



# Oxford University Hospitals

NHS Foundation Trust

## Integrated Performance Report Trust Board 2020 Month 8 (November data)

January 2021

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

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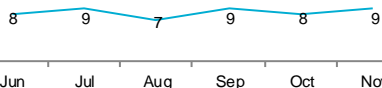
# Executive Summary (1)

## Integrated themes and issues from M8 (November 2020)

### Quality and Safety

#### HAPU

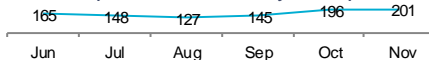
In November, of the **9** incidents causing **Hospital Acquired Pressure Ulceration (HAPU)** there were **8** category 3 incidents and **1** incident of significant mucosal pressure damage. In total, this was one more than the 8 reported in October. Risk assessments have been completed in all cases. The use of medical devices was associated with 2 of the 9 incidents. A revised Safety Message has been submitted to inform clinical teams of the risks associated with the use of medical devices and pressure damage. All Category 3 and above HAPU are investigated and an action plan is approved and implemented.



Pages 23-25

#### Harm from Falls

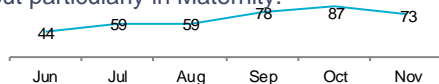
There were **201** falls incidents reported in November, an increase from 196 falls in October. Repeat falls accounted for **24.9%** of the falls in November which is a reduction on the 38.8% reported in October. Actions being taken include the completion of Multifactorial Falls Assessment for all adult inpatients within 6 hours of admission as per Trust policy, with appropriate individualised care planning to follow. All falls are also discussed during handover periods to identify and prevent reoccurrence.



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#### Complaints

There were **73 Complaints** in November which was a decrease compared to the 87 recorded in October. A central theme continues to be about patients' experiences of services affected directly or indirectly by COVID-19. Many concerns relate to patient experience during the first wave of COVID-19 and the impact restrictions had on them personally, especially regarding partners accompanying women during pregnancy and labour. There was also an increase in the number of concerns raised regarding incidents that occurred more than 12 months ago, across many services, but particularly in Maternity.



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#### Safeguarding Children

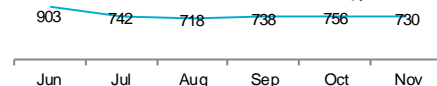
There were **293** consultations with the **children's safeguarding** team in November an increase compared to 273 recorded in October. During November there have been some complex cases involving adolescent mental health. Safeguarding Liaison referrals from ED reduced by 13 in November to 570, yet there was an increase of 57 children attending with safeguarding concerns. There was a reduction in babies attending and a reduction in adult attendances when presenting in ED with safeguarding concerns with responsibilities for children. Training compliance is below local and national targets but has shown some improvement.



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#### Safeguarding Adults

**Adult safeguarding** activity (*referrals, consultations and incident reviews*) decreased to **730** in November, down from **756** in October. Referral themes from Trust clinical staff continue to include domestic abuse, neglect and self neglect relating to patients' homes, and discharge. There is an emerging trend of people being referred who are vulnerable but do not have care and support needs as defined in the Care Act 2014. This has previously been escalated to the Oxfordshire Health Safeguarding ICP for discussion with OSAB. Training compliance remains below the local and national targets.



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#### Friends and Family Test

The ongoing suspension of the Unify national reporting process for FFT continues to artificially suppress response rates. NHS England & Improvement advised on 4 September that monthly reporting will resume from December 2020 (this data will be reported in January 2021). The **top three positive** (by proportion) themes for November were **Staff attitude** (81.9%), **Implementation of care** (78.9%), and **Patient mood/ feeling** (75.0%). The **top three negative** (by proportion) themes for November were **Discharge** (20.3%), **Cancelled admissions/procedures** (16.9%), and **Waiting time** (16.2%).

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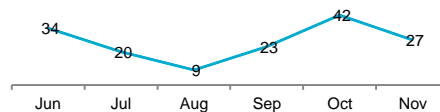
# Executive Summary (2)

## Integrated themes and issues from M8 (November 2020)

### Quality and Safety

#### DoLS

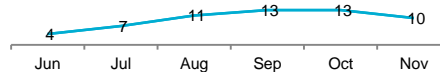
There were **27** **Deprivation of Liberty Safeguards (DoLS)** applications which is significantly lower than the 42 recorded in October. DOLS will be audited in November 2020 to establish lessons to learn and change in practice.



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#### Section 42

In November there were **10** open **Section 42 Investigations**. Most substantiated enquiries relate to discharge as previously reported. A Safety Message (099) was issued to the Trust relating to safe discharge on 29<sup>th</sup> December 2020.



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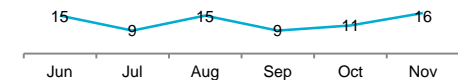
#### RIDDOR

In November there were **4** RIDDOR reports to the HSE, all 4 related to members of staff. One report had an *Actual impact of 3* (moderate effect or serious injury (but not long-term) and three had *Actual impacts of 2* (minor injury / illness). Occupational Health is supporting the member of staff associated with the *Actual impact of 3* incident and the Health and Safety team have discussed the other three incidents with the appropriate managers, and training and further work to mitigate future risk was undertaken.

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#### C-Diff

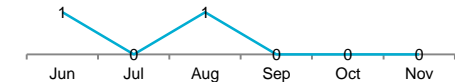
There were **16** cases of **Clostridium Difficile >72 hours** in November, compared to 11 cases recorded in October. The cumulative number of cases in November is **26** over the Trust's threshold.



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#### MRSA

There was **0** cases of **MRSA bacteraemia >48 hours** in the month of November (3 MRSA bacteraemia to date).

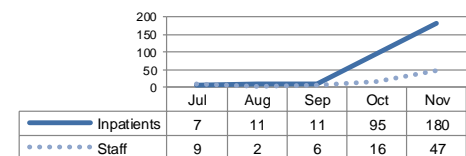


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#### COVID-19

There has been a significant increase to **180** inpatients during November compared to an already high number of **95** inpatients during October. There has also been an increase in COVID-19 positive cases in non-COVID areas. This has resulted in nosocomial transmission in bays and impacted operational issues due to closed beds in bays where exposed patients are cohorted. Two or more cases identified in one area within a certain period of time meets the criteria for declaring an outbreak. There were **5** outbreaks in November.

Staff COVID-19 testing shows an increase in all cases, and now includes cases triggered by a positive lateral flow device result.



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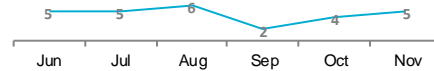
# Executive Summary (3)

## Integrated themes and issues from M8 (November 2020)

### Quality and Safety

#### MSSA

There were **5** post 48 hour MSSA bacteraemia in November, compared to 4 reported in October.



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#### Thrombosis

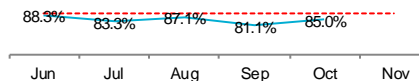
Data was not recorded for **Hospital Acquired Thromboses** that were potentially preventable in November. There has been **zero** cases reported over the previous 6 months.



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#### Dementia Screening

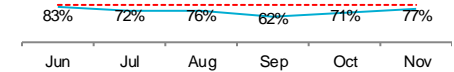
The % of dementia patients aged over 75 years admitted as an emergency who are screened was below the 90% target at **85.0%** in October 20 (NB: Information available for November was not available at the time of reporting).



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#### Sepsis

The overall proportion of sepsis admissions that received antibiotics in <1 hour was **77%** in November compared to the target of 90%. In ED the proportion of sepsis admissions that received antibiotics in <1 hour was **93%** compared to a target of 90%. The Mortality indicators related to Sepsis from SHMI are 86.6 (75.8-98.6) (i.e. there were fewer deaths than expected). An action plan is in place and improvements are being seen against the falling compliance with <1 hour target.



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#### WHO Checklist

The **WHO Surgical Safety Checklist** documentation and observation was **99.4%** and **100%** respectively in November. Areas that are not 100% compliant are followed up by the Divisional leadership and presented to the Clinical Governance Committee.

Chart - Documentation

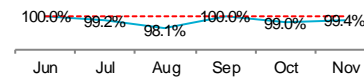
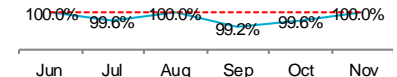


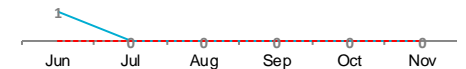
Chart - Observation



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#### Never Events

There were **zero** Never Events identified in November. One Never Event was called in 2020/21 which has subsequently been downgraded by the OCCG and NHSE.



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# Executive Summary (4)

## Integrated themes and issues from M8 (November 2020)

### Quality and Safety

#### Excellent reporting

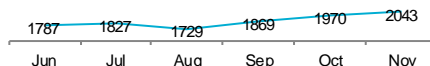
Excellence Reporting is a staff led initiative whereby members of staff can nominate colleagues to recognise instances of excellence. The system was integrated into Ulysses in July 2020. In November there were 148 reports of excellence and since July 2020, 451 have been completed.

Reporting  
**EXCELLENCE** 

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#### Patient Incidents

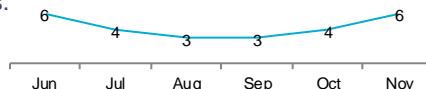
There were **2,043 patient incidents** reported in November, up from **1,970** reported in October. The number of incidents reported per day had been decreasing since mid-March, when the response to COVID-19 led to a reduction in overall volumes of elective activity. Incident reporting levels in November have returned to previous levels. Although there have been a large number of incidents only a small percentage of these have had a significant impact, which suggests a good safety culture is in place.



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#### Serious Incidents

There were **6 Serious Incidents Requiring Investigation (SIRI)** in November. Two SIRI investigation reports were submitted for closure (approval) to the Oxfordshire Clinical Commissioning Group in the same period. 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.



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#### Clinical Harm Reviews

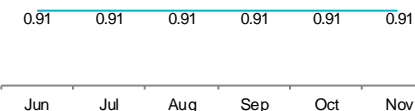
The Trust has an established process for assessing clinical and psycho-social harm for patients waiting over 52 weeks for treatment and patients whose cancer pathways exceed 104 days. National e-prioritisation is being project managed into EPR and will be combined into the Harm Review Process. Assurance has been received that harm continues to be reported where identified and that Clinical Directors are confident clinicians are undertaking clinical prioritisation (currently on paper). The impact of COVID-19 has been significant and has affected the ability to undertake individual harm reviews. 4,356 breaches have been confirmed in 20/21 to date. Multiple patients have requested that their treatment be deferred until after COVID.

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#### Mortality

There were **no mortality outliers** reported for the Trust from the Care Quality Commission or Dr Foster. The SHMI for the period August 2019 to July 2020 was **0.91** and 'as expected'. The HSMR was **87.3** for the period September 2019 to August 2020, and remains 'lower than expected'.

Chart SHMI



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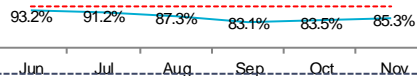
# Executive Summary (5)

## Integrated themes and issues from M8 (November 2020)

### Operational Performance

#### 4 Hour ED Wait

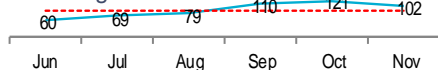
**4 hour performance** was **85.3%** in November, an improvement from the previous month of **83.5%**. OUH moved up in the national rankings for type 1 performance (82.6%), moving into the upper quartile. OUH also remained above the national and Shelford group average performance. By site, the Horton increased to above 90%, achieving **93.8%** and the John Radcliffe site improved for the second month to **82.1%** from **81.1%**.



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#### LOS

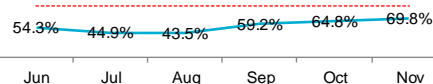
**Patients with a length of stay over 21 days** decreased in November with a daily average of **102** compared to 121 in October. This was above the trajectory of 90. The improvement is more notable in the latter parts of November where average daily numbers were below the target of 90.



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#### 18 Week RTT

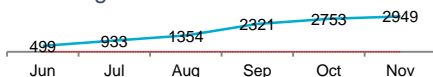
The total size of the **Referral to Treatment (RTT) waiting list decreased** in November by 430 pathways, resulting in 44,263 patients on the waiting list. The **18 week incomplete RTT standard** was **69.8%** in November, an improvement compared to **64.8%** in October. With COVID numbers increasing through December, the elective recovery plan will be reviewed, with the possibility that elective activity will have to be reduced, impacting RTT targets.



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#### 52 Weeks

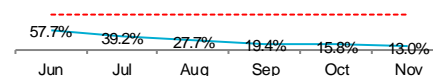
There were **2,949 patients waiting over 52 weeks for treatment** at the end of November, a further increase of **196** compared to the October position. The Trust met its phase 3 '52 week' trajectory for November (6,355) and is on track to deliver against the December trajectory. In future months performance will be challenged due to the rising cases of COVID-19.



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#### Diagnostic waiting times

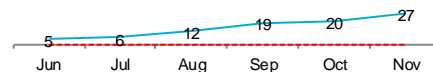
The Trust's performance against the **diagnostic 6 week waiting time standard (the DM01)** reduced to **13.0%** in November compared to **15.8%** in October. Improvements are continuing but performance is significantly worse than the national standard of 1%. There were **1660** patients waiting over 6 weeks at the end of November, an improvement of **483** fewer patients waiting compared to October.



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#### On the day Cancellations

**Elective on the day cancellations** increased to **27** in November compared to **20** in October. There was **one** instance when a patient breached the national **Readmission standard within the 28 days**.



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#### 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 31 day Decision to Subsequent Treatment (Drugs) (**100%** vs 98%), the 31 day Decision to Subsequent Treatment (Radiology) (**98.6%** vs 94%) and the 28 day Faster Diagnosis (**82.2%** vs 75%). The Trust did not achieve the targets for the 2WW for suspected (**79.4** vs 93%), the 2WW for breast symptoms (**14.1%** vs 93%), the 31 day decision to first treatment (**94.7%** vs 96%), the 31 day subsequent treatment for surgery (**85.9%** vs 94%) the 62 day GP referral to treatment (**80.4%** vs 85%) and the 62 day urgent referral from screening service (**86.7%** vs 98%),

Chart: 2WW

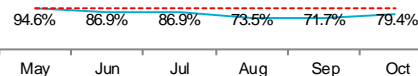
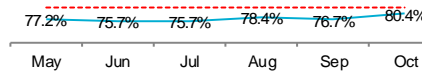


Chart: 62 day GP referral



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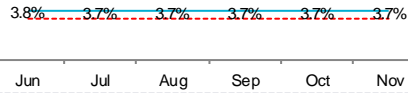
# Executive Summary (6)

## Integrated themes and issues from M8 (November 2020)

### Workforce

#### Sickness

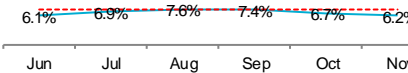
**Sickness Absence** remained at **3.7%** in November on a rolling basis. An increase in COVID absence to 0.6% from 0.5% was recorded in M8 for the rolling 12 month period. The underlying absence rate, once Covid is removed is 3.1%. Long term sickness continues to account for 52% of days lost which is unchanged from October. Cost of sickness annually is £15.4m and the top 3 "open" absences are: Covid self-quarantine (16%), Covid confirmed (9%), Gastro problems (6%).



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#### Vacancies

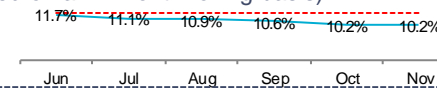
**The vacancy rate** was **6.2%** in November which is a reduction compared to the **6.7%** reported in October. Performance in November was below the target of 7.7%. This rate continues to track below the 2019/20 year end position of 23%. In November Trust vacancy figures were heavily influenced by Nursing and Midwifery vacancies (422 WTE). These accounted for 53% of total vacancies. Nursing band 5 in clinical areas continue to operate at circa 20%. The recruitment of international Nurses will reduce the vacancies at this band.



Pages 59 & 64

#### Turnover

**Turnover** in November remains at **10.2%** which is the same as reported in October. This was below the target of  $\leq 12.0\%$  and it is the first month that rates have not declined since January 2020. Of the leavers in the rolling 12 months, Nursing and Midwifery comprised 35% (367 WTE) of which 54% (197 WTE) are at band 5. Additional Clinical Service staff have the highest staff group turnover rate at 14.1%. The next highest is Allied Health Professionals at 10.8%, followed by Nursing and Midwifery at 10.6%. Combined, Nursing and Midwifery, Additional Clinical Service staff and Admin and Clerical represent around 81% of Trust leavers. Leavers with less than one year's service account for 23% of the leavers (as measured on a 12 month rolling basis).



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#### Bank and Agency

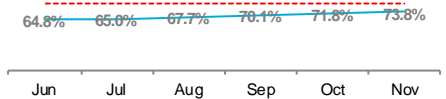
**Combined Bank and Agency** expenditure in November increased to **£5.5m**, from £5.3m in October. In November compared to October, the number and expenditure on bank staff increased to 902.9 from 871.5 WTE and to £4.5m from £4.0m. The respective changes in agency staff were a decrease to 118.3 from 127.7 WTE with the cost remaining at slightly over £1.0m. In November, the combined expenditure amounted to 9.5% of the total pay spend in month compared to the year to date figure of 8.7% reported in October.



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#### Appraisals

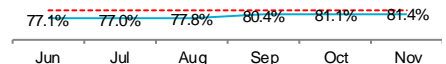
**Appraisal levels** (non-medical) were at **73.8%** in November, compared to **71.8%** in October. Performance remains below the target of  $\geq 85\%$  but continues to improve, with the fourth successive monthly increase reported. However, the re-emergence of COVID, winter and the Christmas season could divert attention away from staff and managers completing appraisals. A range of Divisional activities including enhanced reporting, data quality improvement, better local training and dedicated teams have been implemented. By staff group, compliance ranges from a low of 67% for (Admin and Clerical) to 80% in Allied Health Professionals. Compliance also begins to reduce in staff groups above band 6.



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#### Stat and Man training

**Statutory and Mandatory training** compliance rates were at **81.4%** in November. This was an increase from **81.1%** recorded in October but below the target of  $\geq 85.0\%$ . All Divisions have recorded improvements and compliance levels are demonstrating progress. The Trust is compliant meeting  $\geq 85\%$  with Equality and Diversity and Fire and Safety training. However, the chart on pg. 67 shows that COVID has diverted attention away from some other training programmes. New Trust-wide actions include the new My Learning Hub (eLMS). Due in February 2021, this will provide an improved user interface and reporting system. Additionally, consultation is in progress for the new Core Skills (StatMan) Policy.



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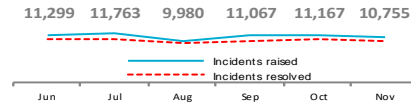
# Executive Summary (7)

## Integrated themes and issues from M8 (November 2020)

### Digital

#### Service Desk

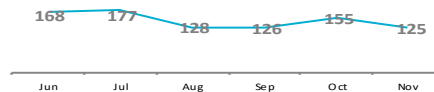
OUH IM&T Service Desk performance is integral to the day to day running of the Trust. In November **10,755** incidents were raised, shown in the chart below in the blue line and 91.2% (**9,817**) were resolved, shown in the red line in the chart below. This is a decrease on the previous month of October, where 92.1% were closed. In November there was **one** Priority 1 incident, compared to **two** Priority 1 Incidents in October. There were **10,382** calls logged which is less than the number of calls received in the Trust in October. The overall cyber status for the Trust is **Green**.



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#### Information request

The Information request service demand for November was lower than in the previous year. In November '20 there were 125 requests compared to 176 requests in November '19. The requests that are received are more complex and this has also led to a decrease in the number of requests that are resolved within 2 working days, which is **31%**. Access to ORBIT+ increased by **403%** in November compared to the same period last year. **ORBIT Clinics and ORBIT Explorer** training have now resumed via Microsoft Teams. Lists of the delivery of notable work and pressures can be seen on the Information Management section.



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#### Going Digital

**Project SHAPE** (Strategic Objectives, High Quality, Architecture, Principles and Excellence) was approved at TME in July setting out the governance and programmes of work required to deliver Digital Strategic Themes. Progress is **Amber** due to variations in commercial arrangements which will be re-based at the February '21 Investment Committee when the status will become **Green**, as exceptions to the current plan are identified and mitigated. Benefits from Digital programmes of work are already being seen in the ability to provide high quality safe care with real time access to Digital patient records and virtual team working throughout the COVID pandemic. There are opportunities to capitalise on innovations and new models of working accelerated by BOB ICS COVID-19 responses to the 1st and 2nd waves, including the vaccination hub, further developing virtual and physical collaborative platforms for: secure reliable ease of use of digital clinical operational tools; rapid improvements; and new impactful interoperable digital capability. Adopting technology we already have, improving it, and delivering important new digital capability can improve safety and effectiveness of care for our patients while releasing more clinical time to care and help us better manage the right activity by reducing duplication, automating and through streamlining.

**Amber**

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#### HIMSS

**HIMSS (Healthcare Information and Management Systems Society)** accreditation is a consequence of executing Trust Strategy to deliver compassionate excellence through our people, for patients, and our populations. HIMSS Stage 6 accreditation for quality and safety was achieved in November '20 at the NOC (including OCE) reflecting excellent care provided by clinical staff and a focused investment in Digital for front line staff. Learning from HIMSS accreditations at stages 6 and 7 standards for the NOC site will be taken into a Trust wide rollout by June '22. **The NOC is now one of only six sites in England which has attained HIMSS Stage 6 accreditation** (only one Trust in England has attained Stage 7). OUH Progress towards Stage 7 is **Amber**.

**Amber**

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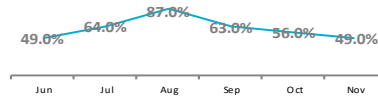
# Executive Summary (8)

## Integrated themes and issues from M8 (November 2020)

### Digital

#### FOIs

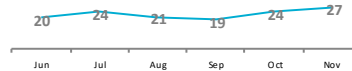
**Freedom of information (FOI).** In November there were **75** FOI requests, which was a rise on 51 requests in the same period last year. The compliance target is to close requests within 20 working days. The Trust fell short of this target during November with **49%** of FOI requests closed, compared to **63%** in November last year.



Page 74

#### DSPB

**Data Security & Protection Breaches.** In November **27** Data protection incidents were reported on Ulysses, which is a reduction on the **36** incidents reported in November last year. No incidents were reported to NHS Digital in November 2020.



Page 74

#### DSAR

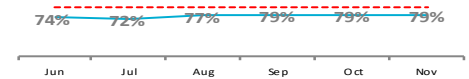
**Data Subject Access Requests (DSAR).** The number of DSAR requests in November 2020 was **424**, compared to **454** in October 2019. Compliance for the completion of these requests reached **82%** compared to **62%** last year.



Pages 75

#### DSPT

**Data Security and Protection Training (DSPT).** The Data Security Protection Toolkit (DSPT) mandates that 95% of staff need to complete Data Security training annually. Current reported compliance is around **79%**. System data quality is unreliable and actual compliance is believed to be closer to **91%**.



Page 76

## Integrated themes and issues from M8 (November 2020)

### Finance

#### Overall

**Income and Expenditure (I&E)** in November was a deficit of £0.5m. This was **£1.5m better** than the revised Phase 3 plan submitted to NHSEI in October for the second half of the 2020/21 financial year.

#### Commissioning Income

**Commissioning income (NHS income, pass through and local authority)** was **£0.6m below** plan, due to an assessment taken on the risk of payment on specialist income items.

The majority of NHS clinical income for the rest of the financial year is subject to a fixed payment, but risk remains on pass through drugs and the Elective Incentive Scheme (EIS), where the approach and detailed methodology has yet to be finalised.

#### Non- NHS Income

**Non-NHS income (Other, PP, RTA, Overseas)** was **£1.2m better** than plan due to higher income from COVID-19 testing costs funded outside of the system envelope (+£1.5m).

Work is ongoing to reassess the delivery of R&D income, in light of the scale of restarting of activity assumed in the plan, along with the management of deferred balances at year end.

#### Pay Expenditure

**Pay costs** were **£1.5m better** than plan because of lower than planned recovery, COVID-19 and developments spend. Divisional spend for recovery was in line with most recent estimates, but lower than budgeted.

Work is ongoing to finalise further budget allocations and delivery of forecasts for the impact of agreed developments and headcount controls.

Pages 78-85

#### Non-Pay expenditure

**Non-Pay costs** were **£0.5m worse** than plan In November. Higher than planned clinical supplies (-£0.8m) and other spend (-£1.0m) was offset by lower than planned drugs (+£0.2m), general supplies (+£0.9m) and premises costs (+£0.2m).

However, non-pay costs were reduced by a one-off benefit of £1.8m in November from the release of a provision relating to a VAT (£1.2m) and an associated VAT refund (£0.6m). Excluding this benefit, the underlying non-pay costs have increased by £1.4m compared to October. Clinical supplies expenditure in the clinical Divisions has increased by £1.7m compared to last month.

Pages 86

#### Cash

**Cash was £130.3m at month end**, £2.9m lower than the previous month end due to payments exceeding receipts (including the dividend payment of £3.2m normally taken in September).

#### Capital

**Capital expenditure was £22.6m by November**, which includes spend of £3.2m on COVID-19 related programmes, £2.8m on the JR ED Resus Redevelopment and £2.5m on the Swindon Radiotherapy scheme.

Pages 87-88

# Indicator overview summary *(headline measures)*

## Domain

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

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

## Quality – Outcomes & Patient experience

### Indicators better than target

- Hospital Acquired Thromboses identified and judged avoidable Page 37
- Mortality: SHMI and HSMR for Sepsis Page 39
- Mortality: Overall SHMI and HSMR Page 46
- Never Events: Page 40
- *Improvement compared to previous month (no target)*
- MRSA: Page 37
- Complaints Pages 27

### Indicators worse than target

- Adult and Children's Safeguarding training Page 28-29
- Sepsis admissions receiving antibiotics in <1hr Page 39
- Clostridium Difficile Pages 37 & 38
- WHO Surgical Safety Checklist Page 40
- *Deterioration compared to previous month (no target)*
- Patient Incidents reported. Page 42
- Harm from falls Page 26
- SIRIs: Page 43
- MSSA post 48 hour Page 38
- Harm from Pressure Ulceration (HAPU) Pages 23-25

## Operational performance

### Indicators better than target

- 31 day standard for subsequent treatment (drugs) Page 56
- 31 day standard for subsequent treatment (radiology) Page 56
- 28 day Faster Diagnosis: Page 56

### Indicators worse than target

- 4 hour Performance Page 50
- Length of stay over 21 days Page 52
- RTT waiting list size Page 53
- 18 week incomplete RTT standard Page 53
- Patients waiting over 52 weeks on an RTT pathway Page 53
- 28 day readmission standard for cancellations Page 55
- Diagnostics <6weeks standard Page 54
- Elective on the day cancellations Page 55
- 2WW for suspected cancer Page 56
- 2WW for breast symptoms Page 56
- 31 day standard for first treatment Page 56
- 31 day standard for subsequent treatment (surgery) Page 56
- 62 day standard from screening to first treatment Pages 56-57
- 62 day standard from GP referral to first treatment Pages 56-57

## Workforce

### Indicators better than target

- Vacancies Pages 59 & 64 (NB Green RAG rated)
- Staff Turnover Pages 59 & 65 (NB Green RAG rated)

### Indicators worse than target

- Sickness Absence Pages 59-63 (NB Red RAG rated)
- Bank & Agency Pages 59 & 66
- Appraisals Pages, 59 & 68 (NB Amber RAG rated)
- Statutory & Mandatory training Pages 59 & 67 (NB Amber RAG rated)

## Digital

### Improvement compared to previous month

- Project SHAPE Page 72 (NB Amber RAG rated)
- Cyber Page 70 (NB Green RAG rated)
- HIMSS (Healthcare Information and Management Systems Society) Page 66 (NB Amber RAG rated)

### Deterioration compared to previous month

- Freedom of information (FOI). Page 74
- Data Subject Access Requests (DSAR). Page 75

## Finance

### Indicators better than target

- Non-NHS Income Pages 78-85
- Capital Page 79
- Cash Page 88

### Indicators worse than target

- Commissioning Income Pages 78-85
- Non-Pay expenditure Pages 86

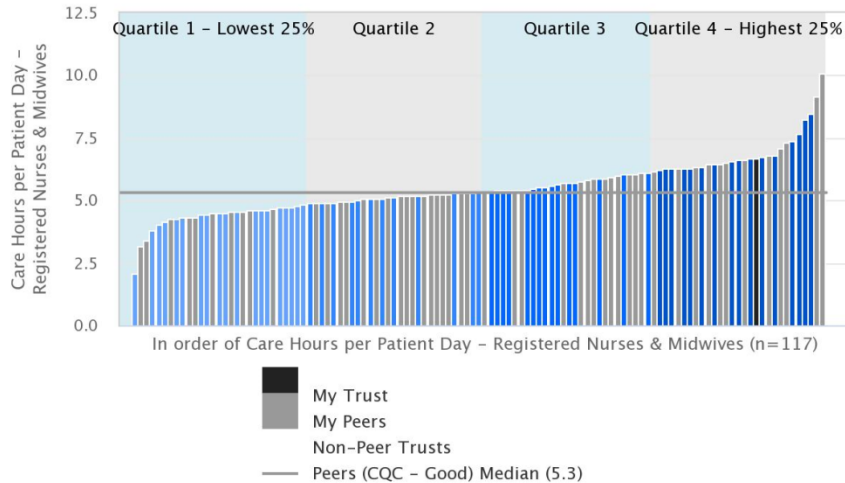
# Quality – Outcomes & Patient experience

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

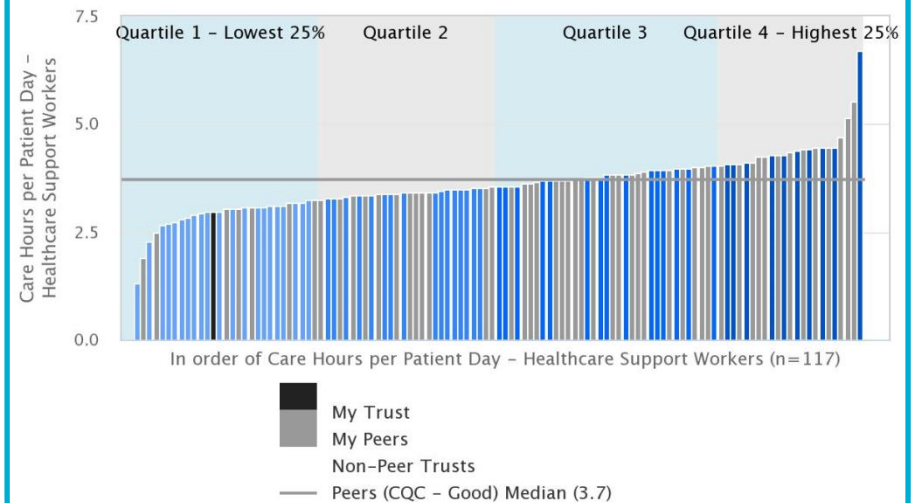
The two graphs below show CHPPD average hours for the OUHFT Trust in Black and the Shelford Group Trust's average CHPPD hours in Grey, the blue bars are all other UK NHS Trusts. The chart on the left is for registered nurse CHPPD and the chart on the right is for healthcare support workers CHPPD.

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 Workforce Report – November 2020

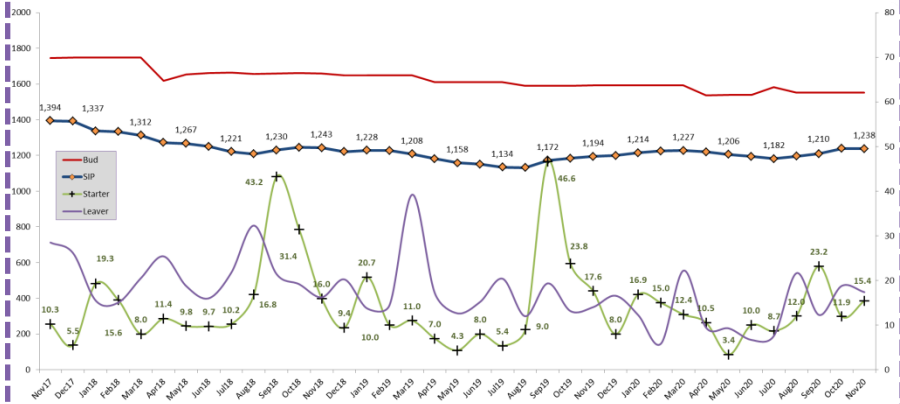
The safe staffing dashboard for November 2020 provides the data to enable the Board to understand the Trust's nursing and midwifery staffing situation by ward/department. The CHPPD data is presented by ward, grouped by division and presented triangulated with incidents, HR records data, electronic rostering 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.

All areas were mitigated and safely staffed for the month of November.

The divisions are paying particular focus on the rostering Key Performance Indicators, (KPIs) and improvements have been made for annual leave and contracted hours utilisation and most recently this month in roster manager approval for payroll. The Divisional Directors of Nursing would like Board to note that there have been alterations in the rosters to improve accuracy, and these alterations will be live in January 2021.

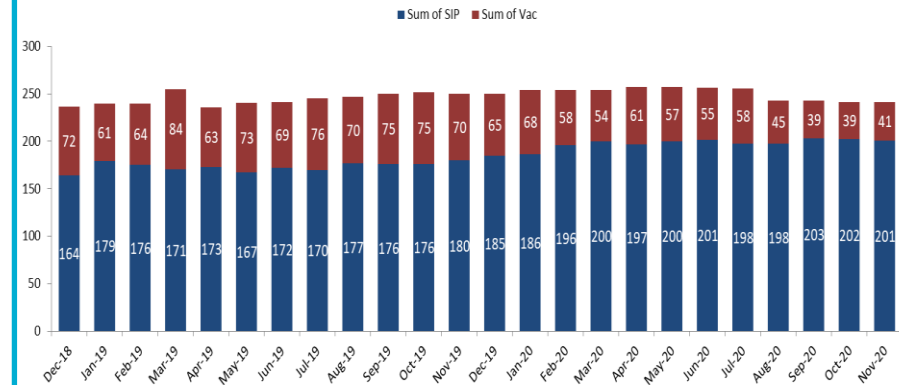
## Band 5 RNs in Post, Budget, Leavers and Starters and Turnover Trajectory in November 2020

### 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.

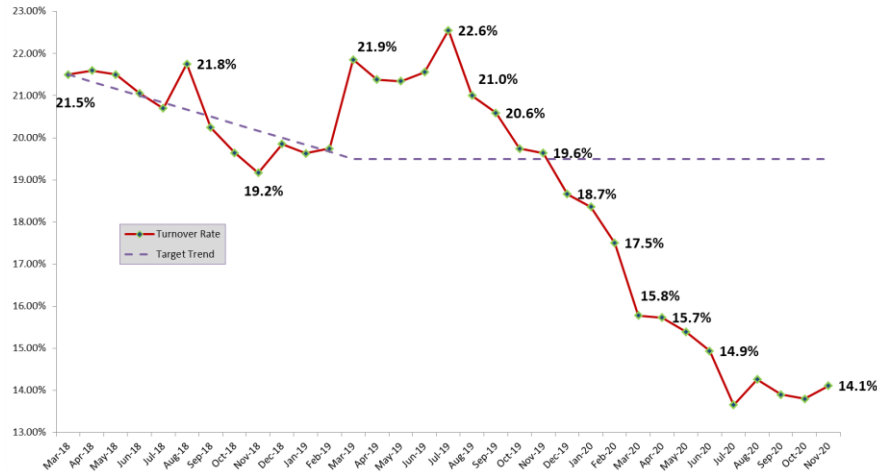
### Non-inpatient/theatre or critical care areas RN vacancy rates



We expect to see less movement of staff from these services and the graphs presents this relatively stable position. Again this is monitored monthly by the steering group.

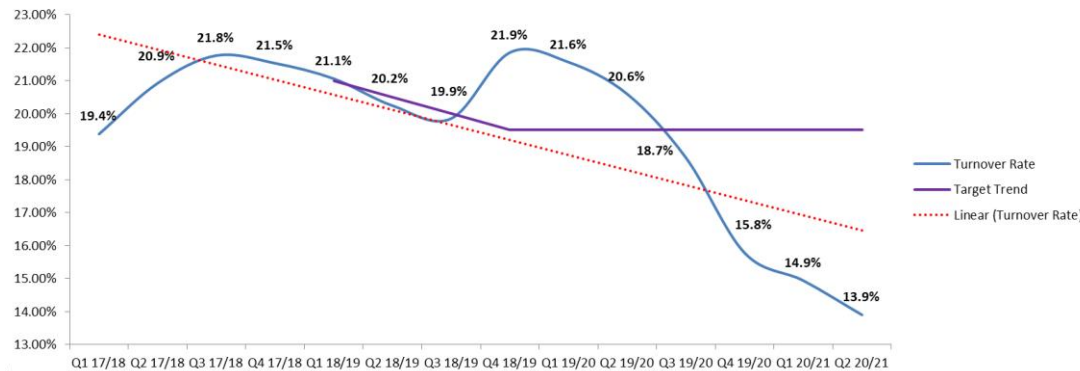
## Band 5 Registered Nurse Turnover Trajectory – November 2020

Turnover Rate, Target Trend and Deviation



Band 5 RN turnover continues to be low in November.

Historical Context of B5 Nurse Turnover



The historical trend of band 5 turnover reduction indicates that the trajectory for reduction of 2% has been met and continues to be sustained.

## RN and Midwifery Turnover - November 2020

### Registered Nursing Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Oct-20	Sep-20	Aug-20	Jul-20	Jun-20	May-20	Apr-20	Mar-20	Feb-20	Jan-20	Dec-19	Nov-19	Oct-19	Sep-19	Aug-19	Jul-19	Jun-19	May-19	Apr-19	Mar-19	Feb-19	Jan-19	Dec-18	Nov-18	Oct-18	Sep-18	Aug-18	Jul-18	Jun-18	May-18	Apr-18	Mar-18
All Nursing Turnover	3151	333	10.6%	10.1%	10.0%	10.4%	10.1%	11.1%	11.5%	11.5%	11.6%	12.5%	13.1%	13.2%	13.8%	13.8%	14.2%	14.4%	15.2%	14.5%	14.4%	14.6%	15.1%	14.3%	14.1%	14.0%	13.6%	14.0%	14.4%	15.1%	14.5%	15.1%	15.4%	15.3%	15.5%
Band 5 Nursing Turnover	1395	197	14.1%	13.8%	13.9%	14.3%	13.7%	14.9%	15.4%	15.7%	15.8%	17.5%	18.4%	18.7%	19.6%	19.7%	20.6%	21.0%	22.6%	21.6%	21.3%	21.4%	21.9%	19.7%	19.6%	19.9%	19.2%	19.6%	20.2%	21.8%	20.7%	21.1%	21.5%	21.6%	21.5%
Band 6 Nursing Turnover	1105	89	8.0%	7.1%	6.6%	7.1%	7.5%	8.2%	8.7%	8.8%	8.7%	9.1%	9.5%	9.9%	9.9%	10.1%	10.2%	10.2%	9.7%	9.1%	9.5%	9.8%	10.3%	9.9%	9.6%	9.1%	9.2%	9.5%	9.3%	8.7%	9.3%	9.8%	8.7%	8.7%	
Band 7+ Nursing Turnover	650	47	7.2%	7.2%	7.7%	7.8%	7.3%	7.9%	7.8%	7.1%	6.9%	7.0%	7.3%	6.7%	7.0%	6.9%	6.7%	6.7%	7.0%	6.5%	7.1%	7.2%	7.5%	7.5%	7.2%	6.7%	6.9%	7.0%	7.3%	7.5%	7.5%	8.1%	7.2%	7.7%	8.3%

There has been a small increase in turnover at band 6 level at less than 1% in October.

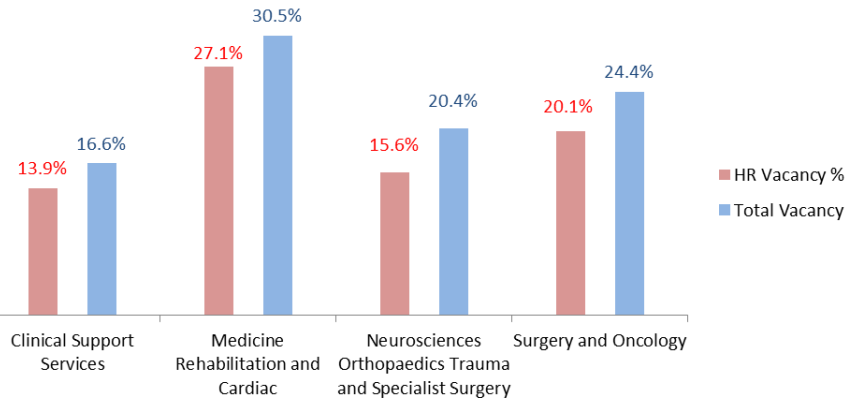
### Registered Midwifery Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Oct-20	Sep-20	Aug-20	Jul-20	Jun-20	May-20	Apr-20	Mar-20	Feb-20	Jan-20	Dec-19	Nov-19	Oct-19	Sep-19	Aug-19	Jul-19	Jun-19	May-19	Apr-19	Mar-19	Feb-19	Jan-19	Dec-18	Nov-18	Oct-18	Sep-18	Aug-18	Jul-18	Jun-18	May-18	Apr-18	Mar-18
All Midwifery Turnover	292	35	11.9%	13.0%	13.3%	13.7%	12.5%	12.8%	12.7%	12.9%	13.3%	14.2%	13.8%	12.9%	12.9%	11.1%	11.6%	12.3%	13.6%	15.2%	14.5%	14.7%	14.5%	13.1%	14.0%	15.0%	14.8%	15.3%	16.0%	16.5%	16.9%	14.6%	15.0%	15.9%	15.4%
Band 5 Midwifery Turnover	48	0	0.0%	0.0%	8.6%	8.7%	2.7%	7.6%	6.6%	6.2%	6.1%	6.3%	6.1%	6.3%	6.0%	6.1%	7.3%	12.0%	10.8%	6.8%	4.6%	4.4%	4.3%	4.3%	6.3%	6.3%	6.2%	5.9%	5.1%	3.5%	12.6%	11.0%	13.8%	16.7%	16.7%
Band 6 Midwifery Turnover	185	27	14.4%	15.9%	14.9%	16.0%	15.6%	15.8%	16.8%	16.8%	17.6%	17.7%	16.9%	15.6%	16.2%	14.1%	14.4%	13.8%	15.3%	17.8%	17.1%	18.2%	17.4%	16.2%	17.1%	18.4%	16.6%	17.4%	18.2%	19.0%	19.7%	17.8%	17.4%	18.2%	17.8%
Band 7+ Midwifery Turnover	60	8	13.7%	14.1%	11.3%	9.8%	9.5%	7.9%	5.3%	6.8%	6.9%	10.1%	10.3%	10.2%	8.6%	6.2%	6.2%	8.0%	10.5%	13.2%	13.4%	11.7%	13.0%	10.1%	10.0%	11.5%	15.6%	16.1%	16.4%	14.7%	10.5%	7.3%	8.3%	8.3%	7.0%

Band 6 and 7 midwifery turnover remains slightly higher compared to previous month, we continue to monitor this at the steering group.

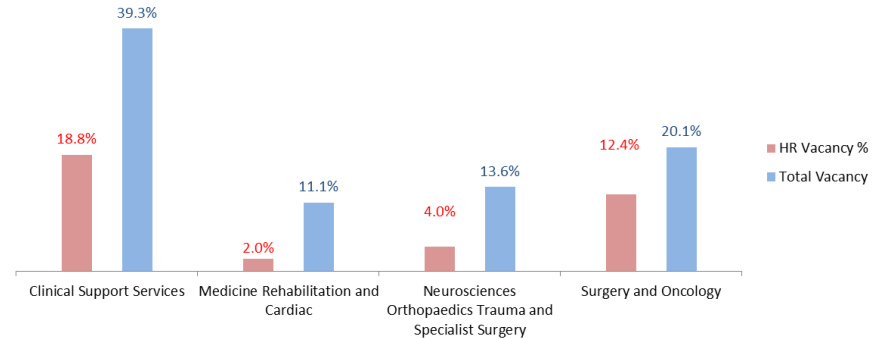
## RN and Midwifery Vacancies - November 2020

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.

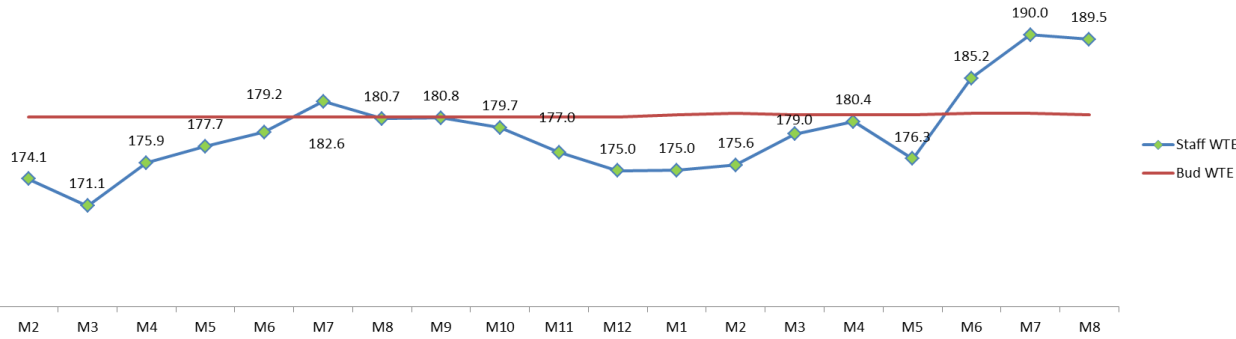


Band 6 RN vacancy remains stable across 3 divisions and we continue to see an expected larger deficit within CSS Division, driven by the higher band 6 ratio of RNs for critical care.



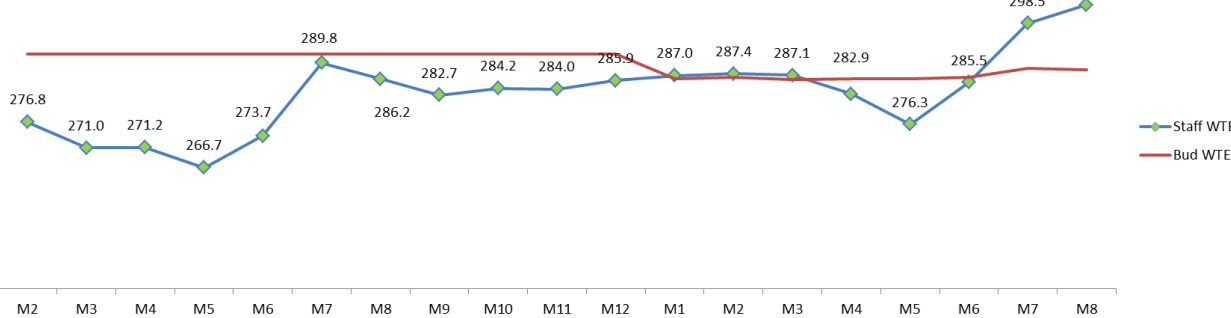
# Midwifery Staffing (November 2020);

## Band 6 Midwives - Staff and Budget



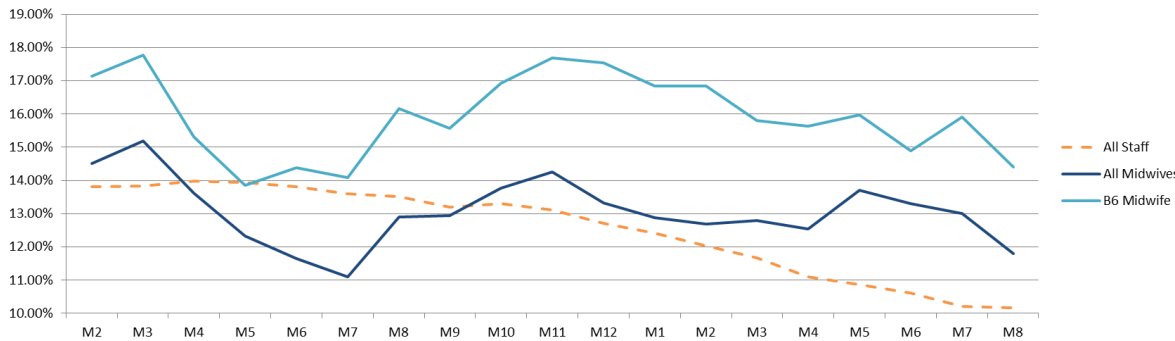
Band 6 midwives is the larger workforce within midwifery and is monitored through the steering group for the same reasons as band 5 within the RN workforce.

## All Midwives - Staff and Budget



Against budget, midwifery staff in post continues to be aligned overall.

## Midwives Turnover Rate Comparison



This indicates that as the largest workforce, band 6 turnover is the highest and remains the focus within the retention action plan alongside band 5 RNs.

## Red areas:

- **C-Section – 27%** This has increased on the previous 2 months to 27% from 25% however it remains below the national average.
- **HIE 2 – 2** There was 2 babies from OUH. Reported to HSIB
- **HIE 3 – 3** 2 babies from OUH and 1 from out of area. Reported to HSIB.
- **Returns to theatre – 1** There was one incident reported for a return to theatre. This is currently part of a local investigation.
- **Test Endorsement – 83.3%** This has improved slightly on the previous month. Currently reviewing the results to find out where the hot spots are.

## Amber areas:

- **Spontaneous vaginal births – 359 (58%)** This was lower than the previous month however the CS rate had increased.
- **Shoulder Dystocia – 10 (136%)** There is a plan to review for the intrapartum lead, consultant midwife and risk midwife to review notes to find out if there are any trends. Diagnosis was an issue in the past.
- **Unexpected admissions to NNU – 25 (4%)** These will be reviewed through the ATAIN group.

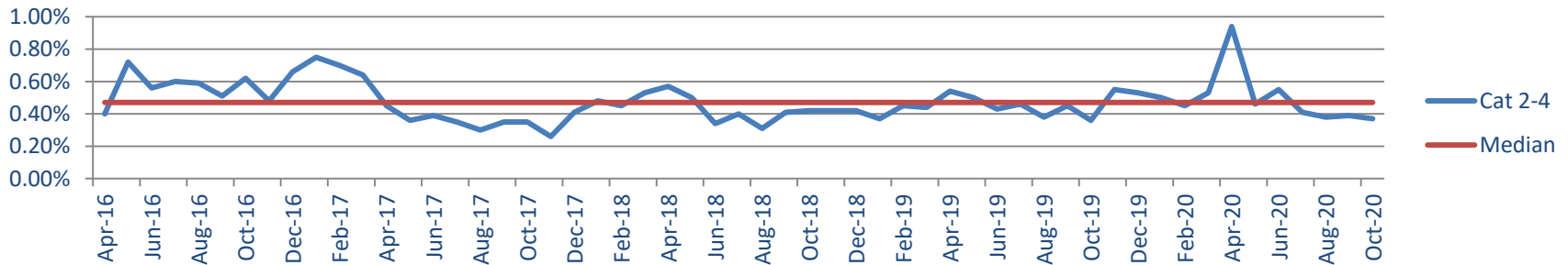
## Green areas:

- **Induction of Labour (IOL) 98 (16%)** This is lower over the past few months than it had been previously. There is a plan to do a spot check to ensure it is coded correctly.
- **3<sup>rd</sup> and 4<sup>th</sup> Degree Tear – 14 (3.1%)** This has continued to be within range over the past 6 months.
- **Percentage of women initiating breastfeeding – 85%** This has continued to improve over the past 2 months.

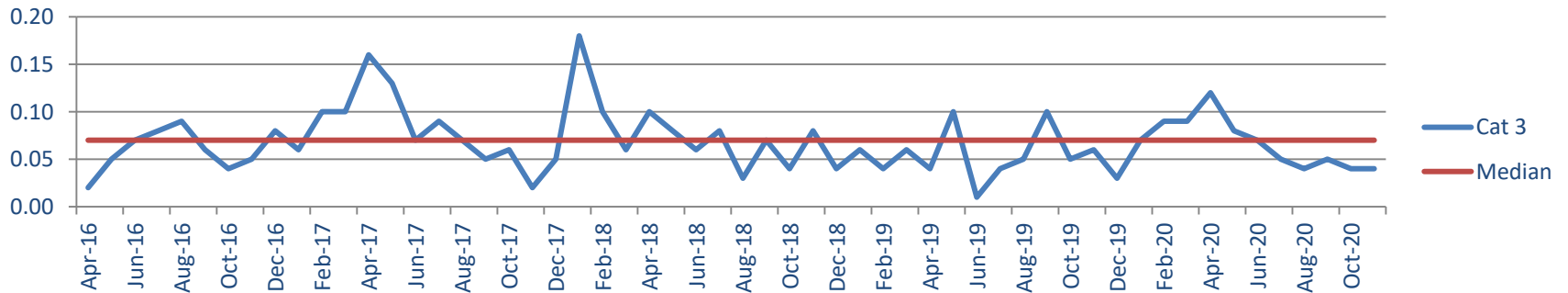
# Hospital Acquired Pressure Ulceration (HAPU) Report November 2020

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

*Incidence of HAPU Cat 2 and above: April 2016 – November 2020*



All HAPU Categories 3 and above follow the current Trust process for Moderate Harms, These incidents are monitored with oversight from the Harm Free Assurance Forum. *Incidence of HAPU Cat3 and 4: April 2016 - October 2020*



# INCIDENTS REPORTED BY DIVISION – April to November 2020

MRC								
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Cat 1	8	6	9	12	12	14	12	17
Cat 2	21	13	17	27	24	21	25	26
Cat 3	3	2	2	2	2	4	1	3
Cat 4	0	0	0	0	0	0	0	0
<b>Total</b>	<b>32</b>	<b>21</b>	<b>28</b>	<b>41</b>	<b>38</b>	<b>39</b>	<b>38</b>	<b>46</b>

NOTSSCaN								
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Cat 1	8	8	9	16	16	24	11	14
Cat 2	10	9	17	12	9	18	20	15
Cat 3	1	2	1	2	2	3	5	4
Cat 4	0	0	0	1	0	0	0	0
<b>Total</b>	<b>19</b>	<b>19</b>	<b>27</b>	<b>31</b>	<b>27</b>	<b>45</b>	<b>36</b>	<b>33</b>

SUWON								
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Cat 1	8	11	5	11	11	12	13	13
Cat 2	26	13	16	19	18	14	18	23
Cat 3	4	3	5	3	2	1	2	1
Cat 4	0	0	0	0	0	1	0	0
<b>Total</b>	<b>38</b>	<b>27</b>	<b>26</b>	<b>33</b>	<b>31</b>	<b>28</b>	<b>33</b>	<b>37</b>

CSS								
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Cat 1	1	0	0	2	2	2	2	0
Cat 2	9	3	2	3	3	2	6	1
Cat 3	2	1	0	0	0	0	0	1
Cat 4	0	0	0	0	0	0	0	0
<b>Total</b>	<b>12</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>8</b>	<b>2</b>

### ANALYSIS

Of the 9 incidents reported as Moderate Harm, 8 were for Category 3 and one significant mucosal pressure damage. The average age of the individual affected was 73 (range 55 to 88 years of age). The length of stay prior to identification of Category 3 was 32 days of which 3 incidents had been reported at an earlier stage of skin damage.

Accurate risk assessments had been completed in all cases. The use of medical devices was associated with 2 of the 9 incidents. The average surface area for the reported skin damage was approximately 2cm.

### 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. After Action meetings have been completed for incidents for Q1 and 2. Serious Investigations related to HAPU follow the Trust reporting and investigation Policy.

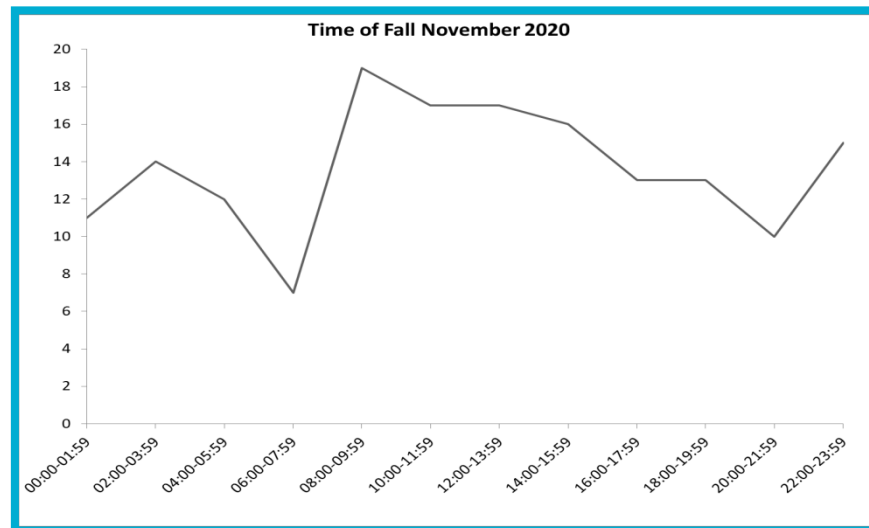
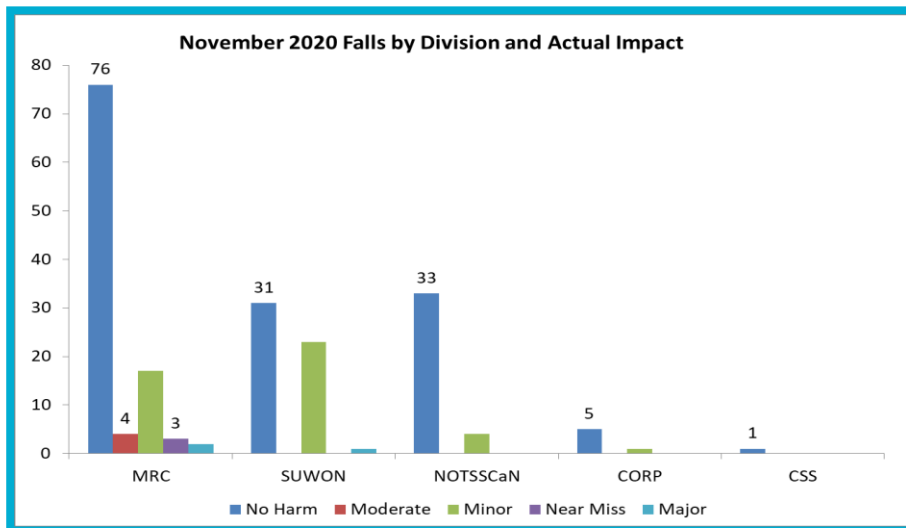
### ACTIONS

**Resource documents for the prevention of pressure damage** have been reviewed by the Tissue Viability team and updated by OMI. The revised documents are available electronically on the Tissue Viability Intranet site and available in print form from the OMI print room.

**Safety Message:** A revised Safety Message has been submitted to inform clinical teams of the risks associated with the use of medical devices and pressure damage.

**Divisional** Action Plans are currently under development following the after action meetings.

During November 2020 there have been 201 falls incidents reported on Ulysses, this is **an increase** compared with October 196 incidents. Broken down there were, 3 major, 4 moderate harm incidents, 45 minor, 146 no harm falls and 3 near misses. The graphs below show Falls per division and impact on the left and times of falls incidents on the right showing an increase in falls between 08:00 and 10:00 compared to October when incidents spiked between 10:00 -12:00 and the again between 14:00 - 16:00.



During November 50 patients were reported to have fallen more than once during their admission which is a decrease from 76 in October. 21 patients fell more than once in November 2020. 2 patients fell 4 times each during this month. **Repeat falls** account for 24.9% of falls for the month. **Action required:** Completion of Multifactorial Falls Assessment for all adult inpatients within 6 hours of admission as per trust policy with appropriate individualised care planning to follow. All falls to be discussed during handover periods to identify and elevate reoccurrence.



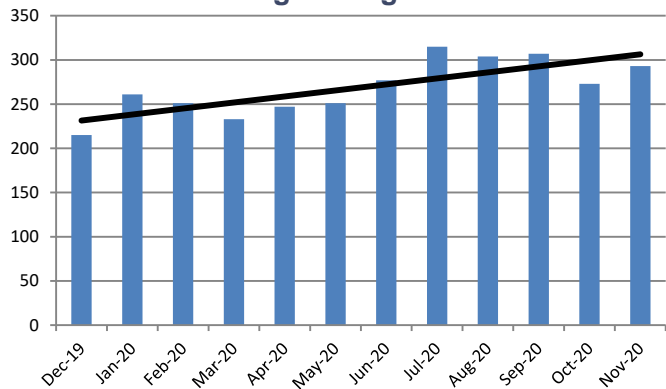
The Trust received and recorded 73 formal complaints in October 2020, which is a decrease from the number received in October 2019 (n=87).

The Complaints and PALS team continue to receive complaints/enquiries reflecting people's experiences of services affected directly or indirectly by the COVID-19 pandemic. A number of enquiries received feel the Trust is 'hiding' behind the pandemic or using it as an excuse for 'poor service'.

The team have seen an increase in the number of concerns raised regarding incidents that occurred more than 12 months ago, across many services, but particularly in Maternity. There has been an increase in general for complaints regarding Women's Services, with many raised regarding the restrictions on having partners accompany women during pregnancy/labour. Although restrictions have eased, a number of people are still writing in about their experiences during the first wave of the virus, and the impact the restrictions had on them personally.

Complaints that breach the 25 working day deadline and/or the additional extension of 15 working days are reported to the Chief Nursing Officer, 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. 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.

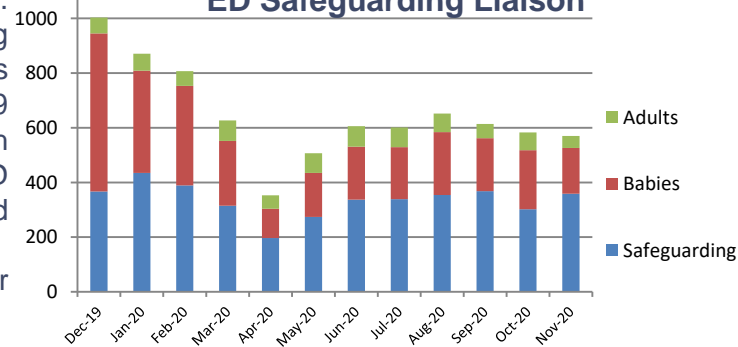
Children Safeguarding Consultations



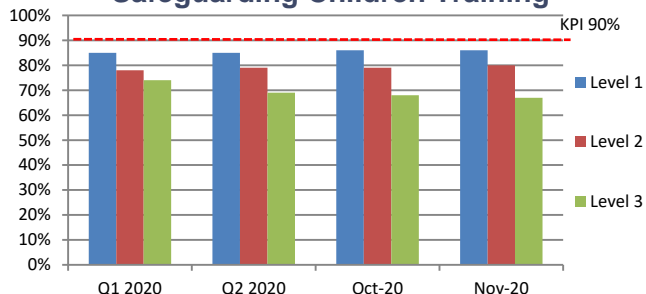
**Consultations** with the children safeguarding team increased by 20 (n= 293) during November. There continues to be complex adolescent mental health presentations. Joint working with Oxford Health CAMHS to assist with cases requiring escalation to manage hospital discharge plans. Children presenting with eating disorders over November to ED spiked (n=7). This was linked to a specific school and has been shared with school health nurse and CAMHS. **MASH** activity continues to be high across all agencies. Joint working with Oxford Health to manage the significant backlog in processing of health information requests has been escalated. The OUH have recruited to an admin post and further resourcing across health to increase nurse support is being reviewed with commissioners.

**ED Safeguarding Liaison** referrals reduced by 13 during November (n=570). There was an increase (57) of children attending ED with safeguarding concerns (n=359). There was a reduction (49) of babies (n=167) attending, this is due to the seasonal presentation of bronchiolitis not emerging as Covid-19 measures are having an impact on transmission. Information is shared with primary care for all under 1 year olds that attend ED. Adult attendances to ED with safeguarding concerns due to having responsibilities for children reduced by 21 (n=44). Information is shared with primary care as well as children’s social care for open cases.

ED Safeguarding Liaison



Safeguarding Children Training



**Safeguarding Children Training Compliance** remains below the national and local KPI of 90%. Level 1 compliance remained at 86%, level 2 increased 1% to 80% and level 3 dropped 1% to 67%. Level 3 safeguarding children training is being delivered via Microsoft Teams as is being well evaluated. Additional dates with increased places have been published for the next 6 months to improve compliance. Level 3 online training is also available. Level 1 and 2 staff groups are requested to access the online training.

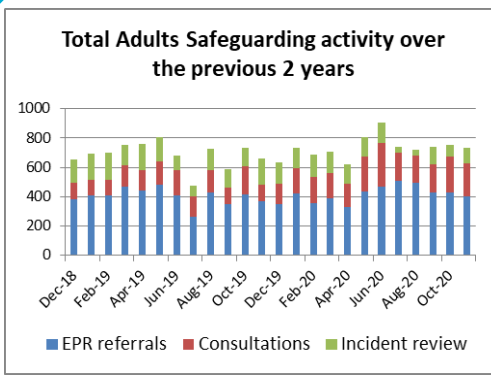


Chart 1: Activity

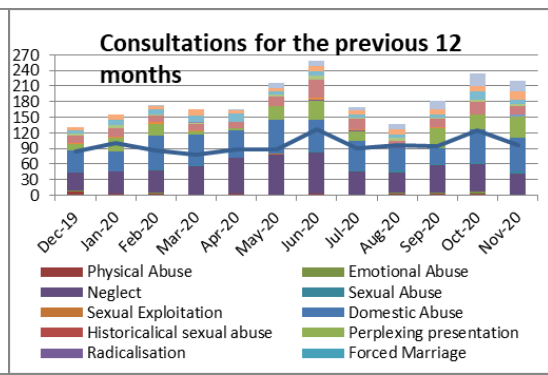


Chart 2: Consultations

**Activity:**

Chart 1: Combined activity during November.

Chart 2: Domestic Abuse, discharge, neglect and self neglect relating to patient's home continue to be the main themes of referrals from Trust clinical staff. There continues to be an emerging trend of people being referred who are vulnerable but do not have care and support needs as defined in the Care Act 2014. This has been previously escalated to the Oxfordshire Health Safeguarding ICP for discussion with OSAB.

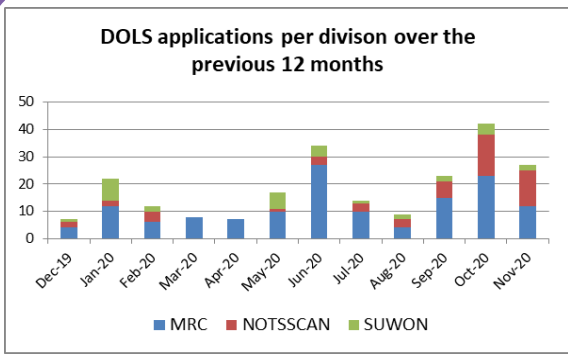


Chart 3: DOLS Applications

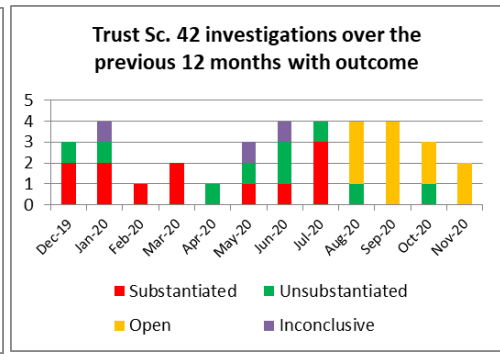


Chart 4: Section 42 investigations

**Statutory responsibilities:**

Chart 3: Deprivation of Liberty Safeguards (DOLS). 27 applications reviewed. DOLS will be audited in November 2020 to establish lessons to learn and change in practice.

Chart 4: Section (Sc.) 42 enquiries: 10 open. Most substantiated enquiries relate to discharge, previously reported. Safety Message 099 was issued to the Trust relating to safe discharge on 29<sup>th</sup> December 2020.

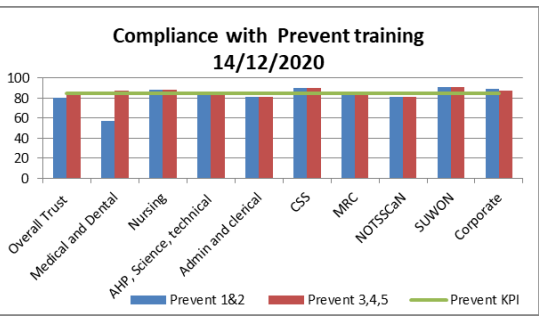


Chart 5: Training

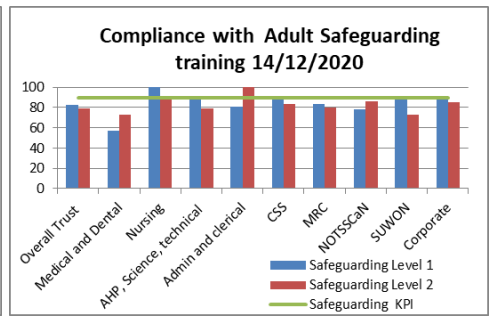


Chart 6: Training

**Training:**

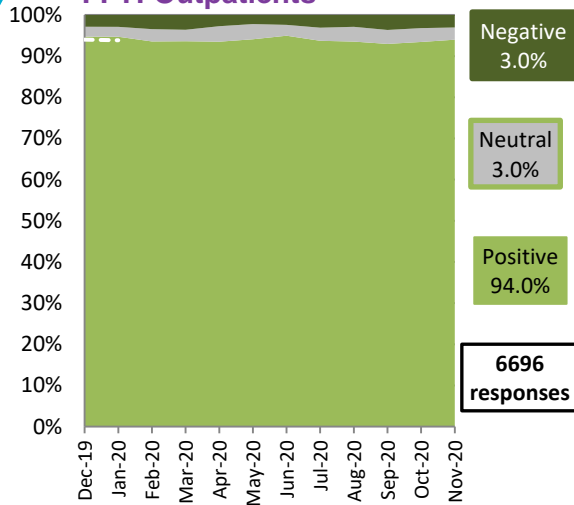
Chart 5 & 6: Overall, the training is below the KPI. 27 Trust staff are completing the multiagency Level 3 pilot.

**Governance:**

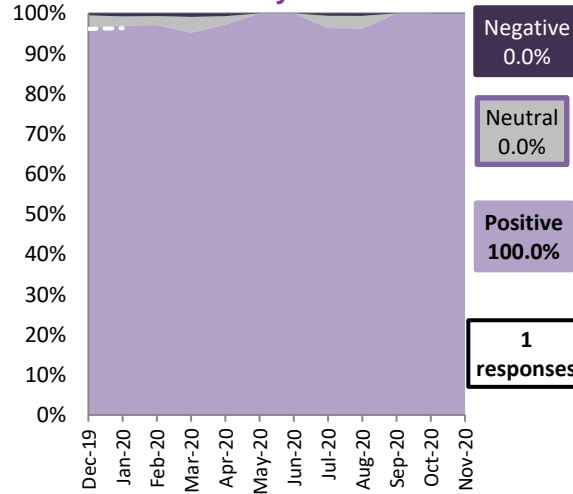
The Safeguarding Teams will merge into one team on 4<sup>th</sup> January 2021. The annual OSCB/OSAB self assessment will be submitted on 14<sup>th</sup> January 2021.

# Friends and Family Test (FFT): Results by service category (YTD Nov 2020)

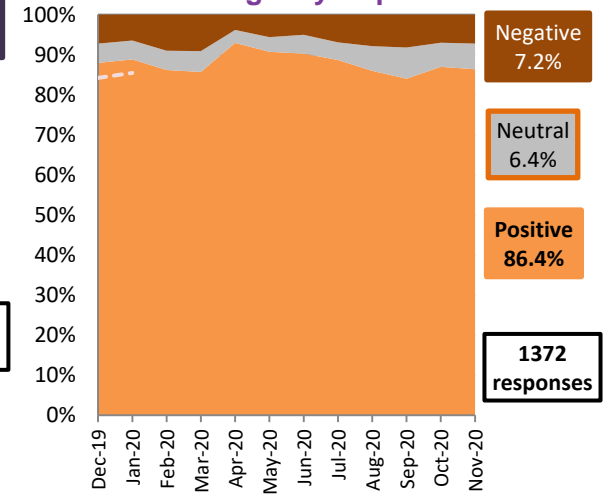
### FFT: Outpatients



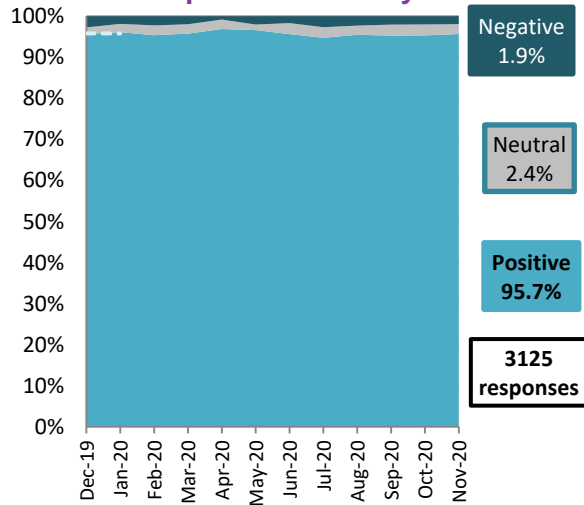
### FFT: Maternity



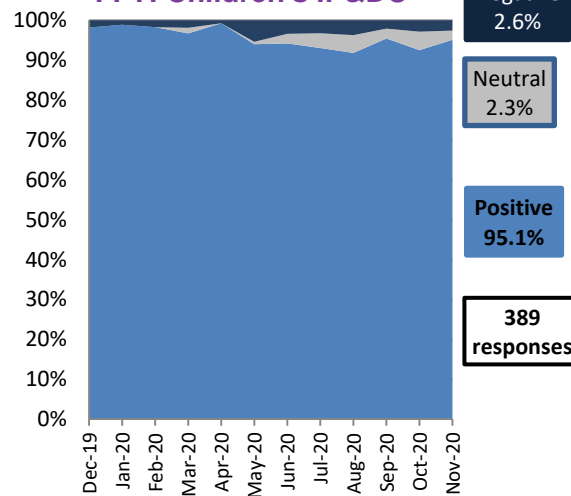
### FFT: Emergency Department



### FFT: Inpatients and day case



### FFT: Children's IP&DC



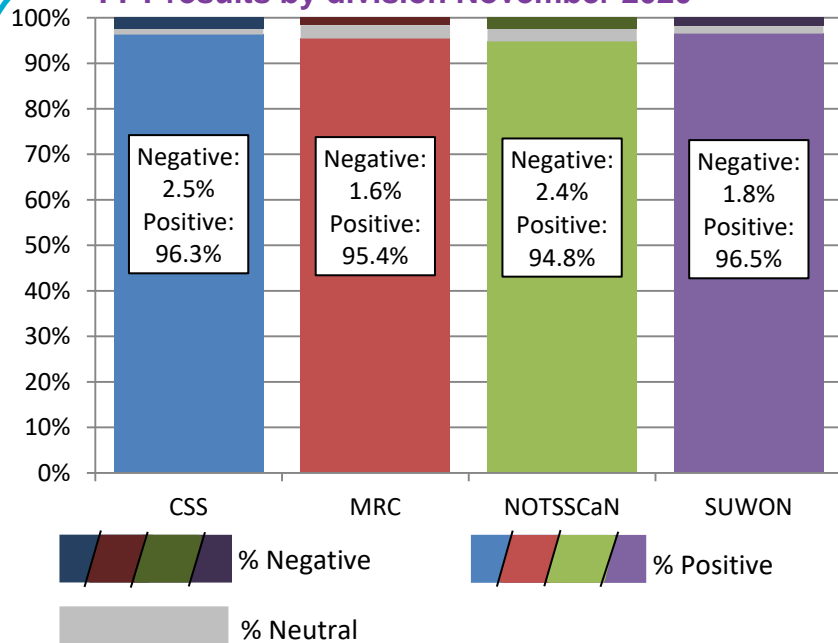
### Exceptions:

- National data collection resumed in December and will be reported by NHS-Digital in January 2021. This means that November 2020 is expected to be the last month for which benchmark data is not available.
- Alongside the resumption of national data collection, OUH will recommence the recording of response rates.
- FFT data collection was inadvertently suspended from the 14<sup>th</sup> - 29<sup>th</sup> December. This has been rectified and the backlog FFT surveys sent out.
- No response rates are provided.

The above charts display positive/ neutral/ negative rates for each service category.  
**N.B.** neutral responses = 'neither good nor poor' or 'don't know'

# FFT: divisional results and comment themes (YTD Nov 2020)

## FFT results by division November 2020



The charts to the left display the proportion of positive, neutral and negative ratings by division, as well as each division's change in positive ratings since the previous month.

**N.B.** These charts are based on inpatient and day case data only.

### FFT Comment Themes:

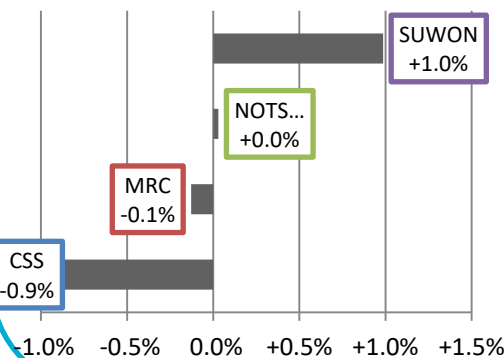
The **top ten raised themes (by quantity)** in November 2020 were (in order): Staff attitude, Implementation of care, Waiting time, Clinical treatment, Patient mood/ feeling, Admission, Communication, Environment, Cancelled admissions/ procedures, and Discharge.

The top ten most commonly raised themes in November 2020 comprised a total of 16,540 comments, compared to 6,692 in October. This is an increase of 9,848 comments.

The **top three positive** (by proportion) themes for November were Staff attitude (81.9%), Implementation of care (78.9%), and Patient mood/ feeling (75.0%).

The **top three negative** (by proportion) themes for November were Discharge (20.3%), Cancelled admissions/ procedures (16.9%), and Waiting time (16.2%).

### Positive rate shift Oct - Nov '20



### Children's FFT:

- In November there were 389 respondents to the FFT SMS for Childrens Inpatient and Day case admissions, and 535 comment theme points.
- In response to the question **'What did we do well?'** the **top three themes** were: Staff care and compassion (n=218), Information giving (n=54) and General Praise (n=31).
- In response to **'What could we do better?'** the **top three themes** were: Information giving (n=23), time waiting (n=17) and play resources (n=13).
- All comments are now fed back to the wards on a monthly basis (previously it was quarterly), emphasising the need to review comments.

## Envoy Messenger email reports – issues identified

The Patient Experience Team were alerted to some inaccuracies in the generation and distribution of ward-level FFT results through the third party Envoy Messenger application. Users have reported receiving reports for departments for which they no longer work, difficulties in signing up successors to receive reports during handover periods, and occasional blank reports.

**N.B.** Inaccuracies are restricted to automated ward-level reporting and do not affect the accuracy of divisional/ Trust level reports that are manually compiled by the Patient Experience Information Analyst.

In response, a full audit of all FFT reports being generated and distributed to Trust staff has commenced. Additionally, Healthcare Communications, who operate the Envoy platform, have been requested to manually amend the reports schedule to ensure accuracy.

## Digital-first inpatient survey trial

Initial survey results from the 7 wards enrolled on this trial are very promising. While results from online and paper channels are yet to be processed as part of December's monthly returns, SMS results carry a 16.8% response rate. This represents a four point improvement against the December 2019 all-channel average response rates from participating wards.

The improvement is particularly acute for CT Surgery and SSIP, who both returned all-channel response rates of <1% in December 2019, but have so far achieved SMS response rates of 22% and 15% respectively throughout December 2020. A more complete impression of the success of this project will be available in January 2021.

## Safeguarding against inappropriate survey messages

Unfortunately a request to complete the FFT via SMS was sent to a deceased patient on 11 December. Following this all SMS surveys were suspended in order for the Patient Experience Team to investigate. This suspension remained in effect until 29 December, at which point all missed patients were messaged.

The investigation into the extraordinary event in which the survey message was sent revealed that the patient in question died in the short period between the message being scheduled and its distribution. In response, the Patient Experience Team are working to extend the waiting period between patient interactions and distribution of survey messages to allow more time for deaths to be recorded on EPR, which will preclude messages from being scheduled.

## COVID-19 Vaccine story

The patient story that will be presented to Trust Board by the Chief Nursing Officer will focus on the COVID-19 Vaccine Clinic, which started vaccination on 8 December. Five people who have received their first dose were interviewed for this story.

**Person type:** Staff

**RIDDOR type:** Accident –over seven day absence

**Accident type:** Slip, trip, fall same level

**Incident location:** Wallingford Maternity Unit

**Incident details :** The Injured Party (IP) slipped on a recently mopped floor in the corridor despite signage being in place.

**Additional information:** IP sustained ligament damage to their wrist and had several weeks off work.

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

**Lessons learned:** Review of cleaning regime and signage confirmed all controls were in place. Cleaners requested to clean early mornings and late evening when footfall is reduced in such a small unit.



**Person type:** Staff member

**RIDDOR type:** Exposure to harmful substances

**Accident type:** Dangerous Occurrence

**Incident location:** Haemophilia & Thrombosis Centre - Churchill

**Incident details :** The Injured Party (IP) sustained a needle stick injury whilst taking blood.

**Additional information:** 6 week PCR confirmed sero conversion to Hep C infection of IP.

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

**Lessons learned:** IP supported by Occupational Health. Butterfly was used correctly but accidentally got knocked out when reaching for blood bottle.

**Person type:** Staff

**RIDDOR type:** Accident –over seven day absence

**Accident type:** Lifting and handling injuries

**Incident location:** Complex Medicine Unit - JR

**Incident details :** The Injured party (IP) injured their knee whilst carrying a commode into a narrow entrance of the sluice room. **Additional information:** IP had to circumnavigate staff and computers on wheels, thus placing additional strain on one side of their body whilst carrying and twisting.

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

**Lessons learned:** Health and Safety Team discussed this incident with the Manager and advised review of manual handling training and assessment of individual capabilities. Manager to ensure thoroughfare to sluice room is kept clear.

**Person type:** Staff

**RIDDOR type:** Accident –over seven day absence

**Accident type:** Lifting and handling injuries

**Incident location:** Remote Site/Patients Home

**Incident details :** During the course of a home visit appointment the Injured party (IP) was squatting at floor level, on moving to a standing position they injured their back resulting in a herniated disc.

**Additional information:** IP had a telephone consultation with a GP who confirmed based on previous medical history that it was a herniated disc

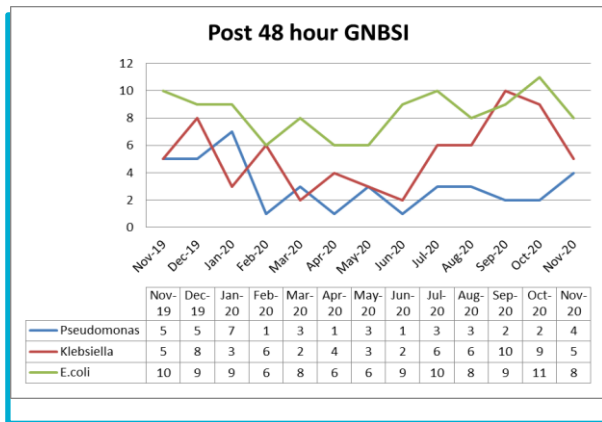
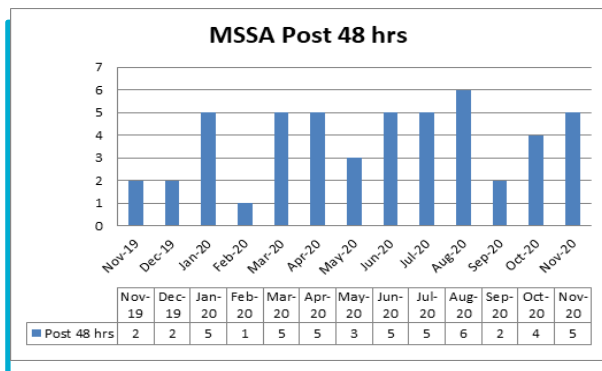
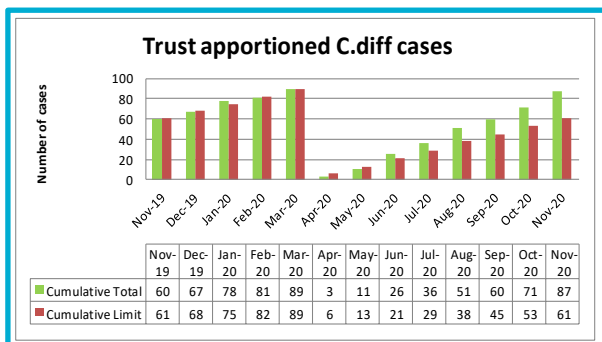
**Incident outcome:** Actual impact 2 – minor injury / illness

**Lessons learned:** Health and Safety Team discussed this incident with the Manager and advised review of manual handling training and assessment of individual capabilities. Back care team to support department.

# Key Quality Metrics Table

Descriptor	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
VTE Risk Assessment(% admitted patients receiving risk assessment)	98.11%	97.89%	98.18%	98.35%	98.61%	98.55%	N/A	98.36%	98.32%	98.41%	98.16%	N/A
Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)	62	74	77	85	3	11	26	36	51	60	71	87
Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)	4	4	4	4	0	1	2	2	3	3	3	3
% patients receiving stage 2 medicines reconciliation within 24h of admission	67.92%	63.03%	64.58%	67.29%	68.83%	69.63%	71.87%	66.35%	61.90%	60.35%	58.94%	N/A
% patients receiving allergy reconciliation within 24h of admission	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of incidents associated with moderate harm or greater	1.26%	1.45%	2.08%	2.31%	2.04%	2.10%	2.36%	1.33%	2.18%	2.39%	1.81%	N/A
Cleaning Score - % of inpatient areas with initial score > 92%	40.98%	45.57%	39.24%	37.80%	N/A	43.90%	45.59%	45.83%	46.55%	58.57%	46.84%	55.00%
% Radiology direct access 7 day turnaround times - Plain Film, CT, MRI & Ultrasound	85.61%	84.09%	84.83%	79.81%	91.70%	95.95%	90.69%	85.92%	83.23%	82.52%	85.75%	N/A
CAS alerts breaching deadlines at end of month and/or closed during month beyond deadline	0	0	0	0	0	0	0	0	0	0	0	0
Number of hospital acquired thromboses identified and judged avoidable	0	0	1	0	0	0	0	0	0	0	0	N/A
Crude Mortality	198	212	160	243	263	191	144	173	164	182	181	196
Dementia - % patients aged > 75 admitted as an emergency who are screened	82.88%	77.54%	83.07%	83.07%	86.73%	84.87%	88.30%	83.33%	87.16%	81.12%	85.03%	N/A
ED - % patients seen, assessed and discharged / admitted within 4h of arrival	79.44%	81.29%	80.10%	80.19%	86.42%	92.62%	93.24%	91.22%	87.31%	83.12%	83.45%	85.26%
Friends & Family test % likely to recommend - ED	87.96%	88.82%	86.19%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Friends & Family test % not likely to recommend - ED	7.22%	6.45%	9.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Friends & Family test % likely to recommend - Mat	96.52%	96.99%	97.09%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Friends & Family test % not likely to recommend - Mat	0.50%	0.75%	0.67%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Friends & Family test % likely to recommend - IP	95.52%	96.09%	95.39%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Friends & Family test % not likely to recommend - IP	2.80%	1.91%	2.21%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Friends & Family test % likely to recommend - OP	94.33%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Friends & Family test % not likely to recommend - OP	3.06%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
% patients EAU length of stay < 12h	48.77%	49.72%	49.10%	54.28%	51.80%	65.20%	64.25%	60.13%	56.88%	52.76%	51.18%	54.87%
% Complaints upheld or partially upheld [Quarterly in arrears]	N/A	48.38%	N/A	N/A	N/A	N/A	N/A	75.76%	N/A	76.04%	N/A	N/A

There are no exceptions to be reported for indicators that have improved/declined for 3 months in a row this month



- C. diff: 2020/21: At the end of Nov the position is 26 cases over the cumulative limit.
- Gram negative blood stream infections (GNBSI): NHSI Target to reduce healthcare associated GNBSI by 50% by 2023/24.
- MSSA: 5 post 48 hour cases
- COVID-19: 180 inpatients during November, increase in COVID-19 positive cases in non-COVID areas. This has resulted in nosocomial transmission in bays and operational issues due to closed beds in bays where exposed patients are cohorted. Two or more cases identified in one area within a certain period of time meets the criteria for declaring an outbreak. There were 5 outbreaks in November
- Staff COVID-19 testing shows an increase in all cases, and now includes cases triggered by a positive lateral flow device result.

### COVID-19 cases by classification (Oct-Nov 2020)

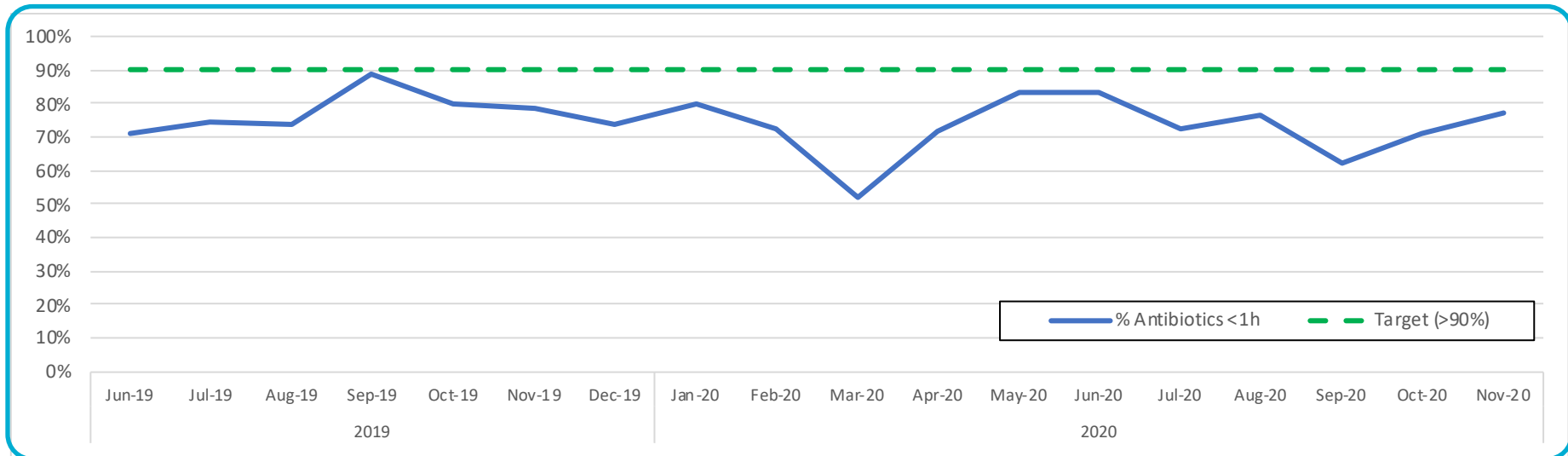
	Not nosocomial	Indeterminate	Probable	Definite	Total
<b>October</b>					
<b>Total</b>	94	1	0	0	95
<b>%</b>	98.96%	1.06%	0.0%	0.0%	
<b>November</b>					
<b>Total</b>	146	9	11	14	180
<b>%</b>	81.11%	5.00%	6.11%	7.78%	

### Symptomatic clinic summary report

Month	Appointments made	DNAs	PCR positive results	PCR negative results	No matched result after 72 hours
October-2020	96	2	10	86	0
November-2020	488	70	61	376	0
December-2020 (data to 22/12/20)	727	78	152	417	53

### Asymptomatic clinic summary report

Month	Tests done	Unique staff tested	Negative	Positive	Invalid result	New staff diagnoses
October-2020	5069	3969	5048 (99.6%)	18 (0.4%)	3 (0.1%)	16
November-2020	6194	4878	6123 (98.9%)	6 (0.9%)	5 (0.2%)	47
December-2020 (data to 22/12/20)	5200	4253	5079 (97.7%)	8 (1.7%)	5 (0.7%)	65



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

- Nov 2020: Overall **40/52 (77%)**; **ED 37/40 (93%)** – above 90% target for the first time
- Latest SHMI for sepsis **86.6 (75.8-98.6)** [lower than expected'; Dr Foster]
- **Sepsis Action Plan Progress:**
  - Glitch in EPR Sepsis Agent now fixed (had reduced specificity and clinician confidence in last few months)
  - Sepsis Nurses successfully refocussed clinical support in ED & EAU
  - New Divisional reporting process in place for MRC; awaiting expansion of Sepsis Dashboard
  - Agreement with coding team on approach to further strengthen Sepsis Coding

## 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.

## Aim for 100% Compliance with the WHO Surgical Safety Checklist

WHO Audit	May-20	Jun-20	Jul-20	Sep-20	Oct-20	Nov-20
Documentation	97.84%	96.67%	99.74%	100.00%	99.00%	99.37%
Observation	99.58%	100.00%	99.23%	99.60%	100.00%	100.00%

- WHO documentation audit 99.4% compliance (473/476): MRC 99.31% (144/145) Cardiac Angiography did not complete the form at the time it was signed after surgery, the team have been reminded of the importance of this), NOTSSCaN 97.78% (88/90) JR2 theatres – 2 WHO forms were unsigned by the surgeon, this was escalated to the silver bleep-holder at the time
- SuWOn 100% (83/83) CSS 100% (158/158)
- WHO observational audit 100% compliance (263/263)

## Local Safety Standards in Invasive Procedures (LocSSIPs)

- 30 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.
- The primary responsibility for implementing, monitoring and reporting compliance with the LocSSIPs is undertaken within the relevant Directorate by the Governance teams; compliance is reported to the relevant Divisional Governance meeting before being reported to SSPIG/CGC.
- SSPIG are developing a LocSSIP audit tool with a sub-group of users with the aim to roll this out Trust-wide in 2021.

## Completion rate of actions from root cause analysis Never Event investigations in 2019/20 and 2020/21

- 89% Never Event actions for 2019/20 for which the target date has passed have been completed.
- Outstanding actions are in progress and followed up by the Patient Safety team supported by the Head of Clinical Governance.

**0 Never Events are recorded to-date in 2020/21** [one was called and investigated, and has subsequently been downgraded by the OCCG and NHSE].

There were 7 Never Events called in 2019/20 down from 11 the previous year.

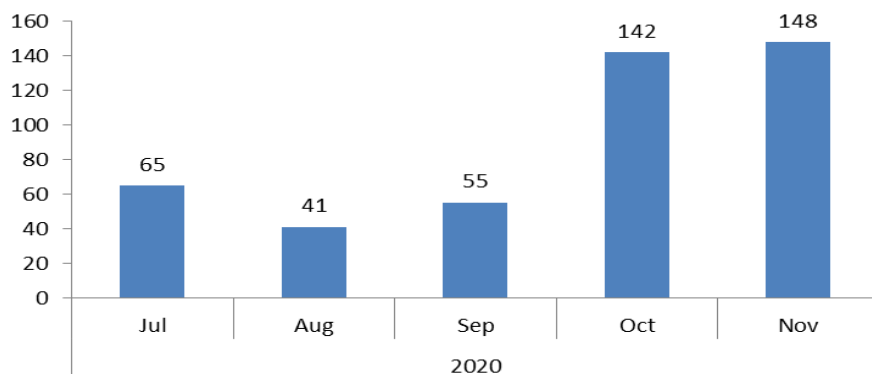


# Excellence Reporting

*“Studying excellence in healthcare can create new opportunities for learning and improving resilience and staff morale”<sup>1</sup>*

- A staff led initiative whereby members of staff can nominate colleagues to recognise instances of excellence.
- Introduced within OUH in June 2016 and Integrated with Ulysses system in July 2020. Intranet version was switched off at the end of September which is reflected in the data for October and November.
- The nominee receives an email thanking them and the narrative that was reported.
- Professor Pandit personally presents an excellence report of the month to an individual or team that has made a significant contribution.
- 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.
- An Excellence Reporting logo has been designed and features on the OUH Intranet homepage, excellence reports and badges).

### Excellence Reported in Ulysses



Theme	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Grand Total
Compassionate Care	11	7	8	26	35	87
Going Above And Beyond	27	13	22	54	69	185
Innovation	2		2	4	7	15
Teamworking	13	18	13	34	37	115
No Theme Selected	12	3	10	24	0	49
<b>Grand Total</b>	<b>65</b>	<b>41</b>	<b>55</b>	<b>142</b>	<b>148</b>	<b>451</b>

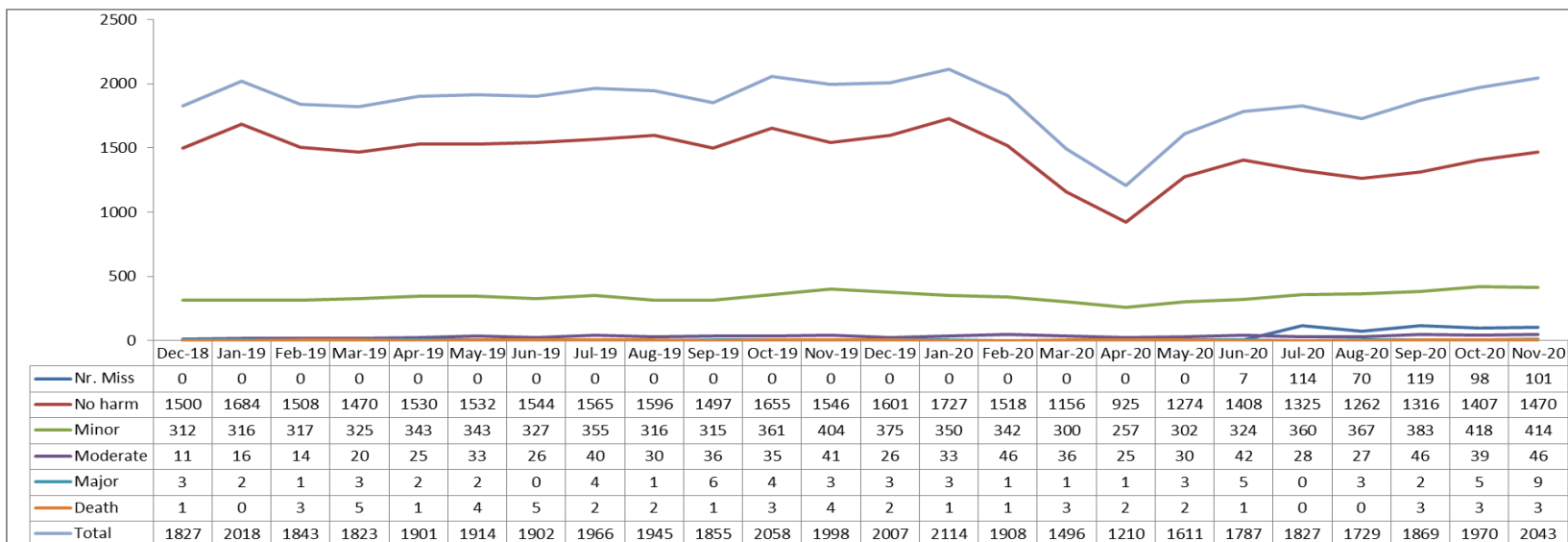
Reporting  
**EXCELLENCE**



<sup>1</sup><https://learningfromexcellence.com/>

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

2043 patient incidents were reported in November 2020; the mean monthly number over the past 24 months is 1861. The number of incidents reported reduced in mid-March 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 with a small percentage of incidents with significant impact reflects a good safety culture; National Reporting & Learning System data shows the Trust's ratio of incidents to bed days to be well above the median when compared with peers.



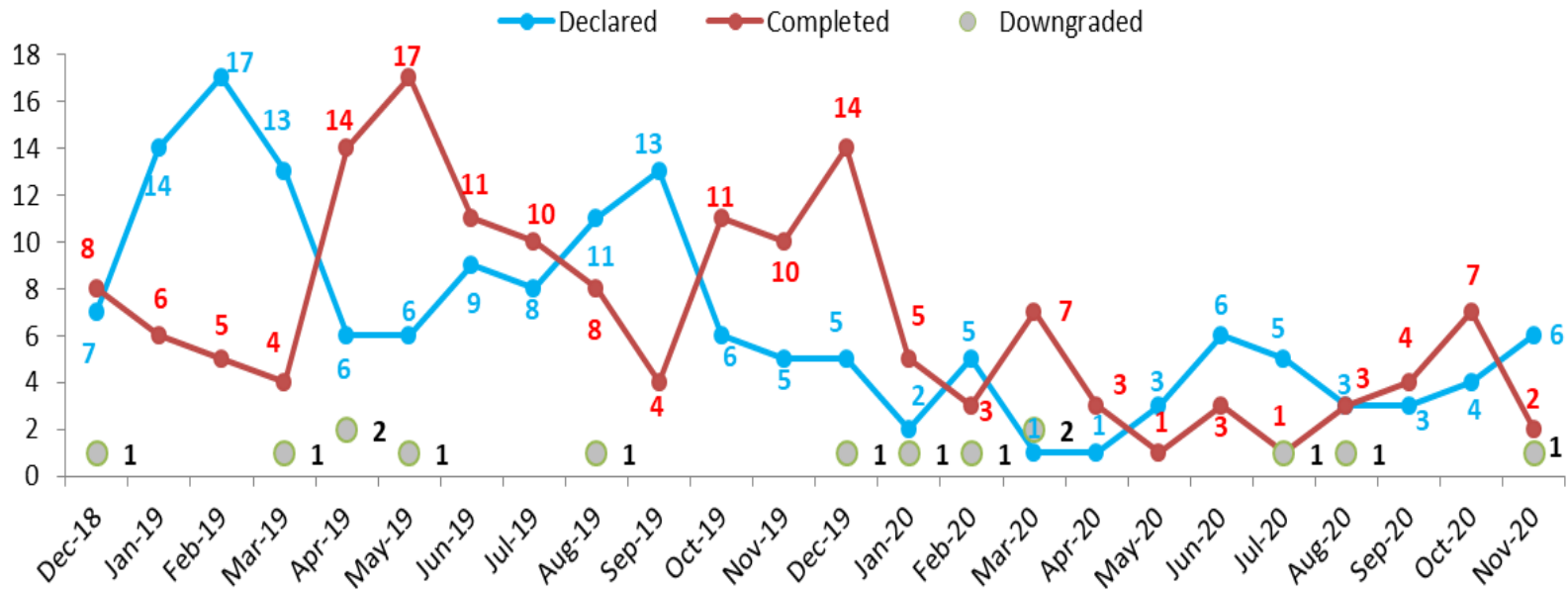
In November, 105 incidents with Moderate and above impact were discussed at PSR, 4 of which were downgraded following discussion at PSR meetings. Visits from PSR representative to support staff and patients took place on 5 occasions.

# Clinical Risk: Serious Incidents Requiring Investigation (SIRI)

6 SIRIs were confirmed by the Trust in November 2020.

2 SIRI investigation reports were submitted for closure (approval) to the Oxfordshire Clinical Commissioning Group in the same period. Learning from these investigations is disseminated at a range of Trust, Division and local level meetings, with communication to target groups often written into actions plans.

### SIRIs declared and completed in the last 24 months



## Clinical Risk: Harm reviews from extended waits

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 December Harm Review Group meeting.

Services with over 20 52w harm reviews

Specialty	Sep20 breaches	Oct20 breaches
ENT	299	346 ↑
Maxillo Facial Surgery	135	113 ↓
Ophthalmology	184	156 ↓
Paediatric ENT	56	81 ↑
Plastic Surgery	63	52 ↓
Spinal Surgery Service	36	26 ↓
Trauma and Orthopaedics	114	79 ↓
Vascular Surgery	22	(19) ↓

- The Harm Review process continues to be carried out for patients breaching over 52 weeks
- National e-prioritisation is being project managed currently into EPR and will be combined into the Harm Review Process to streamline the work
- In November a further discussion with Clinical Directors and the Chair of Harm Review occurred and confirmed that harm continues to be reported where identified and the Clinical Directors are confident clinicians are undertaking clinical prioritisation (currently on paper).
- The impact of COVID-19 has been significant and has affected the ability to undertake individual harm reviews. 4,356 breaches have been confirmed in 2020/21 to date.
- Multiple patients have requested that their treatment be deferred until after COVID. Currently we are obliged to keep them on the 52 week breach list.
- Improvement on breaches from September to October is evident in the table except for adult and paediatric ENT.

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

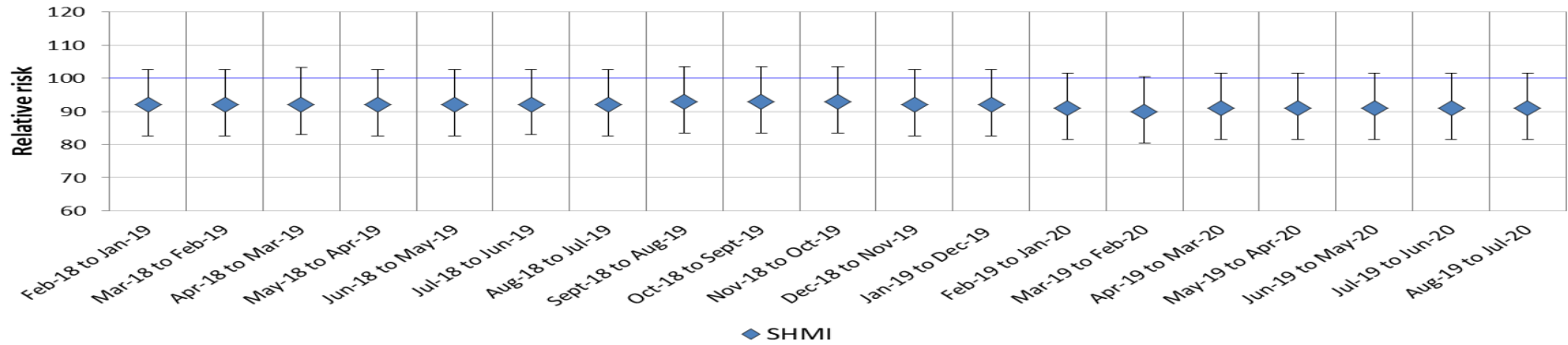
## Weekly Safety Alerts

Actions ▾

📄 Title	Alert Date
Weekly Safety Message 097 - COVID-19- Reporting Hospital-Acquired COVID-19 Cases on Ulysses	15/12/2020 12:00
Weekly Safety Message 096 - The importance of result endorsement and acting on results	08/12/2020 11:00
Weekly safety message 095 - Water safety in unoccupied buildings	01/12/2020 08:30
Weekly Safety Message 094 - Nasogastric Tube Safety for Patients with COVID-19	24/11/2020 18:00
Weekly Safety Message 093 - Radiology referral guidelines - iRefer	17/11/2020 12:00
Weekly Safety Message 092 - Care and Documentation of Intravascular Devices	11/11/2020 16:00
Weekly Safety Message 091 - Blood Safety: Major haemorrhage activation protocol	03/11/2020 15:00

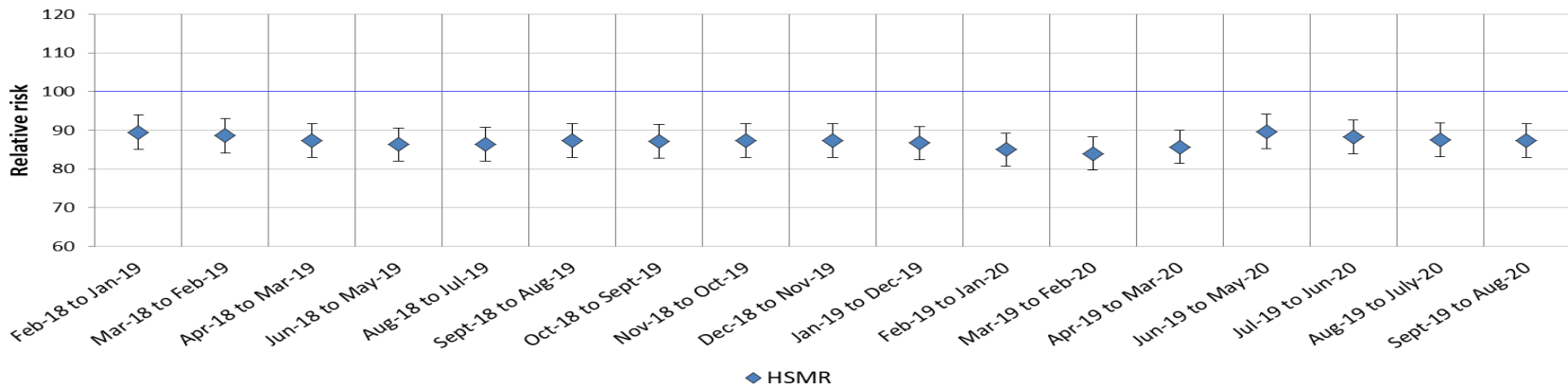
The SHMI for the data period August 2019 to July 2020 is 0.91. This remains rated 'as expected'.

### 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 87.3 for September 2019 to August 2020. The HSMR remains rated as 'lower than expected'

## Summary Hospital-level Mortality Indicator (SHMI) August 2019 to July 2020 – Shelford Group

Shelford Group Trust	SHMI (Jul-19 to Jun-20)	Banding
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0.69	Lower than expected
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.72	Lower than expected
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	0.74	Lower than expected
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.87	Lower than expected
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.91	As expected
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	0.95	As expected
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	0.96	As expected
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.96	As expected
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	0.99	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) September 2019 to August 2020 – Shelford Group

Shelford Group Trust	HSMR (Sep-19 to Aug-20)	Banding
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	70	Lower than expected
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	75	Lower than expected
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	78	Lower than expected
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	80	Lower than expected
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	85	Lower than expected
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	87	Lower than expected
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	88	Lower than expected
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	99	As expected
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	102	As expected
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	108	Higher than expected



# Operational Performance

# OUH compares favourably against the national and Shelford group average across the Operational Standards of A&E, Cancer and Diagnostic waits. RTT and 52 weeks is less favourable in comparison.

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

## OUH Operational Performance Benchmarking - National and Shelford Group

Indicator	Standard	Current Data Period	National	Shelford	OUH
<b>Accident &amp; Emergency '4 hour' standard 'All Types'</b>					
% ≤4 hour waits from Emergency Department attendance to admission/transfer/discharge	95%	30/11/2020	74.36%	65.94%	85.26%
<b>Referral to Treatment Standards</b>					
RTT: % <18 week waits, Incomplete pathways	92%	31/10/2020	65.47%	63.31%	64.79%
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	31/10/2020	913.7	2706.4	2749
<b>Cancer Standards</b>					
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	31/10/2020	87.88%	77.76%	79.41%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	31/10/2020	76.99%	54.13%	14.14%
First treatment within 31 days of cancer diagnosis	96%	31/10/2020	95.74%	94.13%	94.71%
First cancer treatment within 62 days of urgent referral from screening service	90%	31/10/2020	84.99%	81.34%	86.67%
First cancer treatment within 62 days of urgent GP referral	85%	31/10/2020	74.50%	64.98%	80.44%
Subsequent cancer treatment in <31 days: surgery	94%	31/10/2020	89.90%	87.14%	85.90%
Subsequent cancer treatment in <31 days: drugs	98%	31/10/2020	99.45%	99.30%	100.00%
Subsequent cancer treatment in <31 days: radiotherapy	94%	31/10/2020	97.06%	97.58%	98.61%
<b>DMO1 6 week Diagnostic Standard</b>					
DMO1: >6 week waits for treatment	1%	30/09/2020	29.22%	28.61%	15.80%

### A&E

In month 8, OUH performed well against the A&E '4 hour standard' in comparison to the national average and Shelford group average. Whereas the average for national and Shelford group performance continued to drop in month 8 compared to month 7, OUH saw a continued improvement.

### RTT

At the end of month 7, OUH continued to perform marginally below the national average and remained ahead of the Shelford group average for patients on its waiting list over 18 weeks, sitting at 64.79%, OUH continued to report more 52 weeks than the national average, 2749 compared to 913. When compared to the Shelford group, OUH's 52 week waiters were higher than the average by 43 cases, the gap closing on previous months.

### Cancer Standards

At the end of October 2020, OUH performed favourably when compared to the National and Shelford Group averages for the 'First cancer treatment within 62 days of urgent GP referral', 'First cancer treatment within 62 days of urgent referral from screening service', 'Subsequent cancer treatment <31 days: drugs and the 'Subsequent cancer treatment <31 days: radiotherapy' standards. When solely compared to the Shelford Group averages, OUH performed better in 6 out of 8 cancer standards.

### Diagnostic waits

At the end of October 2020, OUH performed favourably against the 6 week standard when compared to the national and Shelford group average

**Urgent Care: 4 hour performance in November 2020 was 85.26%, a continued improvement from the previous months. The Horton site moved back above 90% achieving 93.38% whilst the John Radcliffe improved to 82.09%.**

■ Performance ■ Trajectory

**ED 4 hour performance against trajectory**

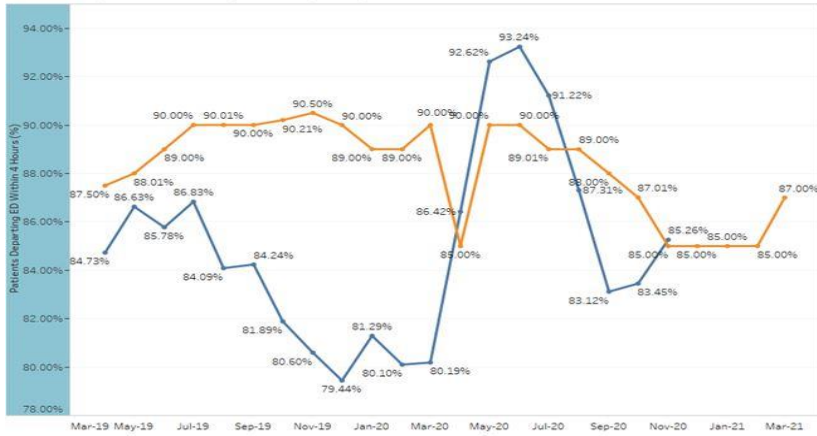


Figure 1. OUH 4 hr 'all types' performance Mar 2019 – Nov 2020

In November 2020 the trust achieved 85.26% (all types) of patients being seen within 4 hours, an improvement of 1.8% from the previous month. OUH moved up in the national rankings for type 1 performance (82.6%), moving into the upper quartile. In comparison to the Shelford Group Hospitals and local regional hospitals, OUH improved again in month.

Horton General Hospital saw an improvement in performance from 89.49% to 93.83%, recovering well from its drop below 90% last month. The John Radcliffe site saw another improvement on the previous month from 81.13% to 82.09%

Overall ED attendances were 26% lower in November 2020 when compared with November 2019, with the reduction continuing predominantly in minors attendances, thus we are seeing a higher percentage of higher acuity patients than before.

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

**National 4hr ED Performance - Type 1 - November 2020**

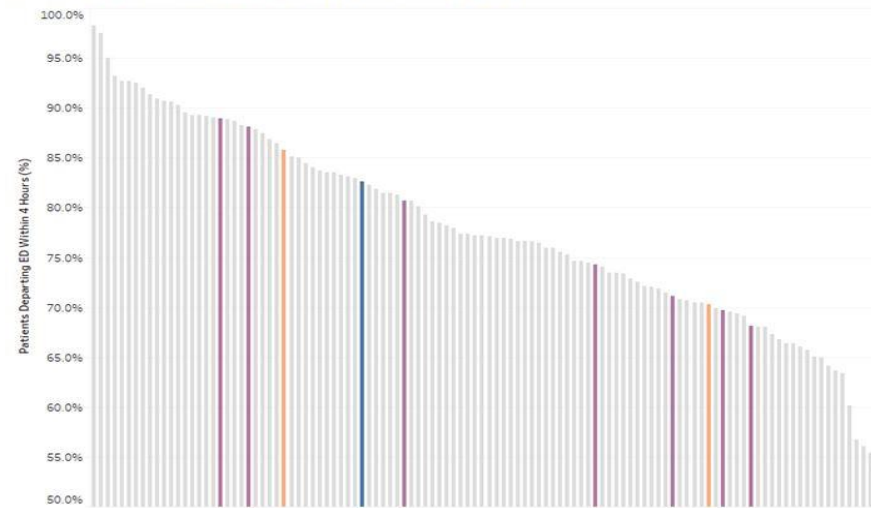


Figure 2 OUH performance of type 1 (Emergency Departments only) compared to National position - November 2020

**Regional 4hr ED Performance - Type 1 - November 2020**

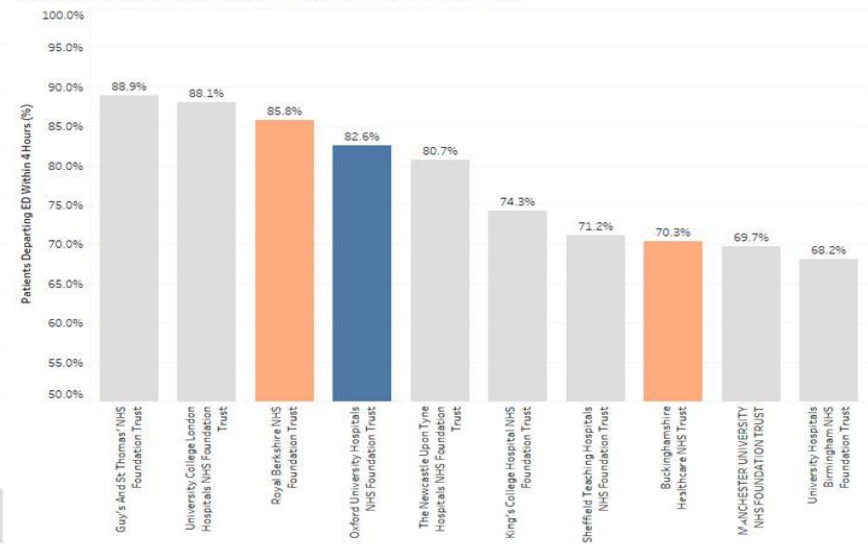


Figure 3 OUH performance of type 1 (Emergency Departments only) compared to BOB system partners and Shelford Group - November 2020

On the John Radcliffe site breach numbers reached 1,831, (an increase of 271 on last month) of which 61% were admitted breaches and 39% non-admitted. The percentage of non-admitted breaches increased from 35.6% in the previous month. The most significant breach reasons remain with ED and Medicine. Children's breaches decreased again this month. Overall performance was better as we saw a rise in attendances in November compared to October.

Despite seeing an improved performance this month from last month, the JR site continues to have difficulties in 'Specialty Decision Delay', 'ED EAU Bed Wait' and 'Bed Wait' with the continuing changes to the estate reduces both assessment space (short term) and 'low risk' bed capacity as Covid19 bed capacity is increased.

The changes in managing the Ambulatory Majors and Minors patients at the JR is showing continued improvements in median times for assessment, treatment, referral and length of stay.

ED huddles have been introduced twice a day, MRC division looking to increase frequency of huddles over a 24 hour period to maintain control on waiting times in the department. In addition work on the virtual head injury pathway project (reducing footfall into ED for specific patient groups) for early intervention and improved performance has commenced.

Breaches in children's have reduced again in month following the opening of the Paediatric CDU to 24 hours and divisional work on increasing the utilisation of the children's ambulatory pathways.

At the Horton site, breach numbers dropped to 327 (a decrease of 7 on last month) of which 64% were admitted breaches and 36% were non-admitted breaches. Non-admitted breaches as a percentage of breaches improved significantly compared to last month, continuing the improvements from M5 where non-admitted contributed to 58% of the breaches. 'Bed Capacity was a key factor along with Specialty Decision Making and 'Waiting to be seen'. Some of this is directly attributable to physical space compromised by building works and medical staff sickness. The MRC division are continually reviewing how the clinical shifts could be redesigned in order to have more on a late shift to support dealing with the demand which arrives as a higher proportion in the latter parts of the day. Regular and consistent use of ED huddles are to be introduced 24/7 to ensure drive on the 4 hour standard, reducing non-admitted breaches.

John Radcliffe - Breaches by Breach Reason, Specialty & Admission Status - December 2020

BreachSpecialty	Null		Admitted					Not Admitted				Grand Total
	ED EAU Bed Wait	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		6	1		1	2	1	3	1		15	
Cardiothoracics			1			1					2	
ED		18	25	141	19	74	71	201	46	143	738	
ENT		10	2		9	1			4		26	
Gastro		5			4		1			1	11	
Gynae	1	1	1		1			1		1	6	
Max / Facs		4	1		3		2		4	4	18	
Med		235	49	77	142	56	7	14	42	11	633	
Neuro		5	2	2	4	2	3	2		2	22	
Null		1									1	
Other		14	6	10	8	6	14	23	15	7	103	
Paeds		28	4		8	1	6		3	3	53	
Plastics		4	1	1	3		3		11	5	28	
Psych / Barnes		1	1	1	1	3	2	5	22	12	48	
Surg		12	4	2	8	7			5		38	
Trauma		25	8	7	17	7	1	2	9	3	79	
Urology		1			2			1			4	
Vascular		2		1	2					1	6	
Grand Total	1	372	106	242	232	160	111	252	162	193	1,831	

Figure 4. John Radcliffe Breach reasons November 2020

Horton - Breaches by Breach Reason, Specialty & Admission Status - December 2020

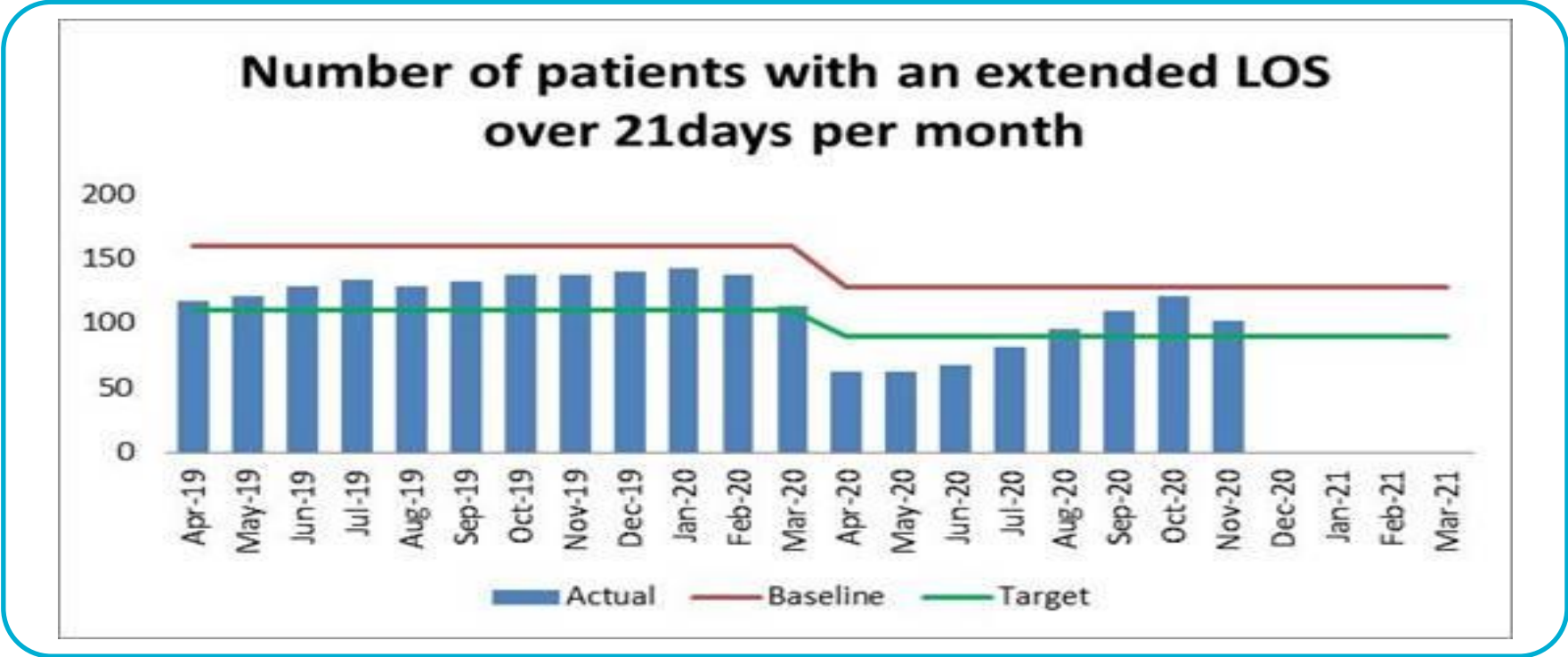
BreachSpecialty	Admitted					Not Admitted				Grand Total
	Bed Wait	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen	
Cardiothoracics			1							1
ED	5	9	25	12	15	19	32	2	29	148
ENT							1			1
Gynae	1									1
Med	11	14	15	55	11	2	1	8	1	118
Neuro		1	2			1				4
Null						1				1
Other		2		1	1		2		1	7
Paeds			1	1	2	1		3		8
Psych / Barnes				2		1		8	1	12
Surg	1	1			1					3
Trauma	7			4	7	1		1	1	21
Urology					1					1
psych						1				1
Grand Total	25	27	44	75	38	27	36	22	33	327

Figure 5. Horton Breach reasons November 2020

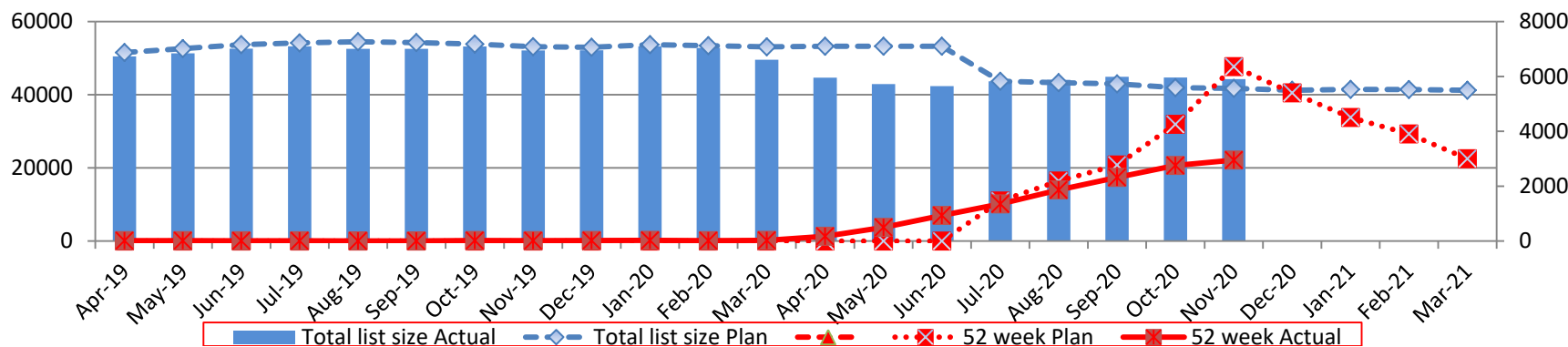
**Urgent Care; LOS over 21 days OUHFT: There has been an decrease in the daily average in November, from 121 to 102 patients. In the latter 2 weeks of November numbers were below the 90 target.**

**Patients with a LOS over 21 days**

- LOS over 21 days: In November the average daily LLOS numbers reduced to 102 from 121 in October, but remained above the target of 90. The improvement is more notable in the latter parts of November where average daily numbers have gone below 90.
- When compared to the same period last year (November 2019) we have seen a 26% improvement.
- Numbers have remained at a higher level, mainly due to patients within specialities such as Neurosurgery, major trauma and the specialities on the Churchill site
- The Horton General Hospital continues to see improvements in LOS with Northamptonshire with delays reducing.
- The home first project is successful but there continues to be a gap between demand and actual/funded capacity. Further demand modelling is underway to outline this gap, so capacity planning can meet the objectives of patients going home with 24hrs of notification that the patient is MDT fit.
- The Oxfordshire system is currently reviewing all discharge delays to determine what additional support is required to support more patients going directly home, especially those on a delirium pathway who have an extended LOS.







## Month 8 Performance:

Trust performance against the overall **18-week incomplete RTT standard** was **69.77%**, an improvement from the **64.79%** reported in the month 7 report.

The **total waiting list size for November** is **44,263**, a decrease of 430 pathways on the previous month.

**52 week wait position month 8:** There are **2,949** patients waiting over 52 weeks for first definitive treatment at the end of November 20, this represents an increase of **196** patients when compared to previous months performance position. The Trust did meet its phase 3 '52' week trajectory for November, and is currently on track to meet its 52 week trajectory in December 2020. However, in light of an increased Covid-19 surge this position is likely to deteriorate and the Trust is reviewing its elective programme for January 2021.

There are **7,989** patients waiting **over 40 weeks** in November 2020 which represents an **increase** of 512 patients when compared with previous month. This is also likely to increase further in Month 9 if patients within the P3 and P4 RCS (Royal College of Surgeons) risk stratification cohorts are cancelled due to Covid-19 pressures.

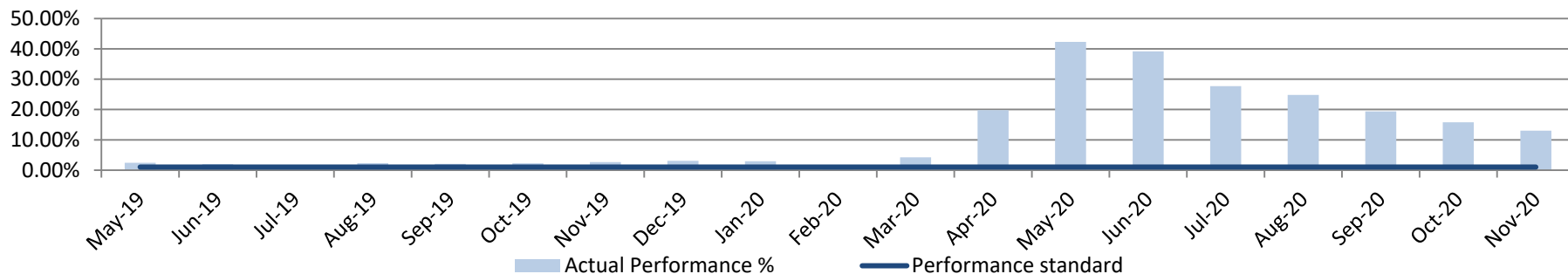
OUH are working closely with Buckinghamshire, Oxfordshire and **Berkshire West Integrated Care System (BOB ICS)** on the high volume challenged specialties with high numbers of 52 week breaches.

**Clinical Harm Reviews:** The patient safety team has oversight of the Clinical Harm Review process for which the Clinical Divisions are responsible. The process is being developed to align with the clinical prioritisation workflow.

M8: Number of Incomplete 52 week pathways	
Specialty	Number of 52week breaches
ENT	1123
Maxillo Facial Surgery	344
Ophthalmology	341
Paediatric ENT	260
Trauma and Orthopaedics	195
Plastic Surgery	161
Spinal Surgery Service	116
Vascular Surgery	55
Paediatric Maxillo Facial Surgery	52
Paediatric Plastic Surgery	43
Gynaecology	40
Neurosurgery	37
Paediatric Spinal Surgery	28
Paediatric Trauma and Orthopaedics	27
Orthodontics	23
Paediatric Surgery	23
Paediatric Ophthalmology	16
Urology	14
Paediatric Urology	13
Physiotherapy	9
Neurology	6
Restorative Dentistry	5
Endoscopy (Gastroenterology)	5
Gastroenterology	3
Allergy	2
Paediatric Neurosurgery	2
Interventional Radiology	2
Transplantation Surgery	1
Rheumatology	1
Clinical Neurophysiology	1
<b>Grand Total</b>	<b>2949</b>

# Elective Care: Diagnostic Waits (DM01), Covid-19 pressures impacting performance, but we are seeing an improving trend

## % 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-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Trend rolling 12 month period
Magnetic Resonance Imaging	200	180	151	109	103	261	762	832	870	914	683	504	494	
Computed Tomography	4	4	4	14	36	514	716	626	357	316	174	87	43	
Non-obstetric ultrasound	0	0	0	0	45	299	1916	1865	1123	872	895	871	528	
Barium Enema	0	0	0	0	0	3	25	21	0	0	0	0	0	
DEXA Scan	0	0	0	0	1	70	370	411	151	110	32	0	0	
Audiology - Audiology Assessments	11	21	17	16	5	393	415	259	70	28	21	7	8	
Cardiology - echocardiography	7	71	33	5	2	7	7	43	24	25	45	53	98	
Cardiology - electrophysiology	24	6	13	2	2	6	2	36	9	3	13	15	19	
Neurophysiology - peripheral neurophys	3	1	21	4	30	2	81	158	48	45	17	108	61	
Respiratory physiology - sleep studies	1	11	3	0	0	0	0	0	0	0	0	0	0	
Urodynamics - pressures & flows	9	3	4	5	0	0	0	1	0	2	12	2	0	
Colonoscopy	30	15	35	32	93	268	309	346	351	306	178	109	82	
Flexi sigmoidoscopy	30	19	14	9	35	136	180	203	179	152	144	103	91	
Cystoscopy	29	33	24	14	14	46	37	45	51	47	48	45	49	
Gastroscopy	39	46	71	24	121	346	427	521	524	514	399	239	187	

### Month 8 Performance:

Due to the impact of COVID on our routine diagnostic services, there were 1,660 patients waiting over 6 weeks at the end of November (a decrease of 483 compared to previous month) which meant the Trust did not meet the standard for **the diagnostic wait** with **13.01%** performance. Overall performance remains well below the national standard.

The main areas of under performance against the national **1% breach performance standard** were seen in; **Gastroscopy 59.55%** (187 breaches), **Colonoscopy 44.32%** (82 breaches), **Flexi Sigmoidoscopy 52.30%** (91 breaches). **Non obstetric ultrasound** has the **highest volume of breaches at 528 breaches**.



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

## 28 Day reportable cancellations/readmission breaches by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Total Hospital Non clinical cancellations in period	67	44	31	74	42	17	3	1	5	6	12	19	20	27
28 day Readmission breaches in period	7	5	11	4	2	11	7	0	0	0	1	2	1	1

## Other - reasons for elective on the day cancellation by Month

Clinical reason	56	44	41	39	27	7	9	3	3	15	16	14	14	18
Patient declined treatment on the day	6	5	3	4	7	2	3	0	2	4	1	3	4	3

Specialty	Cancellations	28 day Readmission Breaches
Cardiac Surgery	1	0
Paediatric Neurosurgery	1	0
Paediatric Trauma and Orthopaedics	1	0
Neurosurgery	5	0
ENT	2	0
Ophthalmology	2	0
Vascular Surgery	1	1
Orthopaedics	9	0
Gastroenterology	1	0
Gynaecology	1	0
Colorectal Surgery	1	0
Upper Gastrointestinal Surgery	2	0
	<b>27</b>	<b>1</b>

**Month 8 Performance:** There were 27 reportable (hospital non clinical) elective cancellations on the day throughout the month of November 2020, this represents an increase in cancellations due to these reasons when compared to previous month.

The reasons for cancellation were as follows:

- No Bed (3 patients) + No ITU Bed (2 patients)
- Emergency took priority (9 patients)
- Ran out of theatre time/list running late (7 patients)
- Anaesthetist sick (3 patients)
- Theatre/staffing issue (3 patients)

Reason for 28 day readmission failure: 1 patient failed the 28 day readmission standard due to consultant being on leave following the cancellation and patient care could not be transferred to a different consultant

**Month 7 (October 2020) Performance:** Reporting an additional month in arrears, the Trust achieved 3 out of 9 CWT standards in October 2020.

**2ww from GP referral:** This standard was not achieved in October, reporting **79.4%** against **93% threshold**. Breast referrals were 47.6% which is a significant increase on the last 3 months. The joint action plan between the breast service and radiology is being monitored weekly. Although delays remain there is some improvement month on month against target.

The Lower GI pathway continues to be challenged by the impact of faecal immunochemical tests (FIT) tests being sent to patients by OUHFT during the pandemic. As with breast above there is a significant improvement on the last 4 months – with performance at 61.2%.

**2ww Breast Symptomatic:** This standard was not met for the same reasons as those referred on the 2ww urgent breast pathway, performance against standard of 93% was 14.1%. These patients are also included in the action plans for breast 2ww hence improved performance is expected through Q3/Q4.

**31day decision to treat:** There is an improvement in this standard for October – total of 24 patients breached – 18 of those breaches were due to theatre capacity.

**31 day subsequent treatment (surgery):** The majority of the 11 breaches are a consequence of theatre capacity for both GA diagnostic investigations and treatments.

### 62 Day from GP referral

The number of completed pathways for October were 228 with 45 breaches. This resulted in a 62 day CWT performance of 80.4%.

### Patients waiting over 104 days for diagnosis and treatment:

The latest 104+ figures on 10<sup>th</sup> December were 23 patients – the majority of these patients were on urology, lower GI and lung pathways. The primary reasons for the delays in these patients were complex pathways which also often required additional diagnostic tests, and patients who had comorbidities which had delayed surgery.

### Surgical capacity

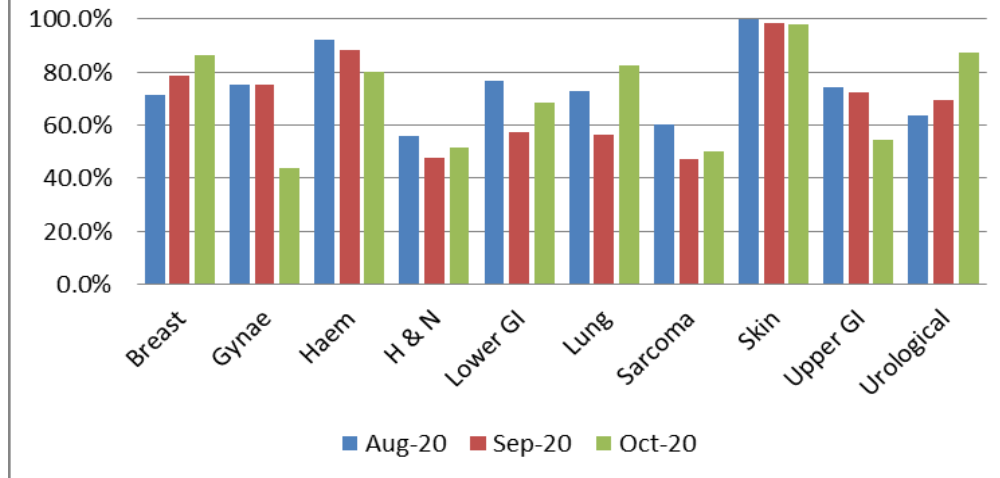
Surgical capacity has been a challenge for some time on all pathways in addition to the constraints caused by the pandemic. But from 4<sup>th</sup> January 2021 the opening of theatre 10 on the Churchill site will make a positive impact for patients requiring surgery across both cancer and routine pathways.

Indicator	Metric	Sept-20	No of breaches Sept 20	Oct 20	No of breaches Oct-20	18-19	19-20
2 WW for suspected cancer	93%	71.7%	514/1814	79.4%	384/1865	96.7	95.0
2 WW for Breast Symptoms	93%	6.1%	107/114	14.1%	170/198	94.3	97.4
28 Day Faster Diagnosis Standard	75%	77.2%	395/1736	82.2%	314/1765		70.1
31 Days Decision to first treatment	96%	92.8%	33/461	94.7%	24/454	93.1	91.5
31 Days Decision to subsq treatment (surgery)	94%	88.5%	10/87	85.9%	11/78	95.2	90.3
31 Days Decision to subsq treatment (drugs)	98%	100%	0/153	100%	0/186	99.5	99.8
31 Days Decision to subsq treatment (radiology)	94%	100%	0/184	98.6%	3/216	96.7	98.9
62 Days GP referral to first treatment	85%	76.7%	52/224	80.4%	45/228	72.1	68.3
62 Days Screening service to first treatment	90%	88.2%	2/17	86.7%	2/15	79.1	59.0
62 Day incomplete pathways >62 days	Count	143	N/A	142	N/A		
62 Day incomplete pathways >104 days	Count	27	N/A	25	N/A		

Annualised Performance

Tumour Site	Aug-20				Sep-20				Oct-20			
	Total	Within	Breach	%	Total	Within	Breach	%	Total	Within	Breach	%
Breast	28	20	8	71.4%	37	29	8	78.4%	29	25	4	86.2%
Gynae	8	6	2	75.0%	4	3	1	75.0%	12.5	5.5	7	44.0%
Haem	6.5	6	0.5	92.3%	13	11.5	1.5	88.5%	5	4	1	80.0%
H & N	12.5	7	5.5	56.0%	10.5	5	5.5	47.6%	16.5	8.5	8	51.5%
Lower GI	17	13	4	76.5%	17.5	10	7.5	57.1%	31.5	21.5	10	68.3%
Lung	11	8	3	72.7%	11.5	6.5	5	56.5%	11.5	9.5	2	82.6%
Sarcoma	2.5	1.5	1	60.0%	9.5	4.5	5	47.4%	4	2	2	50.0%
Skin	57.5	57.5	0	100.0%	64	63	1	98.4%	70	68.5	1.5	97.9%
Upper GI	17.5	13	4.5	74.3%	20	14.5	5.5	72.5%	11	6	5	54.5%
Urological	42.5	27	15.5	63.5%	32.5	22.5	10	69.2%	35.5	31	4.5	87.3%
<b>Total</b>	<b>203</b>	<b>159</b>	<b>44</b>	<b>78.4%</b>	<b>219.5</b>	<b>169.5</b>	<b>50</b>	<b>76.7%</b>	<b>226.5</b>	<b>181.5</b>	<b>45</b>	<b>80.4%</b>

## 62 day performance Aug-Oct 20



**Most significant breach numbers/ reasons:**

**Lower GI 10** – Complex pathways requiring additional diagnostics, late transfers from other providers, patient initiated

**H&N 8** – Complex pathways requiring additional diagnostics, theatre capacity

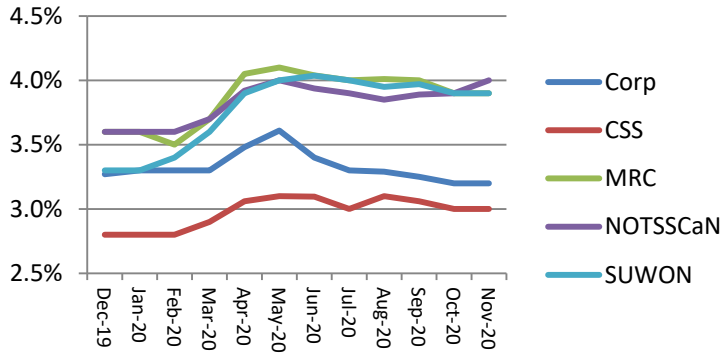
**Gynae 7** – Surgical capacity

# Workforce

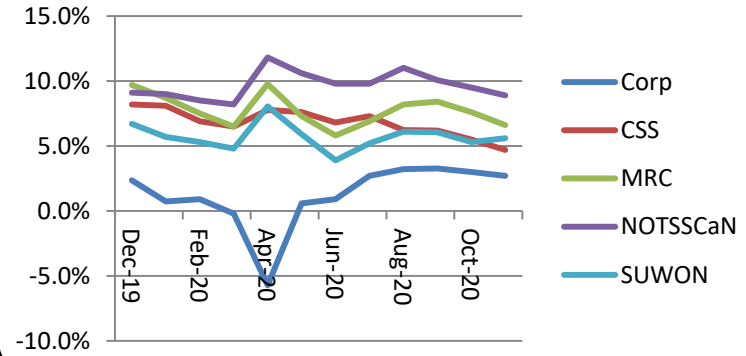
OUH Trust	3.7%	6.2%	10.2%	902.9	118.3	£4,527,104	£1,015,599	73.8%	81.4%
KPI (Green)	3.1%	7.7%	12.0%				<£1.33m	85.0%	85.0%
Division	Sickness	Vacancy	Turnover	Bank WTE	Agency WTE	Bank Spend	Agency Spend	Appraisals	Stat Mand
CSS	3.0%	4.7%	9.6%	67.9	30.2	£408,261	£261,880	80.4%	88.5%
Corporate	3.2%	2.7%	7.8%	89.3	2.5	£475,920	£32,146	67.5%	78.4%
MRC	3.9%	6.6%	10.5%	284.4	27.5	£1,486,778	£177,588	75.4%	82.5%
NOTSSCaN	4.0%	8.9%	10.2%	259.0	28.0	£1,281,460	£217,272	65.3%	80.3%
SUWON	3.9%	5.6%	11.5%	202.3	30.0	£874,685	£326,714	80.6%	88.3%

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. Bank and agency costs/wte are those incurred prior to any reallocation of any Covid costs/wte to Trust Wide Services. Agency spend KPI reflects NHSI agency ceiling.

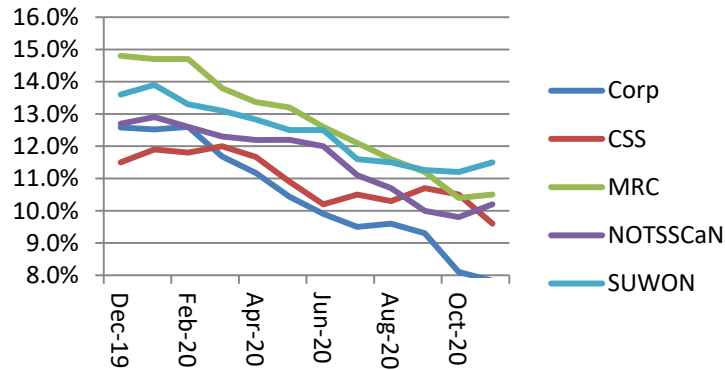
### Sickness Absence % by division



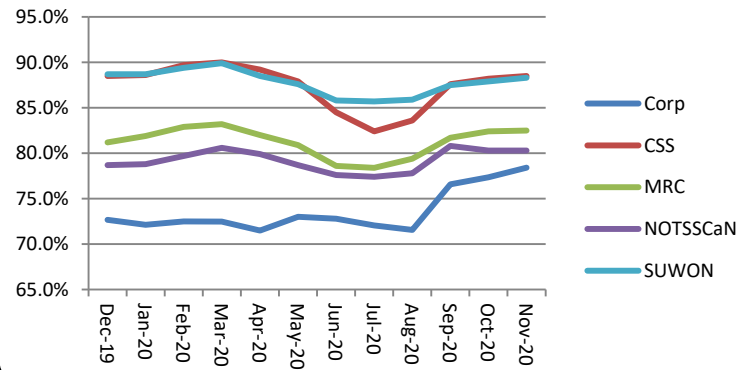
### Vacancy % by division



### Turnover % by division

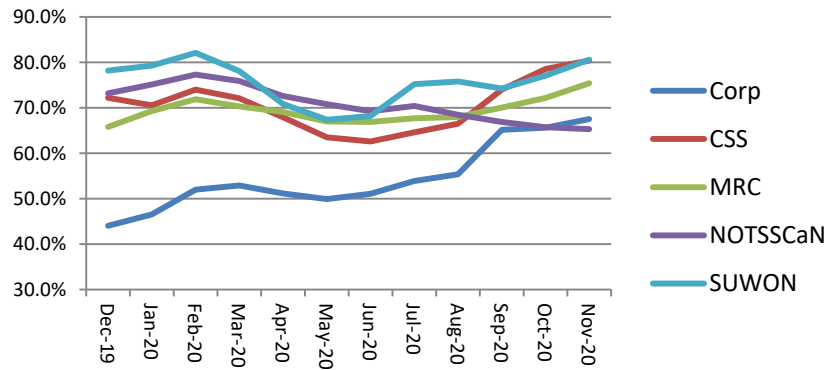


### Stat Mand % by division

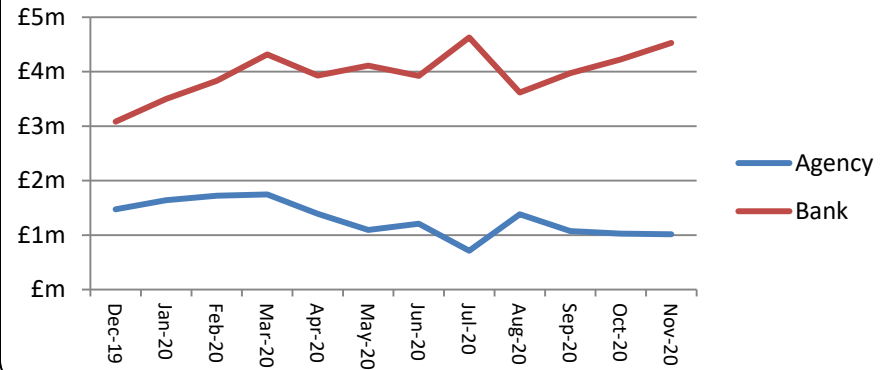


# Key Performance Indicators by Division (II)

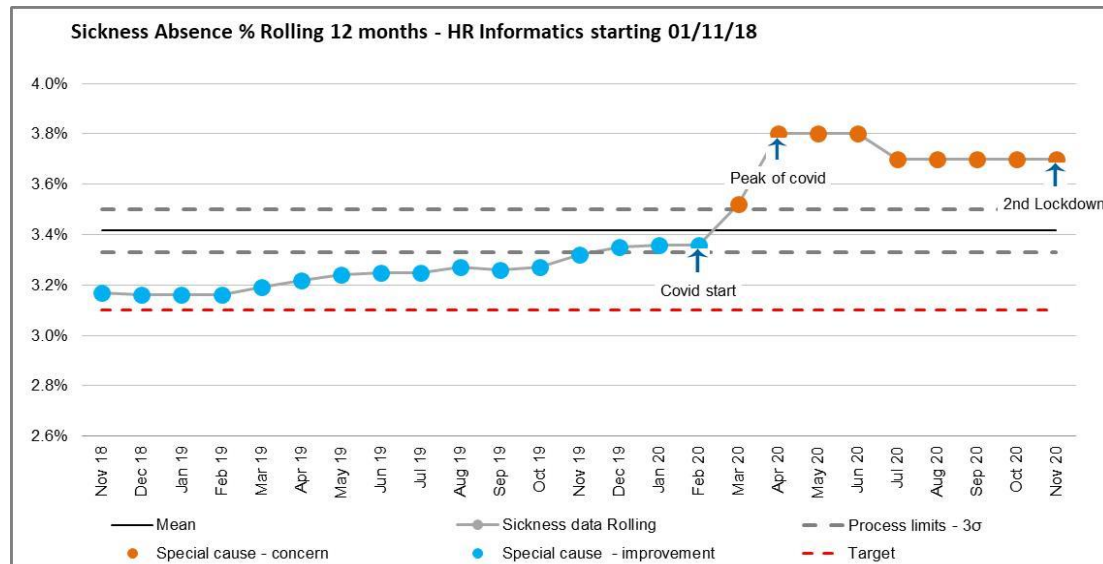
### Non Medical Appraisal % by division



### Bank and Agency Spend £



The graphs below support the accompanying text.



## Analysis

- The rolling sickness absence remains constant at 3.7%. The resurgence of Covid absences in M8 has increased Covid absence to 0.6% from 0.5% in the rolling 12 months. The underlying absence rate, once Covid is removed is 3.1%.
- Data points in the chart which fall outside of the grey dotted lines (process limits) are unusual and should in normal circumstances be investigated. In this instance the reason, (Covid) is known.
- Cost of sickness annually is £15.4m; the top 3 “open“ absences are: Covid self-quarantine (16%), Covid confirmed (9%), Gastro problems (6%). Long term absences account for 52% of all wte days lost; which is unchanged from M7.
- For clinical divisions, NOTSSCaN has highest absence rate, up marginally on the previous month, to 4.0% from 3.9%. All other clinical divisions remain unchanged.
- By staff group, Additional Clinical Services (ADCs) (26%) and Nursing and Midwifery staff (32%) make up 58% of total wte lost through sickness.
- In terms of % time lost, the two highest staff groups are ADCs (5.8%) and Estates and Ancillary staff 8.6%. Conversely Medical staff are 1.5%

## Key Actions

### MRC

- Sickness training has been provided to 35 managers this month.
- A study day was provided for 15 Band 6 Nurses to develop sickness absence management skills, 5 wards received sickness update training sessions
- Each HR Consultant maintains a list of “top 10” cases for monitoring / review / action with line managers.
- Daily reporting of Covid absence to Divisional Team.
- Duty of care calls made to staff absent

### CSS

- Duty of Care calls are continuing to be made. Bespoke training has been set up with extra sessions in January
- HR team are working with managers with employees that are off long term.

### SUWON

- Focus has been placed on managing long term sick absences & analysis of ADC staff group.
- Duty of Care calls being made to Covid absences.
- Targeted focus on Maternity Unit to reduce absence.

### NOTSSCaN

- Reviewing top 25 employees on LT and frequent absence.
- Working with managers to ensure policy compliance.
- The JR/WW Theatres continue to utilise external Psychotherapy support to help address anxiety/other mental health issues with positive feedback being received from staff.

### Corporate

- Corporate absence is at 2.2%, with Estates and Facilities sickness rate at 8.1%. A deep dive into Estates will take place to understand drivers for high absence through triangulating other KPIs such as appraisals, vacancies and leadership.
- Online training supported by the HRC will take place in the new year.
- Ongoing coaching with managers to support attendance management best practice
- From January 2021, Corporate HR to review staff who trigger and agree appropriate actions to take forward with managers.



The graph below support the accompanying text.

Staff Group	COVID19 (Confirmed)	COVID19 (Self-Quarantined)	COVID19 (Suspected)	COVID19 (Test and Trace)	COVID19 Care of a Dependant	Grand Total	BME	BME as % of staff gp absent
Add Prof Scientific and Technic	1	4	1			6	4	66.7%
Additional Clinical Services	17	37	7	1	4	66	28	42.4%
Administrative and Clerical	5	15	4	2	1	27	5	18.5%
Allied Health Professionals	5	7	2			14	3	21.4%
Estates and Ancillary	1	4	1		1	7	2	28.6%
Healthcare Scientists		1				1	1	100.0%
Medical and Dental	11	12	7		1	31	8	25.8%
Nursing and Midwifery Registered	41	39	15	2	11	108	56	51.9%
<b>Grand Total</b>	<b>81</b>	<b>119</b>	<b>37</b>	<b>5</b>	<b>18</b>	<b>260</b>	<b>107</b>	<b>41.2%</b>
<b>% Absent</b>	<b>31.2%</b>	<b>45.8%</b>	<b>14.2%</b>	<b>1.9%</b>	<b>6.9%</b>			

Data as 15 December

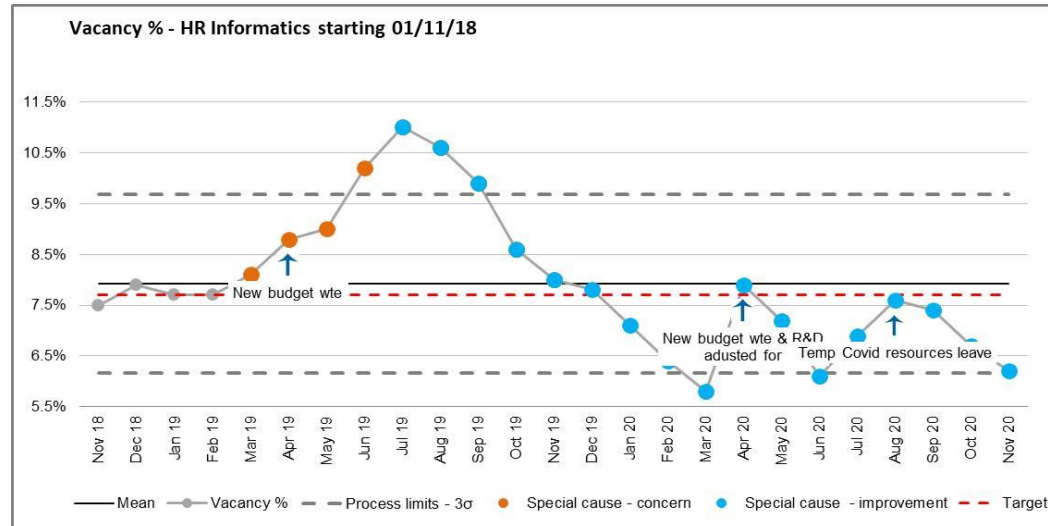
## Analysis

- In line with national trends Covid absentees have increased and as of mid December this figure is 260.
- Numbers absent during second lockdown significantly lower than the first.
- BME numbers continue to be monitored. At present 41% of Covid absence are BME; 24% of staff in post are BME.

## Key actions:

- A comprehensive programme of staff testing is in place. Occupational Health resourcing is being continually reviewed to ensure capacity.
- Lateral flow testing kits made available to all on site staff.
- Ensuring wellness checks are undertaken for all staff; a checklist has been developed to support these checks, which includes providing information about staff testing, as well as signposting to psychological support, accommodation as needed, and charitable donations.
- 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.
- Occupational Health support, including risk assessment form for all staff, and bespoke guidance for key groups including those with specific conditions such as diabetes, asthma etc. and for our BAME (Black, Asian and Minority Ethnic) staff
- Improvements made to the risk assessment process to encourage all staff to undertake a risk assessment with specific targeting for our vulnerable staff; Managers encouraged to ensure quality risk assessments take place and guidance to support both staff and managers with the completion and process has been updated.
- Recognition day – staff to be awarded extra days leave on or as close to their birthday as possible to reflect the work undertaken during this crisis. The Trust is in discussion with its PFI partners to extend this to seconded staff.
- Following incidence of cross infection staff have been requested not to attend work if feeling unwell.

The graphs below support the accompanying text.



## Analysis

- Vacancies have reduced from 6.7% in the preceding month to 6.2% in M8.
- Whilst budgets have remained relatively constant between months, staff in post has risen thus reducing the overall vacancy factor.
- Trust vacancy figures heavily influenced by Nursing and Midwifery vacancies (422 wte M8). These account for 53% of total vacancies.
- Nursing band 5 in clinical areas continue to run at c20%. The recruitment of international Nurses will reduce the vacancies at this band.
- All divisions with exception of SUWON (increase of 0.3%) have experienced a reduction in vacancies. Of the clinical divisions NOTSSCaN continue to have the highest vacancy rate at 8.9%, where Health Care Assistants and Support, 92 wte – 14% and Nursing and Midwifery, 143 wte – 11% are significant factors.

## Actions

### MRC

Review of vacant posts ongoing; some vacant posts removed as part of workforce reduction programme

- 2 cohorts of international nurses have arrived in the division and are working towards NMC Registration
- AMR directorate working with Corporate HR for B2/3 vacancies and a recruitment campaign
- The Divisional Recruitment and Retention lead continues to develop a Divisional Nurse Recruitment Strategy.

### CSS

- The recruitment and retention premia continues to be applied in Radiology and Adult Critical Care
- The vacancy tracker for 2020/21 is pre-populated with historical data such as turnover trends, retirements, maternity leavers, sickness absence rates etc. Operational Service Managers then review the details and forecast the known and planned vacancy scenarios.

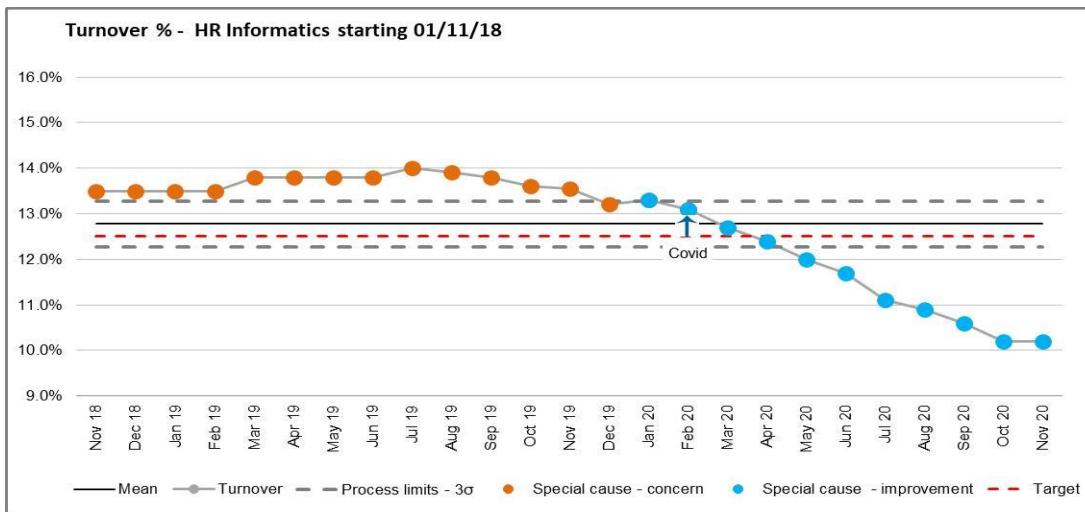
### SUWON

- 7 international nurses started in M8; 39 in pipeline.
- Recruitment and Retention lead has organised a virtual recruitment event for Theatres with Sobell, Oncology and Haematology Wards to follow.

### NOTSSCaN

- The division has also benefitted from International nursing which it is hoped will reduce the vacancy rate.

The graphs below support the accompanying text.



## Analysis

- Turnover rate has remained at the same rate as M7 (10.2%). This is the first month rates have not declined since January 2020.
- Data points which fall outside the grey dotted lines (process limits) are unusual and should be investigated and may reflect a system out of control. A run of 7 sequential points above or below the mean may also warrant further investigation. The effect of Covid on leaver rates is demonstrable. As vaccination numbers increase we may see a rise in turnover levels.
- Fixed term contract holders and leavers via redundancies are excluded. Of the leavers in the rolling 12 months Nursing and Midwifery comprise 35% (367 wte), of the total number. Of these 197 wte 54% are at band 5.
- ADCs have the highest staff group turnover rate at 14.1%, The next highest is AHPs at 10.8% followed by Nursing and Midwifery at 10.6%
- Nursing and Midwifery, ADCs and Admin and Clerical are c 81% of Trust leavers.
- Leavers with less than one years service account for 23% of the rolling leavers. ADCs have 37% of staff who left inside 12 months.
- By division SUWON at 11.5% has highest turnover rate of the clinical divisions. MRC, SUWON and NOTSSCaN have all experienced small increases in turnover.

## Actions

### MRC

- Two cohorts of international nurses have landed.
- Key focus on reducing international nurse turnover rates on John Waring Ward; ward manager and working group developing actions.

### CSS

- Directorates are continuing to use the vacancy control tracker which is maintained monthly and lists starters and leavers.
- A CSS Wellbeing forum is held monthly to support the wellbeing leads in sharing best practice and techniques.

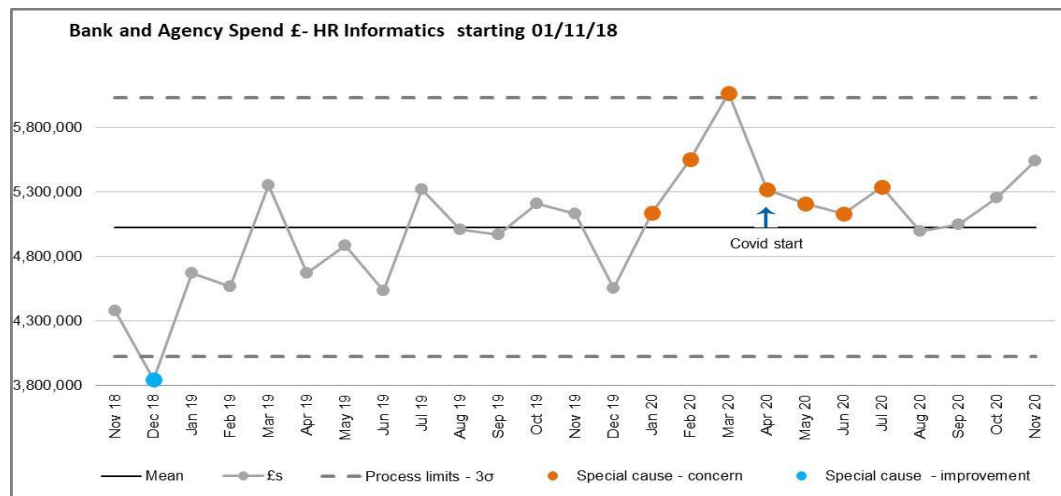
### SUWON

- The R&R Lead has prioritised supporting the hotspot areas identified, namely Theatres and Oncology Ward
- Regular conversations are held with new nursing staff to link them with clinical education and supervision.
- Additional support to the International nurses in the division has been put in place by way of a tailored induction pack and buddy arrangement
- The Affina team journey and LiA events are taking place within the division to support staff engagement.

### NOTSSCaN

- Six teams from the division are participating in the 'self rostering' pilot.
- The Affina team journey runs as a central theme through all divisional plans to increase employee engagement.
- LiA events in JR/WW Theatres.
- Virtual Value Based Appraisal individual coaching and team based training sessions.

The graphs below support the accompanying text.



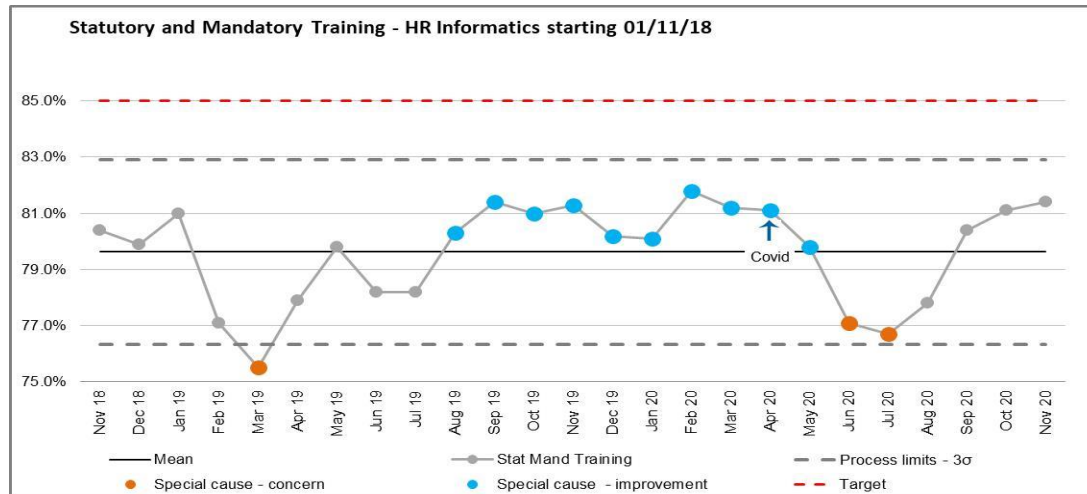
## Analysis

- Spend was £5.5m in M8; This is an increase of £0.3m on M7 and is the third month in a row where temporary pay spend has risen. Increase in spend is accounted for by increase in shifts booked for nursing and care support workers and balancing of nursing pay rates.
- As a percentage of total pay spend, M8 increased to 9.5% of total pay. In M7 and the financial year to date this figure was 8.7%.
- While there has been a decrease in the usage of agency staff, there has been a marked increase in bank fill. The Trust though, continues to operate below our regulators agency ceiling of £1.3m per month. In M8 the Trust spent was c£1.0m
- The revised trajectory of agency spend should see a reduction from the prediction of £17.1m to £15.9m and this will continued to be monitored on a monthly basis to ensure that the agency ceiling is not breached for this year.

## Actions

- Work continues across the BOB region, sharing of best practices and experiences, the next phase of the programme will include collaborative agency arrangements which is not expected to start until the new year due to current work pressures. The first part would be to determine service levels we expect from framework owners and regional management of the agencies along with standard pay rates.
- Temporary staff are currently supporting the additional services which have been established due to COVID. (Fit testing, staff swabbing, Vaccine centre, etc.)
- The expansion of the capacity over the winter months for nursing has been implemented and to date is working to deliver the requirements. Data for phase 3 of the schemes will not be available until mid-January, but early indications that the shift fill is remaining constant while dealing with the ever changing demand levels.
- Increase in hourly rates to £30 per hour for Registered Nurses working in the flexible pool along with balancing of pay rates for registered nurses.
- Proposed use of overtime to work additional shifts if it would suit an employees personal circumstances better and create extra capacity.
- At the current times, the agency and bank market should not be relied upon as a reliable source of additional resources, this is applicable to all staff groups.

The graphs below support the accompanying text.



## Analysis

- StatMan training is marginally up on last month (81.4% in M8 from 81.1% in M7). Corporate continues to show improvement, up by 1% on M7.
- Covid has diverted attention from staff and managers and this is demonstrated in the graph above.
- Those data points in orange are those of concern i.e. lie near the lower process limit (Jun&Jul20) or fall outside the process limits.
- Current STAM completion rates are in excess of the mean average rates (79.6%), however require improvement if the KPI of 85% is to be met.
- All courses with exception of Equality and Diversity and Fire and Safety fall below the KPI.
- Corporate has continued its improvement, however this has been hindered by poor performance in such areas as R&D and Hosted Services.
- The range of reported course compliance is between 52% (NHS conflict Resolution) and Fire and Safety 2 years 86%.

## Trust-wide Actions

- Consultation on the new Core Skills (StatMan) Policy
- The new My Learning Hub (eLMS) is on track for February. This will provide a much improved user interface and reporting system
- My Learning Hub implementation: weekly communications on the progress ; training has started in building capability to administer the new system and updated Policy.

## MRC

- Individual reports to line managers and requests for to follow up with non-compliant staff.
- Completion of exercise to validate line manager and return to L&D team.
- Weekly reminder to Division as part of weekly Huddle
- HR Consultants raising at Directorate meetings.
- Detailed reports of outstanding StatMan training has been issued on a personalised basis.

## CSS

- Non-compliance monthly reports are sent to the direct
- Divisional Administrator has been emailing employees directly who have courses outstanding.

## SUWON

- Each directorate has been provided with the updated reports on non-compliance.

## NOTSSCaN

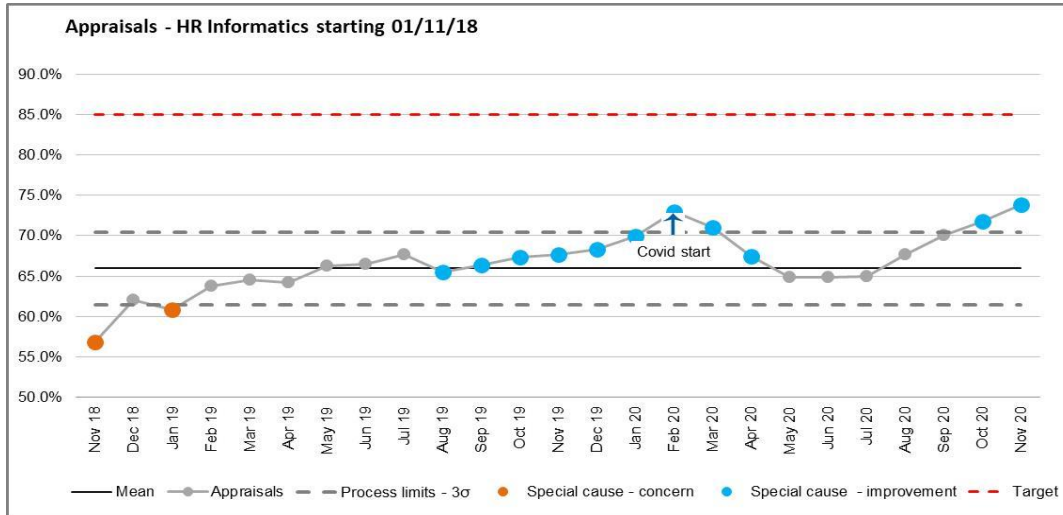
- Divisional Education Lead is working with Directorate management teams to increase compliance.
- Cleansing data for honorary contracts to help increase compliance rate

## Corporate

- A focus on directorates below target to improve significantly over the next three months and trajectories agreed with managers.
- Working with Chief Officers and Directors to cleanse data and hold teams to account.



The graphs below support the accompanying text.



## Analysis

- Appraisals compliance continues to improve with all divisions showing improvement with the exception of NOTSSCaN (-0.4%).
- The re-emergence of Covid, winter and the Christmas season could divert attention from staff and managers in the coming months.
- By staff group compliance is in the range of 67% (Admin and Clerical) to 80% in Allied Health Professionals. If Admin and Clerical is discounted the range is 74% to 80%.
- All staff groups require improvement.
- By band, compliance begins to reduce after band 6 (78%).
- When data points fall outside the process limits (grey dotted lines) these may warrant further investigation. Four data points are above the line, two of which are for the last two months. Compliance has increased since July, and continues, due to the high priority placed on improving appraisal rates.

## Actions

- Consultation on the new Values Based Appraisal (VBA) Policy and await feedback. A significant recommendation is the introduction of a three month 'Appraisal Window' to focus
- The new My Learning Hub (eLMS) is on track for February, which will improve user interface and provide a more intuitive reporting system

## MRC

- Detailed reports sent to line managers where appraisals are out of date to drive up compliance.
- Included as agenda item on Divisional Weekly Huddle.
- HR Consultants raising issue as an agenda item with Directorate teams.

## CSS

- Directorates have provided trajectories on how they are going to reach compliance by year end.

## Corporate

- Managers are being contacted regarding outstanding appraisals
- Corporate appraisals will be considered in the CEO quarterly report and will be addressed at executive team meetings

## SUWON

- All staff due an appraisal are sent an individual email to book their appraisal with their line manager.
- Managers receive monthly reports of outstanding appraisals, and clear trajectories have been provided to the directorates to achieve the target.
- Additional VBA training has been delivered in M8
- Leadership courses for 14 SUWON managers were successfully delivered in M8

## NOTSSCaN

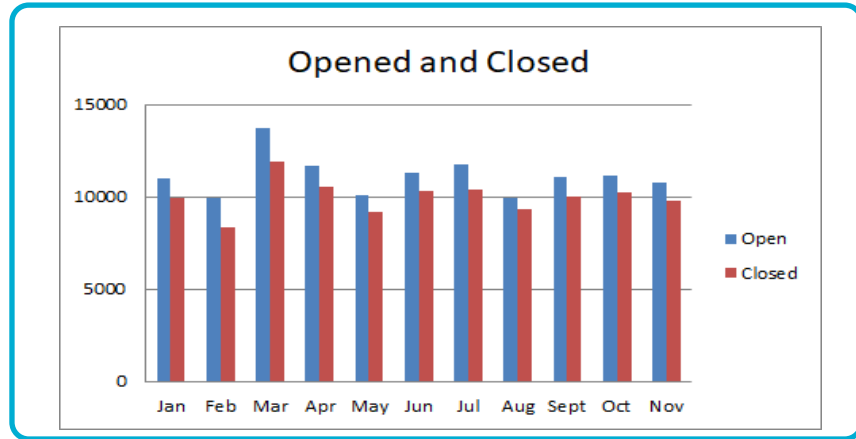
- Virtual Value Based Appraisal individual coaching and team based training sessions are ongoing.
- Reminders are being sent to areas with low compliance rates. Continuously low compliance areas are being escalated to Directorate Leadership Teams.
- Non-compliant appraisers have been provided with a newly developed guide to completing a meaningful appraisal virtually.

# 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 since January.



## OUH Priority 1 Incidents

Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov
4	0	2	0	2	0	1	2	1	2	1

Date	Issue	Resolution
27/11/2020	Network outage Short Stay Ward JR 3rd occurrence in 7 weeks Logged in Ulysses: 224839	On-site building work again disrupted power supply.

Priority	Total OUH calls logged in November	Total OUH calls closed in November
1	1	1
2	20	17
3	1505	1408
4	2978	2823
5	5795	5155
Total	10382	9461

### Cyber Highlights:

Overall Cyber status **Green**

- 135.1TB of internet traffic use, up 19.2TB on October 2020
- Highest monthly internet usage of the year to date.
- DSPT submitted to NHS Digital
- DSPT Improvement Action plan being drafted
- Penetration tests findings remediation in progress.

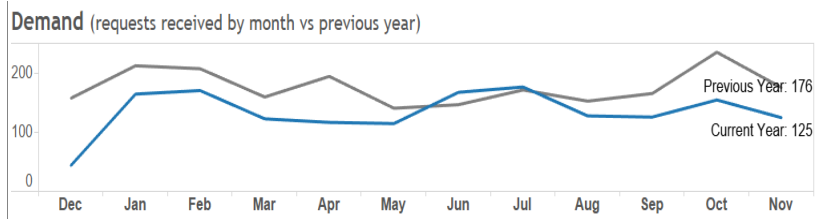
### Cyber Management

	Month of November	Year to date
CareCerts received	24	272
Virus blocked	159	4,365
Intrusions blocked	1,245	68,925
SPAM blocked	437,825	3,789,054
Devices monitored	12,143	-
Servers monitored	744	-

## Risks, Issues and Challenges

The three key risks to maintaining a professional level of service are staffing levels, availability of equipment to address clinically aligned change and break-fix.

## Information request Service

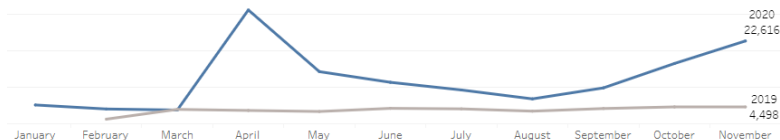


1.1 The demand on the Info request service for November '20 is significantly lower than in the previous year. The requests that are received are more complex and this has also led to a decrease in the number of requests that are resolved within 2 working days 31%.

1.2. User feedback on the timeliness, usefulness and overall experience of the service remains largely positive at 92% for November 2020.

### ORBIT+

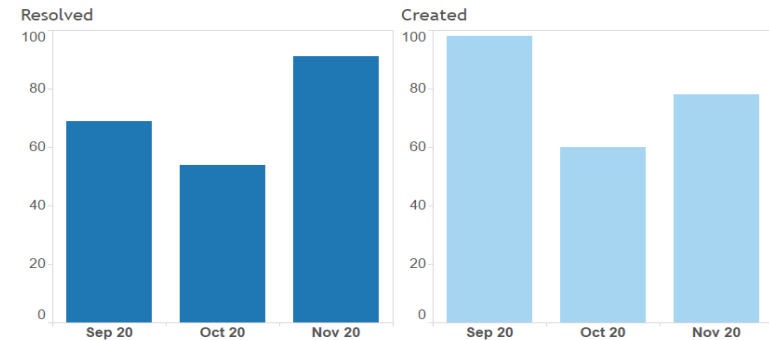
Access to views increased from 4498 in November '19 to 22616 in November '20.



### ORBIT Clinics & ORBIT Explorer Training

ORBIT Clinics have resumed again using Microsoft Teams. ORBIT Explorer training has also resumed and the backlog of training requests are being addressed.

## Other Demands



### Current development priorities

- E-review submission
- MSDS dataset
- Reporting Support for IPR
- Cancer Reporting on ORBIT+
- RTT Tracker

### Notable Pressures

- RTT Data quality issues
- Changes to Daily situation reports
- E-review programme support
- Support for letter generation (DBS tracing)

## Going Digital (our patients, our people, our populations)

OUH is committed to delivering compassionate excellence and Digital by Default is one of five Trust strategic themes to meet this objective. Project SHAPE (Strategic Objectives, High Quality, Architecture, Principles and Excellence) will deliver: the highest digital patient safety standard for the Trust (HIMSS Stage 7 - Healthcare Information and Management Systems Society) improving outcomes and experiences for our patients; population health management will ensure the BOB ICS integrates care and shares patient stories informing early interventions keeping people well at home; and enhancing digital experience for staff by easy to use accessible systems on secure fast reliable networks to increase time to care for patients.

### Progress – AMBER

- **GREEN** will be attained in Feb21 when contracts and the programme are re-based, identifying and mitigating exceptions to the current plan.
- 94 COVID-19 related enhancements applied to the EPR including: Home testing for elective patients, Occupational health screening, Clerking PowerNote, Pandemic Core Nursing Care Plan, and clinical pool messaging for ICU referrals. 750 optimisation changes delivered in 2020 (25% more than 2019)
- Maternity Antenatal Booking is live, protecting £2m CNST cost reduction for safe process
- Virtual Clinics for patients, Live use of Population Health and patient access to Portal, Staff remote working and adoption of Teams, Virtual Executive Briefings and Annual Public Meetings.

### Benefits

- Staff can continue high quality safe care for patients remotely with real time access to patient records and virtual team working
- Trust and GP records are shared through Health Information Exchange.
- COVID-19 pressures: physical spaces and clinical pathways are quickly reconfigured & expanded for on and off-site services.
- Streamlined COVID Secure process to issue smartcards for system access.
- Reporting and dashboards for OUH clinical operations & the BOB ICS System (such as SitReps) are rapidly developed
- Medical history data are available to research

### Forward Look

- NEWS2 will go live in Jan21.
- Population Health (HealthIntent) is proven in live service can recommence when commercials are finalised.
- Health For Me (Patient Portal) and Dr Doctor rollout to improve patient access to their record and reduce paper letters.
- Delivery of Theatres Anaesthesia and BMDI (component of HIMSS Stage 7) will slip from Jun21 to Sep21 (subject to Feb21 re-base)
- Outstanding financial cases to deliver NOC & Trust wide HIMSS Stage 7 safety and quality may not be completed in 2020-21 (subject to Feb21 re-base)

## Risks, Issues and Challenges

**Issue:** Trust response to 2nd wave COVID-19 including the vaccination hub consumes people, equipment, and space planned for improvements in secure reliable easy to use digital tools to free time to care. **Risk:** commercial arrangements limit recruitment of people (& purchase of equipment & services) to maintain and improve digital tools in the short term and achieve HIMSS Stage 7 quality & safety standards in the medium term towards CQC Outstanding. Project SHAPE mitigates in the medium term. **Risk:** scope creep dilutes digital work to maintain, enhance and increase digital capability for the most important Trust priorities (delaying progress towards improved quality and safety, & increasing Trust cost base). Mitigation is Digital Oversight Group.

## Opportunities

We can capitalise on innovations and new models of working accelerated by BOB ICS COVID-19 responses, further developing virtual and physical collaborative platforms for: secure reliable easy to use digital clinical operational tools; rapid improvements; and new impactful interoperable digital capability. Adopting technology we already have, improving it, and delivering important new digital capability can improve safety and effectiveness of care for our patients while releasing more clinical time to care and help us better manage the right activity by reducing duplication, automating, and streamlining

## HIMSS Programme Board Summary

Achieving HIMSS (Healthcare Information and Management Systems Society) Stage 7 across the Trust will deliver the highest digital safety standard for patient care. Delivery of the Digital by Default Trust strategic theme will eliminate paper-electronic hybrid working risks to patients, and Trust accreditation at HIMSS Stages 6 and 7 standards will help track OUH progress towards delivering CQC outstanding levels of patient safety and care. Accreditation also delivers OUH Global Digital Exemplar commitments to NHS Digital. Learning from HIMSS accreditations at stages 6 and 7 for the NOC Site will be taken into a successful Trust wide rollout. Only one Trust in England has attained HIMSS Stage 7 standards (Cambridge University Hospitals NHS Foundation Trust in October 2020).

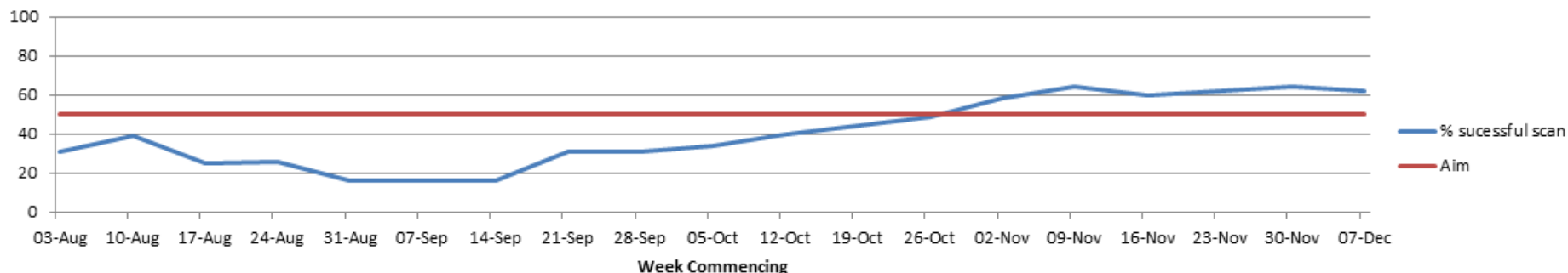
### Progress (HIMSS 6 & 7) – AMBER

- HIMSS Stage 6 accreditation for quality and safety was achieved in November 2020 at the NOC (including OCE) reflecting excellent care provided by clinical staff and a focused investment in Digital for front line staff.
- A 'Perfect Digital Week' exercise was run from 26<sup>th</sup> Oct to 1<sup>st</sup> Nov20 with a dedicated on-site team and detail reporting to unearth remaining root causes of PDID scanning rates including: Drug labelling and reliability of Digital infrastructure and devices impacting clinical workflow
- NOC HIMSS Stage 7 is planned for Jun 2021 and Trust wide HIMSS Stage 7 by June 2022. **GREEN** will be attained in Feb21 when contracts and the programme are re-based, identifying and mitigating exceptions to the current plan.

### Forward Look (Lessons from HIMSS Stage 6 - NOC)

- Closed loop calls will reduce interruption to clinical workflow. Call analysis capability will reduce search time to fix & prevent failures.
- Increase responsiveness of the existing support model by holding a wider variety of stock for 'hot swap' of failed equipment.
- Extending training and support in clinical workflows, and optimising workflows to match circumstances in different clinical environments will improve ease of use for Digital tools and devices
- Continue to: add new drugs to catalogue and improve the process to manage Patients Own Drugs not currently recognised; reduce obscured package barcodes covered by subsequent labelling; roll out drug package Label Duplicators for non-bar coded doses in blister packs, vials, and by pots

PDID rates at the NOC



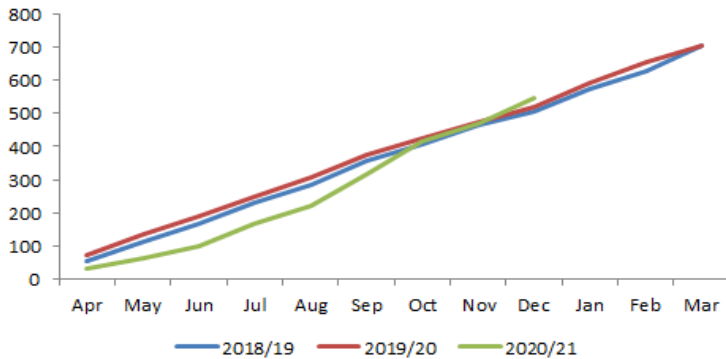
### Risks, Issues, Challenges, and Opportunities

Risks, issues, challenges, and opportunities are common with those faced by Going Digital.

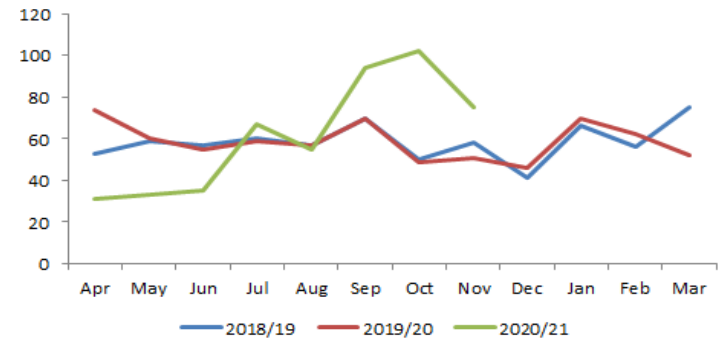
## Freedom of Information (FOI)

There were 75 open FOI requests during November 2020, which is an increase of 24 on 51 open requests received during November of 2019. The compliance rate for closure of FOI requests within 20 working days during November 2020 was 49% as compared to 63% in November 2019. The number of FOIs received has increased by an average of 20%. This increase along with work preparing for a no deal EU withdrawal has put additional pressure on the department which has impacted on the department's ability to close FOI requests within the statutory time-frame.

Requests (Cummulative)



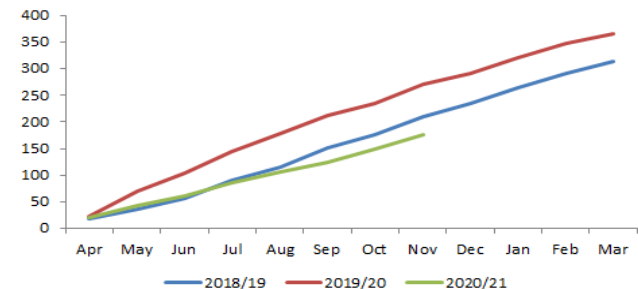
Received FOIs



## 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 NHS Digital. 27 data protection incidents were reported on Ulysses in November 2020, which is a reduction compared to November of 2019 when 36 incidents were reported. No incidents were reported to NHS Digital in September 2020.

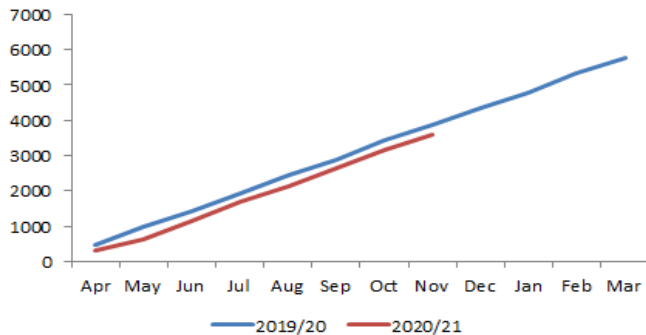
Data Protection Breaches (Cummulative)



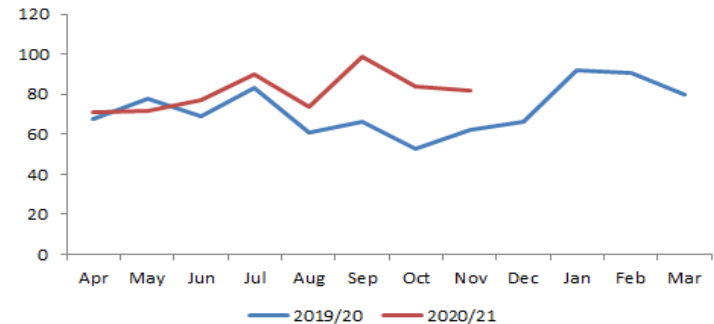
## Data Subject Access Requests (DSAR)

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, PACS, SAR, Security Teams and the Sexual Health department. No data was received for November 2020 from the Occupational Health department.

**Requests (Cumulative)**



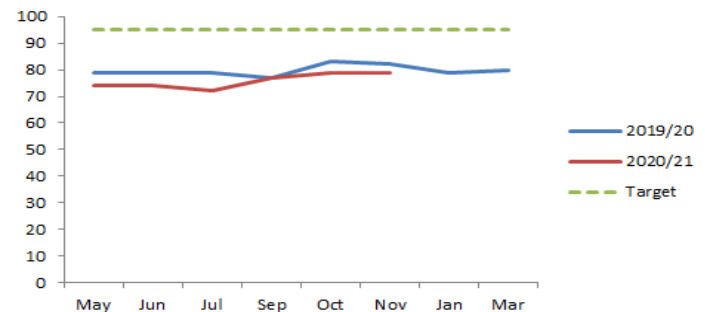
**DSAR % Compliance**



## Data Security and Protection Training

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff need to complete Data Security training annually. Training compliance rates have remained static over the past few months and are currently at 79%. It is estimated that there is a 12% discrepancy between reported and actual training compliance due to system data quality. Actual training compliance is believed to be around 91%. The introduction of the Totara e-learning system in April 2021 will make it easier to cleanse data and should make reporting more reflective of actual compliance.

**Data Security Training %**



## Data Security & Protection Toolkit (DSPT)

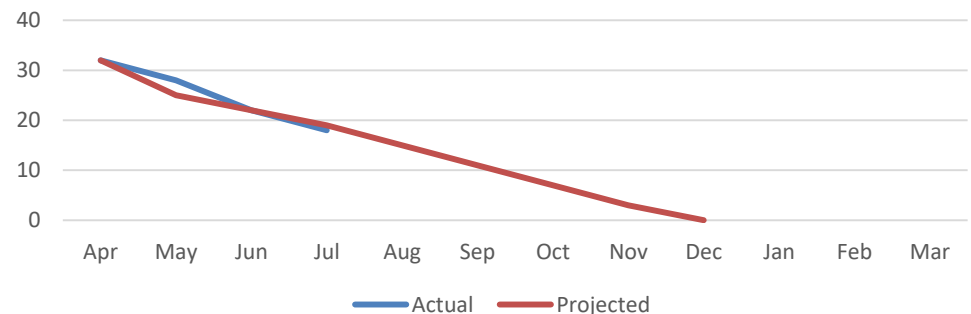
The DSPT self-assessment tool was introduced in April 2018, and replaced the previous Information Governance Toolkit assurance framework. The new Toolkit was developed following Dame Fiona Caldicott's review: *Data Security, Consent and Opt-outs*, which was published in 2016. More emphasis is placed on ensuring that data is digitally more secure and protected from threat. The Trust submitted its Toolkit return on the 30<sup>th</sup> September 2020 and achieved a rating of 'standards not fully met'. An improvement plan has been agreed with NHS Digital. Two actions are due to be completed beyond their current target completion date of the 31st December 2020. This is due to the diversion of resources within the Information Governance department toward preparing for a no deal EU withdrawal and resourcing within the Cyber Security department.

## Opportunities

The Trust has been preparing for a "No deal Brexit". Data flows have been reviewed to ascertain those where data flows from the EU to the UK. Suppliers have been written to seeking assurance that data flows to the Trust will not be interrupted on the 1st January 2021. This work has re-highlighted the need for additional resource to continually manage contracts where data is processed to ensure that all contracts are registered, data flows are reviewed and contracts contain the correct clauses. A plan has been developed to manage this going forward and is awaiting review by the Chief Information and Partnerships Officer.

## Audit Recommendation Tracking

Progress on audit recommendations are on track against the plan agreed by July audit committee



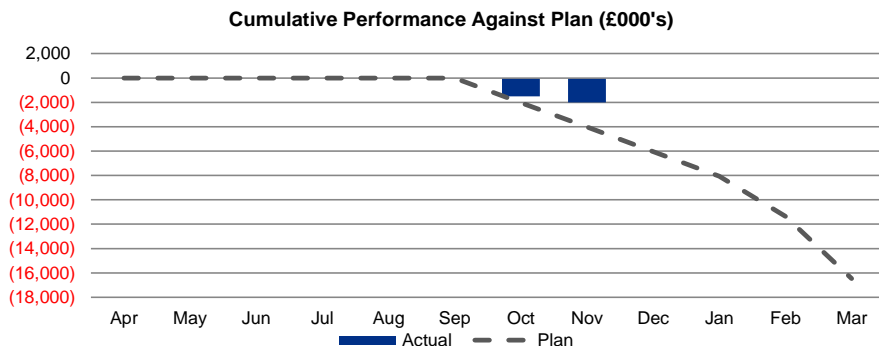


# Finance, Procurement and Contracting

# Financial Performance Report M8

## Summary from M8 (November 2020)

### Income & Expenditure - Performance Versus Plan

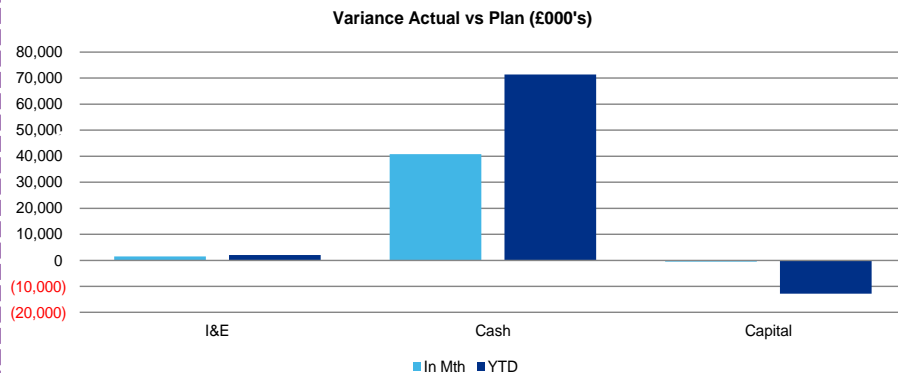


### Income & Expenditure - Summary

Retained surplus / (deficit) at Month 8 £000's	Annual Plan	YTD		Var.
		Plan	Actual	
<b>Recurrent EBITDA</b>	<b>40,315</b>	<b>34,028</b>	<b>36,064</b>	<b>2,035</b>
% EBITDA	3.38%	4.33%	4.44%	7.58%
<b>Planned EBITDA</b>	<b>40,315</b>	<b>34,028</b>	<b>36,064</b>	<b>2,035</b>
Non-operating items	(56,876)	(38,198)	(39,265)	(1,066)
<b>Retained surplus / (deficit) before technical adjs.</b>	<b>(16,561)</b>	<b>(4,170)</b>	<b>(3,201)</b>	<b>969</b>
Technical adjs.*	(103)	(137)	(1,200)	(1,063)
<b>Surplus / (deficit) as reported to NHSI</b>	<b>(16,458)</b>	<b>(4,033)</b>	<b>(2,001)</b>	<b>2,032</b>

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

### Performance Against Key Financial Indicators



I & E Subjective £000's	IN MONTH 8				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
<b>Income</b>									
Commissioning Income	88,036	86,291	(1,745)	-2.0%	546,083	540,299	(5,784)	-1.1%	855,500
Other Income	(705)	414	1,119	158.7%	146,193	170,081	23,889	16.3%	197,244
Passthrough Drugs & Devices	11,411	12,601	1,190	10.4%	91,289	96,051	4,763	5.2%	136,934
PP, Overseas and RTA Income	604	676	72	12.0%	2,167	6,141	3,973	183.3%	4,583
<b>Total Income</b>	<b>99,346</b>	<b>99,983</b>	<b>637</b>	<b>0.6%</b>	<b>785,732</b>	<b>812,572</b>	<b>26,840</b>	<b>3.4%</b>	<b>1,194,261</b>
<b>Pay</b>									
Consultants and Medics	(17,893)	(17,462)	431	2.4%	(151,817)	(159,383)	(7,566)	-5.0%	(233,528)
Health Care Assistants & Support	(6,664)	(5,485)	1,179	17.7%	(43,207)	(44,363)	(1,156)	-2.7%	(68,955)
Nurse and Midwives	(17,232)	(17,069)	163	0.9%	(131,561)	(131,502)	59	0.0%	(201,784)
Other Staff	(9,153)	(9,515)	(362)	-4.0%	(76,365)	(76,727)	(362)	-0.5%	(114,469)
Scientific, Thec., Therapeutic	(8,818)	(8,777)	41	0.5%	(67,032)	(68,610)	(1,578)	-2.4%	(103,148)
<b>Total Pay</b>	<b>(59,759)</b>	<b>(58,308)</b>	<b>1,451</b>	<b>2.4%</b>	<b>(469,981)</b>	<b>(480,584)</b>	<b>(10,603)</b>	<b>-2.3%</b>	<b>(721,884)</b>
<b>Non-Pay</b>									
Clinical negligence	(2,718)	(2,721)	(3)	-0.1%	(22,389)	(21,764)	625	2.8%	(33,262)
Clinical Supplies & Services	(9,285)	(10,086)	(801)	-8.6%	(76,366)	(70,501)	5,866	7.7%	(113,805)
Passthrough Drugs & Devices	(11,470)	(12,601)	(1,131)	-9.9%	(91,462)	(96,051)	(4,589)	-5.0%	(137,344)
Drugs	(687)	693	1,380	201.0%	313	(559)	(872)	-278.4%	(2,433)
General Supplies & Services	(734)	149	884	120.3%	(3,021)	(14,498)	(11,477)	-379.9%	(5,961)
Internal Recharges	(20)	0	20	100.2%	(53)	0	53	100.2%	(139)
Premises & Fixed Plant	(6,970)	(6,795)	175	2.5%	(55,020)	(57,578)	(2,558)	-4.6%	(83,024)
Other Expenditure	(5,040)	(6,059)	(1,019)	-20.2%	(33,724)	(34,974)	(1,249)	-3.7%	(56,095)
<b>Total Non-Pay</b>	<b>(36,925)</b>	<b>(37,420)</b>	<b>(495)</b>	<b>-1.3%</b>	<b>(281,723)</b>	<b>(295,924)</b>	<b>(14,202)</b>	<b>-5.0%</b>	<b>(432,062)</b>
<b>Operational EBITDA</b>	<b>2,662</b>	<b>4,255</b>	<b>1,593</b>	<b>59.8%</b>	<b>34,028</b>	<b>36,064</b>	<b>2,035</b>	<b>6.0%</b>	<b>40,315</b>
<b>Non-EBITDA (Excl Tech Adj)</b>	<b>(4,678)</b>	<b>(4,741)</b>	<b>(63)</b>	<b>-1.3%</b>	<b>(38,061)</b>	<b>(38,064)</b>	<b>(3)</b>	<b>0.0%</b>	<b>(56,773)</b>
<b>Operational Surplus / (Deficit)</b>	<b>(2,016)</b>	<b>(487)</b>	<b>1,529</b>	<b>75.9%</b>	<b>(4,033)</b>	<b>(2,001)</b>	<b>2,032</b>	<b>50.4%</b>	<b>(16,458)</b>

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

## Income

- Commissioning income, including pass through, is £1.0m lower than plan to date. Block payments for the second half of the year have been revised to exclude some pass through drugs that will be paid on a cost and volume basis.
- Other income to date is greater than plan from COVID-19 cost recovery of £43.1m (COVID-19 is included in the income plan from October onwards, but had no plan before October).
- PP, Overseas and RTA estimates in the emergency budget were prudent. Actual income recovery was £4.0m higher year to date.

## Pay

- Pay is £10.6m worse than plan year to date because COVID-19 costs incurred of £18.7m were greater than the underlying reduction in temporary staffing (COVID-19 costs budgeted October onwards).

## Non-Pay

- Non-pay is £14.2m worse than plan year to date because of incremental COVID-19 costs, £24.4m, including £12.8m of directly sourced PPE, were not budgeted for in the emergency budget (COVID-19 costs budgeted October onwards), offset by lower clinical supplies spend due to lower activity.

I & E Subjective £000's	IN MONTH 8 - ACTUAL					YEAR TO DATE - ACTUAL				
	Excl R&D & COVID	R&D	COVID IN ENV	COVID OUT ENV	Total	Excl R&D & COVID	R&D	COVID IN ENV	COVID OUT ENV	Total
<b>Income</b>										
Commissioning Income	82,457	0	3,834	0	86,291	532,632	0	7,667	0	540,299
Other Income	(5,297)	3,929	(36)	1,818	414	92,655	30,770	44,249	2,407	170,081
Passthrough Drugs & Devices	12,601	0	0	0	12,601	96,051	0	0	0	96,051
PP, Overseas and RTA Income	676	0	0	0	676	7,656	0	(1,516)	0	6,141
<b>Total Income</b>	<b>90,438</b>	<b>3,929</b>	<b>3,797</b>	<b>1,818</b>	<b>99,983</b>	<b>728,995</b>	<b>30,770</b>	<b>50,400</b>	<b>2,407</b>	<b>812,572</b>
<b>Pay</b>										
Consultants and Medics	(16,637)	(389)	(435)	0	(17,462)	(147,743)	(3,877)	(7,762)	0	(159,383)
Health Care Assistants & Support	(5,240)	(29)	(200)	(16)	(5,485)	(40,096)	(181)	(4,048)	(37)	(44,363)
Nurse and Midwives	(15,153)	(920)	(996)	(0)	(17,069)	(116,875)	(7,412)	(7,215)	(0)	(131,502)
Other Staff	(8,680)	(771)	(64)	0	(9,515)	(69,274)	(6,539)	(948)	34	(76,727)
Scientific, Thec., Therapeutic	(7,438)	(1,126)	(182)	(31)	(8,777)	(58,616)	(7,735)	(2,176)	(83)	(68,610)
<b>Total Pay</b>	<b>(53,148)</b>	<b>(3,235)</b>	<b>(1,878)</b>	<b>(47)</b>	<b>(58,308)</b>	<b>(432,605)</b>	<b>(25,744)</b>	<b>(22,149)</b>	<b>(86)</b>	<b>(480,584)</b>
<b>Non-Pay</b>										
Clinical negligence	(2,721)	0	0	0	(2,721)	(21,764)	0	0	0	(21,764)
Clinical Supplies & Services	(7,497)	(389)	(238)	(1,963)	(10,086)	(58,630)	(1,140)	(8,598)	(2,133)	(70,501)
Passthrough Drugs & Devices	(12,611)	0	10	0	(12,601)	(96,015)	0	(36)	0	(96,051)
Drugs	778	0	(85)	0	693	319	(2)	(876)	0	(559)
General Supplies & Services	207	(12)	(46)	0	149	(1,585)	(19)	(12,894)	0	(14,498)
Internal Recharges	208	(202)	(6)	(0)	0	1,624	(1,476)	(148)	(0)	0
Premises & Fixed Plant	(6,522)	(48)	(214)	(11)	(6,795)	(54,344)	(402)	(2,821)	(11)	(57,578)
Other Expenditure	(5,241)	(286)	(532)	(0)	(6,059)	(30,155)	(2,622)	(2,334)	138	(34,974)
<b>Total Non-Pay</b>	<b>(33,397)</b>	<b>(938)</b>	<b>(1,111)</b>	<b>(1,974)</b>	<b>(37,420)</b>	<b>(260,550)</b>	<b>(5,662)</b>	<b>(27,706)</b>	<b>(2,006)</b>	<b>(295,924)</b>
<b>Operational EBITDA</b>	<b>3,892</b>	<b>(243)</b>	<b>809</b>	<b>(203)</b>	<b>4,255</b>	<b>35,839</b>	<b>(636)</b>	<b>544</b>	<b>315</b>	<b>36,064</b>
<b>Non-EBITDA (Excl Tech Adj)</b>	<b>(4,741)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(4,741)</b>	<b>(38,064)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(38,064)</b>
<b>Operational Surplus / (Deficit)</b>	<b>(849)</b>	<b>(243)</b>	<b>809</b>	<b>(203)</b>	<b>(487)</b>	<b>(2,225)</b>	<b>(636)</b>	<b>544</b>	<b>315</b>	<b>(2,001)</b>

Source: Finance Ledger

- Year to date in-envelope COVID-19 costs total £49.9m, with £3.0m expenditure in November. The Phase 3 (M7-12) plan includes £3.8m a month for COVID-19 costs funded from the ICS. Compared to October, pay costs have increased by £0.3m to £1.9m and non-pay costs have reduced by £0.5m to £1.1m. In-envelope virus testing costs reduced by £0.5m in November compared to October.
- A further £1.8m of income has been accrued in November to be reimbursed for national outside-of-envelope national COVID-19 testing costs. This is £1.5m higher than plan.
- Recovery costs included in the core I&E in November were £0.6m compared to a plan of £1.6m. Of the £1.0m underspend compared to plan, £0.8m is on pay costs and £0.2m is on non-pay costs. The pay underspend was against the remaining central budget reserve this month rather than against clinical divisions which were broadly on plan. Expenditure on recovery is expected to increase between now and March.
- R&D had a deficit of £0.2m in month, equivalent to the loss on commercial trials activity.

Template Categories (£000s)	October			November			YTD			Movement	NHSEI view trajectory
	Pay	Non-Pay	Total	Pay	Non-Pay	Total	Pay	Non-Pay	Total		
COVID-19 testing - Outside Envelope	0	0	0	156	0	156	156	0	156	156	↑
Expanding medical / nursing / other workforce	686	0	686	801	0	801	8,304	0	8,304	115	↑
Sick pay at full pay (all staff types)	0	0	0	0	0	0	0	0	0	0	↔
COVID-19 virus testing (NHS laboratories) - In Envelope	0	817	817	0	334	334	0	4,608	4,608	(483)	↓
COVID-19 virus testing- rt-PCR virus testing - Outside Envelope	0	598	598	0	1,625	1,625	0	2,223	2,223	1,027	↑
Remote management of patients	0	0	0	0	23	23	0	243	243	23	↑
Support for stay at home models	0	0	0	0	0	0	0	27	27	0	↔
Direct Provision of Isolation Pod	0	0	0	0	0	0	0	16	16	0	↔
Plans to release bed capacity	0	0	0	0	0	0	0	82	82	0	↔
Increase ITU capacity	0	478	478	0	249	249	0	4,062	4,062	(229)	↓
Segregation of patient pathways	0	87	87	0	71	71	0	1,689	1,689	(17)	↓
Existing workforce additional shifts	355	0	355	434	0	434	6,099	0	6,099	79	↑
Decontamination	0	53	53	0	532	532	0	1,573	1,573	479	↑
Internal and external communication costs	0	2	2	0	5	5	0	129	129	3	↔
Backfill for higher sickness absence	529	0	529	535	0	535	7,677	0	7,677	6	↑
Remote working for non patient activities	0	(3)	(3)	0	13	13	0	1,097	1,097	16	↑
National procurement areas - PPE	0	68	68	0	134	134	0	13,048	13,048	66	↑
PPE - Other Associated Costs	0	106	106	0	30	30	0	136	136	(76)	↓
National procurement areas - Staff accommodation	0	38	38	0	59	59	0	602	602	21	↑
PPN and other support to suppliers	0	0	0	0	71	71	0	71	71	71	↑
Other	0	3	3	0	(73)	(73)	0	106	106	(76)	↓
Balance to reported NHSEI reported position	0	0	0	0	0	0	0	0	0	0	
<b>Total</b>	<b>1,570</b>	<b>2,248</b>	<b>3,818</b>	<b>1,926</b>	<b>3,072</b>	<b>4,998</b>	<b>22,236</b>	<b>29,712</b>	<b>51,948</b>	<b>1,180</b>	

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 £0.5m less than plan in November
  - Non-pay costs £1.4m higher than plan for November
  - Income for national testing £1.5m more than plan
- Year to date in-envelope COVID-19 costs total £49.9m, with £3.0m in November. The Phase 3 (M7-12) plan includes £3.8m a month for COVID-19 costs funded from the ICS. Compared to October, pay costs have increased by £0.3m to £1.9m and non-pay costs have reduced by £0.5m to £1.1m. In-envelope virus testing costs reduced by £0.5m in November compared to October.
- A further £1.8m of income has been accrued in November, based on activity levels, to be reimbursed for national outside-of-envelope national COVID-19 testing costs. This is £1.5m higher than plan.

Divisional Overview £000's	IN MONTH 8				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
Income	6,471	6,153	(318)	-4.9%	50,792	50,291	(501)	-1.0%	76,189
Pay	(9,892)	(10,078)	(185)	-1.9%	(77,649)	(78,154)	(505)	-0.7%	(117,219)
Non-Pay	619	1,006	387	62.5%	7,533	8,138	605	8.0%	9,836
<b>Total CSS</b>	<b>(2,802)</b>	<b>(2,918)</b>	<b>(116)</b>	<b>-4.1%</b>	<b>(19,324)</b>	<b>(19,726)</b>	<b>(402)</b>	<b>-2.1%</b>	<b>(31,194)</b>
Income	20,757	20,184	(573)	-2.8%	165,961	166,044	83	0.1%	248,990
Pay	(12,657)	(12,637)	20	0.2%	(93,669)	(93,527)	142	0.2%	(144,382)
Non-Pay	(5,225)	(6,031)	(806)	-15.4%	(41,731)	(43,521)	(1,790)	-4.3%	(62,641)
<b>Total MRC</b>	<b>2,875</b>	<b>1,516</b>	<b>(1,359)</b>	<b>-47.3%</b>	<b>30,561</b>	<b>28,997</b>	<b>(1,564)</b>	<b>-5.1%</b>	<b>41,967</b>
Income	27,349	27,082	(267)	-1.0%	217,172	216,832	(340)	-0.2%	326,569
Pay	(14,745)	(15,131)	(387)	-2.6%	(115,319)	(115,789)	(469)	-0.4%	(174,293)
Non-Pay	(8,433)	(8,952)	(520)	-6.2%	(65,816)	(65,905)	(88)	-0.1%	(99,525)
<b>Total NOTSSCaN</b>	<b>4,172</b>	<b>2,998</b>	<b>(1,173)</b>	<b>-28.1%</b>	<b>36,037</b>	<b>35,138</b>	<b>(898)</b>	<b>-2.5%</b>	<b>52,752</b>
Income	25,891	25,855	(36)	-0.1%	208,528	208,298	(230)	-0.1%	312,091
Pay	(12,576)	(12,816)	(241)	-1.9%	(98,624)	(99,244)	(620)	-0.6%	(149,046)
Non-Pay	(9,621)	(10,630)	(1,008)	-10.5%	(75,925)	(77,624)	(1,699)	-2.2%	(114,626)
<b>Total SuWOn</b>	<b>3,694</b>	<b>2,409</b>	<b>(1,285)</b>	<b>-34.8%</b>	<b>33,979</b>	<b>31,430</b>	<b>(2,549)</b>	<b>-7.5%</b>	<b>48,420</b>
<b>Clinical Divisions</b>	<b>7,939</b>	<b>4,006</b>	<b>(3,934)</b>	<b>-49.5%</b>	<b>81,252</b>	<b>75,839</b>	<b>(5,413)</b>	<b>-6.7%</b>	<b>111,945</b>
Income	3,541	3,695	154	4.4%	45,797	45,706	(90)	-0.2%	69,940
Pay	(6,246)	(6,638)	(392)	-6.3%	(50,066)	(50,999)	(934)	-1.9%	(75,080)
Non-Pay	(14,283)	(14,267)	16	0.1%	(115,126)	(114,762)	364	0.3%	(172,478)
<b>Corporate Divisions</b>	<b>(16,988)</b>	<b>(17,210)</b>	<b>(223)</b>	<b>-1.3%</b>	<b>(119,395)</b>	<b>(120,055)</b>	<b>(660)</b>	<b>-0.6%</b>	<b>(177,618)</b>
Income	4,792	3,929	(862)	-18.0%	36,804	30,770	(6,033)	-16.4%	55,206
Pay	(3,966)	(3,235)	731	18.4%	(30,201)	(25,744)	4,457	14.8%	(45,304)
Non-Pay	(825)	(938)	(113)	-13.7%	(6,600)	(5,662)	938	14.2%	(9,901)
R&D	0	(243)	(244)		3	(636)	(638)		(0)
<b>Central &amp; Technical</b>	<b>11,710</b>	<b>17,702</b>	<b>5,992</b>	<b>51.2%</b>	<b>72,168</b>	<b>80,915</b>	<b>8,747</b>	<b>12.1%</b>	<b>105,988</b>
<b>Operational EBITDA</b>	<b>2,662</b>	<b>4,255</b>	<b>1,593</b>	<b>59.8%</b>	<b>34,028</b>	<b>36,064</b>	<b>2,035</b>	<b>6.0%</b>	<b>40,315</b>

- From October onwards, divisional positions include the budget and actual cost impact of COVID-19 and recovery costs. Clinical and third party income is no longer balanced to plan (where the offset was shown centrally). After Month 6, clinical divisions were balanced to breakeven as part of the move to the new Phase 3 plan.
- There was a £3.9m deficit to plan in the clinical divisions in November. £1.3m of this deficit is in the SUWON division, the non-pay overspend of £1.0m is driven by increased expenditure on blood products and a reduced Chemotherapy drug contribution. In MRC, the overspend is in relation to pass-through drugs, where the additional income risk is being held centrally.
- Corporate divisions had a £0.2m overspend in November due to some pay pressures.
- R&D had a deficit of £0.2m in month, equivalent to the loss on commercial trials activity. All NIHR funding received in month has been recognised. Commercial income has been recognised pro-rata based on the proportion of research studies that have restarted.
- Central and Technical divisions underspent by £6.0m in November. This is partly due to the release of a provision relating to a VAT repayment risk (£1.2m) and an associated VAT refund of £0.6m (net of advisor costs); an underspend on the central budget reserve for recovery and COVID-19 costs (£1.8m); and £0.8m released from a GRNI review.

## Income: By Source (includes COVID-19)

Income Summary £000's	IN MONTH 8			YEAR TO DATE			
	Plan	Actual	Var	Plan	Actual	Var	Var %
Block Income	75,444	75,219	-225	607,350	606,900	-450	-0.1%
Top-up Income- notified	6,849	6,849	0	49,813	49,813	0	0.0%
Top-up Income -retrospective			0	36,846	15,064	-21,782	-59.1%
COVID -19 (in envelope)	3,836	3,836	0	7,672	50,802	43,130	562.2%
COVID -19 (outside envelope)	250	1,790	1,540	500	2,379	1,879	375.8%
Other Income	12,967	12,289	-678	83,551	87,614	4,063	4.9%
<b>Total Income</b>	<b>99,346</b>	<b>99,983</b>	<b>637</b>	<b>785,732</b>	<b>812,572</b>	<b>26,840</b>	<b>3.4%</b>

Source: Finance Ledger

Category £000's	IN MONTH 8			YEAR TO DATE			
	Plan	Actual	Var	Plan	Actual	Var	Var %
Berkshire West CCG	671	595	(76)	5,404	4,409	(995)	-18%
Buckinghamshire CCG	1,806	1,833	27	14,539	12,526	(2,013)	-14%
Oxfordshire CCG	31,426	31,792	365	253,289	219,434	(33,855)	-13%
Wessex Specialised Services	33,620	34,408	788	283,564	254,690	(28,873)	-10%
Other CCGS/NCAs	10,274	8,449	(1,825)	70,666	55,459	(15,206)	-22%
Sub-total - SLAM total	77,797	77,077	(721)	627,461	546,519	(80,942)	-13%
Other Central Adjustments(B2L)	21,650	21,816	165	9,912	89,831	79,920	806%
<b>Total Commissioning Income</b>	<b>99,447</b>	<b>98,892</b>	<b>(555)</b>	<b>637,372</b>	<b>636,350</b>	<b>(1,022)</b>	<b>0%</b>

Category £000's	IN MONTH 8			YEAR TO DATE			
	Plan	Actual	Var	Plan	Actual	Var	Var %
Day Cases	5,474	5,283	(191)	43,631	30,022	(13,608)	-31%
Elective	7,811	7,916	105	62,488	41,629	(20,860)	-33%
Non Elective and Births	20,940	22,417	1,477	170,316	162,579	(7,736)	-5%
A&E	2,353	1,921	(432)	19,138	14,707	(4,431)	-23%
Outpatient	11,953	11,455	(497)	95,595	75,626	(19,969)	-21%
Critical Care	4,395	4,115	(280)	35,746	30,705	(5,041)	-14%
Chemotherapy and Radiotherapy	1,608	1,467	(142)	12,868	10,490	(2,377)	-18%
Pass through Drugs and Devices	12,499	12,101	(398)	100,992	96,051	(4,940)	-5%
Other - POD Income & Central adjust	10,763	10,401	(362)	86,688	84,708	(1,980)	-2%
Sub-total - SLAM total	77,797	77,077	(721)	627,461	546,519	(80,942)	-13%
Other - Central Adjustments (B2L)	21,650	21,816	166	9,912	89,831	79,920	806%
<b>Total Commissioning Income</b>	<b>99,447</b>	<b>98,892</b>	<b>(555)</b>	<b>637,372</b>	<b>636,350</b>	<b>(1,022)</b>	<b>0%</b>

Source: SLAM

- Income is being paid for in a different way from October 2020. Payment is being made based on the following:
  - Pre-calculated block payment for commissioning and other income;
  - System-level (BOB ICS) allocation for COVID-19, top-up and recovery (growth) costs;
  - COVID-19 costs funded nationally outside of the system envelope for National Testing costs;
  - Retrospective top up for actual costs relating to some high cost drugs and devices;
  - Elective Incentive Scheme, with incentives and penalties for achieving 2019/20 elective and outpatient activity levels; and
- Systems and providers are expected to manage costs within these payments. There is no longer a payment to top-up to breakeven.
- Measured against the year to date value of the £627.5m SLAM plan, Month 8 activity priced at PbR is £80.9m (13%) lower than the block. This is in line with the Month 7 position of 15% lower.
- Payment on PbR is not being restored in the Phase 3 recovery period. Without the original Month 1-6 emergency financial regime, the Trust would have a commissioning income deficit of c£81m.

**Note: Activity and income performance by commissioner and point of delivery is not reflected in the ledger as data available after month end close. The ledger reflects the income breakdown in the top table on this page.**

**Note: In line with current guidance, no adjustment for the impact of the new Elective Incentive Scheme, which is determined by actual activity against national targets and is live from Month 6, has been made.**

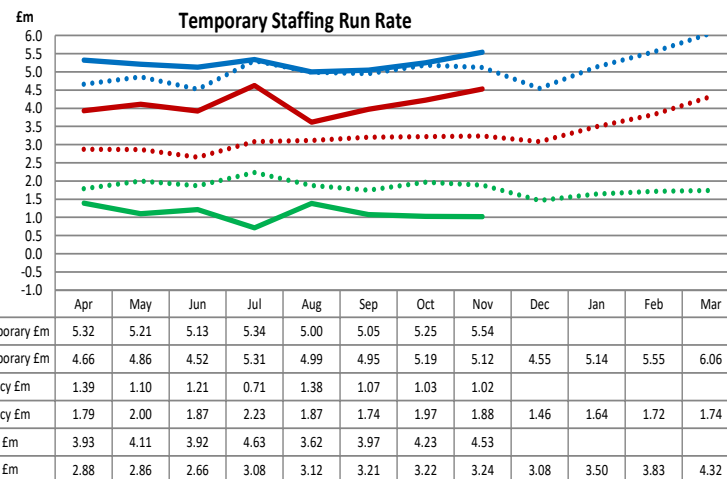
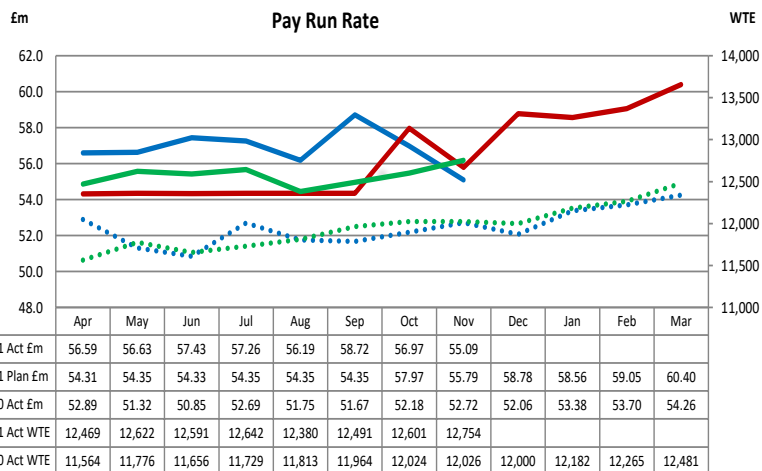


# ICS Envelope Income Comparison

ICS Envelope Income Comparison £000's	IN MONTH 8			Var Act vs		YEAR TO DATE			Var Act vs	
	ENV	Plan	Act	Env	Plan	ENV	Plan	Act	Env	Plan
Local authorities	720	650	587	(133)	(63)	1,439	1,300	1,191	(248)	(109)
Department Of Health	59	0	0	(59)	0	119	0	0	(119)	0
NHS other (including Public Health England)	15	456	373	358	(83)	29	912	456	427	(456)
Non NHS: Private Patients	561	331	483	(78)	152	1,122	662	1,276	153	614
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient)	251	102	107	(144)	5	502	204	156	(346)	(48)
Injury Cost Recovery Scheme	211	171	86	(125)	(85)	422	342	346	(76)	4
Non NHS: Other	198	0	0	(198)	0	396	0	0	(396)	0
Research and development (both IFRS 15 and non-IFRS 15 income)	4,500	4,477	3,916	(584)	(561)	8,999	8,566	7,511	(1,488)	(1,055)
Education and Training	4,464	3,579	3,880	(584)	301	8,928	7,158	7,305	(1,622)	147
Donations of physical assets and peppercorn leases (non-cash)	20	0	0	(20)	0	39	0	0	(39)	0
Cash Donations / Grants For The Purchase Of Capital Assets	13	80	27	15	(53)	25	160	49	24	(111)
Charitable and Other Contributions To Expenditure	40	12	18	(23)	6	81	24	21	(60)	(3)
Non-Patient Care Services To Other WGA Bodies	1,836	1,331	1,319	(516)	(12)	3,671	2,662	2,610	(1,061)	(52)
Non-Patient Care Services To Other Non WGA Bodies	82	761	822	740	61	164	1,476	2,087	1,923	611
Income In Respect Of Employee Benefits Accounted On A Gross Basis	816	866	857	41	(9)	1,631	1,733	1,613	(18)	(120)
Rental Revenue From Operating Leases	196	161	148	(49)	(13)	393	322	311	(82)	(11)
Car Parking Income	250	188	125	(125)	(63)	501	376	271	(230)	(105)
Catering	13	1	0	(13)	(1)	27	2	1	(26)	(1)
Pharmacy Sales	14	9	38	24	29	28	18	56	28	38
Property Rental (Not Lease Income)	0	0	0	0	0	0	0	0	0	0
Staff Accommodation Rental	0	2	2	2	0	0	4	4	4	0
Other income not covered by table 2 and the other rows in table 3	1,070	(1,663)	(1,819)	(2,889)	(155)	2,141	(786)	(907)	(3,048)	(121)
<b>Total Income</b>	<b>15,329</b>	<b>11,514</b>	<b>10,970</b>	<b>(4,359)</b>	<b>(544)</b>	<b>30,657</b>	<b>25,135</b>	<b>24,357</b>	<b>(6,300)</b>	<b>(778)</b>
<b>R&amp;D Surplus / (Deficit)</b>	<b>0</b>	<b>0</b>	<b>(243)</b>	<b>(243)</b>	<b>(244)</b>	<b>0</b>	<b>3</b>	<b>(636)</b>	<b>(636)</b>	<b>(638)</b>
<b>Total Envelope Position</b>	<b>15,329</b>	<b>11,515</b>	<b>10,727</b>	<b>(4,602)</b>	<b>(788)</b>	<b>30,657</b>	<b>25,138</b>	<b>23,721</b>	<b>(6,936)</b>	<b>(1,416)</b>

- 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 alongside the Trust Plan for the equivalent income categories.
- In November, actual income was £4.4m lower than the envelope figure, £4.6m including the R&D deficit. Year to date, actual income is £6.3m less than the envelope figure, £6.9m including the R&D deficit. As the top-up funding was based on the Trust achieving the envelope level of income, NHSE/I may reimburse Trusts that are significantly below their envelope level.

# Pay: Run Rate Overview (Includes COVID-19)



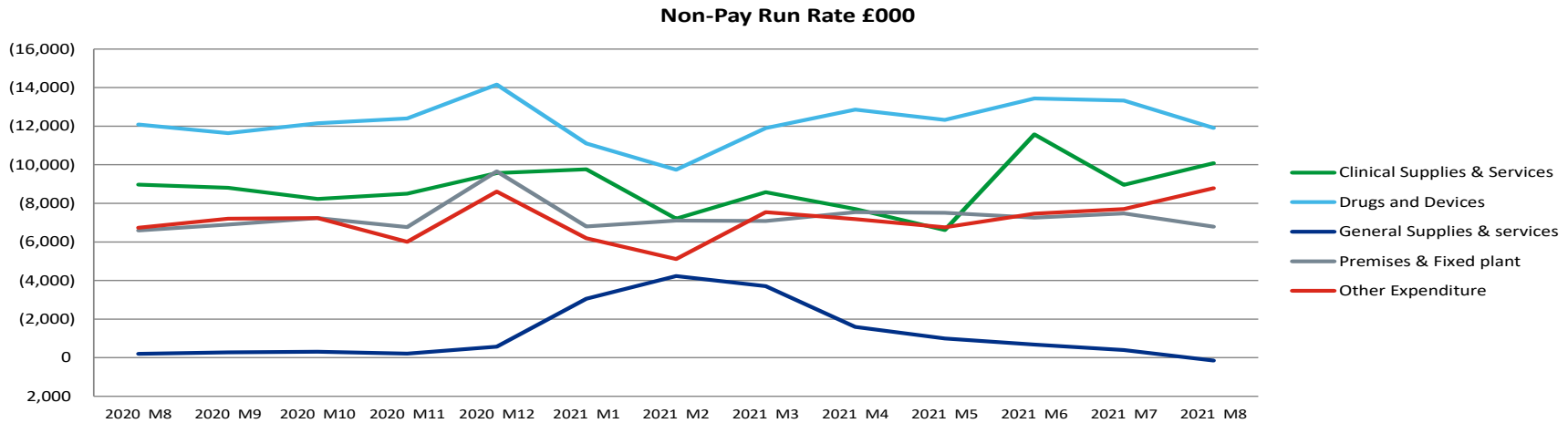
Staff Group (Incl. COVID)	2020 M8	2021 M3	2021 M4	2021 M5	2021 M6	2021 M7	2021 M8
<b>Substantive</b>							
Consultants and Medics	(18,678)	(19,510)	(19,544)	(19,063)	(21,249)	(19,175)	(16,753)
Nurse and Midwives	(13,157)	(14,102)	(13,553)	(13,759)	(13,979)	(13,980)	(14,097)
Scientific, Thec., Therapeutic	(6,851)	(7,907)	(7,818)	(7,968)	(8,294)	(8,170)	(8,262)
Health Care Assistants & Support	(4,141)	(5,122)	(5,076)	(4,650)	(4,398)	(4,513)	(4,651)
Other Staff	(8,525)	(9,079)	(8,949)	(9,136)	(9,034)	(9,115)	(9,002)
<b>Total Substantive</b>	<b>(51,351)</b>	<b>(55,719)</b>	<b>(54,939)</b>	<b>(54,576)</b>	<b>(56,953)</b>	<b>(54,953)</b>	<b>(52,765)</b>
<b>Bank</b>							
Consultants and Medics	(336)	(534)	(561)	(564)	(544)	(503)	(505)
Nurse and Midwives	(2,306)	(1,866)	(2,215)	(1,687)	(1,862)	(2,071)	(2,389)
Scientific, Thec., Therapeutic	(53)	(359)	(469)	(219)	(301)	(318)	(307)
Health Care Assistants & Support	(233)	(701)	(839)	(810)	(761)	(821)	(809)
Other Staff	(314)	(464)	(544)	(336)	(506)	(512)	(517)
<b>Total Bank</b>	<b>(3,242)</b>	<b>(3,923)</b>	<b>(4,628)</b>	<b>(3,616)</b>	<b>(3,974)</b>	<b>(4,226)</b>	<b>(4,527)</b>
<b>Agency</b>							
Consultants and Medics	(542)	(275)	(257)	(343)	(223)	(296)	(204)
Nurse and Midwives	(702)	(507)	(211)	(582)	(472)	(478)	(583)
Scientific, Thec., Therapeutic	(443)	(325)	(251)	(328)	(288)	(224)	(207)
Health Care Assistants & Support	(20)	(2)	3	(2)	(0)	(2)	(25)
Other Staff	(181)	(102)	3	(127)	(91)	(29)	4
<b>Total Agency</b>	<b>(1,889)</b>	<b>(1,210)</b>	<b>(712)</b>	<b>(1,382)</b>	<b>(1,074)</b>	<b>(1,029)</b>	<b>(1,016)</b>
<b>Total Pay</b>	<b>(56,482)</b>	<b>(60,853)</b>	<b>(60,279)</b>	<b>(59,574)</b>	<b>(62,001)</b>	<b>(60,208)</b>	<b>(58,308)</b>

Source: Finance Ledger

- Substantive staffing costs in Month 8 are £2.2m lower than Month 7 as a result of a review of medical pay inflation costs, where an accrual of £2.5m was released, reducing in-month spend by this amount.
- Temporary staff in month expenditure was £0.3m higher than October.
- WTE increased in month by 153 to 12,754.
- COVID-19 pay costs were £1.9m in month, with the increase (£0.3m) due to increased pay costs for COVID-19 testing.
- A review of areas where additional pay spend has been requested to support operational delivery is on-going, with expected allocations of budget to support reopening capacity at higher cost due to COVID-19 related inefficiencies and operational priorities (e.g. winter pressures). Further work is ongoing to agree and deliver on headcount controls and reduction in pay run rate.

Non-Pay (Excl R&D) £000's	2020 M8	2020 M9	2020 M10	2020 M11	2020 M12	2021 M1	2021 M2	2021 M3	2021 M4	2021 M5	2021 M6	2021 M7	2021 M8
Clinical Negligence	(2,527)	(2,527)	(2,527)	(2,535)	(1,316)	(2,719)	(2,721)	(2,721)	(2,721)	(2,721)	(2,720)	(2,721)	(2,721)
Clinical Supplies & Services	(8,709)	(8,559)	(7,886)	(7,962)	(9,551)	(9,725)	(7,107)	(8,586)	(7,627)	(6,504)	(11,438)	(8,675)	(9,697)
Drugs (Excl Pass Through)	325	146	115	(1,393)	(4,197)	304	608	(516)	(73)	602	(1,822)	(352)	693
General Supplies & services	(197)	(275)	(309)	(211)	(566)	(3,055)	(4,230)	(3,702)	(1,592)	(996)	(675)	(390)	162
Internal Recharges	317	307	264	228	251	201	176	158	178	153	205	202	202
Other Expenditure	(4,086)	(4,174)	(4,510)	(3,403)	(6,312)	(3,332)	(2,278)	(4,044)	(4,156)	(3,856)	(4,196)	(4,717)	(5,773)
Passthrough Drugs & Devices	(12,450)	(11,796)	(12,268)	(11,006)	(9,954)	(11,411)	(10,354)	(11,388)	(12,785)	(12,923)	(11,613)	(12,976)	(12,601)
Premises & Fixed plant	(6,546)	(6,840)	(7,186)	(6,729)	(9,505)	(6,757)	(7,035)	(7,041)	(7,504)	(7,466)	(7,190)	(7,437)	(6,747)
<b>Total Non-Pay</b>	<b>(33,873)</b>	<b>(33,718)</b>	<b>(34,308)</b>	<b>(33,011)</b>	<b>(41,150)</b>	<b>(36,495)</b>	<b>(32,941)</b>	<b>(37,839)</b>	<b>(36,279)</b>	<b>(33,711)</b>	<b>(39,451)</b>	<b>(37,065)</b>	<b>(36,482)</b>

Source: Finance Ledger, Excludes R&D



- Non-Pay costs excluding R&D costs are £0.5m lower in November compared to October. After adjusting for the COVID-19 non-pay costs, the recovery non-pay costs and the benefit from the VAT refund and release of the VAT provision, the underlying non-pay costs have increased by £0.4m in November. This is due to increased clinical supplies and services costs compared to last month. In SUWON, Haemophilia factor blood products expenditure increased by £1.2m compared to October and in NOTSSCAN, theatres supplies expenditure increased by £0.5m compared to last month.

Capital Expenditure £000's	IN MONTH 8			YEAR TO DATE			FULL YEAR
	Forecast	Actual	Variance	Forecast	Actual	Variance	Forecast
Radiotherapy Swindon	500	1,498	998	1,600	2,513	913	5,700
JR ED Resus Redevelopment	0	0	0	2,750	2,750	0	2,750
CH Re-provision	0	2	2	185	199	14	1,000
Cath Lab	0	0	0	0	0	0	840
Renal Inpatients Relocation	130	5	(125)	178	(76)	(254)	700
Brain lab	500	0	(500)	500	0	(500)	500
JR L5 Refurbishment (ICS funding)	0	0	0	0	0	0	500
Other New Capital Projects (ICS)	148	(305)	(453)	965	666	(299)	1,573
EPR/GDE Staff	150	178	28	1,213	1,228	15	1,900
Revenue to Capital Transfers	69	264	195	1,023	1,330	307	1,300
Other Digital (ICS)	60	54	(6)	309	299	(10)	1,188
Medical Equipment	150	31	(119)	571	356	(215)	2,000
Sterile Services (equipment)	0	0	0	0	0	0	600
Cat 3 Lab	0	11	11	130	161	31	500
Other Estates (ICS)	71	(0)	(71)	217	94	(123)	500
<b>Subtotal ICS</b>	<b>1,778</b>	<b>1,739</b>	<b>(39)</b>	<b>9,641</b>	<b>9,519</b>	<b>(122)</b>	<b>21,551</b>
Critical Infrastructure Risk (CIR)	750	67	(683)	1,153	322	(831)	5,385
Diagnostic Equipment Enabling	537	975	438	1,517	1,189	(328)	3,900
JR AICU Expansion	0	45	45	0	141	141	24,000
JR L5 Emergency Care (PDC)	0	0	0	4	4	(0)	1,900
JR ED Majors Expansion (PDC)	0	506	506	61	772	711	950
HH ED Majors Expansion (PDC)	100	469	369	204	478	274	750
111 tech (PDC)	0	0	0	0	0	0	100
Diagnostic- Endoscopy scopes	0	0	0	0	0	0	1,207
Breast Screening	0	0	0	408	0	(408)	408
BOC oxygen/VE	0	0	0	0	0	0	556
<b>Subtotal Non-ICS</b>	<b>1,387</b>	<b>2,062</b>	<b>675</b>	<b>3,347</b>	<b>2,905</b>	<b>(442)</b>	<b>39,156</b>
<b>Total Capital Programme Spend [A = ICS + Non-ICS]</b>	<b>3,165</b>	<b>3,801</b>	<b>636</b>	<b>12,988</b>	<b>12,425</b>	<b>(563)</b>	<b>60,707</b>
Covid-19	248	405	157	3,882	3,166	(716)	5,780
Donations (Cash & Non-Cash)	80	27	(53)	633	521	(112)	1,500
Pathlake	0	0	0	0	0	0	15
PFI Lifecycling	810	809	(1)	6,474	6,474	(0)	19,954
<b>Total 'Outside Envelope' [B]</b>	<b>1,138</b>	<b>1,241</b>	<b>103</b>	<b>10,989</b>	<b>10,162</b>	<b>(827)</b>	<b>27,249</b>
<b>Gross Capital Spend [C = A + B]</b>	<b>4,303</b>	<b>5,042</b>	<b>739</b>	<b>23,977</b>	<b>22,586</b>	<b>(1,391)</b>	<b>87,956</b>

Because of the material changes in the capital plan, the Capital Programme from October is reported against the mid-year forecast, which was based on the actuals to September and a forecast for the remainder of the year. There is still a material level of uncertainty in year end spend due to the scale of new programmes in-year.

In relation to the May plan, gross capital spend YTD is £12.8m behind, with £6.8m due to timing of PFI life cycling, £2.4m following delays accessing the site in Swindon for Radiotherapy due to COVID-19 and £4.5m due to changes in the timetable for imaging enablement.

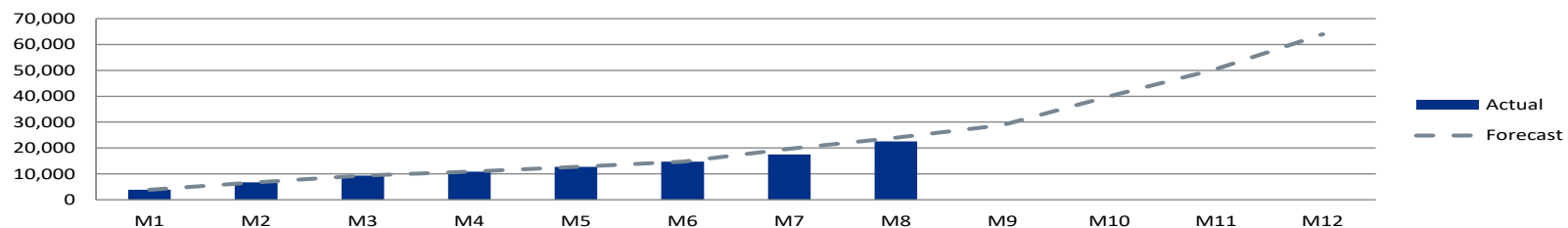
In relation to the mid-year forecast, the Capital Programme spend is £0.6m behind.

- Critical Infrastructure: £0.8m behind but there is an expectation that this programme will deliver to forecast.
- Brain Lab is £0.5m behind with forecast receipt of equipment in December; similarly Breast screening is £0.4m with delivery now expected in March.
- Radiotherapy Swindon is now £0.9m ahead of forecast following a catch up of billing.
- JR ED Resus is currently £0.7m ahead of forecast, due to forecast profiling.

Capital spend 'outside envelope' year to date is £0.8m lower than forecast due to COVID-19 capital equipment ordered but not yet delivered or receipted.

Gross capital spend in the year to November is £22.6m, £1.4m lower than the midyear forecast.

**Cumulative Performance Against Forecast (£000's)**



Statement of Financial Position £000s	MONTH 6 2021	MONTH 7 2021	MONTH 8 2021	YTD Movement
<b>Non Current Assets:</b>				
Property, Plant and Equipment	569,011	569,475	572,118	2,743
Intangible Assets	11,107	10,980	10,812	(894)
Investment Property	32,105	32,105	32,105	(175)
Other Investments	15,915	15,915	15,915	0
Trade and Other Receivables	8,459	8,669	8,343	233
<b>Total Non Current Assets</b>	<b>636,597</b>	<b>637,144</b>	<b>639,293</b>	<b>1,907</b>
<b>Current Assets:</b>				
Inventories	21,979	22,414	22,268	(357)
Trade and Other Receivables	86,386	78,947	80,501	4,094
Other Current Assets				0
Cash and Cash Equivalents	128,470	133,265	130,348	93,999
<b>Total Current Assets</b>	<b>236,835</b>	<b>234,626</b>	<b>233,117</b>	<b>97,736</b>
<b>Total ASSETS</b>	<b>873,432</b>	<b>871,770</b>	<b>872,410</b>	<b>99,643</b>
<b>Current Liabilities:</b>				
Trade and Other Payables	(253,505)	(254,090)	(257,114)	(107,942)
Provisions	(3,985)	(3,959)	(2,687)	1,459
Borrowings	(8,549)	(8,998)	(9,423)	(3,402)
Commercial Loans	(375)	(375)	(425)	(65)
<b>Total Current Liabilities</b>	<b>(266,414)</b>	<b>(267,422)</b>	<b>(269,649)</b>	<b>(109,950)</b>
<b>Net Current Assets/(Liabilities)</b>	<b>(29,579)</b>	<b>(32,796)</b>	<b>(36,532)</b>	<b>(12,214)</b>
<b>Total Assets Less Current Liabilities</b>	<b>607,018</b>	<b>604,348</b>	<b>602,761</b>	<b>(10,307)</b>
<b>Non Current Liabilities:</b>				
Trade and Other Payables	(3,344)	(3,337)	(3,329)	58
Provisions	(5,673)	(5,673)	(5,673)	(109)
Borrowings	(232,687)	(231,727)	(230,789)	7,453
Commercial Loans	(6,724)	(6,724)	(6,724)	189
<b>Total Non Current Liabilities</b>	<b>(248,428)</b>	<b>(247,461)</b>	<b>(246,515)</b>	<b>7,591</b>
<b>Assets Less Liabilities (Total Assets Employed)</b>	<b>358,590</b>	<b>356,887</b>	<b>356,246</b>	<b>(2,716)</b>
<b>Taxpayers Equity:</b>				
Public Dividend Capital	241,931	241,931	241,931	486
Retained Earnings reserve	(25,826)	(27,529)	(18,989)	6,130
Revaluation Reserve	148,082	148,082	138,901	(9,332)
Other Reserves	1,743	1,743	1,743	0
FV Assets Reserve	(7,340)	(7,340)	(7,340)	0
<b>Total Taxpayers Equity</b>	<b>358,590</b>	<b>356,887</b>	<b>356,246</b>	<b>(2,716)</b>

Source: Finance Ledger

Cash Variance £000's	IN MONTH 8		
	Plan	Actual	Var
Cash	89,529	130,348	40,819
<b>Total Cash</b>	<b>89,529</b>	<b>130,348</b>	<b>40,819</b>
M8 Covid-19, break-even and growth funding received earlier than planned	0	11,515	11,515
M4 top up funding received earlier than planned	0	9,597	9,597
PDC dividend payment not yet collected by DHSC	0	11,642	11,642
Cumulative favourable timing year to date on other cash assumptions that are expected to unwind during the year	(8,065)	0	8,065
<b>Total</b>	<b>(8,065)</b>	<b>32,754</b>	<b>40,819</b>

## Non Current Assets

- Non-current assets have not changed significantly year to date, largely due to depreciation broadly matching capital additions.

## Current Assets

- Current assets have increased by £97.7m to date, mostly due to the receipt of an additional month's block payment in April and is offset by deferred income reported under current liabilities.

## Current Liabilities

- Current liabilities have increased by -£109.9m to date, largely due to receipts in advance for commissioning income.

## Non Current Liabilities

- Non current liabilities have reduced by +£7.6m to date, due to repayment of PFI borrowings as planned.

## Cash

- Cash balance as at the end of November was £130.3m, £2.9m lower than the previous month end.
- The Trust will continue to receive block funding a month in advance until March, or with two months notice of any change.
- The cash balance is £40.8m favourable compared to plan because of £32m of receipts in advance received earlier than expected (see table), and other variances which are projected to unwind before year end meaning the forecast as at 31 March 2021 remains unchanged at £14m.

