (risk adjusted)	-2.6	6.1	10.1	12.7	4.0

Income & Expenditure Year-to-date - Summary

Retained surplus / (deficit) at Month 10 £000s	Annual Plan	Plan	YTD Actual	Var.
Recurrent EBITDA	61,892	52,654	54,895	2,241
% EBITDA	4.68%	4.78%	4.90%	-0.12%
Non-recurrent: PSF/MRET	0.00	0.00	0.00	0.00
Planned EBITDA	61,892	52,654	54,895	2,241
Non-operating items	(68,294)	(56,602)	(51,911)	4,691
Retained surplus / (deficit) before technical adjs.	(6,402)	(3,948)	2,984	6,932
Technical adjs.*	(919)	(775)	315	1,090
Surplus / (deficit) as reported to NHSI	(5,482)	(3,172)	2,670	5,842

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

Capex Forecast - Summary

£000s	CDEL budget	M10 pre-mitigations	(Over)/Underpend	Mitigations	M10 post-mitigations	(Over)/Underpend
ICS allocation	33,085	38,149	(5,064)	1,408	36,741	(3,656)
Centrally funded	12,996	11,588	1,408	(1,408)	12,996	-
Trust controlled CDEL	46,081	49,737	(3,656)	-	49,737	(3,656)
PFI residual interest	4,855	4,855	-	-	4,855	-
CDEL per NHSI Return	50,936	54,592	(3,656)	-	54,592	(3,656)
Critical Care equipment outstanding funds	2,843	-	2,843	-	-	2,843
Agreed offset with Oxford Health	700	-	700	-	-	700
CDEL post budget offsets	54,479	54,592	(113)	-	54,592	(113)
Non-CDEL capex	23,666	15,187	8,479	-	15,187	8,479
Total Capex	78,145	69,779	8,366	-	69,779	8,366

Technical notes:

1. In *Cumulative Performance Against Plan* (top left) the actual Year-to-date performance is breakeven in both Month 1 and 2 meaning that 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.
4. *Capex Forecast* (bottom right) is a summarised version of detail presented later in the pack. The detailed version is the formatted presented to IC in 2020/21.

I & E Subjective £000s	IN MONTH 10				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
Income									
Commissioning Income	85,198	87,476	2,278	2.7%	861,848	863,046	1,199	0.1%	1,031,440
Passthrough Drugs & Devices	11,494	11,889	395	3.4%	100,496	108,782	8,286	8.2%	123,485
Other Income	13,040	15,125	2,085	16.0%	130,706	141,374	10,667	8.2%	156,973
PP, Overseas and RTA Income	803	855	52	6.5%	8,905	8,221	(684)	-7.7%	10,511
Total Income	110,536	115,346	4,811	4.4%	1,101,955	1,121,423	19,468	1.8%	1,322,408
Pay									
Consultants and Medics	(21,497)	(21,383)	114	0.5%	(210,008)	(210,522)	(513)	-0.2%	(251,760)
Health Care Assistants & Support	(6,262)	(6,096)	166	2.7%	(62,062)	(58,938)	3,125	5.0%	(74,531)
Nurse and Midwives	(17,669)	(19,149)	(1,480)	-8.4%	(184,039)	(183,124)	915	0.5%	(220,772)
Other Staff	(9,842)	(7,994)	1,848	18.8%	(97,743)	(100,053)	(2,310)	-2.4%	(116,603)
Scientific, Thec., Therapeutic	(9,447)	(9,399)	48	0.5%	(93,062)	(91,064)	1,998	2.1%	(111,617)
Total Pay	(64,718)	(64,021)	697	1.1%	(646,914)	(643,700)	3,214	0.5%	(775,283)
Non-Pay									
Clinical negligence	(2,788)	(2,788)	0	0.0%	(27,880)	(27,879)	0	0.0%	(33,456)
Clinical Supplies & Services	(9,128)	(8,950)	178	1.9%	(101,421)	(94,806)	6,614	6.5%	(119,651)
Drugs & Devices	(17,415)	(17,510)	(95)	-0.5%	(162,949)	(162,172)	777	0.5%	(197,778)
General Supplies & Services	(638)	(616)	22	3.4%	(3,026)	(5,756)	(2,730)	-90.2%	(4,302)
Internal Recharges	152	(0)	(152)	-100.0%	1,519	(0)	(1,519)	-100.0%	1,822
Premises & Fixed Plant	(7,586)	(8,174)	(588)	-7.7%	(72,993)	(77,479)	(4,485)	-6.1%	(88,161)
Other Expenditure	(3,796)	(6,196)	(2,400)	-63.2%	(35,637)	(54,736)	(19,099)	-53.6%	(43,707)
Total Non-Pay	(41,198)	(44,234)	(3,035)	-7.4%	(402,387)	(422,828)	(20,441)	-5.1%	(485,232)
Operational EBITDA	4,619	7,092	2,472	53.5%	52,654	54,895	2,241	4.3%	61,892
Non-EBITDA (Excl Tech Adj)	(5,774)	(5,372)	402	7.0%	(55,827)	(52,226)	3,601	6.5%	(67,374)
Operational Surplus / (Deficit)	(1,155)	1,720	2,874	248.9%	(3,172)	2,670	5,842	184.1%	(5,482)

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

Income

- Commissioning income, including passthrough drugs and devices, is £9.5m higher than plan year-to-date mainly due to additional pass through income (there is a corresponding increase in cost in non-pay). In H2, Targeted Investment Fund (TIF) and Elective Recovery Fund+ (ERF+) funding has now been accrued for £8.7m-to-date.
- Other income is £10.7m more 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 is £0.7m lower than plan-to-date.

Pay

- Pay is £3.2m better than plan year-to-date. This is principally due to COVID-19 pay costs being £6.0m below plan offset by underlying pay costs that are £2.2m above plan and recovery pay costs being £0.6m higher than plan-to-date.

Non-Pay

- Non-pay is £20.4m worse than plan year-to-date. The adverse variance is driven by increased general supplies and services costs (£2.7m), higher premises costs (£4.5m) and other non-pay underlying expenditure budget pressures (£19.1m).

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

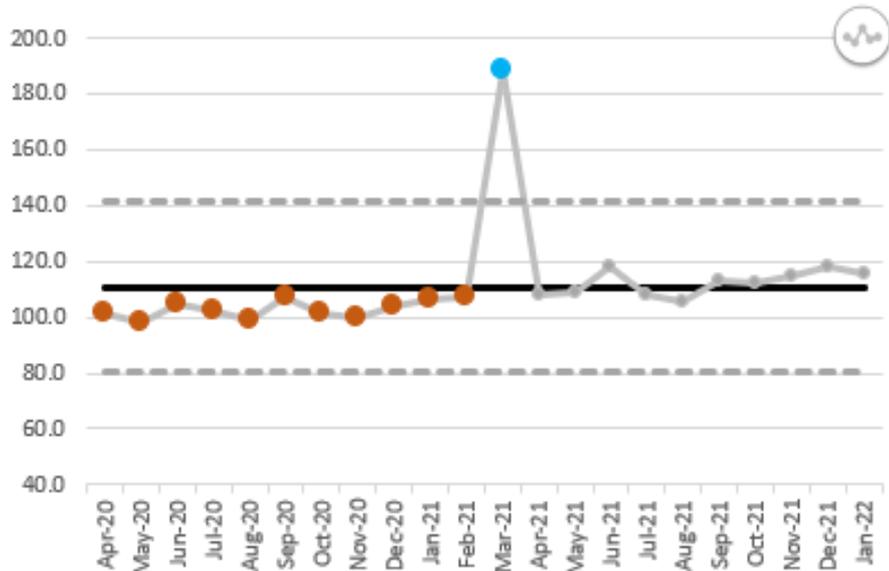
I & E Subjective £000s	IN MONTH 10 - ACTUAL						YEAR TO DATE - ACTUAL					
	Exd R&D, RECOVERY & COVID	Recovery	R&D	COVID IN ENV	COVID OUT ENV	Total	Exd R&D, RECOVERY & COVID	Recovery	R&D	COVID IN ENV	COVID OUT ENV	Total
Income												
Commissioning Income	81,699	1,820	0	3,957	0	87,476	796,251	27,477	0	39,318	0	863,046
Passthrough Drugs & Devices	11,889	0	0	0	0	11,889	108,782	0	0	0	0	108,782
Other Income	10,086	0	4,682	0	357	15,125	94,280	28	42,982	346	3,766	141,374
PP, Overseas and RTA Income	855	0	0	0	0	855	8,221	0	0	0	0	8,221
Total Income	104,529	1,820	4,682	3,957	357	115,346	1,007,534	27,505	42,982	39,664	3,766	1,121,423
Pay												
Consultants and Medics	(20,231)	(129)	(657)	(356)	(10)	(21,383)	(200,728)	(1,460)	(5,564)	(2,731)	(39)	(210,522)
Health Care Assistants & Support	(5,847)	(6)	(26)	(161)	(56)	(6,096)	(56,868)	(63)	(268)	(1,258)	(480)	(58,938)
Nurse and Midwives	(16,882)	(29)	(1,385)	(852)	(1)	(19,149)	(165,396)	(261)	(11,396)	(5,801)	(270)	(183,124)
Other Staff	(7,185)	(1)	(847)	38	0	(7,994)	(91,167)	(54)	(7,882)	(910)	(40)	(100,053)
Scientific, Thec., Therapeutic	(8,057)	(24)	(1,136)	(177)	(5)	(9,399)	(78,737)	(270)	(10,142)	(1,730)	(185)	(91,064)
Total Pay	(58,202)	(189)	(4,050)	(1,508)	(72)	(64,021)	(592,896)	(2,108)	(35,252)	(12,430)	(1,015)	(643,700)
Non-Pay												
Clinical negligence	(2,788)	0	0	0	0	(2,788)	(27,879)	0	0	0	0	(27,879)
Clinical Supplies & Services	(7,555)	(1,000)	(185)	75	(285)	(8,950)	(80,313)	(10,102)	(2,079)	427	(2,740)	(94,806)
Drugs & Devices	(17,483)	0	(0)	(27)	0	(17,510)	(162,172)	0	0	0	0	(162,172)
General Supplies & Services	(488)	0	(0)	(128)	0	(616)	(4,414)	0	(4)	(1,329)	(8)	(5,756)
Internal Recharges	193	0	(189)	(3)	0	(0)	1,741	0	(1,708)	(32)	0	(0)
Premises & Fixed Plant	(8,055)	(71)	23	(70)	0	(8,174)	(73,440)	(2,616)	(335)	(1,087)	(1)	(77,479)
Other Expenditure	(4,670)	(1,257)	(280)	11	0	(6,196)	(38,875)	(11,947)	(3,602)	(309)	(3)	(54,736)
Total Non-Pay	(40,846)	(2,328)	(632)	(142)	(285)	(44,234)	(384,978)	(24,664)	(7,730)	(2,704)	(2,752)	(422,828)
Operational EBITDA	5,482	(697)	0	2,308	0	7,092	29,660	733	0	24,530	0	54,895
Non-EBITDA (Exd Tech Adj)	(5,372)	0	0	0	0	(5,372)	(52,226)	0	0	0	0	(52,226)
Operational Surplus / (Deficit)	110	(697)	0	2,308	0	1,720	(22,565)	733	0	24,530	0	2,670

Source: Finance Ledger

- Year-to-date in-envelope COVID-19 costs total £15.1m. The H2 (Month 7-12) plan assumes COVID spend will continue at the same run-rate as in H1. Compared to December, COVID pay costs increased by £0.5m to £1.5m, due to increased backfill costs for staff absence. Non-pay costs have decreased by £0.3m to £0.1m.
- Year-to-date, the Trust is £24.5m 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.
- £0.4m of income, on plan, has been accrued in-month to be reimbursed for COVID-19 (outside envelope) testing and vaccination costs.
- Recovery costs in December were £2.5m. The recovery costs included-to-date are the incremental costs of delivering additional elective activity, some independent sector outsourcing costs and ERF contingency accrual. Clinical divisions were issued with a budget in July to fund their recovery plans to the end of H1 (September).
- R&D were at a breakeven position in January and for the year-to-date.

Source: Finance Ledger, including COVID and recovery costs. No adjustments to data

Total Income - in £m



January 2022 (Month 10): total in-month income at £115.3m reflects the recognition of ERF++, additional PET-CT and Thrombectomy income.

Trend analysis:

Total Income is currently in a 'common cause variation', meaning there are currently no unexpected variances in performance. Performance from Month 9 is above average, driven by recognition of ERF+, ERF++ and TIF increasing commissioning income significantly (see 'Commissioning Income' SPC chart below).

- Overall, total income has increased compared to the prior year with commissioning income being the main driver.
- March 21 (Month 12, 2020/21) income has triggered a 'special cause variation' which is a result of YE technical adjustments mostly relating to R&D, pension, and annual leave funding – which also shown in the 'Other Income' SPC chart below.
- Trend analysis is also affected by an uplift to income for non-pay inflation in Quarter 1 21/22 and pay inflation and growth funding in Quarter 2 21/22.



Yes

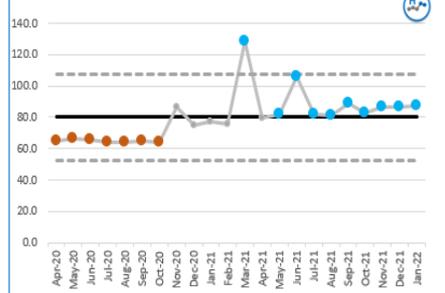


Getting Worse

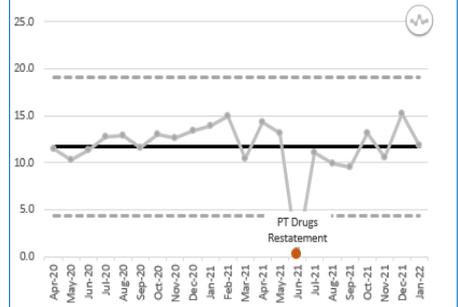


Getting Better

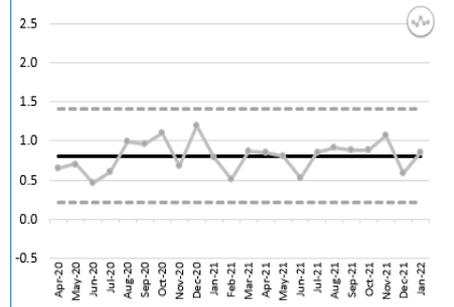
Commissioning Income - In £m



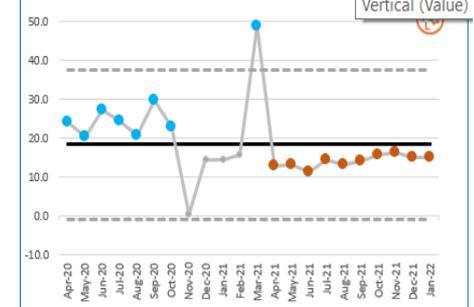
Pass Through - In £m

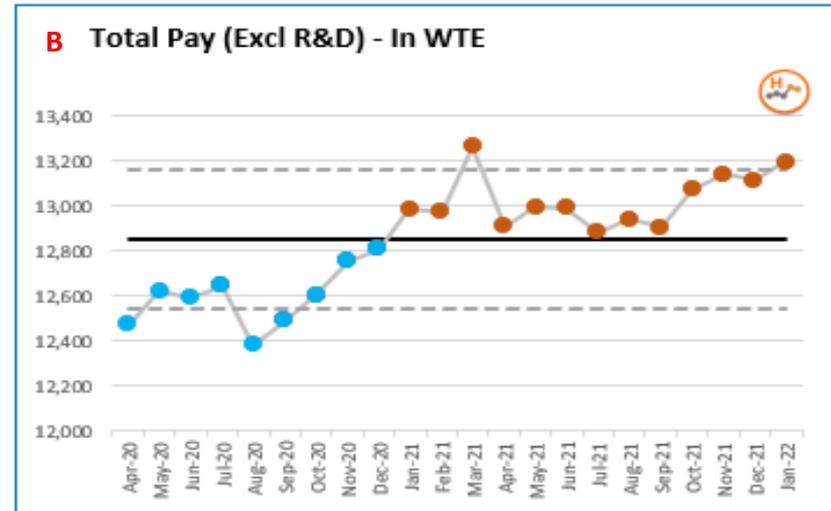
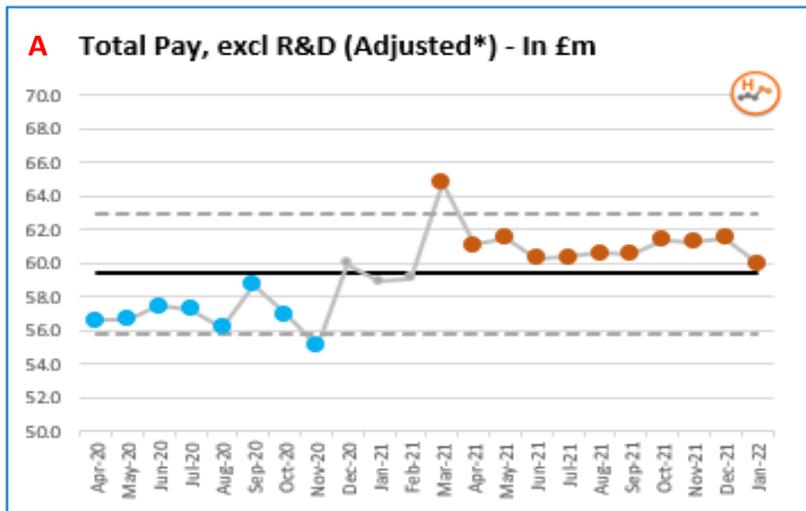


PP, Overseas & RTA Income - In £m



Other Income - In £m





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

*Pay spend was adjusted to remove the Mar-21 YE pension and annual leave accruals. M6 pay award was spread across M1-6 on a straight line basis. FY20/21 Pay spend not adjusted for inflation.



January 22
(Month 10)

£60m
13,195 WTE

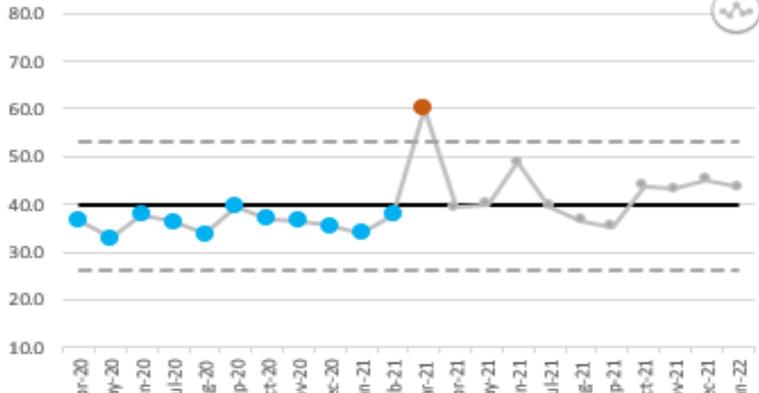
- Total pay costs were £1.5m lower in January compared to December.
- Substantive staffing costs in January were £2.3m lower than December, due to the release of 10 month's worth of the recognition day annual leave accrual (£2.4m).
- Temporary staff in-month expenditure was £0.7m higher than December, at £6.1m. All of the increase is in bank staff where costs increased for the backfill of staff absence due to COVID-19 isolation and for the bank holiday period and additional working days in January.
- WTE increased in month by 85 to 13,195 (excludes R&D). Substantive staff have decreased by 50 WTE, whilst bank and agency staff have increased by 135 WTE.
- COVID-19 pay costs were £1.6m in-month, which is £0.5m higher than December.

Trend Analysis

- Pay spend is experiencing 'special cause variation' with a deterioration since the beginning of the current financial year (chart A). This is driven by the September 2021 pay award (3%) alongside other increases in pay relating to approved business cases and overall pay increase for junior doctors. Total WTE trend is showing even earlier signs of deterioration, starting from December 2020 (WTE continuously above average, chart B).
- Spend – the Month 6 3% pay uplift is driving the increase in overall pay spend level compared to the prior financial year.
- WTE – trend is driven by an increase in bank staff due to winter pressures in the prior financial year (October 2020 through to March 2021), alongside a continued increase in substantive staff since February 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 and midwives.

Non-Pay Run Rate Overview

Total Non Pay (Excl R&D) - in £m



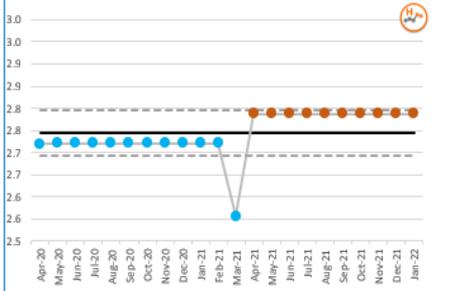
Is Performance Stable?



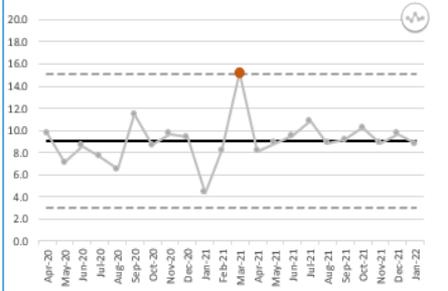
- Non-pay expenditure is under control and broadly stable with the exception of non-pass through drugs costs. However, costs in Quarter 3 were higher than in Quarter 1 and Quarter 2.
- The quarterly trend is distorted by the Quarter 1 accruals by the ICS required in H1 to manage the recognition of ERF income and their release in Quarter 2. Discounting for this, non-pay expenditure is stable given RPI is currently 7.8% indicating the impact of fixed price contracts and competitive tendering on contract renewals.
- The change in the non-passthrough drugs trend since last June is driven by a change in the accounting at that point (for the year to date) for pass-through high cost drugs, which from June 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.

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

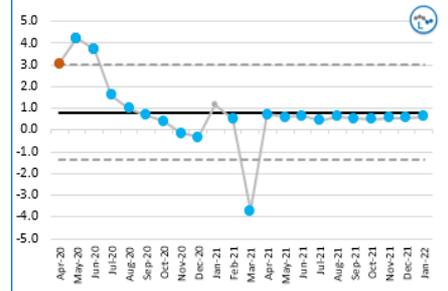
Clinical Negligence - in £m



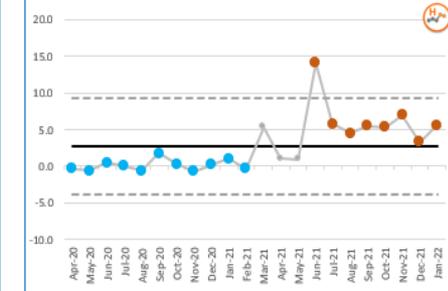
Clinical Supplies & Services (Excl Pass Trough) - in £m



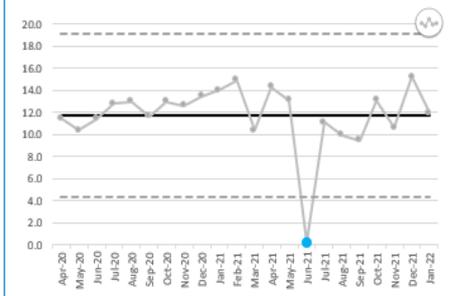
General Supplies & services - in £m



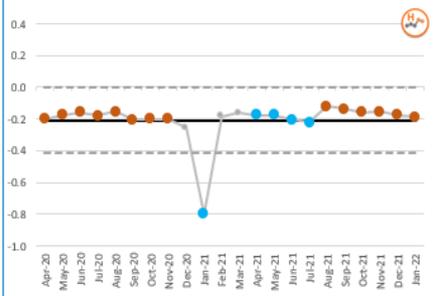
Drugs (Excl Pass Trough) - in £m



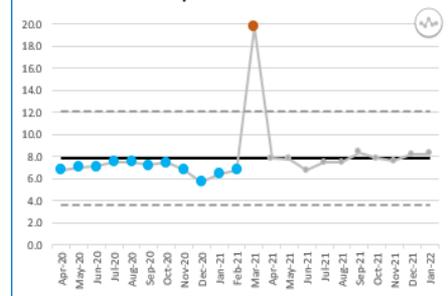
Pass Through - in £m



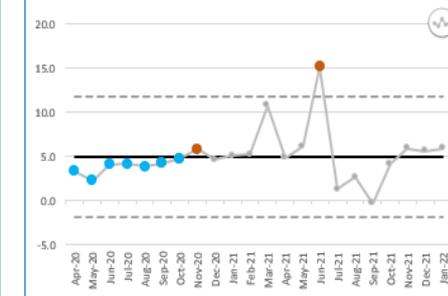
Internal Recharges - in £m



Premises & Fixed plant - in £m



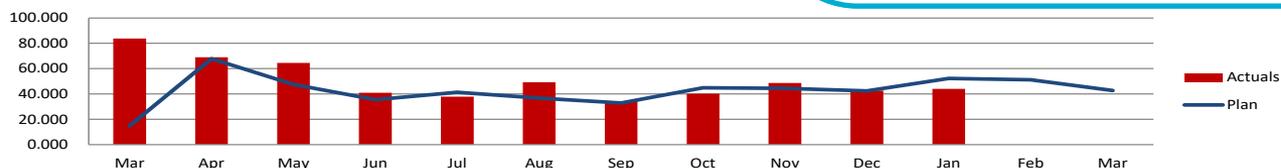
Other Expenditure - in £m



Statement of Financial Position £000s	MONTH 8 2022	MONTH 9 2022	MONTH 10 2022	YTD Movement
Non Current Assets:				
Property, Plant and Equipment	627,945	627,163	625,583	16,670
Intangible Assets	18,043	17,593	17,370	2,699
Investment Property	30,394	31,844	31,844	1,450
Other Investments	23,635	23,635	23,635	2
Trade and Other Receivables	8,303	8,675	8,753	153
Total Non Current Assets	708,320	708,910	707,185	20,974
Current Assets:				
Inventories	31,181	31,369	31,116	(823)
Trade and Other Receivables	78,041	85,079	85,861	30,039
Other Current Assets				0
Cash and Cash Equivalents	48,597	42,586	44,046	(39,723)
Total Current Assets	157,819	159,034	161,023	(10,507)
Total ASSETS	866,139	867,944	868,208	10,467
Current Liabilities:				
Trade and Other Payables	(175,515)	(177,066)	(177,703)	(8,631)
Provisions	(5,122)	(5,065)	(4,617)	1,992
Borrowings	(12,328)	(12,478)	(12,629)	(1,577)
Commercial Loans	(455)	(416)	(439)	(48)
Total Current Liabilities	(194,068)	(195,689)	(196,067)	(8,943)
Net Current Assets/(Liabilities)	(36,249)	(36,655)	(35,044)	(19,450)
Total Assets Less Current Liabilities	672,071	672,255	672,141	1,524
Non Current Liabilities:				
Trade and Other Payables	(4,015)	(4,008)	(4,001)	71
Provisions	(9,002)	(9,007)	(9,007)	26
Borrowings	(218,517)	(217,446)	(216,372)	16,409
Commercial Loans	(6,316)	(6,208)	(6,208)	314
Total Non Current Liabilities	(252,609)	(251,428)	(250,347)	2,061
Assets Less Liabilities (Total Assets Employed)	419,462	420,827	421,794	3,585
Taxpayers Equity:				
Public Dividend Capital	290,336	290,336	290,336	597
Retained Earnings reserve	(8,837)	(6,811)	(5,183)	9,654
Revaluation Reserve	136,303	135,643	134,982	(6,666)
Other Reserves	1,743	1,743	1,743	0
FV Assets Reserve	(84)	(84)	(84)	0
Total Taxpayers Equity	419,461	420,827	421,794	3,585

Source: Finance Ledger

Cashflow (£000s)



Non-Current Assets

- Non-current assets have increased with capital spend being greater than depreciation this year. Investment properties have increased by £1.45m YTD due to a new investment property – the Marcela Botnar wing of the Botnar Centre at the NOC.

Current Assets

- Current assets have decreased by £10.5m to-date, mostly due to paying off capital creditors outstanding at last year-end.
- Inventories overall are down £0.8m due mainly to reducing the carrying value of PPE stock by £1.3m. Pharmacy stock has increased by £0.9m.
- Other receivables include £8.9m of accrued income for central income reported to date in H2, where cash has not been received.

Current Liabilities

- Current liabilities have increased by £8.9m to-date, which is due to receipts in advance partly offset with 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 82.5% (by number).

Non-Current Liabilities

- Non-current liabilities have decreased by £2.1m-to-date, due to repaying PFI and other loan liabilities offset with drawing down capital loan funding.

Cash

- Cash at the end of January was £44.0m, £39.7m lower than the year-end largely due to paying off capital creditors. The actual cash balance was £8.2m lower than the internal plan balance of £52.2m. This is partly due to the high levels of accrued income the Trust is carrying.
- Cash resilience for the remainder of the financial year is dependent on the regime for H2, forecasts are being updated. The Trust has access to a committed DHSC working capital facility to help mitigate cash flow risk in the short term.

Capital Expenditure £000s	IN MONTH 10			YEAR TO DATE			FULL YEAR PLAN	
	Plan	Actual	Variance	Plan	Actual	Variance	BASE	Current
Critical Care Unit Expansion [ICS expenditure]	0	(98)	98	10,353	13,907	(3,554)	10,353	10,353
Swindon Radiotherapy Satellite Unit [ICS expenditure]	72	343	(271)	11,357	10,260	1,097	11,500	11,500
Other building works underway	137	92	45	6,989	8,559	(1,570)	7,129	7,629
Contractually committed	9	41	(32)	3,471	2,735	736	3,555	3,555
Statutory compliance	189	27	161	1,320	435	885	1,698	1,198
Other expenditure within ICS allocation	0	65	(65)	0	107	(107)	0	700
Disposals/other deductions included in CDEL	0	0	0	0	20	(20)	(1,150)	(1,150)
ICS CDEL	407	471	(64)	33,490	36,024	(2,534)	33,085	33,785

CDEL outside ICS envelope £m	IN MONTH 10			YEAR TO DATE			FULL YEAR PLAN	
	Plan	Actual	Variance	Plan	Actual	Variance	BASE	Current
Critical Care Unit Expansion [non-ICS spend]	0	0	0	5,200	2,357	2,843	5,200	5,200
Other Targeted Investment Fund (TIF)	0	0	0	0	19	(19)	0	5,234
Other external funding	0	0	0	0	0	0	0	5,405
PFI Residual Interest	405	405	0	4,046	4,046	0	4,855	4,855
CDEL outside ICS envelope	405	405	0	9,246	6,422	2,824	10,055	20,694

Total CDEL	811	876	(64)	42,736	42,446	290	43,140	54,479
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Other capex not included in CDEL £m	IN MONTH 10			YEAR TO DATE			FULL YEAR PLAN	
	Plan	Actual	Variance	Plan	Actual	Variance	BASE	Current
Grants & donations	424	1,022	(598)	10,531	7,415	3,116	11,386	11,386
PFI Lifecycleing- (excl residual interest)	(190)	(100)	(89)	5,281	829	4,453	12,280	12,280
Other capex not included in CDEL	234	922	(688)	15,812	8,244	7,568	23,666	23,666

Net Capex (after disposals)	1,046	1,797	(752)	58,548	50,690	7,858	66,806	78,145
Add back disposal/other deductions	0	0	0	0	(20)	20	1,150	1,150
Gross Capex (before disposals)	1,046	1,797	(752)	58,548	50,670	7,878	67,956	79,295

Capital Expenditure - Memo Items £m	IN MONTH 10			YEAR TO DATE			FULL YEAR PLAN	
	Plan	Actual	Variance	Plan	Actual	Variance	BASE	Current
Critical Care Unit Expansion [all funding sources]	0	577	(577)	20,553	20,014	539	20,553	20,553
Swindon Radiotherapy [all funding sources]	72	343	(271)	13,157	12,180	977	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 £13m of new confirmed PDC funding, including £2.4m which was originally part of the unfunded CCU plan and an agreed offset of £0.7m within the ICS.

Only a small amount has been incurred against the new funding so YTD variances are compared with the base plan.

The YTD net spend against the base-line allocation is £36m, which is £2.5m ahead of plan. The key driver to this overspend is the Critical Care Unit expansion, which shows £3.6m ahead of the baseline ICS allocation. However, this includes £2.8m currently unfunded.

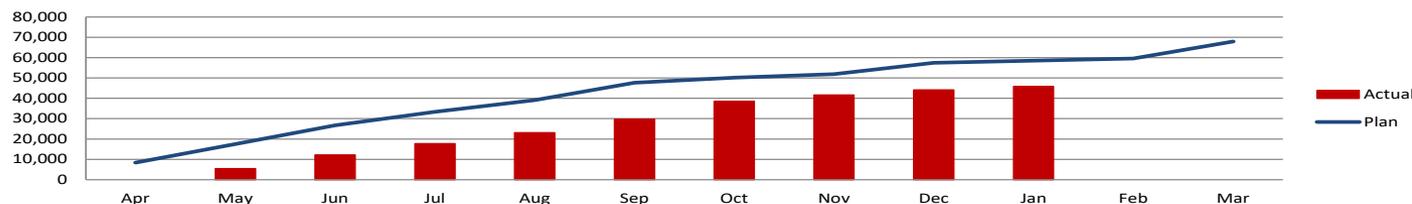
There is a £0.9m overspend against the Trauma building which includes critical fire safety works and is offset by the underspend on statutory compliance, as this work has been prioritized over other works included in the base plan.

These and other overspends are offset by slippage and underspend on Swindon Radiotherapy. Overall, the Trust's Programme spend and CDEL are within £0.3m (1%) of plan.

Gross capital expenditure, which includes PFI and grants and donations, totals £50.7m and is £7.9m behind, due to lags in the PFI replacement programme and slippage on the CCU's fifth level.

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

Cumulative Performance Against Plan (£000s)



Appendix 1 – Other Supporting Analysis: Month 10 2021/22
(these slides are inherently more technical with less emphasis on graphical representation)

Statement of Financial Position (SOFP) (New slide)

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	YTD Movement
Non Current Assets:												
Property, Plant and Equipment	608,913	606,318	608,924	613,179	615,973	616,944	620,763	627,700	627,945	627,163	625,583	16,670
Intangible Assets	14,671	18,986	18,862	18,335	18,117	19,530	19,355	18,238	18,043	17,593	17,370	2,699
Investment Property	30,394	30,394	30,394	30,394	30,394	30,394	30,394	30,394	30,394	31,844	31,844	1,450
Other Investments	23,633	23,635	23,635	23,635	23,635	23,635	23,635	23,635	23,635	23,635	23,635	2
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	153
Total Non Current Assets	686,211	687,879	690,190	693,641	696,259	698,669	702,312	708,229	708,320	708,910	707,185	20,974
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	(823)
Trade and Other Receivables	55,822	65,212	71,885	87,016	100,609	79,788	80,519	79,065	78,041	85,079	85,861	30,039
Other Current Assets												0
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	(39,723)
Total Current Assets	171,530	166,408	168,561	160,431	170,605	160,888	146,572	150,055	157,819	159,034	161,023	(10,507)
Total ASSETS	857,741	854,287	858,751	854,072	866,864	859,557	848,884	858,284	866,139	867,944	868,208	10,467
Current Liabilities:												
Trade and Other Payables	(169,072)	(166,632)	(172,080)	(165,178)	(178,396)	(168,658)	(158,128)	(171,884)	(175,515)	(177,066)	(177,703)	(8,631)
Provisions	(6,609)	(6,640)	(6,640)	(6,640)	(6,588)	(6,588)	(6,588)	(6,175)	(5,122)	(5,065)	(4,617)	1,992
Borrowings	(11,052)	(11,206)	(11,349)	(11,485)	(11,940)	(11,864)	(12,028)	(12,177)	(12,328)	(12,478)	(12,629)	(1,577)
Commercial Loans	(391)	(415)	(439)	(400)	(424)	(448)	(408)	(431)	(455)	(416)	(439)	(48)
Total Current Liabilities	(187,124)	(184,893)	(190,519)	(183,716)	(197,369)	(187,838)	(177,441)	(190,966)	(194,068)	(195,689)	(196,067)	(8,943)
Net Current Assets/(Liabilities)	(15,594)	(18,485)	(21,958)	(23,285)	(26,764)	(26,950)	(30,869)	(40,911)	(36,249)	(36,655)	(35,044)	(19,450)
Total Assets Less Current Liabilities	670,617	669,394	668,232	670,356	669,495	671,719	671,443	667,318	672,071	672,255	672,141	1,524
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)	71
Provisions	(9,033)	(9,002)	(9,002)	(9,002)	(9,002)	(9,002)	(9,002)	(9,002)	(9,002)	(9,007)	(9,007)	26
Borrowings	(232,781)	(226,060)	(224,990)	(223,919)	(222,807)	(221,735)	(220,661)	(219,589)	(218,517)	(217,446)	(216,372)	16,409
Commercial Loans	(6,522)	(6,522)	(6,522)	(6,419)	(6,419)	(6,419)	(6,316)	(6,316)	(6,316)	(6,208)	(6,208)	314
Total Non Current Liabilities	(252,408)	(251,349)	(250,272)	(251,691)	(250,571)	(252,747)	(251,563)	(250,484)	(252,609)	(251,428)	(250,347)	2,061
Assets Less Liabilities (Total Assets Employed)	418,209	418,045	417,960	418,665	418,924	418,972	419,880	416,834	419,462	420,827	421,794	3,585
Taxpayers Equity:												
Public Dividend Capital	289,739	289,738	289,738	289,738	289,738	289,738	289,738	289,738	290,336	290,336	290,336	597
Retained Earnings reserve	(14,837)	(14,279)	(13,704)	(12,339)	(11,419)	(10,710)	(9,142)	(11,527)	(8,837)	(6,811)	(5,183)	9,654
Revaluation Reserve	141,648	140,928	140,267	139,607	138,946	138,285	137,625	136,964	136,303	135,643	134,982	(6,666)
Other Reserves	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)	0
Total Taxpayers Equity	418,209	418,046	417,960	418,665	418,924	418,972	419,880	416,834	419,461	420,827	421,794	3,585

- This is a new slide intended to complement the presentation in the main report with detail if required.
- Commentary will be provided from M11.

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
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	28,762
Depreciation and Amortisation	3,025	5,982	8,988	11,995	14,998	17,998	20,999	26,999	26,999	30,000
Impairments and Reversals	0	0	0	0	0	0	0	0	0	0
Donated Assets received credited to revenue but non-cash	0	(10)	(70)	(89)	(89)	(96)	(175)	(198)	(195)	(254)
Interest Paid	(1,891)	(3,795)	(5,759)	(7,654)	(9,547)	(11,511)	(13,404)	(17,286)	(17,319)	(19,212)
Dividend Paid	0	0	0	0	0	(4,019)	(4,019)	(4,686)	(4,019)	(4,019)
(Increase)/Decrease in Inventories	(237)	(240)	(485)	(236)	94	188	1,123	758	570	823
(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)
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
Provisions Utilised	0	0	0	(52)	(52)	(52)	(52)	(104)	(1,611)	(2,058)
Increase/(Decrease) in Movement in non Cash Provisions	0	0	0	0	0	0	(413)	(1,413)	41	41
Net Cash Inflow/(Outflow) from Operating Activities	14,375	15,839	(3,671)	683	16,203	7,910	19,925	33,120	27,874	33,627
CASH FLOWS FROM INVESTING ACTIVITIES										
Interest Received	0	0	0	0	0	0	0	0	0	4
(Payments) for Property, Plant and Equipment	(23,758)	(28,835)	(34,802)	(41,625)	(47,815)	(53,449)	(57,913)	(65,959)	(66,429)	(69,079)
(Payments) for Intangible Assets	(4,444)	(4,439)	(4,029)	(4,091)	(4,319)	(4,340)	(5,097)	(5,098)	(5,097)	(5,098)
(Payments) for Investments	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	0
Cash movement from disposals of business units and subsidiaries (not absorption transfers)	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)	(74,172)
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)
CASH FLOWS FROM FINANCING ACTIVITIES										
Public Dividend Capital Received	0	0	0	0	0	0	0	598	598	598
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
Other Loans Repaid	0	0	(94)	(94)	(94)	(189)	(189)	(189)	(289)	(289)
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)
Net Cash Inflow/(Outflow) from Financing Activities	(922)	(1,838)	(277)	(935)	1,418	412	(510)	2,766	1,746	822
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)
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

- This is a new slide intended to complement the presentation in the main report with detail if required.
- Commentary will be provided from M11.

£m	Final H2 Plan	M8 FoT	M9 FoT	Latest FoT vs H2 Plan		Comment (Explanation of Movement) Remainder of FoT
				M10 FoT	Latest FoT vs H2 Plan	
YTD actuals	1.4	-1.4	1.0	2.7	1.3	M8 & M9 were better than plan. YTD is now ahead of plan.
Core assumptions (v.s H1 actuals)						
Block income	-3.7	-2.5	-1.9	-1.2	1.9	FoT assumption reduced pro from six month to five months (i.e. to 5/6s of plan). No change to assumptions.
Top-up income	-6.3	-4.2	-3.2	-2.1	3.2	
Contribution from ERF	-9.1	-6.1	-4.6	-3.0	4.6	
COVID income	-1.4	-0.9	-0.7	-0.5	0.7	
OUH cost pressures	-6.3	-4.2	-3.2	-2.1	3.2	
Income (contribution. Draft to Final move is £2m TIF)	6.4	4.3	3.2	2.1	-3.2	
Pay efficiencies	3.0	2.0	1.5	1.0	-1.5	
Non-pay efficiency	7.5	5.0	3.8	2.5	-3.8	
H2 plan	-9.9	-6.6	-4.9	-3.3	4.9	
Full year plan	-8.5	-8.0	-4.0	-0.6	4.5	
Run rate impact (estimate based on latest actuals)						
Income		0.0	0.9	0.9	0.9	ONS pathology contract income ahead of planned/H1 and further impact of new nMAB funding Pay trending slightly over H1 run rate (adjusted for pay deal). Worsened NP trend in H2 over H1 (adjusted for changes to VCM/pass through) No impact in Q3, but see year end risks below
Pay		0.0	-1.0	-0.5	-1.0	
Non-pay		0.0	0.0	-0.1	0.0	
Capital & Financing Charges		0.0	0.0	0.0	0.0	
Total run rate impact	0.0	0.0	-0.2	0.3	-0.2	
One-off items						
PFI settlement	3.0	2.5	1.5	1.0	-1.5	FoT assumption is balance of provision to be released after PFI settlement. ERF++ funding of £5.6m confirmed late December. M11 and M12 impact of A/L (Recognition Day) accrual release (already pro-rate to M10 YTD)
ERF++ bid			2.8	1.9	2.8	
A/L accrual recognition day				0.5	0.0	
Total one off items	3.0	2.5	4.3	3.3	0.3	
Forecast	-5.5	-5.5	0.116	3.0	8.5	Unadjusted forecast now in line with plan for Q4.

Identified risks	Final H2 Plan	M8 FoT	M9 FoT	Latest gross	Likelihood adjustment	Latest gross		Comment
						Latest gross	Likelihood adjustment	
Unfunded elective recovery costs	-6.7	-5.9	0.0	0.0	100%	0.0	6.7	Risk removed as now fully funded £150k spend now fully funded by ICS CDF billing issue. Costs and income of £3m FY in position & FOT. Potential dispute due to data issue. c.£1m of projects agreed, actual risk net of BCF and likely delayed start to some projects. DHSC has not yet released PPE stock values. OUH held £17m at 31/3/21 prices. Risk models a 10% reduction Initial estimate looks like a reduction to accrual. Moved to opportunities. New financial risk based on current operational pressures. Risk of non-payment by NHSE of IS sub-contracted activity. CCG to underwrite IS costs. Risk of underspend on ERF++ being clawed back. Further elective recovery may reduce this in M11 and M12
Non-monoclonal antibody treatment delivery	-0.4	-0.1	0.0	-0.2	0%	0.0	0.4	
Specialist Commissioning drug cost envelope	-2.0	-1.0	-1.5	-3.0	75%	-2.3	1.0	
Unfunded winter pressures	0.0	-0.4	-0.4	-0.7	50%	-0.4	-0.4	
PPE stock movement	0.0	0.0	-1.4	-3.4	41%	-1.4	0.0	
Annual leave accrual	0.0	0.0	-0.9	-1.0	0%	0.0	0.0	
Winter staff incentive	0.0	-1.5	0.0	-2.0	0%	0.0	-1.5	
Independent sector elective costs	0.0	0.0	0.0	-1.8	0%	0.0	0.0	
ERF++ income clawback (underspend on schemes)				-2.0	50%	-1.0	0.0	
Total identified risks	-9.1	-8.8	-4.1	-14.1		-5.0	4.1	

Opportunities	Final H2 Plan	M8 FoT	M9 FoT	Latest gross	Likelihood adjustment	Latest gross		Comment
						Latest gross	Likelihood adjustment	
COVID Cost Reduction	1.4	0.4	0.1	1.4	10%	0.1	-1.3	Reduced estimate of likelihood given cases numbers and admissions £2.8m (FY) benefit of recognition day recognised pro-rata at M10. Benefit of main A/L accrual at M10 (based on estimated 3.4 days carried over compared to 5.3 days 20/21) Contingency accrued in H1, review before year end, will be released. Investment property gain in Q3. 100% as practical completion has taken place. Recognised in M9. Valuer advises general investment property valuation increase of up to 5%. Discounted by 50% to 2.5%. Bid successful. Notified 15/12/21 Bid successful. Opportunity removed as nertys against matching risk Funding likely to be transferred from ICS. Additional stock counted since year end. Potential to resolve various bad debts and commercial issues. £2.8m improvement on depreciation and £2m downside on PDC dividend.
A/L accrual release: Recognition day	2.8	2.8	2.8	0.0	100%	0.0	0.0	
A/L accrual release: Main accrual	0.0	0.0	0.0	5.0	75%	3.7	0.0	
In year contingency on balance sheet	4.9	4.9	4.9	4.9	100%	4.9	0.0	
Investment property valuation (1)	1.4	1.4	0.0	0.0	n/a	0.0	-1.4	
Investment property valuation (2)	1.5	0.8	0.8	1.5	50%	0.8	-0.8	
Reablement transition funding	0.0	0.3	0.3	0.3	100%	0.3	0.3	
ERF++ bid	0.0	5.4	0.0	0.0	n/a	0.0	0.0	
Additional ICS funds	0.0	0.0	0.4	4.0	25%	1.0	0.4	
Stock count	0.0	0.0	0.2	0.7	25%	0.2	0.2	
Estates commercial / bad debt settlements	0.0	0.8	0.3	3.3	10%	0.3	0.3	
Net movement on capital charges	0.0	0.8	0.4	0.8	100%	0.8	0.4	
Subtotal net upsides / downsides	12.0	17.5	10.1	21.8		12.1	0.1	

Net (Risk)/Opportunity	2.9	8.7	6.0	7.8	7.1	4.2	There is net upside at present as additional ERF funding is reducing risk.
Forecast plus net upsides / downsides	-2.6	3.2	6.1		10.1	12.7	Forecast has improved due to successful additional funding bid and YTD performance.

Capital expenditure forecast

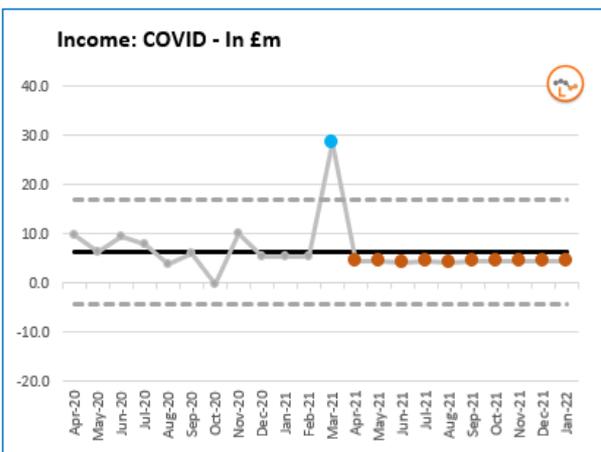
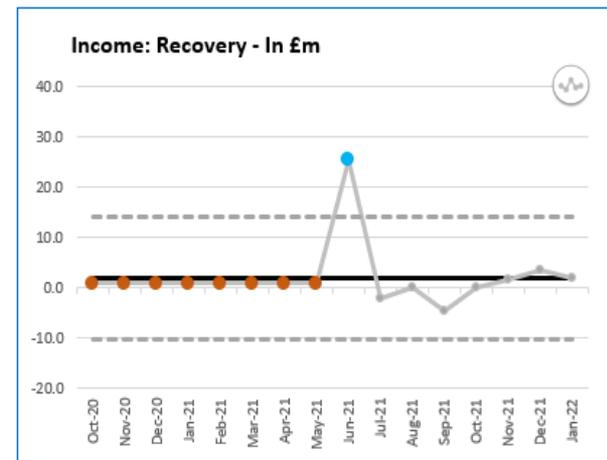
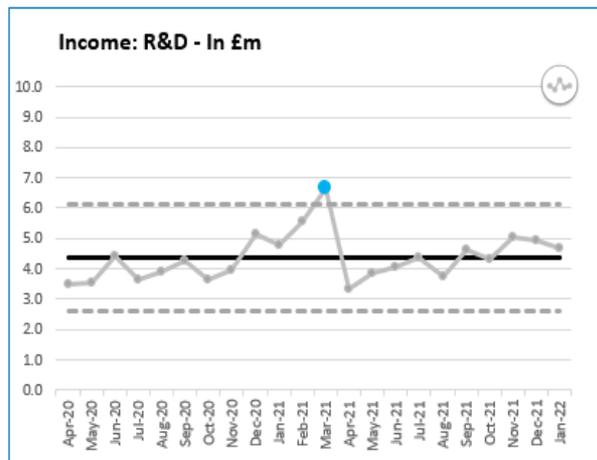
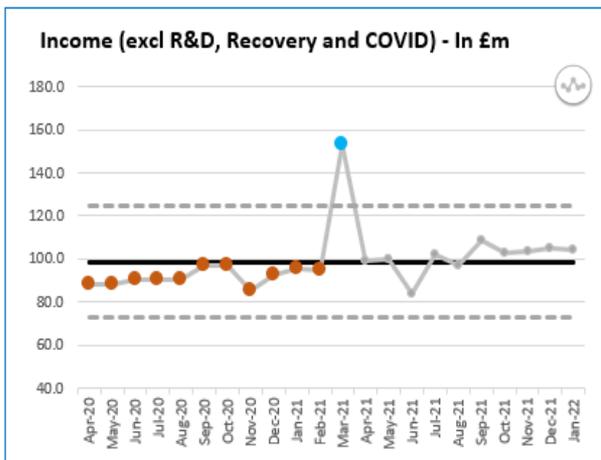
£000s

	M10 (pre-mitigation)			M10 Mitigations		M10 (post mitigation)	
	CDEL budget	M10 Forecast	Over/underspend	Reclassify Digital underspend	Reclassify cath lab underspend	M09 (post mitigation)	Over/underspend
Critical Care Unit	10,353	14,007	(3,654)	854		13,153	(2,800)
Swindon Radiotherapy Satellite Unit	11,500	10,571	929			10,571	929
OHTC relocation to Mayfair Ward at the NOC	2,800	3,465	(665)	196		3,269	(469)
Containment Level 3 Laboratory Works (JR2)	2,430	2,630	(200)			2,630	(200)
Trauma Building	630	1,704	(1,074)		358	1,346	(716)
Imaging Equipment Replacement Programme	3,295	3,054	241			3,054	241
Other	3,227	2,698	529			2,698	529
Asset sale	(1,150)	20	(1,170)			20	(1,170)
ICS allocation	33,085	38,149	(5,064)	1,050	358	36,741	(3,656)
Critical Care Building	2,357	2,357	-			2,357	-
Cath Lab	1,758	1,400	358		(358)	1,758	-
Digital	2,600	2,050	550	(550)		2,600	-
Pathology	1,138	1,138	-			1,138	-
Radiology (MoU number)	1,115	1,115	-			1,115	-
Endoscopy Academies	254	254	-			254	-
MRI software upgrades (TIF)	726	726	-			726	-
Echo simulator	74	74	-			74	-
Imaging Academies	78	78	-			78	-
Digital Maternity Fund	271	271	-			271	-
Digital Productivity Fund	150	150	-			150	-
Cyber Security Infrastructure fund	325	325	-			325	-
Video Conferencing (TIF)	150	150	-			150	-
Digital other	1,500	1,500	-			1,500	-
TRE	500	-	500	(500)		500	-
Centrally funded	12,996	11,588	1,408	(1,050)	(358)	12,996	-
Trust controlled CDEL	46,081	49,737	(3,656)	-	-	49,737	(3,656)
PFI residual interest	4,855	4,855	-			4,855	-
Critical Care equipment outstanding funds	2,843	-	2,843			-	2,843
Agreed offset with Oxford Health	700	-	700			-	700
CDEL per NHSI Return	54,479	54,592	(113)	-	-	54,592	(113)
PFI Lifecycle (less residual interest)	12,280	4,373	7,907			4,373	7,907
Donations	9,265	8,693	572			8,693	572
Other	2,121	2,121	-			2,121	-
Non-CDEL capex	23,666	15,187	8,479			15,187	8,479
Total Capex	78,145	69,779	8,366			69,779	8,366

* IT capital bids – funding not yet confirmed

- ICS Capital is forecast to be overspent due to unfunded critical care costs and delay to an assumed asset sale.
- Mitigations in relation to underspends in addition funding streams should reduce the CDEL overspend to £3.6m, of which £2.8m is the unfunded element of the CCU project and £0.7m will be an offset with an equivalent underspend in Oxford Health as part of the ICS overall capital delivery.

Source: Finance Ledger, including COVID and recovery costs. No adjustments to data



January 2022 (Month 10):

- No sharp fluctuations in January.

Trend analysis:

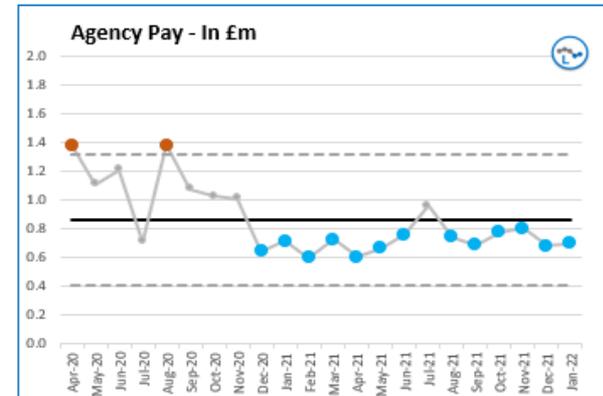
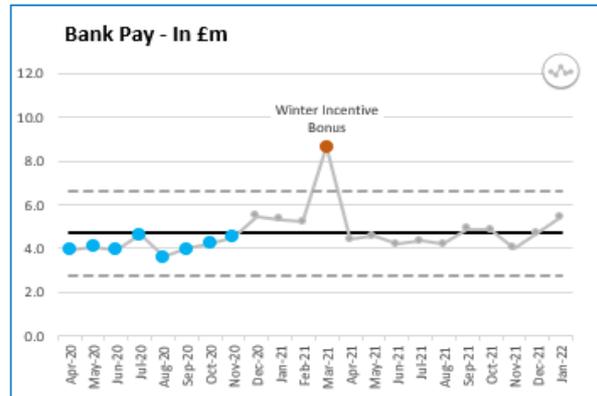
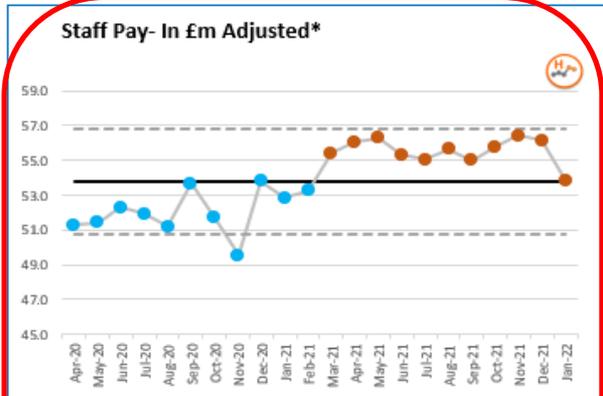
- R&D income benefitted from a release of deferred income in Month 12 2020/21 (which helped to fund the university grant).
- Recovery income was effected by the recognition of Quarter 1 ERF in Month 3 (June) 2021 and subsequent adjustments.
- COVID-19 income was reduced in 2021/22 and is now paid on a block basis rather than fluctuating with costs.

Is Performance Stable?

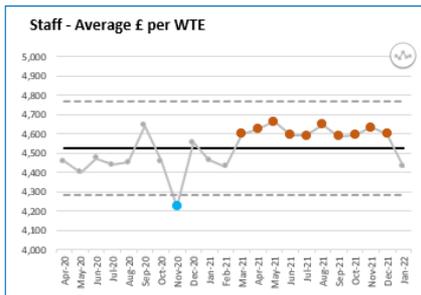
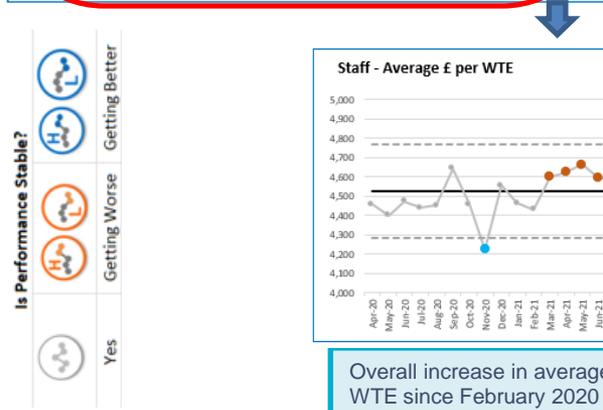
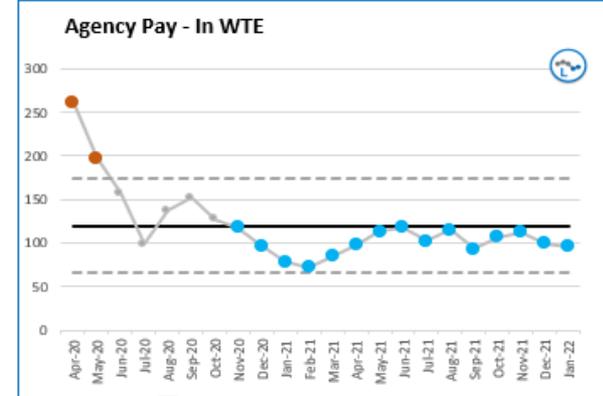
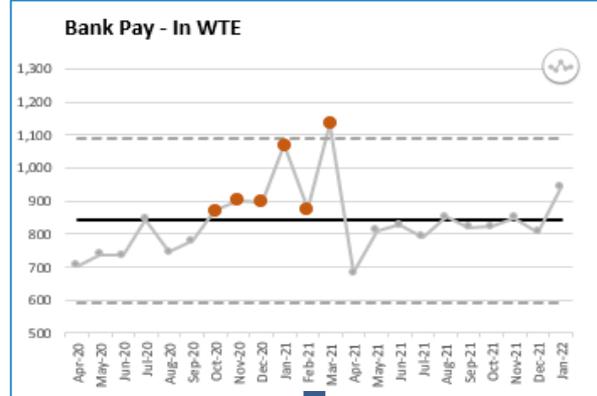
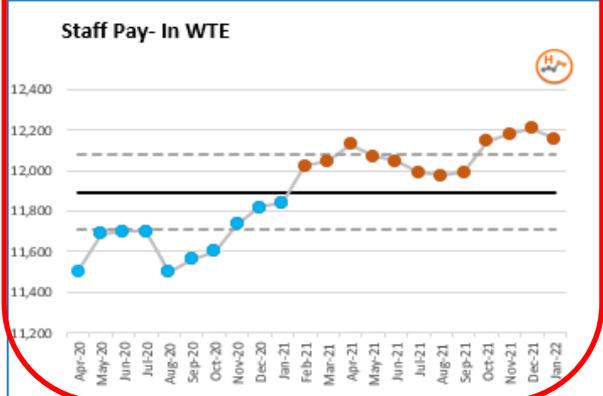
Yes	Getting Worse	Getting Better

Pay: Run rate by staff type

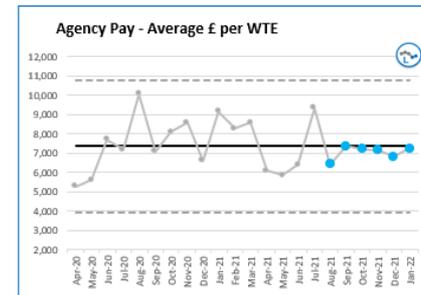
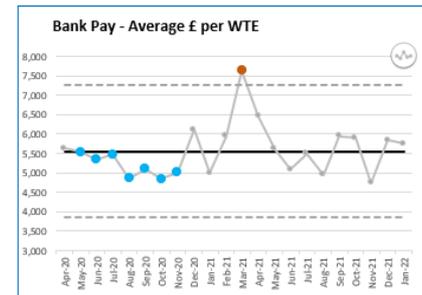
Source: Finance Ledger, excluding R&D costs, including COVID and recovery costs



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



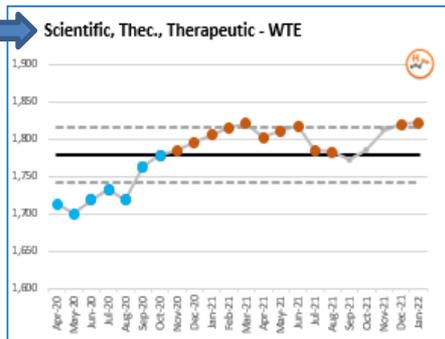
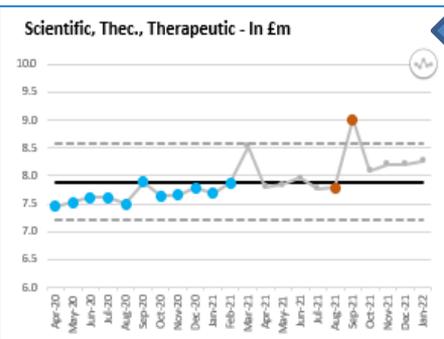
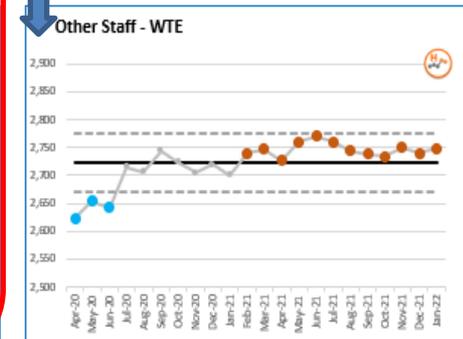
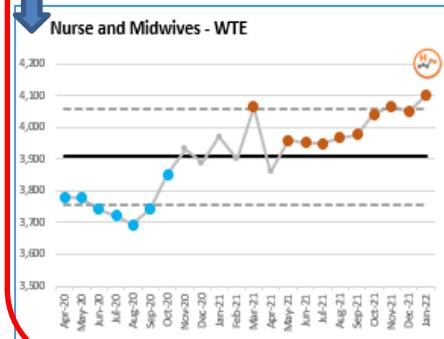
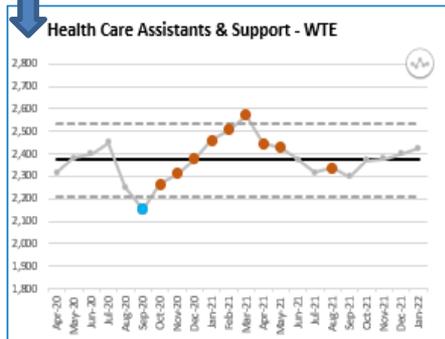
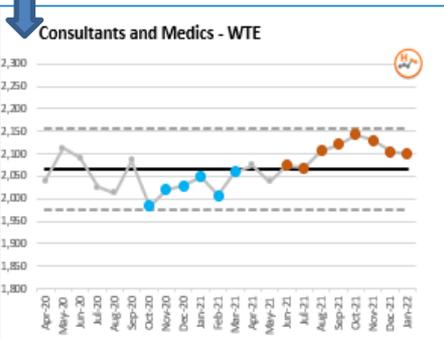
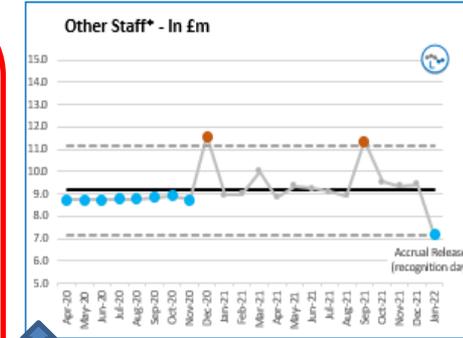
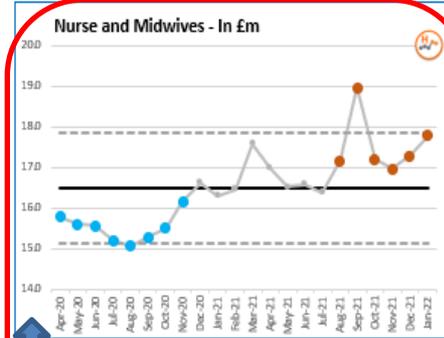
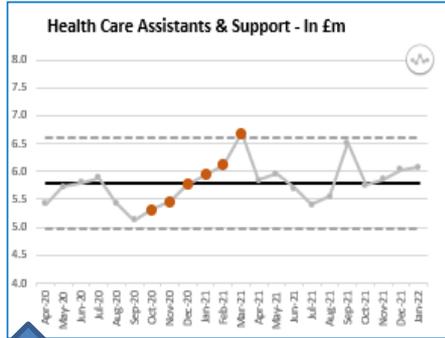
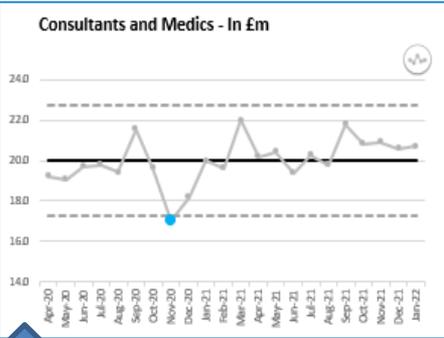
Overall increase in average pay per WTE since February 2020 due to 3% pay award



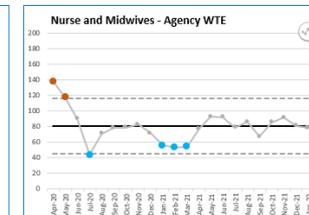
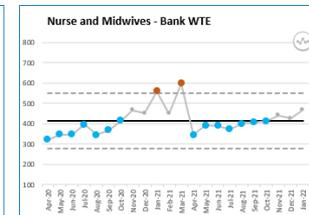
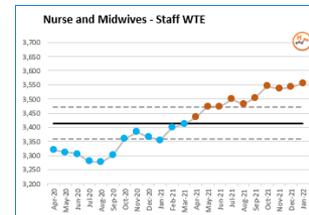
Overall decrease in agency WTEs against an increase in substantive WTE and vacancy rate

Pay: Run Rate by Staff Group

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



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



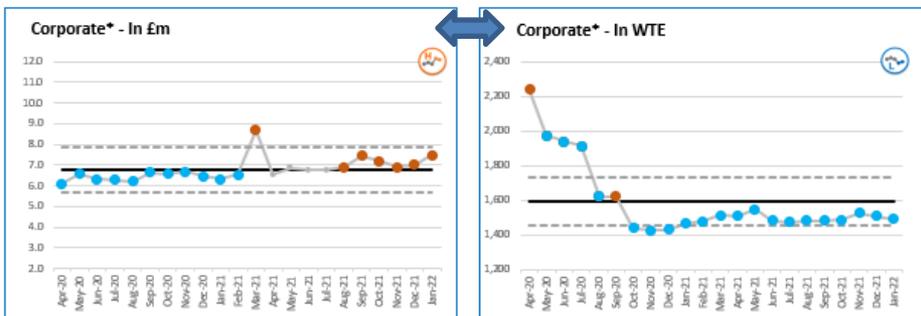
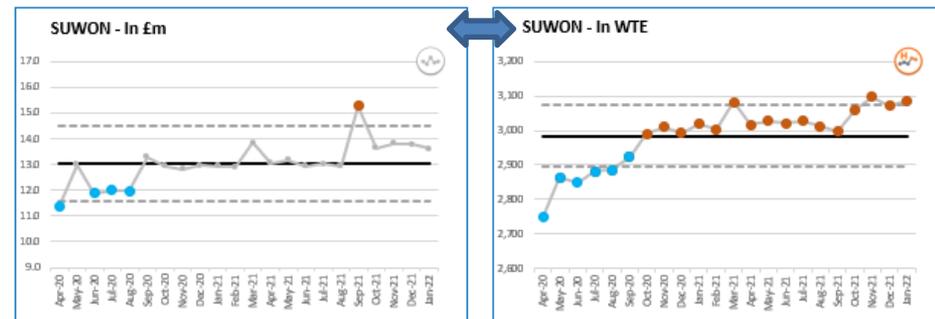
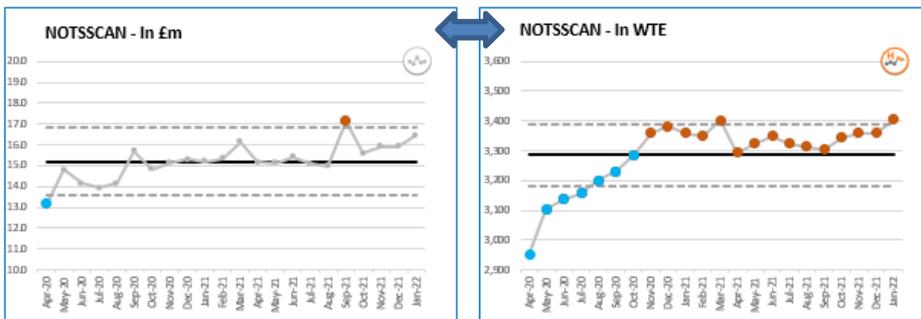
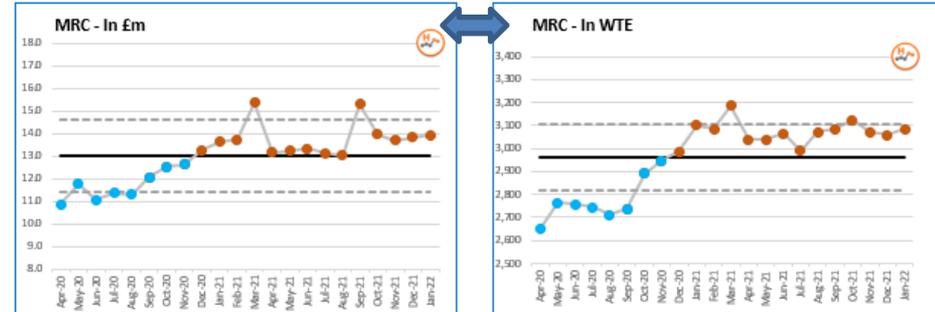
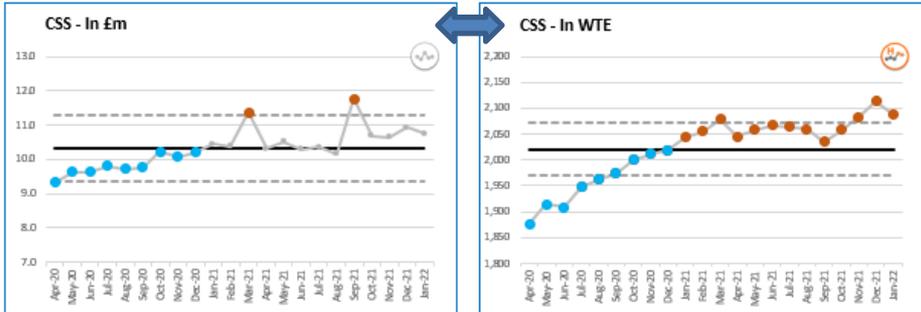
Pay and WTE trends are driven by nursing and midwives, particularly by substantive staff.

Is Performance Stable?

Yes
 Getting Worse
 Getting Better

Pay: Run Rate by Divisions

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



- Increase in WTE is seen in all clinical divisions, with similar pay increase (with exception of SUWON).
- Non-clinical areas pay spend has remained with no significant changes since prior year's winter. WTEs have gone down drastically in middle of prior FY and have remained at the same level since.

*Corporate includes Education, Estates, DOSI, OPEX and HOST. Mar-21 YE pension accrual was removed from the data.

Is Performance Stable?

Yes	Getting Worse	Getting Better

I&E (Control total)	H2 reforecast						Risk / Opportunity adjustment	Net impact on H2 I&E Plan
	Q1	Q2	Q3	Q4	H2 Total	21/22 Total		
Data and IP royalties (includes ongoing deals such as SRA2 + spot deals)			0.20	0.05	0.25	0.25	-0.05	0.20
Ramsey treatment centre uplift	0.01	0.01	0.01	0.01	0.02	0.04		0.02
FMRIB rental review (incremental)				0.14	0.14	0.14	-0.05	0.09
Private patient pricing (incremental)			0.09	0.18	0.26	0.26		0.26
Incremental PDC div				-0.04	-0.04	-0.04		-0.04
Botnar 3			1.40		1.40	1.40	0.05	1.45
Botnar 3 indemnity income			0.10		0.10	0.10		0.10
General Investment Property valuation (assume 2.5%)				0.76	0.76	0.76	-0.76	0.00
Spin out revals				0.10	0.10	0.10		0.10
Private patients - underbilling review - new invoices	0.22	0.68	0.00	0.00	0.00	0.90		0.00
Private patients - underbilling review - TPW fee			-0.04	-0.04	-0.09	-0.09		-0.09
Private patients - underbilling review credit note provision	-0.09	-0.51	0.20	0.20	0.40	-0.20		0.40
Other non pay	-0.02	-0.09	-0.15	-0.15	-0.30	-0.41		-0.30
Adjustments for transactions in old cost centre		-0.08			0.00	-0.08		
Staff cost	-0.09	-0.09	-0.12	-0.15	-0.27	-0.45		-0.27
NET POSITION (CONTROL TOTAL)	0.03	-0.09	1.68	1.05	2.74	2.68	-0.81	1.93

I&E (Non-control total)	H2 reforecast						Risk / Opportunity adjustment	Net impact on H2 I&E Plan
	Q1	Q2	Q3	Q4	H2 Total	21/22 Total		
Sensyne (non control total I&E)				-3.47	-3.47	-3.47	-5.30	-8.77

Non-recurrent CDEL (positive = disposal)	H2 reforecast						Risk / Opportunity adjustment	Net impact on H2 I&E Plan
	Q1	Q2	Q3	Q4	H2 Total	21/22 Total		
Disposal of commercial assets				0.17	0.17	0.17	-0.17	0.00
TOTAL RECURRENT BEFORE STAFF COST	0.00	0.00	0.00	0.17	0.17	0.17	-0.17	0.00

- I&E control total:** £2.7m control total profit forecast in 21/22. Performance driven by Botnar 3 revaluation of £1.4m, and investment property revaluations (£0.76m). Recurrent commercial profit (control total) entering into 21/22 was £0.3m. The full year effect recurrent commercial profit (control total) is forecast to increase to £1.1m by 31 March.
- £0.8m risk to forecast mainly from investment property revaluations which are dependent on the property market at 31 March.
- I&E non-control total:** Sensyne shares have reduced by £8.8m 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 (commercially sensitive). High risk due to market factors.