



Oxford University Hospitals
NHS Foundation Trust

Integrated Performance Report
Month 4 (July data)

September 2022



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Executive Summary (2)

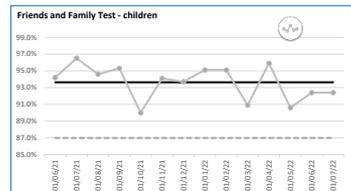
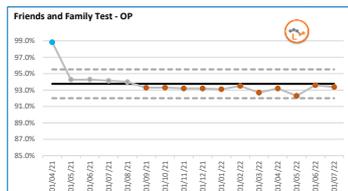
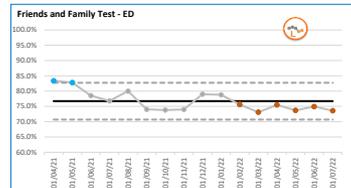
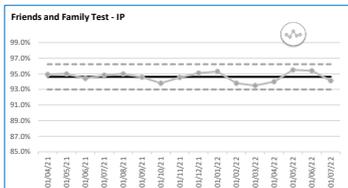
Integrated themes and issues from M4 (July 2022)

Quality and Safety

Family and Friends Test

The top 7 raised FFT themes in July included **11,273** comments. The top 7 themes, by volume, related to *Staff attitude 3,850*, *Implementation of care 2,638*, *Clinical Treatment 1,099*, *Waiting time 975*, *Patient mood/feeling 969*, *Administration 941* and *Communication 801*, and the majority of responses within these categories were positive. The charts below include the % of responses likely to recommend from the adult FFT. Overall, the recommended rate from the **Children's FFT** was **92.4%** in July.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Friends and Family Test - IP	94.1%	-	🟢	94.6%	93.0%	96.2%
Friends and Family Test - ED	73.6%	-	🟡	76.7%	70.7%	82.7%
Friends and Family Test - Matt	100.0%	-	🟡	87.7%	47.8%	127.6%
Friends and Family Test - OP	93.4%	-	🟡	93.8%	92.0%	95.5%
Friends and Family Test - children	92.4%	-	🟢	93.6%	87.0%	100.3%



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Patient Experience

Maternity SMS FFT. At the time of reporting the module has gone live and feedback and experiences of Birth in the Trust will start to be reported in future Integrated Performance Reports. **FFT Process.** Work continues to deliver improvements in the way feedback is collected, analysed and reported efficiently and consistently. Changes and new processes are being embedded to increase the reach of feedback.

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Patient Experience con't

Arrangements for the Long Covid Clinics FFT have been confirmed in conjunction with the Respiratory Medicine team, the Informatics team and the Patient Experience team to ensure that this data is reported monthly to NHS England as required.

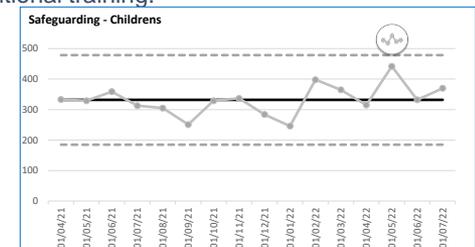
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Safeguarding Children

There were **370** consultations with the **children's safeguarding** team in July, an increase of 38 compared to the number recorded in June. The main category for consultation continues to relate to neglect. Delays in discharge continue for children with mental health presentations or disabilities due to a lack of placements or care packages. Cases are escalated within the Trust and to the Integrated Care Boards. In July the number of strategy meetings attended by the team increased by 4 (n=17), compared to 13 in June. Complex maternity safeguarding has increased, and legal involvement has increased mainly related to illicit drug abuse, domestic abuse and mental health. The MASH information sharing has improved with the support of additional resources.

Safeguarding Children Training Compliance for Level 1 increased by three percentage points to 93%, with 257 staff members requiring training. Level 2 training remains at 90%, with 78 staff members requiring training and Level 3 increased by two percentage points to 80%, with 332 staff members requiring training. Level 3 training is below the 90% KPI and is mainly within Children's Services (n=129), Maternity (n=95) and ED (n=74). Reminders have been sent to directorate leads. Bespoke training for Maternity is planned and the Children's Directorate PDN team are also supporting additional training.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
370	-	🟢		332	185	479



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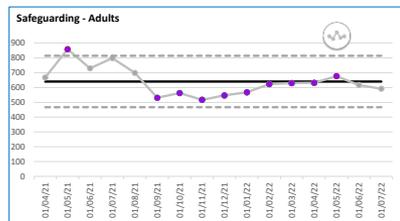


Quality and Safety

Safeguarding Adults

Adult safeguarding activity (*referrals, consultations and incident reviews*) was **592** in July, a decrease from the 617 reported in June. The main categories of concern for consultation referrals related to domestic abuse, neglect and self-neglect. In July the number of referrals to MASH increased due to concerns related to adult mental health and domestic abuse for patients who have caring responsibilities for their children. An increase was seen in cases of parental stress and adults not coping and presenting with self-harm or domestic abuse. Issues relevant to capacity and DoLS assessments have increased due to staff shortages. However, there has been a positive impact as a result of the involvement and support of the Divisional Practice Development Team to support Mental Capacity Assessments. Training compliance for Prevent Levels 1 & 2 increased by two percentage points to 89% with 1088 members of staff requiring training. Level 3,4 & 5 compliance remains at 90%, with 398 staff members requiring training. Safeguarding training compliance across the Trust has improved to above the 90% KPI. Level 1 training increased by 1 percentage point to 92%, with 385 staff members requiring training, and level 2 decreased by two percentage points to 91%, with 80 staff members requiring training. Reminders are being sent to staff to undertake their online training. The Level 3 rollout is delayed due to capacity constraints.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
592	-	↓	⬆️	641	467	815

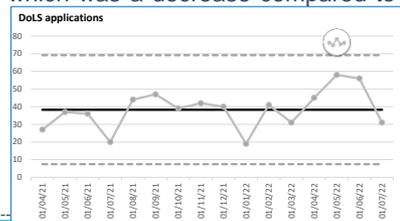


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DoLS

There was **31 Deprivation of Liberty Safeguards (DoLS)** applications reviewed in July, which was a decrease compared to the 56 recorded in June.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
31	0	↓	⬆️	38	7	69

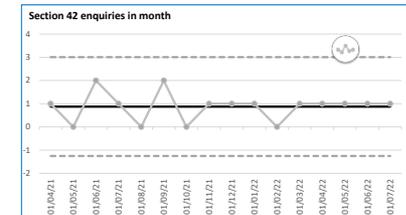


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Section 42

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

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
1	0	↓	⬆️	1	-1	3



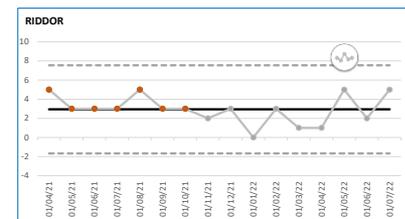
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RIDDOR

In July there were **5 RIDDOR** reports to the HSE, four were connected to staff, two involved *lifting and handling injuries*, and two involved *another kind of accident*, all four with an actual impact of 2 – *minor injury/illness*. One involved a patient and concerned *another kind of accident*, with an actual impact of 3 – *moderate effect or serious injury (but not long-term)*.

The four staff incidents were reviewed by the Health and Safety team and local management. The incident where a patient was restrained by a security officer was reviewed by the Trust Security Manager, and a Maybo accredited trainer independently reviewed the CCTV footage and stated that all the restraint requirements were followed and that the injury was not caused by an incorrect technique or excessive force.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
5	0	↑	⬆️	3	-2	8



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Executive Summary (4)

Integrated themes and issues from M4 (July 2022)



Quality and Safety

PFI

At the JR, 54% of staff are agency, versus a target of 20%. The Retention of Employment (ROE) model has been agreed upon and Mitie is undertaking a trial to onboard ten long-term agency colleagues in collaboration with the Trust HR team. If the trial is successful it is anticipated that Mitie will recruit 100 colleagues a month onto ROE contracts until they met the required numbers.

At the Churchill, 21% of required cleaning audits were completed, which was below the 100% target for compliance and is a further deterioration from the 40% reported in June. Weekly meetings continue with the PFI Contract Management team, the G4S service manager and Divisional leads to improve this situation, and appropriate challenge and support are instilled to facilitate improvement for ensuing sustained delivery.

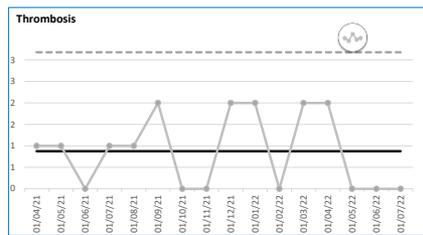
The National Cleaning Standards 2021 went live on 1st July 2022 and is being rolled out across the Trust. Local Cleaning Charter Standards posters have been displayed in over 400 locations to inform patients and visitors. A local Standard Operating Procedure (SOP) has been circulated to support the utilisation of Ulysses for all PFI staff. The PFI team continue to work collaboratively with providers to deliver integration of PFI services and improve performance.

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Thrombosis

In July there were **zero** Hospital Acquired Thromboses identified and judged avoidable cases. There have been two cases reported year to date 2022/23.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
0	-	⬇️	⬆️	1	-1	3

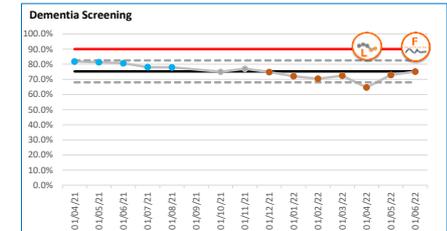


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Dementia Screening

75.2% of dementia patients aged over 75 years admitted as an emergency were screened in June. Reporting for this indicator occurs one month in arrears.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
75.2%	90.0%	⬇️	⬆️	75.3%	68.1%	82.6%



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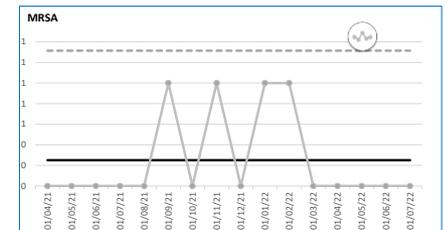
MRSA

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

Neonatal Unit MRSA Outbreak

Weekly outbreak meetings and reviews of actions continue to be held and no new cases have been identified over the previous four weeks. MRSA screening for staff has now commenced.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
0	-	⬇️	⬆️	0	-1	1



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Monkey Pox

Teams from the Sexual Health and Infectious Disease services managed a number of cases of suspected and proven Monkey Pox. Several pre-exposure vaccination clinics for high-risk individuals have taken place.

Further vaccine supplies are due at the end of September.

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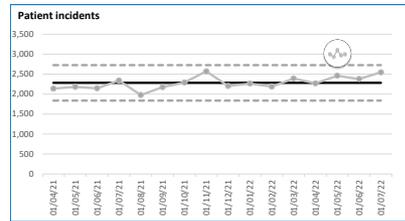
Integrated themes and issues from M4 (July 2022)

Quality and Safety

Patient Incidents

There were **2,546 patient incidents** reported in July, an increase compared to the **2,377 incidents** reported in June. In July, 158 incidents were reported as moderate and above impact to Patient Safety Reporting (PSR), and three visits from the representatives to support staff and patients have taken place. Thirteen incidents had their impact downgraded.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
2546	0	⬇️	⬇️	2282	1838	2726

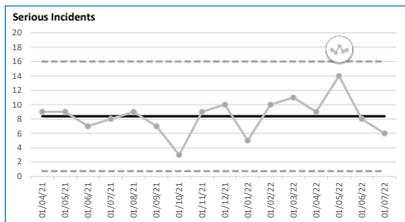


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Serious Incidents

In July, **6 Serious Incident Requiring Investigation (SIRI)** were declared and 11 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 action plans where appropriate.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
6	0	⬇️	⬇️	8	1	16



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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 July, there were 1,420 patients who had waited more than 52 weeks for elective treatment.

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Safety Messages

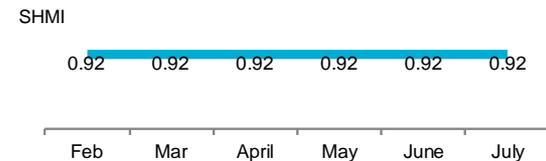
A **Weekly Safety Message (WSM)** is sent from the CMO and CNO via the central Clinical Governance team. The messages below were circulated across the Trust in July:

- 1) WSM 179: Results endorsement
- 2) WSM 180: Prescription of DOACs
- 3) WSM 181: Amiodarone Hydrochloride Crystallisation
- 4) WSM 182: Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and 2222 calls

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Mortality

The SHMI for the period July 2020 to June 2021 was **0.92** and 'as expected'. The HSMR was **94.3** for the period April 2021 to March 2022, and remains 'lower than expected'.



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Integrated themes and issues from M4 (July 2022)



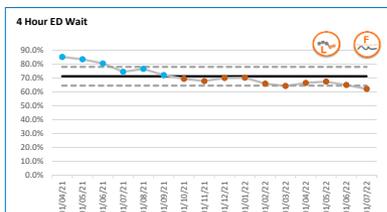
Operational Performance

4 Hour ED Wait

4 hour performance was **62.2%** in July, a deterioration of 2.8 percentage points compared to the previous month. Performance, although below the national standard, remained better than performance of Shelford hospitals but decreased to below the national average.

ED attendances across both sites in July 2022 were marginally higher than the previous month (+0.6%). Attendances in July were 0.5% higher than the previous month at the John Radcliffe (JR), due to an increase in paediatric attendances (+4.8%). Attendances at the Horton Hospital (HH) increased by 0.8% and attendances classified as majors increased by 7.4%. In contrast to the JR, paediatric attendances decreased at the HH by 10.2%. In July, 7.4% of ED attendances (988 patients) had a length of stay greater than 12 hours against the threshold of 2.0%. This was a 2.6 percentage point deterioration compared to May.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
62.2%	95.0%	🟡	🟡	71.3%	64.6%	78.1%

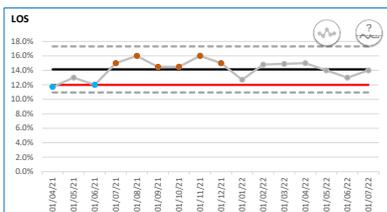


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LOS

Patients with a length of stay over 21 days occupying beds, expressed as a percentage, was 14.0% in July compared to 13.0% recorded in the previous month. Reasons for extended length of stay have been reviewed and initiatives have been developed as a result of this work. Initial progress has been evidenced from performance in August identifying OUH as being the best performing acute Trust in the South of England region (for the week ending 14/08/2022).

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
14.0%	12.0%	🟡	🟡	14.1%	11.0%	17.3%

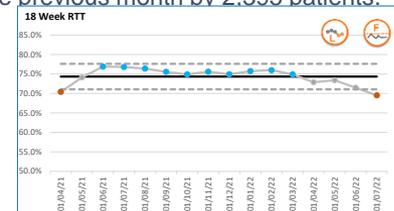


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18 Week RTT

The **18 week incomplete Referral to Treatment (RTT) standard** was **69.5%** in July, a deterioration compared to the 71.5% reported in June. Performance, using benchmarking data in June, was better than the national and Shelford group averages, which were 61.9% and 60.6%, respectively. The total waiting list size for June was **66,732** and represented an increase compared to the **previous month** by 2,395 patients.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
69.5%	92.0%	🟡	🟡	74.3%	71.1%	77.6%



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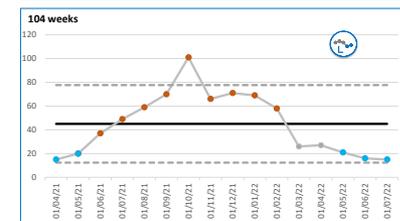
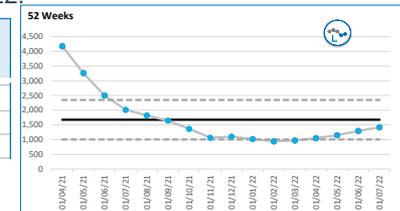
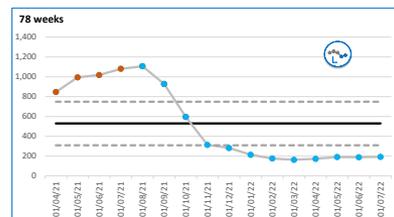
52, 78 & 104 Weeks

There were **1,420** patients waiting over **52 weeks for treatment** at the end of July, which was an increase of 127 patients compared to the previous month.

There were **193** patients waiting over 78 weeks for treatment at the end of July, which was an increase of four patients compared to the previous month's position.

There were **15** patients waiting over 104 weeks at the end of July, compared to 16 patients reported in June. The July position included eight patients who requested to delay their treatment beyond July 2022.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
52 Weeks	1420	-	🟡	1674	1003	2345
78 weeks	193	0	🟡	529	310	749
104 weeks	15	0	🟡	45	12	78



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Integrated themes and issues from M4 (July 2022)



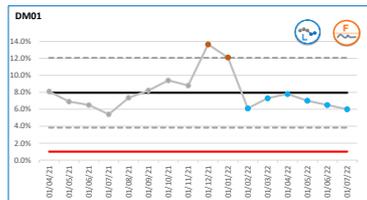
Operational Performance

Diagnostic waiting times

The Trust's performance against the **diagnostic 6 week waiting time standard** (the DM01) was **6.0%** in July, an improvement compared to the previous month's position of 6.5%.

There were 871 patients waiting over 6 weeks at the end of July, a decrease of 91 patients compared to the previous month's position. Patient waits in the four modalities representing the highest number of patients over six weeks improved in MRI (from 249 to 210), Audiology (from 242 to 148), but deteriorated in non-obstetric ultrasound (from 246 to 277) and Cardiology (from 74 to 94). Within Cardiology, staffing shortages due to a combination of parental leave and sickness have continued into July and the recruitment of echocardiographers has been challenged by national shortages. Overseas appointments have been made and capacity will be increased after a period of training and accreditation (up to 12 months). Alternative workforce models are also being reviewed to support increasing capacity. Non obstetric ultrasound capacity will be supported by the appointment of three Fellows due to start in September 2022.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
6.0%	1.0%			7.9%	3.8%	12.1%

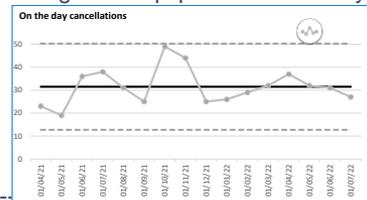


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On the day Cancellations

Elective on the day cancellations reduced to **27** in July compared to 31 cancellations reported in June. There were seven breaches of the 28 day readmission standard in July, due to complexity and PICU availability (1 patient), more urgent cases preventing earlier scheduling (3 patients), consultant having COVID (2 patients), aesthetic staffing and equipment availability (1 patient).

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
27	-			32	13	50



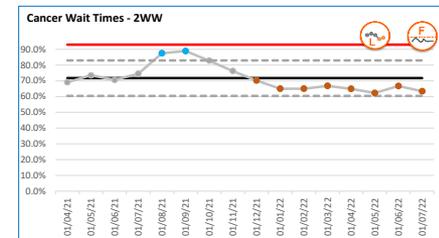
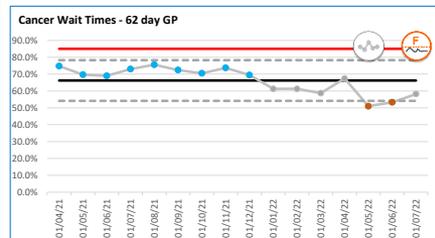
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Cancer Wait Times

Cancer Wait Times performance is reported one month in arrears. In June, the Trust did not achieve any of the nine national standards.

The Trust did not achieve the targets for the 28 day Faster Diagnosis standard (**73.5%** vs 75%), the 2WW for suspected cancer standard (**63.4%** vs 93%), the Breast Symptomatic standard (**2.3%** vs 93%), the 31 day Decision to First Treatment standard (**90.0%** vs 96%), the 31 day Decision to Subsequent Treatment (Drug) standard (**95.4%** vs 94%), the 31 day Decision to Subsequent Treatment (Radiotherapy) standard (**93.8%** vs 94%), the 31 day Decision to Subsequent Treatment (Surgery) standard (**72.2%** vs 94%), the 62 day screening to first treatment standard (**82.4%** vs 90%), and the 62 day GP referral to treatment standard (**58.2%** vs 85%).

	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Cancer Wait Times - 62 day GP	58.2%	85.0%			66.2%	54.2%	78.3%
Cancer Wait Times - 2WW	63.4%	93.0%			71.7%	60.5%	83.0%



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Integrated themes and issues from M4 (July 2022)

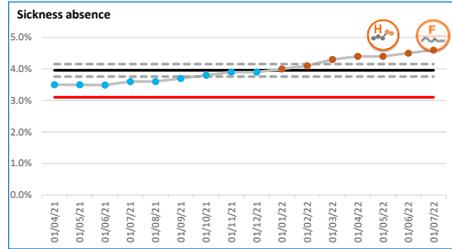


Workforce

Sickness absence

Sickness absence was **4.6%** in July, as measured on a rolling basis, versus a target of 3.1%. This was a slight increase from the position reported in June. The number of staff absent from COVID-19 accounts for 1.4%. The underlying rate net of COVID-19 is 3.2%, which is above the KPI of 3.1%. Actions being undertaken include, additional focus on appropriate management of absence, including training, implementation of the national changes to the management of Covid absence. The Wellbeing Team is requesting feedback to ensure basic staff needs are being met.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
4.6%	3.1%	⚠️	⚠️	4.0%	3.8%	4.2%

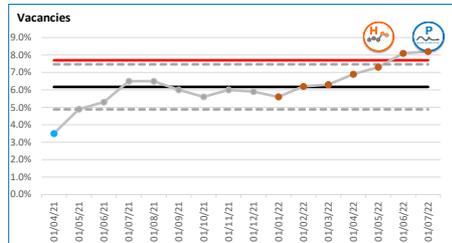


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Vacancies

The **vacancy rate** was **8.2%** in July, an increase on the performance reported in June and exceeding the target of 7.7%. Targeted recruitment campaigns are being implemented with several initiatives being undertaken, which include, a pilot with the Prince's Trust to support an increase in applications from Health Care Support Workers (HCSW), a joint NHSP/OUH Careers fair, overseas recruitment and Certificate of Eligibility for Specialist Registration (CESR) fellowships.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
8.2%	7.7%	⚠️	⚠️	6.2%	4.9%	7.5%



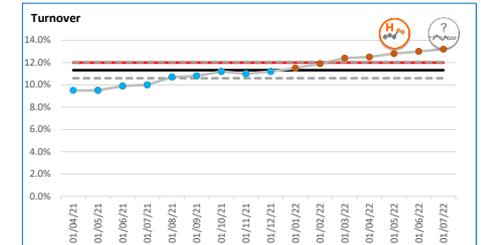
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Turnover

Turnover in July was **13.2%**, an increase from the reported position of 13.0% in June. July's performance has breached the target of $\leq 12.0\%$. Turnover rates are rising steadily and affect both clinical and non-clinical staff.

Leaver data is being reviewed to understand the main reasons for leaving and stay interviews are being conducted. Time to Talk information is being utilised to understand where the main priority areas are so they can be addressed and improvements made.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
13.2%	12.0%	⚠️	⚠️	11.3%	10.6%	12.0%

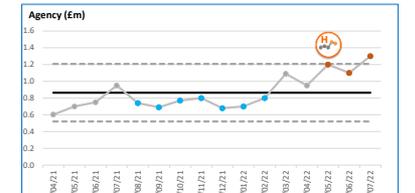
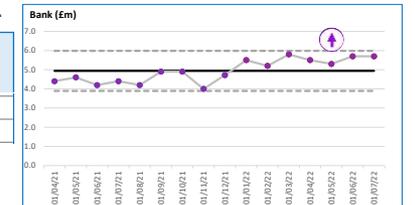


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Temporary Pay spend

Combined Bank and Agency expenditure in July was **£7.0m**, an increase from the position in June. The July combined expenditure equates to 10.4% of the total pay spend. In July compared to June the number of bank staff increased to 1033.2 from 1024.1 WTE, and costs were £5.7m, remaining the same as June's position. The respective changes in agency staff were a WTE increase to 139.7 from 130.3 WTE, and an increase in cost to £1.3m from £1.1m.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Bank (£m)	5.7	0.0	⚠️	4.9	3.9	6.0
Agency (£m)	1.3	0.0	⚠️	0.9	0.5	1.2



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Integrated themes and issues from M4 (July 2022)

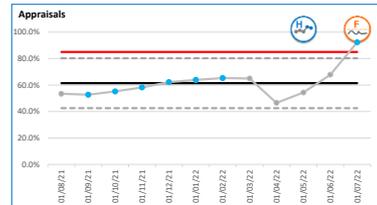
Workforce



Appraisals

Appraisal compliance in July was reported as **92.3%** and exceeds the target of 85%. July's performance was the highest recorded non-medical appraisal rate the Trust has achieved. This success is a result of a focus on appraisals and the introduction of a dedicated appraisal window in which any required appraisals were undertaken. Divisions continue to receive weekly reports on who is still not compliant and are working to address these to maintain this excellent position.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
92.3%	85.0%			61.4%	42.6%	80.2%

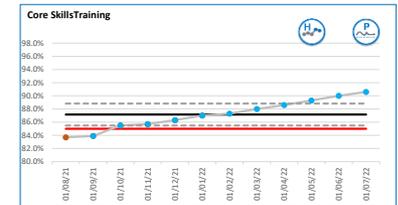


Pages 91-104 & 105

Core skills training

Core skills training in July was reported as **90.6%** which was above the target of 85%. The Trust's Core Skills compliance rate continues to exceed the KPI (85%). Information Governance remains at 92.2%, the same as what was reported in June and improvements are required to meet the threshold of 95%. Actions being undertaken to support improvements include focusing on compliance in appraisal and 1:1 meetings. Additionally, the appointment to the Head of Leadership & Talent Management will deliver the management development priorities and needs across the Trust.

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
90.6%	85.0%			87.2%	85.5%	88.8%



Pages 91-105, 106 & 113

Executive Summary (12)

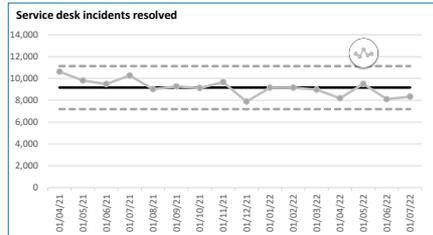
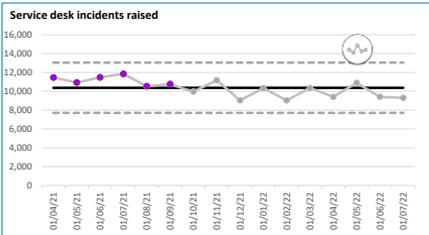
Integrated themes and issues from M4 (July 2022)

Digital

Service Desk

OUH IM&T Service Desk performance is integral to the day-to-day running of the Trust. In July (9305) incidents were raised, and 89.5% (8329) were resolved. This is an increase compared to June when 86.1% were closed. In July there were 0 Priority 1 incidents, one less than in June (1).

	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Service desk incidents raised	9305	0	🟢	🟢	10368	7699	13038
Service desk incidents resolved	8329	0	🟢	🟢	9156	7186	11126



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CYBER Status

In July, **13,204** Devices and **701** Servers were monitored. There was **119.6TB** of internet traffic. Internal DBO Cyber Audit findings are being actioned. IE11 is to be decommissioned by Microsoft in Sept/Oct so planning to replace is under way. The IT Health Assurance Dashboard scanning results are now being generated ahead of a presentation to the Cyber Security Taskforce.

The overall cyber status for the Trust is **Green**.

Green



119.6Tb Internet traffic



701 Servers protected



13,204 Devices monitored

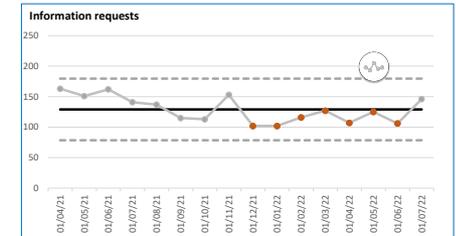
Page 116



Information requests

The demand for the **Information request service** for July '22 was 146. User feedback was positive at 100%. ORBIT usage in July '22 has risen compared to June 2022

Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
146	0	🟢	🟢	129	79	180



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Digital delivery

Digital Programme Delivery overview:

- Digital Strategy was approved by Trust Board in July 22
- Integrated Operational Delivery Planning to align Digital Work Plan underpinning strategy is commencing with QI in Aug22
- Trust priority decisions on delivery schedule required Aug22
- NOC theatres live Mar22. Rollout options to address issues impacting West Wing theatres Go Live started Jul22
- SEND transition project successfully delivered in Jul 22
- Time pressures are mounting for key projects including: Technical Infrastructure & Device Uplift; Pharmacy Stock Control-Multum (Bedford Risk); Next Generation Outpatient Scheduling; & Maternity EPR Deployment



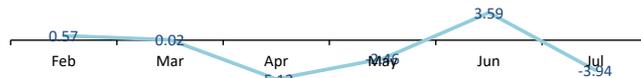
Executive Summary (14)

Integrated themes and issues from M4 (July 2022)

Finance

Overall

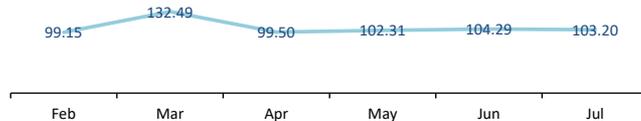
Income and Expenditure (I&E) performance in July generated a **£3.9m deficit, £3.7m worse** than plan. Year-to-date this gives the Trust a **£7.9m deficit** which is **£7.7m worse** than plan.



Commissioning Income

Commissioning income is on plan year to date and in month.

Including pass-through drugs and devices, income was **£2.1m better** than plan in July and **£4.8m better** than year to date. However, this income is offset by additional costs with no net impact on I&E performance.

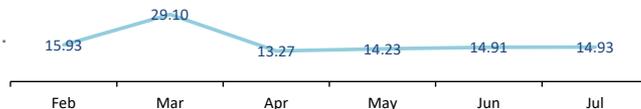


Non- NHS Income

Non-NHS income (PP, Overseas, RTA and other) was **£0.3m worse** than plan in July.

Year-to-date, other income is **£3.5m worse** than plan of this £2.2m is R&D income which is offset with by reduced R&D expenditure.

Excluding R&D non-NHS income is £1.3m worse than plan. £0.2m is private patent, overseas and RTA. The balance is mainly reduced clinical excellence award funding.

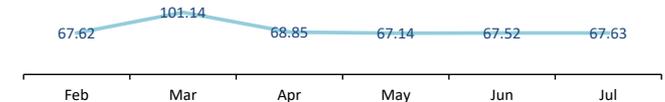


Pay Expenditure

Pay costs were **£2.2m worse** than plan in month and **£11.1m worse** than plan year to date.

The cost increases are primarily in overtime for substantive staff and temporary staffing (bank and agency) rather than an increase in headcount.

Our analysis of productivity suggest this is due to high sickness (in part due to COVID) and vacancy rates and responding to the staff pressures caused by length of stay being higher than planning assumptions. These reductions in productivity are make it challenging for divisions to implement pay efficiencies.

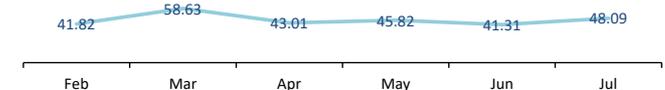


Non-pay expenditure

Non-pay costs were **£3.3m worse** than plan in July, but **£2.2m better** than plan year-to-date. Within this, pass-through drugs and devices were £2.1m worse than plan in month 4 (£4.8m worse YTD)

In month then the impact on the I&E was -£1.2m and +£7.0m YTD. In July premises costs (£0.5m) and clinical supplies and services (£0.4m) explain most of the variance. We are planning targeted M6 stock counts to check if additional stock has been built up.

YTD includes the benefit of settling a significant bad debt and demonstrates that the Trust continues to avoid significant inflationary pressures through the benefit of long term contracts and agreeing new contracts at or below RPI.



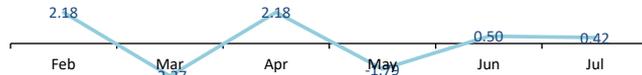
Executive Summary (15)

Integrated themes and issues from M4 (July 2022)

Finance

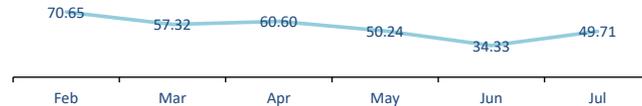
COVID-19

COVID-19 expenditure was **£0.5m worse** than plan in July. Pay expenditure remained at £1.3m, the same level as the previous month, but this is £0.6m worse than plan. Non-pay spend increased by £0.1m to £0.2m in month and is £0.1m better than plan. Year-to-date, COVID-19 expenditure is **£2.3m worse** than plan.



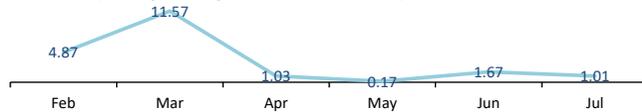
Cash

Cash was £49.7m at the end of July, **£15.4m higher** than the previous month. This was largely due to the timing of the weekly supplier payment runs.



Gross Capital

Gross capital expenditure was £3.9m for the year to the end of July, **behind plan by £3.0m**, due to both capital schemes and PFI life-cycling being behind trajectory.

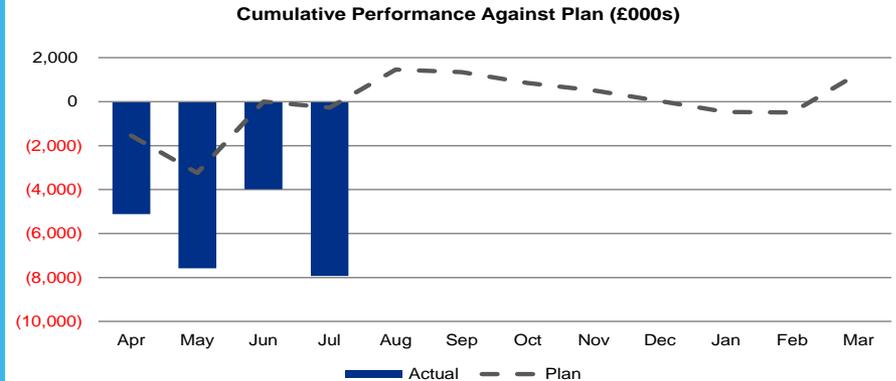


Plan resubmission

The Trust submitted a revised plan to NHSE on 20 June with a £1.3m surplus position for the year. The improvement in the plan from a £20.2m deficit position was achieved by a combination of forecast receipt of additional income, removing some cost growth and an increase in productivity savings.

The revised plan is now reflected in this report.

Income & Expenditure - Performance Versus Plan



Income & Expenditure Year-to-date - Summary

Retained surplus / (deficit) at Month 4 £000s	Annual	YTD		Var.
	Plan	Plan	Actual	
Recurrent EBITDA	77,334	24,994	17,264	(7,730)
% EBITDA	5.54%	5.37%	3.70%	1.67%
Planned EBITDA	77,334	24,994	17,264	(7,730)
Financing and Capital Charges	(75,672)	(25,134)	(25,792)	(658)
Retained surplus / (deficit) before technical adjs.	1,662	(140)	(8,529)	(8,389)
Technical adjs.*	382	127	(599)	(727)
Surplus / (deficit) as reported to NHSI	1,280	(267)	(7,930)	(7,662)

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

Indicator Overview Summary

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
4 Hour ED Wait	Jul 22	62.2%	95.0%			71.3%	64.6%	78.1%
LOS	Jul 22	14.0%	12.0%			14.1%	11.0%	17.3%
18 Week RTT	Jul 22	69.5%	92.0%			74.3%	71.1%	77.6%
52 Weeks	Jul 22	1420	-			1674	1003	2345
DM01	Jul 22	6.0%	1.0%			7.9%	3.8%	12.1%
On the day cancellations	Jul 22	27	-			32	13	50
Cancer Wait Times - 62 day GP	Jul 22	58.2%	85.0%			66.2%	54.2%	78.3%
Cancer Wait Times - 2WW	Jul 22	63.4%	93.0%			71.7%	60.5%	83.0%
HAPU	Jul 22	4	-			8	-2	18
Harm from Falls	Jul 22	204	-			186	127	244
Complaints	Jul 22	101	-			90	62	118
Friends and Family Test - IP	Jul 22	94.1%	-			94.6%	93.0%	96.2%
Friends and Family Test - ED	Jul 22	73.6%	-			76.7%	70.7%	82.7%
Friends and Family Test - Matt	Jul 22	100.0%	-			87.7%	47.8%	127.6%
Friends and Family Test - OP	Jul 22	93.4%	-			93.8%	92.0%	95.5%
Friends and Family Test - children	Jul 22	92.4%	-			93.6%	87.0%	100.3%
Safeguarding - Adults	Jul 22	592	-			641	467	815
Safeguarding - Childrens	Jul 22	370	-			332	185	479
MRSA	Jul 22	0	-			0	-1	1
MSSA	Jul 22	5	-			5	0	10
C-Diff	Jul 22	12	-			9	-2	20
Sepsis	Jul 22	80.0%	90.0%			84.0%	65.6%	102.5%
Thrombosis	Jul 22	0	-			1	-1	3
WHO documentation	Jul 22	98.9%	100.0%			99.4%	97.6%	101.1%
WHO observation	Jul 22	100.0%	100.0%			99.9%	99.3%	100.4%

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Never Events	Jul 22	0	-			0	-1	1
Serious Incidents	Jul 22	6	-			8	1	16
Dementia Screening	Jun 22	75.2%	90.0%			75.3%	68.1%	82.6%
Patient incidents	Jul 22	2546	-			2282	1838	2726
Sickness absence	Jul 22	4.6%	3.1%			4.0%	3.8%	4.2%
Vacancies	Jul 22	8.2%	7.7%			6.2%	4.9%	7.5%
Turnover	Jul 22	13.2%	12.0%			11.3%	10.6%	12.0%
Bank (£m)	Jul 22	5.7	-			4.9	3.9	6.0
Agency (£m)	Jul 22	1.3	-			0.9	0.5	1.2
Appraisals	Jul 22	92.3%	85.0%			61.4%	42.6%	80.2%
Core Skills Training	Jul 22	90.6%	85.0%			87.2%	85.5%	88.8%
RIDDOR	Jul 22	5	-			3	-2	8
DoLS applications	Jul 22	31	-			38	7	69
Section 42 enquiries in month	Jul 22	1	-			1	-1	3
78 weeks	Jul 22	193	-			529	310	749
104 weeks	Jul 22	15	-			45	12	78
Service desk incidents raised	Jul 22	9305	-			10368	7699	13038
Service desk incidents resolved	Jul 22	8329	-			9156	7186	11126
Information requests	Jul 22	146	-			129	79	180
FOI response compliance	Jul 22	77.3%	100.0%			58.7%	31.3%	86.0%
DSPB	Jul 22	16	-			25	13	37
DSARs	Jul 22	66.0%	100.0%			80.4%	66.0%	94.7%
Data security training compliance	Jul 22	96.0%	95.0%			83.9%	78.9%	88.9%



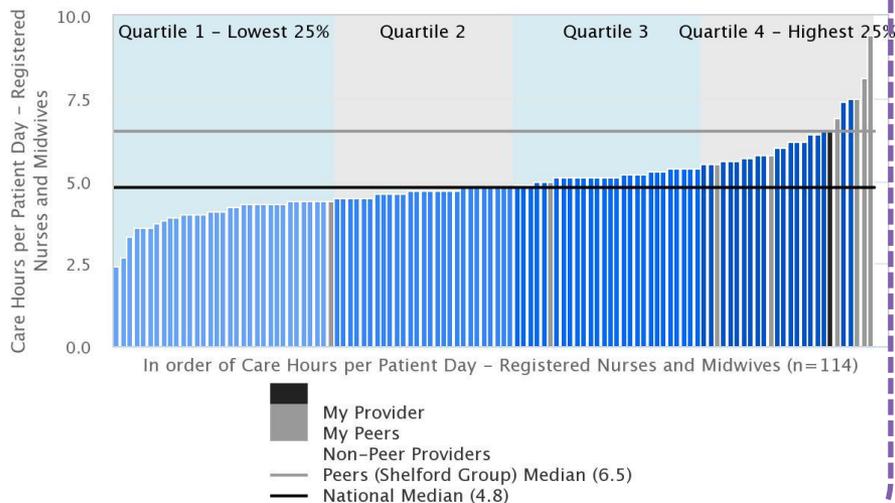
**Quality –
Outcomes & Patient experience**

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

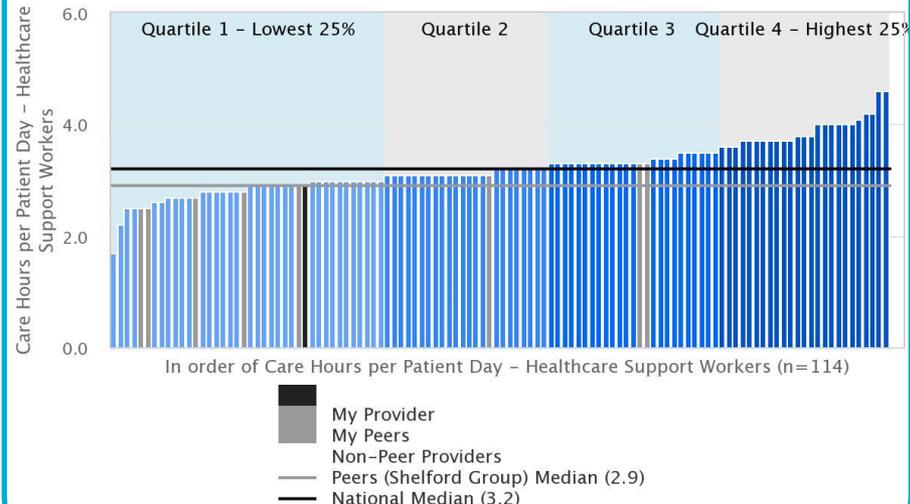
The two graphs below show CHPPD average hours for the OUHFT Trust in Black and the Shelford Group Trust's average CHPPD hours in Grey, the blue bars are all other UK NHS Trusts. The chart on the left is for registered nurse CHPPD and the chart on the right is for healthcare support workers CHPPD.

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)

July 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 IOU)	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 Yr's plus 10 Sick & Mat Leave (%)	Turnover (%)	Sickness (%)	Maternity (%)	Roster manager approved for Payroll	Net Hours 2/2-	8 week lead time	Annual Leave 12-16%	1 - Extremely Likely	2 - Likely	3 - Neither likely nor unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't know
NOTSSCAN																																	
Belhusury / Drayson Ward	452	7.67	6.9	2.19	1.6	9.86	9.31	8.5	93.55%	2	1	1	0						18.03%	13.01%	8.89%	4.17%	Yes	0.87%	9.71	17.91%	39	6	2	2	0	0	
BIU	527	3.73	4.9	2.32	2.8	6.05	6.32	7.7	100.00%	2	0	0	0						25.50%	25.94%	5.89%	6.29%	Yes	-5.85%	8.29	13.66%	0	0	0	0	0	0	
HDU/Recovery (NOC)	70	18.14	17.2	3.02	2.4	21.16		19.6		0	0	1	0						24.32%	4.51%	6.92%	7.36%	No	4.16%	8.00	18.63%	0	0	0	0	0	0	
Head and Neck Blenheim Ward	395	5.40	6.0	1.89	2.1	7.29		8.50	100.00%	5	0	2	1						0.86%	7.73%	5.10%	3.85%	Yes	2.06%	8.57	11.16%	5	0	0	0	0	0	
HH Childrens Ward	248	7.67	4.0	1.58	0.9	9.25	9.01	4.9	91.40%	0	0	0	0						27.64%	15.82%	3.18%	15.18%	Yes	3.71%	5.71	13.83%	49	5	2	0	2	0	
HH F Ward	837	4.30	3.7	3.03	2.2	7.33	7.52	5.8	100.00%	0	0	0	2						-0.73%	1.91%	11.96%	0.00%	Yes	-0.63%	8.57	13.08%	5	1	0	0	0	0	
Kamrans Ward	279	7.67	7.8	2.56	0.6	10.23	11.02	8.4	100.00%	2	0	0	0						-0.24%	10.84%	7.74%	0.00%	Yes	-1.01%	6.71	14.34%	10	1	1	0	0	0	
Major Trauma Ward 2A	651	5.25	4.6	2.92	2.7	8.17	8.13	7.3	100.00%	4	1	2	4						23.39%	28.19%	11.21%	5.65%	Yes	2.59%	8.00	12.09%	2	0	0	0	1	0	
Melanies Ward	398	5.75	5.3	0.96	2.6	6.71	12.39	7.9	81.72%	0	0	0	0						-6.05%	23.09%	3.59%	3.93%	Yes	6.12%	9.57	17.39%	29	1	0	0	1	0	
Neonatal Unit	1104	13.42	13.4	1.64	1.4	15.06		14.8		5	2	0	0						20.29%	12.71%	9.06%	6.11%	No	2.05%	8.43	13.15%							
Neurology - Purple Ward	590	3.83	3.6	5.34	3.6	9.17	9.19	7.2	100.00%	2	0	0	1						9.59%	16.00%	9.77%	4.75%	Yes	-0.22%	10.57	13.88%	28	3	0	0	0	0	
Neurosurgery Blue Ward	687	5.26	5.1	3.96	4.0	9.22	10.00	9.0	100.00%	4	0	1	2						18.48%	11.25%	6.67%	2.42%	Yes	5.67%	10.29	9.02%	24	8	0	2	1	0	
Neurosurgery Green/JU Ward	359	4.84	4.0	5.76	5.8	10.60	10.47	9.8	100.00%	0	0	1	2						4.31%	23.63%	3.55%	6.44%	Yes	2.33%	10.29	13.38%	1	0	0	0	1	0	
Neurosurgery Red/HDC Ward	655	6.45	6.6	5.23	5.4	11.68	11.68	12.1	100.00%	1	0	2	2						-4.76%	9.45%	8.28%	1.58%	Yes	0.32%	10.43	10.10%	19	2	1	0	1	1	
Paediatric Critical Care	337	30.82	23.4	3.29	2.4	34.11		25.8		4	0	1	0						-3.26%	12.26%	6.13%	5.98%	No	-7.89%	7.57	10.29%							
Robins Ward	353	9.59	6.3	5.46	1.3	15.05	10.62	7.6	100.00%	2	1	0	0						9.02%	25.76%	4.27%	0.00%	Yes	1.12%	6.86	12.05%	15	6	2	2	2	0	
Specialist Surgery I/P Ward	961	5.80	4.9	2.73	2.5	8.53	8.68	7.4	100.00%	6	0	2	8						17.39%	7.61%	7.18%	5.55%	Yes	0.03%	8.00	11.44%	23	5	0	2	0	0	
Tom's Ward	380	5.69	7.3	1.73	1.3	7.42	9.61	8.6	100.00%	2	0	0	0						20.37%	21.90%	1.71%	7.74%	Yes	-1.26%	8.00	11.72%	41	6	2	1	1	0	
Trauma Ward 3A	648	5.76	4.6	3.23	2.7	8.99	8.61	7.3	100.00%	3	0	1	0						20.02%	4.76%	7.81%	4.55%	Yes	3.66%	8.00	14.29%	0	0	0	0	0	0	
Ward 6A - JR	720	4.01	4.1	3.19	3.1	7.20	8.73	7.3	100.00%	3	0	3	10						4.67%	0.00%	8.08%	4.22%	Yes	-1.18%	8.00	15.39%	0	0	0	0	0	0	
Ward E (NOC)	555	3.88	4.4	2.42	2.8	6.30	7.56	7.2	100.00%	1	1	3	1						24.32%	31.87%	6.34%	3.23%	Yes	0.67%	8.29	11.94%	22	2	0	0	0	0	0
Ward F (NOC)	570	4.48	4.4	2.42	2.5	6.90	7.56	6.9	100.00%	1	0	0	0						20.14%	6.49%	3.32%	0.00%	Yes	-0.07%	8.29	13.53%	2	0	0	0	0	0	
WW Neuro ICU	345	27.36	28.5	0.00	0.0	27.36		28.5		4	0	3	1						11.54%	6.40%	6.48%	5.54%	Yes	1.35%	9.00	15.77%	0	0	0	0	0	0	
MRC																																	
Ward 5A SSW	682	4.18	3.7	3.14	3.6	7.32	9.94	7.3	100.00%	1	0	1	4						2.25%	1.22%	3.27%	9.11%	Yes	2.51%	8.71	14.15%	0	0	0	0	0	0	
Ward 5B SSW	620	4.60	4.2	3.45	3.2	8.05	8.75	7.4	92.47%	1	0	5	6						1.78%	14.19%	18.32%	0.00%	Yes	-2.19%	7.57	11.47%	0	0	0	0	0	0	
Cardiology Ward	1085	5.26	5.1	2.12	1.9	7.38	6.85	7.0	97.85%	2	0	2	4						11.15%	10.48%	3.15%	5.24%	Yes	-0.67%	5.43	11.27%	11	0	0	0	0	0	
Cardiothoracic Ward (CTW)	775	5.06	4.5	3.68	1.9	8.74	7.55	6.5	100.00%	0	0	1	3						26.61%	9.83%	10.05%	5.64%	Yes	-4.31%	4.14	14.10%	13	3	0	0	0	0	
Complex Medicine Unit A	546	4.47	4.4	3.19	4.0	7.66	8.82	8.4	80.65%	1	0	3	4						10.37%	24.24%	3.37%	5.58%	Yes	2.77%	8.43	12.14%	1	0	0	0	0	0	
Complex Medicine Unit B	520	4.74	4.7	3.94	3.8	8.68	9.98	8.5	100.00%	0	0	1	1						1.98%	10.07%	3.32%	7.04%	Yes	0.54%	8.00	15.33%	3	1	0	0	0	0	
Complex Medicine Unit C	631	4.18	4.4	3.14	3.4	7.32	10.39	7.9	94.62%	2	0	5	4						11.93%	0.00%	3.72%	8.64%	Yes	-0.04%	8.00	11.77%	13	2	1	0	0	0	
Complex Medicine Unit D	620	4.03	3.9	3.45	3.6	7.48	8.36	7.5	89.25%	1	0	2	3						-4.04%	0.00%	2.83%	2.53%	Yes	-0.38%	8.00	9.27%	0	0	0	0	0	0	
CTCCU	329	15.67	24.3	0.00	0.0	15.67	0.00	24.3		1	0	3	0						16.94%	14.04%	4.08%	6.76%	Yes	-0.96%	8.00	14.23%							
Emergency Assessment Unit (EAU)		5.75		1.22		6.97	8.26		51.61%	7	0	3	6						18.66%	6.73%	6.37%	4.58%	Yes	9.26%	8.00	13.67%							
HH CCU	124	11.5	16.8	5.75	10.5	17.25	27.2			0	0	2	7						25.80%	11.01%	10.51%	0.00%	No	-0.67%	5.86	16.53%							
HH EAU		6.39		3.51		9.90	7.22		58.06%	1	0	3	9						24.57%	15.34%	7.67%	4.62%	Yes	-1.60%	4.57	11.42%							
HH Emergency Department		15.61		4.93		20.54				1	0	0	2						27.20%	8.87%	6.16%	3.61%	Yes	-2.89%	4.57	12.97%	389	153	55	40	56	5	
John Warin Ward	518	5.75	5.6	5.03	3.9	10.78	10.02	9.5	94.62%	0	0	0	2						-0.98%	7.96%	2.65%	5.54%	Yes	8.89%	2.57	9.99%	18	6	2	0	1	0	
JR Emergency Department		11.67		3.58		15.25				5	0	1	4						23.87%	16.28%	6.22%	4.80%	Yes	7.81%	8.71	13.88%	619	219	101	92	130	16	
Juniper Ward	934	4.63	3.7	4.27	3.3	8.90	9.10	7.0	100.00%	0	0	2	12						2.39%	17.05%	9.45%	2.18%	No	0.23%	6.71	13.09%	0	0	0	0	0	0	
Laburnum	858	4.32	3.8	3.70	3.1	8.02	8.14	6.9	94.62%	1	0	1	3						-14.25%	2.16%	6.45%	1.98%	Yes	-1.77%	4.71	14.22%	8	0	0	0	0	0	
OCE Rehabilitation Nursing (NOC)	574	3.99	3.9	6.25	6.2	10.24	12.70	10.2	100.00%	1	0	0	6						10.91%	3.24%	9.18%	4.23%	Yes	1.32%	4.57	9.99%	0	0	1	0	0	0	
Osler Respiratory Unit	744	7.68	7.4	5.79	5.2	13.47	10.61	12.5	97.85%	1	0	1	2						5.53%	2.47%	4.99%	2.77%	Yes	1.23%	7.57	14.69%	7	0	0	2	0	0	
Ward SE/F	726	5.26																															

The safe staffing dashboard for July 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.

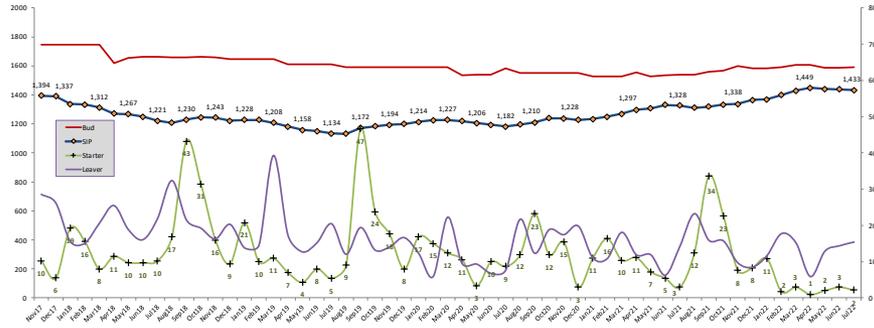
Rostering efficiencies continue to improve across all divisions, with the majority of areas now achieving the trust KPI's (Key Performance Indicators).

Band 5 RN vacancy and turnover continues to remain stable with a very slight increase this month.

During July there were 30 new international educated nurses (IEN's) that joined the Trust and 4 internal IEN's supported through the OSCE programme. 14 IEN's successfully completed their OSCE and now awaiting their NMC Pin.

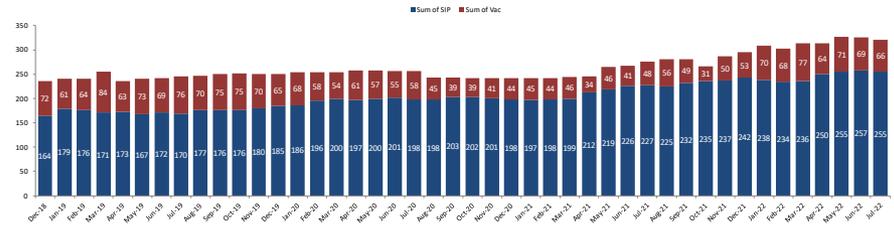
Band 5 RNs in Post, Budget, Leavers and Starters and Turnover Trajectory in July 2022

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 decrease in vacancy rate. This is monitored monthly by the steering group.

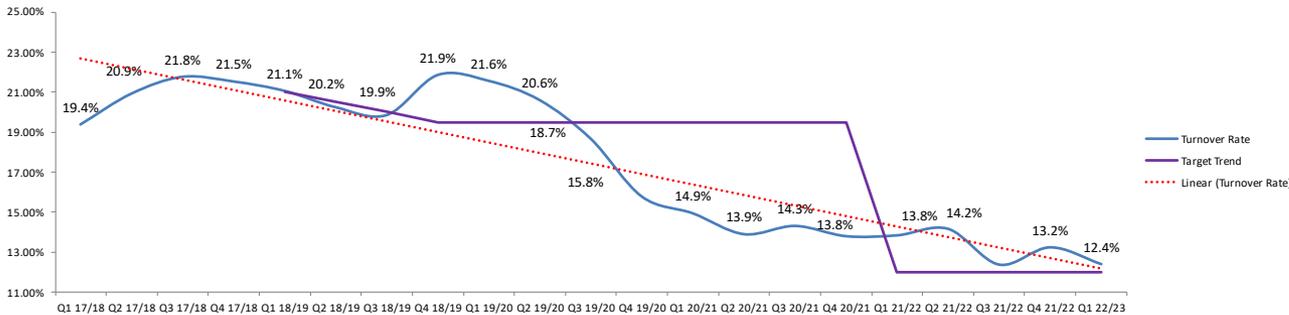
Band 5 Registered Nurse Turnover Trajectory – July 2022

Turnover Rate and Target



Band 5 RN turnover continues to remain stable with another very small increase in July.

Historical Context of B5 Nurse Turnover



The trend of band 5 turnover continues to remain stable.

RN and Midwifery Turnover – July 2022

Registered Nursing Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
All Nursing Turnover	3504	395	11.3%	11.1%	11.1%	11.2%	11.2%	11.1%	10.9%	10.5%	10.6%	11.3%	11.2%	11.1%	10.8%	10.8%	10.6%	10.5%	10.5%	10.5%	10.8%
Band 5 Nursing Turnover	1606	203	12.6%	12.4%	12.2%	12.3%	13.2%	13.3%	13.0%	12.4%	13.1%	13.9%	14.2%	14.4%	14.1%	13.9%	13.9%	13.8%	13.8%	14.2%	14.2%
Band 6 Nursing Turnover	1174	119	10.1%	10.0%	10.0%	10.3%	9.9%	9.4%	9.5%	9.4%	8.6%	9.4%	9.4%	9.4%	8.9%	8.9%	8.8%	8.4%	8.5%	8.1%	8.2%
Band 7+ Nursing Turnover	708	69	9.7%	9.5%	10.3%	9.8%	8.9%	8.6%	8.7%	8.3%	8.7%	9.0%	8.0%	7.2%	8.4%	7.5%	6.7%	7.1%	6.4%	6.8%	6.7%

Overall turnover continues to remain stable across all levels of nursing with a very small increase for band 5's.

Registered Midwifery Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
All Midwifery Turnover	280	57	20.5%	19.1%	18.6%	18.0%	17.0%	15.7%	15.6%	16.7%	14.5%	13.1%	13.7%	12.8%	12.0%	12.4%	13.1%	12.3%	12.0%	11.5%	11.4%
Band 5 Midwifery Turnover	37	5	12.1%	14.4%	11.8%	8.7%	6.9%	6.6%	6.7%	8.8%	8.2%	8.6%	8.2%	8.2%	5.2%	5.0%	4.9%	6.8%	6.6%	0.0%	0.0%
Band 6 Midwifery Turnover	180	42	23.5%	21.6%	21.6%	20.6%	19.4%	18.5%	18.2%	18.9%	16.3%	15.1%	15.0%	13.7%	13.4%	13.9%	14.5%	13.7%	13.4%	13.7%	13.7%
Band 7+ Midwifery Turnover	63	11	16.9%	14.0%	14.0%	16.4%	16.8%	13.9%	14.3%	15.8%	13.9%	10.3%	11.6%	12.6%	11.9%	12.7%	14.5%	12.2%	11.9%	13.5%	12.8%

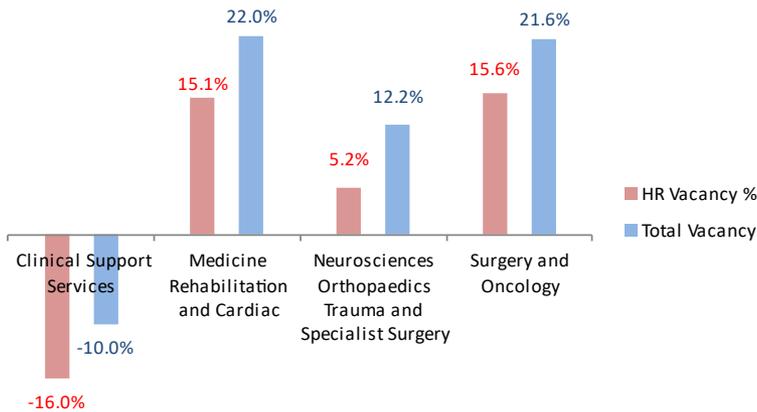
Trend in turnover has continued to increased. The increase can partially attributed to an increase in movement of workforce post-pandemic. Other reasons for turnover include retirement however a number have returned which won't be represented in the data, the cost of living, promotions offered in other Trusts and work related stress has been given by some staff as reasons for leaving.

There are a number of initiatives maternity are putting in place to improve recruitment and retention led by the interim Director of Midwifery and the Clinical Midwifery Manager. These include enhancing education, support midwives dedicated to retire and return, supporting staff with engagement and participation of workstreams in line with the Maternity Development Programme, improved communications and re launching the band 6 to 7 development programme. Maternity are planning to appoint a dedicated Recruitment and Retention Lead using the Ockenden funding once approved and supporting staff with wellbeing initiatives including an increased focus on stay interviews.

Maternity currently have 36 newly qualified midwives due to join the Trust over August/Sept and a bid has been submitted to secure funding to support international midwifery recruitment.

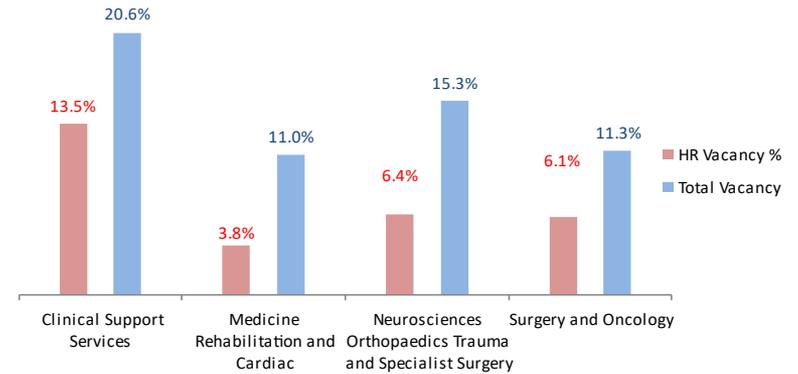
RN and Midwifery Vacancies – July 2022

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.

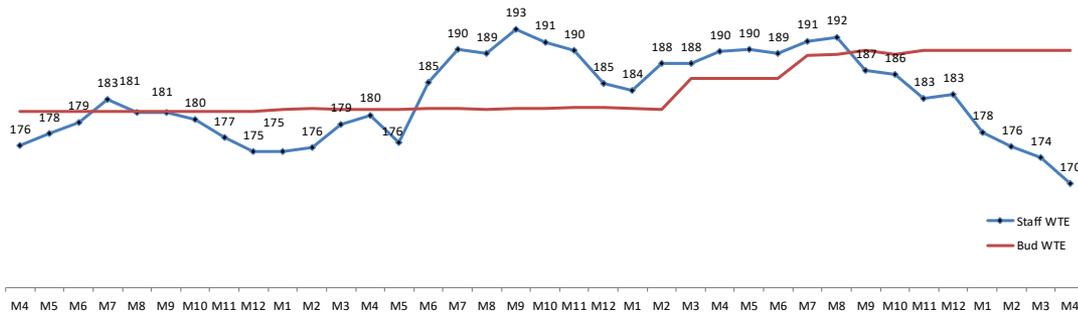
Vacancy at band 6/7 by division in percentage.



Band 6/7 RN vacancies continues to remain consistent with the previous month.

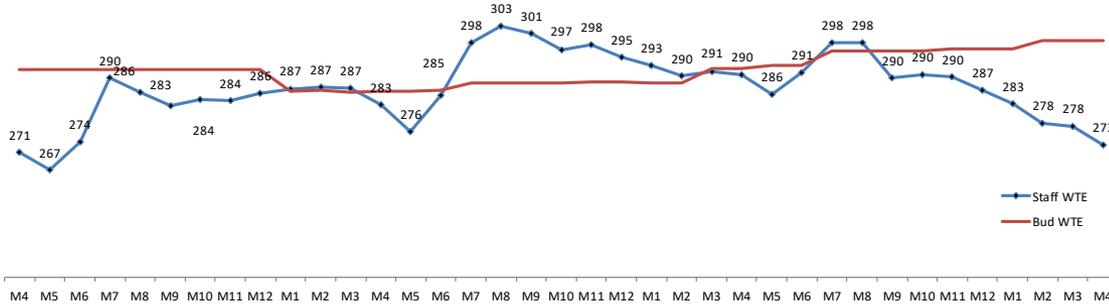
Midwifery Staffing – July 2022

Band 6 Midwives - Staff and Budget



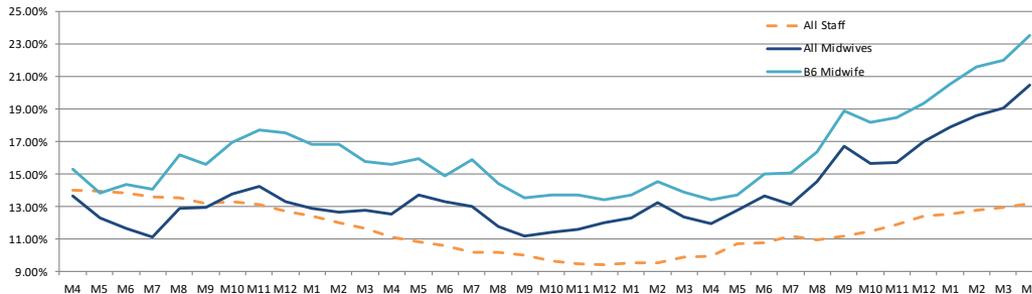
Band 6 midwives is the larger workforce within midwifery and is monitored through the steering group for the same reasons as band 5 within the RN workforce.

All Midwives - Staff and Budget



Against budget, midwifery staff in post has continued to decrease.

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 – 3** Return to theatre for examination under anaesthesia. Incidents reviewed.
- **Test Result Endorsement – 70.1%** Work continues with each area and the leads for each service.

Amber areas:

- **Unexpected term admissions to NNU – 30 (4.8%)** There were 50 unexpected term admissions to SCBU reviewed in July. 30 were graded as 'A' no care issues identified, appropriate guidelines followed. 20 were graded as 'B' cases issues identified but these did not impact the care or management. Learning identified: change to ELCS paperwork to include fetal heart heard prior to CS, reinforce the importance of contemporaneous record keeping, reinforce the need to send placenta to histology and document in intrapartum notes, highlight the importance of commencing fresh eyes in a timely manner, to reinforce the recommended guidance on delay of cord clamping, the importance of monitoring baby's wellbeing whilst umbilical cord is attached.

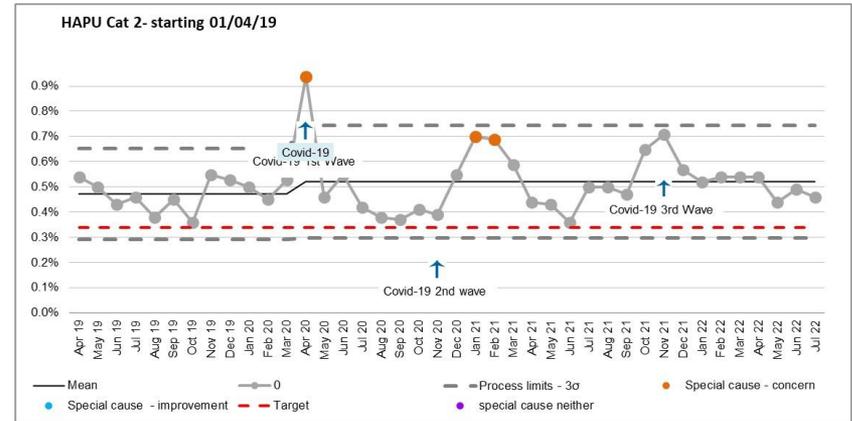
Green:

- **Percentage of Women Initiating Breastfeeding – 83%** Slight improvement from the previous month (81%).
- **3rd and 4th Degree tears – 3.1%** This was slightly increased on the previous month (2.5%)
- **HIE 2 and 3** – there were no cases reported in July.

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

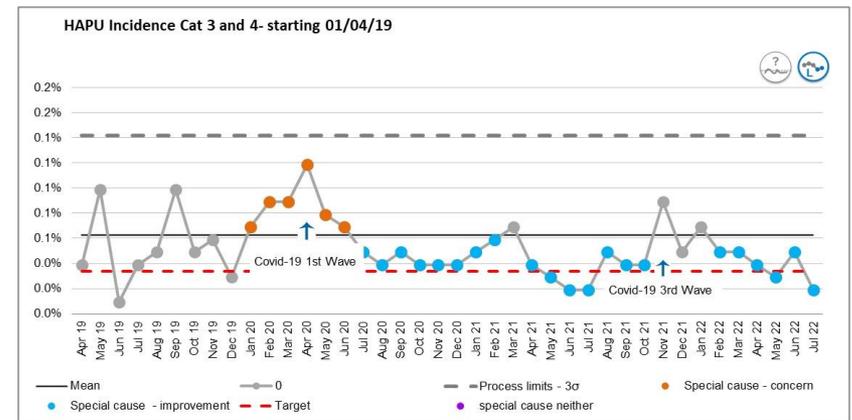
All HAPU Category 2 and above skin damage are confirmed by Tissue Viability Team if possible.

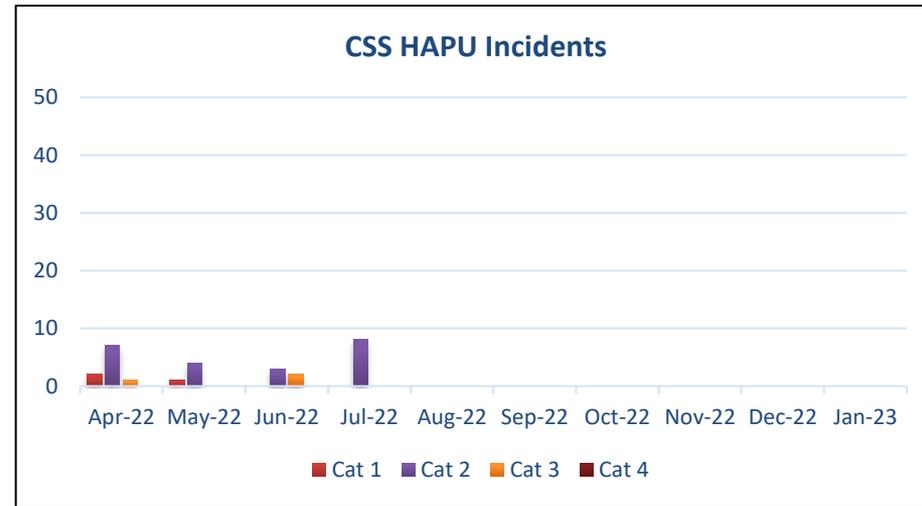
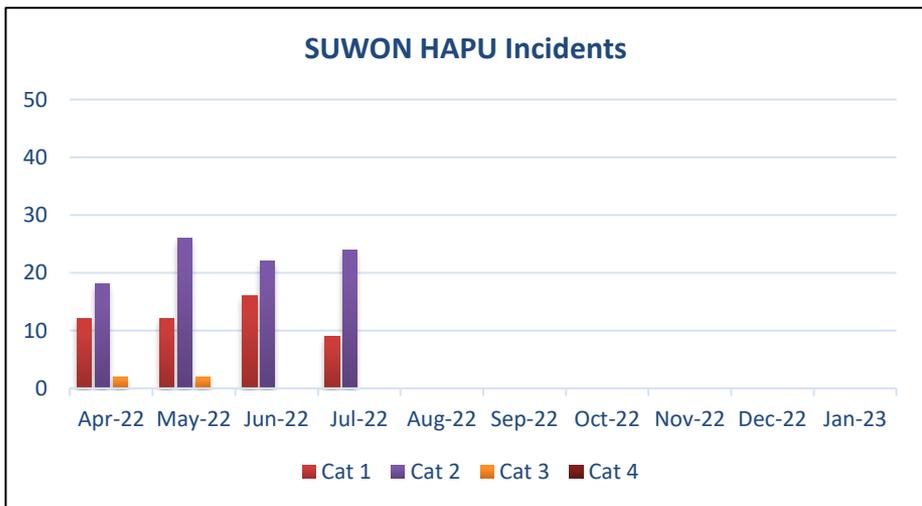
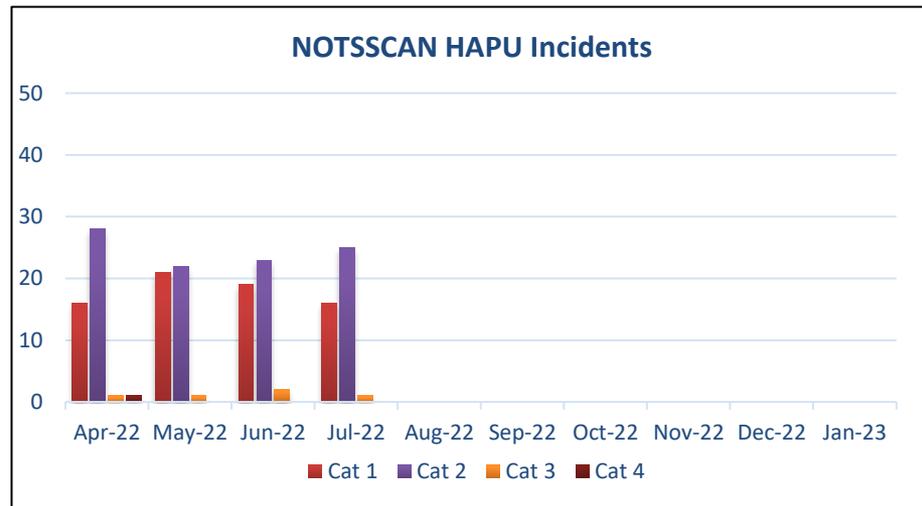
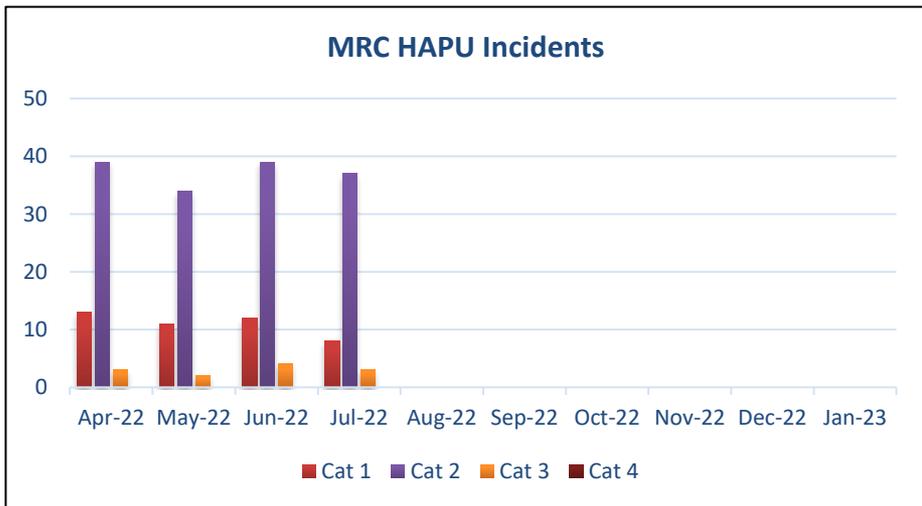
Chart 1: Reported Incidence of HAPU Cat 2 April 2019-July 2022



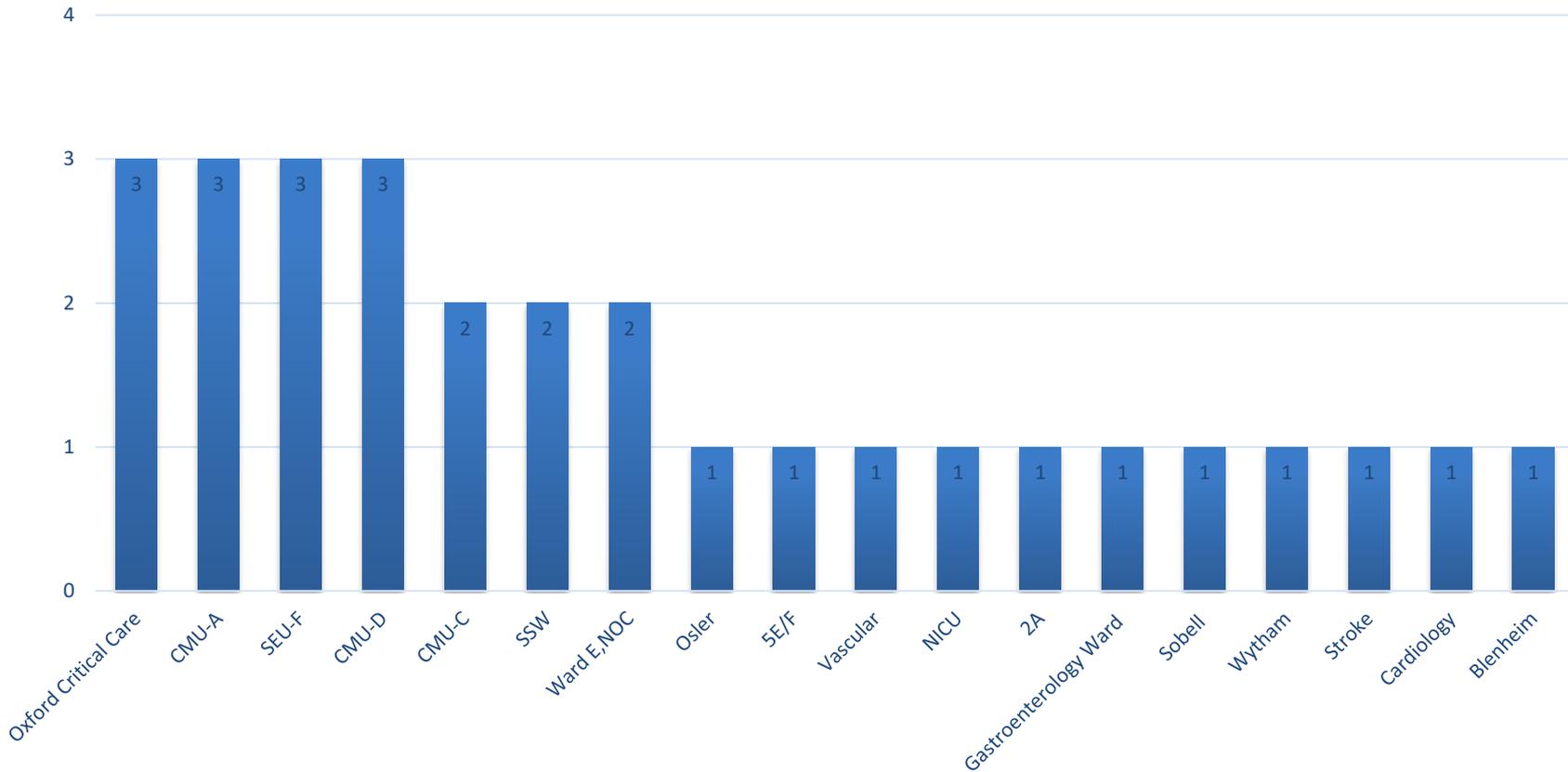
All HAPU Categories 3 and above follow the current Trust process for Moderate and above Impact. These incidents are monitored with oversight from the Harm Free Assurance Forum (HFAF).

Chart 2: Incidence of HAPU Cat 3 and above: April 2019 – July 2022





Moderate Impact Incidents by Clinical Area: April - July 2022



ANALYSIS: Of the 4 incidents reported as Moderate Impact, all were Category 3 pressure ulceration. The age range of the individuals affected was between 70-99. All patients were assessed as being at 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 17 days (range 6-28). The use of medical devices, a catheter and a tracheostomy tube, were associated with 2 of the 4 incidents with the average surface area damage of 1cm. All 4 areas of pressure damage have since been classified as healing.

DISCUSSION

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

ACTIONS

Themes from the AAR meetings are discussed at HFAF.

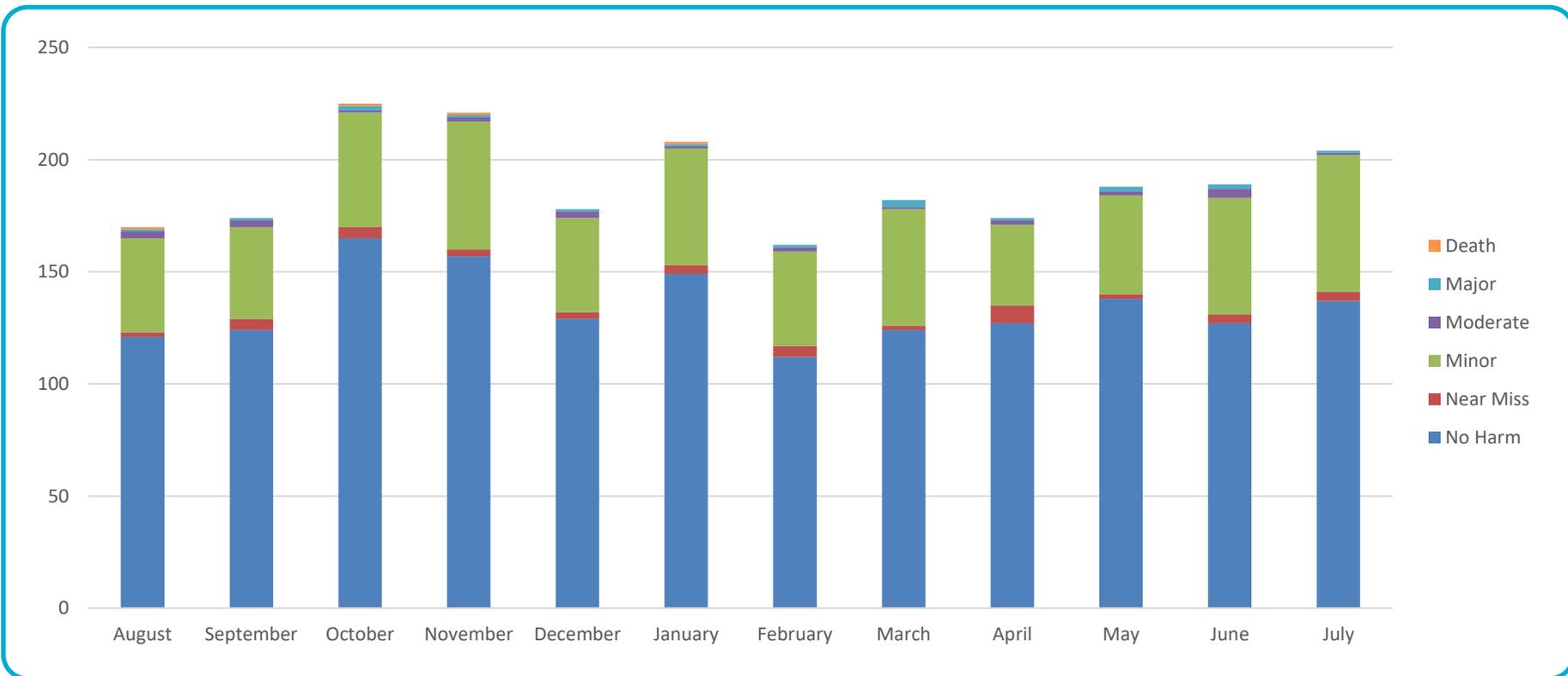
Pressure Ulcer Prevention eLearning for Registered and Non-Registered Nurses and Midwives and AHPs has been restored to Role Specific Training. The current compliance is 66% and 29% respectively.

The OUH Pressure Ulcer Prevention Policy and guidance documents have been approved for dissemination.

Results of the SKINS Care Bundle Audit are currently at 96% achievement

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%. A pressure ulcer reduction summit event was held on 18th August 2022, attended by over 60 delegates from across the organisation. Current insights into pressure ulceration were shared in order to identify and co-create service and quality improvement initiatives. Analysis of the data is currently underway. An associated workplan is under development 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 August 2021 – July 2022

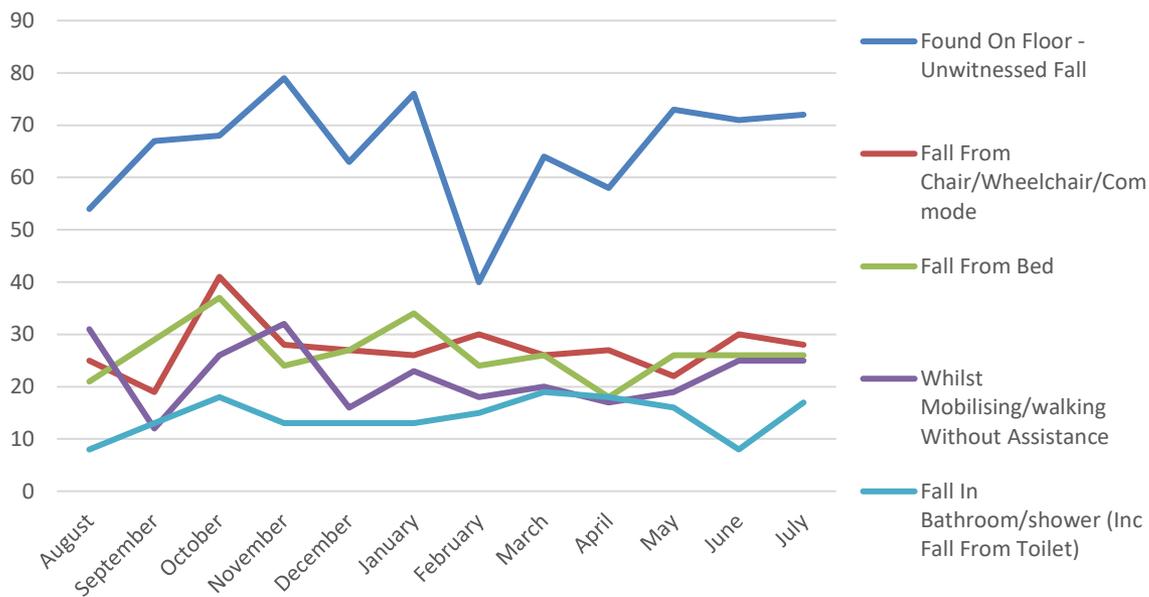


July 2022 summary: There were 204 falls reported in July, which represents a 7.9% increase compared to June (189). This total is above to the rolling average of 189.6 reported falls per month but is marginally lower than the total falls for this time last year of 211 (2021/22 performance data is affected by the coronavirus pandemic). Falls resulting in harm (minor and above) accounted for 63 (30.9%) of all falls this month, which is comparable to June's performance (58, 30.7%). There were two falls resulting in higher severity harm levels (2/204, 1.0%): Moderate - 1 and Major - 1, which is lower than June (3.1%) and the rolling average (2.0%)

Harm level	July 2021*	July 2022
No harm	127	137 (↑)
Near miss	4	4 (-)
Minor	70	61 (↓)
Moderate	5	1 (↓)
Major	4	1 (↓)
Death	1	0 (↓)
Total falls	211	204 (↓)

July performance: annual comparison 2021* vs 2022

Top five categories of falls - rolling 12-month period: August 2021 to July 2022



Top five categories of falls July 2022

Previous month comparison

Category	Jun	Jul
Unwitnessed Fall – found on floor	71	72 (↑)
Fall From Chair / Wheelchair/Commode	30	28 (↓)
Fall from bed	26	26 (-)
Fall whilst mobilising/ walking without assistance	25	25 (-)
Fall in bathroom/shower/ from toilet	8	17 (↑)

ANALYSIS:

The number of reported falls in July increased by 7.9% compared to June. This increase is entirely attributable to an increase in falls with no harm and minor harm. Falls with a higher severity harm (moderate and above) reduced within month from 3% in June to 1% in July, which is 1% lower than the monthly average of 2.0%.

IDENTIFIED THEMES:

- Marginal increase in number of total falls within month
- Reduction in proportion of falls with higher severity harm in July compared to previous month and rolling 12-month average.

ACTIONS:

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

Complaints reporting July 2022

The Trust received and recorded 101 formal complaints in July 2022, which is an increase in the number received in June 2022 (n=86).

Emerging/continuing themes

July saw 19 complaints recorded against a category of Patient Care, with issues including failure to provide adequate care, catheter care, discharged too early, inadequate support provided and wait for operation/procedure. 8 of these complaints were recorded for NOTSSCAN Division, with the other 11 spanning the three other clinical Divisions.

Complaints regarding appointments increased in July, with 17 complaints received. 7 of these complaints were recorded for the SUWON Division, with the other 10 spanning the three other clinical Divisions. Issues raised included appointment cancellations, appointment delays, appointment referral – failure and appointments – not kept by staff.

Update on last month's theme

Last month it was reported there had been an increase in complaints received regarding the emergency departments, with 17 in total. July also saw 15 complaints regarding the emergency departments, with issues including a failure to act in a professional manner, care needs not adequately met, missed or incorrect diagnosis and delay/difficulty in obtaining clinical assistance. Complaints regarding the Emergency Departments will continue to be monitored.

Complaints Compliance

The monthly complaints dashboard has been expanded on, and now includes additional features such as the number of complaints 'paused' (for example, if a SIRI investigation is taking place regarding the incident, or if consent is required). This gives a more accurate picture of the number of open cases and allows Divisions to monitor the progress of their open complaints better and supports the information on breached complaints that is presented to the Chief Nursing Officer each week. The dashboard also shows the number of reopened complaints each month, by Division, as well as the themes of issues raised.

Breached complaints continue to be presented to the Chief Nursing Officer on a weekly basis and shared with the relevant Divisions. The breach sheet shows where each complaint is in the process – for example, is it with the Division/Directorate for investigation, with the Complaints Co-ordinator for review, with the Complaints & Patient Services Manager for final review or with the CNO for sign-off. Divisions requiring extra support with the complaints will meet with the CNO and Complaints team in the coming weeks.

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 services. The Patient Safety team, who attend the meeting, will also review the complaints reported 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.

Friends and Family Test

The SMS module went live for Maternity Birth section on the 6th August. Since then, feedback has been filtering in and experiences of Birth in the Trust reported on. This feedback will be sent to the teams on a monthly basis and will be reported in August's IPR slides and then every month going forward.

The arrangements for the Long Covid Clinics FFT have been confirmed in conjunction the Respiratory Medicine team, the Informatics team and the Patient Experience Team to ensure that this data is reported monthly to NHS England as required.

Work to improve the FFT process is ongoing with the aim to provide an effective process whereby feedback is collected, analysed and reported efficiently and consistently each month. These improvements have been categorised and prioritised and work is underway to make the required changes, embed new processes and increase the reach of the feedback. Below is a summary of the first phase of the project and the areas identified.

Locations Audit

- Work with Divisions to ensure locations listed are correct and up to date.
- Amend locations directory and ensure each locations has a nominated contact.
- Amend Envoy report distribution list to ensure the reports are going to the right people

Radiology Responses

- Unpick the lack of responses for Radiology
- Work to understand the arrangements for SMS feedback with the Informatics team to find a way of including Radiology appointments within the sample

Unify Process

- Current process needs refining and simplifying
- Benchmarking work with other Trusts to understand their process, challenges and use of suppliers.
- Work with IT and Informatics teams to refine the process

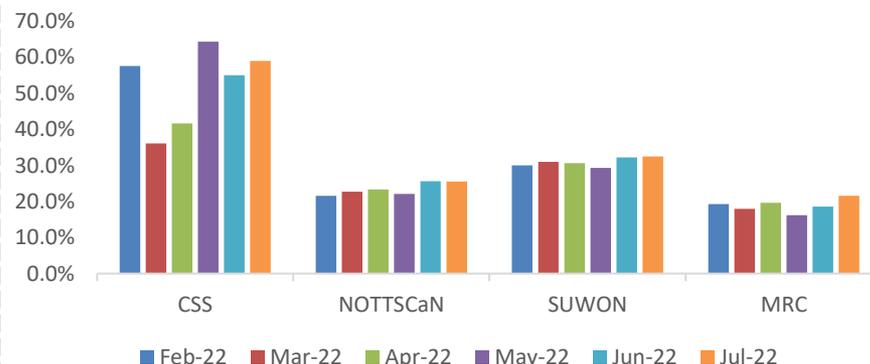
Children's FFT

- Work to embed Children's FFT process in with the Main FFT process for the Trust, instead of having two separate processes.

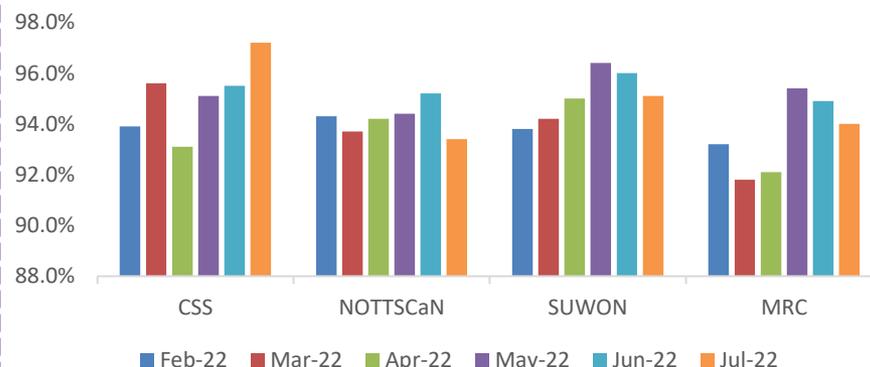
Maternity FFT

- Introduction of the Birth SMS option for feedback.
- Update of online survey and refresh of paper forms to allow for multiple options for feedback on Maternity Services.
- Comms campaign to refresh and reinforce the importance of this feedback

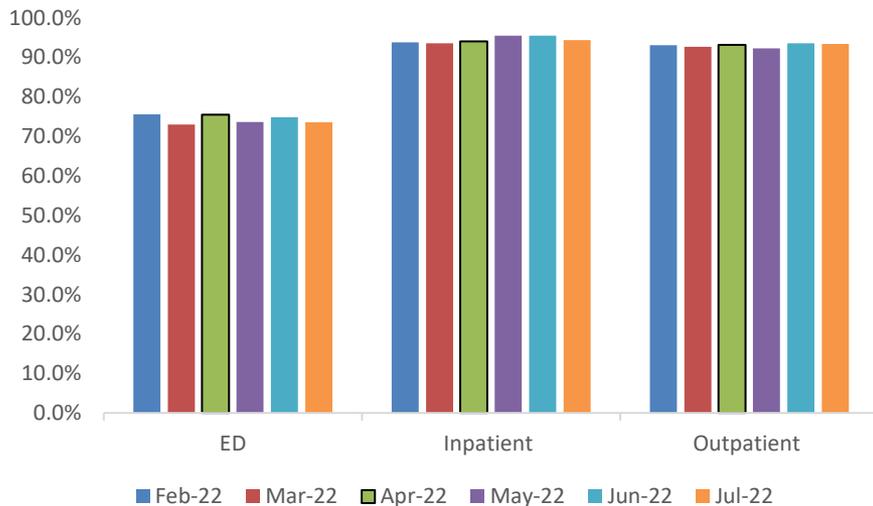
Inpatient Response Rate by Division



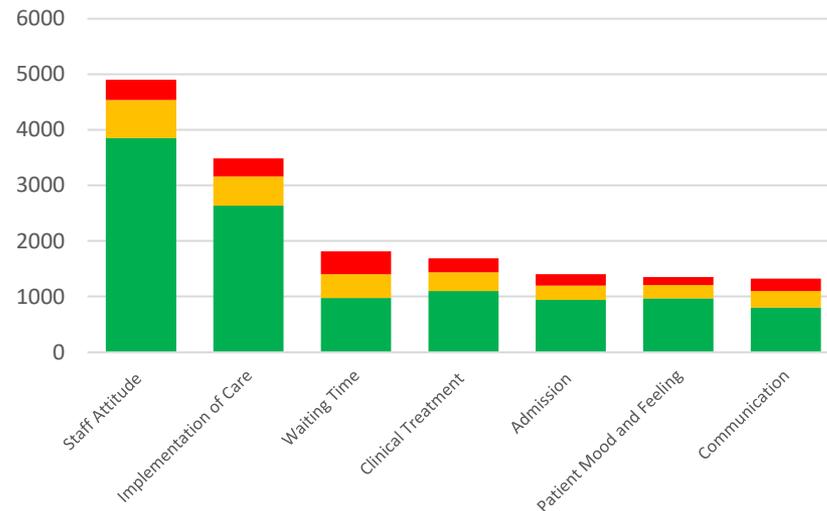
Inpatient Approval rate by Division



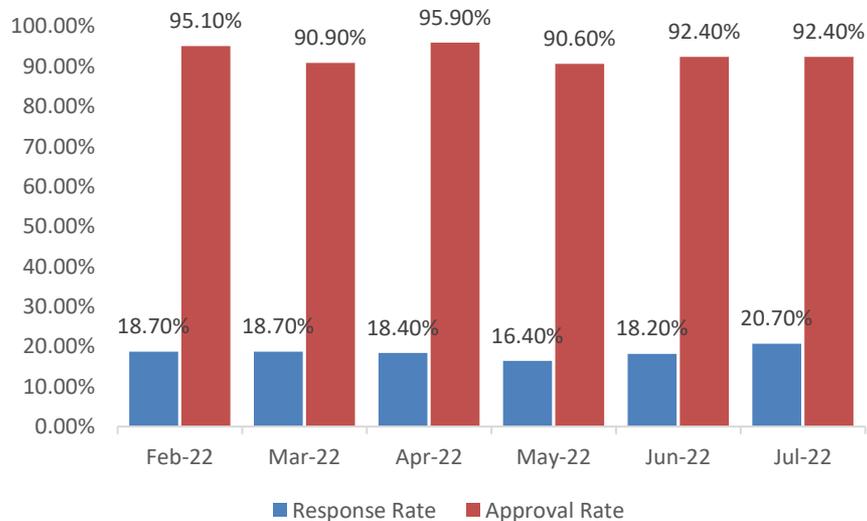
FFT Approval Rate by Service



FFT Sentiment and Themes breakdown July 2022



Children's FFT Response and Approval Rate July 2022

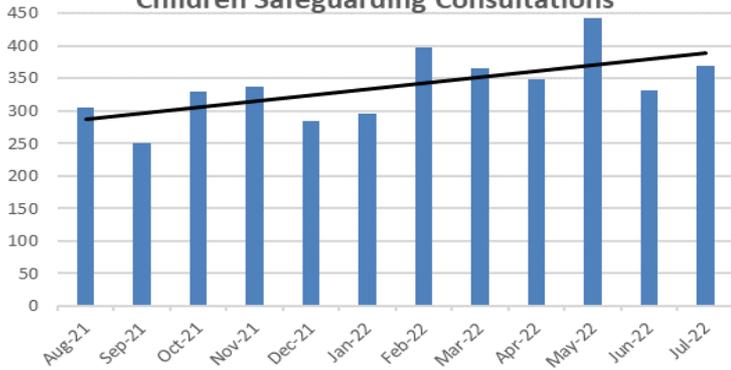


Children's FFT update

All children's hospital ward sisters and FFT champions have now received training on how to access children's FFT reports from Envo. A written guide has also been shared. This means that ward sisters and FFT champions now have easier access to their FFT data.

Safeguarding Children July 2022

Children Safeguarding Consultations



Consultations activity increased over July by 38 (n=370). Neglect remains the main category.

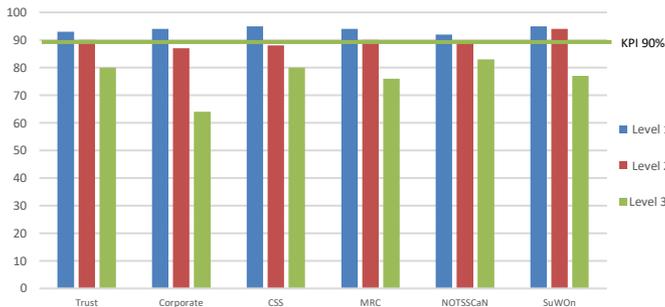
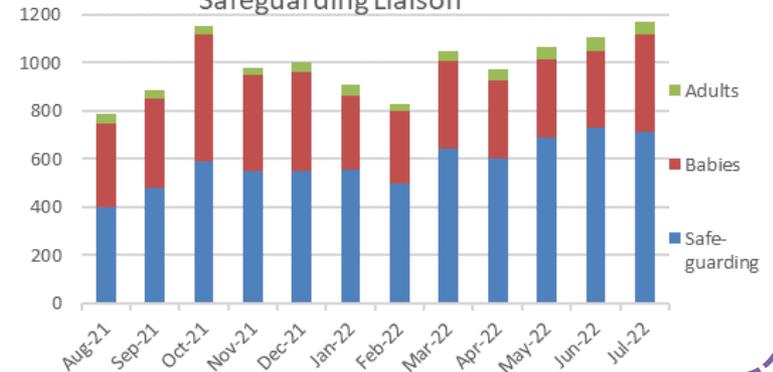
Delays in discharge continue for children with mental health presentations or disabilities due to a lack of placements or care packages. Cases are escalated within the Trust and to the Integrated Care Boards.

The number of strategy meetings attended by the team increased by 4 (n=17). Complex maternity safeguarding continues to increase. Legal involvement has increased which is related to illicit drug abuse, domestic abuse and mental health.

The MASH information shares has improved with additional resource.

Safeguarding Liaison The total referrals increased by 65 over July (n=1169), safeguarding dropped by 16 (n=712). There has been an increase of 87 babies (n=407) in July. All information is shared for each case with primary care. Frequent attendances to ED are monitored (n=127), an increase of 1. There were 6 less adults presenting to ED with safeguarding concern and caring responsibilities for children increased. There were 87 information requests for child protection conference, an increase of 5. This was for 78 children and 9 unborn babies in 46 families.

Safeguarding Liaison



Safeguarding Children Training Compliance

Level 1 compliance increased by 3% to 93% = 257 staff require training. Level 2 remains at 90% =78 staff require training and level 3 increased 2% at 80% = 332 staff require training. Level 3 training is below the 90% KPI and is mainly within children's services (n=129), maternity (n=95) and ED (n=74). Reminders have been sent to directorate leads. There is maternity bespoke training planned and the children's directorate PDN team are supporting additional training. Places are available on MST training and there is training available via E-learning for health for all levels.

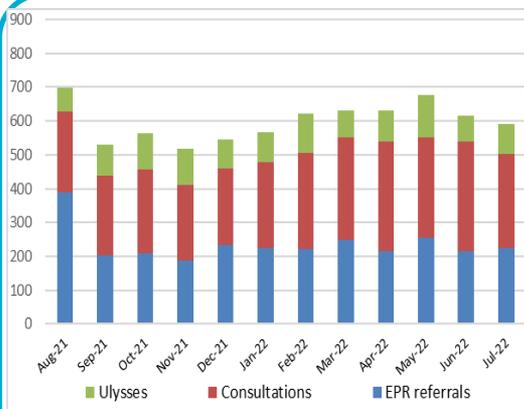


Chart 1: Combined Activity

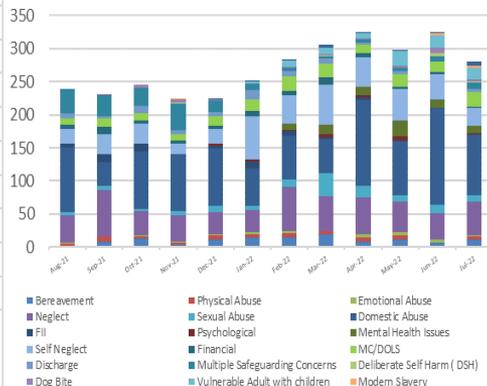


Chart 2: Consultations

Activity

Chart 1: Combined activity decreased by 25 (n=592). EPR referrals increased by 10 (n=224). Ulysses incidents increased by 10 (n=88) and consultations decreased by 45 (n=280).

Chart 2: Domestic abuse, neglect and self-neglect continue to be the main categories of concern. The number of referrals to the MASH increased due to concerns related to adult mental health and domestic abuse who have caring responsibilities for their children.

Governance: Due to team capacity issues related to a vacancy and team sickness, ward walkabouts have not taken place to support capacity and DoLS assessments. There has been a positive impact from the involvement of divisional practice development teams to support Mental Capacity Assessments. Clinical teams have been supported when families are not considered to be acting in their relatives' best interests to ensure safe discharge. The team continues to encourage capacity assessments and provide 1:1 training.

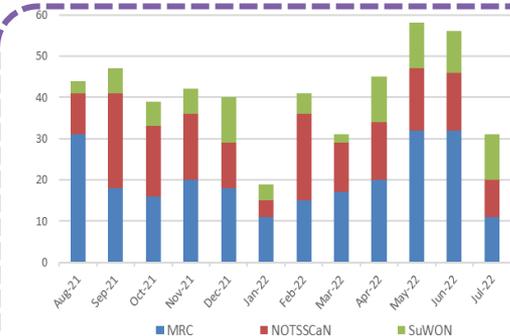


Chart 3: DOLS Applications by Division

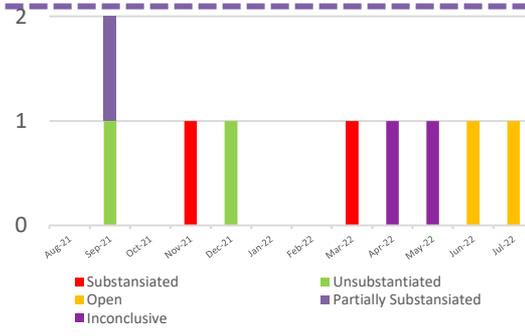


Chart 4: Section 42 investigations

Statutory responsibilities

Chart 3: There were 31 Deprivation of Liberty Safeguards (DoLS) applications reviewed during July, a significant decrease of 25.

Chart 4: There has been one new s42 investigation request in July for MRC related to safe discharge.

There are currently two open s42 enquiries, both for the MRC Division. Two s42 investigations have been closed, one unsubstantiated related to an allegation of sexual assault and one unsubstantiated related to an allegation of neglect

Governance: Learning from investigations are disseminated to the division.

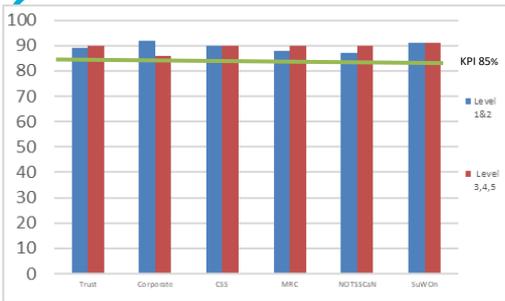


Chart 5: Prevent Training

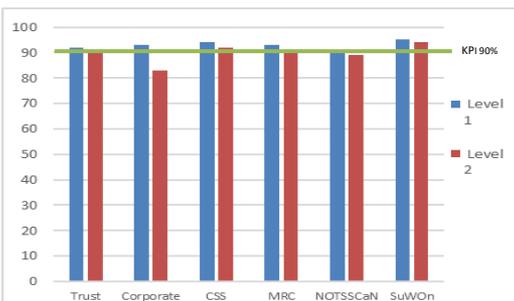


Chart 6: Safeguarding Training

Training

Chart 5: Trust Prevent training Level 1 & 2 compliance increased 2 to 89% = 1088 staff require training. Level 3,4 & 5 compliance remains at 90% = 398 staff require training. The KPI is set at 85% and compliance is improving.

Chart 6: Safeguarding training compliance across the Trust has improved to above the 90% KPI. Level 1 increased 1% to 92% = 385 staff require training, and level 2 decreased slightly by 2% to 91% = 80 staff require training.

MLH data is considered to be more accurate with mapping. MLH reminders have been sent and managers are encouraged to request staff to complete training. Level 3 roll out is delayed due to capacity.

Person type: Patient

RIDDOR type: Specified Injury-fracture

Accident type: Another kind of accident

Incident location: Emergency Department-JR

Incident details : The injured party (IP) was a patient who sustained a fractured elbow as a result of being restrained by a security officer.

Additional information: The IP had been assessed and deemed not to have capacity. IP made a sudden move for the door, as he did so he twisted his arm and leg around the door, putting them in an unnatural position, and also grabbed hold of the Security Officers' wrist. The Officer moved his arm to gain control, however the IP continued to struggle. This dynamic movement led to the injury occurring by a hyper extension of the left elbow.

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

Lessons learned: Incident reviewed by Trust Security Manager and a Maybo accredited trainer has independently reviewed the CCTV footage and stated that all the restraint requirements were followed and that the injury was not caused by an incorrect technique or excessive force.

Person type: Staff

RIDDOR type: Another kind of accident

Accident type: Accident - over 7 day absence

Incident location: Women's Centre, maternity, level 5-JR

Incident details : The injured party (IP) was a staff member who slipped off a wheeled (office type) chair and sustained a fractured elbow.

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: Flooring and chair/wheels reviewed by Health and Safety team and local management, all were appropriate.

Person type: Staff

RIDDOR type: Another kind of accident

Accident type: Accident - over 7 day absence

Incident location: Women's Centre, level 2-JR

Incident details : The injured party (IP) was a staff member who trapped their finger between an office door frame and door.

Additional information: The IP suffered soft tissue damage 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. Door stop fitted by Estates to prevent reoccurrence.

Person type: Staff

RIDDOR type: Lifting and handling injuries

Accident type: Accident - over 7 day absence

Incident location: OCE Ward-NOC

Incident details : The injured party (IP) was a staff member who injured their back trying to support a patient from falling whilst transferring from chair to commode.

Additional information: The IP suffered sprains and strains 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. Discussed in safety huddle and awareness of incidents of this nature and mitigations highlighted.

Person type: Staff

RIDDOR type: Lifting and handling injuries

Accident type: Accident - over 7 day absence

Incident location: Stroke Ward-JR, Level 7E

Incident details : The injured party (IP) was a staff member (with known back issues) who hurt their back whilst lifting a patients leg for imaging with assistance of one.

Additional information: The IP suffered sprains and strains 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. Review of risk assessment requested and visit by back care specialist arranged for refresher training/review of environment.

The PFI Indicator Dashboard illustrates the M4 position against the PFI objectives. The dashboard has been refined and now shows a six-month data trend. A summary of performance against objectives and risks by exception has been included in the PFI report, and an overview of the current position is summarised below. This is followed by exception reports against indicators falling below agreed standards.

The ROE model is now agreed with Mitie undertaking a trial of onboarding ten long-term agency colleagues to ROE contracts in August for OJR Site. A senior member of the Mitie team is now dedicated to the onboarding process, working collaboratively with the Trust HR team. From September, Mitie aims to recruit 100 colleagues a month onto ROE contracts; lessons learnt from the pilot will support the onboarding process. The anticipated completion date of 30th November for full ROE recruitment is considered achievable.

Cleaning standards at the CH site remain a challenge. In month four, a total of 12 audits were completed in FR1 & 2 areas, of which nine achieved greater than three stars. Divisional leads and the PFI team remain fully engaged with the G4S management team; weekly service improvement meetings are ongoing. The appropriate challenge and support are instilled to facilitate improvement with subsequent sustained delivery. G4S continue to recruit into the soft services management teams; the Head of Soft Services was appointed and in position from July. Progress in this area remains a challenge, though note a gradual improvement.

The initiative to assure PFI use of Ulysses for reporting and managing incidents has made good progress. A local SOP has been agreed, with Mitie and Bouygues, having received training on the system, now beginning to apply the process in their day-to-day routines with incident reports being recorded on the Ulysses system and the PFI team having visibility of the incidents and outcomes. G4S at Churchill and NOC have requested a variation to the contract for this piece of work. The request has been rejected by the PFI contract management team. The appointment of a new senior G4S manager for the project has not helped in progressing these discussions but OSL/G4S/Trust teams are currently engaged in resolving the matter. The full roll out across the PFIs is now scheduled to be complete on October 31st. Once established for all PFIs, compliance oversight and assurance will be provided by the Clinic Head of Hospitality Services.

Work continues to support the collaboration and integration of PFI services and improve the KPI metrics. This will ensure a greater level of analysis and trend data, allowing both the PFI providers and the Trust to understand the implications of these trends. The PFI team will continue to review the overall KPI metrics, working to understand the data at a granular level. This approach enables the team to support and work with our providers to focus their attention and achieve the required outcomes collaboratively.

The National Cleaning Standards 2021 are being rolled out across all sites. Training with the engagement of the PFI providers and clinical teams is complete; local Cleaning Charter and standards posters produced for patient and visitor information; displayed in over 400 locations across the Trust. The 2021 Standards went live on the 1st July 2022, utilising the Synbiotix reporting platform to assure information transparency, optimise communication to service recipients and allow the PFI management team to monitor compliance of all service providers closely. A star rating system promoted by the 2021 Standards was introduced to complement this.

The cleaning improvement programme at Churchill continues, a formal weekly review of progress of the delivery plan is maintained with appropriate challenge as required. The Trust PFI management team continue to actively engage with clinical teams ensuring site and area inspections are undertaken weekly, this approach promoting positive working relationships whilst offering invaluable insight to matters identified as a concern.

Indicator and reason for exception reporting	Identification of actions to address risks, issues and emerging concerns relating to current performance and trajectory	Timescales to address performance issue and identification of any further support required	Committees/ Groups where indicator reviewed
<p>% of PFI workforce employed by Agency or zero hours (hours worked): 54% at the JR vs target of 20%</p>	<p>ROE model has been approved with an onboarding to ROE pilot commencing in August. After this, Mitie will onboard circa 100 staff monthly to permanent ROE contracts.</p>	<ul style="list-style-type: none"> Mitie's proposal is to be fully recruited by Nov 22 	<ul style="list-style-type: none"> Soft FM performance review meeting. TME
<p>G4S at the Nuffield Orthopaedic Centre has limited the amount of human resource data they are willing to provide to the Trust.</p>	<p>Formally requested data to be provided from SPV; G4S response awaited. If agreed, a variation will be raised for changes to reporting requirements. The request will be for monthly reporting of the required IPR data within the standard service reports.</p>	<ul style="list-style-type: none"> Agreement and variation issued by 31st Oct 2022 	<ul style="list-style-type: none"> Trust/PFI client meeting
<p>% of cleaning audits completed vs required standard. G4S delivering 21% (12) at the Churchill vs target of 100% (58)</p> <p>Of the 12 completed, three failed to achieve greater than three stars.</p>	<p>PFI Contract Management team working collaboratively with G4S soft FM service manager to improve this situation. Weekly service improvements meetings continue. Soft FM manager now in post. Deputy manager and help desk manager vacancy being actively recruited into, PFI compliance managers continue liaising closely with the Churchill clinical teams to ensure all are fully aware of any local issues as they arise, ensuring responsive G4S actions to resolve issues identified at the local level.</p>	<ul style="list-style-type: none"> Ongoing weekly review Collaborative working and support of local clinical teams by PFI compliance managers Support to introduce Synbiotix auditing system 	<ul style="list-style-type: none"> Soft FM performance reviews Monthly Soft FM contract meetings
<p>The quality and content of CH G4S complaint responses are unsatisfactory.</p>	<p>G4S have been asked to provide their SOP for complaint responses. The Trusts Clinical Head of Hospitality will continue to review all complaint responses, providing the G4S management team with appropriate constructive feedback as required. The PFI management team will continue to monitor, ensuring all complaints are responded to within required timeframes.</p>	<ul style="list-style-type: none"> Weekly review of outstanding responses. To be included as any other business at weekly improvement meetings. 	<ul style="list-style-type: none"> Soft FM performance reviews Monthly Soft FM contract meetings
<p>Following a required suspension of PLACE assessments necessitated by the pandemic, the Trust has yet to resume this invaluable activity.</p>	<p>NHS digital have confirmed a go live date of 5th September 2022. The Trust Patient service manager and team have commenced recruitment and training of the audit team. The Trust PFI will play a supportive chaperoning role during audit, subsequently assuring delivery where achievable of the identified actions from audit.</p>	<ul style="list-style-type: none"> The required number of PLACE audits for the four sites will be completed by 5th November 2022 	<ul style="list-style-type: none"> TME Trust clinical governance meeting
<p>G4S at the Churchill and NOC have been slow in responding on the transition to utilising the Ulysses incident reporting platform..</p>	<p>Clinical lead for hospitality services working with PFI contract manager to secure this engagement. A change in the G4S senior manager on the contract has not helped progress the required actions with the new incumbent now taking the required engagement forward</p>	<ul style="list-style-type: none"> All PFI service providers will have transitioned to utilising Ulysses system by end November 22 	<ul style="list-style-type: none"> Service meeting Trust/PFI client meeting

Indicator	Target	Site	M10	M11	M12	M1	M2	M3	M4 July 22	Exception report	Trend
			M10 Jan 21	M11 Feb 22	M12 Mar 22	M1 April 22	M2 May 22	M3 Jun 22	M4 July 22		
% of Porters that have undertaken mortuary training	50%	JR West Wing	40%	40%	40%	21%	77%	70%	67%	Y	
		Churchill Cancer Centre	85%	85%	85%	48%	95%	92%	92%	Y	
		Nuffield Orthopaedic Centre	Not applicable								
% of Porters that have undertaken PPID training	95%	JR West Wing	98%	98%	98%	86%	69%	92%	96%		
		Churchill Cancer Centre	0%	0%	0%	100%	100%	100%	Not supplied	Y	
		Nuffield Orthopaedic Centre	100%	100%	100%	100%	100%	100%	Not supplied	Y	
% of Porters that have undertaken Core Skills training	90%	JR West Wing	97%	94%	95%	89%	94%	92%	96%		
		Churchill Cancer Centre	93%	93%	93%	88%	95%	94%	90%		
		Nuffield Orthopaedic Centre	87%	100%	100%	81%	96%	96%	Not supplied	Y	
Number of incidents with moderate harm or above	0	JR West Wing	0	0	0	0	0	0	0		
		Churchill Cancer Centre	0	0	0	0	0	0	0		
		Nuffield Orthopaedic Centre	0	0	0	0	0	0	0		
% of PFI workforce employed by Agency or zero hours(hours worked)	20%	JR West Wing	54%	59%	57%	56%	59%	59%	54%	Y	
		Churchill Cancer Centre	10%	13%	12%	16%	14%	13%	13%		
		Nuffield Orthopaedic Centre	13%	13%	10%	18%	18%	18%	Not supplied	Y	
PPMs completed in month vs programme including statutory inspections	% (stat)	JR West Wing	100%	99%	99%	99.60%	100%	100%	100%		
		Churchill Cancer Centre	96%	96%	98%	99.60%	99.81%	99.84%	100%		
		Nuffield Orthopaedic Centre	100%	99%	99%	99.00%	100%	100%	Not supplied		
Items by exception to report where statutory obligations at risk or not on track to be completed	0	JR West Wing	0	0	0	0	0	0	0		
		Churchill Cancer Centre	0	0	0	0	0	0	0		
		Nuffield Orthopaedic Centre	0	0	0	0	0	0	0		
% cleaning score by site (average)	Monthly Avg	JR Site	96%	96%	96%	97%	97%	97%	96%		
		Churchill Cancer Centre	90%	94%	95%	91%	90%	93%	95%		
		Nuffield Orthopaedic Centre	97%	100%	95%	95%	94%	95%	96%		
% of cleaning audits completed vs scheduled	100%	JR West Wing	70%	100%	90%	99%	60%	100%	65%		
		Churchill Cancer Centre	49%	81%	41%	72%	68%	40%	21%	Y	
		Nuffield Orthopaedic Centre	100%	100%	90%	95%	40%	100%	77%		
Number of cleaning audits completed below the performance standard	TBC	JR West Wing	7.00	65.00	91.00	75	2	92	10		
		Churchill Cancer Centre	16.00	22.00	16.00	26	10	23	3	Y	
		Nuffield Orthopaedic Centre	2.00	0.00	10.00	11	11	50	0		
Number of complaints received		JR West Wing	31.00	10.00	30.00	22	14	7	16		
		Churchill Cancer Centre	0.00	8.00	6.00	11	6	13	25	Y	
		Nuffield Orthopaedic Centre	0	0	2	0	0	0	0		
% of complaints responded to by the PFI team within 3 weeks	100%	JR West Wing	100%	80%	90%	100%	100%	100%	88%	Y	
		Churchill Cancer Centre	100%	100%	100%	50%	100%	76%	92%	Y	
		Nuffield Orthopaedic Centre	100%	100%	100%	Not applicable	Not applicable	Not applicable	Not applicable		
Outline of schedule of service changes/ reviews provided		JR West Wing	None at this time	None in month	135 surveys completed, 97% Satisfaction						
		Churchill Cancer Centre	None at this time	None in month	Y						
		Nuffield Orthopaedic Centre	None at this time	None in month	41 surveys completed, 90.2% satisfaction						
Meaningful patient involvement demonstrated in all changes/ reviews	100%	JR West Wing	None at this time	100%							
		Churchill Cancer Centre	None at this time	Y							
		Nuffield Orthopaedic Centre	None at this time	100%							
% of PLACE audits due in 6 months scheduled		JR West Wing	None at this time	Y							
		Churchill Cancer Centre	None at this time	Y							
		Nuffield Orthopaedic Centre	None at this time	Y							
% of PLACE audits scheduled to be undertaken completed		JR West Wing	TBC								
		Churchill Cancer Centre	TBC								
		Nuffield Orthopaedic Centre	TBC								
% of actions on track or completed by due dates following PLACE audits		JR West Wing	TBC								
		Churchill Cancer Centre	TBC								
		Nuffield Orthopaedic Centre	TBC								

Indicator	Target	Site	M10 Jan 21	M11 Feb 22	M12 Mar 22	M1 April 22	M2 May 22	M3 June 22	M4 July 22	Exception report	Trend
% of technology scheduled to be introduced on track or completed by due date	95%	JR West Wing	90%	90%	90%	90%	Not applicable	Not applicable	Not applicable		
		Churchill Cancer Centre	Not applicable								
		Nuffield Orthopaedic Centre	Not applicable								
% of providers with access to Ulysses	100%	JR West Wing	0%	0%	0%	0%	0%	0%	50%	Y	
		Churchill Cancer Centre	0%	0%	0%	0%	0%	0%	0%	Y	
		Nuffield Orthopaedic Centre	0%	0%	0%	0%	0%	0%	0%	Y	
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							
	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							
	Churchill Cancer Centre	Process in development	Process to be agreed								
	Nuffield Orthopaedic Centre	Process in development	Process to be agreed								
Provision of monthly deductions/withholds report provided (within 10 working days of month end) for each OUH Division		JR West Wing	£4,477.69	£5,356.35	£18,500.61	£18,036.36	£7,032.76	£4,814.56	£4,271.42		
	Churchill Cancer Centre	£28,204.89	£32,293.81	£28,204.89	£18,663.32	£16,690.11	£68,179.14	£57,471.85			
	Nuffield Orthopaedic Centre	597.46	96.78	126.28	£96.78	£126.28	£1,409.18	£2,486.30			
% of all deductions reviewed and signed off by finance (excluding current month)		JR West Wing	100%	100%	100%	100%	100%	100%	100%		
	Churchill Cancer Centre	100%	100%	100%	100%	100%	100%	100%	100%		
	Nuffield Orthopaedic Centre	100%	100%	100%	100%	100%	100%	100%	100%		
Provision of monthly recharge report provided (within 10 working days of month end) for each OUH Division		JR West Wing	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		
	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		
% of all recharges reviewed and signed off by finance (excluding current month)		JR West Wing	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		
	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		
Actual vs plan (monthly)		JR West Wing	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		
	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		
Actual vs plan (YTD)		JR West Wing	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		
	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		
Forecast vs plan (year end)		JR West Wing	TBC	Review dates in diaries							
	Churchill Cancer Centre	TBC	Review dates in diaries								
	Nuffield Orthopaedic Centre	TBC	Review dates in diaries								

Indicator	Target	Site	M10 Jan 21	M11 Feb 22	M12 Mar 22	M1 April 22	M2 May 22	M3 June 22	M4 July 22	Exception report	Trend
Capital investment plan and replacement programme in place		JR West Wing	In development								
		Churchill Cancer Centre	Awaiting SPV Sign off								
		Nuffield Orthopaedic Centre	In development	In Development							
Items by exception to report where there is deviation to lifecycle plan in current or future period and for implications to financial forecasting and other		JR West Wing	In development								
		Churchill Cancer Centre	In development								
		Nuffield Orthopaedic Centre	In development	In Development							
Alignment of PFI cleaning scores with independent assessment	N# of cleaning scores where deviation >5 percentage points	JR West Wing	3	3	5	0	0	Not applicable	Not applicable		
		Churchill Site	2	9	10	8	Not applicable	Not applicable	Not applicable		
		Nuffield Orthopaedic Centre	0	0	0	0	0	Not applicable	Not applicable		
Monthly Total Number of Service Failure Points by PFI provider		JR West Wing Hard FM	33	30	0	20	7	8	20		
		JR West Wing Soft FM	537	124	207	186	66	65	210		
		Churchill Cancer Centre	96	111	135	101	46	199	240		
		Nuffield Orthopaedic Centre	96	79	85	94	166	274	223		

ID	Descriptor	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
PS03	VTE Risk Assessment(% admitted patients receiving risk assessment)	98.01%	98.09%	N/A	98.05%	97.91%	97.93%	98.28%	98.34%	98.13%	98.33%	98.33%	N/A
PS05	Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)	48	56	71	78	83	96	101	107	7	14	21	33
PS06	Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)	0	1	1	2	2	3	4	4	0	0	0	0
PS08	% patients receiving stage 2 medicines reconciliation within 24h of admission	51.13%	48.44%	49.14%	50.80%	48.71%	47.86%	47.60%	47.36%	40.74%	44.88%	68.86%	N/A
PS10	% of incidents associated with moderate harm or greater	3.30%	2.20%	2.88%	4.52%	3.90%	4.38%	4.12%	4.10%	4.96%	5.18%	3.62%	3.70%
PS14	% Radiology direct access 7 day turnaround times - Plain Film, CT, MRI & Ultrasound	74.23%	72.91%	73.34%	73.34%	79.62%	77.35%	77.16%	70.50%	70.38%	69.58%	69.79%	N/A
PS16	CAS alerts breaching deadlines at end of month and/or closed during month beyond deadline	0	0	0	0	0	0	0	0	0	0	0	0
PS17	Number of hospital acquired thromboses identified and judged avoidable	1	2	0	0	2	2	0	2	2	0	0	0
CE02	Crude Mortality	182	254	229	200	265	241	198	235	239	213	194	253
CE03	Dementia - % patients aged > 75 admitted as an emergency who are screened	77.95%	74.97%	74.97%	76.98%	74.83%	72.10%	70.40%	72.43%	64.66%	72.86%	75.15%	N/A
CE06	ED - % patients seen, assessed and discharged / admitted within 4h of arrival	76.58%	72.13%	69.43%	67.76%	70.03%	70.17%	66.03%	64.35%	66.50%	67.39%	65.04%	62.22%
PE01	Friends & Family test % likely to recommend - ED	80.20%	74.04%	73.77%	73.97%	78.98%	N/A	75.60%	73.01%	75.48%	N/A	74.95%	73.60%
PE02	Friends & Family test % not likely to recommend - ED	12.27%	16.26%	16.16%	16.05%	13.60%	N/A	15.73%	17.43%	15.40%	N/A	16.77%	16.96%
PE03	Friends & Family test % likely to recommend - Mat	N/A	80.00%	100%	83.33%	66.67%	N/A	100.00%	90.91%	83.33%	N/A	83.33%	100.00%
PE04	Friends & Family test % not likely to recommend - Mat	N/A	0.00%	N/A	0.00%	8.33%	N/A	0.00%	0.00%	33.33%	N/A	0.00%	0.00%
PE05	Friends & Family test % likely to recommend - IP	95.12%	94.57%	93.80%	94.54%	94.98%	N/A	93.82%	93.46%	94.03%	N/A	95.39%	94.12%
PE06	Friends & Family test % not likely to recommend - IP	2.53%	2.86%	2.77%	2.89%	2.46%	N/A	2.90%	3.30%	2.90%	N/A	2.34%	2.95%
PE07	Friends & Family test % likely to recommend - OP	N/A	93.29%	N/A	93.16%	93.23%	N/A	93.05%	92.73%	93.22%	N/A	93.55%	93.37%
PE08	Friends & Family test % not likely to recommend - OP	N/A	3.33%	N/A	3.27%	3.24%	N/A	3.69%	4.09%	3.08%	N/A	3.23%	3.37%
PE15	% patients EAU length of stay < 12h	53.07%	51.19%	49.05%	51.41%	50.77%	50.76%	43.28%	48.28%	50.16%	50.51%	51.82%	47.22%
PE16	% Complaints upheld or partially upheld [Quarterly in arrears]	N/A	65.48%	N/A	N/A	75.91%	N/A	N/A	30.80%	N/A	N/A	43.55%	N/A

C. difficile

During July 2022 there were 11 HOHA cases of C. difficile and 1 COHA case; currently still in trajectory limit for 104 cases

Gram negative blood stream infections (GNBSI)

Target set by NHSE is to halve healthcare-associated GNBSI by 2023/4. This is challenging as the interventions required to reduce healthcare-associated GNBSI are not clear beyond urinary catheter care. The target for this year (2022/23) is a 5% reduction on the counts for the 12 months ending Nov-2021. Around a quarter of cases occur in patients receiving chemotherapy/haematological transplantation, usually secondary to gut translocation of bacteria due to mucosal barrier injury. All GNBSI have an RCA completed by the IPC team to review source, any potential risk factors and decide if the infection was a healthcare associated infection (HCAI). Of the 127 GNBSI so far this year, about 39% were reviewed as being possible HCAI. More detailed work is now being carried out to understand any themes or possible learning.

MRSA: No BSI cases for July

MSSA: 4 HOHA and 1 COHA BSIs: SPC chart has been updated to now include HOHA and COHA cases. Using the baseline of financial years April 2019 to March 2021, most of the results were below the centre line – the baseline has therefore been lowered to a more challenging baseline of Jan 2020 – Dev 2021. The majority of results are around the centre line, indicating stability and control.

Benchmarking against South East Region Performance (April-June): for the healthcare associated infections that have thresholds attached to them, the OUH is within the green RAG rating for C.diff and Pseudomonas, and amber for E.coli and Klebsiella.

COVID-19 Patients: in July the IPC team followed up 660 COVID-19 patients, increase in cases reflects community prevalence. Nosocomial: 50 definite cases and 69 probable cases, Number of outbreaks reducing, down from 20 to 9 open outbreaks.

Staff Testing

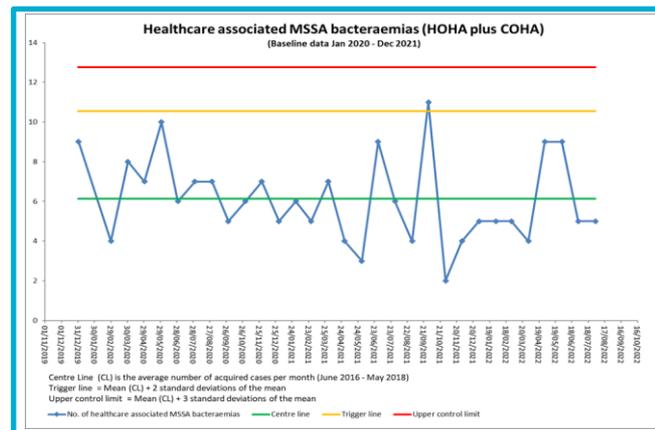
The number of staff taking part in the programme overall has decreased. Factors contributing to the decrease may be: new starters are not registered and intermittent website issues with recording results – awaiting a fix by the IM&T team. Most likely factor is a general reduction in participation in the programme, with a potential bias to reporting positive results.

Neonatal Unit MRSA Outbreak

Weekly outbreak meetings and review of actions continue to be held. No new cases for 4 weeks. Staff MRSA screening has commenced.

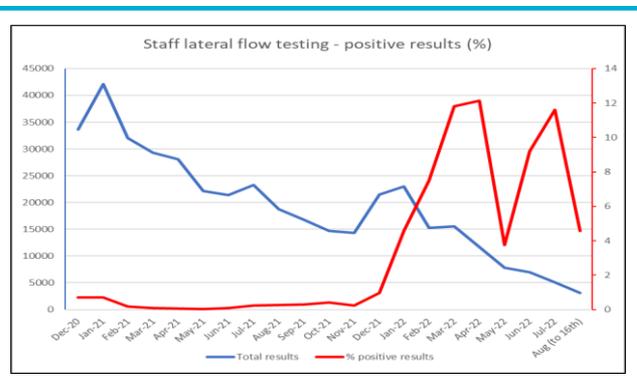
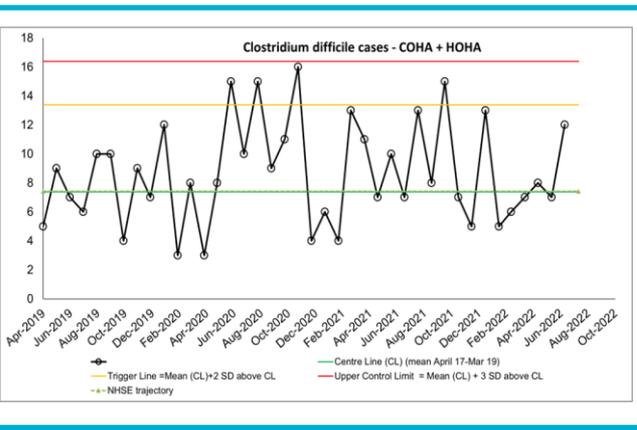
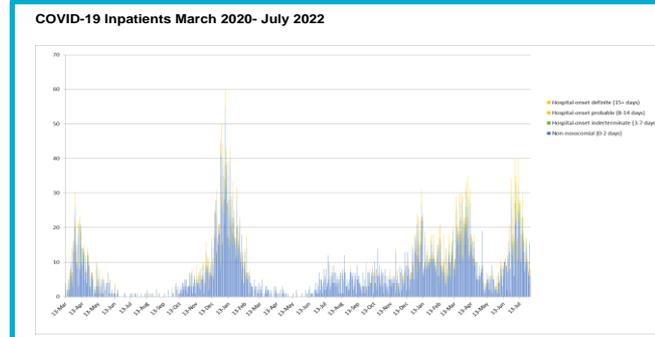
Monkey Pox

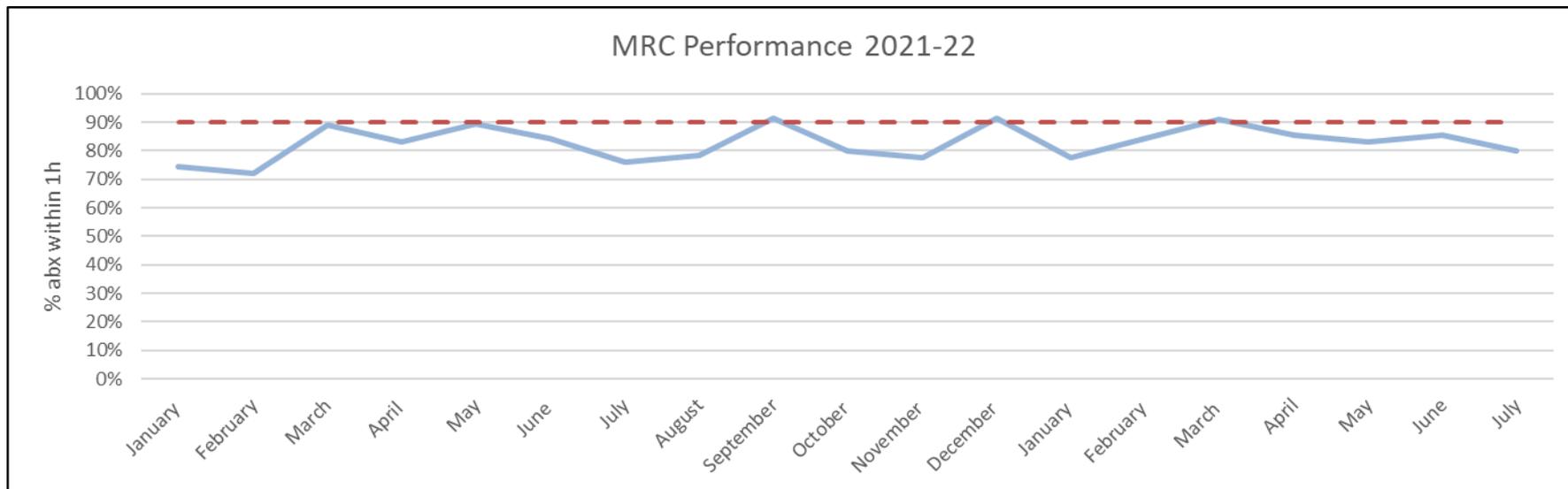
The sexual health and infectious disease teams have managed a number of cases of suspected and proven Monkey Pox. Several pre-exposure vaccination clinics for high-risk individuals have taken place. Further vaccine supplies are due at the end of September.



South East Region performance against the 22/23 Financial Year Plans for each infection type. Last updated: Jun-22

Organisation	C. difficile			E. coli			Pseudomonas			Klebsiella			MSSA		MSSA BSI	
	Total (FY19)	Plan (FY)	%	Total (FY19)	Plan (FY)	%	Total (FY19)	Plan (FY)	%	Total (FY19)	Plan (FY)	%	Total (FY19)	Plan (FY)	Total (FY19)	Plan (FY)
Alexandra Health SCIL	97	118	82%	82	342	24%	23	40	58%	28	19	146%	0	0	16	16
Royal Berkshire Hospital NHS Foundation Trust	12	58	21%	20	112	18%	7	19	36%	8	14	24%	0	0	10	10
Backinghamshire SCIL	34	109	31%	109	342	32%	30	38	79%	36	39	92%	2	2	39	39
Backinghamshire Healthcare NHS Trust	16	54	30%	26	82	32%	7	10	70%	9	14	24%	1	1	6	6
Oldfordshire SCIL	27	157	17%	88	407	22%	14	70	20%	20	114	18%	0	0	17	17
Oxford University Hospitals NHS Trust	22	104	21%	11	165	7%	10	10	100%	27	31	87%	0	0	23	23
Princess Alice	26	100	26%	149	359	42%	19	41	47%	39	151	26%	1	1	50	50
Friday Health NHS Foundation Trust	19	51	37%	12	219	6%	7	18	39%	15	49	30%	0	0	17	17
Hamphams, Southdowns & Isle of Wight SCIL	113	388	29%	107	1012	11%	13	111	12%	47	269	18%	3	3	101	101
Hampshire Healthcare NHS Foundation Trust	18	49	37%	19	76	25%	2	17	12%	7	20	35%	1	1	8	8
Isle of Wight NHS Trust	12	27	44%	9	37	24%	4	9	44%	6	9	67%	0	0	14	14
University Hospital Southampton NHS Foundation Trust	18	61	30%	36	127	28%	8	18	44%	14	71	20%	1	1	12	12
Perthmouth SCIL	12	56	21%	23	139	17%	4	15	27%	8	39	21%	1	1	16	16
Perthmouth Hospitals University NHS Trust	28	81	35%	11	144	8%	3	29	17%	13	51	25%	0	0	18	18
West and Wiltshire SCIL	129	420	31%	119	1179	10%	36	169	20%	86	167	51%	5	5	109	109
Tarifford and Grantham NHS Trust	12	21	57%	18	71	25%	0	11	0%	2	23	9%	0	0	4	4
East Kent Hospital NHS Foundation Trust	10	82	12%	17	112	15%	10	47	21%	13	72	18%	0	0	15	15
Malden and Tunbridge Wells NHS Trust	20	62	32%	20	82	24%	1	16	6%	7	23	30%	1	1	3	3
Midway NHS Foundation Trust	13	24	54%	19	77	25%	3	17	41%	6	37	16%	0	0	12	12
Stony Heath SCIL	17	210	8%	183	692	27%	20	78	26%	102	204	50%	1	1	12	12
Amford and St Peter's Hospitals NHS Foundation Trust	5	18	28%	18	53	34%	5	7	71%	5	27	19%	0	0	4	4
Princess Alexandra Hospital NHS Foundation Trust	8	21	38%	16	71	23%	2	10	20%	12	28	43%	0	0	1	1
Stony and Sussex Healthcare NHS Trust	3	88	3%	33	199	16%	3	15	20%	11	43	26%	0	0	12	12
Brighton & Hove SCIL	19	78	24%	22	100	22%	6	18	33%	6	26	23%	0	0	15	15
University Hospital Sussex NHS Foundation Trust	39	142	28%	39	158	25%	12	38	32%	13	54	24%	2	2	12	12
East Sussex Healthcare NHS Trust	51	119	43%	52	166	31%	16	50	32%	18	118	15%	0	0	28	28
West Sussex Healthcare NHS Trust	26	56	46%	29	81	36%	3	18	17%	10	43	23%	1	1	10	10
West Sussex SCIL	43	221	19%	140	178	78%	19	71	26%	42	172	24%	0	0	46	46
Queen Victoria Hospital NHS Foundation Trust	0	6	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0	0





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

- July 2022: Overall **12/15 (80%)**; ED **12/15 (80%)**
- Latest SHMI for sepsis **91.22 (87.98-94.54)** Dec 2020- Nov 21; “lower than expected”; Dr Foster

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

Safety Huddles

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

Aim for 100% Compliance with the WHO Surgical Safety Checklist

WHO Audit	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Documentation	100%	99.17%	97.64%	98.94%	99.24%	98.88%
Observation	100%	100%	100%	100%	100%	100%

WHO documentation audit 98.9% compliance (446/449): MRC 100% (169/169), **SUWON** 100% (22/22)

CSS 98.05% (151/154) 1 sign out section not completed, and 2 forms did not have the time out completed.

NOTSSCaN 98.02% (99/101) One sign in, whilst completed was not signed. One form unable to find documentation evidence on EPR of the use of a wristband for one patient who attended the clinic.

WHO observational audit 100% compliance (257/257): CSS 100% (17/17), **MRC** 100% (11/11), **NOTSSCaN** 100% (111/111), **SUWON** 100% (118/118).

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

- Sixteen actions from 2020/21 Never Events have passed their target date, all but one of which have been completed with evidence uploaded to Ulysses.
- Twenty-three actions from the four 2021/22 Never Events have past their target date, 15 of which have been completed with evidence uploaded.
- The outstanding 9 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 Ever has been agreed to date in 2022/23, see the following slide

New Never Event – wrong prosthesis

By exception, it is reported that a new Never event was confirmed on 25 August 2022, local reference **2223-045**.

This concerns a patient who underwent an open reduction and internal fixation of the left radius following a fall. A right-sided distal radius plate was inserted instead of a left-sided plate. Although not the intended implant, the left-sided plate was associated with a good clinical result and the patient did not come to harm as a result.

A Root Cause Analysis is underway.

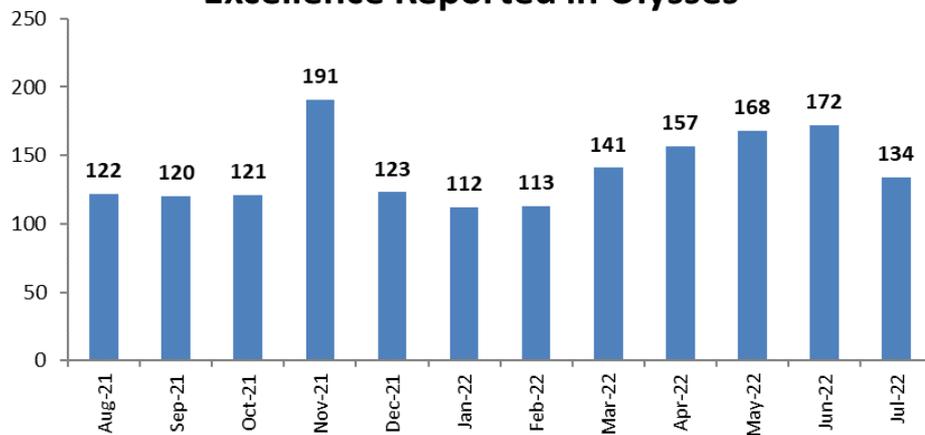
Initial learning points:

- 1) The surgeon must be shown the implant packaging.
- 2) The scrub nurse must be shown the implant packaging.
- 3) Anyone with responsibility for implant collection and use, should be familiar with the implant packaging.

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

- A staff led initiative whereby members of staff can nominate colleagues to recognise instances of excellence.
- The nominee receives an email thanking them and the narrative that was reported.
- A multi-professional core group has enthusiastically promoted Excellence Reporting locally (within respective divisions and in all-staff briefings, through Corporate Communications and on social media) and represented the Trust work Nationally.
- The Chief Executive Officer personally presents an excellence report of the month to an individual or team that has made a significant contribution.
- There were two awards presented in July
 - *A nurse on SUE F who used multiple modalities to communicate with a deaf patient on palliative care.*
 - *ED JR were also recognised as the department as a whole received 12 Excellence reports during 1 month.*

Excellence Reported in Ulysses

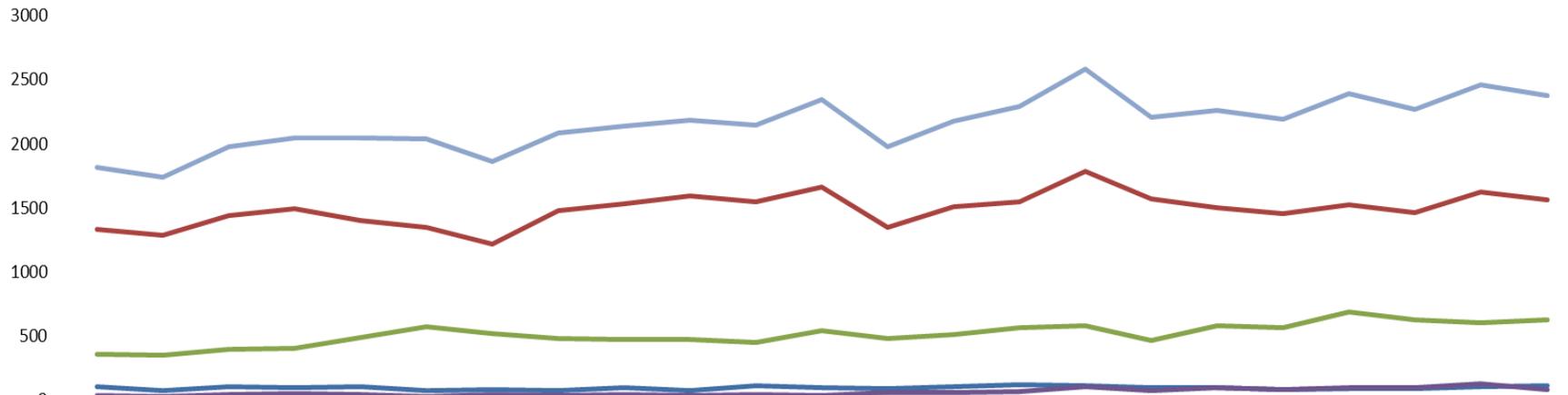


Theme	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Teamworking	40	47	41	47	42	33
Compassionate Care	16	29	34	30	34	25
Going Above And Beyond	55	60	78	87	90	71
Innovation	2	5	4	4	6	5
Grand Total	113	141	157	168	172	134



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

2546 patient incidents were reported in July 2022; the mean monthly number over the past 24 months is 2179. A large number of incidents reported with a small percentage of incidents with significant impact reflects a good safety culture.

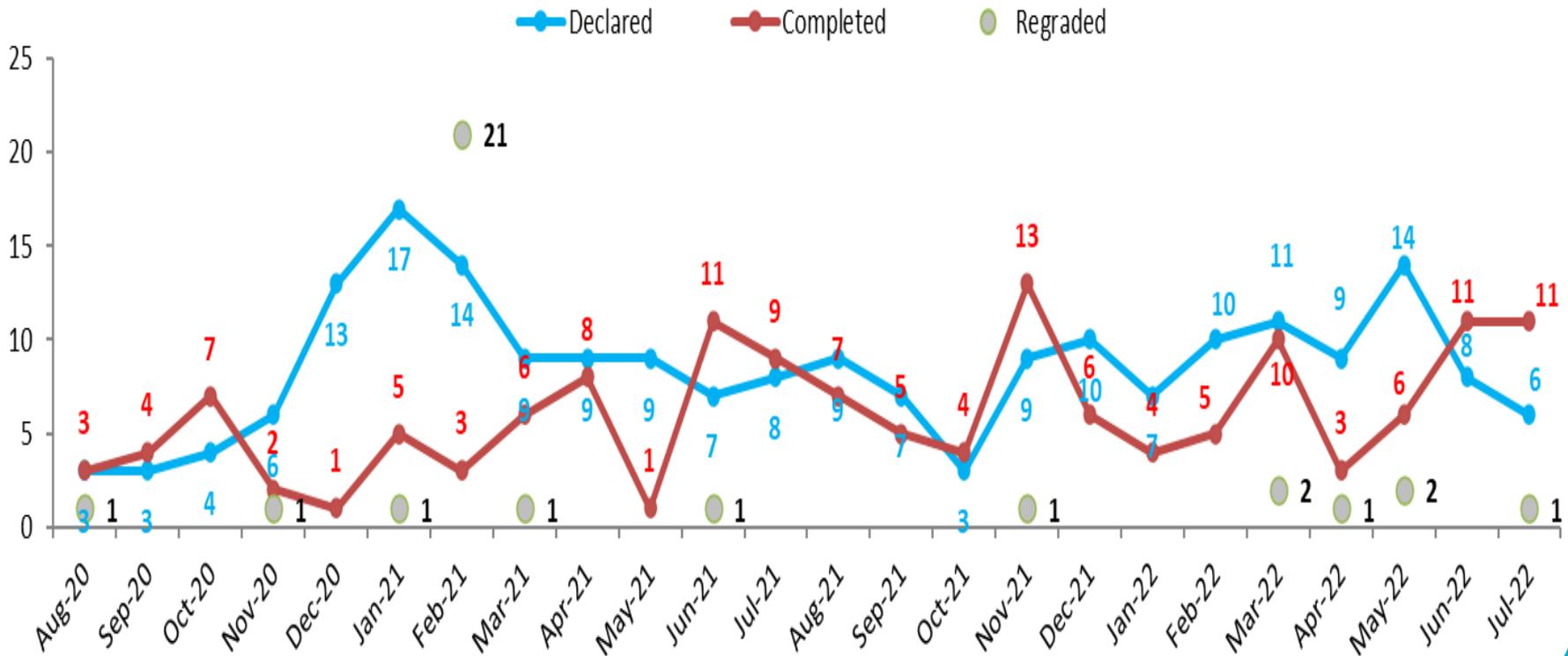


	Jul-20	Aug-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Nr. Miss	103	74	101	97	99	74	77	74	94	74	111	97	87	104	114	106	90	90	78	88	89	99	108
No harm	1331	1281	1438	1493	1402	1346	1215	1478	1527	1593	1549	1662	1343	1506	1547	1786	1565	1498	1457	1519	1460	1620	1561
Minor	355	348	394	402	488	572	517	480	468	469	444	539	479	505	560	576	464	575	562	685	621	602	622
Moderate	29	28	38	44	39	27	41	36	41	36	37	33	55	54	61	104	74	91	77	91	91	123	79
Major	0	3	5	8	3	3	4	4	2	5	3	8	7	3	3	4	2	2	5	4	7	7	4
Death	0	0	3	3	12	18	5	6	5	3	1	3	5	2	4	9	9	7	8	4	2	6	3
Total	1818	1734	1979	2047	2043	2037	1859	2080	2137	2180	2145	2342	1976	2174	2289	2585	2204	2263	2187	2391	2270	2457	2377

In July, 158 incidents were discussed at PSR. Three visits from PSR representatives to support staff or patients took place, and 13 incidents had their impact downgraded in the meeting.

The graph below shows 6 SIRIs were declared by the Trust in July 2022 and 11 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.

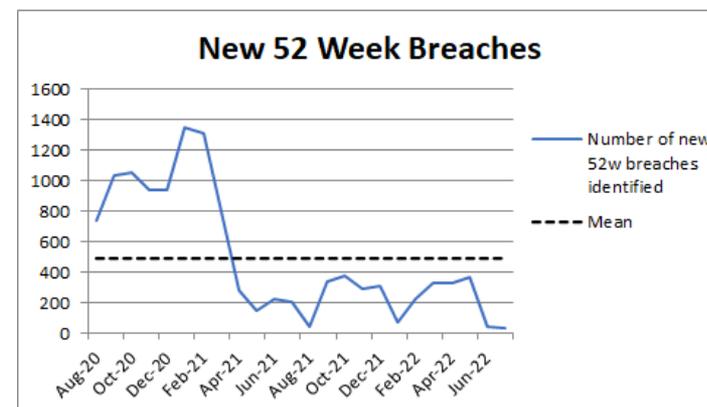
SIRIs declared and completed in the last 24 months



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 is shared at the Harm Review Group meeting.

Services with over 20 new 52w breaches

Specialty	Apr22 new breaches	May22 new breaches	Jun22 new breaches	Jul22 new breaches	Jul22 total breaches
Cardiology	31	(18)	(6)	(2) ↓	36
Gynaecology	(4)	21	(2)	(5) ↑	31
Plastic Surgery	38	29	(7)	(2) ↓	104
Spinal Surgery Service	29	24	(1)	(1) ↔	104
Trauma & Orthopaedics	61	57	(2)	(6) ↑	207
Urology	44	67	(5)	(1) ↓	217



- There were 1420 patients who had been waiting more than 52 weeks for elective treatment at the end of July 2022 (an increase on the June figure of 1292).
- July saw 40 new 52w breaches, the lowest total since August 2021. The 24-month mean is 492.
- No specialties had 20 or more new 52w breaches in July, for the second consecutive month. The table above shows details of all services that have had 20 or more new breaches in recent months.
- No confirmed Moderate+ impact has been reported for 52w 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.

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

Service	P2	P3	P4	P6	P7	M1	D3	D4	D7	requires population	Grand Total
Cardiology		1						1			3
Ear Nose and Throat		4	2								7
EarNoseandThroat		2	6								11
Endocrine Surgery		1									1
EndocrineSurgery										1	1
Endoscopy (Gastroenterology)							3		1		6
Endoscopy(Gastroenterology)							1	1	1		3
General Surgery		1	1								2
Gynaecology	1	8	7	1							22
InterventionalRadiology										1	1
Maxilla Facial Surgery		3	2								5
MaxillaFacialSurgery		2	4	3							9
Neurorurgical Service		1	1								2
NeurorurgicalService		6	4							1	11
Ophthalmology		5	28	3							38
Orthopaedic Service		1	9	1			1				15
OrthopaedicService		1	6	1							8
Paediatric Ophthalmology			4								4
Paediatric Plastic Surgery		1	2	1							5
Paediatric Spinal Surgery			16	7							25
Paediatric Surgery				1							1
Paediatric Urology		1									1
Paediatric ENT		3									5
Paediatric Gastroenterology		1									1
Paediatric Ophthalmology		2	22								25
Paediatric Oral and Maxillofacial Surgery Service				1							1
Paediatric Plastic Surgery		4	12	2							23
Paediatric Spinal Surgery		11	7								19
Paediatric Surgery		1	3								4
Paediatric Trauma and Orthopaedics			4								4
Paediatric Urology		5	2	2	1						12
Physiotherapy			1								1
Plastic Surgery	1	9	22	7	1			1			50
Plastic Surgery	1	9	25	5			1	1			48
Plastic Surgery Craniofacial		1	1								2
Rheumatology						2					2
Spinal Surgery Service		9	16								31
Spinal Surgery Service		6	9								20
Trauma and Orthopaedics		13	89	1							114
Trauma and Orthopaedics		9	44	3							60
Urology	6	99	97	4							207
Vascular Surgery		2	15								18
Vascular Surgery	1	1	5								8
Grand Total	10	88	88	36	2	2	6	4	2	78	336

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

Prioritisation level key

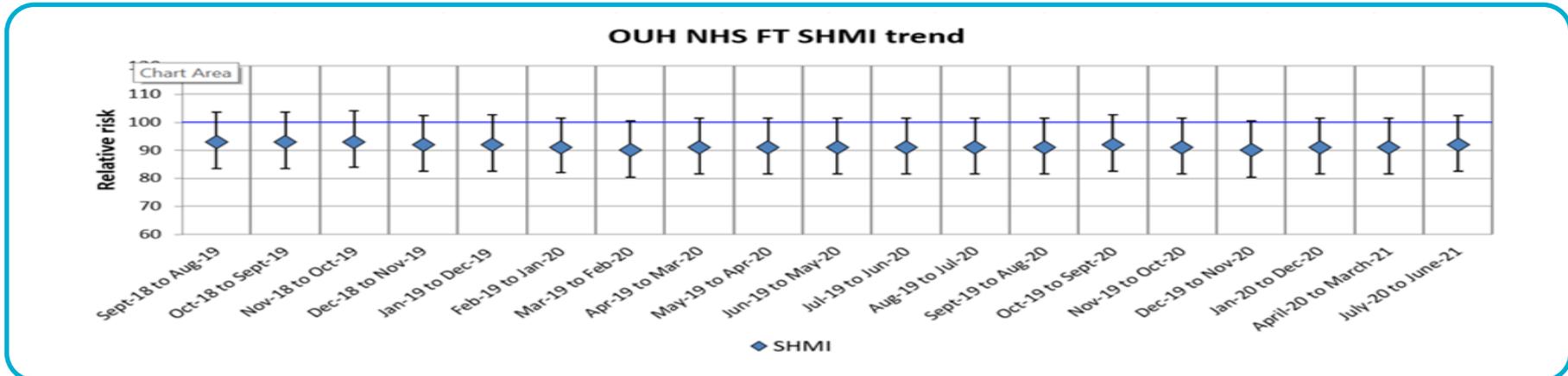
Priority Code	Priority Description
P1A	Emergency - Operation needed within 24 Hours
P1B	Urgent - Operation needed within 72 hours
P2	Surgery that can be delayed for up to 4 weeks
P3	Surgery that can be delayed for up to 3 months
P4	Surgery that can be delayed for more than 3 months
P6	Patient choice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

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

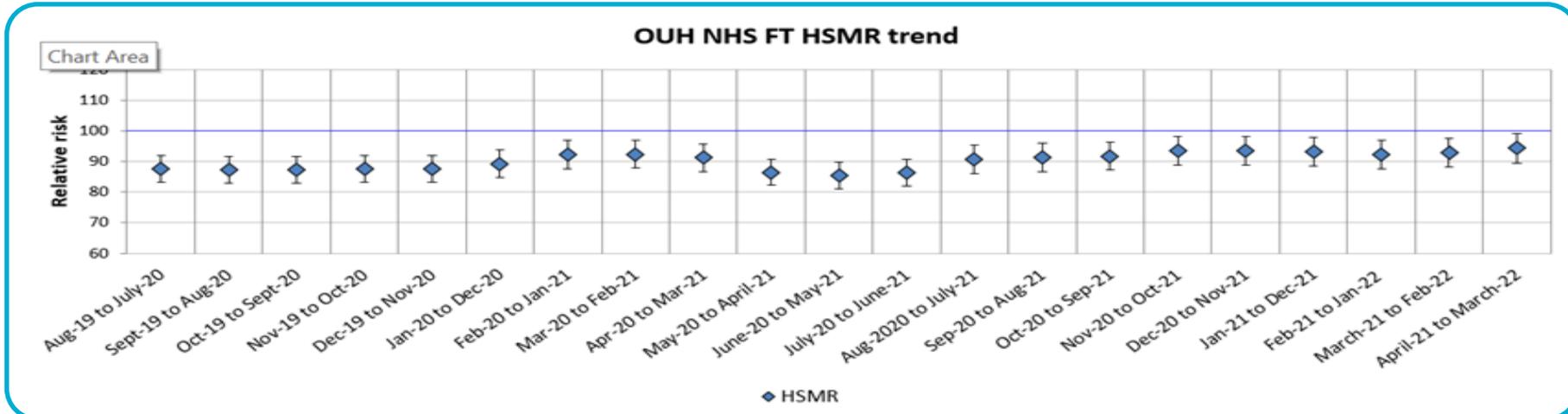
Weekly Safety Alerts

Actions ▾		1 - 100 ▶
 Title		Alert Date
Weekly Safety Message 185: Fire safety and oxygen		16/08/2022 10:00
Weekly Safety Message 184: Histology (Cellular Pathology) Laboratory Requests		09/08/2022 09:00
Weekly Safety Message 183: 'Look alike, sound alike' medicines: oral phosphate and oral potassium		02/08/2022 09:00
Weekly Safety Message 182: Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and 2222 calls		26/07/2022 10:00
Weekly Safety Message 181: Amiodarone Hydrochloride Crystallisation		19/07/2022 09:00
Weekly Safety Message 180: Prescription of DOACs		12/07/2022 10:00
Weekly Safety Message 179: Results endorsement		05/07/2022 10:00

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



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



The HSMR is 94.3 for April 2021 to March 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.'

Title	CUSUM	Vol	Obs	Exp	%	I
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	🟢15 🟡3	116345	3865	3714.8	3.3	104.0
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	🟢3 🟡1	86925	1985	1921.8	2.3	103.3
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	🟢3	72835	1525	1561.6	2.1	97.7
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	🟢9	54985	1825	1931.3	3.3	94.5
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	🟢4	63677	2059	2183.0	3.2	94.3
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	🟢35	91040	2375	2762.5	2.6	86.0
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	🟢32	58030	1130	1510.2	1.9	74.8
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	🟢45	63770	1355	1821.6	2.1	74.4
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	🟢28	53225	845	1154.9	1.6	73.2
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	🟢24	50400	615	855.3	1.2	71.9

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%	31/07/2022	63.37%	51.31%	62.22%
Referral to Treatment Standards					
RTT: % <18 week waits, Incomplete pathways	92%	30/06/2022	61.88%	60.58%	71.51%
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	30/06/2022	2017	6836	1293
Cancer Standards					
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	30/06/2022	77.71%	78.03%	63.43%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	30/06/2022	66.12%	31.56%	2.27%
First treatment within 31 days of cancer diagnosis	96%	30/06/2022	91.83%	87.39%	90.02%
First cancer treatment within 62 days of urgent referral from screening service	90%	30/06/2022	67.15%	58.48%	82.35%
First cancer treatment within 62 days of urgent GP referral	85%	30/06/2022	59.87%	50.80%	58.18%
Subsequent cancer treatment in <31 days: surgery	94%	30/06/2022	80.52%	75.37%	72.22%
Subsequent cancer treatment in <31 days: drugs	98%	30/06/2022	97.94%	97.03%	95.35%
Subsequent cancer treatment in <31 days: radiotherapy	94%	30/06/2022	91.22%	93.91%	93.83%
DMO1 6 week Diagnostic Standard					
DMO1: >6 week waits for treatment	1%	30/06/2022	27.48%	26.93%	6.53%

A&E

In July 2022, whilst performance against the 4 hour standard continued to be extremely challenging, OUH performed favourably in comparison to the Shelford group average, but less favourably in comparison to the national average.

RTT

At the end of June 2022, OUH performed above the national average and the Shelford group average for patients waiting under 18 weeks at 71.51% and continued to report significantly less >52 week waits when compared to both the national average and the Shelford group.

Cancer Standards

In June 2022, OUH performed less favourably across 4 out of the 8 cancer standards when compared to both the national and Shelford Group averages. Performance across 3 cancer standards was favourable when compared solely to the Shelford Group averages.

Diagnostic waits

At the end of June 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 – July 2022

- The Trust achieved 62.22% (all types) of patients being seen and discharged from ED within the 4-hour standard in July, a deterioration of 2.82% in performance on the previous month.
- The most significant breach reason for both admitted and non-admitted patients on both sites was wait to be seen. Areas of focus to support improvement in this area include exploring front loaded combined senior decision maker assessment models and a review of the ED rotas.
- ED attendances across both sites in July 2022 were marginally up by 0.6% compared to June 2022.
- The John Radcliffe Hospital (JR) saw a 0.47% increase in attendances in July compared to June which was driven by an increase in paediatric attendances of 4.8%. Adult attendances at the JR decreased by 1.0%.
- The Horton Hospital saw a 0.8% increase in attendances in July 2022 compared to June with Majors' presentations increasing by 7.4%.
- Paediatric attendances have decreased at the Horton by 10.16% and when adjusted for days in the month this shows a decrease of 13%.
- The OUH position for July 2022 deteriorated in the national rankings for ED 4-hour performance 'all types', moving below the lower quartile. In comparison to the Shelford Group Hospitals, OUH remained in 4th position, and in 6th position against the local regional hospitals.
- The Acute Ambulatory Unit at the John Radcliffe Hospital has not been required to open overnight, protecting its ability to function effectively as an ambulatory unit.

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

National 4hr ED Performance - All Types - July 2022

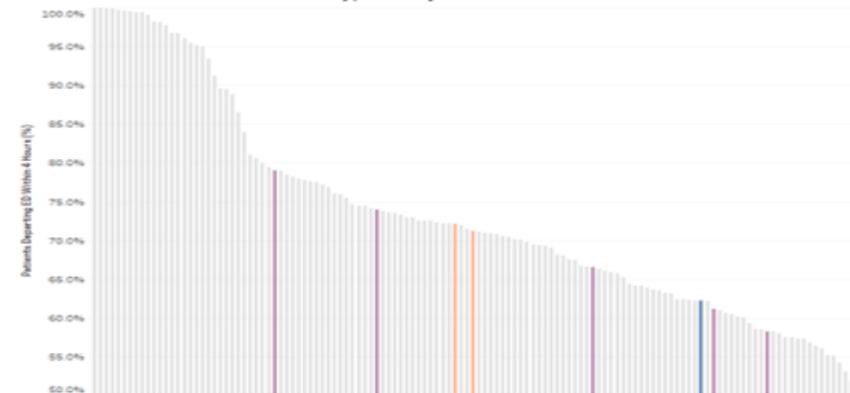


Figure 2. OUH performance of 'all types' (Emergency Departments only) compared to the National position – July 2022

Regional 4hr ED Performance - All Types - July 2022

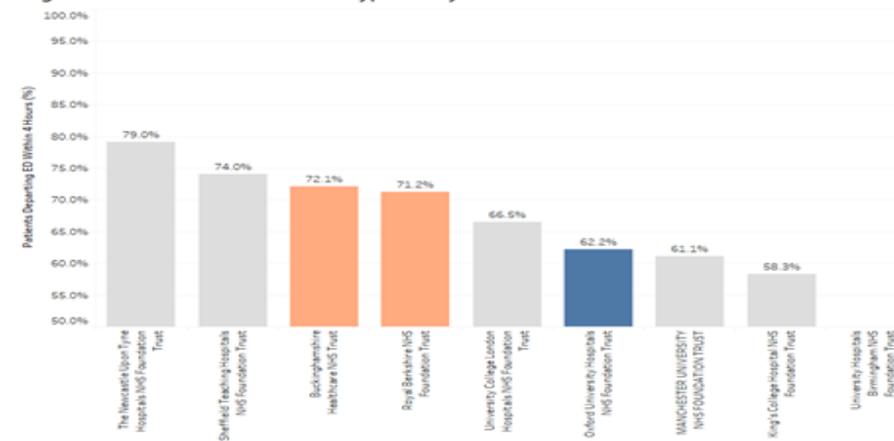


Figure 3. OUH performance of 'all types' (Emergency Departments only) compared to BOB system partners and Shelford Group – July 2022

Figure 1.

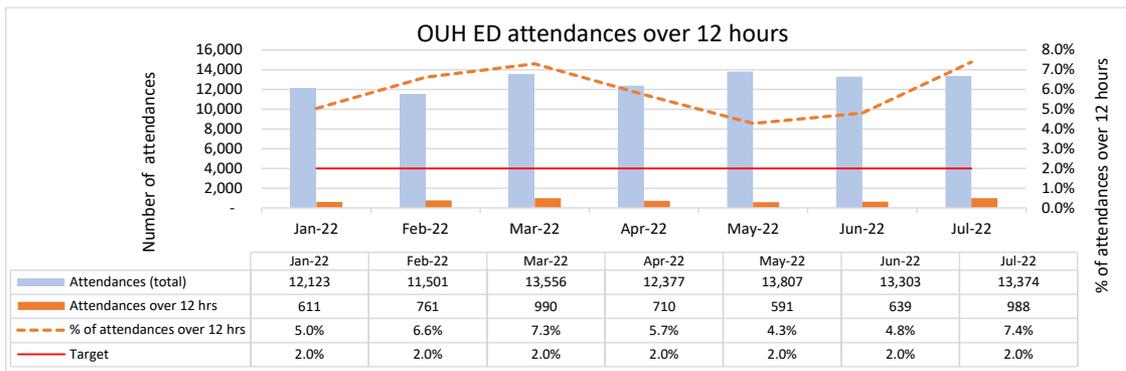


Figure 2.

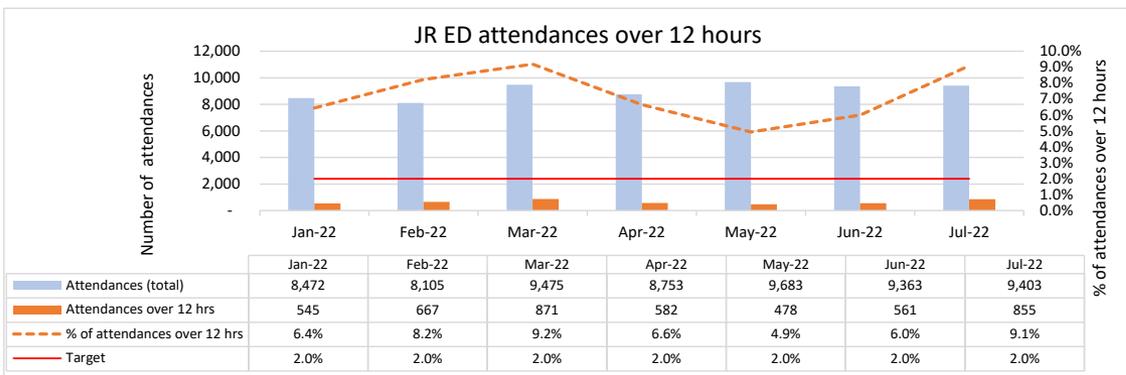
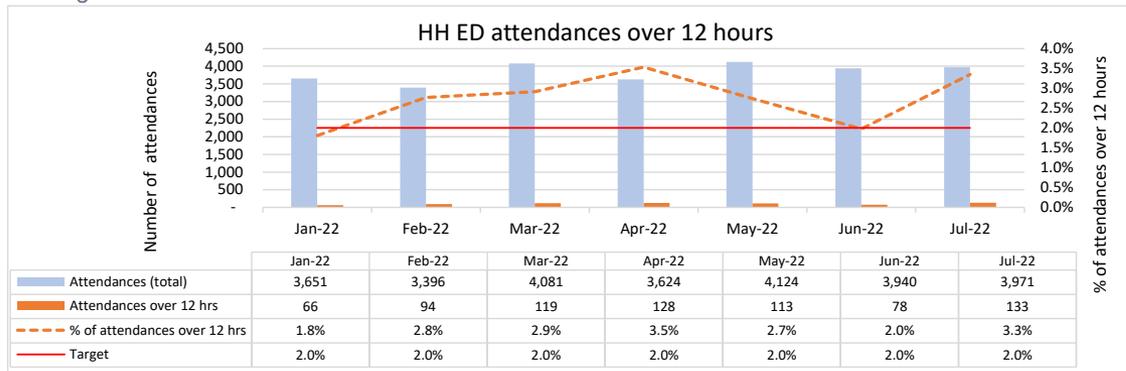


Figure 3.

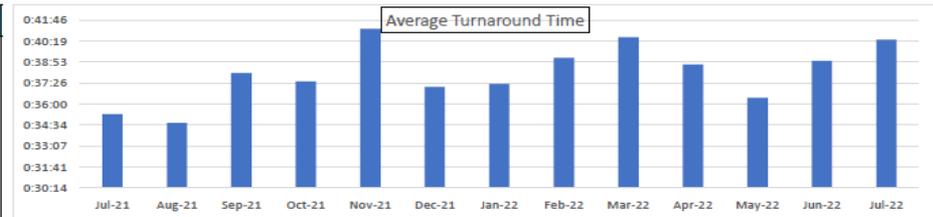


- In July 2022 7.4% of ED attendances (988 patients) had a length of stay greater than 12 hours against the threshold of 2.0%. This is a significant deterioration on the previous month despite attendance figures being largely static.
- Figure 2 illustrates the percentage of ED attendances at the JR ED with a length of stay greater than 12 hours. This was 9.1% with 855 patients residing in the JR ED for greater than 12 hours. This is 349 more patients compared to the previous month and on a par with the lowest performance so far this year, seen in March at 9.2%.
- Just 1% of paediatric attendances had a length of stay of over 12 hours at the JR with the majority of long length of stay seen in Adults and Majors. Long waits to be seen and flow out of ED are the main contributing factors to this.
- Figure 3 illustrates the percentage of ED attendances at the Horton with a length of stay greater than 12 hours. This was 3.3% in July, 133 patients. This was a deterioration on the previous month with 55 more patients residing in the ED for longer than 12 hours.

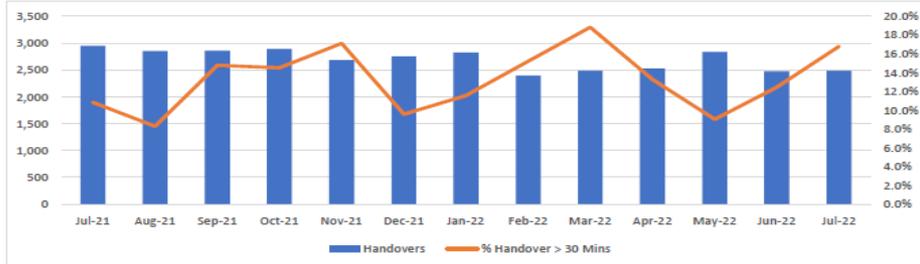
John Radcliffe Hospital

Arrivals, Handovers & Turnarounds			
	May-22	Jun-22	Jul-22
Number of Arrivals	3,754	3,531	3,581
Number of Handovers	2,834	2,471	2,480
Average Handover Time	0:17:43	0:19:26	0:21:25
Average Turnaround Time	0:36:26	0:38:57	0:40:25

Handover Breakdown			
	May-22	Jun-22	Jul-22
Handovers >30 <60 Mins	220	248	336
Handovers >60 Mins	36	59	80
% Handovers >30 <60 Mins	7.76%	10.04%	13.55%
% Handovers >60 Mins	1.27%	2.39%	3.23%



Handover Charts for John Radcliffe Hospital



- Education continues with SCAS and OUHFT staff on ensuring that correct handovers are entered as agreed as part of the dual verification process
- OUHFT continues to provide an ambulance handover nurse, which is in addition to the core staffing numbers. In addition to this, a second ambulance nurse has been provided at peak times to help support the early release of ambulances.
- The experience and safety of the patients in both corridors remains a significant concern.
- In extremis, there have been occasions where the Consultant in Charge of ED has reviewed, assessed and discharged patients from the ambulance queue. Details of these patients has been shared with SCAS for wider learning.
- Geography and infrastructure on the JR site, with the multiple areas receiving patients directly from SCAS, is a continuing challenge.
- Work continues within the Ambulance Handovers Task & Finish group to minimise delays. High volume of conveyances in the evenings continues to be the most challenging time.



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Latest available date: June 2022

SEMIT - John Radcliffe Hospital (RTH08)

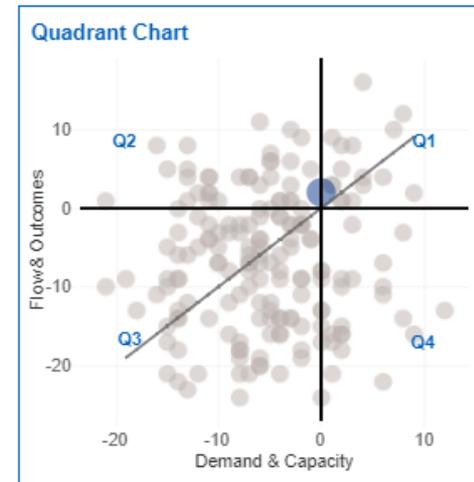
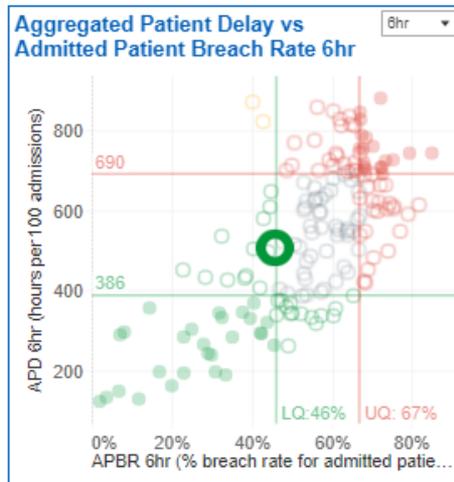
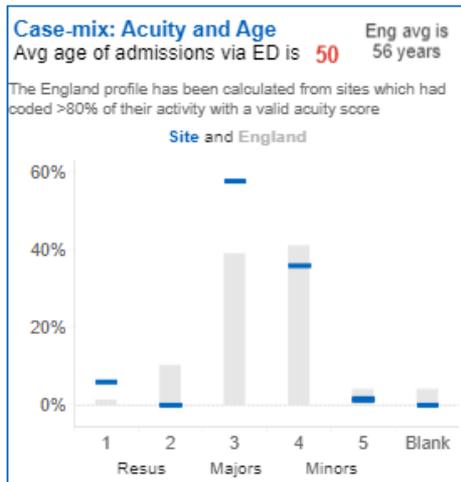
Oxford University Hospitals NHS Foundation Trust, South East
Summary Emergency Department Indicator Table

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

Activity		Workforce		Cubicles and Beds		Case-mix		Quality & Ranking	
T1 Attendances last 12m (rolling 12 months) 102,928 282/day	Admissions via ED last 12m (rolling 12 months) 34,549 95/day	ED consultants (wte) 14.50	ED registered nurses (wte) 120.00	ED Majors & Resus cubicles 39	G&A beds (site) 629 974	Average age of ED admitted patients 50 years	GIRFT ED Acuity Index 1.69	CQC Urgent & Emergency Services "Overall" ED rating Requires improvement	GEM GIRFT Emergency Medicine Index Rank 73

Selected: **June 2022** Roll back analysis (charts below)
Previous*: **May 2022**

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



Domains - Benchmarked metrics

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

Demand (1)

Metric Name	Site Value
Proportion of catchment population attending per year	% 19.7
% of ED admissions aged 75+	% 25.0
% ED attends in highest deprivation quintile	% 6.2
GIRFT ED Acuity Index	1.7
% of ED attends admitted - conversion rate (APC)	% 32.4
% of emergency admissions via ED	% 54.7
% of elective I/P admissions	% 11.9
% of ED attends admitted - conversion rate (ECDS)	% 28.8
Trauma status	MTC

Capacity (-1)

Metric Name	Site Value
Annual ED attendances per ED consultant	7,098.5
Annual ED admissions per ED consultant	2,382.7
Annual ED attendances per ED registered nurse	857.7
Annual ED admissions per M&R cubicle	885.9
Annual ALL overnight admissions per G&A bed	93.8
Annual acute overnight admissions per G&A bed	83.3
Annual elective overnight admissions per G&A bed	10.5
Annual Trust admissions per Trust consultant wte	186.6
ED estate adequacy	

Flow (5)

Metric Name	Site Value
% of 999 ambulance handover delays > 30mins	% 8.7
% Discharged, Admitted or Transferred <= 2hrs of arrival (DAT2)	% 14.0
APBR6 (Admitted Patient Breach Rate >6hrs)	% 45.6
APD6 (Aggregated Patient Delay >6hrs)	506.3
SDEC (Same Day Emergency Care): Emergency Admissions with Zero LoS	% 42.7
% Adms via A&E with a LoS >0 and < 2 days	% 22.5
% Adms via A&E with LoS > 6 days	% 18.2

Outcomes (-3)

Metric Name	Site Value
APBR 12 (Admitted Patient Breach Rate >12hrs)	% 16.2
APD12 (Aggregated Patient Delay >12hrs)	386.0
Annual Delay Related Harms	132.5
Litigation liability per attendance	GBP 11.4
Staff Survey Score - Recommendation	3.9

SEdit - Horton General Hospital (RTH05)

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

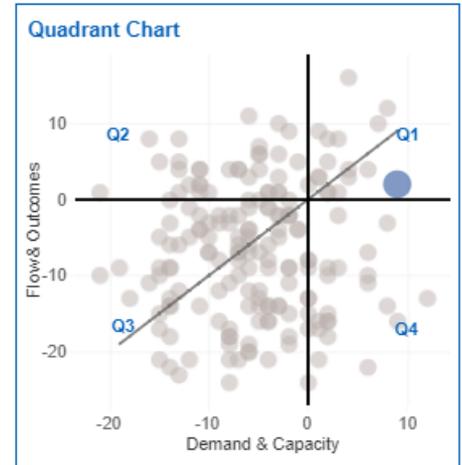
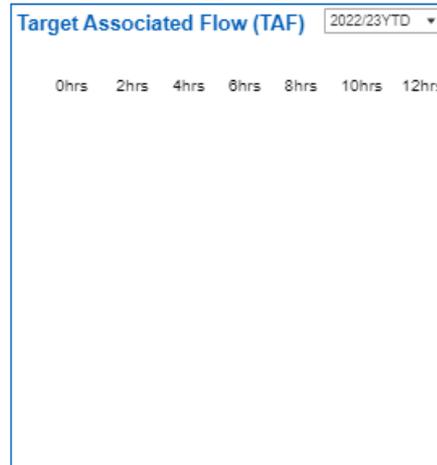
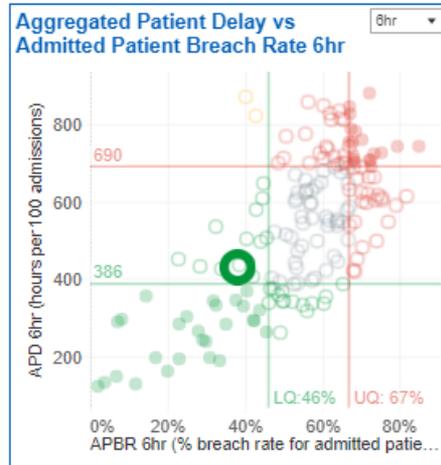
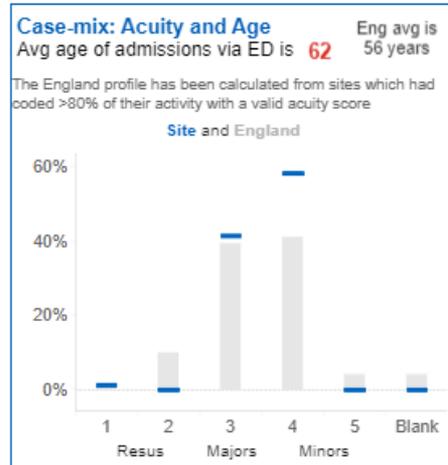


Please note: The Banner metrics are fixed to the latest available date, currently showing: June 2022

Activity		Workforce		Cubicles and Beds		Case-mix		Quality & Ranking	
T1 Attendances last 12m (rolling 12 months) 47,898 131/day	Admissions via ED last 12m (rolling 12 months) 7,532 21/day	ED consultants (wte) 5.80 5.82	ED registered nurses (wte) 51.10	ED Majors & Resus cubicles 16	G&A beds (site) 132	Average age of ED admitted patients 62 years	GIRFT ED Acuity Index 0.74	CQC Urgent & Emergency Services "Overall" ED rating Requires improvement	GEMI GIRFT Emergency Medicine Index Rank 26

Selected: **June 2022** Roll back analysis (charts below)
Previous: **May 2022**

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



Domains - Benchmarked metrics

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

Demand (1)

Metric Name	Site Value
Proportion of catchment population attending per year	% 29.3
% of ED admissions aged 75+	% 45.2
% ED attends in highest deprivation quintile	% 6.8
GIRFT ED Acuity Index	0.7
% of ED attends admitted - conversion rate (APC)	% 15.3
% of emergency admissions via ED	% 60.2
% of elective I/P admissions	% 1.1
% of ED attends admitted - conversion rate (ECDS)	% 15.3
Trauma status	ND

Capacity (5)

Metric Name	Site Value
Annual ED attendances per ED consultant	8,258.3
Annual ED admissions per ED consultant	1,298.6
Annual ED attendances per ED registered nurse	937.3
Annual ED admissions per M&R cubicle	470.8
Annual ALL overnight admissions per G&A bed	49.3
Annual acute overnight admissions per G&A bed	49.0
Annual elective overnight admissions per G&A bed	0.3
Annual Trust admissions per Trust consultant wte	186.6
ED estate adequacy	

Flow (2)

Metric Name	Site Value
% of 999 ambulance handover delays > 30mins	% 4.4
% Discharged, Admitted or Transferred <= 2hrs of arrival (DAT2)	% 21.3
APBR6 (Admitted Patient Breach Rate >6hrs)	% 38.2
APD6 (Aggregated Patient Delay >6hrs)	430.1
SDEC (Same Day Emergency Care): Emergency Admissions with Zero LoS	% 47.0
% Adms via A&E with a LoS >0 and < 2 days	% 16.7
% Adms via A&E with LoS > 6 days	% 28.0

Outcomes (0)

Metric Name	Site Value
APBR 12 (Admitted Patient Breach Rate >12hrs)	% 10.0
APD12 (Aggregated Patient Delay >12hrs)	394.4
Annual Delay Related Harms	29.0
Litigation liability per attendance	GBP 11.4
Staff Survey Score - Recommendation	3.9

For queries please email NHSI.AnalyticsProductsTeam@nhs.net

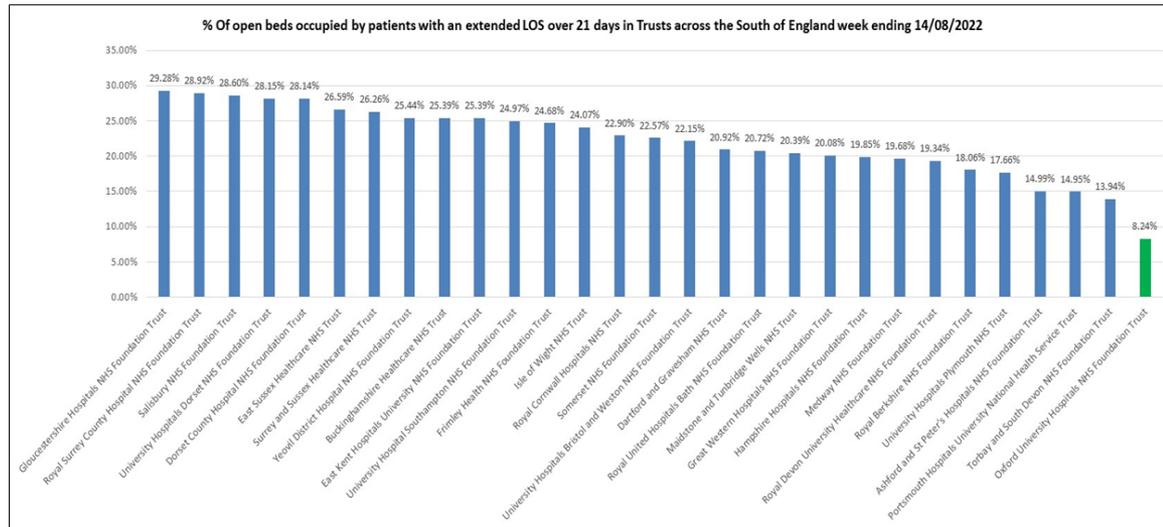
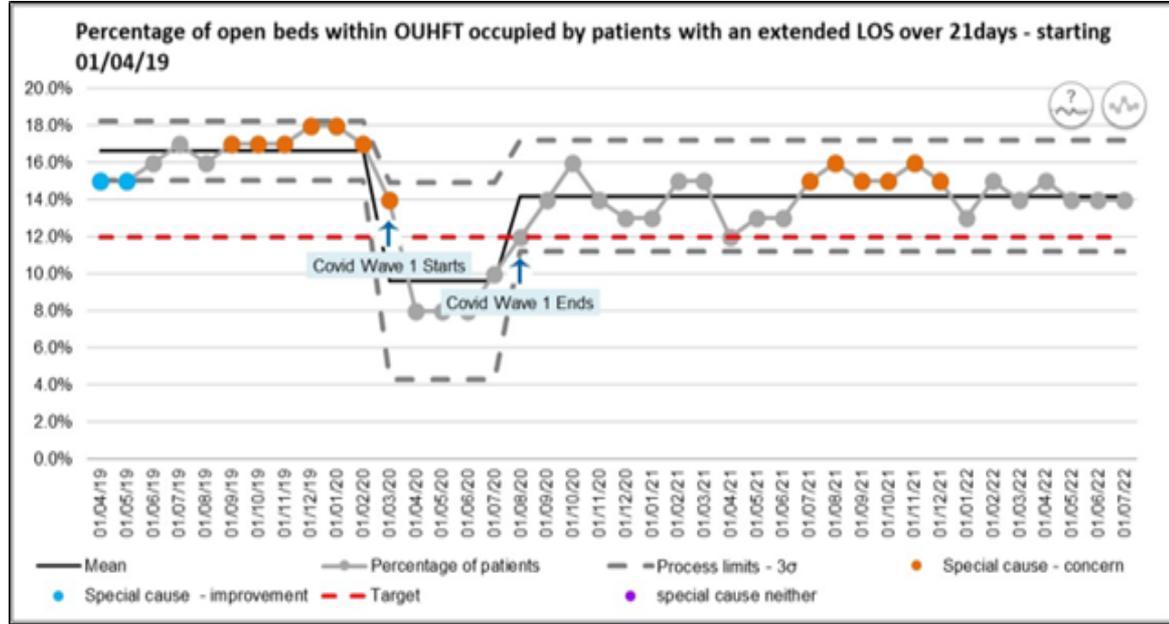
Urgent Care: Length of stay (LOS) over 21 days

Patients with a LOS over 21 days

- July's data saw a sustained performance in July with 14% of patients remaining in hospital for 21 days or more.
- The Deputy Director of Urgent Care met with the Deputy Divisional Nurses and interrogated the data and reasons for an extended length of stay. Several work streams have been identified as a result of this work with achievable and realistic goals. Early indicators show a marked improvement, the second graph illustrates OUHFT being the best performing acute Trust in the South of England region for the week ending 14/08/2022.

Patient with a LOS over 21 days – point prevalence 1st August 2022

- 15% (139) are over 21 days
- 5.03% (7) are waiting for repatriation
- 37.41% (52) are out of county
- 9% (13) are NEWs 5 and above
- 51% (71) are Medically Fit for Discharge, of this 30% (21) are waiting for community hospital placement or any other bedded intermediate/reablement care, 6% (4) are waiting for social care reablement or home-based intermediate care time limited and 14% (10) are waiting for start or restart of domiciliary care package – long-term packages.



Aim & Patient Impact

- Improve Urgent Care performance towards meeting the national targets for 4 hour ED Compliance, Ambulance Handover Compliance and 12hr LOS compliance by March 2023.

Executive Sponsor: Sam Foster

Accountable Officer: Lisa Glynn

QI Lead: Jo McMahan/Jules Williams/Ed Samm

Centralised Control of Beds

- **Operational Escalation Teleconference:** Successful transfer of all daily teleconferences from CISCO to MS Teams with all key stakeholders. Positive feedback received, minimal actions outstanding and SOP being finalised to be shared at the Trustwide Urgent Care Group for approval.
- **Live Bed State:** Prioritised within weekly task and finish group with key stakeholders attending meetings from September aligned to the Digital Strategy.
- **Short / Medium / Long Term Objectives:** Document was compiled by the group in April 22, due to the work completed, it has been agreed that it will be revised in August for the task and finish group to agree areas of focus from September onwards.



12Hr Total Stay and ED Ambulatory

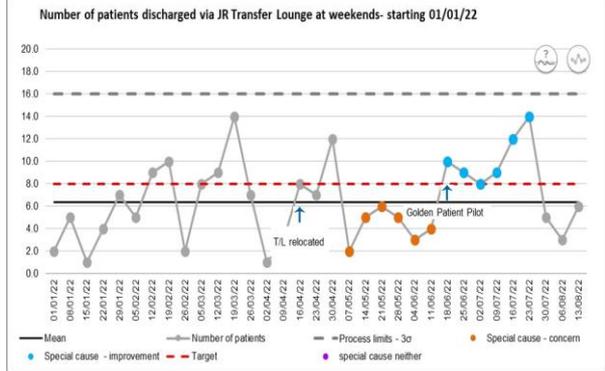
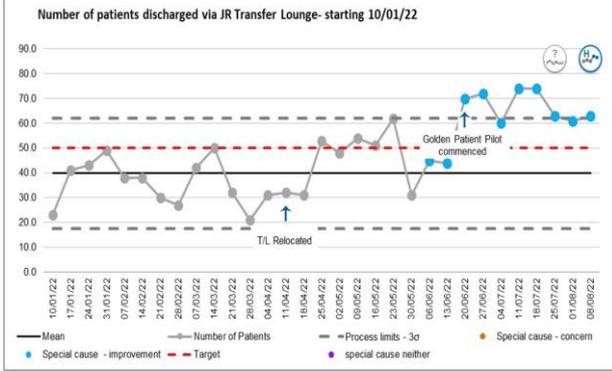
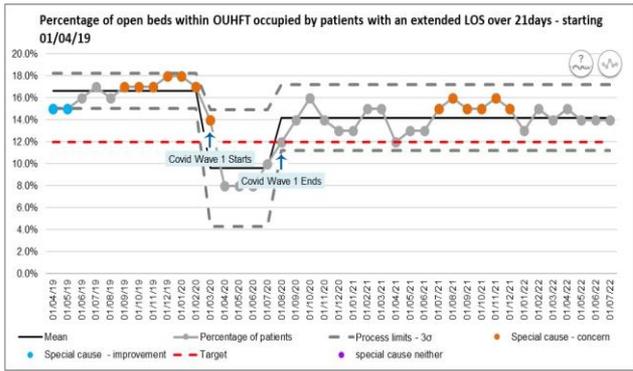
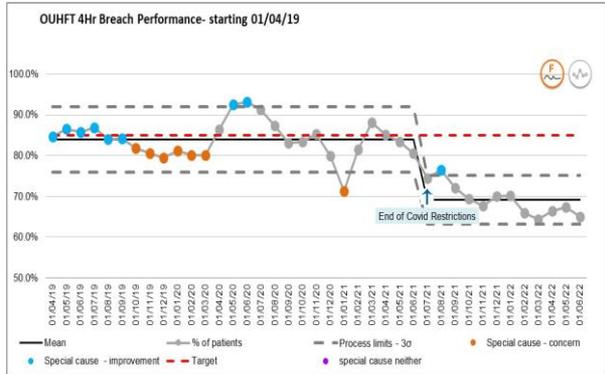
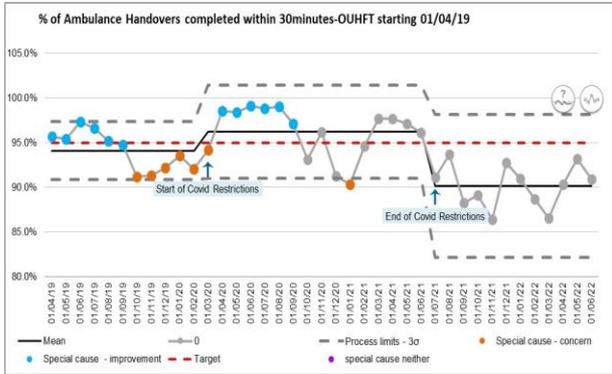
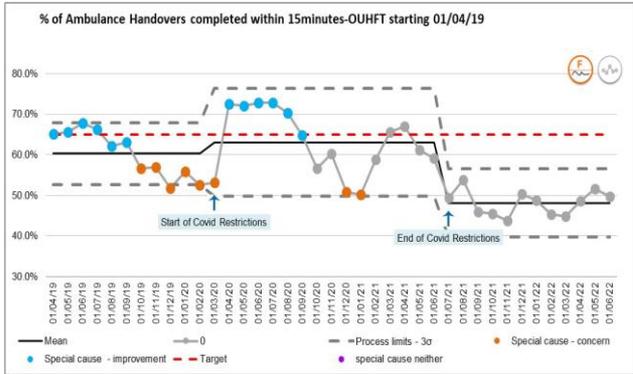
- **ED Ambulatory:** Information from time / motion studies and demand / capacity review has been presented at the Trust Wide Urgent Care Group (TWUCG). Top 3 priorities to be identified by ED Ambulatory working group that TWUCG can help with to progress. All details - [ED QI Process Report](#)
- **Ambulance Handovers:** Working group established with improvement plan in place, meetings occurring to progress actions to support overall performance.
- **12Hr Total Stay:** Plans for next six months being developed at present for overall Urgent and Emergency Care Programme and will be shared with TWUCG – this will confirm priorities for task and finish group.



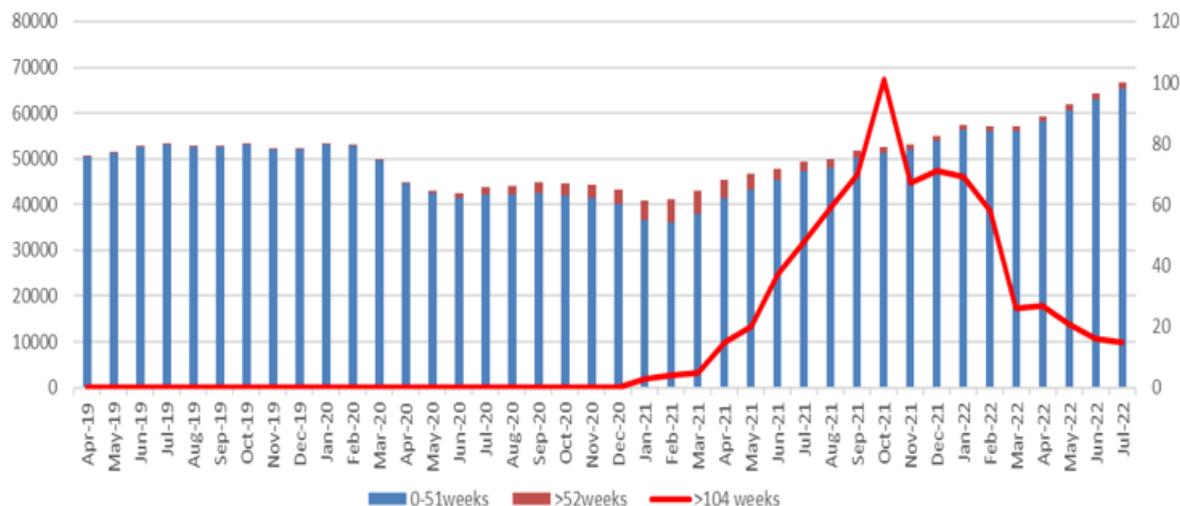
Discharges, Discharge Lounge and OPEL

- **Extended LOS over 21 days:** [Pareto charts](#) produced and [Weekly data](#) continues to be circulated. Three Areas of focus have been identified:
 - 1) Ensure that patients awaiting a Community Hospital bed are regularly assessed as to whether this is still the correct discharge route for them
 - 2) Ambulatory Outreach Team to attend Divisional Meetings and provide documentation of the cohorts of patients that they can accept to ensure that the use of this service is maximised
 - 3) Ward sisters to prompt completion of delay reason coding at Board Round to reduce the number of patients with a blank entry
- **Board Round Policy:** Under review by the clinical policy group. Subsequently to be circulated to the DDN's to ensure feedback is sought from their Divisions. Agreed that DDN's and DMD's will be joint authors of document. To be presented at October-22 policy group with amendments following feedback from the initial consultation.
- **OPEL:** Initial pilot of [new OPEL criteria](#) complete. Feedback provided that the numbers for two criteria (Beds closed due to IPC/Estates and the Number of patients waiting for inpatient beds without a bed identified in ED) were too high and these have been reduced accordingly. It was also suggested that triggers 1-3 should score double points. This will be discussed further prior to further pilot. The HGH criteria was approved without need for further alteration. Discussion regarding Divisional action cards for each OPEL level have commenced.
- **Transfer Lounge:** [Output from Workshop](#) produced and project workbook developed. First workstream meeting held 19/07/22. Change Ideas identified as part of workshop to be prioritised and progressed. Golden Patient Pilot working well and discharges via the TL have increased overall. [Wards with lower numbers](#) to be engaged with to understand their barriers to discharging via the transfer lounge.





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



July 2022 submitted >104 week by specialty:

Specialty	Number of pathways
Paediatric Spinal Surgery	5
Spinal Surgery Service	4
Plastic Surgery	4
Urology	1
Paediatric Neurosurgery	1
Grand Total	15

Month 4 Performance:

Trust performance against the overall **18-week incomplete Referral To Treatment (RTT) standard** was **69.52%**. The total RTT Incomplete **waiting list size for July is 66,732** and has increased by **2,395** pathways when compared to the previous month's submission (June 2022).

52 week wait position: There are **1,420** patients waiting **over 52 weeks** for first definitive treatment at the end of July 2022; this represents an increase of 127 patients when compared to previous month's position.

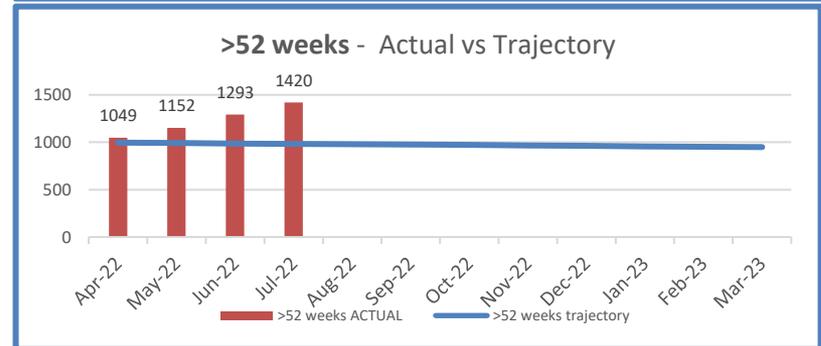
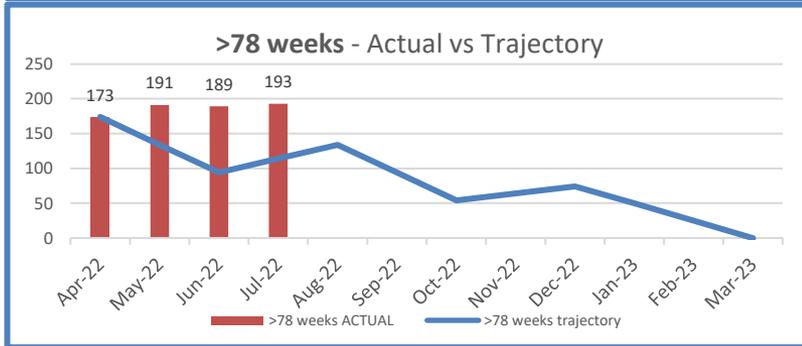
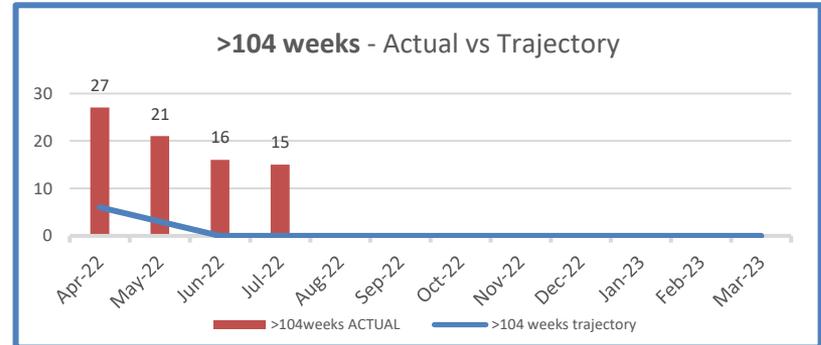
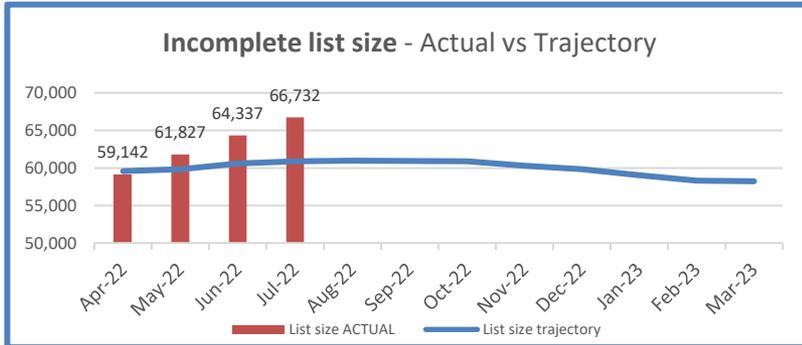
78 week wait position: There are **193** patients waiting **over 78 weeks** for first definitive treatment at the end of July 2022; this represents an increase of 4 patients when compared to the previous month's position.

104 week wait position: **15** patients were submitted as having waited **over 104 weeks** at the end of July 2022. This included **8** patients who requested to delay their treatment beyond July. This represents a decrease of 1 when compared with 16 patients reported in month 3 (June 2022). The services reporting > 104week breaches are detailed in the table (top right).

Areas of focus for 2022/23 include:

- Review and refresh of the elective recovery schemes for the second half of the year
- Delivery of operating plans through monitoring of POD activity against activity undertaken in 2019
- Maintain focus on patients with extended waiting times: >104 weeks, >78 weeks, >52 weeks
- Improve advice and guidance services to support primary care ahead of referring to secondary care services
- Monitoring referral patterns to manage capacity and adjust polling ranges accordingly
- Participating in ICS led Task & Finish Groups for challenged specialties on Transforming Ways Of Working (TWOW)
- Expedite projects within the Outpatient Improvement Programme
- Enhance strategy beyond validation of Incomplete RTT data with heavy focus on GIRFT, training and digital solutions

RTT Performance compared to trajectory:



Current Performance against trajectory

There is minimal change in the number of patients currently waiting above 78 weeks (193), however in respect of the full year cohort of patients waiting over 78 weeks, this has reduced from the start of the financial year of 4,812 patients to 2,694 patients as at the end of July – a reduction of 44%. Weekly oversight of the delivery of recovery plans, led by the Chief Operating Officer (COO), is undertaken with a key focus on tracking the volume of patients across each section of the RTT pathway with the aim to improve the number of patients who have their next steps agreed and booked.

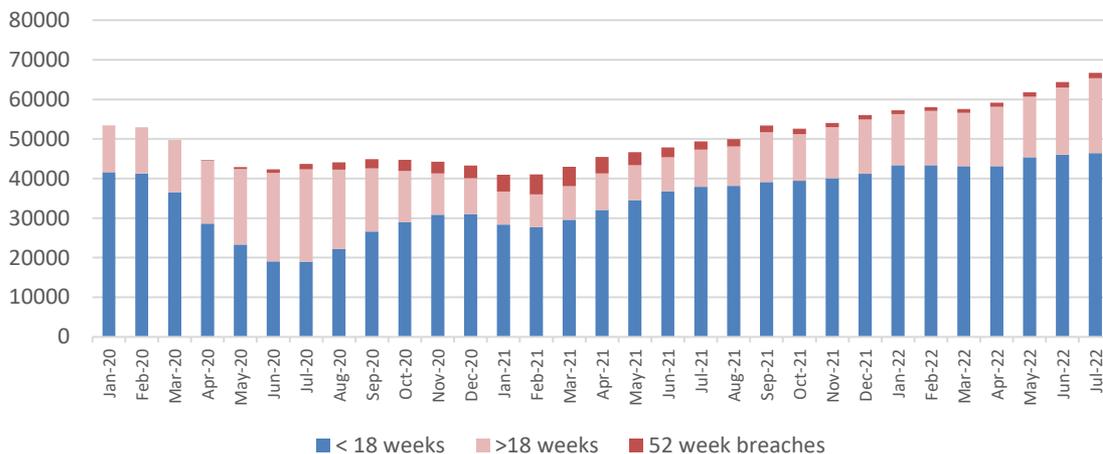
Risks

- Specialist services unable to agree a Mutual Aid / IS solution
- Workforce shortages impacting sustainable use of bed and theatre capacity
- Increase of Cancer and P2 demand requiring prioritisation over routine patients
- Covid & Flu impact (patient and staff sickness, patient confidence/uptake, infection prevention and control measures reducing capacity)
- Diagnostic reporting delays
- Winter pressures / bed capacity, including adult and paediatric critical care

Mitigations

- Assessment of Anaesthetic/surgical staffing / rigour of 6-4-2 process; Safe staffing meetings several times a day
- Infection Prevention Control measures reducing the risk of staff sickness at work
- Staff skill-mix review (e.g. radiologist vs radiographer duties)
- Winter planning / theatre planning / bed capacity modelling

RTT Incompletes waiting list size



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

Specialty	Number of Incomplete RTT pathways grown by since Oct 21 to July 22
Ear Nose and Throat	2989
Ophthalmology	1533
Dermatology	1279
Urology	1174
Gynaecology	1084
Orthopaedics	856
Maxillo Facial Surgery	727
Clinical Genetics	561
Rheumatology	553
Paediatric ENT	543
Neurology	500

- Total RTT Incomplete waiting list size continues to grow from 64,337 in June to **66,732 in July**. The growth has mainly been in the Outpatient referral stage including also the e-Referral Service (e-RS) stage.

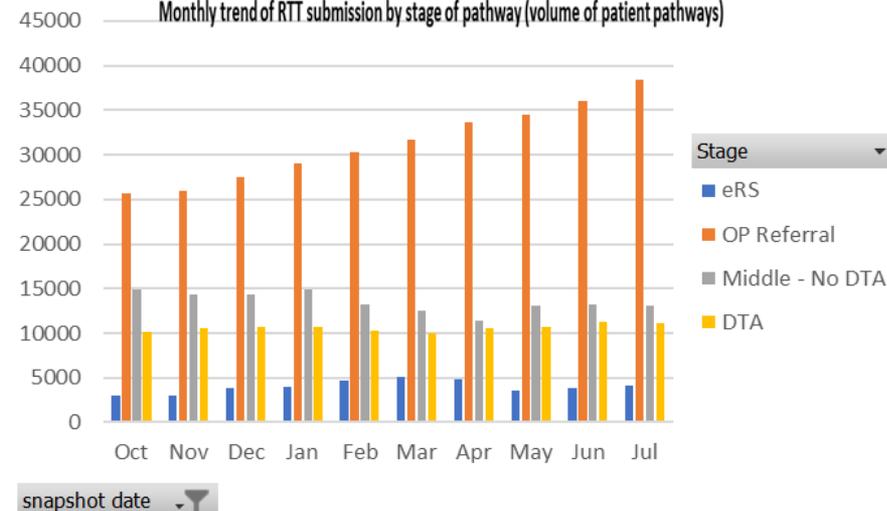
Potential contributors to growth:

- Reopening of routine referrals** for ENT, Ophthalmology and Maxillofacial in Q3 21/22.
- Capacity and demand imbalance** which is prolonging waits to first outpatient appointment, as average waits to First New appointment increase. Outpatient Steering Group workstreams are driving changes to ways of working; ie, Patient Initiated Follow-Up, Advice & Guidance and Non Face-to-Face clinics.
- Data Quality** – Review to conclude on potential missed clock stops undertaken by external validation supplier of <18 weeks. The design of a Data Quality 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.
- Growth at Decision To Admit** stage due to reduced/cancelled theatre capacity in June and July, particularly impacted by increased Covid-19 demand and increased staff absences due to Covid-19.
- Impact on activity** due to the rise in staff absences for Covid-19

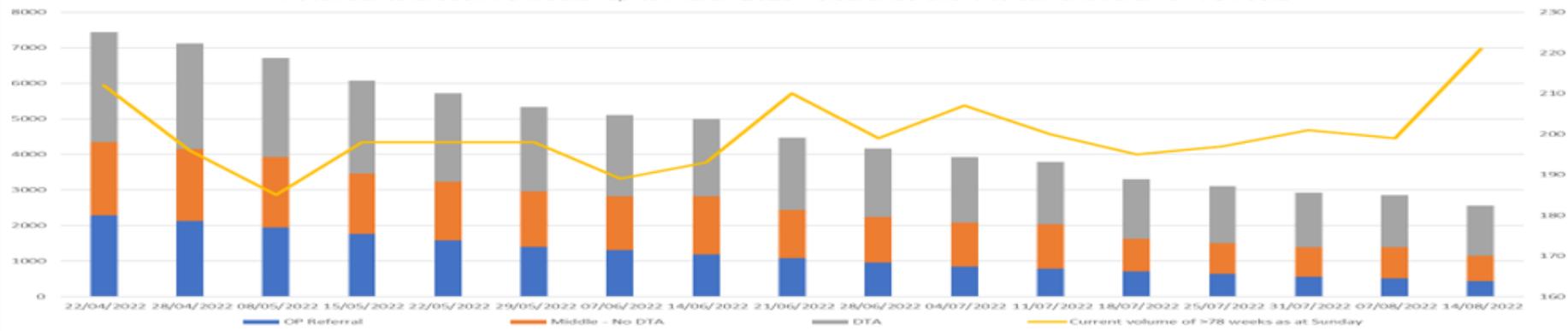
Division Directorate SpecialtyName

Count of MRN

Monthly trend of RTT submission by stage of pathway (volume of patient pathways)



Potential to breach 78 weeks up to March 2023 - Clearance cohort vs current volume >78weeks



Currently waiting >78 weeks (as at 14.08.2022)

- There were 221 patients **currently waiting** >78 weeks on 14/08/2022.
- The number of patients in this cohort has been growing in recent weeks.

66.06% of patients currently waiting over 78 weeks do not have a scheduled next step (see table below top 10 specialties by volume)

	OP Referral		Middle - No DTA		DTA		Grand Total	% UNDATED next step
	DATED	UNDATED	DATED	UNDATED	DATED	UNDATED		
Urology	1		3	7	2	53	66	90.91%
Plastic Surgery	1		1	2	10	15	29	58.62%
Paediatric Spinal Surgery			1		13	14	31	45.16%
Spinal Surgery Service			4	5	1	17	26	84.62%
Trauma and Orthopaedics	2		5	2	5	1	13	23.08%
Ophthalmology	1				2	6	9	66.67%
Neurosurgical Service		3		3		1	7	100.00%
Paediatric Plastic Surgery					2	4	6	66.67%
Ear Nose and Throat					4	1	5	20.00%
Vascular Surgery		1	1	1	1	1	5	60.00%
Trust total current >78 weeks	7	4	19	23	49	119	221	66.06%

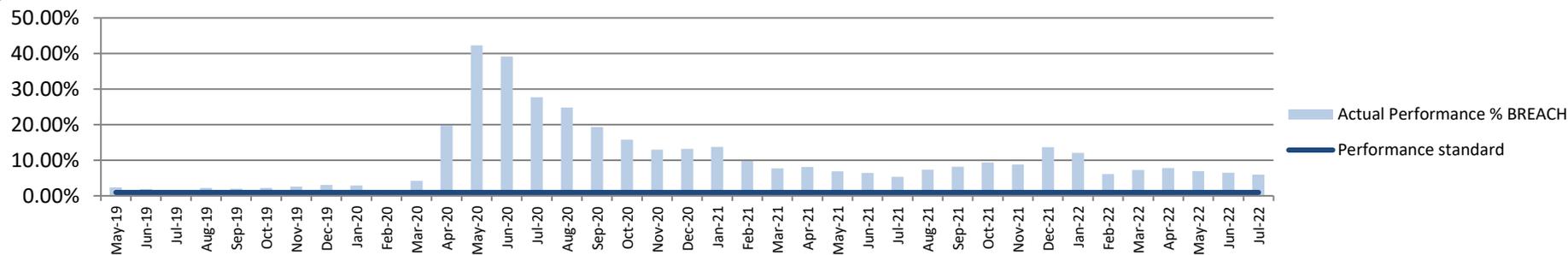
Forward View: March 2023 >78 weeks clearance cohort

There were **2,564** patients who have 78-week breach dates on or before 31st March 2023 (March clearance cohort)
The number of patients in this cohort continues to reduce.

59.71% of patients in March 23 clearance do not have a scheduled next step (see table below top 10 specialties by volume)

	OP Referral		Middle - No DTA		DTA		Grand Total	% UNDATED next step
	DATED	UNDATED	DATED	UNDATED	DATED	UNDATED		
Trauma and Orthopaedics	23	6	43	39	157	232	500	55.40%
Urology	5	1	20	76	8	302	413	91.77%
Spinal Surgery Service	7		42	72	16	52	191	64.92%
Plastic Surgery	18		6	22	40	103	189	66.14%
Vascular Surgery	10	9	20	54	17	18	128	63.28%
Gastroenterology	90	3	13	17	1		124	16.13%
Gynaecology	5	2	5	10	41	36	99	48.48%
Rheumatology	27	1	15	46	4	1	94	51.06%
Ophthalmology	10		3	2	19	51	86	61.63%
Cardiology	25	24	1	20	2	3	75	62.67%
Trust Total March 23 >78 week clearance cohort	359	73	237	477	428	981	2564	59.71%

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



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

Specialty	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Trend rolling 12 month period	6week breach change from previous month
Magnetic Resonance Imaging	547	584	542	397	341	444	460	314	243	258	212	249	210		-39
Computed Tomography	15	23	20	24	38	82	179	40	133	112	136	74	57		-17
Non-obstetric ultrasound	6	120	252	674	670	1109	743	210	318	306	256	246	277		31
Barium Enema	0	0	0	0	2	1	0	0	0	0	0	0	0		0
DEXA Scan	0	0	1	0	0	0	0	0	0	0	1	0	11		11
Audiology - Audiology Assessments	18	45	146	159	220	315	327	283	353	298	215	242	148		-94
Cardiology - echocardiography	64	122	125	89	42	40	22	12	36	45	104	74	94		20
Cardiology - electrophysiology	0	0	0	0	0	0	0	0	0	0	0	0	0		0
Neurophysiology - peripheral neurophys	7	1	5	2	11	7	4	6	0	5	0	14	16		2
Respiratory physiology - sleep studies	0	0	0	0	0	0	0	0	0	0	0	0	0		0
Urodynamics - pressures & flows	15	21	18	14	13	1	7	2	2	5	4	4	8		4
Colonoscopy	11	17	28	12	14	19	16	11	11	7	3	8	6		-2
Flexi sigmoidoscopy	11	13	19	11	4	9	13	13	3	8	0	3	2		-1
Cystoscopy	50	54	53	53	65	53	46	33	31	40	41	43	37		-6
Gastrosocopy	31	26	24	23	22	26	15	8	9	9	0	5	5		0

Month 4 Performance: There were **871** patients waiting over 6 weeks for a DM01 reportable diagnostic test at the end of July (a decrease of 91 patients compared to the previous month). The Trust did not meet **the diagnostic wait** standard with **5.96%** 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, which have continued into June and July. Since being awarded to provide community cardiology echo services in June, the TUPE of 3 wte echocardiographers has not materialised as affected staff have taken up positions elsewhere. There are known national challenges to recruiting echocardiographers; recent recruitment drive has led to the appointment of band 5/6 overseas practitioners, however there is a required lead time for training and accreditation to work independently, which may take up to 12 months. Alternative workforce models are being reviewed including medical staff cover.

Neurophysiology –staff sickness continues to impact upon capacity.

Non obstetric ultrasound showed a slight increase in breaches related to MSK diagnostic exams. There are 3 MSK Fellows starting in September which will increase the capacity, therefore anticipating a reduction in breaches in the coming months.

DEXA breaches are linked to Radiographer staffing levels due to sickness absence. DEXA capacity was reduced in July to enable Radiographers to be made available to support the acute JR site.

28 Day reportable cancellations/readmission breaches by Month

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Total Hospital Non clinical cancellations in period	38	31	25	49	44	25	26	29	32	37	32	31	27
28 day Readmission breaches in period	4	6	4	2	7	6	3	6	5	5	1	4	7

Specialty	On the day cancellations (Hospital All non clinical reasons)	28 day Readmission Breaches
Interventional Radiology	1	0
Thoracic Surgery	1	0
Respiratory Medicine	1	0
Paediatric Surgery	1	2
Paediatric Trauma and Orthopaedics	1	0
Paediatric Urology	1	0
Neurology	1	0
Neurosurgical Service	3	0
Ophthalmology	1	1
Maxillo Facial Surgery	7	0
Paediatric ENT	1	0
Orthopaedics	4	4
Trauma	1	0
Gynaecology	1	0
Urology	2	0
	27	7

Month 4 Performance:

Cancellations - non-clinical hospital reason - There were **27** reportable **elective cancellations on the day** throughout the month of July 2022; this represents a slight decrease in cancellations when compared to the previous month.

The reasons for cancellation were as follows:

- No ward bed (6 patients) + 1 patient x No ITU bed
- Anaesthetist unwell/unavailable (7 patients)
- Overriding emergency/urgent took priority (6 patients)
- Ran out of theatre time/list running late/overbooked (2 patients)
- Equipment unavailable / Equipment failure (2 patients)
- Power failure (2 patients)
- Theatre staffing (1 patient)

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

There were **7 x 28 day readmission failures** in July 2022. Reasons were:

- 1 x complexity of the case and PICU availability
- 3 x no earlier capacity with consultant due to clinically more urgent cases
- 2 x consultant had COVID on rescheduled date
- 1 x combination of anaesthetic staffing and equipment availability

Improvement work looking at **cancellation reason capture and recording** within EPR to enable **improved reporting on cancellation data** has been underway. 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.

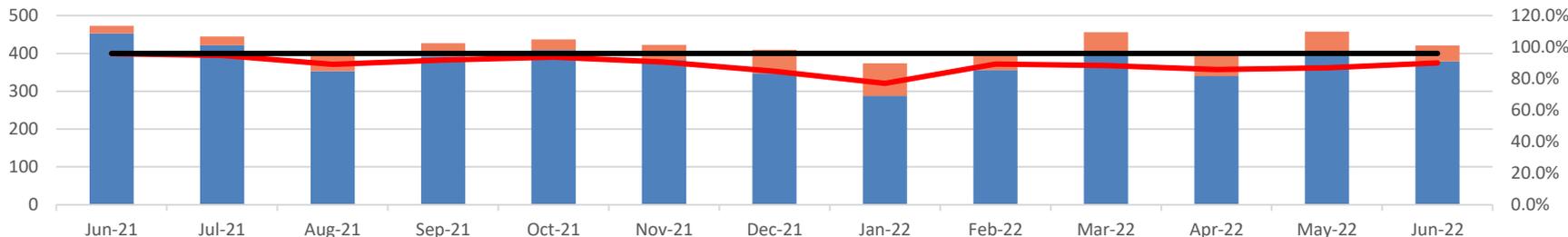
Cancer Waiting Time – June Performance Overview

Standard	Target	Total	Within	Breach	June '22 Performance	May '22 Performance	Variance
2ww Referrals	93%	2040	1294	746	63.43%	66.67%	-3.24%
Breast Symptomatic	93%	176	4	172	2.27%	9.94%	-7.67%
31 Day First Treatment	96%	421	379	42	90.02%	86.90%	3.12%
31 Day Sub Treatment Drug	98%	172	164	8	95.35%	95.77%	-0.43%
31 Day Sub Treatment Radiotherapy	94%	227	213	14	93.83%	84.84%	9.00%
31 Day Sub Treatment Surgery	94%	90	65	25	72.22%	77.67%	-5.45%
62 Day Screening	90%	17	14	3	82.35%	78.57%	3.78%
62 Day Treated	85%	214	124.5	89.5	58.18%	53.27%	4.90%
28 Day FDS 2WW	75%	2016	1482	534	73.51%	74.48%	-0.97%

No Standards achieved in June 2022

By Tumour Type	2WW - 93%	28 FDS - 75%	31D 1st - 96%	62D 1st - 85%
Breast	14.0%	81.6%	98.0%	58.9%
GynaeOncology	85.5%	55.6%	76.2%	38.1%
Haematological	55.6%	0.0%	100.0%	66.7%
Head & Neck	84.2%	69.0%	84.2%	42.9%
Lower Gastrointestinal	69.8%	55.1%	94.6%	51.4%
Lung	95.2%	84.4%	75.9%	38.5%
Sarcoma	74.4%	77.5%	82.4%	31.6%
Skin	70.6%	99.3%	92.6%	90.5%
Upper Gastrointestinal	99.1%	81.7%	97.1%	65.3%
Urological	73.9%	44.7%	84.5%	30.6%

Cancer Waiting Time Standards 31 Day 1st Treatment



	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Breaches	20	23	43	35	28	40	63	86	43	53	56	60	42
Within	453	422	353	392	409	383	347	288	356	403	340	398	379
Performance	95.8%	94.8%	89.1%	91.8%	93.6%	90.5%	84.6%	77.0%	89.2%	88.4%	85.9%	86.9%	90.0%
Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

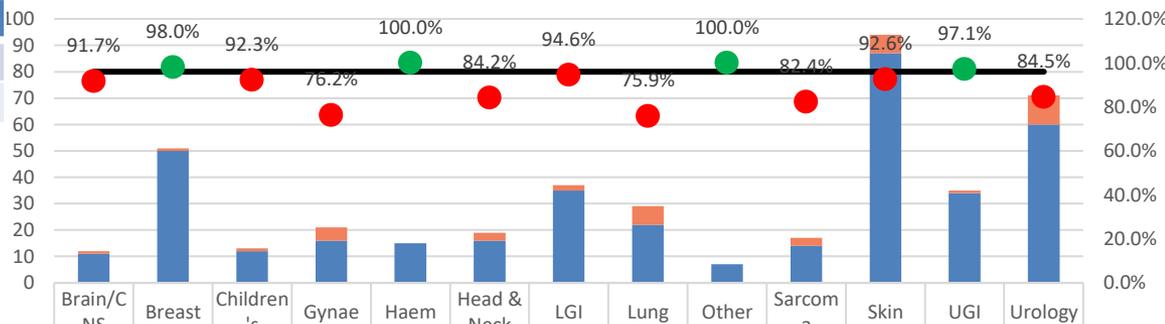
31 Day 1st Standard

The number of treated patients **decreased** from **398** patients in May to **379** patients in June as a consequence of the Jubilee Bank Holidays. The (median) average number of days on which patients are breaching dropped slightly to 45 days. The 31 Day performance has been affected mainly in **surgical treatment pathways** accounting for 34 (81%) of the breaches. **Limited capacity** and **covid positive results in patients** were the main causal factors. The longest waiting patients by tumour site and treatment modality are highlighted below. Staff sickness absence in both surgical and anaesthetics during June, linked to the rise in Covid-19, contributed to the lack of surgical capacity. Urology reported the highest volume of breaches from the tumour groups (11 of 42). Gynae-as a consequence of increased demand and Consultant absence will impact on the service going forward with 50% reduction in workforce. An assessment of anaesthetic / theatre capacity is currently underway.

Cancer Waiting Time Standards 31 Day 1st By Tumour site

31 Day Longest Breaches

Tumour Site	Skin	LGI	Urological	Sarcoma		
Day Breached	180	166	86	85	76	73
Modality	Surgery					



	Brain/CNS	Breast	Children's	Gynae	Haem	Head & Neck	LGI	Lung	Other	Sarcoma	Skin	UGI	Urology
Breaches	1	1	1	5	0	3	2	7	0	3	7	1	11
Within	11	50	12	16	15	16	35	22	7	14	87	34	60
Performance	91.7%	98.0%	92.3%	76.2%	100.0%	84.2%	94.6%	75.9%	100.0%	82.4%	92.6%	97.1%	84.5%
Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

31 Day Average Day Breached

31D	Accountable	No of Breaches (>31D)	Average day of breach	Median day of breach
Jan-22	374	86	40.3	36
Feb-22	398	43	50.9	40
Mar-22	453	52	42.3	36
Apr-22	396	56	45.2	36
May-22	458	60	51.6	45.5
Jun-22	421	42	53.6	45

Aim & Patient Impact

- Improve access to cancer care by driving improvements towards meeting national targets at 2ww, 28 day FDS, 31 days, 62 days and reducing patients waiting over 62 and 104 days by March 2023.

Programme update:

- Cancer Improvement Programme group meeting scheduled 8th September, Governance Structure and TOR agreed
- Workstream level TOR agreed, workbooks for 13 tumour sites created (to be shared with services)

Workstream 1: Digital

- Discussed with lead
- Project documentation to be supplied to project lead

Workstream 2: Tumour sites

Urology - Kick off meeting held 5th August.

Sub-workstreams agreed; Prostate, Bladder & Renal.

Sub-tumour site meetings held Fridays followed by

Oversight Urology Tumour-site meeting for lead approval.

- Prostate pathway reviewed 12th August
- Three audits agreed to understand the waits on the pathway
- Bladder meeting to be held on 26th August and Renal 2nd September

LGI - Kick off meeting held on 18th July.

Weekly project meetings in place, initial work:

- Driver diagram completed.
- PDSA: patients without FIT sent straight to flexi / other test including appropriate measurements
- PDSA: cannulation of patients and consent simultaneously including appropriate measurements
- Review of Endoscopy pathway and bowel screening pathway to identify areas for improvement

Workstream 2 Continued: Tumour sites

Gynae - kick off meeting to be held 6th September

- FDS pathway review meeting 17 August
- Links with GIRFT and Theatres programme identified

UGI – kick off meeting being scheduled for Sept

- OG FDS pathway under review ahead of process mapping session at kick off meeting
- Driver diagram ideas initiated and to be formalised at session

Lung

- Lung Improvement meetings moved to monthly
- Mapping of PTL against optimal pathway commenced with work underway to validate findings with radiology.
- Deep dive into pathways where patients received chemo and surgery treatment to identify more PDSA improvement cycles to reduce delays.
- Workforce business case submitted to obtain funding to continue next day CT service.

Workstream 3: Diagnostics

- Discussed with lead
- Project documentation to be supplied to project lead

Workstream 4: PTL Management

- Kick off meeting 19th August
- Driver diagram in draft
- Scope being reviewed to expand to Pathway Management

Workforce

Priority Area	Actions	Updates	How we are Evaluating Success
Getting the basics right in relation to well-being	Priority Area (Basic Wellbeing Needs) shared with staff via meetings, emails and comms.	Wellbeing Month of Engagement presentations take n place	Model Hospital Data (MHD) - Recommend my organisation as a great place to work - Quartile 3 (red/amber)
	Identify the main areas and issues where people’s basic wellbeing needs are not being met.	Form set up and shared to capture where staff feel their basic wellbeing needs are not being met and why/how. QR code to be created and shared on posters for Hard-To-Reach Staff to feed back	MHD - My organisation takes positive action on health and well-being – quartile 3 (red/amber)
	Develop an action plan to prioritise addressing the issues identified. Assign a timeframe for addressing the priority issues for the identified areas.	Responses are being reviewed by the Wellbeing Team to look at key hotspots (weekly)	All staff booking 80% of annual leave by end of October
Streamlining and improving recruitment processes	Robotic Process Automation - Adverts, offers, management of queries	Mapping the advert process has finalised. Aiming to roll-out in October. Commencing offers.	Monitoring and delivery against the new KPI’s in the new SLA’s MHD - Reduction in recruitment time to hire (TtH) – 53 days.
	Service Level Agreements for all aspects of recruitment.	Circulated to Divisions for comment. To Execs in September	
	Visibility and monitoring on performance against the KPI’s.	Dashboard created – August data to be published on 3 Sept.	

Priority Area	Actions	Updates	How we are Evaluating Success
Management training and support	Creation and delivery of new manager induction programme	Scoping exercise has commenced and draft programme with key areas being identified. Communications plan template being developed to accompany the roll out of approved policies.	Reduction in leavers in first 12 months to 18% MHD - Relationships at work are strained reducing - Quartile 2 (green) MHD – Recommend my organisation as a great place to work (amber/green)
	Development and launch of 'how to' guides and process maps for phase 1 proposed priority areas: procurement, budget management, HR processes	Commenced design of templates and identification of key HR process areas.	
	Roll out Civility & Respect - Kindness into Action cultural change programme	TME have agreed the culture change programme roll out from Autumn. Project plan being put together.	
Great rewards and benefits for working at OUH, with a focus on practical support such as cost of living.	Identify and implement new reward and employee benefits.	Implemented £250 transport voucher and access to Salary Finance for staff	Reduction in leavers in first 12 months to 18% MHD - Recommend my organisation as a great place to work - Quartile 3 (red/amber) MHD – Leavers rate (turnover) – Quartile 3 (red/amber)
	Showcase and raise awareness of current rewards and employee benefits.	Held pensions and employee benefits webinars for staff to raise awareness of products/options.	
	A monthly 'values into practice' staff recognition approach to be designed		

OUH FT	4.6%	0.1%	→	8.2%	0.1%	→	13.2%	0.2%	→	£7,000,398	£179,145	↑	92.3%	24.5%	↑	90.6%	0.6%	↑
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	
CSS	4.3%	0.1%	→	7.7%	0.5%	→	12.8%	0.9%	↑	£691,592	£101,834	↑	94.9%	24.8%	↑	91.5%	0.5%	→
Corporate	3.7%	0.0%	→	9.6%	0.8%	↑	12.8%	-0.6%	↓	£433,573	£14,563	↑	93.0%	22.1%	↑	90.6%	0.9%	↑
MRC	4.8%	0.2%	→	7.2%	-0.7%	↓	13.3%	0.2%	→	£2,530,707	£-93,897	↓	91.4%	24.1%	↑	90.1%	0.3%	→
NOTSSCaN	5.0%	0.1%	→	9.7%	0.8%	↑	12.8%	0.3%	→	£1,897,681	£127,487	↑	90.4%	26.9%	↑	89.3%	0.9%	↑
SUWON	4.7%	0.1%	→	7.3%	-0.3%	↓	14.1%	0.3%	→	£1,446,846	£29,157	↑	93.0%	23.8%	↑	92.0%	0.4%	→

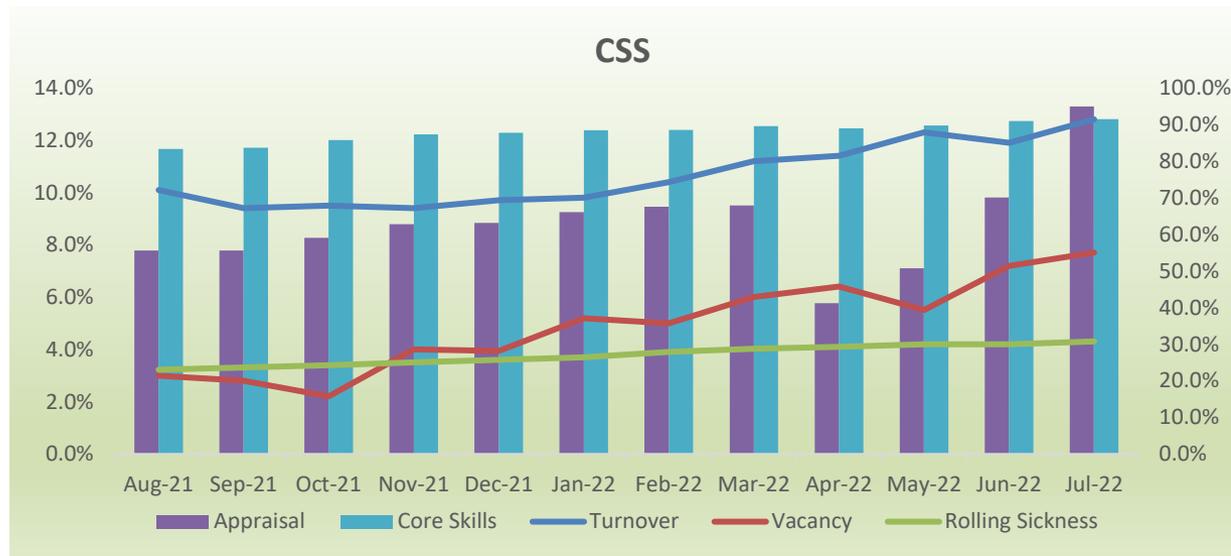
Analysis

- **Sickness absence** COVID19 is still an influence and is 1.4% of the 4.6% sickness rate, making the underlying absence rate 3.2% and in excess of the Key Performance Indicator (KPI).
- **Appraisals** At the point of closure of the new appraisal window, the Trust had an appraisal rate of 92.3%, which is the highest recorded non medical appraisal rate the Trust has ever had.
- **Core Skills** – Compliance levels have increased and are at 90.6%. Overall increase is minimal between months. Information Governance is at the same level as M3 – 92.2%. Improvement is required if the 95% threshold is to be achieved.
- **Turnover** - Rising steadily. The issue affects both clinical and non clinical staff. Additional Clinical Services at 18.6% continues to be the highest, followed by AHPs at 14.6%. Estates at 15.3% and Administrative staff at 13.7% are of note.
- **Vacancies** Have increased marginally between months and are now at 8.2%.

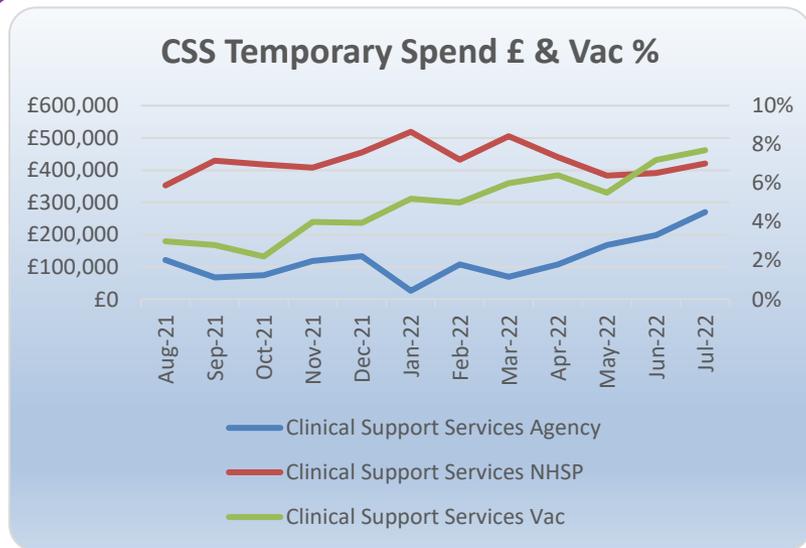
The above data represents the Workforce KPIs M4 position. Vacancies are calculated as the difference between the WTE establishment from the financial ledger and staff in post wte from the Electronic Staff Record (ESR). Corporate is combined with Estates, R&D, Operating Services, Hosted Services, Trust Wide, Operating Expenses. Agency spend KPI reflects NHSI agency ceiling. HART removed from calculations. Changes of 0.5% are treated as “no change”.

Hotspots	Actions
<ul style="list-style-type: none"> • Sickness absence across the Trust sickness is 4.6%; COVID19 accounts for 1.4%. The underlying rate net of COVID19 is 3.2%, which is in excess of KPI of 3.1%. • Appraisals Continued efforts are required across all Divisions to ensure compliance is close to 100% as practically possible. • Core Skills Core Skills is operating in excess of the KPI. IG though is operating below its 95% threshold. Improvement needed across all Divisions. Current rate is 92.2%. • Turnover is rising steadily. SUWON is the highest, but MRC, NOTSSCaN and Corporate are all operating above the KPI. Issues affect clinical and non-clinical staff groups. • Vacancies NOTSSCaN and Corporate have the highest vacancy levels. Health Care Assistants and Support 9.6% and Other (primarily Administrative staff) 10.9% are of concern. 	<ul style="list-style-type: none"> • All sickness cases are being given additional focus to ensure they are being appropriately managed. This includes training being given to managers. The national changes to the management of Covid absence are being implemented with the formal processes being instigated as per the guidance. July/August are wellbeing months and the Wellbeing Team are asking various teams to feedback if their basic wellbeing needs are not being met. • There has been a focus on appraisals. Divisions continuing to receive weekly reports on who is still not compliant. • . • Core skills compliance is being highlighted in appraisal and 1:1 meetings. • The new Head of Leadership & Talent Management joined at the end of June and is having conversations as part of her induction, to understand the management development priorities and needs across the Trust to scope requirements for training and support. • Leaver data is being reviewed to understand main reasons for leaving. Stay interviews are also being conducted. • ‘Time to Talk’ information is being utilised to look at the main priority areas for improvement • The Divisions conducted a data review of HCSW vacancies so targeted recruitment campaigns can be implemented. Commencing a pilot with the Princes Trust and MRC to support an increase in HCSW applicants to this Division. • Holding a joint NHSP and OUH A&C careers fair in September. • Continue to support with overseas radiology recruitment. • In discussions with MRC re CESR fellowships for their medical staff in particular in AMR.

The graphs below support the accompanying text.



HR Metric	Performance	Target
Sickness %	4.3%	3.1%
Vacancy %	7.7%	7.7%
Turnover %	12.8%	12.0%
Bank/agency Spend £	£691,592	n/a
Non Med Appraisal %	94.9%	85%
Core Skills %	91.5%	85%



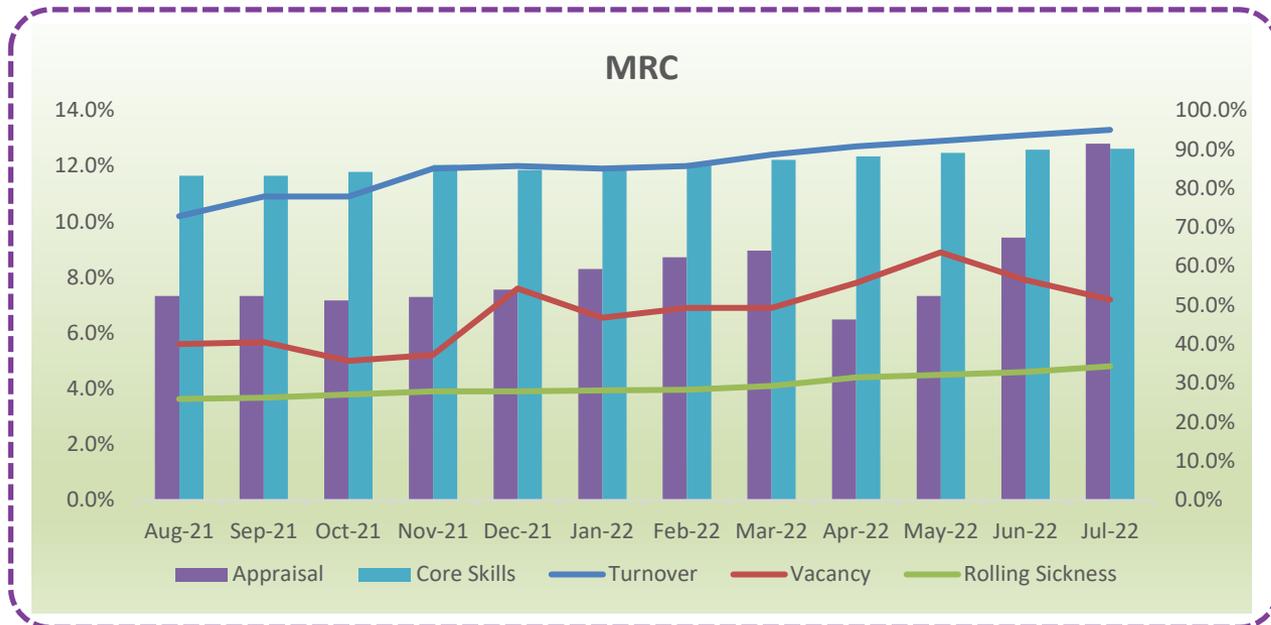
Analysis

- Sickness absence** Marginal increase to 4.3%. All Directorates are in excess of the KPI. The Divisional Management Team at 6.6% and Pharmacy 4.9% are of concern, as are Nursing and Midwifery at 6.2%, Additional Clinical Services 6.7%, and Administrative staff at 5.5%.
- Appraisals** – CSS has, similar to all Divisions significantly improved its non Medical Appraisal rate to 94.9%. All Directorates exceed the KPI, as do all staff groups.
- Core Skills** is at 91.5%. IG is at 92.4% and requires improvement if the required 95% level is to be achieved.
- Turnover** Has increased between months, due to an increase in the number of rolling 12 month leavers. Additional Clinical Services at 18.4%, Nursing 15.1% and Administrative staff 14.8% are of note.
- Vacancies** Nursing vacancies are at 23.6% within the Division and account for 40% of vacancies.

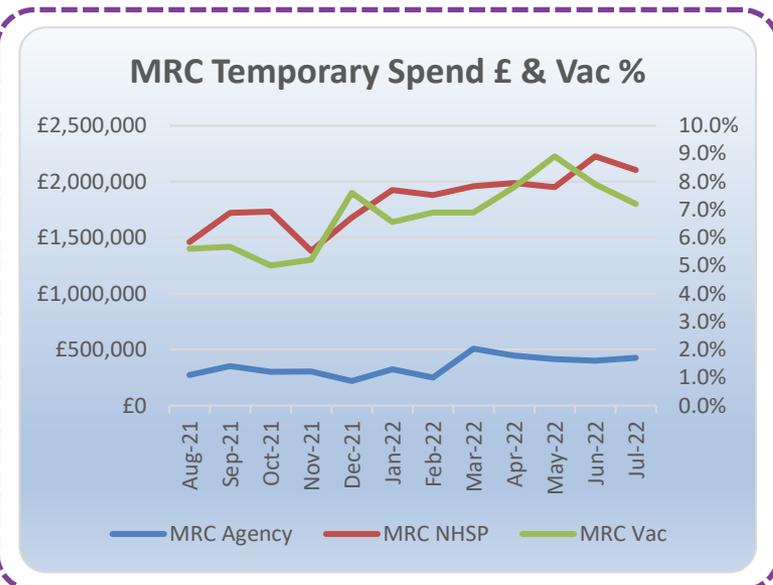
Hotspots	Actions
<p>Radiology Nursing Assistants Sickness: 8.2% Turnover: 26% Vacancy: 1.7% Appraisals: 92.3% Core Skills: 93%</p>	<ul style="list-style-type: none"> • Team building initiatives are being designed in partnership with the C&L team. The plan is being finalised for this on 30th August 2022, and implementation starting in late September. • Line management training is also being drafted for 'lunch and learn' sessions as the B6 workforce requires development in people management. Stay interview data is being rolled out in Sept to identify areas for development. • The HR team and OSM are working in partnership with the International Nursing Recruitment team to bid for AHP international recruitment funding to increase the number of diagnostic radiographers. The bid was submitted on 15/07 and we are awaiting the outcome. • Teams have worked hard to reach the Trust KPI for appraisals and core skills. The HRC is now working with line managers to ensure mid-year reviews are booked in and that they are prepared for the 2023 appraisal window. • Short-term sickness is impacting the absence rate, working with managers to ensure RTW interviews are done and trigger targets set consistently.
<p>Churchill Rad Imaging Sickness: 5.3% Turnover: 13.7% Vacancy: 7.8% Appraisals: 89.2% Core Skills: 89.9%</p>	<ul style="list-style-type: none"> • The admin hub has successfully moved to Unipart following feedback at TTT sessions, and in the staff survey about their working conditions. • The recruitment team have been processing candidates, and the directorate is still on track with their recruitment trajectory to have a fully established radiographer workforce by the end of 2022. issues continue with finding agency staff to cover sickness absences and annual leave due to the lack of radiographers available on the bank. • Capital has been confirmed for new scanners on the Churchill site. This follows feedback in the 2020/21 staff survey and TTT sessions. • Teams have worked hard to reach the Trust KPI for appraisals and core skills. The HRC is now working with line managers to ensure mid-year reviews are booked in and that they are prepared for the 2023 appraisal window. • Turnover for ACS group is high, utilising the TTT sessions to identify themes and what can be done to reduce turnover
<p>Sterile Supplies Sickness: 4.5% Turnover: 11.1% Vacancy: 2.6% Appraisals: 94.2% Core Skills: 82.9%</p>	<ul style="list-style-type: none"> • HR to work with leads to reduce short-term sickness, finding solutions how to improve in line with staff survey. • Vacancy demands are steady and looking at the long-term vision for the department with HRC. • Set up EDI training for the department in line with other departments. • HRC to look at ways to implement suggestions on how OUH can support those requiring further training to fulfil their career vision.

MRC PEOPLE METRIC PERFORMANCE

The graphs below support the accompanying text.



HR Metric	Performance	Target
Sickness %	4.8%	3.1%
Vacancy %	7.2%	7.7%
Turnover %	13.3%	12.0%
Bank/agency Spend £	£2,530,707	n/a
Non Med Appraisal %	91.4%	85.0%
Core Skills %	90.1%	85.0%



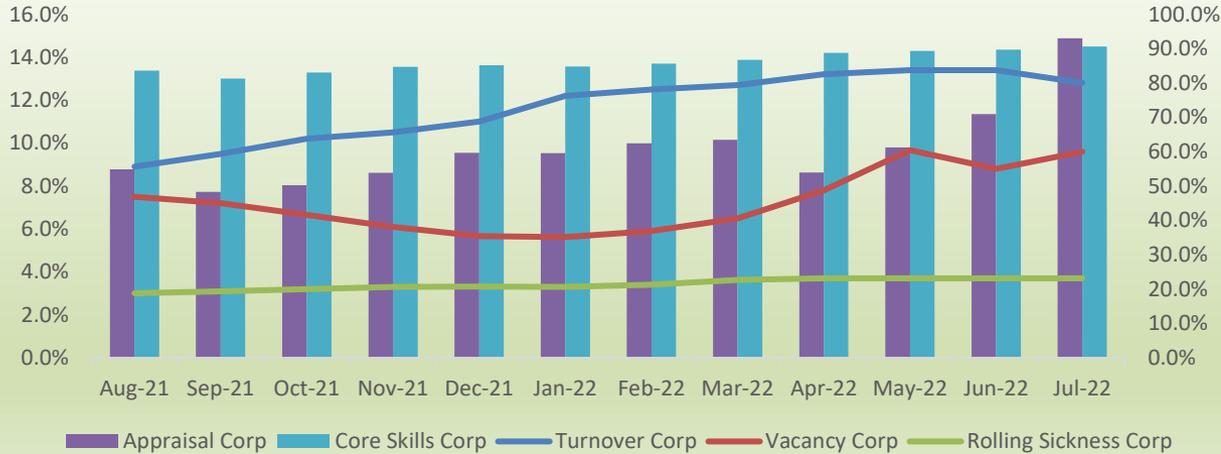
Analysis

- Sickness absence** All Directorates exceed the KPI, of concern is Acute Medicine and Rehabilitation (AMR) at 5.3%. Within AMR, General Medicine Horton 6.1% and Acute General Medicine JR 6.2% are highest and account for 40% of absence wte.
- Appraisals** MRC's non medical appraisal rate is 91.4%, up from 67.3% in M3, reflecting the considerable efforts made by all staff to improve compliance. All Directorates exceed the KPI, although by staff group Add Prof Scientific and Tecnic and Allied Health Professionals fall just below the 85% KPI.
- Core Skills** Has increased marginally from 89.8% to 90.1%. All Directorates are in excess of the KPI as are all staff groups. IG is at 92.3% and is close to the required 95% attainment level. Medical and Dental staff at 80.2% continue to be outliers in terms of IG compliance.
- Turnover** AMR at 14.4% is the highest Directorate. By staff group Additional Clinical Services at 19.3% are the highest staff group and account for 34% of all MRC leavers.
- Vacancies** Health care Assistants vacancy rate are at 9.4%, with support staff (primarily Administrative) at 13.0%. Nursing staff 8.5%, do comprise 43% of vacant positions.

Hotspots	Actions
<p>Divisional Plans</p> <p>Staff Turnover has reduced marginally from 13.5% (M3) to 12.1% (M4).</p> <p>Vacancies have reduced from 12.8% (M3) to 11.9% (M4)</p> <p>Sickness has slightly increased from 4.6% (M3) to 4.8% (M4)</p> <p>Appraisals rate has significantly improved from 61.8% (M3) to 83.7% (M4)</p>	<p><u>Vacancies & Agency/Bank Spend</u></p> <ul style="list-style-type: none"> Forms part of 'Plan for Every Post/Plan on a Page' and Finance Review Meetings. <p><u>Turnover</u></p> <ul style="list-style-type: none"> A 'Turnover Action Plan' is being drafted which will be used across all Divisions. Quick Wins are being identified as well as key actions for Q2. New 'Staff Interviews' process will be rolled-out within next couple of weeks.
<p>Emergency Dept JR</p> <p>Staff Turnover has increased from 12.4% (M3) to 14.4% (M4)</p> <p>Vacancies have increased from 17.7% (M3) to 19.5% (M4)</p> <p>Sickness has slightly increased from 5.3% (M3) to 5.6% (M4)</p>	<ul style="list-style-type: none"> Increase contributed to number of Consultants leaving the 'GP Streaming' CSU (22.58%) and JR ED Dept (16.02%). Analysis of reasons for leaving, tenure etc. has been completed and actions form part of Divisional Turnover Action Plan. Anticipate to see a change in vacancies in next reporting cycle. A number of Band 5 nurses are being recruited to by central team and a some Band 6 & 7 vacancies are being recruited to at present. All short term sickness absences and Stage 1 & 2 sickness cases are being reviewed to ensure robust plans are in place to reduce absence. HRC's have Q2 objective to implement a Sickness Absence Action Plan, with key outputs. OSM's are advised on ongoing basis of appraisals that are still outstanding.(x31 ED JR)
<p>Emergency Dept Horton</p> <p>Staff Turnover has increased from 12.4% (M3) to 14.4% (M4)</p> <p>Vacancies have increased from 17.7% (M3) to 19.5% (M4)</p> <p>Sickness has slightly increased from 5.3% (M3) to 5.6% (M4)</p>	<ul style="list-style-type: none"> Position will change as there have been a number of promotions and a number of new starters to join/anticipated as part of Nursing R&R plan, x3 Cohorts during August, plus overseas Cohort and Preceptorship. New Leadership team in place, due to some Band 7 staff movements. New staff require settling-in time. Anticipate to see reduction in vacancies. Covid outbreak on Juniper ward, impacts on short term staffing challenges. Part of Divisional Sickness Action Plan as mentioned above.

The graphs below support the accompanying text.

Corporate



HR Metric	Performance	Target
Sickness %	3.7%	3.1%
Vacancy %	9.6%	7.7%
Turnover %	12.8%	12.0%
Bank/agency Spend £	£433,573	n/a
Non Med Appraisal %	93.0%	85.0%
Core Skills %	90.6%	85.0%

Corporate Temporary Spend £ & Vac %



Analysis

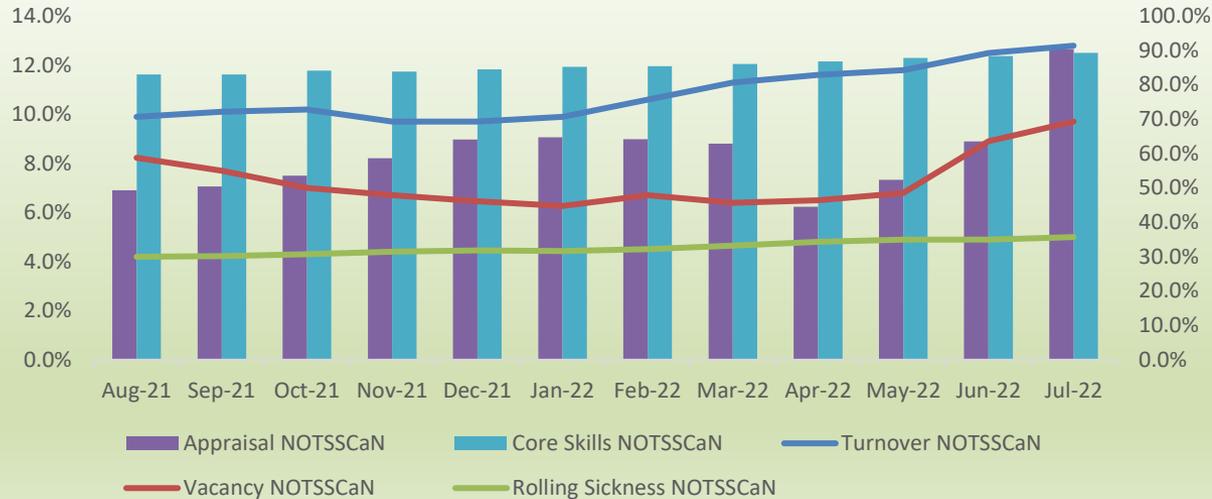
- **Sickness absence** Has not altered between months. Estates at 7.5%, and within this Estates Operations at 8.2% are of concern.
- **Appraisals** – Appraisals are 93.0% in M4. Hosted Services at 81.1% fall below the expected level and requires improvement. All staff groups exceed the KPI.
- **Core Skills** Has increased marginally upon M3, with compliance continuing to operate in excess of the KPI. Hosted Services at 82.1% fall below the required compliance level. IG at 92.9% is close to the KPI.
- **Turnover** Research and Development at 20.4% and Estates at 18.7% are the highest areas. Corporate areas, such as the Chief Officers Directorates account for 53% of all leavers.
- **Vacancies** Corporate areas covering Chief Officer Directorates, comprise 63% of the vacant posts. Estates at 12.0% and Hosted Services at 13.6% are carrying a relatively high vacancy rate.

Hotspots	Actions
<p>E&F Operations (CH, JR, NOC) - High levels of sickness turnover and vacancies has impacted on Estates and Facilities' overall performance although these areas have reduced from month three and two. The good news is that appraisals are over 85% and core skills are 3% from being compliant.</p> <p>There are three outstanding ER cases taking place</p> <p>The results of the 2021 staff survey show improvements in health and wellbeing and there are lower scores in job satisfaction and career progression.</p> <p>E&F Operations – Horton – There has been a small increase in turnover and vacancy rate. Sickness remains static and high at 8.2% due to a number of long-term sickness absence cases.</p> <p>There is one outstanding bullying and harassment case that needs investigating.. Mediation within portering services has concluded.</p> <p>Results of 2021 staff survey show improvements in health and wellbeing however scores that can improve are in job satisfaction and career progression.</p>	<ul style="list-style-type: none"> • Implementing Time To Talk sessions in August. • Implementing actions from Time To Talk sessions held with regard to communication (holding daily toolbox meetings) and pay. • Recruitment and Retention Premia (RRP) for Trades staff in Estates progressing to TME. • Update at the Monday morning catch up meeting in Estates to ensure Core skills reaches compliance by October. • The Senior HR Adviser is working with the service to ensure sickness is managed through the procedure . • Training needs in sickness absence management identified with training plan being devised. • Conclude outstanding ER cases in September and October. <ul style="list-style-type: none"> • Time To Talk sessions have taken place. Actions to be uploaded onto ULYSSES • Option for staff who transferred from Katharine House Hospice to move onto NHS terms and conditions • Implement regular sickness absence management meetings to go through case by case to ensure timely conclusion of sickness absence cases. • Monthly meetings with recruitment to understand any delays in recruitment which will form feedback at the E&F Bi-monthly management meeting • Include key managers in the retention task and finish group.

NOTSSCaN PEOPLE METRIC PERFORMANCE

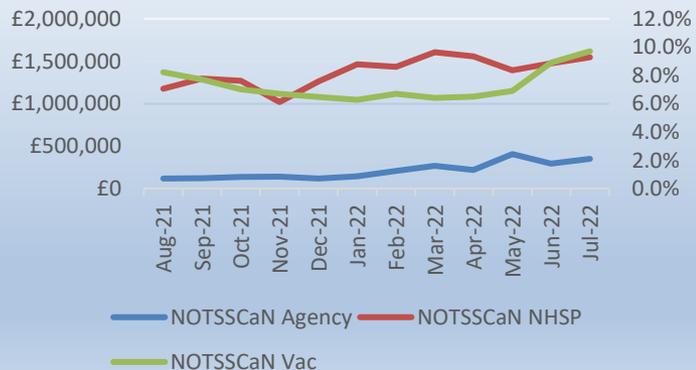
The graphs below support the accompanying text.

NOTSSCaN



HR Metric	Performance	Target
Sickness %	5.0%	3.1%
Vacancy %	9.7%	7.7%
Turnover %	12.8%	12.0%
Bank/agency Spend £	£1,897,681	n/a
Non Med Appraisal %	90.4%	85.0%
Core Skills %	89.3%	85.0%

NOTSSCaN Temporary Spend £ & Vac %



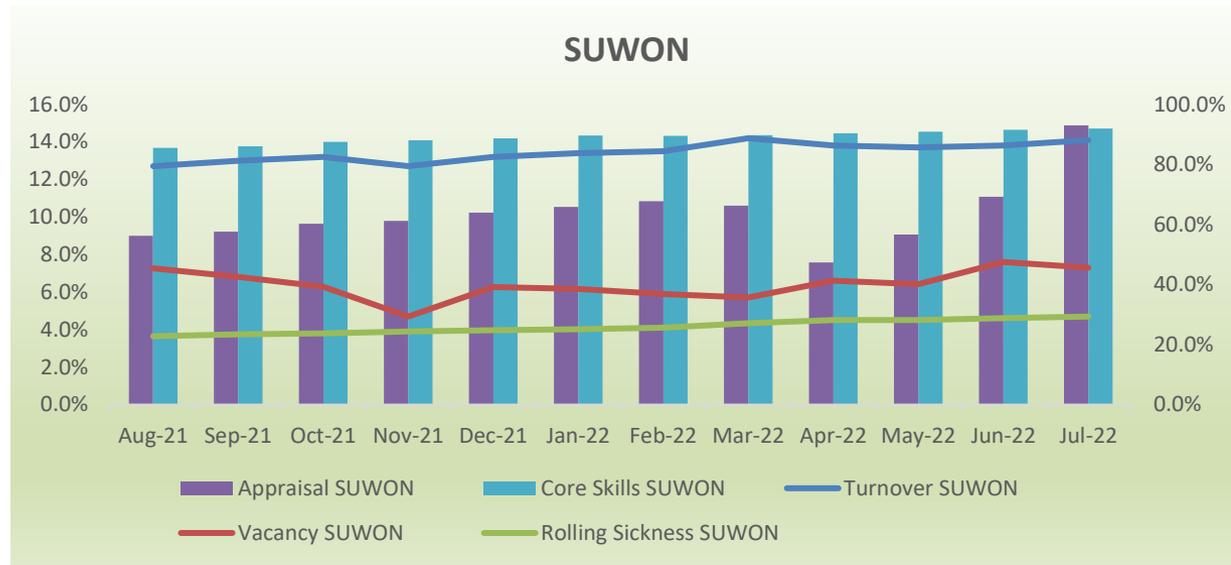
Analysis

- **Sickness absence** All Directorates with the exception of the Divisional Management Team exceed the KPI. JR and WW Theatres 5.7% and Orthopaedics 5.5% are the two highest Directorates, with Orthopaedics accounting for 25% of the Divisions wte absences.
- **Appraisals** The Divisions appraisal is up from 63.5% and is 90.4% at M4. Whilst all staff groups are in excess of the KPI, JR and WW Theatres at 72.9% is significantly below the required compliance level.
- **Core Skills** All Directorates exceed the KPI, and a small increase in compliance has been achieved between M3 and M4, 88.4% to 89.3%
- **Turnover** Small increase in leavers accounts for the relatively minor increase in turnover levels. Additional Clinical Services 17.0%, and Administrative staff at 17.6% are the staff groups with the highest turnover levels. The JR and WW Theatres Directorate at 14.3% is the highest Directorate, although as a percentage of leavers Children's and Orthopaedics account for just over 50% of all leavers.
- **Vacancies** JR and WW Theatres 14.2%, Neurosciences 10.2% and Orthopaedics 9.7% are the Directorate with the highest vacancy rates. These 3 Directorates account for 55% of vacancy posts.

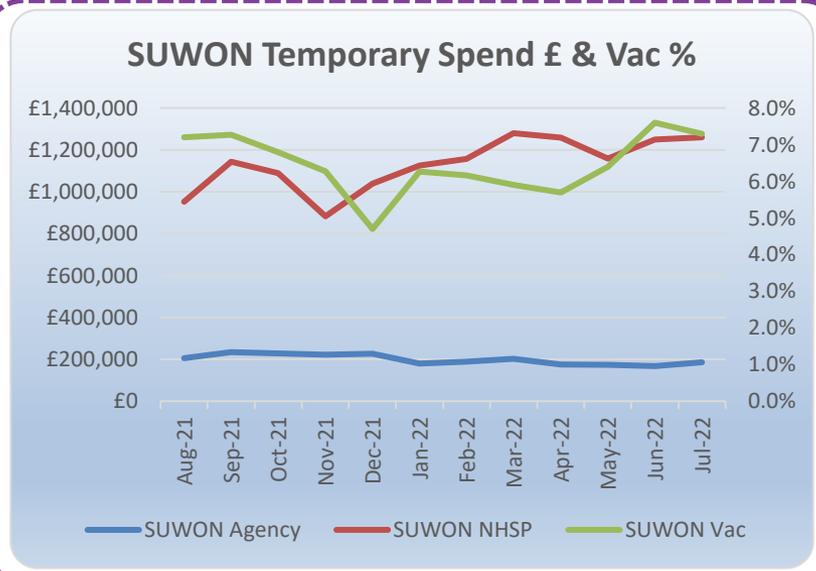
Hotspots	Actions
<p>Sickness Sickness has slightly increased to 5% for M4. STS/LTS split currently stands at 66% / 34% and COVID sickness currently stands at 30% of the reported sickness absence figure. MSK and SA&D remain the highest reasons for sickness absence.</p>	<p>OH is being utilised to ensure support in place for colleagues RTW compliance is being reviewed to ensure this is improved across the Division Focussed review of half pay/nil pay reports with HRCs to ensure processes to support colleagues are up to date and supportive. CSUs with the highest sickness areas are being focussed on providing support to managers with the process. Support with LTS cases is ongoing, 44 cases being supported across the Division and this month there are 3 stage 4 meetings scheduled. Ashley Lodge to be invited to attend meetings with managers in hotspot area to provide details of H&WB initiatives available to colleagues which may help with RTW where SA&D is reported</p>
<p>Appraisal Appraisal compliance stands at 92.1% @ 15.8.22</p>	<p>192 remain outstanding across the division and work is in progress to ensure completion. All Directorates except JR & WW Theatres achieved 85% or more compliance. Work is underway to identify how further support can be added – 57 outstanding, 20 of these are nursing roles and 20 are ODP/ HCSW</p>
<p>Vacancy & Turnover Vacancy has shown an increase from 8.9% to 9.7% for M4 with an increase across all directorates apart from Children's</p>	<p>Focussed work is underway with the development of a turnover action plan for the division, including a review of the questionnaire for exit and stay interviews with the aim of improving compliance and establishing improved data for analysis. Areas of focus remain as HCSW and A&C staff groups. A&C vacancy high at 19.5% - work is underway to identify new ways to recruit and retain staff. HCSW vacancy 9.4% with the highest vacancy rate in Theatres at 14.2%</p>
<p>Time to Talk Sessions and Staff Survey 2022 Prep</p>	<p>Time to talk sessions continuing and directorates are now uploading information in Ulysses. Action plans are being finalised and will continue leading into the launch of the 2022 staff survey</p>
<p>Remote Working</p>	<p>Refreshed support in progress across the directorates to understand staff who are working from home, providing guidance and support</p>
<p>Hotspots Top 10 JR Theatres (1) Turnover 14.3% Vacancy 14.2% Sickness 5.7% Appraisal 72.9% Core Skills 91.7%</p>	<p>Commencement of monthly finance & performance meetings took place in July 2022, these were not previously taking place due to Theatres being part of other directorates in the past. This has started to focus workforce discussions on the areas of improvement and provides an opportunity to discuss in depth the support that is needed for managers to improve workforce KPIs. Lowest appraisal compliance – work underway to identify how further support can be added – 57 outstanding, 20 of these are nursing roles and 20 are ODP/ HCSW. 2 long term sickness cases and 1 disciplinary being managed formally in this area MSK & stress, anxiety & depression reasons for sickness being reviewed with HR & management teams to identify areas where additional support may be helpful. Focused B5 recruitment continues to take place through the centralised recruitment process within this area supported by the R&R lead and the current recruitment pipeline continues to be scrutinised to unblock FTSU completed a walkabout during August to promote support to colleagues following some concerns that had been raised from this area; this will be followed up with further visits to offer ongoing support.</p>
<p>Specialist Nurses (4) Turnover 19.1% Vacancy 11.8% Sickness 6% Appraisal 69.8% Core Skills 82.4%</p>	<p>8 appraisals are currently outstanding and work is in progress to support managers with the completion of these. One formal long term sickness case being managed. Short term absence tends to be higher than long term sickness in this area therefore and concerted efforts are in place to provide support to managers, reviewing levels of RTW interviews and providing reports where staff have met sickness absence triggers. The relaunch of exit and stay interviews will be beneficial and will be implemented following approval of the new questionnaires.</p>

SUWON PEOPLE METRIC PERFORMANCE

The graphs below support the accompanying text.



HR Metric	Performance	Target
Sickness %	4.7%	3.1%
Vacancy %	7.3%	7.7%
Turnover %	14.1%	12.0%
Bank/agency Spend £	£1,446,846	n/a
Non Med Appraisal %	93.0%	85.0%
Core Skills %	92.0%	85.0%



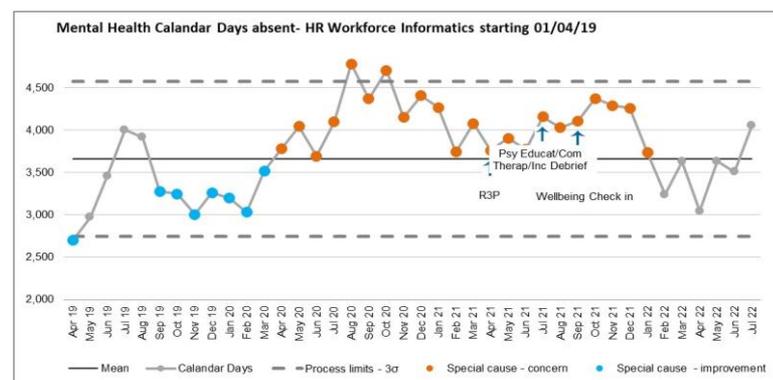
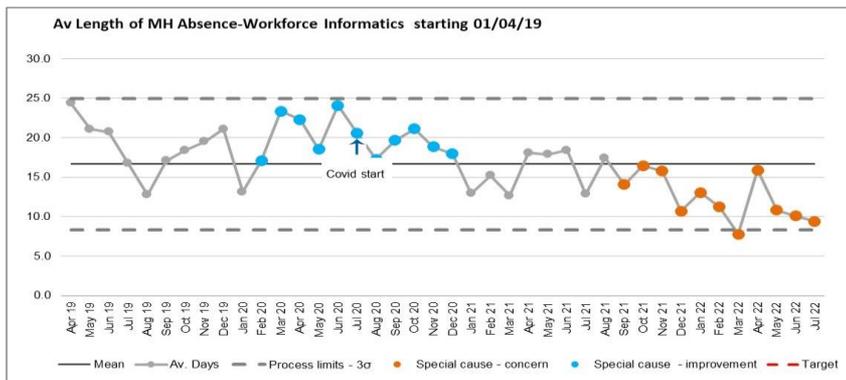
Analysis

- **Sickness absence.** Marginal increase between months of 0.1%. All Directorate with exception of the Divisional Management Directorate are in excess of the KPI. Maternity at 6.6% is the worst performing Directorate.
- **Appraisals** At 93% the Division has exceeded the KPI. This is up from 69.2% in M3. Maternity's compliance at 83.5%, requires improvement.
- **Core Skills** M4 has seen a small increase in compliance. The Division continues to have the highest compliance rate of the Divisions. IG at 93.0% is at similar level to other Divisions,.
- **Turnover** Similar to other Divisions, Additional Clinical Services at 20.0% are of note, as are Administrative staff at 17.5%, reflecting the strength of the local labour market.
- **Vacancies** Renal Transplant at 15.6% and Surgery 13.4%, continue to have highest vacancy rates. Health Care Assistants 9.3%, and Administrative staff at 11.2% are of note.

Hotspots	Actions
<p>Palliative Medicine Turnover has increased to 20% from 19.3% last month Vacancies 16.7% (15.6%) Rolling sickness 6.3% (6.4%) Appraisals 91.8% (63.2%) Core Skills 91.4% (91.3%)</p>	<ul style="list-style-type: none"> Line managers informing HR Assistant of any leavers so exit interviews can be conducted to fully understand reasons for leaving. There are nurses within the pipeline to fill the nursing vacancies. 5 LTS cases in the department, robust absence management being applied in accordance with the procedure, 1 applying for ill health retirement. KHH staff are to be offered the opportunity to move to AfC terms and conditions. All Band 5 & Band 6 nursing roles within SHH Inpatients are fully established which provides stabilisation and support for the existing workforce. The R&R lead is conducting stay interviews for Sobell House so any immediate changes can be identified and addressed, the feedback that has been received from stay interviews has been positive. No formal ER cases within Palliative Medicine.
<p>Obstetrics & Midwifery Turnover 20% (19%) Vacancies 5.3% (4.2%) Sickness 6.6% (6.4%) Appraisal 83.4 (46.5%) Core Skills 89.5 (88.1%)</p>	<ul style="list-style-type: none"> An improvement plan has been developed from the recommendations from the IBEX Gale report. Workforce related workstreams are: Leadership, Culture and Standards, and Staff support and wellbeing and they are identifying actions and quick wins. Improvement Director due to start early September A midwifery leadership structure has been agreed and posts are being recruited to. On-call arrangements are being consulted on as part of the improvement plan 1 ER case underway in Maternity.
<p>Urology Turnover 14.8% (14.8%) Vacancies 18.6% (16.3%) Sickness 4.7% (4.5%) Appraisals 91.9% (65.3%) Core Skills 87.2 (88.2)</p>	<ul style="list-style-type: none"> Stay interviews conducted with an action plan in place to address the issues raised. Positive that a number of issues raised were already in progress with actions to resolve. Wider divisional Turnover action plan will have a focus on Urology to understand and address the Turnover. Sickness absence management in place and a push on RTW interviews to tackle short-term sickness.

Reducing our Mental Health Absence

The graphs below support the accompanying text.



Analysis of graphs

In the average length of mental health absence graph on the left there is a clear pattern showing that length of absence has been falling since August 21 with the average in July now sitting at 9.4 days.

There has been an increase in days lost in July compared to June of 12% in short term absence but a decrease in length of time off by 7%. Time off through Mental Health issues account for 15% of the days lost (2nd to medical infection). Of the long-term absences this figure continues at 32%.

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

Action 1: Getting the basics right in relation to wellbeing by end March 2023. This will be delivered through establishing a Trust-wide 'Environment and Estates' enabling group to lead forward on: a) identifying the main areas and issues where people's basic wellbeing needs are not being met; b) developing an action plan to prioritise addressing the issues identified; c) assigning a timeframe for addressing the priority issues for the identified areas.

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

Action 3: (b) Deliver 60 team sessions by the end of March 2023.

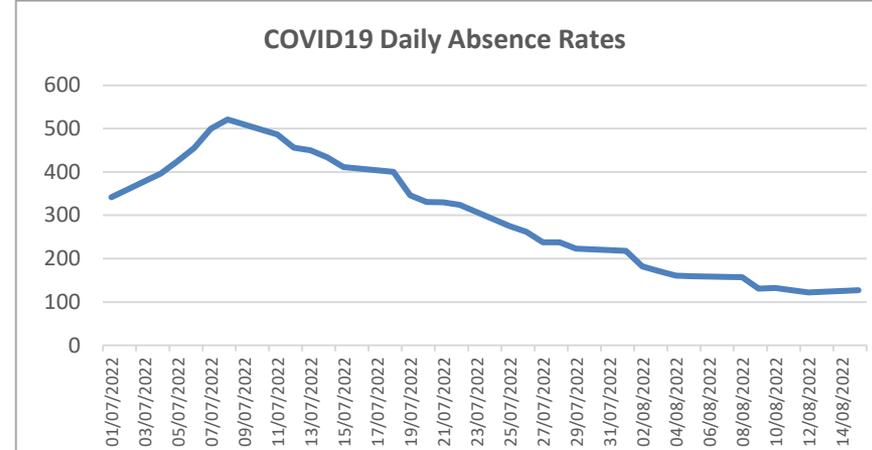
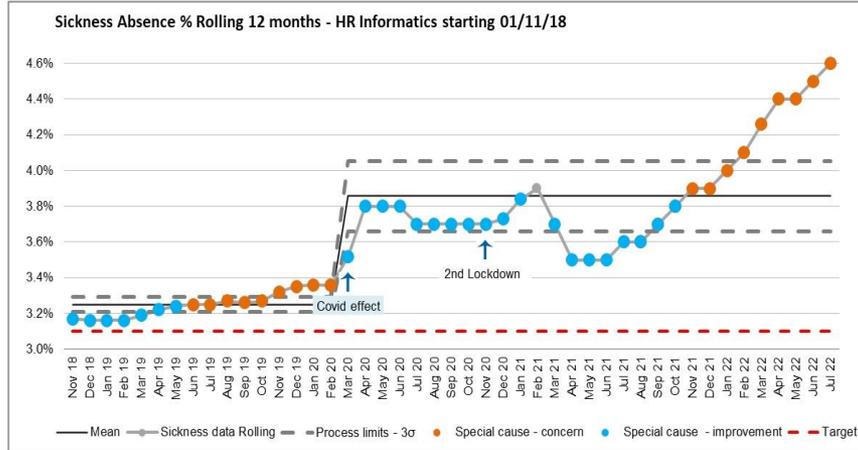
Action Updates – please note following signing off the people plan we updated the set of actions for the Wellbeing Quality Priority

Action 1: As part of our people promise and the wellbeing months of engagement, we have started gathering information on where people's basic wellbeing needs are not being met and what the main kinds of issue are. These will be shared with the new Enabling Group once established as part of the People Plan governance arrangements.

Action 2: As of end of July '22 there have been 5,527 Wellbeing Check-ins which represents over 40% of our people.

Action 3: (b) In total in Q1 the Staff Support Service have delivered 19 team sessions.

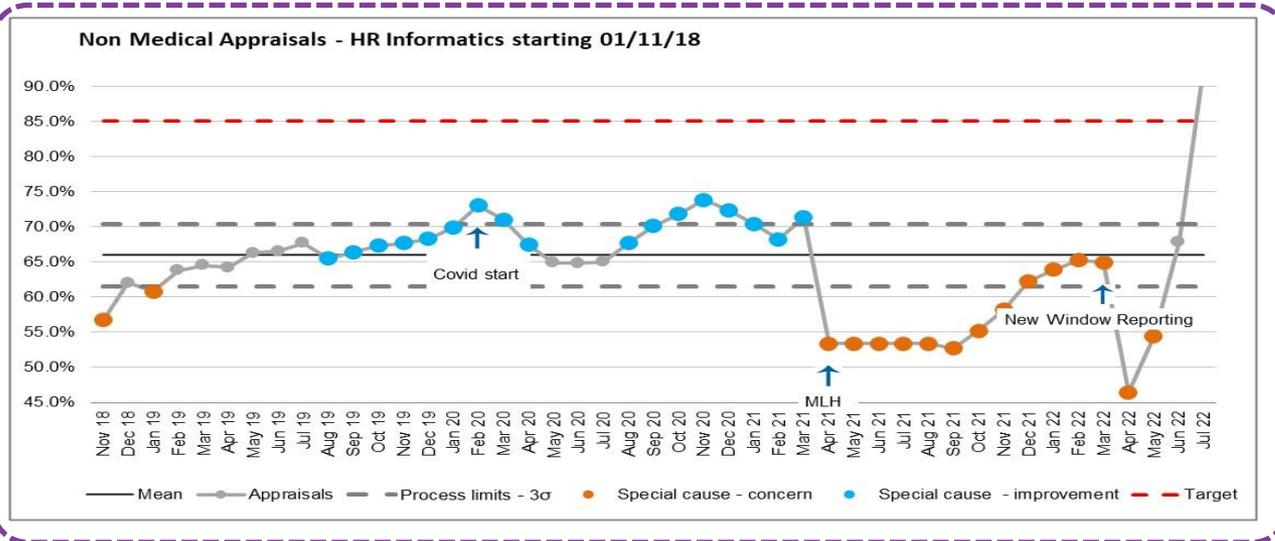
The graphs below support the accompanying text.



Background	What the chart tells us	Issues	HR Metric	Performance	Target
Data taken from ESR for a rolling 12 months. Sickness % is wte absent/wte availability.	Data points falling outside grey process limits are unusual and should be investigated. There are a number of recent data points which fall above the upper process limit. This, and the general rise in sickness rates are attributable to COVID19. If COVID19 absences are removed from the Trust's sickness rate (4.6%), the underlying absence rate is 3.2%, which would still be in excess of the KPI. COVID19 absences continue to decline following the recent increase in absences.	NOTSSCaN have the highest sickness figure of the Divisions at 5.0%. Additional Clinical Services at 6.9%, and Estates and Ancillary staff at 8.4% continue to have the highest rates of absence amongst staff groups.	Sickness %	4.6%	3.1%

Performance Skills and Capabilities: Ensuring that staff have an appraisal

The graphs below support the accompanying text.



HR Metric	Performance	Target
Appraisal %	92.3%	85%

Background

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

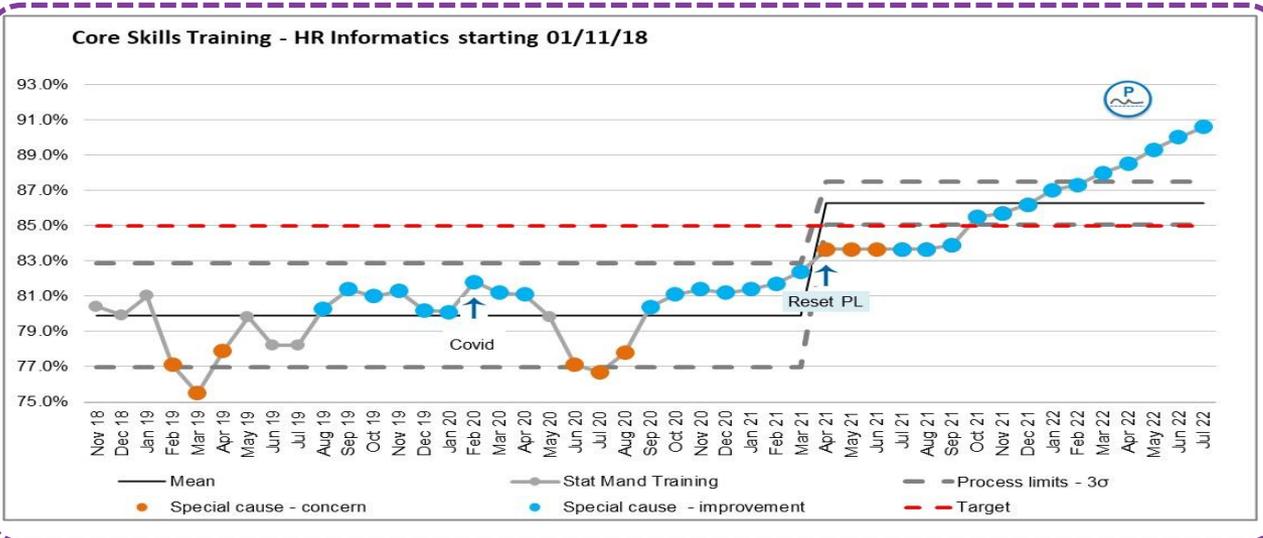
What the chart tells us

Data points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. The rapid increase in compliance between June and July is due to the new appraisal window and its immanent closure.

Issues

The success of the new reporting window is evident above. In April 22 the Trust reported an appraisal rate of 46.5%. All Divisions exceed the 85% KPI. CSS has the highest compliance rate at 94.9%. All Divisions have significantly increased their appraisal rates during the latter parts of the window.

The graphs below support the accompanying text.



HR Metric	Performance	Target
Core Skills %	90.6%	85%

Background

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

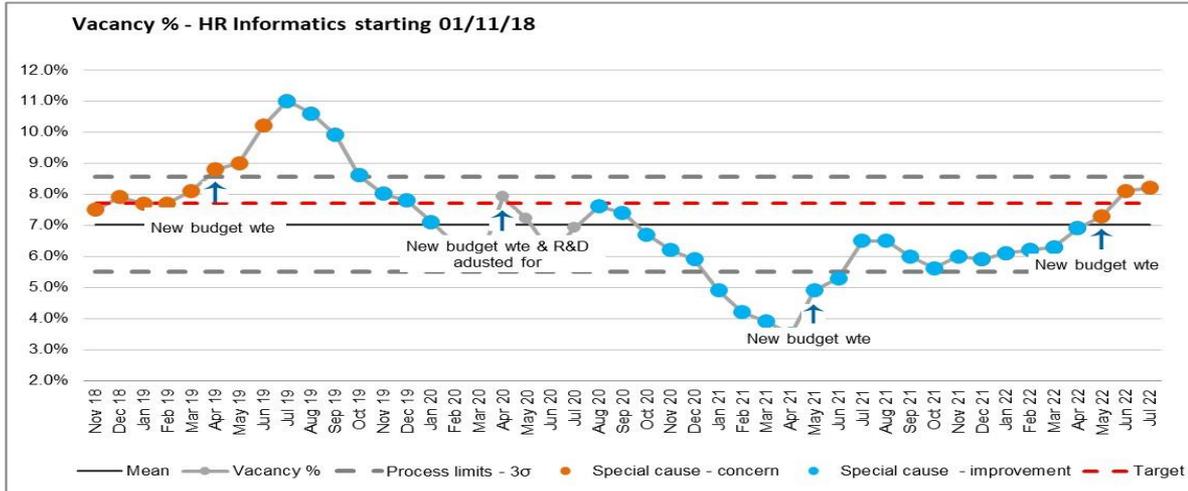
What the chart tells us

Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. In addition when 7 or more sequential points fall above or below the mean this is unusual and should be investigated. The recent increase reflects the continued focus by Divisions on improving compliance.

Issues

All Divisions continue to operate a above the required level of compliance. IG training still requires improvement (95% KPI) and all Divisions are broadly at the same level c 90-93%. Monthly data by course, staff group, Directorate/CSU/Department is distributed to HR Teams to assist in the targeting of interventions.

The graphs below support the accompanying text.



HR Metric	Performance	Target
Vacancy %	8.2%	7.7%

Background

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

What the chart tells us

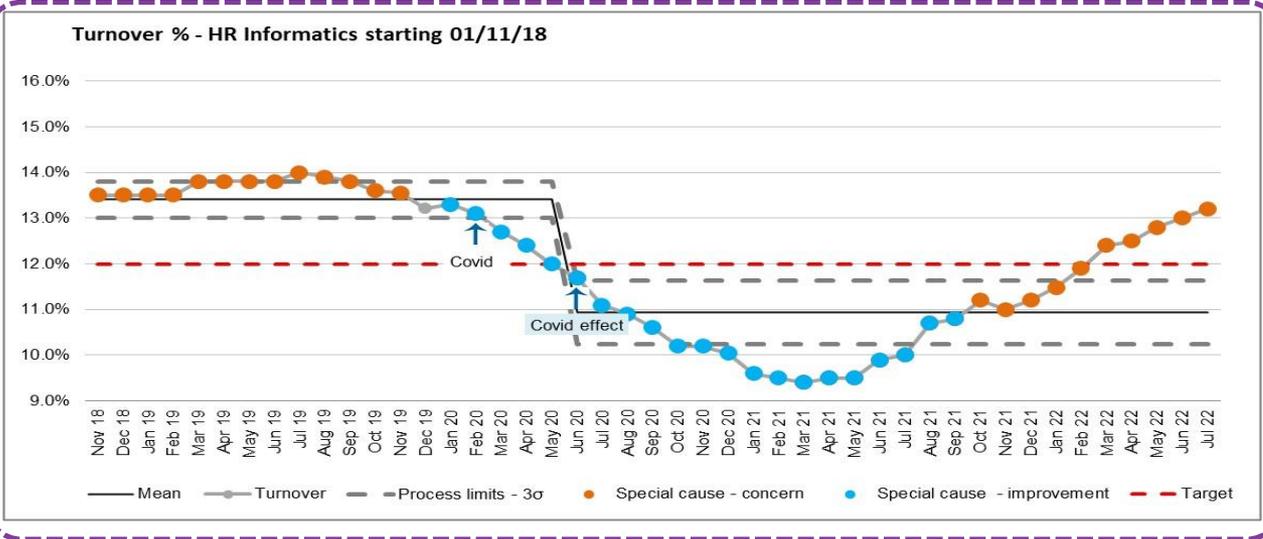
Vacancies have increased between months by 0.1%. Vacancies are continuing to increase, albeit at a relatively slow rate. Data points above/below the mean that are sequential and are 7 or more in number may indicate a change in process. There are a run of recent points that are above the mean. In addition where there are 2 out of 3 data points near the upper process limit, this may indicate that the process is changing.

Issues

NOTTSCaN has the highest vacancy rate at 9.7%, which is followed closely by Corporate at 9.6%. HCA and Support Staff account for 9.6% vacancy rate, and Other support staff (primarily Administrative and Clerical) account for 10.9% of vacancies. Nursing and Midwifery staff are at 8.4%.

Reducing our Turnover rates

The graphs below support the accompanying text.



HR Metric	Performance	Target
Turnover %	13.2%	12.0%

Background

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

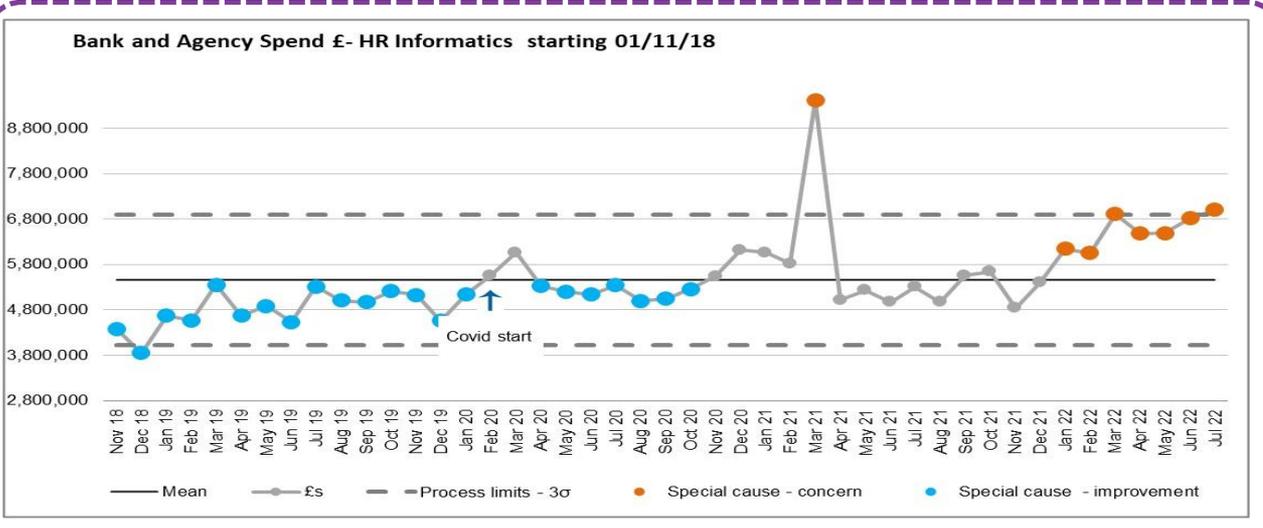
What the chart tells us

Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. Similarly where 7 or more sequential fall above/below the mean this is unusual and may indicate a significant change in process. There are a run of data points above the mean. The effect of COVID19 and the correlation with leaver rates is demonstrable above.

Issues

SUWON at 14.1% and MRC at 13.3% the Divisions with the highest turnover rates. Additional Clinical Services 18.6%, and Estates and Ancillary staff at 15.3% are the staff groups with the highest leaver rates. Next is Allied Health Professionals at 14.6%. Nursing is at 12.0%. Leavers of Nursing and Midwifery, Additional Clinical Services and Administrative staff amount to c80% of the Trust's total wte leavers in a rolling 12 month period.

The graphs below support the accompanying text.



HR Metric	Performance	Target
Bank & Agency Spend £	£7,000,398	N/A

Background	What the chart tells us	Issues
------------	-------------------------	--------

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

If there are more than 7 sequential data points which fall above/below the mean this is unusual and may indicate a change in process. There are a run of such points above/below the mean. If 2 out of 3 data points lie near the UPL then this can be seen as a warning that the process is changing.

Temporary pay spend has increased marginally increased between months. As a percentage of pay this equates to 10.4%, last month it was 10.1%. Comparing Jan 21-July 21 with Jan 22-July 22 fill month-on-month:

- Overall N&M fill increased by 13250 shifts, due to higher demand and better fill rate; the increased expenditure can be attributed to the increase in nursing fill.
- Average bank rate has increased due to lines of work in hard to fill wards such as ITU and the associated higher agency charges.
- Agency rate cards being reviewed; nurse agency cascade to be implemented, as it has been turned off, releasing shifts to agencies based on charge.

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

ESR STAFF Group	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Add Prof Scientific and Technic	513.6	507.1	511.8	515.9	517.9	519.1	520.0	524.6	519.4	522.6	508.7	504.6
Additional Clinical Services	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	2,071.3	2,063.5	2,079.1
Administrative and Clerical	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	2,624.1	2,615.6	2,601.6
Allied Health Professionals	739.3	751.0	752.9	752.0	751.8	762.4	758.3	757.7	753.8	756.3	753.6	754.3
Estates and Ancillary	217.4	212.8	211.6	209.1	212.6	214.7	216.3	216.7	215.1	215.9	213.6	214.5
Healthcare Scientists	542.6	548.9	551.6	550.2	549.0	546.7	547.7	542.2	544.8	548.8	547.1	539.9
Medical and Dental	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	2,044.6	2,024.8	2,005.7
Nursing and Midwifery Registered	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	3,954.8	3,974.1	3,968.5
Total	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	12,701.2	12,668.1

Bank	852.5	822.6	824.4	850.9	807.3	947.1	936.1	1084.2	886.7	941.9	1024.1	1033.16
Agency	115.06	94.3	107.1	112.1	99.74	96.1	105.4	131.4	111.64	131.9	130.3	139.66

Grand Total	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	13,855.6	13,840.9
--------------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------

Division	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Clinical Support Services	2,031.8	2,037.7	2,054.3	2,075.4	2,084.3	2,084.2	2,089.4	2,078.4	2,051.7	2,046.8	2,048.6	2,041.1
Corporate	1,580.8	1,590.9	1,592.7	1,599.4	1,602.8	1,605.5	1,599.5	1,596.1	1,577.7	1,573.1	1,582.3	1,568.0
Medicine Rehabilitation and Cardiac	2,851.8	2,878.5	2,872.5	2,861.5	2,874.7	2,870.4	2,870.2	2,891.1	2,884.0	2,883.5	2,872.5	2,879.6
Neurosciences Orthopaedics Trauma and Specialist Surgery	3,181.4	3,215.8	3,232.2	3,257.8	3,267.6	3,286.2	3,270.3	3,279.6	3,279.4	3,274.7	3,247.0	3,229.1
Surgery Women and Oncology	2,884.3	2,878.5	2,930.1	2,971.9	2,959.5	2,970.3	2,982.8	2,991.1	2,965.4	2,960.4	2,950.8	2,950.3
Total	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	12,701.2	12,668.1

Bank	852.5	822.6	824.4	850.9	807.3	947.1	936.1	1084.2	886.7	941.9	1024.1	1033.2
Agency	115.06	94.3	107.1	112.1	99.74	96.1	105.4	131.4	111.64	131.9	130.3	139.7

Grand Total	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	13,855.6	13,840.9
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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	220.0	12.8%
Add Prof Scientific and Technic	26.0	13.6%
Additional Clinical Services	67.5	18.4%
Administrative and Clerical	28.5	14.8%
Allied Health Professionals	29.4	12.4%
Estates and Ancillary	0.0	0.0%
Healthcare Scientists	26.4	9.5%
Medical and Dental	11.3	4.6%
Nursing and Midwifery Registered	30.8	15.1%
Students	0.0	0.0%
Medicine Rehabilitation and Cardiac	326.3	13.3%
Add Prof Scientific and Technic	3.8	8.4%
Additional Clinical Services	110.6	19.3%
Administrative and Clerical	49.1	13.0%
Allied Health Professionals	41.6	19.5%
Estates and Ancillary	3.3	18.2%
Healthcare Scientists	4.2	6.8%
Medical and Dental	7.6	4.1%
Nursing and Midwifery Registered	105.1	10.7%
Students	1.0	200.0%
Neurosciences Orthopaedics Trauma and Specialist Surgery	350.4	12.8%
Add Prof Scientific and Technic	8.3	8.4%
Additional Clinical Services	86.3	17.0%
Administrative and Clerical	75.2	17.6%
Allied Health Professionals	20.9	12.9%
Estates and Ancillary	0.0	0.0%
Healthcare Scientists	10.3	15.6%
Medical and Dental	9.0	3.6%
Nursing and Midwifery Registered	140.3	11.8%
Surgery Women and Oncology	363.7	14.1%
Add Prof Scientific and Technic	7.2	7.4%
Additional Clinical Services	93.2	20.1%
Administrative and Clerical	68.8	17.4%
Allied Health Professionals	11.7	11.9%
Estates and Ancillary	1.6	8.4%
Healthcare Scientists	7.1	7.4%
Medical and Dental	15.5	10.1%
Nursing and Midwifery Registered	158.7	12.6%
Corporate	176.1	12.8%
Add Prof Scientific and Technic	15.2	43.4%
Additional Clinical Services	3.0	12.7%
Administrative and Clerical	105.4	10.6%
Allied Health Professionals	1.8	18.5%
Estates and Ancillary	27.8	20.3%
Healthcare Scientists	3.2	19.4%
Medical and Dental	0.7	18.3%
Nursing and Midwifery Registered	19.0	11.9%
Grand Total	1436.3	13.2%

Vacancies Finance Staff Groups	Vacancy wte	Vacancy %
Clinical Support Services	170.7	7.7%
Consultants and Medics	12.0	2.7%
Health Care Assistants & Support	30.5	7.3%
Nurse and Midwives	68.3	23.6%
Other Staff	23.1	9.9%
Scientific, Thec., Therapeutic	36.8	4.5%
Corporate	145.0	9.6%
Consultants and Medics	22.7	30.8%
Health Care Assistants & Support	20.6	33.3%
Nurse and Midwives	19.0	12.9%
Other Staff	72.9	6.1%
Scientific, Thec., Therapeutic	9.8	24.8%
Medicine Rehabilitation and Cardiac	217.6	7.2%
Consultants and Medics	7.5	1.5%
Health Care Assistants & Support	56.9	9.4%
Nurse and Midwives	93.4	8.5%
Other Staff	59.5	13.0%
Scientific, Thec., Therapeutic	0.3	0.1%
Neurosciences Orthopaedics Trauma and Specialist Surgery	347.9	9.7%
Consultants and Medics	67.7	10.1%
Health Care Assistants & Support	62.1	9.4%
Nurse and Midwives	99.2	7.4%
Other Staff	111.1	19.5%
Scientific, Thec., Therapeutic	7.9	2.4%
Surgery Women and Oncology	233.5	7.3%
Consultants and Medics	25.1	5.9%
Health Care Assistants & Support	51.2	9.3%
Nurse and Midwives	77.9	5.6%
Other Staff	52.7	11.2%
Scientific, Thec., Therapeutic	26.7	7.7%
Grand Total	1114.6	8.2%

Temporary Pay Spend By Division:

Division/Finance Staff Group	£ Agency	£ NHSP	Total Temporary Spend £	% Pay spend on Temporary staff
Clinical Support Services	£270,590	£421,002	£691,592	6.2%
Consultants and Medics	£0	£20,812	£20,812	0.4%
Health Care Assistants & Support	£4,892	£26,579	£31,471	3.3%
Nurse and Midwives	£176,930	£140,956	£317,885	27.6%
Other Staff	£0	£36,113	£36,113	5.6%
Scientific, Thec., Therapeutic	£88,768	£196,542	£285,310	7.5%
Corporate	£24,933	£408,640	£433,573	4%
Consultants and Medics	£21,780	£5,446	£27,226	1.4%
Health Care Assistants & Support	£0	£80,408	£80,408	100%
Nurse and Midwives	£4,750	£72,681	£77,431	4.8%
Other Staff	-£31	£243,051	£243,020	4.1%
Scientific, Thec., Therapeutic	-£1,566	£7,053	£5,488	0.6%
Medicine Rehabilitation and Cardiac	£426,687	£2,104,020	£2,530,707	17%
Consultants and Medics	£242,481	£478,162	£720,643	13.7%
Health Care Assistants & Support	£0	£415,463	£415,463	22.2%
Nurse and Midwives	£178,904	£1,031,016	£1,209,920	24.4%
Other Staff	£0	£52,947	£52,947	4.4%
Scientific, Thec., Therapeutic	£5,302	£126,432	£131,734	8.8%
Surgery Women and Oncology	£186,104	£1,260,742	£1,446,846	10%
Consultants and Medics	£3,190	£182,219	£185,409	4.5%
Health Care Assistants & Support	£1,932	£260,934	£262,866	18.4%
Nurse and Midwives	£176,222	£715,129	£891,351	15.1%
Other Staff	£0	£59,428	£59,428	5.0%
Scientific, Thec., Therapeutic	£4,761	£43,032	£47,793	3.2%
Neurosciences Orthopaedics Trauma and Specialist Surgery	£351,243	£1,546,438	£1,897,681	11%
Consultants and Medics	£116,270	£305,335	£421,605	6.3%
Health Care Assistants & Support	£0	£268,229	£268,229	15.9%
Nurse and Midwives	£232,045	£867,929	£1,099,974	18.8%
Other Staff	£0	£66,834	£66,834	5.0%
Scientific, Thec., Therapeutic	£2,927	£38,111	£41,039	3%
Grand Total	£1,259,557	£5,740,841	£7,000,398	10.4%

	CSS	Corporate	Medicine Rehabilitation and Cardiac	Neurosciences Orthopaedics Trauma and Specialist Surgery	Surgery and Oncology	Grand Total
	% Compliant					
Core Skill - Equality, Diversity and Human Rights	94.6%	92.7%	94.0%	93.0%	95.7%	94.1%
Core Skill - Fire Safety	92.2%	91.6%	92.5%	91.7%	93.1%	92.3%
Core Skill - Health, Safety and Welfare	93.4%	91.4%	92.9%	92.5%	95.0%	93.2%
Core Skill - Infection Prevention and Control Level 1	92.8%	91.1%	94.9%	89.7%	94.7%	92.3%
Core Skill - Infection Prevention and Control Level 2	86.0%	87.9%	88.5%	88.6%	90.5%	88.7%
Core Skill - Information Governance and Data Security	92.4%	92.9%	92.3%	90.9%	93.0%	92.2%
Core Skill - Moving and Handling Level 1	92.2%	91.2%	85.4%	84.4%	90.4%	89.0%
Core Skill - Moving and Handling Level 2	76.6%	64.7%	77.6%	79.2%	77.7%	77.6%
Core Skill - Preventing Radicalisation Awareness	89.9%	89.1%	89.6%	89.6%	91.4%	90.1%
Core Skill - Preventing Radicalisation Basic	90.5%	87.6%	87.7%	86.4%	90.7%	88.6%
Core Skill - Resuscitation Level 1	89.7%	91.8%	93.8%	90.9%	94.4%	91.8%
Core Skill - Resuscitation Level 2, 3 OR 4	92.9%	85.4%	89.9%	89.5%	93.4%	90.9%
Core Skill - Safeguarding Adults Level 1	93.7%	90.4%	93.3%	89.7%	94.6%	92.1%
Core Skill - Safeguarding Adults Level 2	92.3%	89.2%	91.1%	89.2%	93.6%	91.3%
Core Skill - Safeguarding Children Level 1	94.8%	92.3%	93.9%	91.9%	95.7%	93.5%
Core Skill - Safeguarding Children Level 2	88.0%	86.4%	90.1%	88.9%	93.7%	90.3%
Core Skill - Safeguarding Children Level 3		63.6%	76.0%	82.7%	76.9%	79.2%
Grand Total	91.5%	90.6%	90.1%	89.3%	92.0%	90.6%

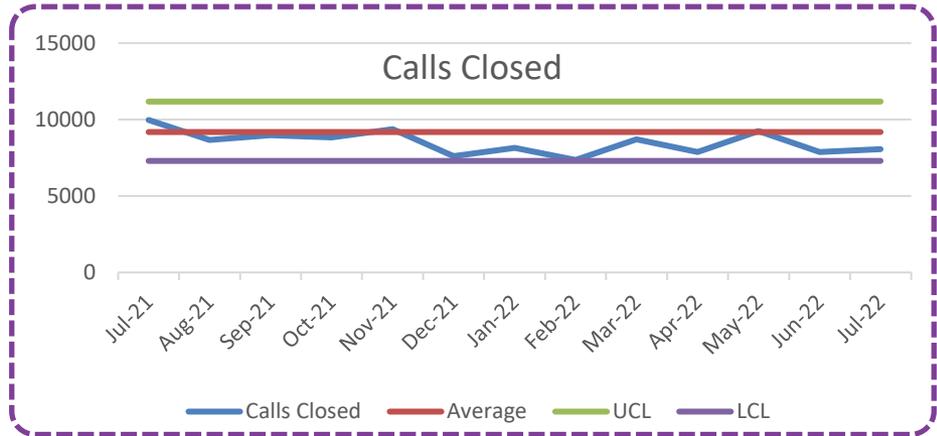
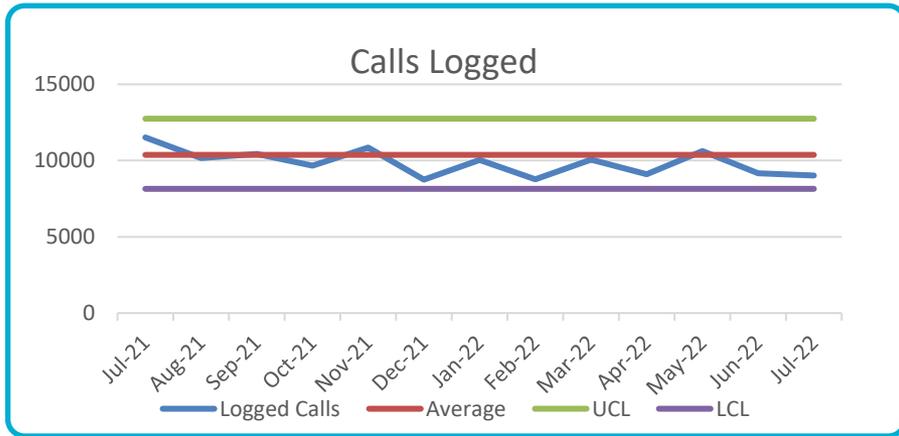
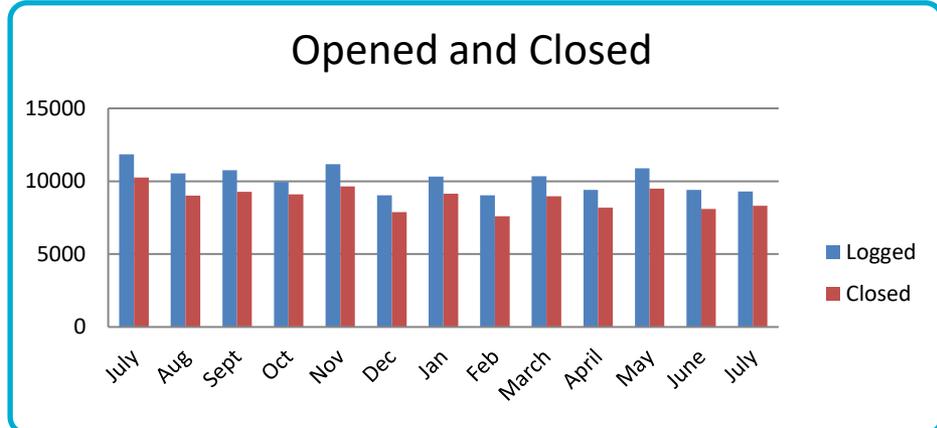
Green RAG rating is for any core skills course or department etc to be equal to or in excess of 85%. In addition, NHS Digital require that the Trust's IG training is equal to or in excess of 95%.

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 July 2021 to July 2022. When comparing July 2021 with July 2022 there is a 21.4% decrease in calls logged. The decrease is mainly due to the work completed by Digital to upgrade Virtual Workspace and PC upgrades (SSDs), resulting in fewer support tickets.

Priority	Total OUH calls logged in July	Total OUH calls closed in July	Total calls logged trend
1	0	0	Month on month trend June to July 2022
2	57	56	
3	1543	1439	decrease of 1.1%
4	2873	2616	July 2021 to July 2022
5	4547	3950	
Total	9020	8061	decrease of 21.4%



Risks, Issues and Challenges

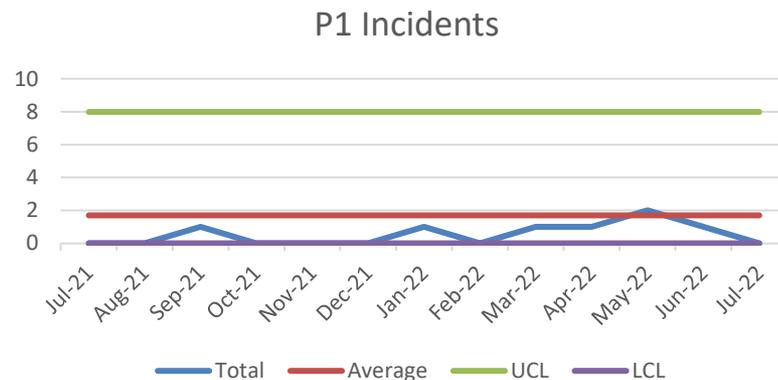
Installation of 4000 SSDs (solid state drive) has commenced to address poor performance of 2018/19 purchased PC requires at least one hour per device upgrade time, and there are nearly 4,000 desktops/laptops in scope for this fix. This is being mitigated with additional resources.

Service Desk Performance

The tables below highlight the performance of the Service Desk from July 2021 to July 2022. When comparing July 2021 with July 2022 the number of Priority 1s logged was 0 in July 2022 the same number as July 2021. Up to June 2021 we had spent considerable effort improving our processes and underpinning infrastructure to reduce the number of unavoidable P1 & P2 issue which we have achieved

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

Date	Issue	Action



Cyber Highlights:

Overall Cyber status **Green**

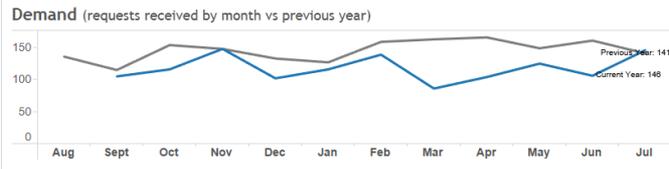
- 119.6TB of internet traffic use, down by 13TB on June
- Internal DBO Cyber Security Audit findings being actioned.
- Internet Explorer 11 decommission being planned, when support ends in autumn '22. Testing and migration planning. Moving to Microsoft Edge with August/September target.
- IT Health Assurance Dashboard scanning and reporting to Cyber Security Taskforce starting. These reporting dashboards will increase cyber efficiency and lower risks.

Cyber Management		
	Month of July 2022	Year to date
CareCerts received	18	68
Virus blocked	498	1,618
Intrusions blocked	599	1,884
SPAM blocked	127,284	545,584
Devices monitored	13,204	-
Servers monitored	701	-

Forward view

Workshops are on-going for the new IT Service Management Tool called Service Now, with plans to launch in Sept 2022. We have started to address the backlog of issues ready for migration. Reporting from ServiceNow from October will start to allow us better visibility and reporting against KPIs from Q4.

Information request Service



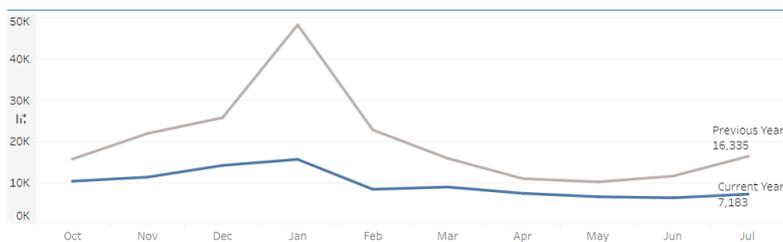
1.1 The demand on the Info request service for July '22 has increased based on the same period last year.

1.2 The % of requests completed within the 2 working days was 50% with the median wait for requests at 2 days.

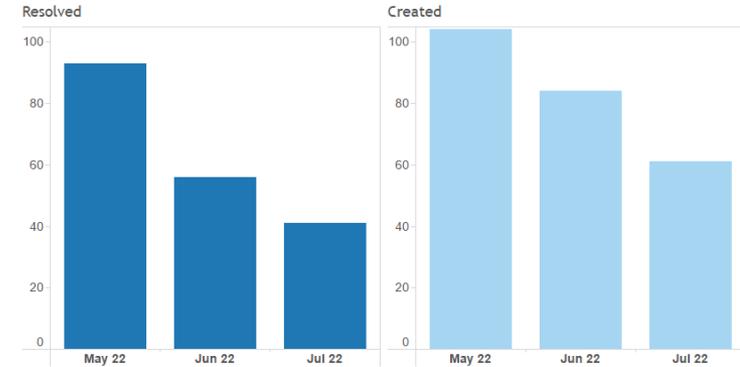
1.2 User feedback on the timeliness, usefulness and overall experience of the service was 100% (out of 31 respondents) for July '22.

ORBIT+

A total of 7183 views were recorded in July '22 this has decreased when compared to the same period last year.



Other Demands



Current development priorities

- Cerner Theatres Reporting support
- Surgical morbidity tool enhancements
- UCR Dashboards
- Waiting List Demand and Capacity Dashboard
- Data support for QI Projects
- Datawarehouse Migration
- CDS 6.3 – Assessment and Planning
- National Waiting List - Enhancements

Freedom of Information (FOI)

70 FOI/EIR requests were received in July 2022. During this period, 54 requests were closed within 20 working days. 16 were not closed within 20 working days. The compliance rate for closure of requests within 20 working days in June 2022 was 77%. In July 2021, the compliance rate was 64%. A new staff member has started which accounts for some of the increase – the proposed change in FOI process presented to TME is being developed

Monthly requests



Compliance with 20 working day deadline



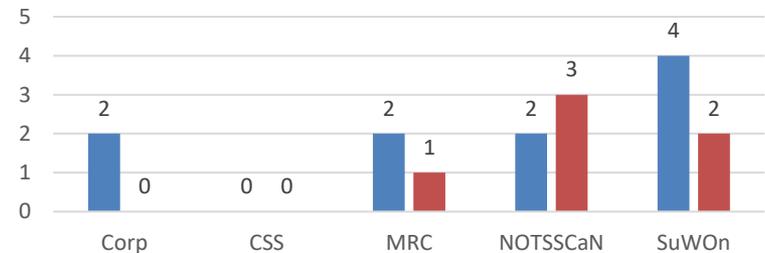
NB. Charts

Data Security & Protection Breaches

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

16 data protection incidents occurred in July 2022. 1 incident required reporting externally via the NHS Data Security and Protection Toolkit (DSPT) and no thematic issues were identified.

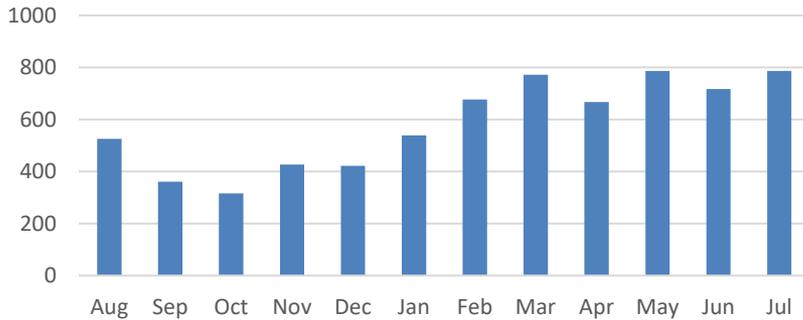
IG incidents by Division for July 2022



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. There has been a significant increase in the number of requests made for patient records in recent months, affecting closure rate for that team

DSARs received per month



DSAR closure within statutory time limit

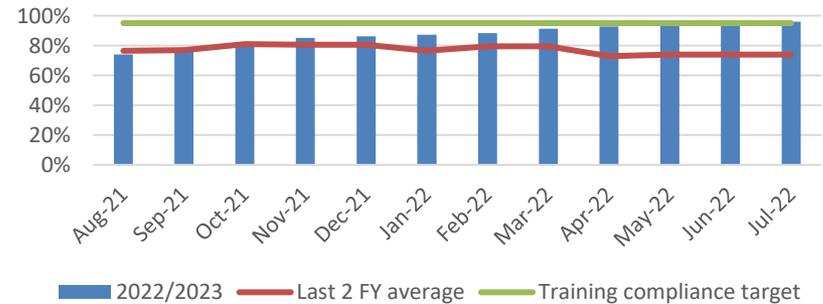


Data Security and Protection Training

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff must complete Data Security training annually. **The Trust currently meets this standard.**

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

Data Security Awareness training compliance %



Finance, Procurement and Contracting

Income and Expenditure: Subjective Analysis

I & E Subjective £000s	IN MONTH 4				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
Income									
Commissioning Income	90,381	90,407	26	0.0%	361,710	361,394	(316)	-0.1%	1,084,755
Passthrough Drugs & Devices	10,708	12,790	2,082	19.4%	42,834	47,908	5,074	11.8%	128,501
Other Income	14,316	14,184	(133)	-0.9%	57,292	53,992	(3,299)	-5.8%	173,219
PP, Overseas and RTA Income	893	745	(148)	-16.6%	3,571	3,335	(236)	-6.6%	10,713
Total Income	116,298	118,126	1,828	1.6%	465,407	466,630	1,223	0.3%	1,397,189
Pay									
Consultants and Medics	(21,306)	(22,616)	(1,310)	-6.1%	(85,107)	(90,564)	(5,457)	-6.4%	(255,692)
Health Care Assistants & Support	(6,294)	(6,030)	264	4.2%	(24,417)	(24,393)	24	0.1%	(73,568)
Nurse and Midwives	(18,247)	(19,509)	(1,261)	-6.9%	(73,563)	(77,559)	(3,996)	-5.4%	(222,878)
Other Staff	(10,050)	(10,302)	(252)	-2.5%	(39,656)	(41,849)	(2,194)	-5.5%	(119,037)
Scientific, Thec., Therapeutic	(9,494)	(9,177)	317	3.3%	(37,262)	(36,777)	486	1.3%	(112,175)
Total Pay	(65,392)	(67,634)	(2,242)	-3.4%	(260,005)	(271,143)	(11,137)	-4.3%	(783,351)
Non-Pay									
Clinical negligence	(2,643)	(2,643)	(0)	0.0%	(10,573)	(10,572)	0	0.0%	(31,718)
Clinical Supplies & Services	(11,599)	(11,972)	(373)	-3.2%	(46,504)	(43,042)	3,463	7.4%	(139,268)
Drugs & Devices	(16,106)	(17,643)	(1,537)	-9.5%	(64,424)	(69,563)	(5,139)	-8.0%	(193,272)
General Supplies & Services	(528)	(632)	(103)	-19.6%	(2,113)	(2,384)	(271)	-12.8%	(6,340)
Internal Recharges	158	0	(158)	-100.0%	590	(0)	(590)	-100.0%	1,846
Premises & Fixed Plant	(8,418)	(8,927)	(508)	-6.0%	(33,695)	(33,278)	417	1.2%	(99,936)
Other Expenditure	(5,692)	(6,271)	(579)	-10.2%	(23,689)	(19,385)	4,304	18.2%	(67,817)
Total Non-Pay	(44,829)	(48,088)	(3,259)	-7.3%	(180,407)	(178,224)	2,183	1.2%	(536,503)
Operational EBITDA	6,077	2,404	(3,673)	-60.4%	24,994	17,264	(7,730)	-30.9%	77,334
Financing and Capital Charges (Excl Tech Adj)	(6,351)	(6,345)	6	0.1%	(25,261)	(25,193)	68	0.3%	(76,055)
Operational Surplus / (Deficit)	(274)	(3,941)	(3,667)	-1339.1%	(267)	(7,930)	(7,662)	-2866.2%	1,280

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

Income

- Commissioning income, including pass-through drugs and devices, is £4.8m better than plan to-date. This is due to pass-through drugs and devices which is in line with a corresponding movement on costs.
- Other income is £3.3m worse than plan year-to-date. This is mainly due to R&D income (£2.2m worse than plan) which will be offset by reduced R&D expenditure (therefore nil bottom line impact) and non-patient care income being £0.9m worse than plan.
- PP, Overseas and RTA income is £0.2m worse than plan to date.

Pay

- Pay is £11.1m worse than plan year-to-date. £2.6m of this overspend relates to COVID-19 pay expenditure. Productivity challenges (described in later slides) are delaying efficiency savings (c£2.6m) and contributing to pay costs rising due to spend on overtime and temporary staffing is increasing (£4.5m on medical staff, and £3.3m on nursing staff)

Non-Pay

- Non-pay is £2.2m better than plan to date (£7.3m if pass-through expenditure is excluded). R&D non-pay costs are £1.0m better than plan. Elective recovery non-pay costs are £3.3m better than plan.

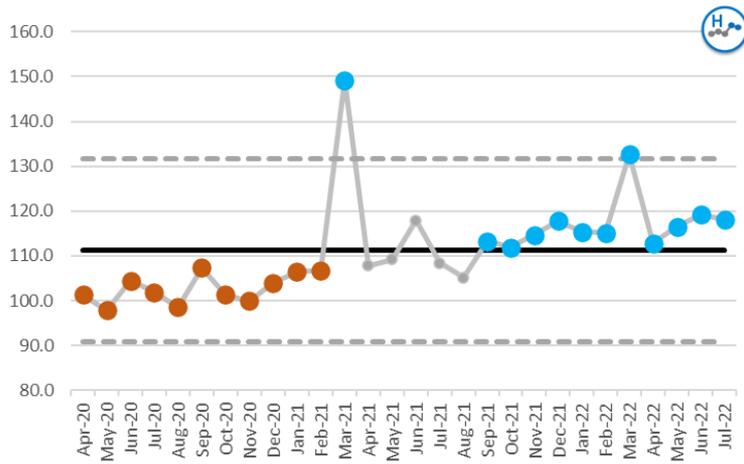
I & E Subjective £000s	IN MONTH 4 - ACTUAL						YEAR TO DATE - ACTUAL					
	Excl R&D, RECOVERY & COVID	Recovery	R&D	COVID IN ENV	COVID OUT ENV	Total	Excl R&D, RECOVERY & COVID	Recovery	R&D	COVID IN ENV	COVID OUT ENV	Total
Income												
Commissioning Income	85,974	2,747	0	1,686	0	90,407	343,663	10,986	0	6,745	0	361,394
Passthrough Drugs & Devices	12,790	0	0	0	0	12,790	47,908	0	0	0	0	47,908
Other Income	9,489	0	4,519	(2)	178	14,184	37,051	0	16,175	(1)	767	53,992
PP, Overseas and RTA Income	745	0	0	0	0	745	3,335	0	0	0	0	3,335
Total Income	108,998	2,747	4,519	1,685	178	118,126	431,958	10,986	16,175	6,744	767	466,630
Pay												
Consultants and Medics	(21,417)	(202)	(607)	(389)	(1)	(22,616)	(85,998)	(716)	(2,282)	(1,567)	(1)	(90,564)
Health Care Assistants & Support	(5,857)	(16)	(18)	(112)	(28)	(6,030)	(23,574)	(57)	(91)	(550)	(120)	(24,393)
Nurse and Midwives	(17,710)	(30)	(1,167)	(602)	0	(19,509)	(70,456)	(133)	(4,657)	(2,314)	1	(77,559)
Other Staff	(9,386)	(7)	(852)	(57)	0	(10,302)	(38,073)	(28)	(3,436)	(311)	0	(41,849)
Scientific, Thec., Therapeutic	(8,070)	(61)	(969)	(78)	0	(9,177)	(32,604)	(186)	(3,503)	(484)	0	(36,777)
Total Pay	(62,440)	(315)	(3,613)	(1,238)	(29)	(67,634)	(250,705)	(1,121)	(13,970)	(5,227)	(120)	(271,143)
Non-Pay												
Clinical negligence	(2,643)	0	0	0	0	(2,643)	(10,572)	0	0	0	0	(10,572)
Clinical Supplies & Services	(11,587)	(53)	(291)	107	(149)	(11,972)	(41,991)	0	(699)	295	(647)	(43,042)
Drugs & Devices	(17,635)	0	(0)	(8)	0	(17,643)	(69,563)	0	0	0	0	(69,563)
General Supplies & Services	(529)	0	(1)	(102)	0	(632)	(1,976)	0	(5)	(403)	0	(2,384)
Internal Recharges	145	0	(143)	(2)	0	0	593	0	(591)	(2)	0	(0)
Premises & Fixed Plant	(8,800)	(72)	(38)	(16)	0	(8,927)	(32,783)	(288)	(158)	(49)	0	(33,278)
Other Expenditure	(4,927)	(895)	(443)	(7)	0	(6,271)	(15,510)	(3,107)	(749)	(19)	0	(19,385)
Total Non-Pay	(45,977)	(1,020)	(915)	(27)	(149)	(48,088)	(171,774)	(3,395)	(2,205)	(204)	(647)	(178,224)
Operational EBITDA	581	1,412	(9)	420	0	2,404	9,479	6,471	1	1,314	0	17,264
Financing and Capital Charges (Excl Tech Adj)	(6,345)	0	0	0	0	(6,345)	(25,193)	0	0	0	0	(25,193)
Operational Surplus / (Deficit)	(5,763)	1,412	(9)	420	0	(3,941)	(15,715)	6,471	1	1,314	0	(7,930)

Source: Finance Ledger

- Year-to-date in-envelope COVID-19 costs total £5.4m. 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 June, pay costs remained constant at £1.2m. Non-pay costs increased by £0.1m in July compared to June to £0.1m. COVID-19 year-to-date expenditure is £2.2m worse than plan (£0.4m worse than plan in July).
- £0.2m of income has been accrued in-month to be reimbursed for COVID-19 (outside envelope) testing costs.
- Recovery costs in July were £0.8m. 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 July and for the year-to-date.

Source: Finance Ledger

Total Income (Adjusted*) - in £m

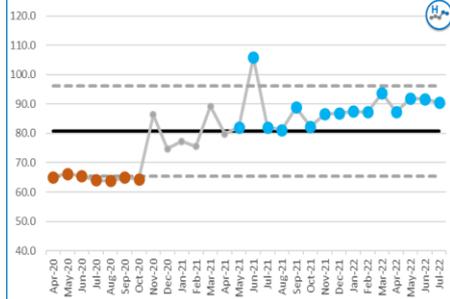


July 2022 (Month 4) - Total in-month Income of £118.1m

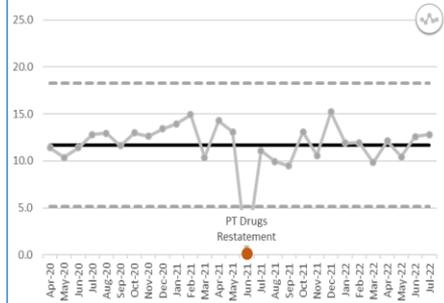
- Total income was £1.1m lower in July compared to June.
- Commissioning income was £1.1m lower in July mainly due to M3 including the catch up of further commissioning income amounts included in the resubmitted plan to NHSE/I in June.
- Other income was £0.4m higher in July compared to June, due to a £0.2m increase in R&D income, a £0.6m increase in Education and Training income, offset by a £0.4m reduction in Clinical Excellence Award (CEA) income.
- Private patient, Overseas and RTA income was £0.4m lower in July compared to June.



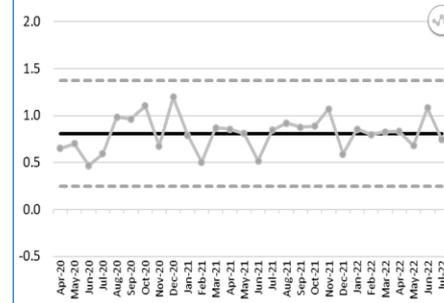
Commissioning Income (Adjusted*) - In £m



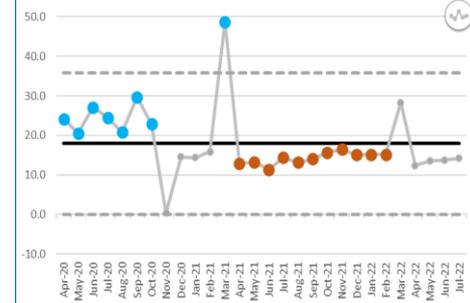
Pass Through - In £m



PP, Overseas & RTA Income - In £m



Other Income - In £m

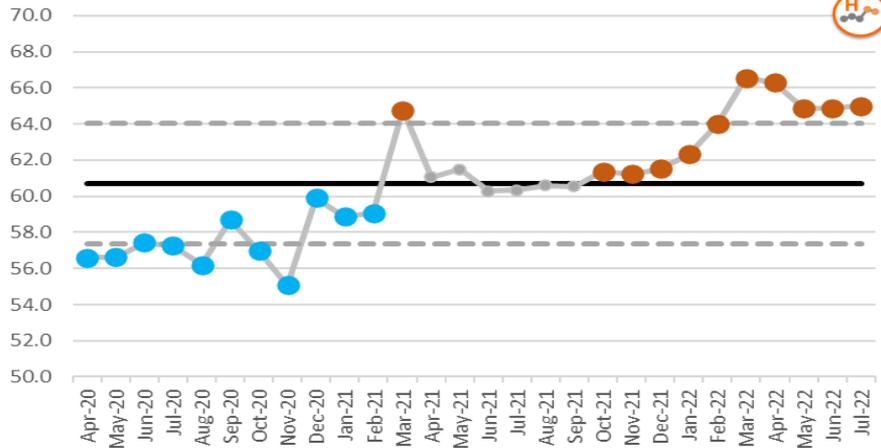


SPC Trend Analysis

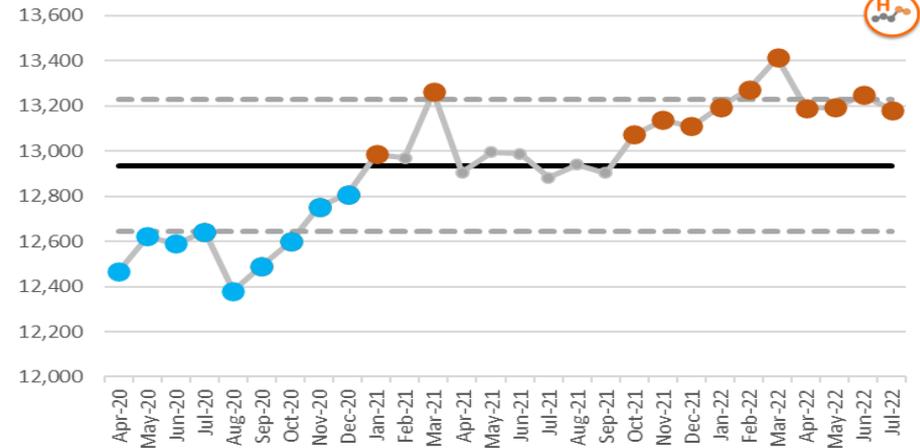
Total Income has consistently increased since September 2021 (Month 6), driven by commissioning income (also seen in the 'Commissioning Income' chart above). This is a result of the change to the Visible Cost Model for Devices and the recognition of TIF income and ERF+ (recovery) income.

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

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



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



*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.

July 2022
(Month 4)

£65.0m

13,183
WTE

- Excluding R&D, total pay costs were £0.1m higher in July compared to June.
- Substantive staffing costs (excluding the annual leave accrual release) were £0.1m lower in July compared to June. The run rate on substantive pay expenditure is up on the last financial year (even after discounting the 2% pay inflation accrual and employers' NI increase), this is seen across all staff groups but is primarily driven by consultant and junior doctor expenditure (£0.5m increased run rate) and nurses and midwives expenditure.
- Temporary staff in-month expenditure was £0.2m higher in July compared to June, at £7.0m. Bank staff expenditure remained at the same level as June, whilst agency staff costs increased by £0.2m. This is £1.0m higher per month than the average level last financial year, with medical staffing driving £0.5m of this increased run-rate and nursing and midwifery staffing £0.3m of it.
- WTE decreased in month by 65 to 13,183 (excluding R&D). Substantive staff have decreased by 84 WTE, whilst bank staff increased by 11 WTE and agency staff increased by 10 WTE. The Trust is spending more while deploying fewer staff due to the premium costs of temporary staffing.
- COVID-19 pay costs were £1.3m in-month, which is the same level as last month.

Trend
Analysis

- Pay spend and WTEs are up compared to the last financial year, this trend is seen in Chart A and B above). Overall, the year to date trend is in-part driven by the September 2021 (Month 6) 3% pay award alongside other increases in pay relating to approved business cases, overall pay increase for Junior Doctors and use of temporary staffing to backfill high sickness rate. WTE trend by staff group and type are shown in the appendix pay slides.
- Substantive** staffing costs and WTEs are both up on last financial year across all staff groups, primarily driven by junior doctors cost due to overtime claims and by nursing staff cost and WTEs going up due to September 2021 (Month 6) 3% pay award.
- Bank** expenditure and WTEs are also up compared to last financial year after a continues increase in the last six months. This is driven by increase in consultant spend linked with the increased in sickness rate.
- Agency** spend and WTEs have remained in control year to date, however both are up compared to the last financial year and are linked to high sickness rate, with consultants being predominant contributors to costs.

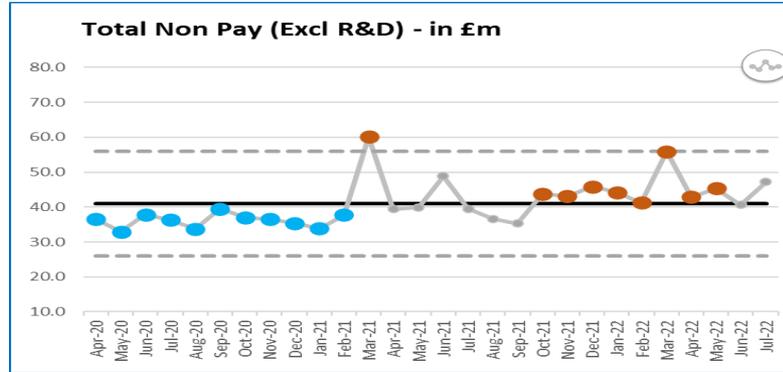
Non-Pay Run Rate Overview



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

July 2022 (Month 4) – Total Non-Pay of £47.2m

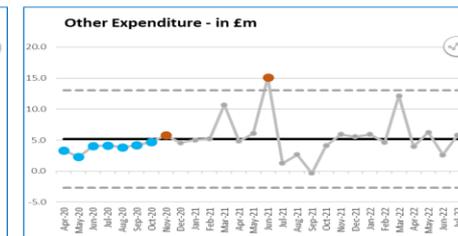
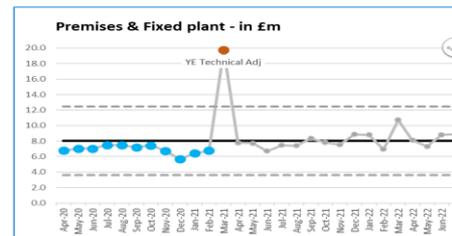
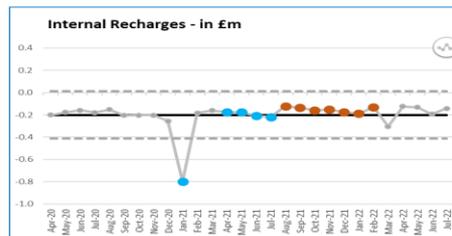
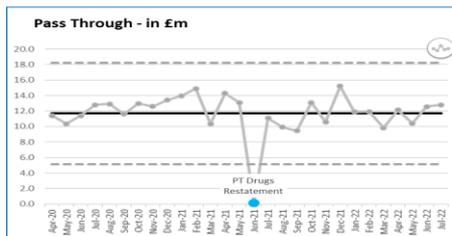
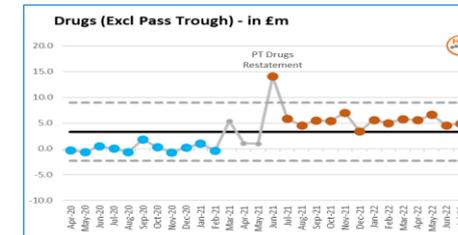
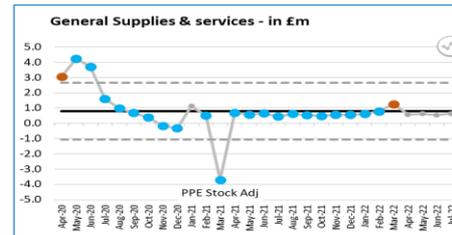
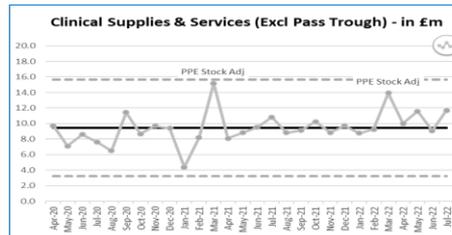
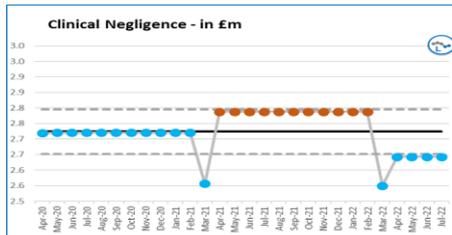
- Total non-pay costs were £6.5m higher in July compared to June (excluding R&D).
- Clinical supplies and services costs increased by £2.6m, other expenditure by £3.2m and drug costs (excl. pass-through) by £0.3m.
- Within clinical supplies, £1.2m of the increase relates to NHS Supply Chain invoices where there is an impact from the prior financial year and a part week paid in M4 that related to M3.
- The increase in other expenditure costs is mainly due to the unwinding of the one-off £3.2m reduction in the bad debt provision following agreement with a major debtor to settle outstanding debt of £2.5m that was in the June position.



SPC Trend Analysis

Total non-pay expenditure between October 21 and May 22 was at significantly high; 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. Level of non-pay expenditure in June 2022 had reduced to the three years average.

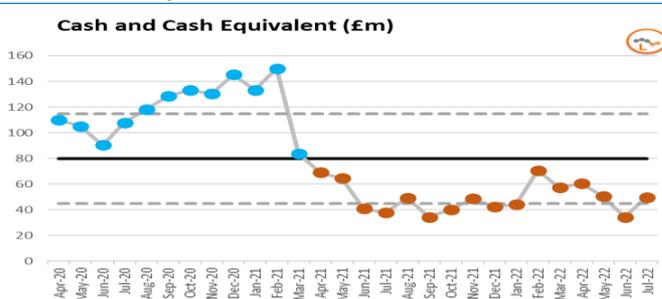
- The Non Pass-Through Drugs trend since June 2021 (Month 3) is a result of a change in the accounting at that point (for the year to date), which from that point drugs were only classified as pass-through if they were reimbursed on a cost and volume basis in income. This category therefore now includes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



Statement of Financial Position (SOFP) & Cash

Statement of Financial Position £000s	MONTH 1 2023	MONTH 2 2023	MONTH 3 2023	MONTH 4 2023	YTD Movement
Non Current Assets:					
Property, Plant and Equipment	667,358	661,270	658,548	656,130	5,556
Intangible Assets	13,900	13,646	13,951	13,692	(462)
Investment Property	32,030	32,030	32,030	32,030	0
Other Investments	14,310	14,310	14,310	14,276	(34)
Trade and Other Receivables - NHS	2,093	2,093	2,093	2,093	0
Trade and Other Receivables - Non NHS	4,976	4,946	4,723	4,534	(520)
Total Non Current Assets	734,667	728,295	725,655	722,755	4,540
Current Assets:					
Inventories	27,935	27,951	28,941	28,644	126
Trade and Other Receivables - NHS	5,464	10,385	19,812	16,648	5,643
Trade and Other Receivables - Non NHS	57,306	59,813	64,427	62,882	15,003
Cash and Cash Equivalents: GBS/NLF	60,566	50,211	34,293	49,675	(7,616)
Cash and Cash Equivalents: Commercial / In Hand / Other	34	33	33	34	2
Sub Total Current Assets	151,305	148,393	147,506	157,883	13,158
Total Current Assets	151,305	148,393	147,506	157,883	13,158
Total ASSETS	885,972	876,688	873,161	880,638	17,698
Current Liabilities:					
Trade and Other Payables: Capital	(9,013)	(7,706)	(6,456)	(4,924)	7,093
Trade and Other Payables: Non-Capital	(149,079)	(150,948)	(144,875)	(153,938)	(10,710)
Other Liabilities: Deferred Income	(12,823)	(10,287)	(12,004)	(17,530)	(13,648)
Provisions	(7,034)	(7,034)	(7,034)	(7,034)	924
Borrowings	(16,429)	(15,898)	(15,598)	(15,354)	(2,415)
Commercial Loans	(448)	(471)	(434)	(456)	(30)
DH Capital Loan	(746)	(669)	(684)	(704)	26
Total Current Liabilities	(195,572)	(193,013)	(187,085)	(199,940)	(18,761)
Net Current Assets/(Liabilities)	(44,267)	(44,620)	(39,579)	(42,057)	(5,603)
Total Assets Less Current Liabilities	690,400	683,675	686,076	680,698	(1,063)
Non Current Liabilities:					
Trade and Other Payables: Non-Capital			0	0	0
Other Liabilities: Deferred Income	(4,621)	(4,613)	(4,606)	(4,595)	33
Provisions	(8,459)	(8,459)	(8,459)	(8,459)	0
Borrowings	(225,995)	(221,990)	(221,125)	(219,953)	(5,111)
Commercial Loans	(6,095)	(6,095)	(5,984)	(5,984)	111
DH Capital Loan	(15,239)	(14,908)	(14,908)	(14,908)	331
Total Non Current Liabilities	(260,409)	(256,065)	(255,082)	(253,899)	(4,636)
Assets Less Liabilities (Total Assets Employed)	429,991	427,610	430,994	426,799	(5,699)
Taxpayers Equity:					
Public Dividend Capital	303,749	303,749	303,749	303,749	0
Retained Earnings reserve	(25,185)	(26,706)	(22,568)	(26,008)	(2,576)
Revaluation Reserve	158,930	158,070	157,316	156,561	(3,123)
Other Reserves	1,743	1,743	1,743	1,743	0
FV Assets Reserve	(9,246)	(9,246)	(9,246)	(9,246)	0
Total Taxpayers Equity	429,991	427,610	430,994	426,799	(5,699)

Source: Finance Ledger



Non-Current Assets

- The increase in the non current assets since the year-end due to the inclusion of the Right of Use assets as part of the transition to IFRS 16 (+£14.4m), offset by the net impact of depreciation in excess of capital additions.

Current Assets

- Current assets have increased by £13.2m, due to an increase in receivables partly offset by a reduction in cash.

Current Liabilities

- Current liabilities have increased by £18.8m mostly driven by higher deferred income. 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) 89.8% of total bills in month were paid within target (by value) and 76.1% (by number). This is an improvement from 48.9% (by value) at month 3 last year. Nevertheless this is still just short of the national standard of 95% and the Trust has received a semi-automated letter from the national CFO to encourage efforts to hit 95%.

Non-Current Liabilities

- Non-current liabilities have increased by £4.6m this being the liability in relation to IFRS 16 leases greater than 1 year, offset by PFI liability reductions.

Cash

- Cash increased by £15.4m in month, largely reversing the fall seen last month due to the timing of the weekly supplier payment runs.

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

Capital

Capital Expenditure £000s	IN MONTH 4			YEAR TO DATE			FULL YEAR PLAN
	Plan	Actual	Variance	Plan	Actual	Variance	BASE
Schemes underway	362	191	171	3,432	1,997	1,435	5,465
Contractually committed	0	0	0	0	0	0	1,000
Statutory compliance	589	2	587	589	(6)	595	7,300
Other ICS spend - Estates	0	(18)	18	0	(60)	60	1,650
Other ICS spend - Digital	0	49	(49)	0	(136)	136	7,600
Other ICS spend - Medical Equipment	222	71	151	222	511	(289)	7,823
Less disposals/other deductions included in CDEL	0	0	0	0	0	0	0
ICS CDEL before impact of IFRC-16	1,173	294	879	4,243	2,306	1,937	30,838
IFRS 16 - Right of Use assets	0	0	0	555	0	555	5,571
ICS CDEL after impact of IFRC-16	1,173	294	879	4,798	2,306	2,492	36,409

CDEL outside ICS envelope £m	IN MONTH 4			YEAR TO DATE			FULL YEAR PLAN
	Plan	Actual	Variance	Plan	Actual	Variance	BASE
Externally funded expenditure additional to ICS allocation - PFI Residual Interest	0	0	0	0	0	0	0
PFI Residual Interest	419	419	0	1,677	1,677	0	5,030
CDEL outside ICS envelope	419	419	0	1,677	1,677	0	5,030
Total CDEL	1,592	713	879	6,475	3,983	2,492	41,439

Other capex not included in CDEL £m	IN MONTH 4			YEAR TO DATE			FULL YEAR PLAN
	Plan	Actual	Variance	Plan	Actual	Variance	BASE
Grants & donations - Estates	0	16	(16)	0	47	(47)	1,834
Grants & donations - Medical Equipment	42	493	(451)	168	705	(537)	1,500
PFI Lifecycling (less residual interest)	(191)	(213)	22	193	(852)	1,046	8,169
Other capex not included in CDEL	(149)	296	(445)	361	(100)	461	11,503
Net Capex (after disposals)	1,443	1,009	434	6,836	3,883	2,953	52,942
Add back disposal/other deductions	0	0	0	0	0	0	0
Gross Capex (before disposals)	1,443	1,009	434	6,836	3,883	2,953	52,942

The plan included in this table matches the plan submission of 20 June. It should be noted that the submitted plan includes no assumption for receipt of, or expenditure against, external government funding outside the ICS envelope, pending confirmation of additional funding.

The plan does, however, include £3.3m provision for grants and donations and £5.6m for the impact of IFRS-16.

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 ICS plan is profiled over the second half of the year.

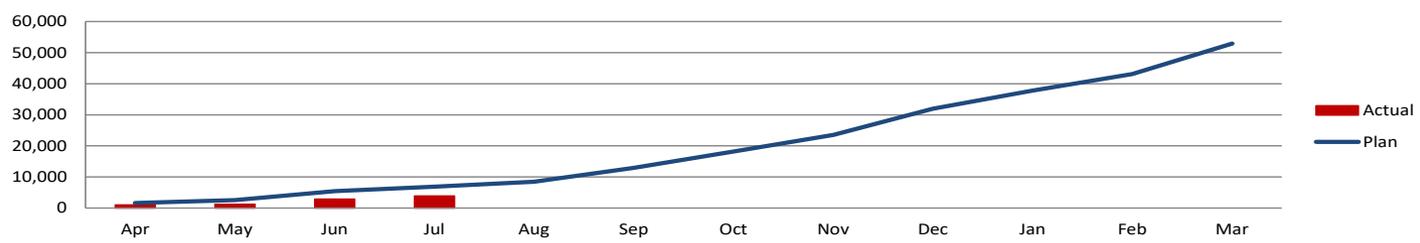
Total expenditure against ICS CDEL (before impact of IFRS-16) was £2.3m to July, £1.9m behind plan. The main causes this are: Cath Labs D&E, currently £0.6m under, awaiting final account and expected to be around £0.5m under plan, which may be reallocated within the programme; Digital works underway, £0.6m behind a front-ended plan; Estates CIR, £0.6m behind a plan profiled evenly from Q2.

Capital costs relating to IFRS-16 have yet to be realised against a plan to date of £0.6m, bringing the total variance against the Capital Department Expenditure Limit (CDEL) to £2.5m

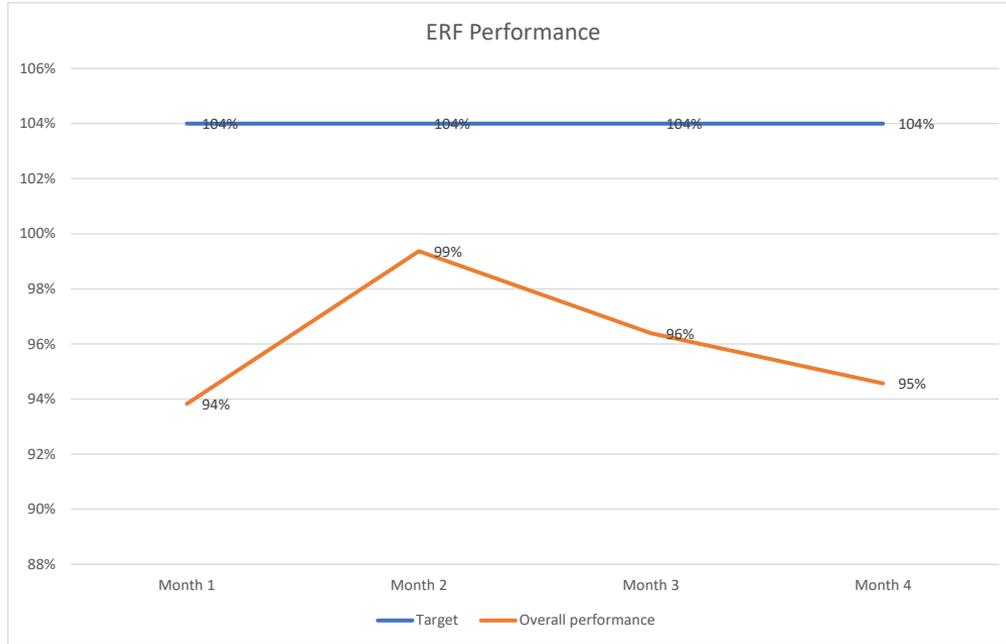
Gross Capital Expenditure, which also includes grants & donations and PFI life-cycling, to date is £3.8m, behind plan by £2.9m.

PFI life-cycling is £1.0m behind plan with the value of replacement radiology MES equipment not included in July's figures, pending clarification of status and treatment of the release of prepayments. Offsetting this is the addition of the CT scanner at Swindon as a donation of £0.6m.

Cumulative Performance Against Plan (£000s)



Elective Recovery Framework (ERF) Performance



	Month 1	Month 2	Month 3	Month 4
Target	104%	104%	104%	104%
Overall performance	94%	99%	96%	95%
DC	91%	99%	88%	87%
EL	94%	96%	102%	97%
OPROC	111%	123%	102%	102%
OPAFA	98%	111%	105%	105%
OPAFU (actual capped 85% of plan)	85%	85%	85%	85%
Radiotherapy	114%	111%	104%	102%
Chemotherapy	102%	102%	102%	102%

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

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

Overall price-weighted performance against the target has been between 94% and 99% in the four months of the year so far. Performance at point of delivery is shown in the table.

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

Outpatient procedures were above target in April and May, although performance has dropped to 102% in June and July.

Outpatient first appointment activity has been above target for the last three months.

Under the framework, performance of outpatient follow-up activity is capped at 85% of the 2019/20 baseline. This is to incentivise a reduction in follow-ups to free up capacity for first appointments. In actual terms this activity has averaged 109% performance over the four months to-date.

Radiotherapy activity was at 114% in April but has reduced over the four months and dipped to 102% in July.

Chemotherapy activity has remained constant at 102% each month.

A total of £32m of ERF funding is recognised in the plan for 2022/23 and recognised in the income position. The financial regime for this year states that this may be clawed back if systems do not reach the 104% target.

However, there has been verbal assurance from regional and national colleagues that ERF funding will not be clawed back in the first half of the year.

Appendix 1 – Other Supporting Analysis: Month 4 2022/23

Statement of Financial Position (SOPF)

Statement of Financial Position £000s	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	MONTH 3 2023	MONTH 4 2023	YTD Movement
Non Current Assets:														
Property, Plant and Equipment	615,973	616,944	620,763	627,700	627,945	627,163	625,583	627,733	650,574	667,358	661,270	658,548	656,130	5,556
Intangible Assets	18,117	19,530	19,355	18,238	18,043	17,593	17,370	17,198	14,154	13,900	13,646	13,951	13,692	(462)
Investment Property	30,394	30,394	30,394	30,394	30,394	31,844	31,844	31,844	32,030	32,030	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	14,310	14,310	14,310	14,310	14,276	(34)
Trade and Other Receivables - NHS	8,140	8,166	8,165	8,262	8,303	8,675	8,753	8,409	2,093	2,093	2,093	2,093	2,093	0
Trade and Other Receivables - Non NHS									5,054	4,976	4,946	4,723	4,534	(520)
Total Non Current Assets	696,259	698,669	702,312	708,229	708,320	708,910	707,185	708,819	718,215	734,667	728,295	725,655	722,755	4,540
Current Assets:														
Inventories	32,175	31,845	31,751	30,816	31,181	31,369	31,116	30,648	28,518	27,935	27,951	28,941	28,644	126
Trade and Other Receivables - NHS	100,609	79,788	80,519	79,065	78,041	85,079	85,861	72,470	11,005	5,464	10,385	19,812	16,648	5,643
Trade and Other Receivables - Non NHS									47,879	57,306	59,813	64,427	62,882	15,003
Cash and Cash Equivalents: GBS/NLF	37,821	49,255	34,302	40,174	48,597	42,586	44,046	70,649	57,291	60,566	50,211	34,293	49,675	(7,616)
Cash and Cash Equivalents: Commercial / In Hand / Other									32	34	33	33	34	2
Sub Total Current Assets	170,605	160,888	146,572	150,055	157,819	159,034	161,023	173,767	144,725	151,305	148,393	147,506	157,883	13,158
Total Current Assets	170,605	160,888	146,572	150,055	157,819	159,034	161,023	173,767	144,725	151,305	148,393	147,506	157,883	13,158
Total ASSETS	866,864	859,557	848,884	858,284	866,139	867,944	868,208	882,586	862,940	885,972	876,688	873,161	880,638	17,698
Current Liabilities:														
Trade and Other Payables: Capital	(178,396)	(168,658)	(158,128)	(171,884)	(175,515)	(177,066)	(177,703)	(181,741)	(12,017)	(9,013)	(7,706)	(6,456)	(4,924)	7,093
Trade and Other Payables: Non-Capital									(143,228)	(149,079)	(150,948)	(144,875)	(153,938)	(10,710)
Other Liabilities: Deferred Income									(3,882)	(12,823)	(10,287)	(12,004)	(17,530)	(13,648)
Provisions	(6,588)	(6,588)	(6,588)	(6,175)	(5,122)	(5,065)	(4,617)	(4,065)	(7,958)	(7,034)	(7,034)	(7,034)	(7,034)	924
Borrowings	(11,940)	(11,864)	(12,028)	(12,177)	(12,328)	(12,478)	(12,629)	(12,711)	(12,939)	(16,429)	(15,898)	(15,598)	(15,354)	(2,415)
Commercial Loans	(424)	(448)	(408)	(431)	(455)	(416)	(439)	(461)	(426)	(448)	(471)	(434)	(456)	(30)
DH Capital Loan	(21)	(280)	(289)	(299)	(648)	(664)	(679)	(695)	(730)	(746)	(669)	(684)	(704)	26
Total Current Liabilities	(197,369)	(187,838)	(177,441)	(190,966)	(194,068)	(195,689)	(196,067)	(199,673)	(181,179)	(195,572)	(193,013)	(187,085)	(199,940)	(18,761)
Net Current Assets/(Liabilities)	(26,764)	(26,950)	(30,869)	(40,911)	(36,249)	(36,655)	(35,044)	(25,906)	(36,454)	(44,267)	(44,620)	(39,579)	(42,057)	(5,603)
Total Assets Less Current Liabilities	669,495	671,719	671,443	667,318	672,071	672,255	672,141	682,913	681,761	690,400	683,675	686,076	680,696	(1,063)
Non Current Liabilities:														
Trade and Other Payables: Non-Capital	(4,043)	(4,036)	(4,029)	(4,022)	(4,015)	(4,008)	(4,001)	(4,101)	(4,628)	(4,621)	(4,613)	0	0	0
Other Liabilities: Deferred Income									(8,459)	(8,459)	(8,459)	(8,459)	(8,459)	33
Provisions	(9,002)	(9,002)	(9,002)	(9,002)	(9,002)	(9,007)	(9,007)	(9,007)	(8,459)	(8,459)	(8,459)	(8,459)	(8,459)	0
Borrowings	(222,807)	(221,735)	(220,661)	(219,589)	(218,517)	(217,446)	(216,372)	(215,300)	(214,842)	(225,995)	(221,990)	(221,125)	(219,953)	(5,111)
Commercial Loans	(6,419)	(6,419)	(6,316)	(6,208)	(6,100)	(6,208)	(6,208)	(6,208)	(6,095)	(6,095)	(6,095)	(5,984)	(5,984)	111
DH Capital Loan	(8,300)	(11,555)	(11,555)	(11,555)	(14,759)	(14,759)	(14,759)	(15,259)	(15,239)	(15,239)	(14,908)	(14,908)	(14,908)	331
Total Non Current Liabilities	(250,571)	(252,747)	(251,563)	(250,484)	(252,609)	(251,428)	(250,347)	(249,875)	(249,263)	(260,409)	(256,065)	(255,082)	(253,899)	(4,636)
Assets Less Liabilities (Total Assets Employed)	418,924	418,972	419,880	416,834	419,462	420,827	421,794	433,038	432,498	429,991	427,610	430,994	426,795	(5,699)
Taxpayers Equity:														
Public Dividend Capital	289,738	289,738	289,738	289,738	290,336	290,336	290,336	301,137	303,749	303,749	303,749	303,749	303,749	0
Retained Earnings reserve	(11,419)	(10,710)	(9,142)	(11,527)	(8,837)	(6,811)	(5,183)	(4,079)	(23,432)	(25,185)	(26,706)	(22,568)	(26,008)	(2,576)
Revaluation Reserve	138,946	138,285	137,625	136,964	136,303	135,643	134,982	134,321	159,684	158,930	158,070	157,316	156,561	(3,123)
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)	(9,246)	(9,246)	(9,246)	(9,246)	(9,246)	0
Total Taxpayers Equity	418,924	418,972	419,880	416,834	419,461	420,827	421,794	433,038	432,498	429,991	427,610	430,994	426,795	(5,699)

Non-current assets increased by £26m compared to July 2021/22– due to new capital, the impact of the annual revaluation in March and the transition of operating leases to right-of-use assets in April 2022/23 being more than the annual depreciation. Other investments fell due to the year-end refresh of the carrying value of shares.

Current assets fell by £13m since last July with reductions in inventories and receivables. Cash is £12m more than July 2021/22.

Current liabilities increased by £3m, with borrowings and loans having the largest increases – including the impact of the transition to IFRS 16 in April.

Non-current liabilities increased by £3m, with a reduction in PFI creditors being offset by an increase on DHSC loans, 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 and current year-to-date deficits, 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 accounted in March by our valuers.

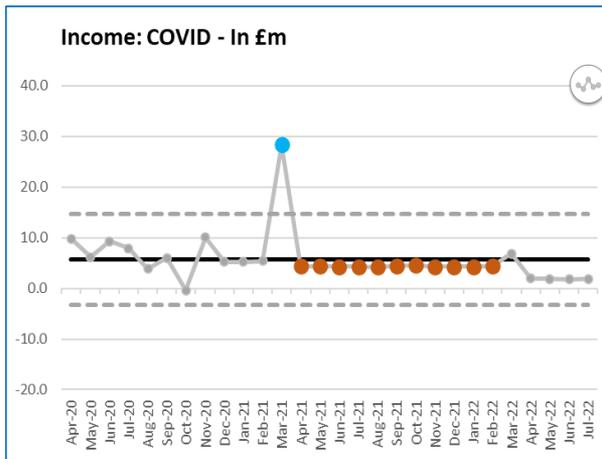
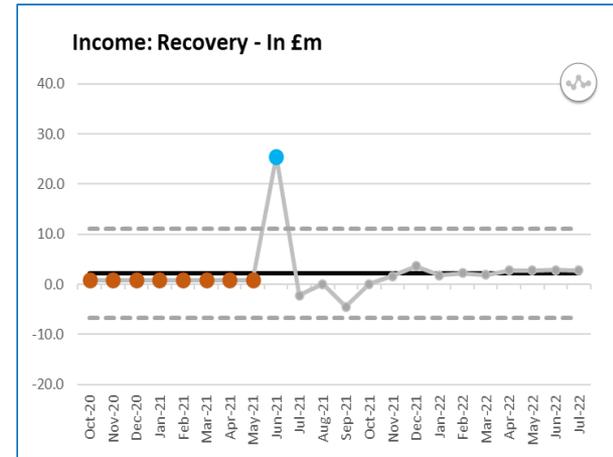
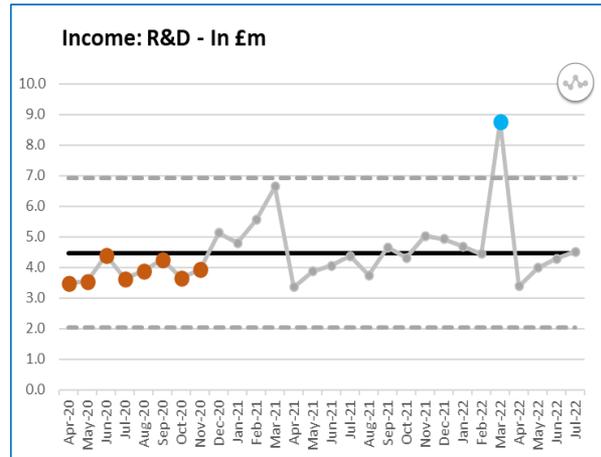
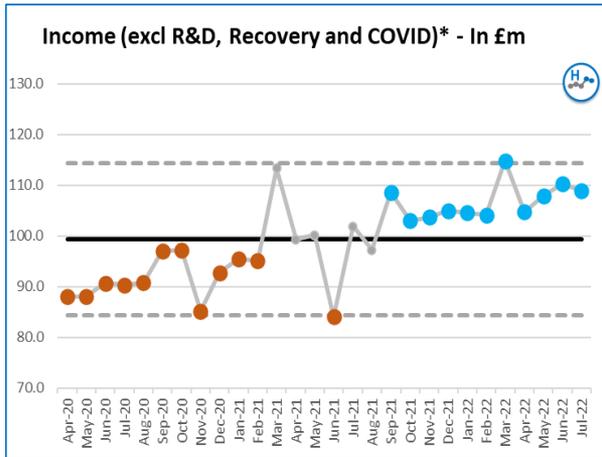
Cashflow

Cash flows from operating activities £000s	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	MONTH 3 2023	MONTH 4 2023
Cash Flows from Operating Activities													
Operating Surplus/(Deficit)	2,833	2,645	3,500	(453)	7,222	(82)	8,055	2,435	(18,054)	(2,379)	585	6,327	(1,226)
Depreciation and Amortisation	3,007	3,003	3,000	3,001	6,000	0	6,001	2,381	(1,211)	3,314	3,279	4,092	3,687
Impairments and Reversals	0	0	0	0	0	0	0	205	16,314	0	0	0	0
Donated Assets received credited to revenue but non-cash	(19)	0	(7)	(79)	(23)	3	(118)	(511)	175	(26)	(133)	(52)	140
Interest Paid	(1,895)	(1,893)	(1,964)	(1,893)	(3,882)	(33)	(3,824)	(1,892)	(61)	(2,114)	(2,262)	(2,190)	(2,149)
Dividend Paid	0	0	(4,019)	0	(667)	667	(667)	0	(3,331)	0	0	0	0
(Increase)/Decrease in Inventories	249	330	94	935	(365)	(188)	253	468	2,130	583	(16)	(990)	297
(Increase)/Decrease in Trade and Other Receivables	(13,634)	20,794	(2,577)	1,357	984	(7,411)	(860)	12,026	14,058	(3,810)	(7,395)	(13,818)	4,899
Increase/(Decrease) in Trade and Other Payables	13,865	(9,360)	(6,319)	9,560	4,978	1,852	886	1,871	(22,481)	5,008	1,025	(6,940)	8,212
Increase/(Decrease) in Other Current Liabilities	0	0	0	0	0	0	0	0	0	8,934	(2,544)	1,710	5,515
Provisions Utilised	(52)	0	0	0	(52)	(1,506)	(448)	(553)	(322)	0	0	0	0
Increase/(Decrease) in Movement in non Cash Provisions	0	0	0	(413)	(1,000)	1,454	0	0	3,695	(924)	0	0	0
Net Cash Inflow/(Outflow) from Operating Activities	4,354	15,519	(8,292)	12,015	13,195	(5,246)	9,279	16,430	(9,087)	8,579	(7,468)	(11,847)	19,375
CASH FLOWS FROM INVESTING ACTIVITIES													
Interest Received	0	0	0	0	0	(0)	9	15	18	44	44	68	74
(Payments) for Property, Plant and Equipment	(6,824)	(6,190)	(5,634)	(4,464)	(8,046)	(470)	(5,591)	(690)	(8,554)	(4,003)	(1,347)	(2,300)	(2,539)
(Payments) for Intangible Assets	(62)	(228)	(21)	(757)	(1)	1	(1)	(53)	2,746	0	0	(573)	5
Proceeds of disposal of assets held for sale (PPE)	20	(20)	0	0	0	723	(1,312)	589	11	0	49	0	0
Cash movement from acquisitions of business units and subsidi	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Cash Inflow/(Outflow) from Investing Activities	(6,866)	(6,438)	(5,655)	(5,221)	(8,047)	254	(6,895)	(138)	(5,780)	(3,959)	(1,254)	(2,804)	(2,427)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(2,512)	9,081	(13,947)	6,794	5,148	(4,992)	2,384	16,292	(14,867)	4,620	(8,722)	(14,651)	16,948
CASH FLOWS FROM FINANCING ACTIVITIES													
Public Dividend Capital Received	0	0	0	0	598	0	0	10,801	2,612	0	0	0	0
Loans received from DH - New Capital Investment Loans	0	3,500	0	0	3,600	0	0	500	0	0	0	0	0
Loans repaid to DH - Capital Investment Loans Repayment of Pri	0	0	0	0	0	0	0	0	0	0	(331)	0	0
Other Loans Repaid	0	0	(95)	0	0	(100)	0	0	(103)	0	0	(103)	0
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	(658)	(1,148)	(911)	(922)	(922)	(921)	(923)	(989)	(968)	(1,343)	(1,302)	(1,164)	(1,418)
Net Cash Inflow/(Outflow) from Financing Activities	(658)	2,352	(1,006)	(922)	3,276	(1,021)	(923)	10,312	1,541	(1,343)	(1,633)	(1,267)	(1,564)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	(3,170)	11,433	(14,953)	5,872	8,424	(6,012)	1,460	26,603	(13,326)	3,277	(10,356)	(15,918)	15,384
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	40,991	37,821	49,255	34,302	40,174	48,598	42,586	44,046	70,649	57,323	60,600	50,244	34,326
Restated Cash and Cash Equivalents (and Bank Overdraft) at Beg	40,991	37,821	49,255	34,302	40,174	48,598	42,586	44,046	70,649	57,323	60,600	50,244	34,326
Cash and Cash Equivalents (and Bank Overdraft) at YTD	37,821	49,255	34,302	40,174	48,598	42,586	44,046	70,649	57,323	60,600	50,244	34,326	49,710

The cash balance increased by £15.4m in-month. The Trust reported a £2.6m operating cash surplus ,i.e. excluding depreciation and revaluations which are non-cash items and interest payments. Our working capital improved by £18.9m (i.e. debtor, creditors and inventories). We paid £2.5m for capital £3.5m to service the PFI interest and reduce on our PFI debt. The net impact of these items accounted for the increase 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 2021/22 financial year with no unexpected performance. R&D income in March 2021 (Month 12) benefitted from a release of deferred income (which helped to fund the University Grant). March 2022 (month 12) is showing as a 'special cause variation' indicating a significant improvement, which is due to release of income that could not be deferred into the following financial year.

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

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

Is Performance Stable?



Yes



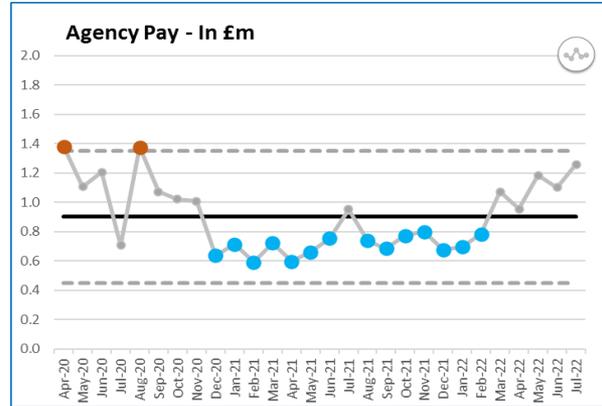
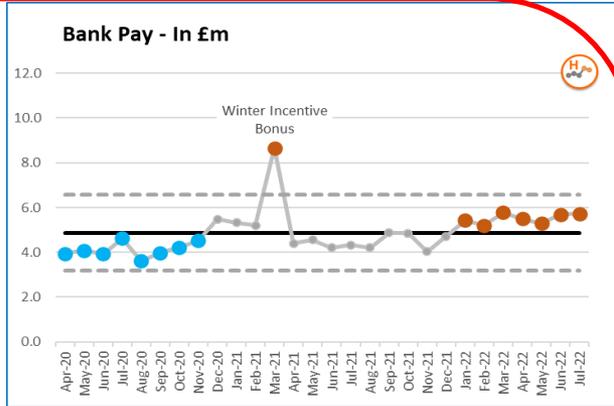
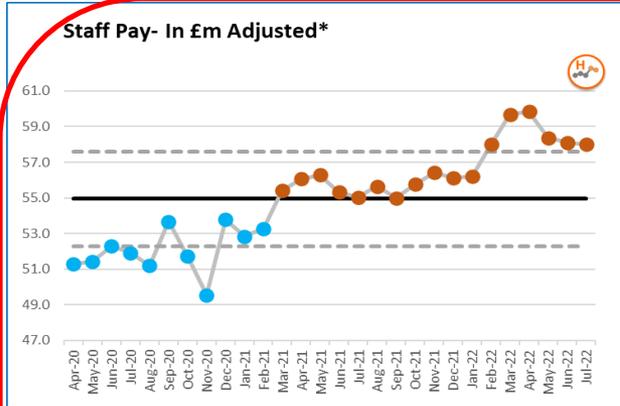
Getting Worse



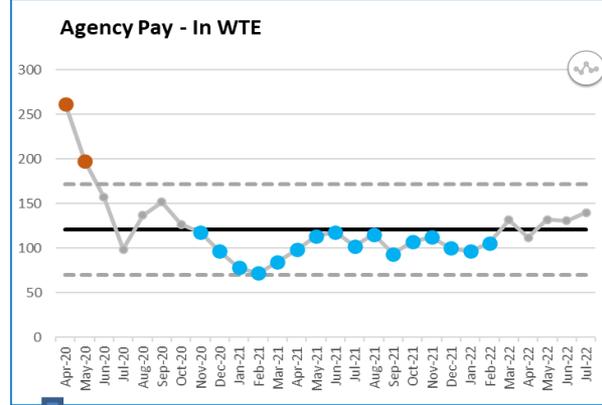
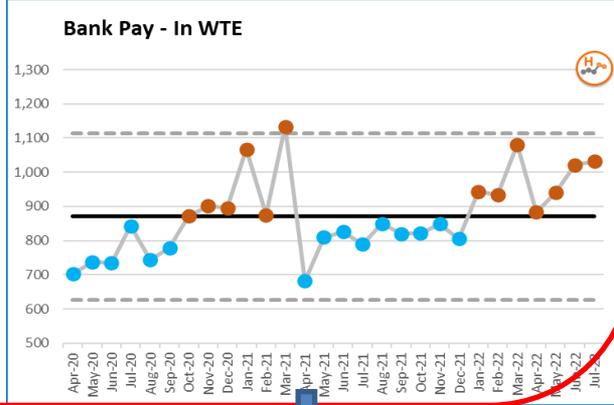
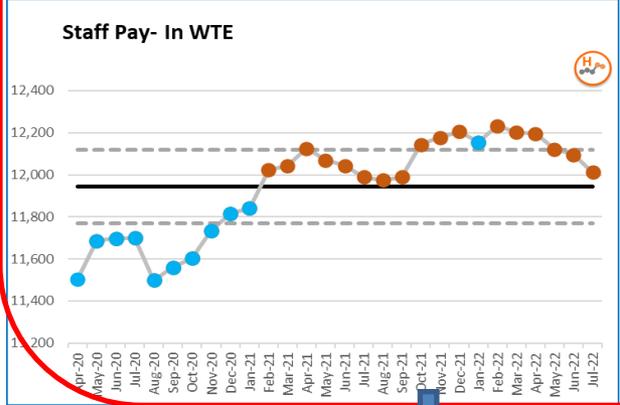
Getting Better

Pay: Run Rate by Staff Type

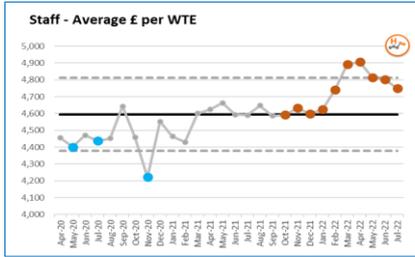
Source: Finance Ledger, excluding R&D costs, including COVID and recovery costs



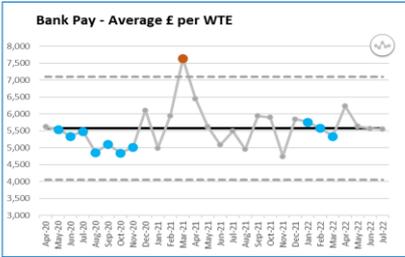
* Staff Pay was adjusted to remove the year-end pensions and A/L accruals and the release of such accruals through out the year.



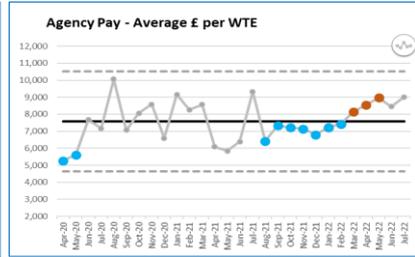
Is Performance Stable?
Getting Better
Getting Worse
Yes



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



Bank - Bank WTEs rose in March due to staffing pressures, but there was no incentive scheme so costs rose less than in March 2021. Spend and WTE since January 2022 has increased significantly, linked to the increase seen in recent months in sickness rate – this is predominantly driven by consultants and medics (the increase is seen in both Spend and WTEs)



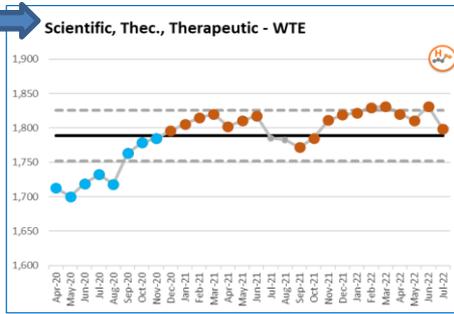
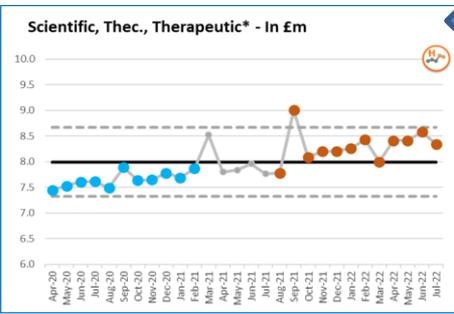
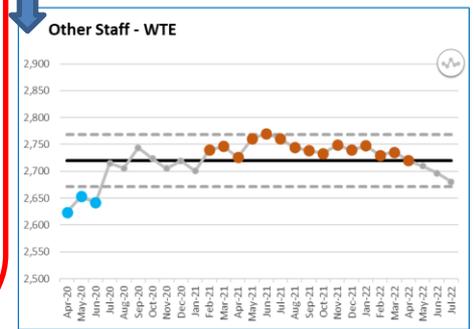
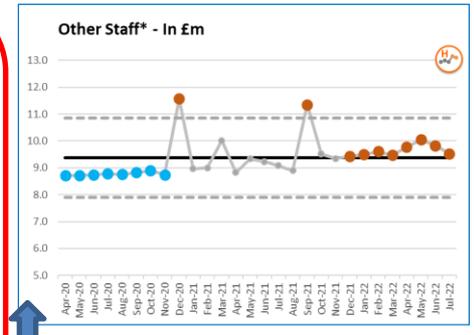
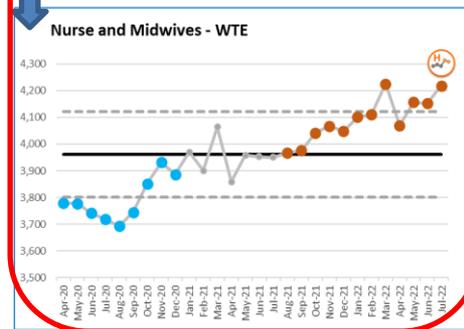
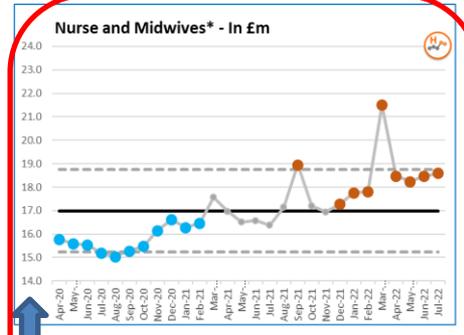
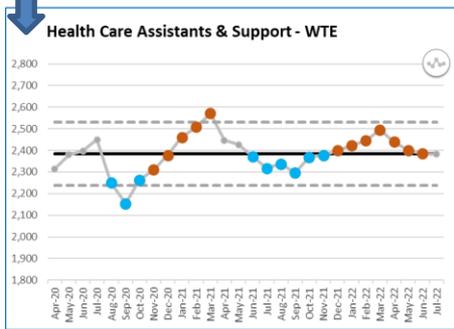
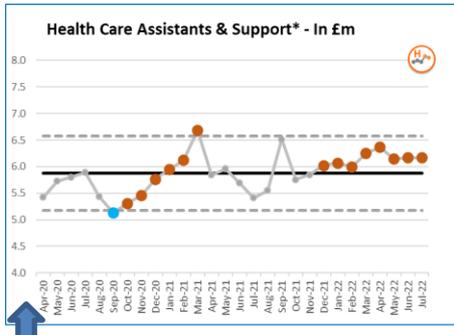
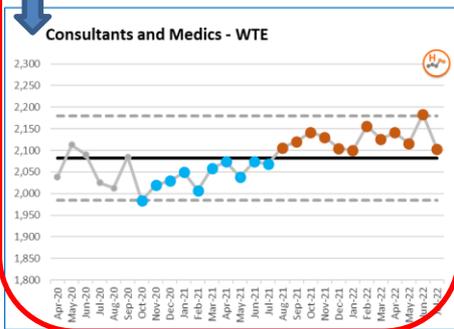
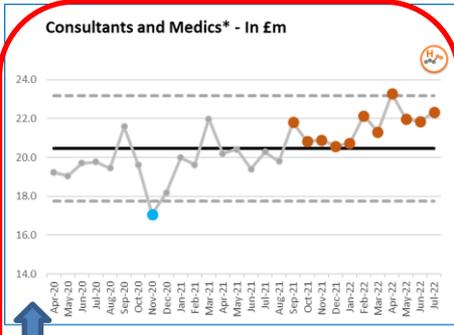
Agency - Overall, the decrease in agency WTEs in the last financial year, corresponds to the increase in substantive WTE and vacancy rate. However, Agency Spend and WTE in the current financial year are showing early signs of deterioration (linked to staffing pressures and increase in sickness rate).

Pay: Run Rate by Staff Group

Is Performance Stable?

Yes 🟢 Getting Worse 🔴 Getting Better 🟡

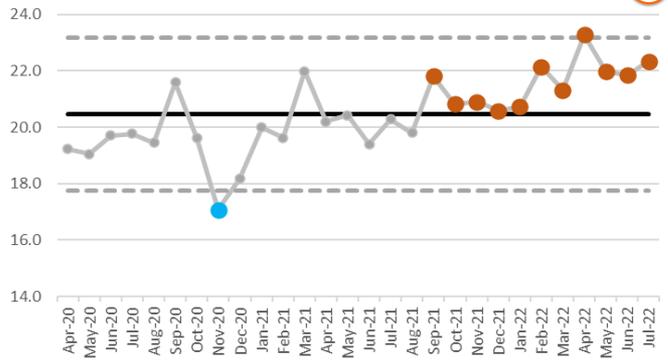
Source: Finance Ledger, excluding R&D costs, including COVID and recovery costs
Pay in this slide was adjusted to remove the year-end pensions and A/L accruals and the release of such accruals through out the year



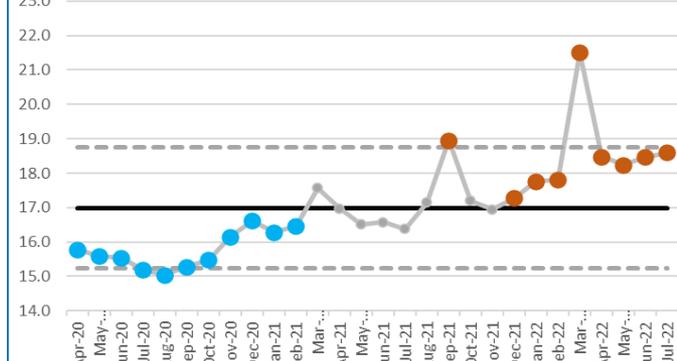
WTEs are increasing for nurses and midwives, but are decreasing for all other staff groups.

However, pay is increasing for all staff groups apart from Other Staff due to use premium temporary staff and additional sessions by medical staff. See more details in the next slide.

Consultants and Medics* - In £m



Nurse and Midwives* - In £m



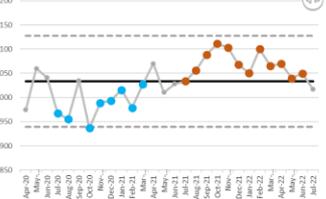
Consultants

Overall increase in spend and WTE is seen across all staff type, in particular in **bank** and **agency** use in recent months.

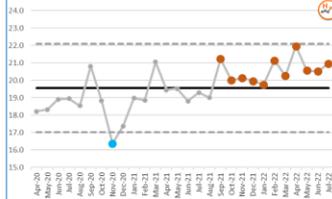
Nurses and Midwives

Overall increase in spend is driven by **substantive** staff pay and WTEs. However in recent months we are seeing a steady increase in use of temporary staffing through bank and agency.

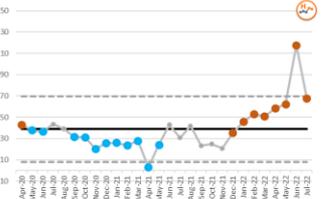
Consultants and Medics - Staff WTE



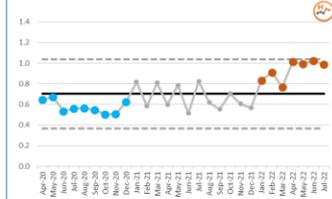
Consultants and Medics - Staff* In £m



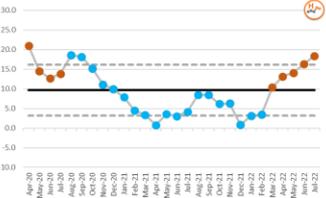
Consultants and Medics - Bank WTE



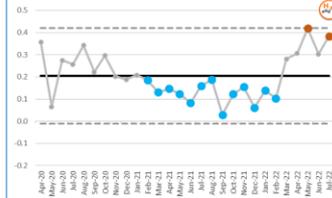
Consultants and Medics - Bank In £m



Consultants and Medics - Agency WTE

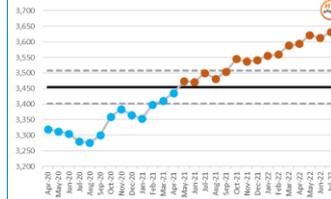


Consultants and Medics - Agency In £m

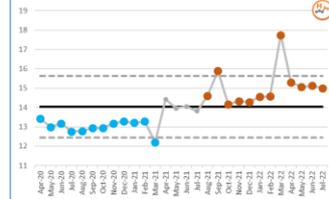


STAFF

Nurse and Midwives - Staff WTE

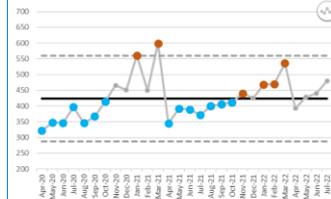


Nurse and Midwives - Staff* In £m

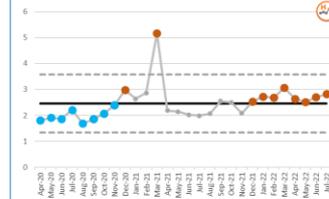


BANK

Nurse and Midwives - Bank WTE

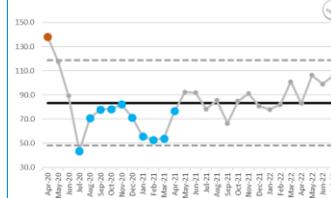


Nurse and Midwives - Bank In £m

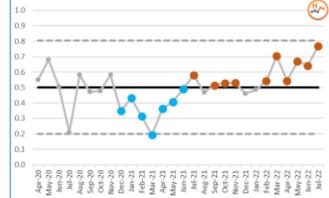


AGENCY

Nurse and Midwives - Agency WTE



Nurse and Midwives - Agency In £m

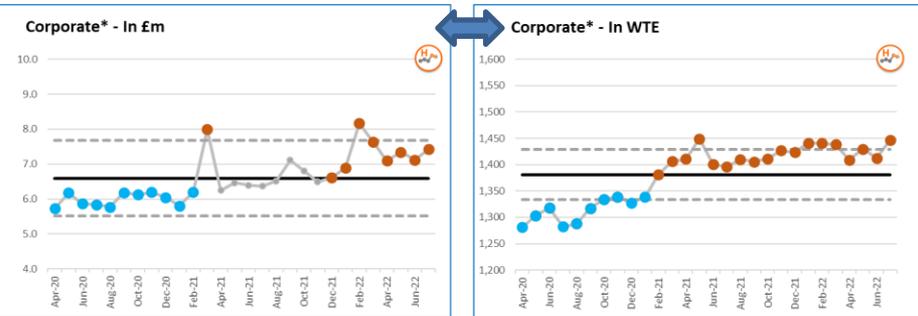
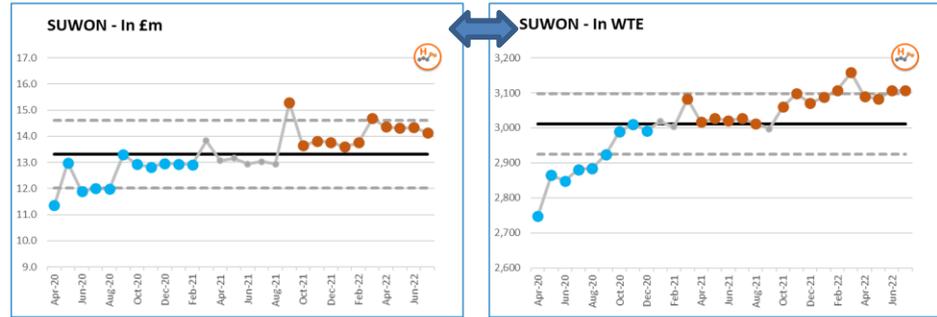
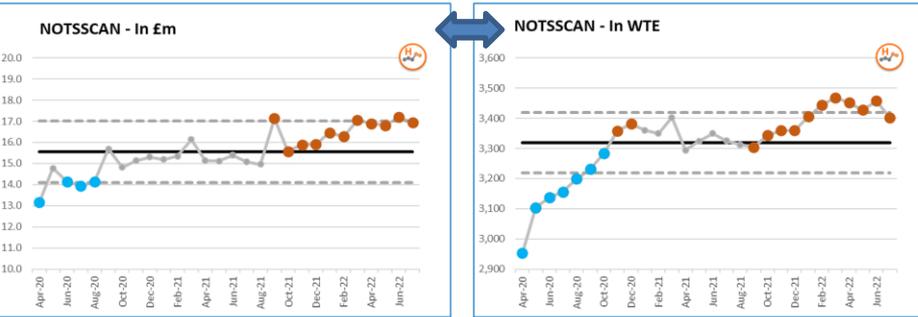
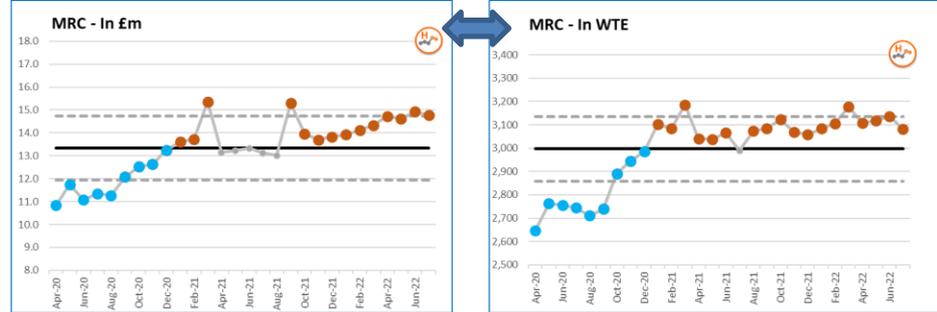
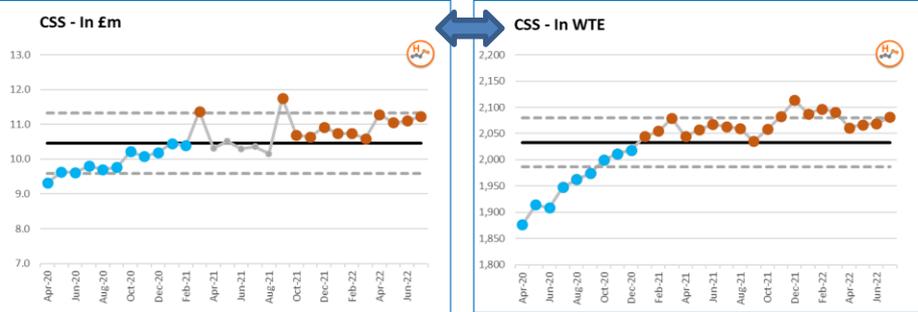


Is Performance Stable?



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

Commercial performance (some benefit is booked in non commercial cost centres)

	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	-0.75	-0.50
Investment property valuation				0.30	0.30		0.30
JR service charge settlement					0.00	3.00	3.00
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	2.25	2.50
NET I&E POSITION (CONTROL TOTAL)	0.37	0.37	0.96	0.31	2.01	2.25	4.26

- **I&E control total:** Plan includes a 76% increase in recurrent profit is targeted in 22/23 (21/22 £1m, 22/23 £1.76m)
- **Risk/Opportunity is on non recurrent schemes**
 - -£0.75m PP and OVS debt recovery – increased risk here due to identification of previously unknown insurer contracts that may limit debt recovery efforts
 - +£3m JR service charge settlement transacted in M3 - £5m settlement resulting in £3m I&E benefit (£0.5m additional billing in the commercial cost centre, £2.5m provision release in other cost centres). £0.4m increase to annual billing recognised in Estates agreed subject to y/e true up for actuals

Appendix 2 - Productivity Dashboard SPC chart: Month 4 2022/23

Is Performance Stable?		
		
Yes	Getting Worse	Getting Better

Indicator	Currency	Target	£/unit	Actual Vs Target - Indicative financial Impact (£)				
				Apr-22	May-22	Jun-22	July-22	FY22/23 YTD Total
Elective ALOS	Days	4 <i>(FY21/22 Avg)</i>	1 day = £0.5m/month	(£0.1m)	(£0.05m)	(£0.4m)	(£0.2m)	(£0.8m)
Non-elective ALOS	Days	3.9 <i>(FY21/22 Avg)</i>	1 day = £2.4m/month	(£1.2m)	(£0.9m)	(£0.2m)	(£0.5m)	(£2.8m)
Theatre sessions	Sessions	1,388 <i>(FY21/22 Monthly Avg)</i>	£12.1k income / session	(£1.4m)	(£0.2m)	(£1.3m)	(£0.4m)	(£3.3m)
Face to Face Appointments	Appointments	81,821 <i>(FY21/22 Monthly Avg)</i>	1 Appointment = £93	£0.9m	(£0.2m)	(£0.4m)	(£0.3m)	£0
Staff sickness rate	% of staff	3.1% <i>(Trust target)</i>	1% = £0.8m/month	(£1m)	(£1m)	(£1.1m)	(£1.2m)	(£4.3m)
Staff turnover rate	% of staff	12% <i>(Trust target)</i>	1% = £280k/month	(£0.14m)	(£0.23m)	(£0.3m)	(£0.3m)	(£1m)
Total adverse impact				(£2.9m)	(£2.6m)	(£3.7m)	(£2.9m)	(£12.1m)

Background

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

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

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

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

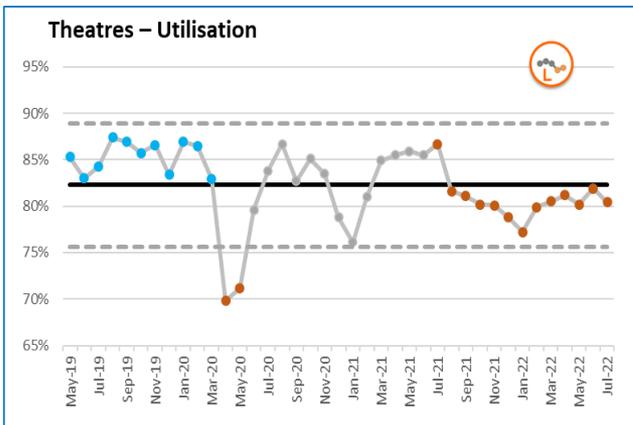
Indicators are tracked in SPC charts using trust data from [Orbit].

Indicators 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 vacancy rate:** we do not yet have an estimate for the impact of movements in this indicator.

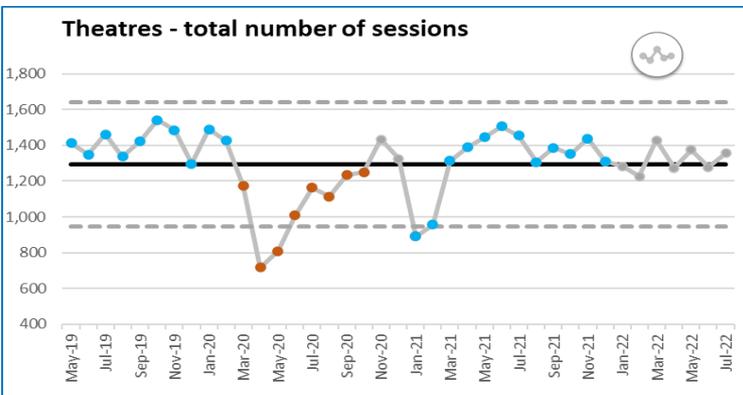
KPI/ Assumption	Description	Value	
Cost per Bed day	Direct costs of a bed day, per patient, per day	£350	Estimate
Elective Admissions (EL)	Monthly average of admissions	1,542	Actuals - Based on FY21/22 activity
Non Elective Admissions (NEL)	Monthly average of admissions	6,859	Actuals - Based on FY21/22 activity
Theatre Sessions	Monthly average of all theatres sessions	1,388	Actuals - Based on FY21/22 activity
Income per Theatre Session	Average income per session, if the Trust was operating on Payment by Results (PbR)	£12,100	Actuals - Based on FY19/20 (inflated)
Face to Face Appointment	Monthly average of Face to Face appointments	81,821	Actuals - Based on FY21/22 activity
Face to Face Appointment cost (vs Non Face to Face)	The average cost difference between a Face to Face and a Non Face to Face appointments (fully absorbed cost)	£93	Actuals - Based on FY20/21 activity
Sickness Rate Costs (rolling 12 months)	The monthly cost of each 1% of sickness absence (135 WTE), resulting in temporary staffing	£800k	Actuals - Based on FY21/22 spend The average premium associated with temporary staffing is 28% . Please note that temporary staff premium varies by staff type, for example the average premium associated with nurses is 51%.
Turnover Rate Costs (rolling 12 months)	The monthly cost of each 1% of turnover rate (145 headcounts)	£280k	The cost includes the temporary staffing costs, recruitment costs and supernumerary costs.

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.

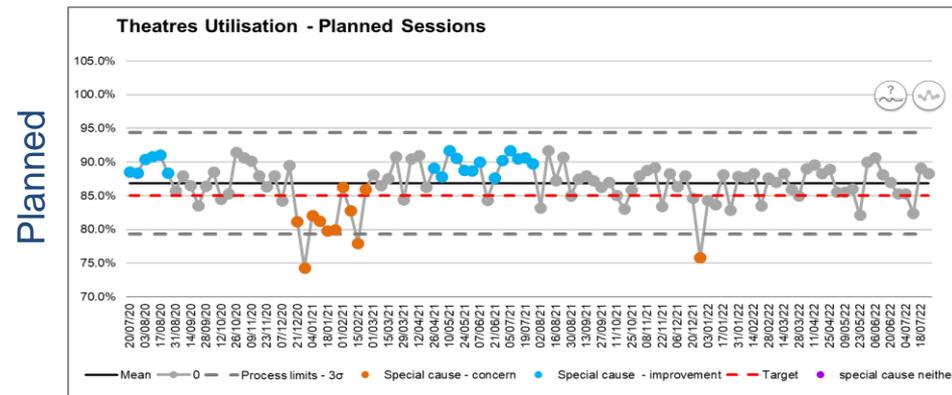
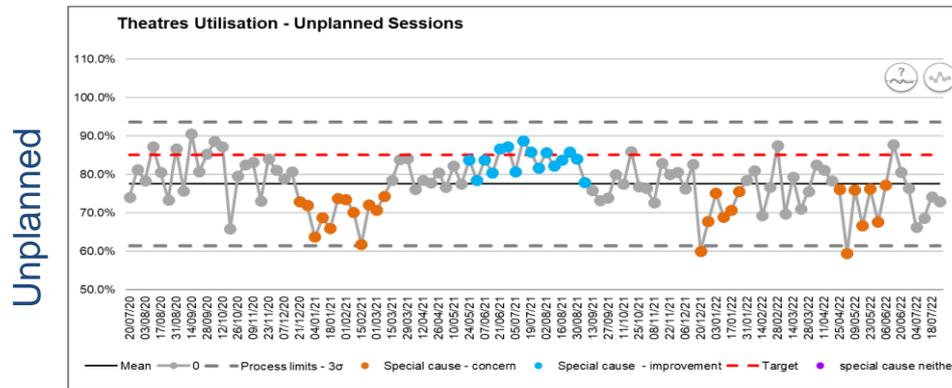


Theatres monthly Utilisation since April-20 overall is showing a consistent deterioration since Q2 2021/22, with a slight improvement in recent months with utilisation increasing to 80.4% which is just below the 21/22 average of 82%.

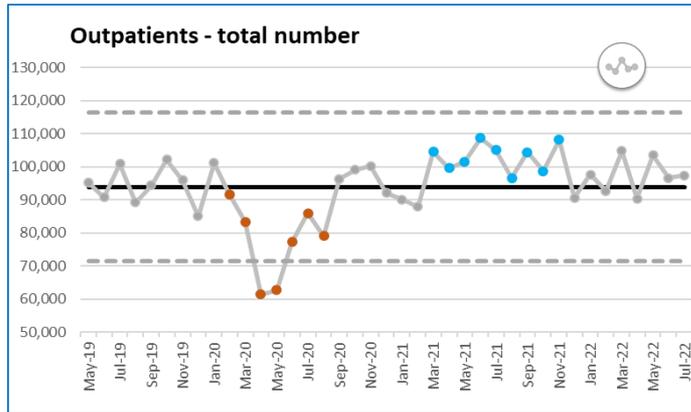
The weekly **Planned sessions utilisation** [Trust target of 85%] has landed above the trust target in July-22.



Total Number of Theatre Sessions was 1,357 in July 22 and 31 sessions below the 21/22 average of 1,388 sessions per month. At an average income of £12.1k per session this equates to **£0.4m** of unachieved income in month (on a PbR basis).



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.



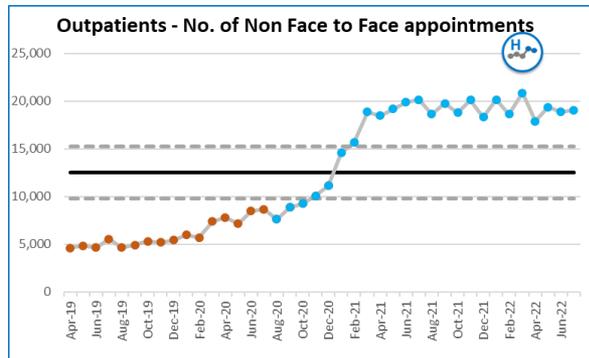
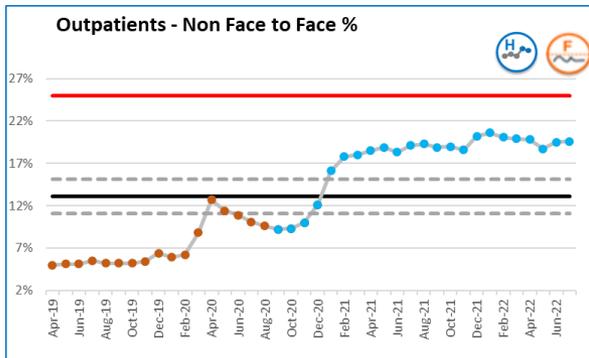
Total Outpatients Number overall is at a higher level compared to 2019/20 pre COVID-19 levels, with activity in the current financial year reaching above the three years average.

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.

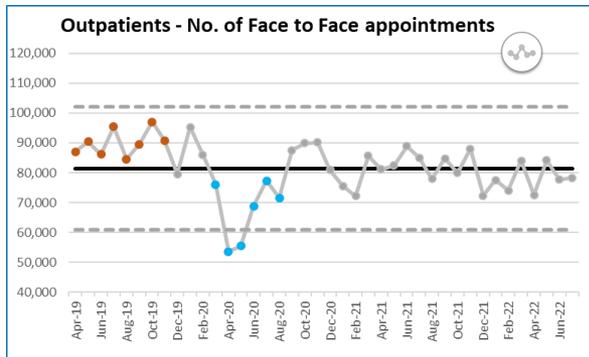
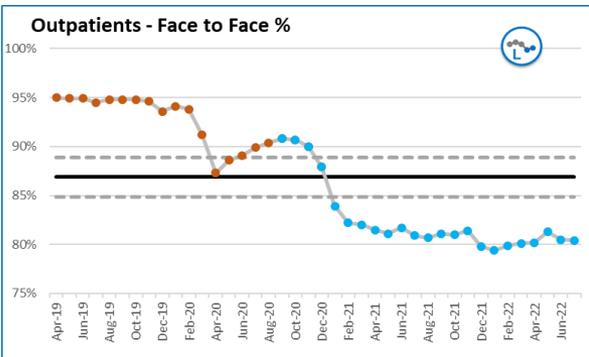
On average a Face to Face appointment cost **£93** more than a non Face to Face appointment (for July-22 OUH had a total of 78,312 Face to Face appointments, therefore an indicative difference in cost of £7.3m, compared to the indicative cost of non Face to Face appointments).

Also, the number of Face to Face appointments in July-22 was 3,509 below the 21/22 average, therefore results in an indicative financial impact of **£0.3m**.

Non F2F



F2F



Is Performance Stable?



Yes

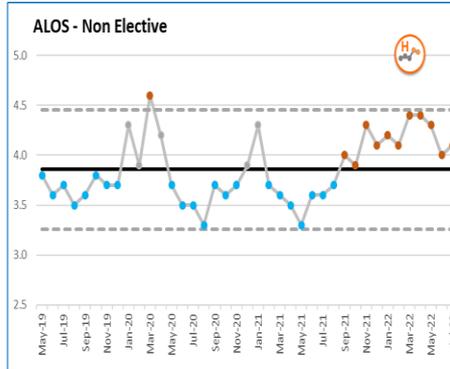
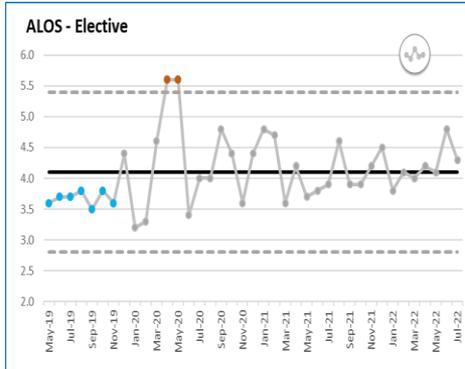


Getting Worse



Getting Better

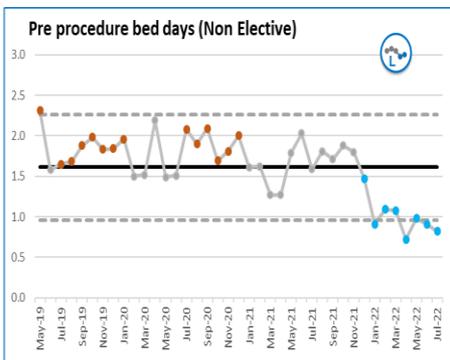
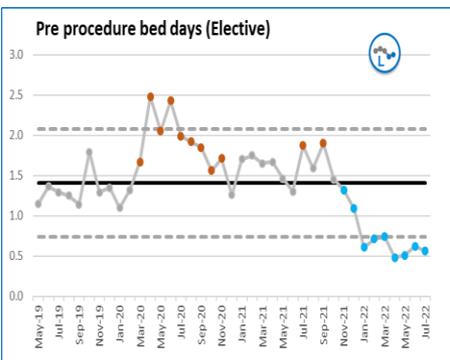
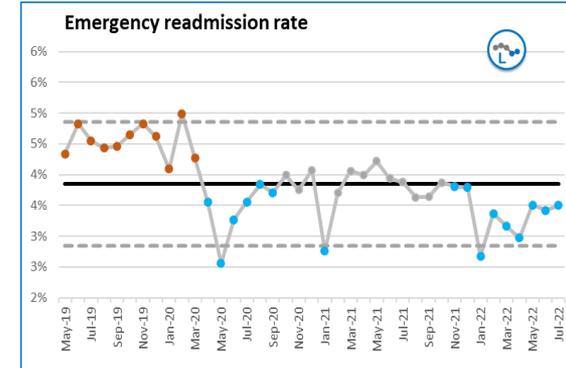
The SPC charts are pulling together productivity metrics which provides an overview of the Trust operational performance. The data sources are ORBIT+ the finance ledger.



Overall Average Length of Stay ('ALOS'):

- ALOS includes Same Day Emergency Care ('SDEC') spells.
- Elective** activity has remained in control, with a slight increase in ALOS in July-22 (4.3 days).
- Non Elective** ALOS is showing signs of deterioration since Sep-21 with ALOS peaking at 4.4 days in April-22 and decreasing back down to 4.1 days in July-22. This is 0.2 additional day vs. 21/22 average (3.9 days) with an indicative adverse financial impact of **£0.5m/month** and **£6m/year** largely through additional premium cost temporary staffing to open additional capacity or cancelled elective activity.

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



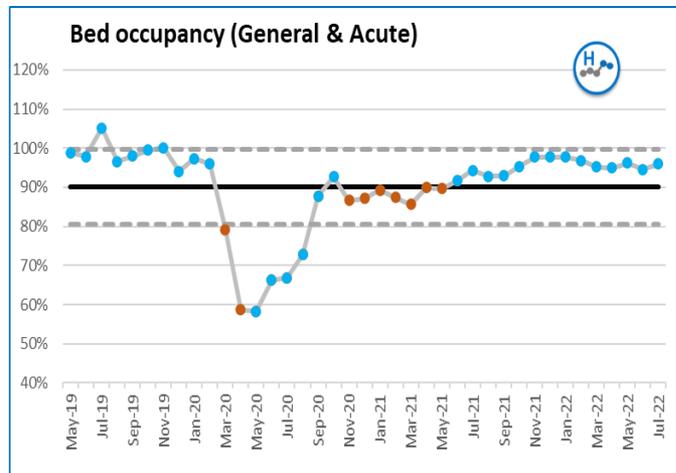
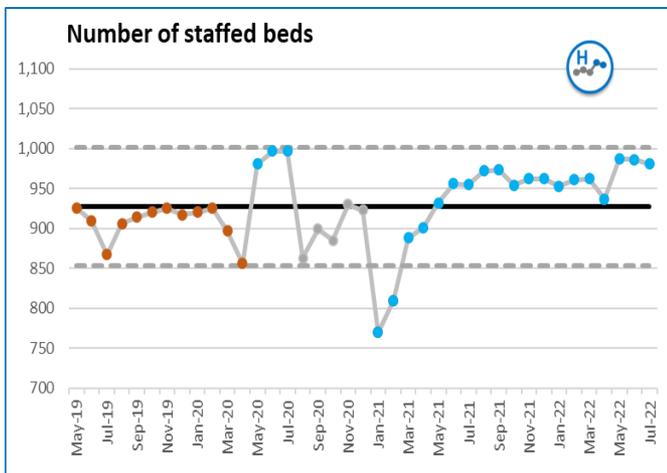
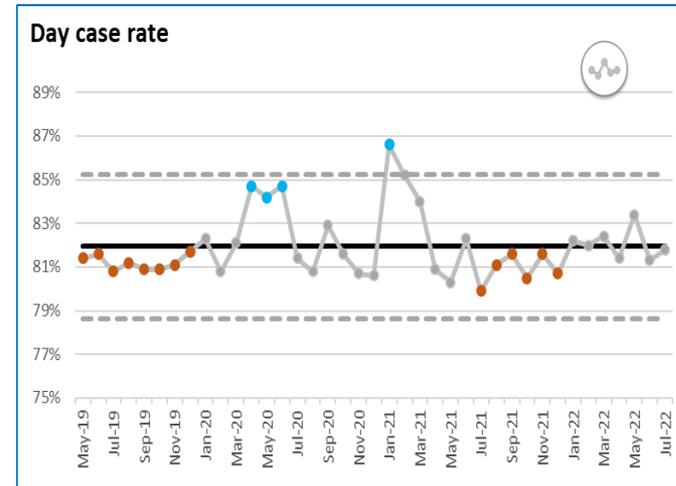
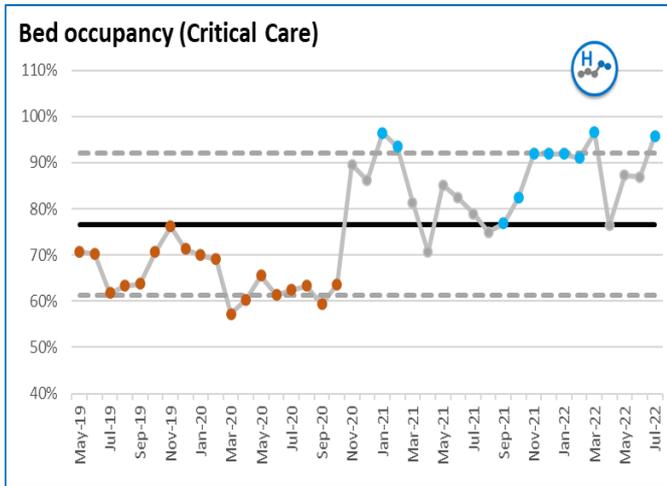
Pre Procedures Bed Days Since the winter (Dec-21) there has been a reduction in both Elective and Non Elective pre procedure bed days after a prolonged period within the control limits. Based on direct costs, an average reduction of 1.0 EL pre-procedure bed day is equivalent to costs of approximately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

In July-22, for EL admissions, pre procedures day average stood at 0.6 days, which is 0.8 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 a overview of the Trust operational performance. The data sources are ORBIT+ the finance ledger.

Number of Staffed Beds and Bed Occupancy (in both critical care and general & acute) are showing a significant improvement in performance from Q3 2020/21 onwards. General & acute and critical care remain at a high occupancy rate, which is likely to link to the temporary staffing spend. Critical Care Occupancy plummeted in Apr-22 to 76% however recent months have shown a significant improvement with Occupancy rate reaching 95.8% in July-22.

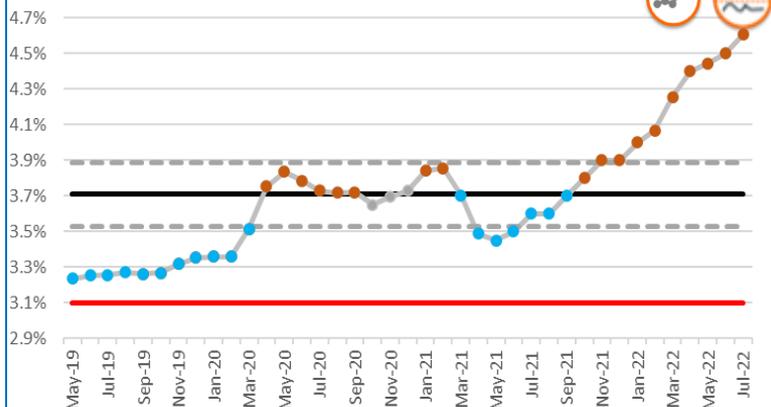
Day Case Rate is currently in control at a similar level to the day case rate in 19/20, with a further improvement in recent months.



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.

— Trust Target

Staff sickness rate (12 months rolling rate)



Staff Sickness Rate - 12 months rolling rate [Trust Target – 3.1%]

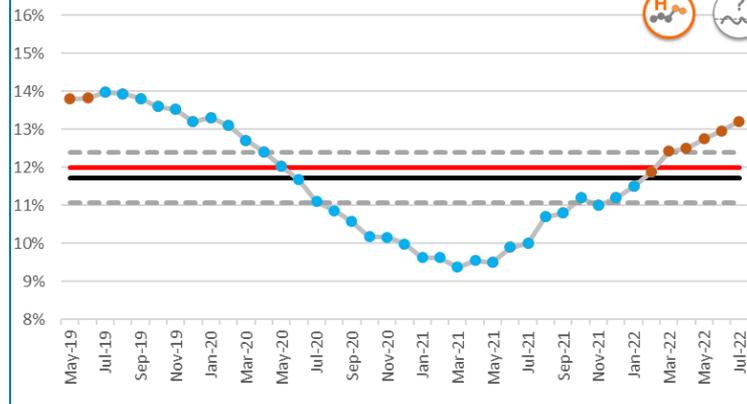
- Sickness rate has continuously risen since Jun-21, driven by short term sickness absence. COVID-19 sickness and isolation will be a significant contributory factor.
- July 22 12 months rolling sickness rate had further increased to 4.6% (4.5% in June-22), with a higher rate in month of 5.4% (4.48% in month in June-22). This suggests that sickness absence at OUH has potentially yet to reach its peak.
- The indicative financial impact of the increase in sickness rate from the Trusts target of 3.1% to 4.6% in July-22 is **£1.2m** per month, of which £0.25m is the premium paid for temporary staffing. The actual cost may be higher if clinical staff are fully backfilled by temporary staffing.
- Sickness rate pre COVID stood at 3.3% (vs July-22 4.6%). Daily COVID related absences in early July-22 counts for 3.2% of OUH headcount.

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

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 July-22 peaking at 13.2% and reaching over the upper control limit of 12.3% (this is the highest it's been since March-20).

The indicative financial impact of the increase in staff turnover rate from the Trusts target of 12% to 13.2% in June-22 is **£0.3m** per month which includes temporary staffing, recruitment and supernumerary costs.

Staff turnover (12 months rolling rate)



Is Performance Stable?

Yes	Getting Worse	Getting Better

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

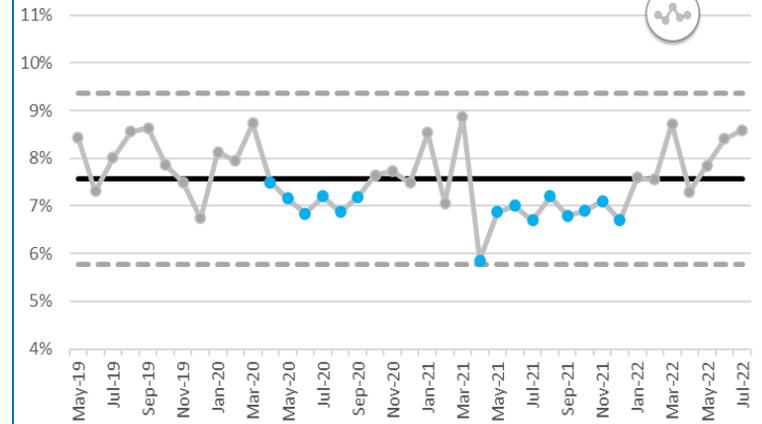
Temporary Staffing

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%.

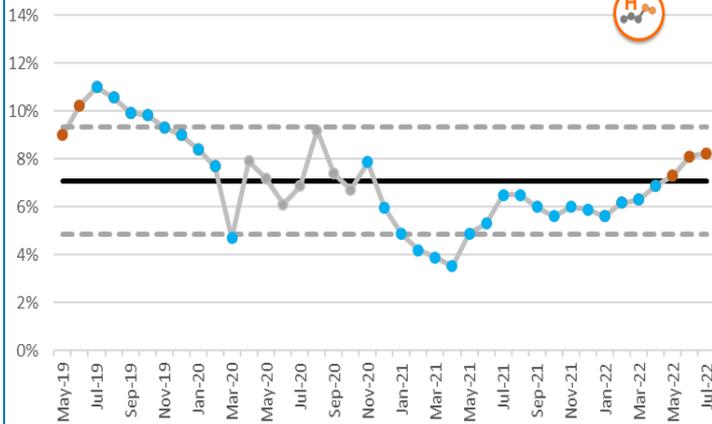
July-22 temporary staff rate was 8.5% which is above the 21/22 average of 7.1% therefore had an adverse indicative financial impact of **£1m**.

The average premium the trust pay for temporary staffing is 28% above the cost of a substantive staff. In July-22 this is equivalent to £1.3m in cost.

Temporary staffing %



Staff vacancy rate - all staff groups



Staff Vacancy Rate

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

The July-22 vacancy rate continues to increase (8.2% in month) as part of the increase seen since Feb-22. Since May-22 the vacancy rate has landed above the three years average of 7%.

Is Performance Stable?



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

Hospital Acquired Pressure Ulceration (HAPU):

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

HAPU Hospital Acquired - Category 2

- HAPU incidents reported since Dec-20 have been significantly high (peaking in Nov-21 with 122 incidents) stabilising in recent months with cases just above the 3 year average of 125 incidents.
- In July 2022 total incidents were 74.

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, with June and July 22 (total of 4 cases) resulting in a further reduction, landing below the three years average (8 incidents) and the trust target.

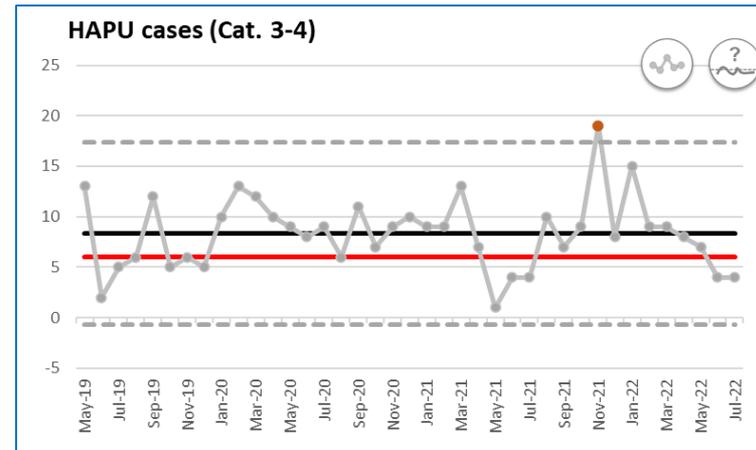
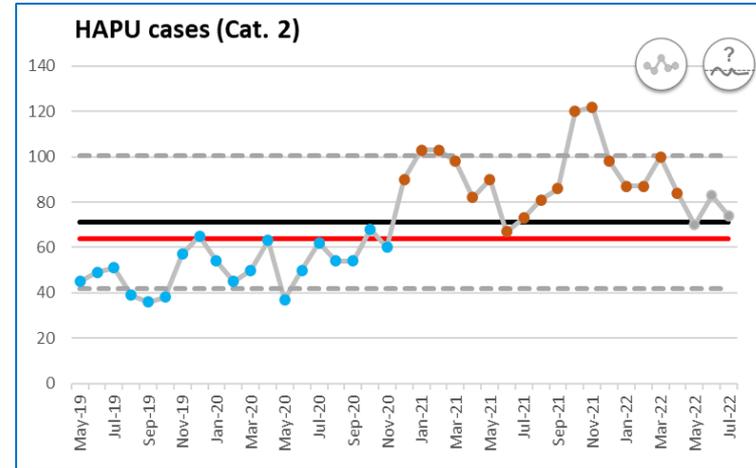
Indicative Financial Impact

- In July-22, there were a total of 78 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)



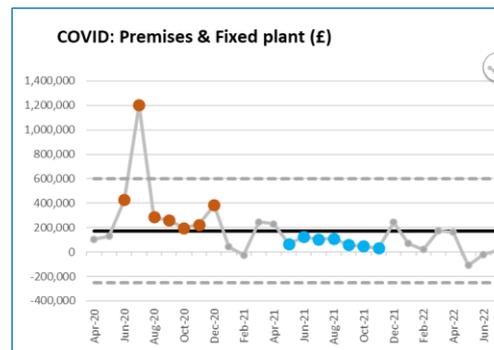
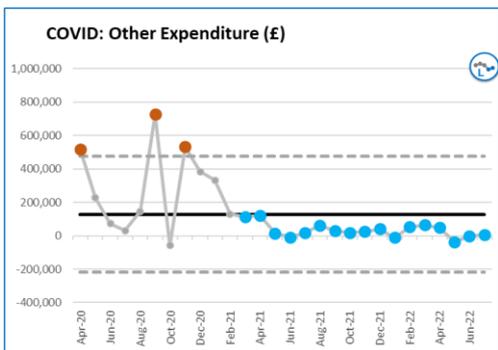
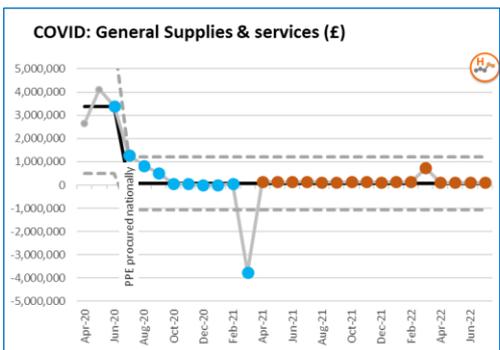
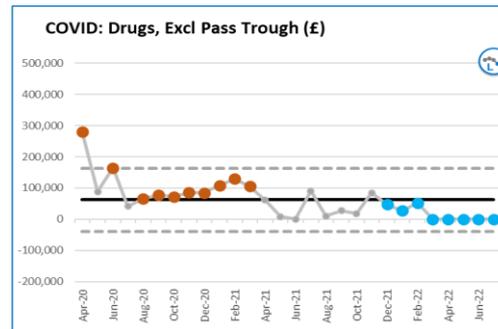
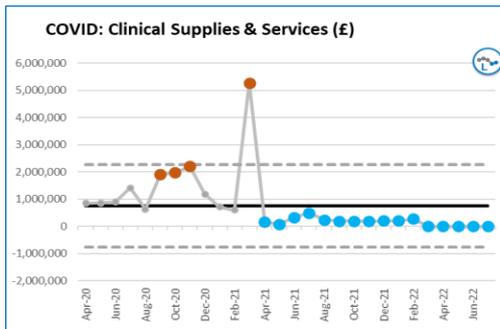
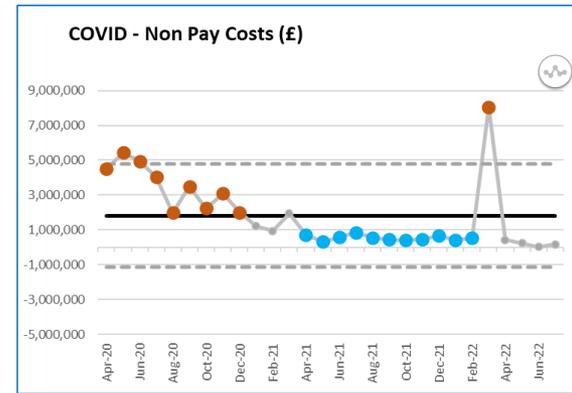
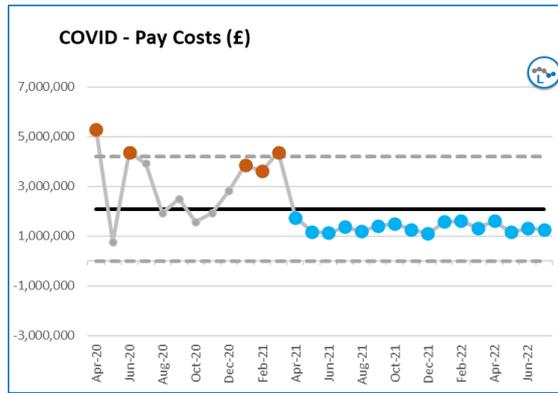
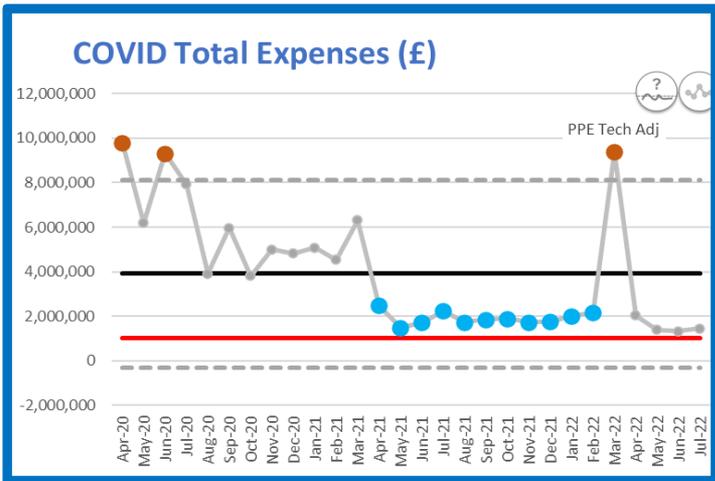
Appendix 3 - Divisional Financial Performance and Further Supporting Analysis: Month 4 2022/23

Narrative: Divisional Finance Teams

Tables and Charts: Central Finance

Data Source: Finance Ledger

— Target (Plan)



Is Performance Stable?

Yes	Getting Worse	Getting Better

Template Categories (£000s)	Jun-22			Jul-22			YTD			Movement
	Pay	Non-Pay	Total	Pay	Non-Pay	Total	Pay	Non-Pay	Total	M2 V FY21/22 Avg
COVID-19 testing - Outside Envelope	20	125	145	28	149	177	120	647	767	(179)
COVID-19 virus testing- rt-PCR virus testing - Outside Envelope	-	-	-	-	-	-	-	-	-	-
Deployment of final year Student Nurses	-	-	-	-	-	-	-	-	-	-
Vaccination Costs	(1)	-	(1)	1	-	1	-	-	-	(34)
Covid 19 Final Year Deployment of nurses	-	-	-	-	-	-	-	-	-	(8)
Covid 19 - International Quarantine Costs	-	-	-	-	-	-	-	-	-	(0)
Outside Envelope Total	19	125	144	29	149	178	120	647	767	(221)
Expanding medical / nursing / other workforce	533	-	533	561	-	561	2,320	-	2,320	367
Existing workforce additional shifts	101	-	101	106	-	106	462	-	462	27
Backfill for higher sickness absence	653	-	653	571	-	571	2,400	-	2,400	(387)
Remote management of patients	-	(18)	(18)	-	1	1	-	(16)	(16)	(26)
Increase ITU capacity	-	(56)	(56)	-	14	14	-	94	94	(134)
Segregation of patient pathways	-	(12)	(12)	-	13	13	-	20	20	(86)
Decontamination	-	1	1	-	2	2	-	17	17	(40)
Internal and external communication costs	-	-	-	-	2	2	-	2	2	(3)
Remote working for patient and non patient activities	-	-	-	-	-	-	-	-	-	(16)
PPE - Other Associated Costs	-	3	3	-	9	9	-	34	34	(14)
COVID-19 virus testing (NHS laboratories) - In Envelope	-	(126)	(126)	-	(113)	(113)	-	(399)	(399)	(11)
National procurement areas - Staff accommodation	-	1	1	-	1	1	-	2	2	(17)
National procurement areas - PPE	-	100	100	-	100	100	-	401	401	(16)
PPN and other support to suppliers	-	-	-	-	-	-	-	-	-	(3)
PPE - Technical Adjustment	-	-	-	-	-	-	-	-	-	-
Other	-	2	2	-	1	1	-	(29)	(29)	(16)
Balance to reported NHSEI reported position	-	-	-	-	-	-	-	-	-	-
Inside Envelope Total	1,287	(105)	1,182	1,238	27	1,265	5,182	124	5,306	(375)
Adjustments										
Grand Total	1,306	20	1,326	1,267	176	1,443	5,302	771	6,073	(595)

Source: Trust Finance returns to NHSE/I - includes outside-of-envelope lab testing costs

- Overall COVID-19 financial performance versus plan is as follows:
 - Pay costs were £0.6m worse than plan in July. COVID-19 staff sickness levels remain significantly **higher** than 2021/22 rather than reducing.
 - Non-pay costs were £0.1m better than plan in July.
 - Income for national testing and vaccination was breakeven to plan in July at £0.2m.
- Year-to-date in-envelope COVID-19 costs total £5.4m. 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 June, pay costs remained constant at £1.2m. Non-pay costs increased by £0.1m in July compared to June to £0.1m. COVID-19 year-to-date expenditure is £2.2m worse than plan (£0.4m worse than plan in July).
- £0.2m of income has been accrued in-month to be reimbursed for COVID-19 (outside envelope) testing costs.

Divisional Summary: Clinical Support Services

Performance versus budget

I & E Subjective £000s	IN MONTH 4				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Income	8,549	9,008	459	5%	32,760	33,787	1,027	3%	101,242
Pay	(10,846)	(11,237)	(391)	-4%	(42,922)	(44,688)	(1,766)	-4%	(129,244)
Non-Pay	(229)	(421)	(192)	-84%	(945)	(536)	409	43%	(2,775)
Surplus / (Deficit)	(2,526)	(2,650)	(124)	-5%	(11,107)	(11,438)	(330)	-3%	(30,776)

Directorate £000s	IN MONTH 4				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
CAPPRO	(1,388)	(1,689)	(301)	-22%	(5,269)	(5,738)	(469)	-9%	(14,484)
CSS Management	(274)	16	290	106%	(1,091)	(544)	546	50%	(3,283)
Path and Labs	358	602	245	68%	1,246	2,138	892	72%	4,149
Pharmacy	(993)	(1,042)	(49)	-5%	(3,882)	(4,115)	(233)	-6%	(11,645)
Psych Meds	(385)	(408)	(23)	-6%	(1,514)	(1,499)	15	1%	(4,506)
Radiology	156	(130)	(286)	-183%	(598)	(1,680)	(1,082)	-181%	(1,007)
Surplus / (Deficit)	(2,526)	(2,650)	(124)	-5%	(11,107)	(11,438)	(330)	-3%	(30,776)

In Month

- Commissioning (activity) income matched to budget
- New Path Network 4/UKDHSA income started with its corresponding increase in expenditure
- COVID-19/SIREN costs £47k adverse in month
- ERF unfunded schemes from 21/22 were £65k adverse in month.
- Pay overspend from 21/22 not yet funded (£325k/month)

Year to date

- Pathology is overperforming on Other income due to work from the network and new workload. This is partially offset by increased expenditure.
- Continuing pay costs from 21/22 -£1.3m, including junior doctor costs and staff required to meet current activity levels; not funded.
- COVID-19/Elective Recovery -£0.34m cost pressure .

Headline narrative:

- Commissioning activity Income shown as a block contract.
- Budgets awaiting decision on 21/22 pay costs (to be confirmed)
- Diagnostic activity at >100% pre-COVID-19 levels. Internal trading for Diagnostics is matched to budget, but currently running at >100% higher than 19/20 levels.

Risks (R) and Opportunities (O):

- New service developments such as Path 4 generating additional contribution (O).
- Pay costs from 21/22 not funded (R).
- Vacancies removed in budget setting are recruited to, or use premium rate costs not in budget (R).

Efficiency Tracker

	Target 2022/23*	Identified 2022/23	Unidentified 2022/23
Efficiency £000s	1,805	1,798	6
% of budget	1.10%	1.10%	0.00%

*Target CIP 1.1% of expenditure budget allocated. Overall value subject to change as further expenditure budget is allocated to divisions.

£000s	Identified M4 YTD	Delivered M4 YTD	Variance M4 YTD
Income	174	470	296
Pay	84	84	-
Non-pay	318	264	- 54
Total	575	818	242

Commissioning by POD Year To Date	ACTIVITY			FINANCE (£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
DC	634	645	11	665	606	(59)
Electives	58	55	(2)	234	332	98
Non Elective	3	68	65	9	615	605
Outpatient	11,574	12,132	558	1,813	1,741	(71)
Pass through	0	0	0	491	343	(148)
A&E	0	0	0	0	0	0
Chemotherapy	0	0	0	0	0	0
Critical Care	3,073	1,158	(1,915)	5,109	1,949	(3,160)
Diagnostics	1,611,418	1,788,295	176,877	10,481	11,092	612
Financial Adj - mainly Blended payment	0	0	0	0	0	0
Maternity Pathway	0	0	0	0	0	0
Other	0	0	0	7,192	6,993	(198)
Radiotherapy	0	0	0	0	0	0
Other Subtotal				25,993	23,672	(2,321)
Other Adj				1,096	3,457	2,361
Total				27,089	27,129	40

Divisional Summary: Medicine Rehabilitation and Cardiac

Performance versus budget

I & E Subjective £000s	IN MONTH 4				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Income	25,799	27,787	1,988	8%	100,862	103,255	2,393	2%	303,992
Pay	(13,150)	(14,781)	(1,631)	-12%	(52,546)	(58,986)	(6,440)	-12%	(157,818)
Non-Pay	(7,944)	(8,849)	(906)	-11%	(31,642)	(33,871)	(2,230)	-7%	(94,857)
Surplus / (Deficit)	4,705	4,157	(548)	-12%	16,674	10,397	(6,277)	-38%	51,316

Directorate £000s	IN MONTH 4				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Specialist Medicine	1,284	1,643	359	28%	5,226	4,258	(969)	-19%	16,534
CCTS	1,299	1,416	117	9%	4,539	3,619	(920)	-20%	14,327
AMR	3,958	3,261	(697)	-18%	13,794	11,644	(2,151)	-16%	41,291
MRC Management	(1,836)	(2,163)	(327)	-18%	(6,886)	(9,123)	(2,238)	-33%	(20,835)
Surplus / (Deficit)	4,705	4,157	(548)	-12%	16,674	10,397	(6,277)	-38%	51,316

In Month

- Income** – Income for high cost drugs and VCM offsetting NP
- Pay** – Outturn budget not yet reflected in budget plans hence significant overspend. However Division is spending above prior year Q4 RR circa £0.4m. Main drivers is increased specialling cost £0.1m, Medics 0.25m & £0.15m nursing cost. Overall vacancy savings offset by premium pay. COVID-19 costs -£0.4m above allocated budget.
- Non Pay** – Mainly pass through cost overspends offset by income over recovery above.

Year to Date

- Income** – pass-through income for high cost drugs & VCM.
- Pay** – Corrective action Statements on pay overspends instigated in key areas of overspend with a view to come with a plan to see reduction in RR namely ED, EAU, CCTU, Osler and other CMDU wards. COVID-19 budget overspend ytd circa £2m.
- Non Pay** - Cystic Fibrosis and Clinical Immunology drugs & VCM; increases in Cardiac activity levels. Offset by income.

Headline narrative:

- Commissioning Income is on a block basis.
- Severe operational pressures in urgent care, including Respiratory and Infectious Diseases as well as AMR Directorate. Junior doctors rota gaps.
- Delivery of CIP dependant of baseline budget funded at outturn as agreed in budget sign off.
- Corrective Action Statement now introduced to support pay controls.

Risks (R) and Opportunities (O):

- COVID-19 costs (R) increasing sickness
- Continuing and increased pressure on urgent care.
- High cost drugs & devices income not reimbursed via Cost and Volume basis therefore cost pressure ie ID drugs.

Efficiency Tracker

	Target 2022/23*	Identified 2022/23	Unidentified 2022/23
Efficiency £000s	1,997	1,634	363
% of budget	1.10%	0.90%	0.20%

*Target CIP 1.1% of expenditure budget allocated. Overall value subject to change as further expenditure budget is allocated to divisions.

£000s	Identified M4 YTD	Delivered M4 YTD	Variance M4 YTD
Income	100	100	-
Pay	93	93	-
Non-pay	117	108	- 8
Total	310	302	- 8

Commissioning by POD Year To Date	ACTIVITY			FINANCE (£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
DC	4,311	4,251	(60)	3,905	4,499	595
Electives	1,209	1,165	(44)	4,450	4,268	(182)
Non Elective	16,013	15,096	(916)	36,373	37,954	1,581
Outpatient	104,436	95,106	(9,330)	11,945	11,961	16
Pass through	0	0	0	12,846	14,053	1,207
A&E	53,431	52,860	(571)	10,576	10,829	253
Chemotherapy	0	41	41	0	15	15
Critical Care	2,251	1,524	(727)	3,768	2,717	(1,051)
Diagnostics	5,788	4,984	(804)	805	731	(74)
Financial Adj - mainly Blended payment	0	0	0	0	0	0
Maternity Pathway	0	0	0	0	0	0
Other	0	0	0	8,048	8,010	(38)
Radiotherapy	0	0	0	0	0	0
Other Subtotal				92,716	95,038	2,322
Other Adj				5,217	5,564	347
Total				97,933	100,601	2,669

Divisional Summary: Neuro, Ortho, Trauma, Specialist Surgery and Children

Sources: Finance Ledger, SLAM and Commissioning Income Pack

Performance versus budget

I & E Subjective £000s	IN MONTH 4				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Income	31,741	32,787	1,046	3%	122,485	125,961	3,476	3%	371,859
Pay	(15,974)	(16,933)	(959)	-6%	(63,659)	(67,384)	(3,725)	-6%	(191,545)
Non-Pay	(9,585)	(11,512)	(1,927)	-20%	(38,233)	(41,721)	(3,488)	-9%	(114,646)
Surplus / (Deficit)	6,182	4,342	(1,840)	-30%	20,593	16,856	(3,737)	-18%	65,668

Directorate £000s	IN MONTH 4				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
JR and WW Theatres	(1,756)	(1,828)	(71)	-4%	(6,720)	(7,081)	(360)	-5%	(20,172)
Neurosciences	1,828	1,798	(29)	-2%	6,994	6,550	(443)	-6%	21,758
NOTSSCaN Management	262	(464)	(726)	-277%	(660)	(1,242)	(581)	-88%	(2,469)
Orthopaedics	1,642	1,464	(179)	-11%	5,888	5,297	(591)	-10%	19,073
Childrens	2,129	1,623	(506)	-24%	7,791	6,330	(1,461)	-19%	23,997
Specialist Surgery	1,410	1,231	(179)	-13%	5,047	4,828	(219)	-4%	16,245
Ophthalmology	668	518	(150)	-22%	2,253	2,172	(81)	-4%	7,235
Surplus / (Deficit)	6,182	4,342	(1,840)	-30%	20,593	16,856	(3,737)	-18%	65,668

In Month

- Commissioning income reset to block values. Pass-through increase in Visible Cost Model Devices.
- Higher pay costs for additional open beds supporting emergency pathways, agency usage and medical gaps.
- Non-pay catch-up in month following missed NHS Supply Chain invoice. Higher Visible Cost Model devices in month.

Year to date

- Commissioning income on block. Pass-through £3.4m over - £1.2m eye gene therapy and Paed Cystic Fibrosis.
- Pay – overspend on junior doctor contracts £1m, rota gap, sickness and other costs £1m. £0.9m nursing agency, due to vacancies change in NHSP escalation & extra open beds
- Non-pay underspent due to reduced activity capacity.

Headline narrative:

- £3.7m worse than current budget.
- £0.8m relating to COVID-19 & Elective Recovery spend – even split.
- Pending confirmation of additional £5.6m pay budget (£1m YTD).
- Pay costs are high due to: costs of bank & agency to cover high junior rota gaps. Increased bank & agency staffing to cover rosters and open additional beds to support emergency pathways.

Risks (R) and Opportunities (O):

- Efficiency plans not covering full requirement (R)
- Constraints on clearing backlog – COVID-19, Winter, Anaesthetic availability (R).
- Delays in recruitment approval due to pay panel process (R)
- Admin staff retention and ability to attract (R).

Efficiency Tracker

	Target 2022/23*	Identified 2022/23	Unidentified 2022/23
Efficiency £000s	2,691	2,983	-292
% of budget	1.10%	1.22%	-0.12%

*Target CIP 1.1% of expenditure budget allocated. Overall value subject to change as further expenditure budget is allocated to divisions.

£000s	Identified M4 YTD	Delivered M4 YTD	Variance M4 YTD
Income	10	10	-
Pay	-	-	-
Non-pay	88	90	2
Total	98	100	2

Commissioning by POD Year To Date	ACTIVITY			FINANCE (£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
DC	8,304	7,600	(704)	10,667	9,059	(1,607)
Electives	3,632	3,029	(603)	20,721	18,252	(2,470)
Non Elective	7,943	7,785	(158)	29,734	33,391	3,657
Outpatient	156,471	163,281	6,810	21,954	23,083	1,129
Pass through	0	0	0	14,535	18,406	3,871
A&E	4,224	4,285	61	572	554	(18)
Chemotherapy	491	455	(36)	151	137	(14)
Critical Care	9,341	9,440	99	11,267	11,531	263
Diagnostics	1,394	1,771	378	123	163	40
Financial Adj - mainly Blended payment	0	0	0	775	803	28
Maternity Pathway	0	0	0	0	0	0
Other	0	0	0	8,789	9,272	483
Radiotherapy	0	0	0	0	0	0
Other Subtotal				119,288	124,651	5,363
Other Adj				1,414	(288)	(1,702)
Total				120,702	124,363	3,660

Divisional Summary: Surgery, Women's and Oncology

Sources: Finance Ledger, SLAM and Commissioning Income Pack

Performance versus budget

I & E Subjective £000s	IN MONTH 4				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Income	31,362	30,188	(1,175)	-4%	121,161	119,499	(1,662)	-1%	366,898
Pay	(13,895)	(14,138)	(242)	-2%	(54,997)	(57,140)	(2,143)	-4%	(165,226)
Non-Pay	(11,701)	(11,012)	689	6%	(46,584)	(46,400)	184	0%	(139,349)
Surplus / (Deficit)	5,766	5,037	(728)	-13%	19,580	15,959	(3,621)	-18%	62,323

Directorate £000s	IN MONTH 4				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
GET	(1,015)	(1,643)	(628)	-62%	(4,592)	(5,933)	(1,342)	-29%	(13,154)
Gynaecology	612	499	(114)	-19%	1,985	1,531	(455)	-23%	6,332
Maternity	1,378	1,242	(136)	-10%	4,945	4,522	(423)	-9%	14,709
Oncology	1,391	1,051	(341)	-24%	5,345	4,135	(1,210)	-23%	17,324
Renal	2,162	2,363	200	9%	7,653	7,485	(168)	-2%	23,845
SuWOn Management	(460)	(182)	278	60%	(1,822)	(1,927)	(105)	-6%	(5,524)
Surgery	1,696	1,708	12	1%	6,065	6,147	82	1%	18,791
Surplus / (Deficit)	5,766	5,037	(728)	-13%	19,580	15,959	(3,621)	-18%	62,323

In Month

- £0.9m income adjustment offset with pass through drugs, plus underachievement on RIPEL, £0.2m.
- Pay overspend due to junior doctor cover linked to rota gaps £0.3m. Nursing and support, £0.2m, offset by other staff vacancies, £0.2m. Non-pay – underspend on clinical supplies due to pass through adjustment, £0.9m, outsourcing costs moved to COO, £0.15m.

Year to date

- Income underperformance on RIPEL, £0.7m, offset by equivalent pay underspend.
- Pay overspend on consultants, £0.3m. Training doctors overspend of £1.5m. Nursing and support, £0.3m, offset by RIPEL, £0.6m. Addition of efficiency target in M3, £0.6m.
- Non-pay overspend due planning gap, £0.2m.

Headline narrative:

- M4 WTE of 3,106 same as
- Pay spend slightly down at 14.1m vs. £14.3m M1-3
- Continued use of temporary staffing to support COVID-19 and recovery.
- Under delivery of efficiencies in Q1
- Potential pressure around drugs spend (Non-Chemo)

Risks (R) and Opportunities (O):

- Efficiency plans not covering full requirement (R)
- COVID-19 activity constraints and backlog (R).
- Delays in recruitment approval due to pay panel process (R)
- Admin staff retention and ability to attract (R).

Efficiency Tracker

	Target 2022/23*	Identified 2022/23	Unidentified 2022/23
Efficiency £000s	2,421.7	3,126.8	- 705.1
% of budget	1.10%	1.42%	-0.32%

*Target CIP 1.1% of expenditure budget allocated. Overall value subject to change as further expenditure budget is allocated to divisions.

£000s	Identified M4 YTD	Delivered M4 YTD	Variance M4 YTD
Income	360	336	- 24
Pay	39	32	- 7
Non-pay	274	189	- 85
Total	673	556	- 117

Commissioning by POD Year To Date	ACTIVITY			FINANCE (£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
DC	14,874	12,343	(2,531)	10,123	8,576	(1,548)
Electives	2,026	1,726	(300)	10,817	9,667	(1,150)
Non Elective	8,831	8,365	(466)	26,273	25,885	(387)
Outpatient	99,836	99,256	(580)	17,062	15,975	(1,086)
Pass through	0	0	0	27,775	28,591	816
A&E	0	0	0	0	0	0
Chemotherapy	7,264	8,400	1,136	2,025	2,546	522
Critical Care	0	0	0	0	0	0
Diagnostics	16,400	15,955	(444)	240	237	(3)
Financial Adj - mainly Blended payment	0	0	0	(23)	(31)	(7)
Maternity Pathway	5,273	5,191	(82)	5,016	5,267	251
Other	0	0	0	12,089	11,865	(224)
Radiotherapy	18,206	16,114	(2,092)	4,901	4,524	(377)
Other Subtotal				116,298	113,104	(3,194)
Other Adj				82	2,062	1,980
Total				116,380	115,166	(1,214)

Divisional Summary: Corporate Services

Performance versus Budget

I & E Subjective £000s	IN MONTH 4				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Income	11,156	10,811	(345)	-3%	44,653	43,204	(1,449)	-3%	134,230
Pay	(7,525)	(7,824)	(299)	-4%	(30,074)	(31,177)	(1,103)	-4%	(90,572)
Non-Pay	(17,425)	(17,591)	(166)	-1%	(69,741)	(67,263)	2,479	4%	(208,184)
Surplus / (Deficit)	(13,794)	(14,604)	(810)	-6%	(55,162)	(55,235)	(73)	0%	(164,526)

Divisions £000s	IN MONTH 4				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Corporate	(8,000)	(8,115)	(115)	-1%	(31,999)	(31,253)	746	2%	(95,996)
Operational Services	(929)	(837)	92	10%	(3,711)	(3,556)	154	4%	(11,143)
Education and Training	2,980	2,548	(431)	-14%	11,919	11,196	(723)	-6%	35,758
Estates	(9,508)	(9,864)	(356)	-4%	(38,030)	(38,320)	(290)	-1%	(113,090)
Hosting Services	13	0	(13)	-100%	54	(0)	(54)	-100%	162
Central COVID	1,649	1,663	14	1%	6,604	6,697	92	1%	19,784
Surplus / (Deficit)	(13,794)	(14,604)	(810)	-6%	(55,162)	(55,235)	(73)	0%	(164,526)

In Month

- Reduction in income figures from HEE (latest income figures provided in M4)
- Pay cost overspend related to recovery fund and treatment of budgets.
- Non Pay costs rose in Estates due to 8% increase in PFI cost due to Inflation increases in contract.

Year to date

- Income under plan HEE income reduction.
- Pay over budget but further additions to be made to budgets.
- Non Pay costs broadly in line with budgets at M4
- Further changes to budgets including savings to be added

Headline narrative:

- Budgets currently reflect spend M1 to M12 last year
- ERF needs to be reviewed for budget setting
- OSI has budget reflecting out-turn
Cancer services will need additional budget due to vacancies last year

Risks (R) and Opportunities (O):

- Increases in contracts formally arranged to rise by CPI / RPI (PFI, Cerner , Software)
- Issue around setting budget on out-turn for small cost centres with vacancies last year.