



Oxford University Hospitals

NHS Foundation Trust

Integrated Performance Report Month 10 (January data)

March 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 12

Quality , Outcomes and Patient Experience

Nursing and Midwifery Staffing Page 14

Quality and Safety Page 30

Operational performance

Urgent care Page 47

Elective care Page 52

Workforce

Workforce Page 59

Digital

Digital Page 72

Finance

Finance, Procurement and Contracting Page 80

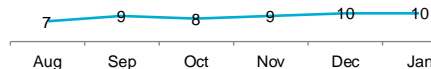
Executive Summary (1)

Integrated themes and issues from M10 (January 2021)

Quality and Safety

HAPU

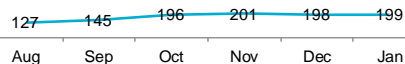
In January, of the **10** incidents causing **Hospital Acquired Pressure Ulceration (HAPU)** one was a full thickness mucosal ulcer and nine Category 3 HAPU. The number of incidents in January was equal to the number reported in December. Accurate risk assessments have been completed in all cases. The use of medical devices was associated with two of the 10 incidents. One further incident was reported as Serious Harm and will be investigated as a Serious Incident.



Pages 23-24

Harm from Falls

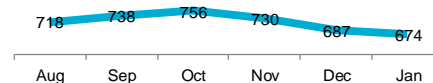
There were **199 falls incidents** reported on Ulysses in January, a marginal increase from the 198 falls reported in December. Repeat falls accounted for 31.7% of the falls in January which was slightly higher than the percentage of repeat falls reported in December (24.8%). Staff are continuing to complete risk assessments and care plans to ensure patients have appropriate equipment and supervision where required. These actions have supported the increased number of patients in January with confusion, and therefore a greater falls risk, due to hypoxia and delirium.



Page 25

Safeguarding Adults

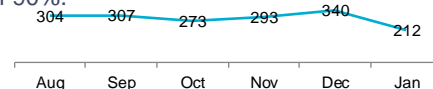
Adult safeguarding activity (referrals, consultations and incident reviews) decreased to **674** in January down from 687 in December. Although the volume has declined, the complexity of cases has increased and neglect and self neglect relating to patients' home conditions continue to be the main themes of referrals from Trust clinical staff. Adult safeguarding compliance remains below the target of 90% with performance at 83% for level 1 and 81% for level 2. Level 3 training is being piloted jointly with Oxford Health is continuing for a small group of 10 staff.



Page 26

Safeguarding Children

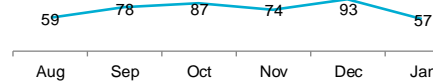
There were **212 consultations** with the **children's safeguarding** team in January, reduction of 28 compared to 340 recorded in December. Capacity has been reduced due to sickness. Children attending with self-harm presentations continue to be high. It is noted a significant increase in attendances for 10-14yo over the last 6 months with drug and alcohol and self harm. Attendances for younger children are noted to be related to lack of supervision. Maternity has seen an increase in safeguarding activity with 7 care order granted by the courts related to maternal drug and alcohol use, domestic abuse and neglect. Training compliance is below local and national targets of 90%.



Page 27

Complaints

There were **57 Complaints** in January which was a significant decrease compared to the 93 recorded in December. This is considered to be a direct effect of the COVID-19 situation, and was seen in the first wave in 2020. Visiting restrictions continues to be a source of concern for a number of patients/relatives. The Family Liaison Team, that was set up to support the medical wards in updating patients' Next of Kin, continued throughout January.



Page 28

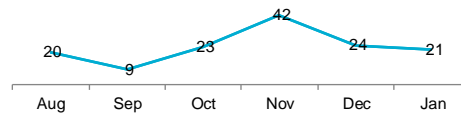
Executive Summary (2)

Integrated themes and issues from M10 (January 2021)

Quality and Safety

DoLS

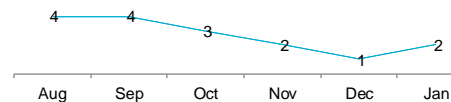
There were **21 Deprivation of Liberty Safeguards (DoLS)** applications which is lower than the 24 recorded in December.



Pages 26

Section 42

In January there were **two Section 42 Investigations** and six open enquires. Four were closed in January.



Page 26

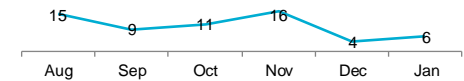
RIDDOR

In January there was **one** report to the HSE, related to a member of staff. The incident had an impact of 2 (minor injury / illness). As a result of the incident, an Occupational Health Physician ran a training session for all relevant clinical staff on appropriate glove advice for those with allergies.

Page 29

C-Diff

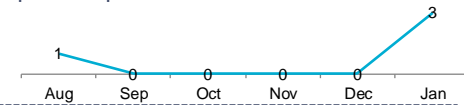
There were **6** cases of **Clostridium Difficile >72 hours** in January, compared to 4 cases recorded in December. The cumulative number of cases in January is **22** over the Trust's threshold. All cases in Q3 have been reviewed and all were deemed unavoidable.



Pages 30 & 32

MRSA

There was **3** cases of **MRSA bacteraemia >48 hours** in the month of January (6 MRSA bacteraemia to date). All cases involved ICU Covid-19 positive patients.

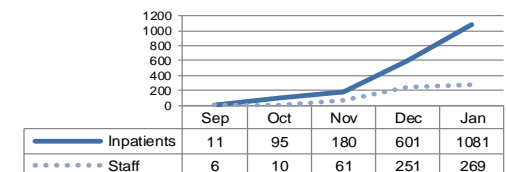


Page 30 & 31

COVID-19

There were **1081** inpatients with COVID-19 during January compared to 601 inpatients recorded during December.

Staff COVID-19 cases continued to increase in January, with **269** cases recorded, up from **251** in December. Recent data has shown a significant reduction in the number and percentage of positive cases.



Page 32

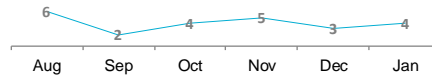
Executive Summary (3)

Integrated themes and issues from M10 (January 2021)

Quality and Safety

MSSA

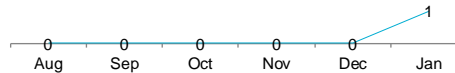
There were **4 post 48 hour MSSA bacteraemia** in January, compared to 3 reported in December.



Page 32

Thrombosis

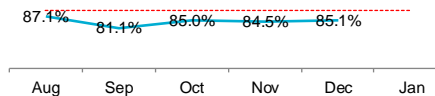
There was **one** case of **Hospital Acquired Thromboses** identified and judged avoidable reported in January.



Page 30

Dementia Screening

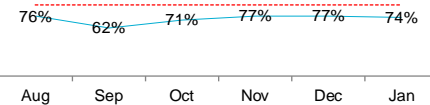
The % of dementia patients aged over 75 years admitted as an emergency who are screened was below the 90% target at **85.1%** in December 20 (NB: Information for January was not available at the time of reporting).



Page 30

Sepsis

The overall **proportion of sepsis admissions that received antibiotics in <1 hour** was **74%** in January compared to the target of **90%**. In ED the proportion of sepsis admissions that received antibiotics in <1 hour was **78%** compared to a target of 90%. The Mortality indicators related to Sepsis from SHMI are 91.6 (88.3-94.6) (i.e. there were fewer deaths than expected).



Page 33

WHO Checklist

The **WHO Surgical Safety Checklist** documentation and observation was **99.2%** and **100%** respectively in January. Areas that are not 100% compliant are followed up by the Divisional leadership and presented to the Clinical Governance Committee.

Chart - Documentation

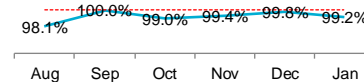
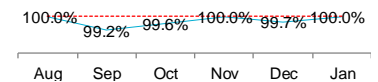


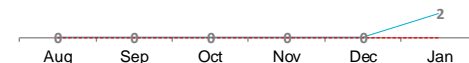
Chart - Observation



Page 34

Never Events

In January 2021, **two Never Events** were declared. There were 7 Never Events called in 2019/20, down from 11 the previous year.



Page 34

Executive Summary (4)

Integrated themes and issues from M10 (January 2021)

Quality and Safety

Excellence reporting

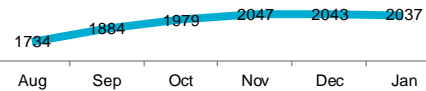
Excellence Reporting is a staff led initiative whereby members of staff can nominate colleagues to recognise instances of excellence. The system was integrated into Ulysses in July 2020. In January there were 141 reports of excellence and since July 2020, 739 have been completed.

Reporting
EXCELLENCE 

Page 35

Patient Incidents

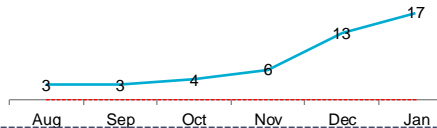
There were **2,037 patient incidents** reported in January, down marginally from **2,043** reported in December. Incident reporting levels in January have returned to previous levels prior to the first wave of COVID-19. Although there have been a large number of incidents only a small percentage of these have had a significant impact, which suggests a good safety culture is in place. This is consistent with information from the National Reporting & Learning System which shows the Trust's ratio of incidents reported relevant to bed days to be well above the median when compared with peers.



Page 36

Serious Incidents

There were **17 Serious Incidents Requiring Investigation (SIRI)** in January. One SIRI investigation report was submitted for closure (approval) to the Oxfordshire Clinical Commissioning Group in the same period. Learning from these investigations is disseminated at a range of Trust, Division and local level meetings, with communication to target groups often written into actions plans.



Page 37

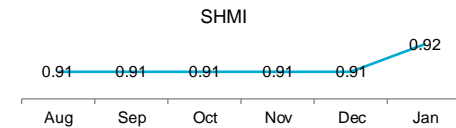
Clinical Harm Reviews

The Trust has an established process for assessing **clinical and psycho-social harm for patients waiting over 52 weeks** for treatment and patients whose cancer pathways exceed 104 days. The National e-prioritisation is being project managed to incorporate in EPR and will incorporate the **Harm Review Process**. The impact of COVID-19 has been significant and has affected the ability to undertake individual harm reviews. In 2020/21 to date, 7,584 breaches have been confirmed. To date, no moderate or above impact has been identified from patients waiting over 78 weeks or against any 52 week delay review since the last IPR.

Page 38

Mortality

The SHMI for the period October 2019 to September 2020 was **0.92** and 'as expected'. The HSMR was **87.7** for the period December 2019 to November 2020, and remains 'lower than expected'.



Page 41

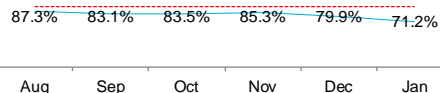
Executive Summary (5)

Integrated themes and issues from M10 (January 2021)

Operational Performance

4 Hour ED Wait

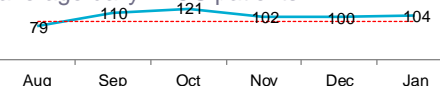
4 hour performance was **71.2%** in January, a decrease from the previous month (79.9%). Despite the drop in performance, OUH remained above the national and Shelford group average performance for January, with the Horton site achieving 81.7% and the John Radcliffe reducing to 67.29%.



Page 47-49

LOS

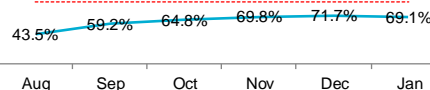
Patients with a length of stay over 21 days remained similar in January to the previous month at 104 patients. When compared with January 2020, there has been a significant reduction (27%) in the average daily LLOS patients



Page 50

18 Week RTT

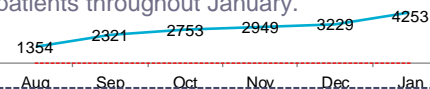
The total size of the **Referral to Treatment (RTT)** waiting list **decreased** in January by 2,304 pathways, resulting in 40,980 on the waiting list. The **18 week incomplete RTT standard** was **69.1%** in January, compared to 71.7% in December. Routine P3 and P4 elective activity was suspended at the end of Q3 and into Q4 in line with national guidance. This enabled staff redeployment to support the additional capacity required for the increase in COVID-19 patients.



Page 52

52 Weeks

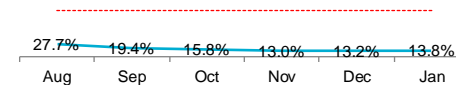
There were **4,253** patients waiting over **52 weeks for treatment** at the end of January, a further increase of 1,024 compared to December. The Trust achieved its 52 week trajectory for January; however it is unlikely that this trend will be continued from February onwards due to the need to prioritise elective capacity for the most clinically urgent patients. Capacity from local Independent Sector providers was made available to support cancer and P2 patients throughout January.



Page 52

Diagnostic waiting times

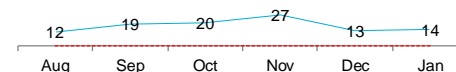
The Trust's performance against the **diagnostic 6 week waiting time standard (the DM01)** was **13.8%** in January, compared to 13.2% in December. Performance remained above the national standard of 1%. There were 1,466 patients waiting over 6 weeks at the end of the month, an improvement of 104 compared to December.



Page 53

On the day Cancellations

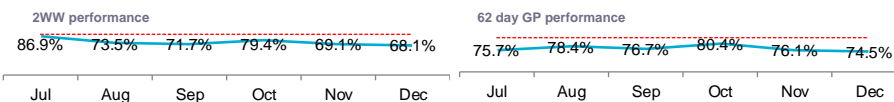
Elective on the day cancellations increased to 14 in January compared to 13 in December. All patients were booked within the national **Readmission standard** of 28 days.



Page 54

Cancer Wait Times

Cancer Wait Times performance is reported one month in arrears. In December, the Trust achieved 5 out of 9 of the national standards which is a positive improvement compared to the previous month. The Trust achieved the 31 day Decision to first treatment (**96.3%** vs 96%), the 31 day Decision to Subsequent Treatment (Drugs) (**100%** vs 98%), the 31 day Decision to Subsequent Treatment (Radiology) (**97.0%** vs 94%), the 62 day Screening service to first treatment (**91.3%** vs 90%) and the 28 day Faster Diagnosis (**81.5%** vs 75%). The Trust did not achieve the targets for the 2WW for suspected (**68.1%** vs 93%), the 2WW for breast symptoms (**0.6%** vs 93%), the 31 day subsequent treatment for surgery (**91.8%** vs 94%) and the 62 day GP referral to treatment (**74.5%** vs 85%).



Page 56-57

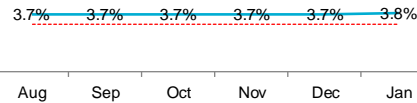
Executive Summary (6)

Integrated themes and issues from M10 (January 2021)

Workforce

Sickness

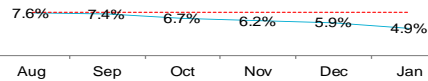
Sickness Absence was **3.8%** in January, as measured on a rolling basis vs a target of 3.1%. The most recent three months (Nov 20 - Jan 21) has had a higher sickness rate at 5.6% than the 12 month rolling average. The month of January 21, in particular, recorded a sickness absence of 7.4%, highlighting the pressure placed on staff/services due to Covid-19 related absences. The Trust has now offered a vaccination to all staff and a comprehensive programme of staff testing is in place.



Pages 59 -60, 62-63

Vacancies

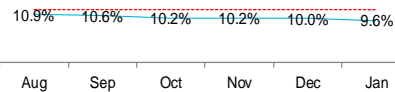
The **vacancy rate** was **4.9%** in January which is a reduction compared to the 5.9% reported in December. Performance in January remained consistently below the target of 7.7%. Increases in staff in post in January 21 have further reduced the Trust's vacancy factor compared to January and improved retention will have also contributed to vacancies reducing. Whilst vacancy rates have declined, significant vacancies still exist across the Trust amongst key staff groups and grades.



Pages 59 -60, & 64

Turnover

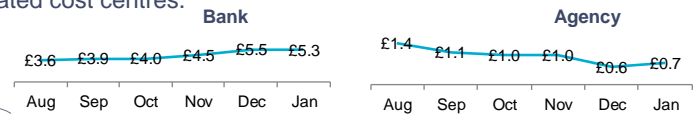
Turnover in January reduced to **9.6%** which is slightly less than the reported position of 10.0% in December. January's performance was below the target of <=12.0%. Turnover and the volume of leavers has reduced consistently since January 2020. This is likely to be linked to Covid-19 and the effect on the reduction in the rate of leavers as well as an increase in staff in post.



Pages 59 -60, & 65

Bank and Agency

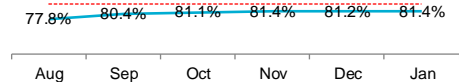
Combined Bank and Agency expenditure in January remained at £6.1m. In January compared to December, the number of bank staff increased to 1,069.0 from 897.0 WTE but expenditure reduced to £5.3m from £5.5m. The respective changes in agency staff were a decrease to 78.5 from 97.3 WTE but increase in cost to £0.7m from £0.6m. A rise in spend is accounted for by an increase in shifts booked for nursing and care support workers and the balancing of nursing pay rates. Of the £6.1m in month temporary spend; £2.9m was for spend attributable to Covid-19 related cost centres.



Pages 59, 61 & 66

Stat and Man training

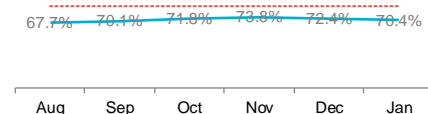
Statutory and Mandatory training compliance was **81.4%** in January. This was a slight improvement from 81.2% recorded in December but below the target of >85.0%. Actions in place include the introduction of an improved form and more flexible process and focus on personal development and wellbeing following the consultation on the new Core Skills. Additionally, the implementation of My Learning Hub on 1 April will improve the ability for staff to complete appraisals online and will provide an enhanced user experience.



Pages 59, 61 & 67

Appraisals

Appraisal levels (non-medical) were at **70.4%** in January, compared to 72.4% in December. Performance remains below the target of >=85% and has been impacted by the re-emergence of Covid-19 diverting attention away from staff and managers completing appraisals. Actions in place include consultation on the new Core Skills Policy, the introduction of My Learning Hub from 1st April, and exclusion of Honorary staff from the analysis to improve data quality of reporting.



Pages 59, 61 & 69

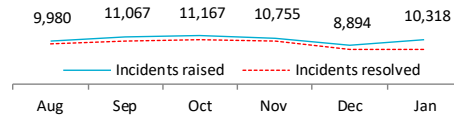
Executive Summary (8)

Integrated themes and issues from M10 (January 2021)

Digital

Service Desk

OUH IM&T Service Desk performance is integral to the day to day running of the Trust. In January **10,318** incidents were raised, shown in the chart below in the blue line and 95.1% (**9,811**) were resolved, shown in the red line in the chart below. This is an increase on the previous month of December, where 91.4% were closed. In January there were **zero** Priority 1 incidents, equal to **zero** Priority 1 Incidents in December.



Page 72

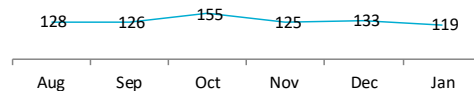
CYBER Status

In January **11,969** Devices and **841** Servers were monitored. There was **134.3TB** of internet traffic usage, which was a 63.6% increase on December's use, due to the return of staff from holidays. The overall cyber status for the Trust is **Green**.

Page 72

Information request

The Information request service demand for January was slightly lower than in the previous year at **119**, and lower than the 133 recorded in the previous month. The requests that are received are more complex and this has also led to a slight increase in the number of requests that are resolved within 2 working days, which is **46%**. Access to ORBIT+ increased to 48,186 in January. **ORBIT Clinics and ORBIT Explorer** training have now resumed via Microsoft Teams. Lists of the delivery of notable work and pressures can be seen on the Information Management section.



Pages 73

Going Digital

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

Page 74

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, 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 standards for the NOC site will be taken into a Trust wide rollout. OUH Progress towards Stage 7 is **Amber**.

Page 75

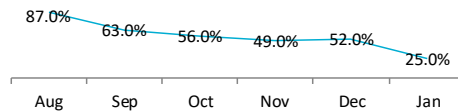
Executive Summary (8)

Integrated themes and issues from M10 (January 2021)

Digital

FOIs

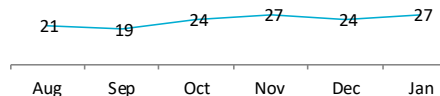
Freedom of information (FOI). In January there were **74** FOI requests, which is an increase of 4 requests on the same period last year. The compliance target for FOI requests is 20 working days. The Trust fell short of this target during January with **25%** of FOI requests closed within target. This is attributed to resources being redirected towards the pandemic and staff being unavailable to complete requests.



Page 76

DSPB

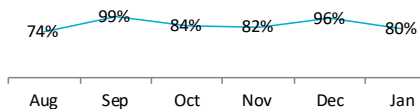
Data Security & Protection Breaches. In January **27** Data protection incidents were reported on Ulysses, which is a decrease of two incidents on 29 incidents reported in January last year, but increase on the 24 incidents reported in the previous month this year. Two incidents were reported to NHS Digital in January 2021.



Page 76

DSAR

Data Subject Access Requests (DSAR). The number of DSAR requests in January 2021 was **441**, the same number were received in January 2020. The compliance rate was **80%** in January 2021 as compared to 92% in January 2020.

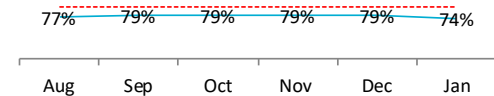


Pages 77

DSPT

Data Security and Protection Training (DSPT). The Trust submitted its mid-point Toolkit return for 2020/21 at the end of February and the Toolkit is undergoing audit by KPMG. All outstanding actions from last year's Toolkit improvement plan have been completed.

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff need to complete Data Security training annually. Current reported compliance is around **74%**. System data quality is unreliable and actual compliance is believed to be closer to 86%. The introduction of the My Learning Hub system in April 2021 will make it easier to cleanse data and should make reporting more reflective of actual compliance.



Page 77-78

Integrated themes and issues from M10 (January 2021)

Finance

Overall

Income and Expenditure (I&E) in January was a surplus of £4.5m. This was **£6.5m better** than the revised Phase 3 plan submitted to NHSEI in October for the second half of the 2020/21 financial year.

Commissioning Income

Commissioning income (NHS income, pass through and local authority) was **£2.5m above** plan, due to an assessment of the high cost drugs, cost and volume drugs and other income benefits in the position, recognising an additional £2.9m above plan.

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

Non-NHS Income

Non-NHS income (Other, PP, RTA, Overseas) was **£1.5m better** than plan due to higher income from COVID-19 testing costs and vaccination programme costs, both funded outside of the system envelope (+£1.1m).

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

Pay Expenditure

Pay costs were **£0.5m better** than plan in January. COVID-19 pay costs were £1.5m above plan in January (an increase of £1.1m compared to December). This is due to the increased incentive costs for existing staff to work additional shifts and for backfill costs for staff absence as COVID-19 admissions escalated during January. Recovery pay costs were £0.8m below plan in January as these programmes were impacted by increasing COVID-19 admissions. R&D pay was £0.7m below plan in January due to credits received.

Page 80 - 87

Non-Pay expenditure

Non-Pay costs were **£2.0m better** than plan in January. Clinical supplies and services were £3.2m lower than planned partly due to the release of central accruals (£2.3m), COVID-19 costs being £0.4m lower than planned and a further £0.1m one-off benefit from HMRC for accrued interest on the VAT refund received in November. General supplies and services were also £0.9m lower than plan. This is offset by drugs expenditure (including pass through drugs) being £2.8m higher than plan.

Cash

Cash was £133.4m at month end, £12.0m lower than the previous month end due to payments exceeding receipts and the timing of the last retrospective top-up payment, from Phase 2 financial arrangements / September (£15.6m) received in December.

Capital

Capital expenditure was £30.3m by January, which includes spend of £3.2m on COVID-19 related programmes, £3.3m on the JR ED Resus Redevelopment, £3.2m on the Swindon Radiotherapy scheme and £2.3m on the JR AICU expansion scheme.

Forecast

Income and Expenditure (I&E) is forecast at M10 for a deficit of -£12.2m, including an assumption for the additional impact of additional annual leave of -£15.0m. The Trust has been notified that annual leave impacts from COVID-19 are 'allowable' and will be adjusted out for performance purposes.

Page 88 - 90

Indicator overview summary *(headline measures)*

Domain

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

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

Quality – Outcomes & Patient experience

Indicators better than target

- Mortality: SHMI and HSMR for Sepsis Page 36
- Mortality: Overall SHMI and HSMR Page 44

Improvement compared to previous month (no target)

- Harm from Pressure Ulceration (HAPU) Pages 23 & 24
- Patient Incidents reported. Page 37
- Complaints Page 57

Indicators worse than target

- Adult and Children's Safeguarding training Page 26-27
- Sepsis admissions receiving antibiotics in <1hr Page 33
- Never Events: Page. 34
- Clostridium Difficile Pages 30 & 32
- WHO Surgical Safety Checklist Page 34

Deterioration compared to previous month (no target)

- Harm from falls Page 25
- MRSA: Page 30 & 31
- MSSA post 48 hour Page 32
- Hospital Acquired Thromboses identified and judged avoidable Page 30
- SIRIs: Page 40

Operational performance

Indicators better than target

- 31 day standard for first treatment Page 57
- 31 day standard for subsequent treatment (drugs) Page 57
- 62 day standard from screening to first treatment Page 57
- 31 day standard for subsequent treatment (radiology) Page 57
- 28 day Faster Diagnosis: Page 57

Indicators worse than target

- 4 hour Performance Page 47-49
- Length of stay over 21 days Page 50
- RTT waiting list size Page 52
- 18 week incomplete RTT standard Page 52
- Patients waiting over 52 weeks on an RTT pathway Page 52
- Diagnostics <6weeks standard Page 53
- 28 day readmission standard for cancellations Page 54
- Elective on the day cancellations Page 54
- 2WW for suspected cancer Page 57
- 2WW for breast symptoms Page 57
- 31 day standard for subsequent treatment (surgery) Page 57
- 62 day standard from GP referral to first treatment Page 57

Workforce

Indicators better than target

- Vacancies Pages 59-60 & 64 (NB Green RAG rated)
- Staff Turnover Pages 59-60 & 65 NB Green RAG rated)
- Agency spend Pages 59 & 61, & 66 (NB Green RAG rated)

Indicators worse than target

- Sickness Absence Pages 59-60 & 62-63 (NB Red RAG rated)
- Appraisals Pages, 59 & 61, & 69 (NB Amber RAG rated)
- Statutory & Mandatory training Pages 59, 61, & 67 (NB Amber RAG rated)

Digital

Improvement compared to previous month

- Cyber status Page 72 (NB Green RAG rated)
- HIMSS (Healthcare Information and Management Systems Society) Page 75 (NB Amber RAG rated)

Deterioration compared to previous month

- Freedom of information (FOI). Page 76
- Data Subject Access Requests (DSAR). Page 77
- Data Security Training Page 77

Finance

Indicators better than target

- Non-NHS Income Page 80
- Commissioning Income Page 81
- Pay Page 87
- Non-Pay expenditure Page 88
- Capital Page 89

Indicators worse than target

- Cash Page 90

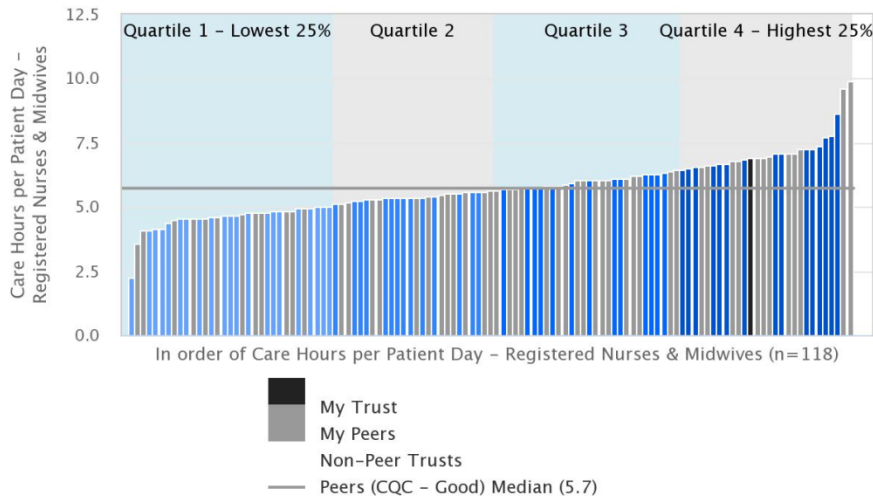
Quality – Outcomes & Patient experience

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

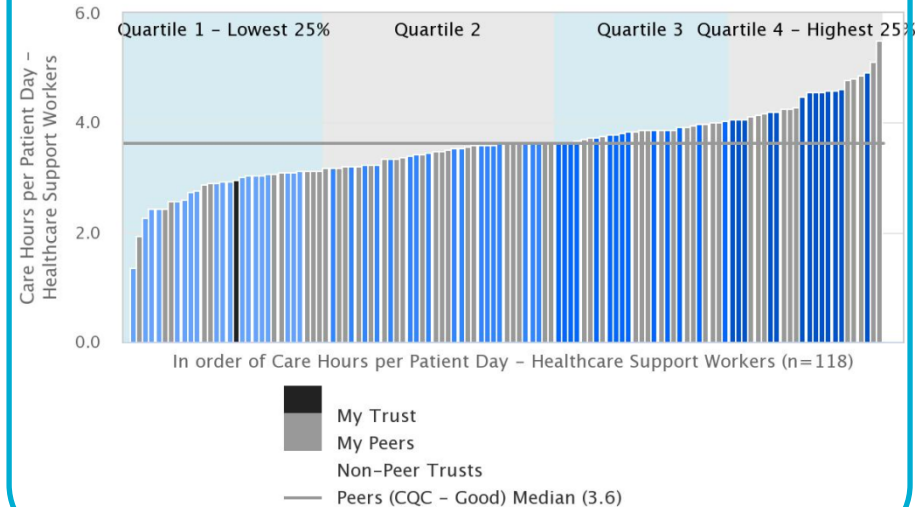
The two graphs below show CHPPD average hours for the OUHFT Trust in Black and the Shelford Group Trust's average CHPPD hours in Grey, the blue bars are all other UK NHS Trusts. The chart on the left is for registered nurse CHPPD and the chart on the right is for healthcare support workers CHPPD.

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

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



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



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

January 2021	Care Hours Per Patient Day								Census	Nurse Sensitive Indicators				Maternity Sensitive Indicators					HR				Rostering KPIs				FFT - Total responses in each category for each ward							
	Cumulative count over the month of patients at 23:59 each day	Budgeted Registered nurses and midwives	Actual Registered nurses and midwives	Budgeted Care Staff	Actual Care Staff	Budgeted Overall	Required Overall	Actual Overall		Census Compliance (%)	Medication Administration n, delay or concerns	Extravasation Incidents	Pressure Ulcers Category 2,3&4	Falls	Delay in induction (PROM or booked/OL)	Medication errors (administration, delay or omission)	Pressure Ulcers	Proportion of women readmitted postnatally	Proportion of mothers who initiated breastfeeding	Proportion of births where the planned place of birth was changed due to staffing	Revised Vacancy HR was 95% of S&M Leave (%)	Turnover (%)	Sickness (%)	Maternity (%)	Roster manager approved for Payroll	Net Hours 2/2%	8 week lead time	Annual Leave 12-16%	1 - Extremely Unlikely	2 - Unlikely	3 - Neither likely nor unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't know
NOTTSScan																																		
Bellhouse / Drayson Ward	397	6.39	8.4	1.92	2.0	8.31	9.23	10.3	100.00%	3	1	0	0							34.01%	0.00%	20.87%	0.00%	Yes	-4.50%	7.86	10.80%	24.0	4.0	1.0	1.0	1.0	0.0	0.0
BIU	674	5.49	4.0	3.41	2.4	8.90	7.65	6.4	100.00%	3	0	0	1							24.31%	22.74%	4.88%	0.00%	No	-2.00%	3.86	15.90%	2.0	0.0	0.0	0.0	0.0	0.0	
HDU/Recovery (NOC)	44	21.48	23.0	3.31	3.7	24.79	-	26.7	N/A	0	0	0	0							13.14%	5.31%	6.73%	4.08%	No	0.00%	4.71	10.20%	0.0	0.0	0.0	0.0	0.0	0.0	
Head and Neck Blenheim Ward	109	6.46	9.9	1.92	4.5	8.38	9.51	14.4	40.86%	0	0	0	2							17.83%	8.39%	4.35%	0.00%	Yes	1.80%	9.00	17.90%	2.0	0.0	0.0	0.0	0.0	0.0	
HH Childrens Ward	114	5.75	15.6	1.88	3.3	7.63	9.47	18.9	97.85%	0	0	0	0							24.51%	6.26%	9.86%	3.54%	Yes	9.10%	4.86	15.90%	26.0	1.0	0.0	0.0	0.0	0.0	
HHF Ward	828	4.36	3.6	2.61	2.4	6.97	7.57	6.0	100.00%	1	0	3	7							10.00%	9.51%	30.42%	3.15%	Yes	-17.00%	4.43	8.50%	5.0	1.0	0.0	0.0	0.0	0.0	
Kamrans Ward	236	7.67	8.4	2.56	0.1	10.23	10.17	8.5	100.00%	0	0	1	0							-6.88%	6.56%	3.49%	8.95%	Yes	-17.10%	3.43	13.00%	21.0	4.0	0.0	0.0	0.0	0.0	
Melanies Ward	269	5.75	7.8	0.96	3.0	6.71	12.00	10.8	100.00%	2	0	0	0							-25.25%	13.15%	9.49%	3.30%	Yes	-0.10%	7.29	11.10%	18.0	1.0	0.0	0.0	0.0	0.0	
Neonatal Unit	1037	12.87	11.7	2.19	1.4	15.06	-	13.0	N/A	4	2	1	0							20.26%	16.45%	4.74%	3.51%	Yes	8.20%	6.00	14.60%							
Neurology - Purple Ward	459	3.85	3.9	4.24	3.6	8.09	10.07	7.5	100.00%	0	0	1	5							15.53%	7.44%	12.69%	3.65%	Yes	4.30%	6.86	12.40%	6.0	0.0	0.0	0.0	0.0	0.0	
Neurosurgery Blue Ward	563	4.59	4.6	2.41	4.8	7.00	10.13	9.3	93.55%	1	0	0	5							11.72%	4.35%	14.41%	2.19%	Yes	7.80%	6.86	10.50%	19.0	5.0	1.0	0.0	2.0	1.0	
Neurosurgery Green/HC Ward	397	4.73	3.6	5.98	5.2	10.71	12.04	8.8	100.00%	0	0	2	0							22.00%	18.33%	14.45%	5.97%	Yes	2.50%	7.14	13.40%	4.0	0.0	0.0	0.0	0.0	0.0	
Neurosurgery Red/HC Ward	624	6.25	6.5	4.22	5.8	10.47	12.74	12.3	100.00%	0	0	2	4							-4.00%	4.56%	8.75%	3.08%	Yes	0.80%	7.43	10.70%	9.0	0.0	0.0	0.0	0.0	0.0	
Paediatric Critical Care	226	31.50	31.1	3.29	2.0	34.79	-	33.1	N/A	2	0	3	0							6.07%	14.75%	9.38%	10.10%	No	5.10%	5.71	10.90%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
Specialist Surgery I/P Ward	1254	6.15	4.6	2.62	3.2	8.77	9.80	7.9	100.00%	7	0	7	11							17.33%	8.82%	5.52%	2.84%	No	3.30%	7.86	11.70%	7.0	1.0	0.0	0.0	0.0	0.0	
Tom's Ward	433	5.69	9.0	1.73	1.4	7.42	10.04	10.5	100.00%	2	2	0	0							11.00%	5.90%	4.24%	2.19%	Yes	11.60%	7.29	8.30%	30.0	8.0	3.0	1.0	0.0	0.0	
Trauma B Side	509	5.22	4.8	2.92	3.3	8.14	8.38	8.1	100.00%	2	0	2	10							19.00%	16.58%	8.80%	0.00%	Yes	0.70%	6.43	11.70%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
Trauma C Side	458	5.13	5.1	4.63	3.3	9.76	8.04	8.4	100.00%	0	0	2	2							6.00%	6.41%	5.78%	2.51%	Yes	2.90%	8.14	15.50%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
Ward 6A - JR	592	5.08	4.7	3.28	2.3	8.36	8.18	7.0	100.00%	2	0	2	4							7.53%	3.97%	9.33%	4.09%	Yes	1.10%	8.43	18.70%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
Ward E (NOC)	138	4.04	4.1	2.52	3.4	6.56	7.58	7.6	37.63%	0	0	1	1							21.32%	6.52%	8.61%	5.88%	Yes	6.40%	-2.29	12.60%	6.0	1.0	0.0	0.0	0.0	0.0	
Ward F (NOC)	0	4.13	#DIV/0!	2.42	#DIV/0!	6.55	0.00	#DIV/0!	0.00%	0	0	1	0							26.45%	8.22%	9.49%	0.00%	Yes	1.40%	4.71	13.90%	3.0	1.0	1.0	0.0	0.0	0.0	
WW Neuro ICU	520	26.34	23.1	0.00	0.1	26.34	-	23.2	N/A	6	1	4	0							21.67%	14.15%	4.97%	4.02%	Yes	23.20%	9.71	11.80%	0.0	0.0	0.0	0.0	0.0	0.0	
MRC																																		
Cardiology Ward	762	7.42	2.1	2.37	1.1	9.79	9.73	3.2	100.00%	1	0	2	2							18.38%	11.20%	6.49%	5.42%	Yes	4.00%	5.71	16.30%	1.0	1.0	0.0	0.0	0.0	0.0	
Cardiothoracic Ward (CTW)	689	5.06	4.3	4.14	2.3	9.20	7.70	6.6	68.82%	1	0	0	3							13.83%	2.53%	5.15%	0.00%	Yes	7.70%	0.71	11.70%	1.0	0.0	0.0	0.0	0.0	0.0	
Complex Medicine Unit A	496	4.47	4.9	3.19	4.1	7.66	9.14	9.0	100.00%	0	0	0	1							19.19%	10.58%	14.68%	0.00%	No	11.40%	7.71	14.50%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
Complex Medicine Unit B	530	4.74	4.3	3.94	3.6	8.68	9.38	7.9	81.72%	0	0	1	7							-5.68%	15.60%	8.75%	2.46%	No	1.10%	4.86	18.30%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
Complex Medicine Unit C	586	3.66	4.4	3.14	3.6	6.80	8.49	8.0	98.92%	2	0	2	2							4.63%	5.01%	2.75%	2.83%	No	7.00%	4.71	19.90%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
Complex Medicine Unit D	553	4.03	4.2	3.45	3.6	7.48	7.97	7.8	74.19%	0	0	0	3							16.48%	5.87%	5.53%	4.79%	No	4.50%	0.86	19.30%	11.0	0.0	2.0	0.0	0.0	0.0	
CTCCU	581	19.30	21.4	0.00	0.0	19.30	0.00	21.4	N/A	2	0	0	14	0						9.69%	12.89%	2.56%	1.85%	No	4.30%	5.00	12.60%	2.0	0.0	0.0	0.0	0.0	0.0	
HH EAU	-	4.47	-	3.31	-	7.78	6.84	-	#N/A	1	0	1	7							28.81%	5.47%	9.20%	8.97%	Yes	-0.60%	2.43	16.40%							
HH Emergency Department	-	10.91	-	4.28	-	15.19	-	-	N/A	1	0	0	0							13.53%	20.42%	6.91%	3.16%	Yes	-3.20%	4.14	13.80%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
Emergency Assessment Unit (EAU)	-	8.16	-	3.95	-	12.11	9.88	-	16.13%	3	0	4	5							13.93%	15.68%	11.91%	3.40%	No	13.90%	8.43	12.10%							
JR Emergency Department	-	11.16	-	3.58	-	14.74	-	-	N/A	6	1	2	10							15.41%	9.55%	4.85%	2.01%	Yes	4.30%	7.57	13.40%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
John Warin Ward	409	6.25	6.6	3.86	4.6	10.11	10.56	11.2	95.70%	1	0	0	2							-3.44%	20.88%	7.33%	5.34%	Yes	5.70%	4.86	16.00%	9.0	1.0	0.0	0.0	2.0	0.0	
Juniper Ward	872	3.85	3.9	4.03	3.3	7.88	7.42	7.1	100.00%	0	0	8	3							-15.79%	7.86%	6.24%	0.00%	Yes	1.60%	6.29	17.90%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
Laburnham	746	4.13	4.1	2.88	3.4	7.01	9.24	7.5	100.00%	0	0	1	5							-11.24%	7.65%	10.82%	2.04%	No	5.80%	6.29	10.80%	4.0	1.0	0.0	0.0	0.0	0.0	
OCE Rehabilitation Nursing (NOC)	558	4.11	4.0	6.25	4.8	10.36	9.30	8.9	100.00%	0	0	0	3							10.22%	22.63%	10.83%	1.99%	No	7.60%	4.43	16.60%	0.0	0.0	0.0	0.0	0.0	0.0	
Oster Chest Unit	316	11.59	35.8	4.88	17.9	16.47	11.56	53.8	100.00%	0	0	0	6							-11.00%	7.02%	2.48%	1.23%	No	26.10%	4.86	12.20%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
Ward 5A SSW	625	5.23	4.5	3.14	3.2	8.37	8.45	7.8	81.72%	1	0	3	4							9.72%	8.30%	2.15%	4.17%	No	1.70%	3.43	10.40%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
Ward 5B SSW	501	5.11	5.1	3.83	3.9	8.94	8.40	9.0	100.00%	0	0	1	6							-18.22%	0.00%	13.86%	0.00%	No	7.80%	4.00	16.00%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
Ward 7E Stroke Unit	532	5.11	5.2	3.19	3.1	8.30	10.90	8.3	98.92%	1	0	1	9							-29.80%	4.63%	6.87%	2.17%	No	8.00%	2.86	14.20%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
SUWON																																		
Gastroenterology (Ward 6F)	457	4.26	4.9	3.55	2.4	7.81	7.80	7.2	97.85%	3	0	1	5							8.70%	5.87%	13.41%	7.20%	Yes	4.20%	6.43	13.80%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	
Gynaecology Ward - JR	469	4.72	4.9	2.35	2.1	7.07	6.97	7.1	100.00%	0	0	0	0							22.70%	8.77%	8.67%	3.33%	Yes	-0.20%	6.43	15.90%	19.0	1.0	0.0	0.0	0.0	0.0	
Haematology Ward	700	5.19	4.8	2.89	1.9	8.08	7.42	6.7	95.70%	3	1	1	6							10.00%	10.72%	3.77%	4.83%	Yes	11.10%	5.57	10.50%	6.0	0.0	0.0	0.0	0.0	0.0	
Jane Ashley Colorectal Centre	31	5.28	5.50	3.19	23.6	8.47	8.43	78.7	67.74%	0	0	1	2		</																			

The safe staffing dashboard for January 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.

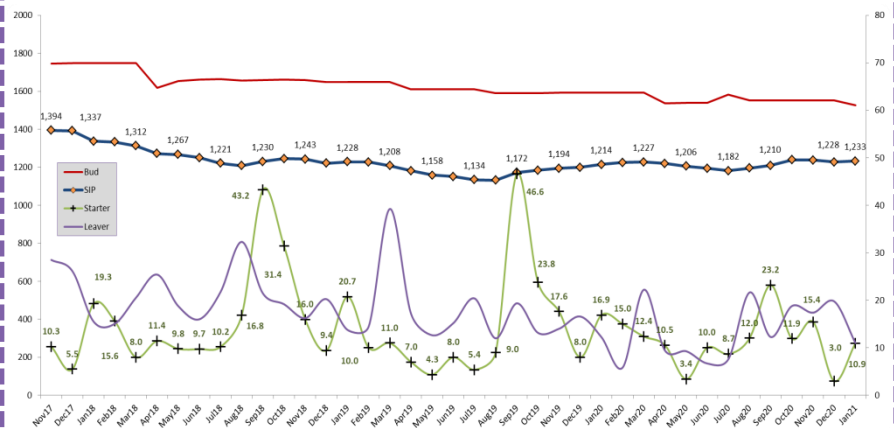
It is important to note that in January several clinical areas remained closed or merged to create urgent Covid surge capacity and a large number of staff have been re-deployed to support this capacity. CHPPD data accuracy will be grossly effected by these actions, therefore the Trust has not submitted CHPPD data to NHSE/I for the month of January.

January remained a challenging month in ensuring all clinical areas were mitigated to the best of our abilities as we saw the requirement for ventilation support capacity remain high. Effective deployment of nursing, AHP and support staff enabled this to happen with support also from nursing and medical students. As a Trust we have continued to declared level 3 nurse staffing to highlight the actions taken and the fragility of maintaining mitigation of risk in relation to the daily workforce challenges faced.

The Trust was successful in meeting our target of expediting the arrival of internationally recruited nurses which was set at 225 by the end of January 2021. Some of these nurses have now sat and passed their OSCE examination, some have opted to join the temporary register and the others are working through their OSCE examination preparation.

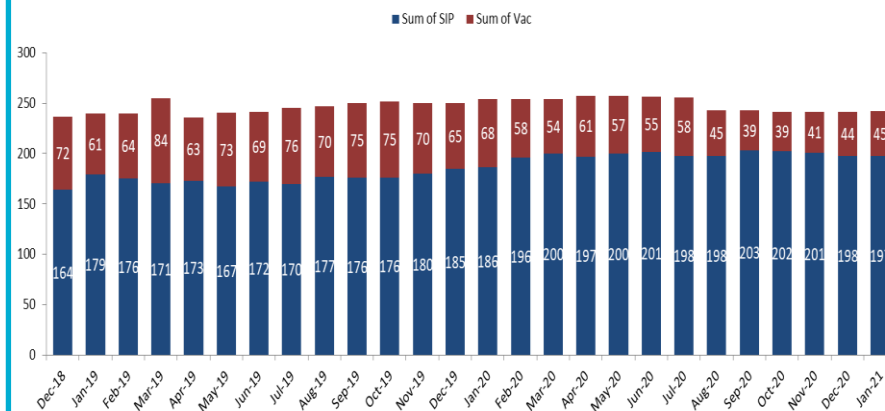
Band 5 RNs in Post, Budget, Leavers and Starters and Turnover Trajectory in January 2021

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

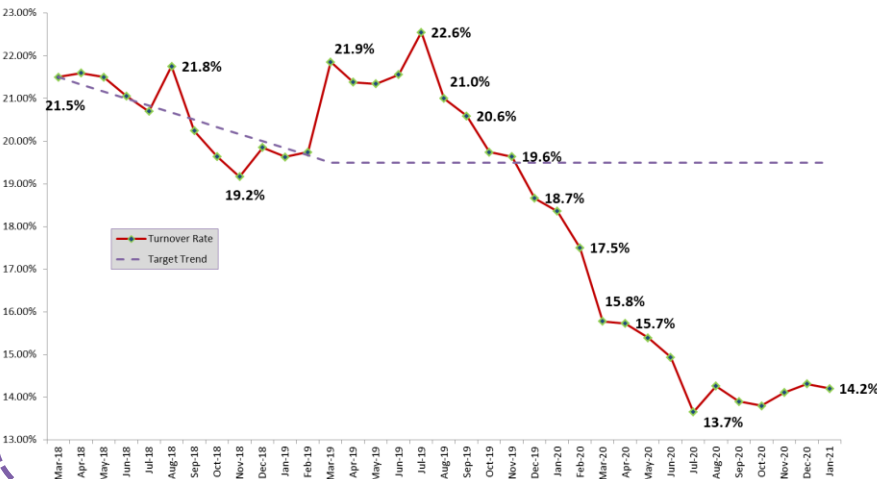


We expect to see less movement of staff from these services and the graphs presents this relatively stable position. Again this is monitored monthly by the steering group.

Nursing and Midwifery Staffing

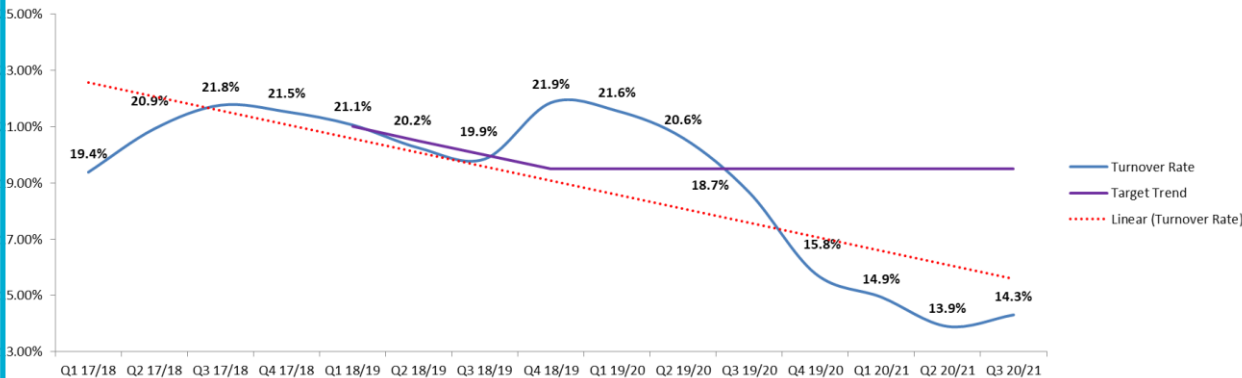
Band 5 Registered Nurse Turnover Trajectory – January 2021

Turnover Rate, Target Trend and Deviation



Band 5 RN turnover decreased in January

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 – January 2021

Registered Nursing Turnover

	FTE	Leavers FTE	Annual Turnover Rate	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	2950	319	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	1403	199	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	1037	85	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%	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	667	45	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%

There has been a small increase in turnover at band 6.

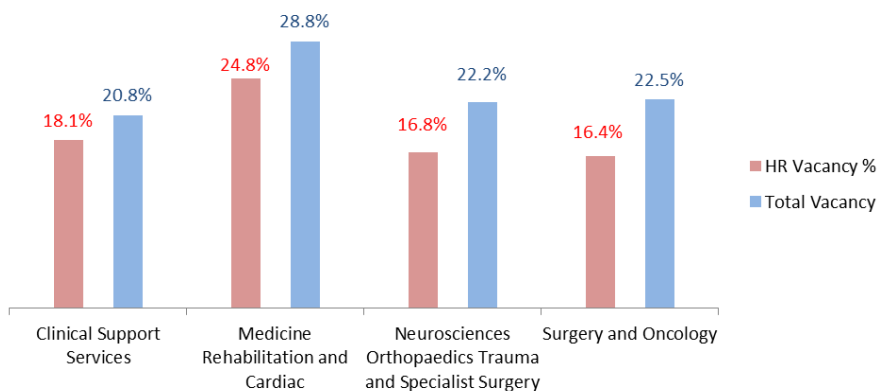
Registered Midwifery Turnover

	FTE	Leavers FTE	Annual Turnover Rate	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	33	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	45	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	184	25	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	62	8	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 midwifery turnover has increased slightly.

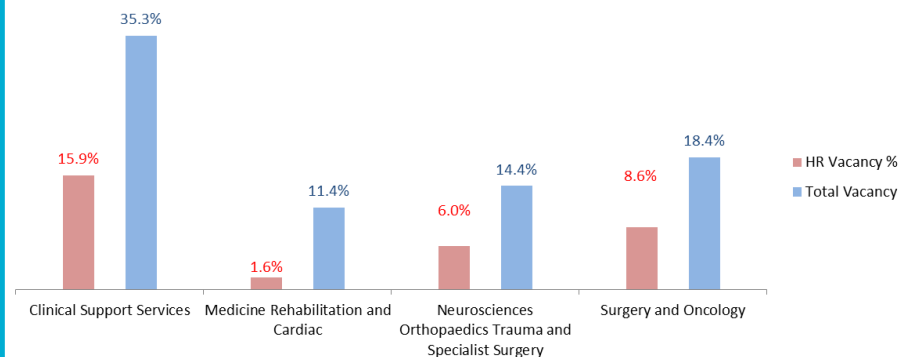
RN and Midwifery Vacancies – January 2021

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.

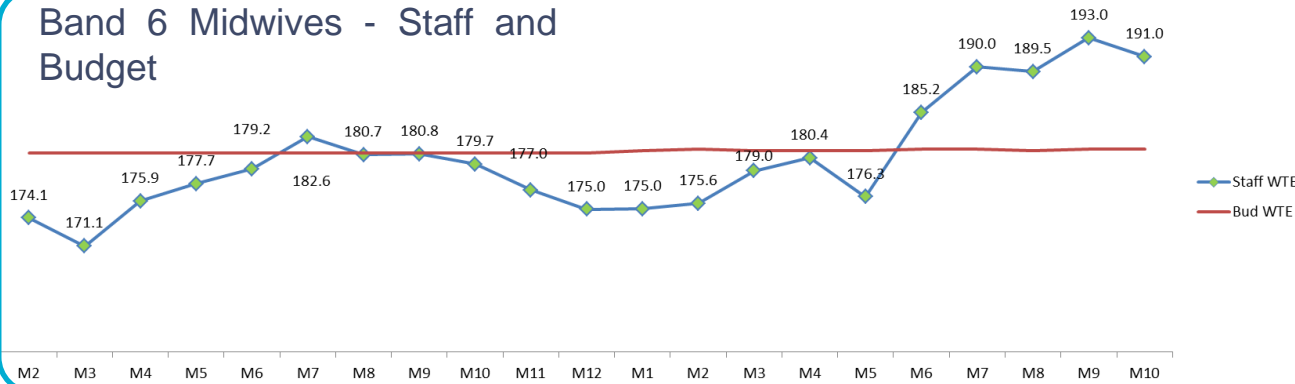
Vacancy at band 6/7 by division in percentage.



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.

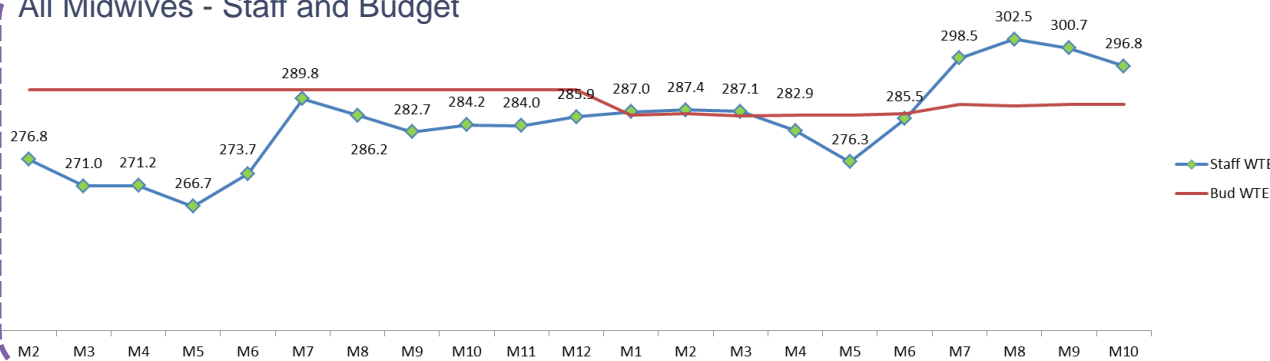
Midwifery Staffing – (January 2021)

Band 6 Midwives - Staff and Budget



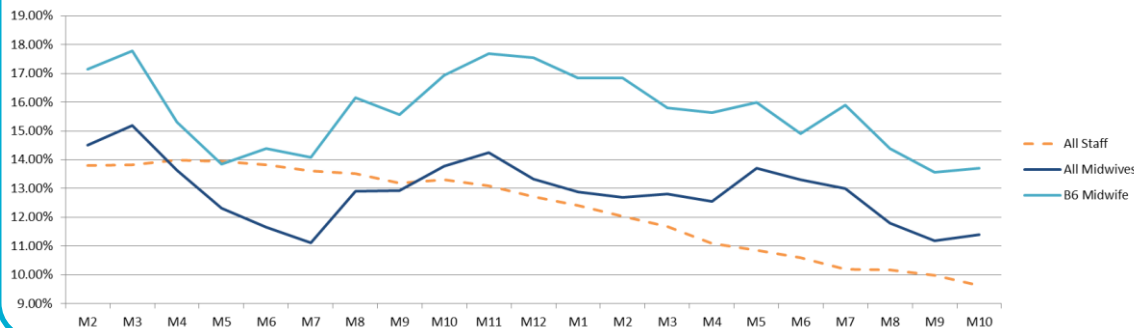
Band 6 midwives is the larger workforce within midwifery and is monitored through the steering group for the same reasons as band 5 within the RN workforce.

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:

- **Scheduled Bookings -777** This rate is slightly lower than last month although it is comparable to last years numbers.
- **Caesarean Section (CS) – 163 (29%)** The rise in the emergency CS rate has coincided with the peak of the pandemic. We have had a number of surgical interventions in Covid positive women, both asymptomatic and those in the main hospital. It is likely there has also been heightened anxiety around the perceived placental insufficiency in this cohort.
- **Shoulder dystocia – 13 (2.3%)** The newly appointed fetal well being led is focusing education on shoulder dystocia at the intrapartum shared learning meeting on the 11th February. This session looked at the themes of pre-empting shoulder dystocia and looking at prophylactic manoeuvres, incorrectly/correctly diagnosing shoulder dystocia.
- **Test result endorsement – 78.6%** Appreciative Inquiry project to be reinvigorated. Further targeted work for specific areas with lower rates of endorsement

Amber areas:

- **Spontaneous vaginal births – 321 (56%)** This was slightly lower than the previous month.
- **Puerperal Sepsis – 9 (1.58%)** The notes will be reviewed for these cases to find out if there are any emerging themes.

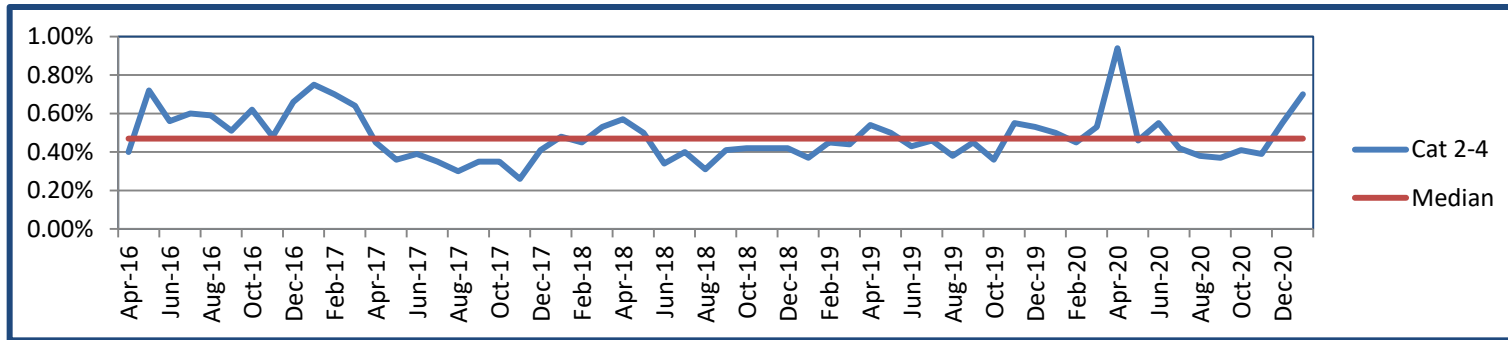
Green areas:

- **HIE 2** – there were no cases reported in January
- **HIE 3** – there were no cases reported in January
- **Unexpected NNU admissions – 22 (3.8%)** this is lower than the previous month where it had been at 6%,
- **Returns to theatres** – there were no returns to theatre in January.

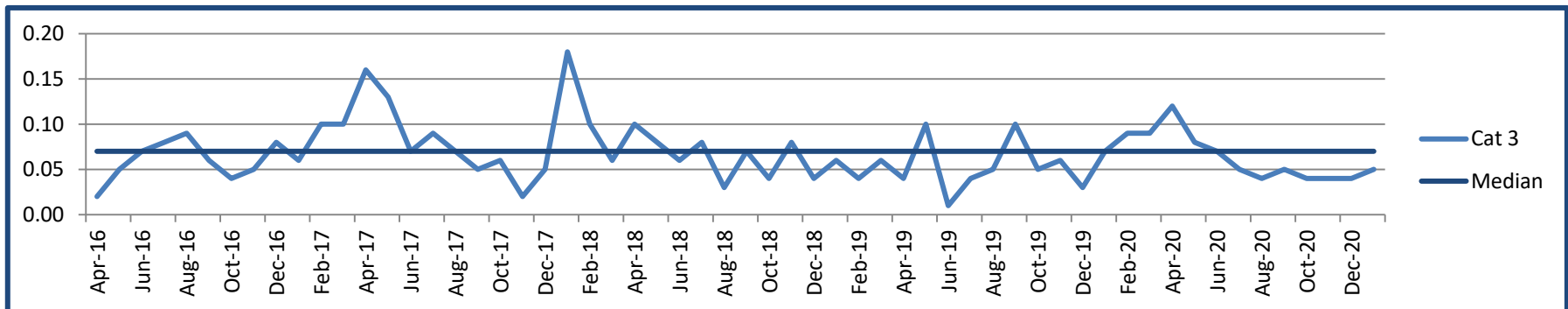
Hospital Acquired Pressure Ulceration (HAPU) Report January 2021

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.

Incidence of HAPU Cat 2 and above: April 2016 – January 2021



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 Cat3 and 4: April 2016 - January 2021*



ANALYSIS

Of the 10 incidents reported as Moderate Harm, one was a full thickness mucosal ulcer and 9 Category 3 HAPU. The average age of the individual affected was 65 (range 32 to 92 years of age). The length of stay prior to identification of pressure ulceration was 16 days of which 8 incidents had been reported at an earlier stage of skin damage.

Accurate risk assessments had been documented in all cases. The use of medical devices was associated with 2 of the 10 incidents. The average surface area for the reported skin damage was approximately 3cm.

One further incident was reported as Serious Harm and will be investigated as a Serious Incident

DISCUSSION

All Category 3 and above HAPU are investigated and an action plan approved and implemented. For those investigated at local level, 30 day action plans are recommended with oversight for the closure of these action plans through the Harm Free Assurance Forum. After Action meetings have been completed for incidents for Q1 and 2. Serious Investigations related to HAPU follow the Trust reporting and investigation Policy.

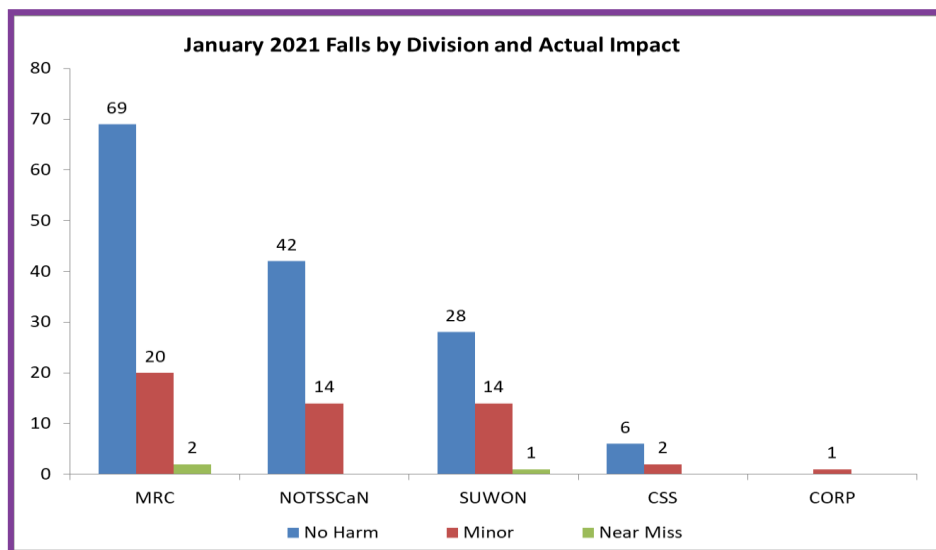
It is noted that the reporting of these incidents has remained constant, with clinical staff remaining vigilant and engaged.

ACTIONS

Harm Free Assurance Forum: the themes associated with the incidents reported and the impact of organisational and staffing challenges will be monitored.

Safety Message: A revised Safety Message has been communicated to clinical teams of the risks associated with heel offloading and the risk of significant pressure damage.

During January 2021 there have been 199 falls incidents reported on Ulysses. Broken down there were, 0 major, 0 moderate harm incidents, 51 minor, 145 no harm falls and 3 near misses. Given the current pressure the hospital is currently under and the increase of confused patients due to hypoxia, delirium and staff levels this is a positive position to be in. This is a result of staff continuing to complete risk assessments and care plans to ensure patients have appropriate equipment and when possible supervision where required. The graph below shows falls per division and level of harm.



January Repeat Falls Incidents are shown in the table below. Staff are reminded to fully investigate reasons for the initial fall in order to reassess and change care plans where appropriate.

63 repeated patient falls were reported in January 2021
26 patients fell more than once in January 2021
1 patient fell 4 times each during this month
Repeat falls account for 31.66% of falls for the month of January 2021

The Falls Prevention Practice Educator has consulted with external Falls Prevention Network to share practices and gain information around the difficulties faced across other Acute hospital in the South of the UK with regards to increased numbers of patients with delirium during the covid. This has been especially challenging in areas with only side rooms. Education and advice has been given to areas in the trust who had similar concerns. This will help with the management and care planning for these patients.

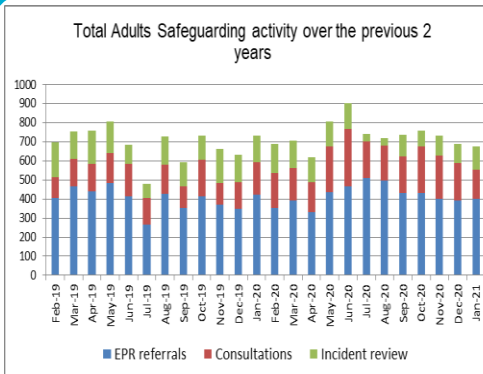


Chart 1: Activity

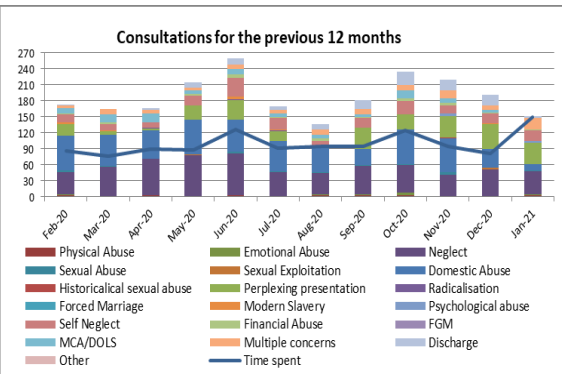


Chart 2: Consultations

Activity:

Chart 1: Combined activity during January reduced however, the complexity of cases increased.

Chart 2: Neglect and self neglect relating to patient's home conditions continue to be the main themes of referrals from Trust clinical staff.

Discharge concerns have reduced significantly. Neglect and self neglect remain this main category of concern. There has been an increase in multiple categories of concerns in January which related to the complexity of the referrals.

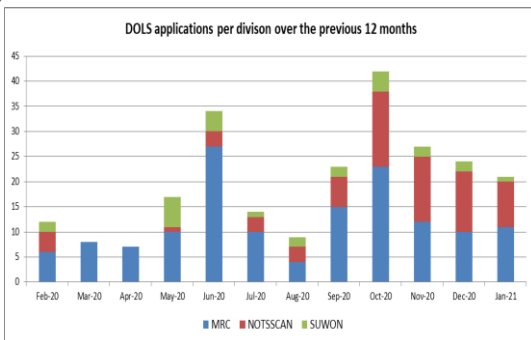


Chart 3: DOLS Applications

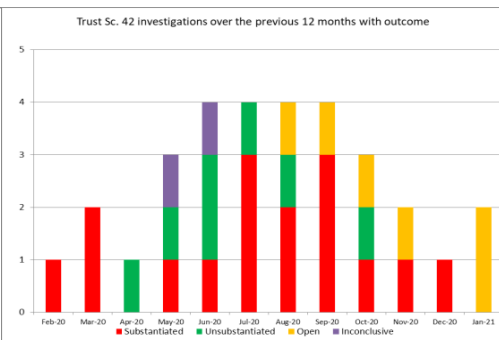


Chart 4: Section 42 investigations

Statutory responsibilities:

Chart 3: Deprivation of Liberty Safeguards (DOLS). There were 21 DOLS applications reviewed. This is reduced for the 4th consecutive month.

Chart 4: There were 2 Section (Sc.) 42 enquiries in January. 1. SUWON – from CQC involving Sobel house - submitted to OCC. 2. MRC - from OCC involving HART extension for submission granted. There are 6 open S42 enquiries, 4 were closed in January.

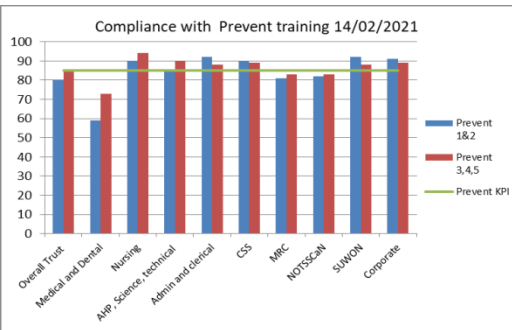


Chart 5: Prevent Training



Chart 6: Safeguarding Training

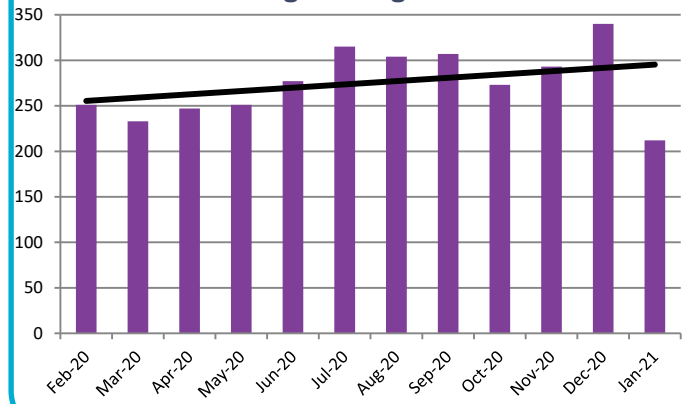
Training: **Chart 5:** Trust training compliance is below the 90% KPI- 83% level 1 and 81% level 2. Level 3 training is being piloted jointly with Oxford Health is continuing for a small group of 10 staff.

Chart 6: Trust Level 3,4&5 Prevent compliance is 8%, below the KPI of 85% and 80% level 1.

Governance: The OSCB/OSAB self-assessment was submitted on 13th January and the peer review will take place in March 2021.

Safeguarding Children January 2021

Children Safeguarding Consultations



Consultations with the children safeguarding team reduced by 218 (n= 212) during January. The team are have been under pressure due to sickness so availability has been reduced.

Children attending with self-harm presentations continue to be high. It is noted a significant increase in attendances for 10-14yo over the last 6 months with drug and alcohol and self harm. Attendances for younger children are noted to be related to lack of supervision.

Maternity has seen an increase in safeguarding activity with 7 care order granted by the courts related to maternal drug and alcohol use, domestic abuse and neglect.

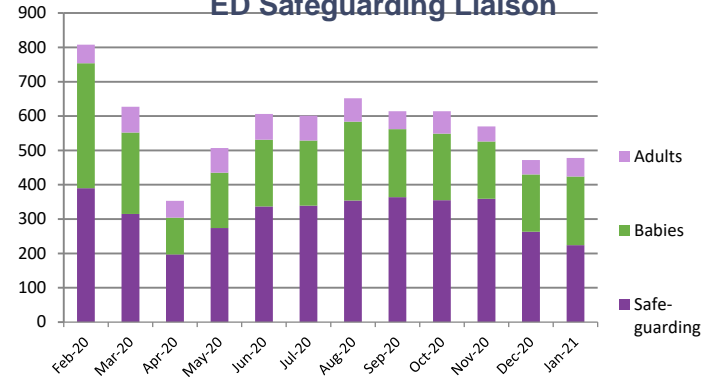
MASH - Delays in returning health information within required time scales improved with the additional OUH admin resource. The team continues to undertake additional hours to support the MASH to manage the backlog which reduces the time to support staff across the Trust.

ED Safeguarding Liaison referrals increased slightly by 6 during January (n=478). There was a reduction (39) of children attending ED with safeguarding concerns (n=224). There was an increase (33) babies (n=200) attending ED under the age of one. Information is shared for this age group with primary care due to vulnerability.

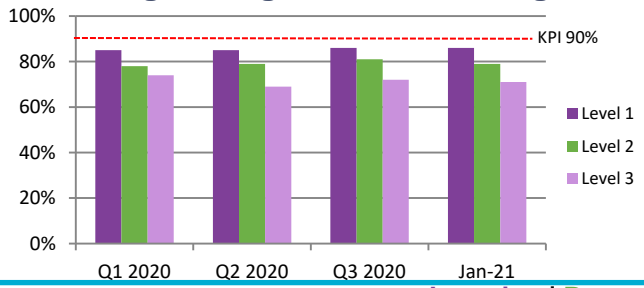
Adults who have responsibilities for children that attend ED with safeguarding concerns increased by 12 (n=54). Information is shared with primary care to ensure awareness and support is available.

Information is shared with primary care as well as Children’s Social Care for cases when the LA are involved.

ED Safeguarding Liaison



Safeguarding Children Training



Safeguarding Children Training Compliance remains below the national and local KPI of 90%. Level 1 compliance remained at 86%, level 2 dropped 2% to 79% and level 3 dropped 1% to 71%. Level 3 safeguarding children training is via Microsoft Teams as is being well evaluated. A plan to send reminders to staff will be put in place when clinical pressures improve.

There has been an issue providing compliance when staff have completed modules online for level 3 training. Staff are reminded to contact L & D to review and provide compliance. This is hope to be resolved with the new My Learning Hub.

The Trust received and recorded 57 formal complaints in January 2021, which is a considerable decrease from the number received in December 2020 (n=93). This is not comparable to previous numbers of complaints received in January, which is often found to be the busiest month of the year for formal complaints received by the Trust. This decrease in formal complaints is considered a direct effect of the COVID-19 situation, and was seen in the first wave in 2020.

Visiting restrictions continues to be a source of concern for a number of patients/relatives. The Family Liaison Team, that was set up to support the medical wards in updating patients' Next of Kin, continued throughout January and February. The team was staffed by the Complaints and PALS team. Feedback to date from the ward teams, relatives and patients has been positively received, with many relatives commending the Trust for a proactive approach to a difficult situation. The team were also able to link NOKs who were struggling with their relative's COVID diagnosis and/or condition to the Trust's counselling service.

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.

Person type: Staff
RIDDOR type: Occupational Disease
Accident type: Over 7 Day absence
Incident location: Dietetics

Incident details : The Injured Party (IP) was a staff member who experienced a period of severe skin problems in relation to work, The diagnosis for their condition is Occupational Dermatitis due exposure to a common rubber accelerant.

Additional information: IP had an allergy to rubber accelerant but did not realise this substance is in all of the standard Trust gloves used as PPE. Increased glove use in relation to COVID-19 pandemic caused acute occupational dermatitis issues and IP experienced such severe skin issues she was signed off work

Incident outcome: Actual impact 2 – minor injury / illness

Lessons learned: Occupational Health Physician ran a training session for all relevant clinical staff on appropriate glove advice for those with allergies.

Key Quality Metrics Table

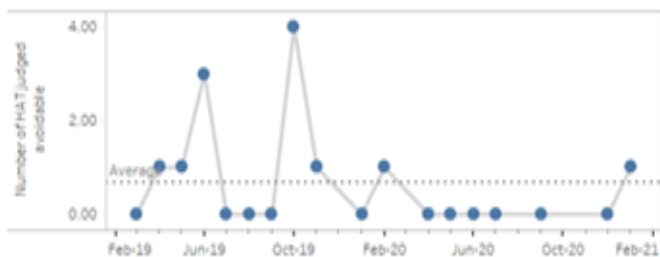
Descriptor	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
VTE Risk Assessment(% admitted patients receiving risk assessment)	98.18%	98.35%	98.61%	98.55%	N/A	98.36%	98.32%	98.41%	98.16%	N/A	98.06%	N/A
Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)	77	85	3	11	26	36	51	60	71	87	91	97
Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)	4	4	0	1	2	2	3	3	3	3	3	6
% patients receiving stage 2 medicines reconciliation within 24h of admission	64.58%	67.29%	68.83%	69.63%	71.87%	66.35%	61.90%	60.35%	58.94%	62.03%	N/A	N/A
% patients receiving allergy reconciliation within 24h of admission	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A
% of incidents associated with moderate harm or greater	2.08%	2.31%	2.04%	2.10%	2.36%	1.33%	2.18%	2.39%	1.81%	2.16%	2.04%	N/A
Cleaning Score - % of inpatient areas with initial score > 92%	39.24%	37.80%	N/A	43.90%	45.59%	45.83%	46.55%	58.57%	46.84%	55.00%	53.42%	59.74%
% Radiology direct access 7 day turnaround times - Plain Film, CT, MRI & Ultrasound	84.83%	79.81%	91.70%	95.95%	90.69%	85.92%	83.23%	82.52%	85.75%	84.11%	81.61%	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	1	0	0	0	0	0	0	0	0	0	0	1
Crude Mortality	160	243	263	191	144	173	164	182	181	196	223	332
Dementia - % patients aged > 75 admitted as an emergency who are screened	83.07%	83.07%	86.73%	84.87%	88.30%	83.33%	87.16%	81.12%	85.03%	84.46%	85.05%	N/A
ED - % patients seen, assessed and discharged / admitted within 4h of arrival	80.10%	80.19%	86.42%	92.62%	93.24%	91.22%	87.31%	83.12%	83.45%	85.26%	79.93%	71.24%
Friends & Family test % likely to recommend - ED	86.19%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	86.18%	88.24%
Friends & Family test % not likely to recommend - ED	9.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8.38%	6.84%
Friends & Family test % likely to recommend - Mat	97.09%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Friends & Family test % not likely to recommend - Mat	0.67%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.00%	0.00%
Friends & Family test % likely to recommend - IP	95.39%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	95.30%	95.95%
Friends & Family test % not likely to recommend - IP	2.21%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2.45%	1.83%
Friends & Family test % likely to recommend - OP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	93.88%	94.69%
Friends & Family test % not likely to recommend - OP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2.96%	2.27%
% patients EAU length of stay < 12h	49.10%	54.28%	51.80%	65.20%	64.25%	60.13%	56.88%	52.76%	51.18%	54.87%	49.35%	42.04%
% Complaints upheld or partially upheld [Quarterly in arrears]	N/A	N/A	N/A	N/A	N/A	75.76%	N/A	76.04%	N/A	N/A	74.90%	N/A

Indicators where performance has declined:

- Number of hospital acquired thromboses identified and judged avoidable
- Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)

PS17- Number of hospital acquired thromboses identified and judged avoidable

Number of Moderate or Greater hospital acquired thromboses identified and judged avoidable. (HATHrombosesMG)



The patient was on apixaban 2.5mg twice daily prior to admission. On admission anticoagulation was suspended 48 hours prior to an interventional procedure in radiology (chest drain insertion). This did not go ahead as planned and was delayed over the weekend. The drain was then inserted following the weekend but fell out the following day. It was reinserted 3 days later. Dalteparin prophylaxis could have been prescribed while the apixaban was suspended. Procedures can be carried 12 hours after the last dose of dalteparin so this would not have interfered with plans for chest drain insertion. The patient therefore missed 9 potential doses of thromboprophylaxis. They were subsequently diagnosed with a subclavian vein thrombosis. A safety notice has been prepared to reiterate Trust guidance that most procedures/ surgery can be carried out 12 hours after prophylactic dalteparin.

PS06 - Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)

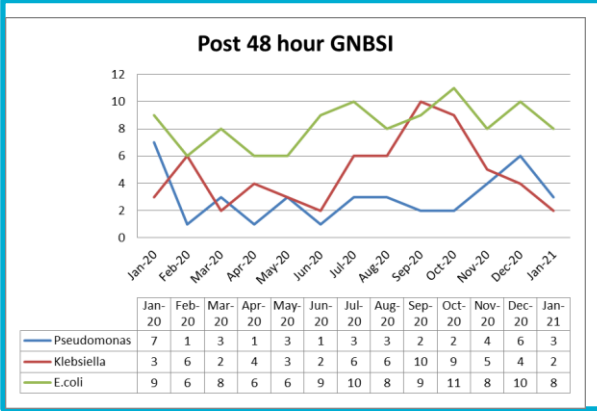
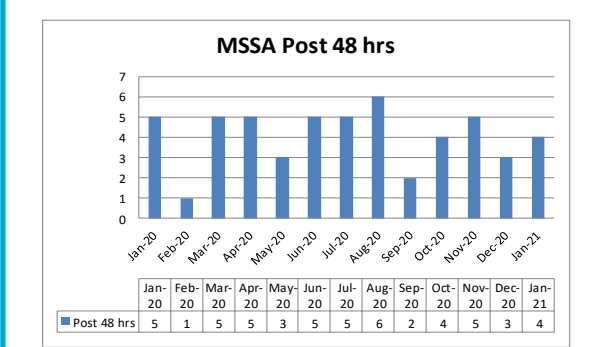
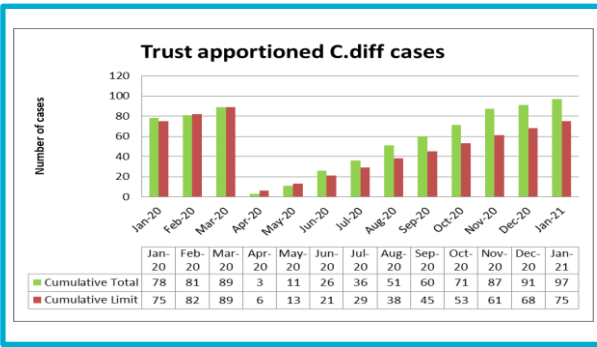
Incidence of MRSA bacteraemia (MRSAInc)



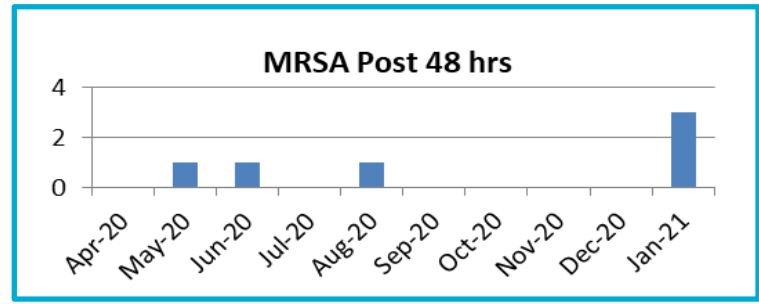
Between 2007/08 and 2014/15, nationally the percentage of cases for which the source of bacteraemia was pneumonia increased from 6.6% to 15.4%. Since then, the percentage of cases for which pneumonia was the source fluctuated between 8.2% to 12.3% (PHE Annual epidemiological commentary: Gram-negative bacteraemia, MRSA bacteraemia, MSSA bacteraemia and C. difficile infections, up to and including financial year April 2019 to March 2020). Of the 6 MRSA bacteraemia that have occurred this year in the OUH, 5 have had chest as a source.

Preliminary root cause analysis of the January cases identifies the following key learning points

- Bed spacing- beds are closer than IPC standards recommend
- Missed MRSA screen at admission
- Delayed and inconsistent administration of decolonisation
- 12 hourly mouth care with toothbrush not documented
- Areas wearing double gloves
- Missed opportunities for hand hygiene
- Sessional use of PPE
- Change in mouth care regime
- long-stay patients on ICUs often requiring broad spectrum antibiotics – these will select out multi-drug resistant organisms



- **C. diff: 2020/21:** End of Jan the cumulative total is 97 cases, against agreed trajectory of 75 by end of Jan. Q3 cases reviewed, all unavoidable, an increase in ciprofloxacin & ceftriaxone prescriptions noted. Response made to CQC on increase in numbers
- **MRSA 3 cases in Jan,** all ICU patients & COVID -19 positive. Thematic analysis of all MRSA to date shows chest as a source.
- **Gram negative blood stream infections (GNBSI):** NHSI Target to reduce healthcare associated GNBSI by 50% by 2023/24. Unexplained increase in Klebsiella figures now back to baseline.
- **MRSA:** 4 post 48 hour cases, two chest as a source
- Increase in Coagulase Negative Staphylococcus in blood cultures in the COVID ICUs
- Increase in HCAI in the setting of the pandemic likely contributed to by staffing ratios, unsatisfactory bed spacing, sessional PPE use, long-stay patients requiring broad spectrum antibiotics
- 7 Key Points Safety Checklist to remember draws attention to key messages around IPC practice to be launched
- COVID-19: 1081 pts in Jan, nosocomial rate decreased. Since November a total of 21 outbreaks Staff COVID-19 data. Currently in Feb significant reduction in number and % of positive cases.

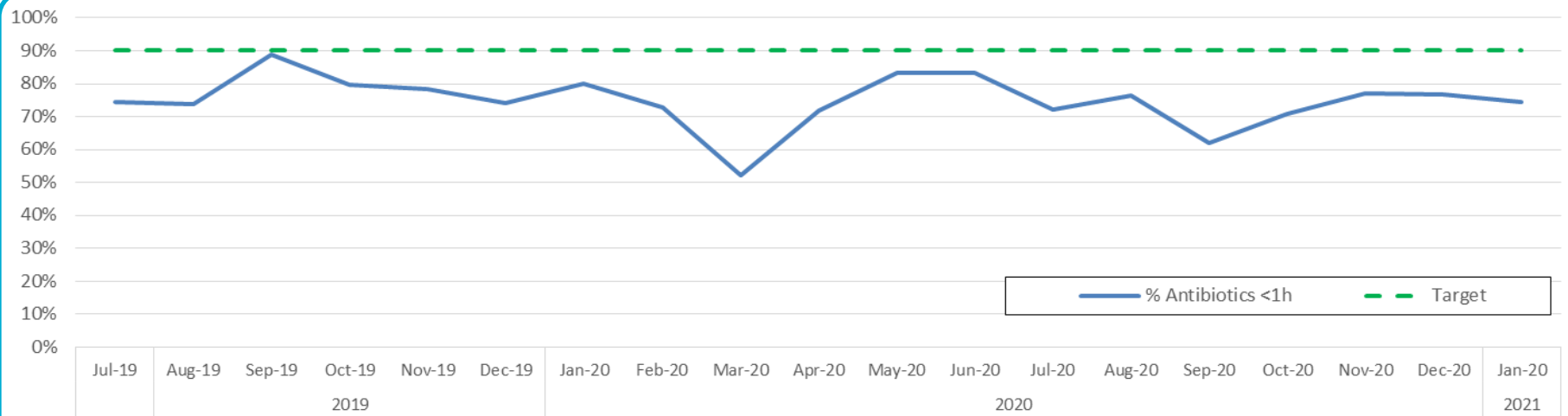


Symptomatic staff swab/PCR testing results by month

Month	Appointments made	DNAs	PCR positive results (%)	PCR negative results
October 2020	96	2	10 (10.4%)	86
November 2020	488	70	61 (14.0%)	376
December 2020	934	153	251 (32.3%)	526
January 2021	1233	214	269 (26%)	767
February 2021(to 22/02/21)	414	27	45 (8.5%)	272

COVID-19 cases by classification (Oct-Jan 2021)

	Not nosocomial	Indeterminate	Probable	Definite	Total
October					
Total	94	1	0	0	95
%	98.96%	1.06%	0.0%	0.0%	
November					
Total	146	9	11	14	180
%	81.11%	5.00%	6.11%	7.78%	
December					
Total	500	33	35	33	601
%	83.19%	5.49%	5.82%	5.49%	
January					
Total	930	62	50	38	1081
%	86.03%	5.74%	4.63%	3.52%	



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

- Jan 2020: Overall **32/43 (74%)**; ED **32/41 (78%)**
- Latest SHMI for sepsis **91.6 (88.3-94.9)** [Oct 19 – Sep 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	Interrupted	Re-deployed to ICU due to COVID-19.
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	Progress meeting 01/03/21.
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	Jul-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Documentation	99.74%	100.00%	99.00%	99.37%	99.78%	99.15%
Observation	99.23%	99.60%	100.00%	100.00%	99.66%	100.00%

- WHO documentation audit 99.2% compliance (350/353): CSS 100%(136/137) - MRC 100% (125/125), SuWOn 100% (35/35) NOTSSCaN 94.7% (54/57) - There were three checklists where the procedure had not been completed, all related to different teams. This was escalated to the silver bleep and in turn followed up with the respective teams directly.
- WHO observational audit 100% compliance (295/296): CSS 100% (10/10), MRC 100% (25/25) CSS 100% (8/8), NOTSSCaN 100% (153/153), SuWOn 100% (77/77).

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 has not formally met in recent months due to operational pressures; however 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 2019/20 and 2020/21

- 88% Never Event actions for 2019/20 for which the target date has passed have been completed (data from February 2021 CGC meeting)
- Outstanding actions are in progress and overseen by the Serious Incident Group.

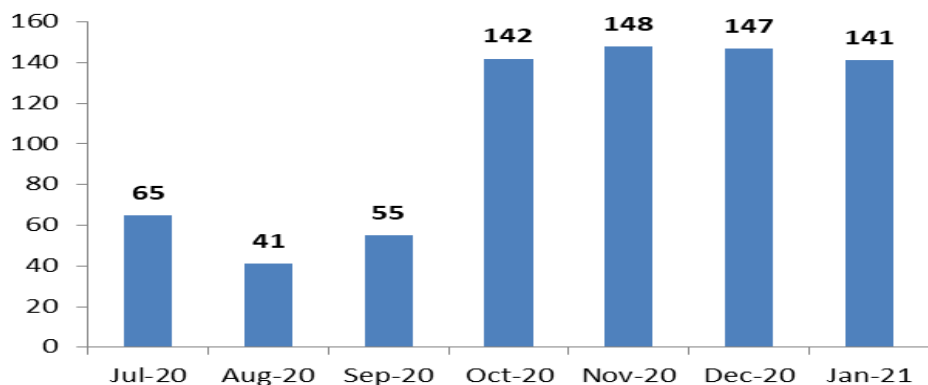
2 Never Events have been recorded to-date in 2020/21

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

“Studying excellence in healthcare can create new opportunities for learning and improving resilience and staff morale”¹

- 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.
- Last month a staff member in Neuro ICU was presented this award for their outstanding work in supporting families, as well as staff, in patients end of life care and bereavement support. This role has evolved to enable contact with families to check that they are ok following their bereavement and for follow up support including signpost to other relevant people whenever needed. Care is provided on a short or long-term basis to families including siblings for young people. ‘She is a wonderful and inspiring role model’.

Excellence Reported in Ulysses

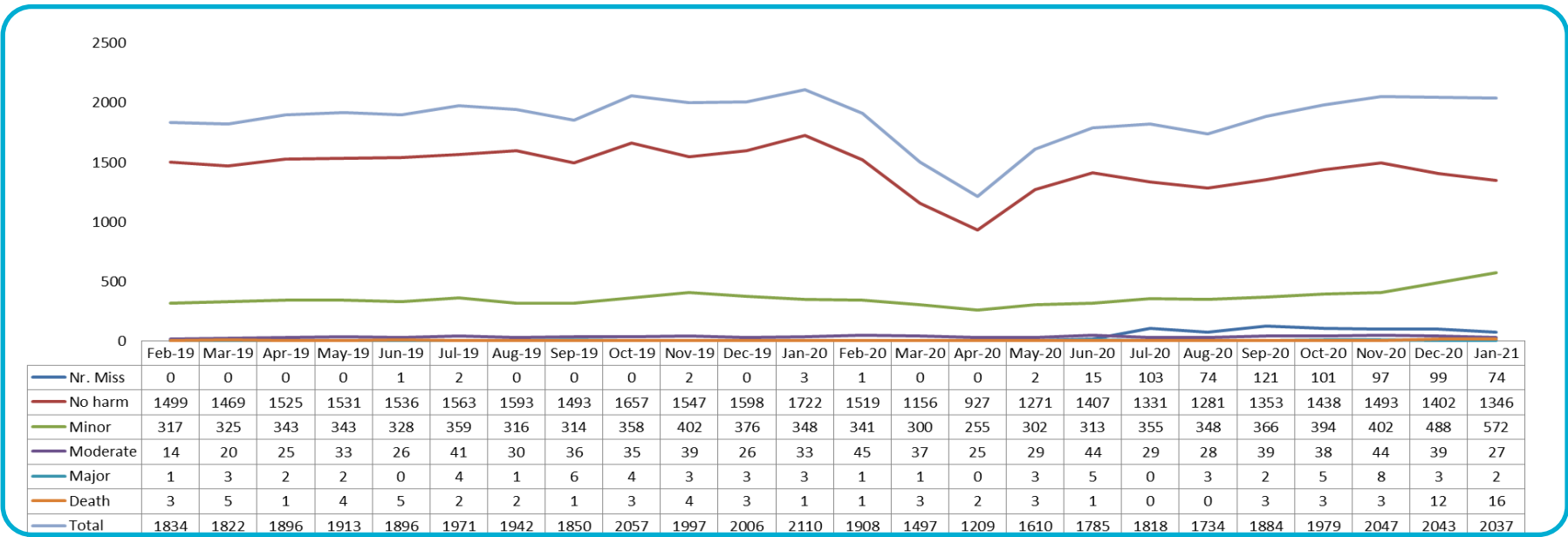


Theme	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Teamworking	13	18	13	34	37	43	51
Compassionate Care	11	7	8	26	35	28	22
Going Above And Beyond	27	13	22	54	69	72	65
Innovation	2	0	2	4	7	4	3
No Theme Selected	12	3	10	24	0	0	0
Grand Total	65	41	55	142	148	147	141

Reporting
EXCELLENCE



2037 patient incidents were reported in January 2021; the mean monthly number over the past 24 months is 1867. The number of incidents reported reduced in mid-March due to the COVID-19 pandemic-related reduction in numbers of in-patients, halted elective surgery and reduced outpatient activity. Incident reporting levels have returned to previous levels. A large number of incidents 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.



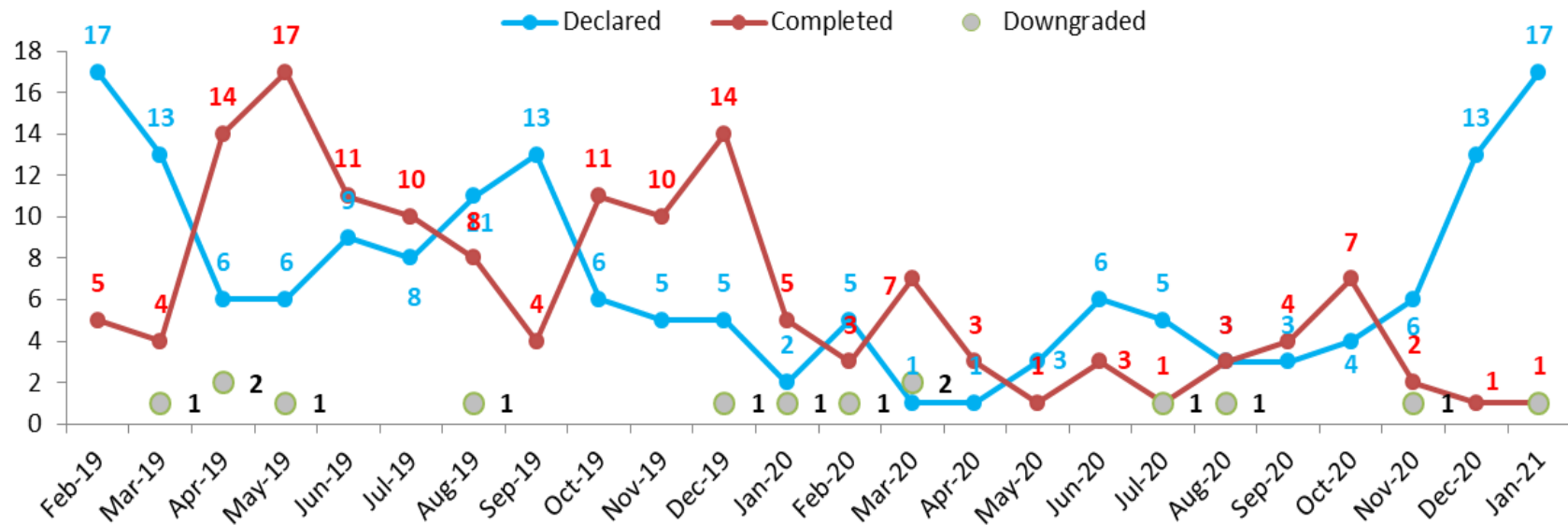
In January, 103 incidents with Moderate and above impact were discussed at PSR, 8 of which were downgraded following discussion at PSR meetings. A visit from PSR representatives to support staff and patients took place on one occasion.

Clinical Risk: Serious Incidents Requiring Investigation (SIRI)

17 SIRIs were confirmed by the Trust in January 2021

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

SIRIs declared and completed in the last 24 months



Clinical Risk: Harm reviews from extended waits

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

Services with over 20 new 52w breaches

Specialty	Sep20 breaches		Oct20 breaches		Nov20 breaches		Dec20 breaches		Jan21 breaches	
	52w	40w	52w	40w	52w	40w	52w	40w	52w	40w
ENT	299	1706	346	1966	323	2224	336	2315	403↑	2210
Gynaecology	(15)	249	(18)	280	28	282	26	267	59↑	237
Maxillo Facial Surgery	135	831	113	801	92	995	83	910	198↑	853
Ophthalmology	184	1198	156	1966	137	1131	137	964	164↑	808
Paediatric ENT	56	436	81	515	86	593	82	646	119↑	630
Plastic Surgery	63	330	52	335	51	337	51	328	50↓	313
Spinal Surgery Service	36	223	26	203	26	241	(18)	219	35↑	205
Trauma & Orthopaedics	114	681	79	638	88	605	68	573	102↑	527
Vascular Surgery	22	112	(19)	120	(10)	112	20	111	20↔	98
Urology	(6)	Unavail-able	(13)	Unavail-able	(7)	Unavail-able	(10)	Unavail-able	43↑	139

Services with new 78w breaches

Specialty	Oct20 breaches	Nov20 breaches	Dec20 breaches	Jan20 breaches
Nerurology	0	0	0	1
Neurosurgery	0	1	0	0
Ophthalmology	0	3	0	1
Orthodontics	0	1	0	0
Paediatric ENT	0	0	0	2
Paediatric Maxillo Facial Surgery	2	0	0	0
Paediatric Spinal Surgery	1	0	0	1
Plastic Surgery	0	1	0	1
Trauma & Orthopaedics	0	0	0	1
Urology	0	1	0	5

- National e-prioritisation is being project managed currently into EPR and will be combined into the Harm Review Process to streamline the work.
- The following slide shows the prioritisation level for January's 52 week breaches. Please note that only surgical patients are managed using the prioritisation levels process, and so non-surgical specialities have been omitted.
- The impact of COVID-19 has been significant and has affected the ability to undertake individual harm reviews. 7,584 breaches have been confirmed in 2020/21 to date.
- Multiple patients have requested that their treatment be deferred until after COVID. Currently we are obliged to keep them on the 52 week breach list.
- No Moderate or above impact has been identified to date from 78 week breaches.
- No Moderate or above impact has been reported against any 52 week delay review since the last IPR.

January new 52w breach cases with details of the prioritisation level

Count of MRN	Column Labels				
Row Labels	2. Surgery that can be deferred for up to 4 weeks	3. Surgery that can be delayed for up to 3	4. Surgery that can be delayed for more than 3 months	Not prioritised	Grand Total
Maxillo Facial Surgery	10	44	254	35	343
Ophthalmology		76	174	44	294
ENT	1	41	209	30	281
Trauma and Orthopaedics	15	106	67	27	215
Plastic Surgery	9	47	77	25	158
Spinal Surgery Service	4	20	66	7	97
Paediatric ENT	1	23	58	2	84
Gynaecology	6	13	37	18	74
Paediatric Maxillo Facial Surgery	6		29	14	49
Urology		21	12	11	44
Neurosurgery	4	25	13		42
Paediatric Plastic Surgery	5	14	15	3	37
Paediatric Surgery	4	11	9	5	29
Vascular Surgery		6	16	4	26
Paediatric Spinal Surgery	1	6	16		23
Paediatric Ophthalmology		1	14	2	17
Paediatric Trauma and Orthopaedics		7	5	1	13
Paediatric Urology	1	9	1		11
Neurology			10		10
Orthodontics			6		6
Optometry		1	2		3
Plastic Surgery Craniofacial	1		2		3
Paediatric Neurosurgery		2	1		3
Occupational Therapy	2	1			3
Endoscopy (Gastroenterology)				2	2
Physiotherapy		2			2
Clinical Neurophysiology				1	1
General Surgery Hernia			1		1
Gynaecological Oncology			1		1
General Medicine		1			1
Unknown			1		1
Clinical Oncology (Radiotherapy)				1	1
Orthoptics			1		1
Restorative Dentistry			1		1
General Surgery			1		1
Grand Total	70	477	1099	232	1878

Please note, the Not prioritised column indicates where a categorisation has not been added to the pathway in EPR. No incidents of moderate or above harm have yet been added to our incident reporting system in relation to these reviews. Because of the urgency, no priority 1 cases appear amongst the 52w breaches.

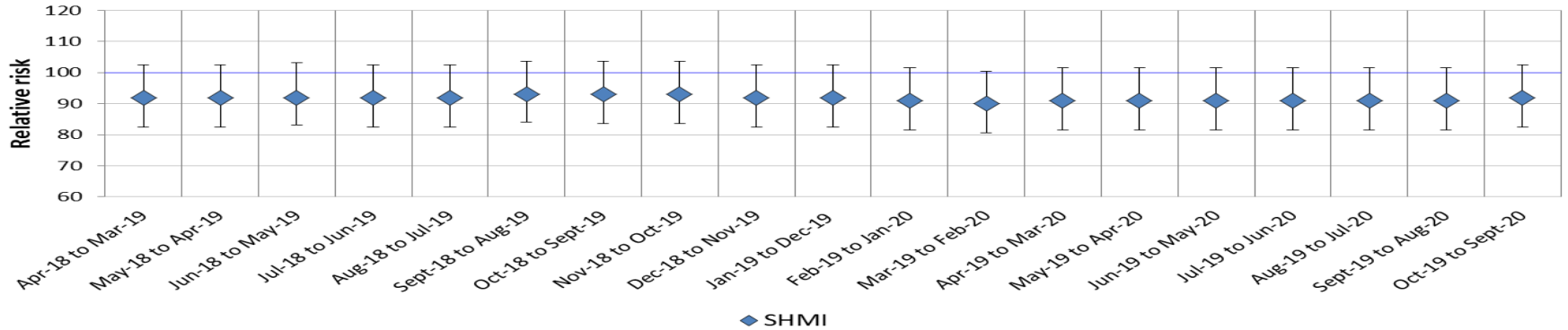
Since 5 February 2019 a weekly safety message from the CMO has been issued from the central Clinical Governance team, emailed to all staff accounts, and available on the intranet

Weekly Safety Alerts

Actions ▾		1 - 100 ▶
@	Title	Alert Date
	Weekly Safety Message 106 - Documentation of anticoagulation treatment	16/02/2021 11:00
	Weekly Safety Message 105 - Making use of all available sources of information in a psychiatric history	09/02/2021 10:00
	Weekly Safety Message 104 - Medicines: Administration of oral liquid medication	02/02/2021 10:00
	Weekly Safety Message 103 - Tissue Viability: Device-related pressure damage	26/01/2021 11:00
	Weekly Safety Message 102- Clinical review of pregnant and post-partum patients in non-obstetric settings	19/01/2021 10:00
	Weekly Safety Message 101- New Never Event - Reminder to document side and/or site	12/01/2021 10:00
	Weekly Safety Message 100 - Changes to dalteparin for VTE prevention in patients with COVID-19 (suspected or proven)	05/01/2021 14:00

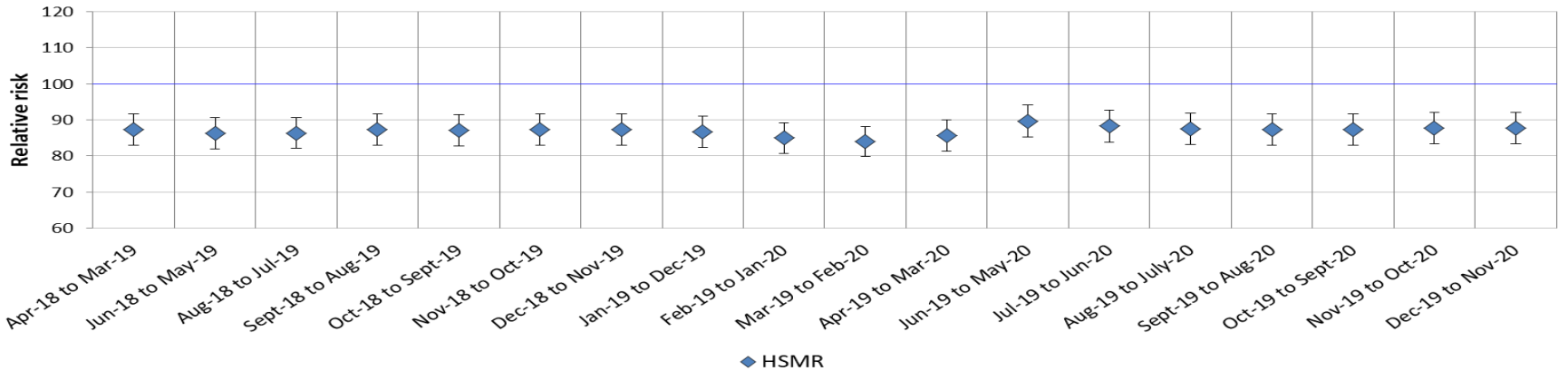
The SHMI for the data period October 2019 to September 2020 is 92. This remains rated 'as expected'.

OUH NHS FT SHMI trend



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

OUH NHS FT HSMR trend



The HSMR is 87.7 for December 2019 to November 2020. The HSMR remains rated as 'lower than expected'

Benchmarking – HSMR and SHMI

Summary Hospital-level Mortality Indicator (SHMI) October 2019 to September 2020 – Shelford Group

Shelford Group Trust	SHMI (Oct-19 to Sept-20)	Banding
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0.69	Lower than expected
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.72	Lower than expected
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	0.73	Lower than expected
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.88	Lower than expected
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.92	As expected
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.94	As expected
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	0.95	As expected
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	0.95	As expected
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	0.98	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) December 2019 to November 2020 – Shelford Group

Shelford Group Trust	HSMR (Nov-19 to Ocy-20)	Banding
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	71	Lower than expected
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	73	Lower than expected
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	76	Lower than expected
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	79	Lower than expected
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	83	Lower than expected
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	88	Lower than expected
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	93	Lower than expected
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	99	As expected
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	103	As expected
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	108	Higher than expected

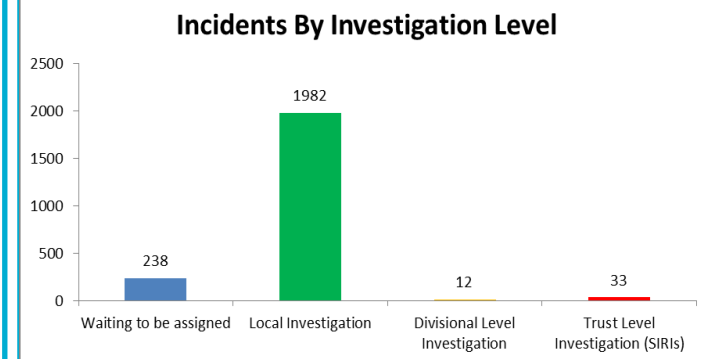
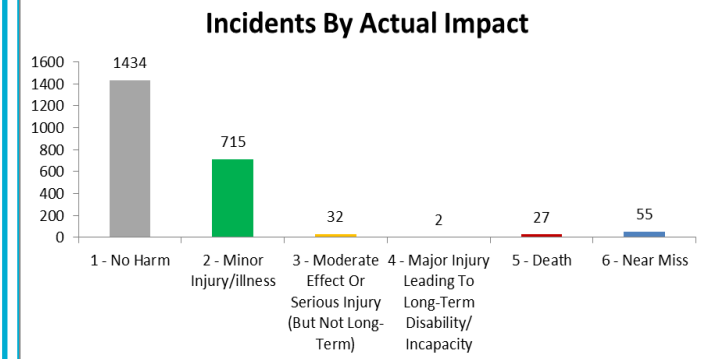
In the period between March 2020 to January 2021, 2651 patients tested positive for COVID-19 (this data excludes ED only attendances) and analysis was undertaken to look at the 2265 incidents that occurred in this group. Of these 2265 incidents:

- A total of 33 incidents is being investigated at SIRI level, of which; 25 relate to hospital acquired COVID-19 infections, 2 Category 3 HAPU, 2 patient accidents, 1 fall, 1 medication incident 1 documentation incident and 1 incident that relates to a inappropriate transfer of a patient.
- All 27 recorded deaths as shown on the Actual Impact graph are related to hospital acquired probable/definite COVID-19 infections.
- Two patients have 2 incidents each of moderate or greater harm, both patients have been recorded as having a Category 3 HAPU. One incident was Unexpected Patient Deterioration where the patient had to be transferred to ICU and the other patient had an incident relating to a documentation error. All 4 of these incidents were investigated at a local level.
- 73 patients with COVID-19 have 5 or more incidents recorded; 13 of these were investigated as a SIRI with 1 patient being involved in 2 SIRIs (Medication Incident and COVID-19 Hospital-Onset Definite Healthcare-Associated and later died). Looking at these 73 patients, the top 4 categories are also the same top 4 categories with similar percentages as shown in the table on the right. One patient has a total of 18 incidents - 10 of these incidents relate to verbal or physical aggression by the patient. All 18 incidents are being investigated at a local level and with no impact above minor.

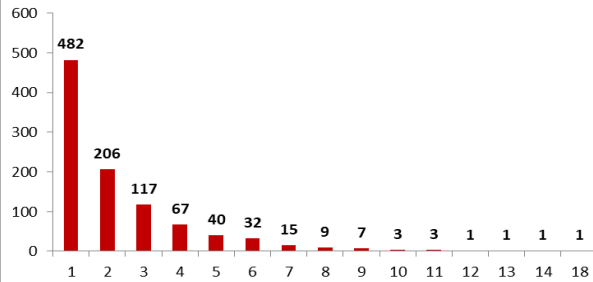
Key safety Metrics

- Pressure Ulcers and Skin Integrity was the most reported category for this cohort with 982 incidents. Only 47% (465) were recorded as acquired in hospital and 22% (212) as a category 1-3 HAPU. These types of injuries are reported in Ulysses upon admission and also every time a patient moves ward, thus being reported as multiple incidents for the same injury. Three Category 3 HAPU incidents are being investigated as a SIRI. One patient has 12 incidents in this category and all 12 were present on admission. Of the patients that had 6 or more incidents reported in this category 30% (32) were acquired in hospital.
- Slips Trips and Falls – 268 incidents report in Ulysses relating to 176 patients. 45 patients have more than 1 fall (demonstrated on a graph on the next slide). The most falls recorded for a patient was 8, 6 were recorded as no harm 2 minor injuries. In total there were 3 falls with an actual impact of Moderate There is 1 incident that is being investigated as a SIRI.
- Medication incidents- 11% (191) recorded in Ulysses, 1 incident investigated as a SIRI and 1% (3) have an impact of Moderate.
- COVID-19 Hospital-Onset Definite Healthcare-Associated incidents are broken down on a following slide.

Top 10 categories of incidents for patients with a positive test	Incidents	%
Pressure Ulcers and Skin Integrity	982	43.4%
Slips Trips And Falls	268	11.8%
Infection Control	238	10.5%
Medication Incidents	191	8.4%
Appointment, Admission, Transfer, Discharge & Patient Transport	152	6.7%
Venous Thrombo-embolism (VTE's)	69	3.0%
Medical Devices & Medical Equipment	58	2.6%
Documentation And Records	42	1.9%
Consent, Confidentiality, Communication & Single Sex Accommodation	33	1.5%
Patient Accidents (Other than falls)	29	1.3%

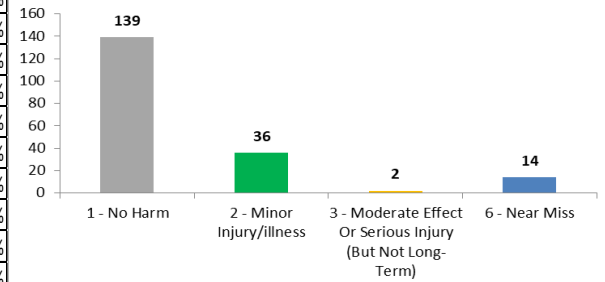


Incidents Per Patient

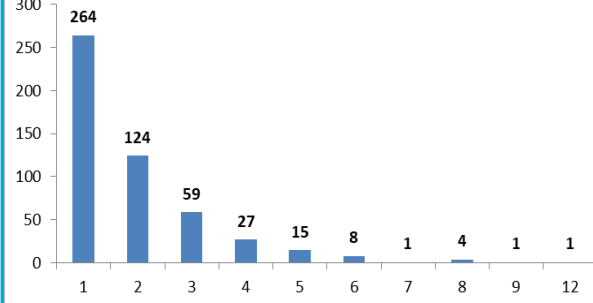


Top 5 categories 10 for patients with 5 or more harms	Incidents	%
Pressure Ulcers and Skin Integrity	255	46%
Slips Trips And Falls	82	15%
Medication Incidents	49	9%
Infection Control	36	7%
Appointment, Admission, Transfer, Discharge & Patient Transport	22	4%
Venous Thrombo-embolism (VTE's)	12	2%
Medical Devices & Medical Equipment	11	2%
Consent, Confidentiality, Communication & Single Sex Accommodation	10	2%
Assault, Aggression & Harassment	10	2%
Nutritional/Feeding/Hydration	10	2%

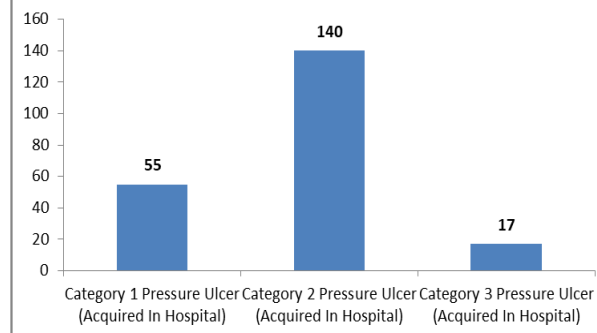
Medication By Actual Impact



Pressure Ulcers and Skin Integrity Per Patient

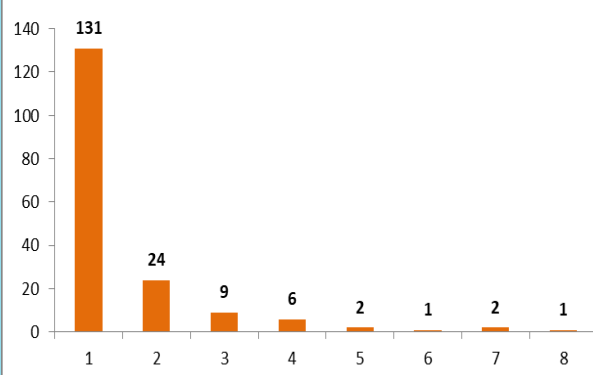


Pressure Ulcers and Skin Integrity

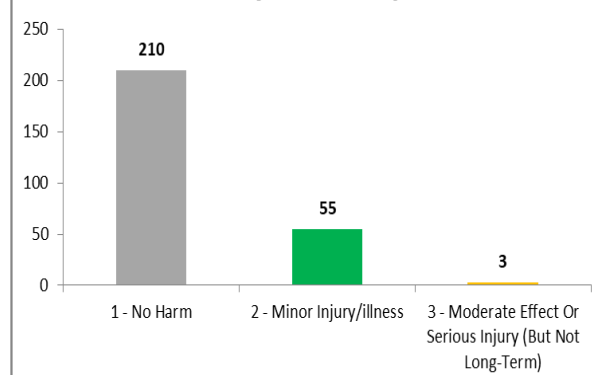


Pressure Ulcers and Skin Integrity	Total
Category 1 Pressure Ulcer (Acquired In Hospital)	55
Category 1 Pressure Ulcer (Present On Admission)	69
Category 2 Pressure Ulcer (Acquired In Hospital)	140
Category 2 pressure ulcer (Present On Admission)	216
Category 3 Pressure Ulcer (Acquired In Hospital)	17
Category 3 Pressure Ulcer (Present On Admission)	97
Category 4 Pressure Ulcer (Present On Admission)	21
Cuts/Abrasions/Rash (Not Pressure Related)	79
Diabetic Foot Or Vascular Ulcer	19
Moisture Associated Skin Damage (Acquired In Hospital)	49
Moisture Associated Skin Damage (Present On Admission)	50
Mucosal Pressure Ulcer (Acquired In Hospital)	41
Mucosal Pressure Ulcer (Present On Admission)	2
Pressure Ulcer - Unstageable	14
Surgical Blisters	7
Suspected Deep Tissue Injury (Acquired In Hospital)	44
Suspected Deep Tissue Injury (Present On Admission)	62
Grand Total	982

No. Of Falls Per Patient



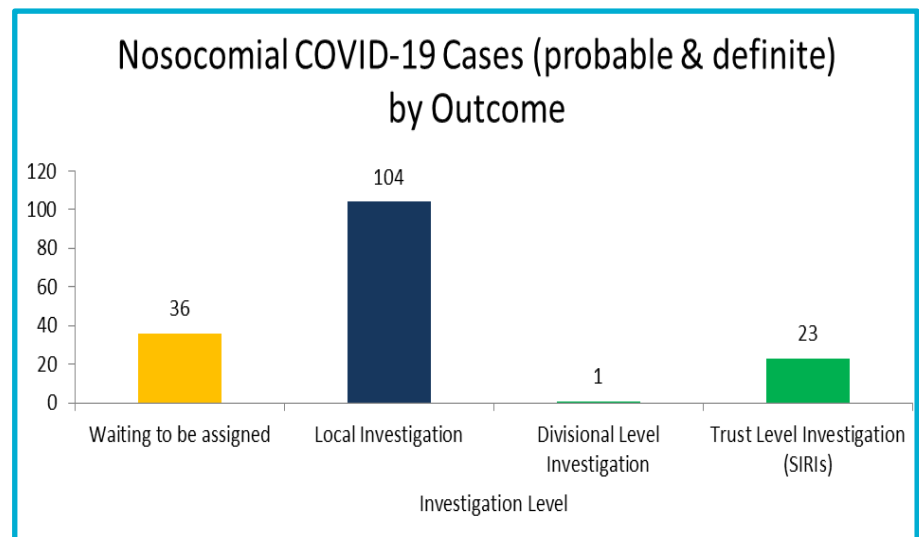
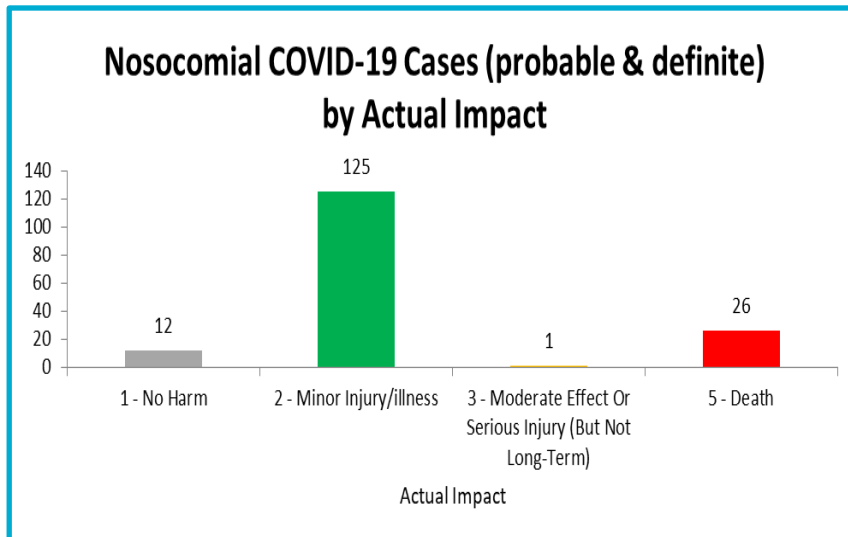
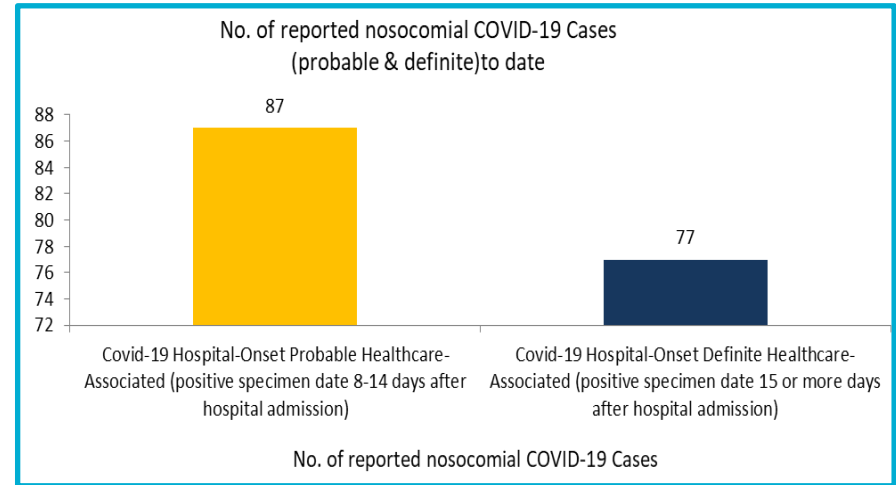
Falls By Acutal Impact



Slips Trips And Falls	Total
Due To Obstacle	3
During Transfer	7
Fainted/collapsed	7
Fall From Bed	52
Fall From Chair/Wheelchair/Commode	36
Fall From Height (Excluding Bed, Wheelchair Etc)	2
Fall In Bathroom/shower (Inc Fall From Toilet)	11
Found On Floor - Unwitnessed Fall	106
Wet, Slippery, Damaged Or Uneven Surface	1
Whilst mobilising/walking with assistance	15
Whilst Mobilising/walking Within Hospital Grounds/communal Areas	2
Whilst Mobilising/walking Without Assistance	26
Grand Total	268

OUH Nosocomial COVID-19 Cases (probable & definite) recorded in Ulysses

- The Trust has devised a system to ensure that all cases of probable (8-14 days) and definite (>15 days) nosocomial COVID-19 infection identified by Infection Prevention & Control are added as incidents to Ulysses.
- A dedicated root cause analysis questionnaire within Ulysses will be completed, which is used to identify the level of investigation (as informed by national guidance).
- The Trust agreed with NHS England and Oxfordshire CCG in February to create a single STEIS record to cover all cases, although individual reports summaries are to be offered to the family of each deceased patient.



The data displayed in the charts on this slide are cumulative totals for incidents reported up to 31/01/2021.

Operational Performance

OUH compares favourably against the national and Shelford group average across the Operational Standards of A&E and Diagnostic waits. RTT and 52 weeks has moved ahead of the Shelford Group, whilst cancer waits has a mixed position across 8 standards.

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%	31/01/2021	69.63%	61.70%	71.24%
Referral to Treatment Standards					
RTT: % <18 week waits, Incomplete pathways	92%	31/12/2020	67.55%	67.15%	71.66%
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	31/12/2020	1239.3	3452.3	3224
Cancer Standards					
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	31/12/2020	87.54%	78.19%	68.09%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	31/12/2020	67.05%	58.11%	0.59%
First treatment within 31 days of cancer diagnosis	96%	31/12/2020	96.00%	94.13%	96.35%
First cancer treatment within 62 days of urgent referral from screening service	90%	31/12/2020	83.61%	82.79%	91.30%
First cancer treatment within 62 days of urgent GP referral	85%	31/12/2020	75.17%	67.56%	74.55%
Subsequent cancer treatment in <31 days: surgery	94%	31/12/2020	89.12%	86.92%	91.80%
Subsequent cancer treatment in <31 days: drugs	98%	31/12/2020	99.40%	99.52%	100.00%
Subsequent cancer treatment in <31 days: radiotherapy	94%	31/12/2020	97.52%	98.58%	97.04%
DMO1 6 week Diagnostic Standard					
DMO1: >6 week waits for treatment	1%	31/12/2020	29.17%	29.82%	13.23%

A&E

In month 10, whilst performance against the 4 hour standard was particularly challenging, OUH performed well in comparison to the national average and Shelford group average. However, when benchmarked within SE Region, OUH ranked 13 out of 16 acute providers for type 1 service.

RTT

At the end of month 9, OUH performed above the national average and the Shelford group average for patients waiting under 18 weeks at 69.77%; OUH continues to report more 52 weeks than the national average, 3244 compared to 1239. When compared to the Shelford group, OUH's 52 week waits were lower than the average by 228 patients for the second consecutive month.

Cancer Standards

At the end of December 2020, OUH performed favourably when compared to the National and Shelford Group averages for the 'First treatment within 31 days of cancer diagnosis', 'First cancer treatment within 62 days of urgent referral from screening service', 'Subsequent cancer treatment <31 days: surgery' and the 'Subsequent cancer treatment <31 days: drugs' standards. When solely compared to the Shelford Group averages, OUH performed better in 5 out of 8 cancer standards.

Diagnostic waits

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

Urgent Care: 4 hour performance in January 2021 was 71.24%, a decrease from the previous month. The Horton site dropped below 90% achieving 81.82% whilst the John Radcliffe decreased to 67.29%

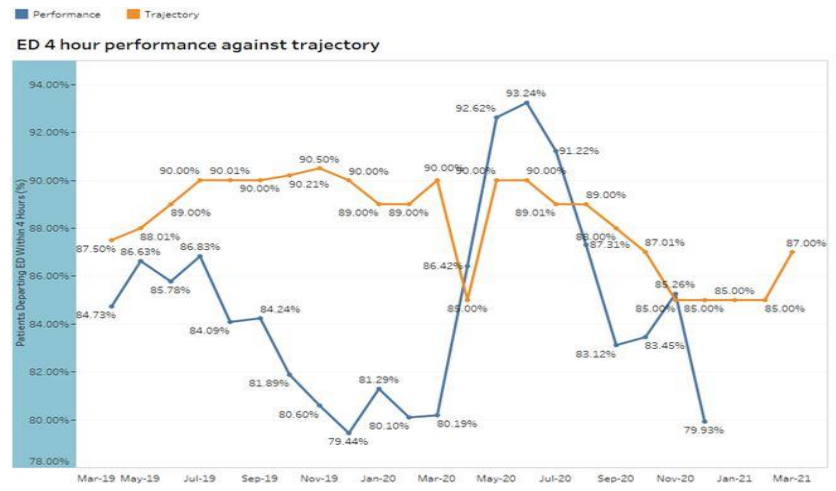


Figure 1. OUH 4 hr 'all types' performance Mar 2019 – Jan 2021

In January 2021 the trust achieved 71.24% (all types) of patients being seen within 4 hours, a decrease of 8.71% from the previous month. OUH moved down in the national rankings for type 1 performance. In comparison to the Shelford Group Hospitals and local regional hospitals, OUH moved to the lower quartile for Month 10.

Horton General Hospital saw a drop in performance from 89.09% to 81.70%, dropping below 90% for two consecutive months after achieving over 90% in the previous 2 months. The John Radcliffe site saw a drop in performance on the previous month from 76.39% to 67.29%

Overall ED attendances were 29% lower in January 2021 when compared with January 2020, with the reduction continuing predominantly in minors attendances, thus we are seeing an increasing percentage of higher acuity patients than before.

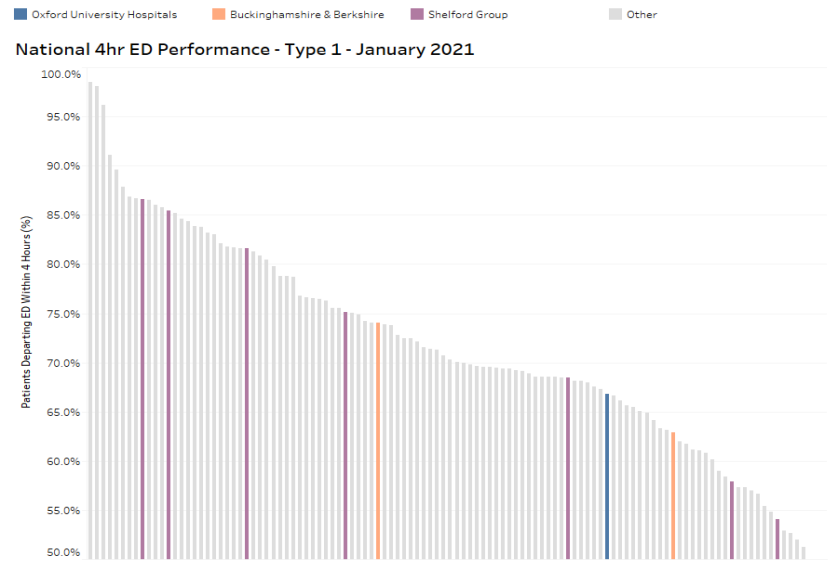


Figure 2 OUH performance of type 1 (Emergency Departments only) compared to National position - January 2021

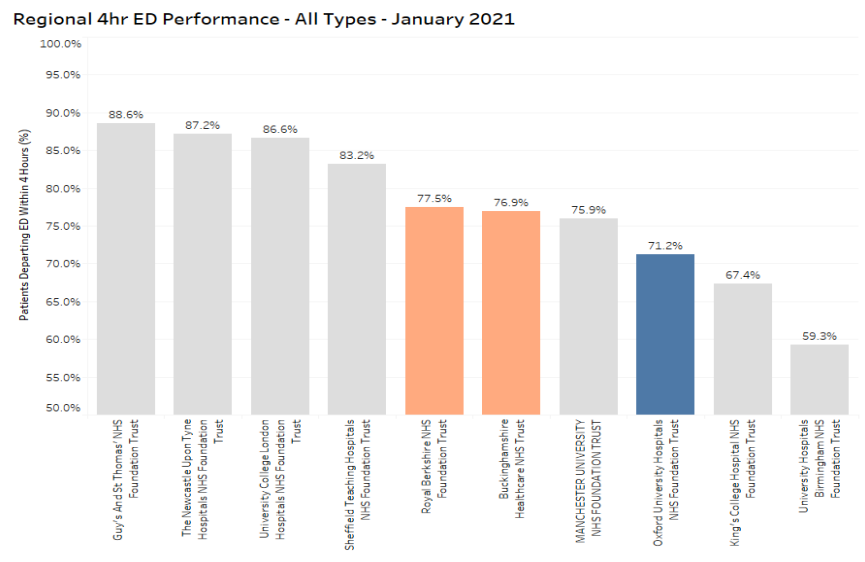


Figure 3 OUH performance of type 1 (Emergency Departments only) compared to BOB system partners and Shelford Group - January 2021

On the John Radcliffe site breach numbers reached 2331 (an increase of 381 on last month) of which 60% were admitted breaches and 40% non-admitted. The percentage of non-admitted breaches increased from 39% in the previous month. The most significant breach reasons remain with specialty assessment followed by waiting for beds in EAU or general wards. Strong performance was seen in Paediatrics at over 94% and minors achieving over 99%.

The most significant increase in breaches was due to the 'Specialty Decision/Delay' and 'EAU bed wait' which was exacerbated due to the need to reallocate EAU to support Level 2 Critical Care, and to relocate it to 5A and 5B. Delays due to general bed wait was due to the need to sub-divide wards into green, red and amber wards to support Covid positive / negative pathways. The vast majority of specialty delays are attributable to Medicine (74%).

What actions are being taken to improve performance?

The Division, working closely with the Director of Clinical Services, have launched a Divisional Urgent Care performance meeting to address barriers and to develop a three, six and twelve month improvement plan. Themes within the Improvement Plan include:

- Out of Hospital Care
- Ambulance Handovers
- Time to initial assessment
- Non-admitted performance
- Flow across ED, EAU & AAU into inpatient care
- Delivery of key indicators by 6pm each day
- Cross-Divisional UEC Group to focus on implementation of revised clinical standards
- Development of dashboard

At the Horton site, breach numbers increased to 483 (an increase of 157 on last month) of which 61% were admitted breaches and 39% were non-admitted breaches. Non-admitted breaches as a percentage of breaches increased by 3% compared to last month (from 35.8% to 39%). Bed waits and specialty decision / delays (Medicine) contributed to the majority of breaches.

The MRC division are continually reviewing how the clinical shifts could be redesigned in order to have more on a late shift to support dealing with the demand which arrives as a higher proportion in the latter parts of the day. Regular and consistent use of ED huddles are being introduced 24/7 to ensure drive on safety and on the 4 hour standard, reducing non-admitted breaches.

De-escalation plan is done by closely monitoring Red and Green bed utilisation to ensure there is sufficient capacity for both pathways and patients can be transferred promptly to the specialist wards.

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

BreachSpecialty	Null Specialty Decision Delay	Admitted					Not Admitted				Grand Total
		Bed Wait	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen	
Cardiology		5	2	3	3	1	2		6	2	24
Cardiothoracics		1		1	1						3
ED		16	31	117	28	30	115	241	59	158	795
ENT		4		3	1	1	1				10
Gastro		3			4	1			1		9
Gynae		1			3	2					6
Max/Facs		1		1	2		2		3	1	10
Med		267	60	61	324	55	18	17	78	13	893
Neuro		3	2	4	5	2	2	2	3		23
Ortho									1		1
Other	1	19	4	6	16	3	5	19	12	12	97
Paeds		30	5	2	13	1	1		18	3	73
Plastics		3			3		1		3		10
Psych/Barnes		3	3	1	4		6	16	32	3	68
Surg		18	3	9	12	5	1	1	3	1	53
Trauma		57	4	14	13	7	2		5	1	103
Urology			3	1	1	2				1	8
Vascular		1			2				5		8
Grand Total	1	432	117	223	435	110	156	296	229	195	2,194

Figure 4. John Radcliffe Breach reasons January 2021

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

BreachSpecialty	Null EAU Bed Wait	Admitted					Not Admitted				Grand Total
		Bed Wait	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen	
ED	1	4	15	37	8	7	44	44	9	30	199
ENT							1				1
Gynae			1								1
Max/Facs							1				1
Med		23	24	24	97	8	6	3	12	1	198
Neuro				2			1				3
Other			2		2		1	6		1	12
Paeds					1						1
Plastics							1				1
Psych/Barnes							3	2	6	3	14
Surg		3				2		1			6
Trauma		5	3	2	6	2	1	1	2		22
Grand Total	1	35	45	65	114	19	59	57	29	35	459

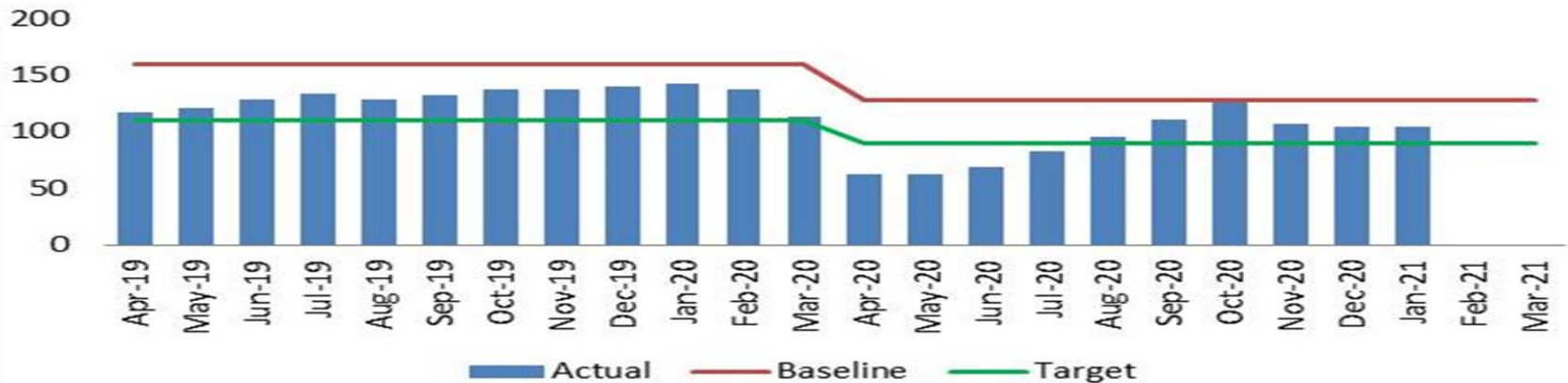
Figure 5. Horton Breach reasons January 2021

Urgent Care: LOS over 21 days OUHFT remains similar to prior month

Patients with a LOS over 21 days

- In January the average daily number of long length of stay patients remained at 104; although this is above the target of 90, when compared with the same month last year, there has been a 27% drop year on year.
- In January, the number of patients with a length of stay over 21 days was close to the target of 90 for most of the month; however in the last week of the month there was a significant increase in length of stay due to the prolonged stay of patients admitted with Covid 19 across the JR and HGH sites. 70% of these patients have a stay of over 21 days.
- A large proportion of the long length of stay patients continue to require treatment. As at the beginning of February, 88% of the patients were not medically fit for discharge. In February, the focus is on reducing the length of stay for those patients on Covid 19 wards and for those who are from out of county. The Trust is also working with members of the national team for additional support.

Number of patients with an extended LOS over 21 days per month



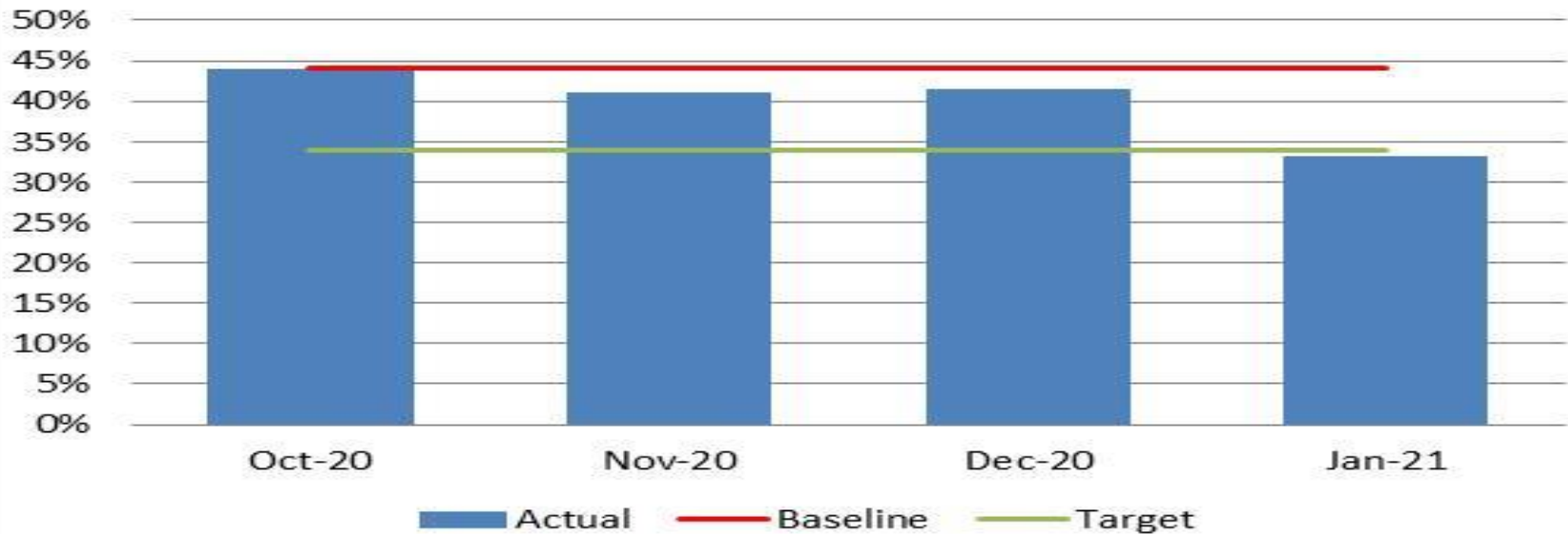
Urgent Care: NHS 111 First

NHS 111 First

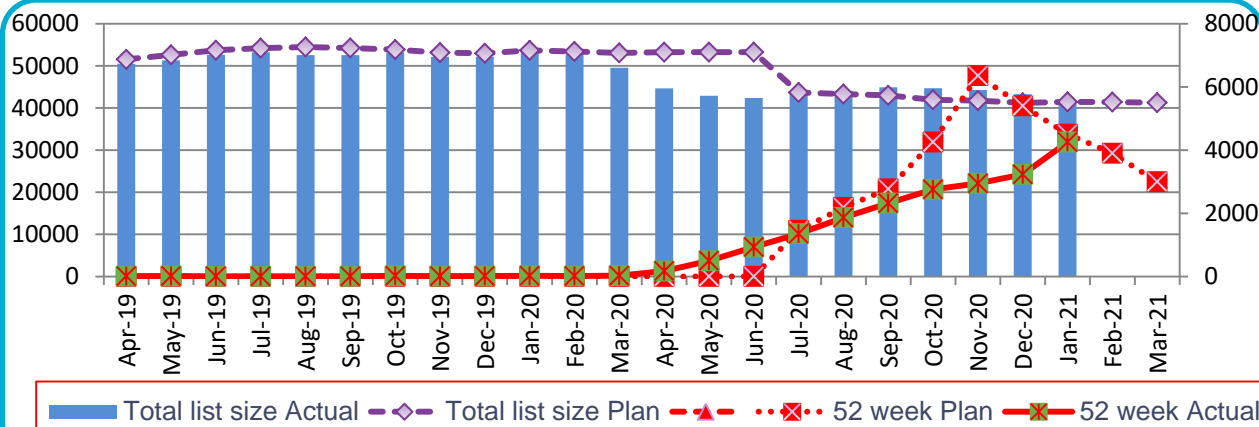
ED Walk-ins have reduced by 10% at the HGH, 11% at the JR and by 11% for the Trust overall. This successfully **achieves** the **10%** national objective. The following work is being undertaken which will help to further reduce ED walk-ins and increase the utilisation of NHS 111 First:

- Amendments to the national pathway for people with eye problems, and associated training
- 'Go live' of head injury virtual pathway scheduled for February 2021 to support self care at home for patients where clinically appropriate
- A pathway for PV bleeds has been developed and is undergoing testing
- Patients with suspected Pulmonary emboli to be referred to AAU/RAU
- MIU pathway launching in February 2021 – Senior ED decision support from the JR site
- Mental Health to receive 111 online referrals from February 2021

% of Trust ED attendances that were walk-in



Elective Care: The number of patients waiting over 52 week continues to increase in January 2021



Month 10 Performance:

Trust performance against the overall **18-week incomplete RTT standard** was **69.12 %**, a deterioration from the **71.66 %** reported in the month 9 report.

The **total waiting list size for January is 40,980** and therefore represents a decrease of 2,304 patients when compared to the previous month.

52 week wait position month 10: There are **4,253** patients waiting over 52 weeks for first definitive treatment at the end of January '21; this is a significant increase when compared to the previous month of **1,024** patients. This rise is associated with the recent surge in Covid 19 activity and the temporary suspension of *RCS Priority 4 and Priority 3 elective work in line with national guidance, and to ensure that the most clinically urgent patients continue to be treated. This rise in patients waiting over 52 weeks is expected to continue through February and into March, with the return of P3 activity being planned for March. The Trust did however meet its Phase 3 52 week trajectory for January.

There are **6,970** patients waiting **over 40 weeks** in January 2021 which represents a **decrease** of 775 patients when compared with previous month. OUH continues to work closely with Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (**BOB ICS**) on the high volume challenged specialties with high numbers of 52 week waits.

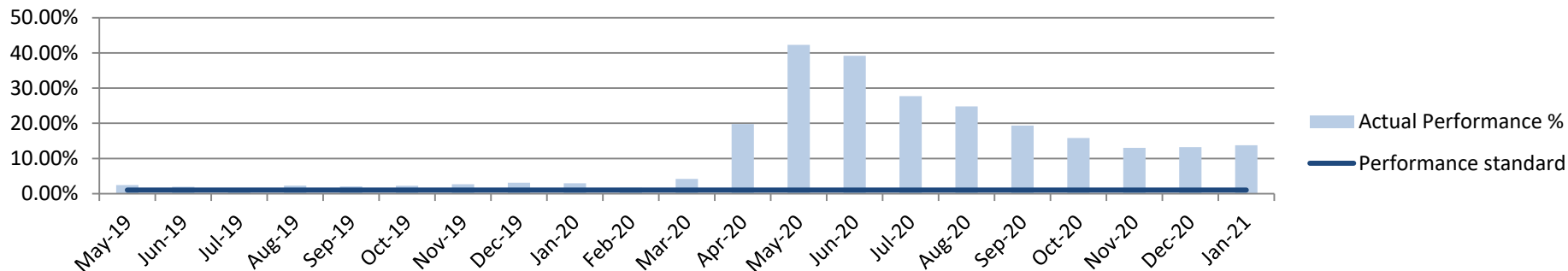
Clinical Harm Reviews: A list of 52 week patients has been passed to the Patient Safety Team as per previously agreed process. Given the current volume of 52 week breaches, and the focus on RCS prioritisation across all waiting time bands on the surgical PTL, the approach to combining the e-prioritisation into the Harm Review process continues to be progressed.

* Royal College of Surgeons (RCS) Prioritisation

M10: Number of >52week Incomplete Pathways	
Specialty	Number of pathways
ENT	1655
Maxillo Facial Surgery	516
Ophthalmology	444
Paediatric ENT	413
Trauma and Orthopaedics	263
Plastic Surgery	199
Spinal Surgery Service	127
Gynaecology	100
Vascular Surgery	74
Urology	54
Paediatric Maxillo Facial Surgery	52
Neurosurgery	49
Paediatric Plastic Surgery	44
Orthodontics	44
Paediatric Spinal Surgery	36
Paediatric Surgery	35
Paediatric Trauma and Orthopaedics	28
Paediatric Ophthalmology	27
Paediatric Urology	14
Neurology	13
Allergy	12
Physiotherapy	9
Gastroenterology	8
Endoscopy (Gastroenterology)	7
Restorative Dentistry	5
Paediatric Neurosurgery	4
Plastic Surgery Craniofacial	3
Rheumatology	3
Gynaecological Oncology	3
Clinical Neurophysiology	3
General Surgery	2
Colorectal Surgery	2
Transplantation Surgery	1
Paediatric Neurology	1
Paediatric Gastroenterology	1
General Surgery Hernia	1
Paediatric Clinical Immunology and Allergy	1
Grand Total	4253

Elective Care: Diagnostic Waits (DM01) January 2021

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



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

Specialty	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Trend rolling 12 month period
Magnetic Resonance Imaging	180	151	109	103	261	762	832	870	914	683	504	494	677	808	
Computed Tomography	4	4	14	36	514	716	626	357	316	174	87	43	32	22	
Non-obstetric ultrasound	0	0	0	45	299	1916	1865	1123	872	895	871	528	387	193	
Barium Enema	0	0	0	0	3	25	21	0	0	0	0	0	0	0	
DEXA Scan	0	0	0	1	70	370	411	151	110	32	0	0	0	0	
Audiology - Audiology Assessments	21	17	16	5	393	415	259	70	28	21	7	8	11	8	
Cardiology - echocardiography	71	33	5	2	7	7	43	24	25	45	53	98	49	24	
Cardiology - electrophysiology	6	13	2	2	6	2	36	9	3	13	15	19	34	28	
Neurophysiology - peripheral neurophys	1	21	4	30	2	81	158	48	45	17	108	61	42	66	
Respiratory physiology - sleep studies	11	3	0	0	0	0	0	0	0	0	0	0	0	0	
Urodynamics - pressures & flows	3	4	5	0	0	0	1	0	2	12	2	0	5	1	
Colonoscopy	15	35	32	93	268	309	346	351	306	178	109	82	61	59	
Flexi sigmoidoscopy	19	14	9	35	136	180	203	179	152	144	103	91	72	50	
Cystoscopy	33	24	14	14	46	37	45	51	47	48	45	49	31	53	
Gastrosocopy	46	71	24	121	346	427	521	524	514	399	239	187	169	164	

Month 10 Performance:

There were 1,466 patients waiting over 6 weeks for a DM01 reportable diagnostic test at the end of January (a decrease of 104 patients compared to previous month). The Trust did not meet the **diagnostic wait** standard with **13.77%** waiting longer than 6 weeks. Overall performance continues to be above the national standard.

The main areas of challenged performance against the national **1% breach standard** were MRI, Gastrosocopy and Non-Obstetric Ultrasound. Each of these services have recovery plans in place which include extended working days, additional capacity through either insourcing or private providers, reducing DNA's and maximising the booking of available capacity.

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

28 Day reportable cancellations/readmission breaches by Month

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Total Hospital Non clinical cancellations in period	74	42	17	3	1	5	6	12	19	20	27	13	14
28 day Readmission breaches in period	4	2	11	7	0	0	0	1	2	1	1	2	0

Other - reasons for elective on the day cancellation by Month

Clinical reason	39	27	7	9	3	3	15	16	14	14	18	10	21
Patient declined treatment on the day	4	7	2	3	0	2	4	1	3	4	3	3	1

Specialty	On the day elective cancellation	28 day Readmission Breaches
Cardiac Surgery	2	0
Cardiology	1	0
Thoracic Surgery	4	0
Respiratory Medicine	2	0
ENT	1	0
Orthopaedics	2	0
Colorectal Surgery	1	0
Upper Gastrointestinal Surgery	1	0
	14	0

Month 10 Performance: There were **14** reportable (hospital non clinical) **elective cancellations on the day** throughout the month of January 2021. Whilst performance for on the day cancellations remains similar to the previous month, it should be noted that all RCS P3 and P4 elective procedures were temporarily suspended from mid-December onwards due to the recent surge in Covid 19 activity. Critical Care capacity was extremely challenged throughout January and despite the significant increase in Level 2 and Level 3 beds across OUH, there were 2 patients cancelled on the day due to the lack of a critical care bed – both these patients were readmitted within 28 days.

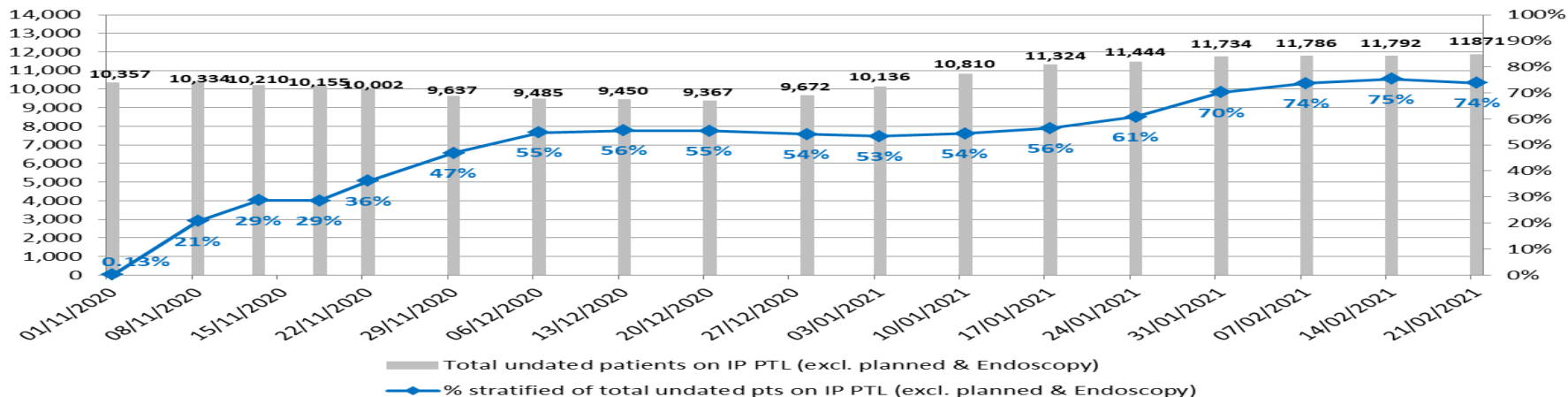
The reasons for cancellation were as follows:

- No Bed (4 patients) + No ITU Bed (2 patients)
- Emergency took priority (3 patients)
- Ran out of theatre time/list running late (2 patients)
- Equipment failure (2 patients)
- No bloods available (1 patient)

The **28 day readmission standard** was **achieved** in January 2021.

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

No. of patients showing as stratified - whole Trust
 (Undated patients on IP PTL excl. Planned Surveillance & Endoscopy)



RCS category profile of UNDATED surgical waiting list (excluding Endoscopy and "Planned/Surveillance procedures") as at

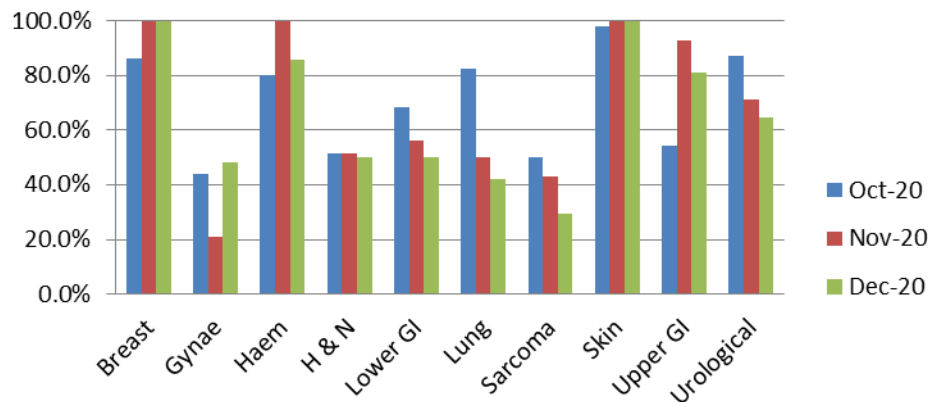
Division	1b. Urgent - operation needed with 72 hours	2. Surgery that can be deferred for up to 4 weeks	3. Surgery that can be delayed for up to 3 months	4. Surgery that can be delayed for more than 3 months	Not yet prioritised	Grand Total
CSS					125	125
MRC	1	56	181	46	70	354
NOTSSCaN	5	581	2468	3510	2026	8590
SUWON		294	885	740	882	2801
Grand Total	6	931	3534	4296	3103	11870

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

Positive progress has continued to be seen over the past month with the surgical PTL snapshot of 21/02/2021 showing **74% (8,767 patients)** having had an RCS documented within EPR. **26%** of patients remain **unprioritised** within EPR and this continues to be monitored and progressed via weekly eReview project meetings.

Tumour Site	Oct-20				Nov-20				Dec-20			
	Total	Within	Breach	%	Total	Within	Breach	%	Total	Within	Breach	%
Breast	29	25	4	86.2%	26	26	0	100.0%	28	28	0	100.0%
Gynae	12.5	5.5	7	44.0%	12	2.5	9.5	20.8%	14.5	7	7.5	48.3%
Haem	5	4	1	80.0%	10	10	0	100.0%	7	6	1	85.7%
H & N	16.5	8.5	8	51.5%	16.5	8.5	8	51.5%	11	5.5	5.5	50.0%
Lower GI	31.5	21.5	10	68.3%	12.5	7	5.5	56.0%	13	6.5	6.5	50.0%
Lung	11.5	9.5	2	82.6%	18	9	9	50.0%	13	5.5	7.5	42.3%
Sarcoma	4	2	2	50.0%	3.5	1.5	2	42.9%	8.5	2.5	6	29.4%
Skin	70	68.5	1.5	97.9%	48.5	48.5	0	100.0%	48.5	48.5	0	100.0%
Upper GI	11	6	5	54.5%	13.5	12.5	1	92.6%	10.5	8.5	3	81.0%
Urological	35.5	31	4.5	87.3%	43.5	31	12.5	71.3%	36.5	23.5	13	64.4%
Total	226.5	181.5	45	80.4%	204	156.5	47.5	76.1%	190.5	141.5	50	74.5%

62 day performance Oct-Dec



Most significant breach numbers/ reasons:

Urology 13 – Slow pathways due to additional diagnostics, delays between diagnostics and patient decision making

Gynaecology 7.5 – Co-morbidities, theatre capacity, slow diagnostic work up to treatment, change of treatment pathway

Lung 7.5 – Treatment pathway changed, additional diagnostics, bed capacity, co-morbidities

Cancer Waiting Time Standards; 5 out of 9 Standards achieved in December 2020.

Month 9 (December 2020) Performance: Reporting an additional month in arrears, the Trust achieved 5 out of 9 CWT standards in December 2020.

2ww from GP referral: This standard was not achieved in December, reporting **68.1%** against **93% threshold**. Breast performance dropped to 10.7% and Lower GI remains static at 58.5% for December – the challenge in performance seen in these two specialties continues to adversely impact on the overall Trust performance.

2ww Breast Symptomatic: This standard was not met for the same on-going challenges as those on the 2ww urgent breast pathway – lack of clinic space and radiologist capacity to run joint clinics. Performance against the standard of **93%** was **0.6**.

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

- Short term: Insourcing list commenced Sunday 17th January and will run until 28th March: providing an additional 338 appointments over 11 weeks.
- Medium term: New radiologist and fellow employed from February and March 21 respectively: will provide additional 'in-week' radiological capacity from June 21.
- Impact on wait times: currently 14 days for Breast 2ww and 14 days for Breast symptomatic. Expected to reduce to below 14 days by end of March (assuming referral numbers are at or below 140 referrals per week - current 4 week rolling average).

31 day subsequent treatment (surgery): All but one of the 5 breaches are a consequence of theatre capacity.

62 Day from GP referral

The number of completed pathways for December were 193 with 49 breaches. This resulted in a 62 day CWT performance of **74.5%**. The main breaches were in Urology, Gynae and Lung. It should be noted for the second month this quarter, despite the challenges at the referral stage of the pathway, the achievement for breast referral to first treatment was **100%**.

Patients waiting over 104 days for diagnosis and treatment:

The latest 104+ figures on 29th January were 37, the majority of these patients were on Urology, Gynae, Head & Neck and Lower GI pathways. The primary reasons for the delays in these patients were slow diagnostic pathways which included the need for additional biopsies, late referrals from other trusts, treatment of another condition or comorbidity and surgical capacity.

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	Nov-20	No of breaches Nov 20	Dec 20	No of breaches Dec-20	18-19	19-20
2 WW for suspected cancer	93%	69.1%	562/1821	68.1%	582/1824	96.7%	95.0%
2 WW for Breast Symptoms	93%	4.1%	187/195	0.60%	169/170	94.3%	97.4%
28 Day Faster Diagnosis Standard	75%	82.9%	296/1735	81.5%	308/1669		70.1%
31 Days Decision to first treatment	96%	96.8%	14/439	96.3%	16/438	93.1%	91.5%
31 Days Decision to subseq treatment (surgery)	94%	88.8%	9/80	91.8%	5/61	95.2%	90.3%
31 Days Decision to subseq treatment (drugs)	98%	100%	0/164	100%	0/142	99.5%	99.8%
31 Days Decision to subseq treatment (radiology)	94%	100%	0/211	97%	6/203	96.7%	98.9%
62 Days GP referral to first treatment	85%	76.1%	50/208	74.5%	49/193	72.1%	68.3%
62 Days Screening service to first treatment	90%	80.6%	3/16	91.3%	2/23	79.1%	59.0%
62 Day incomplete pathways >62 days	Count	144	N/A	202	N/A		
62 Day incomplete pathways >104 days	Count	28	N/A	28	N/A		

Workforce

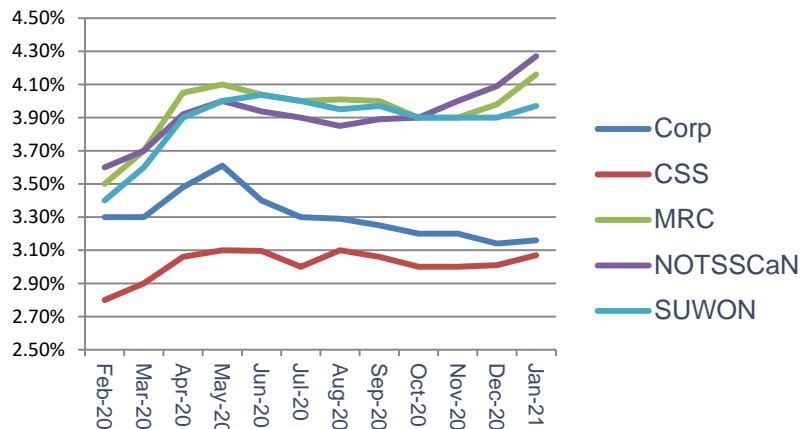
OUH FT – improving workforce performance: overview of KPIs

OUH Trust	3.8%	4.9%	9.6%	1,069.2	78.5	£5,338,311	£722,723	70.4%	81.4%
KPI (Green)	3.1%	7.7%	12.0%				<£1.33m	85.0%	85.0%
Division	Sickness	Vacancy	Turnover	Bank WTE	Agency WTE	Bank Spend	Agency Spend	Appraisals	Stat Mand
CSS	3.1%	4.0%	8.5%	107.1	10.6	£618,639	£36,691	76.0%	88.1%
Corporate	3.2%	2.4%	7.3%	98.9	1.6	£470,383	£86,345	68.4%	78.6%
MRC	4.2%	3.4%	10.0%	381.0	23.2	£1,957,658	£179,444	70.5%	82.3%
NOTSSCaN	4.3%	7.6%	9.8%	264.0	17.9	£1,319,894	£153,091	61.8%	80.5%
SUWON	4.0%	4.9%	11.1%	218.2	25.2	£971,737	£267,153	76.7%	88.8%

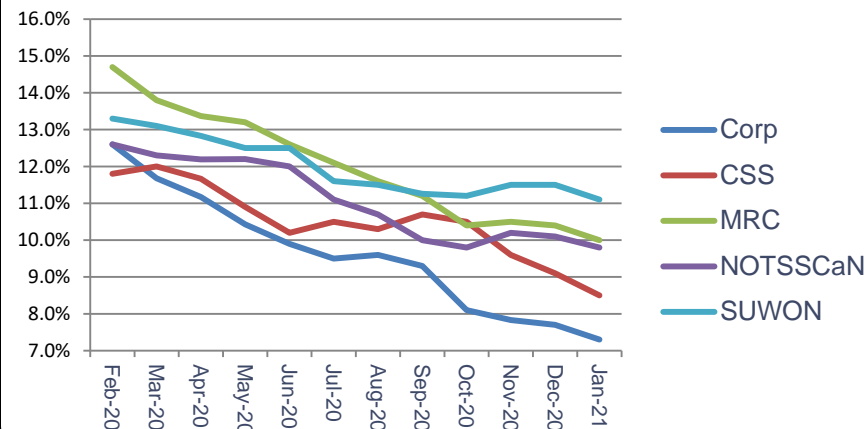
The above data represents the M10 position of the key KPIs regarding HR Metrics. Vacancies are calculated as the difference between the wte establishment from the financial ledger and staff in post wte from the Electronic Staff Record (ESR). Corporate is combined with Estates, R&D, Operating Services, 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.

Key Performance Indicators by Division (I)

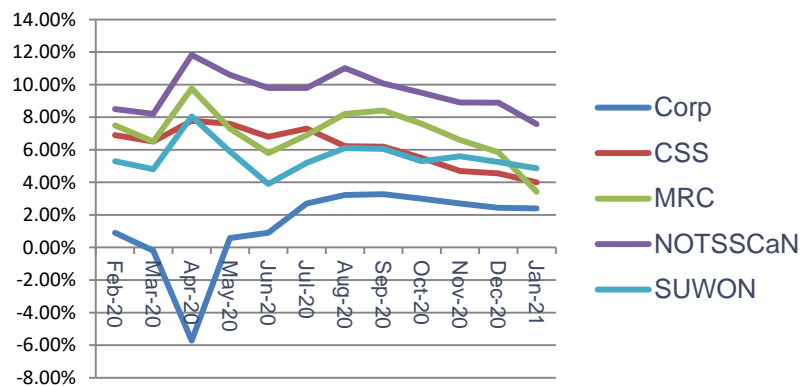
Sickness Absence % by Division



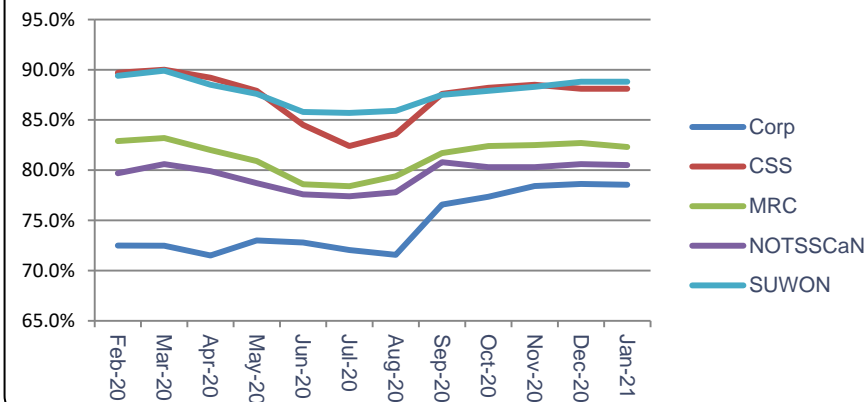
Turnover % by Division



Vacancy % by Division

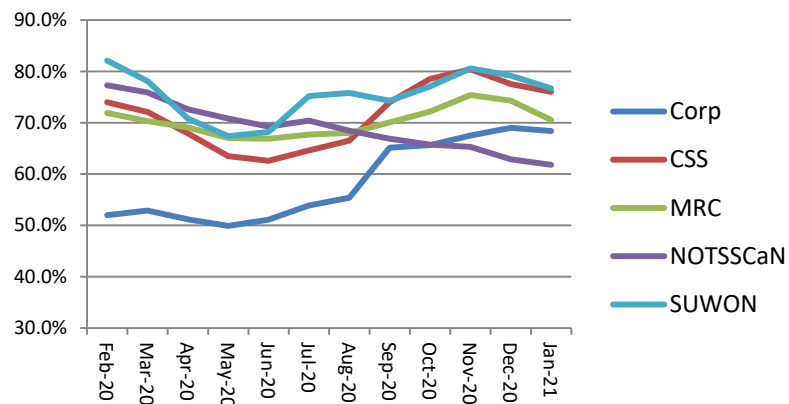


Stat Mand %

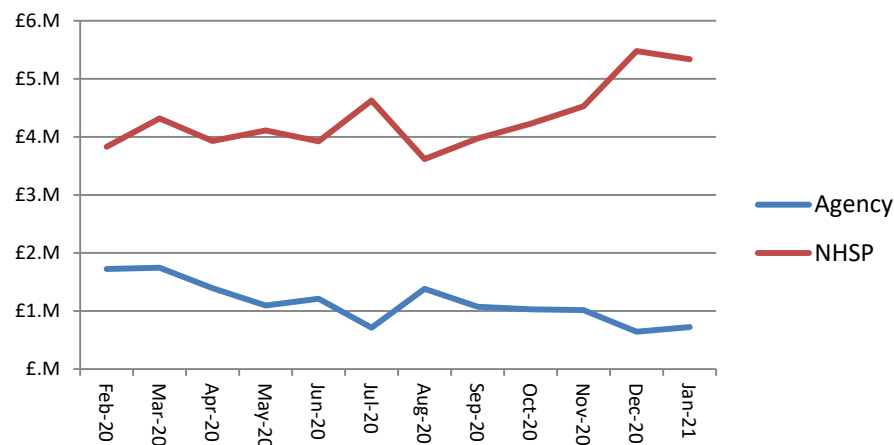


Key Performance Indicators by Division (II)

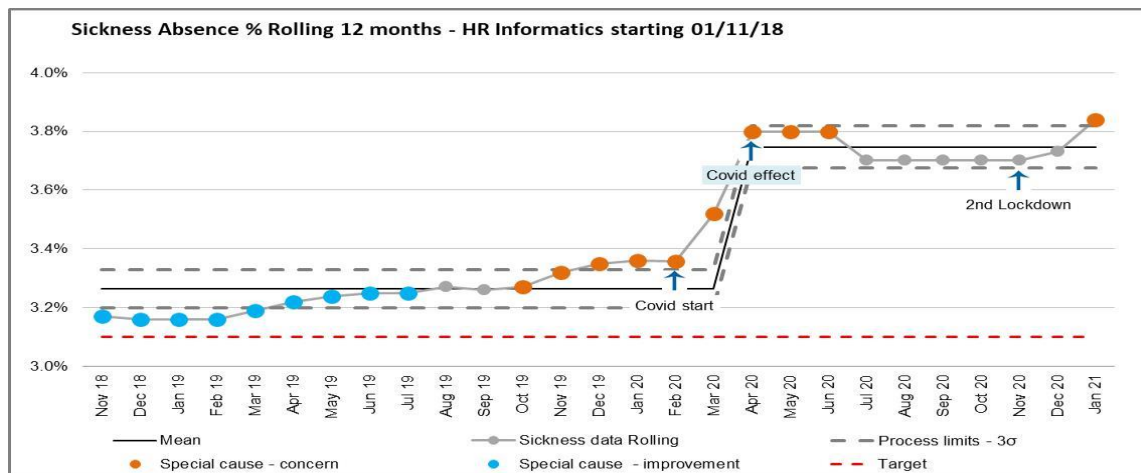
Non Medical Appraisal % by Division



Bank and Agency Spend £



The graphs below support the accompanying text.



Month – Jan 21

3.8%

Target

3.1%

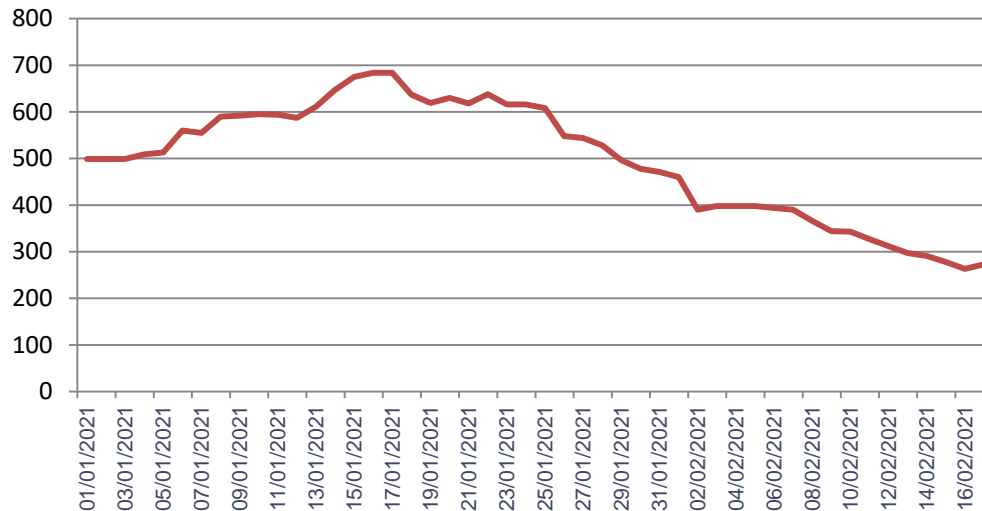
Target Achievement

Metric is consistently above KPI target.

Background	What the chart tells us	Issues	Actions
Data taken from ESR for a rolling 12 months. wte absent/wte availability.	Sickness absence has been adversely affected by Covid 19. As the data presented is on a rolling twelve month basis, the peaks in sickness are not as pronounced. The last three months (Nov 20 - Jan 21) the sickness rate was 5.6%. The month of January 21 on its own was 7.4%. This highlights the pressure placed on staff/services.	As there has been a persistent shift in the data of more than 7 consecutive points the process limits have been altered to reflect this change. Whilst processes have not changed, the effect (Covid 19), is known and demonstrated clearly in the above graph. Data points which fall outside the process limits (grey dotted lines) are unusual and should be investigated. There is one recent point of concern. As vaccinated numbers increase, numbers absent from Covid 19 should start to decline.	NOTSSCaN are supporting staff and managers in the absence process. Long term absence accounts for 37.2% of all absences. The top reasons for absence are Mental Health and Musculoskeletal. Staff are being signposted to the Your Wellness Matters campaign & Occupational Health. Staff Psychological support sessions are continuing in JR/WW Theatres with a Psychotherapist; CSS are developing plans for those off on long term sick; In MRC HR Consultants each have “top” 10 cases for review and are undertaking return to work calls for managers. HR are working with Psychological Medicine to review and put a plan in place for mental health cases in the Division. In SUWON a deep dive is being undertaken on mental health to support Day Treatment Unit staff; Wellness interventions supported by leads are being implemented e.g. health campaigns, RTWs focus on SEU, Oncology and transplant. Corporate: Monthly reviews of absence with HR Consultants takes place. The HR team are reviewing services that show a high level of sickness and low levels of annual leave taken; “Growing Stronger Together”, a programme of support which will offer opportunities for supporting managers’ own wellbeing and guidance/assistance on supporting the wellbeing of their teams is to be launched.

The graph below support the accompanying text.

Covid related absence daily 01/01/21 - 17/01/21



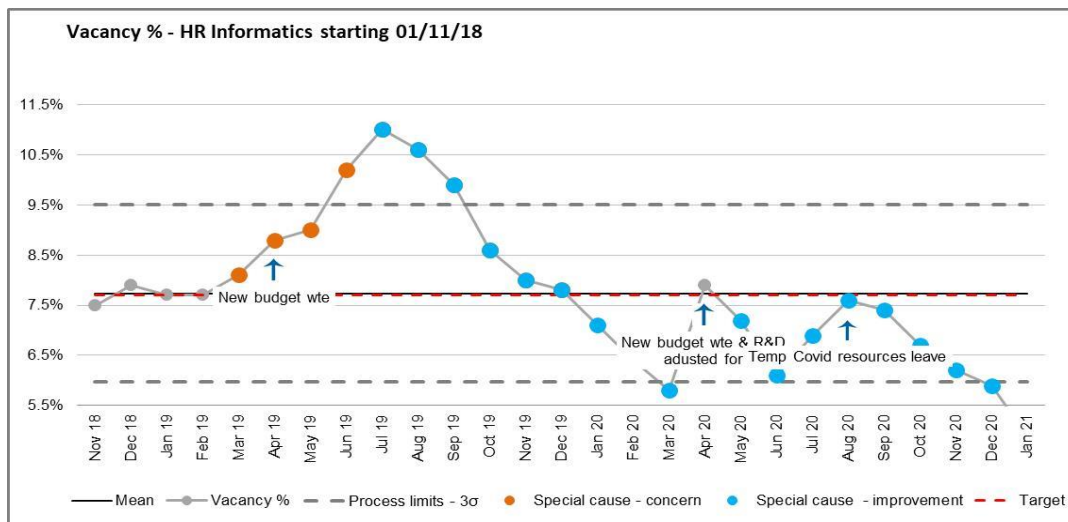
What the chart tells us

- Since January 21 when Covid 19 absences peaked at 684, the absences have been steadily reducing and as at mid February there are c 260 medical and non medical absences.
- Our BAME staff are disproportionately affected by absence. Current BAME profile of staff absent through Covid 19 is 33%. For staff in post the BAME profile is 25%.
- By staff group, Additional Clinical Services account for 33% of Covid 19 absences yet only 18% of the workforce as at M10.

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.
- A comprehensive programme of staff testing is in place. Occupational Health resourcing is being continually reviewed to ensure capacity.
- Ensuring wellness checks are undertaken for all staff; Lateral flow testing kits made available to all on site 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
- Improvements made to the risk assessment process to encourage all staff to undertaken a risk assessment with specific targeting for our vulnerable staff; Managers encouraged to ensure quality risk assessments take place and guidance to support both staff and managers with the completion and process has been updated.
- Recognition day – staff to be awarded extra days leave on or as close to their birthday as possible to reflect the work undertaken during this crisis. The Trust is in discussion with its PFI partners to extend this to seconded staff.
- Following incidence of cross infection staff have been requested not to attend work if feeling unwell.
- “Growing Stronger Together” will be launched - a programme of support which will offer opportunities for supporting managers’ own wellbeing as well as guidance/assistance on supporting the wellbeing of their teams.

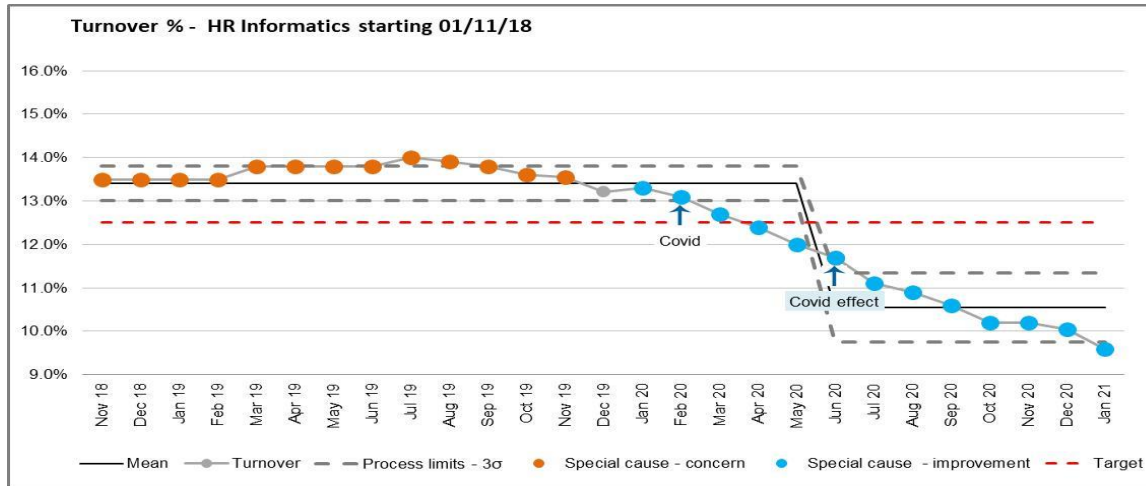
The graphs below support the accompanying text.



Month – Jan 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.	Whist vacancy rates have in recent months declined, significant vacancies still exist across the Trust amongst key staff groups and grades. Increases in staff in post in January 21 have further reduced the Trust's vacancy factor; improved retention will also be contributing to vacancies reducing. The vacancy factor may further reduce, with the appointment of c50 students to the Trust in February 21 to assist with Covid 19.	Points which fall outside the grey dotted lines are unusual and should be investigated. They represent a system out of control. A run of seven or more sequential points above/below the mean may indicate a process not in control. There is a run of points both above and below the mean.	NOTSSCaN working closely with Senior Team within the Division to support the Corporate Nursing recruitment plan. The Theatres workforce recruitment plan in conjunction with SUWON is currently on hold due to Covid 19. B5 Nursing vacancies have reduced and are now in line with other divisions; CSS vacancies put forward to pay panel are scrutinised weekly to explore alternative methods to fill the gap; MRC continues to work with directorates to review headcount – where vacancies are identified they are removed from budgets; the recruitment of international nurses will reduce band 5 vacancies as/when they achieve NMC registration. SUWON is working with the corporate team to support the overseas pipeline.

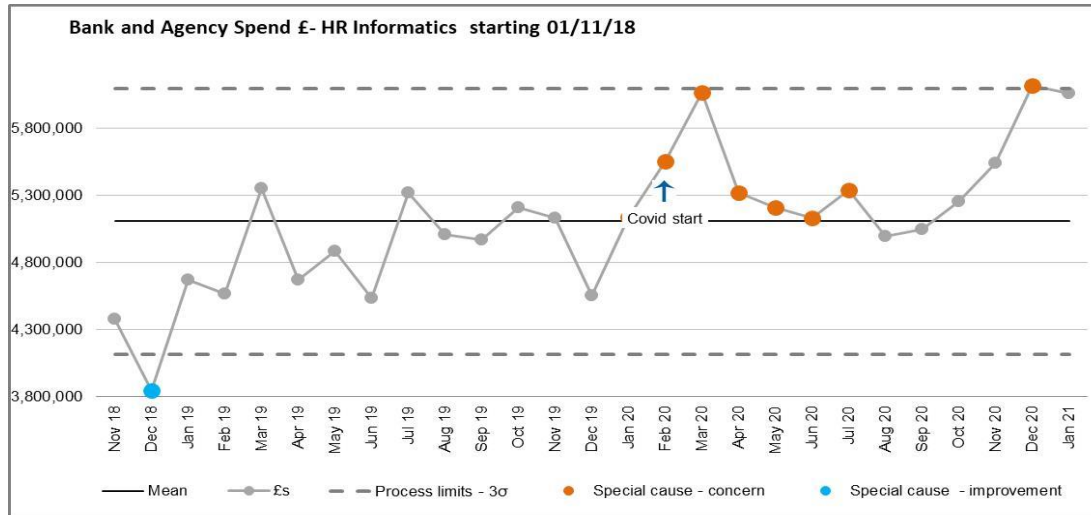
The graphs below support the accompanying text.



Month – Jan 21
9.6%
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>Turnover and the volume of leavers has reduced consistently since January 20. There is a link with Covid 19 as the rate of leavers has reduced during the epidemic. This trend is not unique, as BOB ICS trusts have reported similar declining patterns of leavers.</p> <p>In addition, a rise in staff in post will also have an influence upon turnover percentages.</p>	<p>As there has been a persistent shift in the data for more than 7 points the process limits have been altered to reflect this change. The process limits have been reset and annotated.</p> <p>Where there more than 7 sequential points that fall above or below the mean it may indicate a significant change in process and one which is not in control. There are a run of sequential points which fall both above and below the mean.</p>	<p>CSS turnover remains stable. A deep dive into radiology admin is underway as a hotspot area; MRC similarly are examining their hotspot areas. In John Warin Ward a review group will be set up, however progress has been impacted by the pandemic. SUWON to improve retention, weekly emails are sent to all new starters; "stay" interviews are conducted at month 3 stage; and there is ongoing support for open borders scheme to aid retention of band 5 nurses.</p>

The graphs below support the accompanying text.

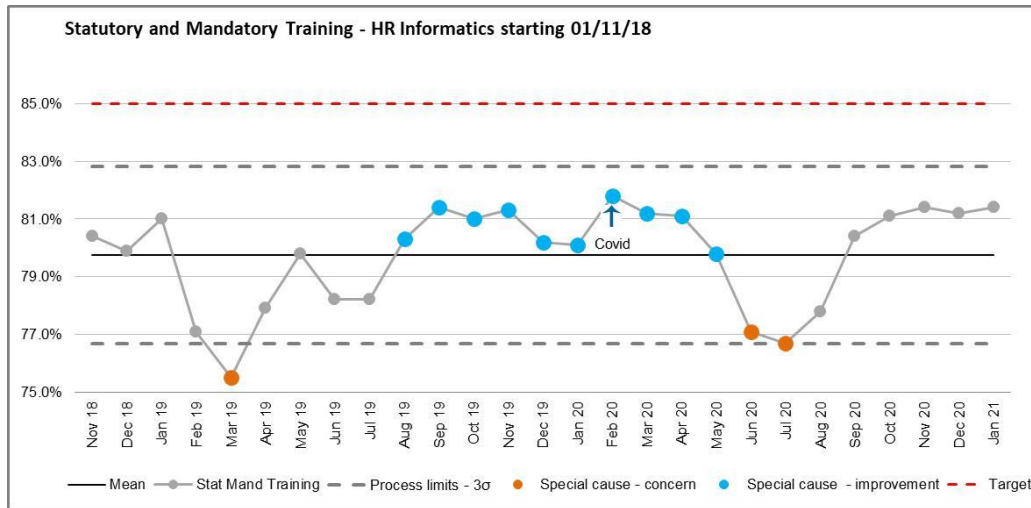


Month – Jan 21
£6.1M
Target
N/A
Target Achievement
N/A

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 is a drive to reduce our agency spend and achieve the ceiling for 20/21. Tighter controls surrounding the use of substantive staff, short term or long term basis is being used across all areas of the trust.</p>	<p>Temporary spend has increased since September 20. A rise in spend is accounted for by an increase in shifts booked for nursing and care support workers and the balancing of nursing pay rates. Although the demand for bank workers has increased, this needs to be offset against sickness levels and demand levels. For nursing, between January 20 and January 21, there has been a 25% increase in bank fill. Of the £6.1m in month temporary spend; £2.9m was for spend attributable to Covid 19 related cost centres.</p>	<p>A run of 7 sequential points above/below the mean may suggest a process out of control. There are a run of points above this level. In order to achieve the fill rate, nursing pay rates have been increased to an unsustainable level. Enhanced rates will cease from 1 April 21 and alternative mechanisms to secure fill are in development. Preparation for potential legislative changes to the agency market in April, may reduce the supply.</p>	<ul style="list-style-type: none"> Support specific initiatives in nursing via the bank to ensure supply, especially in hot spot/hard to fill areas. Develop a step down approach to implement over Q1 for nursing. Agency reduction continues in all staff groups in place with the better use of the bank. High cost non-clinical bank workers are authorised by an Executive Directors. Work collaboratively across the BOB region to share best practice, rates, policies and procedures. Scope out the development of a shared bank.

Statutory and Mandatory Training

The graphs below support the accompanying text.



Month – Jan 21
81.4%
Target
85%
Target Achievement
The metric is consistently below the standard required.

Background	What the chart tells us	Issues	Actions
Stat/Mand data is generated from the eLMS systems, which is populated with employee data from the ESR. Information includes data relating to honorary staff.	Stat/Mand compliance continues to perform at below the required level. The effect of the Covid 19 pandemic is demonstrated above. Following the first lockdown the trust had improved compliance, although more recent months have plateaued in terms of progress.	When there is a run of 7 sequential data points that fall below or above the mean (79.8%) this is seen as unusual and may indicate a change in process. The process may be out of control. There are a run of points above and below the mean.	<ul style="list-style-type: none"> • Consultation on the new Core Skills (Stat/Mand) Policy began in February • My Learning Hub (new eLMS) from 1 April; this will support • My Learning Hub will allow: • A review of the mapping of staff to competencies. This could move compliance numbers up or down. • Exclusion of Honorary staff from the analysis, increasing compliance levels. • A more consistent analysis, improving data quality and data treatment.

Divisional Actions

SUWON; Stat/Mand reports sent to managers on a monthly basis; New starter email sent to staff encouraging compliance; Shielding staff are emailed to remind them of the need to complete training. Non compliant areas are discussed at directorate meetings.

NOTSSCaN Divisional Education Lead providing regular reporting to each directorate. Targeted action on specific courses which are outstanding is taking place.

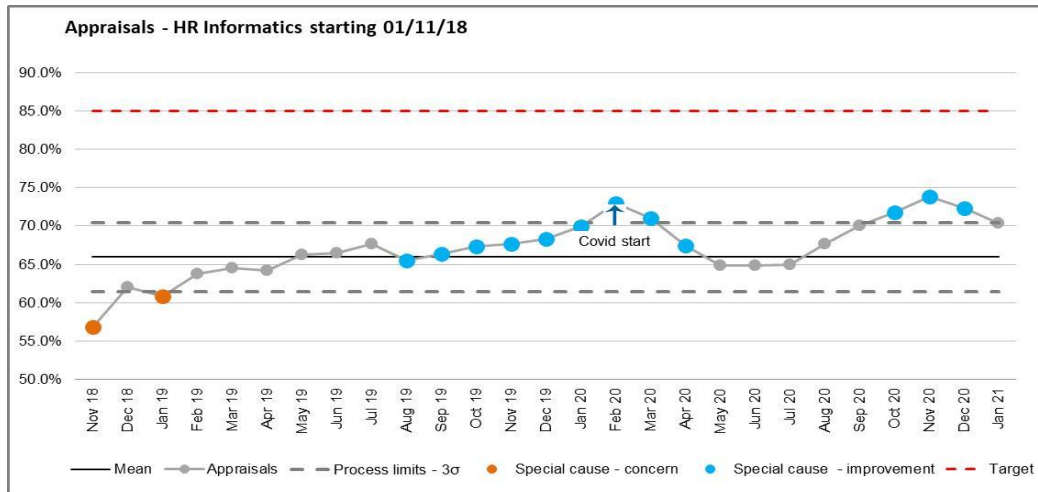
MRC Medical Staff compliance with Safeguarding (IAC action) is being addressed. Detailed reports provided to directorates for action and improved compliance. Agenda item on divisional weekly huddle, directorate meetings / team meetings. DD has added issue to directorate governance meetings with divisional team. Personalised reporting to directorate managers. (in some areas pressure of pandemic is impacting).

CSS Staff shielding have been written to as a reminder to complete outstanding training. IPC, M&H, Safeguarding adults & Children and Resus are the focus areas.

Corporate The division has identified areas which are under performing. The current focus is on Operational Services and Research and Development where there is a high level of honorary staff.

Performance Skills and Capabilities: Ensuring that staff have an appraisal

The graphs below support the accompanying text.



Month – Jan 21
70.4%
Target
85.0%
Target Achievement
Appraisal rates are consistently below required KPI.

Background	What the chart tells us	Issues	Actions
Data excludes information relating to Medical and Dental staff and is taken from the current eLMS system.	The effect of Covid 19 is demonstrable in the above graph. Following the decline in compliance rates after the first lockdown, there were signs of improvement, although the second lockdown has hindered further progress.	When there is a run of (7) sequential points above or below the mean (65.9%) then this is deemed as unusual and should be investigated, as the system may be out of control. There are a run of points above the mean since October 2020. Data points which fall outside the process limits are deemed as unusual and may require further investigation. There five points above the line and two below. Compliance has reduced as c180 staff have either become non compliant in January 21 or have been included back into the denominator as part of the recent data cleansing exercise of exempted staff. Covid 19 may be an issue for staff becoming non compliant.	<ul style="list-style-type: none"> • Consultation on the new Core Skills (StatMan) Policy finished in February 2021 with a significantly improved (and shorter) form, more flexible process and a focus on personal development and wellbeing. • The implementation of the new My Learning Hub (eLMS replacement) is going live 1 April. Once implemented, the Trust will have the technology and mandate to: • Provide an enhanced user experience • Complete appraisal on-line

Divisional actions

SUWON appraisal exemption report has been cleansed to include more staff; Monthly reports of outstanding appraisals are sent to the directorates. Ongoing VBA training delivered for managers as requested.

NOTSSCaN recovery plan in place for A&C staff to complete outstanding appraisals which is hoped will delivery an 8% increase in compliance.

CSS staff response to the COVID 19 surge has impacted the ability to remain within KPI. Staff who are shielding have been written to asking to prepare & book where possible if their appraisal is due.

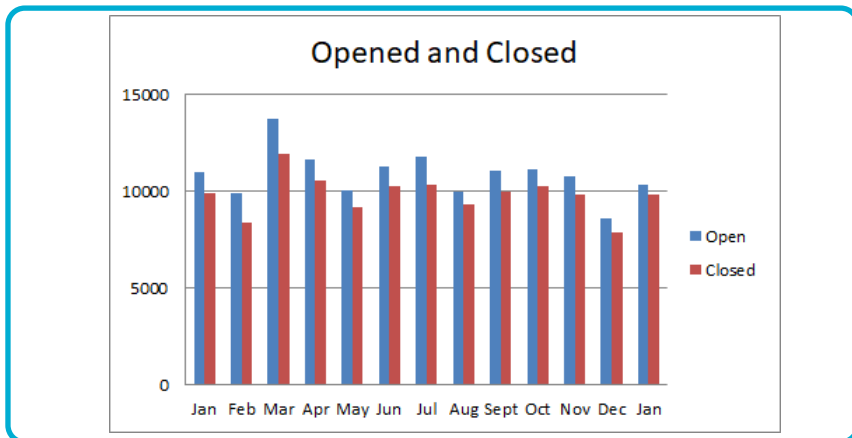
MRC detailed reports sent to managers where appraisal is required. Weekly reminder as part of divisional huddle

Corporate focus on key hot spot areas with a commitment to complete their appraisals by end of March 2021. Fortnightly meetings arranged with HR Consultants to implement actions against key hot spot areas such as support for completing appraisals on eLMS, and escalating where appraisals are not being implemented. Corporate focus will be on key hot spot areas including Procurement, Occupational Health and Wellbeing, Estates and OMI.

Digital

Service Desk Performance

The OUH IM&T Service Desk is integral to the day to day running of the Trust. IT services deliver a range of IT support to staff daily. The table below highlights the performance of the Service Desk from January 2020 to January 2021.



OUH Priority 1 Incidents

	Aug	Sept	Oct	Nov	Dec	Jan
4	0	2	0	2	0	1
2	2	1	2	1	0	0

Date	Issue	Resolution
None logged		

Priority	Total OUH calls logged in January	Total OUH calls closed in January	Total OUH calls logged trends
1	0	0	Month on month trend Dec to Jan 2021
2	20	18	increase of 14.4% â
3	1238	1182	Comparison of Jan 2020 to Jan 2021
4	2642	2528	decrease of ... 6.6% â
5	5947	5726	
Total	9847	9454	

Cyber Highlights:

Overall Cyber status **Green**

- 134.3TB of internet traffic use, a 63.6% increase as staff return post holidays
- DSPT submitted to NHS Digital
- DSPT Improvement Action plan being drafted
- Penetration tests findings remediation in progress.

Cyber Management

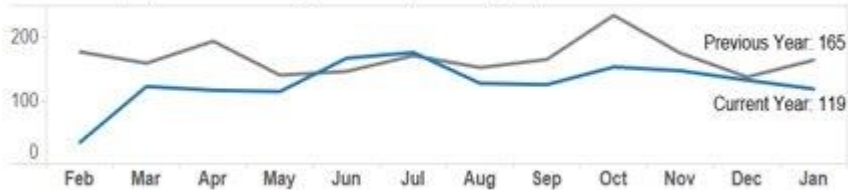
	Month of January	Year to date
CareCerts received	27	317
Virus blocked	66	4,569
Intrusions blocked	841	70,570
SPAM blocked	377,283	4,562,771
Devices monitored	11,969	-
Servers monitored	841	-

Risks, Issues and Challenges

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

Information request Service

Demand (requests received by month vs previous year)

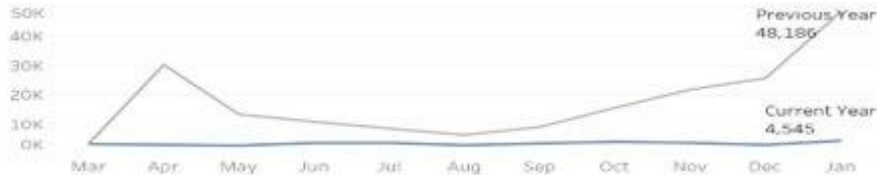


1.1 The demand on the Info request service for January '21 was slightly lower than in the previous year. Due to the lower volume there is a slight increase in percentage of requests that are resolved within 2 working days to 50%, The median wait for requests to be fulfilled via the service is 1 day.

1.2. User feedback on the timeliness, usefulness and overall experience of the service remains positive at 100% for January '21

ORBIT+

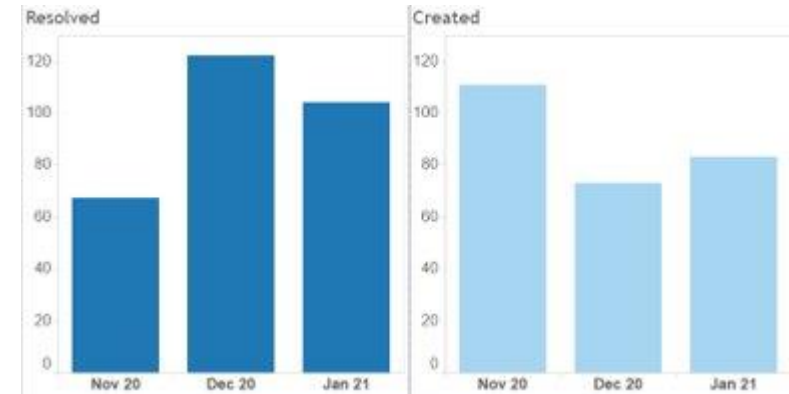
Access to views in January '21 rose to 48186 as compared to the 4545 views in the same period last year.



ORBIT Clinics & ORBIT Explorer Training

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

Other Demands



Current development priorities

- Reporting Support for IPR
- Cancer Reporting on ORBIT+
- RTT Tracker and Priority Type Reporting
- E-review programme metrics
- Theatre Productivity Improvements

Notable Pressures

- RTT Data quality issues
- Changes to Daily situation reports

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

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

Progress – AMBER

- **GREEN** will be attained in Feb21 when contracts and the programme are re-based, identifying and mitigating exceptions to the current plan.
- Resource is prioritised to COVID since Dec20
- 102 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, protecting £2m CNST cost reduction for safe process
- Virtual Clinics for patients, Live use of Population Health and patient access to Portal, Staff remote working and adoption of Teams, Virtual Executive Briefings and Annual Public Meetings.

Benefits

- Staff can continue high quality safe care for patients remotely with real time access to patient records and virtual team working
- 1st COVID vaccination 8.12.20. All staff mid Feb21
- Trust and GP records are shared through Health Information Exchange.
- COVID-19 pressures: physical spaces and clinical pathways are quickly reconfigured & expanded for on and off-site services.
- Streamlined COVID Secure process to issue smartcard system access for expansion facilities.
- Reporting and dashboards for OUH clinical operations & the BOB ICS System (such as SitReps) are rapidly developed
- Medical history data are available to research

Forward Look

- NEWS2 will go live delayed from Jan to Apr21 for safety under COVID pressures.
- Population Health (HealthIntent) is proven in live service can recommence when commercials are finalised.
- Health For Me (Patient Portal) and Dr Doctor rollout to improve patient access to their record and reduce paper letters.
- Delivery of Theatres Anaesthesia and BMDI (component of HIMSS Stage 7) will slip from Jun21 to Sep21 (subject to Feb21 re-base)
- Outstanding financial cases to deliver NOC & Trust wide HIMSS Stage 7 safety & quality objectives may not complete in 2020-21 (subject to Feb21 re-base)

Risks, Issues and Challenges

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

Opportunities

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

HIMSS Programme Board Summary

Achieving HIMSS (Healthcare Information and Management Systems Society) Stage 7 across the Trust will deliver the highest digital safety standard for patient care. Delivery of the Digital by Default Trust strategic theme will eliminate paper-electronic hybrid working risks to patients, and Trust accreditation at HIMSS Stages 6 and 7 standards will help track OUH progress towards delivering CQC outstanding levels of patient safety and care. Accreditation also delivers OUH Global Digital Exemplar commitments to NHS Digital. Learning from HIMSS accreditations at stages 6 and 7 for the NOC Site will be taken into a successful Trust wide rollout. Only one Trust in England has attained HIMSS Stage 7 standards (Cambridge University Hospitals NHS Foundation Trust in October 2020). Cases supporting Trust Wide HIMSS Stages 6 and 7 are paused until Feb21 Investment committee rebase is concluded.

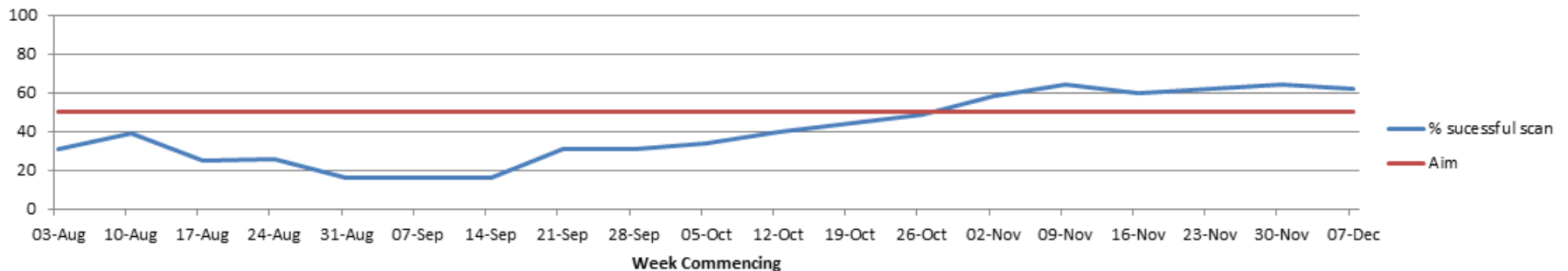
Progress (HIMSS 6 & 7) – AMBER

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

Forward Look (Lessons from HIMSS Stage 6 - NOC)

- Closed loop calls 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



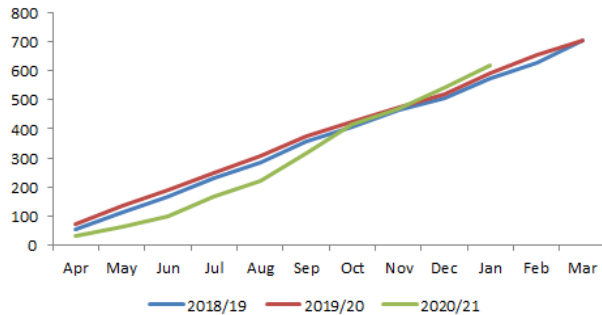
Risks, Issues, Challenges, and Opportunities

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

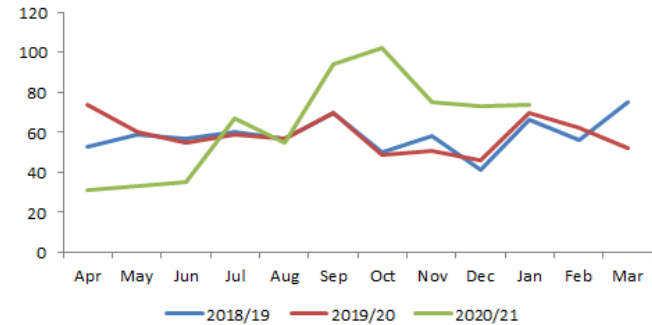
Freedom of Information (FOI)

There were 74 open FOI requests during January 2021, which is an increase of 4 on 70 open requests received during January of 2020. The compliance rate for closure of FOI requests within 20 working days during January was 25% as compared to 61% in January 2020. This marked decrease is attributable to the pandemic with resources being redirected to cope with this and staff being unavailable to answer requests. Although requests decreased during the first pandemic there has been a rapid increase higher than normal rates since August 2020.

Requests (Cumulative)



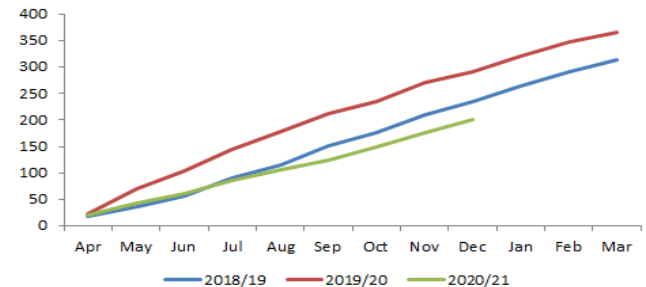
Received FOIs



Data Security & Protection Breaches

Data security and protection breaches are classified using the NHS Digital data security breach reporting matrix. Where incidents are assessed as likely that some harm has occurred and the impact is (at least) minor, the incident is reportable to NHS Digital. 27 data protection incidents were reported on Ulysses in January 2021, which is broadly the same compared to January of 2020 when 29 incidents were reported. Two incidents were reported to NHS Digital, these did not meet the threshold for onward reporting to the Information Commissioner's Office and/or the DHSC.

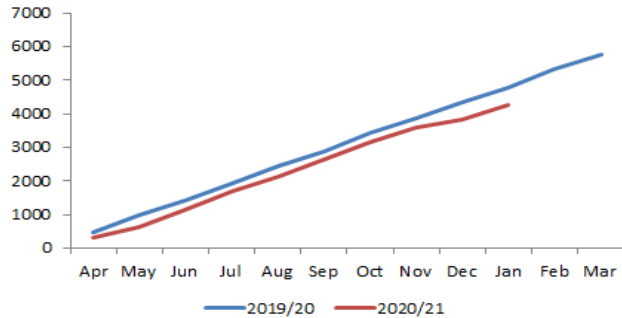
Data Protection Breaches (Cumulative)



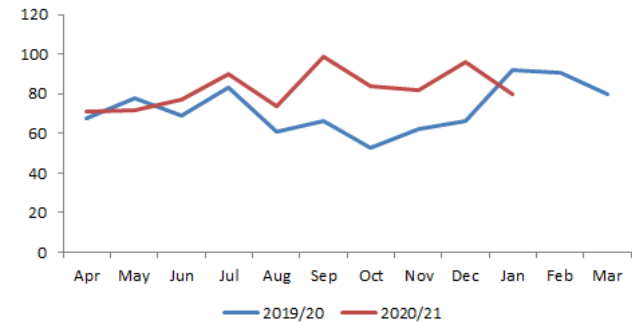
Data Subject Access Requests (DSAR)

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

Requests (Cumulative)



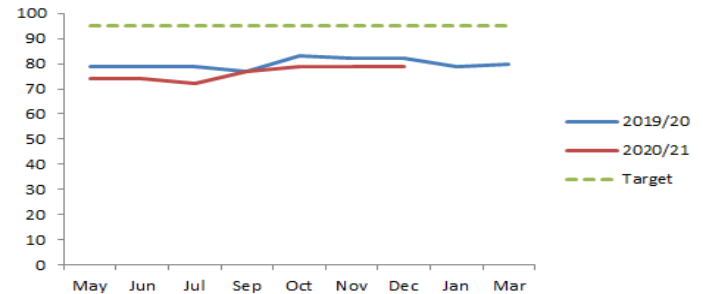
DSAR % Compliance



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 decreased slightly in January 2021 from 79% to 74%. It is estimated that there is a 12% discrepancy between reported and actual training compliance due to system data quality. Actual training compliance is believed to be around 86%. The introduction of the My Learning Hub system in April 2021 will make it easier to cleanse data and should make reporting more reflective of actual compliance.

Data Security Training %



Data Security & Protection Toolkit (DSPT)

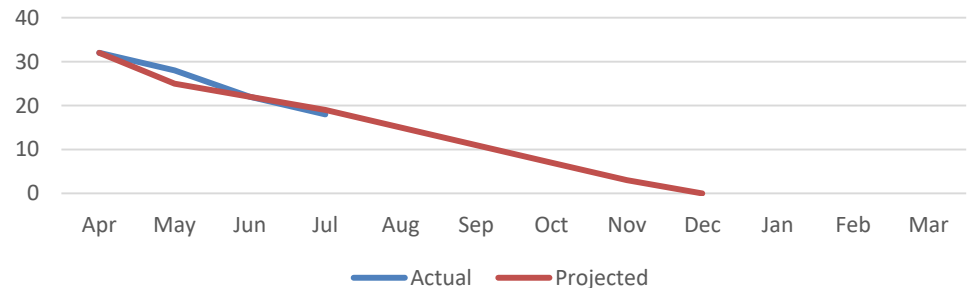
The DSPT self-assessment tool was introduced in April 2018 and replaced the previous Information Governance Toolkit assurance framework. The new Toolkit was developed following Dame Fiona Caldicott's review: *Data Security, Consent and Opt-outs*, which was published in 2016. More emphasis is placed on ensuring that data is digitally more secure and protected from threat. The Trust completed its mid-point Toolkit return for 2020/21 at the end of February and the Toolkit is undergoing audit by KPMG. All actions from the 2019/20 DSPT improvement plan have been completed and the action plan has been submitted to NHS Digital for review. It is anticipated that the Trust will be re-rated as standards met for its current DSPT.

Opportunities

A workforce review and plan for the Information Governance and Cyber Security departments is currently being written and will be completed in March 2021. This will help to improve the Trust's capability to meet statutory deadlines, improve practice and assurance, complete the Toolkit and support ongoing security work.

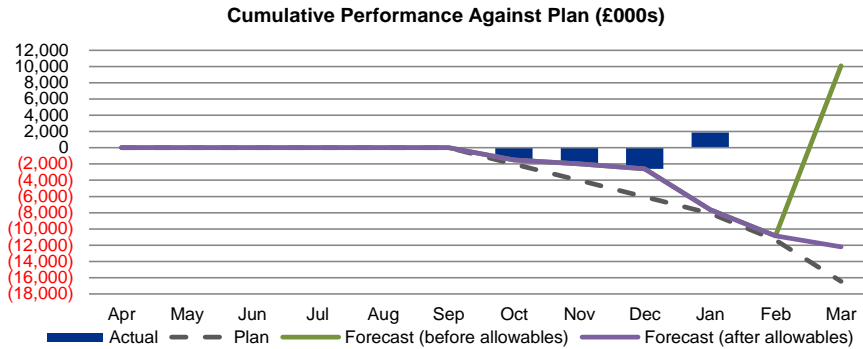
Audit Recommendation Tracking

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



Finance, Procurement and Contracting

Income & Expenditure - Performance Versus Plan

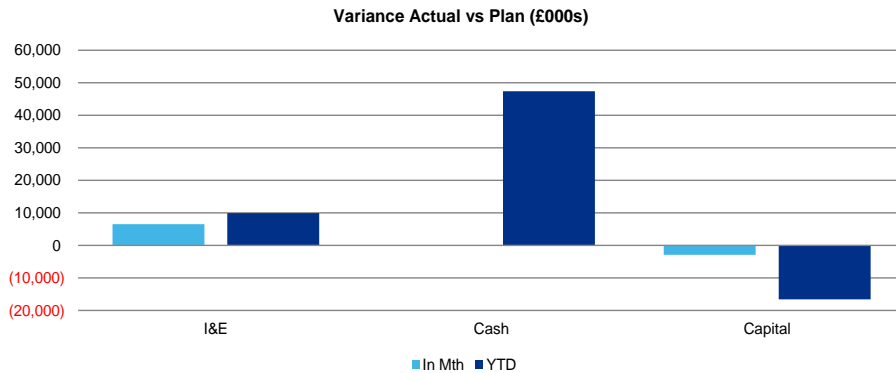


Income & Expenditure - Summary

Retained surplus / (deficit) at Month 10 £000s	Annual		YTD	
	Plan	Plan	Actual	Var.
Recurrent EBITDA	40,315	39,352	49,061	9,709
% EBITDA	3.38%	3.97%	4.80%	30.15%
Planned EBITDA	40,315	39,352	49,061	9,709
Non-operating items	(56,876)	(47,636)	(48,442)	(805)
Retained surplus / (deficit) before technical adjs.	(16,561)	(8,284)	619	8,904
Technical adjs.*	(103)	(219)	(1,275)	(1,056)
Surplus / (deficit) as reported to NHSI	(16,458)	(8,065)	1,895	9,960

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

Performance Against Key Financial Indicators



Notes

- I&E forecast is as submitted to NHSEI in January and assumes accounting adjustments for stock, Covid-related annual leave and recognition of additional income take place in Month 12.
- Forecast before allowables does not align to the NHSEI reporting template. The template has required OUH to include the estimated £2.6m cost of the recognition day as an allowable annual leave cost. However, this was a discretionary choice by the Trust. The Trust has been informed by NHSEI that any reimbursement of costs for increased annual leave carry over at year end would not include payment for this discretionary decision.

I & E Subjective £000s	IN MONTH 10				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
Income									
Commissioning Income	77,333	77,270	(63)	-0.1%	700,627	692,354	(8,273)	-1.2%	855,281
Other Income	13,049	14,360	1,311	10.0%	172,601	199,022	26,422	15.3%	197,304
Passthrough Drugs & Devices	11,411	13,960	2,549	22.3%	114,111	123,417	9,306	8.2%	137,014
PP, Overseas and RTA Income	604	790	186	30.7%	3,375	8,127	4,752	140.8%	4,583
Total Income	102,397	106,380	3,982	3.9%	990,714	1,022,920	32,206	3.3%	1,194,183
Pay									
Consultants and Medics	(20,290)	(19,835)	454	2.2%	(192,508)	(198,225)	(5,716)	-3.0%	(233,528)
Health Care Assistants & Support	(6,538)	(5,980)	558	8.5%	(56,180)	(56,134)	46	0.1%	(69,075)
Nurse and Midwives	(16,415)	(17,430)	(1,015)	-6.2%	(165,401)	(166,567)	(1,166)	-0.7%	(200,609)
Other Staff	(9,233)	(9,817)	(584)	-6.3%	(94,997)	(98,903)	(3,906)	-4.1%	(114,317)
Scientific, Thec., Therapeutic	(9,910)	(8,808)	1,103	11.1%	(85,840)	(86,127)	(288)	-0.3%	(104,414)
Total Pay	(62,386)	(61,870)	516	0.8%	(594,927)	(605,956)	(11,029)	-1.9%	(721,944)
Non-Pay									
Clinical negligence	(2,718)	(2,721)	(3)	-0.1%	(27,826)	(27,206)	620	2.2%	(33,262)
Clinical Supplies & Services	(7,972)	(4,741)	3,230	40.5%	(93,552)	(84,844)	8,708	9.3%	(111,941)
Drugs & Devices	(12,157)	(14,996)	(2,839)	-23.4%	(115,463)	(125,235)	(9,772)	-8.5%	(139,836)
General Supplies & Services	(2,057)	(1,132)	925	45.0%	(5,812)	(15,307)	(9,495)	-163.4%	(7,547)
Internal Recharges	(20)	0	20	100.0%	(94)	0	94	100.0%	(139)
Premises & Fixed Plant	(6,966)	(6,469)	497	7.1%	(68,841)	(69,778)	(937)	-1.4%	(82,832)
Other Expenditure	(5,459)	(5,294)	165	3.0%	(44,847)	(45,533)	(686)	-1.5%	(56,367)
Total Non-Pay	(37,349)	(35,354)	1,996	5.3%	(356,435)	(367,903)	(11,468)	-3.2%	(431,924)
Operational EBITDA	2,662	9,156	6,494	243.9%	39,352	49,061	9,709	24.7%	40,315
Non-EBITDA (Excl Tech Adj)	(4,678)	(4,649)	29	0.6%	(47,417)	(47,167)	251	0.5%	(56,773)
Operational Surplus / (Deficit)	(2,016)	4,507	6,523	323.6%	(8,065)	1,895	9,960	123.5%	(16,458)

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

Income

- Commissioning income, including pass through, is £1.0m higher than plan to date. Estimated payment for pass through drugs, paid on a cost and volume basis, has been updated following a year-to-date review by NHSE Spec Comm, increasing income by £2.1m in M10.
- Other income to date is greater than plan from COVID-19 cost recovery of £43.1m (COVID-19 is included in the income plan from October onwards, but had no plan before October).
- PP, Overseas and RTA estimates in the emergency budget were prudent. Actual income recovery was £4.8m higher year to date.

Pay

- Pay is £11.0m worse than plan year to date because COVID-19 costs incurred of £18.7m, which were greater than the underlying reduction in temporary staffing (COVID-19 costs budgeted October onwards).

Non-Pay

- Non-pay is £11.5m worse than plan year to date because of incremental COVID-19 costs, £24.4m, including £12.8m of directly sourced PPE, were not budgeted for in the emergency budget (COVID-19 costs budgeted October onwards), offset by lower clinical supplies spend due to lower activity.

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

I & E Subjective £000s	IN MONTH 10 - ACTUAL					YEAR TO DATE - ACTUAL				
	Excl R&D & COVID	R&D	COVID IN ENV	COVID OUT ENV	Total	Excl R&D & COVID	R&D	COVID IN ENV	COVID OUT ENV	Total
Income										
Commissioning Income	73,437	0	3,833	0	77,270	677,021	0	15,333	0	692,354
Other Income	8,135	4,792	(4)	1,436	14,360	108,854	40,697	44,541	4,929	199,022
Passthrough Drugs & Devices	13,960	0	0	0	13,960	123,417	0	0	0	123,417
PP, Overseas and RTA Income	790	0	0	0	790	9,643	0	(1,516)	0	8,127
Total Income	96,322	4,792	3,830	1,436	106,380	918,935	40,697	58,359	4,929	1,022,920
Pay										
Consultants and Medics	(18,873)	165	(1,135)	7	(19,835)	(184,285)	(4,543)	(9,387)	(10)	(198,225)
Health Care Assistants & Support	(5,345)	(30)	(587)	(18)	(5,980)	(50,834)	(233)	(4,999)	(68)	(56,134)
Nurse and Midwives	(14,760)	(1,145)	(1,328)	(197)	(17,430)	(146,745)	(9,581)	(10,187)	(55)	(166,567)
Other Staff	(8,750)	(854)	(190)	(24)	(9,817)	(89,429)	(8,184)	(1,318)	28	(98,903)
Scientific, Thec., Therapeutic	(7,292)	(1,119)	(324)	(73)	(8,808)	(73,430)	(9,784)	(2,738)	(176)	(86,127)
Total Pay	(55,020)	(2,983)	(3,563)	(304)	(61,870)	(544,722)	(32,326)	(28,628)	(280)	(605,956)
Non-Pay										
Clinical negligence	(2,721)	0	0	0	(2,721)	(27,206)	0	0	0	(27,206)
Clinical Supplies & Services	(3,673)	(351)	(486)	(231)	(4,741)	(70,506)	(1,707)	(9,266)	(3,365)	(84,844)
Drugs & Devices	(14,897)	(1)	(98)	0	(14,996)	(124,165)	(2)	(1,068)	0	(125,235)
General Supplies & Services	(1,123)	(1)	(4)	(3)	(1,132)	(2,390)	(21)	(12,897)	0	(15,307)
Internal Recharges	810	(798)	(8)	(4)	0	2,695	(2,529)	(166)	(0)	0
Premises & Fixed Plant	(6,381)	(44)	(17)	(27)	(6,469)	(65,997)	(521)	(3,237)	(23)	(69,778)
Other Expenditure	(4,697)	(265)	(145)	(188)	(5,294)	(39,031)	(3,588)	(2,719)	(195)	(45,533)
Total Non-Pay	(32,682)	(1,460)	(759)	(452)	(35,354)	(326,599)	(8,368)	(29,353)	(3,583)	(367,903)
Operational EBITDA	8,620	349	(492)	679	9,156	47,614	3	377	1,066	49,061
Non-EBITDA (Excl Tech Adj)	(4,649)	0	0	0	(4,649)	(47,167)	0	0	0	(47,167)
Operational Surplus / (Deficit)	3,971	349	(492)	679	4,507	447	3	377	1,066	1,895

Source: Finance Ledger

- Year to date in-envelope COVID-19 costs total £58.0m, with £4.5m expenditure in January. The Phase 3 (M7-12) plan includes £3.8m a month for COVID-19 costs funded from the ICS. Compared to December, pay costs have increased by £0.9m to £3.6m and non-pay costs have remained at £0.8m. Pay costs for backfill for sickness absence and additional shifts from the existing workforce increased by £1.2m in January compared to December, this was partly offset by a reduction in expanding the workforce of £0.2m.
- A further £1.4m of income, £1.1m higher than plan, has been accrued in January to be reimbursed for COVID-19 testing costs and vaccination costs.
- Recovery costs included in the core I&E in January were £0.2m compared to a plan of £1.6m. Of the £1.4m underspend compared to plan, £0.8m is on pay costs and £0.6m is on non-pay costs. The pay underspend was against the remaining central budget reserve this month rather than against clinical divisions which were broadly on plan.
- R&D had a surplus of £0.3m in month due to increased R&D commercial income. R&D are now at a break-even position for the year-to-date, with deferred income being released to cover any deficits, as assumed in the forecast.

Template Categories (£000s)	December			January			YTD			Movement	NHSEI view trajectory
	Pay	Non-Pay	Total	Pay	Non-Pay	Total	Pay	Non-Pay	Total		
COVID-19 testing - Outside Envelope	79	0	79	78	0	78	313	0	313	(1)	↔
Expanding medical / nursing / other workforce	1,366	0	1,366	1,160	0	1,160	10,830	0	10,830	(206)	↓
Sick pay at full pay (all staff types)	0	0	0	0	0	0	0	0	0	0	↔
COVID-19 virus testing (NHS laboratories) - In Envelope	0	(203)	(203)	0	(779)	(779)	0	3,626	3,626	(576)	↓
COVID-19 virus testing- rt-PCR virus testing - Outside Envelope	0	1,131	1,131	0	1,110	1,110	0	4,465	4,465	(21)	↓
Remote management of patients	0	284	284	0	28	28	0	555	555	(255)	↓
Support for stay at home models	0	0	0	0	0	0	0	27	27	0	↔
Direct Provision of Isolation Pod	0	0	0	0	0	0	0	16	16	0	↔
Plans to release bed capacity	0	0	0	0	0	0	0	82	82	0	↔
Increase ITU capacity	0	218	218	0	407	407	0	4,687	4,687	189	↑
Segregation of patient pathways	0	67	67	0	101	101	0	1,857	1,857	34	↔
Existing workforce additional shifts	321	0	321	774	0	774	7,194	0	7,194	453	↑
Decontamination	0	135	135	0	108	108	0	1,816	1,816	(27)	↓
Internal and external communication costs	0	5	5	0	13	13	0	148	148	8	↔
Backfill for higher sickness absence	1,039	0	1,039	1,855	0	1,855	10,571	0	10,571	816	↑
Remote working for non patient activities	0	76	76	0	(123)	(123)	0	1,050	1,050	(199)	↓
National procurement areas - PPE	0	59	59	0	212	212	0	13,319	13,319	153	↑
PPE - Other Associated Costs	0	112	112	0	53	53	0	301	301	(59)	↓
National procurement areas - Staff accommodation	0	126	126	0	66	66	0	795	795	(60)	↓
PPN and other support to suppliers	0	7	7	0	10	10	0	88	88	4	↔
Other	0	(6)	(6)	0	5	5	0	106	106	11	↔
Balance to reported NHSEI reported position	0	0	0	0	0	0	0	0	0	0	
Total	2,806	2,012	4,818	3,867	1,212	5,079	28,909	32,936	61,845	260	

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 £1.5m higher than plan in January
 - Non-pay costs £0.5m lower than plan in January
 - Income for national testing and vaccination programme £1.1m more than plan
- Year to date in-envelope COVID-19 costs total £58.0m, with £4.5m expenditure in January. The Phase 3 (M7-12) plan includes £3.8m a month for COVID-19 costs funded from the ICS. Compared to December, pay costs have increased by £0.9m to £3.6m and non-pay costs have remained at £0.8m. Pay costs for backfill for sickness absence and additional shifts from the existing workforce increased by £1.2m in January compared to December, this was partly offset by a reduction in expanding the workforce of £0.2m.
- A further £1.4m of income has been accrued in January to be reimbursed for outside-of-envelope national COVID-19 testing costs and vaccination programme costs. This is £1.1m higher than plan.

Income and Expenditure: Divisional Overview

Divisional Overview £000s	IN MONTH 10				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
Income	6,349	6,251	(98)	-1.5%	63,490	62,713	(777)	-1.2%	76,189
Pay	(9,892)	(10,454)	(562)	-5.7%	(97,432)	(98,800)	(1,369)	-1.4%	(117,219)
Non-Pay	546	539	(7)	-1.3%	8,695	9,504	809	9.3%	9,772
Total CSS	(2,998)	(3,665)	(667)	-22.3%	(25,246)	(26,583)	(1,337)	-5.3%	(31,258)
Income	20,757	20,808	51	0.2%	207,475	207,571	96	0.0%	248,990
Pay	(12,678)	(13,610)	(932)	-7.4%	(119,023)	(120,383)	(1,360)	-1.1%	(144,382)
Non-Pay	(5,226)	(5,884)	(658)	-12.6%	(52,183)	(55,476)	(3,293)	-6.3%	(62,641)
Total MRC	2,853	1,315	(1,538)	-53.9%	36,269	31,712	(4,557)	-12.6%	41,967
Income	27,351	27,189	(162)	-0.6%	271,876	271,106	(771)	-0.3%	326,579
Pay	(14,747)	(15,183)	(436)	-3.0%	(144,795)	(146,278)	(1,483)	-1.0%	(174,293)
Non-Pay	(8,440)	(8,656)	(216)	-2.6%	(82,669)	(83,552)	(883)	-1.1%	(99,535)
Total NOTSSCaN	4,164	3,350	(813)	-19.5%	44,413	41,276	(3,137)	-7.1%	52,752
Income	25,899	25,882	(17)	-0.1%	260,334	259,929	(405)	-0.2%	312,216
Pay	(12,601)	(12,938)	(338)	-2.7%	(123,825)	(125,148)	(1,323)	-1.1%	(149,046)
Non-Pay	(9,685)	(10,745)	(1,060)	-10.9%	(95,299)	(98,850)	(3,551)	-3.7%	(114,750)
Total SuWOn	3,614	2,198	(1,415)	-39.2%	41,210	35,931	(5,279)	-12.8%	48,420
Clinical Divisions	7,633	3,199	(4,434)	-58.1%	96,645	82,335	(14,310)	-14.8%	111,881
Income	6,036	6,080	44	0.7%	57,868	58,063	195	0.3%	69,940
Pay	(6,253)	(6,218)	35	0.6%	(62,571)	(63,632)	(1,061)	-1.7%	(75,080)
Non-Pay	(14,499)	(14,427)	72	0.5%	(144,123)	(142,701)	1,422	1.0%	(172,478)
Corporate Divisions	(14,716)	(14,565)	151	1.0%	(148,826)	(148,270)	556	0.4%	(177,618)
Income	4,650	4,792	142	3.1%	46,054	40,697	(5,357)	-11.6%	55,266
Pay	(3,825)	(2,983)	842	22.0%	(37,802)	(32,326)	5,476	14.5%	(45,364)
Non-Pay	(825)	(1,460)	(635)	-77.0%	(8,250)	(8,368)	(119)	-1.4%	(9,901)
R&D	0	349	349		3	3	0		(0)
Central & Technical	9,744	20,173	10,429	107.0%	91,530	114,993	23,463	25.6%	106,052
Operational EBITDA	2,662	9,156	6,494	243.9%	39,352	49,061	9,709	24.7%	40,315

- From October onwards, divisional positions include the budget and actual cost impact of COVID-19 and recovery costs. Clinical and third party income is no longer balanced to plan (where the offset was shown centrally). After Month 6, clinical divisions were balanced to breakeven as part of the move to the new Phase 3 plan.
- There was a £4.4m deficit to plan in the clinical divisions in January. £1.4m of this deficit is in the SUWON division, the non-pay overspend of £1.1m is driven by increased expenditure on blood products and a reduced Chemotherapy drug contribution. In MRC, the £1.5m total overspend is partly due to pass-through drugs, where the additional income risk is being held centrally. The overspends on pay costs in the clinical divisions are due to COVID-19.
- Corporate divisions had a £0.2m underspend in January.
- R&D had a surplus of £0.3m in month due to increased R&D A2 income. This returned R&D to a break-even position for the year-to-date.
- Central and Technical divisions underspent by £10.4m in January. This is partly due to the release of central accruals (£2.5m); an underspend on the central budget reserve for recovery and COVID-19 costs (£1.3m); COVID-19 income above plan (£1.2m); commissioning income benefits not previously recognised (£0.8m); additional income from pass through, cost and volume, drugs (£2.1m); non-pay credit notes of £0.7m; and a further benefit from the HMRC VAT refund (£0.1m).
- A proportion of overspend in non-pay budgets, £2.1m, is offset in increased income in Central & Technical due to higher than planned spend on cost and volume drugs. The largest proportion of which sits in SUWON.

Income: By Source (includes COVID-19)

Income Summary £000s	IN MONTH 10			YEAR TO DATE			
	Plan	Actual	Var	Plan	Actual	Var	Var %
Block Income	75,198	75,861	663	757,848	757,836	-12	0.0%
Top-up Income- notified	6,849	6,849	0	63,511	63,511	0	0.0%
Top-up Income -retrospective			0	36,846	15,064	-21,782	-59.1%
COVID -19 (in envelope)	3,836	3,836	0	15,344	58,474	43,130	281.1%
COVID -19 (outside envelope)	250	1,381	1,131	1,000	5,111	4,111	411.1%
COVID -19 Lateral Flow Testing		50	50		100	100	0.0%
Other Income	16,264	18,403	2,139	116,165	122,825	6,660	5.7%
Total Income	102,397	106,380	3,983	990,714	1,022,921	32,207	3.3%

Source: Finance Ledger

Category £000s	YEAR TO DATE			
	Plan	Actual	Var	Var %
Berkshire West CCG	6,730	5,727	(1,003)	-15%
Buckinghamshire CCG	18,109	16,667	(1,442)	-8%
Oxfordshire CCG	316,131	284,395	(31,736)	-10%
Wessex Specialised Services	356,008	333,461	(22,547)	-6%
Other CCGS/NCAs	85,958	72,517	(13,441)	-16%
Sub-total - SLAM total	782,936	712,768	(70,168)	-9%
Other Central Adjustments(B2L)	31,803	103,002	71,200	224%
Total Commissioning Income	814,738	815,771	1,032	0%

Category £000s	YEAR TO DATE			
	Plan	Actual	Var	Var %
Day Cases	54,061	41,526	(12,534)	-23%
Elective	77,366	57,653	(19,713)	-25%
Non Elective and Births	213,593	210,663	(2,930)	-1%
A&E	24,001	18,243	(5,758)	-24%
Outpatient	118,386	98,280	(20,106)	-17%
Critical Care	44,829	40,869	(3,960)	-9%
Chemotherapy and Radiotherapy	15,931	13,589	(2,343)	-15%
Pass through Drugs and Devices	126,576	125,756	(820)	-1%
Other - POD Income & Central adjust	108,193	106,190	(2,003)	-2%
Sub-total - SLAM total	782,936	712,768	(70,168)	-9%
Other - Central Adjustments (B2L)	31,803	103,002	71,200	224%
Total Commissioning Income	814,738	815,771	1,032	0%

Source: SLAM

- Income is being paid for in a different way from October 2020. Payment is being made based on the following:
 - Pre-calculated block payment for commissioning and other income;
 - System-level (BOB ICS) allocation for COVID-19, top-up and recovery (growth) costs;
 - COVID-19 costs funded nationally outside of the system envelope for National Testing costs;
 - Retrospective top up for actual costs relating to some high cost drugs and devices;
 - Elective Incentive Scheme, with Incentives and penalties for achieving 2019/20 elective and outpatient activity levels; and
- Systems and providers are expected to manage costs within these payments. There is no longer a payment to top-up to breakeven.
- Measured against the year to date value of the £782.9m SLAM plan, Month 10 activity priced at PbR is £70.2m (9%) lower than the block. This continues the gradual improvement from previous months.
- Payment on PbR is not being restored in Phase 3 recovery period. Without the original Month 1-6 emergency financial regime, the Trust would have a commissioning income deficit of c£70m.

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

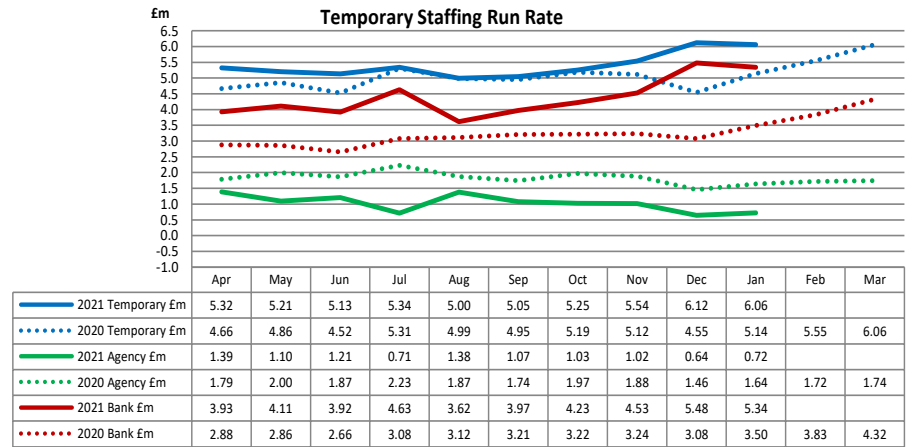
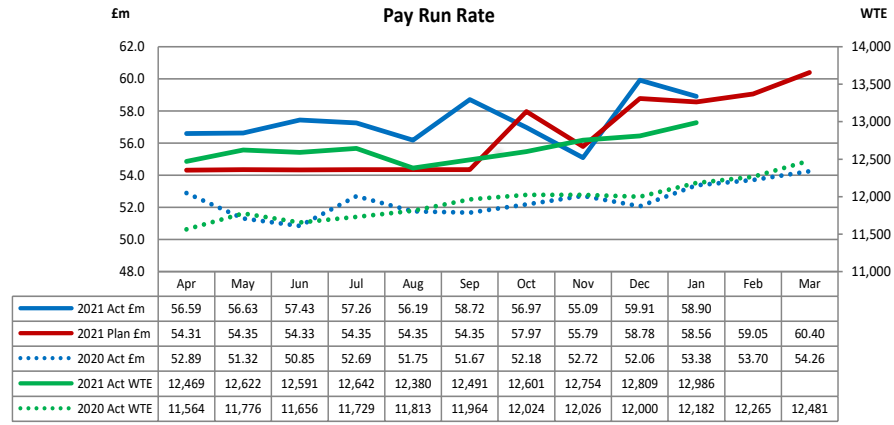
Note: No adjustment for the impact of the new Elective Incentive Scheme, which is determined by actual activity against national targets and is live from Month 6, has been made.

ICS Envelope Income Comparison

ICS Envelope Income Comparison £000s	IN MONTH 10			Var Act vs		YEAR TO DATE			Var Act vs	
	ENV	Plan	Act	Env	Plan	ENV	Plan	Act	Env	Plan
Local authorities	720	650	678	(41)	28	2,879	2,600	2,540	(339)	(60)
Department Of Health	59	0	0	(59)	0	237	0	0	(237)	0
NHS other (including Public Health England)	15	456	354	339	(102)	59	1,824	888	829	(936)
Non NHS: Private Patients	561	331	486	(75)	155	2,245	1,324	2,768	523	1,444
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient)	251	102	180	(71)	78	1,004	408	338	(666)	(70)
Injury Cost Recovery Scheme	211	171	123	(87)	(48)	843	684	659	(185)	(25)
Non NHS: Other	198	0	0	(198)	0	792	0	0	(792)	0
Research and development (both IFRS 15 and non-IFRS 15 income)	4,500	5,055	4,759	259	(296)	17,999	18,987	17,271	(728)	(1,716)
Education and Training	4,464	3,579	3,783	(681)	204	17,855	14,316	14,892	(2,963)	576
Donations of physical assets and peppercorn leases (non-cash)	20	0	0	(20)	0	78	0	0	(78)	0
Cash Donations / Grants For The Purchase Of Capital Assets	13	262	69	56	(193)	51	502	381	330	(121)
Charitable and Other Contributions To Expenditure	40	9	12	(29)	3	161	45	41	(120)	(4)
Non-Patient Care Services To Other WGA Bodies	1,836	1,331	1,623	(213)	292	7,343	5,324	5,632	(1,710)	308
Non-Patient Care Services To Other Non WGA Bodies	82	761	968	886	207	328	2,998	4,240	3,912	1,241
Income In Respect Of Employee Benefits Accounted On A Gross Basis	816	866	780	(36)	(87)	3,263	3,465	3,152	(111)	(314)
Rental Revenue From Operating Leases	196	161	161	(36)	(0)	786	644	623	(163)	(21)
Car Parking Income	250	188	69	(181)	(119)	1,001	752	446	(555)	(306)
Catering	13	1	0	(13)	(1)	53	4	2	(51)	(2)
Pharmacy Sales	14	9	(2)	(16)	(11)	56	36	107	51	72
Property Rental (Not Lease Income)	0	0	0	0	0	0	0	0	0	0
Staff Accommodation Rental	0	2	2	2	(0)	0	8	8	8	0
Other income not covered by table 2 and the other rows in table 3	1,070	834	776	(294)	(57)	4,281	878	642	(3,639)	(236)
Total Income	15,329	14,768	14,820	(509)	51	61,314	54,800	54,630	(6,684)	(169)
R&D Surplus / (Deficit)	0	0	349	349	349	0	3	3	3	0
Total Envelope Position	15,329	14,769	15,169	(160)	400	61,314	54,803	54,634	(6,680)	(169)

- 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 January, actual income was £0.5m lower than the envelope figure, £0.2m including the R&D surplus. Year to date, actual income is £6.7m less than the envelope figure. As the top-up funding was based on the Trust achieving the envelope level of income, NHSE/I may reimburse Trusts that are significantly below their envelope level.

Pay: Run Rate Overview (Includes COVID-19)



Staff Group (Incl. COVID) £000s	2020 M10	2021 M5	2021 M6	2021 M7	2021 M8	2021 M9	2021 M10
Substantive							
Consultants and Medics	(18,633)	(19,063)	(21,249)	(19,175)	(16,753)	(18,191)	(18,806)
Nurse and Midwives	(13,617)	(13,759)	(13,979)	(13,980)	(14,097)	(14,305)	(14,357)
Scientific, Thec., Therapeutic	(7,056)	(7,968)	(8,294)	(8,170)	(8,262)	(8,176)	(8,191)
Health Care Assistants & Support	(4,219)	(4,650)	(4,398)	(4,513)	(4,651)	(4,940)	(5,203)
Other Staff	(8,704)	(9,136)	(9,034)	(9,115)	(9,002)	(11,769)	(9,251)
Total Substantive	(52,228)	(54,576)	(56,953)	(54,953)	(52,765)	(57,379)	(55,809)
Bank							
Consultants and Medics	(372)	(564)	(544)	(503)	(505)	(625)	(817)
Nurse and Midwives	(2,436)	(1,687)	(1,862)	(2,071)	(2,389)	(2,981)	(2,641)
Scientific, Thec., Therapeutic	(71)	(219)	(301)	(318)	(307)	(428)	(561)
Health Care Assistants & Support	(253)	(810)	(761)	(821)	(809)	(851)	(776)
Other Staff	(367)	(336)	(506)	(512)	(517)	(593)	(543)
Total Bank	(3,500)	(3,616)	(3,974)	(4,226)	(4,527)	(5,479)	(5,338)
Agency							
Consultants and Medics	(402)	(343)	(223)	(296)	(204)	(191)	(212)
Nurse and Midwives	(788)	(582)	(472)	(478)	(583)	(349)	(432)
Scientific, Thec., Therapeutic	(328)	(328)	(288)	(224)	(207)	(106)	(56)
Health Care Assistants & Support	(11)	(2)	(0)	(2)	(25)	0	0
Other Staff	(112)	(127)	(91)	(29)	4	3	(23)
Total Agency	(1,641)	(1,382)	(1,074)	(1,029)	(1,016)	(643)	(723)
Total Pay	(57,368)	(59,574)	(62,001)	(60,208)	(58,308)	(63,501)	(61,870)

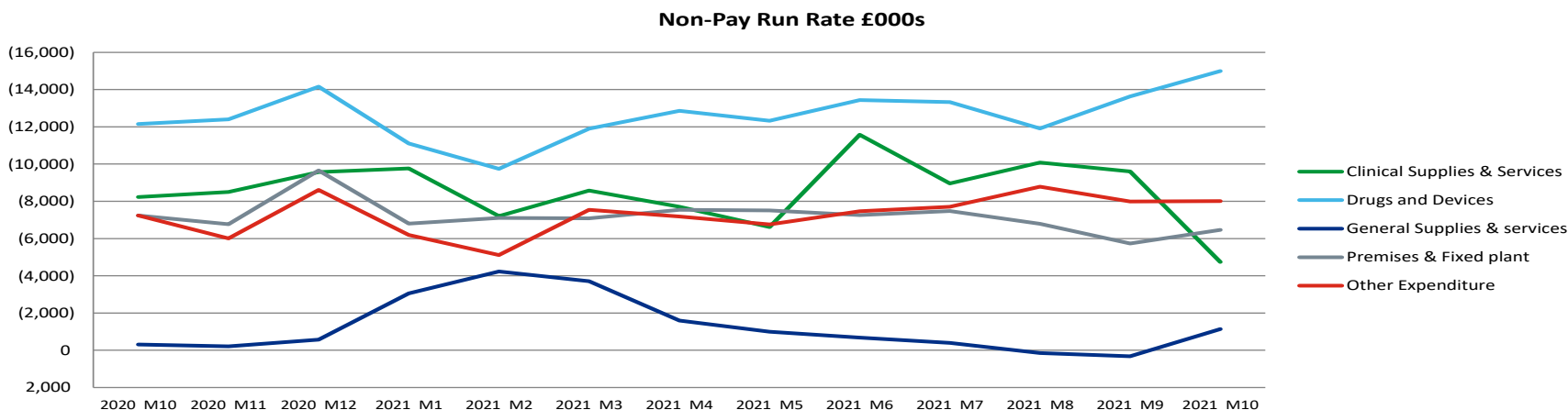
Source: Finance Ledger

- Substantive staffing costs in Month 10 are £1.6m lower than Month 9 as a result of the unwinding of the £2.6m increase in the annual leave accrual (Substantive Other Pay line) made last month, offset by an increase in COVID-19 pay costs. Underlying pay expenditure has increased by £0.2m in January.
- Temporary staff in month expenditure was £0.1m lower than December.
- WTE increased in month by 177 to 12,986.
- COVID-19 pay costs were £3.9m in month, with the increase (£1.1m) due to increased costs for backfill for sickness absence and additional shifts by the existing workforce.
- A review of areas where additional pay spend has been requested to support operational delivery is on-going, with expected allocations of budget to support reopening capacity at higher cost due to COVID-19 related inefficiencies and operational priorities (e.g. winter pressures).

Non-Pay Run Rate Overview

Non-Pay (Excl R&D) £000s	2020 M10	2020 M11	2020 M12	2021 M1	2021 M2	2021 M3	2021 M4	2021 M5	2021 M6	2021 M7	2021 M8	2021 M9	2021 M10
Clinical Negligence	(2,527)	(2,535)	(1,316)	(2,719)	(2,721)	(2,721)	(2,721)	(2,721)	(2,720)	(2,721)	(2,721)	(2,721)	(2,721)
Clinical Supplies & Services	(7,886)	(7,962)	(9,551)	(9,725)	(7,107)	(8,586)	(7,627)	(6,504)	(11,438)	(8,675)	(9,697)	(9,387)	(4,390)
Drugs & Devices	(12,154)	(12,399)	(14,151)	(11,108)	(9,746)	(11,904)	(12,858)	(12,321)	(13,436)	(13,328)	(11,908)	(13,629)	(14,995)
General Supplies & services	(309)	(211)	(566)	(3,055)	(4,230)	(3,702)	(1,592)	(996)	(675)	(390)	162	323	(1,131)
Internal Recharges	264	228	251	201	176	158	178	153	205	202	202	255	798
Other Expenditure	(4,510)	(3,403)	(6,312)	(3,332)	(2,278)	(4,044)	(4,156)	(3,856)	(4,196)	(4,717)	(5,773)	(4,564)	(5,030)
Premises & Fixed plant	(7,186)	(6,729)	(9,505)	(6,757)	(7,035)	(7,041)	(7,504)	(7,466)	(7,190)	(7,437)	(6,747)	(5,656)	(6,425)
Total Non-Pay	(34,308)	(33,011)	(41,150)	(36,495)	(32,941)	(37,839)	(36,279)	(33,711)	(39,451)	(37,065)	(36,482)	(35,379)	(33,893)

Source: Finance Ledger, Excludes R&D



- Non-Pay costs excluding R&D costs are £1.5m lower in January compared to December.
- A central accrual of £2.3m relating to a risk provision for COVID-19 testing income has been released in clinical supplies and services following confirmation from NHSE/I of the payment rate per test. COVID-19 and recovery non-pay costs were £1.1m lower in January compared to December.
- After adjusting for the COVID-19 non-pay costs, the recovery non-pay costs and the benefit from central accrual releases, the underlying non-pay costs have decreased by £0.5m in January.

Capital Expenditure £000s	IN MONTH 10			YEAR TO DATE			FULL YEAR
	Forecast	Actual	Variance	Forecast	Actual	Variance	Forecast
Radiotherapy Swindon	1,000	578	(422)	3,100	3,249	149	5,700
JR ED Resus Redevelopment	0	411	411	2,750	3,348	598	3,347
CH Re-provision	250	0	(250)	500	184	(316)	927
Cath Lab	0	0	0	0	0	0	40
Renal Inpatients Relocation	130	10	(120)	438	(66)	(504)	225
Brain lab	0	0	0	500	0	(500)	500
JR L5 Refurbishment (ICS funding)	167	0	(167)	167	0	(167)	885
Other New Capital Projects (ICS)	190	110	(80)	1,189	961	(228)	1,422
EPR/GDE Staff	179	139	(40)	1,542	1,508	(34)	1,825
Revenue to Capital Transfers	69	157	88	1,161	1,709	548	2,069
LIMS (ICS)	0	0	0	0	0	0	0
Other Digital (ICS)	145	14	(131)	599	624	25	596
Medical Equipment	426	172	(254)	1,147	527	(620)	2,844
Sterile Services (equipment)	600	0	(600)	600	0	(600)	498
Cat 3 Lab	0	11	11	212	184	(28)	562
Other Estates (ICS)	71	(33)	(104)	359	61	(298)	115
Subtotal ICS	3,227	1,569	(1,658)	14,264	12,288	(1,976)	21,555
Critical Infrastructure Risk (CIR)	1,058	744	(314)	3,269	1,782	(1,487)	5,385
Diagnostic Equipment Enabling	569	420	(149)	2,808	1,730	(1,078)	3,900
JR AICU Expansion	0	2,105	2,105	0	2,317	2,317	24,000
JR L5 Emergency Care (PDC)	250	1,225	975	500	1,900	1,400	1,900
JR ED Majors Expansion (PDC)	300	0	(300)	361	950	589	950
HH ED Majors Expansion (PDC)	0	0	0	750	750	0	750
111 tech (PDC)	100	0	(100)	100	0	(100)	100
Diagnostic- Endoscopy scopes	0	0	0	0	0	0	1,207
Breast Screening	0	0	0	408	0	(408)	594
BOC oxygen/VIE	185	158	(27)	185	470	285	556
Cyber Security	0	0	0	0	0	0	120
LIMS (HSL)	0	0	0	0	0	0	2,000
LIMS (NHSd)	0	0	0	0	0	0	1,741
Subtotal Non-ICS	2,462	4,652	2,190	8,381	9,899	1,518	43,203
Total Capital Programme Spend [A = ICS + Non-ICS]	5,689	6,222	533	22,645	22,187	(458)	64,758
Covid-19	967	(32)	(999)	4,849	3,210	(1,639)	5,777
Donations (Cash & Non-Cash)	262	71	(191)	975	855	(120)	1,050
LED Lighting	0	0	0	0	0	0	1,000
Pathlake	0	0	0	0	0	0	15
PFI Lifecycleing	4,223	(3,238)	(7,461)	11,507	4,045	(7,462)	4,800
Total 'Outside Envelope' [B]	5,452	(3,199)	(8,651)	17,331	8,111	(9,220)	12,642
Gross Capital Spend [C = A + B]	11,141	3,023	(8,118)	39,976	30,297	(9,679)	77,400

Because of material changes in the capital plan, the Capital Programme is reported against the mid-year forecast, and including the latest forecast as the full year figure. The latest forecast is a total Capital programme (CDEL) spend of £64.8m, with a further £12.6m outside of CDEL (£77.4m in total).

The variance in month is due to a correction in the PFI lifecycleing due to a reassessment of equipment refresh timings in the Churchill MES.

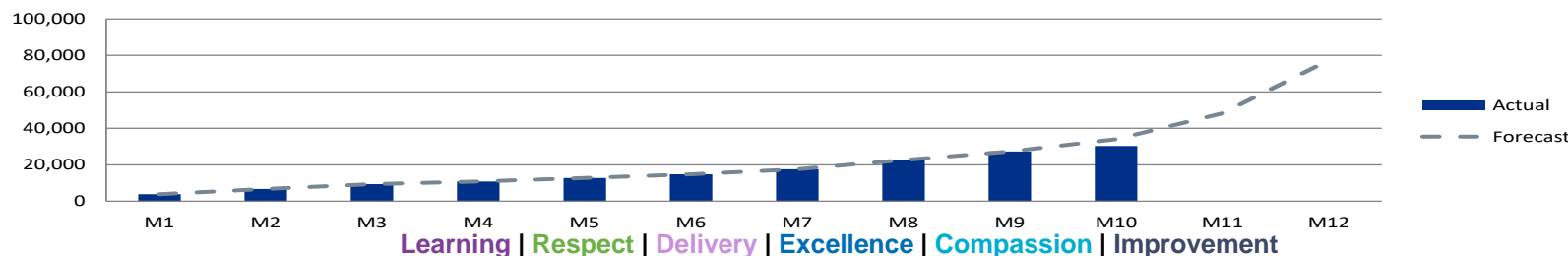
In relation to the May plan, gross capital spend YTD is £16.6m behind, with £12.6m due to timing of PFI lifecycleing, £5.8m following delays accessing the site in Swindon for Radiotherapy due to COVID-19 and £3.3m due to changes in the timetable for imaging enablement, partly offset by new expenditure not in the original plan.

In relation to the mid-year forecast, the Capital Programme spend is £0.5m behind. The forecast did not include the AICU expansion, so the underlying shortfall is £2.8m

- Imaging enabling is £1.1m behind forecast.
- Critical Infrastructure: £1.5m behind but there is an expectation that this programme will deliver to forecast
- Medical equipment, sterile service, brain lab and breast screening are behind forecast due to timing of deliveries.
- JR ED Resus is currently £1.1m ahead, L5 £1.4m ahead, due to forecast profiling

Capital spend 'outside envelope' YTD is £9.2m lower than forecast. due to the adjustment for PFI lifecycle and COVID-19 capital equipment ordered but not yet receipted and £1.9m forecast spend on Level 5 allocated to COVID-19.

Cumulative Performance Against Forecast (£000s)



Statement of Financial Position (SOFP) & Cash

Statement of Financial Position £000s	MONTH 8 2021	MONTH 9 2021	MONTH 10 2021	YTD Movement
Non Current Assets:				
Property, Plant and Equipment	572,118	573,059	573,651	4,276
Intangible Assets	10,812	11,979	11,854	148
Investment Property	32,105	32,105	32,105	(175)
Other Investments	15,915	15,813	15,815	(100)
Trade and Other Receivables	8,343	8,362	8,079	(31)
Total Non Current Assets	639,293	641,318	641,504	4,118
Current Assets:				
Inventories	22,268	22,398	22,503	(122)
Trade and Other Receivables	80,501	64,128	84,330	7,923
Other Current Assets				0
Cash and Cash Equivalents	130,348	145,393	133,374	97,025
Total Current Assets	233,117	231,919	240,207	104,826
Total ASSETS	872,410	873,237	881,711	108,944
Current Liabilities:				
Trade and Other Payables	(257,114)	(259,093)	(263,605)	(114,433)
Provisions	(2,687)	(2,897)	(2,949)	1,197
Borrowings	(9,423)	(9,856)	(10,282)	(4,261)
Commercial Loans	(425)	(383)	(407)	(47)
Total Current Liabilities	(269,649)	(272,229)	(277,243)	(117,544)
Net Current Assets/(Liabilities)	(36,532)	(40,310)	(37,036)	(12,718)
Total Assets Less Current Liabilities	602,761	601,008	604,468	(8,600)
Non Current Liabilities:				
Trade and Other Payables	(3,329)	(3,322)	(3,315)	72
Provisions	(5,673)	(5,512)	(5,512)	52
Borrowings	(230,789)	(229,860)	(228,950)	9,292
Commercial Loans	(6,724)	(6,624)	(6,624)	289
Total Non Current Liabilities	(246,515)	(245,318)	(244,401)	9,705
Assets Less Liabilities (Total Assets Employed)	356,246	355,690	360,067	1,105
Taxpayers Equity:				
Public Dividend Capital	241,931	241,932	241,931	486
Retained Earnings reserve	(18,989)	(18,884)	(13,839)	11,280
Revaluation Reserve	138,901	138,239	137,572	(10,661)
Other Reserves	1,743	1,743	1,743	0
FV Assets Reserve	(7,340)	(7,340)	(7,340)	0
Total Taxpayers Equity	356,246	355,690	360,067	1,105

Source: Finance Ledger

Cash Variance £000s	MONTH 10		
	Plan	Actual	Var
Cash	89,993	133,374	47,381
Total Cash	89,993	133,374	47,381
Lower debtors due to payments in advance	(17,091)	(3,272)	13,819
Delays paying creditors due timing	4,652	14,155	9,503
Delays in capital programme YTD- cash effect	(67,984)	(50,509)	17,475
Favourable I&E performance at operational level	14,007	23,801	9,794
Cumulative timing year to date on other cash assumption that are expected to unwind during the year	3,210	0	(3,210)
Total	(63,206)	(15,825)	47,381

Non Current Assets

- Non-current assets are static in period with in capital spend in period being offset with depreciation. YTD there is a net £4m increase.

Current Assets

- Current assets have increased by £104.8m to date, mostly due to the receipt of an additional month's block payment in April and is offset by deferred income reported under current liabilities. This will unwind in March

Current Liabilities

- Current liabilities have increased by -£117.5m to date, largely due to receipts in advance for commissioning income.

Non Current Liabilities

- Non current liabilities have reduced by +£9.7m to date, due to repayment of PFI borrowings as planned.

Cash

- Cash balance as at the end of January was £133.4m, £12m lower than the previous month end due to the timing of top up funding in December.
- The Trust will continue to receive block funding a month in advance until March, at which point the advance will be unwound.
- The cash balance is £47.4m favourable compared to plan because of receipts in advance received earlier than expected (see table), timing of capital spend and other variances which are projected to unwind before year end, meaning the forecast as at 31 March 2021 is £52m.

Cashflow £000s

