

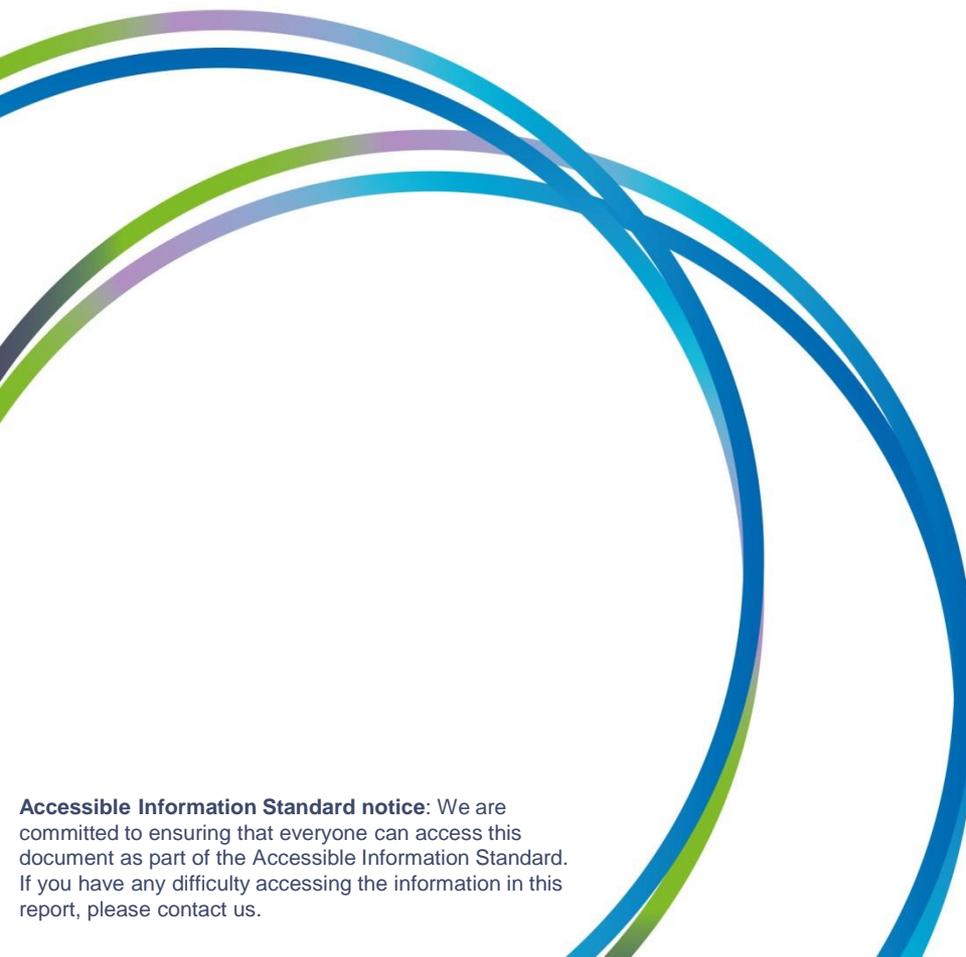
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Oxford University Hospitals
NHS Foundation Trust

Integrated Performance Report
Month 2 (May data)

July 2022



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Integrated themes and issues from M2 (May 2022)

Quality and Safety

Maternity

In May **Red** areas related to:

- 1 Return to theatre
- 67.9% Test Result Endorsement

Amber areas related to:

- 1 HIE 3
- 31 (5%) Unexpected term admissions to NNU
- 80% Percentage of Women Initiating Breastfeeding

Green areas related to:

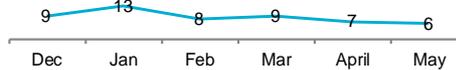
- 2.7% 3rd and 4th Degree tears
- 709 Scheduled Booking
- 615 Mothers Birthed

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HAPU

In May there were **6** incidents of moderate harm causing **Hospital Acquired Pressure Ulceration (HAPU)**. This was a decrease from the 7 reported in April. Of the six patients affected, five patients were recorded as Category-3 and one patient was recorded as a Category-4 pressure ulcer. All six incidents had been reported at an earlier stage of skin damage and had been assessed as being at high risk of pressure damage. The use of a medical devices, catheter and cast, were associated with two of the six incidents and all six patients were assessed as bedbound.

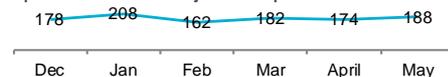
All Category-3 and above HAPU are investigated and an action plan approved and implemented.



Pages 27-29

Harm from Falls

There were **188 falls** reported in May, which was an 8% increase compared to the 174 falls recorded in April. This total is equivalent to the rolling average of 188 reported falls per month but was higher than the total falls for this time last year (156). Falls resulting in harm (minor and above) represented 25.5% of all falls in May, which is an increase compared to April (22.4%). There were four falls resulting in higher severity harm levels for patients: Moderate – two patients and Major two patients.

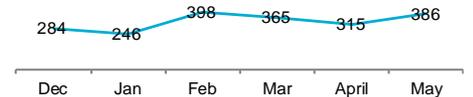


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Safeguarding Children

There were **386** consultations with the **children's safeguarding** team in May, an increase of 71 compared to 315 recorded in April. The main category for consultation continues to relate to neglect and emotional harm, and an increase in mental health presentations for adolescent self harm behaviours and eating disorders. The complexity of concerns continue relating to children with disabilities, however there has been a reduction in strategy meetings attended by the team (n=19) compared to 24 in April. In May, 29.5% (n=209) of maternity bookings had a high public health risk related to maternal mental health, drug use and domestic abuse. This was an increase of 6.8% from April. Cases of concealed pregnancies related to drug abuse have increased. Additional safeguarding maternity resource is being sought. With a further increase in MASH health check referrals, additional hours are being worked by the team and further resources from OUH/OH is being pursued.

Safeguarding Children Training Compliance for Level 1 reduced to 83% which is below the 90% KPI. Level 2 training reduced to 81% and Level 3 training remains at 70%. All are below the KPI. E-learning for health online training is available for all levels.

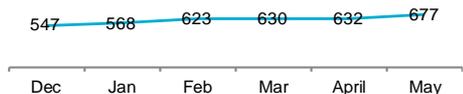


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Safeguarding Adults

Adult safeguarding activity (referrals, consultations and incident reviews) was **677** in May, an increase from the 632 reported in April. The main categories for consultation referrals related to neglect, self-neglect and domestic abuse. Issues relevant to capacity on discharge have been raised.

Training compliance for Prevent Levels 1 & 2 decreased by 6 percentage points to 79%. Level 3,4 & 5 compliance remained at 85% which meets the KPI of 85%. Safeguarding training compliance across the Trust is below the 90% KPI. Level 1 decreased by 5 percentage points to 84%, and level 2 decreased by ten percentage points to 79%. Reminders are being sent to staff to undertake their online training. Training via eLFH is available but the Level 3 roll out has been delayed.



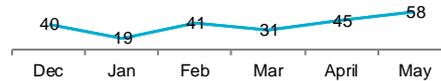
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Integrated themes and issues from M2 (May 2022)

Quality and Safety

DoLS

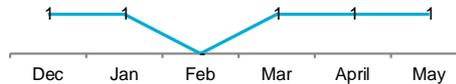
There were **58 Deprivation of Liberty Safeguards (DoLS)** applications reviewed in May, which was an increase compared to the 45 recorded in April. The link to the DoLS assessment form has now been reinstated through EPR.



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Section 42

In May there was **1 new Section 42 investigation request**. There are currently four open s42 enquiries.

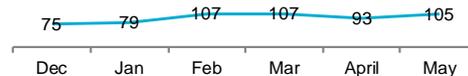


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Complaints

There were **105 Complaints** in May, an increase on the 93 reported in April. Of these, 12 complaints were received relating to the emergency departments at the John Radcliffe and the Horton General Hospital and included clinical treatment, patient care and values and behaviours of staff. Twelve complaints were received pertaining to Neurosciences services with issues raised about appointments, waiting times and admission and discharge. There were nineteen complaints relating to clinical treatment matters, with issues including the wait for operation/procedure, injury sustained during treatment and inadequate pain management. In May complaints pertaining to Maternity reduced to 9 compared to 14 in April.

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



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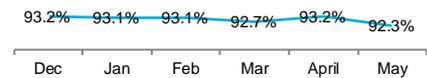
Family and Friends Test

The top 8 raised **FFT** themes in May included **10,017** comments. The top 8 themes, by volume, related to *Staff attitude 3,234, Implementation of care 2,482, Clinical Treatment 1,048, Waiting time 755, Patient mood/feeling 912, Admission 832, Communication 658 and Discharge 96* and the majority of responses within these categories were positive. The charts below include the % responses for likely to recommend from the adult FFT.

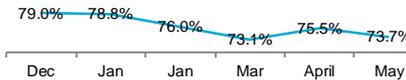
Inpatients



Outpatients

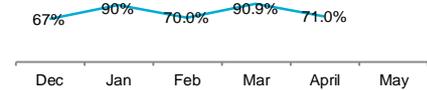


Emergency department



Maternity

NB: data for May was not available at the time of reporting



Maternity SMS FFT – System testing for SMS for the birth question will be completed by 31st July 2022. The photographs for the antenatal, postnatal ward and discharge questions are being added to the paper surveys and will be reviewed and signed off at the Maternity Clinical Governance Meeting.

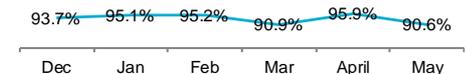
Overall, the recommended rate from the **Children's FFT** was **90.6%** in May.

The top 3 **positive** themes for Children's FFT in May were:

1. Staff care and compassion (n=144)
2. Patient care or treatment (n=82)
3. Communication information giving (n=53)

The top 3 **negative** themes for Children's FFT in May were:

1. Communication information giving (n=33)
2. Time – waiting (n=19)
3. Patient Care or Treatment (n=17)



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Executive Summary (3)

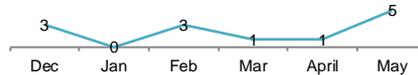
Integrated themes and issues from M2 (May 2022)

Quality and Safety

RIDDOR

In May there were **5 RIDDOR** reports to the HSE, four were connected to staff and involved lifting and handling injuries, with actual impacts of 2 – *minor injury/illness*. One report related to a patient and a fall from height, with an actual impact of 3 - *moderate effect or serious injury (but not long-term)*.

The incident was reviewed by the Health and Safety and Capital Projects team. Short term mitigation of Heras fencing was identified and erected. A permanent solution has been identified and is awaiting funding.



Page 37-41

PFI

The Mortuary manager, the lead for the Practice Development Team and portering managers at the Churchill and John Radcliffe sites are working to achieve the required objective of Mortuary specific porter competency assessments. Porter training was 48% which is below the compliance target of 50%. At the JR 59% of staff are agency workers, versus a target of 20%. The Retention of Employment (ROE) model has been agreed allowing Mitie to recruit a substantive workforce, this will remove the reliance on agency staff.

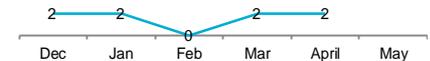
At the Churchill 72% of required cleaning audits were completed, which was below the 100% target for compliance and remains the same as April. The PFI Contract Management team is working in partnership with the G4S soft FM service manager to improve this situation. A new audit regime is being introduced to align with National Cleaning Standard implementation by end of June 2022.

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

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Thrombosis

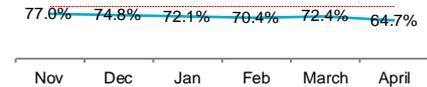
May data for **Hospital Acquired Thromboses** identified and judged avoidable was not available at the time of reporting. Two cases have been reported year to date 2021/22.



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Dementia Screening

64.7% of dementia patients aged over 75 years admitted as an emergency were screened in April. Reporting for this indicator occurs one month in arrears.



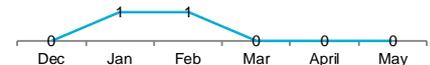
Page 47

MRSA

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

The outbreak of MRSA in the neonatal unit continues and weekly (or more frequent if required) meetings are held. Despite actions to date, new acquisitions continue, with 5 new colonisations recorded in May. The focus of interventions remains on improving hand hygiene, appropriate glove use and effective cleaning of the environment and equipment.

In addition, the capacity of the high dependency unit is being reviewed to reduce overcrowding, alongside reducing numbers on the ward round.



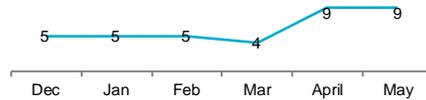
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Integrated themes and issues from M2 (May 2022)

Quality and Safety

MSSA

In May there were **9** cases of **post 48-hr MSSA**, the same as the number of cases reported in April. This included six Hospital Onset Healthcare Associated (HOHA) cases and three Community Onset Healthcare Associated (COHA) cases.

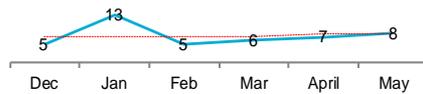


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C-Diff

There were **8** cases of **Clostridium Difficile** cases recorded in May compared to 7 cases recorded in April. This included four Hospital Onset Healthcare Associated (HOHA) Infections and four Community Onset Healthcare Associated (COHA) cases.

The threshold for OUH for 2022/23 is confirmed as 104 cases.



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Other

Gram negative blood stream infections (GNBSI): In May the cumulative total for Pseudomonas was **6** versus a threshold of **9**, for Klebsiella it was **13** versus a threshold of **14** and for E.coli it was **38** versus a threshold of **27**.

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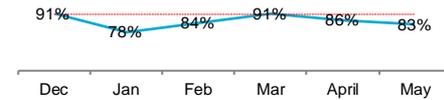
COVID-19

In May the Infection Prevention Control team followed up 169 COVID-19 positive patients. There were 10 definite nosocomial cases, and 6 probable cases. The total number of COVID-19 positive admissions and nosocomial cases decreased compared to April. There has been a COVID-19 outbreak in MRC, on ward CMU-A involving 10 patients and 3 medical staff. Twice weekly surveillance screening has been introduced on the ward and staff are being encouraged to maintain twice weekly lateral flow testing.

Page 48

Sepsis

The overall **proportion of sepsis admissions that received antibiotics in <1 hour** was **83%** in May, which was below the target of 90%. In ED, the proportion of sepsis admissions that received antibiotics in <1 hour was **79%**, also not meeting the target of 90%. The Mortality indicator related to Sepsis from SHMI was 91.22 (87.98 – 94.54) (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 and shows 85% compliance with asking the aforementioned questions.

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Executive Summary (5)

Integrated themes and issues from M2 (May 2022)

Quality and Safety

WHO Checklist

The **WHO Surgical Safety Checklist** for May Documentation was **98.9%** which was below the target of 100%, with non-compliance identified at the John Radcliffe with two missing forms (not scanned), and a further two forms missing signatures on sign out. Observation compliance met the target of **100%**.

Chart - Documentation

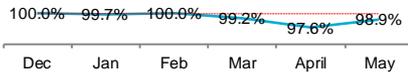
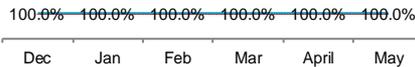


Chart - Observation



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LocSSIPs

33 Local Safety Standards in Invasive Procedures (LocSSIPs) have been completed and ratified for use at the relevant Directorate and Divisional Governance meetings, and Safer Surgery and Procedures Implementation Group (SSPIG). These LocSSIPs are published on the Trust intranet for staff to access.

Local audits of the safety checklist element of the LocSSIPs is included in the WHO compliance. A LocSSIP awareness audit has been launched on Myassure, and the first results will be collated in August.

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Never Events

There was **one Never Event** reported in May. It was agreed with Oxford Clinical Commissioning Group (OCCG) in June 22 that this did not meet wrong site Never Event criteria, as complex anatomy could not be anticipated. The Never Event will still be investigated as a SIRI.

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

Twenty-two actions from the four 2021/22 Never Events have past their target date, fourteen have been completed.

Eight actions that are outstanding are being actively followed up by the Head of Clinical Governance and Patient Safety Team Managers with the relevant Divisional Clinical Governance & Risk Practitioner



Pages 50

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 May there were **168** reports of excellence, an increase on the 157 reported in April.

The Chief Medical Officer personally presents an excellence report of the month to an individual or team that has made a significant contribution.

Reporting
EXCELLENCE



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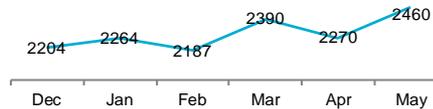
Executive Summary (6)

Integrated themes and issues from M2 (May 2022)

Quality and Safety

Patient Incidents

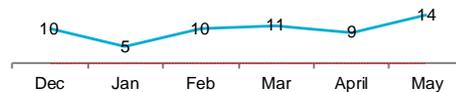
There were **2,460 patient incidents** reported in May, an increase compared to the **2270** incidents reported in April. In May, 171 incidents were reported as moderate and above impact to Patient Safety Reporting (PSR), and 12 visits from the representatives to support staff and patients have taken place. 10 incidents had their impact downgraded.



Pages 52

Serious Incidents

In May, **14 Serious Incident Requiring Investigation (SIRI)** were declared and 6 SIRI investigations were sent for approval to the OCCG. Learning from these investigations is disseminated at a range of Trust, Division and local level meetings, with communication to target groups written into actions plans where appropriate.



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Harm reviews

The Trust has an established process for **assessing clinical and psycho-social harm for patients waiting over 52 weeks** for surgical treatment and patients whose cancer pathways exceed 104 days. In May, there were 1152 patients who had waited more than 52 weeks for elective treatment, a decrease on the 1049 reported in April.

Page 54-55

Safety Messages

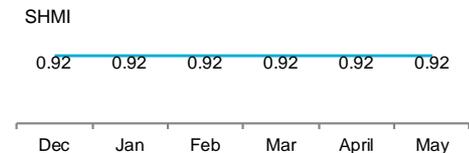
A **Weekly Safety Message (WSM)** is sent from the CMO and CNO via the central Clinical Governance team. The messages below were circulated across the Trust in May:

- 1) WSM 170: Performing and Recording Observations in Inpatients.
- 2) WSM 171: Reviewing DNACPR decisions on every admission.
- 3) WSM 172: Safe Collection and Labelling of Specimens.
- 4) WSM 173: Safe Patient Identification.
- 5) WSM 174: Switching to insulin NovoRapid® for correction of episodic hyperglycaemia in adults with diabetes.

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Mortality

The SHMI for the period July 2020 to June 2021 was **0.92** and 'as expected'. The HSMR was **92.2** for the period February 2021 to January 2022, and remains 'lower than expected'.



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Integrated themes and issues from M2 (May 2022)

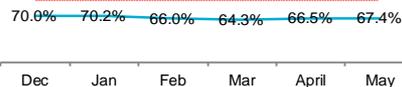
Operational Performance

4 Hour ED Wait

4 hour performance was **67.4%** in May, an improvement of 0.9 percentage points compared to the previous month. Performance, although below the national standard, remained better than the national average, and average performance of Shelford hospitals.

Attendances in May were 11.6% higher than in April 2022 overall, and by site attendances increased by 10.6% at the John Radcliffe (JR) and by 13.8% at the Horton Hospital (HH). At both sites the acuity of patients was higher, as demonstrated by higher attendances in the category of patients classified as 'Major presentations', by 12.1% at the JR and 15.9% at the HH.

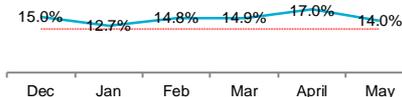
Paediatric attendances recorded a large increase at both sites, rising by 22.6% at the JR and 30.8% at the HH compared to April 2022. In May, 4.3% of ED attendances (591 patients) had a length of stay greater than 12 hours against the threshold of 2.0%. This was a 1.4 percentage point improvement compared to April, which is noteworthy in the context of the increase in the volume and acuity of attendances.



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LOS

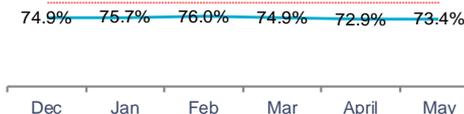
Patients with a length of stay over 21 days occupying beds, expressed as a percentage, was **14.0%** in May. This was an improvement compared to April and reflects the achievements from weekly escalation meetings and reduction in patients awaiting repatriation.



Page 67

18 Week RTT

The **18 week incomplete Referral to Treatment (RTT) standard** was **73.4%** in May, an improvement compared to the 72.9% reported in April. Performance, using benchmarking data in March, was better than the national and Shelford group averages, which were 61.4% and 60.0%, respectively. The total waiting list size for April was **61,827** and represented an increase compared to the previous month by 2,685 patients.

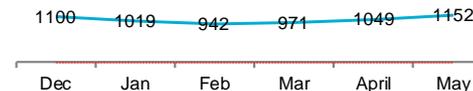


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52, 78 & 104 Weeks

There were **1,152** patients waiting over **52 weeks for treatment** at the end of May, which was an increase of 103 patients compared to the previous month.

There were **21** patients waiting over 104 weeks at the end of May, including five patients who requested to delay their treatment beyond May 2022. The 21 patients reported over 104 weeks was an improvement on the 27 patients reported last month.



Pages 71-72

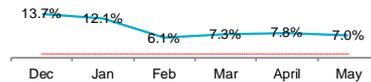
Integrated themes and issues from M1 (April 2022)

Operational Performance

Diagnostic waiting times

The Trust's performance against the **diagnostic 6 week waiting time standard** (the DM01) was **7.0%** in May, an improvement compared to the previous month's position of 7.8%.

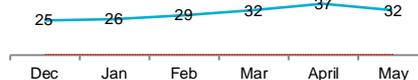
There were 972 patients waiting over 6 weeks at the end of May, a decrease of 121 patients compared to the position reported in April. Patient waits in the four modalities representing the highest number of patients over six weeks improved in MRI (from 258 to 212), non-obstetric ultrasound (from 306 to 256) and Audiology (from 298 to 215, but deteriorated in Computed Tomography (from 112 to 136).



Page 74

On the day Cancellations

Elective on the day cancellations reduced to **32** in May compared to 37 cancellations reported in April. There was one breach of the 28 day readmission standard in may due to a consultant needing to cover a more clinically urgent patient.



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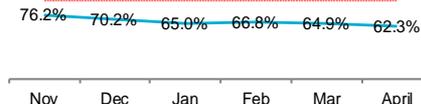
Cancer Wait Times

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

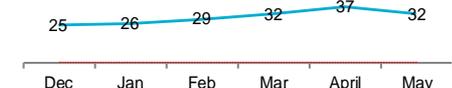
The Trust achieved the target for the 28 day Faster Diagnosis standard (**75.1%** vs 75%).

The Trust did not achieve the targets for the 2WW for suspected cancer standard (**62.3%** vs 93%), the Breast Symptomatic standard (**1.4%** vs 93%), the 31 day Decision to First Treatment standard (**85.9%** vs 96%), the 31 day Decision to Subsequent Treatment (Drug) standard (**95.6%** vs 94%), the 31 day Decision to Subsequent Treatment (Radiotherapy) standard (**78.2%** vs 94%), the 31 day Decision to Subsequent Treatment (Surgery) standard (**73.7%** vs 94%), the 62 day screening to first treatment standard (**76.9%** vs 90%), and the 62 day GP referral to treatment standard (**51.0%** vs 85%).

2WW performance



62 day GP performance



Pages 77-81

Executive Summary (9)

Integrated themes and issues from M2 (May 2022)

Workforce

Sickness absence

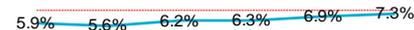
Sickness absence was **4.4%** in May, as measured on a rolling basis, versus a target of 3.1%. This was unchanged from the position reported in April. Medical infection was the main reason for absence, accounting for 26.8% of absences. The number of staff absent from COVID-19 had reduced to 116 in May, but at the time of reporting this has risen again, and is in line with national trends. The second highest absence reason was Mental Health, accounting for 16.3% of absences. Psychological Medicine Support for Teams continues to assist staff and in response to the staff survey, staff wellbeing will be spotlighted in July & August with a series of webinars, resources and events to showcase all the wellbeing support available across the Trust.



Pages 83-95 & 101

Vacancies

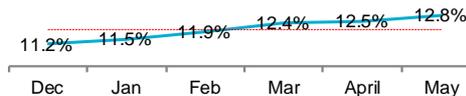
The **vacancy rate** was **7.3%** in May, an increase on the performance reported in April but below the target of 7.7%. Vacancy rates remain high in JR & West Wing Theatres (13.7%), Renal and Transplant (13.1), Estates (12.3%) and Radiology and imaging (9.6%). Qualified nurses and A&C staff make up a significant proportion of vacancies.



Pages 83-92, 100 & 101

Turnover

Turnover in May was **12.8%**, an increase on the reported position of 12.5% in April. May's performance has breached the target of <=12.0%. Turnover has increased in all but one of the Clinical Divisions with high turnover rates observed in staff groups including Estates and Ancillary (21.9%), Allied Health Professionals (18.8%), Administrative and Clerical (15.6%), Pharmacy (13.6%). Divisions are working to understand these increases, noting that the use of stay interviews are proving to be effective.



Pages 83-92, 99 & 101

Temporary Pay spend

Combined Bank and Agency expenditure in May was £6.5m, equal to the position in April. The May combined expenditure equates to 9.7% of the total pay spend. In May compared to April the number of bank staff increased to 941.9 from 886.7 WTE, and costs were £5.3m, a decrease on the April position at £5.5m. The respective changes in agency staff were a WTE increase to 131.9 from 111.6 WTE, and an increase in cost to £1.2m from £0.95m.

Bank



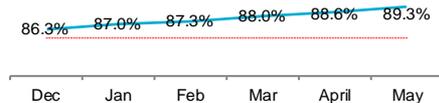
Agency



Pages 83-92, 98, 100-101

Core skills training

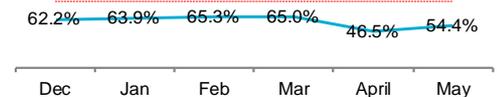
Core skills training in May was reported as **89.3%** which was above the target of 85%. The Trust's Core Skills compliance rate continues to exceed the KPI (85%). NHS Digital require that the Trust's Information Governance training is equal to or in excess of 95%, improvements are being seen, however compliance remains below this for all Divisions up to the end of May 2022.



Pages 83-92 & 102-103

Appraisals

Appraisal compliance in May was reported as **54.4%** versus the target of 85%. Divisions are being supported in the form of Q&As and virtual training sessions and are developing trajectories for achieving 85% by the end of the appraisal window of 31 July 2022.



Pages 83-92, 97 & 102

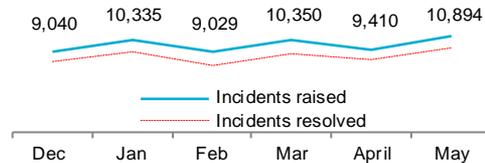
Executive Summary (10)

Integrated themes and issues from M2 (May 2022)

Digital

Service Desk

OUH IM&T Service Desk performance is integral to the day to day running of the Trust. In May (10,894) incidents were raised, shown in the chart below in the blue line and 87.2% (9,504) were resolved, shown in the red line in the chart below. This is an increase compared to April, where 87% were closed. In May there were 2 Priority 1 incidents, one more than in April (1).



Pages 105-106

CYBER Status

In May, **13,247** Devices and **801** Servers were monitored. There was **117.7TB** of internet traffic. Significant computer upgrade activity took place on the Windows PC and Server estates, either critical security updates or version upgrades as required under DSPT. The network perimeter was further secured with MFA (Multi-Factor Authentication) to VDI, VPN and O365. The overall cyber status for the Trust is **Green**.

Green



117.7Tb Internet traffic



801 Servers protected

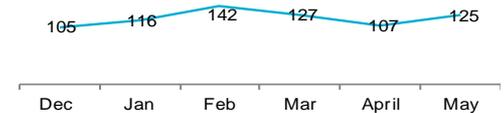


13,247 Devices monitored

Page 106

Information requests

The demand on the **Information request service** for May '22 was 125. User feedback is very positive at 100%. ORBIT usage in May '22 has dropped compared to the same period in 2021.



Page 107

Digital delivery

Digital Programme Delivery overview:

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

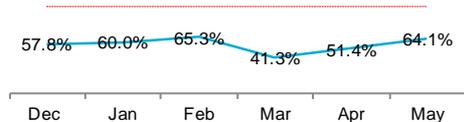
Executive Summary (11)

Integrated themes and issues from M2 (May 2022)

Digital

FOIs

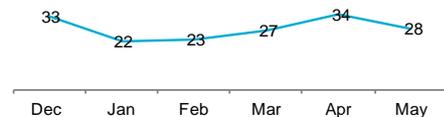
Freedom of information (FOI). The compliance target for FOI requests is 20 working days. **64.1%** out of **73** FOI requests received in May were closed on time (i.e. closed in May or June but within the 20 working day deadline since receiving the request in May). This was a 13 percentage point increase from the previous month. A total of **55** requests were closed in May.



Page 108

DSPB

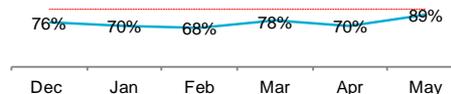
Data Security & Protection Breaches. There were **28** Data protection incidents that occurred in May. There was a decrease of 6 incidents when compared to April 2022.



Page 108

DSAR

Data Subject Access Requests (DSAR). The number of DSAR requests in May was **667**. The compliance rate was **89%**, which was an increase compared to 70% recorded in April.



Page 109

DSPT

Data Security and Protection Toolkit (DSPT). Preparations continue in advance of the 2021/22 DSSPT submission, due by 30th of June, where we anticipate declaring Standards Met.

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff need to complete Data Security training annually. Current reported compliance, in May is **92.8%**



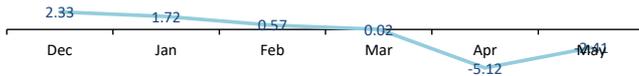
Page 109

Integrated themes and issues from Month 2 (May 2022)

Finance

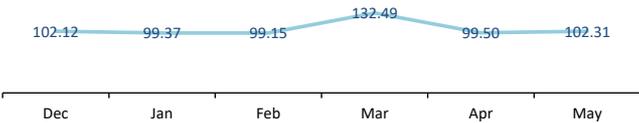
Overall

Income and Expenditure (I&E) performance in May generated a **£2.4m deficit**, Year-to-date this gives the Trust a **£7.5m deficit** versus a full year plan for a £1.28m surplus



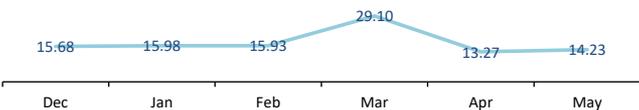
Commissioning Income

Commissioning income including pass through income was **£3.3m higher** in May than in April. This is due to recognising 2 months of additional income from the BOB ICS (£0.6m), NHSE (£0.9m), Other CCGs and the Local Authority (£1.2m). £1.0m of this additional income is for inflation costs.



Non- NHS Income

Non-NHS income (Other, PP, RTA, Overseas) was **£0.96m higher** in May than in April, but still below the plan which aims to repeat 2021/22 income levels.

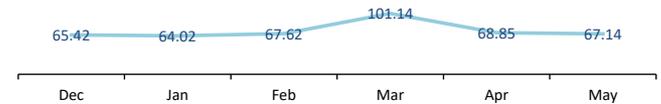


Pay Expenditure

Pay costs were **£1.7m lower in May than in April**. Overall headcount is flat and at the same level as in January, but despite a reduction in pay costs from last month, consultants and medical pay was still **£0.5m higher** than plan and nurses and midwives pay costs were **£0.7m higher** than plan.

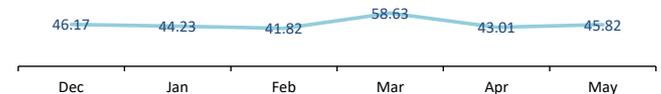
Medical staffing costs appear to be above plan due to overtime and bank shifts being used to fill gaps due to staff sickness.

Nurse staff costs are rising due to increased headcount which is not matched by a reduction in temporary staffing.



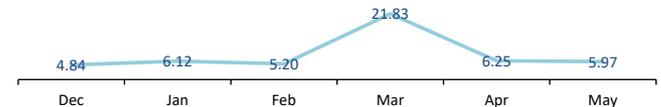
Non-Pay expenditure

Non-Pay costs were **£2.8m higher** in May than in April due to intra-NHS recharges and two months of bad debt charges recognised in May. Stripping out these two items and there are limited inflationary pressures on non-pay.



Financing and capital charges

Financing and Capital Charges costs were **£0.3m better** than plan in May.



Integrated themes and issues from Month 2 (May 2022)

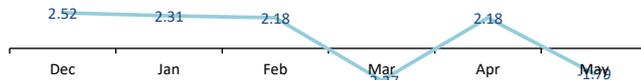
Finance

COVID-19

Year-to-date, the Trust is **£1.5m overspent** against its COVID-19 budget. Nationally the NHS assumed COVID-19 costs would halve, but in April and May inpatient numbers were roughly double the 2021/22 level and staff sickness numbers were roughly treble that level.

This line captures COVID costs against NHSE categories, but we are working to estimate the impact of non-incidental COVID-19 inpatient activity and of COVID-19 staff sickness for M3.

The CFO has written to the ICS, as requested by the Board, stating that the difference between the national COVID-19 assumption



Page 134

Forecast

The Trust's year to date deficit poses a challenge to delivering the planned surplus.

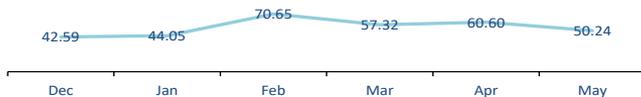
The year to date results include what are likely to be one-off pay costs in M1 and COVID-19 costs in M1 and M2.

It should be possible to mitigate the one-off element of April performance, but the current rising levels of COVID-19 activity and sickness create a financial impact that will be much more significant if continued for sustained periods of 2022/23.

The Board's approval of the plan was conditional on the organisation not being able to manage significant COVID-19 risk. The CFO will prepare scenarios for the Board to consider measuring the potential full year impact of this issue.

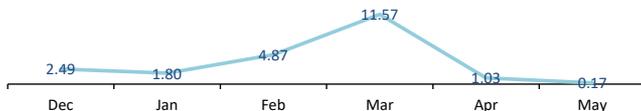
Cash

Cash was £50.2m at Month 2, £10.4m lower than the previous month. This is principally due to a decrease in working capital.



Gross Capital

Gross capital expenditure was £1.2m to May, behind plan by £1.4m, largely due to the PFI life-cycling.



Pages 119-125

Indicator Overview Summary

Domain	Page	Indicator	Target	Previous Month	Indicators better than target or indicators without target that improved/or increased compared to previous month	Indicators worse than target or indicators without target that deteriorated/or decreased compared to previous month
Nursing and Midwifery Staffing	27-29	HAPU		7	6	
	30-31	Harm from Falls		174		188
	32	Safeguarding Children Consultations		315	386	
	33	Safeguarding Adults Activity		632	677	
	33	DoLS		45	58	
	33	Section 42 Investigations		1	1 (remained the same)	
	34	Complaints		92	105	
	35-36	Friends and Family Test Comments		7571	10,017	
Quality and Safety	37-41	RIDDOR		1	5	
	47	Thrombosis		2	2	
	47	Dementia Screening	90%	72.4%		64.7%
	48	MRSA		0	0	
	48	C-Diff (current month)	8	7		8
	48	MSSA		9	9	
	49	Sepsis	90%	86%		83%
	50	WHO checklist (Documentation)	100%	97.60%		98.90%
	50	WHO checklist (Observation)	100%	100.0%	100.0%	
	50	Never Events		0	1	
	51	Excellence Reporting		157	168	
	52	Patient Incidents		2270	2460	
	53	Serious Incidents		9	14	
54-55	Harm Reviews		1049	1152		
57-58	Mortality (SHMI)		0.92	0.92		
Operational Performance	61	4 Hour ED Wait	95%	66.5%		67.4%
	67	LOS	12%	15.0%		14.0%
	71	18 Week RTT	92%	72.9%		73.4%
	71-72	52 Weeks		1049		1152
	74	DMO1	1.0%	7.8%		7.0%
	75	On the day Cancellations		37	32	
	75	28 day readmission standard for cancellations	0	5		1
Cancer Wait Times	77	2WW for suspected cancer	93%	64.9%		62.3%
Cancer Wait Times	77	2WW for breast symptomatic	93%	2.9%		1.4%
Cancer Wait Times	78	28 day Faster Diagnosis:	75%	75.0%	75.1%	
Cancer Wait Times	79	31 day standard for first treatment	96%	88.4%		85.9%
Cancer Wait Times	76	31 day standard for subsequent treatment (drugs)	98%	97.7%		95.6%
Cancer Wait Times	76	31 day standard for subsequent treatment (radiotherapy)	94%	74.0%		78.2%
Cancer Wait Times	76	31 day standard for subsequent treatment (surgery)	94%	73.2%		73.7%
Cancer Wait Times	76	62 day standard from screening to first treatment	90%	64.3%		76.9%
Cancer Wait Times	80	62 day standard from GP referral to first treatment	85%	67.4%		51.0%
Workforce	83-95 & 101	Sickness	3.1%	4.4%		4.4%
	83-92, 100 & 101	Vacancies	7.7%	6.9%	7.3%	
	83-92, 99 & 101	Turnover	12%	12.5%	12.8%	
	83-92, 98, 100-101	Agency	£1.3m	£0.95m	£1.2m	
	83-92 & 102-103	Core Skills Training	85%	88.6%	89.3%	
	83-92, 97 & 102	Appraisals	85%	46.5%		54.5%
Digital	105-106	Service Desk incidents resolved		87.0%	87.2%	
	108	Freedom of information (FOI)	100%	51.4%		64.1%
	108	Data Security & Protection Breaches (DSPB)		43		28
	109	Data Subject Access Requests (DSAR)	100%	70.0%		89.0%
	109	Data Security and Protection Training (DSPT)	95%	92.0%	95.0%	
Finance	111-117	Income and Expenditure (in month)		£-5.1m		£-2.4m
	111-117	Income and Expenditure (YTD)		£-5.1m		£-7.5m
	116	Capital YTD	£2.6m	£1.0m		£-1.2m
	115 & 120	Cash YTD		£60.6m	£50.2m	

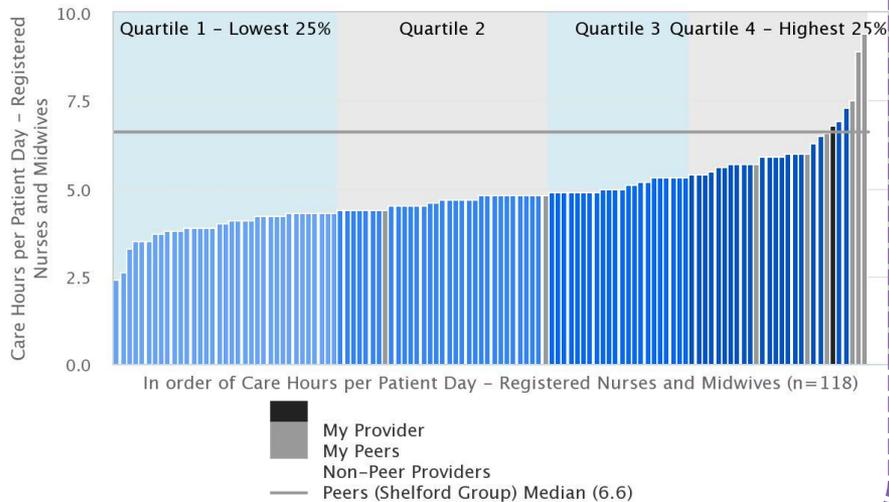
**Quality –
Outcomes & Patient experience**

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

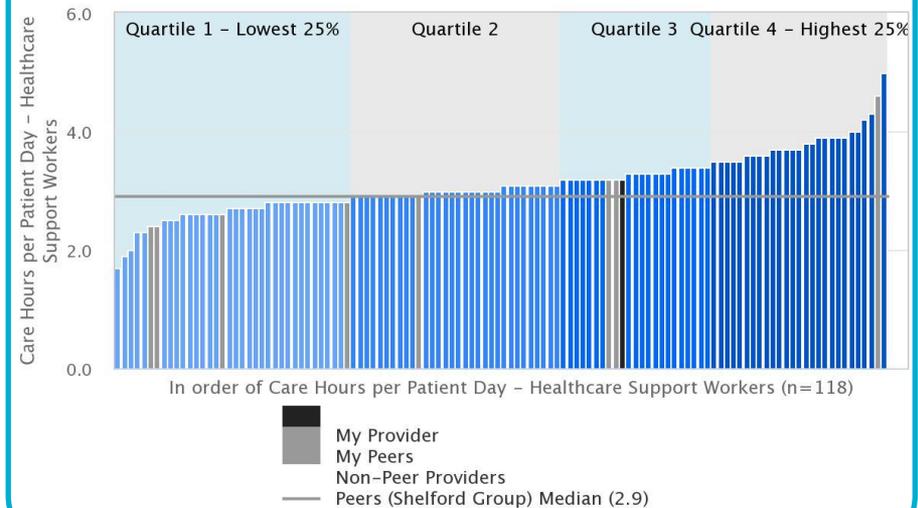
The two graphs below show CHPPD average hours for the OUHFT Trust in Black and the Shelford Group Trust's average CHPPD hours in Grey, the blue bars are all other UK NHS Trusts. The chart on the left is for registered nurse CHPPD and the chart on the right is for healthcare support workers CHPPD.

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)

May 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								
	Cumulative count over the month of patients at 23:59 each day	Budgeted Registered nurses and midwives	Actual Registered nurses and midwives	Budgeted Care Staff	Actual Care staff	Budgeted Overall	Required Overall	Actual Overall		Census Compliance (%)	Medication Administration Error or Concerns	Extravasation Incidents	Pressure Ulcers Category 2,3&4	Falls	Delay in Induction (PROM or booked IOL)	Medication errors (administration, delay or omission)	Pressure Ulcers	Proportion of women readmitted postnatally within 28 days of delivery	Proportion of mothers who initiated breastfeeding	Proportion of births where the intended place of birth was changed due to staffing	Revised Vacancy HR less plus/minus 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/Lowly	2 - Lowly	3 - Neither High nor unskilled	4 - Unskilled	5 - Extremely unskilled
NOTSScan																																	
Bellhouse / Drayson Ward	493	7.67	7.0	2.19	2.7	9.86	10.76	9.7	92.47%	4	1	0	0							27.78%	16.19%	10.32%	7.64%	No	-0.13%	8.00	5.65%	29	5	3	1	2	0
BIU	527	3.73	4.2	2.32	2.6	6.05	6.58	6.8	100.00%	1	0	1	4							26.01%	27.56%	5.81%	3.27%	Yes	-3.48%	8.00	15.25%	0	1	0	0	0	0
HDU/Recovery (NOC)	82	18.14	16.5	3.02	2.7	21.16	19.2			0	0	0	0							24.32%	4.73%	8.23%	2.89%	Yes	1.35%	9.71	16.36%	1	0	0	0	0	0
Head and Neck Blenheim Ward	391	5.40	6.1	1.89	2.8	7.29	8.55	8.9	100.00%	0	0	0	2							-1.57%	7.88%	4.05%	3.82%	Yes	0.25%	8.29	10.85%	18	1	0	0	1	0
HH Childrens Ward	248	7.67	4.2	1.58	1.0	9.25	8.97	5.2	98.92%	0	0	0	0							23.48%	11.63%	6.37%	14.49%	No	1.34%	6.57	7.95%	34	4	1	1	0	1
HH F Ward	837	4.60	3.8	3.03	2.7	7.33	7.93	6.6	100.00%	1	0	0	2							-3.17%	1.36%	2.15%	0.00%	Yes	-4.59%	8.00	15.26%	5	0	1	0	0	0
Kamrans Ward	279	7.67	8.3	2.56	0.6	10.23	11.06	8.9	100.00%	2	0	0	0							-8.06%	11.45%	3.31%	0.00%	No	-21.24%	7.14	11.82%	4	3	1	0	0	0
Major Trauma Ward 2A	651	5.24	5.3	2.92	2.8	8.16	8.19	8.1	98.92%	4	0	4	5							22.68%	20.93%	5.61%	5.60%	Yes	-3.23%	8.43	8.26%	8	4	0	1	0	0
Melanies Ward	372	5.75	5.9	0.96	2.2	6.71	11.27	8.1	100.00%	0	0	0	1							-11.79%	18.31%	6.48%	6.77%	No	4.43%	9.43	9.21%	16	3	0	0	0	0
Neonatal Unit	1076	13.42	13.3	1.64	1.7	15.06		15.0		2	2	0	0							20.66%	15.50%	7.36%	4.58%	Yes	3.52%	9.00	10.91%						
Neurology - Purple Ward	589	3.87	3.6	5.34	3.6	9.21	9.47	7.3	100.00%	0	0	0	7							14.95%	23.57%	2.48%	5.21%	Yes	-0.65%	8.86	12.83%	22	1	0	0	0	0
Neurosurgery Blue Ward	676	5.26	5.2	3.96	4.1	9.22	9.14	9.3	100.00%	2	0	0	3							13.71%	11.30%	6.92%	2.29%	Yes	3.41%	8.71	7.29%	22	4	0	0	0	0
Neurosurgery Green/WU Ward	370	4.81	3.9	5.76	5.9	10.57	10.35	9.8	100.00%	0	0	1	0							7.68%	23.93%	7.07%	6.52%	Yes	0.44%	10.86	10.23%	1	0	0	0	0	0
Neurosurgery Red/HCC Ward	665	6.47	6.7	5.23	5.4	11.70	12.20	12.0	100.00%	1	0	3	2							-0.52%	12.23%	7.61%	1.59%	Yes	-0.07%	10.71	7.10%	10	2	0	0	0	0
Paediatric Critical Care	328	30.82	24.8	3.29	2.8	34.11		27.6		0	0	0	0							-1.71%	15.48%	3.47%	7.70%	No	-3.96%	6.71	5.03%						
Robins Ward	320	9.59	7.0	5.46	1.6	15.05	11.02	8.7	100.00%	2	0	0	1							4.15%	19.80%	2.90%	2.98%	No	0.15%	8.00	6.12%	9	4	1	2	1	0
Specialist Surgery P/W Ward	820	5.80	5.6	2.73	2.9	8.53	8.03	8.5	100.00%	6	0	2	10							19.23%	7.34%	9.02%	5.49%	Yes	-0.31%	8.14	10.68%	35	8	0	0	1	0
Tom's Ward	399	5.69	7.5	1.73	1.2	7.42	9.82	8.7	100.00%	1	1	0	0							15.72%	8.22%	2.82%	10.41%	Yes	-3.56%	7.14	5.99%	14	3	1	2	1	0
Trauma Ward 3A	652	5.78	5.6	3.23	2.7	9.01	8.33	8.2	100.00%	5	0	1	0							9.43%	4.76%	11.94%	1.56%	Yes	1.20%	8.14	13.27%	0	0	0	0	0	0
Ward 6A - JR	710	4.02	4.5	3.19	2.9	7.21	8.27	7.5	100.00%	0	0	8	6							9.41%	0.00%	3.18%	4.37%	Yes	-1.95%	8.29	5.78%	1	0	0	0	0	0
Ward E (NOC)	663	3.88	3.9	2.42	2.4	6.30	7.53	6.2	100.00%	0	0	1	1							36.49%	26.07%	9.04%	3.70%	Yes	1.33%	8.00	6.75%	12	0	1	0	0	0
Ward F (NOC)	669	4.48	3.9	2.42	2.6	6.90	7.81	6.5	100.00%	2	0	1	5							24.29%	7.19%	8.78%	0.00%	Yes	3.97%	8.00	5.50%	1	3	1	0	0	0
WW Neuro ICU	366	27.42	27.7	0.00	0.0	27.42		27.7		0	0	1	1							7.71%	5.92%	5.53%	4.39%	No	-1.11%	9.29	13.47%	0	0	0	0	0	0
MRC																																	
Ward 5A SSW	682	4.70	4.1	3.14	3.5	7.84	8.69	7.6	94.44%	1	0	0	3							-3.52%	1.20%	2.55%	4.43%	Yes	-0.20%	8.43	13.24%	5	0	0	0	0	0
Ward 5B SSW	620	4.60	4.5	3.45	3.3	8.05	9.61	7.8	100.00%	1	0	3	9							6.02%	9.16%	7.55%	0.00%	Yes	-4.15%	6.43	11.42%	3	3	1	0	0	1
Cardiology Ward	1085	5.26	5.0	2.12	2.1	7.38	8.24	7.1	68.89%	1	0	3	4							15.59%	10.90%	1.04%	4.93%	Yes	-0.75%	5.71	13.56%	12	9	1	1	0	0
Cardiothoracic Ward (CTW)	775	5.06	4.6	3.68	1.8	8.74	7.47	6.4	93.33%	2	0	0	2							24.39%	6.37%	11.03%	5.81%	Yes	4.09%	4.86	9.69%	19	0	1	0	0	0
Complex Medicine Unit A	557	4.47	4.4	3.19	3.7	7.66	9.23	8.0	100.00%	1	0	1	4							13.07%	15.51%	5.32%	5.42%	Yes	-3.13%	6.86	9.75%	0	0	0	0	0	0
Complex Medicine Unit B	522	4.74	4.7	3.94	4.1	8.68	10.70	8.7	93.33%	1	0	4	2							7.47%	10.44%	0.27%	7.43%	Yes	0.03%	6.86	11.24%	5	0	0	0	0	0
Complex Medicine Unit C	644	4.18	4.4	3.14	3.3	7.32	10.66	7.7	98.89%	1	0	6	2							11.04%	0.00%	4.21%	5.88%	Yes	-1.27%	5.86	14.36%	8	4	1	0	0	0
Complex Medicine Unit D	621	4.03	4.0	3.45	3.5	7.48	8.37	7.5	100.00%	0	0	3	6							9.85%	0.00%	2.86%	0.00%	Yes	0.15%	3.86	10.06%	0	0	0	0	0	0
CTCCU	349	15.67	25.0	0.00	0.0	15.67	0.00	25.0		2	0	2	0							11.84%	12.86%	5.45%	2.24%	Yes	-0.43%	8.29	10.51%						
Emergency Assessment Unit (EAU)		5.75	1.22		6.97	8.54		48.89%		2	0	1	5							20.43%	7.99%	4.07%	3.18%	Yes	7.03%	8.00	8.14%						
HH CCU	124	11.5	17.7	5.75	10.5	17.25		28.2		2	0	0	0							23.92%	11.01%	10.51%	0.00%	Yes	-2.00%	6.86	16.90%						
HH EAU		6.39	3.51		9.90	7.32		57.78%		1	0	3	7							25.70%	11.55%	6.89%	4.56%	Yes	-3.10%	4.57	11.85%						
HH Emergency Department		16.51	4.93		20.54					24.66%	1	1	0	2						24.66%	11.62%	4.74%	1.80%	No	-6.38%	4.57	14.80%	402	119	54	36	42	10
John Warin Ward	502	5.75	5.5	5.03	4.2	10.78	9.26	9.7	100.00%	0	0	1	0							1.86%	4.23%	3.45%	5.62%	No	1.59%	1.57	11.66%	8	3	0	1	1	0
JR Emergency Department		11.16	3.58		14.74					23.82%	4	1	0	4						23.82%	16.71%	4.70%	3.50%	Yes	4.99%	9.43	9.62%	669	236	107	95	143	23
Juniper Ward	930	4.63	3.9	4.27	3.3	8.90	8.21	7.2	100.00%	1	0	5	6							-0.96%	8.09%	5.55%	0.00%	Yes	-2.45%	9.86	6.65%	0	0	0	0	0	0
Laburum	860	4.32	4.0	3.70	3.2	8.02	8.36	7.2	92.22%	1	0	1	1							-21.74%	2.21%	5.56%	1.94%	Yes	-2.38%	4.71	16.51%	2	1	0	0	0	0
OCE Rehabilitation Nursing (NOC)	576	3.94	4.0	6.25	6.2	10.19	11.31	10.2	100.00%	1	0	0	3							11.13%	3.29%	4.19%	2.16%	Yes	-1.07%	5.43	14.69%	3	0	0	0	0	0
Osler Respiratory Unit	744	7.70	7.2	5.79	5.2	13.49	11.66	12.4	98.89%	0	0	2	4							9.23%	2.60%	5.94%	1.42%	Yes	-0.20%	8.86	9.54%	15	2	0	0	0	0
Ward SE/F	694	5.27	5.4	5.35	5.0	10.62	9.87	10.3	100.00%	1	0	0	7							42.18%	14.81%	6.71%	8.14%	Yes	0.82%	8.57	13.11%	0	0	0	0	0	0
Ward 7E Stroke Unit	607	7.67	5.0	3.19	3.3	10.86	11.60	8.3	100.00%	2	0	1	6							3.65%	2.04%	3.23%	1.77%	Yes	-0.36%	9.00	13.06%	1	1	0	0	0	0
SUWON																																	
Gastroenterology (7F)	620	4.60	4.5	1.91	2.1	6.51	7.36	6.5	100.00%	1	0	2	9							17.23%	0.00%	0.75%	8.11%	Yes	-0.06%	5.43	10.05%	6	8	0	0	0	2
Gynaecology Ward - JR	445	5.33	5.6	2.95	2.6	8.28	6.20	8.2	95.56%	0	0	1	1							7.63%	9.06%	2.55%	0.00%	Yes	-0.14%	8.00	9.71%	2	1	0	0	1	0
Haematology Ward	636	5.10	5.0	2.33	2.3	7.43	7.47	7.3	95.56%	1	0	0	5																				

Nursing and Midwifery Staffing Workforce Report – May 2022

The safe staffing dashboard for May 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. Due to continued high absence rate across the Trust, there has been a continued requirement to utilise higher cost temporary staffing options across the Trust inpatient areas to reduce the risks associated with level 3 staffing. Central safe staffing meetings continue to support cross divisional decisions and mitigation solutions. Temporary staffing remains in short supply and the Trust is working with third party providers to seek solutions to increase temporary staffing fill rates. However a review of Agency lines of work is also underway to understand divisional time lines and contingency plans as this is not a sustainable solution.

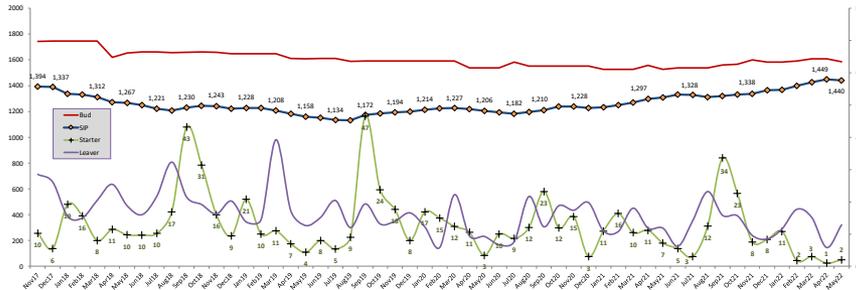
Rostering efficiencies continue to improve across all divisions, with the majority of areas now achieving the trust KPI's (Key Performance Indicators).

The trend of band 5 turnover remains consistent with no significant change in trend seen in May.

During May there were 17 new international educated nurses (IEN's) that joined the Trust and 32 nurses who successfully completed their OSCE and now awaiting their NMC Pin.

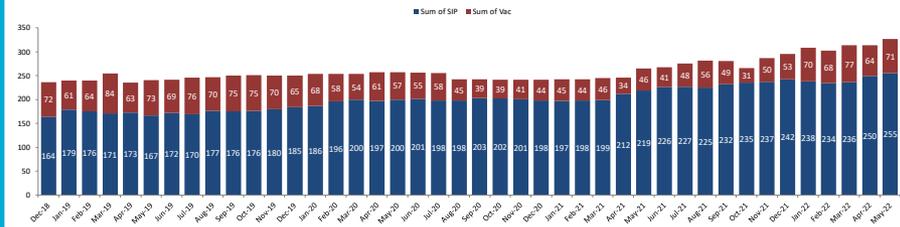
Band 5 RNs in Post, Budget, Leavers and Starters and Turnover Trajectory in May 2022

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. Although numbers of new band 5 starters looks low, the number of IEN's aren't reflected within this number as they initially start as a pre pin Nurse (band 3).

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



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

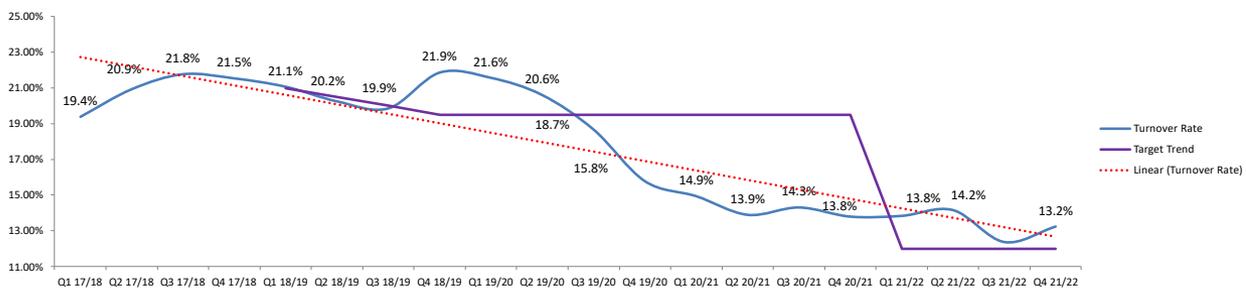
Band 5 Registered Nurse Turnover Trajectory – May 2022

Turnover Rate and Target



Band 5 RN turnover continues to remain stable with a slight decrease in May. This is a positive move towards the agreed 12% turnover for band 5 nurses.

Historical Context of B5 Nurse Turnover



Band 5 turnover remains steady with no significant changes in trend.

RN and Midwifery Turnover – May 2022

Registered Nursing Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
All Nursing Turnover	3480	385	11.1%	11.2%	11.2%	11.1%	10.9%	10.5%	10.6%	11.3%	11.2%	11.1%	10.8%	10.8%	10.6%	10.5%	10.5%	10.5%	10.8%
Band 5 Nursing Turnover	1591	194	12.2%	12.3%	13.2%	13.3%	13.0%	12.4%	13.1%	13.9%	14.2%	14.4%	14.1%	13.9%	13.9%	13.8%	13.8%	14.2%	14.2%
Band 6 Nursing Turnover	1164	116	10.0%	10.3%	9.9%	9.4%	9.5%	9.4%	8.6%	9.4%	9.4%	9.4%	8.9%	8.9%	8.8%	8.4%	8.5%	8.1%	8.2%
Band 7+ Nursing Turnover	706	72	10.3%	9.8%	8.9%	8.6%	8.7%	8.3%	8.7%	9.0%	8.0%	7.2%	8.4%	7.5%	6.7%	7.1%	6.4%	6.8%	6.7%

Overall turnover continues to remain stable across all levels of nursing with slight decrease across band 5's and 6's but a slight increase at band 7 level.

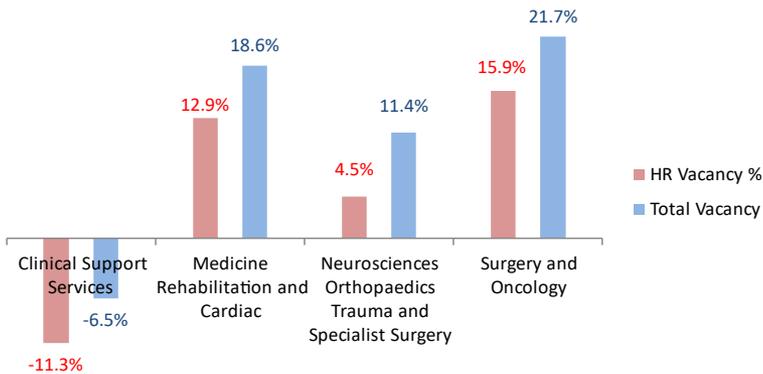
Registered Midwifery Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
All Midwifery Turnover	282	52	18.6%	18.0%	17.0%	15.7%	15.6%	16.7%	14.5%	13.1%	13.7%	12.8%	12.0%	12.4%	13.1%	12.3%	12.0%	11.5%	11.4%
Band 5 Midwifery Turnover	38	5	11.8%	8.7%	6.9%	6.6%	6.7%	8.8%	8.2%	8.6%	8.2%	8.2%	5.2%	5.0%	4.9%	6.8%	6.6%	0.0%	0.0%
Band 6 Midwifery Turnover	181	39	21.6%	20.6%	19.4%	18.5%	18.2%	18.9%	16.3%	15.1%	15.0%	13.7%	13.4%	13.9%	14.5%	13.7%	13.4%	13.7%	13.7%
Band 7+ Midwifery Turnover	63	9	14.0%	16.4%	16.8%	13.9%	14.3%	15.8%	13.9%	10.3%	11.6%	12.6%	11.9%	12.7%	14.5%	12.2%	11.9%	13.5%	12.8%

Turnover in midwifery is slightly higher than last year. In May there was a slight decrease for band 7+ midwives turnover however it was still higher than the previous year. The pandemic is likely to have slowed turnover down last year compared to this year.

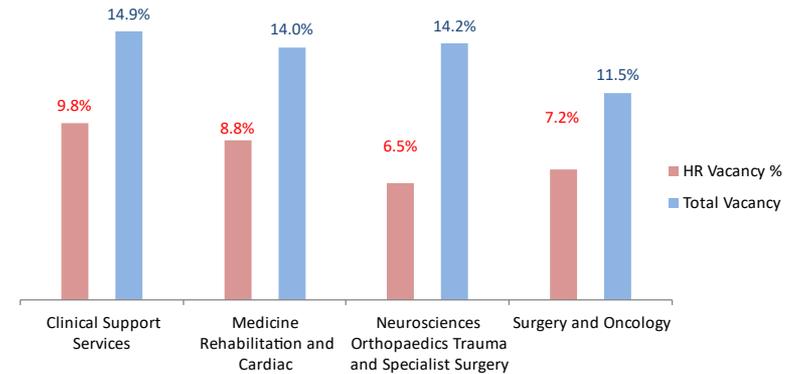
RN and Midwifery Vacancies – May 2022

Vacancy at band 5 by division in percentage



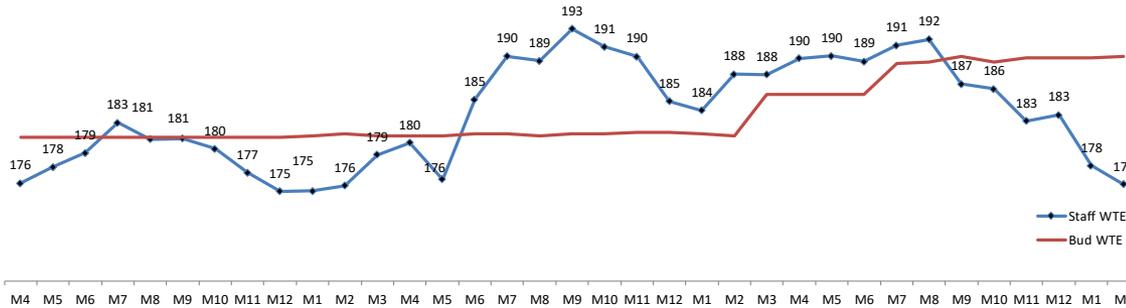
Band 5 RN vacancy continues to be monitored by division as the most fluctuating and largest group within the nursing workforce, Total vacancy includes those who are absent from work for reasons such as long term sickness absence and allows Divisions to monitor against bank and agency spend. CSS currently 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.



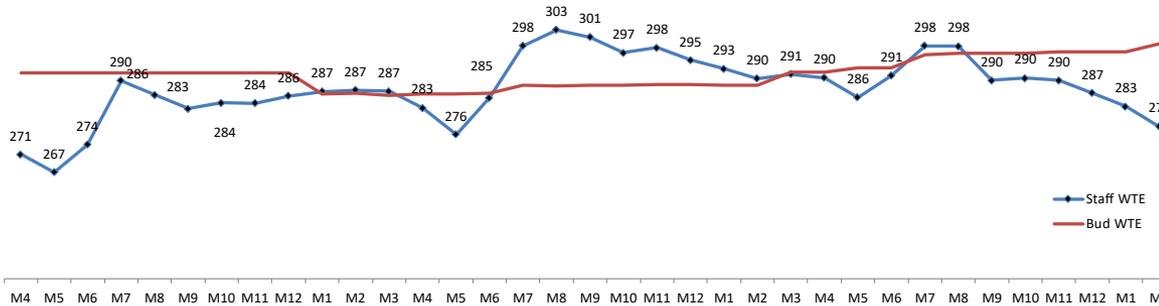
Band 6/7 RN vacancies has seen an increase across CSS for both HR and total vacancies. There has been a small increase in total vacancy within NOTSCAN however a reduced HR vacancy and slight variations across the other two divisions. CSS has historically been higher than other divisions.

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 continued to decrease for the last couple of months.

Midwives Turnover Rate Comparison



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

Red areas:

- **Returns to Theatre – 1** Return to theatre for examination under anaesthesia. Ongoing major haemorrhage following ELCS. Total EBL 2500mls. The incident was reviewed and it was unavoidable.
- **Test Result Endorsement – 67.9%** Work continues with each area and leads for each service. Specific QI work has started with Maternity Assessment Unit

Amber areas:

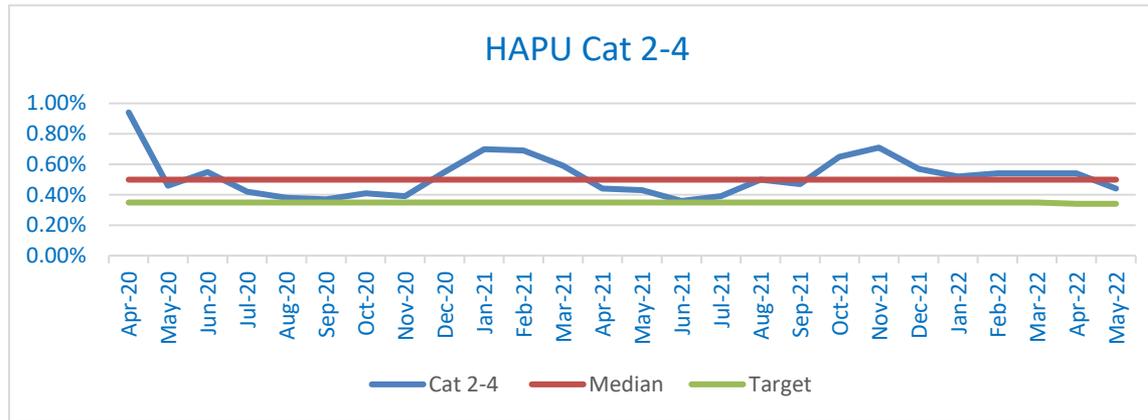
- **HIE 3 – 1** Converted to palliative care. Neonatal death. HSIB investigation.
- **Unexpected term admissions to NNU – 31 (5%)** There were 48 unexpected term admissions to SCBU reviewed last month. 39 were graded as 'A' no care issues identified, appropriate guidelines followed. 9 were graded as 'B' cases issues identified but these did not impact the care or management. Learning identified: Reinforce the importance of plotting symphysis fundal height (SFH) measurements on the growth chart. Reinforce the importance of signing entries in medical records (admission page). Reinforce the importance of accurate CTG interpretation to avoid any delays. Escalated to fetal Monitoring lead to provide further education input. Reinforce the importance of sending placenta to histology.
- **Percentage of Women Initiating Breastfeeding – 80% (84% the previous month)** The target rate is to be greater than 80%.

Green:

- **3rd and 4th Degree tears – 2.7% (reduced from 4.3% in April)**. Educational Reminder sent to all staff to review the teaching material available on the RCOG website for tears. There is a new SOP for Perineal Compress – when this is launched in June there will be refresher training for reducing the risk of perineal trauma. This will also be added to the safety huddles on Delivery Suite and via the team leaders meeting for community.
- **Scheduled Booking – 709** (increase of 50 from the previous month) The team will continue to monitor these.
- **Mothers Birthed – 615** (increase of 18 from the previous month)

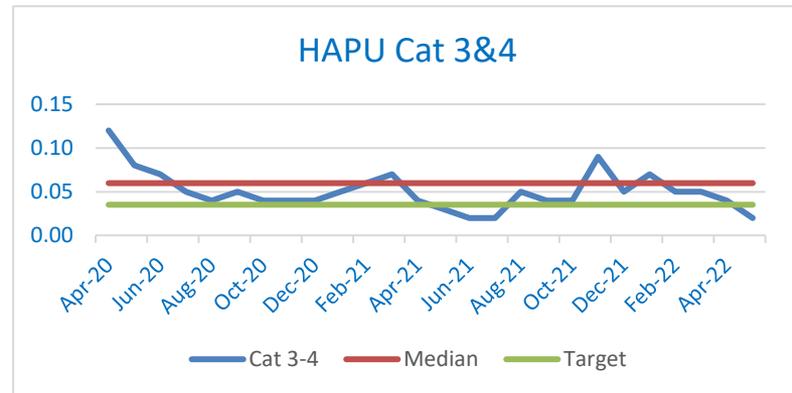
Skin damage related to unrelieved pressure constitutes potential harm to our patients. The Trust is committed to reducing Harms associated with pressure damage in order to evidence excellence in care provision.

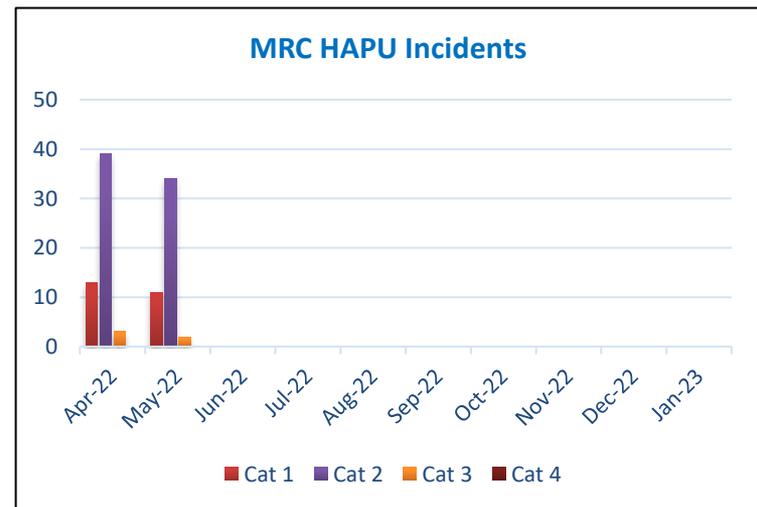
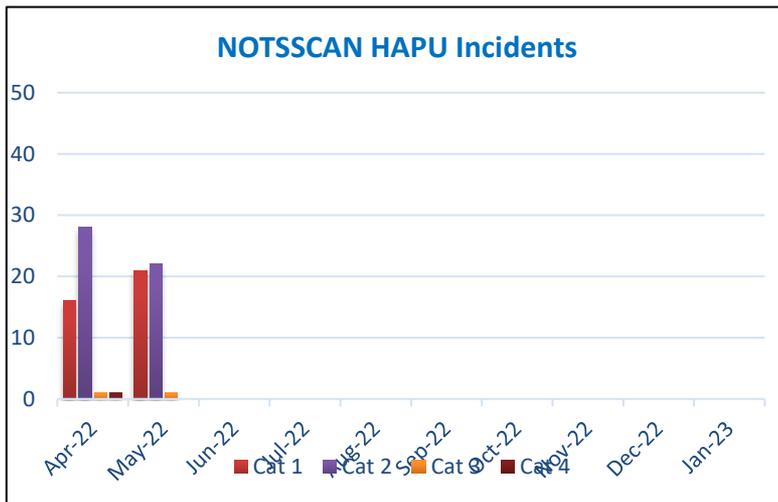
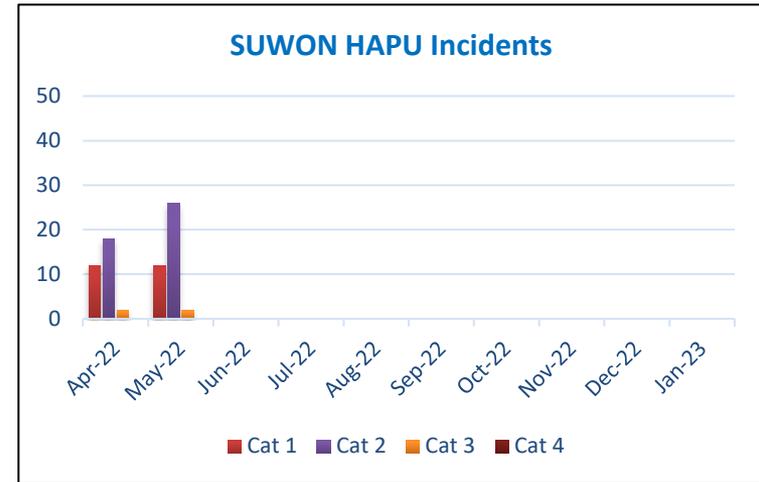
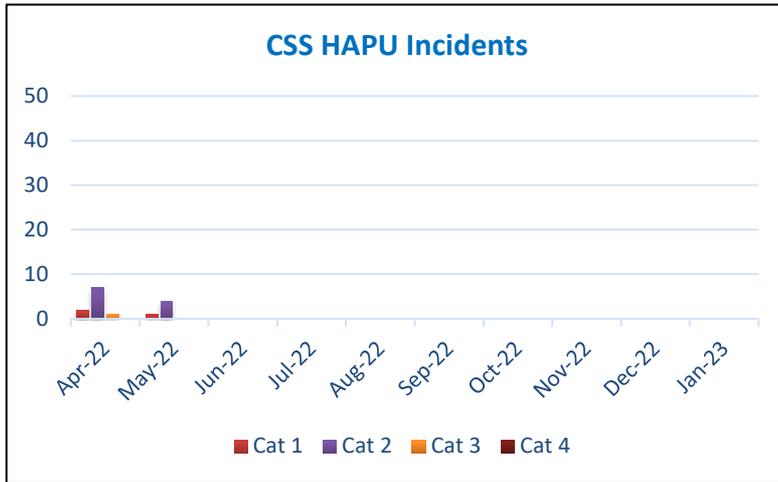
Reported Incidence of HAPU Cat 2 and above: April 2016 – May 2022



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 2020 – May 2022





ANALYSIS: Of the 6 incidents reported as Moderate Harm, 5 were Category 3 and 1 full-thickness mucosal pressure damage, all had been reported at an earlier stage of skin damage, which is a significant improvement in earlier reporting. The age range of the individual affected was between 62 and 96. All patients were assessed as being at high risk of pressure damage prior to the identification of the skin damage. The average length of stay until identification of Cat 3-4 pressure damage was 22 days (range 19-51). Of the 6 patients affected, all were assessed as bedbound. The use of medical devices, such as catheter and cast, was associated with 2 of the 6 incidents. The average surface area for the reported skin damage was approximately 3cm, with all ulceration described as shallow.

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.

ACTIONS

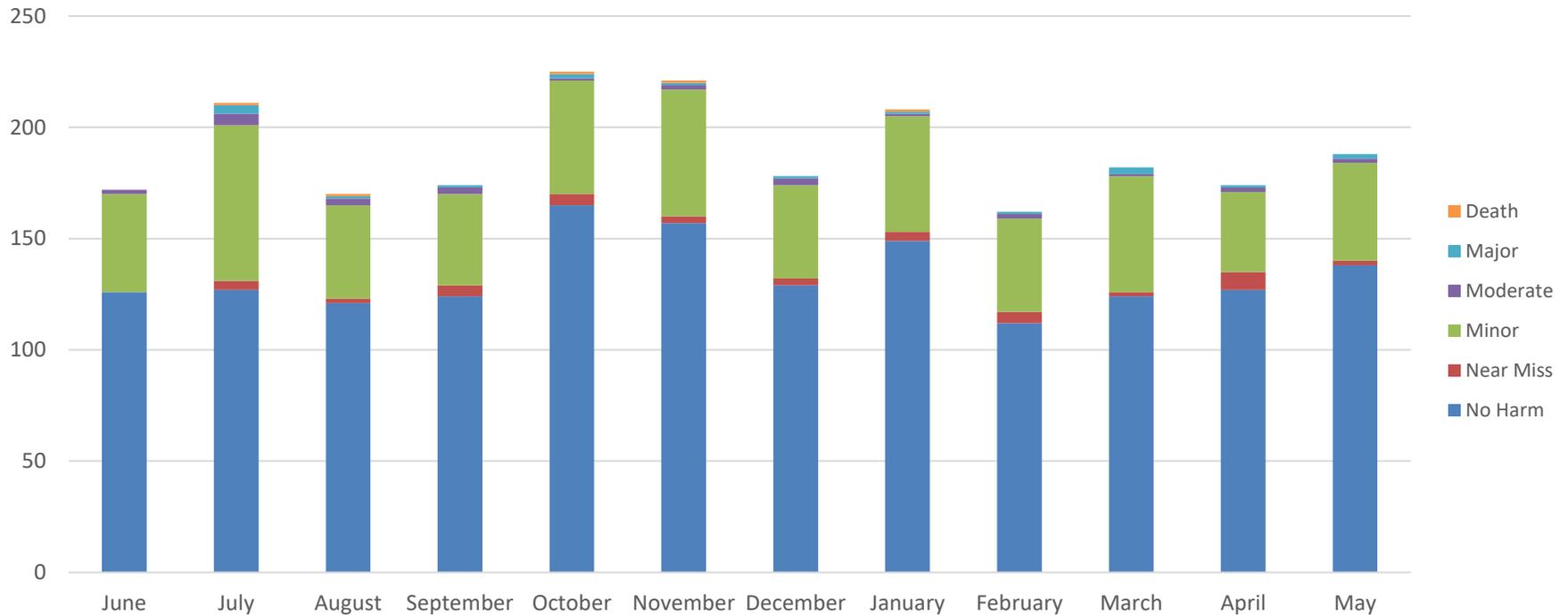
Themes from the AAR meetings are discussed at HFAP.

Pressure Ulcer Prevention eLearning for Nurses and Midwives has been restored to Role Specific Pressure Ulcer Prevention eLearning for AHPs will be restored to Role Specific.

The Pressure Ulcer Prevention Policy is currently awaiting full approval ahead of publication and dissemination.

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

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

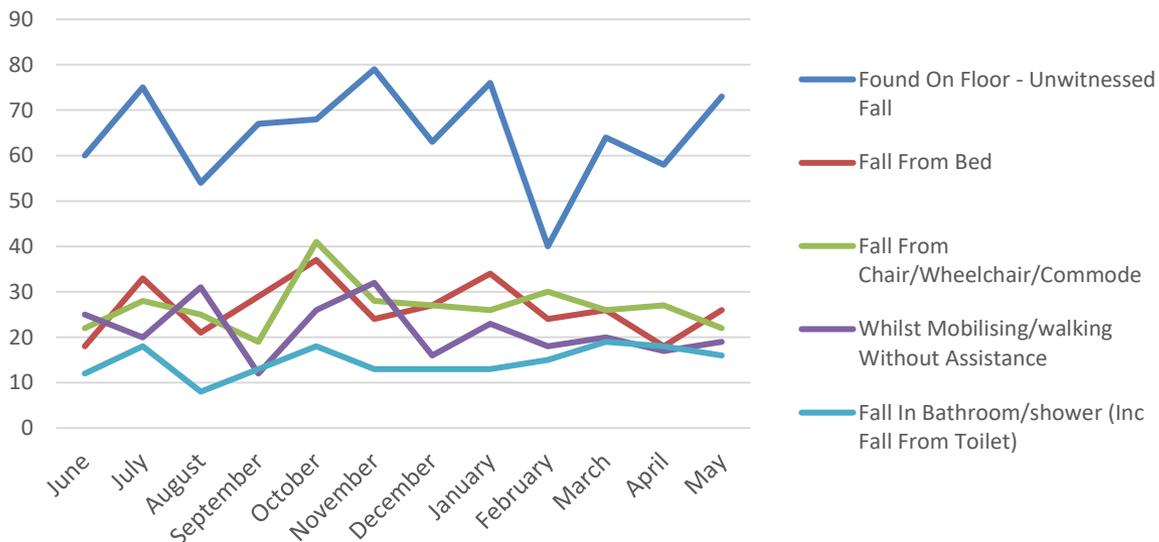


May 2022 summary: There were 188 falls reported in May, which represents an 8% increase compared to April (174). This total is equivalent to the rolling average of 188.75 reported falls per month but is considerably higher than the total falls for this time last year of 156 (2021/22 performance data is affected by the coronavirus pandemic). Falls resulting in harm (minor and above) accounted for 48 (25.5%) of all falls this month, which is higher than April's performance (39, 22.4%). There were four falls resulting in higher severity harm levels (4/188, 2.1%): Moderate - 2 and Major - 2.

Harm level	May 2021*	May 2022
No harm	110	138 (↑)
Near miss	2	2 (-)
Minor	38	44 (↑)
Moderate	3	2 (↓)
Major	3	2 (↓)
Death	0	0 (-)
Total falls	156	188 (↑)

May performance: annual comparison 2021* vs 2022

Top five categories of falls - rolling 12-month period: June 2021 to May 2022



Top five categories of falls May 2022

Previous month comparison

Category	Apr	May
Unwitnessed Fall – found on floor	58	73 (↑)
Fall from bed	18	26 (↑)
Fall From Chair / Wheelchair/Commode	27	22 (↓)
Fall in bathroom/shower/ from toilet	18	16 (↓)
Fall whilst mobilising/ walking without assistance	17	19 (↓)

ANALYSIS:

The 8% rise in reported falls in May was largely accounted for by an increase in falls without harm. The proportion of falls with harm (minor and above) and higher severity harm (moderate and above) was 25% and 2% respectively, which is lower than the Trust monthly average over the rolling twelve-month period (27.5%/2.2%). Unwitnessed falls have risen by 25% compared to April.

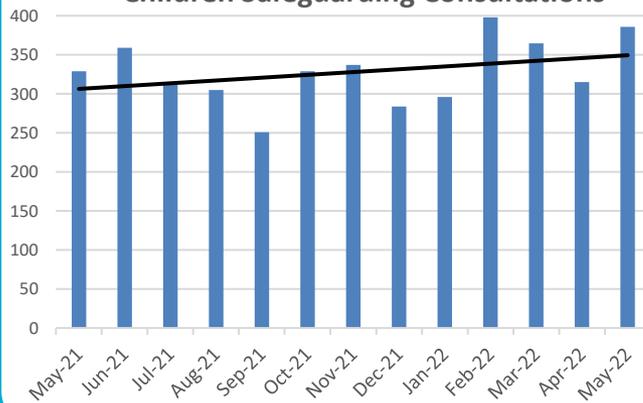
IDENTIFIED THEMES:

- Increase in falls without harm
- Increase in unwitnessed falls
- Proportion of falls with harm and higher severity harm are below the monthly average

ACTIONS:

- Review the four incidents of moderate harm and above at the next HFAG to identify lessons and actions to translate into clinical practice improvement.

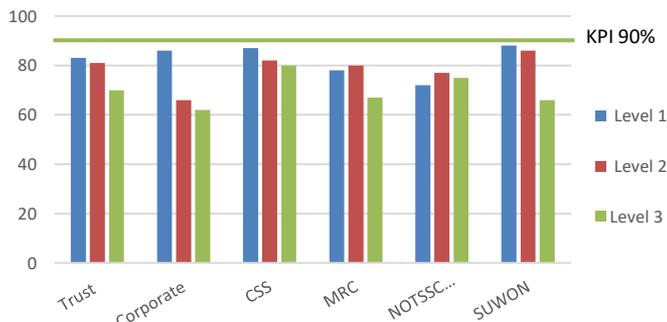
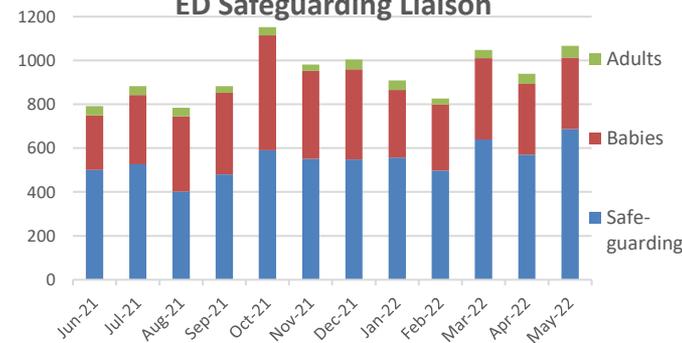
Children Safeguarding Consultations



Consultations increased by 71 (n=386) during May. The main themes continue to be related to neglect and emotional concerns. Mental health presentations for adolescent self harm behaviours and eating disorders continue and are closely monitored. There continues to be complex cases related to children with disabilities. The number of strategy meetings attended by the team reduced by 5 (n=19). There were 708 pregnancy bookings in May with 29.5% (n=209) having a high public health risk related to maternal mental health, drug use and domestic abuse. This is an increase of 6.8% from April. There has been an increase concealed pregnancies related to drug abuse. Additional safeguarding maternity resource is being sought. The MASH backlog of health checks has further increased which is related to a gap in admin, an increase in referrals and number of strategy meetings required to attend. Team additional hours to manage continues and OUH/OH resources is being pursued.

Safeguarding Liaison The total referrals increased by 132 over May (n=1103), safeguarding increased by 122 (n=723), babies were incorrectly reported last month as there were 323 not 232. There has been an increase to 326 in May. Children frequently attending ED increased by 9 (n=131) Attendance is shared with health visitors, school health nurses to support families and social workers for open cases. There was an increase of 7 (n=54) adults presenting to ED with a safeguarding concern and caring responsibilities for children increased. Request for child protection conference information requests reduced by 13 (n=66), this was for 63 children and 3 unborn babies in 38 families.

ED Safeguarding Liaison



Safeguarding Children Training Compliance Level 1 compliance dropped to 83%. Level 2 dropped to 81% and level 3 remains at 70%, all below the 90%KPI.

There is low uptake for online MST level 3 training, staff reminders are encouraged to register. online training via E-learning for health is available for all levels.

Data in reports is being reviewed with MLH to ensure accurate process followed when accessing the system.

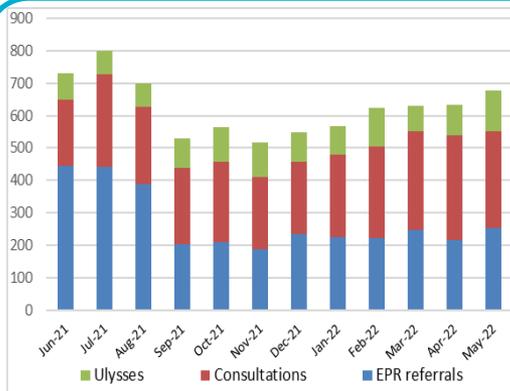


Chart 1: Combined Activity

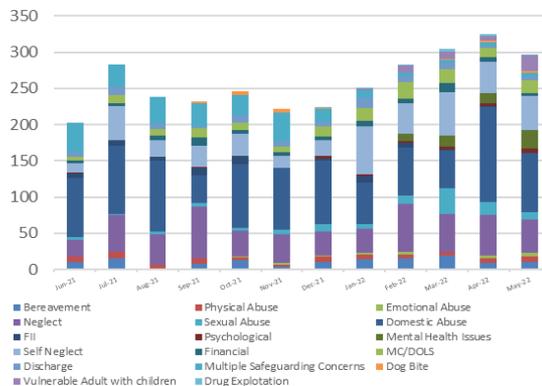


Chart 2: Consultations

Activity

Chart 1: Combined activity increased by 45 (n=677). EPR referrals increased by 39 (n=254). Ulysses incidents increased by 34 (n=126) and consultations decreased by 28 (n=297).

Chart 2: Neglect, self-neglect and Domestic abuse, continue as the main categories of concern. Issues around capacity on discharge have been raised.

Governance: there has been targeted safeguarding ward walkabouts to support capacity assessment and documentation on EPR to provide training. There is a project to involve divisional practice development teams to support MCS.

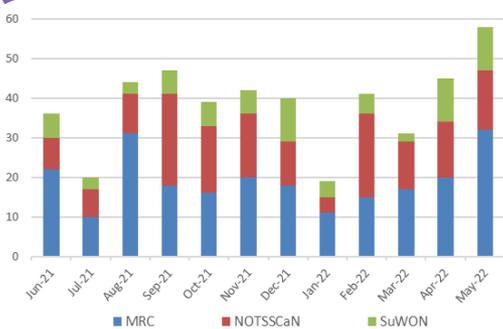


Chart 3: DOLS Applications by Division

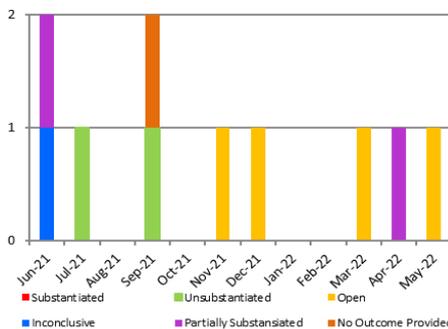


Chart 4: Section 42 investigations

Statutory responsibilities

Chart 3: There were 58 Deprivation of Liberty Safeguards (DoLS) applications reviewed during May, an increase of 13. The link to the DoLS assessment form has now been reinstated through EPR.

Chart 4: There has been 1 new s42 investigation requests during May for CSS Division for alleged neglect. There are currently four open s42 enquiries: 2 for the MRC Division, 2 with CSS.

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

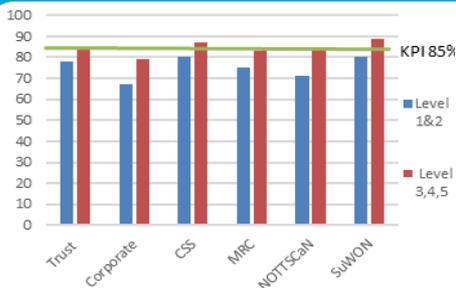


Chart 5: Prevent Training

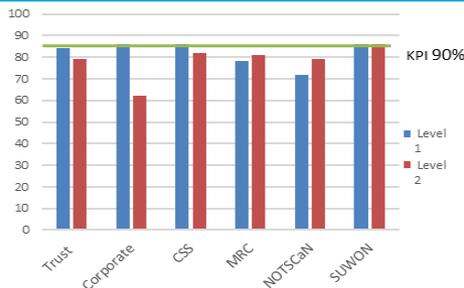


Chart 6: Safeguarding Training

Training Chart 5: Trust Prevent training Level 1 & 2 compliance decreased 6% 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 decreased 5% to 84%, and level 2 dropped by 10% to 79%. MLH are sending reminders to staff to undertake their online training. Training via eLFH is available. Level 3 roll out has been delayed.

Governance: at team ward focus visit staff are encouraged to undertake training.

The Trust received and recorded 105 formal complaints in May 2022, which is an increase in the number received in April 2022 (n=93).

Emerging/continuing themes

The Trust received 12 complaints in May, relating to the emergency departments at the John Radcliffe and Horton General Hospital. Issues raised in these complaints include clinical treatment, patient care and values and behaviours of staff. This is in line with earlier months of 2022 in terms of a rise in complaints regarding the emergency departments.

In addition, there were 12 complaints pertaining to the Neurosciences services received during May, compared to 7 received in April. Issues raised in the complaints include appointments, waiting times and admission and discharge.

There were 19 complaints across the clinical divisions relating to clinical treatment matters, with issues including wait for operation/procedure, injury sustained during treatment and inadequate pain management.

Update on last month's theme

Maternity complaints were highlighted last month, with 14 complaints received regarding the service in April. However, in comparison, in May there were 9 complaints received for maternity services.

The Complaints team are working closely with Maternity to ensure the issues raised by complainants are fully understood and appropriately responded to, with more complaints for maternity being addressed in a meeting attended by relevant senior clinicians, and the complainant. This is proving to be a successful way of responding to a number of the maternity complaints and allows the complainant to feel listened to.

Complaints Compliance

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

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

Chart 1: FFT free text comment themes

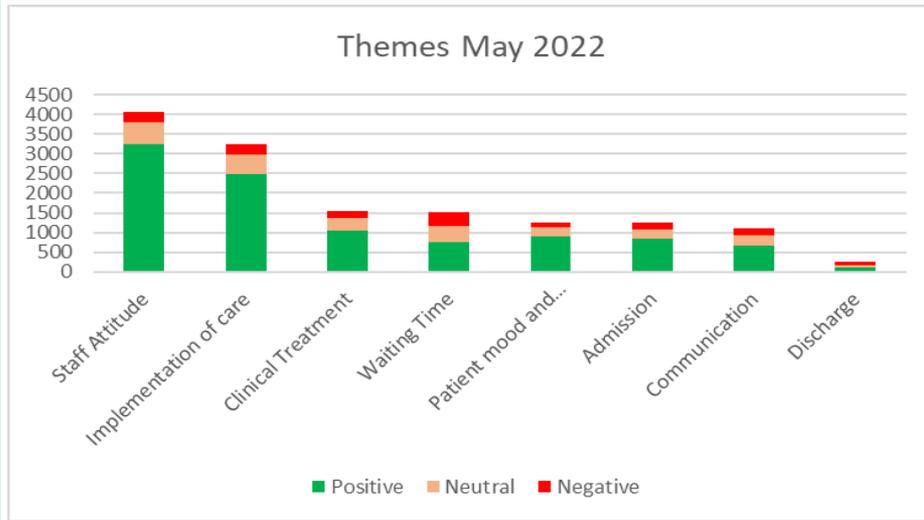


Chart 2: FFT Approval rate by service by month

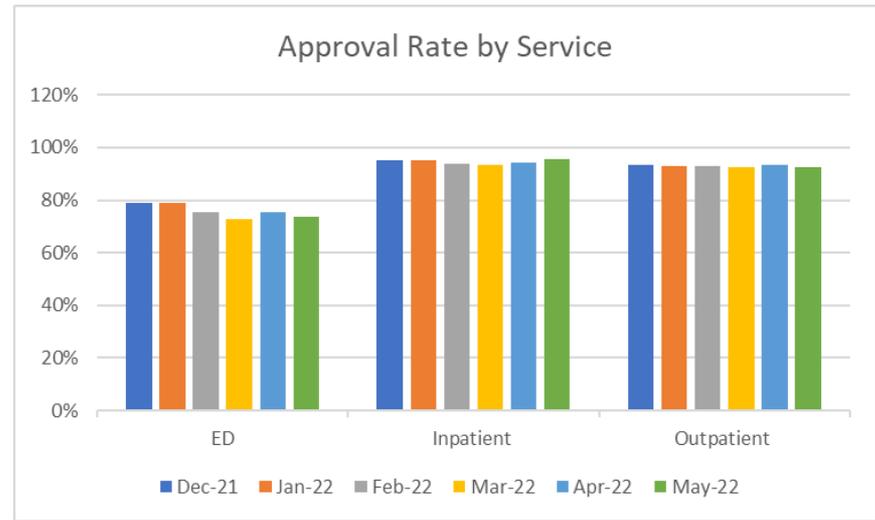
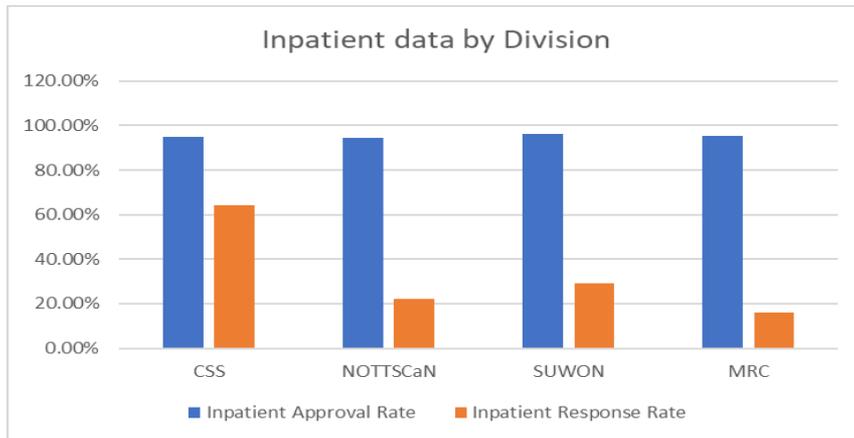


Chart 3: Inpatient approval rates by Division



Patient Experience Updates

Scale, Spread and Embed project with Imperial College London. The trial coding is now complete. The prototype dashboard is in development with the pilot sites, Quality Improvement and Information Teams. Six pilot sites have been identified Surgical Emergency Unit, Gynaecology, Renal Team, Neurosciences, Children's Hospital, Ophthalmology.

Maternity SMS FFT – System testing for SMS testing for the birth question will be complete by 31st July '22. The photographs for the antenatal, postnatal ward and discharge questions are being added to the paper surveys so they are ready to use. Final sign off will be at Maternity CGC.

PLACE (Patient Led Assessment Care Environment) - Collaboration between the Hospitality Team and the Patient Experience Team. Oxfordshire community and support groups have been invited to be assessors. The plan is to run assessments throughout October '22. The hospitality team will support the assessors as escorts.

Children's FFT May 2022

Top three positive themes: Staff - Care and compassion (144) | Patient Care or treatment (82) | Communication - Information giving (53)

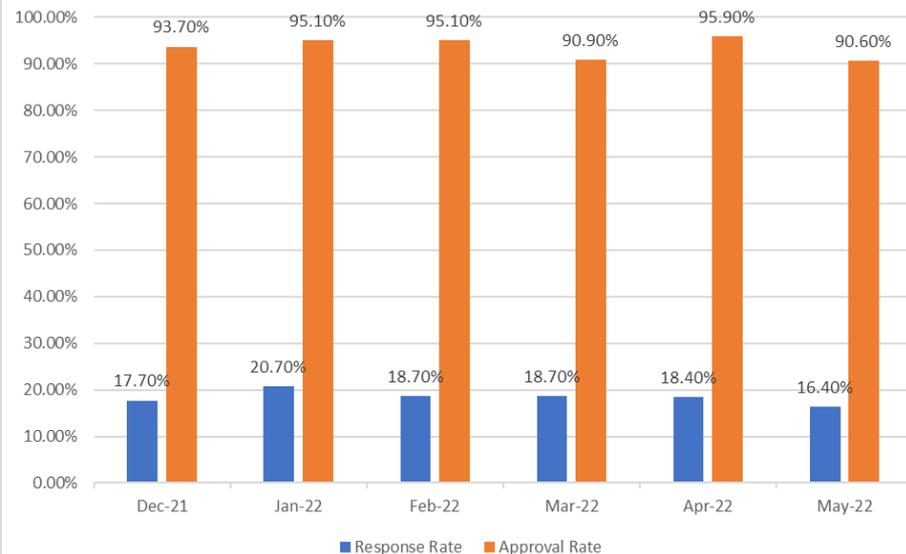
Top three negative themes: Communication - Information giving (33) | Time - waiting (19) | Patient Care or Treatment (17)

Children's FFT QI Project

The results for the staff survey indicate that staff feel FFT data is highly important to their roles. However, staff currently working in CHOX do not generally have a very good understanding of how children's FFT data is collected from patients and their families. The HGH children's ward currently use their FFT data very well including top tips for staff on how to explain changes in practice from the 'tops and pants' feedback. Findings will be shared with other children's wards in CHOX. All wards in CHOX are nominating a FFT champion, to lead the ward's analysis and use the results to inform service change.

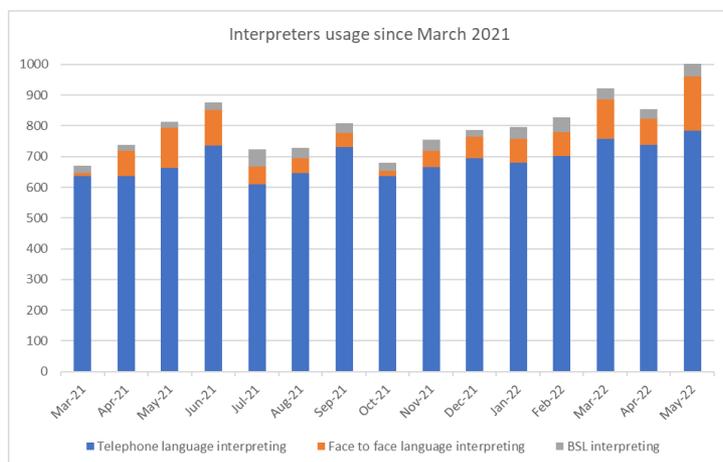
FFT data has supported a study in CHOX looking at blood sugar levels of young children who have been fasting prior to surgery. Parents FFT feedback supported the findings of the study showing the impact on blood sugar levels of very young children when there are delays in surgery lists.

Children's FFT Data



Interpreting and Translation

The team are working with Asylum Welcome to ensure patients are supported to have an interpreter during their health consultations. 1000 health consultations were supported by interpreters during May. This is an increase of 200 from the same period in the previous year.



Moving to Adulthood/ Transition

- 48 services across the Trust identified who offer moving to adulthood support
- The parent, young people and Staff surveys asking for views on current moving to adulthood services are being analysed
- Good networking and working relationships with Oxford Health, Oxfordshire County Council, Oxfordshire Family Support Network with sharing of resources.
- The provisional date for the inclusive summit is the 21st November to allow more time for data to be captured.
- Attendance at regional Community of Practice events and National Conferences/Meetings to ensure up to date information is gained and shared.
- Ongoing networking with the Burdett Foundation which links up interested members and supports those in a Transition role from across the Southeast.
- A Youth Worker has been agreed for 2 years, funded by the hospital charity. They will help support the work of Transition in CHOX.

Person type: Staff

RIDDOR type: Lifting and handling injuries

Accident type: Accident - over 7 day absence

Incident location: Complex medicine-A

Incident details : The injured party (IP) was a staff member assisting a confused and aggressive patient who forcefully pulled on the staff members hand and wrist. The confused patient had attempted to leave the ward and increasingly became aggressive towards staff.

Additional information: The IP suffered soreness and mobility issues and was off work unwell for over 7 consecutive days.

Incident outcome: Actual impact 2 – minor injury / illness

Lessons learned: Reviewed by Health and Safety team and local management. Staff wellbeing assessed on return to work and reviewed training/offered refresher V&A training.

Person type: Staff

RIDDOR type: Lifting and handling injuries

Accident type: Accident - over 7 day absence

Incident location: Academic street

Incident details : The injured party (IP) was a staff member who fractured their foot when accidentally rolling a cage of stationary over their foot.

Additional information: The IP suffered soreness and mobility issues and was off work unwell for over 7 consecutive days.

Incident outcome: Actual impact 2 – minor injury / illness

Lessons learned: Reviewed by Health and Safety team and local management. Staff wellbeing assessed on return to work and reviewed training/offered refresher alongside process review and location of storage area.

Person type: Patient

RIDDOR type: Fall from height

Accident type: Accident – direct to hospital

Incident location: Emergency department

Incident details : The injured party (IP) was an outpatient who was in police custody, their handcuffs were removed for an X-ray and IP then was able to abscond the department, run to the ambulance deck and over the parapet despite being caught by the police officer.

Additional information: The IP sustained a fractured ankle as a result of the fall.

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

Lessons learned: Reviewed by Health and Safety and Capital Projects team. Short term mitigation of heras fencing identified and erected. Permanent solution identified and awaiting funding.

Person type: Staff

RIDDOR type: Lifting and handling injuries

Accident type: Accident – over 7 day absence

Incident location: Osler respiratory 5D/E

Incident details : The injured party (IP) was a staff member who injured their back when repositioning a patient with the assistance of one.

Additional information: The IP immediately felt pain in their back and was off work unwell for over 7 continuous days.

Incident outcome: Actual impact 2 – minor injury / illness

Lessons learned: Reviewed by Health and Safety team and local manager, no root cause failings identified or process improvement required.

Person type: Staff

RIDDOR type: Lifting and handling injuries

Accident type: Accident – over 7 day absence

Incident location: Patient home

Incident details : The injured party (IP) was a staff member who injured their rotator cuff when repositioning a patient with the assistance of one.

Additional information: The IP immediately felt pain and was off work unwell for over 7 continuous days.

Incident outcome: Actual impact 2 – minor injury / illness

Lessons learned: Reviewed by Health and Safety team and local manager who requested physio to visit the patient and create a solution for safer repositioning of the patient in bed.

The PFI Indicator Dashboard illustrates the M2 position against the PFI objectives. The dashboard has been refined and now shows a nine-month data trend. A summary of performance against objectives and risks by exception has been included in the PFI report, and an overview of the current position is summarised below. This is followed by exception reports against indicators falling below agreed standards.

To assure the delivery of Mortuary specific national legislation changes to the current process are required. The Trust mortuary manager, practice development team and PFI management team are working in collaboration with service providers to assure a robust process and action plan to deliver the required changes. A revised minimal training threshold of 85% has been identified by the CSS Division, with revisions to the mortuary specific competency assessment. Evidence of training will also be made available and accessible to the mortuary manager with a live register of those engaged in Mortuary tasks maintained. Full delivery of this plan will be at the end of July 2022.

At the JR site Porters remain below the target of 95% for PPID training. Training has been organised with aim of achieving a standard of > 95 by the end of June 22. This will subsequently be included in the induction process on all sites with an annual refresher

At the JR, 59% of staff are filled by agency, versus a target of 20%. The ROE model has been agreed by TME, allowing Mitie to recruit a substantive workforce, this will remove the reliance on agency staff. A working group is now in place and collaborating with Mitie to ensure onboarding of new ROE starters is understood and managed correctly.

Cleaning standards at the Churchill remain under review, and in M2 only 68% of the required cleaning audits were completed against a target of 100% Weekly meetings continue between the G4S Service Manager, Divisional leads and PFI team to assess the situation and ensure service improvements continue to be delivered. In May G4S employed a substantive account director with a direct responsibility and oversight of the domestic services team.

There is requirement for PFI staff to utilise Ulysses for both reporting and managing incidents, A local SOP has been agreed with service provider with engagement underway for both soft and hard FM inclusion. The timeline for completion has been extended to 31st July to ensure all engaged FM service providers are appropriately trained and supported. Once complete this initiative will provide assurance that appropriate governance and visibility of reporting is maintained. Trust oversight will be assured by the Clinical Head of Hospitality Services.

Work continues to support the collaboration and integration of PFI services and improve the KPI metrics. This will ensure there is a greater level of analysis and trend data, allowing both the service providers and the Trust to understand the implications of these trends.

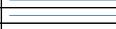
The PFI team will continue to review the overall KPI metrics and will work to understand the data at a granular level. This will enable the team to support and work with our providers to focus their attention and achieve the required outcomes collaboratively.

The cleaning improvement programme at Churchill continues with the PFI and G4S teams, the G4S action plan is reviewed weekly with appropriate challenge as required. Collaborative rectification audits have commenced with ongoing joint site reviews by the PFI and clinical teams, this approach promoting positive working relationships whilst offering invaluable insight to matters identified.

Indicator and reason for exception reporting	Identification of actions to address risks, issues and emerging concerns relating to current performance and trajectory	Timescales to address performance issue and identification of any further support required	Committees/ Groups where indicator reviewed
Mortuary specific porter competency assessment and the requirement for retained, documented evidence of training/competence are now required to assure regulatory standards are achieved in the Mortuary. The minimal threshold for trained staff has been identified by CSS Division as 85% with a gold standard of 100%	The mortuary manager, lead for practice development team and portering managers at the CH & JR sites collaborating to achieve the required objectives. Train the trainer sessions have been arranged with a plan to introduce a routine mortuary specific competency sign off sessions on both sites. Manager will ensure all porters receive this training, with training log to be maintained and the required information communicated at each month end,.	<ul style="list-style-type: none"> Deadline for completion of action plan and mortuary competency Matrix end of June 22, full delivery end July 22 . 	<ul style="list-style-type: none"> Soft FM performance review meeting. CSS clinical governance meetings
% of Porters that have undertaken PPID training % at the JR WW and 48% at Churchill vs target of 50%	A plan has been identified with Mitie to address and manage forward, Those requiring training will be targeted by the end of July 22 Moving forward, training will be delivered to all relevant new starters and annual refresher provided.	<ul style="list-style-type: none"> End of July 22 	<ul style="list-style-type: none"> Soft FM performance review meeting.
% of PFI workforce employed by Agency or zero hours (hours worked): 59% at the JR vs target of 20%	Mite are currently reliant on an agency workforce to deliver their service. Now the ROE model has been approved by TME, this will allow Mitie to recruit a substantive workforce.	<ul style="list-style-type: none"> Mitie proposal is to be fully recruited by Nov 22 	<ul style="list-style-type: none"> Soft FM performance review meeting. TME
<p>% of cleaning audits completed vs scheduled: 72% at the Churchill vs target of 100%.</p> <p>Number of cleaning audits completed below the performance standard increased</p>	<p>PFI Contract Management team working collaboratively with G4S soft FM service manager is to improve this situation. Weekly service improvements meetings continue, new G4S account manager recruited. Soft FM manager vacancy.</p> <p>New audit regime being introduced to align with National Cleaning standard implementation by end of June 2022 on track.</p>	<ul style="list-style-type: none"> Ongoing weekly review 	<ul style="list-style-type: none"> Soft FM performance reviews Monthly Soft FM contract meetings
Currently PFIs across all site are unable to report incidents or investigate them utilising the recognised Ulysses system.	Clinical lead for hospitality services working with clinical governance, informatics and PFI managers to deliver a process that will allow appropriate reporting with delegated responsibilities to defined PFI team members.	<ul style="list-style-type: none"> Full all site PFI transfer to Ulysses system end July 22 	<ul style="list-style-type: none"> Soft FM performance reviews

	PFI objective	Indicator	Target	Site	M6 Sept 21	M7 Oct 21	M8 Nov 21	M9 Dec 21	M10 Jan 21	M11 Feb 22	M12 Mar 22	M1 April 22	M2 May 22	Exception report	Trend		
Growing Stronger Together	To ensure that Porters have a high standard of training in bereavement, PPID and Core Skills	% of Porters that have undertaken mortuary training	50%	JR West Wing	Not applicable	Not applicable	Not applicable	Not applicable	40%	40%	40%	21%	77%	Y			
				Churchill Cancer Centre	85%	85%	85%	85%	85%	85%	85%	85%	48%	95%	Y		
				Nuffield Orthopaedic Centre	Not applicable	Y											
	To ensure that Porters have undertaken Core Skills training	% of Porters that have undertaken PPID training	95%	JR West Wing	Not applicable	Not applicable	Not applicable	Not applicable	98%	98%	98%	98%	86%	69%	Y		
				Churchill Cancer Centre	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%	Y		
				Nuffield Orthopaedic Centre	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Y		
	To ensure that Porters have undertaken Core Skills training	% of Porters that have undertaken Core Skills training	90%	JR West Wing	Not applicable	Not applicable	Not applicable	Not applicable	97%	94%	95%	89%	94%	94%	Y		
				Churchill Cancer Centre	97%	97%	95%	93%	95%	93%	88%	95%	95%	95%	Y		
				Nuffield Orthopaedic Centre	87%	87%	87%	87%	87%	100%	100%	81%	96%	96%	Y		
Quality	To provide a high standard of safety across all areas	Number of incidents with moderate harm or above	0	JR West Wing	0	0	0	0	0	0	0	0	0	0	Y		
				Churchill Cancer Centre	0	0	0	0	0	0	0	0	0	0	Y		
				Nuffield Orthopaedic Centre	0	0	0	0	0	0	0	0	0	0	0	Y	
	To maintain continuity in PFI teams by minimising the use of Agency and zero hours	% of PFI workforce employed by Agency or zero hours(hours worked)	20%	JR West Wing	Not applicable	Not applicable	Not applicable	49%	54%	59%	57%	56%	59%	59%	Y		
				Churchill Cancer Centre	11%	11%	11%	10%	10%	13%	12%	16%	14%	14%	Y		
				Nuffield Orthopaedic Centre	13%	13%	13%	13%	13%	13%	10%	18%	18%	18%	Y		
	To achieve Hard FM PPM in month	PPMs completed in month vs programme including statutory inspections	% (stat)	JR West Wing	Not applicable	Not applicable	Not applicable	Not applicable	100%	99%	99%	99%	99.60%	100%	Y		
				Churchill Cancer Centre	99%	99%	99%	99%	96%	96%	98%	99.60%	99.81%	99.81%	Y		
				Nuffield Orthopaedic Centre	100%	100%	100%	99%	100%	99%	99%	99.00%	100%	100%	Y		
	To achieve Soft FM requirements within contract	Items by exception to report where statutory obligations at risk or not on track to be completed	0	JR West Wing	Not applicable	Not applicable	Not applicable	0	0	0	0	0	0	0	Y		
				Churchill Cancer Centre	0	0	0	0	0	0	0	0	0	0	Y		
				Nuffield Orthopaedic Centre	0	0	0	0	0	0	0	0	0	0	0	Y	
To provide a high standard of cleaning across all areas	% cleaning score by site (average)	Monthly Avg	JR Site	Not applicable	Not applicable	Not applicable	96%	96%	96%	96%	97%	97%	97%	Y			
			Churchill Cancer Centre	Not available	Not available	Not available	92%	90%	94%	95%	91%	90%	90%	Y			
			Nuffield Orthopaedic Centre	100%	100%	100%	100%	97%	100%	95%	95%	94%	94%	Y			
	% of cleaning audits completed vs scheduled	100%	JR West Wing	Not applicable	Not applicable	Not applicable	38%	70%	100%	90%	99%	60%	60%	N			
			Churchill Cancer Centre	100%	100%	100%	49%	81%	81%	41%	72%	68%	68%	Y			
			Nuffield Orthopaedic Centre	100%	100%	100%	100%	100%	100%	90%	95%	40%	40%	N			
Number of cleaning audits completed below the performance standard	TBC	JR West Wing	Not applicable	Not applicable	Not applicable	0.00	7.00	65.00	91.00	75	2	2	2	Y			
		Churchill Cancer Centre	0.00	0.00	0.00	16.00	22.00	16.00	26	10	10	10	10	Y			
		Nuffield Orthopaedic Centre	0.00	0.00	0.00	2.00	0.00	10.00	11	11	11	11	11	Y			
Patient experience	To review and respond to patient, visitor and staff feedback	Number of complaints received	100%	JR West Wing	Not applicable	Not applicable	Not applicable	28.00	31.00	10.00	30.00	22	14	14	Y		
				Churchill Cancer Centre	0.00	0.00	0.00	0.00	0.00	8.00	6.00	11	6	6	Y		
				Nuffield Orthopaedic Centre	0.00	0.00	0.00	0.00	0.00	2.00	0	0	0	0	Y		
	% of complaints responded to by the PFI team within 3 weeks	100%	JR West Wing	Not applicable	Not applicable	100%	100%	100%	100%	100%	100%	100%	100%	100%	Y		
			Churchill Cancer Centre	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%	Y			
			Nuffield Orthopaedic Centre	100%	100%	100%	100%	100%	100%	100%	Not applicable	Not applicable	Not applicable	Not applicable	Y		
	To ensure patient engagement in service delivery	Outline of schedule of service changes/ reviews provided	100%	JR West Wing	None at this time	None in month	Y										
				Churchill Cancer Centre	None at this time	None in month	Y										
				Nuffield Orthopaedic Centre	None at this time	None in month	Y										
	Meaningful patient involvement demonstrated in all changes/ reviews	100%	JR West Wing	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	Y		
			Churchill Cancer Centre	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	Y	
			Nuffield Orthopaedic Centre	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	Y	
To ensure active engagement in and response to PLACE reviews	% of PLACE audits due in 6 months scheduled	100%	JR West Wing	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	Y		
			Churchill Cancer Centre	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	Y	
			Nuffield Orthopaedic Centre	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	Y	
	% of PLACE audits scheduled to be undertaken completed	100%	JR West Wing	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Y		
			Churchill Cancer Centre	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Y	
			Nuffield Orthopaedic Centre	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Y	
% of actions on track or completed by due dates following PLACE audits	100%	JR West Wing	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Y		
		Churchill Cancer Centre	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Y		
		Nuffield Orthopaedic Centre	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Y		

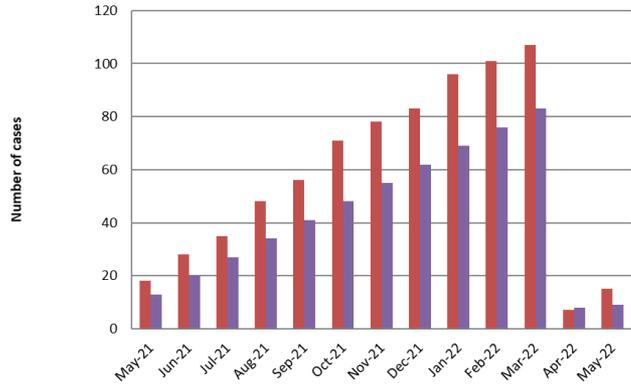
	PFI objective	Indicator	Target	Site	M6 Sept 21	M7 Oct 21	M8 Nov 21	M9 Dec 21	M10 Jan 21	M11 Feb 22	M12 Mar 22	M1	M2	Exception report	Trend	
Digital	To introduce technology to Soft FM provision	% of technology scheduled to be introduced on track or completed by due date	95%	JR West Wing	Not applicable	Not applicable	Not applicable	Not applicable	90%	90%	90%	90%	Not applicable			
				Churchill Cancer Centre	Not applicable	Not applicable										
				Nuffield Orthopaedic Centre	Not applicable	Not applicable										
	Provide Ulysses Access to PFI providers	% of providers with access to Ulysses	100%	JR West Wing	Not applicable	Not applicable	Not applicable	Not applicable	0%	0%	0%	0%	0%	0%	Y	
				Churchill Cancer Centre	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	Y	
				Nuffield Orthopaedic Centre	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	Y
Finance	To review all variations to contracts by Divisional finance teams to ensure value for money and budgetary impact	Provision of monthly variation report provided (within 8 working days of month end) for each OUH Division		JR West Wing	Process in development	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed							
				Churchill Cancer Centre	Process in development	Process to be agreed										
				Nuffield Orthopaedic Centre	Process in development	Process to be agreed										
		% of all variations reviewed and signed off by finance (excluding current month)		JR West Wing	Process in development	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed							
				Churchill Cancer Centre	Process in development	Process to be agreed										
				Nuffield Orthopaedic Centre	Process in development	Process to be agreed										
	To maintain a robust process for managing financial deductions	Provision of monthly deductions/withholds report provided (within 10 working days of month end) for each OUH Division		JR West Wing	Not applicable	Not applicable	Not applicable	£4089.92	4477.69	5356.35	18500.61	£18,036.36	£7,032.76			
				Churchill Cancer Centre	£12,734.75	£43,987.55	£30,580.03	£18,734.45	28204.89	32293.81	28204.89	£18,663.32	£16,690.11			
				Nuffield Orthopaedic Centre	£7742.75	£1526.84	£2524.92	£2048.90	597.46	96.78	126.28	£96.78	£126.28			
		% of all deductions reviewed and signed off by finance (excluding current month)		JR West Wing	Not applicable	Not applicable	Not applicable	100%	100%	100%	100%	100%	100%	100%		
				Churchill Cancer Centre	100%	100%	100%	100%	100%	100%	100%	100%	100%			
				Nuffield Orthopaedic Centre	100%	100%	100%	100%	100%	100%	100%	100%	100%			
To maintain a robust process for managing financial recharges	Provision of monthly recharge report provided (within 10 working days of month end) for each OUH Division		JR West Wing	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development			
			Churchill Cancer Centre	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development			
			Nuffield Orthopaedic Centre	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development			
	% of all recharges reviewed and signed off by finance (excluding current month)		JR West Wing	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development		
			Churchill Cancer Centre	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development		
			Nuffield Orthopaedic Centre	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development	Process in development		
To review monthly budgets to ensure financial performance meets plan	Actual vs plan (monthly)		JR West Wing	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review Dates in Diaries	Review Dates in Diaries			
			Churchill Cancer Centre	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review Dates in Diaries	Review Dates in Diaries				
			Nuffield Orthopaedic Centre	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review Dates in Diaries	Review Dates in Diaries				
	Actual vs plan (YTD)		JR West Wing	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review Dates in Diaries	Review Dates in Diaries			
			Churchill Cancer Centre	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review Dates in Diaries	Review Dates in Diaries				
			Nuffield Orthopaedic Centre	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review dates in diaries	Review Dates in Diaries	Review Dates in Diaries				
Forecast vs plan (year end)		JR West Wing	TBC	TBC	TBC	TBC	TBC	TBC	Review dates in diaries	Yes	Yes	Yes				
		Churchill Cancer Centre	TBC	TBC	TBC	TBC	TBC	TBC	Review dates in diaries	Yes	Yes	Yes				
		Nuffield Orthopaedic Centre	TBC	TBC	TBC	TBC	TBC	TBC	Review dates in diaries	Yes	Yes	Yes				

	PFI objective	Indicator	Target	Site	M6 Sept 21	M7 Oct 21	M8 Nov 21	M9 Dec 21	M10 Jan 21	M11 Feb 22	M12 Mar 22	M2	M2	Exception report	Trend	
Capital	To ensure agreed lifecycle programmes are in place for all Trust sites	Capital investment plan and replacement programme in place Items by exception to report where there is deviation to lifecycle plan in current or future period and for implications to financial forecasting and other		JR West Wing	In Development	In Development	In Development	In Development	In Development							
				Churchill Cancer Centre	In Development	In Development	In Development	In Development	Awaiting SPV Sign off							
				Nuffield Orthopaedic Centre	In development	In development	In development	In Development	In Development							
				JR West Wing	In development	In development	In development	In Development	In Development							
Data quality	To maintain high standards of data quality	Alignment of PFI cleaning scores with independent assessment	N# of cleaning scores where deviation >5 percentage points	JR West Wing	0	0	0	2	3	3	5	0	0			
				Churchill Site	7	6	7	6	2	9	10	8	Not applicable			
				Nuffield Orthopaedic Centre												
					0	0	0	0	0	0	0	0	0			
Other	To monitor monthly performance reports from PFI providers to review trends and identify any early interventions required	Monthly Total Number of Service Failure Points by PFI provider		JR West Wing Hard FM	0-	15%	15%	18%	33	30	0	20	7			
				JR West Wing Soft FM	Not applicable	Not applicable	Not applicable	904	537	124	207	186	66			
				Churchill Cancer Centre	24	95	81	93	96	111	135	101	46			
				Nuffield Orthopaedic Centre	2	407	304	202	96	79	85	94	166			

Key Quality Metrics Table

Descriptor	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
VTE Risk Assessment(% admitted patients receiving risk assessment)	98.42%	98.26%	98.01%	98.09%	N/A	98.05%	97.91%	97.93%	98.28%	98.34%	98.13%	N/A
Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)	28	35	48	56	71	78	83	96	101	107	7	14
Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)	0	0	0	1	1	2	2	3	4	4	0	0
% patients receiving stage 2 medicines reconciliation within 24h of admission	56.00%	50.90%	51.13%	48.44%	49.14%	50.80%	48.71%	47.86%	47.60%	47.36%	40.74%	44.88%
% of incidents associated with moderate harm or greater	1.91%	1.57%	3.30%	2.20%	2.88%	4.52%	3.90%	4.38%	4.12%	4.10%	4.96%	5.18%
% Radiology direct access 7 day turnaround times - Plain Film, CT, MRI & Ultrasound	80.97%	77.51%	74.23%	72.91%	73.34%	73.34%	79.62%	77.35%	77.16%	70.50%	70.38%	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	1	1	2	0	0	2	2	0	2	2	N/A
Crude Mortality	190	209	182	254	229	200	265	241	198	235	239	213
Dementia - % patients aged > 75 admitted as an emergency who are screened	80.69%	78.11%	77.95%	74.97%	74.97%	76.98%	74.83%	72.10%	70.40%	72.43%	64.66%	N/A
ED - % patients seen, assessed and discharged / admitted within 4h of arrival	80.53%	74.47%	76.58%	72.13%	69.43%	67.76%	70.03%	70.17%	66.03%	64.35%	66.50%	67.39%
Friends & Family test % likely to recommend - ED	78.54%	76.79%	80.20%	74.04%	73.77%	73.97%	78.98%	N/A	75.60%	73.01%	75.48%	N/A
Friends & Family test % not likely to recommend - ED	13.95%	14.34%	12.27%	16.26%	16.16%	16.05%	13.60%	N/A	15.73%	17.43%	15.40%	N/A
Friends & Family test % likely to recommend - Mat	N/A	100%	N/A	80.00%	100%	83.33%	66.67%	N/A	100.00%	90.91%	83.33%	N/A
Friends & Family test % not likely to recommend - Mat	N/A	0.00%	N/A	0.00%	N/A	0.00%	8.33%	N/A	0.00%	0.00%	33.33%	N/A
Friends & Family test % likely to recommend - IP	94.41%	94.83%	95.12%	94.57%	93.80%	94.54%	94.98%	N/A	93.82%	93.46%	94.03%	N/A
Friends & Family test % not likely to recommend - IP	3.09%	2.84%	2.53%	2.86%	2.77%	2.89%	2.46%	N/A	2.90%	3.30%	2.90%	N/A
Friends & Family test % likely to recommend - OP	94.28%	94.14%	N/A	93.29%	N/A	93.16%	93.23%	N/A	93.05%	92.73%	93.22%	N/A
Friends & Family test % not likely to recommend - OP	2.93%	1.46%	N/A	3.33%	N/A	3.27%	3.24%	N/A	3.69%	4.09%	3.08%	N/A
% patients EAU length of stay < 12h	53.28%	53.54%	53.07%	51.19%	49.05%	51.41%	50.77%	50.76%	43.28%	48.28%	50.16%	50.51%
% Complaints upheld or partially upheld [Quarterly in arrears]	73.16%	N/A	N/A	65.48%	N/A	N/A	75.91%	N/A	N/A	30.80%	N/A	N/A

Trust apportioned C.diff cases



	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Cumulative Total	18	28	35	48	56	71	78	83	96	101	107	7	15
Cumulative Limit	13	20	27	34	41	48	55	62	69	76	83	8	9

C. diff

During May 2022 there were 4 HOHA cases of C. difficile and 4 COHA cases; therefore, a total of 8 cases apportioned to the OUH.

MRSA: No cases for May

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

MSSA: 6 HOHA and 3 COHA. 3 HOHA in Neuro ICU, IPC involved in RCA and working with the unit

COVID-19: During May the IPC team followed up 169 COVID-19 positive patients. There were 10 definite nosocomial cases, and 6 probable cases. Total number of COVID-19 positive admissions and nosocomial case has decreased this month compared to last. There has been a COVID-19 outbreak on CMU-A involving 10 patients and 3 medical staff involved. We have introduced twice weekly surveillance screening on the ward and the encouragement of the staff to maintain twice weekly lateral flow testing.

Mask wearing in non clinical areas is no longer mandated, but has been maintained for all staff undertaking patient-facing activities.

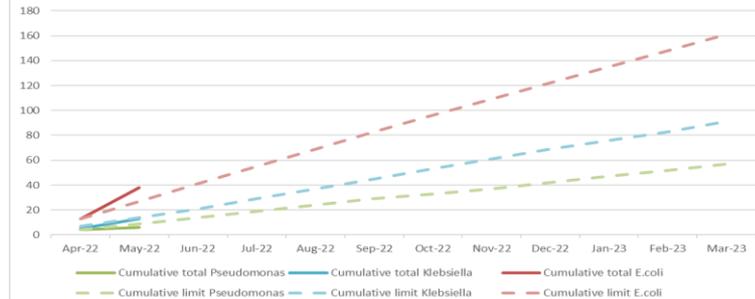
Staff testing –update:

Asymptomatic: all patient facing staff to access LFD through government website and continue to test twice weekly, reporting to staff testing website. The number of participating staff continues to fall.

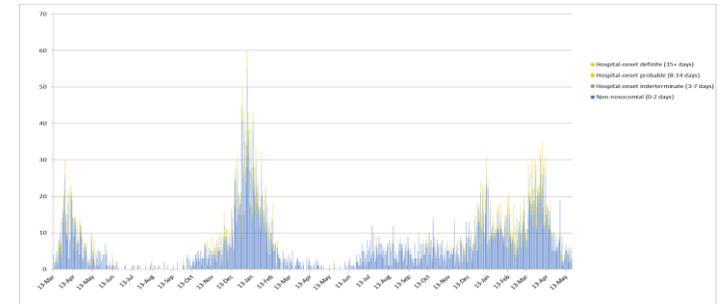
MRSA Outbreak Neonatal Unit the outbreak of MRSA in the neonatal unit continues and weekly (or more frequent if required) meetings are held. Despite actions to date, new acquisitions continue, 5 new colonisations in May. The focus of interventions remains on improving hand hygiene, appropriate glove use and effective cleaning of the environment and equipment.

In addition, the capacity of the high dependency unit is being reviewed to reduce overcrowding, alongside reducing numbers on the ward round.

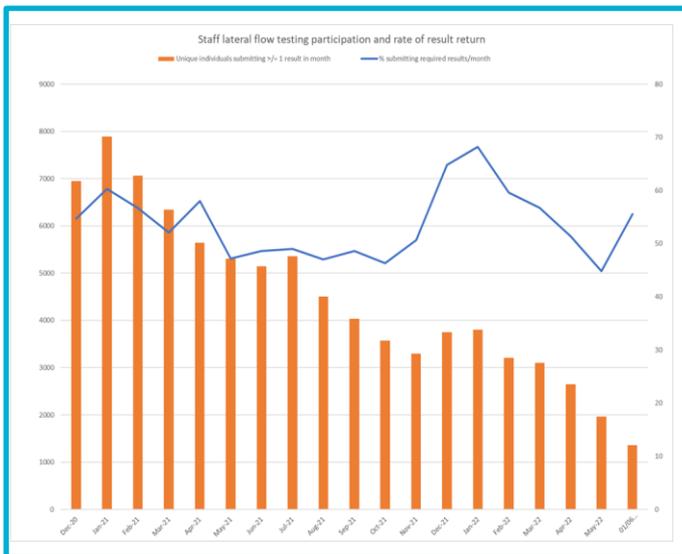
HOHA & COHA GNBSI 2022-2023

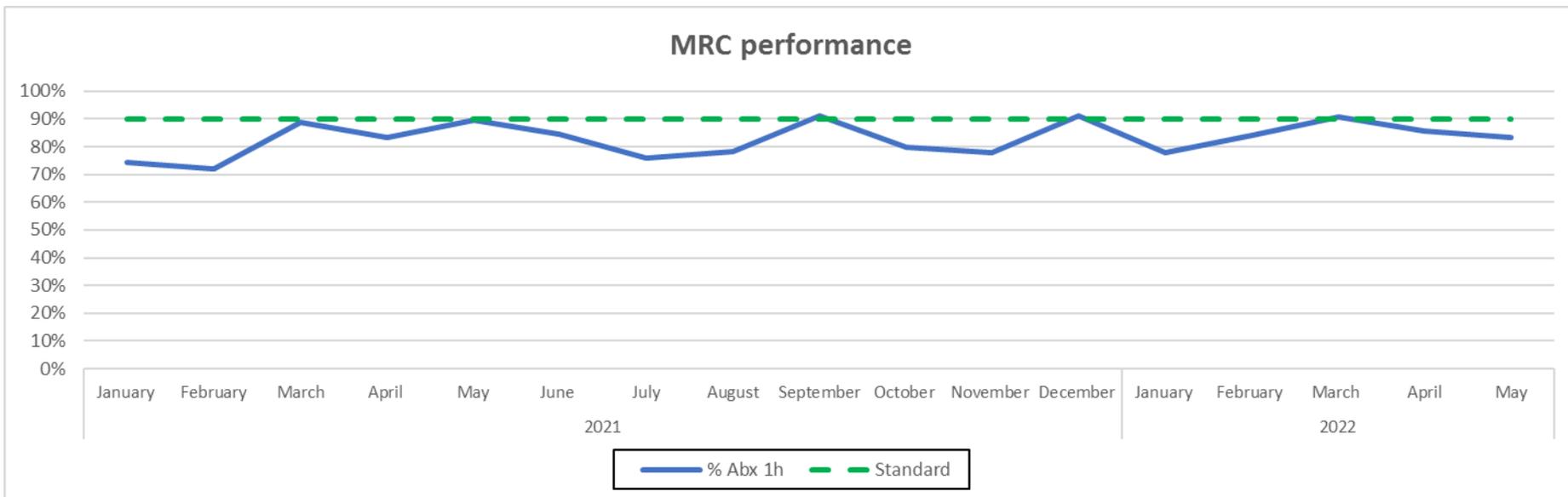


COVID-19 Inpatients March 2020- May 2022 Nosocomial Cases



MRSA New Cases by First Isolate 2017-2022





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

- May 2022: Overall **15/18 (83%)**; ED **12/14 (79%)**
- Latest SHMI for sepsis **91.22 (87.98-94.54)** [Dec 20 – Nov 21; “lower than expected”; Dr Foster]

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

Patient Safety Improvements

Safety Huddles

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

Aim for 100% Compliance with the WHO Surgical Safety Checklist

WHO Audit	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Documentation	100.00%	99.67%	100%	99.17%	97.64%	98.94%
Observation	100%	100%	100%	100%	100%	100%

WHO documentation audit 98.9% compliance (466/471): NOTSSCaN 100% (116/116) ,SUWON 100% (38/38)

CSS 97.8% (175/179) 4 non-compliant- all at JR site- 2 missing (not scanned) and 2 missing signature on sign out. This has been discussed with the teams. Radiology are increasing their observational audits in June to gain a better understanding of the learning from this non-compliance and resulting actions.

MRC 99.32% (137/138) 1 form did not have sign out completed correctly and one form did not have an answer to all the questions completed correctly. This has been fed back to the teams.

WHO observational audit 100% compliance (254/254): CSS 100% (4/4), MRC 100% (20/20), NOTSSCaN 100% (106/106), SUWON 100% (124/124).

Local Safety Standards in Invasive Procedures (LocSSIPs)

- 33 have been completed and ratified for use at the relevant Directorate and Divisional Governance meetings, and Safer Surgery and Procedures Implementation Group (SSPIG). These LocSSIPs are published on the Trust intranet for staff to access.
- Local audit of the safety checklist element of the LocSSIPs is included in the WHO compliance above.
- A LocSSIP awareness audit has been launched on Myassure, first results to be collated next month.

Completion rate of actions from root cause analysis Never Event investigations in 2020/22

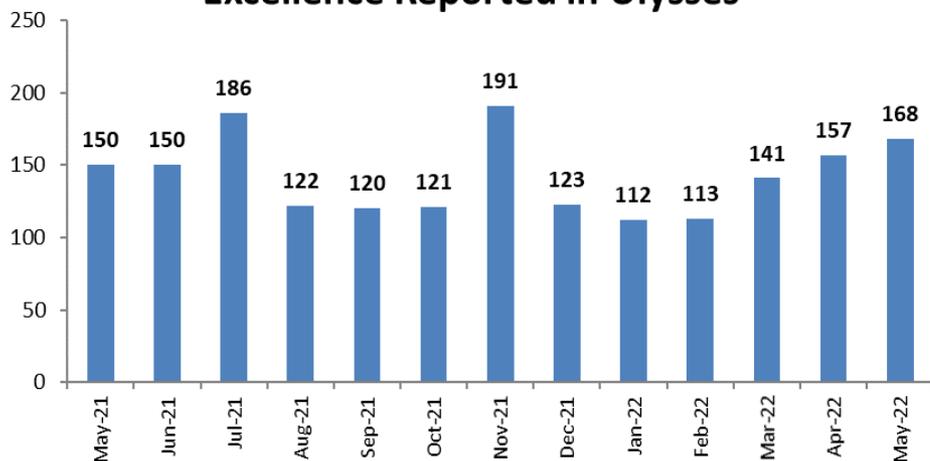
- Fifteen actions from 2020/21 Never Events have past their target date, all but one of which have been completed.
- Twenty-two actions from the four 2021/22 Never Events have past their target date, 14 of which have been completed.
- The outstanding 8 actions are being actively followed up by the Head of Clinical Governance and Patient Safety Team Managers with the relevant Divisional Clinical Governance & Risk Practitioners.

One Never Event (NE) has been reported to date in 2022/23, added to STEIS in May: A patient with an osteosarcoma and complex distorted anatomy underwent a flexible cystoscopy under local anaesthesia for insertion of a left ureteric stent. The right kidney was stented in error; this error was recognised and corrected intraoperatively. **It was agreed with OCCG in June 22 that this did not meet wrong site NE criteria, as complex anatomy could not be anticipated. It will still be investigated as a SIRI.**

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

- A staff led initiative whereby members of staff can nominate colleagues to recognise instances of excellence.
- The nominee receives an email thanking them and the narrative that was reported.
- A multi-professional core group has enthusiastically promoted Excellence Reporting locally (within respective divisions and in all-staff briefings, through Corporate Communications and on social media) and represented the Trust work Nationally.
- The Chief Medical Officer personally presents an excellence report of the month to an individual or team that has made a significant contribution.

Excellence Reported in Ulysses

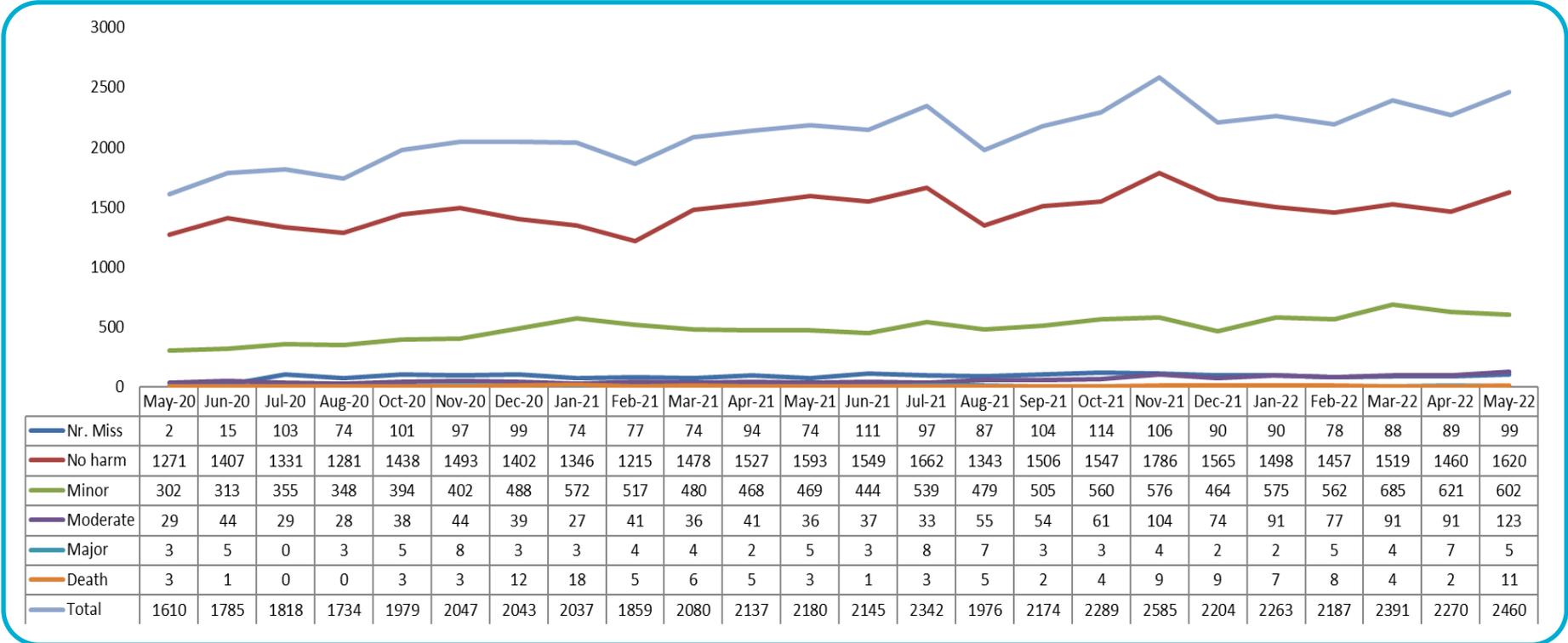


Theme	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Teamworking	48	40	40	47	41	47
Compassionate Care	21	28	16	29	34	30
Going Above And Beyond	50	40	55	60	78	87
Innovation	4	4	2	5	4	4
Grand Total	123	112	113	141	157	168



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

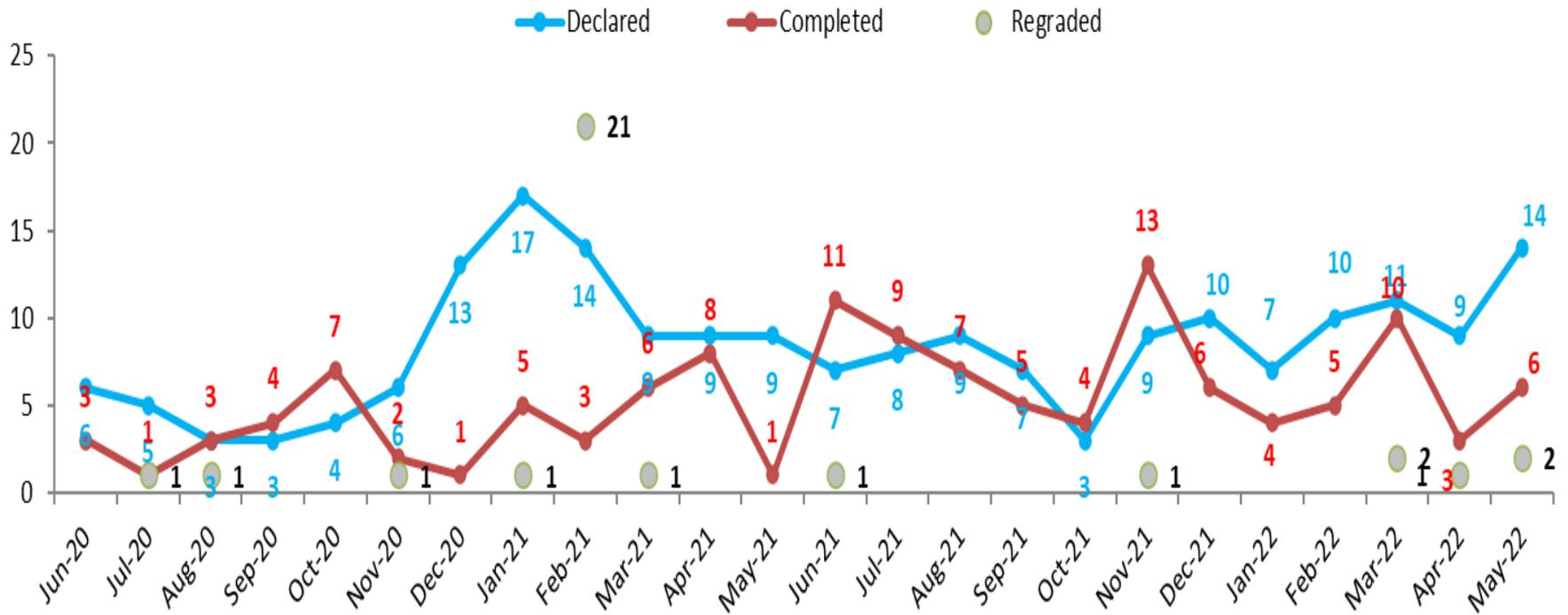
2460 patient incidents were reported in May 2022; the mean monthly number over the past 24 months is 2108. A large number of incidents reported with a small percentage of incidents with significant impact reflects a good safety culture.



In May, 171 incidents reported as entailing moderate and above impact were discussed at PSR. Twelve visits from PSR representatives to support staff or patients took place, and 10 incidents had their impact downgraded in the meeting.

The graph below shows 14 SIRIs were declared by the Trust in May 2022 and 6 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

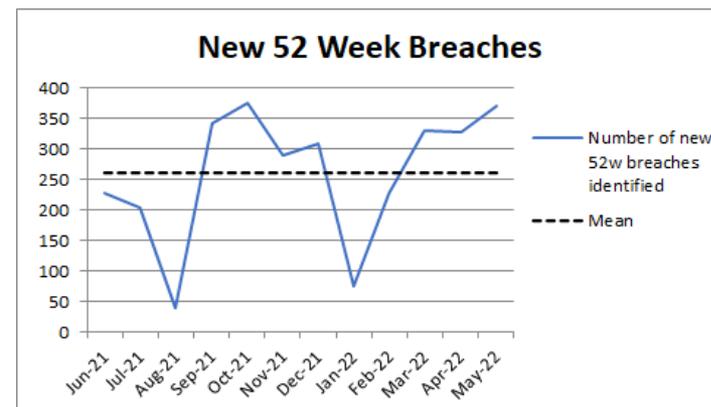


The Trust has an established process for assessing clinical and psycho-social harm for patients waiting for over 52 weeks for treatment. This is in addition to the program of harm reviews for patients undergoing care for cancer whose pathways exceed 104 days. This data was presented at the June Harm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

Services with over 20 new 52w breaches

Specialty	Feb22 new breaches	Mar22 new breaches	Apr22 new breaches	May22 new breaches	May22 total breaches
Cardiology	(6)	26	31	18↓	36
Gynaecology	(2)	(11)	(4)	21↑	31
Plastic Surgery	22	30	38	29↓	126
Spinal Surgery Service	23	30	29	24↓	114
Trauma & Orthopaedics	37	51	61	57↓	165
Urology	30	30	44	67↑	214

Total new 52w breaches



- There were 1152 patients who had been waiting more than 52 weeks for elective treatment at the end of May 2022 (an increase on the April figure of 1049).
- May saw 371 new 52w breaches, the highest total since October 2021. The twelve-month mean is 260.
- Five specialties had 20 or more new 52w breaches in May. The table above shows details of all services that have had 20 or more new breaches in previous months.
- Five 52w breaches from financial year 2021-22 have been confirmed as entailing Moderate impact. Two of these are being responded to by Divisional investigations, and the rest are being managed locally. No confirmed Moderate impact has been reported for breaches in 2022-23 to date.
- 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.

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

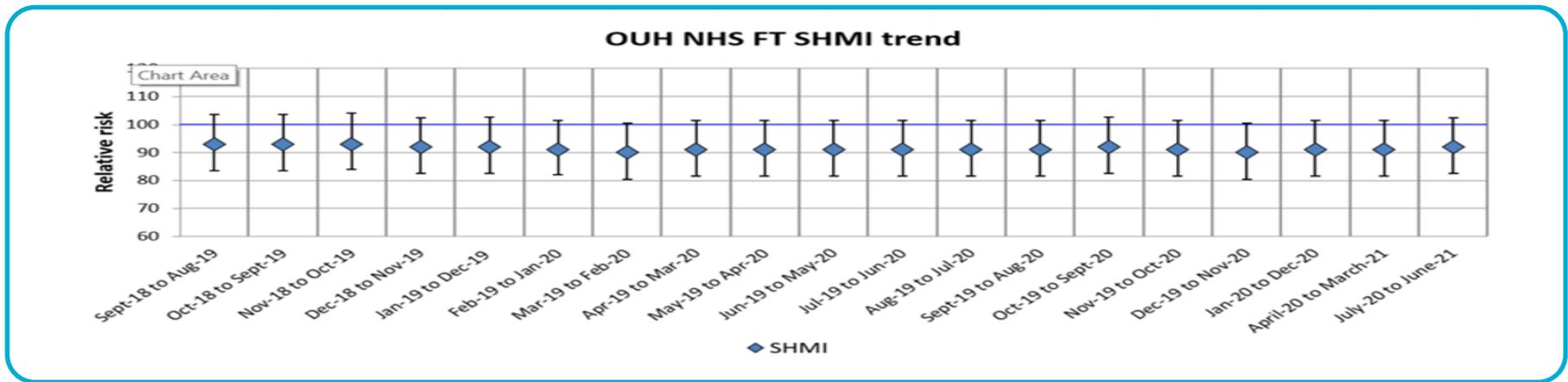
Specialty	P2	P3	P4	P6 (picking up on a patient cancellation)	D3	D4	D7	N1	P7 RCS unknown at point of documentation	Required RCS Population	Grand Total
Urology	4	81	73		3					4	165
Gynaecology	1	13	4		1					3	22
Vascular Surgery	1	3	6		1						11
Physiotherapy										2	2
Paediatric Spinal Surgery		28	14		1					2	45
General Surgery		1	1								2
Interventional Radiology		1									1
Paediatric Trauma and Orthopaedics			3								3
Maxillo Facial Surgery		3	11		2					1	17
Plastic Surgery Craniofacial			2								2
Transplant Surgery Service										1	1
Paediatric Oral and Maxillofacial Surgery Service		1									1
Neurosurgical Service		10	2		1					1	14
Paediatric Plastic Surgery		6	13		3					2	24
Ophthalmology		1	22		1					2	26
Paediatric Surgery		1	2							1	4
Orthodontics			1								1
Paediatric Urology		5	6		3						14
Orthopaedic Service		1	11							3	15
Plastic Surgery		18	38		5	1	1	1	1	21	86
Paediatric ENT		1								2	3
Spinal Surgery Service		14	26		1					9	50
Paediatric Gastroenterology					1						1
Endoscopy (Gastroenterology)							3			1	4
Trauma and Orthopaedics		30	63		5					17	115
Paediatric Neurosurgery			1								1
Ear Nose and Throat		3	6							1	10
Paediatric Ophthalmology		2	29							3	34
Grand Total	6	223	334		28	1	1	3	1	76	674

This table shows patients with a decision to treat. The D codes relate to diagnostics, and N1 means that surveillance is planned. 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.

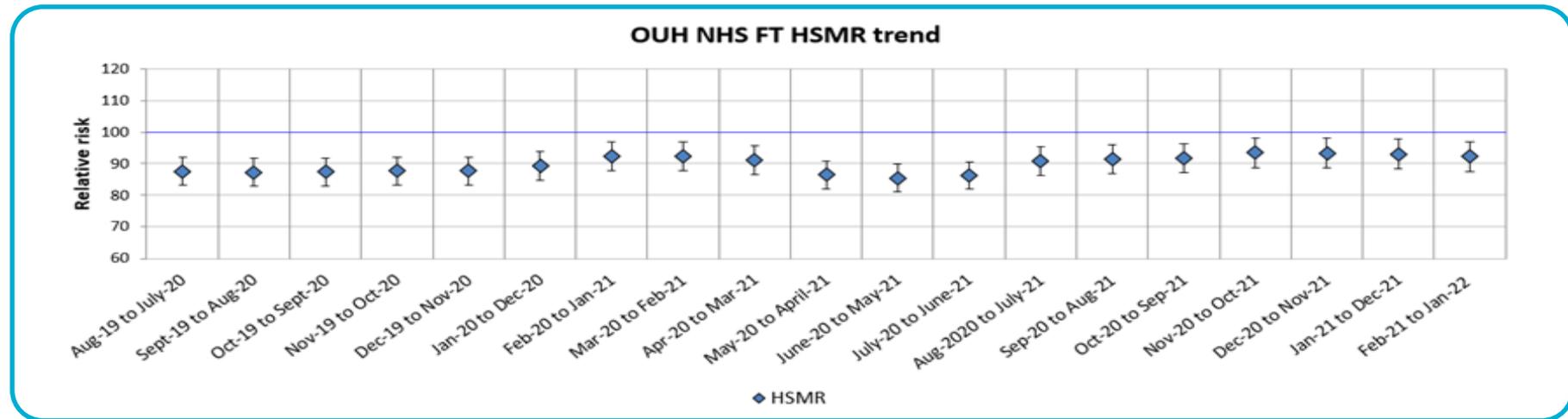
Since 5 February 2019 a weekly safety message from the CMO and CNO has been issued from the central Clinical Governance team, emailed to all staff accounts, and available on the intranet

Weekly Safety Message 176: Insulin prescribing-Lookalike/Soundalike	14/06/2022 09:00
Weekly Safety Message 175: Severe Hypoglycaemia in Adults with Diabetes	07/06/2022 09:00
Weekly Safety Message 174: Switching to insulin NovoRapid® for correction of episodic hyperglycaemia in adults with diabetes	31/05/2022 09:00
Weekly Safety Message 173: Safe Patient Identification	24/05/2022 09:00
Weekly Safety Message 172 : Safe Collection and Labelling of Specimens	17/05/2022 10:00
Weekly Safety Message 171: Reviewing DNACPR decisions on every admission	10/05/2022 10:00
Weekly Safety Message 170 : Performing and Recording Observations in Inpatients	03/05/2022 09:00

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



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



The HSMR is 92.2 for February 2021 to January 2022. 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) February 2021 to January 2022 – Shelford Group

Plot Area	Group Trust	HSMR	Banding
	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	68.7	Lower than expected
	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	72.6	Lower than expected
	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	72.6	Lower than expected
	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	73.4	Lower than expected
	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	84.3	Lower than expected
	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	97.7	As expected
	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92.2	Lower than expected
	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	92.3	As expected
	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	96.2	As expected
	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	102.5	Higher than expected
	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	102.5	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%	31/05/2022	65.07%	55.41%	67.39%
Referral to Treatment Standards					
RTT: % <18 week waits, Incomplete pathways	92%	30/04/2022	61.37%	59.95%	72.91%
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	30/04/2022	1803	6120	1049
Cancer Standards					
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	30/04/2022	79.05%	75.64%	62.31%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	30/04/2022	62.28%	24.83%	1.35%
First treatment within 31 days of cancer diagnosis	96%	30/04/2022	92.75%	89.55%	85.86%
First cancer treatment within 62 days of urgent referral from screening service	90%	30/04/2022	72.84%	63.40%	76.92%
First cancer treatment within 62 days of urgent GP referral	85%	30/04/2022	65.24%	56.46%	50.97%
Subsequent cancer treatment in <31 days: surgery	94%	30/04/2022	82.18%	72.83%	73.74%
Subsequent cancer treatment in <31 days: drugs	98%	30/04/2022	98.13%	97.16%	95.60%
Subsequent cancer treatment in <31 days: radiotherapy	94%	30/04/2022	92.03%	91.16%	78.23%
DMO1 6 week Diagnostic Standard					
DMO1: >6 week waits for treatment	1%	30/04/2022	28.40%	26.78%	7.82%

A&E

In May 2022, 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 April 2022, OUH performed above the national average and the Shelford group average for patients waiting under 18 weeks at 72.91% and continued to report significantly less >52 week waits when compared to both the national average and the Shelford group.

Cancer Standards

In April 2022, OUH performed less favourably across 7 out of the 8 cancer standards when compared to the National and Shelford Group averages, with the exception of the 4th standard: *First cancer treatment within 62 days of urgent referral from screening service*

Diagnostic waits

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

ED 4 - hour performance



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

National 4hr ED Performance - All Types - May 2022

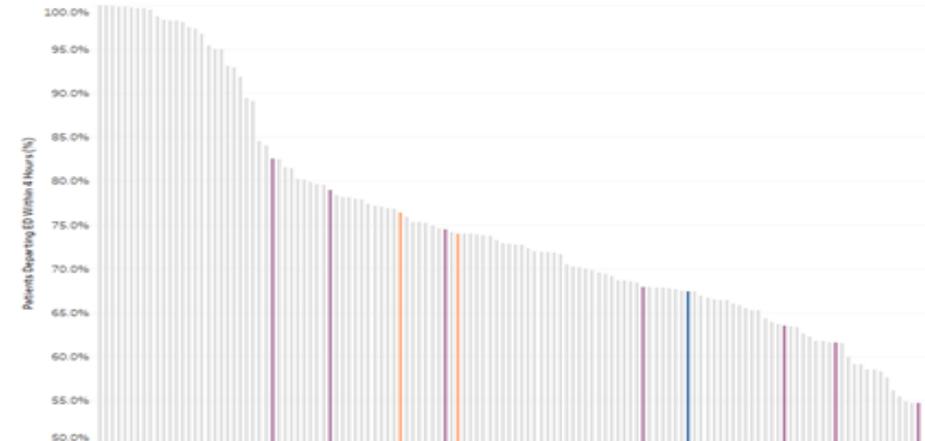


Figure 2. OUH performance of 'all types' (Emergency Departments only) compared to the National position – May 2022

- In May 2022 ED attendances across both sites increased by 11.55% compared to April 2022.
- The JR saw a 10.6% increase in attendances in May 2022 (930 patients) compared to April 2022. Acuity had been reported as high and this is reflected in a 12.1% increase seen in Majors presentations.
- The Horton saw a 13.8% increase in attendances in May 2022 (500 patients) compared to April 2022. Similarly, to the JR, Majors presentations at the Horton had also increased, by 15.88%.
- Paediatric attendances have dramatically increased on both sites, 22.56% at the JR and 30.75% at the Horton.
- The Trust achieved 67.39% (all types) of patients being seen and discharged from ED within the 4-hour standard in May, an improvement of 0.89% in performance on the previous month.
- The most significant breach reason for both admitted and non-admitted patients was wait to be seen.
- The OUH position for May 2022 deteriorated in the national rankings for ED 4-hour performance 'all types', moving slightly above the lower quartile. In comparison to the Shelford Group Hospitals, OUH maintained 5th position but dropped to 7th position against the local regional hospitals.
- The Acute Ambulatory Unit at the John Radcliffe Hospital has not been required to open overnight or earlier than planned in the morning, protecting its ability to function effectively as an ambulatory unit. Additional capacity in the Trauma Unit was de-escalated.

Regional 4hr ED Performance - All Types - May 2022

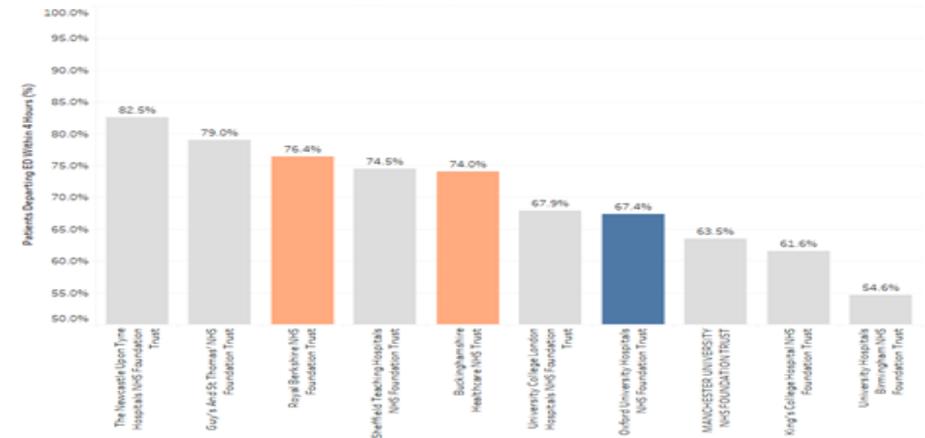


Figure 3. OUH performance of 'all types' (Emergency Departments only) compared to BOB system partners and Shelford Group – May 2022

Figure 1.

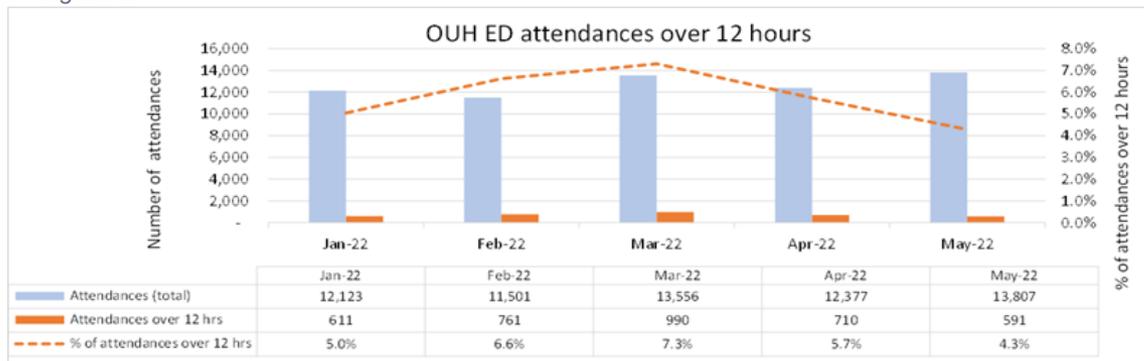


Figure 2.

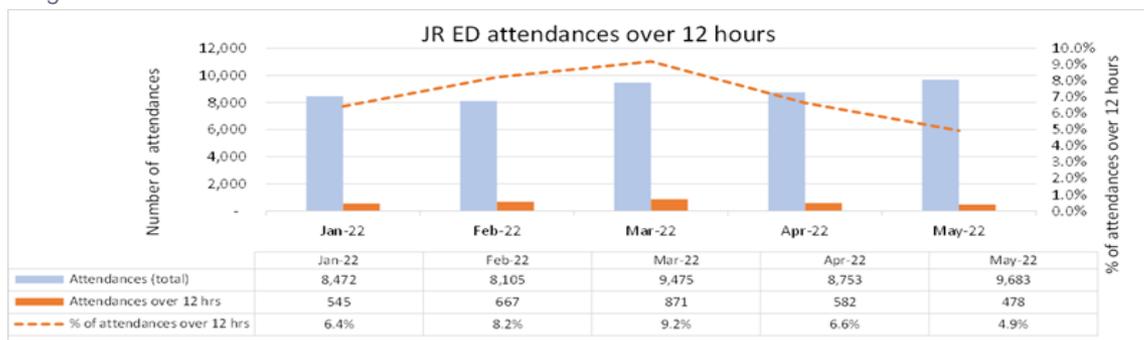
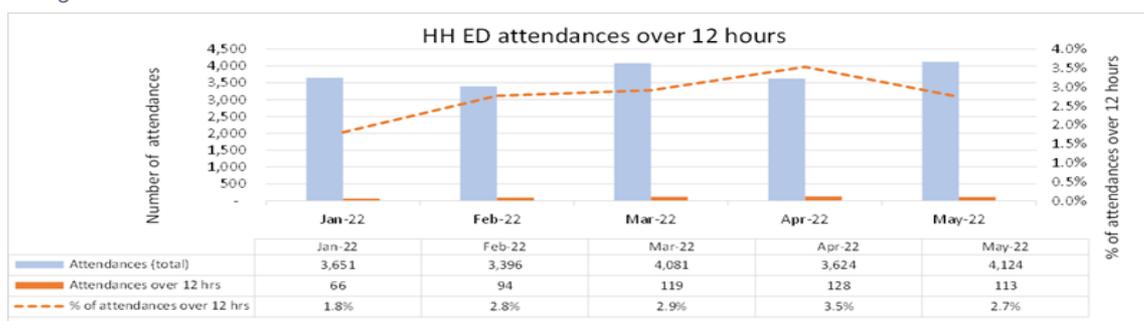


Figure 3.



- In May 2022 4.3% of ED attendances (591 patients) had a length of stay greater than 12 hours against the threshold of 2.0%. 97% of these patients were in Majors at the time of discharge/transfer. This is a 1.4 percentage point improvement on the previous month which is hugely positive in light of a 11.6% increase in attendances from the previous month.

- Figure 2 illustrates the percentage of ED attendances at the JR with a length of stay greater than 12 hours. This was 4.9% (478 patients), a 1.7% decrease from April with 104 fewer patients with a length of stay over 12 hours. Wait to be seen and flow out of ED are the main challenges in meeting this target in Adults. Extended length of stay in ED is mainly seen in adults with 1.4% of the total figure being Children.

- Figure 3 illustrates the percentage of ED attendances at the Horton with a length of stay greater than 12 hours. This was 2.7% in May (113 patients), a reduction of 0.8% on the previous month with 15 fewer patients with a length of stay over 12 hours. May is the first month since January that we have seen a positive improvement in the data and fewer patients with an extended length of stay.



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Latest available date: April 2022

SEdit - John Radcliffe Hospital (RTH08)

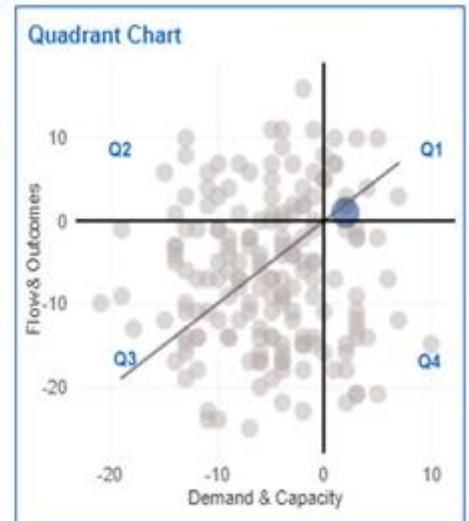
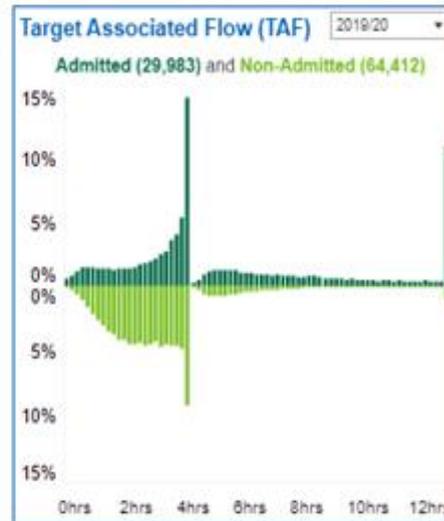
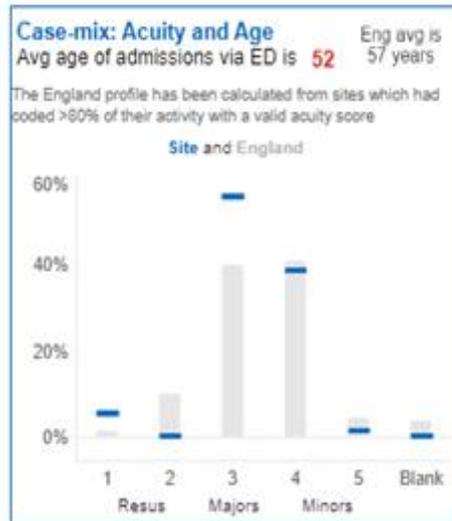
Oxford University Hospitals NHS Foundation Trust, South East
Summary Emergency Department Indicator Table

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

Activity		Workforce		Cubicles and Beds		Case-mix		Quality & Ranking	
T1 Attendances last 12m (rolling 12 months) 101,991 279/day	Admissions via ED last 12m (rolling 12 months) 34,606 96/day	ED consultants (wte) 14.50	ED registered nurses (wte) 120.00	ED Majors & Resus cubicles 39	G&A beds (site) 622 985	Average age of ED admitted patients 52 years	GIRFT ED Acuity Index 1.53	CQC Urgent & Emergency Services "Overall" ED rating Requires Improvement	GEMI GIRFT Emergency Medicine Index Rank 69

Selected: **April 2022** Roll back analysis (charts below)
Previous*: March 2022 April 2022

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



Domains - Benchmarked metrics

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

Demand (3)

Metric Name	Site Value
Proportion of catchment population attending per year	% 19.6
% of ED admissions aged 75+	% 29.2
% ED attends in highest deprivation quintile	% 5.9
GIRFT ED Acuity Index	1.5
% of ED attendances admitted (SUS)	% 33.5
% of emergency admissions via ED	% 54.2
% of elective I/P admissions	% 10.3
Trauma status	MTC

Capacity (-1)

Metric Name	Site Value
Annual ED attendances per ED consultant	7,033.9
Annual ED admissions per ED consultant	2,386.6
Annual ED attendances per ED registered nurse	849.9
Annual ED admissions per M&R cubicle	887.3
Annual ALL overnight admissions per G&A bed	95.3
Annual acute overnight admissions per G&A bed	84.2
Annual elective overnight admissions per G&A bed	11.1
Annual Trust admissions per Trust consultant wte	188.3
ED estate adequacy	

Flow (4)

Metric Name	Site Value
% of 999 ambulance handover delays > 30mins	% 10.1
% Discharged, Admitted or Transferred <= 2hrs of arrival (DAT2)	% 15.3
APBR6 (Admitted Patient Breach Rate >6hrs)	% 47.5
APD6 (Aggregated Patient Delay >6hrs)	527.7
SDEC (Same Day Emergency Care): Emergency Admissions with Zero LoS	% 41.8
% Adms via A&E with a LoS >0 and < 2 days	% 21.3
% Adms via A&E with LoS > 6 days	% 20.8

Outcomes (-3)

Metric Name	Site Value
APBR 12 (Admitted Patient Breach Rate >12hrs)	% 18.0
APD12 (Aggregated Patient Delay >12hrs)	375.4
Annual Delay Related Harms	122.8
Litigation liability per attendance	GBP 11.4
Staff Survey Score - Recommendation	3.9

For queries please email NHS1.AnalyticsProductsTeam@nhs.net

SEDIT - Horton General Hospital (RTH05)

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



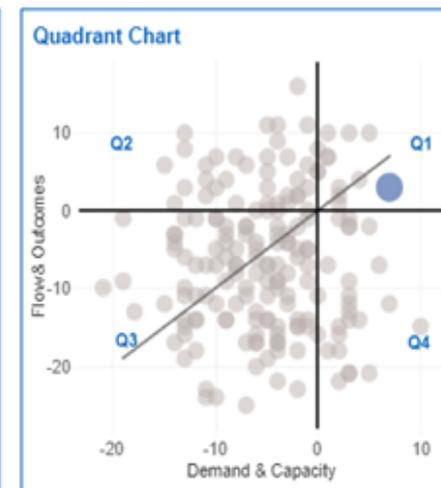
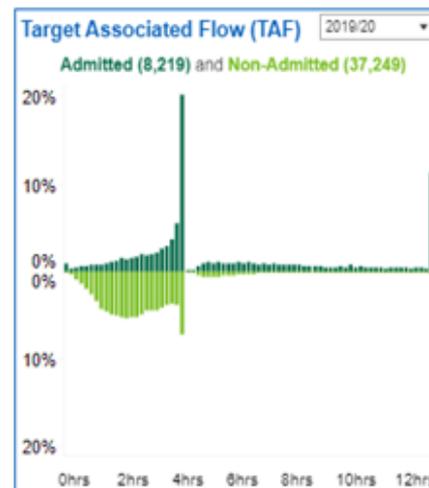
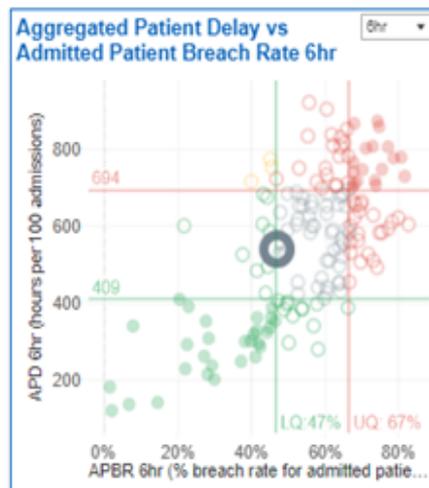
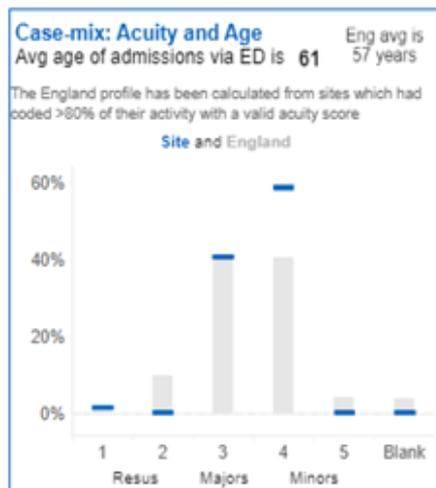
Latest Refresh: 23/06/2022 15:42:09
Latest available date: April 2022

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

Activity		Workforce		Cubicles and Beds		Case-mix		Quality & Ranking	
T1 Attendances last 12m (rolling 12 months) 48,137 132/day	Admissions via ED last 12m (rolling 12 months) 7,741 21/day	ED consultants (wte) 5.80 5.82	ED registered nurses (wte) 51.10	ED Majors & Resus cubicles 16	G&A beds (site) 133	Average age of ED admitted patients 61 years	GIRFT ED Acuity Index 0.71	CQC Urgent & Emergency Services "Overall" ED rating Requires Improvement	GEM! GIRFT Emergency Medicine Index Rank 36

Selected: **April 2022** Roll back analysis (charts below)
Previous*: **March 2022** April 2022

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



Domains - Benchmarked metrics

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

Demand (1)

Metric Name	Site Value
Proportion of catchment population attending per year	% 29.5
% of ED admissions aged 75+	% 43.6
% ED attends in highest deprivation quintile	% 7.4
GIRFT ED Acuity Index	0.7
% of ED attendances admitted (SUS)	% 15.0
% of emergency admissions via ED	% 61.6
% of elective I/P admissions	% 0.8
Trauma status	ND

Capacity (5)

Metric Name	Site Value
Annual ED attendances per ED consultant	8,299.5
Annual ED admissions per ED consultant	1,334.7
Annual ED attendances per ED registered nurse	942.0
Annual ED admissions per M&R cubicle	483.8
Annual ALL overnight admissions per G&A bed	49.7
Annual acute overnight admissions per G&A bed	49.4
Annual elective overnight admissions per G&A bed	0.3
Annual Trust admissions per Trust consultant wte	188.3
ED estate adequacy	

Flow (4)

Metric Name	Site Value
% of 999 ambulance handover delays > 30mins	% 8.3
% Discharged, Admitted or Transferred <= 2hrs of arrival (DAT2)	% 26.6
APBR6 (Admitted Patient Breach Rate >6hrs)	% 46.9
APD6 (Aggregated Patient Delay >6hrs)	539.4
SDEC (Same Day Emergency Care): Emergency Admissions with Zero LoS	% 45.2
% Adms via A&E with a LoS >0 and < 2 days	% 17.7
% Adms via A&E with LoS > 6 days	% 27.8

Outcomes (-1)

Metric Name	Site Value
APBR 12 (Admitted Patient Breach Rate >12hrs)	% 17.3
APD12 (Aggregated Patient Delay >12hrs)	447.5
Annual Delay Related Harms	25.5
Litigation liability per attendance	GBP 11.4
Staff Survey Score - Recommendation	3.9

For queries please email NHSI.AnalyticsProductsTeam@nhs.net

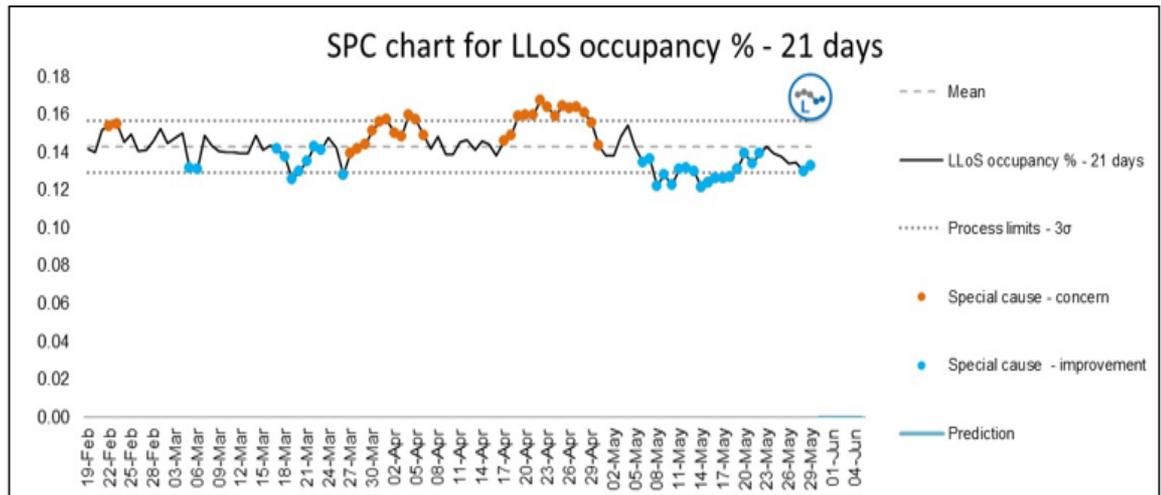
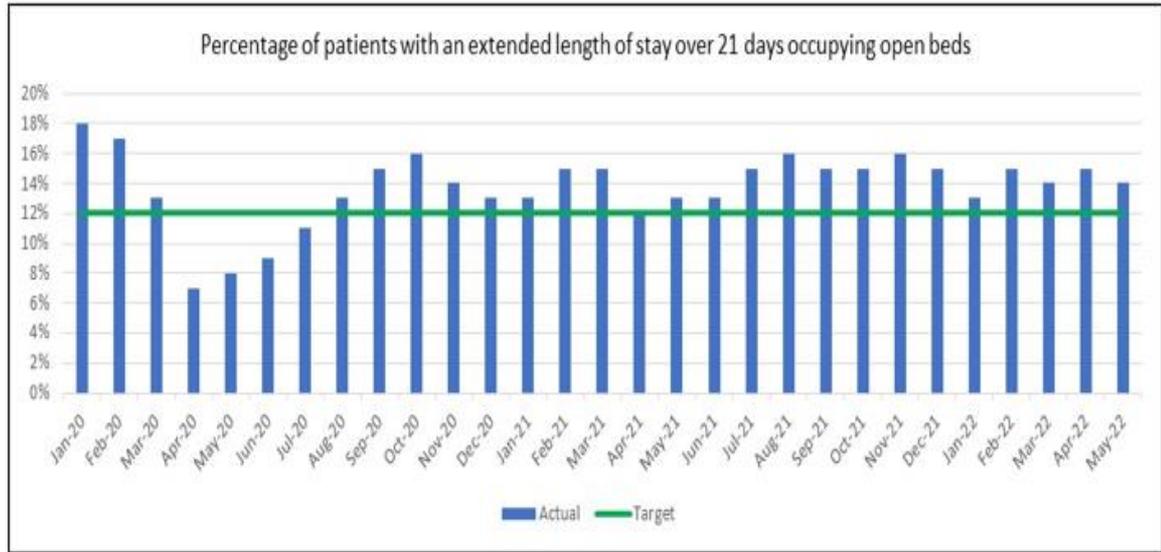
Urgent Care: Length of stay (LOS) over 21 days

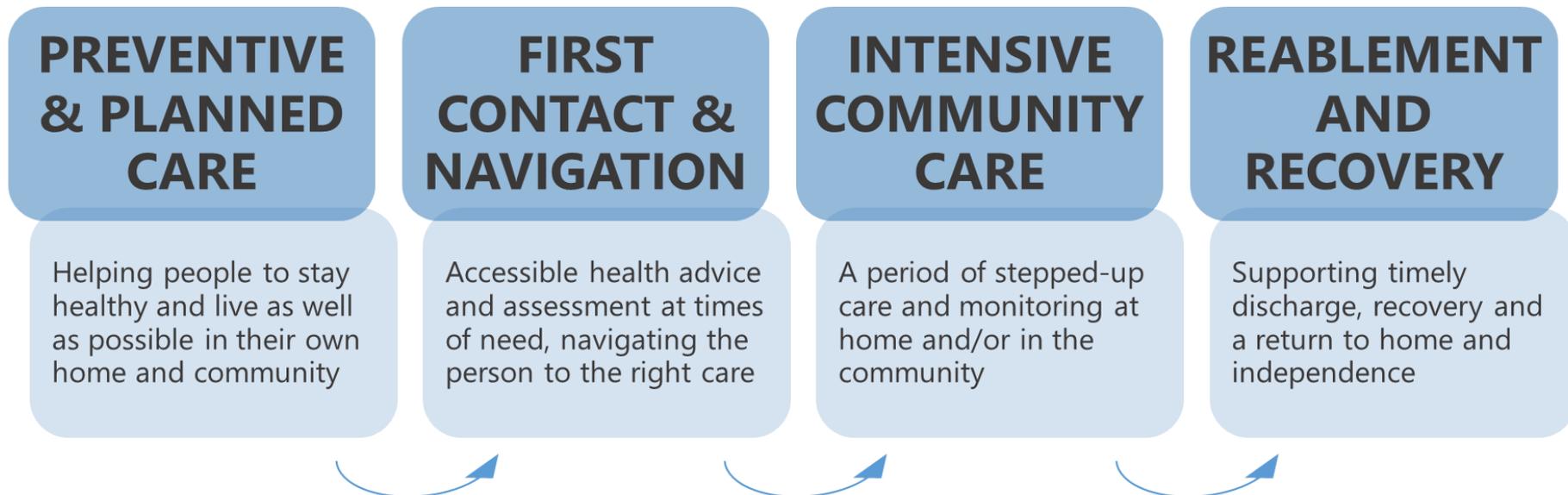
Patients with a LOS over 21 days

- May has seen a slight reduction in the number of patients with a length of stay of over 21 days in OUHFT beds by one percentage point and we continue to be one of the better performing Trusts in the region in this area.
- The Deputy Director of Urgent Care is meeting with the with Divisional Director of Nursing this month to review themes and our approach to over 21 day IP stay management and reduction. Weekly escalation meetings continue to operate.
- We have sustained and continued to improve on the number of patients with a LoS over 21 days who are awaiting repatriation and this has reduced to 2%.
- The number of patients not medically fit for discharge has increased and there continues to be significant delays with community providers.

Patient with a LOS over 21 days – point prevalence 31st May

- 14% (126) of 886 adults are over 21 days
- 2% (2) are waiting for repatriation
- 25% (31) are out of county
- 13% (16) are NEWs 5 and above
- 44% (55) are Medically Fit for Discharge, of this 35% (19) are waiting for community hospital placement or any other bedded intermediate/ reablement care, 11% (6) are waiting for social care reablement or home-based intermediate care time limited and 20% (11) are waiting for start or restart of domiciliary care package – long-term packages.

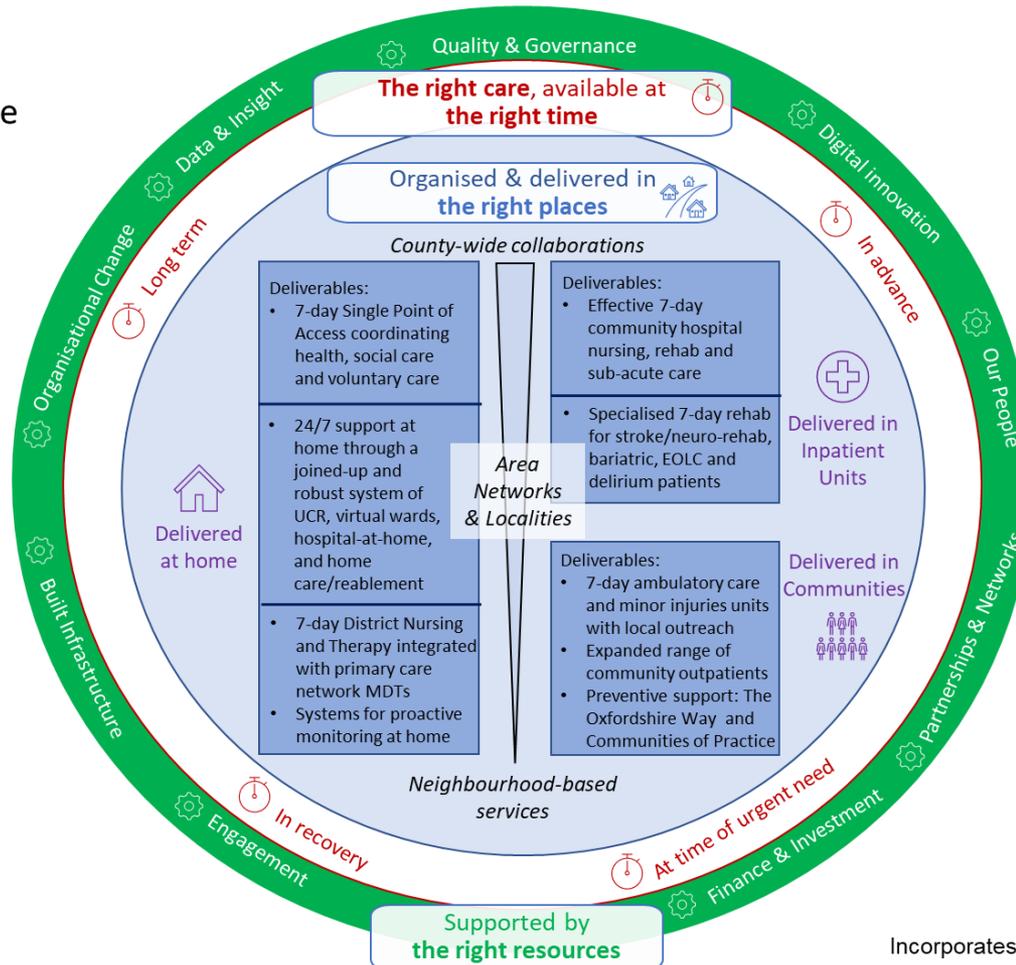




An interconnected system of care

To provide reliable, high quality experiences of care, the services must function effectively together, in a reliable and joined-up way

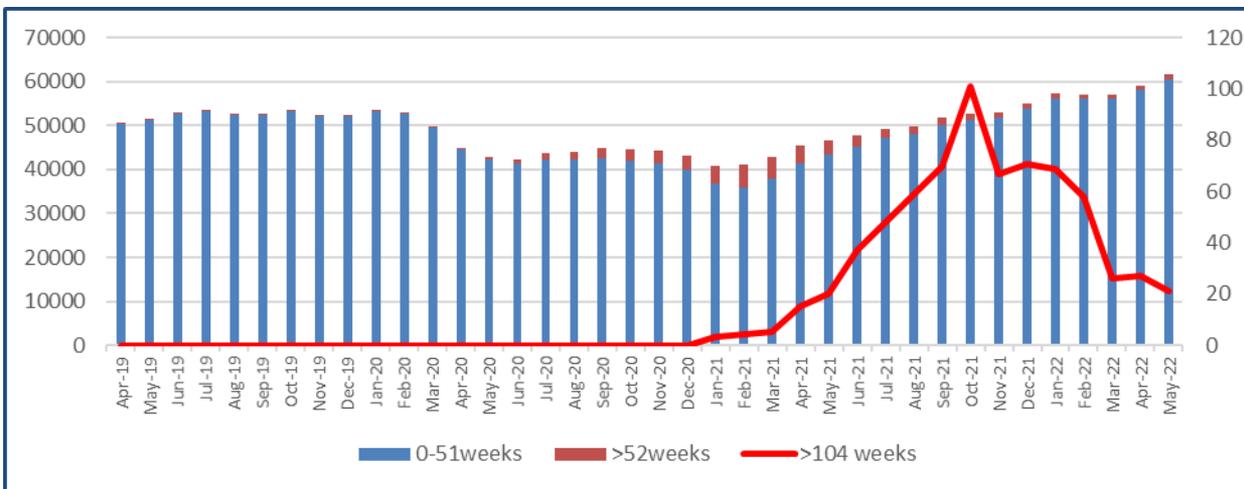
Oxfordshire Integrated Improvement Programme



Incorporates both the Community Services strategy and the Urgent and Emergency Care priorities

Project	Workstreams - Initiatives	Benefits	Metrics	Timescales
ED – 12 Hour Total Stay and Ambulatory	<ul style="list-style-type: none"> Introduction and adoption of an Escalation Process, including key triggers i.e. 4, 6, and 9hrs Recommunicate and mandate Professional Standards – cultural focus Cross divisional meetings regarding current issues Review of Ambulance handover at all Trust entry points 60 mins timeframe to transfer specialty patients Admitted patients in ED to be transferred once all of the care prescribed has been initiated Prioritise ED staffing to support corridor care and ambulance queue. Escalate to high cost NHSP and agency when required Ambulance Handover Standard Operating Procedure refresh Undertake Demand and Capacity - ED Ambulatory activity & Review of ED Ambulatory Estate (JR) Review of definition for Ambulatory activity “Deep Dive” of key 4 hour breach themes 	<ul style="list-style-type: none"> Improvement in staff morale and working conditions Clear escalation process for all Divisions Improved culture within services Improvement in ambulance handover performance Improved patient experience Improved efficiency 	<ul style="list-style-type: none"> Improvement in 4hr standard up to 85% by end of Q3 2022 / 12hr total stay performance reduced to 2% by Dec 2022 Improvement in ambulance handover performance – zero >60 mins, reductions in >30 mins and 15 mins handovers (Metric TBC) Increase number of patients assessed in ED within 15 mins (Metric TBC) Number of Staff Trained in Quality Improvement Methodology (Metric TBC) 	<ul style="list-style-type: none"> Q3 – Oct to Dec
Project	Workstreams - Initiatives	Benefits	Metrics	Timescales
Central Control of OUH Beds	<ul style="list-style-type: none"> Bed Capacity and modelling – Establish current state and create a process to enable forecasting, including the use of Lightfoot information Review of Daily Bed Meetings including attendance and roles and responsibilities Introduce process to prepare all areas for the night Work towards virtual notification of bed status and allocation 	<ul style="list-style-type: none"> Improved patient experience Improved bed forecasting – early escalation of capacity issues 	<ul style="list-style-type: none"> Number of Staff Trained in Quality Improvement Methodology (Metric TBC) 	<ul style="list-style-type: none"> Q3 – Oct to Dec
Project	Workstreams - Initiatives	Benefits	Metrics	Timescales
Discharges and Transfers of Patients / OPEL	<ul style="list-style-type: none"> Review of Discharge Lounge Estate & Discharge Lounge scope Review of current process of patient transfers and discharges before midday Pharmacy – TTO Listing pilot and Tracker link to EPR Development of Board Round Standard Operating Procedure Telephone cascade system for early escalation Patients with an extended LOS to be reduced to maximum 12% through consistent approach to stranded patients Implementation of data prediction tools to improve patient flow Review portering requirements to support timely patient transfers Introduce ‘golden patient’ for early discharge, increasing discharges before midday to > 25% Maintain flow throughout weekends: bring Pathway 0 discharges to the same level as wkdays Pathway 0 discharge data review across seven days Pilot of Discharge Liaison Nursing team having oversight of discharge co-ordinators and nurses Review of current OPEL actions and agreed triggers Introduction of Action Cards for all key stakeholders within all Divisions across seven days 	<ul style="list-style-type: none"> Improved communication and early escalation of issues Clear roles and responsibilities Reduction in variability of discharges across 7 days / week Increased access to Discharge Lounge Improved patient experience Improved efficiency Reduction in the Length of Stay 	<ul style="list-style-type: none"> Reduction in the % of open beds occupied by extended LOS patients down to 12% by Oct 22 Reduction in LOS through improved pharmacy processes / Improved discharges (Metric TBC) Improvement in the percentage of patients with a total stay >12 hrs in ED down to 2% by Dec 2022 Number of Staff Trained in Quality Improvement Methodology (Metric TBC) 	<ul style="list-style-type: none"> Q3 – Oct to Dec Q1 – April to June

Elective Care: The total list size has increased with the number of 52 week waits also continuing to increase in May 2022



May 2022 submitted >104 week by specialty:

Specialty	Number of patient pathways
Paediatric Spinal Surgery	7
Plastic Surgery	5
Spinal Surgery Service	3
Neurosurgical Service	3
Trauma and Orthopaedics	1
Paediatric Neurosurgery	1
Maxillo Facial Surgery	1
Grand Total	21

Month 2 Performance:

Trust performance against the overall **18-week incomplete Referral To Treatment (RTT) standard** was **73.36%**. The total RTT Incomplete **waiting list size for May is 61,827** and has increased by **2,685** pathways when compared to the previous month's submission (April 2022).

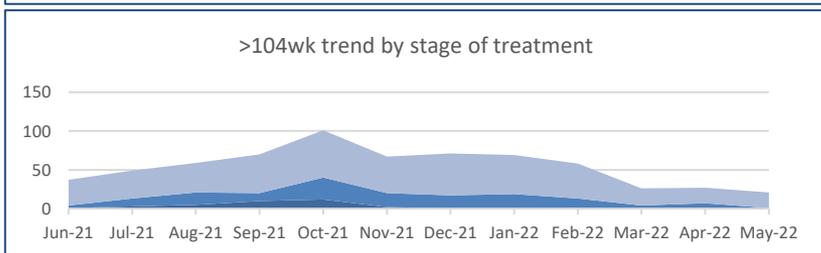
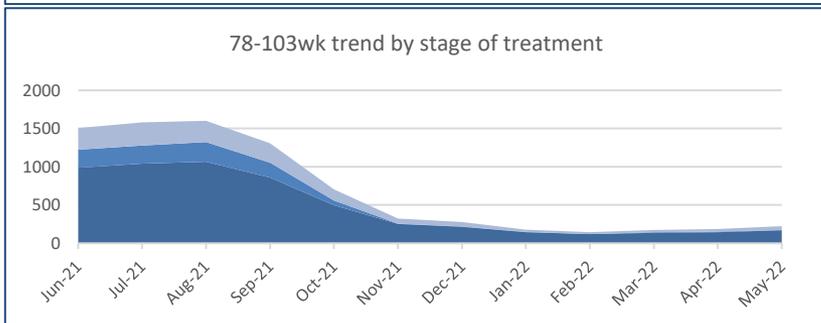
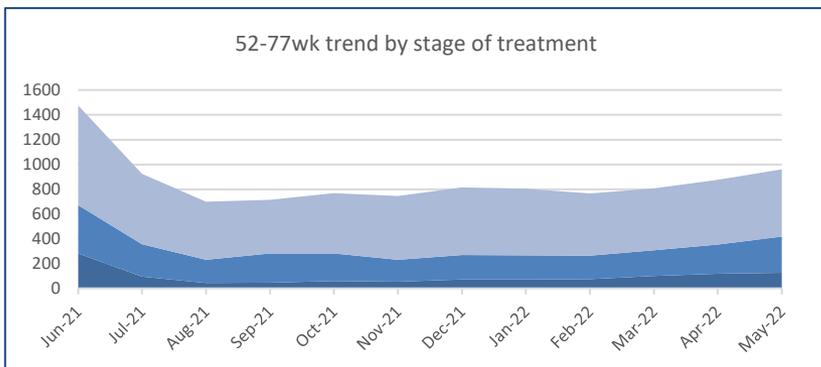
52 week wait position: There were **1,152** patients waiting **over 52 weeks** for first definitive treatment at the end of May 2022; this represented an increase of 103 patients when compared to previous month's position.

78 week wait position: There were **191** patients waiting **over 78 weeks** for first definitive treatment at the end of May 2022; this represented an increase of 18 patients when compared to previous month's position..

104 week wait position: **21** patients were submitted as having waited **over 104 weeks** at the end of May 2022. This included **6** patients who requested to delay their treatment beyond May 2022 (P6). This represented a decrease of 6 patients when compared with 27 patients reported in month 1 (April 2022). The services reporting > 104week breaches are detailed in the table (top right).

Areas of focus for 2022/23 include:

- Delivery of specialty plans through Tasks & Finish / Improvement Boards / Working Groups
- Formulate tracking of funded elective care recovery schemes
- Maintain focus on patients with extended waiting times: >104 weeks, >78 weeks, >52 weeks
- Monitoring referral patterns, identifying bottle necks, reviewing capacity and adjusting polling ranges.
- Participating in ICS led Task & Finish Groups for challenged specialties on Transforming Ways Of Working (TWOW)
- Expedite projects within the Outpatient Improvement Programme
- Continued escalation of technical issues affecting the quality / validation of 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 **continued to grow** this month when compared to the previous month, with much of the growth in the non-admitted stage.

43.5% of 52-77wk waiters are at a **non admitted stage**; the key themes are:

- Inherited Cardiac Conditions patients **awaiting first outpatient** appointment
- Paediatric Sleep studies
- Rheumatology – prolonged **waits to first OPA**
- Orthopaedic patients awaiting Ultrasound Guided Injections
- Orthopaedic patients with follow up appointments scheduled
- Spinal patients awaiting decisions or Nerve Root Block
- Prolonged waits to Gastro outpatients

56.5% are at the **admitted stage** and are awaiting surgery. The top 4 areas by breach volume in this cohort are Urology, Orthopaedics, Plastic Surgery and Spinal Surgery

78-103 weeks:

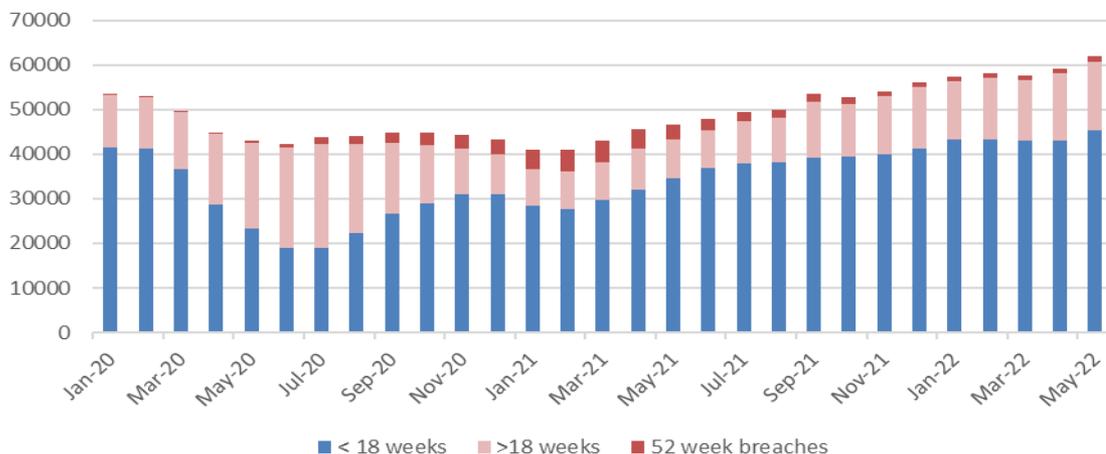
This wait time cohort has **continued to increase** from 146 last month (April 2022) to **170 in May 2022**

68.8% of the patients are on an **admitted pathway**. The top 4 areas by breach volume remain the same as last month: Spinal (*including paediatrics*), Plastic Surgery (*including paediatrics*), Urology and Orthopaedics

>104 weeks:

21 patients were submitted as having waited **over 104 weeks** at the end of May 2022, this represents a decrease from last month. 6 patients expressed to delay their treatment beyond Q1 and 15 patients were complex.

RTT Incompletes waiting list size



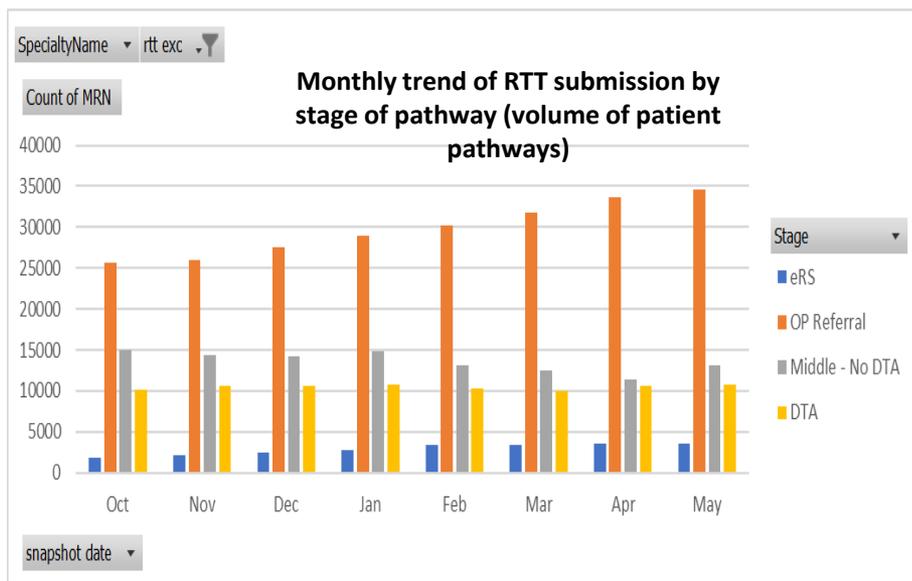
Top 10 specialties (by volume) RTT waiting list growth October 2021 vs May 2022

Specialty	Growth in number of RTT pathways Oct21 to May22
Ear Nose and Throat	2525
Dermatology	1000
Ophthalmology	953
Urology	852
Gynaecology	830
Trauma and Orthopaedics	655
Paediatric ENT	539
Maxillo Facial Surgery	489
Clinical Genetics	354
Rheumatology	336

Total RTT Incomplete waiting list size continues to grow from 59,142 in April to **61,827 in May**. The growth is mainly been in the **eRS and Outpatient referral stages** (start of pathway), however May also observed a growth in the "Middle" stage when compared to previous month.

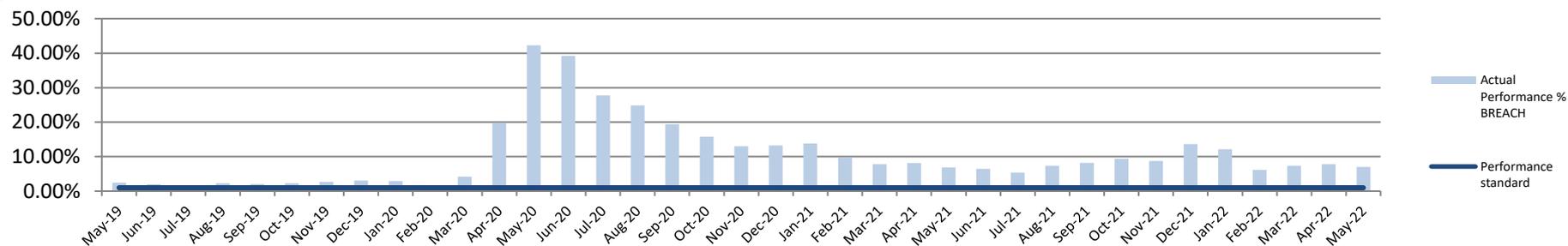
Potential contributors to growth:

- **Inclusion of eRS worklists** within RTT submissions began in Sept where this was not previously reported, thus more challenging to analyse trends over a longer period.
- **Reopening of routine referrals** for ENT, Ophthalmology and Maxfax in Q3.
- **Capacity and demand imbalance** which is prolonging waits to first outpatient appointment as average waits to First NEW increase. Outpatient Steering Group workstreams are driving changes to ways of working i.e. PIFU, A&G, NF2F Clinics, Blitz clinics
- **Data Quality** – Review to conclude on potential missed clock stops undertaken by external validation supplier of <18 weeks. The design of a DQ Operational Group is under development to address identified issues.
- **Clinic and Administrative resource capacity** - a number of services have been challenged with resolving the impact of reduced administrative resource for booking and scheduling. Digital solutions are in development to improve process inefficiency and administrative reliance



Elective Care: Diagnostic Waits (DM01) May 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	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Trend rolling 12 month period	6week breach change from previous month
Magnetic Resonance Imaging	762	616	547	584	542	397	341	444	460	314	243	258	212		-46
Computed Tomography	16	14	15	23	20	24	38	82	179	40	133	112	136		24
Non-obstetric ultrasound	10	8	6	120	252	674	670	1109	743	210	318	306	256		-50
Barium Enema	0	0	0	0	0	0	2	1	0	0	0	0	0		0
DEXA Scan	0	0	0	0	1	0	0	0	0	0	0	0	1		1
Audiology - Audiology Assessments	28	71	18	45	146	169	220	315	327	283	353	298	215		-83
Cardiology - echocardiography	0	40	64	122	125	89	42	40	22	12	36	45	104		59
Cardiology - electrophysiology	0	0	0	0	0	0	0	0	0	0	0	0	0		0
Neurophysiology - peripheral neurophys	42	24	7	1	5	2	11	7	4	6	0	5	0		-5
Respiratory physiology - sleep studies	0	0	0	0	0	0	0	0	0	0	0	0	0		0
Urodynamics - pressures & flows	18	22	15	21	18	14	13	1	7	2	2	5	4		-1
Colonoscopy	25	22	11	17	28	12	14	19	16	11	11	7	3		-4
Flexi sigmoidoscopy	18	20	11	13	19	11	4	9	13	13	3	8	0		-8
Cystoscopy	54	69	50	54	53	53	65	53	46	33	31	40	41		1
Gastroscopy	33	41	31	26	24	23	22	26	15	8	9	9	0		-9
Total > 6 weeks against performance stand	1006	947	775	1026	1233	1458	1442	2106	1832	932	1139	1093	972		-121

Month 2 Performance: There were **972** patients waiting over 6 weeks for a DM01 reportable diagnostic test at the end of May (a decrease of 121 patients compared to previous month). The Trust did not meet **the diagnostic wait** standard with **6.98%** waiting more than 6 weeks. Overall performance remains above the national standard.

Cardiology – Staffing levels in May decreased due to maternity/paternity leave and increased sickness. Since being awarded to provide community cardiology echo services in June, the TUPE of 3WTE echocardiographers has not materialised as affected staff have gone on to find other posts elsewhere. There are known challenges to recruit echocardiographers, therefore the short-term plan is to book locum staff to run the service until recruitment processes have been successful.

Audiology – Recruitment of audiologists remains a challenge and this is a national issue. An audiologist started in May, but at the present time the service still has 3 WTE vacancies (with a further two new starters anticipated in July). The transfer of routine adult hearing aid patients to community providers continues; the process does however require clinical triage (which senior audiologists are providing on an overtime basis). The approximate 40% reduction in our referral rate continues and the eRS screen has now been changed to make our referral criteria clear to GPs.

Non obstetric ultrasound has shown continued improvement when compared to the previous months but remains the **highest volume of breaches** across the DM01 tests with 256 breaches of the 6 week standard.

28 Day reportable cancellations/readmission breaches by Month

	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Total Hospital Non clinical cancellations in period	19	36	38	31	25	49	44	25	26	29	32	37	32
28 day Readmission breaches in period	0	3	4	6	4	2	7	6	3	6	5	5	1

Specialty	On the day cancellations (hospital non clinical reason)	28 day Readmission Breaches
Interventional Radiology	2	0
Cardiac Surgery	1	0
Dermatology	1	0
Respiratory Medicine	1	0
Paediatric Neurosurgery	1	0
Paediatric Urology	3	0
Clinical Neurophysiology	1	0
Neurosurgical Service	7	0
General Medicine (NOC)	1	0
Orthopaedics	8	0
Trauma	1	0
Trauma and Orthopaedics	1	0
Gynaecology	1	0
Breast Surgery	1	0
Colorectal Surgery	1	1
Urology	1	0
	32	1

Month 2 Performance:

Cancellations - non-clinical hospital reason - There were **32** reportable elective cancellations on the day throughout the month of May 2022; this represented a slight decrease in cancellations due to these reasons when compared to the previous month.

The reasons for cancellation were as follows:

- Ran out of theatre time/list running late/Overbooked (8 patients)
- No Bed (8 patients) + No ITU Bed (2 patients)
- Overriding emergency/urgent took priority (6 patients)
- Anaesthetist unwell/unavailable (6 patients)
- Surgeon unavailable/unwell (1 patient)
- Administrative error (1patient)

Readmission breaches – non-clinical hospital cancellations including any from previous months that were readmitted after 28 days in month 1 or remain waiting beyond 28 days for readmission.

There was **1 x 28 day readmission failures** in May 2022. Reasons were:

- 1 x no sooner capacity with consultant due to clinically more urgent cases

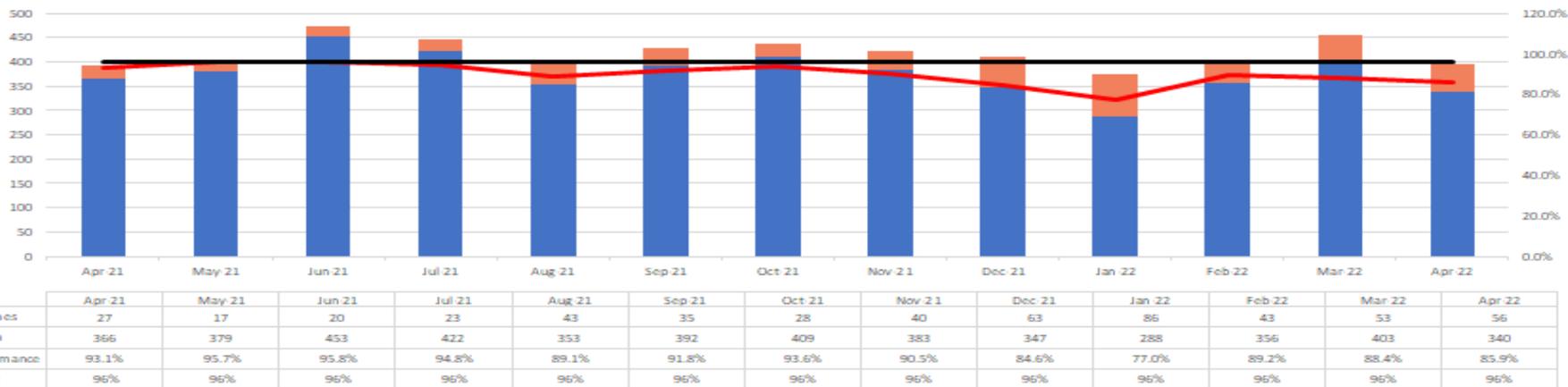
Improvement projects looking at both **theatre improvement**, and **cancellation reason capture and recording** within EPR to enable **improved analysis on cancellation data**. An enhanced selection of cancellation reasons have been applied in EPR as part of a wider project to improve reporting of elective cancellations. Informatics and reporting are **applying a reporting solution** using these improved reasons, which expect to show a more accurate picture of elective cancellation from once a **request for change (RfC)** has been made and enacted.

Standard	Target	Total	Within	Breach	April '22 Performance	March '22 Performance	Variance
2ww Referrals	93%	1926.0	1200.0	726.0	62.3%	64.9%	-2.6%
Breast Symptomatic	93%	148.0	2.0	146.0	1.4%	2.9%	-1.5%
31 Day First Treatment	96%	396.0	340.0	56.0	85.9%	88.4%	-2.5%
31 Day Sub Treatment Drug	98%	159.0	152.0	7.0	95.6%	97.7%	-2.1%
31 Day Sub Treatment Radiotherapy	94%	248.0	194.0	54.0	78.2%	74.0%	4.3%
31 Day Sub Treatment Surgery	94%	99.0	73.0	26.0	73.7%	73.2%	0.5%
62 Day Screening	90%	19.5	15.0	4.5	76.9%	64.3%	12.6%
62 Day Treated	85%	207.0	105.5	101.5	51.0%	67.4%	-16.4%
28 Day FDS 2WW	75%	1745.0	1311.0	434.0	75.1%	75.0%	0.1%

1 Standard achieved in April 2022

Performance By Tumour Type	2WW - 93%	28 FDS - 75%	31D 1st - 96%	62D 1st - 85%
Breast	11.64%	82.52%	65.79%	40.00%
GynaeOncology	74.68%	61.29%	84.62%	13.79%
Haematological	75.00%	25.00%	100.00%	60.00%
Head & Neck	80.63%	77.06%	71.43%	37.04%
Lower Gastrointestinal	56.00%	51.05%	86.00%	62.96%
Lung	100.00%	77.14%	92.86%	12.50%
Sarcoma	76.12%	80.00%	77.78%	33.33%
Skin	81.76%	99.05%	85.54%	95.96%
Upper Gastrointestinal	97.89%	79.75%	97.22%	23.08%
Urological	57.83%	38.41%	86.76%	30.59%

Cancer Waiting Time Standards 31 Day 1st



31 Day 1st Standard

The number of treated patients **decreased** from 453 patients in March to 396 patients in April due to the Easter Bank Holidays. The (median) average number of days on which patients are breaching remained the same. The 31 Day performance has been affected by **limited surgery capacity** (accounting for 79% of the breaches) however it is expected that the **opening of the 10th theatre in the Churchill during April** will add more surgery capacity with the potential of improving this position. The longest waiting patients by tumour site and treatment modality are highlighted below. Staff sickness absence in both surgical and anaesthetics during April has contributed to lack of surgical capacity. Breast impacted due to lack of radiology support at the Manor.

Cancer Waiting Time Standards 31 Day 1st By Tumour site

31 Day Longest Breaches

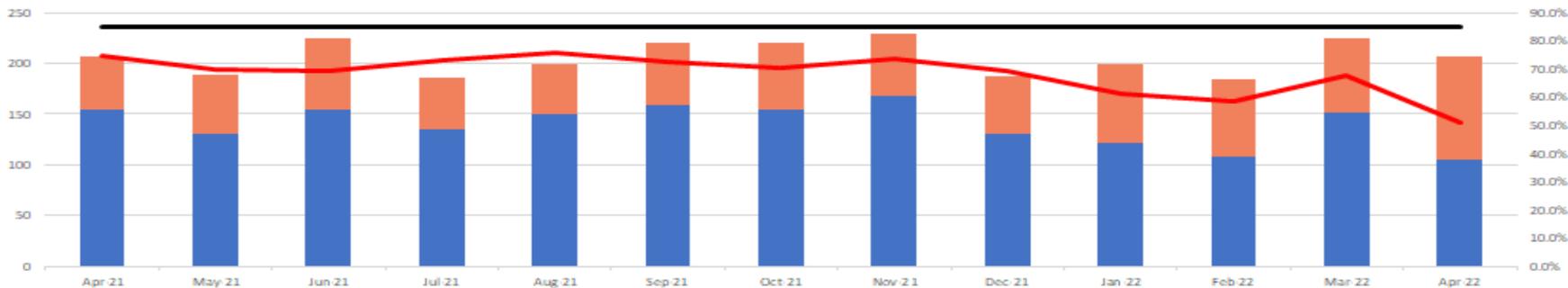
Tumour Site	Sarcoma	Sarcoma	Urology	Breast	Skin	Urology
Day Breached	194	109	78	76	71	67
Modality	Surgery	Surgery	Surgery	Surgery	Surgery	Surgery

31 Day Average Day Breached

31D	Accountable	Number of Breaches (>31D)	Median day of breach
DEC 21	410	63	36.0
JAN 22	374	86	36.0
FEB 22	398	43	40.0
MAR 22	453	52	36.0
APR 22	396	56	36.0



Cancer Waiting Time Standards 62 Day 1st



	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
Breaches	52	57	69.5	50	48.5	60.5	65	60	57	77	76	73	102
Within	154	131	155	135	150	159	155	168.5	130	122	108	151	106
Performance	74.8%	69.7%	69.0%	73.0%	75.6%	72.4%	70.5%	73.7%	69.5%	61.3%	58.7%	67.4%	51.0%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

62 Day from GP referral: The number patients treated decreased from 224 patients in March to **207** patients in April due to the Easter Holidays. Breaches increased from 73 breaches in March to **101.5 breaches** in April resulting in a performance of **51%**. The median average for the days that patients breached decreased from 91.5 in March to **83 days** in April. **2WW challenges** described earlier have a subsequent impact to 62-day performance.

Urology breaches: These are mainly due to ongoing delays with **hormone therapy** and decisions for **active monitoring**. The hormone therapy pathway is planned for review and potential redesign. The active monitoring pathway is associated with outpatient oncology capacity thus demand and capacity modelling is being refreshed.

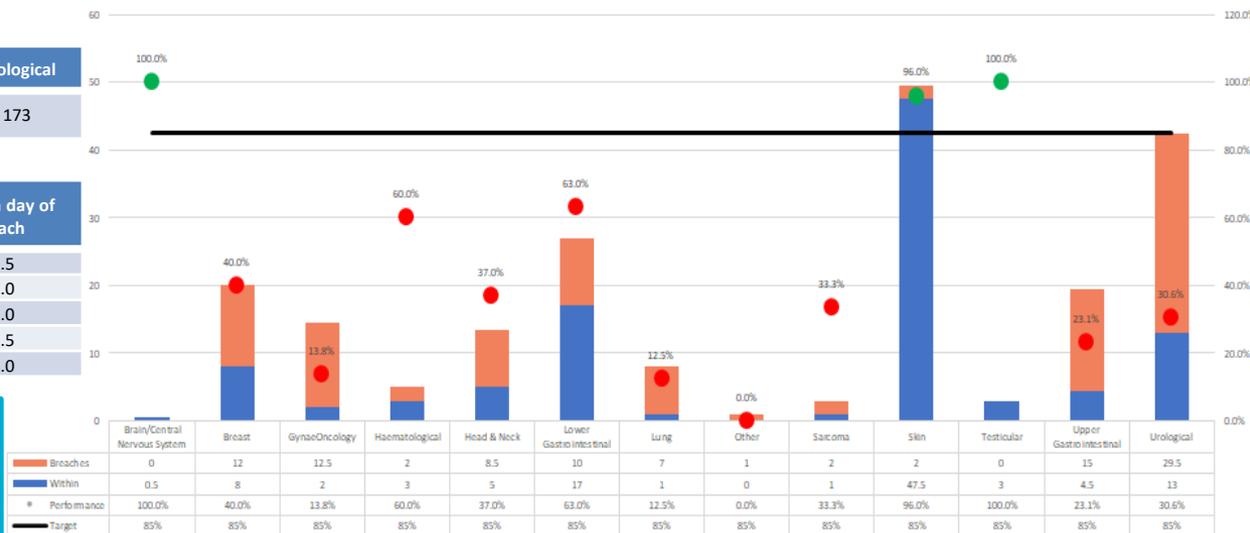
62 Day 1st April 2022

62 Day Longest Breaches

Tumour Site	Urological	Other	Lower GI	Lung	Urological
Day Breached	268	210	210	209	173

62 Day Average Breach Days

62D	Accountable	Number of Breaches (>62D)	Median day of breach
DECEMBER 21	187	57	83.5
JANUARY 22	199	77	87.0
FEBRUARY 22	184	76	87.0
MARCH 22	224	73	91.5
APRIL 22	207	101.5	83.0



	Brain/Central Nervous System	Breast	Gynae/Oncology	Haematological	Head & Neck	Lower Gastrointestinal	Lung	Other	Sarcoma	Skin	Testicular	Upper Gastrointestinal	Urological
Breaches	0	12	12.5	2	8.5	10	7	1	2	2	0	15	29.5
Within	0.5	8	2	3	5	17	1	0	1	47.5	3	4.5	13
* Performance	100.0%	40.0%	13.8%	60.0%	37.0%	63.0%	12.5%	0.0%	33.3%	96.0%	100.0%	23.1%	30.6%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

The main breaches were in **Urology (29.5)**, **Upper GI (15, of which 10 were due to Inter-trust transfers)** and both **Breast** and **Gynae** with 12 breaches each. The longest waiting patients treated by tumour site highlighted below

Current Challenges

Recovery Actions

Medium term opportunities

Expected outcome

2WW

- Variable Trust performance
- **Breast (12%)** – vacancies in radiology, physical outpatient space, reduction in IS capacity
- **Lower GI (56%)** – endoscopy waiting times, vacancies across medical and nursing staff groups, referrals without FIT completion, utilisation of Horton capacity
- **Urology (57%)** – bladder pathway for flexi-sigmoidoscopy due to vacancies, utilisation of capacity, administrative vacancies
- **Hidden demand** – circa. 1,000 referrals

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

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

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

31D

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

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

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

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

62D / 104D

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

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

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

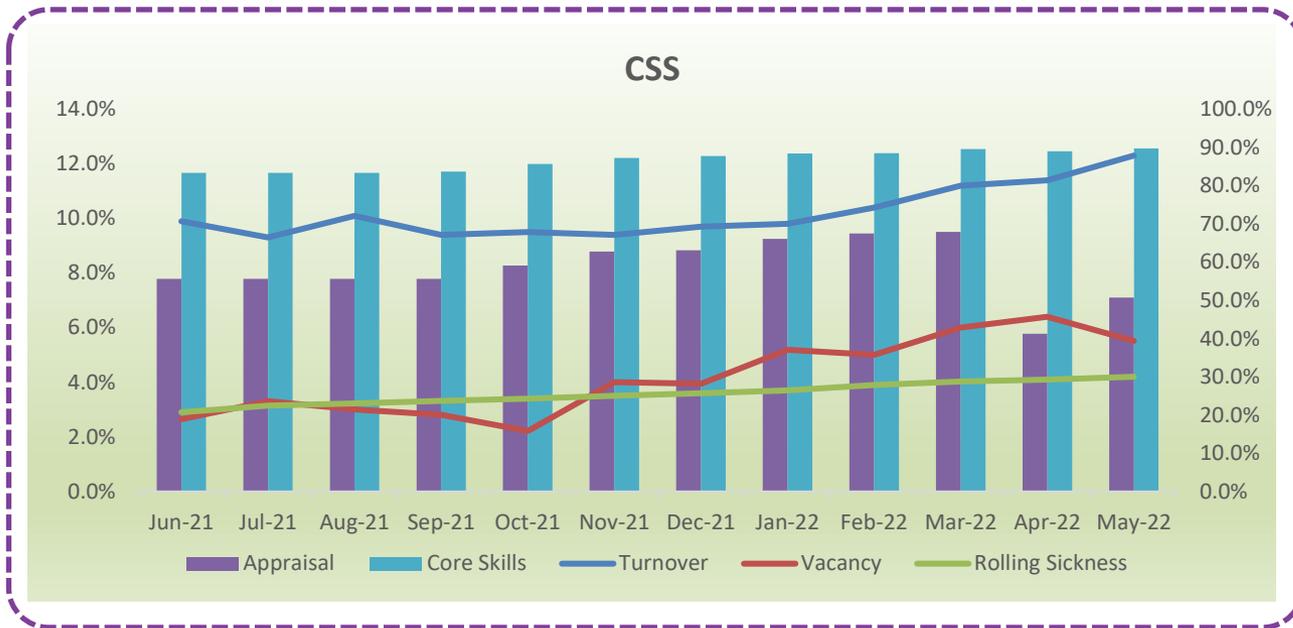
- Reduction in number of patients waiting over 104 days
- 10% Improvement in performance
- Improved productivity across diagnostic modalities

Workforce

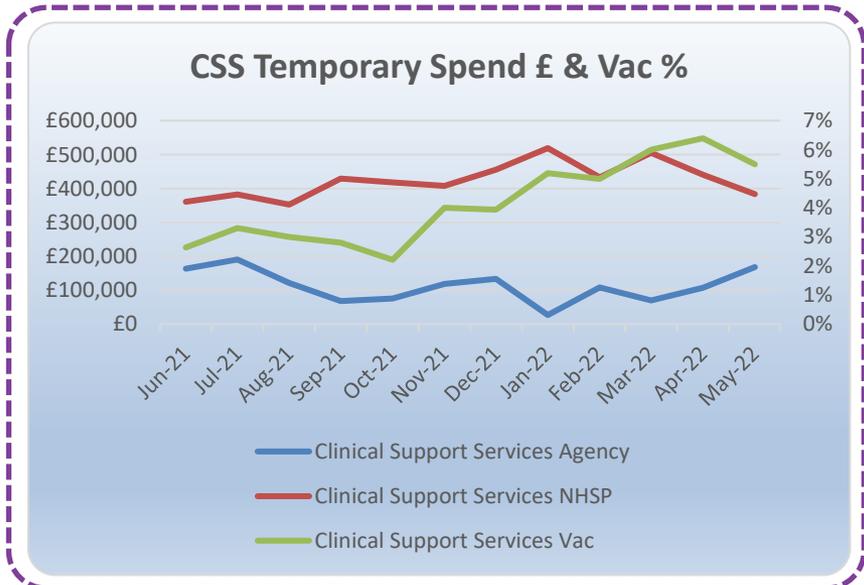
OUH Trust	4.4%	0.0%	→	7.3%	0.4%	↑	12.8%	0.3%	↑	£6,490,207	£9,907	↑	54.4%	7.9%	↑	89.3%	0.7%	↑
KPI (Green)	3.1%			7.7%			12.0%						85.0%			85.0%		
Division	Sickness	Sickness Change		Vacancy	Vacancy Change		Turnover	Turnover Change		Temporary Pay Spend	Temporary Pay Spend Change £		Appraisals	Appraisal Change		Core Skills	Core Skills Change	
Clinical Support Services	4.2%	0.0%	→	5.6%	-0.8%	↓	12.3%	0.9%	↑	£551,132	£2,968	↑	50.7%	9.5%	↑	89.7%	0.7%	↑
Corporate	3.7%	0.0%	→	9.7%	1.9%	↑	13.4%	0.2%	↑	£442,548	£153,844	↑	61.2%	7.3%	↑	89.4%	0.6%	↑
Medicine Rehabilitation and Cardiac	4.5%	0.1%	↑	8.9%	1.2%	↑	12.9%	0.2%	↑	£2,365,748	£-69,050	↓	52.4%	6.1%	↑	89.1%	0.9%	↑
Neurosciences Orthopaedics Trauma and Specialist Surgery	4.9%	0.1%	↑	6.8%	0.3%	↑	11.8%	0.2%	↑	£1,797,833	£24,100	↑	52.4%	7.9%	↑	87.8%	1.0%	↑
Surgery Women and Oncology	4.5%	0.0%	→	6.4%	-0.2%	↓	13.7%	-0.1%	↓	£1,332,946	£-101,955	↓	56.7%	9.4%	↑	90.9%	0.5%	↑

The above data represents the M2 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. HART removed from calculations.

The graphs below support the accompanying text.



HR Metric	Performance
Sickness %	4.2%
Vacancy %	5.6%
Turnover %	12.3%
Bank/agency Spend £	£551,132
Non Med Appraisal %	50.7%
Core Skills %	89.7%

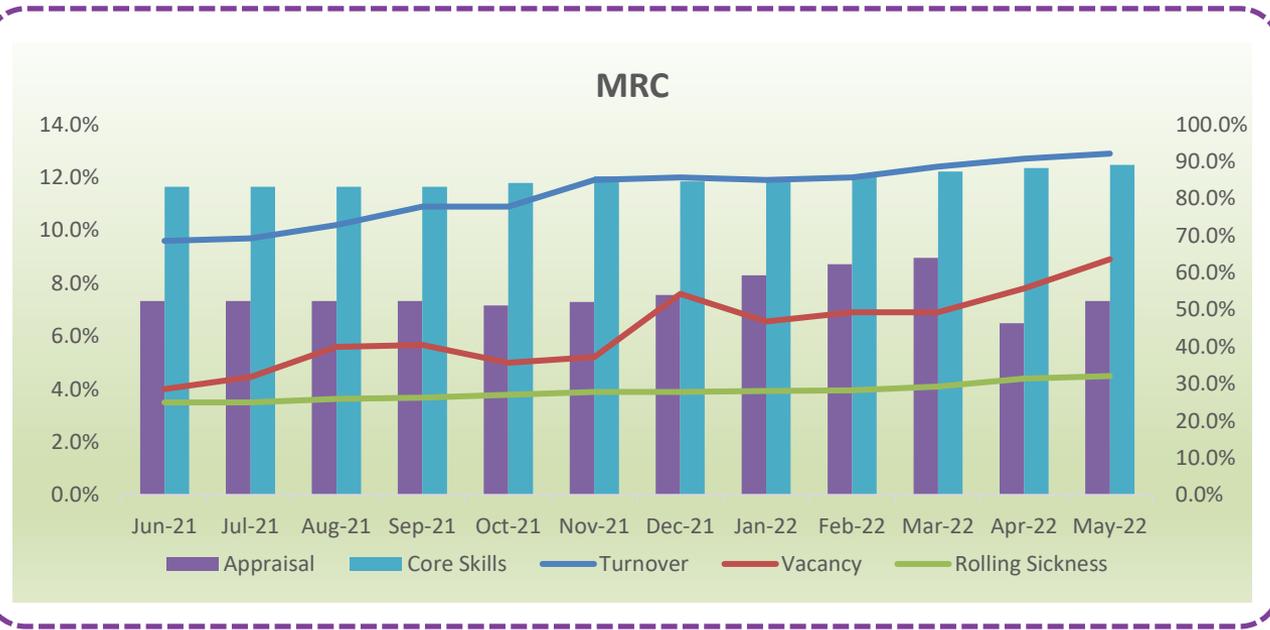


Analysis

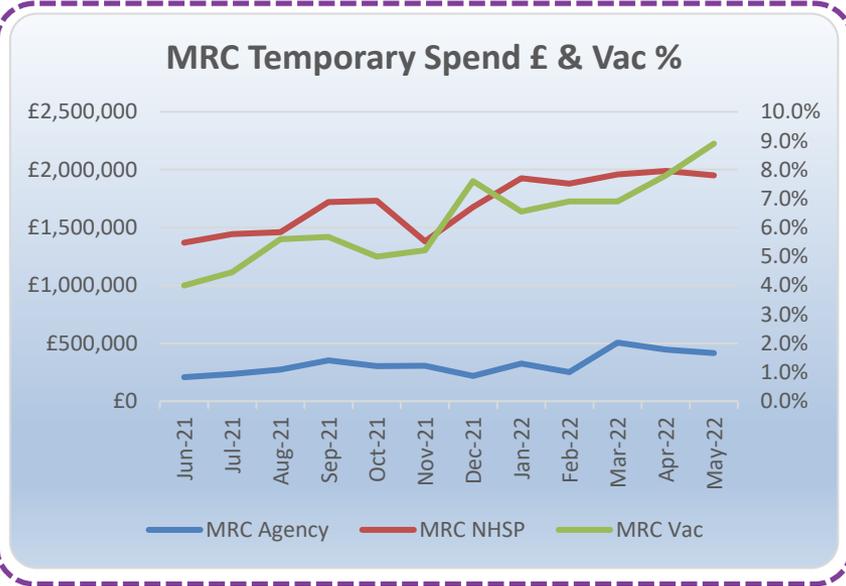
- Sickness Absence:** Sickness absence has increased to 4.2%. All Directorates are in excess of the KPI, with Divisional management at 5.5% and Pharmacy at 4.8% of note. By staff group, Additional Clinical Services, Nursing and Administrative staff are all in excess of 5.6%.
- Vacancy:** M2 budgets have been used. Rad Imaging at 9.6% and Critical Care at 8.1% are the highest Directorates.
- Turnover:** Turnover has jumped to 12.3%. Whilst staff in post has remained constant the rolling number of leavers has increased between months. Pharmacy at 13.6% is the highest Directorate.
- Non Med Appraisals:** Significant increase in compliance to 50.7% from 41.2%; All Directorates showing improvement. All staff groups are broadly the same at c50%.
- Core Skills:** is now at 89.7% from 89% last month and is operating above the KPI. IG is now at 93%. Medical staff and Administrative staff, 88% requiring further improvement for IG.

Hotspots	Actions
<p>Appraisals:</p> <p>Pre-Operative Assessment appraisals and sickness absences</p> <p>West Wing Rad Imaging</p> <p>Oxford Breast Imaging Centre</p>	<ul style="list-style-type: none"> • Each directorate has been asked to produce detailed appraisal trajectory reports for June's performance meeting. Once booked, line managers will need permission from the Divisional Director of Nursing to cancel or postpone the appraisal. • Pre-Operative Assessment has 23.7 FTE. They don't have any long-term absences (3 closed in May) however, they have 2 open frequent absences currently. Looking at previous WF data it reflex decrease on sickness absence in month 14.28% for April to 7.86% in May. As a result, rolling sickness has decreased from 9.85% to 9.71%. (However, this is still much higher than KPI 3.1%). • Pte-Operative Assessment Appraisals: 5 out of 16 are currently compliant , leading to a compliance rate of 31.25% as of 14th June. 11 are outstanding as of 14th June – need to be completed by at the end of July. Manager has been notified/provided the list of outstanding employees. 11 out of 27 staff eligible for appraisal – are not due till 2023 as a result are excluded from the calculation. • Organisational change exercises within the West Wing team have now closed with mutual agreement and team building exercises are being arranged. The recruitment trajectory for Sonographers and Mammographers remains positive. A recruitment hotspot has been identified within Neuroradiology and the HRC is working with the Matron to ensure recruitment is completed before team members leave to enable services to continue. Long term and short term absence is being effectively managed with support from the team's HR Advisor. • HRC is working with the managers within the Oxford Breast Imaging Centre to improve workforce metrics. Monthly meetings are taking place with key line managers to ensure appraisals and core skills are prioritised. Line managers have raised issues with imputing complete appraisals on my learning hub, so the HRC is working with the team to arrange training. Long term and short term absence is being effectively managed with support from the teams HR Advisor.

The graphs below support the accompanying text.



HR Metric	Performance	Trend
Sickness %	4.5%	↑
Vacancy %	8.9%	↑
Turnover %	12.9%	↑
Bank/agency Spend £	£2,365,748	↓
Non Med Appraisal %	52.4%	↑
Core Skills %	89.1%	↑



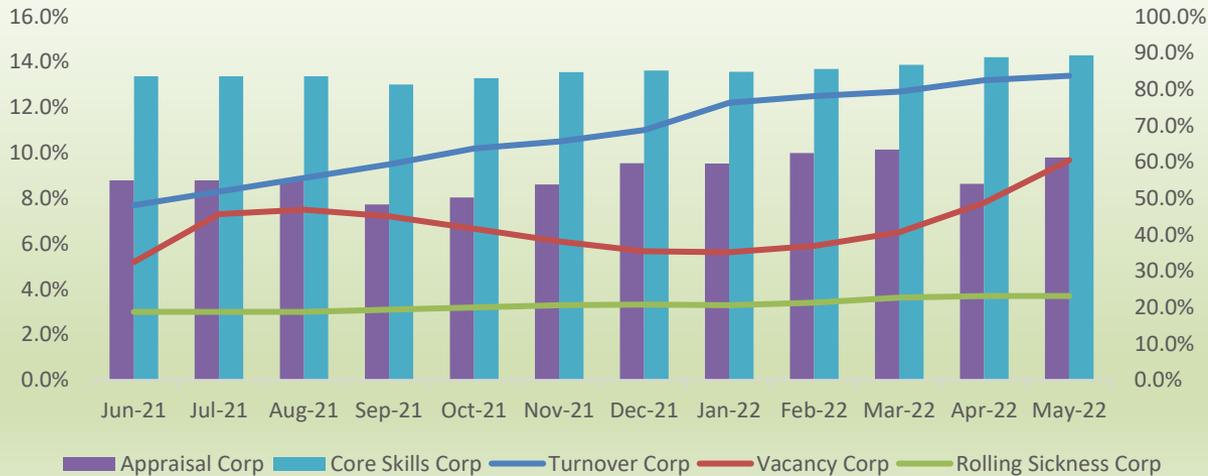
Analysis

- Sickness Absence:** Sickness absence has marginally increased between months. Acute Medicine and Rehabilitation (AMR) at 5.8% stands out across the Directorates. By staff group, Additional Clinical Services at 6.6% has the highest absence rate.
- Vacancy:** M2 budgets have been used. Nursing vacancies are 8.4%; At b5 it is 13% in operational areas.
- Turnover:** Small increase in turnover between months as levels continue to rise. AHPs 18.8%, and Additional Clinical Services staff at 18.2% have high levels. AMR is at 13.6%. Nursing is at 10.4%.
- Non Med Appraisals:** All Directorate require further improvement to reach the KPI of 85%, of concern is Specialist Medicine at 42%.
- Core Skills:** There is demonstrable improvement in compliance in the last 12 months, and all Directorates are in excess of the KPI. IG is at 92.8%, although Medical staff need improvement at 84.8%.

Hotspots	Actions
Adult Cardiac and Thoracic Surgery	<ul style="list-style-type: none"> • Vacancy rate remain at 16.1% (no improvement in M2) • Sickness absence has increased from 4.8% (M1) to 5.2% (M2) • Appraisals rate has improved from 28.2% (M1) to 51.4% (M2) • Hotspots: Adult Cardiac and Thoracic Surgery has moved to position 5 in M2 from position 1 in M1 largely due to work on Appraisal which has improved to 51.4% M2 from 28.2%. The introduction of an annual appraisal window (April–July) consolidating all appraisals due in a year into 4 months has led to an increase in outstanding appraisals M1 and work is underway to achieve 100% by July M4. • Vacancies will reduce as recruitment is underway/ongoing: Cardiothoracic Ward (CTW) has 6 vacancies with 3 overseas nurses scheduled to join by M5. Medical staff: 5 vacancies (3 SpRs in Cardiothoracic Surgery: 2 appointed waiting for start (M4, M7). 1 Clinical Fellow to be readvertised. FY2 in Cardiothoracic Sugery awaiting visa). • Sickness: long term sickness continues in the area impacting percentages (1 person over a year). Impact of Critical incident has lead to slight increase in sickness levels. Covid levels had decreased in M1, increasing M2.

The graphs below support the accompanying text.

Corporate



HR Metric	Performance	Trend
Sickness %	3.7%	→
Vacancy %	9.7%	↑
Turnover %	13.4%	↑
Bank/agency Spend £	£442,548	↑
Non Med Appraisal %	61.2%	↑
Core Skills %	89.4%	↑

Corporate Temporary Spend £ & Vac %



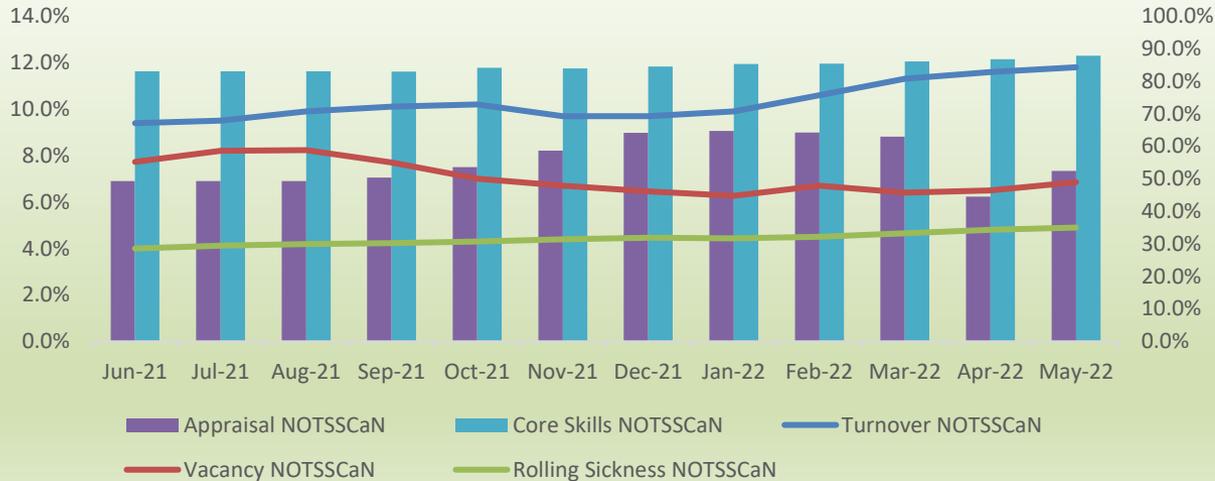
Analysis

- **Sickness Absence:** Corporate has remained static at 3.7%. Estates at 7.8%, and the Directorate Estates Operations 8.6%, are of concern and require improvement.
- **Vacancy:** M2 budgets have been used for vacancies. Estates at 12.3% have the highest vacancy factor.
- **Turnover:** Turnover is highest within Estates at 20.8%, and being influenced by Estates and Ancillary staff at 21.9%.
- **Non Med Appraisals:** There has been significant improvement in the recording of appraisals. Although areas such as Operational Services 51.%, are of concern.
- **Core Skills:** Core Skills compliance remains above the 85% KPI. IG is at 93.2% and close to the 95% KPI. Estates and Ancillary staff at 79% and Medical staff at 72.9% require attention if the 95% is to be met and sustained.

Hotspots	Actions
<p>E&F Operations - High levels of sickness turnover and vacancies has impacted on Estates and Facilities overall performance. There are two ER cases ongoing on top of mediation at the Horton site. The results of the 2021 staff survey showed improvements in health and wellbeing however had lower scores in job satisfaction and career progression</p>	<ul style="list-style-type: none"> • A focus on Turnover and sickness absence to be applied within the E&F Workforce Group (a local retention strategy is being drafted). • The Senior HR Adviser is working with the service to ensure sickness is managed through the procedure with identification of some training sessions with managers and supervisors • In the recent Time To Talk conversations, regular communications and pay was raised as an issue. These are being addressed. • Weekly chasers are in place to ensure appraisals are completed within the window. • A trajectory is also in place with numbers of appraisals scheduled to be completed each week. • All staff have a manager assigned on My Learning Hub. • Core skills across Estates is over 85%. However the JR site is at 73%. The focus will be providing managers with names of staff who are required to complete their core skills.
<p>Nursing Directorate - Is showing a high level of vacancies and turnover with sickness being over 4% for the last three months. In addition, there are 66 appraisals due to be completed by 31 July. The results of the 2021 staff survey identify some key hotspots indicated a low uptake on appraisals. There is a long standing ER case that will have made an impact on performance which has led to a higher level of sickness absence.</p>	<ul style="list-style-type: none"> • A deep dive is required to understand the vacancy rate as typically, the directorate did not have a high vacancy rate. • Turnover has started to trend upwards and further analysis is required to understand the reason for an increasing turnover in the directorate. • A trajectory is being planned with areas that have high levels of appraisals to complete (e.g. Patient experience and PALS). • Daily sickness absence alert meetings with the corporate HR team are picking up staff who trigger both short and long term and support is provided to the manager at the earliest point of the sickness absence trigger
<p>Operational Support – This covers switchboard and Elective Access services and systems. The staff survey has demonstrated significantly low scoring results throughout the operational support function. The vacancy rate has decreased however sickness absence has slightly increased. rate with no movement on appraisals. (The service has 21 appraisals to complete before 31 July 2022).</p>	<ul style="list-style-type: none"> • Time To Talk meetings are being arranged to listen to staff views and devise a strategic plan to look at improvements within Operational Support. These will take place in June and July. • Vacancy rate has dropped from 20% to 11% with four new starters in May and June. • Weekly updates on appraisal trajectory are being sent to the Deputy Director for Elective Care. • Sickness is primarily short term with a mixture of covid and mental health as the main reasons. • The new HR Consultant will support the managers to improve attendance ensuring that the sickness absence procedure is being followed when staff trigger for short or long term absences. • All Divisional HR teams to meet with Occupational Health by July for regular meetings to discuss absence cases of note.

The graphs below support the accompanying text.

NOTSSCaN



HR Metric	Performance
Sickness %	4.9%
Vacancy %	6.8%
Turnover %	11.8%
Bank/agency Spend £	£1,797,833
Non Med Appraisal %	52.4%
Core Skills %	87.8%

NOTSSCaN Temporary Spend £ & Vac %

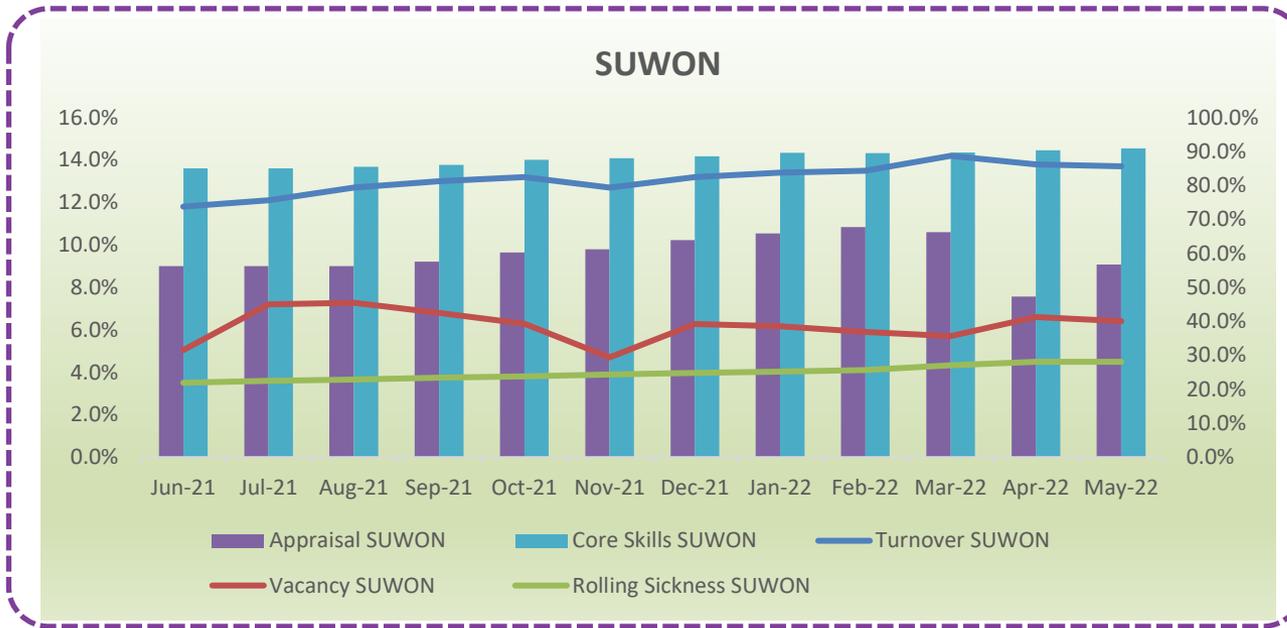


Analysis

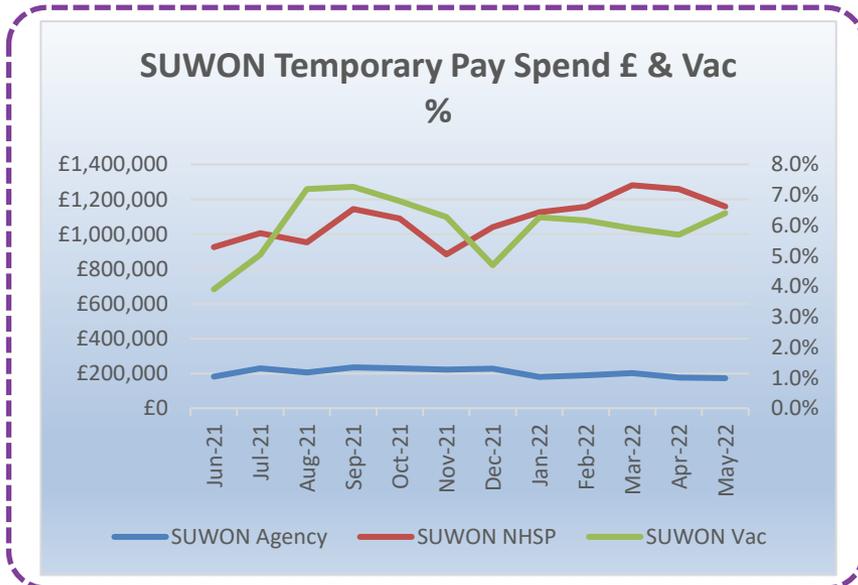
- Sickness Absence:** The Division has increased marginally its absence rate which is at 4.9%. Anticipated reductions in COVID19 absence should see this figure reduce over time. JR Theatres and West Wing, Orthopaedics and Ophthalmology all have rolling absence rates in excess of 5.0%.
- Vacancies:** At 13.7% JR and WW Theatres; and Orthopaedics at 8.1% are the two highest Directorates. Qualified Nursing staff account for 57.0% of the wte vacancies in JR and WW Theatres and 43.5% of the wte vacancies in Orthopaedics.
- Turnover:** Turnover has steadily increased since June 21. Administrative Staff at 15.6% and Additional Clinical Services at 15.1% are of note. Nursing is at 10.9%.
- Non Med Appraisals:** In line with all Divisions, progress is being made and compliance rates are increasing. All areas will need improvement before the window closes. Orthopaedics at 69.3% have progressed well. Childrens at 40.2%, JR and WW Theatres, 43.5%, Ophthalmology 45.8% need attention.
- Core Skills:** All Directorate with exception of Neurosciences at 84.5%, are in excess of the 85% KPI. For IG, AHPs have reached the required 95% level, although Medical staff at 81.6% need to increase their compliance.

Hotspots	Actions
<p>Oral and Maxillofacial Surgery</p>	<ul style="list-style-type: none"> • This is the first time that this CSU has been in the top 10 hotspots across the Trust • Prior to the appraisal window, appraisals were higher however due to the recent dip in compliance, specific actions have been put in place to support an increase in appraisal rate with additional support being provided with A&C and nursing appraisal completions. This should therefore support compliance by the end of the appraisal window. • Turnover has been higher in the last few months therefore work is underway to understand the increase in leavers and will be reported back with an update. • Sickness absence: Colleagues with MSK and stress, anxiety, depression reasons are being reviewed to ensure they are being fully supported

The graphs below support the accompanying text.



HR Metric	Performance
Sickness %	4.5%
Vacancy %	6.4%
Turnover %	13.7%
Bank/agency Spend £	£1,332,946
Non Med Appraisal %	56.7%
Core Skills %	90.9%

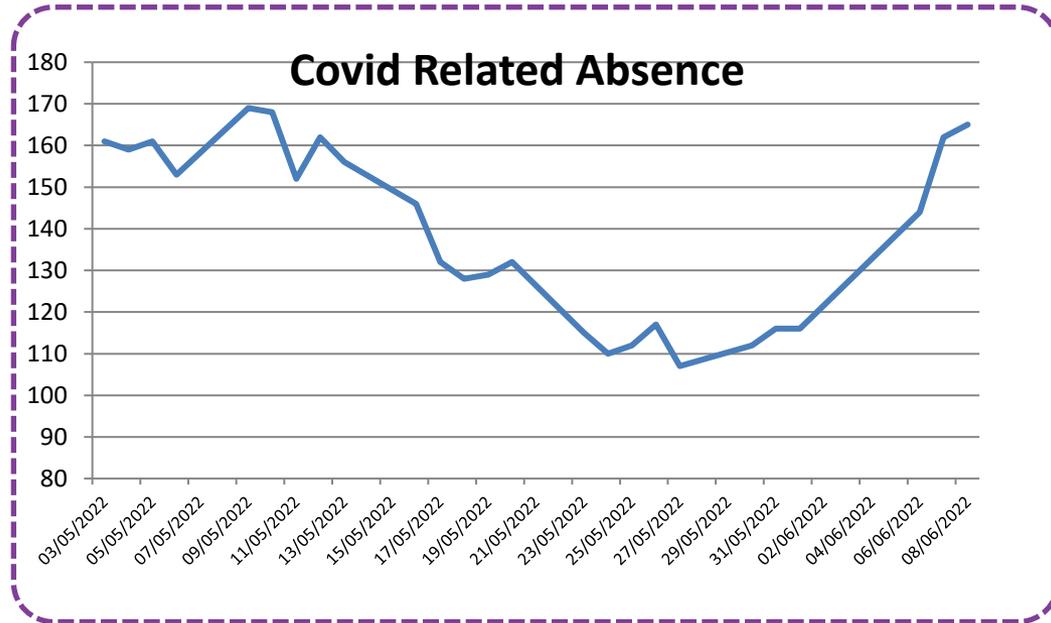


Analysis

- Sickness Absence:** Rolling sickness absence rates are constant between months and if as expected COVID19 absences reduce then rates will slowly decrease though out the year. Maternity at 6.4% is of concern.
- Vacancy:** This has decreased. Renal Transplant at 13.1% has the most significant vacancy factor, for which support staff 20.8% and “other” staff i.e. Admin 27.3%, are of note.
- Turnover:** Small reduction in turnover between months, unlike other Clinical Divisions.
- Non Med Appraisals:** Continued improvement, although Maternity at 36.2% and Divisional Management Team 30.8% are noticeably below other Directorates.
- Core Skills:** Core Skills have increased to 90.9% from 90.4%. All Directorates exceed the 85% KPI. For IG compliance is at 93.9%; Medical staff at 84.7 are in need of increasing their IG completion rates.

Hotspots	Actions
<p>Obstetrics & Midwifery</p>	<ul style="list-style-type: none"> • The final report from the Ibex Gale culture review has been received and a staff briefing was held on 14/6/2022 to share the findings and recommendations from the review. A range of actions will now be developed to support improvement across the directorate. Support is being sought to cover absence in midwifery leadership. • In addition to the above, a series of 'Listening Events' have taken place and actions are being taken to address concerns raised by employees such as a review of the on-call arrangements which has now been completed and is due to be consulted on. Support is being sourced through the Wellbeing Team, including a wellbeing pilot for the Senior Leadership Team which commenced in May. • Line management training on topics such as VBA and sickness absence management is ongoing. • In relation to appraisal compliance, two midwives have been identified to support completion of appraisals due to current working from home arrangements. • Stay interviews to be conducted with an action plan in development to address the issues raised. Positive that a number of issues raised were already in progress with actions to resolve. • Turnover has decreased 19.8 M1/19.7 M2 and there was only one WTE leaver.
<p>Urology</p>	<ul style="list-style-type: none"> • The R&R lead is conducting stay interviews so and immediate changes can be identified and addressed, the feedback that has been received from stay interviews has been positive.
<p>Palliative Medicine</p>	<ul style="list-style-type: none"> • Issue with t/o is due to overseas staff not being able to afford to bring over their families due to the high cost of living in Oxford, planned review to look at this. • There are nurses within the pipeline to fill the nursing vacancies. More centralised nursing recruitment interviews for SUWON in Jun3

The graph below support the accompanying text.



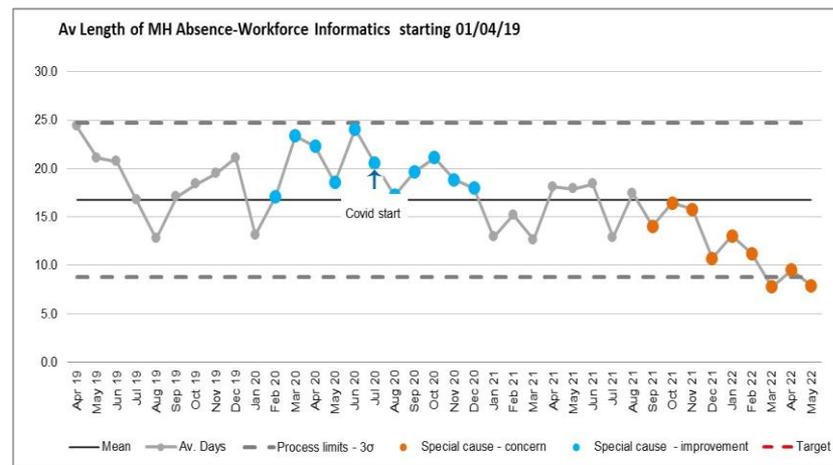
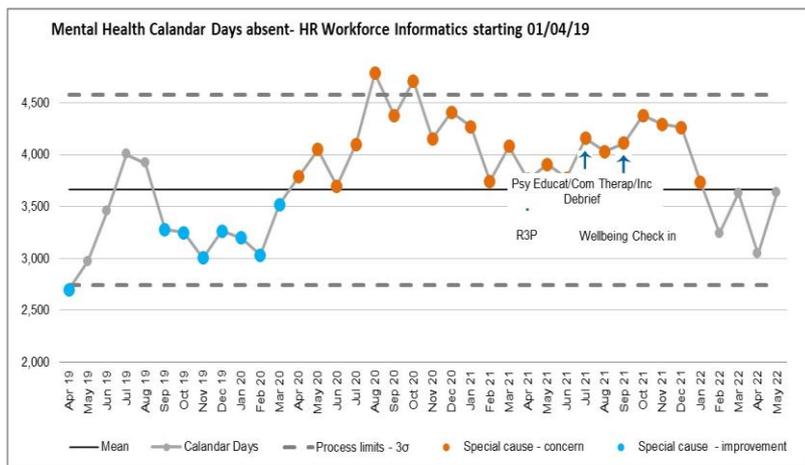
- Numbers of staff absent from COVID19 had reduced to 116 in May. Numbers have subsequently risen again, in line with national trends.
- BAME (Black, Asian and Minority Ethnic groups) staff account for 24% of COVID19 absentees, whilst BAME equates to 28% of the workforce.

Actions

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

Reducing our Mental Health Absence

The graphs below support the accompanying text.



Medical infection was number one reason for absence at 26.8%. In terms of days lost – there was a decrease of 17% on the previous month (April) on the length of MH absence.

Days lost to Mental Health was the 2nd highest reason for absence in May accounting for 16.3% of reasons for absence, There was an increase of 16.5% on the previous month (April). The main reasons from discussion anecdotally appear to be from stress/anxiety/low mood relating to current staffing levels and workload pressures.

Our Psychological Medicine Support for Teams continues to work with team wellbeing. Furthermore, as part of Our Engagement Promise in response to our staff survey 2021, we will be spotlighting wellbeing in the months of July & August '22 with a series of webinars, resources and events to showcase all the wellbeing support available across the Trust. We will also use these engagement months to hear from teams how they are meeting their basic wellbeing needs and identify what else will help address their needs if they are not currently being met.

Actions with metrics that can be reported on a monthly basis

Action Updates

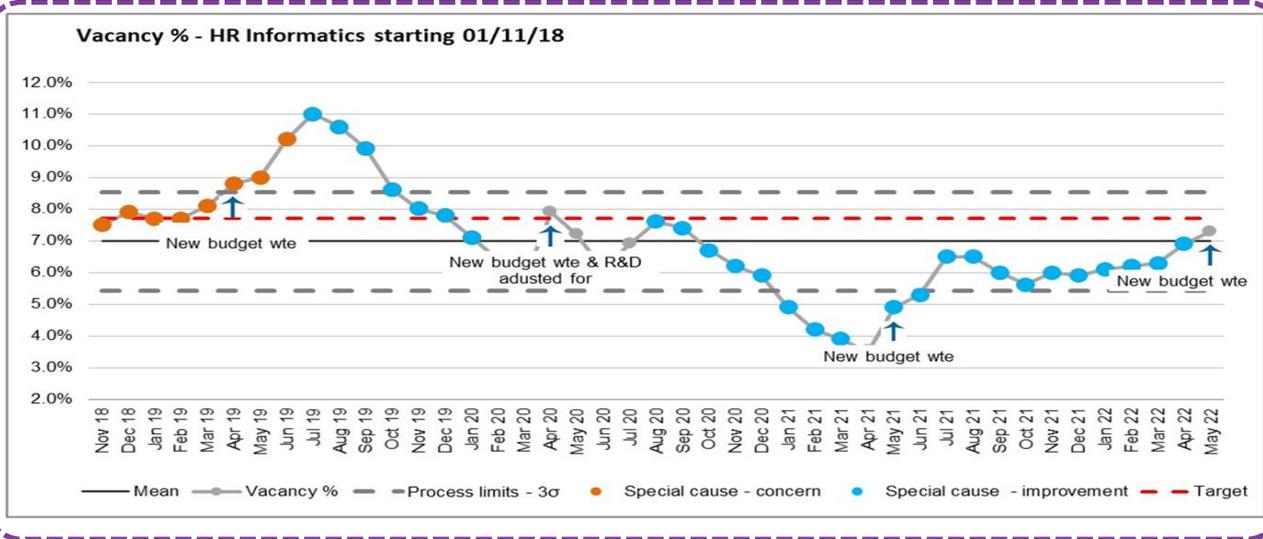
Action 1: By end March 2023, 85% of our people to have participated in a Wellbeing Check-In.

Action 1 – 4,193 (35.2%) of our staff have had a wellbeing check-in

Action 5: By March 2023 - reduce the backfill cost of temporary staff cover for absence relating to mental health by returning to pre pandemic levels by 2025 this means a reduction of approximately 5% (£27,585)

Action 5 – to be reported quarterly

The graphs below support the accompanying text.



Month – May 22

7.3%

Target

7.7%

Target Achievement

Metric continues to operate below the KPI.

Background	What the chart tells us	Issues
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. A new budget invariably changes the vacancy profile.	When 7 or more sequential points fall above/below the mean this is unusual and may indicate a significant change in process. This process is not in control and there is a run of points both above and below the mean.	A new budget invariably changes the vacancy profile. Further changes in establishment are envisaged which going forward may alter the vacancy profile.

Engagement, Inclusion, and Experience

- Refresh Trust's Equality, Diversity and Inclusion (EDI) Objectives – Design Stage – The draft EDI Objectives have been progressing through the socialisation pathway. A programme delivery plan is being developed in preparation for their approval in September '22/
- Developing Staff Networks – Design & Delivery stage – Networks were promoted on National Staff Networks Day in May '22.
- Inclusive Recruitment – Design Stage – The Trust participated in the Inclusive Recruitment Training Pilot delivered by the BOB Integrated Care System. Culture & Leadership is collaborating with the Recruitment Team to determine how the training will be implemented within the Trust.
- Recognition – Delivery stage – Divisional events have been taking place between April – June '22. Final arrangements were being made for the Trust Recognition Awards event to take place at Oxford Town Hall on 9 June '22. 250 guests are invited.
- Staff Survey - Quarter 1 engagement survey completed with 20% response rate. Review of current survey provider underway. 'Time to Talk' guidance for Staff Survey listening events across the Trust has been agreed and rolled out to Divisions. The Ulysses system has been updated to capture staff survey actions and improvements and nurture better recording and monitoring. New Staff Engagement intranet page in development.
- 'Our Engagement Promise' – Design Stage – Significant planning underway to launch 'Our Engagement Promise' with a schedule of engagement activity relating to key priorities for the months of June (Values), July and August (Health & Wellbeing) and September (Civility and Respect)
- Menopause working group - Design phase – A joint session between the Women's Network and the BAME Network has taken place to understand people's experiences in relation to Menopause. Further development of Policy continues.
- Civility and Respect - Discover stage – Discussions are taking place with BOB Integrated Care System to commission Civility and Respect training for our people and leaders. The aim is to implement this as part 'Our Engagement Promise' activity from September '22.
- Exit Interview Process – Discovery phase – The Exit interview process has been drafted and progressing through the socialisation pathway. Some consideration is being given to how leavers can automatically receive an exit interview.
- Values Based Appraisal – Delivery phase – Support continues for all in the form of Q&A and virtual training sessions. Divisions are developing their trajectories for achieving 85% by the end of the appraisal window (31 July 2022)
- Values Based Interviews (VBI) – Design stage - Work is currently being undertaken to update both the VBI question banks and the training materials before new training is rolled out in the autumn to train additional values based interviewers.

Leadership and Talent Development

- Leadership development pathways – Design & Delivery stage – Clinical Director's development programme service innovation projects are being presented to Trust Management Executive in June '22. Senior Leadership Development Programme – 2 cohorts designed for corporate and divisional directors to include 8 learning sessions and a Trust project linked to our executive objectives for 22/23. Cohort 1 commenced May '22.
- Build Affina team coach capacity – A second cohort of 16 Affina Team Journey Coaches has been arranged for Sept '22 with applications opening in June '22.

Wellbeing

- Health Needs Assessment Kiosks are continuing to be well received - 1,989 people across the Trust have now used the kiosks
- A team wellbeing pilot has started in the Maternity Leadership Team run by the Head of Wellbeing
- Our Engagement Promise in response to our staff survey results will include a focus on our wellbeing in July and August '22. The calendar of events, resources and webinars is being developed and will be communicated across the Trust at the end of June '22

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

ESR STAFF Group	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Add Prof Scientific and Technic	508.9	510.5	513.6	507.1	511.8	515.9	517.9	519.1	520.0	524.6	519.4	522.6
Additional Clinical Services	2,091.1	2,066.5	2,054.0	2,086.8	2,084.1	2,157.6	2,146.4	2,157.5	2,130.2	2,149.5	2,098.8	2071.3
Administrative and Clerical	2,703.9	2,683.3	2,678.9	2,679.2	2,673.5	2,672.7	2,677.6	2,674.5	2,663.6	2,654.5	2,631.0	2624.1
Allied Health Professionals	747.2	746.9	739.3	751.0	752.9	752.0	751.8	762.4	758.3	757.7	753.8	756.3
Estates and Ancillary	220.5	218.4	217.4	212.8	211.6	209.1	212.6	214.7	216.3	216.7	215.1	215.9
Healthcare Scientists	539.8	539.1	542.6	548.9	551.6	550.2	549.0	546.7	547.7	542.2	544.8	548.8
Medical and Dental	1,985.3	1,975.4	2,026.1	2,051.1	2,060.3	2,062.2	2,066.1	2,057.3	2,059.5	2,049.7	2,038.6	2044.6
Nursing and Midwifery Registered	3,770.2	3,769.4	3,758.3	3,793.9	3,835.9	3,846.2	3,867.4	3,884.4	3,916.6	3,941.3	3,956.7	3954.8
Total	12,566.8	12,509.5	12,530.2	12,630.7	12,681.8	12,766.0	12,788.8	12,816.6	12,812.3	12,836.3	12,758.2	12,738.4

Bank	828.51	792.9	852.5	822.6	824.4	850.9	807.3	947.1	936.1	1084.2	886.7	941.9
Agency	118.91	102.2	115.06	94.3	107.1	112.1	99.74	96.1	105.4	131.4	111.64	131.9

Grand Total	13,514.2	13,404.6	13,497.8	13,547.6	13,613.3	13,729.0	13,695.8	13,859.8	13,853.8	14,051.9	13,756.5	13,812.1
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Divison	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Clinical Support Services	2,023.4	2,023.2	2,031.8	2,037.7	2,054.3	2,075.4	2,084.3	2,084.2	2,089.4	2078.4	2,051.7	2046.8
Corporate	1,577.7	1,576.8	1,580.8	1,590.9	1,592.7	1,599.4	1,602.8	1,605.5	1,599.5	1596.1	1,577.7	1573.1
Medicine Rehabilitation and Cardiac	2,863.3	2,850.2	2,851.8	2,878.5	2,872.5	2,861.5	2,874.7	2,870.4	2,870.2	2891.1	2,884.0	2883.5
Neurosciences Orthopaedics Trauma and Specialist Surgery	3,187.8	3,172.8	3,181.4	3,215.8	3,232.2	3,257.8	3,267.6	3,286.2	3,270.3	3279.6	3,279.4	3274.7
Surgery Women and Oncology	2,914.6	2,886.5	2,884.3	2,878.5	2,930.1	2,971.9	2,959.5	2,970.3	2,982.8	2991.1	2,965.4	2960.4
Total	12,566.8	12,509.5	12,530.2	12,630.7	12,681.8	12,766.0	12,788.8	12,816.6	12,812.3	12836.3	12,758.2	12738.4

Bank	828.51	792.9	852.5	822.6	824.4	850.9	807.3	947.1	936.1	1084.2	886.7	941.9
Agency	118.91	102.2	115.06	94.3	107.1	112.1	99.74	96.1	105.4	131.4	111.64	131.9

Grand Total	13,514.2	13,404.6	13,497.8	13,547.6	13,613.3	13,729.0	13,695.8	13,859.8	13,853.8	14,051.9	13,756.5	13,812.1
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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.

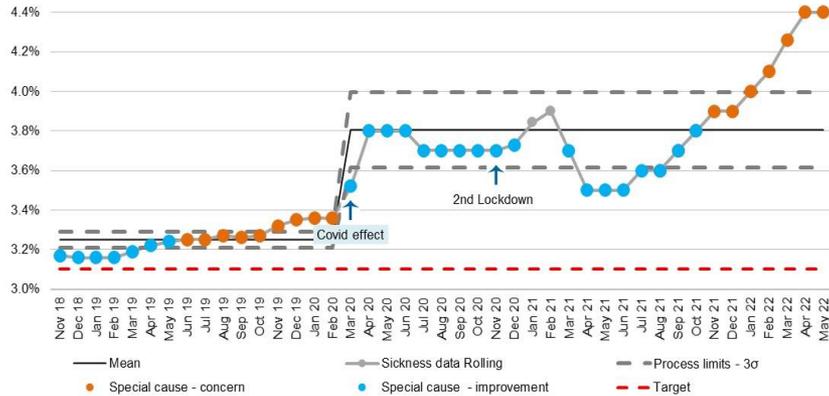
Turnover ESR Staff Groups	Leavers wte	TO %
Clinical Support Services	210.3	12.3%
Add Prof Scientific and Technic	27.2	14.7%
Additional Clinical Services	63.0	17.1%
Administrative and Clerical	27.9	14.5%
Allied Health Professionals	27.4	11.7%
Estates and Ancillary	0.0	0.0%
Healthcare Scientists	21.7	7.7%
Medical and Dental	11.3	4.6%
Nursing and Midwifery Registered	31.8	15.6%
Students	0.0	0.0%
Neurosciences Orthopaedics Trauma and Specialist Surgery	325.8	11.8%
Add Prof Scientific and Technic	10.3	11.1%
Additional Clinical Services	80.6	15.1%
Administrative and Clerical	69.5	15.6%
Allied Health Professionals	20.3	12.4%
Estates and Ancillary	0.0	0.0%
Healthcare Scientists	8.7	13.4%
Medical and Dental	7.0	2.8%
Nursing and Midwifery Registered	129.3	10.9%
Surgery Women and Oncology	354.6	13.7%
Add Prof Scientific and Technic	6.7	7.1%
Additional Clinical Services	90.4	19.0%
Administrative and Clerical	66.9	16.2%
Allied Health Professionals	12.4	12.7%
Estates and Ancillary	2.0	20.3%
Healthcare Scientists	8.1	8.4%
Medical and Dental	13.6	9.0%
Nursing and Midwifery Registered	154.7	12.3%
Medicine Rehabilitation and Cardiac	315.4	12.9%
Add Prof Scientific and Technic	2.0	4.6%
Additional Clinical Services	106.5	18.2%
Administrative and Clerical	48.5	12.4%
Allied Health Professionals	40.7	18.8%
Estates and Ancillary	4.4	46.0%
Healthcare Scientists	4.2	6.8%
Medical and Dental	7.5	4.1%
Nursing and Midwifery Registered	100.6	10.4%
Students	1.0	0.0%
Corporate	184.7	13.4%
Add Prof Scientific and Technic	15.3	43.7%
Additional Clinical Services	4.0	13.4%
Administrative and Clerical	108.2	10.8%
Allied Health Professionals	1.9	18.4%
Estates and Ancillary	29.9	21.8%
Healthcare Scientists	3.2	22.0%
Medical and Dental	0.7	19.4%
Nursing and Midwifery Registered	21.6	14.3%
Grand Total	1,390.7	12.8%

Vacancies Staff Group - Finance	Vac wte	Vacancy %
Clinical Support Services	119.4	5.5%
Consultants and Medics	9.6	2.1%
Health Care Assistants & Support	18.5	4.5%
Nurse and Midwives	46.1	17.3%
Other Staff	17.0	7.6%
Scientific, Thec., Therapeutic	28.1	3.4%
Surgery Women and Oncology	202.9	6.4%
Consultants and Medics	18.2	4.2%
Health Care Assistants & Support	43.1	7.9%
Nurse and Midwives	87.6	6.3%
Other Staff	48.2	10.2%
Scientific, Thec., Therapeutic	5.8	1.8%
Medicine Rehabilitation and Cardiac	267.5	8.9%
Consultants and Medics	-3.9	-0.8%
Health Care Assistants & Support	101.2	16.8%
Nurse and Midwives	91.6	8.4%
Other Staff	80.5	17.8%
Scientific, Thec., Therapeutic	-1.9	-0.5%
Neurosciences Orthopaedics Trauma and Specialist Surgery	240.7	6.8%
Consultants and Medics	40.7	6.1%
Health Care Assistants & Support	61.1	9.3%
Nurse and Midwives	68.9	5.2%
Other Staff	69.6	12.8%
Scientific, Thec., Therapeutic	0.4	0.1%
Corporate	146.2	9.7%
Consultants and Medics	21.9	29.7%
Health Care Assistants & Support	17.6	28.4%
Nurse and Midwives	22.3	15.1%
Other Staff	75.6	6.4%
Scientific, Thec., Therapeutic	8.8	22.3%
Grand Total	976.7	7.3%

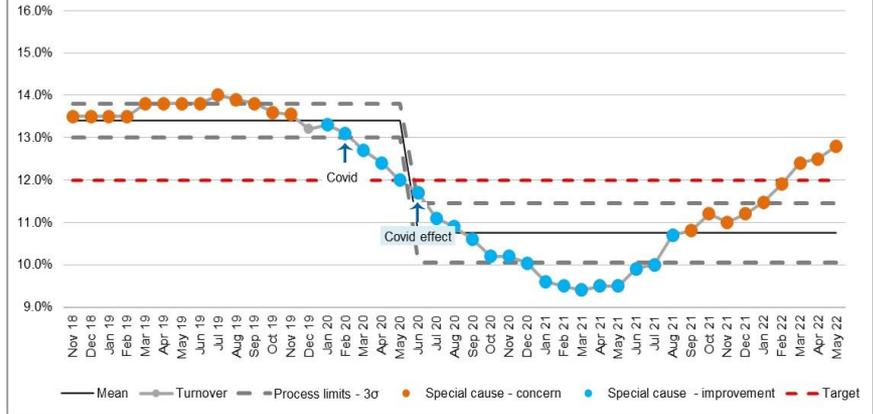
Temporary Pay Spend By Division:

Division	Finance Staff Group	Agency	NHSP	Total Temp Pay Spend	Total Temp Pay Spend as % Total Pay
Clinical Support Services	Consultants and Medics		£12,381	£12,381	0.3%
	Health Care Assistants & Support	£0	£24,906	£24,906	2.5%
	Nurse and Midwives	£86,294	£138,356	£224,650	20.7%
	Other Staff		£23,204	£23,204	3.8%
	Scientific, Thec., Therapeutic	£81,327	£184,664	£265,990	7.0%
Corporate	Consultants and Medics	£12,260	£0	£12,260	0.8%
	Health Care Assistants & Support	£0	£103,604	£103,604	67.6%
	Nurse and Midwives	£5,522	£91,042	£96,564	5.7%
	Other Staff	£3,205	£223,066	£226,271	3.8%
	Scientific, Thec., Therapeutic	£0	£3,849	£3,849	0.4%
Medicine Rehabilitation and Cardiac	Consultants and Medics	£255,884	£486,140	£742,024	14.5%
	Health Care Assistants & Support	£0	£406,712	£406,712	22.0%
	Nurse and Midwives	£151,885	£866,182	£1,018,067	21.0%
	Other Staff	£0	£64,536	£64,536	5.1%
	Scientific, Thec., Therapeutic	£6,660	£127,749	£134,409	8.7%
Neurosciences Orthopaedics Trauma and Specialist Surgery	Consultants and Medics	£150,857	£256,608	£407,465	6.2%
	Health Care Assistants & Support		£239,774	£239,774	14.0%
	Nurse and Midwives	£252,828	£805,189	£1,058,017	18.4%
	Other Staff		£59,916	£59,916	4.5%
	Scientific, Thec., Therapeutic	£3,962	£28,699	£32,661	2.3%
Surgery Women and Oncology	Consultants and Medics	£0	£237,539	£237,539	5.3%
	Health Care Assistants & Support	£540	£188,928	£189,468	14.0%
	Nurse and Midwives	£173,195	£610,196	£783,391	13.5%
	Other Staff	£0	£63,050	£63,050	5.2%
	Scientific, Thec., Therapeutic	-£330	£59,828	£59,498	3.9%
Grand Total		£1,184,088	£5,306,119	£6,490,207	9.7%

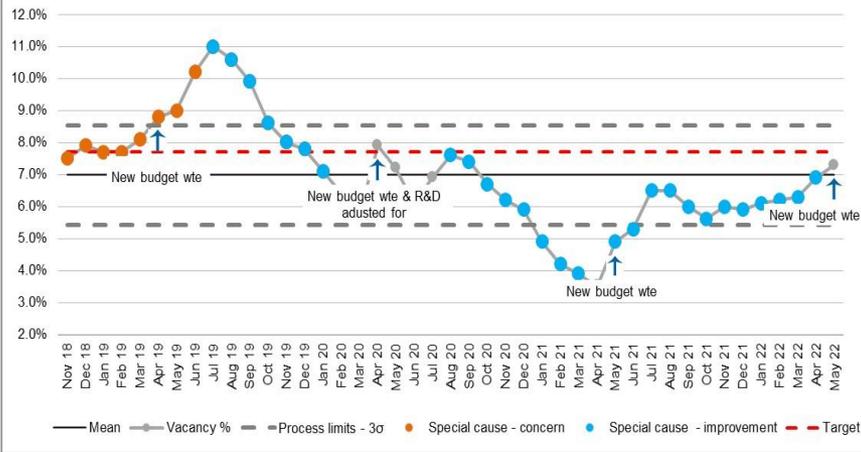
Sickness Absence % Rolling 12 months - HR Informatics starting 01/11/18



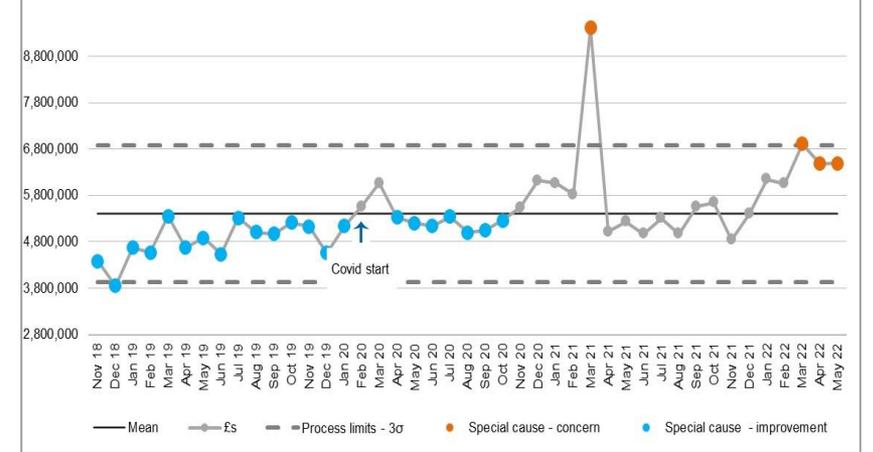
Turnover % - HR Informatics starting 01/11/18

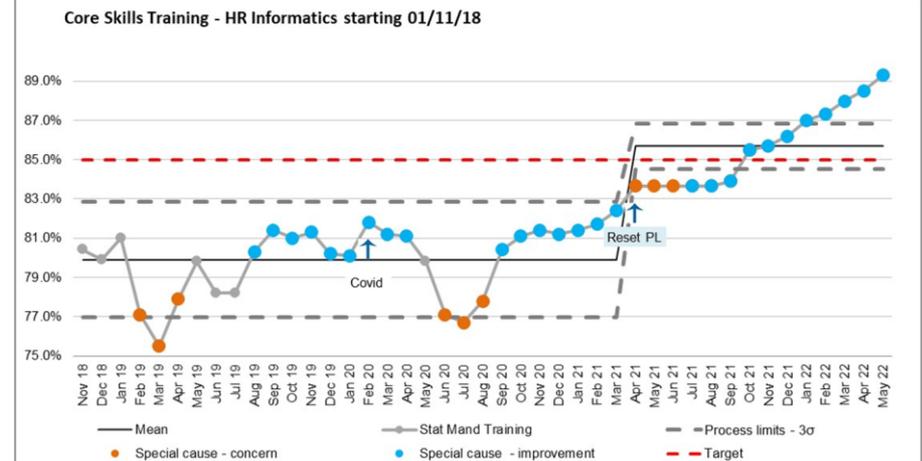
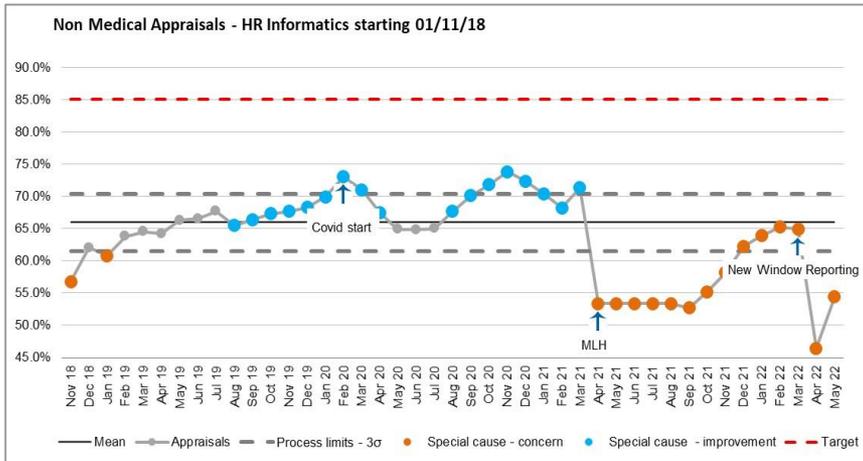


Vacancy % - HR Informatics starting 01/11/18



Bank and Agency Spend £- HR Informatics starting 01/11/18





	CSS	Corporate	Medicine Rehabilitation and Cardiac	Neurosciences Orthopaedics Trauma and Specialist Surgery	Surgery and Oncology	Grand Total
	% Compliant					
Core Skill - Conflict Resolution	87.7%	89.7%	88.3%	86.9%	90.1%	88.3%
Core Skill - Equality, Diversity and Human Rights	94.0%	92.0%	93.2%	92.0%	95.2%	93.4%
Core Skill - Fire Safety	92.0%	90.5%	91.4%	90.9%	93.2%	91.7%
Core Skill - Health, Safety and Welfare	92.6%	90.4%	92.4%	91.8%	94.3%	92.4%
Core Skill - Infection Prevention and Control Level 1	92.0%	91.1%	94.2%	88.2%	92.5%	91.5%
Core Skill - Infection Prevention and Control Level 2	80.9%	87.7%	87.3%	87.3%	89.2%	86.9%
Core Skill - Information Governance and Data Security	93.1%	93.2%	92.8%	91.5%	93.9%	92.8%
Core Skill - Moving and Handling Level 1	91.8%	90.3%	84.1%	82.5%	88.6%	87.8%
Core Skill - Moving and Handling Level 2	73.2%	60.2%	75.4%	77.7%	75.2%	75.4%
Core Skill - Preventing Radicalisation Awareness	89.3%	85.6%	88.4%	87.7%	91.3%	88.9%
Core Skill - Preventing Radicalisation Basic	86.6%	82.8%	87.1%	83.4%	87.6%	85.6%
Core Skill - Resuscitation Level 1	84.8%	89.8%	93.1%	87.7%	93.1%	89.2%
Core Skill - Resuscitation Level 2, 3 OR 4	90.2%	84.8%	87.9%	87.2%	92.6%	89.1%
Core Skill - Safeguarding Adults Level 1	91.8%	88.6%	92.8%	87.6%	92.3%	90.4%
Core Skill - Safeguarding Adults Level 2	90.3%	88.2%	89.6%	87.3%	92.0%	89.6%
Core Skill - Safeguarding Children Level 1	92.9%	91.9%	93.5%	90.1%	93.9%	92.4%
Core Skill - Safeguarding Children Level 2	85.4%	85.3%	89.5%	87.0%	92.2%	88.7%
Core Skill - Safeguarding Children Level 3		66.7%	72.7%	80.2%	71.5%	75.8%
Grand Total	89.7%	89.4%	89.1%	87.8%	90.9%	89.3%

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%.

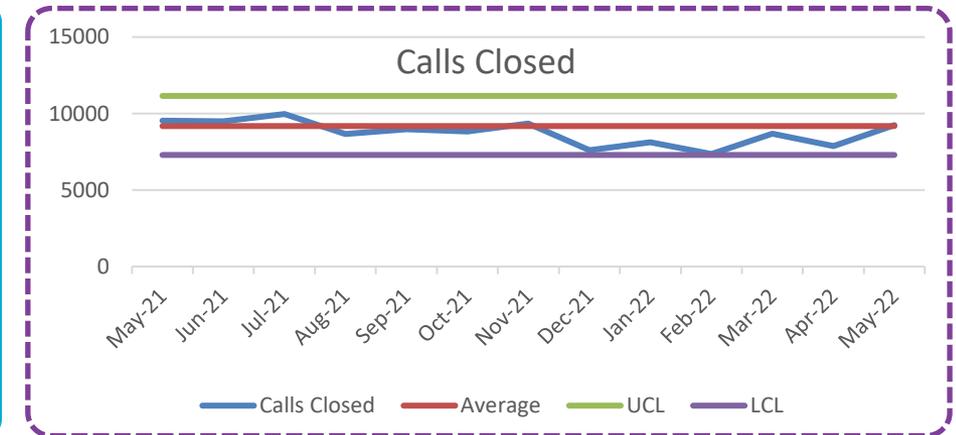
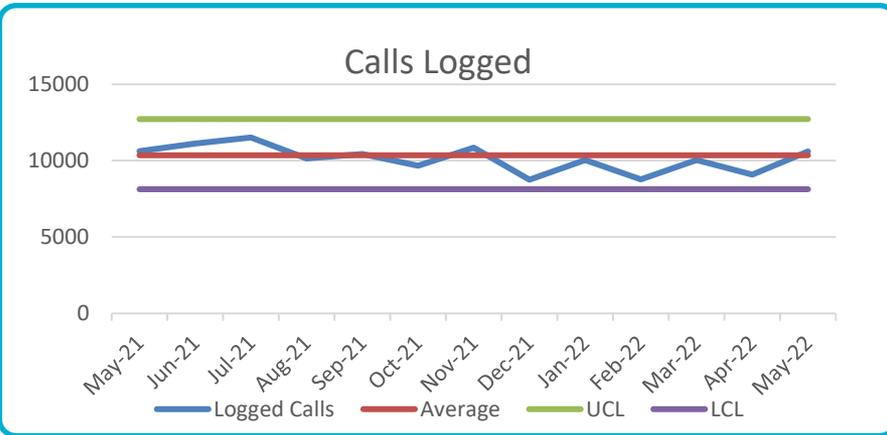
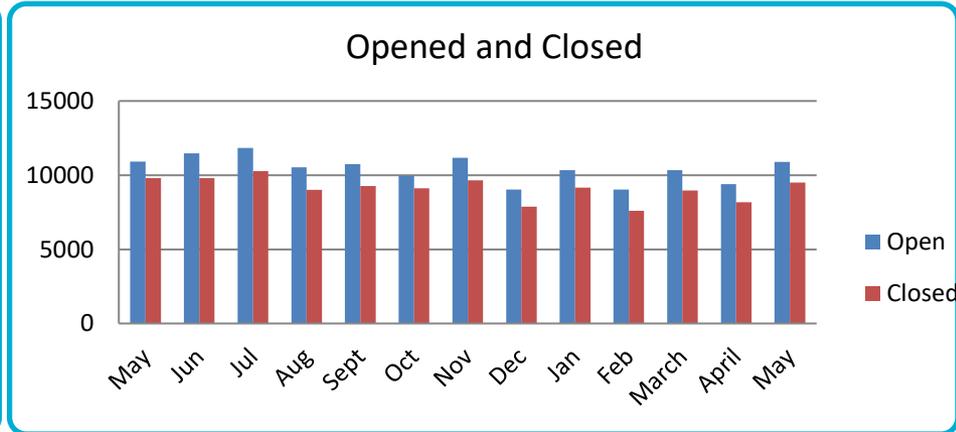
As part of the Core Skills Policy Implementation Plan agreed by TME in September 2021, Conflict Resolution Level 1 eLearning was introduced as a new core skill for all frontline staff with a lead in time of 18 months before we report this as part of Trust Core Skills %. At month 2 2022 we have already achieved our 85% target and are reporting 88.3 % compliance for this course. It is recommended we now include this course as part of our overarching Trust Core Skills % from month 3 2022.

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 May 2021 to May 2022. When comparing May 2021 with May 2022 there is an 17.9% 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 May	Total OUH calls closed in May	Total calls logged trend
1	2	2	
2	41	37	increase of 15.8%
3	1547	1394	May 2021 to May 2022
4	3859	3349	
5	5156	4449	
Total	10605	9231	decrease of 0.3%



Risks, Issues and Challenges

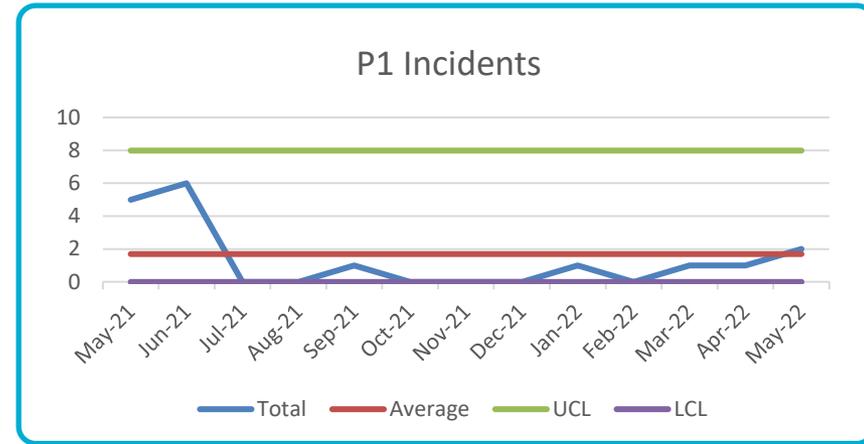
Installation of SSDs (solid state drive) started to address poor performance of 2018/19 bought PCs following purchase in March 2022 but deployment is at least one hour per device, and there are nearly 4,000 desktops/laptops in scope for this fix – which is a significant commitment. Easter Holidays during the month saw a drop in available staff to work on incidents/planned works.

Service Desk Performance

The tables below highlight the performance of the Service Desk from May 2021 to May 2022. When comparing May 2021 with May 2022 the number of Priority 1s logged was 2 in May 2022 compared to 5 logged in May 2021.

May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
5	6	0	0	1	0	0	0	1	0	1	1	2

Date	Issue	Action
06/05/22	Users unable to connect to multiple web-based systems.	Digital Network Team resolved an issue on the Central HSCN Firewalls.
17/05/22	Users unable to connect to multiple systems.	Digital Server Team resolved the issue which was caused by a power failure on one of the compellent disk arrays.



Cyber Highlights:

Overall Cyber status **Green**

- 117.7TB of internet traffic use, down by 44.2TB on April
- Extensive Windows 10/Office updates being applied to desktop and server estates.
- Following the late March cyber intrusion by unknown persons from Lithuania migration of the user estate to Multi Factor Authentication (MFA) for the virtual workspace solution (VDI) for the VPN and the Office 365 estate
- Work continued on the IT HealthAssure dashboard with automated linked to NHS CareCert alerts. This will increase efficiency and lower risks. Expected June/July go-live.

Cyber Management

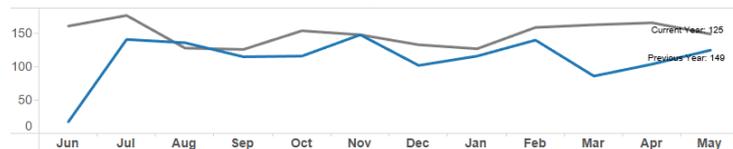
	Month of May	Year to date
CareCerts received	16	36
Virus blocked	337	632
Intrusions blocked	516	812
SPAM blocked	145,585	274,443
Devices monitored	13,247	-
Servers monitored	801	-

Forward view

Workshops are on-going for the new IT Service Management Tool called Service Now, with plans to launch in the summer. More cyber security improvement works are planned, for May/June, as a result of the March intrusion.

Information request Service

Demand (requests received by month vs previous year)



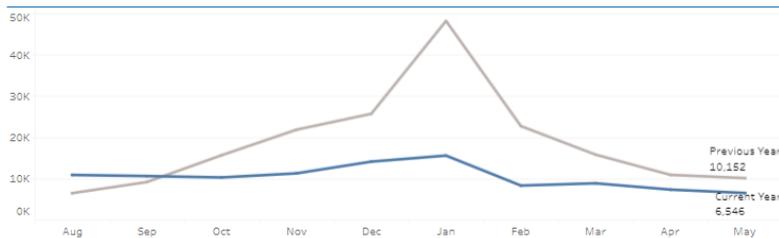
1.1 The demand on the Info request service for May '22 has decreased by 16% based on the same period last year.

1.2 This has seen the % of requests completed within the 2 working days rise to 43% as compared to 31% during the same period in 2021

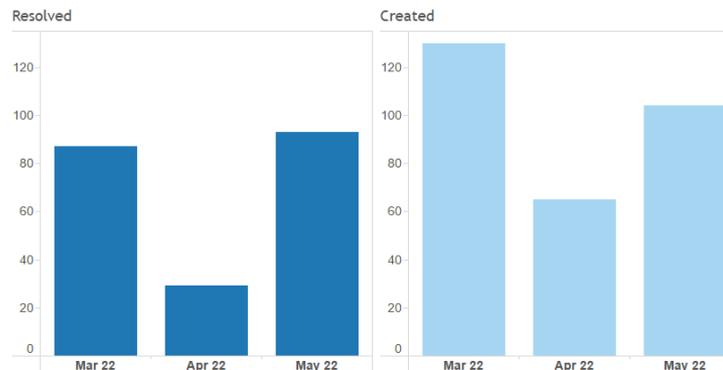
1.2 User feedback on the timeliness, usefulness and overall experience of the service was 100% (out of 33 respondents) for May '22.

ORBIT+

A total of 6546 views were recorded in May '22 this is a significant decrease when compared to the same period last year.



Other Demands



Current development priorities

- Cerner Theatres Reporting rollout
- P and D code reporting solution
- Datawarehouse Migration
- CDS 6.3 – Assessment and Planning

Freedom of Information (FOI)

71 FOI/EIR requests were received in May 2022. During this period, 34 requests were closed within 20 working days. 19 were not closed within 20 working days. The compliance rate for closure of requests within 20 working days in May 2022 was 64%. In May 2021, the compliance rate was 59%.

Monthly requests



Cumulative Requests



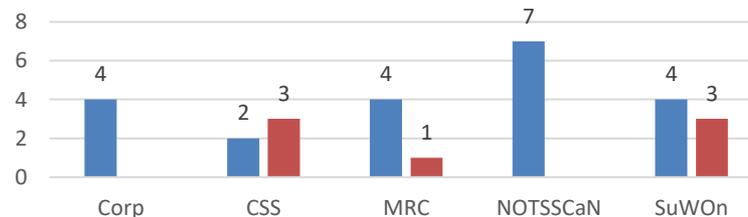
NB. Charts

Data Security & Protection Breaches

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

28 data protection incidents occurred in April 2022. 0 incidents required reporting externally via the NHS Data Security and Protection Toolkit (DSPT).

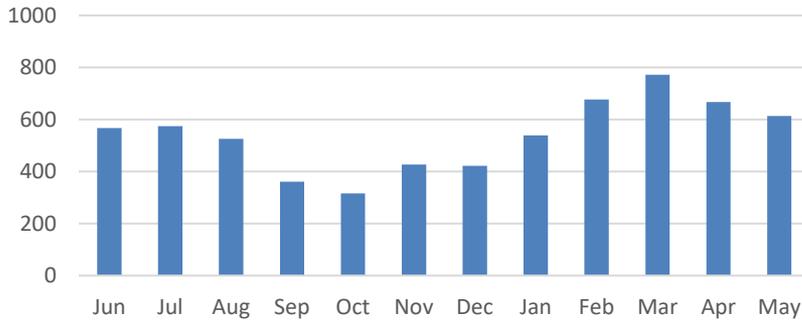
IG incidents by Division for May 2022



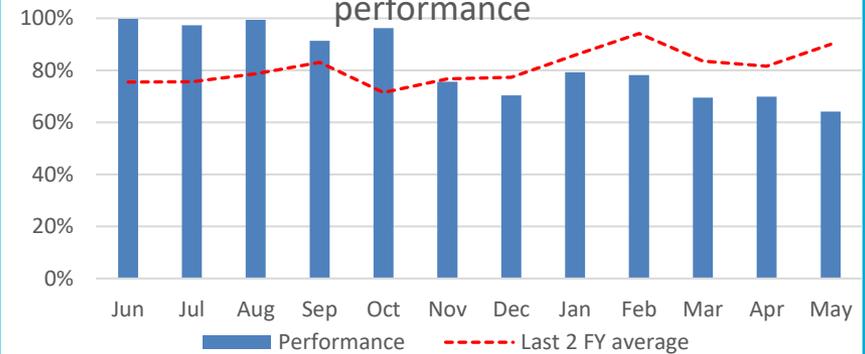
Data Subject Access Requests (DSAR)

The statutory timeframe for completion of DSARs is one calendar month from receipt or can be extended by a further two calendar months if the request is complex. DSARs are processed by six Trust departments. The data below represents the numbers of requests received by the Information Governance, Occupational Health, SAR, PACS, Security, and Sexual Health Teams.

DSARs received per month



DSAR closure within timeframe performance



NB. Charts show March data

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

I & E Subjective £000s	IN MONTH 2 - ACTUAL						YEAR TO DATE - ACTUAL					
	Excl R&D, RECOVERY & COVID	Recovery	R&D	COVID IN ENV	COVID OUT ENV	Total	Excl R&D, RECOVERY & COVID	Recovery	R&D	COVID IN ENV	COVID OUT ENV	Total
Income												
Commissioning Income	87,501	2,706	0	1,686	0	91,894	170,481	5,412	0	3,372	0	179,266
Passthrough Drugs & Devices	10,419	0	0	0	0	10,419	22,550	0	0	0	0	22,550
Other Income	9,376	0	3,985	0	187	13,548	18,165	0	7,374	0	445	25,984
PP, Overseas and RTA Income	678	0	0	0	0	678	1,509	0	0	0	0	1,509
Total Income	107,974	2,706	3,985	1,686	187	116,538	212,705	5,412	7,374	3,373	445	229,308
Pay												
Consultants and Medics	(21,234)	(186)	(580)	(314)	0	(22,313)	(43,664)	(336)	(1,149)	(763)	0	(45,912)
Health Care Assistants & Support	(5,840)	(14)	(23)	(141)	(29)	(6,048)	(11,893)	(31)	(52)	(279)	(72)	(12,327)
Nurse and Midwives	(17,504)	(42)	(1,129)	(511)	0	(19,186)	(35,026)	(72)	(2,285)	(1,243)	0	(38,626)
Other Staff	(9,424)	(6)	(830)	(79)	0	(10,339)	(19,029)	(15)	(1,680)	(173)	0	(20,897)
Scientific, Thec., Therapeutic	(8,170)	(52)	(939)	(91)	0	(9,252)	(16,282)	(97)	(1,603)	(243)	0	(18,225)
Total Pay	(62,172)	(300)	(3,501)	(1,136)	(29)	(67,137)	(125,895)	(551)	(6,767)	(2,702)	(72)	(135,987)
Non-Pay												
Clinical negligence	(2,643)	0	0	0	0	(2,643)	(5,286)	0	0	0	0	(5,286)
Clinical Supplies & Services	(11,299)	0	(191)	(113)	(158)	(11,761)	(21,201)	0	(284)	(9)	(373)	(21,866)
Drugs & Devices	(17,061)	0	(2)	(2)	0	(17,065)	(34,777)	0	0	0	0	(34,777)
General Supplies & Services	(524)	0	(1)	(99)	0	(624)	(997)	0	(2)	(200)	0	(1,200)
Internal Recharges	133	0	(132)	(0)	0	0	256	0	(256)	(0)	0	0
Premises & Fixed Plant	(7,494)	60	(43)	109	0	(7,368)	(15,243)	(144)	(78)	(52)	0	(15,518)
Other Expenditure	(5,300)	(975)	(115)	35	0	(6,355)	(8,382)	(1,799)	15	(14)	0	(10,181)
Total Non-Pay	(44,188)	(916)	(484)	(70)	(158)	(45,816)	(85,623)	(1,943)	(607)	(282)	(373)	(88,827)
Operational EBITDA	1,614	1,491	0	480	0	3,585	1,187	2,918	(0)	389	0	4,494
Financing and Capital Charges (Excl Tech Adj)	(5,997)	0	0	0	0	(5,997)	(12,021)	0	0	0	0	(12,021)
Operational Surplus / (Deficit)	(4,382)	1,491	0	480	0	(2,411)	(10,834)	2,918	(0)	389	0	(7,527)

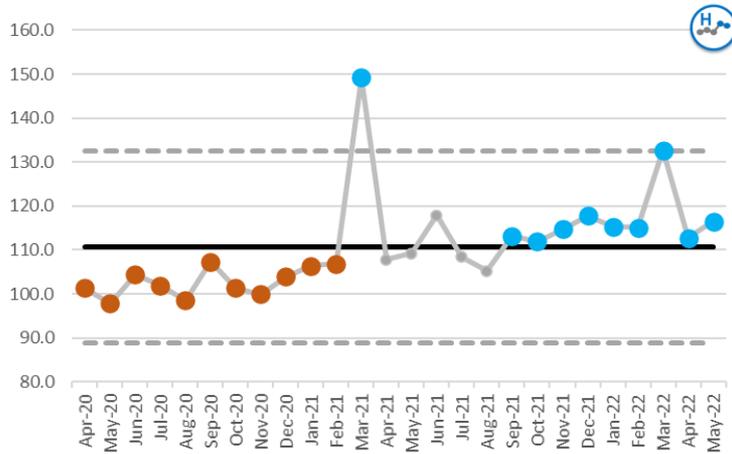
Source: Finance Ledger

- Year-to-date in-envelope COVID-19 costs total £3.0m. The plan assumes COVID-19 costs will reduce by 50% this year as the funding from the ICS is reducing by over 50% this year. Compared to April, pay costs decreased by £0.4m to £1.1m mainly due to a reduction in backfill for staff absence. Non-pay costs decreased by £0.1m in May compared to April to £0.1m.
- £0.2m of income has been accrued in-month to be reimbursed for COVID-19 (outside envelope) testing costs.
- Recovery costs in May were £1.2m. The recovery costs included-to-date are the incremental costs of delivering additional elective activity and some independent sector outsourcing costs (these costs are subject to further review against the agreed expenditure in the recovery plans).
- R&D were at a breakeven position in May and for the year-to-date.

Source: Finance Ledger, including COVID and recovery costs.

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

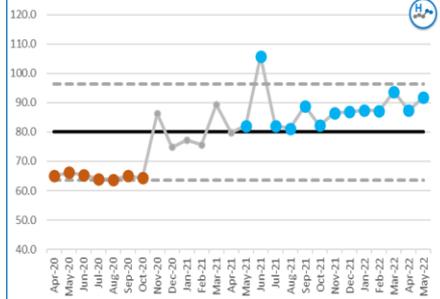
Total Income (Adjusted*) - in £m



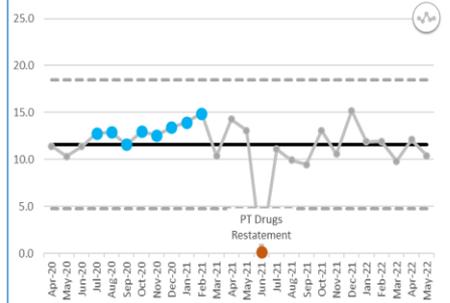
May 2022 (Month 2) - Total in-month Income of £116.5m

- Total income was £3.7m higher in May compared to April.
- Commissioning income was £2.8m higher in May mainly due to the inclusion of 2 months of additional income not included in the original plan but is in the resubmitted plan from the BOB ICS (£0.6m), NHSE (£0.9m), Other CCGs and the Local Authority (£1.2m). £1.0m of this additional income is for inflation costs.
- Other income was £1.1m higher in May compared to April. This was mainly due to a £0.7m increase in R&D income and a £0.3m increase in non-patient care income to other NHS organisations.
- Private patient, Overseas and RTA income was £0.2m lower in May compared to April.

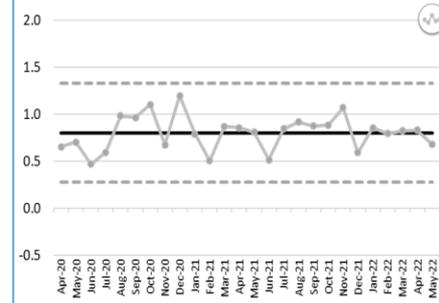
Commissioning Income (Adjusted*) - In £m



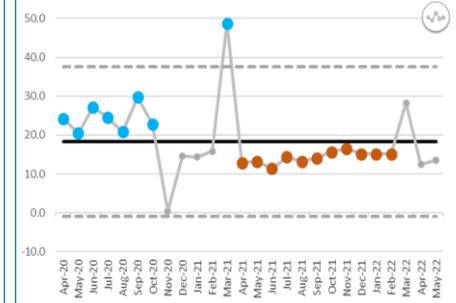
Pass Through - In £m



PP, Overseas & RTA Income - In £m



Other Income - In £m



SPC Trend Analysis

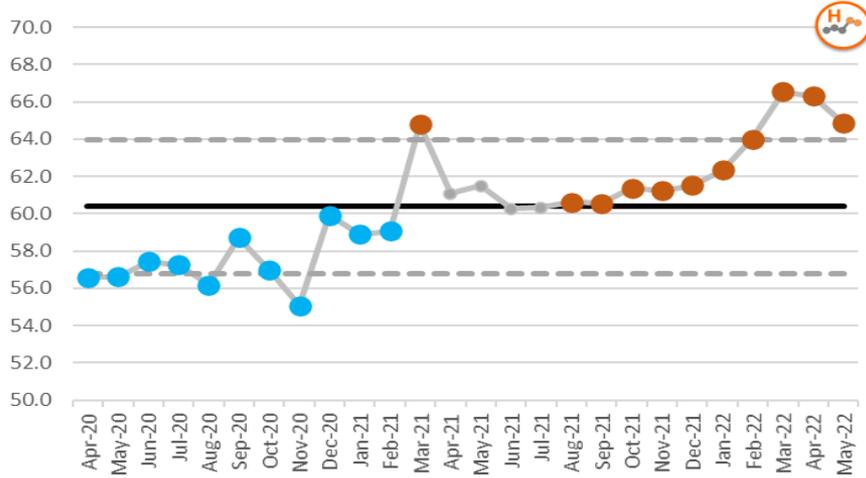
Total Income has consistently increased since September 2021 (Month 6), driven by commissioning income (also seen in the 'Commissioning Income' chart above). This a result of the change to the Visible Cost Model for Devices and the recognition of TIF income and ERF+ (recovery) income.

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

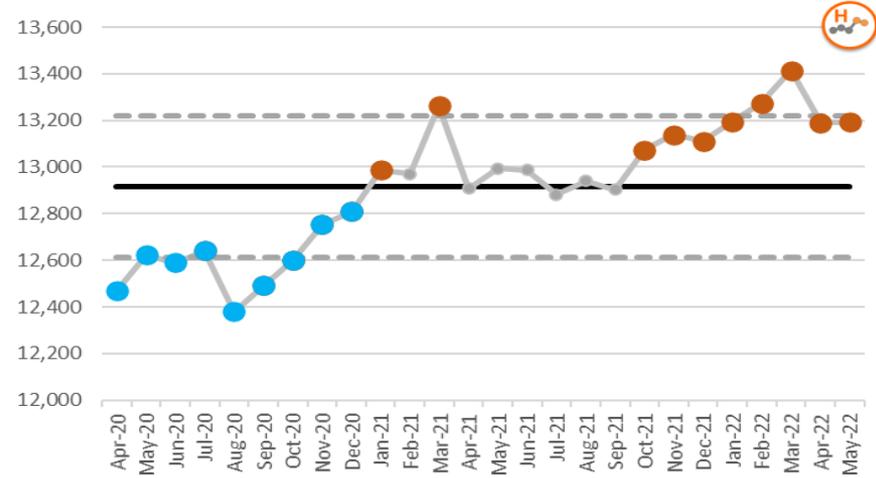
Is Performance Stable?

Yes	Getting Worse	Getting Better

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



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



Is Performance Stable?



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

*Pay spend in the chart above was adjusted to remove the March 21 year end pension and annual leave accrual and the March 22 pensions accrual. FY22 Month 6 pay award was spread across Months 1-6 on a straight line basis. Annual leave accrual releases through out the year were removed. Financial year 2020/21 pay spend was not adjusted for inflation.

May 2022 (Month 2)

£63.6m

13,194 WTE

- Total pay costs were £1.9m lower in May compared to April. WTEs increased by 3.
- Substantive staffing costs in May were £1.9m lower than April. After excluding the annual leave accrual release, underlying pay is £1.5m lower this month. There was a decrease of £1.4m in Consultants and Medics pay and a £0.2m decrease in Nurses and Midwives pay costs. Analysis has shown that the April increase in medical staff pay was due to increased hours by substantive staff. Further analysis is underway to determine these hours backfilled COVID sickness or potentially were hours worked in 2021/22, but not accrued at year end
- Temporary staff in-month expenditure was at the same level in May as April, at £6.5m. Bank staff costs decreased by £0.2m and Agency staff costs increased by £0.2m.
- WTE increased in month by 3 to 13,194 (excludes R&D). Substantive staff have decreased by 74 WTE, whilst bank and agency staff increased by 77 WTE.
- COVID-19 pay costs were £1.1m in-month, which is £0.5m lower than last month.

Trend Analysis

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

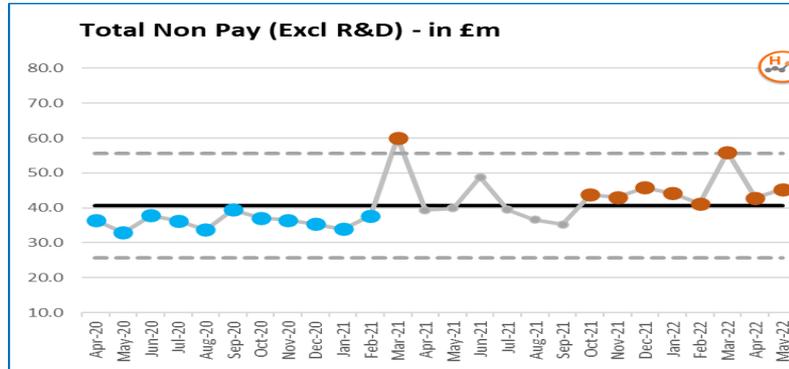
Non-Pay Run Rate Overview



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

May 2022 (Month 2) – Total Non Pay of £45.3m

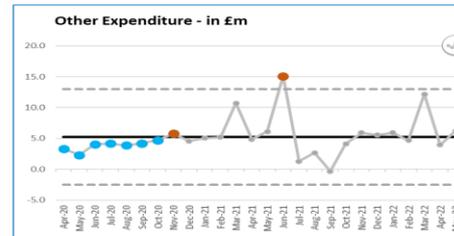
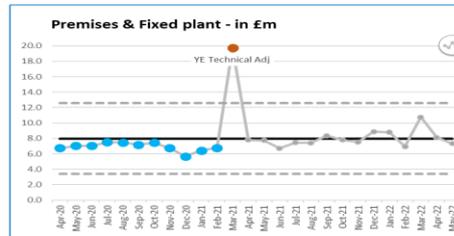
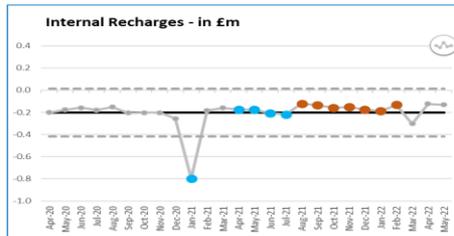
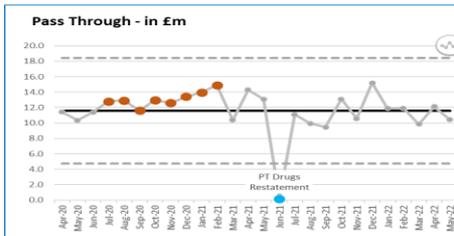
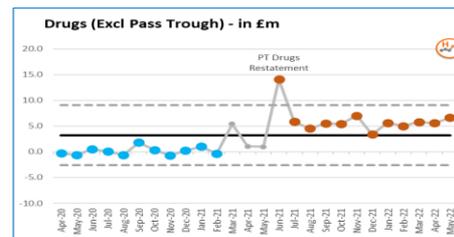
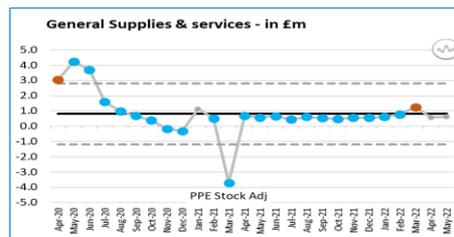
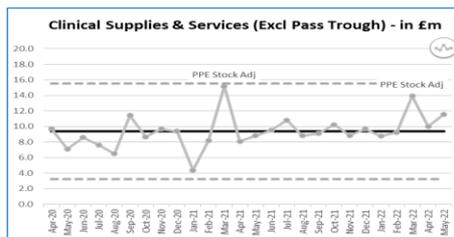
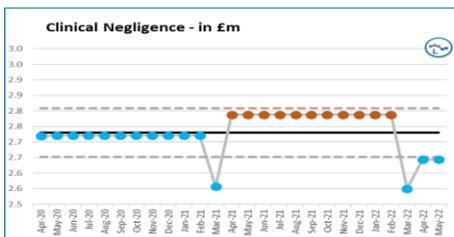
- Total non-pay costs were £2.4m higher in May compared to April.
- Other expenditure costs were £2.3m higher in May than in April. This is mainly due to an increase in the purchase of healthcare from other NHS Trusts (£1.1m) and an increase in the bad debt provision (£1.4m) covering April and May as not bad debt charge was recognised in April while a new process was put in place for estimating bad debt charges.
- There has been a switch from passthrough to clinical supplies and services for devices that are funded by block income.
- There is limited evidence of significant inflationary pressure above plan assumptions to date.



SPC Trend Analysis

Total non-pay expenditure is currently in a 'special cause variation' meaning non-pay spend has been significantly higher since October 21. The total spend in the second half of 2021/22 was higher than the first half of 2021/22, however this is a result of accounting adjustments in Quarter 1 and Quarter 2 relating to ERF income (also seen in the 'Other Expenditure' chart below). March 22 non-pay spend includes year end technical adjustments for PPE (Clinical Supplies & Services), for estates related accruals (Premises & Fixed Plant) and staff bonus and travel incentive scheme which were announced on 31st March 2022. Discounting for this, non-pay expenditure is stable given RPI is currently 8.2% indicating the impact of fixed price contracts and competitive tendering on contract renewals.

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



Statement of Financial Position (SOPF) & Cash

Statement of Financial Position £000s	MONTH 12 2022	MONTH 1 2023	MONTH 2 2023	YTD Movement
Non Current Assets:				
Property, Plant and Equipment	650,574	667,358	661,270	10,696
Intangible Assets	14,154	13,900	13,646	(508)
Investment Property	32,030	32,030	32,030	0
Other Investments	14,310	14,310	14,310	0
Trade and Other Receivables	7,147	7,069	7,039	(108)
Total Non Current Assets	718,215	734,667	728,295	10,080
Current Assets:				
Inventories	28,518	27,935	27,951	(567)
Trade and Other Receivables	58,884	62,770	70,198	11,314
Cash and Cash Equivalents	57,323	60,600	50,244	(7,079)
Sub Total Current Assets	144,725	151,305	148,393	3,668
Total Current Assets	144,725	151,305	148,393	3,668
Total ASSETS	862,940	885,972	876,688	13,748
Current Liabilities:				
Trade and Other Payables	(159,126)	(170,915)	(168,941)	(9,815)
Provisions	(7,958)	(7,034)	(7,034)	924
Borrowings	(12,939)	(16,429)	(15,898)	(2,959)
Commercial Loans	(426)	(448)	(471)	(45)
DH Capital Loan	(730)	(746)	(669)	61
Total Current Liabilities	(181,179)	(195,572)	(193,013)	(11,834)
Net Current Assets/(Liabilities)	(36,454)	(44,267)	(44,620)	(8,166)
Total Assets Less Current Liabilities	681,761	690,400	683,675	1,914
Non Current Liabilities:				
Trade and Other Payables	(4,628)	(4,621)	(4,613)	15
Provisions	(8,459)	(8,459)	(8,459)	0
Borrowings	(214,842)	(225,995)	(221,990)	(7,148)
Commercial Loans	(6,095)	(6,095)	(6,095)	0
DH Capital Loan	(15,239)	(15,239)	(14,908)	331
Total Non Current Liabilities	(249,263)	(260,409)	(256,065)	(6,802)
Assets Less Liabilities (Total Assets Employed)	432,498	429,991	427,610	(4,888)
Taxpayers Equity:				
Public Dividend Capital	303,749	303,749	303,749	0
Retained Earnings reserve	(23,432)	(25,185)	(26,706)	(3,274)
Revaluation Reserve	159,684	158,930	158,070	(1,614)
Other Reserves	1,743	1,743	1,743	0
FV Assets Reserve	(9,246)	(9,246)	(9,246)	0
Total Taxpayers Equity	432,498	429,991	427,610	(4,888)

Source: Finance Ledger

Non-Current Assets

- The movement in the non current assets is primarily the inclusion of the Right of Use assets as part of the transition to IFRS 16, where items previously accounted for as operating lease, and thus expensed are now treated as assets in the balance sheet and depreciated over the life of the lease.

Current Assets

- Current assets have increased by £3.7m, due to an increase in receivables partly offset by a reduction in cash. This is primarily due to recognising commissioning income agreed during the planning process, but which will be paid in arrears.

Current Liabilities

- Current liabilities have increased by £11.8m mostly driven by higher deferred income as we receive some items like education funding quarterly in advance. The movement in borrowings is the contra to the increase in non-current assets for IFRS16 in relation to lease payments due in year.
- Under the Better Payment Practice Code (BPPC) 91.8% of total bills in month were paid within target (by value) and 77.6% (by number).

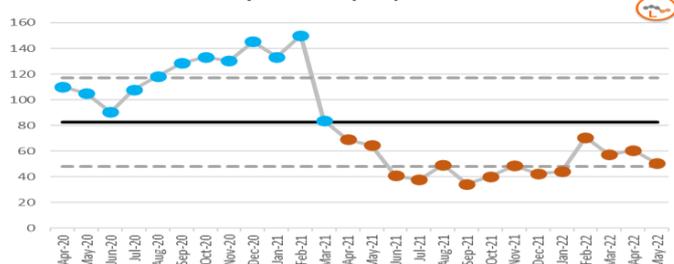
Non-Current Liabilities

- Non-current liabilities have increased by £6.8m this being the liability in relation to IFRS 16 leases greater than 1 year.

Cash

- Cash decreased by £10.4m in month, driven by a decrease in working capital, i.e. an increase in receivables greater than payables.

Cash and Cash Equivalent (£m)



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

Capital Expenditure £000s	IN MONTH 2			YEAR TO DATE			FULL YEAR PLAN BASE
	Plan	Actual	Variance	Plan	Actual	Variance	
Schemes underway	661	150	511	1,502	370	1,132	5,465
Contractually committed	0	0	0	0	0	0	1,000
Statutory compliance	0	1	(1)	0	(22)	22	7,300
Other ICS spend - Estates	0	(5)	5	0	45	(45)	1,650
Other ICS spend - Digital	0	(236)	236	0	(197)	197	7,600
Other ICS spend - Medical Equipment	0	(111)	111	0	399	(399)	7,823
Less disposals/other deductions included in CDEL	0	0	0	0	0	0	0
ICS CDEL before impact of IFRS-16	661	(202)	863	1,502	596	906	30,838
IFRS 16 - Right of Use assets	0	0	0	0	0	0	5,571
ICS CDEL after impact of IFRS-16	661	(202)	863	1,502	596	906	36,409

CDEL outside ICS envelope £m	IN MONTH 2			YEAR TO DATE			FULL YEAR PLAN BASE
	Plan	Actual	Variance	Plan	Actual	Variance	
Externally funded expenditure additional to ICS allocation - PFI Residual Interest	0	0	0	0	0	0	0
CDEL outside ICS envelope	419	419	0	838	838	0	5,030
Total CDEL	1,080	217	863	2,340	1,434	906	41,439

Other capex not included in CDEL £m	IN MONTH 2			YEAR TO DATE			FULL YEAR PLAN BASE
	Plan	Actual	Variance	Plan	Actual	Variance	
Grants & donations - Estates	0	31	(31)	0	31	(31)	1,834
Grants & donations - Medical Equipment	42	133	(91)	84	160	(76)	1,500
PFI Lifecycling (less residual interest)	(191)	(210)	19	147	(426)	573	8,169
Other capex not included in CDEL	(149)	(45)	(104)	231	(235)	466	11,503

Net Capex (after disposals)	931	172	759	2,571	1,199	1,372	52,942
Add back disposal/other deductions	0	0	0	0	0	0	0
Gross Capex (before disposals)	931	172	759	2,571	1,199	1,372	52,942

The plan included in this table matches the plan submission of 20 June, unchanged from the April submission. It should be noted that the submitted plan includes no assumption for receipt of, or expenditure against, external government funding outside the ICS envelope. There is, however, a plan for spend against grants and donations totalling £3.3m.

The submitted plan for 2022/23 for gross capital expenditure is £52.9m. Within this the Trust's share of the ICS capital allocation (ICS CDEL) is £30.8m before adjusting for the impact of IFRS 16, 'Right of Use' assets. Four-fifths of the plan is profiled over the second half of the year.

The full-year plan includes £5.0m for the impact of the new IFRS 16 regulation on the capital programme, but there is no impact to date.

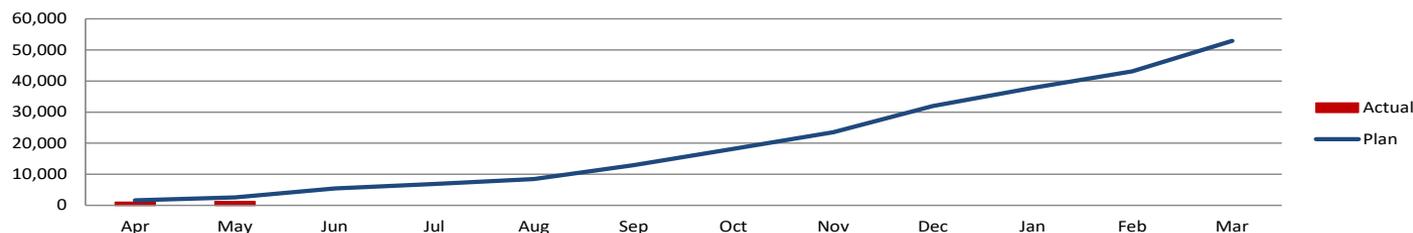
Total expenditure against ICS CDEL was £0.6m to May, £0.9m behind plan. The three main causes this are: CCU L1-4, where the bulk of abortive and prelim costs have been counted as revenue; CathLabs, where the plan includes a large level of unused contingency; Digital, where plans have been front-ended.

Gross Capital Expenditure, which includes grants & donations, PFI life-cycling, and 'Right-of-Use' assets, to May was £1.2m, behind plan by £1.4m.

PFI life-cycling is £0.6m behind plan with the expected completion of replacement radiology MES equipment not included in May's figures, pending clarification of status and accounting treatment.

The Capital Departmental Expenditure Limit (CDEL), which excludes grants and donations and adjusts for PFI life-cycling was £1.4m, behind plan by £0.9m, in line with ICS CDEL.

Cumulative Performance Against Plan (£000s)



	Plan / M1			M2			Notes	
	Gross value	Likelihood	Net value	Gross value	Likelihood	Net value		
Plan / year to date financial performance			1,258			(7,527)	M2 YTD deficit	
Risks adjusted for latest data (£000)								
Income	Income assumptions	(18,800)	15%	(2,820)	(15,667)	10%	(1,567)	10/12s of plan
	ERF clawback	(32,900)	50%	(16,450)	(32,900)	50%	(16,450)	Not adjusted as could be applied retrospectively
Controllable costs	Unfunded business cases	(18,100)	10%	(1,810)	(15,083)	10%	(1,508)	10/12s of plan
	Identified efficiency not achieved	(25,934)	25%	(6,483)	(21,611)	25%	(5,403)	10/12s of plan
	Unidentified efficiency not achieved	(2,466)	50%	(1,233)	(2,055)	50%	(1,028)	10/12s of plan
External costs	Excess inflation	(13,400)	25%	(3,350)	(11,167)	25%	(2,792)	10/12s of plan
	Covid Expenditure	(5,700)	75%	(4,275)	(4,750)	75%	(3,563)	10/12s of plan
	NICE decisions not funded by ICS	(3,000)	75%	(2,250)	(3,000)	75%	(2,250)	Not adjusted as back-loaded
Total Risks	(22,100)		(38,672)	(18,917)		(34,560)		
Opportunities adjusted for latest data (£000)								
Income	Other income inflation	2,142	50%	1,071	2,142	50%	1,071	Not adjusted as could be applied retrospectively
	NHSE & DHSC income opportunities (marg	10,500	25%	2,625	10,500	25%	2,625	Not adjusted as could be applied retrospectively
	Commercial settlements	0	n/a	0	1,250	100%	1,250	Upside on commercial issue settled in M3
Controllable costs	Recovery costs not incurred	4,500	75%	3,375	3,750	75%	2,813	10/12s of plan
	NHSE funding conditions	TBC	TBC	TBC	TBC	TBC	TBC	Work in progress
	Release contingency	6,380	100%	6,380	5,317	100%	5,317	10/12s of plan
Total Opportunities	23,522		13,451	22,959		13,075		
Net Risks and Opportunities	1,422		(25,221)	4,042		(21,484)		
Plan + net risks and opportunities			(23,963)			(29,011)		

Forecast plus net risk has and opportunity has worsened since the £1.28m plan was submitted principally because the year to date deficit has been reflected. Most risks have been adjusted downwards as they arise pro rata over time and 10/12s of the risk has crystallised as an issue or not arisen. One additional opportunity has improved the position as the Trust has settled a commercial issue £1.25m more favourably than planned in M3. Work is ongoing to mitigate the identified risks and to identify further opportunities to offset the year to date deficit.

Appendix 1 – Other Supporting Analysis: Month 2 2022/23

Statement of Financial Position (SOFP)

Statement of Financial Position £000s	MONTH 2 2022	MONTH 3 2022	MONTH 4 2022	MONTH 5 2022	MONTH 6 2022	MONTH 7 2022	MONTH 8 2022	MONTH 9 2022	MONTH 10 2022	MONTH 11 2022	MONTH 12 2022	MONTH 1 2023	MONTH 2 2023	YTD Movement
Non Current Assets:														
Property, Plant and Equipment	608,924	613,179	615,973	616,944	620,763	627,700	627,945	627,163	625,583	627,733	650,574	667,358	661,270	10,696
Intangible Assets	18,862	18,335	18,117	19,530	19,355	18,238	18,043	17,593	17,370	17,198	14,154	13,900	13,646	(508)
Investment Property	30,394	30,394	30,394	30,394	30,394	30,394	30,394	31,844	31,844	31,844	32,030	32,030	32,030	0
Other Investments	23,635	23,635	23,635	23,635	23,635	23,635	23,635	23,635	23,635	23,635	14,310	14,310	14,310	0
Trade and Other Receivables	8,375	8,098	8,140	8,166	8,165	8,262	8,303	8,675	8,753	8,409	7,147	7,069	7,039	(108)
Total Non Current Assets	690,190	693,641	696,259	698,669	702,312	708,229	708,320	708,910	707,185	708,819	718,215	734,667	728,295	10,080
Current Assets:														
Inventories	32,179	32,424	32,175	31,845	31,751	30,816	31,181	31,369	31,116	30,648	28,518	27,935	27,951	(567)
Trade and Other Receivables	71,885	87,016	100,609	79,788	80,519	79,065	78,041	85,079	85,861	72,470	58,884	62,770	70,198	11,314
Cash and Cash Equivalents	64,497	40,991	37,821	49,255	34,302	40,174	48,597	42,586	44,046	70,649	57,323	60,600	50,244	(7,079)
Sub Total Current Assets	168,561	160,431	170,605	160,888	146,572	150,055	157,819	159,034	161,023	173,767	144,725	151,305	148,393	3,668
Total Current Assets	168,561	160,431	170,605	160,888	146,572	150,055	157,819	159,034	161,023	173,767	144,725	151,305	148,393	3,668
Total ASSETS	858,751	854,072	866,864	859,557	848,884	858,284	866,139	867,944	868,208	882,586	862,940	885,972	876,688	13,748
Current Liabilities:														
Trade and Other Payables	(172,080)	(165,178)	(178,396)	(168,658)	(158,128)	(171,884)	(175,515)	(177,066)	(177,703)	(181,741)	(159,126)	(170,915)	(168,941)	(9,815)
Provisions	(6,640)	(6,640)	(6,588)	(6,588)	(6,588)	(6,175)	(5,122)	(5,065)	(4,617)	(4,065)	(7,958)	(7,034)	(7,034)	924
Borrowings	(11,349)	(11,485)	(11,940)	(11,864)	(12,028)	(12,177)	(12,328)	(12,478)	(12,629)	(12,711)	(12,939)	(16,429)	(15,898)	(2,959)
Commercial Loans	(439)	(400)	(424)	(448)	(408)	(431)	(455)	(416)	(439)	(461)	(426)	(448)	(471)	(45)
DH Capital Loan	(11)	(13)	(21)	(280)	(289)	(299)	(648)	(664)	(679)	(695)	(730)	(746)	(669)	61
Total Current Liabilities	(190,519)	(183,716)	(197,369)	(187,838)	(177,441)	(190,966)	(194,068)	(195,689)	(196,067)	(199,673)	(181,179)	(195,572)	(193,013)	(11,834)
Net Current Assets/(Liabilities)	(21,958)	(23,285)	(26,764)	(26,950)	(30,869)	(40,911)	(36,249)	(36,655)	(35,044)	(25,906)	(36,454)	(44,267)	(44,620)	(8,166)
Total Assets Less Current Liabilities	668,232	670,356	669,495	671,719	671,443	667,318	672,071	672,255	672,141	682,913	681,761	690,400	683,675	1,914
Non Current Liabilities:														
Trade and Other Payables	(4,058)	(4,051)	(4,043)	(4,036)	(4,029)	(4,022)	(4,015)	(4,008)	(4,001)	(4,101)	(4,628)	(4,621)	(4,613)	15
Provisions	(9,002)	(9,002)	(9,002)	(9,002)	(9,002)	(9,002)	(9,002)	(9,007)	(9,007)	(9,007)	(8,459)	(8,459)	(8,459)	0
Borrowings	(224,990)	(223,919)	(222,807)	(221,735)	(220,661)	(219,589)	(218,517)	(217,446)	(216,372)	(215,300)	(214,842)	(225,995)	(221,990)	(7,148)
Commercial Loans	(6,522)	(6,419)	(6,419)	(6,419)	(6,316)	(6,316)	(6,316)	(6,208)	(6,208)	(6,208)	(6,095)	(6,095)	(6,095)	0
DH Capital Loan	(5,700)	(8,300)	(8,300)	(11,555)	(11,555)	(11,555)	(14,759)	(14,759)	(14,759)	(15,259)	(15,239)	(15,239)	(14,908)	331
Total Non Current Liabilities	(250,272)	(251,691)	(250,571)	(252,747)	(251,563)	(250,484)	(252,609)	(251,428)	(250,347)	(249,875)	(249,263)	(260,409)	(256,065)	(6,802)
Assets Less Liabilities (Total Assets Employed)	417,960	418,665	418,924	418,972	419,880	416,834	419,462	420,827	421,794	433,038	432,498	429,991	427,610	(4,888)
Taxpayers Equity:														
Public Dividend Capital	289,738	289,738	289,738	289,738	289,738	289,738	290,336	290,336	290,336	301,137	303,749	303,749	303,749	0
Retained Earnings reserve	(13,704)	(12,339)	(11,419)	(10,710)	(9,142)	(11,527)	(8,837)	(6,811)	(5,183)	(4,079)	(23,432)	(25,185)	(26,706)	(3,274)
Revaluation Reserve	140,267	139,607	138,946	138,285	137,625	136,964	136,303	135,643	134,982	134,321	159,684	158,930	158,070	(1,614)
Other Reserves	1,743	1,743	1,743	1,743	1,743	1,743	1,743	1,743	1,743	1,743	1,743	1,743	1,743	0
FV Assets Reserve	(84)	(84)	(84)	(84)	(84)	(84)	(84)	(84)	(84)	(84)	(9,246)	(9,246)	(9,246)	0
Total Taxpayers Equity	417,960	418,665	418,924	418,972	419,880	416,834	419,461	420,827	421,794	433,038	432,498	429,991	427,610	(4,888)

Non-current assets increased by £38m compared to May 2021/22– due to new capital, the impact of the annual revaluation and the transition of operating leases to assets in April 2022/23 being more than the annual depreciation. Other investments fell due to the year-end refresh of the carrying value of shares. Current assets fell by £20m since last May with reductions in inventories, receivables and cash.

Current liabilities increased by £2m, with borrowings and loans having the largest increases – including the impact of the transition to IFRS 16 in April. Non-current liabilities increased £6m, with a reduction in PFI creditors being offset by an increase on DHSC loans of £9.5m, and the impact of the transition to IFRS 16 in April.

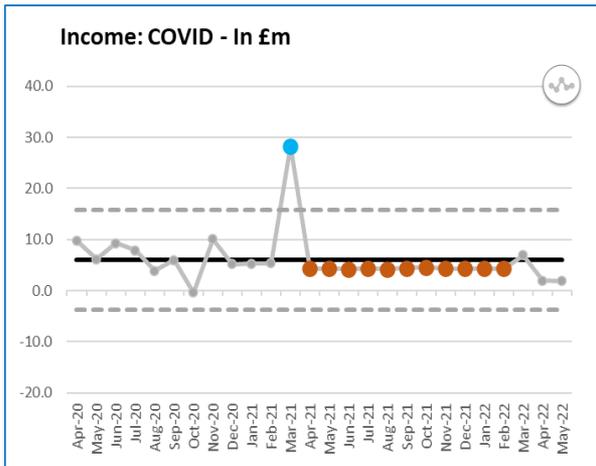
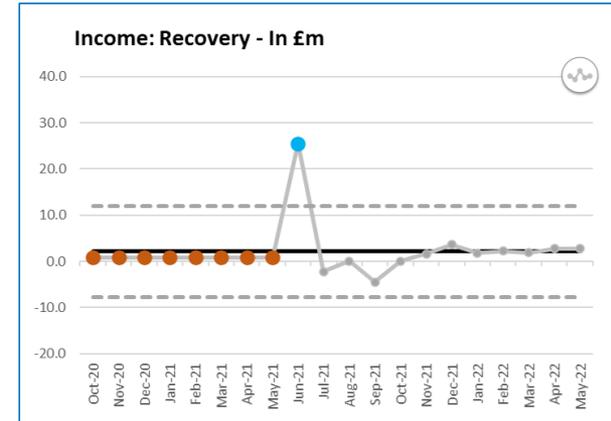
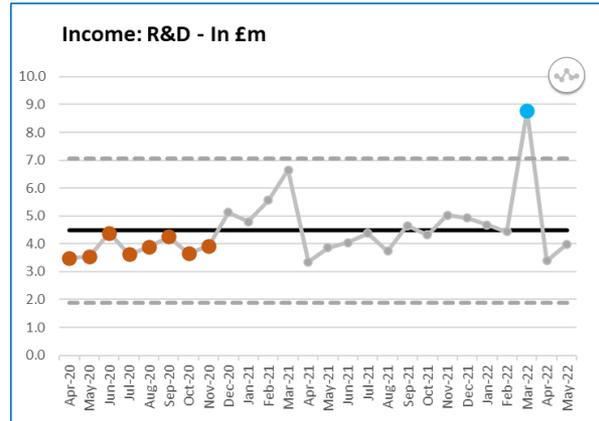
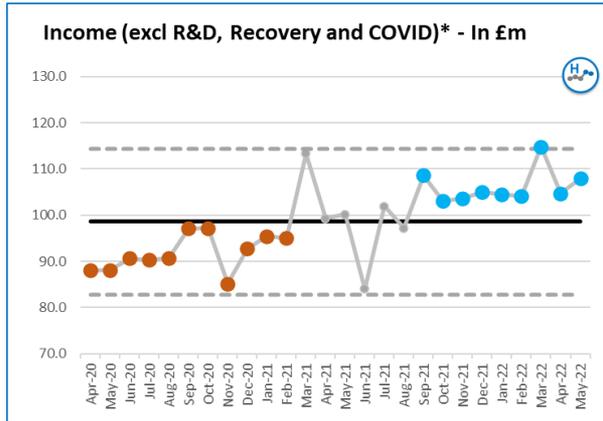
PDC capital increased by £14m due to new capital funding from NHSE/I last financial year. The retained earnings reduction includes the prior year deficit, revaluation impairments and other items which do not contribute to the I&E control total. The revaluation reserve reflects the upward valuation of most of our property based in the annual review by our valuers.

	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6	MONTH 7	MONTH 8	MONTH 9	MONTH 10	MONTH 11	MONTH 12	MONTH 1	MONTH 2
£000s	2022	2022	2022	2022	2022	2022	2022	2022	2022	2022	2022	2023	2023
Cash flows from operating activities													
Cash Flows from Operating Activities													
Operating Surplus/(Deficit)	2,509	3,300	2,833	2,645	3,500	(453)	7,222	(82)	8,055	2,435	(18,054)	(2,379)	585
Depreciation and Amortisation	2,957	3,006	3,007	3,003	3,000	3,001	6,000	0	6,001	2,381	(1,211)	3,314	3,279
Impairments and Reversals	0	0	0	0	0	0	0	0	0	205	16,314	0	0
Donated Assets received credited to revenue but non-cash	(10)	(60)	(19)	0	(7)	(79)	(23)	3	(118)	(511)	175	(26)	(133)
Interest Paid	(1,904)	(1,964)	(1,895)	(1,893)	(1,964)	(1,893)	(3,882)	(33)	(3,824)	(1,892)	(61)	(2,114)	(2,262)
Dividend Paid	0	0	0	0	(4,019)	0	(667)	667	(667)	0	(3,331)	0	0
(Increase)/Decrease in Inventories	(3)	(245)	249	330	94	935	(365)	(188)	253	468	2,130	583	(16)
(Increase)/Decrease in Trade and Other Receivables	(6,502)	(14,851)	(13,634)	20,794	(2,577)	1,357	984	(7,411)	(860)	12,026	14,058	(3,810)	(7,395)
Increase/(Decrease) in Trade and Other Payables	4,417	(8,696)	13,865	(9,360)	(6,319)	9,560	4,978	1,852	886	1,871	(22,481)	13,935	(1,526)
Provisions Utilised	0	0	(52)	0	0	0	(52)	(1,506)	(448)	(553)	(322)	0	0
Increase/(Decrease) in Movement in non Cash Provisions	0	0	0	0	0	(413)	(1,000)	1,454	0	0	3,695	(924)	0
Net Cash Inflow/(Outflow) from Operating Activities	1,464	(19,509)	4,354	15,519	(8,292)	12,015	13,195	(5,246)	9,279	16,430	(9,087)	8,579	(7,468)
CASH FLOWS FROM INVESTING ACTIVITIES													
Interest Received	0	0	0	0	0	0	0	(0)	9	15	18	44	44
(Payments) for Property, Plant and Equipment	(5,077)	(5,967)	(6,824)	(6,190)	(5,634)	(4,464)	(8,046)	(470)	(5,591)	(690)	(8,554)	(4,003)	(1,347)
(Payments) for Intangible Assets	5	410	(62)	(228)	(21)	(757)	(1)	1	(53)	2,746	0	0	0
Proceeds of disposal of assets held for sale (PPE)	0	0	20	(20)	0	0	0	723	(1,312)	589	11	0	49
Net Cash Inflow/(Outflow) from Investing Activities	(5,072)	(5,557)	(6,866)	(6,438)	(5,655)	(5,221)	(8,047)	254	(6,895)	(138)	(5,780)	(3,959)	(1,254)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(3,608)	(25,066)	(2,512)	9,081	(13,947)	6,794	5,148	(4,992)	2,384	16,292	(14,867)	4,620	(8,722)
CASH FLOWS FROM FINANCING ACTIVITIES													
Public Dividend Capital Received	0	0	0	0	0	0	598	0	0	10,801	2,612	0	0
Loans received from DH - New Capital Investment Loans	0	2,600	0	3,500	0	0	3,600	0	0	500	0	0	0
Loans repaid to DH - Capital Investment Loans Repayment of Pr	0	0	0	0	0	0	0	0	0	0	0	0	(331)
Other Loans Repaid	0	(94)	0	0	(95)	0	0	(100)	0	0	(103)	0	0
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	(927)	(934)	(658)	(1,148)	(911)	(922)	(922)	(921)	(923)	(989)	(968)	(1,343)	(1,302)
Net Cash Inflow/(Outflow) from Financing Activities	(927)	1,572	(658)	2,352	(1,006)	(922)	3,276	(1,021)	(923)	10,312	1,541	(1,343)	(1,633)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	(4,535)	(23,494)	(3,170)	11,433	(14,953)	5,872	8,424	(6,012)	1,460	26,603	(13,326)	3,277	(10,356)
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	69,020	64,486	40,991	37,821	49,255	34,302	40,174	48,598	42,586	44,046	70,649	57,323	60,600
Cash and Cash Equivalents (and Bank Overdraft) at YTD	64,486	40,991	37,821	49,255	34,302	40,174	48,598	42,586	44,046	70,649	57,323	60,600	50,244

The cash balance decreased by £10.4m in-month. The Trust reported £1.8m operating cash deficit ,i.e. excluding depreciation and revaluations which are non-cash items and interest payments. Our working capital improved by £1.7m (i.e. debtor, creditors and inventories). We paid £5.4m for capital (including brought-forward outstanding amounts), £4.3m to service the PFI interest and a £2.6m reduction on our PFI debt. The net impact of these items accounted for the decrease in the cash balance.

Source: Finance Ledger.

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



SPC Trend Analysis

Income, excluding R&D, Recovery and COVID has been significantly high since September 2021 (Month 6) due to the visible cost model for devices.

R&D income remained in control during the financial year 21/22 with no unexpected performance. R&D income in March 2021 (Month 12) benefitted from a release of deferred income (which helped to fund the University Grant). March 2022 (month 12) is showing as a 'special cause variation' indicating a significant improvement, which is due to release of income that could not be deferred into the following financial year.

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

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

Is Performance Stable?



Yes



Getting Worse



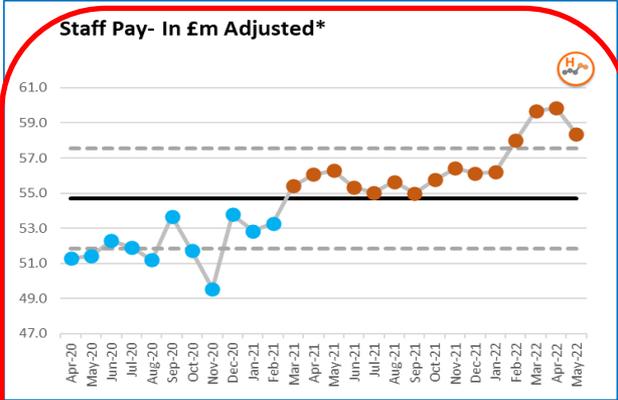
Getting Better



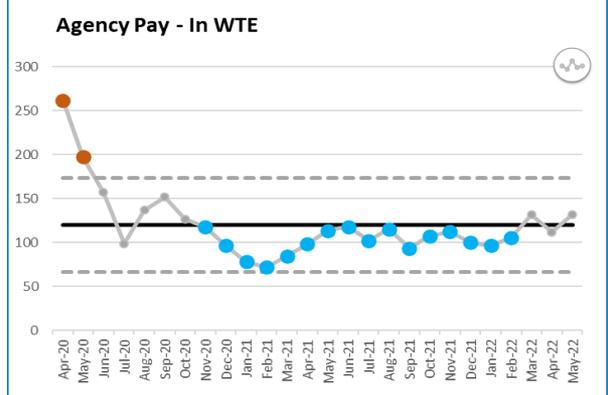
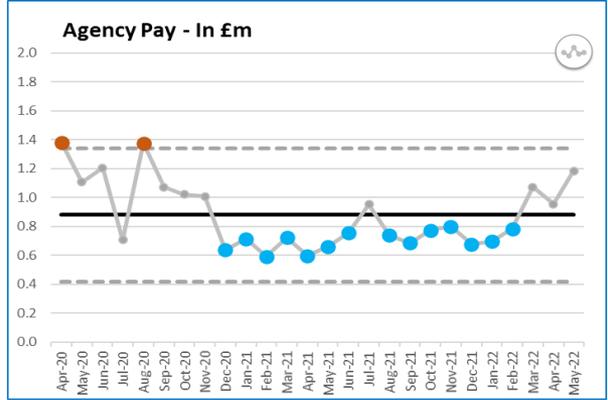
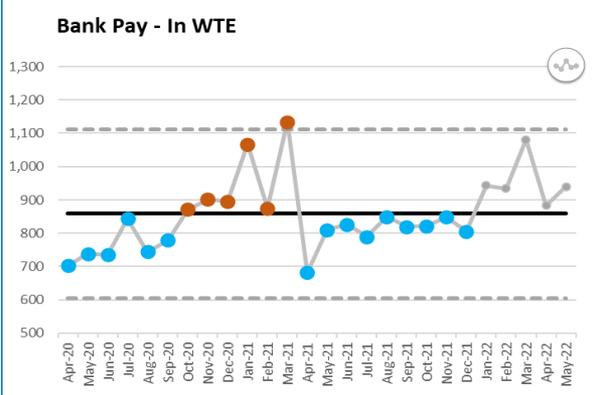
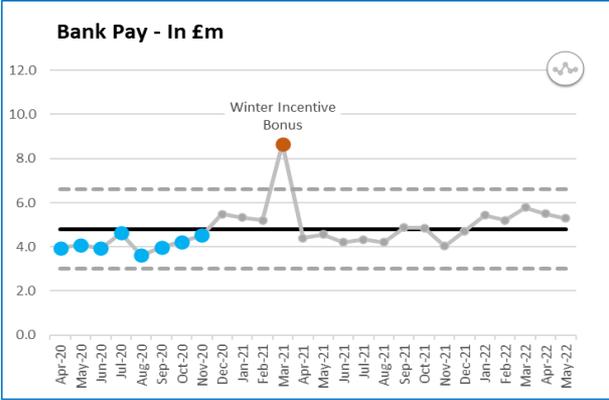
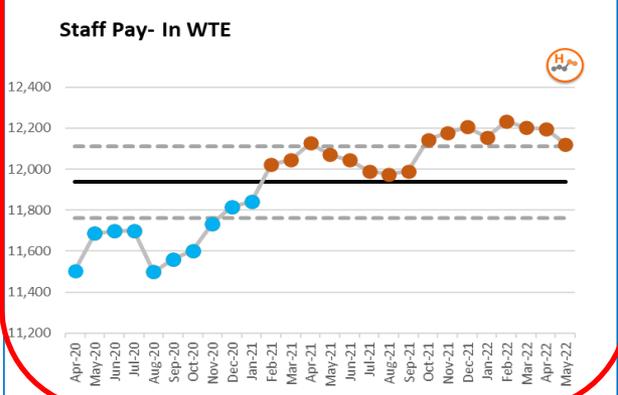
Getting Better

Pay: Run Rate by Staff Type

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

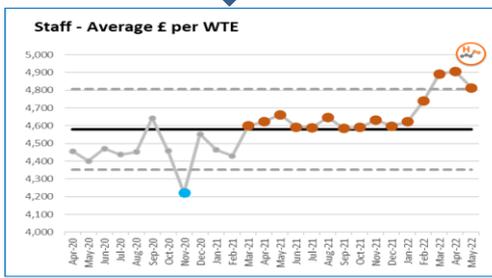


* Staff Pay was adjusted to remove the year-end pensions and A/L accruals and the release of such accruals through out the year.

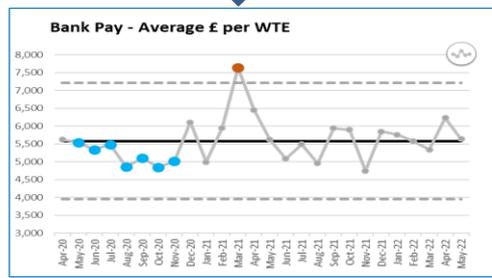


Is Performance Stable?

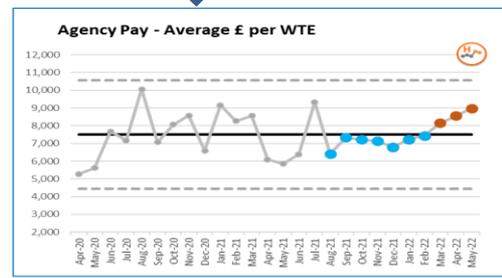
- Getting Better (Green icon)
- Getting Worse (Red icon)
- Yes (Blue icon)



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



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



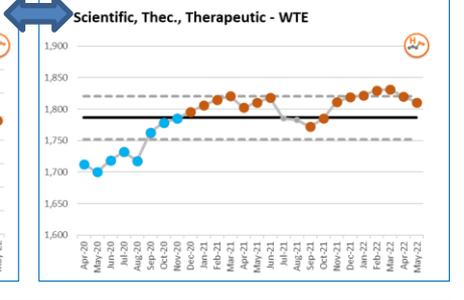
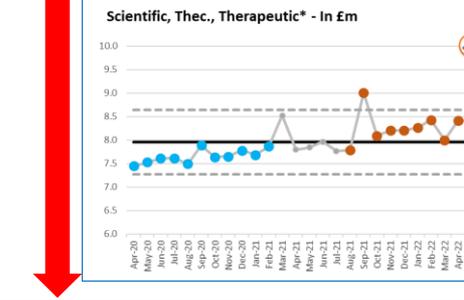
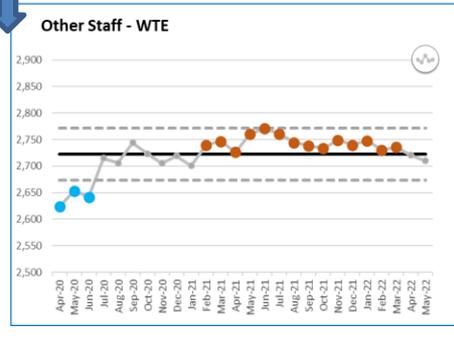
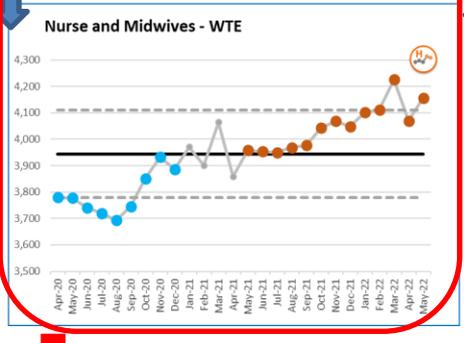
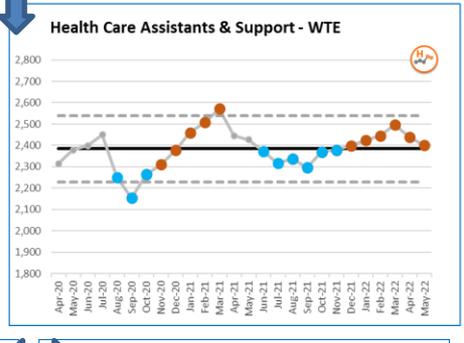
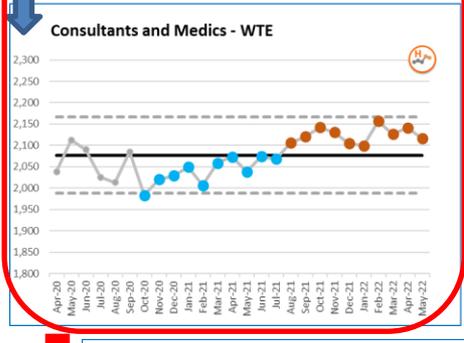
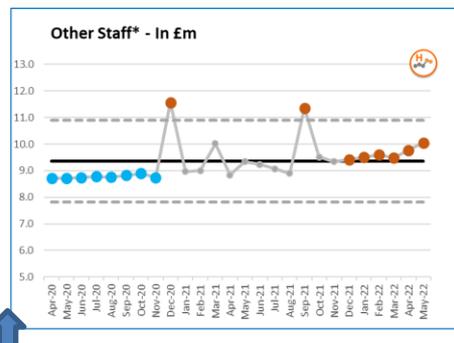
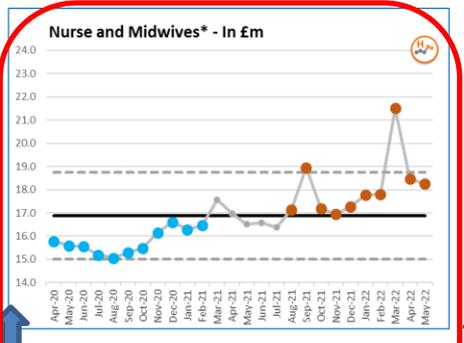
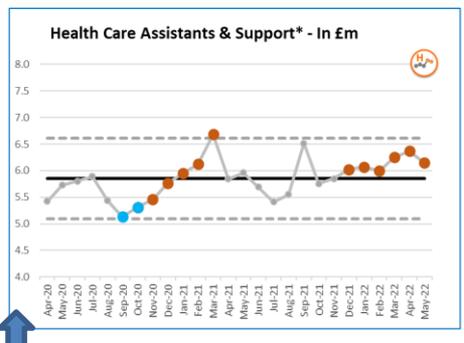
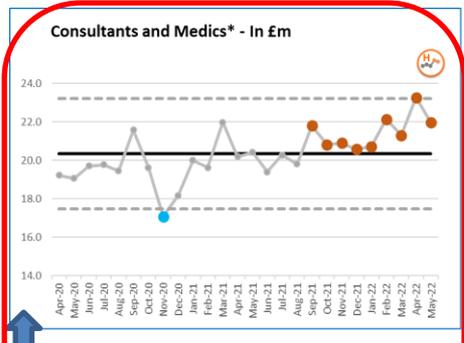
Overall, the decrease in agency WTEs in the last financial year, corresponds to the increase in substantive WTE and vacancy rate. However, Agency Spend and WTE in the current financial year are showing early signs of deterioration (linked to staffing pressures and increase in sickness rate).

Pay: Run Rate by Staff Group

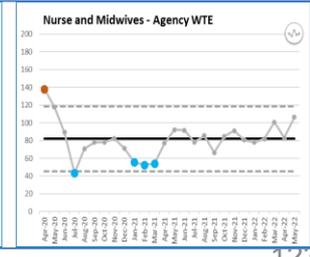
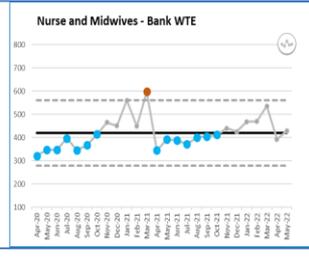
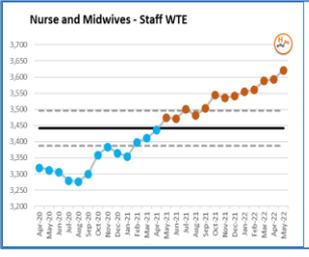
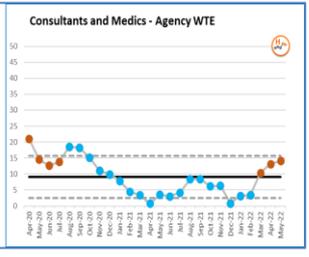
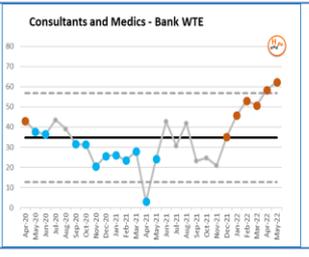
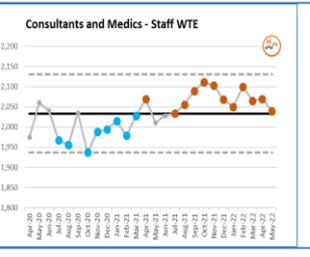
Is Performance Stable?

Yes 📊 Getting Worse 📉 Getting Better 📈

Source: Finance Ledger, excluding R&D costs, including COVID and recovery costs
Pay in this slide was adjusted to remove the year-end pensions and A/L accruals and the release of such accruals through out the year

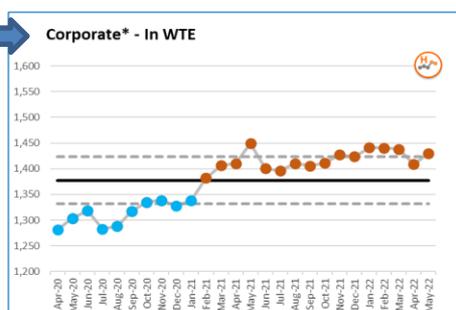
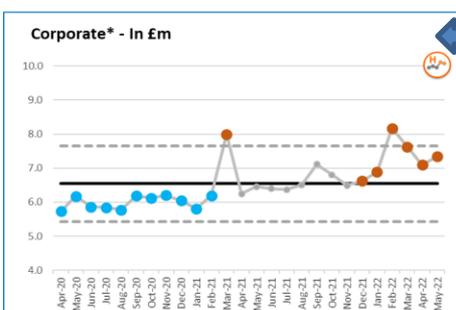
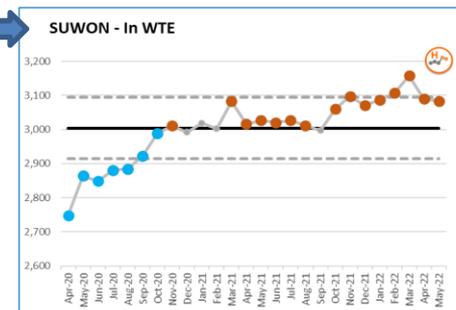
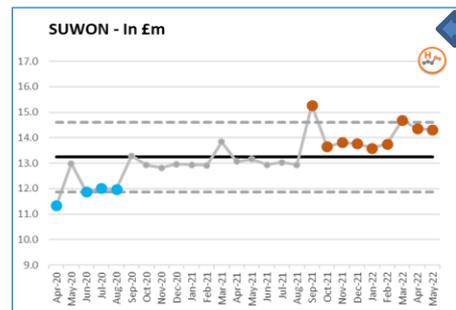
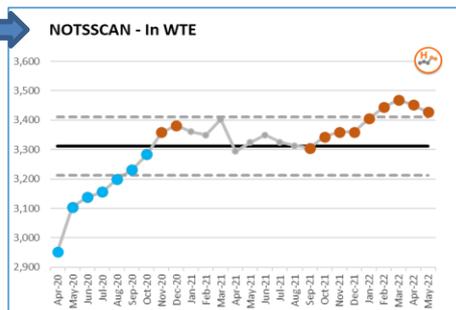
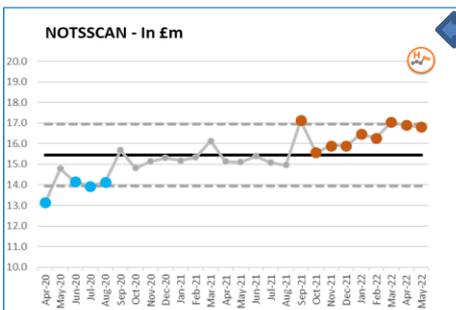
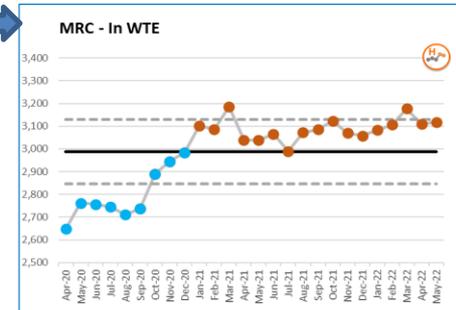
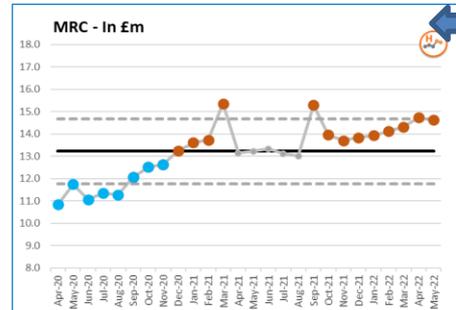
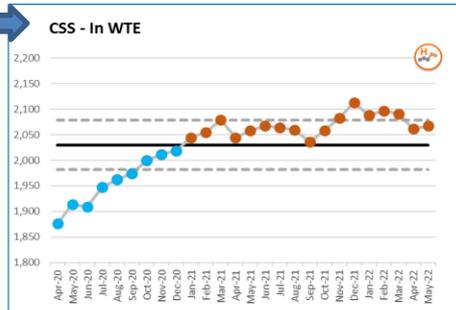
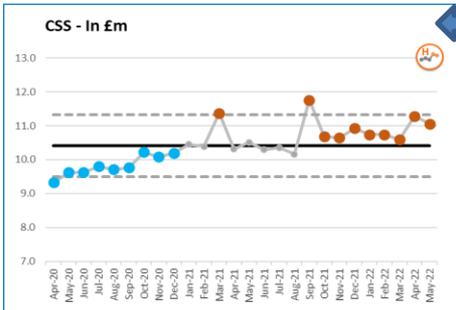


Pay and WTE trends are increasing on substantive staff groups, particularly on nurses and midwives and consultants and medical, and temporary staffing on consultants and medical.



Pay: Run Rate by Divisions

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



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

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

*Corporate includes Education, Estates and DOSI.

Is Performance Stable?

Yes	Getting Worse	Getting Better

	22/23 plan					Risk / Opportunity adjustment	Net impact on Plan
	Q1	Q2	Q3	Q4	22/23 Total		
<u>Data and innovation</u>							
Revenue			0.25	0.25	0.50		0.50
Pay	-0.02	-0.02	-0.02	-0.02	-0.10		-0.10
Non pay	-0.03	-0.03	-0.03	-0.03	-0.10		-0.10
Net profit	-0.05	-0.05	0.20	0.20	0.30	0.00	0.30
<u>Investment Management</u>							
Investment property rent	0.44	0.44	0.44	0.44	1.76		1.76
Equity revaluations (control total)				0.40	0.40		0.40
Pay	-0.01	-0.01	-0.01	-0.01	-0.05		-0.05
Non pay	-0.01	-0.01	-0.01	-0.01	-0.05		-0.05
PDC dividend (estimated)				-1.50	-1.50		-1.50
Net profit	0.42	0.42	0.42	-0.68	0.57	0.00	0.57
<u>Private patients</u>							
PP margin estimate	0.29	0.29	0.51	0.66	1.76	-0.25	1.51
OUC loan interest	-0.08	-0.08	-0.08	-0.08	-0.30		-0.30
Net profit	0.22	0.22	0.44	0.59	1.46	-0.25	1.21
<u>Overseas visitors</u>							
Revenue	0.03	0.03	0.03	0.03	0.13	0.25	0.38
Pay	-0.03	-0.03	-0.03	-0.03	-0.10		-0.10
Non pay	-0.01	-0.01	-0.01	-0.01	-0.03		-0.03
Net profit	0.00	0.00	0.00	0.00	0.00	0.25	0.25
<u>Commercial corporate</u>							
Pay	-0.12	-0.12	-0.12	-0.12	-0.47		-0.47
Non pay	-0.03	-0.03	-0.03	-0.03	-0.10		-0.10
Net profit	-0.14	-0.14	-0.14	-0.14	-0.57	0.00	-0.57
NET RECURRENT POSITION (CONTROL TOTAL)	0.44	0.44	0.91	-0.04	1.76	0.00	1.76
<u>Non-recurrent</u>							
PP and overseas debt recovery			0.13	0.13	0.25	-0.25	0.00
Investment property valuation				0.30	0.30		0.30
Non pay	-0.08	-0.08	-0.08	-0.08	-0.30		-0.30
Net profit (non-recurrent)	-0.08	-0.08	0.05	0.35	0.25	-0.25	0.00
NET I&E POSITION (CONTROL TOTAL)	0.37	0.37	0.96	0.31	2.01	-0.25	1.76

- **I&E control total:** headline control total profit is comparable to prior year (21/22 actuals £1.9m, 22/23 plan £2m), but a 76% increase in recurrent profit is targeted in 22/23 (21/22 £1m, 22/23 £1.76m)
- **Key risks** associated with private patient pricing and debt recovery negotiations with insurers.

Appendix 2 - Productivity Dashboard SPC chart: Month 2

Is Performance Stable?		
		
Yes	Getting Worse	Getting Better

Indicator	Currency	Target*	£/unit	Actual Vs Target - Indicative financial Impact (£)			
				FY21/22	FY22/23		
				Mar-22	Apr-22	May-22	Financial YTD Total
Elective ALOS	Days	4	1 day = £0.5m/month	0	(£0.1m)	(£0.05m)	(£0.15m)
Non-elective ALOS	Days	3.9	1 day = £2.4m/month	(£1.2m)	(£1.2m)	(£0.9m)	(£2.1m)
Theatre sessions	Sessions	1,388	£12.1k income / session	£0.6m	(£1.4m)	(£0.2m)	(£1.6m)
Face to Face Appointments	Appointments	81,821	1 Appointment = £93	(£0.2m)	£0.9m	(£0.2m)	£0.7m
Temporary staffing	% of staff	7.1%	1% = £0.8m/month	(£1.3m)	(£0.2m)	(£0.6m)	(£0.8m)
Staff sickness rate	% of staff	3.1%	1% = £0.8m/month	(£1m)	(£1m)	(£1m)	(£2m)
Total adverse impact				(£3.1m)	(£3m)	(3m)	(£6m)

* Target is the assumption used in the plan for the year where possible or if this was not agreed, the FY21/22 average. Further consideration is required to establish a productivity target for FY22/23.

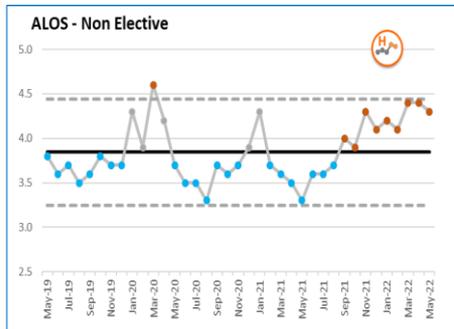
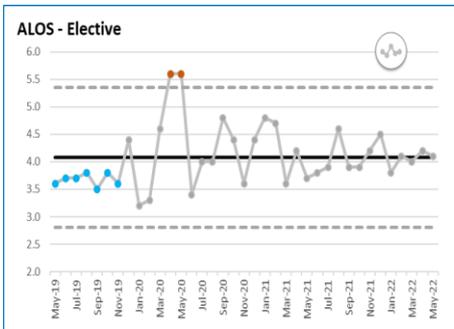
Indicators with estimated financial impacts:

- **NEL ALOS:** direct costs of a bed day are £350/patient/day. With 6,859 average monthly NEL admissions in 21/22 we estimate that each 1 day increase in NEL ALOS costs £2.4m/month or £28.9m/year. Marginal improvements in ALOS significantly improve the use of resources.
- **Staff sickness rate:** each 1% of absence is equivalent to 135 WTE and a cost of £0.8m/month or £9.6m/year, of which £0.2m/month is the premium the trust pays for temporary staffing.
- **Temporary staffing %:** every 1% increase in % of temporary staffing will cost OUH on average £0.8m/month. The average premium associated with temporary staffing is 28% . Please note that temporary staff premium varies by staff type, for example the average premium associated with nurses is 51%. The premium for temporary staff in May-22 was £1.4m/month or £17m/year.
- **Pre-procedure bed days:** direct costs of a bed day are £350/patient/day. With a 1,542 average monthly EL admissions and 1.4 days average pre procedure days in 21/22, this is equivalent to £0.8m/month. For NEL, an average of 6,859 monthly admissions and 1.7 pre procedure days equates to £4m/month or £48.9m per year.
- **Theatres session:** each theatre session has an average income of £12.1k. Therefore reduction in the number of sessions per month results in a reduction in income if the Trust was operating on Payment by Results (PbR).

Indicators without estimated financial impacts:

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

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

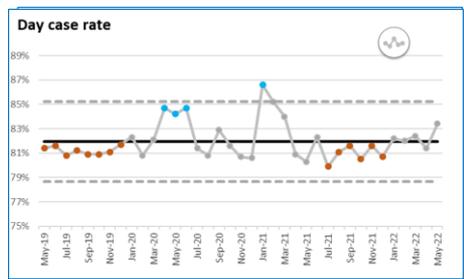
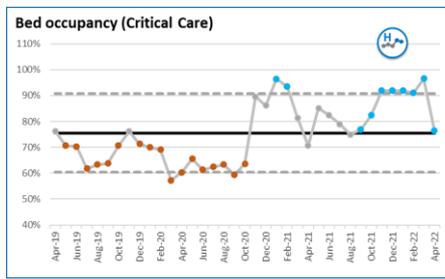
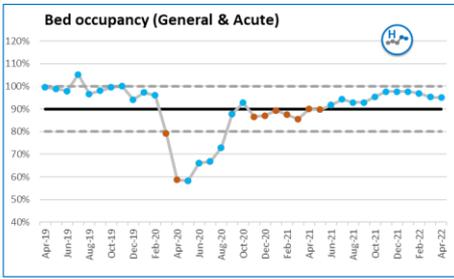
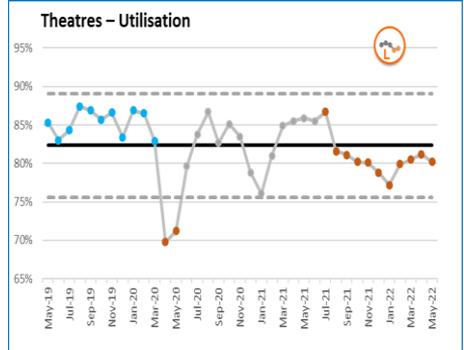
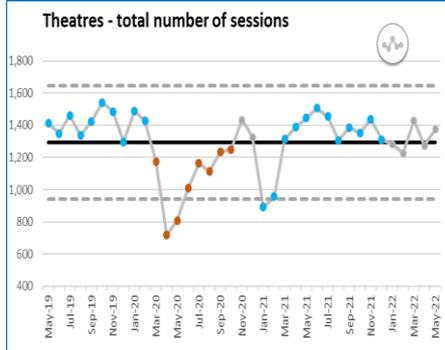


Overall Average Length of Stay ('ALOS'):

- ALOS includes Same Day Emergency Care ('SDEC') spells.
- **Elective** activity has remained in control.
- **Non Elective** ALOS is showing signs of deterioration since Sep-21 with ALOS peaking at 4.4 days in April-22, decreasing slightly in May-22 to 4.3 days. This is 0.4 additional day vs. 21/22 average (3.9 days) with an indicative adverse financial impact of **£0.9m**/month and £11.5m/year largely through additional premium cost temporary staffing to open additional capacity or cancelled elective activity.

Total Number of Theatre Sessions was 1,375 in May 22 and 13 sessions below the 21/22 average of 1,388 sessions per month. At an average income of £12.1k per session this equates to **£0.2m** of unachieved income in month (on a PbR basis).

Theatres Utilisation is showing a consistent deterioration since Q2 2021/22, with a slight decrease in May-22 to 80.2% which is below the 21/22 average of 82%.



Number of Staffed Beds and **Bed Occupancy** (in both critical care and general & acute) are showing a significant improvement in performance from Q3 2020/21 onwards. General & acute and critical care remain at a high occupancy rate, which is likely to link to the temporary staffing spend. However, occupancy in Critical Care in Apr-22 was 76% and is significantly lower than the high rates seen in prior months.

Day Case Rate is currently in control at a similar level to the day case rate in 19/20, with a further improvement in recent months.

Is Performance Stable?

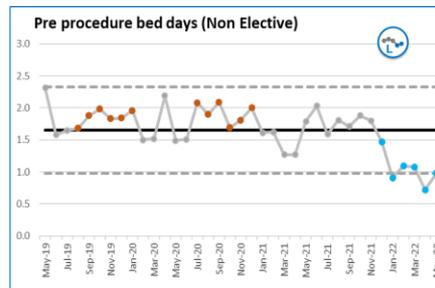
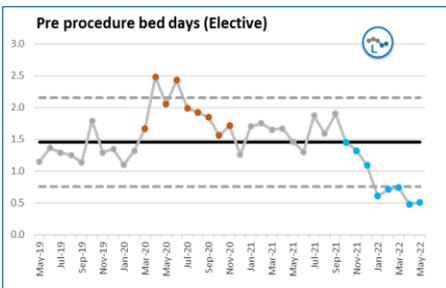
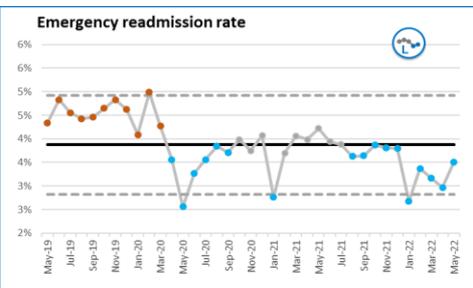
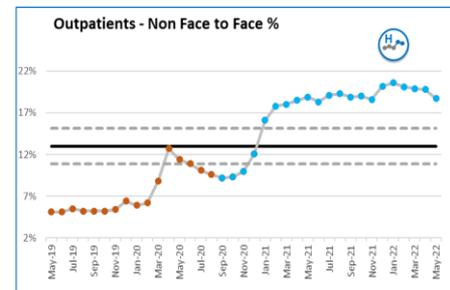
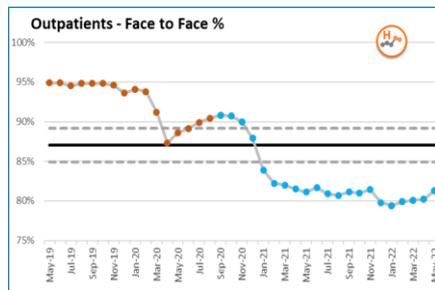
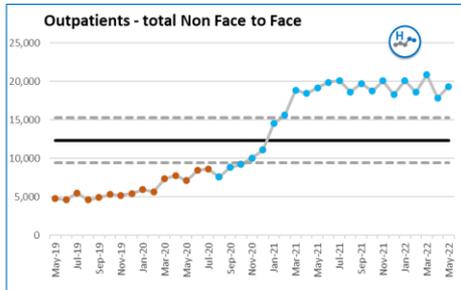
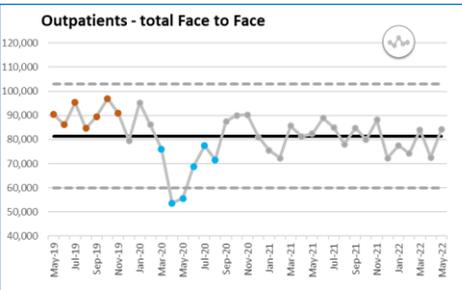
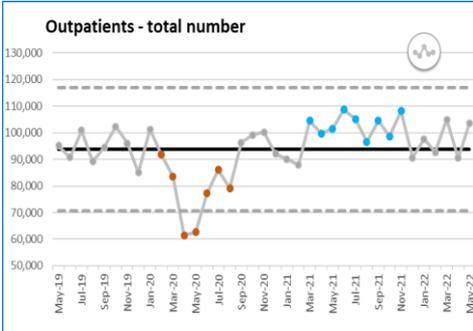
Yes Getting Worse Getting Better

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

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

Due to the impact of COVID-19 there has been a shift between the **Face to Face** and the **Non Face to Face** appointments. Non Face to Face appointments currently make up approx.. 20% of all Outpatients activity compared to only 5% before Mar-20. On average a Face to Face appointment cost £93 more than a non Face to Face appointment. In May-22 OUH had a total of 84,154 Face to Face appointments, therefore an indicative difference in cost of £7.8m, compared to the indicative cost of non Face to Face appointments.

Also, the number of Face to Face appointments in May-22 was 2,333 above the 21/22 average, therefore results in an indicative financial impact of **£0.2m**.



Is Performance Stable?

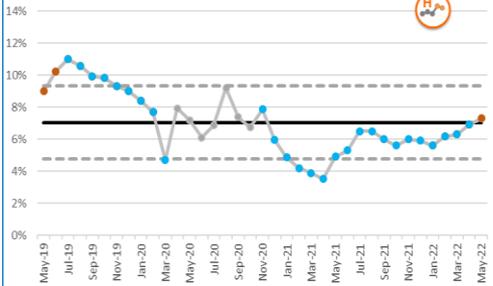
Yes	Getting Worse	Getting Better

Emergency Readmission Rate has remained stable in the current year and is below the 3 year average with significant improvements in recent months. May-22 performance of 3.5% shows a slight increase in comparison to prior months (but below the three years average of 4%).

Pre Procedures Bed Days Since the winter (Dec-21) there has been a reduction in both Elective and Non Elective pre procedure bed days after a prolonged period within the control limits. Based on direct costs, an average reduction of 1.0 EL pre-procedure bed day is equivalent to costs of approximately £0.5m/month and for NEL admissions is a is equivalent to costs of approximately £2.4m/month. In May-22, for EL admissions, pre procedures day average stood at 0.5 days, which is 0.9 days below the 21/22 average of 1.4 days, therefore the indicative favourable financial impact is £0.4m.

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

Staff vacancy rate - all staff groups

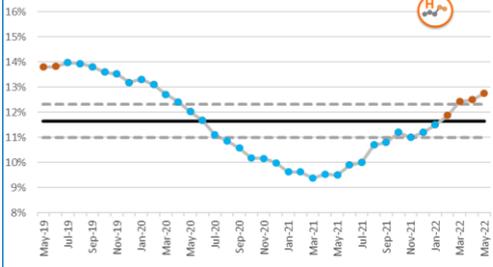


Staff Vacancy Rate

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

The May-22 vacancy rate increased to 7.3%, following the trend seen since Feb-22. The May-22 rate has also landed above the three years average of 7%.

Staff turnover (12 months rolling rate)



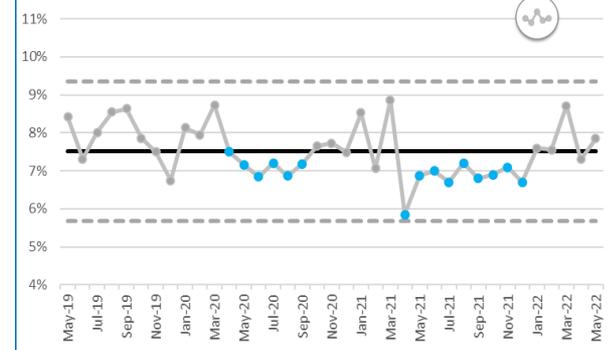
Staff Turnover – 12 months rolling rate

Turnover rate has seen a significant improvement between April-19 and Mar-21; however we are seeing a continuous increase since then with turnover rate in May-22 peaking at 12.8% and reaching over the upper control limit of 12.3% (this is the highest it's been since April-20).

Is Performance Stable?

- Getting Better
- Getting Worse
- Yes

Temporary staffing %



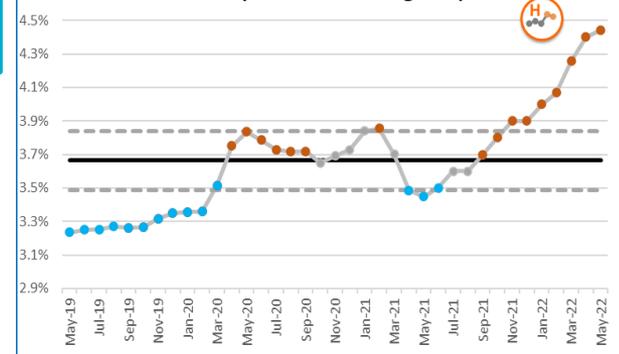
Temporary Staffing during winter 2021 temporary staff rate was higher compared to the prior months (driven by bank use) and peaking in Mar-22 at 8.7%. May-22 temporary staff rate was 7.8% which is above the 21/22 average of 7.1% therefore had an adverse indicative financial impact of **£0.6m**.

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

Staff Sickness Rate – 12 months rolling rate (where 1% is assumed at approximately 135 WTE lost) has continuously risen since Jun-21, driven by short term sickness absence. COVID-19 sickness and isolation will be a significant contributory factor. May-22 12 months rolling sickness rate was 4.4%, however the 'in month' sickness rate was slightly lower there're suggesting that the increase we have been seeing, has now peaked.

The indicative financial impact of the increase in sickness rate from the Trusts target of 3.1% to 4.4% in May-22 is **£1m** per month, of which £0.2m is the premium paid for temporary staffing. The actual cost may be higher if clinical staff are fully backfilled by temporary staffing.

Staff sickness rate (12 months rolling rate)



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

Hospital Acquired Pressure Ulceration (HAPU):

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

HAPU Hospital Acquired - Category 2

- HAPU incidents reported since Dec-20 have been significantly high (peaking in Nov-21 with 122 incidents) stabilising in recent months with cases just above the three-year average of 125 incidents.
- In April 2022 total incidents totalled to 84.

HAPU Hospital Acquired - Category 3 - 4

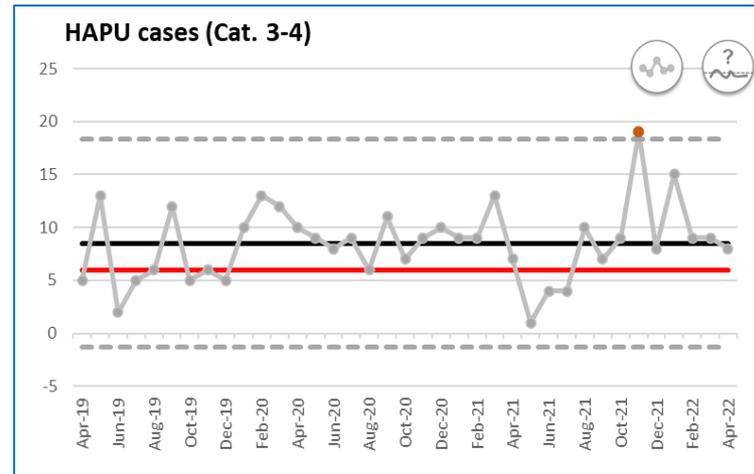
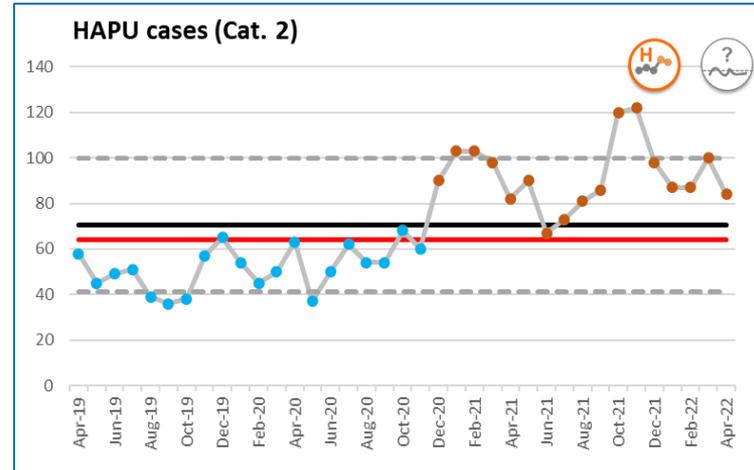
- HAPU incidents remained within control limits with the exception of Nov-21 where total of incidents reached 19 in month. However, recent months performance is showing a reduction in the number of incidents, stabilising at the three years average (8 incidents).

Indicative Financial Impact

- In Apr-22, there were a total of 92 HAPU incidents (across cat 2-4). Based on the NHSEI productivity calculator this equates to an estimated cost of **£0.6m** in month (or £7.2/year) to the health economy, which relates to the costs of diagnostic tests, additional monitoring, more expensive pressure relieving equipment and extended inpatient length of stay and ongoing care.

Target

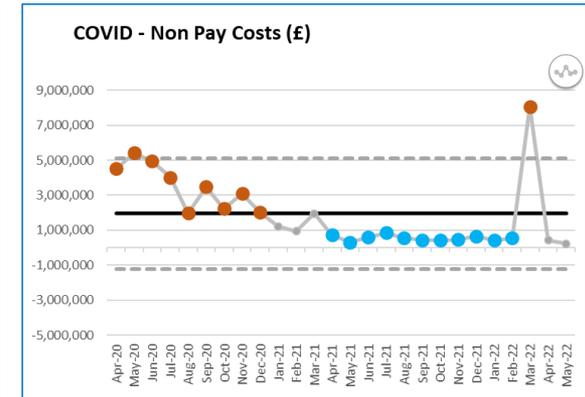
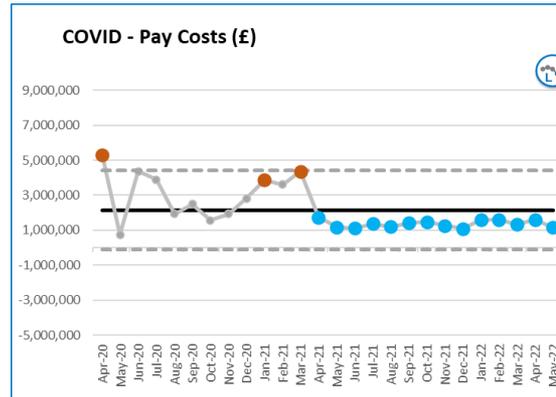
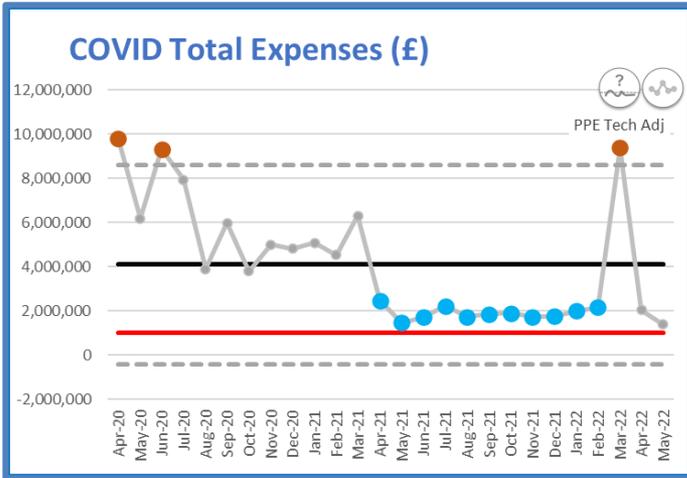
The target line in these charts reflect the Trust's priority for FY23 of a 30% reduction in cat 2 and 30% reduction in cat 3-4. The baseline for the reduction was set as the FY22 outturn.



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

Appendix 3 - Further Supporting Analysis: Month 2 2022/23

Data Source: Finance Ledger
Target (FY23 plan)



Is Performance Stable?

Yes Getting Worse Getting Better

