



Oxford University Hospitals

NHS Foundation Trust

Integrated Performance Report Month 8 (November data)

January 2023



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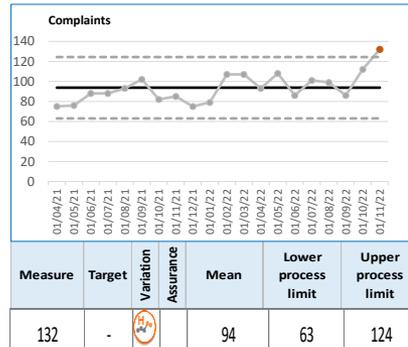
Executive Summary (1)



Indicators exhibiting special cause variation (+/-) or consistently failing target: M8 (November 2022)

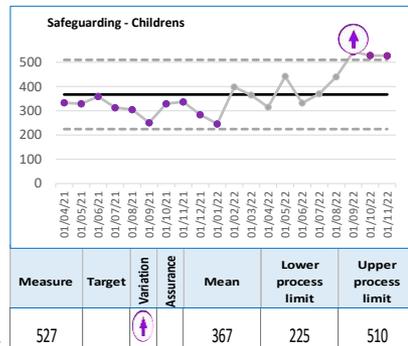
Quality and Safety

Complaints totalled 132 in November. Performance exhibited special cause variation due to exceeding the upper process limit of 124.



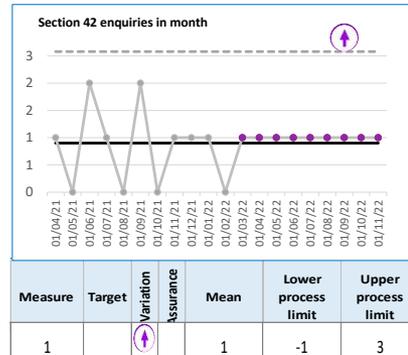
Page 32

Safeguarding Children consultations totalled 527 in November. Performance exhibited special cause variation due to exceeding the upper process limit of 510.



Page 36

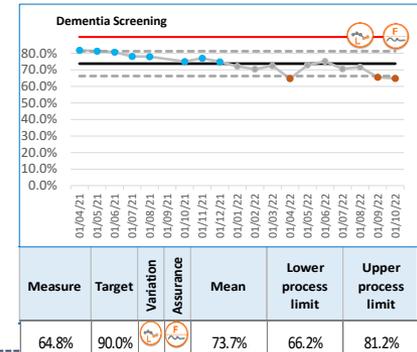
Section 42 enquires totalled one in November. Performance exhibited special cause variation due to successive periods of performance (>6 months) equal to the mean of one. Low numbers suggest that the events are too rare to be meaningfully displayed in an SPC chart.



Page 35

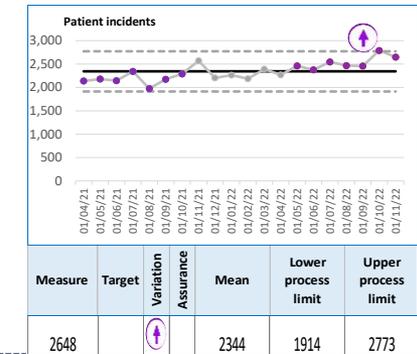
Quality and Safety, continued

Dementia screening performance was 64.8% in October. Performance exhibited special cause variation due to falling below the lower process limit of 66.2%. The indicator has consistently not achieved the target of 90% (NB. Indicator is reported one month in arrears)



Page 47

There were **2,648 Patient incidents** reported in November. Performance exhibited special cause variation due to successive periods of performance above the mean (>6 months). In November the number of patient incidents remained within the upper process limit of 2,773.



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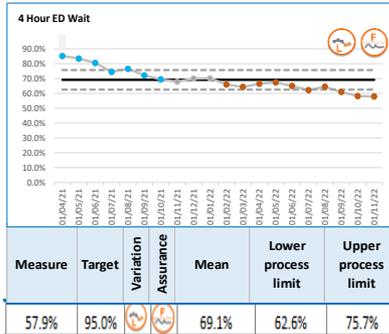
Executive Summary (2)

Indicators exhibiting special cause variation (+/-) or consistently failing target: M8 (November 2022)



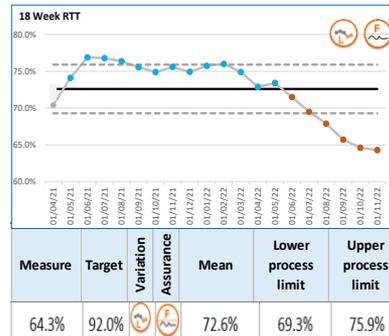
Operational Performance

ED 4-hour performance was 57.9% in November. Performance exhibited special cause variation due to consecutive performance below the mean as well as being below the lower process limit of 62.6%. The indicator has consistently not achieved the target.



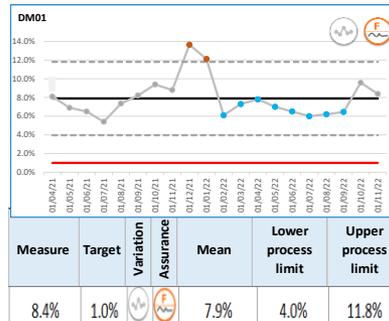
Pages 63

18-week RTT performance was 64.3% in November. Performance has exhibited special cause variation due to consecutive performance (>6 months) below the mean as well as being below the lower process limit of 69.3%. The indicator has consistently not achieved the target.



Pages 63 & 74

Diagnostic waiting time performance (the DM01) was 8.4% in November. Performance exhibited common cause variation. The indicator has consistently not achieved the target. 1.0%.



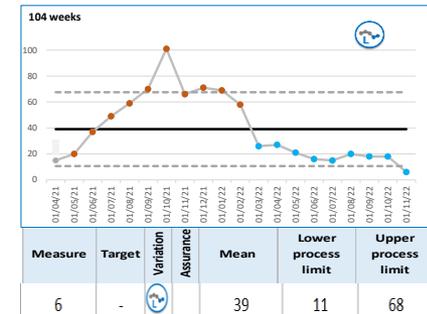
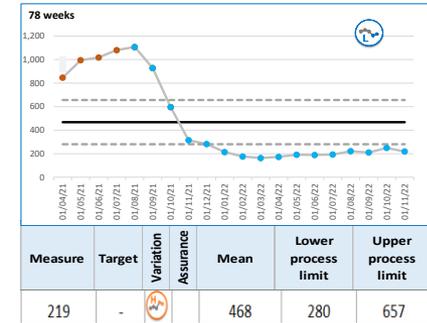
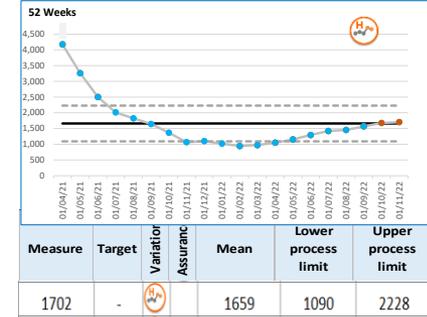
Pages 77

Operational Performance, continued

1,702 patients were waiting over 52 weeks in November, **219** patients were waiting over 78 weeks and **6** patients were waiting over 104 weeks.

Performance for 52 weeks exhibited special cause variation due to a run of successive increases. The 78-week and 104-week indicators exhibited special cause variation with successive data points below the mean.

The data series is influenced by a higher volume of patients waiting in the previous financial year, and therefore consideration will be given to applying a process change to re-set the SPC series to reflect the period where the number of patients waiting stabilised.



Pages 74-77

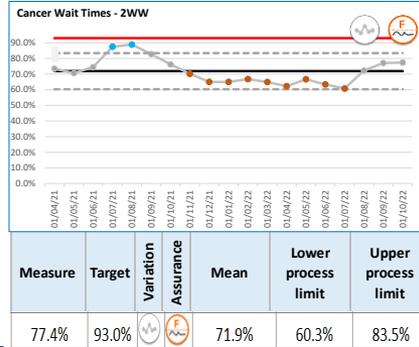
Executive Summary (3)



Indicators exhibiting special cause variation (+/-) or consistently failing target M8 (November 2022)

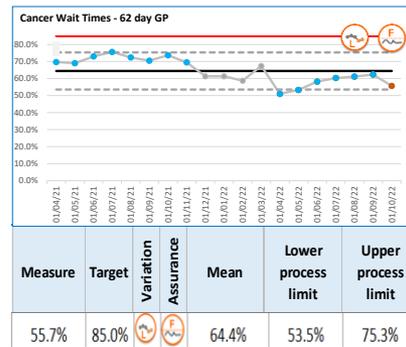
Operational Performance, *continued*

Cancer 2WW waiting time performance was 77.4% in October. Performance exhibited common cause variation. The indicator has consistently not achieved the target. (NB. Indicator is reported one month in arrears)



Pages 64, 79-81

Cancer 62 day GP waiting time performance was 55.7% in October. Performance has exhibited special cause variation and in October performance remains above the lower process limit of 53.5%. The indicator has consistently not achieved the target. (NB. Indicator is reported one month in arrears)



Pages 64 & 83

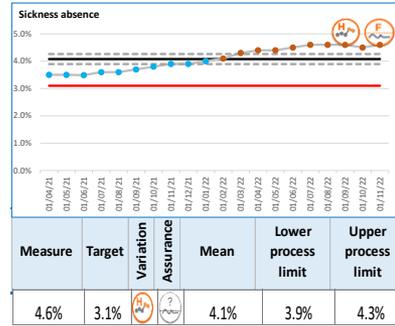
Executive Summary (4)

Indicators exhibiting special cause variation (+/-) or consistently failing target: M8 (November 2022)



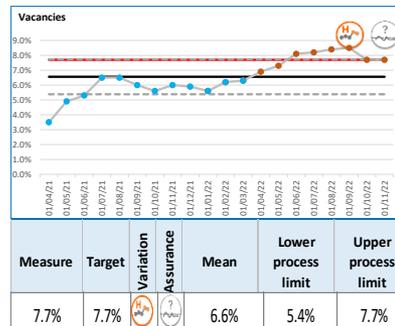
Workforce

Sickness absence performance was 4.6% in November. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of 4.1% as well as exceeding the upper process limit of 4.3%. The indicator has consistently not achieved the target.



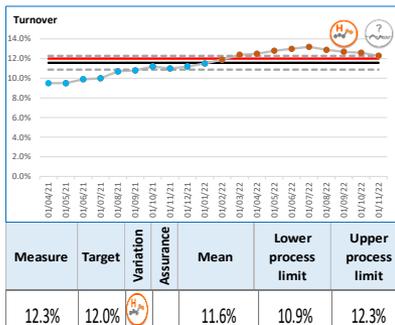
Pages 89,90,100-102

Vacancies were 7.7% in November. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of 6.6% and at the upper process limit of 7.7% in November. The indicator has consistently not achieved the target.



Pages 89,90,100,105

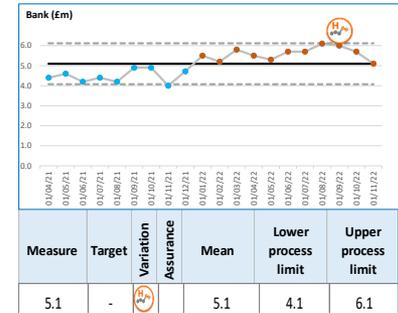
Turnover was 12.3% in November. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of 11.6% and at the upper process limit of 12.3% in November.



Pages 89,90,100,108

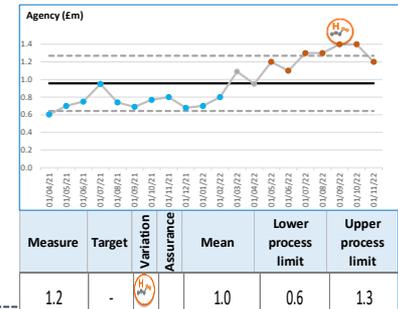
Workforce, continued

Temporary pay spend on Bank in November was £5.1m. Performance exhibited special cause variation due to successive periods of performance (>6 months) above or meeting the mean of £5.1m. Performance in November was below the upper process limit of £6.1m.



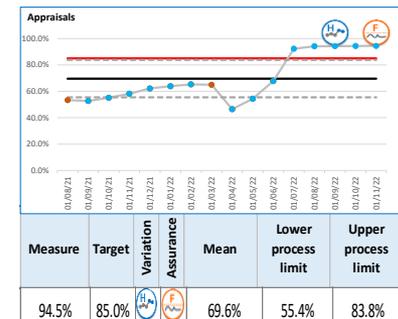
Pages 89,107,111

Temporary pay spend on Agency in November was £1.2m. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of £1.0m.



Pages 89,107,111

Appraisal (non medical) performance was 94.5% in November. Performance exhibited special cause variation due to exceeding the upper process limit of 83.8% and successive periods of performance above the mean of 69.6%. The indicator has achieved the target for the last 5 months but has not yet achieved this for successive periods to trigger process assurance.



Pages 89,90,100,103

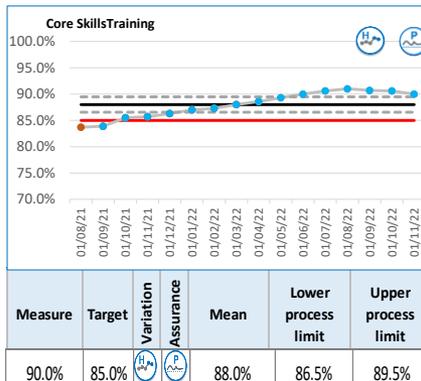
Executive Summary (5)



Indicators exhibiting special cause variation (+/-) or consistently failing target: M8 (November 2022)

Workforce, *continued*

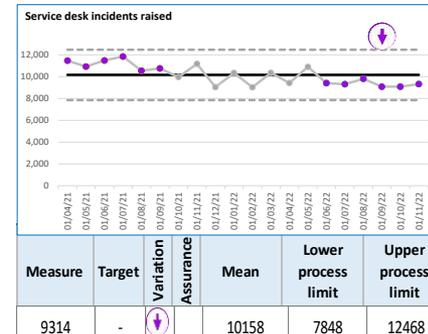
Core Skills Training compliance was 90.0% in November. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of 88% as well as exceeding the upper process limit of 89.5%. The indicator has consistently achieved the performance standard.



Pages 89,90,100,104,112

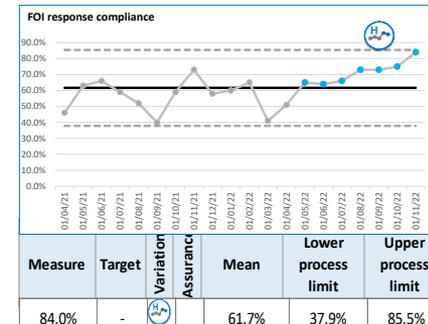
Digital

There were 9,314 **Service Incidents Raised** in November. Performance exhibited special cause due to successive periods of performance (<6 months) below the mean of 10,158.



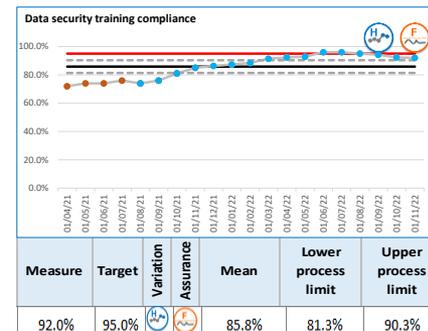
Page 118

FOI response compliance was 84.0% in November. Performance exhibited special cause due to successive periods of performance (>6 months) above the mean of 61.7%.



Page 119

Data security training compliance was 92.0% in November. Performance exhibited special cause due to successive periods of performance (>6 months) above the mean of 85.8% as well as exceeding the upper process limit of 90.3%. The indicator has not yet consistently achieved the target.



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Executive Summary (6)

Integrated themes and issues from Month 8 (November 2022)

Finance

Overall

Income and Expenditure (I&E) performance in November generated a **surplus of £0.2m**. This was a slight improvement from October and is due to increased income recognised for the year-to-date. Adjusting for this the run rate deficit improved from £2.5m per month to £2.3m per month.

Forecast

The Board has approved a forecast of a **£10.8m deficit** which represents a realistic central case. The forecast has been approved by the ICB and as agreed with NHSE and the ICS, this forecast will be formally submitted in the M10 return. Other outcomes are possible as represented on the chart opposite.

Income

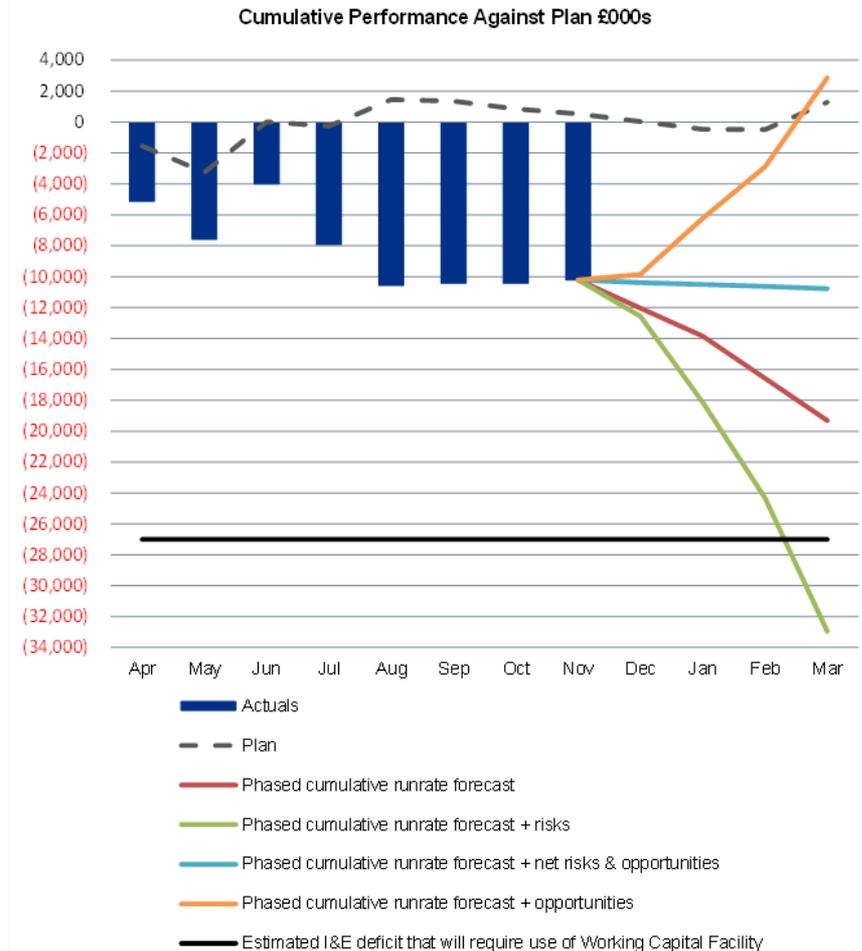
Commissioning income including passthrough income was **£3.6m better** than plan in November. Passthrough drugs and devices was £1.0m better than plan and other commissioning income was £1.6m better than plan mainly due to recognising additional contract income from other ICBs for the year-to-date.

Non-NHS income (PP, Overseas, RTA and other) was **£2.2m better** than plan in November mainly due to R&D income being £1.3m above plan. Year-to-date, non-NHS income is £2.9m worse than plan mainly due to R&D income being £1.1m worse than plan (which is offset by reduced R&D expenditure so a nil bottom line impact) and non-clinical (non-NHS) income being £1.5m worse than plan.

Pay Expenditure

Pay costs were **£2.9m worse** than plan in-month mainly due to additional Clinical Excellence Awards costs in month (including a catch up for previous months). Year-to-date, pay costs are **£18.0m worse** than plan principally driven by additional sessions and temporary staffing rather than an increase in WTEs.

Income & Expenditure - Performance Versus Plan



Executive Summary (7)

Integrated themes and issues from Month 8 (November 2022)

Finance

Non-pay Expenditure

Non-pay costs were **£2.3m worse** than plan in November. Non-pay costs are **£2.1m worse** than plan to date (**£6.2m better**) than plan if passthrough expenditure is excluded). R&D non-pay costs are £0.9m better than plan. Elective recovery non-pay costs are £6.8m better than plan and COVID-19 non-pay costs are £1.0m better than plan.

Productivity & efficiency savings

Productivity KPIs continue to track below planned levels with sickness, staff turnover and higher ALOS all contributing to an estimated **£23.9m** negative productivity impact in the year to date which is the underlying cause of pay overspends.

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

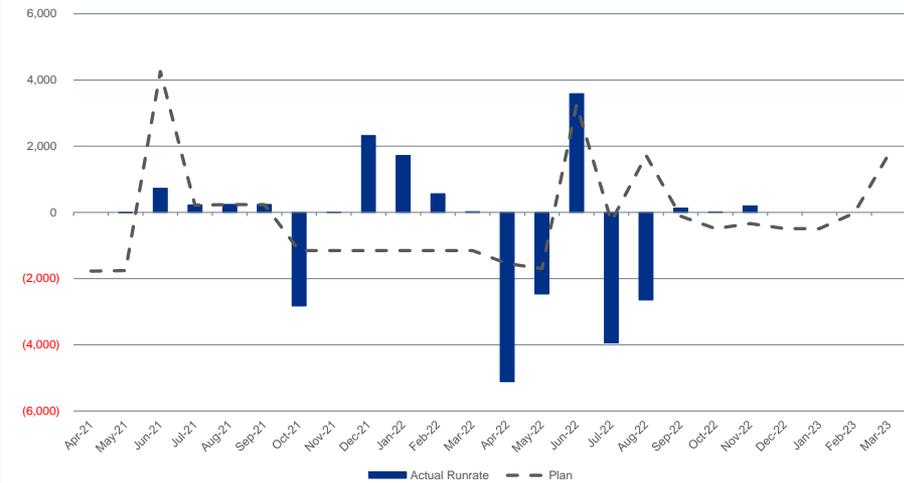
Cash

Cash was £45.3m at the end of November, **£8.1m lower** than the previous month. This was mainly due to timing and underlying deficits.

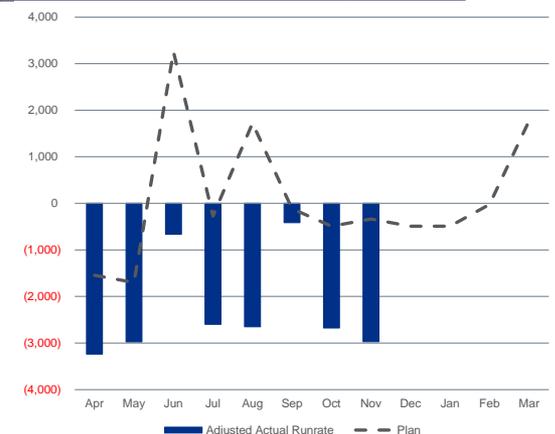
Capital

Gross capital expenditure was £9.4m for the year to the end of November, **behind plan by £14.1m**, due to both capital schemes and PFI life-cycling being behind trajectory.

Income & Expenditure – Monthly Reported Performance from April 2021



Income & Expenditure – Adjusted Run Rate Performance (8 months)



SPC Key Indicator Overview Summary

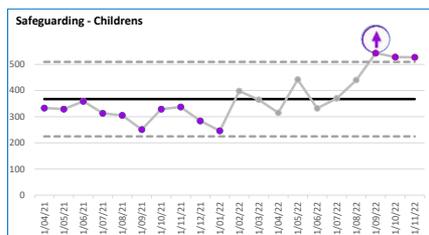
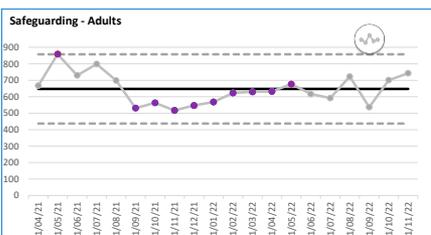
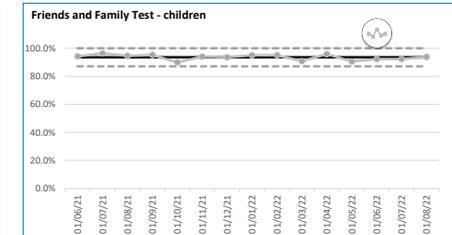
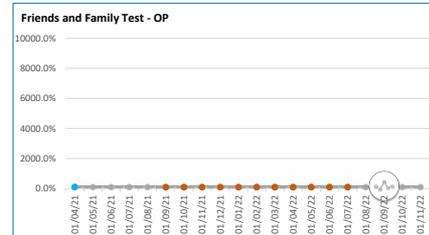
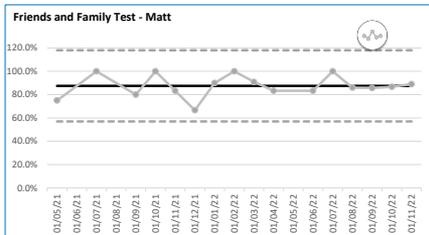
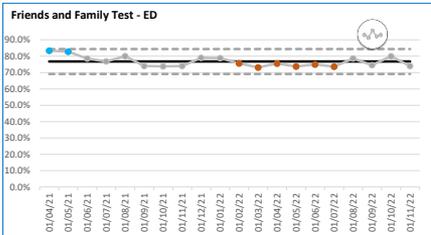
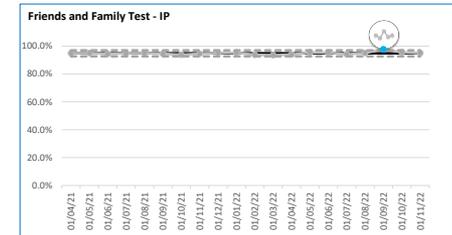
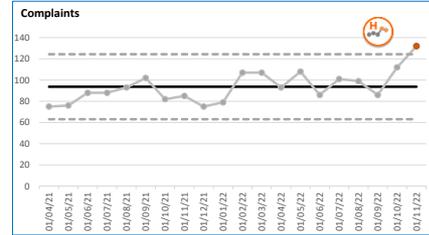
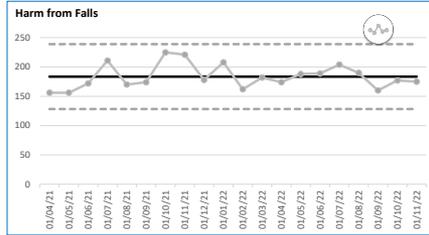
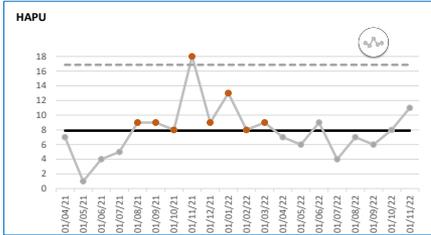
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
HAPU	Nov 22	11	-	📉	🟢	8	-1	17
Harm from Falls	Nov 22	175	-	📉	🟢	184	128	239
Complaints	Nov 22	132	-	📉	🟡	94	63	124
Friends and Family Test - IP	Nov 22	95.0%	-	📈	🟢	94.9%	92.7%	97.0%
Friends and Family Test - ED	Nov 22	74.0%	-	📈	🟢	76.7%	69.1%	84.4%
Friends and Family Test - Matt	Nov 22	89.0%	-	📈	🟢	87.5%	57.0%	118.0%
Friends and Family Test - OP	Nov 22	94.0%	-	📈	🟢	93.7%	92.0%	95.4%
Friends and Family Test - children	Aug 22	93.9%	-	📈	🟢	93.6%	87.2%	100.1%
Safeguarding - Adults	Nov 22	743	-	📈	🟢	648	437	858
Safeguarding - Childrens	Nov 22	527	-	📈	🟡	367	225	510
MRSA	Nov 22	0	-	📈	🟢	0	-1	1
MSSA	Nov 22	6	-	📈	🟢	5	-1	10
C-Diff	Nov 22	17	-	📈	🟢	10	0	19
Sepsis	Nov 22	91.0%	90.0%	📈	🟡	85.2%	68.4%	101.9%
Thrombosis	Nov 22	0	-	📈	🟢	1	-2	4
WHO documentation	Nov 22	99.3%	100.0%	📈	🟡	99.2%	97.2%	101.2%
WHO observation	Nov 22	98.8%	100.0%	📈	🟡	99.7%	98.8%	100.6%

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Never Events	Nov 22	0	-	📈	🟢	0	-1	2
Serious Incidents	Nov 22	18	-	📈	🟢	9	0	18
Dementia Screening	Oct 22	64.8%	90.0%	📈	🟡	73.7%	66.2%	81.2%
Patient incidents	Nov 22	2648	-	📈	🟡	2344	1914	2773
Sickness absence	Nov 22	4.6%	3.1%	📈	🟡	4.1%	3.9%	4.3%
Vacancies	Nov 22	7.7%	7.7%	📈	🟢	6.6%	5.4%	7.7%
Turnover	Nov 22	12.3%	12.0%	📈	🟡	11.6%	10.9%	12.3%
Bank (£m)	Nov 22	5.1	-	📈	🟡	5.1	4.1	6.1
Agency (£m)	Nov 22	1.2	-	📈	🟡	1.0	0.6	1.3
Appraisals	Nov 22	94.5%	85.0%	📈	🟢	69.6%	55.4%	83.8%
Core Skills Training	Nov 22	90.0%	85.0%	📈	🟢	88.0%	86.5%	89.5%
RIDDOR	Nov 22	5	-	📈	🟢	3	-2	8
DoLS applications	Nov 22	55	-	📈	🟢	41	7	74
Section 42 enquiries in month	Nov 22	1	-	📈	🟡	1	-1	3
Service desk incidents raised	Nov 22	9314	-	📈	🟡	10158	7848	12468
Service desk incidents resolved	Nov 22	9196	-	📈	🟢	9027	6840	11214
Information requests	Nov 22	137	-	📈	🟢	126	76	177
FOI response compliance	Nov 22	84.0%	-	📈	🟢	61.7%	37.9%	85.5%
DSPB	Nov 22	27	-	📈	🟢	24	13	36
DSARs	Nov 22	79.3%	80.0%	📈	🟢	78.2%	63.0%	93.3%
Data security training compliance	Nov 22	92.0%	95.0%	📈	🟡	85.8%	81.3%	90.3%

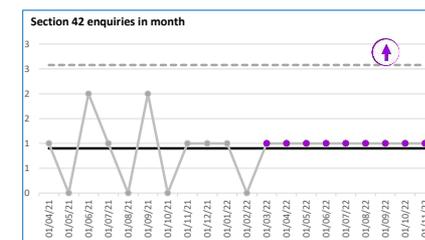
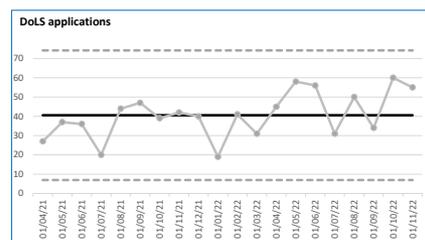
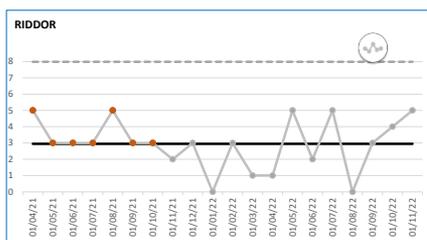
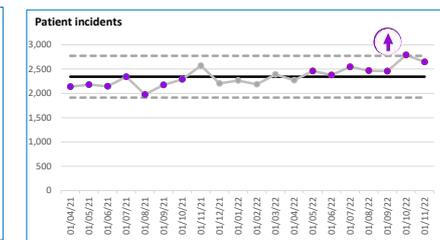
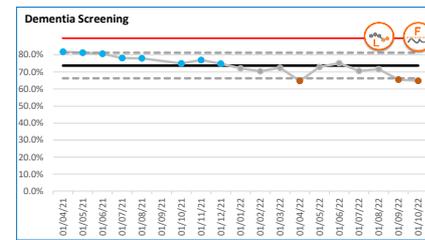
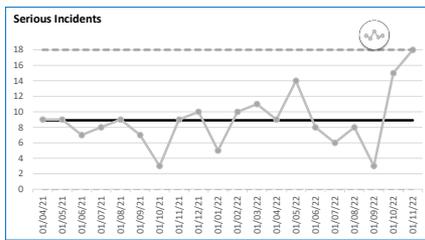
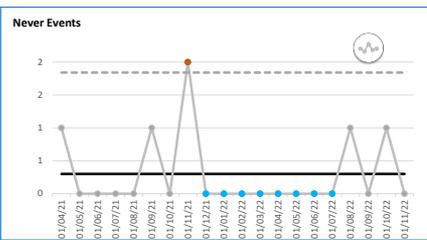
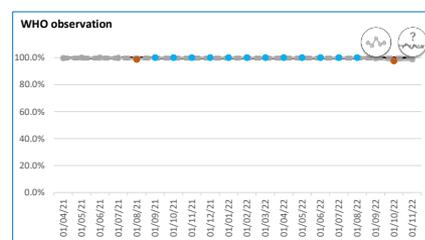
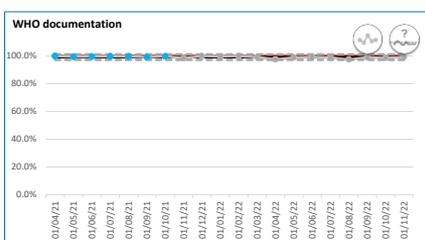
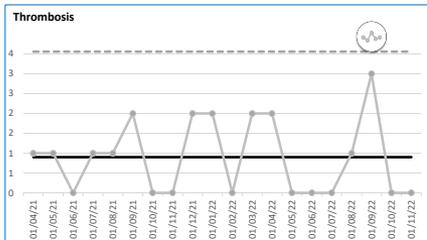
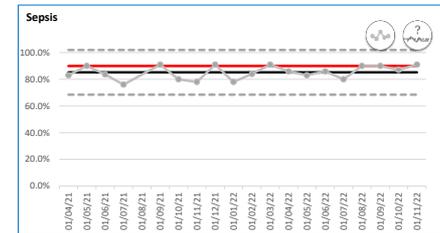
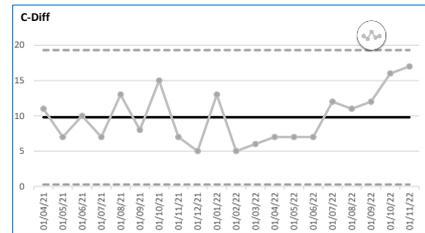
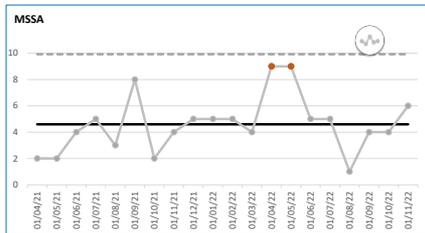
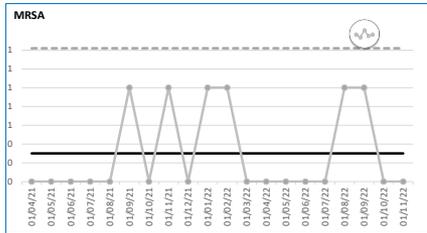
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
4 Hour ED Wait	Nov 22	57.9%	95.0%	📈	🟡	69.1%	62.6%	75.7%
LOS	Nov 22	16.0%	12.0%	📈	🟡	14.4%	11.3%	17.5%
18 Week RTT	Nov 22	64.3%	92.0%	📈	🟡	72.6%	69.3%	75.9%
52 Weeks	Nov 22	1702	-	📈	🟡	1659	1090	2228
78 weeks	Nov 22	219	-	📈	🟡	468	280	657
104 weeks	Nov 22	6	-	📈	🟢	39	11	68
DM01	Nov 22	8.4%	1.0%	📈	🟡	7.9%	4.0%	11.8%
On the day cancellations	Nov 22	48	-	📈	🟢	33	14	51
Cancer Wait Times - 62 day GP	Oct 22	55.7%	85.0%	📈	🟡	64.4%	53.5%	75.3%
Cancer Wait Times - 2WW	Oct 22	77.4%	93.0%	📈	🟡	71.9%	60.3%	83.5%



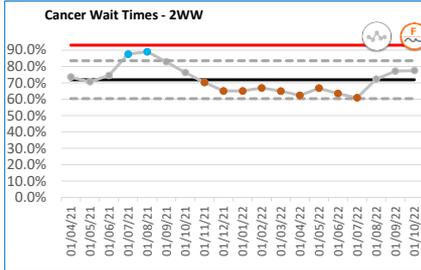
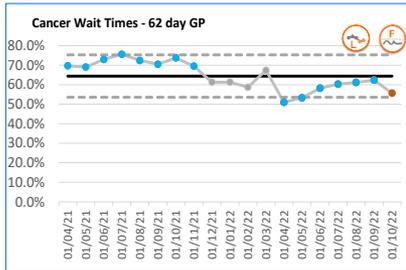
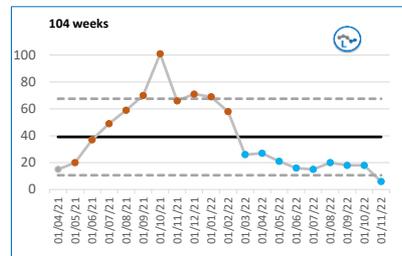
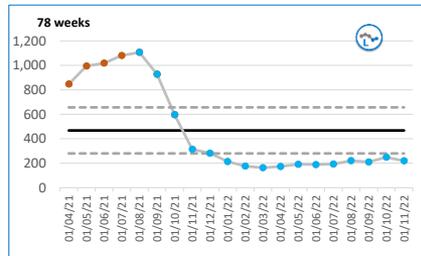
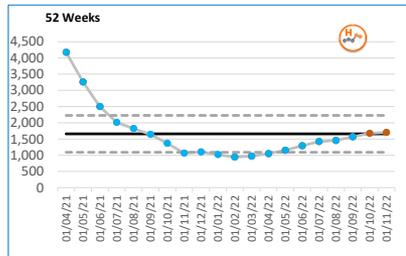
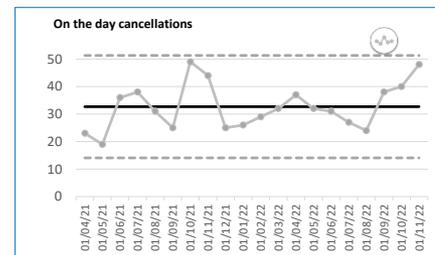
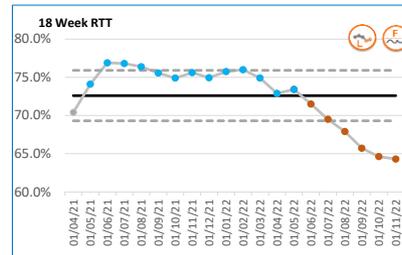
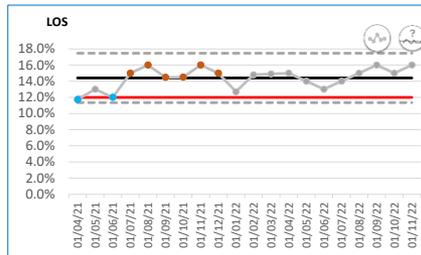
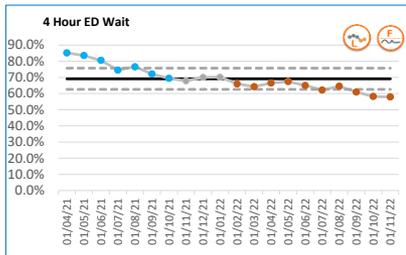
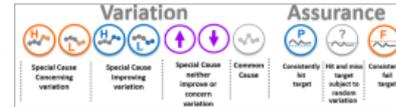
Quality and Safety



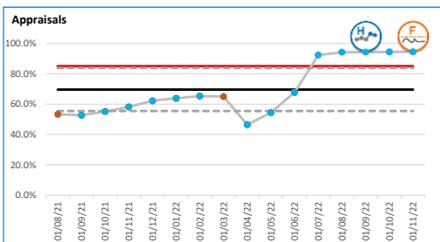
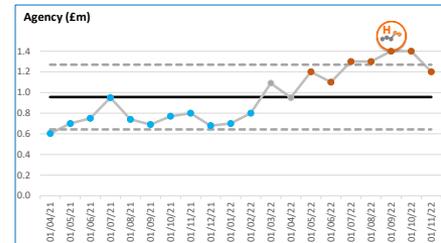
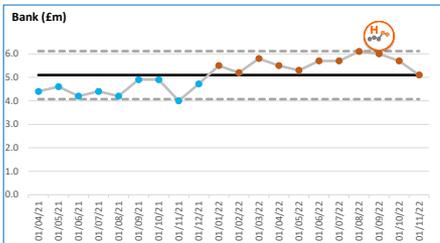
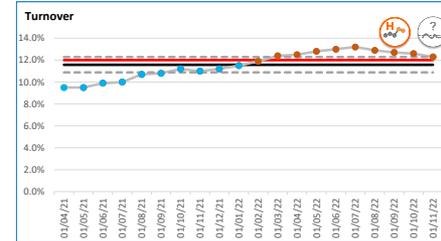
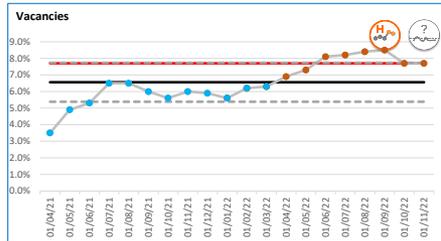
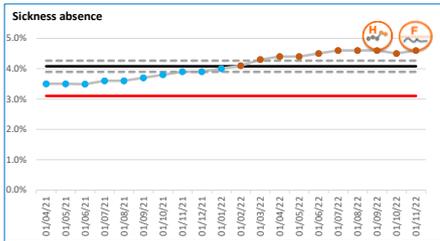
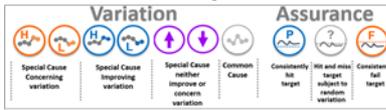
Quality and Safety



Operational Performance

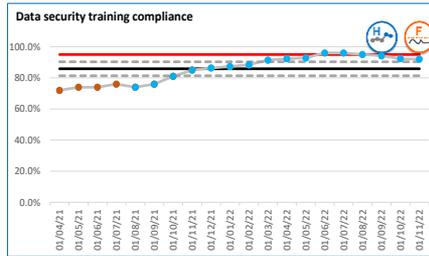
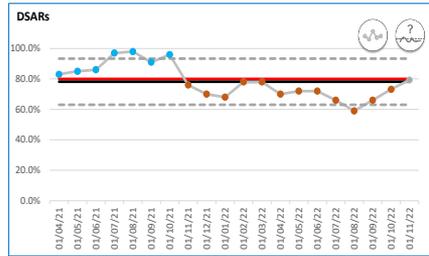
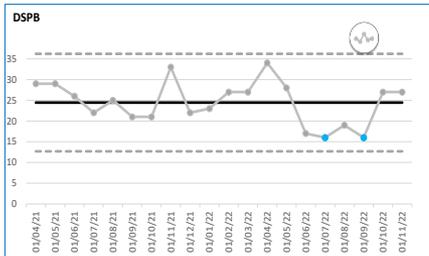
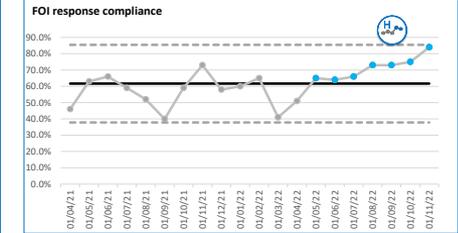
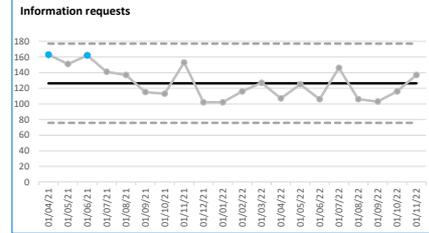
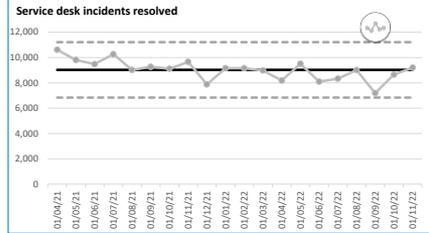
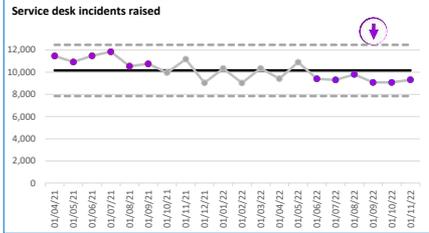


Workforce



SPC charts of key performance indicators: M8 (November 2022)

Digital



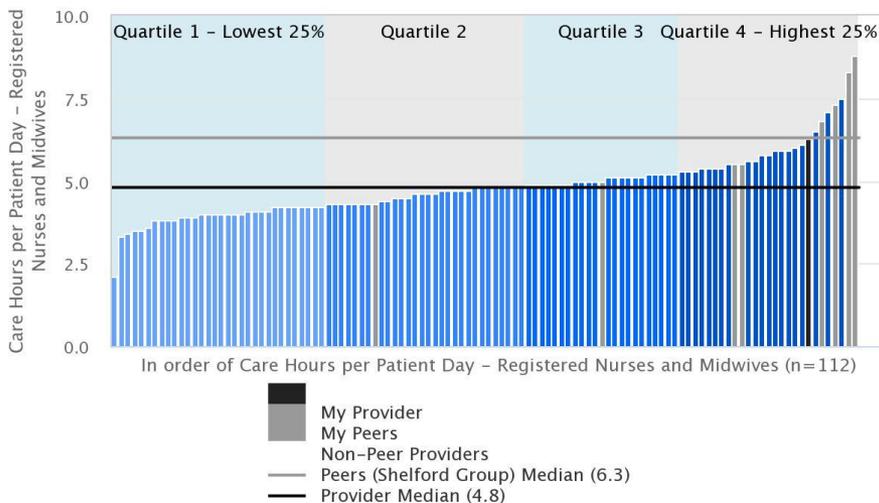
Quality – Outcomes & Patient experience

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

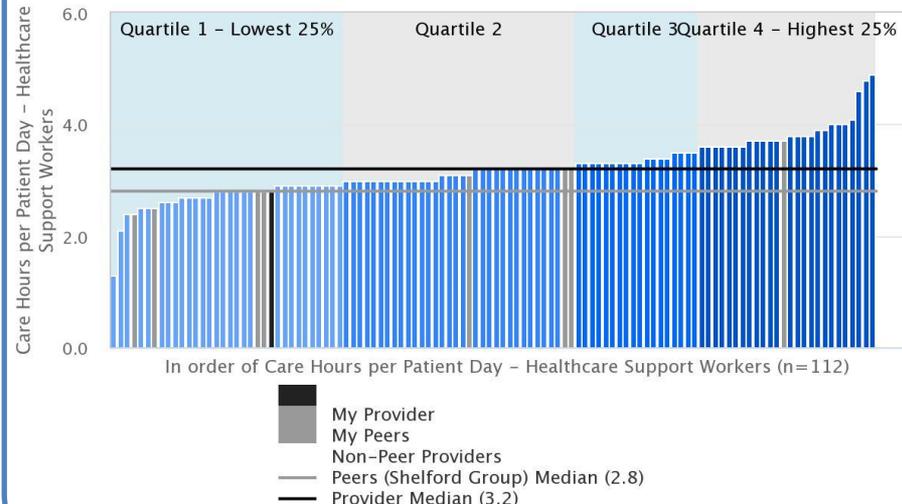
The two graphs below show CHPPD average hours for the OUHFT Trust in Black and the Shelford Group Trust's average CHPPD hours in Grey, the blue bars are all other UK NHS Trusts. The chart on the left is for registered nurse CHPPD and the chart on the right is for healthcare support workers CHPPD.

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

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



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



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

November 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 registered nurses and midwives 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	Intravenous Incidents	Pressure Ulcers Category 2,3&4	Falls	Delay in induction (PROMER booked IOL)	Medication errors (administration, delay or omission)	Pressure Ulcers	Number of women readmitted postnatally within 28 days of delivery	Proportion of mothers who initiated breastfeeding	Number of births where the place of birth was changed due to staffing	Revised Vacancy HR Vacs plus LT Sick & Mat Leave (%)	Turnover (%)	Sickness (%)	Maternity (%)	Roster manager approved for Payroll	Net Hours 2/-2%	8 week lead time	Annual Leave 12-16%	1 - Extremely Unlucky	2 - Unlucky	3 - Slightly Above Average	4 - Lucky	5 - Extremely Lucky	6 - Don't Know
NOTSScan																																	
Bellhouse / Drayson Ward	540	7.67	7.3	2.19	1.4	9.86	9.55	8.7	86.67%	3	2	1	0						9.67%	13.78%	4.09%	4.60%	No	0.17%	7.00	11.15%	44	12	1	1	0	0	
BIU	527	3.73	4.3	2.32	2.7	6.05	6.44	7.0	100.00%	1	0	1	1						24.69%	25.55%	3.14%	9.15%	Yes	-0.89%	9.00	7.14%	0	0	0	0	0	0	
HDU/Recovery (NOC)	83	18.14	15.3	3.02	1.6	21.16	16.9			0	0	0	0						22.00%	13.43%	5.76%	8.79%	Yes	3.23%	9.00	9.79%	0	0	0	0	0	0	
Head and Neck Blenheim Ward	381	5.40	6.0	1.89	2.0	7.29	7.98	8.0	100.00%	0	0	1	0						16.05%	8.03%	4.02%	0.00%	Yes	-1.48%	8.57	14.30%	8	1	0	0	0	0	
HH Childrens Ward	248	7.67	4.4	3.50	1.0	11.17	9.07	5.4	98.89%	1	0	0	0						30.99%	20.96%	7.77%	7.81%	No	1.57%	7.71	9.03%	56	3	1	1	0	0	
HH F Ward	720	5.10	3.9	3.04	2.3	8.14	7.17	6.2	100.00%	1	0	3	6						3.33%	1.85%	6.29%	3.00%	Yes	-3.83%	8.57	11.77%	0	0	0	0	0	0	
Kamrans Ward	243	7.67	8.7	2.56	1.9	10.23	11.56	10.7	100.00%	0	0	0	0						12.74%	13.00%	0.95%	4.19%	No	-2.74%	9.29	9.64%	12	2	0	1	0	0	
Major Trauma Ward 2A	630	5.24	5.4	2.91	2.9	8.15	8.21	8.2	100.00%	2	0	4	7						2.12%	24.00%	6.25%	2.25%	No	3.87%	8.43	10.73%	10	6	2	1	0	0	
Melanies Ward	360	5.75	5.8	0.96	1.9	6.71	10.29	7.7	100.00%	1	0	0	0						6.51%	24.79%	1.83%	9.97%	No	0.92%	9.71	11.38%	19	5	1	1	0	0	
Neonatal Unit	1159	18.77	12.5	1.72	1.4	20.49	13.9			4	2	0	0						22.62%	11.22%	11.05%	5.72%	Yes	12.66%	7.86	10.43%							
Neurology - Purple Ward	524	3.82	3.9	5.21	3.9	9.03	9.54	7.8	100.00%	0	0	1	3						6.82%	9.07%	4.88%	3.00%	Yes	1.75%	9.00	13.81%	5	0	0	0	0	0	
Neurosurgery Blue Ward	688	4.97	4.9	4.00	4.0	8.97	9.87	8.9	100.00%	2	0	0	3						17.32%	12.51%	2.21%	0.00%	Yes	3.69%	8.71	11.63%	22	5	0	0	1	0	
Neurosurgery Green/1U Ward	359	4.71	4.1	5.81	5.4	10.52	10.84	9.5	100.00%	1	0	2	3						6.77%	27.13%	3.72%	0.00%	Yes	1.37%	8.71	10.06%	0	0	0	0	0	0	
Neurosurgery Red/HC Ward	663	6.44	6.2	5.21	5.1	11.65	12.32	11.3	100.00%	1	0	3	4						8.02%	4.18%	7.36%	3.33%	Yes	0.91%	8.43	12.41%	6	5	0	0	0	0	
Paediatric Critical Care	407	30.82	25.5	3.29	2.6	34.11	28.1			2	0	1	0						-2.39%	10.52%	2.34%	7.25%	No	49.90%	8.29	11.63%							
Robins Ward	383	6.78	6.1	5.46	1.5	12.24	10.33	7.6	100.00%	2	1	0	0						-34.05%	12.47%	1.71%	1.29%	No	-0.05%	7.29	11.86%	24	2	0	1	0	0	
Specialist Surgery I/P Ward	979	5.75	4.9	2.73	2.6	8.48	7.88	7.4	100.00%	6	0	6	2						20.71%	9.37%	7.25%	6.96%	Yes	0.77%	8.57	10.45%	21	7	2	0	0	0	
Tom's Ward	406	6.90	6.9	1.15	1.2	8.05	9.85	8.1	95.56%	3	1	0	0						6.58%	22.08%	5.38%	0.00%	No	0.66%	7.14	13.79%	28	7	1	4	1	1	
Trauma Ward 3A	660	5.78	4.9	3.24	2.8	9.02	9.68	7.7	98.89%	2	0	0	8						15.76%	4.46%	6.52%	7.42%	Yes	-0.14%	8.14	12.73%	9	4	0	4	1	1	
Ward 6A - JR	694	4.02	4.4	3.16	3.0	7.18	7.88	7.4	97.78%	2	0	6	3						14.86%	3.94%	4.60%	4.89%	Yes	0.08%	8.43	10.62%	10	4	1	0	0	0	
Ward E (NOC)	550	3.88	4.2	2.42	2.7	6.30	7.86	6.9	100.00%	2	0	2	1						23.12%	25.85%	10.20%	2.93%	Yes	3.62%	8.00	10.88%	18	0	0	0	0	0	0
Ward F (NOC)	657	4.48	3.9	2.42	2.3	6.90	7.54	6.2	100.00%	2	0	0	1						28.98%	0.00%	5.16%	3.43%	Yes	1.03%	8.43	9.69%	0	0	0	0	0	0	
WW Neuro ICU	369	27.45	26.8	0.00	0.0	27.45	26.8			4	3	1	0						21.34%	8.71%	5.38%	7.34%	Yes	2.02%	8.43	11.02%	0	0	0	0	0	1	0
MRC																																	
Ward 5A SSW	660	4.18	4.5	3.66	3.7	7.84	9.63	8.2	100.00%	2	0	2	6						17.32%	0.00%	2.59%	12.40%	Yes	0.68%	8.43	14.47%	0	0	0	0	0	0	0
Ward 5B SSW	600	4.60	4.6	3.45	3.3	8.05	9.22	7.9	100.00%	0	0	2	4						19.73%	13.46%	5.66%	7.97%	Yes	-1.21%	8.43	14.31%	7	4	0	0	0	0	
Cardiology Ward	1050	5.26	4.9	2.12	1.7	7.38	6.51	6.6	64.44%	5	0	2	2						12.94%	13.53%	3.80%	3.80%	Yes	2.92%	6.71	12.15%	17	2	1	1	0	0	
Cardiothoracic Ward (CTW)	750	5.06	4.4	3.68	1.6	8.74	7.58	6.0	100.00%	4	0	0	2						20.93%	10.92%	5.30%	2.65%	No	0.56%	5.43	10.64%	17	0	0	0	0	0	
Complex Medicine Unit A	531	4.47	4.4	3.19	3.8	7.66	8.42	8.2	100.00%	0	0	4	3						21.81%	15.47%	0.68%	5.36%	No	2.23%	7.86	11.79%	2	0	0	0	0	3	
Complex Medicine Unit B	507	4.74	4.5	3.94	4.1	8.68	9.53	8.6	100.00%	1	0	2	4						8.46%	9.59%	4.63%	6.68%	No	1.09%	7.86	14.36%	4	1	0	0	0	0	
Complex Medicine Unit C	618	4.18	4.4	3.14	3.0	7.32	10.42	7.4	100.00%	2	0	0	5						42.83%	0.00%	4.70%	9.53%	No	-0.21%	7.29	11.92%	9	2	0	0	0	1	
Complex Medicine Unit D	600	4.03	4.0	3.45	3.3	7.48	8.76	7.3	85.56%	0	0	3	3						22.74%	5.52%	10.46%	1.63%	No	0.48%	7.71	11.74%	0	0	0	0	0	0	
CTCCU	337	16.92	22.6	0.00	0.0	16.92	0.00	22.6		2	0	2	0						14.74%	7.72%	5.77%	3.49%	Yes	-0.21%	8.57	11.49%							
Emergency Assessment Unit (EAU)		5.75		1.22		6.97	7.88		47.78%	2	0	1	1						31.43%	3.03%	4.76%	7.48%	Yes	4.95%	8.43	13.85%							
HH CCU	120	17.25	17.5	8.63	8.6	25.88	26.1			1	0	0	0						30.34%	10.02%	6.01%	0.00%	Yes	-6.95%	6.71	15.53%							
HH EAU		6.69		4.47		11.16	7.47		44.44%	2	0	2	8						24.18%	7.35%	6.94%	4.44%	Yes	-1.18%	5.29	12.63%							
HH Emergency Department		18.07		4.93		23.00				1	0	0	2						17.11%	11.79%	2.15%	4.78%	Yes	-0.92%	9.29	15.64%	411	116	36	24	35	5	
John Warin Ward	494	6.07	5.6	5.35	4.1	11.42	10.17	9.7	100.00%	4	1	0	5						25.14%	4.48%	5.19%	5.80%	Yes	0.71%	4.57	14.63%	28	7	1	0	0	0	
JR Emergency Department		11.67		3.58		15.25				3	0	1	2						27.73%	19.25%	5.59%	5.31%	Yes	11.22%	8.43	10.78%	597	261	109	79	193	15	
Juniper Ward	900	4.62	3.5	4.27	3.2	8.89	8.70	6.7	100.00%	0	0	5	5						21.03%	12.85%	5.00%	0.00%	Yes	-2.45%	3.86	14.35%	1	0	0	1	0	0	
Laborum	833	4.32	3.8	3.70	3.2	8.02	8.49	7.0	100.00%	1	0	2	8						13.06%	8.41%	6.70%	4.36%	Yes	-5.72%	6.71	15.78%	3	0	0	3	0	0	
OCE Rehabilitation Nursing (NOC)	560	3.94	3.9	6.58	5.8	10.52	11.86	9.7	91.11%	0	0	0	3						32.05%	11.58%	9.78%	5.90%	Yes	-0.15%	3.00	16.37%	7	1	0	0	0	0	
Osler Respiratory Unit	720	7.70	7.1	5.80	5.3	13.50	9.73	12.4	100.00%	3	0	3	0						17.83%	0.00%	5.14%	4.23%	Yes	0.82%	8.57	14.40%	3	0	0	3	0	0	
Ward SE/F	691</																																

The safe staffing dashboard for November 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. Sickness absence rates across the Trust continued to rise in November, combined with high presentation rates at our Emergency and Assessment Departments, 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. Whilst safety has been maintained, the difference between Budgeted and Required CHPPD increased.

Rostering efficiencies continue to improve across all divisions, with the majority of areas now achieving the trust KPI's (Key Performance Indicators). There is an error in the net hours data for Paediatric Critical Care Unit. This has now been rectified for future reports. Some areas within NOTSSCaN were not approved for payroll, the Divisional Director of Nursing is working with the team to correct this moving forward.

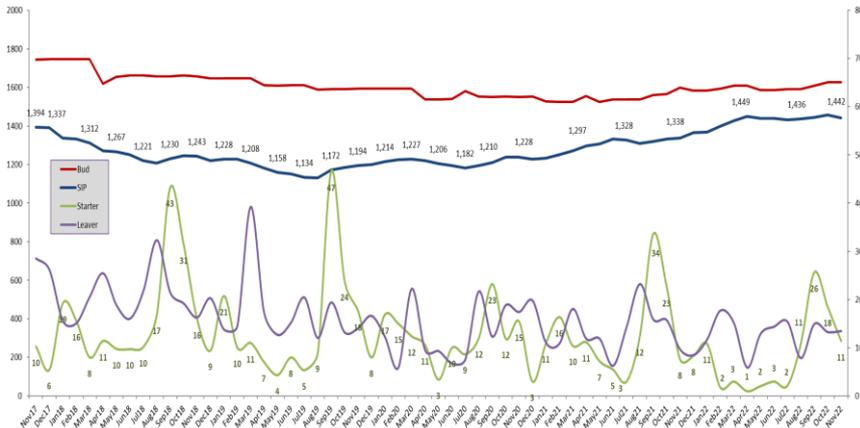
Band 5 RN vacancy and turnover continues to remains stable.

During November there were 25 new internationally educated nurses (IEN's) that joined the Trust. 28 IEN's successfully completed their OSCE and now awaiting their NMC Pin.

The Interim joint Director of Workforce is leading on exploring further recruitment opportunities for care support workers as this remains a challenging objective to achieve.

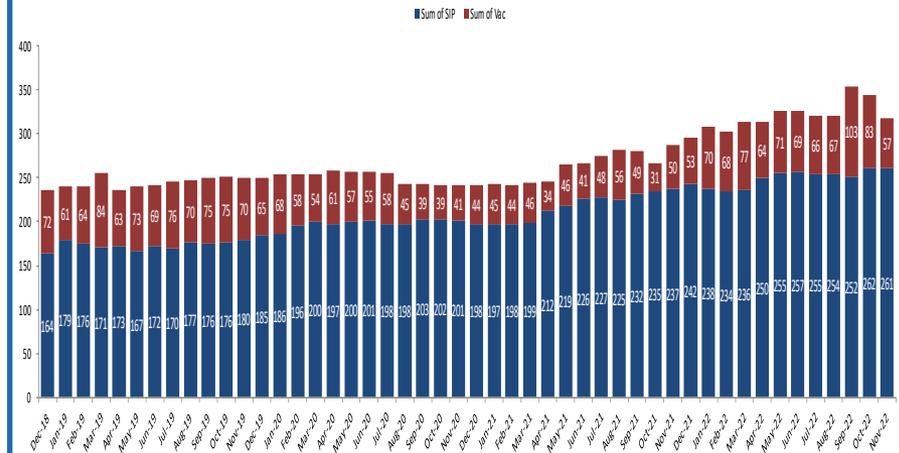
Band 5 RNs in Post, Budget, Leavers and Starters and Turnover Trajectory in November 2022

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. November saw another slight decrease in new starters after an increase from September which is consistent with previous years as more newly qualified nurses join at this time of year. The number of IEN's aren't reflected within this number as they initially start as a pre pin Nurse (band 3).

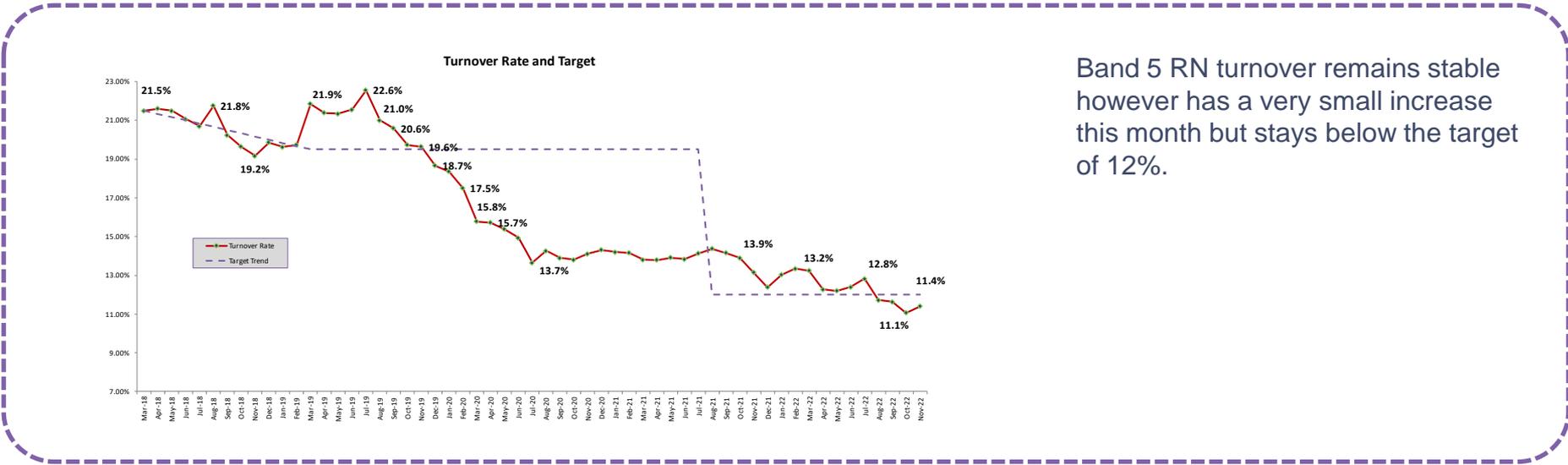
Non-inpatient/theatre or critical care areas RN vacancy rates



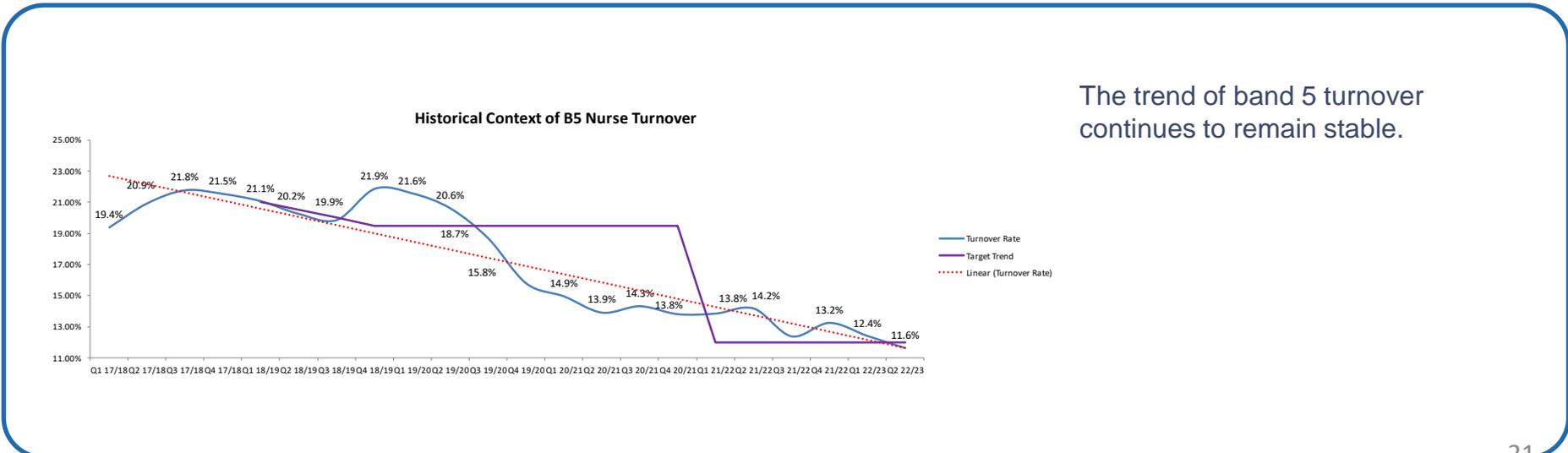
The vacancy rate has continued to decrease this month compared to the previous month which had increased due to month on month budget increase.

Nursing and Midwifery Staffing;

Band 5 Registered Nurse Turnover Trajectory – November 2022



Band 5 RN turnover remains stable however has a very small increase this month but stays below the target of 12%.



The trend of band 5 turnover continues to remain stable.

RN and Midwifery Turnover – November 2022

Registered Nursing Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Oct-22	Sep-22	Aug-22	Jul-22	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
All Nursing Turnover	3553	373	10.5%	10.4%	10.6%	10.8%	11.3%	11.1%	11.1%	11.2%	11.2%	11.1%	10.9%	10.5%	10.6%	11.3%	11.2%	11.1%	10.8%	10.8%	10.6%	10.5%	10.5%	10.5%	10.8%
Band 5 Nursing Turnover	1624	185	11.4%	11.1%	11.6%	11.7%	12.6%	12.4%	12.2%	12.3%	13.2%	13.3%	13.0%	12.4%	13.1%	13.9%	14.2%	14.4%	14.1%	13.9%	13.9%	13.8%	13.8%	14.2%	14.2%
Band 6 Nursing Turnover	1192	116	9.8%	9.9%	9.5%	10.0%	10.1%	10.0%	10.0%	10.3%	9.9%	9.4%	9.5%	9.4%	8.6%	9.4%	9.4%	9.4%	8.9%	8.9%	8.8%	8.4%	8.5%	8.1%	8.2%
Band 7+ Nursing Turnover	725	65	8.9%	9.1%	9.5%	9.7%	9.7%	9.5%	10.3%	9.8%	8.9%	8.6%	8.7%	8.3%	8.7%	9.0%	8.0%	7.2%	8.4%	7.5%	6.7%	7.1%	6.4%	6.8%	6.7%

Overall turnover continues to remain stable across all levels of nursing with a very small increase for band 6 nurses this month.

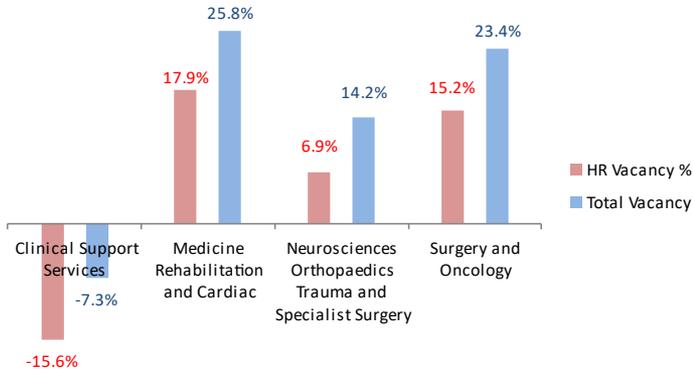
Registered Midwifery Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Oct-22	Sep-22	Aug-22	Jul-22	Jun-22	May-22	Apr-22	Mar-22	Feb-22	Jan-22	Dec-21	Nov-21	Oct-21	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
All Midwifery Turnover	301	44	14.6%	15.9%	16.5%	19.9%	20.5%	19.1%	18.6%	18.0%	17.0%	15.7%	15.6%	16.7%	14.5%	13.1%	13.7%	12.8%	12.0%	12.4%	13.1%	12.3%	12.0%	11.5%	11.4%
Band 5 Midwifery Turnover	50	5	10.6%	10.5%	8.8%	16.6%	12.1%	14.4%	11.8%	8.7%	6.9%	6.6%	6.7%	8.8%	8.2%	8.6%	8.2%	8.2%	5.2%	5.0%	4.9%	6.8%	6.6%	0.0%	0.0%
Band 6 Midwifery Turnover	182	32	17.6%	18.6%	19.1%	22.0%	23.5%	21.6%	21.6%	20.6%	19.4%	18.5%	18.2%	18.9%	16.3%	15.1%	15.0%	13.7%	13.4%	13.9%	14.5%	13.7%	13.4%	13.7%	13.7%
Band 7+ Midwifery Turnover	69	7	9.5%	12.8%	13.8%	15.8%	16.9%	14.0%	14.0%	16.4%	16.8%	13.9%	14.3%	15.8%	13.9%	10.3%	11.6%	12.6%	11.9%	12.7%	14.5%	12.2%	11.9%	13.5%	12.8%

Turnover has continued to decreased across all levels of midwives except band 5 which has seen another very small increase. There are a number of initiatives maternity continue to put in place to improve recruitment and retention led by the interim Director of Midwifery and the Clinical Midwifery Manager. International Midwifery recruitment has now started with two offers made in November with the plan to start in Q4.

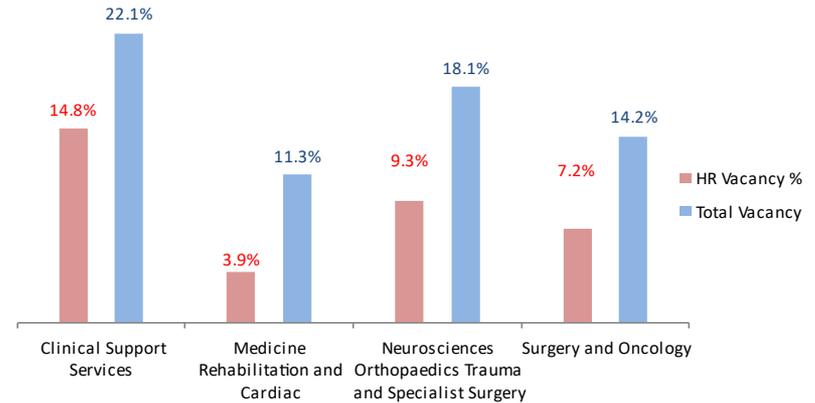
RN and Midwifery Vacancies – November 2022

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 continues to show a minus percentage vacancy due to the focused recruitment to support the new Critical Care Department.

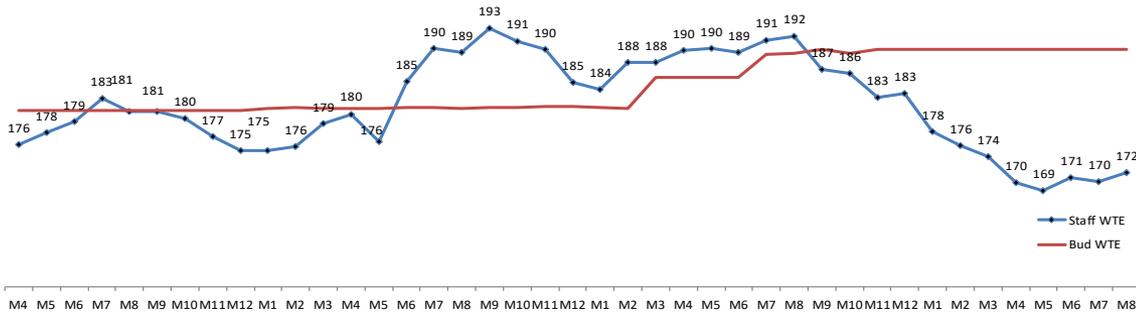
Vacancy at band 6/7 by division in percentage.



Band 6/7 RN vacancies have remained stable this month.

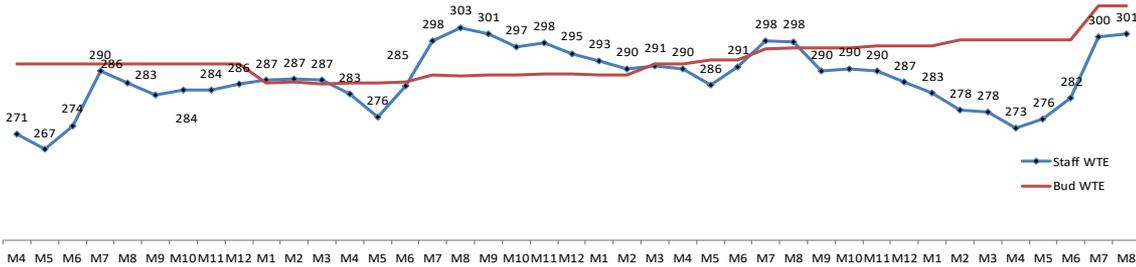
Midwifery Staffing – November 2022

Band 6 Midwives - Staff and Budget



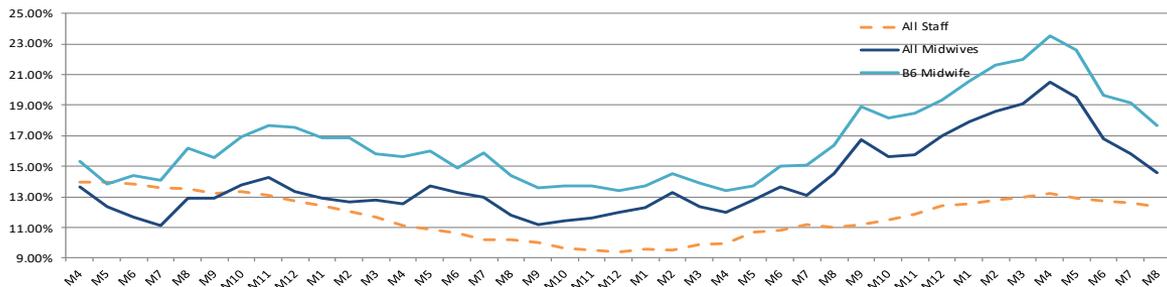
Band 6 midwives is the larger workforce within midwifery and is monitored through the steering group for the same reasons as band 5 within the RN workforce.

All Midwives - Staff and Budget



Against budget, midwifery staff in post has slightly increased. We would expect to see this increase due to the number of newly qualified midwives joining the Trust.

Midwives Turnover Rate Comparison



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

Red areas:

- **Scheduled Bookings – 757 (target 750)** The number of bookings were higher in November than previous month.
- **Maternal Death – 1** There was 1 maternal death in November. This is currently a SIRS investigation and preliminary reported to SI group meeting on the 05/01/2023. The Coroner has confirmed the medical cause of death as COVID-19 pneumonia.
- **Returns to Theatre – 3 (1.4%)** All cases reviewed. PPH managed appropriately and no care concerns.
- **Test Result Endorsement – 73.4%** The quality improvement project continues on MAU and on the postnatal ward. In MAU they have set up a results for 7 days endorsing list. They are encouraging staff to go through the list when in MAU in the mornings and on the caesarean section list. Staff are also encouraged to fill out a single EPR Pownote on discharge which helps when actioning results remotely. Quick guidance for actioning abnormal results is being developed and will be added as an appendix to the MAU guideline.

Amber areas:

- **Inductions of labour from iView – 171 (28%)** Maternity will continue to monitor this.
- **Percentage of Women Initiating Breastfeeding – 80%** Maternity are recruiting infant feeding MSW's to support the initiation and success of breastfeeding.

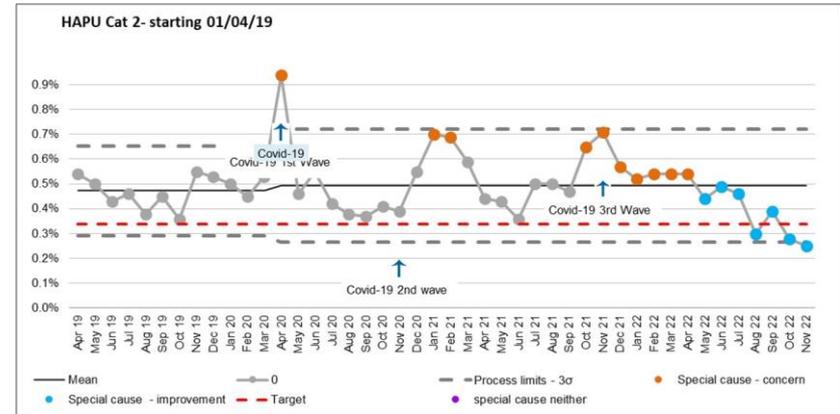
Green:

- **Unexpected term admissions to NNU – 24 (3.8%)** The target for unexpected admissions to SCBU is less than 4% and in November it was 3.8%. All term admissions to the neonatal team are reported on Ulysses and are reviewed using the proformas that are on Ulysses. The learning identified from cases reviewed in November was related to ensuring maternal observations are completed on admission in labour, reinforce the importance of documenting the symphysis fundal height (SFH) antenatally, fresh eyes to be completed as per guidelines, especially important when plan of care changes due to CTG changes, reinforce the importance of sending placentas to histology if baby admitted to SCBU.
- **Midwife: birth ratio – 1:25.9** Staffing is monitored on a daily basis and reported to the Trust Safe Staffing meeting. New supernumerary midwives joined the Trust since September.
- **Mothers Birthed - 620** This is lower than the previous month and monitored monthly.
- **Shoulder Dystocia – 4 (1.1%)** This is lower than the previous months. These are reviewed using the proformas on Ulysses and any learning is feedback to the team.

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

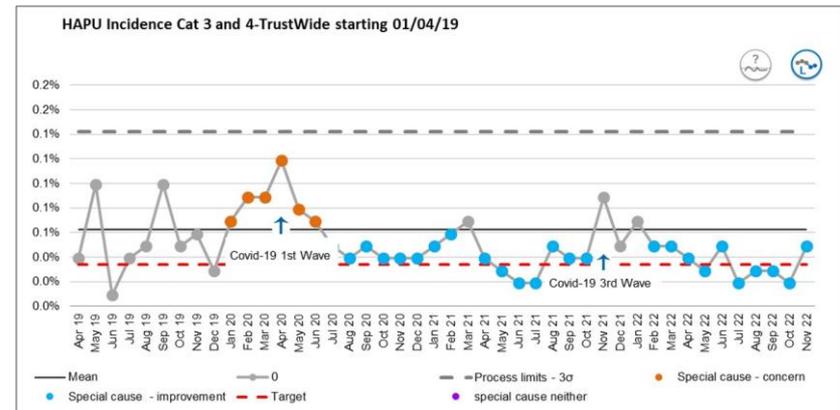
All HAPU Category 2 and above skin damage are confirmed by the Tissue Viability Team where possible.

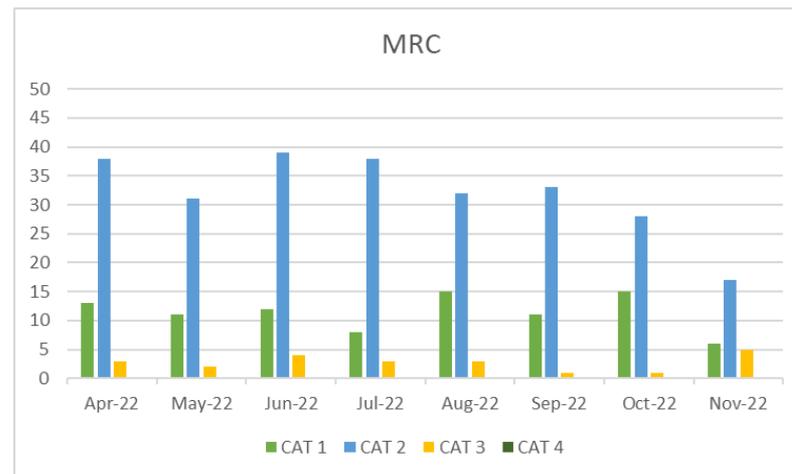
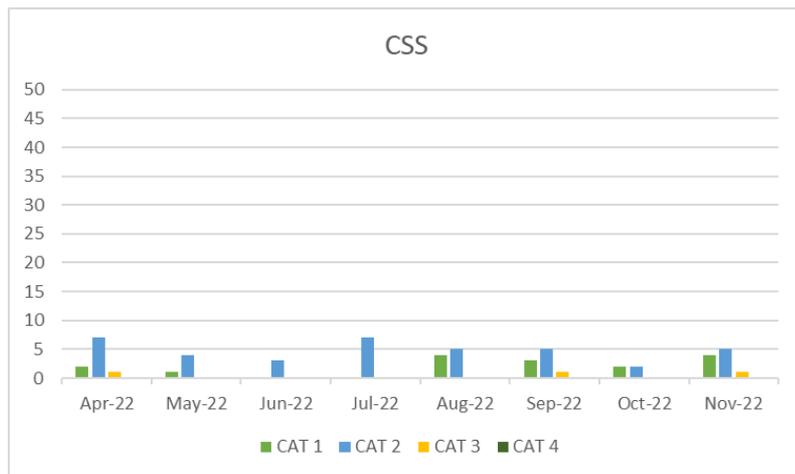
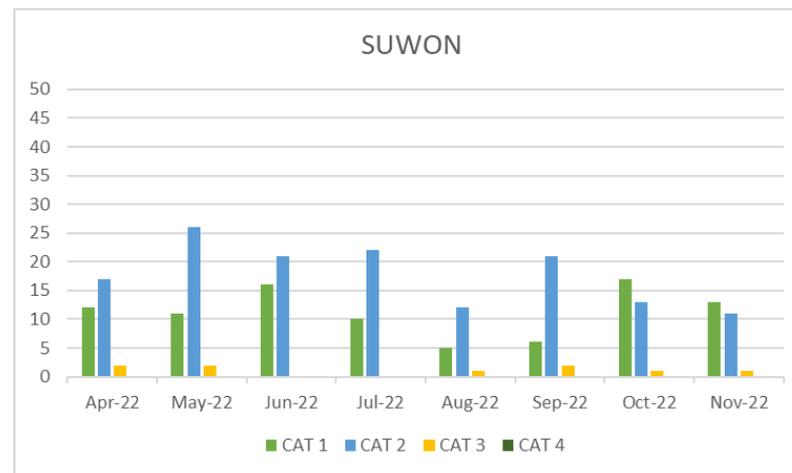
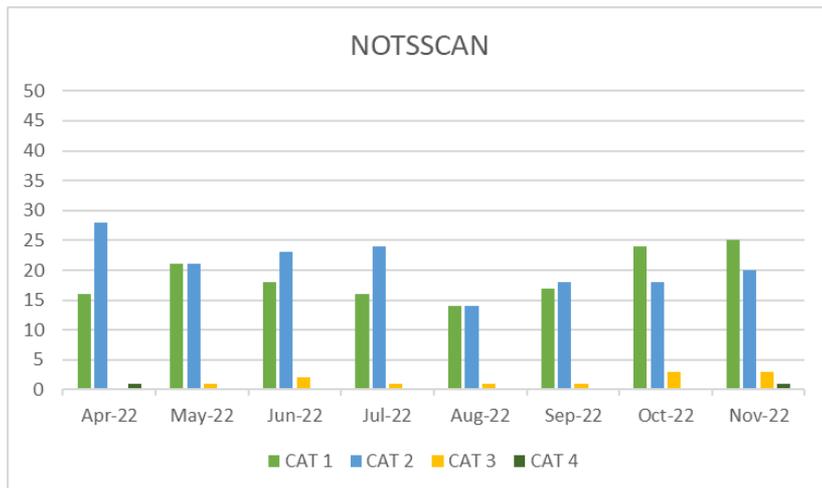
Chart 1: Incidence of HAPU Cat 2 April, 2019- Nov 2022



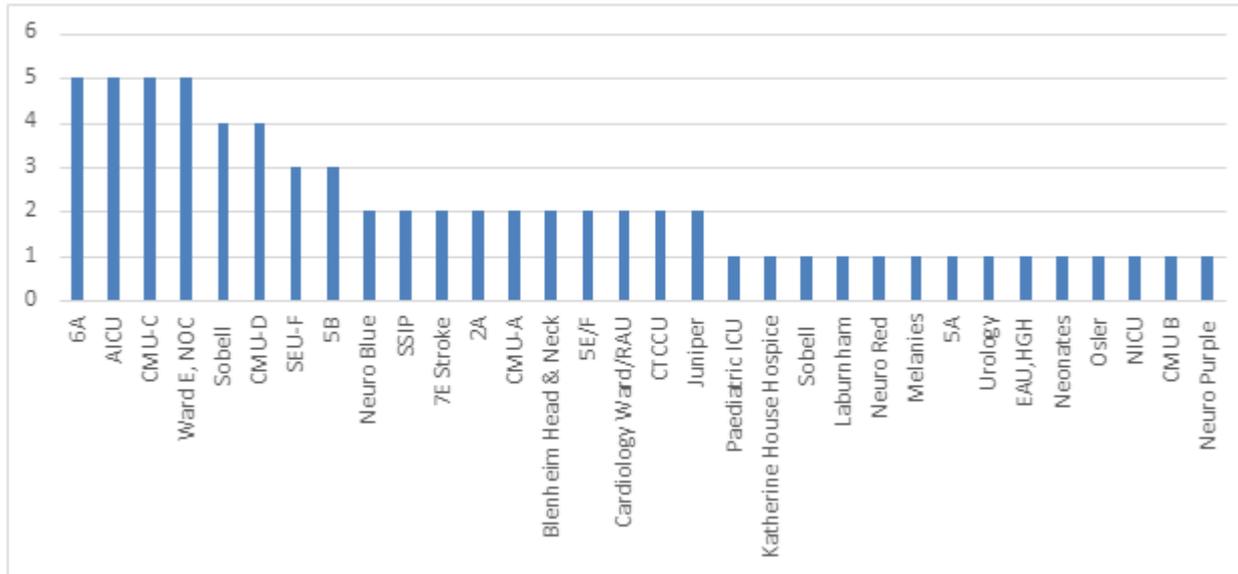
All HAPU Categories 3 and above follow the current Trust process for Moderate and above Impact. These incidents are monitored with oversight from the Harm Free Assurance Forum (HFAF).

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

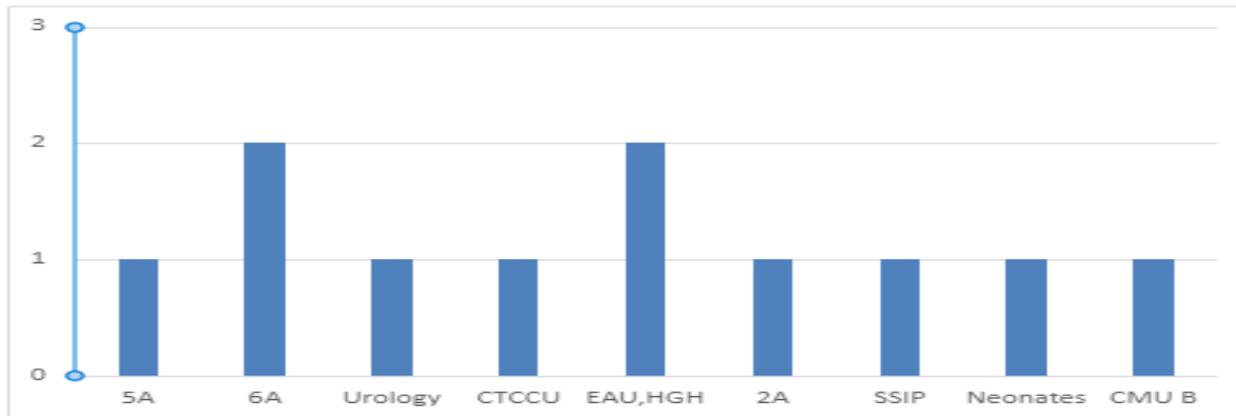




Moderate Impact HAPU Incidents by Clinical Area: Nov 2022



Moderate Impact HAPU Incidents by Clinical Area: Nov 2022



NOVEMBER ANALYSIS: Of the 11 incidents reported as Moderate or above Impact, 9 were confirmed as Category 3, one Category 4 and one full-thickness mucosal pressure damage. Two Category 3 incidents were for the same patient. The age range of the individuals affected was between 0-99 years. All patients were assessed as being at high risk of pressure damage prior to the identification of the skin damage, with 6 of the incidents reported at an earlier stage of skin damage. The average length of stay until identification of the pressure damage was 32 days (range 10-79). The use of medical devices, were associated with 2 of the 11 incidents. The average surface area of the skin damage was 9cm.

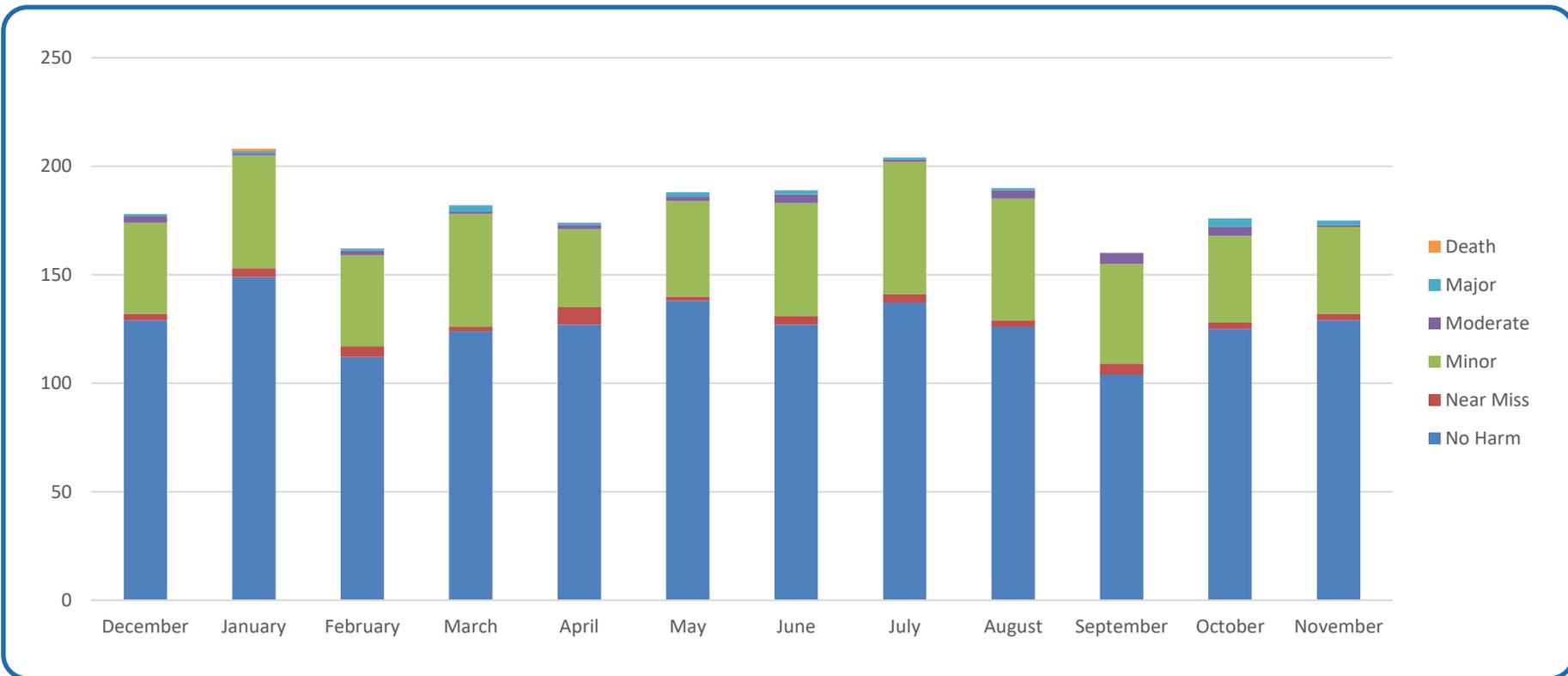
DISCUSSION

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. Compliance for nurses and midwives is 71% and AHPs 62%.
- A Trust Quality Priority for the reduction of HAPU for 2022/23 has been approved with the ambition of reducing HAPU Category 2 and above by 30%. Progress against the work programme and associated QI projects are reviewed at HFAF.
- The annual clinical audit of pressure ulcer prevention was conducted on the 6th November 2022 and will be presented at Clinical Improvement Group in February 2023.
- A CNO Research Fellow has been appointed, on a 6-month secondment, to support the HAPU Quality Priority work programme.

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

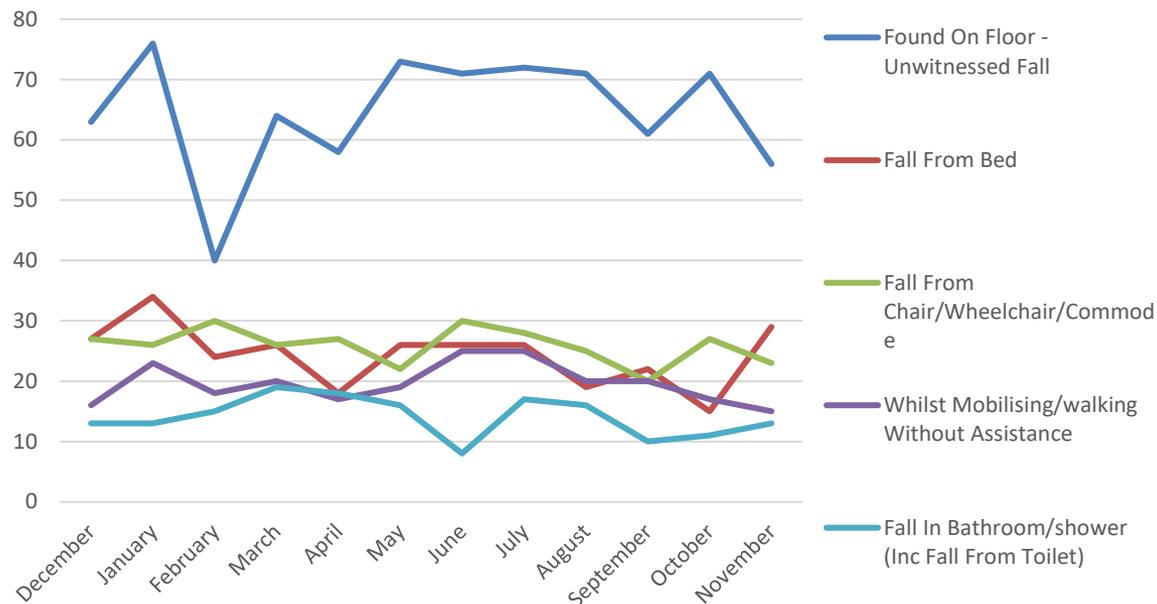


November 2022 summary: There were 175 falls reported in November, which is comparable to October (177). This total is lower than the rolling average of 182.2 reported falls per month and is considerably lower than the total falls for this time last year (221) (2021/22 performance is affected by the coronavirus pandemic). Falls resulting in harm (minor and above) accounted for 43 (24.6%) of all falls this month, which is lower than October's performance (48, 27.1%). Three falls resulted in higher severity harm levels (1.7%): Moderate - 1 and Major - 2, which is lower than the rolling monthly average of 2.29%.

Harm level	November '21*	November '22
No harm	157	129 (↓)
Near miss	3	3 (-)
Minor	57	40 (↓)
Moderate	2	1(↓)
Major	1	2 (↑)
Death	1	0 (↓)
Total falls	221	175 (↓)

Nov performance: annual comparison 2021* vs 2022

Top five categories of falls - rolling 12-month period: December 2021 to November 2022



Top five categories of falls November 2022

Previous month comparison

Category	Oct	Nov
Unwitnessed Fall – found on floor	72	56 (↓)
Fall From Chair / Wheelchair/Commode	27	29 (↑)
Fall whilst mobilising/ walking without assistance	17	23 (↓)
Fall from bed	15	15 (↓)
Fall in bathroom/shower/ from toilet	11	13 (↑)

ANALYSIS:

Total falls and falls with harm reduced in November compared to the previous month and the same period last year. The reason or cause for this is not clear, but it may be influenced by the higher prevalence of CoVID-19 in 2021. The proportion of falls resulting in higher severity harm levels (moderate and above) was low as a proportion, which may be attributable to a marked reduction in unwitnessed falls, since this category tends to yield a higher degree of harm.

IDENTIFIED THEMES:

- Significantly fewer falls compared to previous November.
- In-month reduction of falls with harm
- Continued reduction in unwitnessed falls since quarter one

ACTIONS:

- Review the outcomes and action plans for the three incidents of moderate harm and above at the next HFAG.
- Review progress on falls harm reduction improvement programme.

Complaints reporting November 2022

The Trust received and recorded 132 formal complaints in November 2022, which is a further increase in the number received in October 2022 (n=112). This is also the highest number of complaints received in a single month.

Of the 132 complaints received in November, 44 of them were for the NOTSSCAN Division. The breakdown by Directorate is as follows:

- Childrens – 6
- Neurosciences – 9
- Ophthalmology – 2
- Specialist Surgery – 9
- Trauma and Orthopaedics – 18

Issues include Dispute over diagnosis, communication between medical teams, funding of medication, wait for operation/procedure, delay/failure to follow up, nil by mouth issues and appointment cancellations.

35 further complaints were received for the MRC Division, with 19 of these complaints relating to the Emergency Departments. Issues raised by complainants include waiting on a trolley, emergency department waiting times, attitude of nursing and medical staff, care needs not adequately met and lack of clinical assessment. The Trust declared OPEL 4 status on 23 November due to operational pressures which has previously meant an increase in the number of complaints received.

SUWON received 33 complaints, 14 of which were for Maternity and include issues such as attitude of medical/midwifery staff, inappropriate procedure, staffing levels and mismanagement of labour.

Complaints Compliance

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

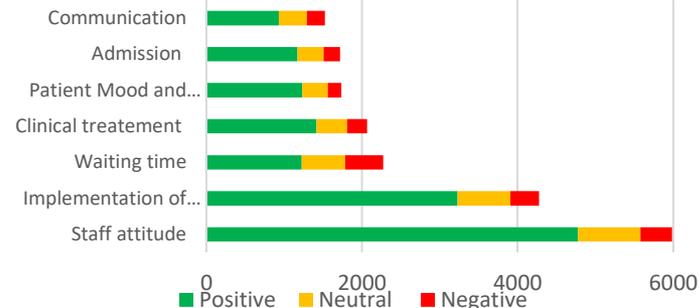
Divisions with a higher number of breached complaints will meet with the CNO to agree an action plan to reduce the number and ensure stronger compliance on meeting the required complaints timescales going forward. Additionally, regular meetings between the Complaints Manager, Co-ordinators and Divisional Director of Nursing for NOTSSCAN have been set up to escalate overdue complaints more efficiently.

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

National/ICB Comparisons

Approval Rate	Trust	ICB	National
Inpatient	96%	95%	94%
Outpatient	93%	93%	93%
ED	72%	75%	74%
Maternity Birth	89%	90%	93%

Free Text Themes Analysis

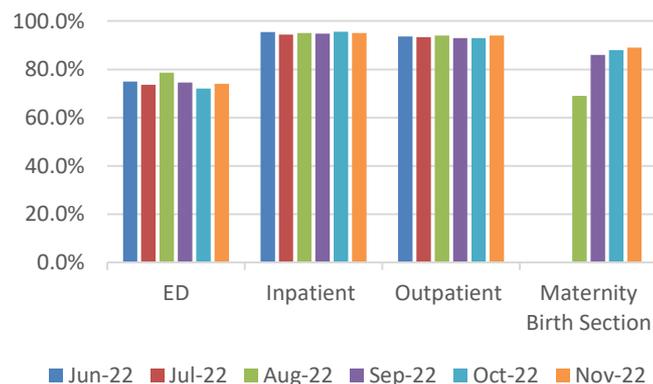


National/ ICB Comparisons are only available for the previous months data- October but highlight some notable findings to monitor.

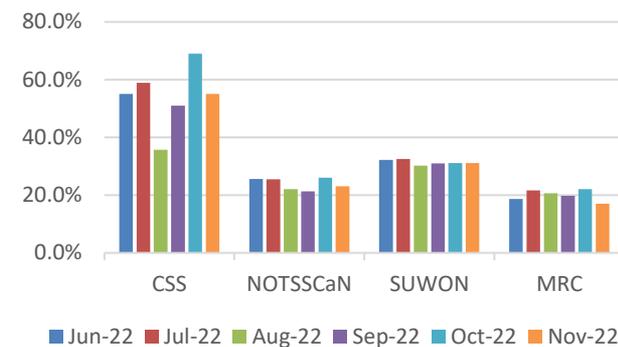
The Emergency Department data highlights that OUH's response rate for ED is 10% higher than its ICB average at 26%, with 1962 responses.

In regards to the Inpatients data, OUH operate with a response rate 4% higher than the ICB average and 6% higher than the national average.

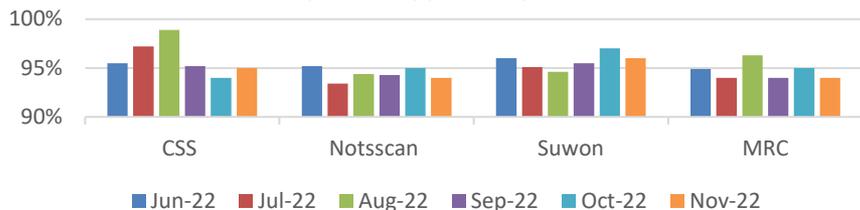
FFT Approval Rate by Service



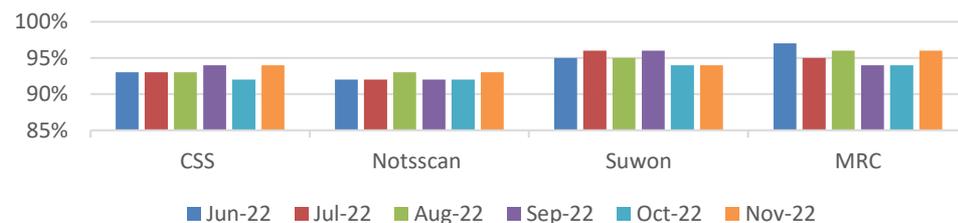
FFT Inpatient Response Rate by Division



FFT Inpatient Approval by Division



FFT Outpatient Approval by Division



Under 16s Cancer Patient Experience Survey 2021

The under 16s Cancer Patient Experience survey is run by NHS England with Picker. The results for the 2021 survey published on the 4th November 2022.

- 62 patients treated at OUH responded to the survey. The response rate for the Trust was 28%.
- 83% of children report being looked after very well for their cancer or tumour by healthcare staff.
- 90% of parents/ carers rated the overall experience of their children's care as 8 or more out of 10.
- Results have been shared with the teams and actions plans are being developed.

Areas highlighted that the Trust performed well:

- Staff attitude, care and attention
 - Delivering compassionate care
- Parents and children having time to ask questions
 - Staff providing emotional support
- Teams working well together to deliver care
 - Supportive environment for parents
- Clean wards, with great facilities for parents and children
 - Specialist, community and outreach care

Areas highlight where the Trust could improve their care:

- Communication with children and parents
 - Written information regarding treatment
- Clear information, that parents can understand
- Delivering information in a sensitive and appropriate manner
 - Delays to results causing distress and worry
- More things for the child to do whilst they are in hospital to keep them engaged and active
- Communication between hospitals providing the care

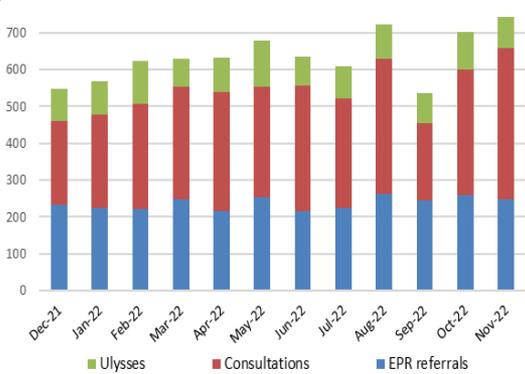


Chart 1: Combined Activity

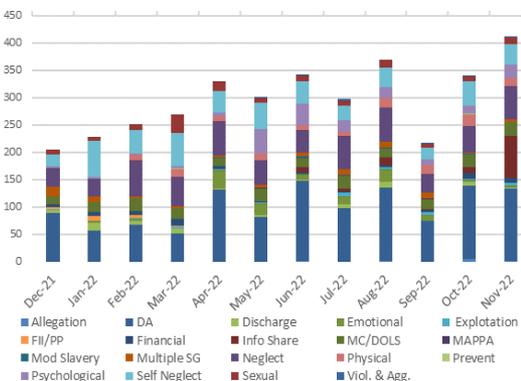


Chart 2: Consultations

Activity

Chart 1: Combined activity increased by 42 (n=743). EPR referrals decreased by 11 (n=247). Ulysses incidents decreased by 17 (n=85) and consultations increased by 70 (n=411). The category data has been refined to streamline with reportable data sets.

Chart 2: Domestic abuse is the main category of concern (n=132) and is 32% of all consultations, neglect and self-neglect remain the next categories of concern. The continues to be an increase in complex cases requiring high levels of input.

Governance: allegations against staff are managed by the HR DSO team and reviewed with senior management and partner agencies. Review of cases is planned. Annual OSAB/OSCB self assessment has been submitted, there will be a peer review in February 2023.

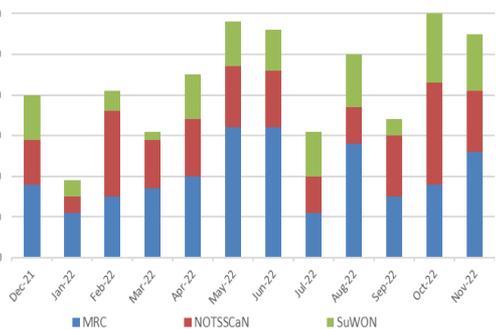


Chart 3: DOLS Applications by Division

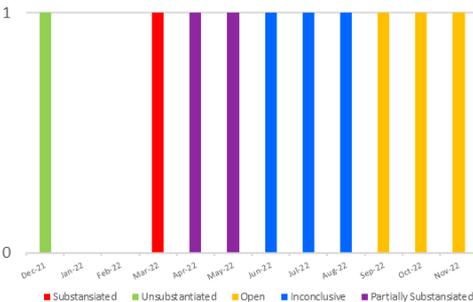


Chart 4: Section 42 investigations

Statutory responsibilities

Chart 3: There were 55 Deprivation of Liberty Safeguards (DoLS) applications reviewed during November, an slight decrease of 5.

Chart 4: There has been one new s42 investigation request in November for MRC related to a concern of neglect. There are three open s42 enquiries awaiting OCC outcomes at the end of November, all for MRC Division. Requests for closure notices are being followed up.

Governance: raising awareness of patients requiring capacity assessments continues and remains a priority to ensure accurate documentation of assessment is recorded on EPR.

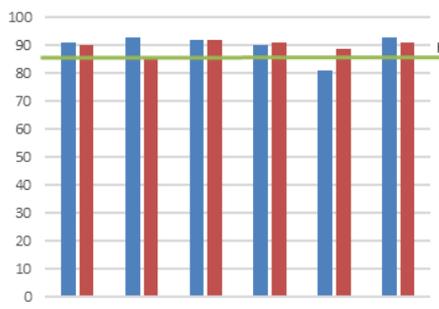


Chart 5: Prevent Training

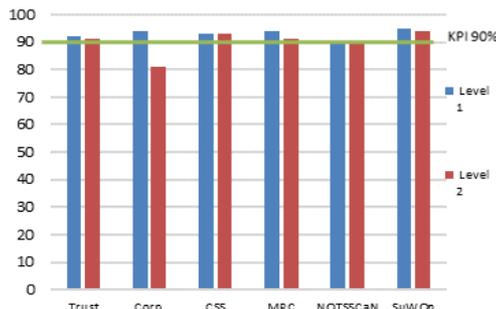


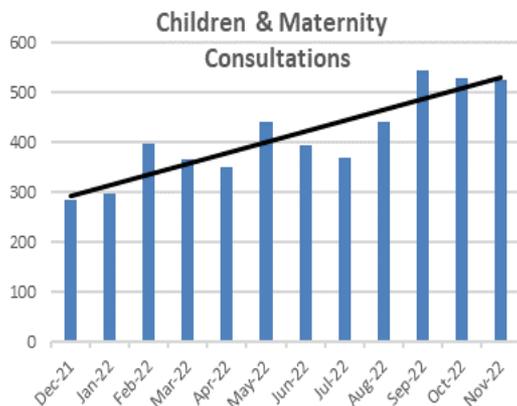
Chart 6: Safeguarding Training

Training

Chart 5: Trust Prevent training Level 1 & 2 compliance remained at 91% = 880 staff require training. Level 3,4 & 5 compliance reduce by 1% to 90% with 416 staff that require training. The KPI is set at 85%.

Chart 6: Trust safeguarding training compliance improved to above the 90% KPI. Level 1 remained at 92% = 353 staff that require training, and level 2 decreased by 1% to 91% = 789 staff require training.

Level 3 safeguarding adult training is being supported by OMI to develop a bespoke online training to assist staff access. Mapping to this training is being reviewed.



Consultation activity dropped by 1 (n=527) over November, the main category remains neglect and emotional abuse.

Mental health, self-harm presentations rose by 17 (n=86) in November with 21% needing admission and increase of 7%. Themes are shared with Public Health and self-harm forums.

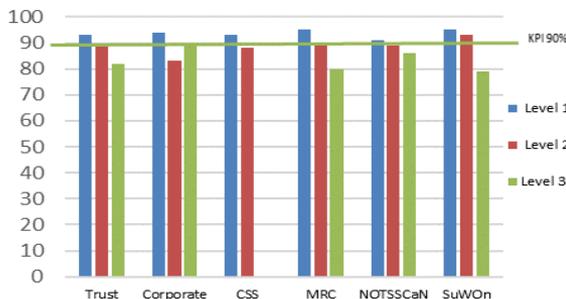
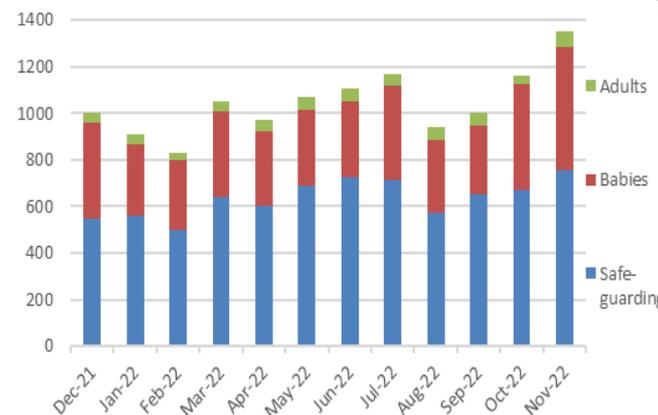
Maternity safeguarding had 26% of pregnancy bookings (n=191) with a social health score of 3 or 4, mental health, domestic abuse, and substance misuse remain the theme. Pregnant asylum seekers is an emerging theme.

There remains a backlog of health MASH information sharing requests, the team have been unable to support due to resource capacity. Resilience across Oxford Health and OUH to provide additional support to the MASH is limited currently. This has been escalated to the MASH steering group and the BOB is aware of the pressures.

Safeguarding Liaison – activity increased by 189 (n=1325) for children presenting to ED requiring information shares with primary care and social care for open cases. This increased across all areas, safeguarding by 57 (n=757), babies under the age of one by 73 (n=527) and health visitors received information to support. Frequent attendances to ED increased by 44 to 161, this is monitored as part of an OSCB serious case review and information is shared with primary care.

Adults attending ED with safeguarding concerns who have responsibility for children, increased by 31 (n=68) and mainly related mental health, drug and alcohol and domestic abuse issues. MASH referrals were followed up.

Information requests were received for 33 initial child protection conferences for 57 children and 4 unborn babies, information is documented on EPR to support clinicians. Levels of activity increases continue to put pressure on the admin function in the team.



Safeguarding Children Training Compliance

Level 1 compliance remained at 93% = 294 staff requiring training. Level 2 decreased by 1% to 90% = 818 staff requiring training and level 3 decreased by 1% to 82% = 282 staff requiring training. Level 3 training remains below the 90% KPI. Maternity are above the KPI in level L1 (92%) and L2 (93%) and at 82% for L3. Additional safeguarding training is provided on prompt training. Children's directorate are at 93% L1, 78% L2 and 83% L3.

An action plan to improve compliance is in place and there is availability on level 3 training, however with clinical pressures reminders to attend training have not been sent.

Person type Visitor

RIDDOR type: Slip, trip fall same level

Accident type: Specified Injury

Incident location: Radiotherapy Centre- Great Western Hospital

Incident details : The injured party (IP) was a visitor at a retirement party who tripped on a threshold to a room during a retirement party and fractured their knee.

Additional information: The IP was walking into a staff room from the garden area and tripped up the threshold into the room and was attended to by medical staff at the scene before attending ED later that day.

Incident outcome: Actual impact 3 – major injury / illness

Lessons learned: Reviewed by Health and Safety team and local management. Area visited by H&S and no material defects found, report issued to Capital projects who managed the building of this facility.

Person type: Staff

RIDDOR type: Lifting and handling injury

Accident type: Accident - over 7 day absence

Incident location: OCE-NOC

Incident details : The injured party (IP) was a staff member who whilst repositioning a bariatric patient injured their back.

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 and staff members manager. Hoist was unable to fit under the bed and alternative beds obtained to mitigate risk

Person type: Staff

RIDDOR type: Lifting and handling injury

Accident type: Accident - over 7 day absence

Incident location: OCE-NOC

Incident details : The injured party (IP) was a staff member who whilst repositioning a bariatric patient injured their back.

Additional information: The IP suffered sprains and strains and was off work unwell for over 7 consecutive days. This was a second staff member involved in the same procedure as the previous incident outlined on the previous slide.

Incident outcome: Actual impact 2 – minor injury / illness

Lessons learned: : Reviewed by Health and Safety and staff members manager. Hoist was unable to fit under the bed and alternative beds obtained to mitigate risk

Person type: Staff

RIDDOR type: Slip, trip, fall same level

Accident type: Accident - over 7 day absence

Incident location: West Wing theatres

Incident details : The injured party (IP) was a staff member who slipped on water that cleaners left on the floor whilst locating the floor scrubber.

Additional information: The IP suffered a bump to the head, concussion and bruising and was off work unwell for over 7 continuous days

Incident outcome: Actual impact 2 – minor injury/illness

Lessons learned: Reviewed by Health and Safety team and local management. Manager to review SOP for cleaning process, refreshing training for cleaning staff and additional signage requested to highlight clearly areas undergoing cleaning.

Person type: Staff

RIDDOR type: Struck against

Accident type: Accident - over 7 day absence

Incident location: Ward F- Horton General Hospital

Incident details : The injured party (IP) was a staff member who trapped their hand between the wall and handle of a wheelchair whilst transporting a patient

Additional information: The IP suffered soft tissue damage, swelling and lack of mobility 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. Manager to review SOP for process and awareness of risk raised with staff.

The PFI Indicator Dashboard illustrates the M8 position against the PFI objectives; the dashboard shows a six-month data trend. A summary of performance against objectives and risks by exception has been included in the PFI report, and an overview of the current position is summarised below. This is followed by exception reports against indicators falling below agreed standards.

The Mitie recruitment has progressed in November, collaboratively with the Trust recruitment and occupational health (OH). Resulting in 29 contracts for ROE employees being completed, eight of which have moved onto the Mitie Payroll. Although the collection of recruitment packs will continue in December so as not to disrupt colleagues' pay, the formal issuing of contracts and payroll will convene in January, with an expected further 70 contracts to be finalised, leaving 73% to be completed by the end of March 2023.

During November, there has been further evident progress in the cleaning standards at the CH site; though the challenges are still being worked through, the aim is to reach a sustainable service overall. A total of 41 audits were completed in FR1 & 2 areas, 93% achieving four stars or greater, comparable to other PFI sites. Positive communication and feedback have been received, with some noting a remarkable improvement. The PFI team remain fully engaged with the G4S management team; service improvement meetings are ongoing, with G4S demonstrating the transparency of information evidenced by an articulate improvement plan with clear and deliverable actions. A triparty workshop is planned for January to re-evaluate the focus and actions for Q1 of 2023.

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

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

The National Cleaning Standards 2021 are now fully established on all sites. The Synbiotix reporting platform ensures swift and transparent communication of the audit outcomes to all service users. The appropriate action and identification of responsibilities can be addressed swiftly; for Domestics, Clinical and Estates. Reporting continues by exception to HIPCC. The star rating system promoted by the 2021 Standards is now in place. The PFI team will monitor it to ensure a robust and consistent approach is taken to implement improvement action plans as indicated (three stars or less).

PLACE assessments continued in November with a schedule to cover 17 inpatient and outpatient areas of the total 45; 93% have been completed on the PFI sites. The soft facilities management team have been involved in chaperoning the auditors on all four Trust sites, subsequently supporting the delivery of required improvement actions resulting from the reviews. Unforeseen impacts have delayed the progress of the auditing plan, which has been extended into early January.

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): 57% at the JR vs target of 20%</p>	<p>ROE onboarding commenced later than expected. Difficulties identified during the process are being worked through and improved each month from October for further onboarding of agency staff, to secure permanent ROE contracts.</p>	<ul style="list-style-type: none"> Mitie's extended proposal is to be fully recruited by March 2023. 	<ul style="list-style-type: none"> OJR HR Group meeting. Soft /FM Service Meeting
<p>G4S at the Nuffield Orthopaedic Centre has limited the amount of human resource data they are willing to provide to the Trust.</p>	<p>Formally requested data to be provided from SPV; G4S response awaited. The request will be for monthly reporting of the required IPR data within the standard service reports.</p>	<ul style="list-style-type: none"> Agreement and improved reporting by February 2023 	<ul style="list-style-type: none"> Trust/PFI Service Meetings Informal Liaison
<p>% of cleaning audits completed vs required standard. G4S delivering 75% (41) at the Churchill vs target of 100% (55)</p> <p>Of the 41 completed 93% achieved the required four stars or greater.</p>	<p>The PFI Contract Management team is working collaboratively with the G4S soft FM service manager to continue enhancing the situation. Service improvement meetings continue. PFI compliance managers continue to liaise closely with the Churchill clinical teams to ensure timely awareness is maintained for any local issues. Ensuring responsive G4S actions are taken to resolve issues identified at the local level.</p>	<ul style="list-style-type: none"> Ongoing triparty review Support to establish a consistent audit of service delivery as evidenced on Synbiotix reporting platform Full review of progress monthly, no set timeline as monitoring against contracted standard ongoing. 	<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 Service contract meetings
<p>There is currently no system in place for G4S at the Churchill hospital to obtain patient or staff feedback on their services.</p>	<ul style="list-style-type: none"> Clarify to G4S the requirement Confirm mechanisms to collect and report feedback G4s confirm mechanism of reporting to local areas and Trust G4S confirm action plan to address issues highlighted G4S to deliver action plan to address deficit and evidence this Monitor standard achieved to ensure sustained consistency 	<ul style="list-style-type: none"> Discussed and identified date weekly PFI improvement meetings Included on agenda as rolling item Mechanisms established to collate service feedback by 1st January 2023 	<ul style="list-style-type: none"> Soft and Hard FM performance meetings Monthly Soft and Hard FM contract meetings
<p>November - G4S at the Churchill have yet to agree a transitioning to the Ulysses incident reporting platform.</p>	<ul style="list-style-type: none"> Agreement to engage with Ulysses reporting achieved Access to Ulysses established Training on correct reporting process in line with SOP to be undertaken Governance/assurance with appropriate stewardship assured by CHoH 	<ul style="list-style-type: none"> To be discussed in full to achieve to a mutually agreeable conclusion in the PFI client meeting. G4S utilising Ulysses for all incidents reporting by 30th November 2021. 	<ul style="list-style-type: none"> Trust/PFI client meeting

2022-23

PFI objective	Indicator	Target	Site	M3	M4	M5	M6	M7	M8	Exception report	Trend
				M3 Jun 22	M4 July 22	M5 Aug 22	M6 Sep 22	M7 Oct 22	M8 Nov 22		
To ensure that Porters have a high standard of training in bereavement, PPID and Core Skills	% of Porters that have undertaken mortuary training	50%	JR West Wing	70%	67%	51%	39%	33%	43%		
			Churchill Cancer Centre	92%	92%	84%	84%	84%	84%		
			Nuffield Orthopaedic Centre	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable		
	% of Porters that have undertaken PPID training	95%	JR West Wing	92%	96%	97%	98%	95%	97%		
			Churchill Cancer Centre	100%	Not supplied	61%	61%	66%	66%	Y	
			Nuffield Orthopaedic Centre	100%	Not supplied	Not supplied	Not supplied	Not supplied	Not supplied	Y	
	% of Porters that have undertaken Core Skills training	90%	JR West Wing	92%	96%	98%	93%	91%	96%		
			Churchill Cancer Centre	94%	90%	81%	74%	75%	89%		
			Nuffield Orthopaedic Centre	96%	Not supplied	Not supplied	Not supplied	Not supplied	Not supplied	Y	
To provide a high standard of safety across all areas	Number of incidents with moderate harm or above	0	JR West Wing	0	0	0	0	0	0		
			Churchill Cancer Centre	0	0	0	0	0	0		
			Nuffield Orthopaedic Centre	0	0	0	0	0	0		
To maintain continuity in PFI teams by minimising the use of Agency and zero hours	% of PFI workforce employed by Agency or zero hours(hours worked)	20%	JR West Wing	59%	54%	55%	65%	64%	57%	Y	
			Churchill Cancer Centre	13%	13%	24%	21%	28%	27%		
			Nuffield Orthopaedic Centre	18%	Not supplied	12%	12%	7%	18%		
To achieve Hard FM PPM in month	PPMs completed in month vs programme including statutory inspections	% (stat)	JR West Wing	100%	100%	99%	99%	100%	100%		
			Churchill Cancer Centre	100%	100%	100%	100%	85%	99%		
			Nuffield Orthopaedic Centre	100%	Not supplied	39%	24%	44%	62%		
To achieve Soft FM requirements within contract	Items by exception to report where statutory obligations at risk or not on track to be completed	0	JR West Wing	0	0	0	0	0	0		
			Churchill Cancer Centre	0	0	0	0	0	0		
			Nuffield Orthopaedic Centre	0	0	0	0	0	0		
To provide a high standard of cleaning across all areas	% cleaning score by site (average)	Monthly Avg	JR Site	97%	96%	98%	93%	96%	96%		
			Churchill Cancer Centre	93%	95%	97%	93%	95%	94%		
			Nuffield Orthopaedic Centre	95%	96%	98%	98%	99%	98%		
	% of cleaning audits completed vs scheduled	100%	JR West Wing	100%	65%	79%	88%	83%	91%		
			Churchill Cancer Centre	40%	21%	11%	38%	75%	75%	Y	
			Nuffield Orthopaedic Centre	100%	77%	82%	82%	91%	82%		
Number of cleaning audits completed below the performance standard	TBC	JR West Wing	92	10	10	19	13	14			
		Churchill Cancer Centre	23	3	0	5	3	4			
		Nuffield Orthopaedic Centre	50	0	0	0	1	0			
To review and respond to patient, visitor and staff feedback	Number of complaints received		JR West Wing	7	16	21	17	23	19		
			Churchill Cancer Centre	13	25	18	9	12	17		
			Nuffield Orthopaedic Centre	0	0	0	0	0	5		
	% of complaints responded to by the PFI team within 3 weeks	100%	JR West Wing	100%	88%	100%	94%	96%	95%		
			Churchill Cancer Centre	76%	92%	100%	100%	100%	59%	Y	
			Nuffield Orthopaedic Centre	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	100%		
To ensure patient engagement in service delivery	Outline of schedule of service changes/ reviews provided		JR West Wing	None in month	135 surveys completed, 97% Satisfaction	60 surveys completed, 93% Satisfaction	4 surveys completed, 84% Satisfaction	233 surveys completed, 88% Satisfaction	403 surveys completed, 89% Satisfaction		
			Churchill Cancer Centre	None in month	None in month	None in month	None in month	None in month	None in month	Y	
			Nuffield Orthopaedic Centre	None in month	41 surveys completed, 90.2% satisfaction	40 surveys completed, 95% satisfaction	35 surveys completed, 93% satisfaction	49 surveys completed, 97% satisfaction	37 surveys completed, 91% satisfaction		
	Meaningful patient involvement demonstrated in all changes/ reviews	100%	JR West Wing	None at this time	100%	100%	100%	100%	200%		
			Churchill Cancer Centre	None at this time	None at this time	None at this time	None at this time	None at this time	None at this time	Y	
			Nuffield Orthopaedic Centre	None at this time	100%	100%	100%	100%	200%		
To ensure active engagement in and response to PLACE reviews	Number of PLACE audits due in 3 months scheduled	85%	JR West Wing	None at this time	None at this time	None at this time	None at this time	30%	65%		
			Churchill Cancer Centre	None at this time	None at this time	None at this time	None at this time	30%	18%		
			Nuffield Orthopaedic Centre	None at this time	None at this time	None at this time	None at this time	25%	0%		
	% of PLACE audits scheduled to be undertaken completed	100%	JR West Wing	TBC	TBC	TBC	TBC	100%	91%		
			Churchill Cancer Centre	TBC	TBC	TBC	TBC	100%	100%		
			Nuffield Orthopaedic Centre	TBC	TBC	TBC	TBC	85%	0%		
	% of actions on track or completed by due dates following PLACE audits	100%	JR West Wing	TBC	TBC	TBC	TBC	100%	100%		
			Churchill Cancer Centre	TBC	TBC	TBC	TBC	100%	100%		
			Nuffield Orthopaedic Centre	TBC	TBC	TBC	TBC	100%	100%		

PFI objective	Indicator	Target	Site	M3 June 22	M4 July 22	M5 Aug 22	M6 Sep 22	M7 Oct 22	M8 Nov 22	Exception report	Trend	
To introduce technology to Soft FM provision	% of technology scheduled to be introduced on track or completed by due date	95%	JR West Wing	Not applicable	Not applicable	Not applicable	Not applicable	90%	92%			
			Churchill Cancer Centre	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable			
			Nuffield Orthopaedic Centre	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable			
Provide Ulysses Access to PFI providers	% of providers with access to Ulysses	100%	JR West Wing	0%	50%	50%	50%	85%	85%	Y		
			Churchill Cancer Centre	0%	0%	0%	0%	0%	85%	Y		
			Nuffield Orthopaedic Centre	0%	0%	50%	50%	85%	85%	Y		
To review all variations to contracts by Divisional finance teams to ensure value for money and budgetary impact	Provision of monthly variation report provided (within 8 working days of month end) for each OUH Division		JR West Wing	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed			
			Churchill Cancer Centre	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed			
			Nuffield Orthopaedic Centre	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed	Process to be agreed			
	% of all variations reviewed and signed off by finance (excluding current month)			JR West Wing	Process to be agreed	100%	100%					
				Churchill Cancer Centre	Process to be agreed	100%	100%					
				Nuffield Orthopaedic Centre	Process to be agreed	100%	100%					
To maintain a robust process for managing financial deductions	Provision of monthly deductions/withholds report provided (within 10 working days of month end) for each OUH Division		JR West Wing	£4,814.56	£4,271.42	£3,453.90	£6,986.32	£4,799.55	£4,156.04			
			Churchill Cancer Centre	£68,179.14	£57,471.85	£57,439.07	£10,086.78	£64,487.00	£17,529.59			
			Nuffield Orthopaedic Centre	£1,409.18	£2,486.30	£7,374.41	£3,176.75	£4,180.01	£797.29			
	% of all deductions reviewed and signed off by finance (excluding current month)			JR West Wing	100%	100%	100%	100%	100%	100%		
				Churchill Cancer Centre	100%	100%	100%	100%	100%	100%		
				Nuffield Orthopaedic Centre	100%	100%	100%	100%	100%	100%		
To maintain a robust process for managing financial recharges	Provision of monthly recharge report provided (within 10 working days of month end) for each OUH Division		JR West Wing	Process in Development	Process in Development	Process in Development	Process in Development	Y	Y			
			Churchill Cancer Centre	Process in Development	Process in Development	Process in Development	Process in Development	Y	Y			
			Nuffield Orthopaedic Centre	Process in Development	Process in Development	Process in Development	Process in Development	Y	Y			
	% of all recharges reviewed and signed off by finance (excluding current month)			JR West Wing	Process in Development	Process in Development	Process in Development	Process in Development	100%	100%		
				Churchill Cancer Centre	Process in Development	Process in Development	Process in Development	Process in Development	100%	100%		
				Nuffield Orthopaedic Centre	Process in Development	Process in Development	Process in Development	Process in Development	100%	100%		
To review monthly budgets to ensure financial performance meets plan	Actual vs plan (monthly)	Y/N	JR West Wing	Review Dates in Diaries	Review Dates in Diaries	Review Dates in Diaries	Review Dates in Diaries	Y	Y			
			Churchill Cancer Centre	Review Dates in Diaries	Review Dates in Diaries	Review Dates in Diaries	Review Dates in Diaries	Y	Y			
			Nuffield Orthopaedic Centre	Review Dates in Diaries	Review Dates in Diaries	Review Dates in Diaries	Review Dates in Diaries	Y	Y			
	Actual vs plan (YTD)	Y/N		JR West Wing	Review Dates in Diaries	Y	Y					
				Churchill Cancer Centre	Review Dates in Diaries	Y	Y					
				Nuffield Orthopaedic Centre	Review Dates in Diaries	Y	Y					
	Forecast vs plan (year end)	Y/N		JR West Wing	Review Dates in Diaries	Y	Y					
				Churchill Cancer Centre	Review Dates in Diaries	Y	Y					
				Nuffield Orthopaedic Centre	Review Dates in Diaries	Y	Y					

PFI objective	Indicator	Target	Site	M3 June 22	M4 July 22	M5 Aug 22	M6 Sep 22	M7 Oct 22	M8 Nov 22	Exception report	Trend	
To ensure agreed lifecycle programmes are in place for all Trust sites	Capital investment plan and replacement programme in place		JR West Wing	In Development	In Development	In Development	In Development	In Development	In Development			
			Churchill Cancer Centre	Awaiting SPV Sign Off	Awaiting SPV Sign Off	Awaiting SPV Sign Off	Awaiting SPV Sign Off	Awaiting SPV Sign Off	Awaiting SPV Sign Off	Awaiting SPV Sign Off		
	Items by exception to report where there is deviation to lifecycle plan in current or future period and for implications to financial forecasting and other performance indicators within contract to be identified			Nuffield Orthopaedic Centre	In Development							
				JR West Wing	In Development							
				Churchill Cancer Centre	In Development							
				Nuffield Orthopaedic Centre	In Development							
To maintain high standards of data quality	Alignment of PFI cleaning scores with independent assessment	N# of cleaning scores where deviation >5 percentage points	JR West Wing	Not applicable	Not applicable	Not applicable	Not applicable	In Development	In Development			
			Churchill Site	Not applicable	Not applicable	Not applicable	Not applicable	In Development	In Development			
			Nuffield Orthopaedic Centre	Not applicable	Not applicable	Not applicable	Not applicable	In Development	In Development			
To monitor monthly performance reports from PFI providers to review trends and identify any early interventions required	Monthly Total Number of Service Failure Points by PFI provider		JR West Wing Hard FM	8	20	6	6	9	18			
			JR West Wing Soft FM	65	210	124	114	74	170			
			Churchill Cancer Centre	199	240	275	34	593	119			
			Nuffield Orthopaedic Centre	274	223	480	384	634	207			
					274	223	480	384	634	207		

Key Quality Metrics Table

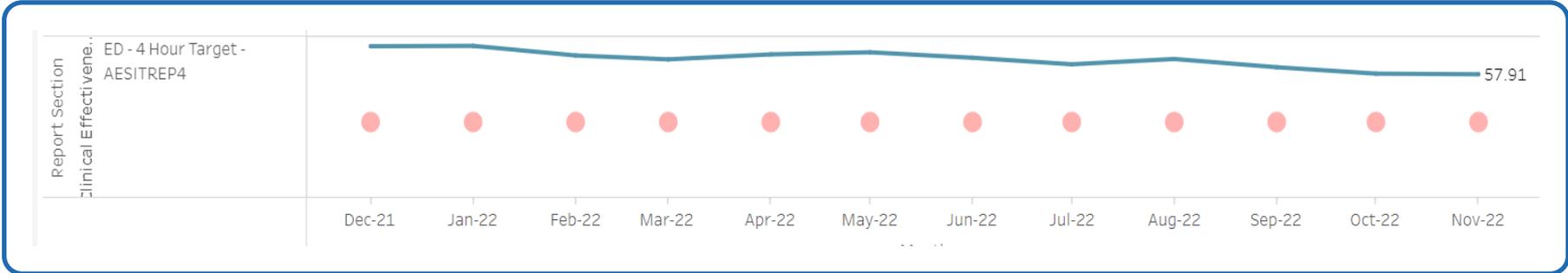
Descriptor	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
VTE Risk Assessment(% admitted patients receiving risk assessment)	97.91%	97.93%	98.28%	98.34%	98.13%	98.33%	98.33%	98.37%	98.12%	97.78%	97.84%	N/A
Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)	83	96	101	107	7	15	22	34	45	57	73	90
Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)	2	3	4	4	0	0	0	0	1	2	2	2
% patients receiving stage 2 medicines reconciliation within 24h of admission	48.71%	47.86%	47.60%	47.36%	40.74%	44.88%	43.29%	45.59%	50.32%	44.58%	42.74%	44.05%
% of incidents associated with moderate harm or greater	3.90%	4.38%	4.12%	4.10%	4.96%	5.18%	3.62%	3.70%	4.01%	4.56%	3.37%	5.63%
% Radiology direct access 7 day turnaround times - Plain Film, CT, MRI & Ultrasound	79.62%	77.35%	77.16%	70.50%	70.38%	69.58%	69.79%	70.60%	73.62%	76.31%	77.65%	N/A
CAS alerts breaching deadlines at end of month and/or closed during month beyond deadline	0	0	0	0	0	0	0	0	0	0	0	0
Number of hospital acquired thromboses identified and judged avoidable	2	2	0	2	2	0	0	0	1	3	0	0
Crude Mortality	265	241	198	235	239	213	194	253	220	203	223	209
Dementia - % patients aged > 75 admitted as an emergency who are screened	74.83%	72.10%	70.40%	72.43%	64.66%	72.86%	75.15%	70.46%	71.66%	65.50%	64.81%	N/A
ED - % patients seen, assessed and discharged / admitted within 4h of arrival	70.03%	70.17%	66.03%	64.35%	66.50%	67.39%	65.04%	62.22%	64.51%	60.95%	58.19%	57.91%
Friends & Family test % likely to recommend - ED	78.98%	78.79%	75.60%	73.01%	75.48%	N/A	74.95%	73.60%	78.55%	74.51%	71.97%	73.63%
Friends & Family test % not likely to recommend - ED	13.60%	13.47%	15.73%	17.43%	15.40%	N/A	16.77%	16.96%	12.78%	15.00%	17.48%	17.60%
Friends & Family test % likely to recommend - Mat	66.67%	90.00%	100%	90.91%	83.33%	N/A	83.33%	100.00%	86.41%	85.71%	86.67%	85.09%
Friends & Family test % not likely to recommend - Mat	8.33%	0.00%	0.00%	0.00%	33.33%	N/A	0.00%	0.00%	9.71%	7.62%	7.50%	5.26%
Friends & Family test % likely to recommend - IP	94.98%	95.24%	93.82%	93.46%	94.03%	N/A	95.39%	94.12%	95.07%	97.71%	95.56%	94.95%
Friends & Family test % not likely to recommend - IP	2.46%	2.35%	2.90%	3.30%	2.90%	N/A	2.34%	2.95%	2.34%	2.38%	2.30%	2.62%
Friends & Family test % likely to recommend - OP	93.23%	93.14%	93.05%	92.73%	93.22%	N/A	93.55%	93.37%	93.09%	93.22%	93.22%	93.75%
Friends & Family test % not likely to recommend - OP	3.24%	3.31%	3.69%	4.09%	3.08%	N/A	3.23%	3.37%	3.05%	3.61%	3.61%	2.87%
% patients EAU length of stay < 12h	50.77%	50.76%	43.28%	48.28%	50.16%	50.51%	51.82%	47.22%	45.69%	48.14%	48.07%	48.47%
% Complaints upheld or partially upheld [Quarterly in arrears]	75.91%	N/A	N/A	30.80%	N/A	N/A	43.55%	N/A	N/A	N/A	N/A	N/A

Data for the Medicines Reconciled indicator have been adjusted due to an error in previous months. The Pharmacy team are aware and are working with the information team to resolve the issue.

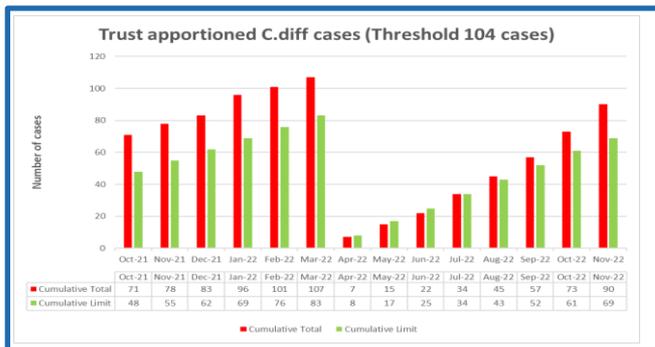
Key Quality Exceptions

Indicators where performance has declined:

- ED - % patients seen, assessed and discharged / admitted within 4h of arrival

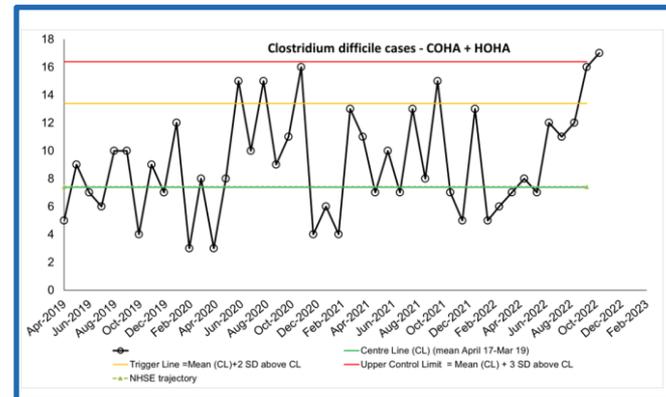


There has been a decrease in performance from previous month (58.2%). 15,213 attendances in November. This is a big area of concern for the Division and incidents being reported in the departments are on the increase, the team prioritise patient safety.



C. Difficile The threshold for OUH apportioned cases of C. difficile for 2022/23 is 104 cases. The increase in the number of cases is of concern and is reflected nationally. A number of interventions have been rolled out including a safety message released 20/12/22 to communicate the changes. It is now Trust policy to isolate symptomatic patients that are toxigenic strain positive (TS) but faecal toxin (FT) negative. Laboratory comments on positive samples and Microguide have been updated to reflect these changes. A request has been approved and is in the final stages of construction for a C. diff pop-up to remind people to request C. diff if suspecting C. diff (i.e. because not picked up by Faecal culture).

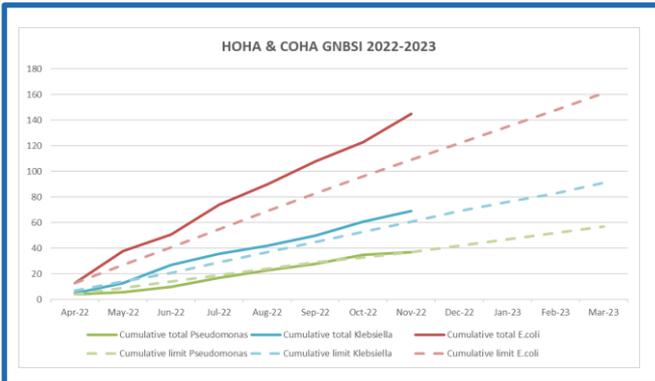
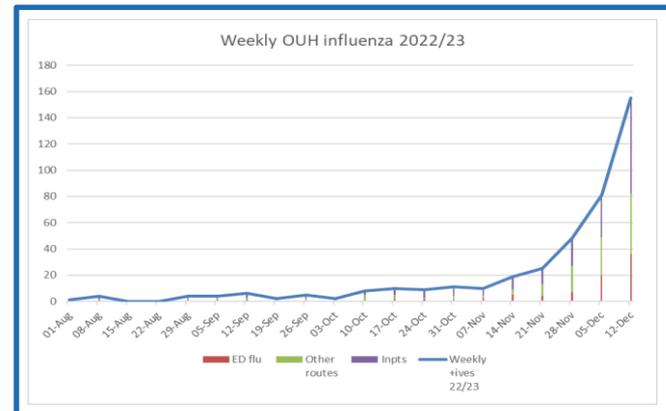
Gram negative blood stream infections (GNBSI)
Target set by NHSE is to halve healthcare-associated GNBSI by 2023/4. The number of E. coli cases continues to exceed the target set by NHSE. Urinary catheter audit was undertaken at the end November. Audit results and action plan will be available in the next report



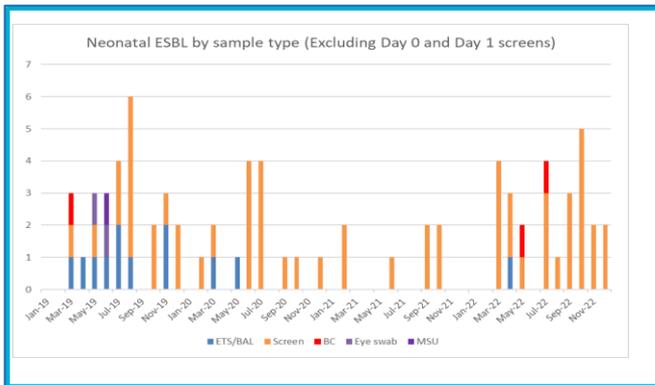
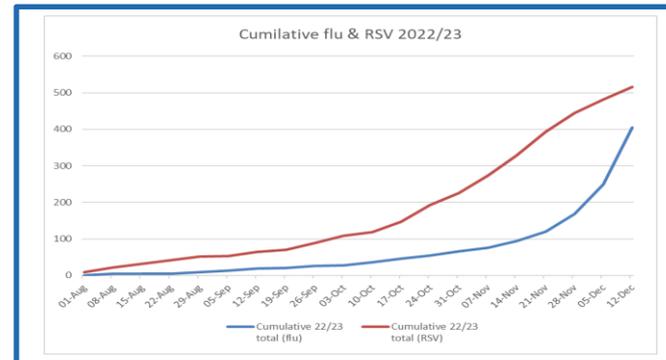
MRSA: No cases

MSSA: In November there were 4 HOHA and 2 COHA bloodstream infections.

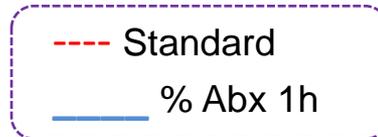
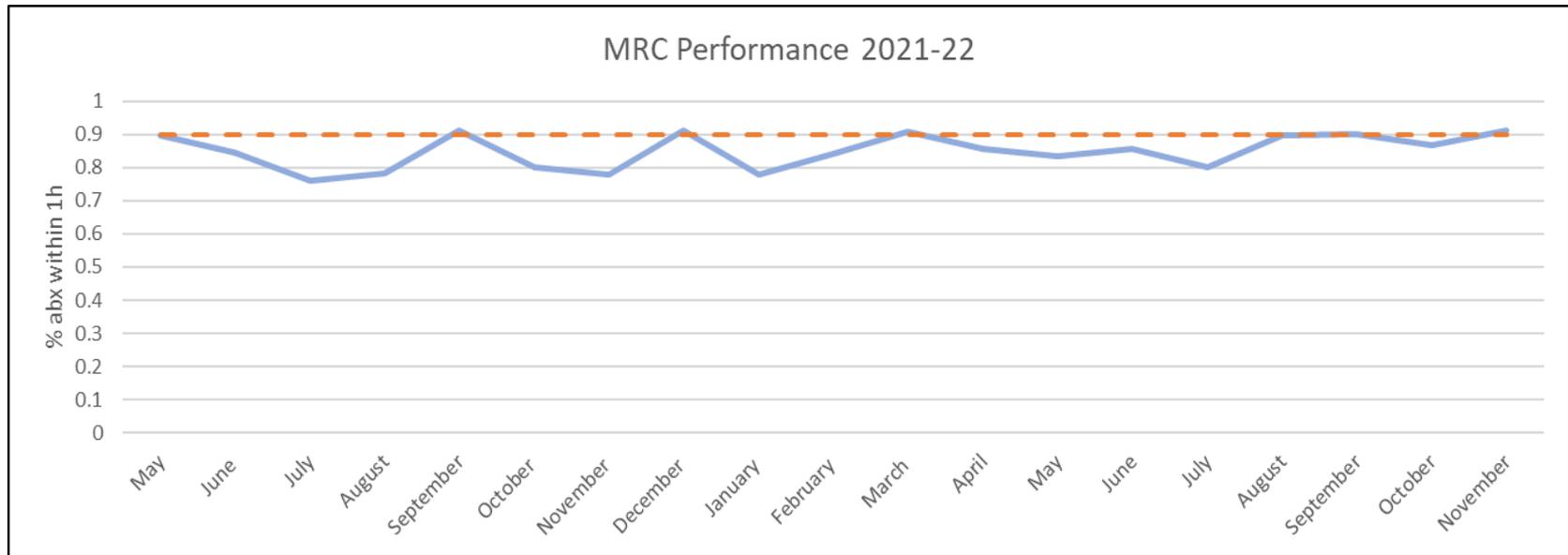
Respiratory Viruses
COVID-19 numbers have reduced, 211 cases during November with 25 definite and 20 probable nosocomial cases. The number of influenza cases in the trust has been gradually increasing, but did not cause operational issues in November. Pre-Christmas there was a rapid increase in influenza admissions, causing considerable difficulty with appropriate cohorting of patients with different respiratory viruses. A small number of influenza cases have required ICU admission. A number of cases have been in children. RSV numbers have also increased and have been operationally challenging to children's services.



Group A Streptococcus
Notifications of Group A streptococcal infections, including scarlet fever, invasive infections (iGAS) and severe pulmonary infections are higher than normal in England and causing significant public concern. Reflected in a high number of attendances in ED, especially in Paediatrics, and a higher number of patients than usual admitted with a positive Group A streptococcus culture and diagnosis of iGAS. All cases of iGAS are notified to the local health protection team.



Neonatal Unit MRSA Outbreak
Outbreak of MRSA in the neonatal unit declared over 23/11/22 as no new case of horizontally acquired MRSA since 4/10/22. An ESBL outbreak was declared 23/11/22 due to the increasing number of colonised babies found on routine screening. There were 5 new cases of late acquisition in October. At this time there is no increase in isolates from clinical samples and the increase is in colonisation only. ESBL screening was introduced following investigation of a previous outbreak of ESBL in July 2019. UKHSA and NHSE/I undertook an invited peer review visit at the end of December.



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

- November 2022: Overall 21/23 (91%); ED 22/23 (96%)
- 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	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Documentation	99%	98.88%	97.45%	99.11%	98.62%	99.27%
Observation	100%	100%	100%	99%	97.6%	98.8%

WHO documentation audit 99.3% compliance (406/409): CSS 100% (157/157)MRC 100% (126/126), SuWOn 100% (27/27)

NOTSSCaN 97.0% (96/99) WHO checklists not being fully completed at sign in or time out – Divisional Clinical Teams and supervisors made aware, as well as nursing team, clinical lead and governance lead. Revised bespoke WHO checklist approved at CGC in December, to be make the checklist more applicable to requirements of specialty.

WHO observational audit 98.8% compliance (251/254): CSS 100% (19/19), MRC - No observational audits performed, SUWON 100% (124/124).

NOTSSCaN 97.3%(108/111) WHO checklists not being fully completed at sign in or time out – Divisional Clinical Teams and supervisors made aware, as well as nursing team, clinical lead and governance lead. Revised bespoke WHO checklist approved at CGC in December, to be make the checklist more applicable to requirements of specialty.

Local Safety Standards in Invasive Procedures (LocSSIPs)

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

Completion rate of actions from root cause analysis Never Event investigations

- Sixteen actions from 2020/21 Never Events were due and all but one have been completed with evidence uploaded to Ulysses.
- Twenty-four actions from the four 2021/22 Never Events were due, 16 of which have been completed with evidence uploaded.
- No actions from the completed 2022/23 Never Event have passed their target date. The outstanding 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.

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

- One investigation is complete, the other is ongoing.

Never Event reported

A new Never Event was confirmed in November 2022, reference 2223-069.

It concerns a patient with symptoms of an acute stroke who was consented for mechanical thrombectomy of the right middle cerebral artery. During this procedure cerebral angiography was performed on the left internal carotid artery. A second procedure was subsequently required to remove a clot from the right middle cerebral artery.

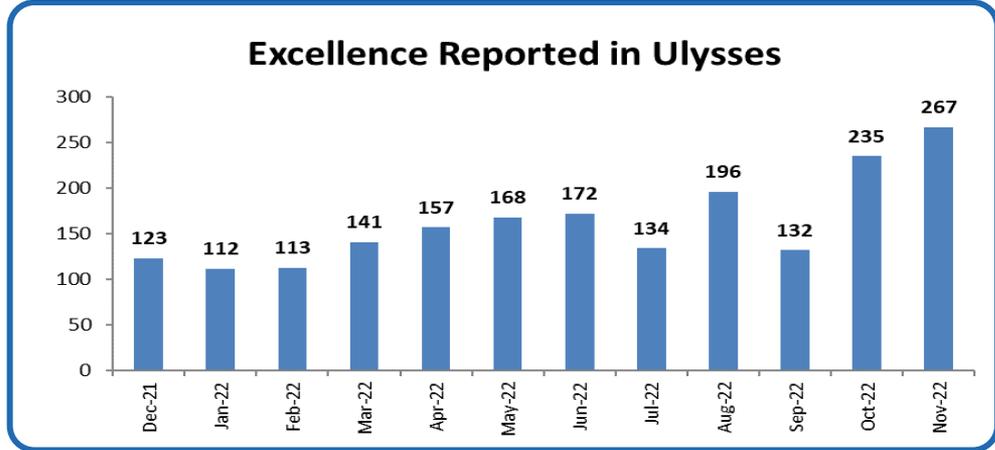
A lead investigator has been identified, and discussions with staff are being scheduled.

The case was discussed at the local mortality and morbidity meeting. The WHO checklist was reviewed and it was concluded that it did not need to be amended at this point, as exceptional time-critical circumstances in this case meant that the existing process was not followed. The investigation is underway, and will consider this further.

Excellence Reporting

“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 November
 - Two Estates Technicians were recognised for the dedication and hard work on CTW. - Whenever we have a job to complete on CTW these 2 gentlemen never fail to come to the ward with a smile. The pair of them make everything light-hearted and no challenge dampens their spirits. They complete jobs to a high standard and are always willing to go above and beyond what is asked of them. The pair of them are skilled at working hard whilst making it look like they're having fun. They are a fantastic asset to the trust and people like this should get recognised for their services.
 - Two staff members who perform neurodevelopmental assessments. - Despite these assessments having to stop on a couple of occasions over the last 2 years due to COVID-19 the John Radcliffe has improved massively going from 61% compliance in 2019 to 85% compliance in 2020 amazing scores given the national score is 74%. This is due to them both providing additional appointments and being flexible with timing over several months in recent times to clear the backlog of assessment needed and bring us up to date where we are now performing assessment at due times.

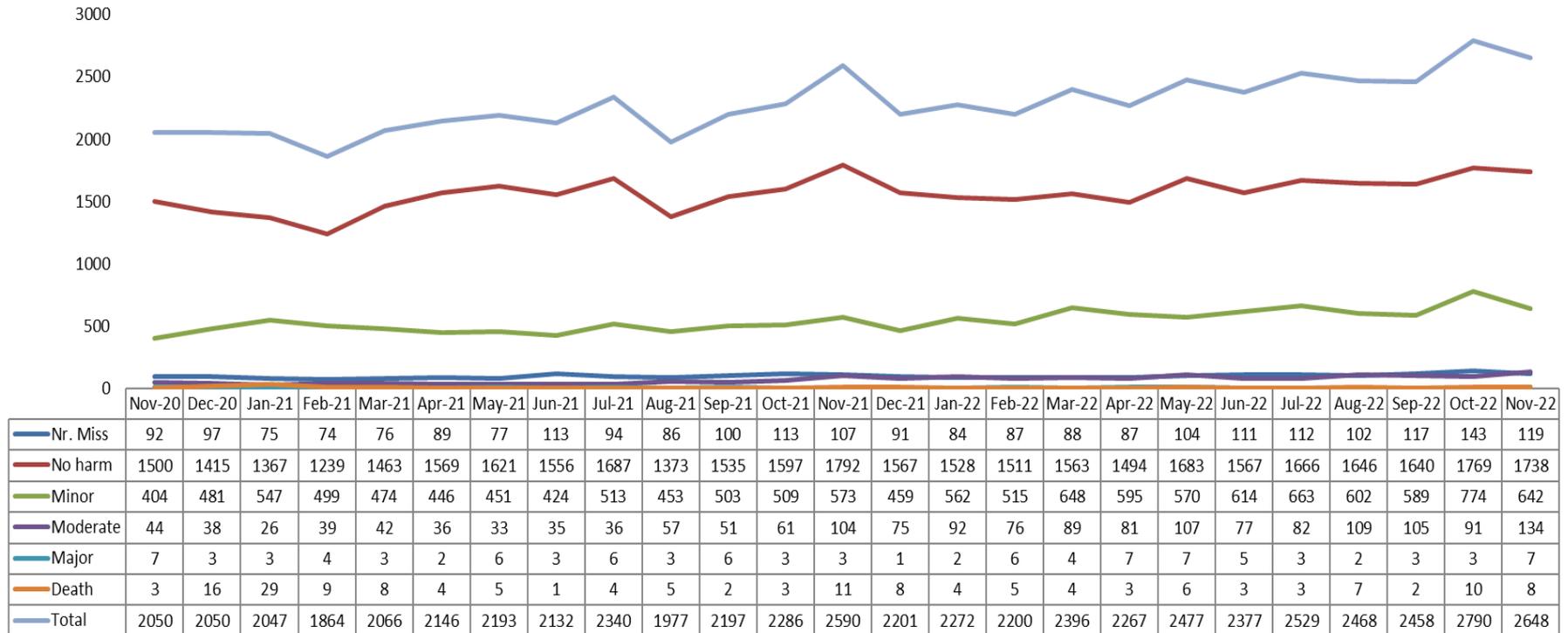


Theme	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Teamworking	42	33	60	39	75	102
Compassionate Care	34	25	34	27	49	47
Going Above And Beyond	90	71	96	62	109	112
Innovation	6	5	6	4	5	6
Grand Total	172	134	196	132	235	267



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

2648 patient incidents were reported in November 2022; the mean monthly number over the past 24 months is 2280. A large number of incidents reported with a small percentage of incidents with significant impact reflects a good safety culture.

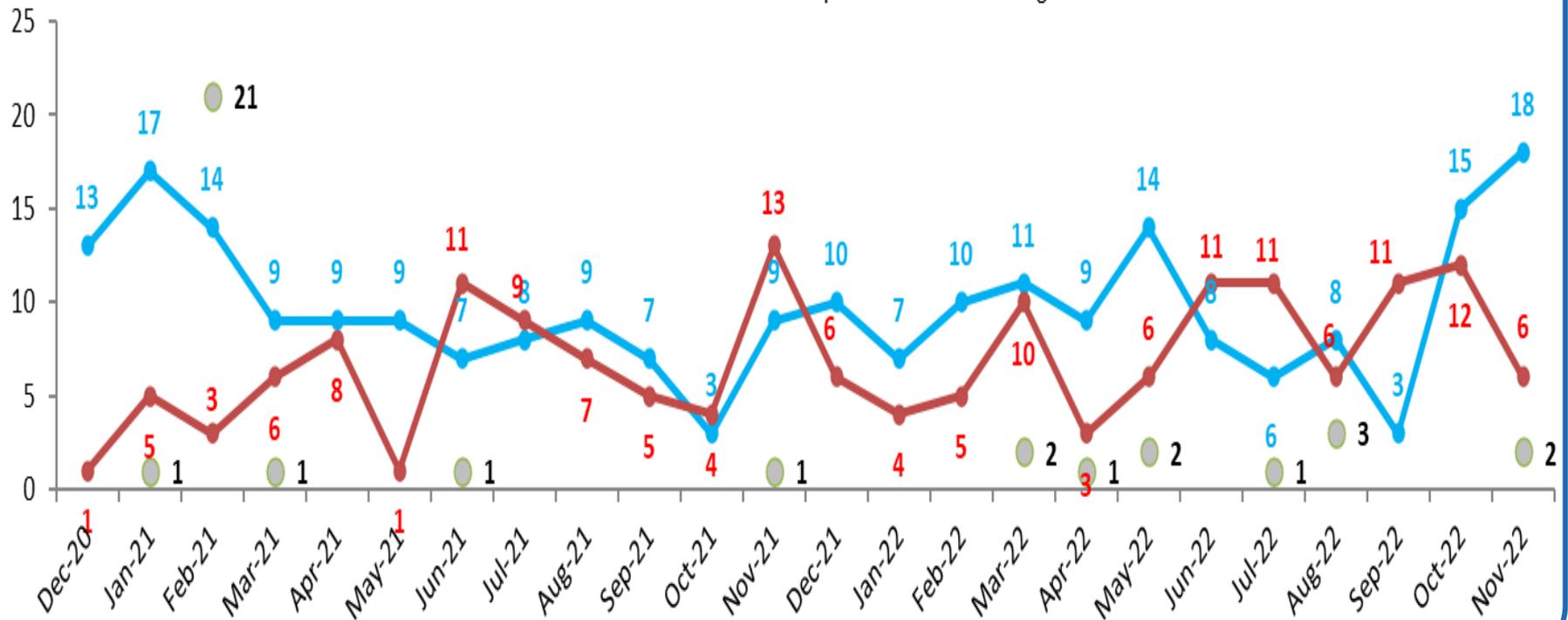


In November 217 incidents were discussed at PSR. 11 visits from PSR representatives to support staff or patients took place, and 9 incidents had their impact downgraded in the meeting.

The graph below shows 18 SIRIs were declared by the Trust in November 2022 and 6 SIRI investigations were sent for approval to the ICB. Learning from these investigations is disseminated at a range of Trust, Division and local level meetings, with communication to target groups often written into actions plans.

SIRIs declared and completed in the last 24 months

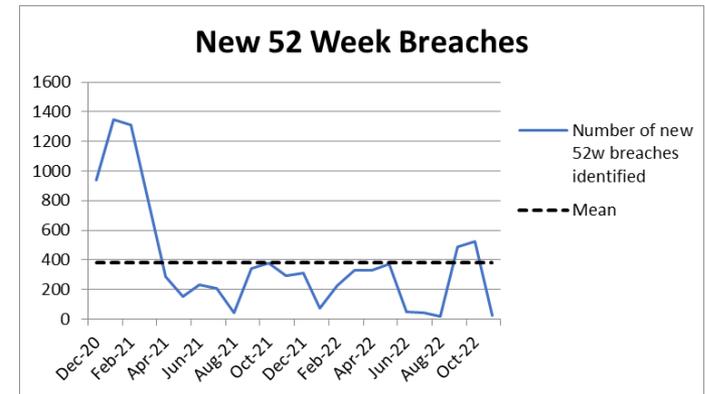
Declared Completed Regraded



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 52-77w breaches

Specialty	Aug22 new breaches	Sep22 new breaches	Oct22 new breaches	Nov22 new breaches	Nov22 total breaches
Endoscopy (Gastro)	(0)	(17)	22	(1) ↓	38
Gastroenterology	(0)	26	26	(0) ↓	64
Gynaecology	(0)	(16)	22	(2) ↓	45
Maxillofacial	(0)	(6)	22	(0) ↓	38
Orthopaedics	(0)	25	34	(2) ↓	97
Plastic Surgery	(0)	36	34	(2) ↓	92
Rheumatology	(0)	(15)	20	(0) ↓	56
Spinal Surgery Service	(0)	31	27	(4) ↓	86
Trauma & Orthopaedics	(4)	83	92	(4) ↓	253
Urology	(0)	78	102	(1) ↓	343
Vascular	(0)	24	24	(1) ↓	69



- There were 1509 patients who had been waiting 52-77 weeks for elective treatment at the end of November 2022 (an increase on the October figure of 1427).
- November saw 25 new 52-77w breaches, a significant drop from October's figure of 523. The 24-month mean is 379.
- The table above shows details of all services that have had 20 or more new breaches in recent months.
- One case with Moderate+ impact has been confirmed from 52w breaches in 2022/23 to date. It is being investigated locally.
- 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.

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

Directorate	-	D2	D3	D4	P2	P3	P4	P6	P7	RCS requires popul	Grand Total
Cardiology				1		1					3
Clinical Neurophysiology											1
Colorectal Surgery						1					1
Dermatology						1	1				2
Ear Nose and Throat						5	4		1		13
Endocrine Surgery						1					1
Endoscopy (Gastroenterology)		1	4	6							14
Endoscopy (General Surgery)			1								1
General Internal Medicine							1				1
General Surgery											1
Gynaecology						11	15	3			33
Interventional Radiology											2
Maxillo Facial Surgery						16	11	4			33
Neurosurgical Service						14	6				26
Ophthalmology						5	47	3			62
Orthopaedic Service		1				12	41	2			68
Paediatric ENT						2	1				3
Paediatric Gastroenterology								2			2
Paediatric Ophthalmology						1	17				18
Paediatric Oral and Maxillofacial Surgery Service						3	1	1			5
Paediatric Plastic Surgery				1		2	12				21
Paediatric Spinal Surgery						16	13				35
Paediatric Surgery						3		2			5
Paediatric Trauma and Orthopaedics								1			1
Paediatric Urology						4	1	1			6
Physiotherapy							3				4
Plastic Surgery				1	1	16	26	1			77
Plastic Surgery Craniofacial						1	1				3
Rheumatology							1				1
Spinal Surgery Service						8	23				40
Trauma and Orthopaedics					2	31	152	5			220
Upper Gastrointestinal Surgery							2				2
Urology					4	154	144	6			335
Vascular Surgery					4	6	12	4			29
Grand Total		2	5	9	11	314	536	34	1	157	1069

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

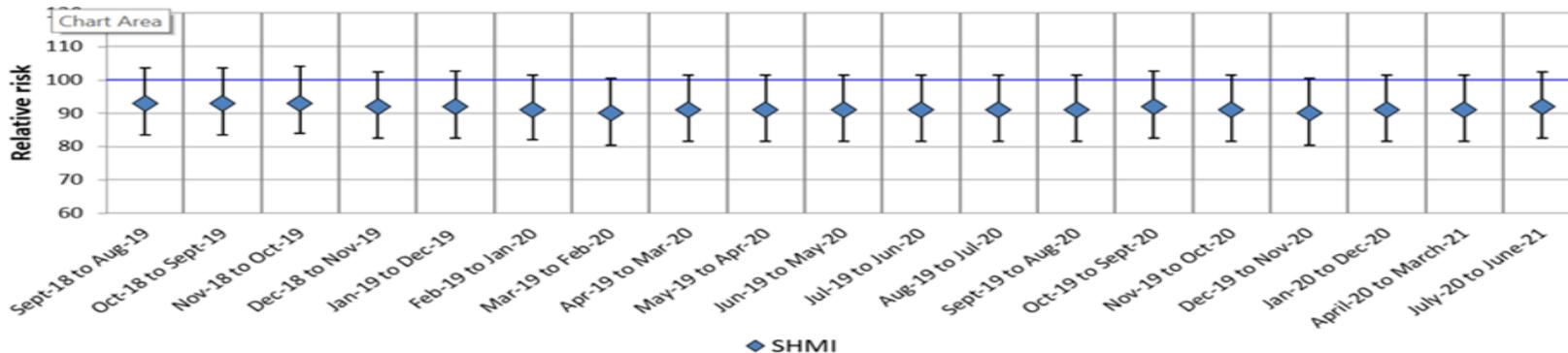
Since 5 February 2019 a weekly safety message from the CMO and CNO has been issued from the central Clinical Governance team, emailed to all staff accounts, and available on the intranet

Weekly Safety Alerts

Actions ▾		1 - 100 ▶
 Title		Alert Date
Weekly Safety Message 203: Changes to the Management of C.difficile		20/12/2022 11:00
Weekly Safety Message 202: Radiology Examinations for Research Participants		13/12/2022 12:00
Weekly Safety Message 201: Use of Interpreters		06/12/2022 13:00
Weekly Safety Message 200: Correct Recipient Checks in Microsoft Outlook		29/11/2022 09:00
Weekly Safety Message 199: Mislabelled transfusion samples		22/11/2022 10:00
Weekly Safety Message 198: Accessing patient records - legitimate relationship		15/11/2022 09:00
Weekly Safety Message 197: Management of Patients with Hyponatraemia		08/11/2022 10:00
Weekly Safety Message 196 : Mobility and Venous Thromboembolism (VTE) Risk Assessments		01/11/2022 10:00

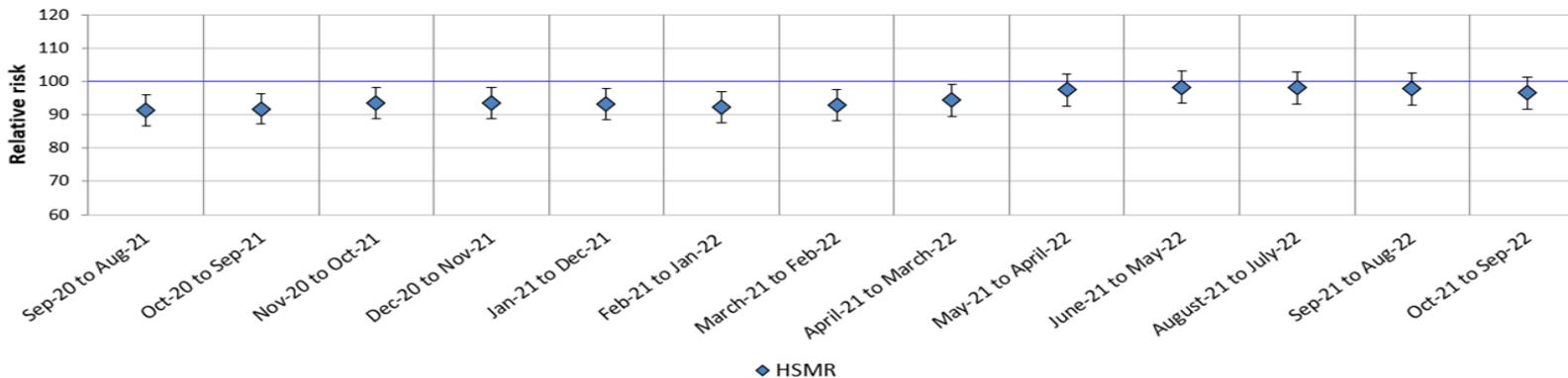
The SHMI for the data period July 2021 to June 2022 is 95. This remains rated 'as expected'.

OUH NHS FT SHMI trend



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

OUH NHS FT HSMR trend



The HSMR is 96.6 for October 2021 to September 2022. The HSMR is rated 'as expected'

Site	SHMI	Banding	95% lower CL	95% upper CL	Observed deaths	Expected deaths
John Radcliffe Hospital	0.91	As expected	0.896	1.116	2024	2216
Horton General Hospital	0.97	As expected	0.85	1.18	528	545
Nuffield Orthopaedic Centre	0.36	Lower than expected	0.670	1.440	13	36
Churchill Hospital	0.86	As expected	0.84	1.179	333	387
Sobell House Hospice	3.05	Higher than expected	0.72	1.43	110	36
Katherine House Hospice	3.10	Higher than expected	0.68	1.48	89	29

- **SHMI by site (July 2021 to June 2022)** Sobell House Hospice and Katherine House Hospice is depicted with a higher-than-expected SHMI. The Nuffield Orthopaedic Centre (NOC) has a lower-than-expected SHMI. NHS Digital has advised that the SHMI banding for each site is calculated by comparing the SHMI value to the **national baseline**, which includes all non-specialist acute trusts. The banding does not consider the **type** of site.

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

Title	CUSUM	Vol	Obs	Exp	%	Relative risk
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	🟢 1 🟡 3	86775	2170	1915.3	2.5	113.3
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	🟢 6 🟡 4	116335	3985	3646.9	3.4	109.3
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	🟢 7	52910	1895	1950.0	3.6	97.2
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	🟢 4	64101	2158	2233.9	3.4	96.6
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	🟢 3	74285	1555	1636.9	2.1	95.0
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	🟢 24	89060	2430	2671.2	2.7	91.0
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	🟢 16	58850	1260	1516.8	2.1	83.1
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	🟢 21	51880	905	1165.2	1.7	77.7
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	🟢 32	66615	1445	1871.4	2.2	77.2
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	🟢 18	51855	635	845.7	1.2	75.1

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%	30/11/2022	61.36%	50.88%	57.91%
Referral to Treatment Standards					
RTT: % <18 week waits, Incomplete pathways	92%	31/10/2022	59.66%	60.83%	64.62%
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	31/10/2022	2186	5722	1674
Cancer Standards					
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	31/10/2022	77.79%	76.37%	77.42%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	31/10/2022	75.75%	56.56%	48.65%
First treatment within 31 days of cancer diagnosis	96%	31/10/2022	91.95%	87.44%	87.28%
First cancer treatment within 62 days of urgent referral from screening service	90%	31/10/2022	67.09%	58.33%	65.22%
First cancer treatment within 62 days of urgent GP referral	85%	31/10/2022	60.29%	51.96%	55.67%
Subsequent cancer treatment in <31 days: surgery	94%	31/10/2022	80.89%	69.35%	81.05%
Subsequent cancer treatment in <31 days: drugs	98%	31/10/2022	98.81%	98.56%	98.98%
Subsequent cancer treatment in <31 days: radiotherapy	94%	31/10/2022	90.78%	92.08%	97.63%
DMO1 6 week Diagnostic Standard					
DMO1: >6 week waits for treatment	1%	31/10/2022	27.50%	24.52%	9.59%

A&E

November 2022 saw a decline in performance against the 4-hour standard, with OUH remaining in the lower quartile nationally.

RTT

At the end of October 2022, OUH performed above the national average and the Shelford group average for patients waiting under 18 weeks at 64.62% and continues to report significantly less >52 week waits when compared to both the national average and the Shelford group.

Cancer Standards

In October 2022, OUH performed less favourably across 2 of the 8 cancer standards when compared to both the national and Shelford Group averages. Performance across 6 cancer standards was favourable when compared solely to the Shelford Group averages.

Diagnostic waits

At the end of October 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 – November 2022

National 4hr ED Performance - All Types - November 2022

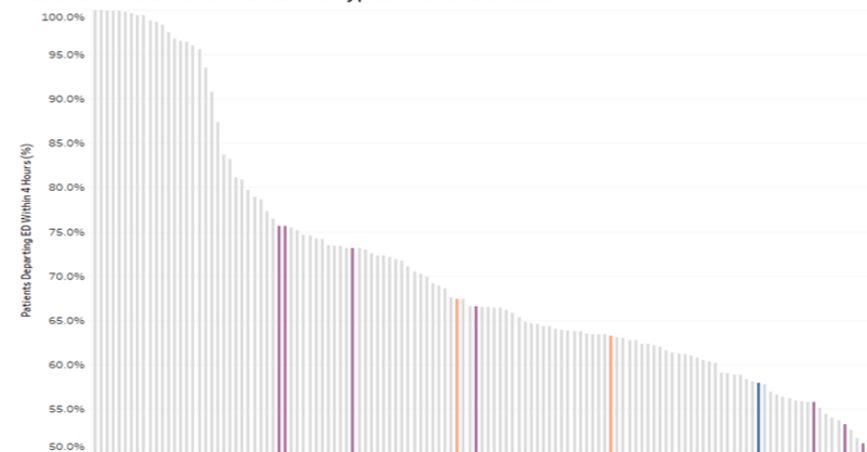


Figure 2. OUH performance of 'all types' (Emergency Departments only) compared to the National position – November 2022

- The Trust performance against the Emergency Department (ED) 4-hour standard decreased to 57.91% in November, a marginal decrease of 0.28% in performance on the previous month.
- The John Radcliffe performance deteriorated by 1.14% in November 2022 compared to October 2022, giving a site performance of 53.05%.
- The 4-hour performance at the Horton site improved from the previous month, achieving 72.64%, an increase of 2.83%.
- The OUH position for November 2022 was unchanged in the national rankings for ED 4-hour performance 'all types' remaining in the lower quartile.
- OUH improved from 6th position to 5th position against the Shelford Group and remained in 8th position against the local regional hospitals.
- Attendances were on a par with the previous month, slightly down by 0.74% (a rise of 2.56% when adjusted for days in the month).
- **Paediatric attendances to ED increased significantly for a second consecutive month by 10.7% at the JR and 6.6% at the Horton site compared to the previous month.**
- 'Wait to be seen' remains the most significant breach reason for admitted and non-admitted patients, with 50.58% and 76.18% respectively.
- Adult Ambulatory Unit (AAU) had remained closed overnight to maintain ambulatory flow through November but in more recent weeks has either opened in the early hours of the morning to decompress an overcrowded ED or, has remained open overnight due to increasing demand for inpatient beds. Additional capacity (4 beds) has remained open on 5B and a further 12 inpatient beds have been opened in the previous Triage area of SEU D side. At the Horton site in December, additional capacity had to be opened on CCU and for some short periods the new Discharge Lounge was converted to inpatient space with patients expected to go home within the next 24 hours. The Day Surgery Unit has helpfully accommodated traditional Discharge Lounge patients when needed.
- Surgical Emergency Unit (SEU) triage capacity challenges have been eased somewhat with the relocation to 6C.
- In November, the Children's respiratory surge plan was initiated in response to the increasing capacity pressures. There has also been increased pressure on critical care capacity both in adults and paediatrics with impact on elective work and patients held in ED and Theatres for short periods.

Figure 1.

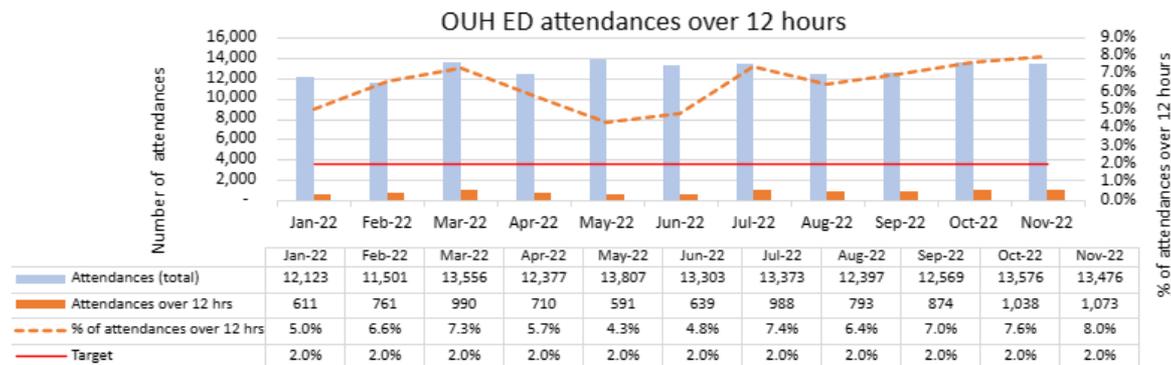


Figure 2.

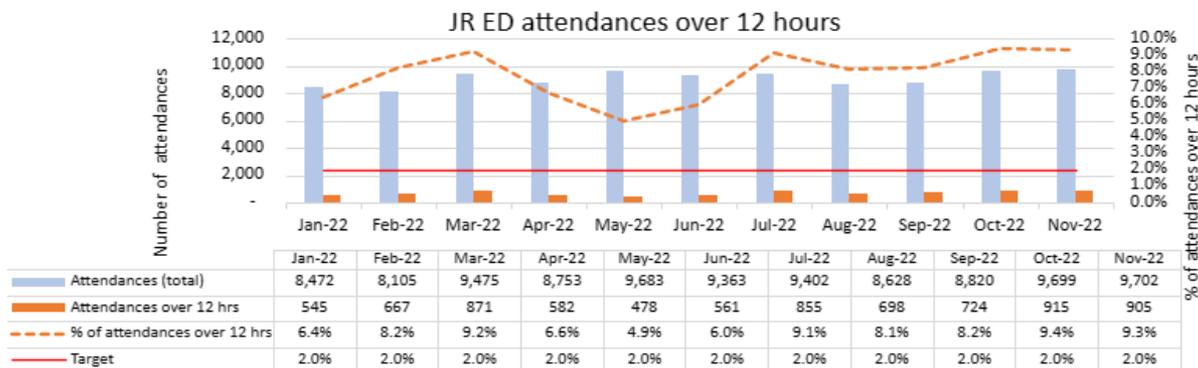
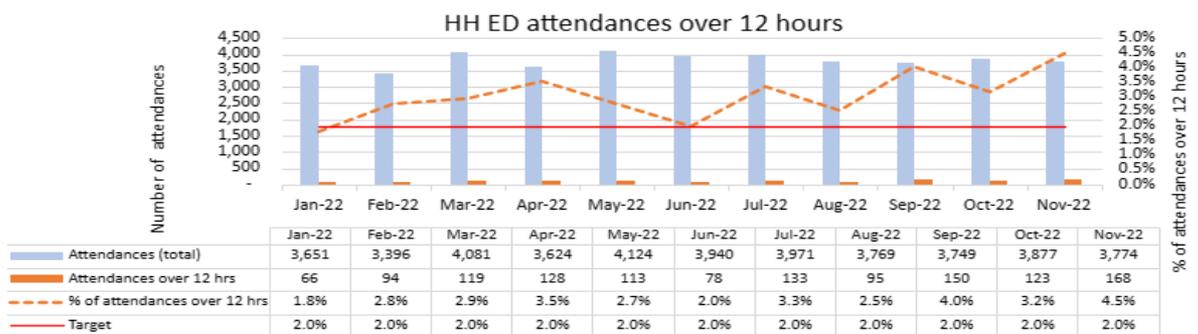


Figure 3.



- In November 2022, 8% of Emergency Department (ED) attendances (1073 patients) had a length of stay greater than 12 hours against the threshold of 2.0%. This is on a par with the previous month and attendances have remained stable.
- Figure 2 illustrates the percentage of attendances at the JR ED with a length of stay greater than 12 hours. This was slightly lower than the previous month at 9.3% with 905 patients, 10 less than the previous month, residing in the JR ED for greater than 12 hours.
- Long waits to be seen and flow out of ED remain 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 4.5% in November, 168 patients. This is a deterioration on the previous month with 45 more patients residing in the ED for longer than 12 hours. The main contribution factor to this for the Horton site in November was flow out of the ED
- Historically all patients with a length of stay of over 12 hours were adults. Due to surges in respiratory illnesses, we are now seeing Children in our ED's for over 12 hours. This was 3% (112) of paediatric attendances in November, a 1% reduction on the previous month.

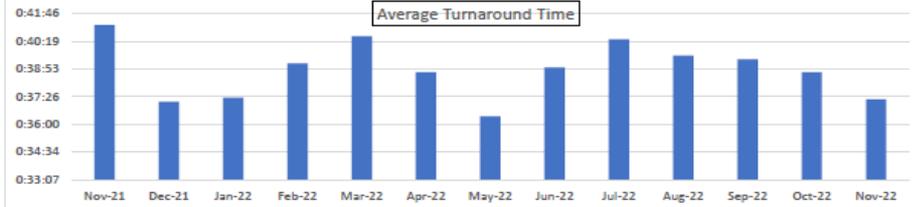
John Radcliffe Hospital

Arrivals, Handovers & Turnarounds

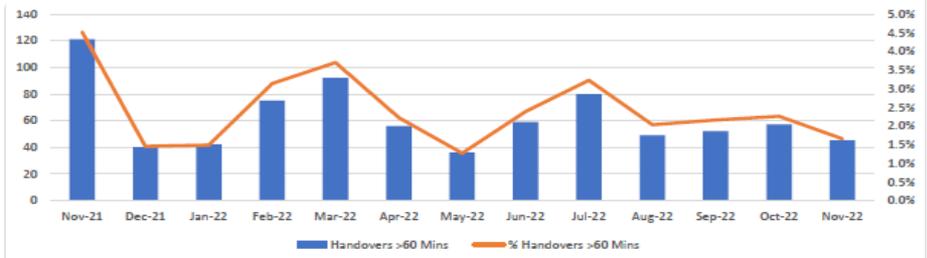
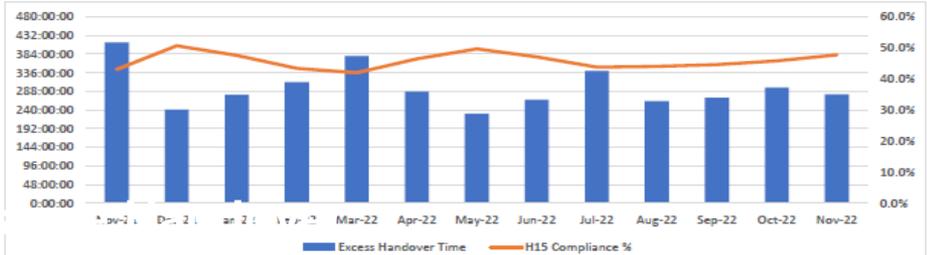
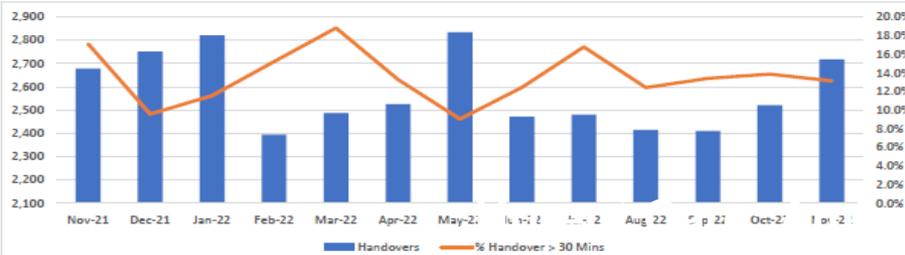
	Sep-22	Oct-22	Nov-22
Number of Arrivals	3,456	3,640	3,762
Number of Handovers	2,411	2,520	2,718
Average Handover Time	0:19:52	0:20:07	0:19:04
Average Turnaround Time	0:39:23	0:38:42	0:37:19

Handover Breakdown

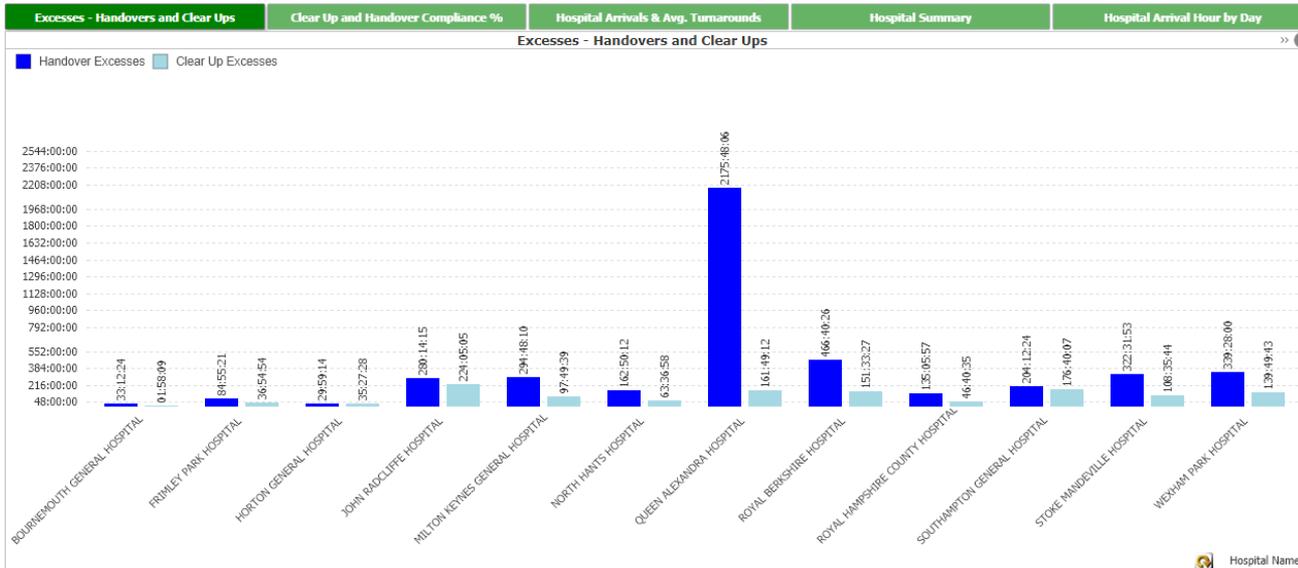
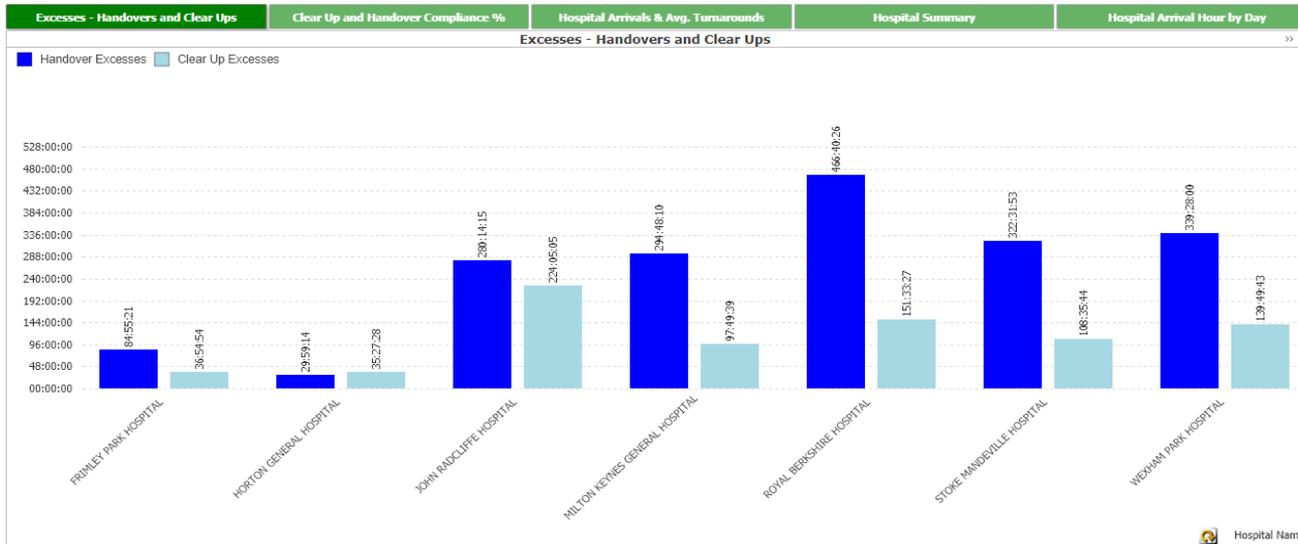
	Sep-22	Oct-22	Nov-22
Handovers >30 <60 Mins	271	292	312
Handovers >60 Mins	52	57	45
% Handovers >30 <60 Mins	11.24%	11.59%	11.48%
% Handovers >60 Mins	2.16%	2.26%	1.66%



Handover Charts for John Radcliffe Hospital

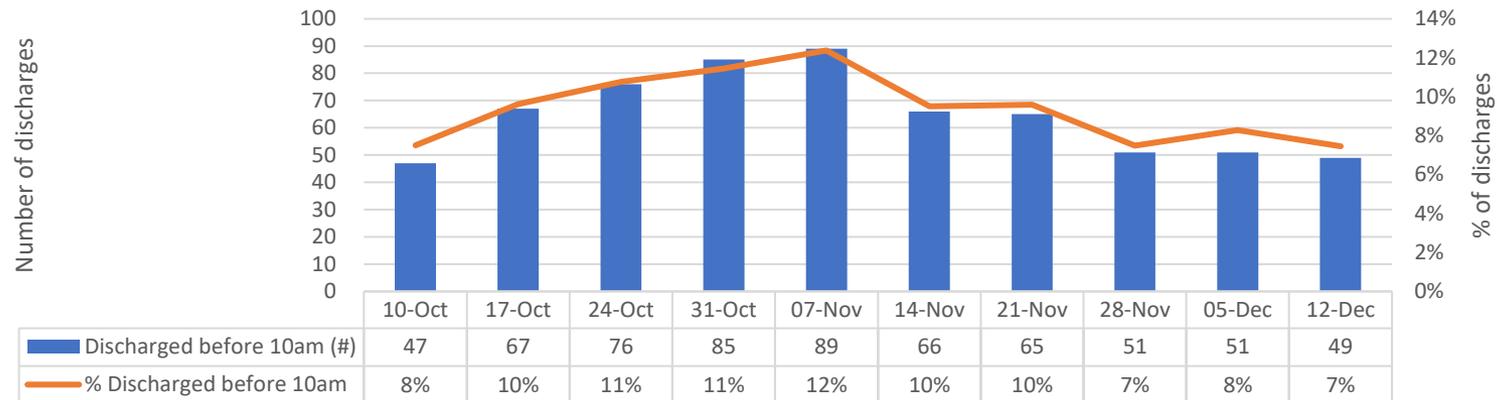


- There has been a slight improvement in ambulance handover delays at the JR site despite a second consecutive month with increased conveyances. This was 4% higher than the previous month with 122 more arrivals and handovers.
- Communication between South Central Ambulance Service (SCAS), OUHFT and Urgent Community Response (UCR) has been excellent and referrals to alternative clinical pathways have increased.
- Despite OUHFT providing two Registered Nurses to care for patients in both the Nurse and Ambulance corridor there has been occasions in more recent weeks when the support of a HALO has been required. This has been due an increase in the number and acuity of conveyances compounded by limited flow out of the ED.
- Patient safety and experience for patients delayed remains a focus of high priority across the Trust.
- 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.

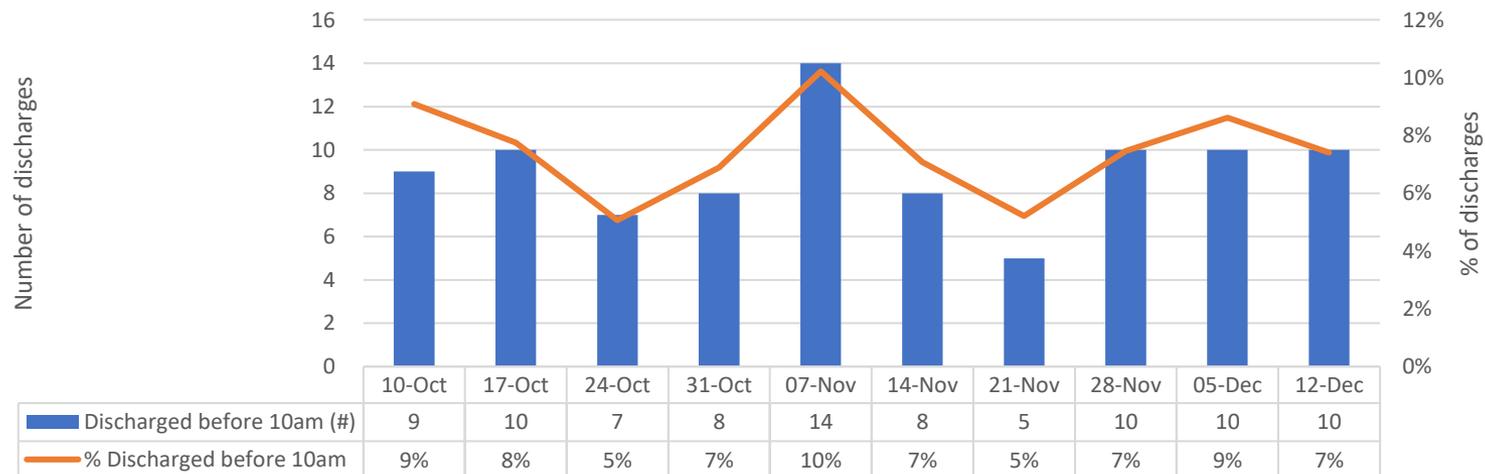


- The top graph illustrates the Buckinghamshire, Oxfordshire and West Berkshire (BOB) system performance for ambulance handover delays alongside Frimley system. Whilst OUHFT is one of the better performing Trusts, there are opportunities for improvement to further reduce delays. Focussed work on reducing handover delays has progressed well through Quarter 3 with the Ambulance Handover Working Group and will continue in to Quarter 4.
- The bottom graph illustrates the individual hospital performance for the SCAS region. The Horton sites remains one of the best performing sites.

JR discharges before 10am



Horton discharges before 10am



- The above graphs illustrate the number and percentage of discharges before 10am. The data includes the last ward that the patient was on, or penultimate ward if the patient was discharged from the Transfer Lounge.
- Increasing numbers of patients with Covid and Flu has impacted on the utilisation of the transfer lounge and consequently before 10am discharges.
- Scoping work was carried out in December for an alternative Discharge Lounge for patients with either Flu or Covid that needs to be considered by the Trust wide Urgent Care Group.

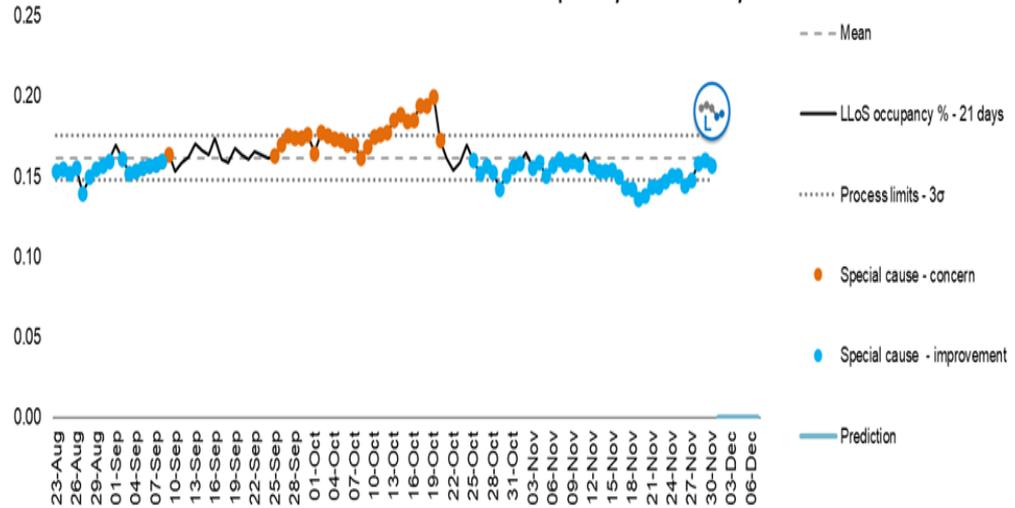
Urgent Care: Length of stay (LOS) over 21 days - November 2022

- The percentage of patients with an extended length of stay decreased in November.
- OUHFT remains one of the better performing acute Trusts in the Region and for this period remained in 4th position.
- An increasing number of these patients are medically optimised for discharge but are unable to be discharged from the acute Trust due to unavailability of onward care with Community providers. The majority of these patients reside in the medical bed bases at the JR and Horton Hospitals as well as the Trauma Wards at the JR. Out of area delays at the Horton have increased which has contributed to this.
- Out of area delays continue to pose a challenge, particularly those waiting for Northamptonshire community services. This received executive escalation support from OUHFT and OCC through November and December. A dedicated nurse within the Discharge Team started in post in January 2023 to provide targeted support to out of area patients.
- Action plans are underway with the Deputy Director of UEC and Dep Divisional Nurses to address key areas that are within control of OUHFT; pathway review for patients awaiting community hospital placement, patients NOT MOFD due to intravenous therapy, address 'blanks' for delay code, refresh and relaunch of the revised Board Round Policy.

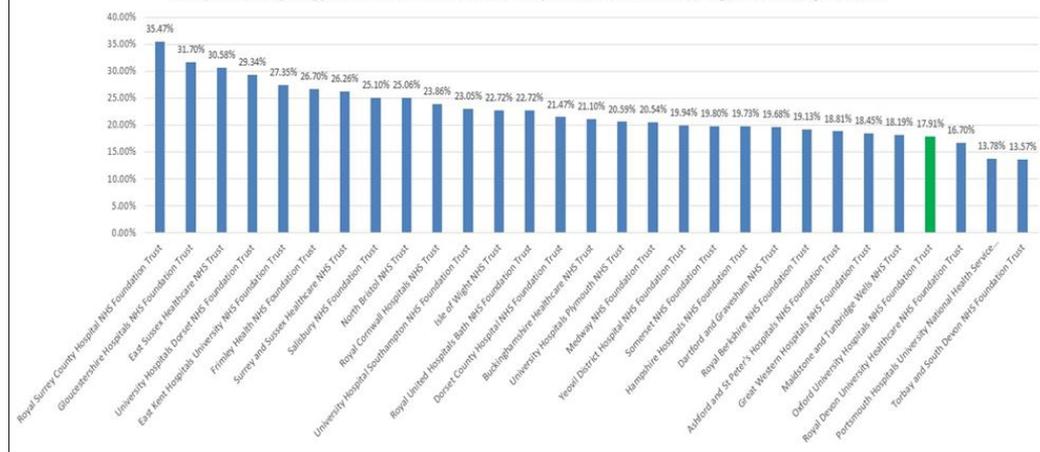
Patient with a LOS over 21 days – point prevalence November 2022

- 16% (153) are over 21 days
- 2% (3) are waiting for repatriation
- 33% (51) are out of county
- 9% (14) are NEWs 5 and above
- 41% (62) are Medically Fit for Discharge, of this 40% (25) are waiting for community hospital placement or any other bedded intermediate/ reablement care, 13% (8) are waiting for social care reablement or home-based intermediate care time limited and 11% (7) are waiting for start or restart of domiciliary care package – long-term packages.

SPC chart for LLoS occupancy % - 21 days

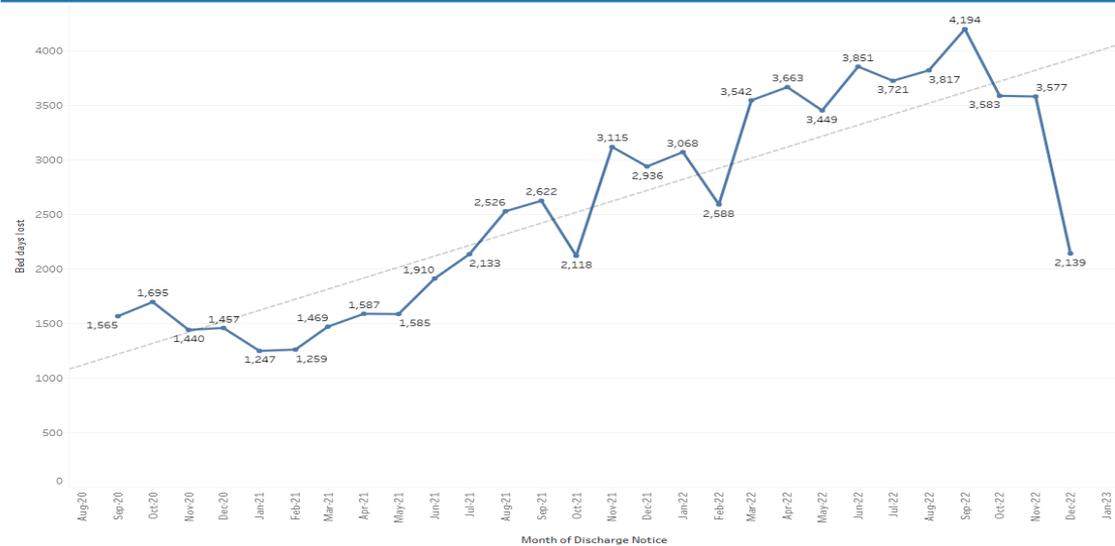


% of open beds occupied by patients with an extended LOS over 21 days in Trusts across the South of England week ending 16/10/2022

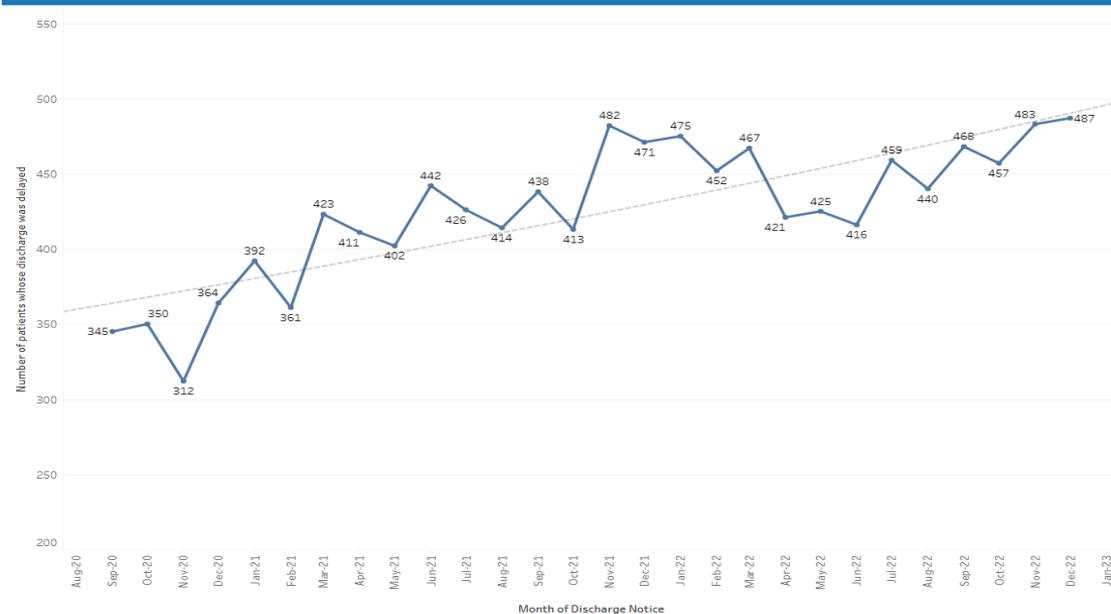


- There has been a steady increase in the number of patients who do not meet the criteria to reside that are delayed waiting for services to support discharge (Pathways 1-3) over the past 2 years
- The length of time these patients are delayed has also increased, contributing to a significant number of bed days
- A number of factors have contributed to this increase:
 - A change in reablement provider and the criteria for accessing the service
 - A subsequent increase in referrals to social care
 - Management and process of referrals (linear)
 - Covid outbreaks within the Short Stay Hub Bed providers leading to bed closures
 - Closure of one Short Stay Hub Bed unit in the North of Oxfordshire
 - Workforce challenges across domiciliary providers
 - The removal of the Hospital Discharge Programme post-Covid
 - Challenges to implement a 'Discharge to Assess' at home approach
- A 'Transfer of Care Hub' has been established and tested in a number of pilot sites across the acute and community bed bases. This has cross system support and representation. A plan is in place to widen the ToC Hub to include more wards, starting at the JR and Horton sites. Alongside this, all staff working within discharge on the wards will work within one central discharge team. The ToC Hub will facilitate more rapid decision making and bringing the teams together will improve communication to the wards and improved ward and patient representation.
- The additional 'winter beds' that were procured has helped to facilitate further discharges to the community post-Christmas. The CARE team have also been trialling a 'Discharge to Assess' model which has proven very successful.

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



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



**MULTI-AGENCY
DISCHARGE
EVENT (MADE)**

**Implementation
of Transfer of
Care Hub**

**Establish
Urgent Care
Centre on JR
site**

**Workforce
initiatives**

Urgent Care: OUH Improvement Programme – Priorities for the next 6 months

1. Emergency Department (ED) Flow



- Implement and Audit the relaunch of the 10 ED Principles using PDSA Cycles – across all ‘emergency front-doors’
- Review and introduce metrics not currently within ED Principles
- Rebranding of Professional Standards – Speciality In reach for patients with clear metrics

2. Decongestion to allow Assessment in ED



- Identification and creation of a physical space to hold patients in a safe environment who are waiting to be discharged or for a bed within ED – to provide the space to assess all our patients within a timeframe aligned to the national standards
- Creation of a resilience map and escalation flowchart to support our staff through escalation / response process at times of significant operational pressures
- Review of current daily rhythm to ensure that there is momentum and pace across the urgent care pathway

3. Inpatient Discharges



- Opportunities and marginal gains for early discharge and expediting inpatient discharges
- Addressing variation in weekend discharges – services to review and reduce the variation at weekends of PO discharges to support the flow earlier in the week- use of PDSA Cycles
- Exploration of physiological Criteria to Reside (CTR) to understand variability and opportunities for improvement
- Implement Criteria Led discharge using QI approach
- Design and implement Transfer of Care Hub

Enable and empower staff to continue providing high quality safe care and positive experience for all our patients

Vision & end goal

Vision of the Oxfordshire ToC hub: To lead **timely and safe** discharge decision-making, delivering **proactive and person-centric** care, through **system-wide collaboration**, to support people to **live well and independently in their community**.

National Policy Guidance: Department for Health and Social Care:

“The transfer of care hub should coordinate care for people who require formal care and support after discharge from hospital... **Decisions about what long-term support package is needed should not be made on the ward.**”

Local Government Association:

ToC hubs should:

- operate **7 days a week**
- be a **single point of contact** for staff
- undertake **quality assurance** of discharge information and take appropriate action in relation to discharge concerns,
- **Escalate issues arising from or inhibiting effective discharge** according to the locally agreed escalation mechanism.

Co-designed guiding principles for Oxfordshire:



Operate with a **'one team' ethos**, delivering holistic and community-based support through joint decision-making.



Embed a **strengths-based approach** to discharge decision-making and planning, providing **proactive, not reactive support**.



Embrace and embed across all patient pathways the expectation that **returning home will be the primary option**.



As part of the decision-making process, consideration will be given to how we can collectively achieve **admission/readmission prevention**



Relevant representation from across the Oxfordshire system, including the voluntary and community sector, to create an **effective multidisciplinary team which operates across the whole county**, not just the acute sites.



Clear understanding across the system of what each team does and how teams can most effectively work together to achieve the vision.

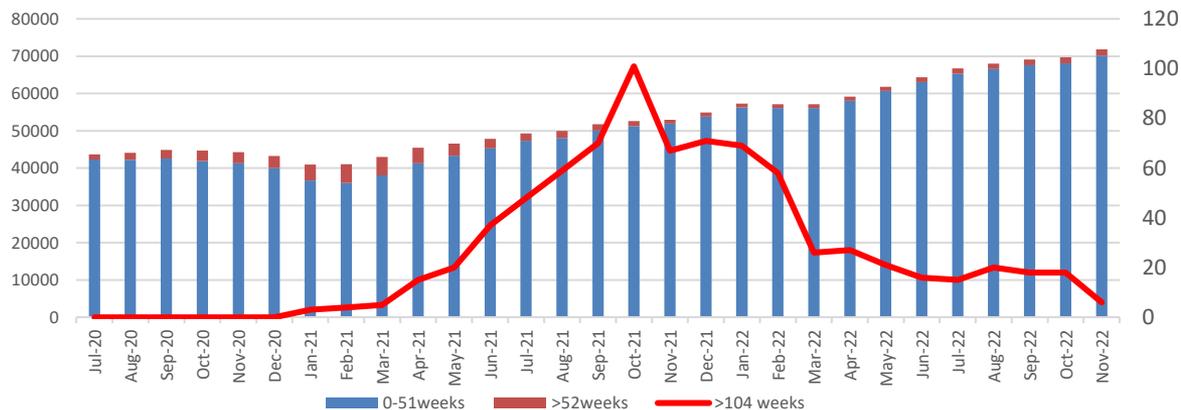


Ensure **easily facilitated communication** with people, their families and across the whole Oxfordshire system to create a collaborative culture

Oxfordshire PLACE Improvement Programme: Verbal update to be provided at Trust Board following the Oxfordshire A&E Delivery Board meeting due to be held on the 12th January covering the following items:

- Transfer of Care Hub
- Urgent Care Centre development
- System discharge and flow
- Virtual wards

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



November 2022 submitted >104 week by speciality:

Speciality	Number of >104wk
Urology	2
Neurosurgical Service	1
Spinal Surgery Service	1
Paediatric Spinal Surgery	1
Plastic Surgery	1
Grand Total	6

Month 8 Performance:

Trust performance against the overall **18-week incomplete Referral To Treatment (RTT) standard** was **64.30%**. The total RTT Incomplete **waiting list size for November is 71,809** and has increased by **2,050** pathways when compared to the previous month's submission (October 2022).

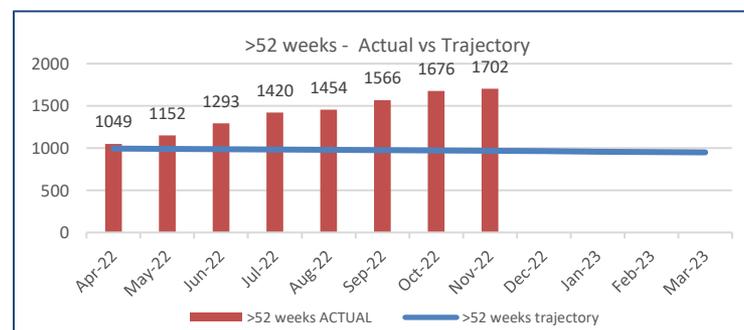
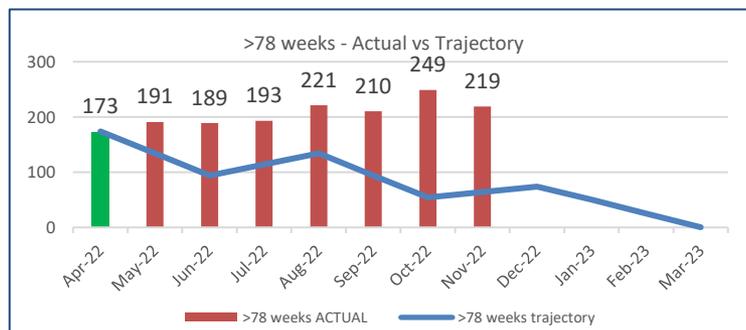
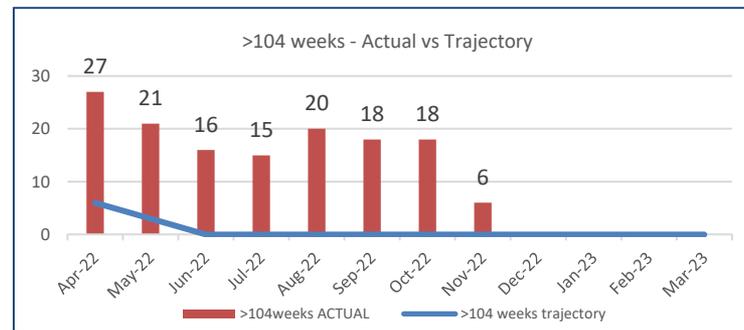
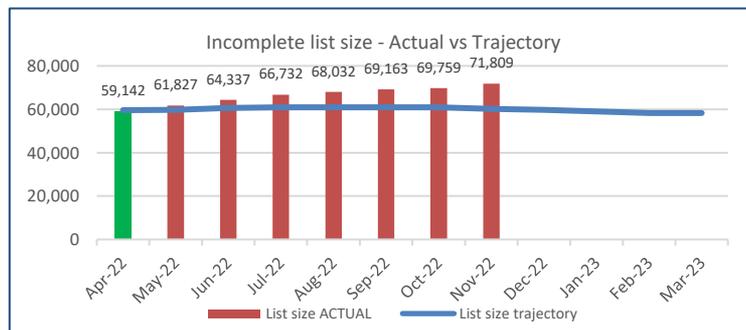
52 week wait position: There are **1,702** patients waiting **over 52 weeks** for first definitive treatment at the end of November 2022; this represents an increase of 26 patients when compared to the previous month's position.

78 week wait position: There are **219** patients waiting **over 78 weeks** for first definitive treatment at the end of November 2022; this represents a decrease of 30 patients when compared to the previous month's position.

104 week wait position: **6** patients were submitted as having waited **over 104 weeks** at the end of November 2022. This represents a decrease of 12 patients when compared to the previous month. The services reporting > 104week breaches are detailed in the table (top right). 3 of the 6 104-week breaches were due to patients choosing to wait longer for treatment.

Areas of focus for 2022/23 include:

- Tracking and performance monitoring of elective recovery scheme activity and expenditure
- Implementation of the recommendations from the review of theatre requirements to support delivery priorities across the second half of the financial year
- Progressing mutual aid support for specialties that have capacity challenges
- Delivery of operating plans through monitoring of POD activity against activity undertaken in 2019/20
- 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
- Steering projects within the Outpatient Improvement Programme
- Recommendations supported by ECRG to reduce validation needs with GIRFT, training and digital solutions



Current Performance against trajectory

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

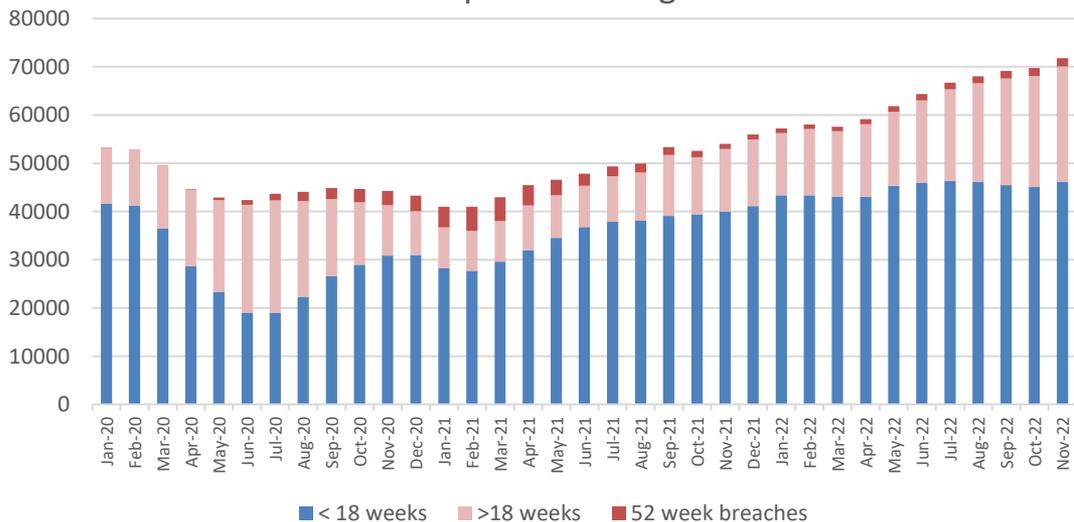
Risks

- Specialist services unable to agree a Mutual Aid / Independent Sector solution
- Anaesthetic staff shortages impacting theatre capacity
- Impact of Cancer and P2 demand clinically prioritised over routine
- Covid and 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
- Impact of industrial action across a range of professional groups

Mitigations

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

RTT Incompletes waiting list size



Top 15 specialties (by volume of growth) RTT waiting list growth

November 2021 vs November 2022

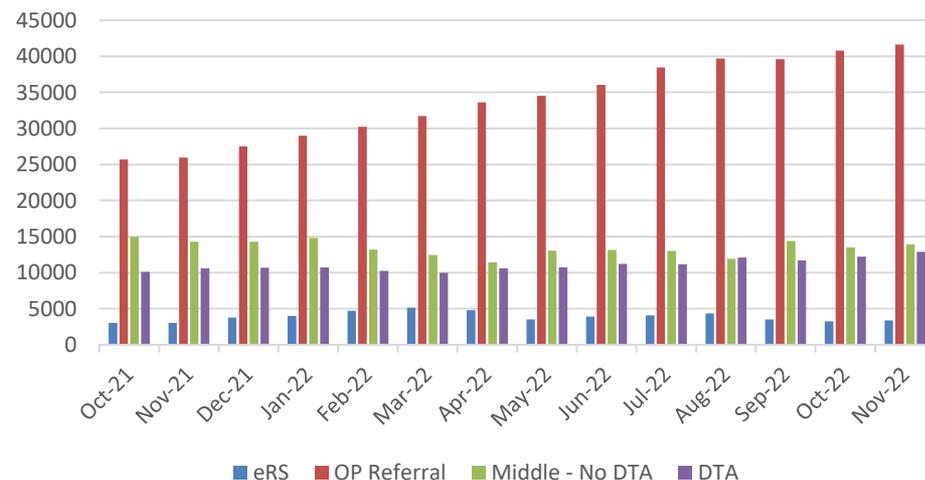
Specialty Name	Number of RTT Incomplete pathway GROWN by from Nov 2021 to Nov 2022
Ear Nose and Throat	3461
Ophthalmology	2454
Urology	1635
Dermatology	1566
Gynaecology	1145
Orthopaedic Service	973
Paediatric ENT	925
Neurology	874
Sleep Medicine	746
Maxillo Facial Surgery	604
Clinical Genetics	588
Gastroenterology	442
Medical Ophthalmology	430
Vascular Surgery	410
Allergy	393

- Total RTT Incomplete waiting list size continues to grow from 69,759 in October to **71,809 in November**. The growth has mainly been in the Outpatient referral and DTA stage.

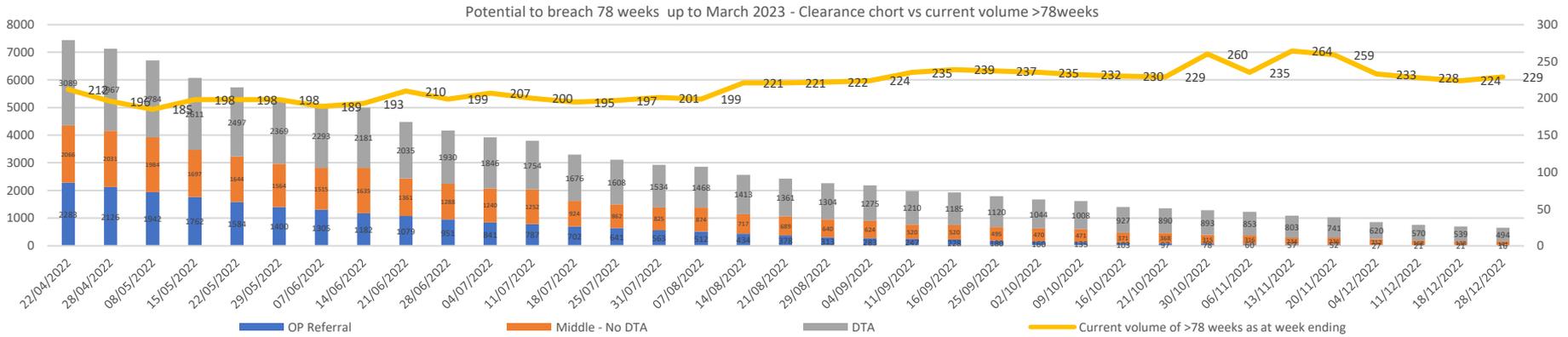
Outpatient Improvement workstreams:

- Patient Engagement Pilot** - implementation of a sophisticated patient engagement tool that will improve patient uptake of booking offers
- End-to-End Outpatient Workflow** - review undertaken with senior leaders (inc. Clinical) agreeing a standardised approach to optimising outpatient workflow. Workflow includes the risks and benefit realisation to steer prioritisation of changes required, digitally, clinically and operationally.
- Patient Initiated Follow Up (PIFU)** - optimised workflow outlined and under development, which will promote more services to expand their service provision and use PIFU as intended
- Advice & Guidance (A&G)** - optimised workflow outlined and under development, which will promote more services to utilise A&G as intended
- Non-Face-to-Face clinics** - continue to deliver above the national requirement
- Data Quality (DQ)** - New validation tool out to tender to support evidencing and quantifying areas of weakness. New Data Quality Operational Group launched December to address identified issues.
- Administrative resource capacity** - A number of services challenged with vacancies. Digital solutions are in development to improve process inefficiencies

RTT Incomplete list size by stage of treatment



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



Currently waiting >78 weeks (as at 18.12.2022)

- There were 224 patients **currently waiting** >78 weeks (already breached 78 weeks) on 18/12/2022.
- The number of patients in this cohort has continued to decrease for the past 4 months.

66.96% of patients currently waiting over 78 weeks **do not have** a scheduled next step (see table below for the top 10 specialities by volume)

	OP Referral		Middle - No DTA		DTA			Total currently >78 weeks	Total UNDATED next step	% UNDATED next step
	UNDATED	DATED	UNDATED	DATED	Provisional date	UNDATED				
Urology			3	5	23	1	64	96	69	71.88%
Ophthalmology					3		17	20	17	85.00%
Trauma and Orthopaedics	1	1	1		9		8	20	10	50.00%
Paediatric Spinal Surgery						8	11	19	11	57.89%
Spinal Surgery Service			3		3		6	12	9	75.00%
Plastic Surgery					5		5	10	5	50.00%
Paediatric Ophthalmology					1		9	10	9	90.00%
Vascular Surgery			1	1	1	1	6	9	7	77.78%
Neurosurgical Service			1	2			4	7	5	71.43%
Maxillo Facial Surgery					3			3	0	0.00%
Trust total currently >78 weeks	1		8	11	56	10	138	224	150	66.96%

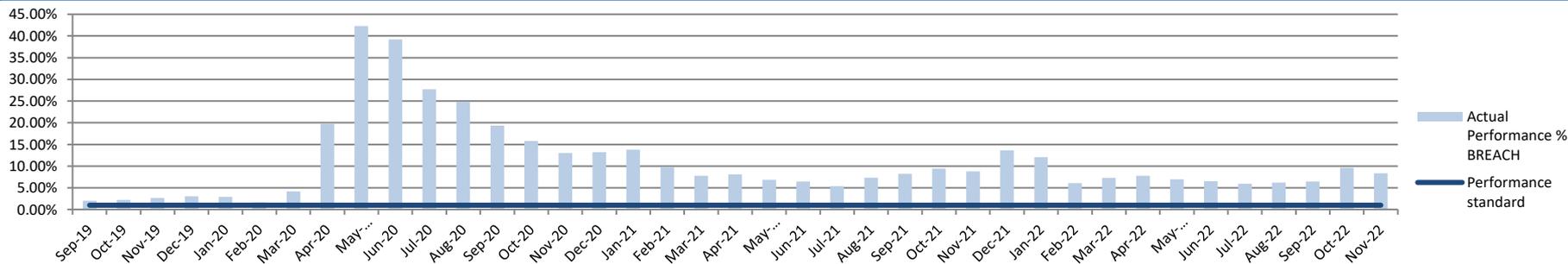
Forward View: March 2023 >78 weeks clearance cohort

There were **698** 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.

64.33% of patients in March 23 clearance **do not have** a scheduled next step (see table below for the top 10 specialities by volume)

	OP Referral		Middle - No DTA		DTA			Total March >78 weeks clearance	Total UNDATED next step	% UNDATED next step
	DATED	UNDATED	DATED	UNDATED	DATED	Provisional	UNDATED			
Urology	2		18	24	25	1	182	252	206	81.75%
Trauma and Orthopaedics	1	2	5	6	80		22	116	30	25.86%
Ophthalmology				2	6		35	43	37	86.05%
Spinal Surgery Service			8	10	3		19	40	29	72.50%
Vascular Surgery	1		7	9	8	1	11	37	20	54.05%
Paediatric Spinal Surgery	3		1	1		8	22	35	23	65.71%
Plastic Surgery				2	18		14	34	16	47.06%
Neurosurgical Service		1	1	5	2		14	23	20	86.96%
Paediatric Ophthalmology					2		14	16	14	87.50%
Rheumatology	1		2	6			1	10	7	70.00%
Trust total March >78wk clearance	14	8	57	80	168	10	361	698	449	64.33%

% 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	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Trend rolling 12 month period	6week breach change from previous month
Magnetic Resonance Imaging	341	444	460	344	243	258	212	249	210	206	236	248	197		-51
Computed Tomography	38	82	179	40	133	112	136	74	57	36	39	25	13		-12
Non-obstetric ultrasound	670	109	743	210	318	306	256	246	277	314	264	317	199		-118
Barium Enema	2	1	0	0	0	0	0	0	0	0	8	0	4		4
DEXA Scan	0	0	0	0	0	0	1	0	11	0	1	0	0		0
Audiology - Audiology Assessments	220	315	327	283	353	298	215	242	148	125	133	100	114		14
Cardiology - echocardiography	42	40	22	12	36	45	104	74	94	106	126	208	152		-56
Cardiology - electrophysiology	0	0	0	0	0	0	0	0	0	0	0	0	1		1
Neurophysiology - peripheral neurophysiology	11	7	4	6	0	5	0	14	15	17	50	57	101		44
Respiratory physiology - sleep studies	0	0	0	0	0	0	0	0	0	0	0	473	535		62
Urodynamics - pressures & flows	13	1	7	2	2	5	4	4	8	10	13	5	8		3
Colonoscopy	14	19	16	11	11	7	3	8	6	15	16	11	10		-1
Flexi sigmoidoscopy	4	9	13	13	3	8	0	3	2	4	11	8	2		-6
Cystoscopy	65	53	46	33	31	40	41	43	37	37	31	14	15		1
Gastroscopy	22	26	15	8	9	9	0	5	5	6	9	25	26		1

Month 8 Performance: There were **1,377** patients waiting over 6 weeks for a DM01 reportable diagnostic test at the end of November (a decrease of 114 patients compared to the previous month). The Trust did not meet the **diagnostic wait** standard with **8.38%** waiting more than 6 weeks. Overall performance remains above the national standard.

Respiratory Physiology – Sleep studies – The team have used the ERF funding to purchase 20 new machines. 10 to replace old out of service machines and 10 additional machines. The service is currently running without the lead physiologist technician which is reducing the current service availability to book. They have managed to do 2 extra sessions however, although this only picked up a further 12 slots. The team have also asked the Community Diagnostic Centre to undertake 400 patients from now until the end of Q4.

Cardiology – Staffing levels remain reduced in November. 1 x band 6 and 1 x band 7 recruited to but awaiting start dates (overseas). 4 staff currently being trained in echo (2 WTE). 1 x returned from maternity leave with another to return in July '23.

Non obstetric ultrasound showed a decrease in breaches related to MSK diagnostic exams. 3 x MSK Fellows have started in September which increased the capacity.

Neurophysiology continues to increase in breaches when compared to previous month. This is a combination of a reduction in Consultant and Registrar clinics. Clinical staff sickness and annual leave have also played a part in the increase in breach numbers for November. A contract has now been signed with Bespoke to increase capacity – awaiting start date as to when they can start performing Electromyography (EMG)

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Total Hospital Non clinical cancellations in period	44	25	26	29	32	37	32	31	27	24	38	40	48
28 day Readmission breaches in period	7	6	3	6	5	5	1	4	7	4	2	4	3

Specialty	Elective on the day cancellations (for hospital non clinical reason)	28 day Readmission Breaches
Cardiology	1	0
Paediatric Neurosurgery	1	0
Paediatric Surgery	2	0
Paediatric Trauma and Orthopaedics	3	0
Paediatric Urology	1	0
Neurology	1	0
Neurosurgical Service	2	0
Ophthalmology	2	0
Ear Nose and Throat	0	1
Maxillo Facial Surgery	2	0
Paediatric ENT	1	0
Paediatric Plastic Surgery	1	0
Plastic Surgery	1	0
Plastic Surgery Cleft	1	1
Plastic Surgery Craniofacial	1	0
Orthopaedic Service (NOC)	1	1
Orthopaedics	16	0
Plastic Surgery (NOC)	1	0
Trauma and Orthopaedics	3	0
Endoscopy (Gastroenterology)	2	0
Gynaecology	1	0
Urology	4	0
Trust total	48	3

Month 8 Performance:

Elective Cancellations - non-clinical hospital reason - There were 48 reportable **elective cancellations on the day** throughout the month of November 2022; this represents a slight increase in cancellations when compared to the previous month.

The reasons for cancellation were as follows:

- No Bed (13 patients) + No ITU Bed (7 patients)
- Ran out of theatre time/list running late/Overbooked (13 patients)
- Overriding emergency/urgent took priority (4 patients)
- Anaesthetist unwell/unavailable (4 patients)
- Equipment unavailable (2 patients)
- Equipment broke (1 patient)
- Booking error (2 patients)
- Surgeon unavailable/unwell (2 patients)

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

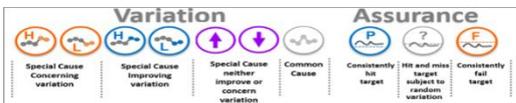
There were **3 x 28 day readmission failures** in November 2022. Reasons were:

- 1 x no sooner capacity with consultant due to specific consultant annual leave
- 1 x unable to redate with specific consultant within 28 days due to consultant COVID+
- 1x no reason provided by service

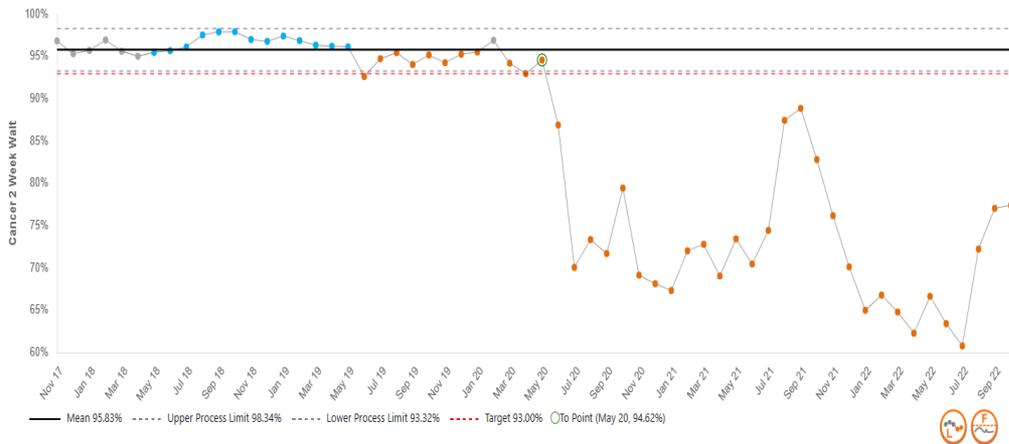
Standard	Target	Total	Within	Breach	OCTOBER Performance	September Performance	Variance
2ww Referrals	93%	2471	1913	558	77.4%	77.1%	0.32%
Breast Symptomatic	93%	185	90	95	48.6%	9.6%	39.06%
31 Day First Treatment	96%	448	391	57	87.3%	89.3%	-2.05%
31 Day Sub Treatment Drug	98%	196	194	2	99.0%	98.9%	0.11%
31 Day Sub Treatment Radiotherapy	94%	253	247	6	97.6%	96.3%	1.30%
31 Day Sub Treatment Surgery	94%	95	77	18	81.1%	84.1%	-3.06%
62 Day Screening	90%	23	15	8	65.2%	75.7%	-10.46%
62 Day Treated	85%	189.5	105.5	84	55.7%	62.3%	-6.65%
28 Day FDS 2WW	75%	1702	1279	423	75.1%	77.5%	-2.38%

3 Standards achieved in October 2022

Tumour Site	2ww Referrals	31 Day First Treatment	62 Day Screening	62 Day Treated	28 Day FDS 2WW
	93%	93%	90%	85%	75%
Brain/CNS	41.2%	76.9%	N/A	N/A	61.5%
Breast	96.1%	94.3%	63.6%	66.7%	79.1%
Children's	77.8%	100.0%	N/A	N/A	100.0%
Gynae	54.1%	72.4%	N/A	27.0%	65.0%
Haem	91.7%	100.0%	N/A	25.0%	100.0%
Head&Neck	86.0%	81.0%	N/A	52.9%	67.7%
Lower GI	76.2%	90.2%	100%	50%	75.9%
Lung	100.0%	93.9%	N/A	41.7%	85.9%
Other	N/A	100.0%	N/A	50.0%	N/A
Sarcoma	59.4%	81.8%	N/A	40.0%	57.7%
Skin	67.9%	81.9%	N/A	87.4%	91.6%
Testicular	91.7%	N/A	N/A	100.0%	100.0%
Upper GI	80.2%	91.3%	N/A	47.1%	77.4%
Urological	83.2%	82.1%	N/A	42.3%	55.2%



Period: Sep 2017 to Oct 2022



GP referral 2WW standard

2WW standard was not achieved in October reporting 77.4% against the 93% threshold, with 558 patients breaching.

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

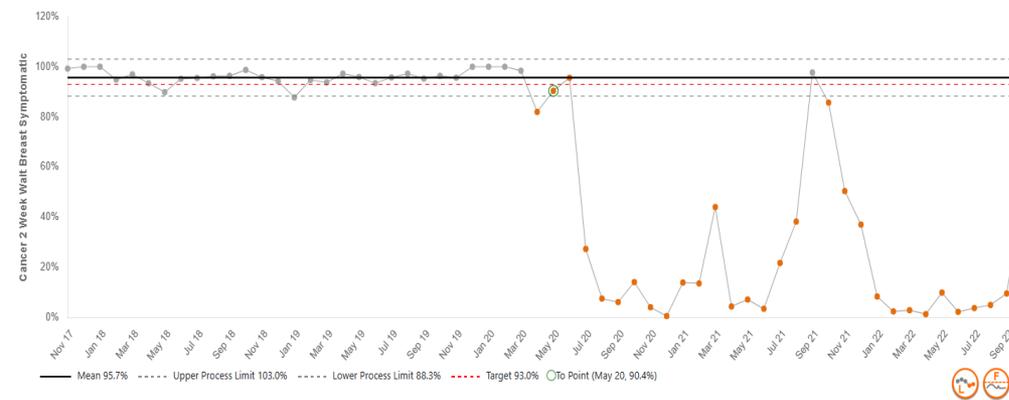
Breast achieved the standard at 96.1% with only 20 breaches. Challenges found in **Skin** with 194 breaches followed by **Gynae** with 107 breaches and **LGI** 96 breaches.

2ww Breast Symptomatic: a significant improvement but the standard was **not met** with a performance of 48.6% against the standard of 93%, with 95 patients breaching. This standard is expected to see continued improvement.

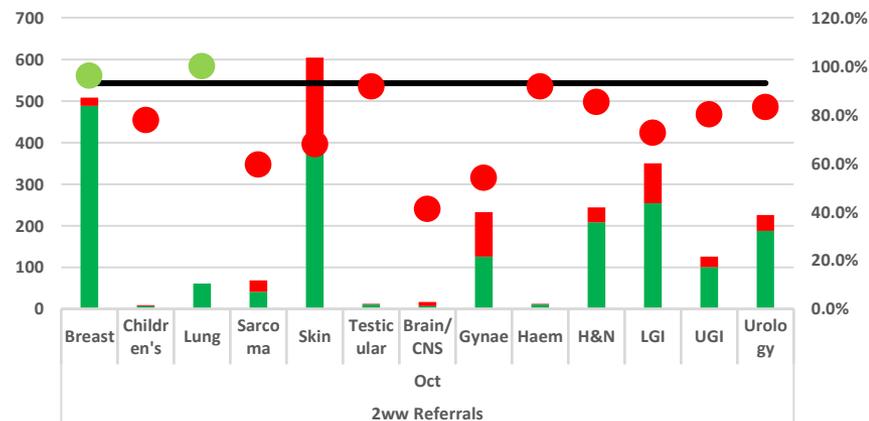
Action taken:

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

2 Week Wait Breast Symptomatic

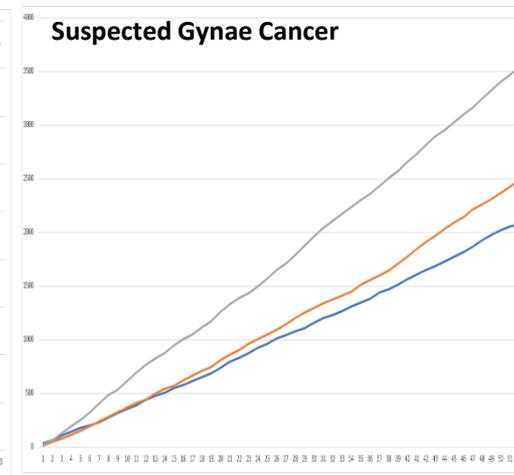
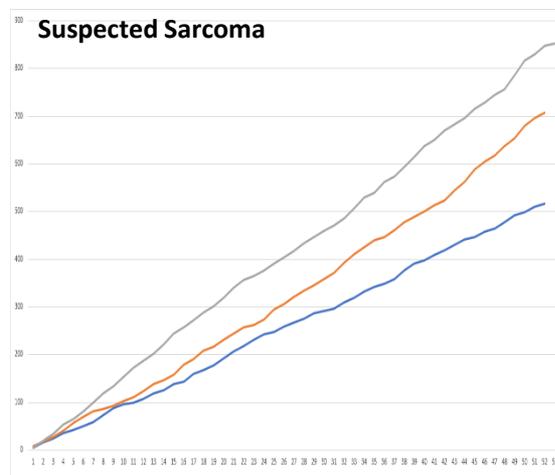
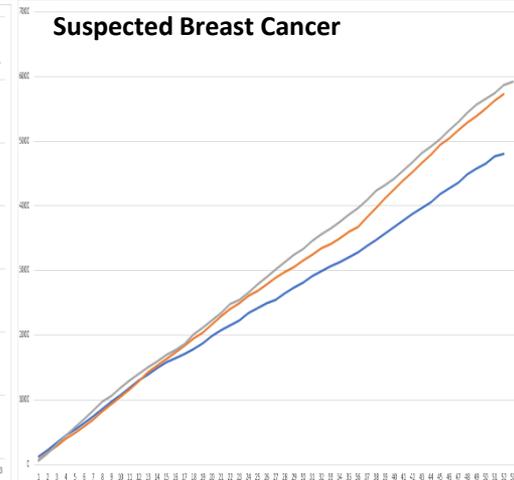
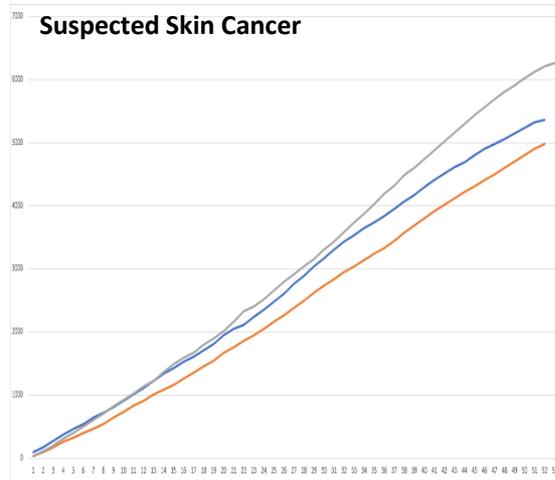
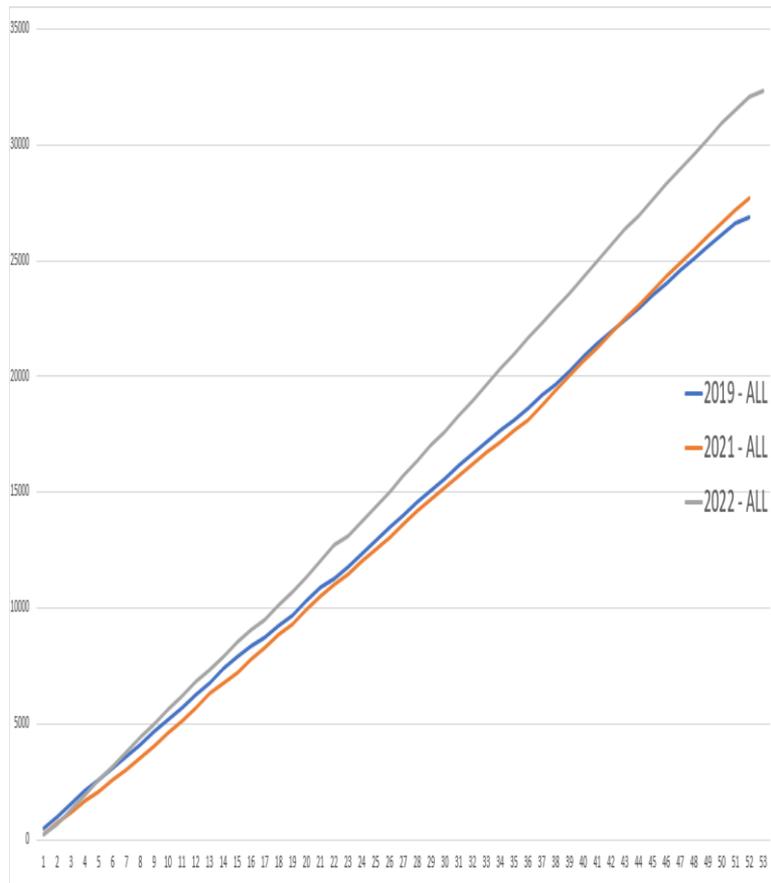


GP referral 2WW Volume by Performance



	Breast	Children's	Lung	Sarcoma	Skin	Testicular	Brain/CNS	Gynae	Haem	H&N	LGI	UGI	Urology
Breaches	20	2	0	28	194	1	10	107	1	36	96	25	38
Within	488	7	61	41	410	11	7	126	11	208	254	101	188
Performance	96.1%	77.8%	100.0%	59.4%	67.9%	91.7%	41.2%	54.1%	91.7%	85.2%	72.6%	80.2%	83.2%
Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

Year to Date Referral Volume : Trust Total
Period: Jan 2019 to Dec 2022

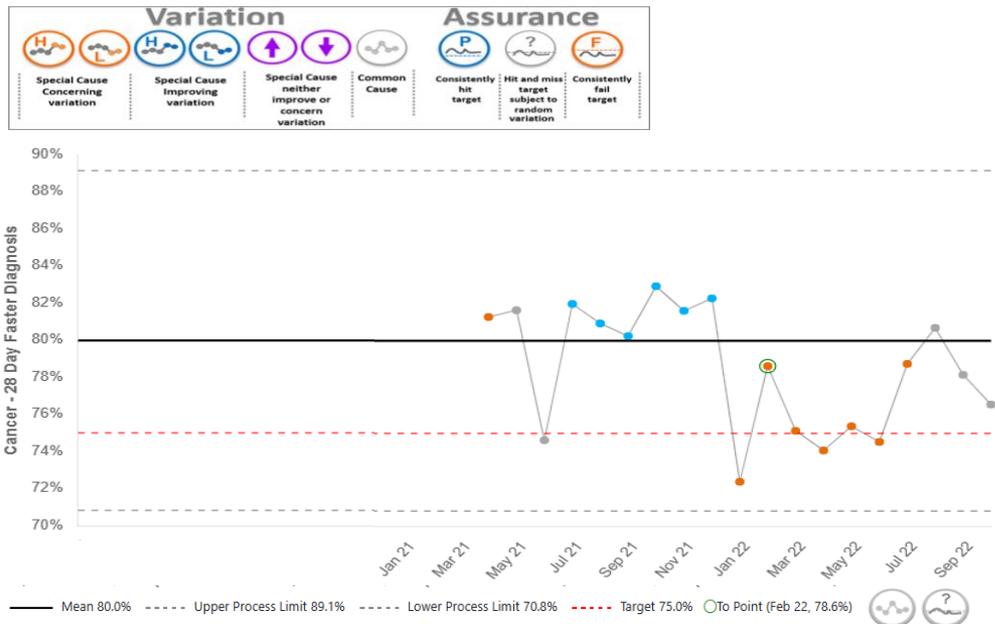


GP referral 2WW

In 2022, 2WW referrals have **increased by 17%** when compared to 2019 and 2021, with the average performance reducing **from 94.9%** in 2019, **75.1%** in 2021 to an average of **65.3%** in 2022.

Skin and Breast referrals account for the majority of the referrals into the Trust, and both have increased by **over 10% since 2019**. This **increase** and a national **shortage of mammographers** has had the largest impact to this reduction in the Trust's overall performance for 2WW.

Other tumour sites which have been affected most by the increase in referrals are **Head and Neck (35%), Gynae (70%) and Sarcoma (64%)** when compared to 2019.



28 Day Faster Diagnosis Standard

28 Day FDS Standard **was achieved**, reporting 75.1% against 75% threshold with 423 patients breaching.

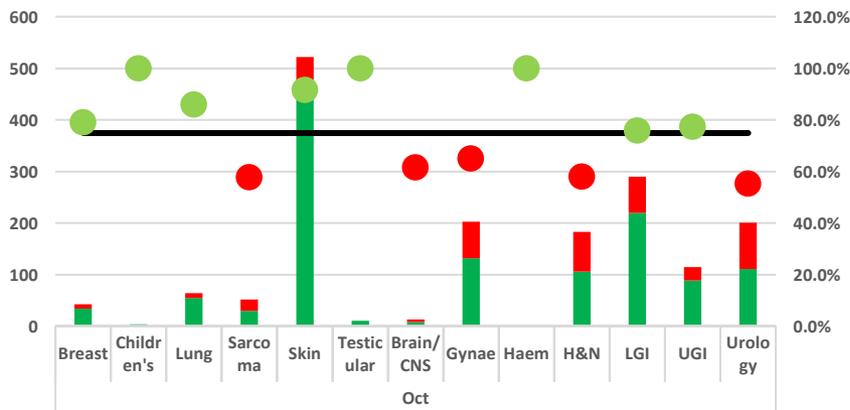
The SPC (left) shows a **common cause** of performance with a **hit and miss of the target due to random variation**.

Urology accounted for 90 breaches, followed by H&N accounting for 77 breaches and Gynae accounting for 71 breaches. LGI met the 75% threshold with 75.9% but had 70 breaches.

Action taken:

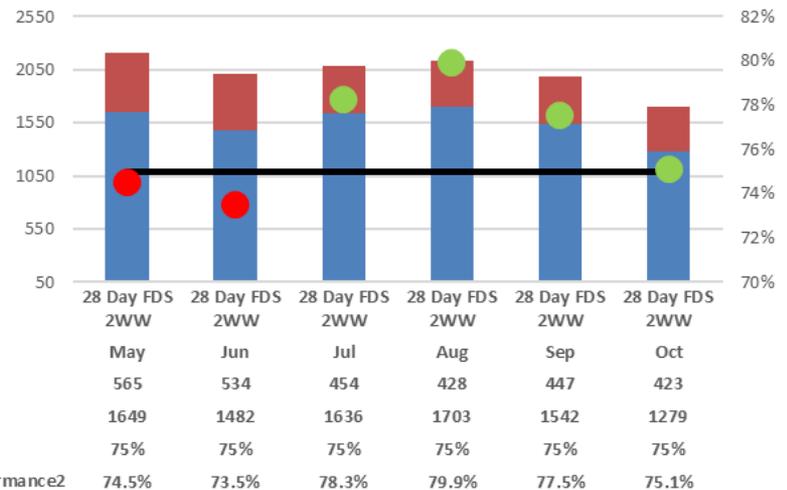
Task & Finish Groups (TAFG) commenced to analyse and recommend improvements to the Urology, Gynaecology, LGI and H&N pathway. Thames Valley Cancer Alliance (TVCA) have approved a revised Faeco-immunochemical test (FIT) letter to be sent to GP practices who do not comply with FIT criteria. Training is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

28 Day FDS October 2022



	Breast	Children's	Lung	Sarcoma	Skin	Testicular	Brain/CNS	Gynae	Haem	H&N	LGI	UGI	Urology
Breaches	9	0	9	22	44	0	5	71	0	77	70	26	90
Within	34	4	55	30	478	11	8	132	1	106	220	89	111
Performance	79.1%	100.0%	85.9%	57.7%	91.6%	100.0%	61.5%	65.0%	100.0%	57.9%	75.9%	77.4%	55.2%
Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

28 Day FDS Volume by Performance





62 Day from GP referral

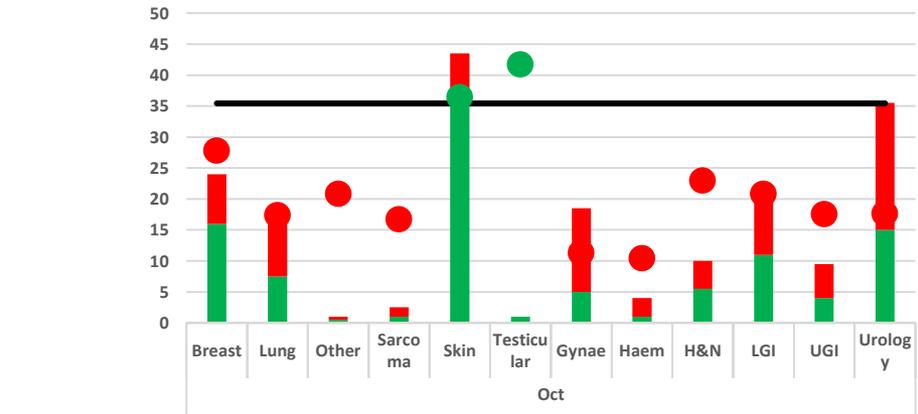
The number of patients treated decreased from **207** patients in Sept to **189.5** in October; breaches also increased from **78 breaches** in Sept to **84.5** in October as the trust focuses on reducing the waiting list. This resulted in a drop in performance to **55.7%**.

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

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

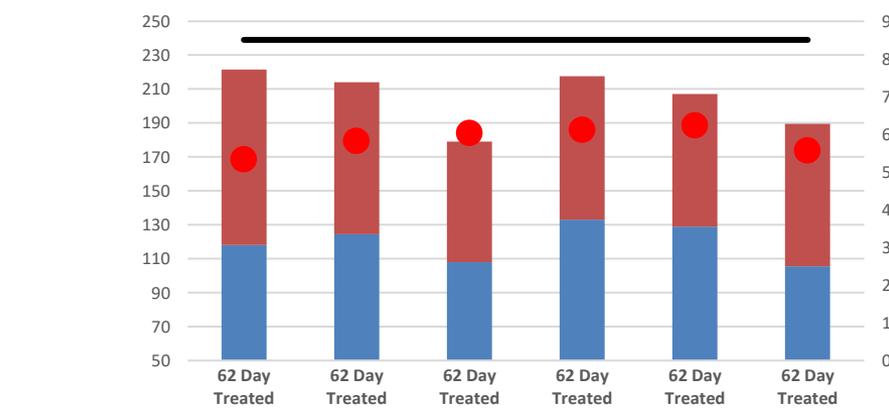
Action taken: considerable focus on addressing pathway delays for our longest waiting patients suspected with cancer. Initiatives are being developed utilising the approach contained within the Trust's Quality Improvement Framework, with implementation overseen through the Cancer Improvement Programme.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

62D 1st - October 2022



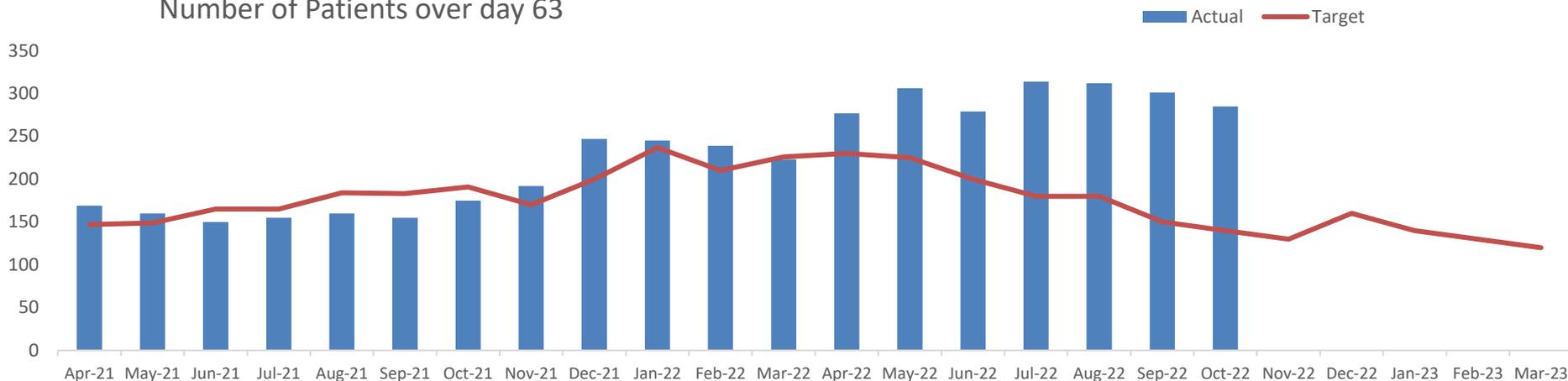
	Breast	Lung	Other	Sarcoma	Skin	Testicular	Gynae	Haem	H&N	LGI	UGI	Urology
Breaches	8	10.5	0.5	1.5	5.5	0	13.5	3	4.5	11	5.5	20.5
Within	16	7.5	0.5	1	38	1	5	1	5.5	11	4	15
Performance	66.7%	41.7%	50.0%	40.0%	87.4%	100.0%	27.0%	25.0%	55.0%	50.0%	42.1%	42.3%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

62 Day 1st Volume by Performance



	62 Day Treated May	62 Day Treated Jun	62 Day Treated Jul	62 Day Treated Aug	62 Day Treated Sep	62 Day Treated Oct
Breaches	103.5	89.5	71	84.5	78	84
Within	118	124.5	108	133	129	105.5
Target	85%	85%	85%	85%	85%	85%
Sum of Performance2	53.3%	58.2%	60.3%	61.1%	62.3%	55.7%

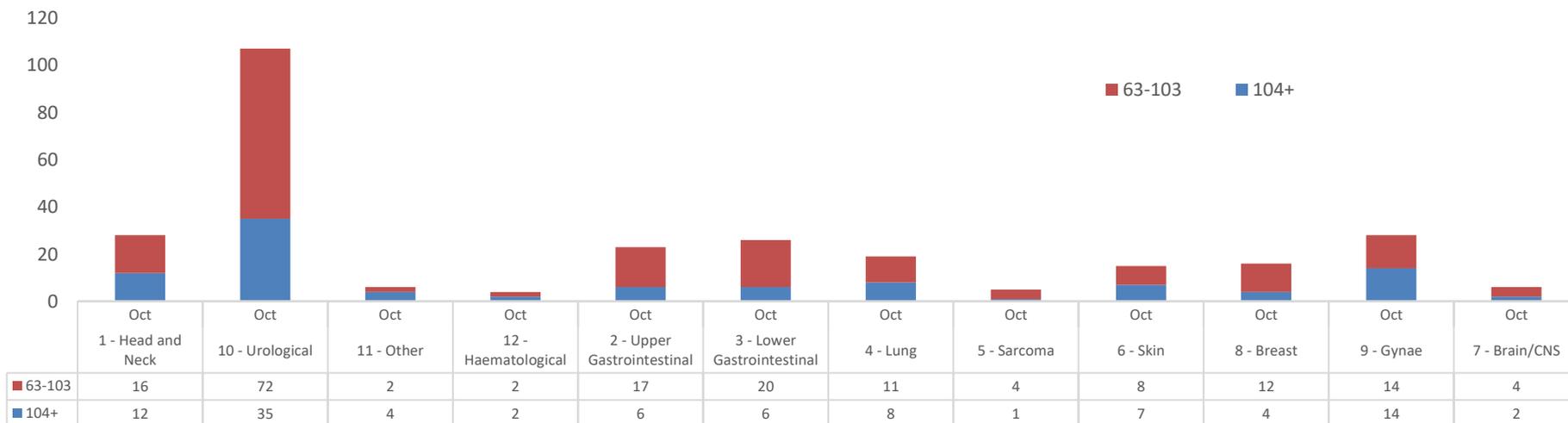
Number of Patients over day 63

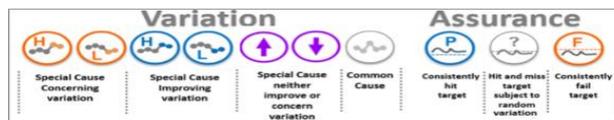


Patients Over Day 63

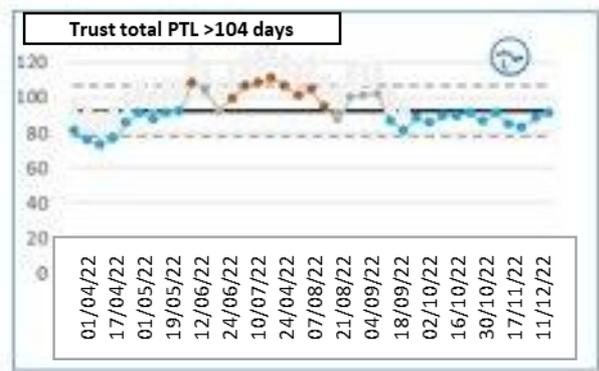
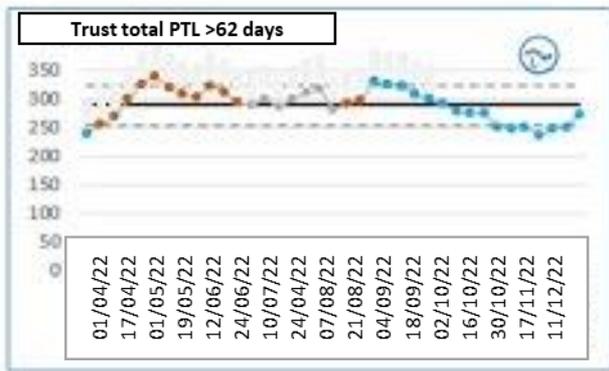
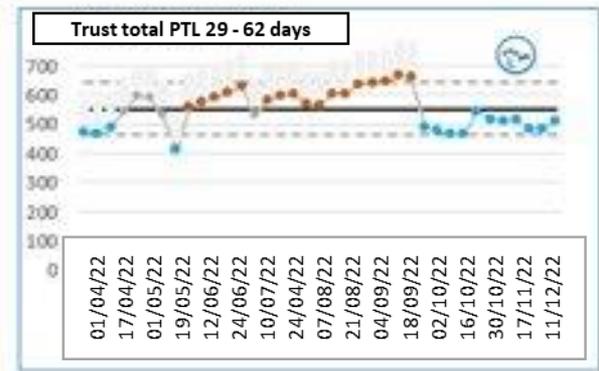
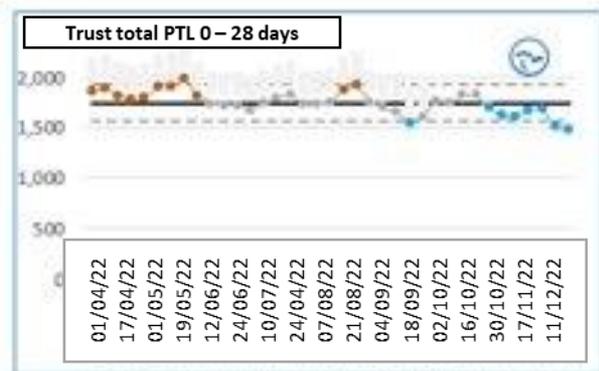
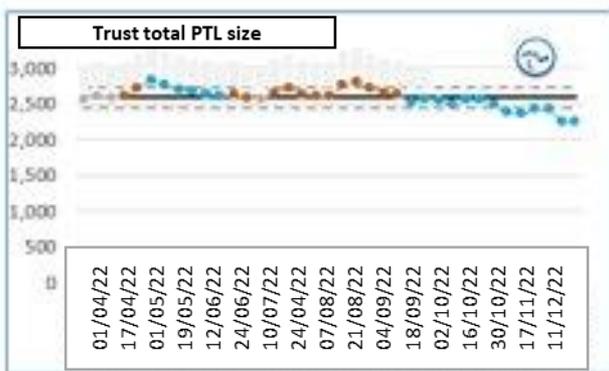
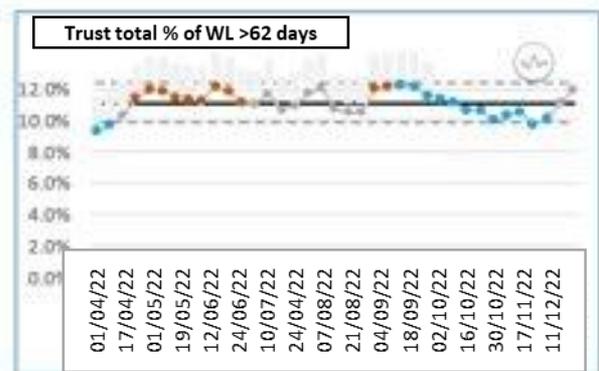
The October month end position of 283 patients is **above the forecasted trajectory** of 140 patients waiting 63 days or more. 102 patients have been waiting 105 days or longer.

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





PTL Size at 11/12/2022



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.	<ul style="list-style-type: none"> The Wellbeing Team have been promoting people feeding back where they feel their basic needs aren't being met via the Wellbeing Champions. There is a dedicated page on the People Plan tab under Growing Stronger Together with the feedback form as well as the posters with the QR codes. 	Model Hospital Data (MHD) - Recommend my organisation as a great place to work - quartile 3 (red/amber).
	Identify the main areas and issues where people's basic wellbeing needs are not being met.	<ul style="list-style-type: none"> To end of Month 8 (Nov) we've had 66 issues logged. Key issues are addressing rest and relaxation space, access to drinking water & issues with traffic with some evenings taking staff nearly an hour to leave the JR site. Staff burn out reported in ED – using stress risk assessment to explore Data is showing a trend that there is a need to get the basics in place to help managers with supporting people to return to work 	MHD - My organisation takes positive action on health and well-being – quartile 3 (red/amber).
	Develop an action plan to prioritise addressing the issues identified. Assign a timeframe for addressing the priority issues for the identified areas.	<ul style="list-style-type: none"> 9 issues are currently being resolved (smoking near buildings, water for staff in CH theatres and an improved staff area at the NOC.) Lots of work happening to identify options for spending capital funds on wellbeing equipment. 4 options identified: gym equipment, restpods, nooks & health kiosks. Only current viable option is restpods due to procurement rules requiring the equipment to have been paid for, delivered and assembled by end Mar '23. Nooks are also being explored depending on delivery times & space options. Project risks are: i) no estates PM support to enable delivery inc. identifying on site space requirements; ii) equipment needing to be assembled by end Mar '23. CPO also exploring further resource to support this project. New Charity funding has been explored to support with PM resource but does not meet criteria; instead this funding will be explored to support with return to work initiatives. 	Tracking progress of all issues logged and identifying quick wins.
Streamlining and improving recruitment processes	Robotic Process Automation - Offers, management of queries, Occupational Health, Paperlight & DRS	<ul style="list-style-type: none"> Review of unconditional offer process taking place so first stage BOT process can go live before the end of December. ChatBot functionality continuing to progress. Launch planned for January 2023 	Monitoring and delivery against the new KPIs in the new SLAs
	Service Level Agreements for all aspects of recruitment.	<ul style="list-style-type: none"> General Recruitment SLA approved by TME and launched. Escalation document created and launched. Internal Recruitment SLA in development (Internal Criminal Record Checks Flow Chart developed) 	MHD - Reduction in recruitment time to hire (TtH) Target – 53 days.
	Visibility and monitoring on performance against the KPI's.	<ul style="list-style-type: none"> KPI dashboard. The recruitment team are working on daily reports (Tues – Friday) from data supplied by Workforce Information. Initial approach taken with medical recruitment Time to Hire reduced to under 50 days. 	TtH November is 49.7

Priority Area	Actions	Updates	How we are Evaluating Success
Management training and support.	Creation and delivery of new manager onboarding programme.	<ul style="list-style-type: none"> • Exec approved proposals for new employee onboarding and new manager onboarding programmes at end of November. • Currently finalising project plan with goal to be piloting both programmes by end of March '23. • SLDP project group working with CEO and CPO as project sponsors to agree a QI project scope to support the delivery of the new onboarding programme. 	<p>Reduction in leavers in first 12 months to 18%.</p> <p>MHD - Relationships at work are strained reducing - Quartile 2 (green).</p>
	Development and launch of 'how to' guides and process maps for phase 1 priority areas: HR processes, induction, procurement & budget management.	<ul style="list-style-type: none"> • 'How To Guide' template agreed, and design confirmed with OMI in Nov '22. Word version of template expected from OMI by end of Dec '22. • HR Process owners (inc. induction) briefed and working to deadlines for end of Dec '22 and end of Jan '23 for first draft • First meeting booked with finance for early Jan '23. • Procurement meeting took place in Nov '22. They are now working to identify key processes for inclusion in year 1 'How To Guides'. 	<p>MHD – Recommend my organisation as a great place to work (amber/green).</p>
Great reward and benefits for working at OUH, with a focus on practical support such as cost of living.	Identify and implement new reward and employee benefits.	<ul style="list-style-type: none"> • The Trust will launch a new financial wellbeing benefit in the new year to provide free will writing for staff. This will be offered to ROE staff at launch and provided to volunteers at a later date to be confirmed. 	<p>Reduction in leavers in first 12 months to 18%.</p>
	Showcase and raise awareness of current rewards and employee benefits.	<ul style="list-style-type: none"> • We will re-promote the £250 transport voucher in January to ensure maximum uptake before the scheme ends on 31 March 2023. • All discounts and benefits will be re-launched when the new Intranet pages are live, together with a schedule of events for the year. 	<p>MHD - Recommend my organisation as a great place to work - Quartile 3 (red/amber).</p> <p>MHD – Leavers rate (turnover) – Quartile 3 (red/amber).</p>

Nov-22

OUH FT	4.6%	0.1%	→	7.7%	0.0%	→	12.3%	-0.3%	→	£6,265,661	£-794,045	↓	94.5%	0.1%	→	90.0%	-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	4.1%	0.1%	→	5.5%	0.2%	→	12.1%	0.2%	→	£695,533	£-25,167	↓	96.3%	0.4%	→	90.8%	-0.3%	→
Corporate	3.8%	0.1%	→	9.5%	-0.9%	↓	11.4%	-0.8%	↓	£609,461	£115,213	↓	95.1%	0.3%	→	89.2%	-0.7%	↓
MRC	4.7%	0.1%	→	8.6%	1.1%	↑	12.2%	-0.6%	↓	£1,993,550	£-367,390	↓	93.5%	0.0%	→	90.1%	-0.5%	→
NOTSSCaN	5.0%	0.1%	→	9.2%	-0.3%	→	12.6%	-0.1%	→	£1,657,809	£-265,175	↓	93.2%	-0.4%	→	88.5%	-0.8%	↓
SUWON	4.6%	0.1%	→	6.0%	-0.4%	→	13.0%	-0.2%	→	£1,309,307	£-251,526	↓	95.1%	0.1%	→	91.4%	-0.6%	↓

The above data represents the Workforce KPI's M8 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".

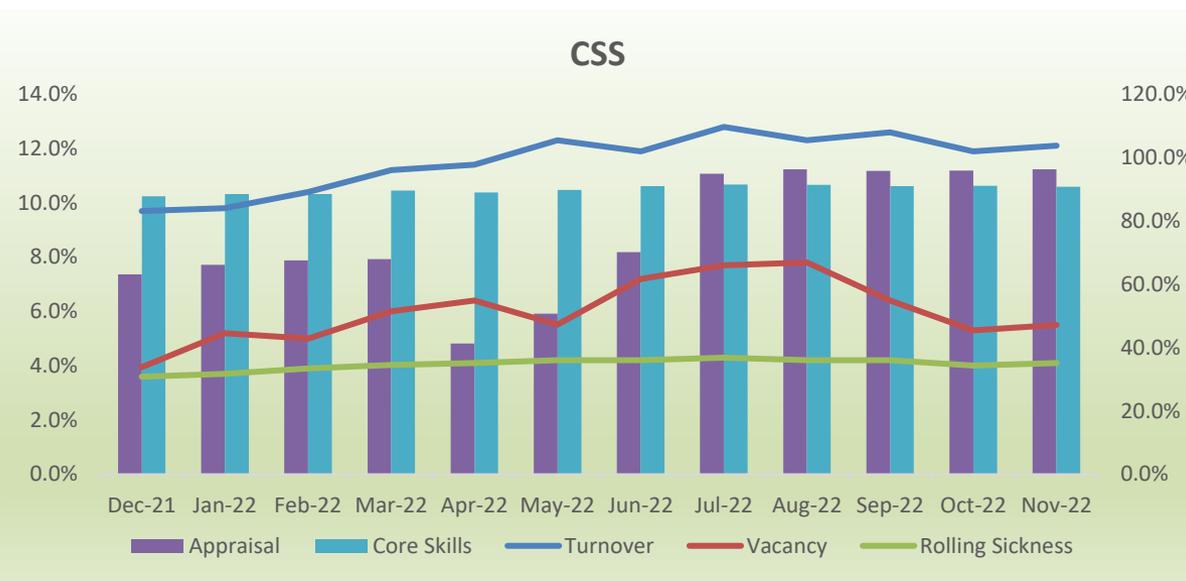
Analysis

- **Sickness absence.** Overall the Sickness absence rate for the Trust has increased marginally to 4.6% from 4.5%. COVID19 absences have remained constant in terms of numbers off daily. Flu like symptoms since August 22 have risen sharply with continued increases in M8.
- **Appraisals.** Appraisals have increased marginally between months. As expected the rate of improvement has slowed. All Divisions are in excess of the Key Performance Indicator (KPI) and current reported position is the Trust's best performance for non medical appraisals. Regular reports are distributed to Divisions, so that those staff who are not compliant are requested to complete an appraisal.
- **Core Skills.** Core skills is at 90.0%, which is a small decrease on M7. However, all Divisions are in excess of the KPI. Key issue, as reported in previous reports is Information Governance and Data Security (IG) which is at 86.9%. All Divisional areas fall below the required KPI of 95%.
- **Turnover.** Turnover between months has reduced. This has been caused by the number of wte leavers in a rolling twelve months falling and by increases in the average staff in post. Of the Divisions, SUWON continues to have the highest rate of turnover at 13.0%, although this rate is showing signs of falling. Staff groups resourced (primarily) locally – Additional Clinical Services (ACSS), Administrative staff and Estates staff have the highest turnover rates – see slide 23.
- **Vacancies.** Vacancies have remained static and are not green by way of rounding. Increases in staff in post have been offset by increases in establishment. No change between months.

Hotspots	Actions
<ul style="list-style-type: none"> • Sickness absence. This has increased between months, at 4.6% is still significantly above the KPI. 	<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.
<ul style="list-style-type: none"> • Appraisals Continued efforts required across all Divisions to ensure all staff have their appraisal. 	<ul style="list-style-type: none"> • There has been a focus on appraisals. Divisions continuing to receive reports on who is still not compliant.
<ul style="list-style-type: none"> • Core Skills. Has continues to be above the KPI. IG training compliance is in need of improvement. However compliance has dropped in M8 	<ul style="list-style-type: none"> • Core skills compliance is being highlighted in appraisal and 1:1 meetings. • IG and Data Security across all Divisions requires improvement.
<ul style="list-style-type: none"> • Turnover. Reduction between months 	<ul style="list-style-type: none"> • Stay interviews are being conducted. • ‘Time to Talk’ information is being utilised to look at the main priority areas for improvement.
<ul style="list-style-type: none"> • Vacancies. Remained constant between months. 	<ul style="list-style-type: none"> • Central review led by the Nursing Directorate to ensure an accurate establishment is recorded and as a consequence accurate vacancies calculated. Commencing a pilot with the Princes Trust and MRC to support an increase in HCSW applicants to this Division. • Continue to support with overseas Radiology recruitment. • In discussions with MRC re CESR fellowships for their medical staff in particular in AMR.

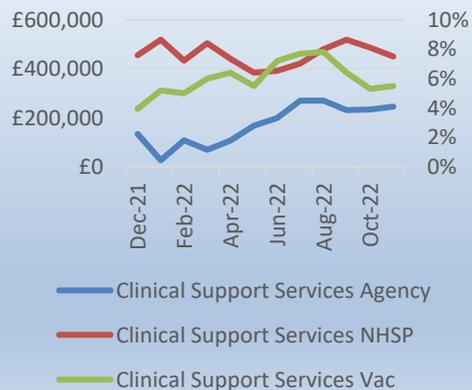
The graphs below support the accompanying text.

Metrics reflect KPI Performance on sheet 4



HR Metric	Performance	Target
Sickness %	4.1%	3.1%
Vacancy %	5.5%	7.7%
Turnover %	12.1%	12.0%
Bank/agency Spend £	£695,533	N/A
Non Med Appraisal %	96.3%	85.0%
Core Skills %	90.8%	85.0%

CSS Temporary Spend £ & Vac %



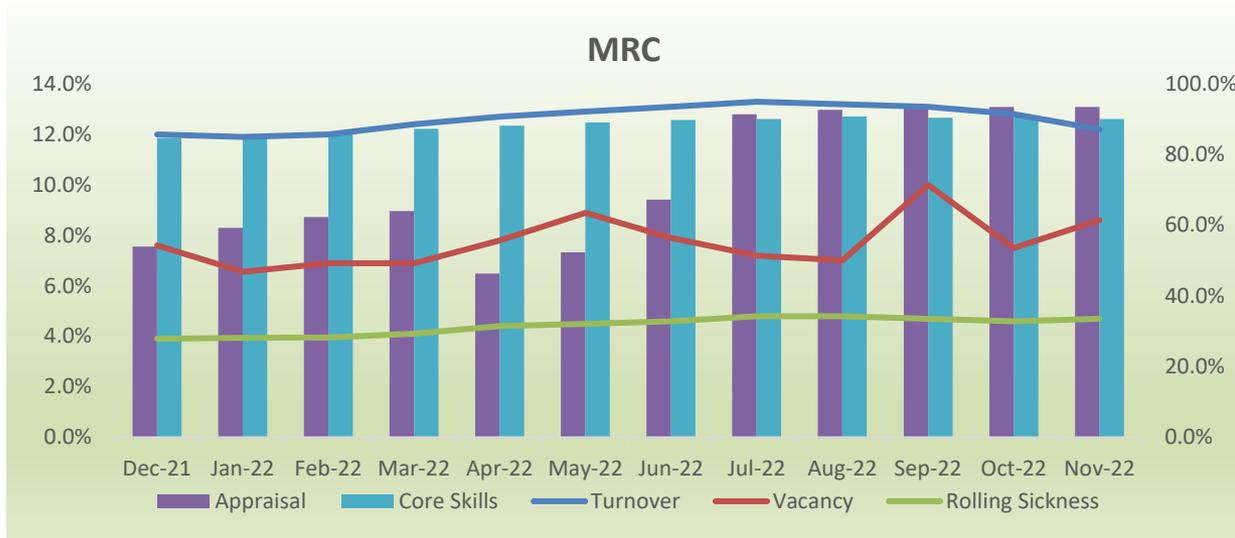
Analysis

- Sickness absence:** Absence has increased slightly from 4.0% to 4.1%. This is due to frequent absences increasing, the most common reasons are flu and mental health related absences. HRA is working on a project to increase the number of wellbeing champions across the Division. Pathology and Laboratories, specifically the Mortuary, are being targeted initially as they have the least number of champions across the Division. There has been a reduction in LTS.
- Appraisals:** Appraisal compliance has increased again from 95.9% to 96.3%. The HRA and HR Admin Assistant are continuing to chase the final few outstanding appraisals and ensure the Division's MLH record is accurate in preparation for next years appraisal window.
- Core skills:** Core Skills compliance has reduced from 91.1% to 90.8%. HR is proactively chasing IG Training and core skills compliance is being raised at monthly DME meetings.
- Turnover:** Turnover has increased slightly from 11.9% to 12.1% and turnover has reduced overall across the last quarter. Stay interview data from Radiology Nursing and Nursing Assistants has been returned 14/12. The HRC will work with the Directorate leadership team to analyse this.
- Vacancy:** Vacancies have increased slightly from 5.3% to 5.5% but is still within the Trust KPI. Weekly drop in meetings are taking place with the recruitment team to reduce the time to recruit across the Division. OBIC are planning a virtual recruitment event in March 2023, which is aiming to reach the B7 Mammographer workforce.

Hotspots	Actions
<p>Adult Critical Care Sickness: increase – 5.1% (M7) to 5.3% (M8) Turnover: decrease – 12.4% (M7) to 11.8% (M8) Vacancy: increase – 18.8% (M7) to 19.4% (M8) Appraisals: same - 98.7% (M8) Core skills: decrease – 91.4% (M7) to 90.9% (M8)</p> <p>West Wing Rad Imaging Sickness: decrease 3%(M7) to 2.8%(M8) Turnover: increase 21.3%(M7) to 24(M8) Vacancy: decrease 14.2%(M7) to 13.3%(M8) Appraisals: decrease 96.8%(M7) to 94.4%(M8) Core skills: decrease 96.8%(M7) to 92.3%(M8)</p> <p>Sterile Services Sickness: increase – 7.7% (M7) to 7.8% (M8) Turnover: same 11.0% (M8) Vacancy: increase – 17.7% (M7) to 16.7% (M8) Appraisals: same - 97.1% (M8) Core skills: same - 89.4% (M8)</p>	<p>Turnover</p> <ul style="list-style-type: none"> • Radiology Nursing and Nursing Assistants cost centre was selected to be sent the stay interview questionnaire. Data to be reviewed action plan will be drafted. A new Matron is starting in post in the new year (start date TBC) and they will lead on this action plan. • The team are working on rolling out a CSS Divisional Recognition scheme to support retention in 2023. <p>Sickness absence</p> <ul style="list-style-type: none"> • Our HR Advisor is drafting training to be rolled out early 2023. • Monthly meetings with OH have been supportive, and our HRA is giving additional support to managers when completing referrals so we get the most out of the reports. • Currently we have 147 absences: 111 STS, 36 LTS and 8 are work related. Case plans are in place for all LTS, all work related absences have been discussed with the relevant line manager <p>Vacancies & Leavers</p> <ul style="list-style-type: none"> • A virtual recruitment event is planned in March 2023 for the Mammography team • Recruitment drop ins will take place across all sites in 2023. These will be coordinated with HR Clinic drop ins. • The recruitment plan for the additional 13.5 FTE in the genetics lab is underway and currently running to time. • There has been an increase in leavers in Radiology West Wing, this is likely due to an organisational change that took place in 2022. Team building is planned for 21/01/2023. • Recruitment, HR and ACC team meet weekly to work through an action plan for improving the vacancy rate. <p>Agency & Temporary Staff Spend</p> <ul style="list-style-type: none"> • HRC is attending monthly finance meetings with all directorates to discuss how we can utilise creative recruitment campaigns to increase substantive members of staff and reduce the need for bank and agency. HOW is also attending the budget meetings to discuss B&A usage by reason of sickness and vacancy to ensure plans are in place • We are working with Radiology to create a plan to move away from 0 hour contracts within the medical workforce. • In ACC we are looking at more competitive package in comparison to Agencies. We will be discussing temp-perm at the next recruitment & retention focus group. <p>Kindness into Action Update</p> <ul style="list-style-type: none"> • Hotspot areas have been identified and communicated to the Division via DME. • HRC's are working with the OSM's to increase attendance. We are asking teams to book for later in 2023 if they do not currently have capacity. <p>Flu Vaccinations 51.68% uptake rate within CSS</p>

MRC PEOPLE METRIC PERFORMANCE

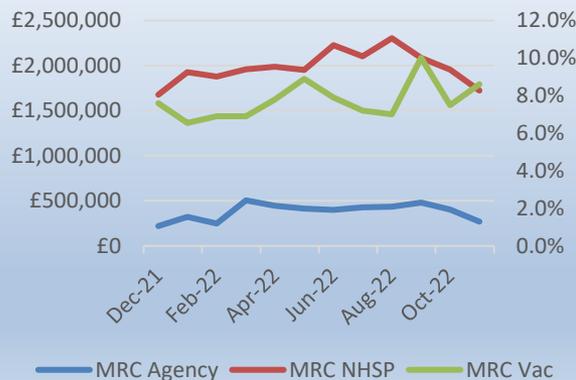
The graphs below support the accompanying text.



Metrics reflect KPI Performance on sheet 4

HR Metric	Performance	Target
Sickness %	4.7%	3.1%
Vacancy %	8.6%	7.7%
Turnover %	12.2%	12.0%
Bank/agency Spend £	£1,993,550	N/A
Non Med Appraisal %	93.5%	85.0%
Core Skills %	90.1%	85.0%

MRC Temporary Spend £ & Vac %



Analysis

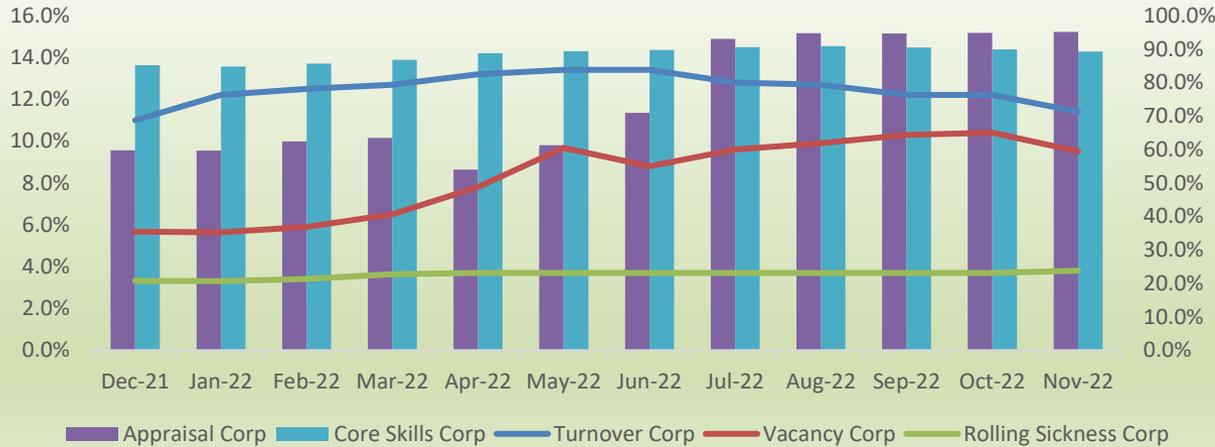
- Sickness absence.** Acute Medicine and Rehabilitation (AMR) at 5.3% is highest by 1.5% from Specialist Medicine and Cardiology Cardiac and Thoracic Surgery. Absence within the AMR Directorate ranges from 2.1% (Geratology) to 6.2% General Medicine Horton.
- Appraisals.** Appraisals are at the same level as m7. All Directorates are in excess of the required compliance level – 85%. Cardiology Cardiac and Thoracic Surgery is highest at 96.9%.
- Core Skills.** Whilst Core Skills has fallen on the previous month, the position of the Division is still very positive with the worst performing Directorate, Specialist Medicine at 88.3%. IG as per all Divisions, requires improvement and is at 87.8%. 95% is the target.
- Turnover.** MRC turnover has reduced from 12.8% to 12.2%. Since July 22 turnover rates have consistently declined month on month. Acute Medicine and Rehabilitation at 12.8% is highest (excluding Divisional Management) and the Directorate comprises c 66% of all (voluntary) leavers for the Division. Within the Directorate, Therapies at 17.0%, and Stroke unit at 15.8% are percentage wise the highest CSUs. AGM JR has a turnover rate of 13.5%. Whilst not at the rate of Therapies the CSU has c28% of the leavers.
- Vacancies.** Vacancies have increased following additional establishment being added. AMR has the highest vacancy level at 9.2% and comprises 67% of all the Division's vacancies.

Hotspots	Actions
<p>AMR – Emergency Department JR (5)</p> <p><u>Turnover</u> - reduced - 1.8 % (M7) to 11.6 (M8) <u>Vacancies</u> - increased - 10.4% (M7) to 18.3% (M8) <u>Sickness</u> - increased - 4.4% (M7) to 4.5% (M8) <u>Appraisals</u> - increase - 87.8% (M7) to 88.8% (M8) <u>Core Learning</u> - reduction - 8.3% (M7) to 87.7% (M8)</p>	<p>Turnover</p> <ul style="list-style-type: none"> • Stay Interviews being a key focus for the Directorates. Deputy HOW met with CSW's across Complex Medicine to discuss 'reasons' for leaving and concerns they have. Brief outlining key workforce and/or ward specific issues will be shared shortly. • Awaiting update/feedback from Exit Interviews following roll-out of new process • Reminders from HRC to managers to undertake Kindness into Action training
<p>AMR – Emergency Department Horton Hospital (10)</p> <p><u>Turnover</u> – reduce - 13.9 % (M7) to 12.9% (M8) <u>Vacancies</u> – reduce - 15.4% (M7) to 13.7% (M8) <u>Sickness</u> – reduce - 5.9 % (M7) to 5.8% (M8) <u>Appraisal</u> – decrease - 93.9 % (M7) to 93.5% (M8) <u>Core Learning</u> – increase - 94.8% (M7) to 95% (M8)</p>	<p>Sickness absence</p> <ul style="list-style-type: none"> • Hotspot areas have been identified and newly appointed Senior HR Advisors have enable the team to offer more support to managers to conduct Stage 1 & 2 interviews • x176 'open' absence cases of this x39 LTS (x5 work-related) • Mental Health – x30 cases, MSK – x14 cases (Snr HRA – deep-dive into LT MSK cases) • Monthly Absence review meetings with input from O/H continue and proving to be very useful
<p>AMR – General Medicine Horton Hospital (3)</p> <p><u>Turnover</u> – same - 11.9% (M7) to 11.9% (M8) <u>Vacancies</u> - increase – 3.4% (M7) to 16.1% (M8) <u>Sickness</u> - increase - 5.9% (M7) to 6.2% (M8) <u>Appraisals</u> - same - 91.3% (M8) <u>Core Learning</u> – decrease - 93.3% (M7) to 91.3% (M8)</p>	<p>Vacancies & Leavers</p> <ul style="list-style-type: none"> • ED JR – Establishment increase from 405 (M7) to 440.5 (M8) – Increased recruitment to UCC • GM Horton – Establishment increase from 169.9 (M7) to 191.4 (M8) – 16.3 WTE Leavers • Stroke CSU – Establishment fixed at 92.9 (no change) Leavers 11.2 WTE- Pipeline x7 Actively recruitment • MRC/DWP Swap Pilot – at planning stage (Cohort of x8 work placements – getting people back into work) • Triumvirate meeting to CSW recruitment – MRC Head of Nursing, HOW, Recruitment & Interim Director of Workforce. • DHOW undertook a Q&A with a group of CSW and an action plan is being worked on locally with Matrons out of that feedback.
<p>AMR – Stroke CSU (9)</p> <p><u>Turnover</u> – reduction - 16% (M7) to 15.8% (M8) <u>Vacancies</u> – increase - 20.9% (M7) to 21.3% (M8) <u>Sickness</u> - reduced - 5.6% (M7) to 5.4% (M8) <u>Appraisals</u> – decrease - 94.1% (M7) to 94% (M8) <u>Core Learning</u> – decrease - 93.9% (M7) to 93.2% (M8)</p>	<p>Agency & Temporary Staff Spend</p> <ul style="list-style-type: none"> • HOW engaging with Finance colleagues & CDs to review Medical Agency Locums against each budget code, requiring clarity on rationale for still using 'COVID' as reason to engage x2 Consultants (138.50 hours) in review period. • Also reviewing vacancies for each budget/cost centre and comparing vacancies on TRAC, with aim to have an agreed 'exit' plan for all Agency Consultants where possible. <p>Kindness into Action Update</p> <ul style="list-style-type: none"> • In progress & completed – 7.2% <p>Flu Vaccinations</p> <ul style="list-style-type: none"> • MRC – 47.96% (42.02% in M7)

The graphs below support the accompanying text.

Metrics reflect KPI Performance on sheet 4

Corporate



HR Metric	Performance	Target
Sickness %	3.8%	3.1%
Vacancy %	9.5%	7.7%
Turnover %	11.4%	12.0%
Bank/agency Spend £	£609,461	N/A
Non Med Appraisal %	95.1%	85.0%
Core Skills %	89.2%	85.0%

Corporate Temporary Spend £ & Vac %



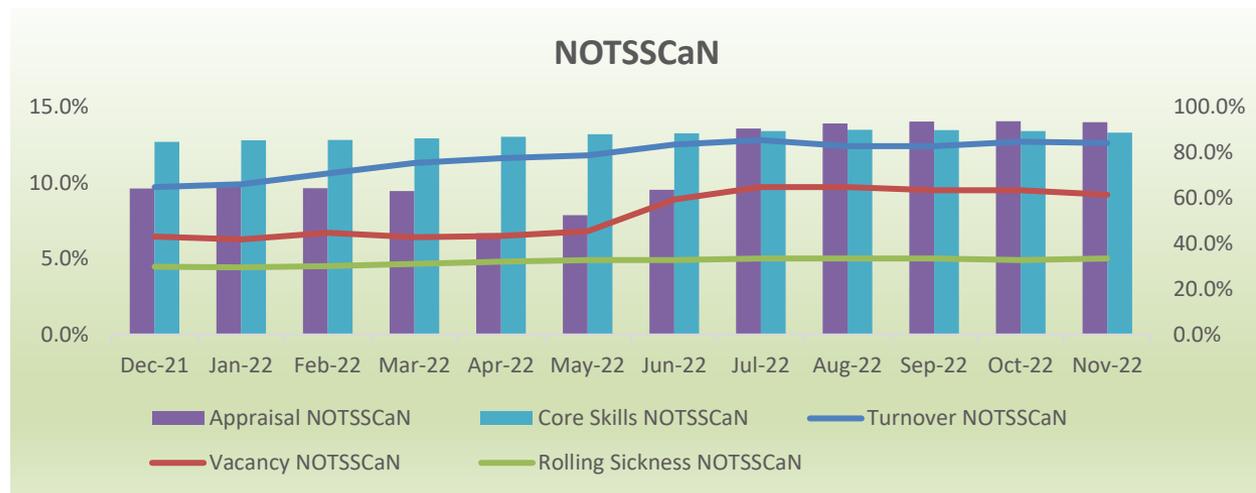
Analysis

- Sickness absence.** Estates at 7.3% are significant outliers in terms of Corporate sickness. The next highest being Operational Services at 4.3%, followed by Chief Officer Directorates at 3.5%. Within Estates, sickness is largely attributable to Estates Operations where absence rates at M8 are 8.0%.
- Appraisals.** Appraisals continue to improve within the Corporate areas. Chief Officer Directorates are the best performing at 96.7%.
- Core Skills.** At 89.2%, compliance has fallen on M7 by 0.7%. Whilst still in excess of the KPI, constant monitoring and interventions will ensure levels are maintained. IG is at 88.1%, still below the 95% KPI required.
- Turnover.** Overall turnover levels have declined by 0.8% from 12.2% to 11.4%. The reduction is due to two factors, an increase in the average staff in post and a small reduction in the number of wte leavers. Of the larger Directorates, Chief People Officer at 21.8% and Estates Operations at 14.4% are of note. By staff group Administrative and Clerical have 63% of all Divisional leavers and a turnover rate of 10.0%. Estates staff at 14.8% make up only 12.7% of the total wte of rolling leavers.
- Vacancies.** These have decreased to 9.5%. As expected, "other" staff, predominantly Administrative and Clerical staff comprise 42.5% of vacancies. Estates Operations at 8.8% continues to be of note.

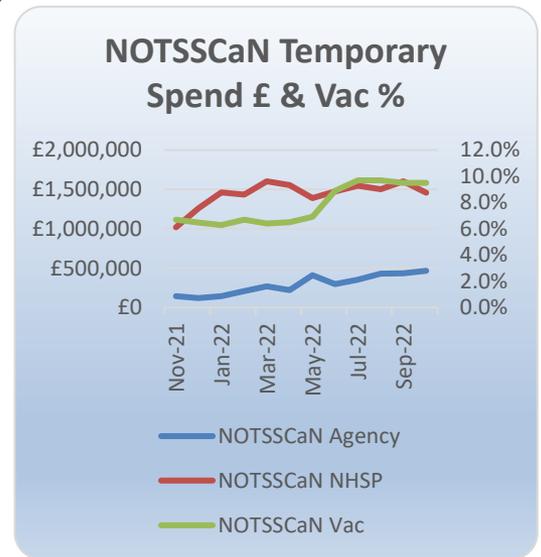
Hotspots	Actions
<p>Estates Operations – The outliers are turnover (12.1%), vacancy rate (9.9%), sickness absence (8.5%) and core skills (77.8%).</p> <p>We know that absence is impacting on the performance of the division with an average 11.82 days lost per employee. The biggest impactful reasons remains coronavirus and mental health.</p> <p>Turnover has decreased from last month at 17.1% to 12.1% which is good news. There have been 8 leavers since the beginning of the year (a total of 30 if you include the Horton site). The main reason for leaving is other/not known or promotion/better reward package.</p> <p>Core skills has decreased month on month. Further work will be undertaken to seek improvement in core skills and reach compliance by the end of March 2023.</p> <p>Other factors impacting on the performance of Estates and facilities are the Two employee relations cases (both at hearing stage). Under 12% of Estates have attended the Kindness into Action programme. Further promotion of this resource has been made.</p> <p>RRP for trades staff in Estates has now been approved at TME. All staff at Katharine House have voluntarily moved over to NHS Terms and Conditions. Katharine House reached 100% response rate for their staff survey. Estates achieved 59% overall which is great news.</p>	<p>Sickness absence</p> <ul style="list-style-type: none"> • Absence cases are being managed through the absence management procedure • Review long term sickness absence cases in the New Year with a refreshed plan to conclude successfully • Case conference review of absence cases with Occupational Health to ensure the correct HR and occupational health support is given • Training support being given to managers on managing sickness absence successfully. • Stress risk assessments will be completed for all staff who have recently had a mental health absence <p>Turnover</p> <ul style="list-style-type: none"> • Implemented the stay questionnaire • Ensure managers undertake phase one of Kindness into Action training programme <p>Recruitment</p> <ul style="list-style-type: none"> • Monthly meetings with Managers to review key recruitment hot spots in place with the Talent and Recruitment Manager • Review of Time to Hire data ascertaining bottlenecks • Daily monitoring of recruitment activity on activity that is flagged as 'Red' on the estates recruitment dashboard • Ongoing support via INDEED to attract applicants for key roles within Estates. <p>Core Skills</p> <ul style="list-style-type: none"> • Submit list of non-compliant staff to managers • Provide weekly updates to managers, copying in the Head and Deputy head of Estates. <p>Other</p> <ul style="list-style-type: none"> • Ensure hearings are scheduled (with two dates) before the end of January • Start front loading listening events for staff based on the staff survey results

The graphs below support the accompanying text.

Metrics reflect KPI Performance on sheet 4



HR Metric	Performance	Target
Sickness %	5.0%	3.1%
Vacancy %	9.2%	7.7%
Turnover %	12.6%	12.0%
Bank/agency Spend £	£1,657,809	N/A
Non Med Appraisal %	93.2%	85.0%
Core Skills %	88.5%	85.0%



Analysis

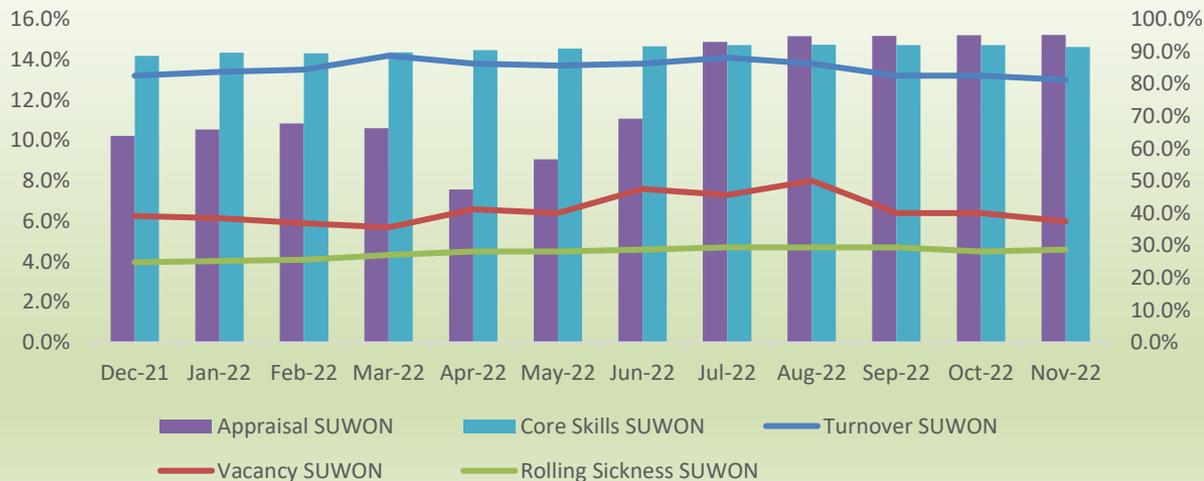
- Sickness absence.** The Division has increased marginally between months. Divisional Management Directorate aside, all other Directorates are in the range of 4.3% to 5.5% (JR and WW Theatres). Absence within this Directorate is split between JR Theatres 5.5% and West Wing Theatres 5.3%. Trauma and Orthopaedics is at 5.4%, with its Theatres Recovery HDU at 8.2% and the Trauma CSU 5.3%. Frequent absence reports being shared with directorates to improve actions in this area. Full review of RTW compliance to take place.
- Appraisals.** All Directorates are in excess of the KPI. JR and WW Theatres though are only just above this benchmark at 85.1%. All other Directorates are above 90%.
- Core Skills.** There has been a decrease in compliance although the Division at 88.5% is above the KPI. At 85.3% the Division's IG compliance remains below the required level of attainment. All staff groups, in particular Medical staff, as well as all Directorates need to demonstrate improvement.
- Turnover.** At 12.6% the Division has fallen marginally on M6 position which was 12.7%. Within the last 12 months turnover rates have risen from 9.7% (Nov 21) to an in year peak of 12.7%. Leavers are approximately at the same number as the previous month, although the average staff in post has risen marginally causing the attrition rate to decline. Ophthalmology at 18.4% is of concern as is Specialist Surgery 13.4%. JR and WW Theatres is next highest at 12.7%.
- Vacancies.** At 9.2% the Divisions vacancies are the highest amongst the clinical Divisions. JR and WW Theatres at 13.3% is relatively high as is Specialist Surgery 11.8% and Trauma at 10.7%.

Hotspots	Actions
<p>Oral & Maxillofacial Surgery (1, previously 6) <u>Bk & Ag</u> – down to 10.7% at M8 from 12.4% at M7 <u>Turnover</u> - up to 16% for M8 from 0% at M7 <u>Vacancies</u> – up to 17.4% at M8 from 15.9% at M7 <u>Sickness</u> – up to 5.7% at M8 from 5.6% at M7 <u>Appraisals</u> – down to 81.8% at M8 from 84% at M7 <u>Core Skills</u> - down to 80% at M8 from 85.8% at M7</p> <p>Specialist Nurses (2, previously 1) <u>Bk & Ag</u> – up to 2.8% for M8 from 2.2% for M7 <u>Turnover</u> – up to 19.6% at M8 from 19.5% at M7 <u>Vacancies</u> – up to 12.3% at M8 from 11.2% at M7 <u>Sickness</u> – up to 8% at M8 from 7.1% at M7 <u>Appraisal</u> – up to 83.3% at M8 from 81.4% for M7 <u>Core Skills</u> - down to 77.5% at M8 from 78.9% for M7</p> <p>JR & WW Theatres (4, previously 2) <u>Bk & Ag</u> – down 15.5% at M8 from 18.9% for M7 <u>Turnover</u> – up to 15% at M8 from 13.1% at M7 <u>Vacancies</u> - up to 13.9% for M8 from 13.6% at M7 <u>Sickness</u> - down to 5.5% at M8 from 5.6% at M7 <u>Appraisals</u> – down to 91.3 at M8 from 84.9% at M7 <u>Core Skills</u> – down to 91.9% at M8 from 92.2% at M7</p> <p>Neonatology (6, previously 3) <u>Bk & Ag</u> - down to 14.7% at M8 from 16% at M7 <u>Turnover</u> – down to 10.2% for M8 from 10.4% at M7 <u>Vacancies</u> – down to 7.6% at M8 from 8.6% at M7 <u>Sickness</u> - up to 6.7% at M8 from 6.5% at M7 <u>Appraisals</u> – down to 88.6% at M8 from 89.3% at M7 <u>Core Skills</u> - down to 81.9% at M8 from 82.4% at M7</p>	<p>Turnover</p> <ul style="list-style-type: none"> Hotspots identified across the Division to focus stay interviews: Neurophysiology, Specialist Nurses and paediatric therapies. Data provided being used to identify areas where support needed Divisional R&R lead has undertaken exit interviews, triangulating with stay interview data recently received for M8 which provides detailed reasons for leaving or considering leaving Identified that international nurses are leaving or wanting to leave due to overseas experience not being recognised. This is impacting on recruitment and retention – work underway to support with R&R lead <p>Sickness absence</p> <ul style="list-style-type: none"> 77.2% frequent absence and 22.8% long term absence Flu, MSK and SA&D top reasons for absence Hotspot areas being supported by HR Team Monthly Absence review meetings taking place with O/H very helpful Focus planned for RTW interview compliance wef January 2023 <p>Vacancy</p> <ul style="list-style-type: none"> A&C, HCSW and consultants are the highest areas of vacancy Focussed work with general recruitment and medical staffing recruitment colleagues underway to unblock pipeline New divisional pay panel providing a mechanism to review this weekly with recruiting managers Dental nurses at B3/4 hard to recruit – reviewing possibility of working with the colleges to become a training centre which may attract potential staff. <p>Agency & Temporary Staff Spend</p> <ul style="list-style-type: none"> New divisional pay panel providing a mechanism to review this weekly and challenge use of agency with managers Aligning vacancies to agency and bank spend and sickness to ensure accurate <p>Kindness into Action Update</p> <ul style="list-style-type: none"> Training, ‘In progress’ & ‘completed’ – 8.29% Directorates encouraged at divisional meetings to attend the workshops <p>Ibex Gale</p> <ul style="list-style-type: none"> The weekly project group has commenced with the development of work streams to support colleagues following the Ibex Gale report recommendations. Colleagues from across the Dept have been identified to support the workstreams. Detailed coaching support being provided to the new deputy matron and Clinical lead. Advertising for the second time for the replacement neonatal Matron role, potential risk due to current matron leaving at the end of December

The graphs below support the accompanying text.

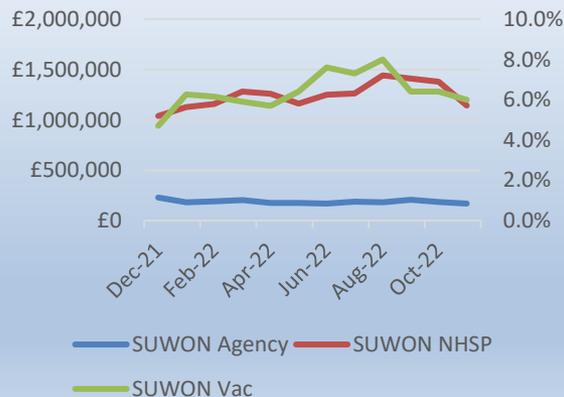
Metrics reflect KPI Performance on sheet 4

SUWON



HR Metric	Performance	Target
Sickness %	4.6%	3.1%
Vacancy %	6.0%	7.7%
Turnover %	13.0%	12.0%
Bank/agency Spend £	£1,309,307	N/A
Non Med Appraisal %	95.1%	85.0%
Core Skills %	91.4%	85.0%

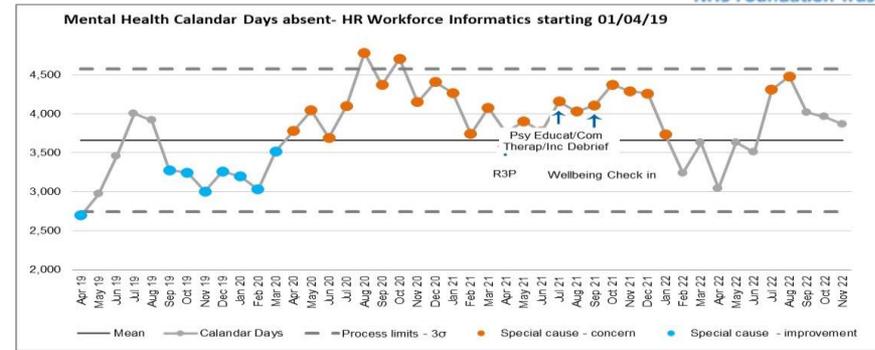
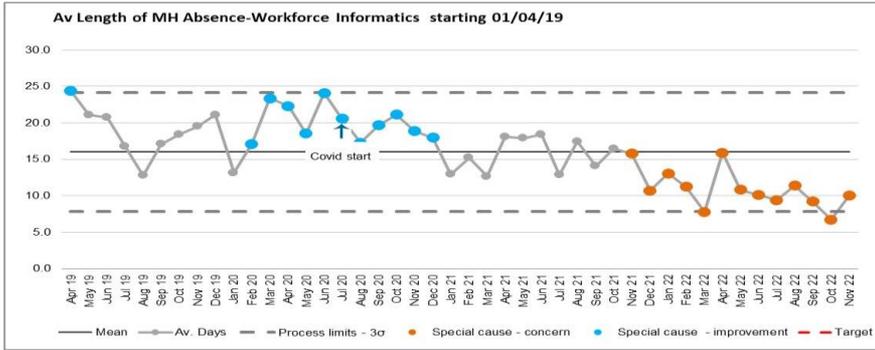
SUWON Temporary Spend £ & Vac %



Analysis

- **Sickness:** The Divisional HR team continues to meet with Occupational Health to review the top 10 short term and long term sickness cases where OH support and guidance can support absence management. The team is now actioning the advice and we hope to see a reduction in absence in coming months.
- **Vacancy:** Healthcare Assistant and Support Staff remain the highest level of vacancies. The Division is now holding a vacancy panel each week and has concentrated on progressing interviews to recruitment stage. As these are filled we hope to see the vacancy percentage reduce.
- **Turnover:** An action plan is being developed for initiatives aimed at reducing / understanding turnover. The Division has requested focussed advertising (rather than centralised) to address some of the Nursing needs. We have also confirmed numbers for future international recruitment campaigns. The results of the first round of “stay interviews” have been reviewed and action plans will now be developed with line managers.
- **Appraisal:** The Division remains about the Trust KPI.
- **Core Skills:** Three areas of focus with the directorate teams are; Information Governance, Moving and Handling Level 2 and Safeguarding level 3. The Division continues to address these gaps and are encouraging staff to complete. In month 8 compliance has increased from 85.5% too 91%. Div Director encouraging attendance at the Kindness into Action programme.

Hotspots	Actions
<p>Maternity</p> <p>Sickness – Reduced – 6.2% (M7) to 5.9% (M8) Vacancy – Reduced – 3.7% (M7) to 2.3% (M8) Turnover – Reduced – 16.4% (M7) to 15.2% (M8) Appraisals – Reduced – 93.7% (M7) to 87.1% (M8) Core Skills – Reduced – 93.7% (M7) to 88.7% (M8)</p> <p>Urology</p> <p>Sickness – no change – 4.8% Vacancy – no change – 16.3% Turnover – Reduced – 9.5% (M7) to 9.4% (M8) Appraisals – Increase – 89% (M7) to 91.3% (M8) Core Skills – (M8) 84.8%</p> <p>Palliative Medicine</p> <p>Sickness – increase – 5.8% (M7) to 6.1% (M8) Vacancy – Reduced – 15% (M7) to 13.1% (M8) Turnover – Reduced – 19.6% (M7) to 18.6% (M8) Appraisals – 97.7% (M8) Core Skills – 91.5% (M8)</p>	<p>Sickness</p> <ul style="list-style-type: none"> Urology - During that period Urology lost 111.77 working days – 29 wdl due to long term sickness absence, 24 absences started during that period. Top main reason for absence was Mental health (35 wdl), second Pregnancy related disorders (16 wdl), third was Covid (11 wdl). Actions moving forward - put more focus on RTW compliance (66.67%) and making sure that the absence monitoring actions are taken (4 out of 6). PM – All LTA’s cases are being managed, focus list has been run and work is being undertaken to ensure all employees on that list are being appropriately supported and any relevant action plans are being put in place to help maintain attendance. Across the division, a focus on RTW interview compliance is underway with a targeted approach to the worst performing areas, to identify and resolve barriers. <p>Vacancy</p> <ul style="list-style-type: none"> The Division is now holding a weekly pay panel and vacancies are moving to recruitment faster. Meetings being established with Divisional R&R lead to focus on hot spot areas and recruitment campaigns PM – number of vacancies have reduced, work has taken place in some areas to check how onboarding is going to ensure staff are retrained. <p>Turnover</p> <ul style="list-style-type: none"> PM – had a review of supervision/support and making sure it is more equitable across all staffing groups. PM - Significant wellbeing work to support all areas including wellbeing champions, clinical supervision and efforts such as free food in the breakroom and massages A wider turnover action plan is currently under review, with a focus on admin and clerical and HCSW staff groups – which will impact on our hotspots. Maternity – the Workforce Task and finish group is now set up to have ownership of the 78 workforce related actions arising from the focus groups. These actions will be measured against our KPI's including Turnover. <p>Appraisals</p> <ul style="list-style-type: none"> Urology – emails sent to chase for completion of outstanding appraisals. PM – 3 outstanding appraisals, 1 due to LTA, 2 outstanding (new cost centre) - 1 has been completed and needs to be signed off, other is awaiting manager feedback Maternity – refresher emails to be sent to target those outstanding. <p>Core Skills</p> <ul style="list-style-type: none"> Urology - Monthly reports showing compliance rates, requesting protected time to complete the core skills training PM – all Oncology compliance has gradually dropped over the last 5 months, this has been raised at directorate level, two CSU's under compliance, regular emails sent to manager where compliance is low. Maternity – a targeted approach to be undertaken, focusing on key areas that have reduced in the previous months. <p>The Divisional HR team has started to review areas that are possible future hotspots to consider what work might be required to avoid these areas becoming of future concerns</p>



Analysis of graphs

- The average length of a MH absence has risen between months, however it is too early to say that this is part of an upward trend. (7) Sequential points above/below the mean may indicate a change in process. There is a run of such points above and below the mean. Data points above/below upper/lower process limit are unusual. There are two recent data points below the line.
- In terms of calendar days lost M8 has a slight decrease continuing the downward trend since August 22. There is a run of recent downward sequential points which is above the mean, however at present these points do not total 7 in number. MH absence remains a focus for the Trust with 32% of all Long-term absence being attributed to a MH issue. For short-term the figure is only 4.8%.

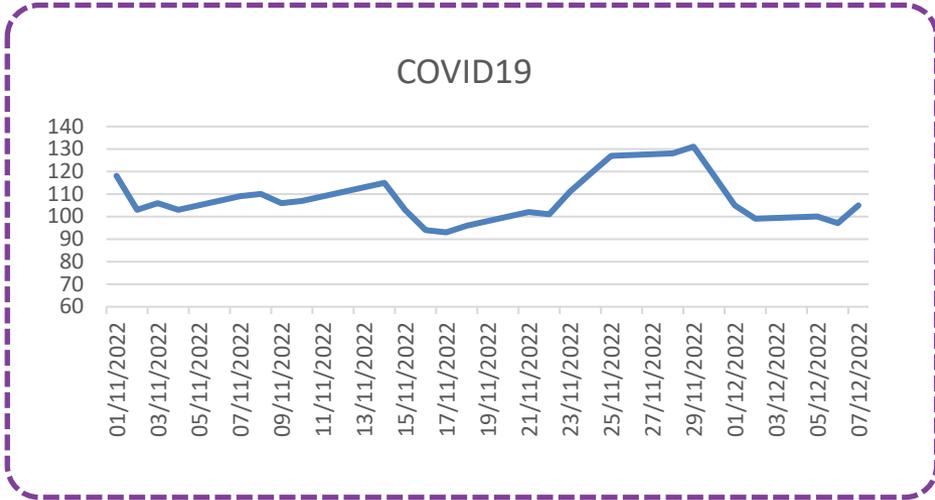
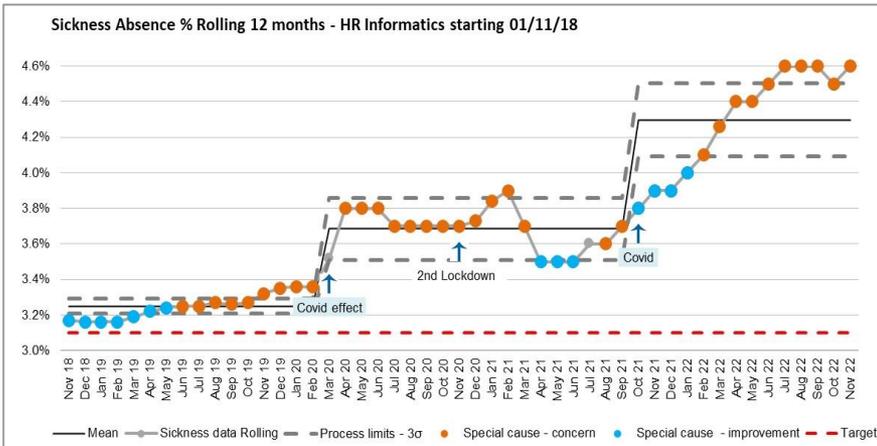
Updated Actions from the Wellbeing Quality Priority with metrics that can be reported on a monthly basis

- Action 1:** Getting the basics right in relation to wellbeing by end March 2023.
- Action 2:** By end March 2023, 50% of our people to have participated in a Wellbeing Check-In.
- Action 3:** (b) Psychological Medicine Support for Staff service to deliver 60 team sessions by the end of March 2023

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

- Action 1:** This update is provided in Year 1 priorities from Theme 1 of the People Plan on slide 2
- Action 2:** As of end of Nov '22 there have been 5,673 Wellbeing Check-ins held with substantive staff since Sept '21. Recognising that some people have had more than 1 Check-in, the total number of people having at least one check-in is 3,944 – 29.1% of our workforce. We therefore need to ensure people are participating and recording check-ins to achieve our 50% target by end Mar '23.
- Action 3:** (b) There has been a hiatus in the Staff Support Service since substantive funding was agreed at end October '22 and a few staff left prior to funding being agreed. 2.4 psychologists have now been recruited and will be joining by end March '23. Before the hiatus 26 sessions had been held.

The graphs below support the accompanying text.

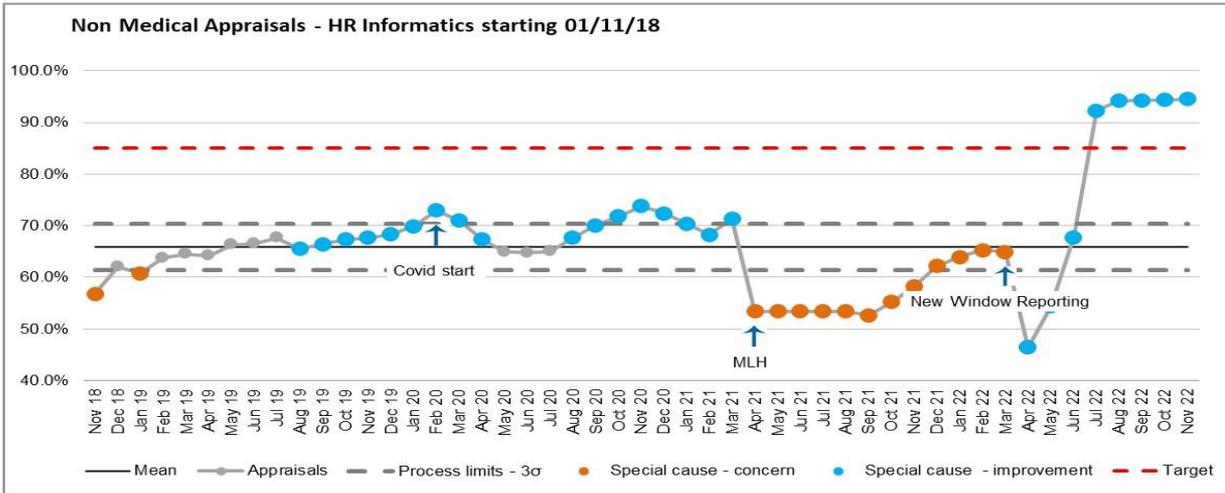


Background	What the chart tells us	Issues
Data taken from ESR for a rolling 12 months. Sickness % is wte absent/wte availability.	There has been a small increase in absence between months. Data points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. There are 4 recent data points which are above the upper process limit. Further when there are 2 out of 3 points near the upper process limit, this is a warning that the process is changing.	COVID19 absences which may yet increase are remaining relatively constant. In November The Trust averaged 110 COVID19 related absences. September, October and November have all (as expected) had month on month increases in terms of days lost from Cough/Colds/Flu. Less COVID19 the Trust's underlying rate of absence is 3.2%, which is unchanged from M7. Of this 1.5% (47% source ESR) is short term. By staff group the highest rates are being experienced by Estates 8.2%, and ACSs 6.7%. In terms of Divisional rates NOTSSCaN at 5.0% is highest. Estimated cost of annual sickness in terms of lost productivity is £22.3m - source ESR. Return to Work compliance rates are to be targeted for improvement to try and reduce absence rates.

HR Metric	Performance	Target
Sickness %	4.6%	3.1%

Return To Work Interviews		
Division	Total	Av. Days to Complete
NOTSSCaN	45.7%	8
SUWON	56.8%	6.52
MRC	53.8%	7.14
CSS	41.6%	8.03
Corporate	51.5%	6.35

The graphs below support the accompanying text.



HR Metric	Performance	Target
Appraisal %	94.5%	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.

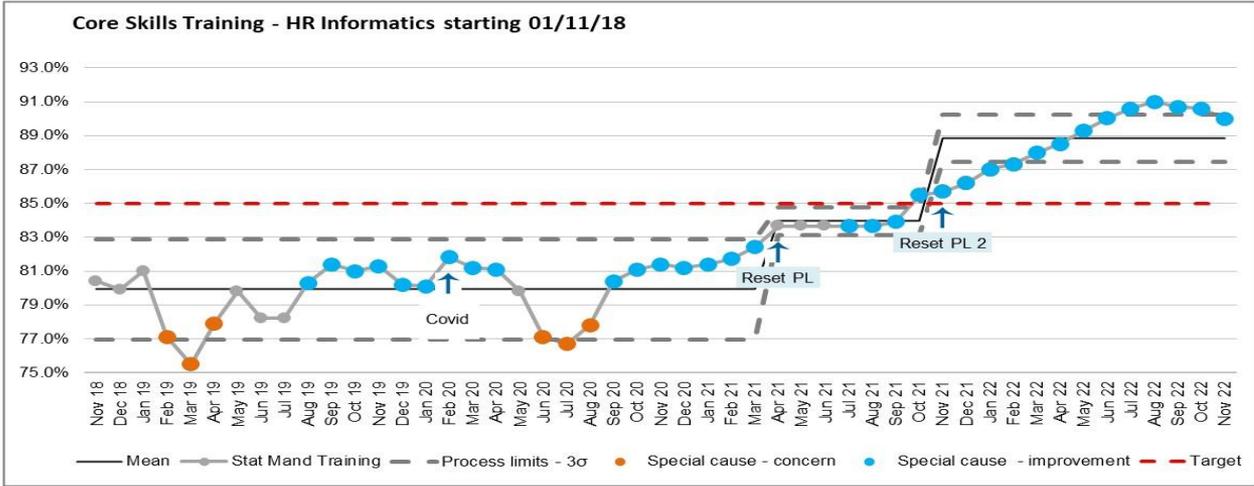
What the chart tells us

Appraisal rates continue to be reported at levels significantly above the KPI of 85%. Normally data points in excess of the upper process limits would be of concern, however the above reflects the success of the appraisal uptake within the Trust. Process limits will be reset once more data points are available.

Issues

Appraisals continue to perform in excess of the KPI. The success of the appraisal window is demonstrable above. All Divisional areas are in excess of the KPI, as are all staff groups.

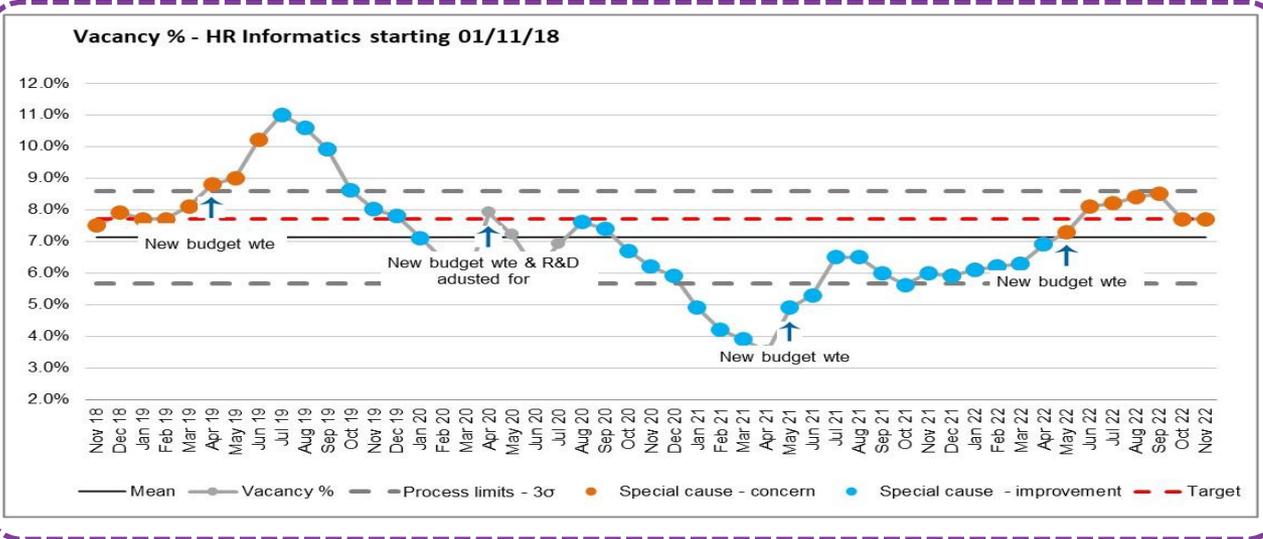
The graphs below support the accompanying text.



HR Metric	Performance	Target
Core Skills %	90.0%	85%

Background	What the chart tells us	Issues
Data is that taken from My Learning Hub (MLH) following the recent re loading of information in August. Pre April 21 data was taken from the legacy system and includes honorary contract holders who distorted compliance rates. Care should be taken when comparing the above graph.	Core Skills continue to reflect continued success in achieving a compliance rate above the KPI. Whilst the graph does reflect a small drop in compliance this change is not material.	All Divisional areas are above the 85% compliance KPI. As noted in previous reports IG compliance needs to significantly improve if it is to reach the 95% required. Month 8 is at 86.9%.

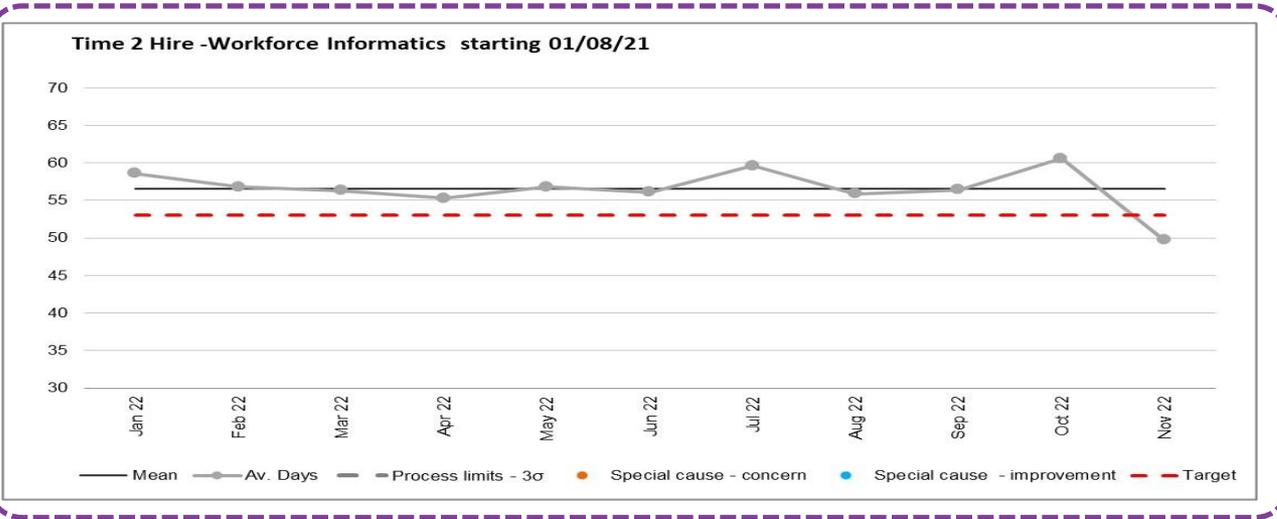
The graphs below support the accompanying text.



HR Metric	Performance	Target
Vacancy %	7.7%	7.7%

Background	What the chart tells us	Issues
Vacancy data is taken from merged data sets comprising of Budget wte from the ledger, and Contracted wte from the Electronic Staff Record (ESR). Vacancy data excludes R&D, Trust wide and Operational Expenses Divisions.	Vacancy levels have not altered since M7 as increases in establishment have been offset by increases in staff in post. Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. There are a number of points below the line (7) although they are not recent. 7 or more sequential points above or below the mean may indicate a change in process. There is a run of points above/below the mean. Similarly 7 increasing/decreasing data points may also indicate a change in process. There is a run of falling/rising points.	Corporate is highest at 9.5%, although this has reduced from M7 where it was 10.4%. Of the clinical Divisions, NOTSSCaN has the highest vacancy factor at 9.2%, which has also decreased between months. CSS (0.2%), and MRC (1.1%) have both increased. By staff group HealthCare Assistants & Support at 12.7% is highest, followed by "Other" staff (Finance classifications) at 10.1% Nursing and Midwifery are at 8.0%.

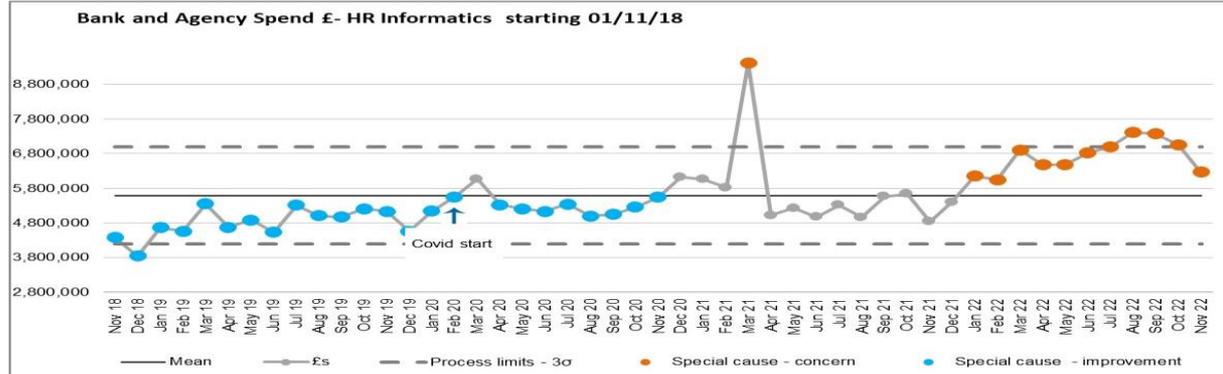
The graphs below support the accompanying text.



HR Metric	Performance	Target
Time to Hire	49.7	53.00

Background	What the chart tells us	Issues
<p>The data is taken from TRAC, the Trust's recruitment management system and reflects the Trust's time to hire which is from advert to employment checks completed. Improved performance in this metric may benefit areas such as vacancies, turnover, bank and agency spend and a reduction in sickness absence.</p> <p>The above data reflects general recruitment.</p>	<p>There are too few data points as yet to enable the SPC chart.</p>	<p>Current performance for general recruitment is below the target of 53 days which is an excellent achievement in a month. This has been as a result of focussing on recruitment campaigns, identifying delays in time to hire and collaboration between divisions and the recruitment team to progress the recruitment activity to a successful conclusion.</p> <p>The implementation of a recruitment escalation process in accordance with the recruitment policy has assisted with this trajectory.</p>

The graphs below support the accompanying text.



HR Metric	Performance	Target
Bank & Agency Spend £	£6,265,661	N/A

Background

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

What the chart tells us

Data points outside grey dotted lines are unusual. There are five points above the line and one non recent point below. Spend showing signs of reducing. Sequential points of 7 or more above/below the mean are also of concern. There is a run of such points above/below the mean.

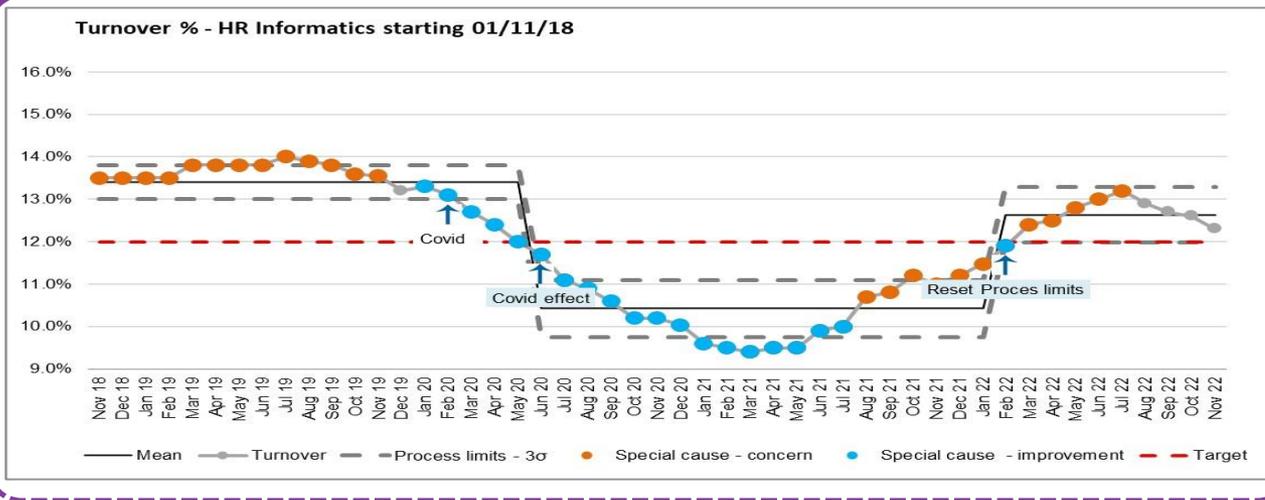
Issues

Activity in M8 was not significantly different to M7;

Overall demand remained static for all staff groups, excluding Drs;

- Overall agency fill % total requests increased by 1% from 11% to 12%
- Overall bank fill % total requests fell by 2% from 71% to 69%
- Total demand fell by 1% M7 to M8
- N&M demand static; agency fill static; bank fill decreased by 1%; unfilled increased by 1%.
- RN545 requests increased by 75% (535); Shifts filled increased by 47% (266).
- Medical locum hours filled appear to have dropped by 29%**
- Medical agency locums continue - all agency locums supplied above NHSE agency caps. DHoW currently reviewing plans to reduce within the Divisions.
- Enhanced rates above OUH rate card (bank & agency) increased from 21%-22% M7 to M8; most utilised within MRC.
- Vacancy continues as the main reason cited when requesting temp staff through the NHSP system.
- Sourcing 6-8 paediatric agency nurses to cover CHOX – no candidates put forward, agencies continue to be canvassed. Significant area of staff shortage across the ICS region.
- HCS - Pharmacy roles; significant staff shortages – NHSP/agency unable to cover. Agency cascade being expanded to widen agency pool.
- Weekly performance reviews with NHSP for N&M and AHP; bi-weekly for Medical Locums continue.
- Task and finish groups continue, chaired by Joint Dir of Workforce.
- Retrospective shifts high for medical locums – ****impact on timely reporting of medical locum MI.**
- NOTSSCaN. Trial of additional session forms in progress, providing transparency of claims to help manage spend.

The graphs below support the accompanying text.



HR Metric	Performance	Target
Turnover %	12.3%	12.0%

Background	What the chart tells us	Issues
<p>Turnover is calculated by leavers in a rolling twelve month period being divided by average staff in post. Fixed term contract holders and leavers via redundancy are excluded. This data is taken from the ESR.</p>	<p>There are no recent data points which fall outside the process limits which have been reset. When there is a run of 7 increasing or decreasing sequential points, this can indicate a significant change in process, as the process may not be in control. In this data set there is a run of both rising and falling data points.</p>	<p>Following a period of consistent increases, there are now 4 consecutive data points showing a decline in the turnover rate. The rate of leavers has declined whilst at the same time average staff in post has increased. SUWON continues to have the highest turnover rate at 13.0%, followed by NOTSSCaN at 12.6%. ACSs at 17.9% are the staff group with the highest turnover rate, followed by Estates (small staff group) 13.3% and Administrative staff at 13.1%. Nursing and Midwifery is at 10.8%.</p>

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

ESR STAFF Group	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Add Prof Scientific and Technic	517.9	519.1	520.0	524.6	519.4	522.6	508.7	504.6	509.3	521.9	518.1	514.9
Additional Clinical Services	2,146.4	2,157.5	2,130.2	2,149.5	2,098.8	2,071.3	2,063.5	2,079.1	2054.6	2059.2	2055.1	2075.6
Administrative and Clerical	2,677.6	2,674.5	2,663.6	2,654.5	2,631.0	2,624.1	2,615.6	2,601.6	2605.0	2605.7	2617.0	2627.3
Allied Health Professionals	751.8	762.4	758.3	757.7	753.8	756.3	753.6	754.3	756.8	776.0	780.6	792.0
Estates and Ancillary	212.6	214.7	216.3	216.7	215.1	215.9	213.6	214.5	217.7	216.5	215.2	220.7
Healthcare Scientists	549.0	546.7	547.7	542.2	544.8	548.8	547.1	539.9	541.5	547.7	557.4	557.7
Medical and Dental	2,066.1	2,057.3	2,059.5	2,049.7	2,038.6	2,044.6	2,024.8	2,005.7	2013.9	2096.6	2108.9	2115.4
Nursing and Midwifery Registered	3,867.4	3,884.4	3,916.6	3,941.3	3,956.7	3,954.8	3,974.1	3,968.5	3965.4	3999.7	4041.1	4037.5
Total	12,788.8	12,816.6	12,812.3	12,836.3	12,758.2	12,738.4	12,701.2	12,668.1	12664.2	12823.2	12893.5	12941.1

Bank	807.3	947.1	936.1	1084.2	886.7	941.9	1024.1	1033.2	1038.3	1013.1	935.5	908.5
Agency	99.7	96.1	105.4	131.4	111.6	131.9	130.3	139.7	151.5	157.1	161.5	155.4

Grand Total	13,695.8	13,859.8	13,853.8	14,051.9	13,756.5	13,812.1	13,855.6	13,840.9	13,853.9	13,993.5	13,990.5	14,005.1
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Divison	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Clinical Support Services	2,084.3	2,084.2	2,089.4	2078.4	2,051.7	2046.8	2048.6	2041.1	2057.3	2088.6	2112.5	2114.1
Corporate	1,602.8	1,605.5	1,599.5	1596.1	1,577.7	1573.1	1582.3	1568.0	1571.0	1574.2	1572.7	1590.6
Medicine Rehabilitation and Cardiac	2,874.7	2,870.4	2,870.2	2891.1	2,884.0	2883.5	2872.5	2879.6	2883.0	2918.0	2930.7	2935.5
Neurosciences Orthopaedics Trauma and Specialist Surgery	3,267.6	3,286.2	3,270.3	3279.6	3,279.4	3274.7	3247.0	3229.1	3224.1	3266.9	3279.3	3289.0
Surgery Women and Oncology	2,959.5	2,970.3	2,982.8	2991.1	2,965.4	2960.4	2950.8	2950.3	2928.8	2975.5	2998.2	3011.9
Total	12,788.8	12,816.6	12,812.3	12836.3	12,758.2	12738.4	12701.2	12668.1	12664.2	12823.2	12893.5	12941.1

Bank	807.3	947.1	936.1	1084.2	886.7	941.9	1024.1	1033.2	1038.3	1013.13	935.53	908.5
Agency	99.74	96.1	105.4	131.4	111.64	131.9	130.3	139.7	151.5	157.11	161.47	155.43

Grand Total	13,695.8	13,859.8	13,853.8	14,051.9	13,756.5	13,812.1	13,855.6	13840.9	13853.9	13993.5	13990.5	14005.1
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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.

Leavers & vacancies by staff groups:

Division	Staff Group (ESR)	Leaver WTE	Turnover %
Clinical Support Services	Add Prof Scientific and Technic	24.9	13.1%
	Additional Clinical Services	63.7	16.5%
	Administrative and Clerical	24.1	12.3%
	Allied Health Professionals	29.5	12.2%
	Estates and Ancillary	0.0	0.0%
	Healthcare Scientists	31.3	11.0%
	Medical and Dental	13.2	5.2%
	Nursing and Midwifery Registered	27.4	13.0%
	Students	0.0	0.0%
Clinical Support Services Total		214.1	12.1%
Corporate	Add Prof Scientific and Technic	10.2	28.7%
	Additional Clinical Services	5.0	21.6%
	Administrative and Clerical	100.3	10.0%
	Allied Health Professionals	0.8	8.7%
	Estates and Ancillary	20.2	14.8%
	Healthcare Scientists	3.2	18.3%
	Medical and Dental	1.7	50.5%
	Nursing and Midwifery Registered	17.7	10.6%
Corporate Total		159.0	11.4%
Medicine Rehabilitation and Cardiac	Add Prof Scientific and Technic	4.8	11.1%
	Additional Clinical Services	103.6	18.0%
	Administrative and Clerical	51.4	13.5%
	Allied Health Professionals	29.1	13.4%
	Estates and Ancillary	4.4	24.9%
	Healthcare Scientists	2.7	4.0%
	Medical and Dental	8.8	4.6%
	Nursing and Midwifery Registered	97.1	9.8%
Medicine Rehabilitation and Cardiac Total		301.8	12.2%
Neurosciences Orthopaedics Trauma Specialist Surgery Childrens and Neonates	Add Prof Scientific and Technic	10.0	9.8%
	Additional Clinical Services	88.7	16.6%
	Administrative and Clerical	74.1	17.0%
	Allied Health Professionals	15.8	9.7%
	Estates and Ancillary	1.0	3.0%
	Healthcare Scientists	10.6	15.3%
	Medical and Dental	12.1	4.8%
	Nursing and Midwifery Registered	139.3	11.5%
Neurosciences Orthopaedics Trauma Specialist Surgery Childrens and Neonates Total		351.6	12.6%
Surgery Women and Oncology	Add Prof Scientific and Technic	8.9	8.9%
	Additional Clinical Services	94.5	20.0%
	Administrative and Clerical	66.9	16.6%
	Allied Health Professionals	13.3	12.3%
	Estates and Ancillary	2.6	13.2%
	Healthcare Scientists	8.1	8.4%
	Medical and Dental	12.2	7.8%
	Nursing and Midwifery Registered	135.2	10.6%
Surgery Women and Oncology Total		341.7	13.0%
Grand Total		1,368.3	12.3%

Division	Staff Group (Financial)	WTE Vac	Vac %
Clinical Support Services	Consultants and Medics	6.4	1.4%
	Health Care Assistants & Support	27.9	6.6%
	Nurse and Midwives	59.4	20.7%
	Other Staff	8.5	3.7%
	Scientific, Thec., Therapeutic	20.4	2.5%
Clinical Support Services Total		122.6	5.5%
Corporate	Consultants and Medics	22.9	31.1%
	Health Care Assistants & Support	35.6	57.6%
	Nurse and Midwives	17.1	11.6%
	Other Staff	61.7	5.1%
	Scientific, Thec., Therapeutic	7.8	19.5%
Corporate Total		145.1	9.5%
Medicine Rehabilitation and Cardiac	Consultants and Medics	-2.1	-0.4%
	Health Care Assistants & Support	100.4	14.3%
	Nurse and Midwives	111.0	9.8%
	Other Staff	76.3	16.1%
	Scientific, Thec., Therapeutic	-9.6	-2.7%
Medicine Rehabilitation and Cardiac Total		275.9	8.6%
Neurosciences Orthopaedics Trauma Specialist Surgery Childrens and Neonates	Consultants and Medics	61.2	8.8%
	Health Care Assistants & Support	69.6	10.3%
	Nurse and Midwives	105.1	7.7%
	Other Staff	88.8	16.3%
	Scientific, Thec., Therapeutic	8.3	2.5%
Neurosciences Orthopaedics Trauma Specialist Surgery Childrens and Neonates Total		333.0	9.2%
Surgery Women and Oncology	Consultants and Medics	-4.1	-1.0%
	Health Care Assistants & Support	74.5	13.4%
	Nurse and Midwives	55.0	3.9%
	Other Staff	61.0	12.7%
	Scientific, Thec., Therapeutic	4.9	1.4%
Surgery Women and Oncology Total		191.4	6.0%
Grand Total		1067.9	7.7%

Temporary Pay Spend By Division:

Division	Staff Group (Finance)	Agency	NHSP	Total Temp Pay Spend	% Of all Pay Spend
Clinical Support Services	Consultants and Medics		£30,449	£30,449	0.6%
	Health Care Assistants & Support	£1,922	£29,929	£31,851	3.1%
	Nurse and Midwives	£135,726	£135,184	£270,910	23.1%
	Other Staff		£20,055	£20,055	3.1%
	Scientific, Thec., Therapeutic	£107,823	£234,444	£342,268	8.0%
Clinical Support Services Total		£245,471	£450,062	£695,533	5.9%
Corporate	Consultants and Medics	-£2,610	£9,855	£7,245	0.2%
	Health Care Assistants & Support	£0	£31,042	£31,042	-352.3%
	Nurse and Midwives	£107,377	£150,579	£257,956	12.6%
	Other Staff	£0	£284,381	£284,381	4.5%
	Scientific, Thec., Therapeutic	£16,836	£12,001	£28,837	2.5%
Corporate Total		£121,603	£487,858	£609,461	4.8%
Surgery Women and Oncology	Consultants and Medics	£6,220	£186,617	£192,837	4.8%
	Health Care Assistants & Support	£540	£234,305	£234,845	16.6%
	Nurse and Midwives	£153,433	£611,510	£764,943	13.3%
	Other Staff	£0	£63,121	£63,121	5.5%
	Scientific, Thec., Therapeutic	£6,533	£47,029	£53,562	3.6%
Surgery Women and Oncology Total		£166,726	£1,142,582	£1,309,307	9.5%
Medicine Rehabilitation and Cardiac	Consultants and Medics	£93,190	£303,804	£396,994	7.8%
	Health Care Assistants & Support	£1,537	£353,107	£354,645	18.4%
	Nurse and Midwives	£139,049	£873,420	£1,012,468	20.8%
	Other Staff	£0	£45,492	£45,492	3.7%
	Scientific, Thec., Therapeutic	£36,410	£147,541	£183,951	12.9%
Medicine Rehabilitation and Cardiac Total		£270,186	£1,723,364	£1,993,550	13.7%
Neurosciences Orthopaedics Trauma Specialist Surgery Childrens and Neonates	Consultants and Medics	£154,440	£292,214	£446,654	6.8%
	Health Care Assistants & Support		£223,582	£223,582	12.5%
	Nurse and Midwives	£194,265	£703,850	£898,115	15.7%
	Other Staff	£0	£55,077	£55,077	4.0%
	Scientific, Thec., Therapeutic	£7,557	£26,825	£34,382	2.5%
Neurosciences Orthopaedics Trauma Specialist Surgery Childrens and Neonates Total		£356,262	£1,301,547	£1,657,809	9.9%
Grand Total		£1,160,248	£5,105,413	£6,265,661	9.0%

	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	94.1%	91.8%	94.0%	92.9%	95.5%	93.8%
Core Skill - Fire Safety	92.1%	87.9%	92.3%	91.1%	93.2%	91.6%
Core Skill - Health, Safety and Welfare	93.1%	89.9%	93.2%	92.3%	95.0%	93.0%
Core Skill - Infection Prevention and Control Level 1	92.8%	90.0%	94.2%	90.2%	94.1%	91.8%
Core Skill - Infection Prevention and Control Level 2	82.6%	81.3%	86.0%	83.0%	86.1%	84.5%
Core Skill - Information Governance and Data Security	85.5%	88.1%	87.8%	85.3%	88.1%	86.9%
Core Skill - Moving and Handling Level 1	92.2%	90.1%	85.8%	84.4%	90.5%	88.9%
Core Skill - Moving and Handling Level 2	79.2%	67.2%	83.0%	80.7%	80.4%	80.8%
Core Skill - Preventing Radicalisation Awareness	91.2%	88.2%	91.1%	89.2%	91.5%	90.4%
Core Skill - Preventing Radicalisation Basic	92.3%	88.7%	90.3%	88.7%	93.0%	90.7%
Core Skill - Resuscitation Level 1	92.6%	91.7%	93.8%	91.1%	94.6%	92.5%
Core Skill - Resuscitation Level 2, 3 OR 4	93.1%	83.7%	89.6%	89.5%	92.9%	90.7%
Core Skill - Safeguarding Adults Level 1	92.9%	90.4%	94.3%	89.8%	94.5%	92.0%
Core Skill - Safeguarding Adults Level 2	92.4%	85.4%	91.2%	89.8%	93.6%	91.4%
Core Skill - Safeguarding Children Level 1	93.3%	91.5%	94.6%	90.9%	94.8%	92.7%
Core Skill - Safeguarding Children Level 2	88.2%	83.2%	89.7%	89.1%	92.8%	89.9%
Core Skill - Safeguarding Children Level 3		88.9%	79.8%	85.2%	79.3%	82.2%
Grand Total	90.8%	89.2%	90.1%	88.5%	91.4%	90.0%

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

The graphs below support the accompanying text.

Leaving Reason	Headcount of Rolling Leavers	% Headcount Reason
Death in Service	3	0.3%
Dismissal	11	1.0%
Retirement	170	14.7%
Voluntary Resignation - Adult Dependants	9	0.8%
Voluntary Resignation - Better Reward Package	30	2.6%
Voluntary Resignation - Child Dependants	30	2.6%
Voluntary Resignation - Health	30	2.6%
Voluntary Resignation - Incompatible Working Relationships	4	0.3%
Voluntary Resignation - Lack of Opportunities	9	0.8%
Voluntary Resignation - Other/Not Known	287	24.9%
Voluntary Resignation - Promotion	77	6.7%
Voluntary Resignation - Relocation	276	23.9%
Voluntary Resignation - To undertake further education or training	87	7.5%
Voluntary Resignation - Work Life Balance	131	11.4%
Grand Total	1154	100.0%

Analysis

- Data reflect headcount of leavers, Clinical Divisions in a rolling year Dec 21 to Nov 22
- Data excludes staff on Fixed Term Contracts.
- Data excludes Administrative and Estates staff.
- “Not Known” at 24.9% is highest reason, followed by “Relocation” at 23.9%. The reason for the Relocation is not known.
- Exit interviews are now available on line. There has been discussions at the Recruitment and Retention Steering Group as to how best to maximise uptake and ensure they are communicated to as wider an audience as possible.
- In conjunction with the exit interviews, Divisions are targeting CSUs with relatively high levels of turnover and conducting on line stay surveys so that recruitment and retention measures can be better targeted.

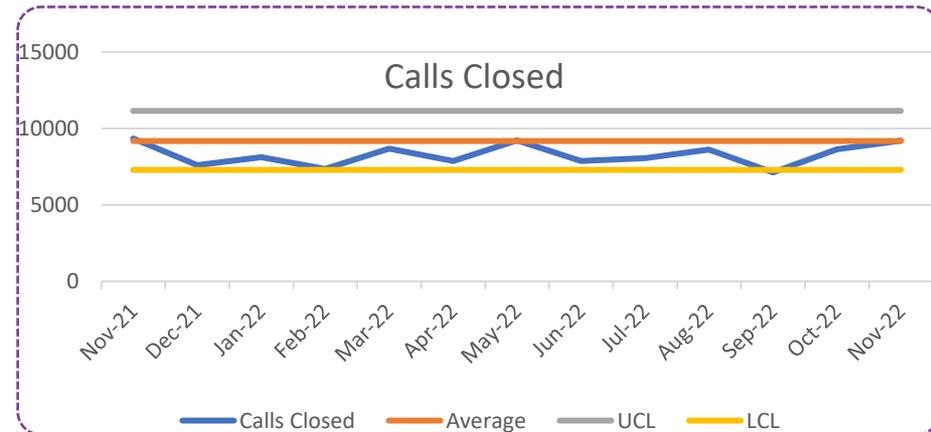
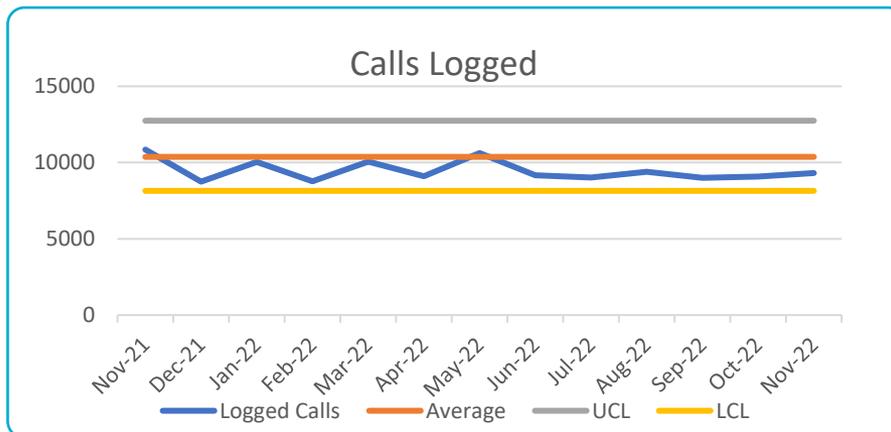
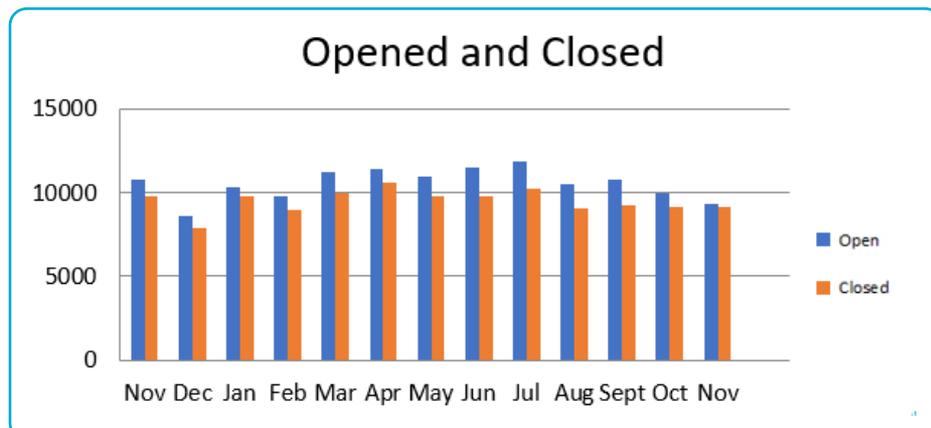
Stay Interviews	Issues	Actions
<ul style="list-style-type: none"> • 16 CSUs approached • Response rate 16.3% • 2554 staff approached • 416 responses 	<ul style="list-style-type: none"> • Over 50% agree or strongly agree with the intention to leave their role in the next 3 years • Approx. 50% of those asked agree or strongly agree this role would be outside of OUH • Approx. 50% are not aware they could discuss their intentions to leave • Career progression or 'other' biggest reason of wanting to leave • Approx 60-% feel supportive working environment, however nearly 50% said don't know about support available if did need it • Approx. 30% believe they do not receive feedback from their manager on performance • Approx 60% feel open and collaborative relationship with manager • Approx 70% feel part of the team 	<ul style="list-style-type: none"> • Look at interventions to try and retain these staff • Ensure communication is improved in terms of access to R&R leads or equivalent for staff thinking of leaving • Communicate support options for employees across OUH • Use results as further reason to encourage uptake of KIA • Ensure quality of appraisal is highlighted as well as just having one
Exit Interviews	Issues	Actions
<ul style="list-style-type: none"> • The Trust has received 35 responses to the exit questionnaire. • As number of respondents grows additional data will be provided. 	<ul style="list-style-type: none"> • To improve compliance the Trust is now approaching leavers with future leaving dates • Staff moving internally are now being approached as part of the process so that additional data can be obtained. This includes those moving through open borders • To aid retention the questionnaire holds a list of Recruitment and Retention Leads and equivalent so that individuals can be contacted quickly. • Nursing and Midwifery have the highest level of respondents, 13 out of 35 • Main reasons for leaving are Flexible Working (5), Relocation (5) and Other (5). 	<ul style="list-style-type: none"> • Explore further ways of encouraging completion by staff.

Digital

Service Desk Performance

The OUH IM&T Service Desk is integral to the day-to-day running of the Trust. IT services deliver a range of IT support to staff daily. The table below highlights the performance of the Service Desk from November 2021 to November 2022. When comparing November 2021 with November 2022 there is an 15.5% decrease in calls logged. The decrease is mainly due to the work completed by Digital to upgrade Virtual Workspace and PC upgrades (SSDs), resulting in fewer support tickets and lost time to Digital issues.

Priority	Total OUH calls logged in November	Total OUH calls closed in November	Total calls logged trend
1	1	1	Month on month trend Oct to Nov 2022
2	79	54	
3	1411	1528	decrease of 7%
4	2664	2651	Nov 2021 to Nov 2022
5	3178	3127	
Total	9314	9196	decrease of 15.5%



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

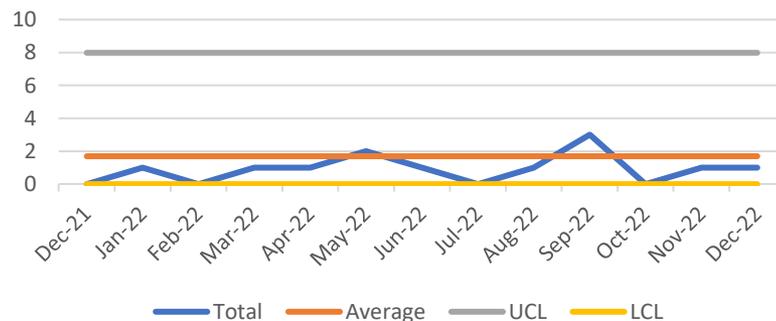
The tables below highlight the performance of the Service Desk from November 2021 to November 2022. When comparing November 2021 with November 2022 the number of Priority 1s logged was 1 in November 2022, 1 more than November 2021. Up to June 2021 we had spent considerable effort improving our processes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

OUH Priority 1 Incidents

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
0	0	1	0	1	1	2	1	0	1	3	0	1

Date	Issue	Action
09/11/22	EPR unavailable for all users	Cerner restarted the broker server to move servers to a registered state to resolve the issue.

P1 Incidents



Cyber Highlights: Overall Cyber status **Amber**

- 160TB of internet traffic use, up by 16.1TB on October
- STARA workshops commence
- Migration to Microsoft Edge browser continues in preparation of Internet Explorer 11 decommission (expected in February 2023).
- IT Health Assurance Dashboard scanning and reporting to Cyber Security Taskforce continued. These reporting dashboards will increase cyber efficiency and lower risks.

Cyber Management

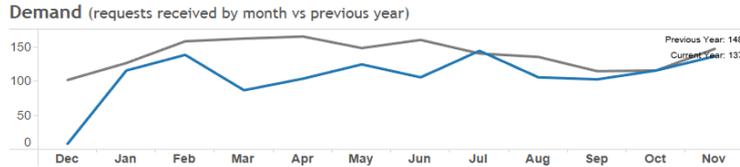
	Month of November	Year to date
CareCerts received	24	158
Virus blocked	566	5,165
Intrusions blocked	383	3,581
SPAM blocked	152,208	1,110,439
Devices monitored	12,828	-
Servers monitored	704	-

Forward view

The new IT Service Management Tool called Service Now, is live with Incidents, Requests, Problems and Changes and went live with Projects in November 2022.

Reporting from ServiceNow from October has started to allow us better visibility and reporting against KPIs for Q4.

Information request Service



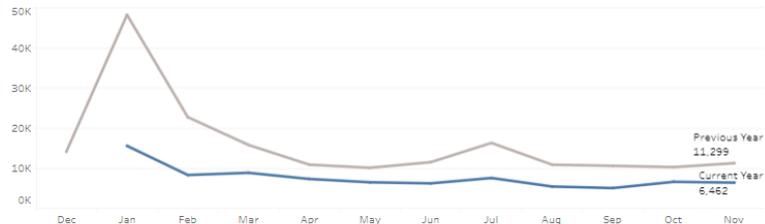
1.1 The demand on the Info request service for November '22 is lower than the same period last year.

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

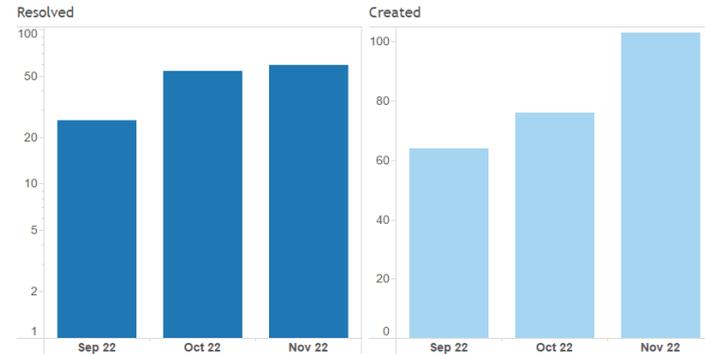
1.2 User feedback on the timeliness, usefulness and overall experience of the service was 97% (out of 29 respondents) for November '22.

ORBIT+

A total of 6462 access to views were recorded in November '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
- Data support for QI Projects
- CDS 6.3
- Cancer reporting enhancements
- Elective recovery reporting
- Winter Flu reporting
- Data quality reporting for Ethnicity recording

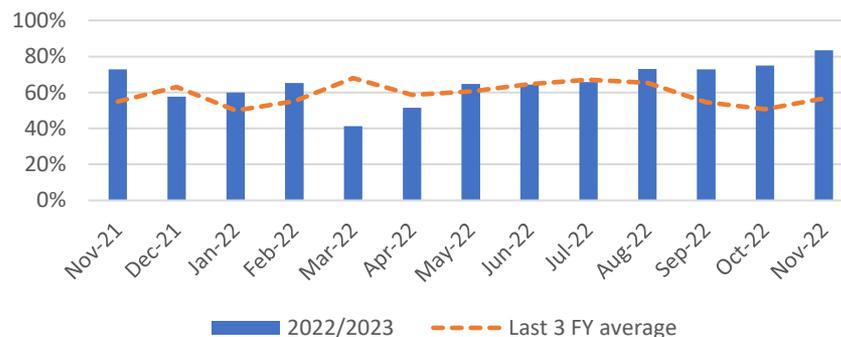
Freedom of Information (FOI)

93 FOI/EIR requests were received in November 2022. During this period, 76 requests were closed within 20 working days. 15 were not closed within 20 working days. Therefore the compliance rate for closure of requests within 20 working days in November 2022 was 84%. In November 2021, the compliance rate was 57%.

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.

27 data protection incidents occurred in November 2022. No incidents were required reporting externally via the NHS Data Security and Protection Toolkit (DSPT). 27 Incidents also occurred in October – this is still higher than average but no pattern is discernible.

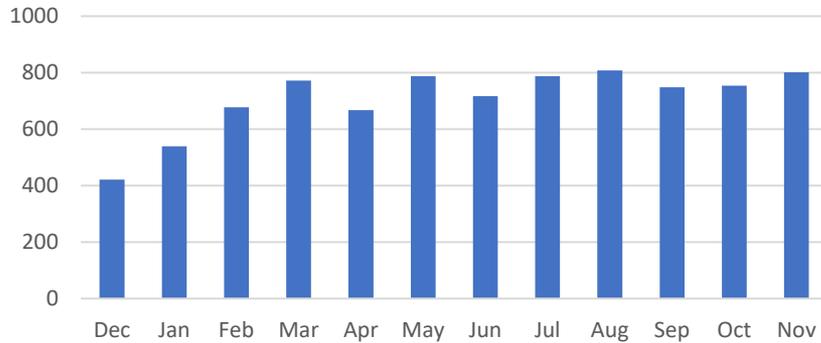
IG incidents by Division for November 2022



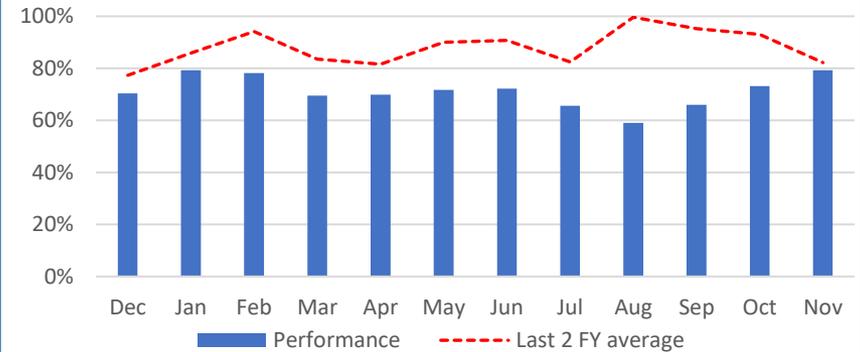
Data Subject Access Requests (DSAR)

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

DSARs received per month



DSAR closure within statutory time limit

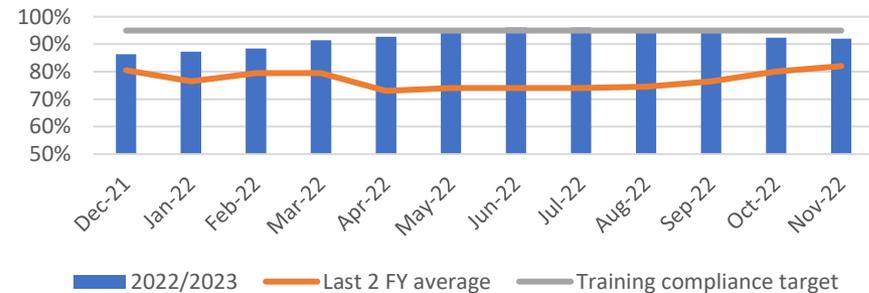


Data Security and Protection Training

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff must complete Data Security training annually. In November this figure was 92%

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

Data Security Awareness training compliance



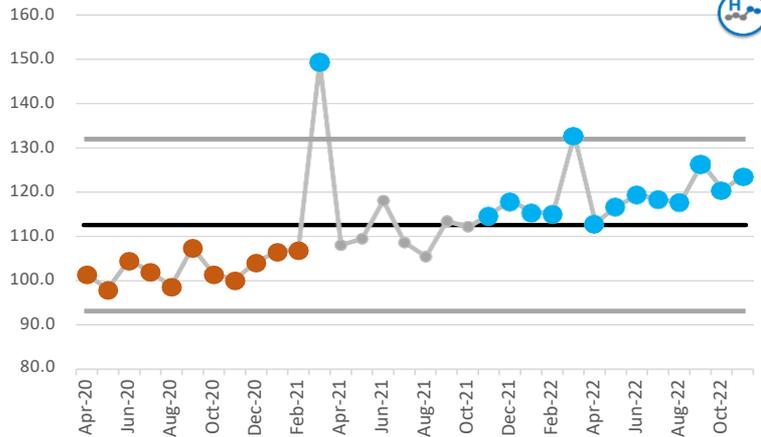
Finance, Procurement and Contracting

Income Overview

Source: Finance Ledger

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

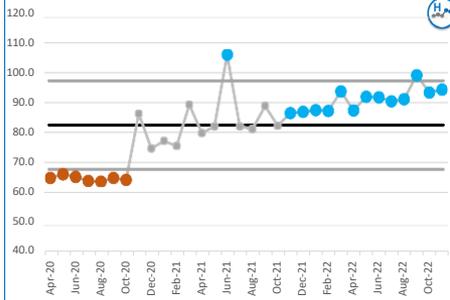
Total Income (Adjusted*) - in £m



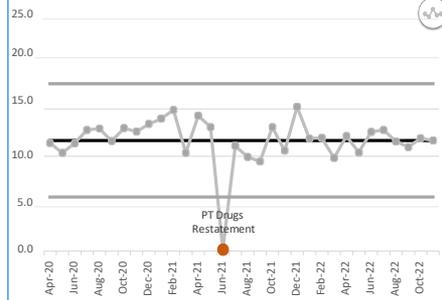
November 2022 (Month 8) - Total in-month Income of £123.5m

- Total income was £3.1m higher in November compared to October.
- Commissioning income was £0.7m higher in November mainly due to recognising £2.2m of additional income from other ICBs for the year-to-date offset by local authority income being £0.6m lower than October, passthrough income reducing by £0.2m and the fallout of recognising additional genomics income last month (£0.7m).
- Other income was £2.6m higher in November compared to October, due to a £1.5m increase in R&D income and a £0.9m increase in CEA income.
- Private patient, Overseas and RTA income was £0.2m lower in November compared to October at £0.9m.

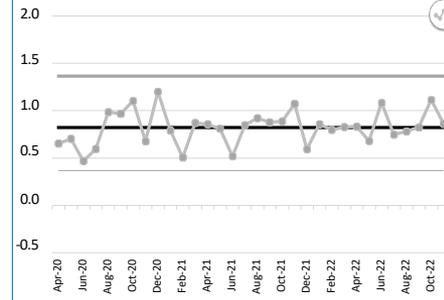
Commissioning Income (Adjusted*) - In £m



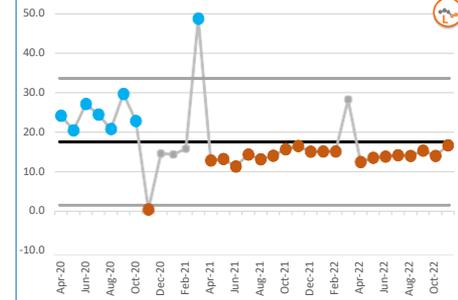
Pass Through - In £m



PP, Overseas & RTA Income - In £m



Other Income - In £m



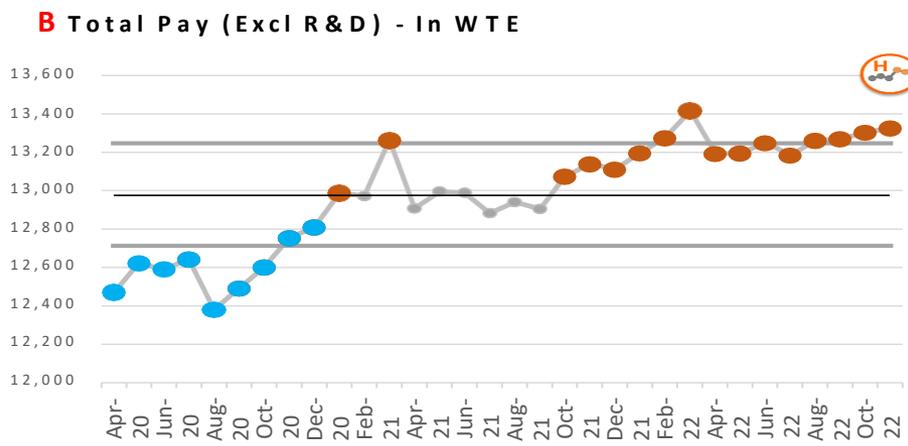
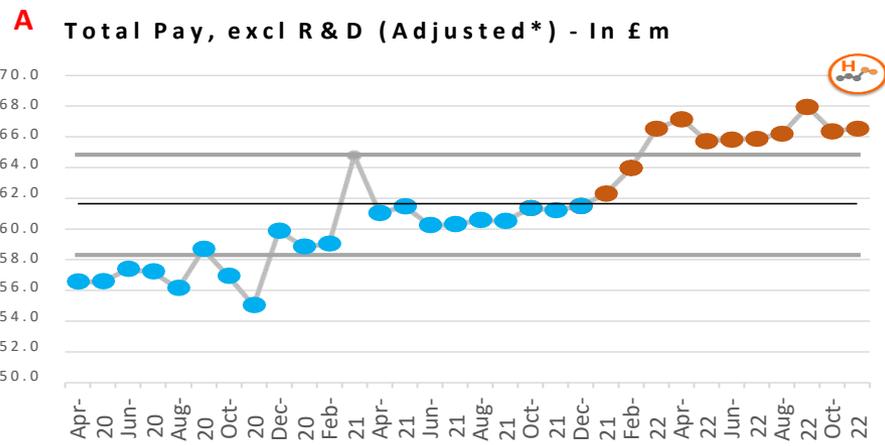
SPC Trend Analysis

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.

Pay: Run Rate Overview

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



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

**Nov 2022
(Month 8)**

£66.6m

**13,324
WTE**

- Excluding R&D, total pay costs were £0.6m higher in November compared to October.
- Substantive staffing costs (excluding the annual leave accrual release) were £1.4m higher in November compared to October mainly due to £1.0m of additional Clinical Excellence Award payments (this includes a catch up from the previous month of £0.5m). The run rate on substantive pay expenditure is up on the last financial year (after discounting the pay award and employers' NI increase), this is seen across all staff groups, but is primarily driven by consultant and junior doctor expenditure (£0.5m increased run rate) and nurses and midwives expenditure.
- Temporary staff in-month expenditure was £0.8m lower in November compared to October. Bank staff expenditure decreased by £0.6m from October and agency staff costs reduced by £0.2m. The average temporary staff spend for this financial year to date is £1.3m higher per month than the average level for the last financial year, with medical staffing driving £0.6m of this increased run-rate and nursing and midwifery staffing £0.5m of it. Temporary staff spend in October is £0.9m higher than the previous year average and agency expenditure is now identified as 'special cause variation'. This means that the level of spend in the last 6 months has kept on rising.
- WTE increased in month by 22 to 13,324 (excluding R&D). Substantive staff have increased by 56 WTE, bank staff decreased by 27 WTE and agency staff decreased by 6 WTE. The Trust is spending more while deploying fewer staff due to the premium costs of temporary staffing.
- COVID-19 pay costs were £0.5m in-month, which is £0.3m lower than last month.

**Trend
Analysis**

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

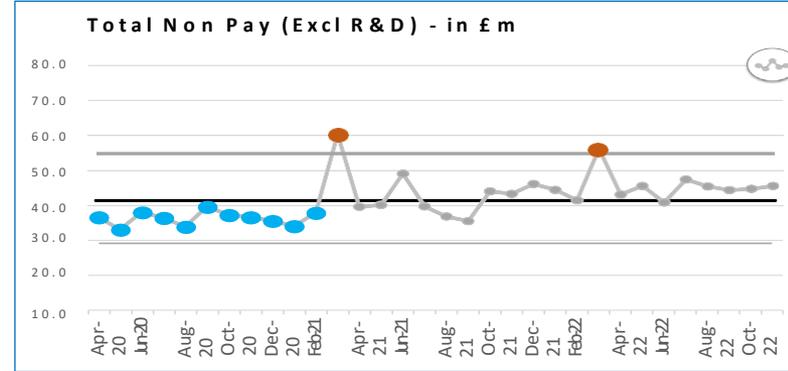
Non-Pay Run Rate Overview

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



November 2022 (Month 8) – Total Non-Pay of £45.3m

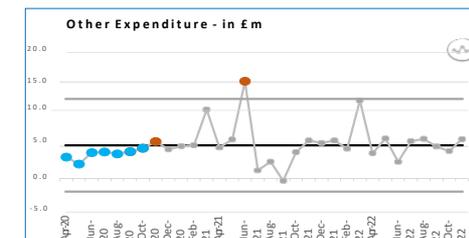
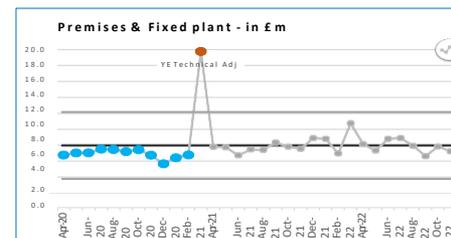
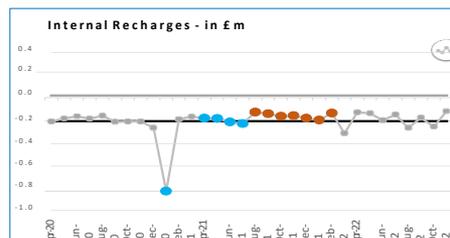
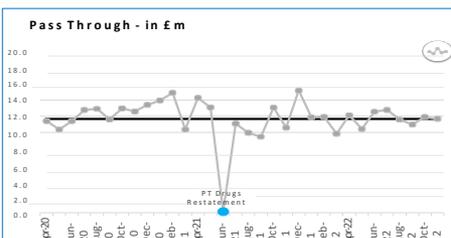
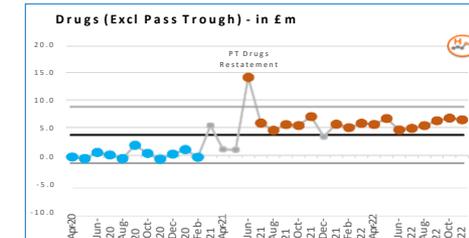
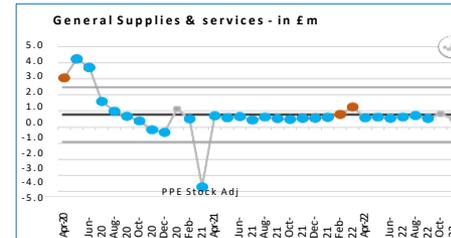
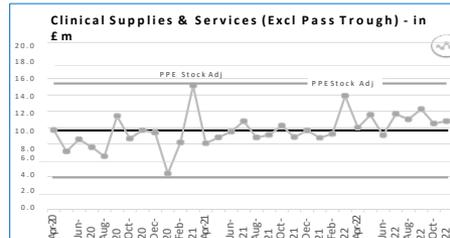
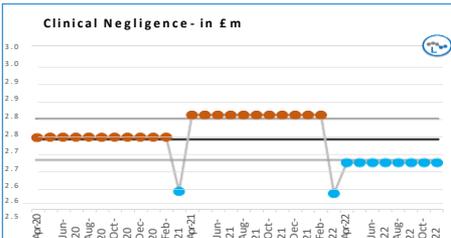
- Total non-pay costs were £0.8m higher in November compared to October (excluding R&D).
- Other non-pay costs increased by £1.8m and clinical supplies and services costs increased by £0.3m whilst premises and fixed plant costs decreased by £0.6m, general supplies and services costs decreased by £0.3m, drug costs decreased by £0.3m and passthrough costs decreased by £0.2m (with a corresponding decrease in income).
- The fallout of the release of £1.7m from the staff travel scheme provision last month is the increase within other costs.
- Within premises, there were reductions in PFI costs and computer maintenance costs.



SPC Trend Analysis

Non-pay spend during the financial year 2020/21 has been significant lower compared to 2021/22 and the spend in the year-to-date. March 22 non-pay spend includes year end technical adjustments for PPE (Clinical Supplies & Services), estates related accruals (Premises & Fixed Plant) and staff bonus and travel incentive scheme which were announced on 31st March 2022. Discounting for this, non-pay expenditure is stable given RPI is currently 8.2% indicating the impact of fixed price contracts and competitive tendering on contract renewals.

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



Indicator	Currency	Target	£/unit	Actual Vs Target - Indicative financial Impact (£)				
				Q1 FY23	Q2 FY23	Oct-22	Nov-22	FY22/23 YTD Total
Elective ALOS	Days	4 <i>(FY21/22 Avg)</i>	1 day = £0.5m/month	(£0.6m)	£0m	£0.1m	£0.2m	(£0.4m)
Non-elective ALOS	Days	3.9 <i>(FY21/22 Avg)</i>	1 day = £2.4m/month	(£2.4m)	(£2.2m)	(£0.7m)	(£0.7m)	(£6.0m)
Theatre sessions (Planned)	Sessions	1,082 <i>(FY21/22 Monthly Avg)</i>	£12.1k income/ session	(£1.8m)	(£1.5m)	(£1.3m)	(£2.6m)	(£7.2m)
Face to Face Appointments	Appointments	81,821 <i>(FY21/22 Monthly Avg)</i>	1 Appointment = £93	£1m	£0.3m	(£0.1m)	(£0.8m)	£0.5m
Staff sickness rate	% of staff	3.1% <i>(Trust target)</i>	1% = £0.8m/month	(£3.2m)	(£3.5m)	(£1.1m)	(£1.2m)	(£9.0m)
Staff turnover rate	% of staff	12% <i>(Trust target)</i>	1% = £280k/month	(£0.6m)	(£0.8m)	(£0.2m)	(£0.1m)	(£1.7m)
Total adverse impact				(£7.6m)	(£7.8m)	(£3.3m)	(£5.2m)	(£23.9m)

Impact of key indicators

- The productivity key indicators are a work in progress representing the drivers to performance via the financial impact of movements in KPIs versus the Trust's planning assumptions. The approach seeks to join up the operational data with the financial run rate. The development and use of this data is a key focus of the Productivity Committee (a new sub-committee of TME).
- Year to date the Trust's run rate deficit of £16m matches the estimated negative impact of reductions in productivity.
- This is most clearly seen in the estimated negative impact of movements in non-elective average length of stay (ALOS) which causes the use of temporary staffing to open additional beds and in sickness and turnover rates which causes the use of temporary staffing to fill staffing gaps

Division	Plan 2022/23 (£m)	Plan YTD (£m)	Identified 2022/23 (£m)	Identified YTD (£m)	Delivered YTD (£m)	Variance to Plan YTD (£m)
CSS	1.8	1.2	1.8	1.1	1.2	(0.0)
MRC	2.0	1.3	1.9	1.0	1.1	(0.2)
NOTSSCaN	2.7	1.8	1.8	1.2	0.7	(1.1)
SuWOn	2.4	1.6	1.1	1.2	0.9	(0.7)
Corporate	0.9	0.6	1.0	0.3	0.6	(0.0)
Operational Services	0.1	0.1				(0.1)
Estates	1.3	0.9				(0.9)
Education	0.1	0.1				(0.1)
Central - recurrent	17.9	11.9	15.4	10.2	0.8	(11.2)
Central - non recurrent	15.6	10.4	19.9	12.6	15.7	5.3
TOTAL £m	44.8	29.9	42.8	27.6	21.0	(8.9)

Clinical divisions

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

Corporate

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

Central – recurrent

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

Central – non-recurrent

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

Source: Finance Ledger

Statement of Financial Position £000s	MONTH 12 2022	MONTH 6 2023	MONTH 7 2023	MONTH 8 2023	YTD Movement
Non Current Assets:					
Property, Plant and Equipment	650,574	651,102	650,803	647,665	(2,909)
Intangible Assets	14,154	13,161	12,914	13,520	(634)
Investment Property	32,030	32,030	32,030	32,030	0
Other Investments	14,310	14,072	13,841	13,841	(469)
Trade and Other Receivables	7,147	6,465	6,535	6,385	(762)
Total Non Current Assets	718,215	716,830	716,123	713,441	(4,774)
Current Assets:					
Inventories	28,518	28,436	28,182	28,106	(412)
Trade and Other Receivables	58,884	73,440	69,281	72,993	14,109
Cash and Cash Equivalents	57,323	38,012	53,389	45,334	(11,989)
Total Current Assets	144,725	139,888	150,852	146,433	1,708
Total ASSETS	862,940	856,718	866,975	859,874	(3,066)
Current Liabilities:					
Trade and Other Payables	(155,245)	(149,336)	(146,704)	(145,329)	9,916
Other Liabilities: Deferred Income	(3,882)	(9,440)	(22,403)	(17,778)	(13,896)
Provisions	(7,958)	(6,747)	(6,556)	(6,556)	1,402
Borrowings	(12,939)	(14,790)	(14,064)	(13,769)	(830)
Commercial Loans	(426)	(443)	(465)	(487)	(61)
DH Capital Loan	(730)	(736)	(752)	(757)	(27)
Total Current Liabilities	(181,180)	(181,492)	(190,944)	(184,676)	(3,496)
Net Current Assets/(Liabilities)	(36,455)	(41,604)	(40,092)	(38,243)	(1,788)
Total Assets Less Current Liabilities	681,760	675,226	676,031	675,198	(6,562)
Non Current Liabilities:					
Other Liabilities: Deferred Income	(4,628)	(4,728)	(4,793)	(4,782)	(154)
Provisions	(8,459)	(8,459)	(8,459)	(8,459)	0
Borrowings	(214,842)	(217,443)	(218,401)	(217,378)	(2,536)
Commercial Loans	(6,095)	(5,872)	(5,872)	(5,872)	223
DH Capital Loan	(15,239)	(14,908)	(14,908)	(14,908)	331
Total Non Current Liabilities	(249,263)	(251,410)	(252,433)	(251,399)	(2,136)
Assets Less Liabilities (Total Assets Employed)	432,497	423,816	423,598	423,799	(8,698)
Taxpayers Equity:					
Public Dividend Capital	303,749	303,749	303,749	303,749	0
Retained Earnings reserve	(23,432)	(27,483)	(26,947)	(25,991)	(2,559)
Revaluation Reserve	159,684	155,053	154,299	153,544	(6,140)
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	432,498	423,816	423,598	423,799	(8,699)

Non-Current Assets

- There is an overall decrease 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 (+£15.6m), offset by the net impact of depreciation in excess of capital additions.

Current Assets

- Current assets have increased by £1.7m, due to an increase in receivables partly offset by a reduction in cash.

Current Liabilities

- Current liabilities have increased by £3.5m, capital payables have reduced while deferred income has increased. The movement in borrowings is the contra to the increase in non-current assets for IFRS16 in relation to lease payments due within one year.
- Under the Better Payment Practice Code (BPPC) 90.3% of total bills in month were paid within target (by value) and 75.1% (by number). This is just short of the national standard of 95%. The Trust is considering an option to slightly increase creditor payments, but not beyond 30 days, to help manage cash.

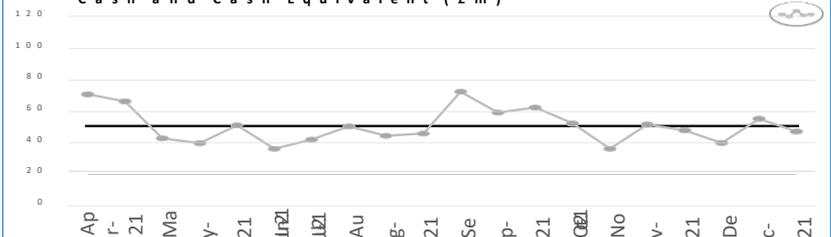
Non-Current Liabilities

- Non-current liabilities have increased by £2.1m this being the liability in relation to IFRS 16 leases greater than 1 year, partly offset by PFI liability reductions due to monthly repayments.

Cash

- Cash decreased by £8.1m in month largely due to timing and underlying deficits, as expected. Cash resilience is a priority and is being addressed through the cash committee.
- The cash balance, on a monthly basis doesn't vary significantly. However, the overall trend on a plan and forecast basis indicates future pressures are expected.

Cash and Cash Equivalent (£ m)

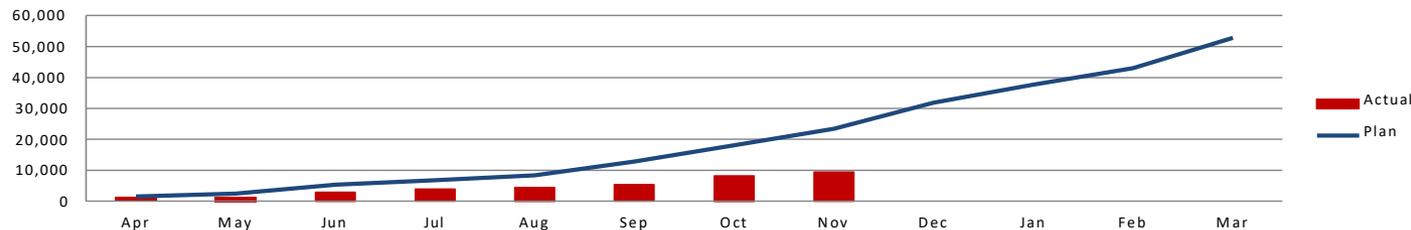


Capital Expenditure £000s	IN MONTH 8			YEAR TO DATE			FULL YEAR PLAN
	Plan	Actual	Variance	Plan	Actual	Variance	BASE
Schemes underway	274	22	252	4,361	2,370	1,991	5,465
Contractually committed	166	19	147	332	38	294	1,000
Statutory compliance	921	176	745	3,609	495	3,114	7,300
Other ICS spend - Estates	274	40	234	548	(57)	605	1,650
Other ICS spend - Digital	1,264	215	1,049	2,528	444	2,084	7,600
Other ICS spend - Medical Equipment	1,190	247	943	3,046	1,083	1,963	7,823
Less disposals/other deductions included in CDEL	0	0	0	0	0	0	0
ICS CDEL before impact of IFRC-16	4,089	719	3,370	14,424	4,374	10,050	30,838
IFRS 16 - Right of Use assets	0	0	0	3,692	1,184	2,508	5,571
ICS CDEL after impact of IFRC-16	4,089	719	3,370	18,116	5,558	12,558	36,409

CDEL outside ICS envelope £m	IN MONTH 8			YEAR TO DATE			FULL YEAR PLAN
	Plan	Actual	Variance	Plan	Actual	Variance	BASE
Externally funded expenditure additional to ICS allocation (Confirmed)	0	0	0	0	2	(2)	2,050
Externally funded expenditure additional to ICS allocation (TBC)	0	16	(16)	0	243	(243)	12,139
PFI Residual Interest	419	419	0	3,353	3,353	0	5,030
CDEL outside ICS envelope	419	435	(16)	3,353	3,598	(245)	19,219
Total CDEL	4,508	1,154	3,354	21,469	9,156	12,313	55,628

Other capex not included in CDEL £m	IN MONTH 8			YEAR TO DATE			FULL YEAR PLAN
	Plan	Actual	Variance	Plan	Actual	Variance	BASE
Grants & donations - Estates	304	18	286	608	138	470	1,834
Grants & donations - Medical Equipment	208	269	(61)	668	1,107	(439)	1,500
Grants & donations - Digital	0	0	0	0	(20)	20	0
PFI Lifecycleing (less residual interest)	285	(213)	498	761	(939)	1,699	8,169
Other capex not included in CDEL	797	74	723	2,037	286	1,751	11,503
Net Capex (after disposals)	5,305	1,228	4,077	23,506	9,442	14,064	67,131
Add back disposal/other deductions	0	0	0	0	0	0	0
Gross Capex (before disposals)	5,305	1,228	4,077	23,506	9,442	14,064	67,131

Cumulative Performance Against Plan (£000s)



The plan included in this table matches the plan submission of 20 June, with the addition of £2,050k PDC funding for HGH 2nd CT and MRI acceleration, as MoUs for these externally funded projects have been signed since the submission of the plan. It also includes a further £12.1m for bids pending approval.

The revised plan for 2022/23 for gross capital expenditure, including this external funding, is £67.1m. Within this the Trust's share of the ICS capital allocation (ICS CDEL) remains £30.8m before adjusting for the impact of IFRS 16, 'Right of Use' assets.

Total expenditure against ICS CDEL (before impact of IFRS-16) was £4.4m to November, £10.1m behind plan.

The main causes this are: Statutory Compliance, £3.1m behind plan; Digital, £2.0m under plan; Medical Equipment, now £2.0m behind plan. All of these areas started late due to late approval of the plan and lead times limit scope to catch up in year.

Schemes Underway are £2.0m behind plan, including £0.9m on Digital schemes underway; the £0.5m underspend on Cath Labs D&E has been reallocated to Lab A.

Capital costs relating to IFRS-16 of £1.2m have been realised against a plan to date of £3.7m, bringing the total variance against the Capital Department Expenditure Limit (CDEL) to a little under £12.6m.

Gross Capital Expenditure, which also includes grants & donations and PFI life-cycling, to date is £9.4m, behind plan by £14.1m, due to PFI life-cycling, now £1.7m behind plan.

The capital forecast is shown under a separate report.

ICS CDEL	Full-year	Year to Date	Full-year	Full-year
£m	Plan	Month 07	Forecast	(Over)/Under
Estates specific projects	7.97	2.20	7.35	0.62
Estates rolling programmes	6.35	0.31	5.00	1.35
Total Estates ICS CapEx	14.32	2.50	12.35	1.97
Digital specific projects	1.70	0.09	1.00	0.70
Digital rolling programmes	7.00	0.24	5.00	2.00
Total Digital ICS CapEx	8.70	0.33	6.00	2.70
Equipment specific projects	0.32	0.22	0.45	(0.12)
Equipment rolling programmes	7.50	0.60	7.50	-
Total Equipment ICS CapEx	7.82	0.82	7.95	(0.12)
ICS CDEL before impact of IFRC-16	30.84	3.65	26.29	4.54
Externally funded outside ICS CDEL				
HGH 2nd CT	1.70	0.00	1.70	-
MRI acceleration	0.35	-	0.35	-
Total MoU signed	2.05	0.00	2.05	-
JR Theatres	1.26	0.23	1.26	-
Breast Informatic Service Provision	3.60	-	1.87	1.73
Secure Data Environment (SDE)	1.88	-	1.88	-
Digital Diagnostics	0.61	-	0.61	-
Cancer equipment bids	4.79	-	4.79	-
Total MoU pending	12.14	0.23	10.41	1.73
Total externally funded	14.19	0.23	12.46	1.73
Total ICS & externally funded	45.03	3.88	38.75	6.28
Other items				
Grants and donations	3.33	0.94	4.40	(1.07)
IFRIC 12	13.20	2.21	10.10	3.10
IFRS 16	5.57	1.18	2.05	3.52
Total excluded items	22.10	4.33	16.55	5.55
Gross CapEx	67.13	8.21	55.30	11.83
Exclude MoU pending	(12.14)	(0.23)	(10.41)	(1.73)
Gross CapEx (excluding MoU pending)	54.99	7.99	44.90	10.10

The plan, included in this table matches the plan submission of 20 June, with the addition of £2.05m PDC funding for HGH 2nd CT and MRI acceleration, as MoUs have been signed since the submission of the plan. It also includes £12.14m of bids and offers of external funding to be confirmed.

The revised plan for 2022/23 for gross capital expenditure, including the confirmed external funding, is £54.99m. Within this the Trust's share of the ICS capital allocation (ICS CDEL) remains £30.84m.

Forecast spend against ICS CDEL is £4.54m under plan at £26.29m. The key drivers to this underspend are the rolling programmes for Estates Critical Infrastructure Risk and Digital Both programmes were subject to delays at the start of the year and lead times for delivery and completion limit the opportunities to catch up by year end.

Other specific programmes in the plan have been deferred or materially delayed. These underspends have been partly offset by higher spends elsewhere and by programmes accelerated in mitigation (eg JR Theatres).

Funding for two new programmes has been agreed: HGH 2nd CT and MRI acceleration. Both programmes are expected to complete on budget and on schedule. Unconfirmed funding includes 4.5% (£1.26m) for the development phase of the JR Theatres programme. Development work is underway with forecast spend in-year of £1.80m, with the balancing £0.54m included in the ICS forecast.

Spend on other items is currently forecast to be £5.55m under plan, with lower than planned expenditure against IFRIC 12 (PFI) and IFRS 16 (leases) partly offset by grants and donations higher than the submitted plan.

Gross CapEx (excluding unconfirmed bids) is forecast to be £10.10m behind the revised plan at £44.90m. The forecast remains subject to a high degree of risk and provisional assumptions, including the agreement of external funding bids, their impact on ICS spend assumptions, and ability to deliver by year end. The forecast spend against ICS CDEL includes £17.5m of orders yet to be raised by the end of October.

Appendix 1 – Other Supporting Analysis: Month 8 2022/23

I & E Subjective £000s	IN MONTH 8				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
Income									
Commissioning Income	91,629	94,263	2,634	2.9%	735,190	739,140	3,950	0.5%	1,101,342
Passthrough Drugs & Devices	10,708	11,678	969	9.1%	85,667	94,040	8,373	9.8%	128,501
Other Income	14,436	16,661	2,225	15.4%	116,699	114,018	(2,681)	-2.3%	173,484
PP, Overseas and RTA Income	893	859	(34)	-3.8%	7,142	6,910	(233)	-3.3%	10,713
Total Income	117,666	123,460	5,795	4.9%	944,698	954,108	9,409	1.0%	1,414,040
Pay									
Consultants and Medics	(21,840)	(23,526)	(1,686)	-7.7%	(172,281)	(182,671)	(10,390)	-6.0%	(258,097)
Health Care Assistants & Support	(6,723)	(6,149)	573	8.5%	(50,314)	(49,982)	332	0.7%	(75,327)
Nurse and Midwives	(18,132)	(19,551)	(1,419)	-7.8%	(150,638)	(157,942)	(7,304)	-4.8%	(226,491)
Other Staff	(10,864)	(10,750)	114	1.0%	(85,326)	(85,793)	(467)	-0.5%	(127,490)
Scientific, Thec., Therapeutic	(9,264)	(9,753)	(489)	-5.3%	(75,303)	(75,455)	(152)	-0.2%	(112,877)
Total Pay	(66,823)	(69,730)	(2,907)	-4.4%	(533,862)	(551,843)	(17,981)	-3.4%	(800,283)
Non-Pay									
Clinical negligence	(2,643)	(2,643)	(0)	0.0%	(21,145)	(21,145)	0	0.0%	(31,718)
Clinical Supplies & Services	(10,949)	(11,906)	(956)	-8.7%	(86,673)	(89,993)	(3,319)	-3.8%	(129,603)
Drugs & Devices	(16,110)	(18,082)	(1,972)	-12.2%	(128,881)	(140,405)	(11,523)	-8.9%	(193,322)
General Supplies & Services	(496)	(514)	(18)	-3.7%	(3,962)	(4,979)	(1,017)	-25.7%	(5,944)
Internal Recharges	157	0	(157)	-100.0%	1,217	(0)	(1,217)	-100.0%	1,851
Premises & Fixed Plant	(7,870)	(7,298)	572	7.3%	(62,981)	(63,093)	(112)	-0.2%	(93,407)
Other Expenditure	(6,948)	(6,754)	194	2.8%	(57,725)	(42,665)	15,060	26.1%	(85,139)
Total Non-Pay	(44,859)	(47,197)	(2,338)	-5.2%	(360,151)	(362,280)	(2,129)	-0.6%	(537,282)
Operational EBITDA	5,984	6,534	550	9.2%	50,685	39,985	(10,701)	-21.1%	76,475
Financing and Capital Charges (Excl Tech Adj)	(6,319)	(6,334)	(15)	-0.2%	(50,169)	(50,210)	(41)	-0.1%	(75,196)
Operational Surplus / (Deficit)	(335)	200	535	159.7%	516	(10,225)	(10,742)	-2080.4%	1,280

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

Income

- Commissioning income, including passthrough drugs and devices, is £12.3m better than plan to-date. This is mainly due to passthrough drugs and devices (£8.4m) which is in line with a corresponding movement on costs.
- Other income is £2.7m worse than plan year-to-date. This is mainly due to R&D income (£1.1m worse than plan) which will be offset by reduced R&D expenditure (therefore nil bottom line impact) and non-patient care income being £1.5m worse than plan.
- PP, Overseas and RTA income is £0.2m worse than plan to date.

Pay

- Pay is £18.0m worse than plan year-to-date. £3.1m of this overspend relates to COVID-19 pay expenditure (COVID-19 pay expenditure has not reduced compared to last financial year, but a 50% reduction was assumed in the plan), £5.2m relates to pay savings that will need to be recovered later in the year, £5.7m overspend on medical staffing, £4.3m on nursing and midwives staffing and £2.4m on elective recovery pay costs, offset by a £1.7m underspend from the pay award. The run rate on substantive and temporary staffing has increased this financial year, medical staffing costs are driving this increase.

Non-Pay

- Non-pay is £2.1m worse than plan to date (£6.2m better than plan if passthrough expenditure is excluded). R&D non-pay costs are £0.9m better than plan. Elective recovery non-pay costs are £6.8m better than plan.

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

I & E Subjective	IN MONTH 8 - 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	89,766	2,792	(10)	1,714	0	94,263	703,089	22,337	0	13,714	0	739,140
Passthrough Drugs & Devices	11,678	0	0	0	0	11,678	94,040	0	0	0	0	94,040
Other Income	10,464	0	6,039	(2)	160	16,661	76,825	0	35,894	(2)	1,301	114,018
PP, Overseas and RTA Income	859	0	0	0	0	859	6,910	0	0	0	0	6,910
Total Income	112,767	2,792	6,029	1,712	160	123,460	880,864	22,337	35,894	13,711	1,301	954,108
Pay												
Consultants and Medics	(22,278)	(307)	(813)	(130)	2	(23,526)	(174,140)	(1,454)	(4,578)	(2,501)	2	(182,671)
Health Care Assistants & Support	(6,038)	(14)	(27)	(56)	(15)	(6,149)	(48,611)	(94)	(192)	(902)	(182)	(49,982)
Nurse and Midwives	(17,916)	(257)	(1,203)	(171)	(4)	(19,551)	(144,244)	(564)	(9,413)	(3,716)	(4)	(157,942)
Other Staff	(9,690)	(19)	(984)	(57)	0	(10,750)	(77,988)	(67)	(7,203)	(536)	0	(85,793)
Scientific, Thec., Therapeutic	(8,570)	(27)	(1,116)	(40)	0	(9,753)	(67,021)	(217)	(7,346)	(871)	0	(75,455)
Total Pay	(64,493)	(624)	(4,143)	(453)	(17)	(69,730)	(512,003)	(2,397)	(28,732)	(8,526)	(184)	(551,843)
Non-Pay												
Clinical negligence	(2,643)	0	0	0	0	(2,643)	(21,145)	0	0	0	0	(21,145)
Clinical Supplies & Services	(10,689)	(106)	(1,092)	124	(143)	(11,906)	(86,590)	0	(2,966)	680	(1,117)	(89,993)
Drugs & Devices	(18,072)	0	(1)	(10)	0	(18,082)	(140,405)	0	0	0	0	(140,405)
Passthrough Drugs & Devices	(11,678)	0	0	0	0	(11,678)	(94,040)	0	0	0	0	(94,040)
Drugs	(6,395)	0	(1)	(10)	0	(6,405)	(46,300)	0	(4)	(60)	0	(46,365)
General Supplies & Services	(410)	0	(3)	(101)	0	(514)	(4,148)	0	(10)	(820)	0	(4,979)
Internal Recharges	117	0	(115)	(2)	0	0	1,385	0	(1,379)	(6)	0	(0)
Premises & Fixed Plant	(7,220)	0	(70)	(8)	0	(7,298)	(62,630)	0	(361)	(103)	0	(63,093)
Other Expenditure	(5,128)	(1,024)	(605)	3	0	(6,754)	(33,940)	(6,257)	(2,440)	(28)	0	(42,665)
Total Non-Pay	(44,045)	(1,131)	(1,884)	6	(143)	(47,197)	(347,409)	(6,257)	(7,159)	(337)	(1,117)	(362,280)
Operational EBITDA	4,230	1,038	2	1,265	0	6,534	21,452	13,683	2	4,848	0	39,985
Financing and Capital Charges (Excl Tech Adj)	(6,334)	0	0	0	0	(6,334)	(50,210)	0	0	0	0	(50,210)
Operational Surplus / (Deficit)	(2,104)	1,038	2	1,265	0	200	(28,758)	13,683	2	4,848	0	(10,225)

Source: Finance Ledger

- Year-to-date in-envelope COVID-19 costs total £8.9m. The plan assumed COVID-19 costs would reduce by 50% this year as the funding from the ICS reduced by over 50% this year. Compared to October, pay costs reduced by £0.3m to £0.5m. Non-pay costs remained at the same level as October at £0.0m. COVID-19 year-to-date expenditure is £2.5m worse than plan (£0.3m better than plan in November).
- £0.2m of income has been accrued in-month to be reimbursed for COVID-19 (outside envelope) testing costs.
- Recovery costs in November were £1.8m. 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 November and for theyear-to-date.

Adjusted Run Rate and Underlying Position

2022/23 Reported Position excl. Pass-through and R & D £000s	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	YTD
Income	97,250	102,135	102,346	100,817	101,443	110,514	103,916	105,754	824,174
Pay	(65,583)	(63,636)	(63,932)	(64,021)	(64,332)	(71,069)	(64,949)	(65,587)	(523,110)
Non-Pay	(30,758)	(34,913)	(28,058)	(34,382)	(33,592)	(33,158)	(32,585)	(33,635)	(261,081)
Operational EBITDA	909	3,585	10,356	2,413	3,519	6,287	6,382	6,532	39,983
Financing and Capital Charges (Excl Tech Adj)	(6,024)	(6,046)	(6,779)	(6,345)	(6,158)	(6,157)	(6,367)	(6,334)	(50,209)
Operational Surplus / (Deficit)	(5,116)	(2,460)	3,577	(3,931)	(2,640)	130	15	198	(10,227)
Smoothing Adjustments	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	YTD
Income									
Commissioning Income catch up M2	1,343	(1,343)							0
Commissioning Income run rate increase M3	438	438	(876)						0
Commissioning Income additional pay award funding M6	1,471	1,471	1,471	1,471	1,471	(7,355)			0
Clinical Genetics income	143	143	143	143	143	143	(857)		0
Education M8 correcting M7 (CEAs) - offset on pay							500	(500)	0
Commissioning income PET CT Q2				164	164	164		(492)	0
Commissioning income Northants, Frimley, other ICBs YTD	297	297	297	297	297	297	297	(2,077)	0
Pay									
A/L accrual increased from 3 to 4 days M2	242	(242)							0
Pay award impact M6 (net of previous 2% accrual)	(1,252)	(1,252)	(1,252)	(1,252)	(1,252)	6,258			0
Education M8 correcting M7 (CEAs) - offset on income							(500)	500	0
Non-Pay									
Bad debt to plan M2 (v M1)	(783)	783							0
NHS Supply Chain (part week impact in M4 relating to M3)			(606)	606					0
Recovery adjustment M3 CSS Division (over stated M1/M2)	200	200	(400)						0
Edwards Life Sciences funding (M6)	83	83	83	83	83	(417)			0
Asbestos Spend and Provision Release	(40)	(153)	82	(148)	259				0
Financing and Capital Charges									
Depreciation catch up from capital FA ledger	(265)	(265)	530						0
Smoothing Adjustments Total	1,877	160	(528)	1,364	1,165	(910)	(560)	(2,569)	0
2022/23 'Smoothed' Position excl. Pass-through and R & D £000s	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	YTD
Income	100,941	103,140	103,380	102,891	103,518	103,763	103,856	102,685	824,174
Pay	(66,593)	(65,130)	(65,184)	(65,273)	(65,584)	(64,811)	(65,449)	(65,087)	(523,110)
Non-Pay	(31,297)	(34,000)	(28,898)	(33,841)	(33,250)	(33,575)	(32,585)	(33,635)	(261,081)
Operational EBITDA	3,051	4,011	9,298	3,777	4,684	5,377	5,822	3,963	39,983
Financing and Capital Charges (Excl Tech Adj)	(6,289)	(6,311)	(6,249)	(6,345)	(6,158)	(6,157)	(6,367)	(6,334)	(50,209)
Operational Surplus / (Deficit)	(3,238)	(2,300)	3,049	(2,567)	(1,474)	(780)	(545)	(2,371)	(10,227)

- These tables show the run rate each month adjusted for timing differences and the position when in-year one-off costs and benefits are removed from the reported position.
- The average run rate deficit is £2.3m a month.
- If this monthly average deficit position continues without any management action, the deficit is projected to be £19.3m for the year (i.e. £10.2m YTD plus £9.1m for months 9-12 at £2.3m deficit per month).

2022/23 'Smoothed' Position excl. Pass-through and R&D £000s	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	YTD
Income	100,941	103,140	103,380	102,891	103,518	103,763	103,856	102,685	824,174
Pay	(66,593)	(65,130)	(65,184)	(65,273)	(65,584)	(64,811)	(65,449)	(65,087)	(523,110)
Non-Pay	(31,297)	(34,000)	(28,898)	(33,841)	(33,250)	(33,575)	(32,585)	(33,635)	(261,081)
Operational EBITDA	3,051	4,011	9,298	3,777	4,684	5,377	5,822	3,963	39,983
Financing and Capital Charges (Excl Tech Adj)	(6,289)	(6,311)	(6,249)	(6,345)	(6,158)	(6,157)	(6,367)	(6,334)	(50,209)
Operational Surplus / (Deficit)	(3,238)	(2,300)	3,049	(2,567)	(1,474)	(780)	(545)	(2,371)	(10,227)
Run Rate Adjustments	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	YTD
Income									
Income upside recognised (OU)			(421)						(421)
Income OY (Spec Comm)					(1,174)				(1,174)
TTP mobilisation -Oncology								(168)	(168)
Pay									
Flowers accrual release		(208)							(208)
Additional bank holiday (M6 paid in M7)							300		300
Staff bonus scheme							(283)		(283)
SUWON old year accrual release (offset by MRC backdated session claims)								(220)	(220)
Non-Pay									
Bad debt provision release (OU)			(2,531)						(2,531)
VAT credit				(633)					(633)
Atticus stock credit		(466)							(466)
NHS Supply Chain prior year impact / GRNI release				602					602
Recovery adjustment CSS Division (over stated 21/22)			(260)						(260)
Audiology stock benefit			(500)						(500)
Q2 stock takes						(90)	(224)		(314)
AFC pay inflation - ROE (PFI)						455	(455)		0
Cost of living - travel							(1,700)		(1,700)
TTP mobilisation -Oncology								168	168
SUWON old year accrual and maintenance GRNI releases								(380)	(380)
Financing and Capital Charges									
Profit or loss on disposal							230		230
Run Rate Adjustments Total	0	(674)	(3,712)	(31)	(1,174)	365	(2,132)	(600)	(7,958)
2022/23 Run Rate Position excl. Pass-through and R&D £000s	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	YTD
Income	100,941	103,140	102,959	102,891	102,344	103,763	103,856	102,517	822,411
Pay	(66,593)	(65,338)	(65,184)	(65,273)	(65,584)	(64,811)	(65,432)	(65,307)	(523,521)
Non-Pay	(31,297)	(34,466)	(32,189)	(33,872)	(33,250)	(33,210)	(34,964)	(33,847)	(267,095)
Operational EBITDA	3,051	3,337	5,586	3,746	3,510	5,742	3,460	3,363	31,795
Financing and Capital Charges (Excl Tech Adj)	(6,289)	(6,311)	(6,249)	(6,345)	(6,158)	(6,157)	(6,137)	(6,334)	(49,979)
Operational Surplus / (Deficit)	(3,238)	(2,974)	(663)	(2,598)	(2,649)	(415)	(2,677)	(2,971)	(18,184)

- These tables show the run rate each month adjusted for timing differences and the position when in-year one-off costs and benefits are removed from the reported position.
- The average run rate deficit is £2.3m a month.
- If this monthly average deficit position continues without any management action, the deficit is projected to be £19.3m for the year (i.e. £10.2m YTD plus £9.1m for months 9-12 at £2.3m deficit per month).

	Plan			M8		
	Gross value	Likelihood	Net value	Gross value	Likelihood	Net value
Plan / year to date financial performance			1,258			-10,225
Run rate forecast			n/a			-9,092
Forecast before risks opportunities			1,258			-19,317
Risks adjusted for latest data (£000)						
Income assumptions	-18,800	15%	-2,820	-6,250	36%	-2,250
ERF clawback	-32,900	50%	-16,450	-16,450	0%	0
Unfunded business cases	-18,100	10%	-1,810	-2,000	38%	-750
Identified efficiency not achieved	-25,934	25%	-6,483			0
Unidentified efficiency not achieved	-2,466	50%	-1,233			0
Premium costs above run rate			N/A	-6,000	50%	-3,000
Excess inflation	-13,400	25%	-3,350	-2,000	0%	0
Underfunded pay deal						
Additional bank holiday				0	100%	0
Provision settlements		0%	0	-1,800	100%	-1,800
Covid Expenditure	-5,700	75%	-4,275	0	0%	0
NICE decisions not funded by ICS	-3,000	75%	-2,250	-1,251	75%	-938
Depreciation / PDC dividend				-7,292	67%	-4,900
Total Risks	-120,300		-38,672	-43,043		-13,638
Opportunities adjusted for latest data (£000)						
Other income inflation	2,142	50%	1,071			
NHSE & DHSC income opportunities (margin)	10,500	25%	2,625			
Commercial settlements	0	n/a	0	9,074	81%	7,350
Commissioner settlements				3,466	100%	3,466
Recovery costs not incurred	4,500	75%	3,375	2,000	50%	1,000
Covid costs				2,500	72%	1,800
Divisional efficiency plans				5,083	80%	4,066
Corporate efficiency plans				3,333	50%	1,667
Agency controls				2,500	0%	0
Bank controls				10,000	0%	0
Provision settlements				2,830	100%	2,830
Release contingency	6,380	100%	6,380	0	0%	0
Total Opportunities	23,522		13,451	40,786		22,179
Net Risks and Opportunities	-96,778		-25,221			8,541
Forecast + opportunities						2,862
Forecast + risks						-32,955
Forecast + net risks and opportunities			-23,963			-10,776

Explanation of format

- This format starts with the year-to-date performance and adds the run rate deficit to reach an unmitigated forecast of -£19.3m.
- Risks and opportunities are presented in the same format as in the Month 3 version of this table.
- The risks and opportunities have been reviewed to reflect those that are now fully assumed within the run rate deficit of £2.3m per month (e.g. some income opportunities).

Commentary on content

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

Statement of Financial Position (SOFP)

Statement of Financial Position £000s	MONTH 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	MONTH 5 2023	MONTH 6 2023	MONTH 7 2023	MONTH 8 2023	MOVEMENT 202208 - 202308
Non Current Assets:														
Property, Plant and Equipment	627,945	627,163	625,583	627,733	650,574	667,358	661,270	658,548	656,130	653,381	651,102	650,803	647,665	19,720
Intangible Assets	18,043	17,593	17,370	17,198	14,154	13,900	13,646	13,951	13,692	13,526	13,161	12,914	13,520	(4,523)
Investment Property	30,394	31,844	31,844	31,844	32,030	32,030	32,030	32,030	32,030	32,030	32,030	32,030	32,030	1,636
Other Investments	23,635	23,635	23,635	23,635	14,310	14,310	14,310	14,310	14,276	14,276	14,072	13,841	13,841	(9,794)
Trade and Other Receivables	8,303	8,674	8,753	8,409	7,147	7,069	7,039	6,816	6,627	6,568	6,465	6,535	6,385	(1,918)
Total Non Current Assets	708,320	708,909	707,185	708,819	718,215	734,667	728,295	725,655	722,755	719,781	716,830	716,123	713,441	5,121
Current Assets:														
Inventories	31,181	31,369	31,116	30,648	28,518	27,935	27,951	28,941	28,644	28,588	28,436	28,182	28,106	(3,075)
Trade and Other Receivables	78,041	85,079	85,861	72,470	58,884	62,770	70,198	84,239	79,530	67,999	73,440	69,281	72,993	(5,048)
Cash and Cash Equivalents	48,597	42,586	44,046	70,649	57,323	60,600	50,244	34,326	49,709	46,111	38,012	53,389	45,334	(3,263)
Total Current Assets	157,819	159,034	161,023	173,767	144,725	151,305	148,393	147,506	157,883	142,698	139,888	150,852	146,433	(11,386)
Total ASSETS	866,139	867,943	868,208	882,586	862,940	885,972	876,688	873,161	880,638	862,479	856,718	866,975	859,874	(6,265)
Current Liabilities:														
Trade and Other Payables	(154,846)	(159,401)	(162,990)	(162,493)	(155,245)	(158,092)	(158,654)	(151,331)	(158,862)	(149,613)	(149,336)	(146,704)	(145,329)	9,517
Other Liabilities: Deferred Income	(20,669)	(17,665)	(14,713)	(19,248)	(3,882)	(12,823)	(10,287)	(12,004)	(17,530)	(13,089)	(9,440)	(22,403)	(17,778)	2,891
Provisions	(5,122)	(5,065)	(4,617)	(4,065)	(7,958)	(7,034)	(7,034)	(7,034)	(7,034)	(6,775)	(6,747)	(6,556)	(6,556)	(1,434)
Borrowings	(12,328)	(12,478)	(12,629)	(12,711)	(12,939)	(16,429)	(15,898)	(15,598)	(15,354)	(15,066)	(14,790)	(14,064)	(13,769)	(1,441)
Commercial Loans	(455)	(416)	(439)	(461)	(426)	(448)	(471)	(434)	(456)	(478)	(443)	(465)	(487)	(32)
DH Capital Loan	(648)	(664)	(679)	(695)	(730)	(746)	(669)	(684)	(704)	(720)	(736)	(752)	(757)	(109)
Total Current Liabilities	(194,068)	(195,689)	(196,067)	(199,673)	(181,180)	(195,572)	(193,013)	(187,085)	(199,940)	(185,741)	(181,492)	(190,944)	(184,676)	9,392
Net Current Assets/(Liabilities)	(36,249)	(36,655)	(35,044)	(25,906)	(36,455)	(44,267)	(44,620)	(39,579)	(42,057)	(43,043)	(41,604)	(40,092)	(38,243)	(1,994)
Total Assets Less Current Liabilities	672,071	672,254	672,141	682,913	681,760	690,400	683,675	686,076	680,698	676,738	675,226	676,031	675,198	3,127
Non Current Liabilities:														
Other Liabilities: Deferred Income	(4,015)	(4,008)	(4,001)	(4,101)	(4,628)	(4,621)	(4,613)	(4,606)	(4,595)	(4,587)	(4,728)	(4,793)	(4,782)	(767)
Provisions	(9,002)	(9,007)	(9,007)	(9,007)	(8,459)	(8,459)	(8,459)	(8,459)	(8,459)	(8,459)	(8,459)	(8,459)	(8,459)	543
Borrowings	(218,517)	(217,446)	(216,372)	(215,300)	(214,842)	(225,995)	(221,990)	(221,125)	(219,953)	(218,880)	(217,443)	(218,401)	(217,378)	1,139
Commercial Loans	(6,316)	(6,208)	(6,208)	(6,208)	(6,095)	(6,095)	(6,095)	(5,984)	(5,984)	(5,984)	(5,872)	(5,872)	(5,872)	444
DH Capital Loan	(14,759)	(14,759)	(14,759)	(15,259)	(15,239)	(15,239)	(14,908)	(14,908)	(14,908)	(14,908)	(14,908)	(14,908)	(14,908)	(149)
Total Non Current Liabilities	(252,609)	(251,428)	(250,347)	(249,875)	(249,263)	(260,409)	(256,065)	(255,082)	(253,899)	(252,818)	(251,410)	(252,433)	(251,399)	1,210
Assets Less Liabilities (Total Assets Employed)	419,462	420,826	421,794	433,038	432,497	429,991	427,610	430,994	426,799	423,920	423,816	423,598	423,799	4,337
Taxpayers Equity:														
Public Dividend Capital	290,336	290,336	290,336	301,137	303,749	303,749	303,749	303,749	303,749	303,749	303,749	303,749	303,749	13,413
Retained Earnings reserve	(8,837)	(6,811)	(5,183)	(4,079)	(23,432)	(25,185)	(26,706)	(22,568)	(26,008)	(28,133)	(27,483)	(26,947)	(25,991)	(17,154)
Revaluation Reserve	136,303	135,643	134,982	134,321	159,684	158,930	158,070	157,316	156,561	155,807	155,053	154,299	153,544	17,241
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)	(9,246)	(9,246)	(9,246)	(9,246)	(9,246)	(9,246)	(9,246)	(9,246)	(9,246)	(9,122)
Total Taxpayers Equity	419,461	420,827	421,794	433,038	432,498	429,991	427,610	430,994	426,799	423,920	423,816	423,598	423,799	4,338

Non-current assets increased by £5m compared with last November– due to new capital, the impact of the annual revaluation in March and the transition of operating leases to right-of-use assets in April 2022/23 being more than a calendar year of depreciation. Other investments fell due to the year-end refresh of the carrying value of shares, and a sale in 2022/23 of some shares.

Current assets decreased by £11m since last November with reductions in inventories, receivables and cash. Cash is £3m lower than this time last year.

Current liabilities has decreased by £9m since last November, borrowings and loans have increased – including the impact of the transition to IFRS 16 in April.

Non-current liabilities decreased by £1m, with repayments of PFI creditors and loans.

PDC capital increased by £14m due to new capital funding from DHSC last financial year. The retained earnings reduction includes the prior year and current year-to-date deficits, revaluation impairments and other reserve entries which do not affect the I&E control total. The revaluation reserve change reflects the upward valuation of most of our properties based in the annual review accounted in March by our valuers partly offset by some technical reserve accounting entries.

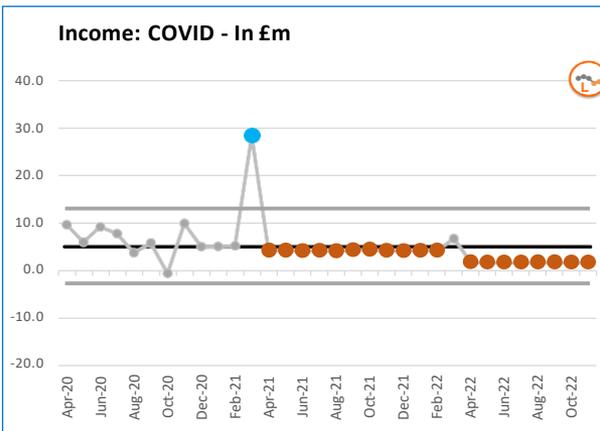
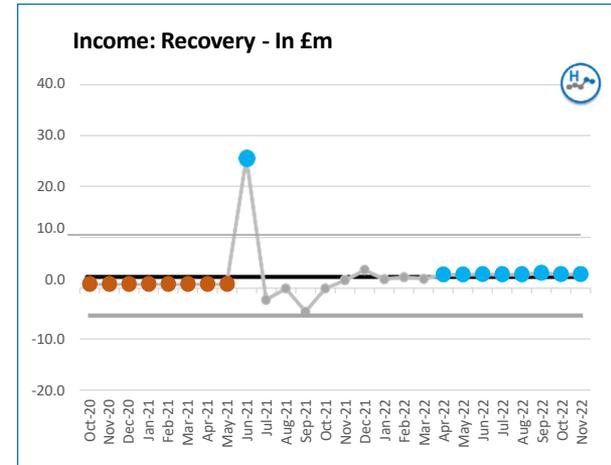
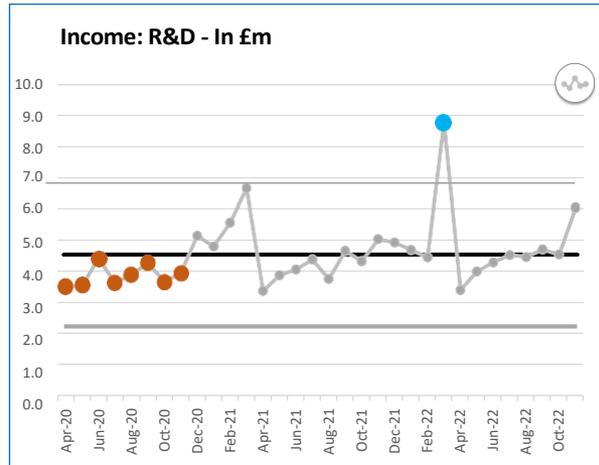
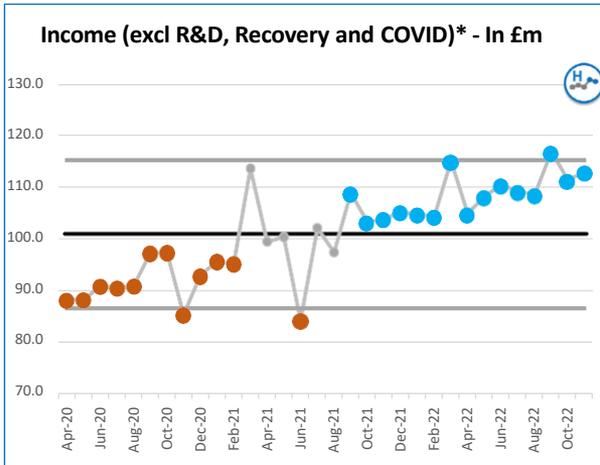
Cash flows from operating activities £000s	MONTH 8 2022	MONTH 9 2022	MONTH 10 2022	MONTH 11 2022	MONTH 12 2022	MONTH 1 2023	MONTH 2 2023	MONTH 3 2023	MONTH 4 2023	MONTH 5 2023	MONTH 6 2023	MONTH 7 2023	MONTH 8 2023
Cash Flows from Operating Activities													
Operating Surplus/(Deficit)	7,222	(82)	8,055	2,435	(18,054)	(2,379)	586	6,326	(1,226)	86	2,847	2,905	3,042
Depreciation and Amortisation	6,000	0	6,001	2,381	(1,211)	3,312	3,282	4,092	3,687	3,460	3,491	3,515	3,761
Impairments and Reversals	0	0	0	205	16,314	0	0	0	0	0	1	0	0
Donated Assets received credited to revenue but non-cash	(23)	3	(118)	(511)	175	(27)	(279)	(52)	140	(29)	(66)	(39)	(268)
Interest Paid	(3,882)	(33)	(3,824)	(1,892)	(61)	(2,111)	(2,265)	(2,190)	(2,149)	(2,143)	(2,227)	(2,115)	(2,139)
Dividend Paid	(667)	667	(667)	0	(3,331)	0	0	0	0	0	(7,104)	0	0
Release of PFI/deferred credit	0	0	0	0	0	(7)	(7)	14	0	0	0	0	0
(Increase)/Decrease in Inventories	(365)	(188)	253	468	2,130	583	(16)	(990)	297	56	152	254	76
(Increase)/Decrease in Trade and Other Receivables	984	(7,411)	(860)	12,026	14,058	(3,810)	(7,395)	(13,818)	4,899	11,590	(5,421)	3,556	(3,563)
Increase/(Decrease) in Trade and Other Payables	4,978	1,852	886	1,871	(22,481)	5,008	1,025	(6,940)	8,212	(9,482)	7,104	(3,707)	(1,933)
Increase/(Decrease) in Other Current Liabilities	0	0	0	0	0	8,934	(2,544)	1,710	5,515	(4,449)	(3,508)	13,028	(4,636)
Provisions Utilised	(52)	(1,506)	(448)	(553)	(322)	0	0	0	0	(259)	(28)	(191)	0
Increase/(Decrease) in Movement in non Cash Provisions	(1,000)	1,454	0	0	3,695	(924)	0	0	0	0	0	0	0
Net Cash Inflow/(Outflow) from Operating Activities	13,195	(5,246)	9,279	16,430	(9,087)	8,579	(7,614)	(11,848)	19,375	(1,170)	(4,759)	17,207	(5,660)
CASH FLOWS FROM INVESTING ACTIVITIES													
Interest Received	0	(0)	9	15	18	44	44	69	74	68	98	110	172
(Payments) for Property, Plant and Equipment	(8,046)	(470)	(5,591)	(690)	(8,554)	(4,003)	(1,201)	(2,446)	(2,539)	(1,045)	(1,964)	(946)	(299)
(Payments) for Intangible Assets	(1)	1	(1)	(53)	2,746	0	0	(573)	5	(90)	119	7	(955)
Proceeds of disposal of assets held for sale (PPE)	0	723	(1,312)	589	11	0	49	0	0	0	0	0	5
Proceeds from Disposal of Other Financial Assets	0	0	0	0	0	0	0	0	34	0	204	0	0
Net Cash Inflow/(Outflow) from Investing Activities	(8,047)	254	(6,895)	(138)	(5,780)	(3,959)	(1,108)	(2,950)	(2,427)	(1,068)	(1,542)	(829)	(1,076)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	5,148	(4,992)	2,384	16,292	(14,867)	4,620	(8,722)	(14,798)	16,948	(2,237)	(6,301)	16,377	(6,736)
CASH FLOWS FROM FINANCING ACTIVITIES													
Public Dividend Capital Received	598	0	0	10,801	2,612	0	0	0	0	0	0	0	0
Loans received from DH - New Capital Investment Loans	3,600	0	0	500	0	0	0	0	0	0	0	0	0
Loans repaid to DH - Capital Investment Loans Repayment of Prin	0	0	0	0	0	0	(331)	0	0	0	0	0	0
Other Loans Repaid	0	(100)	0	0	(103)	0	0	(103)	0	0	(103)	0	0
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	(922)	(921)	(923)	(989)	(968)	(1,343)	(1,302)	(1,164)	(1,418)	(1,361)	(1,695)	(1,001)	(1,318)
Capital grants and other capital receipts	0	0	0	0	0	0	0	146	(146)	0	0	0	0
Net Cash Inflow/(Outflow) from Financing Activities	3,276	(1,021)	(923)	10,312	1,541	(1,343)	(1,633)	(1,121)	(1,564)	(1,361)	(1,798)	(1,001)	(1,318)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	8,424	(6,012)	1,460	26,603	(13,326)	3,277	(10,355)	(15,919)	15,384	(3,598)	(8,100)	15,377	(8,055)
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	40,174	48,598	42,586	44,046	70,649	57,323	60,600	50,244	34,325	49,709	46,111	38,012	53,389
Restated Cash and Cash Equivalents (and Bank Overdraft) at Beg	40,174	48,598	42,586	44,046	70,649	57,323	60,600	50,244	34,325	49,709	46,111	38,012	53,389
Cash and Cash Equivalents (and Bank Overdraft) at YTD	48,598	42,586	44,046	70,649	57,323	60,600	50,244	34,325	49,709	46,111	38,012	53,389	45,334

The cash balance decreased by £8.1m in-month. The Trust reported a £3.0m operating cash surplus after release of some balance sheet items, i.e. excluding depreciation and revaluations which are non-cash items and interest payments. Our working capital worsened by £10.1m (i.e. debtor, creditors and inventories) largely due to routine release of deferred income. We paid £1.3m for capital items, £3.1m to service the PFI interest and reduce our PFI debt. The net impact of these items accounted for the decrease in the cash balance.

Income By Type

Source: Finance Ledger.

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



SPC Trend Analysis

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

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

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

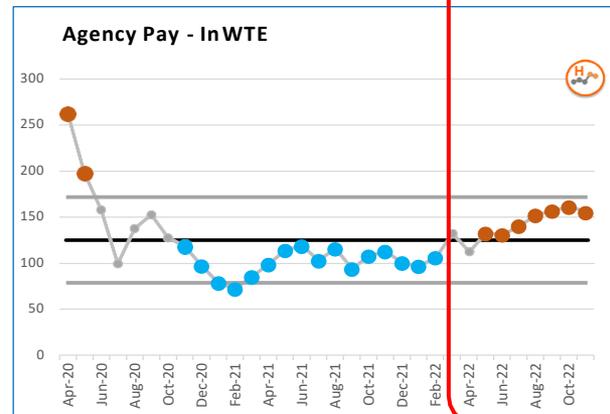
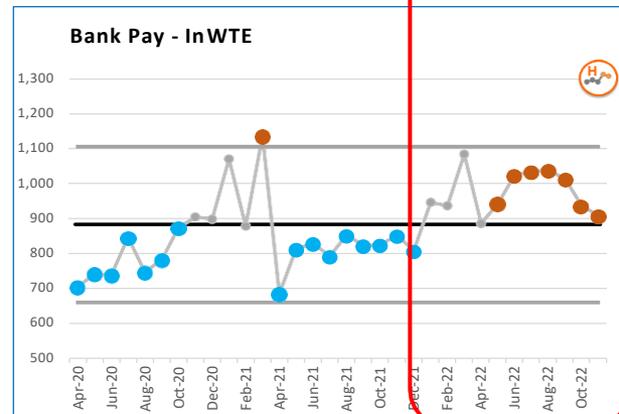
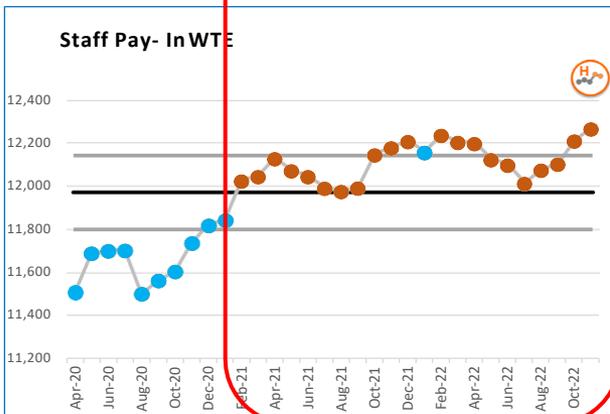
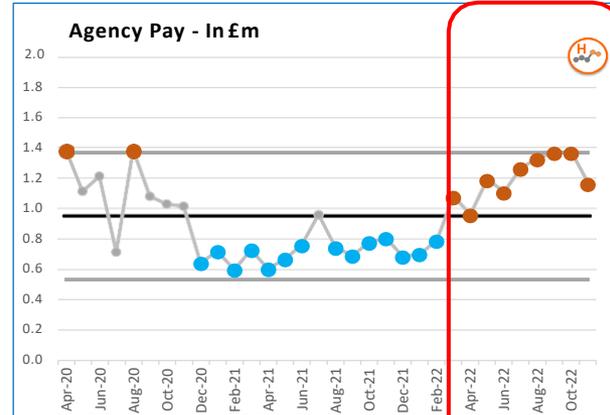
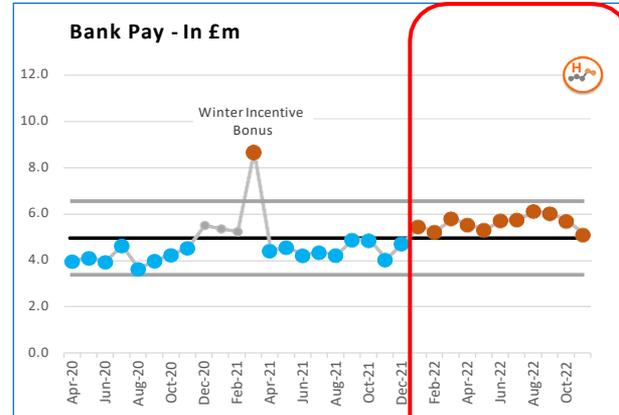
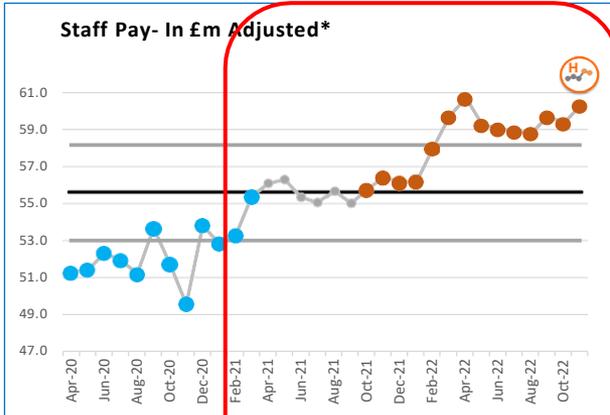
COVID-19 income (in envelope) was reduced in 2021/22 and is now paid on a block basis rather than fluctuating with costs. March 2022 (month 12) COVID income is slightly above average due to PPE funding (a technical adjustment that was reversed out for control total purposes). COVID-19 income within the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

Is Performance Stable?



Pay: Run Rate by Staff Type

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



Is Performance Stable?

Getting Better

Getting Worse

Yes

Staff - Average £ per WTE

Staff - Overall increase in average pay per WTE, linked to the September 2021 and September 2022 pay awards.

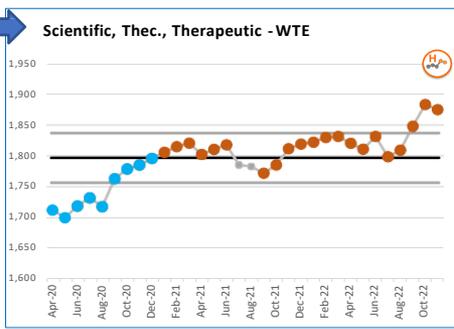
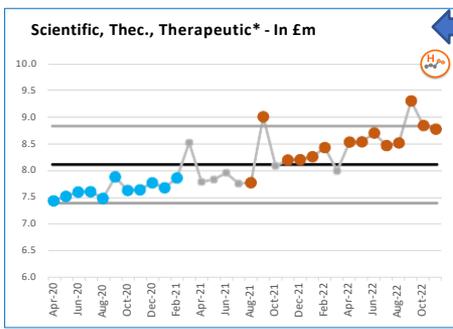
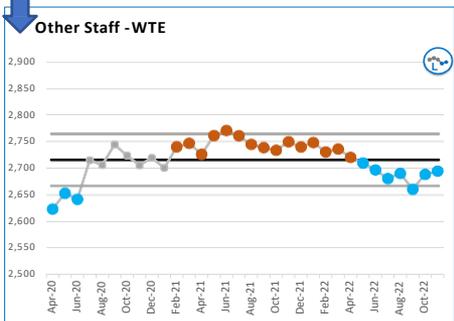
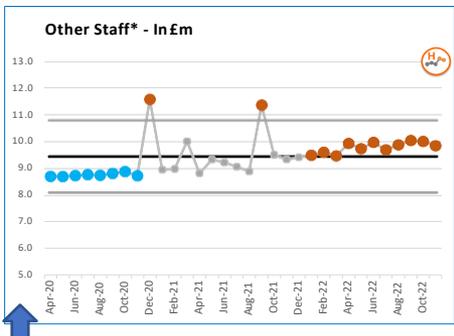
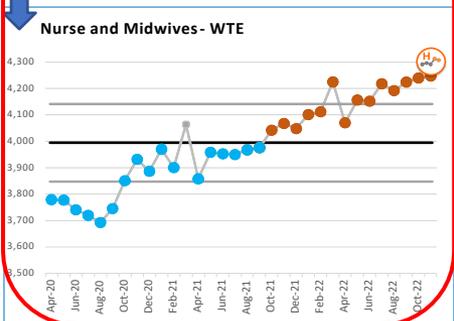
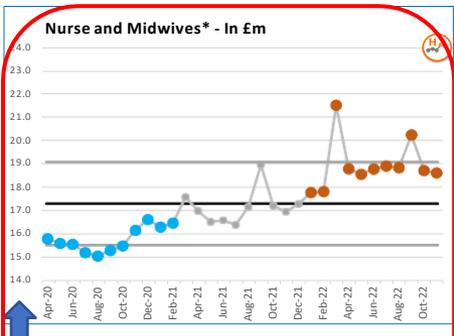
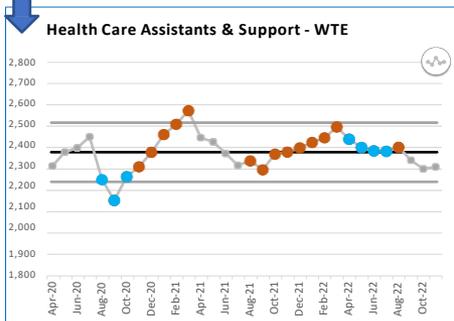
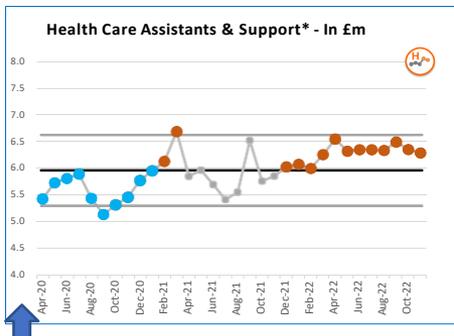
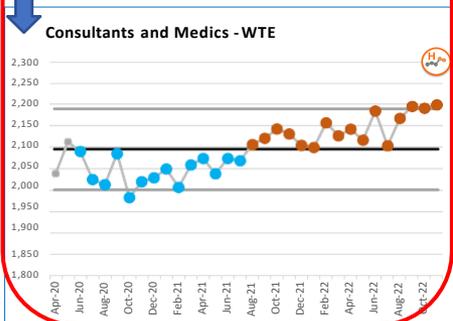
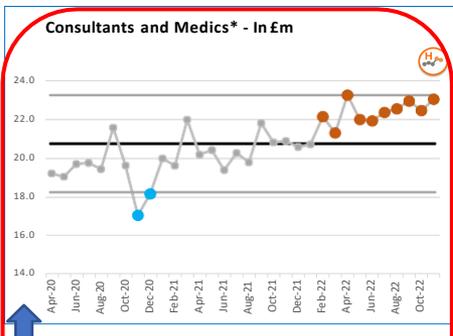
Bank Pay - Average £ per WTE

Bank - Bank WTEs rose in March due to staffing pressures, but there was no incentive scheme so costs rose less than in March 2021. Spend and WTE since Jan-22 has increased significantly, linked to the increase seen in recent months in sickness rate – this is predominantly **driven by Medics** (the increase is seen in both Spend and WTEs)

Agency Pay - Average £ per WTE

Agency - Overall, FY21/22 agency WTEs trend (below average) corresponds to the increase in substantive WTE and vacancy rate. However, **Agency spend in the current financial year has consistently been deteriorating (increasing)**. This is linked to staffing pressures and increase in sickness rate.

Pay: Run Rate by Staff Group



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

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

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

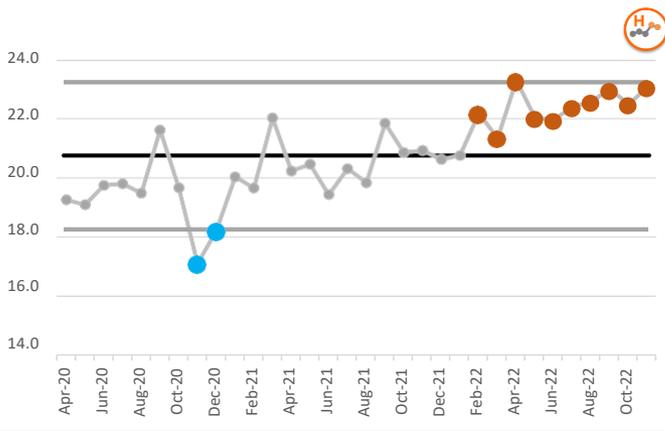
Source: Finance Ledger, excluding R&D costs, including COVID and recovery costs

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

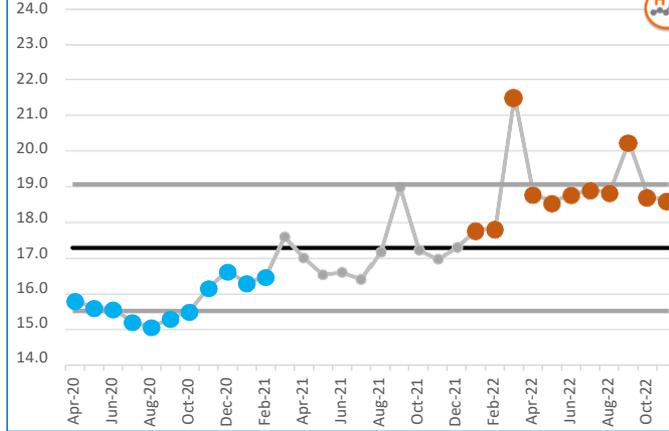
Is Performance Stable?

Yes	Getting Worse	Getting Better

Consultants and Medics* - In £m



Nurse and Midwives* - In £m



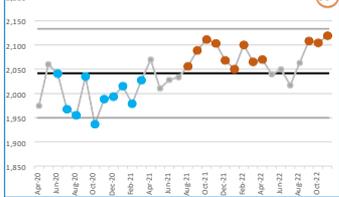
Consultants and Medics

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

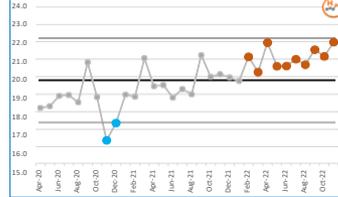
Nurses and Midwives

Overall increase in spend is driven by **substantive** staff pay and WTEs. However in recent months, and month 6 in particular, we are seeing an **increase in use of temporary staffing through bank and agency**.

Consultants and Medics - Staff WTE

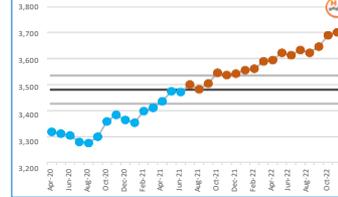


Consultants and Medics - Staff* In £m

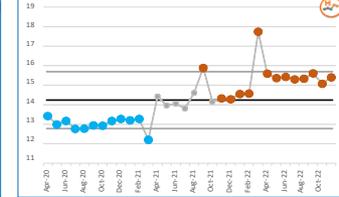


STAFF

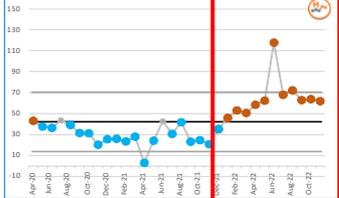
Nurse and Midwives - Staff WTE



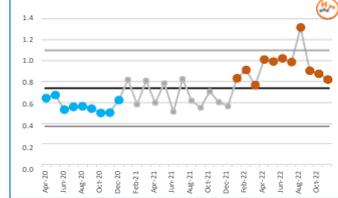
Nurse and Midwives - Staff* In £m



Consultants and Medics - Bank WTE

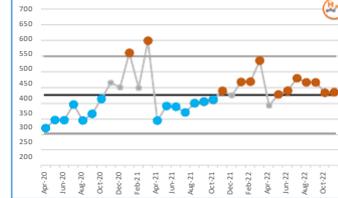


Consultants and Medics - Bank In £m

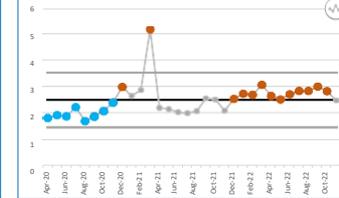


BANK

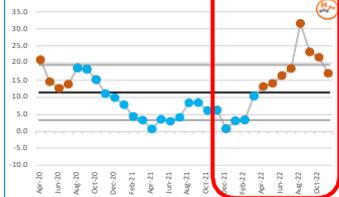
Nurse and Midwives - Bank WTE



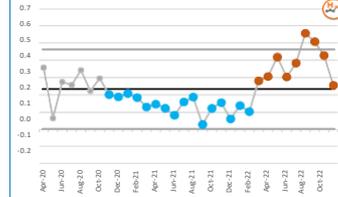
Nurse and Midwives - Bank In £m



Consultants and Medics - Agency WTE

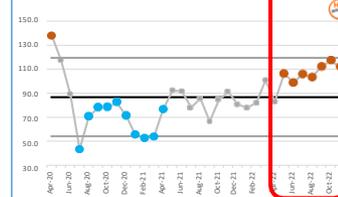


Consultants and Medics - Agency In £m

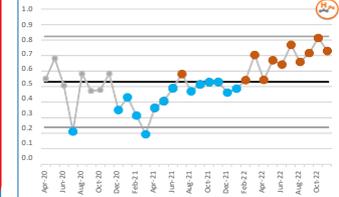


AGENCY

Nurse and Midwives - Agency WTE



Nurse and Midwives - Agency In £m



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

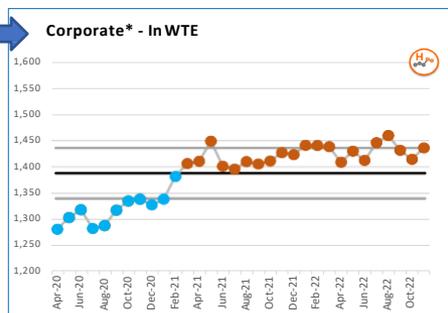
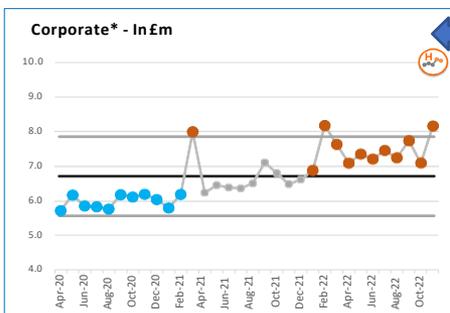
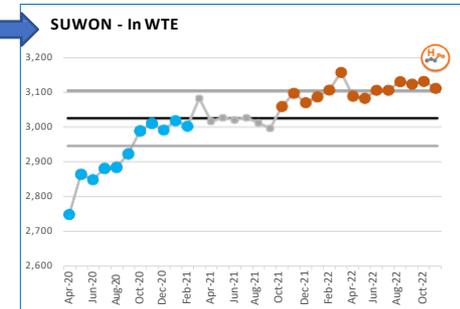
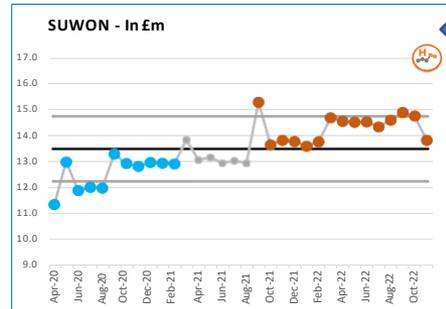
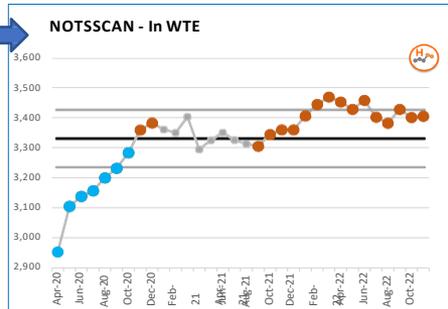
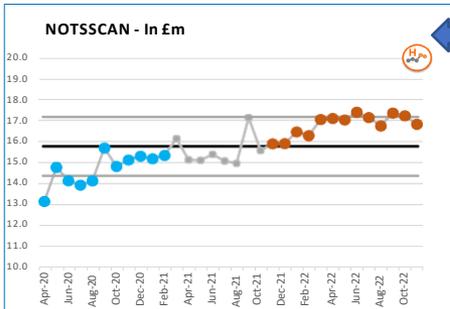
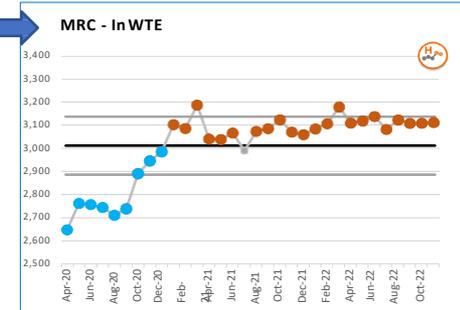
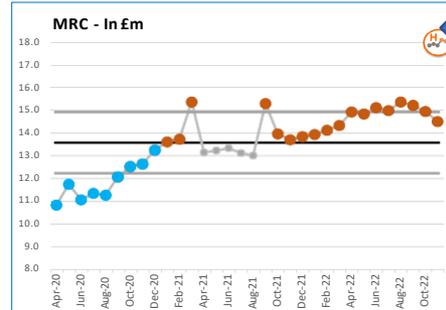
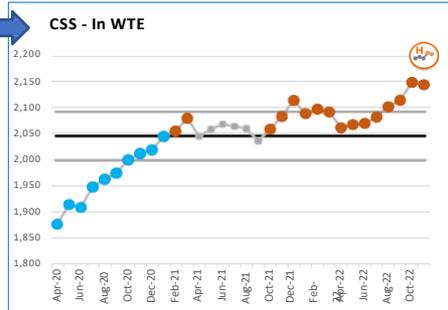
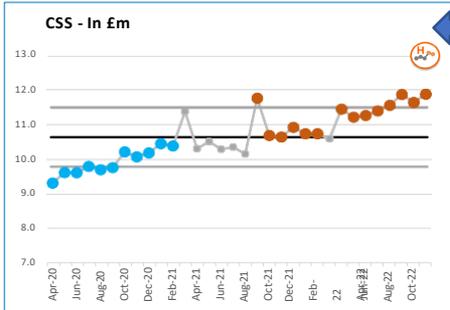
*Pay in this slide was adjusted to remove the A/L accruals and the release of such accruals through out the year. September 2022 pay award was spread across M1-6, on a straight line basis.



Pay: Run Rate by Divisions

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

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



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

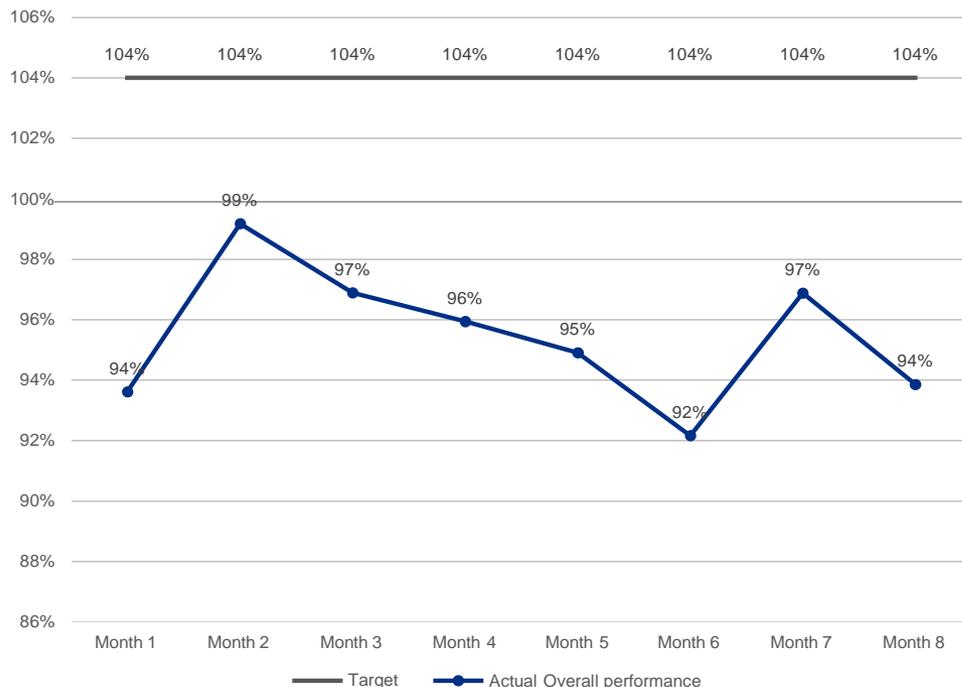
Pay spend in Corporate directorates level has increased since the beginning of the current financial year. February 2022 (Month 11) has been impacted by the increased local Clinical Excellence Award (£1.6m). WTE within the non clinical areas have remained at the same level since the middle of the prior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

*Corporate includes Education, Estates and DOSI.

Is Performance Stable?



ERF Performance



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8
Target	104%	104%	104%	104%	104%	104%	104%	104%
Actual Overall performance	94%	99%	97%	96%	95%	92%	97%	94%
DC	91%	99%	88%	89%	91%	90%	96%	91%
EL	94%	96%	101%	98%	87%	85%	91%	90%
OPROC	111%	123%	112%	116%	116%	114%	116%	99%
OPAFU	98%	111%	107%	107%	112%	104%	111%	112%
OPAFU (actual capped 85% of plan)	85%	85%	85%	85%	85%	85%	85%	85%
Chemotherapy	112%	110%	103%	102%	102%	107%	111%	93%
Radiotherapy	102%	102%	102%	89%	102%	92%	97%	81%

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

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

Overall price-weighted performance against the target has been between 91% and 99% in the eight months of the year so far. Performance at point of delivery is shown in the table.

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

Outpatient procedures were above target in the first seven months of the financial year but performance dropped to 99% in November.

Following April, where Outpatient first appointment activity was below target, the following seven months were at or above target, peaking at 112% in August and November.

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

Chemotherapy activity was at 112% in April but reduced over the next four months, dipping to 102% in July and August before increasing to 107% in September. In October, activity increased to 111% before falling to 93% in November.

Radiotherapy activity was constant at 102% for the first three months before falling to 89% in July, increasing back to 102% in August, falling again to 92% in September, increasing slightly to 97% in October before falling to its lowest level of 81% in November.

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

I&E (CONTROL TOTAL)	22/23 plan (refreshed mid year)					Risk / Opportunity adjustment	Net impact on Plan
	Q1	Q2	Q3	Q4	22/23 Total		
COST CENTRE							
<u>Data and innovation</u>							
Revenue			0.25	0.05	0.30	-0.20	0.10
Pay	-0.024	-0.02	-0.02	-0.02	-0.10		-0.10
Non pay	-0.025	-0.03	-0.03	-0.03	-0.10		-0.10
Net profit	-0.05	-0.05	0.20	0.00	0.10	-0.20	-0.10
<u>Investment Management</u>							
Investment property rent	0.44	0.44	0.44	0.44	1.76		1.76
Equity revaluations (control total)				0.40	0.40		0.40
Pay	-0.010	-0.01	-0.01	-0.01	-0.04		-0.04
Non pay	-0.013	-0.01	-0.01	-0.01	-0.05		-0.05
PDC dividend (estimated)				-1.50	-1.50		-1.50
Net profit	0.42	0.42	0.42	-0.68	0.57	0.00	0.57
<u>Private patients</u>							
PP margin B/F	0.33	0.33	0.33	0.33	1.31		1.31
PP pricing and processes	0.20	0.20	0.20	0.20	0.80		0.80
PP central pay	-0.08	-0.08	-0.12	-0.12	-0.42		-0.42
PP central non pay	-0.03	-0.03	-0.03	-0.03	-0.10		-0.10
OUC loan interest	-0.08	-0.08	-0.08	-0.08	-0.30		-0.30
Net profit	0.35	0.35	0.30	0.30	1.30	0.00	1.30
<u>Overseas visitors</u>							
Revenue	0.03	0.03	0.03	0.03	0.13		0.13
Pay	-0.023	-0.02	-0.02	-0.02	-0.09		-0.09
Non pay	-0.006	-0.01	-0.01	-0.01	-0.03		-0.03
Net profit	0.00	0.00	0.00	0.00	0.01	0.00	0.01
<u>Commercial corporate</u>							
Income				0.15	0.15		
Pay	-0.080	-0.08	-0.08	-0.08	-0.32		-0.32
Non pay	-0.013	-0.01	-0.01	-0.01	-0.05		-0.05
Net profit	-0.09	-0.09	-0.09	0.06	-0.22	0.00	-0.22
NET RECURRENT POSITION (CONTROL TOTAL)	0.62	0.62	0.83	-0.32	1.76	-0.20	1.56
<u>Non-recurrent</u>							
PP and overseas debt recovery			0.13	0.13	0.25	-0.50	-0.25
Investment property valuation				0.30	0.30		0.30
JR service charge settlement	3.02				3.02		3.02
Non pay	-0.075	-0.08	-0.08	-0.08	-0.30		-0.30
Net profit (non-recurrent)	2.95	-0.08	0.05	0.35	3.27	-0.50	2.77
NET I&E POSITION (CONTROL TOTAL)	3.57	0.55	0.88	0.03	5.03	-0.70	4.33

- **I&E control total:** Plan includes a 76% increase in recurrent profit is targeted in 22/23 (21/22 £1m, 22/23 £1.76m). Overall forecast profit after risks/opportunities consistent with last update.

Overall forecast profit after risks/opportunities consistent with last update.

- **Risk/Opportunity is on non recurrent schemes**

- -£0.5m PP and OVS debt recovery – increased risk here due to identification of previously unknown insurer contracts that may limit debt recovery efforts
- -£0.2m data revenues – due to lack of capacity to service data requests within the clinical data warehouse

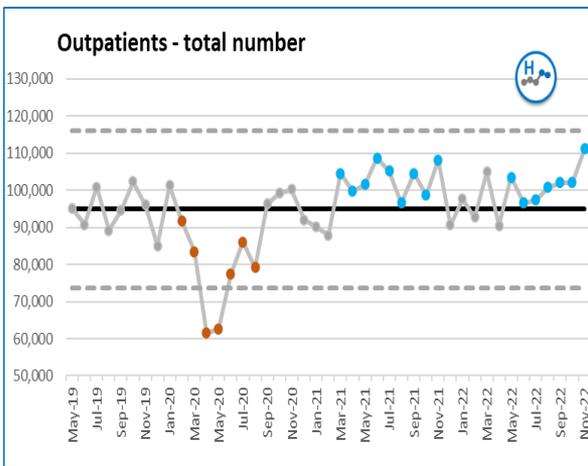
Appendix 2 - Productivity Dashboard SPC chart: Month 8 2022/23

Is Performance Stable?		
Yes	Getting Worse	Getting Better

Methodology Notes

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

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



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

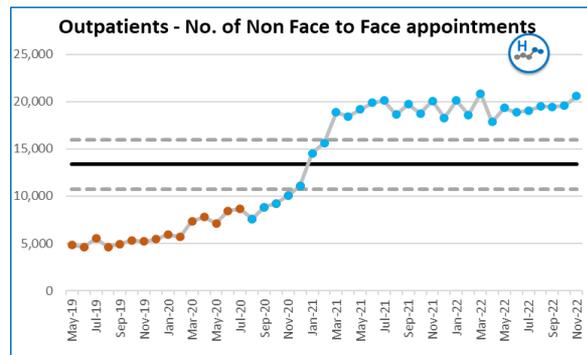
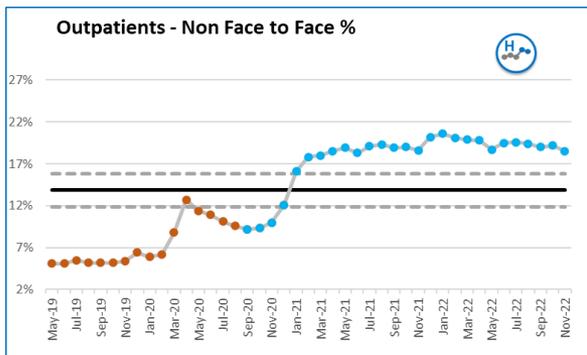
In Oct-20, outpatients' trend had triggered a 'special cause variation', meaning the total number of outpatients has been above the three years average, for six consecutive month, with Nov-20 showing a further peak in number of outpatients.

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

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

The number of Face to Face appointments in Nov-22 was 90,522 and 8,701 above the 21/22 average (81,821) therefore results in an adverse indicative financial impact of **£0.8m**.

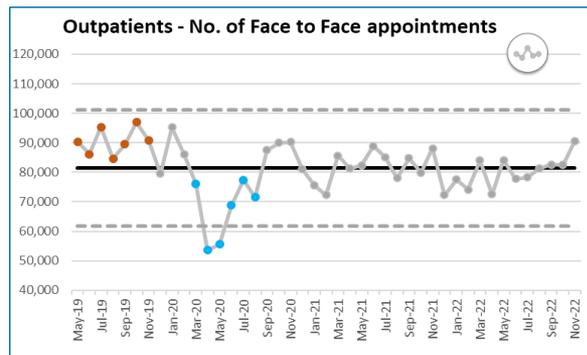
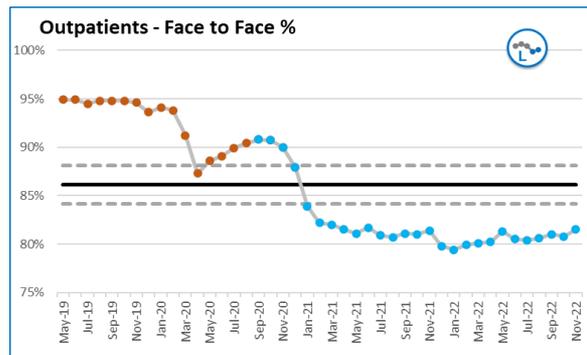
Non F2F



Is Performance Stable?

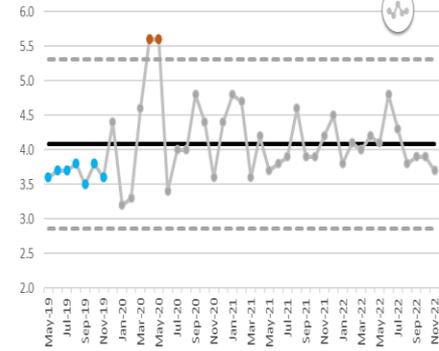
Yes	Getting Worse	Getting Better

F2F

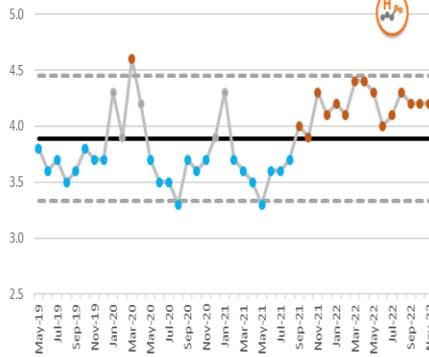


The SPC charts are pulling together productivity metrics which provides an overview of the Trust operational performance. The data sources are ORBIT+ and the finance ledger.

ALOS - Elective



ALOS - Non Elective

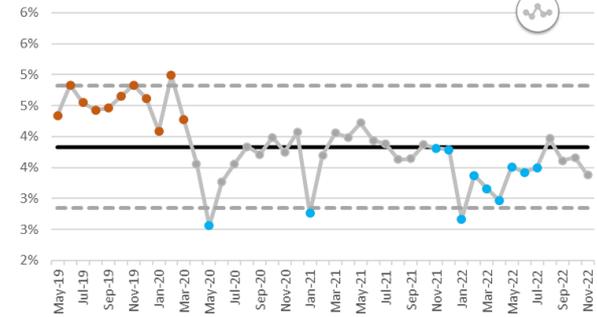


Overall Average Length of Stay ('ALOS'):

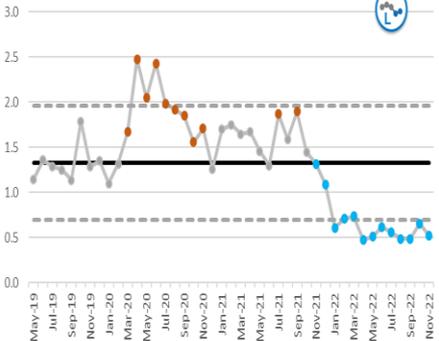
- ALOS includes Same Day Emergency Care ('SDEC') spells.
- Elective** activity has remained in control, with a decrease seen in recent months, landing at 3.7 of ALOS in Nov-22.
- Non Elective** ALOS is showing signs of deterioration since Sep-21 with ALOS peaking at 4.4 days in April-22. Nov-22 ALOS rate was 4.2 days. This is 0.3 additional day vs. 21/22 average (3.9 days) with an indicative adverse financial impact of **£0.7m/month** and £8.4m/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 earlier in the year, with Nov-22 performance of 3.8% below the three years average, however higher than the improvements we have seen in the prior 12 months

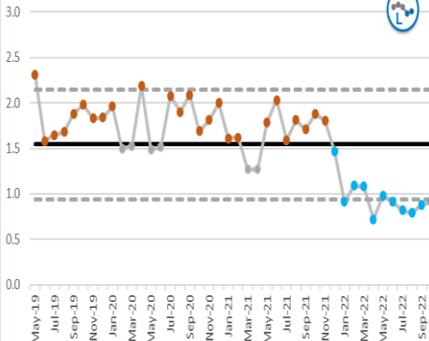
Emergency readmission rate



Pre procedure bed days (Elective)



Pre procedure bed days (Non Elective)



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.

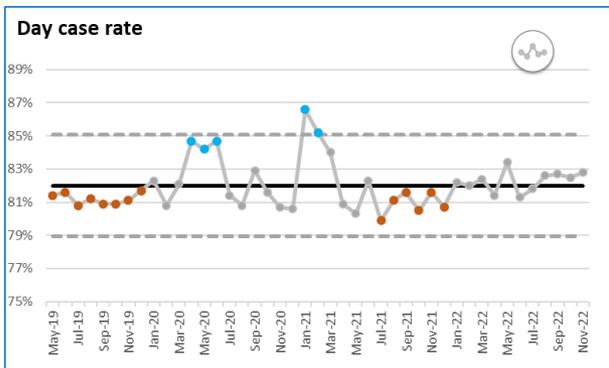
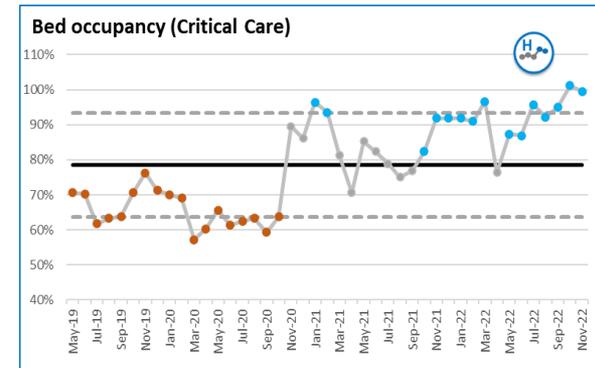
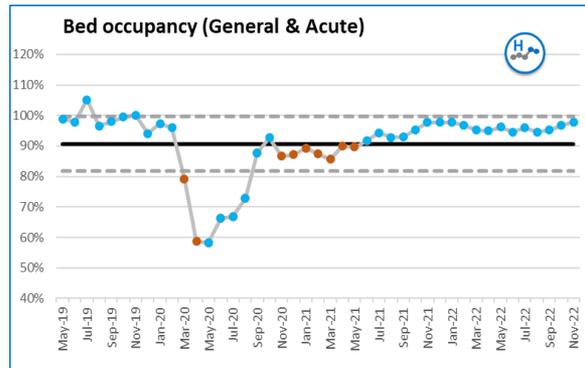
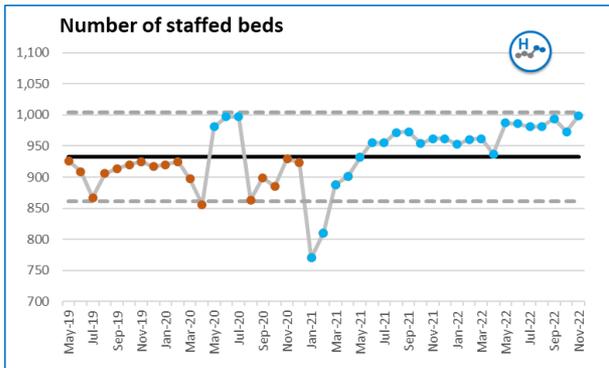
In Nov-22, for EL admissions, pre procedures day average stood at 0.5 days. For NEL admissions, pre procedures day average stood at 0.9 days. Both performances are significantly lower than the three years average, financial benefiting the trust through a reduction in the direct cost associated to beddays.

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

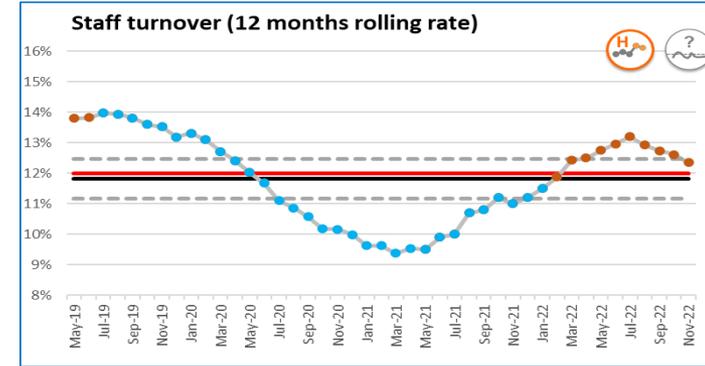
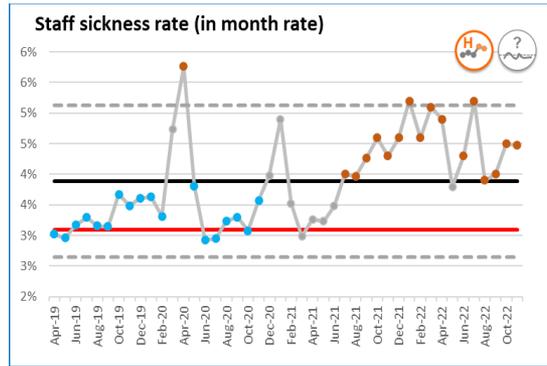
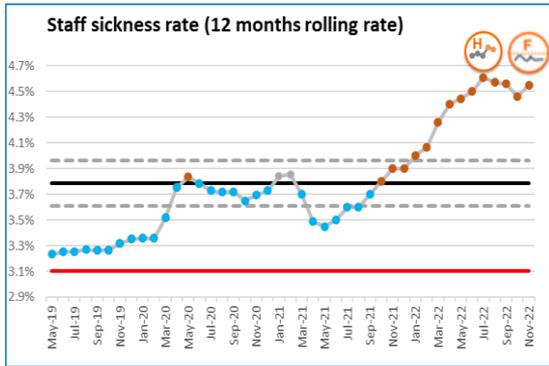
Number of Staffed Beds and **Bed Occupancy** (in both critical care and general & acute) are showing a significant improvement in performance from Q3 2020/21 onwards. General & acute and critical care remain at a high occupancy rate, which is likely to link to the temporary staffing spend. Critical Care Occupancy plummeted in Apr-22 to 76% however recent months have shown a significant improvement with Occupancy rate reaching 99.5% in Nov-22.

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

Day Case Rate 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+ and the finance ledger.
Trust Target



Staff Sickness Rate - [Trust Target – 3.1%]

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

The 12-month rolling sickness rate is slower in reflecting trends. In Nov-22, both of the ‘in month’ and the ‘12 months rolling’ sickness rates were showing a special variation (orange dots), meaning the rate has maintained at a high level.

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

- In Nov-22 the **12 months rolling sickness rate slightly decreased to 4.55%** (compared to its peak of 4.6% in Jul-22). **The ‘in month’ rate in Oct-22 was 4.5%** (compared to its peak of 5.4% in Jul-22). Both rates were materially the same in Nov-22.
- The indicative financial impact of both the 12 months rolling and the in-month sickness rate in Nov-22 is **£1.2m** per month (based on the Trusts target of 3.1%, of which £0.3m is the premium paid for temporary staffing. The actual cost may be higher if clinical staff are fully backfilled by temporary staffing.

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

Turnover rate has seen a significant improvement between April-19 and Mar-21, however we have seen a continuous increase since the beginning of the last financial year (2021/22). The performance in recent months is indicating a recovery with turnover rate in Nov-22 decreasing 12.3%.

The indicative financial impact of the increase in staff turnover rate from the Trusts target of 12% to 12.3% in Oct-22 is **£0.1m** per month which includes temporary staffing, recruitment and supernumerary costs.

Is Performance Stable?



Yes

Getting Worse

Getting Better

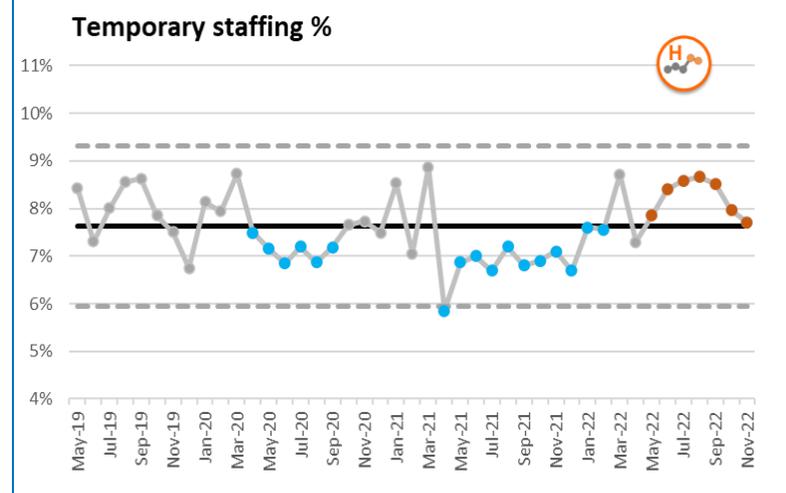
The SPC charts are pulling together productivity metrics which provides an overview of the Trust operational performance. The data sources are ORBIT+ and the finance ledger.

Temporary Staffing

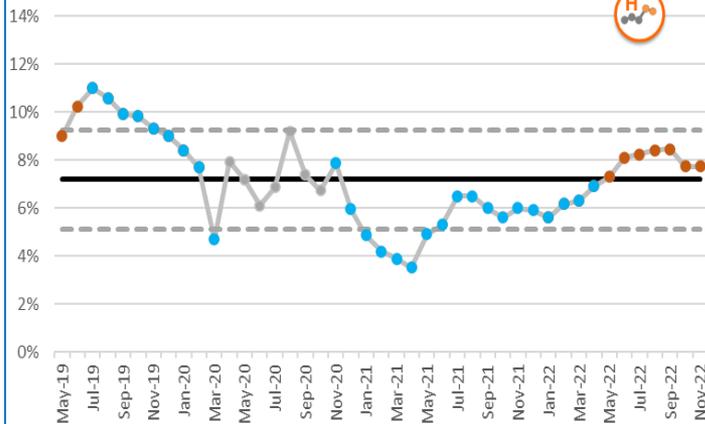
Temporary staffing rate during the winter months in 2020 and 2021 was higher compared to the rest of the year and was driven by bank use. We have seen a significant increase in rate in the current financial year to date (both bank and agency driven), peaking at 8.7% in Aug-22 and reducing to 7.7% in Nov-22.

The Nov-22 rate of 7.7% is above the 21/22 average of 7.1% therefore it is estimated that the adverse financial impact is **£0.5m**.

The average premium the trust pay for temporary staffing is 28% above the cost of a substantive staff. In Nov-22 this is equivalent to £0.2m in cost.



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 Nov-22 vacancy rate of 7.7% is an improvement compared to the performance in recent months. Since May-22 the vacancy rate has landed above the three years average of 7%.

Is Performance Stable?



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

Hospital Acquired Pressure Ulceration (HAPU):

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

HAPU Hospital Acquired - Category 2

- HAPU incidents reported since Dec-20 have been significantly high (peaking in Nov-21 with 122 incidents) reducing in recent months with cases just below the 3 year average of 71 incidents.
- In Oct-22 cat 2 incidents totalled to 62.

HAPU Hospital Acquired - Category 3 - 4

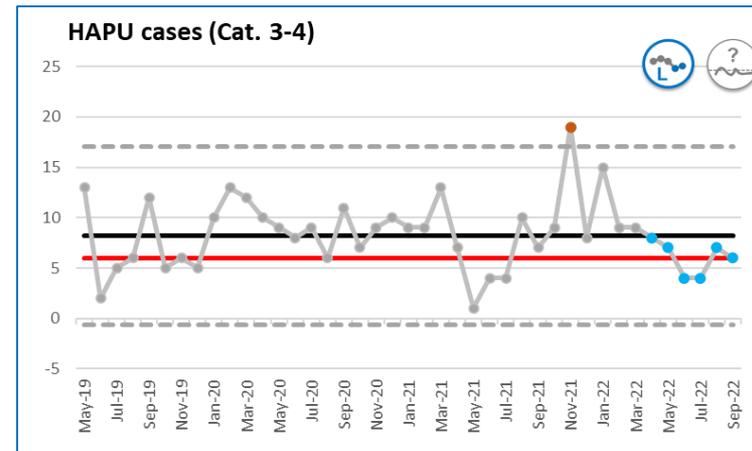
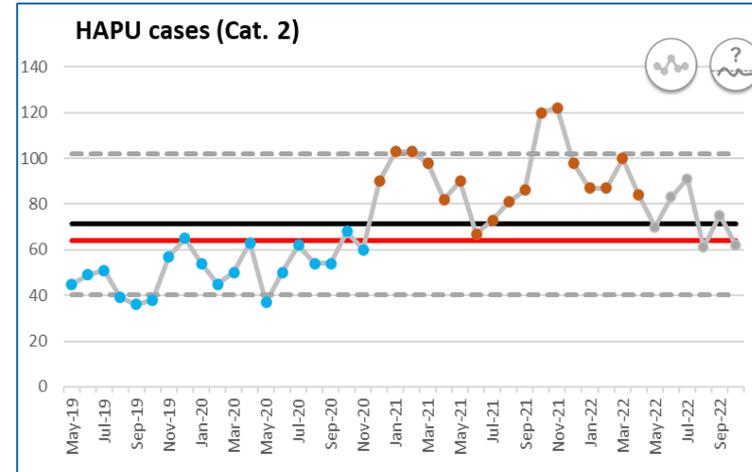
- HAPU incidents remained within control limits with the exception of Nov-21 where total of incidents reached 19 in month. However, recent months performance is showing a reduction in the number of incidents, with a total of 5 cases in Nov-22 which is at the trust target and below the three years average (8 cases per month). The reduction in cat 3-4 is shown as the blue dots in the chart.

Indicative Financial Impact

- In Oct-22, there were a total of 67 HAPU incidents (across cat 2-4). Based on the NHSEI productivity calculator this equates to an estimated cost of **£0.5m** in month (or £6m/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 8 2022/23

Narrative: Divisional Finance Teams

Tables and Charts: Central Finance

Divisional Summary: Clinical Support Services

Sources: Finance Ledger, SLAM and Commissioning Income Pack

Performance versus budget

I & E Subjective £000s	IN MONTH8				YEAR TO DATE				FULLYEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Income	10,607	11,154	547	5%	69,731	70,546	815	1%	105,220
Pay	(11,479)	(11,871)	(392)	-3%	(90,471)	(92,146)	(1,675)	-2%	(135,498)
Non-Pay	(321)	(1,007)	(686)	-214%	(2,596)	(3,254)	(657)	-25%	(3,878)
Surplus / (Deficit)	(1,192)	(1,723)	(531)	-45%	(23,336)	(24,853)	(1,517)	-7%	(34,156)

Directorate £000s	IN MONTH8				YEAR TO DATE				FULLYEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
CAPPRO	(1,307)	(1,402)	(95)	-7%	(12,130)	(11,644)	485	4%	(17,488)
CSS Management	(111)	(117)	(6)	-5%	(1,014)	(1,225)	(210)	-21%	(1,455)
Path and Labs	2,080	2,202	122	6%	3,772	5,014	1,242	33%	5,717
Pharmacy	(1,012)	(909)	102	10%	(8,175)	(8,336)	(160)	-2%	(12,231)
Psych Meds	(725)	(785)	(61)	-8%	(3,620)	(3,562)	58	2%	(5,426)
Radiology	(118)	(712)	(594)	-505%	(2,168)	(5,101)	(2,932)	-135%	(3,273)
Surplus / (Deficit)	(1,192)	(1,723)	(531)	-45%	(23,336)	(24,853)	(1,517)	-7%	(34,156)

In Month

- Commissioning (activity) income increased by £1.8m without offsetting expenditure budget. CDC showing a £7k adverse variance in month.
- Other income continues to overperform.
- Premium costs in AICU greater than budget £0.1m.
- Increase in drugs/clinical supplies in Radiology due to increased activity+7% compared to 21/22

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.
- CDC Commissioning Income reduced to match expenditure, with a reduction of £912k YTD.
- Additional sessions have increased by -£0.4m since 21/22
- COVID-19 -£0.1m cost pressure (-£126k pay).

Headline narrative:

- Commissioning activity Income shown as a block contract.
- Budgets awaiting decision on 21/22 Non recurrent pay costs (tbc)
- Diagnostic activity at >100% pre-COVID-19 levels. Internal trading for Diagnostics is matched to budget, but currently running at >120% higher than 19/20 levels.

Risks (R) and Opportunities (O):

- New service developments such as Path 4 generating additional contribution (O).
- Vacancies removed in budget setting are recruited to, or use premium rate costs not in budget (R).
- OCC recruitment stalls and continues to use premium costs (R).

Efficiency Tracker

	Target 2022/23*	Identified 2022/23	Unidentified 2022/23
Efficiency £000	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 M6 YTD	Delivered M6 YTD	Variance M6 YTD
Income	377	610	233
Pay	188	94	-94
Non-pay	545	541	-3
Total	1,110	1,245	135

Commissioning by POD Year To Date	ACTIVITY			FINANCE(£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
DC	1,307	1,391	84	1,394	1,390	(4)
Electives	119	132	13	491	750	258
Non Elective	6	170	164	19	1,428	1,409
Outpatient	23,871	24,698	827	3,798	3,611	(187)
Pass through	0	0	0	1,017	693	(325)
A&E	0	0	0	0	0	0
Chemotherapy	0	0	0	0	2	2
Critical Care	6,646	5,557	(1,089)	11,071	9,471	(1,600)
Diagnosics	3,322,305	3,667,010	344,705	21,996	23,134	1,138
Financial Adj - mainly Blended payment	0	0	0	0	0	0
Maternity Pathway	0	0	0	0	0	0
Other	0	0	0	16,411	14,692	(1,719)
Radiotherapy	0	0	0	0	0	0
Other Subtotal				56,198	55,170	(1,027)
Other Adj				2,191	2,660	469
						0
Total				58,389	57,830	(559)

Divisional Summary: Medicine Rehabilitation and Cardiac

Sources: Finance Ledger, SLAM and Commissioning Income Pack

Performance versus budget

I & E Subjective £000s	IN MONTH 8				YEAR TO DATE				FULLYEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Income	26,011	27,261	1,250	5%	206,185	210,841	4,657	2%	308,633
Pay	(13,773)	(14,501)	(728)	-5%	(111,487)	(119,604)	(8,117)	-7%	(166,920)
Non-Pay	(7,918)	(8,286)	(369)	-5%	(63,608)	(66,360)	(2,751)	-4%	(95,344)
Surplus / (Deficit)	4,320	4,474	154	4%	31,090	24,878	(6,212)	-20%	46,368

Directorate £000s	IN MONTH 8				YEAR TO DATE				FULLYEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Specialist Medicine	1,645	1,722	76	5%	9,914	10,308	394	4%	14,837
CCTS	1,226	1,671	445	36%	8,993	7,666	(1,327)	-15%	13,429
AMR	2,587	2,226	(362)	-14%	22,447	19,898	(2,549)	-11%	33,503
MRC Management	(1,138)	(1,144)	(6)	-1%	(10,265)	(12,995)	(2,730)	-27%	(15,401)
Surplus / (Deficit)	4,320	4,474	154	4%	31,090	24,878	(6,212)	-20%	46,368

In Month

- Income** – Income for HCD and VCM offsetting Non Pay.
- Pay** – Pay spend is above last year's RR, key drivers – Nursing -£0.2m, higher premium costs due to vacancies, maternity leave, sick cover, increased activity & challenging patients. Increased specialising cost -£0.1m, Medics 0.4m.
- 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 CMU wards. Covid budget overspend ytd circa £2.7m. ERF -£0.2m. **Non Pay** - Cystic Fibrosis and Clinical Immunology drugs & VCM; increases in Cardiac activity levels. Offset by pass through income.

Headline narrative:

- Commissioning Income is on a block basis.
- Severe operational pressures in urgent care, including Respiratory and Infectious Diseases. Also Gen Med, EAU & ED. Junior doctors rota gaps.
- 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 £000	1,997	2,161	-164
% of budget	1.10%	1.19%	-0.09%

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

£000s	Identified M6 YTD	Delivered M6 YTD	Variance M6 YTD
Income	200	233	33
Pay	365	348	-17
Non-pay	481	481	0
Total	1,046	1,062	16

Commissioning by POD Year To Date	ACTIVITY			FINANCE (£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
DC	8,888	8,676	(212)	8,182	8,996	815
Electives	2,492	2,240	(252)	9,326	8,716	(610)
Non Elective	32,026	29,771	(2,255)	73,927	74,068	141
Outpatient	214,061	193,196	(20,865)	24,920	24,888	(32)
Pass through	0	0	0	26,174	29,546	3,372
A&E	106,862	104,100	(2,762)	21,520	21,814	294
Chemotherapy	0	77	77	0	28	28
Critical Care	4,501	2,971	(1,530)	7,662	5,357	(2,305)
Diagnostics	11,932	11,459	(473)	1,694	1,657	(36)
Financial Adj - mainly Blended payment	0	0	0	0	0	0
Maternity Pathway	0	0	0	0	0	0
Other	0	0	0	16,389	16,326	(63)
Radiotherapy	0	0	0	0	0	0
Other Subtotal				189,793	191,396	1,603
Other Adj				10,464	13,515	3,050
						0
Total				200,257	204,911	4,653

Sources: Finance Ledger, SLAM and Commissioning Income Pack

Performance versus budget

F & E Subjective £000s	IN MONTH 8				YEAR TO DATE				FULLYEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Income	32,874	33,264	390	1%	253,043	260,138	7,095	3%	379,010
Pay	(16,531)	(16,815)	(284)	-2%	(132,282)	(136,207)	(3,926)	-3%	(198,272)
Non-Pay	(9,646)	(10,429)	(783)	-8%	(77,256)	(84,852)	(7,596)	-10%	(115,891)
Surplus / (Deficit)	6,697	6,021	(677)	-10%	43,504	39,078	(4,426)	-10%	64,847

Directorate £000s	IN MONTH 8				YEAR TO DATE				FULLYEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
JR and WW Theatres	(1,726)	(1,760)	(34)	-2%	(13,872)	(14,529)	(657)	-5%	(20,773)
Neurosciences	1,967	1,775	(192)	-10%	14,325	13,383	(942)	-7%	21,407
NOTSSCaN Management	104	51	(53)	-51%	(116)	(1,706)	(1,590)	-1369%	(242)
Orthopaedics	2,098	1,906	(193)	-9%	12,784	12,506	(278)	-2%	19,069
Childrens	2,243	2,208	(35)	-2%	15,638	14,635	(1,003)	-6%	23,395
Specialist Surgery	1,470	1,556	86	6%	10,423	10,723	300	3%	15,588
Ophthalmology	541	286	(255)	-47%	4,323	4,066	(257)	-6%	6,404
Surplus / (Deficit)	6,697	6,021	(677)	-10%	43,504	39,078	(4,426)	-10%	64,847

In Month

- £0.9m additional commissioning income in month, no expenditure budget to offset costs or report efficiencies
- Pass Through income and expenditure £0.5m above plan
- Pay costs reduced due to NHSP pay inflation and ENIC
- Non-pay underspend in month due to correction of NHS Supply Chain issues in M7.

Year to date

- Pass-through £6.7m – largely Cystic Fibrosis and VCM device
- Private Patient income has improved with new process.
- Pay – junior doctor rota gap cover £1.6m (50 gaps, half deanery). Unfunded beds £0.7m. Vacancies, sickness and additional staffing on PCCU and NNU £0.8m. Covid sickness £0.3m. Agency escalation issue £0.2m. Admin £1m under.

Headline narrative:

- £4.4m worse than budget
- £1.6m junior doctor premium cost of covering covering high junior rota gaps
- £0.7m costs of additional beds open
- £0.8m NNU & PCCU staffing costs
- £0.6m phasing of efficiency plan
- £0.4m shortfall in efficiency plan
- £0.3m relating to Covid spend
- £0.2m due to agency escalation issues.
- £1.0m Admin vacancy underspend

Risks (R) and Opportunities (O):

- Management and admin support to develop efficiency due to admin vacancies (R)
- Constraints on clearing backlog – Covid, Winter, Anaesthetic availability (R).
- High sickness rates in key areas (R).
- Admin staff retention and ability to attract (R).

Efficiency Tracker

	Target 2022/23*	Identified 2022/23	Unidentified 2022/23
Efficiency £000	2,691	2,848	-157
% of budget	1.10%	1.16%	-0.06%

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

£000s	Identified M6 YTD	Delivered M6 YTD	Variance M6 YTD
Income	400	231	- 169
Pay	473	140	- 333
Non-pay	331	291	- 40
Total	1,205	663	- 543

Commissioning by POD Year To Date	ACTMITY			FINANCE(£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
DC	17,120	15,556	(1,564)	22,354	18,607	(3,747)
Electives	7,488	6,169	(1,319)	43,424	36,190	(7,234)
Non Elective	15,887	15,421	(466)	60,445	64,638	4,193
Outpatient	322,601	334,947	12,346	46,017	47,799	1,782
Pass through	0	0	0	29,468	36,644	7,177
A&E	8,448	8,847	399	1,163	1,160	(3)
Chemotherapy	1,011	1,125	114	317	368	51
Critical Care	18,682	19,465	783	22,903	23,935	1,032
Diagnostics	2,873	3,466	593	257	318	62
Financial Adj - mainly Blended payment	0	0	0	1,840	2,027	187
Maternity Pathway	0	0	0	0	0	0
Other	0	0	0	18,095	18,615	520
Radiotherapy	0	0	0	0	0	0
Other Subtotal				246,282	250,303	4,021
Other Adj				2,828	5,537	2,709
						0
Total				249,110	255,839	6,729

Divisional Summary: Surgery, Women's and Oncology

Sources: Finance Ledger, SLAM and Commissioning Income Pack

Performance versus budget

Income & E Subjective £000s	IN MONTHS				YEAR TO DATE				FULLYEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Income	35,578	35,243	(335)	-1%	252,347	248,595	(3,751)	-1%	377,659
Pay	(14,188)	(13,821)	367	3%	(115,068)	(115,975)	(907)	-1%	(172,237)
Non-Pay	(11,682)	(11,650)	31	0%	(94,253)	(93,216)	1,037	1%	(141,151)
Surplus / (Deficit)	9,708	9,771	63	1%	43,025	39,404	(3,621)	-8%	64,271

Directorate £000s	IN MONTHS				YEAR TO DATE				FULLYEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
GET	1,568	1,310	(258)	-16%	(6,693)	(9,582)	(2,889)	-43%	(10,035)
Gynaecology	638	782	145	23%	4,273	3,841	(432)	-10%	6,392
Maternity	1,899	1,831	(68)	-4%	10,005	9,757	(247)	-2%	14,948
Oncology	2,057	1,916	(141)	-7%	10,986	10,436	(550)	-5%	16,402
Renal	2,450	2,542	92	4%	16,206	16,181	(25)	0%	24,258
SuWOn Management	(536)	(423)	113	21%	(4,253)	(4,058)	195	5%	(6,382)
Surgery	1,633	1,813	180	11%	12,502	12,829	327	3%	18,689
Surplus / (Deficit)	9,708	9,771	63	1%	43,025	39,404	(3,621)	-8%	64,271

In Month

- £0.3m underachievement offset with pass through drugs.
- Pay underspend due to additional YTD budget in Maternity
- Non-pay – Balanced due to fluctuations in drugs spend and the agreed release of prior year accruals no longer required.

Year to date

- £3.1m underachievement on pass through drugs, underachievement on RIPEL, £1.1m, offset by pay, and £0.5m overperformance on PP.
- Pay overspend on medics of £1.6m. Nursing and support, £1.1m, offset by RIPEL, £1.1m and Ockenden £0.6m. Non-pay underspend on pass through drugs, £3.1m. Offset by non pass through drugs and internal recharges, £2m.

Headline narrative:

- M8 WTE of 3,111.
- Pay spend on average up at 14.5m M1-8
- Continued use of temporary staffing to support COVID-19 and recovery. High use of temporary medical staffing
- Under delivery of efficiencies in M1-7
- 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	1,935.1	486.6
% of budget	1.10%	0.88%	0.22%

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

£000s	Identified M6 YTD	Delivered M6 YTD	Variance M6 YTD
Income	480	399	- 81
Pay	234	76	- 158
Non-pay	572	494	- 78
Total	1,286	970	- 317

Commissioning by POD Year To Date	ACTIVITY			FINANCE (£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
DC	30,666	25,583	(5,083)	21,131	17,712	(3,419)
Electives	4,178	3,483	(695)	22,669	20,046	(2,623)
Non Elective	17,661	17,255	(406)	53,400	53,797	397
Outpatient	205,835	202,655	(3,180)	35,749	33,560	(2,189)
Pass through	0	0	0	58,680	58,092	(588)
A&E	0	0	0	0	0	0
Chemotherapy	14,976	16,804	1,828	4,247	5,168	921
Critical Care	0	0	0	0	0	0
Diagnostics	33,812	30,365	(3,447)	504	467	(36)
Financial Adj - mainly Blended payment	0	0	0	(47)	(37)	10
Maternity Pathway	10,545	10,656	111	10,195	10,688	493
Other	0	0	0	25,684	24,029	(1,655)
Radiotherapy	37,563	32,218	(5,345)	10,408	8,944	(1,464)
Other Subtotal				242,620	232,467	(10,153)
Other Adj				164	7,152	6,988
Total				242,784	239,619	(3,164)

Divisional Summary: Corporate Services

Sources: Finance Ledger, SLAM and Commissioning Income Pack

Performance versus Budget

I & E Subjective £000s	IN MONTH8				YEAR TO DATE				FULLYEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Income	7,878	8,306	428	5%	63,015	61,889	(1,125)	-2%	94,526
Pay	(7,257)	(8,149)	(892)	-12%	(57,316)	(59,067)	(1,752)	-3%	(86,006)
Non-Pay	(15,826)	(15,442)	384	2%	(126,595)	(128,213)	(1,618)	-1%	(188,892)
Surplus / (Deficit)	(15,204)	(15,284)	(80)	-1%	(120,896)	(125,391)	(4,495)	-4%	(180,372)

Divisions £000s	IN MONTH8				YEAR TO DATE				FULLYEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Corporate	(9,415)	(9,149)	266	3%	(74,466)	(76,494)	(2,028)	-3%	(111,798)
Operational Services	(883)	(844)	39	4%	(7,097)	(7,226)	(129)	-2%	(10,627)
Education and Training	3,004	2,675	(330)	-11%	23,967	22,875	(1,092)	-5%	35,985
Estates	(9,635)	(9,713)	(78)	-1%	(77,119)	(78,408)	(1,289)	-2%	(114,659)
Hosting Services	13	(87)	(101)	-750%	107	(87)	(194)	-182%	160
Central COVID	1,671	1,655	(16)	-1%	13,385	13,417	32	0%	20,076
Surplus / (Deficit)	(15,245)	(15,464)	(220)	-1%	(121,224)	(125,924)	(4,700)	-4%	(180,862)

In Month

- Adjustment to Education income and Pay costs for National Clinical Excellence Awards – Nil net effect.
- Pay cost overspend related to treatment of budgets.
- Maintenance costs in Estates decreased in month along with PFI due to 30 days in the month. Continued benefit of higher car park revenue.

Year to date

- Income under plan HEE income reduction and digital budget setting.
- Pay over budget related to treatments of budgets and savings targets.
- Non pay is overspend is in Estates due to high maintenance costs.

Headline narrative:

- Budgets currently reflect spend M1 to 12 last year
- OSI has budget reflecting out-turn Cancer services will need additional budget due to vacancies last year.
- Digital income budget reflects outturn which included one off end of year income.

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.