



Oxford University Hospitals

NHS Foundation Trust

Integrated Performance Report Month 12 (March data)

May 2021

Jason Dorsett: Chief Finance Officer

Sam Foster: Chief Nursing Officer

Meghana Pandit: Chief Medical Officer

Sara Randall: Chief Operating Officer

Terry Roberts: Chief People Officer

David Walliker: Chief Digital and Partnerships Officer

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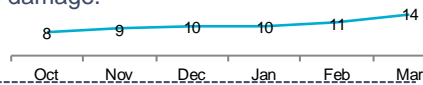
Executive Summary (1)

Integrated themes and issues from M12 (March 2021)

Quality and Safety

HAPU

In March, there were **14** incidents causing **Hospital Acquired Pressure Ulceration (HAPU)** reported as moderate harm. There were three more incidents in March than the number reported in February. All Category 3 and above HAPU are investigated and an action plan is approved and implemented. Accurate risk assessments had been documented in 11 cases. The use of medical devices (cast) was associated with three of the 14 incidents. A working group has been formed to develop a strategy to support the ongoing efforts to reduce harms associated with pressure damage.



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Harm from Falls

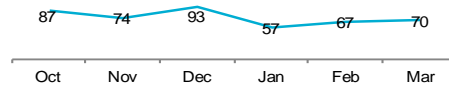
There were **154** fall incidents reported in March, an increase on the 142 falls reported in February but below the monthly average of 164 falls. Two falls were reported as moderate harm and underwent review by the patient safety review process for falls. One incident was revised down to minor harm and the other was revised up to major harm. Three falls with greater than minor harm have been reported over the last quarter, which accounts for 0.6% of the 495 falls during that period.



Page 25-26

Complaints

There were **70 Complaints** in March compared to 67 recorded in February. As activity within the Trust starts to return to pre-pandemic levels, the number of formal complaints is increasing. Many of the complaints have elements of issues pertaining to the Covid-19 pandemic, including social distancing, visiting restrictions, infection control measures and long waits for appointments/treatment.



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Friends and Family Test

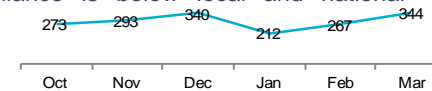
The top 10 raised **FFT** themes in March included **12,969** comments, an increase of **1108** incidences compared to February. The **top three positive FFT** themes (by proportion) were **Staff attitude** (81.6%), **Implementation of care** (78.3%), and **Patient mood/feeling** (73.3%). The **top three negative** (by proportion) themes were **Discharge** (25.4%), **Cancelled admissions/ procedures** (21.3%) and **Car Parking** (16.8%).

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Safeguarding Children

There were **357** respondents to the FFT SMS for Children's Inpatient and Day case admissions, and 427 comment theme points. The top three comments in relation to "what we did well" included **Staff care and compassion** (n=183), **Information giving** (n=40) and **Patient care or treatment** (n=25). The top three themes in response to "What could we do better" were **Information giving** (n=23), **Time waiting** (n=12), and jointly **Patient care or treatment** (n=11) and **Play and Resources** (n=11).

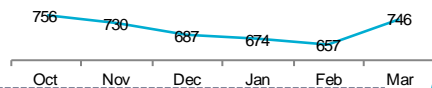
There were **344** consultations with the **children's safeguarding** team in March, an increase of 77 compared to 267 recorded in February. The team's capacity continues to be under pressure due to long-term sickness, vacancies and increased activity. Children attending with self-harm are continuing to cause concern, and issues related to Covid, bullying at school and family difficulties remain high. Eating disorder presentations continue to be high and children are presenting with injuries that are attributed to poor supervision. March also saw an increase in older children attending with drug/alcohol related issues. All information is shared with primary care and social care when open to a social worker. Safeguarding training compliance is below local and national targets of 90%.



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Safeguarding Adults

Adult safeguarding activity (referrals, consultations and incident reviews) was **746** in March, an increase from the 657 reported in February. The complexity of cases continues with domestic abuse, neglect and self neglect representing the main areas of concern. Adult safeguarding compliance remains below the target of 90% with performance at 84% for level 1 and 79% for level 2. Divisions have been requested to raise awareness to improve compliance with training.



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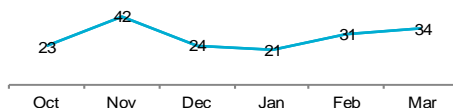
Executive Summary (2)

Integrated themes and issues from M12 (March 2021)

Quality and Safety

DoLS

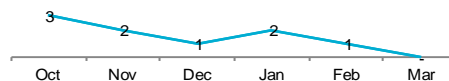
There were **34 Deprivation of Liberty Safeguards (DoLS)** applications reviewed in March which was an increase compared to the 31 recorded in February.



Pages 31

Section 42

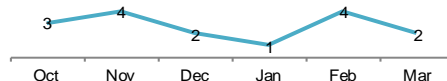
In March there were **no new Section 42 Investigations**. There are currently five open enquires with one returned inconclusive from October 2020.



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RIDDOR

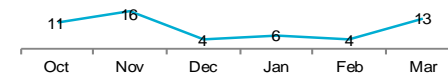
In March there were **two** reports to the HSE, relating to members of staff. Both incidents had an impact of 2 (minor injury / illness). One incident was a slip trip fall, causing a pulled chest muscle and the other incident related to striking an object which resulted in a fracture of the wrist. Both incidents were followed up by the Health and Safety Team.



Page 32-33

C-Diff

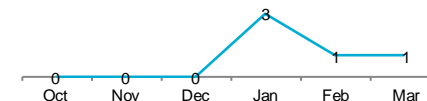
There were **13** cases of **Clostridium Difficile >72 hours** in March, compared to 4 cases recorded in February. The OUH end of year position was 25 cases over the Trust's threshold. Analysis of cases has identified that a proportionately higher number appeared to occur during the pandemic period.



Pages 34 & 36

MRSA

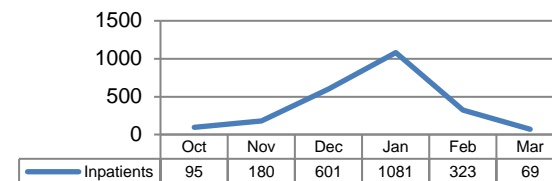
There was **1** case of **MRSA bacteraemia >48 hours** in the month of March. Eight MRSA bacteraemia have been recorded in 2020-2021.



Page 34 & 36

COVID-19

There were **69** inpatients with COVID-19 during March which was a further decrease compared to **323** inpatients recorded during February. No nosocomial cases or outbreaks were reported in March. The Trust continues to offer asymptomatic and symptomatic testing.



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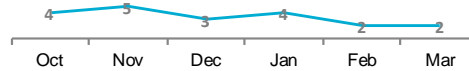
Executive Summary (3)

Integrated themes and issues from M12 (March 2021)

Quality and Safety

MSSA

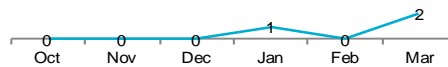
There were **2** post 48 hour MSSA bacteraemia in March, equal to the reported position in February.



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Thrombosis

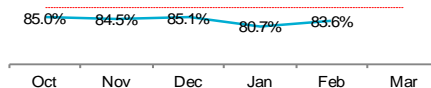
In March there were **2** cases of Hospital Acquired Thromboses identified and judged avoidable, reported as moderate harm or above, compared to **zero** cases in February



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Dementia Screening

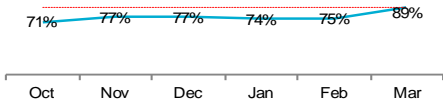
The % of dementia patients aged over 75 years admitted as an emergency who are screened was below the 90% target at **83.6%** in February (NB: Information for March was not available at the time of reporting).



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Sepsis

The overall proportion of sepsis admissions that received antibiotics in <1 hour was **89%** in March compared to the target of 90%. In ED the proportion of sepsis admissions that received antibiotics in <1 hour was **92%** compared to a target of 90%. The Mortality indicators related to Sepsis from SHMI are 83.1 (71.4-96.2) (i.e. there were fewer deaths than expected).



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WHO Checklist

The WHO Surgical Safety Checklist documentation and observation was **100%** and **99.7%** respectively in March. Areas that are not 100% compliant are followed up by the Divisional leadership and presented to the Clinical Governance Committee.

Chart - Documentation

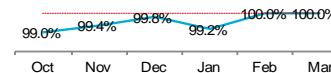
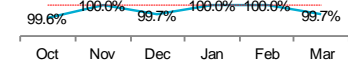


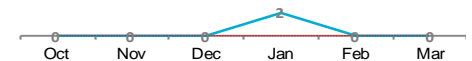
Chart - Observation



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Never Events

Zero Never Events were declared in March. Two Never Events have been called in 2020/21, down from 7 Never Events called in 2019/20.



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Executive Summary (4)

Integrated themes and issues from M12 (March 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 March there were 149 reports of excellence and since July 2020, 1,037 have been completed.

Reporting
EXCELLENCE 

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Patient Incidents

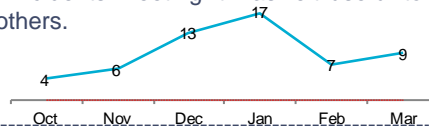
There were **2,080 patient incidents** reported in March, an increase on the **1,858** reported in February. Although there have been a large number of incidents only a small percentage of these have had a significant impact, which suggests a good safety culture is in place. This is consistent with information 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.



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Serious Incidents

In March, **9 Serious Incident Requiring Investigation (SIRI)** were declared and 6 SIRI investigations were sent for approval to the OCCG. Two SIRIs were downgraded during March. One of these was a case involving nosocomial COVID-19 infection which was originally called separate to the over-arching SIRI because the infection was not classed as probable or definite according to national definitions; however, following discussion at the Trust's COVID-19 incidents meeting it was felt useful to group this case with the others.



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Clinical Harm Reviews

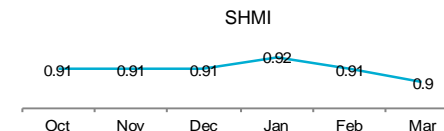
The Trust has an established process for **assessing clinical and psycho-social harm for patients waiting over 52 weeks** for surgical treatment and patients whose cancer pathways exceed 104 days. In March there were **4,934** patients who had been waiting more than 52 weeks for elective treatment. This was a minor reduction on the 5,003 reported in February.

The impact of COVID-19 has been significant and has affected the ability to undertake individual harm reviews. Multiple patients have requested that their treatment be deferred until after COVID. One Major impact has been identified and is being investigated at Divisional level, and one Moderate impact has been reported and is being investigated at local level.

Page 42-43

Mortality

The SHMI for the period December 2019 to November 2020 was **0.90** and 'as expected'. The HSMR was **0.89** for the period January 2019 to December 2020, and remains 'lower than expected'.



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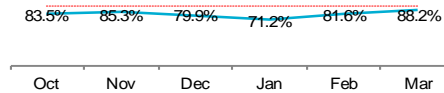
Executive Summary (5)

Integrated themes and issues from M12 (March 2021)

Operational Performance

4 Hour ED Wait

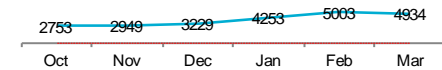
4 hour performance was **88.2%** in March, an increase of 6.6 percentage points from 81.6% reported in the previous month. OUH continued to move up the national rankings for performance and in comparison to the Shelford Group Hospitals. Improvement was recorded at both the Horton Hospital (from 93.4% to 96.7%) and the John Radcliffe (from 77.3% to 85.0%).



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52 Weeks

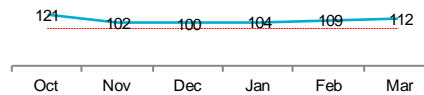
There were **4,934** patients waiting over **52 weeks for treatment** at the end of March. This represented a decrease of 69 patients compared to the February position. The Trust has started a phased approach to resuming routine elective activity across all theatre suites as clinical areas, wards and critical care units were able to convert back to their planned activities.



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LOS

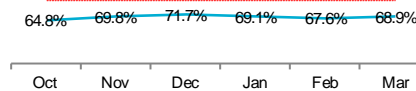
Patients with a length of stay over 21 days increased to **112** in March compared to 109 patients recorded in February. This was above the target of 90. The increase was in part due to the prolonged stay of patients with Covid-19. As at the end of March, 77% of long staying patients were Not Medically Fit For Discharge and 15% of these patients remain in critical care. This includes a small number of patients transferred from other hospitals under mutual aid arrangements.



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18 Week RTT

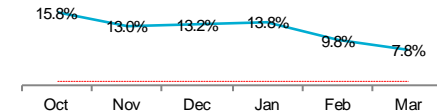
The **18 week incomplete Referral to Treatment (RTT) standard** was **68.9%** in March, an improvement compared to 67.6% in reported in February. The total size of the RTT waiting list was **42,999** in March and within the Trust's phase 3 trajectory, however this was an **increase** compared to the 41,012 patients reported in February.



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Diagnostic waiting times

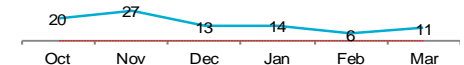
The Trust's performance against the **diagnostic 6 week waiting time standard** (the DM01) was **7.8%** in March, a further improvement compared to 9.8% recorded in February. Performance, although improved, remained above the national standard of 1%. There were 982 patients waiting over 6 weeks at the end of the month, an improvement of 91 fewer patients waiting over 6 weeks compared to February.



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On the day Cancellations

Elective on the day cancellations increased to **11** in March compared to 6 cancellations reported in February. All patients were booked within the national Readmission standard of 28 days.



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Operational Performance

Elective Care Prioritisation

RCS Prioritisation (P1-4): undated patients on the surgical waiting list (excluding Endoscopy and "Planned/Surveillance") Patients have continued to be clinically prioritised using the Royal College of Surgeons (RCS) guidance. As at the surgical PTL snapshot of 18/04/2021, **78% of undated** patients had an RCS priority code documented within EPR. The percentage of RCS prioritisation completion for **dated** patients within EPR is lower than the undated position. Redesign changes to the RCS capture process in EPR are required, and are being progressed to improve the completion rates for patients that have already been dated.

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

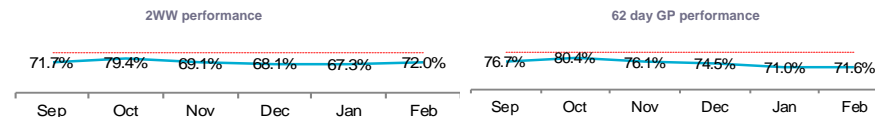
As at the 25 April there were **1292** patients stratified as **RCS category P2** on the Inpatient/Daycase waiting list.

- **48.4%** (625) of patients categorised as P2 are currently waiting within the 4 week timeframe
- **51.6%** (667) have waited in excess of the 4 week timeframe.
- Five specialties account for **66%** (437) of patients that are currently waiting lapsed P2s across the Trust, these are: Orthopaedics (150), Urology (106), Plastic Surgery (Including 'Plastic NOC' (73), Gynaecology (61) and Plastic Surgery Craniofacial (47).

Lapsed P2 data is shared with Divisions on a weekly basis via the PTL and Assurance meeting process. One of the Trust's priorities within the Elective Recovery plan is to reduce the volume of P2 patients significantly who have waited beyond 4 weeks.

Cancer Wait Times

Cancer Wait Times performance is reported one month in arrears. In February, the Trust achieved 4 out of 9 of the national standards compared to the previous month. The Trust achieved the 28 day Faster Diagnosis (**81.6%** vs 75%), the 31 day Decision to Subsequent Treatment (Surgery) (**96.7%** vs 94%), the 31 day Decision to Subsequent Treatment (Drugs) (**100%** vs 98%), and the 31 day Decision to Subsequent Treatment (Radiotherapy) (**100%** vs 94%). The Trust did not achieve the targets for the 2WW for suspected cancer (**72.0%** vs 93%), the Breast Symptomatic standard (**13.6%** vs 93%), the 31 day Decision to First Treatment (**95.7%** vs 96%), the 62 day GP referral to treatment (**71.6%** vs 85%) and the 62 day screening to first treatment (**81.1%** vs 90%).



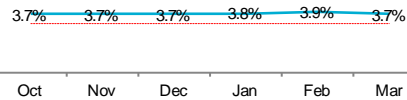
Executive Summary (7)

Integrated themes and issues from M12 (March 2021)

Workforce

Sickness

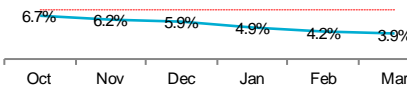
Sickness Absence was **3.7%** in March, as measured on a rolling basis vs a target of 3.1%. There has been a noticeable decrease for COVID-19 in the Trust's sickness absence rates, as more staff and local population are vaccinated. Numbers absent due to COVID-19 have steadily declined following a peak in January. In March the rate was 0.9% compared to the non COVID-19 absence rate of 2.8%. Non COVID-19 related absences include Mental Health, Anxiety and Stress and Musculoskeletal.



Pages 61-62 & 64-65

Vacancies

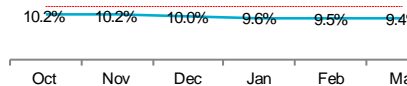
The **vacancy rate** was **3.9%** in March, a further reduction compared to the 4.2% reported in February. Performance in March remained consistently below the target of 7.7%. Continued growth in staff in post has reduced the vacancy factor across the Trust. This situation may change in April as Aspirant Nurses on short term appointments will leave at the end of the month. Divisional actions are in place to support recruitment and retention and in specific areas of hard to fill posts.



Pages 61-62 & 66

Turnover

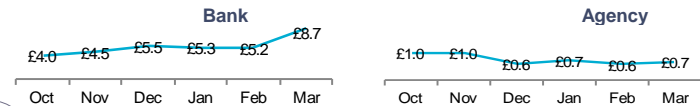
Turnover in March was **9.4%**, which is slightly less than the reported position of 9.5% in February. March's performance remains below the target of <=12.0%. Turnover and the volume of leavers has reduced consistently during the pandemic period alongside an increase in the average staff in post. Falling turnover rates have also been reported within the BOB region. Divisional actions have identified the risk to turnover as the pandemic eases and strategies are in place to promote recruitment and retention, and succession planning.



Pages 61-62 & 67

Bank and Agency

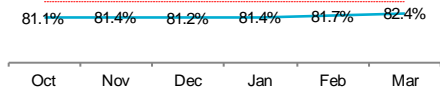
Combined Bank and Agency expenditure in March increased significantly to **£9.4m**, compared to £5.8m in February. In March compared to February, the number of bank staff increased to 1135.5 from 877.3 WTE and expenditure increased to £8.7m from £5.2m. The respective changes in agency staff were a WTE increase to 85.5 from 71.6 WTE and an increase in cost to £0.7m from £0.6m. The increase in spend is due to the increase in pay for Nursing to cover the COVID-19 demand.



Pages 61, 63 & 68

Stat and Man training

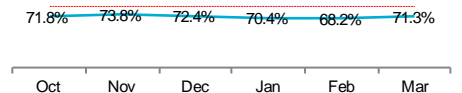
Statutory and Mandatory training compliance was **82.4%** in March. This was a slight improvement from 81.7% recorded in February but below the target of >85.0%. Compliance continues to perform below the required level and the effect of COVID-19 has been a major contributor to this. Following the first lockdown the Trust had improved compliance, although recent months have plateaued in terms of progress. Divisional actions include utilising regular reporting to each directorate and supporting and encouraging staff in completing outstanding training.



Pages 61-62 & 69

Appraisals

Appraisal levels (non-medical) were at **71.3%** in March an improvement compared to 68.2% in February. Performance remains below the target of >=85% and has been impacted by COVID-19 diverting attention away from staff and managers completing appraisals. Divisions are supporting individuals with an outstanding appraisal and assisting staff in training for utilising the new VBA online form following the launch of My Learning Hub.



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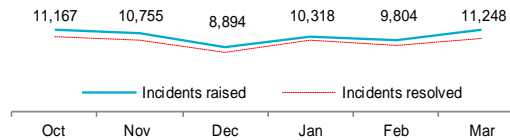
Executive Summary (8)

Integrated themes and issues from M12 (March 2021)

Digital

Service Desk

OUH IM&T Service Desk performance is integral to the day to day running of the Trust. In March **11,248** incidents were raised, shown in the chart below in the blue line and 88.9% (**9,998**) were resolved, shown in the red line in the chart below. This is a decrease on the previous month of February, where 91.4% were closed. In March there were **two** Priority 1 incidents, an increase on the **zero** Priority 1 Incidents in February.



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CYBER Status

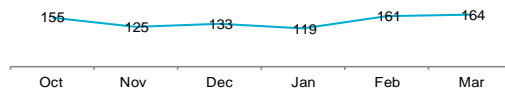
In March **11,915** Devices and **802** Servers were monitored. There was **102.1TB** of internet traffic usage, which was a 1.3% decrease on February's use. Viruses increased compared to February, but the quantity was half the annual average due to work on auto malicious site blocking and progress removing old software. The overall cyber status for the Trust is **Green**.

Green

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Information request

The **Information request service** demand for March was 164. User feedback remains positive at 100% for March. 2020-21 KPIs section shows activity and achievements over the last year



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Digital delivery

Project SHAPE (Strategic Objectives, High Quality, Architecture, Principles and Excellence) was approved at TME in July 20 setting out governance and programmes of work to deliver Digital Strategic Themes. Progress remains **Green** as commercial arrangements approved at the February 21 Investment Committee enabled £25m additional Trust investment in Digital over 5 years. Exceptions to 2020 plans are being identified and mitigated. A firm plan of work will be agreed at the 4th May 21 Digital Oversight Committee. Benefits already delivered during the COVID pandemic include the ability to provide high quality safe care with real time access to Digital patient records, virtual team working, and remote monitoring. We are capitalising on innovations and new models of working accelerated by BOB ICS COVID-19 responses 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. Improving infrastructure is increasing adoption, improving live solutions and delivering important new digital capability will improve safety and effectiveness of care for our patients while releasing more clinical time to care, helping us better manage the right activity by reducing duplication, and through streamlining and automation.

Green

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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 OUH track 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 Trust wide rollout. Cases supporting Trust Wide HIMSS Stages 6 and 7 that were paused until the February 21 Investment Committee rebase, are now active. OUH Progress towards Stage 7 by June '23 is **Green**.

Green

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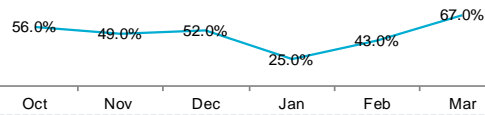
Executive Summary (9)

Integrated themes and issues from M12 (March 2021)

Digital

FOIs

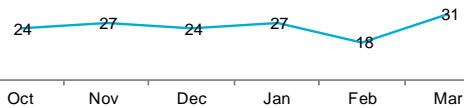
Freedom of information (FOI). In March there were **61** FOI requests, which is an increase of three requests on the same period last year. The compliance target for FOI requests is 20 working days. The Trust fell short of this target during March with **67%** of FOI requests closed within target. This is an improvement on February's figure of 43% but more resource is required to increase compliance further.



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DSPB

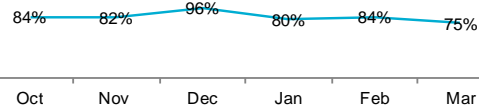
Data Security & Protection Breaches. In March **31** Data protection incidents were reported on Ulysses, which is an increase on 18 incidents reported in February. One incident was reported to NHS Digital in March 2021.



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DSAR

Data Subject Access Requests (DSAR). The number of DSAR requests in March 2021 was 521. The compliance rate was **75%** in March 2021, which was a decrease compared to 84% recorded in February. No data was received from the OH department for this report.

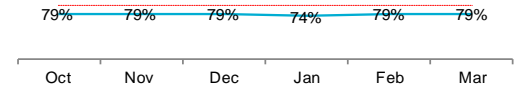


Pages 77

DSPT

Data Security and Protection Toolkit (DSPT). The Trust is now rated as standards met for the 2019/20 DSPT and the Information Governance department is preparing for the final submission of the 2020/21 DSPT on the 30th June 2021.

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



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Integrated themes and issues from M12 (March 2021)

Finance

Overall

Income and Expenditure (I&E) in March was a surplus of £1.4m. 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 **£49.2m above** plan in March. This was due to the receipt of £26.9m of NHSE funding for the additional employer pension contribution (matched by additional pay cost); £13.9m of NHSE funding for the full increase in annual leave accrual; £4.3m from high cost and cost and volume drugs; £2.7m from a released accrual relating to prior year income; and an additional contribution of £1.0m from OCCG towards asbestos estate costs.

Non-NHS Income

Non-NHS income (Other, PP, RTA, Overseas) was **£36.4m better** than plan due to the release of £16.3m of R&D deferred balances; reimbursement of £4.1m from NHSE for lost other income; and £12.3m of notional income for PPE stock received from NHSE in response to COVID-19 (this is adjusted out of the position for performance purposes).

Pay Expenditure

Pay costs were **£45.9m higher** than plan in March mainly due to the additional pension contribution of £26.9m; the M12 increase in annual leave accrual of £11.3m; an increase in consultants and medics pay of £3.2m; a change of policy in relation to capitalisation of salaries resulted in a £1.8m increase to I&E pay costs; and an increase in temporary staff expenditure due to increased winter incentive costs. COVID-19 pay costs were £2.0m above plan in March (an increase of £0.8m compared to February) due to the increased incentive costs for existing staff to work additional shifts and backfill for sickness absence.

Page 80-87

Non-Pay expenditure

Non-Pay costs were **£23.8m higher** than plan in March. This was due to £11.5m of expenditure on research projects; an increase in contract risk accruals of £6.1m; provision for asbestos removal of £3.0m; £2.5m of operational estates and compliance works; the purchase of medical equipment for £2.0m; and £5.7m of notional stock adjustments relating to the PPE stock received from NHSE in response to COVID-19 (this is adjusted out of the position for performance purposes). This was offset by the release of a contingency accrual of £7.8m.

Page 88

Cash

Cash was **£83.8m at month end**, **£66.2m lower** than the previous month end as the block funding previously received one month in advance was unwound. Offsetting this impact was additional capital funding.

Capital

Capital expenditure was **£84.2m for the year**, which includes spend of £11.5m on the JR AICU expansion scheme, £6.5m on medical equipment, £5.5m on COVID-19 related programmes, £4.2m on the Swindon Radiotherapy scheme and £3.5m on the JR ED Resus Redevelopment.

Forecast

Income and Expenditure (I&E) was forecast to be a year end deficit of -£1.9m at the M11 update. The actual position was an overall surplus of £3.1m, **£5.0m better** than forecast. The movements against the forecast will be explained later in the report but the main reasons for the improved position is the reimbursement from NHSE of £4.1m for lost other income and the additional £1m contribution from OCCG towards other costs.

Page 89-90

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 achieving target

- Mortality: SHMI and HSMR for Sepsis *Page 38*
- Mortality: Overall SHMI and HSMR *Page 46*
- Never Events: *Page 39*

Improvement compared to previous month (no target)

- Section 42 Investigations *Page 26*
- MSSA post 48 hour *Page 37*
- RIDDOR *Pages 32 - 33*

Operational performance

Indicators achieving target

- 28 day Faster Diagnosis: *Page 59*
- 31 day standard for subsequent treatment (surgery) *Page 59*
- 31 day standard for subsequent treatment (drugs) *Page 59*
- 31 day standard for subsequent treatment (radiotherapy) *Page 59*

Workforce

Indicators achieving target

- Vacancies *Pages 61-62 & 66 (NB Green RAG rated)*
- Staff Turnover *Pages 61-62 & 67 (NB Green RAG rated)*
- Agency spend *Pages 61, 63 & 68 (NB Green 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 Green RAG rated)*
- Project Shape *Page 74 (NB Green RAG rated)*

Finance

Indicators achieving target

- Income *Page 80-87*

Indicators worse than target

- Adult and Children's Safeguarding training *Pages 30-31*
- Clostridium Difficile *Pages 34 & 36*
- Dementia Screening *Page 34*
- MRSA: *Pages 34 & 36*
- Sepsis admissions receiving antibiotics in <1hr *Page 37*

Deterioration compared to previous month (no target)

- Patient Incidents reported. *Page 40*
- SIRIs: *Page 41*
- Harm from Pressure Ulceration (HAPU) *Pages 23 & 24*
- Harm from falls *Pages 23 & 24*
- Complaints *Page 27*
- WHO Surgical Safety Checklist *Page 38*
- Hospital Acquired Thromboses *Page 34*
- DOLS *Page 31*

Indicators worse than target

- 4 hour Performance *Page 48-50*
- Length of stay over 21 days *Page 51*
- RTT waiting list size *Page 53*
- 18 week incomplete RTT standard *Page 53*
- Patients waiting over 52 weeks on an RTT pathway *Page 53*
- Diagnostics <6weeks standard *Page 54*
- Elective on the day cancellations *Page 55*
- 2WW for suspected cancer *Page 59*
- 2WW for breast symptoms *Page 59*
- 31 day standard for first treatment *Page 59*
- 62 day standard from GP referral to first treatment *Page 59*
- 62 day standard from screening to first treatment *Page 59*
- 28 day readmission standard for cancellations *Page 59*

Indicators worse than target

- Sickness Absence *Pages 61-62 & 64-65 (NB Red RAG rated)*
- Appraisals *Pages 61, 63 & 70 (NB Amber RAG rated)*
- Statutory & Mandatory training *Pages 61-62 & 69 (NB Amber RAG rated)*

Deterioration compared to previous month

- Freedom of information Requests. *Page 76*
- Data Subject Access Requests (DSAR). *Page 77*
- Data Security Training *Pages 77 -78*

Indicators worse than target

- Expenditure *Page 80-87*
- Capital *Page 89-90*
- Cash *Page 89-90*

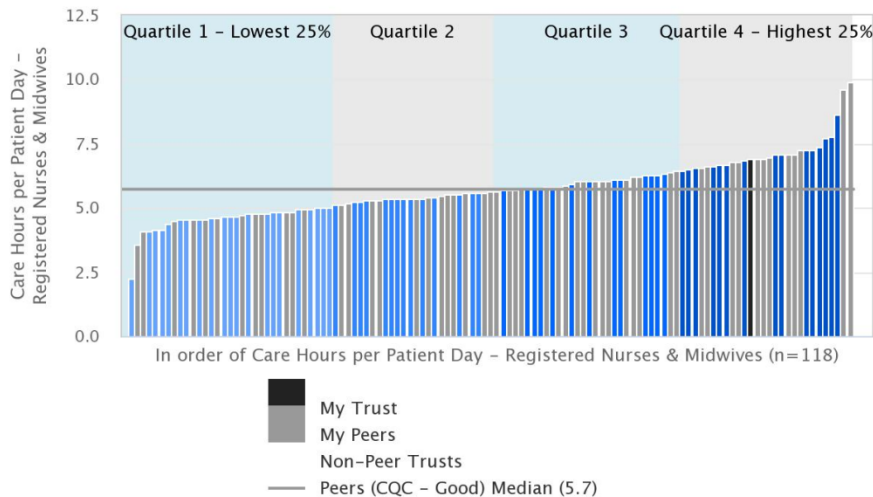
Quality – Outcomes & Patient experience

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

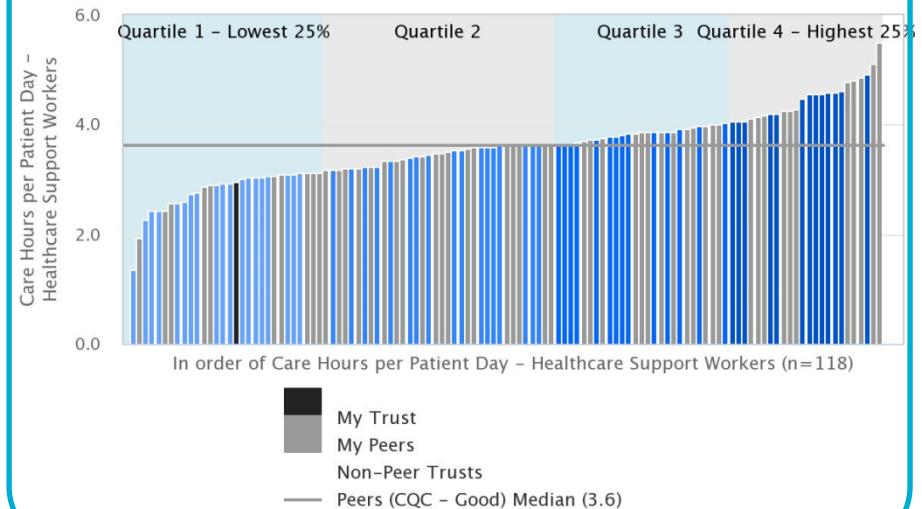
The two graphs below show CHPPD average hours for the OUHFT Trust in Black and the Shelford Group Trust's average CHPPD hours in Grey, the blue bars are all other UK NHS Trusts. The chart on the left is for registered nurse CHPPD and the chart on the right is for healthcare support workers CHPPD.

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)

March 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								
Ward Name	Cumulative count over the month of patients at 23:59 each day	Budgeted Registered nurses and midwives	Actual Registered nurses and midwives	Budgeted Care Staff	Actual Care staff	Budgeted Overall	Required Overall	Actual Overall	Census Compliance (%)	Medication Administration Error or Concerns	Extravasation incidents	Pressure Ulcers Category 2,3&4	Falls	Delay in 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 babies whose the intended place of birth was changed due to staffing	Revised Vacancy HR Vacs plus LT & Mat Leave (%)	Turnover (%)	Sickness (%)	Maternity (%)	Roster manager approved for Payroll	Net Hours 2/2-	8 week lead time	Annual Leave 12-16%	1 - Extremely Likely	2 - Likely	3 - Neither Likely nor unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't know	
																												1 - Extremely Likely	2 - Likely	3 - Neither Likely nor unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't know	
NOTTSScan																																		
Bellhouse / Drayson Ward	350	6.39	8.7	1.92	2.6	8.31	8.74	11.3	100.00%	4	2	1	0	-	-	-	-	-	-	24.34%	0.00%	8.26%	0.00%	Yes	-	5.00	18.40%	39.0	8.0	1.0	0.0	0.0	0.0	0.0
BIU	512	5.49	4.8	3.41	2.7	8.90	7.91	7.5	100.00%	1	0	0	2	-	-	-	-	-	-	20.71%	28.09%	3.56%	0.00%	Yes	-	1.71	20.70%	1.0	0.0	0.0	0.0	0.0	0.0	
HDU/Recovery (NOC)	70	21.48	19.3	3.31	4.7	24.79	-	24.0	N/A	0	0	0	0	-	-	-	-	-	16.85%	10.64%	1.31%	4.25%	Yes	-	1.71	21.20%	0.0	0.0	0.0	0.0	0.0	0.0		
Head and Neck Blenheim Ward	294	6.46	6.9	1.92	3.4	8.38	9.44	10.2	100.00%	0	0	0	3	-	-	-	-	-	15.41%	8.11%	6.88%	0.00%	Yes	-	8.14	20.90%	2.0	0.0	0.0	0.0	1.0	0.0		
HH Childrens Ward	180	5.75	8.5	1.88	2.0	7.63	9.29	10.5	100.00%	0	0	0	0	-	-	-	-	-	17.76%	0.00%	8.07%	3.41%	Yes	-	5.43	17.30%	75.0	11.0	2.0	1.0	1.0	0.0		
HH F Ward	895	4.36	3.8	2.61	2.4	6.97	8.02	6.2	100.00%	1	0	1	4	-	-	-	-	-	7.12%	9.73%	6.61%	3.25%	Yes	-	6.57	23.00%	0.0	0.0	0.0	0.0	0.0	0.0		
Kamrans Ward	240	7.67	8.8	2.56	0.1	10.23	10.20	8.9	100.00%	3	0	0	0	-	-	-	-	-	-6.88%	6.61%	0.30%	5.81%	Yes	-	-0.14	18.50%	10.0	2.0	0.0	0.0	0.0	0.0		
Melanies Ward	263	5.75	8.6	0.96	2.5	6.71	12.57	11.1	100.00%	0	0	0	0	-	-	-	-	-	-44.85%	12.94%	5.66%	2.91%	Yes	-	7.86	23.60%	21.0	2.0	0.0	1.0	0.0	0.0		
Neonatal Unit	1183	12.87	10.8	2.19	2.3	15.06	-	13.2	N/A	11	3	1	0	-	-	-	-	-	25.02%	15.37%	6.13%	6.27%	Yes	-	5.29	16.80%	-	-	-	-	-	-		
Neurology - Purple Ward	467	3.85	3.9	4.24	3.5	8.09	8.75	7.3	100.00%	3	7	0	8	-	-	-	-	-	25.24%	7.46%	8.02%	3.79%	No	-	6.71	15.70%	3.0	1.0	0.0	2.0	0.0	0.0		
Neurosurgery Blue Ward	631	4.59	5.6	2.41	4.6	7.00	10.40	10.1	100.00%	2	0	1	3	-	-	-	-	-	2.34%	8.26%	5.64%	0.00%	Yes	-	6.43	18.90%	21.0	3.0	0.0	0.0	0.0	0.0		
Neurosurgery Green/IU Ward	409	4.73	3.5	5.98	5.1	10.71	12.05	8.5	100.00%	0	0	1	5	-	-	-	-	-	12.03%	7.30%	4.59%	5.37%	Yes	-	6.86	27.40%	8.0	0.0	0.0	0.0	0.0	0.0		
Neurosurgery Red/HC Ward	635	6.25	7.3	4.22	6.1	10.47	13.09	13.4	100.00%	0	0	2	4	-	-	-	-	-	1.46%	4.43%	6.17%	3.22%	No	-	5.71	20.00%	0.0	0.0	0.0	0.0	0.0	0.0		
Paediatric Critical Care	199	31.50	28.4	3.29	1.4	34.79	-	29.9	N/A	5	1	1	0	-	-	-	-	-	2.30%	13.11%	5.45%	8.28%	Yes	-	5.00	17.90%	2.0	0.0	0.0	0.0	0.0	0.0		
Robins Ward	209	5.95	9.6	0.82	1.7	6.77	9.48	11.3	100.00%	1	0	0	0	-	-	-	-	-	39.57%	30.14%	0.95%	0.00%	Yes	-	4.71	19.30%	17.0	1.0	1.0	0.0	0.0	0.0		
Specialist Surgery I/P Ward	816	6.15	5.9	2.62	3.2	8.77	8.52	9.1	100.00%	1	0	6	0	-	-	-	-	-	16.63%	8.47%	1.03%	2.91%	No	-	7.29	26.10%	6.0	0.0	0.0	0.0	0.0	0.0		
Tom's Ward	414	5.69	7.7	1.73	1.1	7.42	9.87	8.8	100.00%	2	1	0	0	-	-	-	-	-	11.17%	0.00%	1.63%	2.25%	Yes	-	9.43	19.50%	27.0	2.0	3.0	1.0	1.0	0.0		
Trauma B Side	547	5.22	5.1	2.92	3.3	8.14	7.93	8.4	98.92%	0	0	0	0	-	-	-	-	-	18.29%	10.33%	1.24%	0.00%	Yes	-	2.86	18.30%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A		
Trauma C Side	492	5.13	5.5	4.63	3.5	9.76	8.15	8.9	98.92%	1	0	3	1	-	-	-	-	-	7.88%	5.68%	2.11%	2.55%	Yes	-	7.43	16.10%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A		
Ward 6A - JR	556	5.08	5.5	3.28	3.0	8.36	8.62	8.6	100.00%	4	0	1	1	-	-	-	-	-	8.06%	11.67%	2.24%	5.15%	Yes	-	8.43	20.70%	0.0	0.0	0.0	0.0	0.0	0.0		
Ward E (NOC)	457	4.04	4.8	2.52	3.5	6.56	8.30	8.3	100.00%	2	0	3	1	-	-	-	-	-	21.00%	1.90%	4.02%	5.71%	No	-	2.43	26.20%	32.0	3.0	0.0	0.0	0.0	0.0		
Ward F (NOC)	#N/A	4.13	#N/A	2.42	#N/A	6.55	0.00	#N/A	0.00%	#N/A	#N/A	#N/A	#N/A	-	-	-	-	-	26.45%	7.95%	4.58%	0.00%	No	-	-0.43	19.30%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A		
WW Neuro ICU	353	26.34	28.2	0.00	0.0	26.34	-	28.2	N/A	3	0	1	0	-	-	-	-	-	23.30%	12.32%	5.52%	5.17%	Yes	-	6.71	19.50%	0.0	0.0	0.0	0.0	0.0	0.0		
MRC																																		
Cardiology Ward	1001	7.42	3.1	2.37	1.9	9.79	8.51	5.0	100.00%	0	0	0	1	-	-	-	-	-	16.07%	12.94%	4.06%	5.36%	Yes	-	6.43	19.60%	2.0	0.0	0.0	0.0	0.0	0.0		
Cardiothoracic Ward (CTW)	740	5.06	4.5	4.14	2.0	9.20	7.41	6.5	100.00%	0	0	0	2	-	-	-	-	-	9.02%	0.00%	2.99%	0.00%	Yes	-	1.29	18.50%	3.0	1.0	0.0	0.0	0.0	0.0		
Complex Medicine Unit A	541	4.47	4.9	3.19	3.9	7.66	9.95	8.7	100.00%	0	0	3	5	-	-	-	-	-	12.00%	4.08%	10.00%	0.00%	No	-	7.86	24.20%	5.0	1.0	0.0	0.0	0.0	0.0		
Complex Medicine Unit B	581	4.74	4.8	3.94	3.4	8.68	11.68	8.2	100.00%	0	0	6	3	-	-	-	-	-	-5.37%	13.29%	0.50%	4.19%	No	-	7.29	20.10%	0.0	0.0	0.0	0.0	0.0	0.0		
Complex Medicine Unit C	604	3.66	4.5	3.14	3.7	6.80	9.04	8.2	97.85%	0	0	3	6	-	-	-	-	-	11.07%	0.00%	4.26%	2.78%	No	-	6.29	18.60%	19.0	2.0	0.0	0.0	0.0	0.0		
Complex Medicine Unit D	463	4.03	5.1	3.45	3.8	7.48	7.17	8.9	100.00%	0	0	1	3	-	-	-	-	-	9.22%	5.71%	1.41%	4.57%	No	-	3.71	20.40%	0.0	0.0	0.0	0.0	0.0	0.0		
CTCCU	353	19.30	25.6	0.00	0.2	19.30	0.00	25.8	N/A	1	0	4	0	-	-	-	-	-	9.24%	13.29%	2.27%	1.84%	Yes	-	3.29	22.80%	4.0	0.0	0.0	0.0	0.0	0.0		
HH EAU	-	4.47	-	3.31	-	7.78	6.89	-	62.37%	3	0	4	2	-	-	-	-	-	27.38%	5.29%	3.65%	8.81%	Yes	-	3.86	17.10%	-	-	-	-	-	-		
HH Emergency Department	-	10.91	-	4.28	-	15.19	-	-	N/A	0	0	0	2	-	-	-	-	-	13.15%	27.33%	3.85%	3.15%	Yes	-	4.86	15.60%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A		
Emergency Assessment Unit (EAU)	-	8.16	-	3.95	-	12.11	8.17	-	21.51%	1	0	8	6	-	-	-	-	-	13.39%	15.32%	1.64%	2.58%	No	-	7.71	19.60%	-	-	-	-	-	-		
JR Emergency Department	-	11.16	-	3.58	-	14.74	-	-	N/A	4	0	0	7	-	-	-	-	-	15.08%	10.03%	3.17%	1.31%	Yes	-	8.00	18.90%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A		
John Warin Ward	416	6.25	7.0	3.86	4.3	10.11	9.77	11.4	97.85%	0	0	0	3	-	-	-	-	-	-16.91%	17.91%	0.44%	4.76%	Yes	-	6.57	15.50%	11.0	1.0	0.0	0.0	0.0	0.0		
Juniper Ward	793	3.85	4.4	4.03	3.6	7.88	8.84	8.0	100.00%	0	0	8	3	-	-	-	-	-	-16.93%	0.00%	2.00%	0.00%	Yes	-	-0.29	20.20%	0.0	0.0	0.0	0.0	0.0	0.0		
Laburnham	788	4.13	4.1	2.88	3.6	7.01	9.53	7.6	100.00%	1	0	4	4	-	-	-	-	-	-14.22%	7.69%	5.44%	3.97%	Yes	-	4.71	15.60%	10.0	2.0	1.0	0.0	0.0	0.0		
OCE Rehabilitation Nursing (NOC)	539	4.11	4.2	6.25	5.4	10.36	9.44	9.5	97.85%	0	0	4	1	-	-	-	-	-	-3.13%	19.61%	8.03%	3.23%	No	-	1.43	18.30%	0.0	1.0	0.0	0.0	0.0	0.0		
Osler Respiratory Unit	744	11.59	9.7	4.88	5.1	16.47	10.07	14.8	98.92%	3	0	4	3	-	-	-	-	-	-14.80%	5.99%	3.40%	1.20%	Yes	-	1.71	19.60%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A		
Ward 5A SSW	936	5.23	3.1	3.14	2.5	8.37	9.37	5.6	90.32%	0	0	1	5	-	-	-	-	-	-10.28%	7.08%	0.59%	5.53%	No	-	3.57	21.50%	2.0	0.0	0.0	0.0	0.0	0.0		
Ward 5B SSW	526	5.11	5.2	3.83	4.1	8.94	8.13	9.3	100.00%	1	0	2	2	-	-	-	-	-	-24.28%	0.00%	4.00%	0.00%	No	-	3.57	23.10%	0.0	0.0	0.0	0.0	0.0	0.0		
Ward 7E Stroke Unit	467	5.11	7.1	3.19	4.2	8.30	10.20	11.4	100.00%	3	0	0	3	-	-	-	-	-	-37.45%	5.98%	2.87%	2.05%	No	-	1.57	22.30%	0.0	0.0	0.0	0.0	0.0	0.0		
SUWON																																		
Gastroenterology (Ward 6F)	558	4.26	4.7	3.55	2.5	7.81	7.72	7.2	100.00%	0	0	3	6	-	-	-	-	-	14.37%	5.33%	5.44%	5.98%	Yes	-	2.71	16.20%	5.0	3.0	0.0	0.0	0.0	1.0		
Gynaecology Ward - JR	383	4.72	6.8	2.35	2.8	7.07	6.14	9.6	100.00%	2	0	0	1	-	-	-	-	-	29.02%	8.97%	6.60%	6.52%	Yes	-	7.43	16.40%	1.0	0.0	0.0	0.0	0.0	0.0		
Haematology Ward	733	5.19	5.0	2.89	1.6	8.08	7.46	6.6	86.02%																									

The safe staffing dashboard for March 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.

Reporting to NHSE/I recommenced in March 2021 as redeployed staff returned to their home wards and services re-opened.

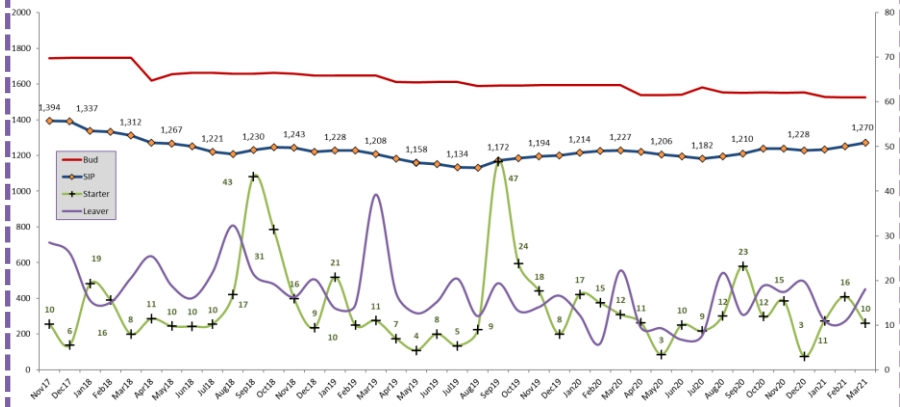
Throughout March, we continued to report Level 3 staffing as we continued to have a small number of the workforce still deployed to support the reducing numbers of patients requiring ventilation support. However safer staffing mitigation was achieved throughout March.

The Trust is unable to report the rostering KPI of net contracted hours for the month of March 2021 due to data reporting issue with our roster system provider.

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

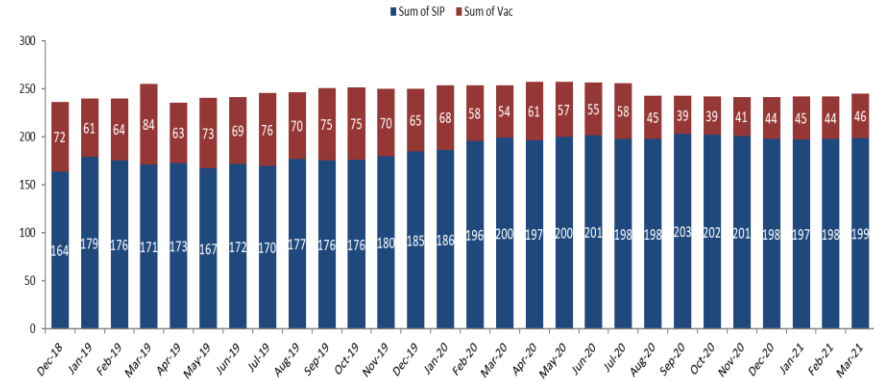
Band 5 RNs in Post, Budget, Leavers and Starters and Turnover Trajectory in March 2021

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

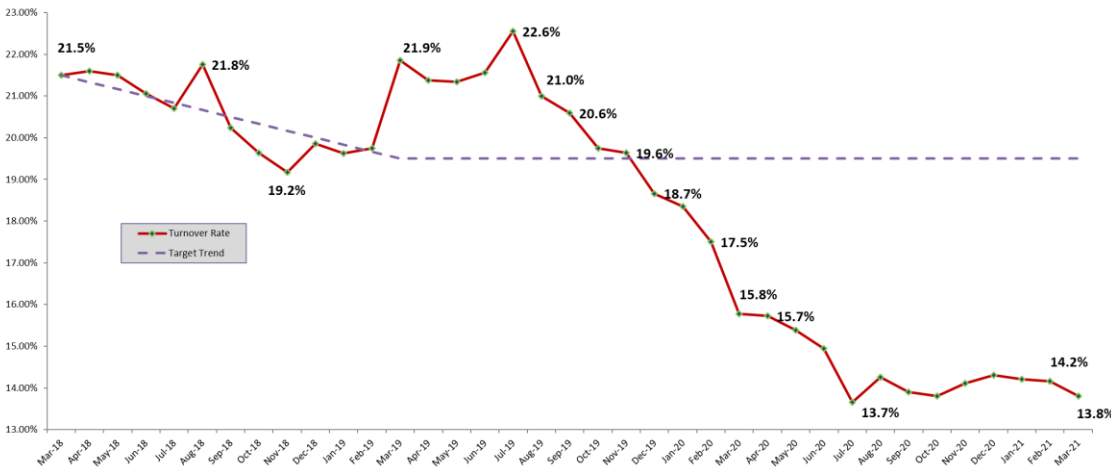


We expect to see less movement of staff from these services and the graphs presents this relatively stable position. Again this is monitored monthly by the steering group.

Nursing and Midwifery Staffing;

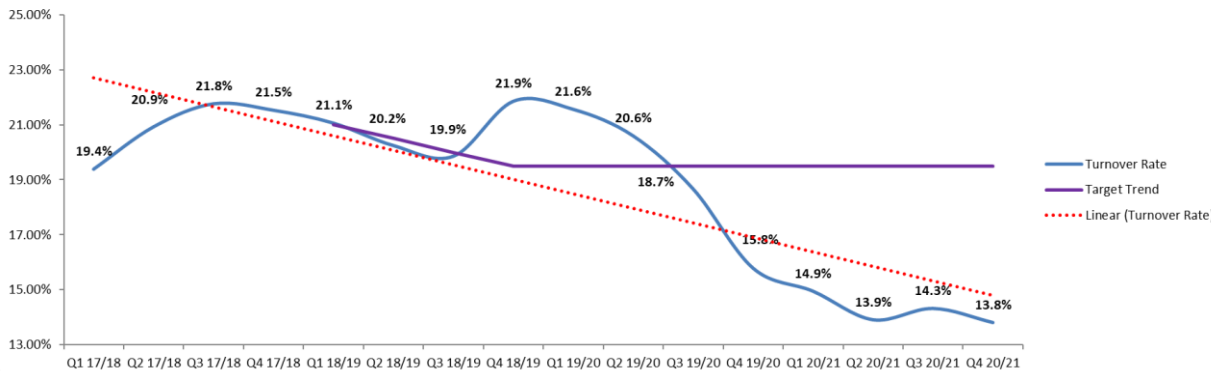
Band 5 Registered Nurse Turnover Trajectory – March 2021

Turnover Rate, Target Trend and Deviation



Band 5 RN turnover decreased further in March

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 – March 2021

Registered Nursing Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Feb-20	Jan-20	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	3173	333	10.5%	10.5%	10.8%	10.6%	10.6%	10.1%	10.0%	10.4%	10.1%	11.1%	11.5%	11.5%	11.6%	12.5%	13.1%	13.2%	13.8%	13.8%	14.2%	14.4%	15.2%	14.5%	14.4%	14.6%	15.1%	14.3%	14.1%	14.0%	13.6%	14.0%	14.4%	15.1%	14.5%	15.1%	15.4%	15.3%	15.5%
Band 5 Nursing Turnover	1440	199	13.8%	14.2%	14.2%	14.3%	14.1%	13.8%	13.9%	14.3%	13.7%	14.9%	15.4%	15.7%	15.8%	17.5%	18.4%	18.7%	19.6%	19.7%	20.6%	21.0%	22.6%	21.6%	21.3%	21.4%	21.9%	19.7%	19.6%	19.9%	19.2%	19.6%	20.2%	21.8%	20.7%	21.1%	21.5%	21.6%	21.5%
Band 6 Nursing Turnover	1126	96	8.5%	8.1%	8.2%	7.8%	8.0%	7.1%	6.6%	7.1%	7.5%	8.2%	8.7%	8.8%	8.7%	9.1%	9.5%	9.9%	9.9%	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	608	39	6.4%	6.8%	6.7%	7.5%	7.2%	7.2%	7.7%	7.8%	7.3%	7.9%	7.8%	7.1%	6.9%	7.0%	7.3%	6.7%	7.0%	6.9%	6.7%	6.7%	7.0%	6.5%	7.1%	7.2%	7.5%	7.5%	7.2%	6.7%	6.9%	7.0%	7.3%	7.5%	7.5%	8.1%	7.2%	7.7%	8.3%

Turnover remains in a stable position

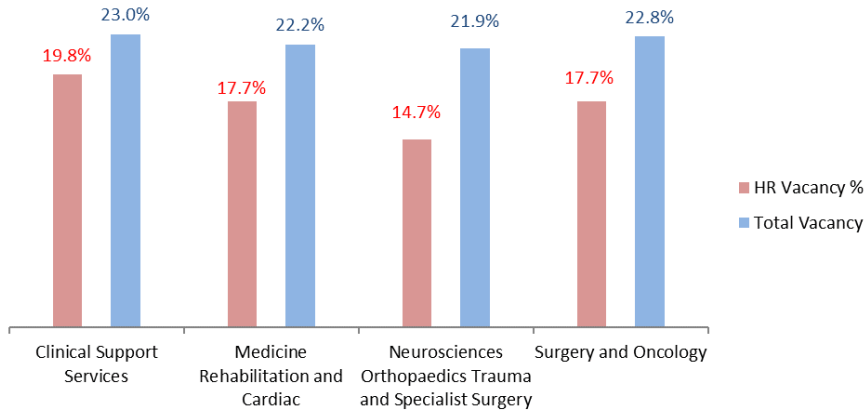
Registered Midwifery Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Feb-20	Jan-20	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	292	35	12.0%	11.5%	11.4%	11.2%	11.9%	13.0%	13.3%	13.7%	12.5%	12.8%	12.7%	12.9%	13.3%	14.2%	13.8%	12.9%	12.9%	11.1%	11.6%	12.3%	13.6%	15.2%	14.5%	14.7%	14.5%	13.1%	14.0%	15.0%	14.8%	15.3%	16.0%	16.5%	16.9%	14.6%	15.0%	15.9%	15.4%
Band 5 Midwifery Turnover	45	3	6.6%	0.0%	0.0%	0.0%	0.0%	0.0%	8.6%	8.7%	2.7%	7.6%	6.6%	6.2%	6.1%	6.3%	6.1%	6.3%	6.0%	6.1%	7.3%	12.0%	10.8%	6.8%	4.6%	4.4%	4.3%	4.3%	6.3%	6.3%	6.2%	5.9%	5.1%	3.5%	12.6%	11.0%	13.8%	16.7%	16.7%
Band 6 Midwifery Turnover	180	24	13.4%	13.7%	13.7%	13.6%	14.4%	15.9%	14.9%	16.0%	15.6%	15.8%	16.8%	16.8%	17.6%	17.7%	16.9%	15.6%	16.2%	14.1%	14.4%	13.8%	15.3%	17.8%	17.1%	18.2%	17.4%	16.2%	17.1%	18.4%	16.6%	17.4%	18.2%	19.0%	19.7%	17.8%	17.4%	18.2%	17.8%
Band 7+ Midwifery Turnover	67	8	11.9%	13.5%	12.8%	12.1%	13.7%	14.1%	11.3%	9.8%	9.5%	7.9%	5.3%	6.8%	6.9%	10.1%	10.3%	10.2%	8.6%	6.2%	6.2%	8.0%	10.5%	13.2%	13.4%	11.7%	13.0%	10.1%	10.0%	11.5%	15.6%	16.1%	16.4%	14.7%	10.5%	7.3%	8.3%	8.3%	7.0%

Band 6 and 7 turnover, which is the largest workforce in midwifery remains stable.

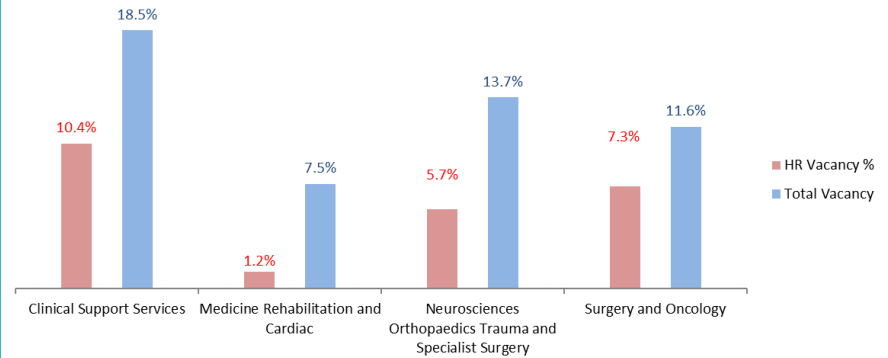
RN and Midwifery Vacancies – March 2021

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.

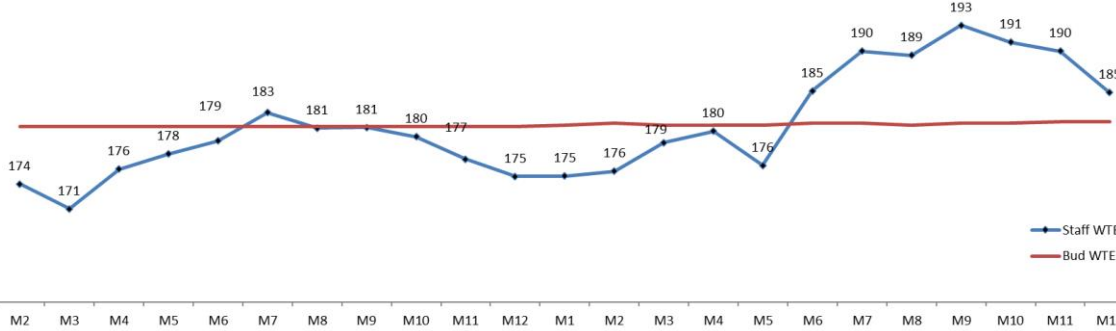
Vacancy at band 6/7 by division in percentage.



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.

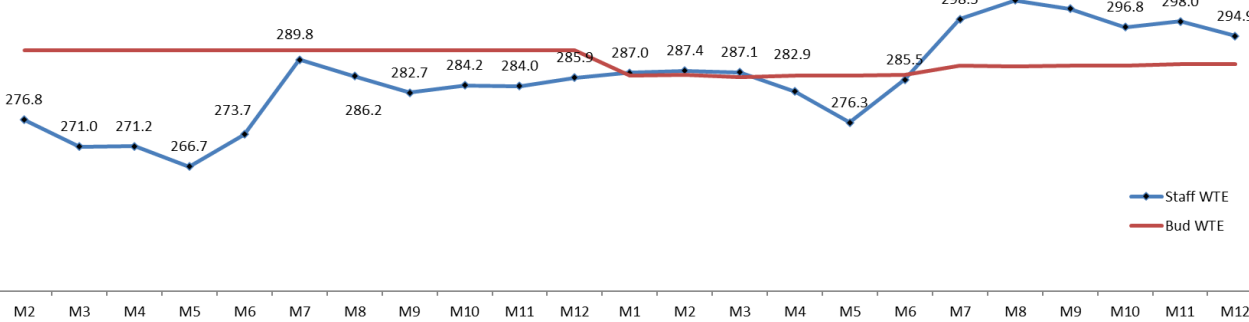
Midwifery Staffing – March 2021

Band 6 Midwives - Staff and Budget



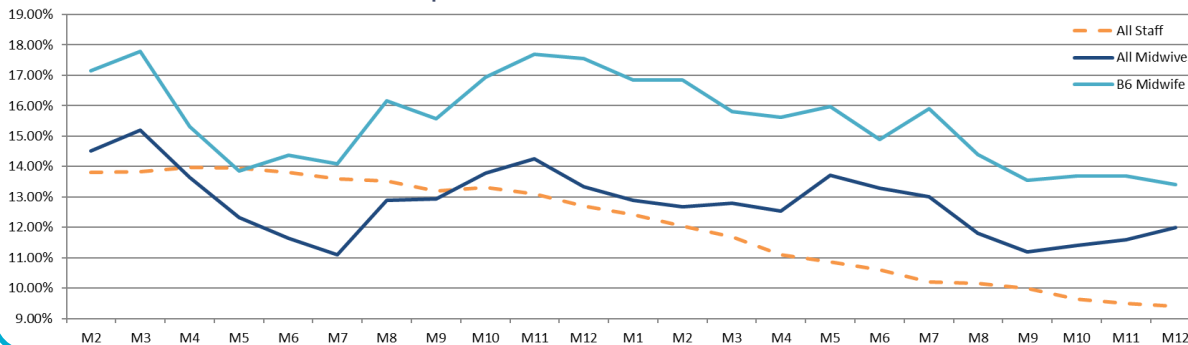
Band 6 midwives is the larger workforce within midwifery and is monitored through the steering group for the same reasons as band 5 within the RN workforce.

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.

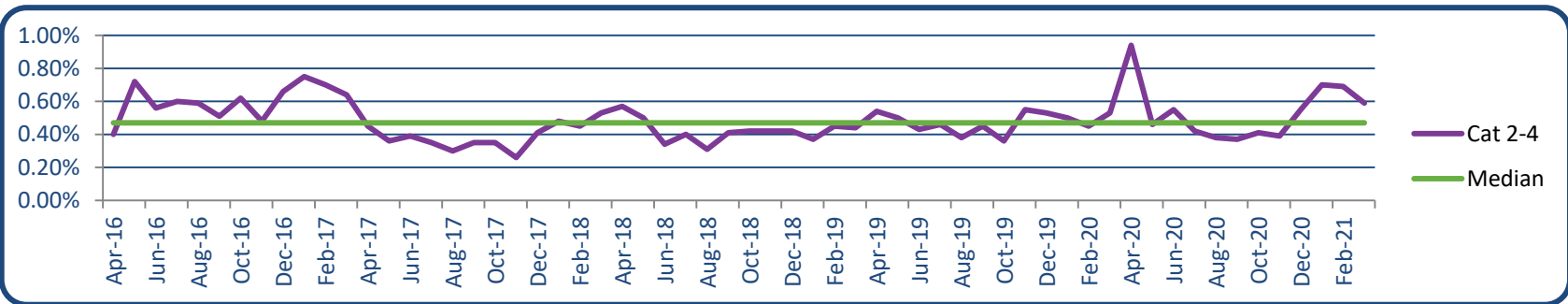
Hospital Acquired Pressure Ulceration (HAPU) Report April 2021

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

Reported Incidents of HAPU Cat 2 and above: April 2020 – March 2021

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
Cat 1	25	25	23	41	41	52	38	44	46	46	38	39	458
Cat 2	66	38	52	61	54	55	68	65	88	107	102	101	858
Cat 3	10	8	8	7	7	8	8	9	10	9	9	11	107
Cat 4	0	0	0	1	0	1	0	0	0	0	0	0	2
Total	101	71	83	110	102	116	114	118	144	162	149	151	1425
Cat 2-4	76	46	60	69	61	64	76	74	98	116	111	112	967
Cat 3-4	10	8	8	8	7	9	8	9	10	9	9	11	109

All HAPU Categories 3 and above follow the current Trust process for Moderate and above Harms, These incidents are monitored with oversight from the Harm Free Assurance Forum. *Incidence of HAPU Cat 2 to 4: April 2019 – March 2021*



ANALYSIS

Of the 14 incidents reported as Moderate Harm, the average age of the individual affected was between 70-79. The length of stay prior to identification of pressure ulceration was 16 days of which 7 incidents had been reported at an earlier stage of skin damage.

Accurate risk assessments had been documented in 11 cases. The use of medical devices (cast) was associated with 3 of the 14 incidents. The average surface area for the reported skin damage was approximately 9cm, of which 6 are described as healing and 8 static.

DISCUSSION

All Category 3 and above HAPU are investigated and an action plan approved and implemented. For those investigated at local level, 30 day action plans are recommended with oversight for the closure of these action plans through the Harm Free Assurance Forum. After Action meetings are currently being scheduled to review and close the action plans from Q3 and 4. Serious Investigations related to HAPU follow the Trust reporting and investigation Policy.

ACTIONS

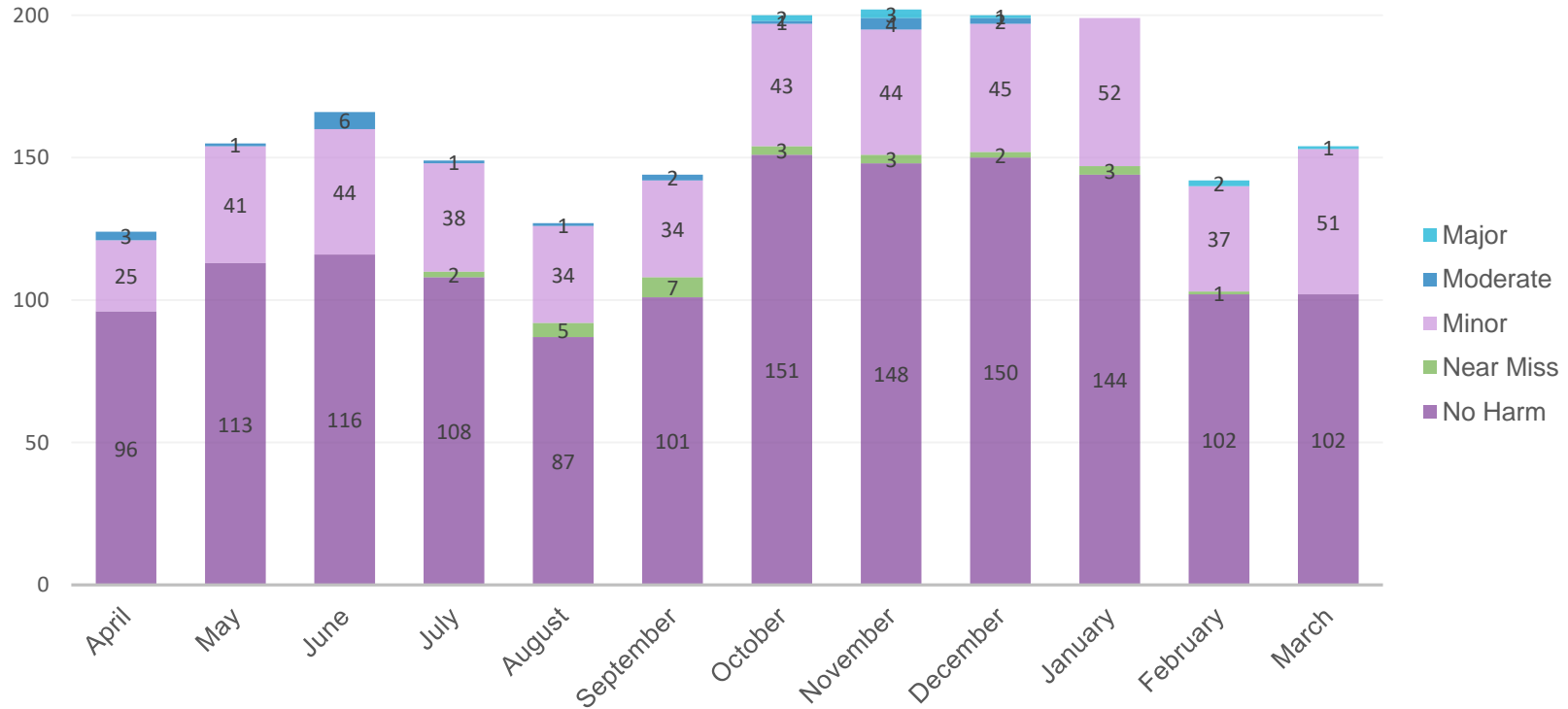
Strategy Update: A working group has been formed to develop a strategy to support the ongoing efforts to reduce harms associated with pressure damage. An ambitious target has been agreed to increase the reporting of HAPU Category 1 by 25% in 2021/22 and reduce the number of acquired Cat 2,3 and 4 pressure damage.

A new contract has been agreed with a bed and mattress provider with the addition of clinical support from the incoming provider. Training is currently underway to ensure staff are familiar with the new equipment. Baseline data will be monitored to assess impact.

Harm from falls report March 2021

The chart below shows all patient falls by the level of actual harm for each month of the 2020/21 year.

Falls by harm level April 2020 - March 2021



March 2021 summary: There were 154 falls in March, which is below the monthly average of 163.5. Two falls were reported as moderate harm and underwent review by the patient safety review process for falls. One incident was revised down to minor harm and the other was revised up to major harm. Unwitnessed falls and falls from the bed continue to be the main reported sub-categories.

Top five categories of falls March 2021

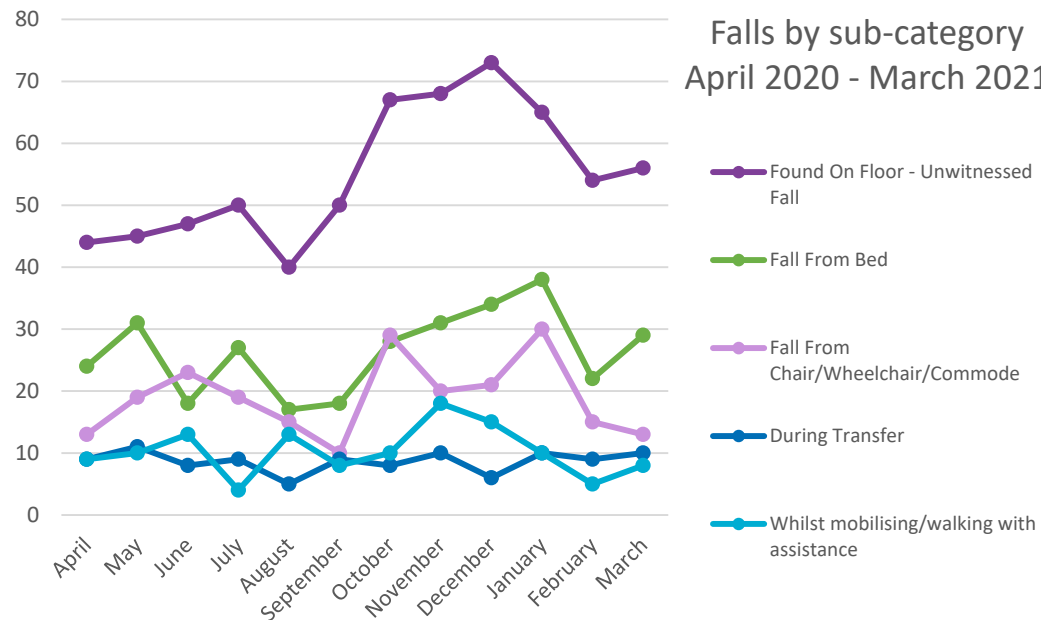
Unwitnessed Fall	56
Fall From Bed	29
Whilst Mobilising/walking Without Assistance	14
Fall From Chair/Wheelchair/Commode	13
During Transfer	10

ANALYSIS:

The number of all falls and falls with higher severity harm have reduced for the last two months following a spike over the winter period, which was associated with higher occupied bed days and the second wave of the CoVID-19 pandemic.

Only three falls with greater than minor harm have been reported over the last quarter, which accounts for 0.6% of the 495 falls during that period.

Unwitnessed falls have reduced but remain relatively high as a proportion of all fall sub-categories.



IDENTIFIED THEMES:

- Falls with greater than minor harm continue to be low
- Unwitnessed falls have decreased since the mid-winter period, but have increased overall as a proportion of all falls
- Falls from chairs have reduced for the second consecutive month

ACTIONS:

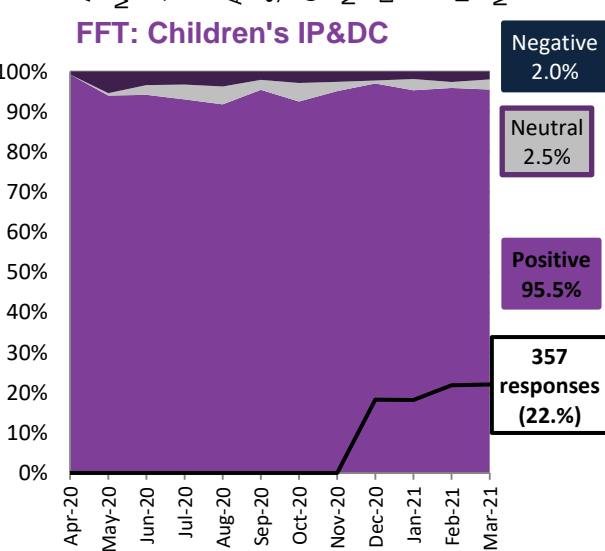
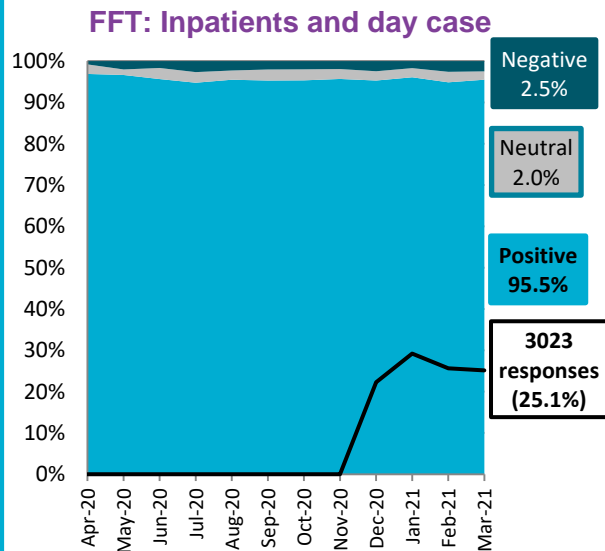
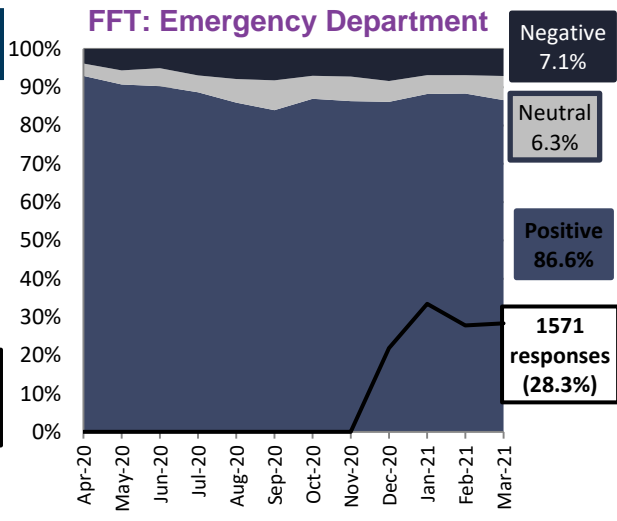
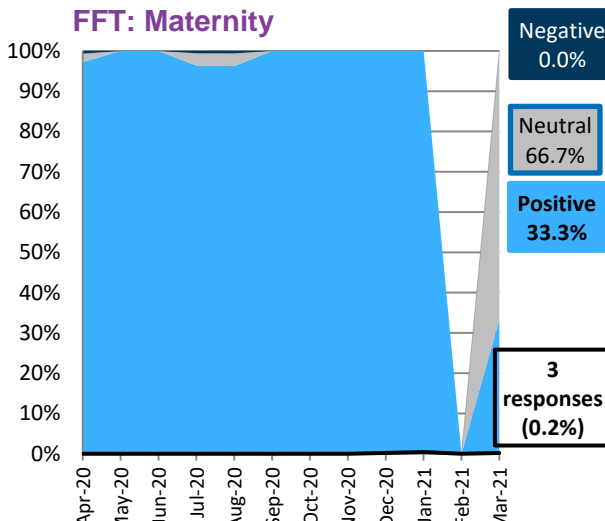
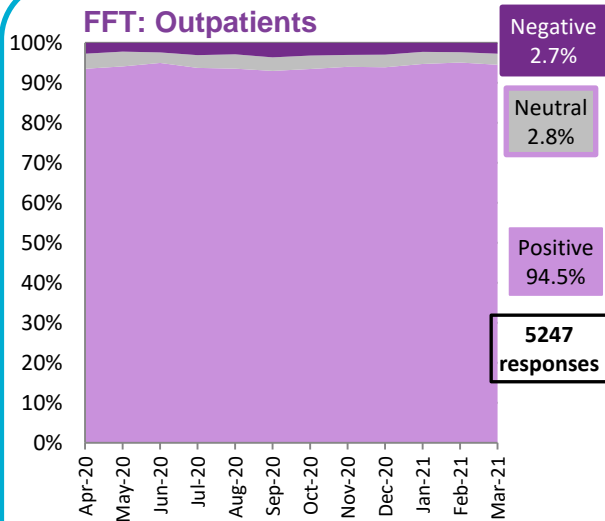
- Review falls and associated harm for the 2020/21 annual period and present to the Harm-free assurance group to inform the future falls prevention strategy.

The Trust received and recorded 70 formal complaints in March 2021, which is an increase from the number received in February 2021 (n=67).

As activity within the Trust starts to return to pre-pandemic levels, the number of formal complaints is increasing month on month. Many of the complaints have elements of issues pertaining to the Covid-19 pandemic, including social distancing, visiting restrictions, infection control measures and long waits for appointments/treatment.

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.

The Trust is aware that the Parliamentary and Health Services Ombudsman (PHSO) has confirmed a backlog of cases to be assessed as a result of them 'pausing' investigations during the first wave of the Covid-19 pandemic. The PHSO have plans to take this forward, which will see only cases deemed as having the greatest impact on an individual being investigated.

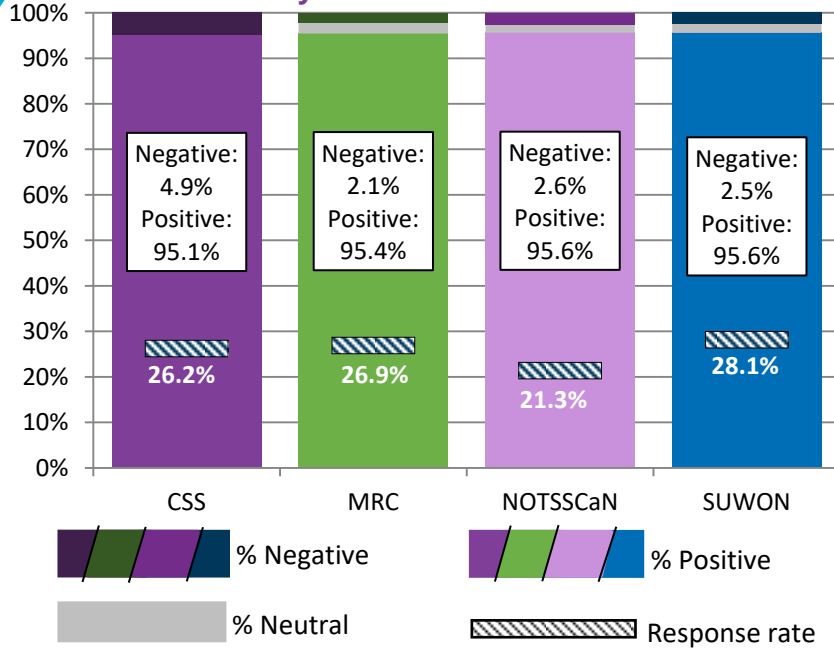


Exceptions:

- Maternity responses remain very low but have started to recover since February. The Patient and Public Engagement Manager continues to collaborate with maternity services to develop engagement and restore response rates to their pre-pandemic levels.
- There are no other exceptions to report this month.

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

FFT results by division March 2021

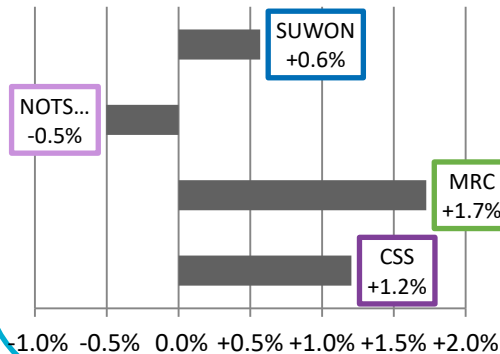


The charts to the left display response rates and the proportion of positive, neutral and negative ratings by division, as well as each division's change in positive ratings since the previous month. **N.B.** These charts are based on inpatient and day case data only.

FFT Comment Themes:

The top 10 raised themes (by quantity) in March 2021 were (in order): Staff attitude, Implementation of care, Patient mood/feeling, Clinical treatment, Admission, Communication, Environment, Cancelled admissions/ procedures, Discharge, and Catering. The top 10 most commonly raised themes in March 2021 were raised a total of **12969** times, an increase of **1108** incidences vs February's **11861**. The top 3 positive (by proportion) themes for March were Staff attitude (**81.6%** positive), Implementation of care (**78.3%** positive), and Patient mood/ feeling (**73.3%** positive). The top 3 negative (by proportion) themes for March were Discharge (**25.4%** negative), Cancelled admissions/ procedures (**21.3%** negative), and Car parking (**16.8%** negative).

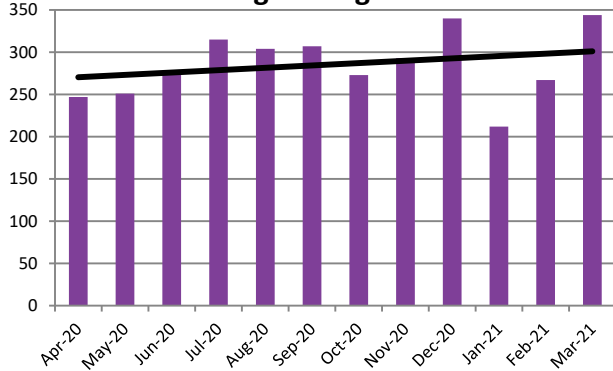
Positive rate shift Feb - Mar '21



Children's FFT:

- In March there were 357 respondents to the FFT SMS for Childrens Inpatient and Day case admissions with 427 comment theme points.
- In response to the question 'What did we do well?' the top three themes were: Staff care and compassion (n=183), Information giving (n=40) and Patient care or treatment (n=25).
- In response to 'What could we do better?' the top three themes were: Information giving (n=23), Time waiting (n=12), and jointly Patient care or treatment (n=11) and play resources (n=11).
- All comments are fed back to the wards on a monthly basis. The themes are highlighted and discussed at the monthly children's directorate quality committee.

Children Safeguarding Consultations



Consultations with the children safeguarding team increased by 77 (n= 344) during March. The team are under significant pressure due to long-term sickness and vacancies with increase activity. Additional hours have been worked by team members.

Self-harm presentations are continuing to cause concern, issues relate to Covid, bullying at school and family difficulties. Eating disorder presentations continue to be high.

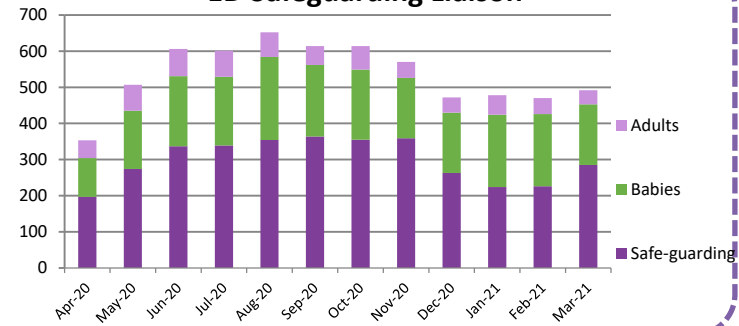
Injuries related to poor supervision continue. Older children attending with drug/alcohol related issues continue to increase. Information is shared with primary care and social care when open to a social worker.

MASH –there continues to be delays in returning health information due to 30% increase in activity. Health resource has been escalated to commissioners to review.

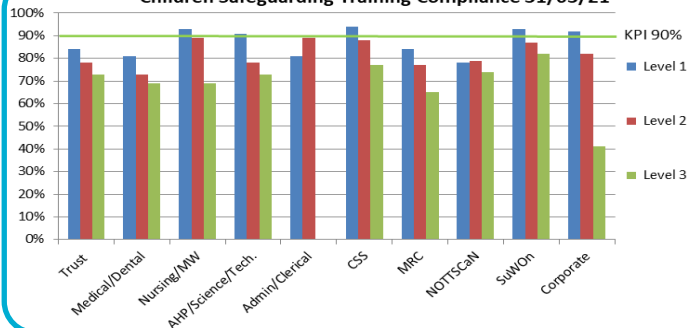
ED Safeguarding Liaison referrals increased by 22 during March (n=492). There children attending ED with safeguarding concerns increased by 59 (n=285). There was a decrease of 32 babies (n=168) attending ED under the age of one. Information is shared for this age group with primary care due to vulnerability.

Adults who have responsibilities for children that attend ED with safeguarding concerns dropped by 5 (n=39). Information is shared with primary care to ensure awareness and support is available.

ED Safeguarding Liaison



Children Safeguarding Training Compliance 31/03/21



Safeguarding Children Training Compliance The KPI is set at 90%. Level 1 Trust compliance dropped 1% to at 84%, level 2 dropped by 2% to 78% and level 3 increased 1% to 73%. All levels are available online, level 3 is also available via Microsoft teams and there is capacity at all sessions. Mapping corrections are still required, the new My Learning Hub is working on this currently to improve accuracy of data. Specific groups of staff are being targeted to invite to book onto training to improve compliance.

Adult Safeguarding March 2021

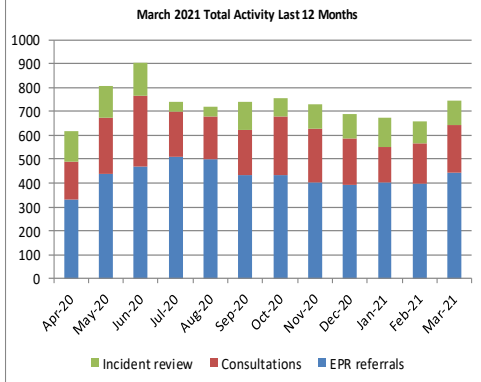


Chart 1: Activity

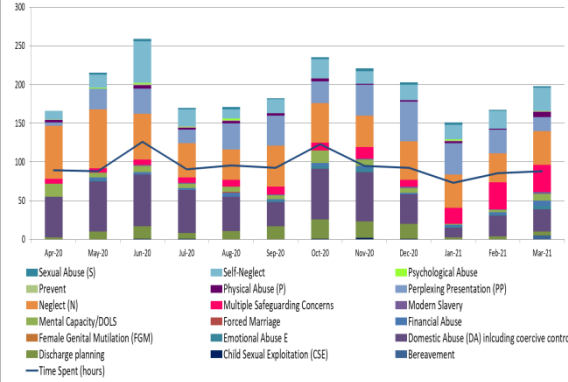


Chart 2: Consultations

Activity:

Chart 1: March combined activity increased by 89 (n=746). Consultations increased by 27 (n=198), incidents increased by 15 (n=106) and EPR referrals increased by 47 (n=442).

Chart 2: Complex cases continue at the same level (n=35), domestic abuse, neglect and self-neglect being the main categories of concern.

Governance: There is adult safeguarding representations at MRC, SUWON and NOTTSCaN divisional governance meetings. The team have increased in capacity by 2 days to manage activity.

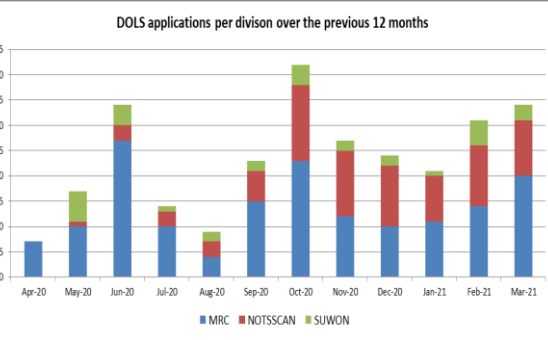


Chart 3: DOLS Applications

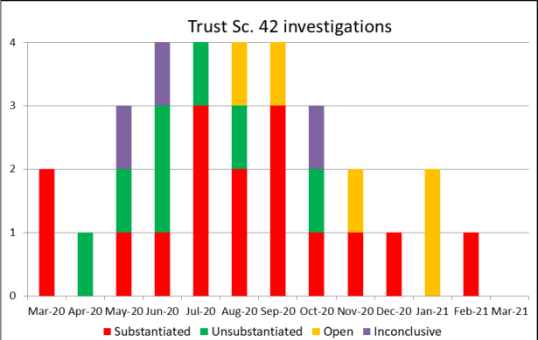


Chart 4: Section 42 investigations

Statutory responsibilities:

Chart 3: There were 34 Deprivation of Liberty Safeguards (DOLS) applications reviewed. This is increased by 3 during March.

Chart 4: There have been no new S42 enquiries received in March. There is currently 5 open S42 enquiries with one returned inconclusive from October.

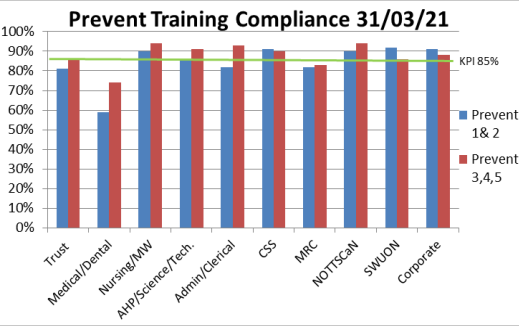


Chart 5: Prevent Training

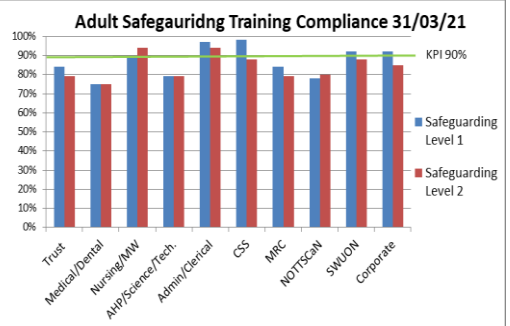


Chart 6: Safeguarding Training

Training: Chart 5: Trust Prevent training Level 1 & 2 compliance increased to 91% and Level 3,4 & 5 compliance is 88%. Both above KPI.

Chart 6: Safeguarding training compliance is below the 90% KPI. Level 1 is 84%, level 2 79%. Divisions are requested to raise awareness to improve compliance with training.

Governance: Plans to undertake more *at the elbow* training to increase awareness of mental capacity is being planned when the policy is ratified.

Person type: Staff member

RIDDOR type: Accident– specified injury

Accident type: Struck against

Incident location: Ivy Lane –Fire gate area

Incident details : The Injured party (IP) in the course of their job struck their arm against a metal post whilst in discussion and gesticulating with a contractor.

Additional information: IP went to A&E that evening after the hand had swollen considerably , X-ray confirmed a fractured scaphoid bone in the wrist.

Incident outcome: Actual impact 2 – minor injury / illness

Lessons learned: Health and Safety Team discussed this incident with the IP. This was a completely unforeseeable accident that could not be mitigated against aside from heightened awareness of surroundings.

Person type: Staff

RIDDOR type: Accident –over seven day absence

Accident type: Slip, trip, fall same level

Incident location: In the community/patients home

Incident details : The Injured party (IP) tripped on an uneven concrete slab on the path approaching a patients home, partially due to poor lighting conditions.

Additional information: The IP pulled a muscle in their chest resulting in an over seven day absence.

Incident outcome: Actual impact 2 – minor injury / illness

Lessons learned: Health and Safety Team discussed this incident with the team leader, risk assessments and manual handling training review to be implemented with H&S and back care team.

Key Quality Metrics Table

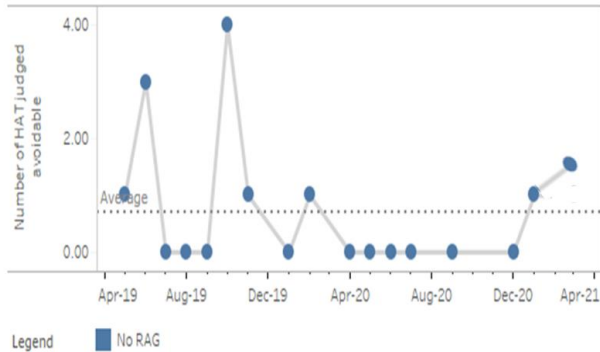
Descriptor	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
VTE Risk Assessment(% admitted patients receiving risk assessment)	98.61%	98.55%	N/A	98.36%	98.32%	98.41%	98.16%	98.16%	98.06%	98.47%	98.22%	N/A
Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)	3	11	26	36	51	60	71	87	91	97	101	N/A
Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)	0	1	2	2	3	3	3	3	3	6	7	7
% patients receiving stage 2 medicines reconciliation within 24h of admission	68.83%	69.63%	71.87%	66.35%	61.90%	60.35%	58.94%	62.03%	60.99%	60.98%	66.23%	N/A
% patients receiving allergy reconciliation within 24h of admission	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A
% of incidents associated with moderate harm or greater	2.04%	2.10%	2.36%	1.33%	2.18%	2.39%	1.81%	2.16%	2.04%	1.92%	2.34%	N/A
Cleaning Score - % of inpatient areas with initial score > 92%	N/A	43.90%	45.59%	45.83%	46.55%	58.57%	46.84%	55.00%	53.42%	59.74%	46.15%	N/A
% Radiology direct access 7 day turnaround times - Plain Film, CT, MRI & Ultrasound	91.70%	95.95%	90.69%	85.92%	83.23%	82.52%	85.75%	84.11%	81.61%	79.55%	84.58%	N/A
CAS alerts breaching deadlines at end of month and/or closed during month beyond deadline	0	0	0	0	0	0	0	0	0	0	0	0
Number of hospital acquired thromboses identified and judged avoidable	0	0	0	0	0	0	0	0	0	1	0	2
Crude Mortality	263	191	144	173	164	182	181	196	223	332	216	222
Dementia - % patients aged > 75 admitted as an emergency who are screened	86.73%	84.87%	88.30%	83.33%	87.16%	81.12%	85.03%	84.46%	85.05%	80.67%	83.58%	N/A
ED - % patients seen, assessed and discharged / admitted within 4h of arrival	86.42%	92.62%	93.24%	91.22%	87.31%	83.12%	83.45%	85.26%	79.93%	71.24%	81.52%	88.22%
Friends & Family test % likely to recommend - ED	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	86.18%	88.24%	88.35%	86.63%
Friends & Family test % not likely to recommend - ED	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8.38%	6.84%	6.85%	7.07%
Friends & Family test % likely to recommend - Mat	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A
Friends & Family test % not likely to recommend - Mat	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.00%	0.00%	N/A	N/A
Friends & Family test % likely to recommend - IP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	95.30%	95.95%	94.87%	95.54%
Friends & Family test % not likely to recommend - IP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2.45%	1.83%	2.59%	2.43%
Friends & Family test % likely to recommend - OP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	93.88%	94.69%	95.07%	94.51%
Friends & Family test % not likely to recommend - OP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2.96%	2.27%	2.35%	2.73%
% patients EAU length of stay < 12h	51.80%	65.20%	64.25%	60.13%	56.88%	52.76%	51.18%	54.87%	49.35%	42.04%	53.16%	56.59%
% Complaints upheld or partially upheld [Quarterly in arrears]	N/A	N/A	N/A	75.76%	N/A	76.04%	N/A	N/A	74.90%	N/A	N/A	N/A

Indicators where performance has declined:

- Number of hospital acquired thromboses identified and judged avoidable

PS17- Number of hospital acquired thromboses identified and judged avoidable

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



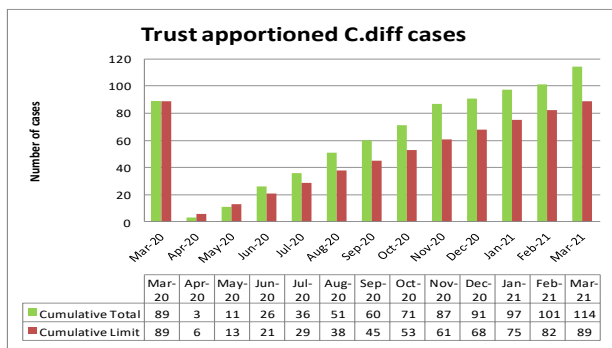
Moderate HATs

- Admitted for outpatient appointment for CT Spine.....noted required increase in care/ referred for a HUB bed. No HUB bed available and was admitted to an inpatient bed for 11 days, required treatment for a UTI during this time. Did not receive any TP during this time period
- Patient VTE RA identified bleeding risk on admission (Upper gastrointestinal bleed). Endoscopy showed mild oesophagitis. Hb stable. No mention of review of VTE prophylaxis following endoscopy-leading to 6 missed doses.

Out of the 3 Potentially Preventable HATs reported in March 2021, 1 was minor and 2 were moderate harm.

HAT reporting fluctuates dependent on the time from hospital admission to VTE and time to complete the HAT form. The VTE Prevention Team have prepared a safety notice to reiterate Trust guidance that most procedures/surgery can be carried out 12 hrs after prophylactic dalteparin (publication pending) and are meeting with the Chief Clinical Information Officer to explore possible EPR solutions for flagging when prophylactic dalteparin is not reinstated after it has been suspended .

The Trust Wide audit of appropriate thromboprophylaxis in October 2020 showed that 98.7% in patients received `appropriate thromboprophylaxis`



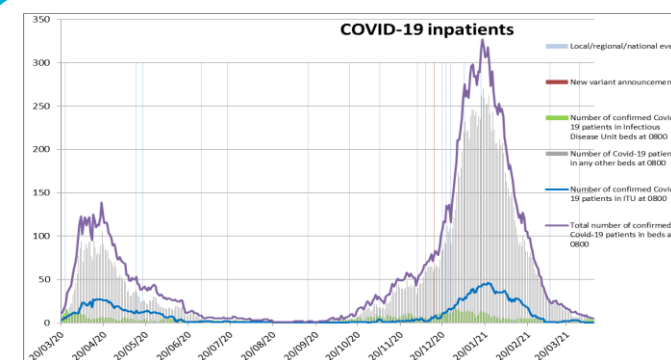
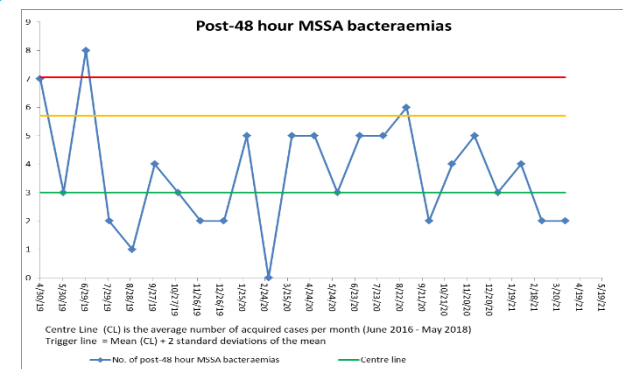
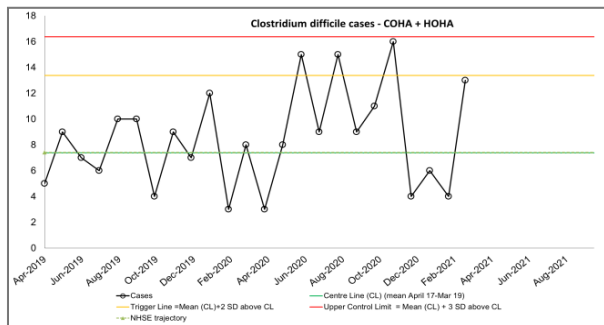
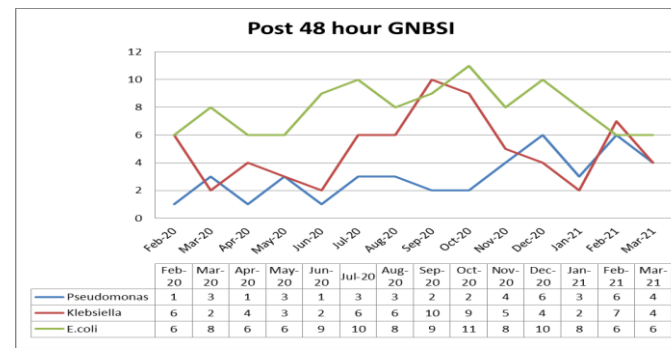
C. diff: 2020/21: In March there were 13 cases apportioned to the OUH., end of year position is 25 cases over the internal cumulative objective. Data presented in the SPC chart shows increased number of cases—these appear to occur predominantly in the inter-pandemic period. It will be interesting to see if the same phenomenon occurs in quarter 1 of 2021/22. No adjustments are made to these figures to correct for the denominator, and there are differences both in the number of admissions per month, and also the ratio of emergency to elective cases

MRSA 1 case in March, 8 cases to date for 2020-2021 of post 48 hour MRSA bacteraemia, 7 were ICU pts, of which 5 had COVID. All deemed unavoidable, 7 of the 8 cases were chest related.

Gram negative blood stream infections (GNBSI): NHSI Target to reduce healthcare associated GNBSI by 50% by 2023/24.

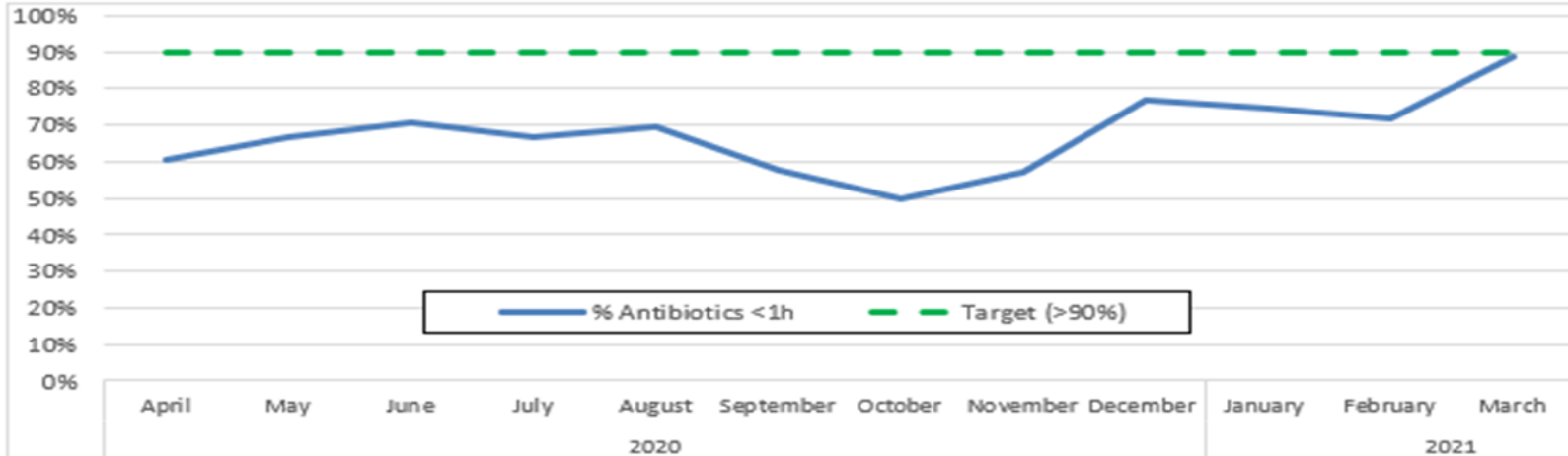
MSSA: 2 post 48 hour cases

COVID-19: activity trends downwards, no nosocomial cases or outbreaks in March
Staff COVID-19 data. – Trust continues to offer asymptomatic and symptomatic testing



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

Month	Not Nosocomial	Indeterminate	Probable	Definite	Total cases
Oct	98.96%	1.06%	0%	0%	95
Nov	81.11%	5.00%	6.11%	7.78%	180
Dec	83.19%	5.49%	5.82%	5.49%	601
Jan	86.03%	5.74%	4.63%	3.52%	1081
Feb	85.14%	5.88%	5.26%	3.41%	323
March	100%	0.00%	0.00%	0%	69



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

- March 2021: Overall **24/227 (89%)**; ED **24/26 (92%)**
- Latest SHMI for sepsis **83.1 (71.4-96.2)** [Nov 19 – Oct 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	In progress	Recruitment of replacement 2nd sepsis nurse completed start date confirmed 28 th June
3. Strengthen Directorate & Divisional Reporting & Feedback	Completed	New divisional process for auditing & reporting sepsis
4. Expand Sepsis Dashboard to support individual feedback	In progress	Data source being refined; 1st data instalment received
5. Improve Sepsis Coding	Completed	New coding rules being piloted by coding team

*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	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Documentation	99.00%	99.37%	99.78%	99.15%	100.00%	100.00%
Observation	100.00%	100.00%	99.66%	100.00%	100.00%	99.68%

- WHO documentation audit 100% compliance (413/413): CSS 100% (154/154), MRC 100% (149/149), NOTSSCaN 100% (68/68), SuWOn 100% (42/42)
- WHO observational audit 99.7% compliance (312/313): NOTSSCaN 100% (132/132), SuWOn 100% (150/150).CSS 100% (3/3), MRC 99.7% (27/28) One of the patients did not have all the team present for sign out. This has been raised at the Cardiothoracic Surgical CSU.
- **Local Safety Standards in Invasive Procedures (LocSSIPs)**
- 30 have been completed and ratified for use at the relevant Directorate and Divisional Governance meetings, and Safer Surgery and Procedures Implementation Group (SSPIG). These LocSSIPs are published on the Trust intranet for staff to access.
- The primary responsibility for implementing, monitoring and reporting compliance with the LocSSIPs is undertaken within the relevant Directorate by the Governance teams; compliance is reported to the relevant Divisional Governance meeting before being reported to SSPIG/CGC.
- SSPIG reconvened in March having not met due to operational pressures during the pandemic; no meeting was held in April as no new LocSSIPs were ready for presentation; work has been going on to develop a LocSSIP audit tool with a sub-group of users with the aim to trial this once elective procedures resume, and staff are back working in their usual roles. The aim will then be to roll this out Trust-wide later in 2021.
- Local audit of the safety checklist element of the LocSSIPs is included in the WHO compliance above.
- **Completion rate of actions from root cause analysis Never Event investigations in 2019/20 and 2020/21**
- 89% Never Event actions for 2019/20 for which the target date has passed have been completed
- Outstanding actions are in progress and overseen by the Serious Incident Group.

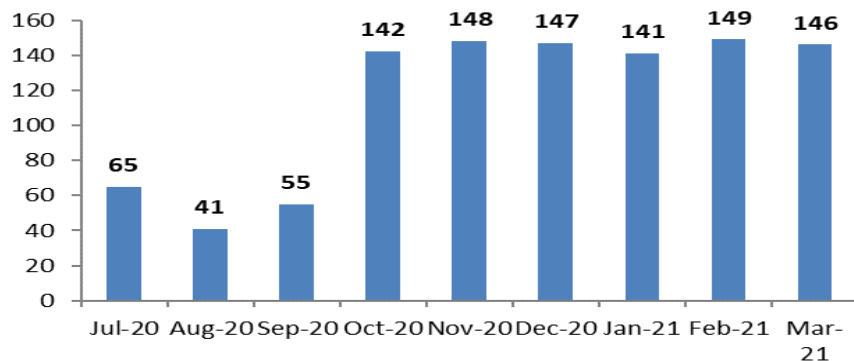
1 Never Event has been recorded to date in 2021/22

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

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

- A staff led initiative whereby members of staff can nominate colleagues to recognise instances of excellence.
- The nominee receives an email thanking them and the narrative that was reported.
- A multi-professional core group has enthusiastically promoted Excellence Reporting locally (within respective divisions and in all-staff briefings, through Corporate Communications and on social media) and represented the Trust work Nationally.
- Professor Pandit personally presents an excellence report of the month to an individual or team that has made a significant contribution.
- This month the award was presented to a consultant in ED for going above and beyond in her role in terms of kindness and compassion. This was demonstrated by her taking the time to order patients hot meals, make them a cup of tea, assist them to the toilet and bring patients with dementia a radio to reassure them. She is also exemplary in her teaching provided to trainees and her encouragement for them to challenge and push themselves. She is exceptional in all aspects of her role as a consultant and a credit to the OUH.

Excellence Reported in Ulysses



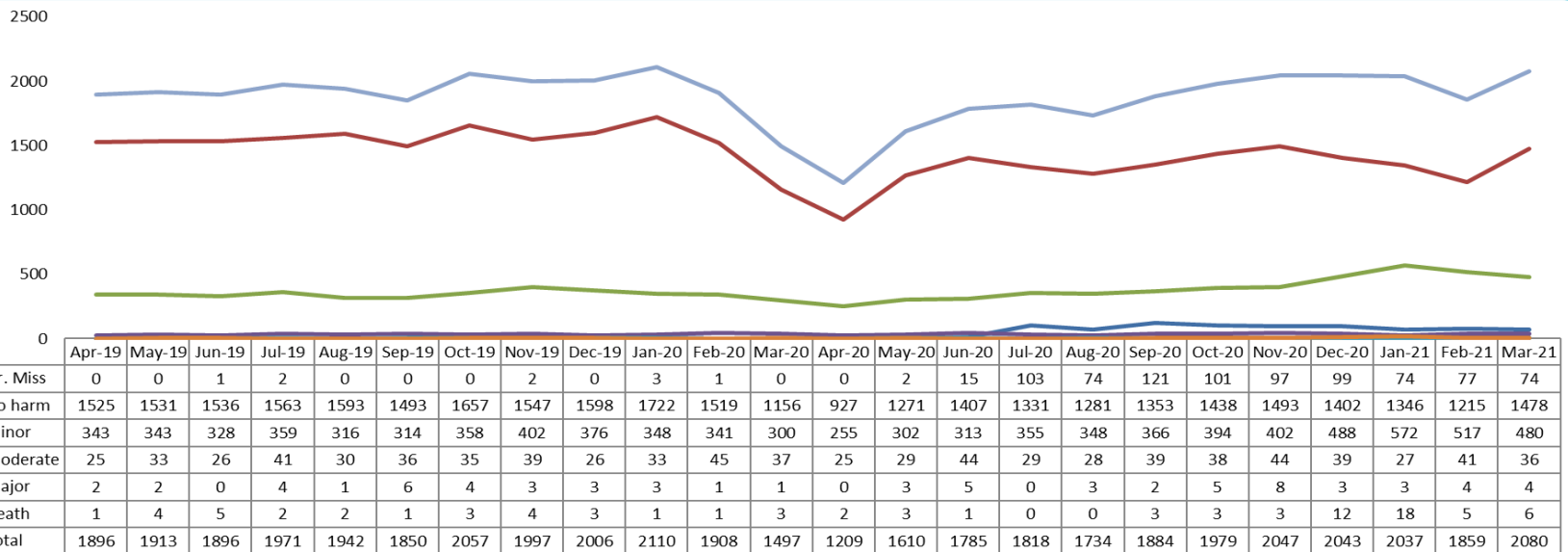
Theme	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Teamworking	13	18	13	34	37	43	51	55	48
Compassionate Care	11	7	8	26	35	28	22	32	25
Going Above And Beyond	27	13	22	54	69	72	65	61	72
Innovation	2	0	2	4	7	4	3	1	1
No Theme Selected	12	3	10	24	0	0	0	0	0
Grand Total	65	41	55	142	148	147	141	149	149

Reporting
EXCELLENCE



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

2080 patient incidents were reported in March 2021; the mean monthly number over the past 24 months is 1880. The number of incidents reported reduced in mid-March 2020 due to the COVID-19 pandemic-related reduction in numbers of in-patients, halted elective surgery and reduced outpatient activity. Incident reporting levels have returned to previous levels. A large number of incidents reported with a small percentage of incidents with significant impact reflects a good safety culture; National Reporting & Learning System data shows the Trust's ratio of incidents reported to bed days to be well above the median when compared with peers.



In March, 130 incidents were discussed at PSR. Two visits from PSR representatives to support staff and patients took place, and 10 incidents had their impact downgraded in the meeting.

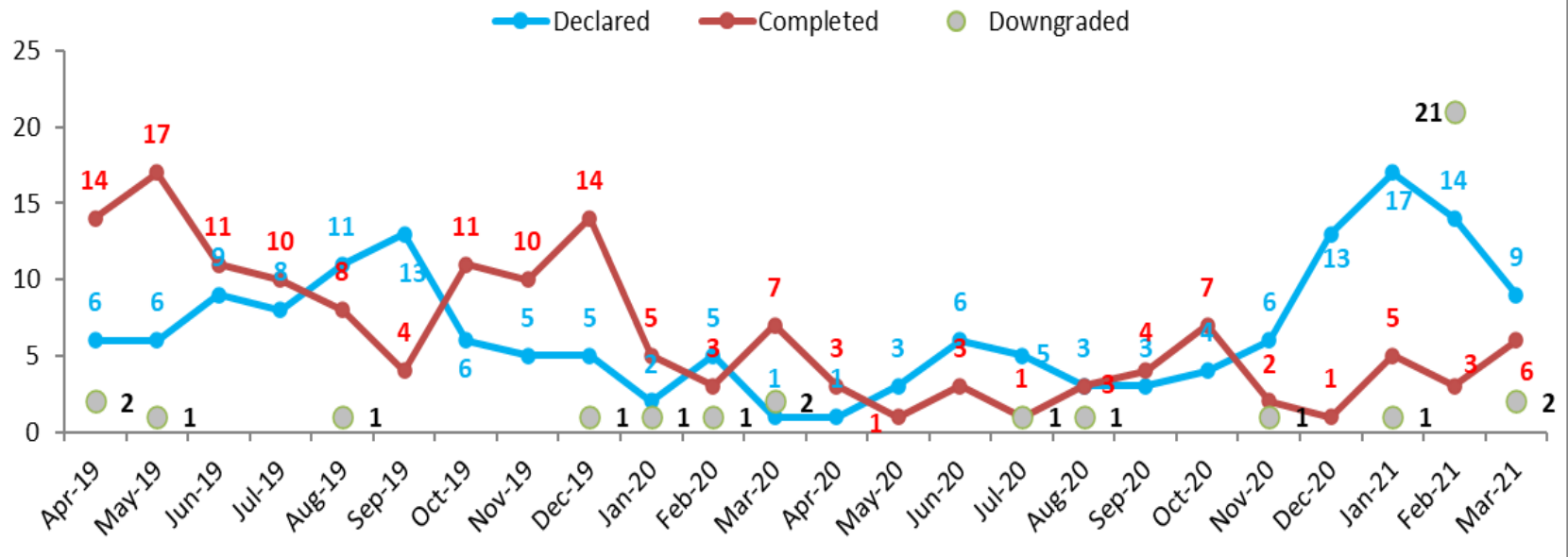
Six SIRI investigation reports were submitted for closure (approval) to the Oxfordshire Clinical Commissioning Group (OCCG) in the same period. Learning from these investigations is disseminated at a range of Trust, Division and local level meetings, with communication to target groups often written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

The below graph shows 9 SIRIs were declared by the Trust in March 2021 and 6 SIRI investigations were sent for approval to the OCCG.

Twenty-one SIRIs were downgraded in February which were all nosocomial COVID-19 cases. Following discussion with NHS England, and in agreement with commissioners, these were downgraded on STEIS, and a single SIRI was called to cover all such cases.

Two SIRIs were downgraded during March. One of these was a case involving nosocomial COVID-19 infection which was originally called separate to the over-arching SIRI because the infection was not classed as probable or definite according to national definitions; however, following discussion at the Trust's COVID-19 incidents meeting it was felt useful to group this case with the others.

SIRIs declared and completed in the last 24 months



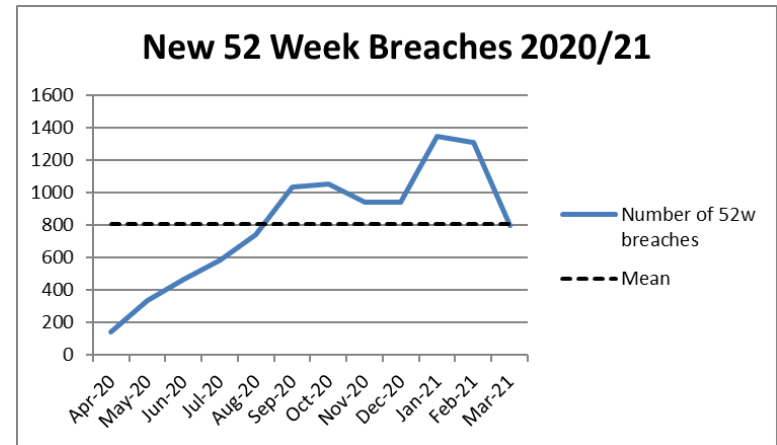
Clinical Risk: Harm reviews from extended waits

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

Services with over 20 new 52w breaches

Specialty	Dec20 new breaches	Jan21 new breaches	Feb21 new breaches	Mar21 new breaches	Mar21 total breaches
ENT	336	403	319	179↓	1824
Gynaecology	26	59	59	44↓	136
Maxillo Facial Surgery	83	198	186	72↓	589
Ophthalmology	137	164	211	108↓	466
Paediatric ENT	82	119	122	72↓	537
Plastic Surgery	51	50	57	40↓	213
Spinal Surgery Service	(18)	35	37	27↓	170
Trauma & Orthopaedics	68	102	110	88↓	364
Vascular Surgery	20	20	(12)	(8) ↓	63
Urology	(10)	43	37	22↓	71

Total new 52w breaches



- There were 4,934 patients who had been waiting more than 52 weeks for elective treatment at the end of March 2021 (a minor reduction on the February figure of 5,003).
- March saw a return to the mean for new 52 week breaches for the first time since August 2020 (see graph above right).
- The impact of COVID-19 has been significant and has affected the ability to undertake individual harm reviews. 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.
- One 52w breach in 2020-21 has been confirmed as entailing Major impact, this is being investigated at a Divisional level.
- One 52w breach in 2020-21 has been confirmed as entailing Moderate impact, this is being investigated at a local level.
- The following slide shows the prioritisation level for March's new 52 week breaches. Please note that only surgical patients are managed using the prioritisation levels process, and so non-surgical specialities have been omitted.


March 52w breach cases with details of the prioritisation level

Row Labels	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
Clinical Haematology		1			1
Ear Nose and Throat	1	58	237	22	318
Endoscopy (Gastroenterology)				2	2
Gastroenterology				1	1
General Surgery	1	2	1	1	5
General Surgery Hernia			1	1	2
Gynaecology	7	20	44	19	90
Hepatobiliary and Pancreatic Surgery			1		1
Interventional Radiology		1			1
Maxillo Facial Surgery	8	85	251	63	407
Neurology		1	3		4
Neurosurgical Service	2	37	13		52
Occupational Therapy		1		1	2
Ophthalmology	3	99	204	59	365
Optometry			4		4
Orthodontics		1	3		4
Orthoptics			2		2
Paediatric ENT	1	19	67	6	93
Paediatric Neurosurgery		1	3		4
Paediatric Ophthalmology		2	20	1	23
Paediatric Oral and Maxillofacial Surgery Service		3	33	1	37
Paediatric Plastic Surgery	7	20	23	1	51
Paediatric Spinal Surgery	1	11	18	2	32
Paediatric Surgery	2	16	13	1	32
Paediatric Trauma and Orthopaedics		8	9	2	19
Paediatric Urology		16	1	1	18
Physiotherapy	1	3	1	1	6
Plastic Surgery	12	60	77	15	164
Plastic Surgery Craniofacial	1		4	3	8
Public Health Medicine	1	2	3	3	9
Restorative Dentistry			1	1	2
Rheumatology	1				1
Spinal Surgery Service	3	20	81	5	109
Trauma and Orthopaedics	16	146	88	37	287
Urology	1	29	19	3	52
Vascular Surgery	1	4	26	7	38
Grand Total	70	666	1251	259	2246

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

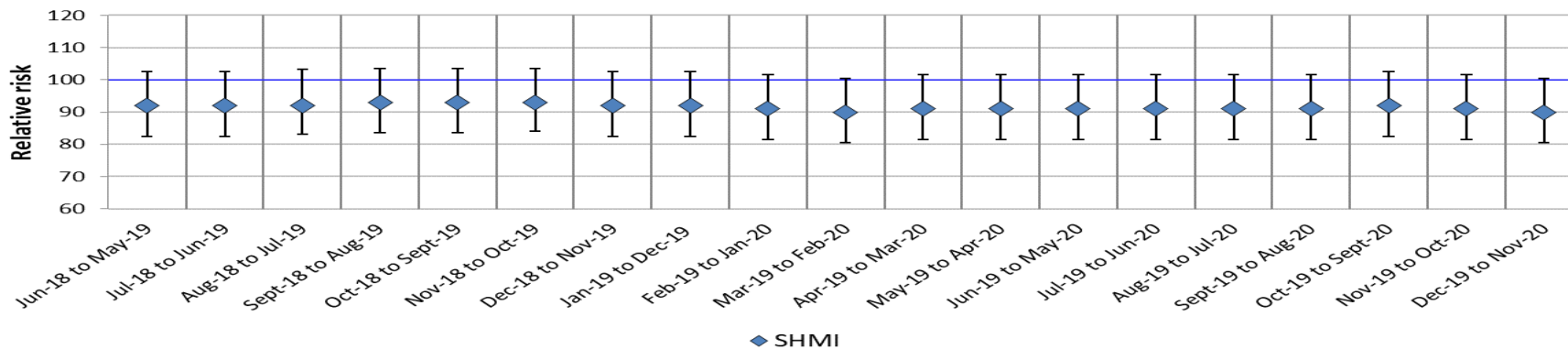
Since 5 February 2019 a weekly safety message from the CMO has been issued from the central Clinical Governance team, emailed to all staff accounts, and available on the intranet

Weekly Safety Alerts

Actions ▾		1 - 100 ▶
 Title		Alert Date
Weekly Safety message 115 - Technologies Advisory Group		13/04/2021 10:00
Weekly Safety message 114 - Resuscitation: Event record and documentation of emergency medicine		06/04/2021 09:00
Weekly Safety Message 113 - Cannulas: BD Pro Safety cannula issues		30/03/2021 09:00
Weekly safety message 112 (Extra) - Accessing patient records-legitimate relationships		25/03/2021 16:00
Weekly Safety Message 111 - Positive Patient Identification in Blood Transfusion.		23/03/2021 10:00
Weekly Safety Message 110 - Care and maintenance of PICC Lines		16/03/2021 17:00
Weekly Safety Message 109 - Never Events: Insulin syringes		09/03/2021 11:00
Weekly Safety Message 108 - Heel offloading for pressure ulcer prevention and management		02/03/2021 10:00

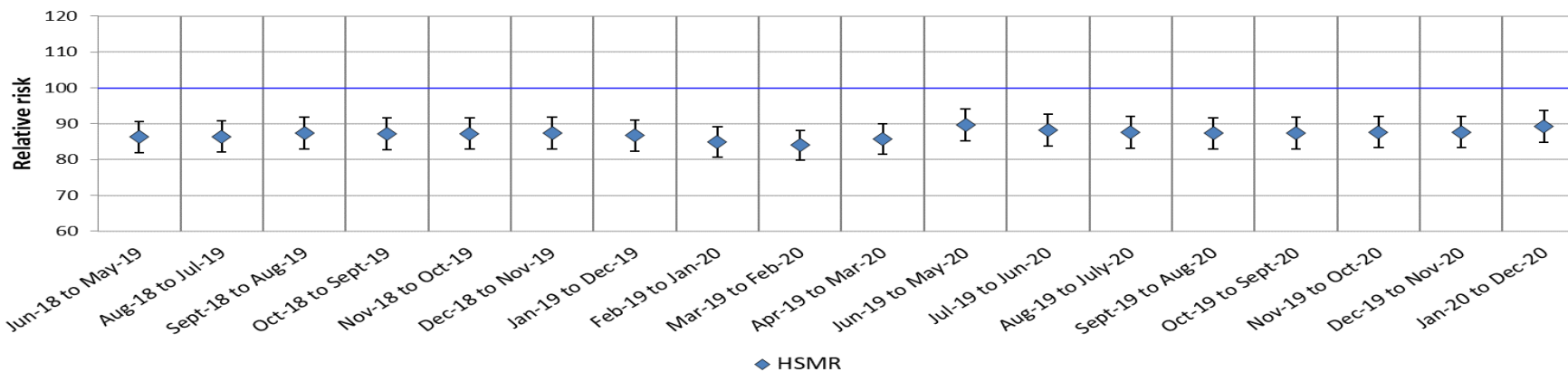
The SHMI for the data period December 2019 to November 2020 is 90. This remains rated 'as expected'.

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 89 for January 2020 to December 2020. The HSMR remains rated as 'lower than expected'

Summary Hospital-level Mortality Indicator (SHMI) December 2019 to November 2020 – Shelford Group

Shelford Group Trust	SHMI (Dec-19 to Nov-20)	Banding
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0.70	Lower than expected
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.74	Lower than expected
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	0.77	Lower than expected
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.88	Lower than expected
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.90	As expected
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.95	As expected
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	0.95	As expected
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	0.96	As expected
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	0.97	As expected
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	1.00	As expected

Hospital Standardised Mortality Ratio (HSMR) January 2020 to December 2020 – Shelford Group

Shelford Group Trust	HSMR (Jan-20 to Dec-20)	Banding
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	72	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	84	Lower than expected
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	89	Lower than expected
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	95	Lower than expected
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	101	As expected
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	105	Higher than expected
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	110	Higher than expected

Operational Performance

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

OUH Operational Performance Benchmarking – National and Shelford Group

Indicator	Standard	Current Data Period	National	Shelford	OUH
Accident & Emergency '4 hour' standard 'All Types'					
% ≤4 hour waits from Emergency Department attendance to admission/transfer/discharge	95%	31/03/2021	76.55%	67.79%	88.22%
Referral to Treatment Standards					
RTT: % <18 week waits, Incomplete pathways	92%	28/02/2021	64.40%	64.17%	67.62%
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	28/02/2021	2129	6023	4992
Cancer Standards					
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	28/02/2021	90.33%	82.39%	71.98%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	28/02/2021	71.47%	56.19%	13.59%
First treatment within 31 days of cancer diagnosis	96%	28/02/2021	94.74%	91.90%	95.70%
First cancer treatment within 62 days of urgent referral from screening service	90%	28/02/2021	72.07%	67.94%	81.13%
First cancer treatment within 62 days of urgent GP referral	85%	28/02/2021	69.75%	64.09%	71.65%
Subsequent cancer treatment in <31 days: surgery	94%	28/02/2021	87.46%	82.54%	96.67%
Subsequent cancer treatment in <31 days: drugs	98%	28/02/2021	99.12%	98.73%	100.00%
Subsequent cancer treatment in <31 days: radiotherapy	94%	28/02/2021	98.11%	98.82%	100.00%
DMO1 6 week Diagnostic Standard					
DMO1: >6 week waits for treatment	1%	28/02/2021	33.43%	35.79%	18.04%

A&E

In month 12, whilst performance against the 4 hour standard was particularly challenging, OUH performed well in comparison to the national average and Shelford group average.

RTT

At the end of month 11, OUH performed above the national average and the Shelford group average for patients waiting under 18 weeks at 67.62%; OUH continues to report more 52 weeks than the national average, 4992 compared to 2129. When compared to the Shelford group, OUH's 52 week waits were lower than the average by 1,031 patients for the fourth consecutive month.

Cancer Standards

At the end of February 2021, 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 GP referral', 'First cancer treatment within 62 days of urgent referral from screening service', 'Subsequent cancer treatment <31 days: surgery', 'Subsequent cancer treatment <31 days: radiotherapy and the Subsequent cancer treatment <31 days: drugs' standards. When solely compared to the Shelford Group averages, OUH performed better in 6 out of 8 cancer standards.

Diagnostic waits

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

Urgent Care: 4 hour performance in March 2021 was 88.22%, an increase from the previous month. The Horton site improved from the previous month achieving 96.69%, as did the John Radcliffe achieving 84.99%

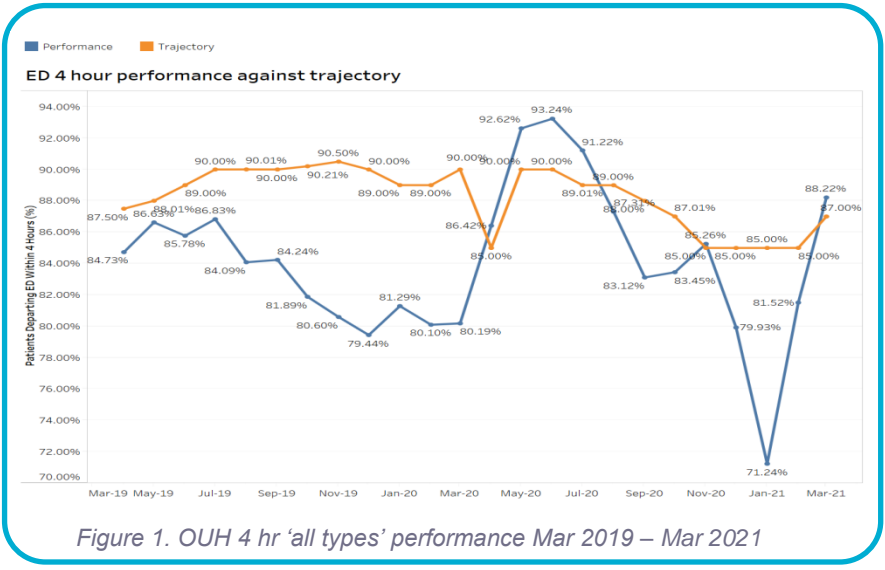


Figure 1. OUH 4 hr 'all types' performance Mar 2019 – Mar 2021

In March 2021, the trust achieved 88.22% (all types) of patients being seen within 4 hours, an increase of 6.66% on the previous month and ahead of trajectory. OUH moved up in the national rankings for 'all types' of performance. In comparison to the Shelford Group Hospitals and local regional hospitals, OUH demonstrated an improved position when compared to the previous month. The John Radcliffe (JR) site saw an improvement in performance on the previous month from 77.34% to 84.99%. The Horton General Hospital (HGH) saw a further improvement in performance from 93.42% to 96.69%. ED attendances at the JR were 11% higher in March 2021 (9,549) than in March 2020 (8,615). Attendances at the HGH in March 2021 were 17.5% higher (3,636) than in March 2020 (3,094).

We are working with all the Same Day Emergency Care (SDEC) Units across OUHFT and OHFT, and 111/999 to direct referrals to SDEC and 2hr urgent response as an alternative to ED. In addition, ED staff are working with OHFT in respect of 2hr urgent response in line with the increase in referrals from ED and to reduce LOS in the ED.

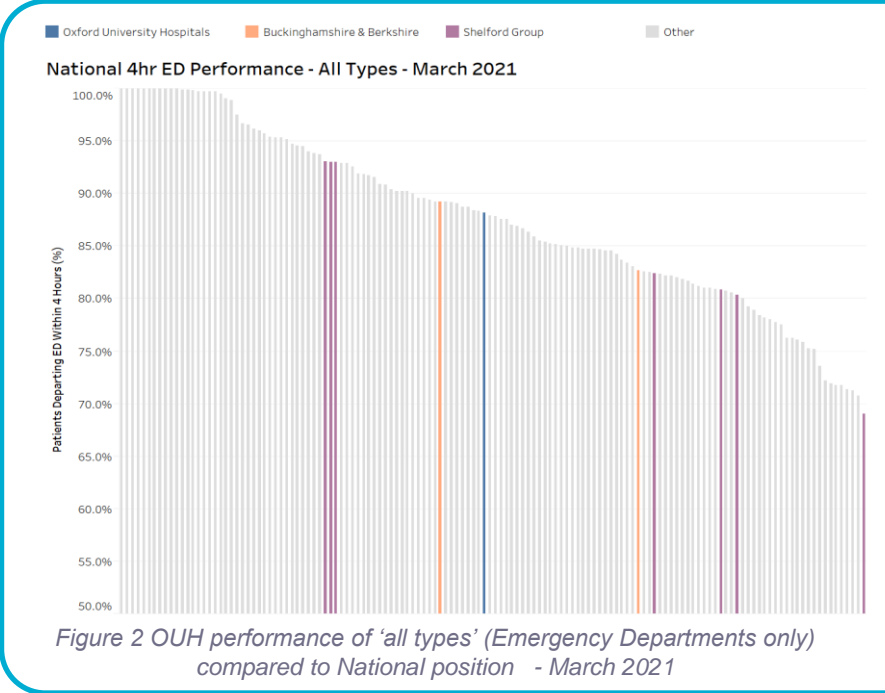


Figure 2 OUH performance of 'all types' (Emergency Departments only) compared to National position - March 2021

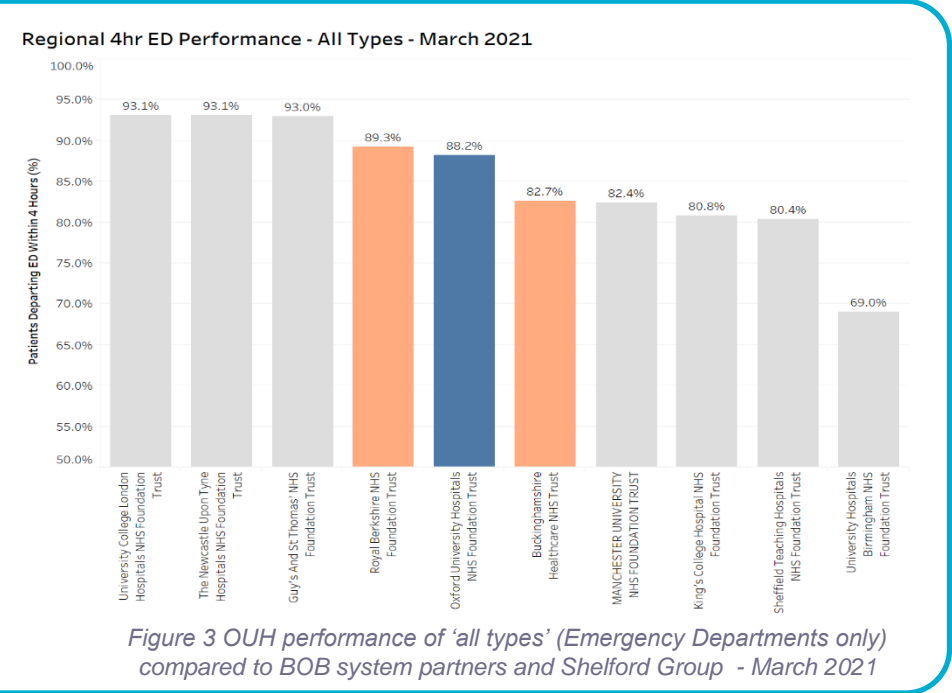


Figure 3 OUH performance of 'all types' (Emergency Departments only) compared to BOB system partners and Shelford Group - March 2021

On the John Radcliffe site breach numbers were 1282 for March, (a decrease of 275 on February) of which 852 (68%) were admitted breaches and 430 (34%) non-admitted. Admitted breaches decreased by 117 (33%) compared to the February and non-admitted breaches decreased by 158 (55%)

The most significant breach reasons for admitted patients waiting for beds in EAU 255/852 (30%) or general wards 226/852 (26%). The most significant breaches for non-admitted patients were waiting for an ED/EAU bed 152/430 (35%) and waiting to be seen in by the Emergency Department 121/430 (28%).

Two acute medical wards designated for Covid19 patients throughout February returned back to Medicine on 1st March and 29th March respectively, aiding the admission of medical patients (low risk green pathway) out of ED/EAU and into the medical wards. However the 4 weeks during March, where there was still one medical ward dedicated for COVID19 patients, saw breaches for patients waiting for beds on Medical wards 106/852 (12%) and EAU 68/852 (8%).

What actions are being taken to improve performance?

1. Consistent use of ED huddles regularly throughout the day were introduced 24/7 to ensure drive on safety and on the ED 4 hour standard (JR and HGH)
2. Defining predictors on what beds will be needed out of hours with plans to empty EAU from 16:00 hrs onwards;
3. Develop Directory of Services for SDEC for specialties and ensure timely Specialties support to ED
4. Breach validation and analysis to include 'Did Not Breach', 'Other' and those patients falling between 4-5 hours and identify thematics to follow-up

At the Horton site, breach numbers for March were 111 (a decrease of 50 on February) of which 54 (48.6%) were admitted breaches and 57 (51.4%) were non-admitted breaches. Bed waits contributed to the majority of the Admitted and Non-admitted breaches 16/54 (29.6%) and 16/57 (28%) respectively.

Throughout March there has been a daily rolling closure (5 beds) of EAU and inpatient medical beds to accommodate a complete window replacement programme. This was completed by the third week in March.

What actions are being taken to improve performance?

1. Consistent use of ED huddles regularly throughout the day were introduced 24/7 to ensure drive on safety and on the ED 4 hour standard (HGH and JR)
2. Develop business case to increase 'minors' estate footprint at HGH (currently 'radiology estate used out of hours and at weekends)
3. Resurrecting the work previously undertaken with Radiology to ensure the timeliness of reporting turnaround, aiding swifter decision making and outflow (HGH and JJR).
4. Provide Capacity Bid to ensure 24/7 opening of EAA (5 beds plus chairs area also used as Transfer Lounge Area - currently funded 8am-8pm). The last 12 months 24/7 use has enabled HGH to maintain a 95% performance against the ED 4 hour standard

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

BreachSpecialty	Admitted					Not Admitted					Grand Total
	Bed Wait	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen		
Cardiology	6	1	1	1	1		2	1		13	
Cardiothoracics	3	1	2	1				1	2	10	
ED	12	28	155	16	78	43	127	23	85	567	
ENT	7			7	2			4	1	21	
Gastro	2			7				1		10	
Gynae	3			1	2					6	
Max / Facs	3			2				1	4	11	
Med	97	20	68	106	30	3	6	10	5	345	
Neuro	6	2	3	7				2		20	
Null	1				2		1	1	2	7	
Other	6		6	8	2	1	6	3	4	36	
Paeds	18			7	1	3	2	11	2	44	
Plastics	1	1	2	3	1	1	2	3	7	21	
Psych / Barnes	2		4		1	4	5	22	7	45	
Surg	15		4	6	9			7		41	
Trauma	41	1	9	7	6	3	1	8	2	78	
Urology	1	1	1		1					4	
Vascular	2			1						3	
Grand Total	226	55	255	180	136	59	152	98	121	1,282	

Figure 4. John Radcliffe Breach reasons March 2021

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

BreachSpecialty	Admitted					Not Admitted					Grand Total
	Bed Wait	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen		
Cardiology		1								1	
ED		3	16	3	7	11	16	3	10	69	
ENT						1				1	
Med	2	2	1	5						10	
Neuro		1								1	
Null		2				2				4	
Other			2				2		1	5	
Paeds	1						1			2	
Plastics									1	1	
Psych / Barnes					2	2	2	1	1	8	
Surg		2		1	1					4	
Trauma				2			1		1	4	
Urology						1				1	
Grand Total	3	11	19	11	10	17	22	4	14	111	

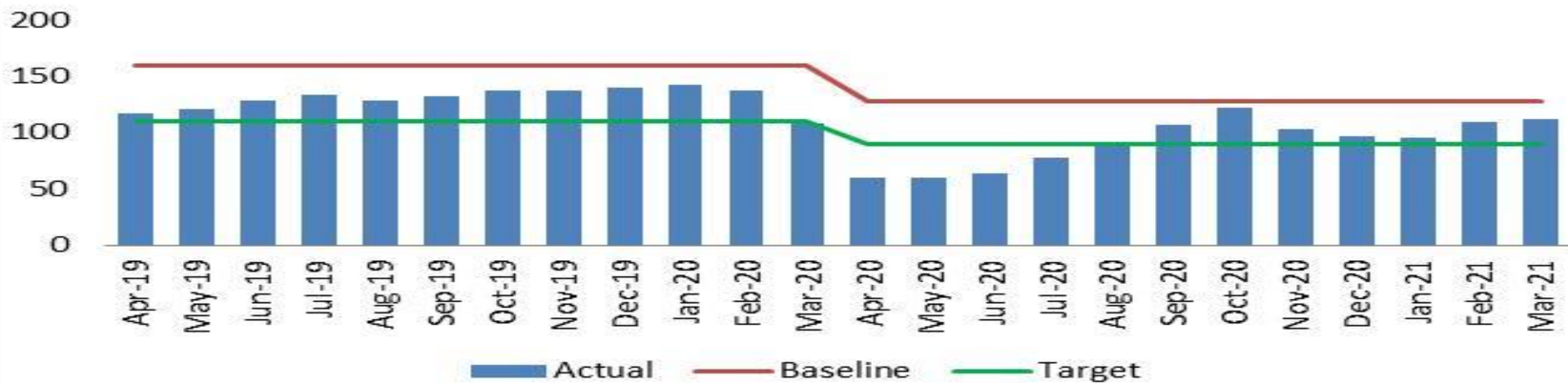
Figure 5. Horton Breach reasons March 2021

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

Patients with a LOS over 21 days

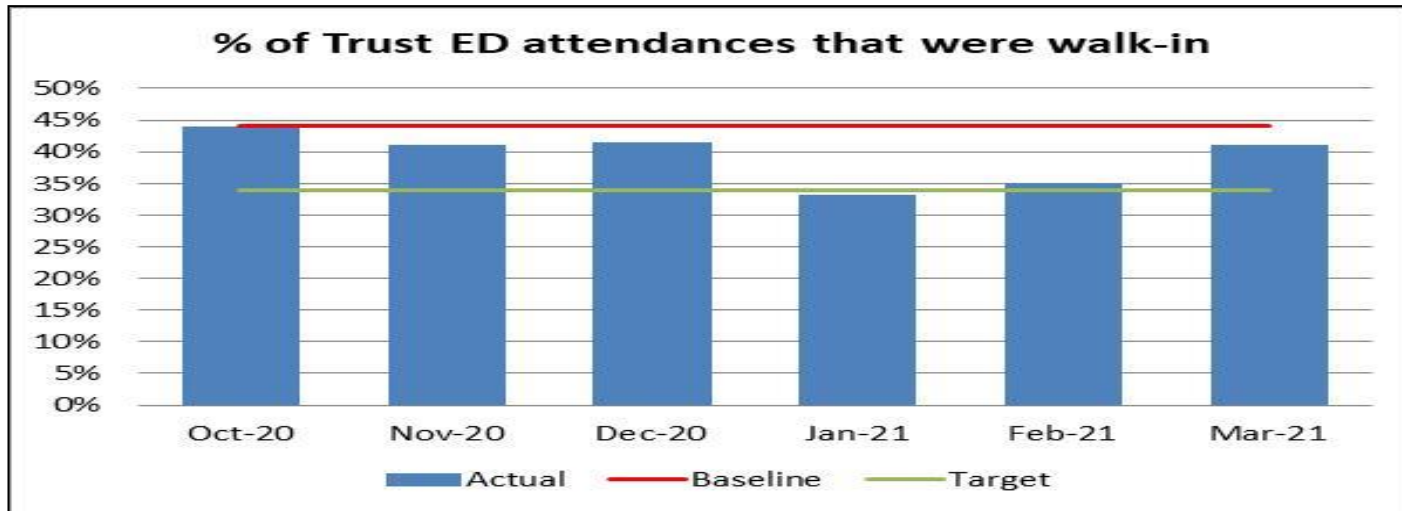
- In March the average daily LLOS numbers increased to 112, which is slightly higher than the previous month at 109. This is above the target of 90.
- The numbers increased in part due to the prolonged length of stay for those patients admitted with Covid in December 2020, January and February 2021. The Trust continues to see a length of stay over 21 days in critical care beds and speciality tertiary beds.
- A large proportion of the long length of stay patients still require treatment; as at 31/03/21 77% of the patients were Not Medically Fit For Discharge (NMFFD). 15% of those not medically fit remain in critical care; a small number of which are patients transferred from other hospitals under mutual aid arrangements.

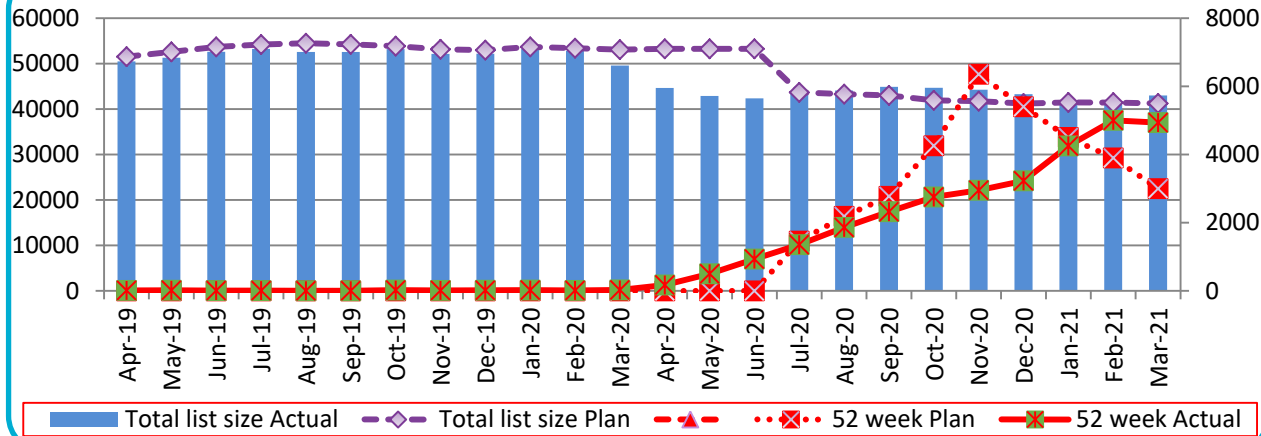
Number of patients with an extended LOS over 21 days per month



NHS 111 First

- ED Walk-ins increased in March 2021 when compared to the previous month by 6% which is a 3% reduction with the baseline that was set at the beginning of the project. This is partially due to the Easter period and the reduction of access to Primary Care during that time.
- Work continues to develop the opportunities the introduction of NHS 111 has facilitated. Engagement with Ophthalmology has seen a decline in the number of patients presenting at ED, following learning set training for the clinical assessment service hosted within NHS 111.
- Discussions continue with the OUH Urology service to facilitate direct advice and guidance with Primary Care to support the care of patients with haematuria; this has now been expanded to include testicular torsion and blood clots with the aim to reduce attendances by allowing for patients to have treatment closer to home.
- There remains a significant requirement to change patient culture; a local communication campaign has commenced to promote the public towards contacting NHS 111 in the first instance.





Month 12 Performance:

Trust performance against the overall **18-week incomplete RTT standard** was **68.85%**, an improvement from the 67.62% reported in the month 11 report.

The **total waiting list size for March** is **42,999** which is within the Trust's phase 3 trajectory, however this is an increase when compared to the previous month.

52 week wait position month 12: There were **4,934** patients waiting over 52 weeks for first definitive treatment at the end of March 21; this represents a decrease of 69 patients when compared to the February position. At the beginning of March, the Trust started a phased approach to resuming routine elective activity across all theatre suites as clinical areas, wards and critical care units were able to convert back to their planned activities. In line with the Trust's Elective Recovery plan, the priorities for Quarter 1 2021/22 are to focus on reducing waiting times for patients on a cancer pathway and to ensure the volume of lapsed *RCS Priority 2 patients is significantly reduced.

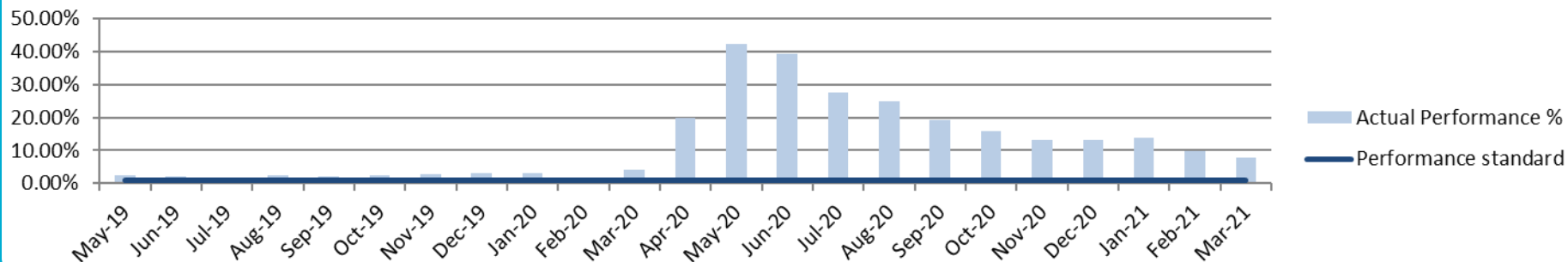
7 patients were submitted as having waited **over 104 weeks** at the end of March 2021. There were **5,470** patients waiting **over 40 weeks** which represents a **decrease** of 727 patients when compared with previous month. In line with the agreed Clinical Harm Review process, clinical services are required to undertake a clinical harm review for any patient waiting over 78 weeks.

* Royal College of Surgeons (RCS) Prioritisation

M12: Number of >52 week Incomplete RTT pathways	
Specialty	Number of pathways
Ear Nose and Throat	1824
Maxillo Facial Surgery	589
Paediatric ENT	537
Ophthalmology	466
Trauma and Orthopaedics	364
Plastic Surgery	213
Spinal Surgery Service	170
Gynaecology	136
Urology	71
Vascular Surgery	63
Paediatric Plastic Surgery	61
Neurosurgical Service	58
Paediatric Spinal Surgery	48
PaediatricOMFS	42
Orthodontics	40
Paediatric Surgery	37
Paediatric Trauma and Orthopaedics	34
Paediatric Ophthalmology	23
Allergy	22
Paediatric Urology	21
Physiotherapy	15 – (3x Spine and 12x Orthopaedics)
Public Health Medicine	10 (3x Spine, 2x Gynae, 3xOrthopaedics, 2x Paed Surgery)
Plastic Surgery Craniofacial	9
Restorative Dentistry	8
Neurology	8
Optometry	7 (Ophthalmology)
General Surgery	7
Rheumatology	6
Endoscopy (Gastroenterology)	5
Gastroenterology	5
Paediatric Neurosurgery	5
General Surgery Hernia	4
Paediatric Neurology	3
Clinical Neurophysiology	3
Dermatology	2
Interventional Radiology	2
Infectious disease	1
Occupational Therapy	2 (Orthopaedics)
Orthotics	2 (Orthopaedics)
Orthoptics	2 (Ophthalmology)
Hepatobiliary and Pancreatic Surgery	1
Endoscopy (General Surgery)	1
Maxillo Facial Surgery Craniofacial	1
Transplant Surgery Service	1
Respiratory Medicine	1
Clinical Haematology	1 (Urology)
Gynaecological Oncology	1
Paediatric Physiotherapy	1 (Orthopaedics)
Colorectal Surgery	1
Grand Total	4934

Elective Care: Diagnostic Waits (DM01) March 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	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Trend rolling 12 month period
Magnetic Resonance Imaging	103	261	762	832	870	914	683	504	494	677	808	741	794	
Computed Tomography	36	514	716	626	357	316	174	87	43	32	22	26	21	
Non-obstetric ultrasound	45	299	1916	1865	1123	872	895	871	528	387	193	15	15	
Barium Enema	0	3	25	21	0	0	0	0	0	0	0	0	0	
DEXA Scan	1	70	370	411	151	110	32	0	0	0	0	0	0	
Audiology - Audiology Assessments	5	393	415	259	70	28	21	7	8	11	8	19	5	
Cardiology - echocardiography	2	7	7	43	24	25	45	53	98	49	24	8	9	
Cardiology - electrophysiology	2	6	2	36	9	3	13	15	19	34	28	8	2	
Neurophysiology - peripheral neurophys	30	2	81	158	48	45	17	108	61	42	66	53	36	
Respiratory physiology - sleep studies	0	0	0	0	0	0	0	0	0	0	0	0	0	
Urodynamics - pressures & flows	0	0	0	1	0	2	12	2	0	5	1	13	1	
Colonoscopy	93	268	309	346	351	306	178	109	82	61	59	38	13	
Flexi sigmoidoscopy	35	136	180	203	179	152	144	103	91	72	50	27	11	
Cystoscopy	14	46	37	45	51	47	48	45	49	31	53	40	38	
Gastroscopy	121	346	427	521	524	514	399	239	187	169	154	85	37	

Month 12 Performance:

There were **982** patients waiting over 6 weeks for a DM01 reportable diagnostic test at the end of March (a decrease of 91 patients compared to previous month). The Trust did not meet the **diagnostic wait** standard with **7.77%** of patients waiting more than 6 weeks against the performance standard of 1%. The main specialties where the **1% breach performance standard** was not achieved were; **MRI 17.91%** (794 breaches), **Gastroscopy 16.89%** (37 breaches), **Cystoscopy 16.67%** (38 breaches) and Neurophysiology **10.08%** (36 breaches). An Endoscopy recovery plan is in place focusing on three key areas – increasing availability of trained staff to book patients, maximising available capacity and validation / clinical review of the endoscopy waiting list. Further development work includes digital solutions, shared best practice from RBH and the opening of the 6th endoscopy room.

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

28 Day reportable cancellations/readmission breaches by Month

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

Other - reasons for elective on the day cancellation by Month

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Clinical reason	7	9	3	3	15	16	14	14	18	10	21	21	28
Patient declined treatment on the day	2	3	0	2	4	1	3	4	3	3	1	2	6

Specialty	Cancellations	28 day Readmission Breaches
Interventional Radiology	1	0
Thoracic Surgery	1	0
Ear Nose and Throat	1	0
Trauma and Orthopaedics	1	0
Endoscopy (Gastroenterology)	1	0
Endoscopy (General Surgery)	1	0
Gynaecology	4	0
Urology	1	0
Total	11	0

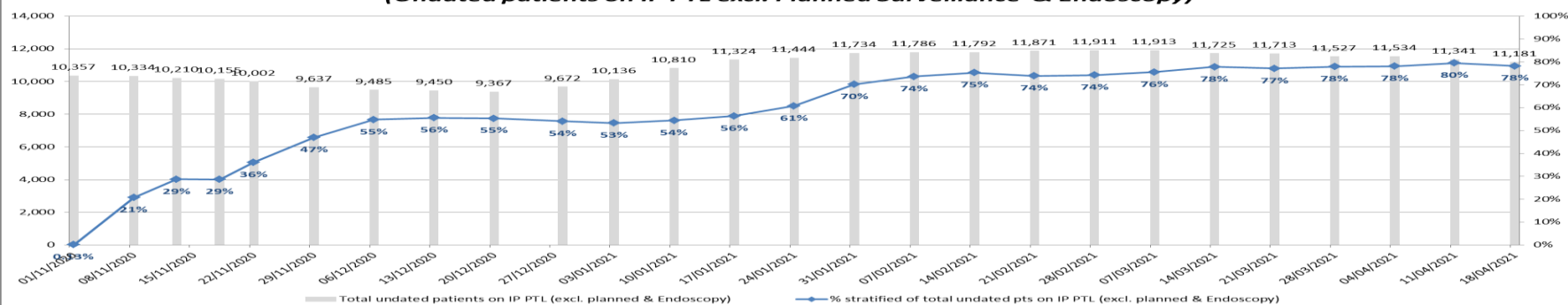
Month 12 Performance: There were 11 reportable (**hospital non clinical**) elective cancellations on the day throughout the month of March 2021; this represents an increase in cancellations due to the following reasons when compared to the previous month.

- Ran out of theatre time / list running late (4 patients)
- No bed available (3 patients)
- Booking error (2 patients)
- Consultant unavailable (1 patient)
- Overriding emergency (1 patient)

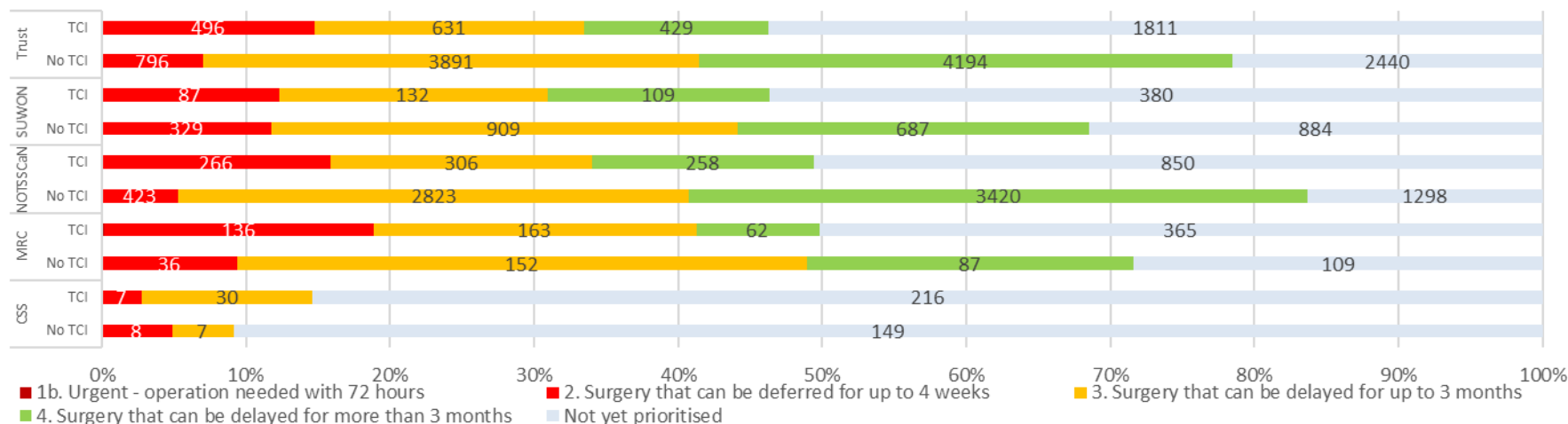
There were zero 28 day readmission failures in March 2021.

Elective Care; Royal College of Surgeons (RCS) Prioritisation summary of patients on the 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)

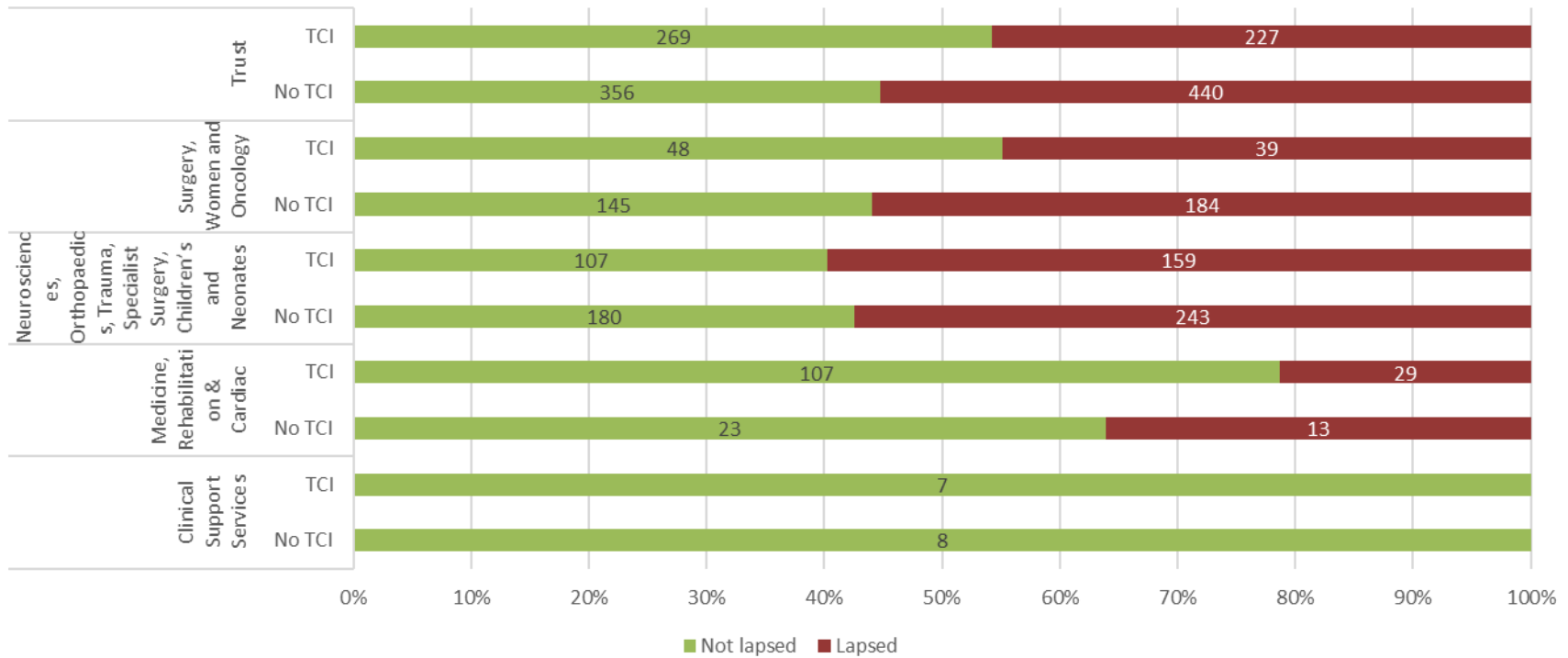


RCS category profile of DATED and UNDATED surgical waiting list (excluding Endoscopy and "Planned/Surveillance procedures") as at PTL of 25/04/2021:



RCS Prioritisation (P1-4) : Undated patients on the surgical waiting list (excluding Endoscopy and "Planned/Surveillance" patients, have continued to be clinically prioritised using the Royal College of Surgeons (RCS) guidance. As at the surgical PTL snapshot of 18/04/2021, **78% of UNDATED** patients (excluding Endoscopy "planned/surveillance") had an RCS priority code documented within EPR, showing a sustained performance when compared with last months position of undated patients.

The percentage of RCS prioritisation completion for **DATED** patients within EPR is lower than the undated position. Redesign changes to the RCS capture process in EPR are required, and are being progressed to improve the completion rates for patients that have already been dated.



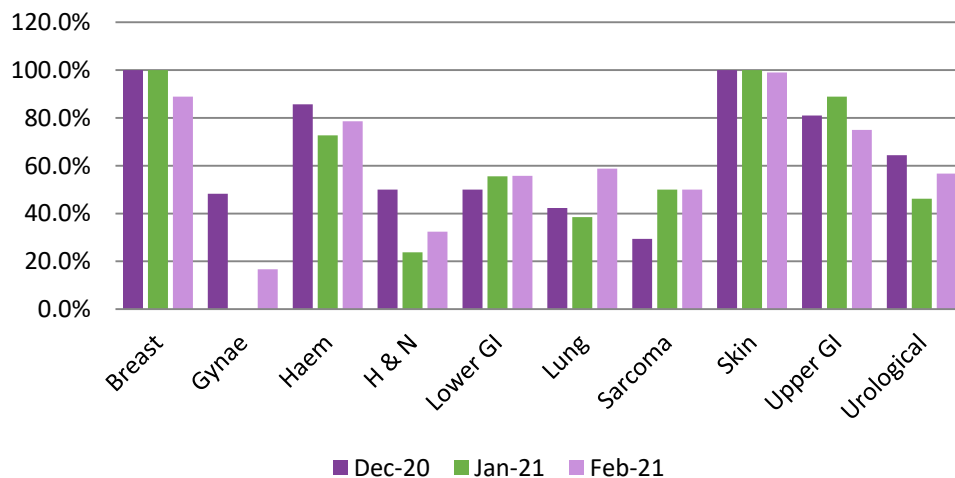
- There are **1,292** patients stratified as RCS category “P2” on the Inpatient/Daycase waiting list as at 25/04/2021.
- **48.4 %** (625) of patients categorised as P2 are currently waiting **within the 4 week timeframe** since last being prioritised (not lapsed).
- **51.6%** (667) of patients categorised as P2 have waited in **excess of the 4 week timeframe** since last being prioritised (lapsed)
- **5 specialties** (listed right) account for **66% of the currently waiting lapsed P2s** across the Trust
- Lapsed P2 data is shared with Divisions on a weekly basis via the PTL and Assurance meeting process
- One of the Trust’s priorities within the Elective Recovery plan is to significantly reduce the volume of P2 patients who have waited beyond 4 weeks

Top 5 specialties of Lapsed P2s by volume of patients lapsed:

Specialty	Number of patients lapsed P2 timeframe
Orthopaedics	150
Urology	106
Plastic Surgery (Including "Plastic NOC")	73
Gynaecology	61
Plastic Surgery Craniofacial	47
	437

Tumour Site	Dec-20				Jan-21				Feb-21			
	Total	Within	Breach	%	Total	Within	Breach	%	Total	Within	Breach	%
Breast	28	28	0	100.0%	31	31	0	100.0%	27	24	3	88.9%
Gynae	14.5	7	7.5	48.3%	2.5	0	2.5	0.0%	6	1	5	16.7%
Haem	7	6	1	85.7%	11	8	3	72.7%	14	11	3	78.6%
H & N	11	5.5	5.5	50.0%	10.5	2.5	8	23.8%	18.5	6	12.5	32.4%
Lower GI	13	6.5	6.5	50.0%	22.5	12.5	10	55.6%	21.5	12	9.5	55.8%
Lung	13	5.5	7.5	42.3%	13	5	8	38.5%	8.5	5	3.5	58.8%
Sarcoma	8.5	2.5	6	29.4%	6	3	3	50.0%	6	3	3	50.0%
Skin	48.5	48.5	0	100.0%	44.5	44.5	0	100.0%	52	51.5	0.5	99.0%
Upper GI	10.5	8.5	3	81.0%	13.5	12	1.5	88.9%	12	9	3	75.0%
Urological	36.5	23.5	13	64.4%	39	18	21	46.2%	30	17	13	56.7%
Total	190.5	141.5	50	74.5%	197	140	57	71.0%	198	142	56	71.6%

62 day performance



Most significant breach numbers/ reasons:

Urology 13 – Slow pathways, delays between diagnostics, surgical capacity for diagnostics and treatment

Gynae 5 – Theatre capacity, slow diagnostic work up to treatment. Co-morbidities,

Lung 3.5—additional diagnostics, bed capacity, co-morbidities

Head and Neck 12.5- Capacity for GA biopsy, theatre and ITU capacity for treatment. Complex diagnostic pathways

Month 12 (February 2021) Performance: Reporting an additional month in arrears, the Trust achieved 4 out of 9 CWT standards.

2ww from GP referral: Whilst performance had improved when compared to the prior month, this standard was not achieved in February, reporting **72%** against **93% threshold**. Breast performance slightly improved to 23.9%.

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. Performance against standard of **93%** was **13.6%**.

Breast action plan update (impacting both 2ww and symptomatic breast pathways)
 •Short term: Insourcing list commenced Sunday 17th January: provided an additional 442 appointments to date and will continue, currently fortnightly, to end of Sept 21.
 •Medium term: New radiologist and fellow employed from February and March 21 respectively: will provide additional 'in-week' radiological capacity from Sept 21. Move 18 Week Support (WS)lists to weekly (additional 26 appts/week).
 •Estimated wait times: wholly dependent on referrals. 18 WS lists had helped bring wait times down to 14-16 days by mid-March. However weekly referrals have increased by 21% from mid-March to mid-April and has adversely impacted the improvement seen in waiting times, with current waits between 22-23 days.
 •Weekly meetings chaired by COO / DCS involving radiology and the breast service to ensure delivery against agreed improvement trajectory.

62 Day from GP referral
 The number of completed pathways for February were 198 with 56 breaches. This resulted in a 62-day CWT performance of **71.6%**. The main breaches were in urology, gynaecology, head and neck and lung.

Patients waiting over 104 days for diagnosis and treatment:
 At the end of February, 46 patients remained undiagnosed or untreated >104 days on a 62-day pathway. 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 need for additional biopsies, surgical capacity, late referrals from other trusts (5), and treatment of another condition or comorbidity delaying diagnostics.

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	No of breaches		No of breaches		18-19	19-20
		Jan 21	Jan-21	Feb 21	Feb-21		
2 WW for suspected cancer	93%	67.3%	496/1505	72%	448/1599	96.7	95.0
2 WW for Breast Symptoms	93%	14%	148/172	13.6%	178/206	94.3	97.4
28 Day Faster Diagnosis Standard	75%	76.9%	343/1483	81.6%	288/1566		70.1
31 Days Decision to first treatment	96%	92.9%	28/392	95.7%	17/395	93.1	91.5
31 Days Decision to subsq treatment (surgery)	94%	96.4%	2/56	96.7%	2/60	95.2	90.3
31 Days Decision to subsq treatment (drugs)	98%	99.4%	1/63	100%	0/80	99.5	99.8
31 Days Decision to subsq treatment (radiotherapy)	94%	97.6%	5/205	100%	0/206	96.7	98.9
62 Days GP referral to first treatment	85%	71%	57/197	71.6%	56/198	72.1	68.3
62 Days Screening service to first treatment	90%	89.5%	2/19	81.1%	5/27	79.1	59.0
62 Day incomplete pathways >62 days	Count	195	N/A	183	N/A		
62 Day incomplete pathways >104 days	Count	47	N/A	46	N/A		

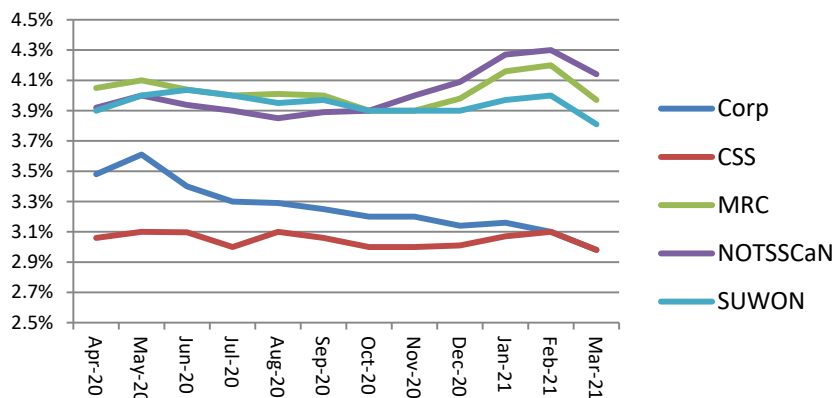
Workforce

OUH FT	3.7%	3.9%	9.4%	1,135.5	85.5	£8,671,095	£741,080	71.3%	82.4%
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
Clinical Support Services	3.0%	2.6%	8.6%	93.4	24.4	£739,709	£427,888	76.6%	91.1%
Corporate	3.0%	1.1%	6.8%	88.0	3.4	£519,358	£59,704	72.2%	78.5%
Medicine Rehabilitation and Cardiac	4.0%	1.8%	9.6%	397.0	20.6	£3,276,407	£98,659	70.8%	82.8%
Neurosciences Orthopaedics Trauma and Specialist Surgery	4.1%	7.1%	9.3%	287.3	14.0	£2,227,472	£107,922	63.5%	81.3%
Surgery and Oncology	3.8%	4.4%	11.1%	269.8	23.2	£1,908,149	£46,908	75.8%	90.0%

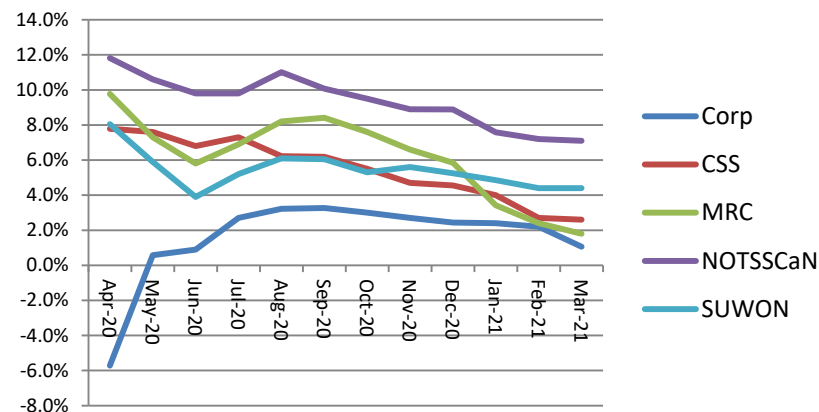
The above data represents the M12 position of the key KPIs regarding HR Metrics. Vacancies are calculated as the difference between the wte establishment from the financial ledger and staff in post wte from the Electronic Staff Record (ESR). Corporate is combined with Estates, R&D, Operating Services, 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)

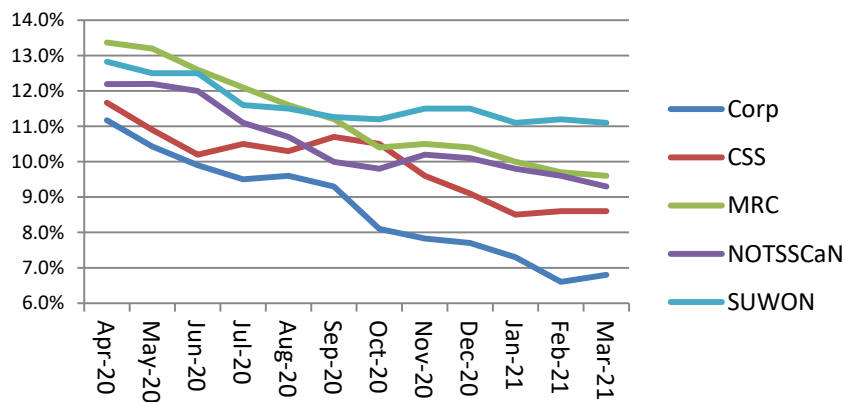
Sickness Absence % by Division



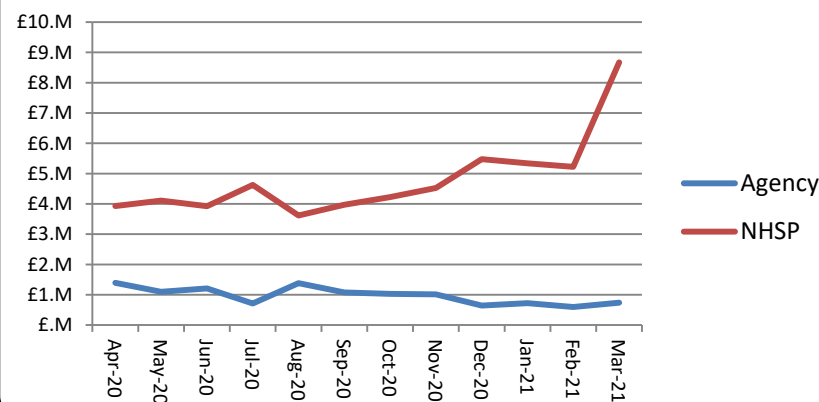
Vacancy % by Division



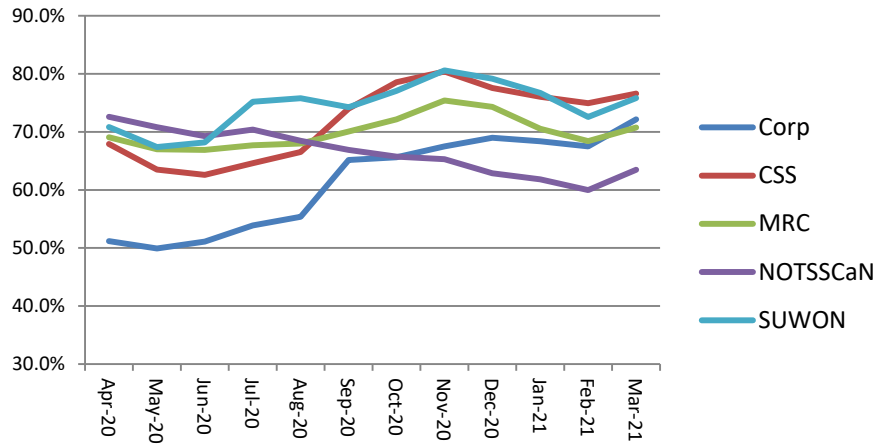
Turnover % by Division



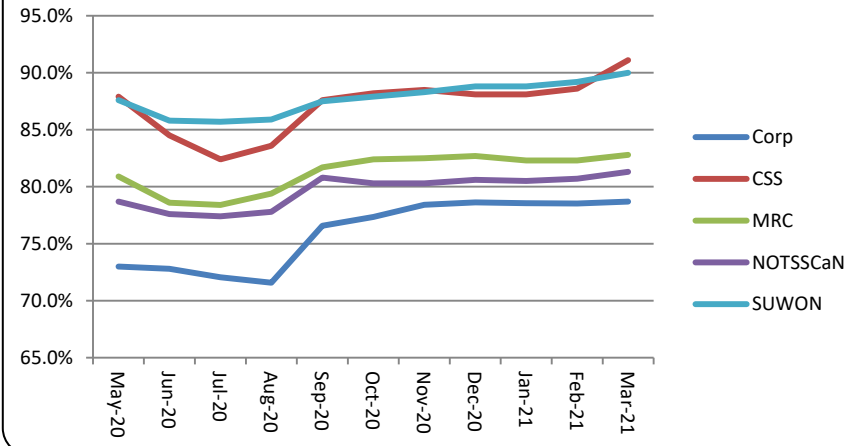
Bank and Agency Spend £



Non Medical Appraisal % by Division

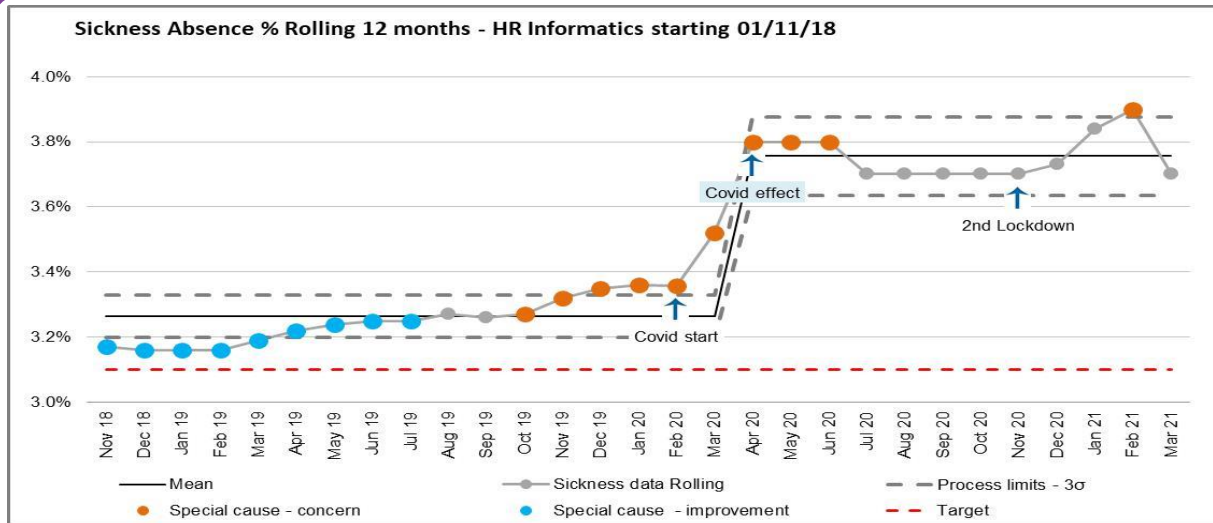


Stat Mand %



Reducing our absence rates

The graphs below support the accompanying text.



Month – Mar 21

3.7%

Target

3.1%

Target Achievement

Metric is consistently above KPI target.

Background	What the chart tells us	Issues	Actions
Data taken from ESR for a rolling 12 months. Sickness % is wte absent/wte availability.	M12 has seen a noticeable decrease in COVID-19 absence as more staff/ local population have become vaccinated. Numbers absent from COVID-19 has started to decline following a peak in January 2021.	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. Whilst there are a number of points applicable there is only one point, which since the process limits have been reset, is above the line. There is a run of points above and below the mean, although they are not 7 sequential points. COVID-19 absence accounts for 0.9% of the 3.7% and represents a loss of c100 wte in a rolling 12 months. 3 out of the top 5 absence reasons are COVID-19 related which is expected. Highest non COVID-19 reason is Mental Health – Anxiety/Stress. This is in excess of twice the prevalence of the next highest reason– Musculoskeletal. HR are aware of the possible increases in Mental Health conditions as the pandemic eases.	CSS: all cases are in a process and HR are working closely with line managers to support staff. Staff shielding are being supported. 6 staff have recently completed Mental Health First Aid training and a further 16 staff will attend the course by the end of June 2021. NOTSSCaN: the division are working on ensuring managers and staff are being supported in the absence process. Staff are continuing to be signposted to the Your Wellness Matters Campaign for support as well as Occupational Health. MRC: contact has been made with Psychological Medicine and the division is promoting the support that is available. The division continues to make duty of care calls to staff who are unwell. SUWON: a weekly connect meeting is held for shielding staff for SUWON and CSS divisions. Staff engagement – the division is supporting staff return to work and/or flexible working discussions after shielding ends. Shielding staff and managers encouraged to complete risk assessments and formulate safe RTW for staff.

The graph below support the accompanying text.

Covid related absence daily 01/12/20 - 13/04/21



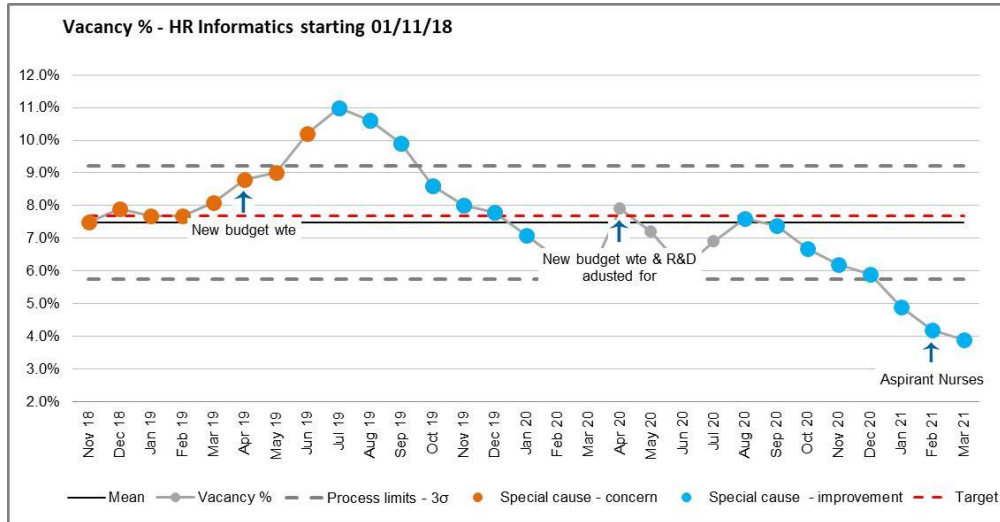
What the chart tells us

- Since M10 when COVID-19 absences peaked at 684, the absences have been steadily reducing. As of mid April, numbers for both medical and non medical COVID19 are c140, of which c60 are reactions to vaccinations where typically absence last for approximately 2 days.
- Our BAME staff are disproportionately affected by absence. Current BAME profile of staff absent through COVID-19 is 44% (13/04/2021). For staff in post the BAME profile is 26% as at M12.

Actions

- The Trust has now offered vaccination to all staff and developed various interventions for staff with concerns. In particular, there is work to support vaccination rates amongst PFI staff. Second jobs are being offered.
- A comprehensive programme of staff testing is in place.
- Ensuring wellness checks are undertaken for all staff; lateral flow testing kits made available to all staff.
- Psychological support is offered at all levels, from the individual level, such as the Employee Assistance Programme (EAP) and Occupational Health, through to teams, who are supported by a Health & Wellbeing Lead linked to the Psychological Medicine team, through to support for leaders.
- Occupational Health support, including risk assessment for all staff, and bespoke guidance for key groups including those with specific conditions such as diabetes, asthma etc. and for our BAME (Black, Asian and Minority Ethnic) staff
- There is a continued focus on Covid Risk Assessments for new starters and there is also a renewed focus on Risk Assessments for staff who have been shielding.
- Recognition day – staff to be awarded extra days leave on or as close to their birthday as possible to reflect the work undertaken during this crisis. The Trust is in discussion with its PFI partners to extend this to seconded staff.
- Following incidence of cross infection staff have been requested not to attend work if feeling unwell.
- “Growing Stronger Together – Rest, Reflect and Recover” has been launched.

The graphs below support the accompanying text.



Month – Mar 21

3.9%

Target

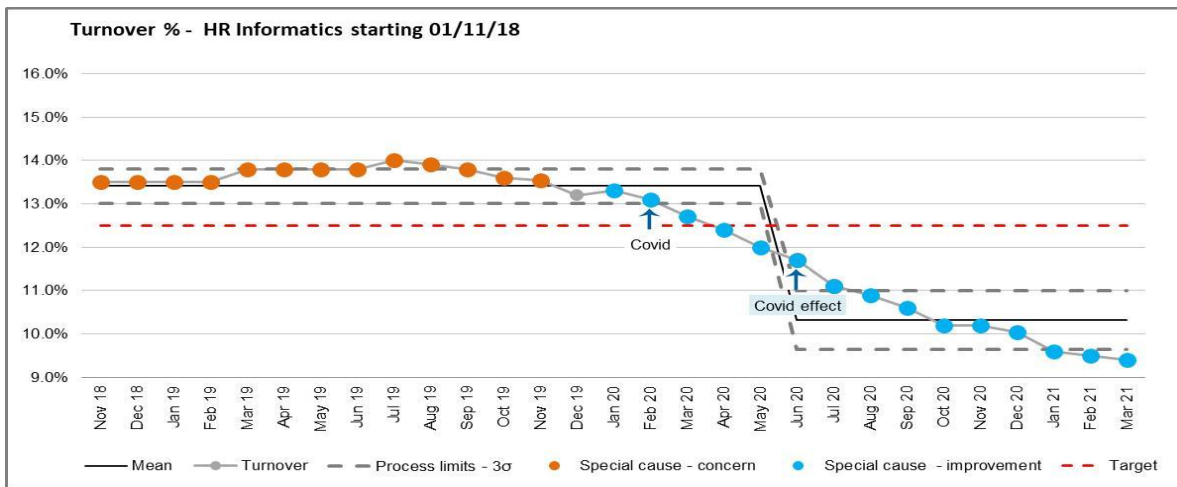
7.7%

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.	Continued growth in staff in post has reduced the vacancy factor across the Trust. This picture may change in April as Aspirant Nurses are due to leave at the end of M1.	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 3 points below the line. In addition a run of 7 sequential points above/below the mean is unusual and may indicate change in process. There is run of data points above/below the mean.	NOTSSCaN - Cross divisional working on the Theatres deep dive workforce planning project and Admin and Clerical deep dive project are ongoing. In conjunction with the R&R Steering Group, the divisional Recruitment and Retention Nurse is working with colleagues on the international recruitment for Nursing initiative – Hong Kong & Australia. Consideration should also be given to targeting the existing workforce who have qualified in their country of origin but working at lower grade and encourage them to apply for qualified vacancies. In CSS the focus remains on the hard to fill posts in Radiology, Breast Screening and Critical Care. SUWON - Link programme is utilised to move Band 5(s) to Band 6(s) and promote talent & retention. Recruitment for the Swindon satellite unit is in progress. International recruitment will specifically support Theatres band 5 recruitment going forward. MRC : The continued success of overseas Nurses gaining NMC Registration means a reduction of Band 5 vacancies across the division.

The graphs below support the accompanying text.



Month – Mar 21

9.4%

Target

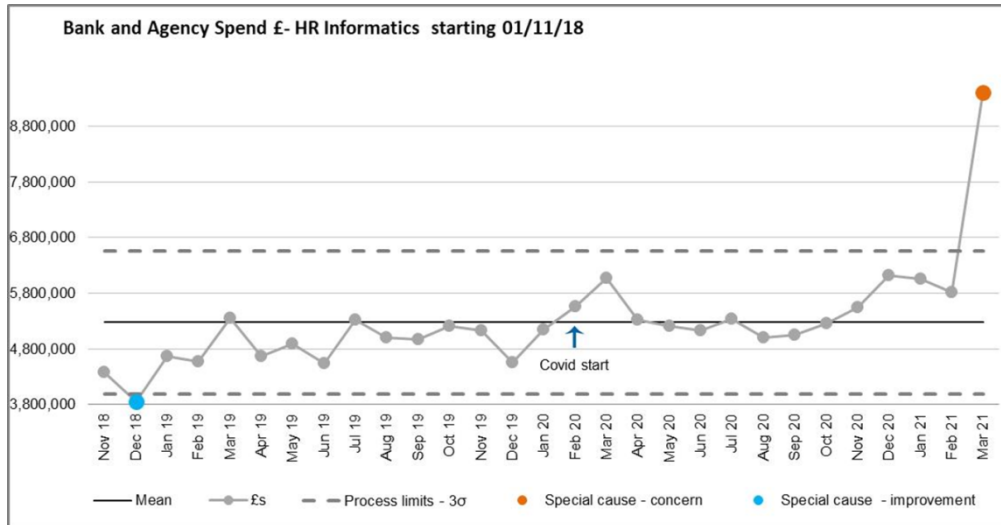
12.0%

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>The chart clearly illustrates the effect that COVID-19 has had upon rates of leavers which have fallen in the period concerned. Likewise the average staff in post has risen, thus driving down the vacancy rate. Falling turnover rates have been widely reported across the BOB region.</p>	<p>Points above/below the grey dotted lines (process limits) are unusual and should be investigated. They may represent a system out of control. There are 6 points below the line, 2 of which are for the last two calendar months, and 4 above the line. More than 7 sequential points above or below the mean may indicate a change in process. There is a run of data points which fall below the mean since October 2020. Re trend, where there is 7 increasing/decreasing sequential points the process is not in control. There is a run of falling points.</p> <p>There is concern that leaver rates will start to increase as the pandemic eases.</p>	<p>NOTSSCaN - all directorates remain compliant with this KPI. However, it is anticipated that we may see changes as the pandemic eases and services return to “business as usual”. The divisional Education Lead is working closely with the division and R&R Steering Group to propose a strategy to address this issues i.e.to conduct stay interviews so as to inform recruitment and retention activities and succession planning. In CSS the focus is on reviewing the RRP for Radiology and AICU. In SUWON Maternity admin has a high turnover – there is an admin restructure to provide career progression and cross-cover. For MRC the hotspot is within John Warin Ward.</p>

The graphs below support the accompanying text.



Month – Mar 21

£9.4 M

Target

N/A

Target Achievement

N/A

Background

Temporary spend is taken from the financial ledger and is the combination of bank and agency spend. From a backdrop of breaching the agency ceiling in 19/20, there has been drive to reduce our agency spend and achieve the ceiling (£16.4M) for 20/21, which the Trust has achieved by c£5M (£11.6M).

What the chart tells us

Bank spend has increased since September 20, with a marked decrease again in agency spend. The increase in spend is due to the increase in pay for Nursing to cover the COVID-19 demand. Although the demand for bank workers has increased by 8%, this needs to be offset against sickness levels and demand levels. For Nursing, between March 20 (61% fill) and March 21 (88% fill), there was an increase of 27% in filled shifts. Temporary spend in M12 includes £2.8m of in month COVID-19 costs. The noticeable increase in costs in March are attributable to NHSP and the increases in pay rate and uptake; and the timing of timesheets paid in March.

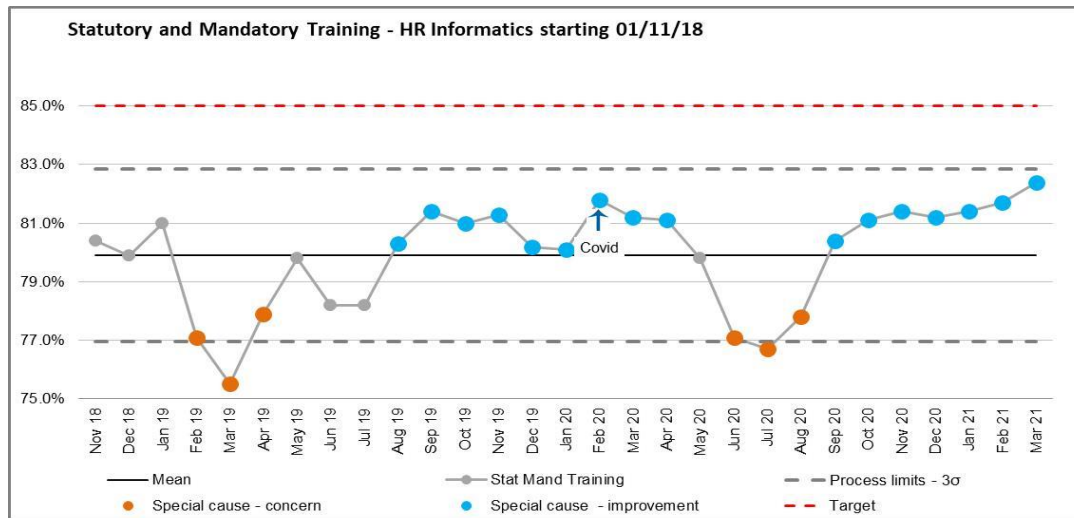
Issues

The incentive schemes for Nursing ended in March. Establishing the demand levels for each staff group is required. With a reduction in demand, there is the need to ensure that workers remain engaged with the Trust for future requirements. Points outside the grey dotted lines (process limits) are unusual and should be investigated. There is one point above/below the line.

Actions

There is continuing ongoing monitoring of bank fill rates to understand the impact of the end of the incentive schemes. The early indications are positive and are due to a reduction in vacancies. Greater understanding is required re the long term position of bank workers against vacancy levels. Maintain and sustain the agency reduction in all staff groups. Work collaboratively across the BOB region to share best practice, rates, policies and procedures. Review of the direct engagement approach for NR VAT staff.

The graphs below support the accompanying text.



Month – Mar 21

82.4%

Target

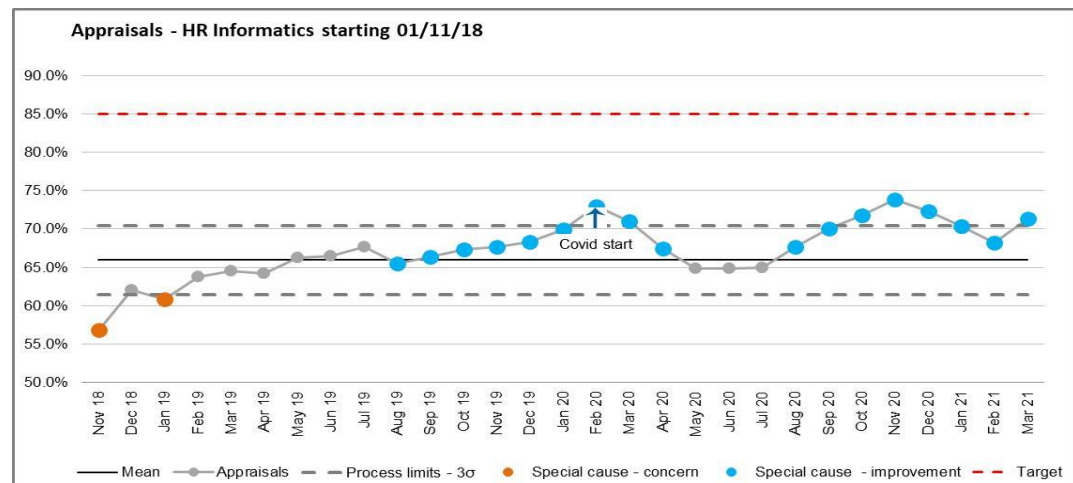
85%

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 system, 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 recent months have plateaued in terms of progress. However, March 2021 has shown signs of improvement.	Points which fall outside the grey dotted lines (process limits) are unusual and may warrant further investigation. There are 2 data points below the line although they are not recent. More than 7 sequential points above/below the mean is unusual and may indicate a change in process. There is a run of points which are above the mean value. Going forward with My Learning Hub, honorary contract holders will be removed from the reports, which should increase compliance figures.	My Learning Hub (MLH) went live 1 st April. Initial issues with the transfer of core skills training due to the size of the data files are being resolved. Due to the lack of governance in the past around the mapping of core skills target groups within eLMS there are people now required to do core skills training as per the UK Core Skills Framework who had previously been excluded. There is therefore a risk that compliance rates may be adversely affected, though the size of this is unknown until all training data is transferred. NOTSSCaN targeted action on the Neurosciences directorate to increase compliance. There is regular reporting to each directorate and targeted action on specific courses which are outstanding. In CSS the focus is on the modules which are below 85%. All staff who have lapsed have been sent an email reminder. In SUWON all shielding staff have been asked to complete their training. Managers are sent a list each month to highlight any key areas & issues. MRC - regular performance meetings with each of the directorates. Weekly reminder at divisional huddle for stat / man training. Corporate HR Consultants work with their managers to seek assurance that appraisals are being completed and follow up on a regular basis. HRCs have put action plans in place.

The graphs below support the accompanying text.



Month – Mar 21
71.3%
Target
85.0%
Target Achievement
Appraisal rates are consistently below required KPI.

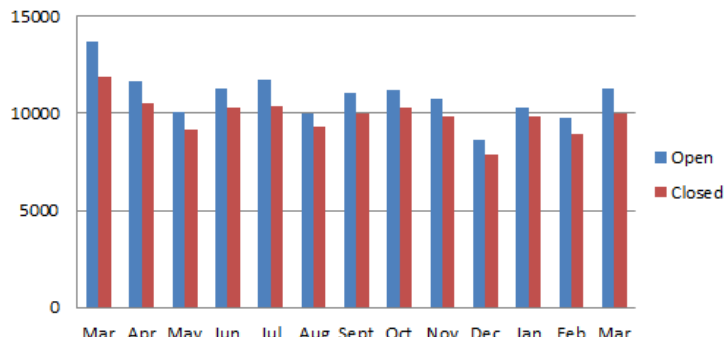
Background	What the chart tells us	Issues	Actions
Data excludes information relating to Medical and Dental staff and is taken from the current eLMS system.	The effect of COVID-19 is demonstrable in the above graph. Following the decline in compliance rates after the first lockdown, there were signs of improvement, although the second lockdown has hindered further progress. Rates of compliance had declined since the start of the second lockdown in November 20. However March 2021 has witnessed a noticeable increase in compliance.	Contrary to M11 predictions appraisals have improved significantly between months, in all divisions. Of particular note are the improvements in Corporate and NOTSSCaN. Single points outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 6 points above the line and 2 points below. 7 sequential points above or below the mean value may indicate a change in process. The process may not be in control. There are a run of points above the mean.	My Learning Hub went live 1 st April. There have been teething problems with the new VBA online form which are currently being resolved. NOTSSCaN individuals within the Admin & Clerical staff group with an outstanding appraisal have been contacted. Line managers have been provided with a list of outstanding appraisals. In CSS under performing areas are discussed at DME. For SUWON Focus has been on completing appraisals on eLMS before the transfer to My Learning Hub. Training sessions are planned for my leaning hub to support managers and staff. Virtual VBA training sessions for SUWON managers are booked up for April. MRC - detailed reports are sent to managers where appraisal is required. Weekly reminder is shared as part of divisional huddle. Corporate there will be a focus over the next month on the hot spots. This will include weekly reminders of outstanding staff and any signposting and support required for these services in order to meet the required compliance rate.

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 March 2020 to March 2021. It is worth noting that Teams and Citrix VDI were rolled out at pace in March 2020 in response to the Covid Pandemic, this explains the % decrease in calls when comparing March 2020 with March 2021.

Opened and Closed



OUH Priority 1 Incidents

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

Date	Issue	Resolution
09/03/2021	Banbury BT Exchange maintenance took place without sufficient network resilience in place	Emergency reroute of Horton data lines restored connection until maintenance completed and full service restored
09/03/2021	JR L0 Datacentre power loss to core network equipment	Estates engineers attended and restored power to the circuit

Priority	Total OUH calls logged in March	Total OUH calls closed in March	Total OUH calls logged trends
1	2	2	Month on month trend Feb to Mar 2021
2	17	15	increase of 16.2%
3	1747	1633	Mar 2020 to Mar 2021
4	3271	3019	decrease of ...
5	5894	5033	17.8%
Total	10892	9662	

Cyber Highlights:

Overall Cyber status **Green**

- 102.1TB of internet traffic use, a 1.3% decrease from Feb 2021
- Twice the level of Intrusions detected in February but lower on average over the year.
- Viruses – higher than February but still low on year average due to work on auto malicious site blocking and progress removing old software.

Cyber Management

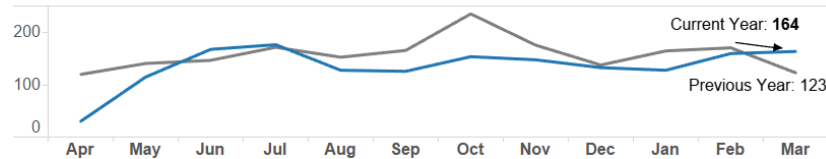
	Month of March	Year to date
CareCerts received	15	291
Virus blocked	96	2,322
Intrusions blocked	1,426	63,403
SPAM blocked	495,403	4,453,620
Devices monitored	11,915	-
Servers monitored	802	-

Risks, Issues and Challenges

During March 2021 there was significant investment in technical equipment (network/PCs etc) which will benefit the Trust immensely. There is a challenge however, to roll out the equipment in a timely and safe manner whilst not impacting open support calls. Calls are already high from growth in February and March (up 16% in two consecutive months) on top of the need to rollout Office 365 and latest Windows 10 updates.

Information request Service

Demand (requests received by month vs previous year)



1.1 The demand on the Info request service for March'21 was 33% higher than in the previous year but a 3% rise in demand as compared to the February'21 position.

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

ORBIT+

A total of 15832 views recorded in March '21 as compared to 3515 views in the same period last year.



2020-21 at a glance

99.3% Positive feedback (406 responses) of **1718** Total Requests

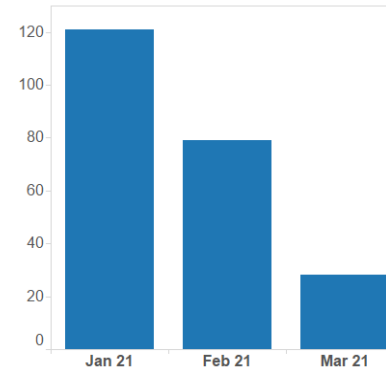
Average **2** days response rate to requests

43 ORBIT clinics held to support clinical and operational teams with data

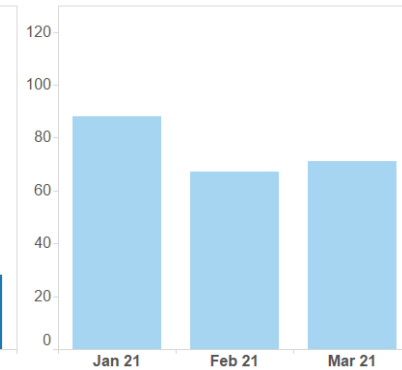
Covid Dashboard accessed **104,000** times

Other Demands

Resolved



Created



Current development priorities

- Reporting Support for IPR
- Cancer Reporting on ORBIT+ in partnership with D&D
- RTT Tracker and Priority Type Reporting
- Theatre Productivity Improvements
- Recovery Metrics development
- National Waiting list submission

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 – GREEN

- Cases for new capability to achieve HIMSS stage 7 across the Trust are now progressing.
- NEWS2 is live & Katharine House Hospice is digital
- Virtual Patient Clinics reached 100,000 (in the top percentile of national adopters of the platform), Staff remote working, Virtual Executive Briefings and Annual Public Meetings are the norm.
- 119 COVID-19 related enhancements to the EPR including: Home testing for elective patients, Occupational health screening, Clerking PowerNote, Pandemic Core Nursing Care Plan, and clinical pool messaging for ICU referrals. 750 optimisation changes delivered in 2020 (25% more than 2019)
- Maternity Antenatal Booking is live, protecting £2m CNST cost reduction by evidencing safe process, and is now being improved for ease of use by staff

Benefits

- Staff continue high quality safe care for patients remotely with real time access to patient records, remote monitoring, and virtual team working.
- Quickly onboarding new and partner services, such as Katharine House Hospice and Ramsay.
- Trust and GP records are shared through Health Information Exchange.
- COVID-19 pressures: physical spaces and clinical pathways are quickly reconfigured & expanded for on and off-site services.
- 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

- Digital Helen & Douglas House in Jun21
- Population Health Management is recommencing rollout of shared care records across Health and Social Care partners.
- Health For Me (Patient Portal) and Dr Doctor rollout is improving patients access to their record and reducing paper letters (self-registration in 2021-22)
- Digitising the Surgical Pathway will recommence, subject to Cerner availability, improving patient safety and theatre utilisation.
- Pharmacy Stock Control, reducing risk of drug related error, will be delivered earlier subject to domain availability.

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

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 paused until Feb21 Investment committee rebase are again active.

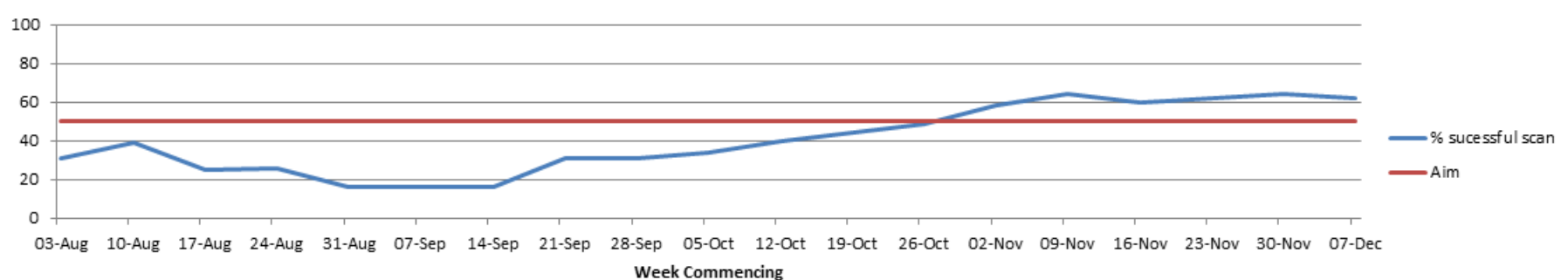
Progress (HIMSS 6 & 7) – GREEN

- There is an additional £25m investment in Digital over the next 5 years.
- HIMSS Programme Board recommences in May 2021 to deliver the plan agreed at 4th My21 Digital Oversight Committee.
- Digital programme resource prioritised for COVID & organisation priority such as Katharine House Hospice and NEWS2 (which are now live are being released. Trust wide HIMSS Stage 7 could be achieved by Jun23
- 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

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



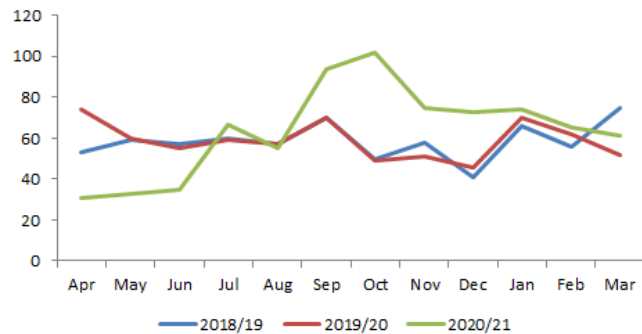
Risks, Issues, Challenges, and Opportunities

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

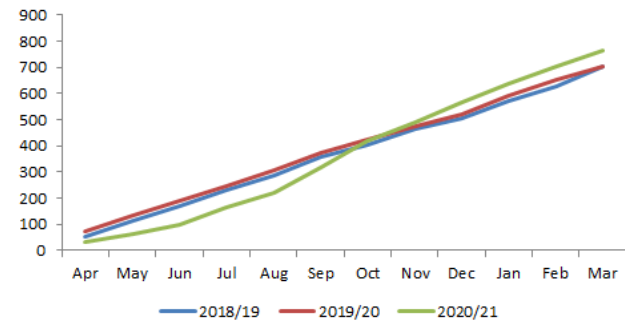
Freedom of Information (FOI)

There were 61 open FOI requests during March 2021, which is an increase of 10 on 51 open requests received during March of 2020. The compliance rate for closure of FOI requests within 20 working days during March was 67% as compared to 43% in March 2021. This is an increase on February and reflects a more normal situation as the 2nd wave of the pandemic eases. Two staff members are working temporarily on the closure of FOI requests but more resource is needed to ensure that requests close on time. During the financial year 2020/21 the department received 765 FOI requests which is higher than the previous financial year when 705 requests were received.

Received FOIs



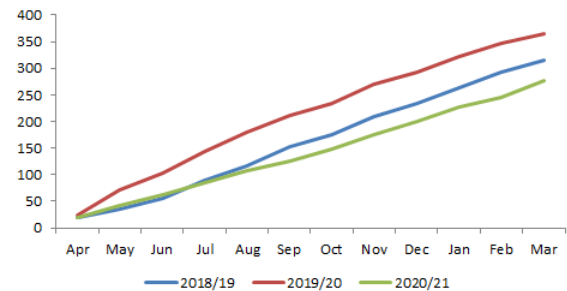
Requests (Cummulative)



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. 31 data protection incidents were reported on Ulysses in March 2021, which is an increase compared to March of 2020 when 18 incidents were reported. One incident was reported to NHS Digital during March 2021.

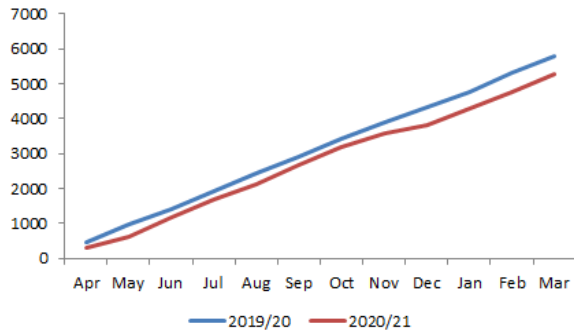
Data Protection Breaches (Cummulative)



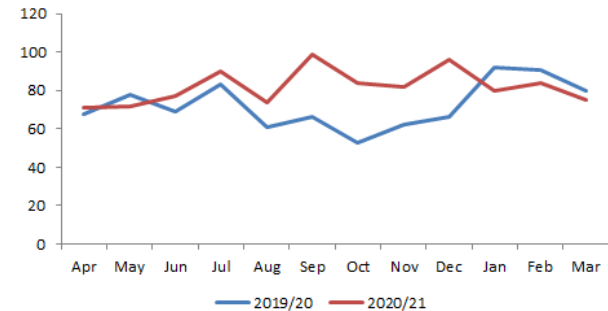
Data Subject Access Requests (DSAR)

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

Requests (Cumulative)



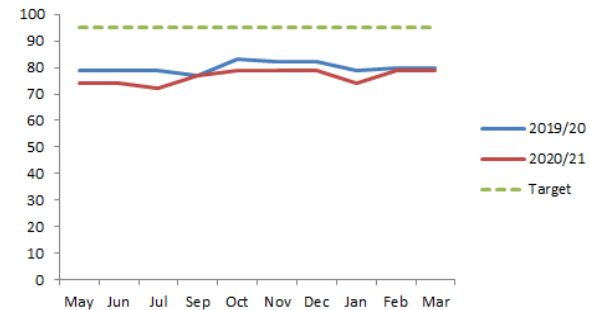
DSAR % Compliance



Data Security and Protection Training

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff need to complete Data Security training annually. Training compliance rates were 79% in March 2021, the same rate as February 2021. This rise is attributed to data cleansing prior to the 'go live' of 'My Learning Hub'. It is estimated that there is a 12% discrepancy between reported and actual training compliance due to system data quality. Actual training compliance is believed to be around 91%. The introduction of the 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 department received confirmation from NHS Digital that the Trust is now rated as standards met for its 2019/20 DSPT and preparing to submit evidence for the final submission of the 2020/21 DSPT on the 30th June 2021.

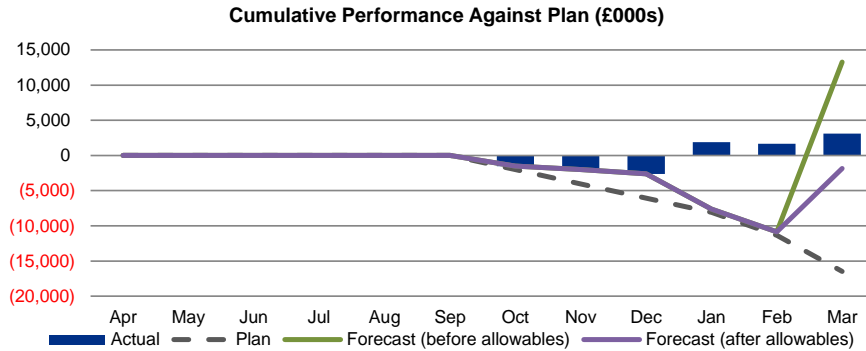
Opportunities

A workforce plan for Information Governance was presented to the Chief Digital & Partnership Officer and has been agreed in principle. This will be represented to the Trust Management Executive for final approval.

Finance

Summary from M12 (March 2021)

Income & Expenditure - Performance Versus Plan

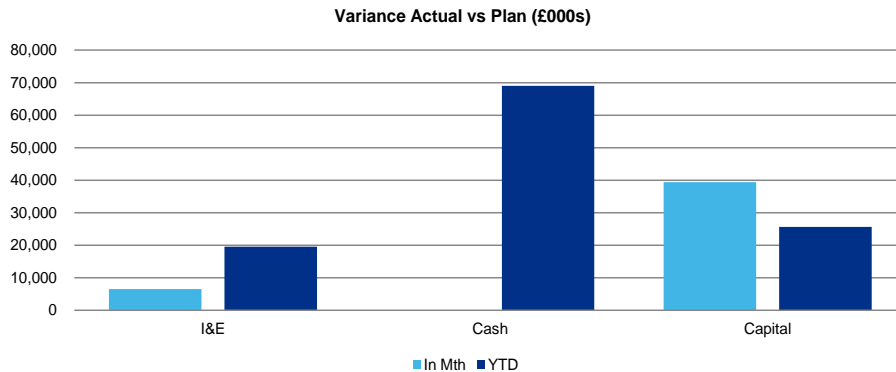


Income & Expenditure - Summary

Retained surplus / (deficit) at Month 12 £000s	Annual		YTD	
	Plan	Plan	Actual	Var.
Recurrent EBITDA	40,315	40,315	69,030	28,715
% EBITDA	3.37%	3.37%	5.24%	23.49%
Planned EBITDA	40,315	40,315	69,030	28,715
Non-operating items	(56,876)	(56,876)	(70,673)	(13,797)
Retained surplus / (deficit) before technical adjs.	(16,561)	(16,561)	(1,643)	14,918
Technical adjs.*	(103)	(103)	(4,745)	(4,642)
Surplus / (deficit) as reported to NHSI	(16,458)	(16,458)	3,102	19,560

* 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 February and assumes accounting adjustments for stock, COVID-19-related annual leave and recognition of additional income take place in Month 12.
- A detailed comparison of the final year end position to the forecast is shown later in this report.

2020/21 Month 12 Revenue Performance Versus Month 11 Forecast

£m	FoT @ M11	M12	Movement M11 to M12	Comment (Explanation of Movement)
Plan	-16.5	-16.5	0.0	
YTD +/- versus plan (@ M11)	13.1	13.1	0.0	
Run rate impact	4.9	3.7	-1.2	Prudent approach taken to outstanding pay claims and other items
Additional Covid costs	-1.0	-1.7	-0.7	Backdated incentive claims
Additional Recovery costs	-0.1	-0.1	0.0	Continued minimal spend
Other income reduction	-0.3	0.0	0.3	No reduction reported
Pay growth (winter / other)	-0.5	0.0	0.5	No notable increases in M12, not explained by the above
Actuals	-0.4	-1.5	-1.1	
Recognition day costs	0.0	-0.2	-0.2	Updated for cost of an annual leave day based on 20/21 payroll (£2.6m to £2.8m)
R&D deferred income	14.4	14.1	-0.3	Current deferred balance (£17.9m) less estimated net loss in M12 (-£3.5m)
R&D University transaction		-11.5	-11.5	Grant award to University of Oxford for Research Infrastructure
Non-NHS income loss funding	0.0	4.0	4.0	Agreed in M12
Covid testing costs	0.0	-4.3	-4.3	Billing reduced following re-pricing due to supplied reagents (-£3.3m) and overheads (-£1.0m)
Trust PPE stock recognition	5.0	3.5	-1.5	
Investment portfolio valuations	-1.2	-1.2	0.0	Impact of year end valuation of investment properties (-£1.7m) and equity (+£0.5m).
Q4 non-capitalised equipment purchases	-3.0	-2.8	0.2	
Bad debt provision	-0.7	-0.9	-0.2	
Capital disposals / write-offs	-3.0	-3.2	-0.2	
Net Estates increase above contingency release		-1.0	-1.0	Increase contracts accrual (-£6.1m), operational / compliance (-£2.5m), energy (-£0.3m) & released provision (+£7.9m)
Other	2.1	2.1	0.0	Extra international nursing income deferred to 21/22 (-£1.1m), additional commissioner income (+£1.0m)
Forecast / Actual (before allowables)	13.2	-2.9	-16.1	
Annual leave accrual - Allowable (Expenditure)	-15.0	-11.1	3.9	Unchanged
Annual leave accrual - Allowable (Income)		13.9	13.9	Includes income for £2.8m discretionary A/L day, shown in M11 actuals (above). Funding confirmed by NHSEI
Other income adjustment	-0.1	-0.1	0.0	
Forecast / Actual (after allowables)	-1.9	-0.2	1.7	
Upsides / downsides included in PFR risks schedule @ M11				
Release of Q4 contingency	0.0	0.0	0.0	Offset increased Estates costs / provisions (above)
GRNI	4.5	4.4	-0.1	
PPE stock valuation downside	-0.3	0.0	0.3	Will be adjusted out for performance purposes per NHSEI push stock accounting briefing
Commissioning risk accrual	0.0	1.9	1.9	Net release after credit of unpaid prior year invoices (£1.4m) and partially completed spells (£0.5m)
Estates compliance provision	-3.0	-3.0	0.0	Asbestos provision (£3.0m)
Cerner contract accounting	-2.5	0.0	2.5	No risk established
Subtotal net upsides / downsides	-1.3	3.3	4.6	
Reported Forecast / Actual (incl net upsides / downsides)	-3.2	3.1	6.3	

I & E Subjective £000s	IN MONTH 12				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
Income									
Commissioning Income	78,322	128,761	50,439	64.4%	857,298	896,717	39,420	4.6%	857,298
Other Income	12,642	48,737	36,095	285.5%	197,183	263,572	66,390	33.7%	197,183
Passthrough Drugs & Devices	11,561	10,366	(1,195)	-10.3%	137,171	148,682	11,512	8.4%	137,171
PP, Overseas and RTA Income	604	870	266	44.0%	4,583	9,502	4,918	107.3%	4,583
Total Income	103,130	188,734	85,604	83.0%	1,196,235	1,318,474	122,239	10.2%	1,196,235
Pay									
Consultants and Medics	(20,645)	(24,025)	(3,380)	-16.4%	(233,571)	(242,878)	(9,307)	-4.0%	(233,571)
Health Care Assistants & Support	(6,450)	(6,707)	(257)	-4.0%	(69,077)	(68,995)	83	0.1%	(69,077)
Nurse and Midwives	(17,849)	(19,165)	(1,316)	-7.4%	(200,746)	(203,435)	(2,689)	-1.3%	(200,746)
Other Staff	(9,851)	(50,347)	(40,496)	-411.1%	(114,225)	(158,991)	(44,766)	-39.2%	(114,225)
Scientific, Thec., Therapeutic	(9,494)	(9,912)	(418)	-4.4%	(104,439)	(105,117)	(677)	-0.6%	(104,439)
Total Pay	(64,289)	(110,156)	(45,867)	-71.3%	(722,059)	(779,415)	(57,357)	-7.9%	(722,059)
Non-Pay									
Clinical negligence	(2,718)	(2,556)	162	6.0%	(33,262)	(32,483)	779	2.3%	(33,262)
Clinical Supplies & Services	(9,226)	(16,442)	(7,216)	-78.2%	(111,769)	(109,925)	1,844	1.6%	(111,769)
Drugs & Devices	(12,307)	(15,733)	(3,426)	-27.8%	(139,976)	(155,515)	(15,539)	-11.1%	(139,976)
General Supplies & Services	(867)	3,704	4,572	527.1%	(7,547)	(12,113)	(4,566)	-60.5%	(7,547)
Internal Recharges	(25)	0	25	100.0%	(139)	(0)	139	100.0%	(139)
Premises & Fixed Plant	(7,548)	(19,867)	(12,320)	-163.2%	(83,349)	(96,460)	(13,111)	-15.7%	(83,349)
Other Expenditure	(6,575)	(12,155)	(5,580)	-84.9%	(57,819)	(63,532)	(5,713)	-9.9%	(57,819)
Total Non-Pay	(39,266)	(63,050)	(23,784)	-60.6%	(433,861)	(470,028)	(36,167)	-8.3%	(433,861)
Operational EBITDA	(425)	15,528	15,953	3753.7%	40,315	69,030	28,715	71.2%	40,315
Non-EBITDA (Excl Tech Adj)	(4,678)	(14,092)	(9,414)	-201.2%	(56,773)	(65,928)	(9,155)	-16.1%	(56,773)
Operational Surplus / (Deficit)	(5,103)	1,437	6,540	128.2%	(16,458)	3,102	19,560	118.8%	(16,458)

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

Income

- Commissioning income, including pass through, was £50.9m higher than plan for the year. Payment for pass through drugs, paid on a cost and volume basis, increased income by £4.7m in M12. Further income adjustments are explained fully earlier in the report (slide 2).
- Other income to date is greater than plan from COVID-19 cost recovery of £66.4m (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 £4.9m higher year to date.

Pay

- Pay is £57.4m 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 £36.2m worse than plan year to date because of incremental COVID-19 costs, £24.4m, including £12.8m of directly sourced PPE, were not budgeted for in the emergency budget (COVID-19 costs budgeted October onwards), offset by lower clinical supplies spend due to lower activity.

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

I & E Subjective £000s	IN MONTH 12 - 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	124,928	0	3,833	0	128,761	873,717	0	23,000	0	896,717
Other Income	17,569	6,646	28,754	(4,233)	48,737	135,132	52,902	73,438	2,101	263,572
Passthrough Drugs & Devices	10,366	0	0	0	10,366	148,682	0	0	0	148,682
PP, Overseas and RTA Income	870	0	0	0	870	11,017	0	(1,516)	0	9,502
Total Income	153,733	6,646	32,587	(4,233)	188,734	1,168,548	52,902	94,923	2,101	1,318,474
Pay										
Consultants and Medics	(20,608)	(2,033)	(1,354)	(30)	(24,025)	(223,797)	(7,579)	(11,492)	(10)	(242,878)
Health Care Assistants & Support	(6,099)	(26)	(557)	(25)	(6,707)	(62,471)	(289)	(6,131)	(103)	(68,995)
Nurse and Midwives	(15,872)	(1,597)	(1,634)	(64)	(19,165)	(177,324)	(12,425)	(13,591)	(95)	(203,435)
Other Staff	(49,147)	(828)	(355)	(17)	(50,347)	(147,373)	(9,757)	(1,882)	21	(158,991)
Scientific, Thec., Therapeutic	(8,186)	(1,390)	(306)	(31)	(9,912)	(89,125)	(12,382)	(3,373)	(237)	(105,117)
Total Pay	(99,912)	(5,872)	(4,205)	(167)	(110,156)	(700,091)	(42,432)	(36,469)	(424)	(779,415)
Non-Pay										
Clinical negligence	(2,556)	0	0	0	(2,556)	(32,483)	0	0	0	(32,483)
Clinical Supplies & Services	(9,889)	(1,277)	(5,857)	581	(16,442)	(87,980)	(3,438)	(15,491)	(3,017)	(109,925)
Drugs & Devices	(15,638)	10	(105)	0	(15,733)	(154,219)	8	(1,303)	0	(155,515)
General Supplies & Services	(44)	(1)	3,750	(2)	3,704	(2,891)	(22)	(9,200)	0	(12,113)
Internal Recharges	117	(160)	8	35	0	3,040	(2,872)	(168)	(0)	(0)
Premises & Fixed Plant	(19,519)	(102)	(293)	47	(19,867)	(92,312)	(666)	(3,437)	(45)	(96,460)
Other Expenditure	(10,597)	(1,447)	(111)	(0)	(12,155)	(54,700)	(5,677)	(2,960)	(195)	(63,532)
Total Non-Pay	(58,126)	(2,976)	(2,608)	661	(63,050)	(421,544)	(12,668)	(32,558)	(3,257)	(470,028)
Operational EBITDA	(4,304)	(2,202)	25,774	(3,739)	15,528	46,914	(2,198)	25,895	(1,580)	69,030
Non-EBITDA (Excl Tech Adj)	(14,092)	0	0	0	(14,092)	(65,928)	0	0	0	(65,928)
Operational Surplus / (Deficit)	(18,396)	(2,202)	25,774	(3,739)	1,437	(19,015)	(2,198)	25,895	(1,580)	3,102

Source: Finance Ledger

- Year to date in-envelope COVID-19 costs total £69.0m, with £6.8m expenditure in March. The Phase 3 (M7-12) plan includes £3.8m a month for COVID-19 costs funded from the ICS. Compared to February, pay costs have increased by £0.8m to £4.2m and non-pay costs have increased by £2.0m to £2.6m. Pay costs for backfill for sickness absence and for staff to work additional shifts both increased in March. Non-pay movements included stock adjustments for Trust purchased PPE (-£3.5m) and for PPE provided by NHSE free-of charge (+£5.7m).
- Income reimbursed for COVID-19 testing costs and vaccination costs reduced by £4.3m due to the inability to charge for overheads (£1.0m and over billing for reagents that were provided free-of-charge (£3.3m).
- Recovery costs included in the core I&E in March were £0.7m compared to a plan of £1.6m. Of the £0.9m underspend compared to plan, £0.8m is on pay costs and £0.1m 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 deficit of £2.2m in month and for the year. R&D deferred income of £16.3m was released to the Trust (under in-envelope COVID-19).

Income and Expenditure: COVID-19 spend analysis versus NHSE/I guidance

Template Categories (£000s)	February			March			YTD			Movement
	Pay	Non-Pay	Total	Pay	Non-Pay	Total	Pay	Non-Pay	Total	
COVID-19 testing - Outside Envelope	70	0	70	(36)	0	(36)	347	0	347	(106)
Expanding medical / nursing / other workforce	1,119	0	1,119	1,279	0	1,279	13,228	0	13,228	160
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	(1,047)	(1,047)	0	3,768	3,768	0	6,347	6,347	4,815
COVID-19 virus testing- rt-PCR virus testing - Outside Envelope	0	1,336	1,336	0	(4,309)	(4,309)	0	1,492	1,492	(5,645)
Remote management of patients	0	0	0	0	25	25	0	580	580	25
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	290	290	0	240	240	0	5,217	5,217	(49)
Segregation of patient pathways	0	263	263	0	188	188	0	2,307	2,307	(75)
Existing workforce additional shifts	816	35	851	1,282	(35)	1,247	9,292	0	9,292	395
Decontamination	0	18	18	0	141	141	0	1,975	1,975	123
Internal and external communication costs	0	9	9	0	(8)	(8)	0	150	150	(17)
Backfill for higher sickness absence	1,608	0	1,608	1,846	0	1,846	14,025	0	14,025	238
Remote working for non patient activities	0	(133)	(133)	0	(140)	(140)	0	778	778	(7)
National procurement areas - PPE	0	24	24	0	(3,695)	(3,695)	0	9,648	9,648	(3,719)
PPE - Other Associated Costs	0	66	66	0	(48)	(48)	0	319	319	(113)
National procurement areas - Staff accommodation	0	54	54	0	84	84	0	933	933	30
PPN and other support to suppliers	0	1	1	0	13	13	0	102	102	12
Other	0	15	15	0	0	0	0	120	120	(15)
PPE - Technical Adjustment	0	0	0	0	5,723	5,723	0	5,723	5,723	5,723
Balance to reported NHSEI reported position	0	0	0	0	0	0	0	0	0	0
Total	3,612	931	4,544	4,371	1,948	6,319	36,892	35,816	72,708	1,775

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 £2.0m higher than plan in March
 - Non-pay costs £0.3m higher than plan in March
 - Income for national testing and vaccination programme £4.5m less than plan (due to correction of prior months reagent costs and overheads)
- Year to date in-envelope COVID-19 costs total £69.0m, with £6.8m expenditure in March. The Phase 3 (M7-12) plan includes £3.8m a month for COVID-19 costs funded from the ICS. Compared to February, pay costs have increased by £0.8m to £4.2m and non-pay costs have increased by £2.0m to £2.6m. Pay costs for backfill for sickness absence and for staff to work additional shifts both increased in March. Non-pay movements included stock adjustments for Trust purchased PPE (-£3.5m) and for PPE provided by NHSE free-of charge (+£5.7m).
- Income reimbursed for COVID-19 testing costs and vaccination costs reduced by £4.3m due to the inability to charge for overheads (£1.0m and over billing for reagents that were provided free-of-charge (£3.3m).

Income and Expenditure: Divisional Overview

Divisional Overview £000s	IN MONTH 12				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
Income	6,485	7,633	1,148	17.7%	76,485	76,833	349	0.5%	76,485
Pay	(9,901)	(11,375)	(1,474)	-14.9%	(117,190)	(120,564)	(3,374)	-2.9%	(117,190)
Non-Pay	411	813	402	97.7%	9,489	10,827	1,337	14.1%	9,489
Total CSS	(3,005)	(2,929)	76	2.5%	(31,216)	(32,904)	(1,688)	-5.4%	(31,216)
Income	20,804	22,418	1,613	7.8%	249,046	254,842	5,796	2.3%	249,046
Pay	(12,711)	(15,356)	(2,644)	-20.8%	(144,422)	(149,469)	(5,047)	-3.5%	(144,422)
Non-Pay	(5,250)	(8,435)	(3,185)	-60.7%	(62,657)	(71,096)	(8,439)	-13.5%	(62,657)
Total MRC	2,843	(1,373)	(4,216)	-148.3%	41,967	34,277	(7,690)	-18.3%	41,967
Income	27,557	28,941	1,384	5.0%	326,784	330,236	3,452	1.1%	326,784
Pay	(14,755)	(16,134)	(1,379)	-9.3%	(174,296)	(177,752)	(3,456)	-2.0%	(174,296)
Non-Pay	(8,657)	(9,606)	(949)	-11.0%	(99,736)	(101,245)	(1,509)	-1.5%	(99,736)
Total NOTSSCaN	4,145	3,200	(945)	-22.8%	52,752	51,239	(1,513)	-2.9%	52,752
Income	25,997	28,015	2,018	7.8%	312,302	316,205	3,903	1.2%	312,302
Pay	(12,620)	(13,832)	(1,212)	-9.6%	(149,046)	(151,892)	(2,847)	-1.9%	(149,046)
Non-Pay	(9,786)	(11,165)	(1,378)	-14.1%	(114,837)	(120,479)	(5,642)	-4.9%	(114,837)
Total SuWOn	3,590	3,019	(571)	-15.9%	48,420	43,833	(4,586)	-9.5%	48,420
Clinical Divisions	7,573	1,916	(5,657)	-74.7%	111,923	96,445	(15,478)	-13.8%	111,923
Income	6,537	8,200	1,663	25.4%	70,450	72,708	2,258	3.2%	70,450
Pay	(6,263)	(8,378)	(2,116)	-33.8%	(75,122)	(78,466)	(3,345)	-4.5%	(75,122)
Non-Pay	(15,004)	(23,492)	(8,487)	-56.6%	(172,988)	(180,844)	(7,856)	-4.5%	(172,988)
Corporate Divisions	(14,731)	(23,670)	(8,940)	-60.7%	(177,660)	(186,602)	(8,943)	-5.0%	(177,660)
Income	4,649	6,646	1,997	43.0%	55,144	52,902	(2,242)	-4.1%	55,144
Pay	(3,841)	(5,872)	(2,031)	-52.9%	(45,423)	(42,432)	2,991	6.6%	(45,423)
Non-Pay	(812)	(2,976)	(2,165)	-266.7%	(9,721)	(12,668)	(2,947)	-30.3%	(9,721)
R&D	(4)	(2,202)	(2,198)		(0)	(2,198)	(2,198)		(0)
Central & Technical	6,736	39,485	32,748	486.1%	106,052	161,386	55,334	52.2%	106,052
Operational EBITDA	(425)	15,528	15,953	3753.7%	40,315	69,030	28,715	71.2%	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 £5.7m adverse variance to plan in the clinical divisions in March. The increased income in the divisional positions is due to the additional income for high cost drugs that are paid on a cost and volume basis and is offset by increased non-pay costs. The pay overspends in the clinical divisions are mainly due to the increased incentive costs for staff to work additional shifts.
- Corporate divisions had a £8.9m overspend in March. The pay overspend is due to a change of policy in relation to capitalisation of staff salaries, with the costs now being charged to the I&E. The non-pay overspend is due to an increase in the contract risk accruals and additional operational estates and compliance works.
- R&D had a deficit of £2.2m in month and for the year. Deferred income of £16.3m was released to the Trust.
- Central and Technical divisions underspent by £32.7m in March. This is mainly due to the release of £16.3m of R&D deferred balances; reimbursement of £4.1m from NHSE for lost other income; and £12.3m of notional income for PPE stock received from NSHE in response to COVID-19 (this is adjusted out of the position for performance purposes)

Income Summary £000s	IN MONTH 12			YEAR TO DATE			
	Plan	Actual	Var	Plan	Actual	Var	Var %
Block Income	76,912	76,912	0	910,226	910,214	-12	0.0%
Top-up Income- notified	6,849	6,849	0	77,209	77,209	0	0.0%
Top-up Income -retrospective	0	0	0	36,846	15,064	-21,782	-59.1%
COVID -19 (in envelope)	3,836	3,836	0	23,000	66,130	43,130	187.5%
COVID -19 (outside envelope)	250	-4,125	-4,375	1,500	2,477	977	65.1%
COVID -19 Lateral Flow Testing	0	50	50	0	200	200	0.0%
Annual Leave Accrual Funding	0	13,910	13,910	0	13,910	13,910	0.0%
Additional Pension Contribution Funding	0	26,944	26,944	0	26,944	26,944	0.0%
Other Income	15,283	64,358	49,075	147,454	206,326	58,872	39.9%
Total Income	103,130	188,734	85,604	1,196,235	1,318,474	122,239	10.2%

Source: Finance Ledger

Category £000s	IN MONTH 12			YEAR TO DATE			
	Plan	Actual	Var	Plan	Actual	Var	Var %
Berkshire West CCG	717	534	(183)	8,079	6,805	(1,274)	-16%
Buckinghamshire CCG	1,930	1,663	(266)	21,742	19,907	(1,835)	-8%
Oxfordshire CCG	33,270	31,031	(2,239)	378,990	342,117	(36,873)	-10%
Wessex Specialised Services	70,627	32,627	(38,000)	426,634	398,269	(28,365)	-7%
Other CCGs/NCAs	(24,316)	7,177	31,493	103,145	86,657	(16,488)	-16%
Sub-total - SLAM total	82,228	73,033	(9,195)	938,590	853,755	(84,835)	-9%
Other Central Adjustments(B2L)	7,656	65,096	57,439	55,878	190,645	134,766	241%
Total Commissioning Income	89,884	138,128	48,245	994,469	1,044,400	49,931	5%

Category £000s	IN MONTH 12			YEAR TO DATE			
	Plan	Actual	Var	Plan	Actual	Var	Var %
Day Cases	5,993	4,562	(1,431)	65,269	50,085	(15,184)	-23%
Elective	8,555	5,791	(2,764)	93,360	69,000	(24,361)	-26%
Non Elective and Births	21,638	21,662	24	254,776	251,680	(3,095)	-1%
A&E	2,431	1,835	(597)	28,628	21,747	(6,881)	-24%
Outpatient	13,067	11,179	(1,889)	142,848	118,924	(23,924)	-17%
Critical Care	4,542	5,417	876	53,473	50,047	(3,426)	-6%
Chemotherapy and Radiotherapy	1,762	1,506	(256)	19,225	16,402	(2,823)	-15%
Pass through Drugs and Devices	12,977	10,366	(2,611)	151,282	148,682	(2,600)	-2%
Other - POD Income & Central adjust	11,262	10,715	(548)	129,729	127,188	(2,541)	-2%
Sub-total - SLAM total	82,228	73,032	(9,196)	938,590	853,755	(84,835)	-9%
Other - Central Adjustments (B2L)	7,656	65,095	57,440	55,878	190,645	134,766	241%
Total Commissioning Income	89,884	138,128	48,244	994,469	1,044,400	49,931	5%

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;

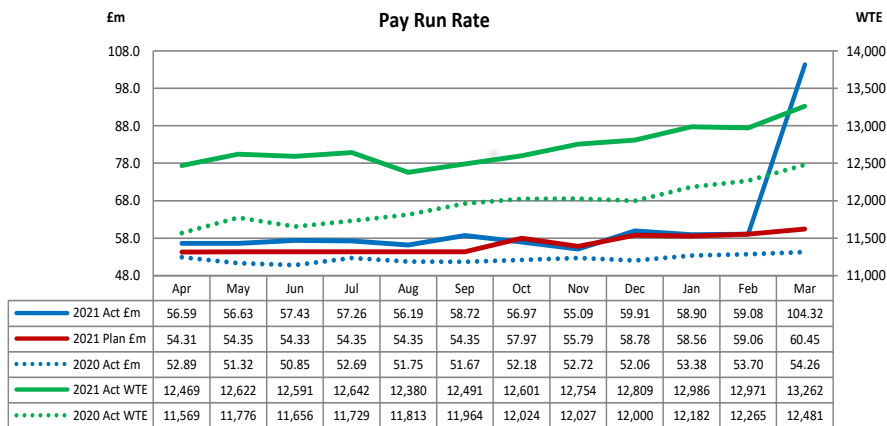
Systems and providers are expected to manage costs within these payments. There is no longer a payment to top-up to breakeven.

- Measured against the year to date value of the £938.6m SLAM plan, Month 12 activity priced at PbR is £84.8m (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£85m.

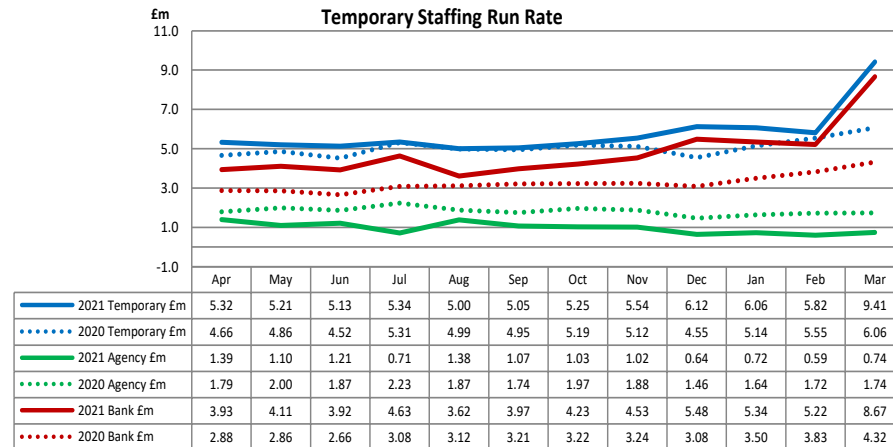
Note: Activity and income performance by commissioner and point of delivery is not reflected in the ledger as data available after month end close. The ledger reflects the income breakdown in the top table on this page.

Note: The BOB ICS has confirmed that there will be no adjustment for the impact of the Elective Incentive Scheme (actual activity against national targets) in this financial year.

Pay: Run Rate Overview (Includes COVID-19)



The chart above excludes R&D pay



Staff Group (Incl. COVID) £000s	2020 M12	2021 M6	2021 M7	2021 M8	2021 M9	2021 M10	2021 M11	2021 M12
Substantive								
Consultants and Medics	(21,805)	(21,249)	(19,175)	(16,753)	(18,191)	(18,806)	(19,858)	(23,082)
Nurse and Midwives	(13,158)	(13,979)	(13,980)	(14,097)	(14,305)	(14,357)	(14,526)	(13,805)
Scientific, Thec., Therapeutic	(7,584)	(8,294)	(8,170)	(8,262)	(8,176)	(8,191)	(8,464)	(8,823)
Health Care Assistants & Support	(4,368)	(4,398)	(4,513)	(4,651)	(4,940)	(5,203)	(5,365)	(5,352)
Other Staff	(8,935)	(9,034)	(9,115)	(9,002)	(11,769)	(9,251)	(9,275)	(49,681)
Total Substantive	(55,850)	(56,953)	(54,953)	(52,765)	(57,379)	(55,809)	(57,488)	(100,744)
Bank								
Consultants and Medics	(695)	(544)	(503)	(505)	(625)	(817)	(583)	(809)
Nurse and Midwives	(2,836)	(1,862)	(2,071)	(2,389)	(2,981)	(2,641)	(2,863)	(5,167)
Scientific, Thec., Therapeutic	(77)	(301)	(318)	(307)	(428)	(561)	(519)	(730)
Health Care Assistants & Support	(289)	(761)	(821)	(809)	(851)	(776)	(787)	(1,351)
Other Staff	(422)	(506)	(512)	(517)	(593)	(543)	(469)	(615)
Total Bank	(4,318)	(3,974)	(4,226)	(4,527)	(5,479)	(5,338)	(5,221)	(8,671)
Agency								
Consultants and Medics	(429)	(223)	(296)	(204)	(191)	(212)	(187)	(134)
Nurse and Midwives	(808)	(472)	(478)	(583)	(349)	(432)	(314)	(193)
Scientific, Thec., Therapeutic	(404)	(288)	(224)	(207)	(106)	(56)	(94)	(359)
Health Care Assistants & Support	(39)	(0)	(2)	(25)	0	0	(2)	(4)
Other Staff	(66)	(91)	(29)	4	3	(23)	2	(51)
Total Agency	(1,747)	(1,074)	(1,029)	(1,016)	(643)	(723)	(595)	(741)
Total Pay	(61,915)	(62,001)	(60,208)	(58,308)	(63,501)	(61,870)	(63,303)	(110,156)

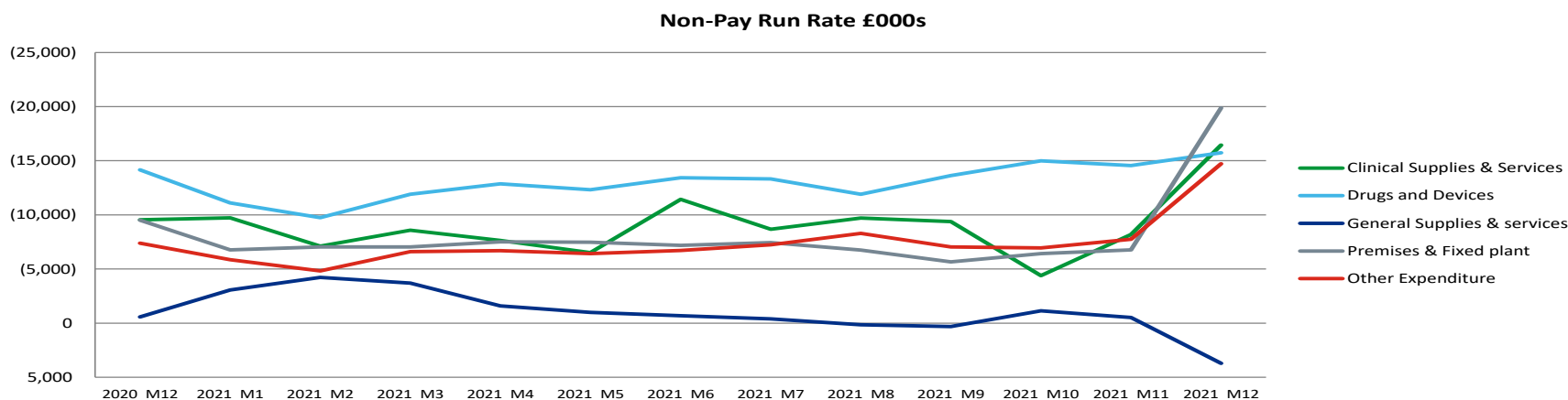
Source: Finance Ledger

- Substantive staffing costs in Month 12 are £43.3m higher than Month 11 mainly due to the additional pension contribution of £26.9m; the increase in annual leave accrual of £11.3m; an increase in consultants and medics pay of £3.2m (£1.0m R&D, £0.5m COVID-19, as well as increased extra session claims and university recharges); and a change of policy in relation to capitalisation of salaries resulted in a £1.8m increase to pay costs.
- Temporary staff in month expenditure was £3.6m higher than February due to delayed claims for winter incentive payments from January and February and increased bank usage in March which follows the usual seasonal pattern due to staff taking leave prior to year end.
- WTE increased in month by 291 to 13,262. This is driven by Bank staff WTE which increased by 259 in March (see Divisional information in Appendix 1).
- COVID-19 pay costs were £4.4m in month, with the increase (£0.8m) due to increased costs for backfill for sickness absence and for payments for staff to work additional shifts

Non-Pay Run Rate Overview

Non-Pay (Excl R&D) £000s	2020 M12	2021 M1	2021 M2	2021 M3	2021 M4	2021 M5	2021 M6	2021 M7	2021 M8	2021 M9	2021 M10	2021 M11	2021 M12
Clinical Negligence	(1,316)	(2,719)	(2,721)	(2,721)	(2,721)	(2,721)	(2,720)	(2,721)	(2,721)	(2,721)	(2,721)	(2,721)	(2,556)
Clinical Supplies & Services	(9,551)	(9,725)	(7,107)	(8,586)	(7,627)	(6,504)	(11,438)	(8,675)	(9,697)	(9,387)	(4,390)	(8,185)	(15,165)
Drugs & Devices	(14,151)	(11,108)	(9,746)	(11,904)	(12,858)	(12,321)	(13,436)	(13,328)	(11,908)	(13,629)	(14,995)	(14,547)	(15,743)
General Supplies & services	(566)	(3,055)	(4,230)	(3,702)	(1,592)	(996)	(675)	(390)	162	323	(1,131)	(509)	3,705
Internal Recharges	251	201	176	158	178	153	205	202	202	255	798	183	160
Other Expenditure	(6,312)	(3,332)	(2,278)	(4,044)	(4,156)	(3,856)	(4,196)	(4,717)	(5,773)	(4,564)	(5,030)	(5,202)	(10,709)
Premises & Fixed plant	(9,505)	(6,757)	(7,035)	(7,041)	(7,504)	(7,466)	(7,190)	(7,437)	(6,747)	(5,656)	(6,425)	(6,771)	(19,766)
Total Non-Pay	(41,150)	(36,495)	(32,941)	(37,839)	(36,279)	(33,711)	(39,451)	(37,065)	(36,482)	(35,379)	(33,893)	(37,751)	(75,817)

Source: Finance Ledger, Excludes R&D



- Non-Pay costs excluding R&D costs are £38.0m higher in March compared to February.
- This is mainly due to £11.5m of research project costs; an increase in contract risk accruals of £6.1m; provision for asbestos removal of £3.0m; £2.5m of operational estates and compliance works; the purchase of medical equipment for £2.0m; and £5.7m of notional stock adjustments relating to the PPE stock received from NHSE in response to COVID-19 (this is adjusted out of the position for performance purposes). This was offset by the release of a contingency accrual of £7.8m.

Capital

Capital Expenditure £000s	Funding Envelope	IN MONTH 12			YEAR TO DATE			Var to Envelope
		Forecast	Actual	Variance	Forecast	Actual	Variance	
Radiotherapy Swindon	12,000	1.600	0.192	(1.408)	5.700	4.216	(1.484)	(7.784)
JR ED Resus Redevelopment		-	0.064	0.064	2.750	3.452	0.702	
CH Re-provision		0.250	(0.047)	(0.297)	1.000	0.365	(0.635)	
Cath Lab		0.840	0.017	(0.823)	0.840	0.017	(0.823)	
Renal Inpatients Relocation		0.132	0.403	0.271	0.700	0.344	(0.356)	
Brain lab		-	-	-	0.500	0.500	-	
JR L5 Refurbishment (ICS funding)		0.166	1.367	1.201	0.500	1.396	0.896	
Other New Capital Projects (ICS)	15,855	0.194	0.198	0.004	1.573	1.421	(0.152)	(1.983)
EPR/GDE Staff		0.179	(1.503)	(1.682)	1.900	0.023	(1.877)	
Revenue to Capital Transfers		0.070	0.304	0.234	1.300	2.260	0.960	
Other Digital (ICS)		0.294	7.855	7.561	1.188	0.404	(0.784)	
Medical Equipment		0.427	12.825	12.398	2.000	2.750	0.750	
Sterile Services (equipment)		-	0.498	0.498	0.600	0.498	(0.102)	
Cat 3 Lab		0.288	0.109	(0.179)	0.500	0.322	(0.178)	
Other Estates (ICS)		0.070	1.097	1.027	0.500	0.120	(0.380)	
Subtotal -ICS before mitigations	27,855	4.510	23.380	18.870	21.551	18.088	(3.463)	(9.767)
ICS Mitigations (Buildings & Works)						0.617	0.617	0.617
ICS Mitigations (Medical Equipment)						5.296	5.296	5.296
ICS Mitigations (Digital)						3.827	3.827	3.827
Subtotal ICS	27,855	4.510	23.380	18.870	21.551	27.828	6.277	(0.027)
Critical Infrastructure Risk (CIR)	5,386	1.058	3.426	2.368	5.385	5.621	0.236	0.235
Diagnostic Equipment Enabling	3,900	0.566	0.784	0.218	3.900	2.993	(0.907)	(0.907)
JR AICU Expansion	24,000	-	6.164	6.164	-	11.500	11.500	(12.500)
JR L5 Emergency Care (PDC)	1,900	1.150	-	(1.150)	1.900	1.900	-	-
JR ED Majors Expansion (PDC)	950	0.289	-	(0.289)	0.950	0.950	-	-
HH ED Majors Expansion (PDC)	750	-	-	-	0.750	0.750	-	-
111 tech (PDC)	100	-	-	-	0.100	-	(0.100)	(0.100)
Diagnostic- Endoscopy scopes	1,207	1.207	1.210	0.003	1.207	1.210	0.003	0.003
Breast Screening	594	-	0.407	0.407	0.408	0.407	(0.001)	(0.187)
BOC oxygen/VIE	556	0.186	-	(0.186)	0.556	0.992	0.436	0.436
LIMS (HSLI)	2,000	-	2.000	2.000	-	2.000	2.000	-
LIMS (NHSd)	1,741	-	1.742	1.742	-	1.741	1.741	-
Other new capital funding	256	-	-	-	-	0.373	0.373	0.117
Subtotal -Non-ICS before mitigations	43,340	4.456	15.734	11.278	15.156	30.437	15.281	(2.903)
Non-ICS Mitigations (Buildings & Works)						0.504	0.504	0.504
Non-ICS Mitigations (Medical Equipment)						6.379	6.379	6.379
Non-ICS Mitigations (Digital)						3.190	3.190	3.190
Subtotal Non-ICS	43,340	4.456	15.734	11.278	15.156	40.510	25.354	(2.830)
Total Capital Programme Spend [A = ICS + Non-ICS]	71,195	8.966	39.114	30.148	36.707	68.338	31.631	(2.857)
Covid-19	4,466	-	1.005	1.005	5.780	5.482	(0.298)	1.016
Donations (Cash & Non-Cash)	4,519	0.263	3.667	3.404	1.500	4.519	3.019	-
LED Lighting	1,120	-	1.027	1.027	-	1.030	1.030	(0.090)
Pathlake		0.015	-	(0.015)	0.015	-	(0.015)	-
PFI Lifecycling	4,853	4.224	0.404	(3.820)	19.954	4.853	(15.101)	-
Total 'Outside Envelope' [B]	14,958	4.502	6.104	1.602	27.249	15.884	(11.365)	0.926
Gross Capital Spend [C = A + B]	86,153	13.468	45.217	31.749	63.956	84.222	20.266	(1.931)
Of which CDEL spend	80.350	13.190	40.524	27.334	47.176	78.509	31.333	(1.841)
Non-CDEL Spend	5.803	0.278	4.694	4.416	16.780	5.713	(11.067)	(0.090)

The capital programme from October has been reported against the mid-year forecast, based on the actuals to September and a forecast for the remainder of the year. For the year-end we are also reporting the total spend against the funding envelope, identifying where we have used mitigations to offset slippage in schemes.

The total capital funding was £86.2m, (CDEL £80.35m non-CDEL £5.8m) and spend was £84.2m (CDEL £78.5m non CDEL £5.8m), thus a shortfall on the CDEL spend of £1.8m, after mitigations of £19.8m. Mitigations mainly comprised medical equipment and digital spend, and have been split across ICS funding and PDC funding.

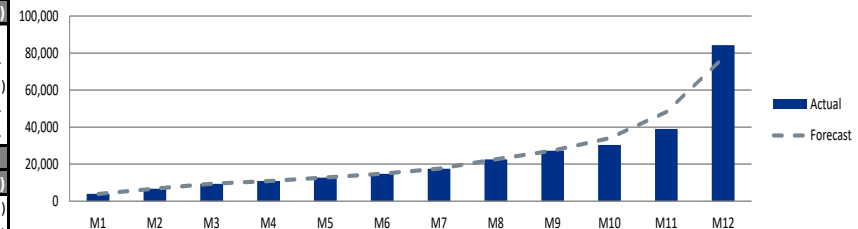
The key gaps before mitigation have been the AICU build, with a total spend of £11.5m (£8.8m building and £2.7m equipment) against funding of £24m, Radiotherapy Swindon with spend of £4.2m against a plan of £12m and diagnostic equipment enabling with a spend of £3m against funding of £3.9m.

In relation to the mid year forecast, the capital programme spend is £31.6m ahead of forecast, mainly as a result of the mid year plan not including the AICU new build and other schemes totalling £28m of new funding.

Capital spend 'outside envelope' YTD is £11.4m lower than forecast due predominantly to PFI lifecycling for MES equipment now planned for 21/22.

Donations include £3.6m of assets from the Nightingale Hospitals via DHSC.

Cumulative Performance Against Forecast (£000s)



Statement of Financial Position £000s	MONTH 10 2021	MONTH 11 2021	MONTH 12 2021	YTD Movement
Non Current Assets:				
Property, Plant and Equipment	573,651	579,855	608,913	39,538
Intangible Assets	11,854	11,731	14,671	2,965
Investment Property	32,105	32,105	30,394	(1,886)
Other Investments	15,815	15,815	23,633	7,718
Trade and Other Receivables	8,079	8,179	8,600	490
Total Non Current Assets	641,504	647,685	686,211	48,825
Current Assets:				
Inventories	22,503	22,431	31,939	9,314
Trade and Other Receivables	84,330	76,134	55,822	(20,585)
Other Current Assets				0
Cash and Cash Equivalents	133,374	150,009	83,769	47,420
Total Current Assets	240,207	248,574	171,530	36,149
Total ASSETS	881,711	896,259	857,741	84,974
Current Liabilities:				
Trade and Other Payables	(263,605)	(278,364)	(169,072)	(19,900)
Provisions	(2,949)	(2,897)	(6,609)	(2,463)
Borrowings	(10,282)	(10,717)	(11,052)	(5,031)
Commercial Loans	(407)	(431)	(391)	(31)
Total Current Liabilities	(277,243)	(292,409)	(187,124)	(27,425)
Net Current Assets/(Liabilities)	(37,036)	(43,835)	(15,594)	8,724
Total Assets Less Current Liabilities	604,468	603,850	670,617	57,549
Non Current Liabilities:				
Trade and Other Payables	(3,315)	(3,308)	(4,072)	(685)
Provisions	(5,512)	(5,512)	(9,033)	(3,469)
Borrowings	(228,950)	(228,019)	(232,781)	5,461
Commercial Loans	(6,624)	(6,624)	(6,522)	391
Total Non Current Liabilities	(244,401)	(243,463)	(252,408)	1,698
Assets Less Liabilities (Total Assets Employed)	360,067	360,387	418,209	59,247
Taxpayers Equity:				
Public Dividend Capital	241,931	242,681	289,739	48,294
Retained Earnings reserve	(13,839)	(13,605)	(14,837)	10,282
Revaluation Reserve	137,572	136,908	141,648	(6,585)
Other Reserves	1,743	1,743	1,743	0
FV Assets Reserve	(7,340)	(7,340)	(84)	7,256
Total Taxpayers Equity	360,067	360,387	418,209	59,247

Source: Finance Ledger

Cash Variance £000s	MONTH 12		
	Plan	Actual	Var
Cash	20,815	83,769	62,954
Total Cash	20,815	83,769	62,954
Lower debtors due to year-end payments	5,977	24,715	18,738
Higher year-end trade creditors	17,378	9,272	-8,106
Capital programme - spend compared to funding received	-52,845	-17,548	35,297
Favourable I&E performance at operating level	10,319	27,415	17,096
Cumulative other movements	71		-71
Total	(19,100)	43,854	62,954

Non Current Assets

- Non-current assets have increased with a significant increases in capital spend above depreciation.

Current Assets

- Current assets have increased by £36.1m over the year. The increase in stock is mainly central PPE and cash is higher due to capital funding in M12.

Current Liabilities

- Current liabilities have increased by £27.4m over the year with higher year-end accruals. There is a significant drop compared to last month as the advance commissioner payment unwound.

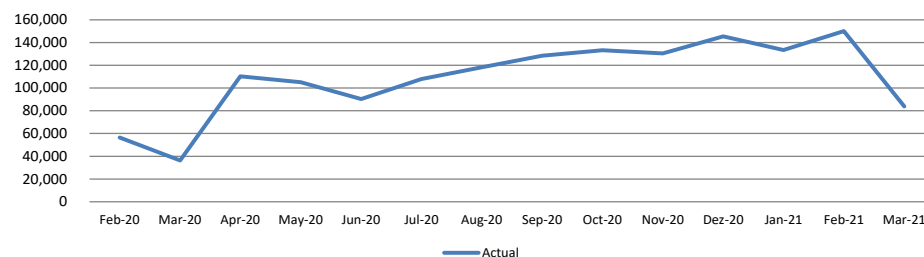
Non Current Liabilities

- Non current liabilities overall has reduced by £1.7m, with reduced PFI liability being offset by an increase in provisions and a loan for Swindon Radiotherapy capital.

Cash

- Cash balance as at the end of March was £83.8m, £66.2m lower than the previous month end as the block funding previously received one month in advance was unwound. Offsetting this was additional capital funding.
- The cash balance is £69m favourable compared to plan due to the difference between capital funding and cash spend, and lower outstanding debtors.

Cashflow £000s



Appendix 1 - Divisional Financial Performance: Month 12 2020/21

Narrative: Divisional Finance Teams

Tables and Charts: Central Finance

Divisional Summary: Clinical Support Services

Sources: Finance Ledger, SLAM and Commissioning Income Pack

Performance versus budget

I & E Subjective £000s	IN MONTH 12				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Income	6,485	7,633	1,148	18%	76,485	76,833	349	0%	76,485
Pay	(9,901)	(11,375)	(1,474)	-15%	(117,190)	(120,564)	(3,374)	-3%	(117,190)
Non-Pay	411	813	402	98%	9,489	10,827	1,337	14%	9,489
Surplus / (Deficit)	(3,005)	(2,929)	76	3%	(31,216)	(32,904)	(1,688)	-5%	(31,216)

Directorate £000s	IN MONTH 12				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
CAPPRO	(1,444)	(1,353)	90	6%	(17,304)	(17,909)	(606)	-4%	(17,304)
CSS Management	(671)	(853)	(182)	-27%	(4,711)	(4,752)	(41)	-1%	(4,711)
Path and Labs	174	1,112	937	538%	3,602	3,579	(23)	-1%	3,602
Pharmacy	(877)	(1,348)	(471)	-54%	(10,502)	(10,830)	(327)	-3%	(10,502)
Psych Meds	(246)	(266)	(20)	-8%	(2,955)	(3,102)	(147)	-5%	(2,955)
Radiology	57	(221)	(278)	-484%	655	110	(544)	-83%	655
Surplus / (Deficit)	(3,005)	(2,929)	76	3%	(31,216)	(32,904)	(1,688)	-5%	(31,216)

In Month

- P2P income includes £1.6m for Genetics tender.
- Increase in backdated premium costs to deliver recovery plans and COVID £1.0m.
- COVID-19 testing released accrual gave benefit of £700k mostly in Non pay.
- Increase in clinical supplies due to increased Diagnostic activity and decrease in Drug returns in Pharmacy.

Year to date

Reduced activity from P2P (lost income) partially offset by decreased clinical supplies spend related to reduced activity.

Pharmacy overspend due to stock adjustment.

Pay reflects increased recruitment as well as the COVID-19 cost pressure, which has been partially offset by non pay reduction.

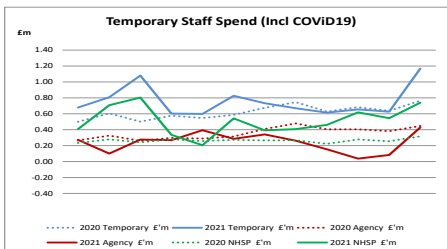
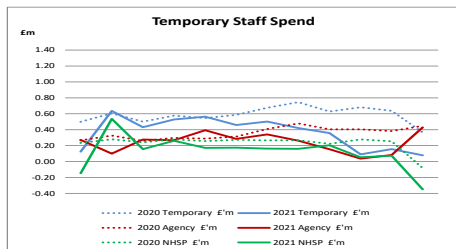
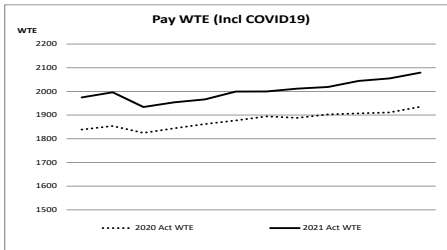
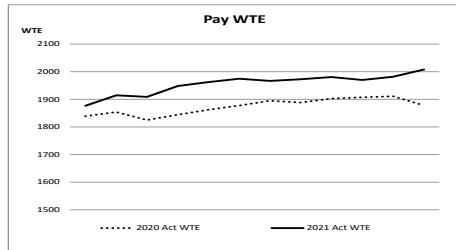
Headline narrative:

- Commissioning Income remains on a block contract.
- Non pay favourable against plan due to reduced clinical supplies/drugs.
- Substantive recruitment (+108 FTE) since March 20.
- COVID-19 & testing currently showing as a -£0.2m cost pressure.
- Diagnostic activity at >95% pre-COVID-19 levels.

Risks (R) and Opportunities (O):

- Impact of COVID-19 on income and staffing (R) as more redeployed staff return to usual workplace.
- Increase in anaesthetic and diagnostics workload will increase premium rate costs (R) as other divisions recover from COVID-19.

Pay Run Rates



Commissioning by POD Year To Date	ACTIVITY			FINANCE (£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
DC	1,931	1,349	(581)	2,025	1,487	(538)
Electives	213	175	(39)	855	795	(60)
Non Elective	42	52	10	150	222	72
Outpatient	29,377	27,650	(1,727)	4,595	3,816	(778)
Pass through	0	0	0	2,395	993	(1,402)
A&E	0	0	0	0	0	0
Chemotherapy	0	0	0	0	0	0
Critical Care	8,547	6,623	(1,924)	13,130	10,744	(2,385)
Diagnostics	5,325,901	4,009,517	(1,316,383)	33,981	25,855	(8,126)
Financial Adj - mainly Blended payment	0	0	0	0	(21)	(21)
Maternity Pathway	0	0	0	0	0	0
Other	0	0	0	7,416	6,980	(437)
Radiotherapy	0	0	0	0	0	0
Other Subtotal			0	64,546	50,872	(13,674)
Other Adj	0	0	0	(3,004)	10,643	13,647
					0	0
Total				61,542	61,515	(27)

Divisional Summary: Medicine Rehabilitation and Cardiac

Performance versus budget

I & E Subjective £000s	IN MONTH 12				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Income	20,804	22,418	1,613	8%	249,046	254,842	5,796	2%	249,046
Pay	(12,711)	(15,356)	(2,644)	-21%	(144,422)	(149,469)	(5,047)	-3%	(144,422)
Non-Pay	(5,250)	(8,435)	(3,185)	-61%	(62,657)	(71,096)	(8,439)	-13%	(62,657)
Surplus / (Deficit)	2,843	(1,373)	(4,216)	-148%	41,967	34,277	(7,690)	-18%	41,967

Directorate £000s	IN MONTH 12				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Specialist Medicine	1,159	104	(1,054)	-91%	13,932	12,506	(1,426)	-10%	13,932
CCTS	1,017	762	(255)	-25%	12,058	12,398	339	3%	12,058
AMR	2,769	578	(2,191)	-79%	33,296	30,148	(3,148)	-9%	33,296
MRC Management	(2,102)	(2,818)	(716)	-34%	(17,319)	(20,775)	(3,456)	-20%	(17,319)
Surplus / (Deficit)	2,843	(1,373)	(4,216)	-148%	41,967	34,277	(7,690)	-18%	41,967

In Month

- Income** – recognition of £1.6m pass through income for Cystic Fibrosis (£0.9m) and Clinical Immunology drugs for M07 – M11
- Pay** - £1.5m bank including Q4 incentive payments; £0.6m COVID-19; provision for backdated consultant sessional claims
- Non Pay** - £2.1m pass through drugs. £0.5m stock movements. Balance is COVID-19 and winter pressures

Year to Date

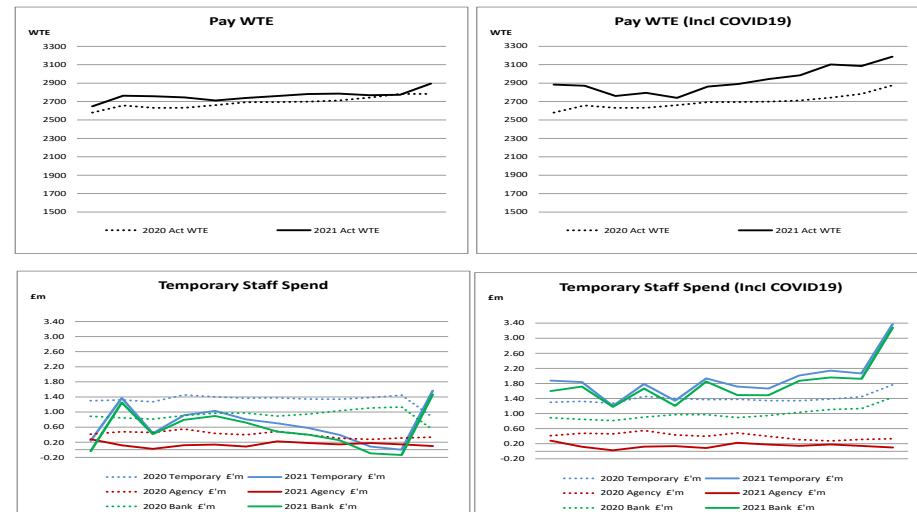
- Income** – recognition of pass through income for specified high cost drugs
- Pay** – £3m COVID-19 costs and winter pressures; £1.5m bank costs in M12
- Non Pay** - £5.7m Cystic Fibrosis and Clinical Immunology drugs; £1.6m COVID-19 and winter pressures – mainly independent living aids; £500k year end stock movement

Headline narrative:

- Commissioning Income is on a block basis.
- Specified high cost drugs now reimbursed under Phase 3 regime
- Significant impact of COVID-19 and winter pressures on pay and non pay
- £1m impact of winter bank incentive payments
- £500k stock movement and £400k provision for backdated sessional claims in month

Risks (R) and Opportunities (O):

Pay Run Rates



Commissioning by POD Year To Date	ACTIVITY			FINANCE (£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
DC	14,301	10,584	(3,717)	12,005	11,305	(700)
Electives	4,004	2,694	(1,309)	13,420	11,034	(2,387)
Non Elective	45,822	39,157	(6,665)	104,025	104,714	689
Outpatient	258,657	251,020	(7,636)	31,808	27,563	(4,245)
Pass through	0	0	0	32,276	32,128	(148)
A&E	157,011	111,369	(45,642)	26,852	20,704	(6,149)
Chemotherapy	0	11	11	0	3	3
Critical Care	5,500	4,493	(1,007)	9,065	7,446	(1,620)
Diagnostics	17,190	12,767	(4,423)	2,087	1,784	(302)
Financial Adj - mainly Blended payment	0	0	0	0	4,387	4,387
Maternity Pathway	0	0	0	0	0	0
Other	0	0	0	20,399	21,813	1,414
Radiotherapy	0	0	0	0	0	0
Other Subtotal	0	0	0	251,937	242,880	(9,058)
Other Adj	0	0	0	(9,988)	4,635	14,622
	0	0	0			0
Total				241,949	247,514	5,565

Divisional Summary: Neuro, Ortho, Trauma, Specialist Surgery and Children

Sources: Finance Ledger, SLAM and Commissioning Income Pack

Performance versus budget

I & E Subjective £000s	IN MONTH 12				YEAR TO DATE				FULL YEAR Plan
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	
Income	27,557	28,941	1,384	5%	326,784	330,236	3,452	1%	326,784
Pay	(14,755)	(16,134)	(1,379)	-9%	(174,296)	(177,752)	(3,456)	-2%	(174,296)
Non-Pay	(8,657)	(9,606)	(949)	-11%	(99,736)	(101,245)	(1,509)	-2%	(99,736)
Surplus / (Deficit)	4,145	3,200	(945)	-23%	52,752	51,239	(1,513)	-3%	52,752

Directorate £000s	IN MONTH 12				YEAR TO DATE				FULL YEAR Plan
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	
JR and WW Theatres	(1,369)	(1,679)	(311)	-23%	(16,496)	(17,103)	(607)	-4%	(16,496)
Neurosciences	2,122	1,660	(462)	-22%	25,409	24,626	(783)	-3%	25,409
NOTSSCaN Management	(737)	(1,050)	(313)	-43%	(4,674)	(5,167)	(493)	-11%	(4,674)
Orthopaedics	1,104	1,124	19	2%	12,305	13,774	1,469	12%	12,305
Childrens	1,474	1,490	15	1%	17,724	16,041	(1,683)	-9%	17,724
Specialist Surgery	1,550	1,656	106	7%	18,484	19,069	585	3%	18,484
Surplus / (Deficit)	4,145	3,200	(945)	-23%	52,752	51,239	(1,513)	-3%	52,752

In Month

- Additional income received again relating to increased cost and volume drugs.
- An in month increase of £800k in NHSP costs, of which £500k related to incentive payments.
- Increase in non-pay costs due to drug costs, partly offset by reduced consumable spend due to lower activity levels.

Year to date

- Additional pass through income of £4.5m offsetting a shortfall in private patient and other income of £1.1m in H2, previously charged to COVID-19 in H1.
- The main pay overspend relates to junior medical staffing, with temporary staffing covering rota gaps, staff with restrictions on working, and COVID-19 increases.
- Non-pay overspend relates to increased drugs spend.

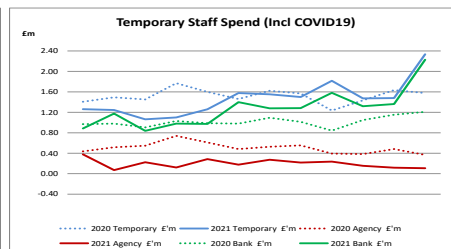
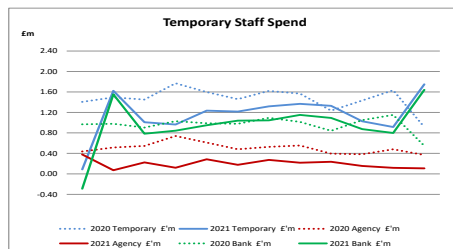
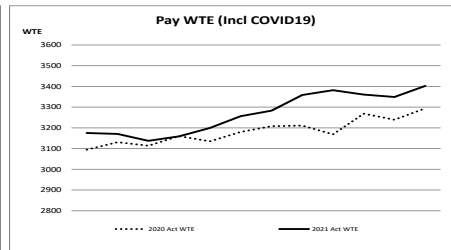
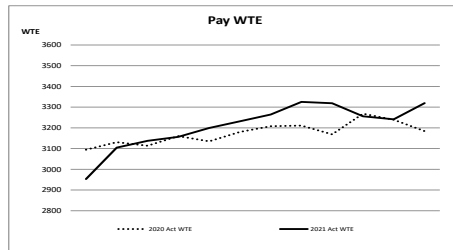
Headline narrative:

- Income – Activity on block, pass through overperformed by £4m.
- Private patient and other income reduced by £1.1m due to COVID-19.
- Pay costs increased due to increased COVID-19 related staffing, winter incentive programme cost and covering the gaps in junior medical rotas.
- Significant consumable reductions offset by increased drug costs.

Risks (R) and Opportunities (O):

- Impact of COVID-19 waves on pay costs, headcount reviews, planned recovery work and other income.
- Increased waiting list will lead to increased costs of delivering against performance standards.
- Equipment replacement needs may hit revenue due to capital restrictions.

Pay Run Rates



Commissioning by POD Year To Date	ACTIVITY			FINANCE (£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
DC	23,592	16,316	(7,277)	26,508	18,437	(8,071)
Electives	9,996	5,863	(4,134)	54,717	35,993	(18,724)
Non Elective	23,685	18,707	(4,978)	82,792	80,531	(2,261)
Outpatient	503,919	362,922	(140,998)	64,551	49,419	(15,132)
Pass through	0	0	0	44,356	37,030	(7,326)
A&E	15,141	9,151	(5,990)	1,775	1,044	(732)
Chemotherapy	1,450	1,440	(10)	437	437	(0)
Critical Care	27,193	27,604	411	31,255	31,857	602
Diagnostics	5,132	3,754	(1,378)	366	287	(79)
Financial Adj - mainly Blended payment	0	0	0	2,170	6,032	3,862
Maternity Pathway	0	0	0	0	0	0
Other	0	0	0	24,523	22,095	(2,428)
Radiotherapy	0	0	0	0	0	0
Other Subtotal	0	0	0	333,449	283,161	(50,288)
Other Adj	0	0	0	(12,999)	41,877	54,877
	0	0	0			0
Total				320,450	325,039	4,589

Divisional Summary: Surgery, Women's and Oncology

Sources: Finance Ledger, SLAM and Commissioning Income Pack

Performance versus budget

I & E Subjective £000s	IN MONTH 12				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Income	25,997	28,015	2,018	8%	312,302	316,205	3,903	1%	312,302
Pay	(12,620)	(13,832)	(1,212)	-10%	(149,046)	(151,892)	(2,847)	-2%	(149,046)
Non-Pay	(9,786)	(11,165)	(1,378)	-14%	(114,837)	(120,479)	(5,642)	-5%	(114,837)
Surplus / (Deficit)	3,590	3,019	(571)	-16%	48,420	43,833	(4,586)	-9%	48,420

Directorate £000s	IN MONTH 12				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
GET	(653)	(1,475)	(822)	-126%	(8,229)	(10,018)	(1,789)	-22%	(8,229)
Gynaecology	419	275	(144)	-34%	5,027	4,625	(402)	-8%	5,027
Maternity	862	811	(51)	-6%	10,356	10,336	(20)	0%	10,356
Oncology	1,501	1,775	274	18%	19,498	16,202	(3,296)	-17%	19,498
Renal	1,725	1,995	271	16%	20,431	20,046	(385)	-2%	20,431
SuWOn Management	(1,310)	(1,217)	93	7%	(10,777)	(9,320)	1,458	14%	(10,777)
Surgery	1,046	854	(192)	-18%	12,114	11,962	(152)	-1%	12,114
Surplus / (Deficit)	3,590	3,019	(571)	-16%	48,420	43,833	(4,586)	-9%	48,420

In Month

- Pay overspend due to nursing, midwifery and medical staffing, mostly in Oncology, Renal, Gynae and Maternity.
- Temporary staffing costs increased in M12 due to NHSP Nursing.
- Non-pay overspend due to drugs and haemophilia factor.

Year to date

- Recent increases in pay run rate reflects activity increase and the establishment of local COVID-19 and recovery cost centres. This is particularly reflected by the increase in NHSP costs for nursing and admin staff.
- Non-pay overspends partly offset by underspends on outsourcing budget.

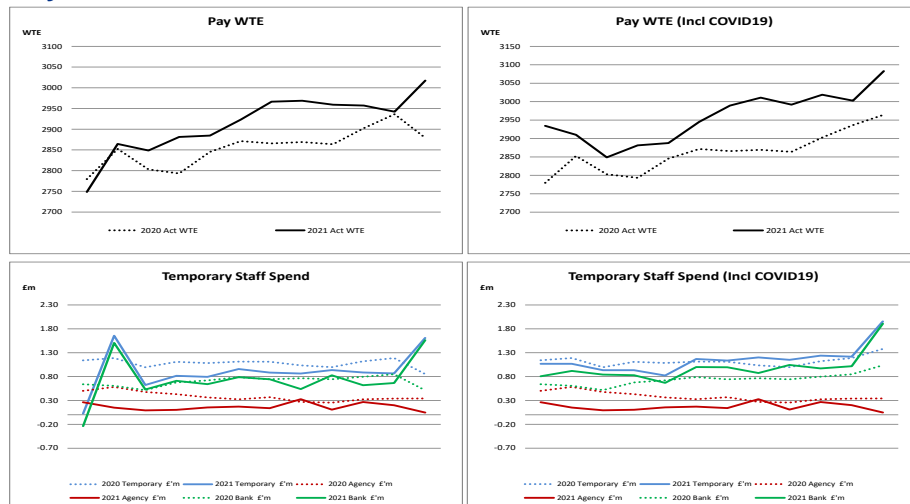
Headline narrative:

- Income - a block contract: same level of income, based on last year's figures, irrespective of the actual activity carried out.
- Pay is overspent against plan after 12 months.
- Continued use of temporary staffing.
- Lower agency costs this year following review and a strengthening of controls.

Risks (R) and Opportunities (O):

- Ongoing recruitment efforts to reduce reliance on premium cost solutions (O).
- Agency rates being reviewed and challenged (O).
- Theatre nurse staff availability (R).
- Chemotherapy costs going above the block income (R).
- Radiotherapy capacity issues (R).
- COVID-19 activity constraints and backlog (R).

Pay Run Rates



Commissioning by POD Year To Date	ACTIVITY			FINANCE (£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
DC	39,835	29,250	(10,585)	24,731	18,856	(5,875)
Electives	4,976	3,989	(987)	24,368	21,179	(3,190)
Non Elective	25,034	23,089	(1,945)	67,809	66,213	(1,596)
Outpatient	266,983	265,082	(1,901)	42,099	38,135	(3,964)
Pass through	0	0	0	72,256	76,428	4,172
A&E	0	0	0	0	0	0
Chemotherapy	25,109	19,831	(5,278)	6,736	5,845	(891)
Critical Care	18	0	(18)	23	0	(23)
Diagnostics	40,091	50,066	9,975	591	629	38
Financial Adj - mainly Blended payment	0	0	0	(84)	(164)	(80)
Maternity Pathway	15,034	15,619	585	15,767	16,606	839
Other	0	0	0	29,930	28,064	(1,866)
Radiotherapy	52,964	41,052	(11,912)	12,052	10,117	(1,935)
Other Subtotal	0	0	0	296,280	281,909	(14,371)
Other Adj	0	0	0	6,297	20,752	14,455
	0	0	0			0
Total				302,577	302,661	84

Divisional Summary: Corporate Services

Performance versus Budget

I & E Subjective £000s	IN MONTH 12				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Income	6,068	7,351	1,282	21%	64,830	66,712	1,882	3%	64,830
Pay	(5,929)	(7,992)	(2,063)	-35%	(71,108)	(73,950)	(2,842)	-4%	(71,108)
Non-Pay	(14,869)	(23,028)	(8,160)	-55%	(171,363)	(179,106)	(7,743)	-5%	(171,363)
Surplus / (Deficit)	(14,729)	(23,669)	(8,940)	-61%	(177,641)	(186,344)	(8,703)	-5%	(177,641)

Divisions £000s	IN MONTH 12				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Variance %	Plan	Actual	Variance	Variance %	Plan
Corporate	(8,601)	(9,798)	(1,197)	-14%	(103,116)	(104,148)	(1,032)	-1%	(103,116)
Operational Services	(904)	(922)	(18)	-2%	(10,873)	(9,154)	1,720	16%	(10,873)
Education and Training	2,982	3,462	480	16%	33,293	34,291	998	3%	33,293
Estates	(8,206)	(16,412)	(8,206)	-100%	(96,945)	(107,334)	(10,389)	-11%	(96,945)
Surplus / (Deficit)	(14,729)	(23,669)	(8,940)	-61%	(177,641)	(186,344)	(8,703)	-5%	(177,641)

In Month

- Income in M12 increased due to benefits from PPE Warehouse and International Nursing.
- Education income increase offset by costs.
- Pay increase due to change in Capitalisation of salaries.
- Non Pay costs are higher due to an increase in provisions for contracts and additional works in Estates.

Year to date

- Continued benefit of lower CNST costs.
- Reduced cost of Nursing home beds due to arrangement with Council.
- Requirement to quantify recharge costs for JR with University still ongoing.

Headline narrative:

- Pay costs largely in line with plan across four divisions before change in capitalisation of salaries.
- Increase in Non Pay costs due to additional spend in Estates and digital in M12.
- Continued reduced income - Car Parking.

Risks (R) and Opportunities (O):

- Windows 10 and other digital project costs (R).
- Requirement for improved process in Estates particularly around maintenance and Energy costs (O).
- Pension costs (R).

Pay Run Rates

