

Trust Board Meeting: Wednesday 11 September 2013

TB2013.102

Title	Integrated Performance Report – Month 4
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Status	For report.
History	The report provides a summary of the Trust's performance against key performance indicators.

Board Lead(s)	Mr Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	Performance

Integrated Performance Report Month 4

Executive Summary

1. Key Highlights on performance

- Patients spend $\geq 90\%$ of time on stroke unit, 0.8% above standard.
- There were zero Medication errors causing serious harm reported in July.
- There was zero MRSA bacteraemia reported in July
- Only 1 case of Clostridium Difficile was reported for July,
- RTT Admitted and Non-admitted and Incomplete targets were achieved at Trust level
- Zero Mixed Sex Accommodation, breaches have been reported for the first four months.
- The percentage of adult inpatients who have had a VTE risk assessment was 95.4% against the 95% standard.
- The 4 Hour standard was achieved in July with performance at 97.4%.
- All cancer targets were achieved in July

Areas of exception on performance

- The number of grade 3/4 pressure ulcers reported in July was 4, a total of 12 for the year.
- The number of Delayed Transfers of Care is 7.1% above target in July which represents a slight increase of 0.2% compared to June 2013.
- RTT Admitted at speciality level was not achieved in three specialities [Urology, ENT and Ophthalmology]. RTT Non-Admitted and Incompletes at specialty level were not achieved in Orthopaedics.
- Four patients waited over 52 weeks for orthopaedic surgery.
- Diagnostic waits for orthopaedic ultrasound and MRI have exceeded the 6 week wait.
- Staff Turnover rate has increased, 0.4% above target in July.

Key Standards – in month 4

18 Week RTT, A/E & Cancelled Operations

2. **A/E 95% of patients seen within 4 hours from arrival/trans/discharge:** Performance in May, June and July was above the 95% standard, following a very challenging April. Performance in August has been very challenging.
3. **18 Week Referral to Treatment [RTT] performance:** The Trust achieved all its Trust wide targets for July. For Admitted patients Urology, Ear Nose & Throat (ENT) and Ophthalmology failed the admitted standard at specialty level. In addition Orthopaedics failed the non-admitted standard. Orthopaedics failed at specialty level for incompletes. A recovery plan is progressing for all specialities. Four patients waited over 52 weeks for surgery in Orthopaedics all patients have been clinically reviewed and have dates for surgery over the next couple of months.

4. **Diagnostic waits waiting 6 weeks or more:** MRI and non-obstetric ultrasound continue to be the two main areas where patients are waiting over 6 weeks. However, the significant reduction in the number waiting over 6 weeks reported in the Month 3 report has continued through Month 4. There are 3.2%, (288) of patients waiting above 6 weeks against a target of 1%. Further reductions are expected during August as the department continue to provide a significant amount of extra capacity.
5. **Cancer performance:** All the cancer standards were achieved in July.

Activity

6. **Delayed Transfers of Care** remain a major cause of concern for the Trust, with the in-month level at 10.6% against a target of 3.5% which represents a slight increase of 0.2% since June. However, this translates into a system-wide year to date average of 140 patient delays. At the week ending 28 July 2013 101 patients were delayed in the OUH, although at the week ending 25 August 2013 this has reduce to 84 patients.

Finance

Balance Sheet

7. **Debtors > 90 Days as % of Total NHS** - Steady progress has been made in reducing the level of debt in excess of 90 days with the exception of Private Patient debt which is now subject to a targeted process and systems review.
8. **CIP Performance compared to Plan** - Higher than planned activity levels are resulting in slippage on some savings schemes. Performance is monitored regularly by the CIP Programme Board. Where it is believed that some schemes may not deliver the full level of planned savings then schemes originally due to start in 2014/15 are being re-evaluated to see whether they can be brought forward into 2013/14.
9. **EBITDA compared to Plan** - An in-depth assessment of the forecast year-end position was carried out as part of the Month 3 Divisional performance reviews and the Trust believes it can still meet its target although there are considerable risks which could materialize.

Workforce

10. **Turnover Rate** – There has been an increase in the volume of leavers when compared to the same point in 2012. A Retention Group has been established to examine key causes of turnover and to assist in retention initiatives.

Monitor Compliance Framework (Foundation Trust Indicators)

11. The Trust is required to complete a monthly self-certification against Monitor's reporting standards giving external stakeholders a view of Trust performance. These predictions are based on historic and current data:

Governance Risk Rating for July = 0 Green

Finance Overall Risk Rating = 3 Green

12. Planned surplus for the year is less than 1%
13. Liquidity - Year to date includes modelled working capital. Forecast outturn also includes FT loan.

Recommendations

The Trust Board is asked to receive the Integrated Performance Report for Month 4.

Paul Brennan
Director of Clinical Services

Sara Randall
Deputy Director of Clinical Services

September 2013

GOVERNANCE RISK RATINGS						Oxford University Hospitals NHS Trust								
See 'Notes' for further detail of each of the below indicators						Insert YES, NO or N/A (as appropriate)								
Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Historic Data			Current Data			Board Action		
						Qtr to Dec-12	Qtr to Mar-13	Qtr to Jun-13	Jul-13	Aug-13	Sep-13		Qtr to Sep-13	
Effectiveness	1a	Data completeness: Community services comprising:	Referral to treatment information	50%	1.0	N/A	N/A	N/A	N/A					
			Referral information	50%										
			Treatment activity information	50%										
	1b	Data completeness, community services: (may be introduced later)	Patient identifier information Patients dying at home / care home	50% 50%		N/A	N/A	N/A	N/A					
1c	Data completeness: identifiers MHMDS		97%	0.5	N/A	N/A	N/A	N/A						
1c	Data completeness: outcomes for patients on CPA		50%	0.5	N/A	N/A	N/A	N/A						
Patient Experience	2a	From point of referral to treatment in aggregate (RTT) – admitted	Maximum time of 18 weeks	90%	1.0	Yes	Yes	Yes	Yes					
	2b	From point of referral to treatment in aggregate (RTT) – non-admitted	Maximum time of 18 weeks	95%	1.0	Yes	Yes	Yes	Yes					
	2c	From point of referral to treatment in aggregate (RTT) – patients on an incomplete pathway	Maximum time of 18 weeks	92%	1.0	Yes	Yes	Yes	Yes				Reporting based on live data reintroduced in May 2013 following data quality issues within Cerner Millennium.	
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	No	Yes	Yes	Yes					
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising:	Surgery	94%	1.0	Yes	Yes	Yes	Yes				Based on internally validated data uncorrected for shared breaches.	
			Anti cancer drug treatments	98%										
			Radiotherapy	94%										
	3b	All cancers: 62-day wait for first treatment:	From urgent GP referral for suspected cancer From NHS Cancer Screening Service referral	85% 90%	1.0	Yes	Yes	No	Yes				Based on internally validated data uncorrected for shared breaches.	
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	Yes	Yes	Yes	Yes				Based on internally validated data uncorrected for shared breaches.	
	3d	Cancer: 2 week wait from referral to date first seen, comprising:	all urgent referrals for symptomatic breast patients (cancer not initially suspected)	93% 93%	0.5	Yes	Yes	Yes	Yes				Based on internally validated data uncorrected for shared breaches.	
	3e	A&E: From arrival to admission/transfer/discharge	Maximum waiting time of four hours	95%	1.0	Yes	No	No	Yes				96.12% in May, 96.40% in June and 97.41% in July.	
	3f	Care Programme Approach (CPA) patients, comprising:	Receiving follow-up contact within 7 days of discharge Having formal review within 12 months	95% 95%	1.0	N/A	N/A	N/A	N/A					
	3g	Minimising mental health delayed transfers of care		≤7.5%	1.0	N/A	N/A	N/A	N/A					
	3h	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams		95%	1.0	N/A	N/A	N/A	N/A					
	3i	Meeting commitment to serve new psychosis cases by early intervention teams		95%	0.5	N/A	N/A	N/A	N/A					
	3j	Category A call – emergency response within 8 minutes	Red 1 Red 2	80% 75%	0.5 0.5	N/A	N/A	N/A	N/A					
	3k	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	N/A	N/A	N/A	N/A					
Safety	4a	Clostridium Difficile	Is the Trust below the de minimus		1.0	No	No	Yes	Yes				1 case in July with 17 cases ytd against a trajectory of 23.	
			Is the Trust below the YTD ceiling	70		Yes	Yes	Yes	Yes					
	4b	MRSA	Is the Trust below the de minimus	0	1.0	Yes	Yes	Yes	Yes				One case in May was assessed as unavoidable by Oxfordshire CCG and is not therefore recorded against the zero avoidable cases target.	
			Is the Trust below the YTD ceiling	0		Yes	Yes	Yes	Yes					
	CQC Registration													
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients		0	2.0	No	No	No	No					
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0	4.0	No	No	No	No					
C	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		0	2.0	No	No	No	No						
TOTAL						0.5	1.0	2.0	0.0	0.0	0.0	0.0		
						G	AG	AR	G	G	G	G		
RAG RATING :														
GREEN = Score less than 1														
AMBER/GREEN = Score greater than or equal to 1, but less than 2														
AMBER / RED = Score greater than or equal to 2, but less than 4														
RED = Score greater than or equal to 4														
Overriding Rules - Nature and Duration of Override at SHA's Discretion														
i)	Meeting the MRSA Objective	Greater than six cases in the year to date, and breaches the cumulative year-to-date trajectory for three successive quarters				No	No	No	No					
ii)	Meeting the C-Diff Objective	Greater than 12 cases in the year to date, and either: Breaches the cumulative year-to-date trajectory for three successive quarters Reports important or significant outbreaks of C.difficile, as defined by the Health Protection Agency.				No	No	No	No					
iii)	RTT Waiting Times	Breaches: The admitted patients 18 weeks waiting time measure for a third successive quarter The non-admitted patients 18 weeks waiting time measure for a third successive quarter The incomplete pathway 18 weeks waiting time measure for a third successive quarter				No	No	No	No					
iv)	A&E Clinical Quality Indicator	Fails to meet the A&E target twice in any two quarters over a 12-month period and fails the indicator in a quarter during the subsequent nine-month period or the full year.				No	No	No	No				2 failures during a 12 month period (Qtr to Jun-12 and Qtr to Mar-13) with a subsequent failure Qtr to Jun-13. No override to be applied at this stage following	
v)	Cancer Wait Times	Breaches either: the 31-day cancer waiting time target for a third successive quarter the 62-day cancer waiting time target for a third successive quarter				No	No	No	No					
vi)	Ambulance Response Times	Breaches: the category A 8-minute response time target for a third successive quarter the category A 10-minute response time target for a third successive quarter either Red 1 or Red 2 targets for a third successive quarter				N/A	N/A	N/A	N/A					
vii)	Community Services data completeness	Fails to maintain the threshold for data completeness for: referral to treatment information for a third successive quarter; service referral information for a third successive quarter; or treatment activity information for a third successive quarter				N/A	N/A	N/A	N/A					
viii)	Any other Indicator weighted 1.0	Breaches the indicator for three successive quarters.				No	No	No	No					
Adjusted Governance Risk Rating						0.5	1.0	2.0	0.0	0.0	0.0	0.0		
						G	AG	AR	G	G	G	G		

FINANCIAL RISK RATING

Oxford University Hospitals NHS Trust

			Risk Ratings					Insert the Score (1-5) Achieved for each Criteria Per Month				
Criteria	Indicator	Weight	5	4	3	2	1	Reported Position		Normalised Position*		Board Action
								Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	3	3	3	3	
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	4	4	4	4	
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	3	3	3	3	
	I&E surplus margin %	20%	3	2	1	-2	<-2	2	3	2	3	Year to date surplus below 1%. Planned 1% surplus for the year.
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	4	3	4	Year to date includes modelled working capital facility. Forecast outturn also includes FT loan.
Weighted Average		100%						2.9	3.4	2.9	3.4	
Overriding rules												
Overall rating								3	3	3	3	

Overriding Rules :

Max Rating	Rule				
3	Plan not submitted on time	No			
3	Plan not submitted complete and correct	No			
2	PDC dividend not paid in full	No			
2	Unplanned breach of PBC	No			
2	One Financial Criterion at "1"				
3	One Financial Criterion at "2"				
1	Two Financial Criteria at "1"				
2	Two Financial Criteria at "2"				

* Trust should detail the normalising adjustments made to calculate this rating within the comments box.



Trust Board Integrated Performance Report

July 2013

At A Glance report

Data Quality Indicator

The data quality rating has 2 components. The first component is a 5 point rating which assesses the level and nature of assurance that is available in relation to a specific set of data. The levels are described in the box below.





Rating	Required Evidence
1	Standard operating procedures and data definitions are in place.
2	As 1 plus: Staff recording the data have been appropriately trained.
3	As 2 plus: The department/service has undertaken its own audit.
4	As 2 plus: A corporate audit has been undertaken.
5	As 2 plus: An independent audit has been undertaken (e.g. by the Trust's internal or external auditors).

The second component of the overall rating is a traffic-light rating to include the level of data quality found through any auditing / benchmarking as below

Rating	Data Quality
Green	Satisfactory
Amber	Data can be relied upon but minor areas for improvement identified.
Red	Unsatisfactory/significant areas for improvement identified.

Escalation report

Graph Legend

	Underachieving
	Standard
	Plan/ Target
	Performance

ORBIT Reporting

OUH - At A Glance 2013-14



Operational	Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality	
Access Standards	RTT - admitted % within 18 weeks	90%	Jul-13	92.2%	92.6%	92.4%	3
	RTT admitted - median wait	11.1	Jul-13	6.69	6.91	7	2
	RTT 95th centile for admitted pathways	23	Jul-13	21.39	21.22	21.5	3
	RTT - # specialties not delivering the admitted	0	Jul-13	3		2	3
	RTT - non-admitted % within 18 weeks	95%	Jul-13	97%	96.9%	97.1%	2
	RTT - non-admitted - median wait	6.6	Jul-13	4.55	4.95	4.9	2
	RTT - 95th percentile for non-admitted RTT	18.3	Jul-13	16.95	16.96	16.8	3
	RTT - # specialties not delivering the non-admitted standard	0	Jul-13	1		0.7	2
	RTT - incomplete % within 18 weeks	92%	Jul-13	94.6%	93.8%	94%	2
	RTT - #waiting on incomplete RTT pathway	NA	Jul-13	40102		38561.3	2
	% Diagnostic waits waiting 6 weeks or more	1%	Jul-13	3.2%	12.5%	9.6%	2
	% <=4 hours A&E from arrival/trans/discharge	95%	Q2 13-14	97.4%	93.7%		5
	Ambulance Handovers within 15 minutes	NA	Jun-13	81.6%	77.4%	77.4%	
	Number of attendances at A/E depts in a month	NA	Jul-13	10970	41566	10507	2
	Last min cancellations - % of all elec admissions	0.8%	Jul-13	1%	0.7%	0.8%	2
% patients not rebooked within 28 days	5%	Jul-13	24.2%	20.9%	20%	2	
Activity	Total on Inpatient Waiting List	NA	Jul-13	11865			3
	# on Inpatient Waiting List dates less than 18 weeks	NA	Jul-13	9912			3
	# on Inpatient Waiting List waiting between 18 and 35 weeks	NA	Jul-13	1380			3
	# on Inpatient Waiting List waiting 35 weeks & over	NA	Jul-13	571			3
	% Planned Inpat WL patients with a TCI date	NA	Jul-13	27.3%			3
	No of GP written referrals	11695	Jul-13	13933	51885	13010.3	3
	Other refs for a first outpatient appointment	7813	Jul-13	8400	31706	7885.7	3
	1st outpatient attends following GP referral	8535	Jul-13	10437	37686	9606.7	2
	Total number of first outpatient attendances	15086	Jul-13	18076	66704	16868	2
	Non-elective FFCes	5891	Jul-13	5743	22076	5581	2
	Number of Elective FFCes - admissions	1959	Jul-13	2081	8024	2056	3
	Number of Elective FFCes - daycases	6300	Jul-13	7372	27000	6851.3	3
	Total number of delayed discharges	0	Jul-13	114	452	111	3
	DTOCs as % of Occupied beds	3.5%	Q2 13-14	10.6%	10.5%	10.4%	3
	Theatre Utilisation - Total	75%	Jul-13	76.2%	75.5%	76%	1
Theatre Utilisation - Elective	80%	Jul-13	78.6%	78.2%	78.4%	3	
Theatre Utilisation - Emergency	70%	Jul-13	68%	67.2%	68.5%	2	
%patients cancer treatment <62-days urg GP ref	85%	Jun-13	86.7%	82.9%	82.9%	5	

Quality	Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality	
Outcomes	Hospital Standardised Mortality ratio*	100	Mar-13	100.21			5
	Monthly YTD HSMR at weekends for emergency	100	Mar-13	100.6			
	Summary Hospital-level Mortality Indicator**	1.13	Sep-12	0.96			5
	Proportion of Assisted deliveries	15%	Jul-13	16.6%	15.9%	16.4%	2
	Proportion of C-Section deliveries	23%	Jul-13	22.6%	22.4%	23%	2
	Proportion of normal deliveries	62%	Jul-13	60.9%	61.8%	60.6%	3
	Total # of deliveries	NA	Jul-13	705	2767	703	2
	Maternal Deaths	NA	Jul-13	0	0	0	
	30 day emergency readmission	0%	Jul-13	3.5%	3.6%	3.5%	
	Medication errors causing serious harm	0	Jul-13	0	1		
	Number of CAS Alerts received by Trust during last month	NA	Jul-13	37	67		
	Number of CAS alerts that breached during last month	0	Jul-13	0	6		
	Number of CAS Alerts with a deadline during the last month	NA	Jul-13	14	40		
	Dementia CQUIN no of patients admitted to each area who have had a dementia screening	NA	Jun-13	42.8%	49%	49%	
	Medications reconciled within 24 hours of pt admission	NA	Jul-13	70.3%	75.7%	75.4%	
Patient Experience	Monthly numbers of complaints received	NA	Jul-13	75	299	73.7	2
	Patient Satisfaction -Response rate (friends & family -ED)	0%	Jul-13	13.3%	12.3%	11.9%	
	Patient Satisfaction -Response rate (friends & family -Inpatients)	0%	Jul-13	21.5%	19.6%	19.6%	
	Net promoter (friends & family -ED)	NA	Jul-13	61		47	
	Net promoter (friends & family -Inpatients)	NA	Jul-13	73		73.3	
	Same sex accommodation breaches	0	Q2 13-14	0	0	0	2
Safety	# patients spend >=90% of time on stroke unit	80%	Jul-13	88%	87.7%	86.5%	5
	HCAI - MRSA bacteraemia	0	Jul-13	0	1	0.3	5
	HCAI - Cdiff	6	Jul-13	1	17	4.7	5
	% adult inpatients have had a VTE risk assess	95%	Q2 13-14	95.4%	95.6%	95.6%	5
	Number SIRIs	NA	Jul-13	5	18	5	5
	Number of Patient Falls with Harm	8	Jul-13	3	14	3.3	2
	Patient Falls per 1000 bed days	NA	Jul-13	5.88	5.4	5.5	2
	Incidents per 100 admissions	NA	Jun-13	0.11	0.11	0.1	2
	# acquired, avoidable Grd 3/4 pressure Ulcers	NA	Jul-13	4	12	2.3	5
	% of Patients receiving Harm Free Care (Pressure sores, falls, C-UTI and VTE)	0%	Jul-13	92.9%	91.6%	91.6%	
Never Events	NA	Jul-13	1	1	0.3	5	

Operational		Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality
	%patients cancer treatment <62-days - Screen	90%	Jun-13	95.5%	93.3%	93.3%	5
	% patients treatment <62-days of upgrade	0%		0%			5
	%patients 1st treatment <1 mnth of cancer diag	96%	Jun-13	98.4%	97%	97%	5
	%patients subs cancer treatment <31days - Surg	94%	Jun-13	97.8%	95.9%	95.9%	5
	%patients subs cancer treatment <31-days - Drugs	98%	Jun-13	100%	100%	100%	5
	%patients subs treatment <31days - Radio	94%	Jun-13	98%	97.5%	97.5%	5
	%2WW of an urgt GP ref for suspected cancer	93%	Jun-13	95.7%	95.8%	95.8%	5
	%2WW urgent ref - breast symp	93%	Jun-13	98.2%	98.2%	98.2%	5

Workforce		Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality
Head count/Pay costs	Worked WTE against Plan	0	Jun-13	9513.33			4
	Bank usage (Displayed in 000s)	NA	Jul-13	£ 658	£ 2545	£ 655	5
	Agency usage (Displayed in 000s)	NA	Jul-13	£ 2285	£ 6965	£ 1878	5
	Total costs of staff (000s)	£ -38973	Jul-13	£ -40657	£ -159955	£ 38999	5
Staff Experience	Vacancy rate	NA	Jul-13	9%			3
	Sickness absence***	2.9%	Jul-13	3.1%		3.2%	3
	Turnover rate	11%	Jul-13	11.4%		11.4%	3

* This measure is collected on a year to date basis and displays the latest available values

** This measure is collected for a 12 month period preceding the latest period shown

*** Sickness absence figures shown in period actual reflect the financial year to date

Year: 2013-14

Division: Division of Cardiac, Vascular & Thoracic, Division of Children's & Women's, Division of Corporate Services, Division of Critical Care, Theatres, Diagnostics and Pharmacy, Division of Emergency, Medicine, Therapies & Ambulatory, Division of Musculoskeletal and Rehabilitation, Division of Neurosciences, Trauma & Specialist Surgery, Division of Operations & Service Improvement, Division of Research & Development, Division of Surgery & Oncology, Trust-wide only, Unknown

Directorate: Ambulatory, Anaesthetics, Critical care & Theatres, Assurance, Biomedical Research, Cardiac Medicine, Cardiac, Vascular & Thoracic Surgery, Central Trust Services, Children's, CRIS Implementation, Division of Cardiac, Vascular & Thoracic, Division of Children's & Women's, Division of Corporate Services, Division of Critical Care, Theatres, Diagnostics and Pharmacy, Division of Emergency, Medicine, Therapies & Ambulatory, Division of Musculoskeletal and Rehabilitation, Division of Neurosciences, Trauma & Specialist Surgery, Division of Operations & Service Improvement, Division of Research & Development, Division of Surgery & Oncology, Emergency Medicine & Therapies, Emergency Medicine and Therapies, Estates and Facilities, Finance and Procurement, Gastroenterology, Endoscopy and Theatres (CH), Generic Strategic Change, Generic Teaching Training and Research, Horton Management, Human Resources and Admin, MARS - Research & Development, Medical Director, Networks, Neurosciences, Nursing Midwifery, OHIS Telecoms & Med Records, Oncology, Orthopaedics, Pathology & Laboratories, Pharmacy, Planning & Communications, Private Patients, Radiology & Imaging, Rehabilitation & Rheumatology, Renal, Transplant & Urology, Specialist Surgery, Strategic Change, Surgery, Teaching Training and Research, Trauma, Trust wide R&D, Trust-wide only, Unknown, Women's

Finance		Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality
Balance Sheet	Debtors > 90 Days as % of Total debtors	5%	Jul-13	15%		5%	5
	BPPC by value (%) All	95%	Jul-13	91.9%	86.3%	95%	5
Capital	Capital Programme Compared to Plan	1068	Jul-13	541	1283	1068	5
Cash & Liquidity	Cash Held at Month End cf. Plan (€000s)	71169	Jul-13	74602.11		66677	5
	Liquidity Ratio (Score)	3	Jul-13	3		3	5
I&E	Net Income Compared to Plan (Displayed in €000s)	1888.99	Jul-13	2368.68	2869.22	-976	5
	Pay Compared to Plan (Displayed in €000s)	-38973	Jul-13	-40657.04	-	-38999	5
	CIP Performance Compared to Plan	3744	Jul-13	3511.33	12365.33	3679	5
	EBITDA Compared to Plan	4463	Jul-13	7678.33	24049.86	8913	5
	Break Even Surplus Compared to Plan	2097	Jul-13	2135.51	3332.43	-768	5
	EBITDA Margin (Score)	3	Jul-13	3		3	5
	EBITDA Achieved (Score)	5	Jul-13	4		4	5
	NRaF net return after financing	3	Jul-13	3		3	5
I&E Surplus Margin (Score)	2	Jul-13	2		2	5	

Debtors > 90 Days as % of Total debtors

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		5%	Jul-13	15%		5%

Steady progress has been made in reducing the level of debt in excess of 90 days with the exception of Private Patient debt which is now subject to a targeted process and systems review.

When compared with the same period last financial year, the level of debt in excess of 90 days with the exception of Private Patients has reduced from £3.4m to £2.2m.

Debt Recovery Clinic continues to maintain finance team focus on historic debt and rigour in process improvements.

Additional capacity has been brought in to review processes and systems impacting on private patient debt with capacity diverted from the core finance team to support this action.

Efforts will continue with the aim of reducing the level of debt due to the Trust as low as possible.



Expected date to meet standard **Lead Director**

The focus remains on steady progress on historic debt whilst maintaining low levels of current debt, resulting in the standard not being achieved until 2014/15

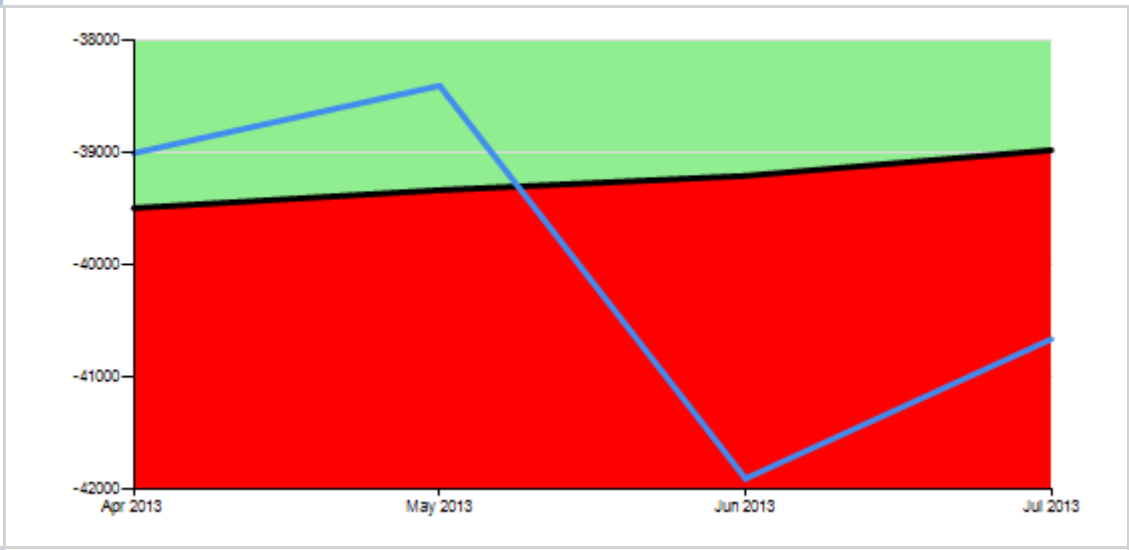
Director of Finance and Procurement

Pay Compared to Plan (Displayed in £000s)

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		-38973	Jul-13	-40657	-159955.1	-38999

Pay costs are being driven by the continuing high use of bank & agency staff, and additional payments made to medical staff to work weekend sessions that is required to meet waiting list and activity targets. Bank and agency costs are £2.1m higher than for the first four months of 2012/13, whilst sessional payments and overtime have cost £2.44m to date.

The Trust has introduced a number of workforce measures to reduce the usage and cost of agency staff, and has also initiated recruitment drives to replace temporary staff with permanent employees.



Expected date to meet standard **Lead Director**

Pay is likely to continue to overspend while activity remains above plan, with the funding from over-performance being used to cover the additional cost incurred.

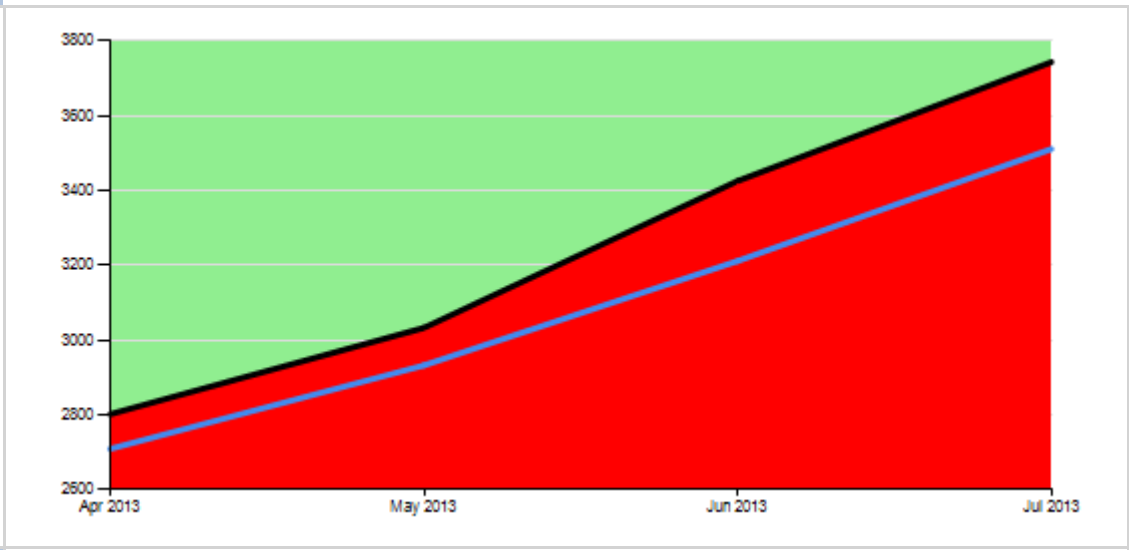
Director for Finance & Procurement

CIP Performance Compared to Plan

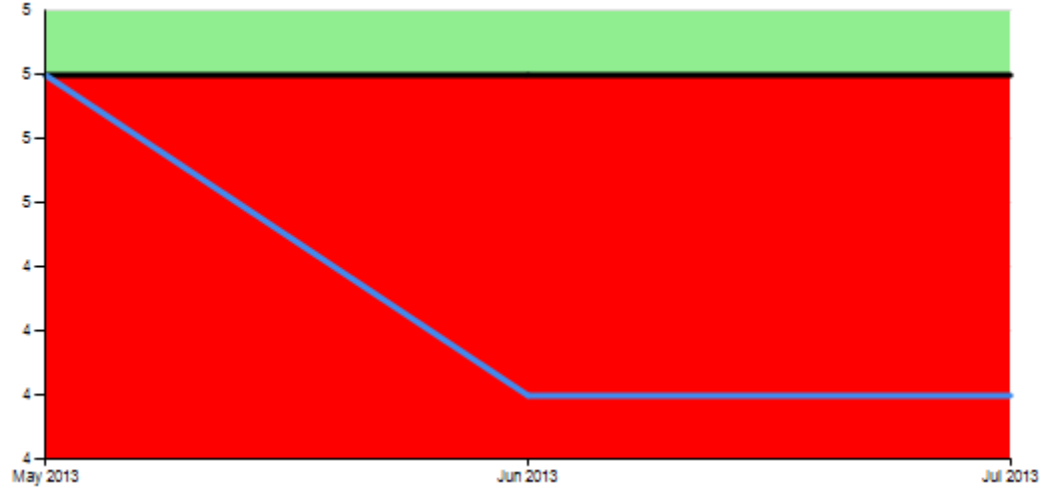
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		3744	Jul-13	3511.3	12365.3	3679

Higher than planned activity levels are resulting in slippage on some savings schemes

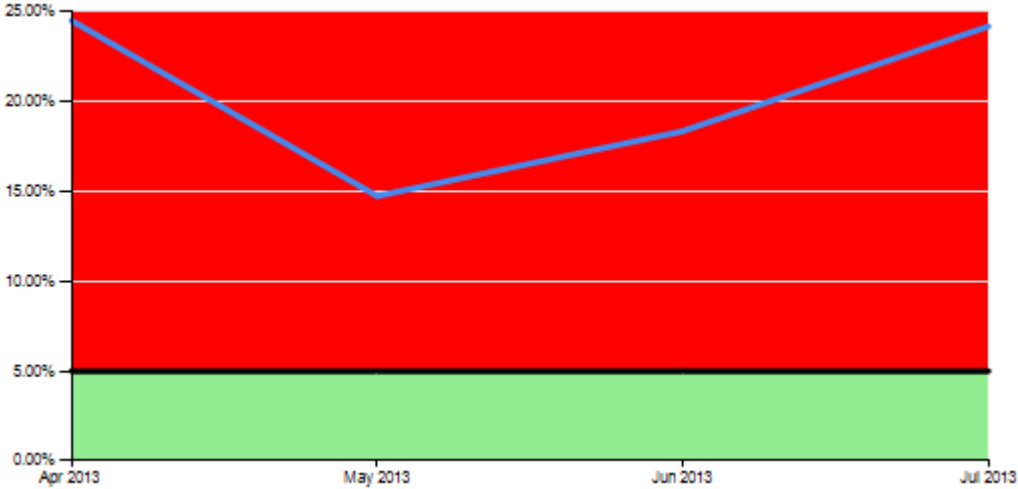
Performance is monitored regularly by the CIP Programme Board. Where it is believed that some schemes may not deliver the full level of planned savings then schemes originally due to start in 2014/15 are being re-evaluated to see whether they can be brought forward into 2013/14.

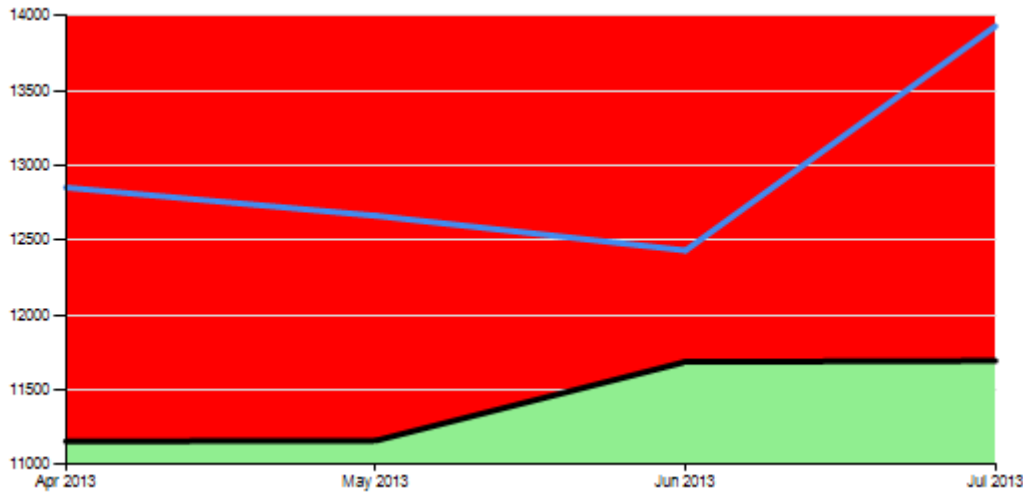


Expected date to meet standard	Lead Director
Q2 2013	Director for Finance & Procurement

EBITDA Achieved (Score)						
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		5	Jul-13	4		4
<p>Although the Trust was slightly behind plan for in the achievement of its EBITDA target, its year-to-date "bottom line" position is on plan and "green". This is due to "technical" reasons and it is believed that these technical reasons will remain for most of the rest of the year.</p>	<p>An in-depth assessment of the forecast year-end position has been carried out as part of the Month 3 Divisional performance reviews. The Trust currently believes it will meet its key financial targets for the year but that there are key risks which, if they materialise, could change this assessment.</p>					
Expected date to meet standard	Lead Director					
Q4 2013	Director for Finance & Procurement					

% patients not rebooked within 28 days

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period										
<p>Validation of cancellations within EPR remains a challenge post implementation. Therefore a separate database has been established to ensure the data remains validated and up to date. The number of patients waiting over 28 days for readmission at the end of Q1 was 31, 19% against a target of 5%. The mains areas for patients waiting are NTSS with 23 patients, Children's & Women's 4 patients, and Surgery & Oncology with 3 patients.</p>	<p>Clinical Teams are clinical validating all the cancellations, and working closely with admissions teams in redating patients as soon as possible.</p>	5%	Jul-13	24.2%	20.9%	20%										
<p>Expected date to meet standard</p>	<p>Lead Director</p>	 <table border="1"> <caption>Line Chart Data: % patients not rebooked within 28 days</caption> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Apr 2013</td> <td>24.2%</td> </tr> <tr> <td>May 2013</td> <td>14.5%</td> </tr> <tr> <td>Jun 2013</td> <td>18.5%</td> </tr> <tr> <td>Jul 2013</td> <td>24.2%</td> </tr> </tbody> </table>					Month	%	Apr 2013	24.2%	May 2013	14.5%	Jun 2013	18.5%	Jul 2013	24.2%
Month	%															
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<p>Q2</p>	<p>Director of Clinical Services</p>															

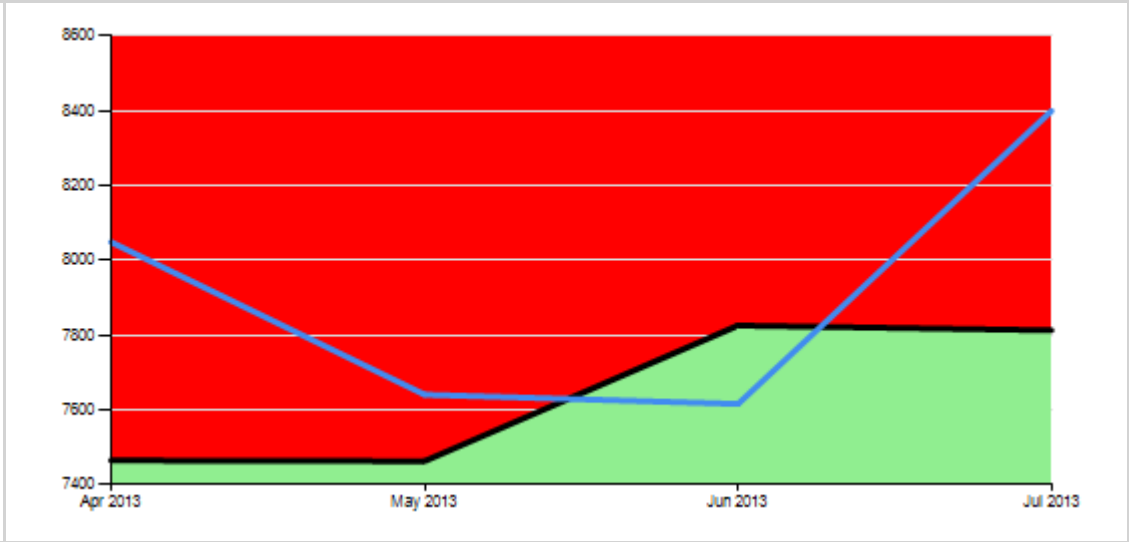
No of GP written referrals						
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		11695	Jul-13	13933	51885	13010
GP referrals are significantly above plan, 2,238 additional referrals in July.	The Trust is working with CCG colleagues to look at ways of reducing demand to outpatient services.					
Expected date to meet standard	Lead Director					
On-going	Director of Clinical Services					

Other refs for a first outpatient appointment

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		7813	Jul-13	8400	31706	7886

The number of other referrals for a first outpatient appointment has risen by 587 above plan this month.

The Trust is in discussion with Specialist Commissioner Colleagues



Expected date to meet standard **Lead Director**

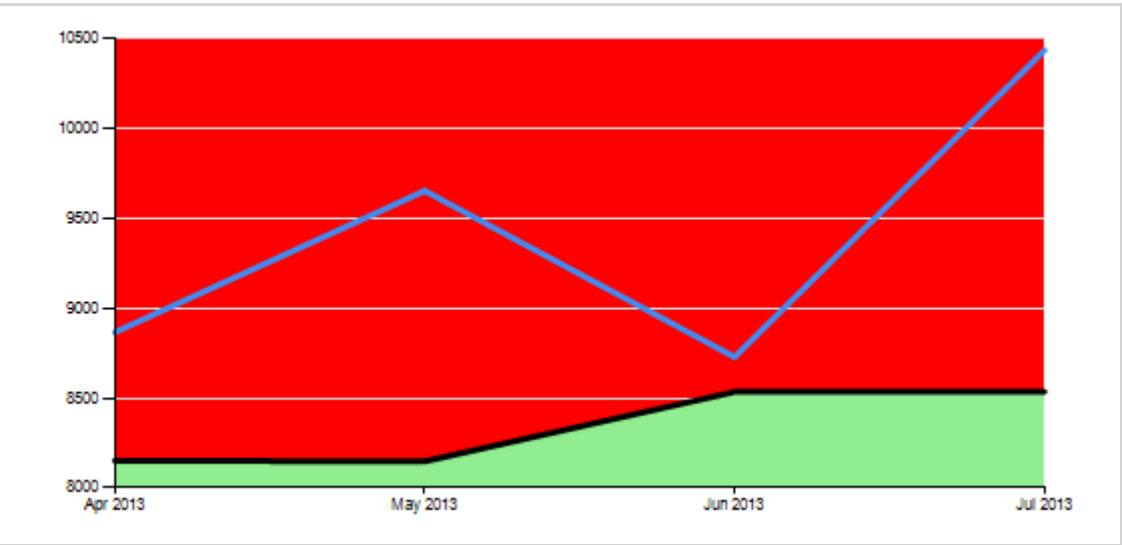
On-going Director of Clinical Services

1st outpatient attends following GP referral

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		8535	Jul-13	10437	37686	9607

The number of attendances at first outpatients is above plan this month in line with the increase number of GP referrals in the last two months.

The Trust is working with CCG colleagues to look at ways of reducing demand to outpatient services.



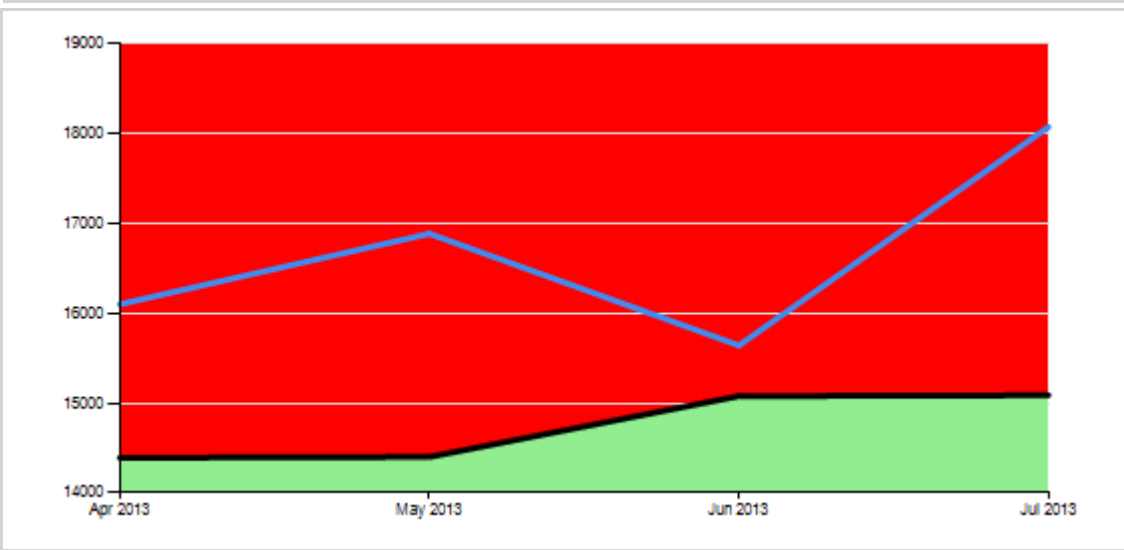
Expected date to meet standard **Lead Director**

On-going Director of Clinical Services

Total number of first outpatient attendances

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		15086	Jul-13	18076	66704	16868

Significant over performance against plan for total number of outpatient attendances in July.
 The Trust is working closely with commissioner colleagues in looking at ways of reducing GP referrals.



Expected date to meet standard **Lead Director**

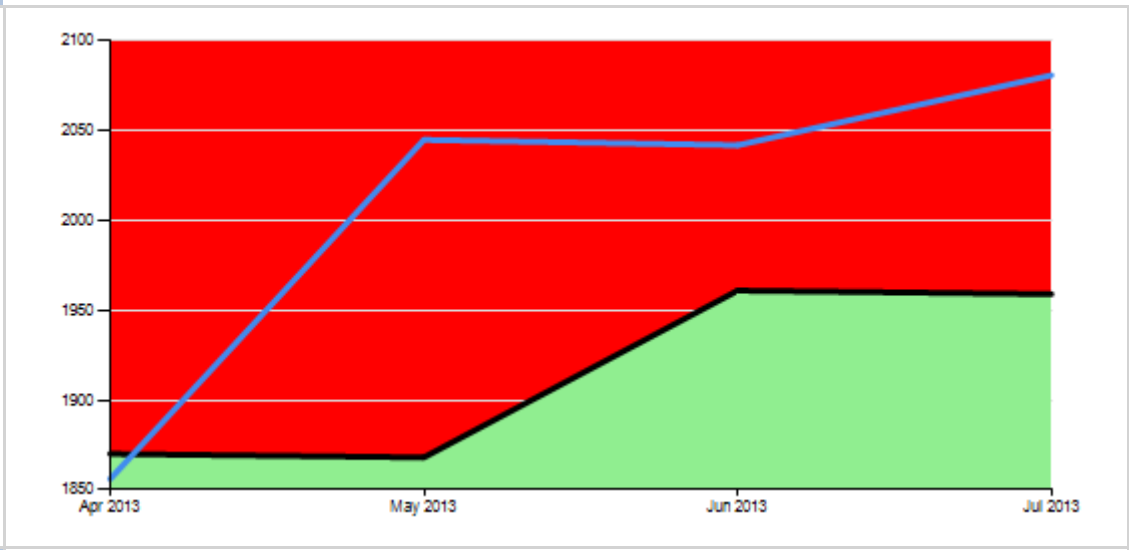
Enter text Director of Clinical Services

Number of Elective FFCes - admissions

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		1959	Jul-13	2081	8024	2056

Validation of waiting lists and increased demand is driving over performance since April.

Significant demand analysis work is been undertaken using the IMAS model across surgical specialties to understand both current waiting list size and backlogs. Additional theatres lists are being undertaken to ensure patients are treated within 18 weeks.



Expected date to meet standard **Lead Director**

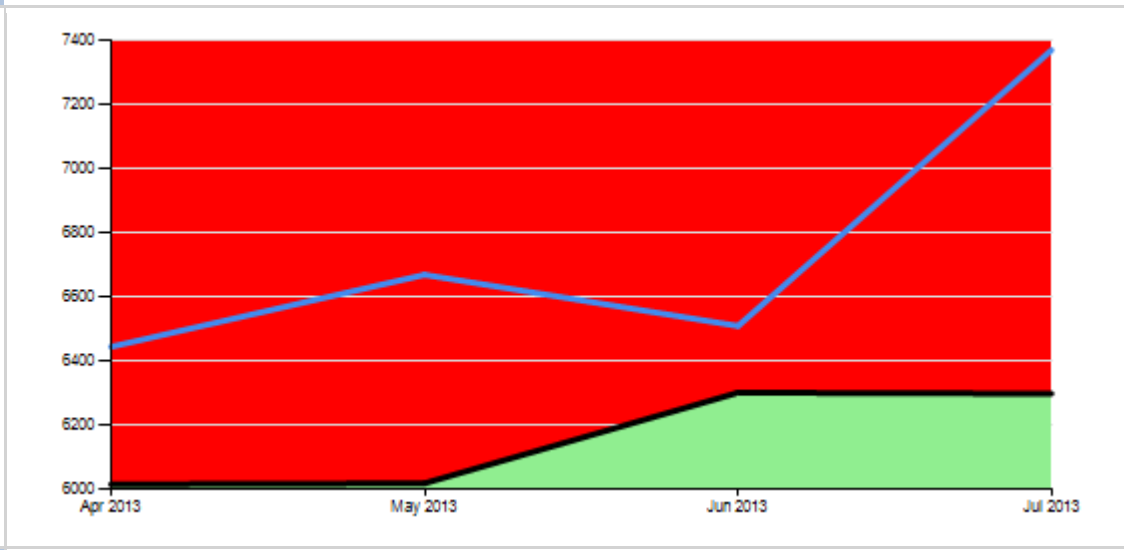
On-going Director of Clinical Services

Number of Elective FFCes - daycases

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		6300	Jul-13	7372	27000	6851

Validation of waiting lists and increased demand is driving over performance since April.

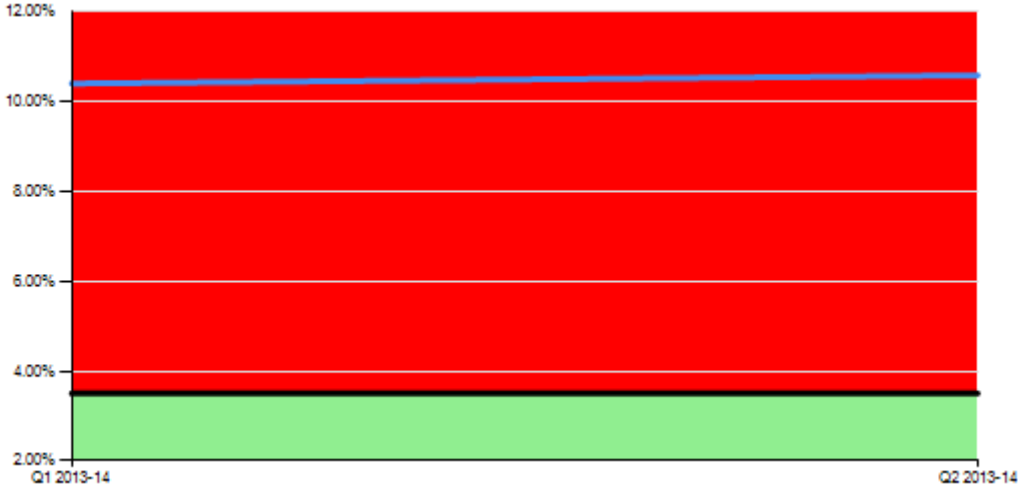
Significant demand analysis work is been undertaken using the IMAS model across surgical specialties to understand both current waiting list size, backlogs and additional theatre capacity requirements. Additional theatres lists are being undertaken to ensure patients are treated within 18 weeks.



Expected date to meet standard **Lead Director**

On-going Director of Clinical Services

DTOCs as % of Occupied beds

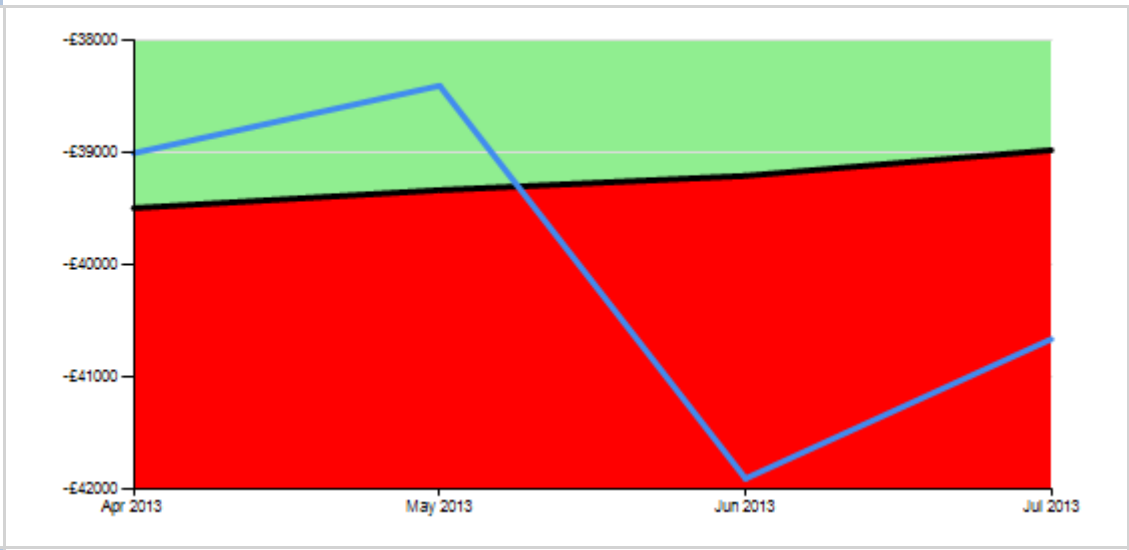
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
<p>Total number of delays has decreased only marginally again from 104 at the end of June to 101 at the end of July. This is still unacceptably high, and maintains the high position of 10.6% of occupied beds. Problems still exist in discharging patients from the Acute sites to community beds.</p>	<p>Supportive Hospital Discharge Scheme is open to 50 patients reviewing the establishment of team to increase patient capacity over the coming months. Daily whole system teleconference calls remain in place. Weekly discussions with COO continue.</p>	3.5%	Q2 13-14	10.6%	10.5%	10.45%
<p>Expected date to meet standard</p>	<p>Lead Director</p>					
<p>On-going</p>	<p>Director of Clinical Services</p>					

Total costs of staff (000s)

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		£ -38973	Jul-13	£ -40657	£ -159955	£ 38999

Pay costs are being driven by the continuing high use of bank & agency staff, and additional payments made to medical staff to work weekend sessions that is required to meet waiting list and activity targets. Bank and agency costs are £2.1m higher than for the first four months of 2012/13, whilst sessional payments and overtime have cost £2.44m to date.

The Trust has introduced a number of workforce measures to reduce the usage and cost of agency staff, and has also initiated recruitment drives to replace temporary staff with permanent employees.



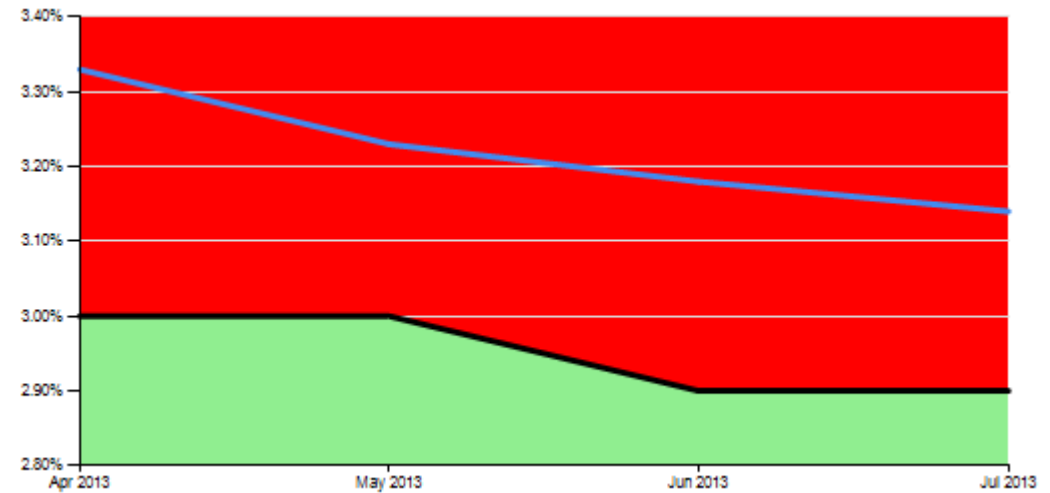
Expected date to meet standard **Lead Director**

Pay is likely to continue to overspend while activity remains above plan, with the funding from over-performance being used to cover the additional cost incurred.

Director for Finance & Procurement

Sickness absence***

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
<p>The sickness absence has fallen to 3.1%. This is still higher than July 2012 when the absence rate was 2.9%. However the trend is downwards.</p> <p>Absence is highest within support staff which is 5.3%. This has remained relatively constant within the financial year. Childrens and Womens has the highest rate of absence at 3.9%, compared to 3.4% for the same point in 2012. EMTA, Operations and Service Improvement and Cardiac are all above the 3% threshold.</p> <p>Anxiety/Stress/Depression has the most number of WTE days lost, followed by muskoskeletal and then colds/flu. Colds flu has the highest number of episodes.</p>	<p>The Trust's Health and Wellbeing agenda should contribute to improvements in sickness absence.</p> <ul style="list-style-type: none"> • Stress awareness and management training sessions • 'Go Active' campaigns • High take up of flu vaccination (59% 2012/2013) • Participation in NHS Employers Project • Trialling Employee Assistant Programme <p>In addition to the above, a revised Absence Management procedure will be introduced with training for managers. A multi disciplinary approach to case management continues as does targeted interventions when required.</p>	2.9%	Jul-13	3.1%		3.17%
Expected date to meet standard	Lead Director					
Second Quarter	Director of Workforce					



Turnover rate

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		11%	Jul-13	11.4%		11.41%

The Turnover rate has fallen to 11.4% but is still above trajectory.

In July 2012 the rate of turnover was 10.8%, with Allied Health Professions having the highest staff group turnover at 13.7%. In July 2013 the rate of turnover for Allied Health Professions was once again the highest at 13.5%.

Nursing and Midwifery has the highest number of actual leavers and continue to account for circa 40% of leavers. This staff group is also running at a higher rate than in 2012. As are Administrative and Clerical, Healthcare Scientists and Medical staff.

Early indicators of key reasons include lack of career progression, travel and car parking, housing costs and the attraction of London trusts.

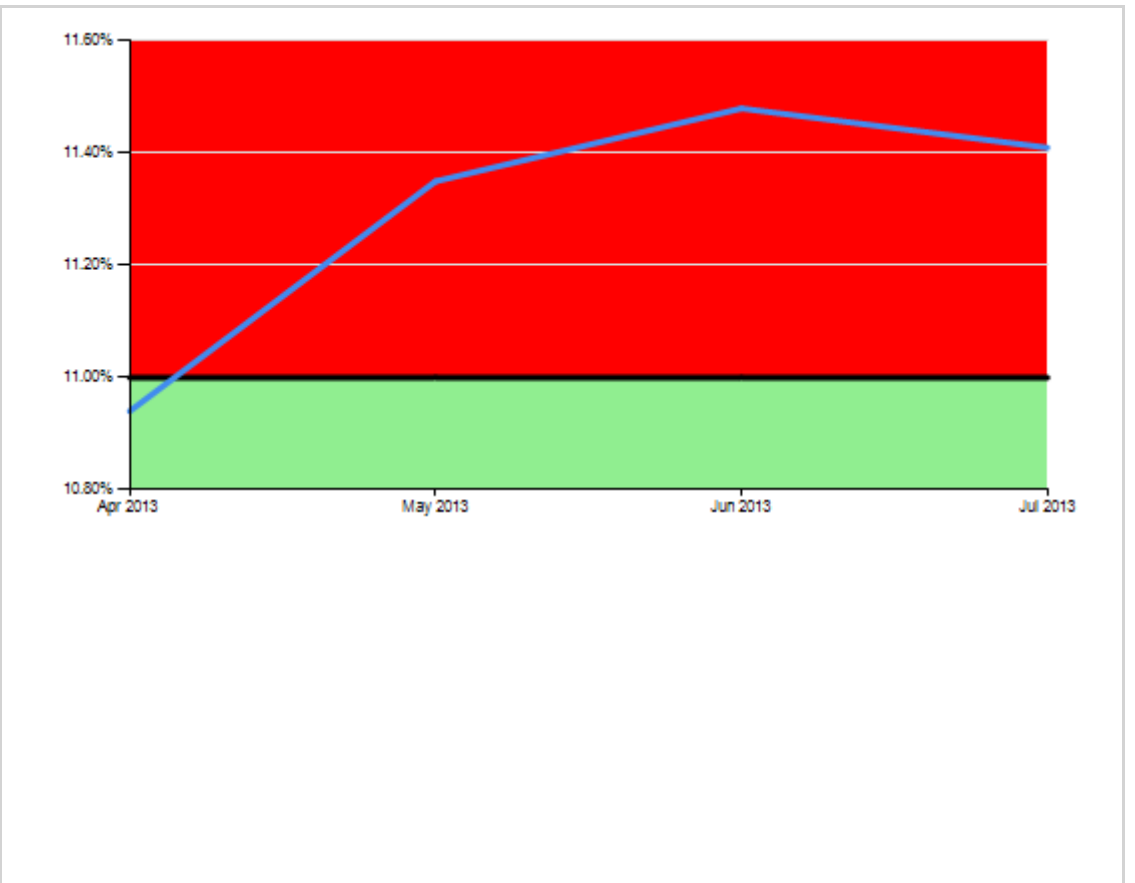
A Retention Group has been established. It has been set up to:

- Examine key causes of turnover and
- To assist with retention initiatives.

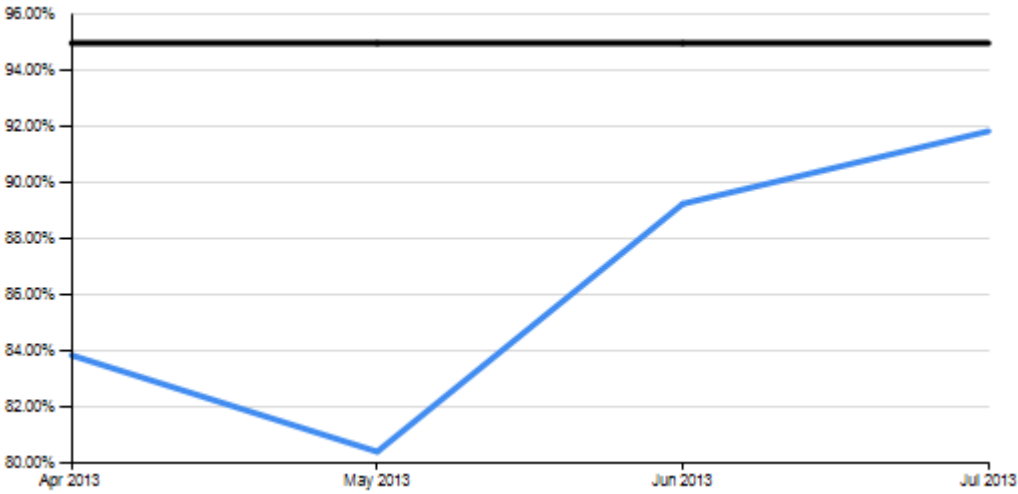
The following work streams are being considered as a priority.

- Strengthening the exit questionnaire.
- Developing a framework for exit interviews assisted by Picker institute, and linking with work on values and “fit” with the Trust.
- Enhancing recruitment process to gather information on reasons for joining.
- Additional benchmarking on good practice amongst other employers and internally within the Trust.

Turnover will not reduce immediately and will take at least until the third quarter to reach the trajectory. This is not without risk.



Expected date to meet standard	Lead Director
Third quarter.	Director of Workforce

BPPC by value (%) All																					
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period															
		95%	Jul-13	91.9%	86.3%	95%															
<p>Performance has improved in July, particularly for payment of non-NHS invoices.</p> <p>Despite this improvement performance remains short of the target.</p>	<p>The Trust has increased the use of purchase orders which helps pay valid invoices more quickly as they do not then need to be sent out around the hospitals for approval.</p> <p>When compared with the same period last financial year, the performance has improved from 83.2% to 86.3%.</p> <p>The Trust will continue to aim toward the 95% target by further extension of the use of purchase orders and review at individual invoice level with the divisions to improve the authorization process.</p>	 <table border="1"> <caption>BPPC by value (%) Data</caption> <thead> <tr> <th>Month</th> <th>Standard (%)</th> <th>Current Data Period (%)</th> </tr> </thead> <tbody> <tr> <td>Apr 2013</td> <td>95.00%</td> <td>84.00%</td> </tr> <tr> <td>May 2013</td> <td>95.00%</td> <td>80.00%</td> </tr> <tr> <td>Jun 2013</td> <td>95.00%</td> <td>89.00%</td> </tr> <tr> <td>Jul 2013</td> <td>95.00%</td> <td>91.90%</td> </tr> </tbody> </table>					Month	Standard (%)	Current Data Period (%)	Apr 2013	95.00%	84.00%	May 2013	95.00%	80.00%	Jun 2013	95.00%	89.00%	Jul 2013	95.00%	91.90%
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Jul 2013	95.00%	91.90%																			
Expected date to meet standard	Lead Director																				
Performance improved during 2012/13 and the aim is to build further towards the target during 13/14.	Director of Finance and Procurement																				

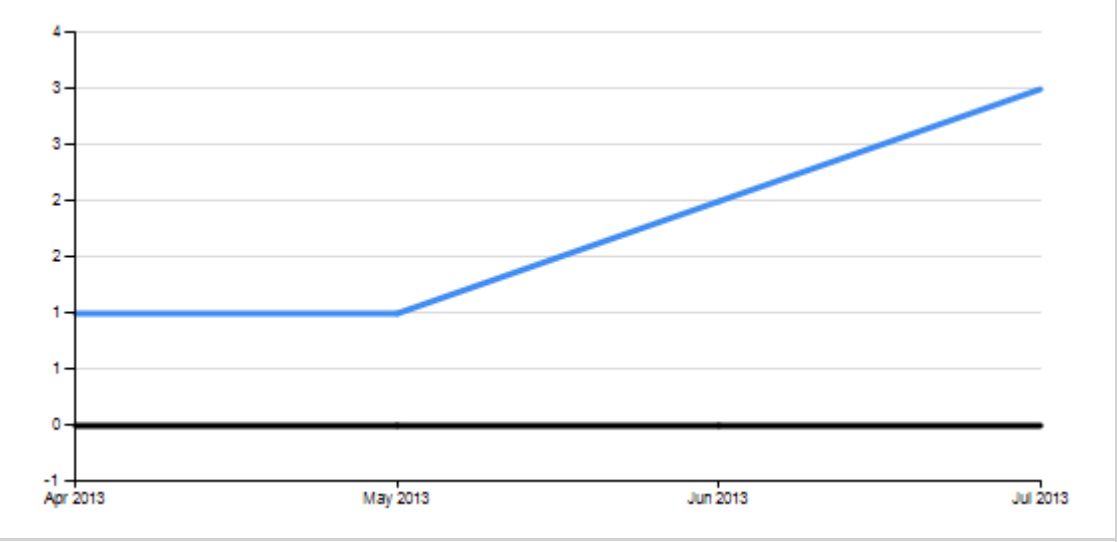
RTT - # specialties not delivering the admitted standard

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		0	Jul-13	3		2

Urology, Ear Nose and Throat (ENT) and Ophthalmology reported underperformance against the 90% standard (77%, 83% and 86% respectively).

Detailed analysis has been undertaken to identify underlying backlogs and run-rate activity and demand imbalances. Although recovery plans are in place Urology are expected not to achieve this target until end of August.

Recovery plans are in place for ENT & Ophthalmology high level of demand has made a significant impact on patients treated within 18 weeks.



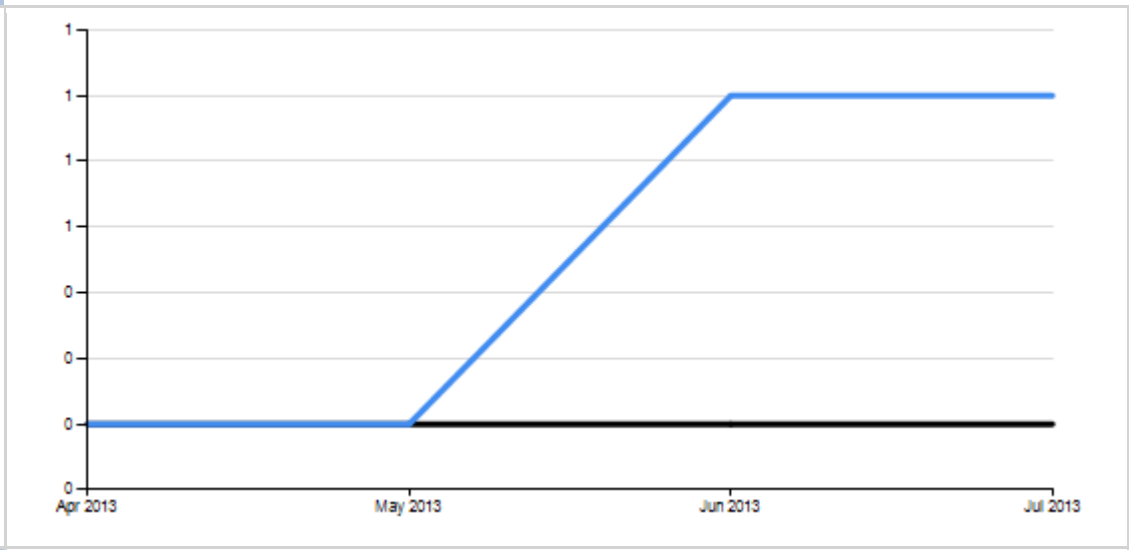
Expected date to meet standard	Lead Director
Month 5	Director of Clinical Services

RTT - # specialties not delivering the non-admitted standard

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		0	Jul-13	1		1

Trauma & Orthopedics reported underperformance against the 95% standard (94%).

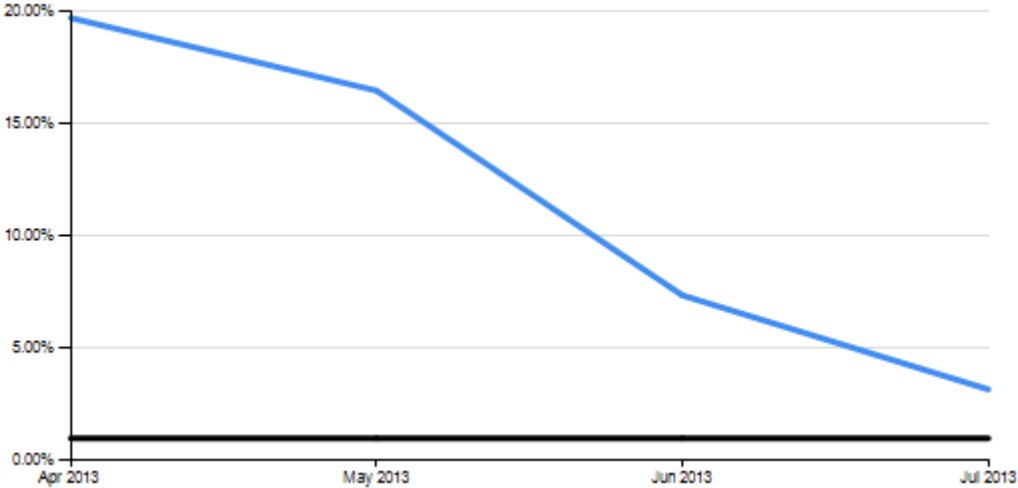
Detailed analysis of the back log on the incomplete pathways and implementation of the recovery plan to improve the position has resulted in a number of pathways being closed. This has in turn had a direct impact on the non-admitted pathway.



Expected date to meet standard **Lead Director**

Month 5 Director of Clinical Services

% Diagnostic waits waiting 6 weeks or more

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period										
<p>MRI and non-obstetric ultrasound continue to be the two main areas where patients are waiting over 6 weeks. However, the significant reduction in the number waiting over 6 weeks reported in the Month 3 report has continued through Month 4. There are 3.2% (288) patients waiting above 6 weeks against a target of 1%, of which 186 were in Ultrasound and MRI.</p>	<p>Further reductions in patients waiting over 6 weeks are expected during August as the department continue to provide a significant amount of extra capacity.</p>	1%	Jul-13	3.2%	12.5%	9.61%										
<p>Expected date to meet standard</p>	<p>Lead Director</p>	 <table border="1"> <caption>Line Graph Data</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Apr 2013</td> <td>19.5%</td> </tr> <tr> <td>May 2013</td> <td>16.5%</td> </tr> <tr> <td>Jun 2013</td> <td>12.5%</td> </tr> <tr> <td>Jul 2013</td> <td>3.2%</td> </tr> </tbody> </table>					Month	Percentage	Apr 2013	19.5%	May 2013	16.5%	Jun 2013	12.5%	Jul 2013	3.2%
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<p>Q2</p>	<p>Director of Clinical Services</p>															

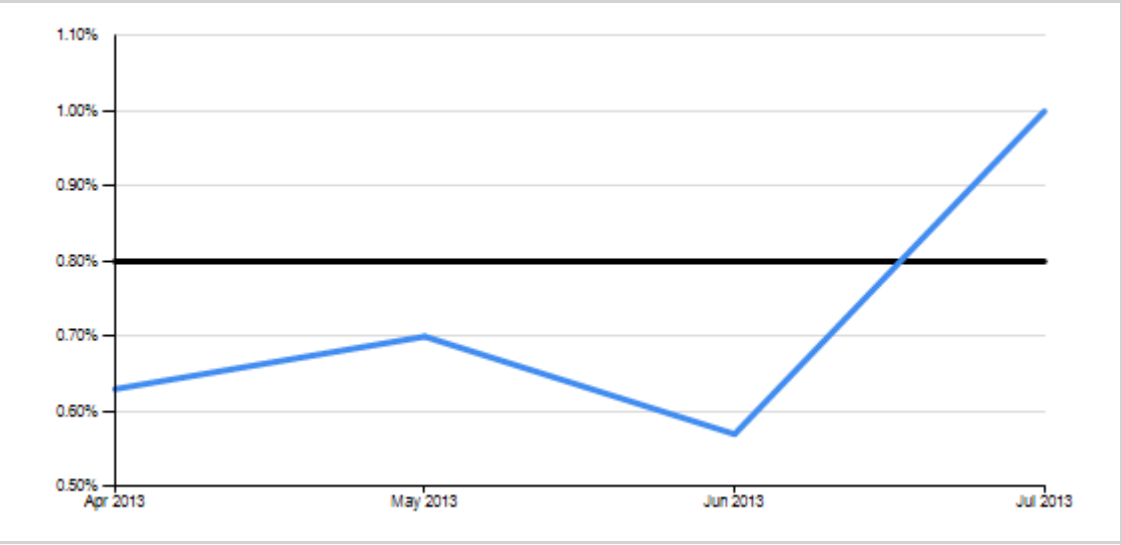
Last min cancellations - % of all elec admissions

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		0.8%	Jul-13	1%	0.7%	0.76%

Since the end of June (1.2%) the performance on cancelled operations has continued to improve to 1% of elective admissions in July.

Weekly validation of the cancellations is on-going, by the clinical teams. Final quarterly validation continues to take place on a separate database to EPR, which improved the position to 0.6% for Q1.

The reduction in pressure on beds overall has helped reduce the cancellation rate more recently.

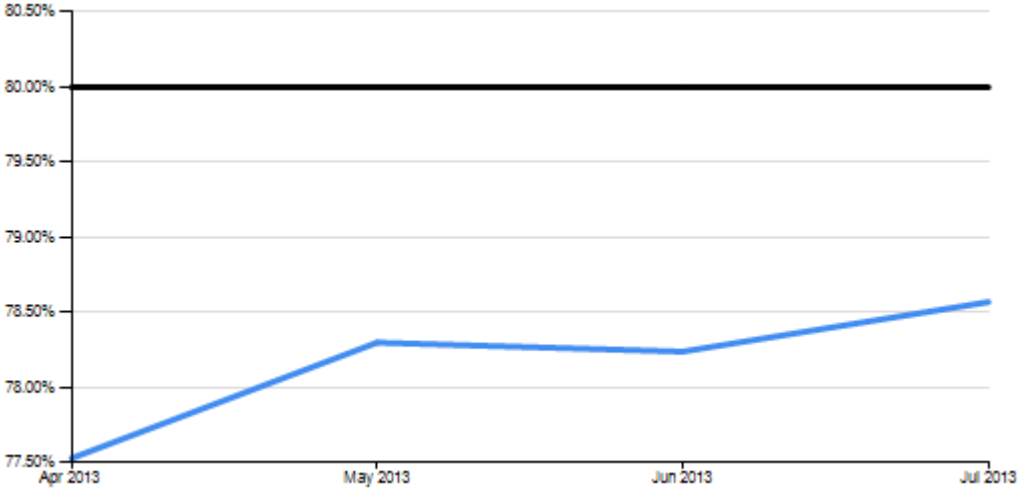


Expected date to meet standard	Lead Director
Q2	Director of Clinical Services

Q2

Director of Clinical Services

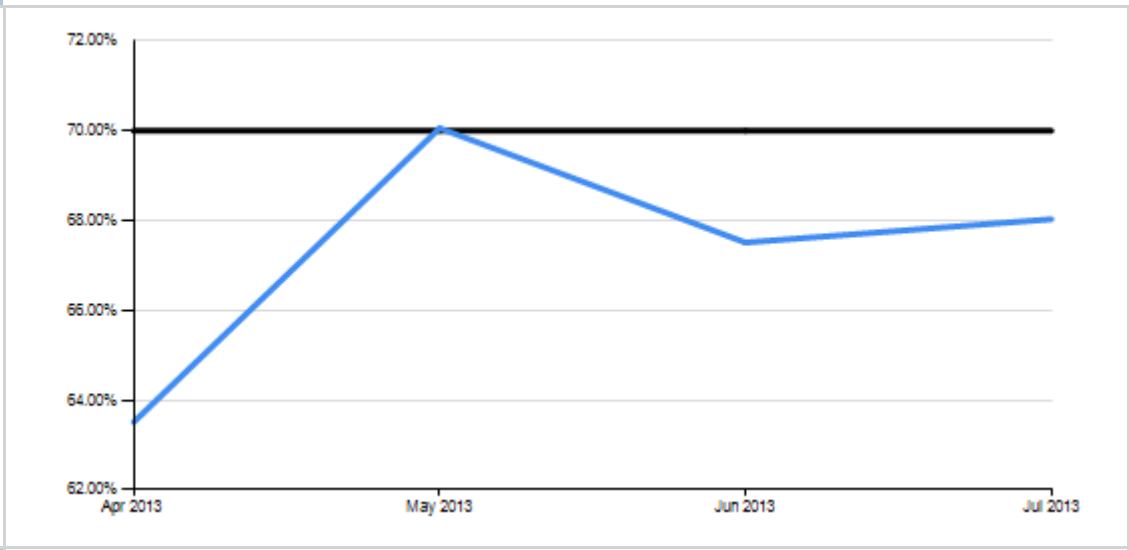
Theatre Utilisation - Elective

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period										
<p>Performance during July has continued to be stabilised at 78.6%. The emphasis placed on lists starting on time by the whole clinical team continues to be an area of focus.</p> <p>Last minute changes to lists and late notifications of list contents and 'running order' are fairly common. The reasons for this can be entirely valid from a clinical priority perspective. However, poor list planning does contribute adversely to the utilization figure.</p>	<p>Newton Europe an external consultancy group continue to work closely with teams to improve sessional activity across all sites. Real time emphasis on booking procedures and start and finish times ensuring maximum productivity.</p> <p>Theatre booking has also been hampered at times by the refurbishment of JR2 theatres and the challenges of leave.</p> <p>The Project Board will remain in place to ensure oversight and to ensure improvements are sustained.</p>	80%	Jul-13	78.6%	78.2%	78.38%										
<p>Expected date to meet standard</p>	<p>Lead Director</p>	 <table border="1"> <caption>Theatre Utilisation - Elective Performance Data</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr> <td>Apr 2013</td> <td>77.50%</td> </tr> <tr> <td>May 2013</td> <td>78.25%</td> </tr> <tr> <td>Jun 2013</td> <td>78.20%</td> </tr> <tr> <td>Jul 2013</td> <td>78.60%</td> </tr> </tbody> </table>					Month	Performance (%)	Apr 2013	77.50%	May 2013	78.25%	Jun 2013	78.20%	Jul 2013	78.60%
Month	Performance (%)															
Apr 2013	77.50%															
May 2013	78.25%															
Jun 2013	78.20%															
Jul 2013	78.60%															
<p>On-going</p>	<p>Director of Clinical Services</p>															

Theatre Utilisation - Emergency

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		70%	Jul-13	68%	67.2%	68.52%


Performance has slightly improved by 0.5% since the end of June.
 No additional actions have been taken except for close monitoring.



Expected date to meet standard **Lead Director**

On-going Director of Clinical Services

Hospital Standardised Mortality ratio*

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
<p>The 2012/13 year-to-date HSMR as provided by Dr Foster is 100.2. IPF thresholds are currently set such that any figure in excess of 100 is defined as underperformance.</p> <p>This figure will form the basis of the finalized re-based annual HSMR for 2012/13 that will be published in the Hospital Guide in Autumn 2013. The impact of rebasing is difficult to predict but typically results in an increased calculated HSMR.</p> <p>Dr Foster's prediction tool currently states that the rebased OUH HSMR for 2012/13 is likely to be 106 and within expected limits.</p>	<ul style="list-style-type: none"> • Audit of selected case notes from 2012/13 episodes and resubmission of data (not yet incorporated within these figures) • Focus on coding depth using Audit Commission PbR benchmarked coding depth tool • Refinement of systems in haematology and oncology to improve recording of co-morbidities • Establishment of Clinical Outcomes Review Group • Implementation of standardised mortality review process • Development of risk summits 	100	Mar-13	100.2		
Expected date to meet standard	Lead Director					
Ongoing programme of work	Medical Director					

Monthly YTD HSMR at weekends for emergency admission*

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		100	Mar-13	100.6		

This metric is included in the IPF as Dr Foster highlighted an apparent excess in mortality for weekend admissions at OUH in the Hospital Guide for 2011/12 (published autumn 2012).
 The YTD HSMR for emergency admissions at weekends is currently below the headline HSMR figure.

Actions as above for the HSMR.
 A review of specialties responsible for the majority of emergency admission at weekends was carried out in 2012. This did not highlight quality concerns in terms of access to senior medical staff or diagnostic facilities.



Expected date to meet standard	Lead Director
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Ongoing	Medical Director
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Proportion of Assisted deliveries

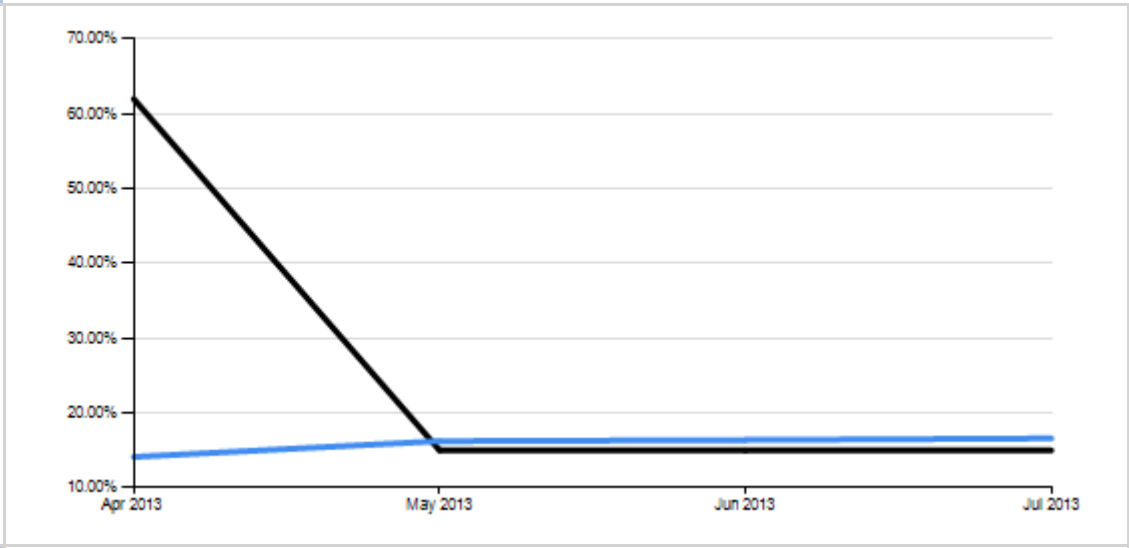
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		15%	Jul-13	16.6%	15.9%	16.41%

This not underperformance but reflects the specific clinical need and requirements of Women giving birth.

The number of assisted deliveries fluctuates month on month and is in part related to the clinical indications of the mother and baby. Assisted delivery rates are also affected by the Caesarean Section rate.

This standard is closely monitored on a monthly basis within the Directorate by the Women’s Clinical Governance Committee and externally by the Children’s & Women’s Division through its Divisional Quality & Performance Committee.

Further, the Division reports and is held to account by the Trust Executive Team through the monthly and quarterly performance reviews on performance against key standards including against this standard.



Expected date to meet standard **Lead Director**

Monitored on a monthly basis via Maternity Dashboard. Director of Clinical Services

Proportion of normal deliveries

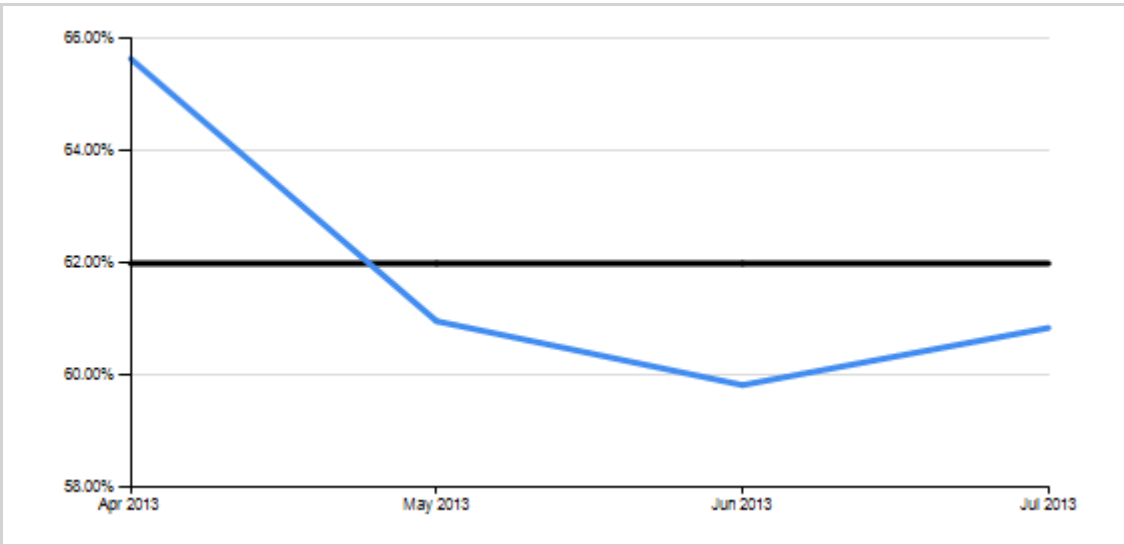
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		62%	Jul-13	60.9%	61.8%	60.55%

This not underperformance but reflects the specific clinical need and requirements of Women giving birth.

The normal birth rate is related to the assisted delivery and LSCS rates and therefore varies month on month.

This standard is closely monitored on a monthly basis within the Directorate by the Women's Clinical Governance Committee and externally by the Children's & Women's Division through its Divisional Quality & Performance Committee

Further, the Division reports and is held to account by the Trust Executive Team through the monthly and quarterly performance reviews on performance against key standards of care including against this standard.



Expected date to meet standard	Lead Director

Monitored on a monthly basis via the Maternity Dashboard.

Director of Clinical Services

Year: 2013-14

Directorate: Ambulatory, Anaesthetics, Critical care & Theatres, Assurance, Biomedical Research, Cardiac Medicine, Cardiac, Vascular & Thoracic Surgery, Central Trust Services, Children's, CRS Implementation, Division of Cardiac, Vascular & Thoracic, Division of Children's & Women's, Division of Corporate Services, Division of Critical Care, Theatres, Diagnostics and Pharmacy, Division of Emergency, Medicine, Therapies & Ambulatory, Division of Musculoskeletal and Rehabilitation, Division of Neurosciences, Trauma & Specialist Surgery, Division of Operations & Service Improvement, Division of Research & Development, Division of Surgery & Oncology, Emergency Medicine & Therapies, Emergency Medicine and Therapies, Estates and Facilities, Finance and Procurement, Gastroenterology, Endoscopy and Theatres (CH), Generic Strategic Change, Generic Teaching Training and Research, Horton Management, Human Resources and Admin, MARS - Research & Development, Medical Director, Networks, Neurosciences, Nursing Midwifery, OHIS Telecoms & Med Records, Oncology, Orthopaedics, Pathology & Laboratories, Pharmacy, Planning & Communications, Private Patients, Radiology & Imaging, Rehabilitation & Rheumatology, Renal, Transplant & Urology, Specialist Surgery, Strategic Change, Surgery, Teaching Training and Research, Trauma, Trust wide R&D, Trust-wide only, Unknown, Women's

Division: Division of Cardiac, Vascular & Thoracic, Division of Children's & Women's, Division of Corporate Services, Division of Critical Care, Theatres, Diagnostics and Pharmacy, Division of Emergency, Medicine, Therapies & Ambulatory, Division of Musculoskeletal and Rehabilitation, Division of Neurosciences, Trauma & Specialist Surgery, Division of Operations & Service Improvement, Division of Research & Development, Division of Surgery & Oncology, Trust-wide only, Unknown