



Oxford University Hospitals

NHS Foundation Trust

Integrated Performance Report Month 8 (November data)

January 2022

Jason Dorsett: Chief Finance Officer

Sam Foster: Chief Nursing Officer

Meghana Pandit: Chief Medical Officer

Sara Randall: Chief Operating Officer

Terry Roberts: Chief People Officer

David Walliker: Chief Digital and Partnerships Officer

Accessible Information Standard notice: We are committed to ensuring that everyone can access this document as part of the Accessible Information Standard. If you have any difficulty accessing the information in this report, please contact us.

Contents

Executive summary	Page 3
Indicator overview summary	Page 15
Quality , Outcomes and Patient Experience	
Nursing and Midwifery Staffing	Page 17
Quality and Safety	Page 39
Operational performance	
Urgent care	Page 56
Elective care	Page 62
Workforce	
Workforce	Page 79
Digital	
Digital	Page 94
Finance, Procurement and Contracting	
Finance, Procurement and Contracting	Page 100
Appendix 1: Other Supporting Analysis: Month 8 2021/22	Page 111

Integrated themes and issues from M8 (November 2021)

Quality and Safety

Maternity

In November **Red** areas related to:

- 332 (53%) Spontaneous Vaginal Births
- 193 (31%) Caesarean Section rate
- 1 (0.5%) Return to theatre
- 73% Test Result Endorsement
- 72% Percentage of Women Initiating Breastfeeding

Amber areas related to:

- 15 (3.55%) 3rd and 4th degree tears
- 1 HIE grade 3
- 26 (4.1%) Unexpected admissions to NNU

Green areas related to:

- 623 Mothers birthed
- 707 Scheduled Bookings
- 1:27.3 Midwife: Birth Ratio
- 0 Hospital Acquired Thrombosis

Page 25

HAPU

In November there were **18** incidents of moderate harm causing **Hospital Acquired Pressure Ulceration (HAPU)**. This was a significant increase to the 8 reported in October. Of the 18 incidents reported, only 5 had been reported at an earlier stage of skin damage. The use of medical devices, such as oxygen masks and a cast, were associated with 7 of the 18 incidents. All patients had been assessed as being at high risk of pressure damage prior to the identification of the skin damage.

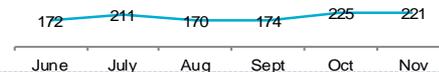
All Category 3 and above HAPU are investigated and an action plan approved and implemented. No Serious Incidents have been reported 2021/22 related to HAPU.



Pages 27-29

Harm from Falls

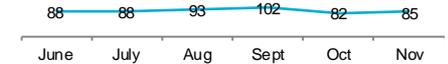
There were **221** falls reported in November, which was a slight decrease compared to the 225 falls recorded in October. There were four falls resulting in higher severity harm levels in patients, including two moderate harms, one major harm and one death.



Pages 30-31

Complaints

There were **85 Complaints** in November, a slight increase compared to 82 reported in October. Complaints were received relating to the Emergency Departments, particularly due to perceived long waits, the attitude of staff and long waits for pain relief. There has been a steady increase in the number of complaints made by patients attending the ED, of 533 complaints received over a six month period, 82 were about the EDs (15%). Complaints have also been received relating to on the day cancellations due to a lack of beds, as a result of emergency admissions, particularly for paediatric patients awaiting spinal surgery.

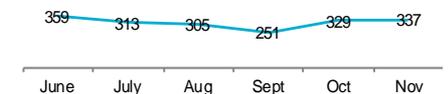


Page 32

Safeguarding Children

There were **337** consultations with the **children's safeguarding** team in November, an increase of 8 compared to 329 recorded in October. Cases of neglect, domestic abuse and emotional abuse are the main categories of concern. Adolescent mental health has also seen an increase in presentations. Maternity safeguarding activity remains a concern with a rise in complex cases. There has been an increase in court care orders and the categories of concern relate to mental health, domestic abuse, and drug and alcohol issues.

Safeguarding Children Training Compliance remains below the target of 90%. Level 1 training increased by 1 percentage point to 79%, level 2 training increased by 1 percentage point to 73% and level 3 training increased by 1 percentage point to 80%. Due to increased clinical pressures staff have not currently been requested to attend training.



Pages 35

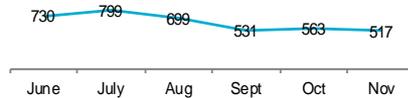
Integrated themes and issues from M8 (November 2021)

Quality and Safety

Safeguarding Adults

Adult safeguarding activity (*referrals, consultations and incident reviews*) was **517** in November a decrease of 46 from the 563 reported in October. The main category for consultation referrals to the team related to neglect, self-neglect, and domestic abuse; which decreased slightly by two referrals in November.

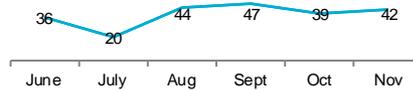
Training compliance for Prevent Levels 1 & 2 increased by 2 percentage points to 77%. The Trust is compliant for levels 3,4,5 training at 89%. Safeguarding training compliance is below the 90% target. Level 1 compliance increased by 1 percentage point to 77% and level 2 compliance increased by 2 percentage points to 76%.



Page 36

DoLS

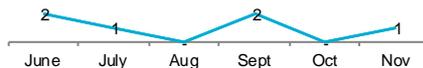
There were **42 Deprivation of Liberty Safeguards (DoLS)** applications reviewed in November, which was an increase compared to the 39 recorded in October.



Page 36

Section 42

In November there was **one new Section 42 investigation**. Two investigations have been closed. There remain two open S42 enquiries.

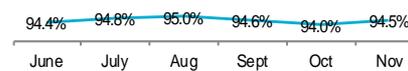


Page 36

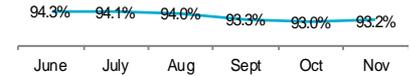
Friend's and Family Test

The top 5 raised **FFT** themes in November included **12,250** comments. The top 5 themes, by volume, related to *Staff attitude 4,393, Implementation of care 3,389, Waiting time 1,568, Clinical treatment 1,541, Patient mood/feeling 1,359* and the majority of responses within these categories were positive. The charts below include the % responses for likely to recommend from the adult FFT.

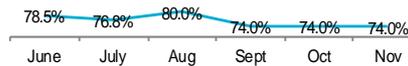
Inpatients



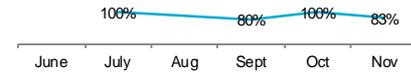
Outpatients



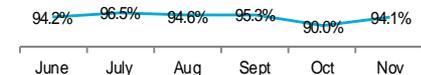
Emergency department



Maternity



Overall, the recommended rate from the **Children's FFT** was **94.1%** in November. The top 3 positive themes within the Children's FFT included **Staff-Care and Compassion, Patient Care and Treatment** and **Communication and Information Giving**. The most common negative FFT themes included **Communication and information giving, Food for Children** and **Food for Parents**. The new children's FFT QI project has been reset due to winter pressures. A new training itinerary will be produced before the end of Dec with video production to commence in the new calendar year.



Pages 33-34

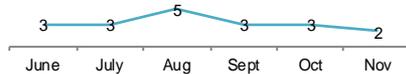
Executive Summary (3)

Integrated themes and issues from M8 (November 2021)

Quality and Safety

RIDDOR

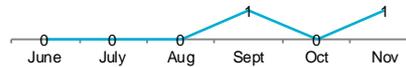
In November there were **two** reports to the HSE, one related to a member of staff and another related to an external contractor. One incident related to Lifting and Handling injuries and had an actual impact of 2 - *minor injury/illness*. The other incident was categorised as Exposed to explosion and had actual impact of 6 - *near miss*. A full investigation was conducted by the Trust electrical authorised engineer and Trust Operational Estates department with root cause analyses undertaken. This resulted in a detailed action plan to include process improvements and a knowledge based review.



Pages 37-38

MRSA

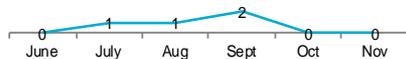
There was **one** case of **MRSA bacteraemia >48 hours** in the month of November. Two cases have been recorded to date in 2021/22.



Pages 39 & 41

Thrombosis

In November there were **zero** cases of **Hospital Acquired Thromboses** identified and judged avoidable. Six cases have been reported year to date 2021/22.

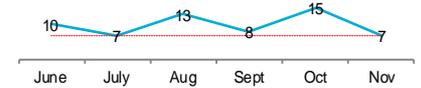


Page 39

C-Diff

There were **7** cases of **Clostridium Difficile >72 hours** in November, compared to 15 cases recorded in October.

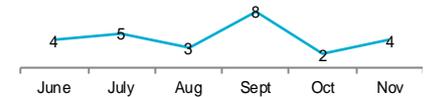
The threshold for 2021/22 is 83 cases, and 55 cases year to date to the end of November. In November the 7 cases met the monthly tolerance of 7 but the cumulative cases year to date is higher than the threshold (78 vs 55). The Threshold does not take into account changes in activity/case-mix since 2019.



Pages 39 & 41

MSSA

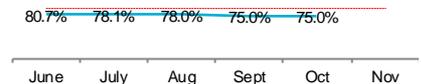
In November there were **4** cases of **post 48-hr MSSA** compared to 2 cases reported in October. Of the 4 cases, 3 related to Healthcare Onset Healthcare Associated Infections and 1 related to Community Onset Healthcare Associated Infections.



Page 41

Dementia Screening

75.0% of dementia patients aged over 75 years admitted as an emergency were screened in October. Reporting for this indicator occurs one month in arrears.



Page 39

Executive Summary (4)

Integrated themes and issues from M8 (November 2021)

Quality and Safety

Other

Gram negative blood stream infections (GNBSI): In November the cumulative total for Pseudomonas was **39** versus a threshold of **44**, for Klebsiella it was **69** meeting the threshold of **69** and for E.coli it was **114** versus a threshold of **136**.

In November a **Norovirus Outbreak** was declared on F ward at the Horton, involving 14 patients and 5 members of staff. The outbreak has now been resolved.

Page 41

COVID-19

In November there were two outbreaks of **COVID 19** were reported. In total there were 8 definite nosocomial cases recorded.

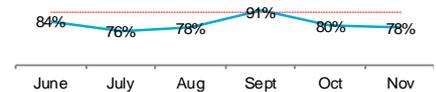
At the time of this report, results for December show an increase in the number of staff and household members testing positive, mainly from the Omicron variant. 136 staff reported a positive lateral flow result between 1st-28th December.

Staff testing is supporting risk assessments of exposed staff in order to allow a return to work with a PCR and daily lateral flow.

Page 41

Sepsis

The overall proportion of **sepsis admissions that received antibiotics in <1 hour** was **78%** in November, below the target of 90%. In ED the proportion of sepsis admissions that received antibiotics in <1 hour was **76%** also not achieving the target of 90%. The Mortality indicator related to Sepsis from SHMI was 86.4 (73.4- 101.07) (i.e. there were fewer deaths than expected).



Page 42

Safety Huddles

Safety Huddles are held daily in all areas throughout the Trust to focus on patient and staff safety. They provide learning of processes and actions that went well, what did not go so well, what was learnt and what can be done differently. They are also used to identify what the present risks are and what mitigation needs to be in place. The MyAssure app is being used to collect compliance data across the Trust.

Page 43

Executive Summary (5)

Integrated themes and issues from M8 (November 2021)

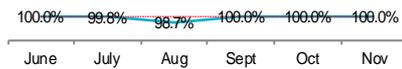
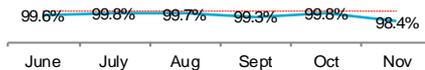
Quality and Safety

WHO Checklist

The **WHO Surgical Safety Checklist** documentation and observation was **98.4%** and **100%** respectively in November. Within the documentation audit, areas of non compliance and learnings have been shared.

Chart - Documentation

Chart - Observation



Page 43

LocSSIPs

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

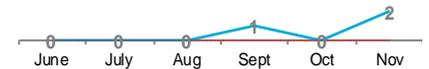
Work is underway to migrate the paper *WHO Surgical Safety Checklist* onto the Theatre & Anaesthesia module in EPR; this is starting with the generic checklist and then broadening to bespoke checklists.

Page 43

Never Events

There were **two Never Events** declared in November. Five actions from the 2021/22 Never Events have past their target date, two of which have been completed. The other 2021/22 Never Event investigations are ongoing. Exception reports and actions can be seen on pages 45-46.

Four Never Events have been recorded in 2021/22.



Pages 43 & 45-46

Excellence reporting

Excellence Reporting is a staff led initiative whereby members of staff can nominate colleagues to recognise instances of excellence. A multi-professional group promotes excellence reporting locally and has represented it Nationally. In November there were **191** reports of excellence, a significant increase on the 121 reported in October.

Reporting
EXCELLENCE



Page 44

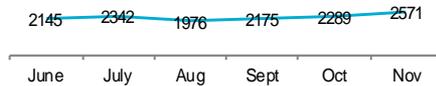
Executive Summary (6)

Integrated themes and issues from M8 (November 2021)

Quality and Safety

Patient Incidents

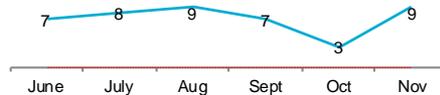
There were **2571 patient incidents** reported in November an increase compared to the **2289** incidents reported in October. In November, 145 incidents reported as moderate and above impact were reviewed and 6 incidents had their impact downgraded.



Page 47

Serious Incidents

In November, **9 Serious Incident Requiring Investigation (SIRI)** were declared and 13 SIRI investigations were sent for approval to the OCCG. Twenty-two SIRIs were downgraded in February and March which were all nosocomial COVID-19 cases. A designated sub-group of the Serious Incident Group is reviewing all aspects of the nosocomial COVID-19 SIRI with individual cases reviewed.



Page 49

Harm reviews

The Trust has an established process for **assessing clinical and psycho-social harm for patients waiting over 52 weeks** for surgical treatment and patients whose cancer pathways exceed 104 days. In November there were **1,063** patients who had been waiting more than 52 weeks for elective treatment. This is a reduction on the 1,366 reported in October.

Twelve 52 week breaches in 2020/21, and two in 2021/22 have been confirmed as entailing moderate impact and are being covered by a special single Divisional investigation.

Pages 50-51

Safety Messages

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

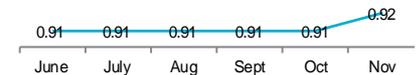
- 1) WSM 145: Shared mailbox management
- 2) WSM 146: EPR Results endorsement
- 3) WSM 147: Pharmacy out of hours service
- 4) WSM 148: Hyperkalaemia management.
- 5) WSM 149: Infection risk when using FFP3 respirators with valves or PAPRs during surgical and invasive procedures.

Page 52

Mortality

The SHMI for the period July 2020 to June 2021 was **0.92** and 'as expected'. The HSMR was **86.3** for the period July 2020 to June 2021, and remains 'lower than expected'.

SHMI



Pages 53-54

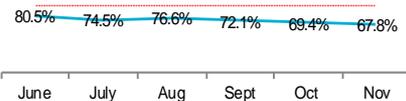
Executive Summary (7)

Integrated themes and issues from M8 (November 2021)

Operational Performance

4 Hour ED Wait

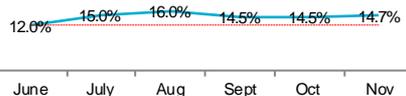
4 hour performance was **67.8%** in November, a deterioration of 1.6 percentage points compared to the previous month. Performance, although below the national standard, remains better than the national average and position of the Shelford hospitals, which were 65.9% and 57.9% respectively. Compared to pre-COVID-19 levels in November 2019, attendances increased by 7.8% (13,714 versus 12,718) across the both sites. Performance at the John Radcliffe site decreased to 64.7% from 66.4%, and at the Horton General Hospital performance decreased to 75.9% from 77.6%.



Page 57

LOS

Patients with a length of stay over 21 days occupying beds, expressed as a percentage, was **14.7%**. This was slightly above the position in October and higher than the national target of 12%. Of the 130 patients, 38.4% (50) are Medically Fit for Discharge, and of this cohort of patients 26.0% (13) are waiting for community hospital placement or any other bedded intermediate/ reablement care. Additionally, 22.0% of patients (11) are waiting for social care reablement or home-based intermediate care.



Page 61

18 Week RTT

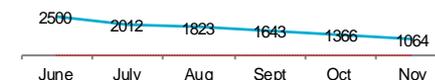
The **18 week incomplete Referral to Treatment (RTT) standard** was **75.6%** in November, a slight improvement compared to the 74.9% reported in October. Performance, using benchmarking data in October, was better than the national and Shelford group averages, which were 65.0% and 61.6%, respectively. The total waiting list size for November was 52,993 and represented an increase compared to the previous month of 381 patients (+0.7%).



Page 62

52 & 104 Weeks

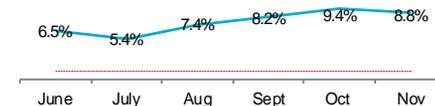
There were **1,064** patients waiting over **52 weeks for treatment** at the end of November, which was a decrease of 302 patients compared to the previous month. This improvement is due to the continued recovery activity undertaken throughout November and the impact of the temporary suspension of referrals into the Trust at the beginning of the Covid-19 Pandemic. There were **67** patients waiting over 104 weeks at the end of November. This was an improvement compared to **101** patients reported last month.



Pages 63-65

Diagnostic waiting times

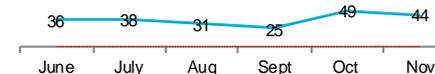
The Trust's performance against the **diagnostic 6 week waiting time standard** (the DM01) was **8.8%** in November, an improvement compared to the previous month's position of 9.4%. There were **1,442** patients waiting over 6 weeks at the end of November, a decrease of 16 patients compared to the position reported in October. Patient waits over six weeks increased in Audiology due to staffing levels of clinical audiologists. Ultrasound breaches, although continuing to represent the highest volume by modality, reduced slightly compared to the position in October.



Page 66-67

On the day Cancellations

Elective on the day cancellations reduced to **44** in November compared to 49 cancellations reported in October. There were seven breaches of the 28 day readmission standard in November due to clinically more urgent cases taking priority (3 patients), a consultant job plan not enabling operating again within 28 days (1 patient), and bed unavailability (3 patients).



Page 69

Executive Summary (8)

Integrated themes and issues from M8 (November 2021)

Operational Performance

Elective Care Prioritisation

RCS Prioritisation (P1-4): undated patients on the surgical waiting list (excluding Endoscopy and "Planned/Surveillance")
Patients have continued to be clinically prioritised using the Royal College of Surgeons (RCS) guidance.

Royal College of Surgeons (RCS) Prioritisation; P2 current wait profile (from P2 documentation date)

As at the 12/12/2021 there were **781** patients stratified as **RCS category P2** on the Inpatient/Daycase waiting list.

- **40.3%** (315) of patients categorised as P2 have waited in excess of the 4 week timeframe since last being prioritised (lapsed).

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

- As of 12/12/2021, there were 16 patients categorised as a P2 who's total RTT pathway exceeded 52 weeks, of which;
 - 4 Spinal have been escalated for TCI
 - 2 Cranio have been escalated for TCI
 - 2 Neurosurgery awaiting TIC Injection – escalated for TCI
 - 1 TCI scheduled for Dec
 - 5 TCI scheduled for Jan
 - 1 awaiting further MDT discussion
 - 1 patient choice to delay

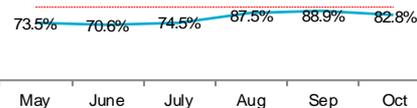
Pages 70-71

Cancer Wait Times

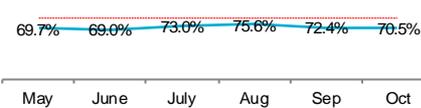
Cancer Wait Times performance is reported one month in arrears. In October, the Trust achieved 3 out of 9 of the national standards. The Trust achieved the 28 day Faster Diagnosis standard (**81.6%** vs 75%), the 31 day Decision to Subsequent Treatment (Drugs) standard (**98.4%** vs 98%), and the 62 day screening to first treatment standard (**91.2%** vs 90%).

The Trust did not achieve the targets for the 2WW for suspected cancer standard (**82.8%** vs 93%), the Breast Symptomatic standard (**85.7%** vs 93%), the 31 day Decision to First Treatment standard (**93.6%** vs 96%), the 31 day Decision to Subsequent Treatment (Radiotherapy) standard (**80.3%** vs 94%), the 31 day Decision to Subsequent Treatment (Surgery) standard (**81.3%** vs 94%), and the 62 day GP referral to treatment standard (**70.5%** vs 85%).

2WW performance



62 day GP performance



Pages 72-77

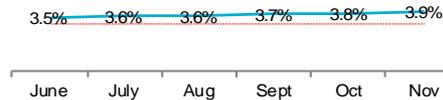
Executive Summary (9)

Integrated themes and issues from M8 (November 2021)

Workforce

Sickness absence

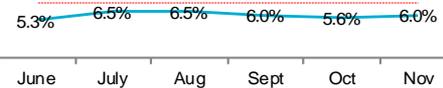
Sickness absence was **3.9%** in November, as measured on a rolling basis versus a target of 3.1%. The incidence of long term sick absences has declined in the last 12 months whilst short term absence has risen since June 21. COVID-19 absences continue to increase and daily rates have not fallen below 150 at the time of reporting.



Pages 79-80 & 83-84

Vacancies

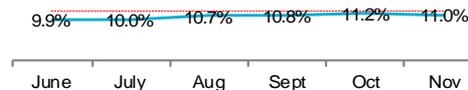
The **vacancy rate** was **6.0%** in November, higher than the performance reported in October and below the target of 7.7%. There has been a rise in vacancies despite staff in post having risen. This is attributable to additional establishment being added in M8 which has exceeded the staff in post increase. The increases in establishment reflects 19/20 approved business cases being added in to the establishment in M8.



Pages 79,80 & 85

Turnover

Turnover in November was **11.0%**, and was a marginal decrease on the reported position of 11.2% in October. November's performance remains below the target of <=12.0%. However, since July '21 one clinical Division has maintained a rate above the target of <=12.0%. The annual rate of leavers is marginally down on the M7 position, whilst the average staff in post has increased.



Pages 79, 80-81 & 86

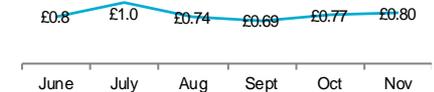
Bank and Agency

Combined Bank and Agency expenditure in November was £4.8m, a reduction to the position of £5.6m in October. In November compared to October the number of bank staff increased to 850.9 from 824.6 WTE, and costs reduced to £4.0m a reduction on the October position at £4.9m. The respective changes in agency staff were a WTE increase to 112.1 from 107.1 WTE, and an increase in cost to £0.80m from £0.77m. Agency spend remains significantly below the regulator's target. Bank spend has seen a reduction as a result of unfilled shifts.

Bank



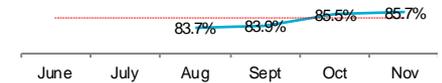
Agency



Pages 79,81 & 87

Core skills training

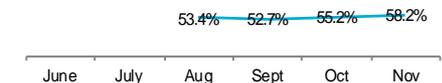
Core skills training in November was reported as **85.7%**, which is above the target of 85%. Information Governance (IG) compliance is still approximately 10% below the required level.



Pages 79, 82 & 88

Appraisals

Appraisal compliance in November was reported as **58.2%** versus a target of 85%. Performance in November, while below target, represented the second successive month of improvement.



Pages 79, 81 & 89

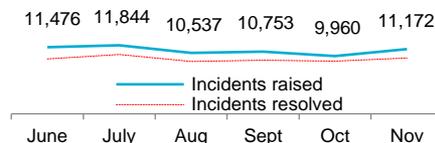
Executive Summary (10)

Integrated themes and issues from M8 (November 2021)

Digital

Service Desk

OUH IM&T Service Desk performance is integral to the day to day running of the Trust. In November (11,172) incidents were raised, shown in the chart below in the blue line and 86.4% (9,656) were resolved, shown in the red line in the chart below. This is a decrease compared to October, where 91.5% were closed. In November there were zero Priority 1 incidents, the same as October.



Page 94-95

CYBER Status

In November 12,470 Devices and 806 Servers were monitored. There was 217.6TB of internet traffic. Work on the NHS DSPT Annual action plan was ongoing. Significant computer upgrade activity took place on the Windows PC and Server estates, either critical security updates or version upgrades as required under DSPT. The overall cyber status for the Trust is **Green**.

Green

12,470 Devices monitored

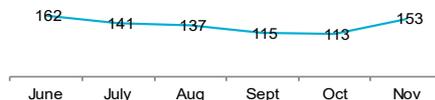
806 Servers monitored

217.6 Internet traffic usage (TB)

Page 95

Information requests

The demand on the **Information request service** for November '21 was 153. User feedback is very positive at 94%. ORBIT usage in November '21 has increased compared to the same period in 2020.



Page 96

Digital delivery

Digital Programme Delivery overview:

- NOC HIMSS Stage 6 accredited. Annual reviews planned.
- Global Digital Exemplar (GDE) accredited. Site visit Feb22.
- Achieving standards for improving patient safety & quality of care also increases opportunities of central funding of bids

Projects completed or inflight during the last Qtr. include:

- **Priority 1: keeping the lights on** (levelling up infrastructure): 18,500 User Mailboxes migrated to cloud (Exchange Online) for future exploitation of Office 365. Horton Hospital network upgrade (Wi-Fi improvements Sep21). NOC planned Oct21. Churchill & JR sites before the end of 2021-22 financial year.
- **Priority 2: Referral & Triage:** Advice & Guidance, eRS API, Self Service Appointments, Letters Design will complete in Jan22. API to commence Jan22
- **Priority 3: Theatres Booking, Scheduling, & Reporting** (replace TIMS) including Digital Consent. NOC Go Live in Mar22 before rolling out across all Trust theatres by Oct22, informing Theatre Productivity Improvements
- **Priority 4: Pharmacy Stock Control system replacement.** Reviewing risk mitigation (procuring Cerner services and Dispensing Robot interface).
- **Priority 5: Endoscopy** partial booking is delivered, Endobase reports are integrated to EPR for endorsement, and requesting optimisations are on track
- **Priority 6: Live Bed State (CapMan)** configuration changes for Electives are delayed due to Cerner capacity. Not expected to commence before Apr22
- **Priority 7: Revenue Cycle rollout** is 90% complete, reducing admin effort & improving Data Quality (reducing Patients reported as Missing Follow-up). Rollout on track to complete by Feb22
- **Priority 8: RCS Priority & 'Diagnostic' Reporting** combined inpatient/outpatient workflow is in test. Inpatient is complete. PIFU & NF2F in design.
- **Priority 9: Health Information Exchange** (shared care records across ICS) is live for OUH and GP's. Population Health Insight requires ICS Programme and expert leads to be appointed. Technical issues await Cerner commitment dates
- **Priority 10:** Cancer 2ww integration (EPR/ Infoflex / CRIS) and MDT including Chronic Condition Management solution is being scoped and defined.
- **Priority 11:** Community Diagnostic Centre configuration will complete by Mar22. Phlebotomy Bus procurement is delayed awaiting commitment date.

Baseline Digital Work Plan for 2021-22 was agreed at 2nd Nov21 Digital Oversight Committee. Digital Programme Work Plan has overall Status of **Amber**

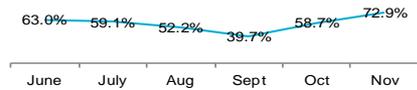
Executive Summary (11)

Integrated themes and issues from M8 (November 2021)

Digital

FOIs

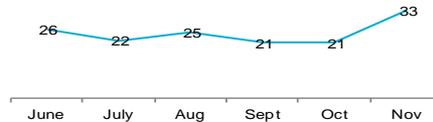
Freedom of information (FOI). The compliance target for FOI requests is 20 working days. **72.9%** out of **70** FOI requests received in November were closed on time (i.e. closed in November or December but within the 20 working day deadline since receiving the request in November). This is a 14% increase from the previous month. Forty FOI requests received pre-November were also closed. A total of 69 requests closed in November.



Page 97

DSPB

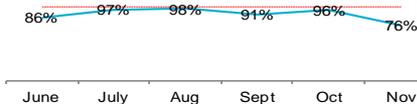
Data Security & Protection Breaches. There were **33** Data protection incidents that occurred in November. No incidents required reporting externally via the NHS Data Security and Protection Toolkit (DSPT).



Page 97

DSAR

Data Subject Access Requests (DSAR). The number of DSAR requests in November was **427**. The compliance rate was **76%**, which was a decrease compared to 96% recorded in October.

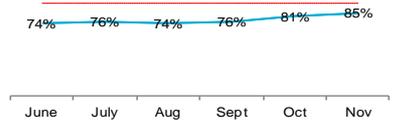


Page 98

DSPT

Data Security and Protection Toolkit (DSPT). The DSPT for 2020/21 was submitted on the 30th June 2021. NHS Digital updated the published status to "Approaching Standards" on 4th August 2021.

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff need to complete Data Security training annually. Current reported compliance is **85%**. There are ongoing issues concerning the accuracy of training statistics following the transfer of data from eLMS to My Learning Hub. The Digital team are working with the My Learning Hub team to resolve this.



Page 98

Integrated themes and issues from M8 (November 2021)

Finance

Overall

Income and Expenditure (I&E) in November was a **breakeven position**. This is **£1.2m better** than the M8 plan for a £1.2m deficit.

Commissioning Income

Commissioning income including pass through income was **£3.4m above** plan in November. This was partly due to drugs and devices income being £1.5m above plan. Devices are now being charged on a Visible Cost Model (VCM) basis and the additional income is offset by additional cost in non-pay. Commissioning income from NHSE and CCGs was £1.9m above plan as two months of Targeted Investment Fund (TIF) and Elective Recovery Fund+ (ERF+) income has now been recognised. Confirmation of this funding had not been received as at October reporting.

The H2 plan does not include any earned income from the ERF. Changes to the calculation method have made it much more difficult to earn ERF funding. The Trust has been awarded £5.3m of ERF+ funding to pump-prime some independent sector activity in H2 (the funding is matched with the equivalent cost) as well as £2.1m of TIF revenue funding to support TIF-funded capital projects.

Non-NHS Income

Non-NHS income (Other, PP, RTA, Overseas) was **£3.6m higher** than plan. This is mainly due to R&D income being £0.9m above plan and other income being £1.0m higher than plan, driven by further improved income from the ONS contract.

Pay Expenditure

Pay costs were **£1.1m higher** than plan in November. Underlying pay costs and recovery pay costs were £1.7m higher than plan and COVID-19 pay costs were £0.6m below plan. COVID-19 pay costs were £0.2m lower than last month at £1.3m in November.

Pages 100-104

Non-Pay expenditure

Non-Pay costs were **£5.2m higher** than plan in November. Drugs and devices costs were £2.6m above plan, mainly due to pass-through drugs and devices being £1.5m higher than plan and offset by additional income. Other expenditure was £2.6m higher than plan with key drivers being R&D costs £0.5m (offset by income), PP bad-debt provision £0.5m and increased costs across corporate areas £0.5m

COVID-19

Year-to-date, the Trust is **£19.7m underspent** against the COVID-19 funding envelope provided through the ICS, however this funding is being used for other expenditure that is not classified by NHSE as COVID-19 spend (e.g. internally redeployed staff and a new COVID ward) and a deficit would be created if this funding was reduced or withdrawn.

Cash

Cash was £48.6m at month end, £8.4m higher than the previous month end and £4.2m higher than the internal plan balance of £44.4m. This was principally due to education receipts in advance which were not expected.

Capital

Capital expenditure was £46.4m by November, which includes spend of £13.3m on the JR Critical Care expansion scheme and £9.1m on the Swindon Radiotherapy scheme. Capital expenditure is **£5.5m behind** plan to November, this is primarily due to the Swindon Radiotherapy scheme (£1.7m) and the PFI life cycling scheme (£2.2m). The Swindon Radiotherapy scheme remains on track for completion in-year.

Forecast

The I&E forecast remains unchanged at a deficit of **£5.5m**. However, the risk adjusted forecast has now moved to a surplus. The M9 NHSI forecast will be adjusted upwards when M9 actual performance is available.

The report includes a capital forecast for the first time which is for a **£3.9m overspend**. A mitigation plan is being prepared.

Pages 105-109

Indicator overview summary *(headline measures)*

Domain

Quality – Outcomes & Patient experience

Operational performance

Workforce

Digital

Finance

Indicators better than target or indicators without target that improved compared to previous month

Indicators achieving target

- Mortality: SHMI for Sepsis Page 42
- Mortality: Overall SHMI and HSMR Pages 53-54
- WHO Surgical Safety Checklist (observation) Page 43
- Hospital Acquired Thromboses Page 39

Improvement compared to previous month (no target)

- Complaints Page 32
- RIDDOR Pages 37-38
- Falls: Pages 30-31

Indicators achieving target

- 28 day Faster Diagnosis: Pages 72-77
- 31 day standard for subsequent treatment (drugs) Pages 72-77
- 62 day standard from screening to first treatment Pages 72-77

Indicators achieving target

- Vacancies Pages 79, 80 & 85 (NB Green RAG rated)
- Staff Turnover Pages 79, 80-81 & 86 (NB Green RAG rated)
- Agency spend Pages 79, 81 & 87 (NB Green RAG rated)
- Core skills training: Pages 79, 82 & 88 (NB Green RAG rated)

Improvement compared to previous month

- Cyber status Page 95 (NB Green RAG rated)
- Digital Delivery Programme (NB Amber RAG rated) (remains the same as October) Page 11

Indicators achieving target

- Non NHS Income Pages 102-103
- Commissioning income Page 101-103
- Cash Page 107

Indicators worse than target or indicators without target that deteriorated compared to previous month

Indicators worse than target

- Adult and Children's Safeguarding training Pages 35-36
- Dementia Screening Page 39 (October figure)
- Sepsis admissions receiving antibiotics in <1hr Page 42
- WHO Surgical Safety Checklist (documentation) Page 43
- Clostridium Difficile Pages 39 & 41

Deterioration compared to previous month (no target)

- Harm from Pressure Ulceration (HAPU) Pages 27-28
- DoLS: Page 36
- Section 42 Investigations Page 36
- MRSA: Pages 39 & 41
- MSSA post 48 hour Page 41
- SIRIs: Page 49
- Never Events: Page 43 & 45-46
- Patient Incidents reported. Page 47

Indicators worse than target

- 4 hour Performance Pages 57
- Length of stay over 21 days Page 61
- RTT waiting list size Page 62-65
- 18 week incomplete RTT standard Page 62
- Patients waiting over 52 & 104 weeks on RTT pathway Page 63-65
- Diagnostics <6weeks standard Page 66-67
- Elective on the day cancellations Page 69
- 28 day readmission standard for cancellations Page 69
- 2WW for suspected cancer Pages 72-77
- 2WW for breast symptoms Pages 72-77
- 31 day standard for first treatment Pages 72-77
- 31 day standard for subsequent treatment (surgery) Pages 72-77
- 31 day standard for subsequent treatment (radiotherapy) Pages 72-77
- 62 day standard from GP referral to first treatment Pages 72-77

Indicators worse than target

- Sickness Absence Pages 79-80 & 83-84 (NB red RAG rated)
- Appraisals: Pages 79, 81 & 89 (NB red RAG rated)

Deterioration compared to previous month

- Data Security & Protection Breaches (DSPB) (remained the same) Page 97
- Data Security & Awareness Training Page 98
- Freedom of information Requests Page 97
- Data Subject Access Requests (DSAR). Page 98

Indicators worse than target

- Capital Page 106
- Non pay costs Page 101 & 105
- Pay costs Page 101 & 104

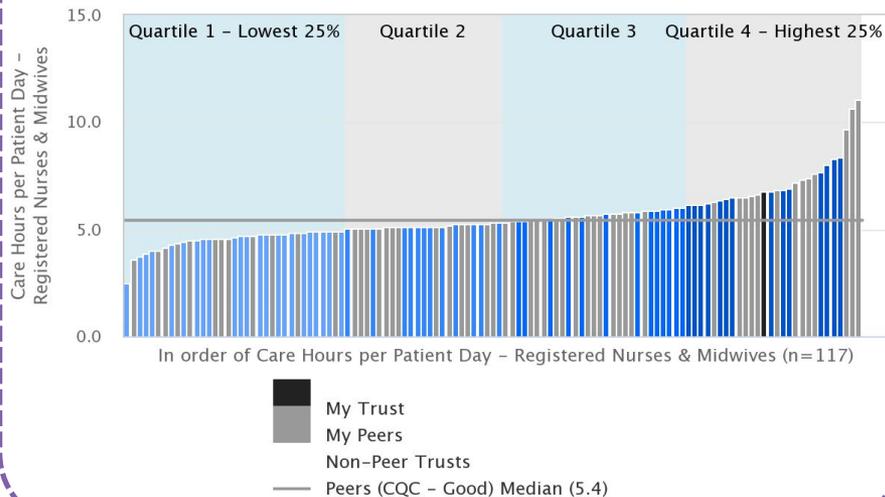
Quality – Outcomes & Patient experience

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

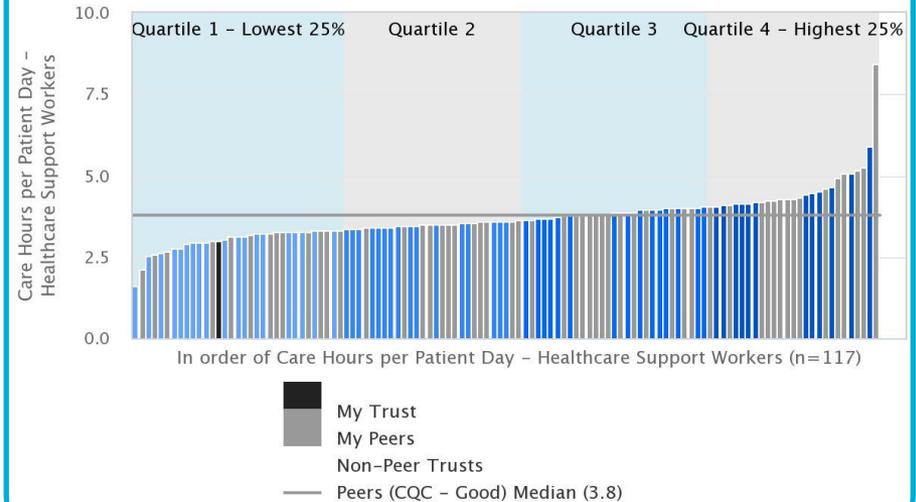
The two graphs below show CHPPD average hours for the OUHFT Trust in Black and the Shelford Group Trust's average CHPPD hours in Grey, the blue bars are all other UK NHS Trusts. The chart on the left is for registered nurse CHPPD and the chart on the right is for healthcare support workers CHPPD.

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 & Midwives, National Distribution



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



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

November 2021		Care Hours Per Patient Day							Census	Nurse Sensitive Indicators				Maternity Sensitive Indicators					HR			Roosting 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	Extravasation Incidents	Pressure Ulcers Category 2,3&4	Falls	Delay in delivery (PROM or booked IOL)	Medication errors (administration, delay or omission)	Pressure Ulcers	Proportion of women readmitted postnatally	Proportion of mothers who initiated breastfeeding	Proportion of births where the intended place of birth was changed due to staffing	Revised Vacancy HR Vics plus LT sick & Mat Leave (%)	Turnover (%)	Sickness (%)	Maternity (%)	Roster manager approved for Payroll	Net Hours 2/2%	8 week lead time	Annual Leave 12: 16%	1 - Extremely Likely	2 - Likely	3 - Neither Likely nor unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't know
																												1 - Extremely Likely	2 - Likely	3 - Neither Likely nor unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't know
NOTSScan																																	
Bellhouse / Drayson Ward	522	7.67	7.0	2.19	1.5	9.86	9.10	8.5	100.00%	4	1	0	1							15.63%	9.91%	7.67%	4.33%	Yes	1.85%	8.71	10.84%	41.0	7.0	1.0	1.0	1.0	0.0
BIU	540	3.73	4.3	2.32	2.6	6.05	7.62	7.0	98.89%	3	0	1	2							16.84%	21.07%	2.65%	0.00%	Yes	-1.90%	9.86	14.01%	25.0	1.0	0.0	0.0	0.0	0.0
HDU/Recovery (NOC)	78	20.76	17.7	3.31	2.4	24.07	20.1			1	0	0	0							28.18%	4.79%	10.92%	7.03%	Yes	0.61%	9.00	18.86%	0.0	0.0	0.0	0.0	0.0	0.0
Head and Neck Blenheim Ward	362	5.40	6.3	1.89	3.2	7.29	9.78	9.6	100.00%	2	0	0	1							12.47%	0.00%	7.12%	11.47%	Yes	-3.78%	8.43	12.49%	10.0	1.0	1.0	0.0	0.0	0.0
HH Childrens Ward	733	7.67	2.8	1.58	0.0	9.25	9.07	2.8	100.00%	0	0	0	0							30.08%	6.44%	19.09%	0.00%	Yes	3.85%	4.43	9.04%	48.0	7.0	0.0	1.0	0.0	0.0
HH F Ward	1120	4.31	2.7	2.64	1.5	6.95	7.50	4.2	100.00%	0	0	5	4							0.01%	5.07%	11.49%	0.00%	Yes	-0.79%	8.00	10.37%	1.0	0.0	0.0	0.0	0.0	0.0
Kamrans Ward	267	7.67	7.7	2.56	0.4	10.23	10.31	8.2	100.00%	2	0	0	0							-8.96%	10.09%	2.65%	0.00%	Yes	-20.63%	5.00	19.22%	13.0	1.0	0.0	0.0	1.0	0.0
Melanies Ward	340	5.75	6.5	0.96	2.2	6.71	10.48	8.7	100.00%	0	0	0	1							-38.07%	4.53%	5.62%	8.60%	Yes	0.89%	8.43	9.47%	17.0	3.0	1.0	0.0	0.0	1.0
Neonatal Unit	1093	13.32	11.1	3.36	2.6	16.68	13.7			5	1	0	0							29.32%	14.52%	7.54%	7.32%	Yes	10.45%	8.29	11.99%						
Neurology - Purple Ward	555	3.88	3.5	4.34	3.1	8.22	9.83	6.7	100.00%	1	0	0	7							12.83%	19.76%	5.02%	8.18%	Yes	-4.07%	8.57	15.76%	12.0	0.0	0.0	1.0	0.0	0.0
Neurosurgery Blue Ward	632	6.23	4.7	3.98	4.3	10.21	10.39	9.0	100.00%	0	0	0	6							18.65%	7.74%	6.38%	2.48%	Yes	8.40%	6.43	9.78%	13.0	6.0	0.0	1.0	0.0	0.0
Neurosurgery Green/1U Ward	355	4.89	4.0	5.87	5.6	10.76	10.32	9.6	100.00%	0	0	2	2							8.58%	6.15%	7.42%	8.42%	Yes	4.58%	7.71	13.71%	2.0	0.0	0.0	0.0	0.0	0.0
Neurosurgery Red/HC Ward	641	6.45	6.7	5.21	5.3	11.66	12.51	11.9	100.00%	0	0	5	3							3.12%	9.94%	5.58%	1.71%	Yes	8.34%	6.86	16.17%	13.0	4.0	2.0	0.0	0.0	0.0
Paediatric Critical Care	343	31.21	21.3	3.29	0.8	34.50	22.1			8	0	3	0							7.56%	14.68%	4.00%	6.06%	Yes	2.46%	7.43	9.14%	3.0	2.0	0.0	0.0	0.0	0.0
Robins Ward	270	9.59	7.1	5.46	2.1	15.05	11.96	9.2	100.00%	0	0	0	0							15.44%	21.32%	4.74%	7.17%	Yes	1.74%	6.43	8.30%	19.0	10.0	1.0	0.0	1.0	0.0
Specialist Surgery I/P Ward	854	5.68	5.1	2.33	2.7	8.01	7.97	7.8	100.00%	3	0	4	9							12.14%	2.78%	3.28%	2.14%	Yes	1.92%	8.43	10.13%	23.0	7.0	2.0	1.0	2.0	0.0
Tom's Ward	410	5.69	6.9	1.73	1.3	7.42	9.66	8.2	100.00%	4	1	0	0							11.39%	8.09%	1.39%	8.44%	Yes	0.23%	7.00	15.69%	16.0	6.0	2.0	1.0	0.0	0.0
Trauma B Side	531	5.80	5.2	3.25	2.5	9.05	9.91	7.7	86.67%	0	0	4	3							22.12%	5.34%	5.63%	1.85%	Yes	0.57%	8.71	12.28%	0.0	0.0	0.0	0.0	0.0	0.0
Trauma C Side	576	5.27	5.1	2.89	2.7	8.16	8.23	7.8	98.89%	1	0	5	1							-8.97%	9.06%	1.26%	2.68%	Yes	1.15%	8.71	10.14%	17.0	2.0	0.0	0.0	0.0	0.0
Ward 6A - JR	706	3.90	4.3	3.17	2.5	7.07	7.80	6.9	100.00%	4	0	8	5							5.21%	6.97%	6.56%	1.84%	Yes	-0.80%	7.71	9.89%	8.0	2.0	0.0	0.0	0.0	0.0
Ward E (NOC)	654	3.88	3.8	2.42	2.7	6.30	8.44	6.5	100.00%	2	0	0	2							19.04%	4.38%	11.18%	0.00%	Yes	0.92%	8.29	8.57%	8.0	1.0	0.0	0.0	0.0	0.0
Ward F (NOC)	497	4.48	4.6	2.42	2.6	6.90	8.56	7.2	100.00%	0	0	0	2							23.65%	14.66%	0.90%	0.00%	Yes	-0.21%	8.57	11.33%	24.0	0.0	0.0	1.0	0.0	2.0
WW Neuro ICU	314	27.45	26.5	0.00	0.0	27.45	26.5			3	0	7	0							14.99%	6.50%	8.56%	0.99%	Yes	-1.55%	8.29	15.89%	0.0	0.0	0.0	0.0	0.0	0.0
MRC																																	
Cardiology Ward	1140	5.26	4.5	2.12	1.7	7.38	8.83	6.3	98.89%	2	0	4	12							12.95%	13.25%	3.46%	4.38%	Yes	1.89%	5.86	11.16%	16.0	3.0	0.0	1.0	0.0	0.0
Cardiothoracic Ward (CTW)	766	5.06	4.5	3.68	1.5	8.74	7.34	6.0	95.56%	2	0	1	0							24.94%	2.61%	11.18%	8.32%	Yes	-9.32%	2.29	11.50%	21.0	3.0	0.0	0.0	0.0	0.0
Complex Medicine Unit A	541	4.47	4.3	3.19	3.4	7.66	9.69	7.7	100.00%	0	0	4	9							15.26%	25.43%	7.13%	3.08%	No	1.37%	4.29	17.57%	5.0	2.0	0.0	0.0	0.0	0.0
Complex Medicine Unit B	498	4.74	4.6	3.94	3.4	8.68	10.33	8.0	100.00%	0	0	2	5							8.61%	0.00%	7.07%	2.94%	Yes	0.40%	4.57	14.19%	0.0	1.0	0.0	0.0	0.0	0.0
Complex Medicine Unit C	624	4.18	4.4	3.14	3.1	7.32	11.50	7.5	100.00%	4	0	1	6							13.63%	0.00%	5.57%	5.83%	Yes	-0.03%	5.43	12.79%	16.0	0.0	0.0	0.0	0.0	0.0
Complex Medicine Unit D	623	4.03	3.8	3.45	3.1	7.48	8.59	6.8	100.00%	1	0	1	7							15.41%	0.00%	6.76%	0.00%	Yes	1.05%	4.29	16.19%	2.0	0.0	0.0	0.0	0.0	0.0
CTCCU	310	19.30	25.3	0.00	0.0	19.30	0.00	25.3		2	0	4	0							4.07%	19.49%	2.23%	1.01%	Yes	2.81%	8.29	12.20%	3.0	0.0	0.0	0.0	0.0	0.0
HH EAU	639	3.99	3.51	9.90	6.86				68.89%	2	0	4	10							31.75%	18.72%	5.36%	1.79%	Yes	0.76%	2.57	14.05%						
HH Emergency Department	433	16.36	4.33	18.29						3	0	0	7							41.37%	24.18%	4.26%	5.64%	Yes	0.48%	5.00	14.68%	401.0	401.0	401.0	401.0	401.0	401.0
Emergency Assessment Unit (EAU)	523	1.22	6.45	8.52					45.56%	4	2	2	8							12.33%	9.85%	7.08%	2.88%	Yes	4.69%	8.14	13.42%						
JR Emergency Department	11.16	3.58	14.74							7	2	0	8							31.16%	12.76%	5.09%	5.00%	Yes	7.64%	9.29	10.82%	597.0	597.0	597.0	597.0	597.0	597.0
John Warin Ward	445	5.75	6.1	5.05	4.0	10.80	9.41	10.1	100.00%	0	0	2	1							-4.43%	5.71%	3.44%	2.66%	Yes	5.80%	9.86	15.95%	19.0	3.0	0.0	1.0	0.0	0.0
Juniper Ward	874	4.63	3.9	4.27	3.2	8.90	8.59	7.1	100.00%	0	0	6	5							-6.32%	3.76%	3.70%	2.20%	Yes	-0.20%	9.71	12.80%	0.0	0.0	0.0	0.0	0.0	0.0
Laburnham	837	4.31	4.1	3.70	3.4	8.01	8.51	7.5	91.11%	0	0	3	5							-16.52%	0.00%	5.58%	6.86%	Yes	2.32%	5.57	13.16%	0.0	0.0	0.0	0.0	0.0	0.0
OCE Rehabilitation Nursing (NOC)	516	4.24	4.4	6.22	6.1	10.46	12.26	10.4	100.00%	0	0	0	2							-0.47%	15.01%	5.62%	3.46%	No	-1.23%	3.71	13.78%	4.0	0.0	0.0	0.0	0.0	0.0
Osler Respiratory Unit	708	7.69	7.9	5.81	5.1	13.50	11.11	13.0	100.00%	0	0	8	2							11.98%	3.15%	5.90%	0.00%	Yes	-0.44%	9.57	14.38%	10.0	1.0	1.0	0.0	0.0	0.0
Ward 5A SSW	786	4.70	3.																														

The safe staffing dashboard for November 2021 provides the data to enable the Board to understand the Trust's nursing and midwifery staffing situation by ward/department. The CHPPD data is presented by ward, grouped by division and presented triangulated with incidents, HR records data, electronic rostering key performance indicators, (KPIs) and friends and family test results, (FFT). This provides an overall picture of nurse staffing in the inpatient areas at OUHFT.

Overall the Trust has mitigated risk to declare Level 2 staffing. Critical care capacity, particularly in neonates has increased the staffing requirements. This has impacted admitting capacity and has required an increased use of higher cost temporary staffing options to be utilised to reduce the risks associated with level 3 staffing. Cross critical care staffing deployment and review continues twice daily.

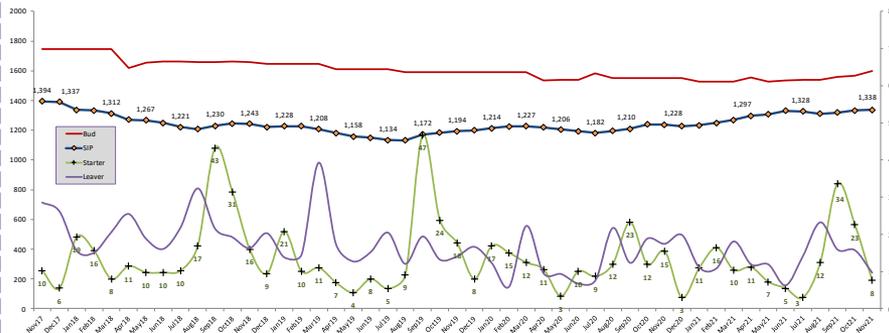
Rostering efficiencies continue to improve across all divisions illustrated by November's key performance indicators. Staff sickness is higher than average which has caused some challenges and there are lower than average temporary staffing fill rates. The Nursing Workforce Team continue to working closely with HR senior teams and the temporary staffing providers to improve fill rates and maintain safe staffing.

Band 5 RN vacancy and turnover continues to be stable.

International nurse recruitment continues across the Trust, with 69 internationally recruited nurses joining the Trust in November. Centralised recruitment for all general band 5 adult nurses and theatre nurses has now been implemented to streamline the recruitment process. Two online nursing events took place this month, one dedicated to final year adult nursing Brookes students and the other a Trust wide event.

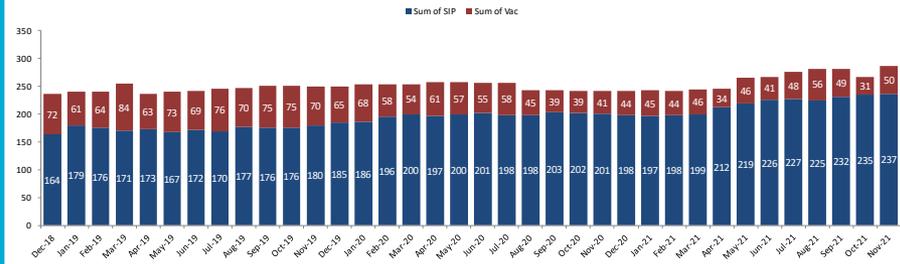
Band 5 RNs in Post, Budget, Leavers and Starters and Turnover Trajectory in November 2021

Staff in Post and Budget by Month



This graph presents the starters and leavers at band 5 RN alongside the current number in post and what the budget is across the divisions. It is monitored at the recruitment and retention steering group as part of evaluating recruitment and retentions initiatives for nursing and midwifery.

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

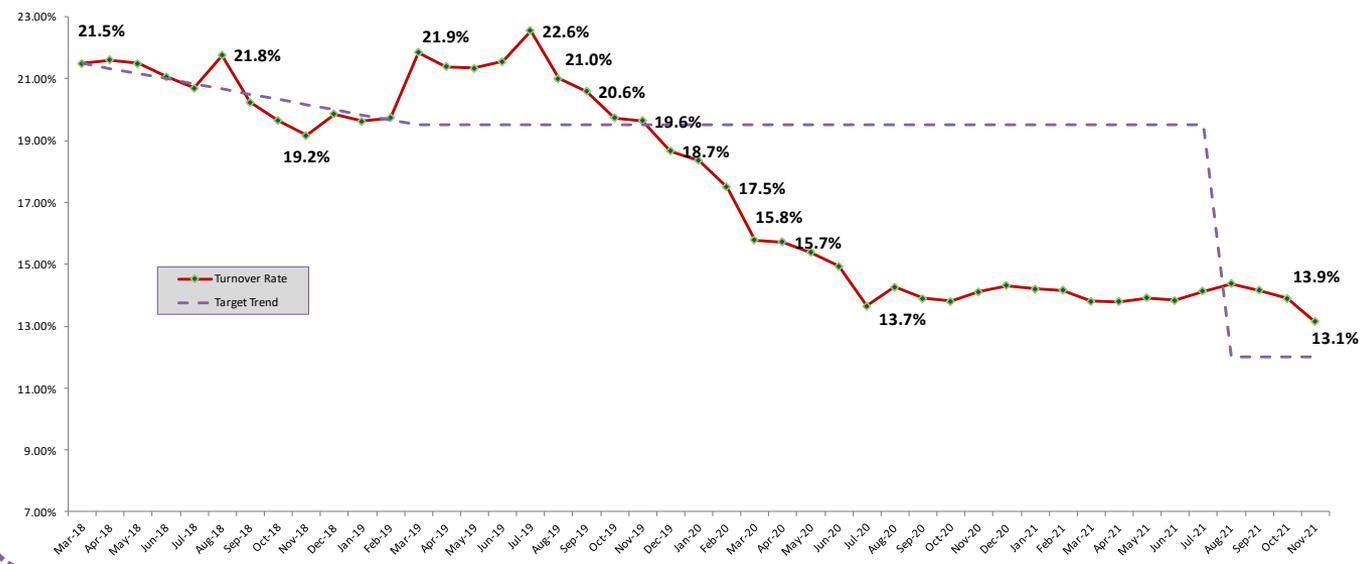


We expect to see less movement of staff from these services. This month there has been a slight increase in vacancy rate. Again this is monitored monthly by the steering group.

Nursing and Midwifery Staffing;

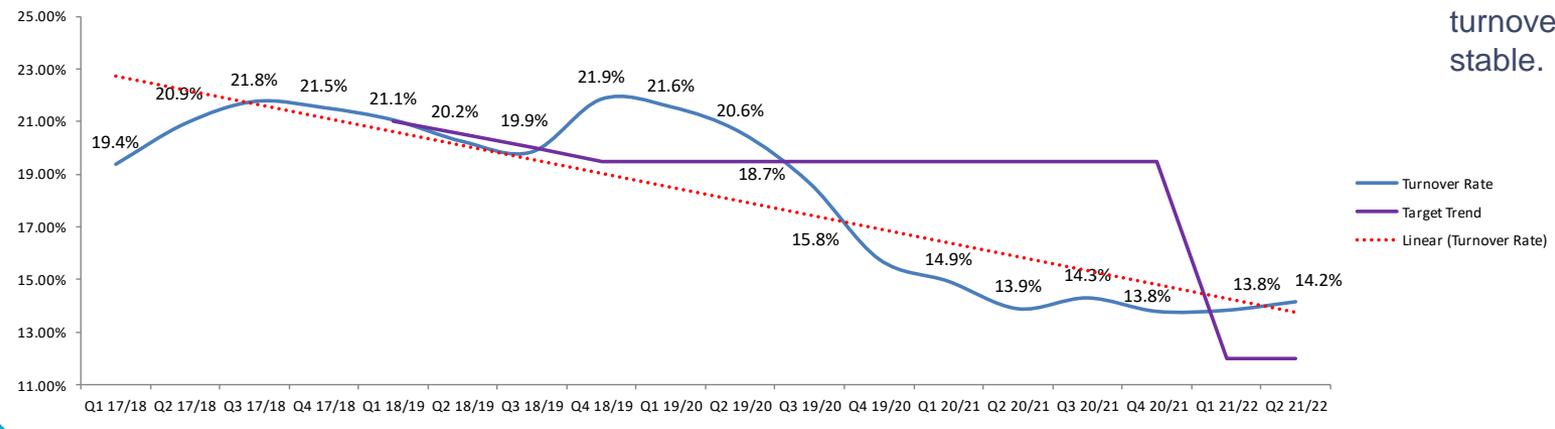
Band 5 Registered Nurse Turnover Trajectory – November 2021

Turnover Rate, Target Trend and Deviation



Band 5 RN turnover continues to be stable throughout November with a slight decrease.

Historical Context of B5 Nurse Turnover



The trend of band 5 turnover continues to be stable.

RN and Midwifery Turnover – November 2021

Registered Nursing Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Nov-21	Oct-21	Sep-21	Aug-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
All Nursing Turnover	3347	379	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	1495	197	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	1159	100	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	695	60	8.7%	9.0%	8.0%	7.2%	8.4%	7.5%	6.7%	7.1%	6.4%	6.8%	6.7%

Turnover remained in a stable position with a small decrease across all bands.

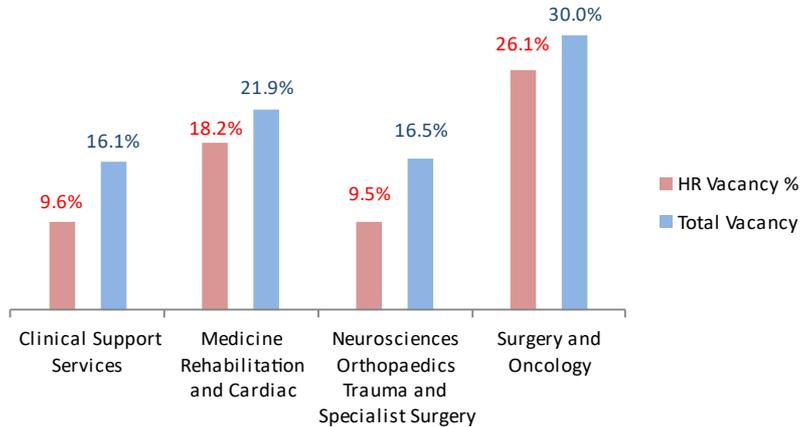
Registered Midwifery Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Nov-21	Oct-21	Sep-21	Aug-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
All Midwifery Turnover	299	43	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	48	4	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	190	31	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	61	8	13.9%	10.3%	11.6%	12.6%	11.9%	12.7%	14.5%	12.2%	11.9%	13.5%	12.8%

Band 6 and 7 turnover, which is the largest workforce in midwifery remains stable with a small increase of turnover across both bands of midwives.

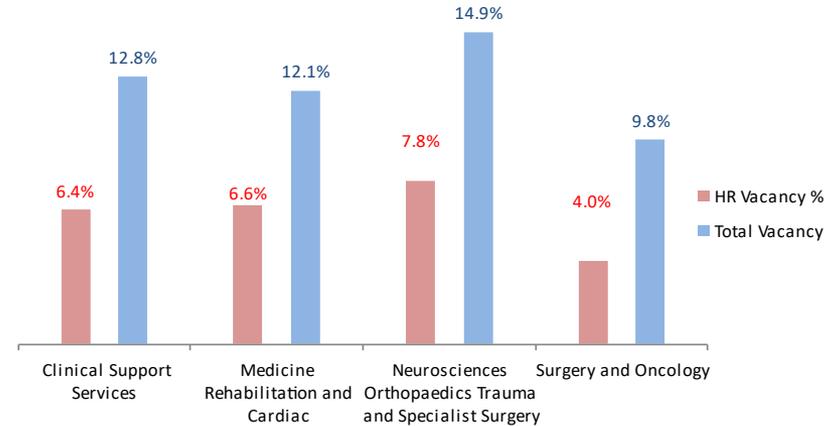
RN and Midwifery Vacancies – November 2021

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.

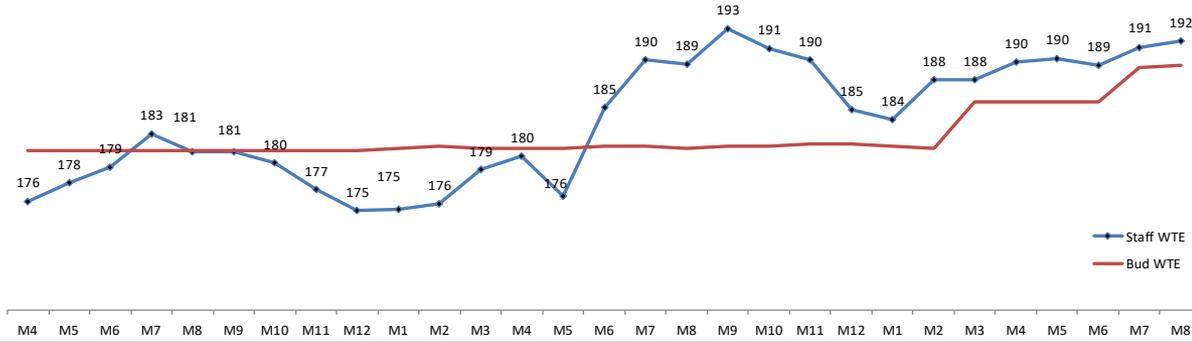
Vacancy at band 6/7 by division in percentage.



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

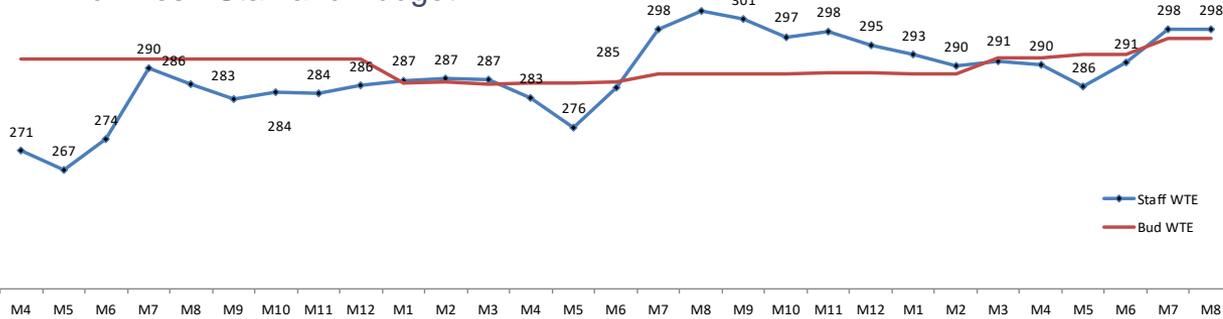
Midwifery Staffing – November 2021

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 continues to be aligned overall and remains consistent with last month.

Midwives Turnover Rate Comparison



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

Red areas:

- **Spontaneous Vaginal Births – 332 (53%)** – target rate is >59%, this is as a result of the higher caesarean section rate.
- **Caesarean Section (CS) - 193 (31%)** The rate has been consistently around the 30% this financial year and has an impact on the SVD rate.
- **Returns to theatre – 1 (0.5%)** EUA following a caesarean section
- **Test Result Endorsement – 73%** Information up to the 28/11/2021. Endorsement work continues, trying to improve the linking of pools etc
- **Percentage of Women Initiating Breastfeeding – 72%** This is likely due to validations not all being completed.

Amber areas:

- **3rd and 4th degree tears – 15 (3.55%)** These are reviewed through incident reports
- **HIE Grade 3 – 1** ISR completed. This has been reported to HSIB. Converted to palliative care
- **Unexpected NNU admissions – 26 (4.1%)** these are reviewed using the new proformas and escalated if care concerns identified

Green:

- **Mothers Birthed - 623** This has previously been amber or red since May 2021.
- **Scheduled Bookings – 707** This was slightly higher than October which was 687 but remains green. The forward look for the next 6 months continues to determine whether or not there is an increase in trend. This data will be used in conjunction with BirthRate+ acuity and dependency model to determine safe and appropriate midwifery workforce planning and staffing.
- **Midwife: birth ratio – 1:27.3** This has been previously been red since July 2021. Ratio is per worked figures not budgeted. We remain budgeted to provide at a ratio of 1:25.
- **Hospital Associated Thrombosis – 0** This is 0 for the second month in a row

The team are identifying a golden patient prior to the day of surgery and ordering the list. There is general work going on with owing and leading the Caesarean Section list from the team.

A pre-printed Caesarean section (CS) form has been developed which is part of the ongoing quality improvement activities for women undergoing elective CS. This activity aims to improve patient experience, safety and workflow efficiency. This was presented at Trust Clinical Governance Committee on the 24/11/2021 and approved.

OUH Trust Data		Target	Red Flag	Measure	Data Source	Local or National Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Activity	C-Section						189	186	195	218	180	204	198
	<i>as % of mothers birthed</i>	<26%	≥26%	C-section birth	EPR	National	30%	31%	31%	30%	28%	30%	30%
	% Emergency				EPR		18%	19%	16%	18%	17%	18%	18%
	% Elective				EPR		11%	12%	15%	12%	11%	12%	12%

Hospital Acquired Pressure Ulceration (HAPU) Report November 2021

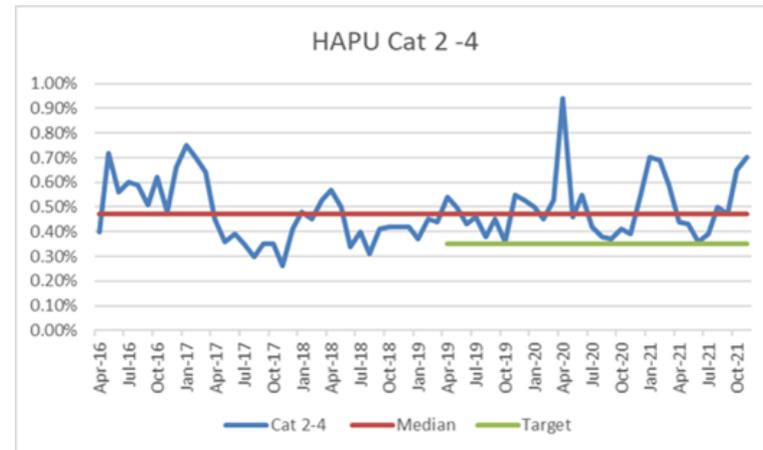
Skin damage related to unrelieved pressure constitutes potential harm to our patients. The Trust is committed to reducing Harms associated with pressure damage in order to evidence excellence in care provision.

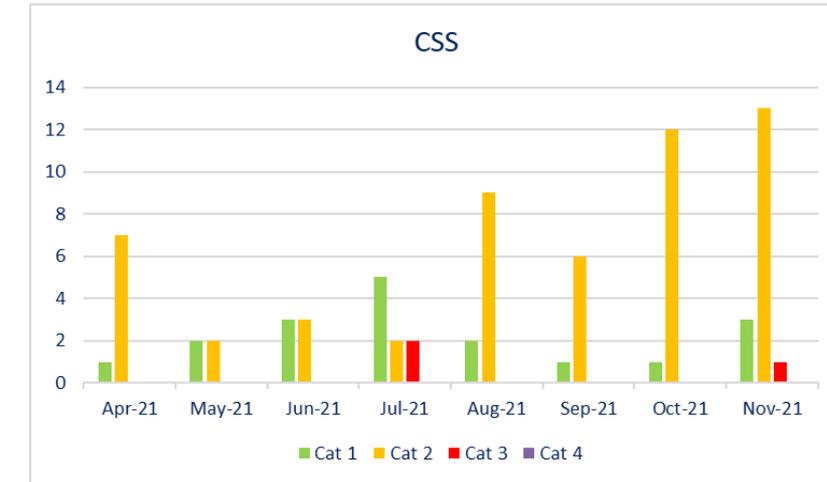
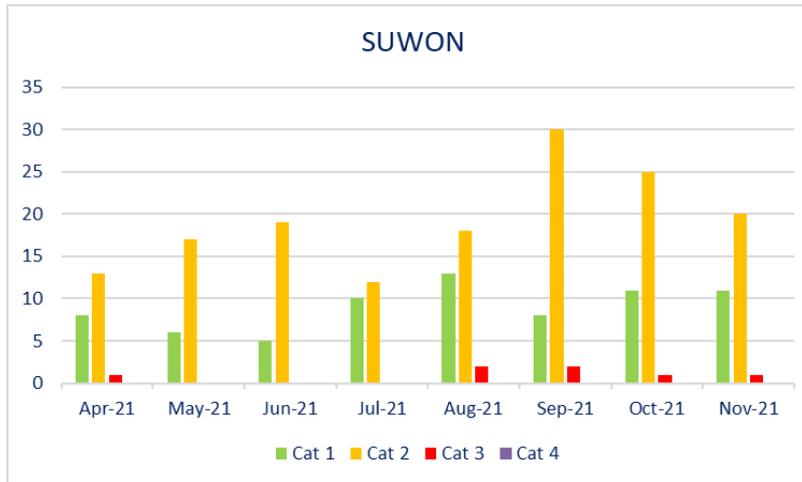
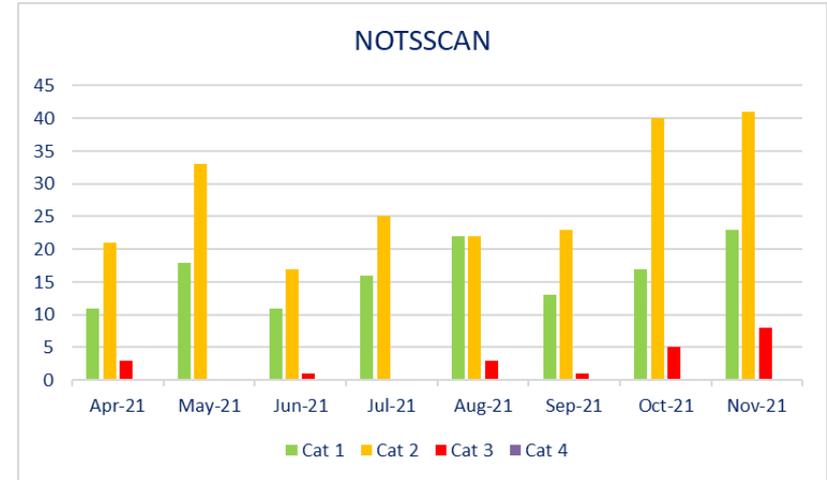
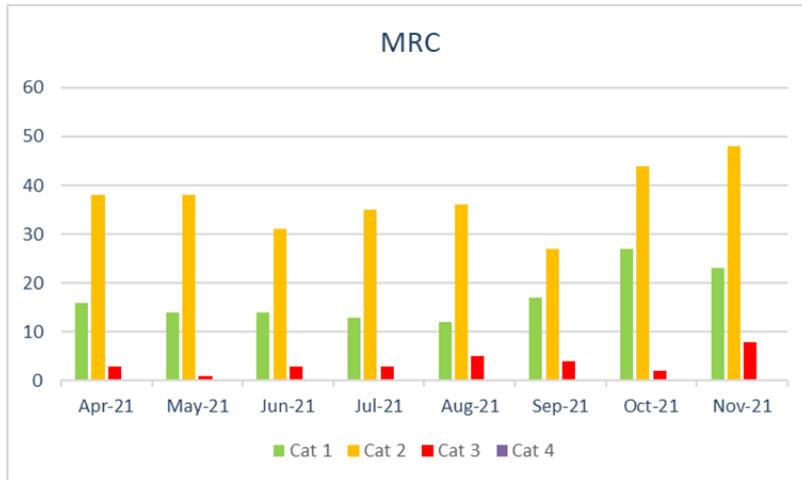
Reported Incidents of HAPU Cat 1 and above: April- Nov 2021

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Cat 1	36	40	33	44	49	39	55	60
Cat 2	79	90	70	74	85	85	121	122
Cat 3	7	1	4	5	9	7	8	18
Cat 4	0	0	0	0	0	0	0	0
Full Thickness Mucosal FTMuc HAPU	1	2	2	0	3	2	0	0
Total	123	133	109	123	146	131	185	200
Cat 2-4 +FTMuc	87	93	76	79	97	92	130	140
Cat 3-4 +FTMuc	8	3	6	5	12	9	8	18

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

Incidence of HAPU Cat 2 to 4: April 2019 – Nov 2021





ANALYSIS: Of the 18 incidents reported as Moderate Harm, only 5 had been reported at an earlier stage of skin damage. The age range of the individual affected was between 50 and 99. All patients had been assessed as being at high risk of pressure damage prior to the identification of the skin damage. The average length of stay until identification of Cat 3 was 15 days. Of the 18 patients affected, 12 were assessed as bedbound. The use of medical devices, such as oxygen mask and a cast, were associated with 7 of the 18 incidents. The average surface area for the reported skin damage was approximately 2 cm. At the time of discharge 13 of the 18 pressure ulcers had healed or were healing and 3 patients had passed away.

DISCUSSION

All Category 3 and above HAPU are investigated and an action plan approved and implemented. For those investigated at local level, 30 day action plans are recommended with oversight for the closure of these action plans through the Harm Free Assurance Forum. To date 3 incidents have been assigned Division Level of Investigation. After Action Review (AAR) meetings have taken place to close the action plans from Q3 and 4, 2019/2020 and Q1, 2021/22. AAR meetings for Q2 and 3 have been scheduled or completed. No Serious Incidents have been reported for 2021/22 to date related to HAPU.

ACTIONS

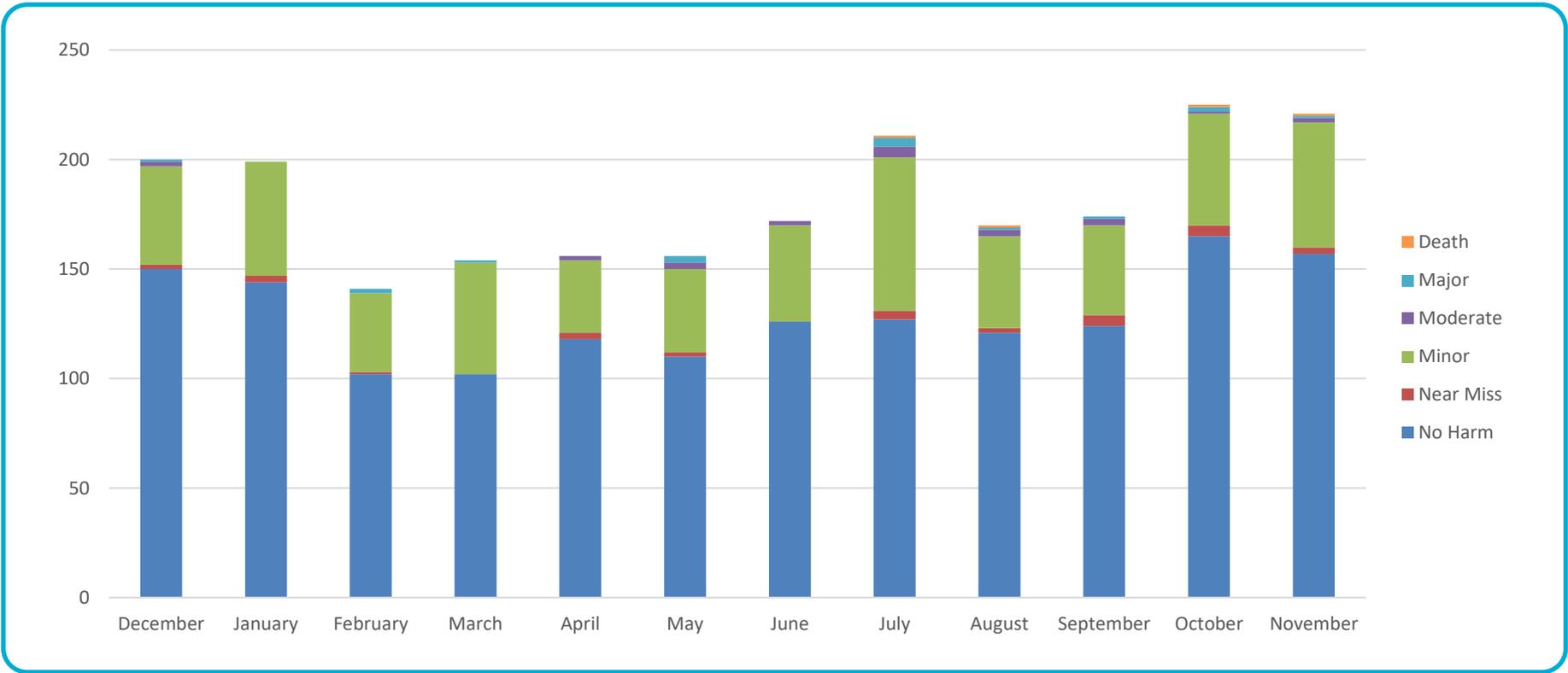
Themes from the AAR meetings are discussed at HFAF. Divisional work plans are currently under development with Listening events for clinical teams and the development of QI projects. Areas identified for improvement are the quality of visual skin inspection, the quality of positioning and repositioning and the skills required to support patients declining therapeutic interventions. Analysis of staffing, skill mix and numbers, is under review to identify if any relationship exists between staffing and increased incidents. An in-depth review of Category 2 HAPU incidents are currently being undertaken by the Tissue Viability Team and findings will be reported at HFAF in January

STRATEGY UPDATE:

Targets for 2021/22 include a focus on **increasing the reporting of HAPU Cat 1**, by 25% based on outturn 2020/21 **from 38 a month to 48, current number 60**, and a 25% reduction in **HAPU Cat 2-4** based on outturn figures from 2019/20 **from 0.47% to 0.35%, currently 0.7%**. The increase in incidence is related to increased reporting of **Category 2 HAPU from 0.41% in 2019/20 with Category 3 and 4 HAPU Incidence reduced from 0.6% in 2019/20, 0.72% in 2020/21 to 0.04% to date.**

Harm from falls report November 2021

The chart below shows all patient reported falls by the level of actual harm between December 2020 – November 2021

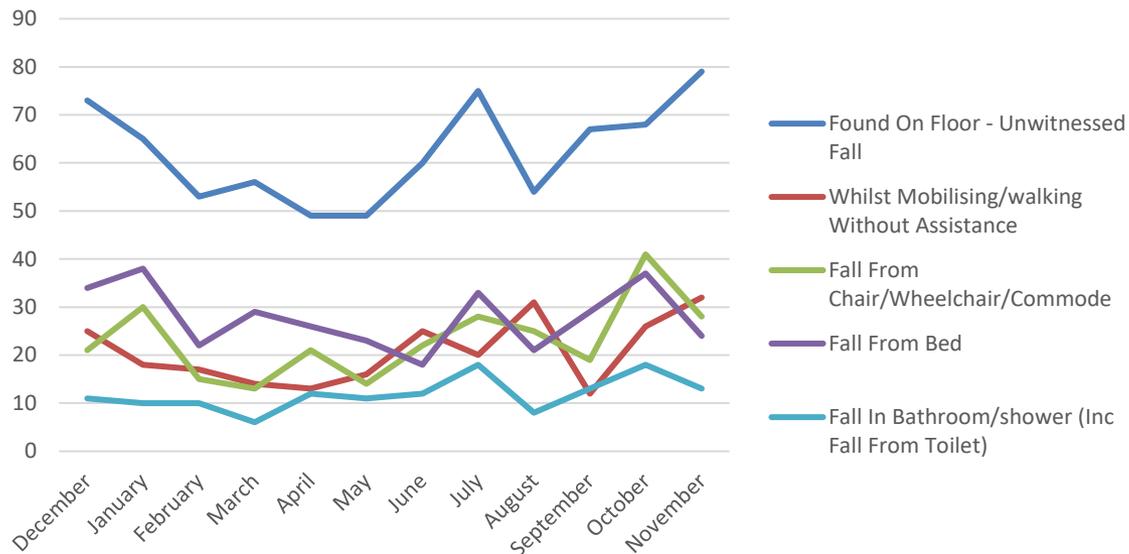


November 2021 summary: There were 221 falls reported in November, which is a marginal reduction compared to October (225). This total is above the rolling average of 181.6 reported falls per month and is higher than the total falls for this time last year (202), although 2020 performance data is affected by the coronavirus pandemic. Falls resulting in harm (minor and above) accounted for 61 (27.6%) of all falls this month, which is an increase compared to October's performance (24.4%). There were four falls resulting in higher severity harm levels: Moderate 2, Major 1 and Death 1.

Harm level	November 2020*	November 2021
No harm	148	157(↑)
Near miss	3	3 (-)
Minor	44	57 (↑)
Moderate	4	2 (↓)
Major	3	1 (↓)
Death	0	1 (↑)
Total falls	202	221 (↑)

November performance: annual comparison 2020* vs 2021

Top 5 falls categories: rolling 12 month data



Top five categories of falls November 2021

Category	Oct	Nov
Unwitnessed Fall – found on floor	68	79 ↑
Fall whilst mobilising/ walking without assistance	26	32 ↑
Fall From Chair / Wheelchair/Commode	41	28 ↓
Fall from bed	37	24 ↓
Fall in bathroom/shower/ from toilet	14	13 ↓

ANALYSIS:

The number of falls in November was comparative to October. The proportion of falls resulting in a form of harm was 27.6%, which is in keeping with the Trust’s average performance over the rolling twelve-month period at 27.7%. Unwitnessed falls increased for the third consecutive month and remains the largest attributable category of falls. A form of harm occurs in 28% of all unwitnessed falls, which is a ratio of 1:3.5.

IDENTIFIED THEMES:

- Rise in proportion of falls with harm
- Sustained increase in unwitnessed falls

ACTIONS:

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

The Trust received and recorded 85 formal complaints in November 2021, which is a decrease from the number received in October 2021 (n=86).

Emerging/continuing themes

November continued the trend of complaints received about long waits in the Emergency Departments, with patients citing poor communication from staff, poor attitudes of all staff, and long waits for pain relief. The last six months has seen a steady increase in the number of complaints made by patients attending the ED. In that time period the Trust received 533 complaints, and 82 of these complaints were about the EDs (15%).

Update on last month's theme

In last month's report, it highlighted a number of complaints that had been received from patients who raised concerns over the length of time they had spent on a waiting list for various procedures only to then be cancelled on the day due to a lack of bed because of emergency admissions. This issue has continued to be raised via complaints in November, particularly for paediatric patients awaiting spinal surgery.

Complaints Compliance

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

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

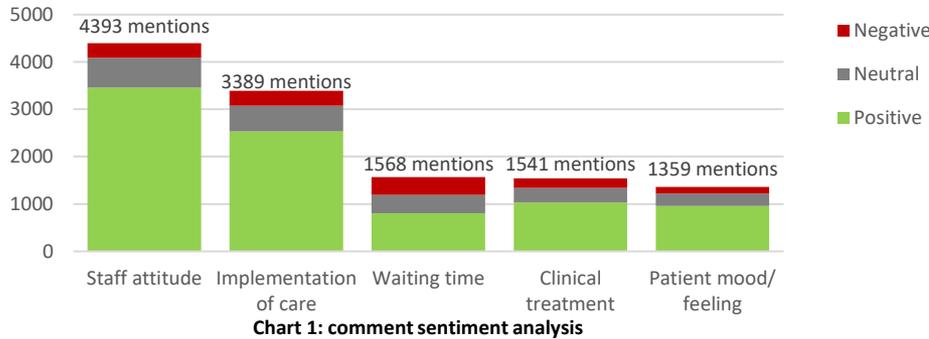


Chart 1 shows the main comments from patients included in their comments in their FFT surveys. As seen, the majority of comments are positive, with 73% expressing positive and 12% negative sentiment overall. As the Trust staff are under significant clinical and operational pressure, it is good to see the proportion of positive comments relating to staff attitude, implementation of care, clinical treatment and patient mood. There is a larger proportion of negative and neutral comments surrounding waiting times, this should be expected given the operational pressures. Thank you to the Trust's patients for this helpful and honest feedback.

Charts 2-5:

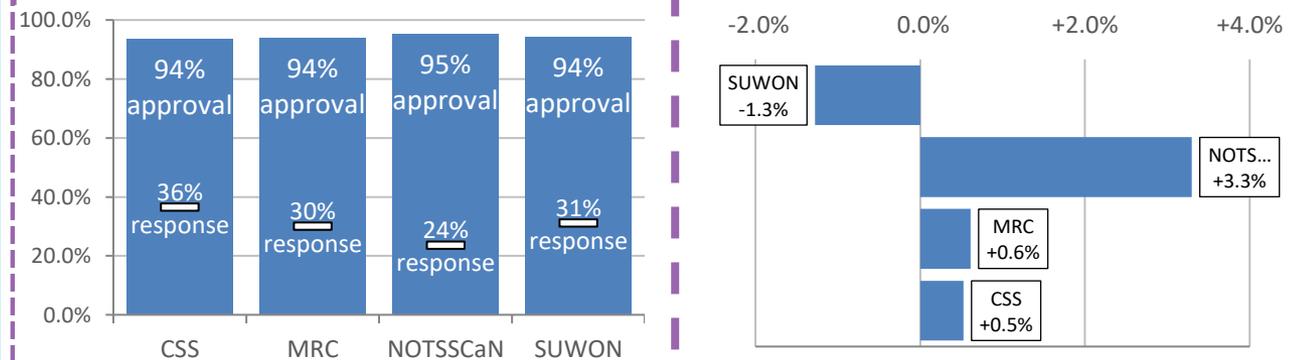
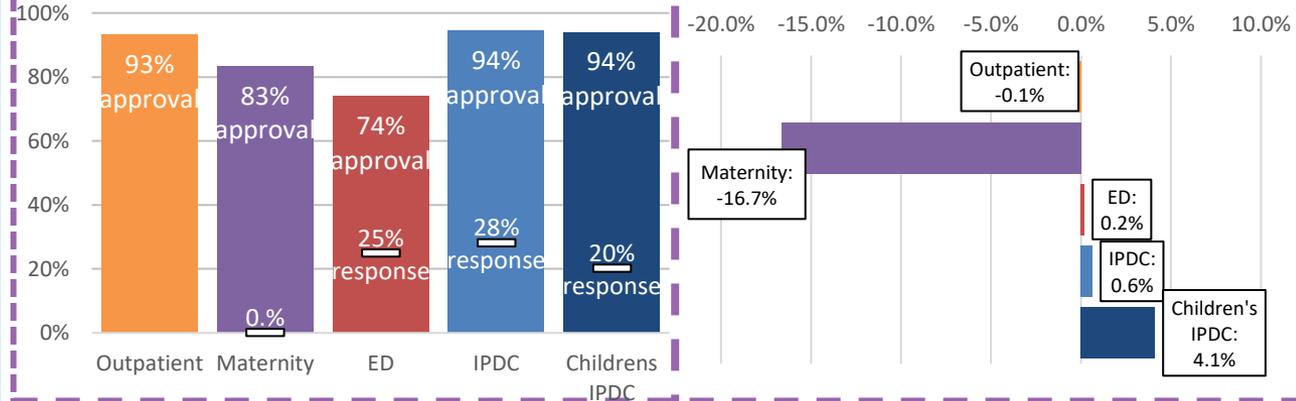
- 2: FFT approval and response rates across each OUH service during Nov.
- 3: Change in approval (service) since Oct
- 4: FFT approval and response rates across each division during Nov.
- 5: Change in approval (division) since Oct

QI 7516 FFT 'Reset':

- Change in approach to delivery of FFT training to ward staff within SUWON division, due to winter pressures. PET has pivoted to the production of video training for self-delivery at trainee's convenience. A new training itinerary will be produced before the end of Dec with video production to commence in the new calendar year.

FFT Data:

- NOTSSCaN, MRC and CSS have each seen IPDC approval ratings climb in the last month, indicating a potential reverse to year to date downward trend.
- ED approval rates appear to have plateaued after a steep year to date decline. Other services approval ratings are holding steady, down only c.1% since Dec 2020



Charts 2-5: FFT Trust wide and divisional data

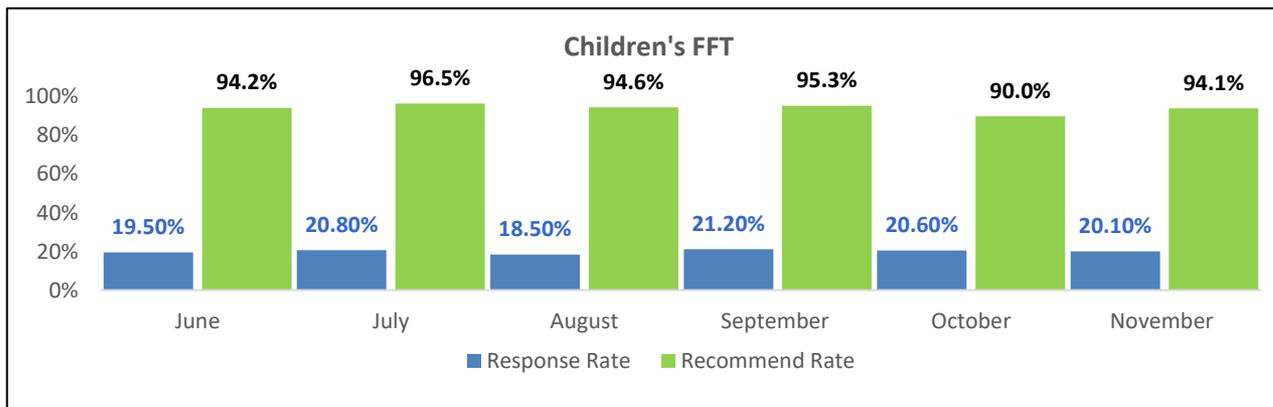


Chart 6: Children's FFT

There has been an increase in the recommend rate following a 5% dip last month. Response rate is still sat at around 20%.

This month the Patient experience Team has also supported the Children's hospital with a survey for the play team to explore what families think about the play rooms available and suggestions for improving the facilities.

Top 3 Positive Themes:

1. Staff Care and Compassion
2. Patient Care and Treatment
3. Staff communicating with parents and children, taking the time to explain things sensitively and answering questions.

Top 3 Negative Themes:

1. Communication, instances of:
 - Different information being given to parents by different members of staff.
 - Staff not sharing information with parents following procedures
 - Limited information on discharge regarding aftercare
 - Staff not communicating well between wards, departments and other hospitals.
2. Food for Children
3. Food for Parents

Patient Quotes

[Excellence]

The entire team were kind, professional and child focussed. They involved my son (aged 4) in all aspects of his care as developmentally appropriate and reassured me. They kept us hydrated and fed whilst we waited and kept us up to date. They provided appropriate play, activities and distractions. They were an exceptional team. I feel lucky to have them as a local children's ward.

[Delivery]

There was a 3hour delay waiting for medication in order for us to be discharged. I suggest prescription to be given to patient so they can go and collect to save time waiting around on the ward

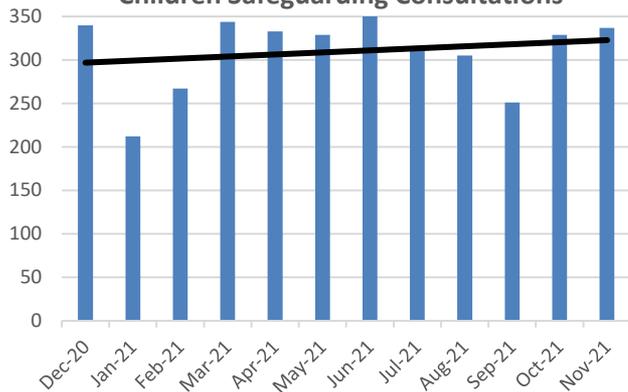
[Improvement]

I was discharged by all teams by 10.00 am. I waited and waited for my TTOs and discharge papers. At 15.40 I was told that there had been an issue with the prescription ...I was told then that my TTOs would be here at 5.15 pm then my discharge letters could be printed and then I would be able to leave. The discharge system is not efficient I sat by my bed for 7 hrs and 15 mins from 10.00 am to 17.15. I am sure that my bed would have been useful to another patient who might have been ready to transfer to a ward.

[Excellence]

The care I received was excellent: I feel everything was well explained and the staff were skilled and kind despite a clearly busy care setting and related pressures.

Children Safeguarding Consultations



Consultations: activity to the safeguarding team increased by 8 (n=337) during November. Neglect, domestic abuse and emotional abuse continue to be the main category of concern.

Adolescent mental health remains an focus of the team due to increased presentations. Delays in discharge due to lack of social care placement continues and case escalated. Maternity safeguarding activity continues to rise with an increase in complex cases and need to attend multi agency meetings to support the clinical teams. There has been an increase in court care orders. The category of concerns relate to mental health, domestic abuse, drug and alcohol issues.

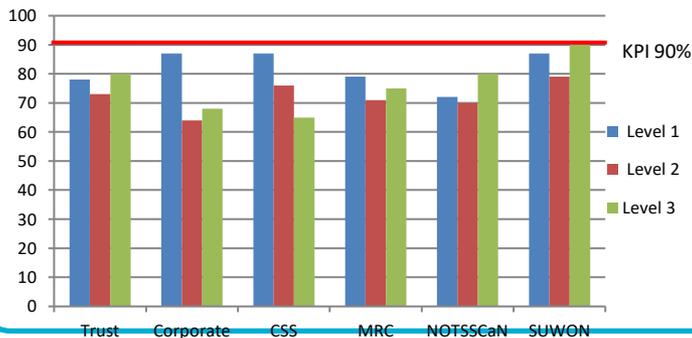
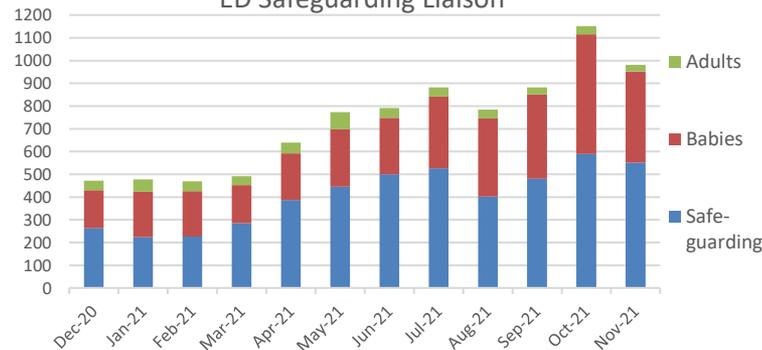
Delays in MASH health information returns continues due to increased activity due to a 38% increase of referrals to the MASH. Additional recourses jointly with Oxford Health are being requested to meet the increasing demand.

ED Safeguarding Liaison referrals reduced by 171 during November (n=981).

There were 552 children attend ED with a safeguarding concern, an reduction of 38. The babies under one attending ED dropped by 125 (n=400). Information is shared with Health Visitors and School Health Nurses to inform any on-going risks and to consider need for follow up. Information is shared with children social care for any open cases.

Teenage mental health ED attendances increased by 16 (n=90).. Adults presenting to ED with safeguarding concerns that have responsibility for children reduced by 8 (n=29).

ED Safeguarding Liaison



Safeguarding Children Training Compliance Training data compliance improved slightly across all level in all directorates. Trust compliance remains below the KPI of 90%. Level 1 increased 1% to 79%, level 2 increased 1% 73% and level 3 increased 1% to 80%.

Due to increased clinical pressures staff have not been requested to attend training. Online training is available for all levels and face to face via MS Teams is also available for level 3.

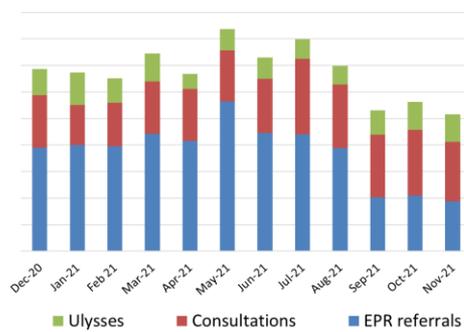


Chart 1: Combined Activity

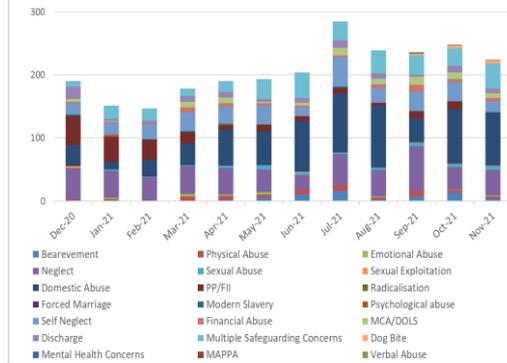


Chart 2: Consultations

Activity:

Chart 1: Combined activity decreased by 46 (n=517). EPR referrals decreased by 22 (n=188). Ulysses remained consistent (n=105) and consultations decreased by 24 (n=224).

Chart 2: The main categories of concern are neglect, self-neglect, and domestic abuse which decreased slightly by 2 in November.

Governance: the team continue to raise awareness of mental capacity assessments for patients to ensure clear EPR documentation. The Rule of Thumb tool awareness is being used to support staff to assess capacity.

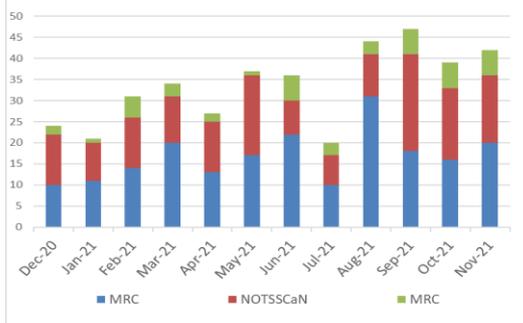


Chart 3: DOLS Applications by Division

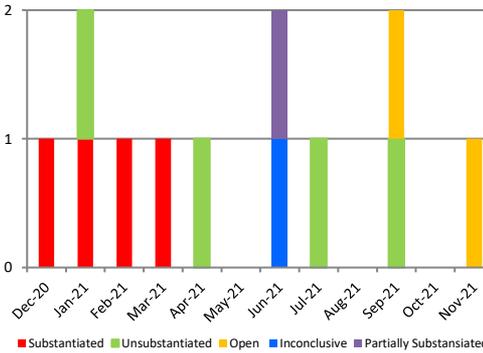


Chart 4: Section 42 investigations

Statutory responsibilities:

Chart 3: There were 42 Deprivation of Liberty Safeguards (DoLS) applications reviewed. This is an increase of 3 during November.

Chart 4: One new S42 investigation has been submitted during November for MRC as the Hart team raised concerns. One s42 that has been closed and the outcome was partially substantiated. This has been challenged but remains.

There are currently two open s42 enquiries.

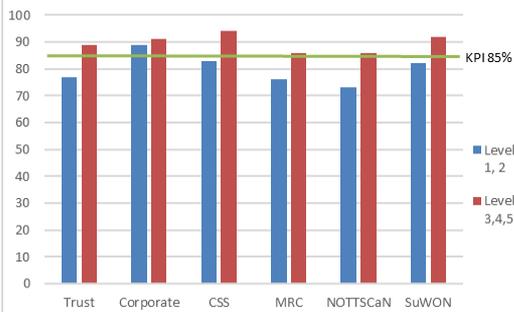


Chart 5: Prevent Training

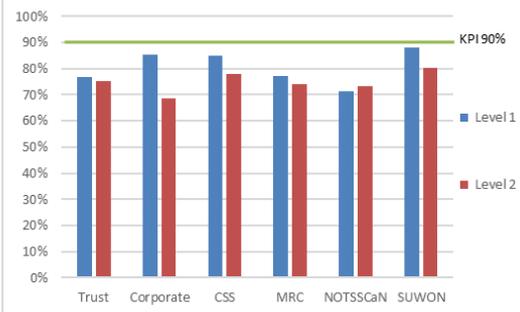


Chart 6: Safeguarding Training

Training: Chart 5: Trust Prevent training Level 1 & 2 compliance increased 2% to 77%. Level 3, 4 & 5 compliance remained at 89%. The KPI is set 85%.

Chart 6: Safeguarding training compliance across the Trust is below the 90% KPI. Level 1 increased 1% to 77% and level 2 increased 2% to 76%.

Governance: Additional training has taken place to raise the awareness of mental capacity to launch the Rule of Thumb and raise awareness during November for Safeguarding week.

A review of training is being undertaken to implement the new Level 3 requirement as per the intercollegiate guidance. There will be a 2 year implementation to gain compliance.

Person type: Contractor
RIDDOR type: Dangerous occurrence
Accident type: Exposed to explosion
Incident location: Substation F- JR

Incident details : Electrical surge causing a small explosion whilst test probes were connected by SPE Energy contractor to Substation F as part of works on new AICU building.
Additional information: No injury incurred but classed as a near miss based on HSE guidelines around electrical incidents - 11KV high voltage supply energised without appropriate checks being done beforehand.

Incident outcome: Actual impact 6 – Near miss
Lessons learned: Full investigation conducted by Trust electrical Authorised Engineer and Trust Operational Estates department with root cause analyses undertaken resulting in detailed action plan to include process improvements and knowledge base review.

Person type: Staff

RIDDOR type: Accident-over 7 day absence

Accident type: Lifting and handling injuries

Incident location: CMU-B-JR

Incident details : The Injured party (IP) was a staff member who experienced back pain whilst assisting with the transfer of a large patient.

Additional Information: IP was unable to perform normal duties for over 7 continuous days after the incident thus reporting in line with HSE guidance.

Incident outcome: Actual impact 2 – minor injury / illness

Lessons learned: Health and Safety Team discussed this incident with the manager, putting staff on reduced activities is standard practice in this department when a staff member sustains a back injury and the department are awaiting Occupational Health advice. All manual handling training and risk assessments were in place.

Key Quality Metrics Table

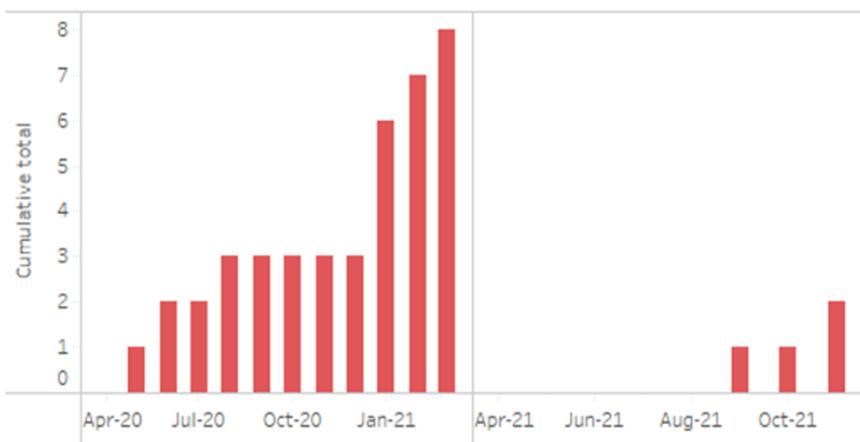
ID	Descriptor	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
PS03	VTE Risk Assessment(% admitted patients receiving risk assessment)	98.06%	98.47%	98.22%	98.37%	98.18%	98.40%	98.42%	98.26%	98.01%	98.09%	N/A	98.05%
PS05	Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)	91	97	101	114	11	18	28	35	48	56	71	78
PS06	Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)	3	6	7	7	0	0	0	0	0	1	1	2
PS08	% patients receiving stage 2 medicines reconciliation within 24h of admission	60.99%	60.98%	66.23%	67.08%	59.46%	N/A	56.00%	50.90%	51.13%	48.44%	49.14%	50.80%
PS09	% patients receiving allergy reconciliation within 24h of admission	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PS10	% of incidents associated with moderate harm or greater	2.04%	1.92%	2.34%	2.06%	1.72%	2.11%	1.91%	1.57%	3.30%	2.20%	2.88%	4.52%
PS14	% Radiology direct access 7 day turnaround times - Plain Film, CT, MRI & Ultrasound	81.61%	79.55%	84.58%	82.36%	83.33%	84.77%	80.97%	77.51%	74.23%	72.91%	73.34%	N/A
PS16	CAS alerts breaching deadlines at end of month and/or closed during month beyond deadline	0	0	0	0	0	0	0	0	0	0	0	0
PS17	Number of hospital acquired thromboses identified and judged avoidable	0	1	0	2	1	1	0	1	1	2	0	0
CE02	Crude Mortality	223	332	216	222	194	182	190	209	182	254	229	200
CE03	Dementia - % patients aged > 75 admitted as an emergency who are screened	85.05%	80.67%	83.58%	82.48%	81.74%	81.31%	80.69%	78.11%	77.95%	74.97%	74.97%	N/A
CE06	ED - % patients seen, assessed and discharged / admitted within 4h of arrival	79.93%	71.24%	81.52%	88.22%	85.21%	83.50%	80.53%	74.47%	76.58%	72.13%	69.43%	67.76%
PE01	Friends & Family test % likely to recommend - ED	86.18%	88.24%	88.35%	86.63%	83.38%	82.78%	78.54%	76.79%	80.20%	74.04%	N/A	73.97%
PE02	Friends & Family test % not likely to recommend - ED	8.38%	6.84%	6.85%	7.07%	9.81%	10.13%	13.95%	14.34%	12.27%	16.26%	N/A	16.05%
PE03	Friends & Family test % likely to recommend - Mat	100%	100%	N/A	N/A	N/A	75.00%	N/A	100%	N/A	80.00%	N/A	83.33%
PE04	Friends & Family test % not likely to recommend - Mat	0.00%	0.00%	N/A	N/A	50.00%	0.00%	N/A	0.00%	N/A	0.00%	N/A	0.00%
PE05	Friends & Family test % likely to recommend - IP	95.30%	95.95%	94.87%	95.54%	94.91%	95.00%	94.41%	94.83%	95.12%	94.57%	N/A	94.54%
PE06	Friends & Family test % not likely to recommend - IP	2.45%	1.83%	2.59%	2.43%	2.38%	2.48%	3.09%	2.84%	2.53%	2.86%	N/A	2.89%
PE07	Friends & Family test % likely to recommend - OP	93.88%	94.69%	95.07%	94.51%	98.84%	94.27%	94.28%	94.14%	N/A	93.29%	N/A	93.16%
PE08	Friends & Family test % not likely to recommend - OP	2.96%	2.27%	2.35%	2.73%	2.36%	2.66%	2.93%	1.46%	N/A	3.33%	N/A	3.27%
PE15	% patients EAU length of stay < 12h	49.35%	42.04%	53.16%	56.59%	58.06%	53.46%	53.28%	53.54%	53.07%	51.19%	49.05%	51.41%
PE16	% Complaints upheld or partially upheld [Quarterly in arrears]	74.90%	N/A	N/A	74.85%	N/A	N/A	73.16%	N/A	N/A	65.48%	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)

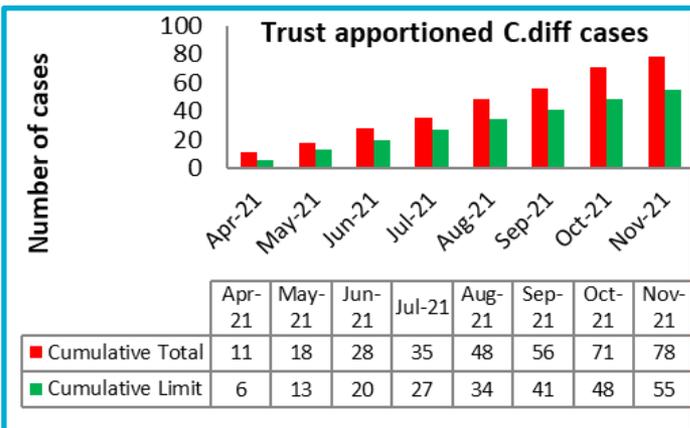
Incidence of MRSA bacteraemia (MRSAInc)



The November case for MRSA bacteraemia was identified in a critically unwell patient. Identified as being colonised with MRSA on admission.

The initial positive blood culture was taken from a central line, peripheral cultures taken on the next day were negative. The case review findings suggest that the MRSA positive blood culture may actually have been a contaminant potentially due to line technique.

Action for the department on use of aseptic non touch technique and blood culture taking technique.

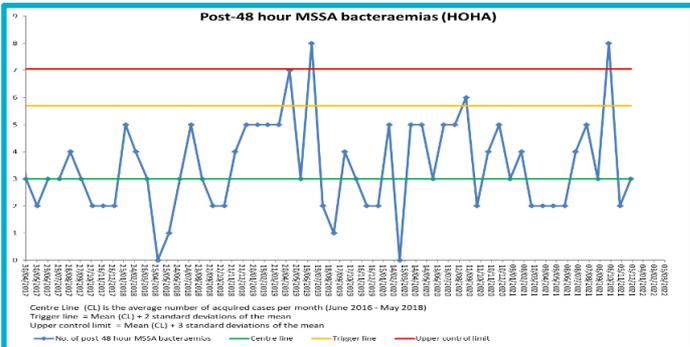


C. diff: 2020/21: At the end of Nov there are 78 cases against objective of 83. New cases are reviewed prospectively to ensure good practice in AMS & infection management. Regular AMS rounds are happening at the Churchill

MRSA: There was 1 cases of HOHA 48-MRSA bacteraemia, case review held, outcome was the positive culture was likely to represent contamination and may represent line handling technique issues. RCA and actions being drawn up

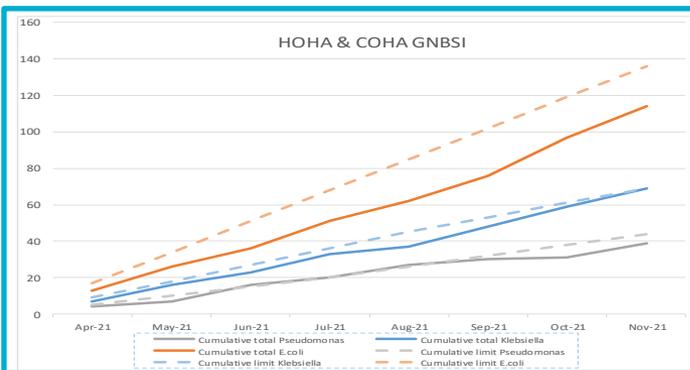
Gram negative blood stream infections (GNBSI): HOHA & COHA reported against objectives

MSSA: Now reporting as HOHA and COHA. 3 HOHA and 1 COHA in Nov.



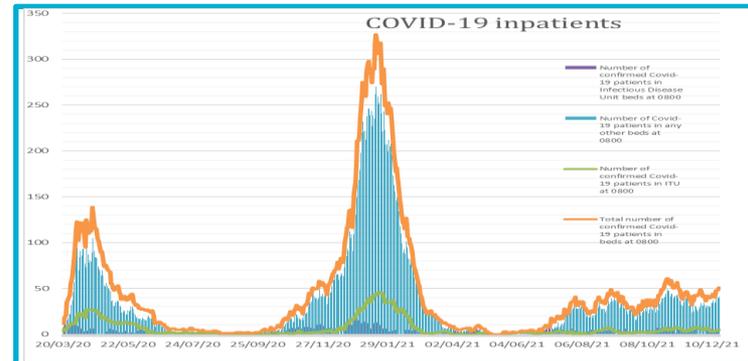
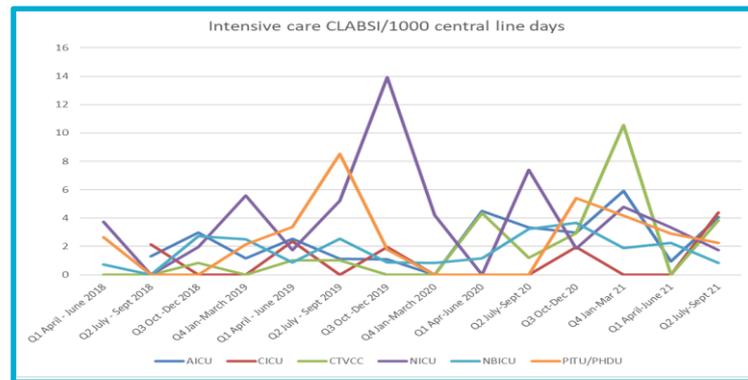
Reducing Central Line Associated Bloodstream Infections in Intensive Care Setting: Results are now being fed back to clinical areas on a quarterly basis. National benchmarks are generally less than 4.2 CLABSIs/1000 central line days for adult intensive care units in 2020. As the number of CLABSIs per quarter are very small, the data is subject to significant variation.

Norovirus Outbreak: on F ward at the Horton, involving 14 patients and 5 members of staff. The outbreak has now been resolved.



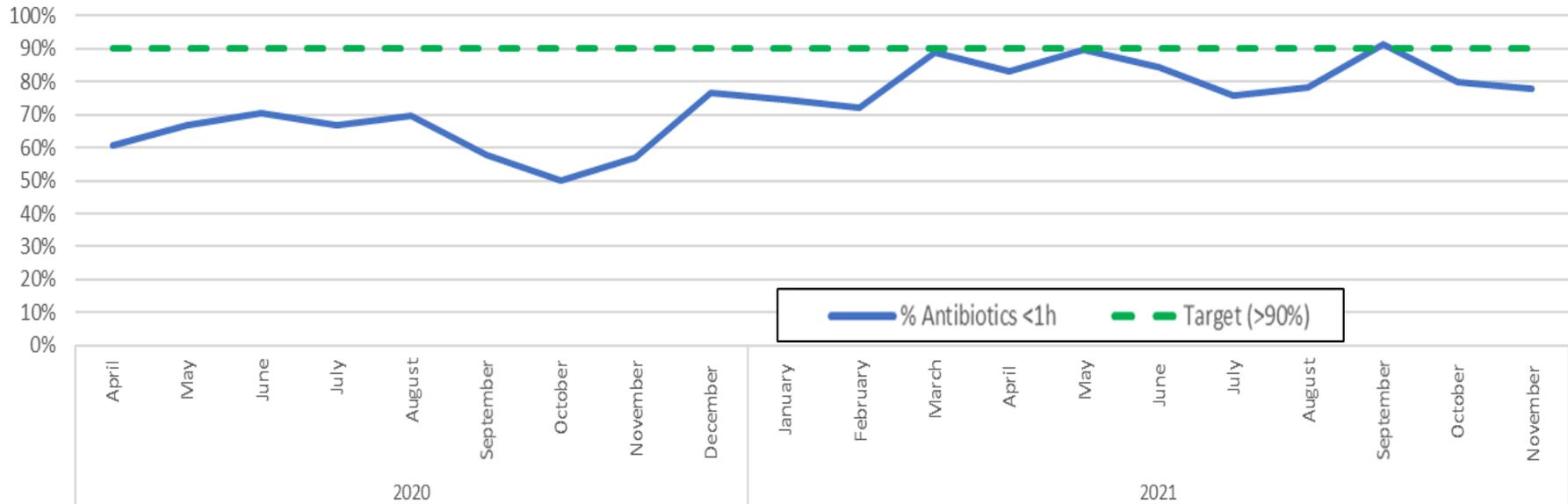
COVID-19: Two outbreaks: CMU-B, 7 patients in a 2 week period. Juniper ward 5 patients and 4 members of staff. In total for Nov there were 8 definite nosocomial cases

Results for December show an increase in the number of positive staff. Since the 6th December staff and household members testing positive have been mainly the omicron variant. 136 staff have reported a positive lateral flow result 1st-28th December. Staff testing are supporting risk assessment of exposed staff in order to allow return to work with PCR and daily lateral flow.



Symptomatic staff/household swab/PCR testing results by month

	PCR positive	PCR negative
August 2021	26	223
Sept 2021	30	232
Oct 2021	14	212
Nov 2021	17	216
Dec 2021 (up to 28/12/21)	62	393



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

- November 2021: Overall **14/18 (78%)**; ED **13/17 (76%)**
- Latest SHMI for sepsis **86.4 (73.4-101.07)** [March 20 – Feb 21; “lower than expected”; Dr Foster]
- The data continues to display a drop from our standard of 90%, this is likely due to an increase in front door pressures faced by the emergency areas, particularly in the out of hours periods where the data demonstrates delays from alerts to prescription times. The sepsis team provide a 5 day service which continues to actively screen and provide support to the front door.
- We are currently working with the emergency areas on providing training on PGDs and are looking to expand this to the emergency assessment area.

*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 being used to gather compliance data across the OUH.

Aim for 100% Compliance with the WHO Surgical Safety Checklist

WHO Audit	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Documentation	99.59%	99.79%	99.73%	99.31%	99.78%	98.43%
Observation	100.00%	99.79%	98.70%	100.00%	100.00%	100.00%

- **WHO documentation audit 98.4% compliance (439/446):** MRC 100% (174/174), NOTSSCaN 100% (82/82), SuWOn 100% (51/51)
 - CSS 99% (132/139) - CH – 5x Time-out completed but not signed. NOC team in new area completing MSK Fluoroscopy work due to their equipment being condemned. New location and workflow had an impact here. Learning points shared with the team with more recent checklists showing as fully completed. CHOX – 1x Sign-out not completed. Procedure abandoned midway through, and patient transferred as theatre emergency. Incomplete form noted after patient and surgical team had left. Team have reflected on this. JR – 1x Sign-in completed but not signed.
- **WHO observational audit 100% compliance (300/300):** CSS No Audits performed in November, MRC 100% (20/20), NOTSSCaN 100% (134/134), SuWOn 100% (146/146).

Local Safety Standards in Invasive Procedures (LocSSIPs)

- 31 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.
- Work is underway to migrate the paper WHO Surgical Safety Checklist onto the Theatre & Anaesthesia module in EPR; this is starting with the generic checklist and then broadening to bespoke checklists.

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

- Twelve actions from 2020/21 Never Events have past their target date, all of which have been completed.
- Five actions from the 2021/22 Never Event which has been fully investigated have past their target date, 2 of which have been completed. The other 2021/22 Never Event investigations are ongoing.
- **Four Never Events have been recorded to date in 2021/22**

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

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

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

Excellence Reported in Ulysses



Theme	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Teamworking	67	54	40	45	46	66
Compassionate Care	18	31	18	13	14	22
Going Above And Beyond	64	95	62	61	61	101
Innovation	1	6	2	1	0	2
Grand Total	150	186	122	120	121	191



New Never Events confirmed November 2021

1. Never Event (2122-053) confirmed 4 November 2021: a patient who was unintentionally connected to medical air rather than oxygen in the Head & Neck Ward, Churchill Hospital site.

This is the second accidental connection to medical air Never Event called in 2021/22, the other being 2122-047. It has been arranged that both investigations will be completed simultaneously.

Immediate Actions taken

Since the same category Never Event in September at the NOC there has been a Trust wide audit of medical air carried out via a physical walk round of the OUH sites by the Medical Devices Safety Officer to ensure medical air was capped off and flowmeters were removed. Unfortunately, the ward involved at the Churchill Hospital was due to be inspected the day following the occurrence of this Never Event. All areas have now been completed.

There has also been a series of meetings with relevant clinical leads to identify alternatives. Until recently there were agreed areas where medical air remained uncapped as this was required for air blenders and nebulisers. The ward at the Churchill Hospital had previously been considered one of these areas. This has now changed and the medical air has been capped off and nebulisers changed.

A Trust wide safety message has been sent and this has also been disseminated via safety huddles and various safety meetings. The importance of ongoing surveillance for air flowmeters and regular checking that capped-off medical air remains capped off have also been disseminated via the safety huddles.

New Never Events confirmed in November 2021

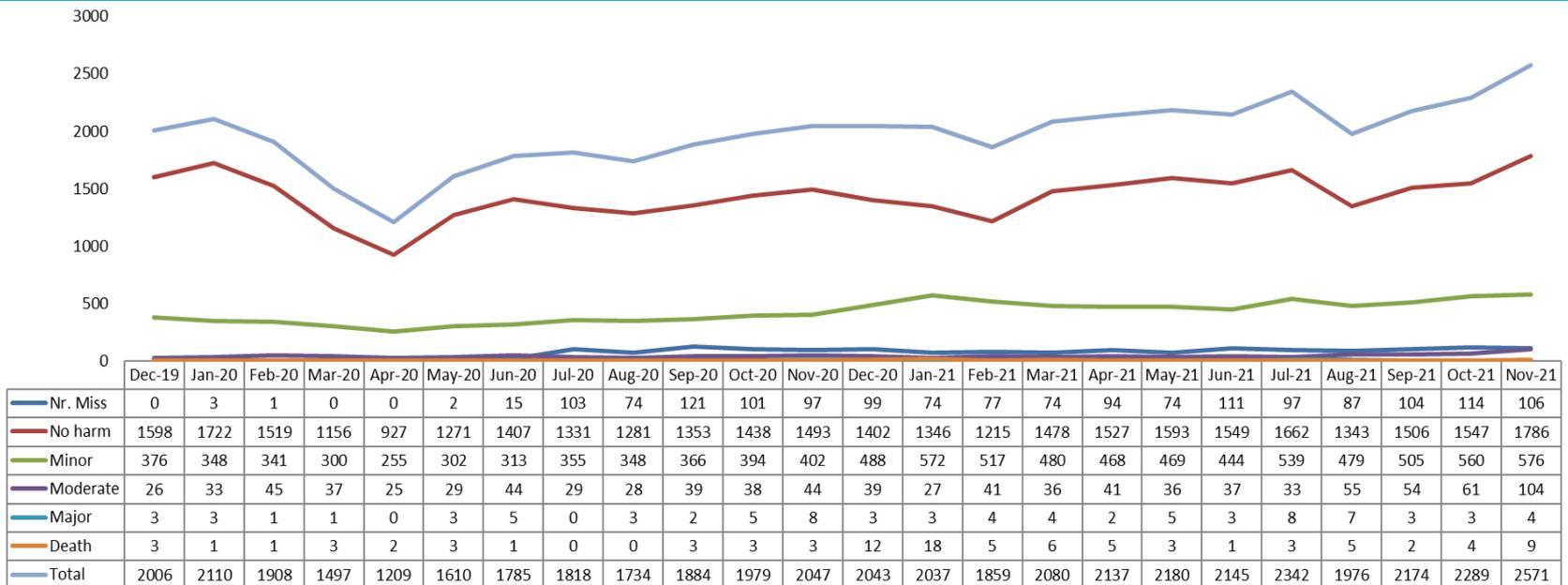
2. Never Event (2122-060), occurred 18 November 2021: a gynae-oncology patient found a retained vaginal pack one day after her discharge home. Theatre documentation confirmed the pack had been left in the vagina intentionally following surgery, but there was no documented plan for its removal.

Immediate Actions taken

1. Safety huddles have occurred with Gynae-oncology and theatre staff.
2. Emphasis has been highlighted on handovers/documentation from theatre to recovery staff and from recovery to ward staff.
3. This incident has been highlighted in Clinical Governance Committee and the SIRI forum.

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

2571 patient incidents were reported in November 2021; the mean monthly number over the past 24 months is 1968. The number of incidents reported reduced in mid-March 2020 due to the COVID-19 pandemic-related reduction in numbers of in-patients, halted elective surgery and reduced outpatient activity. Incident reporting levels have returned to previous levels. A large number of incidents reported with a small percentage of incidents with significant impact reflects a good safety culture.



In November, 145 incidents reported as entailing moderate and above impact were discussed at PSR. Five visits from PSR representatives to support staff and patients took place, and 6 incidents had their impact downgraded in the meeting.

The number of moderate harm incidents has risen by 43% in November to 104 from 61 in October.

38% of this increase in incident numbers has been from maternity (24 incidents in November a rise from 6 in October) and neonatal (23 incidents in November, 21 in October) this has resulted from a review of their reporting classification. This change occurred on 1 October 2021; area specific training was implemented in November 2021 to ensure these incidents are correctly classified. This training has therefore increased the number of incidents reported.

The following incidents are now classified as 'Moderate' impact:

- postpartum haemorrhages over 1.5 Litres (blood loss at delivery is now being weighed)
- Term (over 37 weeks) admissions to SCBU
- 3rd and 4th degree tears

All intrauterine deaths over 24 weeks of gestation are classified as 'Death'.

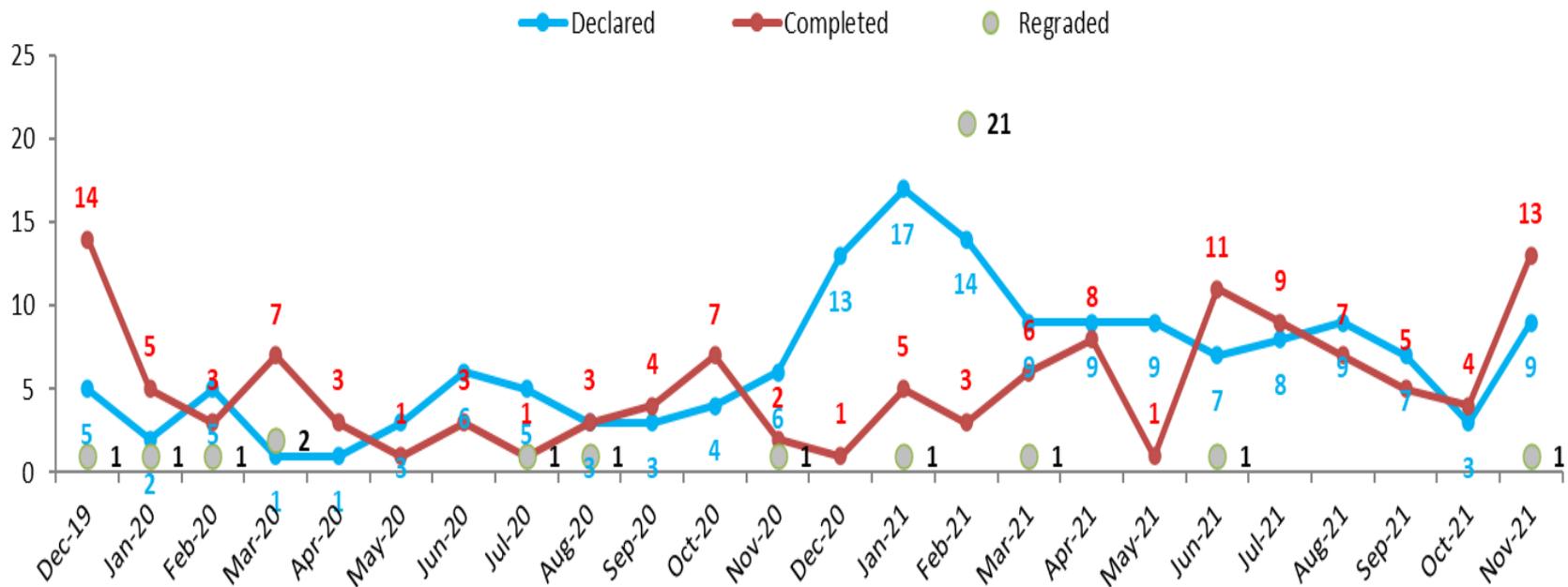
The other 2 areas that spiked in November but have dropped back to their norm in December are from pressure ulcers and return to theatre incidents.

Clinical Risk: Serious Incidents Requiring Investigation (SIRI)

The graph below shows 9 SIRIs were declared by the Trust in November 2021 and 13 SIRI investigations were sent for approval to the OCCG. Learning from these investigations is disseminated at a range of Trust, Division and local level meetings, with communication to target groups often written into actions plans.

22 SIRIs were regraded on STEIS in February and March which were all nosocomial probable or definite COVID-19 cases. Following discussion with NHS England, and in agreement with commissioners, these were downgraded on STEIS, and a single SIRI was called to cover all such cases. A designated sub-group of the Serious Incident Group was created to review all aspects of the SIRIs related to nosocomial COVID-19 cases.

SIRIs declared and completed in the last 24 months

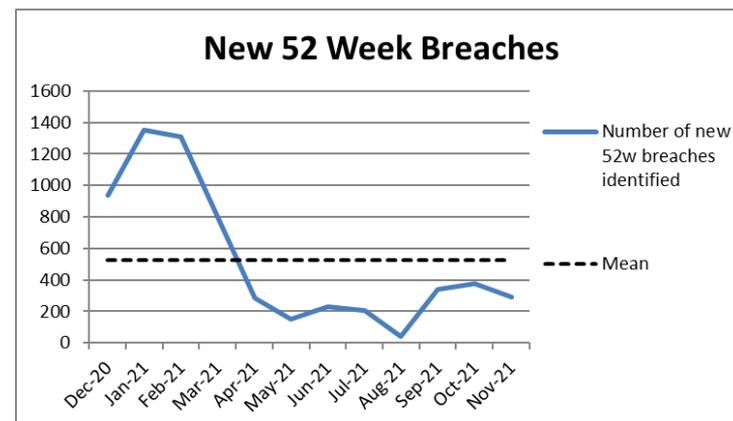


The Trust has an established process for assessing clinical and psycho-social harm for patients waiting for over 52 weeks for treatment. This is in addition to the program of harm reviews for patients undergoing care for cancer whose pathways exceed 104 days. This data was presented at the next Harm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

Services with over 20 new 52w breaches

Specialty	Aug21 new breaches	Sep21 new breaches	Oct21 new breaches	Nov21 new breaches	Nov21 total breaches
Ophthalmology	(2)	20	24	(19) ↓	57
Plastic Surgery	(4)	48	46	37 ↓	160
Spinal Surgery Service	(4)	66	36	26 ↓	137
Trauma & Orthopaedics	(3)	67	81	65 ↓	165
Urology	(2)	(16)	28	27 ↓	68

Total new 52w breaches



- There were 1,063 patients who had been waiting more than 52 weeks for elective treatment at the end of November 2021 (a reduction on the October figure of 1,366).
- November saw 290 new 52w breaches, a small reduction on the previous two months. All figures from FY 2021/22 have been well below the 12-month mean of 527 new breaches per month.
- Four services had 20 or more new 52w breaches in October. The table above shows details of all services that have had 20 or more new breaches over the past 4 months.
- Twelve 52w breaches in 2020/21, and 2 in 2021/22 have been confirmed as entailing moderate impact and are being covered by a special single Divisional investigation.
- The following slide shows the number of 52 week breaches with a decision to treat. The information is then collated using the RCS priority codes assigned to the patient.

November 52w breach cases with details of the prioritisation level

Service	1b. Urgent - operation needed with 72 hours	2. Surgery that can be deferred for up to 4 weeks	3. Surgery that can be delayed for up to 3 months	4. Surgery that can be delayed for more than 3 months	Not yet prioritised	Grand Total
Colorectal Surgery					1	1
Ear Nose and Throat			9	23	12	44
General Internal Medicine				1		1
Gynaecology		1	5	3	2	11
Maxillo Facial Surgery			18	34	4	56
Neurosurgical Service		2	29	9	1	41
Ophthalmology			7	40	6	53
Orthopaedic Service			1			1
Orthoptics				1		1
Paediatric ENT			3	5	4	12
Paediatric Neurosurgery				2		2
Paediatric Ophthalmology			4	5		9
Paediatric Oral and Maxillofacial Surgery Service			1	1		2
Paediatric Plastic Surgery		1	9	13	4	27
Paediatric Respiratory Medicine			1			1
Paediatric Spinal Surgery			25	19	1	45
Paediatric Surgery			6	1		7
Paediatric Trauma and Orthopaedics				7	1	8
Paediatric Urology			7	7	1	15
Physiotherapy			1	1		2
Plastic Surgery		3	27	80	25	135
Plastic Surgery Craniofacial		2			1	3
Public Health Medicine			1	1		2
Restorative Dentistry	1					1
Spinal Surgery Service		4	29	43	5	81
Trauma and Orthopaedics			36	46	30	112
Urology		2	33	14	4	53
Vascular Surgery			1	8	6	15
Grand Total	1	15	253	364	108	741

Please note, the 'Not yet prioritised' column indicates where a categorisation has not been added to the pathway in EPR. Because of the urgency, under normal circumstances no priority 1 cases appear amongst the 52w breaches. Although these prioritisation reviews have not been recorded on the system, in most cases these will have been done by the clinical teams. Further work on e-prioritisation is intended to assist with this.

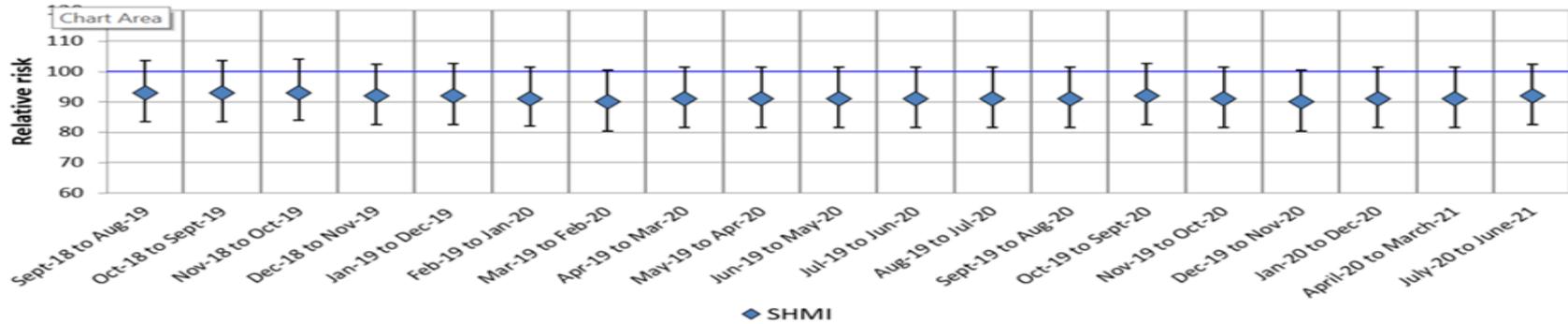
Since 5 February 2019 a weekly safety message from the CMO and CNO has been issued from the central Clinical Governance team, emailed to all staff accounts, and available on the intranet

Weekly Safety Alerts

Actions ▾		1 - 100 ▶
 Title		Alert Date
Weekly Safety Message 151: Discharge Summaries		14/12/2021 10:00
 Weekly Safety Message 150: COVID-19 Screening		07/12/2021 13:00
Weekly Safety Message 149: Infection risk when using FFP3 respirators with valves or PAPRs during surgical and invasive procedures		30/11/2021 10:00
Weekly Safety Message 148: Hyperkalaemia management		23/11/2021 13:00
Weekly Safety Message 147: Pharmacy out of hours service		16/11/2021 12:00
Weekly Safety Message 146: EPR - Results endorsement		09/11/2021 10:00
Weekly Safety Message 145: Shared mailbox management		02/11/2021 10:00

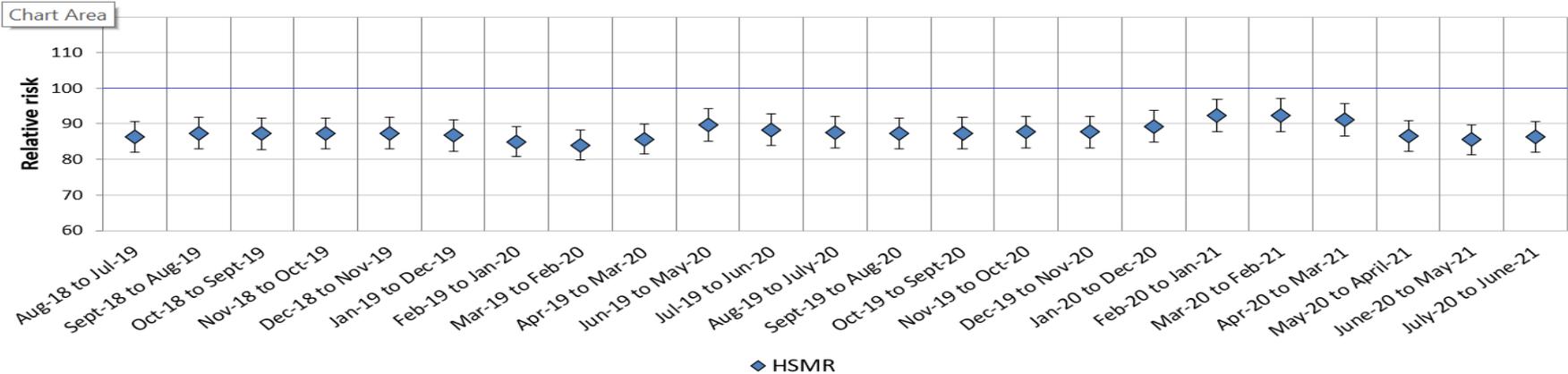
The SHMI for the data period July 2020 to June 2021 is 92. This remains rated 'as expected'.

OUH NHS FT SHMI trend



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

OUH NHS FT HSMR trend



The HSMR is 86.3 for July 2020 to June 2021. The HSMR remains rated as 'lower than expected'

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

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

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

Hospital Standardised Mortality Ratio (HSMR) July 2020 to June 2021 – Shelford Group

Shelford Group Trust	HSMR (July-20 to June-21)	Banding
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	60.8	Lower than expected
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	67	Lower than expected
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	69.5	Lower than expected
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	76	Lower than expected
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	82.9	Lower than expected
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	86.3	Lower than expected
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	90.2	As expected
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	97.8	As expected
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	99.2	As expected
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	101.8	Higher than expected

Operational Performance

Note: Benchmark data for A&E and cancer standards is in line with the rest of the report; RTT and diagnostics is one month behind.

OUH Operational Performance Benchmarking – National and Shelford Group

Indicator	Standard	Current Data Period	National	Shelford	OUH
Accident & Emergency '4 hour' standard 'All Types'					
% ≤4 hour waits from Emergency Department attendance to admission/transfer/discharge	95%	30/11/2021	65.95%	57.89%	67.76%

Referral to Treatment Standards					
RTT: % <18 week waits, Incomplete pathways	92%	31/10/2021	64.95%	61.63%	74.94%
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	31/10/2021	1753	5999	1364

Cancer Standards					
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	31/10/2021	81.34%	83.95%	82.83%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	31/10/2021	67.61%	67.79%	85.71%
First treatment within 31 days of cancer diagnosis	96%	31/10/2021	93.50%	90.16%	93.59%
First cancer treatment within 62 days of urgent referral from screening service	90%	31/10/2021	72.73%	70.95%	91.18%
First cancer treatment within 62 days of urgent GP referral	85%	31/10/2021	67.79%	59.93%	70.45%
Subsequent cancer treatment in <31 days: surgery	94%	31/10/2021	85.68%	77.87%	81.31%
Subsequent cancer treatment in <31 days: drugs	98%	31/10/2021	99.06%	99.34%	98.36%
Subsequent cancer treatment in <31 days: radiotherapy	94%	31/10/2021	95.45%	95.24%	80.35%

DMO1 6 week Diagnostic Standard					
DMO1: >6 week waits for treatment	1%	31/10/2021	24.98%	25.14%	9.40%

A&E

In month 8, whilst performance against the 4 hour standard continued to be extremely challenging, OUH performed favourably in comparison to the national average and Shelford group average.

RTT

At the end of October, OUH performed above the national average and the Shelford group average for patients waiting under 18 weeks at 75.53% and continued to report less >52 week waits when compared to both the national average and the Shelford group.

Cancer Standards

At the end of October 2021, OUH performed favourably when compared to the National and Shelford Group averages for the '<2 week waits to first appointment from urgent GP referral with breast symptoms', 'First treatment within 31 days of cancer diagnosis', 'First cancer treatment within 62 days of urgent referral from screening service', and 'First cancer treatment within 62 days of urgent GP referral'. When solely compared to the Shelford Group averages, OUH performed better in 5 out of 8 cancer standards.

Diagnostic waits

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

Urgent Care: 4 hour performance in November 2021 was 67.76%, a reduction of 1.67% from the previous month. The Horton site position deteriorated from the previous month achieving 75.86%, as did the John Radcliffe achieving 64.74%

ED 4 - hour performance

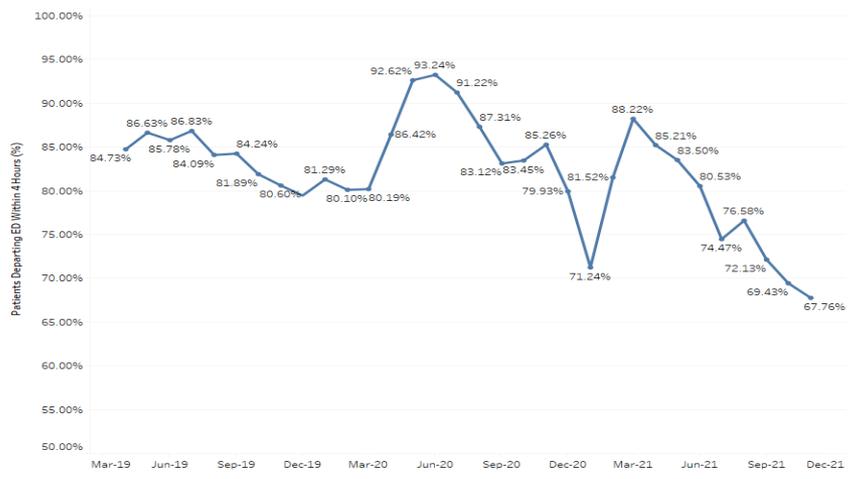


Figure 1. OUH 4 hr 'all types' performance Mar 2019 – November 2021

In November 2021 the Trust achieved 67.76% (all types) of patients being seen and discharged from ED within the 4 hour standard, a reduction in performance of 1.67% on the previous month.

OUH position dropped in the national rankings for ED 4 hour performance 'all types'. In comparison to the Shelford Group Hospitals, OUH maintained 5th position as with the previous month but dropped to 6th position against the local regional hospitals.

The John Radcliffe (JR) site saw a 1.65% reduction in performance on the previous month down from 66.39% to 64.74%

The Horton General Hospital (HGH) saw a 1.71% reduction in performance compared to October 2021, down from 77.57% to 75.86

National 4hr ED Performance - All Types - November 2021

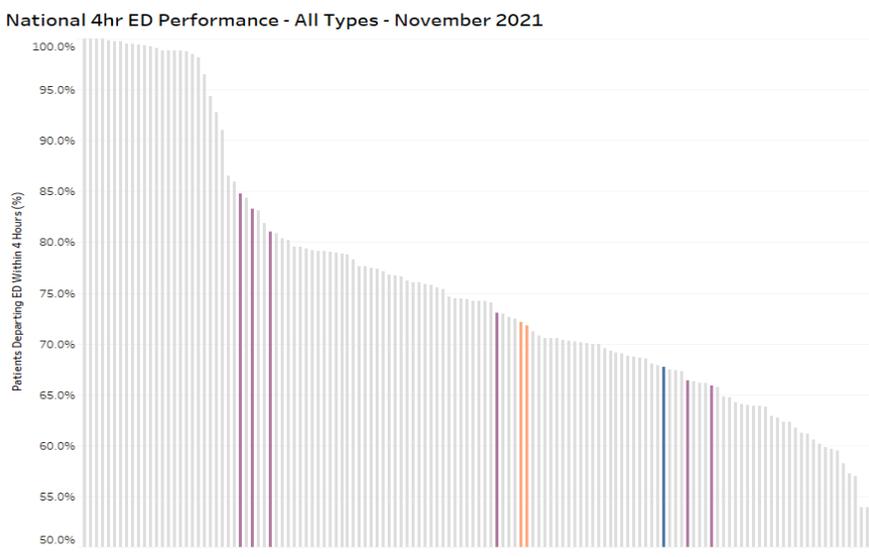


Figure 2 OUH performance of 'all types' (Emergency Departments only) compared to National position - November 2021

Regional 4hr ED Performance - All Types - November 2021

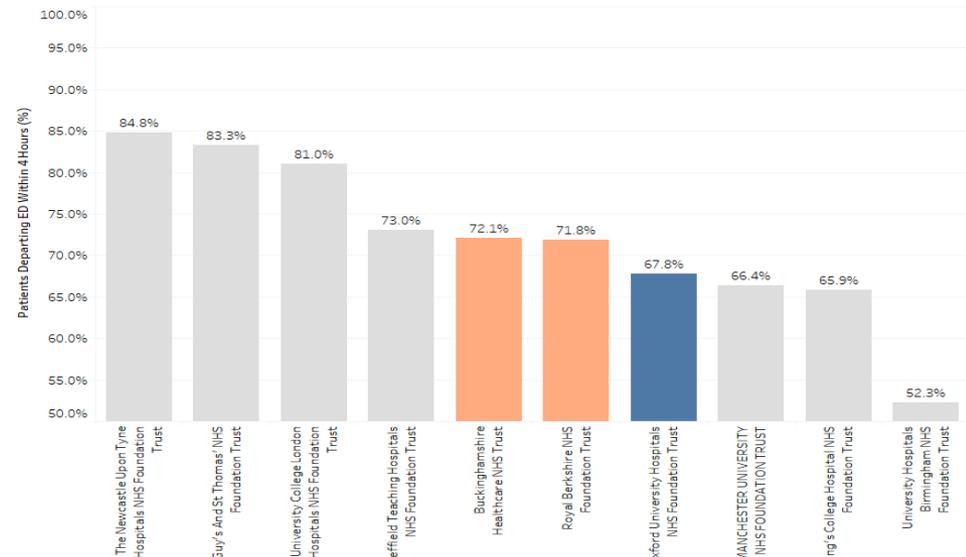


Figure 3 OUH performance of 'all types' (Emergency Departments only) compared to BOB system partners and Shelford Group - November 2021

Emergency attendances at both JR and Horton Hospitals have seen a marginal decrease this month compared to October, but is still 7.8% higher than November 2019. Majors presentations continue to be significantly above pre-Covid19 levels on both sites

In November 2021, ED attendances for each site (excluding eye casualty) continued to be similar to that seen in September and October adjusting for days in month. Compared to pre-COVID19 levels in November 2019, the increase in attendance was 7.8% (13,714 versus 12,718) across the both sites. Year to date (November 2021), ED attendances have increased by 5.6% in 2021/22 when compared to the same period in 2019/20 (105,781 versus 100,167).

The JR saw a 7% increase in attendances compared to November 2019 (9,603 versus 8,970). The number of **Majors presentations increased by 9%** (4,744 in November 2021 versus 4,352 in November 2019).

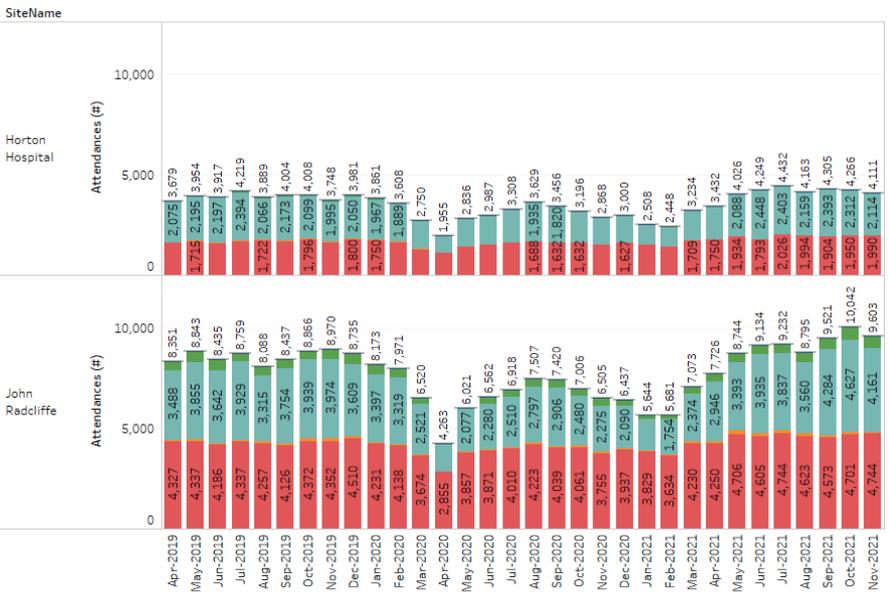
Adult attendances at the JR in November 2021 (7,081) were 6.7% higher than in November 2019 (6,635). Paediatric attendances in November 2021 (2,522) were 8% higher than in November 2019 (2,335).

ED attendances at the Horton increased by 9.7%, (4,111 versus 3,748) compared to November 2019. The number of **Majors presentations increased by 22.9%** (1,990 in November 2021 versus 1,619 in November 2019).

Adult attendances at the HGH in November 2021 (2,994) were 10.7% higher than in November 2019 (2,704). Paediatric attendances in November 2021 (1,117) were 7% higher than in November 2019 (1,044).

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

ED Attendance figures by Stream, Site



■ Adult ■ Paed

ED Attendance figures by Age Group, Site

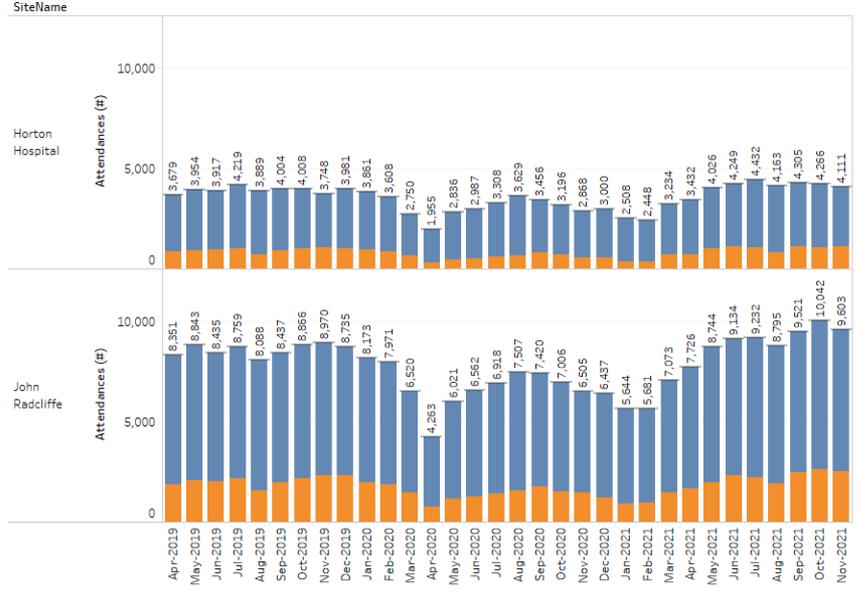


Figure 4. John Radcliffe and Horton Attendances November 2021

Breach numbers continued to be very high as the Trust experienced above pre-Covid19 ED levels of activity across both JR and Horton sites

On the John Radcliffe site, breach numbers were 3,890 for November 2021, a slight increase of 47 (1.22%) on October 2021 (3,843) of which 1,724 (44.32%) were admitted breaches and 2,166 (55.68%) non-admitted. In November 2021 admitted breaches increased by 31 (1.83%) compared to October 2021 (1,693) and non-admitted breaches increased by 16 (0.74%) compared to October 2021 (2,050).

The most significant breach reasons for admitted patients was 'Waiting to be Seen' 736/1,724 (42.7%) or 'Bed wait' 390/1,724 (22.6%). The most significant breach reasons for non-admitted patients were 'Waiting to be Seen' 1,578/2,166 (72.8%), of which 1,402/2,166 (64.7%) of the non admitted breaches were 'Waiting to be seen' by ED.

At the Horton site, breach numbers for November 2021 were 993, an increase of 36 (3.76%) on October 2021 (957), of which 458 (46.12%) were admitted breaches and 535 (53.88%) were non-admitted breaches.

'Specialty Decision Delay' accounted for 170/458 (37.12%) and 'Waiting to be Seen' 159/458 (34.72%) of the Admitted breaches. Non-admitted breaches were primarily 'Waiting to be seen' 384/535 (71.78%) of which 344/535 (64.3%) were 'Waiting to be seen by ED'.

Actions being taken to improve performance: (Implementation dates affected by Covid Surge)

- Develop processes to implement sustainable time to initial assessment within 15 mins of arrival by March 2022
- Early senior review to support early discharge / admission avoidance – in place
- Undertake review of the proportion of patients residing in ED for more than 12 hours, with a particular focus on patients that are discharged – February 2022
- Implement Clinically Ready to Proceed within EPR for all patients within the Emergency Departments – Quarter 4 2021/22
- Develop Standard Operating Procedure to support timely onward care once a decision has been made that a patient is ready to proceed to their next point of care – within 60 minutes – Quarter 4 2021/22
- Implement processes to review all patients within the Emergency Departments longer than 60 minutes when declared Clinically Ready to Proceed with referring specialties – Quarter 4 2021/22
- Review of internal triggers and escalation processes within the Trust, with a particular focus on actions to be taken at Opel 3 and Opel 4 levels – February 2022
- Length of stay improvement programme undertaken within MRC Division to be shared across the Trust for broader adoption – January 2022
- Undertake Rapid Improvement Cycles throughout January to reduce the number of patients on the Medically Optimised Patient List – January 2022
- Pilot discharge improvement programme, led by senior nurse and senior discharge co-ordinator, throughout January to improve timely discharge for patients – January 2022

John Radcliffe - Breaches by Breach Reason, Specialty & Admission Status - November 2021

BreachSpecialty	Admitted					Not Admitted				Grand Total
	Bed Wait	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen	
Cardiology	5	2		5	8	2	2	4	2	30
Cardiothoracics	1	4		2					1	8
ED	27	53	86	36	483	152	116	69	1,402	2,424
ENT	13	2		9	6	1	1	9	4	45
Gastro				3	3			2	1	9
Gynae	2	1		4	6			1	3	17
Max / Facs	2	1		4	5		1	1	8	22
Med	135	34	29	167	112	5	2	25	22	531
Neuro	8	1	2	1	3	1	2	2	5	25
Other	14	4		6	9	4	6	14	19	76
Paeds	109	13	2	39	29	5	2	68	42	309
Plastics	2	2		2	2	2	1	6	15	32
Psych									1	1
Psych / Barnes	1	2	2	3	3	2	7	21	22	63
Surg	28	8	5	27	43	1		24	13	149
Trauma	39	2	8	21	19	7	2	17	17	132
Urology		1	1		4					6
Vascular	4	1	2	1	1		1		1	11
Grand Total	390	131	137	330	736	182	143	263	1,578	3,890

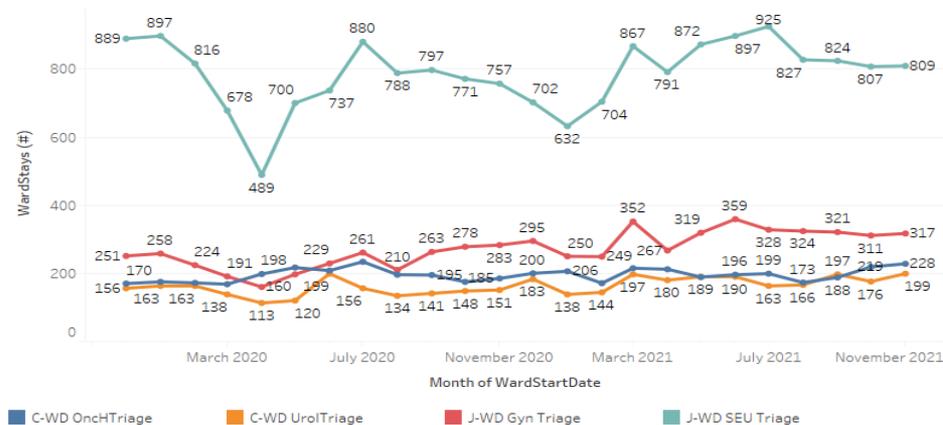
Figure 5. John Radcliffe Breach reasons November 2021

Horton - Breaches by Breach Reason, Specialty & Admission Status - November 2021

BreachSpecialty	Admitted					Not Admitted				Grand Total
	Bed Wait	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen	
Cardiology	1			3	1					5
Cardiothoracics				1						1
ED	1	18	11	5	73	53	31	7	344	543
Gynae	1				2					3
Med	34	32	8	141	61	3	2	22	9	312
Neuro	1	1					1		2	5
Other		1	1			2			6	10
Paeds	1	5		13	8	3	1	16	5	52
Plastics									1	1
Psych / Barnes				2		3		5	11	21
Surg	2	1		2	5			1	1	12
Trauma	4	5		3	9				4	25
Urology	1							1	1	3
Grand Total	46	63	20	170	159	64	35	52	384	993

Figure 6. Horton Breach reasons November 2021

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



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



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



Key highlights:

- Adult Ambulatory Unit (AAU)/Rowan Ambulatory Unit (RAU) consistently continue to see and treat high volumes of medical patients at both sites, significantly buffering the unprecedented attendances through both Emergency Departments.
- 85% of AAU attendance were discharged on the same day and 15% were brought in as follow up the following day and subsequently discharged. The conversion rate from AAU to admission was around 10% - well below the national trend even though the acuity of the patients has increased due to the revised operating model.
- The latter part of November saw the need to open AAU over consecutive nights for medical admissions which reduced the capacity available to see ambulatory patients through the day.
- Staffing will be a challenge in the coming months but AAU are proactively looking to cover any vacancies to continue the positive trend.

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

Patients with a LOS over 21 days

Process for reviewing inpatients with a LOS over 21 days:

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

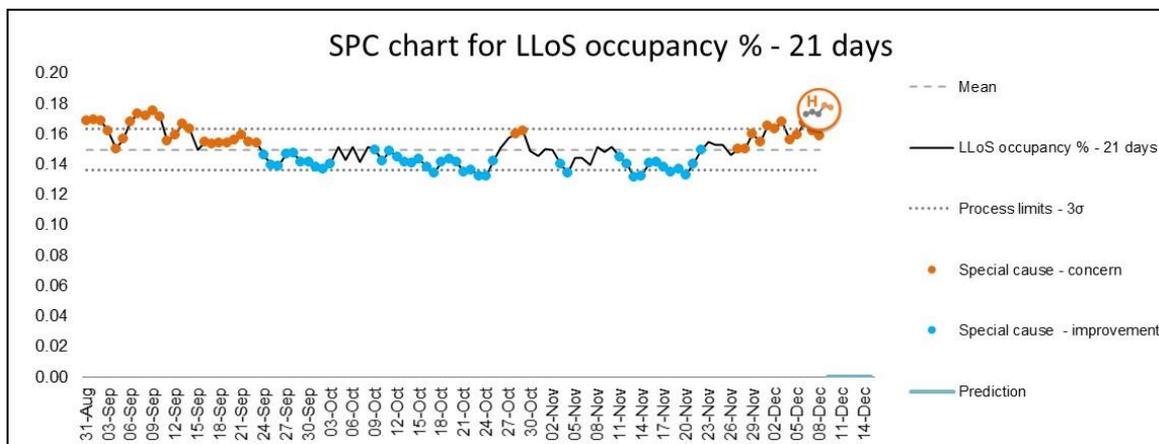
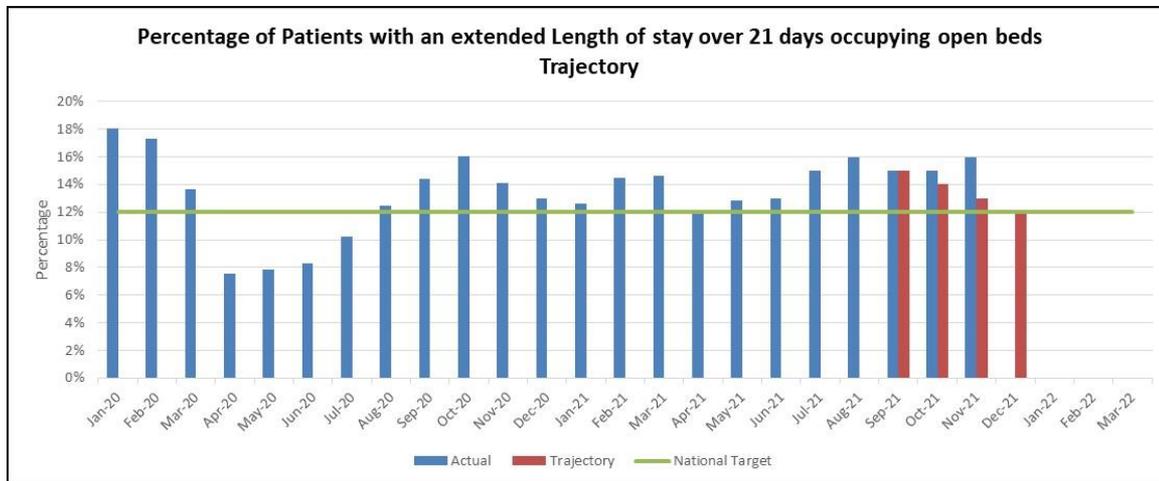
SPC analysis demonstrates a small improvement in performance.

The number of beds occupied with long length of stay patients started to increase during the last week of November with the volume of covid inpatients remaining stable throughout the month.

Activity is taking place across the three main inpatient Divisions to support ongoing improvements within each Division to reduce the number of patients with an extended LOS.

Snapshot LOS Over 21 days – 30th December

- 14.7% (130) of 886 adults are over 21 days
- 3% (4) are waiting for repatriation
- 32% (41) are out of county
- 15% (20) are NEWs 5 and above
- 31% (40) are delayed waiting services for them to be discharged
- 38% (50) are Medically Fit for Discharge, of this 26% (13) are waiting for community hospital placement or any other bedded intermediate/ reablement care and 22% (11) are waiting for social care reablement or home-based intermediate care time limited



QI tools Used

- Statistical Process Control Charts to assess impact of interventions introduced
- Driver Diagram

Elective Care: The total list size continues to increase and the number of 52 week waiters continues to decrease in November 2021



November 2021 submitted >104 week by specialty:

Specialty	Number of >104wk pathways
Plastic Surgery	18
Ear Nose and Throat	16
Paediatric Spinal Surgery	8
Spinal Surgery Service	8
Paediatric Plastic Surgery	5
Vascular Surgery	4
Neurosurgical Service	2
Maxillo Facial Surgery	2
Paediatric ENT	2
Orthodontics	1
Ophthalmology	1
Grand Total	67

Month 8 Performance:

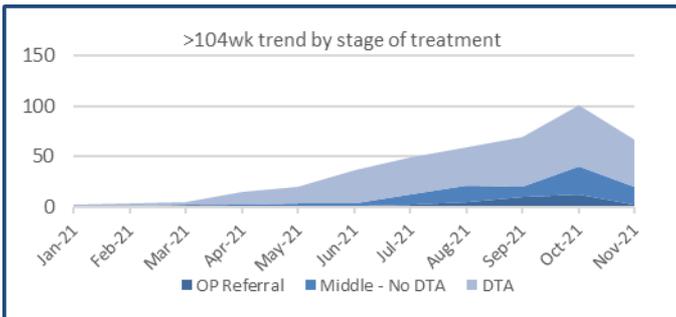
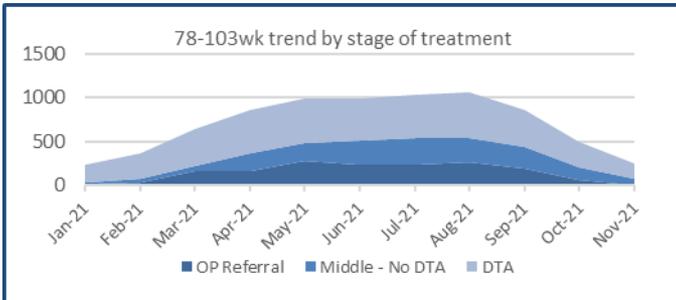
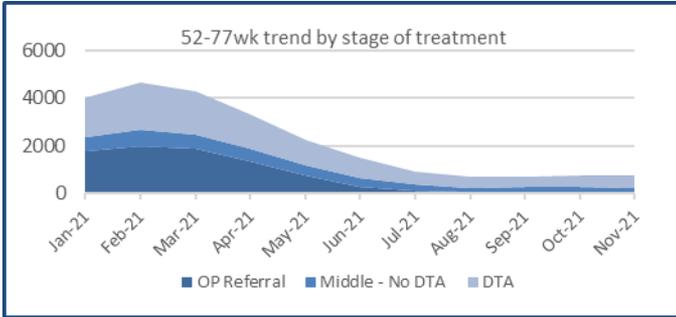
Trust performance against the overall **18-week incomplete RTT standard** was **75.55%**. The **total RTT Incomplete waiting list size for November** was **52,993** and therefore represents a continued **increased list size** (increase of 381 pathways) when compared to previous months submission.

52 week wait position: There are **1,064** patients waiting over 52 weeks for first definitive treatment at the end of November 21, this represents a **decrease** of 302 patients when compared to previous months performance position. This improvement is as a result of the continued activity undertaken throughout November and the impact of temporary suspension of referrals into the Trust at the beginning of the Covid-19 Pandemic. **67** patients were submitted as having waited **over 104 weeks** at the end of November 2021. This represents a decrease when compared with 101 reported in month 7 (Oct 2021). The services reporting >104week breaches are detailed in table (top right).

Areas of focus for elective care include:

- Delivery of specialty plans for the second half of the financial year
- Close monitoring of the impact of elective care recovery schemes
- Maintain focus on patients with extended waiting times - >104 weeks, >78 weeks, >52 weeks
- Forecast planning on patients who are at risk of breaching 104 weeks by end of March 2022
- Monitoring referral patterns and impact of services with recently reopened routine referrals
- Engagement with ICS Task & Finish Groups for challenged specialties
- Expedite projects within the Outpatient Improvement Programme
- Validation strategy to support stabilisation of waiting list size
- Continued escalation of technical issues affecting Incomplete RTT data

RTT long waits: Current >52, >78weeks and >104wks:



>52 week wait position month 8:

There were **1,064** patients waiting over 52 weeks for first definitive treatment at the end of November 21, this represents a continued **decrease** of 302 patients when compared to previous months performance position.

52-77wks:

Despite the reduction in total >52 weeks, when looking at patients waiting specifically **52-77 weeks**, the volume in this cohort remains **static** with no observed reduction in recent months. The top 4 areas by breach volume in this cohort are Orthopaedics, Plastics, Spinal and Urology.

78-103weeks:

This wait time cohort saw a continued **reduction** in November from 496 in Oct '21 to 252 in Nov 21. The largest reduction was in patients at the "OP Referral" and "Middle – No DTA" stages of the pathway following conclusion of ENT MediNet patient engagement work and weekly focus on outcomes/clinical decisions via PTL assurance process.

72% of the patients in this wait time cohort are now at **DTA stage**. The top 4 areas by breach volume in this cohort are Plastics, Spinal, Maxfax, ENT

>104weeks:

67 patients were submitted as having waited **over 104 weeks** at the end of November 2021, this represents a **decrease** in the volume in this wait time cohort. The majority of these patients have a DTA and are awaiting surgery. The challenges to treating this cohort in November were:

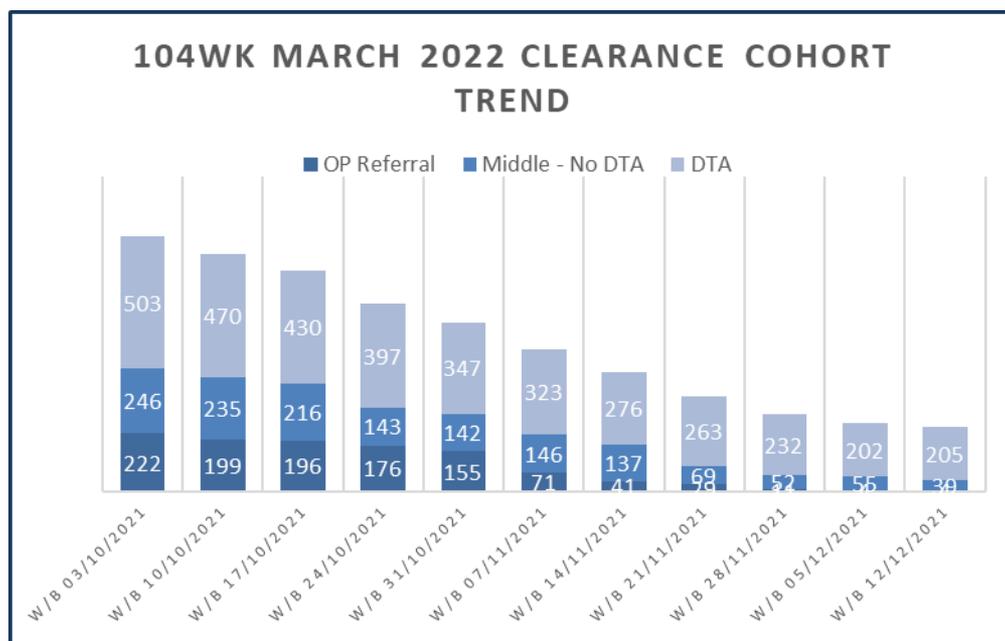
- JR theatre capacity for adult spinal cases
- P2 clearance - high volume P2 patients impacting on Plastics, Vascular and Spinal long wait clearance drive
- Oculoplastic patients – have now been scheduled for admission during the 2 week "Ocularplasticsathon" scheduled for January 2022
- Access to beds – High Dependency beds, Critical Care unit beds and ward beds
- Staffing

"OP Referral" = patient is still awaiting FIRST outpatient attendance

"Middle" = Patient has attended first new appointment but does not currently have a decision to admit

"DTA" – Patient has a Decision to admit (DTA) and is on the surgical waiting list

Snapshot date	OP Referral	Middle - No DTA	DTA	Grand Total
w/b 03/10/2021	222	246	503	971
w/b 10/10/2021	199	235	470	904
w/b 17/10/2021	196	216	430	842
w/b 24/10/2021	176	143	397	716
w/b 31/10/2021	155	142	347	644
w/b 07/11/2021	71	146	323	540
w/b 14/11/2021	41	137	276	454
w/b 21/11/2021	29	69	263	361
w/b 28/11/2021	11	52	232	295
w/b 05/12/2021	4	55	202	261
w/b 12/12/2021	4	39	205	248
11 weeks difference	-218	-207	-298	-723



Reductions and focus:

- Weekly PTL meetings with services are focussing on dating and clearing “Outpatient Referral” and “Middle – No Decision to Admit (DTA)” stages to zero by end of Q3
- The 104 week March 2022 clearance trend has continued to show week on week reductions, however the rate of reduction has slowed in recent weeks.

Challenges to 104week clearance:

- **Spinal Adult & Paediatric** - Access to JR adult theatre capacity beyond December to be confirmed and decisions regarding Anterior Cervical Discectomy and Fusion (ACDF) activity to be finalised. Consultant team willing to work Saturdays and Sundays, plus extended lists. Plans for overnight anaesthetic cover at the NOC to be finalised. Services require 25 additional lists for spinal adults and 22 additional lists for Paediatric Spinal. Mutual aid request being progressed through the BOB Integrated Care System.
- **Plastics** - Plastics require 15 all day theatre lists over and above current establishment. Craniofacial lapsed P2's need the infrastructure for the long waiting patients to go ahead. Plans for support from GOSH are paused until January due to recent Omicron surge.
- **Ophthalmology** –have scheduled long waiting patients into the 2 week “Ocularplasticsathon” in January 2022
- **Paediatric ENT/Paediatric Plastics/Paediatric Max fax** - access to paediatric beds over winter.
- **Beds** - long waiters have been cancelled in recent weeks due to unavailability for both ward and ITU beds

Elective RTT Performance against H2 plans:

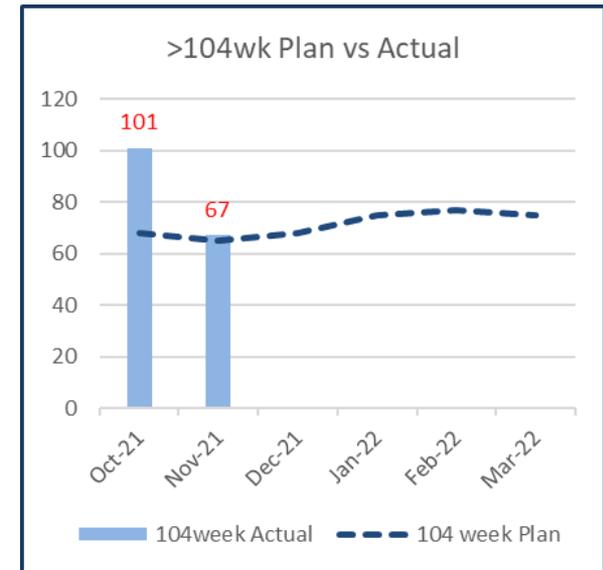
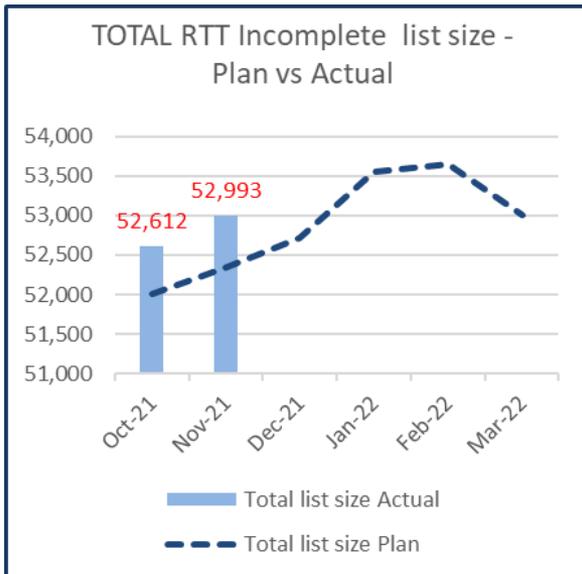
On 30/09/2021, NHSEI published “2021/22 priorities and operational planning guidance: October 2021 to March 2022” which sets out the expectations for Providers and Systems to update their operational plans for 2021/22.

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

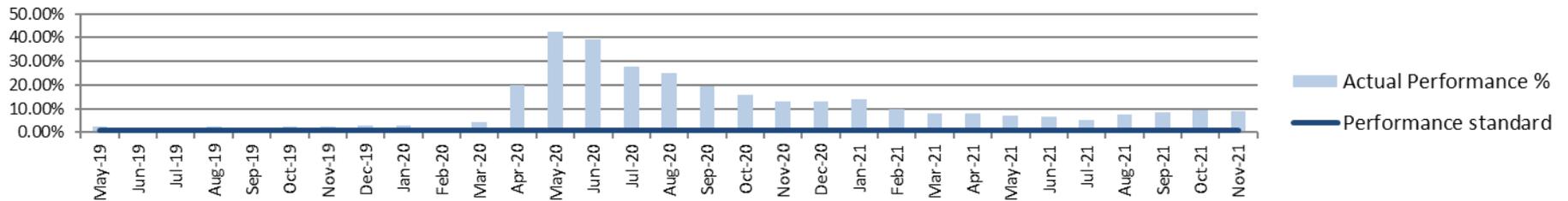
- **Eliminate waits of over 104 weeks** by March 2022 except where patients choose to wait longer
- **Hold or where possible reduce** the number of patients waiting **over 52 weeks**
- **Stabilise waiting lists** around the level seen at the end of **September 2021**

November 2021 Performance against plan:

- **>104 weeks** – In November, the Trust did not meet the trajectory plan with an actual of **67** against a plan of 65
- **>52 weeks** – In November, OUH continued to meet the plan with an actual of **1,064** against a plan of 1,550
- **Total RTT Incomplete waiting list size** – did not meet the trajectory plan with an actual of **52,993** against a plan of 52,350



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



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

Specialty	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Trend rolling 12 month period
Magnetic Resonance Imaging	494	677	808	741	794	882	762	616	547	584	542	397	341	
Computed Tomography	43	32	22	26	21	17	16	14	15	23	20	24	38	
Non-obstetric ultrasound	528	387	193	15	15	20	10	8	6	120	252	674	670	
Barium Enema	0	0	0	0	0	0	0	0	0	0	0	0	2	
DEXA Scan	0	0	0	0	0	0	0	0	0	0	1	0	0	
Audiology - Audiology Assessments	8	11	8	19	5	2	28	71	18	45	146	159	220	
Cardiology - echocardiography	98	49	24	8	9	1	0	40	64	122	125	89	42	
Cardiology - electrophysiology	19	34	28	8	2	21	0	0	0	0	0	0	0	
Neurophysiology - peripheral neurophys	61	42	66	53	36	29	42	24	7	1	5	2	11	
Respiratory physiology - sleep studies	0	0	0	0	0	0	0	0	0	0	0	0	0	
Urodynamics - pressures & flows	0	5	1	13	1	14	18	22	15	21	18	14	13	
Colonoscopy	82	61	59	38	13	19	25	22	11	17	28	12	14	
Flexi sigmoidoscopy	91	72	50	27	11	16	18	20	11	13	19	11	4	
Cystoscopy	49	31	53	40	38	48	54	69	50	54	53	53	65	
Gastroscopy	187	169	154	85	37	41	33	41	31	26	24	23	22	

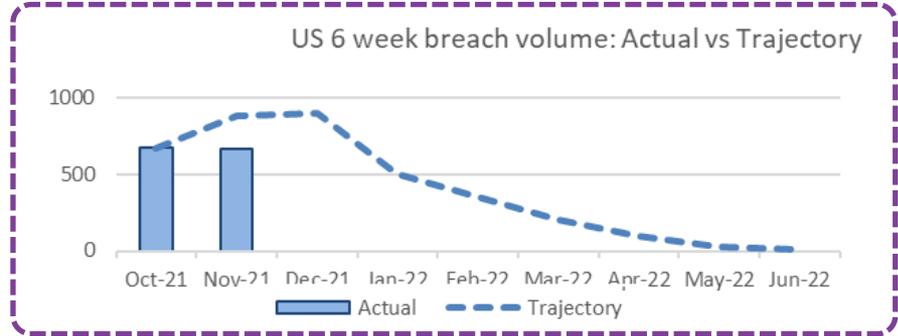
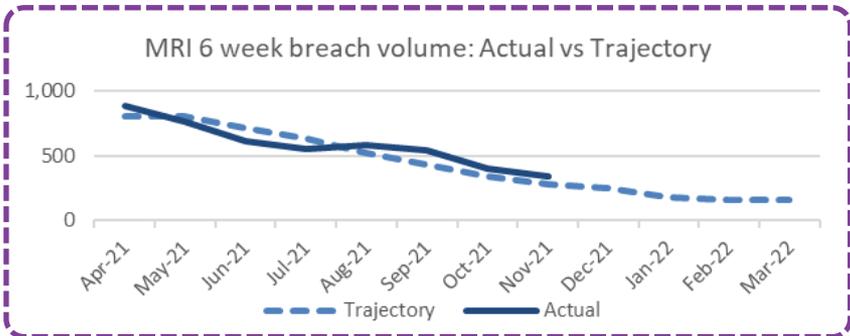
Month 8 Performance:

There were **1,442** patients waiting over 6 weeks for a DM01 reportable diagnostic test at the end of November (a decrease of 16 patients compared to previous month). The Trust did not meet the **diagnostic wait** standard with **8.77%** waiting more than 6 weeks. Overall performance remains above the national standard.

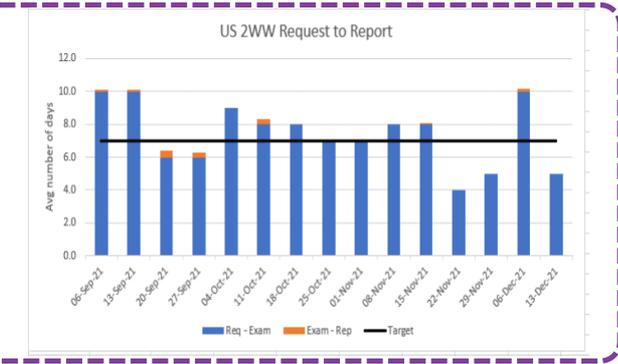
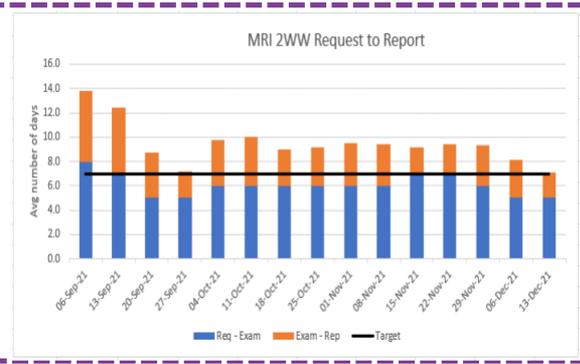
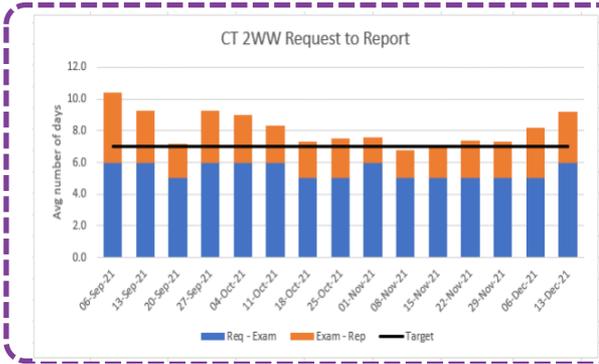
Audiology – Volume of breaches has continued to increase in November due to staffing levels of clinical audiologists. Audiology are in the process of recruiting to vacancies, however it can be quite difficult attracting audiologists into the NHS when there are significant opportunities in the commercial sector. There has been an arrangement with the CCG to move the “standard” age related hearing loss reassessment patients to community providers which commenced at the beginning of December.

Non obstetric ultrasound has **stabilised** when compared to the previous month, but still has the **highest volume of breaches** across the DM01 tests, with **670 patients breaching** the 6 week standard in **November**. Please see next slide for detail.

Radiology:



2ww requests for radiology: Trend in average wait (days) from request to report



2ww requests for radiology: Average wait for request to exam for CT has increased in recent weeks; the increase is attributed to 2x biopsy cases and 3x CT with contrast patient choice. The recent ultrasound spike was due to patient choice of biopsy dates; the average has since returned to 5 days. All modalities have seen an increase in patients not wanting to come on site due to COVID related concerns

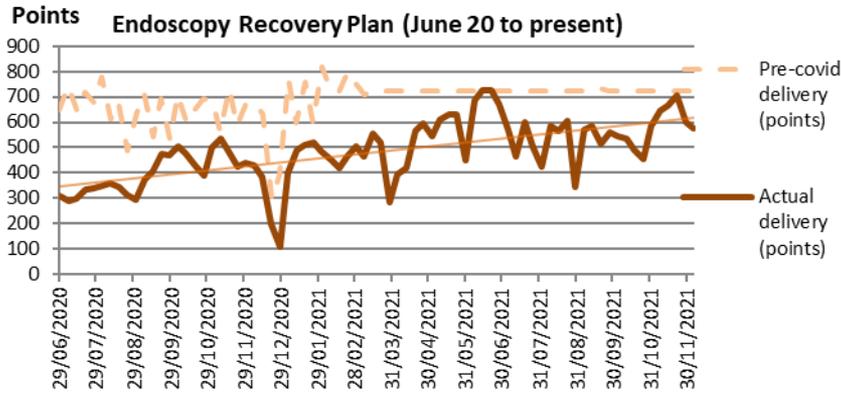
DM01 performance against trajectory:

MRI - The number of DM01 reportable breaches reduced slightly this month, however they have exceeded the trajectory in November. This is predominantly due to lost capacity caused by staff shortages. Capacity at The New Foscote Hospital has been running since the last week in September, with the impacts of this capacity expected to be seen in December. Mobile vans are still in place across multiple sites whilst the replacement programme comes into its final stages.

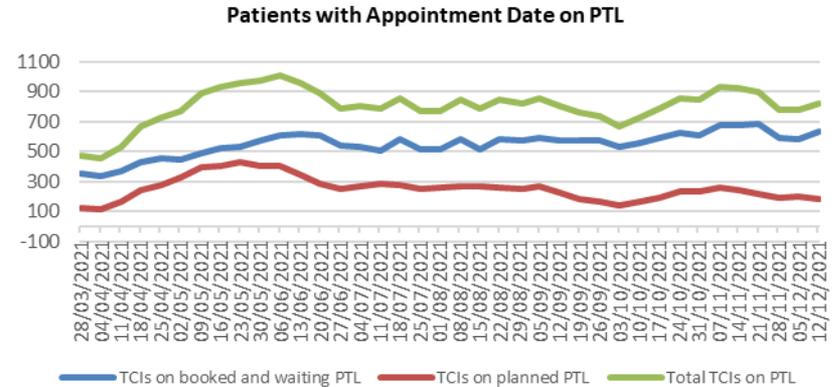
Non obstetric US breaches have stabilised this month (from 674 in Oct 21 to 670 in Nov 21). The increased demand seen in previous months has continued into November with staff shortages also affecting capacity due to vacancies and staff absence. However, there has been good uptake of additional ultrasound sessions which has stemmed the increasing breach trend observed in recent months. Further improvements are expected in coming months as a new ultrasound loan machine is arriving in December, a new sonographer is starting, additional alternative capacity has been identified in community for January, and the Community Diagnostic Centre will also provide extra ultrasound capacity from January. These actions are unlikely to fully impact until January 2022 and therefore the position is likely to continue to deteriorate into December 2021.

Endoscopy:

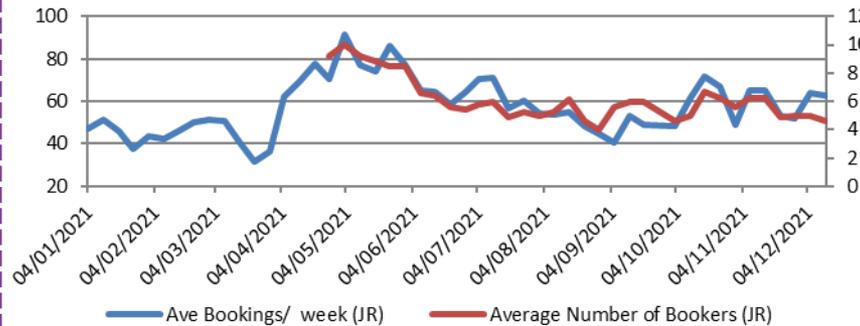
Number of points completed per week (all sites):



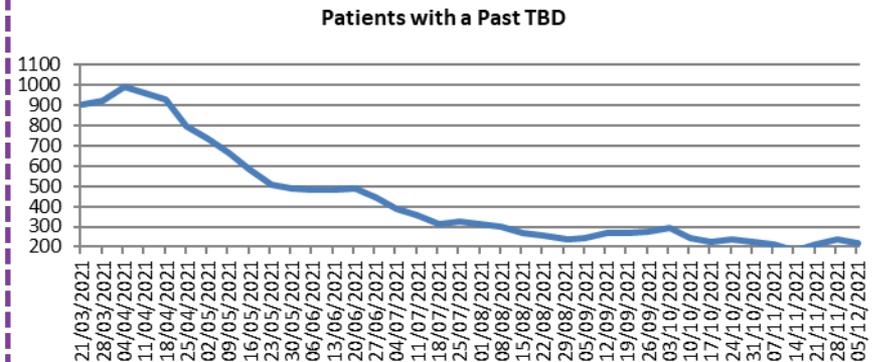
Number of patients with a booked procedure:



Average appt Bookings per Day Vs Number of Bookers (JR)



Patients overdue surveillance/ follow up procedure:



Number of points - Week ending the 12th December 21 endoscopy delivered 576 points. The reduction over the past few weeks is due to a significant number of lists being uncovered, mainly due to pre Christmas annual leave.

Number of patients with TCI – Endoscopy currently have 636 patients on the booked and waiting PTL with a TCI date which is a much improved picture from previous week. This can be directly attributed to booking team focus on this cohort and the improvement in daily numbers of bookings. The number of patients with a TCI date on the planned PTL remains in a static position. This is mainly due to staffing issues which we are looking to resolve in the coming weeks.

Surveillance patient recovery continues. There are 216 patients past their treatment by date (w/e 12/12/21) compared to 991 at start of April 2021

Number of past TBD's on the planned PTL has fluctuated over the last few weeks which is linked with staffing levels. Endoscopy are backfilling staff vacancies so expecting a more favourable position in the coming weeks.

Elective Care; Elective on the day cancellations (hospital non-clinical reason) and 28 day readmission

28 Day reportable cancellations/readmission breaches by Month

Month	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Total Hospital Non clinical cancellations in period	27	13	14	6	11	23	19	36	38	31	25	49	44
28 day Readmission breaches in period	1	2	0	0	0	1	0	3	4	6	4	2	7

Other - reasons for elective on the day cancellation by Month

Clinical reason	18	10	21	21	28	18	29	30	22	30	31	34	30
Patient declined treatment on the day	3	3	1	2	6	1	3	3	2	6	3	4	4

Specialty	Cancellations	Readmission Breaches
Interventional Radiology	1	0
Cardiac Surgery	2	0
Thoracic Surgery	1	0
Dermatology	1	0
Paediatric Neurosurgery	1	0
Paediatric Surgery	2	2
Neurosurgical Service	4	0
Ophthalmology	2	0
Paediatric Plastic Surgery	1	1
Plastic Surgery Cleft	0	1
Plastic Surgery Craniofacial	2	0
Vascular Surgery	1	0
Orthopaedics	4	1
Trauma	2	0
Trauma and Orthopaedics	5	0
Endoscopy (Gastroenterology)	4	0
Endoscopy (General Surgery)	1	0
Colorectal Surgery	2	0
Urology	8	2
	44	7

Month 8 Performance: There were 44 reportable (**hospital non clinical**) **elective cancellations on the day** throughout the month of November 2021, this represents a slight decrease in **cancellations** due to these reasons when compared to previous month.

The reasons for cancellation were as follows:

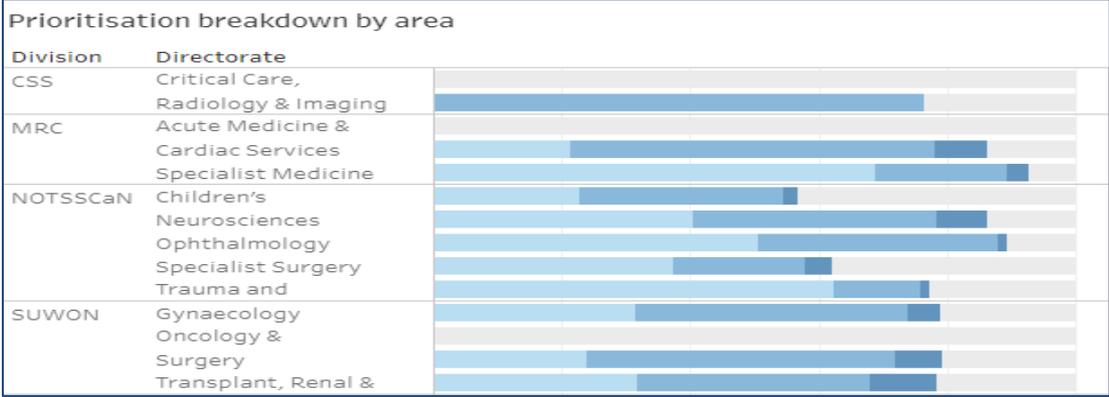
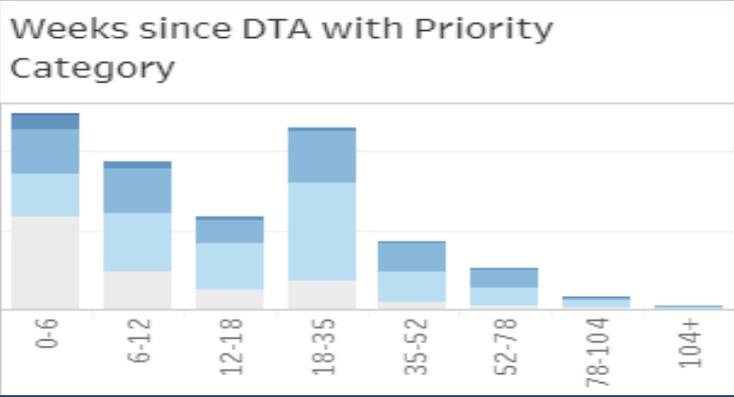
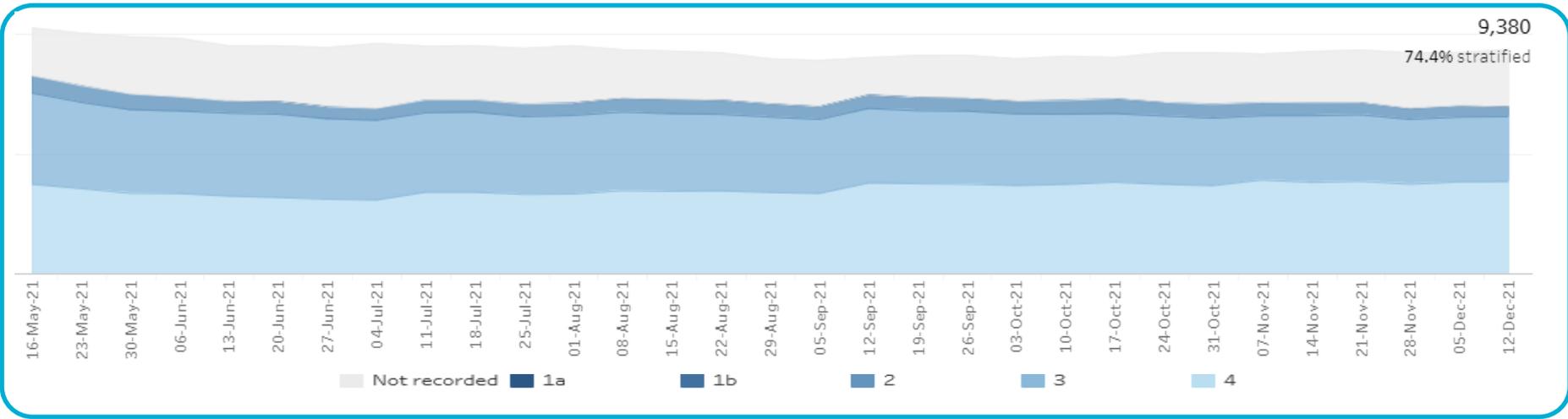
- No Bed (16 patients)
- No ITU /CORU bed (4 patients)
- Ran out of theatre time/list running late/Overbooked (8 patients)
- Overriding emergency/urgent took priority (6 patients)
- Equipment unavailable/failure issues (3 patients)
- Anaesthetist unavailable (2 patients)
- Radiographer unavailable (1 patient)
- Booking error – not suitable for list (2 patients)
- No bowel prep sent/received (2 patients)

There were **7 x 28 day readmission failures** in November 2021. The reasons why unable to readmit within 28 days were:

- 3 x Clinically more urgent/cancer cases were prioritised into the available capacity
- 1 x Consultant job plan meant was not operating again within 28 day period
- 1x No ITU bed available for subsequent attempt at readmission within 28 days
- 1 x No paediatric bed available to readmit within 28 days
- 1 x No ward bed available for subsequent attempt at readmission within 28 days

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

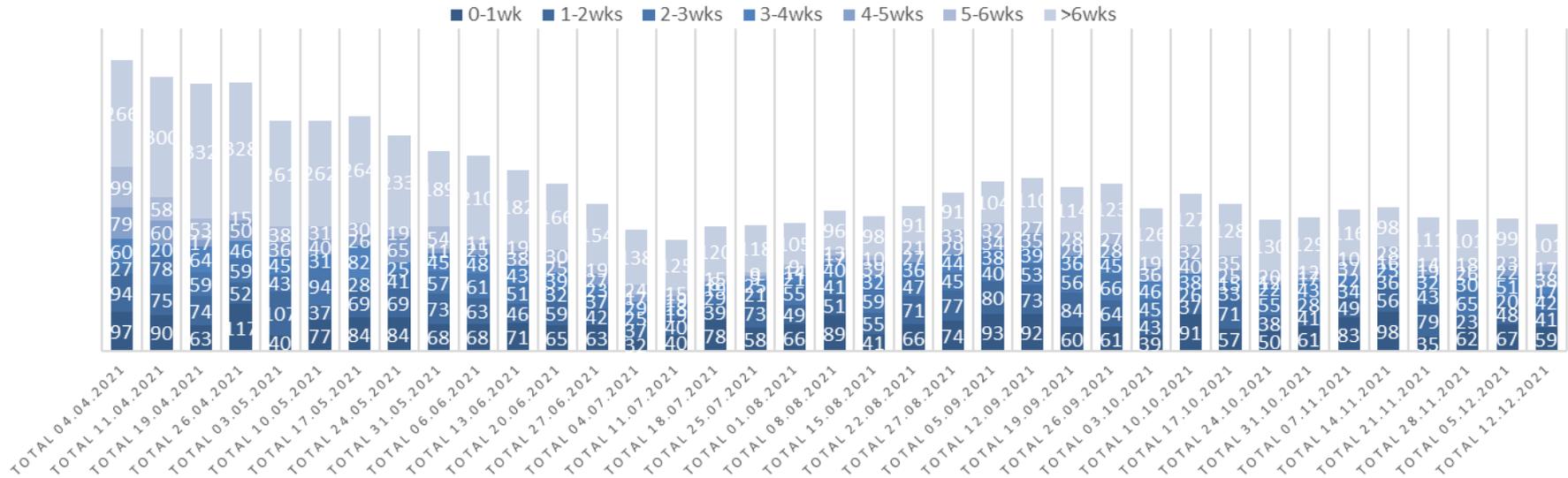
Elective Care; RCS Prioritisation (P1-P4) of Patients on UNDATED Surgical Waiting List (excluding Endoscopy and "Planned/surveillance")



RCS Prioritisation (P1-4) : Undated patients on the surgical waiting list (excluding Endoscopy and "Planned/Surveillance" have continued to be clinically prioritised using Royal College of Surgeons (RCS) guidance. As at the surgical PTL snapshot of 12/12/2021 **74.4% of UNDATED** patients (excluding Endoscopy "planned/surveillance") had an RCS documented within EPR, showing continued **deteriorating** performance compared with previous months position.

Redesign changes to capture the RCS at point of addition to waiting list (via changes to OEF) required Cerner engineers to work with EPR and Information Teams. This work has been completed, however final scenario testing completed 15.10.21 showed failures in relation to the diagnostic flow. Further design work to address testing failures has been completed, and further information testing was delayed due to unavailability of CERT domain. A provisional Go-Live date in January 2022 has now been set with an implementation package being developed to support the roll-out.

LAPSED P2S (BY NUMBER OF WEEKS LAPSED) - TREND



- There are **781** patients stratified as RCS category “P2” on the Inpatient/Daycase waiting list as at 12/12/2021.
- **40.3%** (315) of patients categorised as P2 have waited in **excess of the 4 week timeframe** since last being prioritised (lapsed)
- Lapsed P2 data is shared and discussed with Divisions on a weekly basis via the PTL and Assurance meeting process, with particular focus on those lapsing by the greatest amount of time (>6weeks), and securing a plan.
- As of 12/12/2021, there were **16 patients categorised as a P2** who’s total RTT pathway exceeded **52 weeks**, of which;
 - 4 Spinal have been escalated for TCI
 - 2 Cranio have been escalated for TCI
 - 2 Neurosurgery awaiting TIC Injection – escalated for TCI
 - 1 TCI scheduled for Dec
 - 5 TCI scheduled for Jan
 - 1 awaiting further MDT discussion
 - 1 patient choice to delay

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

Top 10 specialties of Lapsed P2s by volume of patients currently lapsed (as at 12/12/21) and TCI status:

Specialty	No TCI	TCI	Grand Total
Orthopaedics	14	45	59
Gynaecology	40	4	44
Urology	23	14	37
Spinal (Including Paediatric Spinal)	25		25
Plastic Surgery Craniofacial	17	4	21
Ear Nose and Throat (Including paed ENT)	4	12	16
Maxillo Facial Surgery (Including paed Maxfax)	8	8	16
Plastic Surgery (Including paed plastics)	6	10	16
Vascular Surgery	10	2	12
Dermatology	5	4	9

Cancer Waiting Time Standards

3 out of 9 Standards achieved in October 2021

Standard	Target	Oct-21				Sep-21			
		Total	Within	Breach	Oct 21 Performance	Total	Within	Breach	Sept 21 Performance
2WW	93%	1,957.00	1,621.00	336	82.80%	2073	1843	230	88.90%
2WW Breast symptomatic	93%	196	168	28	85.70%	175	171	4	97.70%
31 day 1st	96%	437	409	28	93.60%	427	392	35	91.80%
31 day sub chemo	98%	183	180	3	98.40%	169	169	0	100.00%
31 day sub RT	94%	229	184	45	80.30%	228	216	12	94.70%
31 day sub surgery	94%	107	87	20	81.30%	85	71	14	83.50%
62 day screening	90%	34	31	3	91.20%	20	14	6	70.00%
62 day GP to 1 st treatment	85%	220	155	65	70.50%	219.5	159	60.5	72.40%
28 Day FDS Two Week Wait	75%	1,944.00	1,586.00	358	81.60%	2028	1599	429	78.80%

Oct 2021 Performance: Reporting an additional month in arrears, the Trust achieved 3 out of 9 CWT standards in Month 7.

2ww from GP referral: standard was not achieved, reporting **82.8%** against 93% threshold with 336 patients breaching. Gyneae accounting for 94 breaches (28%) followed by Urology with 76 breaches (23%) & then Lower GI with 75 breaches (22%).

2ww Breast Symptomatic: standard was not met with a performance of **85.7%** against standard of **93%**. Unfortunately, performance is not expected to improve in November due to Mammographer vacancies creating challenges with maintaining the required capacity for clinics to be at 180 patients.

■ Breach
■ Within

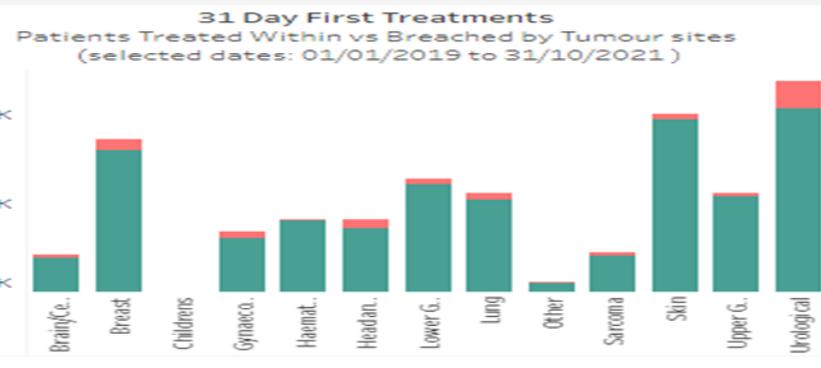
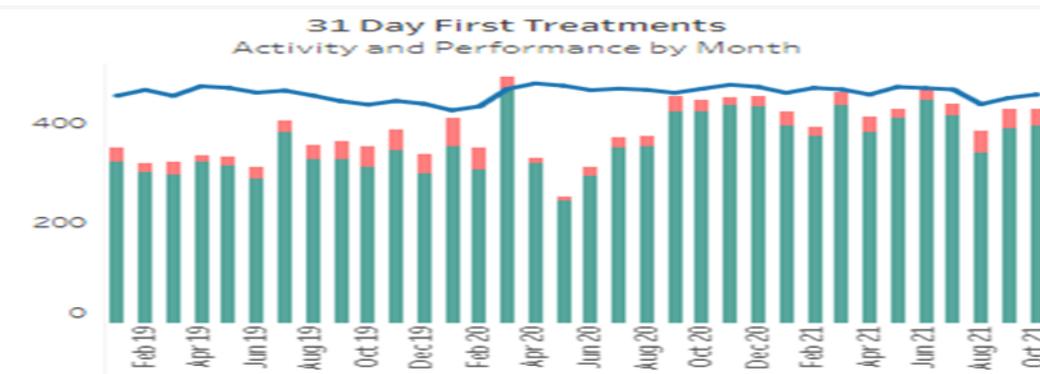
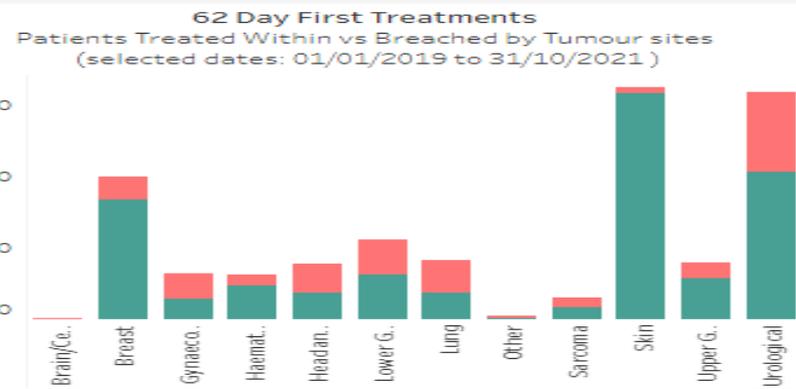
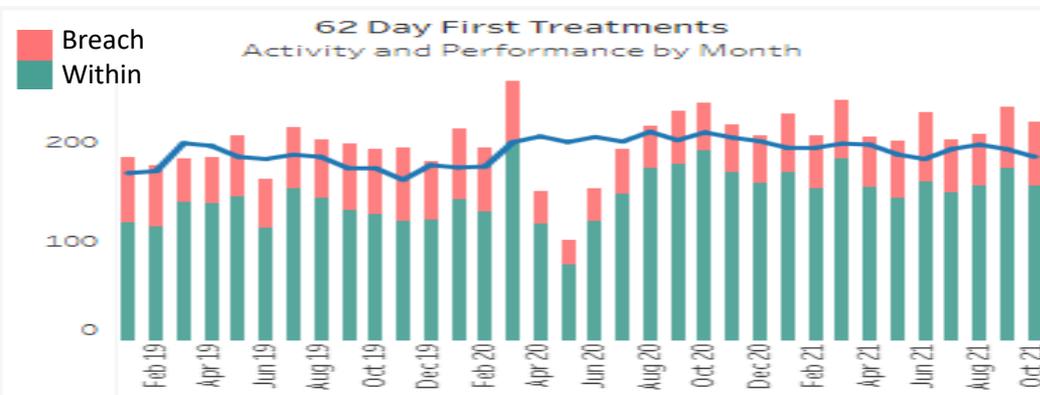
Two Week Waits
Activity and Performance by Month



Two Week Waits
Patients Seen Within vs Breached by Tumour sites
(selected dates: 02/01/2019 to 31/10/2021)



62 Day from GP referral: The number of completed pathways were 220 with 65 breaches resulting in a performance of **70.5%**. The main breaches were in **Urology (19.5)**, **Lung (12.5)**, **Lower GI (9)** and **H&N (9)**. Improvement schemes are in place (see themes in Tumour Site Update later in pack).



Patients waiting over 104 days for diagnosis and treatment:

As of 22/10/2021 Patients over 104 days who are untreated = 35, Confirmed = 16 Suspected = 19 (Urology 8, LGI 3, Gynaecology 3, Lung 6, Skin 5, Sarcoma 2, H&N 6, Neuroendocrine 1, Haematology 1)

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

(see below right)

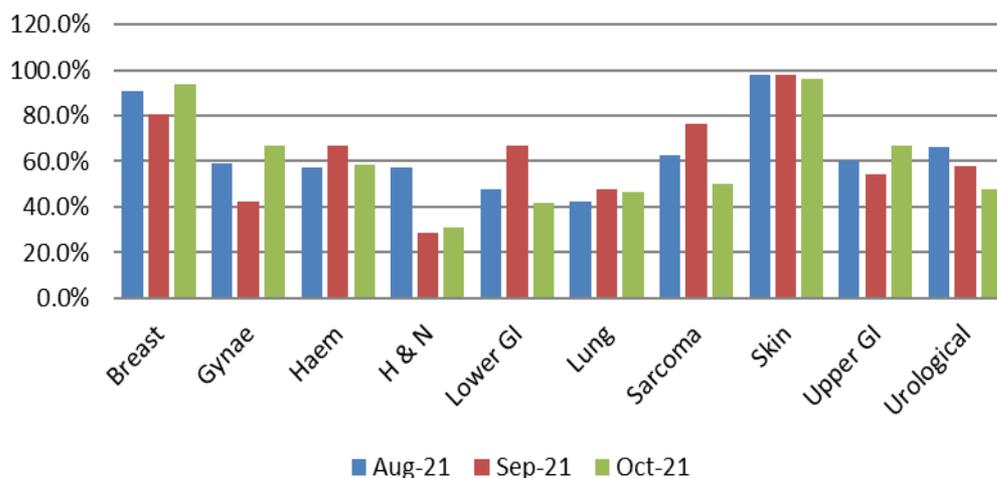
62 Day incomplete pathways >62 days	Count	OCT 191	SEPT 183
62 Day incomplete pathways >104 days	Count	OCT 35	SEPT 42

Day referred	186	137	61	78	62	58	36	95	21
Day in Pathway	209	146	112	106	197	169	162	140	136
Tumour Group	Urology	Urology	LGI	LGI	Skin	Skin	Skin	Skin	UGI
Referring Trust	MK	MK	Bucks	RBH	GWH	GWH	GWH	GWH	Bucks

62 day tumour site performance Aug 2021– Oct 2021

Tumour Site	Aug-21				Sep-21				Oct-21			
	Total	Within	Breach	%	Total	Within	Breach	%	Total	Within	Breach	%
Breast	21	19	2.0	90.5%	41	33	8.0	80.5%	33	31	2.0	93.9%
Gynae	8.5	5	3.5	58.8%	9.5	4	5.5	42.1%	7.5	5	2.5	66.7%
Haem	7	4	3.0	57.1%	6	4	2.0	66.7%	6	3.5	2.5	58.3%
H & N	7	4	3.0	57.1%	10.5	3	7.5	28.6%	13	4	9.0	30.8%
Lower GI	12.5	6	6.5	48.0%	12	8	4.0	66.7%	15.5	6.5	9.0	41.9%
Lung	9.5	4	5.5	42.1%	10.5	5	5.5	47.6%	23.5	11	12.5	46.8%
Sarcoma	4	2.5	1.5	62.5%	8.5	6.5	2.0	76.5%	4	2	2.0	50.0%
Skin	66	64.5	1.5	97.7%	66	64.5	1.5	97.7%	67.5	65	2.5	96.3%
Upper GI	12.5	7.5	12.5	60.0%	16.5	9	7.5	54.5%	10.5	7	3.5	66.7%
Urological	48.5	32	16.5	66.0%	34.5	20	14.5	58.0%	37.5	18	19.5	48.0%
Total	198.5	150	48.5	75.6%	219.5	159	60.5	72.4%	220	155	65.0	70.5%

62 day performance Target 85%



Most significant breach numbers/ reasons:

Lower GI (9) – Delay in Faecal Immunochemical Tests (FIT), Biopsy capacity Complex* and co-morbidities**

H&N (9) – Surgery capacity, Complex* and co-morbidities**

Lung (12.5) - Complex* and co-morbidities**

Urology (19.5) - Complex* and co-morbidities** Diagnostic & Admin capacity.

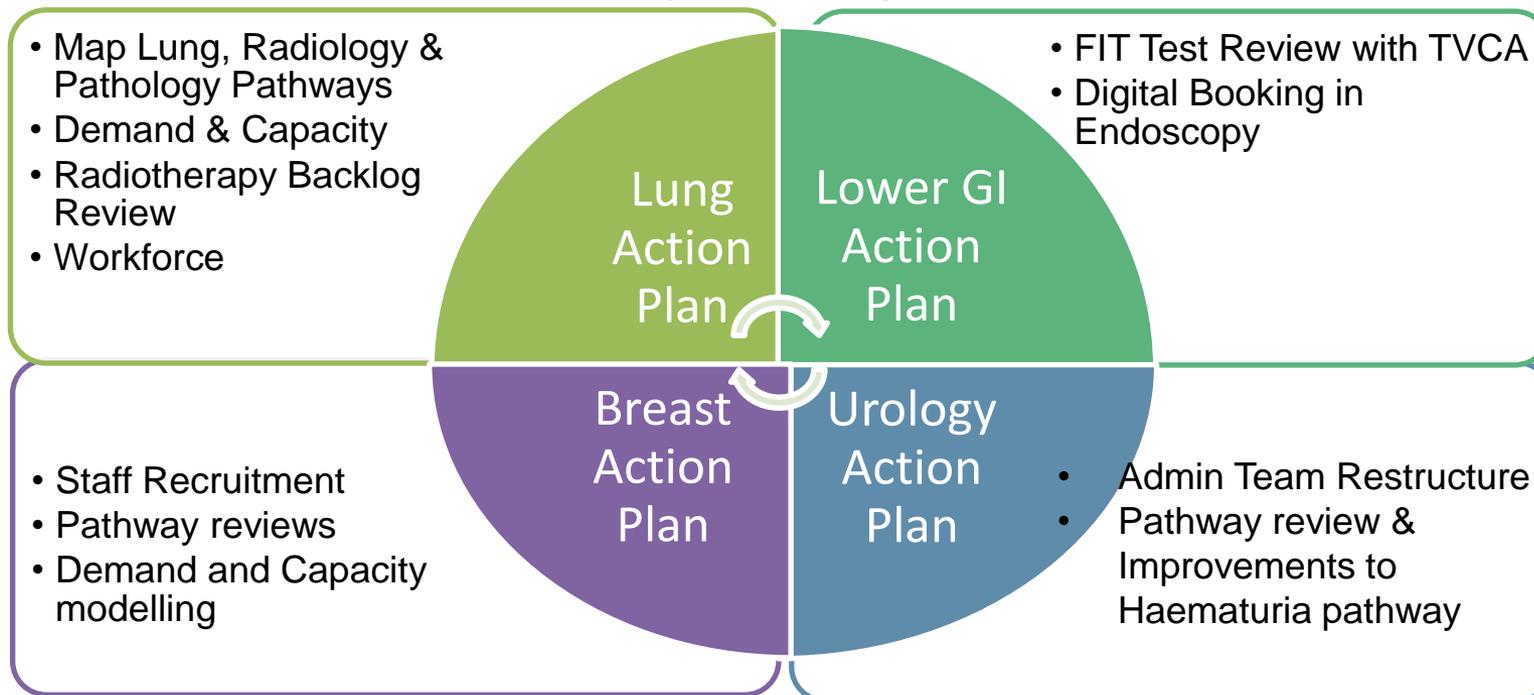
* **Complex pathways** - requiring repeated diagnostic tests including GA biopsies,

** **Co-morbidity** - delaying diagnostic procedures or synchronous primaries diagnosed

*** **GA diagnostic** procedures and capacity for treatment

Tumour Type	2WW	28 FDS	31D	62D 1ST
Breast	93.9%	96.9%	85.1%	93.9%
Gynaecological	51.5%	70.1%	95.8%	56.7%
Haematological	100.0%	30.8%	100.0%	58.3%
Head & Neck	83.3%	77.3%	71.4%	30.8%
Lower Gastrointestinal	62.5%	70.0%	93.8%	41.9%
Lung	100.0%	78.6%	97.9%	46.8%
Sarcoma	85.4%	73.5%	93.3%	50.0%
Skin	99.7%	84.0%	96.7%	96.3%
Upper Gastrointestinal	96.0%	86.8%	96.0%	66.7%
Urological	58.0%	61.1%	96.5%	48.0%
All Tumour Sites	82.8%	81.6%	93.6%	70.5%

High Level Action Plan themes below. Detailed action plans in place for each tumour site, with expected delivery dates



2WW Referrals Into OUH - Average Days Breached:

Although the number of breaches increased in October the mean average breach day decreased from 21.4 days in September to 20.3 days. This is mainly due to breaches in the breast pathway where the average was 18 days. The majority of the >30 day breaches relate to FIT test requests in LGI for those missing when referred by the GP. Data collected in October suggests that **42%** (97 of 229) of patients were referred in **without FIT tests completed**. CCG discussing this issue with GP's.

31 Day DTT - Treatment - Average Days Breached:

The number of treated patients increased from 427 patients in September to 437 patients in October, with fewer patients breaching (28). The (mean) average number of days on which patients are breaching reduced down to 45 days. This is due to only having 1 patient who was treated over 100 days;

Top 5 Patients breaching 31 day 1 st Standard inc. Tumour Site					
Tumour Site	Skin	Head & Neck	Skin	Head & Neck	Lower GI
Day Breached Oct 21	131	82	73	57	51
Tumour Site	Brain	Adrenal	Brain	Skin	Brain
Day Breached Sept 21	177	141	116	106	100

62 Day Referral - Treatment - Average Days Breached:

A high level of treatments (220) were maintained in October. Although the number of breaches increased from 60.5 in September to 65 in October the mean average figure only increased slightly from 90.8 in September to an average of 91.2 days in October. This suggests there was no change in the days patients were breaching.

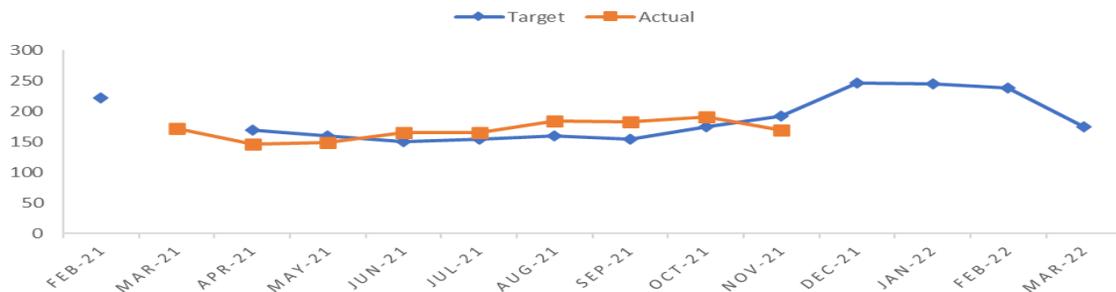
The 62 day pathway is a reflection of both the diagnostic and the treatment pathway and is more likely to be affected by "unavoidable" situations regarding patient choice and complex co-morbidities (for which tolerance levels are set i.e. the target is 85% to factor this in). These issues are not always reflected in the 31 day standard.

2WW	Accountable	Number of Breaches (>14D)	Number of Within (<14D)	Mean Average day of breach	Median day for breaches
MAY	1734	460	1274	23.0	23.0
JUNE	1953	575	1378	22.8	23.0
JULY	1957	499	1458	21.4	21.0
AUGUST	1855	232	1623	21.7	20.5
SEPTEMBER	2073	230	1843	21.4	20.0
OCTOBER	1958	337	1621	20.3	18.0

31D	Accountable	Number of Breaches (>31D)	Number of Within (<31D)	Mean Average day of breach	Median day for breaches
MAY	396	17	379	54.1	43.0
JUNE	473	20	453	48.9	41.5
JULY	445	23	422	44.4	39.0
AUGUST	396	43	353	39.4	37.0
SEPTEMBER	427	35	392	56.5	42.0
OCTOBER	437	28	409	45.0	38.5

62D	Accountable	Number of Breaches (>62D)	Number of Within (<62D)	Mean Average day of breach	Median day for breaches
MAY	188	57	131	89.9	80.0
JUNE	224.5	69.5	155	95.1	84.0
JULY	185	50	135	93.4	83.0
AUGUST	198.5	48.5	150	98.5	90.0
SEPTEMBER	219.5	60.5	159	90.8	87.5
OCTOBER	220	65	155	91.2	86.0

NUMBER OF PATIENTS OVER DAY 63



The Month end position of **170** patients is below the forecasted trajectory of **192** patients waiting 63 days or more in November 2021

TOTAL NUMBER OF PATIENTS RECEIVING 1ST TXT WITHIN 31DAYS



The trust's position of **409** patients was above the forecasted trajectory of **391** patients receiving 1st definitive treatment within 31 days in October 2021

NUMBER OF PATIENTS SEEN IN FIRST APPOINTMENT



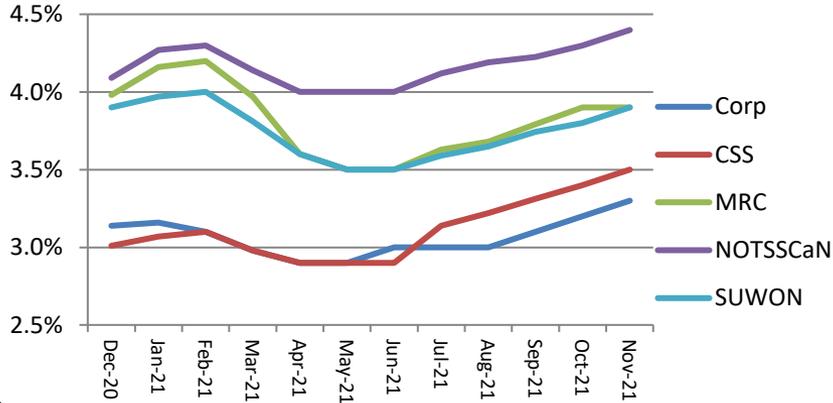
The trust's actual position of **1957** patients was above the forecasted trajectory of **1900** patients seen at a first outpatient appointment in October

Workforce

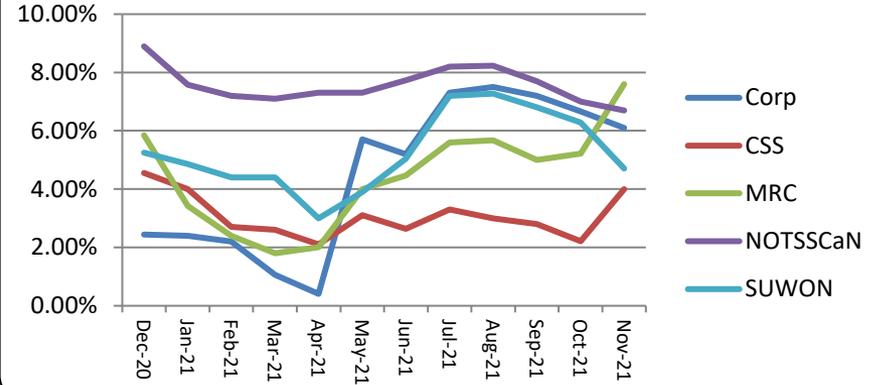
KPI (Green)	3.1%	7.7%	12.0%				<£1.33m	85.0%	85.0%
OUH Trust	3.9%	6.0%	11.0%	850.9	112.1	£4,039,979	£799,464	58.2%	85.7%
Division	Sickness	Vacancy	Turnover	Bank WTE	Agency WTE	Bank Spend	Agency Spend	Appraisals	Core Skills
Clinical Support Services	3.5%	4.0%	9.4%	69.0	16.9	£407,867	£118,459	62.8%	87.3%
Corporate	3.3%	6.1%	10.5%	87.4	1.4	£349,204	£10,656	53.8%	84.7%
Medicine Rehabilitation and Cardiac	3.9%	7.6%	12.0%	288.1	32.0	£1,381,310	£305,371	54.0%	84.6%
Neurosciences Orthopaedics Trauma and Specialist Surgery	4.4%	6.7%	9.7%	208.5	23.6	£1,018,823	£142,586	58.7%	83.9%
Surgery Women and Oncology	3.9%	4.7%	12.7%	198.0	38.1	£882,775	£222,393	61.2%	88.0%

The above data represents the M8 position of the key KPIs regarding HR Metrics. Vacancies are calculated as the difference between the wte establishment from the financial ledger and staff in post wte from the Electronic Staff Record (ESR). Corporate is combined with Estates, R&D, Operating Services, Hosted Services, Trust Wide, Operating Expenses. Agency spend KPI reflects NHSI agency ceiling.

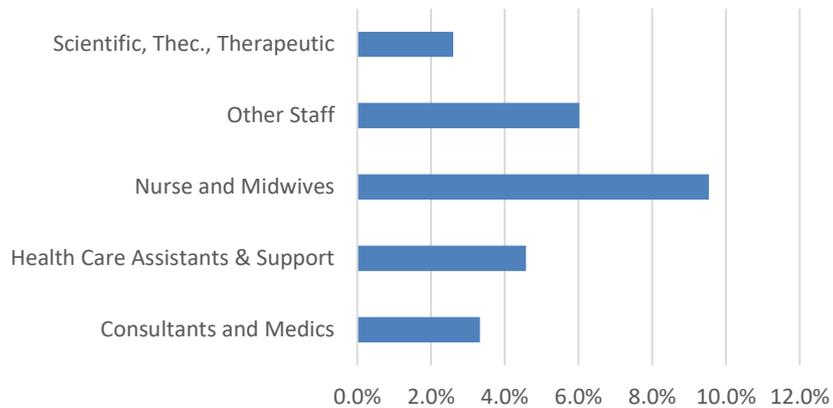
Sickness Absence % by Division



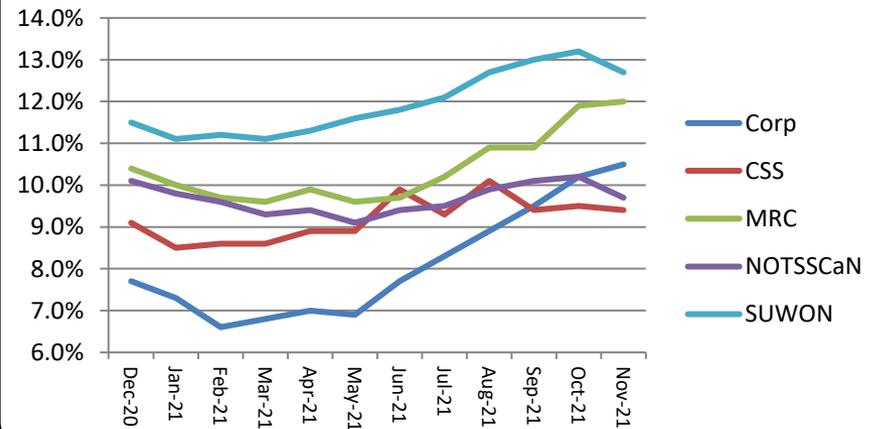
Vacancy % by Division



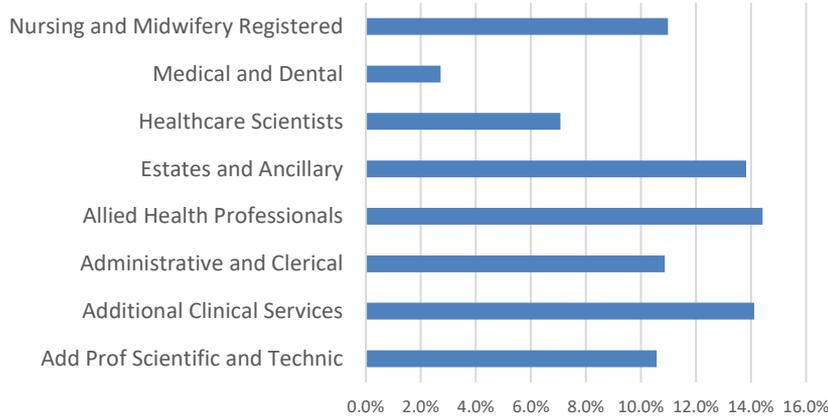
Vacancy by (Finance) Staff Group



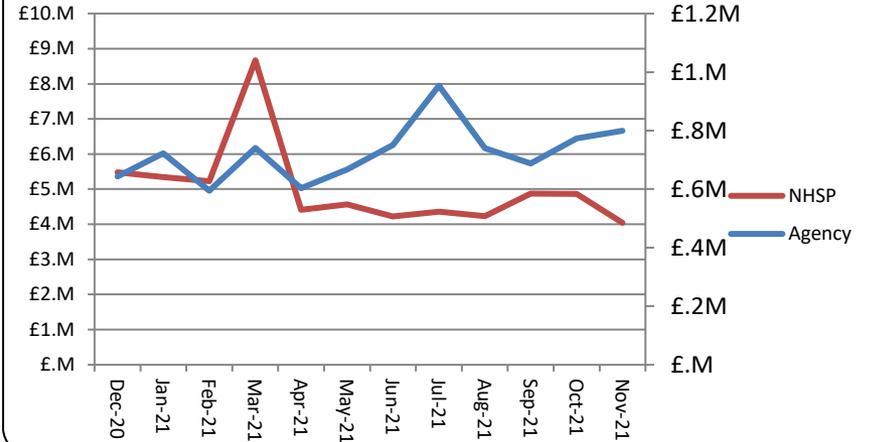
Turnover % by Division



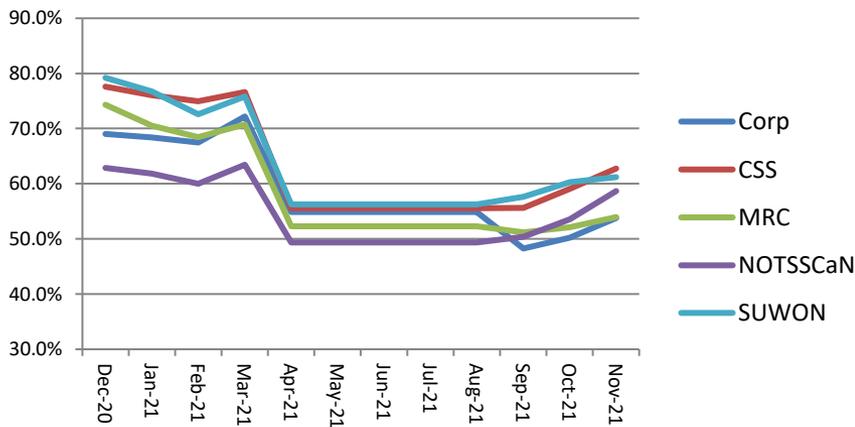
M8 Turnover By Staff Group



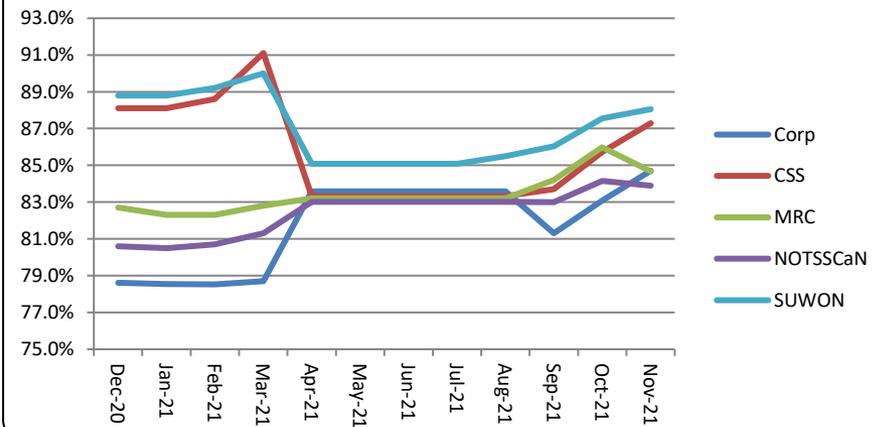
Bank and Agency Spend £



Non Medical Appraisal % by Division



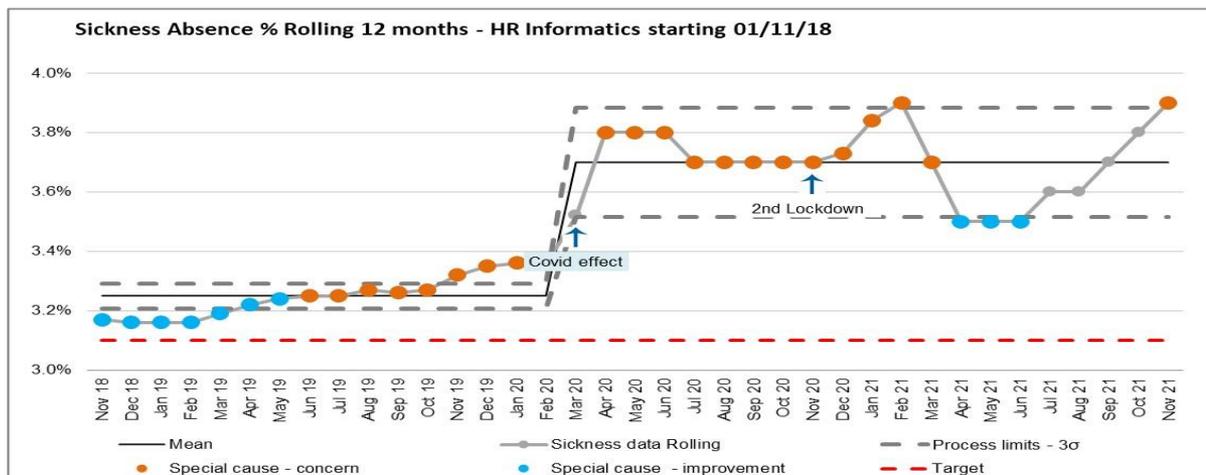
Core Skills %



Course Name	Clinical Support Services	Corporate	Medicine Rehabilitation and Cardiac	Neurosciences Orthopaedics Trauma and Specialist Surgery	Surgery Women and Oncology	Trust
	% Compliant					
Equality, Diversity and Human Rights	90.6%	86.6%	89.1%	87.3%	91.3%	89.1%
Fire Safety	89.6%	85.5%	87.7%	87.9%	90.5%	88.4%
Health, Safety and Welfare	90.6%	86.5%	89.4%	87.7%	91.7%	89.3%
Infection Prevention and Control Level 1	96.3%	92.2%	96.3%	93.1%	96.9%	94.6%
Infection Prevention and Control Level 2	81.1%	73.8%	77.4%	78.4%	81.6%	79.1%
Information Governance and Data Security	84.3%	79.2%	86.9%	83.3%	89.6%	85.2%
Moving and Handling Level 1	87.5%	84.1%	77.6%	76.8%	85.1%	82.3%
Moving and Handling Level 2	77.9%	68.0%	79.4%	80.5%	77.9%	78.7%
Preventing Radicalisation Awareness	96.1%	95.1%	91.5%	91.1%	95.8%	93.1%
Preventing Radicalisation Basic	89.6%	89.2%	87.2%	86.5%	89.9%	88.4%
Resuscitation Level 2, 3 & 4	74.3%	71.1%	78.4%	79.9%	84.5%	79.6%
Safeguarding Adults Level 1	89.5%	83.7%	91.1%	86.5%	94.4%	88.3%
Safeguarding Adults Level 2	85.3%	80.2%	81.7%	80.8%	86.4%	83.1%
Safeguarding Children Level 1	91.2%	85.4%	90.9%	86.6%	93.5%	89.0%
Safeguarding Children Level 2	82.0%	78.2%	78.8%	78.3%	82.9%	80.2%
Safeguarding Children Level 3	80.8%	80.0%	77.7%	86.7%	91.3%	85.5%
Grand Total	87.3%	84.7%	84.6%	83.9%	88.0%	85.7%

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

The graphs below support the accompanying text.



Month – Nov 21
3.9%
Target
3.1%
Target Achievement
Metric is consistently above KPI target.

Background	What the chart tells us	Issues	Actions
Data taken from ESR for a rolling 12 months. Sickness % is wte absent/wte availability.	Sickness continues to increase month on month. All Divisions with the exception of MRC have increased marginally on the M7 position. The incidence of long term sick absences has declined in the last 12 month whilst short term absence has risen, since June 21. COVID19 will be a significant contributory factor in this, with absence rates plateauing in April/May, and increasing after these months.	When there are more than 7 sequential points above/below the mean, this is unusual and may indicate a significant change in process. The process is not in control. Since July absence rates have continuously risen. Points outside the process limits are also of concern. M8 2021/22 is equal to that of M11 in 2020/21. The 3.9% absent rate represents a cost of lost productivity of £17m and 483 wte.	<p>SUWON - Long Term (LT) sickness cases are progressing towards the final stages of the procedure. There is focused support for managers in hotspots areas such as gynaecology. Regular reminders are still being sent to employees to close overdue absences. Historic management and systems issues continue to impact upon Occupational Health capacity, effectiveness and productivity.</p> <p>MRC – While the Division continues to focus on sickness and working with managers to support staff back to work there has been a focus on ED departments to look at how we can avoid staff absence. The Head of Wellbeing is to propose a range of initiatives to support the staff along with HR working with the Management team. CSS – focus continues on LT sickness cases and regularly reviewing action plans. Corporate – Sickness absence continues to be a focus within the hot spot areas. Managers are informed when staff trigger within the sickness absence procedure as well as promoting services such as Employee Assistance Programme (EAP), and R3P. NOTSSCaN - LT sickness absence cases continue to be closely managed by managers in conjunction with HR and action plans being developed. Focus continuing on hotspots across the directorates, specifically, Neonates, JR Theatres, Trauma and Orthopaedic Theatres Recovery and HDU, together with high reasons for absence – MSK, SAD, gastro. Reviewing granular detail of sickness absence reasons to identify additional support needed.</p> <p>HR departments will be meeting with OH staff to review particular cases and look at streamlining processes.</p>

The graph below support the accompanying text.

COVID19 Daily Absence

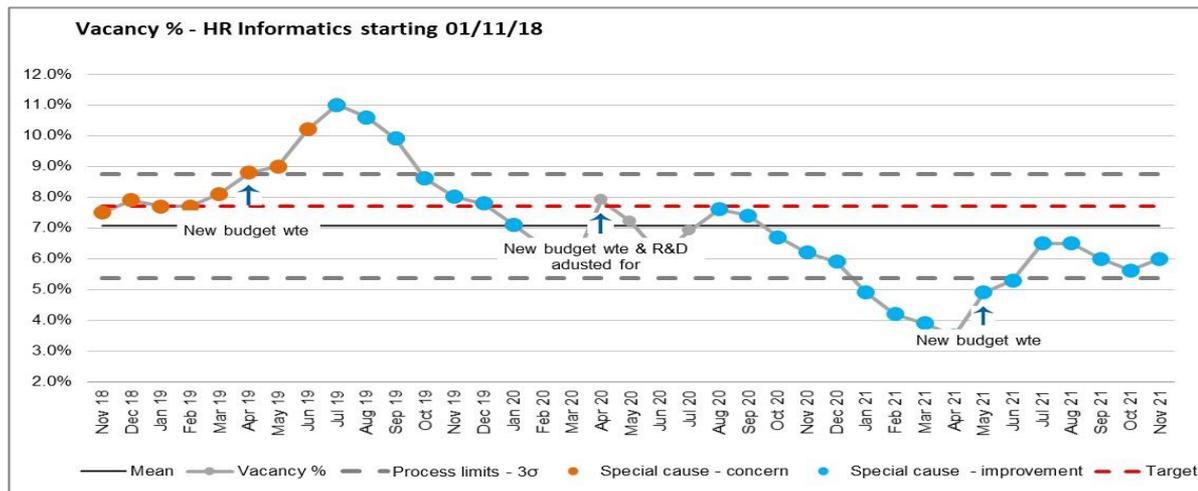


- November/December 21, daily absence rates have not dipped below 150, and the average for this timespan is 172 COVID19 related absences. As the graph shows, there is fluctuation in numbers.
- The new variant Omicron and Winter may see these numbers rise in the coming months.
- BME numbers vary each day, however currently the percentage of staff absent from COVID19 is 28%. At M8, the BME population of the Trust was 27%.

Actions

- The Trust has now offered vaccination to all staff and developed various interventions for staff with concerns. In particular, there is work to support vaccination rates amongst PFI staff. Boosters are now being offered.
- A comprehensive programme of staff testing is in place, and continues to be offered to staff.
- Ensuring wellness checks are undertaken for all staff; lateral flow testing kits made available to all staff.
- Psychological support is offered at all levels, from the individual level, such as the Employee Assistance Programme (EAP) and Occupational Health, through to teams, who are supported by a Health & Wellbeing Lead linked to the Psychological Medicine team, through to support for leaders.
- There is a continued focus on Covid Risk Assessments for new starters and there is also a renewed focus on Risk Assessments for staff who have been shielding.
- Following incidence of cross infection staff have been requested not to attend work if feeling unwell.
- The Trust is tracking staff with post COVID19 syndrome via Goodshape (formerly FirstCare).
- The Winter Vaccination programme is underway, which will deliver COVID19 boosters and flu jabs in accordance with national guidance.
- Staff wellbeing checks have commenced and are recorded in My Learning Hub.

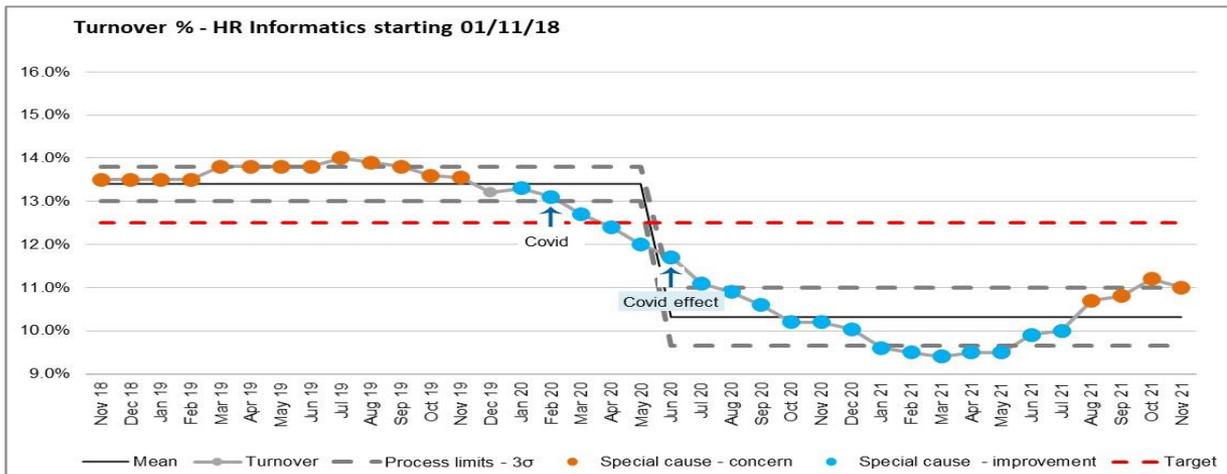
The graphs below support the accompanying text.



Month – Nov 21
6.0%
Target
7.7%
Target Achievement
Metric is consistently below the KPI target.

Background	What the chart tells us	Issues	Actions
Vacancy data is taken from merged data sets comprising of Budget wte from the ledger, and Contracted wte from the Electronic Staff Record (ESR). Vacancy data excludes R&D, Trust wide and Operational Expenses divisions.	There has been a rise in vacancies despite staff in post having risen. This is explained by additional establishment being added in M8, which has exceeded the staff in post increase. The increases in establishment reflects 19/20 approved business cases being added in to the establishment in M8.	Vacancy rates continue to operate at levels below the KPI. A run of 7 or more sequential points that fall above or below the mean may indicate a change in process. There is a run of points above and below the mean. MRC has the highest vacancies at 7.6%. Nurses (11%) and Health Care Support workers (9%) are an important factor in MRC's absence rate. Despite the overall relatively low vacancy rate, areas of concern still exist. For example, B5 nurses in operational areas are running at 16 %, 22% if all absences (e.g. maternity etc) are accounted for.	SUWON – International nurses arriving in next three months will fill the majority of nurse vacancies. Radiotherapy vacancies need to be recruited for the new Swindon Radiotherapy unit. Vacancies awaiting pay panel approval are increasing. MRC – The registration of overseas workers continues to assist service provision. Additional budget for historical business cases e.g. AAU, extra ED bays has contributed to increased vacancies. CSS – dedicated campaign for band 5/6 Radiology posts with HEE, exploring rotational posts for ICU band 6. CSS has also received additional budget for AICU, agreed ERF schemes which will adversely affect vacancy position. Corporate – Recruiting to vacancies through pay panel or fast track. Focussing on the current vacancies in the Division and understanding if they are real. NOTSSCaN - Priority areas continue to be JR Theatres, Trauma, Orthopaedic Theatres Recovery and HDU. Centralised recruitment continuing for B5 nurses. 27 overseas nurses started in November/December 2021. Working with recruitment; pipeline being scrutinised to understand how timelines can be improved. Virtual recruitment events in progress for Neonates and Critical Care. Recruitment trajectory regularly reviewed. Hard to fill areas in Audiology identified and support being provided to managers.

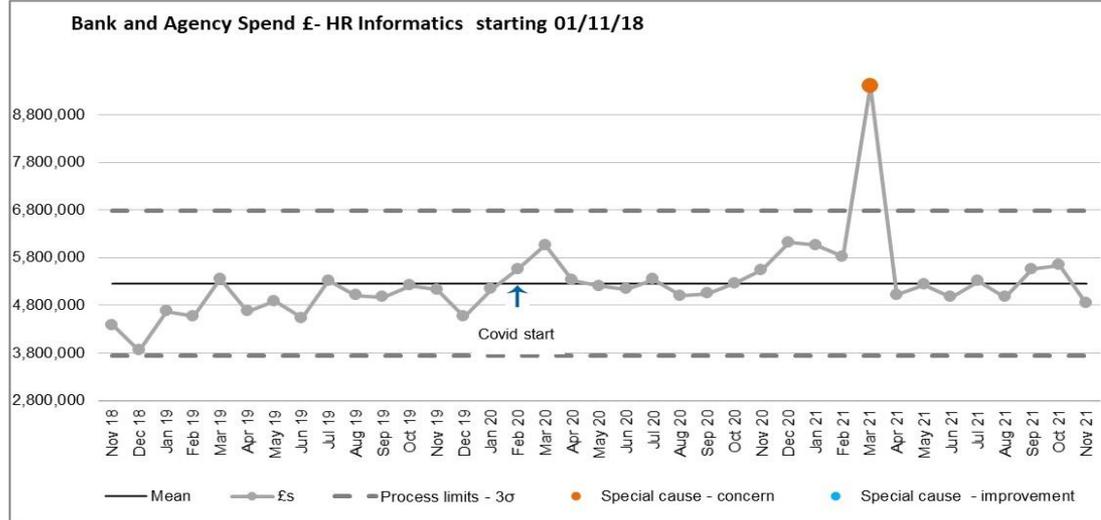
The graphs below support the accompanying text.



Month – Nov 21
11.0%
Target
12.0%
Target Achievement
Metric since April 20 is consistently below KPI target.

Background	What the chart tells us	Issues	Actions
Turnover is calculated by leavers in a rolling twelve month period being divided by average staff in post. Fixed term contract holders and leavers via redundancy are excluded. This data is taken from the ESR.	After a number of months of increases, turnover has decreased marginally from 11.2% to 11.0%. The annual rate of leavers is marginally down on the M7 position, whilst the average staff in post has increased. Recent staff in post numbers have steadily increased since August 21.	When 2 out of 3 data points lie near the upper process limit this is a warning that the process may be changing. Despite the reduction in turnover this month, the underlying rate has been increasing since April 21. SUWON at 12.7% has the highest turnover rate amongst the clinical Divisions, with clinical support, nurses and midwives, Allied Health Professionals and administrative staff groups all exceeding 13% within the Division.	<p>SUWON – R&R lead is working on a retention action plan which includes focus on four areas including supporting new starters, staff mid-career needs, supporting over 50s and those who are leaving the Trust.</p> <p>MRC – The MRC HR team continues to increase the work that they are doing with the R&R lead to better understand turnover. Work is also underway to better understand exit interview data from the R&R lead.</p> <p>CSS - Turnover has remained static, benchmarking exercise underway for mammography posts.</p> <p>Corporate - Estates and Facilities Workforce Group arranged which will develop a local retention strategy within the Directorate. Further analysis within corporate to take place to identify trends.</p> <p>NOTSSCaN - LIAs are continuing to inform recruitment and retention (R&R) activities and succession planning with ongoing support being provided by the R&R lead. Scoping how to improve exit interview participation with directorates. Hotspot areas are being reviewed and managers contacted to identify support for retention.</p>

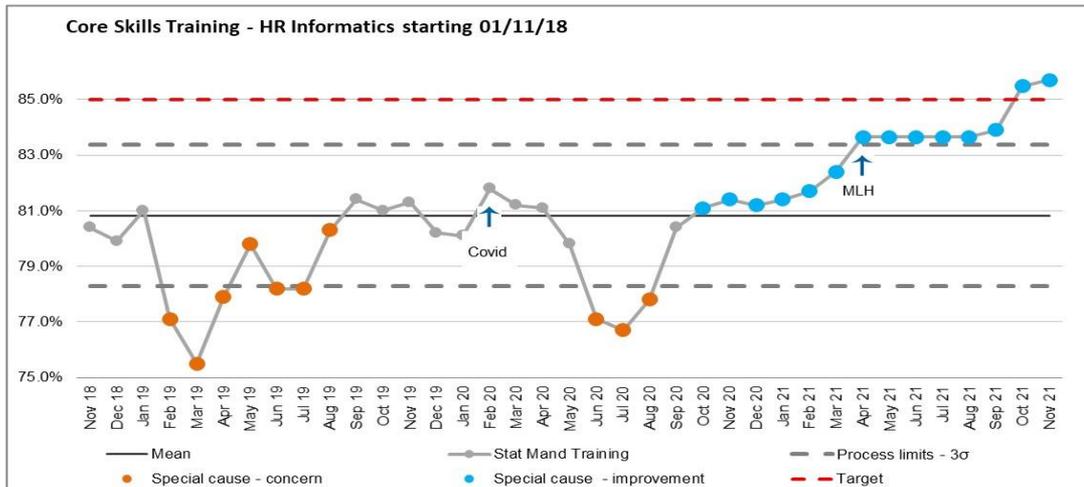
The graphs below support the accompanying text.



Month – Nov 21
£ 4.8m
Target
N/A
Target Achievement
N/A

Background	What the chart tells us	Issues	Actions
<p>Temporary spend is taken from the financial ledger and is the combination of bank and agency spend. From a backdrop of breaching the agency ceiling in 19/20, there has been a drive to reduce our agency spend and achieve the ceiling (£16.4M) for 20/21, which the Trust has achieved by c£5M (£11.6M). The figures for March include an accrual for nursing incentive payments.</p>	<p>Agency spend has marginally increased between months, but remains significantly below our regulators target. Bank spend is down on M7 by c827k, overall spend is down by £800k. There is one data point which falls outside the process limits. Bank spend has seen a reduction as unfilled shifts have increased predominantly in A&C and Healthcare Scientists. Other staff groups have seen a minor reduction in fill. Agency has seen a slight increase in spend to support the fill in certain staff groups.</p>	<ul style="list-style-type: none"> - The Trust is having to use 'off cascade' agencies to fill nursing shifts and in certain circumstances off-framework agencies such as Thornbury. - The fill across staff groups has reduced requiring a higher reliance on agencies. - The workload in hotspot areas such as ED and ICU have increased. - The request for higher rates has increased across the temporary workforce group. 	<ul style="list-style-type: none"> - The Temporary Staffing Manager position has been filled. Start date of the candidate is mid-January. - All SOP's have been drafted and are being reviewed and finalised. - The Trust is reviewing winter plans to support hotspot areas. - The Head of Resourcing is working with NHSP and the agencies to support the mandatory Covid-19 vaccination. - Continue to work with the BOB on escalation routes for incentives and other actions.

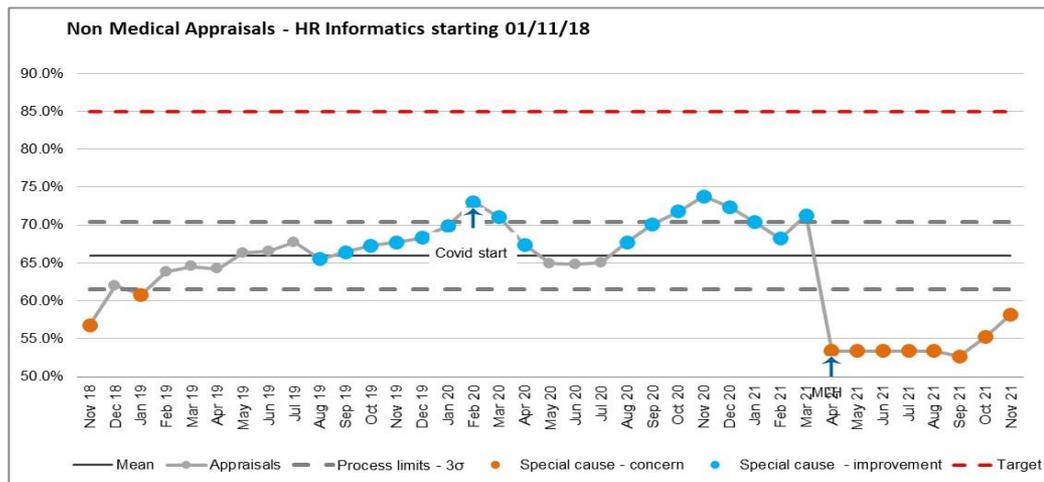
The graphs below support the accompanying text.



Month – Nov 21
85.7%
Target
85%
Target Achievement
The metric is now in excess of the KPI (85%)

Background	What the chart tells us	Issues	Actions
Data is that taken from My Learning Hub (MLH) following the recent re loading of information in August. Pre April 21 data was taken from the legacy system and includes honorary contract holders who distorted compliance rates. Care should be taken when comparing the above graph.	The overall rate of compliance remains above the KPI of 85% for the second month running. Information Governance (IG) compliance though is still c10% below the required level. All Divisions requires significant improvement with IG, in particular Corporate.	Data points which fall outside the process limits are unusual and should be investigated. The points above the upper process limits reflect the use of the new system and the honorary contract holders no longer being included in the count.	<p>SUWON – Continued support and updates to managers has achieved the target Focused reports are being provided to managers on IG compliance.</p> <p>MRC – Work continues to work with staff so that the IG compliance reaches the Trust KPI. The MRC HR Team continues to report to managers where staff are non compliant.</p> <p>CSS - Compliance reports run and circulated. Focus mainly on IG which is seeing a monthly increase.</p> <p>Corporate - Further work is taking place to promote core skills. The HR team are looking at the limiting factors for Corporate staff when trying to access to MLH - some staff do not have an OUH email account which is being addressed with support from the Digital Directorate.</p> <p>NOTSSCaN - Plan in place to improve compliance and focus on IG compliance. Plans being monitored and challenged at monthly performance meetings. HR team regularly providing reports to managers highlighting where there is non compliance</p>

The graphs below support the accompanying text.



Month – Nov 21
58.2%
Target
85.0%
Target Achievement
Appraisal rates are consistently below required KPI.

Background	What the chart tells us	Issues	Actions
Data excludes information relating to Medical and Dental staff, and is taken from My Learning Hub (MLH). Data pre April 21 is from the Trust's legacy system.	Since reporting has commenced the appraisal rate has for the second month in succession risen and now stands at 58%. In M7 it was 55%. The continued focus upon appraisal completion will have contributed to this improvement.	Despite the improvement the Trust is somewhat off reaching its KPI, and significant improvement is required. Data points which fall outside the grey process limits are unusual and should be investigated. The system being taken" off line" to reload and improve data quality will have affected compliance rates. Concern has been expressed on front line staff having time to undertake and complete appraisals.	SUWON - The key focus is ensuring those who have pay impacting changes from April 2022 onwards have completed their appraisal and CMT. MLH training is being provided to team leaders. MRC – The MRC HR team continues to report to managers where appraisals are required and managers are reminded weekly at the MRC Divisional huddle that this is a requirement. The Divisional team reports that operational pressures are affecting the ability to complete appraisals. CSS – Focus on ensuring those who have pay impacting changes from April 2022 onwards have completed their appraisal and CMT. Focus on ensuring all A&C staff have commenced preparation for appraisal and discussed booking a date with their manager. NOTSSCaN – HR team supporting managers with regular compliance reports and directorates working to agreed trajectories to improve appraisal compliance. Managers report on their action plans and trajectories at monthly performance meetings. Corporate - There has been a week on week improvement for the Division. Compliance lists are being shared with managers. There have been some barriers due to capacity with some teams. Trajectories are being arranged with appraisals completed and to be uploaded or have been scheduled. Culture and Leadership (C&L) is reviewing the essential items to be completed for VBA to enable swifter completion. In addition, the number of line manager reports will be reviewed and where there are deemed to be too many, appropriate interventions made. Managers with just one line report, where the staff member is out of date, will also be targeted.

Engagement, Inclusion, and Experience

- Refresh Trust's EDI Objectives – Design stage – EDS2 Grading Events have been planned for January '22. A data collation exercise has started to create evidence packs for these events.
- EDI Peer Review – Delivery stage – The EDI Peer Review has launched with 6 services to be reviewed during December '21; 4 teams have had to postpone undertaking this review due to operational pressures. Outcomes of the peer review will support the EDI Objective Refresh.
- Developing Staff Networks – Design & Delivery stage – Networks are undertaking a self-assessment activity against the Staff Networks Maturity Framework in order to form a development plan for the Network objectives and Network Leads. This will include the identification of resources needed to support delivery of the Network objectives. November '21 saw Networks hold online events for Transgender Day of Remembrance and Disability History Month. A bid was submitted to the WDES Innovation Fund by the Disability and Accessibility Network for funding to develop a resource and support hub – unfortunately we were not successful due to a trust having previously been funded for a similar idea and we are connecting with them to share good practice. Initial work is starting on developing a Menopause policy/guidelines based on external good practice.
- Recognition – Delivery stage - Nominations for OUH Staff Recognition Awards were open between 1 - 31 December '21. New values-based categories have received positive feedback and immediate strong engagement with 1,395 nominations received from staff and 87 for the Patient's Choice Award.
- Civility & Respect - Discover stage – 'current state' mapping against our Culture & Leadership deliverables and the national NHS England C&R Framework. BOB proposal in design for funding to roll out a programme of C&R support for Trusts to promote a compassionate culture
- National Staff Survey 2021 – Delivery stage – the survey closed on 26 November '21 with a 57% final response rate – c4% higher than 2020.
- To help improve turnover and retention challenges a project has commenced to review the current exit questionnaire and reporting across divisions to ensure the level of data provided enables outstanding issues to be addressed.

Leadership and Talent Development

- Values Based Leadership Framework – Design stage.
- Leadership development pathways – Design & Delivery stage – Clinical Director's development programme launched August with 6 taught days delivered by Chief Officers and their senior teams commencing 4 October '21. New consistent leadership development pathways in design.
- Build Affina team coach capacity – Delivery stage - programme commenced in November '21 with 13 participants.
- Build trust wide coaching capacity – Delivery stage - ILM level 5 coaching programme in progress for qualification in Jan '22 with 12 participants.
- Build 360 feedback facilitator capacity – Delivery stage – 2 x 360 feedback facilitator workshops on 10 November and 8 December '21 with 18 participants.
- Build MBTI facilitator capacity – Design stage - Training booked for 10 MBTI Practitioners between Jan – April 2022.
- Graduate Management Trainee Scheme – Delivery stage.

Wellbeing

- Growing Stronger Together: Rest Reflect Recover programme – Delivery stage - Continued delivery of R3P workshop with 32 teams having undertaken it between April - end November '21 and a further 10 teams scheduled to end January '22. Winter wellbeing campaign launched in December '21 promoting key wellbeing services for our people. Wellbeing thank you's are being given to our people with funds from Oxford Hospitals Charity and the charity 'reflective spaces' arts proposal is in design.
- Leading with Care – Design & Delivery stage – 539 leaders have attended a Wellbeing Check-in briefing session; 1327 wellbeing check-ins undertaken as at 3rd December '21. 'Leading Self' package of wellbeing support for leaders became available in November '21 consisting of a webinar/workshop on self-care strategies for leaders, tailored help through coaching or 'self-service' help/guidance and online wellbeing modules from various NHS providers.
- BOB Enhanced OH & Wellbeing – Design stage – 2 x Health Needs Assessment Kiosks to be launched in Jan '22 to rotate across OUH sites. These kiosks will signpost people for further advice and guidance to various sources, including our Here for Health Service as appropriate. BOB has funded 20 places for Mental Health First Aiders to enable us to provide this service equitably across our clinical divisions.

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

ESR STAFF Group	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Add Prof Scientific and Technic	522.5	523.2	508.9	510.5	513.6	507.1	511.8	515.9				
Additional Clinical Services	2,165.3	2,143.2	2,091.1	2,066.5	2,054.0	2,086.8	2,084.1	2,157.6				
Administrative and Clerical	2,695.7	2,696.7	2,703.9	2,683.3	2,678.9	2,679.2	2,673.5	2,672.7				
Allied Health Professionals	738.9	736.7	747.2	746.9	739.3	751.0	752.9	752.0				
Estates and Ancillary	215.1	218.8	220.5	218.4	217.4	212.8	211.6	209.1				
Healthcare Scientists	539.9	538.1	539.8	539.1	542.6	548.9	551.6	550.2				
Medical and Dental	1,999.4	1,988.8	1,985.3	1,975.4	2,026.1	2,051.1	2,060.3	2,062.2				
Nursing and Midwifery Registered	3,725.3	3,730.1	3,770.2	3,769.4	3,758.3	3,793.9	3,835.9	3,846.2				
Total	12,602.1	12,575.5	12,566.8	12,509.5	12,530.2	12,630.7	12,681.8	12,766.0				
Bank	683.8	812.3	828.5	792.9	852.5	822.6	824.4	850.9				
Agency	99.14	113.8	118.91	102.2	115.06	94.3	107.1	112.1				
Grand Total	13,385.1	13,501.5	13,514.2	13,404.6	13,497.8	13,547.6	13,613.3	13,729.0				
Division	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Clinical Support Services	2,025.7	2,019.6	2,023.4	2,023.2	2,031.8	2,037.7	2,054.3	2,075.4				
Corporate	1,569.0	1,571.9	1,577.7	1,576.8	1,580.8	1,590.9	1,592.7	1,599.4				
Medicine Rehabilitation and Cardiac	2,848.8	2,859.2	2,863.3	2,850.2	2,851.8	2,878.5	2,872.5	2,861.5				
Neurosciences Orthopaedics Trauma and Specialist Surgery	3,198.2	3,194.7	3,187.8	3,172.8	3,181.4	3,215.8	3,232.2	3,257.8				
Surgery Women and Oncology	2,960.4	2,930.1	2,914.6	2,886.5	2,884.3	2,878.5	2,930.1	2,971.9				
Total	12,602.1	12,575.5	12,566.8	12,509.5	12,530.2	12,630.7	12,681.8	12,766.0				
Bank	683.8	812.3	828.5	792.9	852.5	822.6	824.4	850.9				
Agency	99.14	113.8	118.91	102.2	115.06	94.3	107.1	112.1				
Grand Total	13,385.1	13,501.5	13,514.2	13,404.6	13,497.8	13,547.6	13,613.3	13,729.0				

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\ESR Staff Group	Rolling Leavers WTE	TO %
Clinical Support Services	161.7	9.4%
Add Prof Scientific and Technic	21.4	10.7%
Additional Clinical Services	44.1	12.4%
Administrative and Clerical	24.5	12.2%
Allied Health Professionals	23.1	9.9%
Estates and Ancillary	0.0	0.0%
Healthcare Scientists	21.1	7.4%
Medical and Dental	3.5	1.4%
Nursing and Midwifery Registered	23.9	11.9%
Corporate	143.1	10.5%
Add Prof Scientific and Technic	10.5	31.0%
Additional Clinical Services	1.0	4.0%
Administrative and Clerical	86.6	8.7%
Allied Health Professionals	1.9	17.9%
Estates and Ancillary	24.2	19.1%
Healthcare Scientists	0.0	0.0%
Medical and Dental	0.0	0.0%
Nursing and Midwifery Registered	19.0	12.1%
Medicine Rehabilitation and Cardiac	285.7	11.9%
Add Prof Scientific and Technic	4.0	9.4%
Additional Clinical Services	87.8	15.4%
Administrative and Clerical	47.5	12.1%
Allied Health Professionals	41.2	19.2%
Estates and Ancillary	2.4	13.5%
Healthcare Scientists	2.2	3.6%
Medical and Dental	5.8	3.1%
Nursing and Midwifery Registered	94.7	10.4%
Neurosciences Orthopaedics Trauma and Specialist Surgery	266.2	9.7%
Add Prof Scientific and Technic	9.0	8.5%
Additional Clinical Services	66.9	13.0%
Administrative and Clerical	52.5	11.5%
Allied Health Professionals	23.3	15.2%
Estates and Ancillary	0.0	0.0%
Healthcare Scientists	5.7	8.7%
Medical and Dental	4.6	1.8%
Nursing and Midwifery Registered	104.1	9.0%
Surgery Women and Oncology	327.2	12.7%
Add Prof Scientific and Technic	5.7	5.9%
Additional Clinical Services	75.2	15.5%
Administrative and Clerical	56.9	13.5%
Allied Health Professionals	12.4	13.2%
Estates and Ancillary	1.0	5.1%
Healthcare Scientists	8.0	8.4%
Medical and Dental	8.6	5.9%
Nursing and Midwifery Registered	159.3	13.0%
Grand Total	1,183.8	11.0%

Division\Finance Staff Group	Vacancy WTE	Vac %
Clinical Support Services	87.2	4.0%
Consultants and Medics	-12.2	-2.8%
Health Care Assistants & Support	28.9	6.8%
Nurse and Midwives	30.5	12.4%
Other Staff	13.4	5.9%
Scientific, Thec., Therapeutic	26.7	3.2%
Surgery Women and Oncology	147.3	4.7%
Consultants and Medics	-8.3	-2.0%
Health Care Assistants & Support	-2.9	-0.5%
Nurse and Midwives	121.2	8.8%
Other Staff	23.5	5.0%
Scientific, Thec., Therapeutic	13.7	4.2%
Medicine Rehabilitation and Cardiac	236.5	7.6%
Consultants and Medics	41.5	7.6%
Health Care Assistants & Support	56.1	8.5%
Nurse and Midwives	119.0	10.8%
Other Staff	13.5	3.1%
Scientific, Thec., Therapeutic	6.5	1.8%
Neurosciences Orthopaedics Trauma and Specialist Surgery	235.4	6.7%
Consultants and Medics	24.7	3.8%
Health Care Assistants & Support	47.9	7.3%
Nurse and Midwives	126.0	9.4%
Other Staff	41.9	8.0%
Scientific, Thec., Therapeutic	-5.1	-1.6%
Corporate	90.5	6.1%
Consultants and Medics	25.1	31.7%
Health Care Assistants & Support	-24.4	-60.4%
Nurse and Midwives	3.1	2.4%
Other Staff	79.6	6.6%
Scientific, Thec., Therapeutic	7.0	17.8%
Grand Total	797.0	6.0%

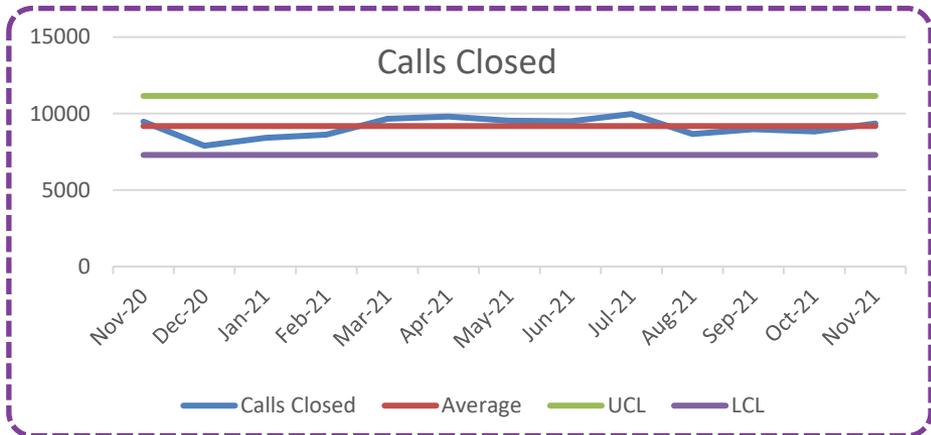
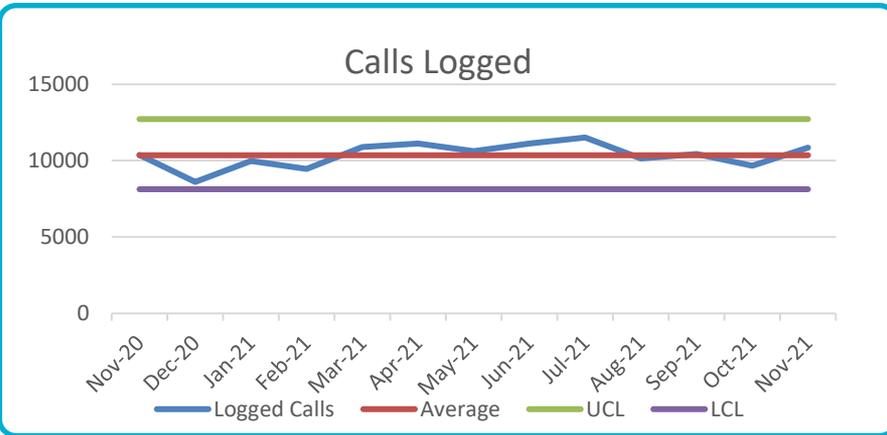
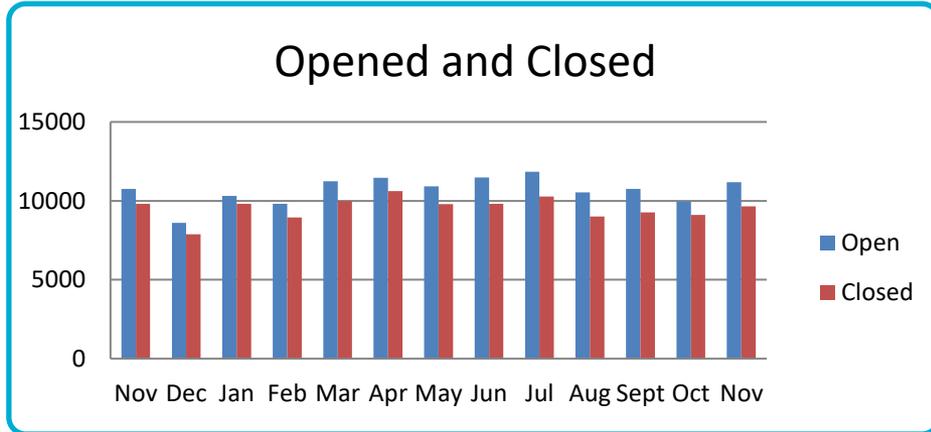
Turnover excludes staff on fixed Term Contracts and Redundancies

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 Nov 2020 to Nov 2021. When comparing Nov 2020 with Nov 2021 there is a 3.8% increase in calls logged. July 2021 has the highest call logged and call closure rate of the rolling year.

Priority	Total OUH calls logged in Oct	Total OUH calls closed in Oct	Total calls logged trend
1	0	0	Month on month trend Oct to Nov 2021
2	29	22	increase of 12.2%
3	1797	1631	Nov 2020 to Nov 2021
4	3934	3497	increase of 3.8%
5	5093	4203	
Total	10853	9353	



Risks, Issues and Challenges

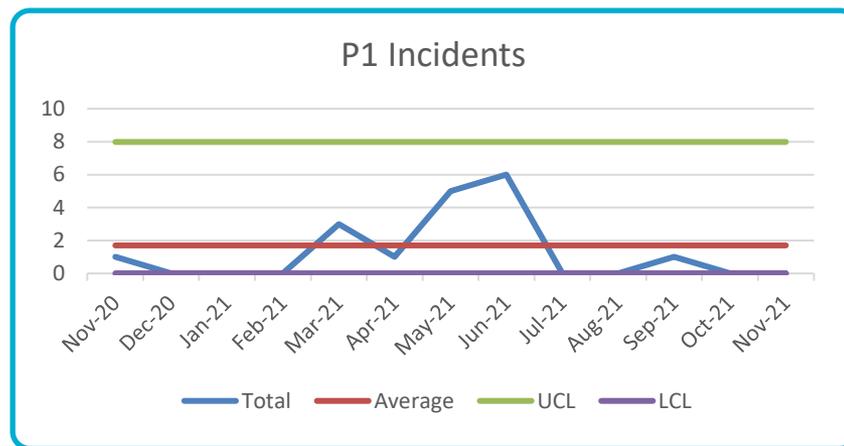
A significant amount of desktop software changes have been made, including Windows security updates, Cisco VPN upgrades and Office 365 installations/migrations. There's a growing level of calls for performance of devices, within warranty, that is being investigated by specialist engineers.

Service Desk Performance

The tables below highlight the performance of the Service Desk from Nov 2020 to Nov 2021. When comparing Nov 2020 with Nov 2021 the number of Priority 1s logged reduced from 1 to 0.

OUH Priority 1 Incidents

Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
1	0	0	0	3	1	5	6	0	0	1	0	0
No P1s logged in November 2021												



Cyber Highlights:

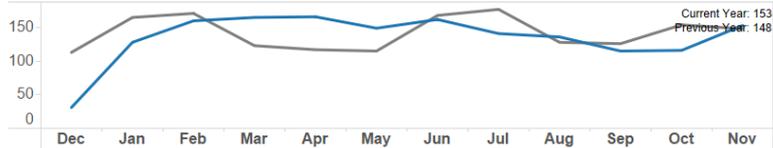
Overall Cyber status **Green**

- 217.6TB of internet traffic use, up 0.3TB on October
- OUH DSPT 20/21 Improvement Plan updates shared with NHS Digital (30/09/21).
 1. At least 95% of staff to complete Data Security/IG training - ongoing
 2. Extensive system log retention system implementation –reviewing options - NHSD
 3. To have well defined IT BC/DR SCP SOPs in place – complete
- Potential DSPT remediation funding conversations had with NHS Digital, under the Cyber UTF. Decision likely in December/January.
- Extensive Windows updates being applied to desktop and server estates.

	Month of November	Year to date
CareCerts received	12	155
Virus blocked	84	1,045
Intrusions blocked	2,599	28,539
SPAM blocked	140,605	2,736,030
Devices monitored	12,470	-
Servers monitored	806	-

Information request Service

Demand (requests received by month vs previous year)



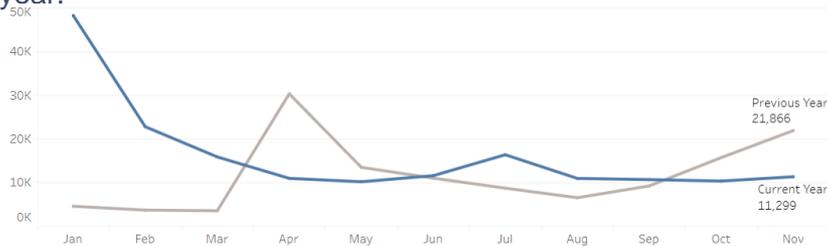
1.1 The demand on the Info request service for November '21 has increased compared to the previous month and the same period last year.

1.2 User feedback on the timeliness, usefulness and overall experience of the service was 94% for November '21.

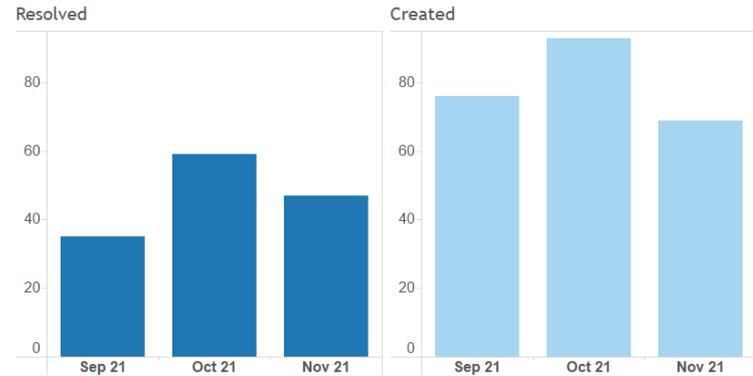
1.3 In October '21 the median wait for information via the Information request service was 1 day and the average wait was 2.2 days.

ORBIT+

A total of 11299 views were recorded in November '21 this is a significant decrease when compared to the same period last year.



Other Demands



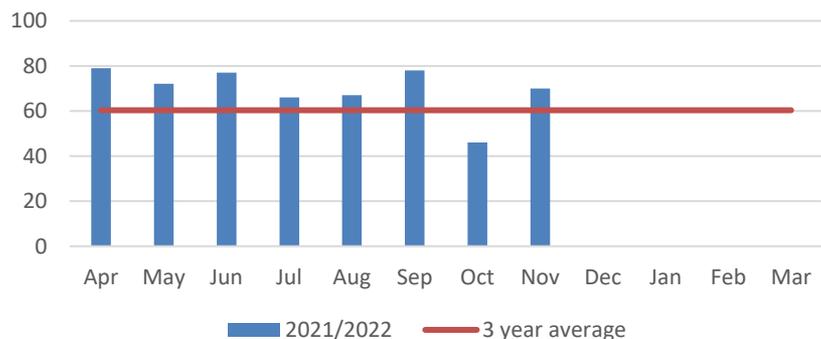
Current development priorities

- Integrating eRS worklist data into RTT waiting information
- Cancer Reporting on ORBIT+
- Improved reporting for Cancellations
- ERF reporting
 - D code integration to National Waiting List
 - Testing of P and D code solution
- Datawarehouse Migration
- CDS 6.3 – Assessment and Planning
- Creation of a Surgical Morbidity tool
- Vaccinations Data-sourcing

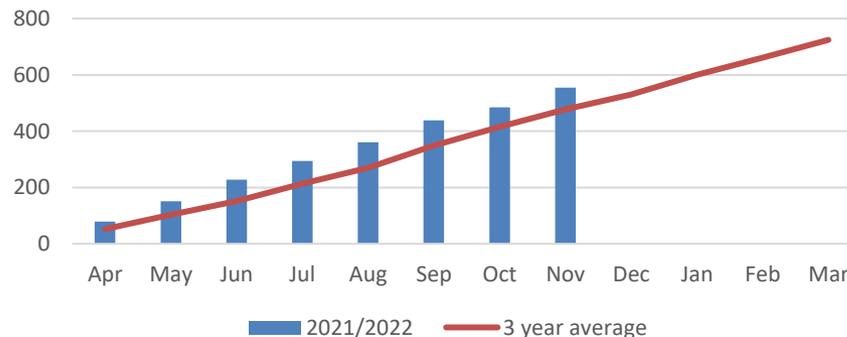
Freedom of Information (FOI)

70 FOI/EIR requests were received in November 2021. During this period, 51 requests were closed within 20 working days. 6 were not closed within 20 working days. The compliance rate for closure of requests within 20 working days in November 2021 was 73%. In November 2020, the compliance rate was 49%.

Number of requests received



Cumulative requests

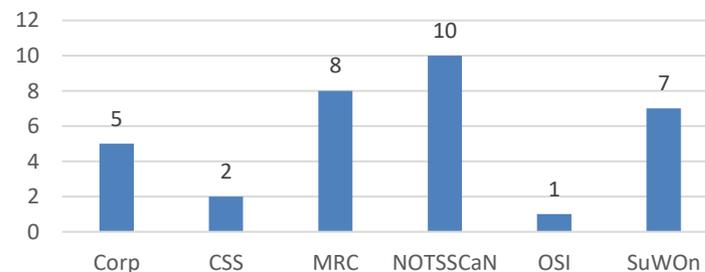


Data Security & Protection Breaches

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

33 data protection incidents occurred in November 2021. No incidents required reporting externally via the NHS Data Security and Protection Toolkit (DSPT).

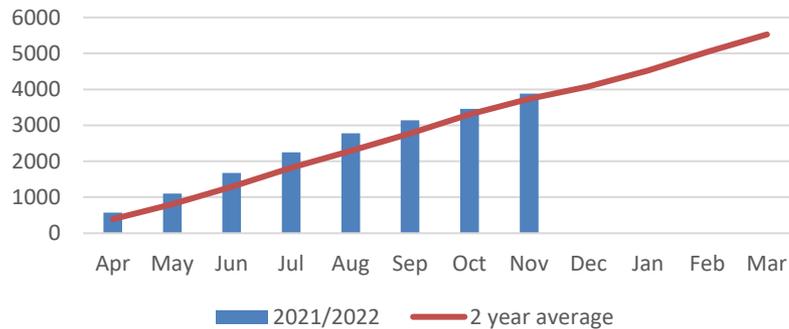
IG incidents by Division for November 2021



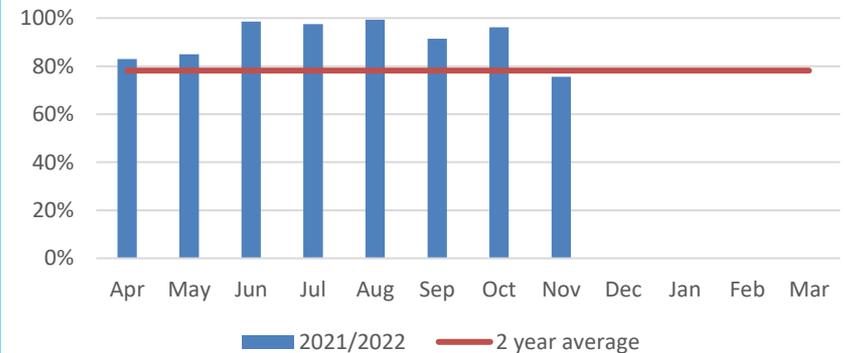
Data Subject Access Requests (DSAR)

The statutory timeframe for completion of DSARs is one calendar month from receipt or can be extended by a further two calendar months by agreement with the applicant if the request is complex. DSARs are processed in six Trust departments. The data below represents the numbers of requests received by the Information Governance, Occupational Health, SAR, PACS, Security, and Sexual Health Teams. No statistics were provided by the OH and the PACS/CRIS Teams.

Cumulative DSARs



DSAR closure within timeframe performance

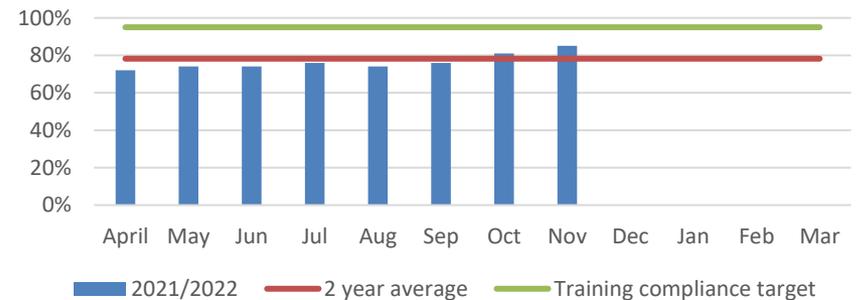


Data Security and Protection Training

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff must complete Data Security training annually.

(N.B. The statistics exclude the following staff groups: People employed by the Trust for less than 3 months; non-substantive staff; bank staff; staff with honorary contracts; undefined; staff on a career break; inactive not worked; staff on maternity and adoption leave; external secondments; and leavers.)

Data Security Awareness training compliance %

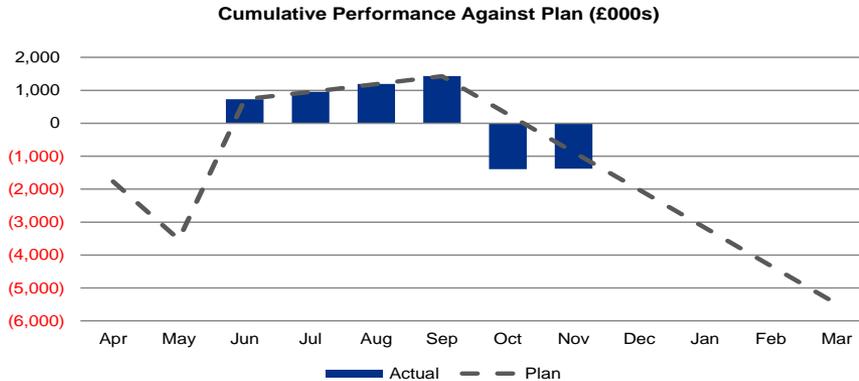


Finance, Procurement and Contracting

Financial Performance Report M8

Summary from M8 (November 2021)

Income & Expenditure - Performance Versus Plan



I&E Forecast - Summary

£ms	Final H2 Plan	Month 7 FOT	Month 8 FOT	Change since H2 plan	Change to previous forecast
Year to date actuals	1.4	-1.4	-1.4	-2.8	0.0
Core forecast assumptions	-9.9	-8.2	-6.6	3.3	1.6
Run rate adjustments	n/a	0.0	0.0	0.0	0.0
One off items	3.0	2.5	2.5	-0.5	0.0
Forecast	-5.5	-7.1	-5.5	0.0	1.6
Risks	-9.1	-7.6	-8.8	0.3	-1.3
Opportunities	12.0	10.8	16.7	4.7	5.9
Net (risk)/opportunity	2.9	3.2	7.8	4.9	4.6
Forecast (risk adjusted)	-2.6	-3.9	2.3	4.9	6.2

Income & Expenditure Year-to-date - Summary

Retained surplus / (deficit) at Month 8 £000s	Annual Plan	Plan	YTD Actual	Var.
Recurrent EBITDA	61,892	43,405	41,594	(1,811)
% EBITDA	4.74%	4.96%	4.68%	0.27%
Non-recurrent: PSF/MRET	0.00	0.00	0.00	0.00
Planned EBITDA	61,892	43,405	41,594	(1,811)
Non-operating items	(68,294)	(44,910)	(40,942)	3,968
Retained surplus / (deficit) before technical adjs.	(6,402)	(1,505)	652	2,157
Technical adjs.*	(919)	(631)	2,028	2,659
Surplus / (deficit) as reported to NHSI	(5,482)	(874)	(1,377)	(502)

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

Capex Forecast - Summary

£000s	CDEL budget	M8 pre-mitigations	(Over)/ Underpend	Mitigations	M8 post-mitigations	(Over)/ Underpend
ICS allocation	33,085	37,978	(4,893)	-	37,978	(4,893)
Centrally funded	11,501	10,551	950	-	10,551	950
Trust controlled CDEL	44,586	48,529	(3,943)	-	48,529	(3,943)
PFI residual interest	4,855	4,855	-	-	4,855	-
CDEL per NHSI Return	49,441	53,384	(3,943)	-	53,384	(3,943)
Non-CDEL capex	23,666	23,666	-	-	23,666	-
Total Capex	73,107	77,050	(3,943)	-	77,050	(3,943)

Technical notes:

1. In Cumulative Performance Against Plan (top left) the actual Year-to-date performance is breakeven in both Month 1 and 2 so the "actual" block is therefore not visible in both months on the axis.
2. In Income & Expenditure - Summary (bottom left), "Annual Plan" is the H1 plan plus the H2 plan submitted by the ICS on 18th November 2021.
3. I&E Forecast (top right) is a summarised version of detail presented later in the pack. Section headings are unchanged from previous versions.
4. Capex Forecast (bottom right) is a summarised version of detail presented later in the pack. The detailed version is the formatted presented to IC in 2020/21.

I & E Subjective £000s	IN MONTH 8				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
Income									
Commissioning Income	84,664	86,516	1,853	2.2%	691,091	688,655	(2,436)	-0.4%	1,029,929
Passthrough Drugs & Devices	9,087	10,591	1,504	16.6%	72,693	81,688	8,995	12.4%	109,040
Other Income	13,156	16,495	3,339	25.4%	104,512	111,164	6,653	6.4%	157,094
PP, Overseas and RTA Income	803	1,070	267	33.3%	7,299	6,774	(525)	-7.2%	10,511
Total Income	107,710	114,673	6,963	6.5%	875,594	888,281	12,687	1.4%	1,306,573
Pay									
Consultants and Medics	(20,705)	(21,643)	(938)	-4.5%	(167,650)	(167,890)	(240)	-0.1%	(250,896)
Health Care Assistants & Support	(6,154)	(5,877)	277	4.5%	(49,571)	(46,788)	2,783	5.6%	(74,478)
Nurse and Midwives	(18,136)	(18,077)	59	0.3%	(147,775)	(145,440)	2,336	1.6%	(221,333)
Other Staff	(9,904)	(10,148)	(244)	-2.5%	(78,440)	(81,855)	(3,415)	-4.4%	(115,934)
Scientific, Thec., Therapeutic	(8,973)	(9,234)	(260)	-2.9%	(73,517)	(72,287)	1,230	1.7%	(110,073)
Total Pay	(63,871)	(64,978)	(1,106)	-1.7%	(516,953)	(514,259)	2,694	0.5%	(772,714)
Non-Pay									
Clinical negligence	(2,788)	(2,788)	0	0.0%	(22,304)	(22,303)	0	0.0%	(33,456)
Clinical Supplies & Services	(9,266)	(9,148)	118	1.3%	(83,006)	(76,041)	6,965	8.4%	(119,681)
Drugs & Devices	(14,955)	(17,591)	(2,636)	-17.6%	(122,985)	(126,085)	(3,100)	-2.5%	(182,854)
General Supplies & Services	(638)	(556)	82	12.8%	(1,751)	(4,578)	(2,827)	-161.5%	(4,302)
Internal Recharges	149	(0)	(149)	-100.0%	1,188	0	(1,188)	-100.0%	1,782
Premises & Fixed Plant	(7,561)	(7,563)	(2)	0.0%	(57,824)	(61,095)	(3,272)	-5.7%	(88,159)
Other Expenditure	(4,157)	(6,727)	(2,569)	-61.8%	(28,555)	(42,325)	(13,770)	-48.2%	(45,296)
Total Non-Pay	(39,217)	(44,372)	(5,156)	-13.1%	(315,236)	(332,428)	(17,192)	-5.5%	(471,966)
Operational EBITDA	4,622	5,322	701	15.2%	43,405	41,594	(1,811)	-4.2%	61,892
Non-EBITDA (Excl Tech Adj)	(5,774)	(5,310)	464	8.0%	(44,279)	(42,971)	1,308	3.0%	(67,374)
Operational Surplus / (Deficit)	(1,152)	13	1,165	101.1%	(874)	(1,377)	(502)	-57.5%	(5,482)

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

Income

- Commissioning income, including pass through, is £6.6m higher than plan year-to-date mainly due to additional pass through income (there is a corresponding increase in cost in non-pay). In H2, Targeted Investment Fund (TIF) and Elective Recovery Fund+ (ERF+) funding has now been accrued for (£2.5m-to-date).
- Other income is £6.7m more than plan-to-date, mainly due to additional HEE income, Pathology ONS, Pathology Network and International Nurse Recruitment Income.
- PP, Overseas and RTA income is £0.5m lower than plan-to-date.

Pay

- Pay is £2.7m better than plan year-to-date. This is principally due to COVID-19 pay costs being £5.0m below plan offset by underlying pay costs that are £2.0m above plan and recovery pay costs being £0.3m higher than plan-to-date.

Non-Pay

- Non-pay is £17.2m worse than plan year-to-date. The adverse variance is driven by increased general supplies and services costs (£2.8m), higher premises costs (£3.3m), drugs and devices (£3.1m) and non-pay savings that have not been achieved (in other non-pay expenditure).

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

I & E Subjective £000s	IN MONTH 8 - ACTUAL						YEAR TO DATE - ACTUAL					
	Excl R&D, RECOVERY & COVID	Recovery	R&D	COVID IN ENV	COVID OUT ENV	Total	Excl R&D, RECOVERY & COVID	Recovery	R&D	COVID IN ENV	COVID OUT ENV	Total
Income												
Commissioning Income	80,944	1,615	0	3,957	0	86,516	635,192	22,059	0	31,404	0	688,655
Passthrough Drugs & Devices	10,591	0	0	0	0	10,591	81,688	0	0	0	0	81,688
Other Income	11,096	0	5,029	42	328	16,495	74,362	0	33,377	461	2,964	111,164
PP, Overseas and RTA Income	1,070	0	0	0	0	1,070	6,774	0	0	0	0	6,774
Total Income	103,701	1,615	5,029	3,999	328	114,673	798,017	22,059	33,377	31,865	2,964	888,281
Pay												
Consultants and Medics	(20,415)	(189)	(742)	(306)	9	(21,643)	(160,124)	(1,197)	(4,244)	(2,304)	(22)	(167,890)
Health Care Assistants & Support	(5,715)	(9)	(27)	(73)	(53)	(5,877)	(45,140)	(54)	(211)	(1,031)	(351)	(46,788)
Nurse and Midwives	(16,320)	(21)	(1,133)	(604)	1	(18,077)	(131,873)	(205)	(8,753)	(4,434)	(175)	(145,440)
Other Staff	(9,241)	(8)	(803)	(97)	1	(10,148)	(74,617)	(50)	(6,258)	(890)	(40)	(81,855)
Scientific, Thec., Therapeutic	(8,029)	(24)	(1,033)	(145)	(4)	(9,234)	(62,705)	(222)	(7,837)	(1,330)	(193)	(72,287)
Total Pay	(59,720)	(251)	(3,737)	(1,224)	(46)	(64,978)	(474,460)	(1,728)	(27,302)	(9,988)	(782)	(514,259)
Non-Pay												
Clinical negligence	(2,788)	0	0	0	0	(2,788)	(22,303)	0	0	0	0	(22,303)
Clinical Supplies & Services	(7,650)	(1,000)	(309)	93	(282)	(9,148)	(64,284)	(8,102)	(1,757)	271	(2,169)	(76,041)
Drugs & Devices	(17,508)	0	1	(84)	0	(17,591)	(126,085)	0	0	0	0	(126,085)
General Supplies & Services	(425)	0	(1)	(130)	0	(556)	(3,492)	0	(3)	(1,075)	(8)	(4,578)
Internal Recharges	157	0	(152)	(5)	0	(0)	1,368	0	(1,344)	(23)	0	0
Premises & Fixed Plant	(6,818)	(695)	(19)	(31)	0	(7,563)	(57,571)	(2,451)	(300)	(772)	(2)	(61,095)
Other Expenditure	(4,378)	(1,511)	(812)	(25)	0	(6,727)	(29,603)	(9,770)	(2,670)	(279)	(3)	(42,325)
Total Non-Pay	(39,410)	(3,207)	(1,292)	(181)	(282)	(44,372)	(301,670)	(20,323)	(6,075)	(2,178)	(2,182)	(332,428)
Operational EBITDA	4,572	(1,843)	0	2,594	0	5,322	21,888	8	0	19,699	0	41,594
Non-EBITDA (Excl Tech Adj)	(5,310)	0	0	0	0	(5,310)	(42,971)	0	0	0	0	(42,971)
Operational Surplus / (Deficit)	(738)	(1,843)	0	2,594	0	13	(21,083)	8	0	19,699	0	(1,377)

Source: Finance Ledger

- Year-to-date in-envelope COVID-19 costs total £12.1m. The H2 (M7-12) plan assumes COVID spend will continue at the same run-rate as in H1. Compared to October, pay costs decreased by £0.2m to £1.2m and non-pay costs have increased by £0.1m to £0.2m.
- Year-to-date, the Trust is £19.7m underspent against the COVID-19 funding envelope provided through the ICS, however this funding is being used for other expenditure that is not being classified as COVID-19 spend and a deficit would be created if this funding was reduced or withdrawn.
- £0.3m of income, £0.1m below plan, has been accrued in-month to be reimbursed for COVID-19 (outside envelope) testing and vaccination costs.
- Recovery costs in November were £3.5m. The recovery costs included-to-date are the incremental costs of delivering additional elective activity, some independent sector outsourcing costs and ERF contingency accrual. Clinical divisions were issued with a budget in July to fund their recovery plans to the end of H1 (September).
- R&D were at a breakeven position in November and for the year-to-date.

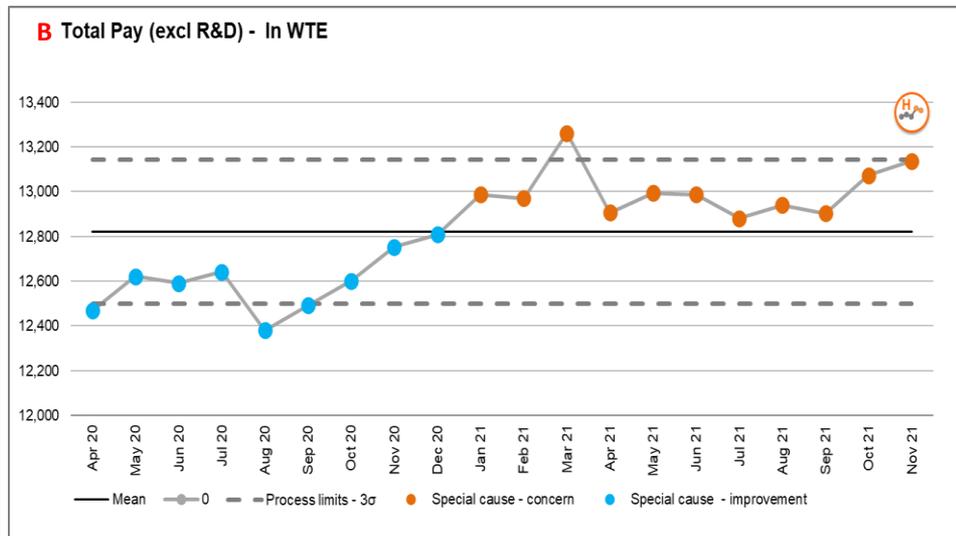
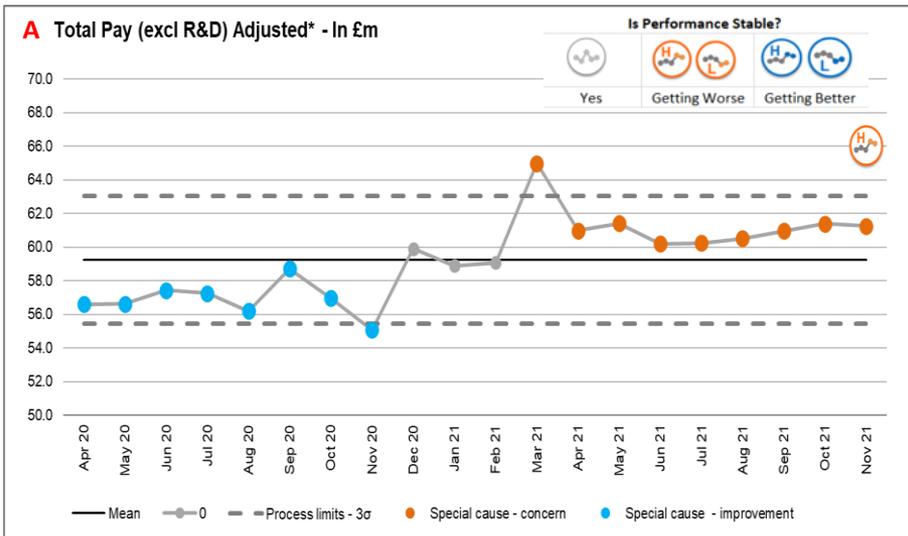
Income: By Source (includes COVID-19)

Income Summary £000s	IN MONTH 8			YEAR TO DATE			
	Plan	Actual	Var	Plan	Actual	Var	Var %
Block Income*	80,064	82,979	2,915	641,138	646,374	5,236	0.8%
Top-up Income - notified	5,850	5,631	-219	51,029	52,163	1,134	2.2%
Elective Recovery Fund - H1	0	-158	-158	23,465	20,286	-3,179	-13.5%
Elective Recovery Fund and ERF+ - H2	886	1,773	887	1,773	1,773	0	0.0%
Targeted Investment Fund (TIF)	346	692	346	692	692	0	0.0%
Growth and Capacity Income	1,465	1,453	-12	7,930	7,980	50	0.6%
COVID -19 (in envelope)	3,730	3,672	-58	30,604	30,833	229	0.7%
Reimbursement of Lost Other Income ⁺	627	627	0	1,254	4,097	2,843	226.7%
Other Commissioning Income	782	438	-344	5,899	6,145	246	4.2%
Sub-total - Commissioning Income	93,750	97,107	3,357	763,784	770,343	6,559	0.9%
COVID -19 (outside envelope)	414	336	-78	2,830	3,066	236	8.3%
Other Income	13,546	17,230	3,684	108,980	114,872	5,892	5.4%
Total Income	107,710	114,673	6,963	875,594	888,281	12,687	1.4%

* Block income and adjustment to block for C&V Drugs and VCM Devices

⁺Reimbursement of Lost Other income is being paid through the COVID-19 and Top-up allocations but has been split out of the purposes of this table
source: Finance Ledger

- The favourable variance of £5.2m year-to-date on Block income is predominantly driven by pass-through drugs and devices income, for which there is an offset on pass through drugs and devices expenditure.
- In November, the Trust's position did not include any additional Elective Recovery Fund (ERF) income. Changes to the calculation method have made it much more difficult to earn ERF funding, however, the Trust has been awarded £5.3m of ERF+ funding to pump-prime some independent sector activity in H2 (the funding is matched with the equivalent cost). Two months of ERF+ income has been accrued into the position in November as the late notification of this award in October meant that no income was included last month.
- Year-to-date the total ERF earned from OUH activity is £28.1m, of which £7.8m has been retained by the ICS for distribution across the system, with £20.3m reported in the OUH position.
- Other income includes Research and Development and Education and Training income.



Source: Finance Ledger, Excl R&D costs, including COVID and recovery costs
 *Pay spend in the chart above was adjusted to remove the Mar-21 YE Pension and annual leave accruals. M6 pay award was spread across M1-6 on a straight-line basis. FY20/21 Pay spend was not adjusted for inflation.

Nov-21 (M8)
£61.2m
13,138 WTE

- Total pay costs were £0.2m lower in November compared to October.
- Substantive staffing costs in November are £0.6m higher than October, with small increases across all staff groups.
- Temporary staff in-month expenditure was £0.8m lower than October, at £4.8m. There was a reduction in each staff group, with the largest decrease of £0.4m in Nurses and Midwives costs.
- WTE increased in month by 65 to 13,138 (excludes R&D). Substantive staff have increased by 33 WTE, whilst Bank and Agency staff have increased by 31 WTE.
- COVID-19 pay costs were £1.3m in-month, which is £0.2m lower than October.

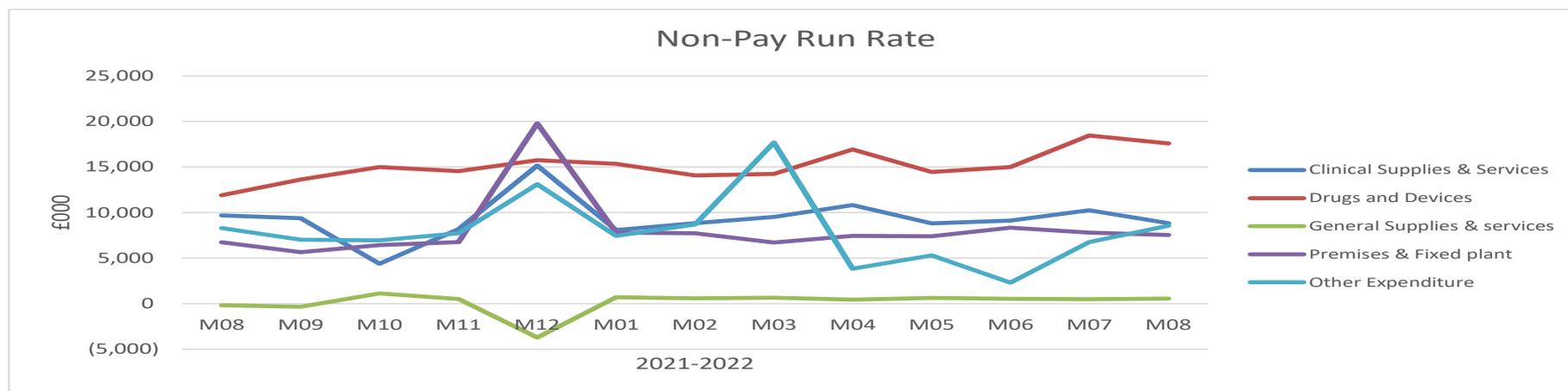
Trend analysis

- Pay spend is experiencing 'special cause variation' with a deterioration since the beginning of the current financial year (Chart A). Total WTE trend is showing even earlier signs of deterioration, starting from December 2020 (WTE continuously above average) (Chart B).
- Spend – the Month 6 3% pay uplift is driving the increase in overall pay spend level compared to the prior FY.
- WTE – trend is driven by an increase in Bank staff due to winter pressures in the prior FY (October 2020 through to March 2021), alongside a continued increase in substantive staff since February 2021. These are shown in the next slide.
- The increase in substantive staff WTE is supported by the decrease in Agency WTE since November 2020. Furthermore, a similar decrease is seen in the vacancy rate (as shown in the HR section). This trend is predominantly driven by Nurses & Midwives.

Non-Pay Run Rate Overview

Non-Pay ACT Excl BIOR £000	2021					2022							
	M08	M09	M10	M11	M12	M01	M02	M03	M04	M05	M06	M07	M08
Clinical negligence	2,721	2,721	2,721	2,721	2,556	2,788	2,788	2,788	2,788	2,788	2,788	2,788	2,788
Clinical Supplies & Services (Excl Pass Trough)	9,697	9,387	4,390	8,185	15,165	8,096	8,831	9,524	10,807	8,824	9,111	10,253	8,839
General Supplies & services	(162)	(323)	1,131	509	(3,705)	698	579	657	438	627	533	485	556
Drugs (Excl Pass Trough)	(693)	224	1,035	(353)	5,377	1,066	988	14,073	5,832	4,507	5,548	5,378	7,001
Pass Through	12,601	13,405	13,960	14,900	10,366	14,275	13,089	171	11,093	9,931	9,454	13,084	10,591
Internal Recharges	(202)	(255)	(798)	(183)	(160)	(175)	(176)	(207)	(220)	(121)	(136)	(158)	(152)
Premises & Fixed plant	6,747	5,656	6,425	6,771	19,766	7,794	7,731	6,715	7,456	7,408	8,340	7,809	7,544
Other Expenditure	5,773	4,564	5,030	5,202	10,709	4,837	6,082	15,106	1,280	2,645	(335)	4,125	5,914
Total Non-Pay £000	36,482	35,379	33,893	37,751	60,073	39,380	39,913	48,827	39,475	36,609	35,304	43,764	43,080

Source: Finance Ledger, excludes R&D



- Reductions in spend on Clinical Supplies and Services (£1.4m), Passthrough (£2.5m) and Premises (£0.3m) were offset by increases in spend on Drugs (£1.6m) and Other Expenditure (£1.8m). In October, Other Expenditure included the release of the remaining ERF contingency accrual of £1.5m, this gives a £1.5m change in run rate this month as it was a non-recurrent item. Non-pay costs excluding R&D costs are £0.7m lower in November compared to October.
- Underlying non-pay costs excluding COVID-19, R&D, and Recovery are £2.5m lower in November compared to October. This is mainly due to the change in the devices cost model (£2.9m), matched by income, other pass through cost and volume drugs (£0.7m) and the increase in the bad debt provision (£1.4m).

Capital Expenditure £000s	IN MONTH 8			YEAR TO DATE			FULL YEAR
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Critical Care Unit Expansion (Covid-19 surge capacity) (JR Site)	0	(1,394)	1,394	10,353	13,296	(2,943)	10,353
Swindon Radiotherapy Satellite Unit [Loan]	0	1,433	(1,433)	10,200	9,146	1,054	10,200
Swindon Radiotherapy Satellite Unit [Internal]	482	0	482	603	0	603	1,300
OHTC relocation to Mayfair Ward at the NOC	6	238	(232)	2,786	3,231	(445)	2,800
Containment Level 3 Laboratory Works (JR2)	142	237	(95)	2,018	1,825	193	2,430
Trauma Building	0	112	(112)	630	1,310	(680)	630
Other Building works underway	0	3	(3)	1,263	1,407	(144)	1,269
Subtotal - Works underway	630	629	1	27,853	30,214	(2,361)	28,982
Imaging Equipment Replacement Programme (wave 2)	20	61	(41)	2,589	2,128	461	2,697
Imaging Equipment Replacement Programme (wave 2) - PDC	0	54	(54)	598	563	35	598
Radiotherapy & Radiology MES	0	0	0	260	0	260	260
Subtotal - Contractually committed	20	115	(95)	3,447	2,691	756	3,555
Estates Critical Infrastructure Risk	100	8	92	498	304	194	898
Other Statutory Compliance	89	2	86	445	87	358	800
Subtotal - Statutory compliance	189	11	178	943	391	552	1,698
All Other (unfunded)	0	(218)	218	0	44	(44)	0
Subtotal - Expenditure within ICS allocation	839	537	302	32,243	33,341	(1,098)	34,235
JR CCU PDC Bid unconfirmed	(2,357)	0	(2,357)	2,843	0	2,843	2,843
JR CCU TIF Award	2,357	2,357	0	2,357	2,357	0	2,357
Heart Centre Cath Labs PDC/TIF	0	0	0	0	0	0	0
Digital PDC/TIF	0	0	0	0	0	0	0
Digital Diagnostic Programme PDC	0	0	0	0	0	0	0
Unified Tech Fund PDC	0	0	0	0	0	0	0
Subtotal - Externally funded expenditure additional to ICS allocation	0	2,357	(2,357)	5,200	2,357	2,843	5,200
Total Capital Programme Expenditure [A = ICS + Non-ICS]	839	2,894	(2,055)	37,443	35,698	1,745	39,435
Critical Care New Build (John Radcliffe) - Level 5 (charitably funded)	295	0	295	3,240	3,075	165	5,000
Radiotherapy Swindon - donated Linac	0	1,754	(1,754)	1,800	1,754	46	1,800
Nuclear Medicine Centre (gamma camera)	244	0	244	488	0	488	1,465
LED Lighting (grant funded)	0	(174)	174	1,210	1,162	48	1,210
Equipment donations	83	(1,743)	1,826	664	418	246	1,000
Pathlake	7	14	(7)	611	9	602	911
PFI Lifecycleing	265	304	(39)	6,416	4,266	2,150	17,135
Total Loans & Grants and PFI Life-cycling [B]	894	156	738	14,429	10,684	3,745	28,521
Gross Capital Spend [C = A + B]	1,733	3,050	(1,317)	51,872	46,381	5,490	67,956
Gross Capital Spend [C, above]	1,733	3,050	(1,317)	51,872	46,381	5,490	67,956
Less Disposals/other deductions	-	-	-	-	-	-	(1,150)
Charge after disposals/other deductions	1,733	3,050	(1,317)	51,872	46,381	5,490	66,806
Less Donations/grants received	(0.629)	0.148	(0.777)	(8.013)	(6.418)	(1.595)	(11.386)
Less PFI Capital (IFRIC 12)	(0.265)	(0.304)	0.039	(6.416)	(4.266)	(2.150)	(17.135)
Plus PFI Residual Interest	0.404	0.405	(0.001)	3.232	3.237	(0.005)	4.855
Purchase/(Sale) of Financial Assets	-	-	-	-	-	-	-
Total CDEL	1.243	3.298	(2.056)	40.675	38.934	1.740	43.140
ICS CDEL - 'Total charge against capital allocation'	0.839	0.537	0.302	32.243	33.341	(1.098)	33.085
Non ICS CDEL	0.404	2.762	(2.358)	8.432	5.594	2.838	10.055

The Trust's plan has a full-year gross capital envelope of £68.0m. Within this, the ICS CDEL allocation is £33.1m. This comprises self- and loan-funded spend (£34.2m) offset by capital disposals (£1.2m). This is the metric against which the Trust's performance is measured. However, it is the performance of the ICS as a whole that is the critical metric.

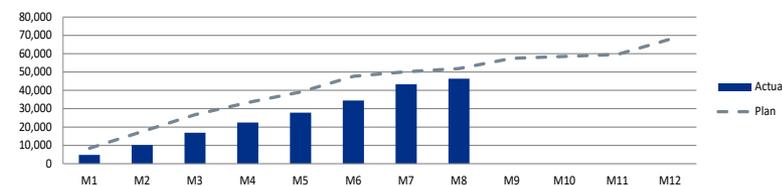
In November additional Transitional Investment Fund (TIF) PDC awards were affirmed, comprising £2.4m for CCU expansion, £1.8m for Cath Lab, £2.6m for digital. The plan included £5.2m assumption for CCU funding so this leaves £2.8m unconfirmed and at risk. The Cath Lab and digital awards were not in the base plan and are outside the ICS envelope.

The year-to-date position is £33.3m, £1.1m over against the Year-to-date allocation, comprising £2.9m on CCU (including £2.8m unconfirmed funding), £0.7m on Trauma (including £0.3m fire remedial works), offset by £1.7m on Swindon, and £0.9m net underspend/slippage on others.

Year-to-date gross capex is £46.4m, £5.5m under plan. The £1.1m overspend on the allocation is offset by the £2.8m unconfirmed CCU funding in the plan, £2.2m under on PFI life cycling, and £1.6m underspend/slippage on grant/donated funded spend.

The overall plan included here is the original plan submitted to NHSEI in June and does not include any new funding agreed since submission (additional funding is shown on the other slides in this paper). This aligns to the plan reported against in the monthly NHSEI returns. An updated forecast outturn position, including new funds agreed and bid for is detailed later in this paper.

Cumulative Performance Against Plan (£000s)



Statement of Financial Position £000s	MONTH 6 2022	MONTH 7 2022	MONTH 8 2022	YTD Movement
Non Current Assets:				
Property, Plant and Equipment	620,763	627,700	627,945	19,032
Intangible Assets	19,355	18,238	18,043	3,372
Investment Property	30,394	30,394	30,394	0
Other Investments	23,635	23,635	23,635	2
Trade and Other Receivables	8,165	8,262	8,303	(297)
Total Non Current Assets	702,312	708,229	708,320	22,109
Current Assets:				
Inventories	31,751	30,816	31,181	(758)
Trade and Other Receivables	80,519	79,065	78,041	22,219
Other Current Assets				0
Cash and Cash Equivalents	34,302	40,174	48,597	(35,172)
Total Current Assets	146,572	150,055	157,819	(13,711)
Total ASSETS	848,884	858,284	866,139	8,398
Current Liabilities:				
Trade and Other Payables	(158,128)	(171,884)	(175,515)	(6,443)
Provisions	(6,588)	(6,175)	(5,122)	1,487
Borrowings	(12,028)	(12,177)	(12,328)	(1,276)
Commercial Loans	(408)	(431)	(455)	(64)
Total Current Liabilities	(177,441)	(190,966)	(194,068)	(6,944)
Net Current Assets/(Liabilities)	(30,869)	(40,911)	(36,249)	(20,655)
Total Assets Less Current Liabilities	671,443	667,318	672,071	1,454
Non Current Liabilities:				
Trade and Other Payables	(4,029)	(4,022)	(4,015)	57
Provisions	(9,002)	(9,002)	(9,002)	31
Borrowings	(220,661)	(219,589)	(218,517)	14,264
Commercial Loans	(6,316)	(6,316)	(6,316)	206
Total Non Current Liabilities	(251,563)	(250,484)	(252,609)	(201)
Assets Less Liabilities (Total Assets Employed)	419,880	416,834	419,462	1,253
Taxpayers Equity:				
Public Dividend Capital	289,738	289,738	290,336	597
Retained Earnings reserve	(9,142)	(11,527)	(8,837)	6,000
Revaluation Reserve	137,625	136,964	136,303	(5,345)
Other Reserves	1,743	1,743	1,743	0
FV Assets Reserve	(84)	(84)	(84)	0
Total Taxpayers Equity	419,880	416,834	419,461	1,252

Source: Finance Ledger

Cashflow £000s



Non-Current Assets

- Non-current assets have increased with capital spend being greater than depreciation.

Current Assets

- Current assets have decreased by £13.7m to-date, mostly due to paying off capital creditors outstanding at the year-end.

Current Liabilities

- Current liabilities have increased by £6.9m to-date, which is due to receipts in advance partly offset with a reduction in capital creditors, as above.
- Under the Better Payment Practice Code (BPPC) 90.9% of total bills year-to-date were paid within target (by value) and 84.1% (by number). Last month's corresponding performance was 90.4% (by value) and 84.4% (by number).

Non-Current Liabilities

- Non-current liabilities have increased by £0.2m-to-date, due to repaying PFI and other loan liabilities offset with drawing down capital loan funding.

Cash

- Cash at the end of November was £48.6m, £35.2m lower than the year-end largely due to paying off capital creditors. The actual cash balance was £4.2m higher than the internal plan balance of £44.4m which is largely due to education receipts in advance which were not expected.
- Cash resilience for the remainder of the financial year is dependent on the regime for H2. The Trust has access to a committed DHSC working capital facility to help mitigate cash flow risk in the short term.

£m	Draft H2 Plan	Final H2 Plan	M7 FoT	M8 FoT	Latest FoT vs H2 Plan	Comment (Explanation of Movement) Remainder of FoT
YTD actuals	1.4	1.4	-1.4	-1.4	-2.8	M8 was better than plan. YTD is now only £0.5m adverse to plan.
Core assumptions (v.s H1 actuals)						
Block income	-3.7	-3.7	-3.1	-2.5	1.2	FoT assumption reduced pro from six month to five months (i/e. to 5/6s of plan). No change to assumptions.
Top-up income	-6.3	-6.3	-5.3	-4.2	2.1	
Contribution from ERF	-9.1	-9.1	-7.6	-6.1	3.0	
COVID income	-1.4	-1.4	-1.2	-0.9	0.5	
OUH cost pressures	-6.3	-6.3	-5.3	-4.2	2.1	
Income (contribution. Draft to Final move is £2m TIF)	4.4	6.4	5.3	4.3	-2.1	
Pay efficiencies	3	3	2.5	2.0	-1.0	
Non-pay efficiency	7.5	7.5	6.3	5.0	-2.5	
H2 plan	-11.9	-9.9	-8.2	-6.6	3.3	
Full year plan	-10.5	-8.5	-9.6	-8.0	0.5	
Run rate impact (estimate based on latest actuals)						
Income	n/a	n/a	0.0	0.0	0.0	M7+M8 combined in line with H2 plan run rate assumptions. M7 was over. M8 was under. No adjustment to forecast.
Pay	n/a	n/a	0.0	0.0	0.0	
Non-pay	n/a	n/a	0.0	0.0	0.0	
ITDA	n/a	n/a	0.0	0.0	0.0	
Total run rate impact	n/a	n/a	0.0	0.0	0.0	
One-off items						
PFI settlement	0.0	3.0	2.5	2.5	-0.5	FoT assumption is balance of provision to be released after PFI settlement.
Total one off items	0.0	3.0	2.5	2.5	-0.5	
Forecast	-10.5	-5.5	-7.1	-5.5	0.0	Adverse to H2 Final plan due to M7 actual performance

Identified risks				Latest gross	Likelihood adjustmen %			
Unfunded elective recovery costs	-12.0	-6.7	-6.4	-6.0	99%	-5.9	0.8	£6m projects now agreed with 1% (£65k) only funded so far
Non-monoclonal antibody treatment delivery	-1	-0.4	-0.2	-0.05	100%	-0.1	0.4	£100k agreed with OCCG. Balance of £150k agreed funding shown here as a risk.
Specialist Commissioning drug cost envelope	-2	-2	-1	-2	50%	-1.0	1.0	Under review for M9.
Unfunded winter pressures	0	0	0	-0.7	50%	-0.4	-0.4	c.£1m of projects agreed, actual risk net of BCF and likely delayed start to some projects.
Impairment (new build)	0	0	0	0	50%	0.0	0.0	New build ICU JRH.
PPE stock movement	0	0	0	0	50%	0.0	0.0	Review prior to year end.
Annual leave accrual	0	0	0	0	50%	0.0	0.0	Review in Q4.
Winter staff incentive	0.0	0.0	0.0	-3.0	50%	-1.5	-1.5	New financial risk based on current operational pressures.
Total identified risks	-15.0	-9.1	-7.6	-11.8		-8.8	0.3	

Opportunities				Latest gross	Likelihood adjustmen			
TIF	2.0	0.0	0.0	0.0	n/a	0.0	0.0	Trust notified of £2m TIF award between draft and final plan. Costs were already in draft plan
COVID Cost Reduction	1.4	1.4	0.7	1.4	25%	0.4	-1.1	Reduced estimate of likelihood given cases numbers and admissions
A/L accrual release	2.8	2.8	2.5	2.8	100%	2.8	0.0	20/21 accrual will be used in full. Latest NHSE guidance no longer requires the accrual to be maintained.
PFI settlement	3.0	0.0	0.0	0.0	n/a	0.0	0.0	PFI settlement impact moved from opportunity to plan as plan finalised.
Potential balance sheet opportunities	4.9	4.9	4.9	4.9	100%	4.9	0.0	Contingency accrued in H1, review before year end, likely to be released.
Investment property valuation (1)	1.4	1.4	1.1	1.4	100%	1.4	0.0	Investment property gain in Q3. 100% as practical completion has taken place. Recognise in M9.
Investment property valuation (2)	1.5	1.5	0.8	1.5	50%	0.8	-0.8	Valuer advises general investment property valuation increase of up to 5%. Discounted by 50% to 2.5%.
ERF+ / IS reimbursement (costs to date)	0.0	0.0	0.8	0.0	90%	0.0	0.0	Recognised in M8
Reablement transition funding	0.0	0.0	0.0	0.3	100%	0.3	0.3	Bid successful. Notified 15/12/21
ERF++ bid	0.0	0.0	0.0	6.0	90%	5.4	5.4	Bid successful. Notified 15/12/21. Scored at 90% due to minor conditions and likely admin complexity of payment
Estates commercial / bad debt settlements	0.0	0.0	0.0	3.3	25%	0.8	0.8	Various bad debts
Subtotal net upsides / downsides	15.0	12.0	10.8	21.6		16.7	4.7	

Net (Risk)/Opportunity	0.0	2.9	3.2	9.8		7.8	4.9	There is net upside at present as additional ERF funding is reducing risk.
Forecast plus net upsides / downsides	-10.5	-2.6	-3.9			2.3	4.9	Forecast has improved due to successful additional funding bid.

£000s

	M08 (pre-mitigation)			M08 Mitigations					M08 (post mitigation)	
	CDEL budget	M08 Forecast	Over/underspend	Move overspends	Digital	Medical Equipment	Estates	Unallocated mitigations	M08 (post mitigation)	Over/underspend
Critical Care Unit	10,353	14,005	(3,652)						14,005	(3,652)
Swindon Radiotherapy Satellite Unit	11,500	10,238	1,262						10,238	1,262
OHTC relocation to Mayfair Ward at the NOC	2,800	3,629	(829)						3,629	(829)
Containment Level 3 Laboratory Works (JR2)	2,430	2,729	(299)						2,729	(299)
Trauma Building	630	1,697	(1,067)						1,697	(1,067)
Imaging Equipment Replacement Programme	3,295	3,114	181						3,114	181
Other	3,227	2,566	661						2,566	661
Asset sale	(1,150)	-	(1,150)						-	(1,150)
ICS allocation	33,085	37,978	(4,893)	-	-	-	-	-	37,978	(4,893)
Critical Care Building	2,357	2,357	-						2,357	-
Cath Lab	1,800	1,400	400						1,400	400
Digital	2,600	2,050	550						2,050	550
Pathology	952	952	-						952	-
Radiology	1,115	1,115	-						1,115	-
Endoscopy Academies	254	254	-						254	-
Imaging Academies	78	78	-						78	-
Digital Maternity Fund	270	270	-						270	-
Digital Productivity Fund *	250	250	-						250	-
Cyber Security Infrastructure fund *	1,325	1,325	-						1,325	-
TRE	500	500	-						500	-
Centrally funded	11,501	10,551	950	-	-	-	-	-	10,551	950
Trust controlled CDEL	44,586	48,529	(3,943)	-	-	-	-	-	48,529	(3,943)
PFI residual interest	4,855	4,855	-						4,855	-
CDEL per NHSI Return	49,441	53,384	(3,943)	-	-	-	-	-	53,384	(3,943)
PFI Lifecycle (less residual interest)	12,280	12,280	-						12,280	-
Donations	9,265	9,265	-						9,265	-
Other	2,121	2,121	-						2,121	-
Non-CDEL capex	23,666	23,666	-						23,666	-
Total Capex	73,107	77,050	(3,943)						77,050	(3,943)

* IT capital bids – funding not yet confirmed

- Capital is forecast to be overspent due to unfunded critical care costs, unplanned Trauma Building costs and delay to an assumed asset sale.
- The Trust will need to avoid or minimise the year end overspend or face clawback from NHSE in 2022/23. A mitigation plan is being developed in part assuming underspend on some new awards.

Appendix 1 – Other Supporting Analysis: Month 8 2021/22

Template Categories (£000s)	October			November			YTD			Q3 (Avg) 2020/21			Movement M8 V Q3 20/21 Avg
	Pay	Non-Pay	Total	Pay	Non-Pay	Total	Pay	Non-Pay	Total	Pay	Non-Pay	Total	
COVID-19 testing - Outside Envelope	54	0	54	54	0	54	448	0	448	78	0	78	(24)
COVID-19 virus testing- rt-PCR virus testing - Outside Envelope	0	276	276	0	282	282	0	2,168	2,168	0	1,118	1,118	(836)
Deployment of final year Student Nurses	0	0	0	0	0	0	0	0	0	0	0	0	0
Vaccination Costs	6	2	8	(8)	5	(3)	334	17	350	73	68	141	(144)
Covid 19 Final Year Deployment of nurses	0	0	0	0	0	0	94	0	94	0	0	0	0
Covid 19 - International Quarantine Costs	0	0	0	0	0	0	0	0	0	0	0	0	0
Outside Envelope Total	59	278	337	46	287	333	876	2,185	3,061	152	1,186	1,337	(1,004)
Expanding medical / nursing / other workforce	263	0	263	278	0	278	1,125	0	1,125	940	0	940	(662)
Existing workforce additional shifts	135	0	135	123	0	123	900	0	900	357	0	357	(234)
Backfill for higher sickness absence	1,033	0	1,033	823	0	823	7,963	0	7,963	701	0	701	122
Remote management of patients	0	16	16	0	(8)	(8)	0	63	63	0	80	80	(88)
Plans to release bed capacity	0	0	0	0	0	0	0	0	0	0	0	0	0
Increase ITU capacity	0	71	71	0	138	138	0	687	687	0	315	315	(177)
Segregation of patient pathways	0	35	35	0	26	26	0	665	665	0	75	75	(49)
Decontamination	0	15	15	0	26	26	0	247	247	0	240	240	(214)
Internal and external communication costs	0	0	0	0	0	0	0	3	3	0	4	4	(4)
Remote working for non patient activities	0	0	0	0	0	0	0	14	14	0	29	29	(28)
PPE - Other Associated Costs	0	12	12	0	(18)	(18)	0	165	165	0	83	83	(101)
COVID-19 virus testing (NHS laboratories) - In Envelope	0	(153)	(153)	0	(143)	(143)	0	(1,008)	(1,008)	0	316	316	(459)
National procurement areas - Staff accommodation	0	0	0	0	(4)	(4)	0	182	182	0	74	74	(78)
National procurement areas - PPE	0	132	132	0	126	126	0	1,019	1,019	0	87	87	39
PPN and other support to suppliers	0	0	0	0	0	0	0	40	40	0	3	3	(3)
PPE - Technical Adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	7	7	0	34	34	0	101	101	0	(2)	(2)	36
Balance to reported NHSEI reported position	0	0	0	0	0	0	0	0	0	0	0	0	0
Inside Envelope Total	1,431	135	1,566	1,224	177	1,401	9,988	2,177	12,165	1,998	1,304	3,302	(1,900)
Grand Total	1,490	413	1,903	1,270	464	1,734	10,864	4,362	15,225	2,149	2,489	4,639	(2,905)

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

- Overall COVID-19 financial performance versus plan is as follows:
 - Pay costs were on plan in November
 - Non-pay costs were £0.1m lower than plan in November
 - Income for national testing and vaccination £0.1m lower than plan
- Year-to-date in-envelope COVID-19 costs total £12.1m. The H2 (M7-12) plan assumes COVID spend will continue at the same run-rate as in H1. Compared to October, pay costs decreased by £0.2m to £1.2m and non-pay costs have increased by £0.1m to £0.2m.
- £0.3m of income, £0.1m less than plan, has been accrued in-month to be reimbursed for COVID-19 (outside envelope) testing and vaccination costs.

ICS Envelope Income Comparison

ICS Envelope Income Comparison £000s	IN MONTH 8		Var Act vs	YEAR TO DATE		Var Act vs
	ENV	Act	Env	ENV	Act	Env
Local authorities	720	164	(556)	5,757	3,974	(1,784)
Department Of Health	59	0	(59)	475	0	(475)
NHS other (including Public Health England)	15	274	259	117	2,171	2,054
Non NHS: Private Patients	561	964	403	4,490	5,313	823
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient)	251	72	(179)	2,008	732	(1,277)
Injury Cost Recovery Scheme	211	35	(176)	1,687	729	(958)
Non NHS: Other	198	0	(198)	1,584	0	(1,584)
Research and development (both IFRS 15 and non-IFRS 15 income)	4,500	4,870	370	35,997	32,738	(3,259)
Education and Training	4,464	3,875	(588)	35,710	30,864	(4,846)
Donations of physical assets and peppercorn leases (non-cash)	20	0	(20)	156	0	(156)
Cash Donations / Grants For The Purchase Of Capital Assets	13	2,304	2,291	101	3,781	3,680
Charitable and Other Contributions To Expenditure	40	39	(2)	323	110	(213)
Non-Patient Care Services To Other WGA Bodies	1,836	1,885	50	14,685	13,101	(1,585)
Non-Patient Care Services To Other Non WGA Bodies	82	3,008	2,926	656	12,632	11,976
Income In Respect Of Employee Benefits Accounted On A Gross Basis	816	1,282	467	6,525	8,872	2,347
Rental Revenue From Operating Leases	196	298	102	1,571	1,877	306
Car Parking Income	250	155	(96)	2,003	929	(1,074)
Catering	13	0	(13)	107	4	(103)
Pharmacy Sales	14	28	14	112	140	28
Property Rental (Not Lease Income)	0	0	0	0	51	51
Staff Accommodation Rental	0	3	3	0	25	25
Other income not covered by table 2 and the other rows in table 3	1,070	716	(354)	8,563	6,727	(1,835)
Total Income	15,329	19,972	4,644	122,628	124,771	2,143
R&D Surplus / (Deficit)	0	(0)	(0)	0	0	0
Total Envelope Position	15,329	19,972	4,644	122,628	124,771	2,143

- When calculating the block income and top-up payments, NHSE/I calculated an other income expectation for the Trust based on the average of income received in November, December and January of 2019/20. This resulted in an envelope other income figure for the Trust and is set out in the table above for the equivalent income categories.
- In November, actual income was £4.6m higher than the envelope figure. Year-to-date, actual income is £2.1m higher than the envelope figure. The Trust received £3.0m of funding from the BOB ICS for losses in other income or H1. For H2, the ICS have distributed the lost other income funding with the block income and the Trust will receive £3.7m.

Elective Recovery Fund	M1	M2	M3	M4	M5	M6	M7	M8	YTD	Notes
SUS baseline £000s	24,411	23,044	27,419	26,360	24,774	26,643			152,651	2019/20 Activity Baseline
Number of Working Days	20	19	22	22	21	22			6184	
Target Lower Threshold	70%	75%	80%	95%	95%	95%				Threshold set by NHSE to earn ERF income
Income achieved £000s	25,463	26,560	27,268	25,413	23,135	23,952			151,791	
Baseline % achieved	104%	115%	99%	96%	93%	90%			99%	
Income achieved per working day £000s	1,273	1,398	1,239	1,155	1,102	1,089			25	
ERF generated £000s	9,318	10,671	6,481	1,698	0	0	0	0	28,168	
ERF+ Income							0	1,773	1,773	
Application of ERF										
Direct costs £000s	-2,092	-2,537	-2,354	-2,179	-1,731	-3,507	-2,436	-2,764	-19,600	The incremental costs of delivering additional elective activity including some independent sector outsourcing costs
Estates schemes £000s	0	0	-329	-110	-110	-851	-356	-695	-2,451	
Deficit cover and balance to surplus plan £000s	-1,422	-108	-3,385	-1,171	-504	3,448	1,290	1,844	-8	
Retained by OUH £000s	0	-1,841	-10,597	3,166	2,345	5,425	1,502		0	Held in reserve by OUH
ERF recognised by OUH in month £000s	-3,514	-4,486	-16,665	-294	0	4,515	0	-1,615	-22,059	
Retained by ICS £000s	-5,804	-6,185	10,184	-1,404	0	-4,515	0	-158	-7,882	
Net ERF Position £000s	0									

- The table above is a summarised version of the data used to manage the impact of the ERF in H1.
- The Secondary Users Survey (SUS) baseline is the amount calculated by NHSE as the tariff value of the Trust's elective activity in 2019/2020 adjusted for inflation and partly smoothed for differences in working days. For information we also track the number of working days each month and the relevant threshold to earn ERF which is a % of the SUS baseline.
- We then track actual SUS income, the % of the baseline achieved and income per working day. The last measure indicates how productive the Trust was in-month and is also adversely affected by annual leave and urgent care pressures such as days at OPEL 4.
- Under our BOB system agreement on ERF, not all ERF generated is retained by providers. Firstly each month we recognise income to cover identified costs of extra elective activity, to achieve our financial plan and to cover an agreed set of estates schemes.
- Residual ERF is then either retained by the ICS or OUH on ICS instructions. If retained by OUH we 100% provide against the income as OUH can be required by the ICS to transfer this income and cash back to the ICS under the ERF agreement.
- Hence there is only an indirect relationship each month between the ERF generated and the ERF recognised in OUH's I&E.

Pay: Run Rate by Staff Type

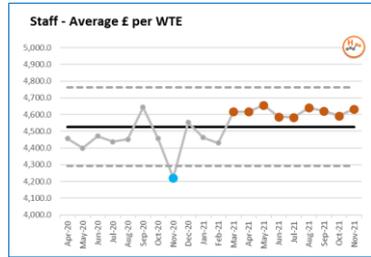
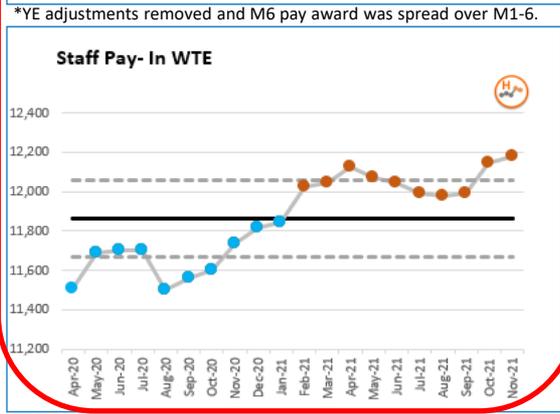
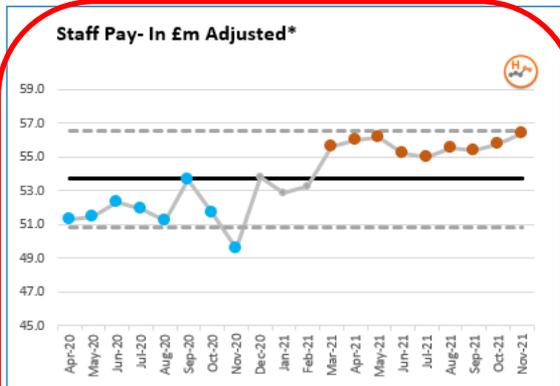
Source: Finance Ledger, Excl R&D costs, including COVID and recovery costs

Is Performance Stable?

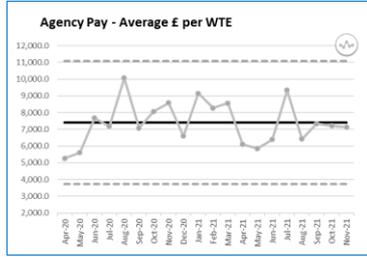
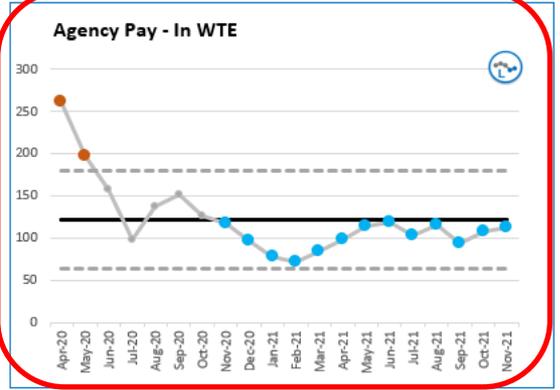
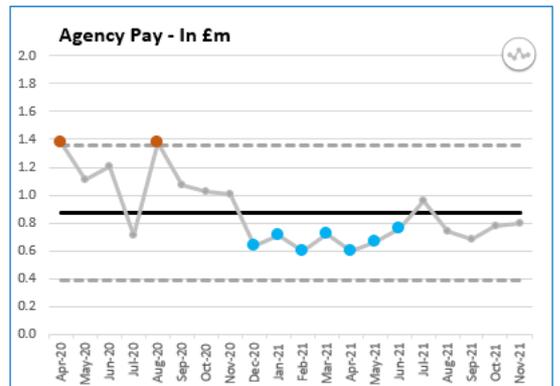
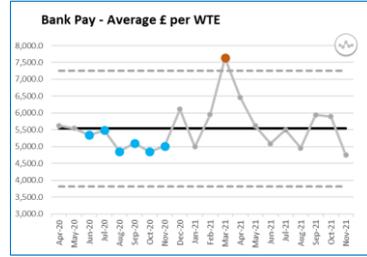
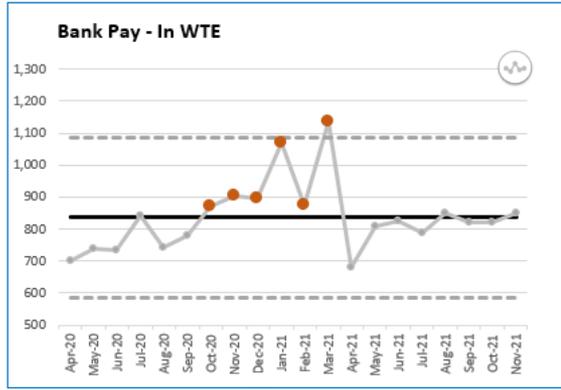
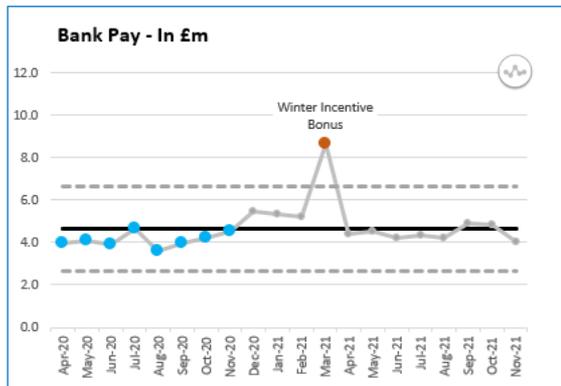
Getting Better

Getting Worse

Yes



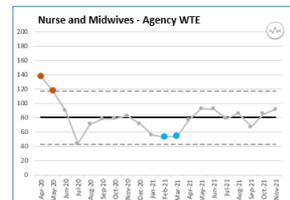
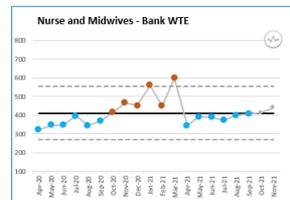
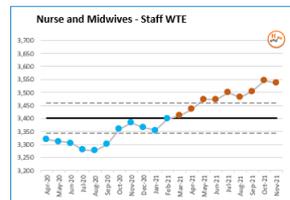
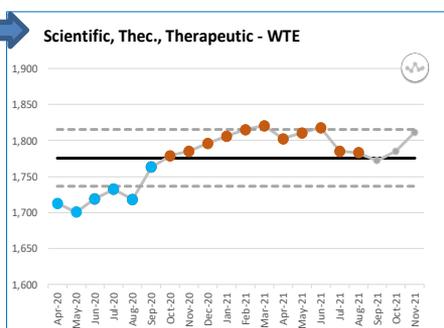
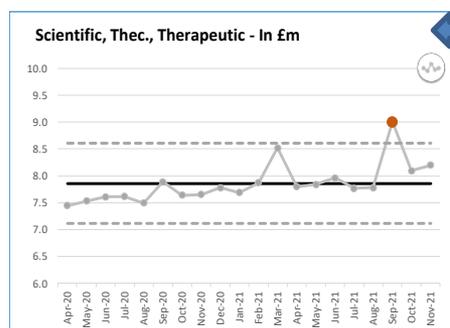
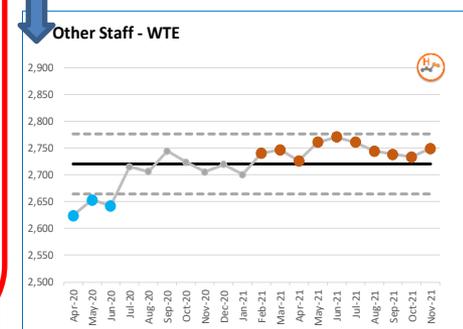
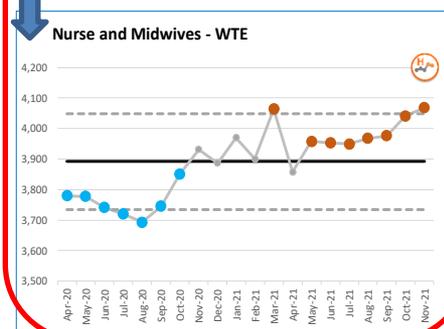
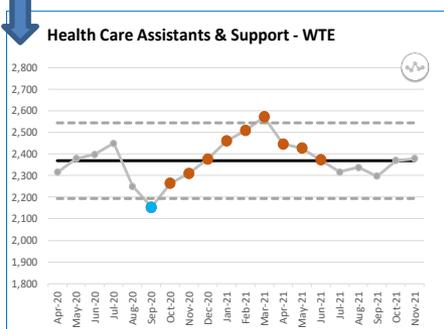
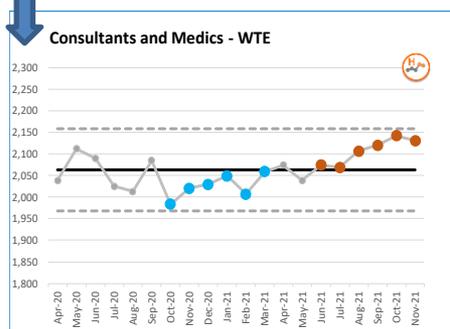
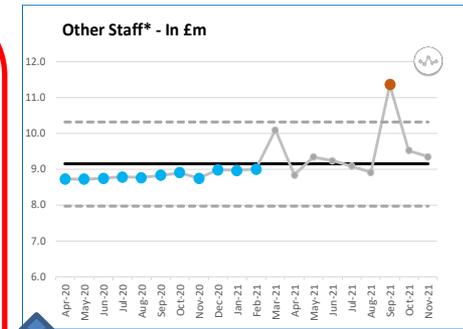
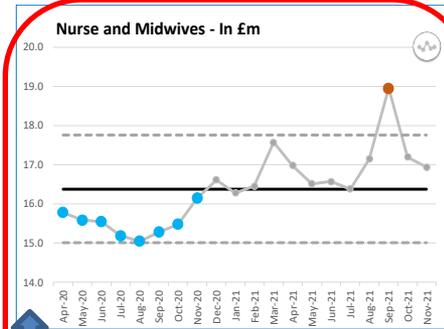
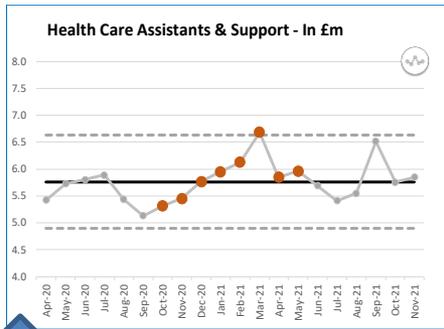
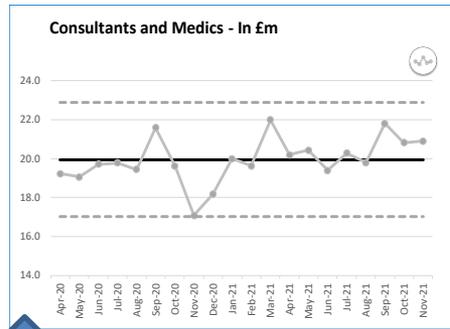
Overall increase in Average pay per WTE since February 2020 due to 3% pay award



Overall decrease in Agency WTEs against an increase in Substantive WTEs and vacancy rate

Pay: Run Rate by Staff Group

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



Is Performance Stable?

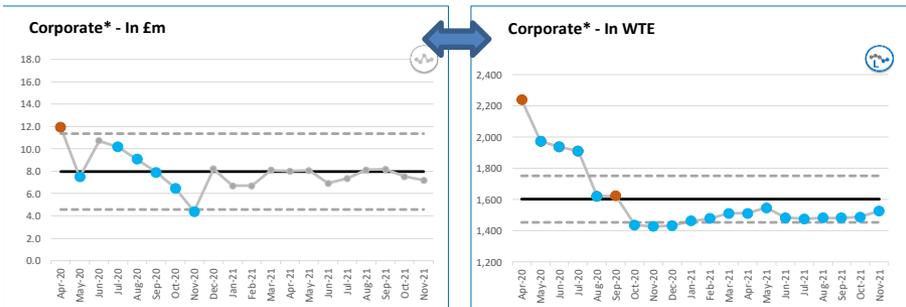
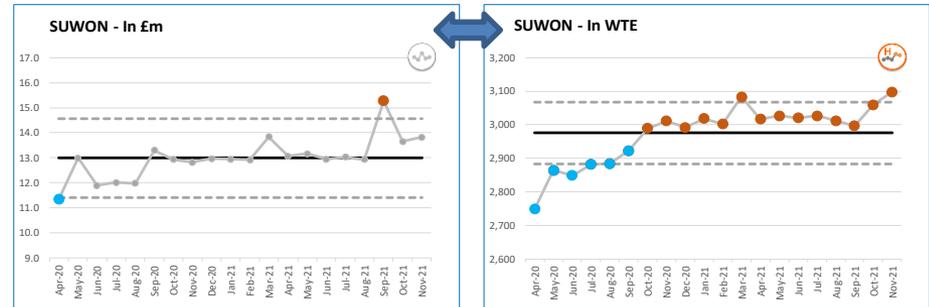
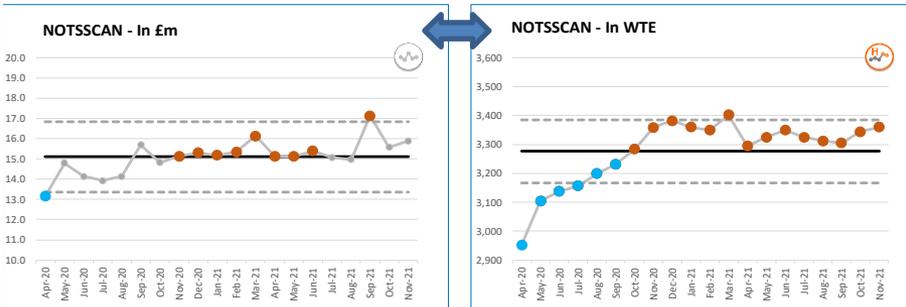
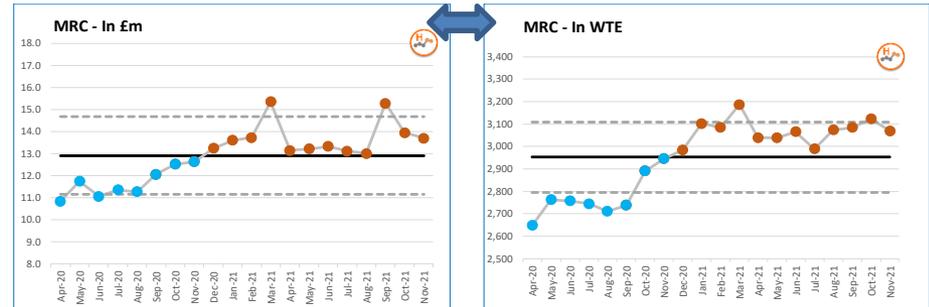
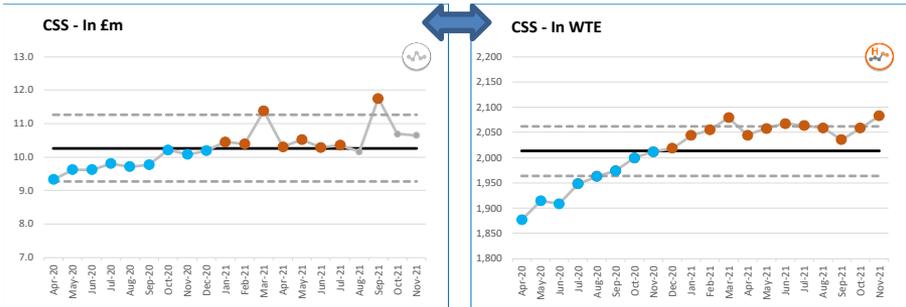
Yes	Getting Worse	Getting Better

Pay and WTE trends are driven by Nurses and Midwives, particularly by substantive staff.

*Other Staff total spend was normalised by removing the Mar-21 adjustment related to change in policy of capitalised digital staff cost

Pay: Run Rate by Divisions

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



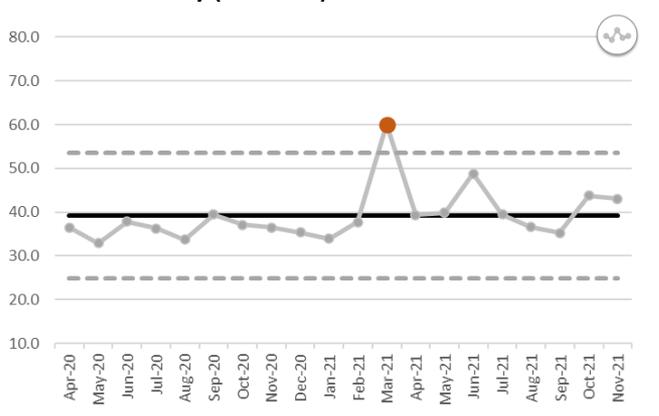
Increase in WTE is seen in all clinical divisions, with similar pay increase (with exception of SUWON).
Non clinical areas pay spend has remained with no significant changes since prior year's winter. WTEs have gone down drastically in middle of prior FY and have remained at the same level since.

*Corporate includes Education, Estates, DOSI, OPEX and HOST. Mar-21 pension costs (£27m) and change in policy costs (£12m) were removed from the data.

Is Performance Stable?

Yes Getting Worse Getting Better

Total Non Pay (Excl R&D) - in £m

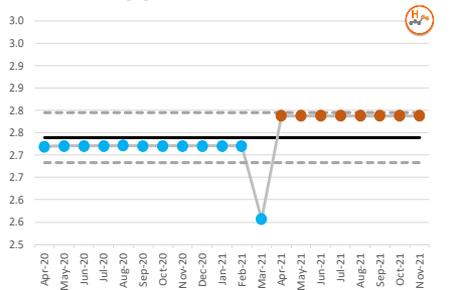


Is Performance Stable?

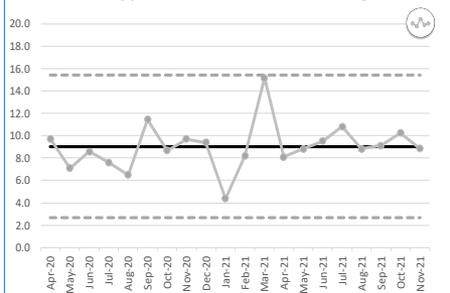


Source: Finance Ledger, Excl R&D costs, including COVID and recovery costs. No adjustments to data

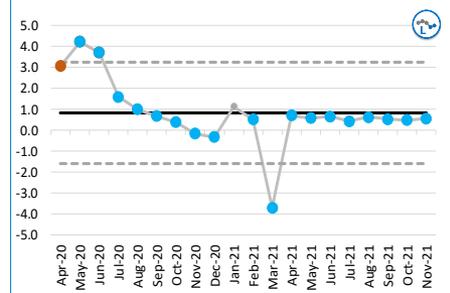
Clinical Negligence - in £m



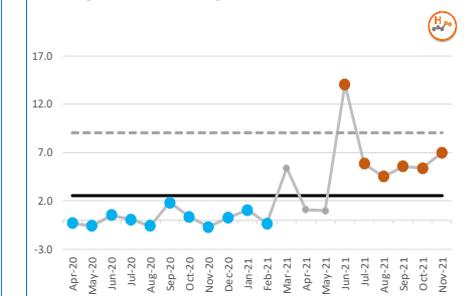
Clinical Supplies & Services (Excl Pass Trough) - in £m



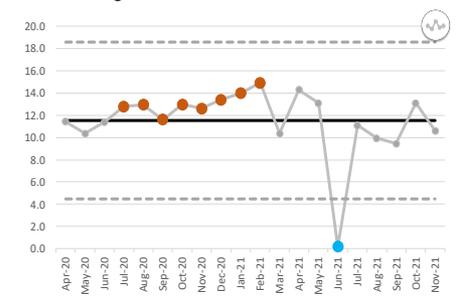
General Supplies & services - in £m



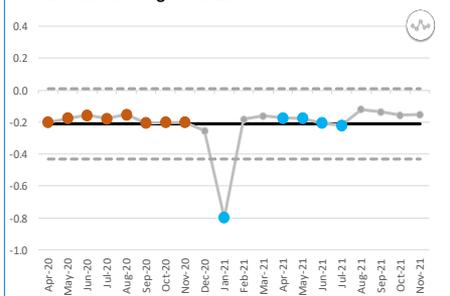
Drugs (Excl Pass Trough) - in £m



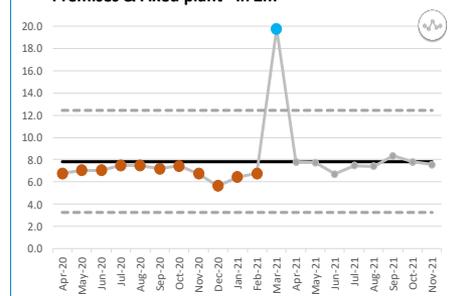
Pass Through - in £m



Internal Recharges - in £m



Premises & Fixed plant - in £m



Other Expenditure - in £m

