



Oxford University Hospitals

NHS Foundation Trust

Integrated Performance Report Month 2 (May data)

July 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

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

Contents

Executive summary Page 3

Indicator overview summary Page 15

Quality , Outcomes and Patient Experience

Nursing and Midwifery Staffing Page 17

Quality and Safety Page 38

Operational performance

Urgent care Page 52

Elective care Page 58

Workforce

Workforce Page 69

Digital

Digital Page 79

Finance, Procurement and Contracting

Finance, Procurement and Contracting Page 87

Appendix 1: Finance supporting analysis Page 98

Integrated themes and issues from M2 (May 2021)

Quality and Safety

Maternity

In May, **Red** areas related to:

- 313 (53%) Spontaneous Vaginal Births, a decrease from the number in April
- 186 (31%) Caesarean Sections (CS)
- 12 (2%) Shoulder Dystocia
- 72.9% Test result endorsements

Amber areas related to:

- 1 Hypoxic-ischaemic encephalopathy (HIE) 2
- 35 (5.8%) Neonatal Unit (NNU) admissions

Green areas related to:

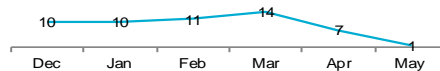
- 593 Mothers Birthed
- Zero Elective CS <39 weeks

Page 25

HAPU

In May, there was **1** incident of moderate harm causing **Hospital Acquired Pressure Ulceration (HAPU)** which is a decrease on the 7 reported in April.

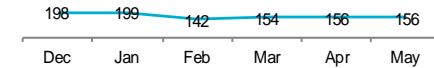
All Category 3 and above HAPU are investigated and an action plan is approved and implemented. For 2021/22 areas of improvement and learning have been identified and a plan is being developed to operationalise the improvement of reporting HAPUs across the Trust.



Pages 26-27

Harm from Falls

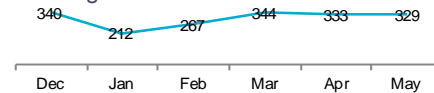
There were **156** fall incidents reported in May, the same number of falls reported in April, which remains below the rolling monthly average of 166 falls. In May there were 44 falls that resulted in harm. Of these, 3 falls resulted in moderate harm and 3 resulted in major harm, all of which were reviewed under the safety team falls review process. These 6 incidents contributed to the 20% increase in the number of falls resulting in harm (minor and above) in May. Unwitnessed falls continue to reduce and represent 28% of falls compared to 44% in December 2020 when they were at the highest.



Pages 28-29

Safeguarding Children

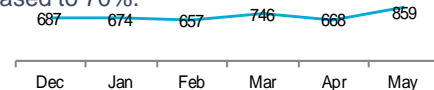
There were **329** consultations with the **children's safeguarding** team in May, a small decrease of 4 compared to 333 recorded in April. The team continues to be under pressure due to long-term sickness and vacancies, and the increased complexity of cases. The main categories of consultations remain as neglect, domestic abuse and emotional abuse. Safeguarding activity is relating to maternal mental health, drug use and domestic abuse involving social care and the courts for care orders. Information is shared with primary care to ensure awareness and support is available, and to social care when a safeguarding plan is in place. Safeguarding training performance improved in May to 65% for Level 1, and 69% for Level 2 with some training data still to be uploaded, however, it remains below local and national targets of 90%



Page 30

Safeguarding Adults

Adult safeguarding activity (referrals, consultations and incident reviews) was **859** in May, an increase from 668 reported in April. The most significant increase was seen in consultations regarding discharges. Domestic abuse continues to be a significant theme. It has been recommended that an Independent Domestic Violence Advisor (IDVA) be embedded within ED to support victims. Neglect and self neglect represent the other categories of concern, as do complex cases. Adult safeguarding compliance remains below the target of 90%. Performance for Level 1 increased to 77%, but Level 2 training compliance decreased to 70%.



Page 31

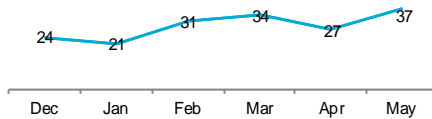
Executive Summary (2)

Integrated themes and issues from M2 (May 2021)

Quality and Safety

DoLS

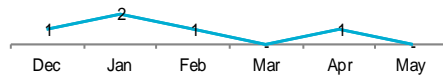
There were **37 Deprivation of Liberty Safeguards (DoLS)** applications reviewed in May which is an increase compared to the 27 recorded in April. Communication has increased to reinforce the application and documentation of Mental Capacity Assessments (MCA).



Page 31

Section 42

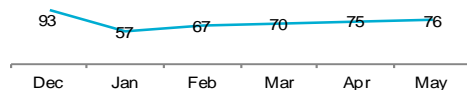
In May there were **zero Section 42 investigations**. There are currently three open enquires.



Page 31

Complaints

There were **76 Complaints** in May, one more than the 75 recorded in April. Complaints relating to delays in treatment are increasing, as are complaints regarding the perceived poor attitude of staff. There has been an increase in complaints relating to care and treatment provided prior to the pandemic, with many complainants being a relative of the patient. Analysis suggests that the current restrictions on hospital access and visiting is reducing the involvement relatives and leading to misinformation, questions and concerns from relatives.



Page 32

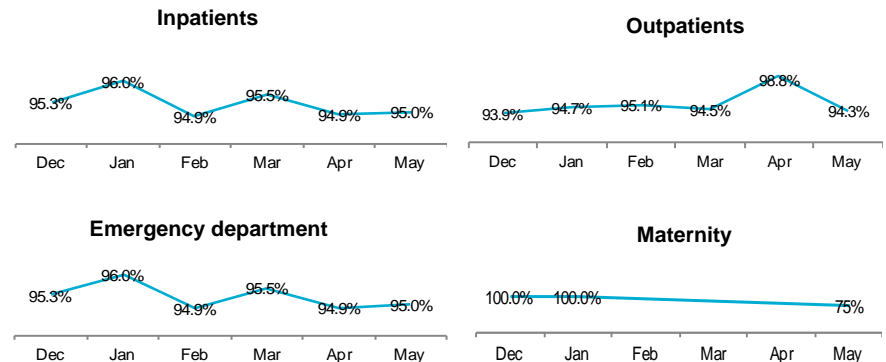
Friend's and Family Test

The top 10 raised **FFT** themes in May included **14,665** comments, an increase of **1563** comments compared to April. The **top three positive FFT** themes (by proportion) were **Staff attitude (81.4%)**, **Implementation of care (76.8%)**, and **Patient mood/ feeling (70.3%)**. The **top three negative** (by proportion) themes were **Car Parking (28.3%)**, **Discharge (22.4%)**, and **Cancelled admissions/ procedures (22.3%)**.

There were **470** respondents to the FFT SMS for the Children's hospital, with 96.4% of respondents describing their experience as *good* or *very good*. The top three comments in relation to "what we did well" included **Staff - care and compassion (n=182)**, **Communication - Information giving (n=41)** and **General (i.e. 'brilliant' or 'great work') (n=21)**. The top three themes in response to "What could we do better" were **Time waiting (n=19)**, **Communication - Information giving (n=14)**, and **Play - Resources (n=11)**.

Pages 33-34

Friend's & Family test % likely to recommend



Pages 38-39

Executive Summary (3)

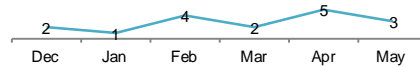
Integrated themes and issues from M2 (May 2021)

Quality and Safety

RIDDOR

In May there were **three** reports to the HSE, relating to members of staff. All three incidents had an actual impact of 2 - *minor injury / illness*.

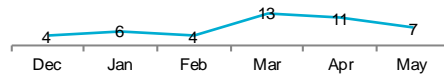
All incidents were followed up by the Health and Safety Team with lessons learned and actions implemented for each RIDDOR.



Page 35-37

C-Diff

There were **7** cases of **Clostridium Difficile >72 hours** in May, compared to 11 cases recorded in April. There were a total of 114 cases reported in the year 2020-2021. A Health Economy meeting review for Q1 cases will be held in July.



Pages 38 & 40

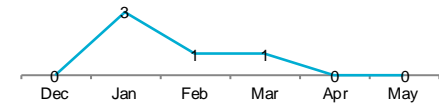
GNBSI

Post 48 hour Gram negative blood stream infections (GNBSI): In May there were **3** cases of **Pseudomonas**, **9** cases of **Klebsiella** and **13** cases of **E.coli**. The NHSI target is to reduce healthcare associated GNBSI by 50% by 2023/24.

Page 40

MRSA

There were **0** cases of **MRSA bacteraemia >48 hours** in the month of May. Seven MRSA bacteraemia were recorded in 2020-2021.



Page 38

COVID-19

The percentage of COVID cases defined as being nosocomial (definite plus probable cases) in the 1st wave of the pandemic (March-Sept 2020) was **12.8%**. In the second wave (Oct '20-March '21) the percentage was **8.9%**. No nosocomial cases or outbreaks were reported in May.

The Trust continues to offer staff symptomatic testing but asymptomatic testing will finish at the end of June. Staff will be expected to access and report lateral flow device test results twice weekly. In May there were no staff cases via staff testing services.

Page 40

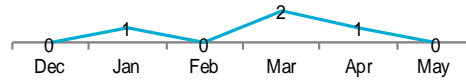
Executive Summary (4)

Integrated themes and issues from M2 (May 2021)

Quality and Safety

Thrombosis

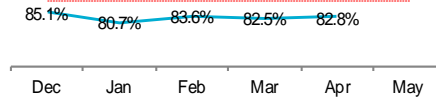
In May there were **zero** cases of **Hospital Acquired Thromboses** identified and judged avoidable, reported as moderate harm or above, compared to one case in April.



Page 38

Dementia Screening

The % of dementia patients aged over 75 years admitted as an emergency who are screened was below the 90% target at **82.8%** in April (NB: Information for May was not available at the time of reporting).



Page 38

IPC

Staphylococcus capitis: In February, PHE alerted Trusts to an increased incidence in Staphylococcus capitis infection as a potential outbreak organism. A lookback has identified over 100 isolates from multiple sample types over 4 years with no clear evidence of adverse outcome. Investigation and mitigation continues.

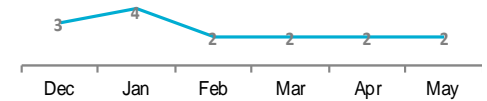
Legionella in the Cancer Centre: A pilot engineering project will begin, to investigate and enhance the hot water system in the Cancer Centre.

Spinal surgical site infection: In response to an apparent increased rate of surgical site infection, the IPC team and CMO have commissioned an audit and an investigation is underway

Page 40

MSSA

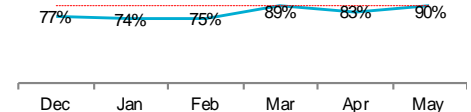
There were **2** post 48 hour MSSA bacteraemia in May, equal to the reported position in April. The number of infections has remained below the trigger line for nine months.



Page 40

Sepsis

The overall **proportion of sepsis admissions that received antibiotics in <1 hour** was **90.0%** in May, equal to the target of 90%. In ED the proportion of sepsis admissions that received antibiotics in <1 hour was **92.0%** exceeding the target of 90%. The Mortality indicator related to Sepsis from SHMI was 83.6 (71.4-97.3) (i.e. there were fewer deaths than expected).



Page 41

Executive Summary (5)

Integrated themes and issues from M2 (May 2021)

Quality and Safety

Safety Huddles

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

Page 42

WHO Checklist

The **WHO Surgical Safety Checklist** documentation and observation was **99.5%** and **100.0%** respectively in May. Areas that are not 100% compliant are followed up by the Divisional leadership and presented to the Clinical Governance Committee.

Chart - Documentation

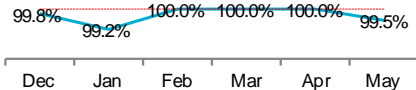
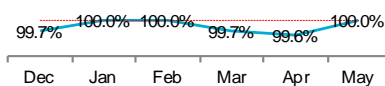


Chart - Observation



Page 42

LocSSIPs

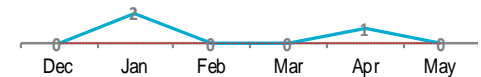
Local Safety Standards in Invasive Procedures (LocSSIPs).

To date, 30 LocSSIPs have been ratified for use and are implemented and monitored for compliance via the Governance Teams within the relevant Directorate and through Divisional Governance Meetings. Compliance is then reported to The Safer Surgery and Procedures Implementation Group (SSPIG) and CGC. Due to COVID operational pressures, no recent LocSSIPs have been presented. However, work has commenced to develop a LocSSIP audit tool to support users, which will be trialled once elective procedures are fully operational again. A local audit of the safety checklist element of the LocSSIPs is included in the WHO compliance checklist.

Page 42

Never Events

There were **Zero Never Events** declared in May. Two Never Events were called in 2020/21 down from 7 Never Events called in 2019/20.



Page 42

Integrated themes and issues from M2 (May2021)

Quality and Safety

Excellence reporting

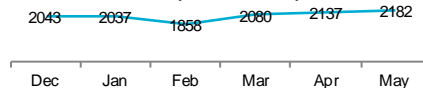
Excellence Reporting is a staff led initiative whereby members of staff can nominate colleagues to recognise instances of excellence. A multi-professional group promotes excellence reporting locally and has represented it Nationally. In May there were **150** reports of excellence and since July 2020, 1,334 have been completed.

Reporting
EXCELLENCE 

Page 43

Patient Incidents

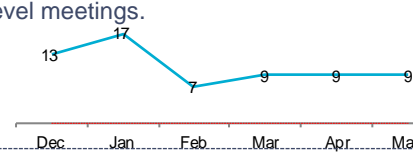
There were **2182 patient incidents** reported in May, a slight increase on the **2137** reported in April. In May, 76 incidents were discussed at the Patient Safety Response (PSR) meeting. Of these, **8** incidents had their impact downgraded and **1** incident resulted in a visit from a PSR representative to support staff and patients. The National Reporting & Learning System which shows the Trust's ratio of incidents reported relevant to bed days is well above the median when compared with peers.



Page 44

Serious Incidents

In May, **9 Serious Incident Requiring Investigation (SIRI)** were declared and 1 SIRI investigation was sent for approval to the OCCG. No SIRIs were downgraded during May. Twenty-two SIRIs were downgraded in February and March which were all nosocomial COVID-19 cases. A designated sub-group of the Serious Incident Group is reviewing all aspects of the nosocomial COVID-19 SIRI with individual cases reviewed. Learning from these investigations is disseminated at a range of Trust, Division and local level meetings.



Page 44-45

Clinical Harm Reviews

The Trust has an established process for **assessing clinical and psycho-social harm for patients waiting over 52 weeks** for surgical treatment and patients whose cancer pathways exceed 104 days. In May there were **3,258** patients who had been waiting more than 52 weeks for elective treatment. This is a reduction on the 4,174 reported in April.

Improvement continues to be recorded as May saw the lowest total number of 52 week breaches since April 2020, with 143 breaches recorded.

Page 46-47

Safety Messages

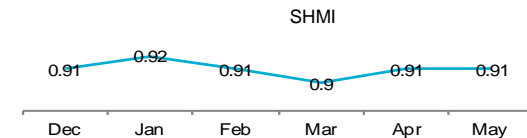
A **Weekly Safety Message (WSM)** is sent from the CMO and CNO via the central Clinical Governance team. The below four messages were circulated across the Trust in May:

- 1) WSM 118: Incident Management Reporting
- 2) WSM 119: Medicines: Steroid Emergency Card
- 3) WSM 120: Keeping Safe with Insulin
- 4) WSM 121: Benzodiazepines and opioids in combination: risk of severe respiratory depression.

Page 48

Mortality

The SHMI for the period January 2020 to December 2020 was **0.91** and 'as expected'. The HSMR was **0.92** for the period March 2020 to February 2021, and remains 'lower than expected'.



Page 49

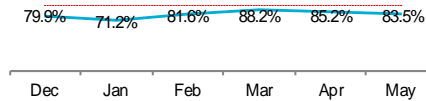
Executive Summary (7)

Integrated themes and issues from M2 (May 2021)

Operational Performance

4 Hour ED Wait

4 hour performance was **83.5%** in May, a decrease compared to 85.2% reported in the previous month. Although performance deteriorated, it remains better than the national average and position of the Shelford hospitals, at 74.5% and 65.1% respectively.

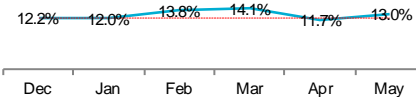


Page 54

LOS

Patients with a length of stay over 21 days was **13%** in May, slightly above the national target of 12%. This was a deterioration compared to the 11.7% reported in April.

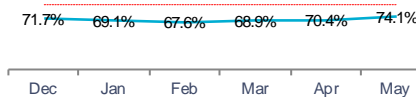
The Trust continues to have inpatients who were admitted with COVID-19 from the second wave of the pandemic. Over three quarters of long staying patients are not medically fit and are either in ICU or requiring specialist tertiary services.



Page 57

18 Week RTT

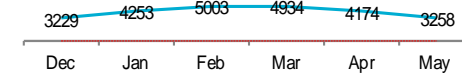
The **18 week incomplete Referral to Treatment (RTT) standard** was **74.1%** in May, an improvement compared to the 70.4% reported in April. Performance, using benchmarking data in April, was better than the national and Shelford group averages at 64.2% and 62.6%, respectively. The total waiting list size for May was 46,620 and represented an increase compared to the 45,472 reported in April.



Pages 53 & 58

52 Weeks

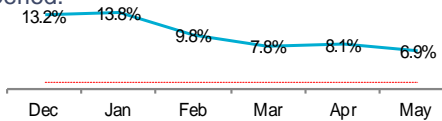
There were **3,258** patients waiting over **52 weeks for treatment** at the end of May. This represented a decrease of 916 patients compared to the April position. This improvement is as a result of the elective recovery programme which was outlined in the April Integrated Performance Report with activity levels exceeding the required levels contained with the national priorities and planning guidance.



Page 58

Diagnostic waiting times

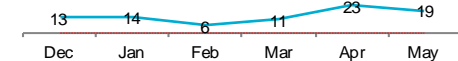
The Trust's performance against the **diagnostic 6 week waiting time standard** (the DM01) was **6.9%** in May, an improvement compared to the position of 8.1% recorded in April. There were 1,006 patients waiting over 6 weeks at the end of May, a decrease of 104 patients compared to the position reported in April. The largest volume of breaches were in MRI, however the number of patients waiting has decreased and additional capacity from a scanner has been enabled for an initial two-month period.



Page 59

On the day Cancellations

Elective on the day cancellations reduced to **19** in May compared to 23 cancellations reported in April. All patients were booked within the national Readmission standard of 28 days.



Page 62

Executive Summary (8)

Integrated themes and issues from M2 (May 2021)

Operational Performance

Elective Care Prioritisation

RCS Prioritisation (P1-4): undated patients on the surgical waiting list (excluding Endoscopy and "Planned/Surveillance")

Patients have continued to be clinically prioritised using the Royal College of Surgeons (RCS) guidance. As at the surgical PTL snapshot of 13/06/2021, **77% of undated** patients had an RCS priority code documented within EPR. The percentage of RCS prioritisation completion for **dated** patients within EPR is lower than the undated position. Redesign changes to the RCS capture process in EPR have been developed to improve the completion rates for patients with a booking date (TCI).

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

As at the 20/06/2021 there were **960** patients stratified as RCS category **P2** on the Inpatient/Daycase waiting list.

- **43.3%** (416) of patients categorised as P2 have waited in excess of the 4 week timeframe since last being prioritised (lapsed).

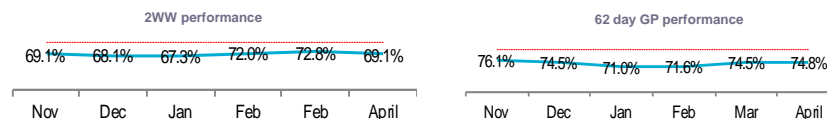
Lapsed P2 data is shared and discussed with Divisions on a weekly basis via the PTL and Assurance meeting process, with particular focus on those lapsing by the greatest amount of time (>6weeks), and securing a plan for those that are likely to lapse by the end of Q1

There has been a reduction in volume of patients lapsing P2 priority timeframe over the past 12 weeks from 722 (on 04/04/21) to current position of 416.

Pages 63-64

Cancer Wait Times

Cancer Wait Times performance is reported one month in arrears. In April, the Trust achieved 2 out of 9 of the national standards. The Trust achieved the 28 day Faster Diagnosis (**79.6%** vs 75%), the 31 day Decision to Subsequent Treatment (Drugs) (**100%** vs 98%). The Trust did not achieve the targets for the 2WW for suspected cancer (**69.1%** vs 93%), the Breast Symptomatic standard (**4.4%** vs 93%), the 31 day Decision to First Treatment (**93.1%** vs 96%), 31 day Decision to Subsequent Treatment (Radiotherapy) (**87.2%** vs 94%), the 31 day Decision to Subsequent Treatment (Surgery) (**86.3%** vs 94%), the 62 day GP referral to treatment (**74.8%** vs 85%) and the 62 day screening to first treatment (**75.8%** vs 90%)



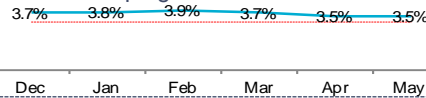
Pages 66-67

Integrated themes and issues from M2 (May 2021)

Workforce

Sickness

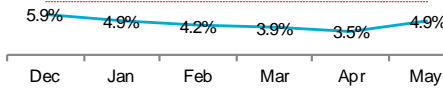
Sickness absence was **3.45%** in May, as measured on a rolling basis versus a target of 3.1%. Covid related absence rates comprised 0.63% of the 3.45%, however since May numbers have been increasing in line with local infection rates. The Trust has now offered vaccination to all staff and developed various interventions for staff with concerns. Mental Health related absences continue to represent the main reasons for sickness absences and tailored Divisional actions are in place to support staff and promote wellbeing. Other initiatives include helping staff return to work from long term absences.



Pages 69-72

Vacancies

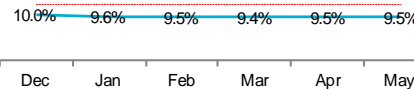
The **vacancy rate** was **4.9%** in May, an increase compared to the 3.5% reported in April but below the target of 7.7%. The rise is due to an increase in budget WTE and a small reduction in staff in post, when compared to April. Although vacancies are relatively low overall, there remain "hotspots", including B5 Nurses, which are reporting vacancies of 14% in clinical areas. These rates have improved since 19/20 M12 when the vacancy rate was 23%. Divisions have initiatives in place to support retention and recruitment plans to fill vacancies.



Pages 69 & 73

Turnover

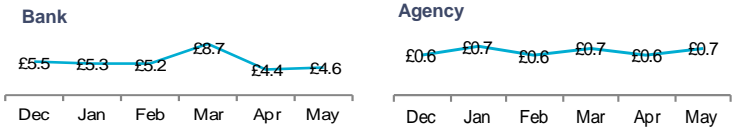
Turnover in May was **9.5%**, which remains the same as the reported position of 9.5% in April. May's performance remains below the target of <=12.0%. COVID has influenced the number of staff remaining in post and falling turnover rates have also been reported within the BOB region. Divisional actions are focusing on retaining staff within the Trust, promoting a culture of learning, understanding reasons for leaving from exit interviews and using Listening to Staff Events to inform recruitment and retention activities and succession planning.



Pages 69 & 74

Bank and Agency

Combined Bank and Agency expenditure in May increased to £5.2m from £5.0m in April. In May compared to April, the number of bank staff increased to 812.3 from 638.2 WTE and expenditure increased to £4.6m from £4.4m. The respective changes in agency staff were a WTE increase to 113.8 from 99.1 WTE and increase in cost to £0.7m from £0.6m.



Pages 69 & 75

Stat and Man training

Statutory and Mandatory training and **Appraisal** information is unavailable for May due to data transfer issues associated with My Learning Hub. Further detail is provided within the workforce section of the IPR.

Appraisals

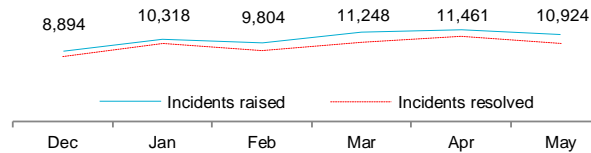
Executive Summary (10)

Integrated themes and issues from M2 (May 2021)

Digital

Service Desk

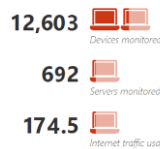
OUH IM&T Service Desk performance is integral to the day to day running of the Trust. In May **10,924** incidents were raised, shown in the chart below in the blue line and 89.7% (**9,802**) were resolved, shown in the red line in the chart below. This is a decrease compared to April, where 92.6% were closed. In May there were **five** Priority 1 incidents, an increase on the **one** Priority 1 Incident in April.



Page 79

CYBER Status

In May **12,603** Devices and **692** Servers were monitored. There was **174.5TB** of internet traffic usage, c.15% less than April. Additional protections were configured following the Irish Health Service cyber attack. Windows 10 updates, Office 365 and cyber security patches continue to be applied. The overall cyber status for the Trust is **Green**.

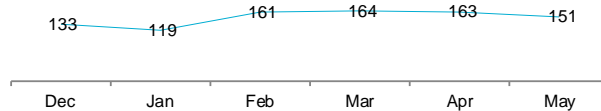


Green

Page 79

Information requests

The **Information request service** demand for May was 151. User feedback remains positive at 96% for May. ORBIT usage in May '21 has reduced compared to the same period in 2020



Page 80

Digital delivery

Project SHAPE (Strategic Objectives, High Quality, Architecture, Principles and Excellence) setting out governance and programmes of work to deliver Digital Strategic Themes. The Trust are capitalising 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. Improvements to infrastructure is increasing adoption of live solutions and delivery of important new digital capability to improve safety and effectiveness of care for our patients while releasing more clinical time to care, helping us to better manage the right activity by reducing error and duplication, and streamlining and automation. Status is expected to return to Green once firm commitments are received on the Cerner Roadmap.

Amber-Green

Page 81

HIMSS

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. Trust progress towards HIMSS Stages 6 and 7 standards will help track progress towards delivering CQC outstanding levels of patient safety and care, and 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. Although commercial discussions continue with Cerner, cases have continued to be developed for projects delivering HIMSS capability, and resilient digital infrastructure rollout continues to increase adoption of HIMSS Stage 6 across the Trust. There will be insufficient progress to improve on Amber status for HIMSS until commitments and work plans for projects are firm and resourced.

Amber

Page 82

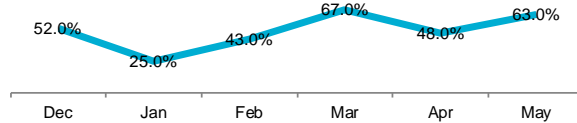
Executive Summary (11)

Integrated themes and issues from M2 (May 2021)

Digital

FOIs

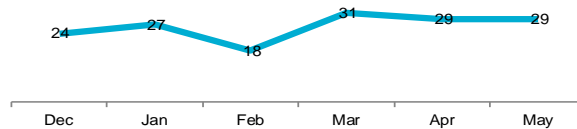
Freedom of information (FOI). The compliance target for FOI requests is 20 working days. The Trust fell short of this target during May with **63%** of FOI requests closed within target. This is an increase on April's figure of 48%. In May there were **72** open FOI requests compared to 33 open requests from the same period last year, which is an increase of 39 open requests. The low figure in 2020 was due to the pandemic.



Page 83

DSPB

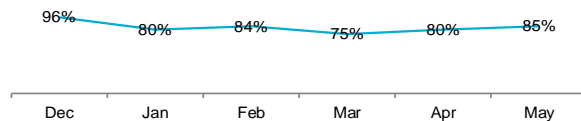
Data Security & Protection Breaches. In May there were **29** Data protection incidents reported on Ulysses, which is a decrease on 22 incidents reported in May 2020. No incidents were reported to the Information Commissioner.



Page 83

DSAR

Data Subject Access Requests (DSAR). The number of DSAR requests in May was 535. The compliance rate was **85%**, which was a slight increase compared to 80% recorded in April.

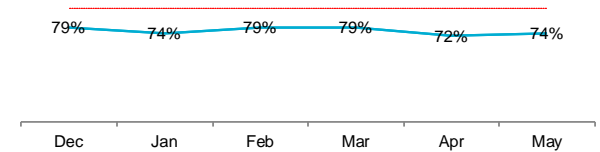


Page 84

DSPT

Data Security and Protection Toolkit (DSPT). The DSPT for 2020/21 was submitted on the 30th June 2021. The Trust is rated as *"standards not met"* and an action plan has been submitted to NHS Digital for approval..

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff need to complete Data Security training annually. Current reported compliance is **74%**. There have been issues concerning the accuracy of training statistics following the transfer of data from eLMS to My Learning Hub. The Digital team are working with the My Learning Hub team to resolve this.



Page 84-85

Executive Summary (12)

Integrated themes and issues from M2 (May 2021)

Finance

Overall

Income and Expenditure (I&E) in May was a breakeven position. This was **£1.8m better** than the H1 plan submitted to the BOB ICS in April for the first half of the 2021/22 financial year.

Commissioning Income

Commissioning income (NHS income, pass through and local authority) was **£5.3m above** plan in May. This was mainly due to the accrual of £4.5m of (ERF) income for achieving more elective activity in May than the recovery baseline set by NHSE.

The latest estimate is that the Trust has earned c.£20.0m of ERF funding for the year-to-date based on the activity data from M1 and M2 SUS. £8m has been accounted for in the Trust YTD position at M2 to achieve a breakeven position. The remaining ERF is planned to be redistributed across the BOB ICS to fund capital to revenue pressures and ensure all organisations at least achieve a breakeven position. This is subject to system wide agreement.

Non-NHS Income

Non-NHS income (Other, PP, RTA, Overseas) was **£0.1m lower** than plan.

Pay Expenditure

Pay costs were on plan in May. Underlying pay costs and recovery pay costs were £0.8m higher than plan, offset by COVID-19 pay costs being £0.8m below plan. COVID-19 pay costs decreased by £0.6m compared to April due to reduced costs for existing staff to work additional shifts and backfill for sickness absence.

Pages 87-89

Non-Pay expenditure

Non-Pay costs were **£3.5m higher** than plan in May. Underlying non-pay costs were £3.6m above plan offset by COVID-19 non-pay costs being £1.5m below plan. Recovery non-pay costs of £1.4m were incurred in May and as the Trust incurred these costs at risk to earn ERF funding, they were not included in the H1 plan submitted to the ICS and are therefore an adverse variance to that plan.

Other non-pay costs were higher than plan in May due to a £1.8m contingency accrual to offset the risk that the full costs of delivering the ERF funding are not being accounted for in the same period the funding is earned and £0.2m of non-pay efficiency savings have not been realised to date. Premises and fixed plant costs were higher than plan due to £0.2m of energy savings not being realised in May and pressures on contracts such as Office 365.

Cash

Cash was £64.5m at month end, £4.5m lower than the previous month end, this reduction is principally due to the payment of capital creditors from year end. The cash position is **£17.0m better** than plan.

Pages 94 & 96

Capital

Capital expenditure was £10.2m by May, which includes spend of £5.4m on the JR Critical Care expansion scheme and £1.4m on the Swindon Radiotherapy scheme. Capital expenditure is **£7.3m behind** plan, this is primarily due to the Critical Care Unit expansion (£4.9m behind plan) however the scheme is still expected to complete on plan by November.

Plan

A revised H1 plan showing a £1.4m surplus was submitted to the BOB ICS in June after recognition of £23.5m of ERF. The plan also reclassified some variable non-pay costs from the underlying position to being Recovery costs after discussion with the ICS. The updated plan will be incorporated in the M3 report.

Page 90

Domain

Quality – Outcomes & Patient experience

Operational performance

Workforce

Digital

Finance

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

Indicators achieving target

- MRSA: Page 38
- Mortality: SHMI and HSMR for Sepsis Page 41
- Mortality: Overall SHMI and HSMR Page 49
- Hospital Acquired Thromboses Page 38
- Sepsis admissions receiving antibiotics in <1hr Page 41
- Never Events: Page. 42

Improvement compared to previous month (no target)

- Harm from Pressure Ulceration (HAPU) Pages 26-27
- Section 42 Investigations Page 31
- RIDDOR Pages 35-37
- MSSA post 48 hour Page 40

Indicators achieving target

- 28 day Faster Diagnosis: Page 66
- 31 day standard for subsequent treatment (drugs) Page 66
- 28 day readmission standard for cancellations Page 62

Indicators achieving target

- Vacancies Pages 69 & 73 (NB Green RAG rated)
- Staff Turnover Pages 69 & 74 (NB Green RAG rated)
- Agency spend Pages 69 & 75 (NB Green RAG rated)

Improvement compared to previous month

- Cyber status Page 79 (NB Green RAG rated)
- Freedom of information Requests. 83
- Data Subject Access Requests (DSAR). Page 84
- Data Security Training Page 84

Indicators achieving target

- Income Page 87–92
- Pay costs Page 91
- Cash Page 96

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

Indicators worse than target

- Adult and Children's Safeguarding training Pages 30-31
- Clostridium Difficile Pages 38 & 40
- Dementia Screening Page 38
- WHO Surgical Safety Checklist (Documentation) Page 42

Deterioration compared to previous month (no target)

- Patient Incidents reported. Page 44
- Harm from falls Pages 28-29 (NB same as April)
- SIRIs: Page 44- 45 (NB same as April)
- Complaints Page 32
- DOLS Page 31

Indicators worse than target

- 4 hour Performance Page 54
- Length of stay over 21 days Page 57
- RTT waiting list size Page 53 & 58
- 18 week incomplete RTT standard Page 58
- Patients waiting over 52 weeks on an RTT pathway Page 58
- Diagnostics <6weeks standard Page 59
- Elective on the day cancellations Page 63-64
- 2WW for suspected cancer Page 66
- 2WW for breast symptoms Page 66
- 31 day standard for first treatment Page 66
- 31 day standard for subsequent treatment (surgery) Page 66
- 31 day standard for subsequent treatment (radiotherapy) Page 66
- 62 day standard from GP referral to first treatment Page 66
- 62 day standard from screening to first treatment Page 66

Indicators worse than target

- Sickness Absence Pages 69-72 (NB Amber RAG rated)
- Appraisals data not available
- Statutory & Mandatory training data not available

Deterioration compared to previous month

- Project Shape Page 81 (NB remains the same as previous month Amber/Green RAG rated)
- HIMSS Page 82 (NB Amber RAG rated)

Indicators worse than target

- Non pay costs Page 94
- Capital Page 95

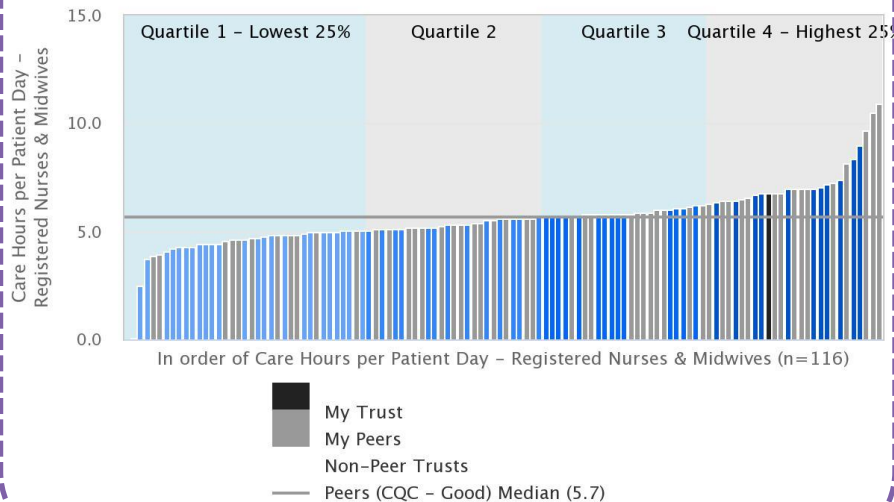
Quality – Outcomes & Patient experience

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

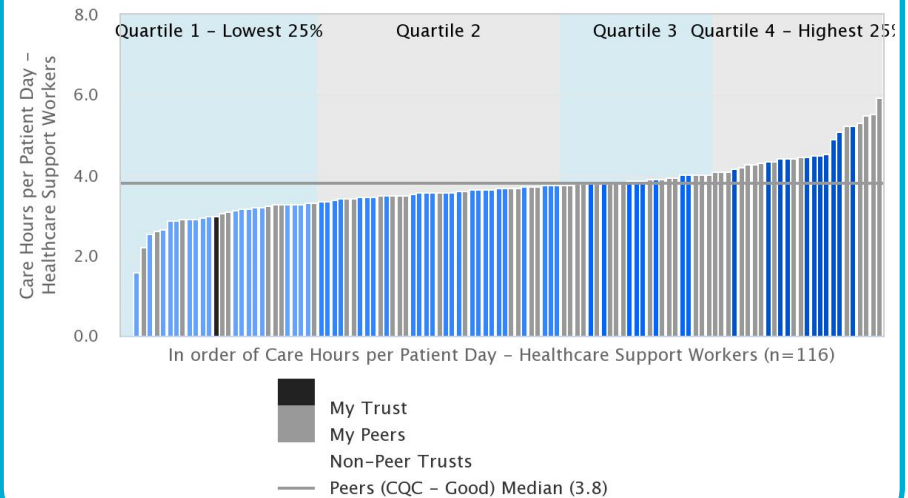
The two graphs below show CHPPD average hours for the OUHFT Trust in Black and the Shelford Group Trust's average CHPPD hours in Grey, the blue bars are all other UK NHS Trusts. The chart on the left is for registered nurse CHPPD and the chart on the right is for healthcare support workers CHPPD.

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 – May 2021

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

Level 2 staffing was declared throughout May 2021 with all areas mitigated safely.

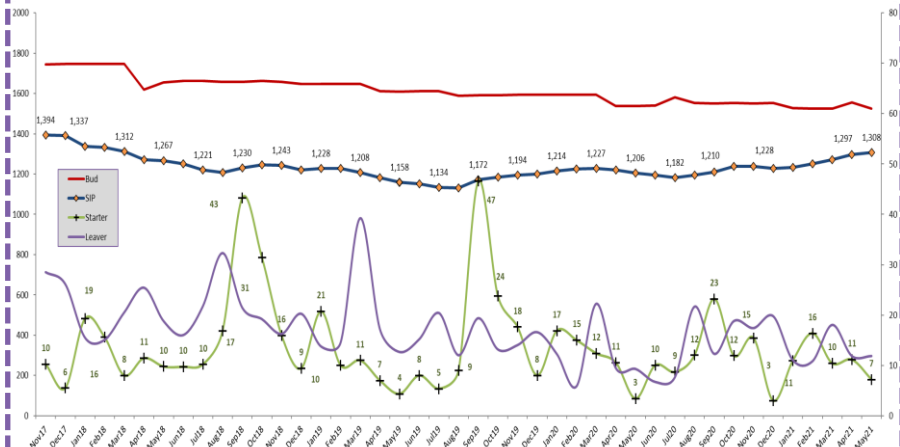
Net contracted hours for the months of March, April and May 2021 are not reported due to data reporting issue with our roster system provider. The company have now diagnosed the issue and are working to fix it, therefore reporting should resume in June 2021. Work continues within the Divisions to improve rostering key performance indicators with excellent engagement.

Band 5 RN vacancy and turnover continues to be in stable position as we move from the latest pandemic wave.

The contract for international nurse recruitment has now been awarded, priority areas for recruitment focus are initially for scrub and anaesthetics across the 4 sites and critical care.

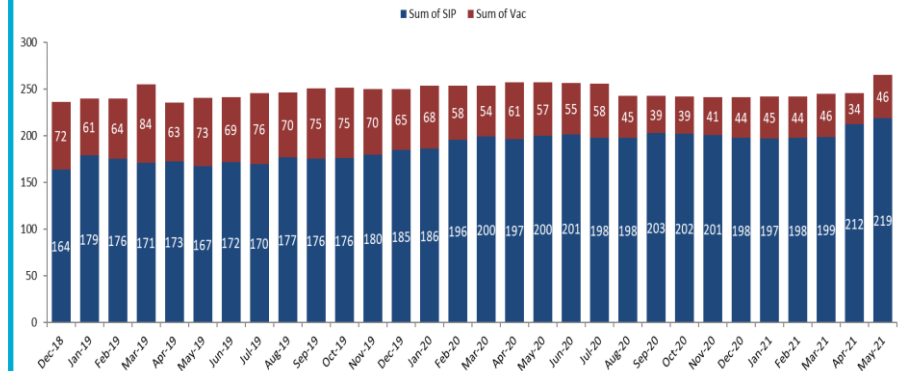
Band 5 RNs in Post, Budget, Leavers and Starters and Turnover Trajectory in May 2021

Staff in Post and Budget by Month



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

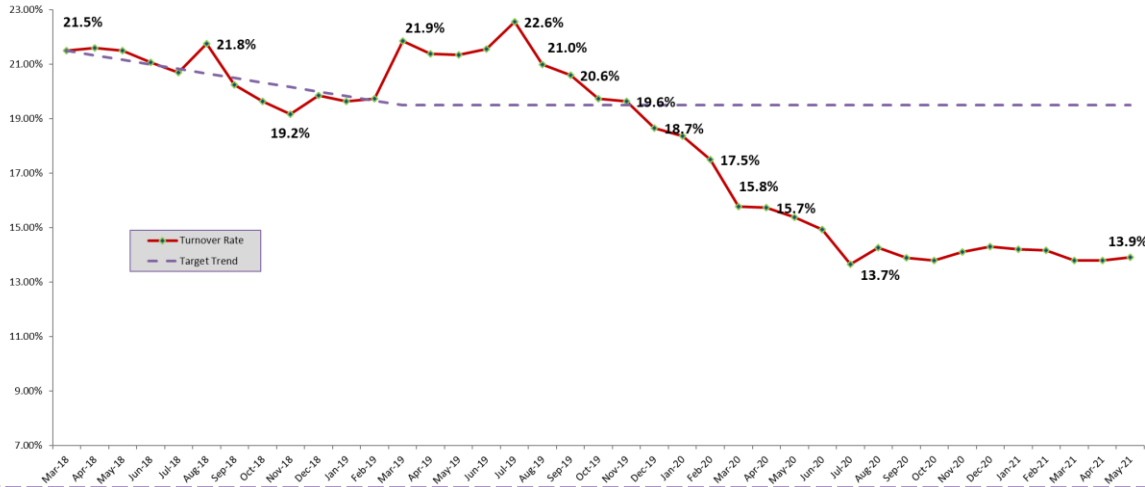
Non-inpatient/theatre or critical care areas RN vacancy rates



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

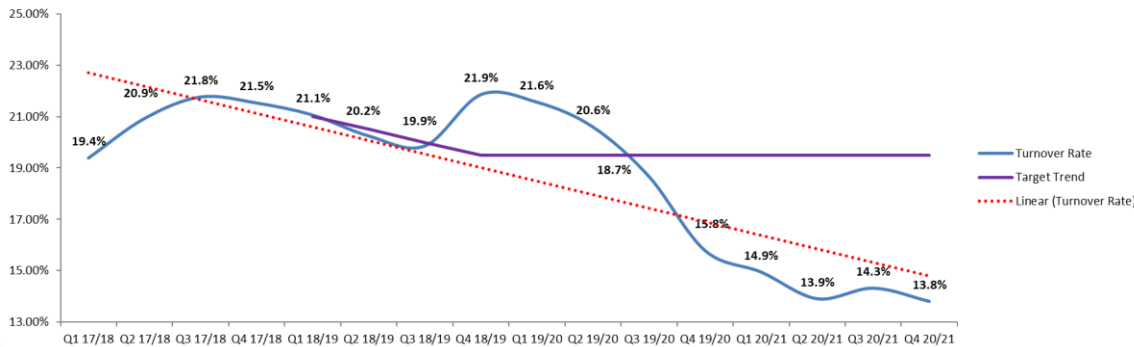
Band 5 Registered Nurse Turnover Trajectory – May 2021

Turnover Rate, Target Trend and Deviation



Band 5 RN remains in a stable position in May 2021 and no indications of increasing

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 – May 2021

Registered Nursing Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Apr-21	Mar-21	Feb-21	Jan-21	Dec-20	Nov-20	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	3264	347	10.6%	10.5%	10.5%	10.5%	10.8%	10.6%	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	1447	201	13.9%	13.8%	13.8%	14.2%	14.2%	14.3%	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	1132	100	8.8%	8.4%	8.5%	8.1%	8.2%	7.8%	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	675	45	6.7%	7.1%	6.4%	6.8%	6.7%	7.5%	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%

Turnover remained in a stable position

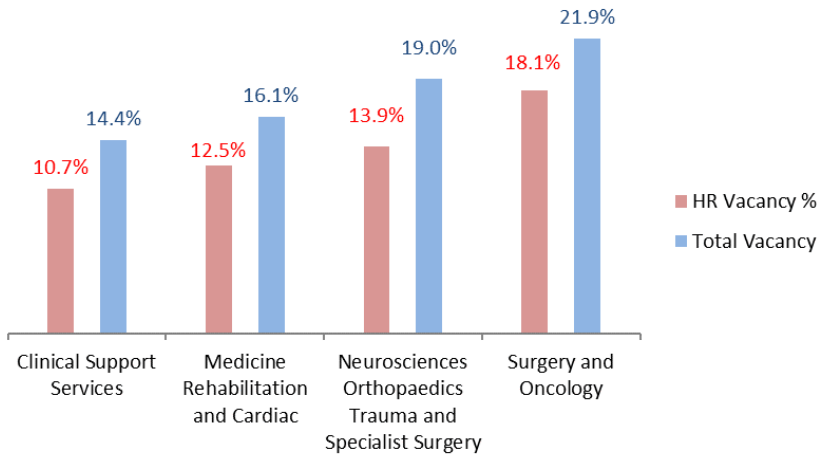
Registered Midwifery Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Apr-21	Mar-21	Feb-21	Jan-21	Dec-20	Nov-20	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	291	38	13.1%	12.3%	12.0%	11.5%	11.4%	11.2%	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	41	2	4.9%	6.8%	6.6%	0.0%	0.0%	0.0%	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	182	26	14.3%	13.7%	13.4%	13.7%	13.7%	13.6%	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	67	10	14.3%	12.2%	11.9%	13.5%	12.8%	12.1%	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 turnover, which is the largest workforce in midwifery remains stable with a less than 1% change from March.

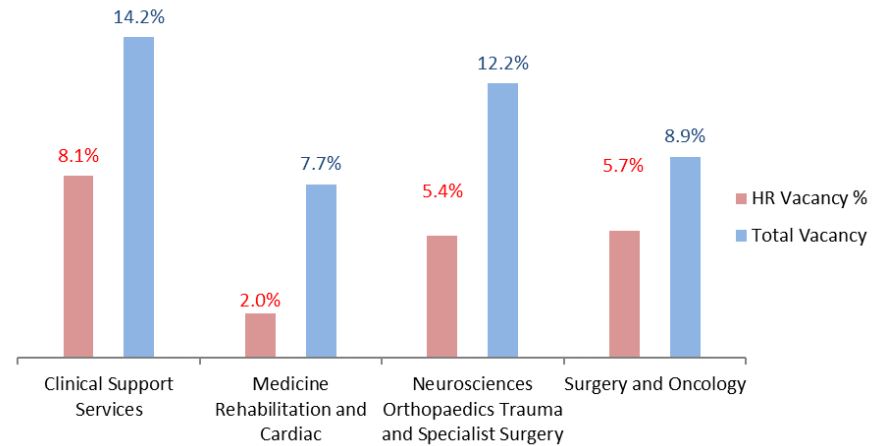
RN and Midwifery Vacancies – May 2021

Vacancy at band 5 by division in percentage



Band 5 RN vacancy continues to be monitored by division as the most fluctuating and largest group within the nursing workforce, Total vacancy includes those who are absent from work for reasons such as long term sickness absence and allows Divisions to monitor against bank and agency spend.

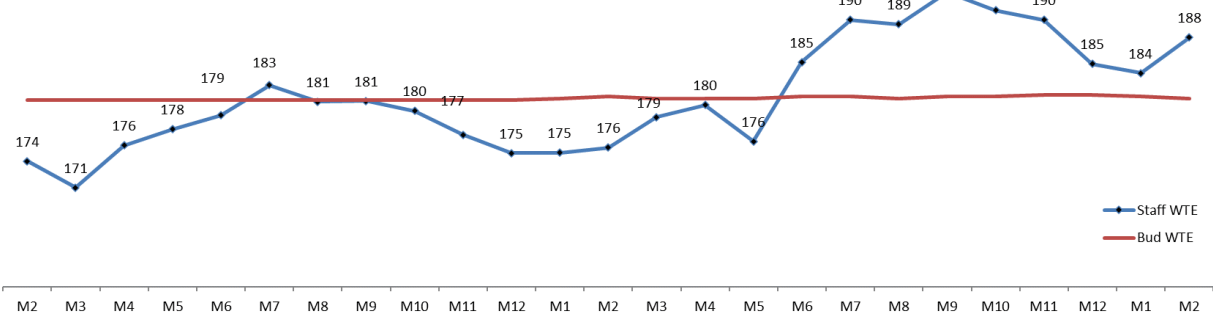
Vacancy at band 6/7 by division in percentage.



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

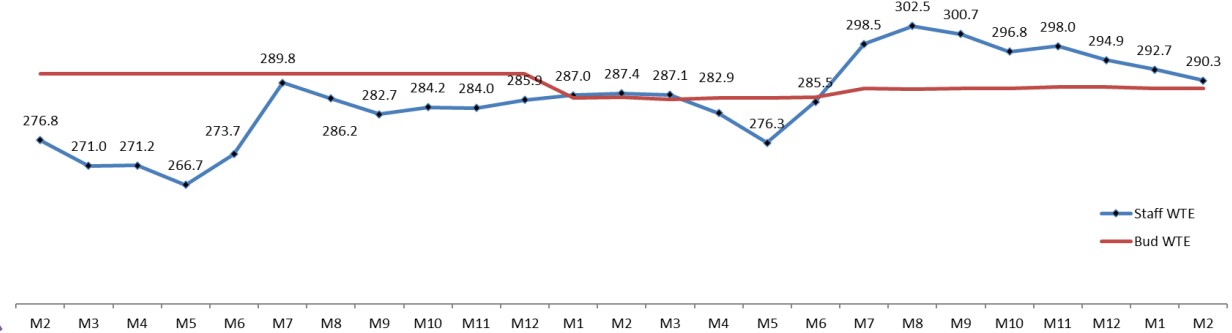
Midwifery Staffing – May 2021

Band 6 Midwives - Staff and Budget



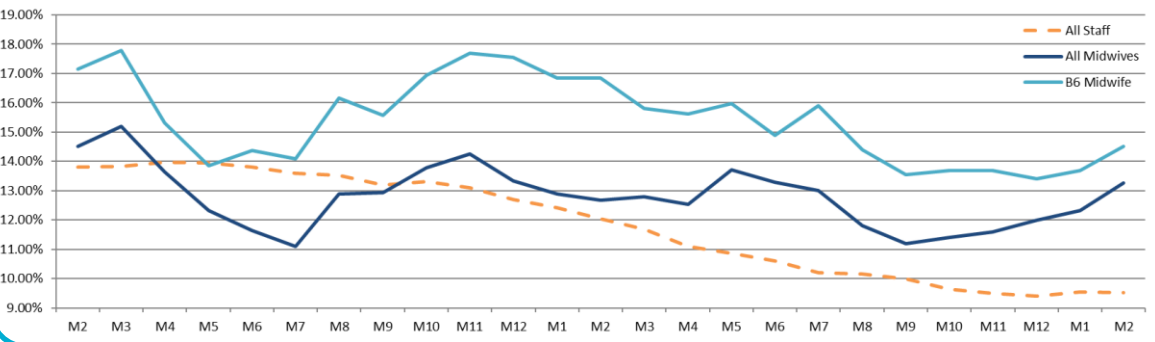
Band 6 midwives is the larger workforce within midwifery and is monitored through the steering group for the same reasons as band 5 within the RN workforce.

All Midwives - Staff and Budget



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

Midwives Turnover Rate Comparison



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

Red areas:

- **Spontaneous Vaginal Births 313 (53%)** This is a decrease from the previous month. This is in line with the increase in caesarean sections.
- **Caesarean Section (CS) 186 (31%)** CS's audited and no obvious ways to decrease it. It appears the increase is related to the increase in request for CS (including MRCS) / women declining IOL/shared decision making. The OSM is leading a project to look at Capacity and demand with clinical input. This has been escalated to Trust Board and flagged.
- **Shoulder Dystocia 12 (2%)** This is an increase from the previous month. Diagnosis of shoulder dystocia has been included in PROMPT training and will also be included when new trainees start in August as well as the new preceptees training from September.
- **Test result endorsement – 72.9%** Slight improvement from the months (67% and 71%). Work continues around raising awareness amongst all staff of the process for endorsement. Discussed at handovers and at B7 meetings. SOP ratified and circulated.

Amber areas:

- **HIE 2 - 1** This has been reported to HSIB. An ISR was initially undertaken to review care.
- **NNU admissions 35 (5.8%)** This is higher than the previous month (4.3% in previous month). These will be reviewed through the ATAIN meeting to identify any learning.

Green areas:

- **Mothers birthed 593** This is lower than the previous month where there was 639.
- **Elective CS <39 weeks – 0** The target is to have 0 elective CS at less than 39 weeks with no clinical indication.

Hospital Acquired Pressure Ulceration (HAPU) Report June 2021

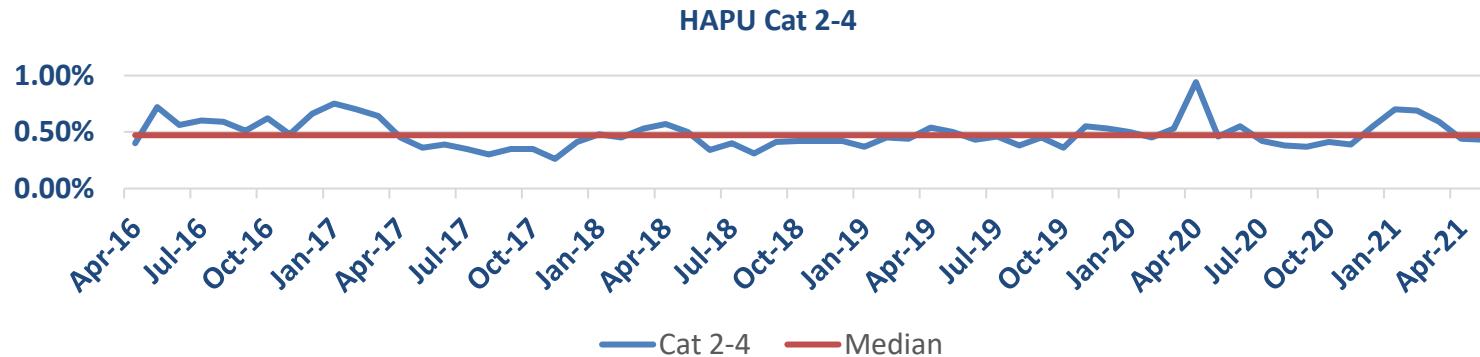
Skin damage related to unrelieved pressure constitutes potential harm to our patients. The Trust is committed to reducing Harms associated with pressure in order to evidence excellence care provision.

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

	Apr-21	May-21
Cat 1	36	40
Cat 2	79	90
Cat 3	7	1
Cat 4	0	0
Total	122	131
Cat 2-4	86	91
Cat 3-4	7	1

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

Incidence of HAPU Cat 2 to 4: April 2016 – May 2021

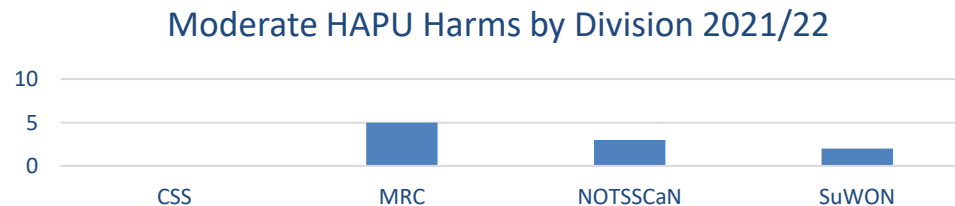


ANALYSIS: Of the 3 incidents reported as Moderate Harm, one was Category 3 and two full thickness mucosal pressure ulceration. One of had been reported at an earlier stage of skin damage. The average age of the individual affected was between 70. The length of stay prior to identification of pressure ulceration was 11 days. The use of medical devices (IDC) was associated with 2 of the 3 incidents. The average surface area for the reported skin damage was approximately 1cm.

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 are currently being scheduled to review and close the action plans from Q3 and 4. Serious Investigations related to HAPU follow the Trust reporting and investigation Policy.

Moderate Harm HAPU by Division:



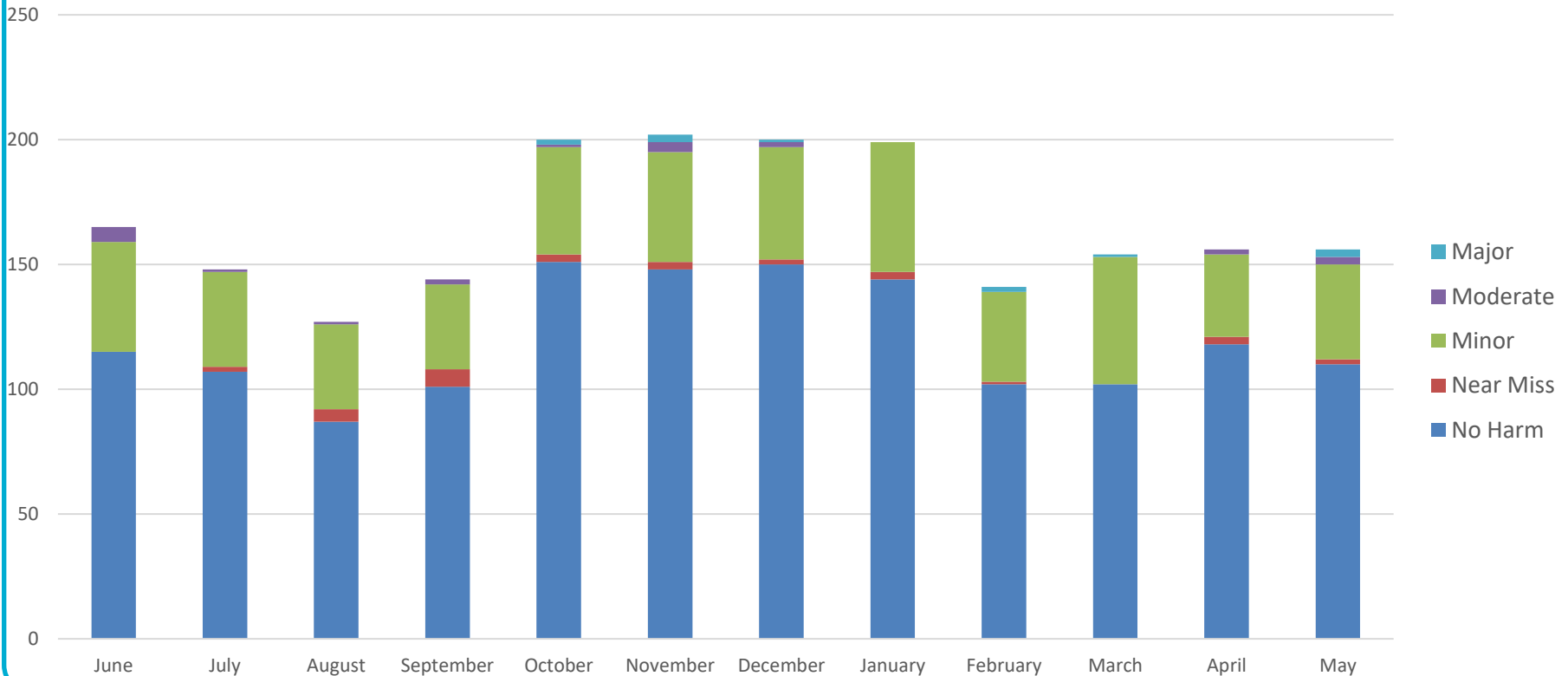
ACTIONS

Strategy Update: Targets for 2021/22 include a focus on increasing the reporting of HAPU Cat 1, by 25% based on outturn 2020/21 from 38 a month to 48, with a predicted 25% reduction in HAPU Cat 2-4 based on outturn figures from 2019/20 from 0.47% to 0.35%. Areas for improvement have been identified to support this ambition and plans to operationalise the learning, across the Trust, are currently under development.

Harm from falls report May 2021

The chart below shows all patient reported falls by the level of actual harm for the last 12 month period

Falls by actual harm level - rolling 12 month data



May 2021 summary: There were 156 falls reported in May, which is the same total as the preceding month. This remains below the rolling monthly average of 166. Falls resulting in harm increased in May (44) compared to April (35). There were 3 falls of moderate and 3 of major harm, all of which underwent review by the patient safety team falls review process.

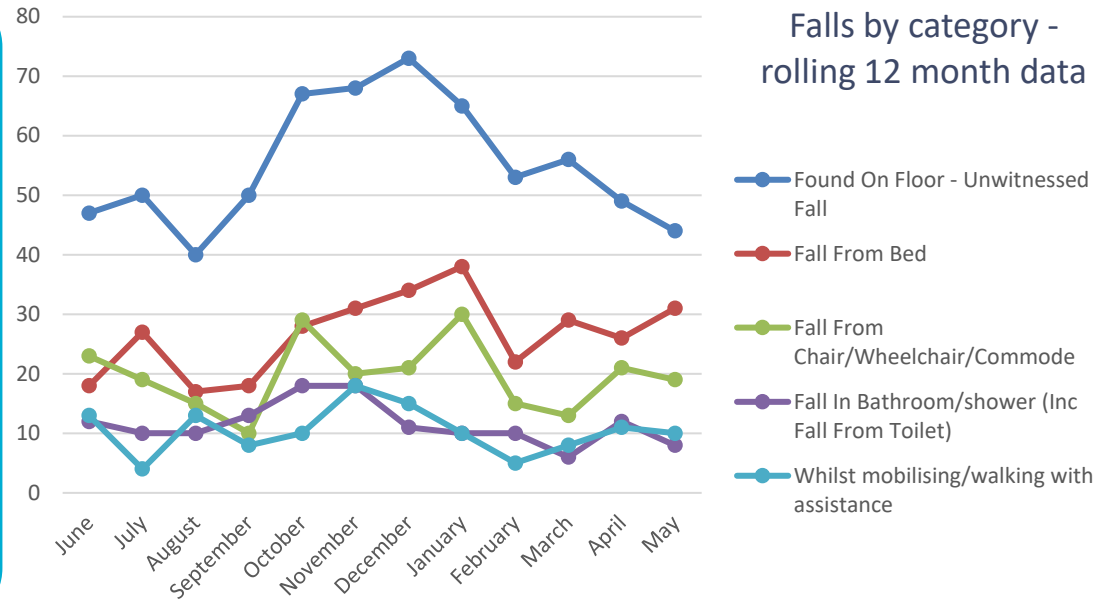
Top five categories of falls May 2021

Unwitnessed Fall – found on floor	44 ↓
Fall From Bed	31 ↑
Fall From Chair/Wheelchair/Commode	19 ↓
Whilst mobilising/walking without assistance	15 ↑
Whilst mobilising/walking With assistance	10 ↓

ANALYSIS:

The number of falls resulting in harm (minor and above) increased by 20% in May compared to April largely due to the six incidents graded at moderate and major harm. This translates as 28% of the total incidents for May compared to 22.4% in April.

Unwitnessed falls, as the largest category, continues to fall over the last two quarters and now represents 28% (n = 44) of all falls compared to a peak of 44% (n = 73) in December 2020.

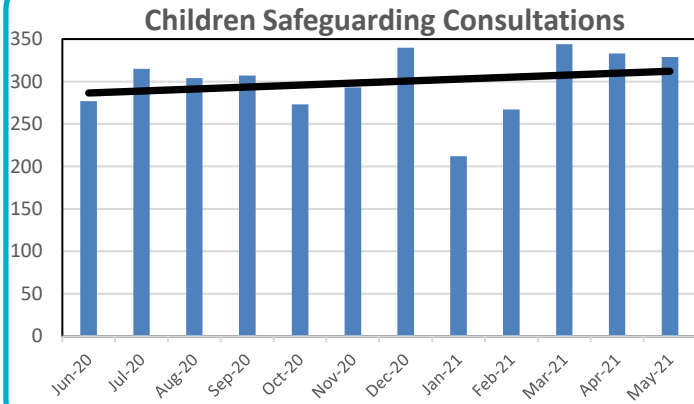


IDENTIFIED THEMES:

- The total reported falls incidents have not increased since last month, but there has been an increase in those resulting in moderate and major harm.
- Unwitnessed falls (patient found on floor) continues to fall as the single largest reported category

ACTIONS:

- Review the six moderate and major harm falls incidents at the next Harm-free assurance group to identify themes and actions for learning and practice integration.



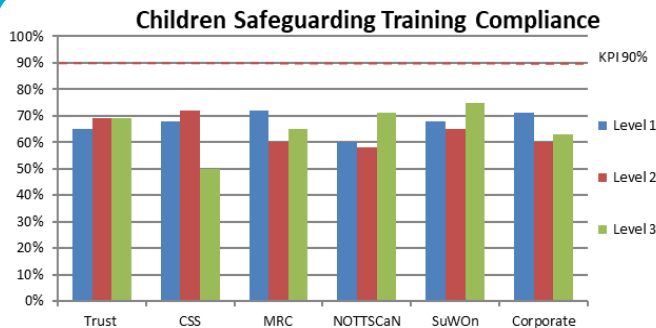
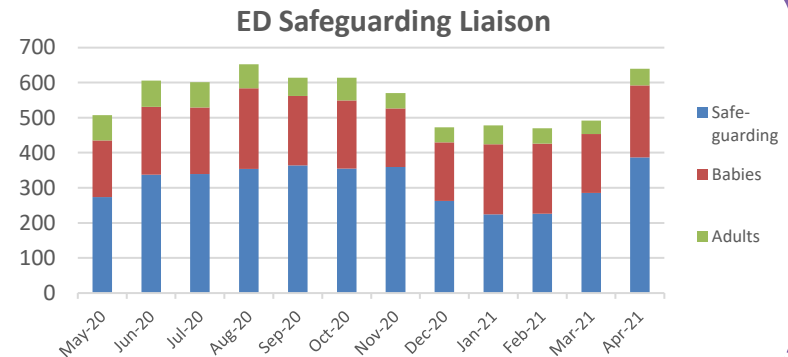
Consultations with the children safeguarding team reduced by 4 (n= 329) during May. The team remain under pressure due to long-term sickness and vacancies with increased complexity of cases.

The main categories of consultations remain neglect, domestic abuse and emotional abuse. There continues to be high numbers of teenager self harm behaviours and babies presenting with injuries.

Maternity safeguarding activity continues to be related to maternal mental health, drug use and domestic abuse involving social care and the courts for care orders.

MASH activity remains high due to increased referrals to social care requiring health information. Backlogs have increased requiring additional team input to manage.

ED Safeguarding Liaison referrals increased by 134 during May (n=773). The children that attended ED with safeguarding concerns increased by 58 (n=445). There was an increase of 29 babies (n=252) attending ED under the age of one. Information is shared for this age group with primary care due to vulnerability. Adults with responsibilities for children that attending ED with a safeguarding concern increased 62% (n=76). Information is shared with primary care to ensure awareness and support is available and social care when a safeguarding plan is in place.



Safeguarding Children Training Compliance Training data compliance recording improved this at the end of May. However, compliance remains below the KPI which is set at 90%. Level 1 increased 9% to 65%, level 2 increased by 26% to 69% and level 3 dropped 5% to 69%, however not all data has been uploaded.

Accuracy of data continues to be reviewed on the new My Learning Hub system

All levels of training are available online, level 3 is also available via Microsoft teams and there is capacity at all sessions.

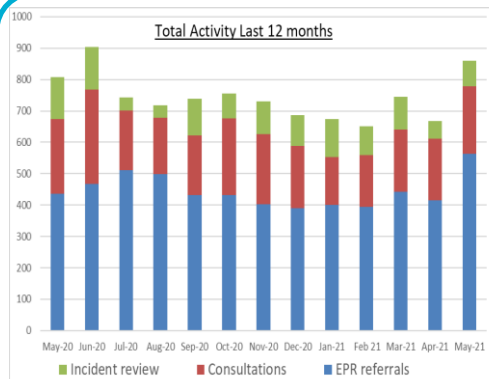


Chart 1: Activity

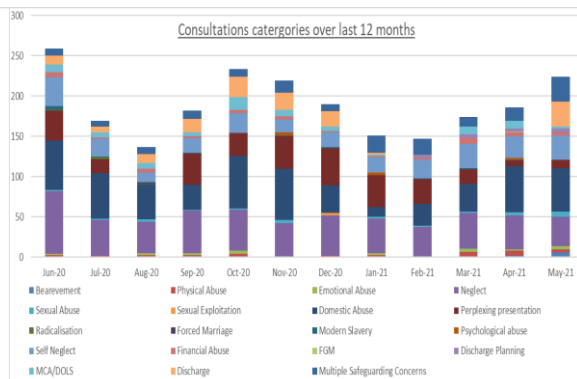


Chart 2: Consultations

Activity:

Chart 1: May combined activity increased by 191 (n=859). Consultations increased by 19 (n=214), incidents increased by 24 (n=81) and EPR referrals increased by 148 (n=564).

Chart 2: Consultation regarding discharge saw the greatest increase, domestic abuse continues to be a significant theme as well as neglect and self neglect and complex cases.

Governance: A Domestic Homicide Review has recommended that an Independent Domestic Violence Advisor (IDVA) be embedded within ED to support victims.

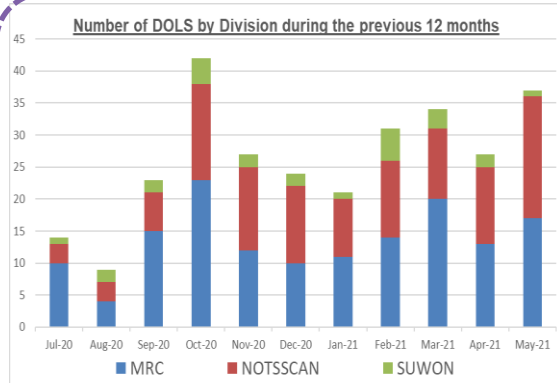


Chart 3: DOLS Applications

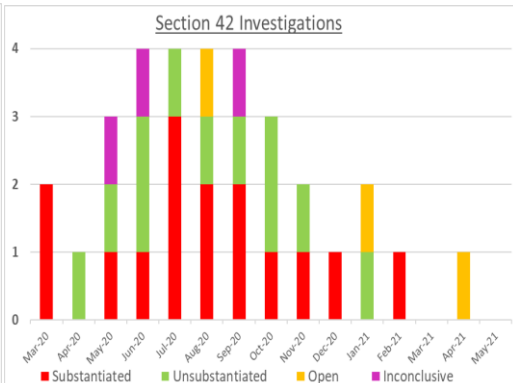


Chart 4: Section 42 investigations

Statutory responsibilities:

Chart 3: There was an increase of 10 (n=37) Deprivation of Liberty Safeguards (DoLS) applications reviewed. There continues to be reminders to ensure Mental Capacity Assessments (MCA) are undertaken and documented within EPR. The MCA Rule of Thumb posters have been distributed across the Trust to remind staff to think MCA.

Chart 4: There were no new S42 investigations during May. There remains 3 open S42 enquiries.

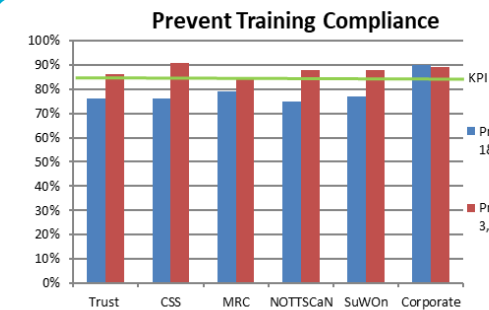


Chart 5: Prevent Training

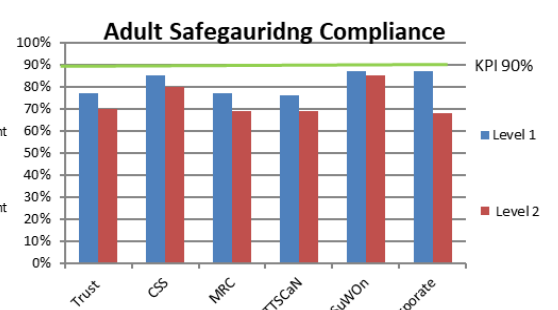


Chart 6: Safeguarding Training

Training:

Chart 5: Trust Prevent training Level 1 & 2 compliance dropped 76% which is below the 85% KPI. Level 3,4 & 5 compliance increased 1% to 86%.

Chart 6: Safeguarding training compliance dropped below the 90% KPI in all 3 levels. Level 1 increased 13% to 77%, whereas level 2 dropped 9% to 70%.

Governance:

Data accuracy and correct mapping within My Learning Hub is being reviewed due to migration of compliance issues.

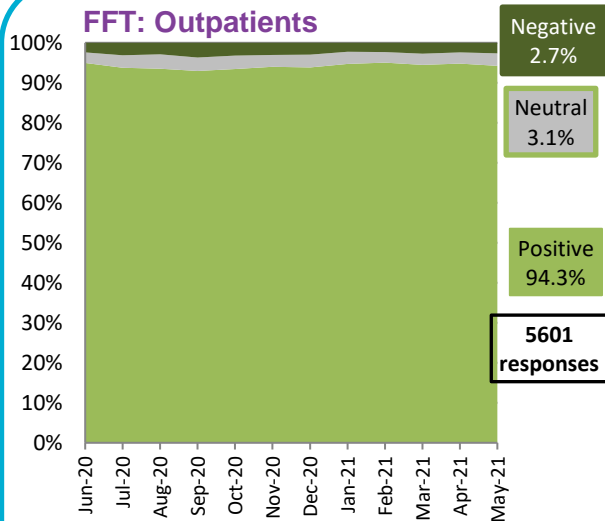
The Trust received and recorded 76 formal complaints in May 2021, which is a further increase from the number received in April 2021 (n=75).

Complaints in relation to a delay in treatment have increased in the last month, as well as complaints regarding the perceived poor attitude of staff. In addition to this, the team has seen a number of complaints regarding issues/occurrences pre-Covid-19, with complainants citing the pandemic as the reason for not raising these sooner.

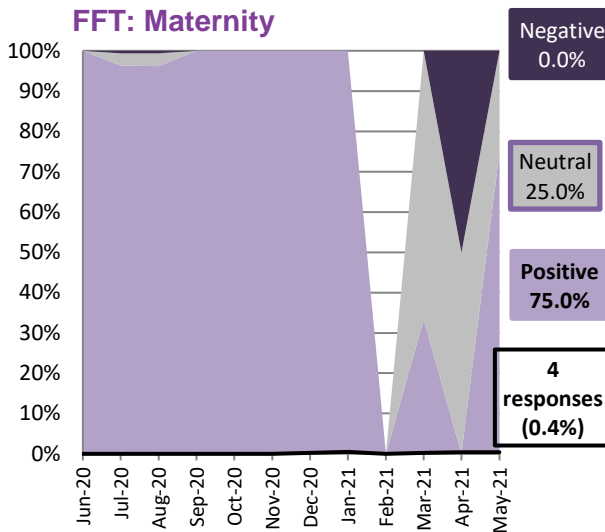
Complainants are more often than not a relative of the patient, which is a change from previous months. Analysis of these complaints would suggest a disconnect for relatives, who would usually have more involvement in their loved one's inpatient stay, or outpatient treatment, but with current restrictions kerbing involvement, it has led to misinformation, questions and concerns from relatives.

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.

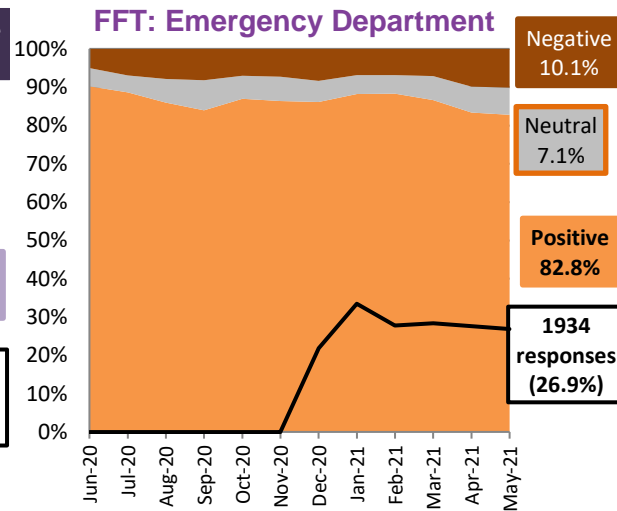
FFT: Outpatients



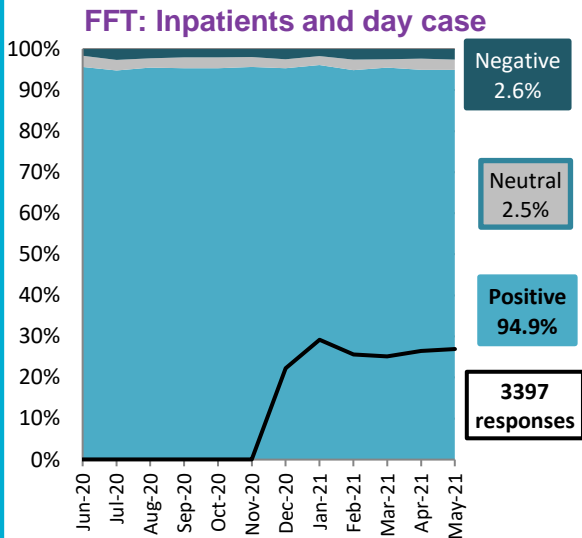
FFT: Maternity



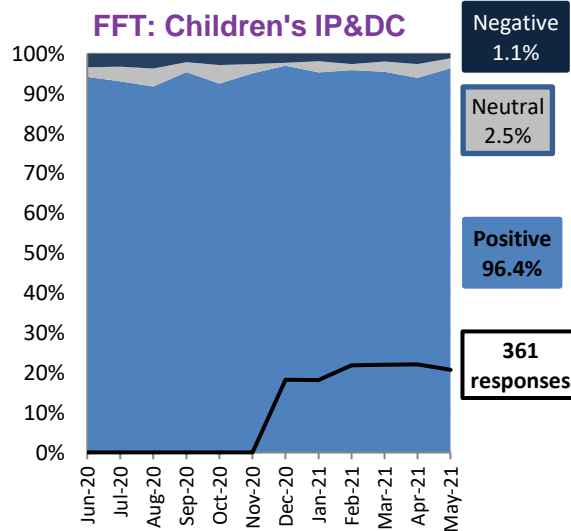
FFT: Emergency Department



FFT: Inpatients and day case



FFT: Children's IP&DC



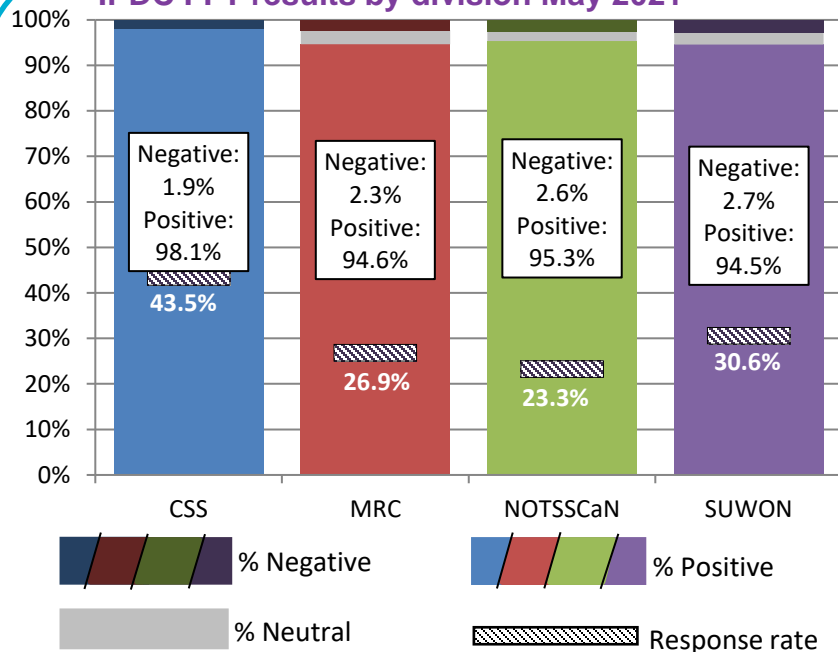
The above charts display positive/ neutral/ negative rates for each service category.
N.B. neutral responses = 'neither good nor poor' or 'don't know'

Exceptions:

- In ED % of positive responses has declined from 88.3% in Jan 2021, to 82.8% in May. This may be due in part to the increased numbers of patients during this time, from 4,647 in January to 7,198 in May. Waiting times was the second top negative theme in May, which may reflect the increase in admissions.
- Low response rate from maternity continues. Project plan is in place to increase feedback from women using the FFT SMS service

FFT: divisional results and comment themes (May 2021)

IPDC FFT results by division May 2021

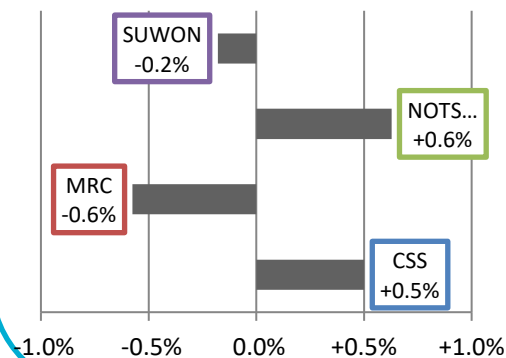


The charts to the left, display response rates and the proportion of positive, neutral and negative ratings by division, as well as each division's change in positive ratings since the previous month. **N.B.** These charts are based on inpatient and day case data only.

FFT Comment Themes:

The **top 10** raised themes (by quantity) in May 2021 were (in order): Staff attitude, Implementation of care, Clinical treatment, Patient mood/ feeling, Admission, Communication, Environment, Cancelled admissions/ procedures, Discharge, and Car parking. The top 10 most commonly raised themes in May 2021 were raised a total of **14,665** times, an **increase of +1563** incidences vs April's **13102**. The **top 3 positive** (by proportion) themes for May were: Staff attitude (**81.4%** positive), Implementation of care (**76.8%** positive), and Patient mood/ feeling (**70.3%** positive). The **top 3 negative** (by proportion) themes for May were Car parking (**28.3%** negative), Discharge (**22.4%** negative), and Cancelled admissions/ procedures (**22.3%** negative).

Positive rate shift Apr - May '21



Children's FFT:

- In May 2021 the children's hospital received 470 responses on the Friend's and Family Test surveys with a response rate of 20.9%.
- Overall, the findings were very positive with 96.4% of respondents describing their experience as 'good' or 'very good'.
- The comment theme analysis showed that the top three positive themes were staff – care and compassion (182), communication – information giving (41) and general (21). General refers to short comments such as 'brilliant' or 'great work'.
- The top three negative themes were time – waiting (19), communication – information giving (14) and play – resources (11).

Person type: Staff member

RIDDOR type: Accident– over seven day absence

Accident type: Lifting and handling injuries

Incident location: Obstetrics and midwifery

Incident details : The Injured party (IP) lifted a suitcase for a pregnant lady, didn't realise it was so heavy and sprained their neck and back.

Additional information: IP was signed off for over 7 days with a slipped disc.

Incident outcome: Actual impact 2 – minor injury / illness

Lessons learned: Health and Safety Team discussed this incident with the manager, risk assessment reviewed and updated to reflect the risk and staff made aware. Assessment of load to be identified prior to attempting to lift.

Person type: Staff

RIDDOR type: Accident –over seven day absence

Accident type: Another kind of accident

Incident location: Clinical Biochemistry

Incident details : The Injured party (IP) strained/sprained the meniscus in their knee whilst getting up from their chair whilst engaged in their normal work activities.

Information: The IP's symptoms worsened over time and resulted in an over 7 day absence, there may well be other (non-work related) contributing factors but the incident was reported out of an abundance of caution.

Incident outcome: Actual impact 2 – minor injury / illness

Lessons learned: Health and Safety Team discussed this incident with the team leader, risk assessments to be reviewed. This was an unforeseeable event.

Person type: Staff

RIDDOR type: Accident –over seven day absence

Accident type: Lifting and handling injuries

Incident location: Radiology West Wing

Incident details : The Injured party (IP) strained back/neck muscles whilst transferring a patient from their chair to the CT Scanner Table.

Additional information: Patient became unsteady and thus a dead weight” putting pressure on IP’s trapezoid muscles.

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 risk assessments. Staff member attended back care refresher course as they should of sought assistance with lifting.

Key Quality Metrics Table

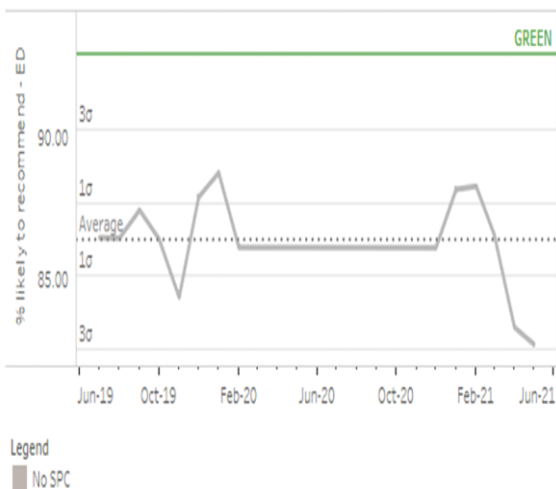
Descriptor	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
VTE Risk Assessment(% admitted patients receiving risk assessment)	N/A	98.36%	98.32%	98.41%	98.16%	98.16%	98.06%	98.47%	98.22%	98.37%	98.18%	N/A
Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)	26	36	51	60	71	87	91	97	101	114	11	18
Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)	2	2	3	3	3	3	3	6	7	7	0	0
% patients receiving stage 2 medicines reconciliation within 24h of admission	71.87%	66.35%	61.90%	60.35%	58.94%	62.03%	60.99%	60.98%	66.23%	67.08%	59.46%	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	2.36%	1.33%	2.18%	2.39%	1.81%	2.16%	2.04%	1.92%	2.34%	2.06%	1.72%	2.11%
Cleaning Score - % of inpatient areas with initial score > 92%	45.59%	45.83%	46.55%	58.57%	46.84%	55.00%	53.42%	59.74%	46.15%	43.04%	60.26%	55.38%
% Radiology direct access 7 day turnaround times - Plain Film, CT, MRI & Ultrasound	90.69%	85.92%	83.23%	82.52%	85.75%	84.11%	81.61%	79.55%	84.58%	82.36%	83.33%	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	0	0	0	0	0	1	0	2	1	0
Crude Mortality	144	173	164	182	181	196	223	332	216	222	194	182
Dementia - % patients aged > 75 admitted as an emergency who are screened	88.30%	83.33%	87.16%	81.12%	85.03%	84.46%	85.05%	80.67%	83.58%	82.48%	81.74%	N/A
ED - % patients seen, assessed and discharged / admitted within 4h of arrival	93.24%	91.22%	87.31%	83.12%	83.45%	85.26%	79.93%	71.24%	81.52%	88.22%	85.21%	83.50%
Friends & Family test % likely to recommend - ED	N/A	N/A	N/A	N/A	N/A	N/A	86.18%	88.24%	88.35%	86.63%	83.38%	82.78%
Friends & Family test % not likely to recommend - ED	N/A	N/A	N/A	N/A	N/A	N/A	8.38%	6.84%	6.85%	7.07%	9.81%	10.13%
Friends & Family test % likely to recommend - Mat	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	75.00%
Friends & Family test % not likely to recommend - Mat	N/A	N/A	N/A	N/A	N/A	N/A	0.00%	0.00%	N/A	N/A	50.00%	0.00%
Friends & Family test % likely to recommend - IP	N/A	N/A	N/A	N/A	N/A	N/A	95.30%	95.95%	94.87%	95.54%	94.91%	95.00%
Friends & Family test % not likely to recommend - IP	N/A	N/A	N/A	N/A	N/A	N/A	2.45%	1.83%	2.59%	2.43%	2.38%	2.48%
Friends & Family test % likely to recommend - OP	N/A	N/A	N/A	N/A	N/A	N/A	93.88%	94.69%	95.07%	94.51%	98.84%	94.27%
Friends & Family test % not likely to recommend - OP	N/A	N/A	N/A	N/A	N/A	N/A	2.96%	2.27%	2.35%	2.73%	2.36%	2.66%
% patients EAU length of stay < 12h	64.25%	60.13%	56.88%	52.76%	51.18%	54.87%	49.35%	42.04%	53.16%	56.59%	58.06%	53.46%
% Complaints upheld or partially upheld [Quarterly in arrears]	N/A	75.76%	N/A	76.04%	N/A	N/A	74.90%	N/A	N/A	74.85%	N/A	N/A

Indicators where performance has declined:

- Friends & Family test % likely to recommend - ED (NB this indicator question changed from 'recommend' to 'satisfied' in March 2021)

PE01 - Friends & Family test % likely to recommend - ED

Friends & Family test % likely to recommend - ED (FFRecED)



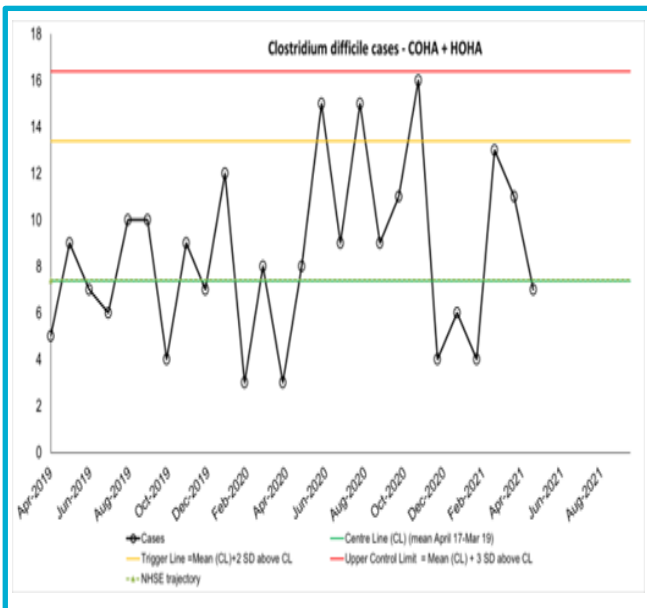
The number of eligible patients in ED has increased greatly from 4,647 patients in Jan to 7198 in May. This increase in admissions to ED may have contributed to the decrease in positive responses as this may be attributable to increased waiting times. As shown in Table 2. Staff attitude and waiting time are the top negative themes in May. This indicator is also in line data at a national level (April and May is not yet available)

Table 1: Response rates and % positive responses

	Jan-21	Feb-21	Mar-21	Apr-21	May-21
National figures (% positive)	88	87.5	86.5	Not available	Not available
OUH figures (% positive)	88.3	88.3	86.6	83.40%	82.78
OUH response rates (%)	32%	28%	28%	28%	27%
OUH eligible (n)	4,647	4,567	5,545	6,274	7,198

Table 2: Negative themes by month

Feb-21	Mar-21	Apr-21	May-21
Staff attitude (54) Implementation of care (50) Clinical Treatment (39)	Staff attitude (67) Clinical Treatment (55) Waiting time (54)	Waiting time (105) Staff attitude (93) Clinical Treatment (68)	Staff attitude (124) Waiting time (117) Implementation of care (92)



C. diff: 2020/21: In May there were 7 cases. Health Economy meeting for review of Q1 cases will be held in July. Trajectory data will be included, once further information received from NHSE/I.

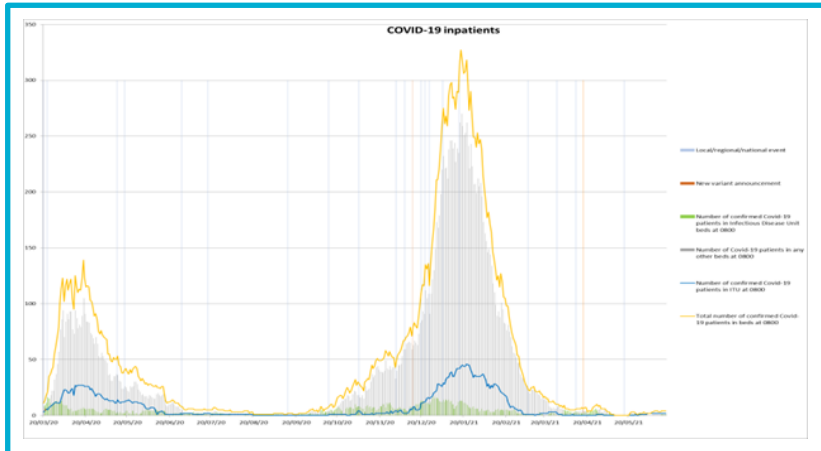
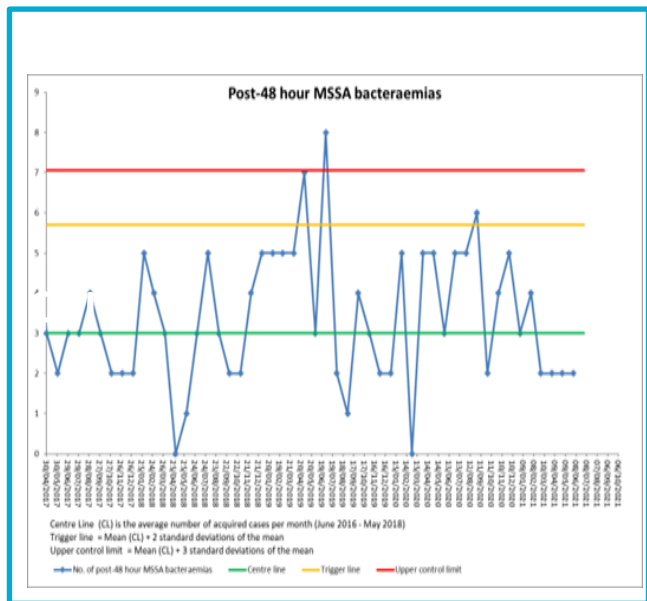
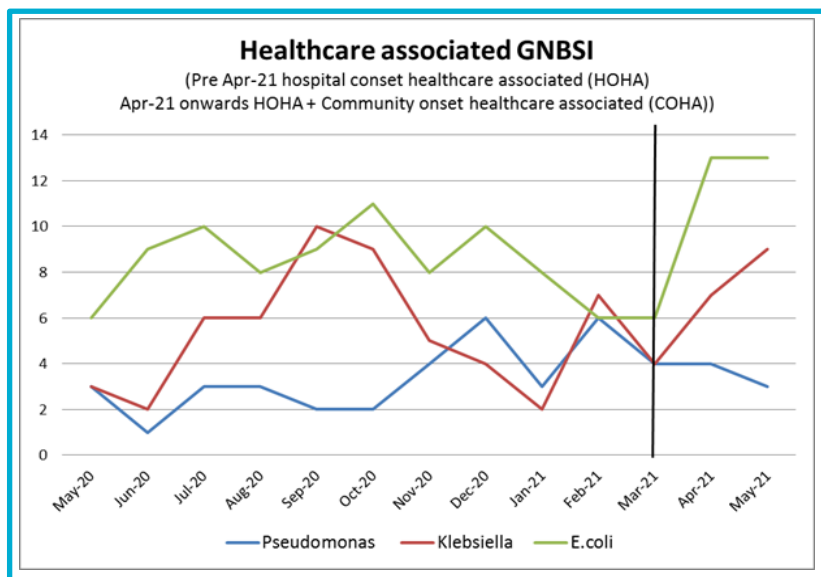
Gram negative blood stream infections (GNBSI): NHSI Target to reduce healthcare associated GNBSI by 50% by 2023/24. From April 21 reported as HOHA and COHA (previously HOHA -post-48 hour only)

MSSA: 2 post 48 hour cases, 9 months under the trigger line
COVID-19: no nosocomial cases or outbreaks in May
Staff COVID-19 data. Trust continues to offer symptomatic testing. Asymptomatic testing will stop at the end of June. Staff are expected to continue to access and report lateral flow device test results twice weekly. No staff cases via staff testing services in May.

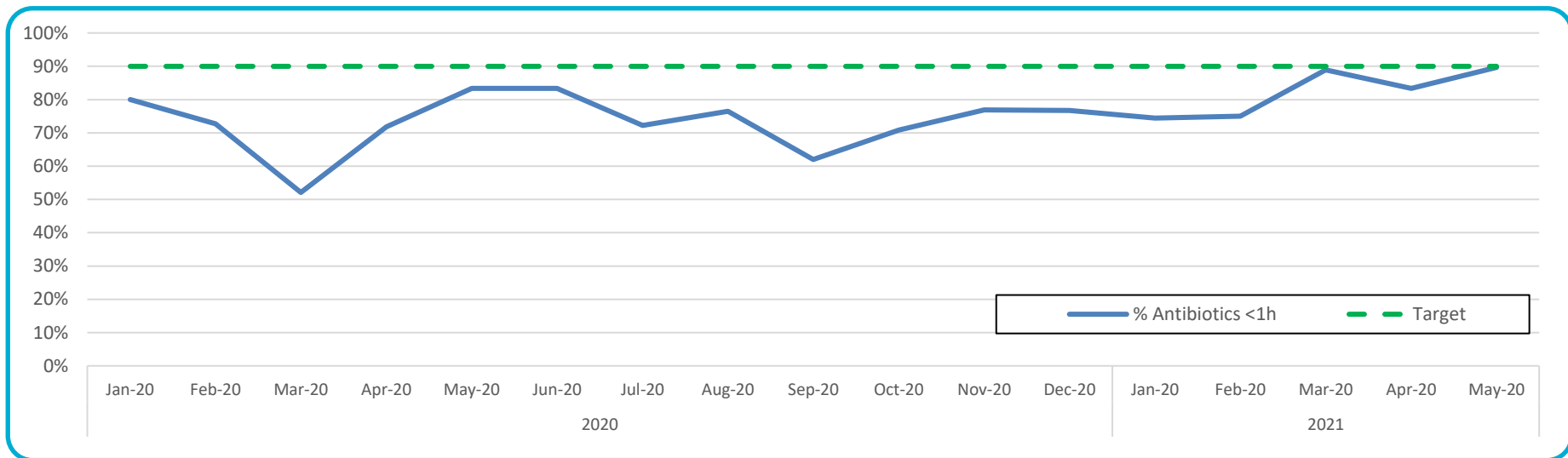
Staphylococcus capitis in Neonates In February, PHE alerted Trusts to an increased incidence in Staphylococcus capitis infection as a potential outbreak organism. A lookback has identified over 100 isolates from multiple sample types over 4 years with no clear evidence of adverse outcome. Investigation and mitigation continues.

Legionella in the Cancer Centre Pilot engineering project about to begin (end of June) to investigate/enhance hot water system

Spinal surgical site infection The team have raised concern over an apparent increased rate of infection. The IPC team and CMO have asked for an audit with denominator data, and an investigation is underway



The percentage of COVID cases defined as being nosocomial (definite plus probable cases) in the 1st wave of the pandemic (March-Sept 2020) was 12.8%. In the second wave (Oct '20- March '21) the percentage was 8.9% - this is a significant reduction (p= 0.0034).



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

- May 2021: Overall **26/19 (90%)**; ED **24/26 (92%)** – 90% target overall met for the first time
- Latest SHMI for sepsis **83.6 (71.4-97.3)** [Jan 20 – Dec 20; “lower than expected”; Dr Foster]

Sepsis Action Plan Progress:

ACTIONS	Status	Progress notes
1. Fix and refine the Sepsis Alert to improve specificity	Completed	Previous glitches have been resolved.
2. Refocus Sepsis Nurse support in ED & EAU	Completed	2 nd sepsis nurse replacement to start 28 June
3. Strengthen Directorate & Divisional Reporting & Feedback	Completed	New divisional process for auditing and reporting sepsis.
4. Expand Sepsis Dashboard to support individual feedback	In progress	1 st iteration reviewed and feedback provided.
5. Improve Sepsis Coding	Completed	Changes agreed to improve data quality & reporting.

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

Safety Huddles

Safety Huddles are held in all areas to focus on patient and staff safety; to learn from what went well yesterday, what did not go so well, what can we learn and do differently today and what are the risks that need mitigating.

Aim for 100% Compliance with the WHO Surgical Safety Checklist

WHO Audit	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Documentation	99.78%	99.15%	100.00%	100.00%	100.00%	99.54%
Observation	99.66%	100.00%	100.00%	99.68%	99.64%	100.00%

WHO documentation audit 99.5% compliance (434/436):

- CSS 100% (138/138), SuWOn 100% (38/38)
- MRC 99.4% (174/175) Cardiac Angiography had one signature not completed. This has been reported to staff and they have been reminded of the importance of completing all sections of the form.
- NOTSSCaN 98.8% (84/85) The sign out on one form was not completed. This was escalated to Silver bleep for discussion with the relevant team and the WHO form was amended
- **WHO observational audit 100% compliance (349/349):** CSS 100% (23/23), MRC 100% (22/22), NOTSSCaN 100% (144/144), SuWOn 100% (160/160).

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 reconvened in March having not met due to operational pressures during the pandemic; no meeting was held in April as no new LocSSIPs were ready for presentation; work has been going on to develop a LocSSIP audit tool with a sub-group of users with the aim to trial this once elective procedures resume, and staff are back working in their usual roles. The aim will then be to roll this out Trust-wide later in 2021.
- Local audit of the safety checklist element of the LocSSIPs is included in the WHO compliance above.

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

- Seven actions from 2020/21 Never Events have passed their target date, three of which have been completed.
- Outstanding actions are in progress and overseen by the Serious Incident Group.

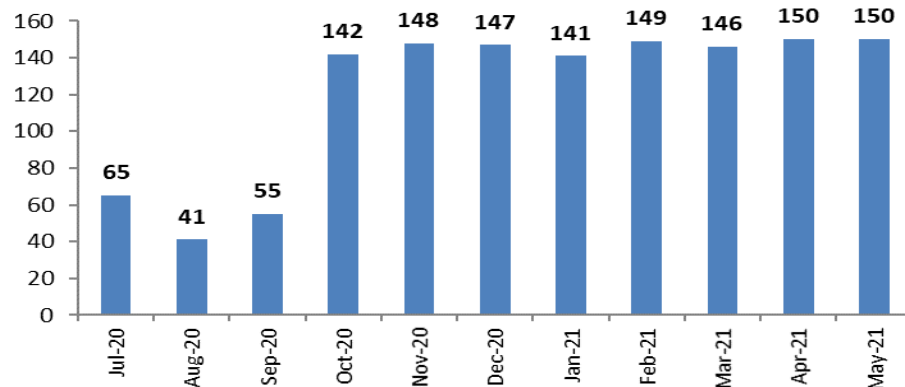
1 Never Event has been recorded to date in 2021/22

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

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

- A staff led initiative whereby members of staff can nominate colleagues to recognise instances of excellence.
- The nominee receives an email thanking them and the narrative that was reported.
- A multi-professional core group has enthusiastically promoted Excellence Reporting locally (within respective divisions and in all-staff briefings, through Corporate Communications and on social media) and represented the Trust work Nationally.
- Professor Pandit personally presents an excellence report of the month to an individual or team that has made a significant contribution.
- In June 2 Excellence reports have been presented;
 - Paediatric registrar
 - Consultant Clinical Oncologist at the Oxford Cancer Center at the Churchill.

Excellence Reported in Ulysses

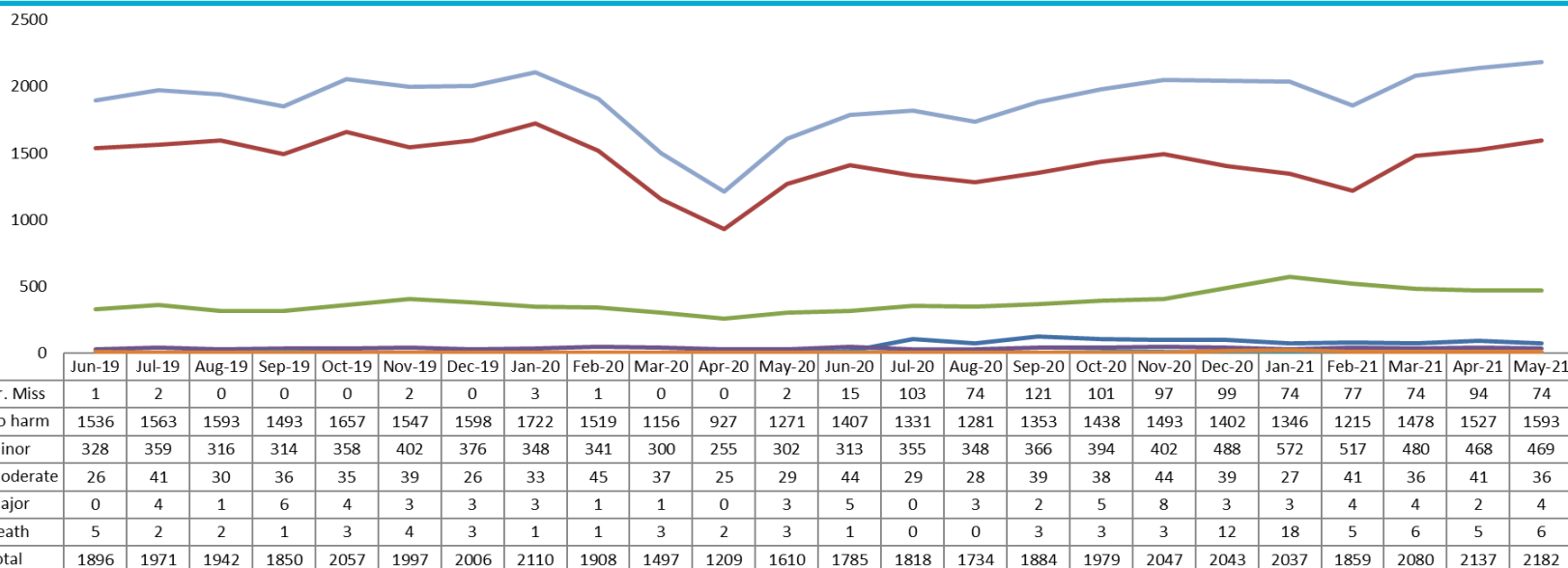


Theme	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Teamworking	37	43	51	55	48	51	55
Compassionate Care	35	28	22	32	25	29	24
Going Above And Beyond	69	72	65	61	72	66	66
Innovation	7	4	3	1	1	4	5
Grand Total	148	147	141	149	146	150	150

Reporting
EXCELLENCE



2182 patient incidents were reported in May 2021; the mean monthly number over the past 24 months is 1901. The number of incidents reported reduced in mid-March 2020 due to the COVID-19 pandemic-related reduction in numbers of in-patients, halted elective surgery and reduced outpatient activity. Incident reporting levels have returned to previous levels. A large number of incidents reported with a small percentage of incidents with significant impact reflects a good safety culture; National Reporting & Learning System data shows the Trust's ratio of incidents reported to bed days to be well above the median when compared with peers.



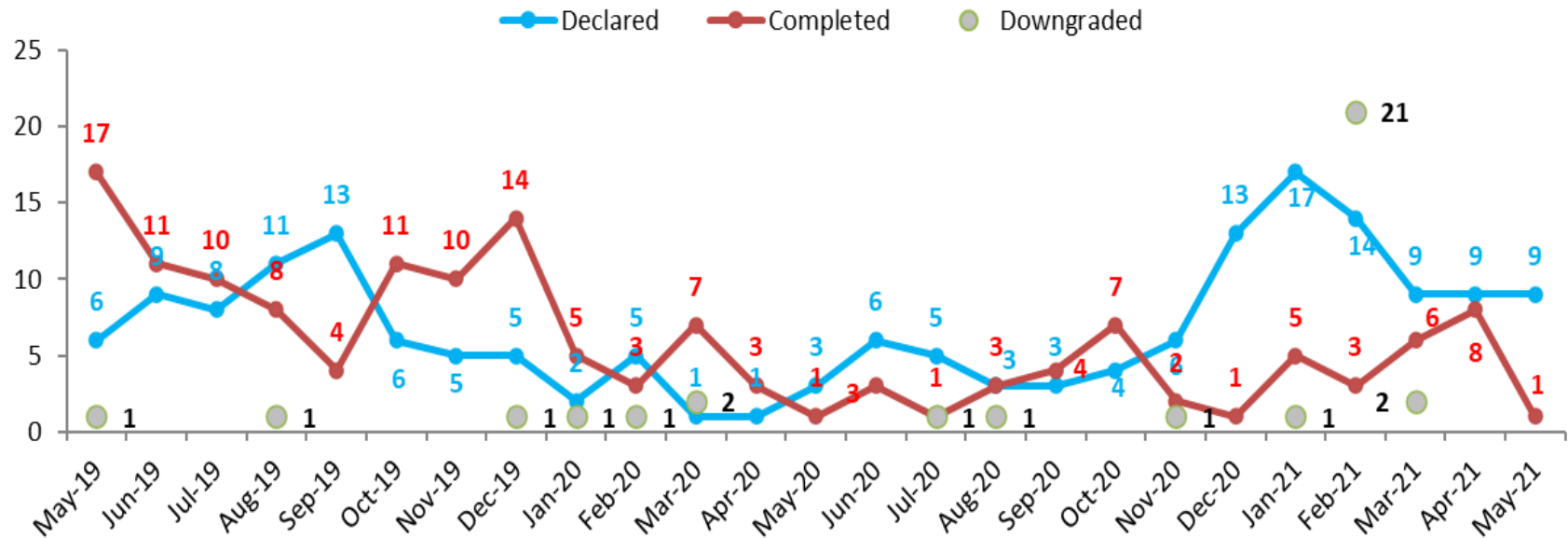
In May, 76 incidents were discussed at PSR. One visit from PSR representatives to support staff and patients took place, and 8 incidents had their impact downgraded in the meeting. One SIRI investigation report was submitted for closure to the Oxfordshire Clinical Commissioning Group (OCCG) in the same 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.

The graph below shows 9 SIRIs were declared by the Trust in May 2021 and 1 SIRI investigation was sent for approval to the OCCG.

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

No SIRIs were downgraded in May.

SIRIs declared and completed in the last 24 months



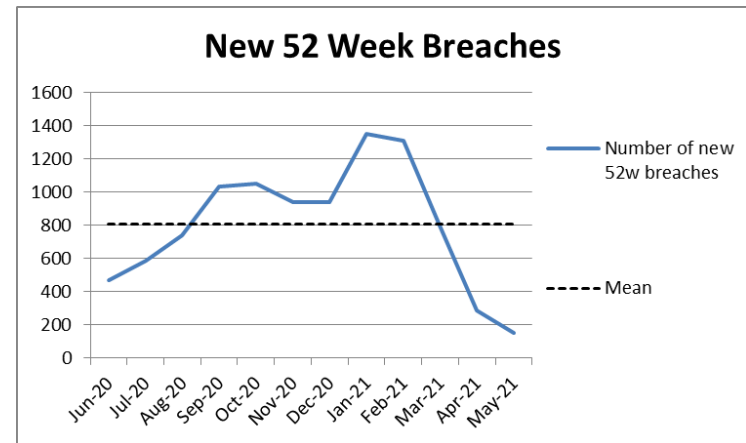
Clinical Risk: Harm reviews from extended waits

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 May Harm Review Group meeting (HRG).

Services with over 20 new 52w breaches

Specialty	Feb21 new breaches	Mar21 new breaches	Apr21 new breaches	May21 new breaches	May21 total breaches
ENT	319	179	27	(17) ↓	1,234
Gynaecology	59	44	(12)	(9) ↓	65
Maxillo Facial Surgery	186	72	51	(15) ↓	361
Neurosurgical	(11)	(9)	43	(6) ↓	83
Ophthalmology	211	108	24	(18) ↓	222
Paediatric ENT	122	72	(5)	(4) ↓	376
Plastic Surgery	57	40	(17)	(17) ↔	168
Spinal Surgery Service	37	27	(7)	(11) ↑	159
Trauma & Orthopaedics	110	88	23	(15) ↓	195
Urology	37	22	(12)	(5) ↓	49

Total new 52w breaches



- There were 3,258 patients who had been waiting more than 52 weeks for elective treatment at the end of May 2021 (a reduction on the April figure of 4,174)
- May saw the lowest total number of new 52 week breaches since April 2020 when 143 new breaches were recorded (see graph above right). This is because the Trust was closed to referrals one year ago.
- No service had 20 or more new 52w breaches in May.
- One 52w breach in 2020-21 has been confirmed as entailing Major impact, this is being investigated at a Divisional level.
- Three 52w breaches in 2020-21 have been confirmed as entailing Moderate impact, these are being investigated at a local level.
- No reviews form 2021-22 breaches have shown greater than minor impact to date.
- The following slide shows the number of 52 week breaches with a decision to treat. The information is then collated using the RCS priority codes assigned to the patient.

Clinical Risk: Harm reviews from extended waits

May 52w breach cases with details of the prioritisation level

Service	2. Surgery that can be deferred for up to 4 weeks	3. Surgery that can be delayed for up to 3 months	4. Surgery that can be delayed for more than 3 months	Not yet prioritised	Grand Total
Colorectal Surgery			1		1
Ear Nose and Throat		46	156	49	251
Gynaecology	2	14	28	9	53
Interventional Radiology		1		1	2
Maxillo Facial Surgery	1	59	165	57	282
Neurosurgical Service	1	56	18	2	77
Occupational Therapy		1			1
Ophthalmology	3	24	96	55	178
Optometry			2		2
Orthodontics			2		2
Orthoptics			1		1
Orthotics			1		1
Paediatric ENT		11	46	14	71
Paediatric Gastroenterology		1			1
Paediatric Neurosurgery		1	3		4
Paediatric Ophthalmology	2	3	17		22
Paediatric Oral and Maxillofacial Surgery Service		3	13	3	19
Paediatric Plastic Surgery	4	14	19	3	40
Paediatric Spinal Surgery		12	16	3	31
Paediatric Surgery		15	10	5	30
Paediatric Trauma and Orthopaedics		9	7	3	19
Paediatric Urology		13	3	2	18
Physiotherapy		1	1		2
Plastic Surgery	6	46	69	15	136
Plastic Surgery Craniofacial	1		2		3
Restorative Dentistry		1	1		2
Spinal Surgery Service	1	16	59	12	88
Trauma and Orthopaedics	1	71	47	38	157
Unknown		5			5
Urology	1	17	11	7	36
Vascular Surgery	1	1	18	3	23
Grand Total	24	441	812	281	1558

Please note, the 'Not yet prioritised' column indicates where a categorisation has not been added to the pathway in EPR. Because of the urgency, no priority 1 cases appear amongst the 52w breaches.

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

Weekly Safety Alerts

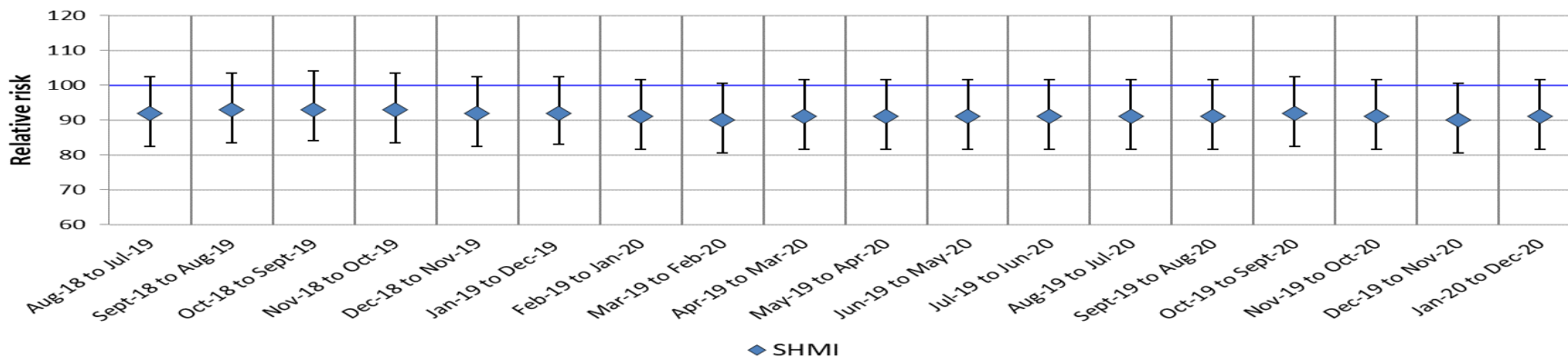
Actions ▾

1 - 100 ▶

📧 Title	Alert Date
Weekly Safety Message 124: PPE and heat stress	15/06/2021 11:00
Weekly Safety message 123 - Medications and GI bleeds	08/06/2021 16:00
Weekly Safety Message 122 - Point of care blood tests	01/06/2021 16:00
Weekly Safety Message 121: Benzodiazepines and opioids in combination: risk of severe respiratory depression	25/05/2021 15:00
Weekly Safety Message 120 - Keeping safe with insulin	18/05/2021 11:00
Weekly Safety Message 119 - Medicines: Steroid Emergency Card	11/05/2021 08:00
Weekly Safety Message 118 - Incident management: reporting	04/05/2021 10:00

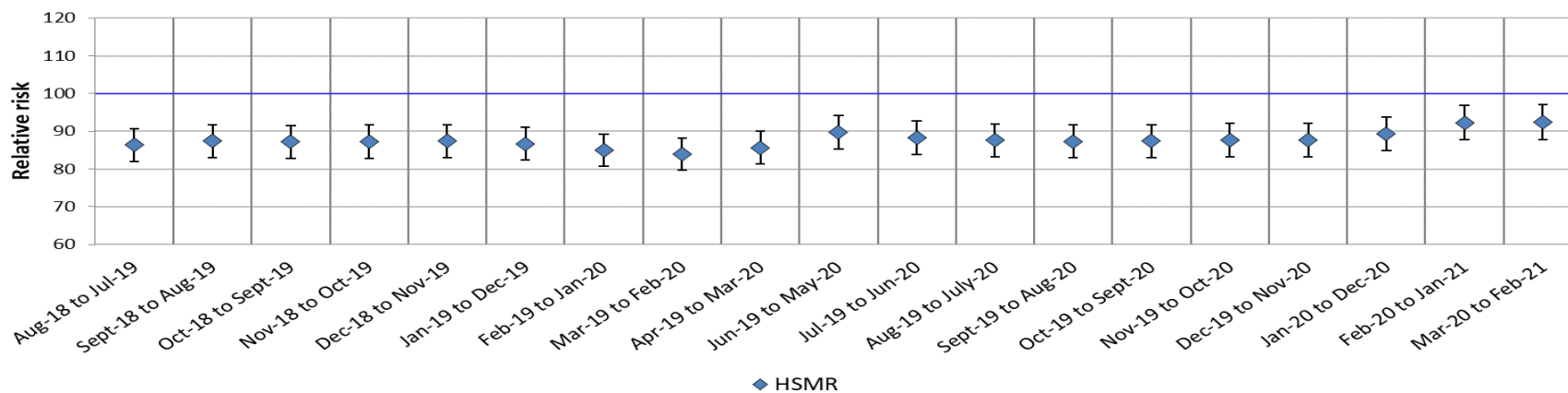
The SHMI for the data period January 2020 to December 2020 is 91. This remains rated 'as expected'.

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 92 for March 2020 to February 2021. The HSMR remains rated as 'lower than expected'

Summary Hospital-level Mortality Indicator (SHMI) January 2020 to December 2020 – Shelford Group

Shelford Group Trust	SHMI (Jan-20 to Dec-20)	Banding
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0.70	Lower than expected
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	0.73	Lower than expected
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.75	Lower than expected
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.88	Lower than expected
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.91	As expected
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	0.94	As expected
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.95	As expected
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	0.95	As expected
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	0.97	As expected
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	1.00	As expected

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

Hospital Standardised Mortality Ratio (HSMR) March 2020 to February 2021 – Shelford Group

Shelford Group Trust	HSMR (Feb-20 to Jan-21)	Banding
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	72	Lower than expected
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	75	Lower than expected
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	75	Lower than expected
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	82	Lower than expected
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	83	Lower than expected
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	92	Lower than expected
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	98	As expected
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	101	As expected
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	111	Higher than expected
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	115	Higher than expected

Operational Performance

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

OUH Operational Performance Benchmarking – National and Shelford Group

Indicator	Standard	Current Data Period	National	Shelford	OUH
Accident & Emergency '4 hour' standard 'All Types'					
% ≤4 hour waits from Emergency Department attendance to admission/transfer/discharge	95%	31/05/2021	74.46%	65.05%	83.50%

Referral to Treatment Standards					
RTT: % <18 week waits, Incomplete pathways	92%	30/04/2021	64.16%	62.60%	70.42%
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	30/04/2021	2147	6713	4163

Cancer Standards					
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	30/04/2021	85.44%	80.43%	69.07%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	30/04/2021	62.07%	56.97%	4.40%
First treatment within 31 days of cancer diagnosis	96%	30/04/2021	94.18%	91.87%	93.13%
First cancer treatment within 62 days of urgent referral from screening service	90%	30/04/2021	74.29%	75.44%	75.76%
First cancer treatment within 62 days of urgent GP referral	85%	30/04/2021	75.37%	65.79%	74.76%
Subsequent cancer treatment in <31 days: surgery	94%	30/04/2021	84.57%	81.86%	86.30%
Subsequent cancer treatment in <31 days: drugs	98%	30/04/2021	98.96%	98.15%	100.00%
Subsequent cancer treatment in <31 days: radiotherapy	94%	30/04/2021	96.18%	94.30%	87.18%

DMO1 6 week Diagnostic Standard					
DMO1: >6 week waits for treatment	1%	30/04/2021	24.03%	26.67%	8.10%

A&E

In month 2, whilst performance against the 4 hour standard was particularly challenging, OUH performed well in comparison to the national average and Shelford group average.

RTT

At the end of April, OUH performed above the national average and the Shelford group average for patients waiting under 18 weeks at 70.42%; OUH continues to report more 52 weeks than the national average, 4163 compared to 2147. When compared to the Shelford group, OUH's 52 week waits were lower than the average by 2,550 patients for the sixth consecutive month.

Cancer Standards

At the end of April 2021, OUH performed favourably when compared to the National and Shelford Group averages for the 'First cancer treatment within 62 days of urgent referral from Screening Service', 'Subsequent cancer treatment in <31 days: surgery', 'Subsequent cancer treatment <31 days: drugs'. When solely compared to the Shelford Group averages, OUH performed better in 5 out of 8 cancer standards.

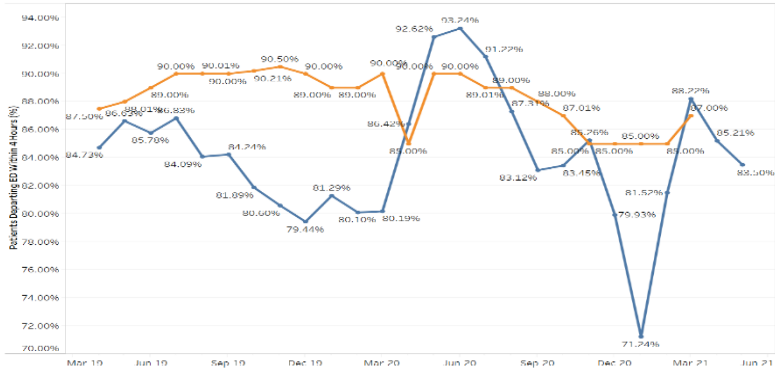
Diagnostic waits

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

OUHFT 4 hr performance

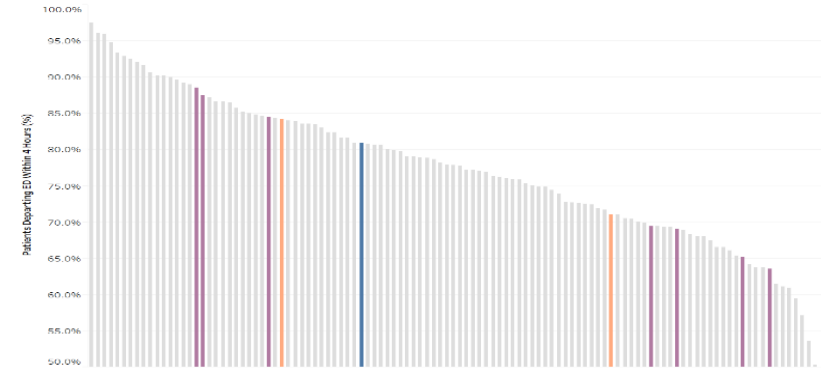
■ Performance ■ Trajectory

ED 4 hour performance against trajectory



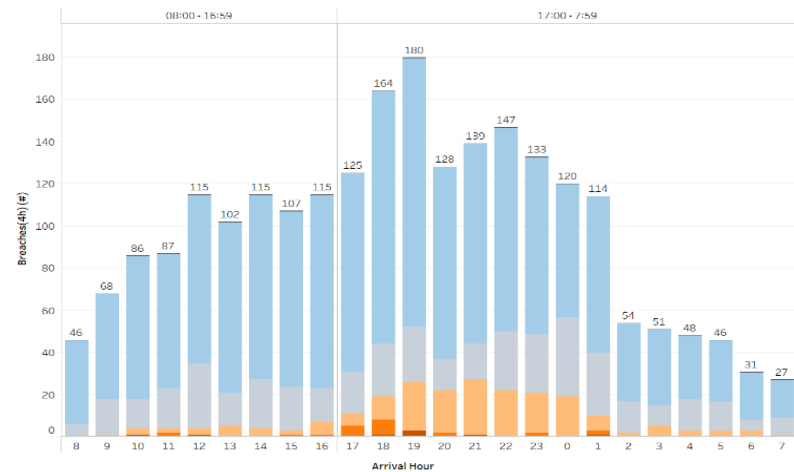
■ Oxford University Hospitals ■ Muckinghamshire & Berkshire ■ Shalford Group ■ Other

National 4hr ED Performance - Type 1 - May 2021

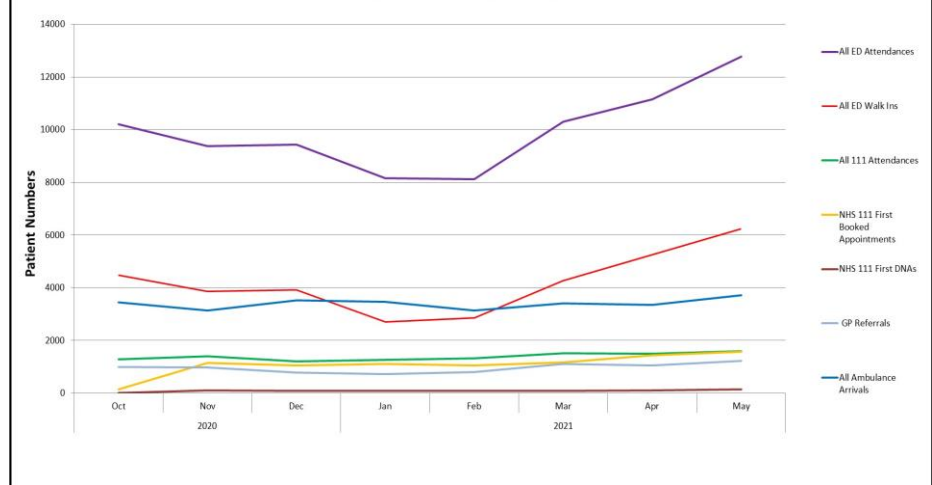


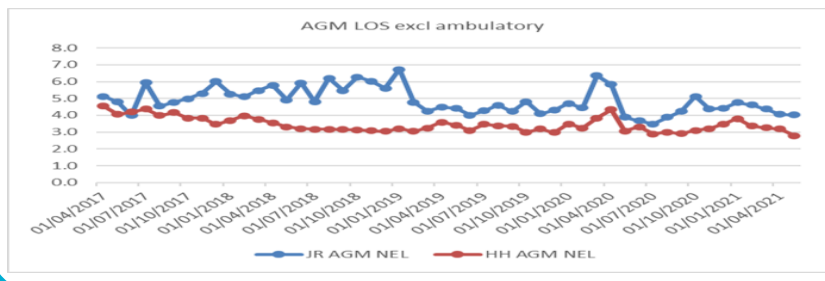
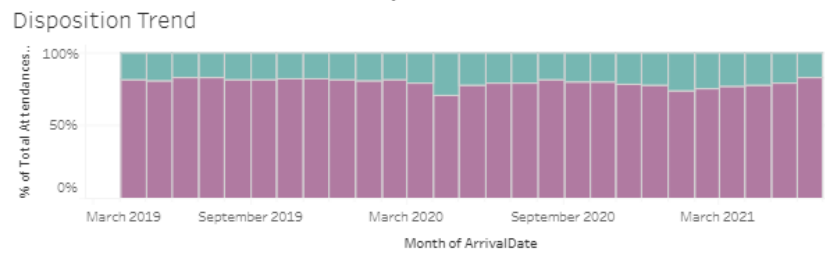
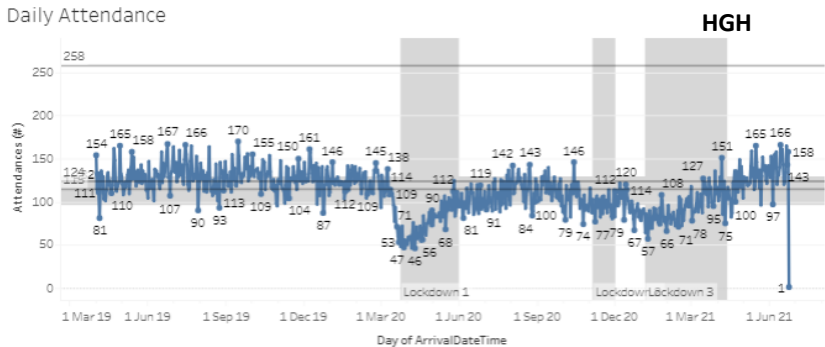
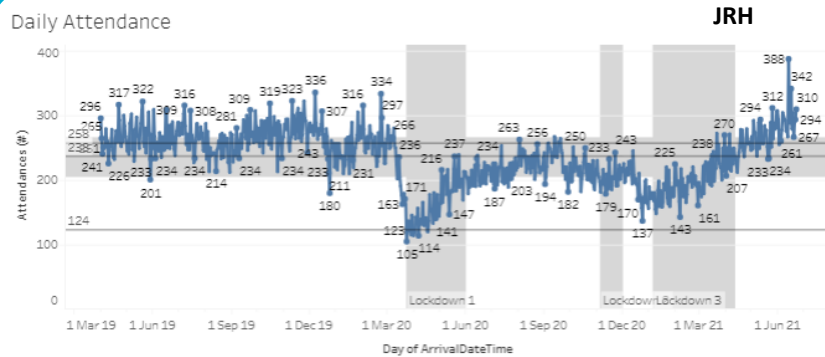
■ <4 hrs ■ 4 hrs ■ 5 hrs ■ 6 hrs ■ 7 hrs ■ 8 hrs

Trust - Breaches by Arrival Hour - May 2021



OUH ED Attendance Metrics





Attendance: ED attendance was the highest in May 2021 with an increase of 1% compared to the same period in 2019. However if the current trend continues in June 21, we will see a 10.5% increase in ED attendance compared to the same period in 2019.

Arrivals: There has been an increase in minor presentation (2%) compared to ambulance arrivals.

Conversion: Contrary to the idea that an increase in attendance will translate into a higher conversion due to overcrowding; the conversion rate remained at 33% from ED to EAU compared to the same period in 2019.

Bed Occupancy: Proportional increase in admissions resulted in consist bed occupancy of 100% in MRC wards. Increased elective activity, reduction in discharge lounge provision and reduced discharges before 12:00 all contributed to reduced flow across the urgent care pathway. Diverting the medical admissions through the Emergency Assessment Unit (EAU) significantly reduced the medical conversion rate, contributing to reduced trolley waits in EAU.

LOS: Average length of stay for AGM and Ambulatory has continued to decrease.

Oxfordshire County Council has had a undertaken a tender exercise for reablement services; the outcome of which is not yet known. A transition group is in place to undertake the planning for new providers to take over from the HART team in a phased way later in the year. Partnership working is in place to help mitigate potential risks to patient flow and staff. OUH strategy around the HART staff is in development, with a view to developing two strands of a new service:

- Urgent Community Response (a new OHFT/OUHFT provider collaborative)
- End of Life Care services

Methodology to understand reduction in performance

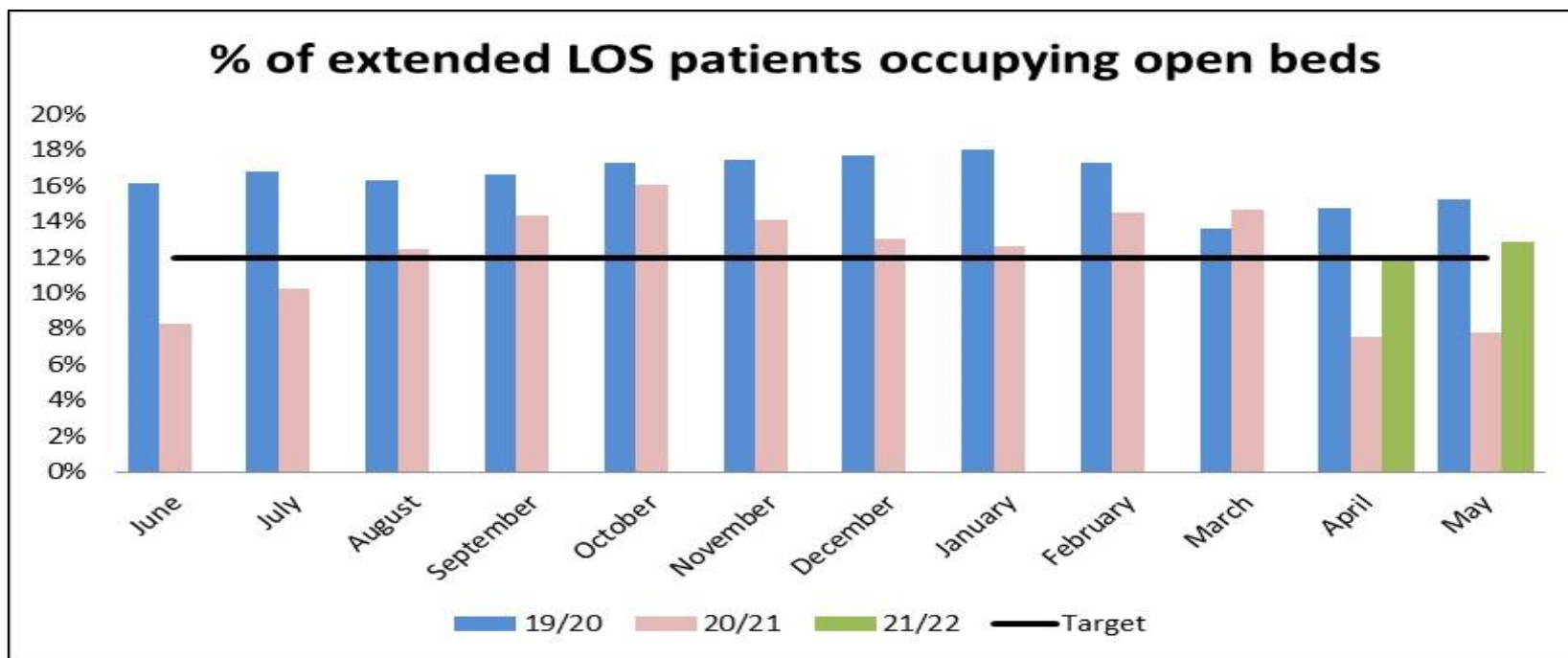
- Missed opportunities audit JR Emergency Department (ED) – attendances for 21/04/2021 17:00-22:00hrs
- Daily review of overnight breaches in June 2021
- Three perfect days JR and HGH ED's to increase referrals to Urgent Community Response – review of all patients in ED during the three days
- Review of the top 10 NHS 111 referrals to the JR and HGH ED's – the majority were out of hours

Key Issues	Comments
Increase in attendances from 16:00hrs	Risk of congestion - Increase overall attendances particularly walk ins SCAS 999 crews can refer to community medical SDEC up to 14:00hrs if stretcher and 16:00hrs for more ambulatory patients
Walk ins	The majority of people who walk in are under 60yrs and in the evening. The majority of the walk-in are 16-59yrs and the smaller group are children 3-13yrs A minority of which are booked by NHS 111 to community assessment units but arrive in ED
ED streaming	The JR and HGH ED's clinical stream attendances within ED and redirect within the site for the same day or next day review. ED staff are unable to directly stream/book to services outside of the OUHFT
LOS of ED	In May and June 2021, the JR ED has an increase in acuity - more patient requiring resus and majors
Lack of alternative services available after 18:00hrs	Only ED and Out of Hours available after 18:00hrs. 2hr Urgent Community Response available 7 days a week up to 18:00hrs
Community SDEC and 2hr Urgent community response	Due to transport issues to transfer patients back home, community SDEC do not take SCAS stretcher referrals after 14:00hrs Some of the SCAS 999 conveyances, if available could be assessed in their own home and if required referred to Medical SDEC units the following day

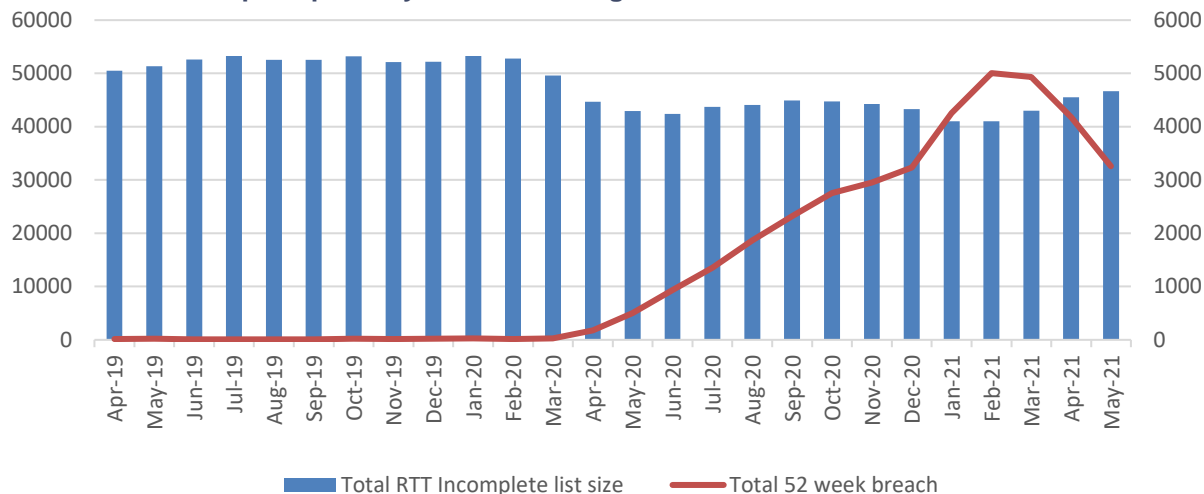
Issue to resolve	Action OUHFT System
Communications	Oxfordshire System video with advice on self care, NHS 111 on line and what to expect from ED streaming. Timescale: End July
ED streaming	Digital solutions have been reviewed The model of face to face triage will build on existing OUHFT ED streaming model <ul style="list-style-type: none"> • for all minor and major ambulatory patients • to stream out of ED to the appropriate SDEC that day or the following day, self care or to contact their GP/NHS 111 • Two week pilot undertaken during June. Findings from pilot under review.
To reduce breaches of the 4hr standard in the evening and overnight	Pilot the following both starting 21 st June 2021 <ul style="list-style-type: none"> • Additional ED consultant 18:00-00:00hrs – low uptake; alternative staffing options being explored • Ambulatory consultant in reach to ED: Friday – Monday 00:00-08:00hrs – low uptake; alternative staffing options being explored • Relaunch ‘home for lunch’ increasing by 25% discharges before 12noon
Patients to be assessed in the most appropriate setting	SCAS 999 crews to refer directly to <ul style="list-style-type: none"> • 2hr Urgent Community Response to increase to 12hrs a day 7 days a week with a plan to expand – action completed. • 24/7 – Need to review time scales for implementation whilst expanding capacity for all non-urgent care services in order to meet the demand.
SDEC provision	Plan to open Witney community SDEC 7 days a week – October 2021 OCCG reviewing transport issue in the evening to support SCAS conveyances to Community SDEC after 14:00rs to 16:00hrs Three perfect days planned with 999, UCR and community SDEC in July to increase referrals to Abingdon and Witney community SDECs

Patients with a LOS over 21 days

- In May '21, 13% of patients in the OUHFT had an extended LOS; this was slightly above the National Target of 12%.
- We continue to have inpatients who were admitted with Covid from the 2nd wave. In addition, 75% are not medically fit and are either in ICU or requiring specialist tertiary services.
- In addition to the weekly reviews, we carry out a further virtual review of those over 50 days.
- Clinicians have raised concern over the wait for patients to return to their local hospital. Their LOS is further extended when they become medically fit during the wait to be repatriated, which results in these patients becoming an out of county delay.



RTT Incomplete pathways – Total waiting list size and 52 week number trend



May submitted >104week pathways by specialty:

Specialty	Number of >104week breach
Ear Nose and Throat	6
Plastic Surgery	3
Urology	2
Paediatric ENT	2
Maxillo Facial Surgery	2
Paediatric Trauma and Orthopaedics	1
Spinal Surgery Service	1
Ophthalmology	1
Vascular Surgery	1
Paediatric Ophthalmology	1
Grand Total	20

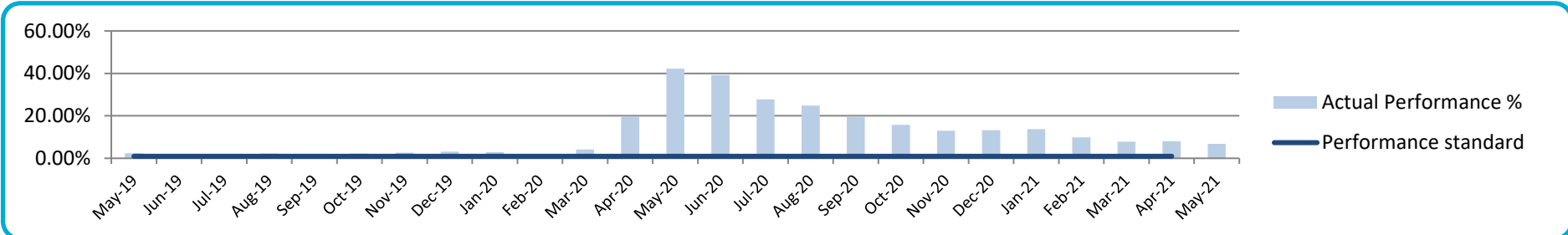
Month 2 Performance:

Trust performance against the overall **18-week incomplete RTT standard** was **74.09%** an improvement from the **70.41%** reported for April. The **total waiting list size for May is 46,620** patients and therefore represents a continued **increased list size** when compared to previous months.

52 week wait position month 2: There are **3,258** patients waiting over 52 weeks for first definitive treatment at the end of May '21; this represents a significant **decrease** of **916** patients when compared to previous months performance. Strong progress is being made in delivering the Trust's elective recovery programme which was outlined in the April Integrated Performance Report with activity levels exceeding the required levels contained with the national priorities and planning guidance. **20** patients were submitted as having waited **over 104 weeks** at the end of May 2021. This represents an **increase** when compared with 16 reported in month 1 (April 2021). The services reporting >104week breaches are detailed in the table (right).

The Trust has a number of specialties with significant capacity challenges – ENT, Maxillofacial surgery, Ophthalmology. For these specialties, in addition to the Trust's internal recovery programme, Task and Finish Groups have been established across the Buckinghamshire, Oxfordshire & West Berkshire Integrated Care System (BOB ICS) to support recovery of elective access for these specialties across the system.

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



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

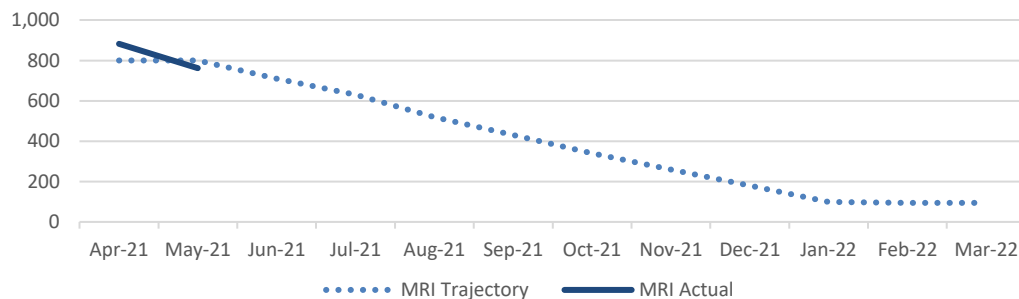
Specialty	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Trend rolling 12 month period
Magnetic Resonance Imaging	762	832	870	914	683	504	494	677	808	741	794	882	762	
Computed Tomography	716	626	357	316	174	87	43	32	22	26	21	17	16	
Non-obstetric ultrasound	1916	1865	1123	872	895	871	528	387	193	15	15	20	10	
Barium Enema	25	21	0	0	0	0	0	0	0	0	0	0	0	
DEXA Scan	370	411	151	110	32	0	0	0	0	0	0	0	0	
Audiology - Audiology Assessments	415	259	70	28	21	7	8	11	8	19	5	2	28	
Cardiology - echocardiography	7	43	24	25	45	53	98	49	24	8	9	1	0	
Cardiology - electrophysiology	2	36	9	3	13	15	19	34	28	8	2	21	0	
Neurophysiology - peripheral neurophys	81	158	48	45	17	108	61	42	66	53	36	29	42	
Respiratory physiology - sleep studies	0	0	0	0	0	0	0	0	0	0	0	0	0	
Urodynamics - pressures & flows	0	1	0	2	12	2	0	5	1	13	1	14	18	
Colonoscopy	309	346	351	306	178	109	82	61	59	38	13	19	25	
Flexi sigmoidoscopy	180	203	179	152	144	103	91	72	50	27	11	16	18	
Cystoscopy	37	45	51	47	48	45	49	31	53	40	38	48	54	
Gastroscopy	427	521	524	514	399	239	187	169	154	85	37	41	33	

Month 2 Performance:

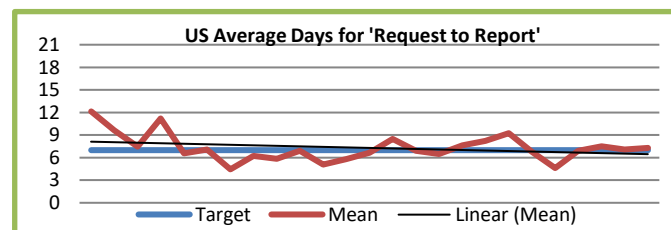
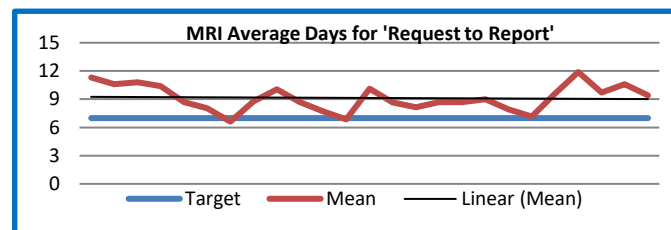
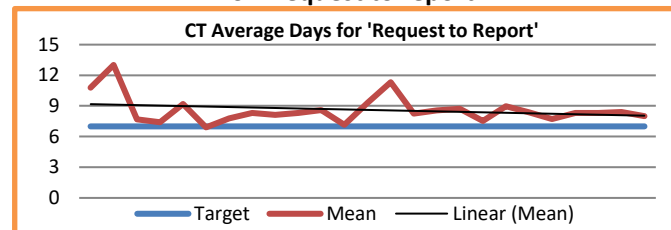
There were **1,006** patients waiting over 6 weeks for a DM01 reportable diagnostic test at the end of May (a **decrease of 104** patients compared to previous month). The Trust did not meet **the diagnostic wait** standard with **6.89%** waiting more than 6 weeks. Overall performance remains in excess of the national standard. There has been a reduction of 120 breaches in **MRI** this month, however this modality remains to have the largest volume of breaches. The additional scanner (van) is now in place for an initial 2 month period to re-provide previous lost MRI capacity, providing 366 appointments per day. Radiology's recovery trajectory is estimating a DM01 compliant position by February 2022.

Diagnostic Prioritisation - The Trust has received a gateway letter indicating the requirement to commence clinical review and stratification of the Diagnostic waiting list. Phase 1 of this programme will focus on one modality across the BOB ICS. A programme structure is in place as part of the governance approach to support delivery of this new requirement which will be aligned to the system-wide approach.

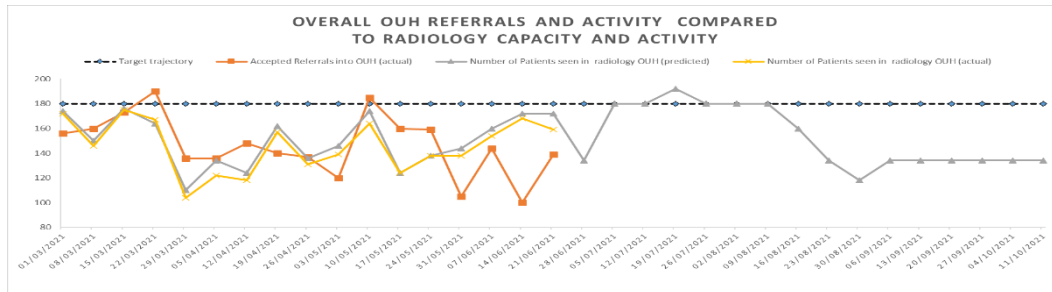
MRI volume of 6 week breaches; Actual vs Trajectory



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



Breast Symptomatic:

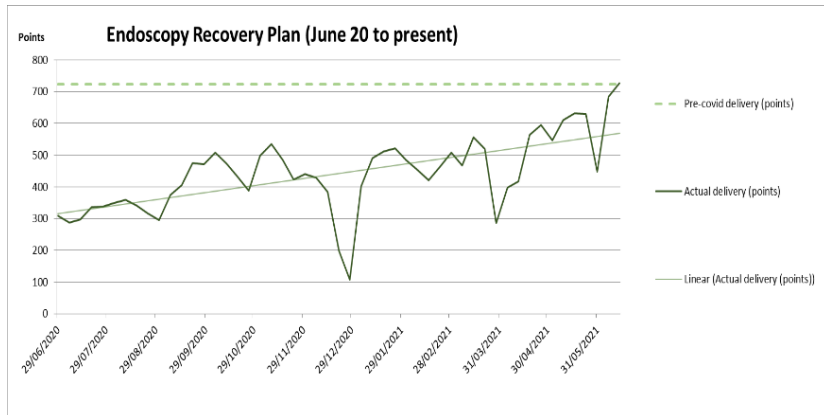


2ww requests for radiology: 7 day average wait time (from request to report) is still being maintained in **CT and US**, despite a recent increase of referrals. Average wait for request to report for **MRI** is currently 9.4 days due to the MRI replacement programme, and Churchill scanner currently being unavailable. Mobile units are currently in place to maintain capacity, but there has been impact to the 2ww MRI wait times.

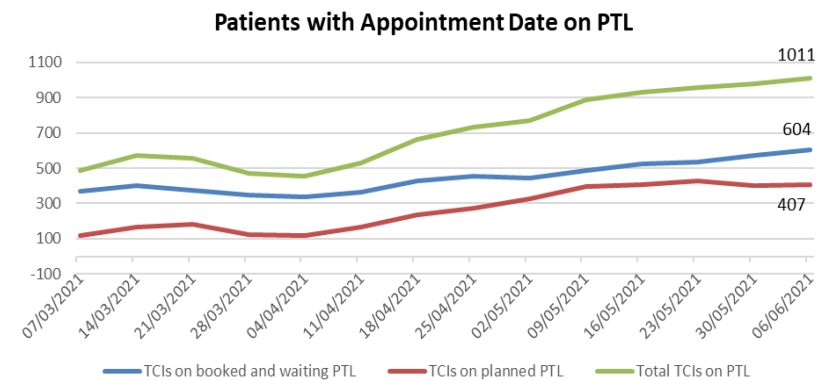
MRI DM01 performance against trajectory: The volume of >6week reportable MRI reduced by 120 breaches in May (compared to April) showing an improved position and meeting May's trajectory. Recent unplanned downtime at the NOC scanner has introduced risk to meeting June's trajectory.

Breast Symptomatic –Sunday sessions are in place (using 18week support), and additional Monday sessions are currently being planned, to provide additional slots to achieve the required 180 slots per week (as per IMAS modelled requirement). Current wait time has improved to 19 days, however, there has also been a reduction in referrals in recent weeks contributing to some of the improvement.

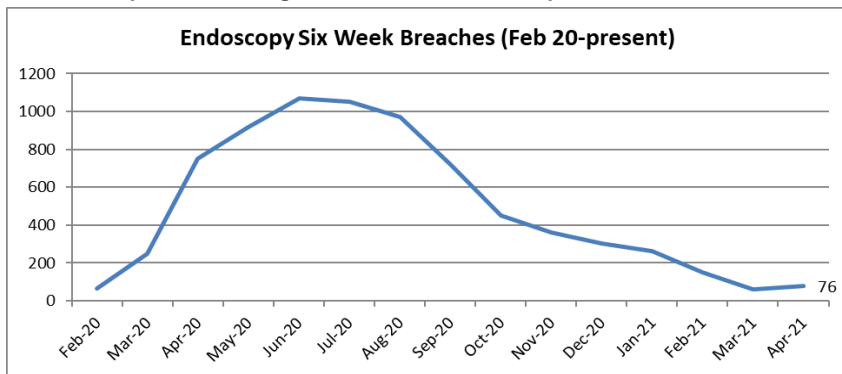
Number of points completed per week (all sites):



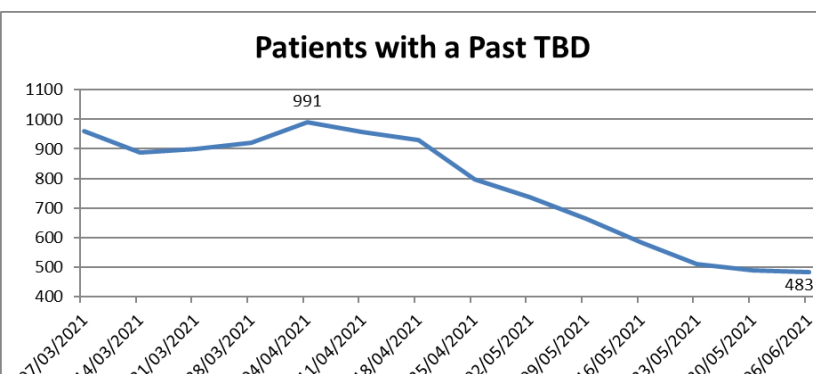
Number of patients with a booked procedure:



Number of patients waiting more than six weeks for procedure:



Patients overdue surveillance/ follow up procedure:



Improvements – The volume of patients being scheduled per day is increasing, resulting in an increased volume of patients on the waiting list who have been given a date for their procedure. These improvements are due to additional booking staff sourced via the recovery programme and improvement in booking/triage process. Booking processes have been changed to a subspecialty booking approach, providing greater ownership to the admin teams involved. The process for scheduling surveillance patients has been streamlined, and the patients are being scheduled further in advance (into insourced lists where appropriate).

Number of completed points per week has continued to show an upward trend, and data as at beginning of June showed 726 points per week, therefore exceeding pre-pandemic levels.

DM01 Performance (patients waiting >6weeks) – As a result of the above improvements, the volume of DM01 reportable patients waiting in excess of 6 weeks has showed a downward volume trend (improving position)

Planned/Surveillance - The number of surveillance patients that have passed their treatment by date (TBD) has continued to reduce, showing an improved position.

Further improvements are planned to increase the productivity of weekend lists.

28 Day reportable cancellations/readmission breaches by Month

	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Total Hospital Non clinical cancellations in period	1	5	6	12	19	20	27	13	14	6	11	23	19
28 day Readmission breaches in period	0	0	0	1	2	1	1	2	0	0	0	1	0

Other - reasons for elective on the day cancellation by Month

Clinical reason	3	3	15	16	14	14	18	10	21	21	28	18	29
Patient declined treatment on the day	0	2	4	1	3	4	3	3	1	2	6	1	3

Specialty	Cancellations (<i>on the day for hospital non clinical reasons</i>)	28 day Readmission Breaches
Cardiac Surgery	1	0
Paediatric Endocrinology	1	0
Paediatric Neurosurgery	1	0
Paediatric Respiratory Medicine	0	0
Paediatric Urology	0	0
Neurosurgical Service	3	0
Ear Nose and Throat	1	0
Ophthalmology	1	0
Paediatric Plastic Surgery	1	0
Plastic Surgery	1	0
Orthopaedics	5	0
Plastic Surgery (NOC)	1	0
Endoscopy (General Surgery)	1	0
Urology	2	0
	19	0

Month 2 Performance: There were 19 reportable (**hospital non clinical**) **elective cancellations on the day** throughout the month of May 2021, this represents a **decrease in cancellations** due to these reasons when compared to the previous month.

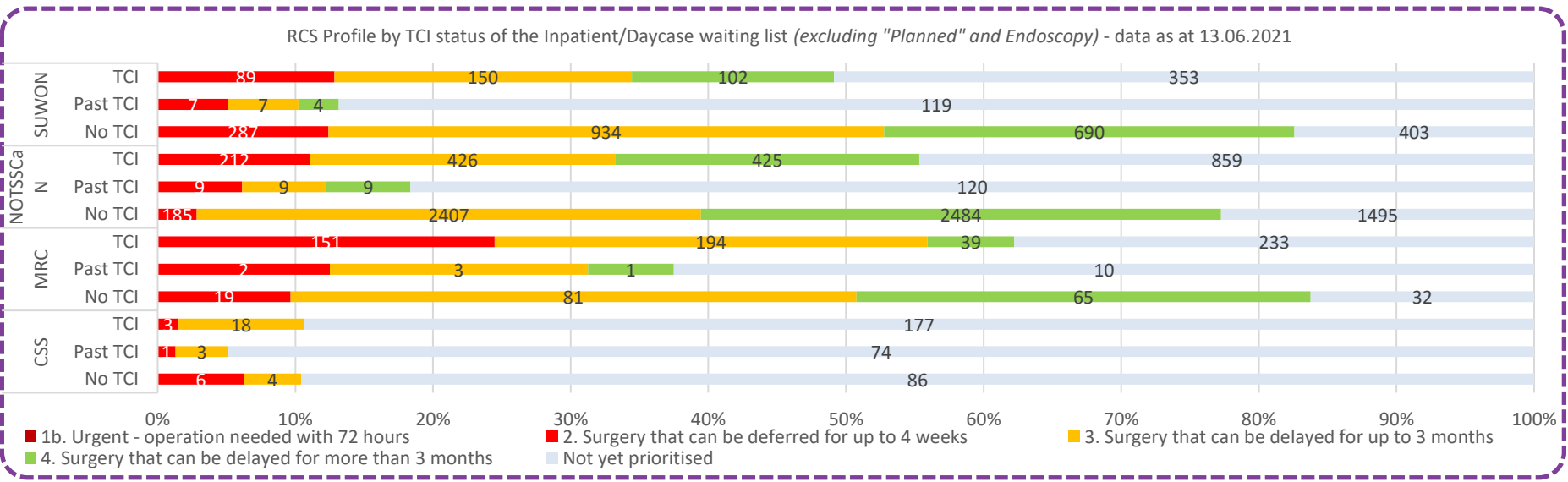
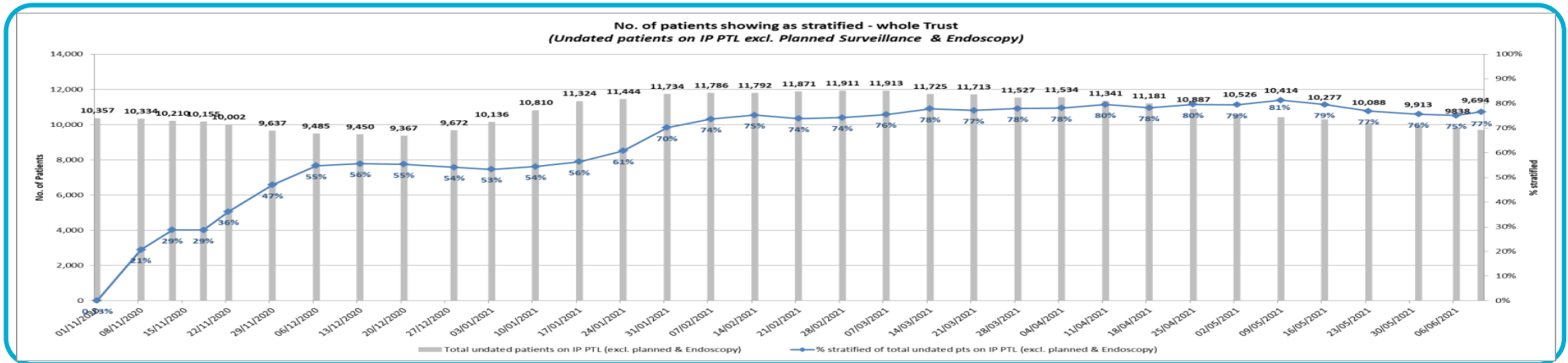
The reasons for cancellation were as follows:

- Overriding emergency took priority (10 patients)
- Ran out of theatre time/list running late (4 patients)
- No radiographer booked (2 patients)
- No Surgeon (1 patient)
- Equipment issues (1 patient)
- Booking error (1 patient)

There were zero 28 day readmission failures in May 2021

Improvement projects are currently underway looking at both theatre improvement, and cancellation reason capture and recording within EPR to enable improved analysis on cancellation data. An Improved selection of cancellation reasons have been promoted into EPR on 17th June as part of a wider project to improve reporting of elective cancellations.

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

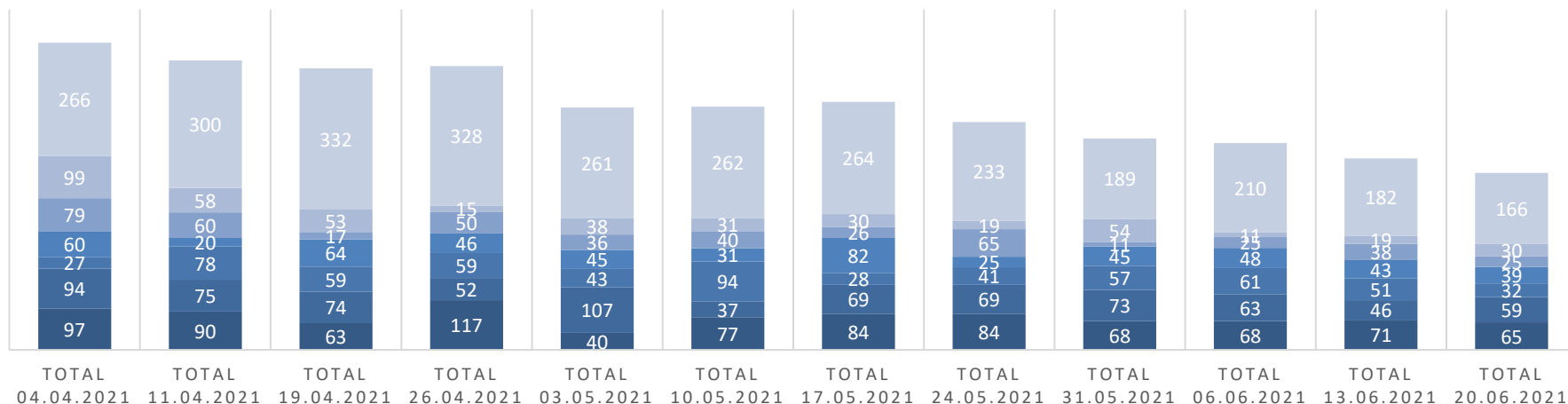


RCS Prioritisation (P1-4) : Undated patients on the surgical waiting list (excluding Endoscopy and "Planned/Surveillance" patients, have continued to be clinically prioritised using Royal College of Surgeons (RCS) guidance. As at the surgical PTL snapshot of 13/06/2021 **77% of UNDATED** patients (excluding Endoscopy "planned/surveillance") had an RCS documented within EPR, showing a slight decrease in performance compared with last months position of undated patients.

Percentage RCS completion for **DATED** patients within EPR is lower than the undated position. Redesign changes to the RCS capture process in EPR are required, and are being progressed, to improve the completion rates for patients with a TCI.

LAPSED P2S (BY NUMBER OF WEEKS LAPSED) - TREND

■ 0-1wk ■ 1-2wks ■ 2-3wks ■ 3-4wks ■ 4-5wks ■ 5-6wks ■ >6wks



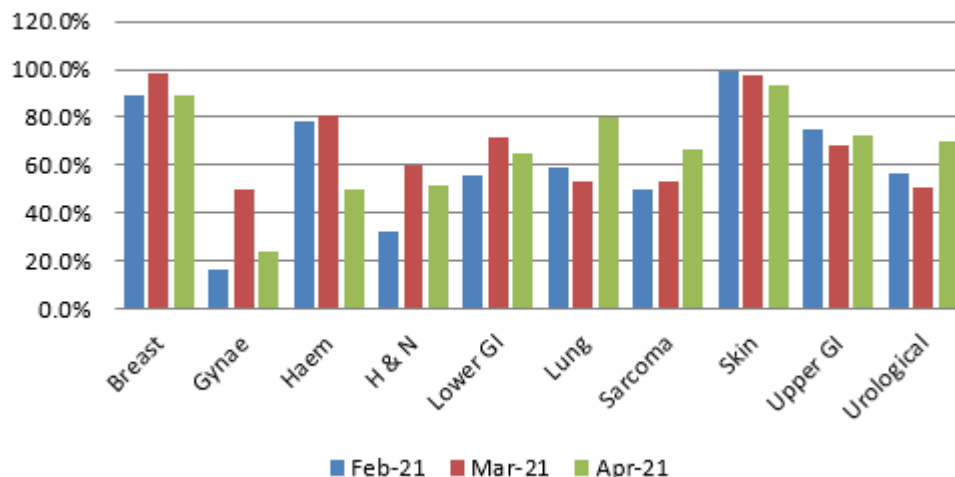
- There are **960** patients stratified as RCS category “P2” on the Inpatient/Daycase waiting list as at 20/06/2021.
- **43.3%** (416) of patients categorised as P2 have waited in **excess of the 4 week timeframe** since last being prioritised (lapsed)
- Lapsed P2 data is shared and discussed with Divisions on a weekly basis via the PTL and Assurance meeting process, with particular focus on those lapsing by the greatest amount of time (>6weeks), and securing a plan for those that are likely to lapse by the end of Q1
- There has been a **reduction in volume of patients lapsing P2** priority timeframe over the past 12 weeks from 722 (on 04/04/21) to current position of 416.
- As of 20/06/2021, there were **4 patients categorised as a P2** who’s total RTT pathway exceeded **78 weeks**, of which;
 - 2 patients require their procedure date,
 - 1 patient is being downgraded following further clinical review,
 - 1 patient is being reviewed in outpatients

Top 10 specialties of Lapsed P2s by volume of patients currently lapsed (as at 20/06/21) and TCI status:

Specialty	Currently Lapsed - with NO TCI	Currently Lapsed - with TCI	Total Currently Lapsed
Urology	46	14	60
Plastic Surgery	33	26	59
Gynaecology	35	17	52
Orthopaedics	10	34	44
Plastic Surgery Craniofacial	26	7	33
Ophthalmology	6	20	26
Colorectal Surgery	8	9	17
Vascular Surgery	13	2	15
Cardiology	3	8	11
Neurosurgical Service	6	5	11

Tumour Site	Feb-21				Mar-21				Apr-21			
	Total	Within	Breach	%	Total	Within	Breach	%	Total	Within	Breach	%
Breast	27	24	3	88.9%	32	31.5	1	98.4%	36	32	4	88.9%
Gynae	6	1	5	16.7%	6	3	3	50.0%	10.5	2.5	8	23.8%
Haem	14	11	3	78.6%	18	14.5	4	80.6%	2	1	1	50.0%
H & N	18.5	6	12.5	32.4%	12.5	7.5	5	60.0%	16.5	7.5	9	54.5%
Lower GI	21.5	12	9.5	55.8%	21	15	6	71.4%	19.5	13	6.5	66.7%
Lung	8.5	5	3.5	58.8%	15	8	7	53.3%	13.5	11	2.5	81.5%
Sarcoma	6	3	3	50.0%	7.5	4	4	53.3%	3	2	1	66.7%
Skin	52	51.5	0.5	99.0%	54	52.5	2	97.2%	46.5	43.5	3	93.5%
Upper GI	12	9	3	75.0%	11	7.5	4	68.2%	12.5	9	4	72.0%
Urological	30	17	13	56.7%	49	25	24	51.0%	44.5	30	15	67.4%
Total	198	142	56	71.6%	226	168.5	59	74.5%	204.5	151.5	53	74.1%

62 day performance Target 85%



Most significant breach numbers/ reasons:

Urology 15 – Slow pathways, delays between diagnostics, surgical capacity for diagnostics and treatment

Lower GI 7- delays in pathway due to FIT testing, complex patients

Head and Neck 8- Capacity for GA biopsy, theatre and ITU capacity for treatment. Complex diagnostic pathways, patient choice

Gynae 8- Complex patients, capacity for GA hysteroscopy and surgery, CORU beds. Clearing of long waiters

Month 1 (April 2021) Performance: Reporting an additional month in arrears, the Trust achieved 2 out of 9 CWT standards in April 2021.

2ww from GP referral: This standard was not achieved in March, reporting 69.1% against **93%** threshold. Performance continues to be impacted by the challenges within the breast pathway, with breast performance at 8.4% for April.

2ww Breast Symptomatic: This standard was not met due to capacity constraints in delivering sufficient one stop clinics to meet the volume of breast referrals received into the Trust. Performance against the standard of **93%** was **4.4%**- a significant drop since March (44.1%).

Breast action plan update (impacting both 2ww and symptomatic breast pathways)

- Short term: Insourcing list commenced Sunday 17th January providing capacity at the weekends; to be extended to include evening sessions.

- Medium term: New radiologist and fellow employed from February and TBC respectively: will provide additional 'in-week' radiological capacity from Sept 21.

- Estimated wait times: Recent demand and capacity modelling has shown that 180 slots per week are required for a sustainable pathway. Dependant upon referrals, current forecast indicates waiting times below 14 days by month 5.

62 Day from GP referral

The number of completed pathways for April were 206 with 52 breaches. This resulted in a 62-day CWT performance of **74.8%**. The main breaches were in urology, lower GI, head and neck and gynae. The number of cases on the PTL at 62 day plus has decreased from 170 to 119. This partly explains the increased number of 62-day patients treated as we continue to clear the backlog of patients.

Patients waiting over 104 days for diagnosis and treatment:

At the end of April 33 patients remained undiagnosed or untreated >104 days on a 62-day pathway. The majority of these patients were on urology, gynae, and lower GI pathways.

The primary reasons for the delays in these patients were: slow diagnostic pathways which included need for additional biopsies, surgical capacity, late referrals from other trusts), and treatment of another condition or comorbidity delaying diagnostics. The number of 104 patients continues to reduce, at the end of May there were 18 patients remaining on the PTL

Impact on cancer pathways during the pandemic

The bi-weekly surgical priority panel and daily reviews of cancer patients on surgical pathways continues. These clinical meetings ensure patients are listed in accordance with priority coding and subsequently that theatre and ITU capacity are maximised.

Indicator	Metric	March 21	No of breaches March-21	April 21	No of breaches April-21	18-19	19-20
2 WW for suspected cancer	93%	72.8%	526/1935	69.1%	566/1830	96.7	95.0
2 WW for Breast Symptoms	93%	44.1%	113/202	4.4%	152/159	94.3	97.4
28 Day Faster Diagnosis Standard	75%	84.1%	285/1794	79.6%	355/1740		70.1
31 Days Decision to first treatment	96%	94.5%	25/458	93.1%	27/393	93.1	91.5
31 Days Decision to subsq treatment (surgery)	94%	89.3%	9/84	86.3%	10/73	95.2	90.3
31 Days Decision to subsq treatment (drugs)	98%	98.7%	1/78	100%	0/94	99.5	99.8
31 Days Decision to subsq treatment (radiotherapy)	94%	96.3%	9/241	87.2%	30/234	96.7	98.9
62 Days GP referral to first treatment	85%	74.5%	59/229.5	74.8%	52/206	72.1	68.3
62 Days Screening service to first treatment	90%	97.3%	1/18.5	75.8%	4/16.5	79.1	59.0
62 Day incomplete pathways >62 days	Count	102	N/A	86	N/A		
62 Day incomplete pathways >104 days	Count	68	N/A	33	N/A		

Average Days Breached

The information on this slide aims to add context to what can be blunt breach / no breach performance figures. The average days breached provides a clearer picture of performance, highlighting the average day patients are breaching and indicating if progress is being made towards reducing wait times.

2WW Referrals Into OUH Average Days Breached:

For the patients that breached, the average day that the breaches occurred are reducing from 22.7 days in January to 20.7 days in April. This highlights that although the breach numbers remain high, there is an improving picture in the background

31 Day DTT - Treatment - Average Days Breached:

As with the 2WW standard, the average number of days on which patients are breaching is reducing coming down by almost 10 days since January. Although there is the potential for a bitter sweet aspect to this measure and the 62 day figures below (treating long-waiting patients increases this average), the general figure should indicate a more accurate reflection of performance behind the National Standards

62 Day Referral - Treatment - Average Days Breached

After a peak last month (due to the high volume of long waiting patients treated in month) the average number of days on which patients are treated has reduced for April down to the January average of just over 87 days.

2WW Referrals into OUH by month

2WW	Accountable	Number of Breaches (>14D)	Number of Within (<14D)	Average day of breach
JANUARY	1516	495	1021	22.7
FEBRUARY	1599	447	1152	22.9
MARCH	1934	526	1408	21.2
APRIL	1830	566	1264	20.7

31D Treatments by month

Average number of days from DTT to treatment for breaches

31D	Accountable	Number of Breaches (>31D)	Number of Within (<31D)	Average day of breach
JANUARY	407	28	379	57.6
FEBRUARY	398	18	380	64.9
MARCH	456	25	431	45.3
APRIL	393	27	366	47.9

62D Treatments by month

Average number of days from referral to treatment for breaches

62D	Accountable	Number of Breaches (>62D)	Number of Within (<62D)	Average day of breach
JANUARY	209.5	61	148.5	87.6
FEBRUARY	201	56.5	144.5	96.0
MARCH	228	57.5	170.5	96.5
APRIL	206	52	154	87.5

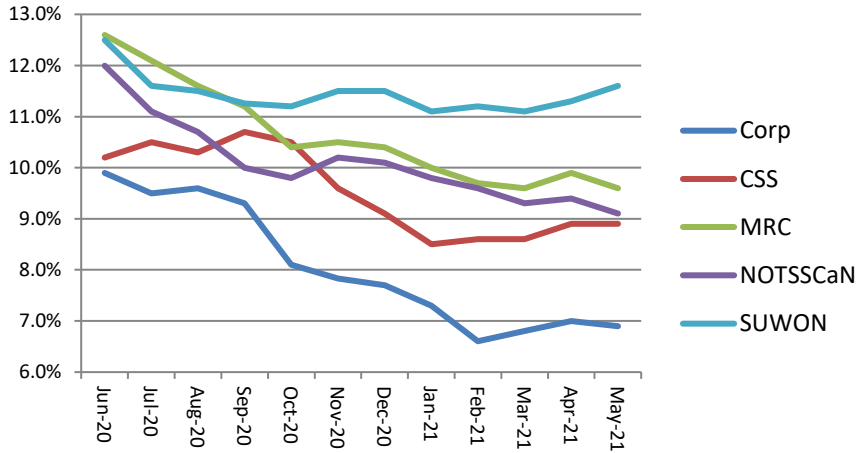
Workforce

OUH Trust	3.45%	4.9%	9.5%	812.3	113.8	£4,564,418	£666,958
KPI (Green)	3.10%	7.7%	12.0%				<£1.33m
	Sickness	Vacancy	Turnover	Bank WTE	Agency WTE	Bank Spend	Agency Spend
CSS	2.87%	3.1%	8.9%	68.9	19.7	£429,433	£131,333
MRC	3.50%	4.0%	9.6%	252.1	38.6	£1,409,148	£273,550
NOTSSCaN	3.98%	7.3%	9.1%	218.4	28.6	£1,219,034	£178,042
SUWON	3.49%	3.9%	11.6%	197.3	26.4	£1,085,175	£47,358
Corporate	2.90%	5.7%	6.9%	75.6	0.5	£421,628	£36,675

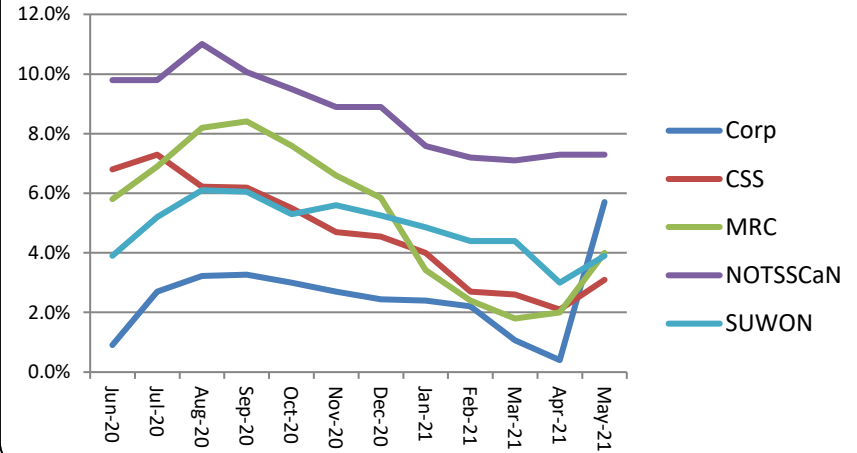
The above data represents the M2 position of the key KPIs regarding HR Metrics. Vacancies are calculated as the difference between the wte establishment from the financial ledger and staff in post wte from the Electronic Staff Record (ESR). Corporate is combined with Estates, R&D, Operating Services, 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.

NB Two decimal places have been used for sickness to differentiate between MRC and SUWON.

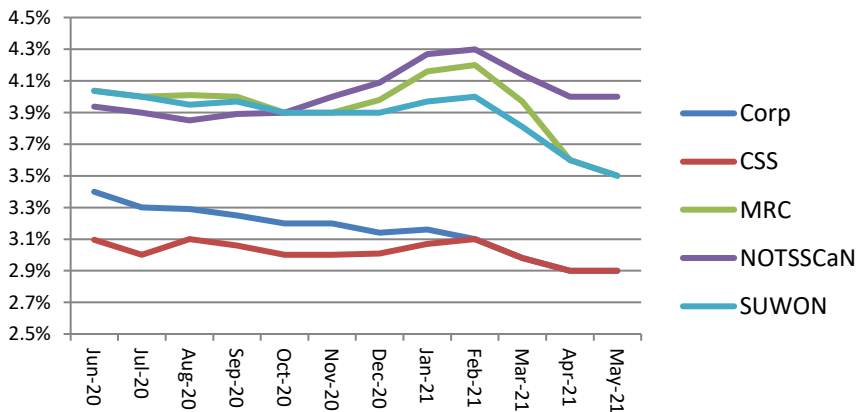
Turnover % by Division



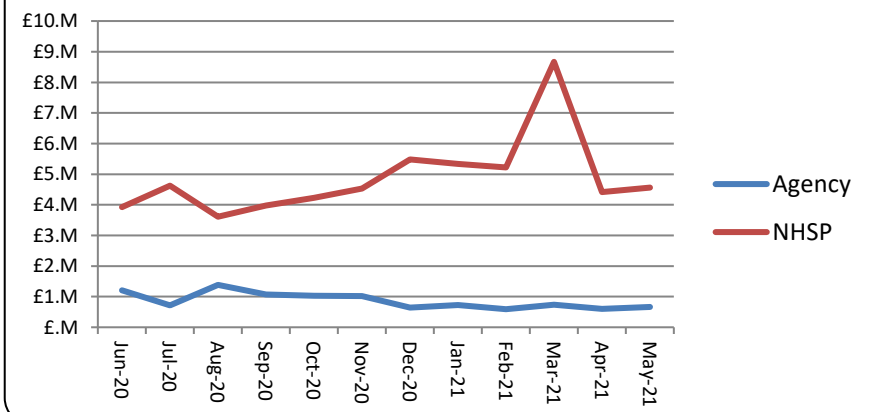
Vacancy % by Division



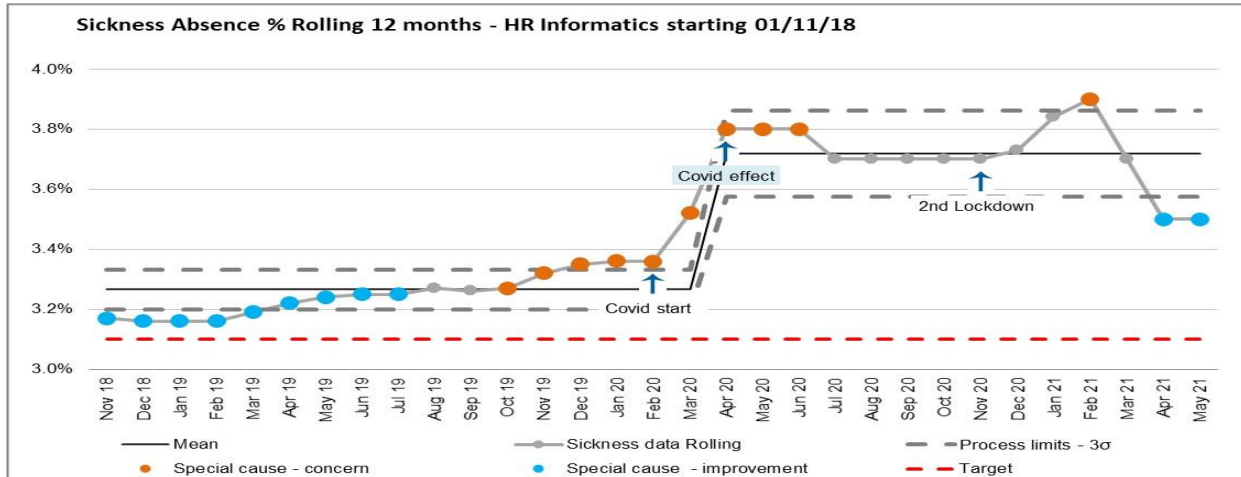
Sickness Absence % by Division



Bank and Agency Spend £



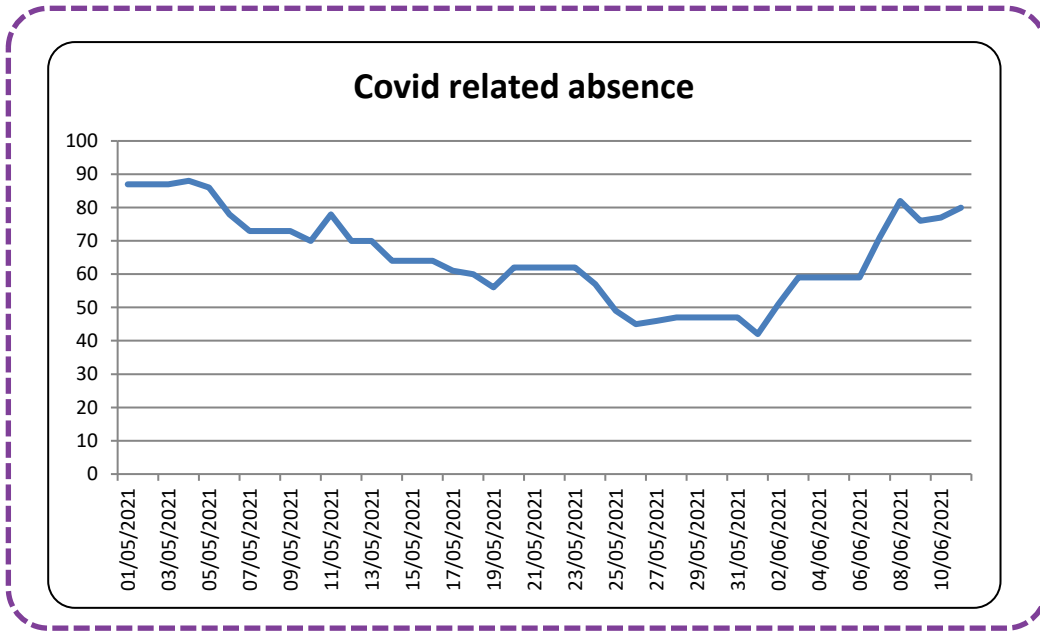
The graphs below support the accompanying text.



Month – May 21
3.45%
Target
3.10%
Target Achievement
Metric is consistently above KPI target.

Background	What the chart tells us	Issues	Actions
Data taken from ESR for a rolling 12 months. Sickness % is wte absent/wte availability.	The impact of COVID19 is demonstrable in the graph above. In Feb 21 the Trust's absence peaked at 3.85% following the second wave.	Following recent reductions in absence rates M2 has seen the rate fall marginally to 3.45%. Covid related absent rates now only comprise 0.63% of the 3.45%. Points outside grey dotted lines are unusual and may indicate a system out of control. 5 points are above and 7 below the line, of which 2 are the most recent months, as absent rates have reduced. More than 7 sequential points above/below the mean is unusual and may indicate a significant change in process. There is a run of points above/below the mean.	SUWON - Mental Health is the top reason for absence, wellbeing leads are working closely with all teams. Focus is on supporting managers in high absence areas. Special attention is on LTS cases with review dates for all cases to support staff to return to work. Senior managers are monitoring RTW compliance in high absence areas. MRC – A continued downward trend on covid related absences. Data shows a peak of absence in ACS staff. Work has started to identify areas and increase support on sickness absence management and increased wellbeing promotion. CSS – Mental Health is the top reason for absence for which we have 16 staff attending MHFA training next month. x2 employees attending the Trim Facilitator course from the division. Corporate – Sickness absence remains low overall with short term sickness being the main concern. HR Consultants continue to work with managers to ensure return to work meetings are complete on time. NOTSSCaN - The data cleansing exercise on FirstCare has been completed. Long standing sickness absence cases continue to be closely managed by managers in conjunction with HR. Additional training sessions taking place for managers where needed. Training for managers has been redesigned and will be launched shortly. Full review of sickness absence cases by HRBP to be undertaken in July.

The graph below support the accompanying text.



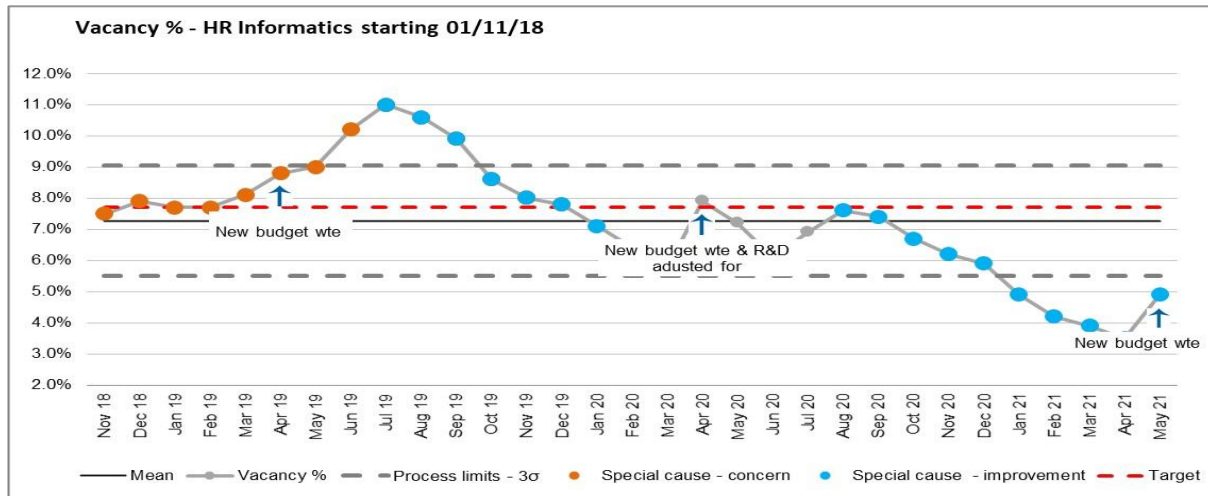
What the chart tells us

- Whilst absences have reduced, when compared to the peak of the pandemic, June has seen an increase in daily absences, back to the levels in early May. This is consistent with local infection rates.
- BAME staff comprise (as of 11th June) 27.5% of all absences. BAME staff in post as of M2, is 26%.

Actions

- The Trust has now offered vaccination to all staff and developed various interventions for staff with concerns. In particular, there is work to support vaccination rates amongst PFI staff. Second jabs are being offered.
- A comprehensive programme of staff testing is in place, and continues to be offered to staff.
- Ensuring wellness checks are undertaken for all staff; lateral flow testing kits made available to all staff.
- Psychological support is offered at all levels, from the individual level, such as the Employee Assistance Programme (EAP) and Occupational Health, through to teams, who are supported by a Health & Wellbeing Lead linked to the Psychological Medicine team, through to support for leaders.
- Occupational Health support, including risk assessment 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
- There is a continued focus on Covid Risk Assessments for new starters and there is also a renewed focus on Risk Assessments for staff who have been shielding.
- 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.
- “Growing Stronger Together – Rest, Reflect and Recover” has been launched.
- The Trust is now tracking staff with post COVID19 syndrome via FirstCare Insight.

The graphs below support the accompanying text.



Month – May 21

4.9%

Target

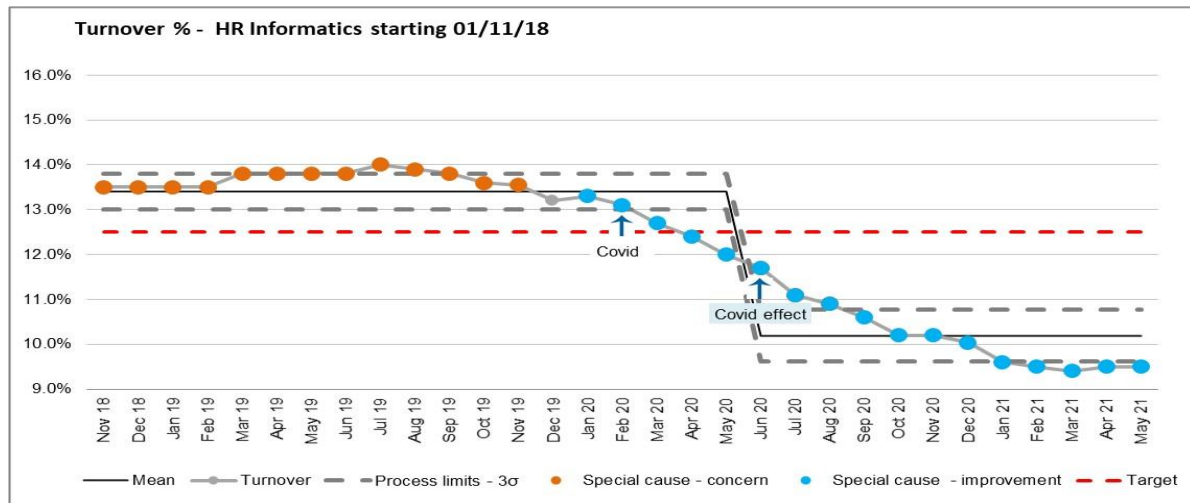
7.7%

Target Achievement

Metric is consistently below the KPI target.

Background	What the chart tells us	Issues	Actions
Vacancy data is taken from merged data sets comprising of Budget wte from the ledger, and Contracted wte from the Electronic Staff Record (ESR). Vacancy data excludes R&D, Trust wide and Operational Expenses divisions.	Consistent increases in staff in post has meant that vacancies have fallen over a sustained period, although in M2 vacancy levels have risen.	An increase in budget wte and a small reduction in staff in post, when compared to M1, means that vacancies have risen in M2. There are 4 data points above the process limits (grey dotted line) and 5 below the line. Points either side are unusual and should be investigated. 7 or more sequential points above or below the mean may indicate a change in process/process not in control. Similarly 7 sequential increasing/decreasing points may also indicate a change in process. There is a run of recently falling points.	SUWON - Theatres have a recruitment event on 16 th June in partnership with other divisions. Leaver and stay conversations are being undertaken in the Swindon Renal Unit/Horton Theatres. The R&R Lead has prioritised hotspot areas. Areas with more than three vacancies are being added to the priority list for central & international recruitment. MRC – Overseas Nurses (and return to practice) continue to have success at OSCE and are obtaining registration. These staff are then reducing band 5 vacancies. CSS - focus remains on the hard to fill posts in Radiology, Breast Screening and Critical Care. Corporate – There has been an increase in the vacancy rate which has been caused by increases in establishment in Corporate and Operational Services. NOTSSCaN - Cross divisional working on Theatres and Admin and Clerical Deep Dive projects are ongoing with external support. Priority areas are JR/WW Theatres and Neurosciences. Divisional Education & R&R lead continue to work in these areas. Leaver reasons are being monitored and the appropriate interventions have been put in place to improve retention. Review of vacancies to be undertaken by HRBP. Across the Trust, rates are relatively low, there are though still “hotspots”. B5 Nurse vacancies are at 14% in clinical areas. These though have improved since 19/20 M12 when this figure was 23%.

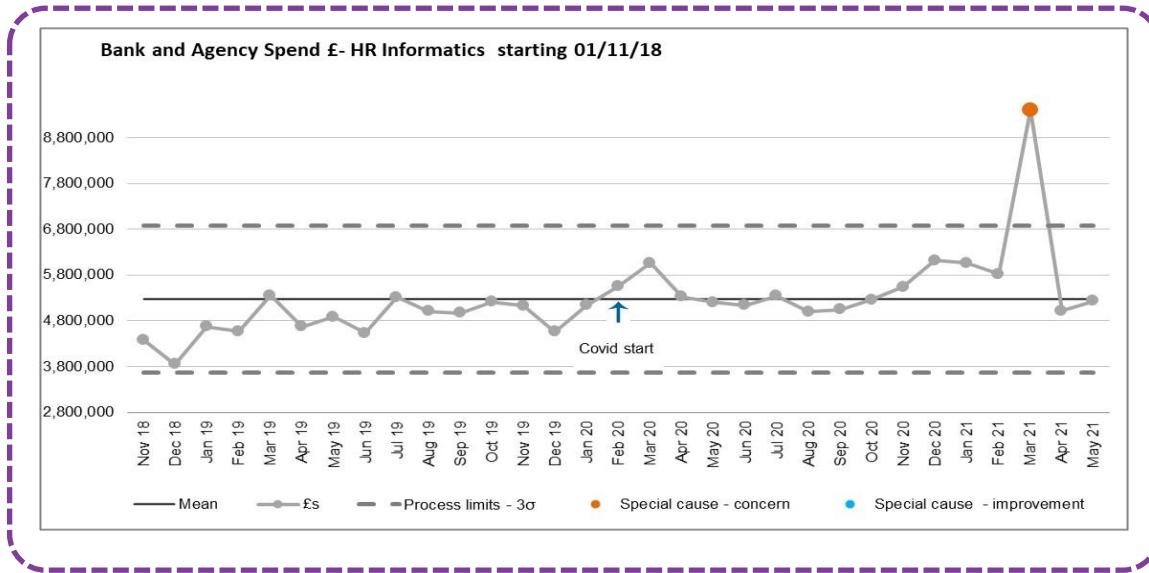
The graphs below support the accompanying text.



Month – May 21
9.5%
Target
12.0%
Target Achievement
Metric since April 20 is consistently below KPI target.

Background	What the chart tells us	Issues	Actions
<p>Turnover is calculated by leavers in a rolling twelve month period being divided by average staff in post. Fixed term contract holders and leavers via redundancy are excluded.</p> <p>This data is taken from the ESR.</p>	<p>Despite a small increase in turnover levels in M1, M2 has seen turnover levels at the same level as M1. In the period covered by the graph, turnover peaked at 14% in July 19, and since then has steadily declined. COVID19, as the graph shows, has influenced leaver rates, and this situation has been replicated across the BOB ICS region.</p>	<p>Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. 7 or more sequential points increasing or decreasing may indicate a significant change in process. This process may not be in control. There are a run of falling points in the above graph. Turnover rates are monitored monthly. Concern has been expressed of an increase in monthly leavers once the pandemic and travel restrictions ease.</p>	<p>SUWON - Staff survey listening events are taking place throughout the division and action plans are being put in place to help increase staff engagement. R3P sessions are being booked to support staff wellbeing. Wellbeing conversations are taking place. Where possible staff within SUWON continue to work flexibly.</p> <p>CSS – Radiology deep dive action in motion with team development and holding difficult conversations training underway.</p> <p>Corporate – Turnover remains static at 6.9%. A review of exit data will help identify reasons for leaving which will help develop strategies within the directorates.</p> <p>NOTSSCaN – LiA's are continuing to Inform recruitment and retention activities and succession planning. 'Open borders' nurses given an opportunity to work in other areas. A review of exit interview data to be undertaken for July, led by HRBP with an update provided next month</p>

The graphs below support the accompanying text.



Month – May 21	
£5.2m	
Target	
N/A	
Target Achievement	
N/A	

Background	What the chart tells us	Issues	Actions
<p>Temporary spend is taken from the financial ledger and is the combination of bank and agency spend. From a backdrop of breaching the agency ceiling in 19/20, there has been drive to reduce our agency spend and achieve the ceiling (£16.4M) for 20/21, which the Trust has achieved by c£5M (£11.6M). The figures for March include an accrual for nursing incentive payments.</p>	<p>Fill rates for all divisions is 85% or above, the Trust is currently requesting less shifts than in 2020 so this could account for why the fill rate is higher.</p>	<p>The reliance of Trust workers to fill our bank shifts has raised concerns about the impact of this on their health and well-being NHSP are working towards a 50/50 fill of bank only workers to support the Trust in mitigating this.</p> <p>There are hotspot areas such as Paediatric ITU and Cardiology where the fill rate is low. Points outside the grey dotted lines (process limits) are unusual and should be investigated as they may represent a system out of control. There is 1 data point above the line, the reason for which is noted within the background section.</p>	<p>Continue to monitor the fill rate by contract type to ensure change occurs to reduce our reliance on substantive staff.</p> <p>Create standard operating procedures to be clear on the processes for approving rates, amending bank user codes, use of agencies etc to give clarity and rigor to the processes.</p> <p>Review agencies and their fill rates in preparation for winter, especially for our hotspot areas.</p> <p>Work in collaboration with the BOB on rates for Children's in readiness for an anticipated increase in patients during winter.</p>

i) Engagement, Inclusion & Experience

- My Learning Hub – We are currently unable to report meaningful compliance data for core skills and appraisals. This is due to transfer issues which are being addressed with the system provider. The VBA module is also being enhanced to provide a more user friendly experience. Individuals are being asked to use the paper VBA form for their conversation which can be uploaded into the new system when live.
- Refresh of Trust's EDI Objectives – Soon to commence suite of engagement activity with staff, patients, and system partners to support the design of the EDI Objectives.
- EDI Peer Review – Working with the Assurance Team to deliver the first cycle of EDI Peer Reviews starting in August. This will support the Trust identify areas of good practice make improvements against EDI at a service level.
- Developing Staff Networks – Working with Staff Network Leads to identify and deliver against Network priorities. Currently co-creating a Network Leads development plan to support this.
- Combined Equality Standards – Collating and analysing the data for Workforce Race Equality Standard, Workforce Disability Equality Standard, and Gender Pay Gap. The full report will be prepared alongside recommendations for improvement for Board to view in September.
- New starter's welcome experience initial engagement and discovery phase complete, design phase well under way
- OUH #SummerSocial recognition project launched 28/6/21; 6 x further recognition initiatives awaiting approval
- Quarterly Staff Survey resumes 12/7/21
- VBI – Virtual delivery is now underway with a team of 7 volunteer trainers from across the Trust. Since launching the virtual offering we have held 4 courses with a further 13 programmed in between now and November. This will mean an additional 164 trained Values Based interviewers across this 6 month period. We have plans to continue to grow our cohort of trainers and to engage with our new Leadership Facilitators over the next few months to increase our capacity for training.
- VBA –We have provided a number of written help guides which can be found on the Culture and Leadership intranet page and in the resource library in the VBA module on My Learning Hub, to help answer a number of questions and queries. We are also working on improving our reporting and working directly with the HRBP's to understand their needs and to ensure they are met.

ii) Leadership

- Leadership Behavioural Framework – in design stage
- Build trustwide coaching capacity – in design stage and new ILM level 5 coaching programme commissioned for September 2021.

iii) Wellbeing

- People Recovery Programme: branded our Growing Stronger Together – Rest, Reflect, Recover Programme . 5 key priorities being driven forward including facilitating post traumatic growth workshops with teams; Leading with Care and the introduction of wellbeing conversations; opportunities to re-establish social connections, recognise contributions and commemorate.
- Leading with Care – enabling our leaders to lead with care and enable their own and their teams' wellbeing (part of above programme) - in design for roll out of training to commence in June
- BOB Enhanced OH & Wellbeing service – in delivery stage - a new wellbeing lead funded from this project working with OUH on above

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

ESR STAFF Group	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Add Prof Scientific and Technic	522.5	523.2										
Additional Clinical Services	2,165.3	2,143.2										
Administrative and Clerical	2,695.7	2,696.7										
Allied Health Professionals	738.9	736.7										
Estates and Ancillary	215.1	218.8										
Healthcare Scientists	539.9	538.1										
Medical and Dental	1,999.4	1,988.8										
Nursing and Midwifery Registered	3,725.3	3,730.1										
Total	12,602.1	12,575.5										

Bank	683.8	812.3										
Agency	99.14	113.8										

Grand Total	13,385.1	13,501.5										
--------------------	-----------------	-----------------	--	--	--	--	--	--	--	--	--	--

Division	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Clinical Support Services	2,025.7	2,019.6										
Corporate	1,569.0	1,571.9										
Medicine Rehabilitation and Cardiac	2,848.8	2,859.2										
Neurosciences Orthopaedics Trauma and Specialist Surgery	3,198.2	3,194.7										
Surgery and Oncology	2,960.4	2,930.1										
Total	12,602.1	12,575.5										

Bank	683.8	812.3										
Agency	99.14	113.8										

Grand Total	13,385.1	13,501.5										
--------------------	-----------------	-----------------	--	--	--	--	--	--	--	--	--	--

What the table tell us

The data above is taken from the ESR. It reflects contracted wte in post, **not** headcount and is the position as of the last calendar day of each month. Data excludes Honorary contract holders but does include maternity leaves etc. Corporate is made up of all non clinical divisions.

Bank and agency figures are taken from the Financial Ledger.

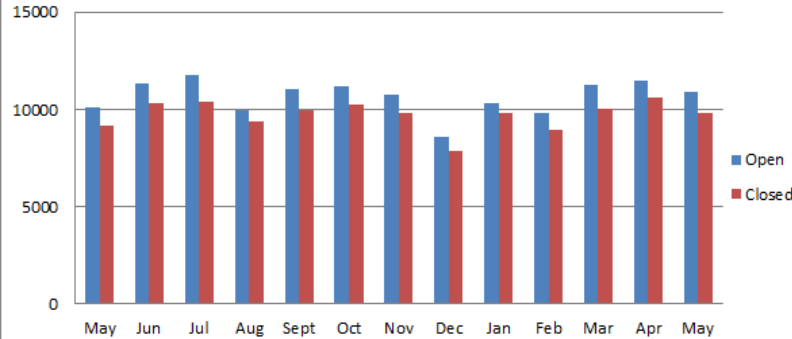
Digital

Service Delivery

Service Desk Performance

The OUH IM&T Service Desk is integral to the day to day running of the Trust. IT services deliver a range of IT support to staff daily. The table below highlights the performance of the Service Desk from April 2020 to April 2021. When comparing May 2020 with May 2021 there is a 8.5% increase in calls logged, due to high volume of calls linked to changes made to support the initial pandemic response. April 2021 had the highest call closure rate of the rolling year.

Opened and Closed



OUH Priority 1 Incidents

May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
2	0	1	2	1	2	1	0	0	0	2	1	5
Date	Issue		Resolution									
06/05	PACS imaging unavailable		Insignia restarted a failed software service.									
12/05	Bleep system failure		Multitone resolved a database corruption.									
17/05	Cardiac Medcon server failure		3 rd party resolved (no RCA)									
21/05 & 24/05	Netcall slow and at times unavailable (two incidents)		Storage platform load related. Short term resolution by moving CDW database.									

Priority	Total OUH calls logged in May	Total OUH calls closed in May	Total OUH calls logged trends
1	5	5	Month on month trend Apr to May 2021
2	19	18	decrease of 4.9%
3	1610	1490	May 2020 to May 2021
4	3769	3364	
5	5217	4644	
Total	10620	9521	increase of 8.5%

Cyber Highlights:

Overall Cyber status **Green**

- 174.5TB of internet traffic use.
- Additional counter measures applied to reduce risks of ransomware after Irish Healthcare System attack.
- Extensive Windows updates being applied to desktop estate – security fixes in addition to over 500 Windows 10 PCs upgraded (W10 1803/1809 to 20H2)

Cyber Management

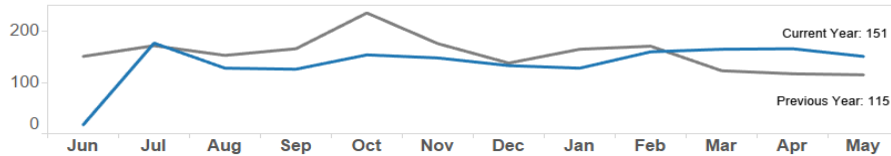
	Month of May	Year to date
CareCerts received	30	63
Virus blocked	84	278
Intrusions blocked	2,431	4,185
SPAM blocked	431,063	860,683
Devices monitored	12,603	-
Servers monitored	692	-

Risks, Issues and Challenges

During April/May 2021 a significant amount of desktop software changes have been made, including Windows security updates and Office 365 installations. This has increased calls to the Service Desk and inflated the volume of open calls when calls were already high from growth over February and March which has a risk of impacting on service performance and delaying timely rollout of equipment from recent investments.

Information request Service

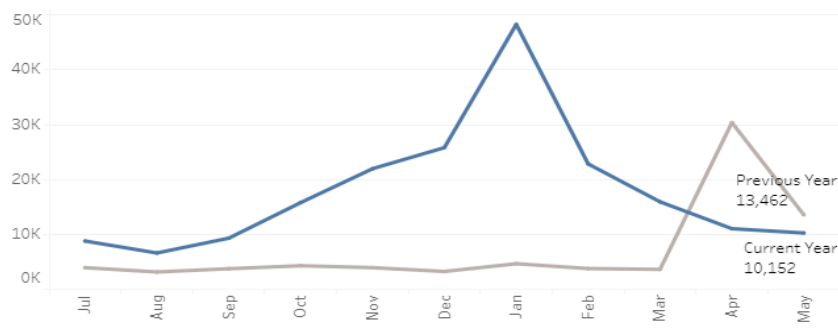
Demand (requests received by month vs previous year)



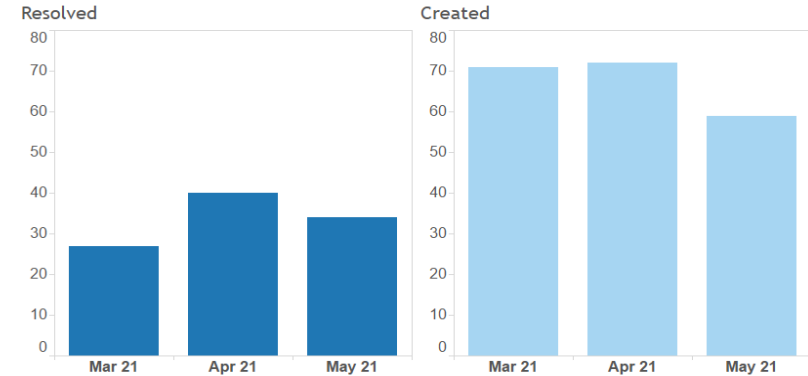
- 1.1 The demand on the Info request service for May '21 was 31% higher than in the same period for the previous year.
- 1.2 User feedback on the timeliness, usefulness and overall experience of the service remains positive at 96% for May '21
- 1.3 In April '21 the median wait for information was 2 days and the average wait was 4 days.

ORBIT+

A total of 10152 views recorded in May '21 as compared to 13462 views in the same period last year.



Other Demands



Current development priorities

- Cancer Reporting on ORBIT+ in partnership with D&D
- RTT Tracker and Priority Type Reporting
- Theatre Productivity Reporting Improvements
- Reporting of Elective recovery metrics
- Diagnostics E-review
- Improved reporting for Cancellations
- Datawarehouse Migration
- ECDS reporting via SUS
- National Waiting List – Diagnostics

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

OxUH 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

- Helen & Douglas House is digital
- Digital supported development of cases to deliver capability for: Maternity Incentive scheme; Digitisation of Clinical Genomics; Digitisation of Endoscopy Referral Process; RSV (Childrens Ambulatory & Community Nursing); and Living Well at Home
- Virtual Patient Clinics reached 100,000 (in the top percentile of national adopters of the platform)
- 119 COVID-19 related enhancements 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 evidencing safe process and ease of use optimisation is complete

Benefits

- The digital platform will be used to ease winter pressures for appropriate RSV disposition at home and referral process for 'Home First'.
- Staff continue high quality safe care for patients remotely with real time access to patient records, remote monitoring, and virtual team working.
- Quickly onboarding new and partner services, such as Katharine House Hospice and Ramsay.
- 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.
- Reporting and dashboards for OxUH clinical operations & the BOB ICS System (such as SitReps) are rapidly developed

Forward Look

- Population Health Management is rolling out shared care records across H&SC..
- Health For Me (Patient Portal) and Dr Doctor rollout is improving patients access to their record and reducing paper letters (self-registration and appointment management is planned for 2021-22)
- Digitising the Surgical Pathway (to improve patient safety & theatre utilisation), and Pharmacy Stock Control (reducing risk of drug related error) will be firm planned once we have Cerner committed Roadmap underpinning Trust Digital work plans and decisions on capital allocation

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 patients while releasing more clinical time to care and help us better manage the right activity by reducing duplication, & streamlining with automation

Risks, Issues and Challenges

Issue: commercial arrangements and Cerner capacity limits recruitment of people, and purchase of equipment & services, to maintain and improve digital tools, and to achieve the planned timeline for HIMSS Stage 7 quality & safety standards towards CQC Outstanding. Project SHAPE mitigates. **Risk:** scope creep dilutes digital work to maintain, enhance and deliver new digital capability for the most important Trust priorities (delaying progress towards improved quality and safety, & increasing Trust cost base). Mitigation is Digital Oversight Group.

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.

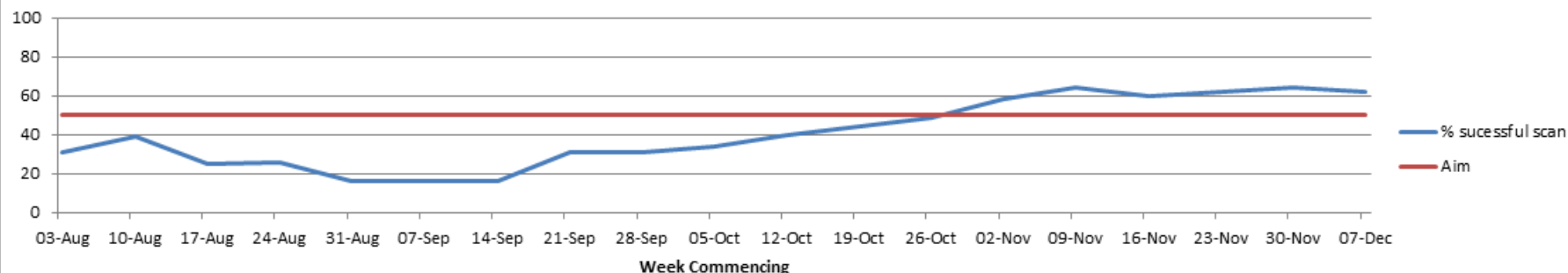
Progress (HIMSS 6 & 7) - Amber

- While commercial discussions have continued in May and June 2021 with Cerner, cases have continued to be developed for projects delivering HIMSS capability, and resilient digital infrastructure rollout continues to increase adoption of HIMSS Stage 6 across the Trust, there will be insufficient progress to improve on Amber status for HIMSS until commitments and work plans for projects are firm and resourced

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

- Closed loop calls to service desk 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



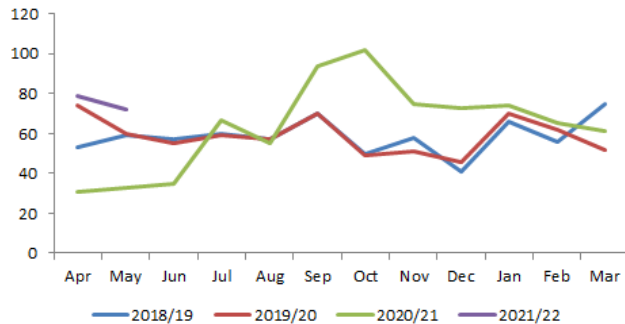
Risks, Issues, Challenges, and Opportunities

Risks, issues, challenges, and opportunities for Trust wide HIMSS stages 6 and 7 are common with those faced by Going Digital.

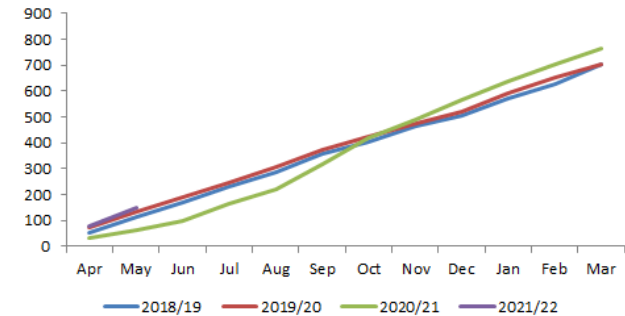
Freedom of Information (FOI)

There were 72 open FOI requests during May 2021, which is an increase of 39 on 33 open requests received during May of 2020, this low rate was due to the pandemic. The compliance rate for closure of FOI requests within 20 working days during May was 63% as compared to 50% in May 2020.

Received FOIs



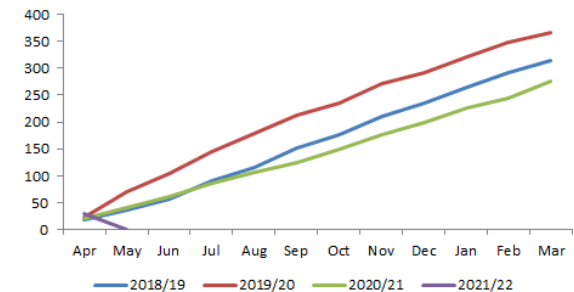
Requests (Cumulative)



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. 29 data protection incidents were reported on Ulysses in May 2021, which is an increase compared to May of 2020 when 22 incidents were reported. No incidents was reported to the Information Commissioner via the Data Security Protection Toolkit during May 2021.

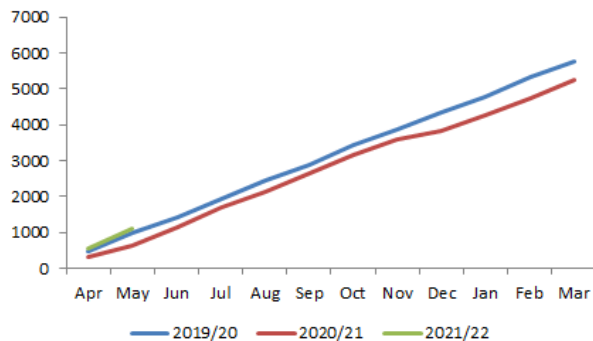
Data Protection Breaches (Cumulative)



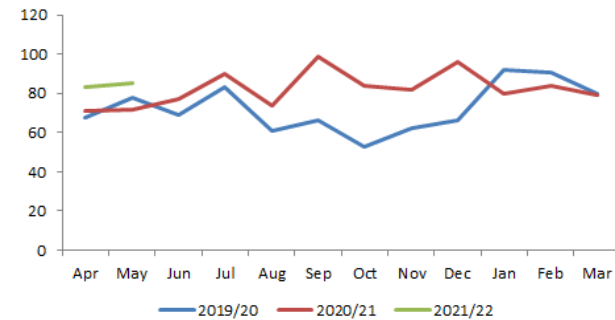
Data Subject Access Requests (DSAR)

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, SAR, PACS, Security, and Sexual Health Teams.

Requests (Cumulative)



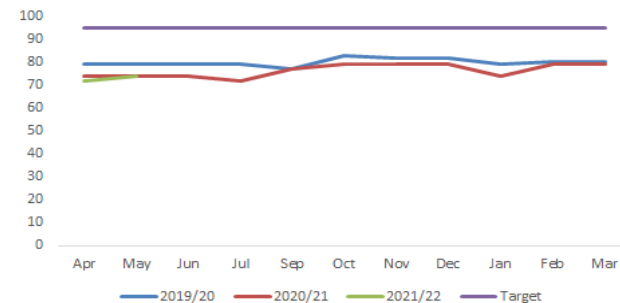
DSAR % Compliance



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 were 74% in May 2021, this is a slight increase on 72% recorded in April 2021. My Learning Hub is now Live although there have been issues with data accuracy following the transfer of information from eLMS. The Digital team are working with the My Learning Hub team to resolve this.

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. The DSPT for 2020/21 was submitted on the 30th June 2021. The Trust is currently rated "*Standards not met*" and is awaiting the agreement of an action plan by NHS Digital to achieve a "*standards met*" rating.

Opportunities

The Digital team is working closely with the My Learning Hub team to improve reporting within the My Learning Hub training platform. This is crucial to ensure accurate reporting of training statistics.

Finance, Procurement and Contracting

I & E Subjective £000s	H1 PLAN				
	Current Plan	ERF Funding	Recovery Expenditure & Contingency	Capital to Revenue	Revised Plan
Income					
Commissioning Income	469,559	23,465			493,024
Other Income	78,676				78,676
Passthrough Drugs & Devices	71,013				71,013
PP, Overseas and RTA Income	5,700				5,700
Total Income	624,949	23,465	0	0	648,414
Pay					
Consultants and Medics	(126,476)				(126,476)
Health Care Assistants & Support Nurse and Midwives	(35,758)				(35,758)
Nurse and Midwives	(103,826)				(103,826)
Other Staff	(58,364)				(58,364)
Scientific, Thec., Therapeutic	(53,051)				(53,051)
Total Pay	(377,476)	0	0	0	(377,476)
Non-Pay					
Clinical negligence	(16,728)				(16,728)
Clinical Supplies & Services	(62,366)			(1,400)	(63,766)
Drugs & Devices	(85,745)				(85,745)
General Supplies & Services	(1,257)				(1,257)
Internal Recharges	1,022				1,022
Premises & Fixed Plant	(43,068)				(43,068)
Other Expenditure	(17,232)		(10,000)		(27,232)
Total Non-Pay	(225,374)	0	(10,000)	(1,400)	(236,774)
Operational EBITDA	22,100	23,465	(10,000)	(1,400)	34,165
Non-EBITDA	(33,220)				(33,220)
Operational Surplus / (Deficit)	(11,120)	23,465	(10,000)	(1,400)	945
Technical Adjustments	488				488
Surplus / (Deficit)	(10,632)	23,465	(10,000)	(1,400)	1,433

I & E Subjective £000s	FULL YEAR PLAN				
	Current Plan	ERF Funding	Recovery Expenditure & Contingency	Capital to Revenue	Revised Plan
Income					
Commissioning Income	939,119	46,930			986,049
Other Income	157,353				157,353
Passthrough Drugs & Devices	142,026				142,026
PP, Overseas and RTA Income	11,401				11,401
Total Income	1,249,898	46,930	0	0	1,296,828
Pay					
Consultants and Medics	(252,953)				(252,953)
Health Care Assistants & Support Nurse and Midwives	(71,517)				(71,517)
Nurse and Midwives	(207,651)				(207,651)
Other Staff	(116,728)				(116,728)
Scientific, Thec., Therapeutic	(106,103)				(106,103)
Total Pay	(754,952)	0	0	0	(754,952)
Non-Pay					
Clinical negligence	(33,455)				(33,455)
Clinical Supplies & Services	(124,733)			(2,800)	(127,533)
Drugs & Devices	(171,489)				(171,489)
General Supplies & Services	(2,514)				(2,514)
Internal Recharges	2,045				2,045
Premises & Fixed Plant	(86,136)				(86,136)
Other Expenditure	(34,465)		(20,000)		(54,465)
Total Non-Pay	(450,747)	0	(20,000)	(2,800)	(473,547)
Operational EBITDA	44,199	46,930	(20,000)	(2,800)	68,329
Non-EBITDA	(66,439)				(66,439)
Operational Surplus / (Deficit)	(22,240)	46,930	(20,000)	(2,800)	1,890
Technical Adjustments	977				977
Surplus / (Deficit)	(21,263)	46,930	(20,000)	(2,800)	2,867

The Full Year Plan is the H1 Plan multiplied by 2. No plan beyond H1 has been agreed with the regulator and the H2 plan will be subject to a separate planning process later this financial year. The revised H1 plan will be incorporated in reports from M3 onwards, the tables in the remainder of this report reflect the original H1 deficit plan.

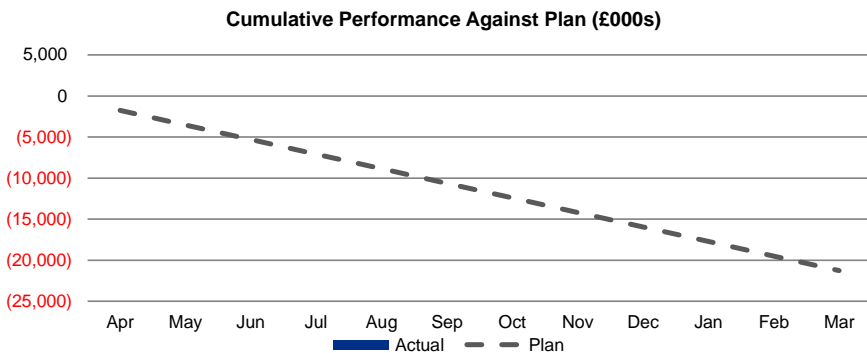
A revised H1 plan showing an overall surplus of £1.4m was submitted to the BOB ICS in June.

The Trust is estimating to earn c£36.5m of ERF funding in H1. £23.5m of ERF income has been recognised in the revised H1 plan to fund recovery costs (including some variable non-pay costs from the underlying position being reclassified as recovery costs), contingency and some capital costs that can be charged to revenue to balance the capital funding ICS shortfall.

The remaining ERF is planned to be redistributed across the BOB ICS to fund capital to revenue pressures and ensure all organisations achieve at least a breakeven position. This is subject to system wide agreement.

Summary from M2 (May 2021)

Income & Expenditure - Performance Versus Plan

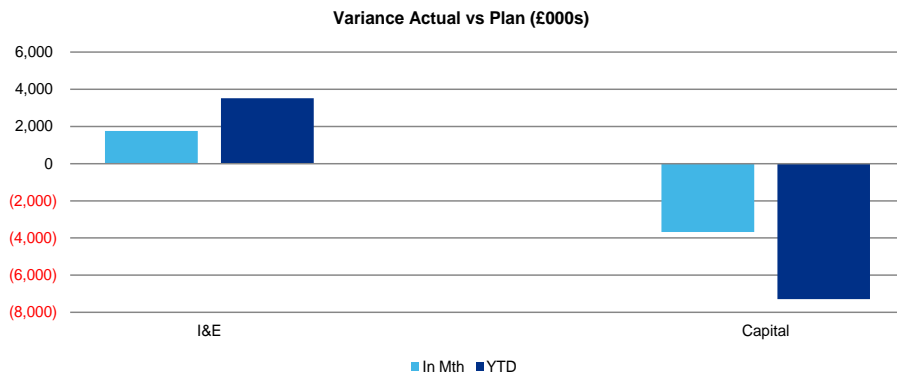


Income & Expenditure - Summary

Retained surplus / (deficit) at Month 2 £000s	Annual		YTD	
	Plan	Plan	Actual	Var.
Recurrent EBITDA	44,199	7,383	10,764	3,381
% EBITDA	3.54%	3.54%	4.96%	39.26%
Planned EBITDA	44,199	7,383	10,764	3,381
Non-operating items	(66,439)	(11,073)	(11,016)	58
Retained surplus / (deficit) before technical adjs.	(22,240)	(3,690)	(251)	3,439
Technical adjs.*	(977)	(163)	(251)	(88)
Surplus / (deficit) as reported to NHSI	(21,263)	(3,527)	(0)	3,527

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

Performance Against Key Financial Indicators



Notes to charts:

1. In Cumulative Performance Against Plan (top left) the actual YTD performance is breakeven in both months and so the "actual" block is invisible in both months on the axis.
2. In Income & Expenditure - Summary (top right), "Annual Plan" is H1 plan x 2.

I & E Subjective £000s	IN MONTH 2				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
Income									
Commissioning Income	78,918	82,090	3,172	4.0%	156,520	161,918	5,398	3.4%	939,119
Other Income	13,211	13,224	14	0.1%	26,309	26,068	(240)	-0.9%	157,353
Passthrough Drugs & Devices	10,953	13,089	2,136	19.5%	23,671	27,365	3,694	15.6%	142,026
PP, Overseas and RTA Income	950	808	(142)	-15.0%	1,900	1,663	(238)	-12.5%	11,401
Total Income	104,032	109,212	5,180	5.0%	208,400	217,013	8,614	4.1%	1,249,898
Pay									
Consultants and Medics	(19,141)	(20,978)	(1,838)	-9.6%	(40,849)	(41,663)	(814)	-2.0%	(252,953)
Health Care Assistants & Support	(6,372)	(5,986)	386	6.1%	(12,113)	(11,862)	251	2.1%	(71,517)
Nurse and Midwives	(18,815)	(17,567)	1,248	6.6%	(35,554)	(35,533)	21	0.1%	(207,651)
Other Staff	(9,996)	(10,144)	(148)	-1.5%	(19,447)	(19,736)	(289)	-1.5%	(116,728)
Scientific, Thec., Therapeutic	(9,133)	(8,764)	369	4.0%	(17,830)	(17,456)	374	2.1%	(106,103)
Total Pay	(63,457)	(63,439)	17	0.0%	(125,794)	(126,251)	(457)	-0.4%	(754,952)
Non-Pay									
Clinical negligence	(2,788)	(2,788)	(0)	0.0%	(5,576)	(5,576)	(0)	0.0%	(33,455)
Clinical Supplies & Services	(10,369)	(9,061)	1,308	12.6%	(20,717)	(17,258)	3,458	16.7%	(124,733)
Drugs & Devices	(14,367)	(14,078)	289	2.0%	(28,636)	(29,419)	(783)	-2.7%	(171,489)
General Supplies & Services	(206)	(579)	(374)	-181.9%	(419)	(1,278)	(859)	-205.2%	(2,514)
Internal Recharges	156	0	(156)	-100.0%	341	0	(341)	-100.0%	2,045
Premises & Fixed Plant	(7,256)	(7,763)	(507)	-7.0%	(14,365)	(15,607)	(1,242)	-8.6%	(86,136)
Other Expenditure	(2,045)	(6,147)	(4,102)	-200.6%	(5,851)	(10,859)	(5,008)	-85.6%	(34,465)
Total Non-Pay	(36,875)	(40,417)	(3,542)	-9.6%	(75,222)	(79,997)	(4,775)	-6.3%	(450,747)
Operational EBITDA	3,700	5,356	1,656	44.7%	7,383	10,764	3,381	45.8%	44,199
Non-EBITDA (Excl Tech Adj)	(5,455)	(5,356)	100	1.8%	(10,910)	(10,764)	146	1.3%	(65,463)
Operational Surplus / (Deficit)	(1,755)	(0)	1,755	100.0%	(3,527)	(0)	3,527	100.0%	(21,263)

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

Income

- Commissioning income, including pass through, is £9.1m higher than plan to date mainly due to the accrual of £8.0m of ERF income for achieving more elective activity in April and May than the baseline set by NHSE (based on M1 SUS data and draft EPR M2 activity data). The Trust was directed not to include ERF income in the plan.
- Other income to date is £0.2m less than plan.
- PP, Overseas and RTA income is £0.2m lower than plan to date.

Pay

- Pay is £0.5m worse than plan year to date. Underlying pay costs and recovery pay costs were £1.6m higher than plan, offset by COVID-19 pay costs being £1.1m below plan.

Non-Pay

- Non-pay is £4.8m worse than plan year to date. The adverse variance is driven by recovery expenditure (at risk) of £2.1m and a £2.3m contingency accrual to offset the risk that the full costs of delivering the ERF funding are not being accounted for in the same period the funding is earned (in other non-pay expenditure).

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

I & E Subjective £000s	IN MONTH 2 - ACTUAL						YEAR TO DATE - ACTUAL					
	Excl R&D, RECOVERY & COVID	Recovery	R&D	COVID IN ENV	COVID OUT ENV	Total	Excl R&D & COVID	Recovery	R&D	COVID IN ENV	COVID OUT ENV	Total
Income												
Commissioning Income	77,400	833	0	3,857	0	82,090	152,536	1,667	0	7,715	0	161,918
Other Income	8,864	0	3,863	12	485	13,224	17,864	0	7,219	48	937	26,068
Passthrough Drugs & Devices	13,089	0	0	0	0	13,089	27,365	0	0	0	0	27,365
PP, Overseas and RTA Income	808	0	0	0	0	808	1,663	0	0	0	0	1,663
Total Income	100,161	833	3,863	3,870	485	109,212	199,428	1,667	7,219	7,762	937	217,013
Pay												
Consultants and Medics	(20,167)	(79)	(550)	(165)	(17)	(20,978)	(39,925)	(177)	(1,035)	(493)	(33)	(41,663)
Health Care Assistants & Support	(5,814)	(6)	(27)	(61)	(78)	(5,986)	(11,352)	(12)	(57)	(295)	(147)	(11,862)
Nurse and Midwives	(16,036)	(12)	(1,053)	(402)	(64)	(17,567)	(32,321)	(15)	(2,040)	(1,021)	(136)	(35,533)
Other Staff	(9,202)	(3)	(807)	(119)	(14)	(10,144)	(17,838)	(7)	(1,566)	(280)	(46)	(19,736)
Scientific, Thec., Therapeutic	(7,555)	(37)	(922)	(226)	(23)	(8,764)	(15,123)	(57)	(1,817)	(436)	(23)	(17,456)
Total Pay	(58,773)	(137)	(3,359)	(974)	(196)	(63,439)	(116,558)	(268)	(6,515)	(2,525)	(385)	(126,251)
Non-Pay												
Clinical negligence	(2,788)	0	0	0	0	(2,788)	(5,576)	0	0	0	0	(5,576)
Clinical Supplies & Services	(8,751)	0	(230)	203	(283)	(9,061)	(16,681)	0	(332)	298	(544)	(17,258)
Drugs & Devices	(14,070)	0	(0)	(8)	0	(14,078)	(29,419)	0	0	0	0	(29,419)
General Supplies & Services	(439)	0	(0)	(134)	(6)	(579)	(985)	0	(1)	(284)	(8)	(1,278)
Internal Recharges	178	0	(176)	(3)	0	0	354	0	(350)	(4)	0	0
Premises & Fixed Plant	(7,663)	(0)	(32)	(68)	0	(7,763)	(15,227)	(2)	(82)	(296)	0	(15,607)
Other Expenditure	(4,668)	(1,400)	(65)	(15)	0	(6,147)	(8,707)	(2,076)	61	(136)	0	(10,859)
Total Non-Pay	(38,201)	(1,400)	(504)	(23)	(289)	(40,417)	(76,172)	(2,078)	(704)	(492)	(552)	(79,997)
Operational EBITDA	3,187	(704)	0	2,872	0	5,356	6,698	(680)	(0)	4,746	0	10,764
Non-EBITDA (Excl Tech Adj)	(5,356)	0	0	0	0	(5,356)	(10,764)	0	0	0	0	(10,764)
Operational Surplus / (Deficit)	(2,169)	(704)	0	2,872	0	(0)	(4,066)	(680)	(0)	4,746	0	(0)

Source: Finance Ledger

- Year to date in-envelope COVID-19 costs total £3.0m. The H1 (M1-6) plan includes £3.4m a month for COVID-19 costs funded from the ICS. Compared to April, pay costs have decreased by £0.6m to £1.0m and non-pay costs have decreased by £0.4m to £0.02m. Pay costs for backfill for sickness absence and for staff to work additional shifts both decreased in May. There were a number of one-off adjustments made at year-end in non-pay costs that distort the run rate.
- £0.5m of income, £0.2m above plan, has been accrued in month to be reimbursed for COVID-19 (outside envelope) testing and vaccination costs.
- Recovery costs included in the core I&E in May were £1.5m. The Trust incurred these costs at risk to earn ERF funding, they were not included in the H1 plan submitted to the ICS and are therefore an adverse variance to that plan.
- R&D were at a breakeven position in May and for the year-to-date.

Income and Expenditure: Divisional Overview

Divisional Overview £000s	IN MONTH 2				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
Income	6,520	6,616	96	1.5%	12,945	13,505	560	4.3%	77,670
Pay	(10,144)	(10,514)	(371)	-3.7%	(19,870)	(20,826)	(956)	-4.8%	(118,248)
Non-Pay	948	660	(289)	-30.4%	1,930	1,686	(243)	-12.6%	11,668
Total CSS	(2,676)	(3,239)	(563)	-21.1%	(4,995)	(5,634)	(639)	-12.8%	(28,909)
Income	20,879	21,073	195	0.9%	41,746	43,310	1,565	3.7%	250,474
Pay	(13,882)	(13,225)	657	4.7%	(25,397)	(26,374)	(977)	-3.8%	(146,541)
Non-Pay	(5,538)	(5,576)	(37)	-0.7%	(10,758)	(12,826)	(2,068)	-19.2%	(63,695)
Total MRC	1,459	2,273	814	55.8%	5,591	4,110	(1,480)	-26.5%	40,238
Income	27,519	28,575	1,056	3.8%	55,042	56,688	1,647	3.0%	330,249
Pay	(14,878)	(15,112)	(234)	-1.6%	(29,327)	(30,248)	(921)	-3.1%	(175,200)
Non-Pay	(8,470)	(9,260)	(791)	-9.3%	(16,781)	(17,781)	(1,000)	-6.0%	(100,651)
Total NOTSSCaN	4,171	4,202	31	0.7%	8,934	8,659	(275)	-3.1%	54,398
Income	24,452	25,173	721	2.9%	50,675	52,295	1,620	3.2%	304,050
Pay	(12,764)	(13,180)	(416)	-3.3%	(25,130)	(26,264)	(1,134)	-4.5%	(149,495)
Non-Pay	(9,655)	(11,242)	(1,587)	-16.4%	(18,944)	(23,050)	(4,106)	-21.7%	(113,470)
Total SuWOn	2,033	750	(1,283)	-63.1%	6,601	2,981	(3,620)	-54.8%	41,085
Clinical Divisions	4,987	3,986	(1,001)	-20.1%	16,130	10,116	(6,014)	-37.3%	106,812
Income	5,509	6,417	908	16.5%	11,187	12,977	1,790	16.0%	67,427
Pay	(6,986)	(6,828)	158	2.3%	(13,290)	(13,409)	(119)	-0.9%	(80,024)
Non-Pay	(14,316)	(14,343)	(27)	-0.2%	(28,854)	(29,141)	(287)	-1.0%	(173,142)
Corporate Divisions	(15,792)	(14,753)	1,039	6.6%	(30,957)	(29,573)	1,384	4.5%	(185,739)
Income	4,696	3,863	(833)	-17.7%	9,255	7,219	(2,037)	-22.0%	55,533
Pay	(3,900)	(3,359)	541	13.9%	(7,663)	(6,515)	1,148	15.0%	(45,977)
Non-Pay	(796)	(504)	292	36.7%	(1,592)	(704)	888	55.8%	(9,553)
R&D	0	0	(0)		1	(0)	(1)		3
Central & Technical	14,505	16,123	1,618	11.2%	22,209	30,221	8,012	36.1%	123,123
Operational EBITDA	3,700	5,356	1,656	44.7%	7,383	10,764	3,381	45.8%	44,199

- There was a £1.0m adverse variance to plan in the clinical divisions in May. This is mainly due to the elective recovery costs being incurred at risk and not budgeted for.
- Corporate divisions had a £1.0m underspend in May. This is mostly due to increased income for International nursing.
- R&D had a breakeven position in month and for the year-to-date.
- Central and Technical divisions underspent by £1.6m in May. This is mainly due to the accrual of £4.5m of ERF funding offset by a £1.8m contingency accrual to offset the risk that the full costs of delivering the ERF funding are not being accounted for in the same period the funding is earned and £0.4m of non-pay efficiency savings that have not been realised to date.

Income: By Source (includes COVID-19)

Income Summary £000s	IN MONTH 2			YEAR TO DATE			
	Plan	Actual	Var	Plan	Actual	Var	Var %
Block Income	75,900	76,323	423	151,800	152,347	547	0.4%
Top-up Income- notified	6,883	6,597	-286	13,766	13,194	-572	-4.2%
Net Elective Recovery Fund	0	4,486	4,486	0	8,000	8,000	0.0%
Growth Income	833	833	0	1,666	1,666	0	0.0%
COVID -19 (in envelope)	3,857	3,857	0	7,714	7,714	0	0.0%
COVID -19 (outside envelope)	327	497	170	774	984	210	27.1%
Other Income	16,232	16,619	387	32,680	33,108	428	1.3%
Total Income	104,032	109,212	5,180	208,400	217,013	8,613	4.1%

Source: Finance Ledger

- Income for M1 - M6 of 2021/22 is being paid on the following basis:
 - Pre-calculated block payment for commissioning income;
 - System-level (BOB ICS) allocation for COVID-19, top-up and growth costs;
 - COVID-19 costs funded nationally outside of the system envelope for National Testing and vaccination costs;
 - Retrospective top up for actual costs relating to some high cost drugs and devices (cost and volume basis);
 - Elective Recovery Fund for providers that achieve higher elective activity than a baseline set by NHSE/I.

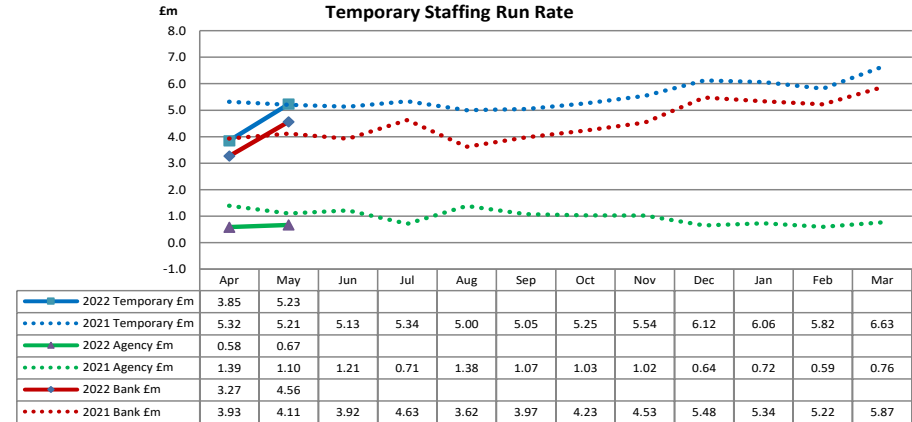
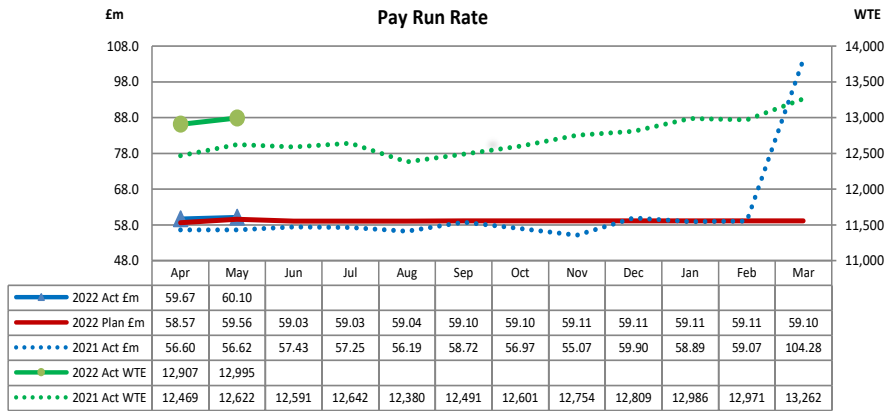
Systems and providers are expected to manage costs within these payments.

In May, the Trust's position includes the accrual of £4.5m of Elective Recovery Fund (ERF) income for achieving more elective activity in May than the baseline set by NHSE (based on draft EPR M2 activity data).

It is estimated that the Trust has earned c.£20.0m of ERF funding for the year-to-date based on the activity data from M1-2 SUS. £8m has been accounted for in the Trust position to M2 to achieve a breakeven position. The remaining ERF is planned to be redistributed across the ICS to fund capital to revenue pressures and ensure all organisations at least achieve a breakeven position. This is subject to system wide agreement.

The benefit of ERF funding has been included in a revised H1 plan submitted to the BOB ICS and NHSEI in June and will be incorporated in the M3 report.

Pay: Run Rate Overview (Includes COVID-19)



The chart above excludes R&D pay

Staff Group (Incl. COVID) £000s	2021 M7	2021 M8	2021 M9	2021 M10	2021 M11	2021 M12	2022 M1	2022 M2
Substantive								
Consultants and Medics	(19,175)	(16,753)	(18,191)	(18,806)	(19,858)	(23,082)	(19,941)	(20,069)
Nurse and Midwives	(13,980)	(14,097)	(14,305)	(14,357)	(14,526)	(13,805)	(15,413)	(15,018)
Scientific, Tec., Therapeutic	(8,170)	(8,262)	(8,176)	(8,191)	(8,464)	(8,823)	(8,148)	(8,216)
Health Care Assistants & Support	(4,513)	(4,651)	(4,940)	(5,203)	(5,365)	(5,352)	(5,126)	(5,206)
Other Staff	(9,115)	(9,002)	(11,769)	(9,251)	(9,275)	(49,681)	(9,166)	(9,699)
Total Substantive	(54,953)	(52,765)	(57,379)	(55,809)	(57,488)	(100,744)	(57,794)	(58,208)
Bank								
Consultants and Medics	(503)	(505)	(625)	(817)	(583)	(809)	(598)	(784)
Nurse and Midwives	(2,071)	(2,389)	(2,981)	(2,641)	(2,863)	(5,167)	(2,191)	(2,142)
Scientific, Tec., Therapeutic	(318)	(307)	(428)	(561)	(519)	(730)	(426)	(444)
Health Care Assistants & Support	(821)	(809)	(851)	(776)	(787)	(1,351)	(750)	(780)
Other Staff	(512)	(517)	(593)	(543)	(469)	(615)	(451)	(413)
Total Bank	(4,226)	(4,527)	(5,479)	(5,338)	(5,221)	(8,671)	(4,415)	(4,564)
Agency								
Consultants and Medics	(296)	(204)	(191)	(212)	(187)	(134)	(147)	(125)
Nurse and Midwives	(478)	(583)	(349)	(432)	(314)	(193)	(363)	(407)
Scientific, Tec., Therapeutic	(224)	(207)	(106)	(56)	(94)	(359)	(118)	(103)
Health Care Assistants & Support	(2)	(25)	0	0	(2)	(4)	(0)	0
Other Staff	(29)	4	3	(23)	2	(51)	25	(32)
Total Agency	(1,029)	(1,016)	(643)	(723)	(595)	(741)	(603)	(667)
Total Pay	(60,208)	(58,308)	(63,501)	(61,870)	(63,303)	(110,156)	(62,812)	(63,439)

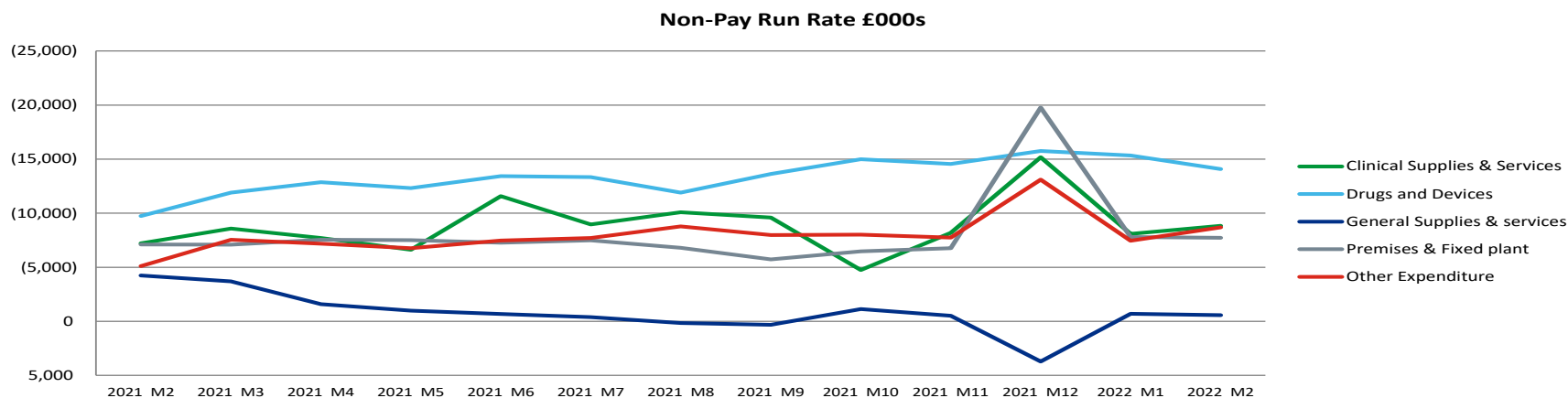
- Substantive staffing costs in May are £0.4m higher than April. A £0.4m reduction in nursing and midwives expenditure has been offset by increases in all the other pay groups, the largest being a £0.5m increase in other staff.
- Temporary staff in month expenditure was £0.2m higher than April.
- WTE increased in month by 88 to 12,995 (excludes R&D). This is driven by an increase in Bank and Agency staff WTE of 143 offset by a 55 WTE decrease in substantive staff.
- COVID-19 pay costs were £1.2m in month, with the decrease (£0.6m) due to decreased costs for backfill for sickness absence and for payments for staff to work additional shifts.

Source: Finance Ledger

Non-Pay Run Rate Overview

Non-Pay (Excl R&D) £000s	2021 M2	2021 M3	2021 M4	2021 M5	2021 M6	2021 M7	2021 M8	2021 M9	2021 M10	2021 M11	2021 M12	2022 M1	2022 M2
Clinical Negligence	(2,721)	(2,721)	(2,721)	(2,721)	(2,720)	(2,721)	(2,721)	(2,721)	(2,721)	(2,721)	(2,556)	(2,788)	(2,788)
Clinical Supplies & Services	(7,107)	(8,586)	(7,627)	(6,504)	(11,438)	(8,675)	(9,697)	(9,387)	(4,390)	(8,185)	(15,165)	(8,096)	(8,831)
Drugs & Devices	(9,746)	(11,904)	(12,858)	(12,321)	(13,436)	(13,328)	(11,908)	(13,629)	(14,995)	(14,547)	(15,743)	(15,342)	(14,078)
General Supplies & services	(4,230)	(3,702)	(1,592)	(996)	(675)	(390)	162	323	(1,131)	(509)	3,705	(698)	(579)
Internal Recharges	176	158	178	153	205	202	202	255	798	183	160	175	176
Other Expenditure	(2,278)	(4,044)	(4,156)	(3,856)	(4,196)	(4,717)	(5,773)	(4,564)	(5,030)	(5,202)	(10,709)	(4,837)	(6,082)
Premises & Fixed plant	(7,035)	(7,041)	(7,504)	(7,466)	(7,190)	(7,437)	(6,747)	(5,656)	(6,425)	(6,771)	(19,766)	(7,794)	(7,731)
Total Non-Pay	(42,687)	(49,743)	(49,137)	(46,032)	(52,886)	(50,393)	(48,391)	(49,008)	(48,889)	(37,751)	(60,073)	(39,380)	(39,913)

Source: Finance Ledger, Excludes R&D



- Non-Pay costs excluding R&D costs are £0.5m higher in May compared to April. This is due to a £1.8m increase in the contingency accrual (in other expenditure) to offset the risk that the full costs of delivering the ERF funding are not being accounted for in the same period the funding is earned. This is offset by a £1.3m reduction in drugs and devices expenditure.
- Underlying non-pay costs excluding COVID-19 and Recovery are £0.2m higher in May compared to April.

Capital Expenditure £000s	IN MONTH 2			YEAR TO DATE			FULL YEAR
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Critical Care Unit Expansion (Covid-19 surge capacity) (JR Site)	4,656	3,528	(1,128)	8,271	5,408	(2,863)	10,353
Swindon Radiotherapy Satellite Unit (Loan)	867	665	(202)	1,734	1,364	(370)	10,200
Swindon Radiotherapy Satellite Unit (Internal)	0	0	0	0	0	0	1,300
OHTC relocation to Mayfair Ward at the NOC	423	316	(107)	933	788	(145)	2,800
Containment Level 3 Laboratory Works (JR2)	262	(114)	(376)	525	90	(435)	2,430
Other Building works underway	375	328	(47)	1,333	1,113	(220)	1,899
Radiotherapy & Radiology MES	130	0	(130)	260	0	(260)	1,508
Estates Critical Infrastructure Risk	0	0	0	0	0	0	650
Other Statutory Compliance	0	(17)	(17)	0	0	0	800
All Other (unfunded)	0	27	27	0	242	242	0
Subtotal ICS	6,713	4,733	(1,980)	13,056	9,005	(4,051)	31,940
Critical Care New Build (John Radcliffe) - equipment	1,040	6	(1,034)	2,080	59	(2,021)	5,200
Imaging Equipment Replacement Programme (wave 2)	485	383	(102)	560	447	(113)	3,295
			0			0	
Subtotal Non-ICS	1,525	389	(1,136)	2,640	506	(2,134)	8,495
Total Capital Programme Spend [A = ICS + Non-ICS]	8,238	5,121	(3,117)	15,696	9,511	(6,185)	40,435
Critical Care New Build (John Radcliffe) - Level 5 (charitably funded)	0	0	0	0	0	0	5,000
Radiotherapy Swindon - donated Linac	0	0	0	0	0	0	1,800
Nuclear Medicine Centre (gamma camera replacement)	0	0	0	0	0	0	1,465
LED Lighting (grant funded)	242	0	(242)	484	9	(475)	1,210
Equipment donations	83	10	(73)	166	42	(124)	1,000
Pathlake	178	0	(178)	377	9	(368)	911
PFI Lifecycling	372	305	(67)	743	609	(134)	17,135
Total 'Outside Envelope' [B]	875	315	(560)	1,770	669	(1,101)	28,521
Gross Capital Spend [C = A + B]	9,113	5,437	(3,676)	17,466	10,180	(7,286)	68,956

Gross capital expenditure to the end of May (M02) totals £10.2m, £7.3m behind plan. This includes 'outside envelope' expenditure on PFI life-cycling and grants and donations, which total £0.7m to date, £1.1m behind plan.

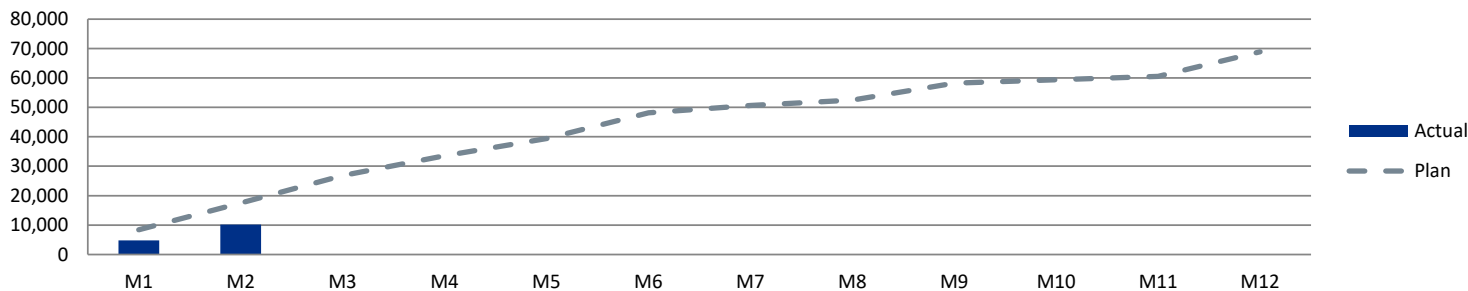
Total Programme expenditure, excluding these items, is £9.5m, £6.2m behind plan.

The key driver to this variance is expenditure being behind the base plan (set in April) for the Critical Care Unit expansion. Total expenditure on this, including equipment, was £5.5m, £4.9m behind the original plan. The plan was subsequently rephased to follow a shallower expenditure trajectory but the scheme is still expected for completion on plan by November.

Other areas behind plan are Containment Level 3 works (£0.4m) following a delay in the start of construction work, Swindon Radiotherapy (£0.4m), Radiotherapy & Radiology MES (work still to commence - £0.3m), and Radiology Installation (completion had been planned for April - £0.2m). In spite of the YTD slippage, these programmes are expected to be completed within 2021/2.

Offsetting this is £0.2m of unfunded legacy and other expenditure outside the current plan.

Cumulative Performance Against Plan (£000s)

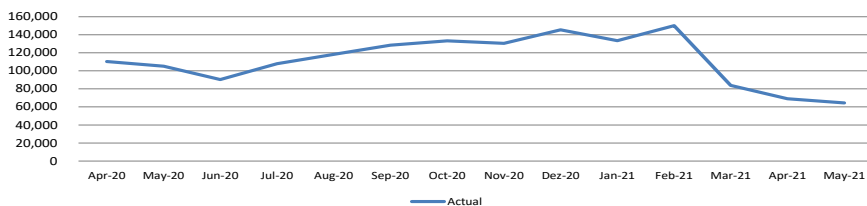


Statement of Financial Position (SOFP) & Cash

Statement of Financial Position £000s	MONTH 12 2021	MONTH 1 2022	MONTH 2 2022	YTD Movement
Non Current Assets:				
Property, Plant and Equipment	608,913	606,318	608,924	11
Intangible Assets	14,671	18,986	18,862	4,191
Investment Property	30,394	30,394	30,394	0
Other Investments	23,633	23,635	23,635	2
Trade and Other Receivables	8,600	8,546	8,375	(225)
Total Non Current Assets	686,211	687,879	690,190	3,979
Current Assets:				
Inventories	31,939	32,176	32,179	240
Trade and Other Receivables	55,822	65,212	71,885	16,063
Other Current Assets				0
Cash and Cash Equivalents	83,769	69,020	64,497	(19,272)
Total Current Assets	171,530	166,408	168,561	(2,969)
Total ASSETS	857,741	854,287	858,751	1,010
Current Liabilities:				
Trade and Other Payables	(169,072)	(166,632)	(172,080)	(3,008)
Provisions	(6,609)	(6,640)	(6,640)	(31)
Borrowings	(11,052)	(11,206)	(11,349)	(297)
Commercial Loans	(391)	(415)	(439)	(48)
Total Current Liabilities	(187,124)	(184,893)	(190,519)	(3,395)
Net Current Assets/(Liabilities)	(15,594)	(18,485)	(21,958)	(6,364)
Total Assets Less Current Liabilities	670,617	669,394	668,232	(2,385)
Non Current Liabilities:				
Trade and Other Payables	(4,072)	(4,065)	(4,058)	14
Provisions	(9,033)	(9,002)	(9,002)	31
Borrowings	(232,781)	(226,060)	(224,990)	7,791
Commercial Loans	(6,522)	(6,522)	(6,522)	0
Total Non Current Liabilities	(252,408)	(251,349)	(250,272)	2,136
Assets Less Liabilities (Total Assets Employed)	418,209	418,045	417,960	(249)
Taxpayers Equity:				
Public Dividend Capital	289,739	289,738	289,738	(1)
Retained Earnings reserve	(14,837)	(14,279)	(13,704)	1,133
Revaluation Reserve	141,648	140,928	140,267	(1,381)
Other Reserves	1,743	1,743	1,743	0
FV Assets Reserve	(84)	(84)	(84)	0
Total Taxpayers Equity	418,209	418,046	417,960	(249)

Source: Finance Ledger

Cashflow £000s



Non Current Assets

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

Current Assets

- Current assets have decreased by £3.0m to date, mostly due to paying off capital creditors outstanding at the year-end. The increase in Trade and Other Receivables since last year end (£16.1m) is primarily driven by increased accrued income (including £8.0m ERF funding). NHSE have confirmed cash will not be received for this (and a number of final 2020-21 year-end items) until at least August.

Current Liabilities

- Current liabilities have increased by -£3.4m to date, due to receipt of funding in advance, increases in accruals, offset with paying off capital creditors outstanding at the year-end.

Non Current Liabilities

- Non current liabilities have reduced by +£2.1m to date, due to repayment of PFI borrowings as planned.

Cash

- Cash balance as at the end of May was £64.5m, £19.3m lower than the year-end largely due to paying off capital creditors.

Appendix 1 – Other Supporting Analysis: Month 2 2021/22

Template Categories (£000s)	April			May			Q3 (Avg) 2020/21			Movement
	Pay	Non-Pay	Total	Pay	Non-Pay	Total	Pay	Non-Pay	Total	M2 V Q3 Avg
COVID-19 testing - Outside Envelope	56	0	56	61	0	61	78	0	78	(17)
COVID-19 virus testing- rt-PCR virus testing - Outside Envelope	0	261	261	0	283	283	0	1,118	1,118	(835)
Deployment of final year Student Nurses	0	0	0	0	0	0	0	0	0	0
Vaccination Costs	134	2	136	135	6	141	73	68	141	0
Outside Envelope Total	190	263	453	196	289	485	152	1,186	1,337	(853)
Expanding medical / nursing / other workforce	414	0	414	374	0	374	940	0	940	(566)
Existing workforce additional shifts	368		368	195	0	195	357	0	357	(163)
Backfill for higher sickness absence	768	0	768	406	0	406	701	0	701	(295)
COVID-19 virus testing (NHS laboratories) - In Envelope	0	(209)	(209)	0	(275)	(275)	0	316	316	(591)
Remote management of patients	0	20	20	0	8	8	0	80	80	(72)
Plans to release bed capacity	0	0	0	0	0	0	0	0	0	0
Increase ITU capacity	0	153	153	0	64	64	0	315	315	(251)
Segregation of patient pathways	0	176	176	0	58	58	0	75	75	(17)
Decontamination	0	32	32	0	25	25	0	240	240	(215)
Internal and external communication costs	0	1	1	0	3	3	0	4	4	(2)
Remote working for non patient activities	0	18	18	0	0	0	0	29	29	(29)
National procurement areas - PPE	0	125	125	0	125	125	0	87	87	38
PPE - Other Associated Costs	0	8	8	0	0	0	0	83	83	(83)
National procurement areas - Staff accommodation	0	117	117	0	16	16	0	74	74	(58)
PPN and other support to suppliers	0	26	26	0	0	0	0	3	3	(3)
Other	0	3	3	0	1	1	0	(2)	(2)	3
PPE - Technical Adjustment	0	0	0	0	0	0	0	0	0	0
Balance to reported NHSEI reported position	0	0	0	0	0	0	0	0	0	0
Inside Envelope Total	1,550	469	2,019	974	24	998	1,998	1,304	3,302	(2,304)
Grand Total	1,740	732	2,472	1,170	313	1,483	2,149	2,489	4,639	(3,156)

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 £0.8m lower than plan in May
 - Non-pay costs £1.5m lower than plan in May
 - Income for national testing and vaccination programme £0.2m more than plan
- Year to date in-envelope COVID-19 costs total £3.0m. The H1 (M1-6) plan includes £3.4m a month for COVID-19 costs funded from the ICS. Compared to April, pay costs have decreased by £0.6m to £1.0m and non-pay costs have decreased by £0.4m to £0.02m. Pay costs for backfill for sickness absence and for staff to work additional shifts both decreased in May. There were a number of one-off adjustments made at year-end in non-pay costs that distort the run rate.
- £0.5m of income, £0.2m above plan, has been accrued in month to be reimbursed for COVID-19 testing costs and vaccination costs.

ICS Envelope Income Comparison £000s	IN MONTH 2			Var Act vs		YEAR TO DATE			Var Act vs	
	ENV	Plan	Act	Env	Plan	ENV	Plan	Act	Env	Plan
Local authorities	720	567	622	(98)	55	1,439	1,134	1,068	(372)	(67)
Department Of Health	59	0	0	(59)	0	119	0	0	(119)	0
NHS other (including Public Health England)	15	217	201	186	(16)	29	434	371	342	(63)
Non NHS: Private Patients	561	677	583	21	(95)	1,122	1,355	1,115	(8)	(240)
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient)	251	94	99	(152)	5	502	189	343	(160)	154
Injury Cost Recovery Scheme	211	178	126	(85)	(52)	422	357	205	(217)	(152)
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	4,571	3,863	(637)	(708)	8,999	9,142	7,154	(1,845)	(1,988)
Education and Training	4,464	3,702	3,878	(585)	176	8,928	7,405	7,760	(1,167)	356
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	121	110	98	(11)	25	242	142	117	(100)
Charitable and Other Contributions To Expenditure	40	13	18	(23)	5	81	26	32	(49)	6
Non-Patient Care Services To Other WGA Bodies	1,836	1,339	1,357	(479)	18	3,671	2,673	3,465	(206)	792
Non-Patient Care Services To Other Non WGA Bodies	82	1,048	1,258	1,176	210	164	2,097	2,310	2,146	214
Income In Respect Of Employee Benefits Accounted On A Gross Basis	816	765	1,121	306	356	1,631	1,535	1,923	292	388
Rental Revenue From Operating Leases	196	154	317	120	163	393	308	461	68	153
Car Parking Income	250	126	125	(125)	(0)	501	251	238	(262)	(13)
Catering	13	1	0	(13)	(1)	27	1	1	(26)	(1)
Pharmacy Sales	14	37	14	0	(23)	28	73	33	5	(41)
Property Rental (Not Lease Income)	0	0	0	0	0	0	0	27	27	27
Staff Accommodation Rental	0	2	5	5	2	0	4	7	7	3
Other income not covered by table 2 and the other rows in table 3	1,070	895	783	(287)	(112)	2,141	1,789	1,719	(422)	(70)
Total Income	15,329	14,508	14,481	(848)	(27)	30,657	29,014	28,374	(2,283)	(640)
R&D Surplus / (Deficit)	0	0	0	0	0	0	0	0	0	0
Total Envelope Position	15,329	14,508	14,481	(848)	(27)	30,657	29,014	28,374	(2,283)	(640)

- 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 May, actual income was £0.8m lower than the envelope figure. Year to date, actual income is £2.3m less than the envelope figure. The BOB ICS has received an allocation for losses in other income and is still consulting on how this will be divided between providers.