



Oxford University Hospitals

NHS Foundation Trust

Integrated Performance Report Month 4 (July data)

September 2021

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Contents

Executive summary	Page 3
Indicator overview summary	Page 16
Quality , Outcomes and Patient Experience	
Nursing and Midwifery Staffing	Page 18
Quality and Safety	Page 40
Operational performance	
Urgent care	Page 55
Elective care	Page 60
Workforce	
Workforce	Page 73
Digital	
Digital	Page 84
Finance, Procurement and Contracting	
Finance, Procurement and Contracting	Page 91
Appendix 1: Other Supporting Analysis: Month 4 2021/22	Page 100

Integrated themes and issues from M4 (July 2021)

Quality and Safety

Maternity

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

- 720 Mothers Birthed
- 759 Scheduled Bookings
- 218 (30%) Caesarean Sections (CS)
- 1:30 Midwife: Birth Ratio
- 94% completed, VTE admission assessments
- 15 (2.1%) Shoulder Dystocia
- Two Returns to Theatre
- 70.1% Test result endorsements

Amber areas related to:

- 404 (56%) Spontaneous Vaginal Births, an increase from the number in June
- 1 Hypoxic-ischaemic encephalopathy (HIE) 3
- 34 (4.6%) Neonatal Unit (NNU) admissions
- 79% Percentage of women initiating breastfeeding

Green areas related to:

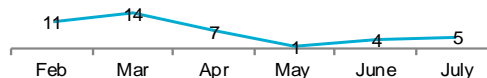
- 10 (2%) 3rd and 4th Degree Tear

Page 26

HAPU

In July, there were **5** incidents of moderate harm causing **Hospital Acquired Pressure Ulceration (HAPU)**. This was an increase on the 4 reported in June.

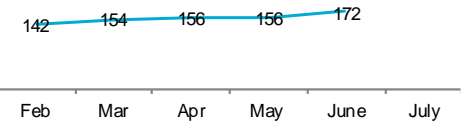
All Category 3 and above HAPU are investigated and an action plan is approved and implemented. For those investigated at a local level, 30 day action plans are recommended with oversight for the closure through the Harm Free Assurance Forum. After Action meetings are underway to review and close the action plans from Q3 and Q4, 2019/2020 and Q1, 2021/22. No Serious Incidents have been reported in 2021/22 related to HAPU.



Pages 27-28

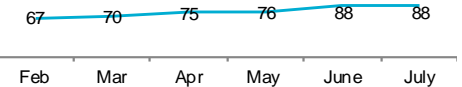
Harm from Falls

Harm from falls information is not available for this report in July.



Complaints

There were **88 Complaints** in July, equal to the number recorded in June. Complaints relating to communication have been raised, particularly by relatives of patients, who feel disconnected from care and treatment pathways as a result of the current restrictions. July has seen an increase in complaints about car parking, with concerns raised over the lack of spaces on site and long vehicle queues. This has been reported to lead to patients arriving late for their appointments or visiting slots, causing upset and stress. The Complaints and Patient Services Manager reports on the complaints received on a weekly basis at the Incidents, Claims, Complaints, Safeguarding, Inquests and SIRI meeting, so that complaints can be triangulated with claims, inquests, and safeguard

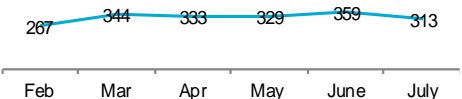


Pages 29

Safeguarding Children

There were **313** consultations with the **children's safeguarding** team in July, an decrease of 46 compared to 359 recorded in June. The main categories of consultations involve neglect and physical abuse.

Maternity safeguarding activity related to maternal drug and alcohol use and mental health concerns. Documentation to record safeguarding concerns during pregnancy is being explored with the EPR Team to identify what information can be linked from mother to baby. Safeguarding training performance in July has improved but still remains below the compliance of 90%. The data is being reviewed from My Learning Hub which, in July, shows compliance of 66.5% for Level 1, 66% for Level 2 and 80% for Level 3.



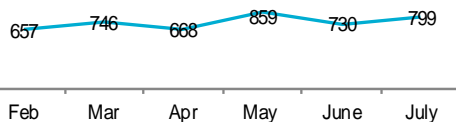
Page 30

Integrated themes and issues from M4 (July 2021)

Quality and Safety

Safeguarding Adults

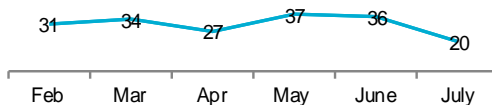
Adult safeguarding activity (*referrals, consultations and incident reviews*) was **799** in July, an increase of 69 from the 730 reported in June. The most significant increase was due to a rise in consultation referrals. By theme, domestic abuse saw the greatest increase and continues to be a significant reason for consultation referrals. High volumes within the categories of neglect and self neglect remain. Adult safeguarding compliance was below the target of 90%. Performance for Level 1 reduced to 76%, and Level 2 training compliance increased to 72%.



Page 31

DoLS

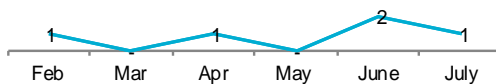
There were **20 Deprivation of Liberty Safeguards (DoLS)** applications reviewed in July which is a significant decrease compared to the 36 recorded in June.



Page 31

Section 42

In July there was **One Section 42 investigation** relating to a safe discharge concerns. A report has been submitted and actions identified to improve communications. There are currently four open enquires with one delayed from August 2020 that is being reviewed further by the Oxfordshire County Council.



Page 31

Friend's and Family Test

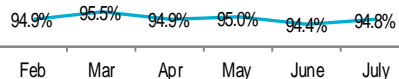
The top 5 raised **FFT** themes in July included **11,073** comments, a decrease of **635** comments compared to June. The top 5 themes, by volume, related to, **Staff attitude 3959**, **Implementation of care 3051**, **Waiting time 1439**, **Clinical treatment 1391**, and **Patient mood/feeling 1233**. The **top three positive FFT** themes (by proportion) were **Staff attitude (79.9%)**, **Implementation of care (76.0%)**, and **Patient mood-feeling (71.0%)**.

There were **359** respondents to the FFT SMS for the Children's hospital. The top three positive themes included **Caring and compassionate Staff (n=137)**, **Patient Care or treatment (n=41)** and **Communication - Information giving (n=27)**. The top three negative themes were **Communication - Information giving (n=12)**, **Time waiting (n=12)** and **Patient Care or Treatment (n=11)**.

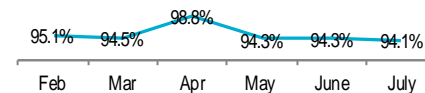
Pages 32-33

Friend's & Family test % likely to recommend

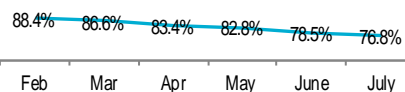
Inpatients



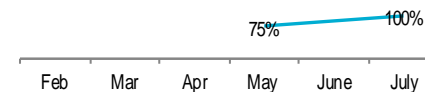
Outpatients



Emergency department



Maternity



Page 40

Integrated themes and issues from M4 (July 2021)

Quality and Safety

Patient Experience

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

- **National Survey Programme timeline**, currently there are 5 national CQC surveys in progress and the breakdown of dates for reporting has been identified.
- **Patient Information Leaflets**, a recovery project is in place to renew leaflets that are out of date (pre to 2018). All Divisions have agreed for the Recovery of urgent PILS by end Sept 2021, and the Recovery of remaining overdue PILS by end of November 2021.
- **Interpreting and Translation (I&T)** activity shows how the service impacts patients and what learning can be taken and shared from incidents raised.
- **Healthwatch Oxfordshire** are reviewing interpreting and translation services with the use of an App to support clinicians with safe phrases, enabling initial communication with patients that require assistance with a different language or have communication difficulties.
- **Accessible Information Standard (AIS)**. One service from each Division is piloting accessibility standards. Learning and changes to practice are being identified and shared.
- **#CallMe** initiative and Trans Policy is an initiative to assist in Positive Patient Identification and confirming how a patient wishes to be addressed, allowing them to maintain their privacy, dignity and respect.

Pages 34-35

Patient Experience Cont.

- **NACEL NHS Benchmarking Study** involves a national audit for the provision for end of life care and a survey for bereaved families.
- **NHS I south East ED survey – Ipsos Mori**, this survey has been commissioned by NHSI South East to gain an understanding of patient reasons for attending ED. This will take place from 9th August to 5th September.
- **WithYou** is a programme to facilitate personal voice messages for those patients that are isolated in hospital. The Neuro ICU trial will be live from 1st September.
- **Uniform Policy patient consultation** is a survey to identify patient thoughts on the OUH staff uniform policy and is available to access via the Trust's social media accounts.
- **Patient Stories**, the pipeline was discussed at the NMAHP Board on 23rd August where new lessons were proposed.
- **Support with Survey Development**, two Divisions and nine clinical teams, volunteers and Chaplaincy are developing clinical unit specific patient experience surveys to gather feedback.
- **Learning Disability Liaison Team** activity shows an increase in the number of people with learning disabilities that are supported by the Trust. Information is provided on the type of support that was offered during May, June and July and the number of clinical incidents involving patients with disabilities.

Pages 35-36

Executive Summary (4)

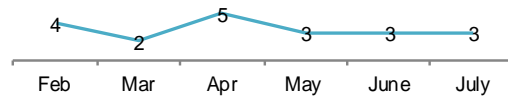
Integrated themes and issues from M4 (July 2021)

Quality and Safety

RIDDOR

In July there were **three** reports to the HSE, one relating to a patient and two relating to members of staff. Two incidents had an actual impact of 2 - *minor injury / illness* and one incident had an actual impact of 3 - *moderate effect or serious injury (but not long term)*.

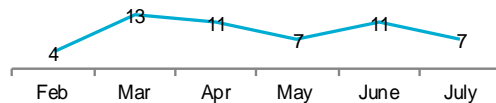
All incidents were followed up by the Health and Safety Team with lessons learned and actions implemented for each RIDDOR.



Page 37-39

C-Diff

There were **7** cases of **Clostridium Difficile >72 hours** in July, compared to 11 cases recorded in June. A Health Economy meeting review for Q1 cases that took place in July deemed all unavoidable.



Pages 40 & 43

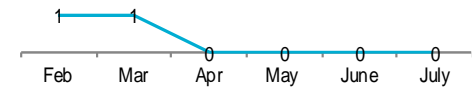
HOHA and COHA

Post 48 hour Gram negative blood stream infections (GNBSI, from April 21, reported as HOHA and COHA): In July there were **4** cases of **Pseudomonas**, **10** cases of **Klebsiella** and **15** cases of **E.coli**. The NHSI/E thresholds will be updated in August.

Page 43

MRSA

There were **0** cases of **MRSA bacteraemia >48 hours** in the month of July. There has been **zero** cases recorded in Q1 of 2021/22.



Pages 40 & 43

COVID-19

In July there was an outbreak in staff on CMU-C, and AAU was closed. There was also an outbreak on the Juniper ward with five patients and one doctor contracting the virus. In total there were **186** COVID-19 patients in July.

The Trust continues to offer symptomatic testing, and twice weekly asymptomatic testing via the national LFD programme. Participation in this programme is reducing from a peak in January 2021, reflecting national data.

Over 120 asymptomatic staff members have been supported to remain at work following a COVID contact with daily lateral flow tests since the beginning of June.

Page 43

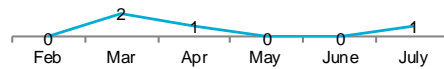
Executive Summary (5)

Integrated themes and issues from M4 (July 2021)

Quality and Safety

Thrombosis

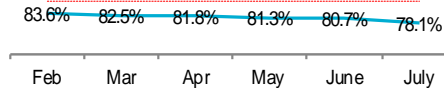
In July there was **one** case of **Hospital Acquired Thromboses** identified and judged avoidable, reported as moderate harm or above. This was an increase from zero reported in June. Two cases have been reported year to date 2021/22.



Page 40 & 42

Dementia Screening

The % of dementia patients aged over 75 years admitted as an emergency who are screened was below the 90% target at **78.1** in July.



Page 40-41

IPC

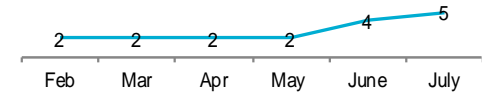
In June the **Sharps container safety audit** was held and the findings demonstrated improved compliance since the last audit.

In July a **Field Safety Notice** was issued on Clinell Universal Wipes and all sites on the Trust were informed. Stores are in the process of removing any implicated batches.

Page 42

MSSA

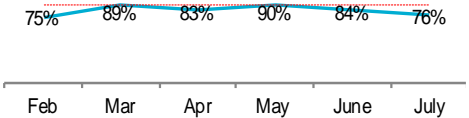
There were **5 post 48 hour MSSA bacteraemia** in July which was an increase on the 4 reported in June. RCAs have been undertaken to identify the cause.



Page 43

Sepsis

The overall **proportion of sepsis admissions that received antibiotics in <1 hour** was **76.0%** in July, below the target of 90%. In ED the proportion of sepsis admissions that received antibiotics in <1 hour was **73.0%** below the target of 90%. The Mortality indicator related to Sepsis from SHMI was 83.6 (71.4-97.3) (i.e. there were fewer deaths than expected).



Page 44

Executive Summary (6)

Integrated themes and issues from M4 (July 2021)

Quality and Safety

Safety Huddles

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

Page 45

WHO Checklist

The **WHO Surgical Safety Checklist** documentation and observation was **99.8%** and **99.8%** respectively in July. Two Divisions achieved 100% for both categories. Knowledge of the recording procedure by new staff has been identified as one of the main reasons for non compliance. Areas that are not compliant are followed up by the Divisional leadership and presented to the Clinical Governance Committee.

Chart - Documentation

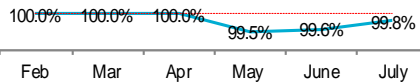
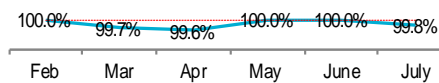


Chart - Observation



Page 45

LocSSIPs

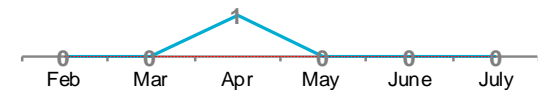
Local Safety Standards in Invasive Procedures (LocSSIPs).

To date, 30 LocSSIPs have been ratified for use and are implemented and monitored for compliance via the Governance Teams within the relevant Directorate and through Divisional Governance Meetings. Compliance is then reported to The Safer Surgery and Procedures Implementation Group (SSPIG) and CGC. 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 the (SSPIG).

Page 45

Never Events

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



Page 45

Integrated themes and issues from M4 (July 2021)

Quality and Safety

Excellence reporting

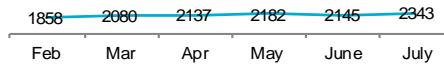
Excellence Reporting is a staff led initiative whereby members of staff can nominate colleagues to recognise instances of excellence. A multi-professional group promotes excellence reporting locally and has represented it Nationally. In July there were **186** reports of excellence and since July 2020, 1,670 have been completed.

Reporting
EXCELLENCE 

Page 46

Patient Incidents

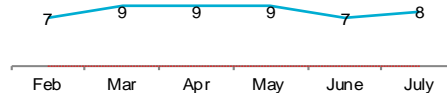
There were **2343 patient incidents** reported in July, an increase on the **2145** reported in June. In July, 70 incidents of moderate and above impact were discussed at the Patient Safety Response (PSR) meeting. Of these, four visits from PCR representatives to support staff and patients took place and nine incidents had their impact downgraded.. The National Reporting & Learning System which shows the Trust's ratio of incidents reported relevant to bed days is well above the median when compared with peers.



Page 47

Serious Incidents

In July, **8 Serious Incident Requiring Investigation (SIRI)** were declared and 9 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. Learning from these investigations is disseminated at a range of Trust, Division and local level meetings.



Page 48

Clinical Harm Reviews

The Trust has an established process for **assessing clinical and psycho-social harm for patients waiting over 52 weeks** for surgical treatment and patients whose cancer pathways exceed 104 days. In July there were **2,012** patients who had been waiting more than 52 weeks for elective treatment. This is a reduction on the 2,500 reported in June.

Page 49-50

Safety Messages

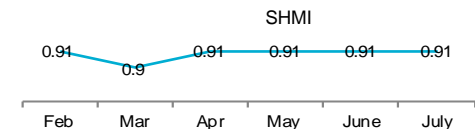
A **Weekly Safety Message (WSM)** is sent from the CMO and CNO via the central Clinical Governance team. The below five messages were circulated across the Trust in July:

- 1) WSM 127: Medicines: Injectable dexamethasone
- 2) WSM 128: Rapid drainage of Pleural effusion
- 3) WSM 129: social Media Guidance for Staff
- 4) WSM 130: Technologies Advisory Group
- 5) WSM 131: Stopping anticoagulation before elective surgery and invasive procedures.

Page 51

Mortality

The SHMI for the period January 2020 to December 2020 was **0.91** and 'as expected'. The HSMR was **91.2** for the period April 2020 to March 2021, and remains 'lower than expected'.



Page 52

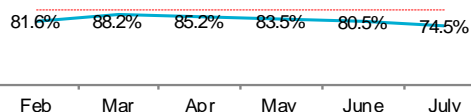
Executive Summary (8)

Integrated themes and issues from M4 (July 2021)

Operational Performance

4 Hour ED Wait

4 hour performance was **74.5%** in July, a decrease compared to 80.5% reported in the previous month. Although performance deteriorated, it remained better than the national average and position of the Shelford hospitals, at 69.1% and 58.8% respectively.

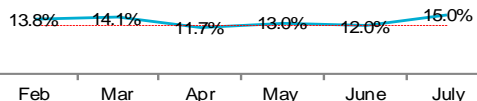


Page 56

LOS

Patients with a length of stay over 21 days was **15%** in July, a deterioration compared to the 12.0% reported in the previous month and above the national target of 12%.

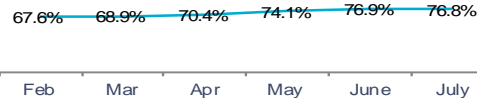
Of the 134 patients, 92 (68.6%) were not medically fit and were required to remain in an acute setting. There has been an increase in patients who are medically optimised resulting in more referrals to community hospital/bed based rehabilitation.



Page 58

18 Week RTT

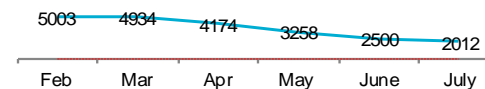
The **18 week incomplete Referral to Treatment (RTT) standard** was **76.8%** in July, a slight deterioration compared to the 76.9% reported in June. Performance, using benchmarking data in June, was better than the national and Shelford group averages at 68.3% and 65.5%, respectively. The total waiting list size for July was 49,342 and represented an increase of 1,507 pathways compared to the 47,835 reported in June.



Pages 60

52 Weeks

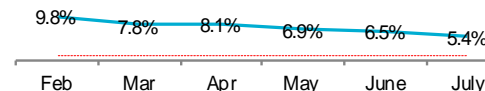
There were **2,012** patients waiting over **52 weeks for treatment** at the end of July. The successive monthly improvement in the patients waiting over 52 weeks continued and compared to June, the number of patients waiting reduced by 488 patients. This improvement is as a result of a combination of the activity undertaken throughout July and the impact of temporary suspension of referrals into the Trust at the beginning of the COVID-19 Pandemic. However, there were 50 patients were reported as having waited over 104 weeks at the end of July. Most of the patients in this waiting cohort have a decision to admit and are awaiting surgery.



Page 60-61

Diagnostic waiting times

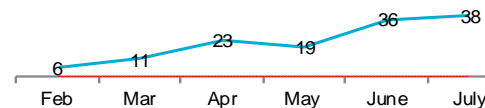
The Trust's performance against the **diagnostic 6 week waiting time standard** (the DM01) was **5.4%** in July, an improvement compared to the position of 6.5% recorded in June. There were 775 patients waiting over 6 weeks at the end of July, a decrease of 172 patients compared to the position reported in June. The largest volume of breaches were in MRI, however the number of patients waiting continues to decrease.



Page 62

On the day Cancellations

Elective on the day cancellations increased to **38** in July compared to 36 cancellations reported in June. There were four breaches of the 28 day readmission standard in July, due to capacity relating to consultant and theatre availability.



Page 66

Executive Summary (9)

Integrated themes and issues from M4 (July 2021)

Operational Performance

Elective Care Prioritisation

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

Patients have continued to be clinically prioritised using the Royal College of Surgeons (RCS) guidance. As at the surgical PTL snapshot of 15/08/2021, **78.0% of undated** patients had an RCS priority code documented within EPR.

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

As at the 15/08/2021 there were **1020** patients stratified as **RCS category P2** on the Inpatient/Daycase waiting list.

- **34.7%** (334) of patients categorised as P2 have waited in excess of the 4 week timeframe since last being prioritised (lapsed).

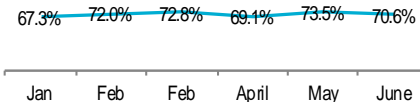
Lapsed P2 data is shared and discussed with Divisions on a weekly basis via the PTL and Assurance meeting process, with particular focus on those lapsing by the greatest amount of time (>6weeks), and securing a plan.

Pages 66-67

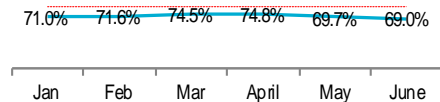
Cancer Wait Times

Cancer Wait Times performance is reported one month in arrears. In June, the Trust achieved 3 out of 9 of the national standards. The Trust achieved the 28 day Faster Diagnosis (**78.6%** vs 75%), the 31 day Decision to Subsequent Treatment (Drugs) (**98.2%** vs 98%) and the 31 day Decision to Subsequent Treatment (Radiotherapy) (**96.9%** vs 94%). The Trust did not achieve the targets for the 2WW for suspected cancer (**70.6%** vs 93%), the Breast Symptomatic standard (**3.5%** vs 93%), the 31 day Decision to First Treatment (**95.8%** vs 96%), the 31 day Decision to Subsequent Treatment (Surgery) (**88.0%** vs 94%), the 62 day GP referral to treatment (**69.0%** vs 85%) and the 62 day screening to first treatment (**77.8%** vs 90%)

2WW performance



62 day GP performance



Pages 70-71

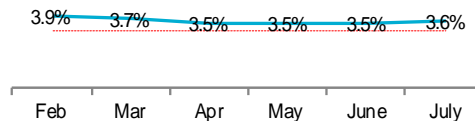
Executive Summary (10)

Integrated themes and issues from M4 (July 2021)

Workforce

Sickness

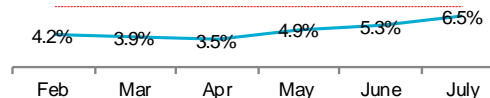
Sickness absence was **3.6%** in July, as measured on a rolling basis versus a target of 3.1%. The top 5 absence reasons amount to 44% of all days lost; with Mental Health accounting for 13%, COVID-19 representing 20%, and Musculoskeletal and Gastro absences representing 11% of days lost. Significant increases in COVID-19 self quarantine and confirmed cases have been recorded in June and July. All clinical divisions have experienced increases in sickness rates and this is reflected both regionally and nationally. There is a continued focus on COVID-19 Risk Assessments for new starters, in addition to a renewed focus on Risk Assessments for those staff that are shielding. The Winter Vaccination Programme is underway, which will deliver COVID-19 boosters and flu jabs in accordance with national guidelines.



Pages 73-76

Vacancies

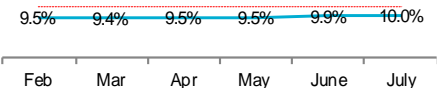
The **vacancy rate** was **6.5%** in July, an increase compared to the 5.3% reported in June but below the target of 7.7%. The continued rise in vacancy levels is due to reductions in staff in post and increases in the budget WTE compared to June. Recruitment for Theatre staff has been successful following a recruitment event, and a focus remains on the hard to fill posts in Radiology, Breast Screening and Critical Care. A Landing recruitment page is live for AICU [Adult Critical Care Oxford - Working for us \(ouh.nhs.uk\)](http://ouh.nhs.uk). Vacant posts continue to be filled by overseas candidates and return to practice nurses. Divisions are working closely with Directorates and recruitment teams to support areas with high vacancy rates and managers are being encouraged to consider Apprenticeship routes.



Pages 73 & 77

Turnover

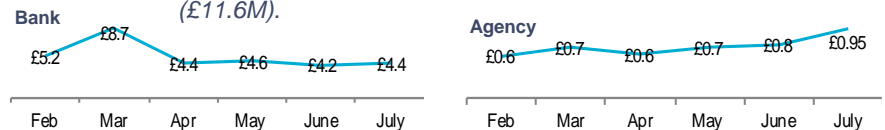
Turnover in July was **10.0%**, which is a slight increase on the reported position of 9.9% in June. July's performance remains below the target of <=12.0%. The underlying rate of leavers has increased across all but one Division and this may reflect the view that turnover will increase with the easing of restrictions. Divisional actions are focusing on retaining staff within the Trust, training for managers to support difficult conversations, understanding reasons for leaving from exit interviews and using Listening to Staff Events to inform recruitment and retention activities and succession planning. Recovery, readjustment and reintegration workshops (R3P) and Wellbeing check-ins are continuing to support staff and teams and are proving to be positive.



Pages 73 & 78

Bank and Agency

Combined Bank and Agency expenditure in July increased to £5.3m from £5.0m in June. In July compared to June, the number of bank staff reduced slightly to 792.9 from 828.5 WTE and expenditure increased to £4.4m from £4.2m. The respective changes in agency staff were a WTE decrease to 102.2 from 118.9 WTE and increased in cost to £0.95m from £0.8m. Having breached the agency ceiling in 19/20, there has been drive to reduce agency spend and achieve the ceiling of £16.4m for 20/21, which the Trust has achieved by approximately **£5m (£11.6M)**.



Pages 73 & 79

Stat and Man training & Appraisals

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

Page 80

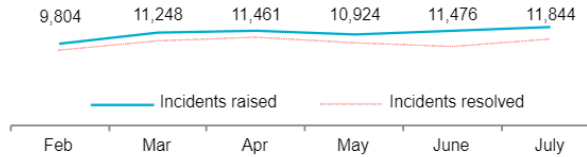
Executive Summary (11)

Integrated themes and issues from M4 (July 2021)

Digital

Service Desk

OUH IM&T Service Desk performance is integral to the day to day running of the Trust. In July **11,844** incidents were raised, shown in the chart below in the blue line and 86.7% (**10,267**) were resolved, shown in the red line in the chart below. This is an increase compared to June, where 82.6% were closed. In July there were **zero** Priority 1 incidents, a decrease on the **six** Priority 1 Incidents in June.



Page 84

CYBER Status

In July **12,534** Devices and **680** Servers were monitored. There was **229.3TB** of internet traffic usage, almost the same as June. The NHS DSPT Annual submission was made. Significant upgrade activity took place on the Windows PC estate, either critical security updates or W10 version upgrades as required under DSPT. The overall cyber status for the Trust is **Green**.

12,534 Devices monitored

680 Servers monitored

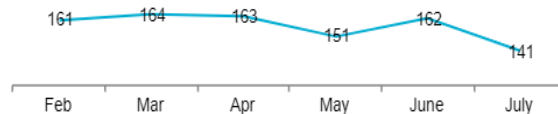
229.3 Internet traffic usage (TB)

Green

Page 85

Information requests

The demand on the **Information request service** for July '21 was 141. User feedback remains positive at 96%. ORBIT usage in July '21 has increased compared to the same period in 2020.



Page 86

Digital delivery

Digital Delivery overview

Projects completed or inflight during the last quarter include:

- Migration of 18,500 User Mailboxes to cloud (Exchange Online) to complete the groundwork and allow future exploitation of the Office 365 platform.
- During August we completed the edge network upgrade across the entire Horton Hospital site which allows us to move onto Wi-Fi improvements in September. We will be moving onto the NOC in late September and then Churchill and JR sites before the end of the year.
- Theatres and Anaesthesia – signed off, plan and works aimed for end of year to improve scheduling functionality in theatres to increase productivity.
- CAPMAN – project underway to fully utilise the bed flow module in Cerner to enable real time bed status across all beds in the Trust.
- Since March we have utilised Dr Dr to remove unnecessary paper and postal cost with over half the appointment letters now being viewed in the portal.
- Future updates within the IPR will include progress/updates against the Digital Plan

481K
Total letters

237K
Print Avoided

288K
Viewed On Portal

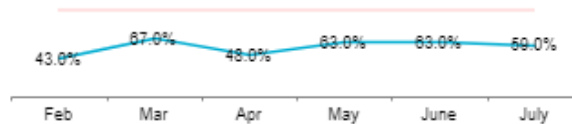
Executive Summary (12)

Integrated themes and issues from M4 (July 2021)

Digital

FOIs

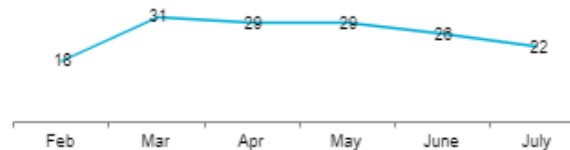
Freedom of information (FOI). The compliance target for FOI requests is 20 working days. The Trust fell short of this target during July with **59%** of **66** FOI requests closed in time. This **4%** reduction is partly due to annual leave across divisions. **13** FOI requests received pre-July were also closed making a monthly total of **52** completed.



Page 87

DSPB

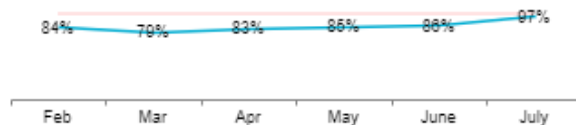
Data Security & Protection Breaches. In July there were **22** Data protection incidents reported on Ulysses, which is a decrease on 26 incidents reported in June. No incidents were reported to the Information Commissioner.



Page 87

DSAR

Data Subject Access Requests (DSAR). The number of DSAR requests in July was **493**. The compliance rate was **97%**, which was a significant increase compared to 86% recorded in June. (data unavailable for Occupational Health)

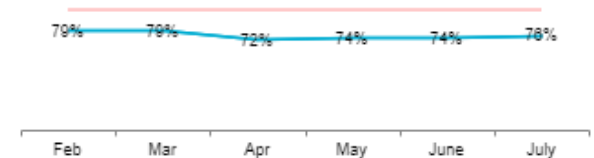


Page 88

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 88-89

Executive Summary (13)

Integrated themes and issues from M4 (July 2021)

Finance

Overall

Income and Expenditure (I&E) in July 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.

Commissioning Income

Commissioning income including pass through income was **£1.9m below** plan in July. This was mainly due to reduced Elective Recovery Fund (ERF) income of only £0.3m, £3.6m less than plan, driven by increases to the threshold levels used to calculate ERF income by NHSE as well as non-elective pressures impacting the Trust's overall levels of a elective activity. The ERF shortfall was partially offset by passthrough drugs and devices income which was £2.0m above plan.

ERF income is controlled by the BOB ICS and is subject to a 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 £9.3m 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 **£0.9m higher** than plan due principally to increased Pathology and Laboratories ONS income (Appendix 1).

Pay Expenditure

Pay costs were **£1.8m lower** than plan in July. Underlying pay costs and recovery pay costs were £1.2m lower than plan and COVID-19 pay costs were £0.6m below plan. COVID-19 pay costs were £0.2m higher than in June. Temporary staffing costs have stabilised.

Page 91-96

Non-Pay expenditure

Non-Pay costs were **£0.9m higher** than plan in July. This is principally due to passthrough drugs and devices costs (£2.0m above plan), and general supplies and premises expenditure (both £0.7m above plan). These adverse variances were offset by a £3.2m reduction to the ERF contingency accrual (in other non-pay costs).

The passthrough drugs and devices cost variance is matched by an equivalent income variance, so it does not impact the bottom line position for the Trust.

COVID-19

Year to date, the Trust is **£9.4m 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 deficit would be created if this funding was reduced or withdrawn.

Page 95 & 97

Cash

Cash was £37.8m at month end, £3.2m lower than the previous month end, this reduction is principally due to the payment of capital creditors from year end. The cash position is **£3.5m worse** than plan due to higher than anticipated accrued income levels and a delay in receipt of ERF cash payments when compared to what was assumed in the plan.

Capital

Capital expenditure was £22.5m by July, which includes spend of £11.0m on the JR Critical Care expansion scheme and £3.4m on the Swindon Radiotherapy scheme. Capital expenditure is **£1.1m behind** plan in July, this is primarily due to the imaging equipment replacement programme (£0.6m) and Swindon Radiotherapy (£0.5m). Both programmes remain on track for completion in-year.

Forecast

The H1 forecast is to deliver 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 not been released.

Page 98-99

Domain

Quality – Outcomes & Patient experience

Operational performance

Workforce

Digital

Finance

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

Indicators achieving target

- MRSA: Pages 40-43
- Mortality: SHMI and HSMR for Sepsis Page 44
- Mortality: Overall SHMI and HSMR Page 52
- Never Events: Page 45

Improvement compared to previous month (no target)

- Complaints (NB remains the same as previous month) Page 29
- RIDDOR (NB remains the same as previous month) Pages 37-39
- DoLS: Page 31
- Section 42 Investigations Page 31

Indicators achieving target

- 28 day Faster Diagnosis: Pages 70-71
- 31 day standard for subsequent treatment (drugs) Pages 70-71
- 31 day standard for subsequent treatment (radiotherapy) Pages 70-71

Indicators achieving target

- Vacancies Pages 73 & 77 (NB Green RAG rated)
- Staff Turnover Pages 73 & 78 (NB Green RAG rated)
- Agency spend Pages 73 & 79 (NB Green RAG rated)

Improvement compared to previous month

- Cyber status Page 85 (NB Green RAG rated)
- Data Security & Protection Breaches (DSPB) Page 87
- Data Subject Access Requests (DSAR). Page 88
- Data Security Training Page 88-89

Indicators achieving target

- Income Page 91-96
- Pay costs Page 91-96

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

Indicators worse than target

- Adult and Children's Safeguarding training Pages 30-31
- Clostridium Difficile Pages 40 & 43
- Dementia Screening Page 40-41
- WHO Surgical Safety Checklist (bboth categories) Page 45
- Sepsis admissions receiving antibiotics in <1hr Page 44
- Hospital Acquired Thromboses Pages 40 & 42

Deterioration compared to previous month (no target)

- Harm from falls (NB not reported in July)
- MSSA post 48 hour Page 43
- Harm from Pressure Ulceration (HAPU) Pages 27-28
- Patient Incidents reported. Page 47
- SIRIs: Page 48

Indicators worse than target

- 4 hour Performance Page 56
- RTT waiting list size Page 60-61
- 18 week incomplete RTT standard Page 60
- Patients waiting over 52 weeks on an RTT pathway Page 61
- Diagnostics <6weeks standard Page 62
- Elective on the day cancellations Page 66
- Length of stay over 21 days Page 58
- 28 day readmission standard for cancellations Page 66
- 2WW for suspected cancer Pages 70-71
- 2WW for breast symptoms Pages 70-71
- 31 day standard for first treatment Pages 70-71
- 31 day standard for subsequent treatment (surgery) Pages 70-71
- 62 day standard from GP referral to first treatment Pages 70-71
- 62 day standard from screening to first treatment Pages 70-71

Indicators worse than target

- Sickness Absence Pages 73-76 (NB red RAG rated)
- Appraisals data not available
- Statutory & Mandatory training data not available

Deterioration compared to previous month

- Freedom of information Requests Page 87

Indicators worse than target

- Commissioning income Page 92
- Non pay costs Page 97
- Capital Page 98
- Cash Page 99

Quality – Outcomes & Patient experience

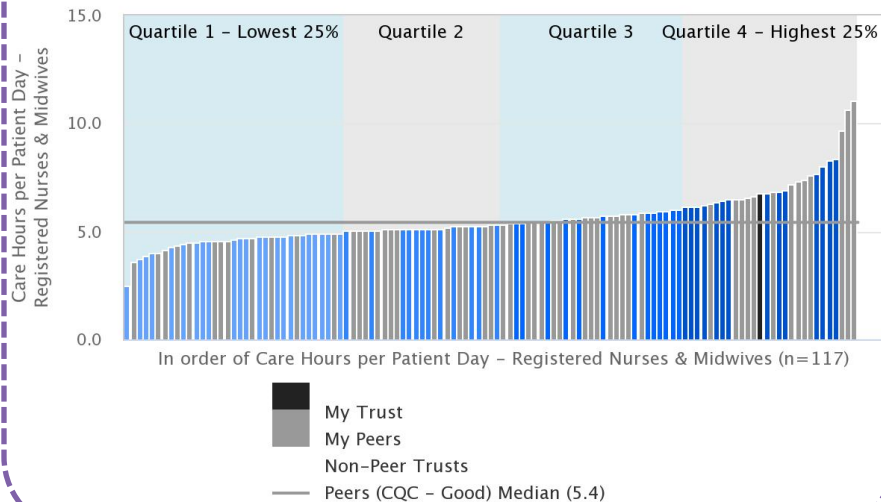
Nursing and Midwifery Staffing; NHSI Model Hospital Data – July 2021

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

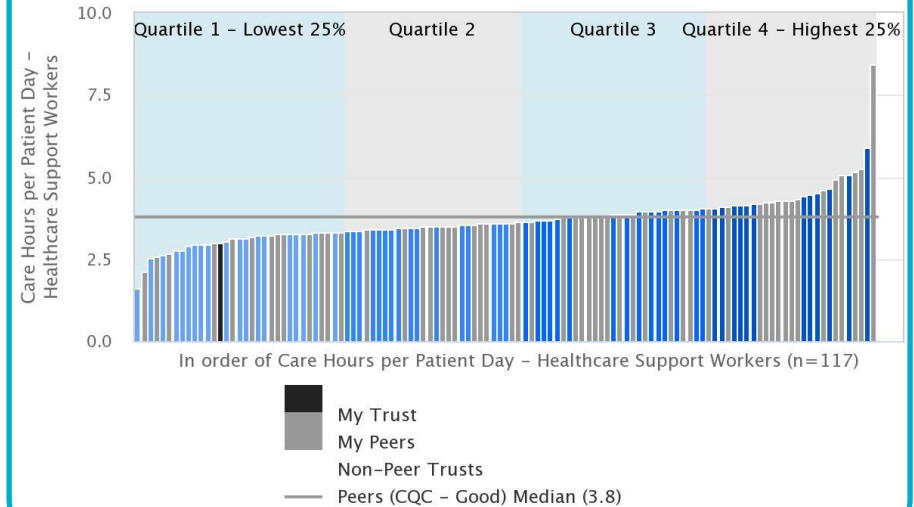
The two graphs below show CHPPD average hours for the OUHFT Trust in Black and the Shelford Group Trust's average CHPPD hours in Grey, the blue bars are all other UK NHS Trusts. The chart on the left is for registered nurse CHPPD and the chart on the right is for healthcare support workers CHPPD.

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 July 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 July 2021 with all areas mitigated safely.

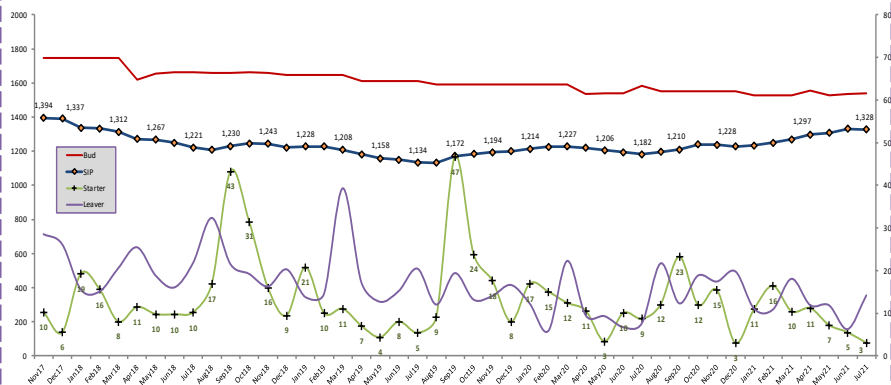
Rostering efficiencies continue to improve across all divisions illustrated by July's key performance indicators.

Band 5 RN vacancy and turnover continues to be stable.

Focussed international nurse recruiting continues, with scrub, anaesthetics and ICU priority areas. Candidates have also been sourced to support paediatric ICU with a Divisional plan to recruit 6 RNs to help mitigate expected increased ICU requirements within this field over the autumn and winter.

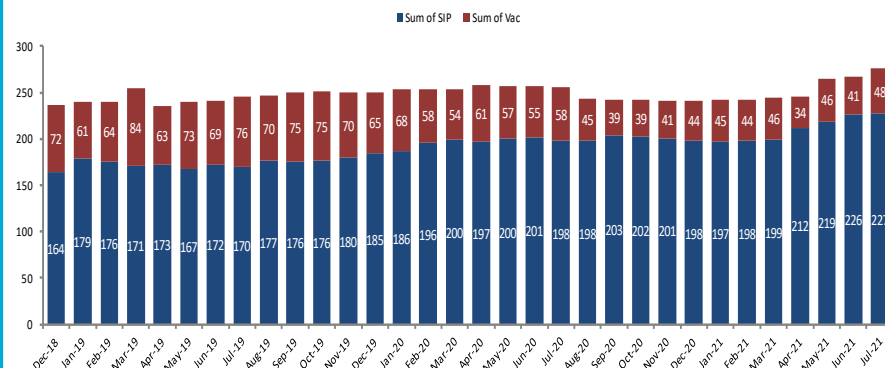
Band 5 RNs in Post, Budget, Leavers and Starters and Turnover Trajectory in July 2021

Staff in Post and Budget by Month



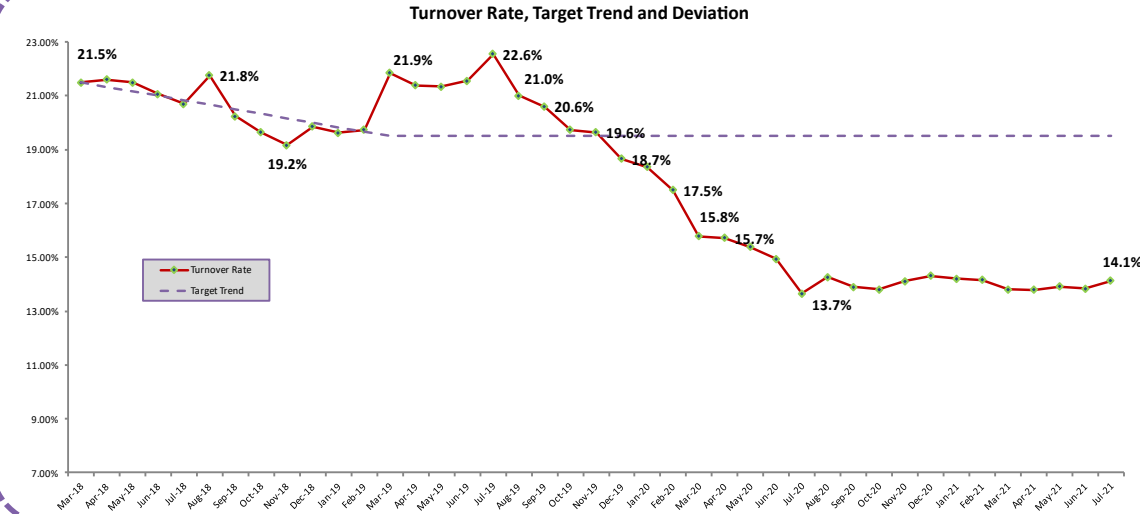
This graph presents the starters and leavers at band 5 RN alongside the current number in post and what the budget is across the divisions. It is monitored at the recruitment and retention steering group as part of evaluating recruitment and retentions initiatives for nursing and midwifery.

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

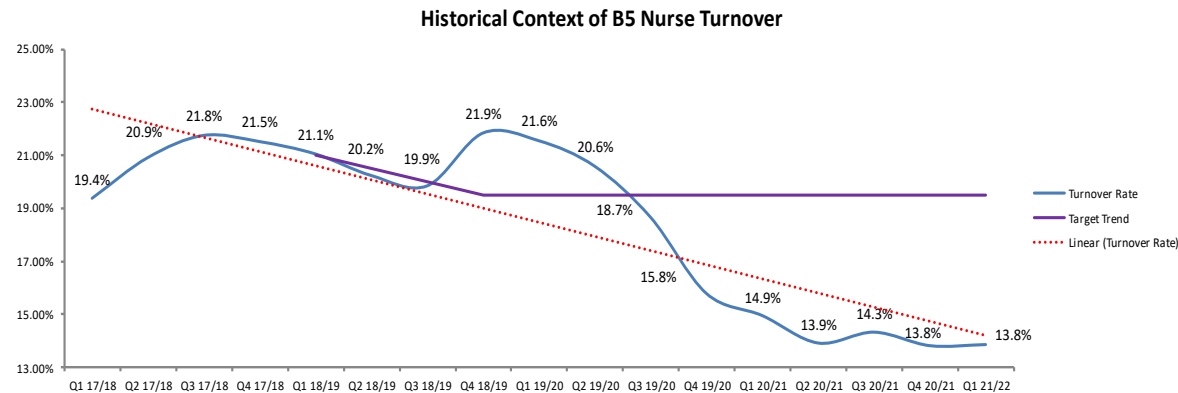


We expect to see less movement of staff from these services and the graphs presents this relatively stable position. Again this is monitored monthly by the steering group.

Band 5 Registered Nurse Turnover Trajectory – July 2021



Band 5 RN turnover continues to be stable throughout June



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

RN and Midwifery Turnover – July 2021

Registered Nursing Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
All Nursing Turnover	3291	357	10.8%	10.8%	10.6%	10.5%	10.5%	10.5%	10.8%
Band 5 Nursing Turnover	1456	206	14.1%	13.9%	13.9%	13.8%	13.8%	14.2%	14.2%
Band 6 Nursing Turnover	1001	89	8.9%	8.9%	8.8%	8.4%	8.5%	8.1%	8.2%
Band 7+ Nursing Turnover	389	33	8.4%	7.5%	6.7%	7.1%	6.4%	6.8%	6.7%

Turnover remained in a stable position

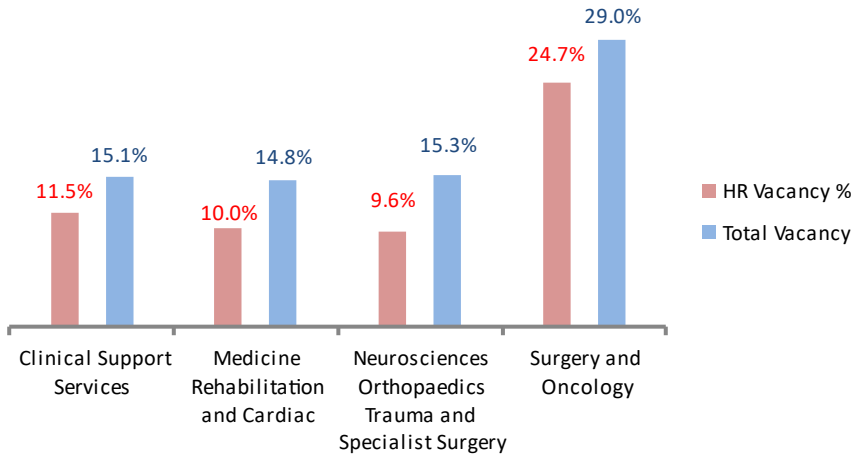
Registered Midwifery Turnover

	FTE	Leavers FTE	Annual Turnover Rate	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21
All Midwifery Turnover	285	34	12.0%	12.4%	13.1%	12.3%	12.0%	11.5%	11.4%
Band 5 Midwifery Turnover	39	2	5.2%	5.0%	4.9%	6.8%	6.6%	0.0%	0.0%
Band 6 Midwifery Turnover	185	25	13.4%	13.9%	14.5%	13.7%	13.4%	13.7%	13.7%
Band 7+ Midwifery Turnover	62	7	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 less than 1% change from March.

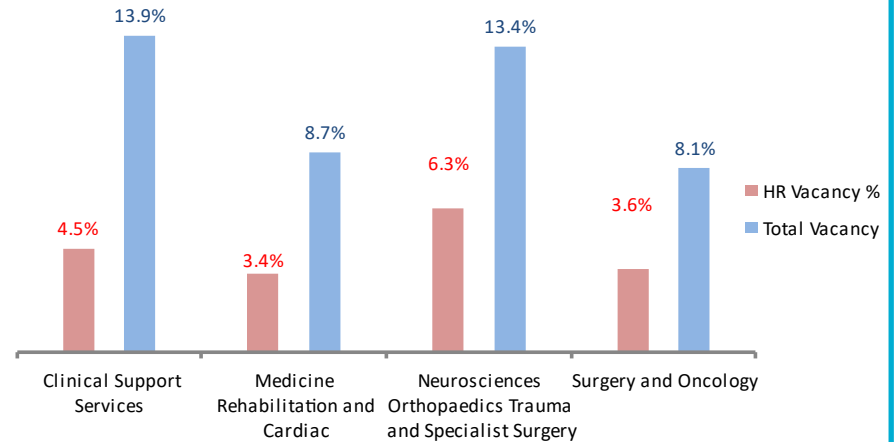
RN and Midwifery Vacancies – July 2021

Vacancy at band 5 by division in percentage



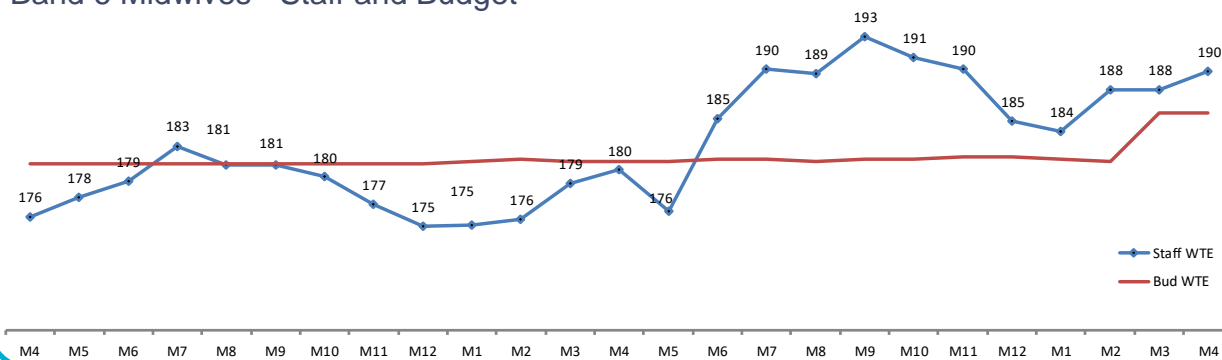
Band 5 RN vacancy continues to be monitored by division as the most fluctuating and largest group within the nursing workforce, Total vacancy includes those who are absent from work for reasons such as long term sickness absence and allows Divisions to monitor against bank and agency spend.

Vacancy at band 6/7 by division in percentage.



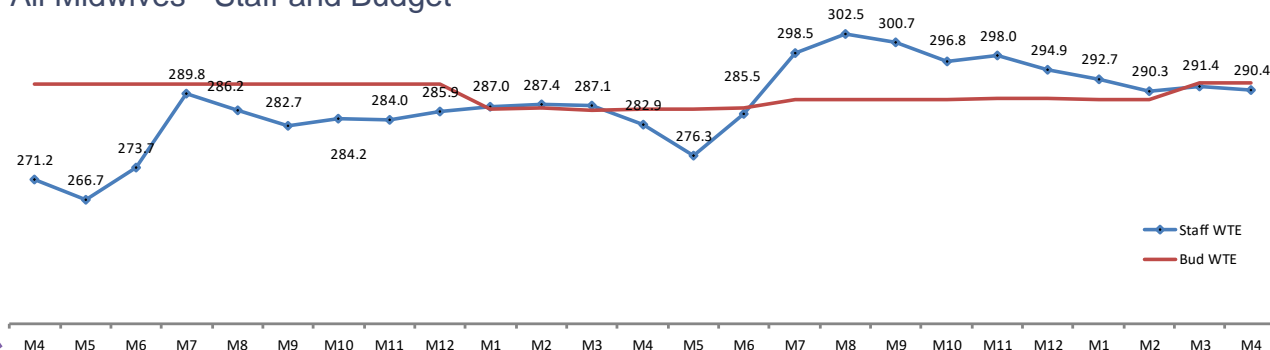
Band 6 RN vacancy remains stable across 3 divisions and we continue to see an expected larger deficit within CSS Division, driven by the higher band 6 ratio of RNs for critical care.

Band 6 Midwives - Staff and Budget



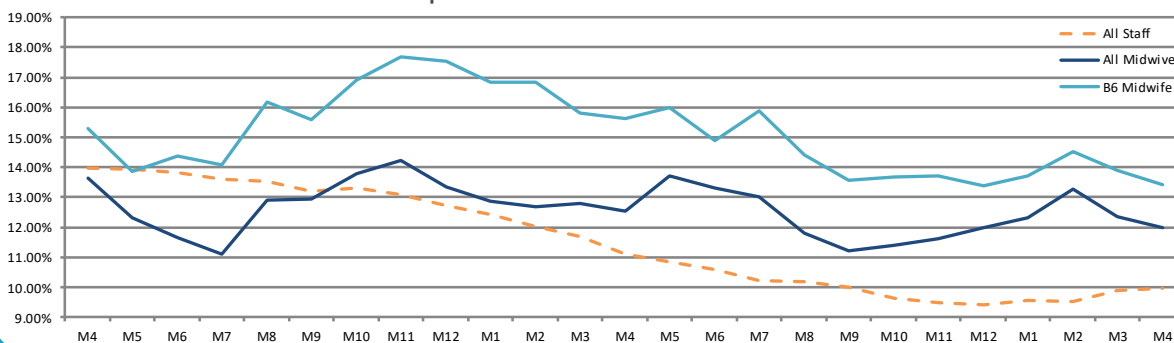
Band 6 midwives is the larger workforce within midwifery and is monitored through the steering group for the same reasons as band 5 within the RN workforce.

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:

- **Mothers Birthed – 720** This was 92 higher than the previous month which was 628. The Business and Performance manager continually reviews the number of bookings on a monthly basis to forecast activity and has not flagged a significant predicted increase in activity.
- **Scheduled Bookings – 759** There was 759 scheduled bookings in July compared to 696 the previous month. For the first time in the financial year the bookings are above 750. A foreword look for the next 6 months is currently being undertaken to determine whether or not there is an increase in trend. This data will be used in conjunction with the BirthRate+ acuity and dependency model to determine safe and appropriate midwifery workforce planning and staffing.
- **Caesarean Section (CS) - 218 (30%)** It 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 – 1:30** Previously it has been at 1:26. This 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.
- **% completed VTE admission assessments – 94%** This is lower than previous months. Further investigation is required as to why this has decreased this month.
- **Shoulder Dystocia – 15 (2.1%)** These will be investigated through the incident reporting system to identify any learning.
- **Returns to theatre – 2** These have been reviewed and no care concerns identified. Actions appropriate.
- **Test Result Endorsement – 70.1%** Endorsement continues to be discussed at all handovers and has been included in the new ward round SOP. To look at new medical digital champions and discuss further at Band 7 meetings

Amber areas:

- **Spontaneous Vaginal Births – 404 (56%)** The rate for July 2021 was 56% compared to the previous two months where it was 53% and coincides with the higher caesarean section rate. This is graded as amber as the red flag is <56%.
- **HIE grade 3 – 1** – Initial summary review undertaken, reported to HSIB.
- **Unexpected admissions to NNU – 34 (4.6%)** This is lower than the previous month. Reviewed through Ulysses and new proforma used to review these. Will also be reviewed through ATAIN.
- **Percentage of women initiating breastfeeding – 79%** Further investigation required to find out the reason for this.

Green:

- **3rd and 4th Degree Tear – 10 (2%)** These are reviewed through the incident reports

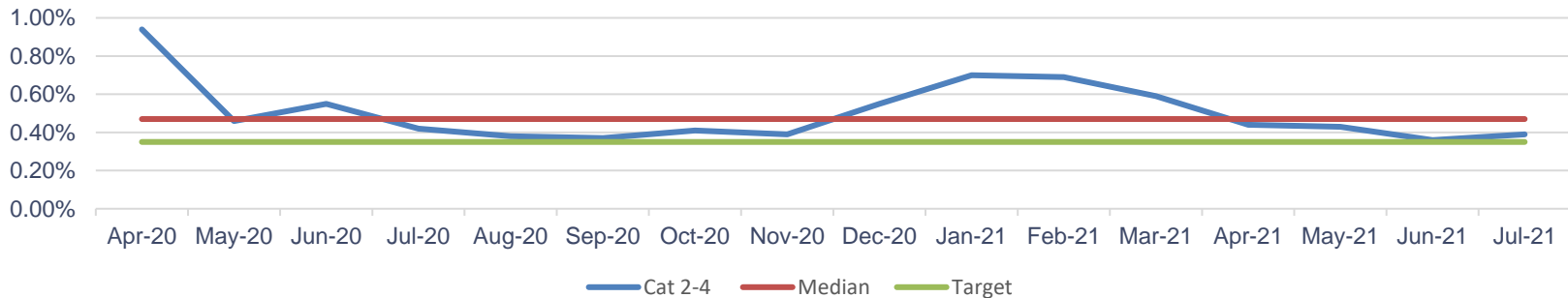
Skin damage related to unrelieved pressure constitutes potential harm to our patients. The Trust is committed to reducing Harms associated with pressure in order to evidence excellence care provision.

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

	Apr-21	May-21	Jun-21	Jul-21
Cat 1	36	40	33	44
Cat 2	79	90	70	74
Cat 3	7	1	4	5
Cat 4	0	0	0	0
Total	122	131	107	123
Cat 2-4	86	91	74	79
Cat 3-4	7	1	4	5

All HAPU Categories 3 and above follow the current Trust process for Moderate and above Harms, These incidents are monitored with oversight from the Harm Free Assurance Forum. *Incidence of HAPU Cat 2 to 4: April 2020 – July 2021*

HAPU Cat 2-4

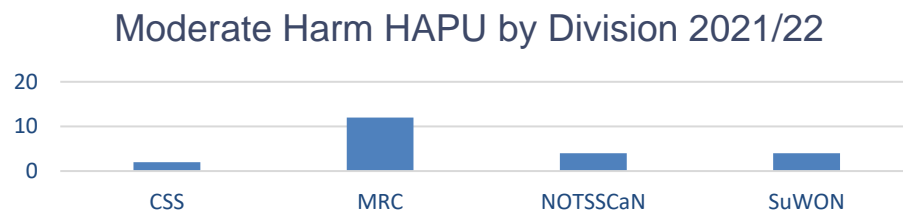


ANALYSIS: Of the 5 incidents reported as Moderate Harm, four were Category 3 and one full thickness mucosal pressure ulceration. Two of had been reported at an earlier stage of skin damage. The average age of the individual affected was between 60-69. The length of stay prior to identification of pressure ulceration was 23 days. All patients were 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, IDC and a cast, were associated with 3 of the 5 incidents. The average surface area for the reported skin damage was approximately 1cm.

DISCUSSION

All Category 3 and above HAPU are investigated and an action plan approved and implemented. For those investigated at local level, 30 day action plans are recommended with oversight for the closure of these action plans through the Harm Free Assurance Forum. After Action meetings are currently underway to review and close the action plans from Q3 and 4, 2019/2020 and Q1, 2021/22. No Serious Incidents have been reported 2021/22 related to HAPU.

Moderate Harm HAPU by Division:



ACTIONS

Strategy Update: Targets for 2021/22 include a focus on increasing the reporting of **HAPU Cat 1**, by 25% based on outturn 2020/21 **from 38 a month to 48, current number 44**, with a predicted 25% reduction in **HAPU Cat 2-4** based on outturn figures from 2019/20 **from 0.47% to 0.35%, currently 0.39%**. Areas for improvement have been identified to support this ambition and plans to operationalise the learning, across the Trust, are currently under development.

The Trust received and recorded 88 formal complaints in July 2021, which is the same number received in June 2021 (n=88).

Emerging themes

Complainants have raised concerns around communication issues, particularly in the complaints made by relatives of patients, who feel disconnected from the care and treatment pathways as a result of the current restrictions.

Car parking complaints have once again increased, with patients raising concerns over the lack of parking space on sites, and long queues of vehicles trying to locate a parking space. This has led to patients arriving late for their appointments or visiting slots, causing upset and stress.

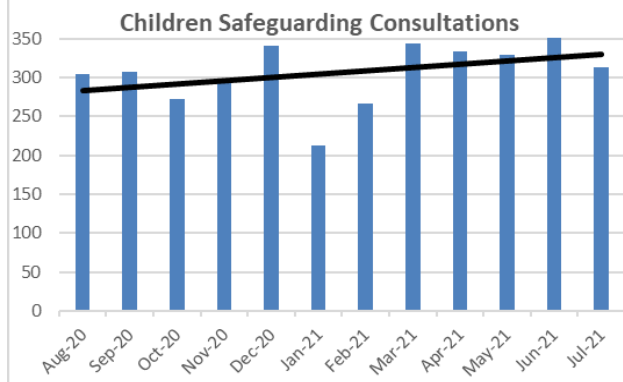
Update on last month's theme

In June it was highlighted that there had been an increase in complaints regarding the length of wait to be seen in emergency care. However, complaints are often made by patients/relatives following a time lapse, and during that time, visiting restrictions have eased, which has resulted in no further complaints received on this matter in July.

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 36 (n= 313) during July. Neglect remains the main category of concern, physical abuse cases increase.

Maternity safeguarding activity themes relate to drug and alcohol and mental health concerns. Documentation to record safeguarding concerns during pregnancy on the babies record a birth has been highlighted as an issue as no history will be known when a baby is discharged and readmitted. The EPR team are reviewing what information can be automatically pulled from mothers records onto babies.

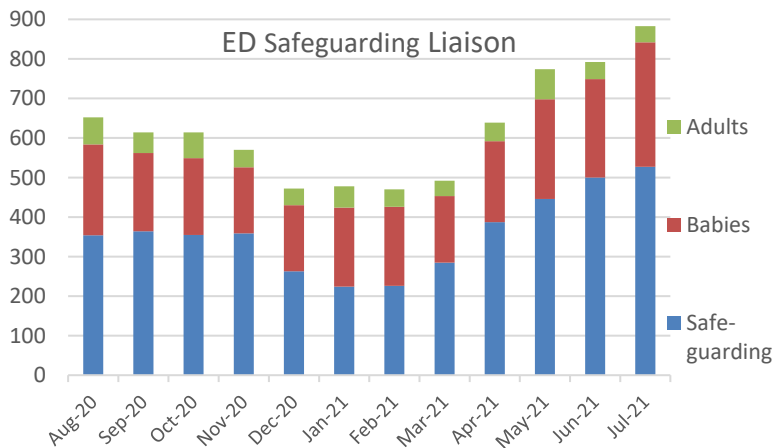
MASH The backlog has due to increased activity, this is being highlighted to the CCG to review commissioning. Backlogs are being mitigated by additional support from the team.

ED Safeguarding Liaison referrals increased by 91 during July (n=883).

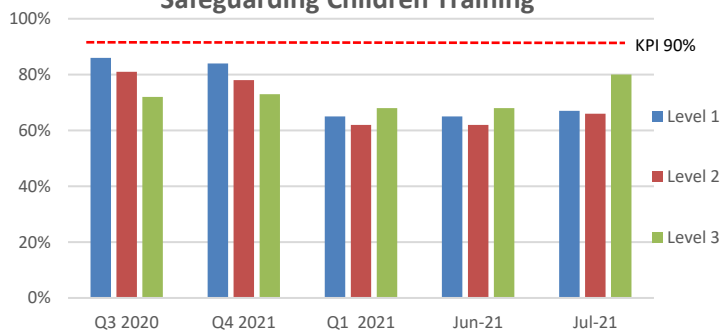
There were 527 children attend ED with a safeguarding concern an increase of 27. The number of under 1 year olds attending ED increased by 66 (n=315) related to the increase in respiratory presentations. This increase has been predicted nationally and plans are in place to manage.

Information is shared with primary care due to vulnerability of babies. Teenage mental health presentations continues to be high (n=74). Burns and dog bites have increased and concerns shared with primary care to raise awareness of risks.

Information is shared with primary care when adults with dependant children present to ED with safeguarding concerns. This dropped slightly (n=41).



Safeguarding Children Training



Safeguarding Children Training Compliance Training data compliance has improved although is below the KPI of 90%. Level 1 increased 1% to 66.5%, Level 2 increased 4% to 66% and level 3 increased 12% to 80%. There is ongoing plans by the My Learning Hub team to map and migrate training to ensure accurate data.

All levels of training are available online, however there have been some anomalies with the links the training on MLH. This is being reviewed to rectify. Training for level 3 remains available via Microsoft teams and there is capacity at all sessions.

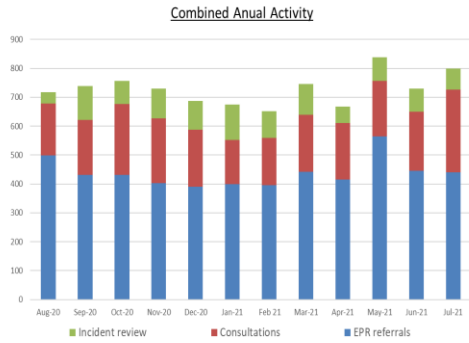


Chart 1: Combined Activity

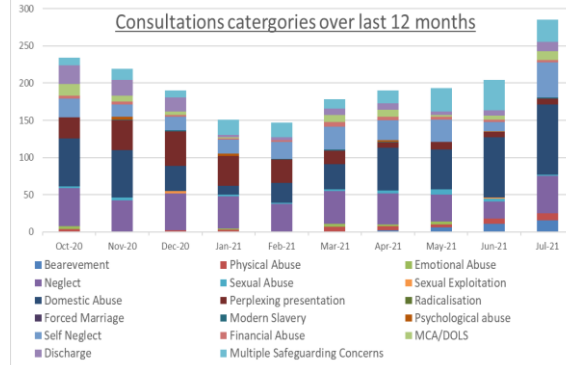


Chart 2: Consultations

Activity:

Chart 1: Combined activity increased by 69 (n=799) due to the increase in consultation referrals (n=286) to the team. EPR referrals dropped by 5 (n=441), incidents dropped by 7 (n=73).

Chart 2: The main category for consultation referrals to the team relate to domestic abuse. There continues to be increased cases of neglect and self neglect.

Governance : concerns have been raised regarding various recording systems across the Trust that do not use EPR where patients contact details are stored and how alerts can be shared to ensure risks are known.

Information Governance are involved in discussions to review how to share alerts.

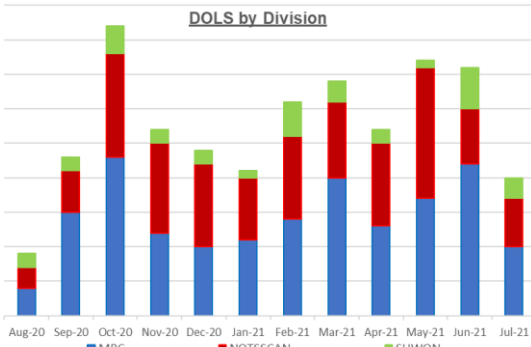


Chart 3: DOLS Applications

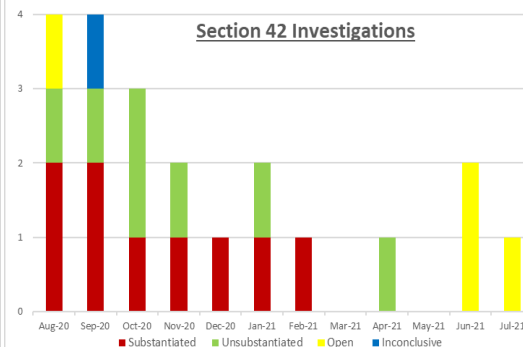


Chart 4: Section 42 investigations

Statutory responsibilities:

Chart 3: There were 20 Deprivation of Liberty Safeguards (DoLS) applications reviewed. This is a reduction of 16 during July.

Chart 4: There was one new S42 investigations during July relating to safe discharge concerns from MRC. The report has been submitted and actions identified to improve communications. There are four current open S42 enquiries, with one delayed from August 2020 that is being reviewed further by OCC.

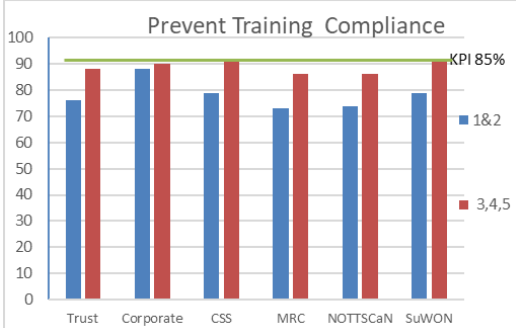


Chart 5: Prevent Training

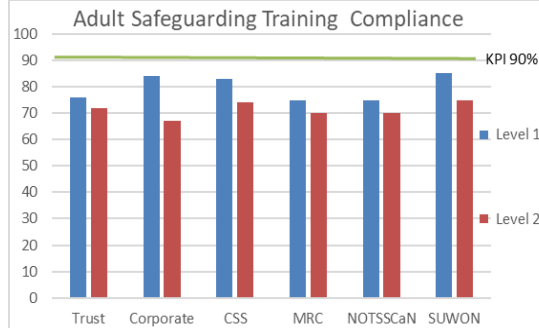


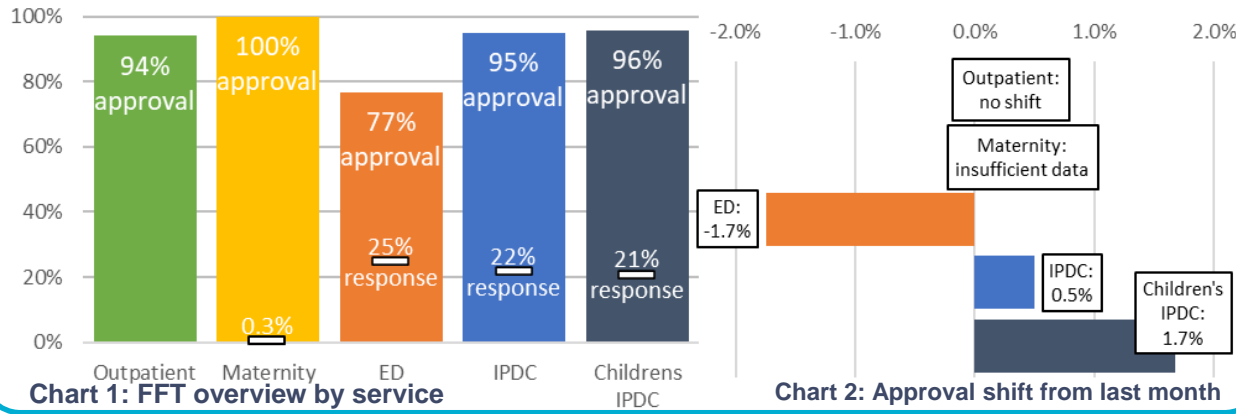
Chart 6: Safeguarding Training

Training: Chart 5: Trust Prevent training Level 1 & 2 compliance dropped 1% to 76%. Level 3,4 & 5 compliance increased 1% to 88%. Both level are above the 85% KPI.

Chart 6: Safeguarding training compliance is below the 90% KPI. Level 1 dropped 1% at 76% and level 2 increased 2% to 72%.

Governance: Training data is being reviewed by the My Learning Hub team and a further migration is planned to ensure accuracy. Mapping is being reviewed to include level 3 safeguarding adult data in line with the intercollegiate document of required competencies.

Patient Experience: FFT overview July 2021



Friends and family Test (FFT) Activity:

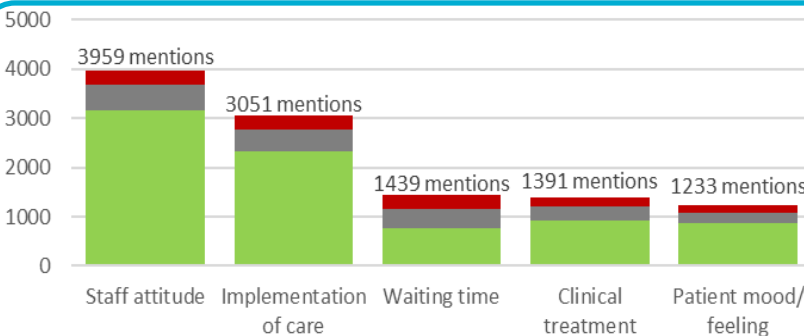
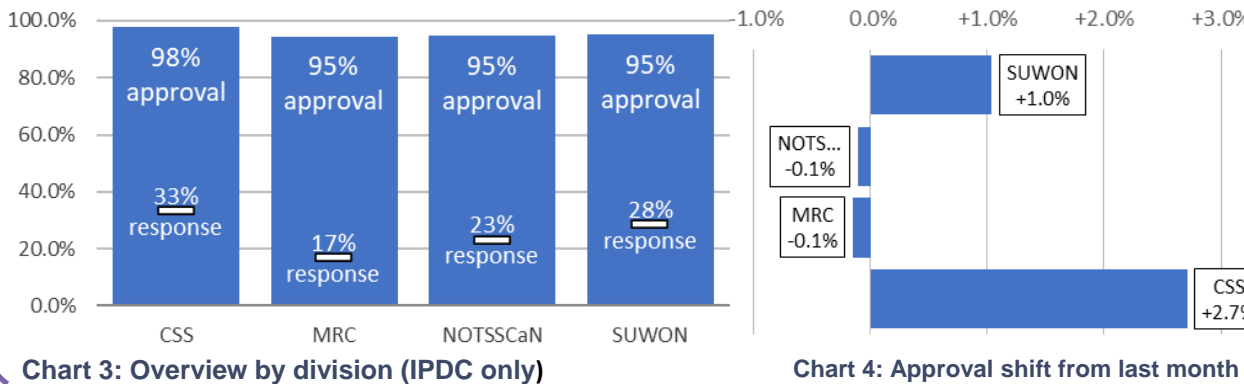
Activity:

The top 5 raised themes (by quantity) in July 2021 were (in descending order): Staff attitude, Implementation of care, Clinical treatment, Waiting time, and Patient mood/ feeling.

The top 5 most commonly raised themes in July 2021 were raised a total of 11073 times, a reduction of -635 incidences vs June's 11708.

The top 3 positive (by proportion) themes for July were Staff attitude (79.9% positive), Implementation of care (76.0% positive), and Patient mood/ feeling (71.0% positive).

The team is beginning research with NIHR and Imperial College London NHS FT to improve the analysis of FFT free text comments working with the BRC Clinical Analytics Team.



Impact: SMS texting is more sustainable for regular FFT feedback – taking the pressure off clinicians.

Lessons Learned: The opportunity to share and feedback on lived experience is important for all women – SMS texting for FFT is not the right approach for women with traumatic birth experience, we will continue with paper and online for those women.

Changes in practice: SMS FFT is being developed for Questions 2 & 3, the touchpoints currently linked to EPR. [using-the-fft-to-improve-patient-experience-guidance-v2.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/using-the-fft-to-improve-patient-experience-guidance-v2.pdf).

Maternity CGC will sign off exclusions on 20th Sept, with 'Go live' on 1st Oct.

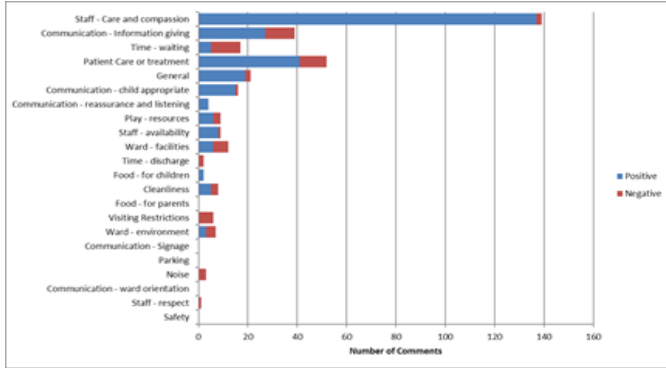


Chart 6: Childrens FFT themes

Children's FFT:

Activity: Response: 359 (20%) in July. Top 3 **positive** themes: Caring and Compassionate Staff (137), Patient care or treatment (41), Communication/ Information giving (27). The top three **negative** themes: Communication/ Information giving (12), Time Waiting (12), Patient Care or Treatment (11).

Impact: Staff care and compassion shines. Covid visiting restrictions continue to be a negative impact on families - parents/carers struggling with the one parent rule - the impact on leaving the ward for a break/to buy food etc. Family quote: *My Nurse calmed and supported me during my hard time.*

She would answer my queries and explained very happily again until I understood as my English is not good. She always smiled and had time for everyone. Thankyou from the bottom of my heart for everything. She made us feel like we were a family in a welcoming loving home.

Lessons Learned: Oxford Hospitals Charity food donation in the pandemic was helpful to families.

Changes in practice: Ward FFT report sent monthly to the children teams. Provision of food discussed at Children's CGC to look to reinstate.

	Urgent emergency care 20	In patient 20 +21	Children's 21	Children's Cancer 21	Maternity 21
Field Work	Oct 20 –Mar 21	Jan – Mar 21	Feb – July 21	Mar – June 21	Apr – Aug 21
Embargoed results	April 2021	June 2021	Aug 2021	October 2021	Sept 2021
CQC Publication	Mid - Sept 2021	Oct 2021	Nov 2021	Oct 2021 + national workshops	Jan 2022
Update	Presentation to ED senior staff - 7 th Sept. CNO presenting results paper to TME - 9 th Sept.	IP 20 prelim results received. Advised IP21 fieldwork commencing in Nov	CNO distributed results - NOTSSCaN and Childrens Directorate.	Coordination meeting with Picker on 25 th Aug. Picker will put OUH in touch with the 12 primary treatment centres)	Still in fieldwork stage

Table 1: CQC and national survey pipeline

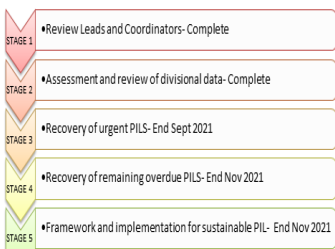


Chart 7: PI Leaflet timeline

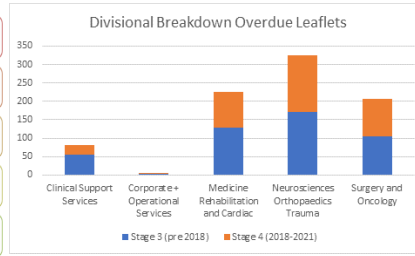


Chart 8: Divisional breakdowns

Patient Information

Activity: All divisions signed up and agreed to complete Stage 3 (30th Sept) and Stage 4 (30th Nov) content accuracy and safety review.

Impact: Accuracy of all patient information leaflets will be confirmed. The leaflets review date will be amended by OMI – Stage 3 (pre 2018 leaflets) first, then Stage 4 (2018 – 2021 leaflets).

Lessons learned: The divisions' operational responsibility for development and sign off of leaflets with the Patient Information Officer's role as project manager to support work plans has worked – because the clinical expertise and clinical governance to generate and sign off information within the leaflets is contained within the clinical divisions.

Changes in practice: To consider virtual 'Reading groups': patients reviewing the readability of clinical information. QI project registered – 7103.

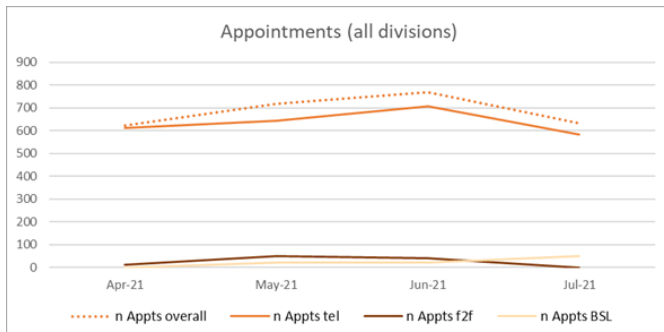


Chart 9: I&T appointments April - July

Interpreting and Translation (I&T)

Activity: 3 incidents: Telephone Interpreter used, but no patient health records available to plan ahead to book interpreter. No interpreter booked. Interpreter unable to park.

Impact: Last minute organisation needed to book telephone interpreter. Treatment delayed. Cost to Trust of interpreter and travel.

Lessons Learned: Interpreting providers advising interpreters to allow time to park. Significant value in recording and learning from clinical incidents for interpreting.

Changes in practice: Travel/ Transport team to provide temporary parking permits for interpreters. Staff intranet [Interpreting Pages updated](#). Weekly MS Teams staff training starts on 16th Sept. Weekly 'At a Glance' starts 3rd Sept. Afghanistan refugees: All 3 interpreter providers recruiting additional Dari and Pashto interpreters, Sign Solutions using relay interpreters for Deaf/hearing impaired/ Deaf blind patients who do not use BSL.



Healthwatch are reviewing interpreting and translation services in Oxfordshire [Using interpreters – tell us your views! - Healthwatch Oxfordshire](#). This includes all health and social care. Please either complete survey on line <http://www.smartsurvey.co.uk/s/usinginterpreters> or to tell your story call **01865 520520** or email hello@healthwatchoxfordshire.co.uk

Easy access to interpreted phrases for clinicians and patients

App for quick access to safe phrases enabling initial communication with patients who need support in a different language or with communication difficulties.

[Reduce Health Inequalities & Improve Patient Safety](#) was established by NHS clinicians NHS in 2020 to facilitate communication during COVID-19 restrictions. In process of due diligence to establish if the App will positively impact on the Trust clinical services and patients. This is being led by the CNO Business manager and the Head of Patient Experience.

- Benchmark with Trusts using the App.
- Establish compatibility with Trust devices.
- Establish alternatives available.

Division	Pilot Service
NOTSSCaN	Neuro Sciences
SUWON	Renal Services
CSS	Pain Services
MRC	Cardiology

Table 2: AIS sites

Accessible Information Standard (AIS)

Activity: 4 services in the pilot.

Impact: Completed assessments show 75% patients feel all communication needs met, 25% mostly met and 13% needed additional communication support. EPR and PE team keen to get system into live practice across the Trust because of clear benefits to patients and staff.

Lessons Learned: Pilot is operating smoothly - communication needs assessments are embedded as part of routine. The 2nd stage pilot will enable teams to establish how well the system works once scaled up and with patients with more complex needs.

Changes in practice "Smartzone" passive alert to be created and switched on - allows staff to see the AIS Communication Needs Assessment form requires completing, without disrupting clinical workflows. 2nd Stage pilots come on stream in Sept 21.

#CallMe initiative and Trans Policy

Developed by Worcester Royal Hospital NHS FT. #CallMe confirms how the patient wants to be addressed. Chief Nurse Information Officer leading project with the PE Team. Clear benefits include Positive Patient Identification and confirming with older patients, Trans and non binary patients the name they prefer to maintain privacy, dignity and respect. As a result – Trans guidelines have been reviewed and will be developed into a policy for review at CPG in February 2022.

NACEL NHS Benchmarking Study

The national audit into the care at end of life also includes a survey for bereaved families. There have unfortunately been delays in the progression of this survey as NHS Benchmarking have advised that families should only be contacted two months after bereavement. Advice is being sought from NHS Benchmarking in order to give the team enough time to contact bereaved families within an acceptable and sensitive timeframe.

NHS I South East ED survey - Ipsos Mori

NHS I South East is seeking to establish from patients their reasons for attending EDs across the South East.

Ipsos MORI ran the survey from 9th August to 5th September on behalf of NHS I South East. Thanks to the ED teams for being so welcoming and helping with logistics. NHS I are expecting the preliminary results to be ready in early September, with the final reports complete by the end of the month.



<https://www.withyou.org.uk> Playlist of personal voice messages for an isolated loved one in hospital specifically for patients with no access to phones/ personal devices – to increase contact with friends and family. Neuro ICU trial finalising the digital process – thanks to the IM&T team for support and Neuro ICU for piloting. New date for trial - 1st Sept 2021.

Uniform Policy patient consultation

Activity: Patients and the public are being asked about staff having visible tattoos, piercings and extreme hairstyles. Patients at the JR, CHOX, NOC and the Churchill have been asked for their views with the support of a YIPPEE member.

Impact: The findings will be analysed by 3rd Sept and will be used to inform the updated uniform policy.

Lessons learned: Inpatients have readily participated in this brief face to face survey.

Changes in practice: The policy updated once the survey has been completed.

Patient Stories: The pipeline was discussed at NMAHP Board on 23rd August and proposed:

- Safeguarding
- Critical Care
- Children and young people with mental health problems
- Patients who have fallen
- Trauma move

Lessons learned: Plan well ahead. Whole team aware and on board. Plenty of time to review and sign off at divisional CGC prior to Trust Board.

NHS I Patient Experience Improvement Framework

NHS I patient experience team will lead the review of the Trust's compliance with the [NHS England Patient experience improvement framework](#) over the autumn. This will be completed by 31st December 2021 and will involve virtual meetings with patients, relatives, carers staff, governors and stakeholders. This will form the basis for the updated PE strategy, and is an action from the KPMG audit in 2020.

The framework facilitates an organisational diagnostic to establish how far patient experience is embedded in its leadership, culture and operational processes. There are 6 sections (leadership • organisational culture • compassionate care • safe staffing levels • consistent incident reporting and learning lessons)

The framework integrates policy guidance with the most frequent reasons CQC gives for rating acute trusts 'outstanding', as identified in NHS I review of CQC reports.

Dates sets up : 22nd September: 13th Oct: 3rd Nov: 24th Nov: 8th Dec

NOTSSCaN	SUWON
Kamran's Ward	Support for depressed cancer patients
Children's difficult Asthma Clinic	Diagnosis in cancer of unknown origin
Children's radiology prep	Early pregnancy assessment unit
Children's prep for surgery	Fertility support by midwives
PICU family support	

Table 3: Clinical unit specific patient experience survey

Support with Survey Development

Activity: 9 clinical teams, volunteers and Chaplaincy currently being supported to develop unit specific patient/ staff experience surveys to gather feedback on level of support by clinical staff, effectiveness of patient, staff and partner Trust communication, impact of covid restrictions on services and ward facilities, rating induction, impact of family support on PICU .

Anticipated Impact: flexible services, improve patients + clinical staff information sharing, help children to access child focused medical care, understanding of family needs.

Lessons learned : Clinical staff given qualitative research survey design support ensures their survey questions elicits appropriate data.

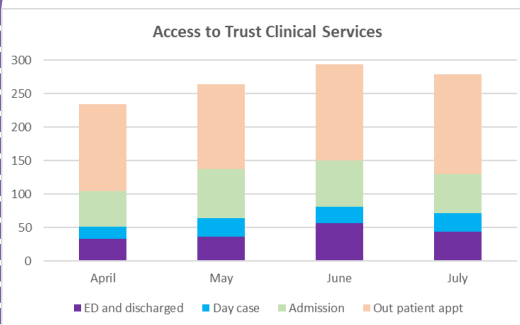


Chart 10: People with LD supported

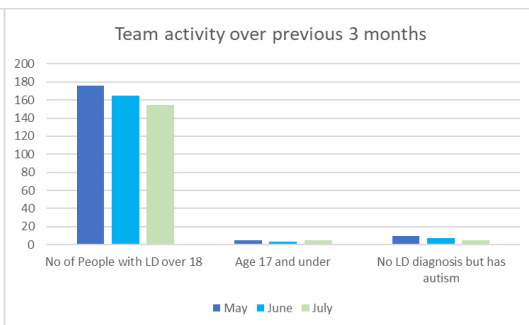


Chart 11: People with LD supported by LD Team

Learning Disability (LD) Liaison Team

Activity: Chart 10: Trust support for people with LD. Chart 11 shows the majority of people supported by the liaison team are over 18. People with autism are often experiencing complex issues and require considerable reasonable adjustments to access the Trust services.

Impact: Chart 12 shows the type of support offered in May, June and July. The majority of the team's support is directed to planning an admission, care coordination and inpatient support. The teams' caseload is becoming increasingly complex. Some people require considerable support because of vulnerability, mental capacity, self neglect and profound physical disability.

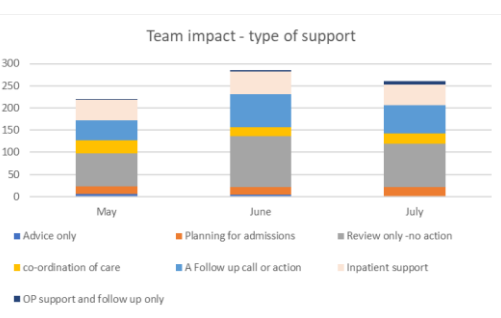


Chart 12: Type of support

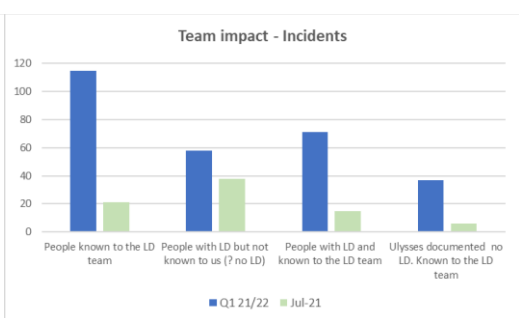


Chart 13: Clinical incidents across the Trust

Learning Disability Liaison Team

Lessons learned: Chart 13 shows the breakdown of incidents relating to people with learning disabilities during Q1 and July. Monthly reporting moving forward. LD team and Ulysses team refining to increase accuracy. Considerable partnership working across primary care, mental health, community LD services, social care and Turning Point.

Changes in practice: The team reviews incidents daily, amends if the patient does not have LD. Coordinated multiagency service plans including SCAS, Police, ED, LD community services.

Person type: Patient
RIDDOR type: Fracture
Accident type: Slip, trip fall same level
Incident location: AAU

Incident details : The Injured party (IP) suffered a fracture of the proximal fibular shaft and fibular neck as they fell whilst being mobilised without a hoist.

Additional information: Patient was transferred into ED by ambulance and handed over as requiring transfer by hoist. Patient moved to AAU however handover information was not communicated internally and staff in AAU attempted to mobilise / transfer patient without use of the hoist.

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

Lessons learned: Health and Safety Team discussed this incident within falls harm free meeting, local investigation underway into the internal communication of information.

Person type: Staff

RIDDOR type: Accident-Over seven day absence

Accident type: Lifting and handling injuries

Incident location: Pharmacy Clinical Trials

Incident details : The Injured party (IP) IP was a Staff member who injured their back lifting/moving A4 archive files.

Information: The IP had an underlying back condition.

Incident outcome: Actual impact 2 – minor injury / illness

Lessons learned: Health and Safety Team discussed this incident with the manager, advised review of manual handling training and a person specific risk assessment to be undertaken to mitigate further risk.

Person type: Staff

RIDDOR type: Accident –over seven day absence

Accident type: Lifting and handling injuries

Incident location: Physiotherapy NOC

Incident details : The Injured party (IP) injured their shoulder whilst mobilising a patient.

Additional information: IP has been seen by the Physiotherapist in the Nuffield Orthopaedic Centre Outpatient Department. Review conducted with manager regarding reduced working activities/admin functions that they can perform.

Incident outcome: Actual impact 2 – minor injury / illness

Lessons learned: Health and Safety Team discussed this incident with the manager, advised review of manual handling training and internal process review as patient should have been brought to them in a bed not a wheelchair.

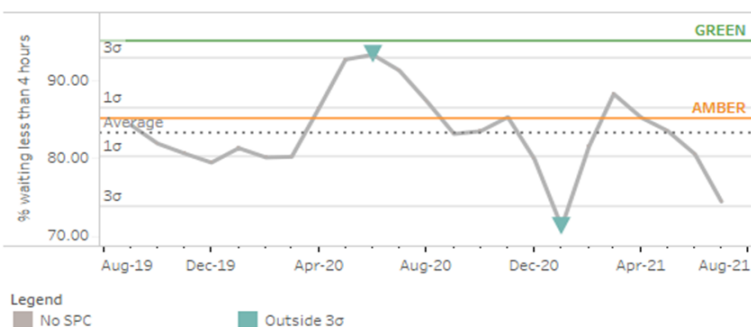
Key Quality Metrics Table

Descriptor	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
VTE Risk Assessment(% admitted patients receiving risk assessment)	98.32%	98.41%	98.16%	98.16%	98.06%	98.47%	98.22%	98.37%	98.18%	98.40%	98.42%	N/A
Number of cases of Clostridium Difficile > 72 hours (cumulative year to date)	51	60	71	87	91	97	101	114	11	18	29	36
Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)	3	3	3	3	3	6	7	7	0	0	0	0
% patients receiving stage 2 medicines reconciliation within 24h of admission	61.90%	60.35%	58.94%	62.03%	60.99%	60.98%	66.23%	67.08%	59.46%	N/A	56.00%	50.90%
% patients receiving allergy reconciliation within 24h of admission	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of incidents associated with moderate harm or greater	2.18%	2.39%	1.81%	2.16%	2.04%	1.92%	2.34%	2.06%	1.72%	2.11%	1.91%	1.57%
Cleaning Score - % of inpatient areas with initial score > 92%	46.55%	58.57%	46.84%	55.00%	53.42%	59.74%	46.15%	43.04%	60.26%	55.38%	60.26%	N/A
% Radiology direct access 7 day turnaround times - Plain Film, CT, MRI & Ultrasound	83.23%	82.52%	85.75%	84.11%	81.61%	79.55%	84.58%	82.36%	83.33%	84.77%	80.97%	N/A
CAS alerts breaching deadlines at end of month and/or closed during month beyond deadline	0	0	0	0	0	0	0	0	0	0	0	0
Number of hospital acquired thromboses identified and judged avoidable	0	0	0	0	0	1	0	2	1	1	0	1
Crude Mortality	164	182	181	196	223	332	216	222	194	182	190	209
Dementia - % patients aged > 75 admitted as an emergency who are screened	87.16%	81.12%	85.03%	84.46%	85.05%	80.67%	83.58%	82.48%	81.74%	81.31%	80.69%	78.11%
ED - % patients seen, assessed and discharged / admitted within 4h of arrival	87.31%	83.12%	83.45%	85.26%	79.93%	71.24%	81.52%	88.22%	85.21%	83.50%	80.53%	74.47%
Friends & Family test % likely to recommend - ED	N/A	N/A	N/A	N/A	86.18%	88.24%	88.35%	86.63%	83.38%	82.78%	78.54%	76.79%
Friends & Family test % not likely to recommend - ED	N/A	N/A	N/A	N/A	8.38%	6.84%	6.85%	7.07%	9.81%	10.13%	13.95%	14.34%
Friends & Family test % likely to recommend - Mat	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	75.00%	N/A	100.00%
Friends & Family test % not likely to recommend - Mat	N/A	N/A	N/A	N/A	0.00%	0.00%	N/A	N/A	50.00%	0.00%	N/A	0.00%
Friends & Family test % likely to recommend - IP	N/A	N/A	N/A	N/A	95.30%	95.95%	94.87%	95.54%	94.91%	95.00%	94.41%	94.83%
Friends & Family test % not likely to recommend - IP	N/A	N/A	N/A	N/A	2.45%	1.83%	2.59%	2.43%	2.38%	2.48%	3.09%	2.84%
Friends & Family test % likely to recommend - OP	N/A	N/A	N/A	N/A	93.88%	94.69%	95.07%	94.51%	98.84%	94.27%	94.28%	94.14%
Friends & Family test % not likely to recommend - OP	N/A	N/A	N/A	N/A	2.96%	2.27%	2.35%	2.73%	2.36%	2.66%	2.93%	1.46%
% patients EAU length of stay < 12h	56.88%	52.76%	51.18%	54.87%	49.35%	42.04%	53.16%	56.59%	58.06%	53.46%	53.28%	53.54%
% Complaints upheld or partially upheld [Quarterly in arrears]	N/A	76.04%	N/A	N/A	74.90%	N/A	N/A	74.85%	N/A	N/A	73.16%	N/A

- Indicators where performance has declined:
- Dementia - % patients aged > 75 admitted as an emergency who are screened
- ED - % patients seen, assessed and discharged / admitted within 4h of arrival
- Number of hospital acquired thromboses identified and judged avoidable (Moderate or greater)

% Patients attending ED who are discharged or admitted within 4 hours of arrival.

ED - 4 Hour Target (AESitrep4)

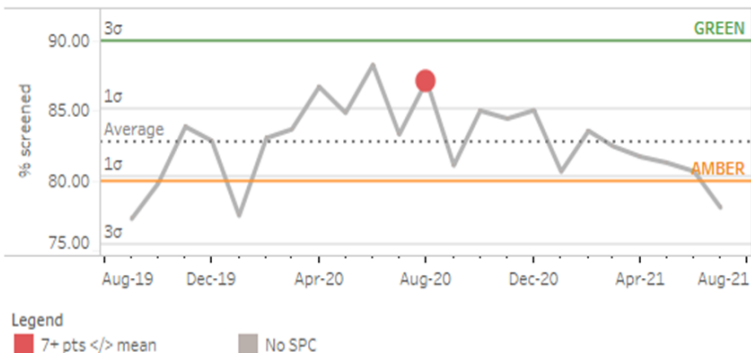


Performance is currently not as expected, there has been a big increase in attendances which is also being felt nationally. There are significant work streams and audits looking at this to see how this can be managed. The Urgent Care meeting is streamlined and supported by the transformation team. Out of hours and high psychiatric attendance is leading to further delays as the infrastructure to support these is not currently in place.

COVID-19 numbers have slightly increased this month and is now on the decline, planning is underway for a potential third wave. RSV planning in paediatrics is also being implemented and Children's ED is working closely with the Children's Hospital Oxford (CHOX).

Dementia - % patients aged > 75 admitted as an emergency who are screened

Dementia - % patients aged > 75 admitted as an emergency who are screened [one month in arrears] (Submitted) (DemCquin)



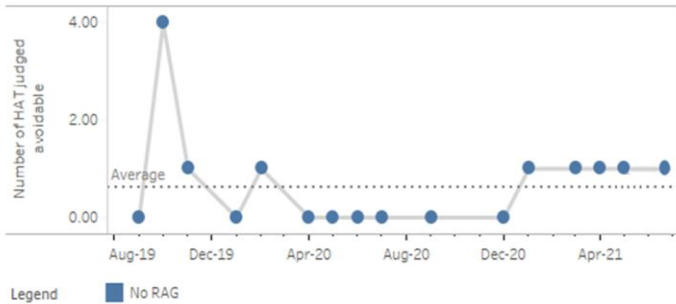
MRC - Cognitive screening compliance is 79% which is consistent from previous months and continues to be a focus across the directorates. The Division remains below the Trust target of 90%. Cognition is an area that supports effective and safe care for MRC patients and this is currently being reiterated to all teams.

NOTSSCaN - The rate of cognitive screening in the Division remains stable at 77%

SuWOn - The Division's rate of cognitive screening of emergency admissions aged 70+ within 72 hours of admission remained below the 90% target, at 86% (98/114), no change since last month. Most cases with a missing cognitive screen were due to data recording issues, including the way general surgery ambulatory patients on home leave are recorded as inpatients on EPR. When these patients are excluded from the data, the Division achieved 93% compliance (93/100).

Number of hospital acquired thromboses identified and judged avoidable

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



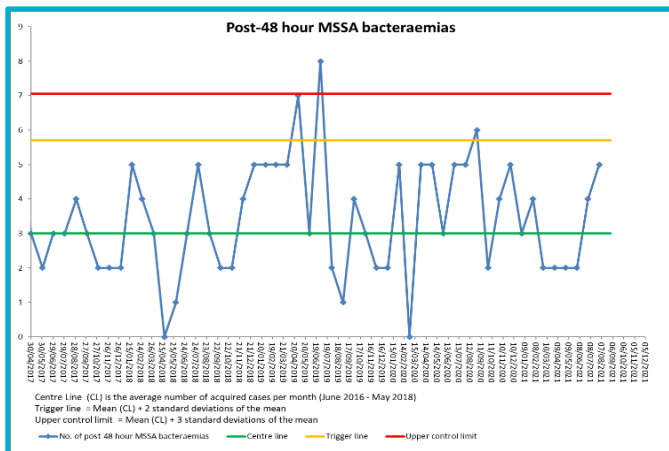
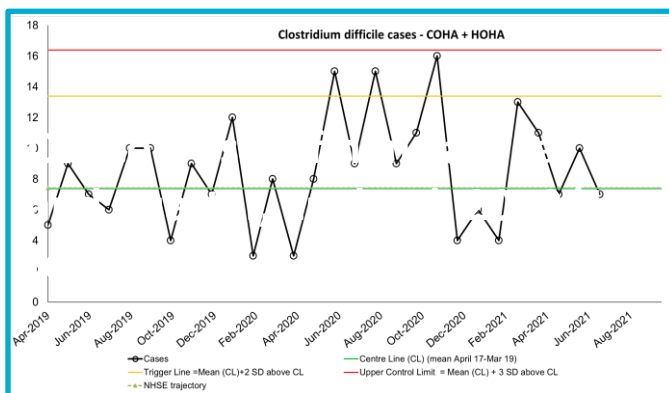
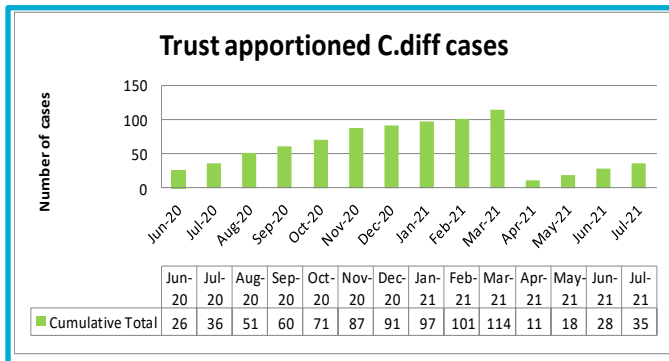
A patient was admitted with suspected haematuria and worsening back pain. They had metastatic renal cancer and had been receiving ongoing radiotherapy at another trust. The patient presented with evidence of infection for which they were prescribed intravenous antibiotics.

A VTE assessment was completed on admission due to possible haematuria no prophylactic dalteparin was initially prescribed. Further into the patient's admission their haemoglobin was stable and there was no evidence of frank haematuria so a plan was made to start dalteparin.

This was not re-started when requested (5- day delay).

The VTE Team have met with the EPR team to explore EPR solutions.

The Trust Wide audit of appropriate thromboprophylaxis in April 2021 showed that 99.0% inpatients received `appropriate thromboprophylaxis`



C. diff: 2020/21: In July there were a total of 5 HOHA + 2 COHA. Health Economy review of Q1 deemed all unavoidable. NHSE/I thresholds

MRSA There were 0 cases of post 48-hour MRSA bacteraemia

Gram negative blood stream infections (GNBSI) From April 21 reported as HOHA and COHA (previously HOHA – post 48-hour only. NHSE/I thresholds to be updated next month

MSSA: In July 5 post 48-hour cases reported, RCAs undertaken

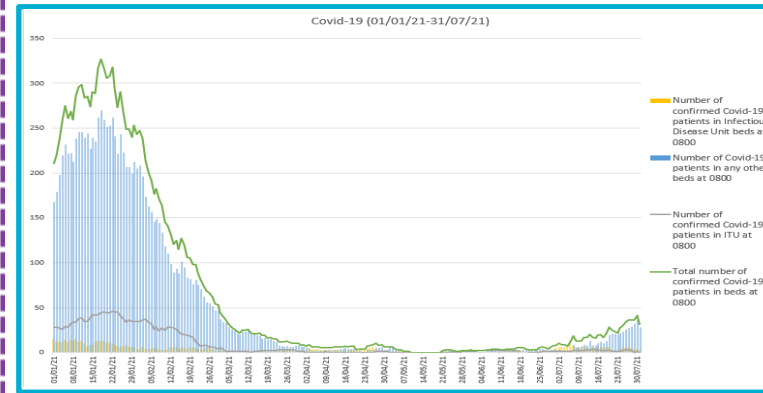
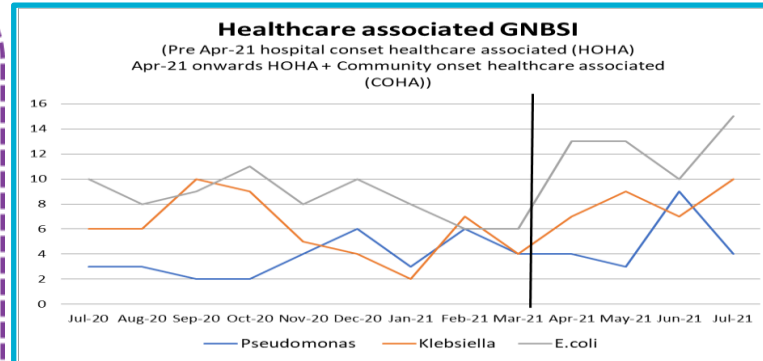
COVID-19: outbreak staff on CMU-C and staff on AAU closed. Outbreak on Juniper 5 patients, 1 doctor. 186 COVID patients during July

Staff COVID-19 data. Trust continues to offer symptomatic testing, and twice weekly asymptomatic testing via the national LFD programme. Participation in this programme is reducing from a peak in January 2021, reflecting national data.

Over 120 asymptomatic staff members have been supported to remain at work following a COVID contact with daily lateral flow tests since the beginning of June. Two of these individuals have become COVID-19 PCR positive with no evidence of onward transmission (as of Aug 27th).

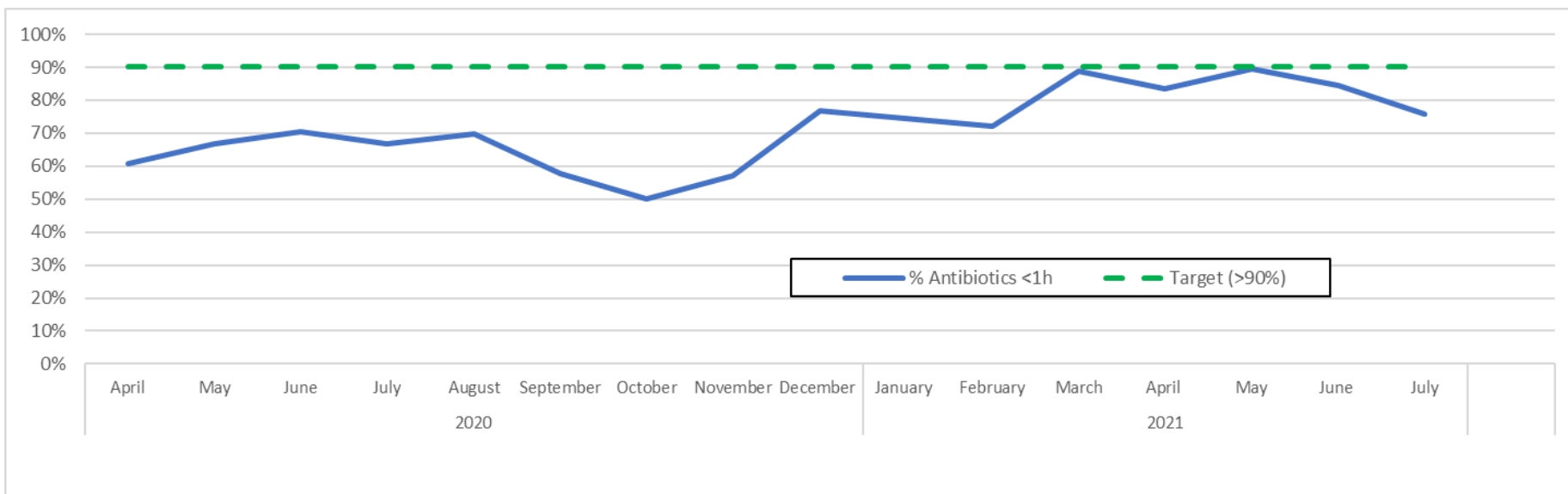
Sharps container safety; due to COVID this was postponed in 2020. The audit was held in June 2021 and the findings demonstrate improved compliance on the last audit.

Field Safety Notice on Clinell Universal Wipes – areas informed, stores removing any implicated batches



Asymptomatic staff testing by LFD

Month	Total results	Unique individuals	Positive results	Negative results	Invalid results	% submitting required results/month
Dec-20	33653	6944	236 (0.7%)	33055 (98.2%)	362 (1.08%)	54.7
Jan-21	42125	7886	289 (0.69%)	41476 (98.5%)	360 (0.85%)	60.3
Feb-21	32025	7060	60 (0.19%)	31759 (99.2%)	206 (0.64%)	56.7
Mar-21	29287	6344	22 (0.08%)	29123 (99.4%)	142 (0.48%)	52.1
Apr-21	28034	5642	21 (0.07%)	27913 (99.6%)	100 (0.36%)	58.0
May-21	22148	5302	6 (0.03%)	22074 (99.7%)	68 (0.31%)	47.2
Jun-21	21416	5140	19 (0.09%)	21328 (99.6%)	69 (0.32%)	48.6
Jul-21	23260	5358	57 (0.25%)	23138 (99.5%)	65 (0.28%)	49.0
01/08 - 25/08	15278	4293	32 (0.21%)	15217 (99.6%)	29 (0.19%)	51.9



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

- July 2021: Overall **22/29 (76%)**; ED **19/26 (73%)**
- Latest SHMI for sepsis **83.6 (71.4-97.3)** [Jan 20 – Dec 20; “lower than expected”; Dr Foster]

Sepsis Action Plan Progress:

ACTIONS	Status	Progress notes
1. Fix and refine the Sepsis Alert to improve specificity	Completed	Previous glitches have been resolved
2. Refocus Sepsis Nurse support in ED & EAU	Completes	New sepsis nurse now in post
3. Strengthen Directorate & Divisional Reporting & Feedback	Completed	New divisional process for auditing & reporting sepsis
4. Expand Sepsis Dashboard to support individual feedback	In progress	Dashboard now ready for user testing, to validate the data
5. Improve Sepsis Coding	Completed	New coding rules being piloted by coding team

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

Safety Huddles

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

Aim for 100% Compliance with the WHO Surgical Safety Checklist

WHO Audit	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Documentation	100.00%	100.00%	100.00%	99.54%	99.59%	99.79%
Observation	100.00%	99.68%	99.64%	100.00%	100.00%	99.79%

- **WHO documentation audit 99.8% compliance (467/468):** CSS 100% (133/133), MRC 100% (177/177), NOTSSCaN100% (71/71), SuWOn 98.9% (86/87) WHO Observation Audit Churchill Theatres were completed by new auditors. They appear to have marked the audit with “NO” for site marked where the answer should be not applicable. On investigation it was also found that the anaesthetic assistant and circulating practitioner had not signed the WHO checklist, which was carried out, because they were rushing.
- **WHO observational audit 99.8% compliance (482/483):** (15/16), MRC 100% (192/192), NOTSSCaN 100% (130/130), SuWOn 100% (145/145).
 - CSS 93.8% - The PRU only conduct observational audits now on the app. The practice was actually compliant but unfortunately the auditor mistakenly recorded a not applicable answer as No instead. No care concern and only learning is related to getting used to the app.

Local Safety Standards in Invasive Procedures (LocSSIPs)

- 30 have been completed and ratified for use at the relevant Directorate and Divisional Governance meetings, and Safer Surgery and Procedures Implementation Group (SSPIG). These LocSSIPs are published on the Trust intranet for staff to access.
- The primary responsibility for implementing, monitoring and reporting compliance with the LocSSIPs is undertaken within the relevant Directorate by the Governance teams; compliance is reported to the relevant Divisional Governance meeting before being reported to SSPIG/CGC.
- 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, nine of which have been completed.
- Outstanding actions are in progress and overseen by the Serious Incident Group.

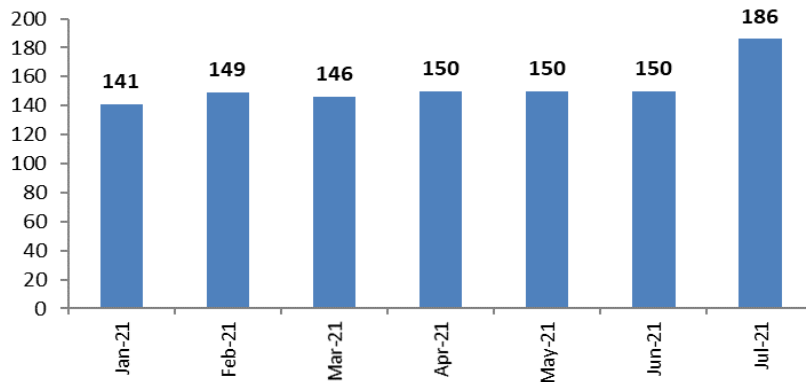
1 Never Event has been recorded to date in 2021/22

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

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

- A staff led initiative whereby members of staff can nominate colleagues to recognise instances of excellence.
- The nominee receives an email thanking them and the narrative that was reported.
- A multi-professional core group has enthusiastically promoted Excellence Reporting locally (within respective divisions and in all-staff briefings, through Corporate Communications and on social media) and represented the Trust work Nationally.
- Professor Pandit personally presents an excellence report of the month to an individual or team that has made a significant contribution.
- This month the award was presented to a Consultant Clinical Oncologist at the Churchill Hospital's Oxford Cancer Centre and was recognised for her "excellence in radiotherapy leadership at OUH and across the region for the last 10 years".

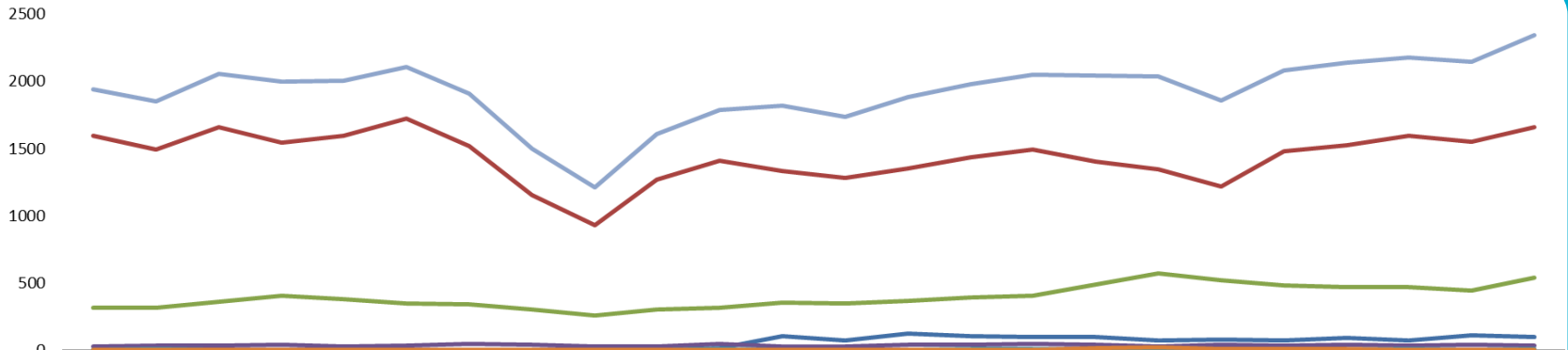
Excellence Reported in Ulysses



Theme	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Teamworking	51	55	48	51	55	67	54
Compassionate Care	22	32	25	29	24	18	31
Going Above And Beyond	65	61	72	66	66	64	95
Innovation	3	1	1	4	5	1	6
Grand Total	141	149	146	150	150	150	186



2343 patient incidents were reported in July 2021; the mean monthly number over the past 24 months is 1927. 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.



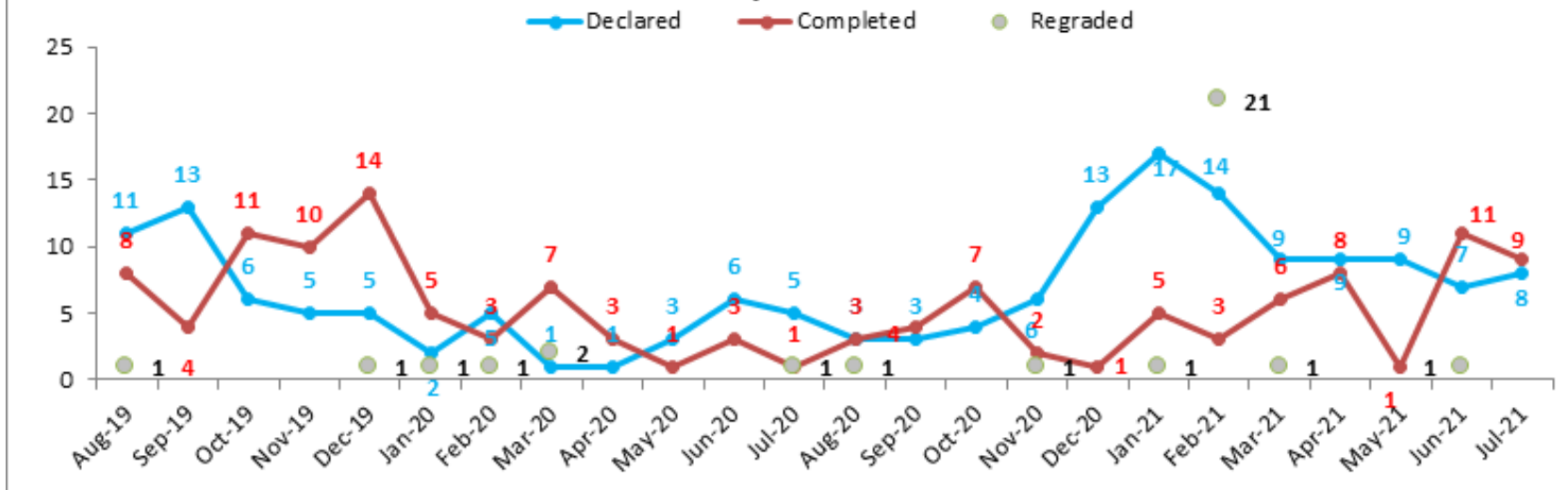
	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Nr. Miss	0	0	0	2	0	3	1	0	0	2	15	103	74	121	101	97	99	74	77	74	94	74	111	97
No harm	1593	1493	1657	1547	1598	1722	1519	1156	927	1271	1407	1331	1281	1353	1438	1493	1402	1346	1215	1478	1527	1593	1549	1662
Minor	316	314	358	402	376	348	341	300	255	302	313	355	348	366	394	402	488	572	517	480	468	469	444	539
Moderate	30	36	35	39	26	33	45	37	25	29	44	29	28	39	38	44	39	27	41	36	41	36	37	33
Major	1	6	4	3	3	3	1	1	0	3	5	0	3	2	5	8	3	3	4	4	2	5	3	8
Death	2	1	3	4	3	1	1	3	2	3	1	0	0	3	3	3	12	18	5	6	5	3	1	4
Total	1942	1850	2057	1997	2006	2110	1908	1497	1209	1610	1785	1818	1734	1884	1979	2047	2043	2037	1859	2080	2137	2180	2145	2343

In July, 70 incidents reported as entailing moderate and above impact were discussed at PSR. Four visits from PSR representatives to support staff and patients took place, and 9 incidents had their impact downgraded in the meeting.

The graph below shows 8 SIRIs were declared by the Trust in July 2021 and 9 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

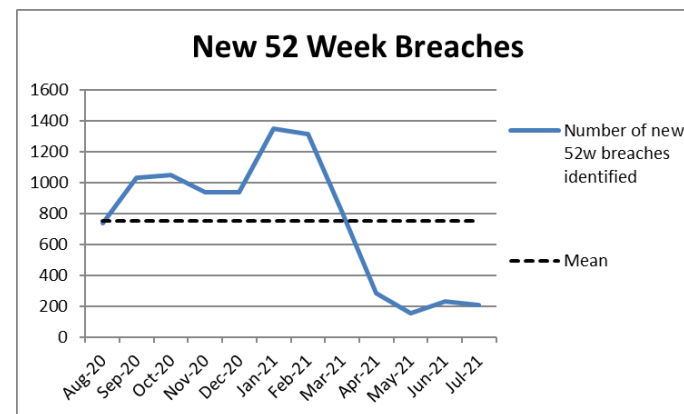


The Trust has an established process for assessing clinical and psycho-social harm for patients waiting for over 52 weeks for treatment. This is in addition to the program of harm reviews for patients undergoing care for cancer whose pathways exceed 104 days. This data will be presented at the August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

Services with over 20 new 52w breaches

Specialty	Apr21 new breaches	May21 new breaches	Jun21 new breaches	Jul21 new breaches	Jul21 total breaches
ENT	27	(17)	(18)	(11) ↑	628
Gynaecology	(12)	(9)	21	(19) ↓	55
Maxillo Facial Surgery	51	(15)	(10)	(7) ↓	193
Neurosurgical	43	(6)	(12)	(10) ↓	83
Ophthalmology	24	(18)	23	20 ↓	119
Spinal Surgery Service	(7)	(11)	(18)	32 ↑	174
Trauma & Orthopaedics	23	(15)	34	36 ↑	131

Total new 52w breaches



- There were 2,012 patients who had been waiting more than 52 weeks for elective treatment at the end of July 2021 (a reduction on the June figure of 2,500).
- July saw the second lowest total of new 52 week breaches in 12 months. All totals from FY 2021/22 have been well below the mean of 753
- Three services had 20 or more new 52w breaches in July; these services are no longer treated differently, and reviews are requested for all breaches.
- One 52w breach in 2020-21 has been confirmed as entailing major impact, this is being investigated at a Divisional level.
- Three 52w breaches in 2020-21 have been confirmed as entailing moderate impact, these are being investigated at a local level.
- No reviews from 2021-22 breaches have been confirmed as involving greater than minor impact to date.
- The following slide shows the number of 52 week breaches with a decision to treat. The information is then collated using the RCS priority codes assigned to the patient.

Jul 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	Not yet prioritised	Grand Total
Maxillo Facial Surgery	3	35	109	22	169
Paediatric ENT	3	12	35	5	55
Spinal Surgery Service	2	17	60	9	88
Gynaecology	2	13	18	8	41
Paediatric Spinal Surgery	1	9	20	2	32
Urology	1	14	10	6	31
Paediatric Surgery	1	6	4	3	14
Plastic Surgery Craniofacial	1		2	1	4
Plastic Surgery	1	39	71	10	121
Paediatric Urology		14	3	1	18
Physiotherapy		1			1
Ear Nose and Throat		37	119	19	175
Neurosurgical Service		54	17	4	75
Paediatric Trauma and Orthopaedics		2	4	1	7
Ophthalmology		13	62	20	95
Neurology				1	1
Colorectal Surgery			1		1
Paediatric Gastroenterology		1			1
Restorative Dentistry		1			1
Paediatric Neurosurgery			3		3
Trauma and Orthopaedics		41	38	20	99
Paediatric Ophthalmology		1	14		15
Vascular Surgery			10	1	11
Paediatric Oral and Maxillofacial Surgery Service		1	6	1	8
Paediatric Plastic Surgery		12	21	3	36
Grand Total	15	323	627	137	1102

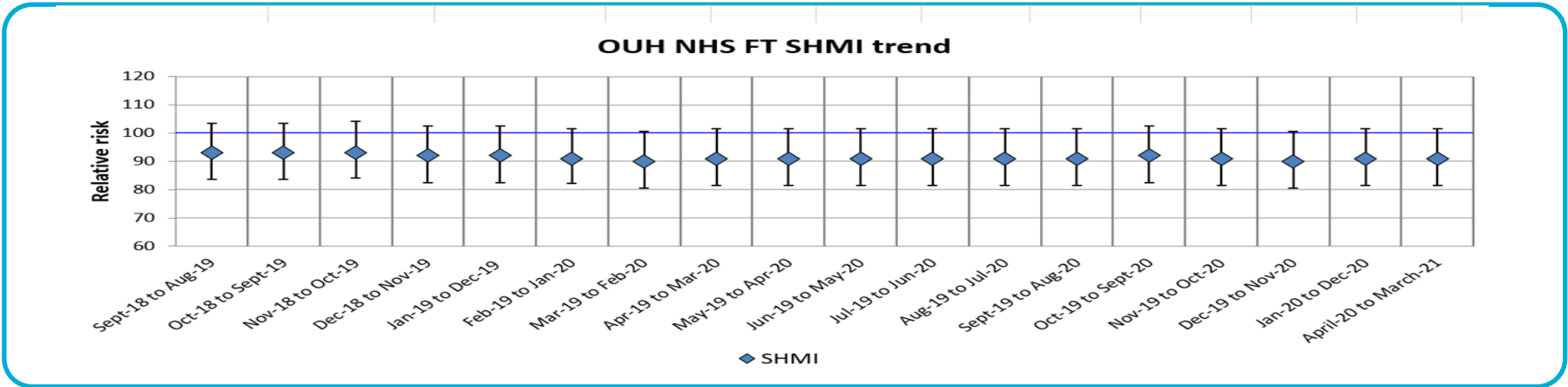
Please note, the 'Not yet prioritised' column indicates where a categorisation has not been added to the pathway in EPR. Because of the urgency, no priority 1 cases appear amongst the 52w breaches.

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

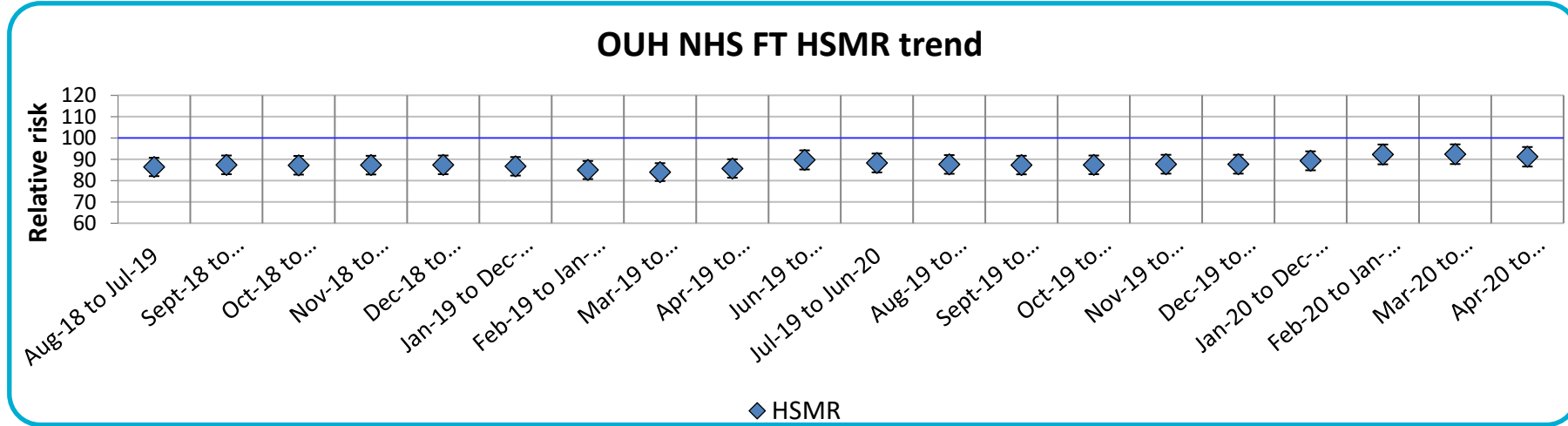
Weekly Safety Alerts

Actions ▾		1 - 100 ▶
@	Title	Alert Date
	Weekly Safety Message 135: Essential information required for radiology requests	24/08/2021 12:00
	Additional Weekly Safety Message 134: National Patient Safety Alert - Potent synthetic opioids implicated in increase in drug overdoses	20/08/2021 14:00
	Weekly Safety Message 133: -(BD) blood collection tube supply disruption: Guidance for clinicians.	17/08/2021 13:00
	Safety Message 132: Shared Mailbox Management	10/08/2021 09:30
	Weekly Safety Message 131: Stopping anticoagulation before elective surgery and invasive procedures	03/08/2021 11:00
	Weekly Safety Message 130 - Technologies Advisory Group	27/07/2021 13:00
	Weekly Safety Message 129: Social Media Guidance for Staff	20/07/2021 09:00
	Weekly Safety Message 128: Rapid drainage of Pleural effusion	13/07/2021 09:00
	Weekly Safety Message 127 - Medicines: Injectable dexamethasone	06/07/2021 09:00

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 91.2 for April 2020 to March 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) April 2020 to March 2021 – Shelford Group

Shelford Group Trust	HSMR (April-20 to March-21)	Banding
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	63	Lower than expected
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	71	Lower than expected
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	74.6	Lower than expected
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	80.4	Lower than expected
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	81.9	Lower than expected
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	91.2	Lower than expected
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.7	As expected
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	99.7	As expected
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	109.5	Higher than expected
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	112.6	Higher than expected

Operational Performance

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

OUH Operational Performance Benchmarking – National and Shelford Group

Indicator	Standard	Current Data Period	National	Shelford	OUH
Accident & Emergency '4 hour' standard 'All Types'					
% <4 hour waits from Emergency Department attendance to admission/transfer/discharge	95%	31/07/2021	69.13%	58.78%	74.47%

Referral to Treatment Standards					
RTT: % <18 week waits, Incomplete pathways	92%	30/06/2021	68.34%	65.46%	76.90%
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	30/06/2021	1697	5624	2493

Cancer Standards					
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	30/06/2021	84.90%	82.85%	70.57%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	30/06/2021	68.82%	57.28%	3.49%
First treatment within 31 days of cancer diagnosis	96%	30/06/2021	94.62%	91.60%	95.77%
First cancer treatment within 62 days of urgent referral from screening service	90%	30/06/2021	73.17%	77.13%	77.78%
First cancer treatment within 62 days of urgent GP referral	85%	30/06/2021	73.27%	65.26%	69.04%
Subsequent cancer treatment in <31 days: surgery	94%	30/06/2021	86.90%	83.81%	88.00%
Subsequent cancer treatment in <31 days: drugs	98%	30/06/2021	99.29%	99.15%	98.16%
Subsequent cancer treatment in <31 days: radiotherapy	94%	30/06/2021	97.52%	97.38%	96.90%

DMO1 6 week Diagnostic Standard					
DMO1: >6 week waits for treatment	1%	30/06/2021	22.38%	24.45%	6.46%

A&E

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

When compared to providers within the South East Region, at the end of month 3 (latest available regional data), OUH ranked 11/16 Trusts.

RTT

At the end of June, OUH performed above the national average and the Shelford group average for patients waiting under 18 weeks at 76.90%; OUH continues to report more 52 weeks than the national average, 2493 compared to 1697. 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 June 2021, OUH performed favourably when compared to the National and Shelford Group averages for the 'First treatment within 31 days of cancer diagnosis', 'First cancer treatment within 62 days of urgent referral from screening service' and 'Subsequent cancer treatment in <31 days: surgery'. When solely compared to the Shelford Group averages, OUH performed better in 3 out of 8 cancer standards.

Diagnostic waits

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

Urgent Care: 4 hr performance in July was 74.47%, a decrease of 6% from the previous month

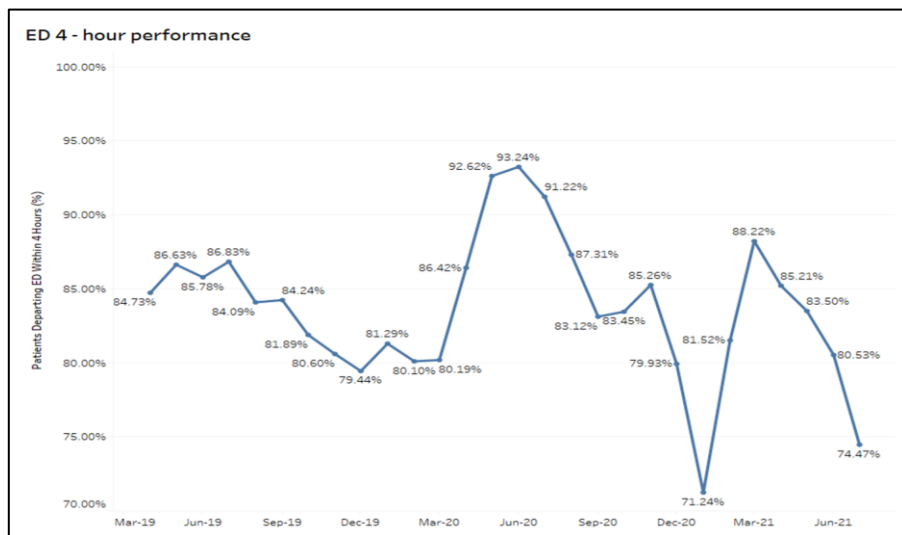


Figure 1. OUH 4 hr 'all types' performance Mar 2019 – July 2021

In July 2021 the Trust achieved 74.47% (all types) of patients being seen within 4 hours, a decrease of 6% on the previous month. OUH saw a deterioration in its position in the national rankings for Emergency Department (ED) 4 hour performance 'all types'.

The John Radcliffe (JR) site saw a 8% reduction in performance on the previous month down from 77.79% to 71.76%. Horton General Hospital (HGH) saw a reduction of 7% in performance down from 87.36% to 81.04%.

The information in Fig. 2 suggests the acuity of the major patient presentations are higher which is supported through detailed data analysis of the Healthcare Resource Group codes over the past few months.

The conversion rate for admissions from ED into inpatient wards has remained the same compared to Q1 2019/20 although the acuity remained high. The Adult Ambulatory Assessment Unit continues to be a success factor in maintaining the conversion rate.

Bed occupancy continued to be high with over 92% of the General & Acute beds occupied across the Trust, with significant pressure on the acute medical bed capacity contributing to the number of patients waiting over 4 hours for a bed.

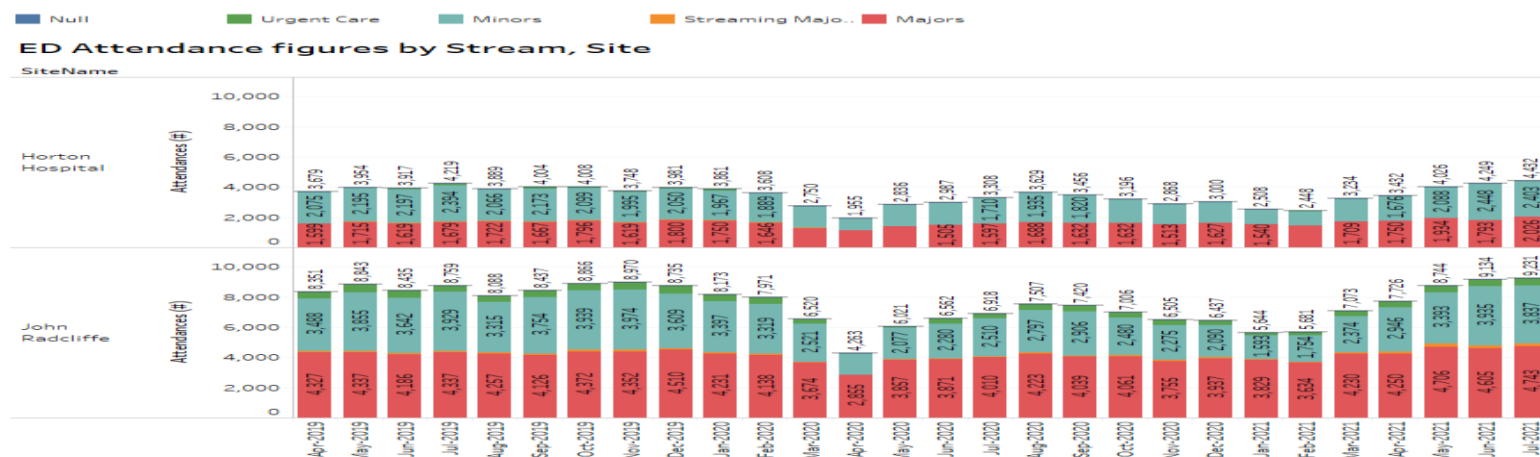


Figure 2. JRH and HGH attendance July 2021

A Trustwide Urgent Care Improvement Plan is in development to sit alongside the system-wide plan. An internal Urgent and Emergency Care Steering Group is in formation to foster collaborative working across the Trust to address factors contributing to reduced flow across the sites and clinical pathways.

Immediate actions:

- Additional Emergency Assessment Unit and ED consultant workforce deployed to match the peak demand hours to improve discharge and minimise overcrowding.
- Discharge workstream to increase the percentage of patients discharged before midday
- Additional capacity on F Ward at the Horton Hospital to help with capacity issues

Medium term actions:

- Working with the improvement team, undertaking operational peer review audits to identify issues behind ambulance handover delays; assessment within 15 minutes; time to be seen by a clinician within one hour; delays in ED over 12 hours and time to transfer patients;
- Process mapping the current EAU to Ward transfer; Discharge and ED to EAU pathways to improve efficiency and flow;
- Focusing on preparing ED and EAU for out of hours.

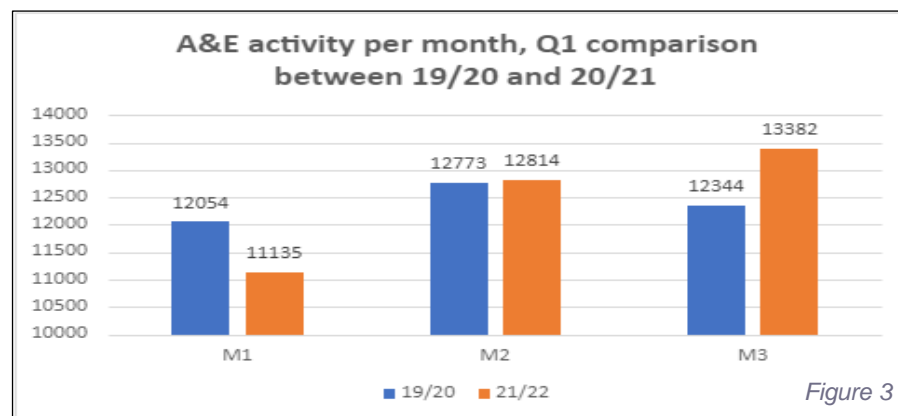
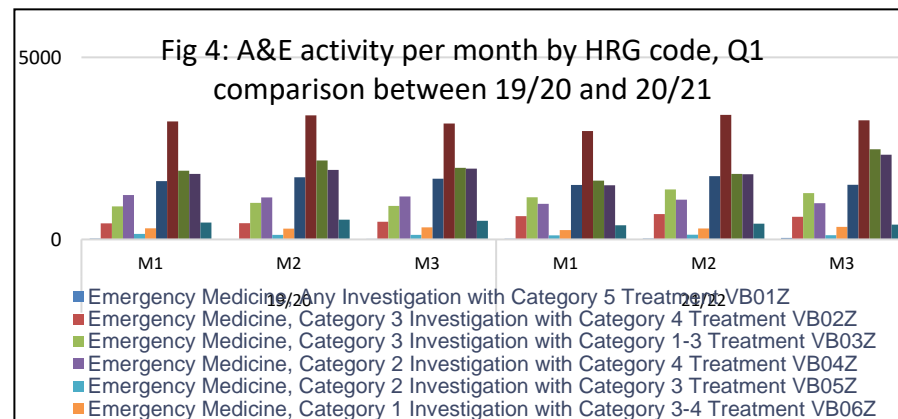
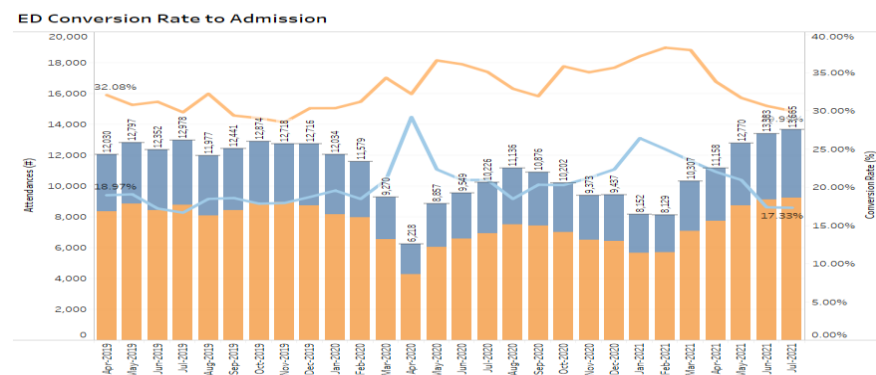


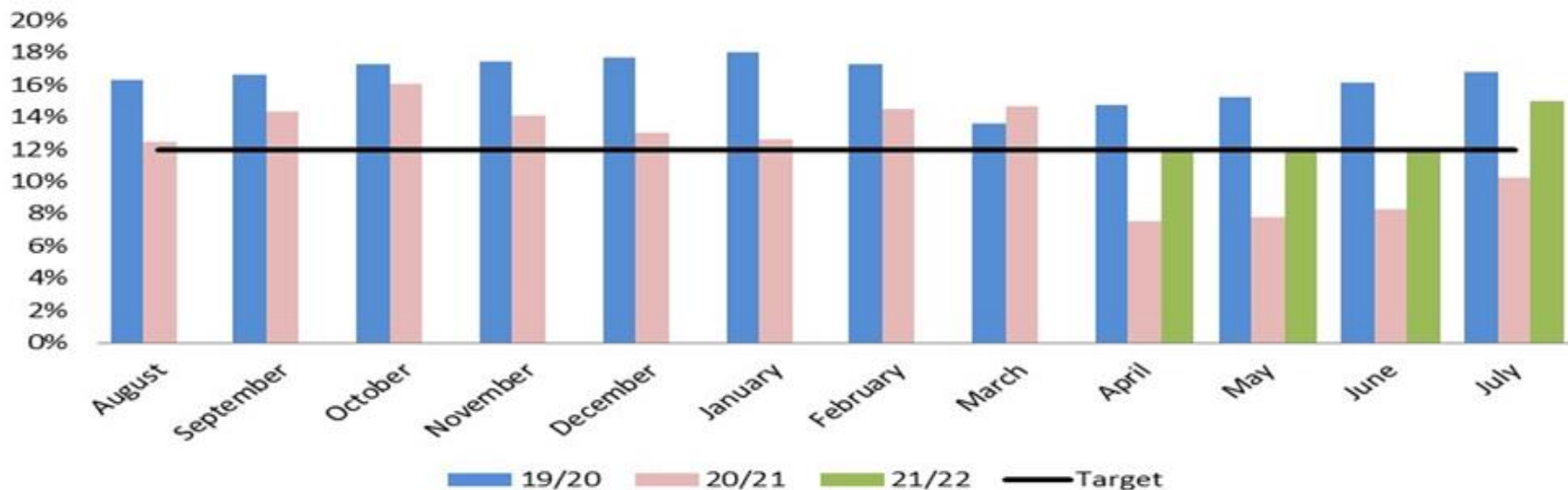
Figure 3



Patients with a LOS over 21 days

- In July 2021, 15% of patients in OUH had an extended LOS, therefore the National Target of 12% was not achieved for the first time this year.
- 68.7% (92 out of 134 patients) were not medically fit, and therefore needed to remain in an acute hospital setting.
- The Trust has seen an increase in dependency for those patients who are medically optimised. This has resulted in more referrals to community hospital/bed based rehabilitation.
- In the Home First service, there continues to be a gap between demand for the service and available capacity. Home First picked up 27% of referrals within 2 days and 76% within 7 days of referral.
- A review has been undertaken on the work carried out by the transfers of care team and a more intensive approach is required across complex medical wards .

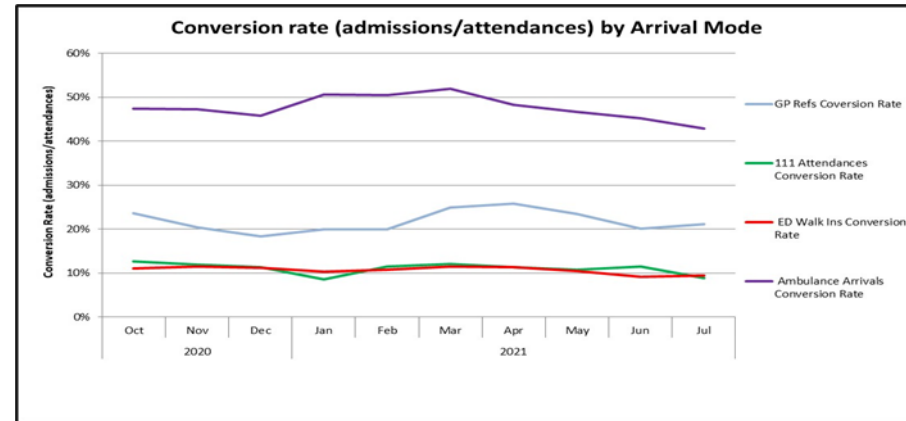
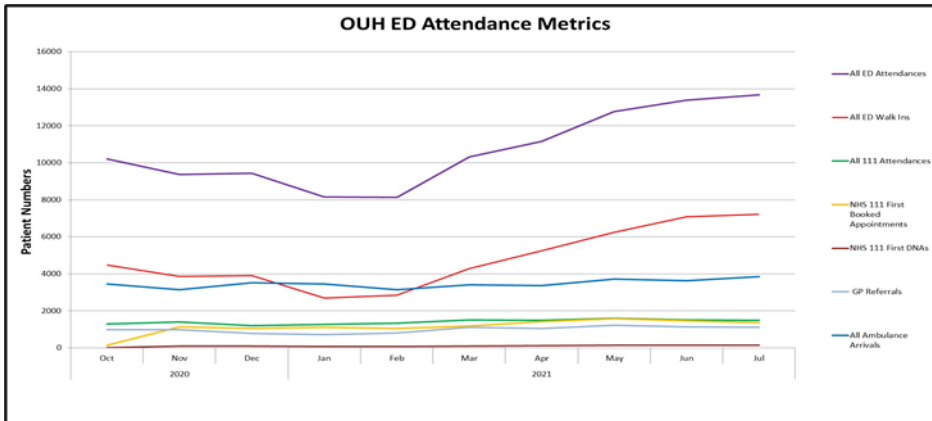
% of extended LOS patients occupying open beds



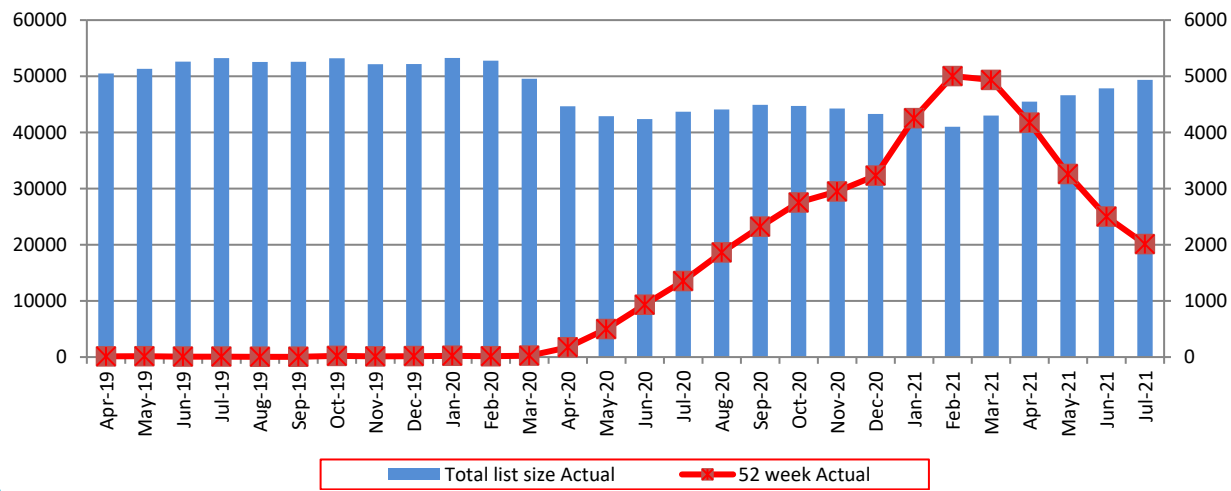
NHS 111 First:

- Direct booking will shortly be introduced into Urology Triage; this will provide an electronic system to make it easier for the Clinical Assessment Service (CAS) to refer. A review of the current referrals has demonstrated that the numbers of referrals are increasing with the majority being appropriate referrals.
- The referrals from NHS 111 for paediatric ingestion into the Clinical Decision Unit are working well; however further improvements are required in relation to the Paediatric Directory of Services to improve clarity in some areas.
- The CAS have increased the number of GP's who are reviewing the referrals from 111 and 999 which have an initial ED outcome. Through this triage we have seen a reduction in the number of referrals into ED. To further support an increase in the number of referrals to Same Day Emergency Care (SDEC) units across Oxfordshire, the CAS is implementing frailty scoring to identify patients who can be more appropriately treated and cared for within SDEC, rather than being sent into ED.

Current Performance:



Elective Care: The total list size continues to increase and the number of patients waiting over 52 weeks continues to decrease in July 2021



July submitted >104week pathways by specialty:

Specialty	Number of patients >104wk
Ear Nose and Throat	13
Plastic Surgery	9
Spinal Surgery Service	6
Maxillo Facial Surgery	4
Paediatric Plastic Surgery	4
Paediatric Spinal Surgery	3
Paediatric ENT	3
Neurosurgical Service	2
Ophthalmology	2
Paediatric Ophthalmology	2
Urology	1
Paediatric Oral and Maxillofacial Surgery Service	1
Grand Total	50

Month 4 Performance:

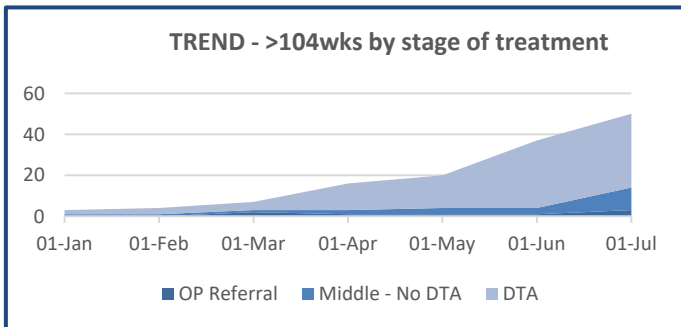
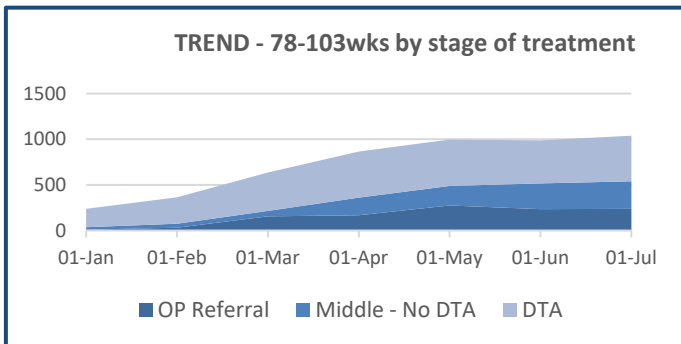
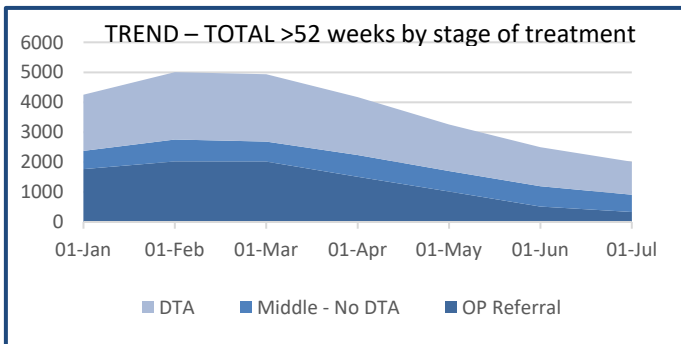
Trust performance against the overall **18-week incomplete Referral To Treatment (RTT) standard** was **76.78%** a slight deterioration from the **76.90%** reported in June. The **total waiting list size for June is 49,342** and therefore represents a continuing **increased list size** (additional 1,507 pathways) when compared to previous months.

52 week wait position month 4: There are **2,012** patients waiting over 52 weeks for first definitive treatment at the end of July 21; this represents a significant **decrease** of 488 patients and is in line with the reductions seen over previous months. This positive improvement is due to a combination of the activity undertaken throughout July and the impact of temporary suspension of referrals into the Trust at the beginning of the Covid-19 Pandemic. **50** patients were submitted as having waited **over 104 weeks** at the end of July 2021. This represents an **increase** when compared with **37** reported in month 3 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).

Delivery of the Trust's Recovery Programme:

Areas of focus for elective care include:

- Development of plans for the second half of the financial year
- Review of delivery outputs of funded recovery schemes
- Maintained focus on patients with extended waiting times - >104 weeks, >78 weeks, >52 weeks
- Reviews of specialties which remain closed to referrals
- Engagement with Integrated Care System Task & Finish Groups for challenged specialties
- Expedite projects within the Outpatient Improvement Programme
- Progress actions to deliver the Elective Recovery Fund Gateway criteria



“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 4: There are **2,012** patients waiting over 52 weeks for first definitive treatment at the end of July 21, this represents a continued **decrease** of 488 patients when compared to previous months reported position. The main area of reduction is at the “OP Referral stage”.

78-103 weeks:

- ENT (inc. Paed ENT) account for **56%** of the total patients in the **78–103-week** category, and account for **85%** of the patients in this wait band at the “OP Referral stage”. A large portion of these referrals have been sent to Medinet and are either awaiting outcomes, or Medinet were unable to make contact with the patient and will be followed up by the Trust.

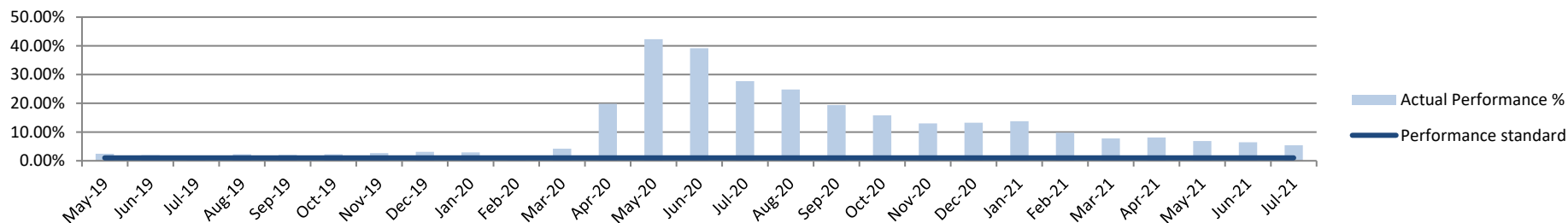
	What proportion of 78-103week cohort does this service account for?
ENT (including Paed ENT)	56.45%
Maxfax (including Paed Maxfax)	10.21%
Plastics (including Paed Plastics)	9.06%
Spinal (including Paed Spinal)	8.29%
Ophthalmology (Including Paed Ophthalmology)	5.49%
Neurosurgery	2.99%
Orthopaedics	2.22%
Vascular	1.64%
Gynaecology	0.67%
Urology	0.67%
All other services	2.30%

>104 weeks - 50 patients were submitted as having waited **over 104 weeks** at the end of July 2021, this represents a continued **increase** in the volume in this wait time cohort. The majority of these patients have a decision to admit and are awaiting surgery. The challenges to treating this cohort are;

- Oculoplastic patients – Moorfields have been approached to assist
- JR theatre capacity for adult spinal cases
- P2 clearance - high volume P2 patients and demand from Swindon impacting on Plastics long wait clearance
- Patient choice

Patient engagement: A soft launch has commenced using DrDoctor to contact patients on the surgical waiting list >52 weeks. Adult ENT, Plastics and Orthopaedics patients have been contacted via this method and invited to complete a self assessment; Initial results are currently being collated to inform next steps.

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



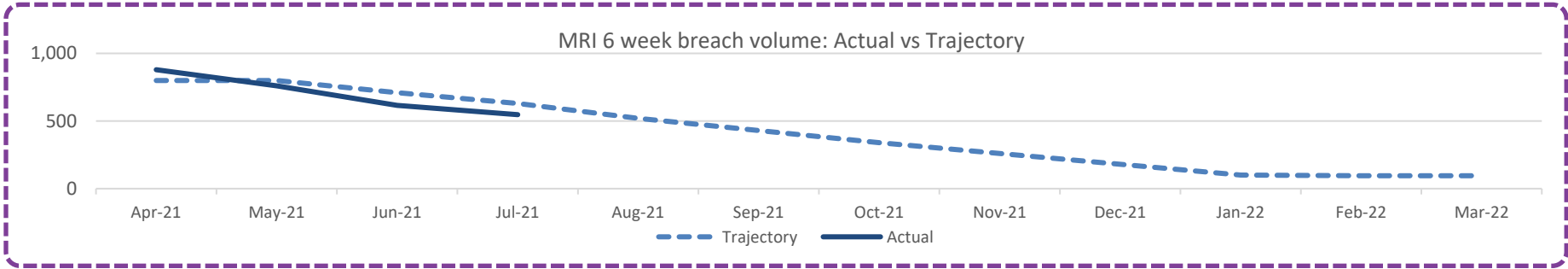
Number of patients waiting over 6 weeks at submitted position for monthly diagnostic return

Specialty	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Trend rolling 12 month period
Magnetic Resonance Imaging	870	914	683	504	494	677	808	741	794	882	762	616	547	
Computed Tomography	357	316	174	87	43	32	22	26	21	17	16	14	15	
Non-obstetric ultrasound	1123	872	895	871	528	387	193	15	15	20	10	8	6	
Barium Enema	0	0	0	0	0	0	0	0	0	0	0	0	0	
DEXA Scan	151	110	32	0	0	0	0	0	0	0	0	0	0	
Audiology - Audiology Assessments	70	28	21	7	8	11	8	19	5	2	28	71	18	
Cardiology - echocardiography	24	25	45	53	98	49	24	8	9	1	0	40	64	
Cardiology - electrophysiology	9	3	13	15	19	34	28	8	2	21	0	0	0	
Neurophysiology - peripheral neurophys	48	45	17	108	61	42	66	53	36	29	42	24	7	
Respiratory physiology - sleep studies	0	0	0	0	0	0	0	0	0	0	0	0	0	
Urodynamics - pressures & flows	0	2	12	2	0	5	1	13	1	14	18	22	15	
Colonoscopy	351	306	178	109	82	61	59	38	13	19	25	22	11	
Flexi sigmoidoscopy	179	152	144	103	91	72	50	27	11	16	18	20	11	
Cystoscopy	51	47	48	45	49	31	53	40	38	48	54	69	50	
Gastroscopy	524	514	399	239	187	169	154	85	37	41	33	41	31	

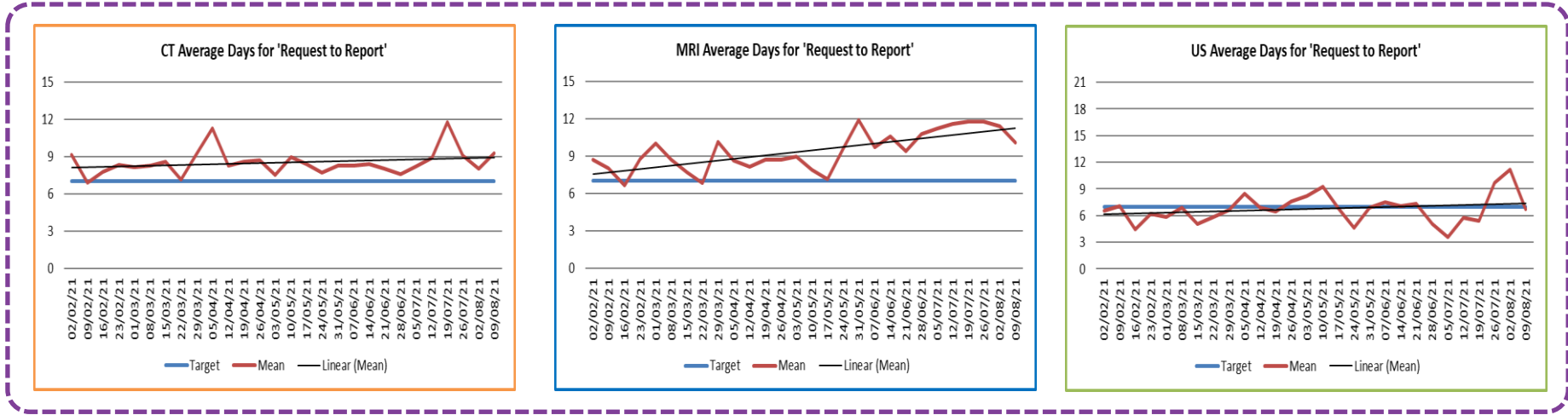
Month 4 Performance:

There were **775 patients waiting over 6 weeks** for a DM01 reportable diagnostic test at the end of July (a **decrease of 172 patients** compared to previous month). The Trust did not meet the **diagnostic wait** standard with **5.38%** waiting more than 6 weeks. Overall performance remains above the national standard.

There has been a **reduction of 69 breaches in MRI** this month, however this modality remains to have the largest volume of breaches. The additional scanner (van) is now in place for an initial 2-month period to re-provide previous lost MRI activity, providing 366 appointments per day. Radiology recovery trajectory is estimating a DM01 compliant position by Feb 2022.



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

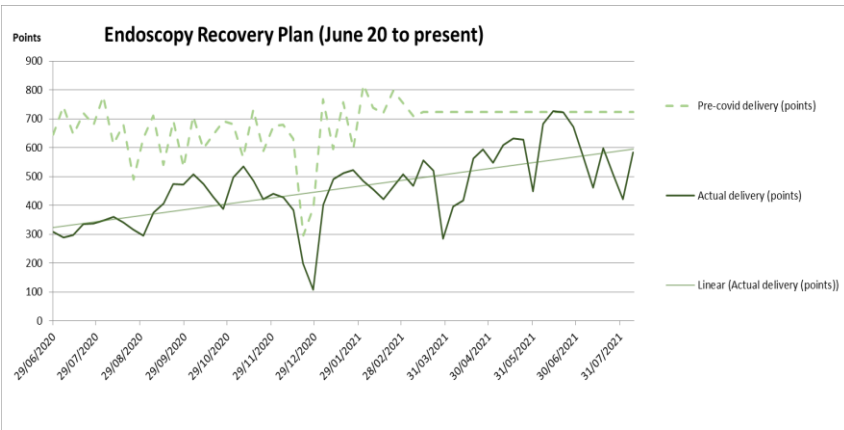


2ww requests for radiology: 7 day average wait time (from request to report) is still being maintained in **ultrasound**. Average wait for request to report for both CT and MRI has deteriorated in recent weeks. MRI have capacity challenges with supervised MRI which continues to impact the average wait. The supervised capacity slots have now been reviewed and revised to improve the wait time with improvement and backlog clearance anticipated to take a few weeks.

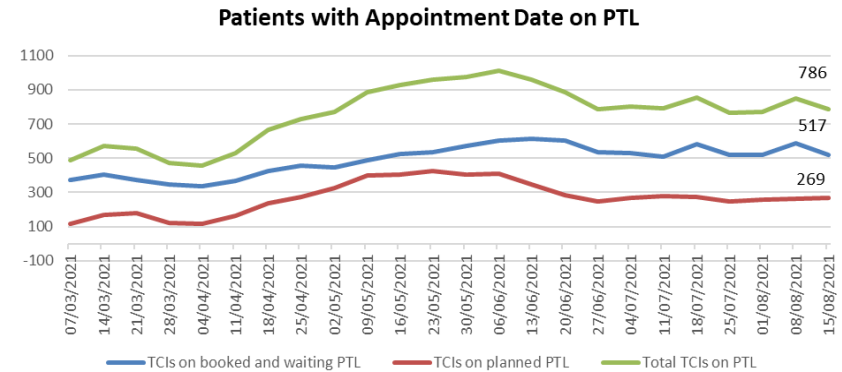
CT waits are being impacted by Lung and Renal Biopsy waiting times which are impacting the overall average wait; plans in place to increase capacity from October, with further actions being considered. For patients not requiring biopsies and CTC's, the average wait for CT is 6 days.

MRI DM01 performance against trajectory: The volume of >6week reportable MRI reduced by 69 breaches in July (compared to June) showing an improved position and meeting July's trajectory.

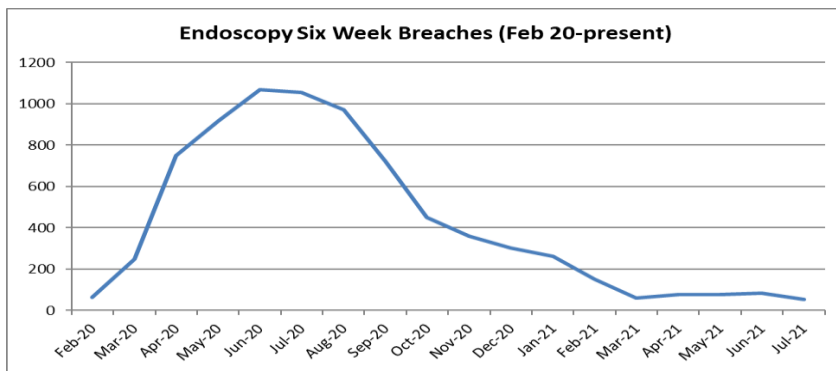
Number of points completed per week (all sites):



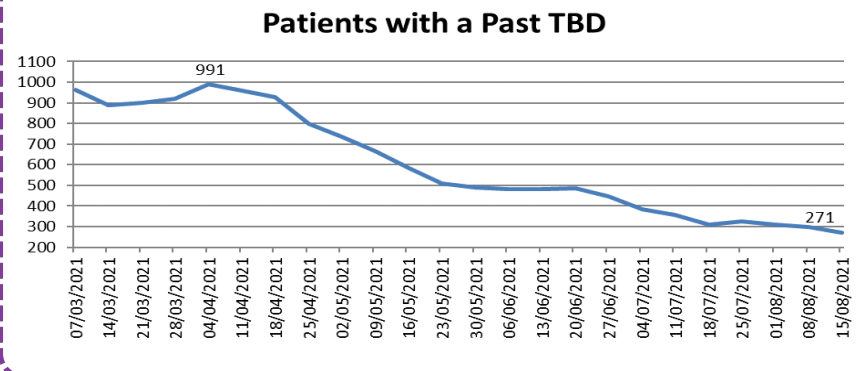
Number of patients with a booked procedure:



Number of patients waiting more than six weeks for procedure:



Patients overdue surveillance/ follow up procedure:



Activity was circa **584 points** w/c 02/08; an improvement on the previous week (**422 points**). Improvements have been made to the booking processes adopting a subspecialty booking approach providing greater ownership to the admin teams involved. Challenges however remain regarding administrative capacity to book which is directly impacting on number of points delivered.

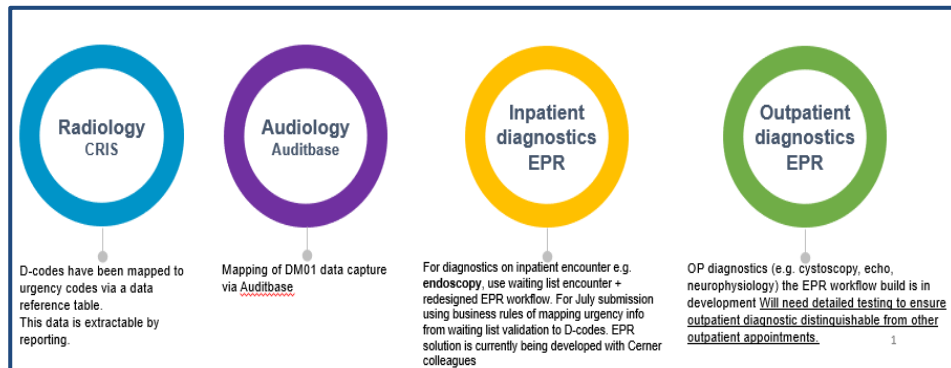
Recovery remains fragile due to the high turnover of temporary staff. Daily bookings have remained lower in recent weeks; despite this, there was a small increase in the number of patients on the PTL dated this week.

Medium term solutions to this issue include a skill mix review and digital innovation. A partial booking pilot is underway using **DrDoctor** to improve the overall volume of patients booked.

Surveillance patient recovery continues – **271** patients past their treatment by date at the start of August compared to **991 at start of April 2021**. This represents a further reduction compared with the previous week.

- In May 2021 the National Team extended clinical prioritisation programme to include diagnostics i.e. 15 key tests and procedures included in the DM01 return.
- This work is being coordinated per Integrated Care System with each system agreeing the modality to **start reporting by August 2021**. The BOB ICS elected to report endoscopy DM01 diagnostics and OUH submitted data by the target date using an interim solution of applying business rules.
- The remainder of DM01 reportable diagnostics is due **by December 2021**.
- The adjacent table depicts the D-codes.

Waiting list prioritisation	
D1	Potentially life threatening or time critical conditions eg cardiac failure, significant bleeding, chest pain, renal failure, vision loss. Patients who are an emergency would fit into this category
D2	Potential to cause severe disability or severe reduction of quality of life eg, intractable pain. Urgent patients, including 2ww, would fit within this category
D3	Chronic complaints that impact on quality of life and may result in mild or moderate disability Routine patients who would normally be seen within the next 4-6 weeks
D4	Chronic complaints that impact on quality of life and may result in mild or moderate disability Routine patients who would normally be seen within the next 6-12 weeks
D5	Patient wishes to postpone procedure because of COVID-19 concerns
D6	Patient wishes to postpone procedure due to non-COVID-19 concerns



Data collection

- OUH diagnostic data is collected in multiple systems across the Trust e.g. CRIS (radiology), Auditbase (audiology), EPR Inpatient encounters (Endoscopy and some cystoscopy), and EPR Outpatient encounters (Echo, Neurophysiology, Cystoscopy etc), therefore the solution to reporting these is not a "one size fits all"
- Data collection points** have been identified and **data reference tables** devised to map existing urgency codes to D-codes are being used. These have been **benchmarked** with specialty peers as this approach is being taken by other Trusts across the country.
- For diagnostics recorded and scheduled within EPR, an EPR workflow will be used. This is currently being developed with Cerner engineers and is not currently operational.

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

28 Day reportable cancellations/readmission breaches by Month

	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Total Hospital Non clinical cancellations in period	5	6	12	19	20	27	13	14	6	11	23	19	36	38
28 day Readmission breaches in period	0	0	1	2	1	1	2	0	0	0	1	0	3	4

Other - reasons for elective on the day cancellation by Month

Clinical reason	3	15	16	14	14	18	10	21	21	28	18	29	30	22
Patient declined treatment on the day	2	4	1	3	4	3	3	1	2	6	1	3	3	2

Specialty	On the day cancellations (for hospital non-clinical reasons)	28 day Readmission Breaches
Cardiac Surgery	2	0
Cardiology	2	0
Thoracic Surgery	4	1
Paediatric Surgery	1	0
Neurosurgical Service	5	0
Maxillo Facial Surgery	1	0
Orthopaedics	8	3
Plastic Surgery (NOC)	1	0
Urology	14	0
Total	38	4

Month 4 Performance: There were **38** reportable (hospital non clinical) elective cancellations on the day throughout the month of July 2021, this represents an **increase in cancellations** due to these reasons when compared to previous month.

The reasons for cancellation were as follows:

- Consultant/Clinician unavailable (10 patients)
- Ran out of theatre time/list running late (8 patients)
- No Anaesthetist (4 patients)
- Equipment unavailable/failure issues (4 patients)
- Overriding emergency took priority (3 patients)
- No ITU bed (3 patients)
- Theatre staff unavailable (2 patients)
- No bed available (2 patients)
- Booking error (2 patients)

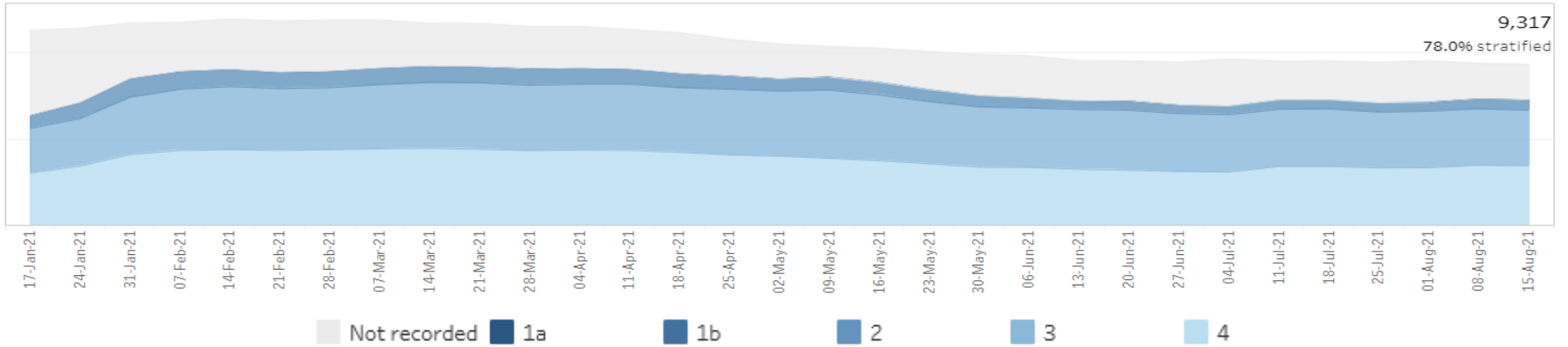
There were **4 x 28 day readmission breaches in July 2021**. The reasons these were unable to be readmitted within 28 days were:

- 3 x Consultant and theatre availability within 28 days.
- 1 x Combination of CTCC availability and capacity issue (needing to prioritise cancer patients)

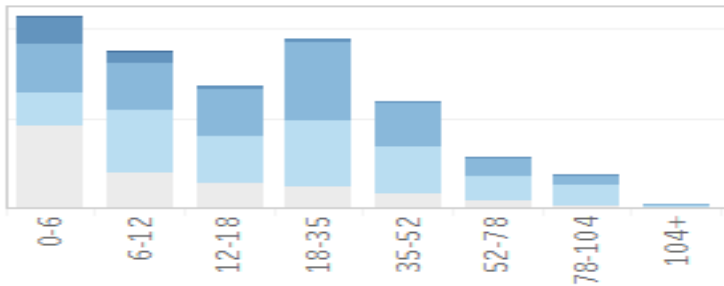
Improvement projects are currently underway looking at both theatre improvement, and cancellation reason capture and recording within EPR to enable improved analysis on cancellation data. An improved selection of cancellation reasons have been promoted into EPR as part of a wider project to improve reporting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

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

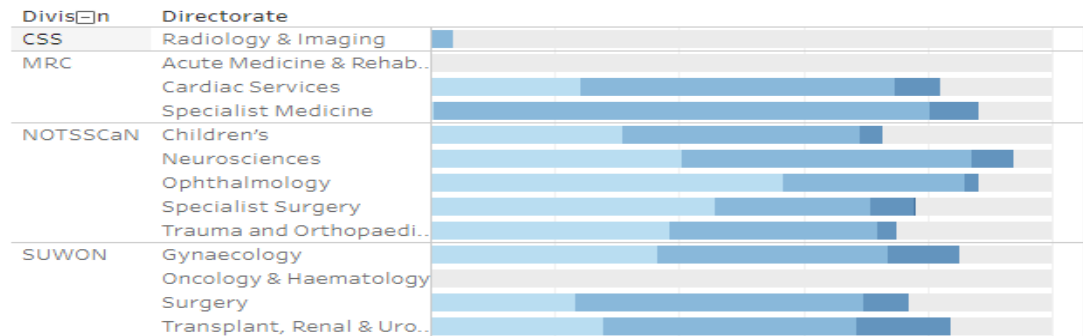
Weekly Inpatient PTL volume with Priority categories (P1-4)



Weeks since DTA with Priority Category



Prioritisation breakdown by area

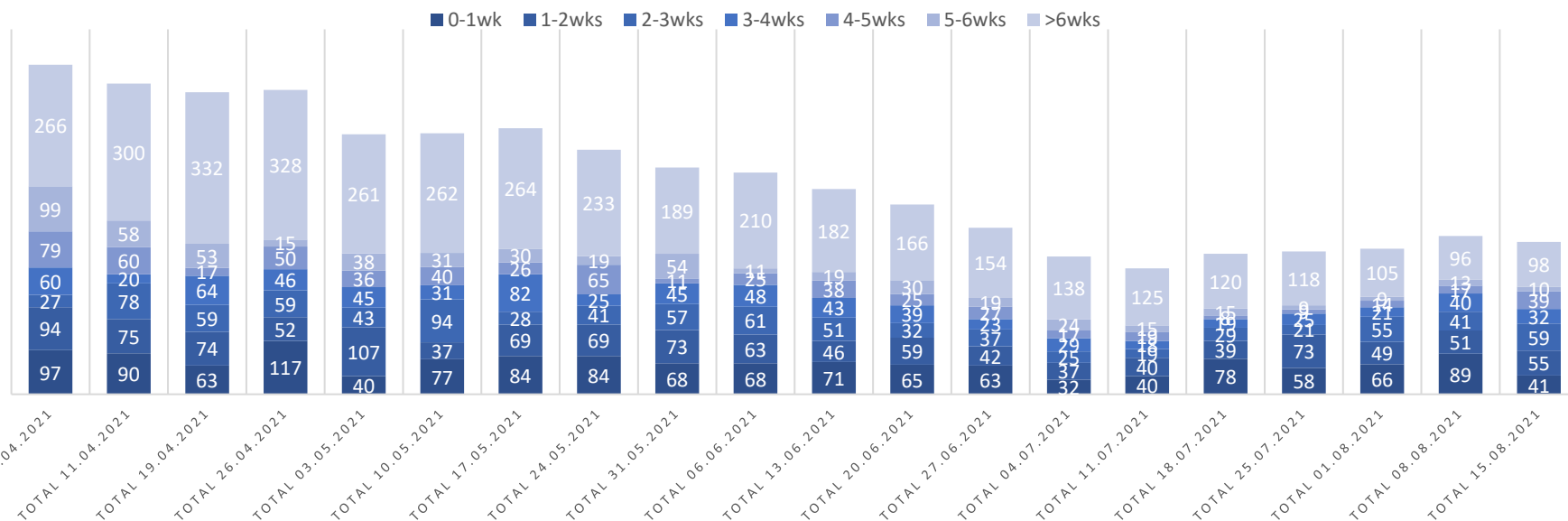


RCS Prioritisation (P1-4) : Undated patients on the surgical waiting list (excluding Endoscopy and "Planned/Surveillance" patients, have continued to be clinically prioritised using Royal College of Surgeons (RCS) guidance. As at the surgical PTL snapshot of 15/08/2021 **78.0% of UNDATED** patients (excluding Endoscopy "planned/surveillance") had an RCS documented within EPR, showing a maintained performance compared with last months position of undated patients.

The largest volume of "unstratified" patients are patients with a recent Decision to Admit (DTA) date of 0-6 weeks ago. This demonstrates the current retrospective nature of recording these RCS priorities within EPR, and that patients aren't routinely having RCS captured in EPR at point of entry onto the surgical waiting list.

Redesign changes to capture the RCS at point of addition to waiting list (via changes to OEF) are being progressed with Cerner colleagues through build and test phases.

LAPSED P2S (BY NUMBER OF WEEKS LAPSED - TREND)



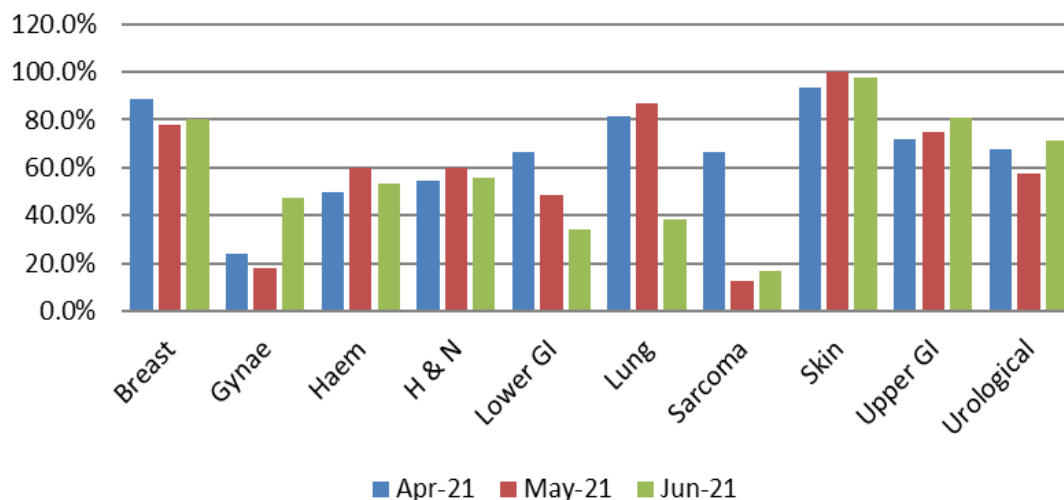
- There are **1020** patients stratified as RCS category “P2” on the Inpatient/Daycase waiting list as at 15/08/2021.
- **32.7%** (334) of patients categorised as P2 have waited in **excess of the 4 week timeframe** since last being prioritised (lapsed)
- Lapsed P2 data is shared and discussed with Divisions 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 15/08/2021, there were **6 patients categorised as a P2** who’s total **RTT pathway exceeded 78 weeks**, of which;
 - 1 has future TCI scheduled
 - 1 has been escalated for urgent TCI,
 - 3 have POA scheduled
 - 1 is P6 (Patient choice to delay)
- Information on 52 week breaches and lapsed P2 information has been shared with Patient Safety team for Harm review processing and discussion

Top 10 specialties of Lapsed P2s by volume of patients currently lapsed (as at 15/08/21) and TCI status:

Specialty	Currently lapsed - with No TCI	Currently lapsed - with TCI	Total currently lapsed
Gynaecology	34	20	54
Urology	36	14	50
Plastic Surgery Craniofacial	35	2	37
Orthopaedics	25	11	36
Plastic Surgery	18	7	25
Colorectal Surgery	9	8	17
Neurosurgical Service	7	3	10
Paediatric Spinal Surgery	10		10
Ophthalmology	2	7	9
Vascular Surgery	6	2	8

Tumour Site	Apr-21				May-21				Jun-21			
	Total	Within	Breach	%	Total	Within	Breach	%	Total	Within	Breach	%
Breast	36	32	4.0	88.9%	22.5	17.5	5.0	77.8%	30	24	6.0	80.0%
Gynae	10.5	2.5	8.0	23.8%	16.5	3	14.0	18.2%	19	9	10.0	47.4%
Haem	2	1	1.0	50.0%	5	3	2.0	60.0%	7.5	4	3.5	53.3%
H & N	16.5	7.5	9.0	54.5%	10	6	4.0	60.0%	18	10	8.0	55.6%
Lower GI	19.5	13	6.5	66.7%	14.5	7	8.0	48.3%	16	5.5	10.5	34.4%
Lung	13.5	11	2.5	81.5%	7.5	6.5	1.0	86.7%	13	5	8.0	38.5%
Sarcoma	3	2	1.0	66.7%	4	0.5	4.0	12.5%	6	1	5.0	16.7%
Skin	46.5	43.5	3.0	93.5%	55	55	0.0	100.0%	46	45	1.0	97.8%
Upper GI	12.5	9	4	72.0%	6	4.5	2.0	75.0%	18.5	15	3.5	81.1%
Urological	44.5	30	15.0	67.4%	45	26	19.0	57.8%	48.5	34.5	14.0	71.1%
Total	204.5	151.5	53	74.1%	188	131	57.0	69.7%	224.5	155	69.5	69.0%

62 day performance Target 85%



Most significant breach numbers/ reasons:

Urology 14- Complex*, co-morbidities**, patient choice, delay to oncology and surgical appointments, surgical capacity***

Gynae 10- Complex* and co-morbidities**, surgical capacity, hysteroscopy capacity, clearing of 62 day plus backlog.

Lower GI 10.5 – Complex* and co-morbidities**, delays between appointments and to colonoscopy due to capacity

*Complex - requiring repeated diagnostic tests including General Anaesthetic (GA) biopsies

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

***GA diagnostic procedures and capacity for treatment

Cancer Waiting Time Standards(CWT); 3 out of 9 Standards achieved in June 2021

Month 3 (June 2021) Performance: Reporting an additional month in arrears, the Trust achieved 3 out of 9 CWT standards in June 2021.

2ww from GP referral: This standard was not achieved in June, reporting 70.6% against **93% threshold**. Breast performance was low achieving 19.5% however this was an improvement to May's position.

2ww Breast Symptomatic: This standard was not met for the same on-going challenges as those on the 2ww urgent breast pathway – lack of clinic space and radiologist capacity. Performance against standard of **93%** was **3.5%**.

Breast action plan update

- **Short term:** 392 additional insourcing appointments June-Aug 21 inc: impact has been to reduce wait times for both Breast 2WW and Symptomatic below 14 days since 16/08/2021. Extra weekend insourcing capacity will continue as needed, especially as demand is expected to increase in October due to national Breast awareness campaigns.
- **Medium term:** New radiologist employed from May and will provide additional 'in-week' radiological capacity from Sept 21.
- **Medium/long term:** feasibility study being undertaken for NOC site with intention of introducing one stop clinic with additional in-week capacity.

62 Day from GP referral

The number of completed pathways for June were 224 with 69.5 breaches. This resulted in a 62-day CWT performance of **69%**. The main breaches were in urology, Lower GI, and gynaecology.

Patients waiting over 104 days for diagnosis and treatment:

At the end of June, 28 patients remained undiagnosed or untreated >104 days on a 62-day pathway. Most of these patients were on Lung, Lower GI and Gynaecology pathways. The primary reasons for the delays in these patients were: slow diagnostic pathways which included need for additional biopsies; surgical capacity; late referrals from other trusts, and treatment of another condition or comorbidity delaying diagnostics.

Impact on cancer pathways during the pandemic

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

Indicator	Metric	May 21	No of breaches May-21	Jun 21	Jun 21	June 2019	June 2020
2 WW for suspected cancer	93%	73.50%	460/1736	70.6%	575/1954	92.5	86.7
2 WW for Breast Symptoms	93%	7.20%	155/167	3.5%	166/172	93.4	94.6
28 Day Faster Diagnosis Standard	75%	81.00%	302/1599	78.6%	373/1742	78.7	84.6
31 Days Decision to first treatment	96%	95.70%	17/396	95.80%	20/473	93.2	94.6
31 Days Decision to subsq treatment (surgery)	94%	90.4	8/83	88.0%	12/100	98.6	98.7
31 Days Decision to subsq treatment (drugs)	98%	100	0/149	98.2%	4/217	97.5	96.9
31 Days Decision to subsq treatment (radiotherapy)	94%	99.6	1/226	96.9%	7/226	97.8	97.0
62 Days GP referral to first treatment	85%	69.7%	57/188	69%	69.5/224	69.7	78.2
62 Days Screening service to first treatment	90%	70.4%	8/27	77.8%	6/27	59.5	0.0
62 Day incomplete pathways >62 days	Count	125	n/a	134	n/a		
62 Day incomplete pathways >104 days	Count	34	n/a	28	n/a		

Annualised Performance

Cancer Waiting Time Standards – Average Breach Days

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:

For the patients that breached, the average day that the breaches occurred has reduced from 22.7 days in January to 20.9 days in April despite a 28% increase in referrals. This highlights that although the breach numbers remain high, there is an improving picture in the background

31 Day DTT - Treatment - Average Days Breached:

As with the 2WW standard, the average number of days on which patients are breaching is reducing coming down by almost 10 days since January. This would indicate an improving picture in the treatment pathway.

62 Day Referral - Treatment - Average Days Breached

This figure has peaked due to the high volume of long waiting patients treated in June Day 261, Day 255, Day 218, Day 190, Day 162 and a further 19 patients over day 100 (in comparison to May's highest waiting patient which was Day 164) causing the average number of days on which patients are treated to increase substantially.

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 which are not always reflected in the 31 day standard. Within the standards, there are tolerances to account for these unavoidable cases.

2WW	Accountable	Number of Breaches (>14D)	Number of Within (<14D)	Average day of breach
JANUARY	1516	495	1021	22.7
FEBRUARY	1599	447	1152	22.9
MARCH	1934	526	1408	21.2
APRIL	1830	566	1264	20.7
MAY	1734	460	1274	22.5
JUNE	1953	575	1378	20.9

31D	Accountable	Number of Breaches (>31D)	Number of Within (<31D)	Average day of breach
JANUARY	407	28	379	57.6
FEBRUARY	398	18	380	64.9
MARCH	456	25	431	45.3
APRIL	393	27	366	47.9
MAY	396	17	379	63.9
JUNE	473	20	453	47.7

62D	Accountable	Number of Breaches (>62D)	Number of Within (<62D)	Average day of breach
JANUARY	209.5	61	148.5	87.6
FEBRUARY	201	56.5	144.5	96.0
MARCH	228	57.5	170.5	96.5
APRIL	206	52	154	87.5
MAY	188	57	131	88.8
JUNE	224.5	69.5	155	101.9

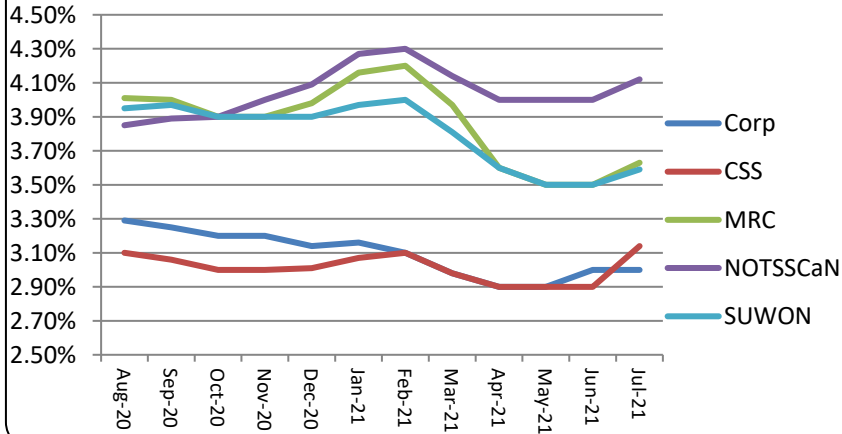
Annualised Performance

Workforce

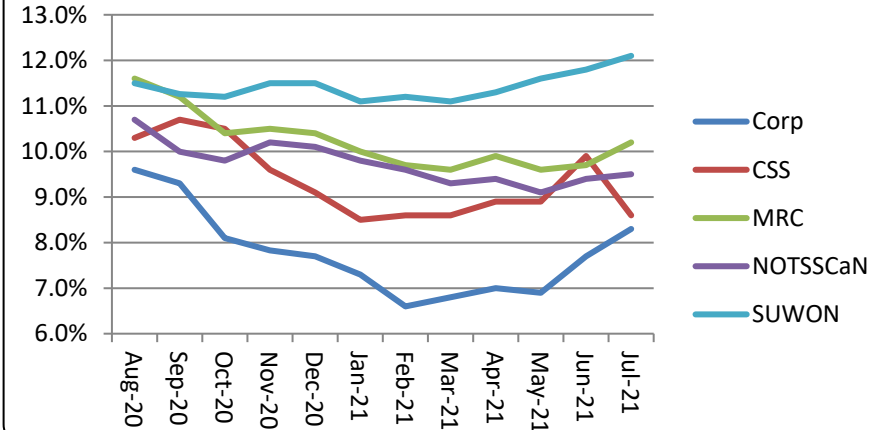
KPI (Green)	3.1%	7.7%	12.0%							<£1.33m	
OUH Trust	3.6%	6.5%	10.0%	792.9	674.7	102.2	97.5	£4,356,761	£3,439,327	£953,179	£851,802
Division	Sickness	Vacancy	Turnover	Bank WTE	Non COVID19 Bank WTE	Agency WTE	Non COVID19 Agency WTE	Bank Spend	Non COVID19 Bank Spend	All Agency Spend	Non COVID19 Agency Spend
Clinical Support Services	3.1%	3.3%	8.6%	61.5	58.6	23.7	23.7	£382,560	£363,566	£190,856	£192,028
Corporate	3.0%	7.3%	8.3%	62.9	44.9	0.0	0.0	£302,669	£251,060	£127,412	£128,274
Medicine Rehabilitation and Cardiac	3.6%	5.6%	10.2%	228.1	176.4	19.8	17.1	£1,444,764	£793,308	£235,883	£133,416
Neurosciences Orthopaedics Trauma and Specialist Surgery	4.1%	8.2%	9.5%	226.0	199.9	24.0	22.0	£1,220,360	£1,090,979	£169,185	£167,938
Surgery Women and Oncology	3.6%	7.2%	12.1%	214.5	195.0	34.7	34.7	£1,006,408	£940,413	£229,842	£230,147

The above data represents the M4 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.

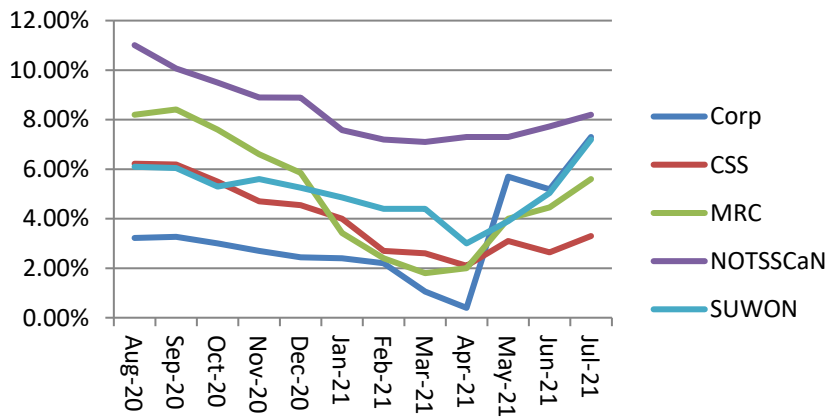
Sickness Absence % by Division



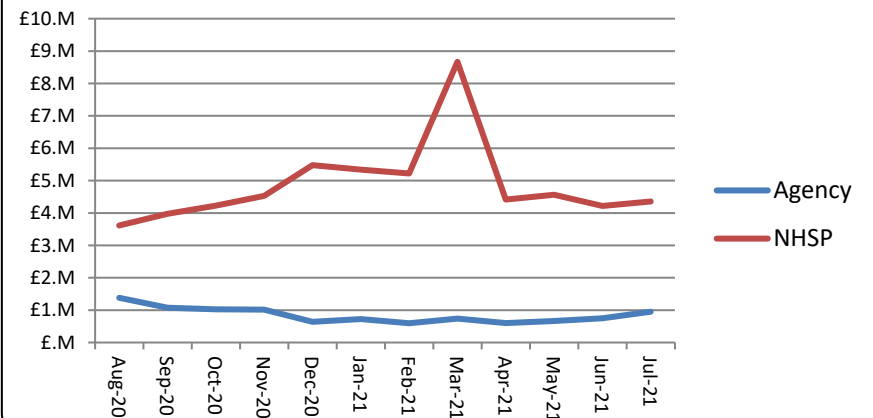
Turnover % by Division



Vacancy % by Division

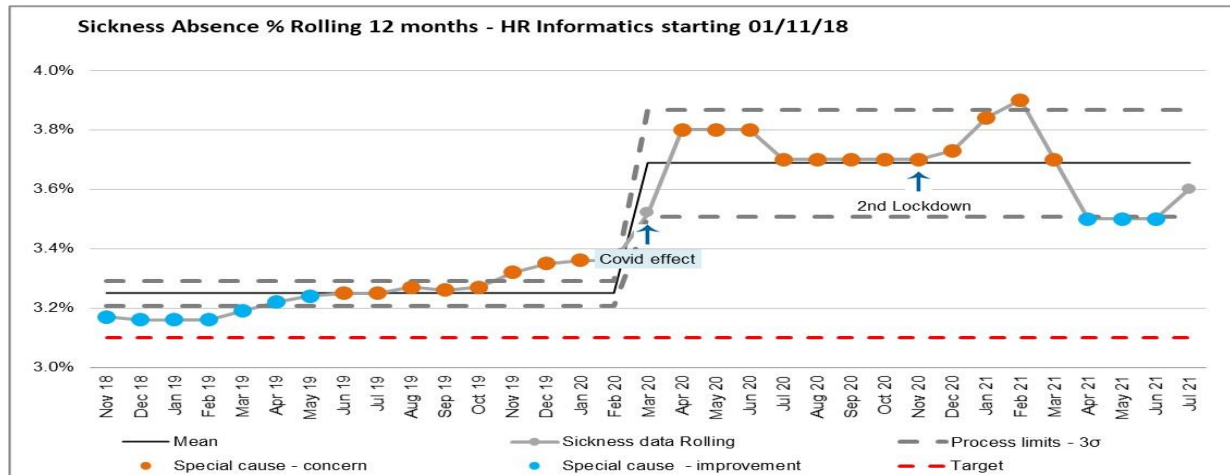


Bank and Agency Spend £



Reducing our absence rates

The graphs below support the accompanying text.

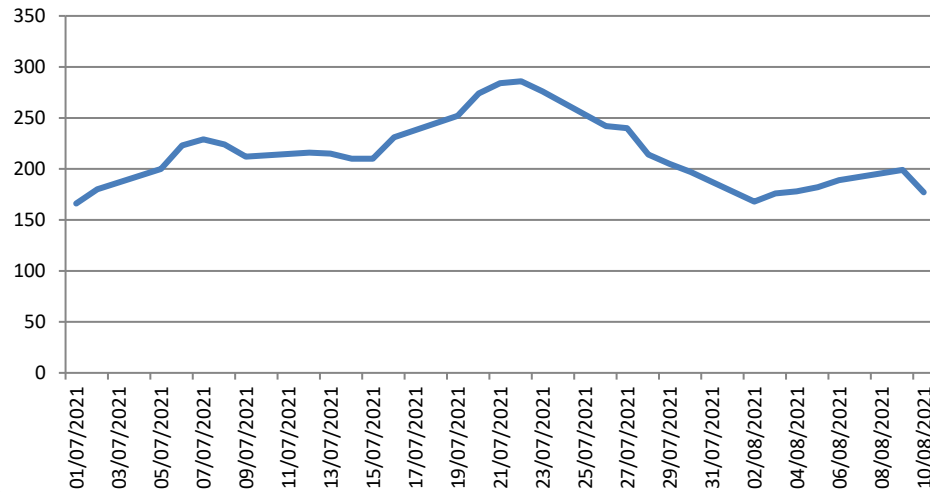


Month – July 21
3.6%
Target
3.1%
Target Achievement
Metric is consistently above KPI target.

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 demonstrable in the graph above. In Feb 21 the Trust's absence peaked at 3.9% following the second wave. Recent months increases in absences, driven primarily by COVID19 has seen an upward trend in absent rates.	Absence has increased in M4 from 3.5% to 3.6%. In benchmarking data from the ESR, this increasing trend is reflected both regionally and nationally. In a recent SE Region report on sickness absence the Trust compared very favourably to other SE NHS organisations. When there is a run of 7 sequential points that fall above/below the mean this is unusual and may indicate a significant change in process. There are a run of points above/below the mean. There is 1 point which lies above the process limits, the reason for which is known and noted in this slide. The top 5 absence reasons amount to 44% of all days lost, with Mental Health accounting for 13% of total time off. COVID19 reasons are 20%, and Musculoskeletal and Gastro absences 11%. June/July has seen significant increases in COVID19 self quarantine and confirmed cases. All clinical divisions have experienced increases in sickness rates.	NOTSSCaN – Long Term (LT) sickness absence cases closely managed by managers in conjunction with HR. Mental Health remains the top reason for absence. In all areas with high sickness HRBP & HRCs support managers with action plans, including monitoring of RTW compliance. Focus on hotspots in Children's and Theatres. Corporate – Targeted support to hotspot areas particularly in services where the frequency and days off are high. Continuing to improve the RTW compliance. CSS - Mental Health is the top reason for absence, 22 staff have recently completed the MH First Aid course, 16 are attending in October. EAP provider – Carefirst, attending directorate DME meetings to promote full range of services in September to increase awareness. SUWON - LT cases closely monitored and reviewed. Weekly reports on RTW and 3' in 6' triggers are sent to managers for hotspot areas. Managers are encouraged to book on sickness training via MLH. Wellbeing leads are working closely with the teams to provide support. MRC – Continued focus on LT sickness. The HR team has focussed resources to support managers. HR are working with the HART management team re high absence levels.

The graph below support the accompanying text.

Covid related absence



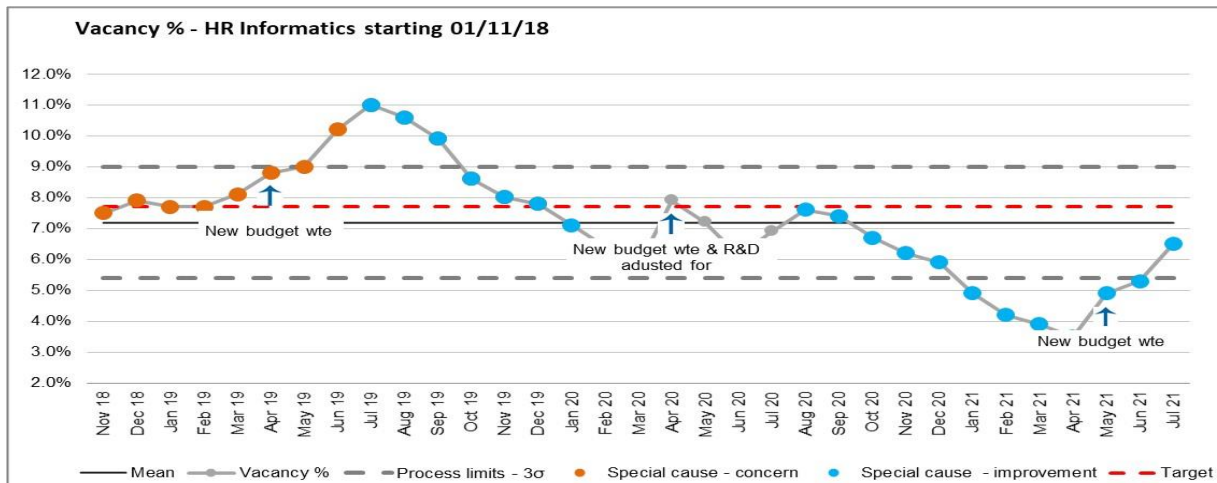
What the chart tells us

- Numbers peaked in the latter half of July 21 (286), and declined steadily after this date. At the start of August where numbers started to rise again.
- Staff absences for COVID19 are monitored daily.
- BME staff account for c25% of absences, and as of M4 are 26% of the staff. This figure is taken as of 10th August and will fluctuate with numbers absent.

Actions

- The Trust has now offered vaccination to all staff and developed various interventions for staff with concerns. In particular, there is work to support vaccination rates amongst PFI staff. Second jabs are being offered. The are 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.
- The Winter Vaccination programme is underway, which will deliver COVID19 boosters and flu jabs in accordance with national guidance.

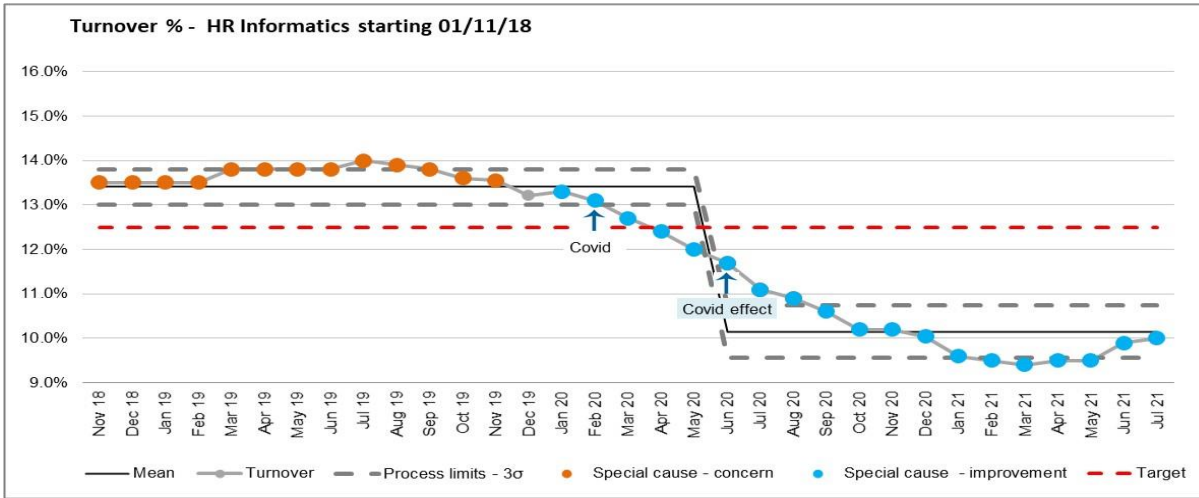
The graphs below support the accompanying text.



Month – July 21
6.5%
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.	In M4 vacancies have increased when compared to M3, (5.3% to 6.5%). Staff in post has fallen between months and the establishment has also increased in M4, which has also influenced the vacancy factor.	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. There are 6 points below the line. 7 sequential points above/below the mean may indicate a significant change in process. There is a run of points above/below the mean. There is also a run of falling points, although in recent months vacancy levels have started to increase.	NOTSSCaN - Cross divisional working on Theatres and Admin and Clerical deep dive projects are continuing. Priority areas are NNICU, JR/WW Theatres and Neurosciences, with centralised recruitment now being undertaken. Virtual recruitment events being scoped for neonates and critical care. Review of vacancies across the staff groups continues with a focus on NNICU nursing and A&C staff. Recruitment plan being finalised for Children’s nursing following approval of business case for additional posts Corporate – Vacancy rates have increased from the previous month. Roles are in the recruitment pipeline either via pay panel/investment posts or fast track. CSS - Focus remains on the hard to fill posts in Radiology, Breast Screening and Critical Care. Landing recruitment page setup and live for AICU Adult Critical Care Oxford - Working for us (ouh.nhs.uk). Working with Radiology and Recruitment to refine overseas offer, to ensure consistency. Exploring with Yeovil NHS joint recruitment campaign RRP for Radiology currently under review. SUWON – 8 new starters from the successful theatres recruitment event held in June. Further 15 virtual interviews are booked for international candidates. R&R lead is working closely with directorates and recruitment team to support areas with high vacancy rates. Managers are encouraged to consider Apprenticeship routes. MRC - Overseas, and Return to Practice, Nurses continue to gain registration and are reducing the number of vacancies in the division.

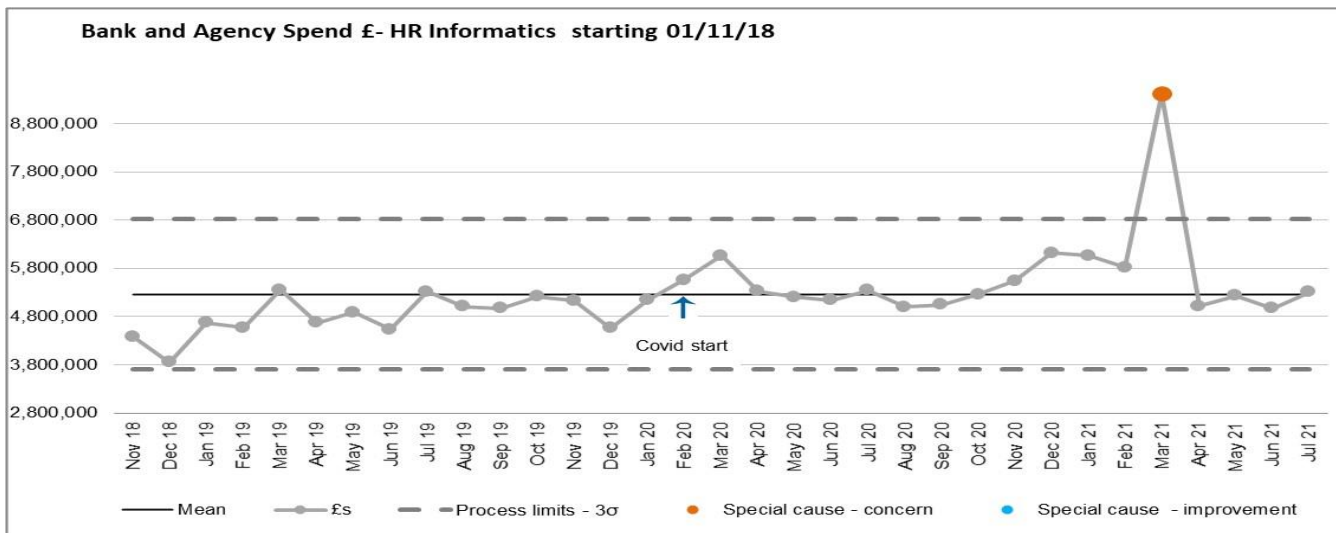
The graphs below support the accompanying text.



Month – July 21
10.0%
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.	The Trust has experienced a minor increase in turnover (9.9% to 10.0%), resulting from a slight increase in leavers and a small decrease in average staff in post. Divisions with the exception of CSS have experienced increases in turnover.	When there is a run of more than 7 sequential points above/below the mean this may indicate a process out of control. There is a run of points above and below the average. In the last 4 months turnover has steadily increased from 9.4% in May to 10.0% in July. The rolling rate of leavers has increased when compared to March 21 – (Mar 21 83 wte average per month; July 21 average is 88 wte per month). This change may reflect the view that as restrictions ease, more staff will look to leave the Trust.	NOTSSCaN – 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 review of exit interview data is underway. Corporate – 57% of the recent exit questionnaires completed are not going on to further employment. Further work will take place across high areas of turnover to understand the reasons for leaving and find solutions to reduce turnover. CSS - “Holding difficult conversations” training scheduled in August. Externally commissioned workforce deep dive into Radiology is scheduled for September. SUWON – R&R inventions are taking place after a successful delivery of LIA events especially in areas with low engagement rates. Positive impact is being reported on staff by managers after R3P sessions in Endoscopy. Further R3P sessions booked for UGI and Renal dialysis nurses. Discussions are taking place to implement ‘Wellbeing check-ins’ for the division. “Open Border” opportunities are offered by R&R lead. MRC – Working with the divisional R&R lead by looking at areas where staff are leaving, and the interventions that may be needed.

The graphs below support the accompanying text.



Month – July 21

£5.3m

Target

N/A

Target Achievement

N/A

Background	What the chart tells us	Issues	Actions
<p>Temporary spend is taken from the financial ledger and is the combination of bank and agency spend. From a backdrop of breaching the agency ceiling in 19/20, there has been drive to reduce our agency spend and achieve the ceiling (£16.4M) for 20/21, which the Trust has achieved by c£5M (£11.6M). The figures for March include an accrual for nursing incentive payments.</p>	<p>Temporary staffing spend has increased by c£340k between months with both agency and bank spend increasing. This was expected and reflects increased activity across the Trust and annual leave/sickness. MRC/NOTSSCaN have increased agency medical usage due to extra capacity and vacancies.</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 one data point above the line, the reason for which is documented in “Background” section of this slide.</p> <p>In month agency spend (£953k), despite increasing in M4 continues to fall below our regulators monthly ceiling of £1.3m. Ongoing issues include managing spend against increased activity, keeping rates low in hard to fill areas, (NICU,PICU) reliance on “own” employees to fill shifts across the Trust, and reviewing doctors agency spend and ensuring this remains under control.</p>	<ul style="list-style-type: none"> Continuing to finalise SOPs to support controls / process improvements. Challenging long line band 7 and above A&C bank spend. Challenging Nursing staff being paid above the cap and reducing agency spend following the re-introduction of the increased rates. Introduction of a form for authorisation of Band 7 and above A&C bank staff and/or obtaining A&C staff from an agency and converting to bank. Finalise the Locum booking procedure and circulate for consultation. NHSP to provide monthly breakdown data on substantive bank and bank. Commencing the paper light NHSP project at the Trust.

i) Integrity of Legacy Training Data

- Issues with the original upload of training data into My Learning Hub (MLH) have been identified. This is impacting on our organisational ability to report on core skills compliance. No training data has been lost.
- Following careful and detailed preparation for the Legacy Data Reload for weekend of 21/22 August 2021, this project has successfully been completed. All learning records from the legacy learning management system have been imported into MLH, mapped to the correct courses and showing the most recent completion dates to enable compliance reporting to commence again in M5.
- Work continues on resolving other issues identified to improve end user optimisation of the system, including managers now having the additional functionality to add members of their team to MLH as well as team members having this capability

ii) Values Based Appraisals (VBAs)

- The VBA module went live on the 10th June 2021.
- People are hesitant to use the VBA module due to the legacy training data issues. We are aware that people have been completing their VBA using a paper-based appraisal form and have not currently uploaded their form into MLH to record their appraisal completion. As a result, we are unable to report the precise number of completed appraisals from MLH.
- Our PR campaign continues with the support of our HRBPs to prompt staff to upload their appraisal information by end August 2021. This is including increased communications and the creation of short 'how to' videos for our people and our managers to build confidence in using the VBA module.
- New developmental work is taking place to continue to enhance the VBA module based on feedback, including enabling appraisers to upload paper copies for their appraisees.
- Workshops arranged in July for HRBPs and their teams on how to use the VBA module, and enable issue resolution, which can then be used to educate people in divisions.
- We will commence monitoring reporting from end July and provide Board compliance reporting in M5 (end August 2021)

i) Engagement, Inclusion & Experience

- Refresh Trust's EDI Objectives – Design stage - completed suite of engagement activity with staff, patients, & system partners to support the design of the EDI Objectives. Now conducting thematic analysis on data received.
- EDI Peer Review – Design stage - Assurance team training peer reviewers
- Developing Staff Networks – Design & Delivery stages- working with Staff Network Leads to identify and deliver against Network priorities. This includes identifying resource requirements to prepare a business case to enable Network activity.
- Combined Equality Standards – Design stage – the report has been drafted and will be presented to the EDI Steering Group in August prior to being presented at the September 2021 Board meeting.
- New starters' welcome experience - Design stage – process mapping commenced of existing processes, new Trust values video shot and into post-production.
- Recognition – Design & Delivery stage - Growing Stronger Together: Rest Reflect Recover recognition initiatives approved
- Quarterly Staff Survey – Delivery stage – Q2 survey completed and data received. Better response rate of 20% (2,833 staff, compared to 15% in previous staff friends and family test quarterly surveys).
- Values Based Interventions – Design & Delivery stage - VB interview training continues fully booked until end October 2021. Currently designing a refresher session for existing VB interviewers to launch in September 2021. A refreshed Values Based Conversations course is being piloted in August 2021 to launch in the autumn as part of our leadership development offer.

ii) Leadership

- Leadership Behavioural Framework – Design stage
- Leadership development pathways – Design stage – prioritising Clinical Director's development programme for August 2021 launch.
- Build Affina team coach capacity – Design stage - programme commissioned for November 2021
- Build trust wide coaching capacity – Design stage – new ILM level 5 coaching programme commissioned for September 2021
- Build 360 facilitator capacity – Design stage – 2 x 360 feedback facilitator workshops on 20 October & 8 December 2021
- Build MBTI facilitator capacity – Design stage - MBTI training being commissioned Autumn 2021 (dates tbc)
- Graduate Management Trainee Scheme – new cohort arriving 06 Sept 2021. Orientation plan being developed.

iii) Wellbeing

- People Recovery Programme - Growing Stronger Together: Rest Reflect Recover programme - Delivery and promotion of our R3P programme continues. 29 teams to have completed by end October 2021.
- Leading with Care – Design stage - Wellbeing Check-In manager training, guidance and signposting piloted and signed off for design. Wellbeing check-in module being developed in My Learning Hub to record date of check-in and evaluate effectiveness. Trust-wide launch of wellbeing check-in on 6th September 2021.
- BOB Enhanced OH & Wellbeing – Design & Delivery stage - BOB review against national wellbeing framework to understand current position and areas for priority across Trusts. Exploring Trust pilots for Restorative Just Culture, Trauma Risk Management (TRiM) and REACT training (the latter to complement our wellbeing check-in training for managers).

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								
Additional Clinical Services	2,165.3	2,143.2	2,091.1	2,066.5								
Administrative and Clerical	2,695.7	2,696.7	2,703.9	2,683.3								
Allied Health Professionals	738.9	736.7	747.2	746.9								
Estates and Ancillary	215.1	218.8	220.5	218.4								
Healthcare Scientists	539.9	538.1	539.8	539.1								
Medical and Dental	1,999.4	1,988.8	1,985.3	1,975.4								
Nursing and Midwifery Registered	3,725.3	3,730.1	3,770.2	3,769.4								
Total	12,602.1	12,575.5	12,566.8	12,509.5								

Bank	683.8	812.3	828.5	792.9								
Agency	99.14	113.8	118.91	102.2								

Grand Total	13,385.1	13,501.5	13,514.2	13,404.6								
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Divison	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								
Corporate	1,569.0	1,571.9	1,577.7	1,576.8								
Medicine Rehabilitation and Cardiac	2,848.8	2,859.2	2,863.3	2,850.2								
Neurosciences Orthopaedics Trauma and Specialist Surgery	3,198.2	3,194.7	3,187.8	3,172.8								
Surgery Women and Oncology	2,960.4	2,930.1	2,914.6	2,886.5								
Total	12,602.1	12,575.5	12,566.8	12,509.5								

Bank	683.8	812.3	828.5	792.9								
Agency	99.14	113.8	118.91	102.2								

Grand Total	13,385.1	13,501.5	13,514.2	13,404.6								
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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.

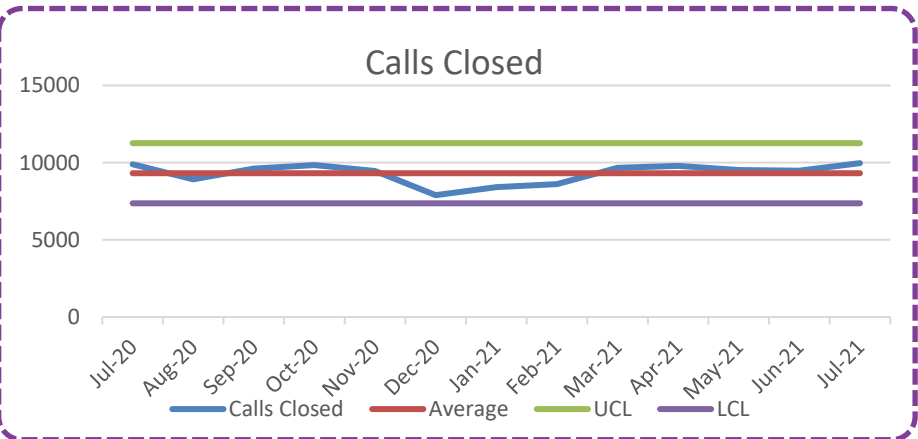
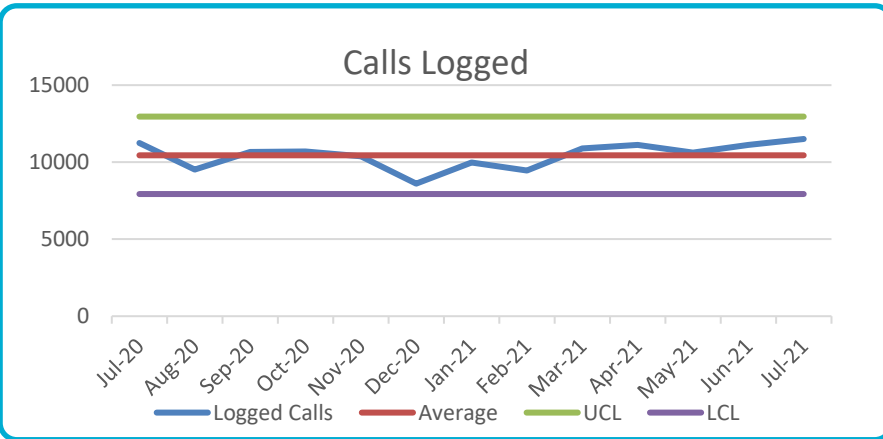
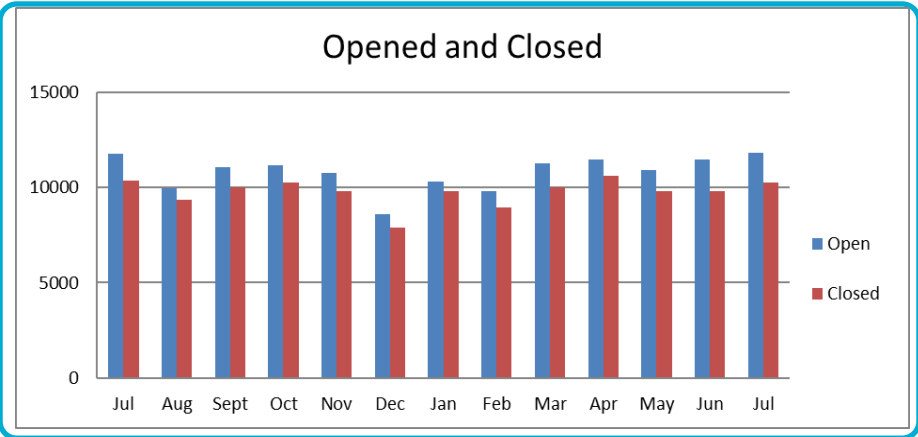
Bank and agency figures are taken from the Financial Ledger.

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 July 2020 to July 2021. When comparing July 2020 with July 2021 there is a 0.7% increase in calls logged. July 2021 has the highest call logged and call closure rate of the rolling year.

Priority	Total OUH calls logged in July	Total OUH calls closed in July	Total calls logged trend
1	0	0	Month on month trend June to July 2021
2	32	30	increase of 3.2%
3	1902	1661	July 2020 to July 2021
4	4395	3763	increase of 0.7%
5	5177	4477	
Total	11506	9962	



Risks, Issues and Challenges

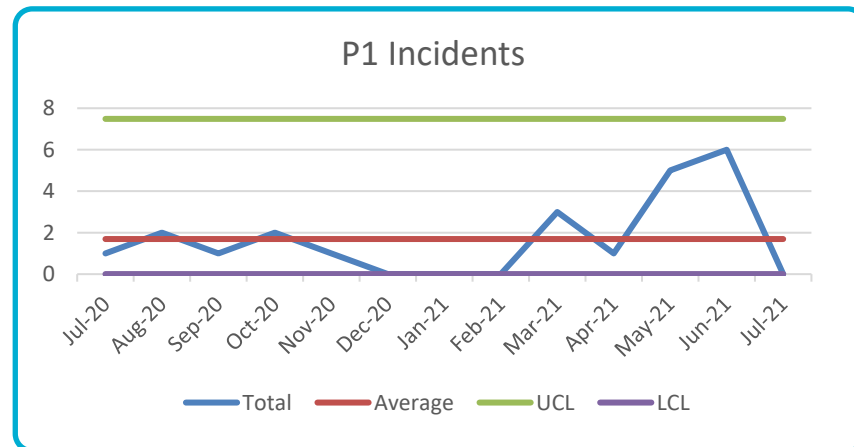
July 21 saw the highest number of calls logged in one month, since March 20. It also saw the highest number of calls being closed and it should be noted that this includes a period of the school summer holidays. Additional resource and focus have been placed on this issue. A significant amount of desktop 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 July 2020 to July 2021. When comparing July 2020 with July 2021 there is a decrease of one Priority 1 incidents as there were zero Priority 1 incidents in July 2021 compared to 1 in July 2020.

OUH Priority 1 Incidents

Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
1	2	1	2	1	0	0	0	3	1	5	6	0
No P1 calls logged in July 21												



Cyber Highlights:

Overall Cyber status **Green**

- 229.3TB of internet traffic use, up 7TB on June 21.
- OUH DSPT 20/21 Published.
NHS Digital confirm status as: Standard Not Met but Action Plan agreed.
- Extensive Windows updates being applied to desktop estate, and security fixes and this is in addition to upgrades on PCs.

Cyber Management

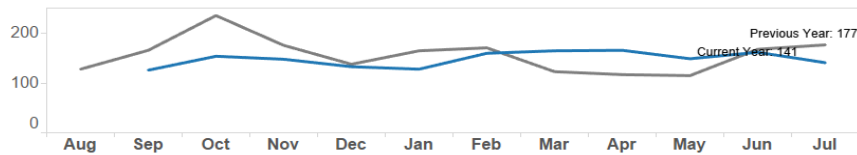
	Month of July	Year to date
CareCerts received	20	98
Virus blocked	149	604
Intrusions blocked	8,807	18,374
SPAM blocked	435,412	1,758,478
Devices monitored	12,534	-
Servers monitored	680	-

Forward view

- NHS Digital funded cyber assessment scheduled for Sept 2021 (Dionach Audit)
- Following the June 2021 JR L0 power incident a review of Data Centre facilities and options will be undertaken.
- 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)



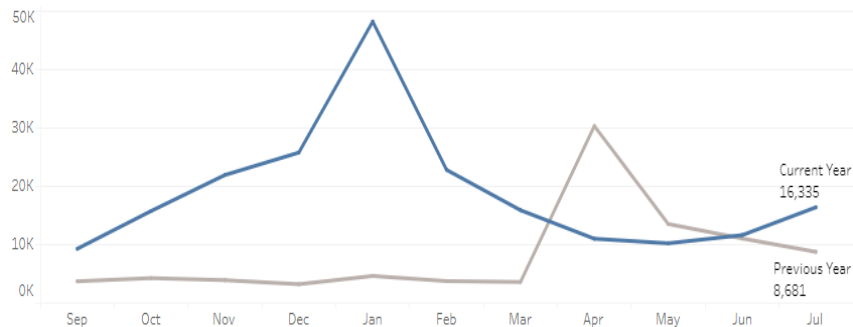
1.1 The demand on the Info request service for July '21 was 20% lower than in the same period for the previous year.

1.2 User feedback on the timeliness, usefulness and overall experience of the service remains positive at 96% for July '21

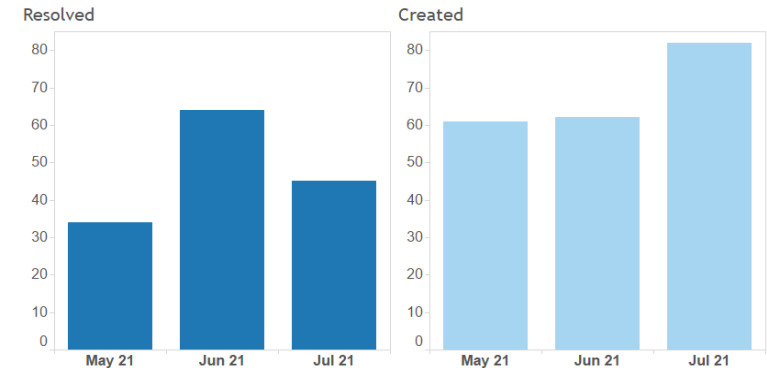
1.3 In April '21 the median wait for information via the Information request service was 2 days and the average wait was 3.5 days.

ORBIT+

A total of 16335 views were recorded in July '21 as compared to 8681 views in the same period last year.



Other Demands



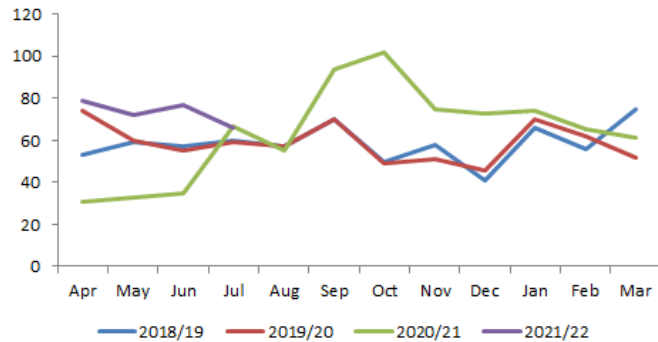
Current development priorities

- Cancer Reporting on ORBIT+ in partnership with D&D
- Improved reporting for Cancellations
- ERF reporting
 - National Waiting List – Diagnostic Priority coding
 - National Waiting List – addition of other waiters
 - Patient Initiated Follow up
- Datawarehouse Migration
- ECDS reporting via SUS
- CDS 6.3 – Assessment and Planning
- ORBIT+ New features
- Creation of a Surgical Morbidity tool

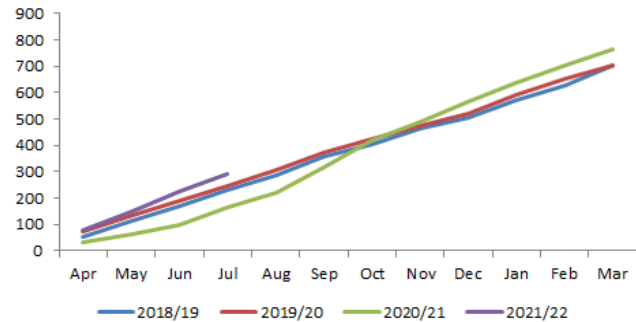
Freedom of Information (FOI)

66 FOI/EIR requests were received during July 2021. During this period, 39 requests were closed within 20 working days. 27 were not closed within the requisite period. The compliance rate for closure of requests within 20 working days during July 2021 was 59% equal to 59% in July 2020.

Received FOIs



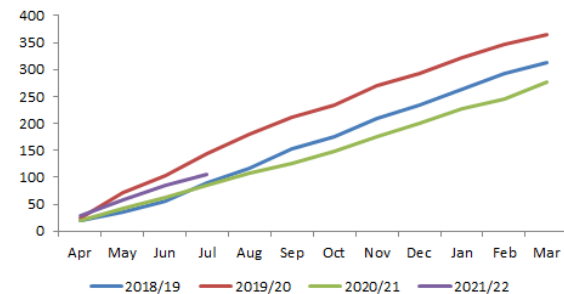
Requests (Cumulative)



Data Security & Protection Breaches

Data security and protection breaches are classified using the NHS Digital data security breach reporting matrix. Where incidents are assessed as likely that some harm has occurred and the impact is (at least) minor, the incident is reportable to NHS Digital. 22 data protection incidents were reported in July against 26 in June. No incidents required reporting externally via the NHS Data Security and Protection Toolkit (DSPT).

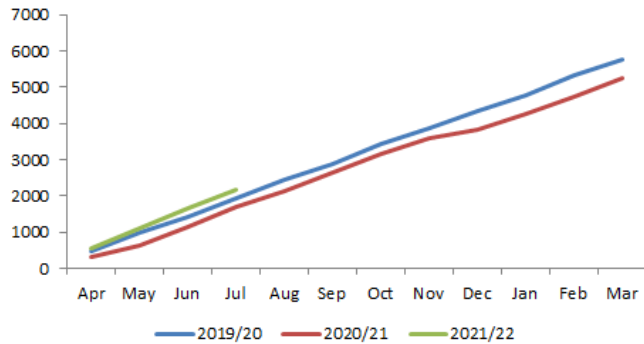
Data Protection Breaches (Cumulative)



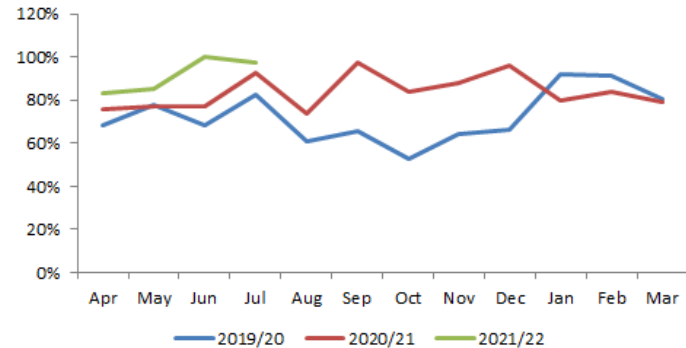
Data Subject Access Requests (DSAR)

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

Requests (Cumulative)



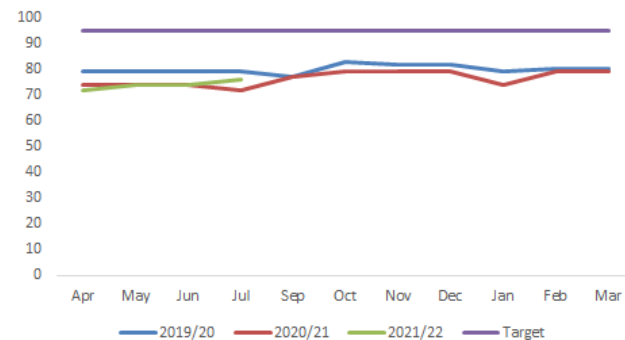
DSAR % Compliance



Data Security and Protection Training

The Data Security Protection Toolkit (DSPT) mandates that 95% of staff need to complete Data Security training annually. Training compliance rates were 76% in July 2021. There has been an improvement since May 2021. My Learning Hub is improving with data quality for reporting. The Digital team are working with the My Learning Hub team to further improve this.

Data Security Training %



Data Security & Protection Toolkit (DSPT)

The DSPT self-assessment tool was introduced in April 2018 and replaced the previous Information Governance Toolkit assurance framework. The new Toolkit was developed following Dame Fiona Caldicott's review: *Data Security, Consent and Opt-outs*, which was published in 2016. The DSPT for 2020/21 was submitted on the 30th June 2021. Following the approval of the Trust's improvement plan by NHS Digital on the 9th July 2021, the Trust is now rated "*Standards not fully met (Plan Agreed)*".

Opportunities

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

The position for Information Governance Lead/Records Manager has been advertised since becoming vacant on 30th July.

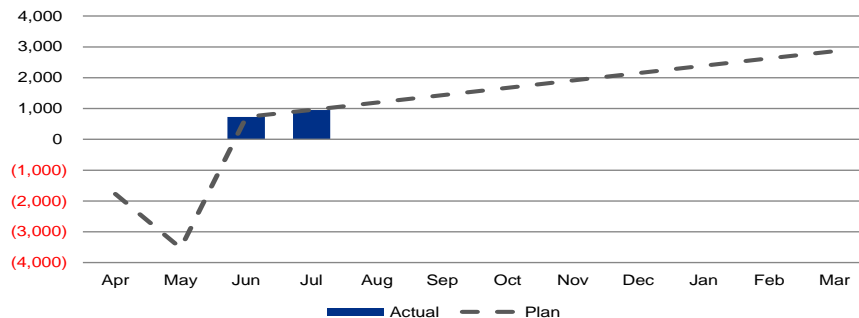
Finance, Procurement and Contracting

Financial Performance Report M4

Summary from M4 (July 2021)

Income & Expenditure - Performance Versus Plan

Cumulative Performance Against Plan (£000s)



Income & Expenditure - Summary

Retained surplus / (deficit) at Month 4 £000s	Annual	YTD		Var.
	Plan	Plan	Actual	
Recurrent EBITDA	68,326	22,773	22,514	(259)
% EBITDA	5.25%	5.25%	5.08%	-3%
Planned EBITDA	68,326	22,773	22,514	(259)
Non-operating items	(66,436)	(22,145)	(21,801)	344
Retained surplus / (deficit) before technical adjs.	1,890	627	713	85
Technical adjs.*	(973)	(324)	(239)	85
Surplus / (deficit) as reported to NHSI	2,863	952	952	0

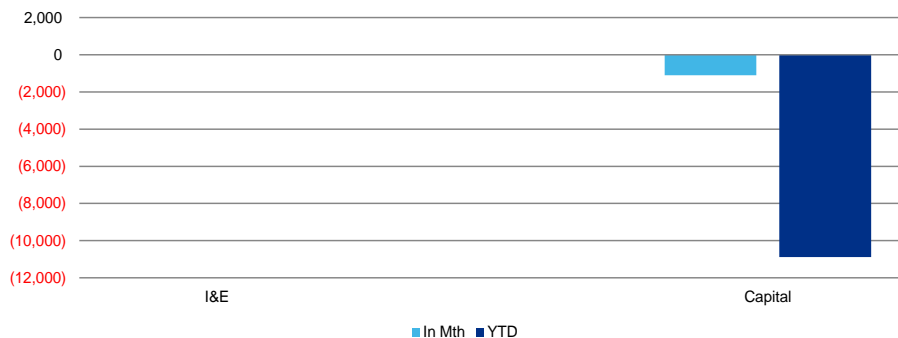
* n.b. technical adjustments includes donated asset receipts and depreciation / amortisation on donated assets

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.

Performance Against Key Financial Indicators

Variance Actual vs Plan (£000s)



I & E Subjective £000s	IN MONTH 4				YEAR TO DATE				FULL YEAR
	Plan	Actual	Var	Var %	Plan	Actual	Var	Var %	Plan
Income									
Commissioning Income	85,968	82,071	(3,896)	-4.5%	341,424	349,829	8,405	2.5%	1,024,019
Passthrough Drugs & Devices	9,087	11,093	2,006	22.1%	36,347	38,629	2,282	6.3%	109,040
Other Income	13,342	14,365	1,023	7.7%	52,039	51,782	(257)	-0.5%	155,965
PP, Overseas and RTA Income	949	844	(105)	-11.1%	3,795	3,023	(772)	-20.3%	11,385
Total Income	109,345	108,373	(972)	-0.9%	433,604	443,263	9,659	2.2%	1,300,408
Pay									
Consultants and Medics	(20,896)	(20,932)	(37)	-0.2%	(82,648)	(82,391)	257	0.3%	(254,797)
Health Care Assistants & Support	(6,183)	(5,440)	743	12.0%	(24,369)	(23,021)	1,348	5.5%	(71,965)
Nurse and Midwives	(18,307)	(17,441)	865	4.7%	(71,723)	(70,579)	1,145	1.6%	(210,053)
Other Staff	(9,759)	(9,829)	(70)	-0.7%	(38,859)	(39,551)	(691)	-1.8%	(116,599)
Scientific, Thec., Therapeutic	(9,042)	(8,711)	331	3.7%	(35,867)	(35,086)	782	2.2%	(106,623)
Total Pay	(64,185)	(62,352)	1,833	2.9%	(253,466)	(250,627)	2,840	1.1%	(760,036)
Non-Pay									
Clinical negligence	(2,788)	(2,788)	(0)	0.0%	(11,152)	(11,152)	(0)	0.0%	(33,455)
Clinical Supplies & Services	(11,239)	(11,074)	165	1.5%	(42,859)	(38,006)	4,853	11.3%	(129,029)
Drugs & Devices	(15,520)	(16,926)	(1,406)	-9.1%	(62,026)	(60,590)	1,436	2.3%	(185,797)
General Supplies & Services	311	(437)	(748)	-240.8%	(317)	(2,374)	(2,057)	-649.1%	(952)
Internal Recharges	86	0	(86)	-100.0%	594	0	(594)	-100.0%	1,782
Premises & Fixed Plant	(6,745)	(7,456)	(711)	-10.5%	(28,287)	(29,817)	(1,529)	-5.4%	(84,819)
Other Expenditure	(3,587)	(1,728)	1,858	51.8%	(13,318)	(28,184)	(14,866)	-111.6%	(39,776)
Total Non-Pay	(39,483)	(40,410)	(927)	-2.3%	(157,365)	(170,123)	(12,757)	-8.1%	(472,046)
Operational EBITDA	5,677	5,611	(66)	-1.2%	22,773	22,514	(259)	-1.1%	68,326
Non-EBITDA (Excl Tech Adj)	(5,455)	(5,389)	67	1.2%	(21,821)	(21,562)	259	1.2%	(65,463)
Operational Surplus / (Deficit)	222	222	1	0.4%	952	952	0	0.0%	2,863

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

Income

- Commissioning income, including pass through, is £10.7m higher than plan to date mainly due to the accrual of £25.0m of ERF income for achieving more elective activity to date than the baseline set by NHSE (based on M1 to M3 SUS data and draft EPR M4 activity data). The plan includes £15.6m of ERF income to M4.
- Other income to date is £0.3m less than plan. This has improved this month by £1.0m due to recognition in M4 of Pathology and Laboratories ONS income, including £0.9m relating to prior months.
- PP, Overseas and RTA income is £0.8m lower than plan to date.

Pay

- Pay is £2.8m better than plan year to date. This is principally due to COVID-19 pay costs being £2.6m below plan. Underlying pay costs were £0.2m lower than plan.

Non-Pay

- Non-pay is £12.8m worse than plan year to date. The adverse variance is principally driven by a recovery expenditure contingency accrual of £9.3m 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).

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

I & E Subjective £000s	IN MONTH 4 - 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
Income												
Commissioning Income	77,920	294	0	3,857	0	82,071	309,441	24,959	0	15,429	0	349,829
Passthrough Drugs & Devices	11,093	0	0	0	0	11,093	38,629	0	0	0	0	38,629
Other Income	9,555	0	4,372	66	373	14,365	34,306	0	15,642	113	1,721	51,782
PP, Overseas and RTA Income	844	0	0	0	0	844	3,023	0	0	0	0	3,023
Total Income	99,411	294	4,372	3,924	373	108,373	385,399	24,959	15,642	15,543	1,721	443,263
Pay												
Consultants and Medics	(19,645)	(165)	(654)	(467)	(1)	(20,932)	(78,526)	(529)	(2,084)	(1,220)	(31)	(82,391)
Health Care Assistants & Support	(5,264)	(6)	(29)	(82)	(59)	(5,440)	(22,187)	(24)	(113)	(423)	(273)	(23,021)
Nurse and Midwives	(15,890)	(29)	(1,059)	(459)	(5)	(17,441)	(64,327)	(83)	(4,130)	(1,858)	(181)	(70,579)
Other Staff	(8,985)	(2)	(751)	(86)	(5)	(9,829)	(35,909)	(16)	(3,071)	(493)	(62)	(39,551)
Scientific, Thec., Therapeutic	(7,511)	(50)	(944)	(202)	(4)	(8,711)	(30,295)	(211)	(3,717)	(821)	(41)	(35,086)
Total Pay	(57,296)	(251)	(3,437)	(1,295)	(74)	(62,352)	(231,246)	(863)	(13,115)	(4,815)	(588)	(250,627)
Non-Pay												
Clinical negligence	(2,788)	0	0	0	0	(2,788)	(11,152)	0	0	0	0	(11,152)
Clinical Supplies & Services	(9,307)	(1,000)	(266)	(222)	(278)	(11,074)	(32,177)	(4,000)	(749)	24	(1,104)	(38,006)
Drugs & Devices	(16,835)	0	(1)	(90)	0	(16,926)	(60,590)	0	0	0	0	(60,590)
Passthrough Drugs & Devices	(11,093)	0	0	0	0	(11,093)	(38,629)	0	0	0	0	(38,629)
Drugs	(5,742)	0	(1)	(90)	0	(5,833)	(21,800)	0	(1)	(159)	0	(21,961)
General Supplies & Services	(292)	0	1	(146)	0	(437)	(1,801)	0	(1)	(564)	(8)	(2,374)
Internal Recharges	222	0	(220)	(3)	0	0	785	0	(776)	(8)	0	0
Premises & Fixed Plant	(7,242)	(108)	(0)	(85)	(21)	(7,456)	(28,731)	(439)	(121)	(505)	(21)	(29,817)
Other Expenditure	(3,498)	2,235	(448)	(17)	0	(1,728)	(13,589)	(13,572)	(879)	(144)	0	(28,184)
Total Non-Pay	(39,740)	1,127	(935)	(563)	(299)	(40,410)	(147,094)	(18,011)	(2,527)	(1,358)	(1,133)	(170,123)
Operational EBITDA	2,376	1,170	0	2,065	0	5,611	7,059	6,085	(0)	9,370	0	22,514
Non-EBITDA (Excl Tech Adj)	(5,389)	0	0	0	0	(5,389)	(21,562)	0	0	0	0	(21,562)
Operational Surplus / (Deficit)	(3,013)	1,170	0	2,065	0	222	(14,503)	6,085	(0)	9,370	0	952

Source: Finance Ledger

- Year to date in-envelope COVID-19 costs total £6.2m. The H1 (M1-6) plan includes £3.4m a month for COVID-19 costs funded from the ICS. Compared to June, pay costs increased by £0.3m to £1.3m and non-pay costs have increased by £0.3m to £0.6m. The pay cost increase was driven by additional shift costs, up £0.2m in July.
- £0.4m of income, £0.1m above plan, has been accrued in month to be reimbursed for COVID-19 (outside envelope) testing and vaccination costs.
- Year to date, the Trust is £9.4m 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.
- Recovery costs included in the core I&E in July were £2.4m, these were offset by released ERF contingency costs of £3.2m. 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 July and for the year-to-date.

Div Overview (EBITDA) £000s	IN MONTH 4				YEAR TO DATE				FULL YEAR
	Plan	Actual	Variance	Var %	Plan	Actual	Variance	Var %	Plan
Income	6,677	8,078	1,401	21.0%	26,166	28,025	1,859	7.1%	78,153
Pay	(9,945)	(10,355)	(409)	-4.1%	(39,853)	(41,474)	(1,621)	-4.1%	(118,502)
Non-Pay	861	(116)	(977)	-113.5%	2,785	1,706	(1,079)	-38.7%	9,685
Total CSS	(2,408)	(2,393)	15	0.6%	(10,901)	(11,743)	(842)	-7.7%	(30,664)
Income	21,203	22,419	1,216	5.7%	83,610	87,263	3,653	4.4%	250,829
Pay	(12,925)	(13,118)	(193)	-1.5%	(51,291)	(52,821)	(1,531)	-3.0%	(147,906)
Non-Pay	(5,487)	(7,347)	(1,860)	-33.9%	(21,476)	(26,526)	(5,050)	-23.5%	(63,424)
Total MRC	2,791	1,954	(837)	-30.0%	10,843	7,916	(2,927)	-27.0%	39,499
Income	27,570	28,843	1,273	4.6%	110,185	112,844	2,659	2.4%	330,601
Pay	(14,908)	(15,077)	(169)	-1.1%	(59,136)	(60,715)	(1,579)	-2.7%	(176,008)
Non-Pay	(9,254)	(10,189)	(935)	-10.1%	(35,274)	(36,929)	(1,655)	-4.7%	(103,642)
Total NOTSSCaN	3,407	3,576	169	5.0%	15,776	15,201	(575)	-3.6%	50,952
Income	27,703	27,566	(137)	-0.5%	107,886	107,761	(125)	-0.1%	323,657
Pay	(13,382)	(13,026)	356	2.7%	(51,160)	(52,190)	(1,030)	-2.0%	(152,037)
Non-Pay	(11,439)	(12,504)	(1,064)	-9.3%	(44,849)	(47,132)	(2,283)	-5.1%	(132,604)
Total SuWOn	2,882	2,036	(846)	-29.3%	11,877	8,438	(3,438)	-29.0%	39,016
Clinical Divisions	6,672	5,173	(1,499)	-22.5%	27,595	19,812	(7,783)	-28.2%	98,804
Income	5,613	5,877	264	4.7%	22,397	23,872	1,475	6.6%	67,407
Pay	(6,824)	(6,738)	86	1.3%	(26,749)	(26,937)	(188)	-0.7%	(80,502)
Non-Pay	(14,396)	(13,767)	629	4.4%	(57,690)	(57,230)	460	0.8%	(173,029)
Corporate Divisions	(15,607)	(14,627)	979	6.3%	(62,042)	(60,295)	1,747	2.8%	(186,124)
Income	4,628	4,372	(256)	-5.5%	18,511	15,642	(2,869)	-15.5%	55,533
Pay	(3,831)	(3,437)	394	10.3%	(15,326)	(13,115)	2,211	14.4%	(45,977)
Non-Pay	(796)	(935)	(138)	-17.4%	(3,185)	(2,527)	658	20.7%	(9,556)
R&D	(0)	0	0		(0)	0	0		(0)
Income	15,951	11,219	(4,732)	-29.7%	64,850	67,856	3,007	4.6%	194,229
Pay	(2,369)	(602)	1,767	-74.6%	(9,953)	(3,374)	6,578	-66.1%	(39,105)
Non-Pay	1,029	4,448	3,419	332.1%	2,323	(1,486)	(3,809)	-164.0%	523
Central & Technical	14,611	15,066	454	3.1%	57,220	62,996	5,777	10.1%	155,646
Operational EBITDA	5,677	5,611	(66)	-1.2%	22,773	22,514	(259)	-1.1%	68,326

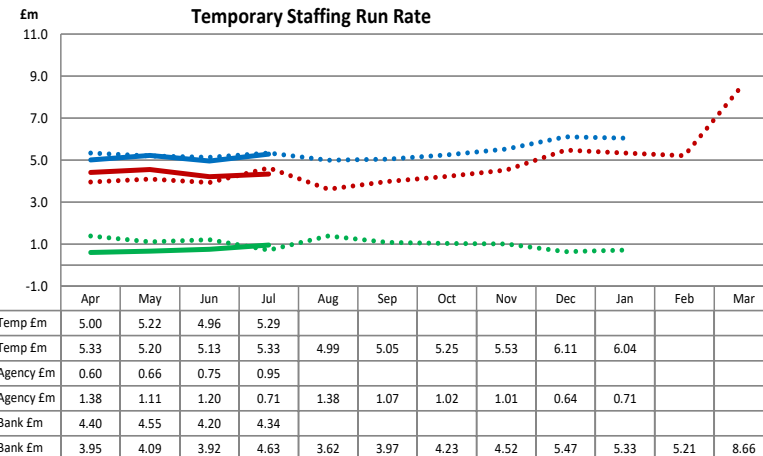
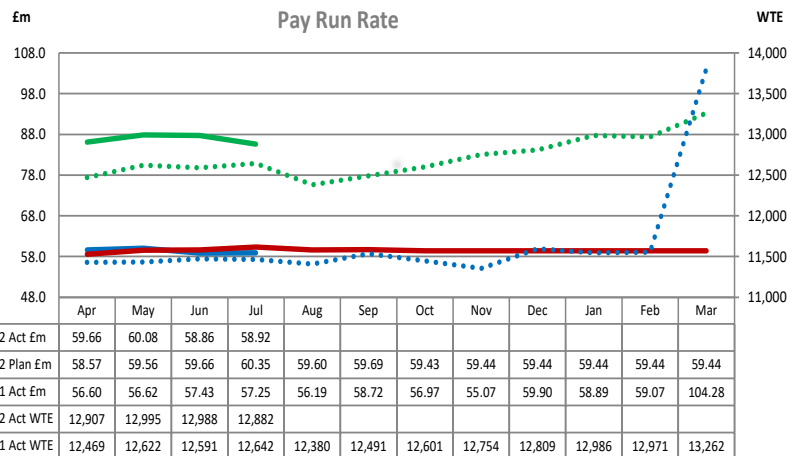
- There was a £1.5m adverse variance to plan in the clinical divisions in July. This is mainly due to non-pay overspends of £4.8m. Passthrough drugs and devices costs account for £3.1m of the non-pay variance in July). This was driven by increased Cystic Fibrosis and Clinical Immunology passthrough drugs expenditure. This is offset by increased passthrough drugs and devices income. Clinical supplies and services expenditure was also increased in July, with a £1.7m overspend against plan.
- Clinical divisions have now been given the budget for the elective recovery plans up to M6.
- Corporate divisions had a £1.0m underspend in July. This is principally due to a non-pay underspend of £0.6m (other expenditure underspends of £0.9m offset by Estates overspends of £0.4m).
- R&D had a breakeven position in month and for the year-to-date.
- Central and Technical divisions underspent by a net £0.5m in July.

Income Summary £000s	IN MONTH 4			YEAR TO DATE			
	Plan	Actual	Var	Plan	Actual	Var	Var %
Block Income	76,859	76,540	-319	305,255	305,057	-198	-0.1%
Top-up Income- notified	6,883	6,597	-286	27,532	26,388	-1,144	-4.2%
Elective Recovery Fund	3,911	294	-3,617	15,644	24,959	9,315	59.5%
Growth Income	833	833	0	3,332	3,332	0	0.0%
COVID -19 (in envelope)	3,857	3,857	0	15,428	15,428	0	0.0%
Other Commissioning Income	2,711	5,043	2,332	10,580	13,294	2,714	25.7%
Sub-total - Commissioning Income	95,054	93,164	-1,890	377,771	388,458	10,687	2.8%
COVID -19 (outside envelope)	307	377	70	1,388	1,725	337	24.3%
Other Income	13,984	14,832	848	54,446	53,080	-1,366	-2.5%
Total Income	109,345	108,373	-972	433,605	443,263	9,658	2.2%

Source: Finance Ledger

- In July, the Trust's position includes the accrual of a further £0.3m of Elective Recovery Fund (ERF) income. The overall estimate of ERF income earned was £1.4m for July, which included a £0.5m benefit from prior months upon full coding of activity. £1.1m of the M4 ERF income estimate has been retained for distribution across the ICS.
- The reduced level of ERF income for July is driven by increases to the thresholds used to calculate ERF income by NHSE as well as non-elective pressures impacting on elective activity levels.
- Year to date the total ERF earned from OUH activity is £27.0m, of which £2.0m has been retained for distribution across the ICS, with £25m 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 £27.0m earned from activity as follows:
 - £9.7m: Elective recovery costs:
 - £5.6m: Deficit cover
 - £0.4m: Estates cost
 - £2.0m: Redistribution to cover other ICS members' estates of deficit costs
 - £9.3m: Held in reserve by OUH, with a matching cost accrual. The Trust expects to retain £3.6m of this reserve locally to fund costs later in the year, and is holding £5.7m on behalf of the rest of the ICS.

It was anticipated that more ERF funding would need to be redistributed across the ICS, however other providers have earned more ERF than they estimated to date and have not required the full level of redistribution. This may change in months 5 and 6 as the thresholds to earn ERF funding have been tightened as providers performed better in Q1 than is affordable.



The chart above excludes R&D pay

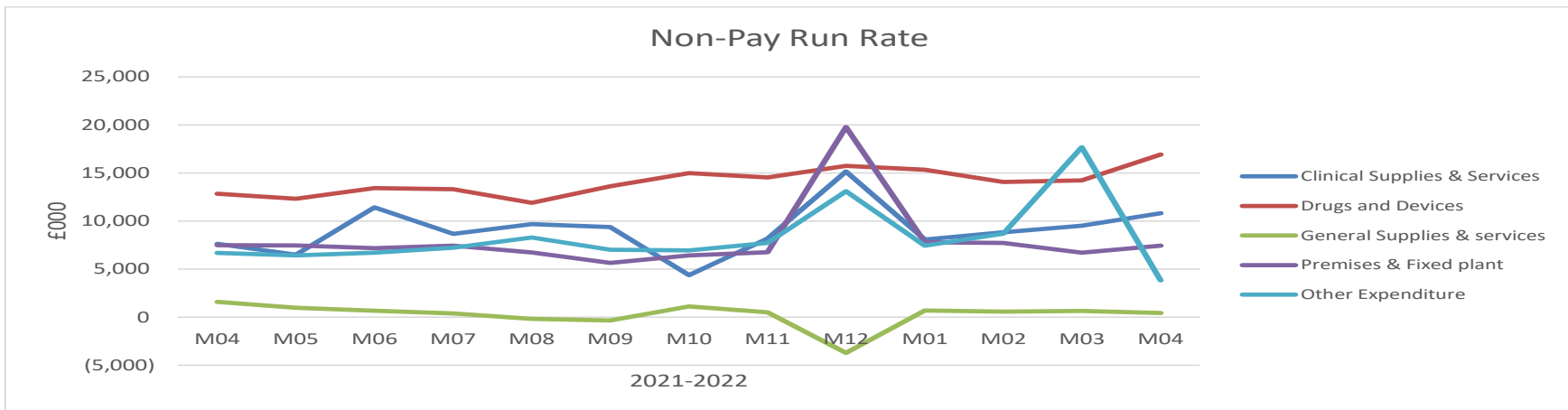
Pay by Staff Group Excl BIOR £000	2021				2022			
	M09	M10	M11	M12	M01	M02	M03	M04
Substantive								
Consultants and Medics	17,362	18,976	18,857	21,053	19,456	19,521	18,804	19,294
Nurse and Midwives	13,281	13,212	13,279	12,211	14,426	13,966	14,059	13,814
Scientific, Thec., Therapeutic	7,251	7,079	7,262	7,455	7,265	7,303	7,346	7,226
Health Care Assistants & Support	4,921	5,178	5,338	5,328	5,099	5,181	4,922	4,665
Other Staff	10,977	8,399	8,533	48,857	8,408	8,893	8,773	8,626
Total Substantive	53,792	52,844	53,269	94,904	54,654	54,864	53,904	53,625
Bank								
Consultants and Medics	625	817	583	809	598	784	514	824
Nurse and Midwives	2,981	2,641	2,863	5,165	2,190	2,141	2,026	1,987
Scientific, Thec., Therapeutic	428	558	512	723	420	438	458	406
Health Care Assistants & Support	847	772	784	1,349	747	778	770	743
Other Staff	593	542	466	612	450	412	435	377
Total Bank	5,475	5,330	5,208	8,657	4,404	4,554	4,202	4,337
Agency								
Consultants and Medics	188	208	185	130	147	123	83	160
Nurse and Midwives	349	432	314	193	363	407	490	581
Scientific, Thec., Therapeutic	102	51	94	345	113	100	159	135
Health Care Assistants & Support	0	0	2	4	0	0	0	3
Other Staff	(3)	23	(2)	51	(25)	32	23	75
Total Agency	636	714	592	723	598	662	754	953
Total Pay £000	59,903	58,887	59,069	104,284	59,656	60,080	58,860	58,915

Source: Finance Ledger

- Substantive staffing costs in July are £0.3m lower than June, this is due to reduced expenditure in Nurses and Midwives, and Health Care Assistants.
- Temporary staff in month expenditure was £0.3m higher than July, at £5.3m.
- WTE decreased in month by 106 to 12,882 (excludes R&D).
- COVID-19 pay costs were £1.4m in month, which is £0.2m higher than in June.

Non-Pay ACT £000	2021									2022			
	M04	M05	M06	M07	M08	M09	M10	M11	M12	M01	M02	M03	M04
Clinical negligence	2,721	2,721	2,720	2,721	2,721	2,721	2,721	2,721	2,556	2,788	2,788	2,788	2,788
Clinical Supplies & Services (Excl Pass Trough)	7,627	6,504	11,438	8,675	9,697	9,387	4,390	8,185	15,165	8,096	8,831	9,524	10,807
General Supplies & services	1,592	996	675	390	(162)	(323)	1,131	509	(3,705)	698	579	657	438
Drugs (Excl Pass Trough)	73	(602)	1,822	352	(693)	224	1,035	(353)	5,377	1,066	988	14,073	5,832
Pass Through	12,785	12,923	11,613	12,976	12,601	13,405	13,960	14,900	10,366	14,275	13,089	171	11,093
Internal Recharges	(178)	(153)	(205)	(202)	(202)	(255)	(798)	(183)	(160)	(175)	(176)	(207)	(220)
Premises & Fixed plant	7,504	7,466	7,190	7,437	6,747	5,656	6,425	6,771	19,766	7,794	7,731	6,715	7,456
Other Expenditure	4,156	3,856	4,196	4,717	5,773	4,564	5,030	5,202	10,709	4,837	6,082	15,106	1,280
Total Non-Pay £000	36,279	33,711	39,451	37,065	36,482	35,379	33,893	37,751	60,073	39,380	39,913	48,827	39,475

Source: Finance Ledger, excludes R&D pay



- Non-Pay costs excluding R&D costs are £9.4m lower in July compared to June. This is due to a £3.2m decrease in the contingency accrual (in other expenditure), with an overall movement in month of £13.3m. This is offset by increased passthrough drugs and devices costs (up by £1.9m compared to the M1-M3 average), and clinical supplies and services expenditure (up by £2.0m compared to the M1-M3 average).
- Underlying non-pay costs excluding COVID-19, R&D, Recovery and the ERF contingency accrual are £3.5m higher in July compared to June.
- Passthrough drugs and devices costs increased by £1.9m compared to the M1-M3 average (and are £2.0m above plan for July). This was driven by increased Cystic Fibrosis and Clinical Immunology passthrough drugs expenditure.

Capital Expenditure £000s	IN MONTH 4			YEAR TO DATE			FULL YEAR
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
Critical Care Unit Expansion (Covid-19 surge capacity) (JR Site)	0	2,157	(2,157)	10,353	10,960	(607)	10,353
Swindon Radiotherapy Satellite Unit [Loan]	1,900	1,441	459	4,501	3,443	1,058	10,200
Swindon Radiotherapy Satellite Unit [Internal]	0	0	0	0	0	0	1,300
OHTC relocation to Mayfair Ward at the NOC	414	564	(150)	1,659	1,995	(336)	2,800
Containment Level 3 Laboratory Works (JR2)	293	16	277	1,088	348	740	2,430
Other Building works underway	105	184	(79)	1,683	2,070	(387)	1,899
Subtotal - Works underway	2,712	4,361	(1,649)	19,284	18,816	468	28,982
Imaging Equipment Replacement Programme (wave 2)	917	362	555	1,662	599	1,063	2,697
Imaging Equipment Replacement Programme (wave 2) - PDC	0	0	0	598	598	0	598
Radiotherapy & Radiology MES	0	0	0	260	0	260	260
Subtotal - Contractually committed	917	362	555	2,520	1,197	1,323	3,555
Estates Critical Infrastructure Risk	99	177	(78)	99	177	(78)	898
Other Statutory Compliance	89	14	75	89	(1)	90	800
Subtotal - Statutory compliance	188	191	(3)	188	177	11	1,698
All Other (unfunded)	0	(456)	456	0	(317)	317	0
Subtotal - Expenditure within ICS allocation	3,817	4,458	(641)	21,992	19,872	2,120	34,235
Critical Care New Build (John Radcliffe) - equipment	1,040	2	1,038	4,160	62	4,098	5,200
Subtotal - Externally funded expenditure additional to ICS allocation	1,040	2	1,038	4,160	62	4,098	5,200
Total Capital Programme Expenditure [A = ICS + Non-ICS]	4,857	4,459	398	26,152	19,934	6,218	39,435
Critical Care New Build (John Radcliffe) - Level 5 (charitably funded)	1,097	0	1,097	1,097	0	1,097	5,000
Radiotherapy Swindon - donated Linac	0	199	(199)	0	199	(199)	1,800
Nuclear Medicine Centre (gamma camera)	0	0	0	0	0	0	1,465
LED Lighting (grant funded)	242	581	(339)	968	998	(30)	1,210
Equipment donations	83	19	64	332	121	211	1,000
Pathlake	14	0	14	569	9	560	911
PFI Life-cycling	372	304	68	4,230	1,218	3,012	17,135
Total Loans & Grants and PFI Life-cycling [B]	1,808	1,104	704	7,196	2,546	4,650	28,521
Gross Capital Spend [C = A + B]	6,665	5,563	1,102	33,348	22,480	10,868	67,956
ICS CDEL - "Total charge against capital allocation"	3,817	4,458	(641)	21,992	19,872	2,120	33,085

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 July the control-total spend was £19.9m, £2.1m behind plan.

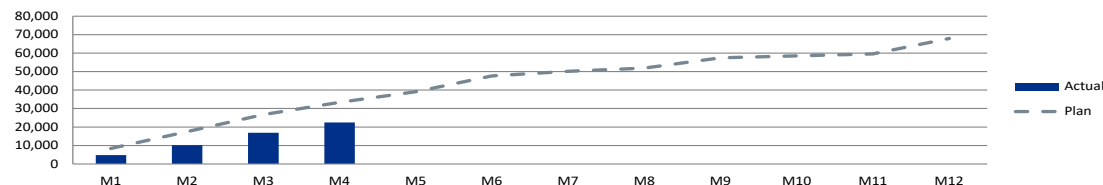
The key drivers to this underspend are now the Imaging equipment replacement programme and Swindon Radiotherapy, each £1.1m behind. In each case, the plan anticipated an acceleration of expenditure over the early summer. In each case, the programmes are a few weeks behind with expenditure now expected to peak late summer/early autumn. Both programmes remain on track for completion in-year.

CL3 Lab works are also £0.7m behind plan after a delayed start. Completion expected in year. This is now offset by spend within the allocation ahead of plan on Critical Care Unit expansion (£0.6m), subject to confirmation of donation and PDC support funding.

This PDC support funding is subject to a bid of £5.2m over the first five months (outside the control total). To date this additional funding is unconfirmed but £4.1m is included in the plan to July and shows as an underspend against gross capital expenditure. In addition, PFI life-cycling, grants and donations total £2.5m to date, £4.6m behind plan. This underspend will reduce next month as the first replacement linac becomes operational.

Gross capital expenditure to date is £22.5m, £10.8m behind plan.

Cumulative Performance Against Plan (£000s)



Statement of Financial Position £000s	MONTH 2 2022	MONTH 3 2022	MONTH 4 2022	YTD Movement
Non Current Assets:				
Property, Plant and Equipment	608,924	613,179	615,973	7,060
Intangible Assets	18,862	18,335	18,117	3,446
Investment Property	30,394	30,394	30,394	0
Other Investments	23,635	23,635	23,635	2
Trade and Other Receivables	8,375	8,098	8,140	(460)
Total Non Current Assets	690,190	693,641	696,259	10,048
Current Assets:				
Inventories	32,179	32,424	32,175	236
Trade and Other Receivables	71,885	87,016	100,609	44,787
Other Current Assets				0
Cash and Cash Equivalents	64,497	40,991	37,821	(45,948)
Total Current Assets	168,561	160,431	170,605	(925)
Total ASSETS	858,751	854,072	866,864	9,123
Current Liabilities:				
Trade and Other Payables	(172,080)	(165,178)	(178,396)	(9,324)
Provisions	(6,640)	(6,640)	(6,588)	21
Borrowings	(11,349)	(11,485)	(11,940)	(888)
Commercial Loans	(439)	(400)	(424)	(33)
Total Current Liabilities	(190,519)	(183,716)	(197,369)	(10,245)
Net Current Assets/(Liabilities)	(21,958)	(23,285)	(26,764)	(11,170)
Total Assets Less Current Liabilities	668,232	670,356	669,495	(1,122)
Non Current Liabilities:				
Trade and Other Payables	(4,058)	(4,051)	(4,043)	29
Provisions	(9,002)	(9,002)	(9,002)	31
Borrowings	(224,990)	(223,919)	(222,807)	9,974
Commercial Loans	(6,522)	(6,419)	(6,419)	103
Total Non Current Liabilities	(250,272)	(251,691)	(250,571)	1,837
Assets Less Liabilities (Total Assets Employed)	417,960	418,665	418,924	715
Taxpayers Equity:				
Public Dividend Capital	289,738	289,738	289,738	(1)
Retained Earnings reserve	(13,704)	(12,339)	(11,419)	3,418
Revaluation Reserve	140,267	139,607	138,946	(2,702)
Other Reserves	1,743	1,743	1,743	0
FV Assets Reserve	(84)	(84)	(84)	0
Total Taxpayers Equity	417,960	418,665	418,924	715

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 £0.9m to date, mostly due to paying off capital creditors outstanding at the year-end offset with increased accrued income (including £25.0m ERF funding). NHSE have confirmed cash will not be received for this (and a number of final 2020-21 year-end items) until at least August.

Current Liabilities

- Current liabilities have decreased by £10.2m to date, due to release of funding received in advance and paying off capital creditors outstanding at the year-end.

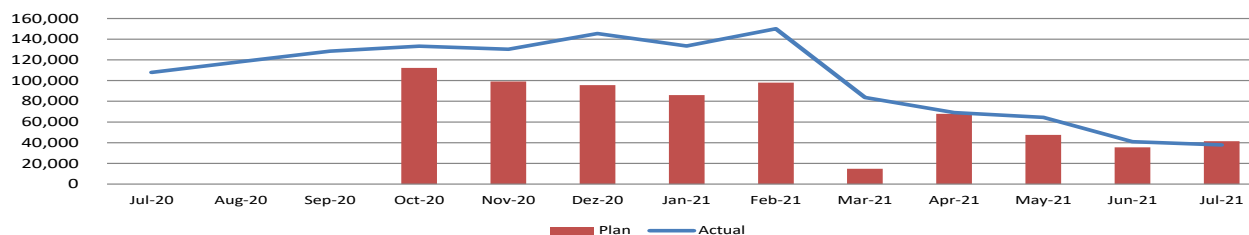
Non Current Liabilities

- Non current liabilities have increased by £1.8m to date, due to drawing down capital loan funding netted off with repaying PFI and other loan liabilities.

Cash

- Cash at the end of July was £37.8m, £45.9m lower than the year-end largely due to paying off capital creditors. The actual cash balance was £3.5m lower than the internal plan balance of £41.4m as at 31 July 2021. The Trust was not anticipating the accrued income to be as high as it is at the end of July and originally planned for £8.6m of ERF to be paid which has not yet happened.

Cashflow £000s



Appendix 1 – Other Supporting Analysis: Month 4 2021/22

Template Categories (£000s)	June			July			Q3 (Avg) 2020/21			Movement
	Pay	Non-Pay	Total	Pay	Non-Pay	Total	Pay	Non-Pay	Total	M3 V Q3 Avg
COVID-19 testing - Outside Envelope	63	0	63	59	0	59	78	0	78	(19)
COVID-19 virus testing- rt-PCR virus testing - Outside Envelope	0	283	283	0	278	278	0	1,118	1,118	(841)
Deployment of final year Student Nurses	0	0	0	0	0	0	0	0	0	0
Vaccination Costs	65	0	65	15	22	37	73	68	141	(104)
Outside Envelope Total	129	283	411	74	299	373	152	1,186	1,337	(964)
Expanding medical / nursing / other workforce	131	0	131	100	0	100	940	0	940	(839)
Existing workforce additional shifts	74	0	74	258	0	258	357	0	357	(100)
Backfill for higher sickness absence	790	0	790	937	0	937	701	0	701	236
Remote management of patients	0	6	6	0	18	18	0	80	80	(63)
Plans to release bed capacity	0	0	0	0	0	0	0	0	0	0
Increase ITU capacity	0	35	35	0	89	89	0	315	315	(226)
Segregation of patient pathways	0	92	92	0	196	196	0	75	75	121
Decontamination	0	14	14	0	19	19	0	240	240	(221)
Internal and external communication costs	0		0	0		0	0	4	4	(4)
Remote working for non patient activities	0	0	0	0	(7)	(7)	0	29	29	(36)
PPE - Other Associated Costs	0	(1)	(1)	0	119	119	0	83	83	36
COVID-19 virus testing (NHS laboratories) - In Envelope	0	(31)	(31)	0	(8)	(8)	0	316	316	(324)
National procurement areas - Staff accommodation	0	49	49	0	4	4	0	74	74	(70)
National procurement areas - PPE	0	136	136	0	125	125	0	87	87	38
PPN and other support to suppliers	0	1	1	0	8	8	0	3	3	5
PPE - Technical Adjustment	0	0	0	0	0	0	0	0	0	0
Other	0	1	1	0	1	1	0	(2)	(2)	3
Balance to reported NHSEI reported position	0	0	0	0	0	0	0	0	0	0
Inside Envelope Total	995	302	1,297	1,295	563	1,858	1,998	1,304	3,302	(1,444)
Grand Total	1,124	585	1,709	1,369	862	2,231	2,149	2,489	4,639	(2,408)

Source: Trust Finance returns to NHSE/I - includes outside-of-envelope lab testing costs

- Overall COVID-19 financial performance versus plan is as follows:
 - Pay costs £0.6m lower than plan in July
 - Non-pay costs £0.9m lower than plan in July
 - Income for national testing and vaccination programme £0.1m more than plan
- Year to date in-envelope COVID-19 costs total £6.2m. The H1 (M1-6) plan includes £3.4m a month for COVID-19 costs funded from the ICS. Compared to June, pay costs have increased by £0.3m to £1.3m and non-pay costs have increased by £0.3m to £0.6m. The pay cost increase was driven by additional shift costs, up £0.2m in July.
- £0.4m of income, £0.1m above plan, has been accrued in month to be reimbursed for COVID-19 testing costs and vaccination costs.

ICS Envelope Income Comparison £000s	IN MONTH 4			Var Act vs		YEAR TO DATE			Var Act vs	
	ENV	Plan	Act	Env	Plan	ENV	Plan	Act	Env	Plan
Local authorities	720	567	580	(140)	13	2,879	2,268	2,195	(684)	(74)
Department Of Health	59	0	0	(59)	0	237	0	0	(237)	0
NHS other (including Public Health England)	15	217	248	233	31	59	868	824	766	(44)
Non NHS: Private Patients	561	677	602	41	(75)	2,245	2,710	2,133	(111)	(576)
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient)	251	93	67	(184)	(26)	1,004	372	513	(491)	142
Injury Cost Recovery Scheme	211	178	175	(36)	(4)	843	714	376	(467)	(337)
Non NHS: Other	198	0	0	(198)	0	792	0	0	(792)	0
Research and development (both IFRS 15 and non-IFRS 15 income)	4,500	4,639	4,056	(444)	(584)	17,999	18,558	15,281	(2,718)	(3,277)
Education and Training	4,464	3,702	3,406	(1,057)	(296)	17,855	14,809	13,883	(3,972)	(926)
Donations of physical assets and peppercorn leases (non-cash)	20	0	0	(20)	0	78	0	0	(78)	0
Cash Donations / Grants For The Purchase Of Capital Assets	13	121	229	217	108	51	484	540	490	57
Charitable and Other Contributions To Expenditure	40	13	35	(6)	22	161	51	66	(95)	15
Non-Patient Care Services To Other WGA Bodies	1,836	1,146	1,611	(225)	465	7,343	4,409	5,649	(1,694)	1,240
Non-Patient Care Services To Other Non WGA Bodies	82	1,095	2,205	2,123	1,110	328	4,381	5,593	5,265	1,213
Income In Respect Of Employee Benefits Accounted On A Gross Basis	816	1,270	1,084	268	(186)	3,263	3,627	4,091	828	464
Rental Revenue From Operating Leases	196	154	387	190	233	786	616	1,038	252	422
Car Parking Income	250	126	94	(156)	(32)	1,001	503	478	(523)	(25)
Catering	13	1	1	(12)	0	53	2	2	(51)	(0)
Pharmacy Sales	14	37	12	(2)	(25)	56	147	66	10	(81)
Property Rental (Not Lease Income)	0	0	0	0	0	0	0	27	27	27
Staff Accommodation Rental	0	2	2	2	(0)	0	9	13	13	4
Other income not covered by table 2 and the other rows in table 3	1,070	851	1,099	29	248	4,281	3,541	3,873	(408)	332
Total Income	15,329	14,889	15,893	564	1,004	61,314	58,067	56,642	(4,672)	(1,425)
R&D Surplus / (Deficit)	0	(0)	(0)	(0)	(0)	0	(0)	0	0	0
Total Envelope Position	15,329	14,889	15,893	564	1,004	61,314	58,067	56,642	(4,672)	(1,425)

- When calculating the block income and top-up payments, NHSE/I calculated an other income expectation for the Trust based on the average of income received in November, December and January of 2019/20. This resulted in an envelope other income figure for the Trust and is set out in the table above alongside the Trust Plan for the equivalent income categories.
- In July, actual income was £0.6m higher than the envelope figure. Year to date, actual income is £4.7m less than the envelope figure. The BOB ICS has received an allocation for losses in other income and is still consulting on how this will be divided between providers.