



# Oxford University Hospitals

NHS Foundation Trust

## Integrated Performance Report Month 6 (September data)

November 2021

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# Contents

<b>Executive summary</b>	Page 3
Indicator overview summary	Page 16
<b>Quality , Outcomes and Patient Experience</b>	
Nursing and Midwifery Staffing	Page 18
Quality and Safety	Page 43
<b>Operational performance</b>	
Urgent care	Page 62
Elective care	Page 69
<b>Workforce</b>	
Workforce	Page 81
<b>Digital</b>	
Digital	Page 95
<b>Finance, Procurement and Contracting</b>	
Finance, Procurement and Contracting	Page 100
Appendix 1: Other Supporting Analysis: Month 6 2021/22	Page 110

# Executive Summary (1)

## Integrated themes and issues from M6 (September 2021)

### Quality and Safety

#### Maternity

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

- 361 (53%) Spontaneous Vaginal Births
- 204 (30%) Caesarean Section rate
- 1:29.3 Midwife: Birth Ratio
- 2 Hospital Acquired Thrombosis
- 1 (0.5%) Return to theatre
- 67% Test Result Endorsement

**Amber** areas related to:

- 679 Mothers birthed
- 1 HIE grade 3

**Green** areas related to:

- 9 (1.3%) Shoulder Dystocia
- 18 (2.6%) Unexpected admissions to NNU

Page 26

#### HAPU

In September there were **9** incidents of moderate harm causing **Hospital Acquired Pressure Ulceration (HAPU)**. This is the same number as reported in August.

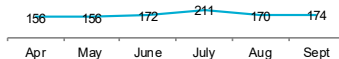
All HAPU Categories 3 and above follow the current Trust process for Moderate and above Harms. These incidents are monitored with oversight from the Harm Free Assurance Forum. A significant number of After Action Review meetings have been conducted with the Divisional Teams with the majority of action plans closed. Areas for improvement continue to be identified to support this ambition and plans to implement learning across the Trust are currently under way.



Pages 27-28

#### Harm from Falls

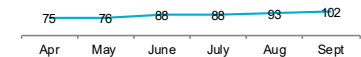
There were **174 Falls** reported in September, which is a slight increase compared to the 170 falls recorded in August. There were four falls resulting in higher severity harm levels, including three moderate harms, and one major harm.



Pages 29-30

#### Complaints

There were **102 Complaints** in September compared to 93 reported in August. A number of complaints were received relating to the Emergency Departments. Concerns raised included the attitude of staff, long waits to be seen, lack of compassion towards patients and restrictions on patients having someone accompanying them to the department due to the COVID-19 restrictions. A review is being undertaken by the Divisional Director of Nursing for MRC and the Complaints Manager.

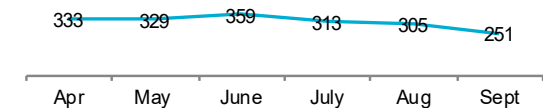


Page 31

#### Safeguarding Children

There were **251** consultations with the **children's safeguarding** team in September, a decrease of 54 compared to 305 recorded in August. This reduction is potentially related to having reduced capacity in the team due to sickness, vacancies and reduced hours. Delays in discharges continue due to complex social and mental health presentations. Escalation processes are managing these cases. Parental aggression has continued to be a theme and staff are encouraged to report these cases via the Ulysses incident process.

**Safeguarding Children Training Compliance** remains below the target of 90%. Level 1 training reduced by 3 percentage points to 72%, Level 2 increased by 4 percentage points to 72% and level 3 increased by 1 percentage point to 81%. It has been identified there are mapping issues to ensure staff undertake correct levels of training.



Pages 32

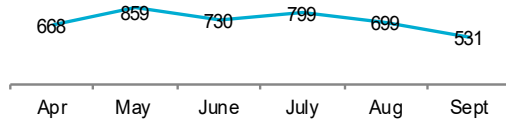
## Integrated themes and issues from M6 (September 2021)

### Quality and Safety

#### Safeguarding Adults

**Adult safeguarding** activity (*referrals, consultations and incident reviews*) was **531** in September, a decrease of 168 from the 699 reported in August. The main category for consultation referrals to the team relate to neglect and financial abuse, and there has been large reduction in cases relating to domestic abuse.

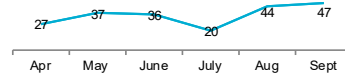
Prevent Level 1 & 2 compliance remained at 76% for non clinical staff and below the 85% target. The Trust is compliant for levels 3,4,5 at 89%. Safeguarding training compliance is below the 90% target. Level 1 decreased by 2 percentage points to 75% and level 2 remained the same at 73%.



Page 33

#### DoLS

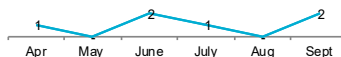
There were **47 Deprivation of Liberty Safeguards (DoLS)** applications reviewed in September which was an increase compared to the 44 recorded in August.



Page 33

#### Section 42

In September there were **two new Section 42 investigations** related to alleged assaults that are expected to be unsubstantiated. There remains three open S42 enquiries.

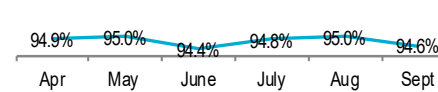


Page 33

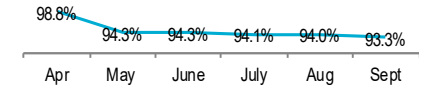
#### Friend's and Family Test

The top 5 raised **FFT** themes in September included **11,744** comments. The top 5 themes, by volume, related to *Staff attitude 4149, Implementation of care 3211, Waiting time 1554, Clinical treatment 1505, and Patient mood/feeling 1325*. The majority of responses within these categories were positive. The charts below include the % responses for likely to recommend from the adult FFT.

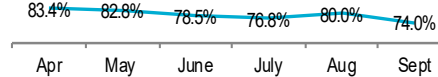
#### Inpatients



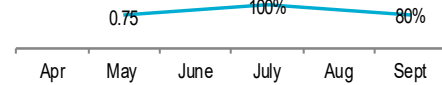
#### Outpatients



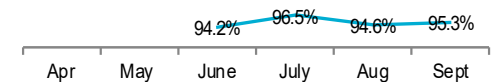
#### Emergency department



#### Maternity



Overall, the recommended rate from the **Children's FFT** was 95.3% in September. The top 3 positive themes within the Children's FFT included **Staff-Care and Compassion, Patient Care and Treatment** and **Communication and information giving**. The most common negative FFT themes included **Communication and information giving, Time waiting** and **Ward facilities**. A new children's FFT QI project will be undertaken and a staff survey will be carried out to measure current understanding and use of FFT amongst staff teams, and to highlight areas of improvement.



Pages 34-39

## Integrated themes and issues from M6 (September 2021)

### Quality and Safety

#### Patient Experience

In September the following activities and workstreams were in progress or have been identified to be implemented to deliver greater **Patient Experience**.

- **Yippee:** The Chair of Yippee, Holly recently completed a work experience week at the JR. Her visit had a particular focus on food. Holly spent the week researching food contracts, menus and providers, meeting with dieticians and creating a bespoke survey for children's, parents and carers to explore their views on the current provisions and what can be improved.
- **Transition:** Moving to adult services is a Trust quality priority for 21/22 and registered as a QI project. Social media comms has gone out asking for patient/public stories of their own experiences of transition.
- **Chaplaincy:** Chaplaincy are undertaking a review of the resources for pastoral, spiritual and religious care for patients, families, and staff. The chapels/prayer spaces across the Trust do not meet the multicultural needs of our patients, families and staff, and therefore a review is being undertaken and the Lead Chaplain and Head of Patient Experience will then produce an options paper for the CNO and TME to review.
- **With you:** the pilot is still underway in Neuro ICU with very positive feedback from families. Work is due to start with Neuro psychologists, media and comms and clinical governance to look at options for a pilot expansion into other wards.
- **NHS I South East ED survey:** Ipsos Mori: This survey concluded on the 5th Sept and aimed to establish from patients their reasoning for attending ED. The results will be used to inform planning for winter pressures.

- **Patient Stories:** The next stories to be presented at Trust Board are;
  1. A focus on the logistical complexities of supporting a patient to get home as soon as they are able, the tight multidisciplinary/ multiagency work needed alongside the person and family centred care at times of often significant family stress (*12 January 2022*),
  2. A story from the #CALLME initiative from Worcestershire Acute Hospitals NHS FT which ensures the patient is called by the name they identify with (*9<sup>th</sup> March 2022*).
- **Patient Information:** The project has streamlined the process of reviewing and revising leaflets by providing each division with a spreadsheet and a zip file of divisions leaflets.
- **NHS Adult Inpatient Survey 2020:** has now been published with full CQC benchmarking. Additional benchmarking is being undertaken to fully understand and embed improvement opportunities in a targeted and efficient manner.
- **Interpreting and Translation (I&T):** Increased use of interpreting services to support patients and implementation of identified learning.
- **Learning Disability Liaison Team:** providing clinical support for people with learning disabilities across the Trust. The majority of the team's time is supporting unplanned or emergency admissions of people with learning disabilities. Joint work with **Oxford Health (OH) Learning Disability Community Teams** is in progress with weekly patient information provided to them on admissions and ED presentation, enabling the community teams to plan and put in place their support earlier for the person at home prior to discharge.

# Executive Summary (4)

## Integrated themes and issues from M6 (September 2021)

### Quality and Safety

#### RIDDOR

In September there were **three** reports to the HSE, one relating to a patient and two relating to members of staff. One incident resulted in an actual impact of **4 – major injury leading to long term disability/incapacity**. The Health and Safety Team discussed the incident with the manager, lessons have been learned and new processes have been put in place. The remaining two incidents had an actual impact of **2 – minor injury / illness**



Page 40-42

#### MRSA

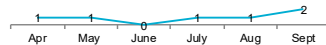
There was **1 case** of **MRSA bacteraemia >48 hours** in the month of September. There were **zero** cases recorded in Q1 of 2021/22 and one case recorded in Q2 of 2021/22.



Pages 43, 44 & 47

#### Thrombosis

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



Pages 43, 45 & 47

#### C-Diff

There were **8 cases** of **Clostridium Difficile >72 hours** in September, compared to 13 cases recorded in August. The threshold for 2021/22 is 83 cases compared to the 52 cases currently recorded year to date. The Threshold does not take into account changes in activity/case-mix since 2019.



Pages 43 & 47

#### MSSA

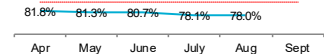
In September there were **8 cases** of **post 48-hr MSSA** compared to 3 cases reported in August.



Page 47

#### Dementia Screening

The **% of dementia patients aged over 75 years admitted as an emergency who are screened** has not been reported for September.



Page 47

## Integrated themes and issues from M6 (September 2021)

### Quality and Safety

#### Other

**Gram negative blood stream infections (GNBSI):** In September the cumulative total for Pseudomonas was **30** verses a threshold of **32**, for Klebsiella it was **48** verses a threshold of **53** and for E.coli it was **76** verses a threshold of **102**.

Page 47

At the time of reporting, there were **2** open outbreaks at the Horton F Ward and Juniper, involving patients and staff.

#### COVID-19

The update to national guidance now enables low risk patients (vaccinated, no COVID symptoms/exposure) on elective pathways to have lateral flow tests on the day of procedure instead of a PCR test.

Page 47

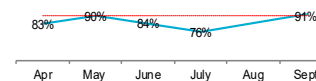
#### Cleaning Scores

In September concern was raised on the low cleaning audit scores from G4S and observational inspections reports for the Churchill Hospital. Infection Prevention Control and the SuWOn Division are meeting with OCHRE Solution Ltd., the Trust PFI office and G4S. G4S are providing an improvement plan.

Page 43 & 47

#### Sepsis

The overall **proportion of sepsis admissions that received antibiotics in <1 hour** was **91%** in September, achieving the target of 90%. In ED the proportion of sepsis admissions that received antibiotics in <1 hour was **91%**, also achieving the target of 90%. The Mortality indicator related to Sepsis from SHMI was 86.4 (73.4- 101.07) (i.e. there were fewer deaths than expected).



Pages 48

#### Safety Huddles

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

Page 49



# Executive Summary (6)

## Integrated themes and issues from M6 (September 2021)

### Quality and Safety

#### WHO Checklist

The **WHO Surgical Safety Checklist** documentation and observation was **99.3%** and **100%** respectively in September. Three Divisions achieved 100% for documentation categories and all four Divisions achieved 100% for observational audits. Divisions with elements of non compliance have been followed up with actions for improvement.

Chart - Documentation

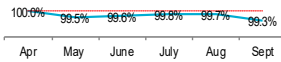
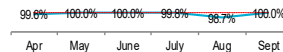


Chart - Observation



Page 49

#### LocSSIPs

**Local Safety Standards in Invasive Procedures (LocSSIPs)** include 31 to date 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. A recent Internal Audit of Safer Surgery was undertaken to review the progress with NatSSIP/LocSSIP implementation and governance. This report provided Significant Assurance with four minor improvement opportunities. The improvement plan will be actively monitored at SSPIG.

Page 49

#### Never Events

There was one **Never Event** declared in September, which concerned a hypoxic patient needing oxygen therapy who was unintentionally connected to medical air rather than oxygen. The investigation is in progress and immediate actions have been put in place. There were two Never Events called in 2020/21, down from 7 the previous year.



Page 49-50

#### Excellence reporting

**Excellence Reporting** is a staff led initiative whereby members of staff can nominate colleagues to recognise instances of excellence. A multi-professional group promotes excellence reporting locally and has represented it Nationally. In September there were **120** reports of excellence.

Reporting  
**EXCELLENCE**



Page 51



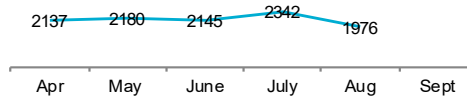
# Executive Summary (7)

## Integrated themes and issues from M6 (September 2021)

### Quality and Safety

#### Patient Incidents

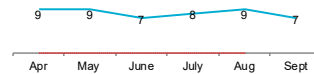
There were **2175 patient incidents** reported in September, an increase compared to the **1976** incidents reported in August. In September, 52 incidents reported as moderate were reviewed and 4 incidents had their impact downgraded in the meeting. The National Reporting & Learning System which shows the Trust's ratio of incidents reported relevant to bed days is well above the median when compared with peers.



Pages 52-53

#### Serious Incidents

In September, **7 Serious Incident Requiring Investigation (SIRI)** were declared and 5 SIRI investigations were sent for approval to the OCCG. Twenty-two SIRIs were downgraded in February and March which were all nosocomial COVID-19 cases. A designated sub-group of the Serious Incident Group is reviewing all aspects of the nosocomial COVID-19 SIRI with individual cases reviewed.



Page 54

#### 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 September there were **1643** patients who had been waiting more than 52 weeks for elective treatment. This is a reduction on the 1823 reported in August.

Pages 55-57

#### Safety Messages

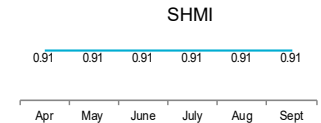
A **Weekly Safety Message (WSM)** is sent from the CMO and CNO via the central Clinical Governance team. The messages below were circulated across the Trust in September:

- 1) WSM 137: Wrong blood in tube errors
- 2) WSM 138: Discharging patient with Diabetes Safely
- 3) WSM 139: Inadvertent connection to medical air via a flowmeter
- 4) WSM 140: Learning from a Never Event

Page 58

#### Mortality

The SHMI for the period April 2020 to March 2021 was **0.91** and 'as expected'. The HSMR was **86.3** for the period July 2020 to June 2021, and remains 'lower than expected'.



Pages 59-60

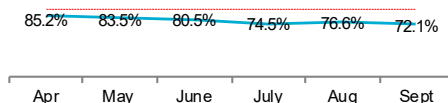
# Executive Summary (8)

## Integrated themes and issues from M6 (September 2021)

### Operational Performance

#### 4 Hour ED Wait

**4 hour performance** was **72.1%** in September, a deterioration of 4.5 percentage points compared to the previous month. Performance, although below the national standard, remains better than the national average and position of the Shelford hospitals, which were 66.8% and 57.2% respectively.

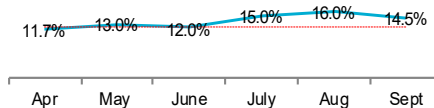


Pages 62-63

#### LOS

**Patients with a length of stay over 21 days** occupying beds, expressed as a percentage was **14.5%** in September, an improvement compared to the 16.0% reported in the previous month but above the national target of 12%.

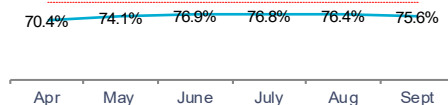
Of the 128 patients, 76 (59.4%) were not medically fit and were required to remain in an acute setting. There has also been an increase in length of stay with patients who are waiting for repatriation back to their local hospital.



Page 67

#### 18 Week RTT

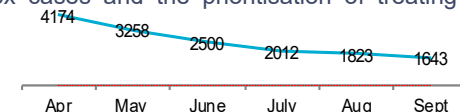
The **18 week incomplete Referral to Treatment (RTT) standard** was **75.6%** in September, a deterioration compared to the 76.4% reported in August. Performance, using benchmarking data in August, was better than the national and Shelford group averages, which were 67.1% and 63.7%, respectively. The total waiting list size for September was 51,741 and represented an increase compared to the previous month. This was influenced by inclusion of Electronic Referral System worklists which were previously not reported.



Pages 69

#### 52 Weeks

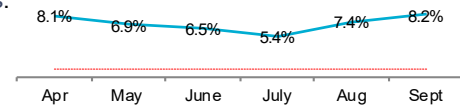
There were **1,643** patients waiting over **52 weeks for treatment** at the end of September, which was a decrease of 180 patients compared to the previous month. This improvement is due to the continued recovery activity undertaken throughout September and the impact of temporary suspension of referrals into the Trust at the beginning of the Covid-19 Pandemic. There were 70 patients waiting over 104 weeks at the end of September, an increase of 11 patients compared to 59 patients reported last month. The increase is predominantly due to theatre capacity shortages for complex cases and the prioritisation of treating lapsed P2 patients.



Pages 69

#### Diagnostic waiting times

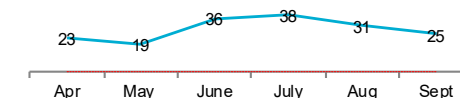
The Trust's performance against the **diagnostic 6 week waiting time standard** (the DM01) was **8.2%** in September, a deterioration compared to the previous month's position of 7.4%. There were 1,233 patients waiting over 6 weeks at the end of September, an increase of 207 patients compared to the position reported in August. Staffing shortages resulted in lost capacity and increases in patients waiting for diagnostics in Cardiac Echocardiography, Audiology, MRI and Non obstetric ultrasound modalities.



Page 72

#### On the day Cancellations

**Elective on the day cancellations** reduced to **25** in September compared to 31 cancellations reported in August. There were four breaches of the 28 day readmission standard in September due to access to a CTCCU bed, prioritisation of clinically urgent patients and the availability of a paediatric bed.



Page 74

## Integrated themes and issues from M6 (September 2021)

### Operational Performance

#### Elective Care Prioritisation

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

Patients have continued to be clinically prioritised using the Royal College of Surgeons (RCS) guidance.

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

As at the 17/10/2021 there were **944** patients stratified as **RCS category P2** on the Inpatient/Daycase waiting list.

- **38.6%** (364) of patients categorised as P2 have waited in excess of the 4 week timeframe since last being prioritised (lapsed).

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

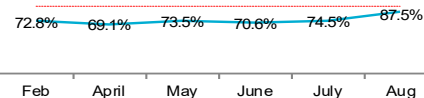
- As of 17/10/2021, there were 6 patients categorised as a P2 whose total RTT pathway exceeded 78 weeks, of which;
  - 3 patients have operation dates in place
  - 3 have been escalated for clinical review and urgent action

Pages 75-76

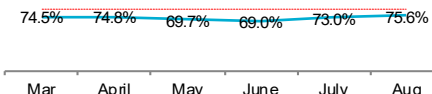
#### Cancer Wait Times

**Cancer Wait Times** performance is reported one month in arrears. In August, the Trust achieved 2 out of 9 of the national standards. The Trust achieved the 28 day Faster Diagnosis (**79.3%** vs 75%), the 31 day Decision to Subsequent Treatment (Radiotherapy) (**97.8%** vs 94%). The Trust did not achieve the targets for the 2WW for suspected cancer (**87.5%** vs 93%), the Breast Symptomatic standard (**38.3%** vs 93%), the 31 day Decision to First Treatment (**89.1%** vs 96%), the 31 day Decision to Subsequent Treatment (Surgery) (**76.3%** vs 94%), the 31 day Decision to Subsequent Treatment (Drugs) (**97.6%** vs 98%) the 62 day GP referral to treatment (**75.6%** vs 85%) and the 62 day screening to first treatment (**65.0%** vs 90%)

2WW performance



62 day GP performance



Pages 77-79

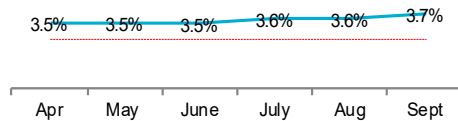
# Executive Summary (10)

## Integrated themes and issues from M6 (September 2021)

### Workforce

#### Absence

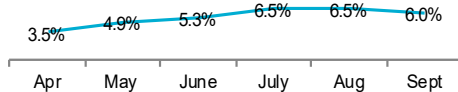
**Sickness absence** was **3.7%** in September, as measured on a rolling basis versus a target of 3.1%. After plateauing in April to June 21, sickness is beginning to increase. For the summer months, rising absence levels are contrary to what was once a traditional seasonal trend. COVID-19 absences have also seen an increase and is a factor in this recent trend.



Pages 81, 85-86

#### Vacancies

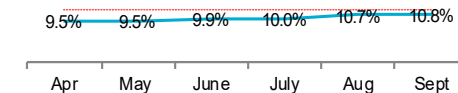
The **vacancy rate** was **6.0%** in September, lower than the performance reported in August and below the target of 7.7%. The recent decrease in vacancies is attributable to both starters exceeding leavers and the rise in the numbers of staff in post across the Trust. This rise offsets the decreases earlier in the year.



Pages 81 & 87

#### Turnover

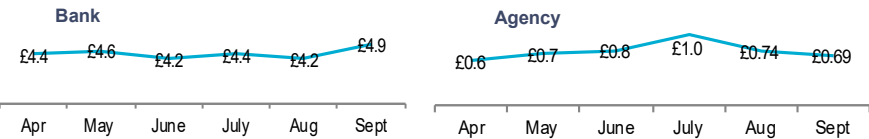
**Turnover** in September was **10.8%**, which is a marginal increase on the reported position of 10.7% in August. September's performance remains below the target of <=12.0%. However, an upward trend has been seen since May 21, with average monthly leaver rates marginally increasing. This is measured over a rolling 12 month period.



Pages 81 & 88

#### Bank and Agency

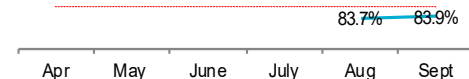
**Combined Bank and Agency expenditure** in September increased to £5.6m from £4.9m in August. In September compared to August, the number of bank staff decreased to 822.6 from 852.5 WTE but expenditure increased to £4.9m from £4.2m. The respective changes in agency staff were a WTE decrease to 93.3 from 115.1 WTE and decrease in cost to £0.69m from £0.74m. Expected updates to bank rates for Nursing and Midwifery and the pay uplift has increased the temporary spend by C£600k. There are continued challenges to the agencies on rates and issues with how the Trust attracts talent when local trusts are increasing rates, including for ICU, Paediatrics and Radiology.



Pages 81 & 89

#### Core skills training

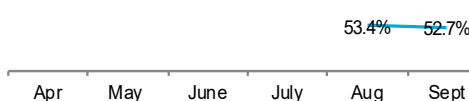
**Core skills training** in September was reported as **83.9%**, which was below the target of 85%. Actions are in place to use My Learning Hub (MLH) to support managers and staff to identify and complete core skills training compliance.



Pages 81 & 90

#### Appraisals

**Appraisal compliance** in September was reported as **52.7%** versus a target of 85%. This is a reduction on the 53.4% recorded in August. Staff have been completing their VBA using a paper form and support via 'Uploading Clinics' is being provided to assist with the upload of forms into MLH. Compliance within Corporate areas has decreased and key hotspot areas are being targeted ensuring a trajectory is in place to increase the uptake of appraisals by the end of the calendar year and to reach compliance by the end of March 2022.



Pages 81 & 91

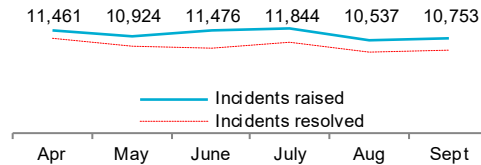
# Executive Summary (11)

## Integrated themes and issues from M6 (September 2021)

### Digital

#### Service Desk

**OUH IM&T Service Desk performance is integral to the day to day running of the Trust.** In September **10,753** incidents were raised, shown in the chart below in the blue line and 86.1% (**9269**) were resolved, shown in the red line in the chart below. This is an increase compared to August, where 85.6% were closed. In September there was 1 Priority 1 incident, compared to zero in August.



Page 95

#### CYBER Status

In September **11,958** Devices and **702** Servers were monitored. There was **218TB** of internet traffic. Work on the NHS DSPT Annual action plan was ongoing. Significant computer upgrade activity took place on the Windows PC and Server estates, either critical security updates or version upgrades as required under DSPT. The overall cyber status for the Trust is **Green**.

**11,958**  Devices monitored

**702**  Servers monitored

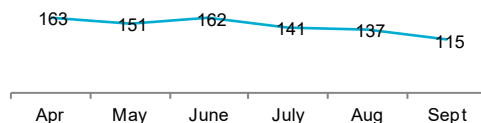
**218**  Internet traffic usage (TB)

**Green**

Page 96

#### Information requests

The demand on the **Information request service** for September was 115. User feedback is very positive at 94%. ORBIT usage in September has increased compared to the same period in 2020.



Page 97

#### Digital delivery

##### Digital Programme of Delivery overview:

- NOC is accredited at HIMSS Stage 6
- OUH is Global Digital Exemplar (GDE) accredited
- Achieving standards for improving patient safety & quality of care also increase opportunities of central funding of bids

##### Projects completed or in flight during the last Qtr include:

- **Top priority:** keeping the lights on (levelling up infrastructure): 18,500 User Mailboxes migrated to cloud (Exchange Online) for future exploitation of the Office 365 platform. Horton Hospital network upgrade (Wi-Fi improvements Sep21). NOC planned Oct21. Churchill & JR sites before the end of the year.
- **Priority 1:** Advice & Guidance (referral management) including eRS, automation, Portals, PIFU & EPR integration. Design will complete in Oct21
- **Priority 2:** Theatres Booking, Scheduling, & Reporting (replace TIMS) including Digital Consent will deliver to the NOC in Mar22 before rolling out across all Trust theatres, informing Theatre Productivity Improvements
- **Priority 3:** Pharmacy Stock Control system replacement is being planned. Bedford Stock Control system technical risk is being mitigated
- **Priority 4:** Endoscopy partial booking is delivered, Endobase reports are integrated to EPR for endorsement, and referral optimisations are on track
- **Priority 5:** Live Bed State (CapMan) configuration changes to include TCI's will be live by Dec21 if Cerner can provide expert resource by Sep21
- **Priority 6:** Revenue Cycle (outpatient appointments) is 80% rolled out reducing admin effort & improving Data Quality (reducing Patients reported as Missing Follow-up). Rollout of remaining 20% services is being planned
- **Priority 7:** 'P' and 'D' codes (RCS stratification and Diagnostic Reporting). Inpatient is complete. Combined inpatient/ outpatient workflow is being tested
- **Priority 8:** Health Information Exchange (shared care records across ICS) is live for OUH and GP's, awaiting Oxford Health. Population Health requires ICS Programme expert leads to be appointed to remain on track
- **Priority 9:** Cancer 2ww integration and MDT including Chronic Condition Management is being scoped and resourced against a business case

A baseline Digital Work Plan for 2021-22 is expected to be agreed at 2<sup>nd</sup> Nov21 Digital Oversight Committee

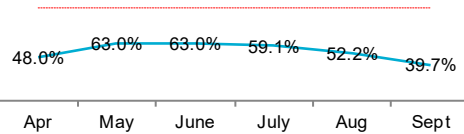
# Executive Summary (12)

## Integrated themes and issues from M6 (September 2021)

### Digital

#### FOIs

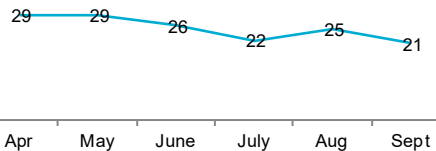
**Freedom of information (FOI).** The compliance target for FOI requests is 20 working days. **40%** out of **78** FOI requests received in September that were closed on time (i.e. closed in September or October but within the 20 working day deadline since receiving the request in September). This is a 12% reduction from the previous month. **29** FOI requests received pre-September were also closed. A total of **50** requests closed in September.



Page 98

#### DSPB

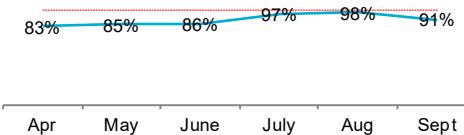
**Data Security & Protection Breaches.** There were **21** Data protection incidents that occurred in September. This is a decrease on 25 incidents reported in August. No incidents were reported to the Information Commissioner's Office (ICO).



Page 98

#### DSAR

**Data Subject Access Requests (DSAR).** The number of DSAR requests in September was **361**. The compliance rate was **91%**, which was a slight decrease compared to 98% recorded in August. No statistics were available from Security, OH, or the PACS/CRIS Teams.

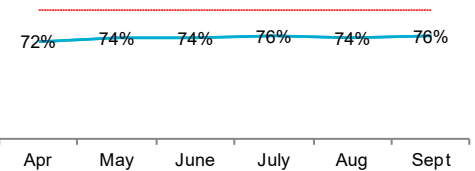


Page 99

#### DSPT

**Data Security and Protection Toolkit (DSPT).** The DSPT for 2020/21 was submitted on the 30th June 2021. NHS Digital updated the published status to "Standards Not Fully Met – Plan Agreed" on 9th July 2021.

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff need to complete Data Security training annually. Current reported compliance is **76%**. There are ongoing issues concerning the accuracy of training statistics following the transfer of data from eLMS to My Learning Hub. The Digital team are working with the My Learning Hub team to resolve this.



Page 99



# Executive Summary (13)

## Integrated themes and issues from M6 (September 2021)

### Finance

#### Overall

**Income and Expenditure (I&E)** in September was a **surplus of £0.2m**. This was in line with the revised H1 plan submitted to the BOB ICS in June for the first half of the 2021/22 financial year. The H1 YTD surplus was **on plan at £1.4m**

#### Commissioning Income

**Commissioning income including pass through income** was **£4.9m below** plan in September. This was due to the Trust not receiving any Elective Recovery Fund (ERF) income in September (£3.9m less than plan) and the ICS redistributing £4.5m of the Trust's ERF income to other ICS members in line with the system agreement. This was partly offset by the reimbursement of £3.0m of lost other income from the ICS to compensate for where other income is still below pre-COVID levels, and by pass through drugs and devices income which was £0.4m above plan.

ERF income is controlled by the BOB ICS and is subject to a H1 system agreement. OUH retains ERF for elective recovery costs and to cover its planned deficit. OUH has also invoiced for ERF that may be distributed later to other ICS members and so a £1.5m reserve has been accrued against this to avoid distorting the overall I&E performance. However, this does distort those cost lines where the reserve was accrued (see opposite).

#### Non-NHS Income

**Non-NHS income (Other, PP, RTA, Overseas)** was **£0.8m higher** than plan. This is mainly due to additional Pathology ONS and Pathology Network income of £0.4m and International Nurse Recruitment Income of £0.3m.

#### Pay Expenditure

**Pay costs** were **£0.8m lower** than plan in September. Underlying pay costs and recovery pay costs were £0.1m lower than plan and COVID-19 pay costs were £0.7m below plan. COVID-19 pay costs were £0.2m higher than in August. Temporary staffing costs have stabilised.

#### Non-Pay expenditure

**Non-Pay costs** were **£3.2m lower** than plan in September. This is principally due to clinical supplies and services (£1.5m lower than plan) and drugs and devices costs (£0.5m below plan), offset by premises and fixed plant costs (£1.3m above plan) and general supplies and services expenditure (£0.5m above plan).

#### COVID-19

Year to date, the Trust is **£14.4m underspent** against the COVID-19 funding envelope provided through the ICS, however this funding is being used for other expenditure that is not classified by NHSE as COVID-19 spend (e.g. internally redeployed staff and a new COVID ward) and a deficit would be created if this funding was reduced or withdrawn.

#### Cash

**Cash** was **£34.3m at month end**, **£15.0m lower** than the previous month end mainly due to the payment of the pay award arrears of £8.6m. The funding for the pay award will be received in October. Cash was **£1.5m better** than plan.

#### Capital

**Capital expenditure** was **£34.5m by September**, which includes spend of £12.7m on the JR Critical Care expansion scheme and £4.7m on the Swindon Radiotherapy scheme. Capital expenditure is **£13.2m behind** plan to September, this is primarily due to the Swindon Radiotherapy scheme (£5.0m) and equipment for the JR Critical Care expansion scheme (£5.1m). These programmes remain on track for completion in-year.

#### Forecast

H1 delivered the planned £1.4m surplus. However, the continuation of break even (or a small surplus) in H2 is not assured given the reliance on COVID-19 and ERF income. Funding details for H2 have been released and are currently being assessed.



## 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

- Clostridium Difficile Pages 43 & 47
- Mortality: SHMI for Sepsis Page 48
- Mortality: Overall SHMI and HSMR Pages 59-60
- WHO Surgical Safety Checklist (observation) Page 49
- Sepsis admissions receiving antibiotics in <1hr Page 48

### Improvement compared to previous month (no target)

- RIDDOR Pages 40-42
- Harm from Pressure Ulceration (HAPU) Pages 27-28 (remains the same as previous month)
- SIRIs: Page 54

### Indicators achieving target

- 28 day Faster Diagnosis: Pages 77-79
- 31 day standard for subsequent treatment (radiotherapy) Pages 77-79

## Operational performance

### Indicators achieving target

- Vacancies Pages 81 & 87 (NB Green RAG rated)
- Staff Turnover Pages 81 & 88 (NB Green RAG rated)
- Agency spend Pages 81 & 89 (NB Green RAG rated)

### Improvement compared to previous month

- Cyber status Page 96 (NB Green RAG rated)

### Indicators achieving target

- Non NHS Income Page 102-105
- Pay costs Page 106
- Non pay costs Page 107

## Workforce

## Digital

## Finance

### Indicators worse than target

- Adult and Children's Safeguarding training Pages 32-33
- Dementia Screening Page 47 (August figure)
- WHO Surgical Safety Checklist (documentation) Page 49
- Hospital Acquired Thromboses Pages 43 45 & 47

### Deterioration compared to previous month (no target)

- MRSA: Pages 43 44 & 47
- Never Events: Page 55
- DoLS: Page 33
- Section 42 Investigations Page 33
- Falls: Pages 29-30
- Patient Incidents reported. Page 52
- MSSA post 48 hour Page 47
- Complaints Page 31

### Indicators worse than target

- 4 hour Performance Pages 62-63
- RTT waiting list size Page 69
- 18 week incomplete RTT standard Page 69
- Patients waiting over 52 weeks on an RTT pathway Page 69
- Diagnostics <6weeks standard Page 72
- Elective on the day cancellations Page 74
- Length of stay over 21 days Page 67
- 28 day readmission standard for cancellations Page 74
- 2WW for suspected cancer Pages 77-79
- 2WW for breast symptoms Pages 77-79
- 31 day standard for first treatment Pages 77-79
- 31 day standard for subsequent treatment (surgery) Pages 77-79
- 31 day standard for subsequent treatment (drugs) Pages 77-79
- 62 day standard from GP referral to first treatment Pages 77-79
- 62 day standard from screening to first treatment Pages 77-79

### Indicators worse than target

- Sickness Absence Pages 81, 85-86 (NB red RAG rated)
- Appraisals: Pages 81 & 91 (NB red RAG rated)
- Core skills training: Pages 81 & 90 (NB Amber RAG rated)

### Deterioration compared to previous month

- Data Security & Protection Breaches (DSPB) Page 98
- Data Security & Awareness Training Page 99
- Freedom of information Requests Page 98
- Data Subject Access Requests (DSAR). Page 99

### Indicators worse than target

- Commissioning income Page 101-105
- Capital Page 108
- Cash Page 109

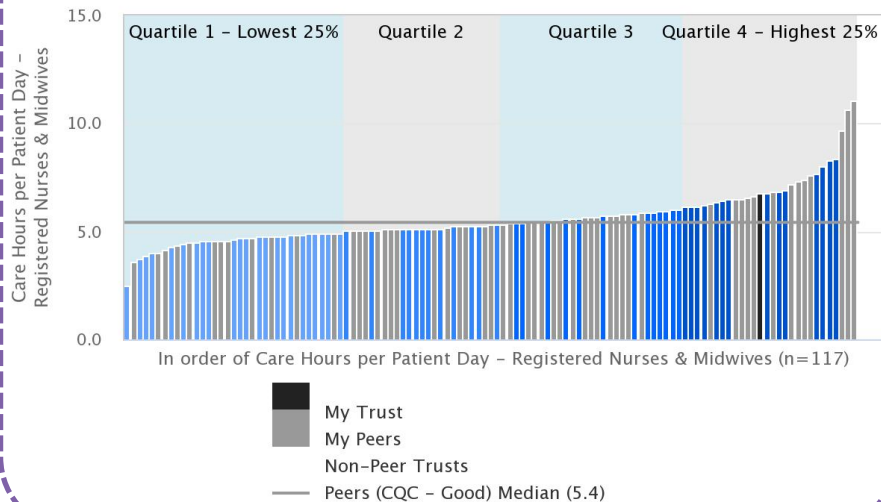
# Quality – Outcomes & Patient experience

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

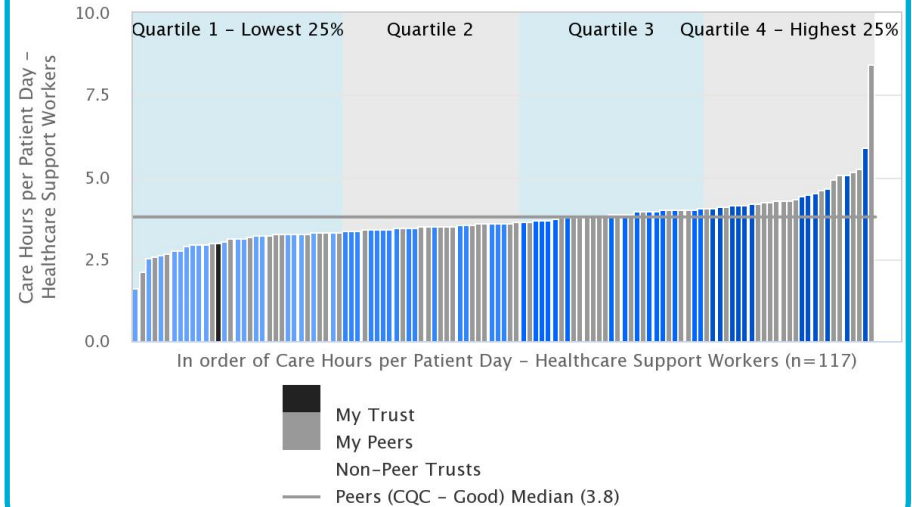
The two graphs below show CHPPD average hours for the OUHFT Trust in Black and the Shelford Group Trust's average CHPPD hours in Grey, the blue bars are all other UK NHS Trusts. The chart on the left is for registered nurse CHPPD and the chart on the right is for healthcare support workers CHPPD.

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





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

Level 2 staffing was declared throughout September 2021 with all areas mitigated safely. Rostering efficiencies continue to improve across all divisions illustrated by September's key performance indicators. Staff sickness is higher than average which has caused some challenges and there are lower than average temporary staffing fill rates. The Nursing Workforce Team are working closely with HR senior teams and the temporary staffing providers to improve fill rates and maintain safe staffing.

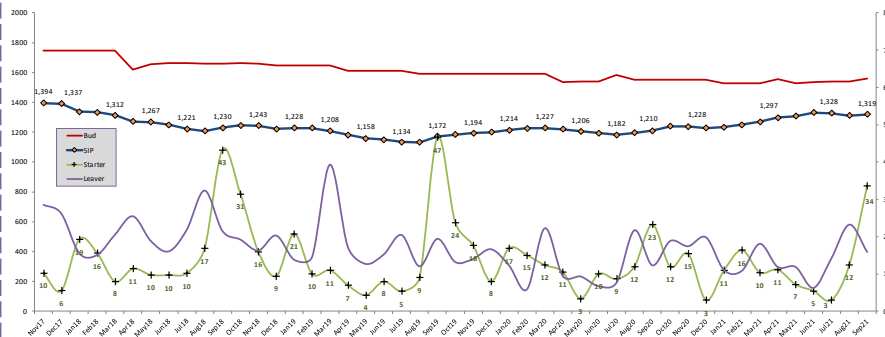
NOTSSCAN division have asked for it to be noted that Ward F at the NOC has not achieved 100% acuity census due to being closed for the first week of September.

Band 5 RN vacancy and turnover continues to be stable.

International nurse recruitment continues across the Trust, with two planned cohorts of nurses arriving per month. Centralised recruitment is now being rolled out across the Trust for both theatres and adult nursing. A focused graduate campaign is due to start, initially targeting final year students nurses from Oxford Brookes University. Critical care continues their recruitment campaign for both band 5 and band 6 nurses.

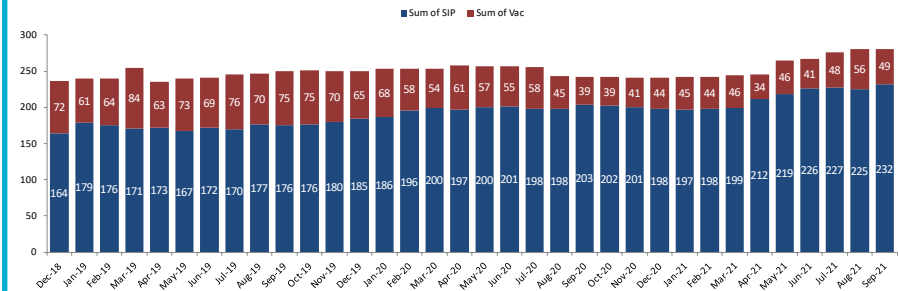
## Band 5 RNs in Post, Budget, Leavers and Starters and Turnover Trajectory in September 2021

### Staff in Post and Budget by Month



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

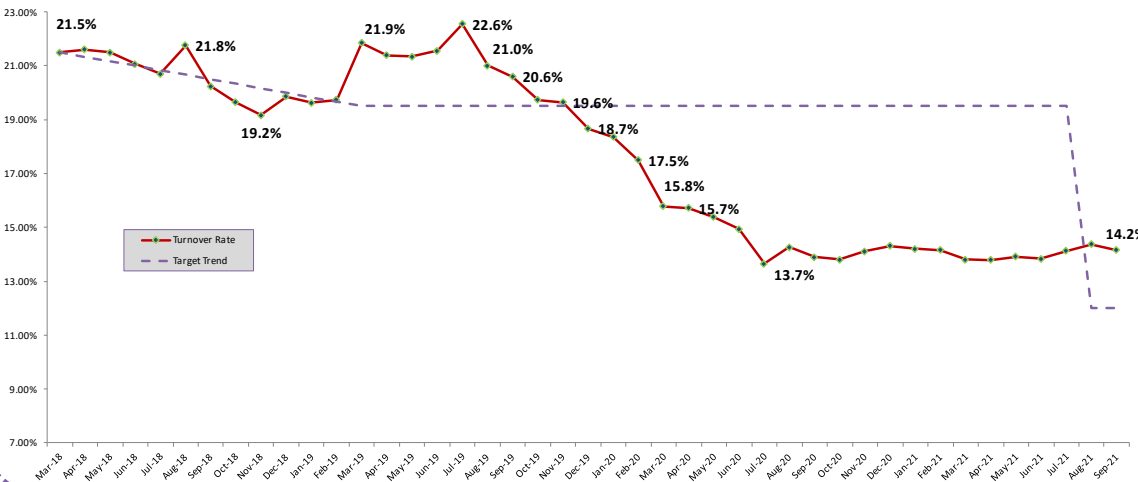
### Non-inpatient/theatre or critical care areas RN vacancy rates



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

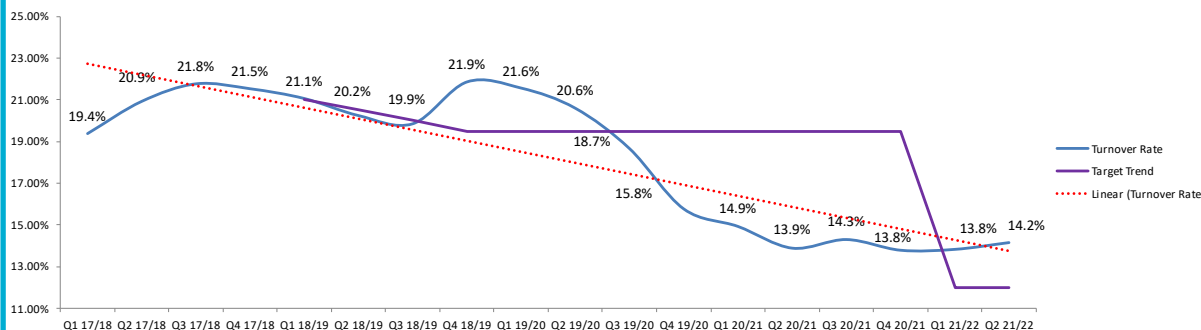
## Band 5 Registered Nurse Turnover Trajectory – September 2021

Turnover Rate, Target Trend and Deviation



Band 5 RN turnover continues to be stable throughout September.

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. A new target of 12% has now been set and will be reviewed at the recruitment and retention steering group.



## RN and Midwifery Turnover – September 2021

### Registered Nursing Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Sep-21	Aug-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
All Nursing Turnover	3321	372	11.2%	11.1%	10.8%	10.8%	10.6%	10.5%	10.5%	10.5%	10.8%
Band 5 Nursing Turnover	1464	207	14.2%	14.4%	14.1%	13.9%	13.9%	13.8%	13.8%	14.2%	14.2%
Band 6 Nursing Turnover	1160	110	9.4%	9.4%	8.9%	8.9%	8.8%	8.4%	8.5%	8.1%	8.2%
Band 7+ Nursing Turnover	685	55	8.0%	7.2%	8.4%	7.5%	6.7%	7.1%	6.4%	6.8%	6.7%

Turnover remained in a stable position with a very small decrease for band 5 nursing and a very small increase for band 7 nursing.

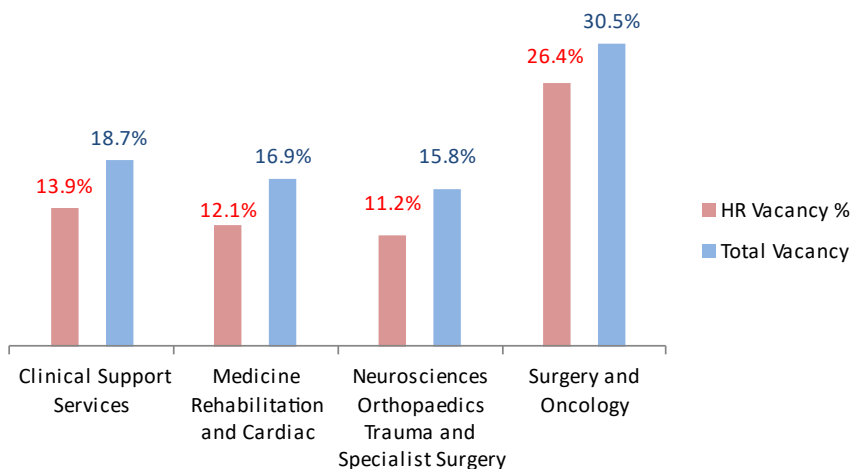
### Registered Midwifery Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Sep-21	Aug-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
All Midwifery Turnover	287	39	13.7%	12.8%	12.0%	12.4%	13.1%	12.3%	12.0%	11.5%	11.4%
Band 5 Midwifery Turnover	38	4	8.2%	8.2%	5.2%	5.0%	4.9%	6.8%	6.6%	0.0%	0.0%
Band 6 Midwifery Turnover	187	28	15.0%	13.7%	13.4%	13.9%	14.5%	13.7%	13.4%	13.7%	13.7%
Band 7+ Midwifery Turnover	62	7	11.6%	12.6%	11.9%	12.7%	14.5%	12.2%	11.9%	13.5%	12.8%

Band 6 and 7 turnover, which is the largest workforce in midwifery remains stable with a slight increase in band 6 turnover but a slight reduction across band 7 midwives.

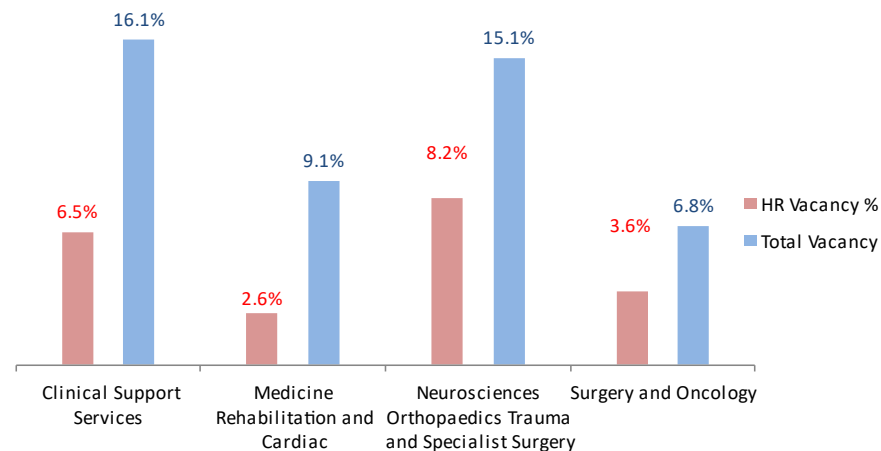
## RN and Midwifery Vacancies – September 2021

### Vacancy at band 5 by division in percentage



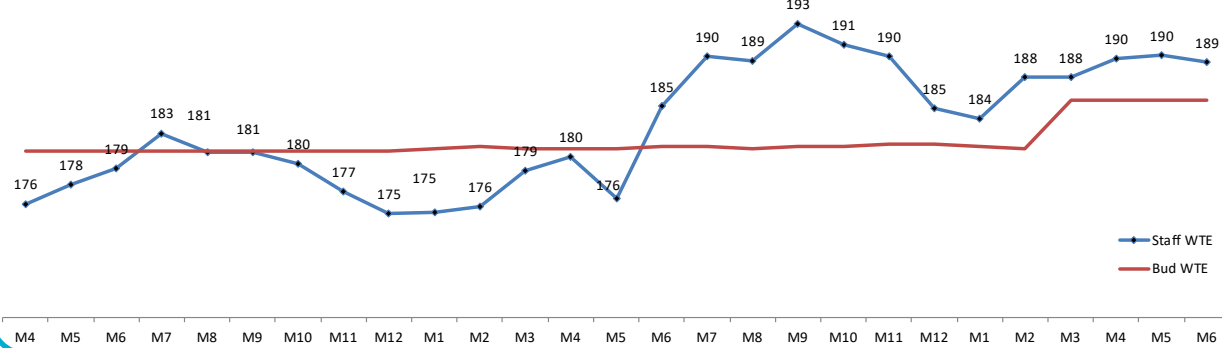
Band 5 RN vacancy continues to be monitored by division as the most fluctuating and largest group within the nursing workforce, Total vacancy includes those who are absent from work for reasons such as long term sickness absence and allows Divisions to monitor against bank and agency spend.

### Vacancy at band 6/7 by division in percentage.



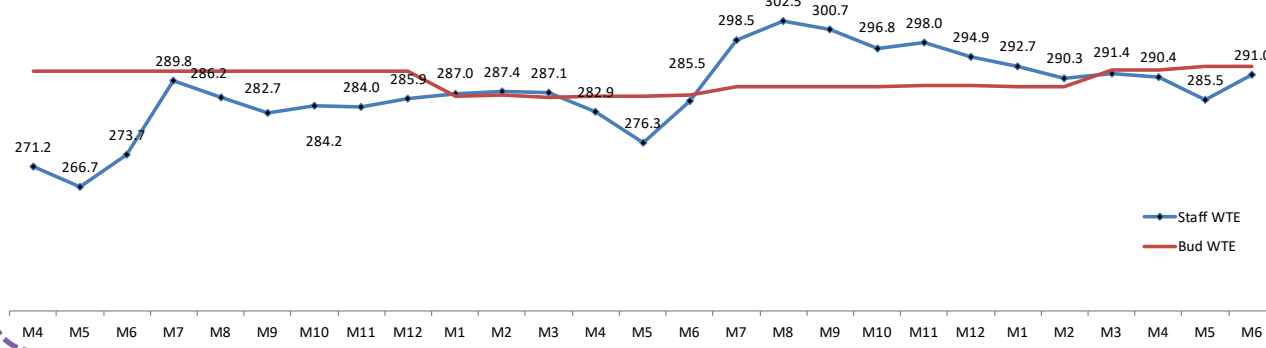
Band 6 RN vacancy remains stable across 3 divisions and we continue to see an expected larger deficit within CSS Division, driven by the higher band 6 ratio of RNs for critical care.

## Band 6 Midwives - Staff and Budget



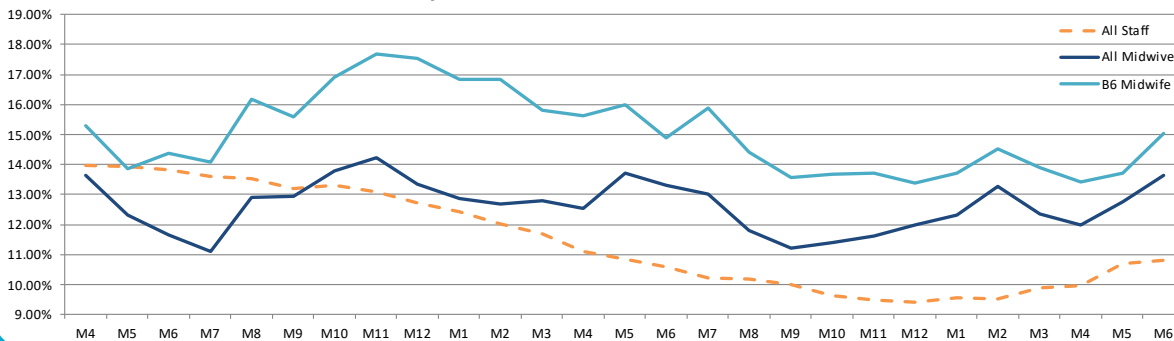
Band 6 midwives is the larger workforce within midwifery and is monitored through the steering group for the same reasons as band 5 within the RN workforce.

## All Midwives - Staff and Budget



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

## Midwives Turnover Rate Comparison



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

**Red areas:**

- **Spontaneous Vaginal Births – 361 (53%)** – This is as a result of the higher caesarean section rate.
- **Caesarean Section (CS) - 204 (30%)** The rate has been consistently around the 30% this financial year. The clinical director for Maternity is working with the Delivery Suite leads to review the sustained increase in the CS rate.
- **Midwife: Birth Ratio – 1:29.3** This is consistent with the previous month and coincides with the increase in the birth rate and with the number of vacancies that have all been recruited to but do not commence in post until October 2021. A mitigation plan has been enacted.
- **Hospital Acquired Thrombosis – 2** (Ulysses ID 253435 – not potentially preventable, ID 254269 – under review)
- **Returns to theatre – 1 (0.5%)** ISR undertaken – no care concerns identified
- **Test Result Endorsement – 67%** Meeting with medical digital champions planned to restart quality improvement project. Down load of data by areas to be sent to area leads again.

**Amber areas:**

- **Mothers birthed - 679** This is in line with the previous month (681 births)
- **HIE Grade 3 – 1** Reported to HSIB who are investigating. ISR undertaken – care concerns identified that might have made a difference to outcome.

**Green:**

- **Shoulder Dystocia – 9 (1.3%)** This is lower than previous months. These are reviewed through the incident reports.
- **Unexpected NNU admission – 18 (2.6)** This is lower than previous months (usually >4%)

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 in care.

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

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Cat 1	36	40	33	44	49	39
Cat 2	79	90	70	74	85	85
Cat 3	7	1	4	5	9	7
Cat 4	0	0	0	0	0	0
<b>Total</b>	<b>122</b>	<b>131</b>	<b>107</b>	<b>123</b>	<b>143</b>	<b>131</b>
Cat 2-4	86	91	74	79	94	92
Cat 3-4	7	1	4	5	9	7

All Category 3 and above HAPU, including mucosal damage are confirmed by the Tissue Viability Team. Capacity pressures on the team have resulted in a reduction of the verification of Category 2 and below HAPU from April 2020 to date. It is anticipated that the team will be back at full capacity by December 2021.

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

## Level of Harm of HAPU April 2021 – Sept 2021

Incidents Cat 3&4 and full thickness mucosal	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Local	8	3	6	5	9	9
Divisional	0	0	0	0	1	0
Serious Investigation	0	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>3</b>	<b>6</b>	<b>5</b>	<b>10</b>	<b>9</b>

## ANALYSIS:

Of the 9 incidents reported as Moderate Harm, 7 were Category 3 and two full thickness mucosal pressure ulceration. 5 of the 9 had been reported at an earlier stage of skin damage.

The age range of the individuals affected was between 17 and 97. All patients had been assessed as being at risk of pressure damage prior to the identification of the skin damage.

The use of medical devices, such as oxygen mask, theatre prop and a cast, were associated with 3 of the 9 incidents. The average surface area for five of the reported skin damage was approximately 1 cm, with all but one being assessed a shallow.

## DISCUSSION

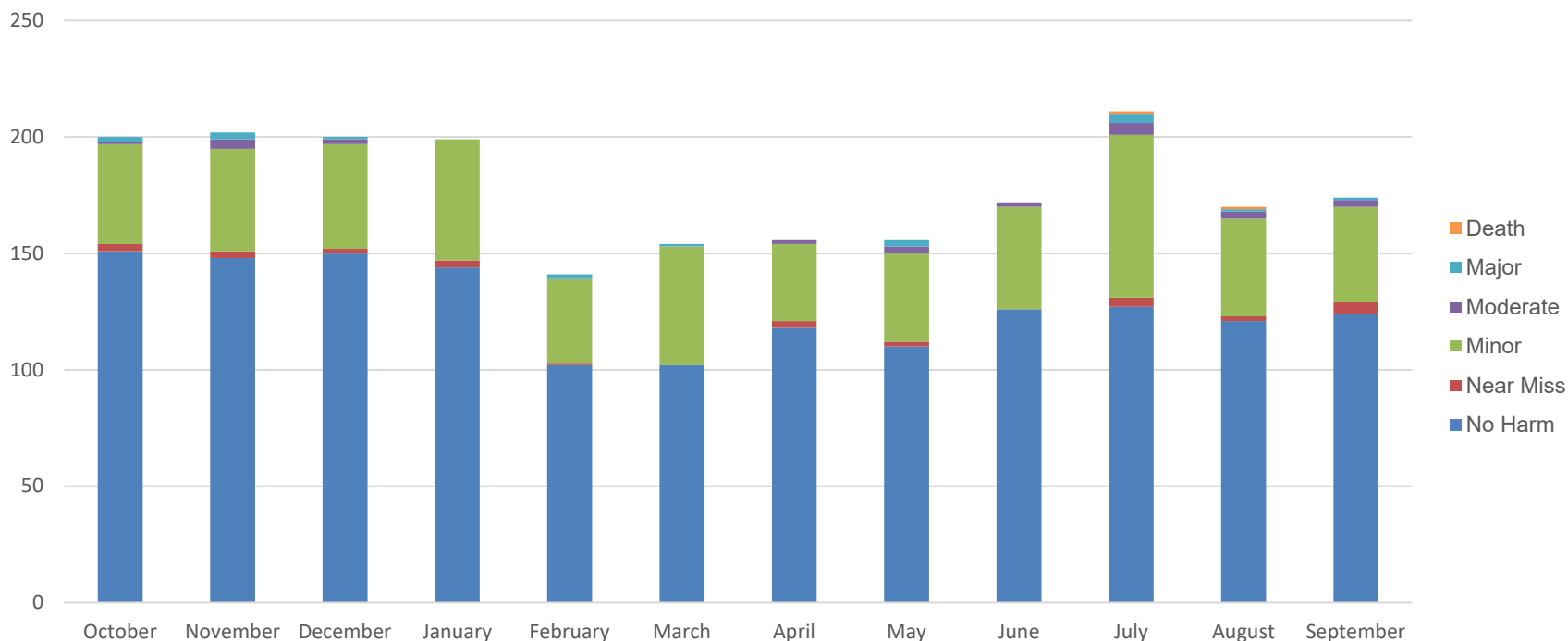
All Category 3 and above HAPU are investigated and an action plan approved and implemented. For those investigated at local level, 30 day action plans are recommended with oversight for the closure of these action plans through the Harm Free Assurance Forum. A significant number of After Action Review meetings have been conducted with the Divisional Teams with the majority of action plans closed. This is related to action plans from Q3 and 4, 2019/2020 and Q1, 2021/22 and has resulted in a number of themes that will be developed into improvement projects for delivery.

## ACTIONS

Strategy Update: Targets for 2021/22 include a focus on increasing the reporting of **HAPU Cat 1**, by 25% based on outturn 2020/21 **from 38 a month to 48, current number 39**, with a predicted 25% reduction in **HAPU Cat 2-4** based on outturn figures from 2019/20 (due to potential unpredicted variance of effects of Covid on throughput) **from 0.47% to 0.35%, currently 0.5%**. Areas for improvement continue to be identified through the Harm Free Assurance Forum to support this ambition along with plans to operationalise the learning, across the Trust.

To date this has included, approval of a standardised approach to nursing documentation on EPR, standardised procurement of patient pillows and chairs and an update to the Ulysses system to more accurately track Medical Device Associated Pressure Damage.

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



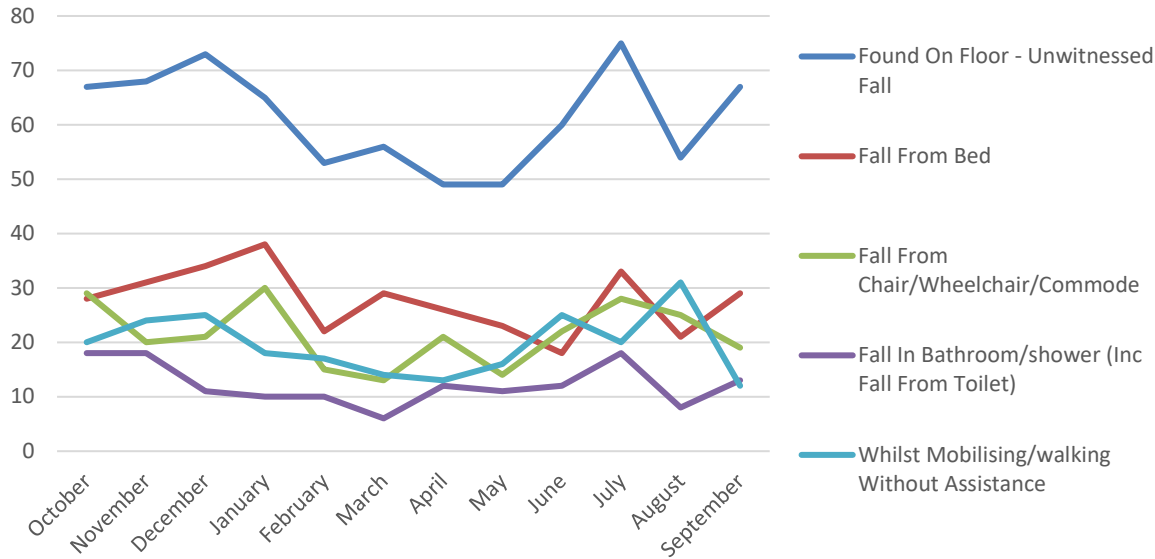
**September 2021 summary:** There were 174 falls reported in September, which is an increase of 4 falls (2.3%) compared to August. This total is below the rolling average of 177.9 reported falls per month but is higher than the total falls for this time last year (144), although 2020 performance data is affected by the coronavirus pandemic. Falls resulting in harm (minor and above) accounted for 45 (25.9%) of all falls this month, which is a reduction compared to August's performance. There were four falls resulting in higher severity harm levels: Moderate 3, and Major 1.

Harm level	September 2020*	September 2021
No harm	101	124 (↑)
Near miss	7	5 (↓)
Minor	34	41 (↑)
Moderate	2	3 (↑)
Major	0	1 (↑)
Death	0	0 (-)
<b>Total falls</b>	<b>144</b>	<b>174 (↑)</b>

September performance: annual comparison 2020\* vs 2021



## Top 5 falls categories: rolling 12 month data



## Top five categories of falls September 2021

Category	Aug	Sep
Unwitnessed Fall – found on floor	54	67 ↑
Fall from bed	21	24 ↑
Fall From Chair / Wheelchair/Commode	25	19 ↓
Fall in bathroom/shower/ from toilet	8	13 ↑
Fall whilst mobilising/ walking without assistance	31	12 ↓

### ANALYSIS:

The number of falls in September increased marginally compared to August otherwise the performance between months is largely comparable. The proportion of falls resulting in a form of harm was 25.9%, which is in keeping with the Trust’s average performance over the rolling twelve-month period, which stands at 27.4%. Unwitnessed falls remains the largest attributable category of falls with a 24% increase this month compared to August.

### IDENTIFIED THEMES:

- Substantial reduction in total falls with falls with harm in August compared to July
- Acute increase in unwitnessed falls
- Acute reduction in falls during mobilisation

### ACTIONS:

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

The Trust received and recorded 102 formal complaints in September 2021, which is an increase from the number received in August 2021 (n=93). This continues the noticeable trend in the number of complaints increasing month on month.

## Emerging themes

September saw a number of complaints pertaining to the Emergency Departments received. Issues included the attitude of staff, long waits to be seen, lack of compassion towards patients and restrictions on patients having someone accompany them to the department due to the COVID-19 restrictions. A piece of work to better understand the complaints is currently being undertaken by the Divisional Director of Nursing for MRC and the Complaints Manager. An update will be provided in next month's report.

The Complaints team reported a number of historic complainants contacting them to either raise new issues or raise issues the Trust dealt with a number of years ago. This will be monitored further in the coming weeks.

## Update on last month's theme

In August, 14 complaints were received relating to the Values and Behaviours of staff. These complaints were shared across the various Divisions. Upon investigation, some of the staff involved offered their apologies for their perceived attitude/behaviour. It was also worth noting that a number of the patients who had raised the complaints had also displayed poor behaviour towards staff and had been reported as incidents and/or to Security.

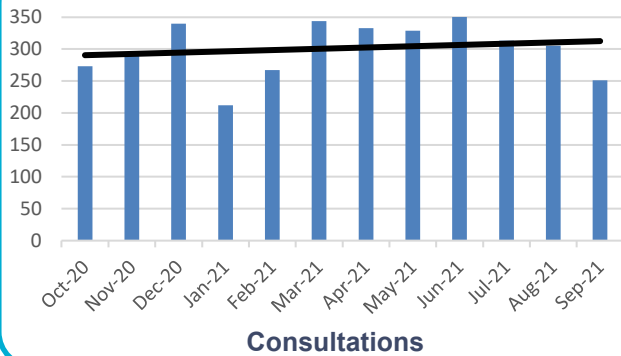
In a number of the responses the investigating managers noted that staff are exhausted following the work through the COVID-19 pandemic, and while this is by no means an excuse for poor behaviour, it is a contributing factor to be considered.

This theme will continue to be monitored and reported on as required.

## Complaints Compliance

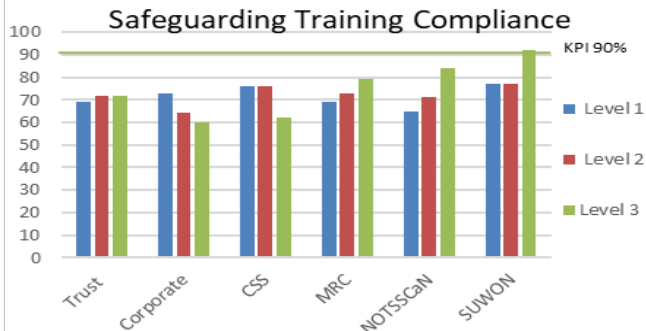
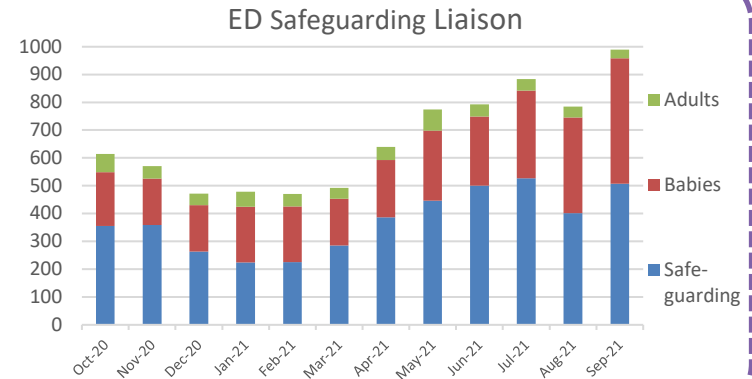
Complaints that breach the 25 working day deadline and/or the additional extension of 15 working days are reported to the Chief Nursing Officer every week, detailing where the delay is occurring – for example is it still under investigation with the Division/Directorate, is it a delay on the Complaints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

A report is produced detailing all complaints received into the Trust in the previous week and shared by the Complaints and Patient Services Manager at the weekly ICCSIS meeting, triangulating new complaints against claims, inquests, incidents and safeguarding issues.



**Consultations:** activity to the safeguarding team decreased by 44 (n=251) during September. This reduction is potentially related to having reduced capacity in the team due to sickness, vacancies and reduced hours. Additional resources are being sought to support the team. Delays in discharge continue due to complex social and mental health presentations. Escalation processes continue to manage these cases. Parental aggression has continued to be a theme and staff are encouraged to report via Ulysses incident process. MASH has seen a 38% increase in referrals that has increased the MASH backlog of health information shares. The commissioners have reviewed and no further financial support is available.

**ED Safeguarding Liaison** referrals increased by 98 during September (n=883). There were 481 children attend ED with a safeguarding concern an increase of 79. The babies under one attending ED increased by 28 (n=371), many due to related predicted respiratory presentations. Attendances are shared with primary care due to the vulnerability of babies. Teenage mental health attendances increased significantly (n=111) in September, these include self harm and eating disorder presentations. Concerns have been shared with partner agencies. Delays in discharge have been escalated where children have no medical need for admission and no place to discharge is available. Adults presenting to ED with safeguarding concerns that have responsibility for children dropped by 9 (n=31).



**Safeguarding Children Training Compliance** Training data compliance remains below the KPI of 90%. Level 1 dropped 3% to 69%, level 2 increased 4% to 72% and level 3 dropped 1% to 81%. Mapping of correct training pathway is being supported by My Learning Hub and HR to ensure staff groups undertake correct levels of training. The online training links are being updated due to ongoing glitches as training has been available. Training for level 3 remains available via Microsoft teams, there is capacity at all sessions and is well evaluated.

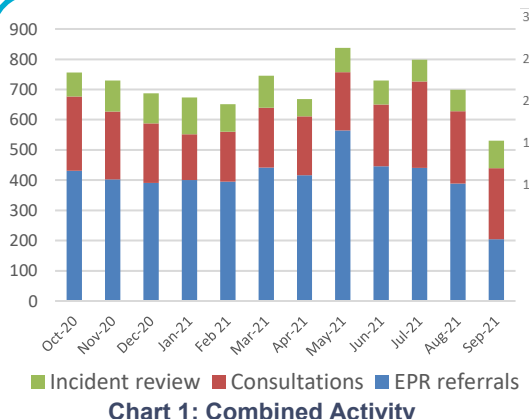


Chart 1: Combined Activity

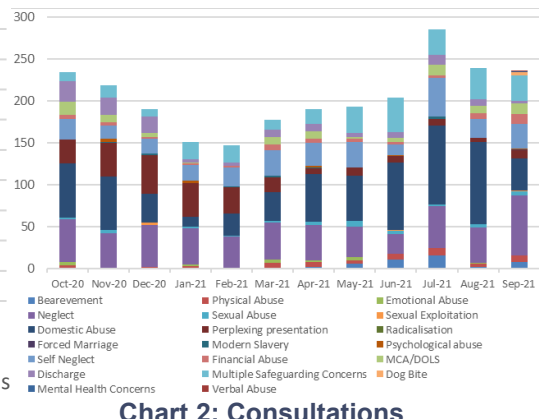


Chart 2: Consultations

**Activity:**

**Chart 1:** Combined activity decreased by 168 (n=531). EPR referrals dropped by 185 (n=204) following changes to the ED referral pathway. Incidents increased by 20 (n=91) and consultations reduced slightly by 3 (n=236).

**Chart 2:** There has been an increase in cases of neglect and a large reduction of cases related to domestic abuse. Financial abuse consultations increased.

**Governance:** The ED referral pathway changes have positively impacted the team and appropriate referrals are now received. Staff have been reminded to contact safeguarding or the legal team if requested to witness legal documents such as wills, Power of Attorney or property documents.

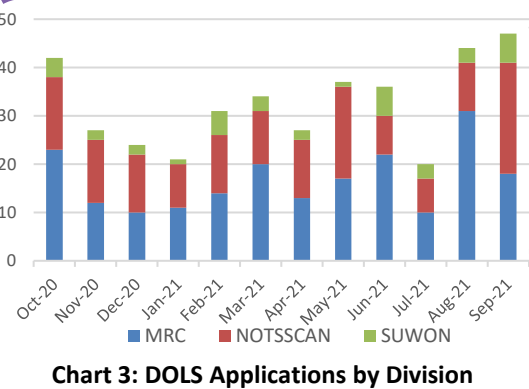


Chart 3: DOLS Applications by Division

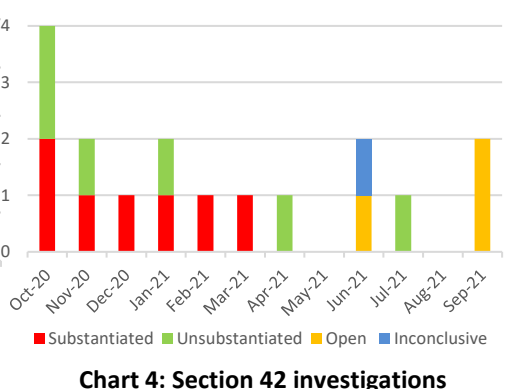


Chart 4: Section 42 investigations

**Statutory responsibilities:**

**Chart 3:** There were 47 Deprivation of Liberty Safeguards (DoLS) applications reviewed. This is an increase of 3 during September.

**Chart 4:** There has been 2 new S42 investigations during September both for MRC and submitted within the timeframe. Both related to alleged assaults that are expected to be unsubstantiated. The delayed hub bed s42 from August 2020 was closed and some aspects were upheld. The implementation of allocated GP medical cover has been sought for the care home as a result of this review. There are currently three open S42 enquiries.

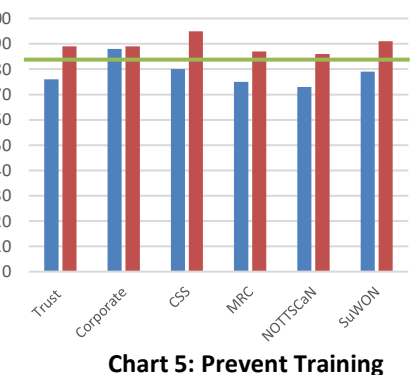


Chart 5: Prevent Training

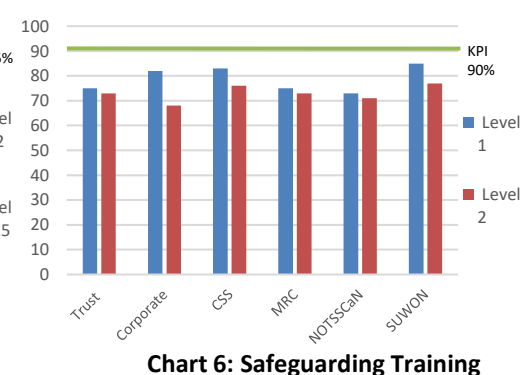


Chart 6: Safeguarding Training

**Training: Chart 5:** Trust Prevent training Level 1 & 2 compliance remained at 76%. Level 3, 4 & 5 compliance increased 1% to 89%. Both levels are above the 85% KPI.

**Chart 6:** Safeguarding training compliance is below the 90% KPI. Level 1 dropped 2% at 75% and level 2 remained the same at 73%.

**Governance:** Training mapping has been reviewed to ensure staff undertake the correct training. Level 3 safeguarding adult training is planned to go live in Jan 2022 with a plan over 3 years to transfer staff over to the new level of training for their role. Staff are being reminded they are required to undertake a level of training once every 3 hours in line with the intercollegiate document.

## FFT 'Reset' Project updates:

- FFT project accepted as QI project 7516. Pilot of improved survey administration and reporting processes well underway within SUWON. Project on track for timely delivery of outcomes by start of April 2022.
- Work undertaken on QI 7516 will support OUH's research partnership with Imperial College London, BRC and NIRH, working to develop machine-learning models capable of analysing topics and sentiments within FFT free text data.
- Following consultation with FFT leads at Leeds Teaching Hospitals, PE and maternity teams have re-introduced paper questionnaires across maternity in order to boost response rates while EPR development is undertaken to allow the survey to be sensitively conducted by SMS.

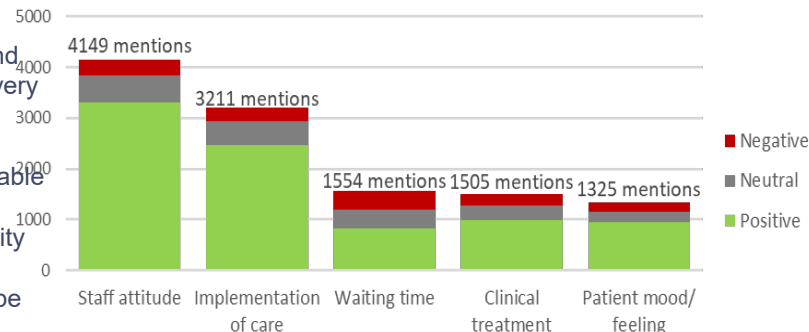


Chart 1: Top 5 most-raised themes across all comments

**ED:** Sept saw the lowest recorded ED approval rate, reflecting immense national pressure on services.

**Maternity:** Paper questionnaires scheduled for reintroduction from Nov, affecting results from Dec onwards.

### [Excellence]

*“Every health professional I saw, without exception, treated me with respect, reassurance, and understanding. I cannot express my deep gratitude for the care and attention I received. It was a most terrifying experience for me as I was unable to breathe properly for quite some time, but the calm and comforting attitude of all those who attended me was absolutely beyond first class. I can't put into words adequately, my overwhelming gratitude to everyone in A and E department on what I believe was the most terrifying time of my life. Thankyou one and all.”*

### [Compassion]

*“My only criticism is a lack of explanation when I was taken from one area to another, leaving my belongings behind! All was soon resolved. I was seen in A&E fairly quickly, my injuries treated with serious consideration and compassion. Thank you!”*

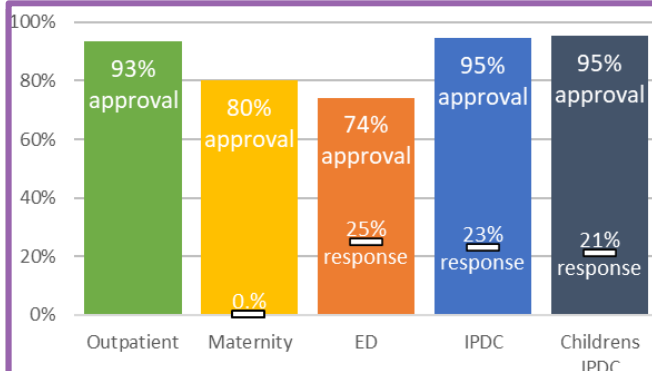


Chart 2: FFT overview by service

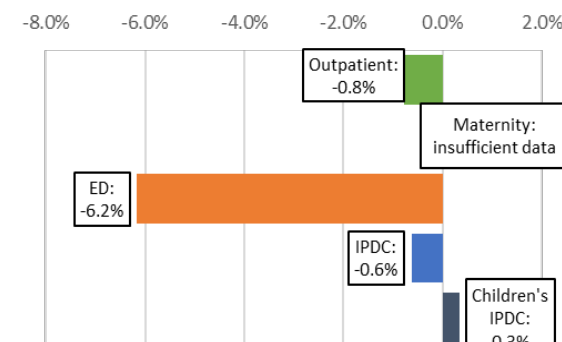


Chart 3: Approval shift from last month

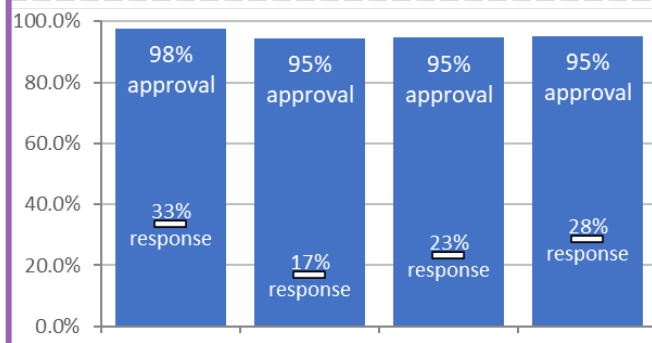


Chart 4: Overview by division (IPDC only)

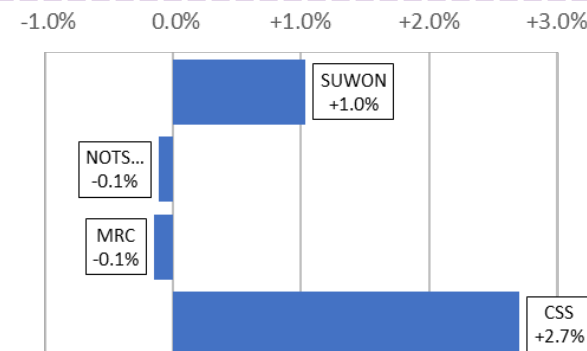


Chart 5: Approval shift from last month

2021	June	July	August	September
Response Rate	19.5%	20.8%	18.5%	21.2%
Recommend Rate	94.2%	96.5%	94.6%	95.3%

Positive	Negative
Staff – Care and compassion	Communication and information giving
Patient care and treatment	Time- waiting
Communication and information giving	Ward- facilities

**Table 1&2: Children's FFT response rates, recommend rates and themes**

## Children's FFT

**Activity:** A new children's FFT QI project will be registered shortly. A staff survey will be carried out to measure current understanding and use of FFT amongst staff teams, and to highlight areas of improvement.

**Impact:** It is hoped that this QI project will increase response rates which currently stand at 20% (+/-2%) each month. Children's FFT will also become more embedded in CHOX, with staff promoting the surveys to patients and, crucially, acting on feedback.

**Lessons learned:** Current response rates for individual wards on CHOX range from 7% to 35% each month, with the total average for CHOX standing at roughly 20% each month.

**Changes in practice:** Further analysis to draw learning and best practise from higher scoring wards, to support lower scoring wards to increase their response rates. Staff teams will be supported to utilise children's FFT data to drive service improvements, and ensure families within the wards feel listened to and that their feedback is actioned effectively.

## Yippee

Holly from Yippee spent a week with the team on work experience. As the chair of Yippee, Holly brought a wealth of knowledge of the issues faced by the Trust. With a particular focus on Food, Holly spent the week researching food contracts, menus and providers, meeting with dieticians and creating a bespoke survey for children's, parents and carers to explore their views on the current provisions and what can be improved. Holly has contributed a great deal towards the project, thanks for working with us Holly! Holly said:

*"As a YIPPEE member, I have thoroughly enjoyed my work experience at the John Radcliffe hospital. I have spent time with Dieticians, this experience has shown me how not every day is the same in this profession and that there maybe more complex patients than others. I also created a food survey to be passed on to children and their parents or carers in the hospital. I would rate my experience very highly as I have gained lots new encounters with greatly qualified professionals. With this in mind I can now use these experiences in a future job"*



## [Excellence] Compassion]

*"We can't fault the care our daughter has received. The staff treated her so kindly and were so thorough; Our abounding sense while we were there is that she was cared for as though all found her as precious as we do, which as a parent is all we can ask. Our worries and questions were handled with patience and care. We feel very fortunate to be under the treatment of the JR team!"*

## [Learning/ Delivery]

*"We arrived on the ward and were told there was no bed available. My daughter was prepped for her operation for it to be cancelled last minute. She had starved from 6pm the previous day to 2pm yesterday. Not acceptable for a 4yr old to starve for that long. We were made to feel that we weren't welcome and a pain being there even though this was an elective operation."*

## Transition- Moving to adult services

Transition- moving to adult services is a Trust quality priority for 21/22 and registered as a QI project: 7168.

As part of this the team are

- Using [The Burdett Trust for Nursing](#) transition benchmarks to evaluate the Trusts transition services, 2 two services will be evaluated initially.
- CYP and staff experience of transition
- Evaluating the Ready Steady Go programme.
- Developing a patient story for November Trust Board.

## Patient Story

- Social media comms has gone out asking for patient/ public stories of their own experiences of transition.
- Trust wide search for transition services in staff bulletin, New @ OUH, Yammer.

**Many thanks for your help and support in this important collaborative work. If you know of anyone who would like to get involved please do get in touch.**  
(Viv Lee/ Caroline Heason)



## Chaplaincy

The Trust board Room is being used as a temporary space for Friday Jummah prayers. Many thanks to the Exec Assistant team for their help in this.

Chaplaincy are undertaking a review of the resources for pastoral, spiritual and religious care for patients, families, and staff. The chapels/prayer spaces across the Trust do not meet the multicultural needs of our patients, families and staff. The review will include

- Benchmark with Shelford Group: Chapel/worship/prayer and quiet spaces; Chaplaincy office space; Confidential rooms for talking with patients, staff, and families and Establishment and make-up of the Chaplaincy teams
- Survey to patients and staff to understand establish the resources needed for the pastoral, spiritual and religious care needs across the Trust.

The Lead Chaplain and Head of Patient Experience will then produce an options paper for the CNO and TME to review.

## Accepted Quality Improvement (QI) projects:

7096: Patient Information Leaflet Recovery Project

7156: Friends and Family Test: Ensuring feedback helps drive service improvements

7165: Improving the experience of admission and discharge for people with learning disabilities, their families, paid carers and OUH clinical teams

7158: Interpreting and Translation services to improve access to Health Care

## Registered and waiting for approval:

7168: Transition services for young people. Supporting the Trust Quality Priority

The progress on the projects will be reported to PESC quarterly

## NHS I South East ED survey - Ipsos Mori

This survey concluded on the 5<sup>th</sup> Sept and aimed to establish from patients their reasoning for attending ED. Provisional results have been shared with MRC and CNO. At the time of writing the full results have not yet been received. This is an important study to show how and why patients present at ED across the South East and is timely to enable planning for winter pressures.

## With You

Pilot still underway in Neuro ICU with feedback from families really positive. To start work with Neuro psychologists, media and comms and clinical governance to look at options for pilot expansion into other wards.



## Patient Experience Policy Work

### Completed polices:

- [Delivering same-sex accommodation.](#)
- [Patient information](#)
- [Interpreting and Translation](#)

### In production:

- Carers
- Trans policy
- Patient property
- Chaperone Policy
- Enhanced care observation
- Privacy and dignity
- Care after Death

## Upcoming Stories 2022:

### 12<sup>th</sup> January 2022- Winter Discharge

- This winter, the pressures on people who are unwell with long term and declining conditions, their families and their health and social care services are at considerable levels.
- The story will focus on the logistical complexities of supporting a patient to get home as soon as they are able, the tight multidisciplinary/ multiagency work needed alongside the person and family centred care at times of often significant family stress.

### 9<sup>th</sup> March 2022- Call Me/ Trans policy

- #CALLME is an initiative from Worcestershire Acute Hospitals NHS FT and ensures the patient is called by the name they identify with. This fits on the patients hospital wrist band and is currently being incorporated into EPR.
- Alongside this, the Trust's Trans policy is being written to ensure the Trust's support is inclusive. How to make your practice more inclusive [Trans healthcare - GMC \(gmc-uk.org\)](#)



## Patient Information Leaflet Project

- QI project: 7096
- This is a complex project for divisions, Patient Experience and OMI, and working alongside a busy clinical period.
- So far 167 (18.5%) overdue leaflets have been reviewed.
- The review includes the clinical accuracy review and the read accessibility <http://ouh.oxnet.nhs.uk/News/Pages/AccessibilityGuidelines.aspx> . This has added to the complexity of the project and will impact on the timeline.
- Learning and change in practice:
  - a. Clear communication, project management, administrative support to the divisional leads has been essential in driving the project forward.
  - b. Regular review of learning to change practice are key to maintain momentum in this project.
  - c. The review is having a big impact on clinician's workload. In order to mitigate this, each division's leaflet catalogue and catalogue spreadsheet has been added to the division's SharePoint site. This means the review process is more straightforward/ accessible for the clinicians and the catalogue spreadsheet shows review progression and completion
  - d. The interactive database used to project manage the production of leaflets can be complex for individual leaflet authors to use, therefore OMI are reviewing to ensure it can be more user friendly and easier to use.

## Review of overdue leaflets- Monthly Progression

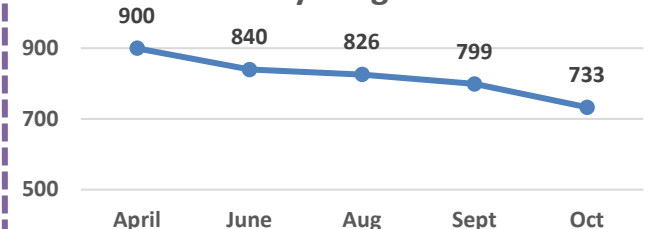


Chart 6 Leaflet progress review

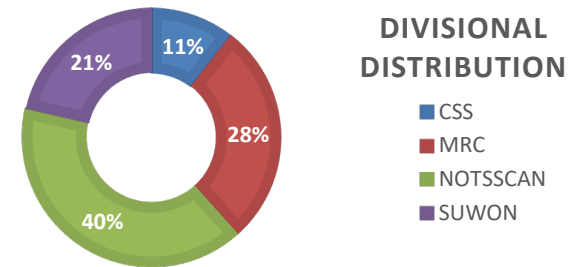


Chart 7 Leaflet distribution across the Trust



## NHS Adult Inpatient Survey 2020

Results for Oxford University Hospitals NHS Foundation Trust



### Where patient experience is best

- ✓ Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital
- ✓ Changing wards during the night: staff explaining the reason for patients needing to change wards during the night
- ✓ Written information on discharge: patients being given written information about what they should or should not do after leaving hospital
- ✓ Enough nurses: patients feeling there were enough nurses on duty to care for them in hospital
- ✓ Waiting to get to a bed: patients feeling that they waited the right amount of time to get to a bed on a ward after they arrived at the hospital

### Where patient experience could improve

- Feedback on care: patients being asked to give their views on the quality of their care
- Quality of food: patients describing the hospital food as good
- Noise from staff: patients not being bothered by noise at night from staff
- Disturbance from hospital lighting: patients not being bothered at night from hospital lighting
- Help with eating: patients being given enough help from staff to eat meals, if needed

These topics are calculated by comparing your trust's results to the average of all trusts. "Where patient experience is best": These are the five results for your trust that are highest compared with the average of all trusts. "Where patient experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts.

This survey looked at the experiences of people who were discharged from an NHS acute hospital in November 2020. Between January 2021 and May 2021, a questionnaire was sent to 1250 inpatients at Oxford University Hospitals NHS Foundation Trust who had attended in late 2020. Responses were received from 603 patients at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].

Adult Inpatient Survey 2020 | RTH | Oxford University Hospitals NHS Foundation Trust



Adult Inpatients survey (IP20) has now been published with full CQC benchmarking . PE are now undertaking additional benchmarking work to fully understand and embed improvement opportunities in a targeted and efficient manner. Divisional meetings to be held after 25<sup>th</sup> November.

National Surveys	IP 20	Children's	Children's Cancer	Maternity
Field Work	Jan – Mar 21	Feb – July 21	Mar – June 21	Apr – Aug 21
Embargoed results	Received	Aug ' 21	Received	Received
Trust Presentation	8 <sup>th</sup> Nov	8 <sup>th</sup> & 22 <sup>nd</sup> Sept'21	TBC	Presented to MCGC 25/10
CQC national Publication	19th Oct	Nov' 21	Autumn'21	Jan '22

Table 3: National Survey timetable

### |Excellence|

OCE Ward received an Excellence report, following consistent use of an interpreter for a patient.

### |Delivery|

Chemotherapy and I&T collaborated to support patient who required face to face interpreter at short notice (none available). Video interpreter provided, with staff member who spoke same language providing face to face support.

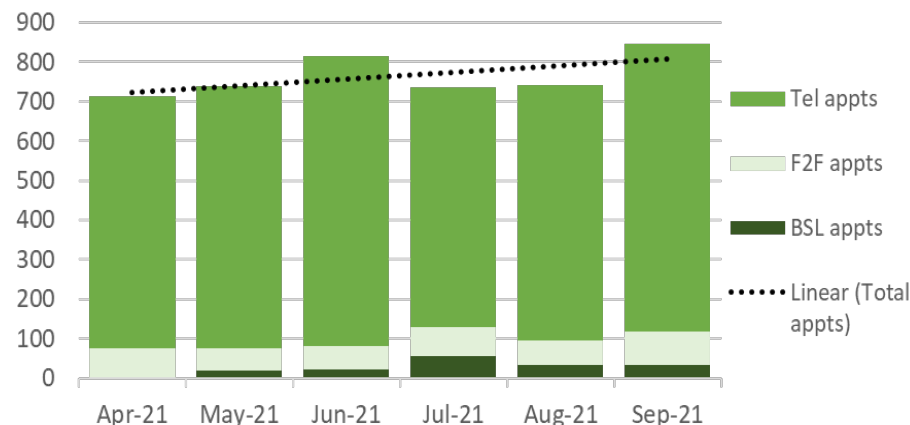
### |Improvement|

Interpreter providers are assisting in the provision of interpreters outside of the standard arrangements; showing flexibility to help provide excellence in healthcare.

- **Activity:** Increased use of interpreting services to support patients. 21 reported Ulysses incidents relating to interpreting/communication.
- **Impact:** Lack of written information; Delay in starting appointment/communicating during appointment; Patients not able to express concerns/reasons for distress; Difficulty communicating with patient who lip reads (masks); Appts rearranged; Medication mistakes.
- **Lessons Learned:** Staff to be aware of process for arranging translation of information; Provider made aware of difficulties connecting/staying connected to interpreter; Staff to be aware of how to access interpreters; IC and Procurement to source clear facemasks; Provider made aware of lack of interpreter (Indonesian); Staff to use interpreters whenever required.
- **Changes in practice:** Ability to pre-book same tel. interpreter being discussed; Recruitment of rare language interpreters to be increased (incl. OUH onsite events). Training re: use of interpreters promoted further via Yammer; Ulysses reports re: interpreting being reviewed - will be sent to Divisions. Those involved will be invited to training.

**Many thanks for continuing to book interpreters/ translators, this is helping to reduce [health inequalities](#).**

Improvements are being made to the face to face booking portal from Trust provider (re: patient data). An alternative process has been set up to capture requests in this time. See staff intranet – [‘interpreting’](#).



**Chart 8: Clinical incidents by division.**

QI project (7158) approved - Patient care, safety and health inequalities are affected when people cannot communicate (e.g. language/deaf/non-verbal/learning difficulty). Our aim is that every person who requires an interpreter, or support to communicate, can access this service at the right time to facilitate communication about their healthcare.

### AIS

Pilot underway in new sites. Updated FAQ sent out to pilot sites with contact details for Patient experience included. Check in meetings scheduled monthly to monitor progress.

### EDS2

Updated Gant chart and timeline presented. EDI and PE working together to prepare for the patient and staff panels for the new year. PE to work on evidence data pack to go alongside grading panels.

### **NHS | Patient Experience Improvement Framework**

Patient Experience team will lead the review of the Trust's compliance with the [NHS England Patient experience improvement framework](#). This will be completed by 28th February 2022 and will involve virtual meetings with patients, relatives, carers staff, governors and stakeholders. This will form the basis for the updated PE strategy, and an action from the KPMG audit in 2020.

## Learning Disability Liaison Team

- QI project: 7165. Accepted. To increase inpatient teams confidence and skill in supporting people with learning disabilities during an unplanned admission and discharge.
- Challenges with capacity within the team this month which impacted the ability to offer detailed case coordination, review and follow up for inpatients, outpatient and long term day case.
- The number of people supported is consistent, however increased complexity and declining health.
- People with Autism without a learning disability: Steady number of requests for support (averaging 10 per month) highly complex individualised care requires detailed and flexible individual care plan developed with clinical team and support staff at the person's home.
- Planned admission for a procedure continues to work well, 16 people in the previous month. The impact is the admission procedure and discharge has gone smoothly – clinical team and home support team confident to be able to do their job – increased health outcomes and reduced stress for the person, family/ home support team and the clinical team.
- Oxon LD and Autism implementation group (First meeting: 27/10/21). Focus is on system wide health and social care support.

## Joint work with Oxford Health (OH) Learning Disability Community Teams

- Weekly patient information provided on admissions and ED presentation information to OH Learning Disability service, enables the community teams to plan and put in place their support earlier for the person at home prior to discharge.
- Identified following issues for QI projects: home support teams confidence/ knowledge when a person with LD discharged from OUH, earlier identification of declining health and emergency pathway, end of life care.

### Clinical support for people with learning disability across the Trust

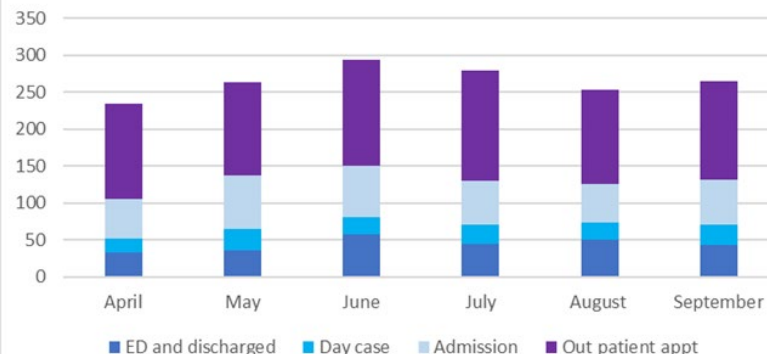


Chart 9: clinical support across the Trust

### Team impact - Type of support

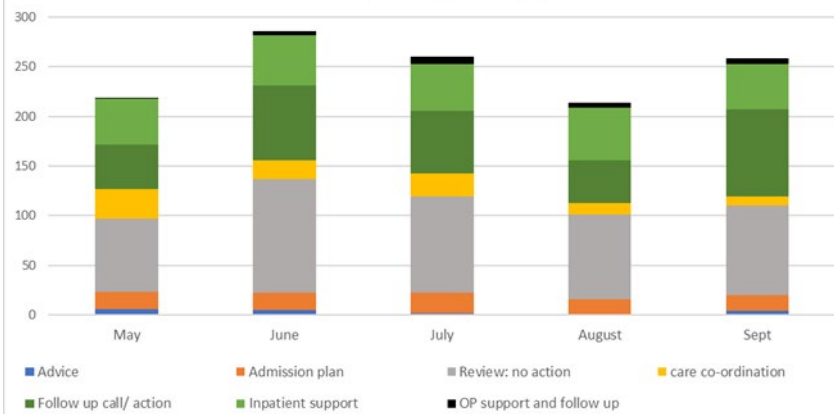


Chart 10: Team impact

### Number of people supported

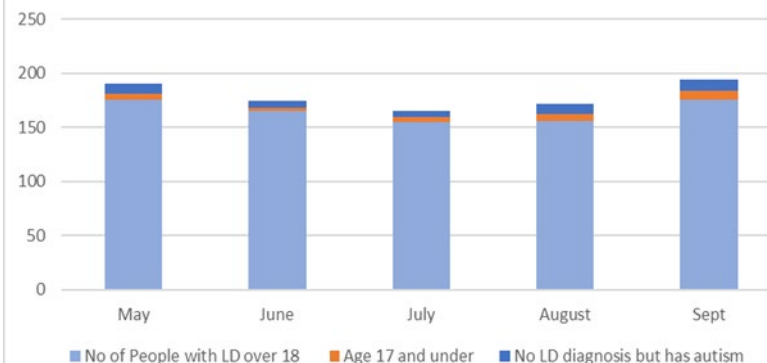


Chart 11: number of people supported

**Person type:** Staff

**RIDDOR type:** Accident-over 7 day absence

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

**Incident location:** Trauma Ward-HGH

**Incident details :** The Injured party (IP) was a member of Staff who slipped and fell on the floor whilst it was being cleaned. It was unknown whether “cleaning in progress” signage was in view.

**Additional information:** The IP had 4 days off work and then a phased return for 4 weeks supported by Occupational health.

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

**Lessons learned:** Health and Safety Team and Trust PFI contracts team reviewed cleaning regime in the area, reminded cleaners about ensuring signage was in place/clearly visible and to dry mop where possible.

**Person type:** Staff

**RIDDOR type:** Accident-specified injury

**Accident type:** Fall from height

**Incident location:** Trauma offices stairwell-HGH

**Incident details :** The Injured party (IP) was a staff member who tripped down stairs and lost consciousness briefly.  
**Additional Information:** IP was attended to by other staff and taken to A&E for treatment.

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

**Lessons learned:** Health and Safety Team discussed this incident with the manager, review of stairwell found no material defects, no spillages were noted at the time of the incident.

**Person type:** Patient

**RIDDOR type:** Accident–direct to hospital

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

**Incident location:** OCE Ward- NOC

**Incident details :** The Injured party (IP) was a Patient that required 1:1 supervision but was left alone, tried to mobilise and fell. **Additional information:** Shift patterns had a 15min gap without cover.

**Incident outcome:** Actual impact 4 – major injury leading to long term disability/incapacity

**Lessons learned:** Health and Safety Team discussed this incident with the manager, shift patterns were reviewed and handover process for 1:1 made more robust ensuring the patient is not left alone until another staff member takes over.

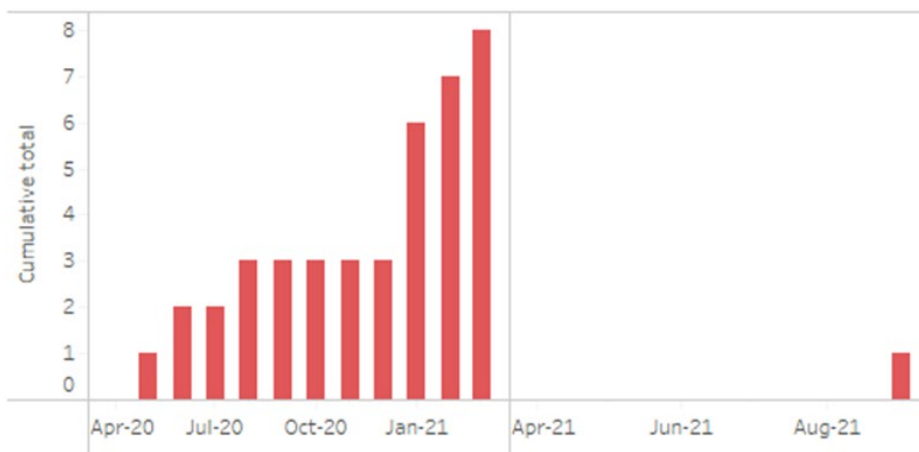
# Key Quality Metrics Table

Descriptor	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
VTE Risk Assessment(% admitted patients receiving risk assessment)	98.16%	98.16%	98.06%	98.47%	98.22%	98.37%	98.18%	98.40%	98.42%	98.26%	98.01%	98.09%
Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)	71	87	91	97	101	114	11	18	28	35	48	56
Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)	3	3	3	6	7	7	0	0	0	0	0	1
% patients receiving stage 2 medicines reconciliation within 24h of admission	58.94%	62.03%	60.99%	60.98%	66.23%	67.08%	59.46%	N/A	56.00%	50.90%	51.13%	48.44%
% patients receiving allergy reconciliation within 24h of admission	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of incidents associated with moderate harm or greater	1.81%	2.16%	2.04%	1.92%	2.34%	2.06%	1.72%	2.11%	1.91%	1.57%	3.30%	2.20%
Cleaning Score - % of inpatient areas with initial score > 92%	46.84%	55.00%	53.42%	59.74%	46.15%	43.04%	60.26%	55.38%	63.51%	60.26%	43.66%	58.67%
% Radiology direct access 7 day turnaround times - Plain Film, CT, MRI & Ultrasound	85.75%	84.11%	81.61%	79.55%	84.58%	82.36%	83.33%	84.77%	80.97%	77.51%	74.23%	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	1	0	2	1	1	0	1	1	2
Crude Mortality	181	196	223	332	216	222	194	182	190	209	182	254
Dementia - % patients aged > 75 admitted as an emergency who are screened	85.03%	84.46%	85.05%	80.67%	83.58%	82.48%	81.74%	81.31%	80.69%	78.11%	77.95%	N/A
ED - % patients seen, assessed and discharged / admitted within 4h of arrival	83.45%	85.26%	79.93%	71.24%	81.52%	88.22%	85.21%	83.50%	80.53%	74.47%	76.58%	72.13%
Friends & Family test % likely to recommend - ED	N/A	N/A	86.18%	88.24%	88.35%	86.63%	83.38%	82.78%	78.54%	76.79%	80.20%	74.04%
Friends & Family test % not likely to recommend - ED	N/A	N/A	8.38%	6.84%	6.85%	7.07%	9.81%	10.13%	13.95%	14.34%	12.27%	16.26%
Friends & Family test % likely to recommend - Mat	N/A	N/A	100%	100%	N/A	N/A	N/A	75.00%	N/A	100%	N/A	80%
Friends & Family test % not likely to recommend - Mat	N/A	N/A	0.00%	0.00%	N/A	N/A	50.00%	0.00%	N/A	0.00%	N/A	0.00%
Friends & Family test % likely to recommend - IP	N/A	N/A	95.30%	95.95%	94.87%	95.54%	94.91%	95.00%	94.41%	94.83%	95.12%	94.57%
Friends & Family test % not likely to recommend - IP	N/A	N/A	2.45%	1.83%	2.59%	2.43%	2.38%	2.48%	3.09%	2.84%	2.53%	2.86%
Friends & Family test % likely to recommend - OP	N/A	N/A	93.88%	94.69%	95.07%	94.51%	98.84%	94.27%	94.28%	94.14%	N/A	93.29%
Friends & Family test % not likely to recommend - OP	N/A	N/A	2.96%	2.27%	2.35%	2.73%	2.36%	2.66%	2.93%	1.46%	N/A	3.33%
% patients EAU length of stay < 12h	51.18%	54.87%	49.35%	42.04%	53.16%	56.59%	58.06%	53.46%	53.28%	53.54%	53.07%	51.19%
% Complaints upheld or partially upheld [Quarterly in arrears]	N/A	N/A	74.90%	N/A	N/A	74.85%	N/A	N/A	73.16%	N/A	N/A	N/A

- Indicators where performance has declined:
- Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)
- Number of hospital acquired thromboses identified and judged avoidable (Moderate or greater)

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

Incidence of MRSA bacteraemia (MRSAInc)

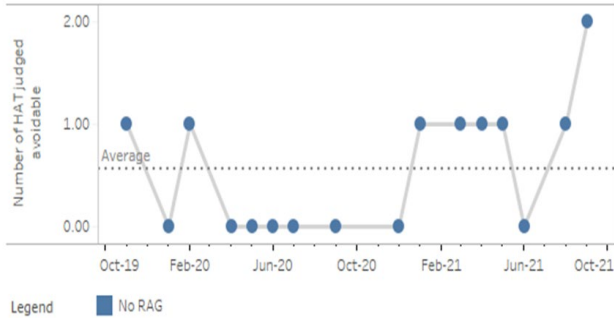


Pre-term baby became colonised with MRSA and developed MRSA bacteraemia where ventilator associated pneumonia was thought to be the cause. Root cause analysis completed and recommendations on the protocol for daily point of care full blood counts can be implemented.



## Number of hospital acquired thromboses identified and judged avoidable

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



**Patient 1 -** Admitted with worsening SOB and a temperature. A CT Thorax showed a large right sided pleural effusion and a chest drain was inserted. The patient was readmitted to the HGH with breathlessness and transferred to Oncology. Pleural fluid cytology confirmed TTF-1 positive adenocarcinoma. A CTPA on 9th May showed pulmonary emboli. This was reviewed by medical team / VTE Prevention team and classed as a minor harm, potentially preventable HAT due to one missed dose of dalteparin.

The patient was readmitted with worsening left sided chest pain and SOB and a further admission with left arm swelling, erythema and pain. A USS of the patient’s upper arm on showed extensive occlusive thrombus in the left subclavian, axillary and basilic veins. Due to this new DVT the VTE prevention team reviewed the treatment dalteparin given to this patient from the initial PE on 9th May until the diagnosis of the new DVT on 26th June.

Unfortunately, it appears that the patient was not discharged home from the Oncology Ward with treatment dose dalteparin. This was noted by consultant on during a face-to-face consultation.

Admitted to the OUHFT on the 20th of April 2021 with chest pain. CT Angiogram aorta performed on 20th April 2021 showed anterior mediastinal mass. US Guided biopsy was performed on 21st April 2021. Patient discharged home on 23rd April 2021. Patient was re-admitted on 06th July and underwent sternotomy and excision of locally advanced thymoma. The patient was re-admitted on 19th July 2021 with SOB. A CTPA performed on the 19th of July 2021 showed a PE.

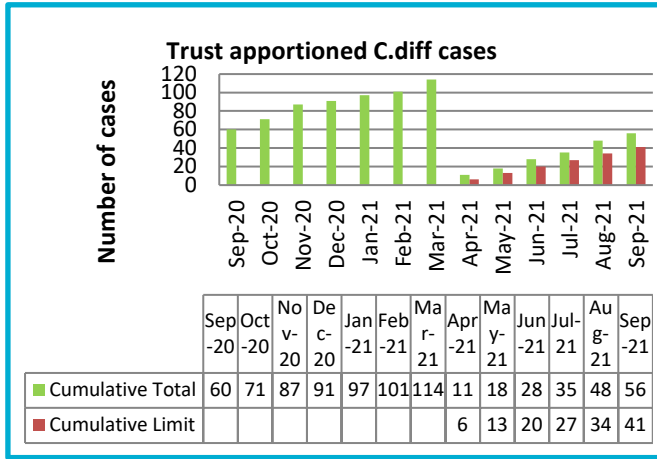
**Patient 2 -** The admission 20-23 April, the radiologist who performed the US guided biopsy asked for dalteparin to be held on the evening of the procedure but this was then not reviewed the following day and the patient had no dalteparin prescribed on 22nd or 23rd April and was discharged on the 23rd April. There do not appear to have been any contraindications to restarting dalteparin following the morning ward round on the 22nd and it looks like it wasn’t considered then or on the 23rd WR so it was probably an omission rather than an intentional clinical decision. The patient therefore missed 2 potential doses of thromboprophylaxis

HAT reporting fluctuates dependent on the time from hospital admission to VTE, and time to complete the HAT Form. 1X Moderate HAT in September relates to Treatment Dose Anticoagulation not being prescribed on discharge. The VTE Team have met with the EPR team to explore EPR solutions, Interventional Radiology and continue education – Dr’s Induction on VTE Prevention delivered in August and Anticoagulation in September The Trust Wide audit of appropriate thromboprophylaxis in April 2021 showed that 99.0% in patients received ‘appropriate thromboprophylaxis’

## Included by exception

% patients receiving stage 2 medicines reconciliation within 24h of admission broken down by Directorate and showing the weekday v weekend figures.

Meds Rec at 24 hours - September 2021				
MRC	Not completed	Completed	Total pts	
AMR	307	174	481	36%
Cardiac	71	132	203	65%
Specialist Medicine	9	14	23	61%
NOTSCCaN				
Neurosciences	53	141	194	73%
Specialist Surgery	150	52	202	26%
Trauma & Orthopaedics	125	104	229	45%
Childrens	111	78	189	41%
SuWOn				
Gastro	7	11	18	61%
Oncology+Haem	50	114	164	70%
Surgery	109	97	206	47%
Transplant, Renal & Urology	54	106	160	66%
Gynaecology	41	0	41	0%
<b>Weekday</b>	738	985	1723	57%
<b>Weekend</b>	248	58	478	12%

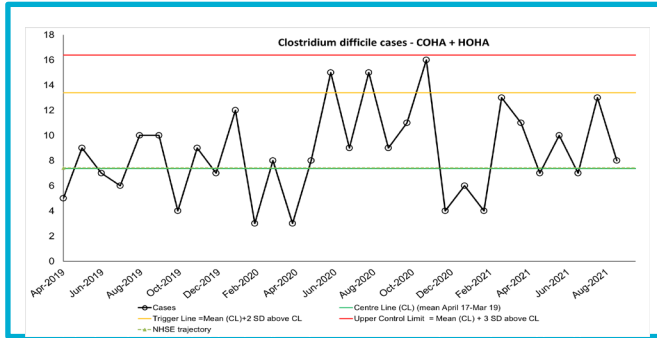
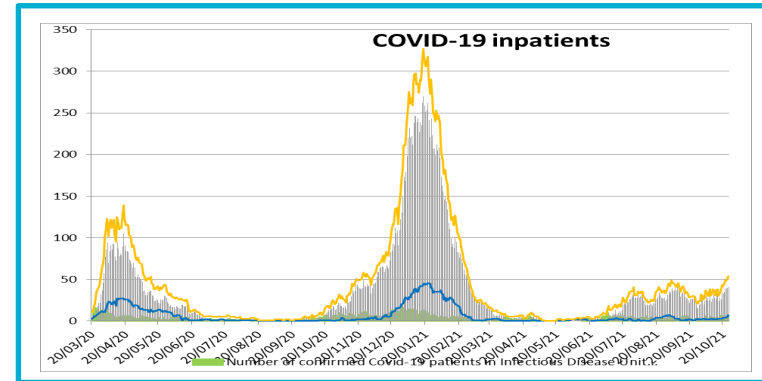


**C. diff:** 2020/21: In Sept there were a total of 4 HOHA & 4 COHA. The threshold for 2021/22 is 83 cases. Currently at 52 cases. Threshold does not take into account changes in activity/case-mix since 2019.

**MRSA:** There was 1 cases of post 48-hour MRSA bacteraemia, RCA completed.

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

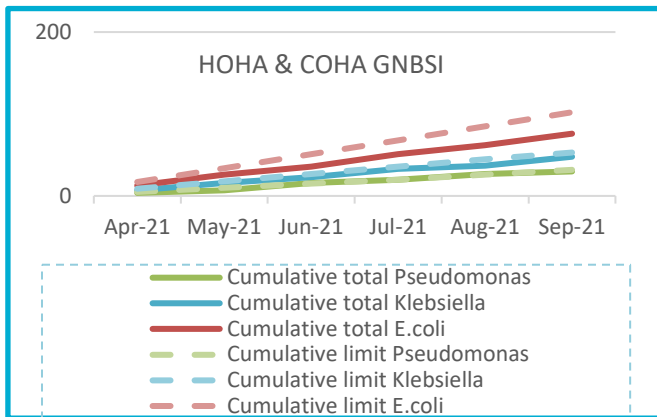
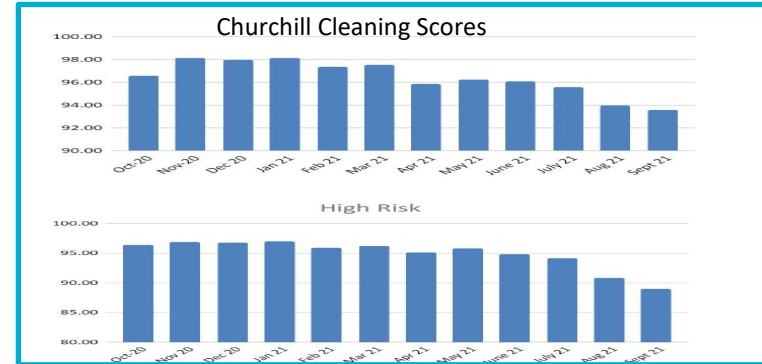
**MSSA:** In Sept there were 8 post 48-hour cases reported, RCAs undertaken. 2 cases source was SSI, 4 attributed to invasive device, 1 respiratory, 1 unknown



**COVID-19:** There are 2 open outbreaks at the Horton, F ward and Juniper, involving patients and staff.

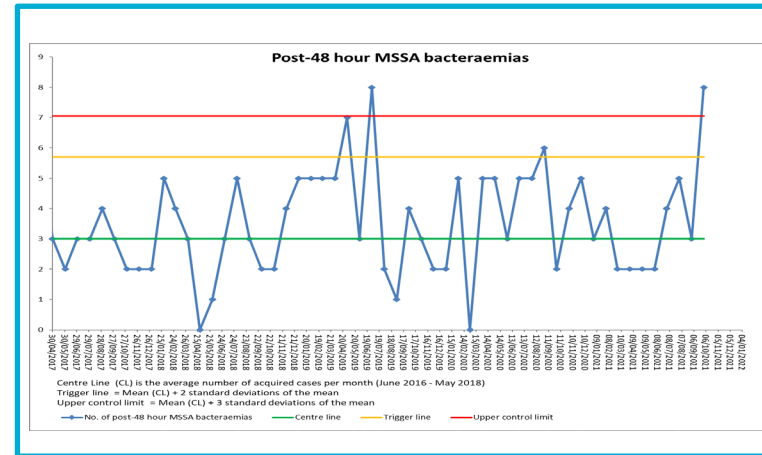
**Update in national guidance:** low risk patients (vaccinated, no COVID symptoms/exposure) on elective pathways can have lateral flow on day of procedure instead of PCR

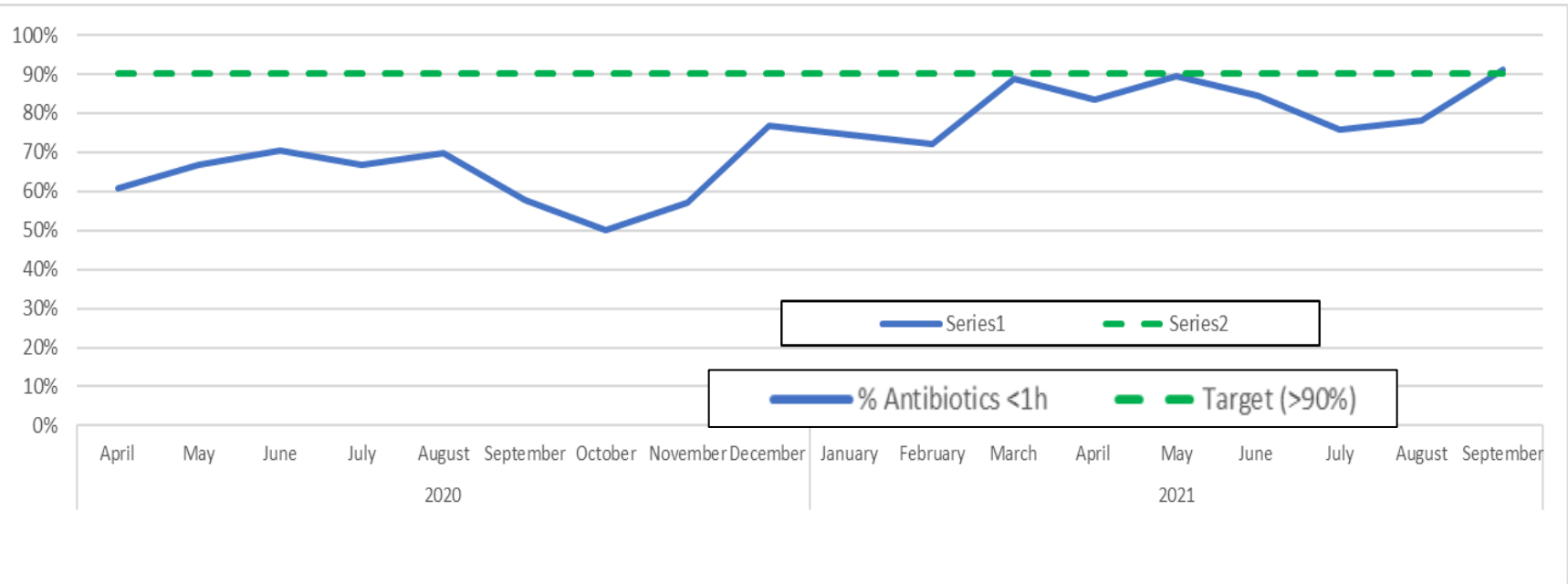
**Asymptomatic staff LFD testing**  
4000 staff recording >= 1 result/month compared with almost 8000 in Jan 2021



**Reducing HCAI:** Internal audit completed, overall staff are aware of 7 Steps, audits related to 7 steps are being completed, excellent PPE compliance noted. Action will be to produce standardised template for divisions to report to HIPCC

**Churchill Cleaning Standards:** Concern has been raised on the low cleaning audit scores from G4S and observational inspections report same issues. IPC & SUWON meeting with OSL, Trust PFI office & G4S. Improvement plan from G4S awaited





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

- September 2021: Overall **21/23 (91%)**; ED **21/23 (91%)**
- Latest SHMI for sepsis **86.4 (73.4-101.07)** [March 20 – Feb 21; “lower than expected”; Dr Foster]

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

## Safety Huddles

Safety Huddles are held in all areas to focus on patient and staff safety; to learn from what went well yesterday, what did not go so well, what can we learn and do differently today and what are the risks that need mitigating. The Myassure app is being used to gather compliance data across the OUH.

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

WHO Audit	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Documentation	100.00%	99.54%	99.59%	99.79%	99.73%	99.31%
Observation	99.64%	100.00%	100.00%	99.79%	98.70%	100.00%

- **WHO documentation audit 99.3% compliance (430/433):** CSS 100% (121/121) MRC 100% (136/136), SuWOn 100% (20/20),
  - NOTSSCaN 98% (153/156) - Three non-compliant WHO were observed - all within the same theatre. Not all members of the medical team stayed for the duration of the WHO. A conversation with the Consultant responsible for the team has taken place who will address this with all members of the medical team.
- **WHO observational audit 100% compliance (209/209):** CSS 100% (23/23) MRC 100% (33/33), NOTSSCaN 100% (95/95), SuWOn 100% (58/58).

## Local Safety Standards in Invasive Procedures (LocSSIPs)

- 31 have been completed and ratified for use at the relevant Directorate and Divisional Governance meetings, and Safer Surgery and Procedures Implementation Group (SSPIG). These LocSSIPs are published on the Trust intranet for staff to access.
- Local audit of the safety checklist element of the LocSSIPs is included in the WHO compliance above.
- A recent Internal Audit of Safer Surgery was undertaken to review the progress with NatSSIP/LocSSIP implementation and governance. This report provided Significant Assurance with four minor improvement opportunities. The improvement plan will be actively monitored at SSPIG.

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

- Twelve actions from 2020/21 Never Events have passed their target date, all of which have been completed.
- Three actions from the 2021/22 Never Event which has been fully investigated have passed their target date, 2 of which have been completed. The other 2021/22 Never Event investigation is ongoing.
- **2 Never Events have been recorded to date in 2021/22 (see slide below)**

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

### A new Never Event was confirmed during September 2021

This is the second Never Event confirmed in 2021/22.

It concerns a hypoxic patient needing oxygen therapy who was unintentionally connected to medical air rather than oxygen. The investigation is underway, and has been given the local reference 2122-047.

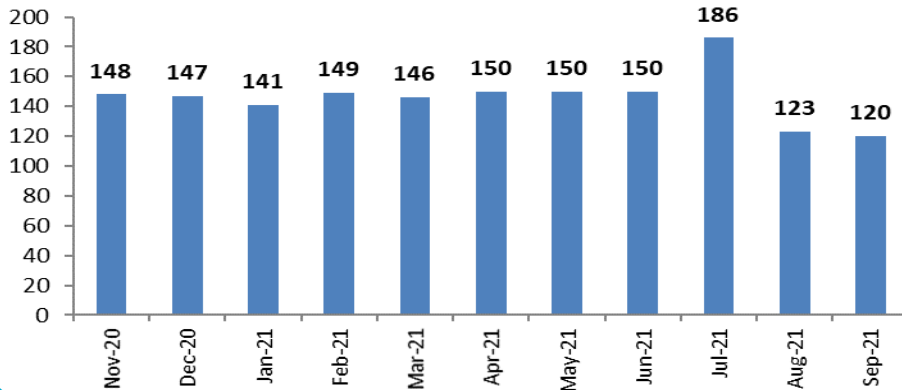
Immediate actions include:

- A Trustwide safety message about the requirement to manage medical air supplied as required by central alert NatPSA/2021/003/NHSPS has been sent globally.
- Trustwide audit (physical walkaround) of all areas to review medical air outlets and cap where appropriate will be performed.
- Removal of flowmeters as identified by the safety message, including audit and review of our database, as well as part of the walkaround above.
- Engagement with relevant clinical leads to establish suitability of alternative devices for areas which currently make use of air flowmeters via a wall outlet (e.g. for nebulisation, or air/oxygen blenders, which we can replace with mains-powered devices).

*“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.
- Last month the award was presented to a trainee in the Colorectal and OG Surgery team. Helping a patient in an innovative way, the staff member was recognised for her "remarkable" care.

## Excellence Reported in Ulysses



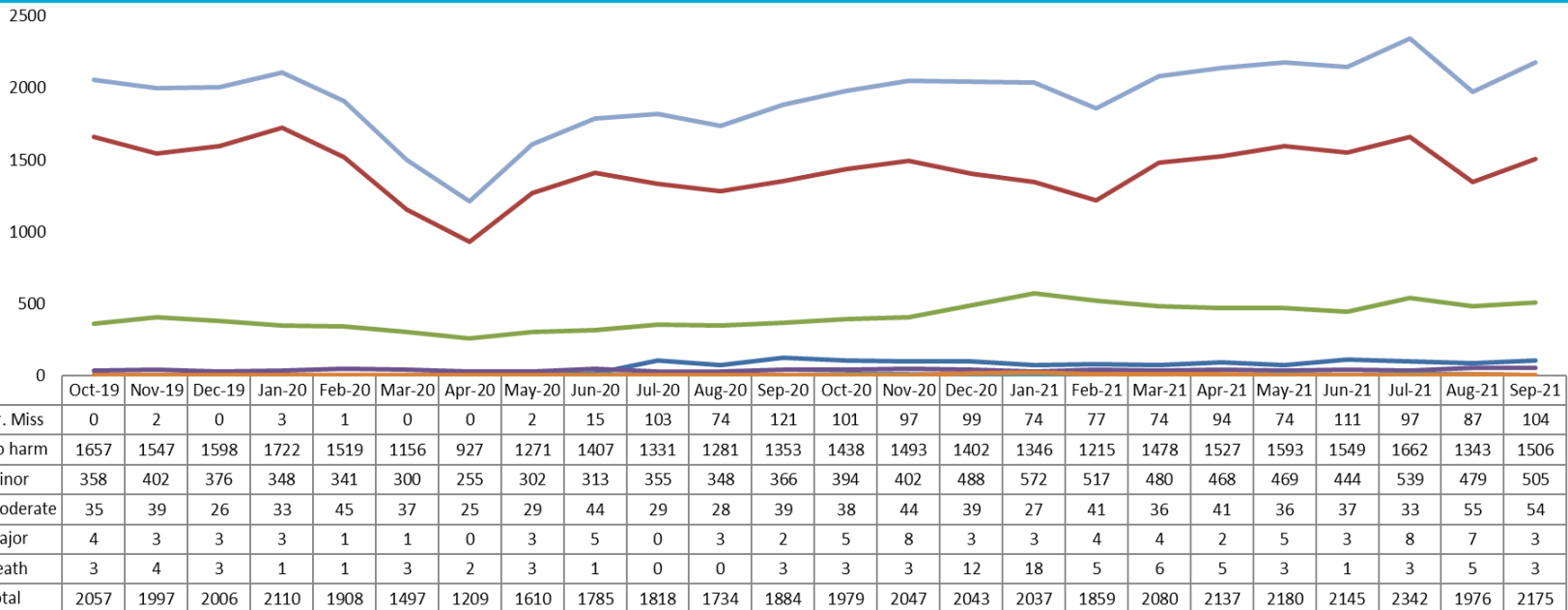
Theme	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Teamworking	48	51	55	67	54	40	45
Compassionate Care	25	29	24	18	31	19	13
Going Above And Beyond	72	66	66	64	95	62	61
Innovation	1	4	5	1	6	2	1
<b>Grand Total</b>	<b>146</b>	<b>150</b>	<b>150</b>	<b>150</b>	<b>186</b>	<b>123</b>	<b>120</b>

Reporting  
**EXCELLENCE**



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

2175 patient incidents were reported in September 2021; the mean monthly number over the past 24 months is 1942. 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 September, 52 incidents reported as entailing moderate and above impact were discussed at PSR. Three visits from PSR representatives to support staff and patients took place, and 4 incidents had their impact downgraded in the meeting.



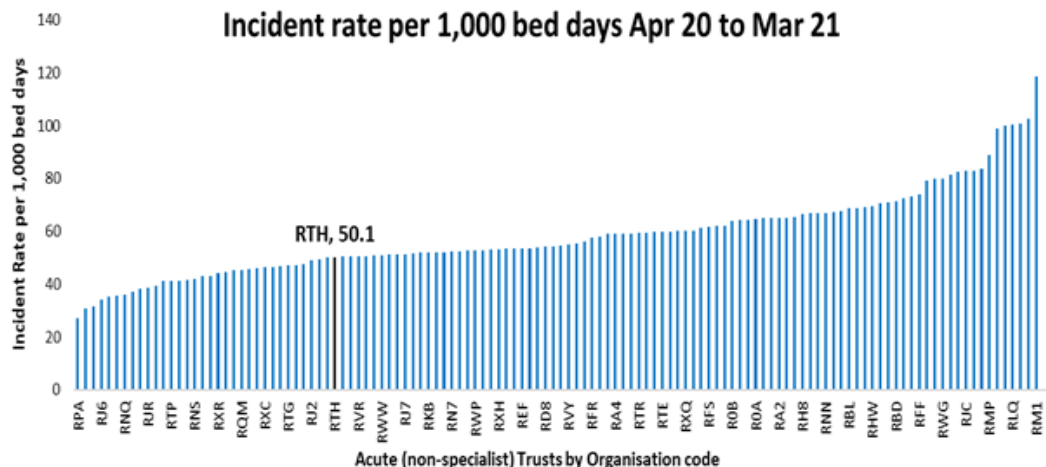
Every patient safety incident record in Ulysses is uploaded to the NRLS system and contributes to patient safety at a national level. During the last year OUH reported a reduction in the numbers of incident reports to the NRLS as a result of changing governance systems from Datix to Ulysses which caused a backlog due to administration time.

The backlog of incidents is expected to be fully cleared during November 2021 and it is expected that in the next NRLS OUH will see an increase of reported incidents per 1,000 bed days. This change in system has not had a detrimental effect on incident reporting in the Trust and incident reporting rates have actually increased during the time following the switch.

## Rate of incidents per 1,000 bed day and the number of incidents reported to NRLS

Shelford Group Trust	FY 18/19	FY 19/20	FY 20/21
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	43.8 (14802)	50.9 (16987)	60.0 (17057)
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	65.7 (21975)	64.2 (21063)	79.8 (23433)
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	47.9 (17029)	52.5 (18819)	52.1 (14640)
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	52.1 (24906)	49.8 (24811)	41.6 (17603)
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	54.1 (38096)	55.8 (38382)	64.7 (31315)
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	48.6 (17202)	51.8 (18181)	50.1 (14259)
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	45.8 (23490)	45.1 (22690)	51.9 (20012)
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	39.0 (17859)	41.7 (18708)	50.3 (17915)
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	39.2 (9895)	39.5 (10143)	54.2 (9691)
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	50.2 (45740)	48.5 (44025)	50.7 (37572)

### Incident rate per 1,000 bed days Apr 20 to Mar 21



## Increased rate of major harm and death

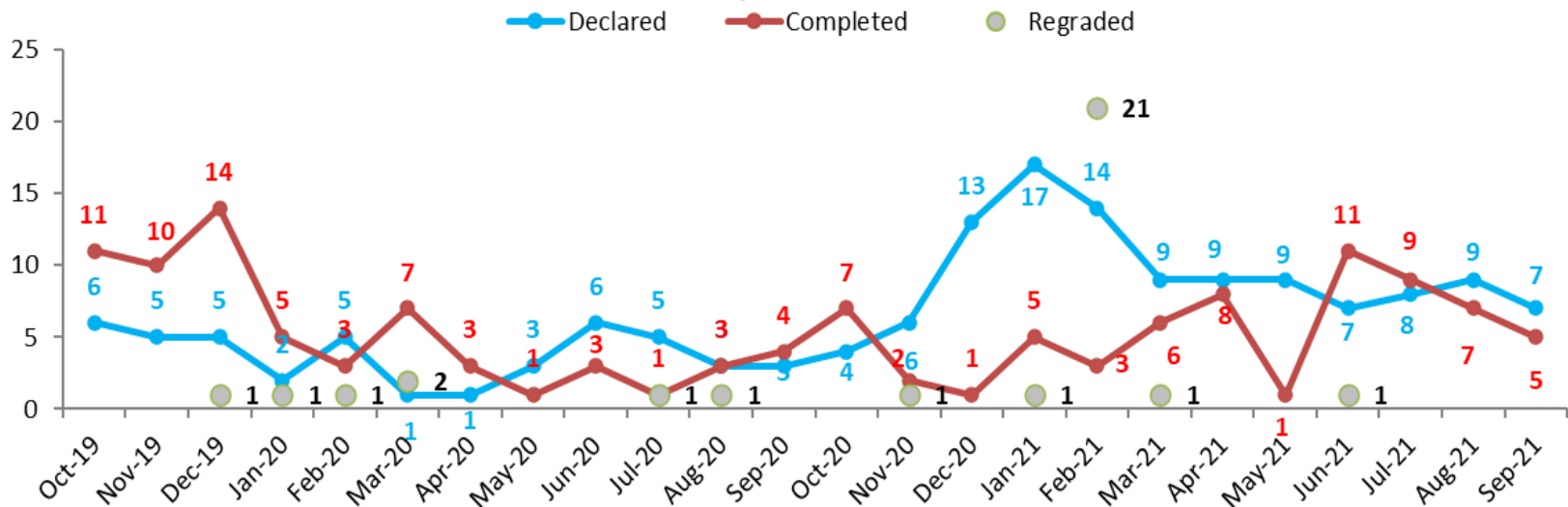
% of Major and Death incidents has increased from 0.34% (19/20) to 1% in the last financial year in the NRLS submission and this is partly as classifying #Neck of Femur (NOF) as major harm. Incidents of Death or Major harm have not been effected by the change in systems as they must be reported to the NRLS within 48 hours of the incident being reported but will be slightly higher as the number of no harm, minor and moderate incidents is lower.

# Clinical Risk: Serious Incidents Requiring Investigation (SIRI)

The graph below shows 7 SIRIs were declared by the Trust in September 2021 and 5 SIRI investigations were sent for approval to the OCCG. Learning from these investigations is disseminated at a range of Trust, Division and local level meetings, with communication to target groups often written into actions plans.

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

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

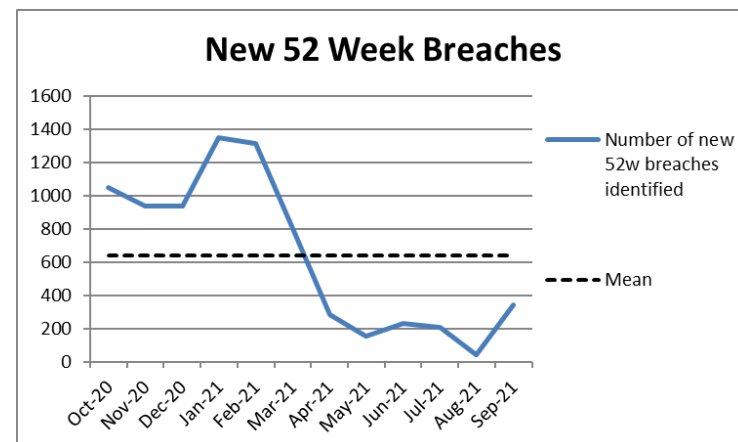


The Trust has an established process for assessing clinical and psycho-social harm for patients waiting for over 52 weeks for treatment. This is in addition to the program of harm reviews for patients undergoing care for cancer whose pathways exceed 104 days. This data was presented at the October Harm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

## Services with over 20 new 52w breaches

Specialty	Jun21 new breaches	Jul21 new breaches	Aug21 new breaches	Sep21 new breaches	Sep21 total breaches
Gynaecology	21	(19)	(4)	(16)↑	46
Ophthalmology	23	20	(2)	20↑	61
Plastic Surgery	(16)	(17)	(4)	48↑	166
Spinal Surgery Service	(18)	32	(4)	66↑	239
Trauma & Orthopaedics	34	36	(3)	67↑	147

## Total new 52w breaches



- There were 1,643 patients who had been waiting more than 52 weeks for elective treatment at the end of September 2021 (a reduction on the August figure of 1,823).
- September saw the highest number of new 52 week breaches since March 2021. All figures from FY 2021/22 have been well below the 12-month mean of 637 new breaches per month.
- Four services had 20 or more new 52w breaches in August. The table above shows these, and services that had 20 or more in any of the preceding 3 months.
- One 52w breach in 2020-21 has been confirmed as entailing major impact, this is being investigated at a Divisional level.
- Fifteen 52w breaches in 2020/21, and 2 in 2021/22 have been confirmed as entailing moderate impact. A special single Divisional investigation has been instigated to cover these.
- The following slide shows the number of 52 week breaches with a decision to treat. The information is then collated using the RCS priority codes assigned to the patient.

## September 52w breach cases with details of the prioritisation level

Specialty	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	no priority code	Grand Total
Clinical Neurophysiology				1	1
Colorectal Surgery		2			2
Ear Nose and Throat	2	32	80	15	129
Gynaecology	1	6	18	7	32
Maxillo Facial Surgery	2	23	66	10	101
Neurosurgical Service		40	13	4	57
Ophthalmology		6	36	3	45
Orthopaedic Service			1		1
Paediatric ENT		5	22	4	31
Paediatric Neurosurgery			2		2
Paediatric Ophthalmology		4	12		16
Paediatric Oral and Maxillofacial Surgery Service			4	4	8
Paediatric Plastic Surgery	2	9	16	4	31
Paediatric Respiratory Medicine				2	2
Paediatric Spinal Surgery	1	14	21		36
Paediatric Surgery		5	2		7
Paediatric Trauma and Orthopaedics		1	7	1	9
Paediatric Urology		8	4	2	14
Plastic Surgery	2	33	89	11	135
Plastic Surgery Craniofacial	1		2		3
Public Health Medicine				1	1
Restorative Dentistry		1			1
Spinal Surgery Service	3	27	58	6	94
Trauma and Orthopaedics		37	35	21	93
Urology	1	24	8	1	34
Vascular Surgery	2	1	9		12
<b>Grand Total</b>	<b>17</b>	<b>278</b>	<b>505</b>	<b>97</b>	<b>897</b>

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.

### Paediatric and Adult spinal procedures

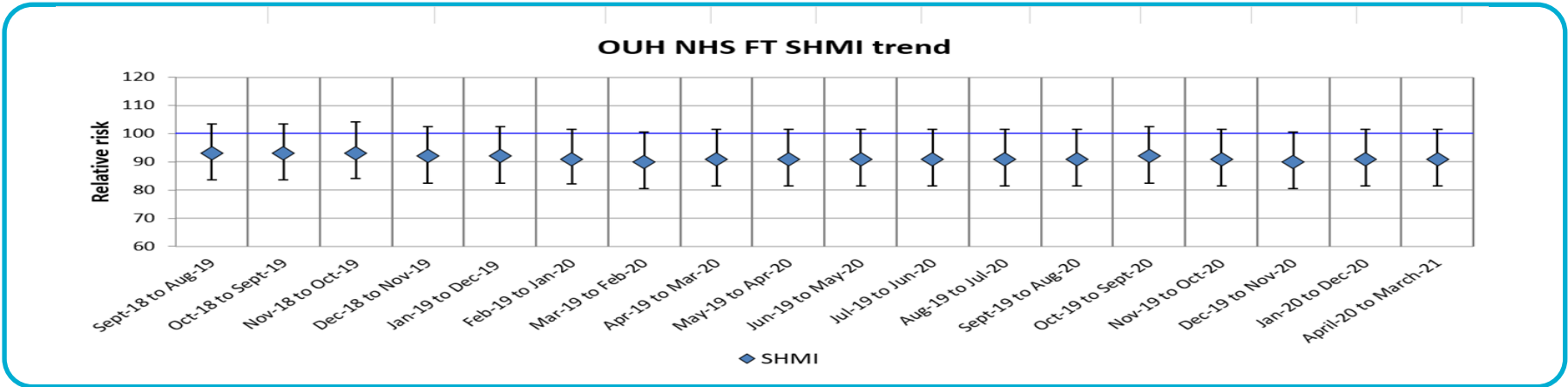
- Adult spinal surgery currently have 239 patients breaching 52 weeks
- Paediatric spinal surgery have 51 patients breaching 52 weeks
- To-date there have been 9 harm reviews conducted in paediatric spinal surgery entailing moderate impact
- For adults 10 harm review forms have been returned reporting moderate impact; 9 of these have been confirmed by the Harm Review Group, with the final case still to be reviewed by this group.
- Individual case reviews have been undertaken and presented to the Harm Review Group where a decision to undertake one overarching Divisional level investigation for recently reviewed cases has been made to bring together adult and paediatric cases into one review focusing on the issues and recommendations as well as current mitigations.
- Additional operating capacity has been identified at an independent provider to increase the number of spinal operations by up to 2 cases per week. The extra sessions are working well, and it is intended that these are continued in 2022.

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

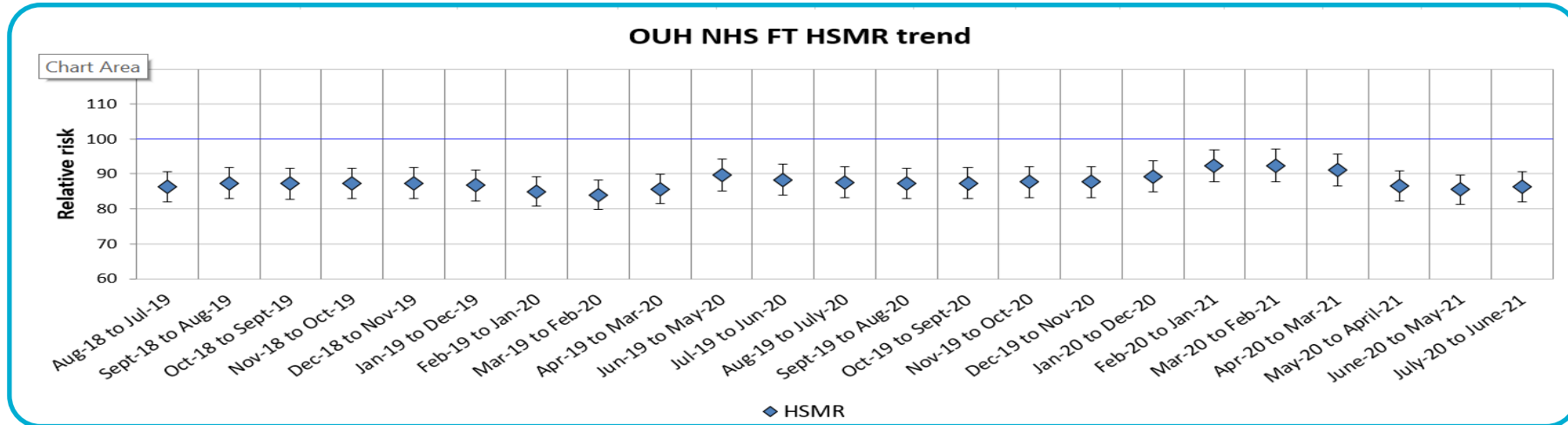
## Weekly Safety Alerts

Actions ▾		1 - 100 ▶
📄	Title	Alert Date
	<a href="#">Weekly Safety Message 143: Management of medical devices involved in clinical incidents</a>	19/10/2021 10:00
	<a href="#">Weekly Safety Message 142: Resuscitation Guidelines 2021</a>	12/10/2021 09:30
	<a href="#">Weekly Safety Message 141: Handling and care of patients after death</a>	05/10/2021 11:00
	<a href="#">Weekly Safety Message 140: Learning from a Never Event</a>	28/09/2021 12:00
📄	<a href="#">Weekly Safety Message 139: Inadvertent connection to medical air via a flowmeter</a>	21/09/2021 10:00
	<a href="#">Weekly Safety Message 138: Discharging a Patient with Diabetes Safely</a>	14/09/2021 14:00
	<a href="#">Weekly Safety Message 137: Wrong blood in tube errors</a>	07/09/2021 12:00

The SHMI for the data period April 2020 to March 2021 is 91. This remains rated 'as expected'.



\* 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



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



Summary Hospital-level Mortality Indicator (SHMI) April 2020 to March 2021 – Shelford Group		
Shelford Group Trust	SHMI (Jan-20 to Dec-20)	Banding
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0.70	Lower than expected
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	0.73	Lower than expected
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	0.75	Lower than expected
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.88	Lower than expected
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0.91	As expected
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	0.94	As expected
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	0.95	As expected
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	0.95	As expected
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	0.97	As expected
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	1.00	As expected

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

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

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



# Operational Performance

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

### OUH Operational Performance Benchmarking – National and Shelford Group

Indicator	Standard	Current Data Period	National	Shelford	OUH
<b>Accident &amp; Emergency '4 hour' standard 'All Types'</b>					
% ≤4 hour waits from Emergency Department attendance to admission/transfer/discharge	95%	30/09/2021	66.79%	57.19%	72.13%
<b>Referral to Treatment Standards</b>					
RTT: % <18 week waits, Incomplete pathways	92%	31/08/2021	67.13%	63.69%	76.38%
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	31/08/2021	1637	5676	1819
<b>Cancer Standards</b>					
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	31/08/2021	84.68%	86.83%	87.51%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	31/08/2021	79.05%	76.78%	38.27%
First treatment within 31 days of cancer diagnosis	96%	31/08/2021	93.71%	90.59%	89.14%
First cancer treatment within 62 days of urgent referral from screening service	90%	31/08/2021	74.77%	68.86%	65.00%
First cancer treatment within 62 days of urgent GP referral	85%	31/08/2021	70.74%	63.90%	75.57%
Subsequent cancer treatment in <31 days: surgery	94%	31/08/2021	84.95%	79.72%	76.29%
Subsequent cancer treatment in <31 days: drugs	98%	31/08/2021	98.89%	98.16%	97.65%
Subsequent cancer treatment in <31 days: radiotherapy	94%	31/08/2021	95.59%	95.85%	97.75%
<b>DMO1 6 week Diagnostic Standard</b>					
DMO1: >6 week waits for treatment	1%	31/08/2021	27.12%	28.13%	7.35%

### A&E

In month 6, whilst performance against the 4 hour standard was extremely challenging, OUH performed favourably in comparison to the national average and Shelford group average.

### RTT

At the end of August, OUH performed above the national average and the Shelford group average for patients waiting under 18 weeks at 76.78%; OUH continues to report more 52 weeks than the national average, 1819 compared to 1637. When compared to the Shelford group, OUH continues to report a significantly lower number of patients waiting over 52 weeks.

### Cancer Standards

At the end of August 2021, OUH performed favourably when compared to the National and Shelford Group averages for the '<2 week waits to first appointment from urgent GP referral with suspected cancer', 'First cancer treatment within 62 days of urgent GP referral' and 'Subsequent cancer treatment in <31 days: radiotherapy'. When solely compared to the Shelford Group averages, OUH performed better in 3 out of 8 cancer standards.

### Diagnostic waits

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

# Urgent Care: 4 hour performance in September 2021 was 72.13%, a reduction of 4.45% from the previous month. The Horton site position deteriorated from the previous month achieving 81.51%, as did the John Radcliffe achieving 68.46%

ED 4 - hour performance

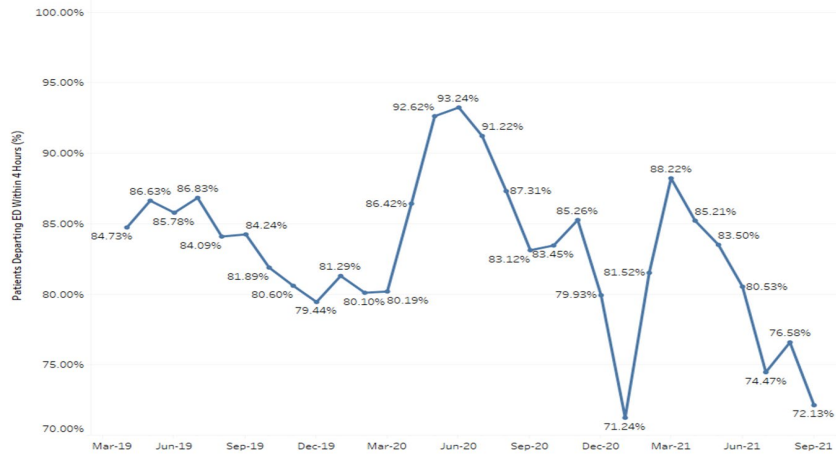


Figure 1. OUH 4 hr 'all types' performance Mar 2019 – September 2021

In September 2021 the Trust achieved 72.13% (all types) of patients being seen and treated within the 4 hour standard, a reduction in performance of 4.45% on the previous month. OUH dropped its position in the national rankings for ED 4 hour performance 'all types'.

The John Radcliffe (JR) site saw a 4.81% reduction in performance on the previous month down from 73.27% to 68.46%.

Horton General Hospital (HGH) saw a 3.16% reduction in performance compared to August 2021, down from 84.67% to 81.51%.

In comparison to the Shelford Group Hospitals, OUH slipped from 5<sup>th</sup> to 6<sup>th</sup> compared to the previous month.

National 4hr ED Performance - All Types - September 2021

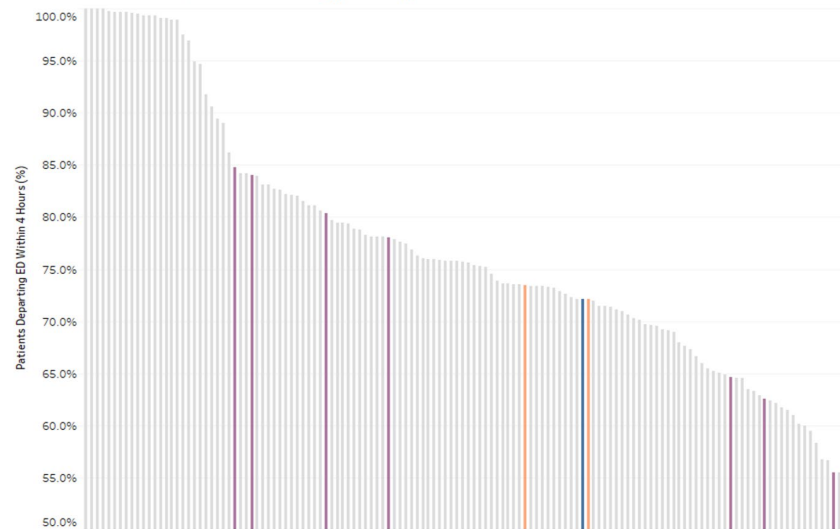


Figure 2 OUH performance of 'all types' (Emergency Departments only) compared to National position - September 2021

Regional 4hr ED Performance - All Types - September 2021

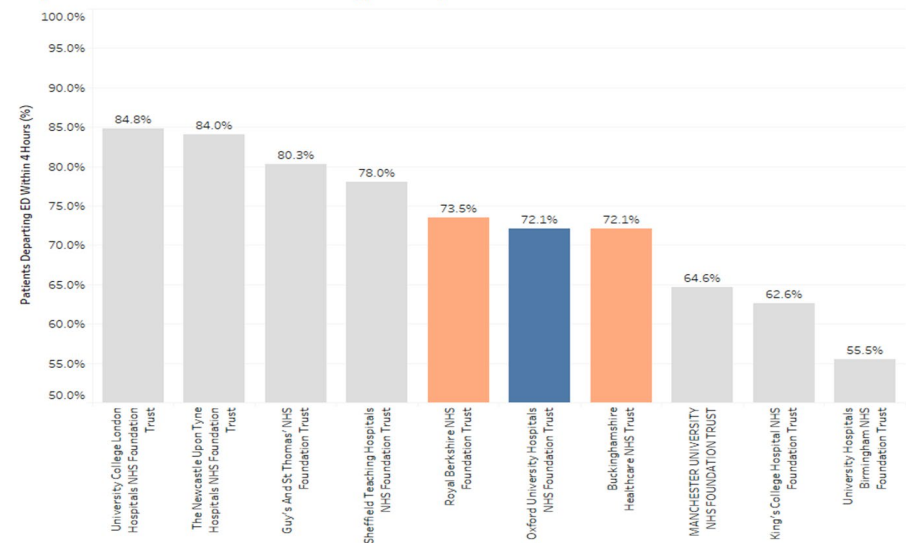


Figure 3 OUH performance of 'all types' (Emergency Departments only) compared to BOB system partners and Shelford Group - September 2021

# Emergency attendances at both the JR and Horton Hospitals are the highest since April 2019. Majors presentations continue to be above pre-Covid 19 levels on both sites

ED attendances at the John Radcliffe Hospital (JR) (excluding eye casualty) were 12.85% higher in September 2021 (9,521) than in September 2019 (8,437). The number of **Majors presentations increased by 10.83%** (4,573 in September 2021 versus 4,126 in September 2019) and when compared to August 2021 (8,795), attendances at the JR for September 2021 (9,521) had increased by 8.25%.

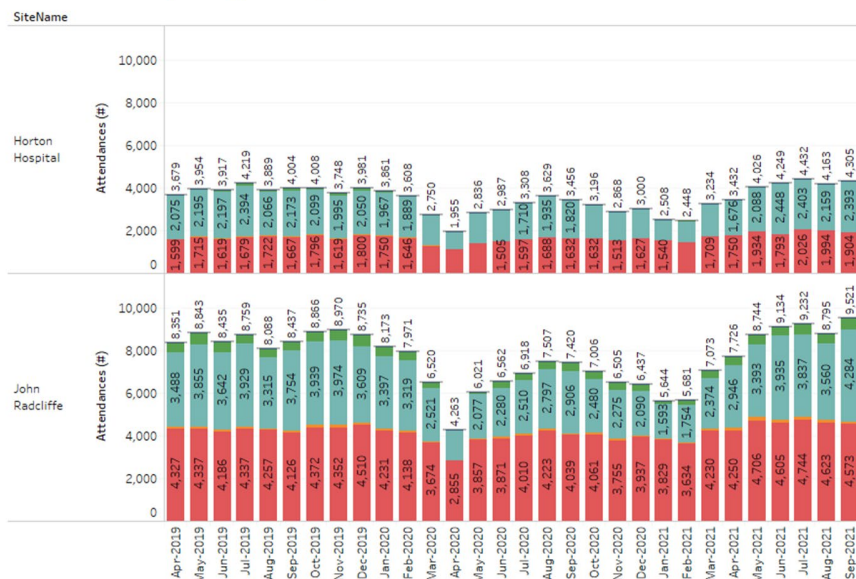
Adult attendances at the JR in September 2021 (7,022) were 8.97% higher than in September 2019 (6,444) with Paediatric attendances being 25.39% higher when compared to the same month in 2019.

Attendances at the HGH were 7.52% higher in September 2021 (4,305) than in September 2019 (4,004). The number of **Majors presentations had increased by 14.22%** (1,904 in September 2021 versus 1,667 in September 2019). Compared to August 2021 (4,163) attendances in September 2021 (4,305) had increased by 3.41% (142).

Adult attendances at the HGH in September 2021 (3,203) were 3.19% higher than in September 2019 (3,104). Paediatric attendances in September 2021 (1,102) were 22.4% higher than in September 2019 (900).

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

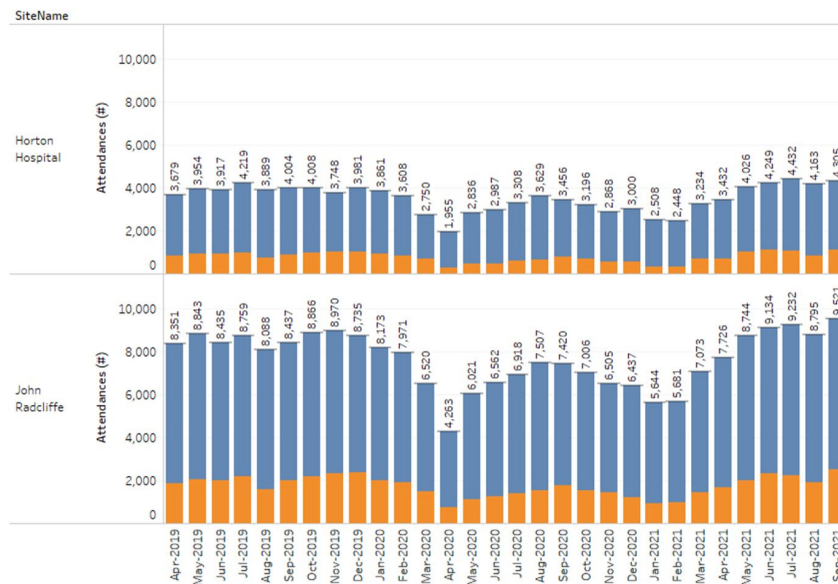
## ED Attendance figures by Stream, Site



John Radcliffe and Horton Attendances September 2021

■ Adult ■ Paed

## ED Attendance figures by Age Group, Site



# Breach numbers continued to be high as the Trust experienced above pre-Covid 19 ED levels of activity across both JR and Horton sites, resulting in significant flow and congestion challenges

On the **John Radcliffe site** breach numbers were 3,474 for September 2021, an increase of (27.77%) on August 2021 (2,719) of which 1,564 (45%) were admitted breaches and 1,910 (55%) non-admitted. In September 2021 admitted breaches increased by 208 (15.34%) compared to August 2021 (1,356) and non-admitted breaches increased by 547 (40.13%) compared to August 2021 (1,363).

The most significant breach reasons for admitted patients was 'waiting to be seen' 566/1,564 (36.2%) or 'bed wait' 399/1,564 (25.5%). The most significant breaches for non-admitted patients were 'waiting to be seen' 1,321/1,910 (69.16%), of which 1,164/1,910 (60.94%) of the non admitted breaches were 'waiting to be seen' by ED.

At the **Horton site**, breach numbers for September 2021 were 796, an increase of 158 (24.76%) on August 2021 (638), of which 332 (41.7%) were admitted breaches and 464 (58.3%) were non-admitted breaches.

'Waiting to be seen' accounted for 153/332 (46%) and 'Specialty Decision Delay' 96/332 (28.9%) of the Admitted breaches. Non-admitted breaches were primarily 'Waiting to be seen' 342/464 (73.7%) of which 316/464 (68%) were waiting to be seen by ED.

## Actions being taken to improve performance:

- Develop processes to implement sustainable time to initial assessment within 15 mins of arrival
- Early senior review to support early discharge / admission avoidance
- Undertake review of the proportion of patients residing in ED for more than 12 hours, with a particular focus on patients that are discharged
- Implement Clinically Ready to Proceed within EPR for all patients within the Emergency Departments
- Develop Standard Operating Procedure to support timely onward care once a decision has been made that a patient is ready to proceed to their next point of care – within 60 minutes
- Implement processes to review all patients within the Emergency Departments longer than 60 minutes when declared Clinically Ready to Proceed with referring specialties
- Review all 12+ hours total stay waits within the Emergency Departments
- Ensure improvement plans incorporate outputs from the IPSOS/Mori patient survey re ambulatory pathways
- Trustwide Urgent & Emergency Care Group to review recent audit findings across ambulance handovers, Board rounds and transfers; together with the most recent GIRFT published report
- Review of internal triggers and escalation processes within the Trust, with a particular focus on actions to be taken at Opel 3 and Opel 4 levels

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

BreachSpecialty	Null Specialty Decision Delay	Admitted					Not Admitted					Grand Total
		Bed Wait	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen		
Cardiology		6		1	7	1	2	2	2	3	24	
Cardiothoracics		3	1	1	1	3			2	1	12	
ED		32	39	116	27	369	113	184	57	1,164	2,101	
ENT		9	2	1	5	6		1	9	5	38	
Gastro			1	1	1						3	
Gynae		4	1		2	9				4	20	
Max / Facs		3			3		2		3	4	15	
Med		153	37	48	135	94	11	7	22	11	518	
Neuro		3	4	2	7	4	1	1			22	
Null				1							1	
Other		13	2	11	6	6	7	10	6	24	85	
Paeds	1	107	11	1	43	23	9	1	64	39	299	
Plastics		3	2	1	12	3	5		4	16	46	
Psych / Barnes			4	2	4	4	1	5	27	19	66	
Surg		27	4	1	15	24		1	15	6	93	
Trauma		34	4	4	23	17	3	3	8	22	118	
Urgent Care										1	1	
Urology		1				3					4	
Vascular		1	4				1			2	8	
Grand Total	1	399	116	191	291	566	155	215	219	1,321	3,474	

Figure 5. John Radcliffe Breach reasons September 2021

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

BreachSpecialty	Bed Wait	Admitted					Not Admitted					Grand Total
		ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen	ED Decision Delay	ED EAU Bed Wait	Specialty Decision Delay	Waiting to be seen			
ED	2	12	9	4	79	43	24	12	316	501		
ENT								1		1		
Gynae	1	1		1	4				1	8		
Med	13	19	8	79	50	2	1	11	3	186		
Neuro		1			1				1	3		
Other			1	2	1	1	2	2	3	12		
Paeds	1	3		6	4	1		10	11	36		
Plastics						1		1	2	4		
Psych / Barnes					1	1	1	6	1	10		
Surg	2	4		1	6		1		1	15		
Trauma	2	1	1	3	5	1			3	16		
Urology	1				2					3		
Vascular	1									1		
Grand Total	23	41	19	96	153	50	29	43	342	796		

Figure 6. Horton Breach reasons September 2021

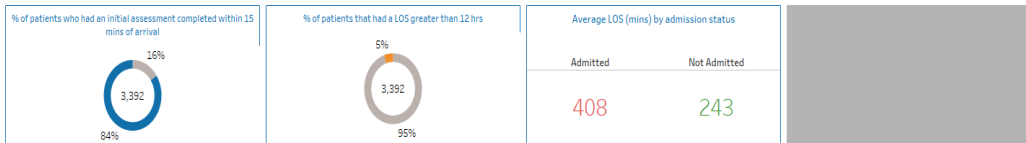
## ECDS Update 6.2.3: Performance Metrics

Last Updated: 13/10/2021 23:59:37

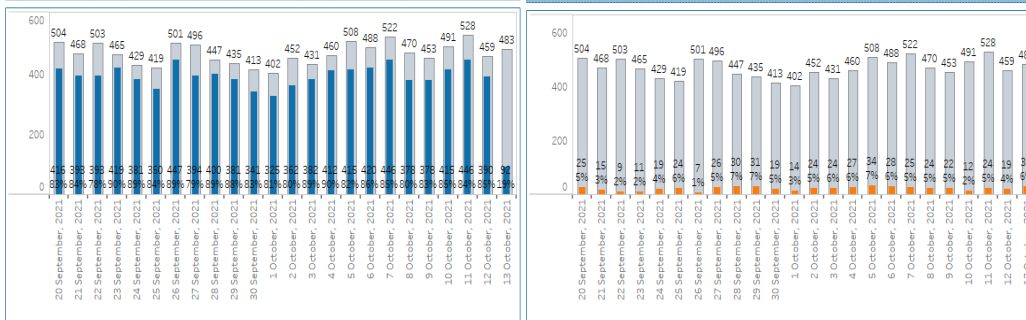


Departure Date: 20/09/2021 to 17/10/2021	Date Avis: Day	Attendance Type: All	Stream at Discharge: All	Site Name: All	Age Group: All
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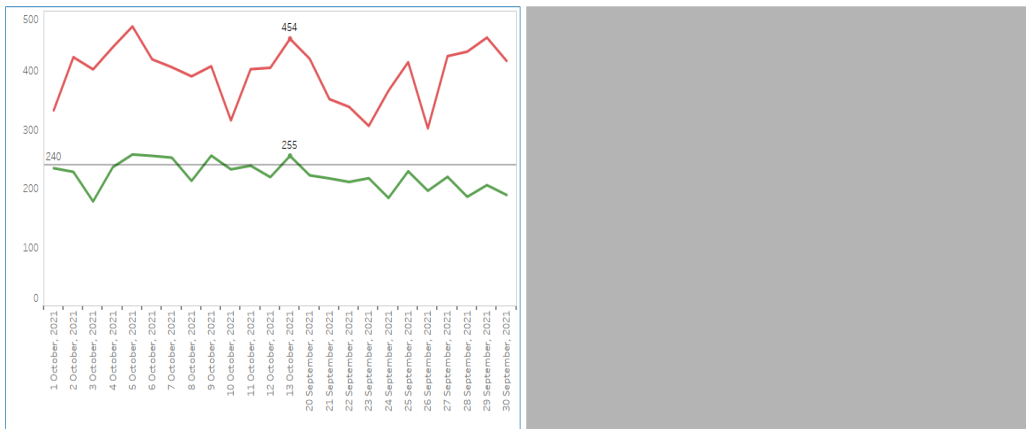
### Figures for the previous week (04/10/2021 to 10/10/2021)



<p>% of Initial Assessment within 15 mins of arrival</p> <p>Attendances   Initial Assessment within 15 mins of Arrival</p>	<p>% of patients that had a LOS greater than 12 hrs</p> <p>Attendances   LOS Greater than 12 hrs</p>
--	--



<p>Average LOS (mins)</p> <p>Admitted   Non Admitted</p>	<p>Clinically Ready to Proceed - Coming soon</p>
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### Metrics Covered

- % of Patients receiving an Initial Assessment within 15 Minutes
- % of Patients with LOS greater than 12 hours
- Average LOS trends by Admitted / Non-admitted

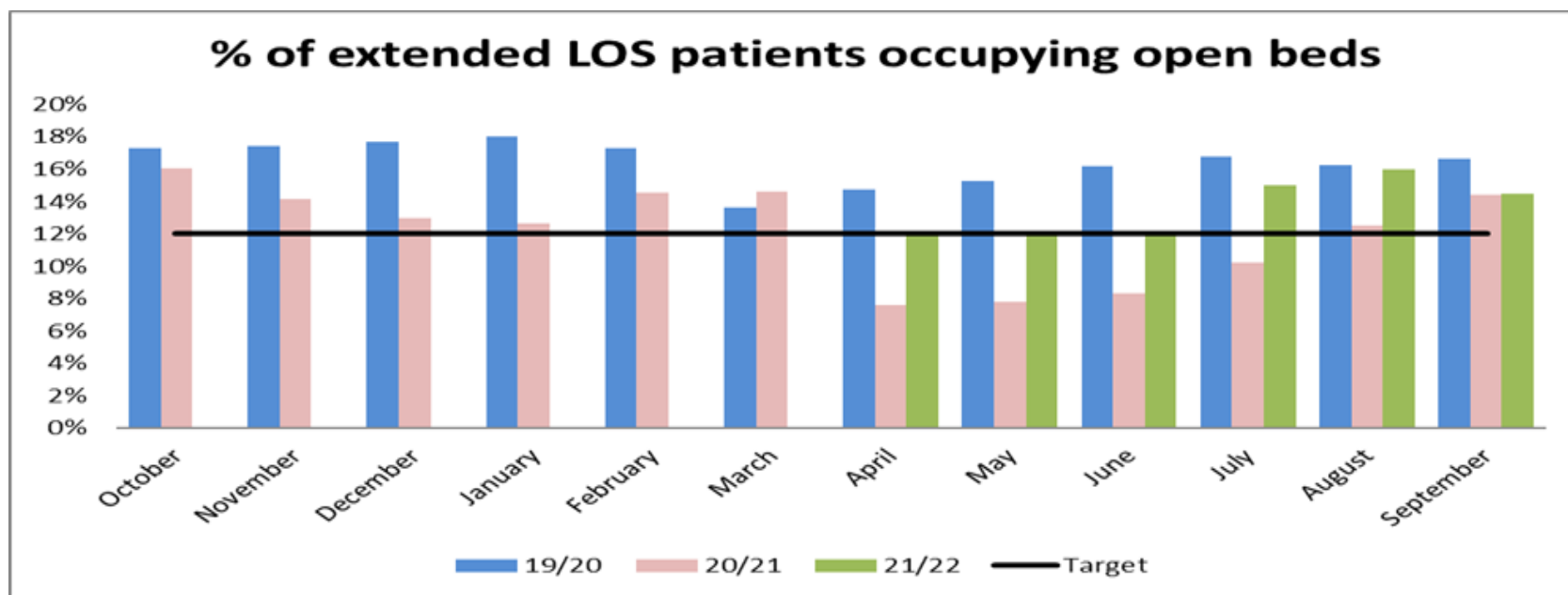
### In development

- Time in department between Clinically Ready to Proceed time and departure time
- Weekly view of the figures
- OUHFT carried out the first submission during the week of 11<sup>th</sup> October.
- Shadow reporting started in Q3 with the new standards to allow for data quality issues to be addressed accordingly.
- After this period, reporting of Booked appointments on the Monthly ED Sitrep will be possible, as will the metric for Clinically Ready to proceed.



## Patients with a LOS over 21 days

- In September 2021, 14.48% of patients in the OUHFT had an extended LOS, therefore the National Target of 12% was not achieved.
- Work continues across the Trust on the approach for reviewing patients with an extended LOS over 21 days. At the end of September, 59% (76 out of 128 patients) were not medically fit to leave the Trust.
- Each Division has identified a medical lead for each Directorate to review patients with an extended LOS.
- The OUHFT has seen an increase in length of stay with patients who are waiting for repatriation back to their local hospital. Whilst they are waiting, they become medically optimised for discharge and then wait further for resources to become available to support their discharge.



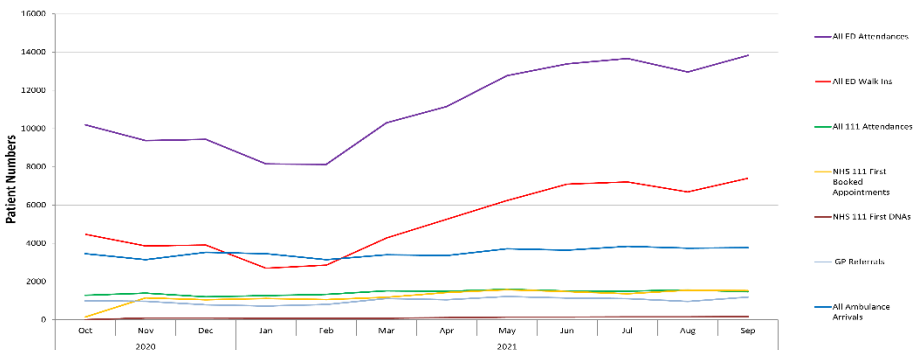


## NHS 111 First:

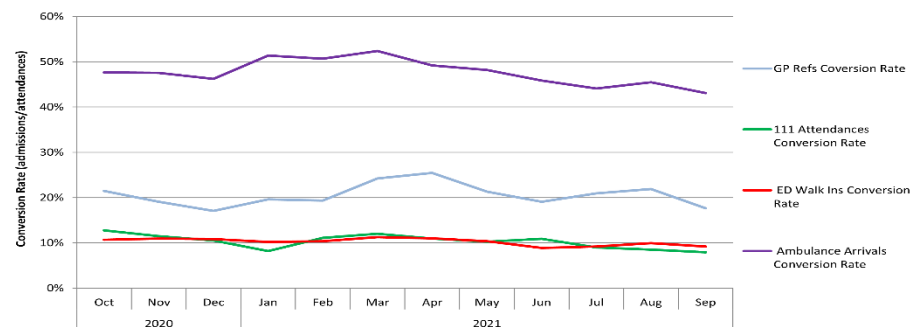
- The Urology learning set undertaken with 111 CAS GPs in September was well received. Testing is planned for NHS 111 direct booking in October.
- The September referrals from NHS 111 to Urology, Children's Clinical Decision Unit (CDU), Ambulatory Assessment Unit (AAU) and Rowan Ambulatory Assessment Unit (RAU) have all declined. OUHFT continues to carry out end to end reviews which have shown that there are more patients that can be referred to Same Day Emergency Care (SDEC) and speciality SDEC units. NHS 111 are finalising the frailty score required to refer to Urgent Care Response (UCR) and SDEC. NHS 111 are undertaking a focused approach with the CAS to increase referrals to SDEC units across Oxfordshire from end of October.
- The head injuries virtual pathway continues to take patient referrals which would have been directed to ED.

## Current Performance:

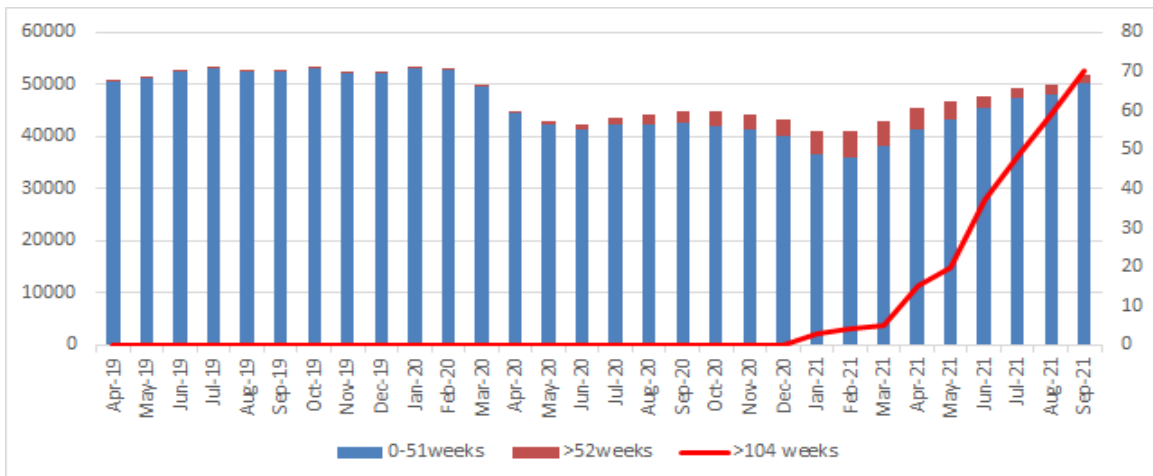
OUH ED Attendance Metrics



Conversion rate (admissions/attendances) by Arrival Mode



# Elective Care: The total list size continues to increase with the number of 52 week waits continuing to decrease in September 2021



## September submitted >104 week by specialty:

Specialty	Number of >104wks
Ear Nose and Throat	22
Spinal Surgery Service	12
Plastic Surgery	10
Maxillo Facial Surgery	7
Paediatric Plastic Surgery	6
Neurosurgical Service	3
Trauma and Orthopaedics	3
Paediatric ENT	3
Vascular Surgery	1
Urology	1
Paediatric Urology	1
Ophthalmology	1
<b>Grand Total</b>	<b>70</b>

### Month 6 Performance:

Trust performance against the overall **18-week incomplete Referral To Treatment (RTT) standard** was **75.56%** a slight deterioration from **the 76.38% reported** in the month 5 report. The **total RTT Incomplete waiting list size for September now includes previously unreported Electronic Referral System (eRS) worklists such as Appointment Slot Issues (ASI's).** The **total waiting list size is now 51,741**. See next slide for more details regarding this change in reporting.

**52 week wait position:** There are **1,643** patients waiting over 52 weeks for first definitive treatment at the end of September 2021; this represents a **decrease** of 180 patients when compared to the previous month. This improvement is as a result of the continued recovery activity undertaken throughout September and the impact of temporary suspension of referrals into the Trust at the beginning of the Covid-19 Pandemic. **70** patients were submitted as having waited **over 104 weeks** at the end of September 2021. This represents an **increase** when compared with 59 reported in month 5 (August 2021) and is predominantly due to theatre capacity for complex cases and the prioritisation of clearing lapsed P2 patients. The services reporting >104week breaches are detailed in table (top right).

### Areas of focus for elective care include:

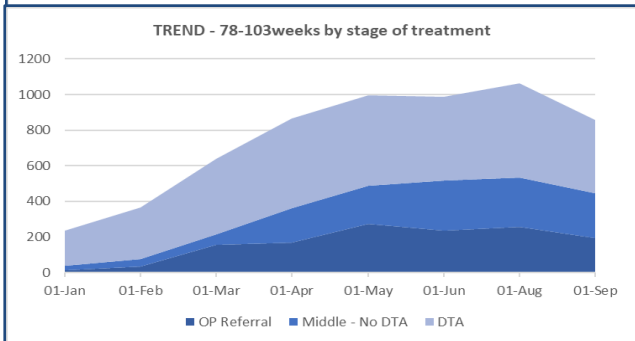
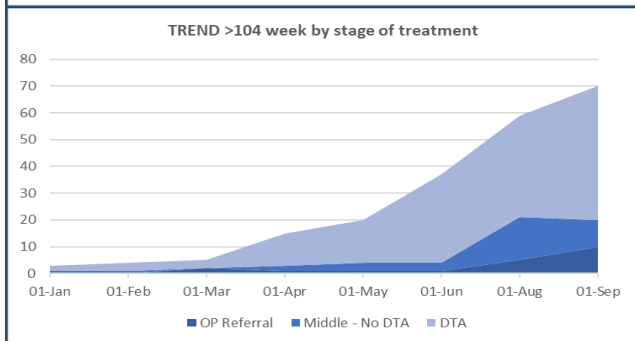
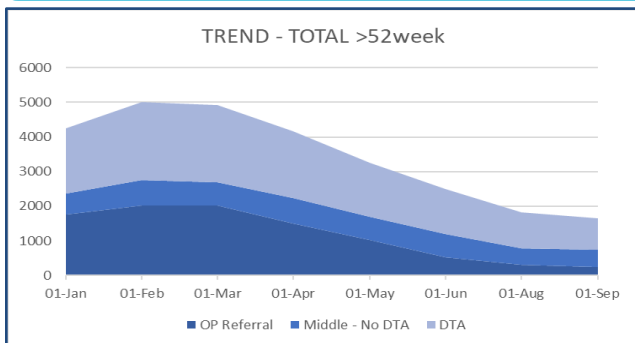
- Development of specialty plans for the second half of the financial year ahead of H2 planning submission in November
- Review of delivery outputs of funded recovery schemes in H1 to inform plans for the second half of the year
- Maintain focus on patients with extended waiting times - >104 weeks, >78 weeks, >52 weeks
- Forecast planning on patients who are at risk of breaching 104 weeks by end of March 2022 and Q1 2022/23
- Reviews of specialties which remain closed to referrals
- Engagement with ICS Task & Finish Groups for challenged specialties, including mutual aid plans
- Expedite projects within the Outpatient Improvement Programme
- Validation strategy to support stabilisation of waiting list size
- Continued escalation of technical issues affecting Incomplete RTT data

The Trust in recent months, amended its weekly national return in accordance with national guidance received on 19<sup>th</sup> July 2021. These changes required the inclusion of ASI's and Referral Assessment Services (RAS) awaiting for booking, which were never required for previous returns.

The Trust made the decision to align its monthly reporting submissions with the weekly to ensure reporting was equitable and comparative. This has come into effect for the September monthly submission.

- In September, the Trust had the following breakdown on eRS worklists:
  - 140 ASIs that were not booked by the reporting deadline
  - 987 RAS referrals triaged awaiting a booking
  - 100 RAS referrals awaiting triage to accept and book
  - **1,227 total new reportable pathways**
    - 105 of 1,227 are over 18 weeks
    - 902 of 1,227 are awaiting Rheumatology appointments
- When applied to the regular monthly return:

Incomplete RTT category	Original	Unreported	Final
<b>Below 18 weeks</b>	37,975	1122	39,097
<b>18 weeks and above</b>	12,539	105	12,644
<b>Grand Total</b>	<b>50,514</b>	<b>1,227</b>	<b>51,741</b>
<b>Performance</b>	75.17%	91.44%	75.56%



“OP Referral” = patient is still awaiting FIRST outpatient attendance

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

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

**52 week wait position month 6:** There are **1,643** patients waiting over 52 weeks for first definitive treatment at the end of September 21, this represents a continued **decrease** of 180 patients when compared to previous months performance position, although the rate of decrease has begun levelling out in the last few months.

**>104 weeks - 70** patients were submitted as having waited **over 104 weeks** at the end of September 2021, this represents a continued **increase** in the volume in this wait time cohort. The majority of these patients have a decision to admit (DTA) and are awaiting surgery. The challenges to treating this cohort are:

- JR theatre capacity for adult spinal cases
- Priority 2 (P2) clearance - high volumes of P2 patients impacting on Plastics, Vascular and Spinal long wait clearance
- Oculoplastic patients – awaiting confirmation of start date of mutual aid
- Access to HDU/ITU beds
- Workforce challenges

The patients still awaiting First outpatient appointment in the >104week cohort are all ENT patients who have not responded to contacts from the Trust to make their appointments. It is expected these patients will be discharged back to primary care if no contact is received by the beginning of November.

### 78-103 weeks:

**Outpatient Referral stage** – 92% of the undated patients in this cohort are ENT (including Paediatric ENT); the majority of which are awaiting outcomes of the patient engagement process.

**Middle stage** – 50% are ENT patients that are either awaiting clinic outcomes, or require imaging or therapy input (tinnitus therapy, balance therapy, audiology). Spinal Services account for 17% without a plan in this cohort; these patients are under validation review for urgent next steps or resolution.

**DTA** – Currently 30% of patients with a DTA in this cohort have been given dates for their surgery between now and March 2022. The Trust is progressing to booking all patients that are at risk of waiting over 2 years in March by the end of December 2021.

### Patient Engagement: timeframe illustration of mediums used to contact patients

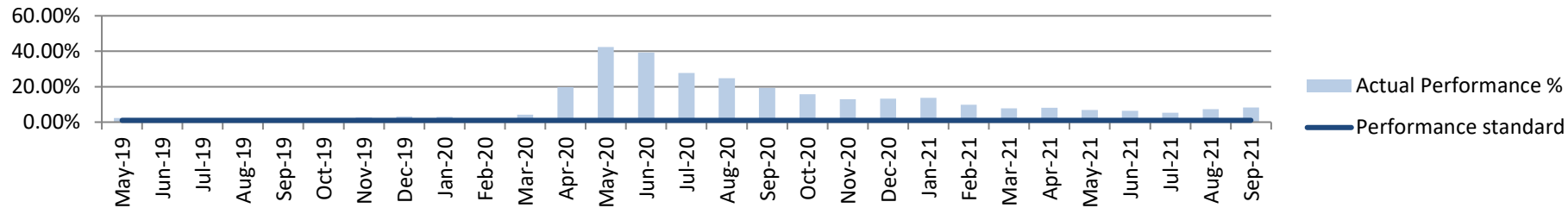
Those with a mobile number/opted in to digital correspondence:



Those without mobile number/opted out of digital correspondence



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



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

Specialty	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Trend rolling 12 month period
Magnetic Resonance Imaging	683	504	494	677	808	741	794	882	762	616	547	584	542	
Computed Tomography	174	87	43	32	22	26	21	17	16	14	15	23	20	
Non-obstetric ultrasound	895	871	528	387	193	15	15	20	10	8	6	120	252	
Barium Enema	0	0	0	0	0	0	0	0	0	0	0	0	0	
DEXA Scan	32	0	0	0	0	0	0	0	0	0	0	0	1	
Audiology - Audiology Assessments	21	7	8	1	8	19	5	2	28	71	18	45	146	
Cardiology - echocardiography	45	53	98	49	24	8	9	1	0	40	64	122	125	
Cardiology - electrophysiology	13	15	19	34	28	8	2	21	0	0	0	0	0	
Neurophysiology - peripheral neurophys	17	108	61	42	66	53	36	29	42	24	7	1	5	
Respiratory physiology - sleep studies	0	0	0	0	0	0	0	0	0	0	0	0	0	
Urodynamics - pressures & flows	12	2	0	5	1	13	1	14	18	22	15	21	18	
Colonoscopy	178	109	82	61	59	38	13	19	25	22	1	17	28	
Flexi sigmoidoscopy	144	103	91	72	50	27	1	16	18	20	1	13	19	
Cystoscopy	48	45	49	31	53	40	38	48	54	69	50	54	53	
Gastroscopy	399	239	187	169	154	85	37	41	33	41	31	26	24	

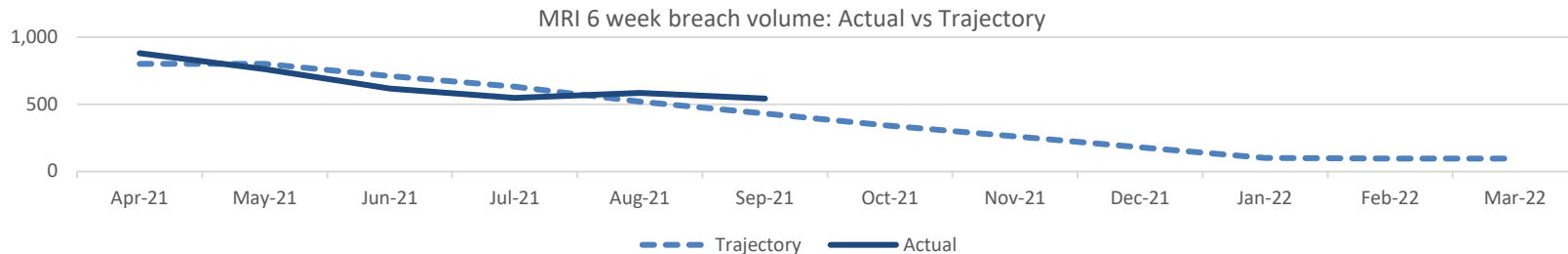
### Month 6 Performance:

There were **1,233** patients waiting over 6 weeks for a DM01 reportable diagnostic test at the end of September (an increase of **207** patients compared to the previous month). The Trust did not meet the **diagnostic wait** standard with **8.22%** waiting more than 6 weeks. Overall performance remains above the national standard.

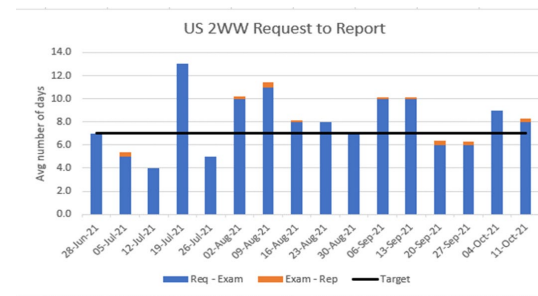
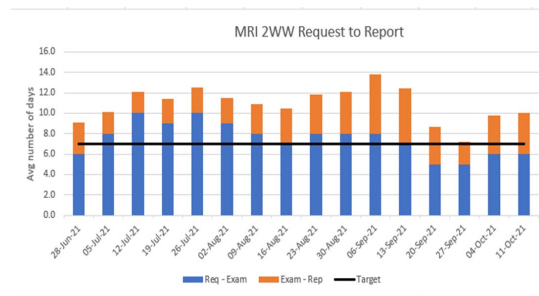
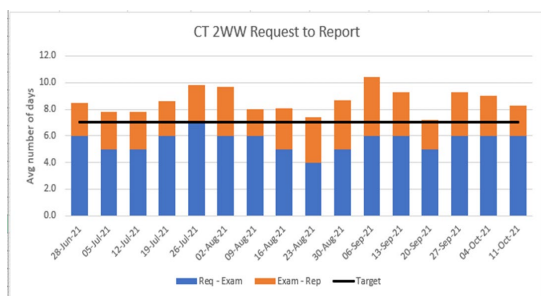
**Cardiac Echocardiography** has continued to increase in breach volume as a result of staff shortages. It is anticipated that the recruitment and training plans being progressed will start to show improvements by December 2021.

**Audiology** remains under pressure due to workforce challenges – recruitment to vacancies is underway.

**MRI and Non obstetric ultrasound** – please refer to next slide



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



**2ww requests for radiology:** Average wait for request to report for both CT and MRI has stabilised in recent weeks. MRI have made improvements to their booking process resulting in improving the utilisation of 2ww capacity; this improvement can be evidenced when looking at waiting times from referral to exam (blue line). The examination to report turnaround time has increased due to a backlog in reporting. This is being closely monitored and (where possible) routine examinations are being outsourced to enable additional insourcing for 2WW patients. CT is being impacted by Lung and Renal Biopsy waits which are impacting the overall averages; additional day case bed capacity is required to recover the patients alongside improving Radiologist & CT capacity. Backlogs in CT reporting is being addressed through the outsourcing of routine examinations where appropriate.

**DM01 performance against trajectory:**

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

**Non obstetric US** breaches have risen rapidly for the second month in a row. There has been increased demand and decreased capacity (due to staff shortages) resulting in a greater volume of patients waiting in excess of 6 weeks for routine diagnostic ultrasound. Actions that are being taken to reduce waiting times include: extra sessions through use of agency sonographers and internal additional sessions; increasing current levels of outsourcing and extending the use of the independent sector by an extra 20%.

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

## 28 Day reportable cancellations/readmission breaches by Month

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

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

Clinical reason	14	14	18	10	21	21	28	18	29	30	22	30	31
Patient declined treatment on the day	3	4	3	3	1	2	6	1	3	3	2	6	3

Specialty	Elective on the day cancellations (Hospital non clinical reason)	28 day Readmission Breaches
Cardiac Surgery	3	0
Thoracic Surgery	0	2
Paediatric Respiratory Medicine	0	1
Paediatric Trauma and Orthopaedics	1	0
Neurosurgical Service	3	1
Ophthalmology	2	0
Orthopaedics	7	0
Plastic Surgery (NOC)	1	0
Endoscopy (Gastroenterology)	1	0
Endoscopy (General Surgery)	2	0
Hepatobiliary and Pancreatic Surgery	2	0
Urology	3	0
<b>Total</b>	<b>25</b>	<b>4</b>

**Month 6 Performance:** There were 25 reportable (**hospital non clinical**) **elective cancellations on the day** throughout the month of September 2021, this represents an **increase in cancellations** due to these reasons when compared to previous month.

The reasons for cancellation were as follows:

- Ran out of theatre time/list running late (6 patients)
- No Bed (4)
- Overriding emergency/urgent took priority (3 patients)
- No ITU bed (2)
- Theatre staffing unavailable (3)
- Booking error – bowel prep not received (2)
- Consultant unavailable (2 patients)
- Surgeon unwell (2 patients)
- Equipment unavailable/failure issues (1 patient)

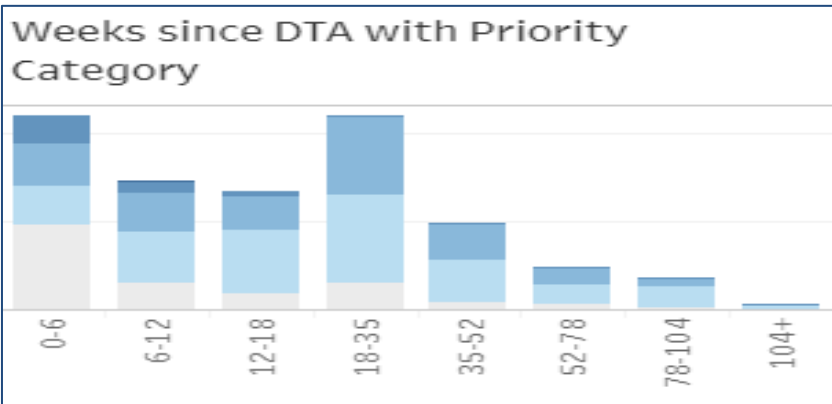
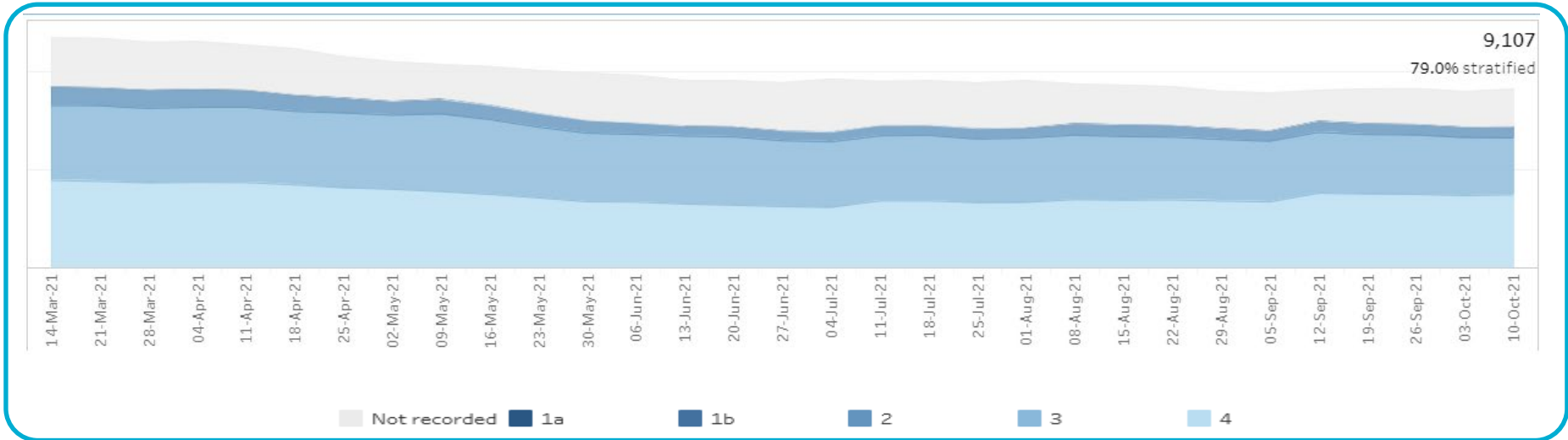
There were **4 x 28 day readmission breaches** in September 2021. The reasons why patients were unable to be readmitted within 28 days were:

- 1 x Access to CTCCU bed
- 2 x Urgent cases needed to be prioritised into capacity
- 1 x No paediatric bed available to readmit in 28 days

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



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



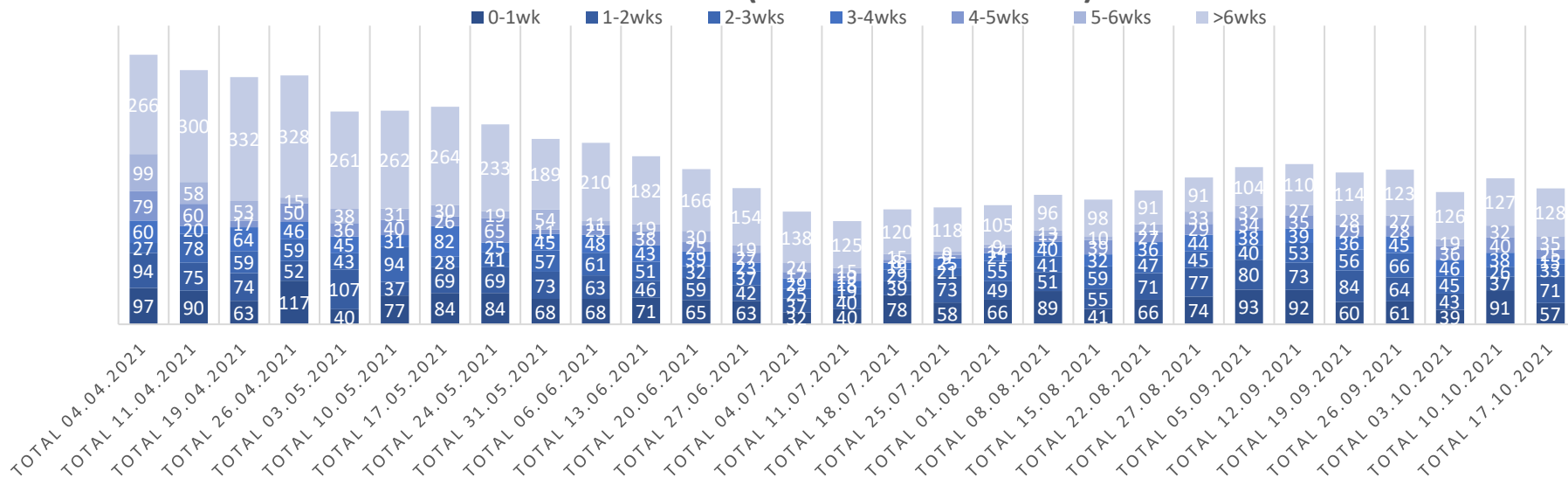
Division	Directorate	
CSS	Critical Care,	
	Radiology & Imaging	
MRC	Acute Medicine &	
	Cardiac Services	
	Specialist Medicine	
NOTSSCaN	Children's	
	Neurosciences	
	Ophthalmology	
	Specialist Surgery	
	Trauma and	
SUWON	Gynaecology	
	Oncology &	
	Surgery	
	Transplant, Renal &	

**RCS Prioritisation (P1-4) :** Undated patients on the surgical waiting list (excluding Endoscopy and "Planned/Surveillance" patients), have continued to be clinically prioritised using Royal College of Surgeons (RCS) guidance. As at the surgical PTL snapshot of 10/10/2021, **79.0% of UNDATED patients (excluding Endoscopy "planned/surveillance")** had an RCS documented within EPR, showing a deteriorated performance compared with last months position of undated patients.

**Redesign** changes to capture the RCS at point of addition to waiting list (via changes to OEF) required Cerner engineers to work with EPR and Information Teams. This work has been completed and final scenario testing is in progress due to complete middle of October. A Go-Live date will now be set as a matter of urgency, with a roll out plan to include an implementation support package.

**Recent external audit** of the Trust RCS process highlighted a number of areas of good practice in the Trust in relation to RCS reporting and recording. The Deputy Director of Elective Care is finalising an action plan to address any areas that were recommended for improvement.

## LAPSED P2S (BY WEEKS LAPSED) - TREND



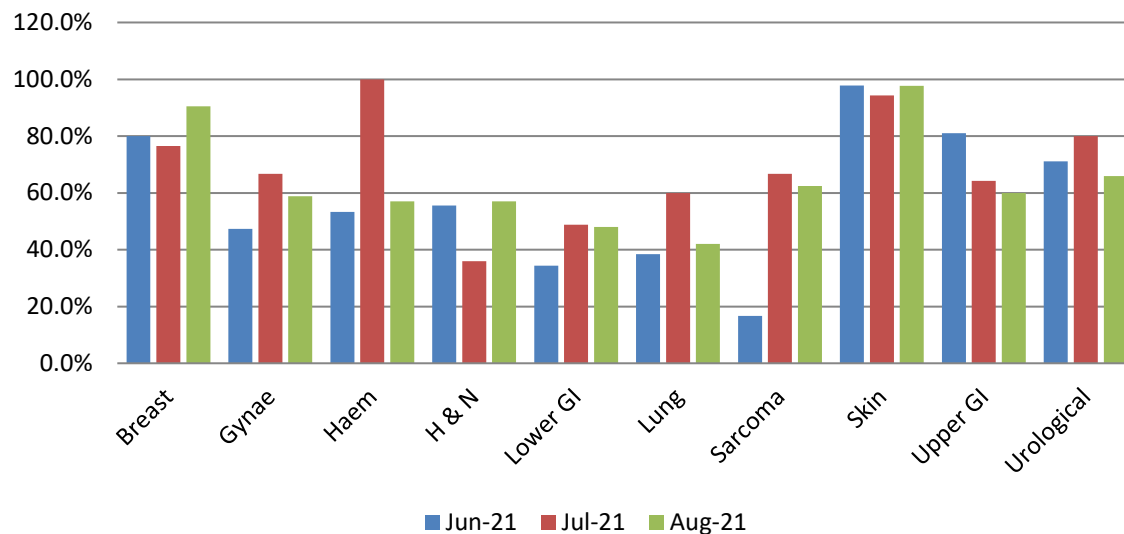
- There are **944** patients stratified as RCS category “P2” on the Inpatient/Daycase waiting list as at 17/10/2021.
- **38.6%** (364) of patients categorised as P2 have waited in **excess of the 4 week timeframe** since last being prioritised (lapsed).
- Lapsed P2 data is shared and discussed with Divisions on a weekly basis via the PTL and Assurance meeting process, with particular focus on those lapsing by the greatest amount of time (>6weeks), and securing a plan.
- As of 17/10/2021, there were 6 patients categorised as a P2 who’s total RTT pathway exceeded 78 weeks, of which:
  - 3 patients have operation dates in place
  - 3 have been escalated for clinical review and urgent action
- Information on 52 week breaches and lapsed P2 information has been shared with the Patient Safety team for **Harm review processing** and discussion. To date, the reviews have identified the following:
  - 1 x 52 week breach in 2020/21 confirmed major harm
  - 15 x 52 week breaches in 2020/21 confirmed moderate harm
  - 2 x 52 week breaches in 2021/22 confirmed moderate harm

### Top 10 specialties of Lapsed P2s by volume of patients currently lapsed (as at 17/10/21) and TCI status:

Lapsed P2 Specialty	Currently lapsed with No TCI	Currently lapsed with scheduled TCI	Total currently lapsed P2s
Gynaecology	74	4	78
Urology	43	14	57
Orthopaedics	29	26	55
Plastic Surgery (including paediatric)	18	20	38
Spinal Surgery (including paediatric)	30	1	31
Plastic Surgery Craniofacial	11	5	16
Vascular Surgery	11	4	15
Upper Gastrointestinal Surgery	1	9	10
Cardiac Surgery	5	5	10
Ear Nose and Throat	5	5	10

Tumour Site	Jun-21				Jul-21				Aug-21			
	Total	Within	Breach	%	Total	Within	Breach	%	Total	Within	Breach	%
Breast	30	24	6.0	80.0%	34	26	8.0	76.5%	21	19	2.0	90.5%
Gynae	19	9	10.0	47.4%	6	4	2.0	66.7%	8.5	5	3.5	58.8%
Haem	7.5	4	3.5	53.3%	3	3	0.0	100.0%	7	4	3.0	57.1%
H & N	18	10	8.0	55.6%	12.5	4.5	8.0	36.0%	7	4	3.0	57.1%
Lower GI	16	5.5	10.5	34.4%	20.5	10	10.5	48.8%	12.5	6	6.5	48.0%
Lung	13	5	8.0	38.5%	15	9	6.0	60.0%	9.5	4	5.5	42.1%
Sarcoma	6	1	5.0	16.7%	6	4	2.0	66.7%	4	2.5	1.5	62.5%
Skin	46	45	1.0	97.8%	44	41.5	2.5	94.3%	66	64.5	1.5	97.7%
Upper GI	18.5	15	3.5	81.1%	14	9	5.0	64.3%	12.5	7.5	5	60.0%
Urological	48.5	34.5	14.0	71.1%	30	24	6.0	80.0%	48.5	32	16.5	66.0%
<b>Total</b>	<b>224.5</b>	<b>155</b>	<b>69.5</b>	<b>69.0%</b>	<b>185</b>	<b>135</b>	<b>50.0</b>	<b>73.0%</b>	<b>198.5</b>	<b>150</b>	<b>48.5</b>	<b>75.6%</b>

## 62 day performance Target 85%



### Most significant breach numbers/ reasons:

**Lower GI (6.5)** – Complex\* and co-morbidities\*\*; Patients referred without FIT tests – 3 patients referred without FIT tests were diagnosed with Cancer.

**Lung (5.5)** Complex\*, co-morbidities\*\* and CT guided biopsy capacity.

**Urology (16.5)**  
Complex\*, co-morbidities\*\* and diagnostic capacity.

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

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

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

**Month 5 (August 2021) Performance:** Reporting an additional month in arrears, the Trust achieved 2 out of 9 CWT standards in August 2021.

**2ww from GP referral:** This standard was not achieved in August, reporting 87.5% against **93% threshold**. Breast performance has significantly improved at 82.1% when compared to the previous month (19.7%) as a result of the improvement work that has been undertaken. Improvement in the breast performance is expected to continue over the coming months.

**2ww Breast Symptomatic:** This standard was not met due to previously reported capacity challenges, in particular clinic space and radiologist capacity. However, performance against this standard is improving, and will continue to improve, as the actions within the improvement plan start to have an impact. Performance against the standard of **93%** was **38.5%**.

**62 Day from GP referral:**

The number of completed pathways for August were 198.5 with 48.5 breaches. This resulted in a 62-day CWT performance of **75.6%** demonstrating the strongest performance since March '21. The main breaches were in Lower GI, Upper GI, Lung and Urology. Improvement schemes are in place across these tumour sites, with Lower GI and Lung pathways being supported with the implementation of the Rapid Diagnostic Service.

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

At the end of August, 39 patients remained undiagnosed or untreated >104 days on a 62-day pathway. Most of these patients were in Urology (8), Gynae (4) and Lower GI (12). The primary reasons for the delays in these patients were slow diagnostic pathways which included the need for additional biopsies, surgical capacity, late referrals from other Trusts, and treatment of another condition or comorbidity delaying diagnostics.

**Impact on cancer pathways during the pandemic:**

Cancer patients continue to be prioritised; this has ensured that delays to cancer patients' pathways during the pandemic has been minimal except where patient choice has been a factor. Winter will present its own challenges however cancer will remain a priority during this period.

Indicator	Metric	No of breaches		Aug 21		Aug 2019	Aug 2020
		July 21	July 21	Aug 21	Aug 21	2019	2020
2 WW for suspected cancer	93%	74.5%	499/1958	87.5%	232/1857	94.9%	73.4%
2 WW for Breast Symptoms	93%	21.8%	169/216	38.3%	121/196	97.3%	7.6%
28 Day Faster Diagnosis Standard	75%	81.7%	322/1764	79.3%	360/1738	84.1%	80.2%
31 Days Decision to first treatment	96%	94.8%	23/455	89.1%	43/396	92.1%	93.4%
31 Days Decision to subseq treatment (surgery)	94%	91.1%	8/90	76.3%	23/97	95.8%	83.7%
31 Days Decision to subseq treatment (drugs)	98%	100%	0/144	97.6%	4/170	96.5%	98.4%
31 Days Decision to subseq treatment (radiotherapy)	94%	95.6%	10/229	97.8%	6/267	100%	99.0%
62 Days GP referral to first treatment	85%	73%	50/185	75.6%	48.5/198.5	70.5%	78.4%
62 Days Screening service to first treatment	90%	83.9%	5/31	65.0%	7/20	66.7%	100%
62 Day incomplete pathways >62 days	Count	162	n/a	226	n/a		
62 Day incomplete pathways >104 days	Count	28	n/a	39	n/a		

## Average Days Breached:

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

## 2WW Referrals Into OUH Average Days Breached:

The number of breaches reduced from 499 in July to 232 in August and the average breach day decreased from 22 days in July to 20.4 days in August. This is mainly due to improvements in the breast pathway. The majority of the >30 day breaches relate to FIT test requests in LGI for those that were missing when referred by the GP. Data collected in September suggests that **43%** (106 of 247) of patients were referred in **without FIT tests completed**. Oxfordshire CCG is working closely with primary care to help address this issue.

## 31 Day Decision - Treatment - Average Days Breached:

Although the number of treated patients was reduced, the average number of days on which patients are breaching continues to improve with a reduction of over 23 days since January. This indicates an improving picture in the treatment pathway.

## 62 Day Referral - Treatment - Average Days Breached:

This figure has remained high at an average of 95 days due to the volume of long waiting patients treated in August: Day 215, Day 195, Day 155, Day 148 and a further 17 patients over day 100. In comparison to July's figure of 97.7, the lower figure is a result of a lesser concentration of patients over the day 200 mark and a higher concentration in the day 100-120 cohort.

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

2WW	Accountable	Number of Breaches (>14D)	Number Within (<14D)	Average day of breach
FEBRUARY	1599	447	1152	22.9
MARCH	1934	526	1408	21.2
APRIL	1830	566	1264	20.7
MAY	1734	460	1274	22.5
JUNE	1953	575	1378	20.9
JULY	1957	499	1458	22.0
AUGUST	1857	232	1625	20.4

31D	Accountable	Number of Breaches (>31D)	Number of Within (<31D)	Average day of breach
FEBRUARY	398	18	380	64.9
MARCH	456	25	431	45.3
APRIL	393	27	366	47.9
MAY	396	17	379	63.9
JUNE	473	20	453	47.7
JULY	445	23	422	44.3
AUGUST	396	43	353	39.6

62D	Accountable	Number of Breaches (>62D)	Number of Within (<62D)	Average day of breach
FEBRUARY	201	56.5	144.5	96.0
MARCH	228	57.5	170.5	96.5
APRIL	206	52	154	87.5
MAY	188	57	131	88.8
JUNE	224.5	69.5	155	101.9
JULY	185	50	135	97.7
AUGUST	198.5	48.5	150	95.0

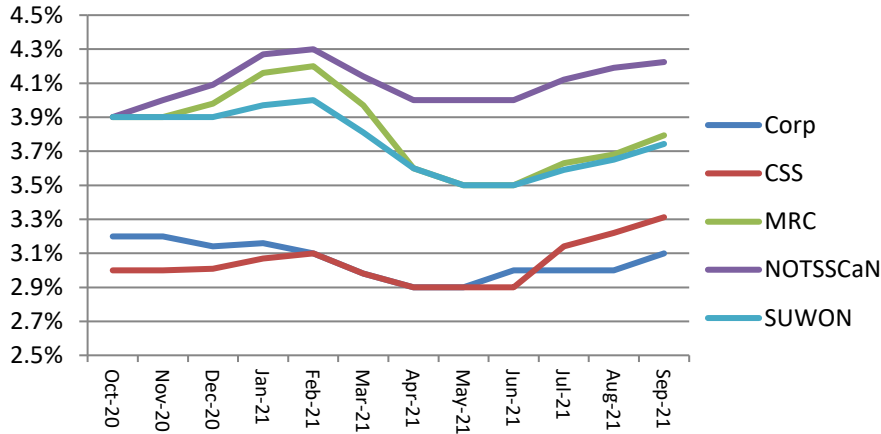
# Workforce

KPI (Green)	3.1%	7.7%	12.0%							<£1.33m		85.0%	85.0%
<b>OUH Trust</b>	<b>3.7%</b>	<b>6.0%</b>	<b>10.8%</b>	<b>822.6</b>	<b>688.6</b>	<b>93.3</b>	<b>80.1</b>	<b>£4,873,386</b>	<b>£3,988,659</b>	<b>£687,228</b>	<b>£524,186</b>	<b>52.7%</b>	83.9%
Division	Sickness	Vacancy	Turnover	Bank WTE	Non COVID19 Bank WTE	Agency WTE	Non COVID19 Agency WTE	Bank Spend	Non COVID19 Bank Spend	Agency Spend	Non COVID19 Agency Spend	Appraisals	Core Skills
Clinical Support Services	3.3%	2.8%	9.4%	55.7	48.7	19.3	17.9	£429,206	£375,009	£68,029	£58,294	55.6%	83.7%
Corporate	3.1%	7.2%	9.5%	63.5	46.4	1.0	1.0	£287,248	£209,464	-£90,654	-£90,654	48.3%	81.3%
Medicine Rehabilitation and Cardiac	3.8%	5.0%	10.9%	295.7	224.5	31.8	21.4	£1,720,176	£1,263,197	£353,179	£197,153	51.2%	84.2%
Neurosciences Orthopaedics Trauma and Specialist Surgery	4.2%	7.7%	10.1%	215.9	198.9	14.8	13.7	£1,293,228	£1,113,342	£122,118	£124,374	50.0%	83.0%
Surgery Women and Oncology	3.7%	6.8%	13.0%	191.8	170.1	26.4	26.1	£1,143,528	£1,027,646	£234,557	£235,019	57.6%	86.0%

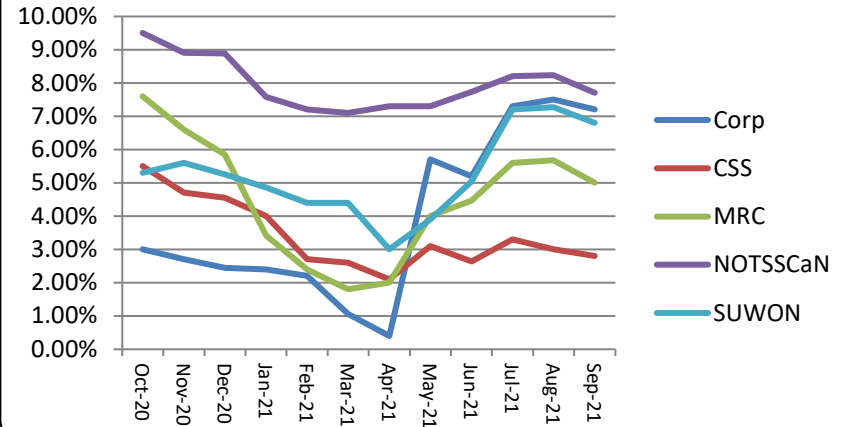
The above data represents the M6 position of the key KPIs regarding HR Metrics. Vacancies are calculated as the difference between the wte establishment from the financial ledger and staff in post wte from the Electronic Staff Record (ESR). Corporate is combined with Estates, R&D, Operating Services, Hosted Services, Trust Wide, Operating Expenses. Agency spend KPI reflects NHSI agency ceiling.



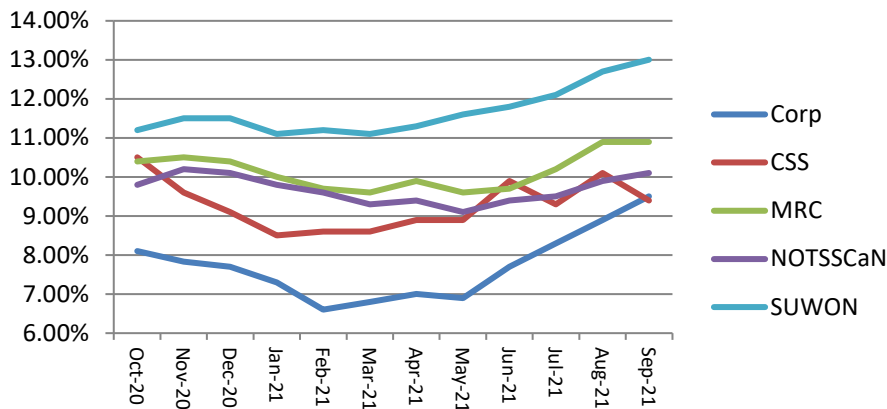
### Sickness Absence % by Division



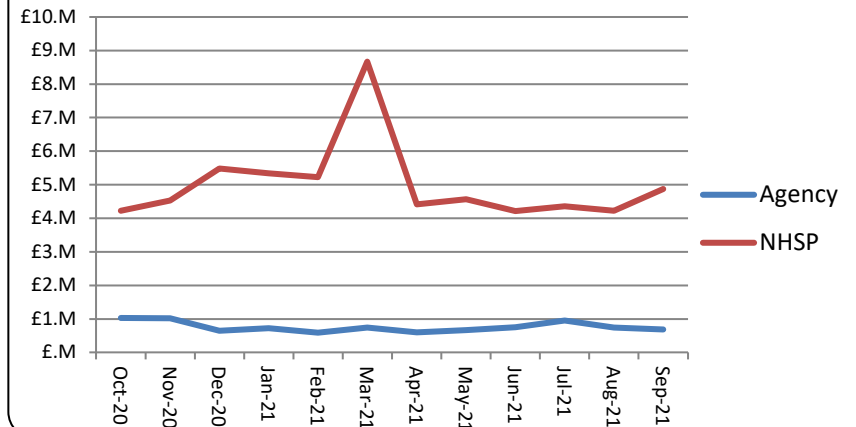
### Vacancy % by Division



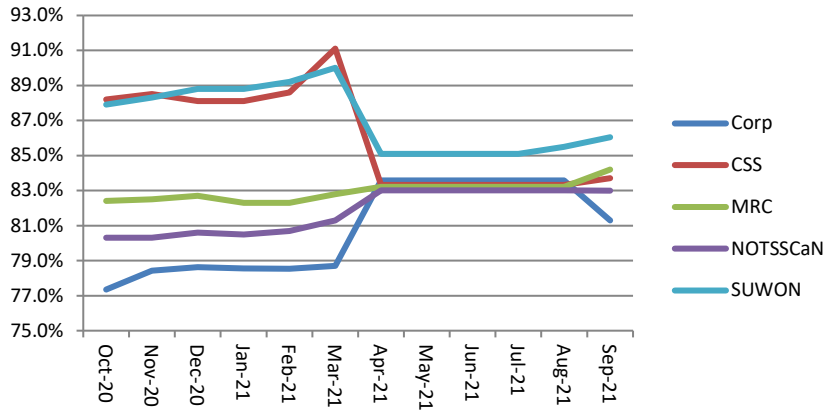
### Turnover % by Division



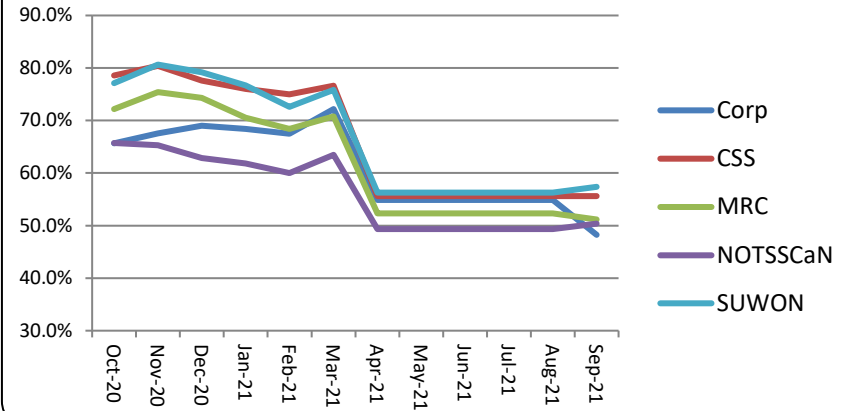
### Bank and Agency Spend £



### Core Skills %



### Non Medical Appraisal % by Division

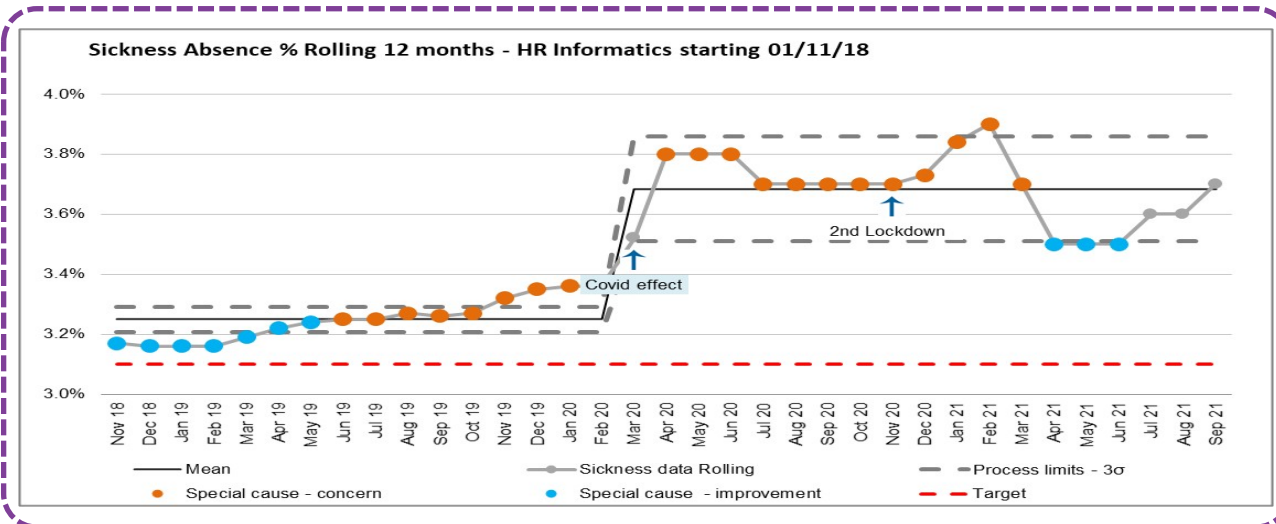


Course Name	Clinical Support Services	Corporate	Medicine Rehabilitation and Cardiac	Neurosciences Orthopaedics Trauma and Specialist Surgery	Surgery and Oncology	Trust
	% Compliant					
Conflict Resolution			91.8%	82.7%	95.2%	89.5%
Equality, Diversity and Human Rights	89.6%	85.3%	89.6%	87.5%	90.0%	88.6%
Fire Safety	89.2%	84.8%	90.1%	89.5%	91.7%	89.5%
Health, Safety and Welfare	90.4%	86.0%	90.6%	88.6%	90.8%	89.5%
Infection Prevention and Control Level 1	95.1%	89.0%	94.1%	91.7%	94.5%	92.5%
Infection Prevention and Control Level 2	72.4%	69.0%	73.1%	73.3%	75.3%	73.5%
Information Governance and Data Security	72.4%	67.4%	79.1%	74.5%	80.8%	75.8%
Moving and Handling Level 1	86.0%	83.0%	82.7%	79.4%	86.5%	83.5%
Moving and Handling Level 2	82.4%	65.1%	80.0%	84.0%	82.9%	81.7%
Preventing Radicalisation Awareness	96.5%	94.1%	92.5%	91.1%	94.7%	93.1%
Preventing Radicalisation Basic	86.6%	89.7%	86.3%	86.6%	88.2%	87.4%
Resuscitation Level 2, 3 & 4	65.4%	69.3%	81.6%	81.1%	83.7%	79.1%
Safeguarding Adults Level 1	88.0%	81.1%	87.6%	86.5%	91.7%	86.2%
Safeguarding Adults Level 2	83.2%	79.5%	80.8%	78.9%	83.0%	81.1%
Safeguarding Children Level 1	80.4%	72.5%	78.1%	77.1%	82.8%	77.5%
Safeguarding Children Level 2	82.2%	78.6%	79.0%	78.7%	81.9%	80.1%
Safeguarding Children Level 3	73.1%	71.0%	85.3%	88.3%	93.2%	88.2%
<b>Grand Total</b>	83.7%	81.3%	84.2%	83.0%	86.0%	83.9%

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

# Reducing our absence rates

The graphs below support the accompanying text.



## Month – Sep 21

3.7%

**Target**

3.1%

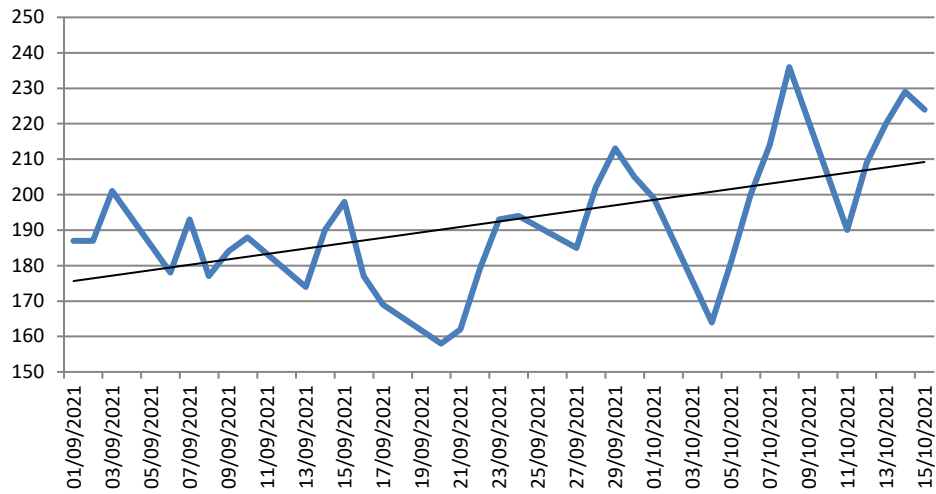
**Target Achievement**

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.	The impact of COVID19 is illustrated in the graph above. In Feb 21 the Trust's absence peaked at 3.9% following the second wave of the pandemic.	After plateauing in April to June 21, sickness is beginning to increase. For the summer months, rising absence levels are contrary to what was once traditional seasonal trends. COVID19 absences have risen since July 21 and are a factor in this recent trend. The reasons for data points falling outside the process limits are known and are stated within this report. Winter months may see this level of absence increase putting further pressure on services.	<b>NOTSSCaN</b> - Long Term (LT) sickness absence cases continue to be closely managed by managers with HR support and action plans are in place, with continued monitoring of Return to Work (RTW) compliance. Focus continuing on hotspots across the directorates, specifically Theatres, Children and Neuro nursing. Focussed meeting to be scheduled with OH to review LT cases and revisit actions being undertaken. <b>CSS</b> - Introduction of relaxation space to prevent burnout in CAPPRO. Circulation of Carefirst (EAP provider) calendar of events and attendance at directorate meetings to raise awareness. <b>MRC</b> - Sickness has risen across the division, with HART still being the highest area. The HR team is now doing weekly analysis of the areas with highest absence and undertaking targeted work with local managers to look at supportive interventions. <b>SUWON</b> - Ongoing review of LTS cases. Bespoke hourly sessions organised for RTW in Maternity directorate to support managers. Weekly reports on RTW and 3' in 6' triggers are sent weekly to managers. R3P programme being encouraged in high absence areas such as Palliative Medicine. Managers encouraged to promote positive mental wellbeing culture within their Directorates and to work with their wellbeing leads. Maternity is running a LiA to identify root causes as part of their wellbeing strategy. Promoting absence training for new managers in relation to the process and how to use FirstCare. <b>Corporate</b> - All cases are being managed through the procedure. Short term sickness is significantly higher than long term therefore a targeted approach on the top five departments with outstanding RTW interviews, ensuring these are completed.

The graph below support the accompanying text.

### Covid related absence

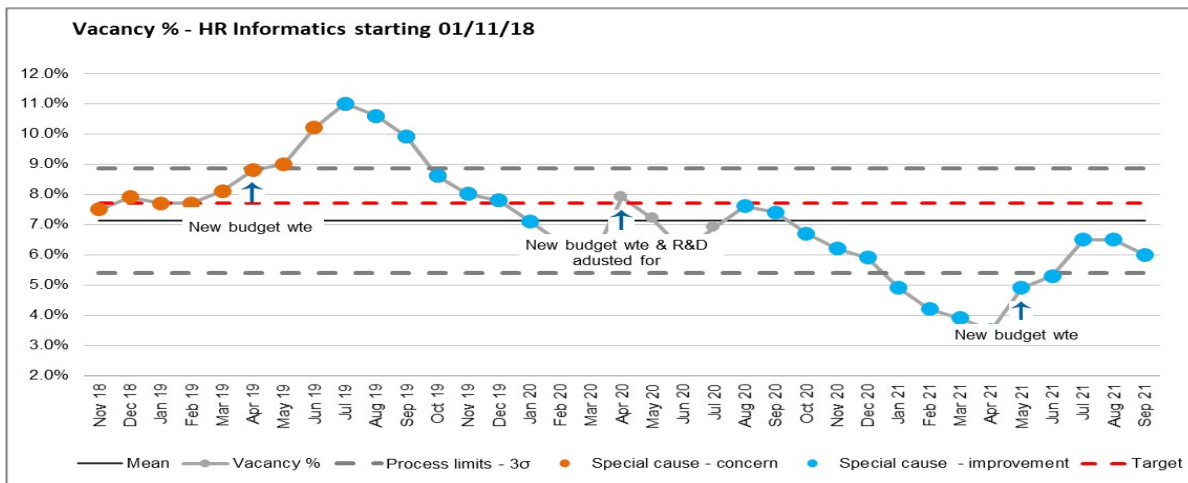


- Numbers absent from COVID19 continue to fluctuate as the above graph shows.
- The trend however is still upwards, albeit not in the numbers experienced in first and second waves of the pandemic.
- BME numbers vary each day, however currently the percentage of staff absent from COVID19 is 22%. At M6 the BME population of the Trust was 26%.

## Actions

- The Trust has now offered vaccination to all staff and developed various interventions for staff with concerns. In particular, there is work to support vaccination rates amongst PFI staff. Boosters are now being offered.
- The Trust is also assessing the actions required to respond to the requirements for mandatory vaccination of staff who work in care homes.
- A comprehensive programme of staff testing is in place, and continues to be offered to staff.
- Ensuring wellness checks are undertaken for all staff; lateral flow testing kits made available to all staff.
- Psychological support is offered at all levels, from the individual level, such as the Employee Assistance Programme (EAP) and Occupational Health, through to teams, who are supported by a Health & Wellbeing Lead linked to the Psychological Medicine team, through to support for leaders.
- Occupational Health support, including risk assessment for all staff, and bespoke guidance for key groups including those with specific conditions such as diabetes, asthma etc. and for our BAME (Black, Asian and Minority Ethnic) staff
- There is a continued focus on Covid Risk Assessments for new starters and there is also a renewed focus on Risk Assessments for staff who have been shielding.
- Following incidence of cross infection staff have been requested not to attend work if feeling unwell.
- The Trust is tracking staff with post COVID19 syndrome via FirstCare Insight. (FirstCare are to be rebranded as "Goodshape" from Oct 30<sup>th</sup>)
- The Winter Vaccination programme is underway, which will deliver COVID19 boosters and flu jabs in accordance with national guidance.
- Staff wellbeing checks to commence and be recorded in My Learning Hub.

The graphs below support the accompanying text.



Month – Sep 21

6.0%

Target

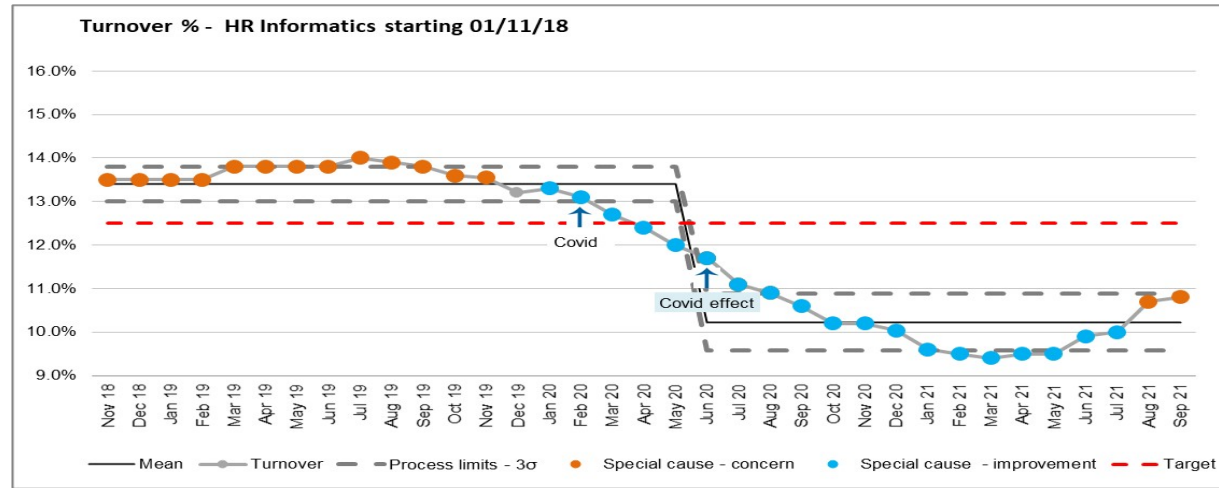
7.7%

Target Achievement

Metric is consistently below the KPI target.

Background	What the chart tells us	Issues	Actions
Vacancy data is taken from merged data sets comprising of Budget wte from the ledger, and Contracted wte from the Electronic Staff Record (ESR). Vacancy data excludes R&D, Trust wide and Operational Expenses divisions.	Vacancy levels have decreased due to starters exceeding leavers in September 21, which in part reflects the recruitment of newly qualified staff into the Trust. This rise in staff in post for the second month (Aug and Sep 21), offsetting the slip decreases between May and July 21.	Data points falling outside the process limits are unusual and should be investigated. There are data points above and below the line. The 5 data points above the line are not recent and reflect the difficulties of the recruitment market at the time. The points below the line reflect the COVID19 effect upon recruitment.	<p><b>NOTSSCaN</b> - Priority areas continue to be NNICU, JR/WW Theatres and Neurosciences, with centralised recruitment now being undertaken for B5 nurses. 3 overseas nurses started in October. Recruitment pipeline being scrutinised to understand how timelines can be improved. Virtual recruitment events in progress for Neonates and Critical Care. Recruitment trajectory plans being scoped.</p> <p><b>CSS</b> - Focus remains on the hard to fill posts in Radiology, Breast Screening and band 6 Critical Care nurses.</p> <p><b>MRC</b> - Overseas recruits continue to achieve professional registration and move into substantive posts. The HR team is also working closely with the R&amp;R lead.</p> <p><b>SUWON</b> - To date 45 interviews have been conducted and at least 30 job offers have been made to our international candidates. R&amp;R lead is working closely with directorates and recruitment team to support areas with high vacancy rates. Regular and supportive conversations with Retire &amp; Return nursing &amp; midwifery staff group. Managers are encouraged to consider apprenticeship routes.</p> <p><b>Corporate</b> - Hotspots have been identified and work is taking place to review these with key members in the directorates.</p>

The graphs below support the accompanying text.

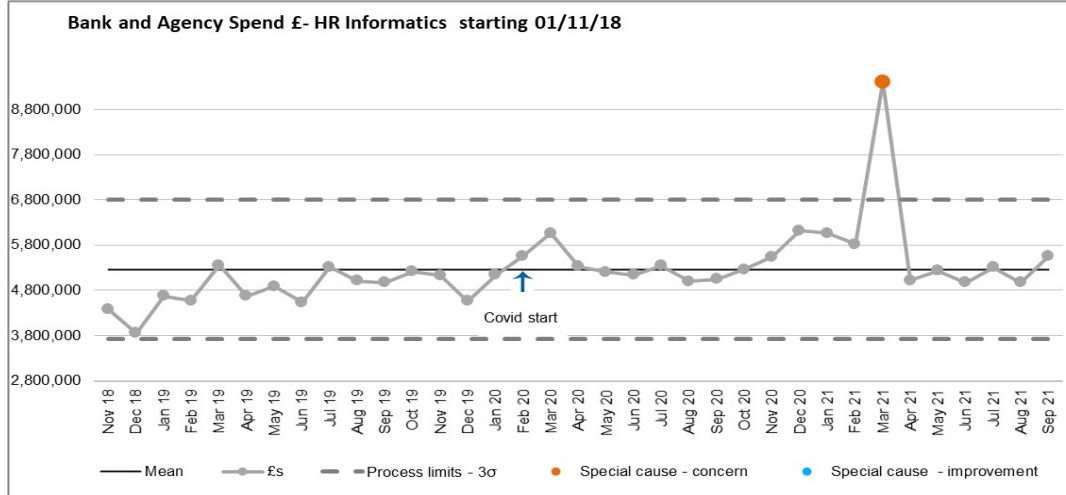


Month – Sep 21
10.8%
Target
12.0%
Target Achievement
Metric since April 20 is consistently below KPI target.

Background	What the chart tells us	Issues	Actions
Turnover is calculated by leavers in a rolling twelve month period being divided by average staff in post. Fixed term contract holders and leavers via redundancy are excluded. This data is taken from the ESR.	There is a marginal increase on M5, with turnover increasing to 10.8% in M6 from 10.7%. Whilst not as great an increase as in M5, there is nonetheless an upward trend since May 21. Average monthly leaver rates have increased marginally on the 12 month rolling period in M5.	Points which fall outside the grey dotted lines (process limits) are unusual and they could represent a system out of control. There are points above and below the line. When 2 out of 3 data points lie near the UPL, this is a warning that the process may be changing. The two most recent data points lie near the UPL. More than 7 increasing/decreasing sequential points may also indicate a change in process. COVID19 may explain the decreasing leaver rates as indicated above.	<b>NOTSSCaN</b> - LIAs are continuing to inform recruitment and retention (R&R) activities and succession planning with ongoing support being provided by the R&R lead. A focused review of exit interview data is underway, specifically Neuroscience nursing. <b>CSS</b> - A review of exit interview data is currently underway to identify any key themes and areas where intervention may be required. <b>MRC</b> – the HR team and the R&R lead are working closely to look at areas of turnover to see in any specific support is needed. In some areas turnover is positive as staff are achieving promotion to other posts within the Trust. <b>SUWON</b> - R&R lead is working on a retention action plan which includes focus on four areas including supporting new starters, staff mid-career needs, supporting over 50s and those who are leaving the trust. Exit interviews are being conducted by HR team & analysed by R&R lead to understand the potential issues. R3P are continually promoted at directorate and divisional level specially in low engagement areas. Managers are booking 'Wellbeing check-ins' training via MLH. Open Border opportunities are discussed and offered by R&R lead. <b>Corporate</b> Turnover has increased since May. Hotspot areas are being reviewed and managers being contacted to identify support for retention.



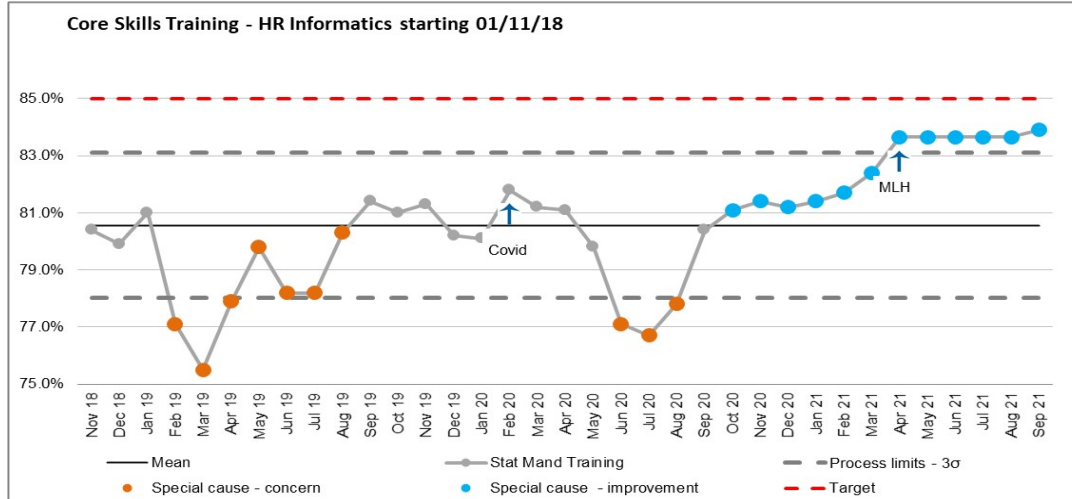
The graphs below support the accompanying text.



Month – Sep 21	
£5.6m	
<b>Target</b>	
N/A	
<b>Target Achievement</b>	
N/A	

Background	What the chart tells us	Issues	Actions
<p>Temporary spend is taken from the financial ledger and is the combination of bank and agency spend. From a backdrop of breaching the agency ceiling in 19/20, there has been a drive to reduce our agency spend and achieve the ceiling (£16.4M) for 20/21, which the Trust has achieved by c£5M (£11.6M). The figures for March include an accrual for nursing incentive payments.</p>	<p>Temporary spend has increased by c£600k between months and is for bank usage. This was expected due to updated bank rates for Nursing and Midwifery. The pay uplift will also have contributed to this. Agency spend has levelled off in M6. There are continued challenges to the agencies on rates, however there are issues with how the Trust attracts talent when local trusts are escalating their rates e.g. for ICU, Paediatrics and Radiology.</p>	<p>Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There is 1 data point which is above the line. The reason for this is addressed within this slide.</p>	<ul style="list-style-type: none"> <li>The collaborative work with the BOB continues and should hopefully assist in resolving escalating rates.</li> <li>Continue to work with the BOB on alignment of bank and agency rates.</li> <li>Finalise the standard operating procedures with NHSP.</li> <li>Finalise the enhanced agency cascade with procurement to support winter staffing.</li> <li>Finalise the temporary staffing procedures.</li> <li>Review the contractual and checking processes for interims and contract staff</li> </ul>

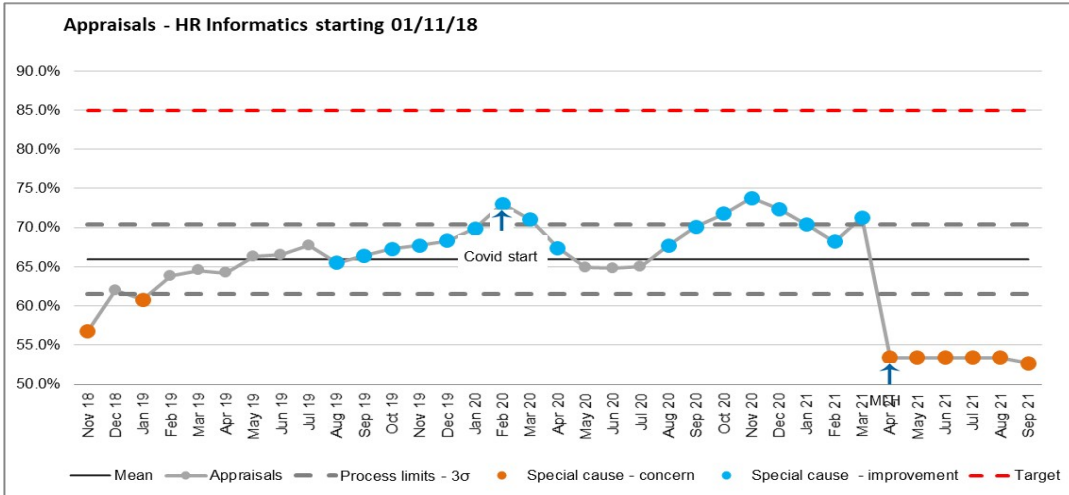
The graphs below support the accompanying text.



Month – Sep 21
83.9%
Target
85%
Target Achievement
The metric is consistently below the standard required.

Background	What the chart tells us	Issues	Actions
Data is that taken from My Learning Hub (MLH) following the recent re loading of information in August. Pre April 21 data was taken from the legacy system and includes honorary contract holders who distorted compliance rates.	Core skills training compliance has marginally increased on the previous month. Pre April 21 data will include Honorary contract holders data so caution is advised when looking at trends.	Information Governance (IG) compliance continues to be of concern and is significantly below the required 95% at 75.8%. The process limits for Core Skills will be recalculated for April 21 onwards, once more data sets have been produced.	<b>NOTSSCaN</b> - Plan in place to improve compliance and focus on IG compliance. Plans being monitored and challenged at monthly performance meetings. <b>CSS</b> - compliance reports run and circulated. Focus on safeguarding, resus, moving & handling, IG and IPC. <b>MRC</b> - The division is now reporting, from MLH, to directorates highlighting where there is non compliance and asking managers to support staff in completing required training. The division has written to all those non compliant for IG training – there has been a positive effect on the divisional compliance and reminders will be sent to those who remain outstanding for this core skill requirement. <b>SUWON</b> - Reports are circulated and shared within the division. Due to low compliance rate, focus has been placed on Information governance training for staff. WFH staff have been specifically advised to complete all Core Skills training. Detailed reports are being sent to Directorates with progress being tracked at monthly directorate performance meetings. Theatres staff encouraged to use time for Core Skills training when lists are cancelled. How to sessions being run on MLH by SUWON HR. Individual emails sent to all employees with outstanding compliance on IG. Working with Training team to get KHH compliance recognised. Cleansing data still ongoing. <b>Corporate</b> - Hotspot certificates across the division are Resuscitation and Information Governance and Data Security and where applicable, Moving and Handling level 2. The HRCs are working with managers to ensure these are being completed by staff.

The graphs below support the accompanying text.



Month – Sep 21

52.7%

**Target**

85.0%

**Target Achievement**

Appraisal rates are consistently below required KPI.

Background	What the chart tells us	Issues	Actions
Data excludes information relating to Medical and Dental staff, and is taken from My Learning Hub (MLH). Data pre April 21 is from the Trust's legacy system.	Non medical appraisals have reduced to 52.7% from 53.4%. This metric has been consistently below the KPI and the standard required. Corporate areas have fallen between months the most.	Points outside the grey dotted lines (process limits) are unusual and should be investigated. April to July data reflects the score for Augusts 21. Both August and September data fall below the lower process limits and the level required to attain the KPI. 7 increasing/decreasing sequential points may indicate a change in process. There is a run of rising points, however this is not recent and pre dates the change to MLH.	<b>CSS</b> - Compliance reports run and circulated, day to day operational pressures impacting the ability to carry out booked appraisals coupled with short term absences on the day. <b>MRC</b> - The division is completing an analysis of outstanding appraisals, and will propose a recovery trajectory that accounts dates for any outstanding schedule for operational pressures in order to return to the required KPI. At the same time the Division continues to ask managers and staff to complete appraisals using MLH. <b>SUWON</b> - Reports are regularly shared with Managers and directorates to encourage completion of appraisals in timely manner. Temporary support has been provided to managers and staff in relation to MLH and uploading of completed VBA paperwork. Managers are being requested to provide completed forms. Regularly reviewing information on MLH and contacting employees with line manager and/or appraiser names missing. <b>NOTSSCaN</b> - Plan in place to improve appraisal compliance by the provision of detailed appraisal reports to managers from the HR team. Managers report on their action plans and trajectories at monthly performance meetings. Focus on supporting managers with uploading paper copies to MLH. <b>Corporate</b> – Key hotspot areas are being targeted ensuring a trajectory is in place to increase the uptake of appraisals by the end of the calendar year sand to reach compliance by the end of March 2022. The C&L service will provide support to managers to upload completed appraisals (“Uploading Clinics”) targeted at areas of low compliance as identified by the HRBPs. A communication that helps build understanding that the appraisal can be used to cover a number of topics, including the wellbeing check-in, is being issued.

## Engagement, Inclusion, and Experience

- Refresh Trust's EDI Objectives – Design stage – Conducting thematic analysis following completion of engagement activity. The Objectives to be presented to Trust Board in March '22.
- EDI Peer Review – Design stage - Assurance team has trained peer reviewers. Commencing 01/11/21 with quality summit 25/01/22.
- Combined Equality Standards – Delivery Stage – The report was presented to Trust Board in September '21 and forwarded to Oxfordshire Clinical Commissioning Group. Directors of Workforce and Culture & Leadership are commencing a regional 'Anti Racist Leadership Programme' in October '21.
- Developing Staff Networks – Design & Delivery stages- A business case is being developed for resource to support Network activity. Two events have been developed for Black History Month focussing on allyship and career journeys; these will run in October '21 and be accessible for staff across BOB ICS.
- New starter's welcome experience - Design stage – process mapping of existing processes underway; new Trust values video in design.
- Recognition – Design & Delivery stage – a dinner gala people recognition awards is in design for March '22 to celebrate people excelling in our values.
- National Staff Survey – Delivery stage – Launched on Monday 27 September '21 and closes on Friday 26 November '21. Target is a 60% response rate.
- Values Based Interviews – Design Stage – Training of new VB Interviews paused to enable commencement of an improvement project. Priority focus is on enhancing the consistent practice of existing VBers to support continuous improvement of our VBI programme.
- Restorative Just Culture (RJC) – Discover stage – project scoping has commenced of RJC as part of our wider Civility and Respect programme. To enable this, a 'discovery' stakeholder event is being organised to identify a framework for the cultural interventions relating to the implementation of RJC.

## Leadership and Talent Development

- Values Based Leadership Framework – Design stage.
- Leadership development pathways – Design & Delivery stage – Clinical Director's development programme launched August with 6 taught days delivered by Chief Officers and their senior teams commencing 4 October '21. New consistent leadership development pathways in design.
- Build Affina team coach capacity – Design stage - programme commissioned for November '21. Application process currently open.
- Build trust wide coaching capacity – Design stage – new ILM level 5 coaching programme commenced September '21.
- Build 360 facilitator capacity – Design stage – 2 x 360 feedback facilitator workshops on 10 November and 8 December '21.
- Build MBTI facilitator capacity – Design stage - MBTI training being commissioned Autumn '21 (dates tbc).
- Graduate Management Trainee Scheme – new cohort 06 Sept 2021; participating in a 20-day orientation. A forum for feedback is to be created.

## Wellbeing

- People Recovery Programme - Growing Stronger Together: Rest Reflect Recover programme – recognition initiatives in development with Oxford Hospitals Charity; Continued promotion of R3P workshop with 23 teams having undertaken it since June '21 & 14 booked to end Dec ' 21. Leading with Care – Delivery stage - Wellbeing Check-In launched 6 Sept '21. 307 managers have attended a manager briefing session and 248 Wellbeing Check-ins completed with our people.
- BOB Enhanced OH & Wellbeing – Design stage - Four staff trained in Trauma Risk Incident Management (TRiM) who will be undertaking a small pilot in Acute Medicine with psychological medicine to assess its effectiveness and fit with our wider Wellbeing programme.

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

ESR STAFF Group	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Add Prof Scientific and Technic	522.5	523.2	508.9	510.5	513.6	507.1						
Additional Clinical Services	2,165.3	2,143.2	2,091.1	2,066.5	2,054.0	2,086.8						
Administrative and Clerical	2,695.7	2,696.7	2,703.9	2,683.3	2,678.9	2,679.2						
Allied Health Professionals	738.9	736.7	747.2	746.9	739.3	751.0						
Estates and Ancillary	215.1	218.8	220.5	218.4	217.4	212.8						
Healthcare Scientists	539.9	538.1	539.8	539.1	542.6	548.9						
Medical and Dental	1,999.4	1,988.8	1,985.3	1,975.4	2,026.1	2,051.1						
Nursing and Midwifery Registered	3,725.3	3,730.1	3,770.2	3,769.4	3,758.3	3,793.9						
<b>Total</b>	<b>12,602.1</b>	<b>12,575.5</b>	<b>12,566.8</b>	<b>12,509.5</b>	<b>12,530.2</b>	<b>12,630.7</b>						

<b>Bank</b>	<b>683.8</b>	<b>812.3</b>	<b>828.5</b>	<b>792.9</b>	<b>852.5</b>	<b>822.6</b>						
<b>Agency</b>	<b>99.14</b>	<b>113.8</b>	<b>118.91</b>	<b>102.2</b>	<b>115.06</b>	<b>94.3</b>						

<b>Grand Total</b>	<b>13,385.1</b>	<b>13,501.5</b>	<b>13,514.2</b>	<b>13,404.6</b>	<b>13,497.8</b>	<b>13,547.6</b>						
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Division	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Clinical Support Services	2,025.7	2,019.6	2,023.4	2,023.2	2,031.8	2,037.7						
Corporate	1,569.0	1,571.9	1,577.7	1,576.8	1,580.8	1,590.9						
Medicine Rehabilitation and Cardiac	2,848.8	2,859.2	2,863.3	2,850.2	2,851.8	2,878.5						
Neurosciences Orthopaedics Trauma and Specialist Surgery	3,198.2	3,194.7	3,187.8	3,172.8	3,181.4	3,215.8						
Surgery Women and Oncology	2,960.4	2,930.1	2,914.6	2,886.5	2,884.3	2,878.5						
<b>Total</b>	<b>12,602.1</b>	<b>12,575.5</b>	<b>12,566.8</b>	<b>12,509.5</b>	<b>12,530.2</b>	<b>12,630.7</b>						

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## Staff in post data and band and agency Information:

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

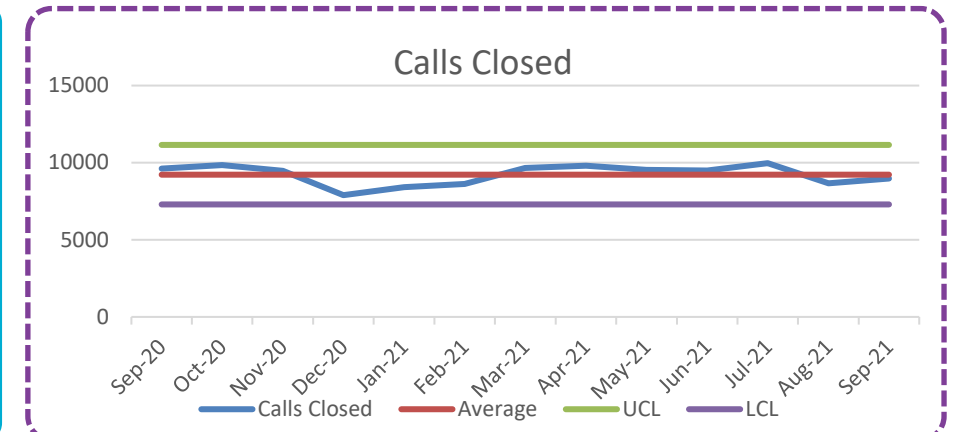
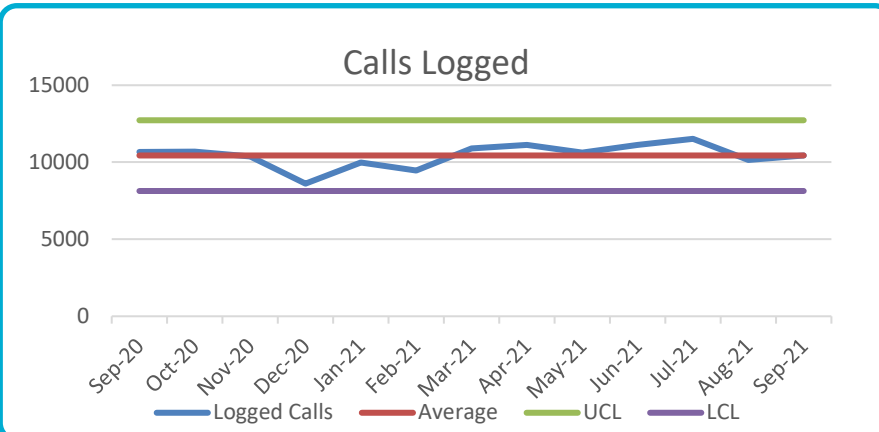
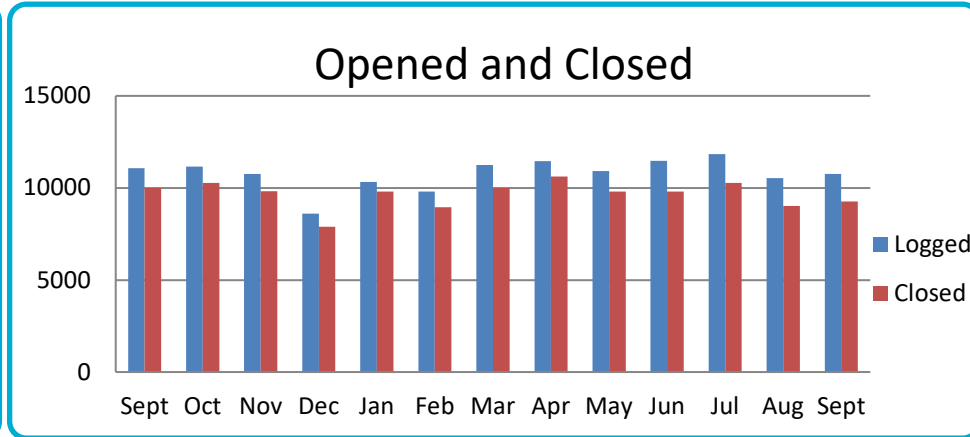
Bank and agency figures are taken from the Financial Ledger.

# 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 Sept 2020 to Sept 2021. When comparing Sept 2020 with Sept 2021 there is a 2.8% decrease in calls logged. July 2021 has the highest call logged and call closure rate of the rolling year.

Priority	Total OUH calls logged in Sept	Total OUH calls closed in Sept	Total calls logged trend
1	1	1	Month on month trend Aug to Sept 2021
2	20	16	increase of 2.6%
3	1655	1488	Sept 2020 to Sept 2021
4	3930	3464	
5	4820	4009	
<b>Total</b>	<b>10426</b>	<b>8978</b>	decrease of 2.8%



### Risks, Issues and Challenges

Additional resource and focus have been placed on reducing the number of outstanding calls following a number of months of consistently high call volumes. A significant amount of desktop software changes have been made, including Windows security updates, Cisco VPN upgrades and Office 365 installations/migrations.

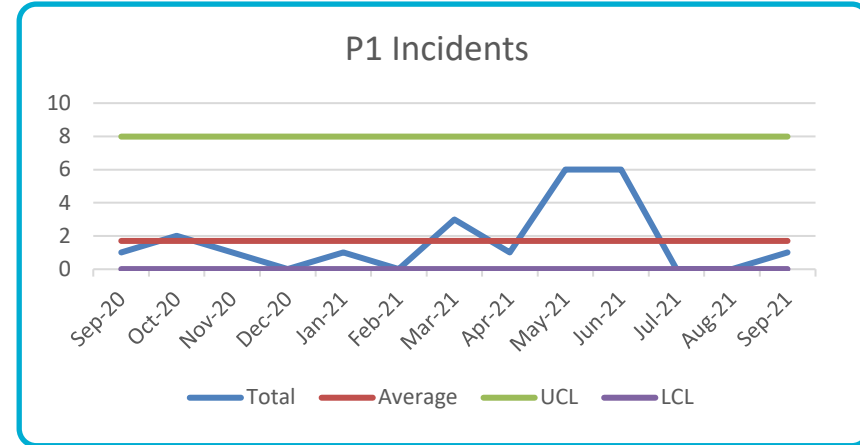


## Service Desk Performance

The tables below highlight the performance of the Service Desk from Sept 2020 to Sept 2021. When comparing Sept 2020 with Sept 2021 it remained the same with 1 Priority 1 incident logged.

### OUH Priority 1 Incidents

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
1	2	1	0	0	0	3	1	5	6	0	0	1
05/09/21		Multiple users unable to log in to Virtual Workspace				Network share node had hung stopping Virtual Workspace logins completing – a re-start of the affected services resolved the issue.						



### Cyber Highlights:

#### Overall Cyber status **Green**

- 218TB of internet traffic use, up c.9TB on August, as staff return from summer leave
- OUH DSPT 20/21 Improvement Plan updates shared with NHS Digital (30/09/21).
  1. At least 95% of staff to complete Data Security/IG training - ongoing
  2. Extensive system log retention system implementation - ongoing
  3. To have well defined IT BC/DR SCP SOPs in place – complete
- NHS Digital confirm DSPT status as: Standard Not Met but Action Plan agreed.
- Extensive Windows updates being applied to desktop and server estates.

### Cyber Management

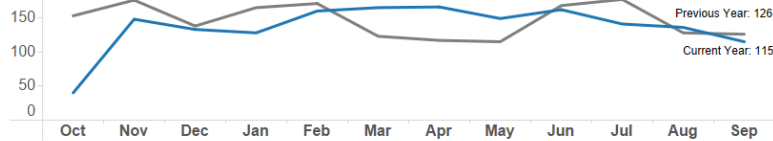
	Month of September	Year to date
CareCerts received	20	132
Virus blocked	125	789
Intrusions blocked	2,516	23,691
SPAM blocked	279,903	2,463,663
Devices monitored	11,958	-
Servers monitored	702	-

### Forward view

- NHS Digital funded cyber assessment took place in Sept 2021 (Dionach Audit) – findings to be published in October 2021
- Following the June 2021 JR L0 power incident a review of Data Centre facilities and options is ongoing.
- Temporary increase in staffing, via Crown Commercial Services framework (RM6061 Lot 3) to address high summer 2021 support demand volumes.

## Information request Service

Demand (requests received by month vs previous year)



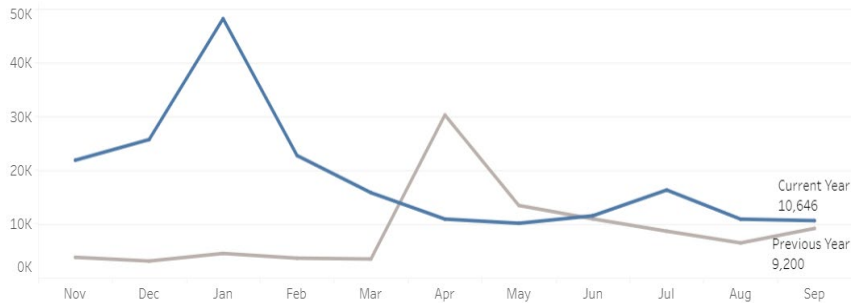
**1.1** The demand on the Info request service for September '21 was 9% lower than in the same period for the previous year.

**1.2** User feedback on the timeliness, usefulness and overall experience of the service was 94% for September 2021.

**1.3** In September '21 the median wait for information via the Information request service was 2 days and the average wait rose to 4.5 days. This is due to the service being impacted by unplanned high priority work.

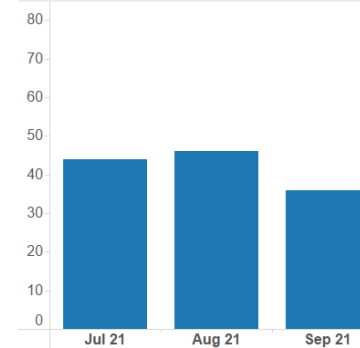
### ORBIT+

A total of 10646 views were recorded in September '21 as compared to 9200 views in the same period last year.

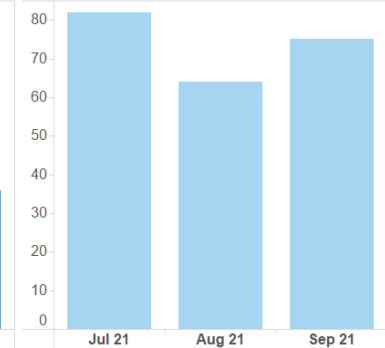


## Other Demands

Resolved



Created



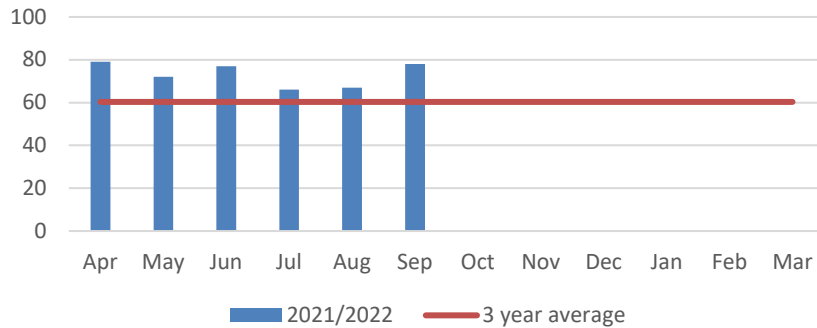
### Current development priorities

- Integrating eRS worklist data into RTT waiting information
- Cancer Reporting on ORBIT+
- Improved reporting for Cancellations
- ERF reporting
  - Advice & Guidance Reporting
  - Patient Initiated Follow up
- Datawarehouse Migration
- ECDS 6.2.3 reporting via SUS
- CDS 6.3 – Assessment and Planning
- ORBIT+ New features
- Creation of a Surgical Morbidity tool
- Dashboard for PDID

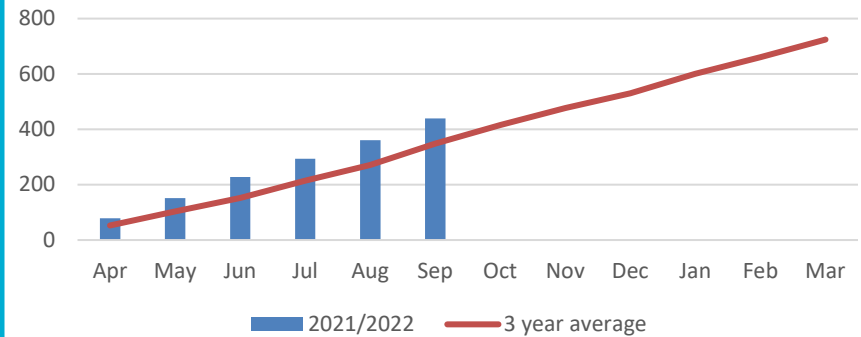
## Freedom of Information (FOI)

78 FOI/EIR requests were received in September 2021. During this period, 31 requests were closed within 20 working days. 17 were not closed within 20 working days. The compliance rate for closure of requests within 20 working days in September 2021 was 40%. In September 2020, the compliance rate was 63%.

Number of requests received



Cumulative requests

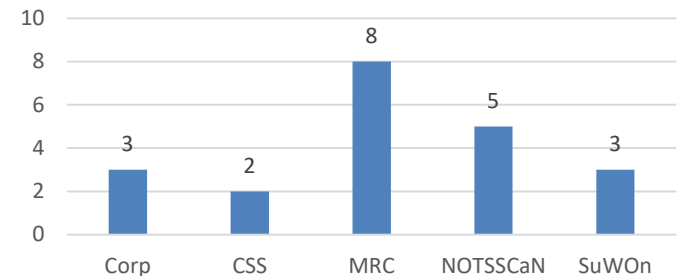


## Data Security & Protection Breaches

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

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

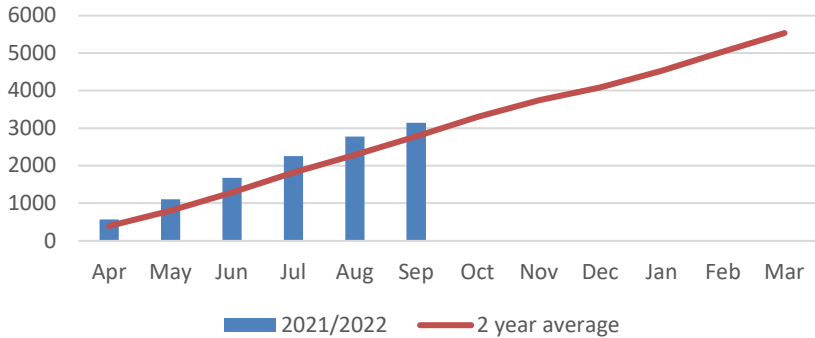
IG incidents by Division for September 2021



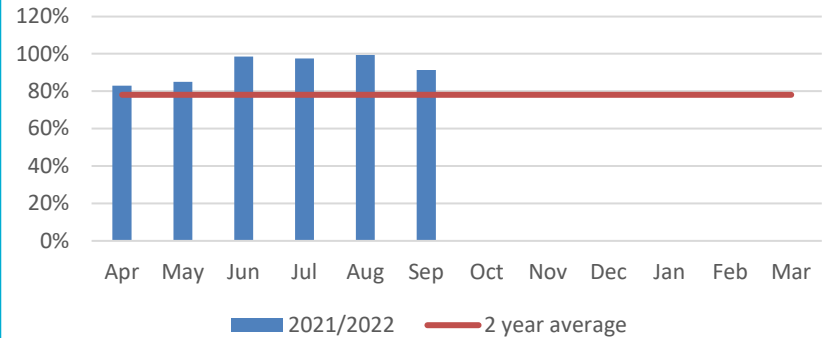
## Data Subject Access Requests (DSAR)

The statutory timeframe for completion of DSARs is one calendar month from receipt or can be extended by a further two calendar months by agreement with the applicant if the request is complex. DSARs are processed in six Trust departments. The data below represents the numbers of requests received by the Information Governance, Occupational Health, SAR, PACS, Security, and Sexual Health Teams.

Cumulative DSARs



DSAR closure within timeframe performance

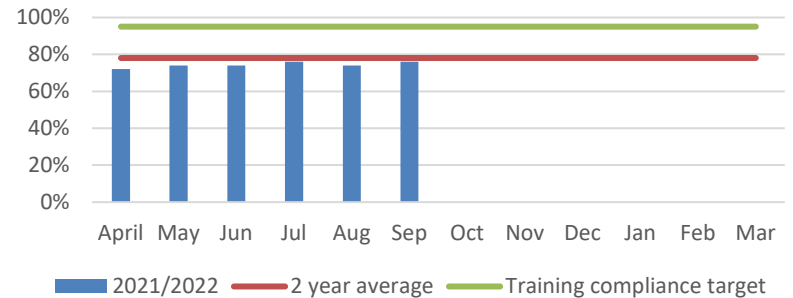


## Data Security and Protection Training

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

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

Data Security Awareness training compliance %



# Finance, Procurement and Contracting

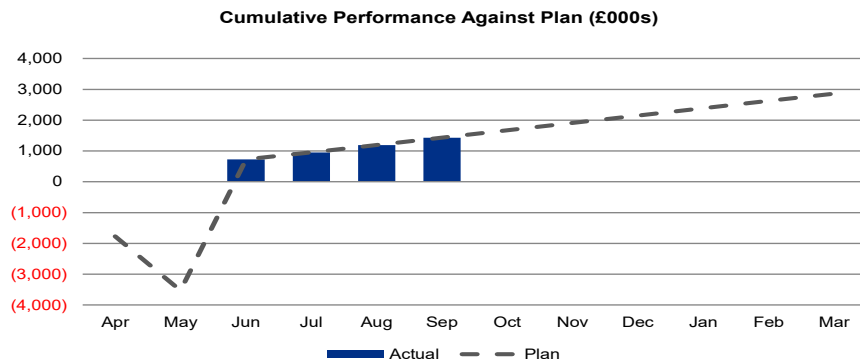
## Financial Performance Report: Month 6

Jason Dorsett: Chief Finance Officer

# Financial Performance Report M6

## Summary from M6 (September 2021)

### Income & Expenditure - Performance Versus Plan

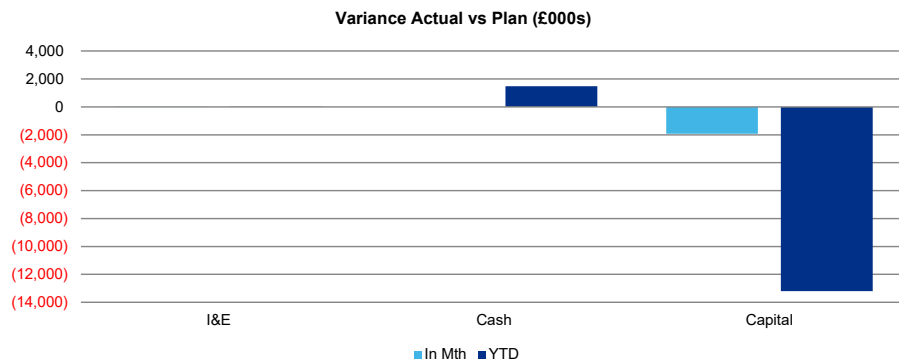


### Income & Expenditure - Summary

Retained surplus / (deficit) at Month 6 £000s	Annual	YTD		Var.
	Plan	Plan	Actual	
<b>Recurrent EBITDA</b>	<b>68,326</b>	<b>34,162</b>	<b>33,803</b>	<b>(359)</b>
% EBITDA	5.22%	5.18%	5.11%	0.07%
<b>Planned EBITDA</b>	<b>68,326</b>	<b>34,162</b>	<b>33,803</b>	<b>(359)</b>
Non-operating items	(66,436)	(33,218)	(32,135)	1,083
<b>Retained surplus / (deficit) before technical adjs.</b>	<b>1,890</b>	<b>944</b>	<b>1,668</b>	<b>723</b>
Technical adjs.*	(973)	(486)	237	723
<b>Surplus / (deficit) as reported to NHS1</b>	<b>2,863</b>	<b>1,431</b>	<b>1,431</b>	<b>0</b>

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

### Performance Against Key Financial Indicators



### Technical notes:

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

I & E Subjective £000s	IN MONTH 6				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
<b>Income</b>									
Commissioning Income	94,082	88,843	(5,239)	-5.6%	520,996	519,852	(1,145)	-0.2%	1,032,942
Passthrough Drugs & Devices	9,087	9,454	367	4.0%	54,520	58,014	3,494	6.4%	109,040
Other Income	13,136	14,057	921	7.0%	78,156	78,992	836	1.1%	156,227
PP, Overseas and RTA Income	949	875	(74)	-7.8%	5,693	4,817	(875)	-15.4%	11,385
<b>Total Income</b>	<b>117,253</b>	<b>113,229</b>	<b>(4,025)</b>	<b>-3.4%</b>	<b>659,364</b>	<b>661,675</b>	<b>2,310</b>	<b>0.4%</b>	<b>1,309,594</b>
<b>Pay</b>									
Consultants and Medics	(22,621)	(22,441)	180	0.8%	(126,090)	(125,058)	1,033	0.8%	(256,970)
Health Care Assistants & Support	(6,656)	(6,535)	121	1.8%	(37,124)	(35,131)	1,993	5.4%	(72,174)
Nurse and Midwives	(21,453)	(20,192)	1,262	5.9%	(111,111)	(109,011)	2,100	1.9%	(213,850)
Other Staff	(11,085)	(12,208)	(1,123)	-10.1%	(59,705)	(61,395)	(1,690)	-2.8%	(117,927)
Scientific, Thec., Therapeutic	(10,421)	(10,102)	319	3.1%	(55,244)	(53,900)	1,344	2.4%	(108,123)
<b>Total Pay</b>	<b>(72,236)</b>	<b>(71,477)</b>	<b>759</b>	<b>1.1%</b>	<b>(389,275)</b>	<b>(384,495)</b>	<b>4,780</b>	<b>1.2%</b>	<b>(769,043)</b>
<b>Non-Pay</b>									
Clinical negligence	(2,788)	(2,788)	(0)	0.0%	(16,728)	(16,728)	(0)	0.0%	(33,455)
Clinical Supplies & Services	(10,823)	(9,331)	1,491	13.8%	(64,414)	(56,418)	7,996	12.4%	(129,244)
Drugs & Devices	(15,512)	(15,003)	510	3.3%	(93,050)	(90,031)	3,019	3.2%	(185,797)
General Supplies & Services	(79)	(534)	(455)	-578.4%	(475)	(3,536)	(3,061)	-644.6%	(951)
Internal Recharges	148	0	(148)	-100.0%	891	(0)	(891)	-100.0%	1,782
Premises & Fixed Plant	(7,093)	(8,398)	(1,305)	-18.4%	(42,457)	(45,666)	(3,209)	-7.6%	(84,819)
Other Expenditure	(3,177)	(56)	3,121	98.2%	(19,695)	(30,998)	(11,303)	-57.4%	(39,740)
<b>Total Non-Pay</b>	<b>(39,323)</b>	<b>(36,110)</b>	<b>3,213</b>	<b>8.2%</b>	<b>(235,928)</b>	<b>(243,377)</b>	<b>(7,449)</b>	<b>-3.2%</b>	<b>(472,224)</b>
<b>Operational EBITDA</b>	<b>5,695</b>	<b>5,642</b>	<b>(53)</b>	<b>-0.9%</b>	<b>34,162</b>	<b>33,803</b>	<b>(359)</b>	<b>-1.1%</b>	<b>68,326</b>
<b>Non-EBITDA (Excl Tech Adj)</b>	<b>(5,455)</b>	<b>(5,402)</b>	<b>53</b>	<b>1.0%</b>	<b>(32,731)</b>	<b>(32,372)</b>	<b>359</b>	<b>1.1%</b>	<b>(65,463)</b>
<b>Operational Surplus / (Deficit)</b>	<b>239</b>	<b>239</b>	<b>0</b>	<b>0.0%</b>	<b>1,431</b>	<b>1,431</b>	<b>0</b>	<b>0.0%</b>	<b>2,863</b>

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

## Income

- Commissioning income, including pass through, is £2.3m higher than plan year to date mainly due to additional pass through income (there is a corresponding increase in cost in non-pay). ERF income is £3.0m below the £23.5m plan to M6 but is offset by the reimbursement of £3.0m of lost other income from the ICS where other income is still below the pre-COVID levels.
- Other income is £0.8m more than plan to date, mainly due to additional Pathology ONS, Pathology Network and International Nurse Recruitment Income.
- PP, Overseas and RTA income is £0.9m lower than plan to date.

## Pay

- Pay is £4.8m better than plan year to date. This is principally due to COVID-19 pay costs being £4.1m below plan. Underlying (£0.5m) and recovery (£0.2m) pay costs were £0.7m lower than plan to date.

## Non-Pay

- Non-pay is £7.4m worse than plan year to date. The adverse variance is driven by a recovery expenditure contingency accrual of £1.5m to offset the risk that the ERF funding will not continue for the full financial year when the costs will still be incurred (in other non-pay expenditure) and non-pay savings that have not been achieved.



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

I & E Subjective £000s	IN MONTH 6 - ACTUAL						YEAR TO DATE - ACTUAL					
	Excl R&D, RECOVERY & COVID	Recovery	R&D	COVID IN ENV	COVID OUT ENV	Total	Excl R&D, RECOVERY & COVID	Recovery	R&D	COVID IN ENV	COVID OUT ENV	Total
<b>Income</b>												
Commissioning Income	89,500	(4,515)	0	3,857	0	88,843	476,264	20,444	0	23,144	0	519,852
Passthrough Drugs & Devices	9,454	0	0	0	0	9,454	58,014	0	0	0	0	58,014
Other Income	8,827	0	4,649	261	320	14,057	52,173	0	24,032	493	2,294	78,992
PP, Overseas and RTA Income	875	0	0	0	0	875	4,817	0	0	0	0	4,817
<b>Total Income</b>	<b>108,656</b>	<b>(4,515)</b>	<b>4,649</b>	<b>4,119</b>	<b>320</b>	<b>113,229</b>	<b>591,268</b>	<b>20,444</b>	<b>24,032</b>	<b>23,637</b>	<b>2,294</b>	<b>661,675</b>
<b>Pay</b>												
Consultants and Medics	(21,398)	(188)	(632)	(223)	0	(22,441)	(119,353)	(832)	(3,138)	(1,704)	(31)	(125,058)
Health Care Assistants & Support	(6,287)	(7)	(20)	(170)	(51)	(6,535)	(33,848)	(39)	(159)	(711)	(374)	(35,131)
Nurse and Midwives	(18,251)	(32)	(1,240)	(667)	(1)	(20,192)	(99,179)	(142)	(6,464)	(3,050)	(176)	(109,011)
Other Staff	(11,211)	(14)	(853)	(130)	(1)	(12,208)	(55,951)	(31)	(4,658)	(714)	(41)	(61,395)
Scientific, Thec., Therapeutic	(8,924)	94	(1,098)	(168)	(6)	(10,102)	(46,774)	(172)	(5,745)	(1,156)	(53)	(53,900)
<b>Total Pay</b>	<b>(66,070)</b>	<b>(148)</b>	<b>(3,842)</b>	<b>(1,358)</b>	<b>(59)</b>	<b>(71,477)</b>	<b>(355,105)</b>	<b>(1,217)</b>	<b>(20,164)</b>	<b>(7,335)</b>	<b>(675)</b>	<b>(384,495)</b>
<b>Non-Pay</b>												
Clinical negligence	(2,788)	0	0	0	0	(2,788)	(16,728)	0	0	0	0	(16,728)
Clinical Supplies & Services	(7,810)	(1,102)	(220)	62	(261)	(9,331)	(47,572)	(6,102)	(1,226)	93	(1,611)	(56,418)
Drugs & Devices	(14,975)	0	(0)	(28)	0	(15,003)	(90,031)	0	0	0	0	(90,031)
General Supplies & Services	(408)	0	(1)	(126)	0	(534)	(2,709)	0	(2)	(816)	(8)	(3,536)
Internal Recharges	137	0	(136)	(1)	0	0	1,044	0	(1,034)	(10)	0	(0)
Premises & Fixed Plant	(7,329)	(952)	(58)	(59)	0	(8,398)	(43,235)	(1,512)	(223)	(696)	0	(45,666)
Other Expenditure	(2,904)	3,268	(391)	(30)	0	(56)	(20,907)	(8,472)	(1,382)	(237)	0	(30,998)
<b>Total Non-Pay</b>	<b>(36,075)</b>	<b>1,214</b>	<b>(807)</b>	<b>(181)</b>	<b>(261)</b>	<b>(36,110)</b>	<b>(219,938)</b>	<b>(16,087)</b>	<b>(3,868)</b>	<b>(1,864)</b>	<b>(1,619)</b>	<b>(243,377)</b>
<b>Operational EBITDA</b>	<b>6,510</b>	<b>(3,449)</b>	<b>0</b>	<b>2,580</b>	<b>0</b>	<b>5,642</b>	<b>16,225</b>	<b>3,140</b>	<b>(0)</b>	<b>14,437</b>	<b>0</b>	<b>33,803</b>
<b>Non-EBITDA (Excl Tech Adj)</b>	<b>(5,402)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(5,402)</b>	<b>(32,372)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(32,372)</b>
<b>Operational Surplus / (Deficit)</b>	<b>1,108</b>	<b>(3,449)</b>	<b>0</b>	<b>2,580</b>	<b>0</b>	<b>239</b>	<b>(16,147)</b>	<b>3,140</b>	<b>(0)</b>	<b>14,437</b>	<b>0</b>	<b>1,431</b>

Source: Finance Ledger

- Year to date in-envelope COVID-19 costs total £9.2m. The H1 (M1-6) plan includes £3.4m a month for COVID-19 costs funded from the ICS. Compared to August, pay costs increased by £0.2m to £1.4m and non-pay costs have decreased by £0.1m to £0.2m. The pay cost increase was driven by the existing workforce working additional shifts.
- Year to date, the Trust is £14.4m underspent against the COVID-19 funding envelope provided through the ICS, however this funding is being used for other expenditure that is not being classified as COVID-19 spend and a deficit would be created if this funding was reduced or withdrawn.
- £0.3m of income, on plan, has been accrued in month to be reimbursed for COVID-19 (outside envelope) testing and vaccination costs.
- Recovery costs in September were £4.4m, these were offset by released ERF contingency costs of £5.4m. The recovery costs included are the incremental costs of delivering additional elective activity, some independent sector outsourcing costs and ERF contingency accrual. Clinical divisions were issued with a budget in July to fund their recovery plans to the end of H1 (September).
- R&D were at a breakeven position in September and for the year-to-date.

## Income and Expenditure: Divisional Overview

Div Overview (EBITDA) £000s	IN MONTH 6				YEAR TO DATE				FULL YEAR Plan
	Plan	Actual	Variance	Var %	Plan	Actual	Variance	Var %	
Income	6,497	6,942	446	6.9%	39,174	41,785	2,612	6.7%	78,153
Pay	(11,462)	(11,757)	(295)	-2.6%	(61,284)	(63,390)	(2,105)	-3.4%	(119,997)
Non-Pay	697	213	(483)	-69.4%	4,161	2,209	(1,952)	-46.9%	9,685
<b>Total CSS</b>	<b>(4,269)</b>	<b>(4,601)</b>	<b>(333)</b>	<b>-7.8%</b>	<b>(17,950)</b>	<b>(19,396)</b>	<b>(1,446)</b>	<b>-8.1%</b>	<b>(32,158)</b>
Income	20,904	21,683	779	3.7%	125,425	130,994	5,569	4.4%	250,850
Pay	(14,669)	(15,288)	(620)	-4.2%	(78,822)	(81,120)	(2,298)	-2.9%	(149,711)
Non-Pay	(5,355)	(6,204)	(849)	-15.9%	(32,196)	(39,115)	(6,919)	-21.5%	(63,391)
<b>Total MRC</b>	<b>881</b>	<b>191</b>	<b>(690)</b>	<b>-78.3%</b>	<b>14,407</b>	<b>10,758</b>	<b>(3,648)</b>	<b>-25.3%</b>	<b>37,748</b>
Income	27,621	28,595	974	3.5%	165,426	169,316	3,890	2.4%	330,738
Pay	(16,968)	(17,133)	(165)	-1.0%	(91,059)	(92,811)	(1,752)	-1.9%	(178,230)
Non-Pay	(9,115)	(10,208)	(1,093)	-12.0%	(53,354)	(55,750)	(2,396)	-4.5%	(103,808)
<b>Total NOTSSCaN</b>	<b>1,538</b>	<b>1,254</b>	<b>(284)</b>	<b>-18.5%</b>	<b>21,013</b>	<b>20,755</b>	<b>(258)</b>	<b>-1.2%</b>	<b>48,700</b>
Income	26,983	26,886	(97)	-0.4%	161,899	161,914	15	0.0%	323,798
Pay	(14,710)	(15,280)	(570)	-3.9%	(78,669)	(80,406)	(1,736)	-2.2%	(153,960)
Non-Pay	(11,325)	(11,412)	(87)	-0.8%	(67,544)	(70,080)	(2,536)	-3.8%	(132,715)
<b>Total SuWOn</b>	<b>948</b>	<b>194</b>	<b>(754)</b>	<b>-79.5%</b>	<b>15,685</b>	<b>11,428</b>	<b>(4,257)</b>	<b>-27.1%</b>	<b>37,122</b>
<b>Clinical Divisions</b>	<b>(901)</b>	<b>(2,961)</b>	<b>(2,060)</b>	<b>-228.7%</b>	<b>33,155</b>	<b>23,546</b>	<b>(9,609)</b>	<b>-29.0%</b>	<b>91,412</b>
Income	5,641	6,679	1,039	18.4%	33,654	37,536	3,883	11.5%	67,407
Pay	(7,545)	(7,532)	13	0.2%	(40,998)	(41,340)	(342)	-0.8%	(81,330)
Non-Pay	(14,471)	(14,481)	(10)	-0.1%	(86,582)	(86,495)	87	0.1%	(173,103)
<b>Corporate Divisions</b>	<b>(16,375)</b>	<b>(15,333)</b>	<b>1,042</b>	<b>6.4%</b>	<b>(93,927)</b>	<b>(90,299)</b>	<b>3,628</b>	<b>3.9%</b>	<b>(187,026)</b>
<b>R&amp;D</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>		<b>0</b>	<b>(0)</b>	<b>(0)</b>		<b>(0)</b>
Income	24,850	17,794	(7,056)	-28.4%	105,889	96,097	(9,793)	-9.2%	202,853
Pay	(2,920)	(644)	2,276	-77.9%	(15,322)	(5,264)	10,057	-65.6%	(39,577)
Non-Pay	1,041	6,786	5,745	551.8%	4,366	9,723	5,357	122.7%	664
<b>Central &amp; Technical</b>	<b>22,970</b>	<b>23,936</b>	<b>965</b>	<b>4.2%</b>	<b>94,934</b>	<b>100,556</b>	<b>5,621</b>	<b>5.9%</b>	<b>163,940</b>
<b>Operational EBITDA</b>	<b>5,695</b>	<b>5,642</b>	<b>(53)</b>	<b>-0.9%</b>	<b>34,162</b>	<b>33,803</b>	<b>(359)</b>	<b>-1.1%</b>	<b>68,326</b>

- There was a £2.1m adverse variance to plan in the clinical divisions in September. All clinical divisions had an overspend in month largely due to cost pressures on junior doctor rotas.
- Clinical divisions have now been given the budget for the elective recovery plans up to M6.
- Corporate divisions had a £1.0m underspend in September. This is principally due to additional Education income and International Nurse Recruitment income.
- R&D had a breakeven position in month and for the year-to-date.
- Central and Technical divisions underspent by a net £1.0m in September. This is due to not achieving any ERF income against a plan of £3.9m in M6 offset by underspends on centrally held COVID-19 and recovery non-pay budgets (including a £5.4m benefit from the reduction in September on the ERF contingency accrual held centrally).
- Following the changes to income and costs caused by the COVID-19 pandemic, budgets are now out of line with run rate expenditure in the divisions and corporate even though an overall surplus has been achieved. H2 budgeting and budgeting for 2022/23 will need to address this.

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

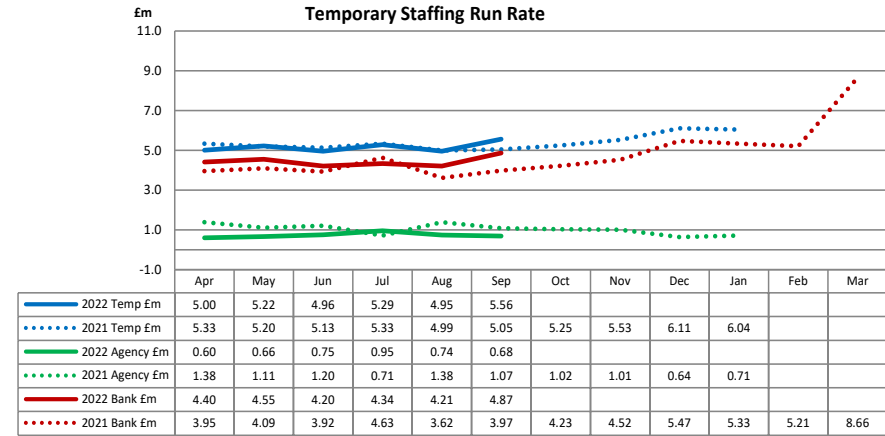
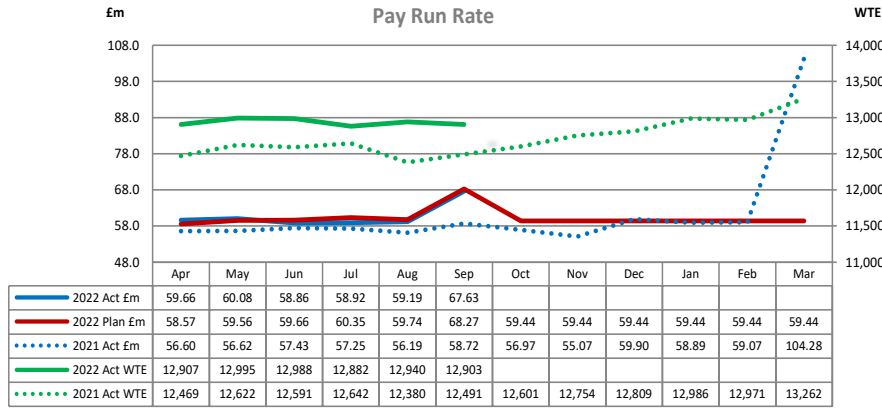
Income Summary £000s	IN MONTH 6			YEAR TO DATE			
	Plan	Actual	Var	Plan	Actual	Var	Var %
Block Income*	87,304	87,399	95	480,243	481,667	1,424	0.3%
Top-up Income - notified	6,555	6,596	41	39,329	39,578	249	0.6%
Elective Recovery Fund	3,911	-4,515	-8,426	23,465	20,444	-3,021	-12.9%
Growth Income	833	833	0	5,000	5,000	0	0.0%
COVID -19 (in envelope)	3,857	3,857	0	23,144	23,144	0	0.0%
Reimbursement of Lost Other Income	0	3,048	3,048	0	3,048	3,048	0.0%
Other Commissioning Income	708	1,079	371	4,335	4,985	650	15.0%
Sub-total - Commissioning Income	103,168	98,297	-4,871	575,516	577,866	2,350	0.4%
COVID -19 (outside envelope)	307	320	13	2,002	2,298	296	14.8%
Other Income	13,778	14,612	834	81,846	81,511	-335	-0.4%
<b>Total Income</b>	<b>117,253</b>	<b>113,229</b>	<b>-4,024</b>	<b>659,364</b>	<b>661,675</b>	<b>2,311</b>	<b>0.4%</b>

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

Source: Finance Ledger

- The favourable variance of £1.4m year to date on Block income is predominantly driven by pass through drugs income, for which there is an offset on pass through drugs expenditure.
- In September, the Trust's position did not include any additional Elective Recovery Fund (ERF) income. The Trust did not meet the threshold required due to increases to the thresholds used to calculate ERF income by NHSE as well as non-elective pressures impacting on elective activity levels. £4.5m of ERF funding was returned to the ICS for distribution to other ICS members.
- Year to date the total ERF earned from OUH activity is £28.1m, of which £7.7m has been retained for distribution across the ICS, with £20.4m reported in the OUH position.
- ERF is distributed by a BOB ICS agreement such that Trust retain ERF to cover additional elective recovery costs, planned deficits, agreed estates costs and excess ERF up to an amount that does not generate a surplus above 1% of turnover. ERF above these distributions is retained by the ICS to cover joint projects.
- To date the Trust has used the £28.1m earned from activity as follows:
  - £14.4m: Elective recovery costs:
  - £3.1m: Deficit cover and balance to surplus plan
  - £1.4m: Estates cost
  - £1.5m: Held in reserve by OUH, with a matching cost accrual.
  - £7.7m: Redistribution to cover other ICS members' estates or deficit costs
- Other income includes Research and Development and Education and Training income.

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



The chart above excludes R&D pay

Pay by Staff Group Excl BIOR £000	2022					
	M01	M02	M03	M04	M05	M06
<b>Substantive</b>						
Consultants and Medics	19,456	19,521	18,804	19,294	18,998	21,227
Nurse and Midwives	14,426	13,966	14,059	13,814	14,610	15,889
Scientific, Thec., Therapeutic	7,265	7,303	7,346	7,226	7,293	8,443
Health Care Assistants & Support	5,099	5,181	4,922	4,665	4,729	5,645
Other Staff	8,408	8,893	8,773	8,626	8,606	10,873
<b>Total Substantive</b>	<b>54,654</b>	<b>54,864</b>	<b>53,904</b>	<b>53,625</b>	<b>54,235</b>	<b>62,076</b>
<b>Bank</b>						
Consultants and Medics	598	784	514	824	619	552
Nurse and Midwives	2,190	2,141	2,026	1,987	2,067	2,549
Scientific, Thec., Therapeutic	420	438	458	406	357	440
Health Care Assistants & Support	747	778	770	743	819	865
Other Staff	450	412	435	377	351	466
<b>Total Bank</b>	<b>4,404</b>	<b>4,554</b>	<b>4,202</b>	<b>4,337</b>	<b>4,212</b>	<b>4,873</b>
<b>Agency</b>						
Consultants and Medics	147	123	83	160	187	29
Nurse and Midwives	363	407	490	581	470	514
Scientific, Thec., Therapeutic	113	100	159	135	133	121
Health Care Assistants & Support	0	0	0	3	2	4
Other Staff	(25)	32	23	75	(54)	16
<b>Total Agency</b>	<b>598</b>	<b>662</b>	<b>754</b>	<b>953</b>	<b>738</b>	<b>685</b>
<b>Total Pay £000</b>	<b>59,656</b>	<b>60,080</b>	<b>58,860</b>	<b>58,915</b>	<b>59,185</b>	<b>67,634</b>

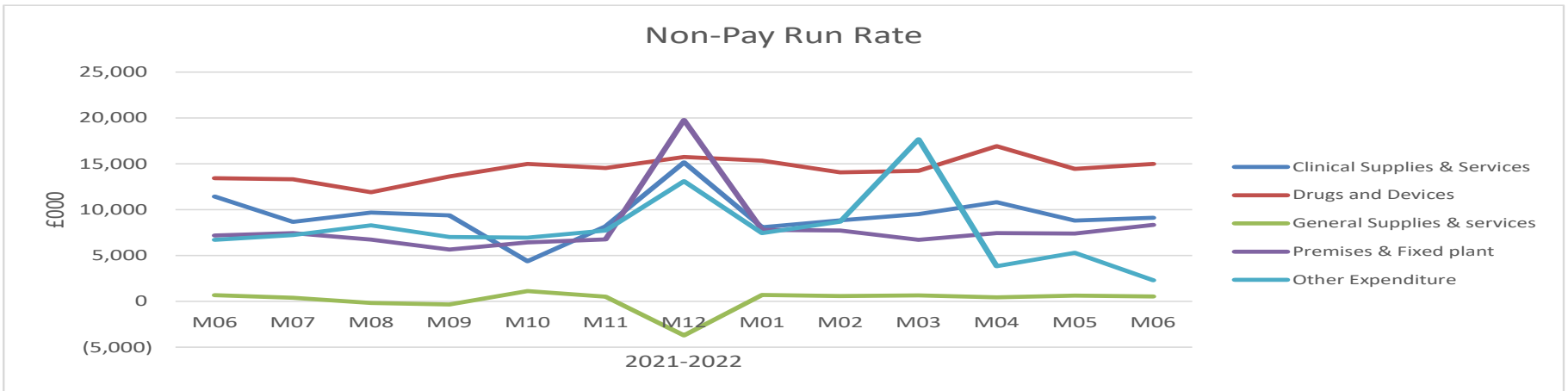
Source: Finance Ledger

- Substantive staffing costs in September are £7.8m higher than August, this is due to the payment of the 3% AfC pay award backdated to April 2021 (£8.0m). The Trust was directed not to accrue for the estimated costs prior to M6.
- Temporary staff in month expenditure was £0.6m higher than August, at £5.6m. This is due to the AfC pay award also being applied on Bank costs as there was a slight reduction in Agency pay costs in September (£0.1m).
- WTE decreased in month by 37 to 12,903 (excludes R&D). Substantive staff have increased by 15 WTE, whilst Bank and Agency staff have reduced by 52 WTE.
- COVID-19 pay costs were £1.4m in month, which is £0.2m higher than in August.

## Non-Pay Run Rate Overview

Non-Pay ACT Excl BIOR £000	2021							2022					
	M06	M07	M08	M09	M10	M11	M12	M01	M02	M03	M04	M05	M06
Clinical negligence	2,720	2,721	2,721	2,721	2,721	2,721	2,556	2,788	2,788	2,788	2,788	2,788	2,788
Clinical Supplies & Services (Excl Pass Trough)	11,438	8,675	9,697	9,387	4,390	8,185	15,165	8,096	8,831	9,524	10,807	8,824	9,111
General Supplies & services	675	390	(162)	(323)	1,131	509	(3,705)	698	579	657	438	627	533
Drugs (Excl Pass Trough)	1,822	352	(693)	224	1,035	(353)	5,377	1,066	988	14,073	5,832	4,507	5,548
Pass Through	11,613	12,976	12,601	13,405	13,960	14,900	10,366	14,275	13,089	171	11,093	9,931	9,454
Internal Recharges	(205)	(202)	(202)	(255)	(798)	(183)	(160)	(175)	(176)	(207)	(220)	(121)	(136)
Premises & Fixed plant	7,190	7,437	6,747	5,656	6,425	6,771	19,766	7,794	7,731	6,715	7,456	7,408	8,340
Other Expenditure	4,196	4,717	5,773	4,564	5,030	5,202	10,709	4,837	6,082	15,106	1,280	2,645	(335)
<b>Total Non-Pay £000</b>	<b>39,451</b>	<b>37,065</b>	<b>36,482</b>	<b>35,379</b>	<b>33,893</b>	<b>37,751</b>	<b>60,073</b>	<b>39,380</b>	<b>39,913</b>	<b>48,827</b>	<b>39,475</b>	<b>36,609</b>	<b>35,304</b>

Source: Finance Ledger, excludes R&D pay



- Non-Pay costs excluding R&D costs are £1.3m lower in September compared to August. Increases in spend on Drugs (£1.0m), Premises (£0.9m) and Clinical Supplies and Services (£0.3m) were offset by a reduction in spend on Pass Through Drugs of £0.5m and on Other Expenditure of £3.0m mainly due to the £5.4m release of the ERF contingency.
- Underlying non-pay costs excluding COVID-19, R&D, Recovery and the ERF contingency accrual are £0.3m higher in September compared to August.

# Capital

Capital Expenditure £000s	IN MONTH 6			YEAR TO DATE			FULL YEAR
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Critical Care Unit Expansion (Covid-19 surge capacity) (JR Site)	0	2,533	(2,533)	10,353	12,748	(2,395)	10,353
Swindon Radiotherapy Satellite Unit [Loan]	3,300	459	2,841	9,701	4,699	5,002	10,200
Swindon Radiotherapy Satellite Unit [Internal]	0	0	0	0	0	0	1,300
OHTC relocation to Mayfair Ward at the NOC	410	220	190	2,428	2,774	(346)	2,800
Containment Level 3 Laboratory Works (JR2)	263	387	(124)	1,612	1,047	565	2,430
Trauma Building	105	61	44	630	854	(224)	630
Other Building works underway	0	(13)	13	1,263	1,362	(99)	1,269
<b>Subtotal - Works underway</b>	<b>4,078</b>	<b>3,647</b>	<b>431</b>	<b>25,987</b>	<b>23,484</b>	<b>2,503</b>	<b>28,982</b>
Imaging Equipment Replacement Programme (wave 2)	278	459	(181)	2,460	1,769	691	2,697
Imaging Equipment Replacement Programme (wave 2) - PDC	0	1	(1)	598	519	79	598
Radiotherapy & Radiology MES	0	0	0	260	0	260	260
<b>Subtotal - Contractually committed</b>	<b>278</b>	<b>460</b>	<b>(182)</b>	<b>3,318</b>	<b>2,288</b>	<b>1,030</b>	<b>3,555</b>
Estates Critical Infrastructure Risk	100	29	71	298	237	61	898
Other Statutory Compliance	89	(26)	114	267	46	220	800
<b>Subtotal - Statutory compliance</b>	<b>189</b>	<b>3</b>	<b>186</b>	<b>565</b>	<b>283</b>	<b>282</b>	<b>1,698</b>
All Other (unfunded)	0	391	(391)	0	366	(366)	0
<b>Subtotal - Expenditure within ICS allocation</b>	<b>4,545</b>	<b>4,501</b>	<b>44</b>	<b>29,870</b>	<b>26,421</b>	<b>3,449</b>	<b>34,235</b>
Critical Care New Build (John Radcliffe) - equipment	0	1	(1)	5,200	63	5,137	5,200
<b>Subtotal - Externally funded expenditure additional to ICS allocation</b>	<b>0</b>	<b>1</b>	<b>(1)</b>	<b>5,200</b>	<b>63</b>	<b>5,137</b>	<b>5,200</b>
<b>Total Capital Programme Expenditure [A = ICS + Non-ICS]</b>	<b>4,545</b>	<b>4,502</b>	<b>43</b>	<b>35,070</b>	<b>26,484</b>	<b>8,585</b>	<b>39,435</b>
Critical Care New Build (John Radcliffe) - Level 5 (charitably funded)	833	0	833	2,623	3,075	(452)	5,000
Radiotherapy Swindon - donated Linac	1,800	0	1,800	1,800	199	1,601	1,800
Nuclear Medicine Centre (gamma camera)	0	0	0	0	0	0	1,465
LED Lighting (grant funded)	0	0	0	1,210	957	253	1,210
Equipment donations	83	7	76	498	129	369	1,000
Pathlake	14	0	14	597	9	588	911
PFI life-cycling	1,286	2,134	(848)	5,886	3,657	2,229	17,135
<b>Total Loans &amp; Grants and PFI Life-cycling [B]</b>	<b>4,016</b>	<b>2,141</b>	<b>1,875</b>	<b>12,614</b>	<b>8,026</b>	<b>4,588</b>	<b>28,521</b>
<b>Gross Capital Spend [C = A + B]</b>	<b>8,561</b>	<b>6,643</b>	<b>1,918</b>	<b>47,684</b>	<b>34,510</b>	<b>13,174</b>	<b>67,956</b>

<b>Gross Capital Spend [C, above]</b>	<b>8,561</b>	<b>6,643</b>	<b>1,918</b>	<b>47,684</b>	<b>34,510</b>	<b>13,174</b>	<b>67,956</b>
Less Disposals/other deductions	-	-	-	-	-	-	(1,150)
<b>Charge after disposals/other deductions</b>	<b>8,561</b>	<b>6,643</b>	<b>1,918</b>	<b>47,684</b>	<b>34,510</b>	<b>13,174</b>	<b>66,806</b>
Less Donations/grants received	(2,730)	(0,007)	(2,723)	(6,728)	(4,369)	(2,359)	(11,386)
Less PFI Capital (IFRIC 12)	(1,286)	(2,134)	0,848	(5,886)	(3,657)	(2,229)	(17,135)
Plus PFI Residual Interest	0,404	0,405	(0,001)	2,424	2,428	(0,004)	4,855
Purchase/(Sale) of Financial Assets	-	-	-	-	-	-	-
<b>Total CDEL</b>	<b>4,949</b>	<b>4,906</b>	<b>0,042</b>	<b>37,494</b>	<b>28,912</b>	<b>8,582</b>	<b>43,140</b>
Capital Expenditure within ICS allocation (from above)	4,545	4,501	0,044	29,870	26,421	3,449	34,235
Less Disposals/other deductions (from above)	-	-	-	-	-	-	(1,150)
<b>ICS CDEL - 'Total charge against capital allocation'</b>	<b>4,545</b>	<b>4,501</b>	<b>44</b>	<b>29,870</b>	<b>26,421</b>	<b>3,449</b>	<b>33,085</b>

The Trust's plan has a full-year gross capital envelope of £68.0m. Within this, the 'total charge against capital allocation' or control total is £33.1m. This comprises self- and loan-funded spend (£34.2m) offset by capital disposals (£1.2m). This is the metric against which the Trust's performance is measured.

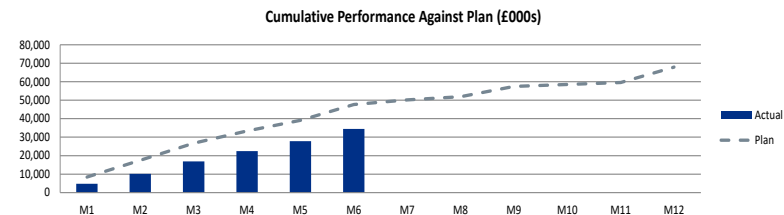
At September the control-total spend was £26.4m, £3.5m behind plan.

The ICS allocation includes an overspend of £2.4m against the Critical Care Unit (CCU) expansion. The plan included PDC funding of £5.2m outside of the ICS envelope for the unit, but as this has not been confirmed, all costs other than those relating to the charitable donation are currently recorded against the ICS envelope.

The key driver to the remaining underspend remains Swindon Radiotherapy, £5.0m behind plan. The YTD plan included the cost for one linac, for which an installation date is to be confirmed. Despite this and various disruptions to progress, completion is still expected in-year. Other factors are imaging equipment installation (£0.7m behind), CL3 lab works (£0.6m behind), both expected to complete in-year.

The unconfirmed PDC support funding for CCU of £5.2m shows as an underspend against gross capital expenditure. In addition, PFI life-cycling, grants and donations total £8.0m to date, £4.6m behind plan. This includes £1.8m for the PFI MES replacement for two CT Sims (planned for Q1 & Q2), £1.6m remaining for the charitably funded Swindon linac (planned for Q2), and £0.6m behind plan on Pathlake.

Gross capital expenditure to date is £34.5m, £13.2m behind plan.



# Statement of Financial Position (SOFP) & Cash

Statement of Financial Position £000s	MONTH 4 2022	MONTH 5 2022	MONTH 6 2022	YTD Movement
<b>Non Current Assets:</b>				
Property, Plant and Equipment	615,973	616,944	620,763	11,850
Intangible Assets	18,117	19,530	19,355	4,684
Investment Property	30,394	30,394	30,394	0
Other Investments	23,635	23,635	23,635	2
Trade and Other Receivables	8,140	8,166	8,165	(435)
<b>Total Non Current Assets</b>	<b>696,259</b>	<b>698,669</b>	<b>702,312</b>	<b>16,101</b>
<b>Current Assets:</b>				
Inventories	32,175	31,845	31,751	(188)
Trade and Other Receivables	100,609	79,788	80,519	24,697
Other Current Assets				0
Cash and Cash Equivalents	37,821	49,255	34,302	(49,467)
<b>Total Current Assets</b>	<b>170,605</b>	<b>160,888</b>	<b>146,572</b>	<b>(24,958)</b>
<b>Total ASSETS</b>	<b>866,864</b>	<b>859,557</b>	<b>848,884</b>	<b>(8,857)</b>
<b>Current Liabilities:</b>				
Trade and Other Payables	(178,396)	(168,658)	(158,128)	10,944
Provisions	(6,588)	(6,588)	(6,588)	21
Borrowings	(11,940)	(11,864)	(12,028)	(976)
Commercial Loans	(424)	(448)	(408)	(17)
<b>Total Current Liabilities</b>	<b>(197,369)</b>	<b>(187,838)</b>	<b>(177,441)</b>	<b>9,683</b>
<b>Net Current Assets/(Liabilities)</b>	<b>(26,764)</b>	<b>(26,950)</b>	<b>(30,869)</b>	<b>(15,275)</b>
<b>Total Assets Less Current Liabilities</b>	<b>669,495</b>	<b>671,719</b>	<b>671,443</b>	<b>826</b>
<b>Non Current Liabilities:</b>				
Trade and Other Payables	(4,043)	(4,036)	(4,029)	43
Provisions	(9,002)	(9,002)	(9,002)	31
Borrowings	(222,807)	(221,735)	(220,661)	12,120
Commercial Loans	(6,419)	(6,419)	(6,316)	206
<b>Total Non Current Liabilities</b>	<b>(250,571)</b>	<b>(252,747)</b>	<b>(251,563)</b>	<b>845</b>
<b>Assets Less Liabilities (Total Assets Employed)</b>	<b>418,924</b>	<b>418,972</b>	<b>419,880</b>	<b>1,671</b>
<b>Taxpayers Equity:</b>				
Public Dividend Capital	289,738	289,738	289,738	(1)
Retained Earnings reserve	(11,419)	(10,710)	(9,142)	5,695
Revaluation Reserve	138,946	138,285	137,625	(4,023)
Other Reserves	1,743	1,743	1,743	0
FV Assets Reserve	(84)	(84)	(84)	0
<b>Total Taxpayers Equity</b>	<b>418,924</b>	<b>418,972</b>	<b>419,880</b>	<b>1,671</b>

Source: Finance Ledger

## Non Current Assets

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

## Current Assets

- Current assets have decreased by £25.0m to date, mostly due to paying off capital creditors outstanding at the year-end.

## Current Liabilities

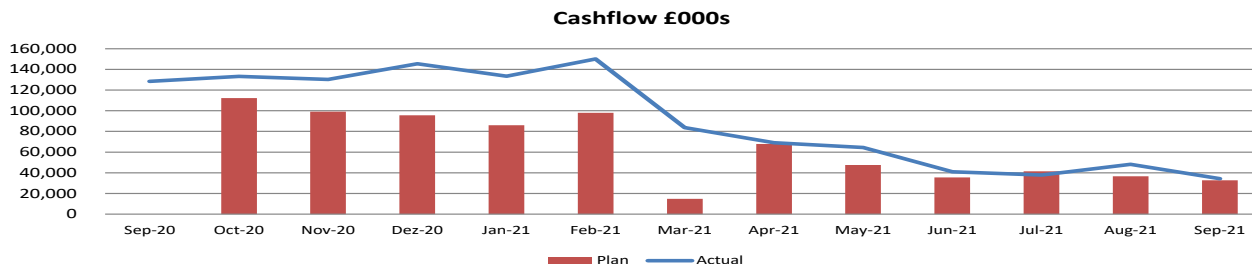
- Current liabilities have decreased by £9.7m to date, which is partly due to a reduction in capital creditors, as above.
- Under the Better Payment Practice Code (BPPC) 90.1% of total bills year to date were paid within target (by value) and 84.2% (by number). Last month's corresponding performance was 90.1% (by value) and 84.1% (by number).

## Non Current Liabilities

- Non current liabilities have decreased by £0.8m to date, due to repaying PFI and other loan liabilities partly netted off with drawing down capital loan funding.

## Cash

- Cash at the end of September was £34.3m, £49.5m lower than the year-end largely due to paying off capital creditors. The actual cash balance was £1.5m higher than the internal plan balance of £32.8m which is a negligible variance given the throughput in the bank account.
- Cash resilience for the remainder of the financial year is dependent on the regime for H2. The Trust has access to a committed DHSC working capital facility to help mitigate cash flow risk in the short term.





## **Appendix 1 – Other Supporting Analysis: Month 6 2021/22**

## Elective Recovery Fund

Elective Recovery Fund	M1	M2	M3	M4	M5	M6	YTD	Notes
SUS baseline £000s	24,411	23,044	27,419	26,360	24,774	26,643	126,008	2019/20 Activity Baseline
Number of Working Days	20	19	22	22	21	22	126	
Target Lower Threshold	70%	75%	80%	95%	95%	95%		Threshold set by NHSE to earn ERF income
Income achieved £000s	25,463	26,560	27,268	25,413	23,135	23,952	127,839	
Baseline % achieved	104%	115%	99%	96%	93%	90%	101%	
Income achieved per working day £000s	1,273	1,398	1,239	1,155	1,102	1,089	1,015	
<b>ERF generated £000s</b>	9,318	10,671	6,481	1,698	0	0	28,168	
<b>Application of ERF</b>								
Direct costs £000s	-2,092	-2,537	-2,354	-2,179	-1,731	-3,507	-14,400	The incremental costs of delivering additional elective activity including some independent sector outsourcing costs
Deficit cover and balance to surplus plan £000s	-1,422	-108	-3,385	-1,171	-504	3,448	-3,142	
Estates schemes £000s	0	0	-329	-110	-110	-851	-1,400	
Retained by OUH £000s	0	-1,841	-10,597	3,166	2,345	5,425	-1,502	Held in reserve by OUH
ERF recognised by OUH in month £000s	-3,514	-4,486	-16,665	-294	0	4,515	-20,444	
Retained by ICS £000s	-5,804	-6,185	10,184	-1,404	0	-4,515	-7,724	
<b>Net ERF Position £000s</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

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