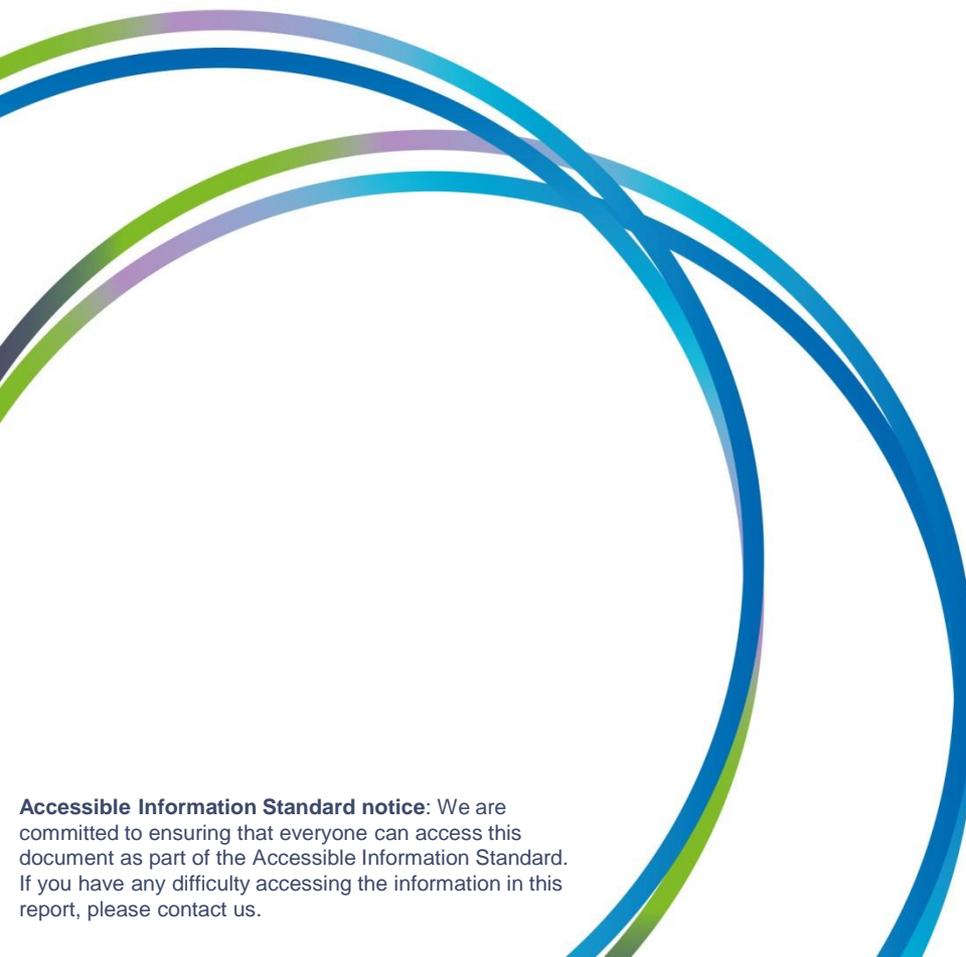




**Oxford University Hospitals**  
NHS Foundation Trust

**Integrated Performance Report**  
**Month 6 (September data)**

**November 2022**



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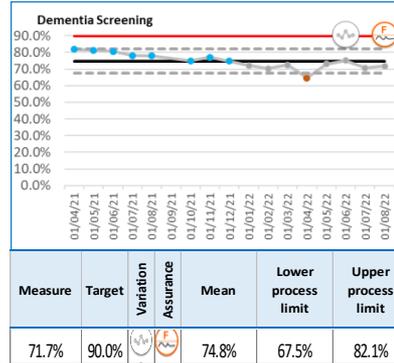
# Executive Summary (1)



## Indicators exhibiting special cause variation (+/-) or consistently failing target: M6 (September 2022)

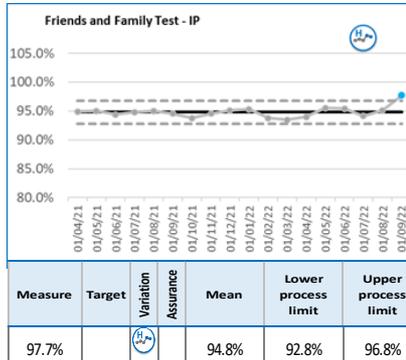
### Quality and Safety

**Dementia screening** performance was 71.7% in August (reporting is one month in arrears). Performance exhibited common cause variation and has consistently not achieved the target of 90%.



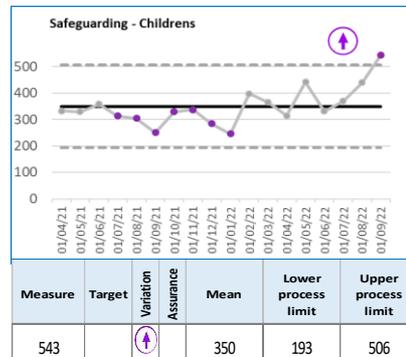
Page 45

**Family & Friends Test - Inpatient** performance was 97.7% in September. Performance exhibited special cause variation due to exceeding the upper process limit of 96.8%



Page 33

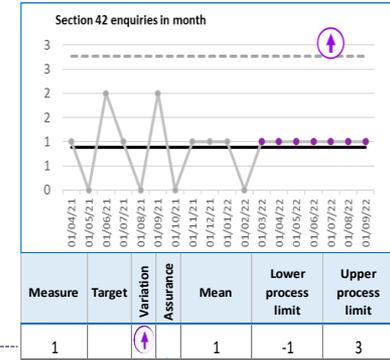
**Safeguarding Children consultations** totalled 543 in September. Performance exhibited special cause variation due to exceeding the upper process limit of 506.



Page 35

### Quality and Safety, continued

**Section 42 enquires** totalled 1 in September. Performance exhibited special cause variation due to successive periods of performance (>6 months) equal to the mean of 1. Low numbers suggest that the events are too rare to be meaningfully displayed in an SPC chart.



Page 36

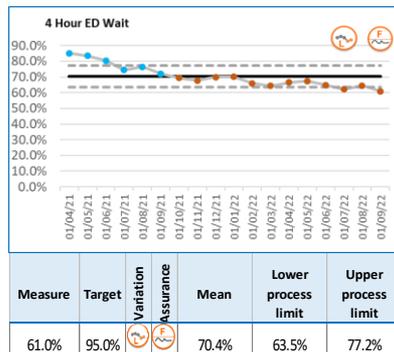
# Executive Summary (2)

## Indicators exhibiting special cause variation (+/-) or consistently failing target: M6 (September 2022)



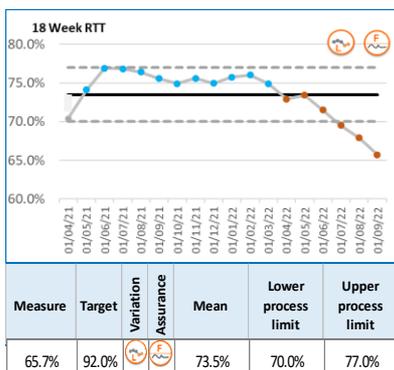
### Operational Performance

**ED 4-hour performance** was **61.0%** in September. Performance exhibited special cause variation due to consecutive performance below the mean as well as dropping below the lower process limit of 63.5%. The indicator has consistently not achieved the target.



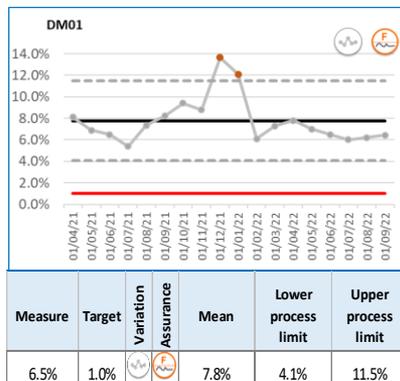
Pages 63

**18-week RTT** performance was **65.7%** in September. Performance has exhibited special cause variation due to consecutive performance below the mean as well as being below the lower process limit of 70.0%. The indicator has consistently not achieved the target.



Pages 71-74

**Diagnostic waiting time performance (the DM01)** was **6.5%** in September. Performance exhibited common cause variation and has consistently not achieved the target of 1.0%.



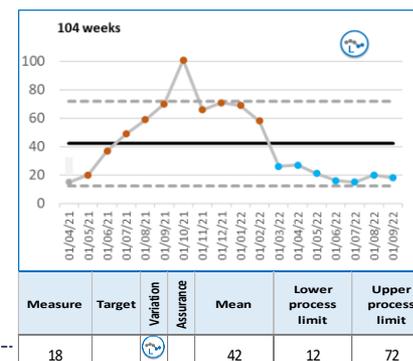
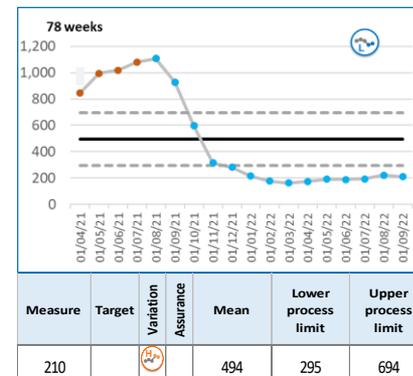
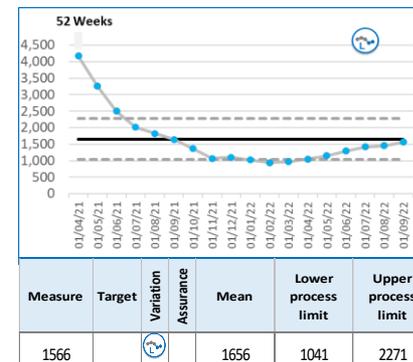
Pages 75

### Operational Performance, continued

**1566** patients were waiting over 52 weeks in September, **210** patients were waiting over 78 weeks and **18** patients were waiting over 104 weeks.

Performance for all three 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 71-74

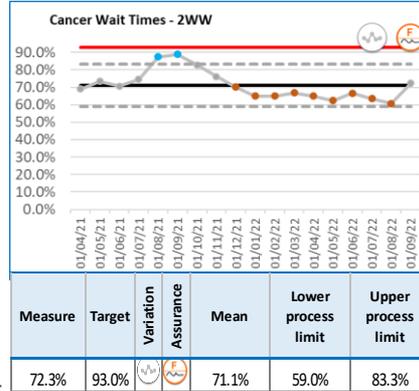
# Executive Summary (3)



## Indicators exhibiting special cause variation (+/-) or consistently failing target M6 (September 2022)

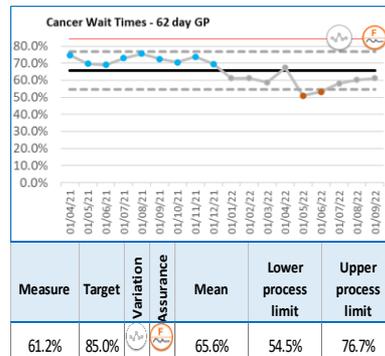
### Operational Performance, *continued*

**Cancer 2WW** waiting time performance was 72.3% in September. Performance exhibited special cause variation, however, the mean of 71.1% was met in September. The indicator has consistently not achieved the target.



Pages 77-79

**Cancer 62 day GP** waiting time performance was 61.2% in September. Performance exhibited common cause variation in September. The indicator has consistently not achieved the target.



Pages 77 & 82

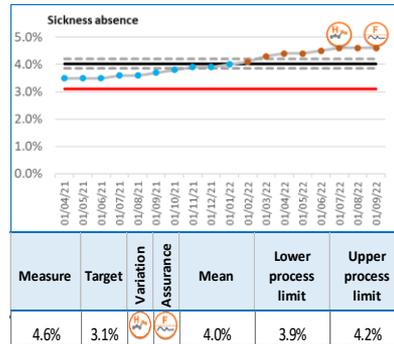
# Executive Summary (4)

## Indicators exhibiting special cause variation (+/-) or consistently failing target: M6 (September 2022)



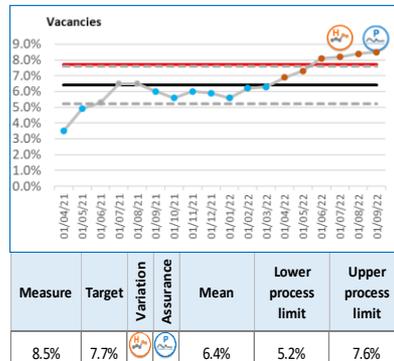
### Workforce

**Sickness absence** performance was 4.6% in September. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of 4.0% as well as exceeding the upper process limit of 4.2%. The indicator has consistently not achieved the target.



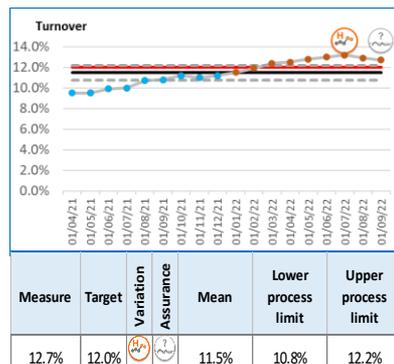
Pages 88-101

**Vacancies** were 8.5% in September. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of 6.4% as well as exceeding the upper process limit of 7.6%. The indicator has consistently not achieved the target.



Pages 88--104, & 108

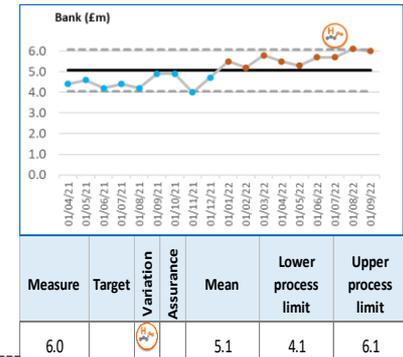
**Turnover** was 12.7% in September. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of 11.5% as well as exceeding the upper process limit of 12.2%.



Pages 88-101, & 106

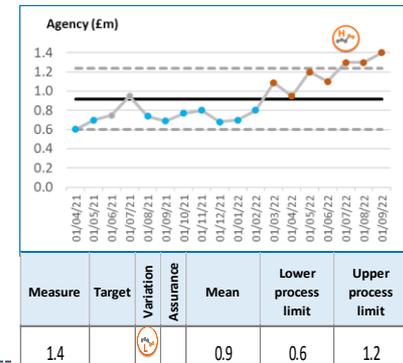
### Workforce, continued

**Temporary pay spend on Bank** in September was £6.0m. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of £5.1m but below the upper process limit of £6.1m. The indicator should be reviewed alongside the increases in sickness absence and vacancies.



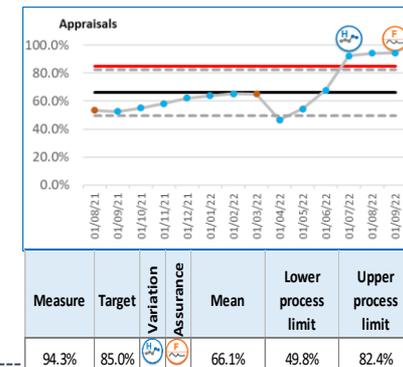
Pages 88-101, & 105

**Temporary pay spend on Agency** in September was £1.4m. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of £0.9m as well as exceeding the upper process limit of £1.2m. The indicator should be reviewed alongside the increases in sickness absence and vacancies.



Pages 88-101, & 105

**Appraisal (non medical)** performance was 94.3% in September. Performance exhibited special cause variation due to exceeding the upper process limit of 82.4% and successive periods of performance (6 months) above the mean of 66.1%. The indicator has achieved the target for the last 3 months but has not yet achieved this for successive periods to trigger process assurance.



Pages 88-102

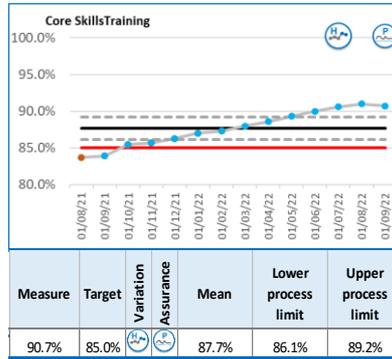
# Executive Summary (5)

## Indicators exhibiting special cause variation (+/-) or consistently failing target: M6 (September 2022)



### Workforce, continued

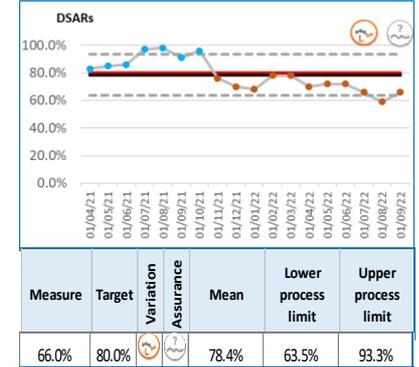
**Core skills training compliance** was 90.7% in September. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of 87.7% as well as exceeding the upper process limit of 89.2%. The indicator has consistently achieved the target. Consideration will be given to re-setting the process limits within the SPC chart to reflect the sustained improvement and change in process.



Pages 88-101 & 110

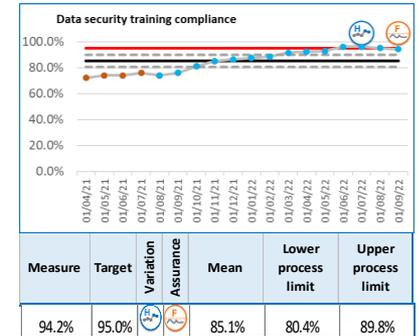
### Digital

**Data Subject Access Requests (DSARs)** performance was 66.0% in September. Performance exhibited special cause variation due to successive periods of performance (>6 months) below the mean of 78.4%. The indicator has consistently not achieved the target.



Page 116

**Data security training compliance** was 94.2% in September. Performance exhibited special cause due to successive periods of performance (>6 months) above the mean of 85.1% as well as exceeding the upper process limit of 89.8%. The indicator has not yet consistently achieved the target.



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# Executive Summary (6)

## Integrated themes and issues from Month 6 (September 2022)

### Finance

#### Overall

**Income and Expenditure (I&E)** performance in September generated a **£0.1m surplus**. This was better than August because of increased income and a reduction in the underlying deficit. Adjusting for this the run rate deficit improved from £3.2m per month to £2.7m per month.

#### Forecast

The phased forecast scenarios previously presented to the Board have now been updated to reflect the improved performance in September and a reassessment of the financial recovery plan. The scenarios now range from -£0.7m to -£38m (M5: -£3.0m to -£47m). Income opportunities have improved and risks have reduced. However, the opportunity to reduced costs has been reassessed downwards because of limited progress to date, but opportunities remain. Based on the scenarios, the Trust must prepare a contingency plan in case it needs to utilise its working capital facility in Q4.

#### Income

**Commissioning income including passthrough income** was **£0.2m worse** than plan in September. Passthrough drugs and devices was £0.3m better than plan offset by other commissioning income being £0.5m worse than plan.

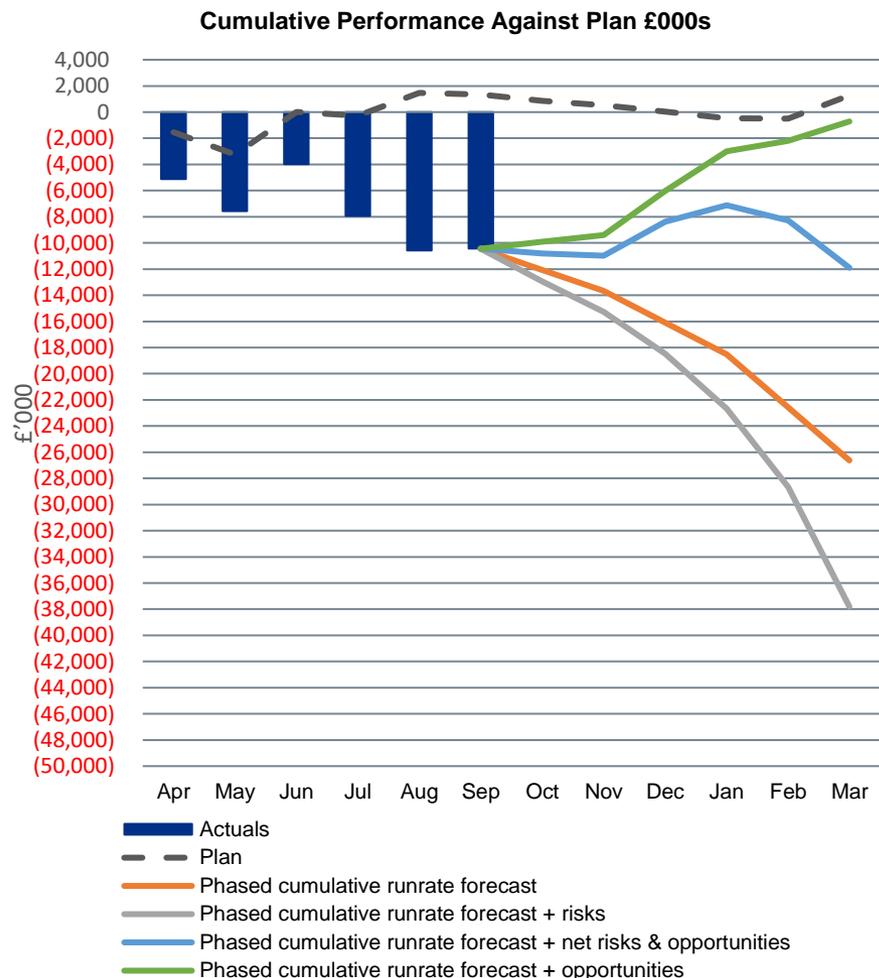
**Non-NHS income (PP, Overseas, RTA and other)** was **£1.1m better** than plan in September. This is mainly due to Education income being £0.4m above plan. Year-to-date, non-NHS income is £4.8m worse than plan mainly due to R&D income being £2.2m worse than plan (which is offset by reduced R&D expenditure so a nil bottom line impact) and non-clinical (non-NHS) income being £0.8m worse than plan.

#### Pay Expenditure

**Pay costs** were **breakeven to** than plan in-month. The plan was adjusted for the additional element of the pay award (original plan included 2% uplift for the pay award). Year-to-date, pay costs are **£13.6m worse** than plan principally driven by additional sessions and temporary staffing rather than an increase in WTEs.

### Finance, continued

#### Income & Expenditure - Performance Versus Plan



# Executive Summary (7)

## Integrated themes and issues from Month 6 (September 2022)

### Finance, continued

#### Non-pay Expenditure

**Non-pay costs** were **£0.4m worse** than plan in September. Non-pay costs are **£0.5m better** than plan year-to-date (£6.7m if passthrough expenditure is excluded). R&D non-pay costs are £0.9m better than plan. Elective recovery non-pay costs are £6.0m less than plan and COVID-19 non-pay costs are £0.7m 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 **£17.4m** 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, but 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 £38.0m at the end of September, **£8.1m lower** than the previous month. This was mainly due to the pay award arrears being paid to staff.

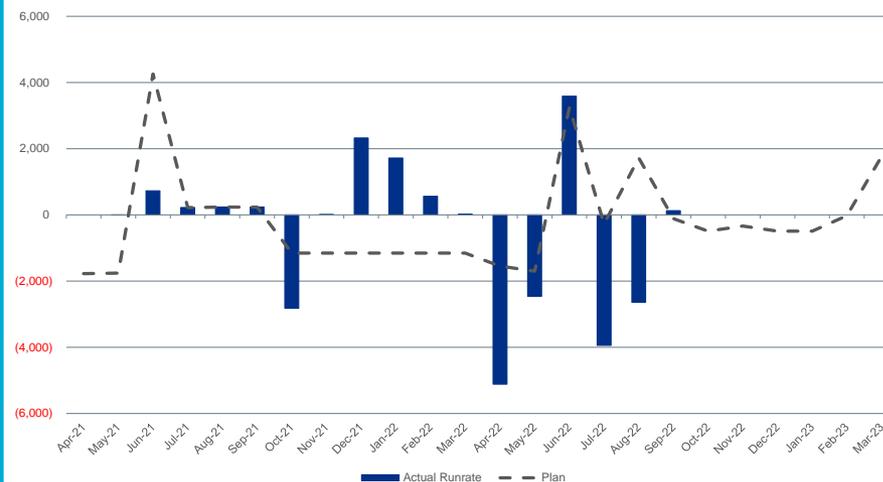
#### Capital

**Gross capital expenditure** was £5.3m for the year to the end of September, **behind plan by £7.6m**, due to both capital schemes and PFI life-cycling being behind trajectory.

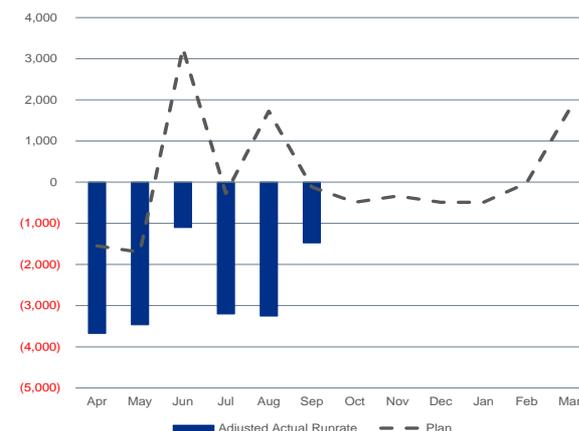
Page 118-124

### Finance, continued

#### Income & Expenditure – Monthly Reported Performance (18 months)



#### Income & Expenditure – Adjusted Run Rate Performance (6 months)

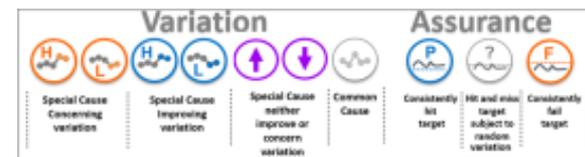


# SPC Key Indicator Overview Summary

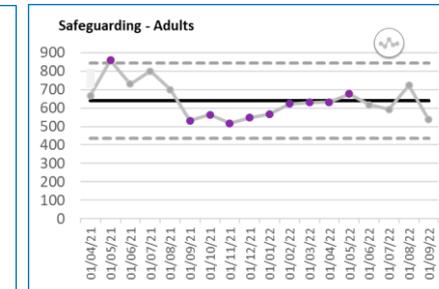
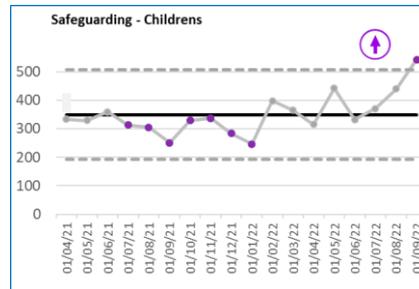
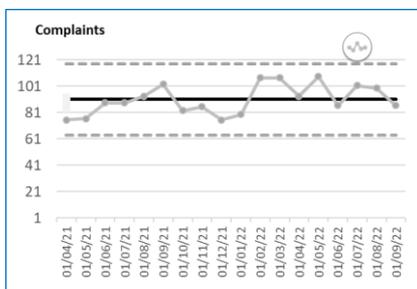
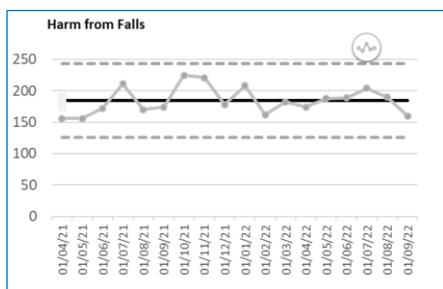
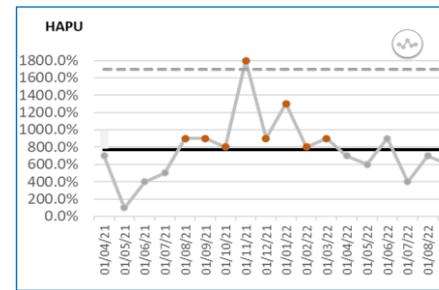
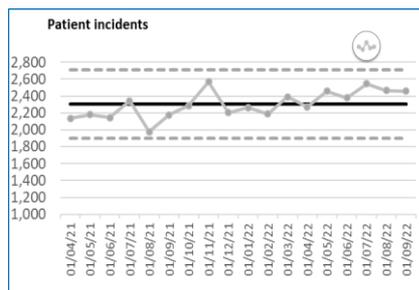
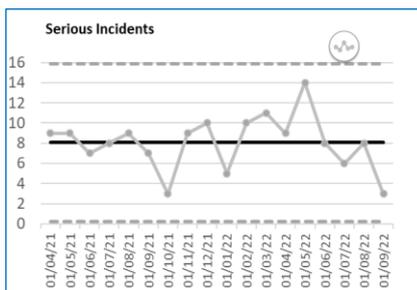
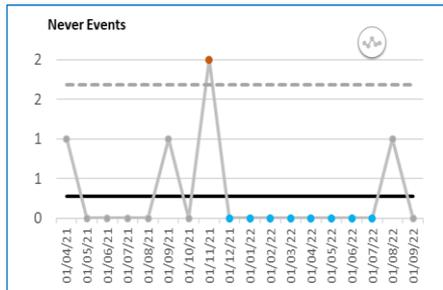
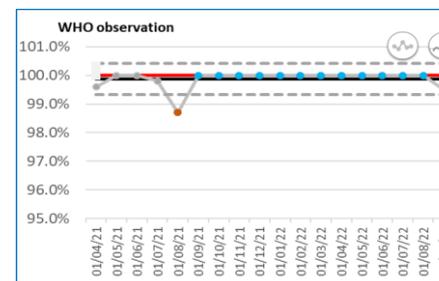
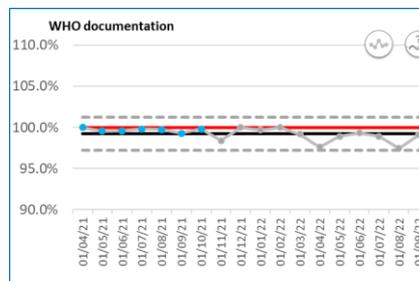
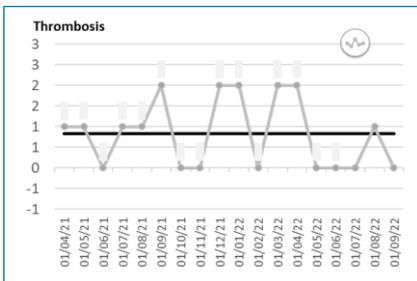
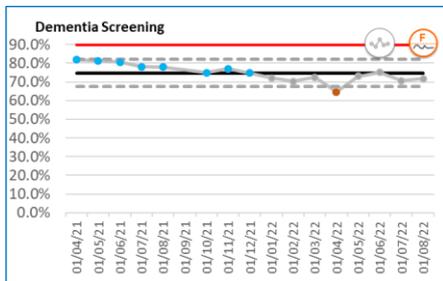
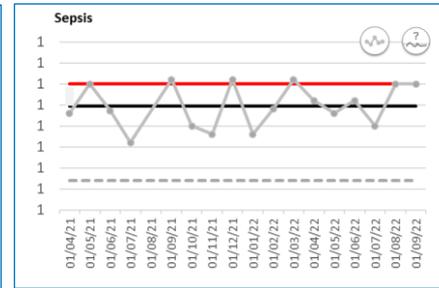
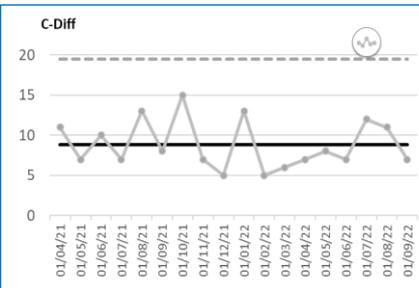
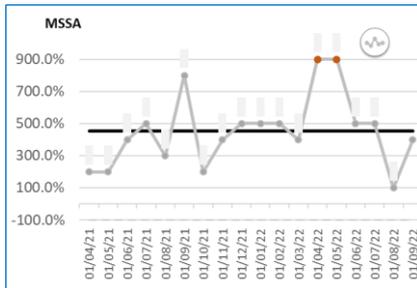
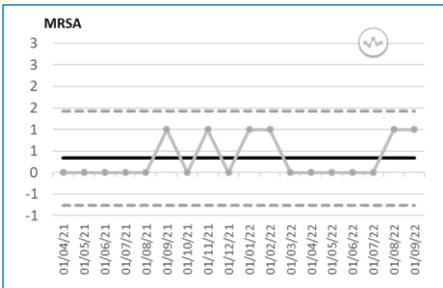
| KPI                            | Latest month | Measure | Target | Variation Assurance | Mean  | Lower process limit | Upper process limit |
|--------------------------------|--------------|---------|--------|---------------------|-------|---------------------|---------------------|
| HAPU                           | Sep 22       | 6       | -      |                     | 8     | -2                  | 17                  |
| Harm from Falls                | Sep 22       | 160     | -      |                     | 184   | 126                 | 243                 |
| Complaints                     | Sep 22       | 86      | -      |                     | 91    | 63                  | 118                 |
| Friends and Family Test - IP   | Sep 22       | 97.7%   | -      |                     | 94.8% | 92.8%               | 96.8%               |
| Friends and Family Test - ED   | Sep 22       | 74.5%   | -      |                     | 76.7% | 70.0%               | 83.4%               |
| Friends and Family Test - Matt | Sep 22       | 85.7%   | -      |                     | 87.4% | 51.7%               | 123.2%              |
| Friends and Family Test - OP   | Sep 22       | 93.2%   | -      |                     | 93.8% | 92.0%               | 95.5%               |
| Safeguarding - Adults          | Sep 22       | 537     | -      |                     | 640   | 437                 | 842                 |
| Safeguarding - Childrens       | Sep 22       | 543     | -      |                     | 350   | 193                 | 506                 |
| MRSA                           | Sep 22       | 1       | -      |                     | 0     | -1                  | 1                   |
| MSSA                           | Sep 22       | 4       | -      |                     | 5     | -1                  | 10                  |
| C-Diff                         | Sep 22       | 7       | -      |                     | 9     | -2                  | 19                  |
| Sepsis                         | Sep 22       | 90.0%   | 90.0%  |                     | 84.7% | 67.0%               | 102.5%              |
| Thrombosis                     | Sep 22       | 0       | -      |                     | 1     | -2                  | 3                   |
| WHO documentation              | Sep 22       | 99.1%   | 100.0% |                     | 99.2% | 97.2%               | 101.3%              |
| WHO observation                | Sep 22       | 99.5%   | 100.0% |                     | 99.9% | 99.3%               | 100.4%              |

| KPI                           | Latest month | Measure | Target | Variation Assurance | Mean  | Lower process limit | Upper process limit |
|-------------------------------|--------------|---------|--------|---------------------|-------|---------------------|---------------------|
| 4 Hour ED Wait                | Sep 22       | 61.0%   | 95.0%  |                     | 70.4% | 63.5%               | 77.2%               |
| LOS                           | Sep 22       | 16.0%   | 12.0%  |                     | 14.3% | 11.2%               | 17.4%               |
| 18 Week RTT                   | Sep 22       | 65.7%   | 92.0%  |                     | 73.5% | 70.0%               | 77.0%               |
| 52 Weeks                      | Sep 22       | 1566    | -      |                     | 1656  | 1041                | 2271                |
| 78 weeks                      | Sep 22       | 210     | -      |                     | 494   | 295                 | 694                 |
| 104 weeks                     | Sep 22       | 18      | -      |                     | 42    | 12                  | 72                  |
| DM01                          | Sep 22       | 6.5%    | 1.0%   |                     | 7.8%  | 4.1%                | 11.5%               |
| On the day cancellations      | Sep 22       | 38      | -      |                     | 31    | 12                  | 51                  |
| Cancer Wait Times - 62 day GP | Sep 22       | 61.2%   | 85.0%  |                     | 65.6% | 54.5%               | 76.7%               |
| Cancer Wait Times - 2WW       | Sep 22       | 72.3%   | 93.0%  |                     | 71.1% | 59.0%               | 83.3%               |

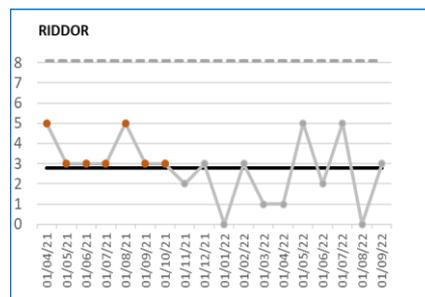
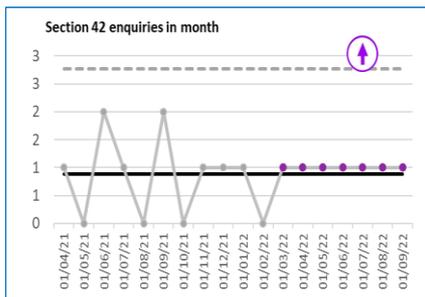
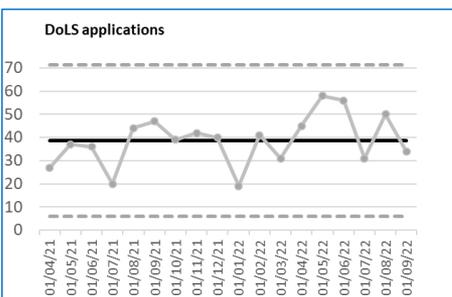
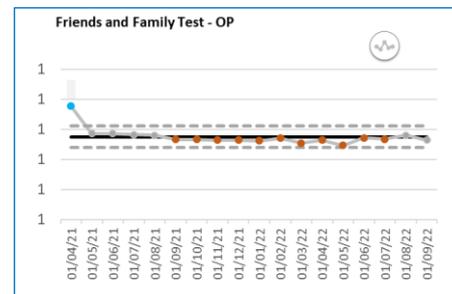
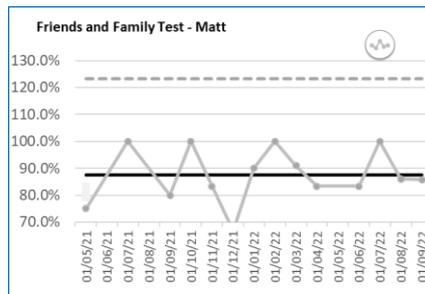
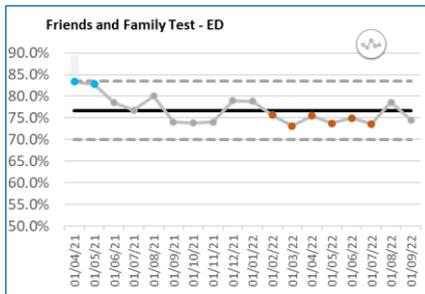
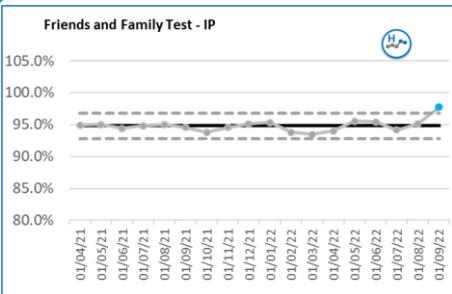
| KPI                               | Latest month | Measure | Target | Variation Assurance | Mean  | Lower process limit | Upper process limit |
|-----------------------------------|--------------|---------|--------|---------------------|-------|---------------------|---------------------|
| Never Events                      | Sep 22       | 0       | -      |                     | 0     | -1                  | 2                   |
| Serious Incidents                 | Sep 22       | 3       | -      |                     | 8     | 0                   | 16                  |
| Dementia Screening                | Aug 22       | 71.7%   | 90.0%  |                     | 74.8% | 67.5%               | 82.1%               |
| Patient incidents                 | Sep 22       | 2458    | -      |                     | 2302  | 1896                | 2708                |
| Sickness absence                  | Sep 22       | 4.6%    | 3.1%   |                     | 4.0%  | 3.9%                | 4.2%                |
| Vacancies                         | Sep 22       | 8.5%    | 7.7%   |                     | 6.4%  | 5.2%                | 7.6%                |
| Turnover                          | Sep 22       | 12.7%   | 12.0%  |                     | 11.5% | 10.8%               | 12.2%               |
| Bank (£m)                         | Sep 22       | 6.0     | -      |                     | 5.1   | 4.1                 | 6.1                 |
| Agency (£m)                       | Sep 22       | 1.4     | -      |                     | 0.9   | 0.6                 | 1.2                 |
| Appraisals                        | Sep 22       | 94.3%   | 85.0%  |                     | 66.1% | 49.8%               | 82.4%               |
| Core Skills Training              | Sep 22       | 90.7%   | 85.0%  |                     | 87.7% | 86.1%               | 89.2%               |
| RIDDOR                            | Sep 22       | 3       | -      |                     | 3     | -3                  | 8                   |
| DoLS applications                 | Sep 22       | 34      | -      |                     | 39    | 6                   | 71                  |
| Section 42 enquiries in month     | Sep 22       | 1       | -      |                     | 1     | -1                  | 3                   |
| Service desk incidents raised     | Sep 22       | 9080    | -      |                     | 10265 | 7720                | 12810               |
| Service desk incidents resolved   | Sep 22       | 7188    | -      |                     | 9039  | 6908                | 11169               |
| Information requests              | Sep 22       | 103     | -      |                     | 126   | 75                  | 178                 |
| FOI response compliance           | Sep 22       | 82.0%   | -      |                     | 61.6% | 34.6%               | 88.7%               |
| DSPB                              | Sep 22       | 16      | -      |                     | 24    | 13                  | 36                  |
| DSARs                             | Sep 22       | 66.0%   | 80.0%  |                     | 78.4% | 63.5%               | 93.3%               |
| Data security training compliance | Sep 22       | 94.2%   | 95.0%  |                     | 85.1% | 80.4%               | 89.8%               |



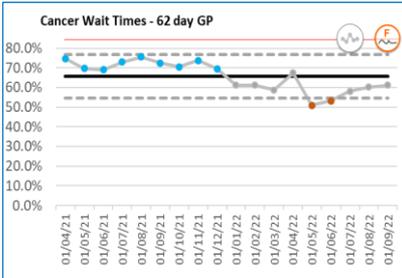
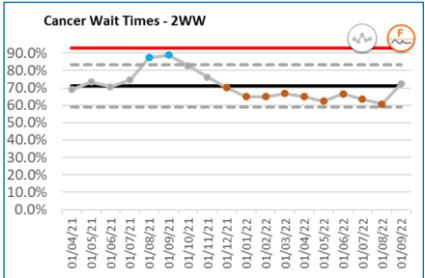
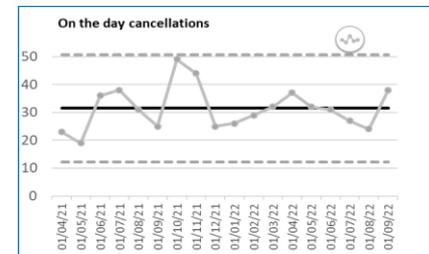
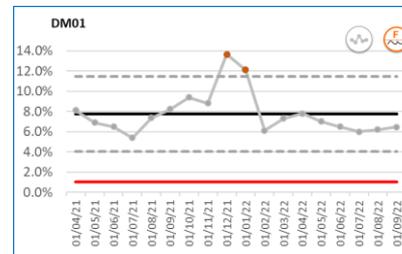
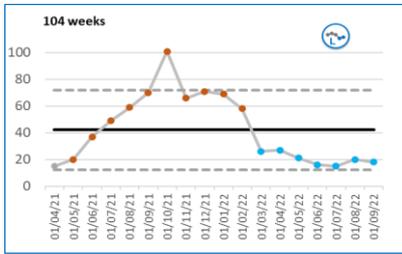
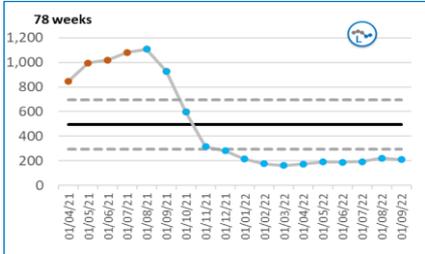
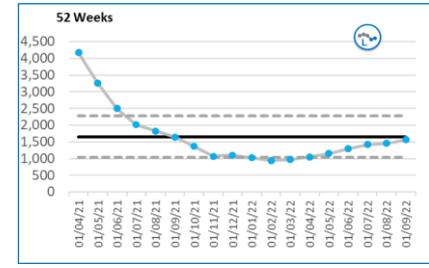
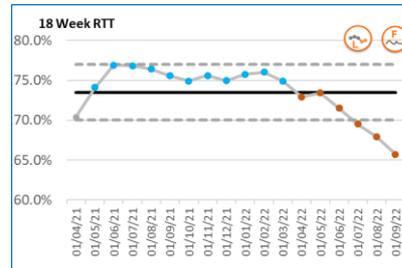
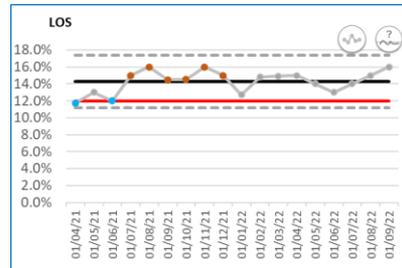
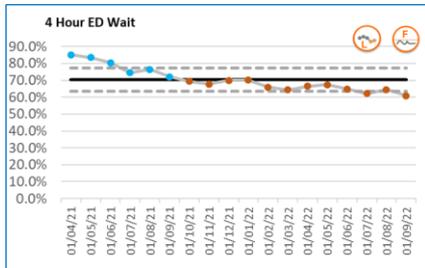
## Quality and Safety



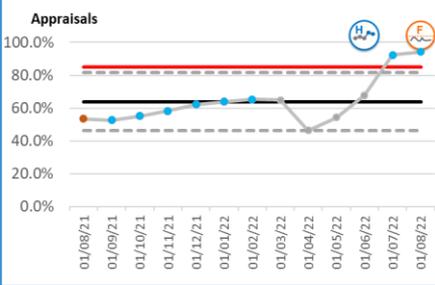
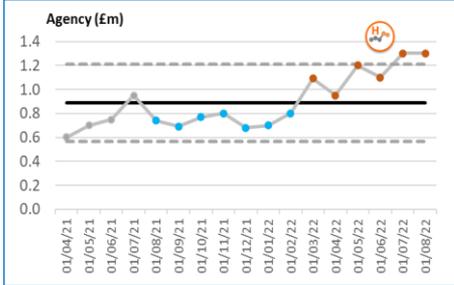
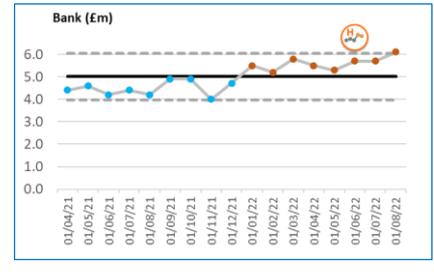
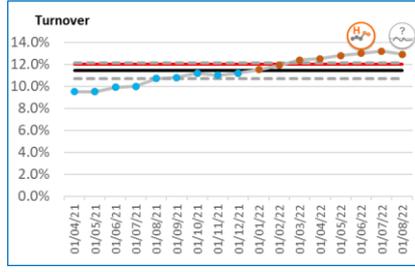
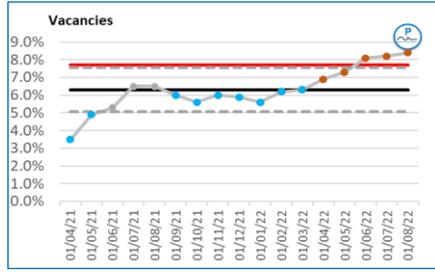
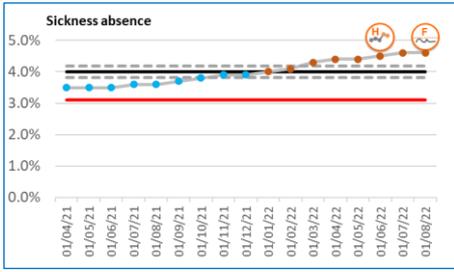
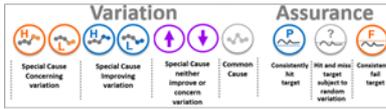
## Quality and Safety



## Operational Performance

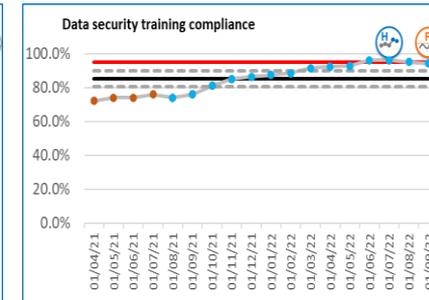
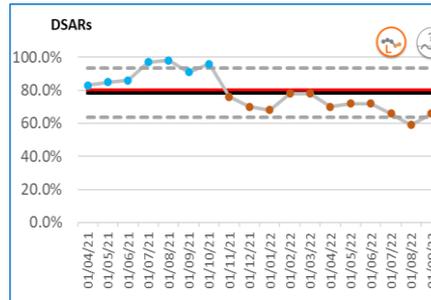
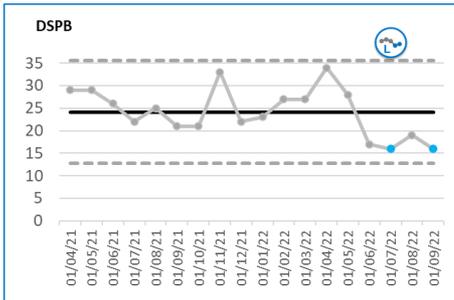
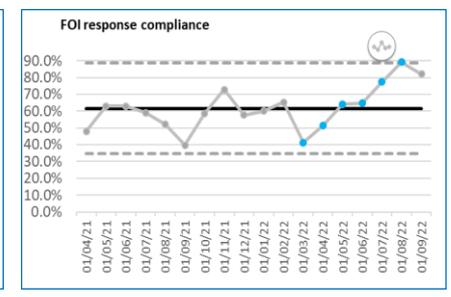
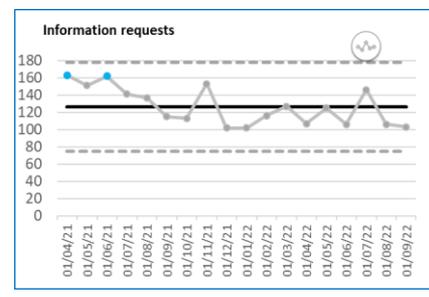
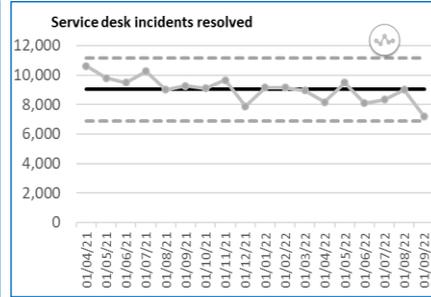
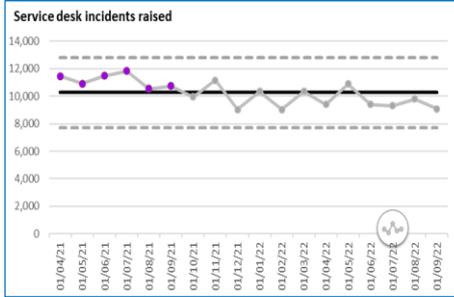


## Workforce



# SPC charts of key performance indicators: M6 (September 2022)

## Digital



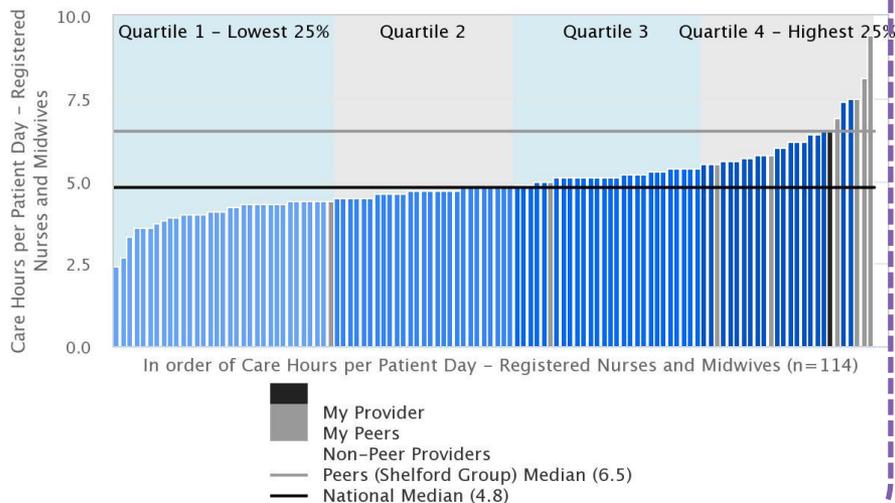
**Quality –  
Outcomes & Patient experience**

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

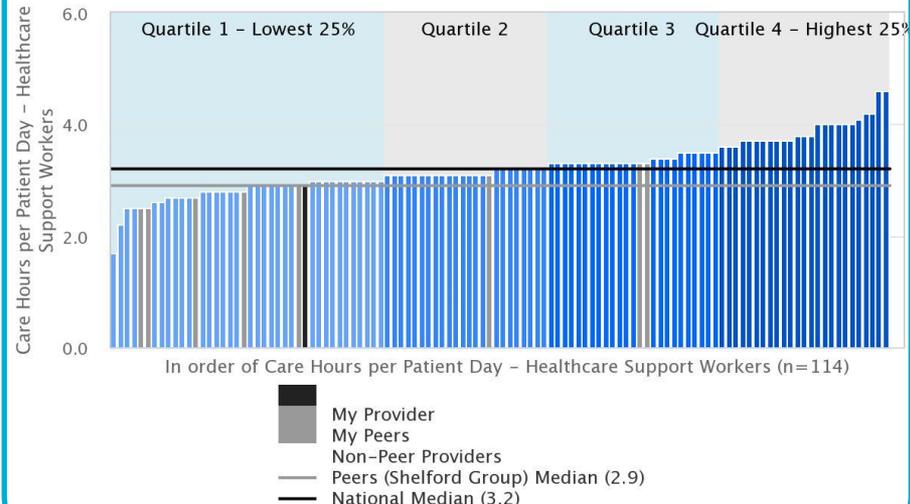
The two graphs below show CHPPD average hours for the OUHFT Trust in Black and the Shelford Group Trust's average CHPPD hours in Grey, the blue bars are all other UK NHS Trusts. The chart on the left is for registered nurse CHPPD and the chart on the right is for healthcare support workers CHPPD.

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)

| September 2022                   |   | Care Hours Per Patient Day              |                                       |                     |                   |                  |                  |                | Census                | Nurse Sensitive Indicators                  |                         |                                |       | Maternity Sensitive Indicators         |   |                 |   | HR  |  |  | Rostering KPIs |              |               | FFT - Total responses in each category for each ward |                 |                  |                      |                        |              |                                 |              |                        |                |
|----------------------------------|---|---|---------------------------------------|---------------------|-------------------|------------------|------------------|----------------|-----------------------|---|-------------------------|--------------------------------|-------|--|---|-----------------|---|---|--|--|----------------|--------------|---------------|--|-----------------|------------------|----------------------|------------------------|--------------|---------------------------------|--------------|------------------------|----------------|
| Ward Name                        | Cumulative count over the month of patients at 23:59 each day | Budgeted Registered nurses and midwives | Actual Registered nurses and midwives | Budgeted Care Staff | Actual Care staff | Budgeted Overall | Required Overall | Actual Overall | Census Compliance (%) | Medication Administration Error or Concerns | Intravasation Incidents | Pressure Ulcers Category 2,3&4 | Falls | Delay in induction (PROMor 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 intended place of birth was changed due to staffing | Revised Vacancy HR Vics plus IT 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 Unlikely | 2 - Unlikely | 3 - Neither Likely nor unlikely | 4 - Unlikely | 5 - Extremely unlikely | 6 - Don't know |
| <b>NOTSSCAN</b>                  |   |   |                                       |                     |                   |                  |                  |                |                       |   |                         |                                |       |  |   |                 |   |   |  |  |                |              |               |  |                 |                  |                      |                        |              |                                 |              |                        |                |
| Belhouse / Drayson Ward          | 435   | 7.67                                    | 7.1                                   | 2.19                | 2.0               | 9.86             | 9.70             | 9.1            | 98.89%                | 5   | 2                       | 0                              | 0     |  |   |                 |   |   | 13.56%   | 11.37%   | 7.78%          | 5.94%        | Yes           | 3.61%  | 8.29            | 14.53%           | 29                   | 7                      | 2            | 1                               | 2            | 0                      |                |
| BIU                              | 527   | 3.73                                    | 4.3                                   | 2.32                | 2.7               | 6.05             | 6.32             | 7.0            | 100.00%               | 2   | 1                       | 2                              | 1     |  |   |                 |   |   | 24.15%   | 26.62%   | 4.84%          | 9.29%        | Yes           | -1.96%   | 8.00            | 12.51%           | #N/A                 | #N/A                   | #N/A         | #N/A                            | #N/A         | #N/A                   |                |
| HDU/Recovery (NOC)               | 80  | 18.14                                   | 15.8                                  | 3.02                | 2.0               | 21.16            |                  | 17.8           |                       | 0   | 0                       | 1                              | 0     |  |   |                 |   |   | 22.00%   | 8.81%  | 5.35%          | 8.42%        | Yes           | 3.77%  | 8.00            | 15.54%           | #N/A                 | #N/A                   | #N/A         | #N/A                            | #N/A         | #N/A                   |                |
| Head and Neck Blenheim Ward      | 366   | 5.40                                    | 6.2                                   | 1.89                | 2.8               | 7.29             | 8.66             | 9.0            | 100.00%               | 0   | 0                       | 0                              | 0     |  |   |                 |   |   | 3.86%  | 7.47%  | 4.45%          | 4.09%        | Yes           | 0.82%  | 8.43            | 12.21%           | 4                    | 0                      | 0            | 0                               | 0            | 0                      |                |
| HH Childrens Ward                | 248   | 7.67                                    | 6.7                                   | 1.58                | 1.7               | 9.25             | 9.00             | 8.4            | 84.44%                | 0   | 1                       | 0                              | 0     |  |   |                 |   |   | 22.65%   | 19.06%   | 2.54%          | 10.33%       | Yes           | 2.98%  | 6.71            | 12.05%           | 46                   | 2                      | 1            | 1                               | 0            | 0                      |                |
| HH F Ward                        | 720   | 5.10                                    | 4.3                                   | 3.05                | 2.7               | 8.15             | 7.94             | 7.1            | 100.00%               | 0   | 0                       | 1                              | 4     |  |   |                 |   |   | -5.62%   | 1.86%  | 3.76%          | 2.91%        | Yes           | 0.82%  | 8.00            | 12.17%           | 3                    | 0                      | 0            | 0                               | 0            | 0                      |                |
| Kamrans Ward                     | 262   | 7.67                                    | 7.5                                   | 2.56                | 0.3               | 10.23            | 10.52            | 7.8            | 96.67%                | 1   | 0                       | 0                              | 0     |  |   |                 |   |   | 6.39%  | 12.87%   | 4.35%          | 0.00%        | No            | 0.24%  | 6.43            | 13.31%           | 6                    | 3                      | 0            | 1                               | 0            | 0                      |                |
| Major Trauma Ward 2A             | 703   | 5.23                                    | 4.9                                   | 2.90                | 2.6               | 8.13             | 8.29             | 7.5            | 100.00%               | 4   | 0                       | 1                              | 6     |  |   |                 |   |   | 12.49%   | 28.82%   | 6.56%          | 5.00%        | Yes           | 6.02%  | 8.57            | 8.68%            | 5                    | 4                      | 0            | 1                               | 0            | 0                      |                |
| Melanias Ward                    | 382   | 5.75                                    | 5.3                                   | 0.96                | 2.7               | 6.71             | 11.29            | 8.0            | 100.00%               | 0   | 0                       | 1                              | 0     |  |   |                 |   |   | 11.69%   | 25.14%   | 2.52%          | 8.22%        | Yes           | -6.27%   | 10.43           | 10.44%           | 15                   | 3                      | 0            | 0                               | 1            | 0                      |                |
| Neonatal Unit                    | 1191  | 15.38                                   | 11.7                                  | 1.64                | 1.3               | 17.02            |                  | 13.0           |                       | 6   | 2                       | 0                              | 0     |  |   |                 |   |   | 17.93%   | 12.91%   | 8.12%          | 6.04%        | No            | 13.79%   | 8.43            | 15.03%           |                      |                        |              |                                 |              |                        |                |
| Neurology - Purple Ward          | 568   | 3.82                                    | 3.6                                   | 5.23                | 3.6               | 9.05             | 9.03             | 7.2            | 100.00%               | 2   | 0                       | 2                              | 2     |  |   |                 |   |   | 7.59%  | 10.00%   | 7.38%          | 5.00%        | Yes           | 1.66%  | 9.14            | 14.27%           | 1                    | 0                      | 0            | 0                               | 0            | 0                      |                |
| Neurosurgery Blue Ward           | 680   | 4.94                                    | 5.0                                   | 3.96                | 4.1               | 8.90             | 10.47            | 9.1            | 100.00%               | 1   | 0                       | 0                              | 3     |  |   |                 |   |   | 14.51%   | 12.25%   | 3.09%          | 2.36%        | Yes           | 5.97%  | 8.43            | 9.70%            | 16                   | 4                      | 0            | 1                               | 0            | 0                      |                |
| Neurosurgery Green/1U Ward       | 351   | 4.73                                    | 4.0                                   | 5.83                | 5.7               | 10.56            | 11.64            | 9.7            | 100.00%               | 0   | 0                       | 1                              | 3     |  |   |                 |   |   | -3.60%   | 28.89%   | 4.32%          | 3.02%        | Yes           | 0.64%  | 8.71            | 11.38%           | #N/A                 | #N/A                   | #N/A         | #N/A                            | #N/A         | #N/A                   |                |
| Neurosurgery Red/HC Ward         | 660   | 6.45                                    | 6.4                                   | 5.20                | 5.3               | 11.65            | 13.69            | 11.7           | 100.00%               | 1   | 0                       | 1                              | 2     |  |   |                 |   |   | 4.11%  | 7.27%  | 4.80%          | 3.37%        | Yes           | 2.91%  | 8.71            | 14.14%           | 7                    | 1                      | 1            | 0                               | 0            | 1                      |                |
| Paediatric Critical Care         | 304   | 30.82                                   | 25.6                                  | 3.29                | 3.1               | 34.11            |                  | 28.6           |                       | 8   | 0                       | 2                              | 0     |  |   |                 |   |   | -3.06%   | 12.27%   | 2.76%          | 6.32%        | Yes           | 46.92%   | 8.71            | 10.49%           |                      |                        |              |                                 |              |                        |                |
| Robins Ward                      | 365   | 9.59                                    | 6.3                                   | 5.46                | 1.9               | 15.05            | 13.33            | 8.2            | 98.89%                | 2   | 0                       | 0                              | 0     |  |   |                 |   |   | -36.96%  | 12.50%   | 0.97%          | 1.29%        | Yes           | 2.36%  | 7.86            | 9.27%            | 18                   | 5                      | 2            | 0                               | 0            | 0                      |                |
| Specialist Surgery I/P Ward      | 990   | 5.80                                    | 4.6                                   | 2.73                | 2.5               | 8.53             | 7.97             | 7.2            | 100.00%               | 2   | 0                       | 2                              | 1     |  |   |                 |   |   | 18.01%   | 7.51%  | 6.30%          | 7.52%        | Yes           | 2.82%  | 8.43            | 12.98%           | 26                   | 5                      | 0            | 0                               | 0            | 0                      | 2              |
| Tom's Ward                       | 341   | 5.69                                    | 8.1                                   | 1.73                | 1.0               | 7.42             | 9.73             | 9.1            | 100.00%               | 0   | 0                       | 0                              | 0     |  |   |                 |   |   | 5.66%  | 15.86%   | 4.51%          | 6.62%        | Yes           | 0.20%  | 6.29            | 11.59%           | 32                   | 11                     | 1            | 1                               | 2            | 0                      |                |
| Trauma Ward 3A                   | 665   | 5.79                                    | 5.1                                   | 3.25                | 2.7               | 9.04             | 8.01             | 7.8            | 92.22%                | 2   | 0                       | 1                              | 2     |  |   |                 |   |   | 16.78%   | 4.56%  | 7.23%          | 7.86%        | Yes           | -1.50%   | 8.00            | 10.20%           | 3                    | 4                      | 2            | 0                               | 0            | 0                      |                |
| Ward 6A - JR                     | 702   | 4.03                                    | 4.1                                   | 3.18                | 2.9               | 7.21             | 7.93             | 7.1            | 98.89%                | 0   | 0                       | 3                              | 9     |  |   |                 |   |   | 16.89%   | 4.10%  | 9.35%          | 4.56%        | Yes           | 2.82%  | 8.43            | 10.53%           | 0                    | 1                      | 0            | 0                               | 0            | 0                      |                |
| Ward E (NOC)                     | 79  | 3.88                                    | 7.0                                   | 2.42                | 5.1               | 6.30             | 7.59             | 12.1           | 26.67%                | 0   | 0                       | 0                              | 1     |  |   |                 |   |   | 22.73%   | 26.73%   | 8.35%          | 6.03%        | Yes           | 6.29%  | 8.00            | 16.78%           | 3                    | 1                      | 0            | 0                               | 0            | 0                      |                |
| Ward F (NOC)                     | 626   | 4.48                                    | 4.2                                   | 2.42                | 2.8               | 6.90             | 7.68             | 6.9            | 100.00%               | 0   | 0                       | 0                              | 1     |  |   |                 |   |   | 18.34%   | 0.00%  | 2.88%          | 0.00%        | Yes           | 1.45%  | 8.00            | 15.75%           | 4                    | 0                      | 0            | 0                               | 0            | 0                      |                |
| WW Neuro ICU                     | 340   | 27.43                                   | 27.3                                  | 0.00                | 0.0               | 27.43            |                  | 27.3           |                       | 2   | 0                       | 0                              | 1     |  |   |                 |   |   | 18.84%   | 6.38%  | 4.39%          | 7.95%        | Yes           | 2.71%  | 9.00            | 13.44%           | 1                    | 0                      | 0            | 0                               | 0            | 0                      |                |
| <b>MRC</b>                       |   |   |                                       |                     |                   |                  |                  |                |                       |   |                         |                                |       |  |   |                 |   |   |  |  |                |              |               |  |                 |                  |                      |                        |              |                                 |              |                        |                |
| Ward 5A SSW                      | 660   | 4.18                                    | 4.2                                   | 3.66                | 3.7               | 7.84             | 9.32             | 7.9            | 100.00%               | 0   | 0                       | 1                              | 4     |  |   |                 |   |   | -2.75%   | 1.21%  | 1.47%          | 8.71%        | Yes           | 4.82%  | 8.43            | 15.55%           | #N/A                 | #N/A                   | #N/A         | #N/A                            | #N/A         | #N/A                   |                |
| Ward 5B SSW                      | 600   | 4.60                                    | 4.3                                   | 3.45                | 3.2               | 8.05             | 9.03             | 7.5            | 84.44%                | 2   | 1                       | 6                              | 4     |  |   |                 |   |   | -1.25%   | 13.12%   | 12.23%         | 5.26%        | Yes           | -0.91%   | 8.43            | 10.35%           | #N/A                 | #N/A                   | #N/A         | #N/A                            | #N/A         | #N/A                   |                |
| Cardiology Ward                  | 1020  | 5.26                                    | 5.1                                   | 2.12                | 2.2               | 7.38             | 7.96             | 7.3            | 83.33%                | 0   | 0                       | 0                              | 1     |  |   |                 |   |   | 11.15%   | 11.27%   | 4.86%          | 3.81%        | Yes           | 6.24%  | 6.43            | 14.10%           | 11                   | 2                      | 0            | 0                               | 0            | 0                      |                |
| Cardiothoracic Ward (CTW)        | 750   | 5.06                                    | 4.5                                   | 3.68                | 2.1               | 8.74             | 7.88             | 6.6            | 93.33%                | 2   | 0                       | 0                              | 3     |  |   |                 |   |   | 21.31%   | 9.61%  | 5.33%          | 2.73%        | Yes           | 0.14%  | 3.86            | 11.99%           | 14                   | 3                      | 0            | 0                               | 0            | 0                      |                |
| Complex Medicine Unit A          | 535   | 4.47                                    | 4.2                                   | 3.19                | 3.9               | 7.66             | 8.38             | 8.1            | 96.67%                | 0   | 0                       | 4                              | 3     |  |   |                 |   |   | 17.07%   | 18.62%   | 4.06%          | 8.66%        | Yes           | 2.71%  | 8.00            | 12.99%           | 4                    | 0                      | 0            | 0                               | 0            | 0                      |                |
| Complex Medicine Unit B          | 501   | 4.74                                    | 4.4                                   | 3.94                | 4.0               | 8.68             | 10.56            | 8.4            | 96.67%                | 0   | 0                       | 2                              | 1     |  |   |                 |   |   | 1.98%  | 9.59%  | 4.28%          | 9.25%        | Yes           | 1.50%  | 8.71            | 11.45%           | 4                    | 1                      | 0            | 0                               | 0            | 0                      |                |
| Complex Medicine Unit C          | 625   | 4.18                                    | 4.4                                   | 3.14                | 3.3               | 7.32             | 10.07            | 7.6            | 100.00%               | 1   | 0                       | 1                              | 6     |  |   |                 |   |   | 15.33%   | 0.00%  | 3.26%          | 8.70%        | Yes           | 0.32%  | 7.86            | 11.70%           | 1                    | 1                      | 0            | 0                               | 0            | 0                      |                |
| Complex Medicine Unit D          | 600   | 4.03                                    | 4.0                                   | 3.45                | 3.7               | 7.48             | 8.47             | 7.7            | 85.56%                | 0   | 0                       | 1                              | 2     |  |   |                 |   |   | -0.63%   | 4.86%  | 3.50%          | 6.56%        | Yes           | 0.69%  | 8.71            | 7.92%            | #N/A                 | #N/A                   | #N/A         | #N/A                            | #N/A         | #N/A                   |                |
| CTCCU                            | 304   | 15.67                                   | 24.3                                  | 0.00                | 0.0               | 15.67            | 0.00             | 24.3           |                       | 2   | 0                       | 1                              | 0     |  |   |                 |   |   | 15.37%   | 10.20%   | 3.99%          | 5.67%        | Yes           | 0.49%  | 8.57            | 14.36%           |                      |                        |              |                                 |              |                        |                |
| Emergency Assessment Unit (EAU)  |   | 5.75                                    |                                       | 1.22                |                   | 6.97             | 7.98             |                | 47.78%                | 7   | 1                       | 2                              | 2     |  |   |                 |   |   | 12.16%   | 4.50%  | 2.89%          | 5.87%        | Yes           | 4.36%  | 8.14            | 12.16%           |                      |                        |              |                                 |              |                        |                |
| HH CCU                           | 300   | 17.25                                   | 6.4                                   | 8.63                | 3.2               | 25.88            |                  | 9.6            |                       | 0   | 0                       | 1                              | 2     |  |   |                 |   |   | 34.24%   | 10.02%   | 6.01%          | 0.00%        | Yes           | 0.70%  | 7.43            | 15.44%           |                      |                        |              |                                 |              |                        |                |
| HH EAU                           |   | 6.69                                    |                                       | 11.16               | 7.29              |                  |                  |                | 62.22%                | 0   | 0                       | 2                              | 6     |  |   |                 |   |   | 22.26%   | 7.34%  | 8.00%          | 3.00%        | Yes           | -1.10%   | 2.71            | 12.88%           |                      |                        |              |                                 |              |                        |                |
| HH Emergency Department          |   | 15.61                                   |                                       | 4.93                |                   | 20.54            |                  |                |                       | 5   | 1                       | 1                              | 4     |  |   |                 |   |   | 23.76%   | 9.42%  | 4.76%          | 6.57%        | Yes           | -2.51%   | 6.71            | 15.50%           | 377                  | 121                    | 44           | 30                              | 30           | 10                     |                |
| John Warin Ward                  | 495   | 5.75                                    | 5.3                                   | 5.05                | 3.7               | 10.80            | 8.86             | 9.0            | 100.00%               | 0   | 0                       | 1                              | 4     |  |   |                 |   |   | 6.65%  | 4.20%  | 1.81%          | 5.63%        | Yes           | 9.90%  | 5.57            | 13.95%           | 11                   | 2                      | 0            | 1                               | 0            | 0                      |                |
| JR Emergency Department          |   | 11.67                                   |                                       | 3.58                |                   | 15.25            |                  |                |                       | 5   | 0                       | 0                              | 5     |  |   |                 |   |   | 29.31%   | 17.78%   | 3.92%          | 5.73%        | No            | 14.50%   | 8.29            | 11.65%           | 604                  | 219                    | 113          | 77                              | 129          | 19                     |                |
| Juniper Ward                     | 900   | 4.62                                    | 3.4                                   | 4.28                | 2.7               | 8.90             | 7.80             | 6.2            | 100.00%               | 0   | 0                       | 5                              | 4     |  |   |                 |   |   | 2.39%  | 12.85%   | 4.58%          | 2.28%        | Yes           | 0.39%  | 2.86            | 15.80%           | 1                    | 0                      | 0            | 1                               | 0            | 0                      |                |
| Laburnum                         | 827   | 4.32                                    | 3.9                                   | 3.70                | 3.3               | 8.02             | 8.83             | 7.1            | 100.00%               | 1   | 0                       | 4                              | 4     |  |   |                 |   |   | -5.45%   | 8.40%  | 3.98%          | 2.23%        | Yes           | -2.37%   | 2.86            | 10.96%           | 1                    | 0                      | 0            | 1                               | 0            | 0                      |                |
| OCE Rehabilitation Nursing (NOC) | 540   | 4.11                                    | 4.0                                   | 6.21                | 5.6               | 10.32            | 9.98             | 9.6            | 100.00%               | 0   | 0                       | 0                              | 4     |  |   |                 |   |   | 17.10%   | 7.76%  | 4.75%          | 4.60%        | Yes           | 0.63%  | 5.00            | 14.35%           | #N/A                 | #N/A                   | #N/A         | #N/A                            | #N/A         | #N/A                   |                |
| Osler Respiratory Unit           | 720   | 7.67                                    | 7.2                                   | 5.79                | 5.2               | 13.46            | 9.34             | 12.4           | 100.00%               | 0   | 0                       | 2                              | 2     |  |   |                 |   |   | 8.76%  | 2.41%  | 4.43%          | 2.82%        | No            | 2.16%  | 8.86            | 11.75%           | 3                    | 1                      | 0            | 3                               | 0            | 0                      |                |
|                                  |   |   |                                       |                     |                   |                  |                  |                |                       |   |                         |                                |       |  |   |                 |   |   |  |  |                |              |               |  |                 |                  |                      |                        |              |                                 |              |                        |                |

The safe staffing dashboard for September 2022 provides the data to enable the Board to understand the Trust's nursing and midwifery staffing situation by ward/department. The CHPPD data is presented by ward, grouped by division and presented triangulated with incidents, HR records data, electronic rostering key performance indicators, (KPIs) and friends and family test results, (FFT). This provides an overall picture of nurse staffing in the inpatient areas at OUHFT.

Overall the Trust has mitigated risk to declare Level 2 staffing. Due to continued high absence rate across the Trust, 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.

Rostering efficiencies continue to improve across all divisions, with the majority of areas now achieving the trust KPI's (Key Performance Indicators). There have been a few areas where unused contracted hours are increasing and these are being monitored and addressed by the Divisional Directors of Nursing.

In CSS there have been an increase in reporting of nursing administration or omission medication errors. A number of initiatives are happening in adult intensive care as a result. These include, a medicines safety group lead by clinical governance nurse and pharmacist, thematic analysis, the unit education team targeting medication education, and a review of budgeted establishment to possibly include some new pharmacy roles to support.

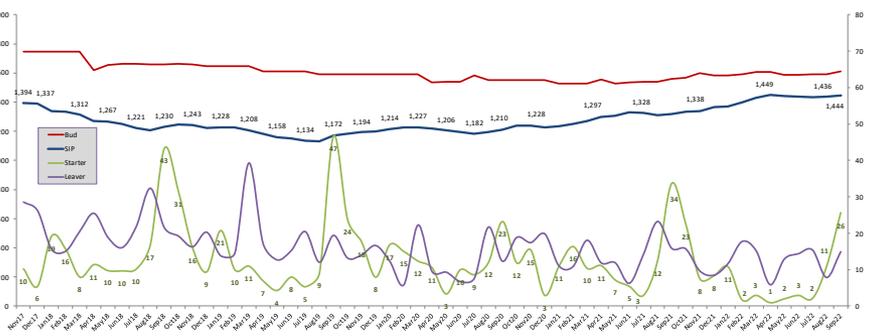
In SUWON there is a divisional led deep dive analysis on falls that are unwitnessed.

Band 5 RN vacancy and turnover continues to remain stable with another small decrease this month.

During September there were 28 new internationally educated nurses (IEN's) that joined the Trust. 32 IEN's successfully completed their OSCE and now awaiting their NMC Pin. A bid for funding was submitted to support the recruitment of 6 Internationally Educated Midwives which has subsequently been successful and approved.

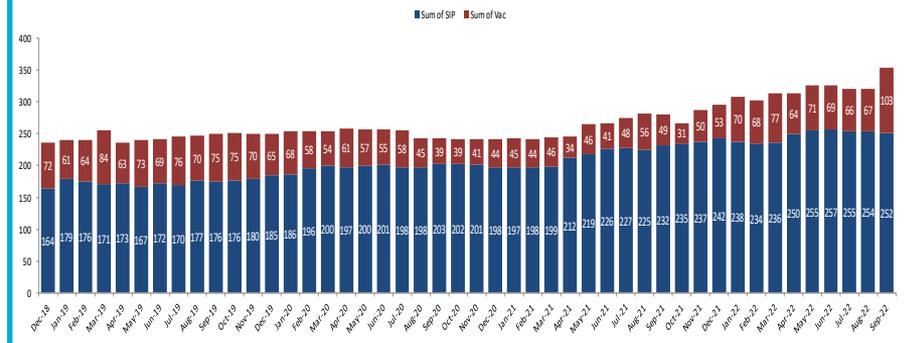
Band 5 RNs in Post, Budget, Leavers and Starters and Turnover Trajectory in September 2022

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. September saw an increase of new starters 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).

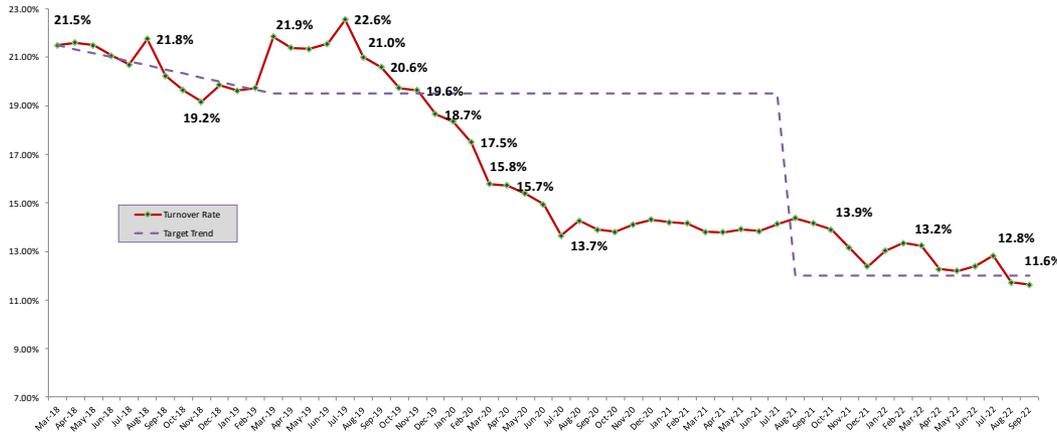
Non-inpatient/theatre or critical care areas RN vacancy rates



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

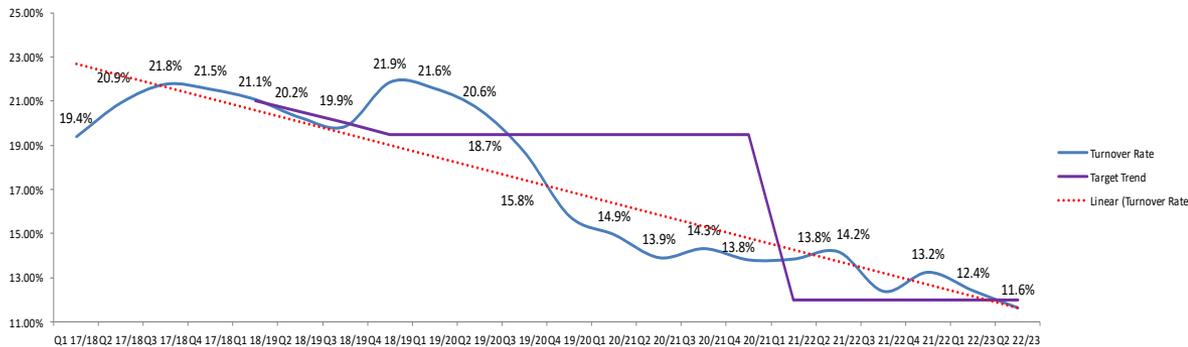
Band 5 Registered Nurse Turnover Trajectory – September 2022

Turnover Rate and Target



Band 5 RN turnover continues to reduce below the target of 12%.

Historical Context of B5 Nurse Turnover



The trend of band 5 turnover continues to decline.

## RN and Midwifery Turnover – September 2022

### Registered Nursing Turnover

|                          | FTE  | Leavers FTE | Annual Turnover Rate | 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     | 3531 | 374         | 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  | 1609 | 187         | 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  | 1189 | 113         | 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 | 717  | 68          | 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 decrease for all band's.

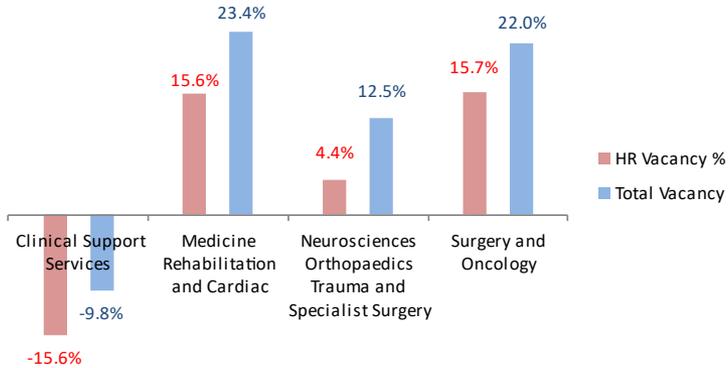
### Registered Midwifery Turnover

|                            | FTE | Leavers FTE | Annual Turnover Rate | 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     | 283 | 47          | 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  | 40  | 4           | 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  | 180 | 34          | 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 | 64  | 9           | 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 decreased across all levels of midwives. 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. Maternity have 36 newly qualified midwives joining the Trust which will impact the reduction in turnover for band 5 midwives. NHSE/I have awarded funding to recruit six internationally educated midwives to be recruited during 2023.

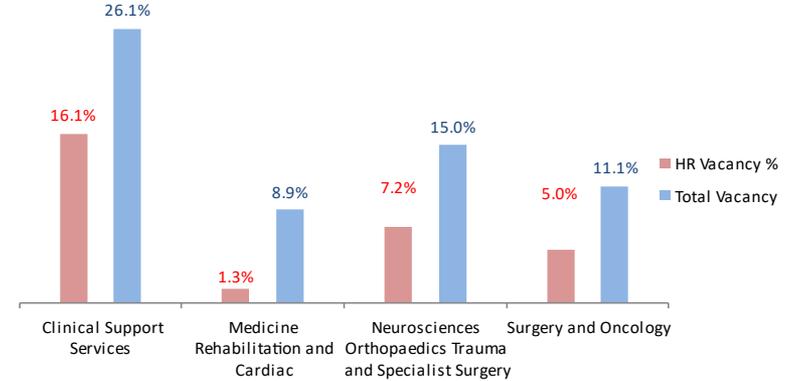
## RN and Midwifery Vacancies – September 2022

Vacancy at band 5 by division in percentage



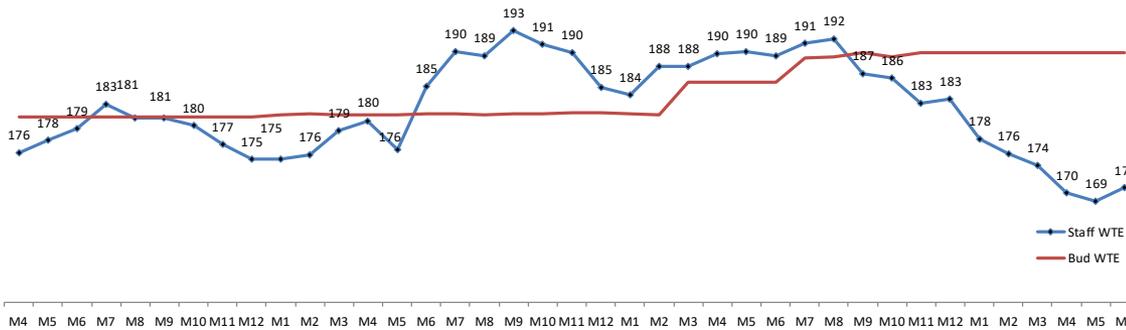
Band 5 RN vacancy continues to be monitored by division as the most fluctuating and largest group within the nursing workforce, Total vacancy includes those who are absent from work for reasons such as long term sickness absence and allows Divisions to monitor against bank and agency spend. CSS currently shows a minus percentage vacancy due to the focused recruitment to support the new Critical Care Department.

Vacancy at band 6/7 by division in percentage.



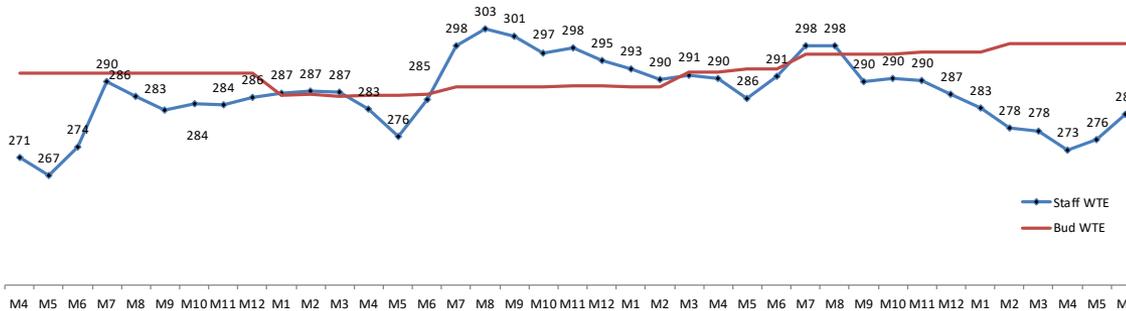
Band 6/7 RN vacancies continues to remain consistent with the previous month.

## Band 6 Midwives - Staff and Budget



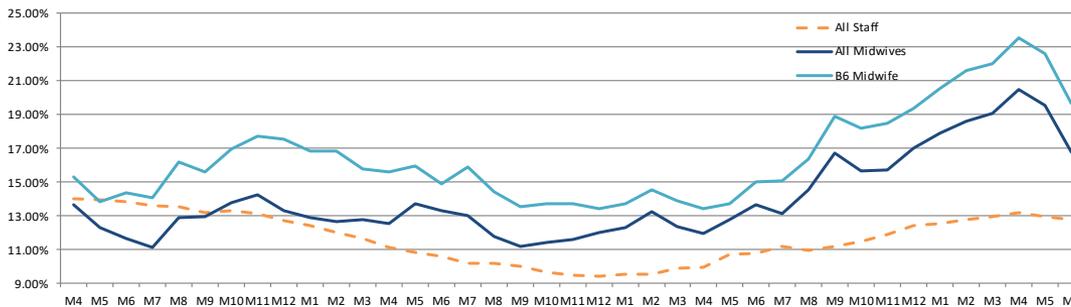
Band 6 midwives is the larger workforce within midwifery and is monitored through the steering group for the same reasons as band 5 within the RN workforce.

## All Midwives - Staff and Budget



Against budget, midwifery staff in post has continued to increase. 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:**

- **Returns to Theatre – 4 (1.5%)** Return to theatre for examination under anaesthesia. Unavoidable. Local investigation.
- **Test Result Endorsement – 61%** There is a quality improvement project in progress. Work continues with each area and the leads for each service.

**Amber areas:**

- **Midwife:birth ratio – 1:28.4** This has increased from the previous month. Staffing is monitored on a daily basis and reported to the Trust Safe Staffing meeting. New supernumerary midwives joined the Trust in September.
- **Mothers Birthed - 679** There were 39 more women who birthed in September compared to August.

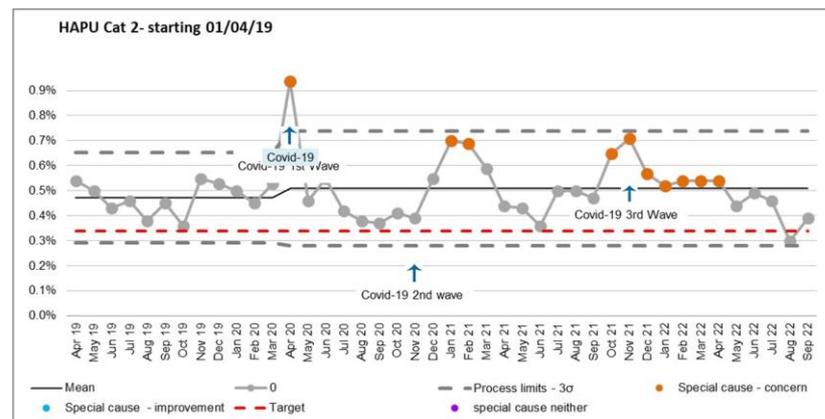
**Green:**

- **Percentage of Women Initiating Breastfeeding – 84%** This is an increase from the previous month where it was 71% which was very low compared to previous months. The infant feeding team have continued to provide training to staff, and training restarted face to face in September 2022.
- **Unexpected term admissions to NNU – 17 (2.%)** This is a reduction from the previous month. There were 28 unexpected term admissions to SCBU reviewed in September. 19 were graded as 'A' no care issues identified; appropriate guidelines followed. 9 were graded as 'B' cases issues identified but these did not impact the care or management. Learning has been feedback to the areas and through the intrapartum group meeting.
- **PPH > 1.5L vaginal births – 13 (1.9%)** This is a reduction from the previous month. These are reviewed using the PPH proforma.

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.

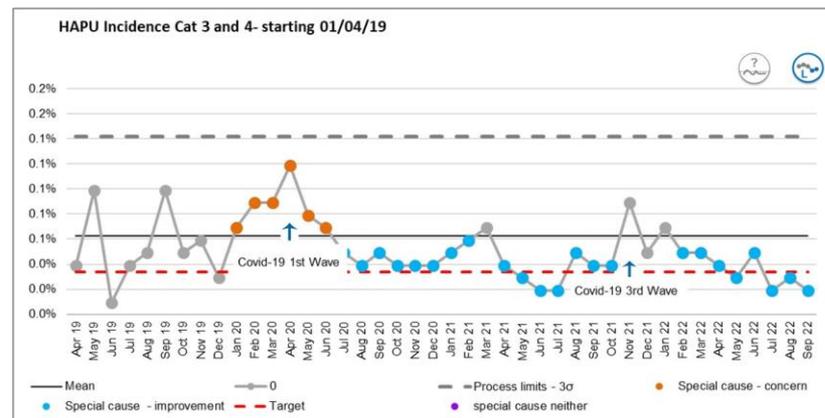
All HAPU Category 2 and above skin damage are confirmed by the Tissue Viability Team where possible.

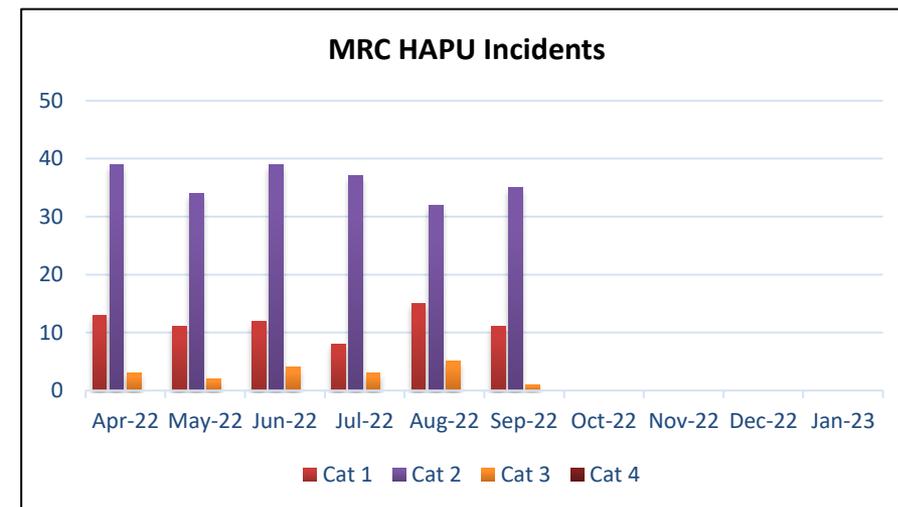
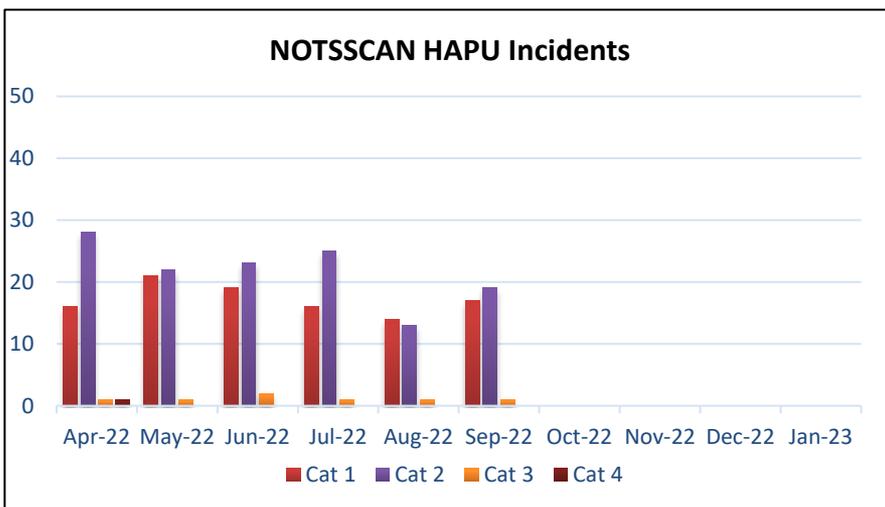
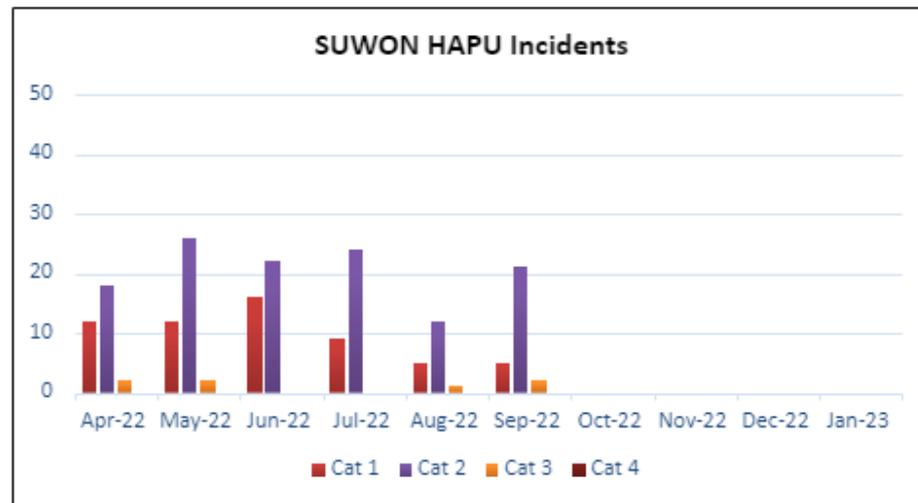
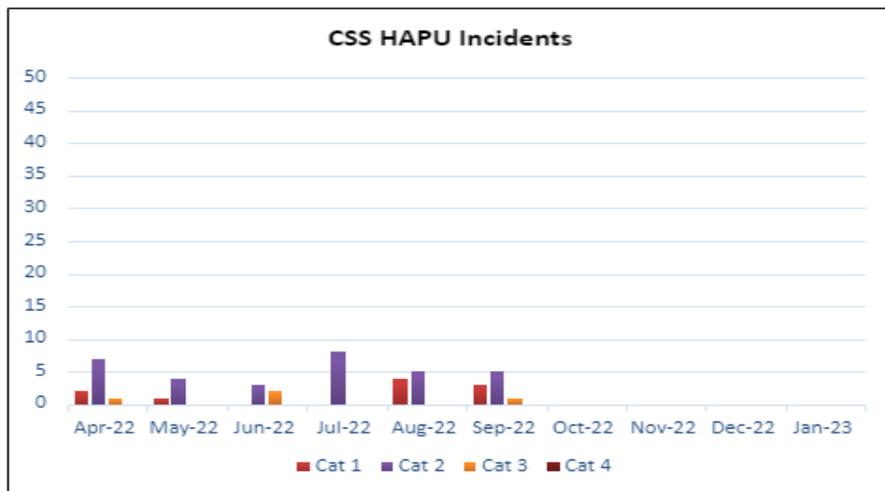
Chart 1: Reported Incidence of HAPU Cat 2 April 2019- Sept 2022

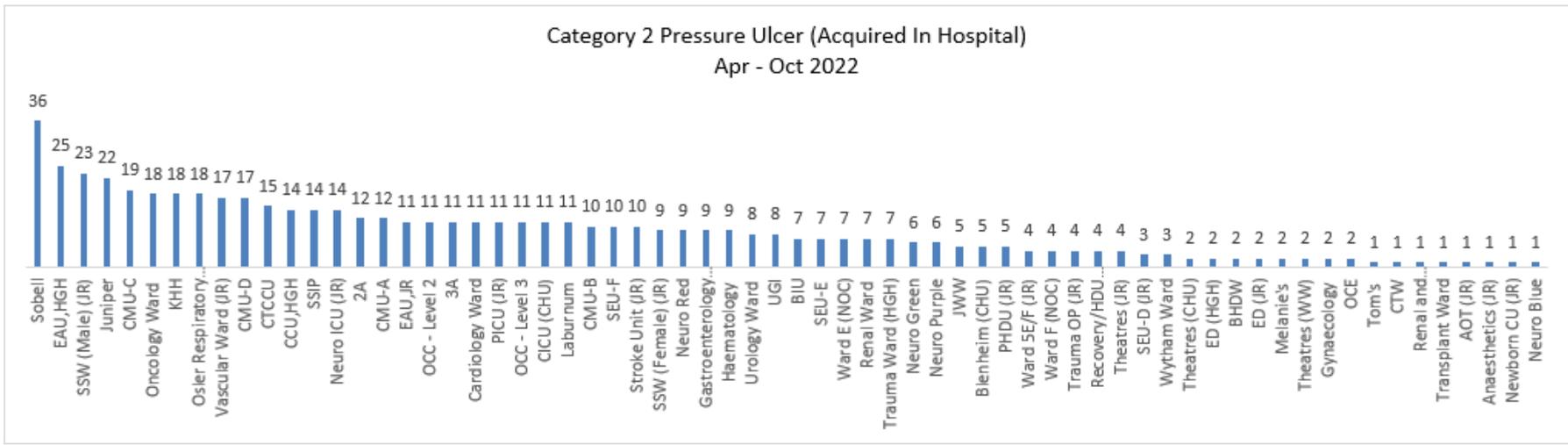
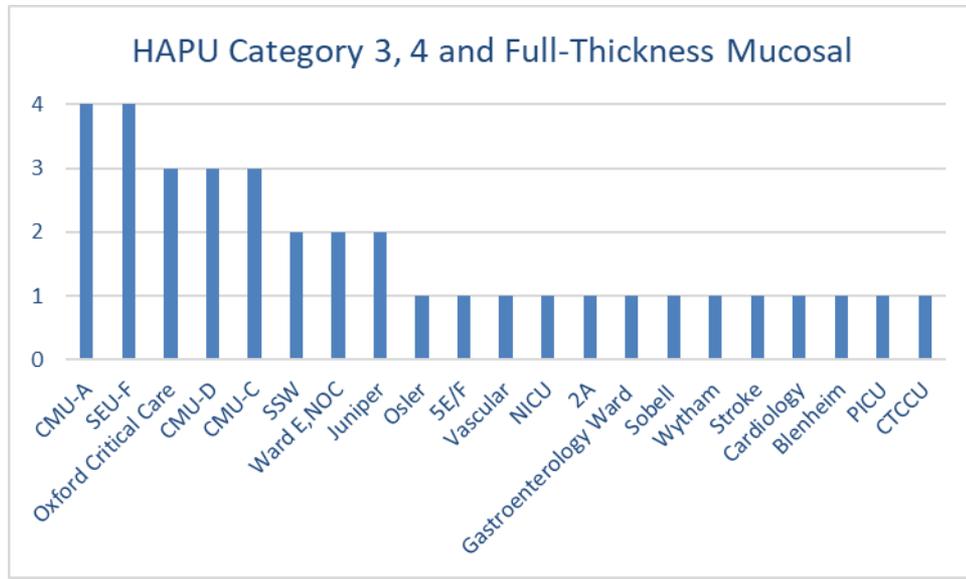


All HAPU Categories 3 and above follow the current Trust process for Moderate and above Impact. These incidents are monitored with oversight from the Harm Free Assurance Forum (HFAF).

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







**ANALYSIS:** Of the 6 incidents reported as Moderate Impact in September, all were Category 3 pressure ulceration. The age range of the individuals affected was between 0-89, youngest under 9 months. All patients were assessed as being at high risk of pressure damage prior to the identification of the skin damage, with 3 of the incidents reported at an earlier stage of pressure damage. The average length of stay until identification of Cat 3 pressure damage was 22 days (range 9-35). The use of medical devices, were associated with 2 of the 6 incidents, including the baby. The average surface area of the skin damage was 2cm x 2cm.

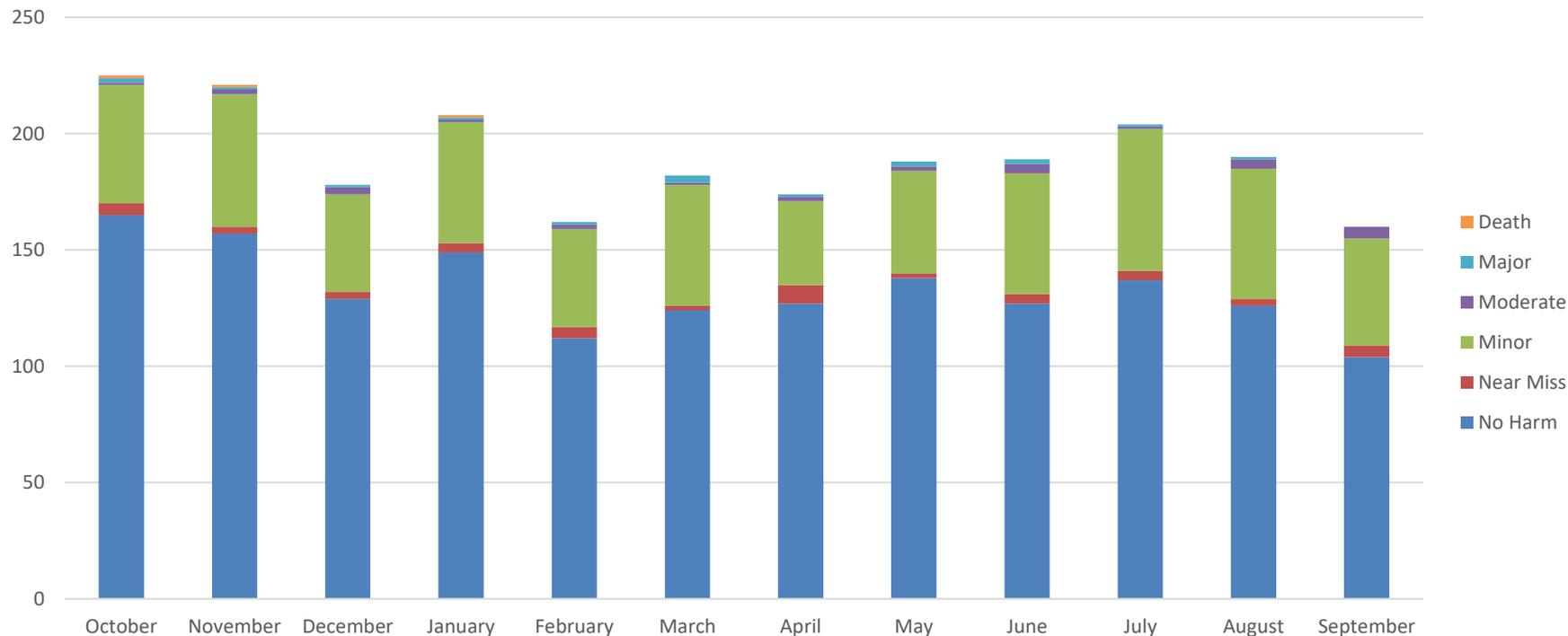
### DISCUSSION

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 70% and AHPs 53%.
- 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 is scheduled for 6<sup>th</sup> November 2022 and will be presented at Clinical Improvement Group early 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 October 2021 – September 2022

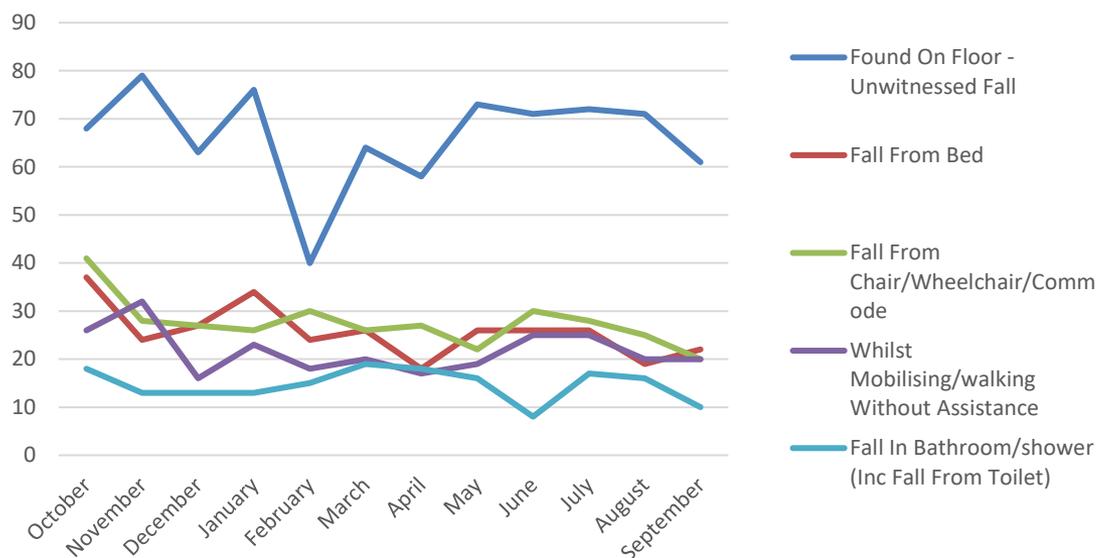


**September 2022 summary:** There were 160 falls reported in September, which represents a 18.8% reduction compared to August (190). This total is significantly lower than the rolling average of 190.1 reported falls per month and is lower than the total falls for this time last year (174) (2021/22 performance is affected by the coronavirus pandemic). Falls resulting in harm (minor and above) accounted for 51 (31.9%) of all falls this month, which is marginally lower than August's performance (61, 32.1%). Five falls resulted in higher severity harm levels (5/160, 3.1%): Moderate - 5, which is higher than August (2.6%) and the rolling monthly average of 2.1%.

| Harm level         | September '21* | September '22  |
|--------------------|----------------|----------------|
| No harm            | 124            | 104 (↓)        |
| Near miss          | 5              | 5 (-)          |
| Minor              | 41             | 46 (↑)         |
| Moderate           | 3              | 5 (↑)          |
| Major              | 1              | 0 (↓)          |
| Death              | 0              | 0 (-)          |
| <b>Total falls</b> | <b>174</b>     | <b>160 (↓)</b> |

Sept performance: annual comparison 2021\* vs 2022

## Top five categories of falls - rolling 12-month period: October 2021 to September 2022



## Top five categories of falls September 2022

Previous month comparison

| Category  | Aug | Sep    |
|---|-----|--------|
| Unwitnessed Fall – found on floor                 | 71  | 61 (↓) |
| Fall from bed                                     | 19  | 22 (↑) |
| Fall From Chair / Wheelchair/Commode              | 25  | 20 (↓) |
| Fall whilst mobilising/walking without assistance | 20  | 20 (↓) |
| Fall in bathroom/shower/ from toilet              | 16  | 10 (↓) |

### ANALYSIS:

The total number of reported falls in September reduced by 18.8% compared to August, which is attributable to a reduction in both falls without and with harm. There is one fewer day in September which would account for a 3% reduction in reporting time. Falls with a higher severity harm (moderate and above) were equivalent to August, but marginally increased as a proportion of in-month falls from 2.6% to 3.1% due to a lower denominator.

### IDENTIFIED THEMES:

- In-month reduction in total falls
- Marginal (+0.5%) increase in proportion of falls with higher severity harm.

### ACTIONS:

- Review the outcomes of the harm-free falls review meetings and action plans for the five incidents of moderate harm and above at the next HFAG.

## Complaints reporting September 2022

The Trust received and recorded 86 formal complaints in September 2022, which is a decrease in the number received in August 2022 (n=99).

### Emerging/continuing themes

Complaints for the Emergency departments continue to be received, with 13 in total in September, which is an increase from 8 received in August. Issues include discharge arrangements, inadequate pain management, attitude of medical staff and waiting times.

Of the 86 complaints received in September, 29 of them were for the NOTSSCAN Division. The breakdown by Directorate is as follows:

- Childrens – 4
- Neurosciences – 7
- Ophthalmology – 6
- Specialist Surgery – 4
- Trauma and Orthopaedics - 8

Issues for NOTSSCAN include 7 complaints regarding appointment delays, waits and cancellations. There were 7 further complaints regarding clinical treatment including issues of inappropriate treatment, dispute over diagnosis, inadequate record keeping and delay or failure in treatment or procedure

### Update on last month's theme

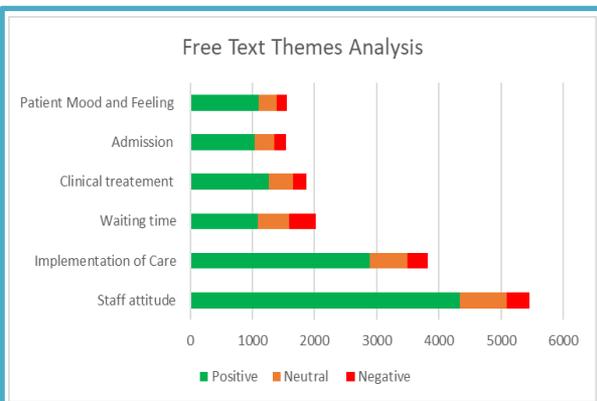
In August, the Trust received 16 formal complaints relating to maternity services. However, in contrast, September saw just 7 complaints received for this area, the issues included inadequate support, mismanagement of labour and communication with patient. Complaints for Maternity will continue to be monitored and reported on.

### 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.

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.



### Scale, Spread and Embed

The work with Imperial College London on the free text analysis algorithm continues. The Patient Experience team have been working to establish a project group for the next phase of the project- the dashboard development phase.

Work is now underway to scope the requirements for the dashboard, understand the data transfer process and to onboard the trial areas in order to gather their preferences for the dashboard design based on their requirements for the data

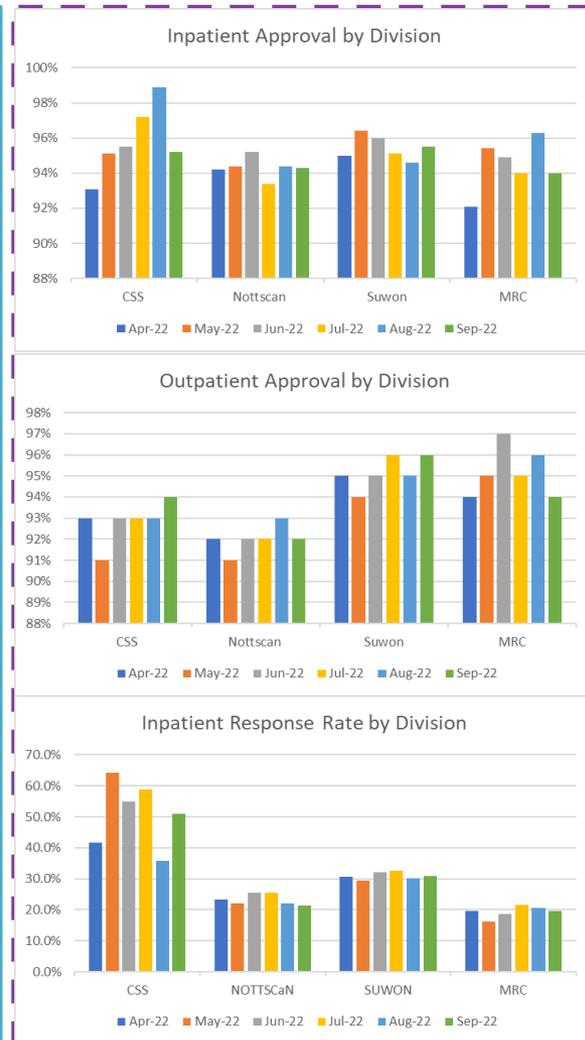
The Friends and Family Test for the Long Covid Clinics are now up to date and including feedback from both the Adult and Children's clinic run within the Trust. The data is reported to NHS England on a monthly basis.

### Friends and Family Test Update

- The Birth section for Maternity FFT still continues to operate well with another 100 responses this month. Due to a significant increase in birth in September, this equated to a 16% response rate.
- The approval rate has increased to 86%, and we will work to continue to monitor this as the months go on and the process continues to embed.
- The paper forms and the online survey for all 4 services are ready, so the Patient Experience team will now work to promote the FFT process within Maternity with staff and patients to ensure it is publicised, utilised and feedback is acted on.
- We have recognised an error affecting the free text comments received from the SMS Birth responses and have raised this with our provider. We are working to ensure this is rectified as a matter of urgency.

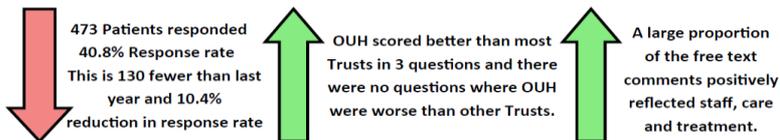
### National/ICB Comparisons

- National/ ICB Comparisons are only available for the previous months data-August but highlight some notable findings to monitor.
- The Emergency Department data highlights that OUH's response rate for ED is 9% higher than its ICB average at 25%, with 1753 responses.
  - In regard to the Inpatients data, OUH operate with a response rate 2% higher than the ICB average and 5% higher than the national average.



## National Adults Inpatient Survey 2021

The results for the National Inpatient Survey 2021 published on the 29th September 2022. The Trust released a statement celebrating the results- [found here](#). There were a number of areas to celebrate and some areas highlighted for further improvement work. The Patient Experience Team are working to produce a full Trust summary for Nursing, Midwifery and AHP Board in November.



This year we also had access to free text analysis which respondents were able to highlight areas where the Trust performed well and areas where we could improve. The areas highlighted for improvement were:

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| <b>What we need to do better:</b> | Organisation and administration      |
| Discharge Process                 | Communication and information giving |
| Care After hospital/follow up     | Food and drink                       |

### What we did well:

*"Nursing care was excellent. I always felt safe especially at night. The bell was answered quickly, the nurse always cheerful and kind."*

*"I consider that my overall consultation and care at the JR hospital was excellent from all parties concerned. From initial consultation through to final post operative review the staff were pleasant efficient and informative. The hospital itself was easy to find where to go and had a aura of efficiency"*

*"I have been in several different hospitals over the years and I can honestly say the care I received in JR as an inpatient was absolutely second to none. The nurses and doctors spoke not just to me in a respectful, empathic and caring manner but to other patients as well as each other. Nothing seemed too much trouble"*

### What we did well...

**We have improved our scores from last year in the following:**

Communication– What patients should and shouldn't be doing after leaving hospital

Feedback on Care- During your hospital stay, were you ever asked to give your views on the quality of your care.

**We have scored better than most other Trusts in the following:**

Communication– What patients should and shouldn't be doing after leaving hospital

Who to contact if you are worried about your condition or treatment after discharge

Information about medications on discharge

### What we need to do better ...

#### Areas where our scores have declined in the last year:

Enough nurses available to care and support patients. Getting help and attention from staff when needed

Discharge– Being involved in decisions about leaving hospital, taking family and home situation into account when making these plans.

Confidence in the nurses treating the patients

Management of pain

Help from staff to wash and keep clean

Knowing what was happening next, following discharge from hospital.

Able to take medication brought in from home as required

Receiving enough support from health and social care following discharge from hospital.

Having enough to drink

Waiting times for a bed

To what extent did staff looking after the patient involve them in decisions about care and treatment?

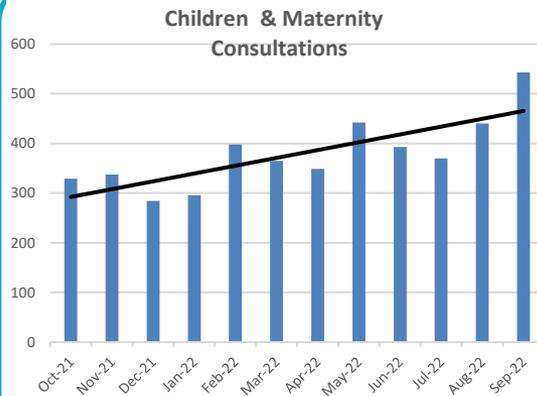
Did hospital staff explain how patients might feel after they have had the operation or procedure?

### What our patients want us to improve:

*"More staff would have made the time a little easier for the staff on duty. They were run off their feet"*

*"Scheduled pain medication was frequently NOT on schedule, causing increased discomfort and lack of sleep. Response times when requesting pain medication could be long (>>30 min)"*

*My discharge from the hospital was confused and delayed mainly due to problems in getting medication from pharmacy. I was informed that I could leave at 11 am and actually left the hospital at around 9 pm all seemingly due to difficulties in obtaining my medication requirements and getting the discharge letter written up"*



**Consultation** activity increased over September by 103 (n=543). Neglect and emotional issues remain the main category of concern. The team attended 28 multiagency meetings.

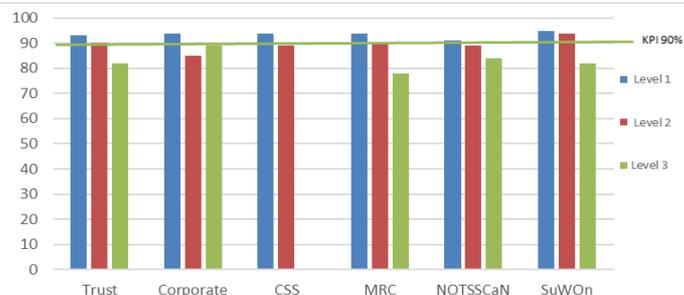
Mental health, self-harming presentations and assaults increased over September leading to an increase in admission for treatment (18%). It is of concern there was an increase of 8-12yo presentations for self-harm. Information has been escalated to Public Health, school health teams and the three areas self-harm forums to consider preventative work.

Complex maternity safeguarding remains high with 27.3% of pregnancy bookings (n=170), domestic abuse and illicit drug use remain the prominent theme. Homelessness with drug and alcohol use is increasing. The team work closely with Turning Point (drug & alcohol service) to manage cases.

The MASH activity increased causing a backlog in sharing health information. Additional resourcing to ensure resilience is required.

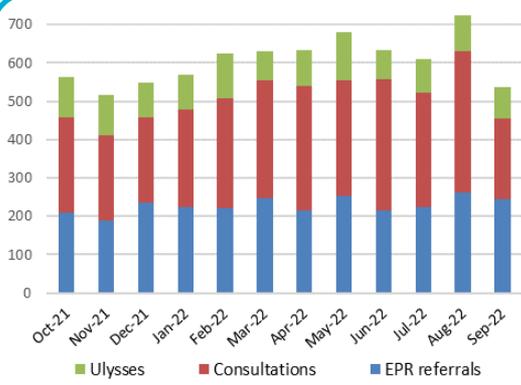
**Safeguarding Liaison** information is shared to primary care and social care for open cases when children present to ED or admitted with a safeguarding concern. In September there was an increase of 44 (n=1001) attendances. Safeguarding increased by 77 (n=652). Health visitor information shares for babies under the age of one dropped by 14 (n=294). The number of frequent attendances to ED increased by 43 (n=117). Adults attending ED with safeguarding concerns and have responsibility for children reduced by 5 (n=55). The main theme related to self-harm and domestic abuse, and all followed up or referred to MASH.

The level of information requests for child protection conferences continues to be high. There were 82 requests for 52 families (76 children and 8 unborn babies). EPR records are all flagged. This ongoing activity is putting pressure on the admin function in the team.

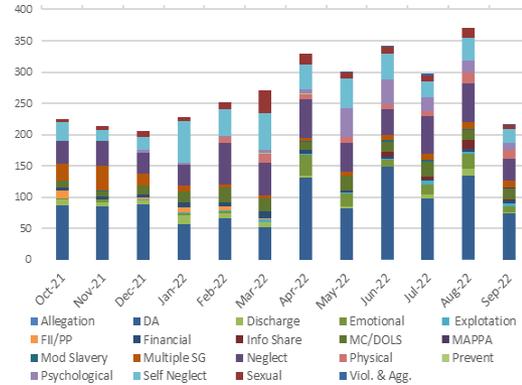


## Safeguarding Children Training Compliance

Level 1 compliance remained at 93% = a gap of 282 staff. Level 2 remains at 90% = a gap of 742 staff and level 3 increased by 2% to 82% = 281 gap in 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. Courses are available and most remain undersubscribed, staff and managers are encouraged to support to improve compliance. E-learning is available for all levels.



**Chart 1: Combined Activity**



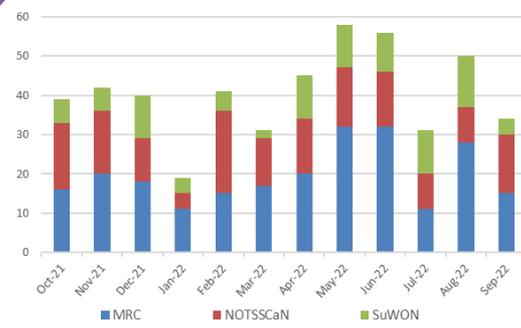
**Chart 2: Consultations**

### Activity

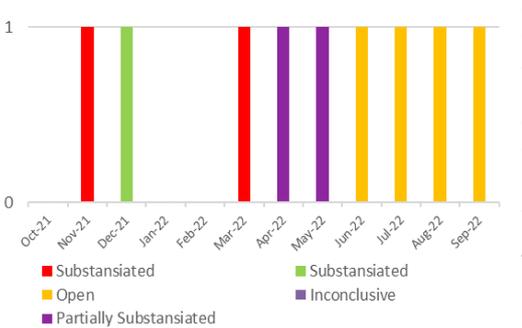
**Chart 1:** Combined activity decreased by 186 (n=537). EPR referrals decreased by 18 (n=243). Ulysses incidents decreased by 11 (n=82) and consultations significantly decreased by 157 (n=216). The category data has been refined to streamline with reportable data sets.

**Chart 2:** Domestic abuse, neglect and self-neglect remain the main categories of concern.

**Governance:** Team capacity issues due to sickness and vacancy continued and the team prioritised consultations and supporting staff with capacity and DoLS assessments. Domestic Abuse, Stalking and Harassment (DASH) are now live on EPR.



**Chart 3: DOLS Applications by Division**



**Chart 4: Section 42 investigations**

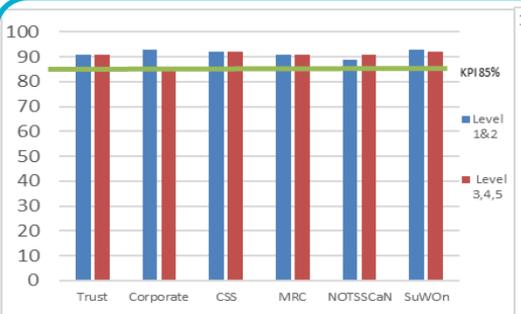
### Statutory responsibilities

**Chart 3:** There were 34 Deprivation of Liberty Safeguards (DoLS) applications reviewed during September, a reduction of 16. As capacity improves within the team training and ward walk abouts to support capacity assessments will be recommended.

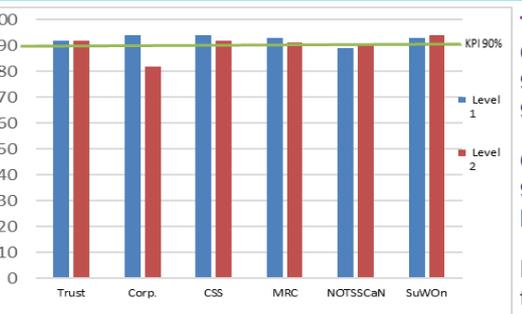
**Chart 4:** There has been one new s42 investigation request in September for MRC related to concerns of neglect. This report has been sent out for review. There are currently four open s42 enquiries, all for MRC Division.

There is an ongoing Domestic Homicide review being undertaken. Information has been shared for 3 cases at the Homeless Mortality review group.

**Governance:** Learning from investigations are disseminated to the division.



**Chart 5: Prevent Training**



**Chart 6: Safeguarding Training**

### Training

**Chart 5:** Trust Prevent training Level 1 & 2 compliance remained at 91% = 837 staff require training. Level 3,4 & 5 compliance remained at 91% with 371 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% = 339 staff that require training, and level 2 remained at 92% = 727 staff require training.

Level 3 safeguarding adult training implementation is delayed due to team capacity, this is expected to commence in December and remapping of staff will be required prior to implementation.

**Person type:** Staff

**RIDDOR type:** Another kind of accident

**Accident type:** Accident - over 7 day absence

**Incident location:** Oxford Heart Centre-JR

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

**Additional information:** The IP suffered soft tissue damage and was off work unwell for over 7 consecutive days.

**Incident outcome:** Actual impact 2 – minor injury / illness

**Lessons learned:** Reviewed by Health and Safety team and local management. Staff reminded of risks in safety huddle.

**Person type:** Staff

**RIDDOR type:** Lifting and handling injuries

**Accident type:** Accident - over 7 day absence

**Incident location:** Sterile Services-JR

**Incident details :** The injured party (IP) was a staff member who injured their back lifting a surgical set from a low shelf.  
**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 back care teams who reviewed the environment and current practices. Manager advised of process improvements and supported with developing a Safe System of Work.

**Person type:** Staff

**RIDDOR type:** Lifting and handling injuries

**Accident type:** Accident - over 7 day absence

**Incident location:** Gynaecology Ward -JR

**Incident details :** The injured party (IP) was a staff member who strained their neck and shoulder whilst transferring a patient from commode to bed with assistance of two colleagues.

**Additional information:** The IP suffered sprains and strains and was off work unwell for over 7 consecutive days.

**Incident outcome:** Actual impact 2 – minor injury / illness

**Lessons learned:** Reviewed by Health and Safety team and local management. Risk assessment and manual handling technique had been adhered to.

The PFI Indicator Dashboard illustrates the M6 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 process has been the topic of engagement for another month, with the continued collaborative working with the Trust recruitment and occupational health (OH) teams to overcome the challenges with the pre-employment checks. Unfortunately, the 100 employees expected to be recruited in September were not fulfilled, mainly due to complications in paperwork. The Trust PFI Team will continue to liaise and apply pressure on THC and Mitie to achieve their self-prescribe targets. At present, the anticipated completion date of 30<sup>th</sup> November for full ROE recruitment of the current agency workforce is not looking attainable.

During September, there has been noticeable 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. In August and September, a total of 90 audits were completed in FR1 & 2 areas, 89% achieving four stars or greater, comparable to other PFI sites. The PFI team remain fully engaged with the G4S management team; weekly service improvement meetings are ongoing with G4S demonstrating the transparency of information evidenced by an articulate improvement plan with clear and deliverable actions. G4S have focused on recruiting appropriate personnel to continue in the projected direction. Fair challenge and support is assured by the Trust soft FM team, which remains visible and accessible; this approach encourages the delivery of improvement with subsequent consistent service.

The Ulysses project is progressing; with the local SOP agreed upon and supported by all Project Co's. With the exception of G4S at Churchill the Service Providers are engaged. This disengaged approach will be discussed in full and concluded at the monthly client meeting. Despite this, the rollout across the PFIs is succeeding towards the deadline of October 31<sup>st</sup>. 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 throughout September, 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 Domestic, Clinical and Estates. Reporting by exception to HIPCC; audits that achieve a three-star rating or less to provide focus on areas requiring improvement. 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).

The patient experience team have recruited and trained lay-person auditors to carry out the annual PLACE assessments. PLACE assessments will be carried out in over 45 inpatient and outpatient areas Trust wide during October and November 2022. The soft facilities management team will be involved in chaperoning the auditors on all four Trust sites, subsequently supporting the delivery of required improvement actions resulting from the reviews.

| 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   |
|---|---|--|---|
| % of PFI workforce employed by Agency or zero hours (hours worked): 65% at the JR vs target of 20%  | ROE onboarding pilot successfully completed. From October further onboarding of circa 100 agency staff, a month will commence to secure permanent ROE contracts.  | <ul style="list-style-type: none"> <li>Mitie's proposal is to be fully recruited by Nov 22</li> </ul>  | <ul style="list-style-type: none"> <li>Soft FM performance review meeting.</li> </ul>   |
| G4S at the Nuffield Orthopaedic Centre has limited the amount of human resource data they are willing to provide to the Trust.  | 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.  | <ul style="list-style-type: none"> <li>Agreement and improved reporting by 31st Oct 2022</li> </ul>  | <ul style="list-style-type: none"> <li>Trust/PFI client meeting</li> </ul>  |
| <p>% of cleaning audits completed vs required standard. G4S delivering 38% (21) at the Churchill vs target of 100% (58)</p> <p>Of the 21 completed 76% achieved the required four stars or greater.</p> | PFI Contract Management team working collaboratively with the G4S soft FM service manager to continue enhancing the situation. Weekly service improvement meetings continue. The correct level of management is now in post. PFI compliance managers continue to liaise closely with the Churchill clinical teams to ensure awareness is maintained for any local issues promptly. Ensuring responsive G4S actions are taken to resolve issues identified at the local level. | <ul style="list-style-type: none"> <li>Ongoing weekly review</li> <li>Support to establish consistent audit of service delivery as evidenced on Synbiotix reporting platform</li> <li>Full review of progress monthly, no set timeline as monitoring against contracted standard ongoing.</li> </ul> | <ul style="list-style-type: none"> <li>Soft FM performance reviews</li> <li>Monthly Soft FM contract meetings</li> </ul>                    |
| The quality and content of CH G4S complaint responses are unsatisfactory.   | 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.   | <ul style="list-style-type: none"> <li>Weekly review of outstanding responses.</li> <li>To be included as any other business at weekly improvement meetings.</li> </ul>  | <ul style="list-style-type: none"> <li>Soft FM performance reviews</li> <li>Monthly Soft FM contract meetings</li> </ul>                    |
| There is currently no system in place for G4S at the Churchill hospital to obtain patient or staff feedback on their services.  | <ul style="list-style-type: none"> <li>Clarify to G4S the requirement</li> <li>Confirm mechanisms to collect and report feedback</li> <li>G4s confirm mechanism of reporting to local areas and Trust</li> <li>G4S confirm action plan to address issues highlighted</li> <li>G4S to deliver action plan to address deficit and evidence this</li> <li>Monitor standard achieved to ensure sustained consistency</li> </ul>   | <ul style="list-style-type: none"> <li>Discussed and identified date weekly PFI improvement meetings</li> <li>Included on agenda as rolling item</li> <li>Mechanisms established to collate service feedback by 1st January 2023</li> </ul>  | <ul style="list-style-type: none"> <li>Soft and Hard FM performance meetings</li> <li>Monthly Soft and Hard FM contract meetings</li> </ul> |
| G4S at the Churchill have yet to agree a transitioning to the Ulysses incident reporting platform..   | <ul style="list-style-type: none"> <li>Agreement to engage with Ulysses reporting achieved</li> <li>Access to Ulysses established</li> <li>Training on correct reporting process in line with SOP to be undertaken</li> <li>Governance/assurance with appropriate stewardship assured by CHoH</li> </ul>  | <ul style="list-style-type: none"> <li>To be discussed in full to achieve to a mutually agreeable conclusion in the PFI client meeting.</li> <li>G4S utilising Ulysses for all incidents reporting by 30th November 2021.</li> </ul>   | <ul style="list-style-type: none"> <li>Trust/PFI client meeting</li> </ul>  |
| G4S at the Nuffield have seen an increase in SFPs and deductions in Hard FM. Alongside a low % of completed PPMs (24%)  | G4S has recently suffered resourcing issues in the Estates Department. Recruitment has been the focus during September to improve the situation. It has been confirmed all Statutory and Mandatory PPMs have been completed.  | <ul style="list-style-type: none"> <li>G4S to focus on completing outstanding PPMs during October.</li> <li>Ensure appropriate training and site familiarisation of new recruits to improve Service Delivery.</li> </ul>   | <ul style="list-style-type: none"> <li>Hard FM Performance meetings</li> <li>Monthly Hard FM contract meetings</li> </ul>                   |

| 2022-23  |   |  |                             |                             |                   |                   |  |  |  |                |                  |       |
|--|---|--|-----------------------------|-----------------------------|-------------------|-------------------|--|--|--|----------------|------------------|-------|
|  |   |  |                             |                             | M1                | M2                | M3                                       | M4                                     | M5                                     | M6             |                  |       |
|  | PFI objective   | Indicator  | Target                      | Site                        | M1 April 22       | M2 May 22         | M3 Jun 22                                | M4 July 22                             | M5 Aug 22                              | M6 Sep 22      | Exception report | Trend |
| Growing Stronger Together  | To ensure that Porters have a high standard of training in bereavement, PPD and Core Skills | % of Porters that have undertaken mortuary training  | 50%                         | JR West Wing                | 21%               | 77%               | 70%                                      | 67%                                    | 51%                                    | 3900%          |                  |       |
|  |   |  |                             | Churchill Cancer Centre     | 48%               | 95%               | 92%                                      | 92%                                    | 84%                                    | 84%            |                  |       |
|  |   |  |                             | Nuffield Orthopaedic Centre | Not applicable    | Not applicable    | Not applicable                           | Not applicable                         | Not applicable                         | Not applicable |                  |       |
|  |   | % of Porters that have undertaken PPD training   | 95%                         | JR West Wing                | 86%               | 69%               | 92%                                      | 96%                                    | 97%                                    | 98%            |                  |       |
|  |   |  |                             | Churchill Cancer Centre     | 100%              | 100%              | 100%                                     | Not supplied                           | 61%                                    | 61%            | Y                |       |
|  |   |  |                             | Nuffield Orthopaedic Centre | 100%              | 100%              | 100%                                     | Not supplied                           | Not supplied                           | Not supplied   | Y                |       |
|  |   | % of Porters that have undertaken Core Skills training   | 90%                         | JR West Wing                | 89%               | 94%               | 92%                                      | 96%                                    | 98%                                    | 93%            |                  |       |
|  |   |  |                             | Churchill Cancer Centre     | 88%               | 95%               | 94%                                      | 90%                                    | 81%                                    | 74%            | Y                |       |
|  |   |  |                             | Nuffield Orthopaedic Centre | 81%               | 96%               | 96%                                      | Not supplied                           | Not supplied                           | Not supplied   | Y                |       |
| Quality  | To provide a high standard of safety across all areas                                       | Number of incidents with moderate harm or above  | 0                           | JR West Wing                | 0                 | 0                 | 0  | 0                                      | 0                                      | 0              |                  |       |
|  |   |  |                             | 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                | 56%               | 59%               | 59%                                      | 54%                                    | 55%                                    | 65%            |                  |       |
|  |   |  |                             | Churchill Cancer Centre     | 16%               | 14%               | 13%                                      | 13%                                    | 24%                                    | 21%            |                  |       |
|  |   |  |                             | Nuffield Orthopaedic Centre | 18%               | 18%               | 18%                                      | Not supplied                           | 12%                                    | 12%            |                  |       |
|  | To achieve Hard FM PPM in month   | PPMs completed in month vs programme including statutory inspections                             | % (stat)                    | JR West Wing                | 99.60%            | 100%              | 100%                                     | 100%                                   | 99%                                    | 98.85%         |                  |       |
|  |   |  |                             | Churchill Cancer Centre     | 99.60%            | 99.81%            | 99.84%                                   | 100%                                   | 100%                                   | 99.69%         |                  |       |
|  |   |  |                             | Nuffield Orthopaedic Centre | 99.00%            | 100%              | 100%                                     | Not supplied                           | 39%                                    | 24%            | Y                |       |
|  | To achieve Soft FM requirements within contract   | Items by exception to report where statutory obligations at risk or not on track to be completed | 0                           | JR West Wing                | 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%               | 97%               | 97%                                      | 96%                                    | 98%                                    | 93%            |                  |       |
|  |   |  |                             | Churchill Cancer Centre     | 91%               | 90%               | 93%                                      | 95%                                    | 97%                                    | 93%            |                  |       |
|  |   |  |                             | Nuffield Orthopaedic Centre | 95%               | 94%               | 95%                                      | 96%                                    | 98%                                    | 98%            |                  |       |
| % of cleaning audits completed vs scheduled                            |   | 100%   | JR West Wing                | 99%                         | 60%               | 100%              | 65%                                      | 79%                                    | 88%                                    |                |                  |       |
|  |   |  | Churchill Cancer Centre     | 72%                         | 68%               | 40%               | 21%                                      | 11%                                    | 38%                                    | Y              |                  |       |
|  |   |  | Nuffield Orthopaedic Centre | 95%                         | 40%               | 100%              | 77%                                      | 82%                                    | 82%                                    |                |                  |       |
| Number of cleaning audits completed below the performance standard     | TBC   | JR West Wing   | 75                          | 2                           | 92                | 10                | 10                                       | 19                                     |  |                |                  |       |
|  |   | Churchill Cancer Centre  | 26                          | 10                          | 23                | 3                 | 0  | 5                                      |  |                |                  |       |
|  |   | Nuffield Orthopaedic Centre  | 11                          | 11                          | 50                | 0                 | 0  | 0                                      |  |                |                  |       |
| Patient experience   | To review and respond to patient, visitor and staff feedback                                | Number of complaints received  | JR West Wing                | 22                          | 14                | 7                 | 16                                       | 21                                     | 17                                     |                |                  |       |
|  |   |  | Churchill Cancer Centre     | 11                          | 6                 | 13                | 25                                       | 18                                     | 9                                      |                |                  |       |
|  |   |  | Nuffield Orthopaedic Centre | 0                           | 0                 | 0                 | 0  | 0                                      | 0                                      |                |                  |       |
|  | % of complaints responded to by the PFI team within 3 weeks                                 | 100%   | JR West Wing                | 100%                        | 100%              | 100%              | 88%                                      | 100%                                   | 94%                                    |                |                  |       |
|  |   |  | Churchill Cancer Centre     | 50%                         | 100%              | 76%               | 92%                                      | 100%                                   | 100%                                   |                |                  |       |
|  |   |  | Nuffield Orthopaedic Centre | Not applicable              | Not applicable    | Not applicable    | Not applicable                           | Not applicable                         | Not applicable                         |                |                  |       |
|  | To ensure patient engagement in service delivery  | Outline of schedule of service changes/ reviews provided   | JR West Wing                | None in month               | None in month     | None in month     | 135 surveys completed, 97% Satisfaction  | 80 surveys completed, 93% Satisfaction | 4 surveys completed, 84% 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               | None in month     | None in month     | 41 surveys completed, 90.2% satisfaction | 40 surveys completed, 95% satisfaction | 35 surveys completed, 93% satisfaction |                |                  |       |
| Meaningful patient involvement demonstrated in all changes/ reviews    | 100%  | JR West Wing   | None at this time           | None at this time           | None at this time | 100%              | 100%                                     | 100%                                   |  |                |                  |       |
|  |   | 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           | None at this time           | None at this time | 100%              | 100%                                     | 100%                                   |  |                |                  |       |
| To ensure active engagement in and response to PLACE reviews           | % of PLACE audits due in 2 months scheduled   | JR West Wing   | None at this time           | None at this time           | None at this time | None at this time | None at this time                        | None at this time                      | None at this time                      |                |                  |       |
|  |   | Churchill Cancer Centre  | None at this time           | None at this time           | None at this time | None at this time | None at this time                        | None at this time                      | None at this time                      |                |                  |       |
|  |   | Nuffield Orthopaedic Centre  | None at this time           | None at this time           | None at this time | None at this time | None at this time                        | None at this time                      | None at this time                      |                |                  |       |
|  | % of PLACE audits scheduled to be undertaken completed                                      | JR West Wing   | TBC                         | TBC                         | TBC               | TBC               | TBC                                      | TBC                                    | TBC                                    |                |                  |       |
|  |   | Churchill Cancer Centre  | TBC                         | TBC                         | TBC               | TBC               | TBC                                      | TBC                                    | TBC                                    |                |                  |       |
|  |   | Nuffield Orthopaedic Centre  | TBC                         | TBC                         | TBC               | TBC               | TBC                                      | TBC                                    | TBC                                    |                |                  |       |
| % of actions on track or completed by due dates following PLACE audits | JR West Wing  | TBC  | TBC                         | TBC                         | TBC               | TBC               | TBC                                      | TBC                                    |  |                |                  |       |
|  | Churchill Cancer Centre   | TBC  | TBC                         | TBC                         | TBC               | TBC               | TBC                                      | TBC                                    |  |                |                  |       |
|  | Nuffield Orthopaedic Centre   | TBC  | TBC                         | TBC                         | TBC               | TBC               | TBC                                      | TBC                                    |  |                |                  |       |

|  | PFI objective  | Indicator   | Target                      | Site                        | M1 April 22             | M2 May 22               | M3 June 22              | M4 July 22              | M5 Aug 22               | M6 Sep 22               | Exception report        | Trend                  |  |  |
|--|--|---|-----------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|------------------------|--|--|
| Digital  | To introduce technology to Soft FM provision   | % of technology scheduled to be introduced on track or completed by due date  | 95%                         | JR West Wing                | 90%                     | Not applicable          |                         |                        |  |  |
|  |  |   |                             | Churchill Cancer Centre     | Not applicable          |                         |                        |  |  |
|  |  |   |                             | Nuffield Orthopaedic Centre | Not applicable          |                         |                        |  |  |
|  | Provide Ulysses Access to PFI providers  | % of providers with access to Ulysses   | 100%                        | JR West Wing                | 0%                      | 0%                      | 0%                      | 50%                     | 50%                     | 50%                     | Y                       |                        |  |  |
|  |  |   |                             | Churchill Cancer Centre     | 0%                      | 0%                      | 0%                      | 0%                      | 0%                      | 0%                      | Y                       |                        |  |  |
|  |  |   |                             | Nuffield Orthopaedic Centre | 0%                      | 0%                      | 0%                      | 0%                      | 50%                     | 50%                     | Y                       |                        |  |  |
| Finance  | To review all variations to contracts by Divisional finance teams to ensure value for money and budgetary impact | Provision of monthly variation report provided (within 8 working days of month end) for each OUH Division             |                             | JR West Wing                | Process to be agreed    |                         |                        |  |  |
|  |  |   |                             | Churchill Cancer Centre     | Process to be agreed    |                         |                        |  |  |
|  |  |   |                             | Nuffield Orthopaedic Centre | Process to be agreed    |                         |                        |  |  |
|  |  | % of all variations reviewed and signed off by finance (excluding current month)                                      |                             | JR West Wing                | Process to be agreed    |                        |  |  |
|  |  |   |                             | Churchill Cancer Centre     | Process to be agreed    |                         |                        |  |  |
|  |  |   |                             | Nuffield Orthopaedic Centre | Process to be agreed    |                         |                        |  |  |
|  | To maintain a robust process for managing financial deductions   | Provision of monthly deductions/withholds report provided (within 10 working days of month end) for each OUH Division |                             | JR West Wing                | £18,036.36              | £7,032.76               | £4,814.56               | £4,271.42               | £3,453.90               | £6,986.32               |                         |                        |  |  |
|  |  |   |                             | Churchill Cancer Centre     | £18,663.32              | £16,690.11              | £68,179.14              | £57,471.85              | £57,439.07              | £10,086.78              |                         |                        |  |  |
|  |  |   |                             | Nuffield Orthopaedic Centre | £96.78                  | £126.28                 | £1,409.18               | £2,486.30               | £7,374.41               | £3,176.75               |                         |                        |  |  |
|  |  | % of all deductions reviewed and signed off by finance (excluding current month)                                      |                             | JR West Wing                | 100%                    | 100%                    | 100%                    | 100%                    | 100%                    | 100%                    | 100%                    |                        |  |  |
|  |  |   |                             | Churchill Cancer Centre     | 100%                    | 100%                    | 100%                    | 100%                    | 100%                    | 100%                    | 100%                    |                        |  |  |
|  |  |   |                             | Nuffield Orthopaedic Centre | 100%                    | 100%                    | 100%                    | 100%                    | 100%                    | 100%                    | 100%                    |                        |  |  |
|  | To maintain a robust process for managing financial recharges  | Provision of monthly recharge report provided (within 10 working days of month end) for each OUH Division             |                             | JR West Wing                | Process in Development  |                        |  |  |
|  |  |   |                             | Churchill Cancer Centre     | Process in Development  |                        |  |  |
|  |  |   |                             | Nuffield Orthopaedic Centre | Process in Development  |                        |  |  |
|  |  | % of all recharges reviewed and signed off by finance (excluding current month)                                       |                             | JR West Wing                | Process in Development  | Process in Development |  |  |
|  |  |   |                             | Churchill Cancer Centre     | Process in Development  | Process in Development |  |  |
|  |  |   |                             | Nuffield Orthopaedic Centre | Process in Development  | Process in Development |  |  |
| To review monthly budgets to ensure financial performance meets plan | Actual vs plan (monthly)   |   | JR West Wing                | Review Dates in Diaries     | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries |                         |                        |  |  |
|  |  |   | Churchill Cancer Centre     | Review Dates in Diaries     | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries |                         |                        |  |  |
|  |  |   | Nuffield Orthopaedic Centre | Review Dates in Diaries     | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries |                         |                        |  |  |
|  | Actual vs plan (YTD)   |   | JR West Wing                | Review Dates in Diaries     | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries |                        |  |  |
|  |  |   | Churchill Cancer Centre     | Review Dates in Diaries     | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries |                        |  |  |
|  |  |   | Nuffield Orthopaedic Centre | Review Dates in Diaries     | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries |                        |  |  |
| Forecast vs plan (year end)  |  | JR West Wing  | Review Dates in Diaries     | Review Dates in Diaries     | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries |                         |                        |  |  |
|  |  | Churchill Cancer Centre   | Review Dates in Diaries     | Review Dates in Diaries     | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries | Review Dates in Diaries |                         |                        |  |  |
|  |  |   |                             | Nuffield Orthopaedic Centre | Review Dates in Diaries |                         |                        |  |  |

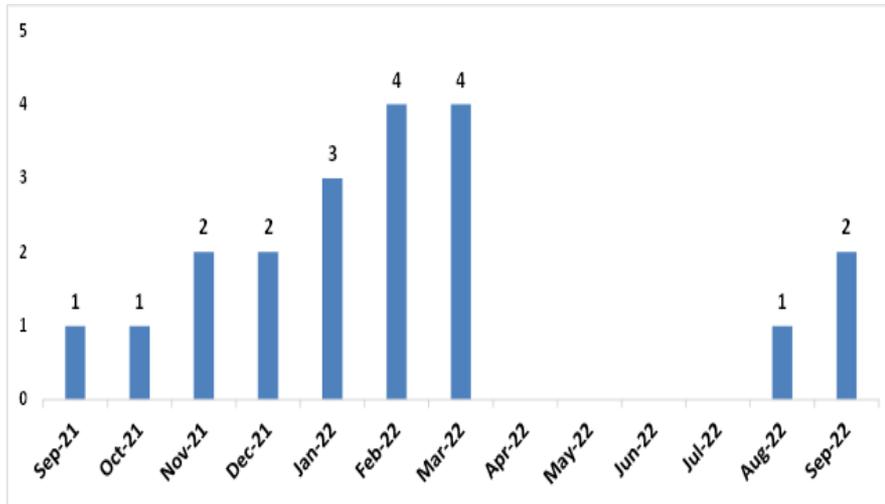
|              | PFI objective  | Indicator   | Target   | Site                        | M1 April 22           | M2 May 22             | M3 June 22            | M4 July 22            | M5 Aug 22             | M6 Sep 22             | Exception report | Trend |  |  |
|--------------|--|---|--|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|-------|--|--|
| Capital      | To ensure agreed lifecycle programmes are in place for all Trust sites   | Capital investment plan and replacement programme in place  |  | JR West Wing                | In Development        |                  |       |  |  |
|              |  |   |  | Churchill Cancer Centre     | Awaiting SPV Sign Off |                  |       |  |  |
|              |  |   |  | Nuffield Orthopaedic Centre | In Development        |                  |       |  |  |
|              |  | Items by exception to report where there is deviation to lifecycle plan in current or future period and for implications to financial forecasting and other performance indicators within contract to be identified |  | JR West Wing                |                       |                       |                       |                       |                       |                       |                  |       |  |  |
|              |  |   |  | Churchill Cancer Centre     | In Development        |                  |       |  |  |
|              |  |   |  | Nuffield Orthopaedic Centre | In Development        |                  |       |  |  |
| Data quality | To maintain high standards of data quality   | Alignment of PFI cleaning scores with independent assessment  | N# of cleaning scores where deviation >5 percentage points | JR West Wing                | 0                     | 0                     | Not applicable        | Not applicable        | Not applicable        | Not applicable        |                  |       |  |  |
|              |  |   |  | Churchill Site              | 8                     | Not applicable        |                  |       |  |  |
|              |  |   |  | Nuffield Orthopaedic Centre | 0                     | 0                     | Not applicable        | Not applicable        | Not applicable        | Not applicable        |                  |       |  |  |
|              |  |   |  |                             |                       |                       |                       |                       |                       |                       |                  |       |  |  |
| Other        | To monitor monthly performance reports from PFI providers to review trends and identify any early interventions required | Monthly Total Number of Service Failure Points by PFI provider  |  | JR West Wing Hard FM        | 20                    | 7                     | 8                     | 20                    | 6                     | 6                     |                  |       |  |  |
|              |  |   |  | JR West Wing Soft FM        | 186                   | 66                    | 65                    | 210                   | 124                   | 114                   |                  |       |  |  |
|              |  |   |  | Churchill Cancer Centre     | 101                   | 46                    | 199                   | 240                   | 275                   | 34                    |                  |       |  |  |
|              |  |   |  | Nuffield Orthopaedic Centre | 94                    | 166                   | 274                   | 223                   | 480                   | 384                   | Y                |       |  |  |
|              |  |   |  |                             |                       |                       |                       |                       |                       |                       |                  |       |  |  |

# Key Quality Metrics Table

| Descriptor  | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22  | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22  | Aug-22 | Sep-22 |
|---|--------|--------|--------|--------|---------|--------|--------|--------|--------|---------|--------|--------|
| VTE Risk Assessment(% admitted patients receiving risk assessment)                        | N/A    | 98.05% | 97.91% | 97.93% | 98.28%  | 98.34% | 98.13% | 98.33% | 98.33% | 98.37%  | 98.12% | N/A    |
| Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)             | 71     | 78     | 83     | 96     | 101     | 107    | 7      | 14     | 21     | 33      | 44     | 56     |
| Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)                  | 1      | 2      | 2      | 3      | 4       | 4      | 0      | 0      | 0      | 0       | 1      | 2      |
| % patients receiving stage 2 medicines reconciliation within 24h of admission             | 49.14% | 50.80% | 48.71% | 47.86% | 47.60%  | 47.36% | 40.74% | 44.88% | 68.86% | 71.82%  | 71.58% | 69.88% |
| % of incidents associated with moderate harm or greater                                   | 2.88%  | 4.52%  | 3.90%  | 4.38%  | 4.12%   | 4.10%  | 4.96%  | 5.18%  | 3.62%  | 3.70%   | 4.01%  | 4.56%  |
| % Radiology direct access 7 day turnaround times - Plain Film, CT, MRI & Ultrasound       | 73.34% | 73.34% | 79.62% | 77.35% | 77.16%  | 70.50% | 70.38% | 69.58% | 69.79% | 70.60%  | 73.62% | N/A    |
| CAS alerts breaching deadlines at end of month and/or closed during month beyond deadline | 0      | 0      | 0      | 0      | 0       | 0      | 0      | 0      | 0      | 0       | 0      | 0      |
| Number of hospital acquired thromboses identified and judged avoidable                    | 0      | 0      | 2      | 2      | 0       | 2      | 2      | 0      | 0      | 0       | 1      | 0      |
| Crude Mortality   | 229    | 200    | 265    | 241    | 198     | 235    | 239    | 213    | 194    | 253     | 220    | 203    |
| Dementia - % patients aged > 75 admitted as an emergency who are screened                 | 74.97% | 76.98% | 74.83% | 72.10% | 70.40%  | 72.43% | 64.66% | 72.86% | 75.15% | 70.46%  | 71.66% | N/A    |
| ED - % patients seen, assessed and discharged / admitted within 4h of arrival             | 69.43% | 67.76% | 70.03% | 70.17% | 66.03%  | 64.35% | 66.50% | 67.39% | 65.04% | 62.22%  | 64.51% | 60.95% |
| Friends & Family test % likely to recommend - ED  | 73.77% | 73.97% | 78.98% | 78.79% | 75.60%  | 73.01% | 75.48% | N/A    | 74.95% | 73.60%  | 78.55% | 74.51% |
| Friends & Family test % not likely to recommend - ED                                      | 16.16% | 16.05% | 13.60% | 13.47% | 15.73%  | 17.43% | 15.40% | N/A    | 16.77% | 16.96%  | 12.78% | 15.00% |
| Friends & Family test % likely to recommend - Mat   | 100%   | 83.33% | 66.67% | 90%    | 100.00% | 90.91% | 83.33% | N/A    | 83.33% | 100.00% | 86.41% | 85.71% |
| Friends & Family test % not likely to recommend - Mat                                     | N/A    | 0.00%  | 8.33%  | 0.00%  | 0.00%   | 0.00%  | 33.33% | N/A    | 0.00%  | 0.00%   | 9.71%  | 7.62%  |
| Friends & Family test % likely to recommend - IP  | 93.80% | 94.54% | 94.98% | 95.24% | 93.82%  | 93.46% | 94.03% | N/A    | 95.39% | 94.12%  | 95.07% | 97.71% |
| Friends & Family test % not likely to recommend - IP                                      | 2.77%  | 2.89%  | 2.46%  | 2.35%  | 2.90%   | 3.30%  | 2.90%  | N/A    | 2.34%  | 2.95%   | 2.34%  | 2.38%  |
| Friends & Family test % likely to recommend - OP  | N/A    | 93.16% | 93.23% | 93.14% | 93.05%  | 92.73% | 93.22% | N/A    | 93.55% | 93.37%  | 93.09% | 93.22% |
| Friends & Family test % not likely to recommend - OP                                      | N/A    | 3.27%  | 3.24%  | 3.31%  | 3.69%   | 4.09%  | 3.08%  | N/A    | 3.23%  | 3.37%   | 3.05%  | 3.61%  |
| % patients EAU length of stay < 12h   | 49.05% | 51.41% | 50.77% | 50.76% | 43.28%  | 48.28% | 50.16% | 50.51% | 51.82% | 47.22%  | 45.69% | 48.14% |
| % Complaints upheld or partially upheld [Quarterly in arrears]                            | N/A    | N/A    | 75.91% | N/A    | N/A     | 30.80% | N/A    | N/A    | 43.55% | N/A     | N/A    | N/A    |

Indicators where performance has declined:

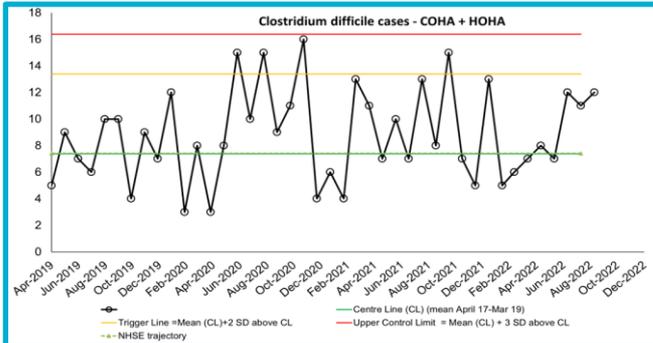
- Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)



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

There was one case of MRSA bacteraemia in September. This is a community onset, healthcare associated bloodstream infection. Baby born in OUH, discharged home and then readmitted unwell. Mother has MRSA in her C-section wound infection.

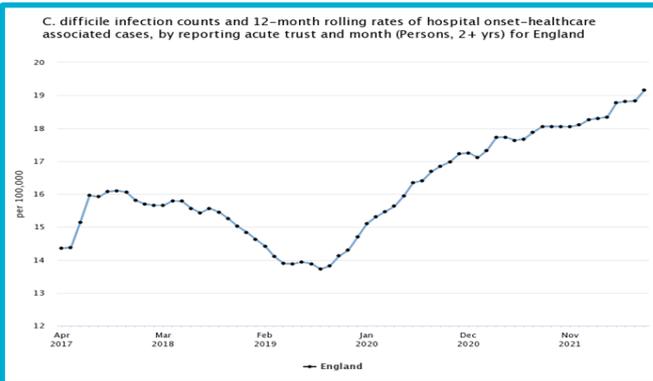
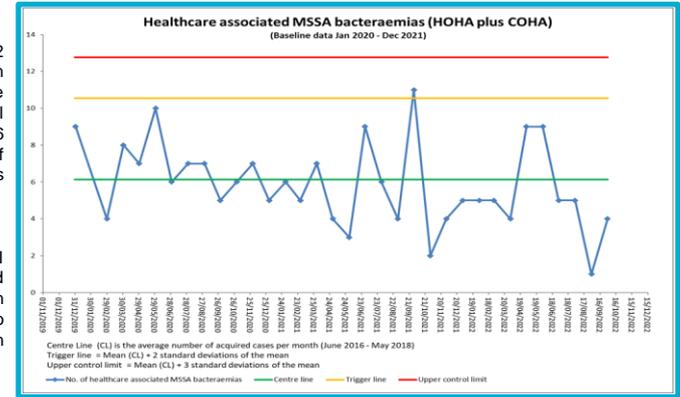
Both incidents have been investigated. No clear root cause for the mother's wound infection.



**C. Difficile** In Sept 2022 there were 7 HOHA cases and 2 COHA case. The OUH is 5 cases over cumulative limit, when comparing England rates (April to June 2022) to April to June 2019 (pre COVID) there has been a 21.5% increase in all reported cases. HOHA cases increased by 45.0% from 1,076 to 1,560 which corresponds to an incidence rate increase of 44.1% from 12.4 to 17.9 cases per 100,000 bed-days. This is being investigated nationally.

**Gram negative blood stream infections (GNBSI)**

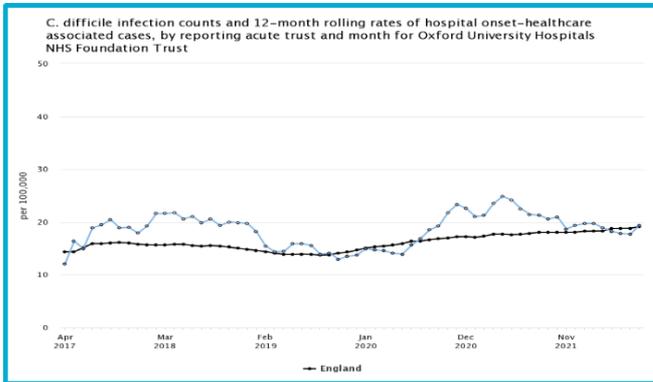
Target set by NHSE is to halve healthcare-associated GNBSI by 2023/4. The number of E. coli cases continues to exceed the target set by NHSE. Predominantly the source of infection in both the COHA and HOHA causes tends to be related to urinary tract infection and not necessarily associated with catheterisation.



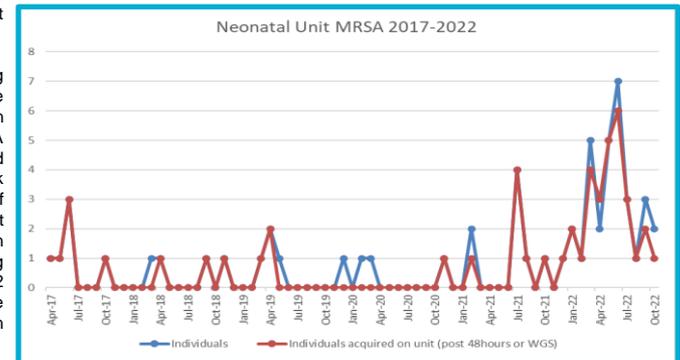
**MRSA:** There was one community case of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia in September. This was in a baby whose mother developed a surgical site infection where MRSA was isolated. Root cause analysis for both incidents is being undertaken.

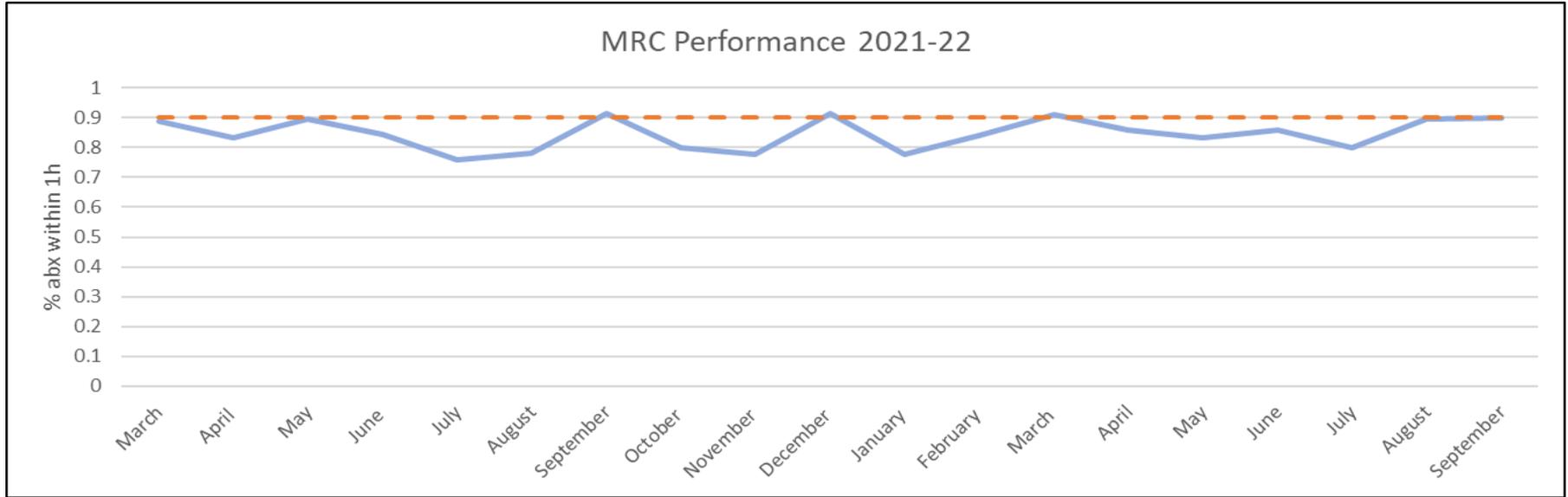
**MSSA:** In September there were 4 HOHA and 0 COHA bloodstream infections. RCAs underway.

**COVID-19:** During September there were 190 admitted patients with a positive COVID-19 test, of which there were 30 definite and 22 probable nosocomial cases. The majority of patients are asymptomatic. In the middle of September, there were around 40 COVID-19-positive inpatients however, two weeks later, the number had doubled and has continued to rise since. The number of outbreaks increased as did the nosocomial cases. Therefore, a decision was made to reintroduce asymptomatic screening for unplanned admissions as an intervention to facilitate patient placement and reduce the risk of outbreaks. The OUH has also remained on OPEL level 3 for much of the month and moving of COVID-19 positive patients out of bays has remained a challenge whilst trying to balance risk against the Emergency Department targets



**Neonatal Unit MRSA Outbreak** The team are now meeting fortnightly, and an IPC visit to the unit is undertaken during the week there is no meeting. There have been 2 new cases in September. Uptake from staff on undertaking their MRSA surveillance screening has been slow and support is required to drive this forward. This has been discussed at the outbreak meeting (October 12th) and a decision made not to put staff off work if they are found to be colonised. They can remain at work whilst undertaking their decolonisation. This decision was made based on a review of the MRSA sampling programme and new MRSA acquisitions over the last 2 months on the unit. Preliminary analysis suggests that the isolates we have detected in staff are not related to the main outbreak strain in the department.





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

- September 2022: Overall 18/20 (90%); ED 18/20 (90%)
- 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     | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 |
|---------------|--------|--------|--------|--------|--------|--------|
| Documentation | 98%    | 98.94% | 99.24% | 98.88% | 97.45% | 99.11% |
| Observation   | 100%   | 100%   | 100%   | 100%   | 100%   | 99.5%  |

**WHO documentation audit 99.1% compliance (554/559): MRC 100% (144/144), SuWOn 100% (136/136)**

**CSS 98.85% (172/174)** 2 forms missing for CH Ultrasound- performed on Blenheim ward, and checklists not found.

**NOTSSCaN 97% (102/105)** 3 documentation audits found not compliant as sign in and time out were not completed at time, but retrospectively by staff at the end of procedure

**.WHO observational audit 99.5% compliance (190/191): CSS 100% (14/14), MRC 100% (13/13), SUWON 100% (63/63).**

**NOTSSCaN 99%(100/101)** One audit found not compliant as time out was not completed at time of procedure this was discussed in a team huddle.

## Local Safety Standards in Invasive Procedures (LocSSIPs)

- 35 have been completed and ratified for use at the relevant Directorate and Divisional Governance meetings, and Safer Surgery and Procedures Implementation Group (SSPIG). These LocSSIPs are published on the Trust intranet for staff to access.
- Local audit of the safety checklist element of the LocSSIPs is included in the WHO compliance above.
- A LocSSIP awareness audit has been launched on Myassure this has shown a Trust position of 100% of staff (40 audits conducted) are aware of LocSSIPs and where to find the associated WHO checklists; 96% of staff know which LocSSIPs are relevant to their area and where to access them. The staff who were less aware were students and this has been addressed.

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

- Sixteen actions from 2020/21 Never Events have passed their target date, all but one of which have been completed with evidence uploaded to Ulysses.
- Twenty-three actions from the four 2021/22 Never Events have passed their target date, 21 of which have been completed with evidence uploaded.
- 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.

## One Never Ever has been agreed to date in 2022/23

- The investigation is ongoing.

## Background

The [National Patient Safety Strategy, safer culture, safer systems, and safer patients](#) was launched in July 2019 by NHS England and NHS Improvement. Part of this was the development of the [Patient Safety Incident Response Framework \(PSIRF\)](#).

Four key aims of PSIRF:

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system functioning and improvement.

## Key Information

- PSIRF replaces the Serious Incident Framework (SIF, 2015) and makes no distinction between patient safety incidents and serious incidents. PSIRF promotes a proportionate approach to responding to patient safety incidents ensuring resources are allocated to learning and balance with those needed to deliver improvement.
- Organisations are required to develop a Patient Safety Response Plan informed by their own incident profile, ongoing safety actions, established improvement and stakeholders.
- Organisations are required to have a Patient Safety Incident Response Policy to describe the overall approach to learning from patient safety incidents for improvement, how patients affected will be engaged in the process, governance oversight and how learning is translated into improvement.
- PSIRF endorses a system-based approach and human factors rather than true root cause analysis.
- Timescales for completion will be determined locally, fewer more in-depth investigations per year
- Organisations have 12 months to implement the framework.
- Senior Responsible Officers – CMO/CNO
- BOB wide workshops have commenced, and resource pledged to assist organisations to implement PSIRF from the ICB and AHSN

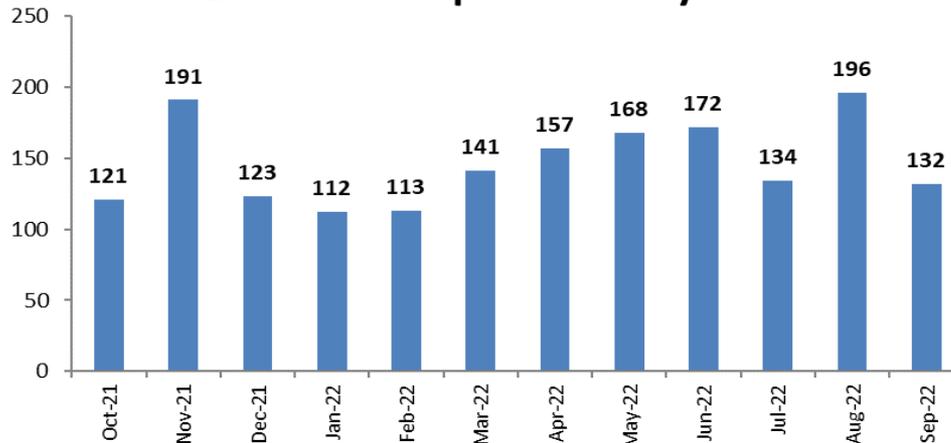
## Next steps

1. Appoint a part time project lead
2. Form PSIRF Steering Group
3. Layout detailed project plan
4. Report to Clinical Governance Committee, Trust Management Executive and Integrated Assurance Committee (First paper December 2022)

*“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.

### Excellence Reported in Ulysses

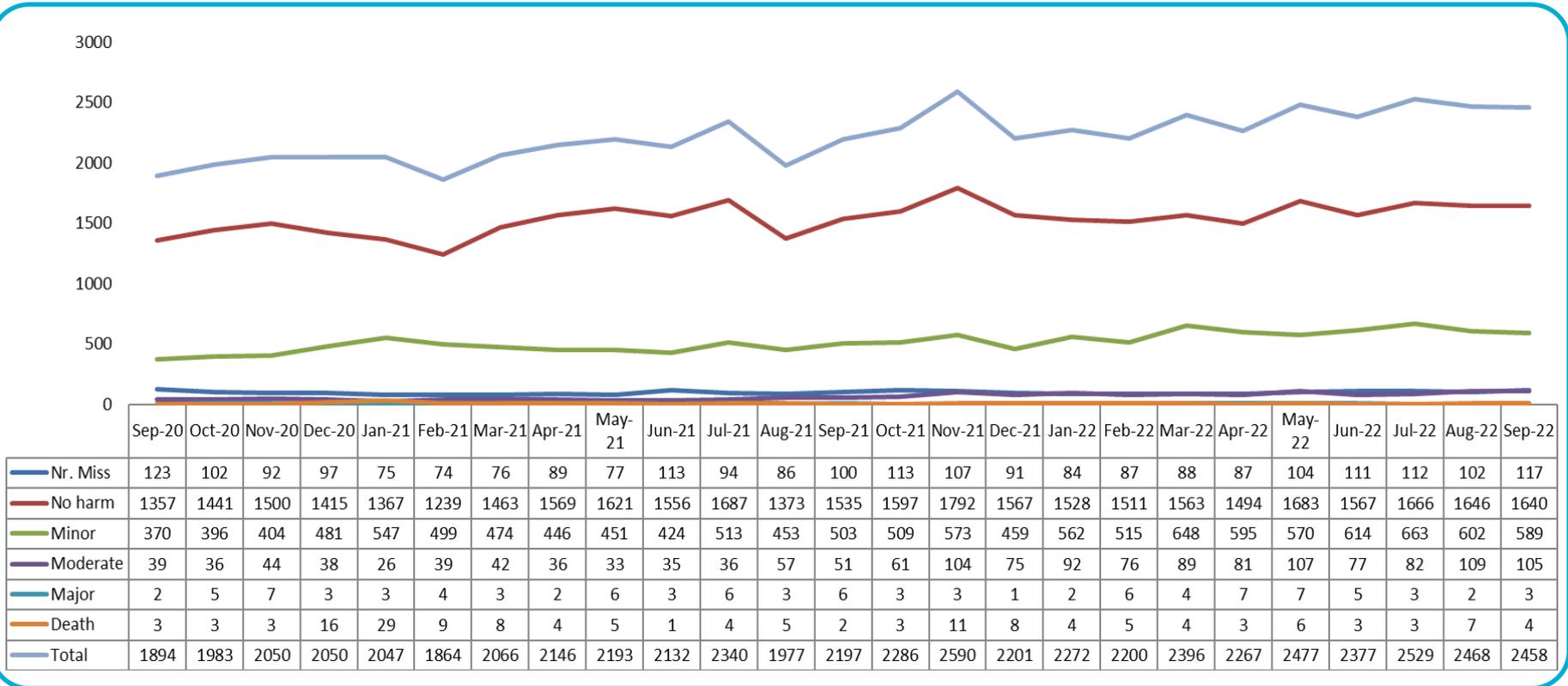


| Theme                  | Apr-22     | May-22     | Jun-22     | Jul-22     | Aug-22     | Sep-22     |
|------------------------|------------|------------|------------|------------|------------|------------|
| Teamworking            | 41         | 47         | 42         | 33         | 60         | 39         |
| Compassionate Care     | 34         | 30         | 34         | 25         | 34         | 27         |
| Going Above And Beyond | 78         | 87         | 90         | 71         | 96         | 62         |
| Innovation             | 4          | 4          | 6          | 5          | 6          | 4          |
| <b>Grand Total</b>     | <b>157</b> | <b>168</b> | <b>172</b> | <b>134</b> | <b>196</b> | <b>132</b> |



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

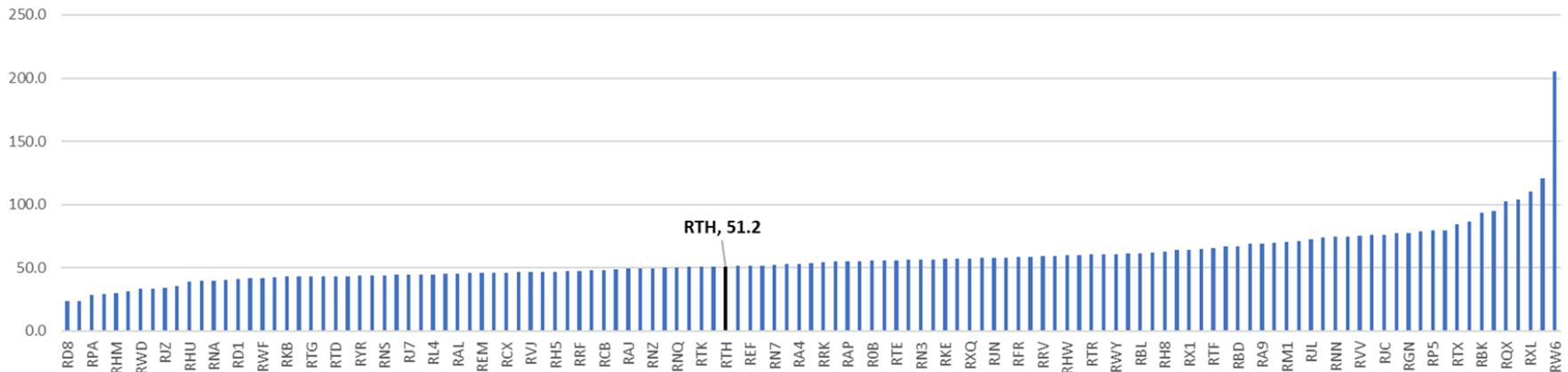
2458 patient incidents were reported in September 2022; the mean monthly number over the past 24 months is 2218. A large number of incidents reported with a small percentage of incidents with significant impact reflects a good safety culture.



In September 171 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 chart below shows the rate of patient incidents reported to NRLS per 1000 beds days for all acute trusts in the country. The OUH is the black line, showing that we reported 51.2 incidents/1000 days in 2021/22, an increase on the previous year's rate of 50.1.

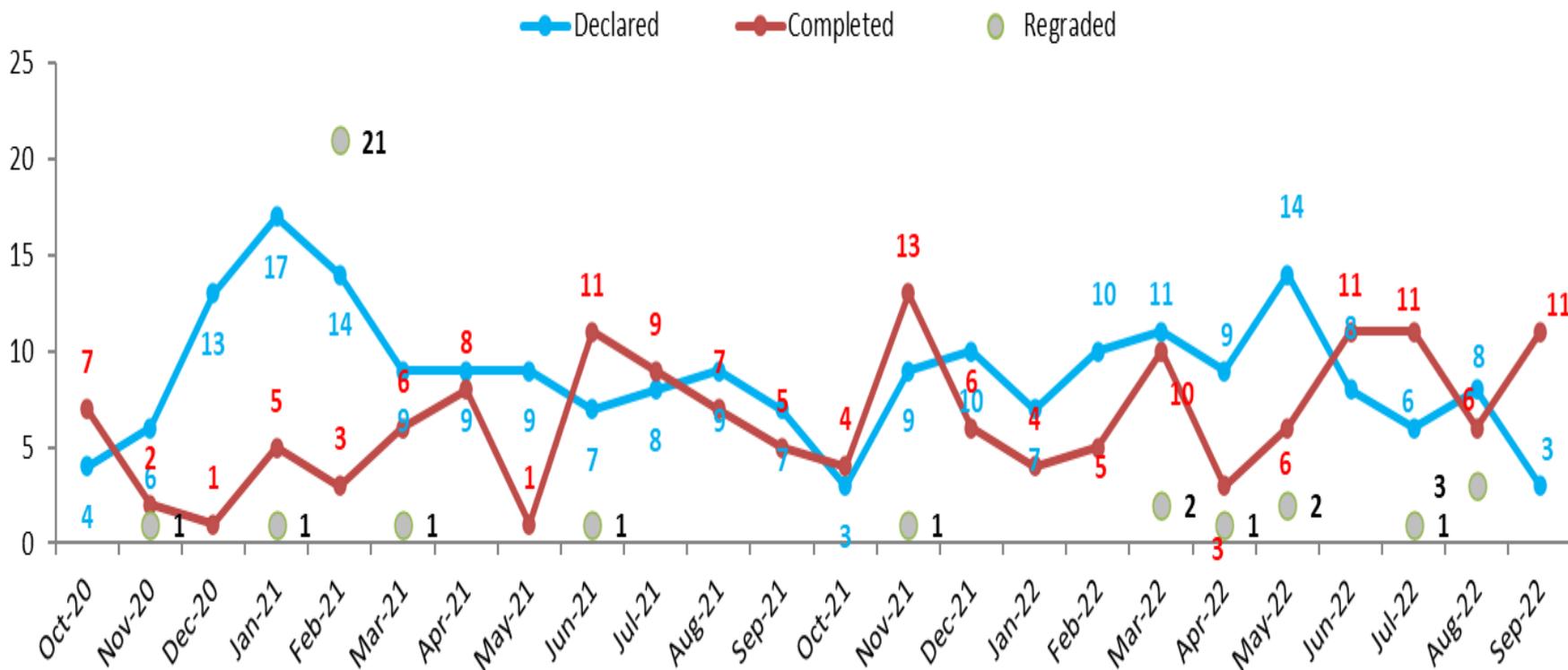
OUH Patient incident rate per 1,000 bed days



The final column on this graph is believed to be erroneous, as it refers to a trust that was dissolved and subsumed by another trust during the year. The reported number of bed days is believed to have been incorrectly calculated.

The graph below shows 3 SIRIs were declared by the Trust in September 2022 and 11 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.

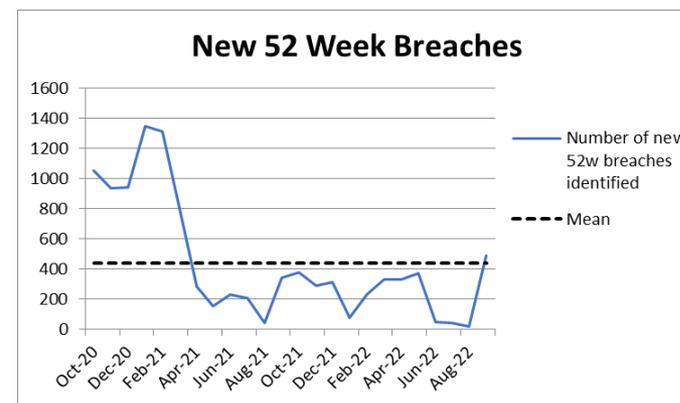
## SIRIs declared and completed in the last 24 months



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              | Jun22 new breaches | Jul22 new breaches | Aug22 new breaches | Sep22 new breaches | Sep22 total breaches |
|------------------------|--------------------|--------------------|--------------------|--------------------|----------------------|
| Gastroenterology       | (0)                | (3)                | (0)                | 26 ↑               | 49                   |
| Gynaecology            | (2)                | (5)                | (0)                | (16) ↑             | 22                   |
| Orthopaedics           | (0)                | (1)                | (0)                | 25 ↑               | 67                   |
| Plastic Surgery        | (7)                | (2)                | (0)                | 36 ↑               | 106                  |
| Spinal Surgery Service | (1)                | (1)                | (0)                | 31 ↑               | 94                   |
| Trauma & Orthopaedics  | (2)                | (6)                | (4)                | 83 ↑               | 235                  |
| Urology                | (5)                | (1)                | (0)                | 78 ↑               | 289                  |
| Vascular               | (5)                | (1)                | (0)                | 24 ↑               | 74                   |



- There were 1355 patients who had been waiting 52-77 weeks for elective treatment at the end of September 2022 (a decrease on the August figure of 1454).
- September saw 487 new 52-77w breaches, the highest total since March 2021. The 24-month mean is 439.
- The table above shows details of all services that have had 20 or more new breaches in recent months.
- No confirmed Moderate+ impact has been confirmed for 52w breaches in 2022/23 to date.
- The following slide shows the number of 52w breaches with a decision to treat. The information is then collated using the RCS priority codes assigned to the patient.

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

| Service                            | P2        | P3         | P6        | P4         | D2       | D3       | D4       | D7       | N1       | RCS requires population | Grand Total |
|------------------------------------|-----------|------------|-----------|------------|----------|----------|----------|----------|----------|-------------------------|-------------|
| Cardiology                         |           | 2          |           | 1          |          |          | 1        |          |          | 1                       | 5           |
| Clinical Neurophysiology           |           |            |           | 1          |          |          |          |          |          |                         | 1           |
| Colorectal Surgery                 |           | 1          |           |            |          |          |          |          |          |                         | 1           |
| Dermatology                        |           |            |           |            |          |          |          |          |          | 1                       | 1           |
| Ear Nose and Throat                |           | 8          |           | 6          |          |          |          |          |          |                         | 14          |
| Endocrine Surgery                  |           | 1          |           |            |          |          |          |          |          |                         | 1           |
| Endoscopy (Gastroenterology)       |           |            |           |            |          | 3        | 3        | 1        | 1        | 1                       | 9           |
| Gastroenterology                   |           |            |           |            |          | 1        |          |          |          |                         | 1           |
| Gynaecology                        | 2         | 8          |           | 4          |          |          |          |          |          | 2                       | 16          |
| Interventional Radiology           |           |            |           |            |          |          |          |          |          | 1                       | 1           |
| Maxillo Facial Surgery             |           | 3          | 3         | 5          |          |          |          |          |          | 4                       | 15          |
| Medical Oncology                   |           |            |           | 1          |          |          |          |          |          |                         | 1           |
| Neurosurgical Service              |           | 14         |           | 8          |          |          |          |          |          | 2                       | 24          |
| Ophthalmology                      |           | 5          | 6         | 41         |          |          |          |          |          | 4                       | 56          |
| Orthopaedic Service                |           | 6          | 3         | 22         | 2        | 1        |          |          |          | 9                       | 43          |
| Paediatric ENT                     |           | 3          |           | 1          |          |          |          |          |          |                         | 4           |
| Paediatric Gastroenterology        |           |            | 2         |            |          | 1        |          |          |          |                         | 3           |
| Paediatric Ophthalmology           |           | 2          | 1         | 21         |          |          |          |          |          | 2                       | 26          |
| Paediatric Plastic Surgery         |           | 3          | 4         | 10         |          |          | 1        |          |          | 6                       | 24          |
| Paediatric Spinal Surgery          |           | 22         |           | 15         |          |          |          |          |          | 4                       | 41          |
| Paediatric Surgery                 |           | 2          | 1         |            |          |          |          |          |          |                         | 3           |
| Paediatric Trauma and Orthopaedics |           |            |           | 3          |          |          |          |          |          |                         | 3           |
| Paediatric Urology                 |           | 5          |           | 3          |          |          |          |          |          | 2                       | 10          |
| Physiotherapy                      |           |            |           | 3          |          |          |          |          |          |                         | 3           |
| Plastic Surgery                    | 1         | 22         | 13        | 34         |          | 1        | 1        |          |          | 25                      | 97          |
| Plastic Surgery Craniofacial       |           | 2          |           | 1          |          |          |          |          |          |                         | 3           |
| Rheumatology                       |           |            |           | 1          |          |          |          |          |          |                         | 1           |
| Spinal Surgery Service             | 1         | 11         | 1         | 21         |          |          |          |          |          | 12                      | 46          |
| Trauma and Orthopaedics            |           | 28         | 6         | 152        |          |          |          |          |          | 23                      | 209         |
| Urology                            | 4         | 127        | 2         | 132        |          |          |          |          | 1        | 8                       | 274         |
| Vascular Surgery                   | 3         | 1          | 5         | 17         |          |          |          |          |          | 2                       | 28          |
| <b>Grand Total</b>                 | <b>11</b> | <b>276</b> | <b>47</b> | <b>503</b> | <b>2</b> | <b>7</b> | <b>6</b> | <b>1</b> | <b>2</b> | <b>109</b>              | <b>964</b>  |

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   |

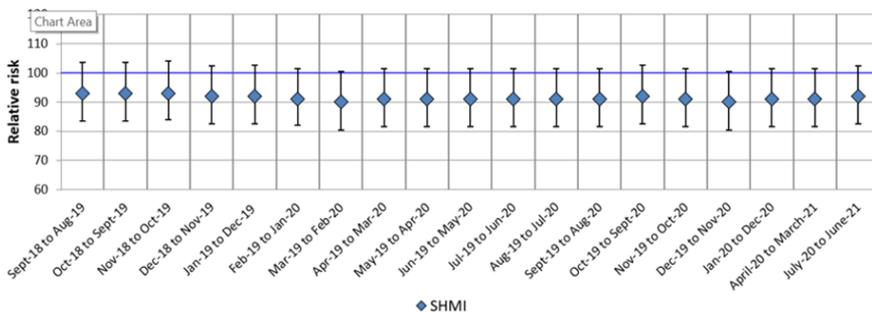
Since 5 February 2019 a weekly safety message from the CMO and CNO has been issued from the central Clinical Governance team, emailed to all staff accounts, and available on the intranet

## Weekly Safety Alerts

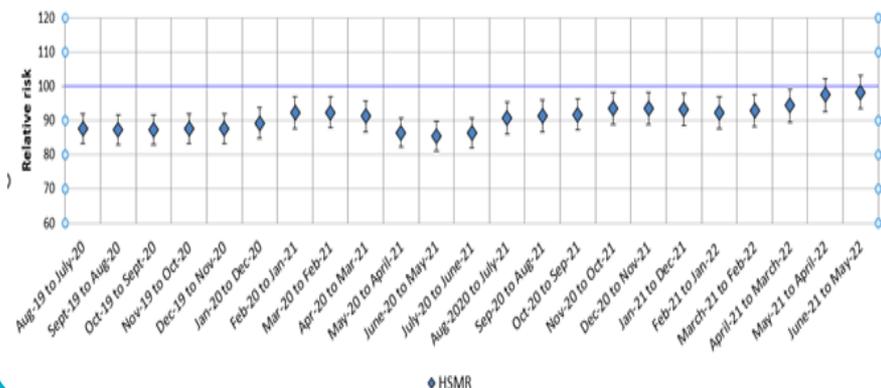
| Actions ▾   |  | 1 - 100 ▶        |
|---|--|------------------|
|  Title                               |  | Alert Date       |
| Weekly Safety Message 194: Copying & Pasting into EPR notes !NEW  |  | 18/10/2022 10:00 |
| Weekly Safety Message 193: Results Endorsement  |  | 11/10/2022 11:00 |
| Weekly Safety Message 192 : Ensure you have the correct Defibrillation Pads for use with your type of Defibrillator   |  | 04/10/2022 10:00 |
| Weekly Safety Message 191: Intramuscular Adrenaline as First Line Treatment of Anaphylaxis and Refractory Anaphylaxis |  | 27/09/2022 12:00 |
| Weekly Safety Message 190: Cancer Multi-Disciplinary Team (MDT) Referrals   |  | 20/09/2022 16:00 |
| Weekly Safety Message 189: Time-Critical Anti-Microbials for Sepsis   |  | 13/09/2022 09:00 |
| Weekly Safety Message 188: Referral to Adult Out-of-Hours Emergency Respiratory Physiotherapy, JR & Churchill         |  | 06/09/2022 12:00 |

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

OUH NHS FT SHMI trend



OUH NHS FT HSMR 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

The HSMR is 98.3 for June 2021 to May 2022. The HSMR is rated 'as expected'

- SHMI by site (April 2021 to March 2022)** Sobell House Hospice is depicted with a higher-than-expected SHMI. The Nuffield Orthopaedic Centre (NOC) and Churchill Hospital have 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.

| Site                        | SHMI | Banding              | 95% lower CL | 95% upper CL | Observed deaths | Expected deaths |
|-----------------------------|------|----------------------|--------------|--------------|-----------------|-----------------|
| John Radcliffe Hospital     | 0.94 | As expected          | 0.89         | 1.11         | 2016            | 2233            |
| Horton General Hospital     | 0.98 | As expected          | 0.85         | 1.18         | 540             | 553             |
| Nuffield Orthopaedic Centre | 0.35 | Lower than expected  | 0.69         | 1.44         | 12              | 34              |
| Churchill Hospital          | 0.83 | Lower than expected  | 0.84         | 1.17         | 330             | 395             |
| Sobell House Hospice        | 2.50 | Higher than expected | 0.72         | 1.40         | 105             | 42              |

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

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

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

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

| Title  | CUSUM | Vol    | Obs  | Exp    | %   | R            |
|--|-------|--------|------|--------|-----|--------------|
| UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST     | 5  5  | 114950 | 3935 | 3541.2 | 3.4 | <b>111.1</b> |
| SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST        | 2     | 86760  | 2055 | 1890.0 | 2.4 | <b>108.7</b> |
| THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST   | 2     | 72585  | 1525 | 1527.5 | 2.1 | 99.8         |
| <b>OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST</b>  | 3     | 63576  | 2096 | 2148.6 | 3.3 | 97.6         |
| KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST             | 7     | 53890  | 1845 | 1909.8 | 3.4 | 96.6         |
| MANCHESTER UNIVERSITY NHS FOUNDATION TRUST               | 21    | 92190  | 2470 | 2722.4 | 2.7 | <b>90.7</b>  |
| CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST      | 17    | 58160  | 1215 | 1475.8 | 2.1 | <b>82.3</b>  |
| IMPERIAL COLLEGE HEALTHCARE NHS TRUST                    | 24    | 65150  | 1440 | 1808.9 | 2.2 | <b>79.6</b>  |
| UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST | 17    | 51335  | 640  | 821.3  | 1.2 | <b>77.9</b>  |
| GUY'S AND ST THOMAS' NHS FOUNDATION TRUST                | 20    | 53285  | 890  | 1151.6 | 1.7 | <b>77.3</b>  |

# 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    |
|--|----------|---------------------|----------|----------|--------|
| <b>Accident &amp; Emergency '4 hour' standard 'All Types'</b>                        |          |                     |          |          |        |
| % ≤4 hour waits from Emergency Department attendance to admission/transfer/discharge | 95%      | 30/09/2022          | 63.29%   | 51.90%   | 60.95% |
| <b>Referral to Treatment Standards</b>   |          |                     |          |          |        |
| RTT: % <18 week waits, Incomplete pathways   | 92%      | 31/08/2022          | 60.34%   | 58.34%   | 67.90% |
| RTT: >52 week waits, Incomplete pathways - Average vs OUH total                      | 0        | 31/08/2022          | 2198     | 7423     | 1454   |
| <b>Cancer Standards</b>  |          |                     |          |          |        |
| <2 week waits to first appointment from urgent GP referral with suspected cancer     | 93%      | 31/08/2022          | 75.55%   | 79.02%   | 72.26% |
| <2 week waits to first appointment from urgent referral with breast symptoms         | 93%      | 31/08/2022          | 70.87%   | 44.51%   | 5.00%  |
| First treatment within 31 days of cancer diagnosis                                   | 96%      | 31/08/2022          | 92.09%   | 87.62%   | 87.98% |
| First cancer treatment within 62 days of urgent referral from screening service      | 90%      | 31/08/2022          | 68.54%   | 56.00%   | 86.67% |
| First cancer treatment within 62 days of urgent GP referral                          | 85%      | 31/08/2022          | 61.91%   | 53.29%   | 61.15% |
| Subsequent cancer treatment in <31 days: surgery                                     | 94%      | 31/08/2022          | 80.32%   | 72.60%   | 73.47% |
| Subsequent cancer treatment in <31 days: drugs                                       | 98%      | 31/08/2022          | 98.24%   | 98.01%   | 99.26% |
| Subsequent cancer treatment in <31 days: radiotherapy                                | 94%      | 31/08/2022          | 90.46%   | 93.14%   | 98.29% |
| <b>DMO1 6 week Diagnostic Standard</b>   |          |                     |          |          |        |
| DMO1: >6 week waits for treatment  | 1%       | 31/08/2022          | 30.51%   | 30.72%   | 6.19%  |

#### A&E

September 2022 saw a decline in performance against the 4-hour standard, with OUH moving back into the lower quartile nationally.

#### RTT

At the end of August 2022, OUH performed above the national average and the Shelford group average for patients waiting under 18 weeks at 67.90% and continues to report significantly less >52 week waits when compared to both the national average and the Shelford group.

#### Cancer Standards

In August 2022, OUH performed less favourably across 2 out 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 August 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 – Sept 2022

■ Oxford University Hospitals ■ Buckinghamshire & Berkshire ■ Shelford Group ■ Other

National 4hr ED Performance - All Types - September 2022

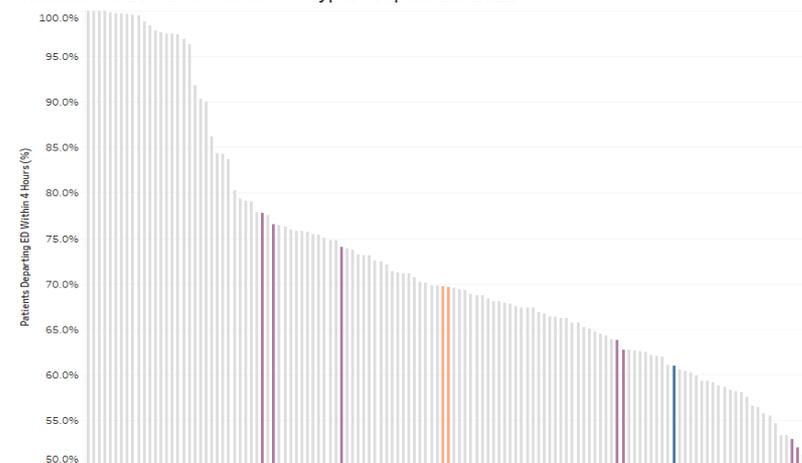


Figure 2. OUH performance of 'all types' (Emergency Departments only) compared to the National position – September 2022

- In September 2022, the Trust achieved 60.95% (all types) of patients being seen and discharged from the Emergency Departments (ED's) within the 4-hour standard, a decline of 3.56% in performance on the previous month.
- The John Radcliffe position deteriorated by 2.88% in September 2022 compared to August 2022 giving a site performance of 57.85%.
- The Horton site position also deteriorated from the previous month, achieving 69.58%, a drop in performance of 5.11%.
- OUH position for September 2022 declined in the national rankings for ED 4-hour performance 'all types' moving back into the lower quartile. In comparison to the Shelford Group Hospitals OUH dropped to 6<sup>th</sup> position and to 8<sup>th</sup> position against the local regional hospitals.
- Attendances increased by 1.4% compared to the previous month.
- 'Wait to be seen' remains the most significant breach reason for admitted and non-admitted patients, with 47.8% and 75.6% respectively.
- AAU has remained closed overnight to maintain ambulatory flow, however, has assisted with ED flow by opening early on occasions.
- SEU has been challenged and required the support of ED on a couple of occasions through the month when their flow has been restricted.

■ Null ■ Urgent Care ■ Minors ■ Streaming Majo. ■ Majors

ED Attendance figures by Stream

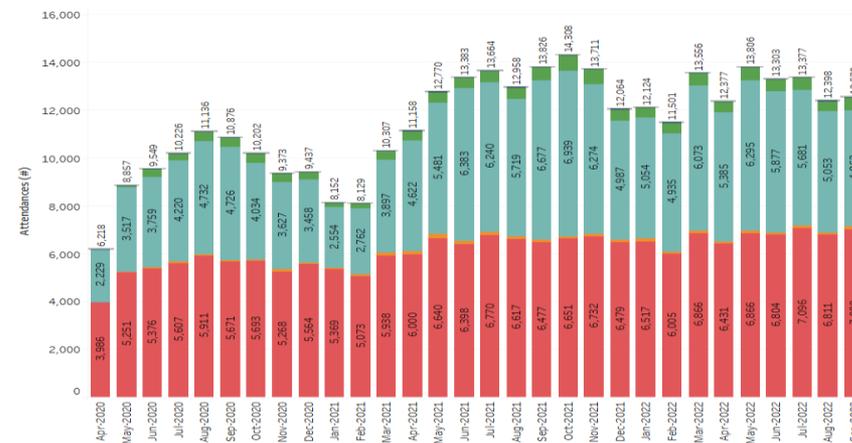


Figure 3. OUH ED attendances April 2020 – Sept 2022

Figure 1.

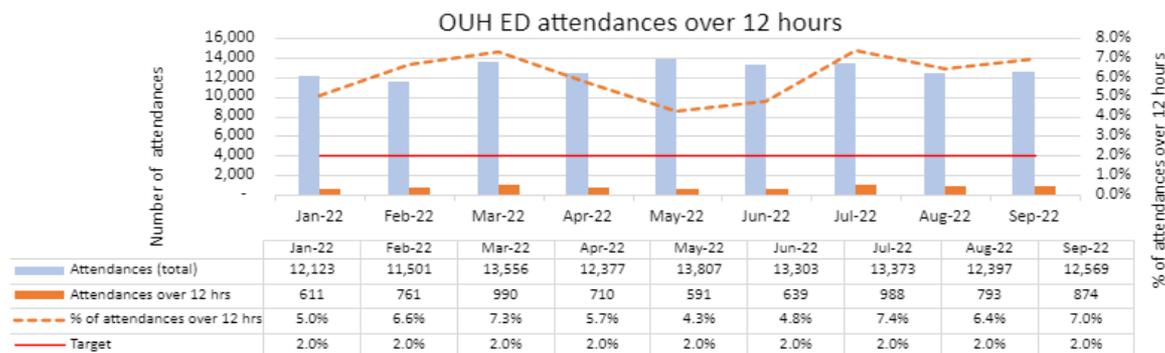


Figure 2.

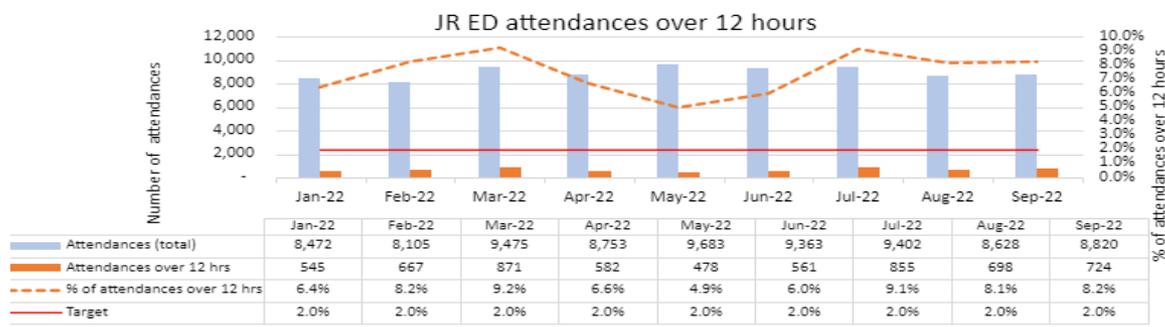
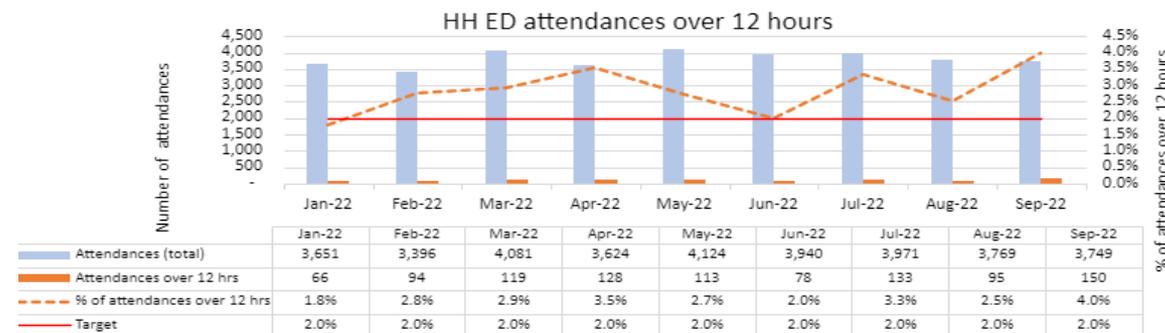


Figure 3.

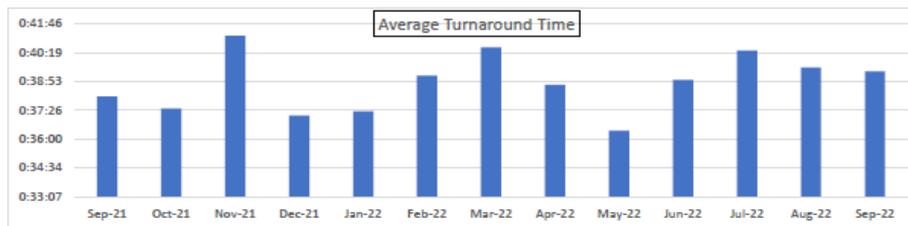


- In September 2022, 7% of ED attendances (874 patients) had a length of stay greater than 12 hours against the threshold of 2.0%. This is a slight deterioration on the previous month; however, it should be noted that attendances were slightly up compared the previous month.
- Figure 2 illustrates the percentage of attendances at the JR ED with a length of stay greater than 12 hours. This was on a par to the previous month at 8.2% with 724 patients residing in the JR ED for greater than 12 hours.
- Just 1% of paediatric attendances had a length of stay of over 12 hours at the JR with the majority of long length of stay seen in Adults Majors. Long waits to be seen and flow out of ED are the main contributing factors to this.
- Figure 3 illustrates the percentage of ED attendances at the Horton with a length of stay greater than 12 hours. This was 4% in September, 150 patients. This is a deterioration on the previous month. The main contribution factor to this for the Horton site in September was flow out of the ED.

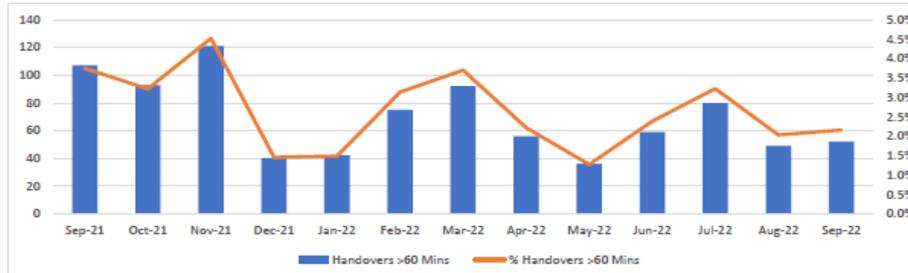
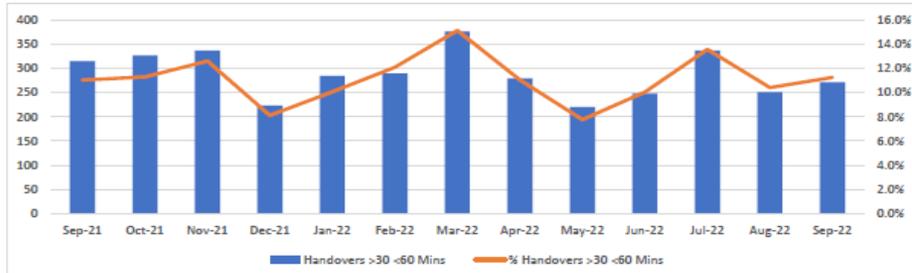
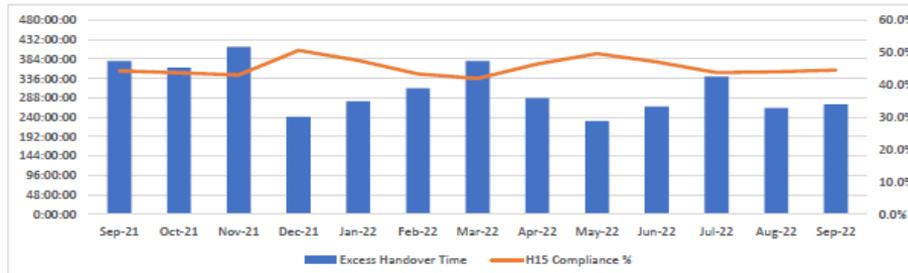
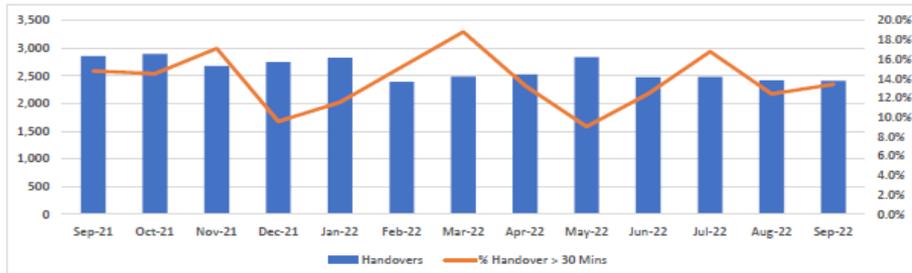
## John Radcliffe Hospital

| Arrivals, Handovers & Turnarounds |         |         |         |
|-----------------------------------|---------|---------|---------|
|                                   | Jul-22  | Aug-22  | Sep-22  |
| Number of Arrivals                | 3,581   | 3,462   | 3,456   |
| Number of Handovers               | 2,480   | 2,415   | 2,411   |
| Average Handover Time             | 0:21:25 | 0:19:40 | 0:19:52 |
| Average Turnaround Time           | 0:40:25 | 0:39:34 | 0:39:23 |

| Handover Breakdown       |        |        |        |
|--------------------------|--------|--------|--------|
|                          | Jul-22 | Aug-22 | Sep-22 |
| Handovers >30 <60 Mins   | 336    | 251    | 271    |
| Handovers >60 Mins       | 80     | 49     | 52     |
| % Handovers >30 <60 Mins | 13.55% | 10.39% | 11.24% |
| % Handovers >60 Mins     | 3.23%  | 2.03%  | 2.16%  |

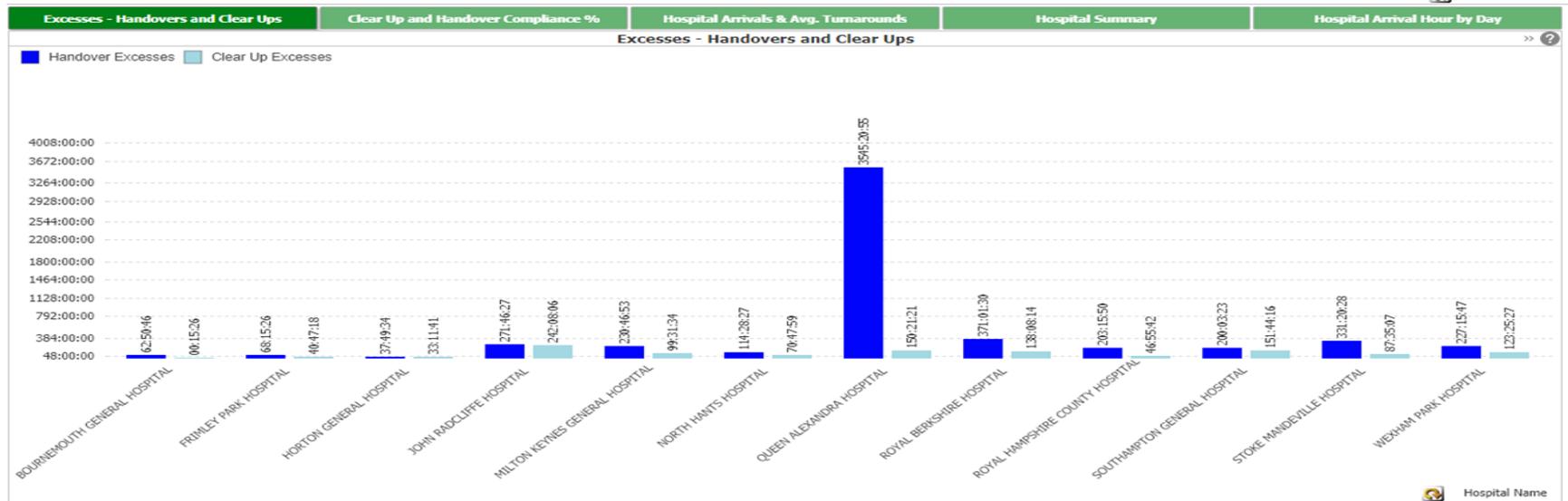
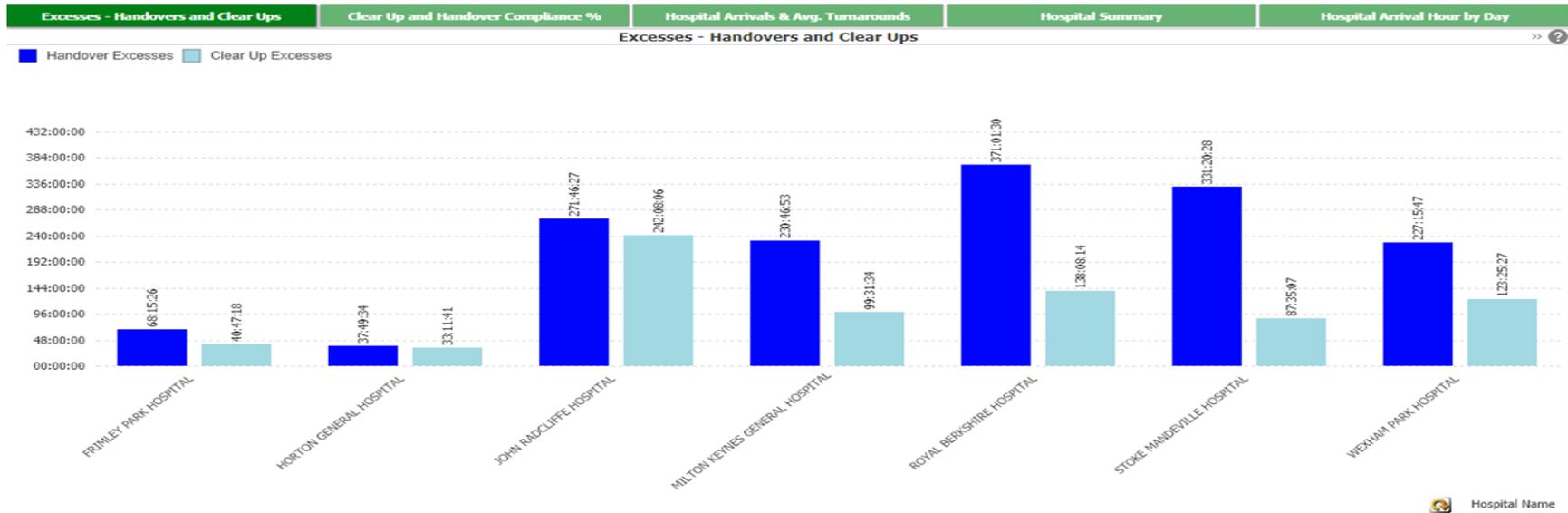


## Handover Charts for John Radcliffe Hospital



- Handover delays at the JR have stabilised. Arrivals and handovers were on a par to the previous month and the number of >30 mins and <60 mins delays increased slightly.
- Communication between South Central Ambulance Service (SCAS), OUHFT and Urgent Community Response (UCR) has been excellent and referrals to alternative clinical pathways have increased.
- OUHFT continues to provide an ambulance handover nurse; in addition to this, a second ambulance nurse has been provided at peak times to reduce the reliance on a Hospital Ambulance Liaison Officer (HALO). This has had a direct positive impact on releasing resources within SCAS to be back out in the community.
- 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.

# Urgent Care: Ambulance Handover delays September 2022 – Regional comparison



- 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 the clear up delays on the JR site will be progressed through Quarter 3.
- The bottom graph illustrates the individual hospital performance for the SCAS region.

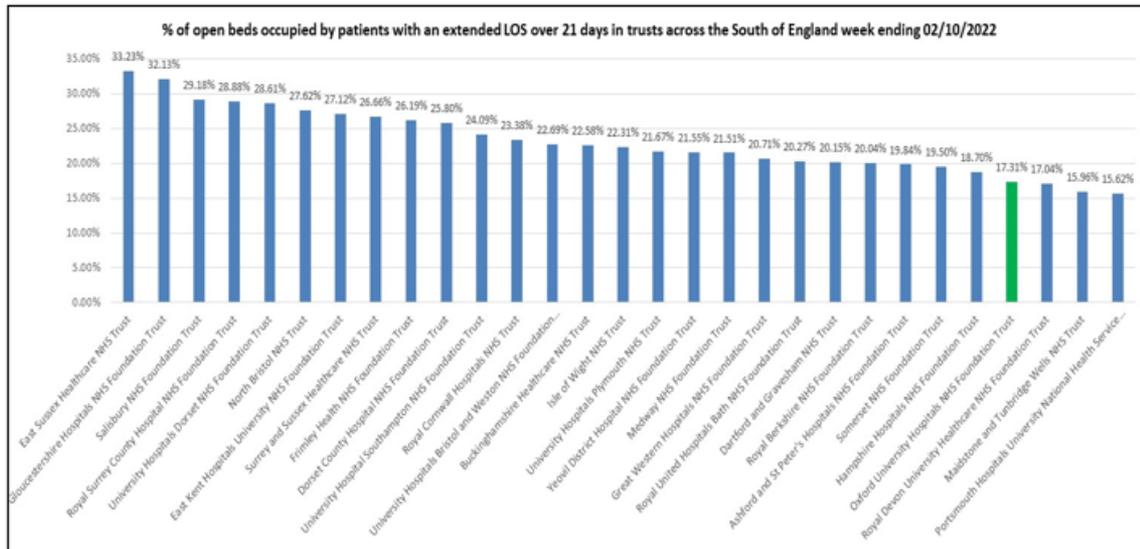
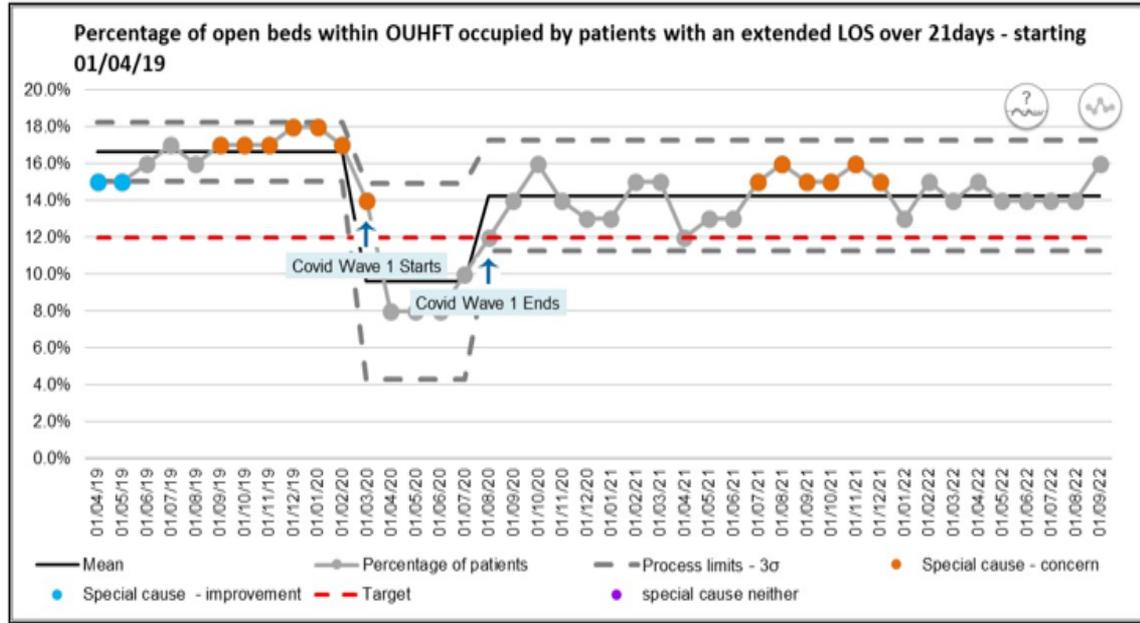
# Urgent Care: Length of stay (LOS) over 21 days - September

## Patients with a LOS over 21 days

- The number of patients with a length of stay over 21 days has increased through September.
- The second graph illustrates that OUHFT remains in a very favourable position within the Region at 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.
- In addition, the number of patients with a length of stay over 100 days has increased through September. These were highly complex patients who were not medically fit for discharge within NOTSSCaN Division (Neurosciences and Head & Neck)
- Action plans are underway with the Dep Director of UEC and Dep Divisional Nurses to address key areas that are within the control of OUHFT; pathway reviews for patients awaiting community hospital placement, patients NOT MOFD due to intravenous therapy, addressing 'blanks' for delay code, refresh and relaunch of the revised Board Round Policy.

## Patient with a LOS over 21 days – point prevalence 2nd October 2022

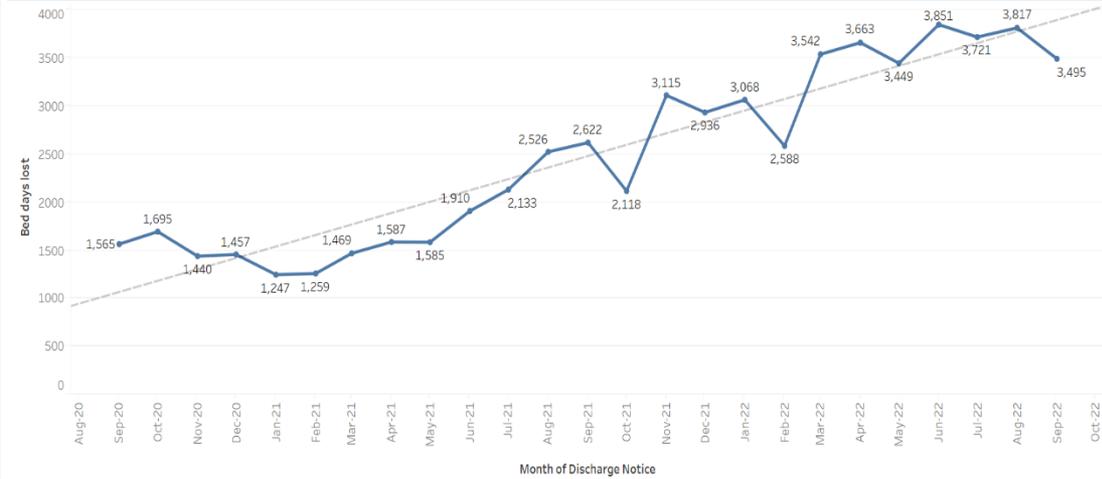
- 17% (165) are over 21 days
- 3% (5) are waiting for repatriation
- 34% (56) are out of county
- 13% (21) are NEWs 5 and above
- 42% (69) are Medically Fit for Discharge, of this 28% (19) are waiting for community hospital placement or any other bedded intermediate/ reablement care, 16% (11) are waiting for social care reablement or home-based intermediate care time limited and 9% (6) are waiting for start or restart of domiciliary care package – long-term packages.



## Medically Optimised for Discharge Delays

- 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
  - Inability to implement a 'Discharge to Assess' at home approach

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



## MOFD Summary - View 1

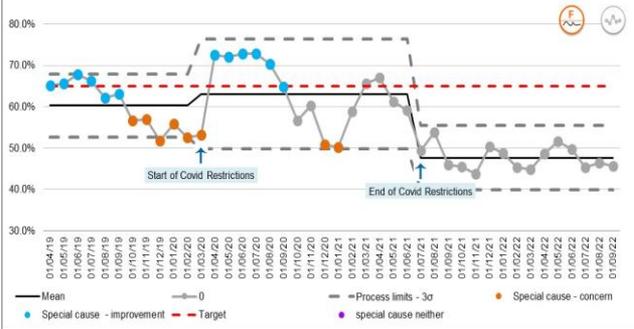
Date filter: September 2020 to October 2022

Average number of patients per day who were medically optimised for discharge but were delayed waiting for services

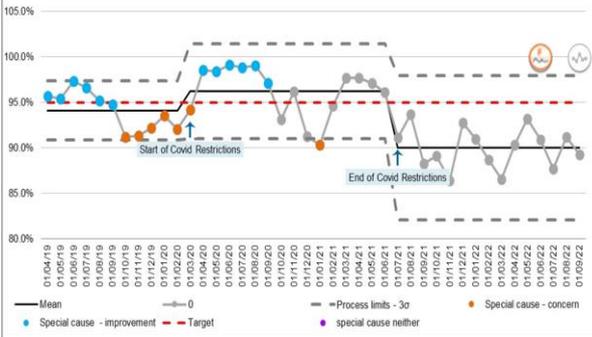


# Urgent Care: OUH Improvement Programme – Priorities 2022/23

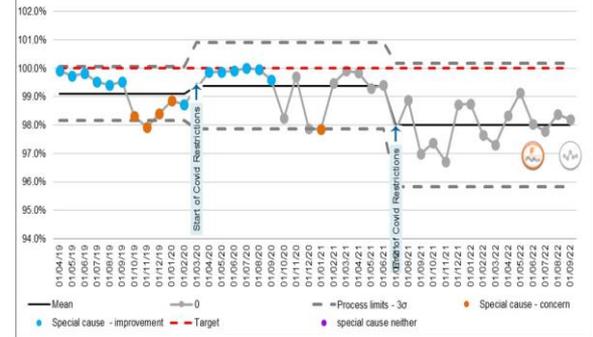
% of Ambulance Handovers completed within 15minutes-OUHFT starting 01/04/19



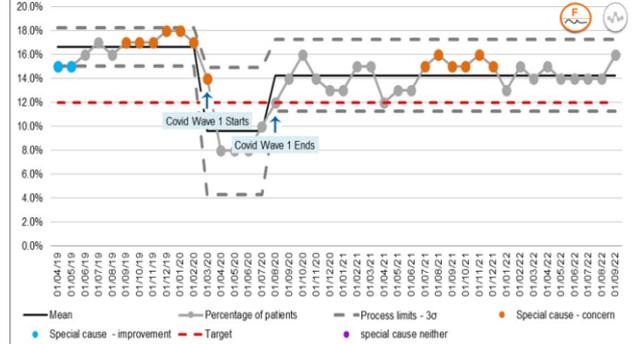
% of Ambulance Handovers completed within 30minutes-OUHFT starting 01/04/19



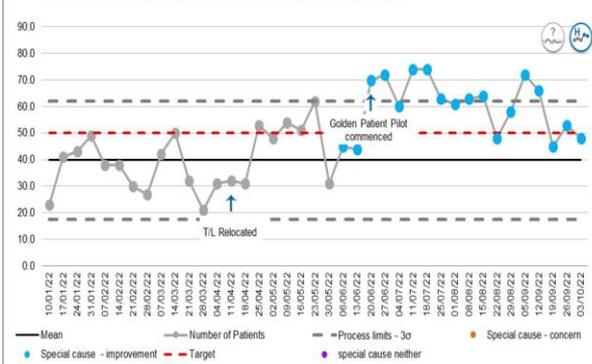
% of Ambulance Handovers completed within 60minutes-OUHFT starting 01/04/19



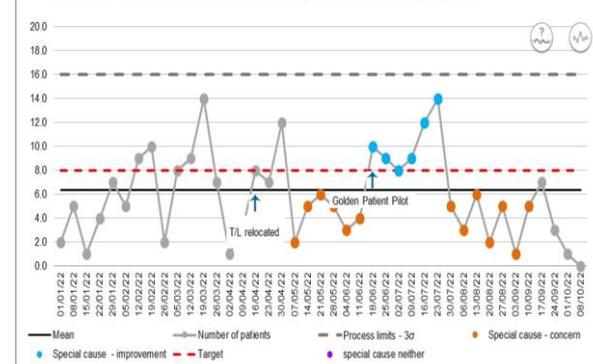
Percentage of open beds within OUHFT occupied by patients with an extended LOS over 21days - starting 01/04/19



Number of patients discharged via JR Transfer Lounge - starting 10/01/22



Number of patients discharged via JR Transfer Lounge at weekends - starting 01/01/22



## Keeping people safe at home

- Promoting independence - Active Oxfordshire
- Anticipatory care- planning people care with them
- Enhanced monitoring with GP and community team

## Assessing people in their own home when they require it

- Assessment within 2hrs in their own home
- Referrals from 999 crews, NHS 111, GP's and other health care professionals in their own home
- Continued assessment and treatment by hospital @ Home teams with consultant medical supervision from OUHFT
- Accessing Same Day Emergency Care units when further diagnostics are required.

## Reducing ambulance handovers and length of stay in Emergency Departments

- Supporting handovers from ambulance crews across all assessment units
- Reducing length of stay in Emergency to support people returning to their own home with support from H@H/Care teams

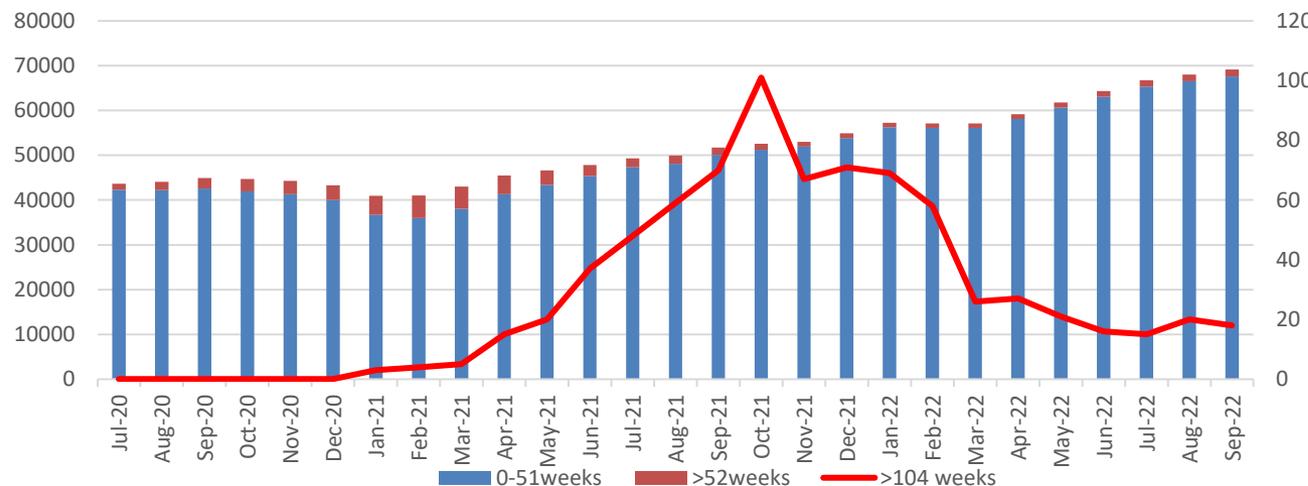
## Demand and capacity

Modelling carried out within OUHFT and the additional beds required within the community what is required to

## Patient recovery and flow

Increasing the number of people returning home.  
Reducing LOS across beds in Oxfordshire

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



September 2022 submitted >104 week by specialty:

Specialty

>104

Paediatric Spinal Surgery

7

Plastic Surgery

5

Spinal Surgery Service

3

Trauma and Orthopaedics

2

Urology

1

Grand Total

18

## Month 6 Performance:

Trust performance against the overall **18-week incomplete Referral To Treatment (RTT) standard** was **65.72%**. The total RTT Incomplete **waiting list size for September** was **69,163** and has increased by **1,131** pathways when compared to the previous month's submission (August 2022).

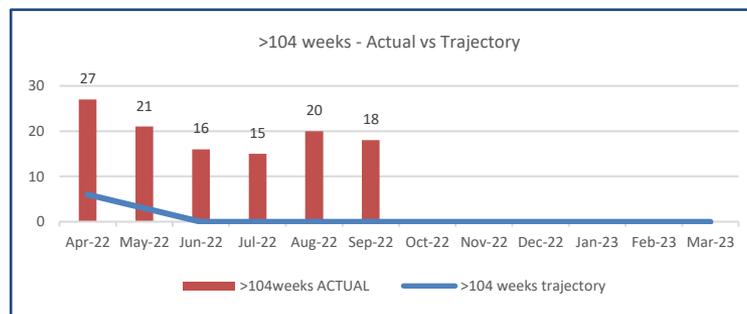
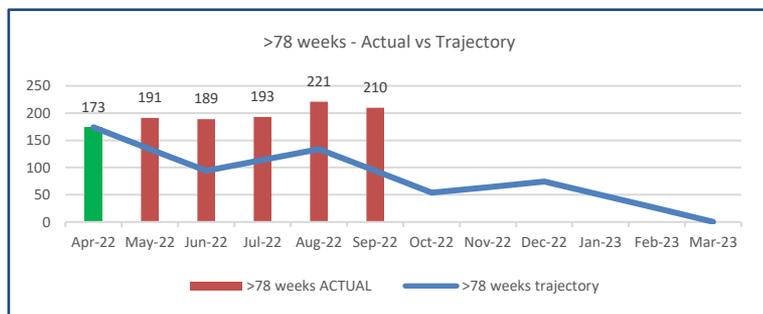
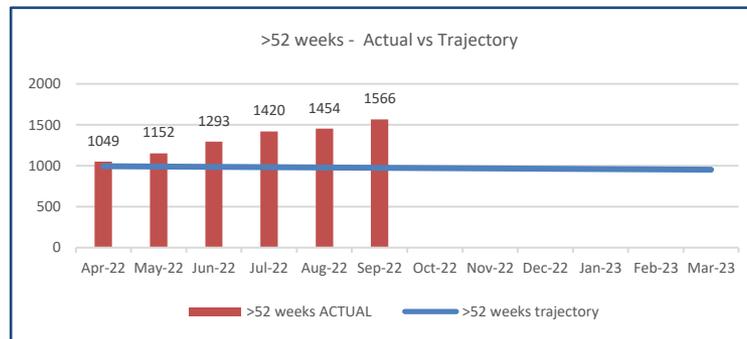
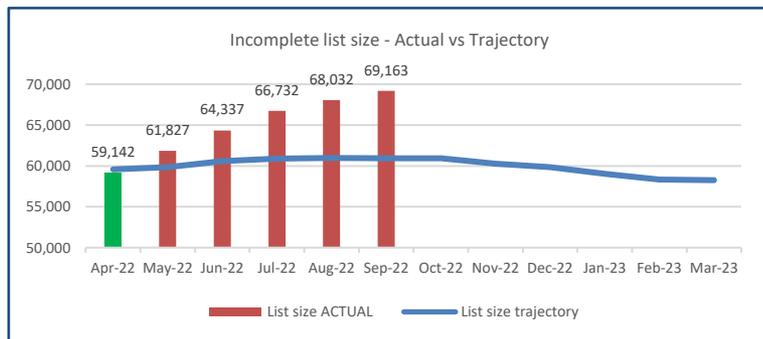
**52 week wait position:** There were **1,566** patients waiting **over 52 weeks** for first definitive treatment at the end of September 2022; this represents an increase of 112 patients when compared to previous month's position.

**78 week wait position:** There were **210** patients waiting **over 78 weeks** for first definitive treatment at the end of September 2022; this represents a decrease of 11 patients when compared to the previous month's position.

**104 week wait position:** **18** patients were submitted as having waited **over 104 weeks** at the end of September 2022. This included **5** patients who requested to delay their treatment beyond August 2022, 12 complex cases, and 1 COVID related. This represents a decrease of 2 patients when compared with 20 patients reported in month 5 (August 2022). The services reporting > 104 week breaches are detailed in the table (top right).

## Areas of focus for 2022/23 include:

- Tracking and performance monitoring of elective recovery scheme activity and expenditure
- 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
- 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 ENT and Urology
- 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 slight decrease in the volume of **current** waits above 78 weeks (210), the full year cohort of 78 weeks also continues 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.

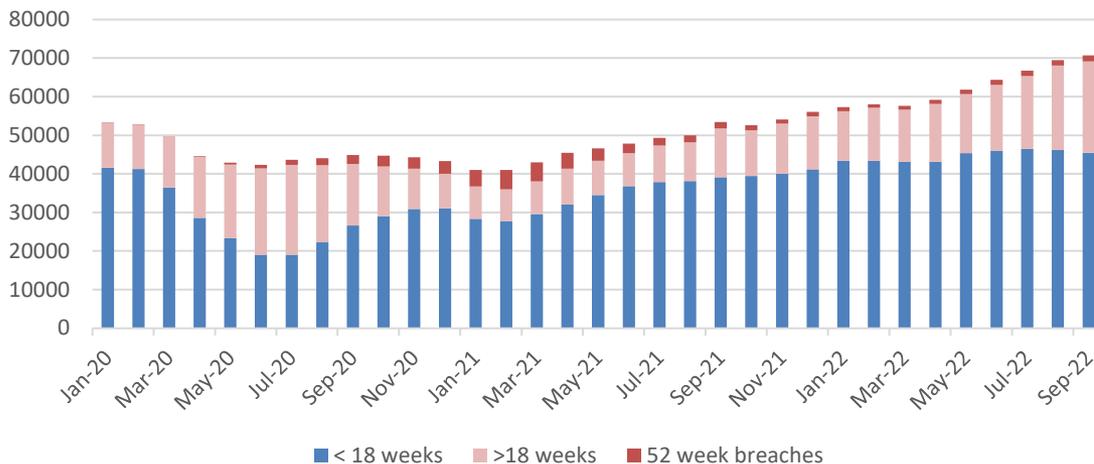
## Risks

- Specialist services unable to agree a Mutual Aid / Independent Sector solution
- Anaesthetic staff availability impacting theatre capacity
- Impact of Cancer and P2 demand clinically prioritised over routine
- Covid impact
- Diagnostic reporting delays
- Winter pressures / bed capacity, including adult and paediatric critical care

## 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 10 specialties (by volume of growth) RTT waiting list growth October 2021 vs September 2022

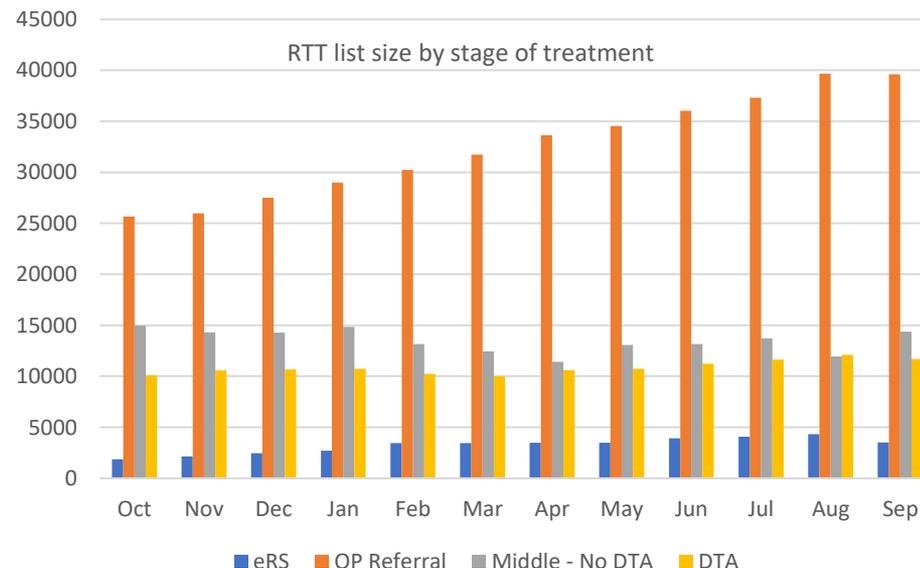
| Specialty              | Number of RTT Incomplete pathway GROWN by from Oct 21 vs Sept 22 |
|------------------------|--|
| Ear Nose and Throat    | 3163   |
| Orthopaedic Service    | 2345   |
| Ophthalmology          | 1657   |
| Dermatology            | 1457   |
| Urology                | 1452   |
| Gynaecology            | 1214   |
| Neurology              | 835  |
| Rheumatology           | 797  |
| Paediatric ENT         | 696  |
| Maxillo Facial Surgery | 686  |

- Total RTT Incomplete waiting list size continues to grow from **68,032** in August to **69,163** in September. The growth has mainly been in the Outpatient referral stage.

#### Potential contributors to growth:

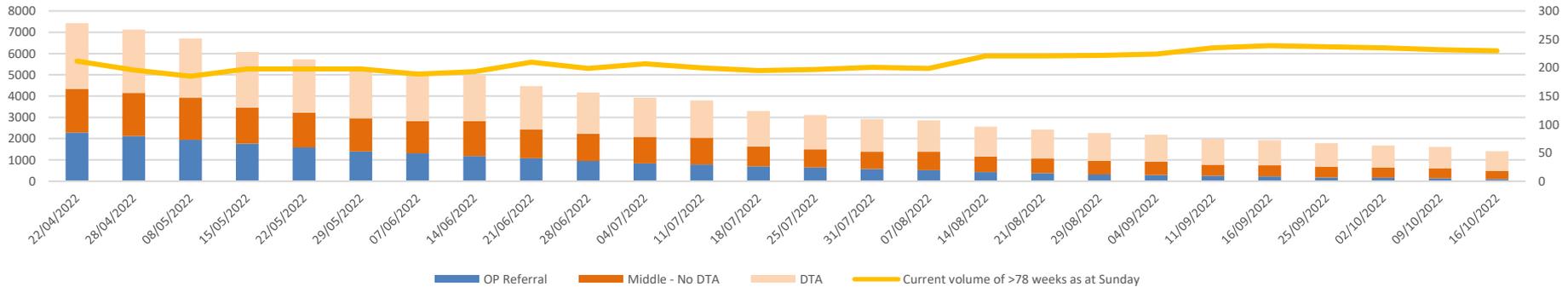
- Reopening of routine referrals** for ENT, Ophthalmology and Maxillofacial in Q3 21/22.
- Capacity and demand imbalance** which is prolonging waits to first outpatient appointment as average waits to First New appointment increase. Outpatient Steering Group workstreams are driving changes to ways of working; i.e, Patient Initiated Follow-Up, Advice & Guidance, Non Face-to-Face clinics.
- Data Quality** – The design of a Data Quality Operational Group is under development to address identified data quality issues. A validation programme has been approved by the Elective Care Recovery Group, with scoping underway.
- Clinic and Administrative resource capacity** - a number of services have been challenged with resolving the impact of reduced administrative resource for booking and scheduling. Digital solutions are in development to improve process inefficiency and administrative reliance.
- Growth at DTA** stage due to reduced/cancelled theatre capacity.
- Impact on activity** due to the rise in staff absences for Covid-19

### RTT list size by stage of treatment



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

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



## Currently waiting >78 weeks (as at 16.10.2022)

There were 223 patients currently waiting >78 weeks on 16/10/2022.

The growing number of patients in this cohort has started to slow down over the course of the last three weeks.

**50.87%** of patients currently waiting over 78 weeks do not have a scheduled next step (see table below for the top 10 specialties by volume)

|                                 | OP Referral |         | Middle - No DTA |           | DTA       |           | Total UNDATED next step | %UNDATED next step |
|---------------------------------|-------------|---------|-----------------|-----------|-----------|-----------|-------------------------|--------------------|
|                                 | DATED       | UNDATED | DATED           | UNDATED   | DATED     | UNDATED   |                         |                    |
| <b>Top 10</b>                   |             |         |                 |           |           |           |                         |                    |
| Urology                         |             |         | 6               | 10        | 34        | 33        | 43                      | 51.81%             |
| Plastic Surgery                 | 1           |         | 2               | 3         | 12        | 9         | 12                      | 44.44%             |
| Paediatric Spinal Surgery       |             |         | 1               | 2         | 5         | 17        | 19                      | 76.00%             |
| Spinal Surgery Service          |             |         | 4               | 6         | 5         | 8         | 14                      | 60.87%             |
| Trauma and Orthopaedics         |             |         | 1               | 1         | 8         | 2         | 3                       | 25.00%             |
| Ophthalmology                   |             |         |                 |           | 3         | 8         | 8                       | 72.73%             |
| Paediatric Ophthalmology        |             |         |                 |           | 1         | 7         | 7                       | 87.50%             |
| Vascular Surgery                |             |         | 1               |           | 4         |           | 0                       | 0.00%              |
| Paediatric Plastic Surgery      |             |         |                 |           | 4         | 1         | 1                       | 20.00%             |
| Paediatric Urology              |             |         | 1               |           | 2         | 2         | 2                       | 40.00%             |
| <b>Trust Total &gt;78 weeks</b> | <b>3</b>    |         | <b>19</b>       | <b>25</b> | <b>91</b> | <b>92</b> | <b>117</b>              | <b>50.87%</b>      |

## Forward View: March 2023 >78 weeks clearance cohort

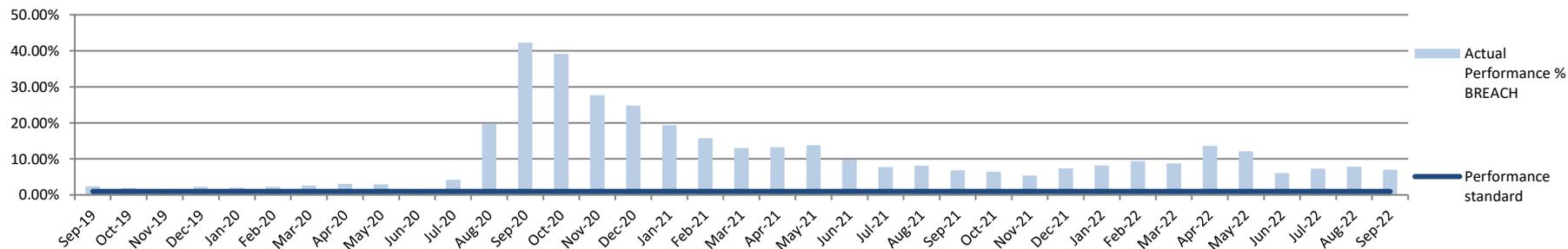
There were **1,423** patients who have 78-week breach dates on or before 31<sup>st</sup> March 2023 (March clearance cohort)

The number of patients in this cohort continues to reduce.

**62.17%** of patients in March 23 clearance **do not have** a scheduled next step (see table below for the top 10 specialties by volume)

| Row Labels                | OP Referral |           | Middle - No DTA |            | DTA        |            | Total UNDATED next step | %UNDATED next step |
|---------------------------|-------------|-----------|-----------------|------------|------------|------------|-------------------------|--------------------|
|                           | DATED       | UNDATED   | DATED           | UNDATED    | DATED      | UNDATED    |                         |                    |
| Urology                   | 2           | 1         | 16              | 70         | 38         | 229        | 300                     | 84.27%             |
| Trauma and Orthopaedics   | 2           | 1         | 7               | 19         | 97         | 106        | 126                     | 54.31%             |
| Plastic Surgery           | 3           |           | 3               | 8          | 41         | 54         | 62                      | 56.88%             |
| Spinal Surgery Service    | 4           |           | 23              | 36         | 8          | 36         | 72                      | 67.29%             |
| Vascular Surgery          | 8           |           | 27              | 11         | 8          | 16         | 27                      | 38.57%             |
| Orthopaedic Service       | 10          | 2         | 6               | 6          | 16         | 25         | 33                      | 50.77%             |
| Ophthalmology             | 2           |           | 1               |            | 8          | 45         | 45                      | 80.36%             |
| Paediatric Spinal Surgery | 3           |           | 2               | 5          | 6          | 35         | 40                      | 78.43%             |
| Neurosurgical Service     | 1           | 3         | 4               | 12         | 13         | 13         | 28                      | 60.87%             |
| Gastroenterology          | 19          | 1         | 10              | 7          |            |            | 8                       | 21.62%             |
| <b>Grand Total</b>        | <b>89</b>   | <b>14</b> | <b>143</b>      | <b>231</b> | <b>301</b> | <b>631</b> | <b>876</b>              | <b>62.17%</b>      |

## % 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                                 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Trend rolling 12 month period | 6week breach change from previous month |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------------------------|---|
| Magnetic Resonance Imaging                | 542    | 397    | 341    | 444    | 460    | 314    | 243    | 258    | 212    | 249    | 210    | 206    | 236    |                               | 30                                      |
| Computed Tomography                       | 20     | 24     | 38     | 82     | 179    | 40     | 133    | 112    | 136    | 74     | 57     | 36     | 39     |                               | 3                                       |
| Non-obstetric ultrasound                  | 252    | 674    | 670    | 1109   | 743    | 210    | 318    | 306    | 256    | 246    | 277    | 314    | 264    |                               | -50                                     |
| Barium Enema                              | 0      | 0      | 2      | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 8      |                               | 8                                       |
| DEXA Scan                                 | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 1      | 0      | 11     | 0      | 1      |                               | 1                                       |
| Audiology - Audiology Assessments         | 146    | 159    | 220    | 315    | 327    | 283    | 353    | 298    | 215    | 242    | 148    | 125    | 133    |                               | 8                                       |
| Cardiology - echocardiography             | 125    | 89     | 42     | 40     | 22     | 12     | 36     | 45     | 104    | 74     | 94     | 106    | 126    |                               | 20                                      |
| Cardiology - electrophysiology            | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |                               | 0                                       |
| Neurophysiology - peripheral neurophys    | 5      | 2      | 11     | 7      | 4      | 6      | 0      | 5      | 0      | 14     | 16     | 17     | 50     |                               | 33                                      |
| Respiratory physiology - sleep studies    | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |                               | 0                                       |
| Urodynamics - pressures & flows           | 18     | 14     | 13     | 1      | 7      | 2      | 2      | 5      | 4      | 4      | 8      | 10     | 13     |                               | 3                                       |
| Colonoscopy                               | 28     | 12     | 14     | 19     | 16     | 11     | 11     | 7      | 3      | 8      | 6      | 15     | 16     |                               | 1                                       |
| Flexi sigmoidoscopy                       | 19     | 11     | 4      | 9      | 13     | 13     | 3      | 8      | 0      | 3      | 2      | 4      | 11     |                               | 7                                       |
| Cystoscopy                                | 53     | 53     | 65     | 53     | 46     | 33     | 31     | 40     | 41     | 43     | 37     | 37     | 31     |                               | -6                                      |
| Gastroscopy                               | 24     | 23     | 22     | 26     | 15     | 8      | 9      | 9      | 0      | 5      | 5      | 6      | 9      |                               | 3                                       |
| Total > 6 weeks against performance stand | 1233   | 1458   | 1442   | 2106   | 1832   | 932    | 1139   | 1093   | 972    | 962    | 871    | 876    | 937    |                               | 61                                      |

**Month 6 Performance:** There were **937** patients waiting over 6 weeks for a DM01 reportable diagnostic test at the end of September (an increase of 61 patients compared to the previous month). The Trust did not meet the **diagnostic wait** standard with **6.45%** waiting more than 6 weeks. Overall performance remains above the national standard.

**Cardiology** – Staffing levels in September decreased due to maternity leave and sickness. Since being awarded to provide community cardiology echo services in June, the additional 3.0WTE echocardiographers are just being recruited (1.0WTE started 20 September, 1.0WTE from overseas waiting for a start date and 1.0WTE back out to advert). 1.68WTE B7 echocardiographers are due to leave the Trust in November which will be incorporated into the current recruitment process. There are known national challenges to recruiting echocardiographers; in response to this, the service is reviewing alternative workforce models, including medical staff cover. The September breaches were also slightly impacted by the short notice Bank Holiday; however, the service did mitigate where possible.

**Non obstetric ultrasound** showed a slight increase in breaches related to MSK diagnostic exams. 3 x MSK Fellows have started in September which will increase the capacity; therefore, the service is forecasting a reduction in breaches in the coming months. The September breaches were also slightly impacted by the short notice Bank Holiday.

**Neurophysiology** showed an increase in breaches in September from 17 in August to 50 in September. This is a combination of a reduction in Consultant and Register clinics. Clinical staff sickness and annual leave have also played a part in the increase in breach numbers for September.

## 28 Day reportable cancellations/readmission breaches by Month

|   | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total Hospital Non clinical cancellations in period | 25     | 49     | 44     | 25     | 26     | 29     | 32     | 37     | 32     | 31     | 27     | 24     | 38     |
| 28 day Readmission breaches in period               | 4      | 2      | 7      | 6      | 3      | 6      | 5      | 5      | 1      | 4      | 7      | 4      | 2      |

| Specialty                          | Cancellations | Readmission Breaches |
|------------------------------------|---------------|----------------------|
| Cardiology                         | 1             | 0                    |
| Paediatric Neurosurgery            | 1             | 0                    |
| Paediatric Trauma and Orthopaedics | 2             | 0                    |
| Paediatric Urology                 | 3             | 1                    |
| Neurosurgical Service              | 2             | 0                    |
| Spinal Surgery Service (NOC)       | 1             | 0                    |
| Paediatric Ophthalmology           | 2             | 0                    |
| Maxillo Facial Surgery             | 1             | 0                    |
| Orthopaedics                       | 5             | 1                    |
| Trauma and Orthopaedics            | 3             | 0                    |
| Endoscopy (Gastroenterology)       | 9             | 0                    |
| Endoscopy (General Surgery)        | 4             | 0                    |
| Gynaecology                        | 1             | 0                    |
| Medical Oncology                   | 1             | 0                    |
| Upper Gastrointestinal Surgery     | 1             | 0                    |
| Urology                            | 1             | 0                    |
|                                    | <b>38</b>     | <b>2</b>             |

### Month 6 Performance:

**Cancellations - non-clinical hospital reason** - There were **38** reportable elective cancellations on the day (for hospital non clinical reason) throughout the month of September 2022; this represents an increase in cancellations when compared to the previous month.

The reasons for cancellation were as follows:

- Surgeon unavailable/unwell (11 patients)
- Overriding emergency/urgent took priority (8 patients)
- Ran out of theatre time/list running late/overbooked (5 patients)
- Equipment/kit unavailable (4 patients)
- No bed (4 patients)
- Anaesthetist unwell/unavailable (3 patients)
- Booking error (2 patients)
- No transport Hospital organised (1 patient)

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

There were **2 x 28 day readmission failures** in September 2022. Both patients were cancelled due to no earlier available capacity with their consultant.

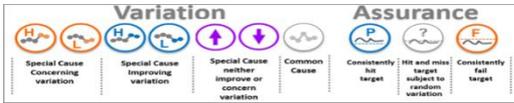
Improvement work looking at **cancellation reason capture and recording** within EPR to enable **improved reporting on cancellation data** has been underway. Informatics and reporting are **applying a reporting solution** using these improved reasons, which expect to show a more accurate picture of elective cancellation from once a **request for change (RfC)** has been made and enacted.

# Cancer Waiting Time – Performance Overview

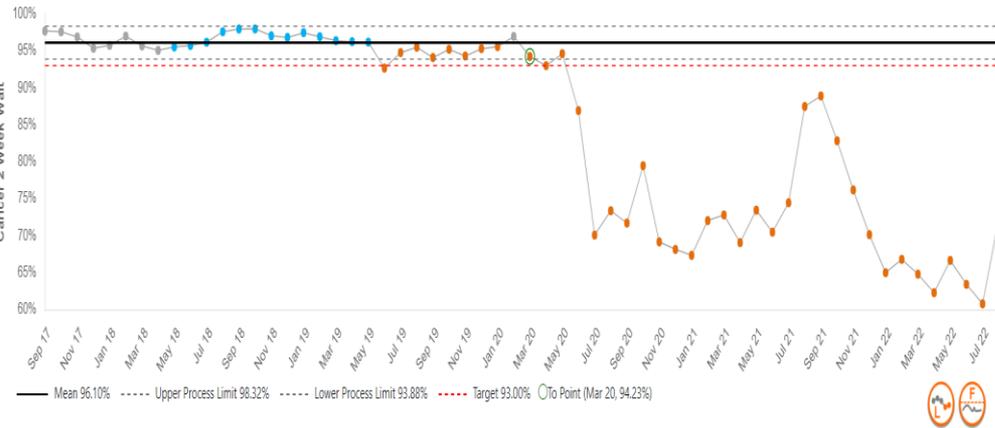
| Standard                          | Target | Total | Within | Breach | This Months Performance | 31/07/2022 | Variance |
|-----------------------------------|--------|-------|--------|--------|-------------------------|------------|----------|
| 2ww Referrals                     | 93%    | 2379  | 1719   | 660    | 72.3%                   | 60.8%      | 11.46%   |
| Breast Symptomatic                | 93%    | 180   | 9      | 171    | 5.0%                    | 3.8%       | 1.23%    |
| 31 Day First Treatment            | 96%    | 441   | 388    | 53     | 88.0%                   | 92.8%      | -4.82%   |
| 31 Day Sub Treatment Drug         | 98%    | 136   | 135    | 1      | 99.3%                   | 98.4%      | 0.84%    |
| 31 Day Sub Treatment Radiotherapy | 94%    | 234   | 230    | 4      | 98.3%                   | 97.8%      | 0.48%    |
| 31 Day Sub Treatment Surgery      | 94%    | 98    | 72     | 26     | 73.5%                   | 84.8%      | -11.31%  |
| 62 Day Screening                  | 90%    | 15    | 13     | 2      | 86.7%                   | 92.0%      | -5.33%   |
| 62 Day Treated                    | 85%    | 217.5 | 133    | 84.5   | 61.1%                   | 60.3%      | 0.81%    |
| 28 Day FDS 2WW                    | 75%    | 2131  | 1703   | 428    | 79.9%                   | 78.3%      | 1.64%    |

## 3 Standards achieved in August 2022

| Tumour Site | 2ww Referrals | 31 Day 1st | 62 Day Screening | 62 Day Treated | 28 Day FDS 2WW |
|-------------|---------------|------------|------------------|----------------|----------------|
|             | 93%           | 93%        | 90%              | 85%            | 75%            |
| Brain/CNS   | 0.00%         | 78.57%     | N/A              | 0.00%          | 50.00%         |
| Breast      | 39.17%        | 100.00%    | 100.00%          | 74.29%         | 91.46%         |
| Children's  | 100.00%       | 100.00%    | N/A              | N/A            | 100.00%        |
| Gynae       | 83.91%        | 76.47%     | N/A              | 54.17%         | 67.36%         |
| Haem        | 83.33%        | 100.00%    | N/A              | 25.00%         | 45.45%         |
| Head&Neck   | 87.50%        | 80.95%     | N/A              | 35.00%         | 72.43%         |
| Lower GI    | 76.10%        | 80.77%     | 0.00%            | 62.00%         | 67.66%         |
| Lung        | 100.00%       | 84.85%     | N/A              | 66.67%         | 92.31%         |
| Other       | N/A           | 88.89%     | N/A              | 50.00%         | N/A            |
| Sarcoma     | 69.23%        | 100.00%    | N/A              | 40.00%         | 69.23%         |
| Skin        | 81.43%        | 87.06%     | N/A              | 90.82%         | 96.49%         |
| Testicular  | 66.67%        | N/A        | N/A              | 100.00%        | 33.33%         |
| Upper GI    | 87.14%        | 92.31%     | N/A              | 66.67%         | 74.19%         |
| Urological  | 72.20%        | 84.42%     | N/A              | 31.25%         | 62.43%         |



Period: Sep 2017 to Aug 2022



## GP referral 2WW standard

**2WW standard was not achieved in August**, reporting 72.3% against 93% threshold with 660 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%.

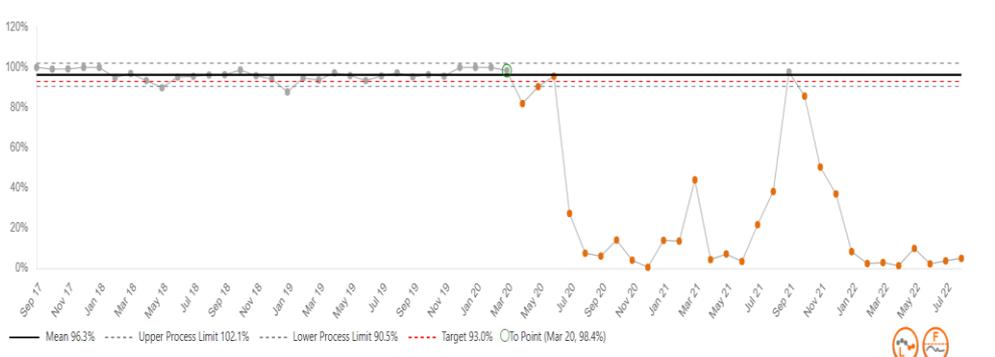
**Breast** accounted for 306 breaches followed by LGI with 105 breaches and **Skin** with 91 breaches.

**2ww Breast Symptomatic:** standard was **not met** with a performance of 5% against standard of 93% with 171 patients breaching.

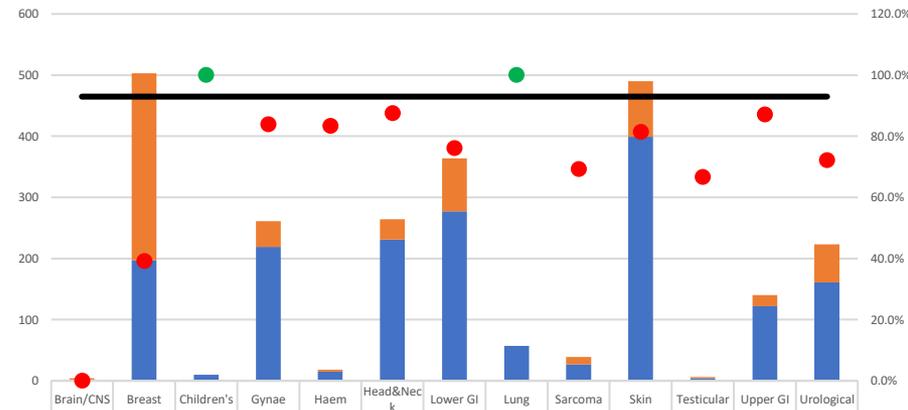
### Action taken:

Insourcing capacity due to commence mid-Oct for Breast to support performance recovery and anticipated increase in demand that may arise during Quarter 3 in line with national public awareness campaigns. The breast pathway is expected to show significant improvement by the end of November.

## 2 Week Wait Breast Symptomatic



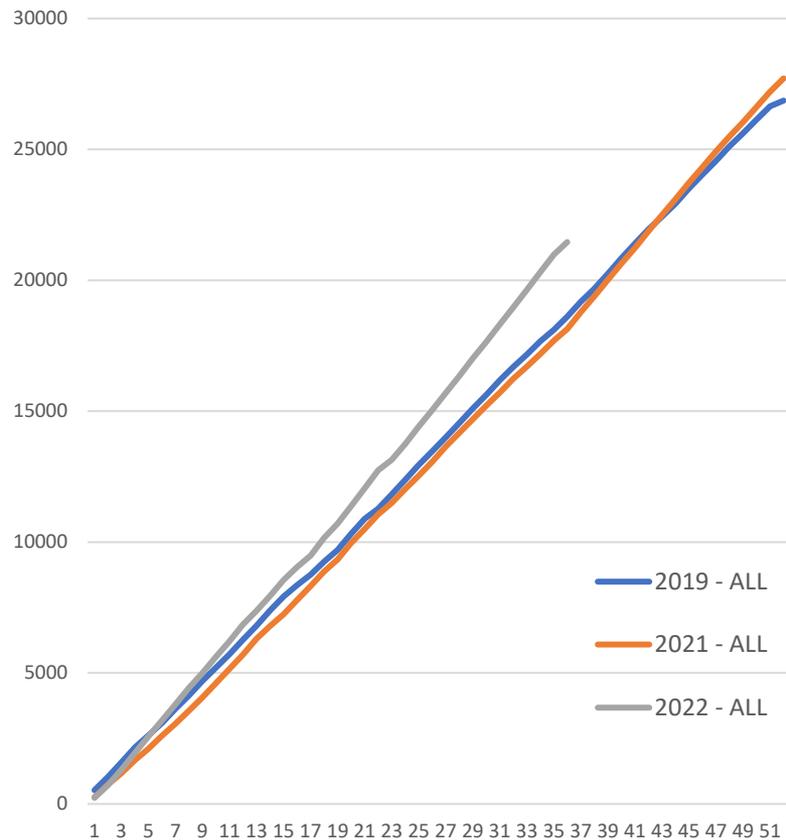
## GP referral 2WW Volume by Performance



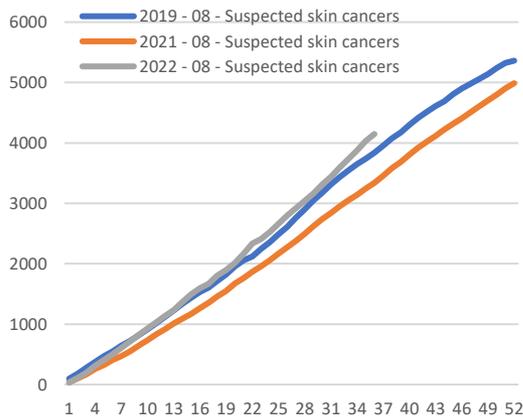
|                           | Brain/CNS | Breast | Children's | Gynae | Haem  | Head&Neck | Lower GI | Lung   | Sarcoma | Skin  | Testicular | Upper GI | Urological |
|---------------------------|-----------|--------|------------|-------|-------|-----------|----------|--------|---------|-------|------------|----------|------------|
| <b>Breach</b>             | 4         | 306    | 0          | 42    | 3     | 33        | 87       | 0      | 12      | 91    | 2          | 18       | 62         |
| <b>Within</b>             | 0         | 197    | 10         | 219   | 15    | 231       | 277      | 57     | 27      | 399   | 4          | 122      | 161        |
| <b>Sum of Performance</b> | 0.0%      | 39.2%  | 100.0%     | 83.9% | 83.3% | 87.5%     | 76.1%    | 100.0% | 69.2%   | 81.4% | 66.7%      | 87.1%    | 72.2%      |
| <b>Sum of Target</b>      | 0.93      | 0.93   | 0.93       | 0.93  | 0.93  | 0.93      | 0.93     | 0.93   | 0.93    | 0.93  | 0.93       | 0.93     | 0.93       |

# Cancer 2 Week Wait - Referral Comparison to Prior Years

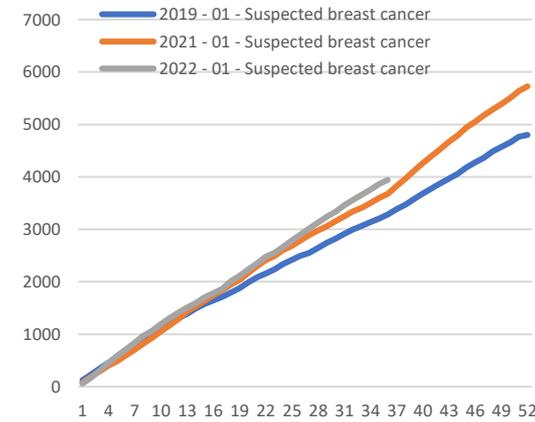
Year to Date Referral Volume : Trust Total  
Period: Jan 2019 to Oct 2022



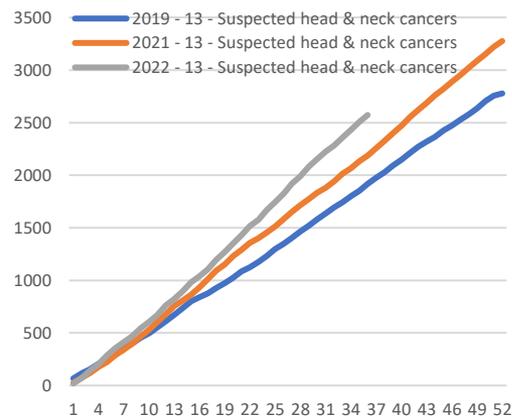
## Suspected Skin Cancer



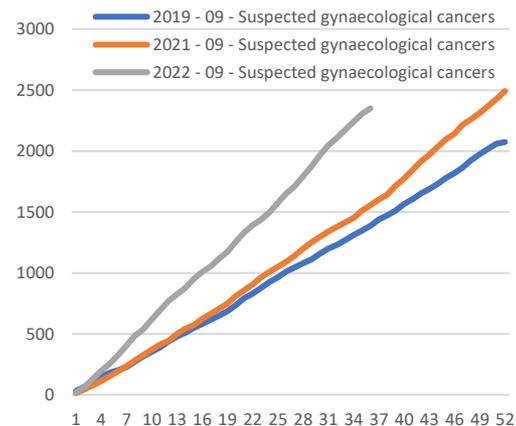
## Suspected Breast Cancer



## Suspected Head & Neck Cancer



## Suspected Gynae Cancer

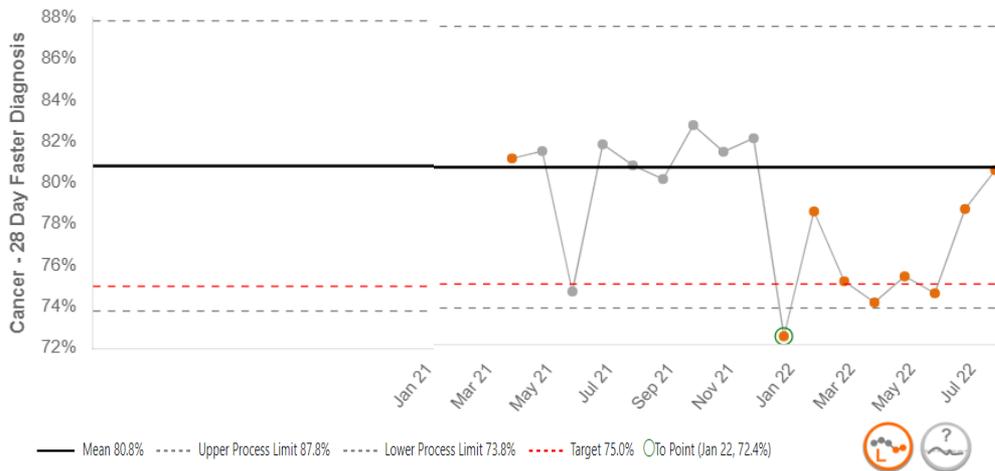


### GP referral 2WW

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%)** and **Gynae (70%)** when compared to 2019.



## 28 Day Faster Diagnosis Standard

28 Day FDS Standard **was achieved**, reporting 79.9% against 75% threshold with 428 patients breaching.

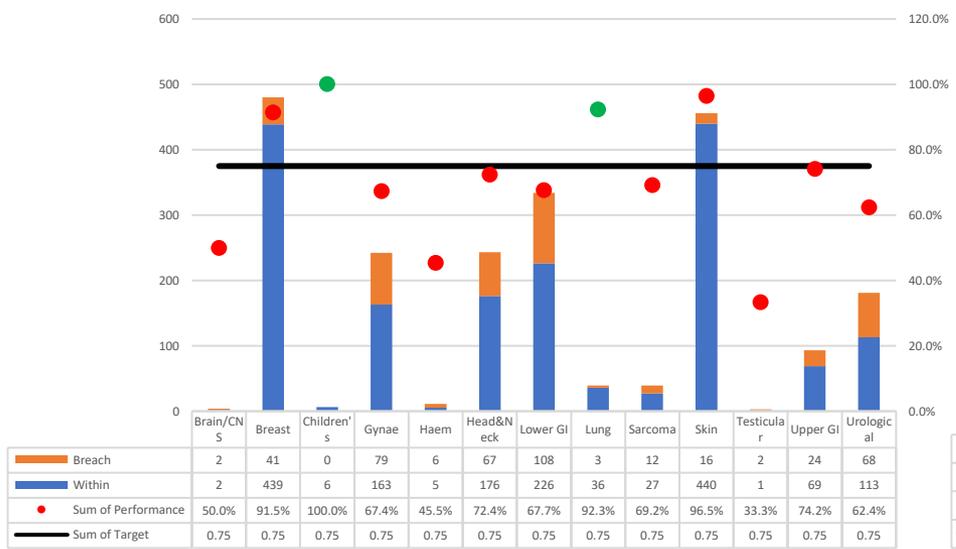
The SPC (left) shows a **special cause of concern** since **January 2022** with a **hit and miss of the target** due to random variation.

Lower GI accounted for 108 breaches, followed by Gynaecology accounting for 79 breaches and Urology accounting for 68 breaches.

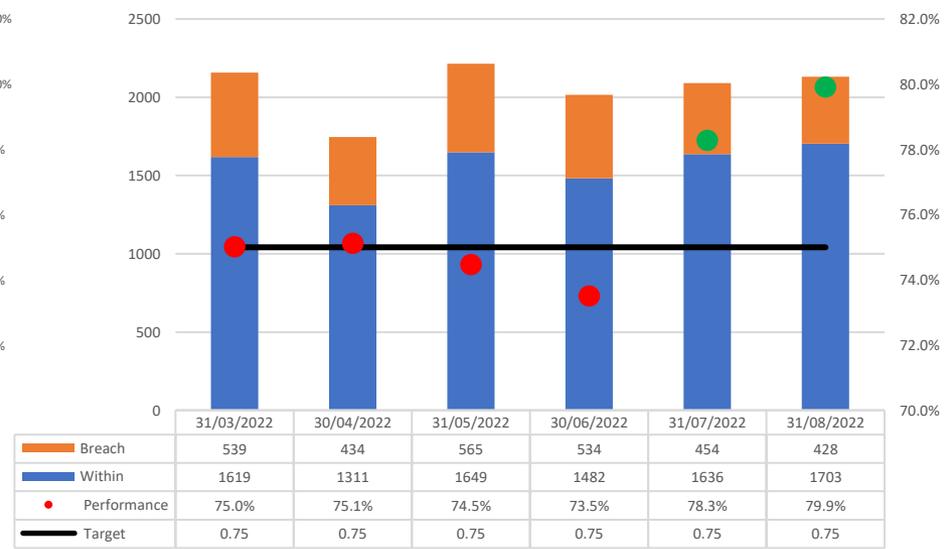
### Action taken:

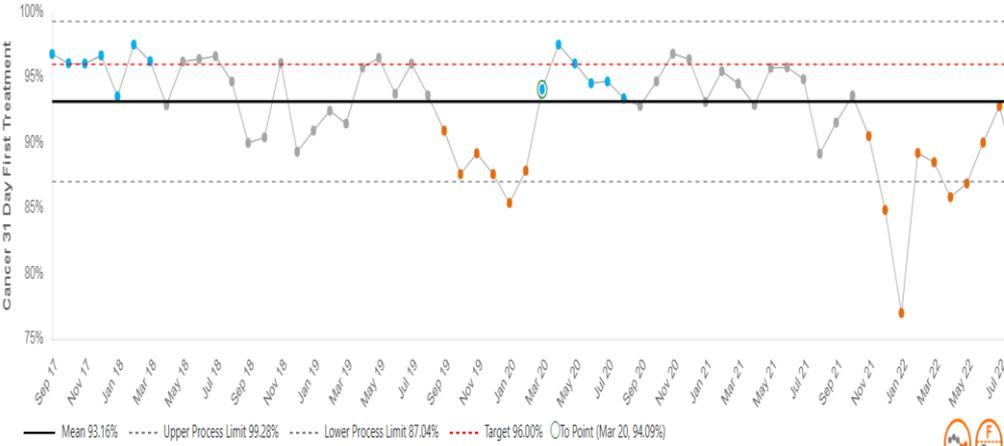
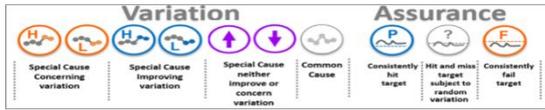
Task & Finish Groups (TAFG) commenced to analyse and recommend improvements to the Urology, Gynaecology and LGI pathway. Thames Valley Cancer Alliance (TVCA) have approved a revised Faeco-immunochemical test (FIT) letter to be sent to GP practices who do not comply with FIT criteria. Training is underway 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 August 2022



## 28 Day FDS Volume by Performance





## 31 Day 1st Standard

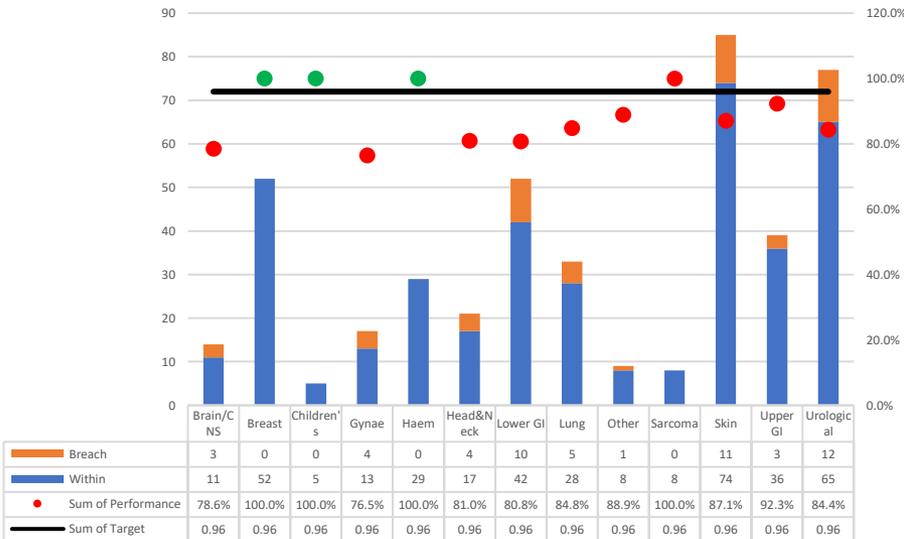
The number of treated patients increased from **348** patients in July to 441 patients in August. In line with previous months, performance has been challenging with delivering the target.

The SPC (left) shows a **special cause of concern since November 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 93%.

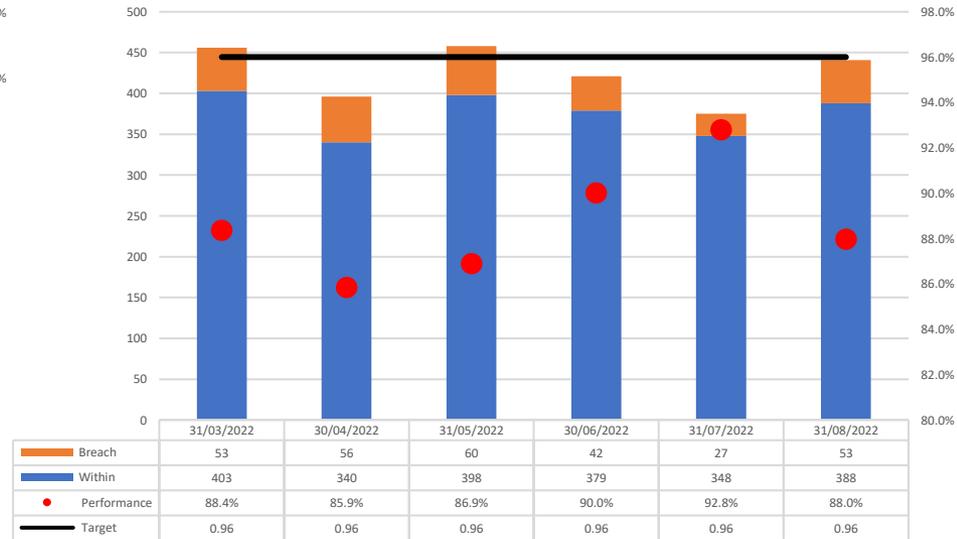
81% (43) of 31D breaches were Surgery related and 11% (6) Radiotherapy. Surgery / anaesthetic / Plastics capacity were the key issues as well as patients with comorbidities / COVID causing delays to treatment. Late transfers from other trusts also impacted whereby the 31D target had already breached prior to transfer to OUH.

**Actions taken:** A review of theatre capacity aligned with clinical priorities has been undertaken and is being implemented across the Divisions. The criteria and process for Inter-Provider Transfers are being reviewed within identified tumour site workstreams, to ensure patients are appropriately prepared for treatment before transfer.

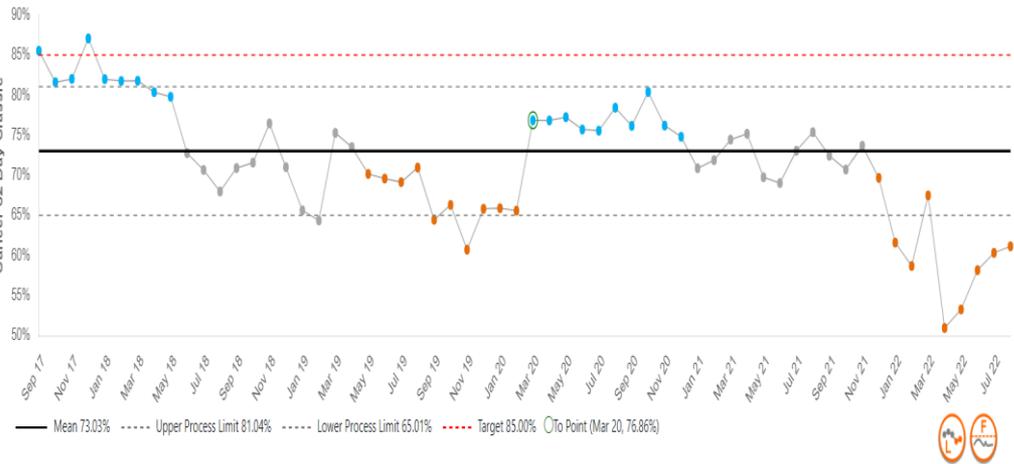
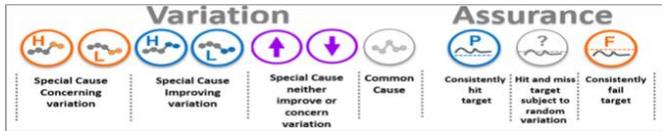
## 31 Day 1st By Tumour site – August 2022



## 31 Day 1st Volume by Performance



# Cancer Waiting Time Standards 62 Day 1st



## 62 Day from GP referral

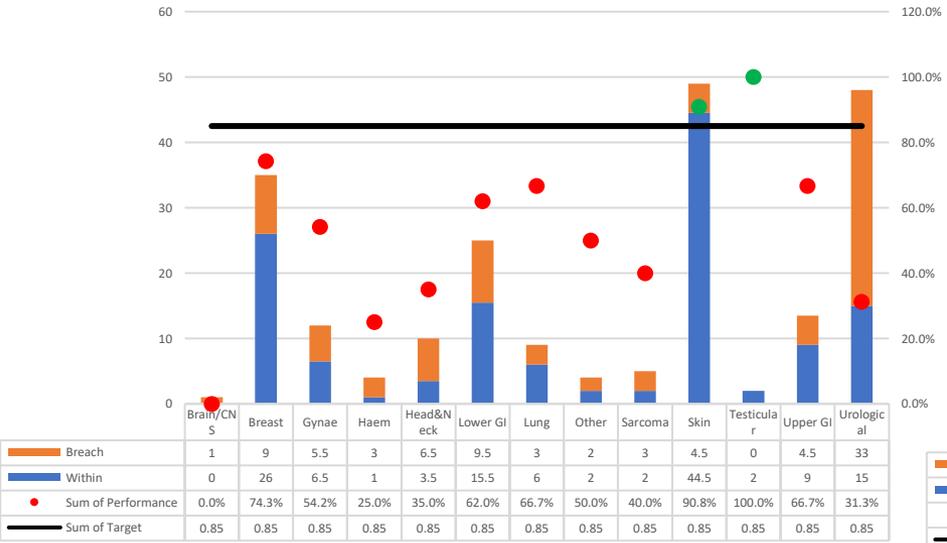
The number of patients treated increased from **179** patients in July to **217.5** in August; breaches also increased from **71 breaches** in July to **84.5** in August. This resulted in a continuing improved performance position of **61.1%**.

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%.

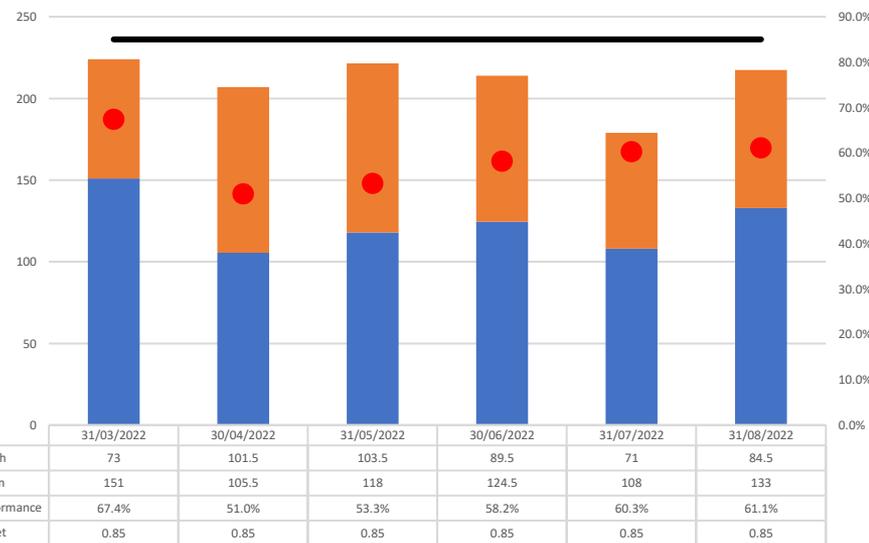
62-day performance will remain non-compliant as we treat our longest waiting patients on the waiting list.

**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 through 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.

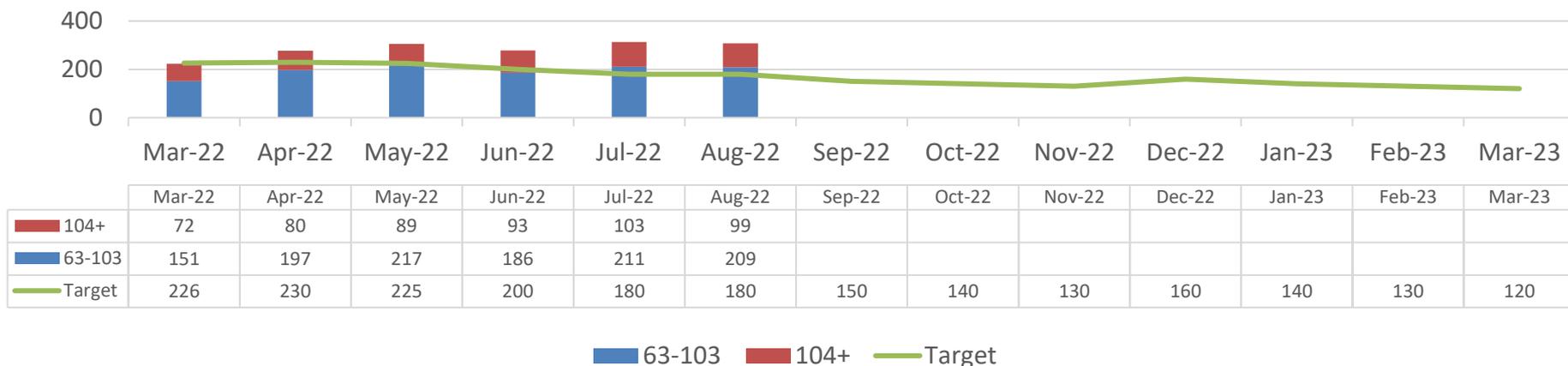
## 62D 1st - August 2022



## 62 Day 1st Volume by Performance

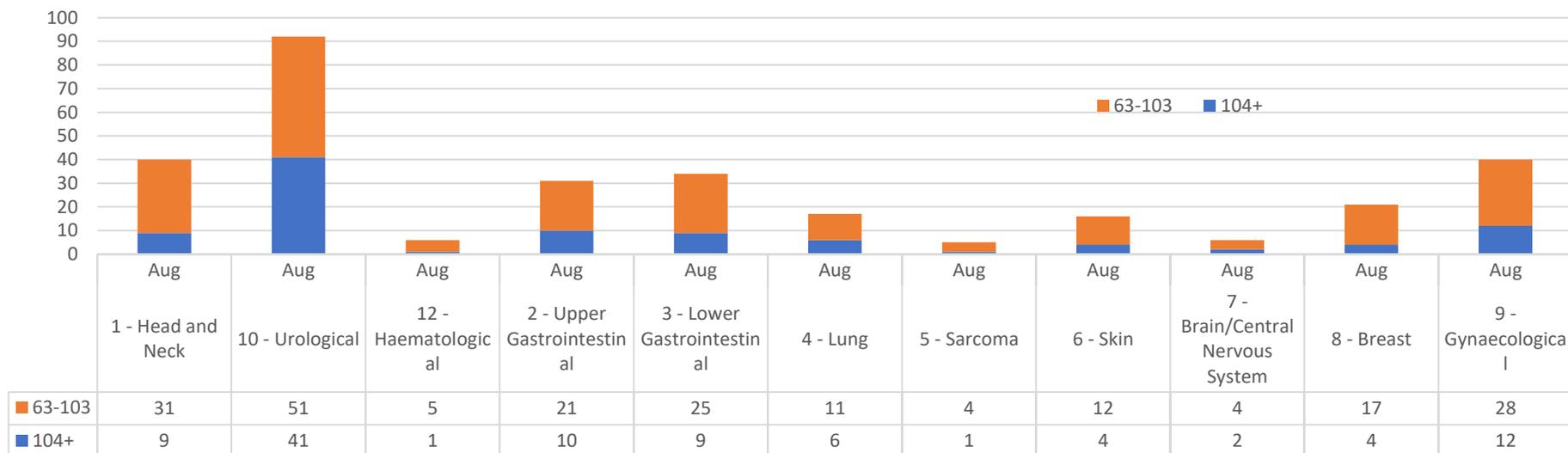


## Number of Patients over 63 Days



### Patients Over Day 63

The August month end position of 308 patients is **above the forecasted trajectory of 180** patients waiting 63 days or more. 99 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.



Total number of patients receiving 1st txt within 31days



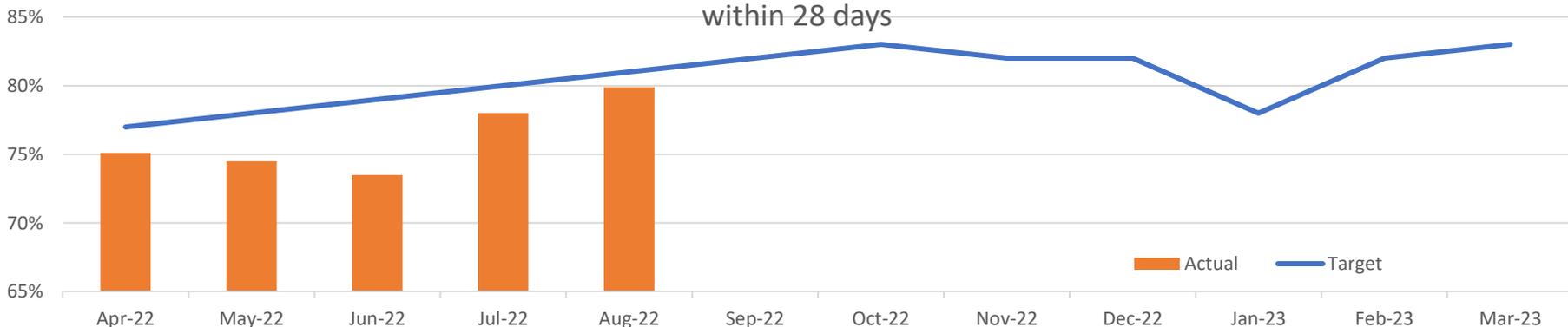
## Patients Receiving Treatments Within 31 Days

- The Trust's position of **388** patients was **below the forecasted trajectory of 410** patients receiving 1st definitive treatment within 31 days in August 2022.

## Percentage of patients receiving a communication of diagnosis for cancer, or ruling out cancer, or a decision to treat (if made before communication of diagnosis) within 28 days

- The Trust achieved **79.9%** of patients against the forecasted trajectory of **81%** in Aug 2022 of patients receiving a communication of diagnosis for cancer, or ruling out cancer, or a decision to treat (if made before communication of diagnosis) within 28 days

% of patients receiving a communication for Cancer, ruling out cancer or a decision to treat within 28 days



# 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.  | Posters (asking staff to feedback where their basic wellbeing needs aren't being with a QR code) have been distributed across the Trust with the support of the Volunteers.  | 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.   | To date we've had 45 issues logged. Key issues identified so far: Lack of access to palatable drinking water, lack/size of rest areas, lack of changing facilities, poor IT equipment & Wifi access, lack of secure bike storage & car parking & traffic issues leaving JR (3-6pm)     | 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. | Water issue for CH Theatres resolved. Charity connected with NOC to improve staff rest space. Working with Here for Health team for solutions on smoking issue outside JR Theatres. Environment and Estates enabling Group to take forward action planning & prioritisation of issues. | 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  | DRS4 Log-in bot technology will be handed over at the end of October and will go live.   | Monitoring and delivery against the new KPIs in the new SLA's<br><br>MHD - Reduction in recruitment time to hire (TtH) – 53 days. |
|  | Service Level Agreements for all aspects of recruitment.   | Recruitment SLA developed with Divisional managers and HoWs; discussed with Execs; presented to TME 27 October 2022  |   |
|  | Visibility and monitoring on performance against the KPI's.  | Daily dashboards being sent to the divisions along with a monthly dashboard. Focus on longest candidates taking place & lessons learnt. Reduction in candidates in pipeline with waits outside the KPIs through daily recruitment meetings and reports.                                |   |

| Priority Area   | Actions  | Updates   | How we are Evaluating Success  |
|---|--|---|--|
| Management training and support   | Creation and delivery of new manager onboarding programme  | <p>Working sessions with DHoW completed and socialisation of draft proposal commenced 03/10/22.</p> <p>Written proposal with anticipated costs and project plan currently being finalised for socialisation.</p> <p>Scoping an aspect of this project to become a separate QI project for a group on the senior leaders second cohort.</p>  | <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. | <p>Working sessions with DHoW completed and socialisation of project commenced 03/10/22. Prioritisation of HR processes for year 1 in progress to be undertaken by each policy owner/Subject Matter Expert (SME).</p> <p>Currently identifying who will be SME leads in procurement and budget management following discussions with service directors.</p> <p>Meetings with comms and OMI booked for mid-October to explore creation of templates for how to guides and process maps and launch comms.</p> | MHD – Recommend my organisation as a great place to work (amber/green).  |
| 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.   | Tea and coffee hampers for staff rooms to be launched in November (funded by Oxford Hospitals Charity). Discussions continuing with League of Friends to offer free breakfasts to staff in need.  | Reduction in leavers in first 12 months to 18%.  |
|   | Showcase and raise awareness of current rewards and employee benefits.   | Events scheduled for Pensions Awareness Week (w/c 31 October 2022) and further Finance Education sessions with Salary Finance being held.   | <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> |

Sep-22

| OUH FT      | 4.6%     | 0.0%            | → | 8.5%    | 0.1%           | → | 12.7%    | -0.2%           | → | £7,373,023          | -£52,527                     | ↓ | 94.3%      | 0.1%             | → | 90.7%       | -0.3%              | → |
|-------------|----------|-----------------|---|---------|----------------|---|----------|-----------------|---|---------------------|------------------------------|---|------------|------------------|---|-------------|--------------------|---|
| 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         | 4.2%     | 0.0%            | → | 6.4%    | -1.4%          | ↓ | 12.6%    | 0.3%            | → | £749,809            | £506                         | ↑ | 95.8%      | -0.5%            | → | 91.0%       | -0.4%              | → |
| Corporate   | 3.7%     | 0.0%            | → | 10.3%   | 0.4%           | → | 12.2%    | -0.5%           | → | £406,931            | £22,412                      | ↓ | 94.6%      | -0.1%            | → | 90.4%       | -0.5%              | → |
| MRC         | 4.7%     | -0.1%           | → | 10.0%   | 3.0%           | ↑ | 13.1%    | -0.1%           | → | £2,564,033          | -£175,804                    | ↓ | 93.6%      | 0.1%             | → | 90.4%       | -0.4%              | → |
| NOTSSCaN    | 5.0%     | 0.0%            | → | 9.5%    | -0.2%          | → | 12.4%    | 0.0%            | → | £2,036,245          | £103,985                     | ↑ | 94.4%      | 1.7%             | ↑ | 89.6%       | -0.2%              | → |
| SUWON       | 4.7%     | 0.0%            | → | 6.4%    | -1.6%          | ↓ | 13.2%    | -0.6%           | ↓ | £1,616,004          | -£3,626                      | ↓ | 94.9%      | 0.1%             | → | 92.0%       | -0.1%              | → |

The above data represents the Workforce KPIs M6 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.** This has remained at M5 levels (4.6%), of which COVID 19 is 1.3%. NOTSSCaN has a 5.0% sickness absence rate which is unchanged, and is the highest of the Divisional areas. By staff group Estates at 8.2% are the highest, and is followed by Additional Clinical Services at 6.8%. Meetings with HR teams and OH to be organised to review long term cases.
- **Appraisals.** Appraisals are at 94.3%, which is a marginal increase when compared to M5, which was 94.2%. All Divisions are in excess of the KPI.
- **Core Skills.** Similar to appraisals, all Divisions are reporting compliance levels, in excess of the KPI at 90.7%. The M6 position is marginally down on the M5 position, however the reduction is not significant – M5 was 91.0%, with SUWON having the highest rate of attainment at 92.0%. Information Governance is at 90.8%, which falls below the 95% KPI.
- **Turnover.** Turnover has reduced between months and is now at 12.7%. An increase in the average staff in post and small reduction in rolling leavers has caused this reduction. SUWON continues to have the highest Divisional turnover level.
- **Vacancies.** Vacancies have increased marginally. Increases in staff in post have been off set by additional establishment being added in MRC and NOTSSCaN.

| Hotspots  | Actions   |
|---|---|
| <ul style="list-style-type: none"> <li>• <b>Sickness absence.</b> This has not increased between months.</li> <li>• <b>Appraisals</b> Continued efforts required across all Divisions to ensure all staff have their appraisal.</li> <li>• <b>Core Skills.</b> Has continues to be above the KPI. IG training compliance is in need of improvement.</li> <li>• <b>Turnover</b></li> <li>• <b>Vacancies</b></li> </ul> | <ul style="list-style-type: none"> <li>• All sickness cases are being given additional focus to ensure they are being appropriately managed. This includes training being given to managers. The national changes to the management of Covid absence are being implemented with the formal processes being instigated as per the guidance.</li> <li>• There has been a focus on appraisals. Divisions continuing to receive weekly reports on who is still not compliant.</li> <li>• Core skills compliance is being highlighted in appraisal and 1:1 meetings.</li> <li>• The new Head of Leadership &amp; Talent Management joined at the end of June and is having conversations as part of her induction, to understand the management development priorities and needs across the Trust to scope requirements for training and support.</li> <li>• Leaver data is being reviewed to understand main reasons for leaving. Stay interviews are also being conducted.</li> <li>• ‘Time to Talk’ information is being utilised to look at the main priority areas for improvement.</li> <li>• The Divisions conducted a data review of HCSW vacancies so targeted recruitment campaigns can be implemented. Commencing a pilot with the Princes Trust and MRC to support an increase in HCSW applicants to this Division.</li> <li>• Holding a joint NHSP and OUH A&amp;C careers fair in September.</li> <li>• Continue to support with overseas radiology recruitment.</li> <li>• In discussions with MRC re CESR fellowships for their medical staff in particular in AMR.</li> </ul> |

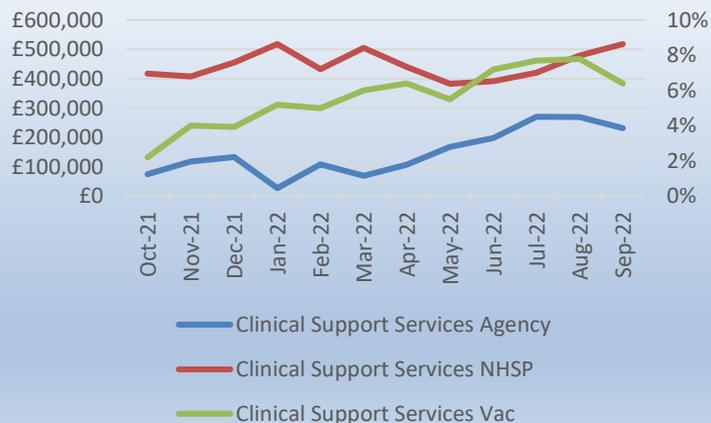
The graphs below support the accompanying text.

Metrics reflect KPI Performance on sheet 4



| HR Metric           | Performance | Target |
|---------------------|-------------|--------|
| Sickness %          | 4.2%        | 3.1%   |
| Vacancy %           | 6.4%        | 7.7%   |
| Turnover %          | 12.6%       | 12.0%  |
| Bank/agency Spend £ | £749,809    | N/A    |
| Non Med Appraisal % | 95.8%       | 85.0%  |
| Core Skills %       | 91.0%       | 85.0%  |

### CSS Temporary Spend £ & Vac %



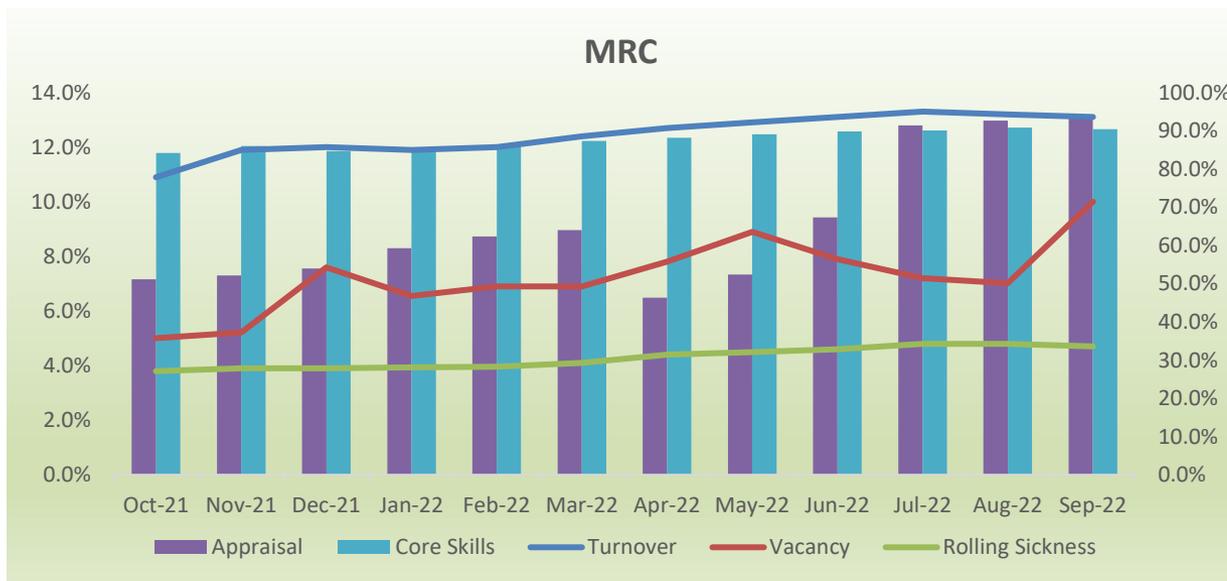
### Analysis

- **Sickness absence.** Absence has remained at the same level as M5. Clinical Support Services Management at 6.9% and Pharmacy continue to be outliers. All Directorates exceed the KPI.
- **Appraisals.** At 95.8% the Division continues to have the highest rate of compliance for non Medical appraisals.
- **Core Skills.** Compliance is similar to M5, albeit with a minor reduction. All Directorates are in excess of the KPI, with Clinical Support Services Management at 95.0% and Pathology/Labs at 93.5%. IG requires improvement and is at 89.5%. The Management Team is at 100%, all other Directorates range between 86% and 92%, below the 95% threshold.
- **Turnover.** Turnover has increased by 0.3% on M5 and is now at 12.6%. The increase attributable to a small rise in the rolling leaver rate between months. Psychological Medicine at 14.5% and Radiology Imaging at 13.6% are of note.
- **Vacancies.** Increases in staff in post has meant that vacancies have reduced to 6.4%. August/September is traditionally when new graduates are recruited. Nursing and Midwives vacancies account for 43% of wte vacancies in the Division and have a vacancy rate of 21.4%

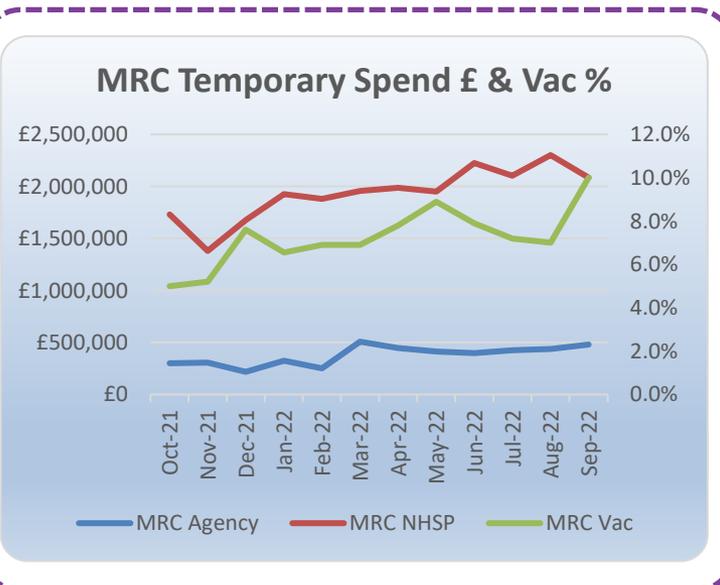
| Hotspots   | Actions  |
|--|--|
| <p>Radiology Nursing &amp; Assistants<br/>Sickness: 7.2%<br/>Turnover: 25.2%<br/>Vacancy: 16.9%<br/>Appraisals: 96%<br/>Core skills: 89.6%</p> | <p>Team building sessions have been designed in partnership with the L&amp;D team. The first session is booked to take place on Saturday 5<sup>th</sup> November 2022.</p> <p>The HR team and OSM are working in partnership with the International Nursing Recruitment team to bid for AHP international recruitment funding to increase numbers of diagnostic radiographers and podiatrists. The bid will be submitted on 15/07 and we are awaiting the outcome.</p> <p>Teams have worked hard to reach the Trust KPI for appraisals and core skills. The HRC is now working with line managers to ensure mid year reviews are booked in and that they are prepared for the 2023 appraisal window.</p> <p>The HR Team has worked in partnership with the OSM and CD to create an action plan following the radiology deep dive.</p> <p>The HR Team has worked in partnership with the OSM to develop a turnover action plan.</p> <p>To reduce the time to recruit within Radiology, monthly drop-in sessions have been set up with the CSS recruitment lead and the division, to increase communication and frustrations from line managers.</p> |
| <p>Churchill Hospital Rad Imaging<br/>Sickness: 5.6%<br/>Turnover: 14.2%<br/>Vacancy: 10.2%<br/>Appraisals: 97.3%<br/>Core skills: 90.2%</p>   | <p>The Recruitment team have been processing candidates, and the directorate are still on track with their recruitment trajectory to have a fully established Radiographer workforce by the end of 2022. Issues continue with finding agency staff to cover sickness absence and annual leave due to the lack of radiographers available on the bank. We are working with the Directorate and recruitment to reduce our time to recruit, which will ultimately reduce our B&amp;A spend. The Divisional HR Team are working in partnership with finance to ensure we are recording our B&amp;A shifts correctly.</p> <p>Capital has been confirmed for new scanners on the Churchill site. This follows feedback in the 2020/21 staff survey and TTT sessions.</p> <p>Teams have worked hard to reach the Trust KPI for appraisals and core skills. The HRC is now working with line managers to ensure mid year reviews are booked in and that they are prepared for the 2023 appraisal window.</p>   |
| <p>Adult Critical Care<br/>Sickness: 5.1%<br/>Turnover: 13.2%<br/>Vacancy: 19.04%<br/>Appraisals: 99.2%<br/>Core skills: 91.6%</p>             | <p>The sickness absences are managed through the sickness absences procedure. Well-being lead does regular check ins with staff on long term absence to make sure appropriate supports are given before and when staff return to work.</p> <p>Current recruitment issue is within the Band 6 staffing group with 23 vacancies. Department has an open rolling job advert to try and recruit onto these roles. Recruitment Lead is going to attend the Dublin recruitment event on the 22nd October to try to find suitable staff to recruit. HR is also setting up weekly recruitment meeting with the department to find other avenues to attract band 6s. Stay interviews are on going and the action plans are in place. Education teams are also now working Monday to Friday to support more junior staff in the shop floor. Managers are continuing to complete appraisals/core skills with employees.</p>   |

The graphs below support the accompanying text.

Metrics reflect KPI Performance on sheet 4



| HR Metric           | Performance | Target |
|---------------------|-------------|--------|
| Sickness %          | 4.7%        | 3.1%   |
| Vacancy %           | 10.0%       | 7.7%   |
| Turnover %          | 13.1%       | 12.0%  |
| Bank/agency Spend £ | 2,564,033   | N/A    |
| Non Med Appraisal % | 93.6%       | 85.0%  |
| Core Skills %       | 90.4%       | 85.0%  |



## Analysis

- Sickness absence.** This HR metric has fallen marginally on the M5 position of 4.8% and is now at 4.7%. Acute Medicine and Rehabilitation (AMR) Directorate is at 5.2%. Both General Medicine at the Horton and Acute General Medicine at JR (6.2%) are of note within AMR as is the Emergency Department at the Horton which is at 5.8%.
- Appraisals.** The Division continues to report a strong position and has improved upon M5. All Directorates exceed the 85% KPI.
- Core Skills.** Compliance has fallen slightly on M5 from 90.8% to 90.4%. All Directorates are in excess of the KPI. IG is at 89.9%. Medical staff at 74.2% require improvement if the 95% threshold is to be reached.
- Turnover.** Turnover is at 13.1%, which is down from 13.2% in M5. AMR is at 13.7% and Cardiology Cardiac and Thoracic Surgery at 12.4% are the Directorates with the highest turnover rates. By staff group Additional Clinical Services at 19.9% have the highest rate of attrition, followed by Allied Health Professions at 16.8%. Nursing and Midwifery is at 10.1%.
- Vacancies.** Despite increases in staff in post, the Division has added additional establishment, which has caused an increase in vacancies between months.

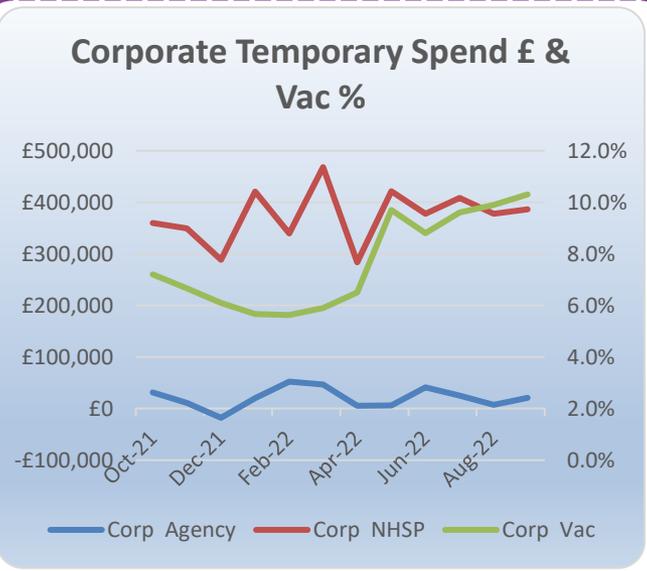
| Hotspots  | Actions  |
|---|--|
| <p><b>Emergency Dept JR – Top 10 Trust</b></p> <p><u>Staff Turnover</u> rate has slightly increased from previous month at 12.1 % to 12.3% (which is just above the target of 12%).</p> <p>MRC – Identified x10 CSU's (hotspots) who have an t/o rate higher than 13% KPI</p> <p><u>Vacancies</u> have slightly increased from 11.4% in (M5) to 11.6%.</p> <p><u>Sickness</u> has slightly decreased from 4.7% (M5) to 4.6%<br/>Mental Health &amp; Musculoskeletal sickness absences contribute to highest sickness absence reason. Additional Clinical Services and Nursing &amp; Midwifery impacted most.</p> <p><u>Appraisals</u> very small improvement from 88.3% (M5) to 88.4%</p> | <ul style="list-style-type: none"> <li>• Actions are being addressed as part of Turnover Action Plan. Stay Interviews and Exit Interviews being a key focus for this Directorate.</li> <li>• AMR – Overall 13.5% t/o rate. Ancillary &amp; Estates concern (25.1%)</li> <li>• CCTS – Ancillary &amp; Estates concern (33.3%)</li> <li>• HRCs new workforce reporting template – include Actions and Risks</li> <li>• Continue to discuss reasons for leaving (MRC Executive Forum) meet with Leaders/Matrons to understand – Matron Complex Medicine (CSW roles)</li> </ul><br><ul style="list-style-type: none"> <li>• A number of Directorates have been identified at end of Q1, who will have Corrective Action Plans in place going forward. Emergency Dept JR is one of these. The first round of Finance &amp; Workforce Clinics has been scheduled to take place over next couple of week.</li> <li>• MRC - Despite increases in staff in post, the Division has added additional establishment, which has caused an increase in vacancies between months.</li> <li>• Hotspot – CSW Roles. Prince's Trust (Interviews 3<sup>rd</sup> November)</li> </ul><br><ul style="list-style-type: none"> <li>• Across MRC – 161 open cases, incl. Mental Health (26) , of which x5 work related, and MSK (14 – x3 more than 6 months). Incl. COVID 204</li> <li>• STS – 162 (30 days or less)</li> <li>• LTS – 42 (more than 30 days absence)</li> <li>• LTS COVID-related (x6 cases)</li> <li>• All sickness cases are being managed in line with policy. Support with LTS cases is ongoing, 3 cases being supported across the department incl. 1 LT COVID-related absence.</li> <li>• Estates &amp; Ancillary – 9.1%</li> <li>• All HRCs have been tasked to develop a Sickness Absence Action Plan for their respective Directorates (first draft available end-October).</li> <li>• Review correlation between sickness for Medical &amp; Dental and Nursing staff in relation to Temporary Agency Spend</li> </ul><br><ul style="list-style-type: none"> <li>• Managers in have been contacted and asked to focus on outstanding appraisals.</li> </ul> |

The graphs below support the accompanying text.

Metrics reflect KPI Performance on sheet 4



| HR Metric           | Performance | Target |
|---------------------|-------------|--------|
| Sickness %          | 3.7%        | 3.1%   |
| Vacancy %           | 10.3%       | 7.7%   |
| Turnover %          | 12.2%       | 12.0%  |
| Bank/agency Spend £ | £406,931    | N/A    |
| Non Med Appraisal % | 94.6%       | 85.0%  |
| Core Skills %       | 90.4%       | 85.0%  |



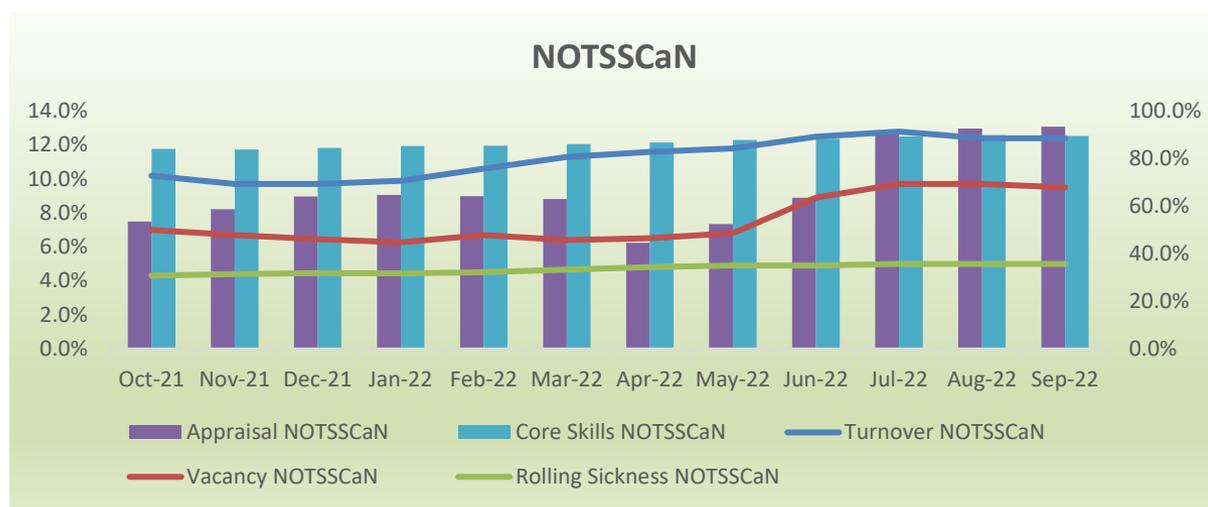
## Analysis

- Sickness absence.** For the sixth month running absence has remained at 3.7%. Estates continue to have a relatively high absence rate at 7.4%; This is mainly influenced by absence within Estates Operations which is 8.2%.
- Appraisals.** Appraisals are marginally down on the M5 position 94.7% in M5 to 94.6% in M6. Corporate has been in excess of the KPI since July 22.
- Core Skills.** Compliance is 90.4%% and continues to operate in excess of the KPI. IG is at 92.5% and similar to other Divisions requires improvement. Estates Operations on all sites are the only CSUs below 100%.
- Turnover.** Turnover has reduced from 12.7% to 12.2%. Estates areas continue to have the highest turnover rate at 16.8%, which is being significantly influenced by Estates and Operations at 16.4%. Administrative leavers make up 62% of all wte leavers in Corporate areas and have a turnover rate of 10.5%. Estates and Ancillary are 14% of all leavers and have an attrition rate of 17.1%.
- Vacancies.** There has been a small increase in Corporate establishment, whilst staff in post has remained relatively constant. Chief Officer areas have 63% of the vacancies and a vacancy rate of 10.0%. Hosted Services have highest turnover rate at 18.3% but are small in number.

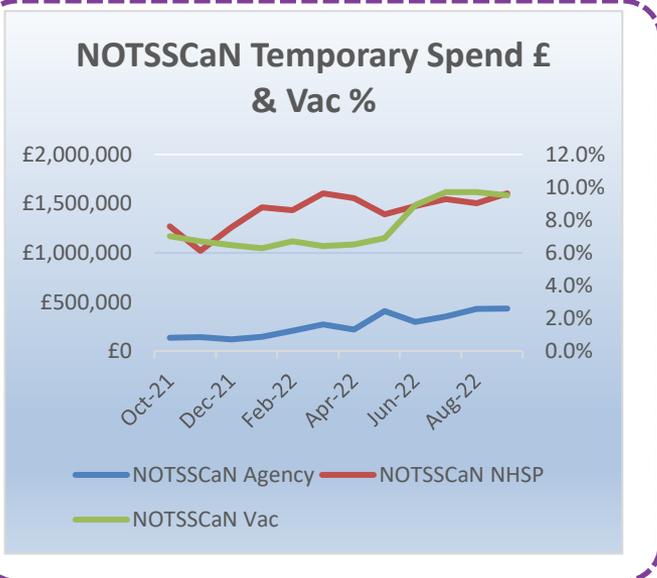
| Hotspots  | Actions   |
|---|---|
| <p><b>E&amp;F Operations (CH,JR,NOC)</b> Sickness and turnover are impacting on the performance of Estates and Facilities.</p> <p>The main reason for absence is mental health and therefore further initiatives will need to take place if attendance is to improve.</p> <p>Turnover, although reducing is still high at above 16.8%. Over the last 12 months, 38 staff have left the service with the main reason being other/not known. 11 staff from Estates left the Trust within the first 12 months. This equates to 29%; a reduction of 11% is required in order to meet the year 1 target for key metric 3 (Reduce leavers in the first 12 months from 20% to 10%).</p> <p>Other factors impacting on the performance of estates and facilities are the three employee relations cases (2 at investigation and 1 at hearing stage).</p> <p>RRP for trades staff in Estates has not formally concluded which continues to impact on the morale of the team. As at 1 October, the majority of staff at Katharine House have voluntarily moved over to NHS Terms and conditions.</p> <p>Four engagement sessions on the Estates and Facilities business case took place in August and September</p> | <p><b>Sickness</b></p> <ul style="list-style-type: none"> <li>• Absence cases are being managed through the absence management procedure</li> <li>• Between October and November, training support will be provided to managers on managing sickness absence successfully.</li> <li>• Stress risk assessments will be completed for all staff who have recently had a mental health absence</li> <li>• To take advantage of mental health awareness month and promote available wellbeing initiatives through the Trusts Growing Stronger Together campaign.</li> </ul> <p><b>Turnover</b></p> <ul style="list-style-type: none"> <li>• Contact staff who left within 12 months to understand their reasons.</li> <li>• Write to the staff who left with the reason as other/not known</li> <li>• Implement the stay questionnaire</li> <li>• Ensure managers undertake phase one of Kindness into Action training programme</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Ensure investigations are concluded.</li> <li>• Follow up on RRP with the Director of Estates, Facilities and Capital Development</li> </ul> |

The graphs below support the accompanying text.

Metrics reflect KPI Performance on sheet 4



| HR Metric           | Performance | Target |
|---------------------|-------------|--------|
| Sickness %          | 5.0%        | 3.1%   |
| Vacancy %           | 9.5%        | 7.7%   |
| Turnover %          | 12.4%       | 12.0%  |
| Bank/agency Spend £ | £2,036,245  | N/A    |
| Non Med Appraisal % | 93.4%       | 85.0%  |
| Core Skills %       | 89.6%       | 85.0%  |



## Analysis

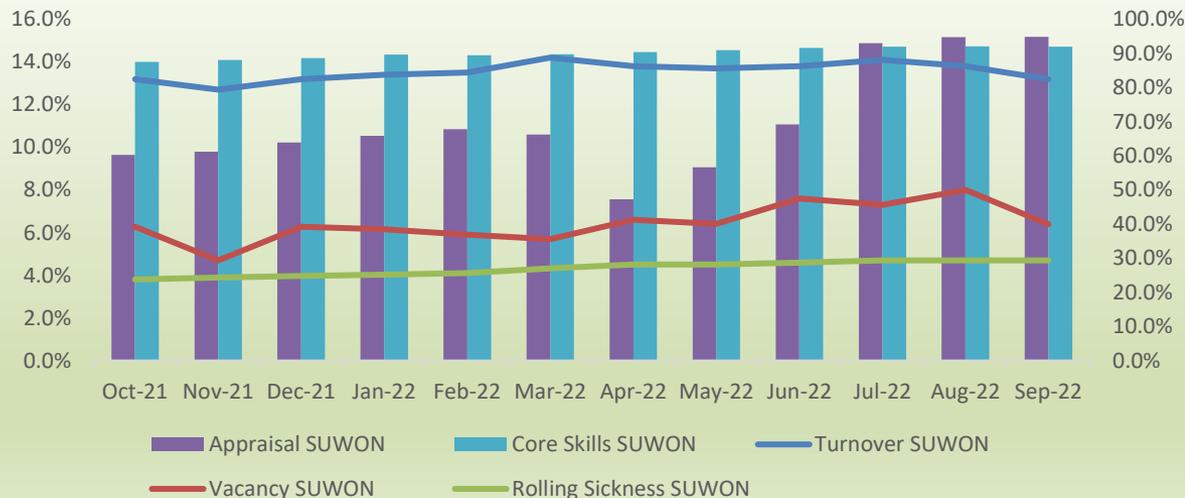
- **Sickness absence.** Sickness absence is at 5.0%, which is unchanged for the third month in a row. JR/WW Theatres and Orthopaedics is at 5.5%, whilst Neurosciences 5.0% and Ophthalmology 5.1% are of note. Administrative and Clerical staff group is at 6.3% and Additional Clinical services at 7.2% have the highest staff group absence rate.
- **Appraisals.** Up from 92.7% to 93.4% appraisals continue to improve. All Directorate are compliant.
- **Core Skills.** Across the Division compliance levels have fallen marginally to 89.6%, however the Division has been in excess of the KPI threshold since February 2022. Orthopaedics is at 93.3%, the highest, and Children's at 87.9% the lowest. IG compliance is at 90.6%, with Directorates ranging from 87.9% to 94.4%.
- **Turnover.** Turnover has remained at the same level as M5 at 12.4%. Ophthalmology at 13.7% has the highest turnover of patient facing Directorates, followed closely by Neurosciences at 13.0%. By staff group, Administrative and Clerical staff at 17.7% and Additional Clinical Services staff at 15.6% are of concern. Combined they comprise 46% of Divisional leavers. Nursing by contrast is at 11.4% and is 39% of all leavers.
- **Vacancies.** Administrative vacancies (included within "Other" staff group) are at 16.0%, with Medical staff at 9.4%. These are followed by Health Care Assistants at 8.3% (Financial staff groups).

| Hotspots   | Actions  |
|--|--|
| <p><b>Specialist Nurses (2)</b><br/>Bank &amp; agency spend 2.9% (M5) to 1.5% (M6)<br/>Turnover 19.8% (M6) from 18.6% (M5); Vacancy 11.8% (M6) from 10.4% (M5); Sickness 6.7% (M6) from 6.3% (M5); Appraisal 81.4% (M6) from 81.8% (M5); Core Skills 84% (M6) from 83.6% (M5)</p> <p><b>Neurosciences Orthopaedics Trauma Spec Surg Division Management (3)</b><br/>Bank &amp; agency spend 30% (M5) to 34.6% (M6)<br/>Turnover 13.9% (M6) from 15% (M5) ; Vacancy to 37.4% (M6) from 58.5% (M5); Sickness 3.5% (M6) from 3.1% (M5); Appraisal 92.1 (M6) from 92.1% (M5); Core Skills 88.3% (M6) from 89.2% (M5)</p> | <p>Work continuing to support managers to complete remaining appraisals which has shown significant increase in the last two months. One formal long term sickness case being managed. Short term absence tends to be higher than long term sickness in this area therefore and concerted efforts are in place to provide support to managers, reviewing levels of RTW interviews and providing reports where staff have met sickness absence triggers. Turnover continues to increase; whilst this is a small number of staff, the relaunch of exit and stay interviews will be beneficial and will be implemented following approval of the new questionnaires</p> <p>Review of vacancy rate continues to understand the significant number of posts vacant. 32 vacancies are reported as 'other staff'. Bank and agency spend high due to vacancies and the difficulty in recruiting A&amp;C staff. NOTSSCaN involved in the November recruitment day for A&amp;C colleagues with the aim of attracting new staff</p> |
| <p><b>JR &amp; WW Theatres (4)</b><br/>Bank &amp; agency spend 16.2% (M5) to 16.2% (M6)<br/>Turnover improved 12.6% (M6) from 13.5% (M5); Vacancy from 14.5% (M6) from 14.5% (M5); Sickness 5.5% (M6) from 5.7% compared to M5; Appraisal improvement from 84% (M6) from 81% (M5); Core Skills improvement from 92.3% (M6) from 92.8% (M5)</p>   | <p>Commencement of monthly finance &amp; performance meetings took place in July 2022, these were not previously taking place due to Theatres being part of other directorates in the past. This has started to focus workforce discussions on the areas of improvement and provides an opportunity to discuss in depth the support that is needed for managers to improve workforce KPIs. Improvements continue to be seen in appraisals and sickness absence has started to reduce although remains high with MSK &amp; stress, anxiety &amp; depression reasons for sickness being reviewed with HR &amp; management teams to identify areas where additional support may be helpful. Focused B5 recruitment continues to take place. Continued support in place from FTSU for colleagues and consideration being given to Kindness in Action being launched in this area</p>   |
| <p><b>Neonatology (5)</b><br/>Bank &amp; agency spend 16.6% (M5) to 16.9% (M6)<br/>Turnover 11.6% (M6) from 12.1% (M5); Vacancy -4.3% (M6) from 0.5% (M5); Sickness 6.4% (M6) from 6.2% (M5); Appraisal to 90.4% (M6) from 89.5% (M5); Core Skills to 82.6% (M6) from 83.4% (M5)</p>   | <p>A number of interventions are in place across Neonates; I-Bex Gale cultural review is in progress; NHS Resolution have completed a team review and the follow up to recommendations are being considered. Junior Drs complaint is being reviewed. A 12 month review of the nursing recruitment business case has taken place, highlighting the start of improvements. The Time to talk sessions aim to further understand how colleagues can be supported. Following support to managers, the appraisal rate is continuing to improve. Sickness absence: Review continuing with colleagues with MSK and stress, anxiety, depression reasons to ensure they are being fully supported and additional interventions put in place to help and support</p>  |
| <p><b>Neurosurgery (7)</b><br/>Agency &amp; bank spend 14.9% (M5) from 9.4% (M6) Turnover 16.7% (M6) from 12.9% (M5) ; Vacancy 6% (M5 ) to 6% (M6); Sickness 3.8% (M5) to 3.9% (M6); Appraisal to 63.2% (M5) to 72.2% (M6); Core Skills 61.4% (M5) to 61.1% (M6)</p>   | <p>Review of agency and bank spend taking place with support to Clinical Lead, identifying blockers to recruitment of medical staffing. Appraisal and core skills KPIs are low and support in place to address this<br/>Meeting to be scheduled with medical staffing corporate colleagues to understand how support can be provided with recruitment to medical vacancies.</p>  |

The graphs below support the accompanying text.

Metrics reflect KPI Performance on sheet 4

## SUWON



| HR Metric           | Performance | Target |
|---------------------|-------------|--------|
| Sickness %          | 4.7%        | 3.1%   |
| Vacancy %           | 6.4%        | 7.7%   |
| Turnover %          | 13.2%       | 12.0%  |
| Bank/agency Spend £ | £1,616,004  | N/A    |
| Non Med Appraisal % | 94.9%       | 85.0%  |
| Core Skills %       | 92.0%       | 85.0%  |

## SUWON Temporary Spend £ & Vac %



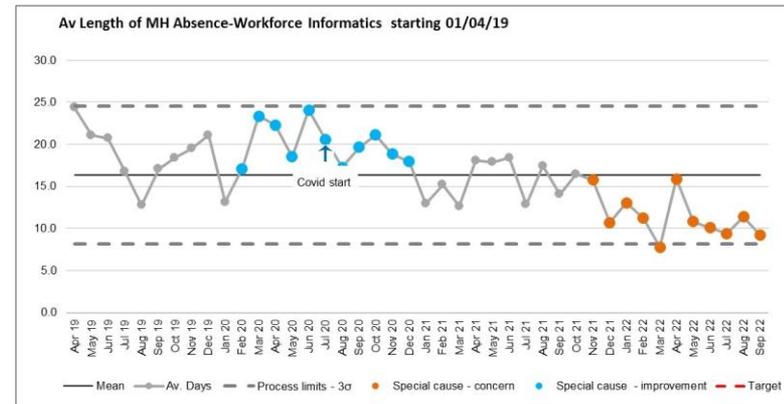
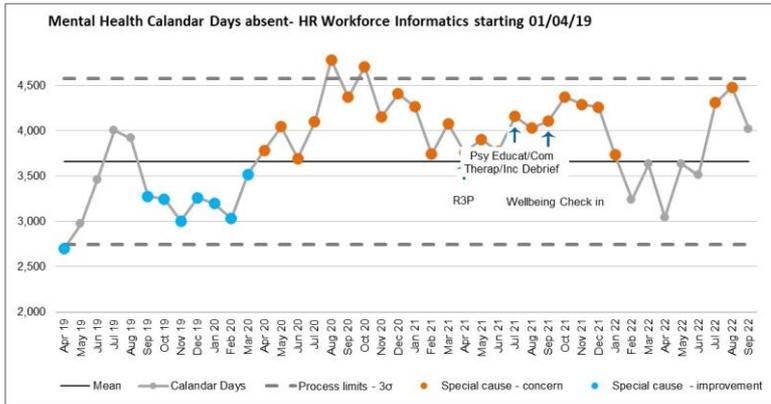
## Analysis

- Sickness absence.** For SUWON the sickness absence rate has not altered and continues at 4.7%. Key for SUWON and all Divisions will be Covid19. Maternity at 6.4% is significantly higher than the next highest Directorate Gastroenterology Endoscopy and Theatres, which is reporting 5.0%.
- Appraisals.** All Directorates are above the KPI with Surgery at 98.0% and Oncology reporting 97.7%.
- Core Skills.** The Division has the highest compliance rate of any Division at 92.0%. All Directorate are in excess of 85% KPI. Similar to other Divisions, IG compliance (91.7%) is not at the level required, although Gynaecology at 95.2% is above the KPI.
- Turnover.** At 13.2% SUWON has the highest Divisional turnover rate. Maternity at 17.2% is noticeably higher than any other Directorate. Similar to NOTSSCaN, Additional Clinical Services at 20.5%, and Administrative staff and Clerical at 16.3% are highest. Combined they account for 47% of leavers.
- Vacancies.** Healthcare Assistant & Support staff at 11.4% and "Other" at 11.2% are the highest. This staff group comprises Administrative staff, who are at 10.7%.

| Hotspots   | Actions   |
|--|---|
| <p><b>Palliative Medicine</b><br/>                     Bank &amp; Agency spend has decreased from 12.1% (M5) to 10.1%<br/>                     Turnover has increased by 0.9% since M5 to 20.5%<br/>                     Vacancies have decreased by 0.1% to 14.9%<br/>                     Sickness has seen a slight decrease of 0.1% to 5.9%<br/>                     Appraisals continue to increase slowly to 96%<br/>                     Core skills remain above target at 90.8%</p>   | <p>Line managers informing HR Assistant of any leavers so exit interviews can be conducted to fully understand reasons for leaving.<br/>                     A deep dive into vacancies has identified posts which are assigned to incorrect cost centres, this is being corrected by finance and will reduce the indicated vacancy<br/>                     5 LTS cases in the department, robust absence management being applied in accordance with the procedure, 1 applying for ill health retirement.<br/>                     Of 31 staff 23 have opted to move to AfC terms and conditions.<br/>                     All Band 5 &amp; Band 6 nursing roles within SHH Inpatients are fully established with nurses within the pipeline to fill other nursing vacancies<br/>                     The R&amp;R lead is conducting stay interviews for Sobell House so any immediate changes can be identified and addressed, the feedback that has been received from stay interviews has been positive.<br/>                     No formal ER cases within Palliative Medicine.</p> |
| <p><b>Obstetrics and Maternity</b><br/>                     Bank &amp; Agency spend has decreased from 10.2% (M5) to 9.2%<br/>                     Turnover has decreased by 3.1% to 17.2% the lowest it has been this year after peaking last month at 20.3%<br/>                     Vacancies have decreased to 2.9%, again the lowest it has been this year<br/>                     Sickness is at 6.4%<br/>                     Appraisals continue to increase slowly to 87.2%<br/>                     Core skills remains unchanged and above target at 90.1%</p> | <p>Improvement Director now in post<br/>                     Workforce related workstreams of Maternity Improvement Plan in place and meeting regularly to develop and deliver actions<br/>                     Appointment of new MSW's being monitored to ensure retention.<br/>                     Engagement sessions being held with MSW's on Maternity Improvement Plan<br/>                     On-call arrangements are being consulted on as part of the improvement plan<br/>                     1 ER case underway in Maternity.</p>   |
| <p><b>Urology</b><br/>                     Bank &amp; Agency spend has decreased from 13.9% (M5) to 12.7%<br/>                     Turnover decreased to 9.5% the lowest it has been this year<br/>                     Vacancies decreased to 15.5% after peaking last month at 18.7%<br/>                     Sickness has increased slightly to 4.7%<br/>                     Appraisals remain consistent at over 90%<br/>                     Core skills slightly increased to 89.8%, above target</p>   | <p>Stay interviews conducted with an action plan in place to address the issues raised. Positive that a number of issues raised were already in progress with actions to resolve. .<br/>                     Wider divisional Turnover action plan will have a focus on Urology to understand and address the Turnover.<br/>                     Sickness absence management in place and a push on RTW interviews to tackle short term sickness.</p>   |

# Reducing our Mental Health Absence

The graphs below support the accompanying text.



## Analysis of graphs

- M6 (September) has seen the days lost fall on the August figure, as has the average length.
- Mental Health absence comprises 15% of all days lost, and 33% of days lost for long term absence. This is in keeping with previous months.

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

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

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

**Action 3:** (b) 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

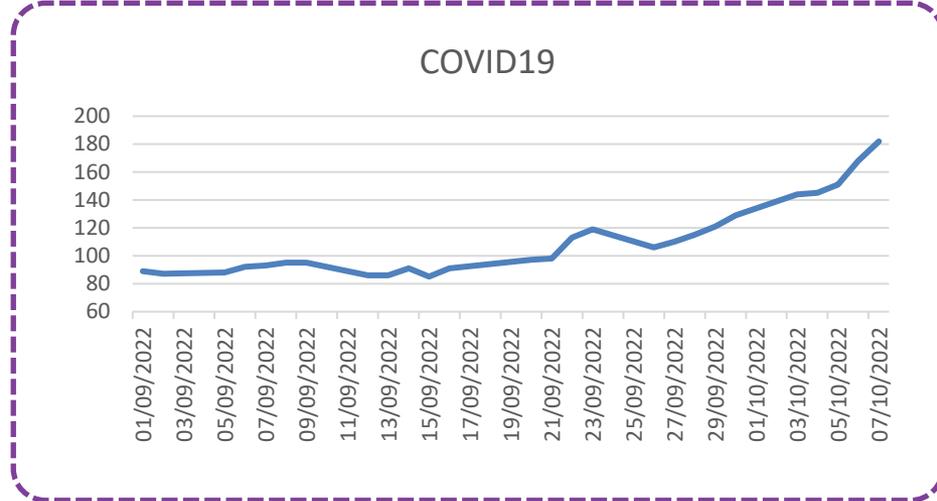
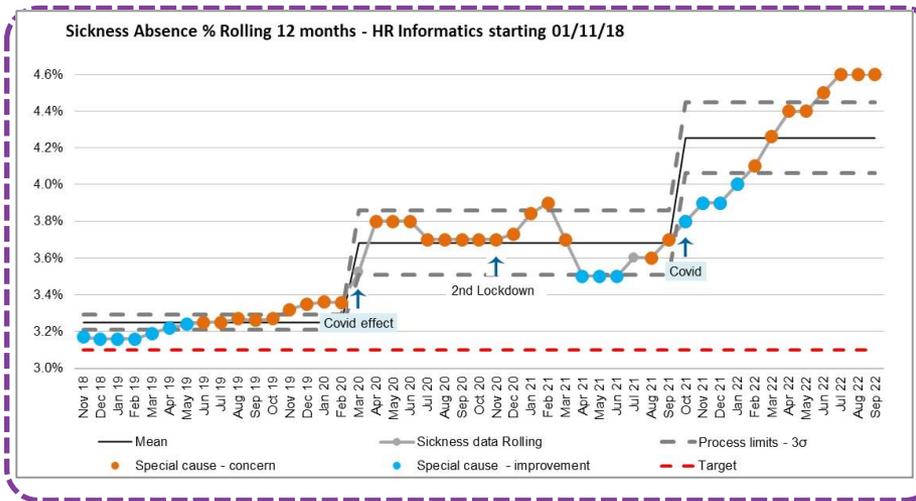
**Action 1:** Posters are being promoted around the Trust with a QR code so that staff can fill in a form on where they feel their basic needs aren't being met. Key issues identified so far: Lack of access to palatable drinking water, lack/size of rest areas, lack of changing facilities, poor IT equipment & Wifi access, lack of secure bike storage & car parking & traffic issues leaving JR (3-6pm). Water issue for CH Theatres resolved. Charity connected with NOC to improve staff rest space. Working with Here for Health team for solutions on smoking issue outside JR Theatres.

Mental Health Awareness Month in Oct will help staff deal with existing stress/anxiety and also help prepare them for the Winter Season.

**Action 2:** As of end of September '22 there have been 5,872 Wellbeing Check-ins have been held since September '21.

**Action 3:** (b) The Staff Support Service has delivered 19 team sessions since April. Substantive funding has not been secured for this service to continue post November 2022 and as a result the staff have resigned.

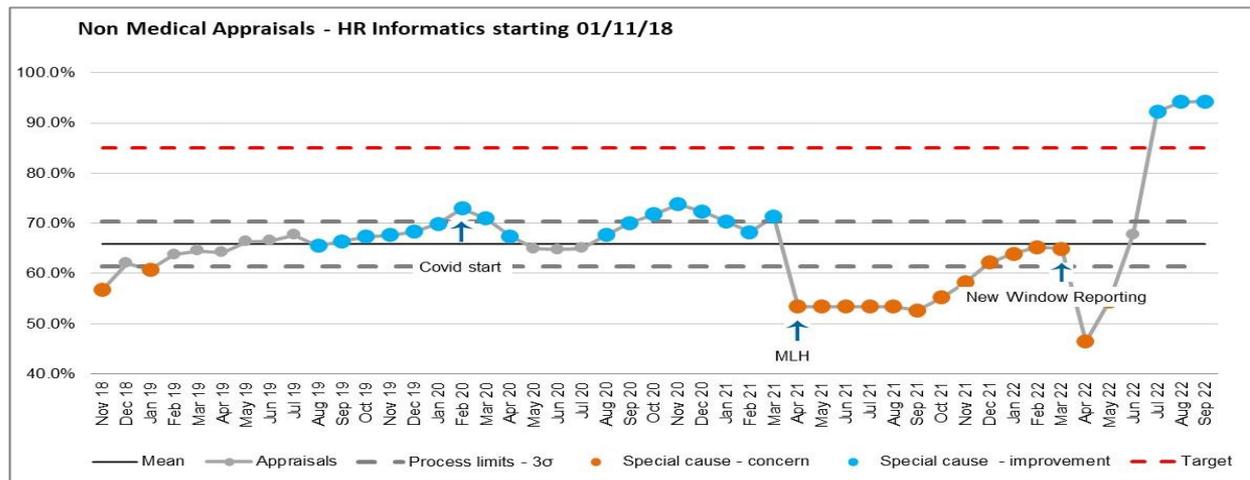
The graphs below support the accompanying text.



| Background  | What the chart tells us   | Issues  | HR Metric  | Performance | Target |
|---|---|---|------------|-------------|--------|
| Data taken from ESR for a rolling 12 months. Sickness % is wte absent/wte availability. | Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 4 recent data points in excess of the UPL. In addition, 7 sequentially increasing or decreasing points either above or below the mean, or simply just rising/decreasing irrespective of the mean, may also be of concern. There are a number of such data points. | COVID19 is beginning to increase as Autumn/Winter approaches. Whilst numbers are lower than the Trust historically has experienced, these absences may affect sickness rates. | Sickness % | 4.6%        | 3.1%   |

# Performance Skills and Capabilities: Ensuring that staff have an appraisal

The graphs below support the accompanying text.



| HR Metric   | Performance | Target |
|-------------|-------------|--------|
| Appraisal % | 94.3%       | 85%    |

## Background

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

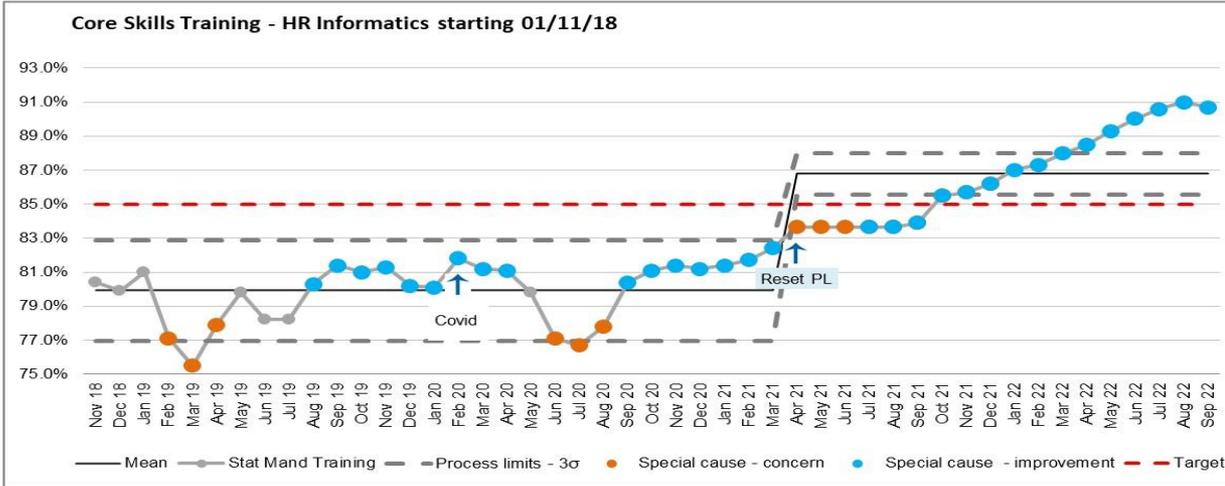
## What the chart tells us

Appraisal rates have consistently increased since May 22, and is above the threshold required. The data points are in excess of the upper limits due to the introduction of the "Appraisal Window". The process limits will be reset in light of the increased compliance levels.

## Issues

Weekly reports are distributed to Divisional HR departments. These have continued after the closure of the window. Sickness etc. may inhibit a 100% attainment level, and there is some indication that appraisal levels have "plateaued".

The graphs below support the accompanying text.



| HR Metric     | Performance | Target |
|---------------|-------------|--------|
| Core Skills % | 90.7%       | 85%    |

## Background

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

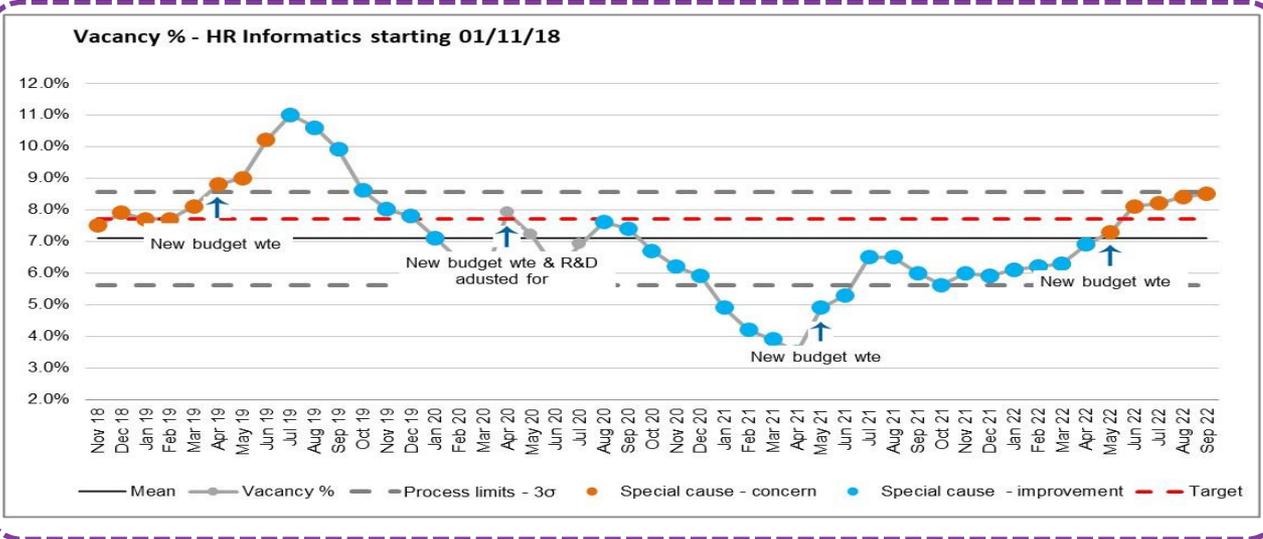
## What the chart tells us

Core Skills compliance has dropped marginally on M5 and is now at 90.7%. Points which fall outside the grey dotted lines are unusual and should be investigated. There are a number of points above the upper process limits, due to the sustained high levels of compliance. The increased attainment levels mean that the process limits will need to be reset in the near future.

## Issues

Compliance continues to exceed the 85% KPI, and has been in excess of the target since October 2021. IG training (90.8%) requires further improvement across all Divisions. In particular Medical staff who are noticeably below the other staff groups in terms of percentage scores. The M6 position is 77.9% for Medical staff. The next highest staff group is Add Prof Scientific and Technical at 89.5%.

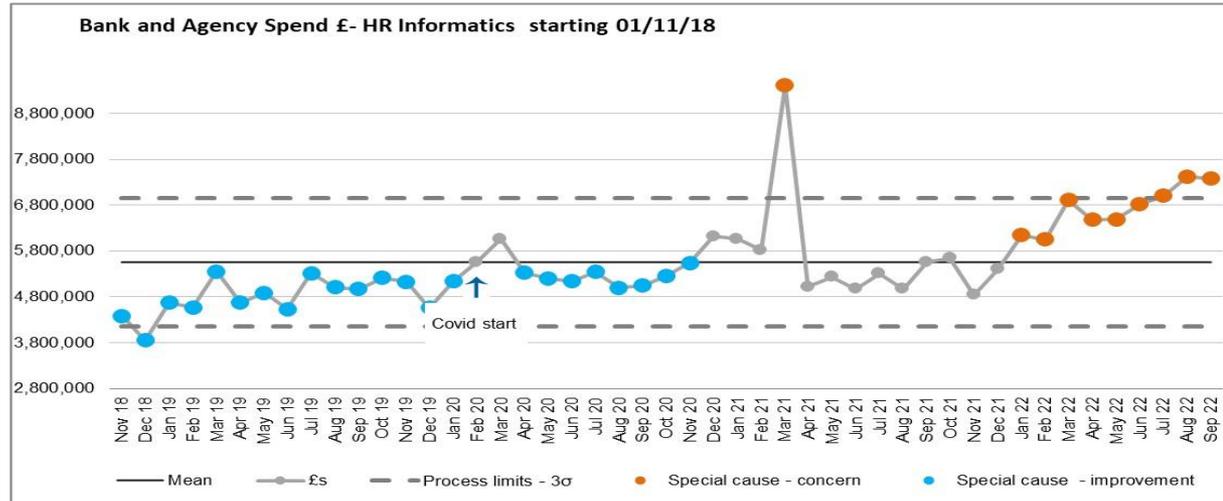
The graphs below support the accompanying text.



| HR Metric | Performance | Target |
|-----------|-------------|--------|
| Vacancy % | 8.5%        | 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. | When there is a run of sequentially rising/falling data points and/or such points are above/below the mean, this too can be of concern and can indicate a process which is out of control. There a run of such points both above and below the mean, and a run of rising and falling data points. | Additional establishment has been added in as at M6, at the same time the Trust's staff in post has increased, limiting the growth in the vacancy factor between months. Across the Trust Healthcare Assistants and Support staff have the highest vacancy factor at 13.1%. "Other" staff are next at 11.0%, followed by Nursing and Midwifery at 9.0%. Administrative staff are included within the Other (Financial) staff group, however on their own they are currently running at 13.0%. |

The graphs below support the accompanying text.



| HR Metric             | Performance       | Target |
|-----------------------|-------------------|--------|
| Bank & Agency Spend £ | <b>£7,373,023</b> | 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

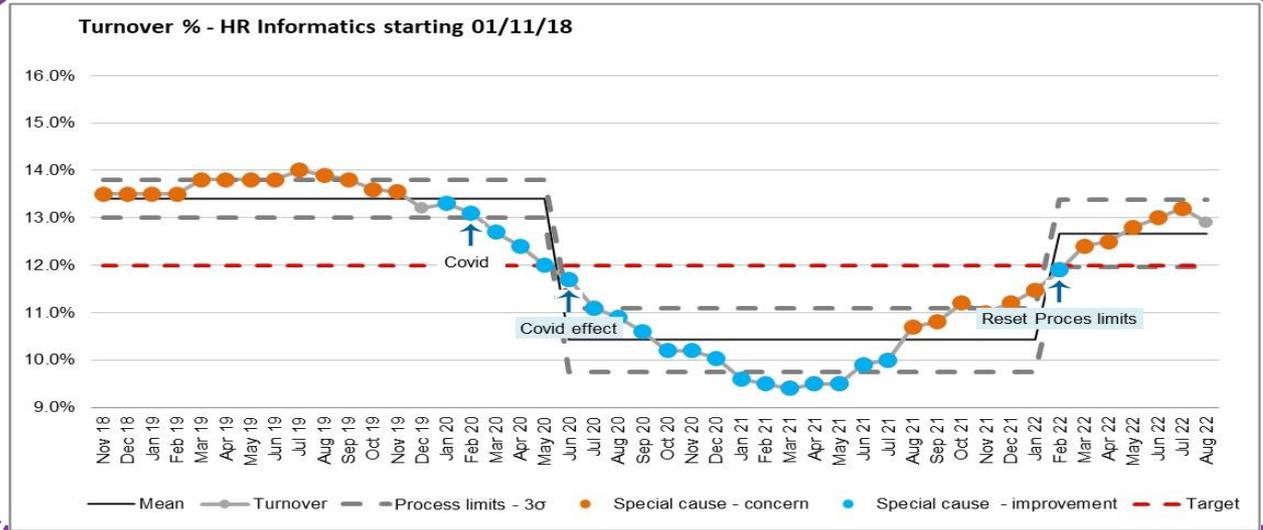
Combined bank and agency spend has shown signs of increasing in recent months, although in M6 there is a small decrease in total spend between months. Data points which fall outside the process limits are unusual and should be investigated. When there is a run of sequentially rising/falling data points and/or such points above/below the mean, this too can be of concern and can indicate a process which is out of control. There a run of such points.

## Issues

- Fill comparable to M5: bank fill remained static; small rise in agency fill. Spend decreased marginally compared to M5.
- Sporadic RN545 continues, mainly shifts for Neonatal Unit & Major Trauma 2A. 80%+ requests from NOTSSCaN.
- Bank / Agency 'hot spots': JR ICU, Neonatal Unit, Paediatric ICU, JR ED. Costly block bookings remain in JR ICU.
- Flexible pool: mainly deployed to support JR ED, major trauma, cardiology, EAU, Horton ED, Horton EAU, Horton Trauma
- Medical locums – 15 locums MRC (10/15 longer than 6m); 13 NOTSSCaN; 1 SuWON.
- ACTIONS: nurse agency tiers introduced reducing time shifts are released to agencies.
- Agency nurses working for agency long term targeted to move to bank.
- NHSP assignment code to establish a flexipool for paediatrics. Biweekly meetings with Joint Dir of Workforce to review temp staff use across Divisions and Staff groups. MI Dashboards for HoW, DDoN, Joint Dir of Workforce.
- Focus on medical locums, stop assignment / targeting long term locums to bank/ move onto DE arrangement / bumping out for cheaper agencies

The graphs below support the accompanying text.

| HR Metric  | Performance | Target |
|------------|-------------|--------|
| Turnover % | 12.7%       | 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>Turnover levels have fallen on the M5 position. This has been caused by a reduction in the rolling number of wte leavers and an increase in the average staff in post. When there is a run of sequentially rising/falling data points and/or such points above/below the mean, this too can be of concern and can indicate a process which is out of control. There a run of such points in the graph above.</p> | <p>Since May 21 there has been a sustained increase in turnover rates, due in part to easing of COVID19 restrictions. Additional Clinical Services, 18.6%, Estates staff – 14.7%, and Administrative and Clerical staff at 13.6% have the highest turnover rates. Combined leavers for these staff groups account for 51.8% of total wte leavers in a rolling 12 month period. Nursing and Midwifery turnover is at 11%, and the leavers are a further 30% of the total wte leavers of the Trust.</p> |

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

| ESR STAFF Group                  | Oct-21          | Nov-21          | Dec-21          | Jan-22          | Feb-22          | Mar-22          | Apr-22          | May-22          | Jun-22          | Jul-22          | Aug-22         | Sep-22         |
|----------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|----------------|
| Add Prof Scientific and Technic  | 511.8           | 515.9           | 517.9           | 519.1           | 520.0           | 524.6           | 519.4           | 522.6           | 508.7           | 504.6           | 509.3          | 521.9          |
| Additional Clinical Services     | 2,084.1         | 2,157.6         | 2,146.4         | 2,157.5         | 2,130.2         | 2,149.5         | 2,098.8         | 2,071.3         | 2,063.5         | 2,079.1         | 2054.6         | 2059.2         |
| Administrative and Clerical      | 2,673.5         | 2,672.7         | 2,677.6         | 2,674.5         | 2,663.6         | 2,654.5         | 2,631.0         | 2,624.1         | 2,615.6         | 2,601.6         | 2605.0         | 2605.7         |
| Allied Health Professionals      | 752.9           | 752.0           | 751.8           | 762.4           | 758.3           | 757.7           | 753.8           | 756.3           | 753.6           | 754.3           | 756.8          | 776.0          |
| Estates and Ancillary            | 211.6           | 209.1           | 212.6           | 214.7           | 216.3           | 216.7           | 215.1           | 215.9           | 213.6           | 214.5           | 217.7          | 216.5          |
| Healthcare Scientists            | 551.6           | 550.2           | 549.0           | 546.7           | 547.7           | 542.2           | 544.8           | 548.8           | 547.1           | 539.9           | 541.5          | 547.7          |
| Medical and Dental               | 2,060.3         | 2,062.2         | 2,066.1         | 2,057.3         | 2,059.5         | 2,049.7         | 2,038.6         | 2,044.6         | 2,024.8         | 2,005.7         | 2013.9         | 2096.6         |
| Nursing and Midwifery Registered | 3,835.9         | 3,846.2         | 3,867.4         | 3,884.4         | 3,916.6         | 3,941.3         | 3,956.7         | 3,954.8         | 3,974.1         | 3,968.5         | 3965.4         | 3999.7         |
| <b>Total</b>                     | <b>12,681.8</b> | <b>12,766.0</b> | <b>12,788.8</b> | <b>12,816.6</b> | <b>12,812.3</b> | <b>12,836.3</b> | <b>12,758.2</b> | <b>12,738.4</b> | <b>12,701.2</b> | <b>12,668.1</b> | <b>12664.2</b> | <b>12823.2</b> |

|               |              |              |              |              |              |               |               |              |               |                |                |                |
|---------------|--------------|--------------|--------------|--------------|--------------|---------------|---------------|--------------|---------------|----------------|----------------|----------------|
| <b>Bank</b>   | <b>824.4</b> | <b>850.9</b> | <b>807.3</b> | <b>947.1</b> | <b>936.1</b> | <b>1084.2</b> | <b>886.7</b>  | <b>941.9</b> | <b>1024.1</b> | <b>1033.16</b> | <b>1038.28</b> | <b>1013.13</b> |
| <b>Agency</b> | <b>107.1</b> | <b>112.1</b> | <b>99.74</b> | <b>96.1</b>  | <b>105.4</b> | <b>131.4</b>  | <b>111.64</b> | <b>131.9</b> | <b>130.3</b>  | <b>139.66</b>  | <b>151.49</b>  | <b>157.11</b>  |

|                    |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |
|--------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>Grand Total</b> | <b>13,613.3</b> | <b>13,729.0</b> | <b>13,695.8</b> | <b>13,859.8</b> | <b>13,853.8</b> | <b>14,051.9</b> | <b>13,756.5</b> | <b>13,812.1</b> | <b>13,855.6</b> | <b>13,840.9</b> | <b>13,853.9</b> | <b>13,993.5</b> |
|--------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|

| Divison  | Oct-21          | Nov-21          | Dec-21          | Jan-22          | Feb-22          | Mar-22         | Apr-22          | May-22         | Jun-22         | Jul-22         | Aug-22         | Sep-22         |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|-----------------|----------------|----------------|----------------|----------------|----------------|
| Clinical Support Services                                | 2,054.3         | 2,075.4         | 2,084.3         | 2,084.2         | 2,089.4         | 2078.4         | 2,051.7         | 2046.8         | 2048.6         | 2041.1         | 2057.3         | 2088.6         |
| Corporate  | 1,592.7         | 1,599.4         | 1,602.8         | 1,605.5         | 1,599.5         | 1596.1         | 1,577.7         | 1573.1         | 1582.3         | 1568.0         | 1571.0         | 1574.2         |
| Medicine Rehabilitation and Cardiac                      | 2,872.5         | 2,861.5         | 2,874.7         | 2,870.4         | 2,870.2         | 2891.1         | 2,884.0         | 2883.5         | 2872.5         | 2879.6         | 2883.0         | 2918.0         |
| Neurosciences Orthopaedics Trauma and Specialist Surgery | 3,232.2         | 3,257.8         | 3,267.6         | 3,286.2         | 3,270.3         | 3279.6         | 3,279.4         | 3274.7         | 3247.0         | 3229.1         | 3224.1         | 3266.9         |
| Surgery Women and Oncology                               | 2,930.1         | 2,971.9         | 2,959.5         | 2,970.3         | 2,982.8         | 2991.1         | 2,965.4         | 2960.4         | 2950.8         | 2950.3         | 2928.8         | 2975.5         |
| <b>Total</b>   | <b>12,681.8</b> | <b>12,766.0</b> | <b>12,788.8</b> | <b>12,816.6</b> | <b>12,812.3</b> | <b>12836.3</b> | <b>12,758.2</b> | <b>12738.4</b> | <b>12701.2</b> | <b>12668.1</b> | <b>12664.2</b> | <b>12823.2</b> |

|               |              |              |              |              |              |               |               |              |               |               |               |                |
|---------------|--------------|--------------|--------------|--------------|--------------|---------------|---------------|--------------|---------------|---------------|---------------|----------------|
| <b>Bank</b>   | <b>824.4</b> | <b>850.9</b> | <b>807.3</b> | <b>947.1</b> | <b>936.1</b> | <b>1084.2</b> | <b>886.7</b>  | <b>941.9</b> | <b>1024.1</b> | <b>1033.2</b> | <b>1038.3</b> | <b>1013.13</b> |
| <b>Agency</b> | <b>107.1</b> | <b>112.1</b> | <b>99.74</b> | <b>96.1</b>  | <b>105.4</b> | <b>131.4</b>  | <b>111.64</b> | <b>131.9</b> | <b>130.3</b>  | <b>139.7</b>  | <b>151.5</b>  | <b>157.11</b>  |

|                    |                 |                 |                 |                 |                 |                 |                 |                 |                 |                |                |                |
|--------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|----------------|----------------|
| <b>Grand Total</b> | <b>13,613.3</b> | <b>13,729.0</b> | <b>13,695.8</b> | <b>13,859.8</b> | <b>13,853.8</b> | <b>14,051.9</b> | <b>13,756.5</b> | <b>13,812.1</b> | <b>13,855.6</b> | <b>13840.9</b> | <b>13853.9</b> | <b>13993.5</b> |
|--------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|----------------|----------------|

### 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.

| Division  | Staff Group (ESR)   | Leaver WTE     | Turnover %   |
|---|---|----------------|--------------|
| <b>Clinical Support Services</b>                                | Add Prof Scientific and Technic                                       | 21.8           | 11.6%        |
|   | Additional Clinical Services  | 67.5           | 18.2%        |
|   | Administrative and Clerical   | 28.8           | 15.0%        |
|   | Allied Health Professionals   | 30.1           | 12.6%        |
|   | Estates and Ancillary   | 0.0            | 0.0%         |
|   | Healthcare Scientists   | 28.4           | 10.1%        |
|   | Medical and Dental  | 11.3           | 4.5%         |
|   | Nursing and Midwifery Registered                                      | 29.8           | 14.5%        |
|   | Students  | 0.0            | 0.0%         |
|   | <b>Clinical Support Services Total</b>                                |                | <b>217.8</b> |
| <b>Corporate</b>  | Add Prof Scientific and Technic                                       | 13.2           | 36.4%        |
|   | Additional Clinical Services  | 5.0            | 21.1%        |
|   | Administrative and Clerical   | 104.8          | 10.5%        |
|   | Allied Health Professionals   | 0.8            | 8.5%         |
|   | Estates and Ancillary   | 23.2           | 17.1%        |
|   | Healthcare Scientists   | 3.2            | 18.3%        |
|   | Medical and Dental  | 1.7            | 51.2%        |
|   | Nursing and Midwifery Registered                                      | 17.2           | 10.6%        |
|   | <b>Corporate Total</b>  |                | <b>169.0</b> |
| <b>Medicine Rehabilitation and Cardiac</b>                      | Add Prof Scientific and Technic                                       | 3.8            | 8.4%         |
|   | Additional Clinical Services  | 114.2          | 19.9%        |
|   | Administrative and Clerical   | 52.7           | 13.6%        |
|   | Allied Health Professionals   | 35.9           | 16.8%        |
|   | Estates and Ancillary   | 5.3            | 30.6%        |
|   | Healthcare Scientists   | 3.6            | 5.6%         |
|   | Medical and Dental  | 9.3            | 5.0%         |
|   | Nursing and Midwifery Registered                                      | 100.7          | 10.1%        |
|   | <b>Medicine Rehabilitation and Cardiac Total</b>                      |                | <b>325.4</b> |
| <b>Neurosciences Orthopaedics Trauma and Specialist Surgery</b> | Add Prof Scientific and Technic                                       | 10.0           | 9.9%         |
|   | Additional Clinical Services  | 80.8           | 15.6%        |
|   | Administrative and Clerical   | 78.3           | 17.7%        |
|   | Allied Health Professionals   | 17.7           | 10.8%        |
|   | Estates and Ancillary   | 1.0            | 2.9%         |
|   | Healthcare Scientists   | 9.6            | 13.8%        |
|   | Medical and Dental  | 11.1           | 4.4%         |
|   | Nursing and Midwifery Registered                                      | 136.0          | 11.4%        |
|   | <b>Neurosciences Orthopaedics Trauma and Specialist Surgery Total</b> |                | <b>344.6</b> |
| <b>Surgery Women and Oncology</b>                               | Add Prof Scientific and Technic                                       | 7.9            | 8.1%         |
|   | Additional Clinical Services  | 94.4           | 20.5%        |
|   | Administrative and Clerical   | 66.2           | 16.3%        |
|   | Allied Health Professionals   | 11.7           | 11.2%        |
|   | Estates and Ancillary   | 1.6            | 8.2%         |
|   | Healthcare Scientists   | 10.1           | 10.5%        |
|   | Medical and Dental  | 12.6           | 8.2%         |
|   | Nursing and Midwifery Registered                                      | 137.0          | 10.9%        |
|   | <b>Surgery Women and Oncology Total</b>                               |                | <b>341.5</b> |
| <b>Grand Total</b>  |   | <b>1,398.3</b> | <b>12.7%</b> |

| Division  | Staff Group (Financial)          | WTE Vac       | Vac %        |
|---|----------------------------------|---------------|--------------|
| <b>Clinical Support Services</b>                                      | Consultants and Medics           | 7.1           | 1.5%         |
|   | Health Care Assistants & Support | 33.7          | 8.0%         |
|   | Nurse and Midwives               | 61.5          | 21.4%        |
|   | Other Staff                      | 15.4          | 6.7%         |
|   | Scientific, Thec., Therapeutic   | 24.3          | 2.9%         |
| <b>Clinical Support Services Total</b>                                |                                  | <b>142.0</b>  | <b>6.4%</b>  |
| <b>Corporate</b>  | Consultants and Medics           | 23.8          | 32.3%        |
|   | Health Care Assistants & Support | 36.6          | 59.2%        |
|   | Nurse and Midwives               | 20.2          | 13.8%        |
|   | Other Staff                      | 69.1          | 5.8%         |
|   | Scientific, Thec., Therapeutic   | 6.8           | 17.0%        |
| <b>Group1 Total</b>   |                                  | <b>156.4</b>  | <b>10.3%</b> |
| <b>Medicine Rehabilitation and Cardiac</b>                            | Consultants and Medics           | -1.9          | -0.3%        |
|   | Health Care Assistants & Support | 123.2         | 18.2%        |
|   | Nurse and Midwives               | 132.3         | 11.5%        |
|   | Other Staff                      | 70.0          | 15.4%        |
|   | Scientific, Thec., Therapeutic   | -6.1          | -1.7%        |
| <b>Medicine Rehabilitation and Cardiac Total</b>                      |                                  | <b>317.5</b>  | <b>10.0%</b> |
| <b>Neurosciences Orthopaedics Trauma and Specialist Surgery</b>       | Consultants and Medics           | 65.3          | 9.4%         |
|   | Health Care Assistants & Support | 54.1          | 8.3%         |
|   | Nurse and Midwives               | 111.8         | 8.2%         |
|   | Other Staff                      | 113.6         | 20.1%        |
|   | Scientific, Thec., Therapeutic   | -2.9          | -0.9%        |
| <b>Neurosciences Orthopaedics Trauma and Specialist Surgery Total</b> |                                  | <b>341.9</b>  | <b>9.5%</b>  |
| <b>Surgery Women and Oncology</b>                                     | Consultants and Medics           | 9.0           | 2.1%         |
|   | Health Care Assistants & Support | 62.5          | 11.4%        |
|   | Nurse and Midwives               | 66.9          | 4.8%         |
|   | Other Staff                      | 52.3          | 11.2%        |
|   | Scientific, Thec., Therapeutic   | 12.4          | 3.6%         |
| <b>Surgery Women and Oncology Total</b>                               |                                  | <b>203.1</b>  | <b>6.4%</b>  |
| <b>Grand Total</b>  |                                  | <b>1160.9</b> | <b>8.5%</b>  |

# Temporary Pay Spend By Division:

| Row Labels  | Agency            | NHSP              | Total Temp Pay Spend £ | % of pay Spend |
|---|-------------------|-------------------|------------------------|----------------|
| <b>Clinical Support Services</b>                                | <b>£231,304</b>   | <b>£518,505</b>   | <b>£749,809</b>        | <b>5.9%</b>    |
| Consultants and Medics  | £0                | £18,716           | £18,716                | 0.4%           |
| Health Care Assistants & Support                                | £0                | £41,043           | £41,043                | 3.3%           |
| Nurse and Midwives  | £158,939          | £166,681          | £325,620               | 23.4%          |
| Other Staff   | £0                | £33,683           | £33,683                | 4.3%           |
| Scientific, Thec., Therapeutic                                  | £72,365           | £258,383          | £330,748               | 7.9%           |
| <b>Surgery Women and Oncology</b>                               | <b>£205,459</b>   | <b>£1,410,545</b> | <b>£1,616,004</b>      | <b>10.2%</b>   |
| Consultants and Medics  | £30,185           | £219,129          | £249,314               | 5.6%           |
| Health Care Assistants & Support                                | £758              | £289,082          | £289,839               | 17.0%          |
| Nurse and Midwives  | £163,773          | £755,160          | £918,933               | 14.0%          |
| Other Staff   | £0                | £79,834           | £79,834                | 5.6%           |
| Scientific, Thec., Therapeutic                                  | £10,742           | £67,341           | £78,083                | 4.6%           |
| <b>Medicine Rehabilitation and Cardiac</b>                      | <b>£480,573</b>   | <b>£2,083,460</b> | <b>£2,564,033</b>      | <b>15.8%</b>   |
| Consultants and Medics  | £308,618          | £385,204          | £693,822               | 13.1%          |
| Health Care Assistants & Support                                | £1,583            | £419,482          | £421,065               | 19.6%          |
| Nurse and Midwives  | £133,114          | £1,067,944        | £1,201,058             | 21.8%          |
| Other Staff   | £0                | £48,137           | £48,137                | 3.1%           |
| Scientific, Thec., Therapeutic                                  | £37,257           | £162,692          | £199,949               | 11.7%          |
| <b>Neurosciences Orthopaedics Trauma and Specialist Surgery</b> | <b>£431,692</b>   | <b>£1,604,554</b> | <b>£2,036,245</b>      | <b>11.1%</b>   |
| Consultants and Medics  | £163,832          | £281,427          | £445,259               | 6.8%           |
| Health Care Assistants & Support                                | £0                | £301,161          | £301,161               | 14.7%          |
| Nurse and Midwives  | £257,085          | £930,286          | £1,187,371             | 18.1%          |
| Other Staff   | £0                | £68,247           | £68,247                | 4.1%           |
| Scientific, Thec., Therapeutic                                  | £10,774           | £23,434           | £34,207                | 2.2%           |
| <b>Corporate</b>  | <b>£20,586</b>    | <b>£386,345</b>   | <b>£406,931</b>        | <b>3.5%</b>    |
| Consultants and Medics  | £3,590            | £47               | £3,637                 | 0.2%           |
| Health Care Assistants & Support                                | £0                | £63,127           | £63,127                | 75.2%          |
| Nurse and Midwives  | £3,025            | £82,476           | £85,501                | 3.8%           |
| Other Staff   | £0                | £232,834          | £232,834               | 3.7%           |
| Scientific, Thec., Therapeutic                                  | £13,972           | £7,862            | £21,833                | 2.3%           |
| <b>Grand Total</b>  | <b>£1,369,614</b> | <b>£6,003,409</b> | <b>£7,373,023</b>      | <b>9.9%</b>    |

|   | CSS          | Corporate    | MRC          | NOTSSCaN     | SUWON        | Grand Total  |
|---|--------------|--------------|--------------|--------------|--------------|--------------|
|   | % Compliant  |              |              |              |              |              |
| Core Skill - Equality, Diversity and Human Rights     | 94.1%        | 93.0%        | 94.9%        | 93.5%        | 95.8%        | <b>94.4%</b> |
| Core Skill - Fire Safety                              | 89.4%        | 87.0%        | 91.0%        | 89.6%        | 91.6%        | <b>90.0%</b> |
| Core Skill - Health, Safety and Welfare               | 93.0%        | 91.5%        | 94.0%        | 92.9%        | 95.0%        | <b>93.5%</b> |
| Core Skill - Infection Prevention and Control Level 1 | 91.4%        | 90.6%        | 94.4%        | 89.6%        | 94.1%        | <b>91.7%</b> |
| Core Skill - Infection Prevention and Control Level 2 | 85.7%        | 85.9%        | 87.4%        | 88.2%        | 89.2%        | <b>87.9%</b> |
| Core Skill - Information Governance and Data Security | 89.5%        | 92.5%        | 89.9%        | 90.6%        | 91.7%        | <b>90.8%</b> |
| Core Skill - Moving and Handling Level 1              | 91.8%        | 91.6%        | 87.2%        | 86.2%        | 90.7%        | <b>89.8%</b> |
| Core Skill - Moving and Handling Level 2              | 80.4%        | 67.0%        | 80.6%        | 80.6%        | 79.9%        | <b>80.0%</b> |
| Core Skill - Preventing Radicalisation Awareness      | 92.2%        | 89.6%        | 90.9%        | 90.8%        | 91.7%        | <b>91.1%</b> |
| Core Skill - Preventing Radicalisation Basic          | 91.8%        | 89.3%        | 90.8%        | 88.5%        | 92.9%        | <b>90.7%</b> |
| Core Skill - Resuscitation Level 1                    | 91.3%        | 91.9%        | 92.7%        | 91.5%        | 93.9%        | <b>92.1%</b> |
| Core Skill - Resuscitation Level 2, 3 OR 4            | 92.3%        | 85.3%        | 90.9%        | 90.5%        | 93.5%        | <b>91.5%</b> |
| Core Skill - Safeguarding Adults Level 1              | 93.4%        | 91.1%        | 93.3%        | 89.9%        | 94.7%        | <b>92.3%</b> |
| Core Skill - Safeguarding Adults Level 2              | 92.0%        | 88.3%        | 91.5%        | 90.1%        | 93.9%        | <b>91.7%</b> |
| Core Skill - Safeguarding Children Level 1            | 93.8%        | 92.0%        | 94.1%        | 91.0%        | 95.3%        | <b>93.0%</b> |
| Core Skill - Safeguarding Children Level 2            | 88.7%        | 85.9%        | 89.9%        | 89.4%        | 93.0%        | <b>90.3%</b> |
| Core Skill - Safeguarding Children Level 3            |              | 88.9%        | 78.3%        | 83.7%        | 81.6%        | <b>81.7%</b> |
| <b>Grand Total</b>                                    | <b>91.0%</b> | <b>90.4%</b> | <b>90.4%</b> | <b>89.6%</b> | <b>92.0%</b> | <b>90.7%</b> |

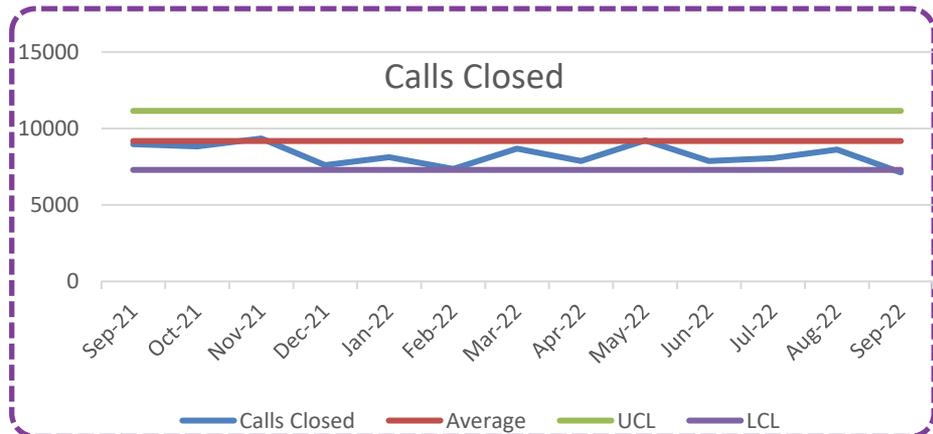
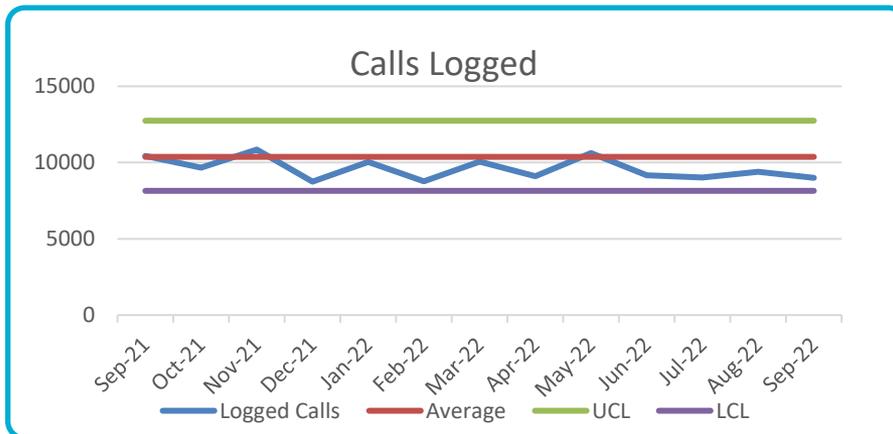
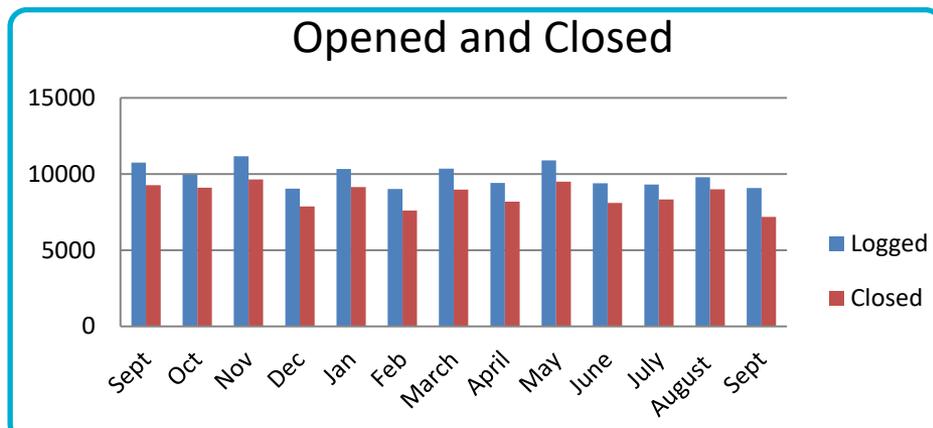
Green RAG rating is for any core skills course or department etc to be equal to or in excess of 85%. In addition, NHS Digital require that the Trust's IG training is equal to or in excess of 95%.

# Digital

## Service Desk Performance

The OUH IM&T Service Desk is integral to the day-to-day running of the Trust. IT services deliver a range of IT support to staff daily. The table below highlights the performance of the Service Desk from September 2021 to September 2022. When comparing September 2021 with September 2022 there is a 15.6% decrease in calls logged. The decrease is mainly due to the work completed by Digital to upgrade Virtual Workspace and PC upgrades (SSDs), resulting in fewer support tickets.

| Priority     | Total OUH calls logged in September | Total OUH calls closed in September | Total calls logged trend                                  |
|--------------|-------------------------------------|-------------------------------------|---|
| 1            | 3                                   | 3                                   | Month on month trend Aug to Sept 2022<br>decrease of 7.3% |
| 2            | 88                                  | 87                                  |   |
| 3            | 1894                                | 1339                                | Sept 2021 to Sept 2022<br>decrease of 15.6%               |
| 4            | 1889                                | 1495                                |   |
| 5            | 5129                                | 4197                                |   |
| <b>Total</b> | <b>9003</b>                         | <b>7121</b>                         |   |



## 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

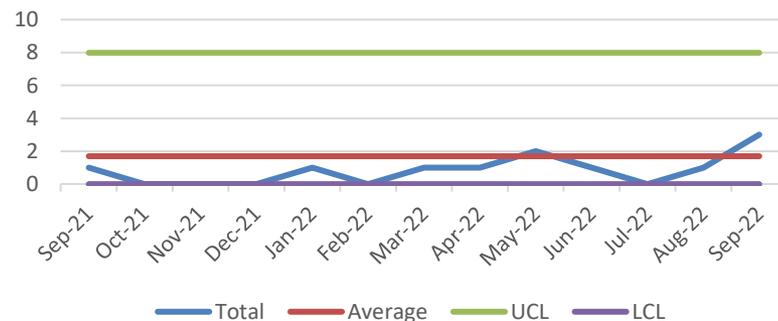
The tables below highlight the performance of the Service Desk from Sept 2021 to Sept 2022. When comparing Sept 2021 with Sept 2022 the number of Priority 1s logged was 3 in Sept 2022 two more than Sept 2021. Up to June 2021 we had spent considerable effort improving our processes and underpinning infrastructure to reduce the number of unavoidable P1 & P2 issue which we have achieved

### OUH Priority 1 Incidents

| Sep t | Oct | Nov | Dec | Jan | Feb | Mar | April | May | Jun | Jul | Aug | Sep t |
|-------|-----|-----|-----|-----|-----|-----|-------|-----|-----|-----|-----|-------|
| 1     | 0   | 0   | 0   | 1   | 0   | 1   | 1     | 2   | 1   | 0   | 1   | 3     |

| Date     | Issue  | Action  |
|----------|--|---|
| 16/09/22 | Aria unavailable for all users                     | Server software fault in the cluster nodes was resolved by failing over to the back up server.  |
| 20/09/22 | PACS unavailable for all users                     | Insignia (3 <sup>rd</sup> party supplier) had started planned indexing work which caused the Event Manager process to fail. The indexing work was postponed to resolve the issue. |
| 24/09/22 | Outbound telephone calls unavailable for all users | Resolved with support from Cisco TAC Services   |

### P1 Incidents



### Cyber Highlights: Overall Cyber status **Amber**

- 127.1TB of internet traffic use, down by 5.9TB on August
- Phone service disruption resolved with 3<sup>rd</sup> party support.
- 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 September | Year to date |
|--------------------|--------------------|--------------|
| CareCerts received | 23                 | 111          |
| Virus blocked      | 878                | 3,694        |
| Intrusions blocked | 371                | 2,675        |
| SPAM blocked       | 142,226            | 819,393      |
| Devices monitored  | 12,926             | -            |
| Servers monitored  | 710                | -            |

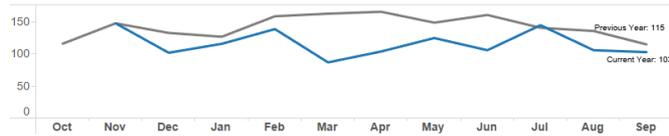
### Forward view

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

We have started to address the backlog of issues ready for migration. Reporting from ServiceNow from October will start to allow us better visibility and reporting against KPIs from Q4.

## Information request Service

Demand (requests received by month vs previous year)



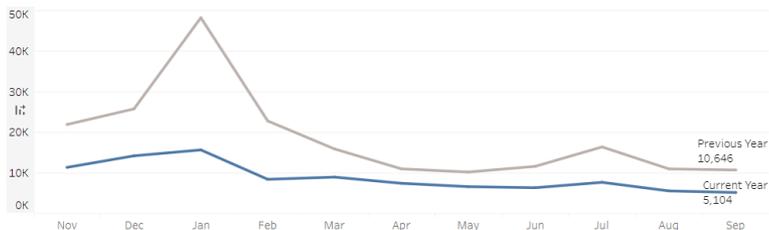
1.1 The demand on the Info request service for September '22 has decreased based on the same period last year.

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 100% (out of 23 respondents) for September '22.

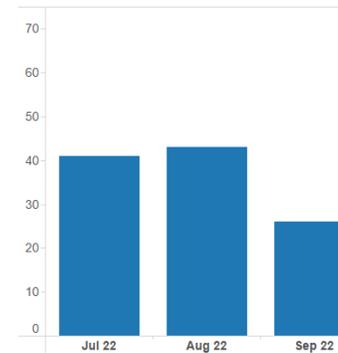
### ORBIT+

A total of 5104 views were recorded in September '22 this has decreased when compared to the same period last year.

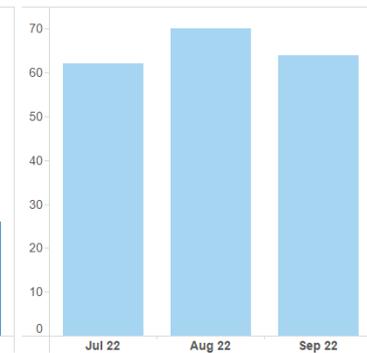


## Other Demands

Resolved



Created



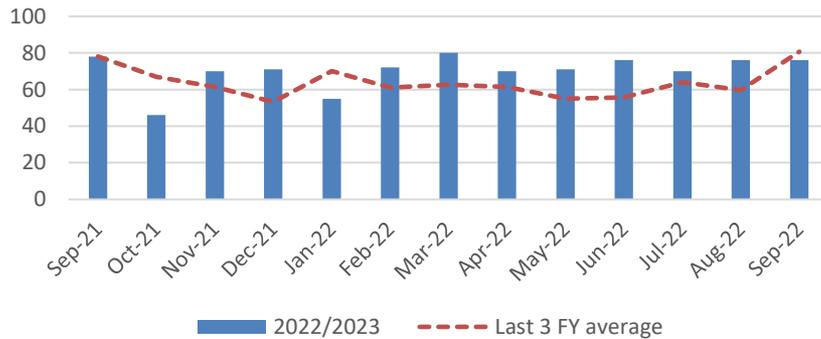
### Current development priorities

- Cerner Theatres Reporting support
- Surgical morbidity tool enhancements
- UCR Dashboards
- Data support for QI Projects
- Datawarehouse Migration
- CDS 6.3 – Assessment and Planning
- Cancer reporting enhancements
- Winter Flu reporting

## Freedom of Information (FOI)

76 FOI/EIR requests were received in September 2022. During this period, 62 requests were closed within 20 working days. 14 were not closed within 20 working days. Therefore the compliance rate for closure of requests within 20 working days in September 2022 was **82%**. In September 2021, the compliance rate was 40%.

Monthly requests



Compliance with 20 working day deadline



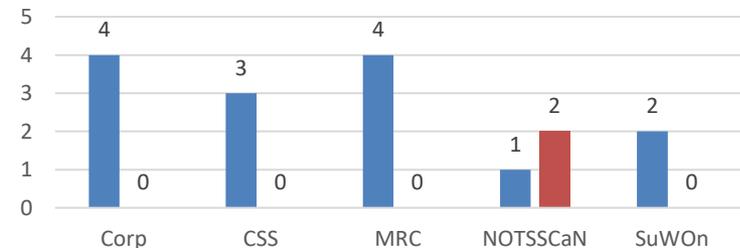
NB. Charts

## Data Security & Protection Breaches

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

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

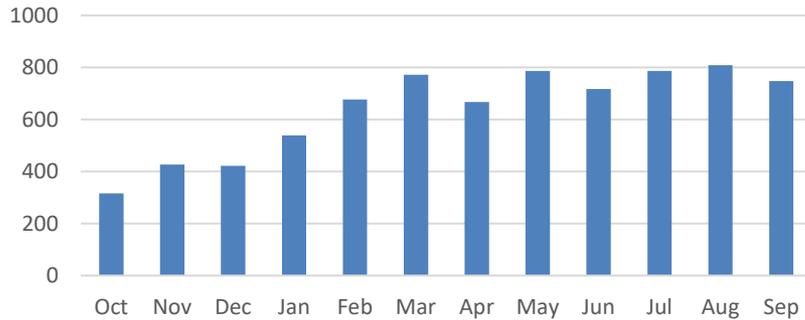
IG incidents by Division for September



## Data Subject Access Requests (DSAR)

The statutory timeframe for completion of DSARs is one calendar month from receipt or can be extended by a further two calendar months if the request is complex. DSARs are processed by six Trust departments. The data below represents the numbers of requests received by the Information Governance, Occupational Health, SAR, PACS, Security, and Sexual Health Teams. There has been a significant increase in the number of requests made for patient records in recent months, affecting closure rate for that team

DSARs received per month



DSAR closure within statutory time limit

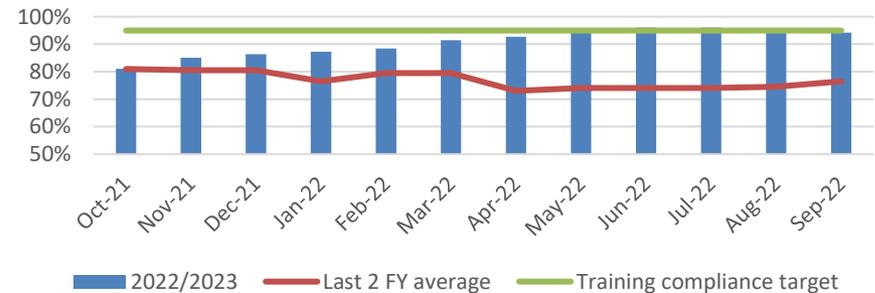


## Data Security and Protection Training

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff must complete Data Security training annually. In September this figure was 94.2%

*(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

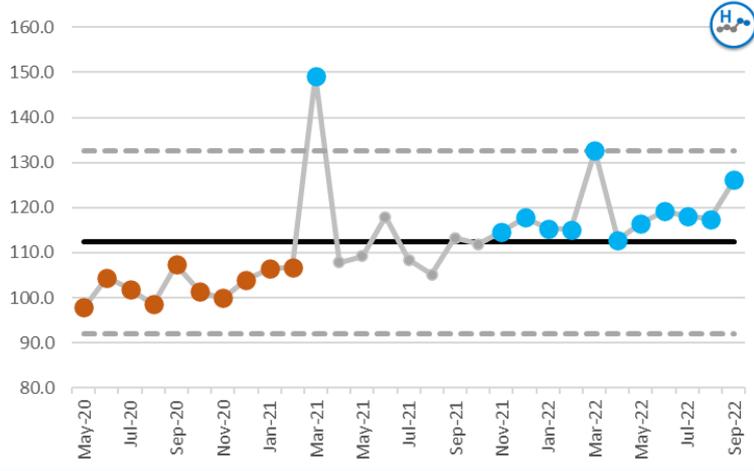


# Finance, Procurement and Contracting

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

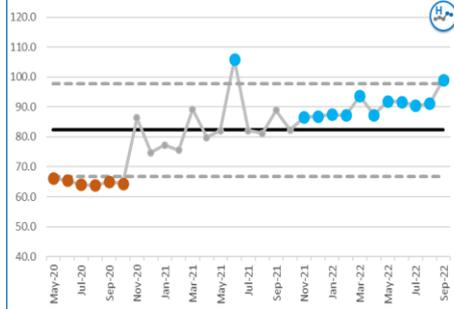


## September 2022 (Month 6) - Total in-month Income of £126.2m

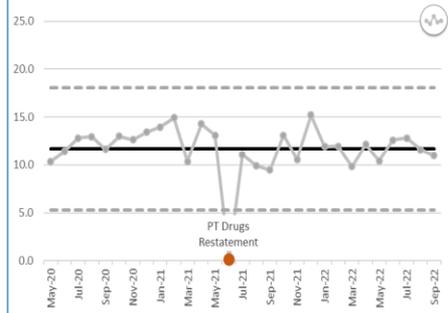
- Total income was £8.7m higher in September compared to August.
- Commissioning income was £7.3m higher in September mainly due to additional funding for the pay award (£8.8m) offset by passthrough income being £0.6m lower than the previous month and the fallout of the release of a provision relating to the settlement of income for the previous financial year (£1.2m) that was a benefit last month.
- Other income was £1.3m higher in September compared to August, partly due to a £0.3m increase in R&D income and a £0.4m increase in Education income.
- Private patient, Overseas and RTA income was at the same level in September as it was in August at £0.8m.



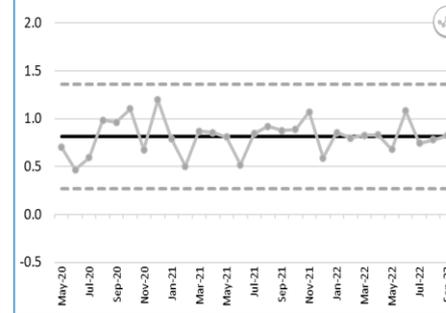
## Commissioning Income (Adjusted\*) - In £m



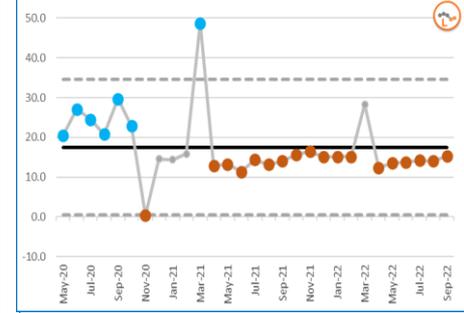
## Pass Through - In £m



## PP, Overseas & RTA Income - In £m



## Other Income - In £m

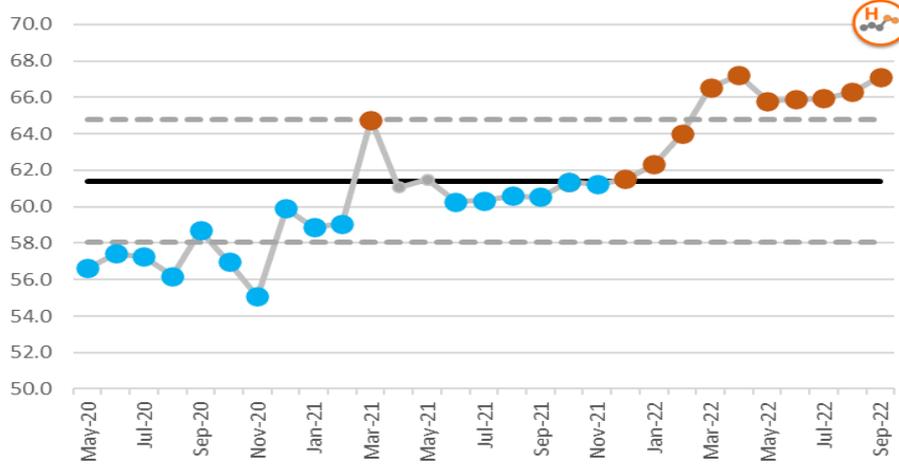


## SPC Trend Analysis

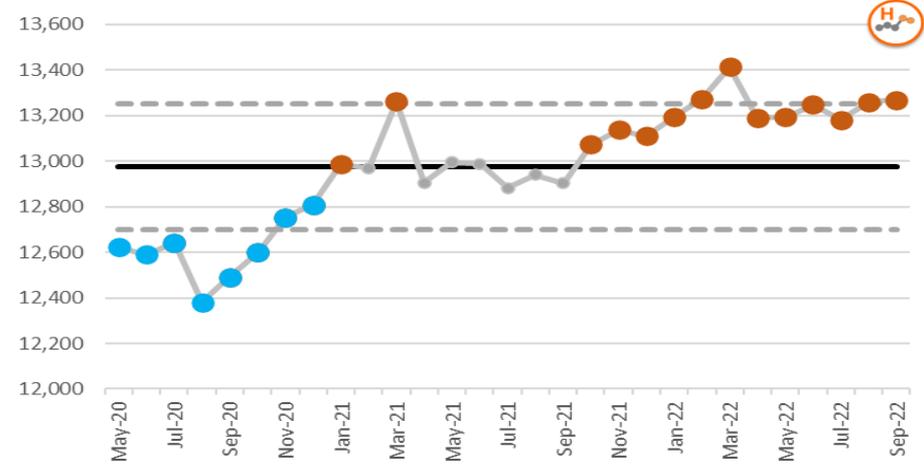
Total Income has consistently increased since September 2021 (Month 6), driven by commissioning income (also seen in the 'Commissioning Income' chart above). This is a result of the change to the Visible Cost Model for Devices and the recognition of TIF income and ERF+ (recovery) income.

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

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



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



\*Pay spend in the chart above was adjusted to remove the 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.

## Sep 2022 (Month 6)

£71.1m  
(64.6m adjusted)

13,268  
WTE

- Excluding R&D, total pay costs were £6.7m higher in September compared to August due to the payment of the pay award arrears.
- After adjusting for the pay award, substantive staffing costs (excluding the annual leave accrual release) were £0.3m lower in September compared to August. The run rate on substantive pay expenditure is up on the last financial year (even after discounting the 2% pay inflation accrual and employers' NI increase), this is seen across all staff groups but is primarily driven by consultant and junior doctor expenditure (£0.5m increased run rate) and nurses and midwives expenditure.
- Temporary staff in-month expenditure was £0.5m lower in September compared to August, after adjusting for the pay award impact. Bank staff expenditure decreased by £0.5m from August, whilst agency staff costs remained at the same level. 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 September is £1.4m 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 8 to 13,268 (excluding R&D). Substantive staff have increased by 28 WTE, bank staff decreased by 25 WTE and agency staff increased by 5 WTE. The Trust is spending more while deploying fewer staff due to the premium costs of temporary staffing.
- COVID-19 pay costs were £0.9m 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.

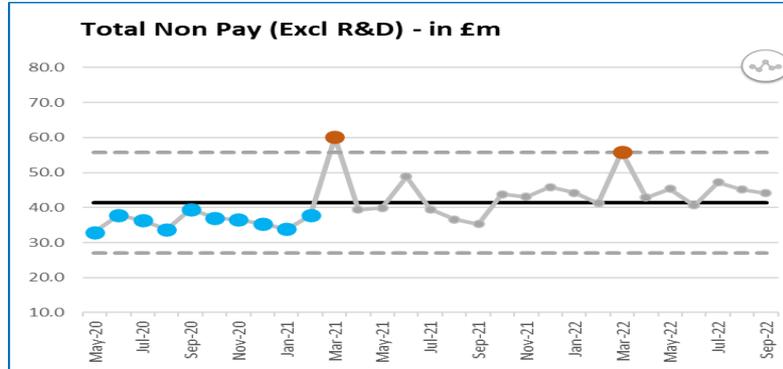
# Non-Pay Run Rate Overview



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

## September 2022 (Month 6) – Total Non-Pay of £44.1m

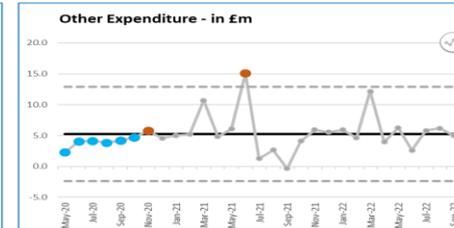
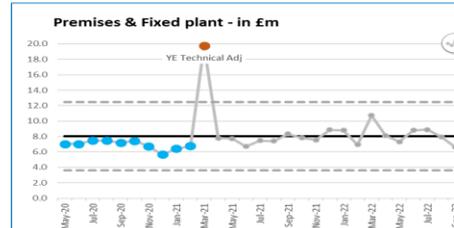
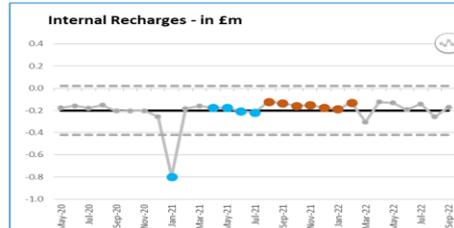
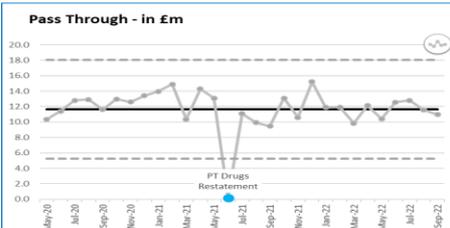
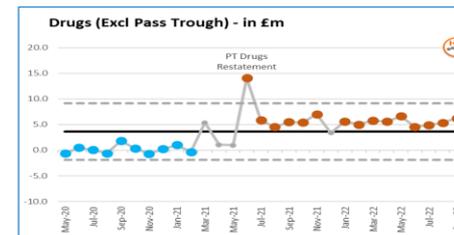
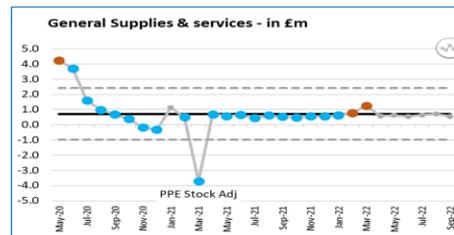
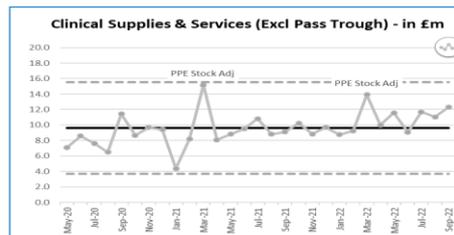
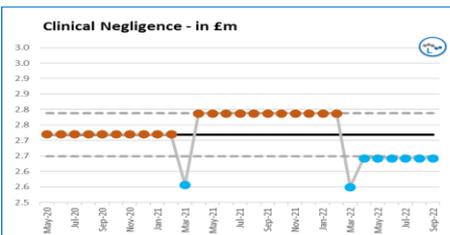
- Total non-pay costs were £1.0m lower in September compared to August (excluding R&D).
- Passthrough costs decreased by £0.6m (with a corresponding reduction in income), premises and fixed plant costs decreased by £1.3m and other non-pay costs decreased by £1.2m. Clinical supplies and services costs increased by £1.3m and drugs costs by £0.9m.
- The increase in clinical supplies costs is offset by the reduction in premises costs as they relate to an IFRS16 adjustment.
- Within other costs, car parking costs decreased by £0.5m and postage costs decreased by £0.3m.



## 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 31<sup>st</sup> 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 (£) |         |         |         |         |         |                   |
|----------------------------------|---------------------|---|--------------------------------|--|---------|---------|---------|---------|---------|-------------------|
|                                  |                     |   |                                | Apr-22   | May-22  | Jun-22  | Jul-22  | Aug-22  | Sep-22  | FY22/23 YTD Total |
| <b>Elective ALOS</b>             | <b>Days</b>         | <b>4</b><br><i>(FY21/22 Avg)</i>              | <b>1 day = £0.5m/month</b>     | (£0.1m)  | (£0.1m) | (£0.4m) | (£0.2m) | £0.1m   | £0.1m   | (£0.6m)           |
| <b>Non-elective ALOS</b>         | <b>Days</b>         | <b>3.9</b><br><i>(FY21/22 Avg)</i>            | <b>1 day = £2.4m/month</b>     | (£1.2m)  | (£0.9m) | (£0.2m) | (£0.5m) | (£1.0m) | (£0.7m) | (£4.5m)           |
| <b>Theatre sessions</b>          | <b>Sessions</b>     | <b>1,388</b><br><i>(FY21/22 Monthly Avg)</i>  | <b>£12.1k income / session</b> | (£1.4m)  | (£0.2m) | (£1.3m) | (£0.4m) | (£1.4m) | (£0.8m) | (£5.4m)           |
| <b>Face to Face Appointments</b> | <b>Appointments</b> | <b>81,821</b><br><i>(FY21/22 Monthly Avg)</i> | <b>1 Appointment = £93</b>     | £0.9m  | (£0.2m) | £0.4m   | £0.3m   | £0.1m   | (£0.1m) | £1.3m             |
| <b>Staff sickness rate</b>       | <b>% of staff</b>   | <b>3.1%</b><br><i>(Trust target)</i>          | <b>1% = £0.8m/month</b>        | (£1.0m)  | (£1.0m) | (£1.1m) | (£1.2m) | (£1.2m) | (£1.2m) | (£6.8m)           |
| <b>Staff turnover rate</b>       | <b>% of staff</b>   | <b>12%</b><br><i>(Trust target)</i>           | <b>1% = £280k/month</b>        | (£0.1m)  | (£0.2m) | (£0.3m) | (£0.3m) | (£0.3m) | (£0.2m) | (£1.4m)           |
| <b>Total adverse impact</b>      |                     |   |                                | (£2.9m)  | (£2.6m) | (£3.0m) | (£2.3m) | (£3.7m) | (£2.9m) | (£17.4m)          |

## 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 22/23 (£m) | Plan YTD (£m) | Identified 22/23 (£m) | Identified YTD (£m) | Delivered YTD (£m) | Variance to Plan YTD |
|--------------------------------|-----------------|---------------|-----------------------|---------------------|--------------------|----------------------|
| <b>CSS</b>                     | 1.8             | 0.9           | 2.0                   | 0.8                 | 1.0                | 0.1                  |
| <b>MRC</b>                     | 2.0             | 1.0           | 2.3                   | 0.7                 | 0.7                | (0.3)                |
| <b>NOTTSCaN</b>                | 2.7             | 1.4           | 2.8                   | 0.4                 | 0.4                | (1.0)                |
| <b>SuWOn</b>                   | 2.4             | 1.2           | 1.7                   | 0.9                 | 0.7                | (0.5)                |
| <b>Corporate</b>               | 0.9             | 0.5           |                       |                     |                    | (0.5)                |
| <b>Operational Services</b>    | 0.1             | 0.1           |                       |                     |                    | (0.1)                |
| <b>Estates</b>                 | 1.3             | 0.7           |                       |                     |                    | (0.7)                |
| <b>Education</b>               | 0.1             | 0.1           |                       |                     |                    | (0.1)                |
| <b>Central - recurrent</b>     | 17.9            | 9.0           |                       |                     |                    | (9.0)                |
| <b>Central - non recurrent</b> | 15.6            | 6.8           | 18.9                  | 8.4                 | 11.9               | 5.1                  |
| <b>TOTAL £m</b>                | <b>44.8</b>     | <b>21.4</b>   | <b>27.7</b>           | <b>11.2</b>         | <b>14.7</b>        | <b>(6.7)</b>         |

**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.

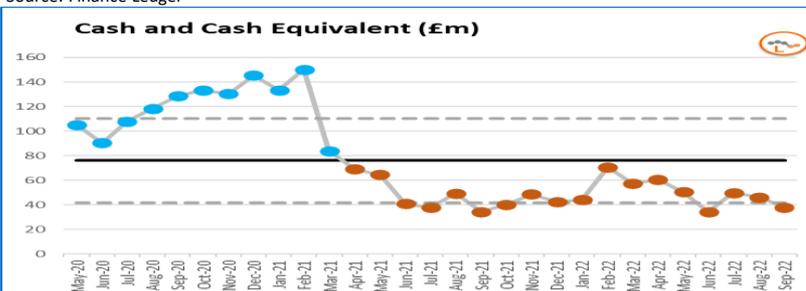
**Central – non-recurrent**

- 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.

# Statement of Financial Position (SOFP) & Cash

| Statement of Financial Position<br>£000s               | MONTH 12<br>2022 | MONTH 4<br>2023  | MONTH 5<br>2023  | MONTH 6<br>2023  | YTD<br>Movement |
|--|------------------|------------------|------------------|------------------|-----------------|
| <b>Non Current Assets:</b>                             |                  |                  |                  |                  |                 |
| Property, Plant and Equipment                          | 650,574          | 656,130          | 653,381          | 651,102          | 528             |
| Intangible Assets                                      | 14,154           | 13,692           | 13,526           | 13,161           | (993)           |
| Investment Property                                    | 32,030           | 32,030           | 32,030           | 32,030           | 0               |
| Other Investments                                      | 14,310           | 14,276           | 14,276           | 14,072           | (238)           |
| Trade and Other Receivables                            | 7,147            | 6,627            | 6,568            | 6,465            | (682)           |
| <b>Total Non Current Assets</b>                        | <b>718,215</b>   | <b>722,755</b>   | <b>719,781</b>   | <b>716,830</b>   | <b>(1,385)</b>  |
| <b>Current Assets:</b>                                 |                  |                  |                  |                  |                 |
| Inventories  | 28,518           | 28,644           | 28,588           | 28,436           | (82)            |
| Trade and Other Receivables                            | 58,884           | 79,530           | 67,999           | 73,440           | 14,556          |
| Cash and Cash Equivalents                              | 57,323           | 49,709           | 46,111           | 38,012           | (19,311)        |
| <b>Total Current Assets</b>                            | <b>144,725</b>   | <b>157,883</b>   | <b>142,698</b>   | <b>139,888</b>   | <b>(4,837)</b>  |
| <b>Total ASSETS</b>                                    | <b>862,940</b>   | <b>880,638</b>   | <b>862,479</b>   | <b>856,718</b>   | <b>(6,222)</b>  |
| <b>Current Liabilities:</b>                            |                  |                  |                  |                  |                 |
| Trade and Other Payables                               | (155,245)        | (158,862)        | (149,613)        | (149,336)        | 5,909           |
| Other Liabilities: Deferred Income                     | (3,882)          | (17,530)         | (13,089)         | (9,440)          | (5,558)         |
| Provisions   | (7,958)          | (7,034)          | (6,775)          | (6,747)          | 1,211           |
| Borrowings   | (12,939)         | (15,354)         | (15,066)         | (14,790)         | (1,851)         |
| Commercial Loans                                       | (426)            | (456)            | (478)            | (443)            | (17)            |
| DH Capital Loan  | (730)            | (704)            | (720)            | (736)            | (6)             |
| <b>Total Current Liabilities</b>                       | <b>(181,180)</b> | <b>(199,940)</b> | <b>(185,741)</b> | <b>(181,492)</b> | <b>(312)</b>    |
| <b>Net Current Assets/(Liabilities)</b>                | <b>(36,455)</b>  | <b>(42,057)</b>  | <b>(43,043)</b>  | <b>(41,604)</b>  | <b>(5,149)</b>  |
| <b>Total Assets Less Current Liabilities</b>           | <b>681,760</b>   | <b>680,698</b>   | <b>676,738</b>   | <b>675,226</b>   | <b>(6,534)</b>  |
| <b>Non Current Liabilities:</b>                        |                  |                  |                  |                  |                 |
| Other Liabilities: Deferred Income                     | (4,628)          | (4,595)          | (4,587)          | (4,728)          | (100)           |
| Provisions   | (8,459)          | (8,459)          | (8,459)          | (8,459)          | 0               |
| Borrowings   | (214,842)        | (219,953)        | (218,880)        | (217,443)        | (2,601)         |
| Commercial Loans                                       | (6,095)          | (5,984)          | (5,984)          | (5,872)          | 223             |
| DH Capital Loan  | (15,239)         | (14,908)         | (14,908)         | (14,908)         | 331             |
| <b>Total Non Current Liabilities</b>                   | <b>(249,263)</b> | <b>(253,899)</b> | <b>(252,818)</b> | <b>(251,410)</b> | <b>(2,147)</b>  |
| <b>Assets Less Liabilities (Total Assets Employed)</b> | <b>432,497</b>   | <b>426,799</b>   | <b>423,920</b>   | <b>423,816</b>   | <b>(8,681)</b>  |
| <b>Taxpayers Equity:</b>                               |                  |                  |                  |                  |                 |
| Public Dividend Capital                                | 303,749          | 303,749          | 303,749          | 303,749          | 0               |
| Retained Earnings reserve                              | (23,432)         | (26,008)         | (28,133)         | (27,483)         | (4,051)         |
| Revaluation Reserve                                    | 159,684          | 156,561          | 155,807          | 155,053          | (4,631)         |
| Other Reserves   | 1,743            | 1,743            | 1,743            | 1,743            | 0               |
| FV Assets Reserve                                      | (9,246)          | (9,246)          | (9,246)          | (9,246)          | 0               |
| <b>Total Taxpayers Equity</b>                          | <b>432,498</b>   | <b>426,799</b>   | <b>423,920</b>   | <b>423,816</b>   | <b>(8,682)</b>  |

Source: Finance Ledger



## Non-Current Assets

- The increase in the non current assets since the year-end due to the inclusion of the Right of Use assets as part of the transition to IFRS 16 (+£15.6m), offset by the net impact of depreciation in excess of capital additions.

## Current Assets

- Current assets have decreased by £4.8m, due to a reduction in cash partly offset by an increase in receivables.

## Current Liabilities

- Current liabilities have increased by £0.3m, capital payables have reduced while deferred income and non-capital creditors have 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) 90.0% 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% and the Trust has received a semi-automated letter from the national CFO to encourage efforts to hit 95%.

## Non-Current Liabilities

- Non-current liabilities have increased by £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 £8.2m in month largely due to the impact of the pay award being paid to staff, on-costs are paid in arrears so will impact cash in October. Cash resilience is a priority and is being addressed through the cash committee.

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

| Capital Expenditure<br>£000s                     | IN MONTH 6 |        |          | YEAR TO DATE |        |          | FULL YEAR<br>PLAN |
|--|------------|--------|----------|--------------|--------|----------|-------------------|
|  | Plan       | Actual | Variance | Plan         | Actual | Variance | BASE              |
| Schemes underway                                 | 198        | 97     | 101      | 3,813        | 2,370  | 1,443    | 5,465             |
| Contractually committed                          | 0          | 3      | (3)      | 0            | 6      | (6)      | 1,000             |
| Statutory compliance                             | 589        | 14     | 575      | 1,767        | 3      | 1,764    | 7,300             |
| Other ICS spend - Estates                        | 0          | 14     | (14)     | 0            | (91)   | 91       | 1,650             |
| Other ICS spend - Digital                        | 0          | 30     | (30)     | 0            | (153)  | 153      | 7,600             |
| Other ICS spend - Medical Equipment              | 222        | 160    | 62       | 666          | 796    | (130)    | 7,823             |
| Less disposals/other deductions included in CDEL | 0          | 0      | 0        | 0            | 0      | 0        | 0                 |
| ICS CDEL before impact of IFRC-16                | 1,009      | 319    | 690      | 6,246        | 2,931  | 3,315    | 30,838            |
| IFRS 16 - Right of Use assets                    | 3,137      | 0      | 3,137    | 3,692        | 0      | 3,692    | 5,571             |
| ICS CDEL after impact of IFRC-16                 | 4,146      | 319    | 3,827    | 9,938        | 2,931  | 7,007    | 36,409            |

| CDEL outside ICS envelope<br>£m                              | IN MONTH 6 |        |          | YEAR TO DATE |        |          | FULL YEAR<br>PLAN |
|--|------------|--------|----------|--------------|--------|----------|-------------------|
|  | Plan       | Actual | Variance | Plan         | Actual | Variance | BASE              |
| Externally funded expenditure additional to ICS allocation - | 0          | 0      | 0        | 0            | 0      | 0        | 0                 |
| PFI Residual Interest  | 419        | 419    | 0        | 2,515        | 2,515  | 0        | 5,030             |
| CDEL outside ICS envelope                                    | 419        | 419    | 0        | 2,096        | 2,096  | 0        | 5,030             |

| Other capex not included in CDEL<br>£m   | IN MONTH 6 |        |          | YEAR TO DATE |         |          | FULL YEAR<br>PLAN |
|--|------------|--------|----------|--------------|---------|----------|-------------------|
|  | Plan       | Actual | Variance | Plan         | Actual  | Variance | BASE              |
| Grants & donations - Estates             | 0          | 18     | (18)     | 0            | 116     | (116)    | 1,834             |
| Grants & donations - Medical Equipment   | 42         | 66     | (24)     | 252          | 800     | (548)    | 1,500             |
| Grants & donations - Digital             | 0          | 1      | (1)      | 0            | (46)    | 46       | 0                 |
| PFI Lifecycling (less residual interest) | (191)      | 42     | (233)    | 190          | (1,023) | 1,213    | 8,169             |
| Other capex not included in CDEL         | (149)      | 127    | (276)    | 442          | (153)   | 595      | 11,503            |

|                   |              |            |              |               |              |              |               |
|-------------------|--------------|------------|--------------|---------------|--------------|--------------|---------------|
| <b>Total CDEL</b> | <b>4,565</b> | <b>738</b> | <b>3,827</b> | <b>12,453</b> | <b>5,446</b> | <b>7,007</b> | <b>41,439</b> |
|-------------------|--------------|------------|--------------|---------------|--------------|--------------|---------------|

|   |              |            |              |               |              |              |               |
|---|--------------|------------|--------------|---------------|--------------|--------------|---------------|
| <b>Net Capex (after disposals)</b>        | <b>4,416</b> | <b>865</b> | <b>3,551</b> | <b>12,895</b> | <b>5,293</b> | <b>7,602</b> | <b>52,942</b> |
| <b>Add back disposal/other deductions</b> | <b>0</b>     | <b>0</b>   | <b>0</b>     | <b>0</b>      | <b>0</b>     | <b>0</b>     | <b>0</b>      |
| <b>Gross Capex (before disposals)</b>     | <b>4,416</b> | <b>865</b> | <b>3,551</b> | <b>12,895</b> | <b>5,293</b> | <b>7,602</b> | <b>52,942</b> |

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

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

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

Total expenditure against ICS CDEL (before impact of IFRS-16) was £2.9m to August, £3.3m behind plan. The main causes this are: Estates CIR, £1.8m behind a plan profiled evenly from Q2; Digital works underway, £0.8m behind a front-ended plan; Cath Labs D&E, currently £0.5m under and reallocated to Cath Lab A.

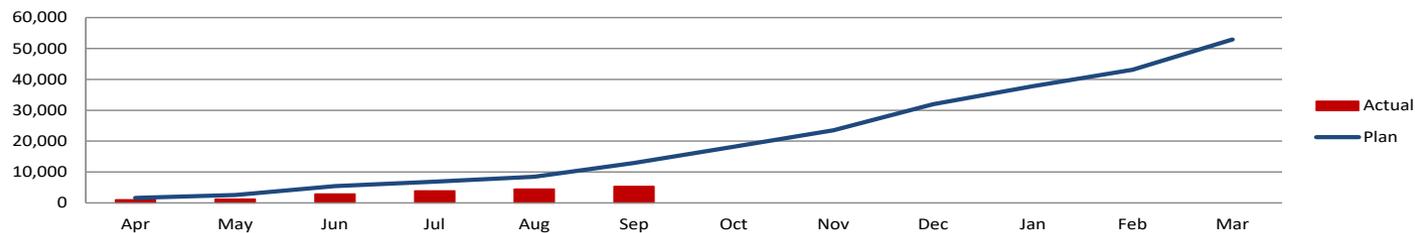
Capital costs relating to IFRS-16 have yet to be realized against a plan to date of £3.7m, bringing the total variance against the Capital Department Expenditure Limit (CDEL) to £7.0m

Gross Capital Expenditure, which also includes grants & donations and PFI life-cycling, to date is £5.3m, behind plan by £7.6m.

PFI life-cycling is £1.2m behind plan as work reconciling radiology MES equipment additions to prepayments is underway. Offsetting this is the addition of the CT scanner at Swindon as a donation of £0.6m.

In September, no MoU for new funding had been signed. Spend against new funding will be added, when approved

**Cumulative Performance Against Plan (£000s)**



## **Appendix 1 – Other Supporting Analysis: Month 6 2022/23**

## Income and Expenditure: Subjective Analysis

| I & E Subjective<br>£000s                            | IN MONTH 6      |                 |              |               | YEAR TO DATE     |                  |                 |                | FULL YEAR        |
|--|-----------------|-----------------|--------------|---------------|------------------|------------------|-----------------|----------------|------------------|
|  | Plan            | Actual          | Var          | Var %         | Plan             | Actual           | Var             | Var %          | Plan             |
| <b>Income</b>  |                 |                 |              |               |                  |                  |                 |                |                  |
| Commissioning Income                                 | 99,547          | 99,055          | (492)        | -0.5%         | 551,633          | 551,560          | (73)            | 0.0%           | 1,103,079        |
| Passthrough Drugs & Devices                          | 10,708          | 10,972          | 263          | 2.5%          | 64,251           | 70,464           | 6,214           | 9.7%           | 128,501          |
| Other Income   | 14,146          | 15,337          | 1,190        | 8.4%          | 87,759           | 83,334           | (4,425)         | -5.0%          | 173,246          |
| PP, Overseas and RTA Income                          | 893             | 822             | (71)         | -7.9%         | 5,357            | 4,938            | (418)           | -7.8%          | 10,713           |
| <b>Total Income</b>                                  | <b>125,295</b>  | <b>126,186</b>  | <b>891</b>   | <b>0.7%</b>   | <b>709,000</b>   | <b>710,297</b>   | <b>1,297</b>    | <b>0.2%</b>    | <b>1,415,539</b> |
| <b>Pay</b>   |                 |                 |              |               |                  |                  |                 |                |                  |
| Consultants and Medics                               | (22,582)        | (23,208)        | (626)        | -2.8%         | (129,161)        | (136,441)        | (7,280)         | -5.6%          | (258,598)        |
| Health Care Assistants & Support                     | (6,635)         | (7,208)         | (573)        | -8.6%         | (37,181)         | (37,619)         | (438)           | -1.2%          | (74,450)         |
| Nurse and Midwives                                   | (21,752)        | (22,278)        | (526)        | -2.4%         | (113,894)        | (119,178)        | (5,284)         | -4.6%          | (229,098)        |
| Other Staff  | (13,838)        | (11,782)        | 2,057        | 14.9%         | (63,449)         | (64,250)         | (801)           | -1.3%          | (126,947)        |
| Scientific, Thec., Therapeutic                       | (9,804)         | (10,134)        | (330)        | -3.4%         | (56,368)         | (56,201)         | 167             | 0.3%           | (112,686)        |
| <b>Total Pay</b>                                     | <b>(74,611)</b> | <b>(74,609)</b> | <b>2</b>     | <b>0.0%</b>   | <b>(400,054)</b> | <b>(413,689)</b> | <b>(13,636)</b> | <b>-3.4%</b>   | <b>(801,779)</b> |
| <b>Non-Pay</b>                                       |                 |                 |              |               |                  |                  |                 |                |                  |
| Clinical negligence                                  | (2,643)         | (2,643)         | (0)          | 0.0%          | (15,859)         | (15,859)         | 0               | 0.0%           | (31,718)         |
| Clinical Supplies & Services                         | (6,820)         | (12,893)        | (6,073)      | -89.1%        | (64,860)         | (67,419)         | (2,559)         | -3.9%          | (129,774)        |
| Drugs & Devices                                      | (16,131)        | (17,215)        | (1,084)      | -6.7%         | (96,661)         | (103,711)        | (7,050)         | -7.3%          | (193,322)        |
| General Supplies & Services                          | (330)           | (541)           | (211)        | -63.8%        | (2,971)          | (3,640)          | (668)           | -22.5%         | (5,944)          |
| Internal Recharges                                   | 156             | 0               | (156)        | -100.0%       | 903              | (0)              | (903)           | -100.0%        | 1,851            |
| Premises & Fixed Plant                               | (4,986)         | (6,648)         | (1,662)      | -33.3%        | (47,237)         | (47,891)         | (654)           | -1.4%          | (93,394)         |
| Other Expenditure                                    | (14,123)        | (5,349)         | 8,773        | 62.1%         | (43,387)         | (31,020)         | 12,368          | 28.5%          | (84,984)         |
| <b>Total Non-Pay</b>                                 | <b>(44,878)</b> | <b>(45,290)</b> | <b>(412)</b> | <b>-0.9%</b>  | <b>(270,073)</b> | <b>(269,539)</b> | <b>534</b>      | <b>0.2%</b>    | <b>(537,285)</b> |
| <b>Operational EBITDA</b>                            | <b>5,806</b>    | <b>6,287</b>    | <b>481</b>   | <b>8.3%</b>   | <b>38,873</b>    | <b>27,069</b>    | <b>(11,805)</b> | <b>-30.4%</b>  | <b>76,476</b>    |
| <b>Financing and Capital Charges (Excl Tech Adj)</b> | <b>(5,889)</b>  | <b>(6,391)</b>  | <b>(502)</b> | <b>-8.5%</b>  | <b>(37,340)</b>  | <b>(38,581)</b>  | <b>(1,240)</b>  | <b>-3.3%</b>   | <b>(74,814)</b>  |
| <b>Operational Surplus / (Deficit)</b>               | <b>(83)</b>     | <b>(104)</b>    | <b>(21)</b>  | <b>-25.7%</b> | <b>1,533</b>     | <b>(11,512)</b>  | <b>(13,045)</b> | <b>-850.9%</b> | <b>1,662</b>     |

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

### Income

- Commissioning income, including passthrough drugs and devices, is £6.1m better than plan to-date. This is mainly due to passthrough drugs and devices (£6.2m) which is in line with a corresponding movement on costs.
- Other income is £4.4m worse than plan year-to-date. This is mainly due to R&D income (£2.2m worse than plan) which will be offset by reduced R&D expenditure (therefore nil bottom line impact) and non-patient care income being £0.8m worse than plan.
- PP, Overseas and RTA income is £0.4m worse than plan to date.

### Pay

- Pay is £13.6m worse than plan year-to-date. £3.3m 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), £3.9m relates to pay savings that will need to be recovered later in the year, £3.7m overspend on medical staffing, £2.8m on nursing and midwives staffing and £1.3m on elective recovery pay costs, offset by a £1.3m 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 £0.5m better than plan to date (£6.7m if passthrough expenditure is excluded). R&D non-pay costs are £0.9m better than plan. Elective recovery non-pay costs are £6.0m better than plan.

| I & E Subjective<br>£000s                            | IN MONTH 6 - ACTUAL              |              |                |                 |                  |                 | YEAR TO DATE - ACTUAL            |                |                 |                 |                  |                  |
|--|----------------------------------|--------------|----------------|-----------------|------------------|-----------------|----------------------------------|----------------|-----------------|-----------------|------------------|------------------|
|  | Excl R&D,<br>RECOVERY<br>& COVID | Recovery     | R&D            | COVID<br>IN ENV | COVID<br>OUT ENV | Total           | Excl R&D,<br>RECOVERY<br>& COVID | Recovery       | R&D             | COVID<br>IN ENV | COVID<br>OUT ENV | Total            |
| <b>Income</b>  |                                  |              |                |                 |                  |                 |                                  |                |                 |                 |                  |                  |
| Commissioning Income                                 | 94,181                           | 3,020        | 0              | 1,854           | 0                | 99,055          | 524,522                          | 16,753         | 0               | 10,285          | 0                | 551,560          |
| Passthrough Drugs & Devices                          | 10,972                           | 0            | 0              | 0               | 0                | 10,972          | 70,464                           | 0              | 0               | 0               | 0                | 70,464           |
| Other Income   | 10,612                           | 0            | 4,700          | 1               | 24               | 15,337          | 57,001                           | 0              | 25,329          | 2               | 1,002            | 83,334           |
| PP, Overseas and RTA Income                          | 822                              | 0            | 0              | 0               | 0                | 822             | 4,938                            | 0              | 0               | 0               | 0                | 4,938            |
| <b>Total Income</b>                                  | <b>116,587</b>                   | <b>3,020</b> | <b>4,700</b>   | <b>1,855</b>    | <b>24</b>        | <b>126,186</b>  | <b>656,926</b>                   | <b>16,753</b>  | <b>25,329</b>   | <b>10,287</b>   | <b>1,002</b>     | <b>710,297</b>   |
| <b>Pay</b>   |                                  |              |                |                 |                  |                 |                                  |                |                 |                 |                  |                  |
| Consultants and Medics                               | (22,421)                         | (139)        | (405)          | (244)           | 0                | (23,208)        | (130,246)                        | (818)          | (3,191)         | (2,185)         | (0)              | (136,441)        |
| Health Care Assistants & Support                     | (7,068)                          | (11)         | (28)           | (92)            | (8)              | (7,208)         | (36,506)                         | (72)           | (139)           | (749)           | (152)            | (37,619)         |
| Nurse and Midwives                                   | (20,580)                         | (30)         | (1,264)        | (404)           | 0                | (22,278)        | (108,786)                        | (190)          | (6,994)         | (3,208)         | 1                | (119,178)        |
| Other Staff  | (10,770)                         | (8)          | (948)          | (56)            | 0                | (11,782)        | (58,426)                         | (42)           | (5,357)         | (425)           | 0                | (64,250)         |
| Scientific, Thec., Therapeutic                       | (9,099)                          | (17)         | (895)          | (123)           | 0                | (10,134)        | (49,903)                         | (156)          | (5,433)         | (708)           | 0                | (56,201)         |
| <b>Total Pay</b>                                     | <b>(69,938)</b>                  | <b>(205)</b> | <b>(3,540)</b> | <b>(919)</b>    | <b>(8)</b>       | <b>(74,609)</b> | <b>(383,868)</b>                 | <b>(1,279)</b> | <b>(21,115)</b> | <b>(7,276)</b>  | <b>(151)</b>     | <b>(413,689)</b> |
| <b>Non-Pay</b>                                       |                                  |              |                |                 |                  |                 |                                  |                |                 |                 |                  |                  |
| Clinical negligence                                  | (2,643)                          | 0            | 0              | 0               | 0                | (2,643)         | (15,859)                         | 0              | 0               | 0               | 0                | (15,859)         |
| Clinical Supplies & Services                         | (12,266)                         | 0            | (599)          | (12)            | (16)             | (12,893)        | (65,275)                         | 0              | (1,740)         | 447             | (851)            | (67,419)         |
| Drugs & Devices                                      | (17,191)                         | 0            | (0)            | (24)            | 0                | (17,215)        | (103,711)                        | 0              | 0               | 0               | 0                | (103,711)        |
| General Supplies & Services                          | (437)                            | 0            | (0)            | (103)           | 0                | (541)           | (3,014)                          | 0              | (6)             | (620)           | 0                | (3,640)          |
| Internal Recharges                                   | 172                              | 0            | (170)          | (2)             | 0                | 0               | 1,022                            | 0              | (1,018)         | (4)             | 0                | (0)              |
| Premises & Fixed Plant                               | (6,605)                          | 0            | (28)           | (15)            | 0                | (6,648)         | (47,579)                         | 0              | (224)           | (88)            | 0                | (47,891)         |
| Other Expenditure                                    | (4,156)                          | (823)        | (363)          | (7)             | 0                | (5,349)         | (25,521)                         | (4,246)        | (1,224)         | (29)            | 0                | (31,020)         |
| <b>Total Non-Pay</b>                                 | <b>(43,127)</b>                  | <b>(823)</b> | <b>(1,160)</b> | <b>(163)</b>    | <b>(16)</b>      | <b>(45,290)</b> | <b>(259,884)</b>                 | <b>(4,246)</b> | <b>(4,214)</b>  | <b>(344)</b>    | <b>(851)</b>     | <b>(269,539)</b> |
| <b>Operational EBITDA</b>                            | <b>3,522</b>                     | <b>1,992</b> | <b>(0)</b>     | <b>772</b>      | <b>0</b>         | <b>6,287</b>    | <b>13,174</b>                    | <b>11,227</b>  | <b>0</b>        | <b>2,668</b>    | <b>0</b>         | <b>27,069</b>    |
| <b>Financing and Capital Charges (Excl Tech Adj)</b> | <b>(6,391)</b>                   | <b>0</b>     | <b>0</b>       | <b>0</b>        | <b>0</b>         | <b>(6,391)</b>  | <b>(38,581)</b>                  | <b>0</b>       | <b>0</b>        | <b>0</b>        | <b>0</b>         | <b>(38,581)</b>  |
| <b>Operational Surplus / (Deficit)</b>               | <b>(2,869)</b>                   | <b>1,992</b> | <b>(0)</b>     | <b>772</b>      | <b>0</b>         | <b>(104)</b>    | <b>(25,407)</b>                  | <b>11,227</b>  | <b>0</b>        | <b>2,668</b>    | <b>0</b>         | <b>(11,512)</b>  |

Source: Finance Ledger

- Year-to-date in-envelope COVID-19 costs total £7.6m. The plan assumes COVID-19 costs will reduce by 50% this year as the funding from the ICS is reducing by over 50% this year. Compared to August, pay costs reduced by £0.2m to £0.9m. Non-pay costs increased by £0.2m in September to £0.2m. COVID-19 year-to-date expenditure is £2.8m worse than plan (£0.2m worse than plan in September).
- £0.02m of income has been accrued in-month to be reimbursed for COVID-19 (outside envelope) testing costs.
- Recovery costs in September were £1.0m. 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 September and for the year-to-date.

# Adjusted Run Rate and Underlying Position

| 2022/23 Reported Position excl. Pass-through and R&D<br>£000s               | M1        | M2        | M3        | M4        | M5        | M6        | YTD        |
|---|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| Income  | 97,250    | 102,135   | 102,346   | 100,817   | 101,443   | 110,514   | 614,504    |
| Pay   | (65,583)  | (63,636)  | (63,932)  | (64,021)  | (64,332)  | (71,069)  | (392,574)  |
| Non-Pay   | (30,758)  | (34,913)  | (28,058)  | (34,382)  | (33,592)  | (33,158)  | (194,861)  |
| Operational EBITDA  | 909       | 3,585     | 10,356    | 2,413     | 3,519     | 6,287     | 27,069     |
| Financing and Capital Charges (Excl Tech Adj)                               | (6,024)   | (6,046)   | (6,779)   | (6,345)   | (6,158)   | (6,157)   | (37,508)   |
| Operational Surplus / (Deficit)   | (5,116)   | (2,460)   | 3,577     | (3,931)   | (2,640)   | 130       | (10,440)   |
| <b>Smoothing Adjustments</b>  | <b>M1</b> | <b>M2</b> | <b>M3</b> | <b>M4</b> | <b>M5</b> | <b>M6</b> | <b>YTD</b> |
| <b>Income</b>   |           |           |           |           |           |           |            |
| 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          |
| <b>Pay</b>  |           |           |           |           |           |           |            |
| 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          |
| <b>Non-Pay</b>  |           |           |           |           |           |           |            |
| 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          |
| <b>Financing and Capital Charges</b>  |           |           |           |           |           |           |            |
| Depreciation catch up from capital FA ledger                                | (265)     | (265)     | 530       |           |           |           | 0          |
| Smoothing Adjustments Total   | 1,438     | (279)     | (967)     | 761       | 562       | (1,513)   | 0          |
| <b>2022/23 'Smoothed' Position excl. Pass-through and R&amp;D<br/>£000s</b> | <b>M1</b> | <b>M2</b> | <b>M3</b> | <b>M4</b> | <b>M5</b> | <b>M6</b> | <b>YTD</b> |
| Income  | 100,502   | 102,701   | 102,941   | 102,288   | 102,914   | 103,159   | 614,504    |
| Pay   | (66,593)  | (65,130)  | (65,184)  | (65,273)  | (65,584)  | (64,811)  | (392,574)  |
| Non-Pay   | (31,297)  | (34,000)  | (28,898)  | (33,841)  | (33,250)  | (33,575)  | (194,861)  |
| Operational EBITDA  | 2,611     | 3,571     | 8,859     | 3,174     | 4,080     | 4,774     | 27,069     |
| Financing and Capital Charges (Excl Tech Adj)                               | (6,289)   | (6,311)   | (6,249)   | (6,345)   | (6,158)   | (6,157)   | (37,508)   |
| Operational Surplus / (Deficit)   | (3,678)   | (2,740)   | 2,610     | (3,171)   | (2,078)   | (1,383)   | (10,440)   |
| <b>Run Rate Adjustments</b>   | <b>M1</b> | <b>M2</b> | <b>M3</b> | <b>M4</b> | <b>M5</b> | <b>M6</b> | <b>YTD</b> |
| <b>Income</b>   |           |           |           |           |           |           |            |
| Income upside recognised (OU)   |           |           | (421)     |           |           |           | (421)      |
| Income OY (Spec Comm)   |           |           |           |           | (1,174)   |           | (1,174)    |
| <b>Pay</b>  |           |           |           |           |           |           |            |
| Flowers accrual release   |           | (208)     |           |           |           |           | (208)      |
| <b>Non-Pay</b>  |           |           |           |           |           |           |            |
| 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)      | (90)       |
| <b>Financing and Capital Charges</b>  |           |           |           |           |           |           |            |
| Profit on disposal (equipment)  |           | (49)      |           |           |           |           | (49)       |
| Run Rate Adjustments Total  | 0         | (723)     | (3,712)   | (31)      | (1,174)   | (90)      | (5,730)    |
| <b>2022/23 Run Rate Position excl. Pass-through and R&amp;D<br/>£000s</b>   | <b>M1</b> | <b>M2</b> | <b>M3</b> | <b>M4</b> | <b>M5</b> | <b>M6</b> | <b>YTD</b> |
| Income  | 100,502   | 102,701   | 102,520   | 102,288   | 101,740   | 103,159   | 612,909    |
| Pay   | (66,593)  | (65,338)  | (65,184)  | (65,273)  | (65,584)  | (64,811)  | (392,782)  |
| Non-Pay   | (31,297)  | (34,466)  | (32,189)  | (33,872)  | (33,250)  | (33,665)  | (198,739)  |
| Operational EBITDA  | 2,611     | 2,897     | 5,147     | 3,143     | 2,906     | 4,684     | 21,387     |
| Financing and Capital Charges (Excl Tech Adj)                               | (6,289)   | (6,360)   | (6,249)   | (6,345)   | (6,158)   | (6,157)   | (37,557)   |
| Operational Surplus / (Deficit)   | (3,678)   | (3,463)   | (1,102)   | (3,202)   | (3,252)   | (1,473)   | (16,170)   |

- 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 £2.7m a month.
- If this monthly average deficit position continues without any management action, the deficit is projected to be £26.6m for the year (i.e. £10.4m YTD plus £16.2m for months 7-12 at £2.7m deficit per month).

|  | Plan           |            |                | M6            |            |                |
|--|----------------|------------|----------------|---------------|------------|----------------|
|  | Gross value    | Likelihood | Net value      | Gross value   | Likelihood | Net value      |
| Plan / year to date financial performance            |                |            | 1,258          |               |            | -10,440        |
| Run rate forecast                                    |                |            | n/a            |               |            | -16,170        |
| Forecast before risks opportunities                  |                |            | 1,258          |               |            | -26,610        |
| <b>Risks adjusted for latest data (£000)</b>         |                |            |                |               |            |                |
| Income assumptions                                   | -18,800        | 15%        | -2,820         | -2,750        | 25%        | -688           |
| ERF clawback   | -32,900        | 50%        | -16,450        | -16,450       | 15%        | -2,468         |
| Unfunded business cases                              | -18,100        | 10%        | -1,810         | -9,050        | 10%        | -905           |
| Identified efficiency not achieved                   | -25,934        | 25%        | -6,483         |               |            |                |
| Unidentified efficiency not achieved                 | -2,466         | 50%        | -1,233         |               |            |                |
| Premium costs above run rate                         | N/A            |            | N/A            | -6,000        | 50%        | -3,000         |
| Excess inflation                                     | -13,400        | 25%        | -3,350         | -6,700        | 25%        | -1,675         |
| Underfunded pay deal                                 |                |            |                |               |            |                |
| Additional bank holiday                              |                |            |                | -200          | 100%       | -200           |
| Covid Expenditure                                    | -5,700         | 75%        | -4,275         | N/A           | 0%         | 0              |
| NICE decisions not funded by ICS                     | -3,000         | 75%        | -2,250         | -3,000        | 75%        | -2,250         |
| <b>Total Risks</b>                                   | <b>-22,100</b> |            | <b>-38,672</b> | <b>-9,900</b> |            | <b>-11,185</b> |
| <b>Opportunities adjusted for latest data (£000)</b> |                |            |                |               |            |                |
| Other income inflation                               | 2,142          | 50%        | 1,071          | 1,071         | 50%        | 536            |
| NHSE & DHSC income opportunities (margin)            | 10,500         | 25%        | 2,625          | 2,000         | 25%        | 500            |
| Commercial settlements                               | 0              | n/a        | 0              | 8,360         | 90%        | 7,524          |
| Commissioner settlements                             |                |            |                | 1,700         | 50%        | 850            |
| Recovery costs not incurred                          | 4,500          | 75%        | 3,375          | 5,000         | 60%        | 3,000          |
| Covid costs  |                |            |                | 3,600         | 50%        | 1,800          |
| Divisional efficiency plans                          |                |            |                | 6,100         | 80%        | 4,880          |
| Corporate efficiency plans                           |                |            |                | 4,000         | 50%        | 2,000          |
| Agency controls                                      |                |            |                | 3,000         | 60%        | 1,800          |
| Bank controls  |                |            |                | 12,000        | 25%        | 3,000          |
| Release contingency                                  | 6,380          | 100%       | 6,380          | N/A           | 0%         | 0              |
| <b>Total Opportunities</b>                           | <b>23,522</b>  |            | <b>13,451</b>  | <b>46,831</b> |            | <b>25,890</b>  |
| <b>Net Risks and Opportunities</b>                   | <b>1,422</b>   |            | <b>-25,221</b> |               |            | <b>14,705</b>  |
| <b>Forecast + opportunities</b>                      |                |            |                |               |            | <b>-721</b>    |
| <b>Forecast + risks</b>                              |                |            |                |               |            | <b>-37,795</b> |
| <b>Forecast + net risks and opportunities</b>        |                |            | <b>-23,963</b> |               |            | <b>-11,906</b> |

## Explanation of format

- This format starts with the year-to-date performance and adds the run rate deficit to reach an unmitigated forecast of -£26.6m.
- Risks and opportunities are presented in the same format as in the Month 3 version of this table.
- Some risks are now removed as they are fully assumed within the run rate deficit of £2.7m per month (e.g. under-achievement of efficiency plans).
- New opportunities have been added that reflect the broad areas being considered in the recovery plan. The assumptions in the plan after TME may amend the numbers.

## 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<br>£000s               | MONTH 6<br>2022  | MONTH 7<br>2022  | MONTH 8<br>2022  | MONTH 9<br>2022  | MONTH 10<br>2022 | MONTH 11<br>2022 | MONTH 12<br>2022 | MONTH 1<br>2023  | MONTH 2<br>2023  | MONTH 3<br>2023  | MONTH 4<br>2023  | MONTH 5<br>2023  | MONTH 6<br>2023  | MOVEMENT<br>202206 -<br>202306 |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------------------|
| <b>Non Current Assets:</b>                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                                |
| Property, Plant and Equipment                          | 620,763          | 627,700          | 627,945          | 627,163          | 625,583          | 627,733          | 650,574          | 667,358          | 661,270          | 658,548          | 656,130          | 653,381          | 651,102          | 30,339                         |
| Intangible Assets                                      | 19,355           | 18,238           | 18,043           | 17,593           | 17,370           | 17,198           | 14,154           | 13,900           | 13,646           | 13,951           | 13,692           | 13,526           | 13,161           | (6,194)                        |
| Investment Property                                    | 30,394           | 30,394           | 30,394           | 31,844           | 31,844           | 31,844           | 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           | 23,635           | 23,635           | 14,310           | 14,310           | 14,310           | 14,310           | 14,276           | 14,276           | 14,072           | (9,563)                        |
| Trade and Other Receivables                            | 8,165            | 8,262            | 8,303            | 8,674            | 8,753            | 8,409            | 7,147            | 7,069            | 7,039            | 6,816            | 6,627            | 6,568            | 6,465            | (1,700)                        |
| <b>Total Non Current Assets</b>                        | <b>702,312</b>   | <b>708,229</b>   | <b>708,320</b>   | <b>708,909</b>   | <b>707,185</b>   | <b>708,819</b>   | <b>718,215</b>   | <b>734,667</b>   | <b>728,295</b>   | <b>725,655</b>   | <b>722,755</b>   | <b>719,781</b>   | <b>716,830</b>   | <b>14,518</b>                  |
| <b>Current Assets:</b>                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                                |
| Inventories  | 31,751           | 30,816           | 31,181           | 31,369           | 31,116           | 30,648           | 28,518           | 27,935           | 27,951           | 28,941           | 28,644           | 28,588           | 28,436           | (3,315)                        |
| Trade and Other Receivables                            | 80,519           | 79,065           | 78,041           | 85,079           | 85,861           | 72,470           | 58,884           | 62,770           | 70,198           | 84,239           | 79,530           | 67,999           | 73,440           | (7,079)                        |
| Cash and Cash Equivalents                              | 34,302           | 40,174           | 48,597           | 42,586           | 44,046           | 70,649           | 57,323           | 60,600           | 50,244           | 34,326           | 49,709           | 46,111           | 38,012           | 3,710                          |
| <b>Total Current Assets</b>                            | <b>146,572</b>   | <b>150,055</b>   | <b>157,819</b>   | <b>159,034</b>   | <b>161,023</b>   | <b>173,767</b>   | <b>144,725</b>   | <b>151,305</b>   | <b>148,393</b>   | <b>147,506</b>   | <b>157,883</b>   | <b>142,698</b>   | <b>139,888</b>   | <b>(6,684)</b>                 |
| <b>Total ASSETS</b>                                    | <b>848,884</b>   | <b>858,284</b>   | <b>866,139</b>   | <b>867,943</b>   | <b>868,208</b>   | <b>882,586</b>   | <b>862,940</b>   | <b>885,972</b>   | <b>876,688</b>   | <b>873,161</b>   | <b>880,638</b>   | <b>862,479</b>   | <b>856,718</b>   | <b>7,834</b>                   |
| <b>Current Liabilities:</b>                            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                                |
| Trade and Other Payables                               | (147,413)        | (147,827)        | (154,846)        | (159,401)        | (162,990)        | (162,493)        | (155,245)        | (158,092)        | (158,654)        | (151,331)        | (158,862)        | (149,613)        | (149,336)        | (1,923)                        |
| Other Liabilities: Deferred Income                     | (10,715)         | (24,057)         | (20,669)         | (17,665)         | (14,713)         | (19,248)         | (3,882)          | (12,823)         | (10,287)         | (12,004)         | (17,530)         | (13,089)         | (9,440)          | 1,275                          |
| Provisions   | (6,588)          | (6,175)          | (5,122)          | (5,065)          | (4,617)          | (4,065)          | (7,958)          | (7,034)          | (7,034)          | (7,034)          | (7,034)          | (6,775)          | (6,747)          | (159)                          |
| Borrowings   | (12,028)         | (12,177)         | (12,328)         | (12,478)         | (12,629)         | (12,711)         | (12,939)         | (16,429)         | (15,898)         | (15,598)         | (15,354)         | (15,066)         | (14,790)         | (2,762)                        |
| Commercial Loans                                       | (408)            | (431)            | (455)            | (416)            | (439)            | (461)            | (426)            | (448)            | (471)            | (434)            | (456)            | (478)            | (443)            | (35)                           |
| DH Capital Loan  | (289)            | (299)            | (648)            | (664)            | (679)            | (695)            | (730)            | (746)            | (669)            | (684)            | (704)            | (720)            | (736)            | (447)                          |
| <b>Total Current Liabilities</b>                       | <b>(177,441)</b> | <b>(190,966)</b> | <b>(194,068)</b> | <b>(195,689)</b> | <b>(196,067)</b> | <b>(199,673)</b> | <b>(181,180)</b> | <b>(195,572)</b> | <b>(193,013)</b> | <b>(187,085)</b> | <b>(199,940)</b> | <b>(185,741)</b> | <b>(181,492)</b> | <b>(4,051)</b>                 |
| <b>Net Current Assets/(Liabilities)</b>                | <b>(30,869)</b>  | <b>(40,911)</b>  | <b>(36,249)</b>  | <b>(36,655)</b>  | <b>(35,044)</b>  | <b>(25,906)</b>  | <b>(36,455)</b>  | <b>(44,267)</b>  | <b>(44,620)</b>  | <b>(39,579)</b>  | <b>(42,057)</b>  | <b>(43,043)</b>  | <b>(41,604)</b>  | <b>(10,735)</b>                |
| <b>Total Assets Less Current Liabilities</b>           | <b>671,443</b>   | <b>667,318</b>   | <b>672,071</b>   | <b>672,254</b>   | <b>672,141</b>   | <b>682,913</b>   | <b>681,760</b>   | <b>690,400</b>   | <b>683,675</b>   | <b>686,076</b>   | <b>680,698</b>   | <b>676,738</b>   | <b>675,226</b>   | <b>3,783</b>                   |
| <b>Non Current Liabilities:</b>                        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                                |
| Other Liabilities: Deferred Income                     | (4,029)          | (4,022)          | (4,015)          | (4,008)          | (4,001)          | (4,101)          | (4,628)          | (4,621)          | (4,613)          | (4,606)          | (4,595)          | (4,587)          | (4,728)          | (699)                          |
| Provisions   | (9,002)          | (9,002)          | (9,002)          | (9,007)          | (9,007)          | (9,007)          | (8,459)          | (8,459)          | (8,459)          | (8,459)          | (8,459)          | (8,459)          | (8,459)          | 543                            |
| Borrowings   | (220,661)        | (219,589)        | (218,517)        | (217,446)        | (216,372)        | (215,300)        | (214,842)        | (225,995)        | (221,990)        | (221,125)        | (219,953)        | (218,880)        | (217,443)        | 3,218                          |
| Commercial Loans                                       | (6,316)          | (6,316)          | (6,316)          | (6,208)          | (6,208)          | (6,208)          | (6,095)          | (6,095)          | (6,095)          | (5,984)          | (5,984)          | (5,984)          | (5,872)          | 444                            |
| DH Capital Loan  | (11,555)         | (11,555)         | (14,759)         | (14,759)         | (14,759)         | (15,259)         | (15,239)         | (15,239)         | (14,908)         | (14,908)         | (14,908)         | (14,908)         | (14,908)         | (3,353)                        |
| <b>Total Non Current Liabilities</b>                   | <b>(251,563)</b> | <b>(250,484)</b> | <b>(252,609)</b> | <b>(251,428)</b> | <b>(250,347)</b> | <b>(249,875)</b> | <b>(249,263)</b> | <b>(260,409)</b> | <b>(256,065)</b> | <b>(255,082)</b> | <b>(253,899)</b> | <b>(252,818)</b> | <b>(251,410)</b> | <b>153</b>                     |
| <b>Assets Less Liabilities (Total Assets Employed)</b> | <b>419,880</b>   | <b>416,834</b>   | <b>419,462</b>   | <b>420,826</b>   | <b>421,794</b>   | <b>433,038</b>   | <b>432,497</b>   | <b>429,991</b>   | <b>427,610</b>   | <b>430,994</b>   | <b>426,799</b>   | <b>423,920</b>   | <b>423,816</b>   | <b>3,936</b>                   |
| <b>Taxpayers Equity:</b>                               |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                                |
| Public Dividend Capital                                | 289,738          | 289,738          | 290,336          | 290,336          | 290,336          | 301,137          | 303,749          | 303,749          | 303,749          | 303,749          | 303,749          | 303,749          | 303,749          | 14,011                         |
| Retained Earnings reserve                              | (9,142)          | (11,527)         | (8,837)          | (6,811)          | (5,183)          | (4,079)          | (23,432)         | (25,185)         | (26,706)         | (22,568)         | (26,008)         | (28,133)         | (27,483)         | (18,341)                       |
| Revaluation Reserve                                    | 137,625          | 136,964          | 136,303          | 135,643          | 134,982          | 134,321          | 159,684          | 158,930          | 158,070          | 157,316          | 156,561          | 155,807          | 155,053          | 17,428                         |
| Other Reserves   | 1,743            | 1,743            | 1,743            | 1,743            | 1,743            | 1,743            | 1,743            | 1,743            | 1,743            | 1,743            | 1,743            | 1,743            | 1,743            | 0                              |
| FV Assets Reserve                                      | (84)             | (84)             | (84)             | (84)             | (84)             | (84)             | (9,246)          | (9,246)          | (9,246)          | (9,246)          | (9,246)          | (9,246)          | (9,246)          | (9,162)                        |
| <b>Total Taxpayers Equity</b>                          | <b>419,880</b>   | <b>416,834</b>   | <b>419,461</b>   | <b>420,827</b>   | <b>421,794</b>   | <b>433,038</b>   | <b>432,498</b>   | <b>429,991</b>   | <b>427,610</b>   | <b>430,994</b>   | <b>426,799</b>   | <b>423,920</b>   | <b>423,816</b>   | <b>3,936</b>                   |

Non-current assets increased by £15m compared with September 2021/22– due to new capital, the impact of the annual revaluation in March and the transition of operating leases to right-of-use assets in April 2022/23 being more than annual depreciation. Other investments fell due to the year-end refresh of the carrying value of shares.

Current assets fell by £7m since last September with reductions in inventories and receivables. Cash is £4m higher than this time last year.

Current liabilities increased by £4m, with borrowings and loans having the largest increases – including the impact of the transition to IFRS 16 in April.

Non-current liabilities increased by £0.1m, with a reduction in PFI creditors being offset by an increase on DHSC loans, and the impact of the transition to IFRS 16 in April.

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

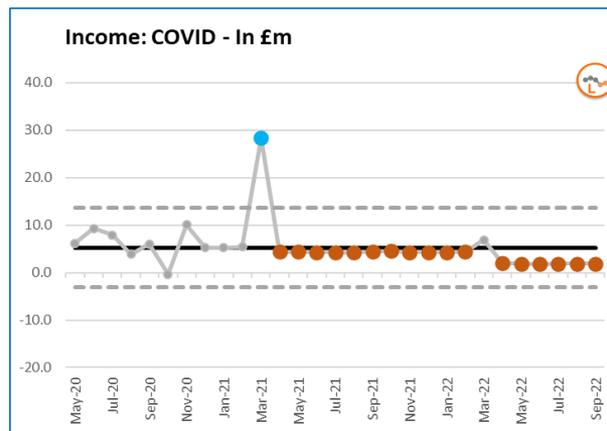
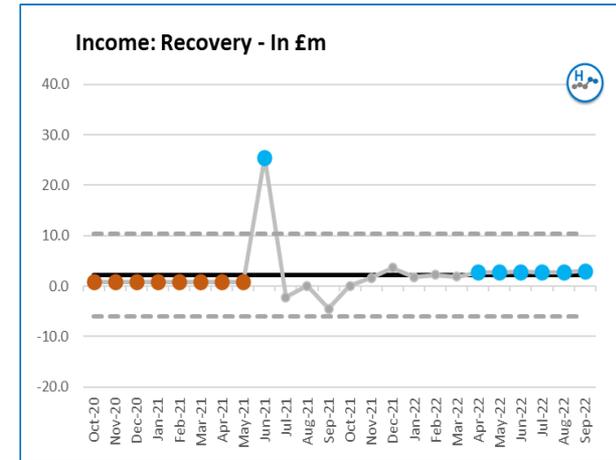
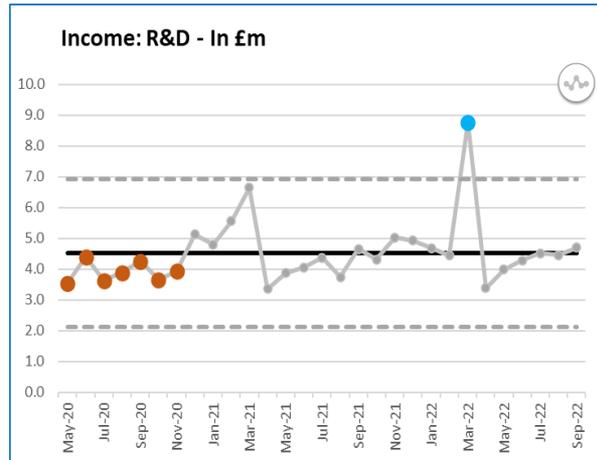
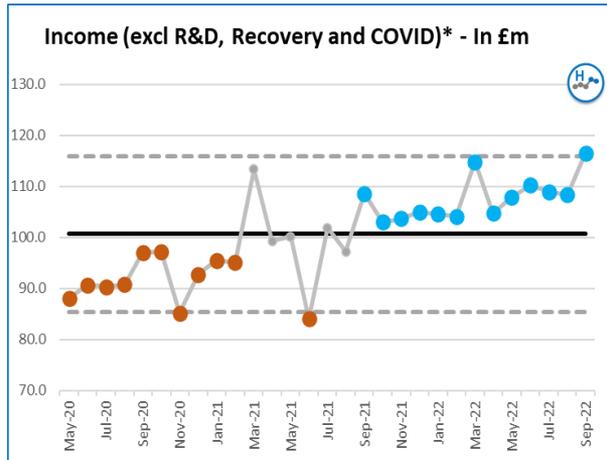
# Cashflow

| Cash flows from operating activities<br>£000s                                       | MONTH 6<br>2022 | MONTH 7<br>2022 | MONTH 8<br>2022 | MONTH 9<br>2022 | MONTH 10<br>2022 | MONTH 11<br>2022 | MONTH 12<br>2022 | MONTH 1<br>2023 | MONTH 2<br>2023 | MONTH 3<br>2023 | MONTH 4<br>2023 | MONTH 5<br>2023 | MONTH 6<br>2023 |
|---|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>Cash Flows from Operating Activities</b>   |                 |                 |                 |                 |                  |                  |                  |                 |                 |                 |                 |                 |                 |
| Operating Surplus/(Deficit)   | 3,500           | (453)           | 7,222           | (82)            | 8,055            | 2,435            | (18,054)         | (2,379)         | 586             | 6,326           | (1,226)         | 86              | 2,847           |
| Depreciation and Amortisation   | 3,000           | 3,001           | 6,000           | 0               | 6,001            | 2,381            | (1,211)          | 3,312           | 3,282           | 4,092           | 3,687           | 3,460           | 3,491           |
| Impairments and Reversals   | 0               | 0               | 0               | 0               | 0                | 205              | 16,314           | 0               | 0               | 0               | 0               | 0               | 1               |
| Donated Assets received credited to revenue but non-cash                            | (7)             | (79)            | (23)            | 3               | (118)            | (511)            | 175              | (27)            | (279)           | (52)            | 140             | (29)            | (66)            |
| Interest Paid   | (1,964)         | (1,893)         | (3,882)         | (33)            | (3,824)          | (1,892)          | (61)             | (2,111)         | (2,265)         | (2,190)         | (2,149)         | (2,143)         | (2,227)         |
| Dividend Paid   | (4,019)         | 0               | (667)           | 667             | (667)            | 0                | (3,331)          | 0               | 0               | 0               | 0               | 0               | (7,104)         |
| Release of PFI/deferred credit  | 0               | 0               | 0               | 0               | 0                | 0                | 0                | (7)             | (7)             | 14              | 0               | 0               | 0               |
| (Increase)/Decrease in Inventories  | 94              | 935             | (365)           | (188)           | 253              | 468              | 2,130            | 583             | (16)            | (990)           | 297             | 56              | 152             |
| (Increase)/Decrease in Trade and Other Receivables                                  | (2,577)         | 1,357           | 984             | (7,411)         | (860)            | 12,026           | 14,058           | (3,810)         | (7,395)         | (13,818)        | 4,899           | 11,590          | (5,421)         |
| Increase/(Decrease) in Trade and Other Payables                                     | (6,319)         | 9,560           | 4,978           | 1,852           | 886              | 1,871            | (22,481)         | 5,008           | 1,025           | (6,940)         | 8,212           | (9,482)         | 7,104           |
| Increase/(Decrease) in Other Current Liabilities                                    | 0               | 0               | 0               | 0               | 0                | 0                | 0                | 8,934           | (2,544)         | 1,710           | 5,515           | (4,449)         | (3,508)         |
| Provisions Utilised   | 0               | 0               | (52)            | (1,506)         | (448)            | (553)            | (322)            | 0               | 0               | 0               | 0               | (259)           | (28)            |
| Increase/(Decrease) in Movement in non Cash Provisions                              | 0               | (413)           | (1,000)         | 1,454           | 0                | 0                | 3,695            | (924)           | 0               | 0               | 0               | 0               | 0               |
| <b>Net Cash Inflow/(Outflow) from Operating Activities</b>                          | <b>(8,292)</b>  | <b>12,015</b>   | <b>13,195</b>   | <b>(5,246)</b>  | <b>9,279</b>     | <b>16,430</b>    | <b>(9,087)</b>   | <b>8,579</b>    | <b>(7,614)</b>  | <b>(11,848)</b> | <b>19,375</b>   | <b>(1,170)</b>  | <b>(4,759)</b>  |
| <b>CASH FLOWS FROM INVESTING ACTIVITIES</b>   |                 |                 |                 |                 |                  |                  |                  |                 |                 |                 |                 |                 |                 |
| Interest Received   | 0               | 0               | 0               | (0)             | 9                | 15               | 18               | 44              | 44              | 69              | 74              | 0               | 0               |
| (Payments) for Property, Plant and Equipment  | (5,634)         | (4,464)         | (8,046)         | (470)           | (5,591)          | (690)            | (8,554)          | (4,003)         | (1,201)         | (2,446)         | (2,539)         | (1,045)         | (1,964)         |
| (Payments) for Intangible Assets  | (21)            | (757)           | (1)             | 1               | (1)              | (53)             | 2,746            | 0               | 0               | (573)           | 5               | (90)            | 119             |
| Proceeds of disposal of assets held for sale (PPE)                                  | 0               | 0               | 0               | 723             | (1,312)          | 589              | 11               | 0               | 49              | 0               | 0               | 0               | 0               |
| Proceeds from Disposal of Other Financial Assets                                    | 0               | 0               | 0               | 0               | 0                | 0                | 0                | 0               | 0               | 0               | 34              | 0               | 204             |
| <b>Net Cash Inflow/(Outflow) from Investing Activities</b>                          | <b>(5,655)</b>  | <b>(5,221)</b>  | <b>(8,047)</b>  | <b>254</b>      | <b>(6,895)</b>   | <b>(138)</b>     | <b>(5,780)</b>   | <b>(3,959)</b>  | <b>(1,108)</b>  | <b>(2,950)</b>  | <b>(2,427)</b>  | <b>(1,068)</b>  | <b>(1,542)</b>  |
| <b>NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING</b>                                   | <b>(13,947)</b> | <b>6,794</b>    | <b>5,148</b>    | <b>(4,992)</b>  | <b>2,384</b>     | <b>16,292</b>    | <b>(14,867)</b>  | <b>4,620</b>    | <b>(8,722)</b>  | <b>(14,798)</b> | <b>16,948</b>   | <b>(2,237)</b>  | <b>(6,301)</b>  |
| <b>CASH FLOWS FROM FINANCING ACTIVITIES</b>   |                 |                 |                 |                 |                  |                  |                  |                 |                 |                 |                 |                 |                 |
| Public Dividend Capital Received  | 0               | 0               | 598             | 0               | 0                | 10,801           | 2,612            | 0               | 0               | 0               | 0               | 0               | 0               |
| Loans received from DH - New Capital Investment Loans                               | 0               | 0               | 3,600           | 0               | 0                | 500              | 0                | 0               | 0               | 0               | 0               | 0               | 0               |
| Loans repaid to DH - Capital Investment Loans Repayment of Principal                | 0               | 0               | 0               | 0               | 0                | 0                | 0                | 0               | (331)           | 0               | 0               | 0               | 0               |
| Other Loans Repaid  | (95)            | 0               | 0               | (100)           | 0                | 0                | (103)            | 0               | 0               | (103)           | 0               | 0               | (103)           |
| Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT   | (911)           | (922)           | (922)           | (921)           | (923)            | (989)            | (968)            | (1,343)         | (1,302)         | (1,164)         | (1,418)         | (1,361)         | (1,695)         |
| Capital grants and other capital receipts   | 0               | 0               | 0               | 0               | 0                | 0                | 0                | 0               | 0               | 146             | (146)           | 0               | 0               |
| <b>Net Cash Inflow/(Outflow) from Financing Activities</b>                          | <b>(1,006)</b>  | <b>(922)</b>    | <b>3,276</b>    | <b>(1,021)</b>  | <b>(923)</b>     | <b>10,312</b>    | <b>1,541</b>     | <b>(1,343)</b>  | <b>(1,633)</b>  | <b>(1,121)</b>  | <b>(1,564)</b>  | <b>(1,361)</b>  | <b>(1,798)</b>  |
| <b>NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS</b>                         | <b>(14,953)</b> | <b>5,872</b>    | <b>8,424</b>    | <b>(6,012)</b>  | <b>1,460</b>     | <b>26,603</b>    | <b>(13,326)</b>  | <b>3,277</b>    | <b>(10,355)</b> | <b>(15,919)</b> | <b>15,384</b>   | <b>(3,598)</b>  | <b>(8,100)</b>  |
| <b>Cash and Cash Equivalents ( and Bank Overdraft) at Beginning of the Period</b>   | <b>49,255</b>   | <b>34,302</b>   | <b>40,174</b>   | <b>48,598</b>   | <b>42,586</b>    | <b>44,046</b>    | <b>70,649</b>    | <b>57,323</b>   | <b>60,600</b>   | <b>50,244</b>   | <b>34,325</b>   | <b>49,709</b>   | <b>46,111</b>   |
| Restated Cash and Cash Equivalents ( and Bank Overdraft) at Beginning of the Period | 49,255          | 34,302          | 40,174          | 48,598          | 42,586           | 44,046           | 70,649           | 57,323          | 60,600          | 50,244          | 34,325          | 49,709          | 46,111          |
| <b>Cash and Cash Equivalents (and Bank Overdraft) at YTD</b>                        | <b>34,302</b>   | <b>40,174</b>   | <b>48,598</b>   | <b>42,586</b>   | <b>44,046</b>    | <b>70,649</b>    | <b>57,323</b>    | <b>60,600</b>   | <b>50,244</b>   | <b>34,325</b>   | <b>49,709</b>   | <b>46,111</b>   | <b>38,012</b>   |

The cash balance decreased by £8.1m in-month. The Trust reported a £2.8m operating cash surplus ,i.e. excluding depreciation and revaluations which are non-cash items and interest payments. Our working capital worsened by £1.7m (i.e. debtor, creditors and inventories) largely due to routine release of deferred income. We paid £2.0m for capital items, £3.9m to service the PFI interest and reduce our PFI debt. The net impact of these items accounted for the decrease in the cash balance.

Source: Finance Ledger.

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



## SPC Trend Analysis

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



Yes

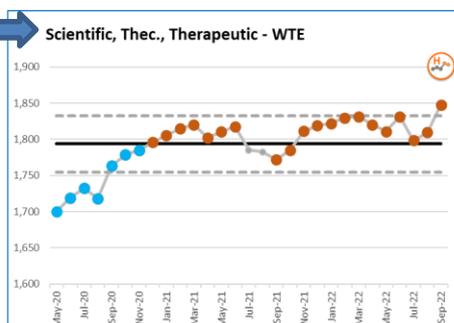
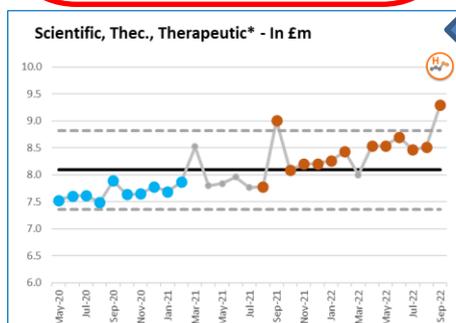
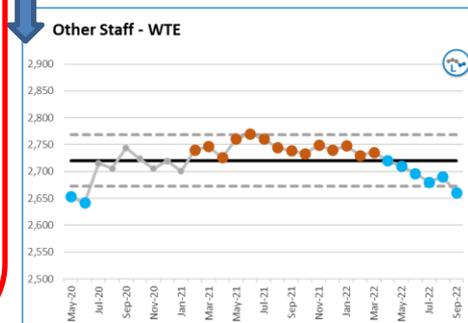
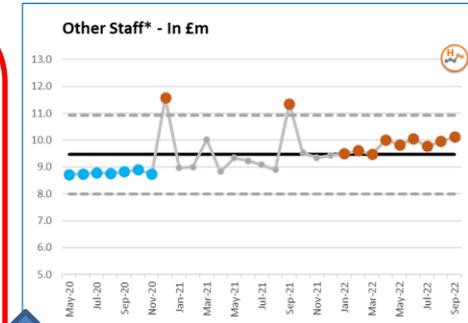
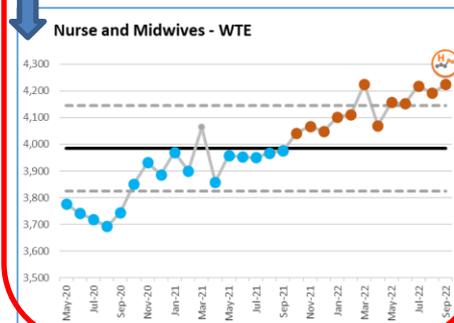
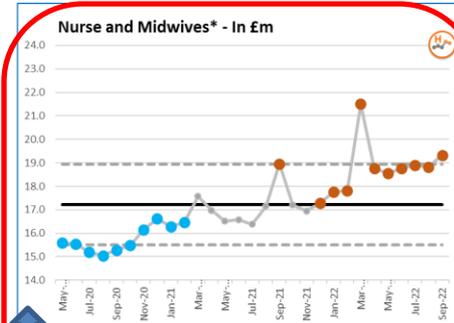
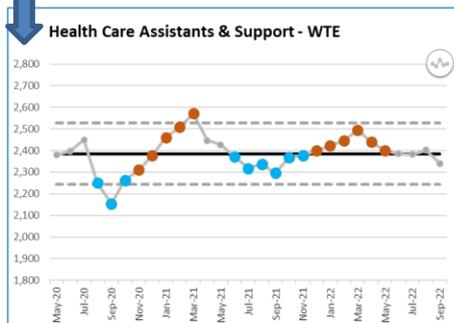
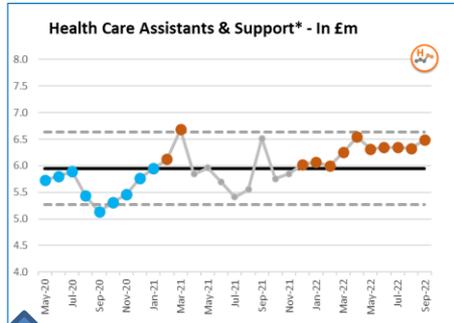
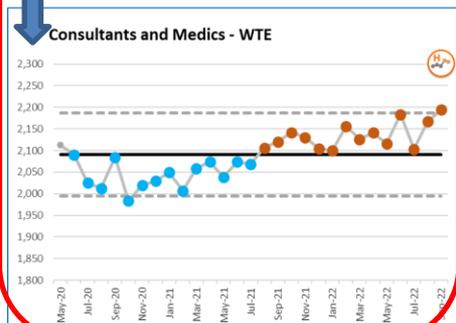
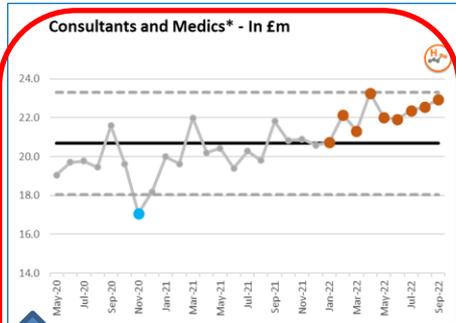


Getting Worse



Getting Better





Consultants and Medics, Nurses and Midwives and ST&T staff group 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.

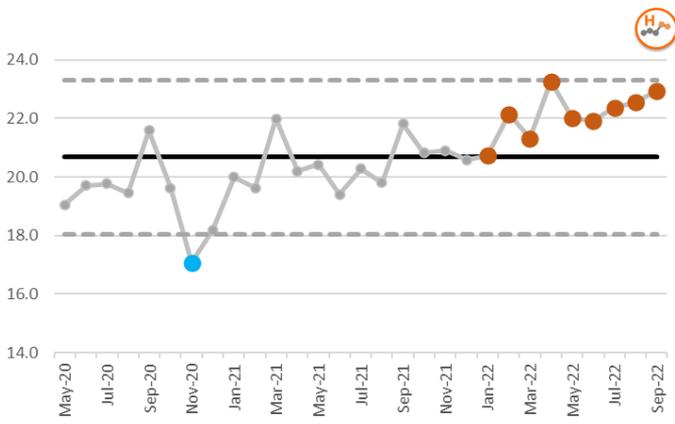
Other Staff spend has also been at a higher level compared to the prior financial year, however WTEs trend is showing a continuous improvement in the last 6 months.

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.

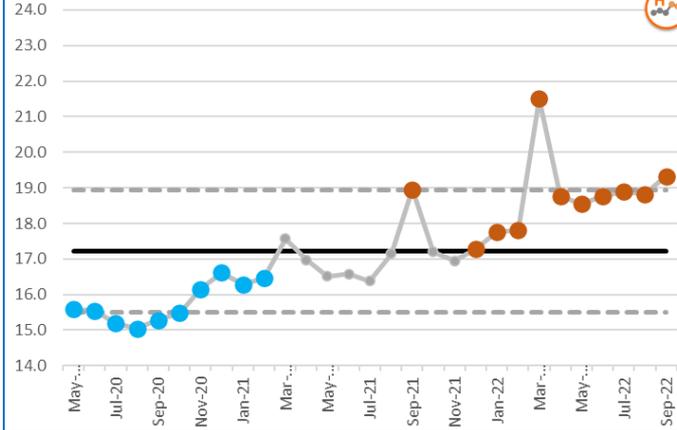
**Is Performance Stable?**

|     |               |                |
|-----|---------------|----------------|
|     |               |                |
| 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.

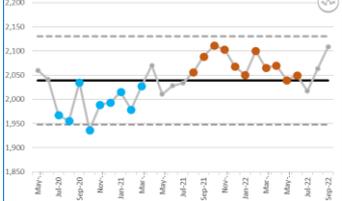
### Nurses and Midwives

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**.

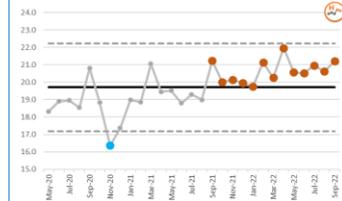
Is Performance Stable?



#### Consultants and Medics - Staff WTE

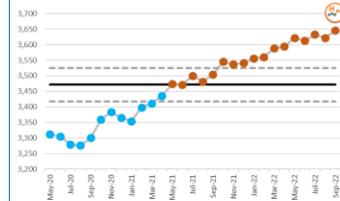


#### Consultants and Medics - Staff\* In £m

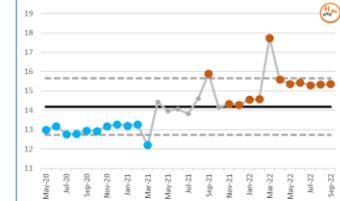


STAFF

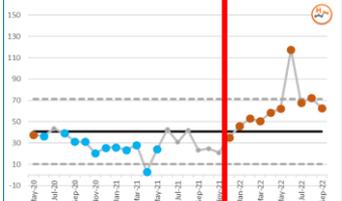
#### Nurse and Midwives - Staff WTE



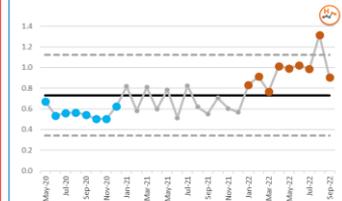
#### Nurse and Midwives - Staff\* In £m



#### Consultants and Medics - Bank WTE

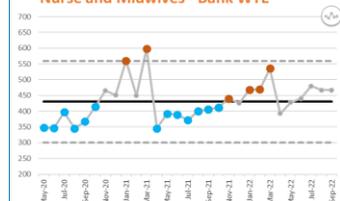


#### Consultants and Medics - Bank In £m

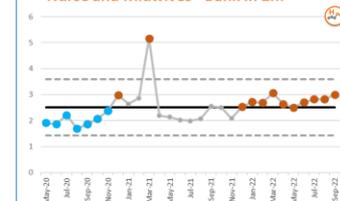


BANK

#### Nurse and Midwives - Bank WTE



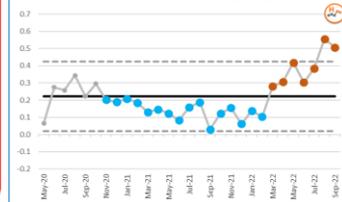
#### Nurse and Midwives - Bank In £m



#### Consultants and Medics - Agency WTE

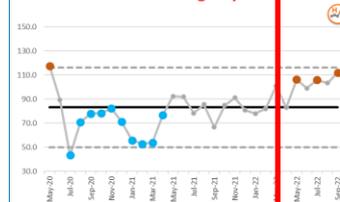


#### Consultants and Medics - Agency In £m

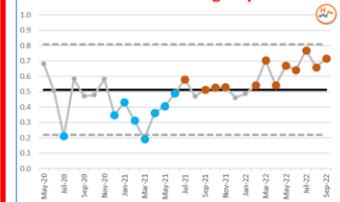


AGENCY

#### Nurse and Midwives - Agency WTE



#### Nurse and Midwives - Agency In £m

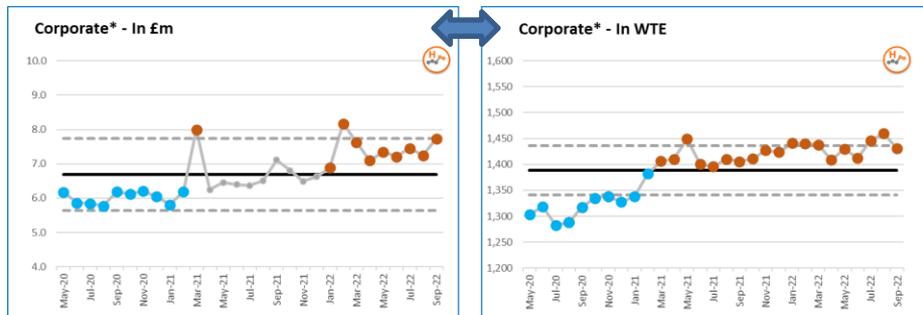
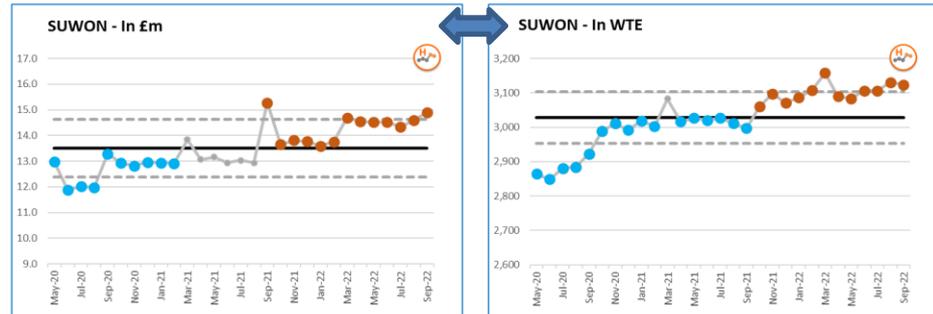
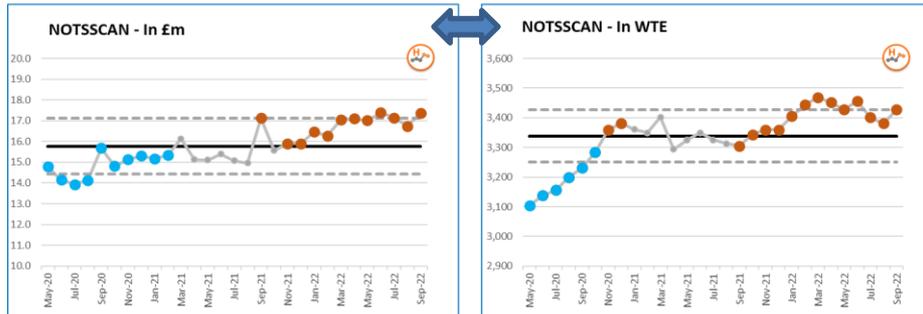
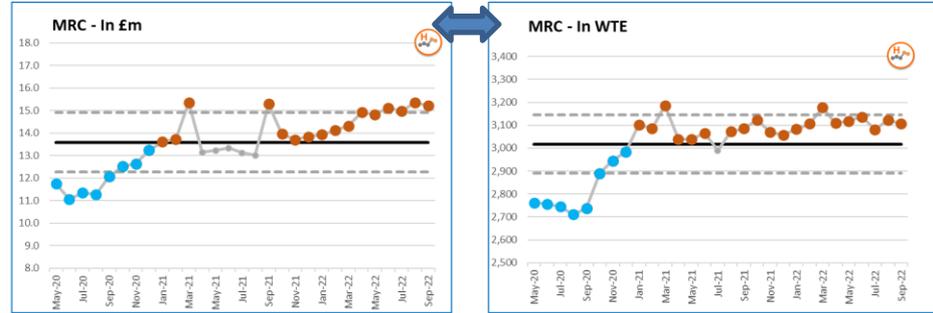
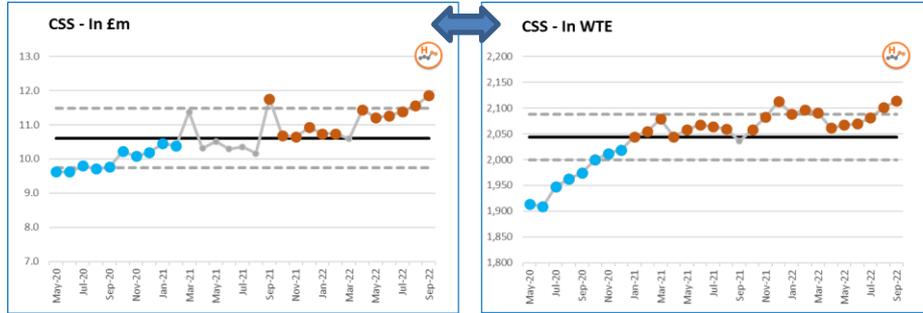


Source: Finance Ledger, excluding R&D costs, including COVID and recovery costs

\*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.

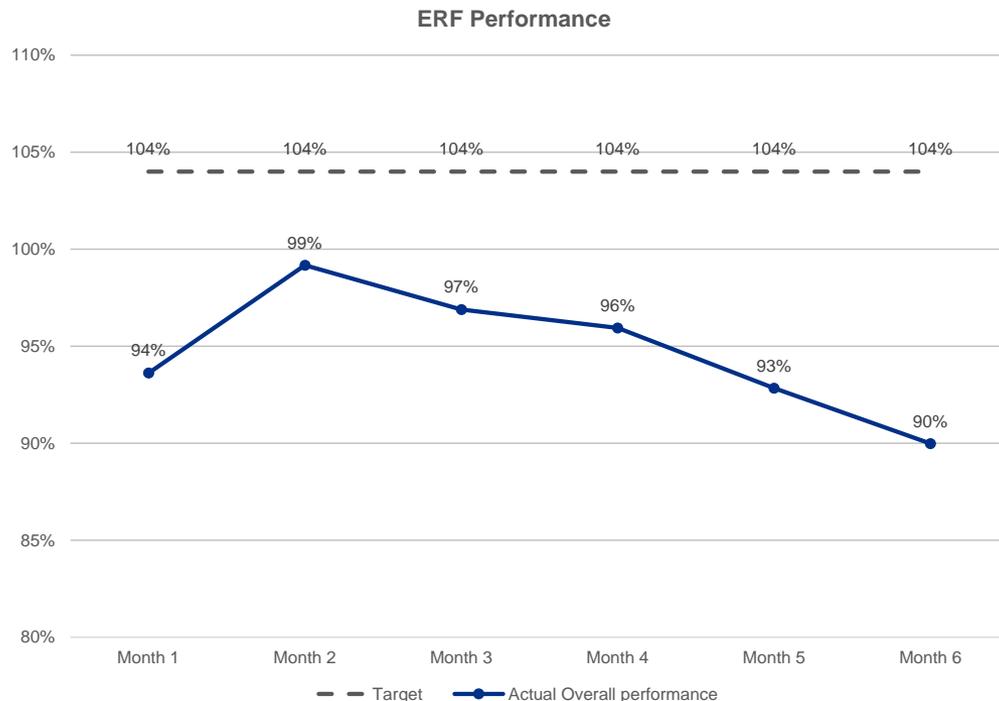
Pay spend in Corporate directorates level has increased since the beginning of the current financial year. February 2022 (Month 11) has been impacted by the increased local Clinical Excellence Award (£1.6m). WTE within the non clinical areas have remained at the same level since the middle of the prior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

\*Corporate includes Education, Estates and DOSI.

**Is Performance Stable?**

|     |               |                |
|-----|---------------|----------------|
|     |               |                |
| Yes | Getting Worse | Getting Better |

# Elective Recovery Framework (ERF) Performance



|                                   | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 |
|-----------------------------------|---------|---------|---------|---------|---------|---------|
| Target                            | 104%    | 104%    | 104%    | 104%    | 104%    | 104%    |
| Actual Overall performance        | 94%     | 99%     | 97%     | 96%     | 93%     | 90%     |
| DC                                | 91%     | 99%     | 88%     | 89%     | 89%     | 86%     |
| EL                                | 94%     | 96%     | 101%    | 98%     | 85%     | 84%     |
| OPROC                             | 111%    | 123%    | 112%    | 116%    | 99%     | 99%     |
| OPAFA                             | 98%     | 111%    | 107%    | 107%    | 111%    | 102%    |
| OPAFU (actual capped 85% of plan) | 85%     | 85%     | 85%     | 85%     | 85%     | 85%     |
| Radiotherapy                      | 112%    | 110%    | 103%    | 102%    | 102%    | 106%    |
| Chemotherapy                      | 102%    | 102%    | 102%    | 89%     | 102%    | 92%     |

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

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

Overall price-weighted performance against the target has been between 90% and 99% in the six 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 four months of the financial year but performance has dropped to 99% in August and September.

Outpatient first appointment activity has been above target for the previous four months but was slightly below target for September.

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 108% performance over the six months to-date.

Radiotherapy activity was at 112% in April but reduced over the next four months, dipping to 102% in July and August before increasing to 106% in September.

Chemotherapy activity was constant at 102% for the first three months before falling to 89% in July, increasing back to 102% in August and falling again to 92% in September.

A total of £33m of ERF funding is recognised in the plan for 2022/23 and recognised in the income position. The financial regime for this year states that this may be clawed back if systems do not reach the 104% target.

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

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

|   | 22/23 plan   |              |              |              |              | Risk / Opportunity adjustment | Net impact on Plan |
|---|--------------|--------------|--------------|--------------|--------------|-------------------------------|--------------------|
|   | Q1           | Q2           | Q3           | Q4           | 22/23 Total  |                               |                    |
| <b><u>Data and innovation</u></b>             |              |              |              |              |              |                               |                    |
| Revenue                                       |              |              | 0.25         | 0.25         | <b>0.50</b>  |                               | <b>0.50</b>        |
| Pay   | -0.02        | -0.02        | -0.02        | -0.02        | <b>-0.10</b> |                               | <b>-0.10</b>       |
| Non pay                                       | -0.03        | -0.03        | -0.03        | -0.03        | <b>-0.10</b> |                               | <b>-0.10</b>       |
| <b>Net profit</b>                             | <b>-0.05</b> | <b>-0.05</b> | <b>0.20</b>  | <b>0.20</b>  | <b>0.30</b>  | <b>0.00</b>                   | <b>0.30</b>        |
| <b><u>Investment Management</u></b>           |              |              |              |              |              |                               |                    |
| Investment property rent                      | 0.44         | 0.44         | 0.44         | 0.44         | <b>1.76</b>  |                               | <b>1.76</b>        |
| Equity revaluations (control total)           |              |              |              | 0.40         | <b>0.40</b>  |                               | <b>0.40</b>        |
| Pay   | -0.01        | -0.01        | -0.01        | -0.01        | <b>-0.05</b> |                               | <b>-0.05</b>       |
| Non pay                                       | -0.01        | -0.01        | -0.01        | -0.01        | <b>-0.05</b> |                               | <b>-0.05</b>       |
| PDC dividend (estimated)                      |              |              |              | -1.50        | <b>-1.50</b> |                               | <b>-1.50</b>       |
| <b>Net profit</b>                             | <b>0.42</b>  | <b>0.42</b>  | <b>0.42</b>  | <b>-0.68</b> | <b>0.57</b>  | <b>0.00</b>                   | <b>0.57</b>        |
| <b><u>Private patients</u></b>                |              |              |              |              |              |                               |                    |
| PP margin estimate                            | 0.29         | 0.29         | 0.51         | 0.66         | <b>1.76</b>  | -0.25                         | <b>1.51</b>        |
| OUC loan interest                             | -0.08        | -0.08        | -0.08        | -0.08        | <b>-0.30</b> |                               | <b>-0.30</b>       |
| <b>Net profit</b>                             | <b>0.22</b>  | <b>0.22</b>  | <b>0.44</b>  | <b>0.59</b>  | <b>1.46</b>  | <b>-0.25</b>                  | <b>1.21</b>        |
| <b><u>Overseas visitors</u></b>               |              |              |              |              |              |                               |                    |
| Revenue                                       | 0.03         | 0.03         | 0.03         | 0.03         | <b>0.13</b>  | 0.25                          | <b>0.38</b>        |
| Pay   | -0.03        | -0.03        | -0.03        | -0.03        | <b>-0.10</b> |                               | <b>-0.10</b>       |
| Non pay                                       | -0.01        | -0.01        | -0.01        | -0.01        | <b>-0.03</b> |                               | <b>-0.03</b>       |
| <b>Net profit</b>                             | <b>0.00</b>  | <b>0.00</b>  | <b>0.00</b>  | <b>0.00</b>  | <b>0.00</b>  | <b>0.25</b>                   | <b>0.25</b>        |
| <b><u>Commercial corporate</u></b>            |              |              |              |              |              |                               |                    |
| Pay   | -0.12        | -0.12        | -0.12        | -0.12        | <b>-0.47</b> |                               | <b>-0.47</b>       |
| Non pay                                       | -0.03        | -0.03        | -0.03        | -0.03        | <b>-0.10</b> |                               | <b>-0.10</b>       |
| <b>Net profit</b>                             | <b>-0.14</b> | <b>-0.14</b> | <b>-0.14</b> | <b>-0.14</b> | <b>-0.57</b> | <b>0.00</b>                   | <b>-0.57</b>       |
| <b>NET RECURRENT POSITION (CONTROL TOTAL)</b> | <b>0.44</b>  | <b>0.44</b>  | <b>0.91</b>  | <b>-0.04</b> | <b>1.76</b>  | <b>0.00</b>                   | <b>1.76</b>        |
| <b><u>Non-recurrent</u></b>                   |              |              |              |              |              |                               |                    |
| PP and overseas debt recovery                 |              |              | 0.13         | 0.13         | <b>0.25</b>  | -0.75                         | <b>-0.50</b>       |
| Investment property valuation                 |              |              |              | 0.30         | <b>0.30</b>  |                               | <b>0.30</b>        |
| JR service charge settlement                  |              |              |              |              | <b>0.00</b>  | 3.00                          | <b>3.00</b>        |
| Non pay                                       | -0.08        | -0.08        | -0.08        | -0.08        | <b>-0.30</b> |                               | <b>-0.30</b>       |
| <b>Net profit (non-recurrent)</b>             | <b>-0.08</b> | <b>-0.08</b> | <b>0.05</b>  | <b>0.35</b>  | <b>0.25</b>  | <b>2.25</b>                   | <b>2.50</b>        |
| <b>NET I&amp;E POSITION (CONTROL TOTAL)</b>   | <b>0.37</b>  | <b>0.37</b>  | <b>0.96</b>  | <b>0.31</b>  | <b>2.01</b>  | <b>2.25</b>                   | <b>4.26</b>        |

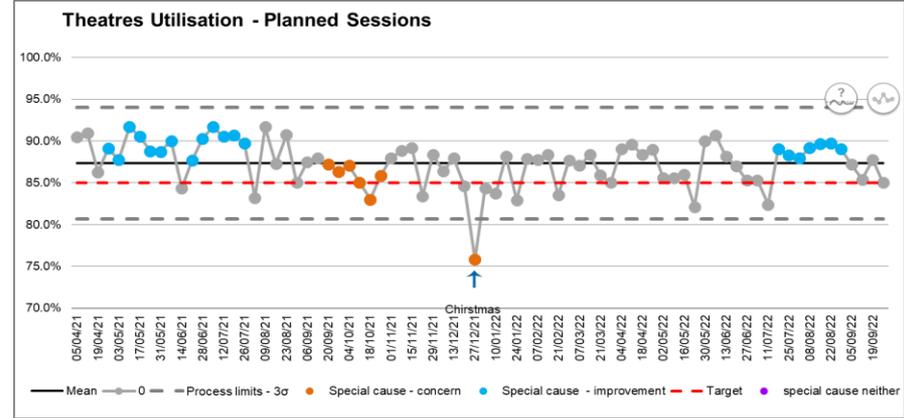
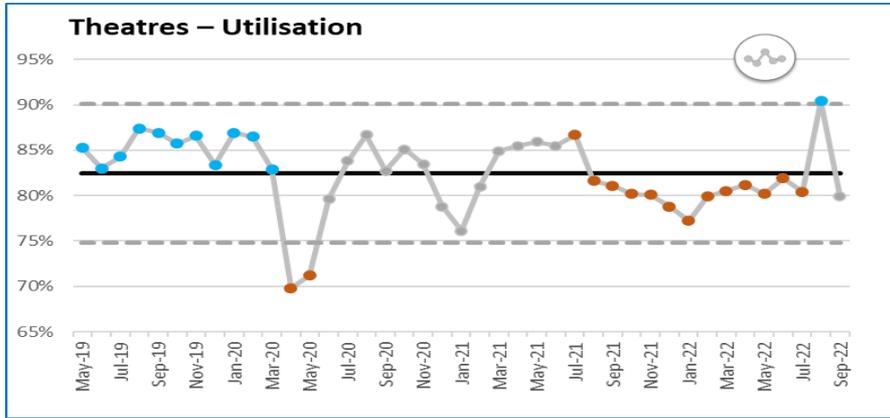
- **I&E control total:** Plan includes a 76% increase in recurrent profit is targeted in 22/23 (21/22 £1m, 22/23 £1.76m)
- **Risk/Opportunity is on non recurrent schemes**
  - -£0.75m PP and OVS debt recovery – increased risk here due to identification of previously unknown insurer contracts that may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

## Appendix 2 - Productivity Dashboard SPC chart: Month 6 2022/23

| Is Performance Stable?  |   |   |
|---|---|---|
|  |  |  |
| Yes   | Getting Worse   | Getting Better  |

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

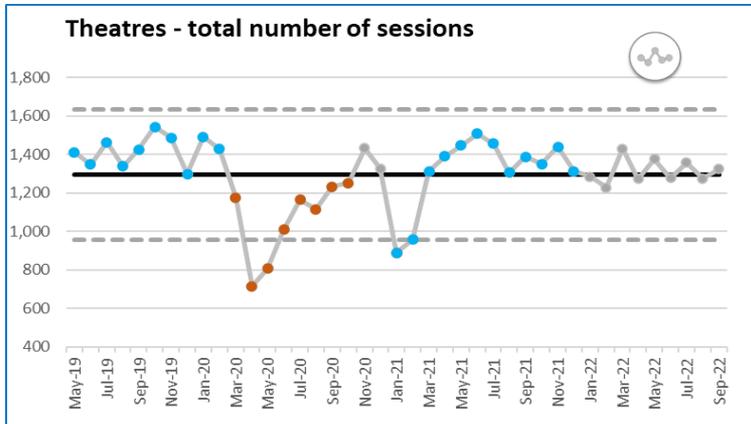
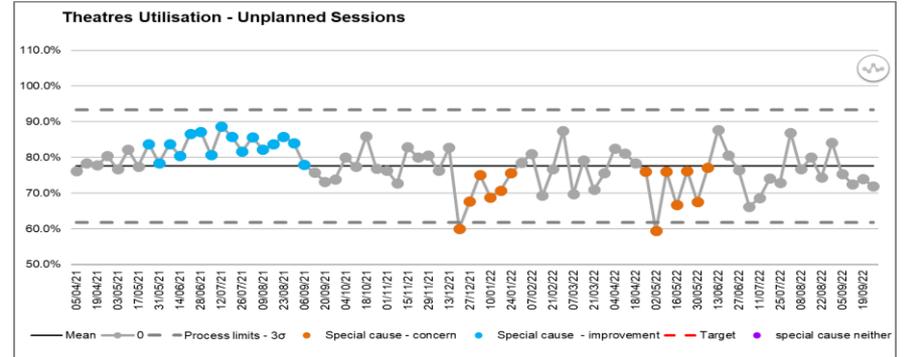
The SPC charts are pulling together productivity metrics which provides a overview of the Trust operational performance. The data sources are ORBIT+ and the finance ledger.



Overall, **Theatres monthly Utilisation** since Q2 2021/22 is showing a consistent deterioration, with 80% utilisation across all theatres in Sep-22, landing below the three years average of 82.4%.

The weekly **Planned sessions utilisation [Trust target of 85%]** has landed on the trust target at the end of Sep-22, while unplanned sessions utilisation stood at 72%.

**Unplanned/emergency sessions utilisation** does not have a trust target.



**Total Number of Theatre Sessions** was 1,325 in Sep-22 and 63 sessions below the 21/22 average of 1,388 sessions per month. At an average income of £12.1k per session this equates to **£0.8m** of unachieved income in month (on a PbR basis).

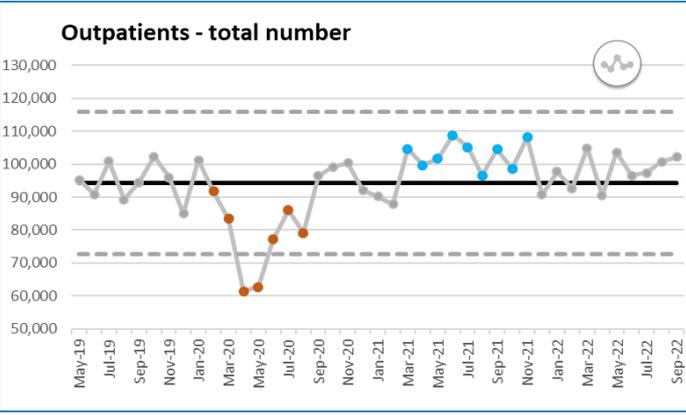
The SPC charts are pulling together productivity metrics which provides a overview of the Trust operational performance. The data sources are ORBIT+ and the finance ledger.

**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.

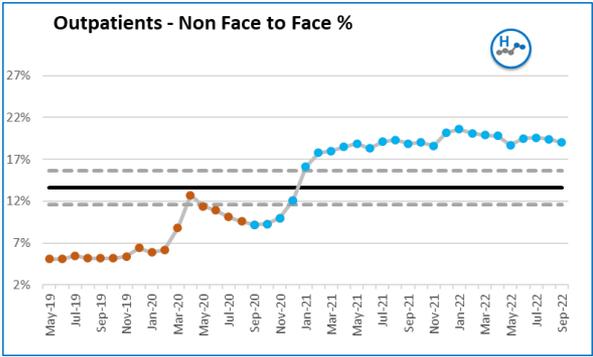
Due to the impact of COVID-19 there has been a shift between the **Face to Face** and the **Non Face to Face** appointments. Non Face to Face appointments currently make up approx. 20% of all Outpatients activity compared to only 5% before Mar-20. The national target is set at 25%.

On average a Face to Face appointment cost **£93** more than a non Face to Face appointment (for Sep-22 OUH had a total of 82,644 Face to Face appointments, therefore an indicative difference in cost of £7.7m, compared to the indicative cost of non Face to Face appointments).

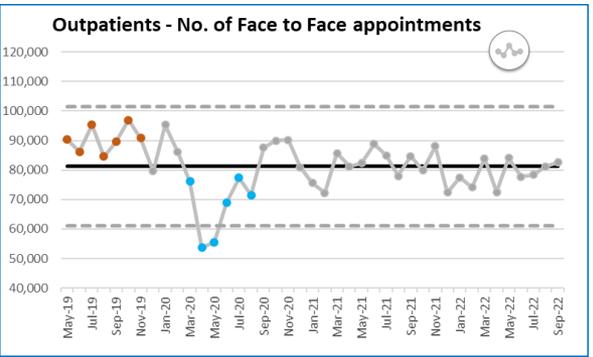
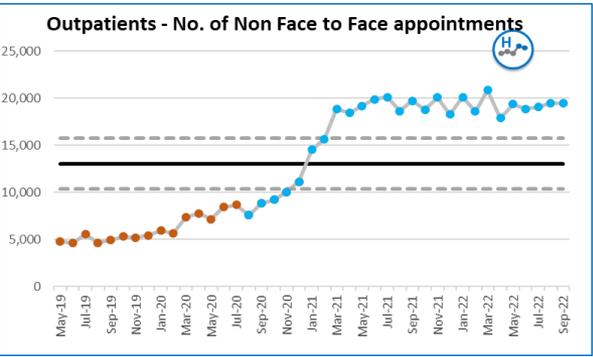
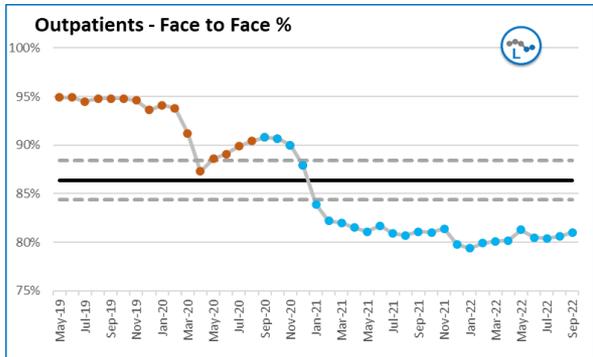
Also, the number of Face to Face appointments in Sep-22 was 823 above the 21/22 average (81,821) therefore results in an adverse indicative financial impact of **£0.1m**.



Non F2F



F2F

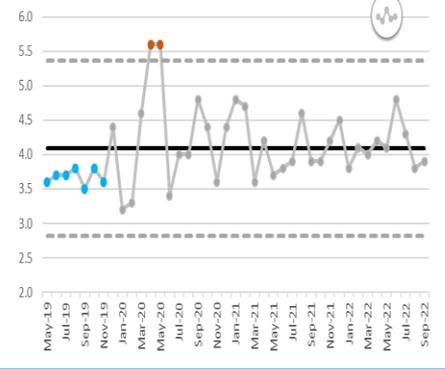


Is Performance Stable?

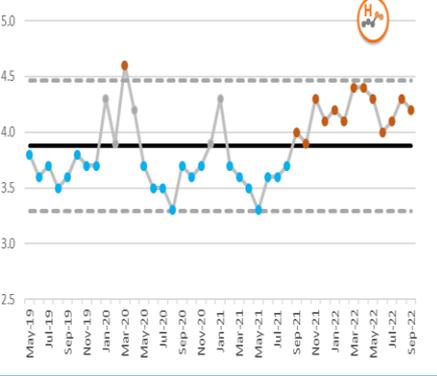
Yes  
 Getting Worse  
 Getting Better

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

**ALOS - Elective**



**ALOS - Non Elective**

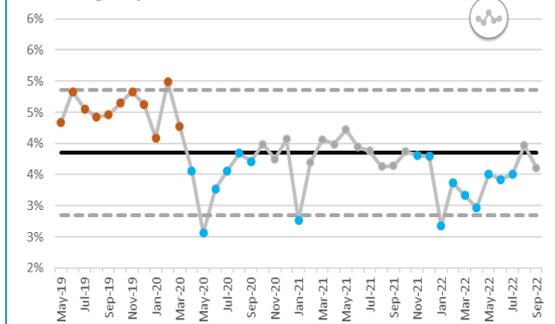


## Overall Average Length of Stay ('ALOS'):

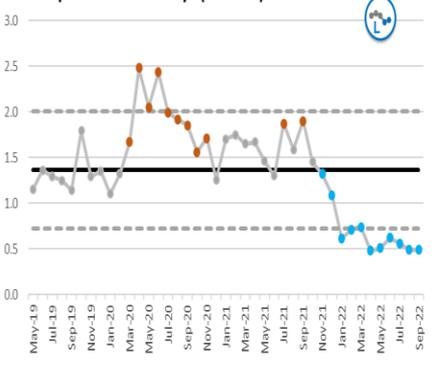
- ALOS includes Same Day Emergency Care ('SDEC') spells.
- Elective** activity has remained in control, with a decrease seen in recent months, landing at 3.9 of ALOS in Sep-22.
- Non Elective** ALOS is showing signs of deterioration since Sep-21 with ALOS peaking at 4.4 days in April-22. Sep-22 ALOS 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 Sep-22 performance of 3.6% still below the three years average, however higher than the improvements we have seen in the prior 12 months

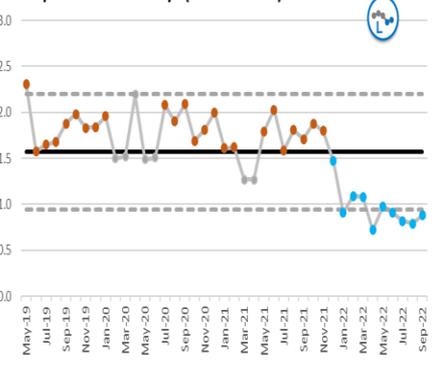
**Emergency readmission rate**



**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.

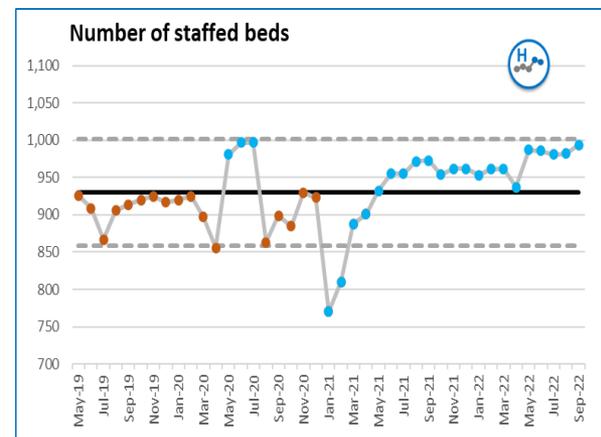
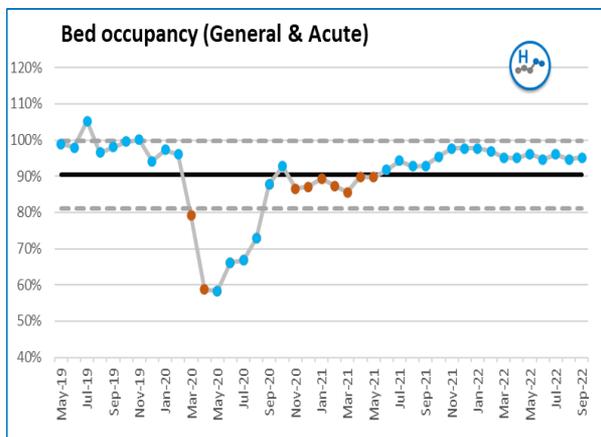
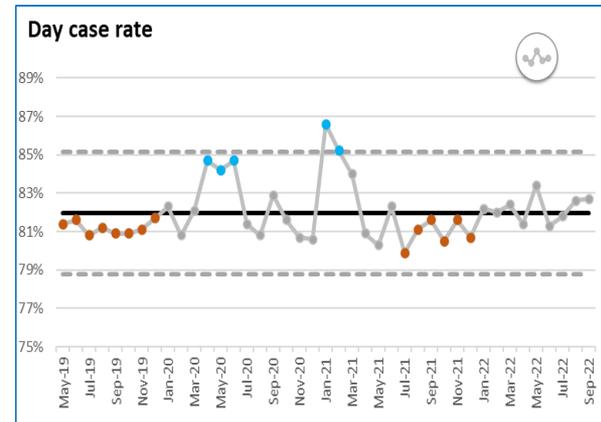
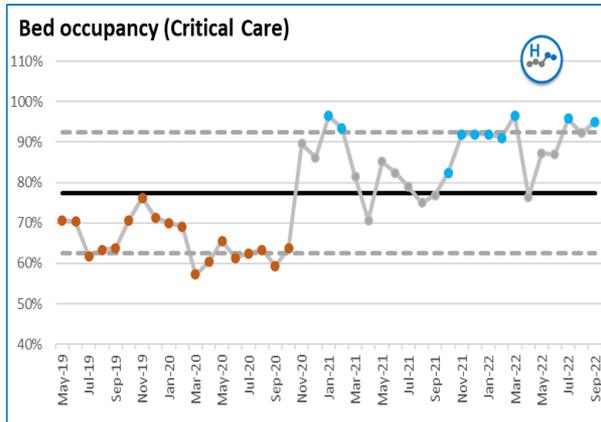
In Sep-22, for EL admissions, pre procedures day average stood at 0.5 days. For NEL admissions, pre procedures day average stood at 0.9 days. Both performances are significantly lower than the three years average, financial benefiting the trust through a reduction in the direct cost associated to beddays.

The SPC charts are pulling together productivity metrics which provides an 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 95% in Sep-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.

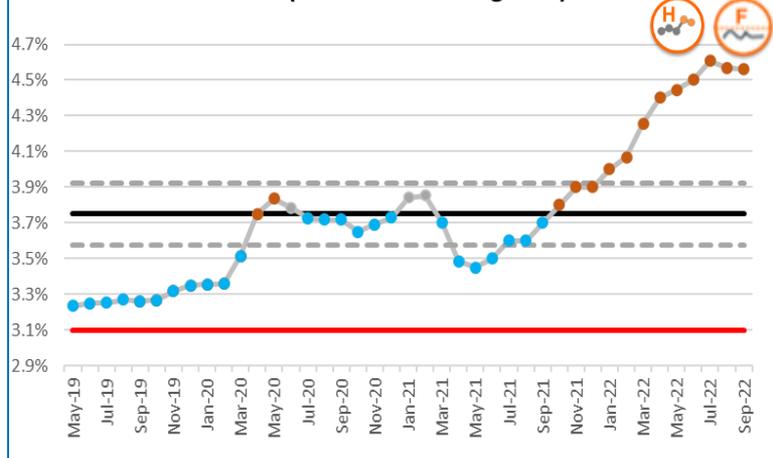
**Day Case Rate** is currently in control at a similar level to the day case rate in 19/20, with a further improvement in recent months.



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 (12 months rolling rate)



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

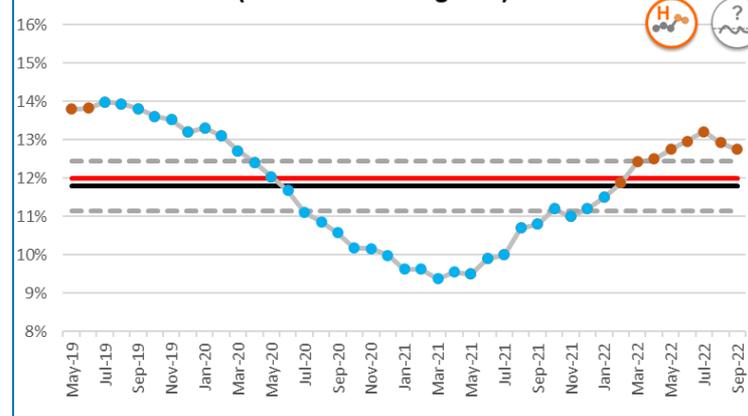
- Sickness rate has continuously risen since Jun-21, driven by short term sickness absence. COVID-19 sickness and isolation will be a significant contributory factor.
- However, in Sep-22 the 12 months rolling sickness rate slightly decreased to 4.56% (compared to its peak of 4.6% in Jul-22). The 'in month' rate in Sep-22 was 4% (compared to its peak of 5.4% in Jul-22).
- The indicative financial impact of the 12 months rolling sickness rate in Sep-22 is **£1.1m** per month (based on the Trusts target of 3.1% and the current month rate of 4.57%), 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.
- Sickness rate pre COVID stood at 3.3%.

## 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 Sep-22 decreasing 12.7%.

The indicative financial impact of the increase in staff turnover rate from the Trusts target of 12% to 12.7% in Sep-22 is **£0.2m** per month which includes temporary staffing, recruitment and supernumerary costs.

## Staff turnover (12 months rolling rate)



### Is Performance Stable?

|     |               |                |
|-----|---------------|----------------|
|     |               |                |
| Yes | Getting Worse | Getting Better |

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

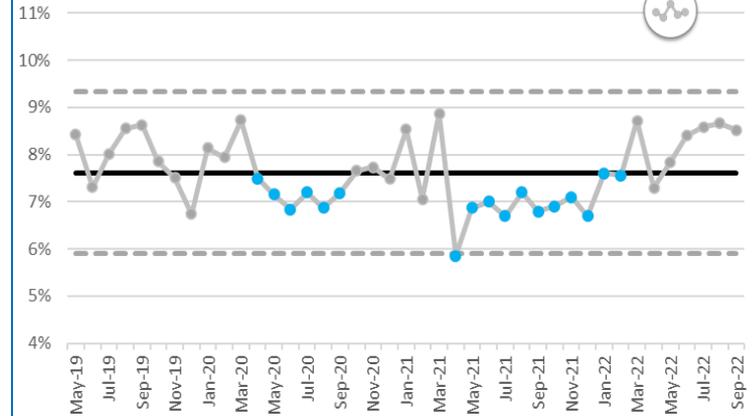
## Temporary Staffing

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 down to 8.5% in Sep-22.

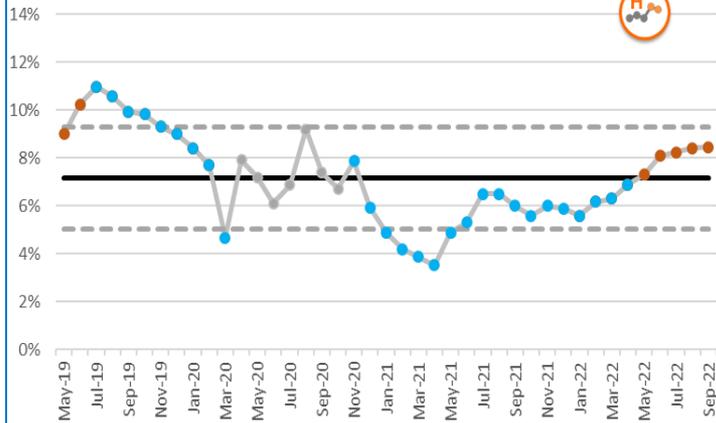
The Sep-22 rate of 8.5% is also above the 21/22 average of 7.1% therefore it is estimated that the adverse financial impact is **£1.1m**.

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

## Temporary staffing %



## Staff vacancy rate - all staff groups



## Staff Vacancy Rate

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

The Sep-22 vacancy rate continue to increase (8.5% in month) as part of the increase seen since Feb-22. Since May-22 the vacancy rate has landed above the three years average of 7%.

### Is Performance Stable?



The SPC charts are pulling together productivity metrics which provides a overview of the Trust operational performance. The data sources are ORBIT+ 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) stabilising in recent months with cases just above the 3 year average of 125 incidents.
- In Aug-22 total incidents were 61.

## 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 7 cases in Aug-22 which is just above the trust target but still below three years average (8 incidents).

## Indicative Financial Impact

- In Aug-22, there were a total of 68 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)

