

2019/20 Finance Report - Month 10

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| Report to: | Board of Directors & Finance & Investment |
| | February 2020 |
| Title: | Finance Report for Period ending 31/01/2020 |
| Author: | Gavin Hawkins, Assistant Director of Finance |
| Sponsoring Director: | David French, Chief Financial Officer |
| Purpose: | Standing Item |
| | The Board is asked to note the report |

Executive Summary:

In Month and Year to date Highlights:

1. In January 2020, the Trust delivered a surplus of £0.1m, £4.2m worse than Plan. Year to date the Trust is reporting a £6.4m surplus which is £4.2m behind Plan. Under the single oversight framework, the Trust has delivered a score for Finance and Use of Resources of '1'.
2. When non-recurrent items are excluded the year to date position is a £3.2m surplus. Non-recurrent items include a reclaim of VAT paid on agency nursing invoices in 18/19.
3. The main themes seen in M10 were :
 - Clinical income was £2.6m off Plan at £53m with elective (£0.7m) continuing to be below Plan, offset by non-elective (£0.3m) performance net of blended adjustment. Non-elective over-performance has continued to reduce against run rate.
 - Total CIP delivery was £0.8m behind Plan at £3.1m for the month predominately due to lower than planned income scheme delivery highlighting our reliance on income CIP schemes. Currently the Trust is £4.9m behind Plan year to date.
 - Pay was £0.2m worse than Plan in month mainly due to identified but undelivered CIP, although expenditure was up compared to December & November 2019 due to the additional inpatient beds being opened as part of the Winter Plan.
4. The cash position was £36.8m above Plan at £85.2m. The above Plan position has primarily been driven by:
 - Cash start point better than assumed at the time the cash plan was agreed
 - Additional PSF for 18/19 over and above that assumed at the point the Plan was finalised
 - Accounts Receivable position better than assumed in Plan. This continues to improve with NHS England settling a large over-performance invoice in month.
 - Some slippage compared to plan profile on capital. We are anticipating cash slippage on the capital programme, as well as significant cash receipts from central funding in M11 and M12.
5. The Trust has officially changed its year-end forecast position for 2019/20 to a surplus of £5m. This decision was taken post discussion at Trust Board and has been communicated to NHSE/I post our Q3 results. A more detailed paper describing the rationale for this movement has been circulated to inform this decision.



Finance: I&E Summary

Total clinical income was £2.6m off Plan for January (£0.9m excluding productivity based CIPs). Elective income was estimated to be £0.7m off Plan and Non-elective £0.3m off Plan net of full blended adjustment. This is partially driven by the number of black alert days in the first half of January 2020.

Total pay was £0.2m over Plan in the month (£0.4m over in December) due to undelivered CIP in the main. Actual expenditure on pay was £0.5m higher than in December in bank & agency related to opening of additional inpatient beds as part of the Winter Plan.

Total non-pay excl. pass through drugs & devices was £1.5m above Plan (£1.3m in December 2019), of which £1.3m was linked to R&D expenditure offset by other income.

Overall CIP delivery was £0.8m worse than Plan with £3.1m delivered in the month (£2.4m was delivered in December 2019). See slide 12 for further detail.

| Metric | 2019/20 | | |
|--|------------|------------|----------|
| | YTD Actual | YTD Metric | YTD Plan |
| Capital service cover rating | 2.30 | 2 | 2 |
| Liquidity rating | 19.94 | 1 | 1 |
| I&E Margin Rating | 2.02% | 1 | 1 |
| I&E Margin Variance Rating | -0.81% | 2 | 1 |
| Agency Variance from ceiling | 48.55% | 1 | 1 |
| Use of Resources Average Metric | | 1.40 | 1.20 |
| Use of Resources Final Metric | | 1 | 1 |

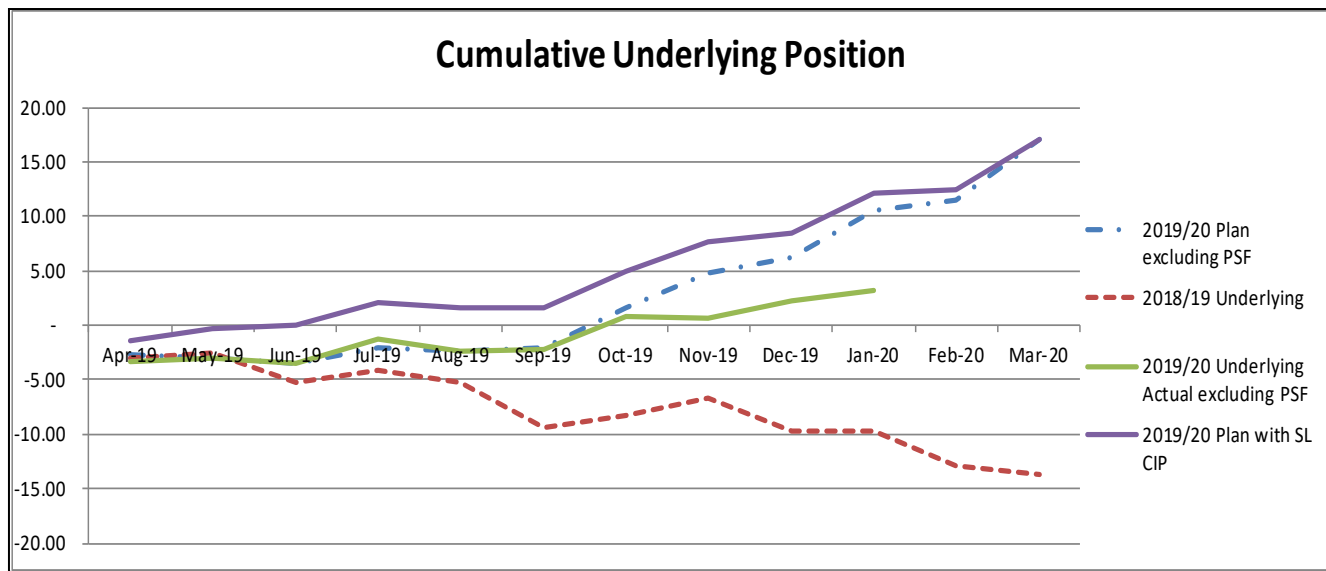
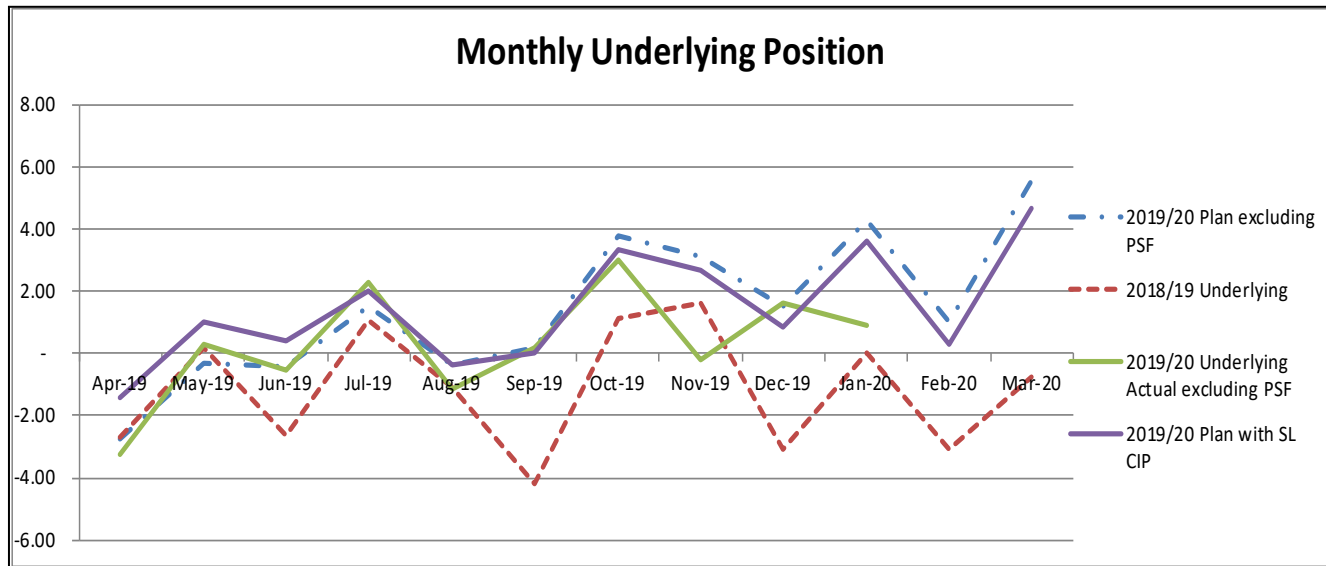
| | | Current Month | | | Year to Date | | | Full Yr | Ave Done | To Do | |
|--|---------------------------------------|---------------|-------------|-------------|--------------|--------------|-------------|----------|--------------|-------------|--------------|
| | | Plan £m | Actual £m | Variance £m | Plan £m | Actual £m | Variance £m | Plan £m | | | |
| NHS Income: | Clinical | 55.7 | 53.0 | 2.6 | 532.4 | 526.1 | 6.4 | A | 630.6 | 52.6 | 53.7 |
| | Pass-through Drugs & Devices | 9.7 | 9.5 | 0.2 | 93.1 | 93.6 | (0.5) | G | 115.2 | 9.4 | 9.3 |
| Other income | Other Income excl. PSF | 11.2 | 12.6 | (1.4) | 100.6 | 105.8 | (5.3) | G | 105.0 | 10.6 | 11.9 |
| Total income | | 76.6 | 75.2 | 1.3 | 726.1 | 725.5 | 0.6 | A | 850.8 | 72.6 | 74.9 |
| Costs | Pay-Substantive | 39.6 | 39.6 | 0.0 | 390.8 | 395.6 | 4.8 | A | 461.0 | 39.5 | 39.8 |
| | Pay-Bank | 2.0 | 2.4 | 0.4 | 19.4 | 21.8 | 2.4 | R | 22.8 | 2.2 | 2.4 |
| | Pay-Agency | 1.2 | 1.1 | (0.2) | 11.4 | 6.0 | (5.3) | G | 14.1 | 0.6 | 1.2 |
| | Drugs | 1.3 | 1.9 | 0.6 | 11.8 | 14.2 | 2.4 | R | 14.2 | 1.4 | 1.9 |
| | Pass-through Drugs & Devices | 9.7 | 9.5 | (0.2) | 93.1 | 93.6 | 0.5 | A | 115.2 | 9.4 | 9.8 |
| | Clinical supplies | 5.5 | 6.4 | 0.9 | 59.1 | 58.5 | (0.6) | G | 65.5 | 5.9 | 6.3 |
| | Other non pay | 9.9 | 11.3 | 1.4 | 99.9 | 99.7 | (0.3) | G | 105.1 | 10.0 | 11.4 |
| Total expenditure | | 69.2 | 72.2 | 3.0 | 685.6 | 689.4 | 3.8 | A | 797.9 | 68.8 | 72.6 |
| EBITDA | | 7.4 | 3.0 | 4.3 | 40.6 | 36.1 | 4.4 | R | 52.9 | 3.6 | 2.2 |
| EBITDA % | | 9.6% | 4.1% | 5.6% | 5.6% | 5.0% | 0.6% | | 6.2% | | |
| | Depreciation | 2.0 | 2.0 | (0.0) | 19.0 | 19.8 | 0.8 | R | 22.6 | 2.0 | 2.0 |
| | Non Operating Income/Expenditure | 1.1 | 1.0 | (0.1) | 11.1 | 10.0 | (1.1) | G | 13.3 | 1.0 | 1.0 |
| Control Total Surplus / (Deficit) | | 4.3 | 0.1 | 4.2 | 10.5 | 6.4 | 4.2 | R | 17.1 | 0.6 | (0.7) |
| Memo - Other technical items: | | | | | | | | | | | |
| | Prior Period Adjustment - PSF 2018/19 | | - | 0.0 | | 0.9 | (0.9) | G | | | |
| | Provider Sustainability Funding | 1.5 | - | 1.5 | 9.7 | 8.2 | 1.5 | R | 12.7 | 0.8 | 2.2 |

Underlying Run Rate Position

These graphs show the actual underlying position was on Plan in the month and is still £7.4m off Plan year to date.

It also shows an alternative presentation of the Plan phasing assuming that the £40m CIP target is delivered equally each month through the year.

All figures in these graphs exclude PSF including the amount received as a prior year adjustment.



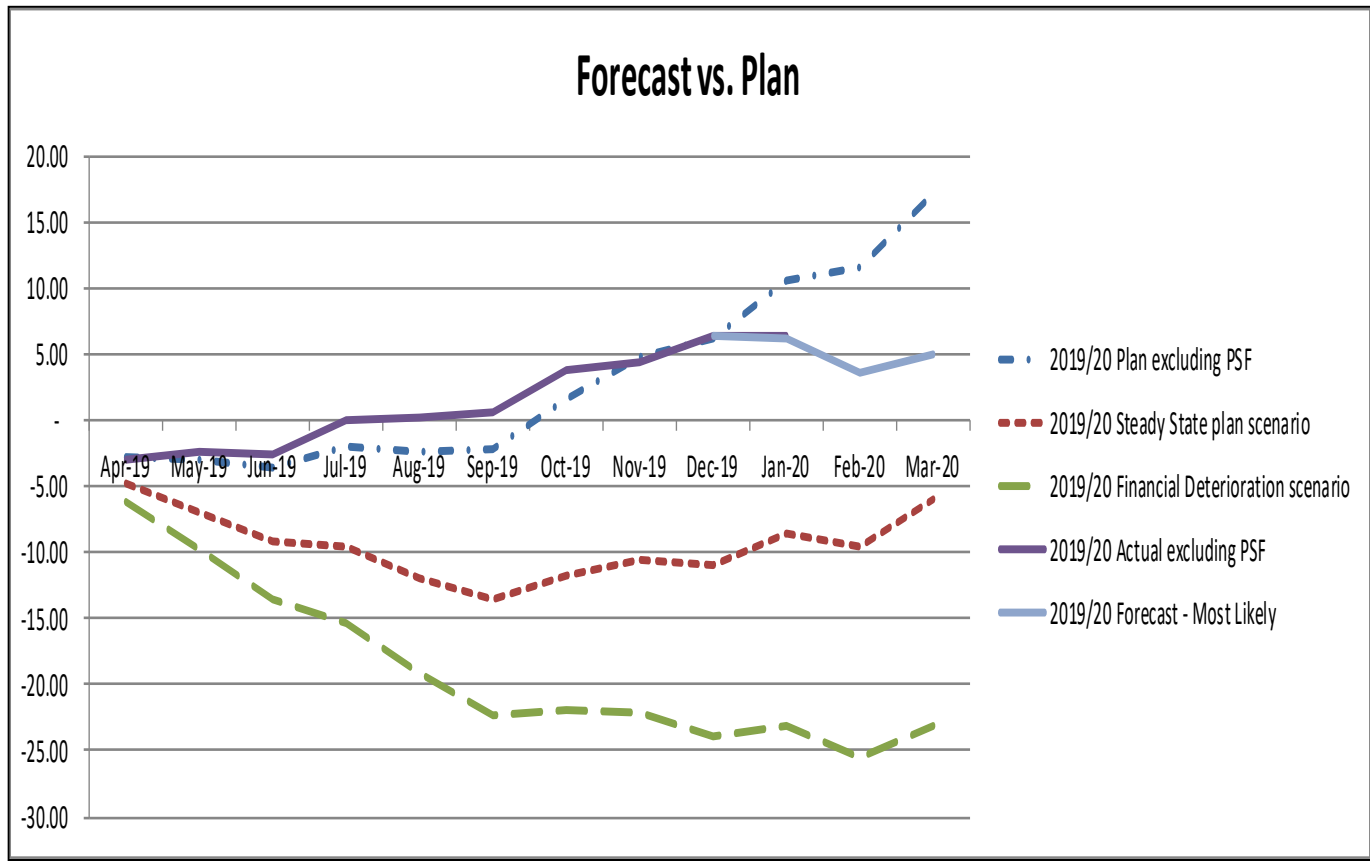
Underlying Run Rate Position

This graph shows the surplus position to Q3, comparison to Plan and the Q4 forecast for 2019/20.

The forecast position for 2019/20 is a £5m surplus excluding PSF as discussed at the previous S&FC & Trust Board

The main reasons for our forecast movement were outlined in a separate paper to both S&FC and TB.

The forecast position for January 2020 was break-even, with £0.1m surplus being achieved in the month.

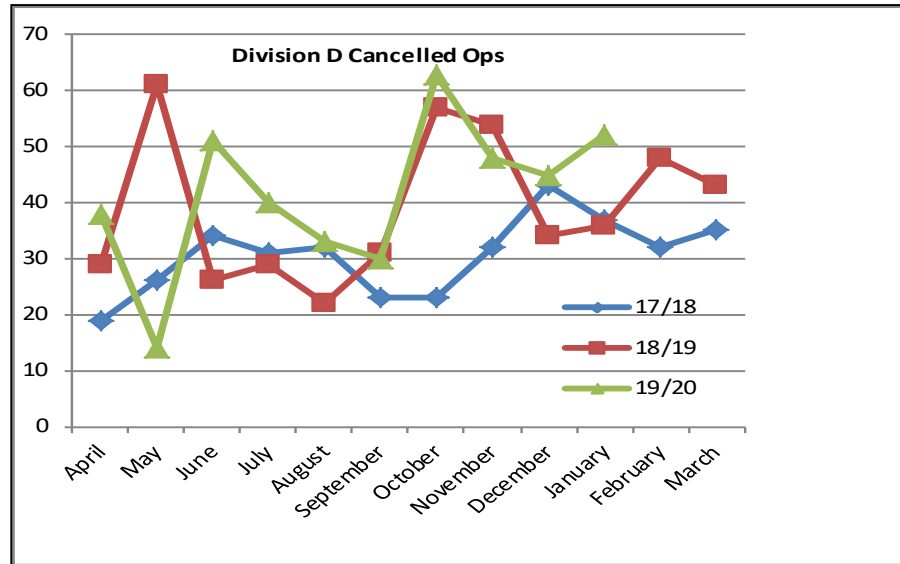
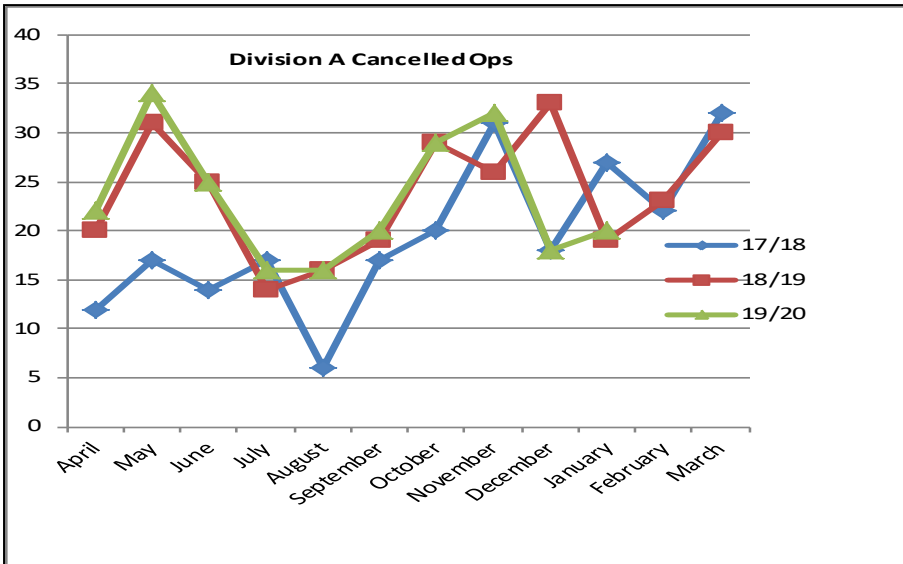
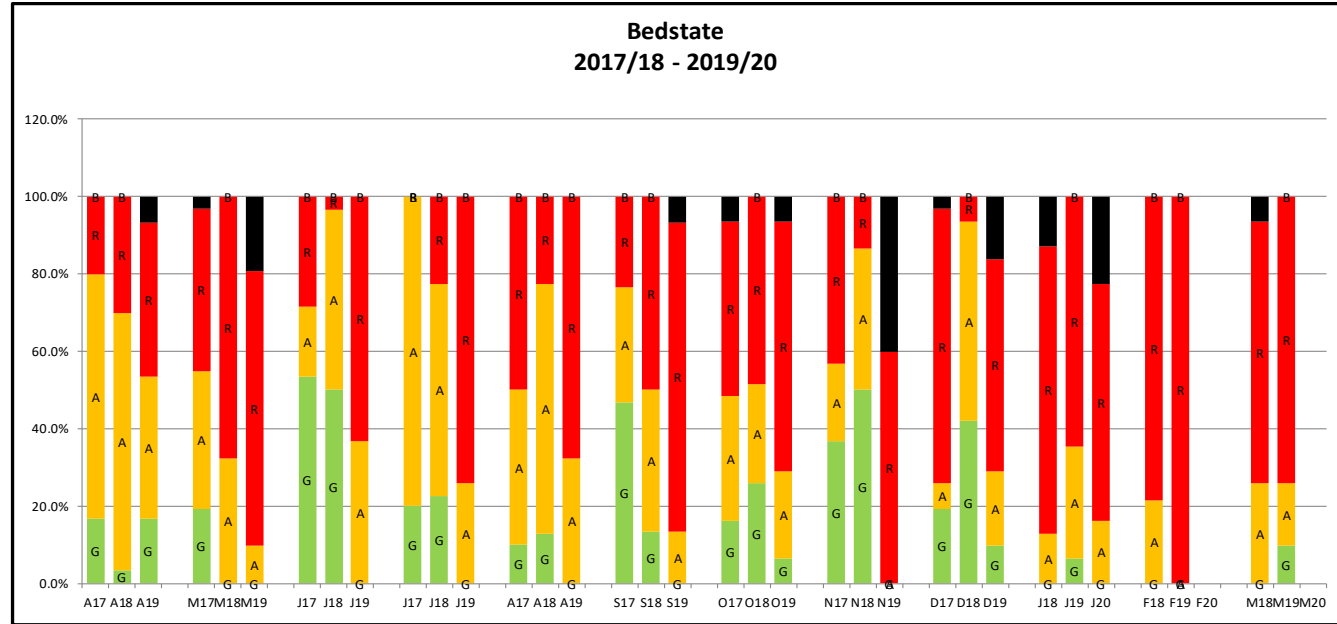


Bedstate – 3yr Comparison

The bed state data for January 2020 shows that 84% of the time the Trust's bed status was either black or red. In January 2019 this number was around 65%.

The winter bed plan was took effect in mid January 2020 which created additional level 1 beds to cope with the expected NEL demand.

On the day cancellations for non-clinical reasons are shown below for Divisions A & D. These totalled 96 in January 2020, with 36% being related to higher priority/NEL bed pressures and 25% due to time in theatre.



Clinical Income

The chart shows estimated clinical income in January 2020.

Non-elective inpatient activity was above planned levels and a provision has been taken against the impact of the blended payment system for emergency care. Elective inpatient income was below planned levels in the month.

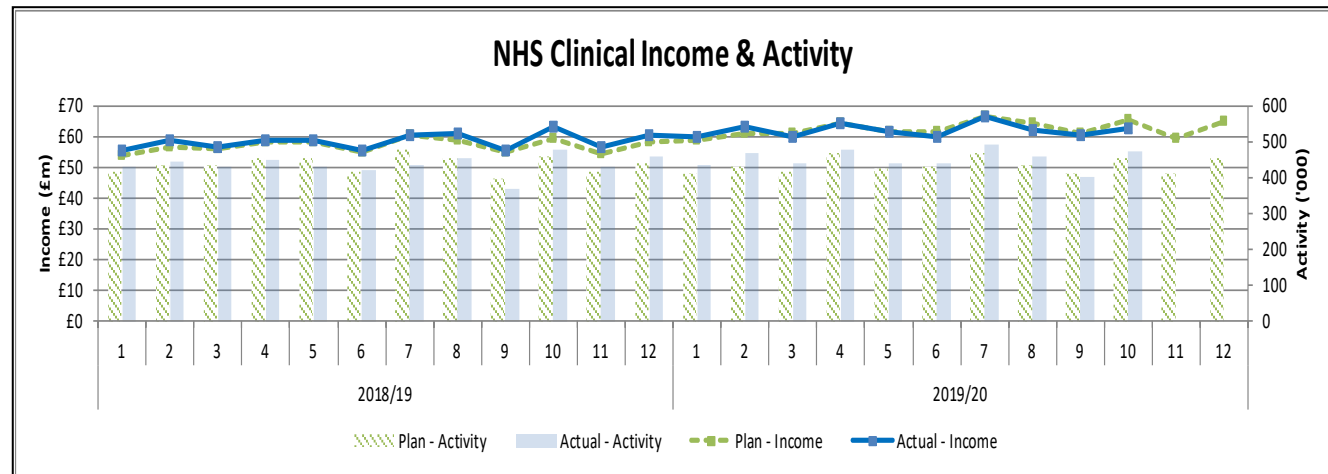
Outpatient activity was below planned levels in the month.

Pass-through drug and device income, within exclusions, was slightly lower than planned levels although this is offset by reduced expenditure.

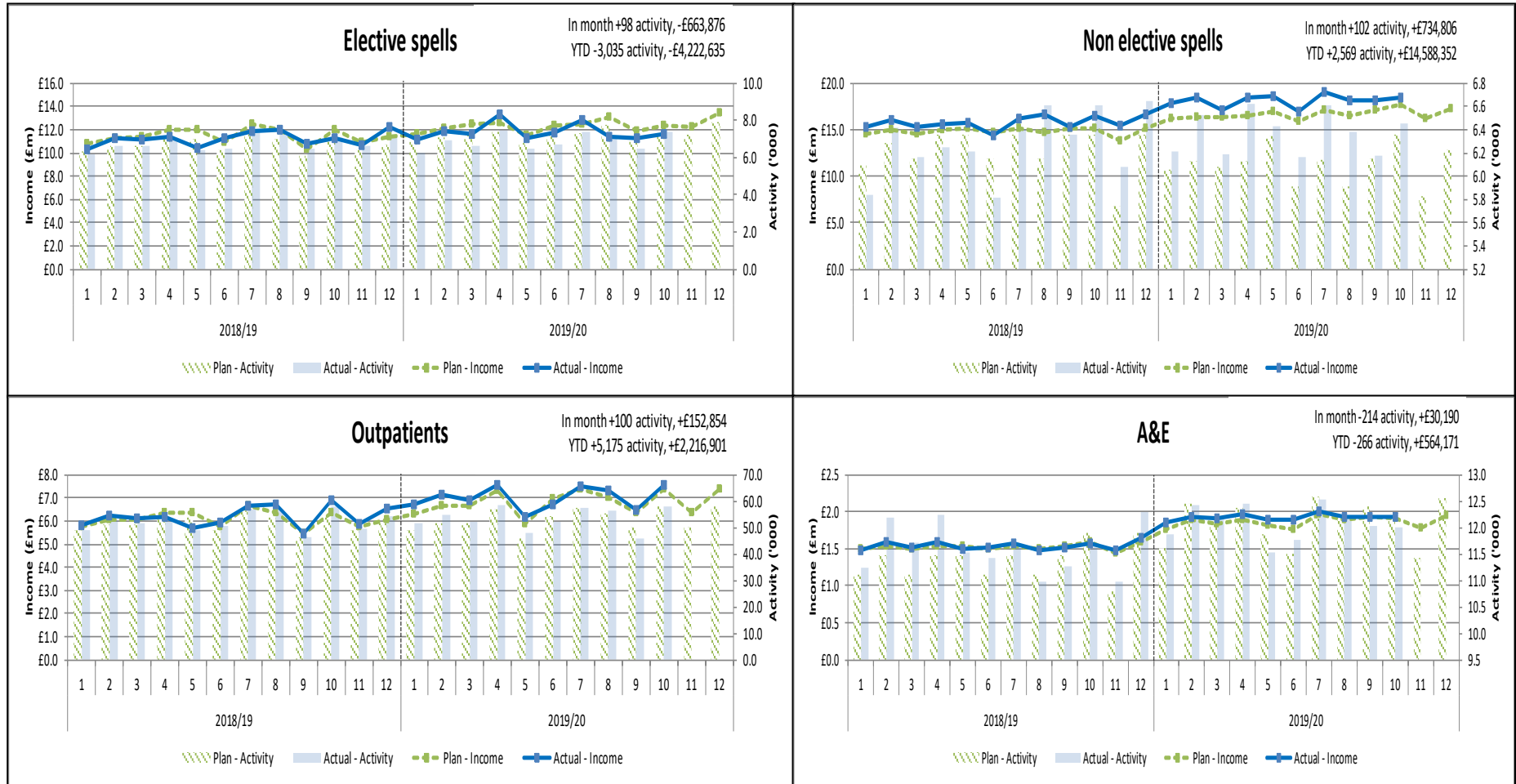
The Trust continues to provide for commissioner challenges and CQUIN failure which will be resolved as data and reports become available.

(Fav Variance) / Adv Variance

| POD GROUP | 2018/19 | 2019/20 | | | | 2019/20 | | | Monthly Run Rate | |
|--------------------------------------|----------------------|----------------------|-------------------|--------------------------|--------------------------|------------------------|-------------------------------|-------------------------------|------------------|----------------|
| | YTD Actuals £000s | Annual Plan £000s | YTD Plan £000s | YTD Estimate £000s | YTD Variance £000s | In Month Plan £000s | In Month Estimate £000s | In Month Variance £000s | Done | To Do |
| NHS Clinical Income | | | | | | | | | | |
| Elective Inpatients | £111,759 | £147,974 | £122,309 | £118,087 | £4,223 | £12,295 | £11,631 | £664 | £11,809 | £14,944 |
| Non-Elective Inpatients | £156,939 | £199,870 | £166,401 | £180,989 | (£14,588) | £17,634 | £18,368 | (£735) | £18,099 | £9,440 |
| Blended payment adjustment | £0 | £0 | £0 | (£3,677) | £3,677 | £0 | (£389) | £389 | (£368) | £1,838 |
| Outpatients | £61,742 | £81,626 | £67,863 | £70,080 | (£2,217) | £7,380 | £7,533 | (£153) | £7,008 | £5,773 |
| Other Activity | £96,194 | £129,745 | £107,711 | £108,059 | (£348) | £11,157 | £11,114 | £43 | £10,806 | £10,843 |
| CQUIN | £12,298 | £8,375 | £6,962 | £7,098 | (£136) | £723 | £707 | £16 | £710 | £638 |
| Blocks & Financial Adjustments | £4,199 | £20,349 | £19,417 | £3,240 | £16,177 | £2,142 | (£140) | £2,282 | £324 | £8,554 |
| Other Exclusions | £3,233 | £46,419 | £41,785 | £42,166 | (£381) | £4,328 | £4,244 | £84 | £4,217 | £2,126 |
| Prior month adjustment | £0 | £0 | £0 | £0 | £0 | £0 | £201 | (£201) | £0 | £0 |
| Subtotal NHS Clinical Income | £446,364 | £634,357 | £532,449 | £526,043 | £6,406 | £55,659 | £53,270 | £2,389 | £52,604 | £54,157 |
| Pass-through Exclusions | £98,368 | £115,237 | £93,112 | £93,617 | (£505) | £9,688 | £9,536 | £152 | £9,362 | £10,810 |
| Total NHS Clinical Income | £544,731 | £749,594 | £625,561 | £619,660 | £5,901 | £65,347 | £62,806 | £2,541 | £61,966 | £64,967 |
| Non NHS Clinical Income | | | | | | | | | | |
| Private Patients | | £6,452 | £5,459 | £4,046 | £1,413 | £588 | £504 | £84 | £405 | £1,203 |
| CRU | | £2,500 | £2,080 | £2,175 | (£95) | £208 | £271 | (£63) | £218 | £162 |
| Overseas Chargeable Patients | | £1,412 | £1,180 | £1,323 | (£143) | £118 | £117 | £1 | £132 | £45 |
| Total Non NHS Clinical Income | | £10,364 | £8,719 | £7,543 | £1,176 | £914 | £892 | £22 | £754 | £1,411 |
| Grand Total | £544,731 | £759,959 | £634,280 | £627,204 | £7,077 | £66,261 | £63,698 | £2,563 | £62,720 | £66,378 |

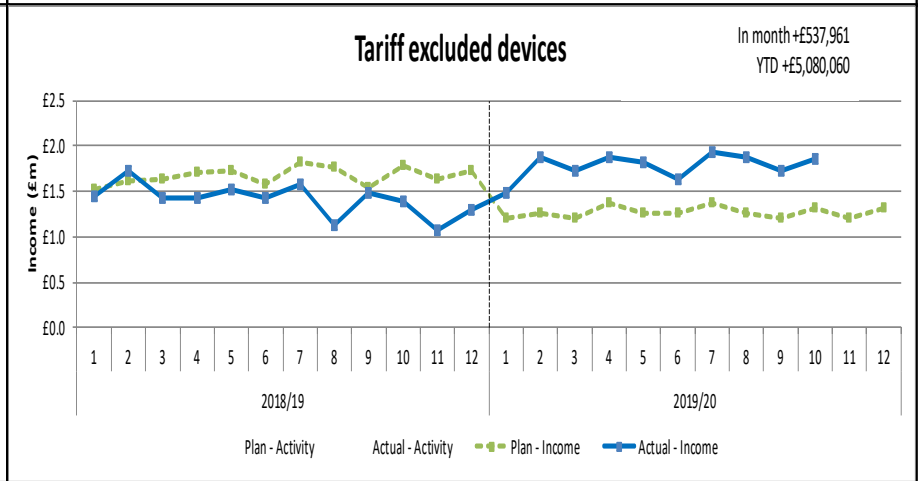
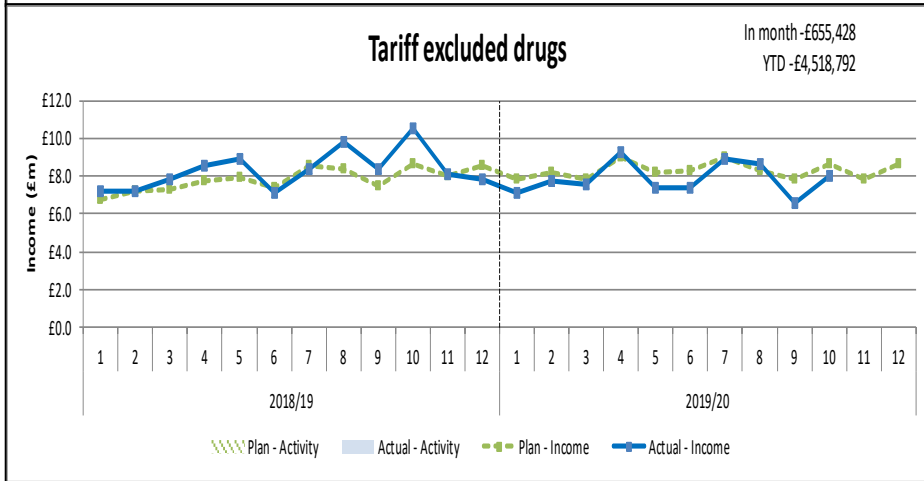
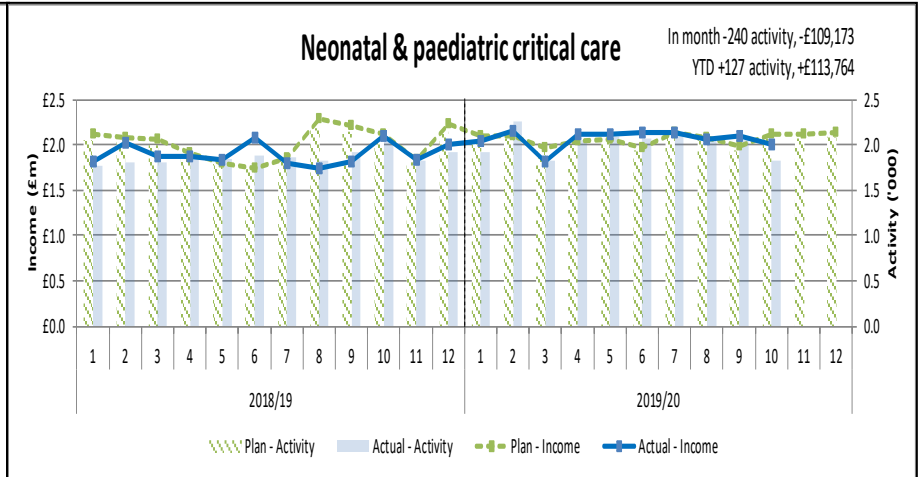
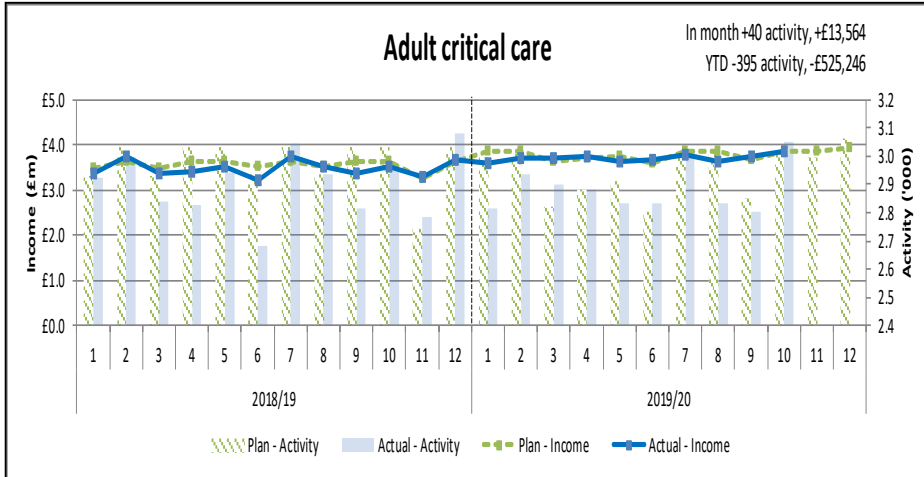


Clinical Income



Note: A&E includes impact of Children's ED pathway change from M7

Clinical Income



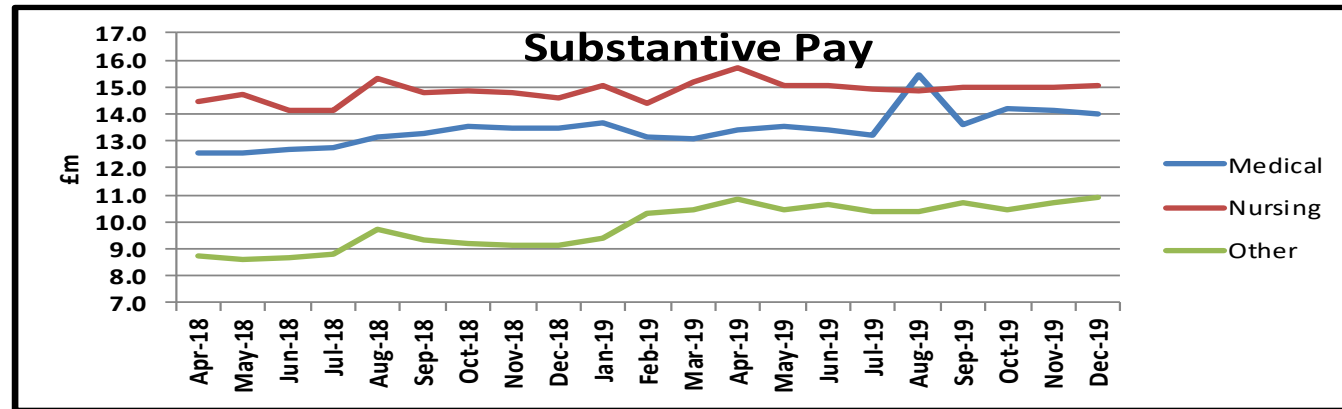
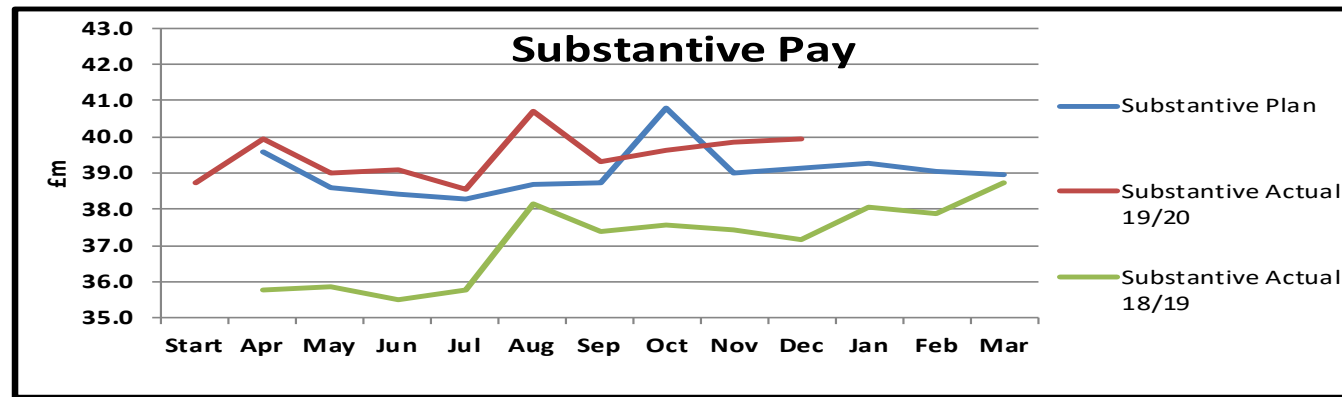
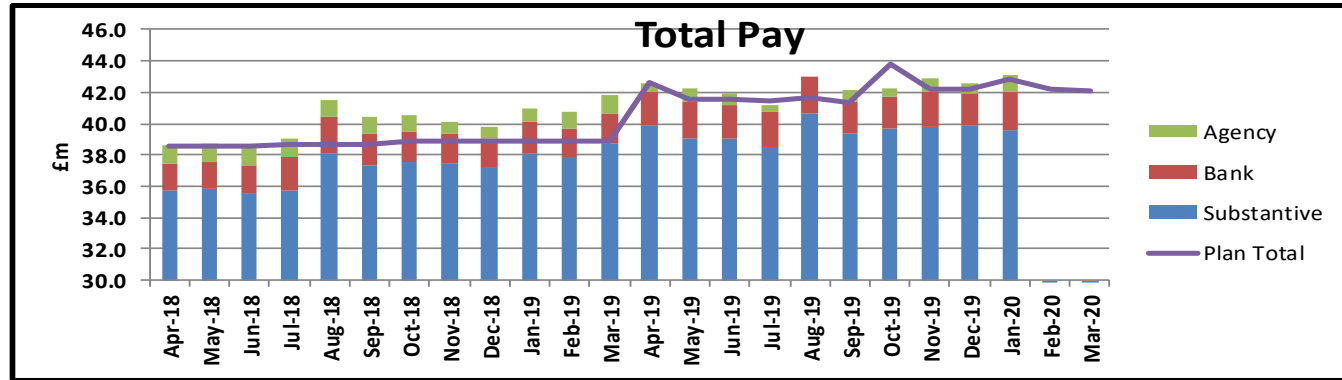
Substantive Pay Costs

Total pay expenditure in January 2020 was £43.1m, £0.5m more than that spent in December 2019 however, some £0.3m relates to x2 B/H days paid in January 2020. The average for 2019/20 is £42.4m after adjusting for one-offs.

Pay spend in the month includes winter pressures initiatives where an additional 32 beds were opened and other beds switched for 24/7 inpatient use. This accounts for approx. £0.3m of additional nursing expenditure in the month although the impact was in bank & agency mainly.

Included within substantive pay in January 2020 was an additional 25 overseas nurse recruits.

Recruitment Control Panel (RCP) is still meeting weekly to validate new and replacement posts.



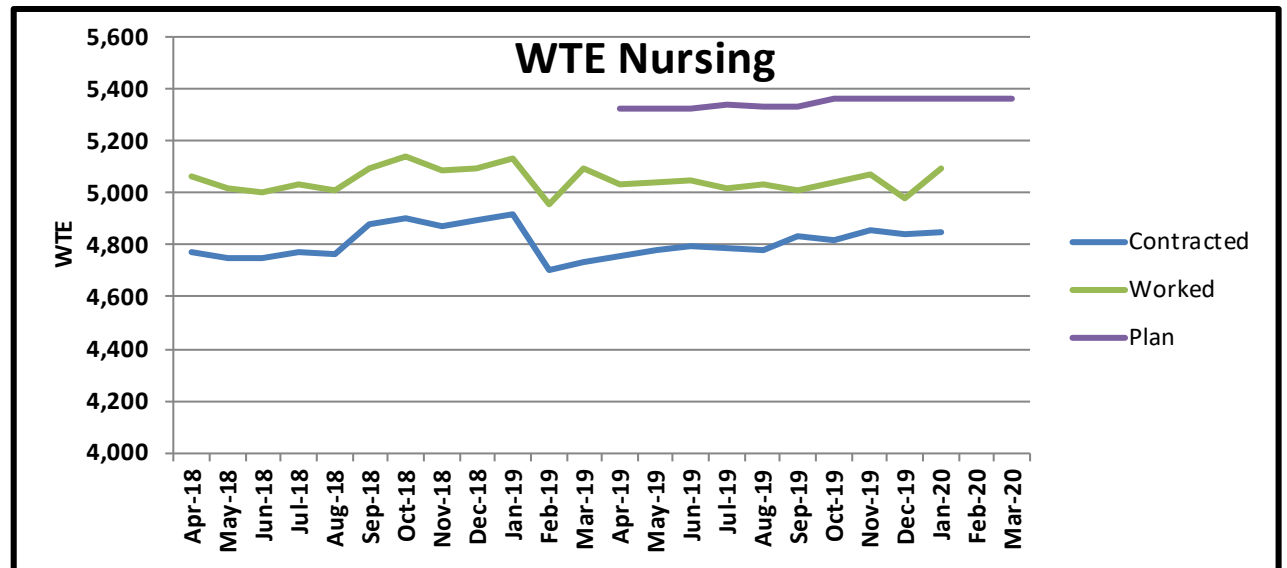
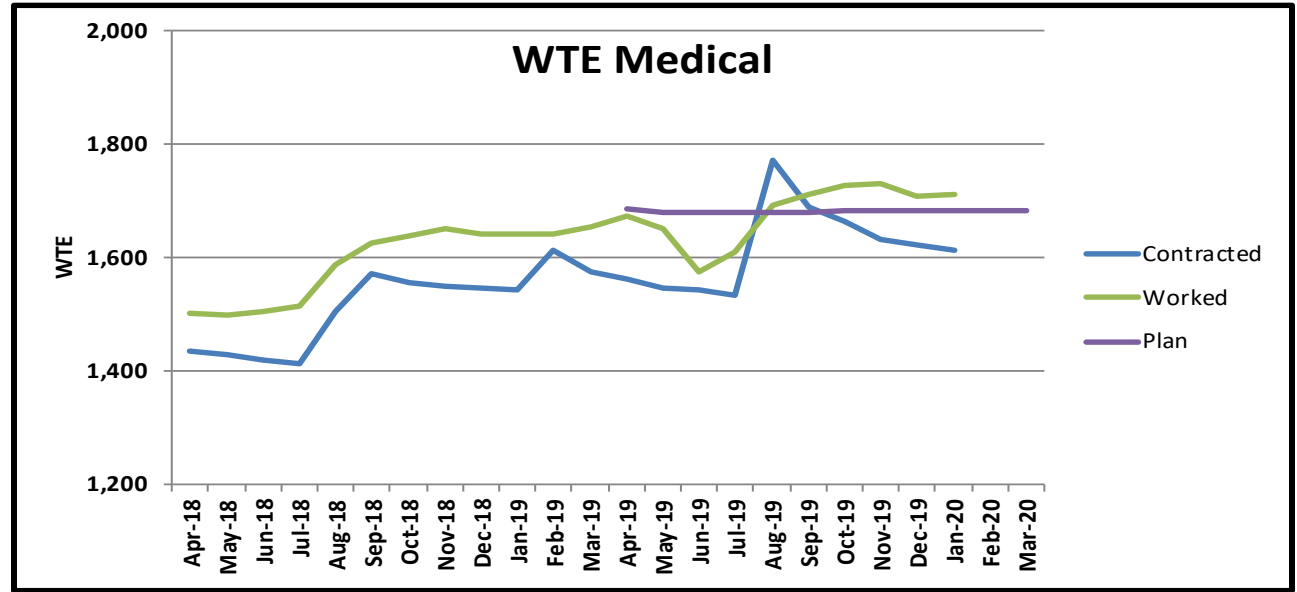
WTE Information

WTE information presented focuses on total medical and nursing registered and unregistered.

The information compares plan vs worked and contracted.

Highlights:

- 1) Plan for both medical & nursing is flat.
- 2) Overall medics highlight a vacancy position of 70wtes when comparing Plan to contracted numbers although recognise this masks position on junior doctors vs consultants.
- 3) Nursing numbers did change slightly with vacancies reducing by approx. 15wtes to 514wte. This number will have reduced by the 25 overseas recruits starting in January 2020 offset by the additional inpatient beds opening as per the Winter Plan.



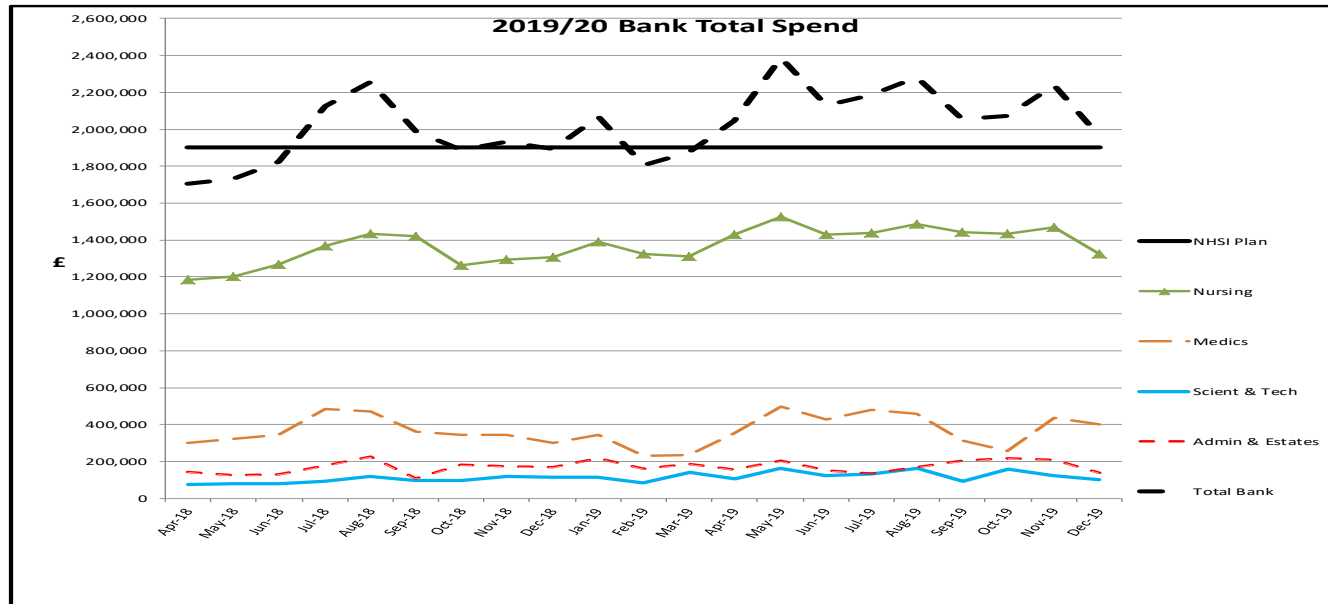
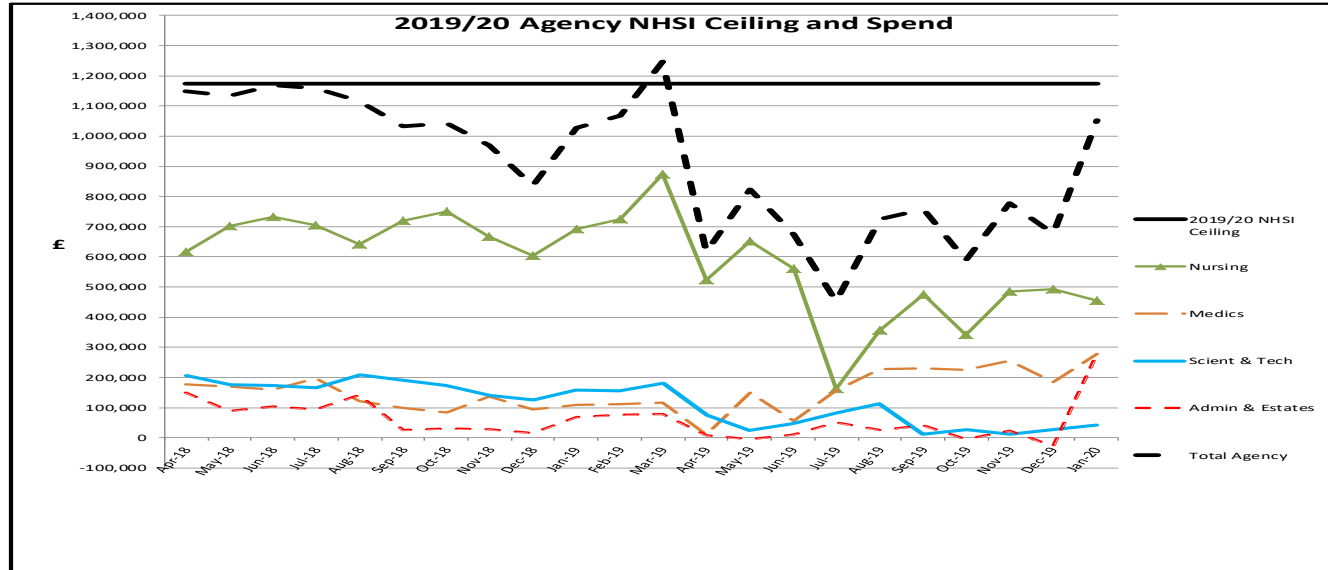
Temporary Staff Costs

Overall agency spend in January 2020 was £1m, £0.3m higher when compared to December 2020.

Expenditure on Thornbury reduced by £5k in January 2020 at £59k. This compares to £64k spent in January 2019.

Expenditure on bank staff was £2.4m in January 2020, some £0.4m more than December 2019 and back on par with that spent in November 2019.

In overall terms, expenditure on flexible staffing was £0.7m more than December 2019 and £0.2m more than Plan. The spike in Admin & Estates agency expenditure shown in the graph relates R&D expenditure offset by income.



Cost Improvement Programme

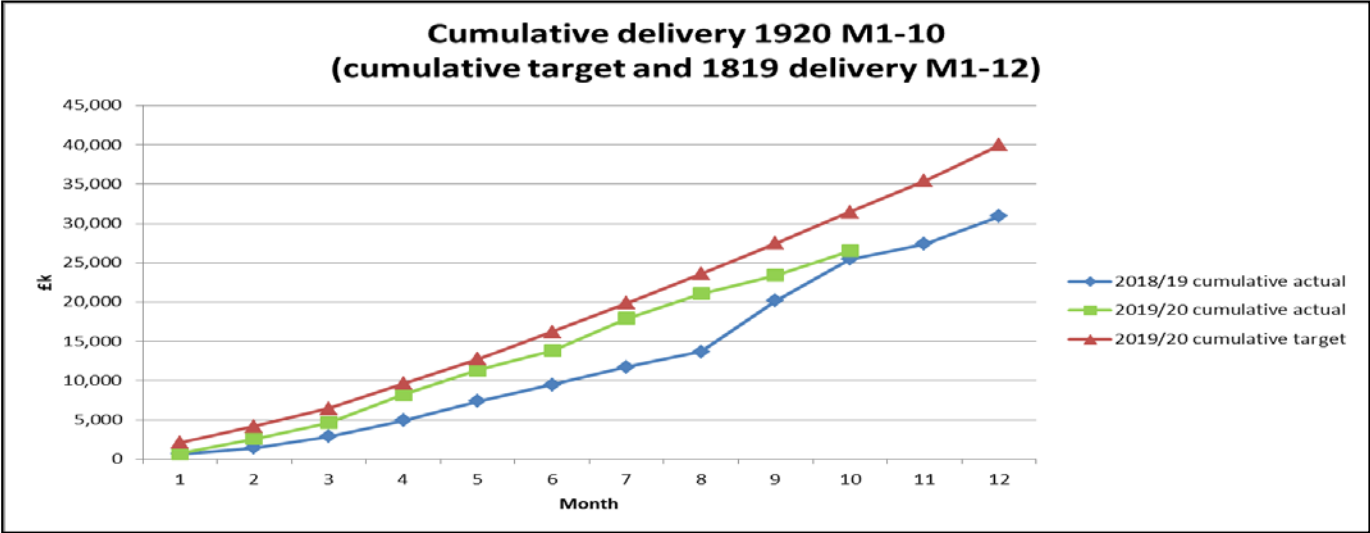
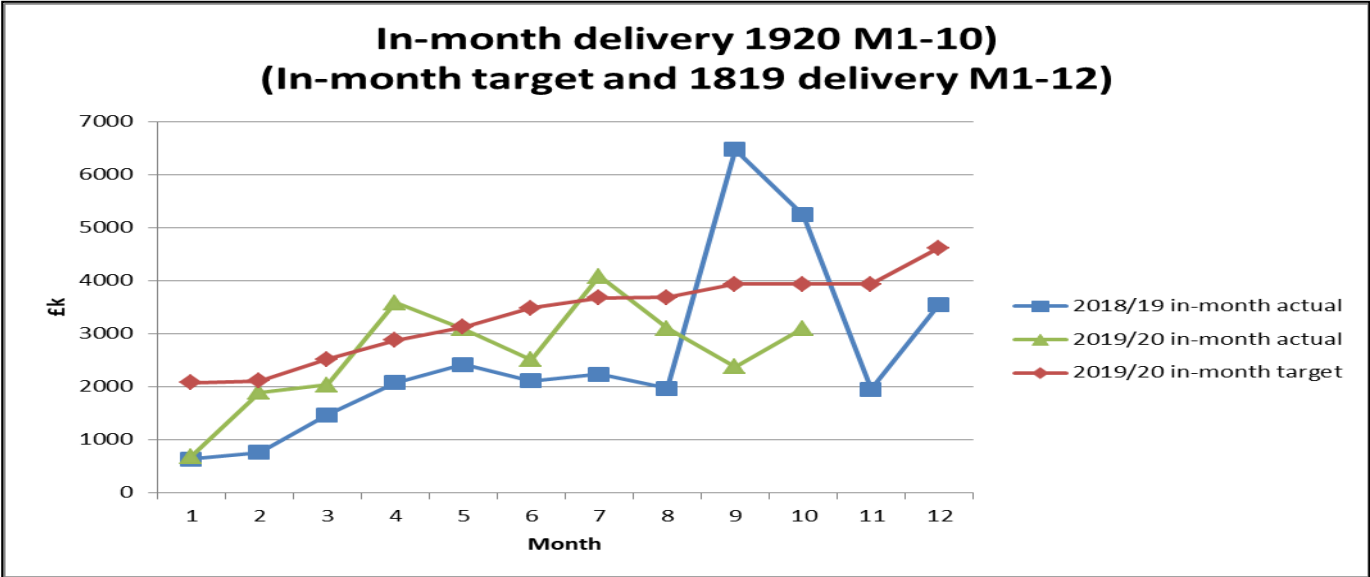
CIP delivery in January 2020 was £3.1m against a Plan of £3.9m.

Income CIP scheme award rose from M9 although was predicted to be higher still based on current levels of identification. This is due to lower than expected clinical income in January 2020 linked to over 80% of black & red alert the Trust encountered in January 2020.

Year to date the Trust is £4.9m behind Plan for 2019/20.

Fortnightly CIP run rate meetings will still focus on the income & expenditure position of each Division vs Plan, and also CIP performance at Care Group level.

Going forward Care Groups continue to be asked to highlight risks and any mitigations to discuss at the CIP meetings with Execs to firm up the delivery for 2019/20.



Cost Improvement Programme

The Trust has identified CIP of £40.1m (a reduction of £1.7m from M9) vs £40m target.

Of the total identified, £27.8m/69% is planned to be recurrent and £12.3m/31% non-recurrent. When the full year effect (FYE) of schemes is applied (approx. £3.4m) the expected roll-forward CIP delivery for 19/20 is £25.2m which excludes current red rated schemes.

Focus in the next 4 weeks is on:

- Ensuring delivery of identified schemes to avoid any slippage
- Reviewing non-recurrent schemes for opportunities to make recurrent
- Continuing to discuss risks and mitigations of any identified schemes.
- Identification of schemes for 2020/21.

This table outlines the main themes of identified CIP to date. Length of stay schemes will either result in expenditure reductions through closing beds or increases in income from utilising spare beds.

| Division | CIP Target £k | Identified CIP £k | Gap £k | Identification % of target | Red £k | Identification exc. Red £k | Identification exc. red % |
|--|------------------|----------------------|----------------|-------------------------------|--------------|-------------------------------|------------------------------|
| Division A | 8,998 | 8,860 | 138 | 98% | 1,487 | 7,373 | 82% |
| Division B | 7,954 | 6,364 | 1,590 | 80% | 765 | 5,599 | 70% |
| Division C | 6,569 | 7,465 | (896) | 114% | 2,725 | 4,740 | 72% |
| Division D | 8,428 | 10,377 | (1,949) | 123% | 694 | 9,683 | 115% |
| Total Clinical Services | 31,949 | 33,066 | (1,117) | 103% | 5,671 | 27,395 | 86% |
| Chief Finance Officer | 377 | 809 | (432) | 215% | 0 | 809 | 215% |
| Estates Facilities & Capital Development | 1,892 | 2,137 | (245) | 113% | 0 | 2,137 | 113% |
| Transformation | 163 | 168 | (5) | 103% | 0 | 168 | 103% |
| Chief Operating Officer | 379 | 248 | 131 | 65% | 0 | 248 | 65% |
| Human Resources | 312 | 410 | (98) | 131% | 50 | 360 | 115% |
| Informatics | 453 | 218 | 235 | 48% | 0 | 218 | 48% |
| Clinical Governance | 173 | 112 | 61 | 65% | 0 | 112 | 65% |
| Training, Development & Workforce | 248 | 241 | 7 | 97% | 0 | 241 | 97% |
| Chief Executive | 54 | 25 | 29 | 46% | 0 | 25 | 46% |
| Trust HQ Total | 4,051 | 4,368 | (317) | 108% | 50 | 4,318 | 107% |
| Central Schemes | 4,000 | 2,651 | 1,349 | 66% | 1,090 | 1,561 | 39% |
| UHS Total | 40,000 | 40,085 | (85) | 100% | 6,811 | 33,274 | 83% |

| | Workforce | Length of stay | NHS income | Other income | Non Pay | Total |
|---------------------------|--------------|----------------|---------------|-----------------|--------------|---------------|
| Trust total identified £k | 7,021 | 3,835 | 16,875 | 4,782 | 7,572 | 40,085 |
| Recurrent £k | 1,184 | 3,835 | 15,571 | 2,200 | 4,964 | 27,754 |
| Recurrent % | 17% | 100% | 92% | 46% | 66% | 69% |
| Non Recurrent £k | 5,837 | 0 | 1,304 | 2,582 | 2,608 | 12,331 |
| Non Recurrent % | 83% | 0% | 8% | 54% | 34% | 31% |

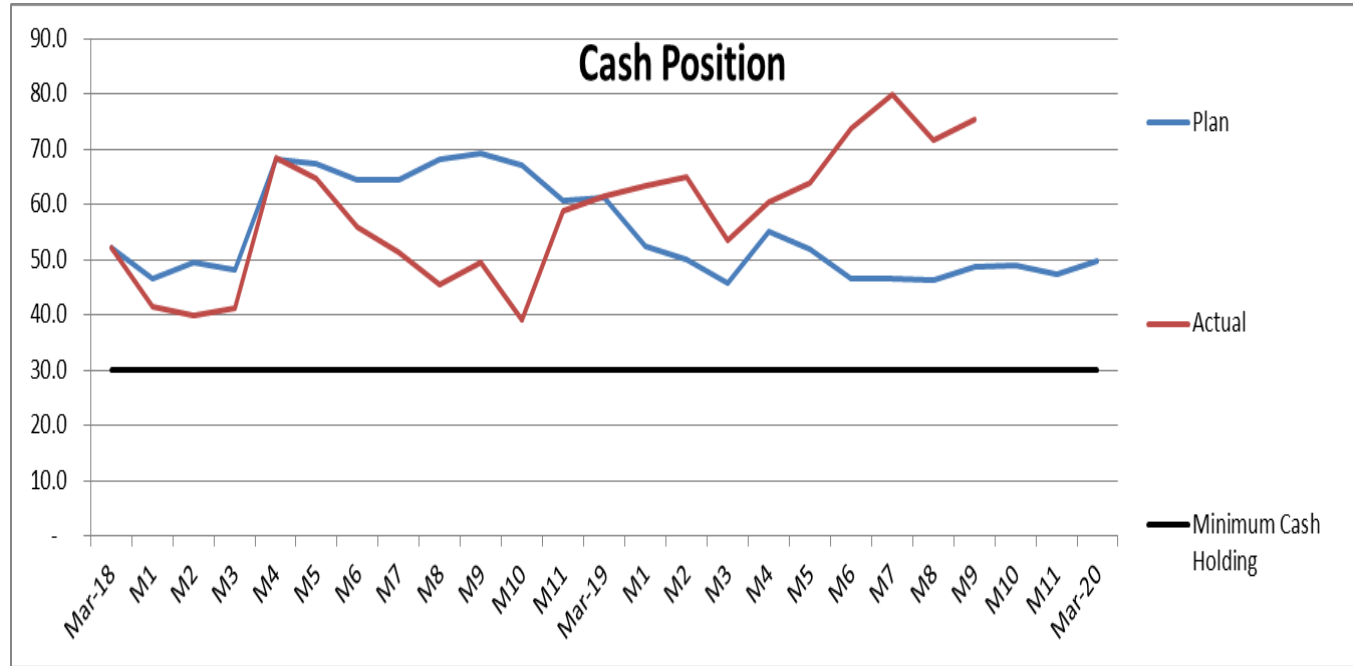
Cash

The cash balance was £85.2m at the end of January 2020, £36.8m above Plan. This is primarily due to:

- 1) Working capital position better than plan by circa £19m. The Accounts Receivable position is better than Plan due to improvements in negotiated payment arrangements with Commissioners. NHS England settled a large over-performance invoice in month 10.
- 2) Year-end cash position from 18/19 finishing above the level assumed at the point the Plan was set (circa £3m).
- 3) Receipt of PSF bonuses for 18/19 £9.5m in excess of the level assumed in the Plan.
- 4) Net spend on property, plant and equipment (through capital expenditure and lease interest and principal payments) £9m less than Plan.

The latest cash forecast is currently being reviewed to inform our 2020/21 plan and capital prioritisation process.

We are anticipating increased capital expenditure in M11 and M12; however we are also anticipating large capital cash receipts from central funding.



Capital Expenditure

(Fav Variance) / Adv Variance

| Scheme | Month | | | Year to Date | | | Full Year | | | | To Do | Realistic Forecast | Movement |
|---------------------------------------|----------------|------------------|---------------|----------------|------------------|---------------|-------------------------|------------------------|---------------------------|--------------------|---------------|--------------------|----------------|
| | Plan £000's | Actual £000's | Var £000's | Plan £000's | Actual £000's | Var £000's | Original Plan £000's | Revised Plan £000's | Latest Forecast £000's | Variance £000's | | | |
| Childrens Hospital | 100 | (108) | 208 | 1,033 | 506 | 527 | 1,893 | 1,196 | 559 | 637 | 53 | 559 | 0 |
| ED Adult Resus | 200 | 278 | (78) | 1,175 | 848 | 327 | 1,509 | 1,501 | 1,086 | 415 | 238 | 586 | (500) |
| IT Schemes | 525 | 406 | 119 | 6,068 | 5,050 | 1,018 | 11,872 | 7,246 | 6,430 | 816 | 1,380 | 6,430 | 0 |
| Strategic Maintenance | 350 | 235 | 115 | 3,504 | 2,951 | 553 | 4,000 | 4,000 | 3,970 | 30 | 1,019 | 3,970 | 0 |
| Medical Equipment Panel | 80 | 1,220 | (1,140) | 1,602 | 1,988 | (386) | 2,100 | 2,100 | 2,100 | 0 | 112 | 1,850 | (250) |
| GICU Expansion | 1,580 | 1,086 | 494 | 7,502 | 5,965 | 1,537 | 13,614 | 12,122 | 9,549 | 2,573 | 3,584 | 8,549 | (1,000) |
| Refurbish Eye Theatre | 20 | 0 | 20 | 60 | 22 | 38 | 1,177 | 60 | 65 | (5) | 43 | 65 | 0 |
| Energy Efficiency | 250 | 266 | (16) | 1,200 | 878 | 322 | 2,223 | 1,473 | 1,667 | (194) | 789 | 1,667 | 0 |
| New Theatres E level | 200 | 32 | 168 | 3,236 | 1,603 | 1,633 | 3,637 | 3,236 | 3,600 | (364) | 1,997 | 3,600 | 0 |
| Urology Day Unit | 0 | 41 | (41) | 2,177 | 1,898 | 279 | 2,173 | 2,177 | 2,047 | 130 | 149 | 1,898 | (149) |
| Steam Project | 0 | 0 | (0) | 103 | 119 | (16) | 2,126 | 103 | 611 | (508) | 492 | 611 | 0 |
| Princess Anne Theatre Ventilation | 14 | (173) | 187 | 355 | 355 | (0) | 580 | 355 | 355 | 0 | (0) | 355 | 0 |
| Spend to Save | 155 | 59 | 96 | 525 | 319 | 206 | 1,104 | 847 | 479 | 368 | 160 | 479 | 0 |
| Radiotherapy Equipment | 0 | 8 | (8) | 834 | 760 | 74 | 658 | 834 | 921 | (87) | 161 | 760 | (161) |
| Divisional / Donated Equipment | 150 | 199 | (49) | 962 | 628 | 334 | 1,350 | 1,350 | 1,373 | (23) | 745 | 973 | (400) |
| Decorative Improvements / Staff Fund | 80 | 91 | (11) | 581 | 210 | 371 | 625 | 741 | 359 | 382 | 149 | 359 | 0 |
| Other Projects | 45 | 238 | (193) | 3,628 | 4,288 | (660) | 6,006 | 4,472 | 5,073 | (601) | 785 | 4,873 | (200) |
| ED offices and minors space | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 600 | (600) | 600 | 600 | 0 |
| CT, MR & Mammography | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 592 | (592) | 592 | 592 | 0 |
| Endoscopy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 600 | (600) | 600 | 600 | 0 |
| Capital Mitigations / Brought Forward | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,379 | (3,379) | 3,379 | 3,379 | 0 |
| Total Excluding Finance Leases | 3,749 | 3,878 | (129) | 34,545 | 28,389 | 6,156 | 56,647 | 43,813 | 45,415 | (1,602) | 17,026 | 42,755 | (2,660) |
| Finance Leases-ISS | 407 | 1,145 | (738) | 4,067 | 3,603 | 464 | 5,815 | 4,880 | 4,158 | 722 | 555 | 3,603 | (555) |
| Finance Leases-Other | 286 | (73) | 359 | 2,861 | 3,062 | (201) | 2,000 | 3,433 | 4,511 | (1,078) | 1,449 | 4,011 | (500) |
| Total Capital Expenditure | 4,442 | 4,950 | (508) | 41,473 | 35,054 | 6,419 | 64,462 | 52,126 | 54,084 | (1,958) | 19,030 | 50,369 | (3,715) |
| Donated Asset Additions | (263) | (231) | (32) | (2,630) | (2,598) | (32) | (3,043) | (2,796) | (2,770) | (26) | (172) | (2,770) | 0 |
| Total Net CDEL Expenditure | 4,179 | 4,719 | (540) | 38,843 | 32,456 | 6,387 | 61,419 | 49,330 | 51,314 | (1,984) | 18,858 | 47,599 | (3,715) |
| Memo: | | | | | | | | | | | | | |
| Internal Funding | | | | | | | | 31,738 | 32,075 | (337) | | | |
| External Funding | | | | | | | | 12,075 | 13,340 | (1,265) | | | |
| Total | | | | | | | | 43,813 | 45,415 | (1,602) | | | |

Capital Expenditure was £0.5m ahead of plan in month although is still £6.4m behind plan YTD. £18.9m of capital expenditure is required in February 2020 and March 2020 in order to achieve the forecast which is shown in the column labelled 'To Do'. Much of this is linked to a significant acceleration in several key schemes such as GICU with £3.6m expenditure in months 11 and 12 and E level theatre with £2m of predominantly equipment to be delivered. In addition to this there is £4.6m of capital equipment that has either been centrally funded (£1.2m for a CT scanner and endoscopy) or brought forward from 2020/21 (£3.4m).

There is however risk that spend will not be as high as forecast and this is assessed as £3.7m of potential slippage shown in the final column. Spend will be closely monitored over the remainder of the year in order to try and achieve the forecast capital spend.

Statement of Financial Position

(Fav Variance) / Adv Variance

The Fixed Assets position is behind plan due to slippage in the capital programme from the original plan.

The working capital position continues to be monitored. The receivables position has improved significantly from 2018/19. However, the payables position remains at similar levels to 2018/19, which is higher than planned. Work is on-going to reduce the payables balance.

| Statement of Financial Position | 2018/19 Actuals £m | 2019/20 | | | |
|---------------------------------|--------------------------|-------------------|------------------|------------------|-------------------------|
| | | YTD Plan £m | YTD Act £m | YTD Var £m | Full Year Plan £m |
| Fixed Assets | 372.4 | 394.7 | 379.9 | (14.8) | 403.7 |
| Inventories | 16.5 | 16.2 | 14.7 | (1.5) | 16.2 |
| Receivables | 105.9 | 77.0 | 82.6 | 5.6 | 75.5 |
| Cash | 61.5 | 49.1 | 85.2 | 36.1 | 49.8 |
| Payables | (110.5) | (85.6) | (111.8) | (26.3) | (82.7) |
| Current Loan | (3.3) | (4.6) | (3.4) | 1.1 | (4.6) |
| Current PFI and Leases | (7.0) | (4.4) | (7.3) | (2.9) | (4.4) |
| Net Assets | 435.6 | 442.4 | 439.8 | (2.6) | 453.5 |
| Non Current Liabilities | (18.2) | (18.3) | (17.2) | 1.1 | (18.3) |
| Non Current Loan | (14.6) | (12.5) | (11.9) | 0.7 | (12.0) |
| Non Current PFI and Leases | (33.0) | (34.4) | (32.2) | 2.3 | (34.6) |
| Total Assets Employed | 369.8 | 377.2 | 378.6 | 1.4 | 388.7 |
| Public Dividend Capital | 211.0 | 222.0 | 211.0 | (11.1) | 223.7 |
| Retained Earnings | 125.0 | 129.7 | 133.7 | 4.1 | 139.5 |
| Revaluation Reserve | 33.8 | 25.5 | 33.8 | 8.4 | 25.5 |
| Other Reserves | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total Taxpayers' Equity | 369.8 | 377.2 | 378.6 | 1.4 | 388.7 |

Integrated Performance Report 2019/20 Month 10

Integrated KPI Board Report Digest

Improving patient Journeys

January was a challenging month for UHS across both the elective and non-elective pathways. High non-elective demand and emergency department attendances put pressure on the Trust. However, this was somewhat mitigated by the additional beds opened as part of the Trust's winter plan.

Delayed transfers of care dropped slightly in January to 7.0% against a target of 3.5%. We have continued to work closely with system partners and we are working together to ensure we have additional capacity in the winter months. The wider system has put in 15 additional beds, as well as a home care service, and UHS opened the second tranche of winter beds, the Surgical Day Unit (a 20 bedded medical ward).

The COO team have started to work with the Integrated Discharge Bureau to improve the escalation framework for DTOCs, and are also convening a summit with the system to look at what more can be done, including how risk is more appropriately spread across the system at times of heightened pressure. Southampton City Council are also having an external review by the Local Government Association Better Care Fund in March / April, which will hopefully also include Hampshire.

Adult bed occupancy last year was 95.52%, this year it was 92.2% in December. However, January's occupancy has increased to >96%. We have had a 7.1% growth in emergency attendances and a 3.0% increase in non-elective spells (year to date). The Always Improving Inpatients project continued in January. It has been positively received by teams and started to potentially show some early signs of progress.

ED performance dropped in January for UHS to 76.3%. For the month, type 1 performance in January was 75.6% and we ranked 6th of 8 Major Trauma Centre peers (8th being worst). Local delivery system performance was at 85.4% in January against a local target of 90.0%. The key issues remain the same, poor bed flow (particularly for medicine and medicine for older people) and internal processing and capacity within the Emergency Department.

A new clinically led action plan has been completed. While performance obviously remains important, the current overcrowding within the department, patient experience and outcomes are the driving factor in our improvements.

The key improvements focus on:

- Internal processing and standardisation within the Emergency Department
- Pull from receiving specialties (including developing new pathways, e.g. for #NOF)
- The potential to expand SDEC
- A longer term strategy on the future of the Emergency Department, including the estates (and the Emergency Village)
- What more the system can do to reduce attendances and improve discharges
- Mental Health
- Introduction of the ED huddle
- Standardisation of role (particularly for the nurse and consultant in charge)

To support this work PWC have commenced a project in ED.

The percentage of patients on an open referral to treatment pathway (waiting list) who had waited less than 18 weeks for January was 78.82%.

The overall waiting list decreased in size by 332 patients but the number of patients over 18 weeks rose by 167.

Capacity in OPs and theatres was reduced due to bank holidays and as detailed in the winter plan, the surgical day unit reverted to a medical IP ward in mid-January and as a result elective admissions & returns from theatre have been capped.

John Atwell ward, OP clinic rooms in West Wing, Radiology day case and the Neurology admissions unit are all being used as mitigation to maintain theatre through put.

52 week breaches

- In January 27 patients had not received a definitive treatment within 52 weeks.
- The Trust has committed to delivering 0 52 week breaches by the end of March 2020.
- The main areas of concern remain ENT, benign urology and paediatric orthopaedics. There are specific plans in place for these specialties including the use of private capacity and in sourcing at UHS .

Care groups with lower volumes continue to closely monitor all long waiting patients

Diagnostics 6 week diagnostic performance did not achieve the target delivering 96.49% against a target of 98% locally & 99% nationally.

Cancer

- 62 day cancer metric for continues to improve with December closing at 81.8% and increase of 5.5% over November.
- 31 day metric for December 85.9 %
- 2 week GP referral cancer waiting time performance remains high, achieving target for the 10th month in a row.

The NHSI team continue to work with the five large tumour groups and with endoscopy and radiology. This work will support the development of targeted action plans based on validated information and real patient pathways.

Delivering value based health and care

The Reference Cost Index (RCI) is a measure of relative efficiency within NHS providers. An RCI of 100 indicates costs are in line with the national average, below 100 indicates costs are below the national average. UHS had an RCI of 98 in 2016/17 and 96 in 2017/18 i.e. in 2017/18 UHS was 4% (£27m) more cost efficient than the average NHS Trust.

Cost per Weighted Activity Unit (WAU) is the headline productivity metric used within the Model Hospital. Costs are adjusted for local variations in the cost of providing healthcare using the Market Forces Factor (MFF). In 2017/18 UHS cost per WAU was £3,358 which is in quartile 1 (the lowest 25% in the nation), the national median for 2017/18 was £3,486.

The Model hospital in association with the GIRFT team has now published up to date clinical metrics for 7 surgical Specialties, these will be updated at regular intervals in the year for trust to monitor and review.

Getting it right first time (GIRFT) is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations. At UHS 21 out of 33 clinical specialties has been visited. With 19 of these now having a clinically lead quality improvement and specialty lead investigation programmes agreed with the GIRFT central team.

The latest national data (November 2019) showed a median CHPPD for similar size (clinical output) trusts as 5.3 for registered nurses and 8.7 overall, UHS was at 5.6 and 8.9 respectively that month.

Supporting healthy lives

C.difficile case were on limited in January with 6 cases against a limit of 6. We are above the limit of cases to date with 55 cases against a year to date limit of 52.

In January there were 4 medication error reports involving moderate harm. The first related to a patient transferred from ITU to F11 they were not switched to the correct thromboprophylaxis and suffered a brachial DVT. The second related to a patient receiving picolax in preparation for a colonoscopy which did not take place, there was a breakdown in the communication which is under investigation. The third incident related to a patient identified as not having their oxygen connected properly. Their low sats responded immediately to oxygen. The fourth incident has

only recently been reported and seems to involve a patient requiring naloxone but did not have IV access. This is under review by the medication safety team.

Patients screened for risky behaviours in December (alcohol consumption and smoking) remain stable well above target (currently 99% against a target >80%). Of those found to have moderate or high alcohol dependence 86% were given relevant advice or a referral to specialist services in December, this performance is stable not achieving the target 90% (last achieved December 2018). Of those found to smoke who were given advice or offered medication performance in December was 97%, above the target 90%.

Building an expert and inclusive workforce

In UHS ward-based areas, total nursing staff vacancies have increased by 0.53% since last month. Registered nurse vacancies in ward-based areas have also increased this month (by 0.39% since last month). These changes are due to promotion of RNs, relocation of staff and reduction in contracted hours mainly following return from maternity leave, however to offset this 13 Overseas nurses have acquired their registration with the NMC.

The total CHPPD rate in the SGH has decreased from last month to RN 5.6 (previously 5.7), HCA 3.4 (previously 3.5) overall 9.0 (previously 9.2).

The CHPPD for ward based areas (excluding Critical care units) in the Trust has decreased from last month to RN 4.1 (previously 4.2) HCA 3.4 (previously 3.5) overall 7.6 (previously 7.7)

This month staffing remains amber overall because some key targets have been missed for staff turnover and appraisals. This month vacancy and CHPPD have both been affected by the additional staff demand following the opening of the two winter pressure wards. Sickness absences rates have seen a small dip however remain over target. UHS has seen improvements in rates of employment for BAME Band 7+ to 9%. Additionally, the position for the following is stable: statutory and mandatory training compliance (with 7 of 12 measures meeting target).

Being agile in meeting people's needs

Estates helpdesk requests completed on time did not achieve target in January continuing a downward trend (11th month in a row), currently at 74.1%. Unresolved help desk requests remain below target but continue an upward trend, in January we had 926 against a target <1000. Unresolved requests over 30 days increased to 378 against the target <200. Percentage defect work orders completed on time did not meet target in January at 80.8% against a target of >85%. Statutory and mandatory maintenance did achieve target in January but note a drop in performance since July indicated by 7 months below the 24 month rolling average performance.

eQuest showed continued increases in requesting reflecting changes implemented in theatres. A slight decline in acknowledgement is currently being investigated with pathology.

UHS patient logins to My Medical Record increased in January to 6819. Cumulative patient registrations is at 24,318. The plan is to increase to 100,000 registrations by the end of this year. At the current rate of increase this will not be achieved. Mr Dave Berry, Chair of the MyMR steering group, will review this and a new MyMR strategy is being developed.

Leading edge research, education and innovation

In Q3 2019/20 UHS was ranked 9th for non-weighted and 6th for weighted CRN recruitment against a target of being in the top 10 and top 5 respectively. Whilst we are still meeting target for non-weighted recruitment in terms of ranking our performance against our NIHR CRN target is significantly down, largely due to one large musculoskeletal study (5k participants) unlikely to hit target but also impacted by capacity constraints within clinical trials pharmacy. Our weighted recruitment is currently not meeting target, and again is also down against our NIHR CRN target which reflects in part that many of our more complex interventional clinical trials have been impacted by the capacity constraints within clinical trials pharmacy (see below for how these have been addressed)

In Q3 UHS are currently ranked 13th for contract commercial study recruitment, which whilst an improvement against previous recent performance (up from 16th), is still not meeting our target of being in the top 10, so we will continue our specific focus on improving our commercial performance.

Comparative CRN recruitment performance by specialty was on target in Q3 2019/20 with 52% specialties ranking as predicted (in the top 5 or top 10 based on prior performance).

Proportion of commercial studies closing in 18/19 FY on time and to recruitment target ended the year below the 80% target at 71%, however this was an improvement on the 17/18 performance of 57%. In Q3 2019/20 this metric is currently at 65%, and we anticipate a further improvement by year end, with an ambition that we will meet the 80% target.

Proportion of non-commercial studies closing on time and to recruitment target in Q3 is currently at 65% and again we anticipate that this will improve significantly by year end, such that Wessex will meet its 80% target.

Clinical study set up and recruitment (in particular for the commercial portfolio) has been impacted by capacity constraints across the research infrastructure and by pressures within the clinical services, in particular with regards to pharmacy capacity to set up and deliver clinical trials. Capacity constraints within clinical trials pharmacy have been addressed in the longer term by a business case to double staffing levels, which was approved by TIG in November 2020 and the initial round of recruitment has recruited additional pharmacy staff due to start in the new year. In the shorter term the clinical trials pharmacy team have been working closely with the R&D office to streamline processes, and work together against a prioritised pipeline of studies in set up.

The year to date NIHR CRF & BRC publications in 2019/2020 is 329 currently (14.5% less than same time last year), related to a loss of clinical academic staff. This is a major concern for our next BRC and CRF applications and actions are currently in progress that will require Trust support in due course.

Integrated KPI Board Report

covering up to

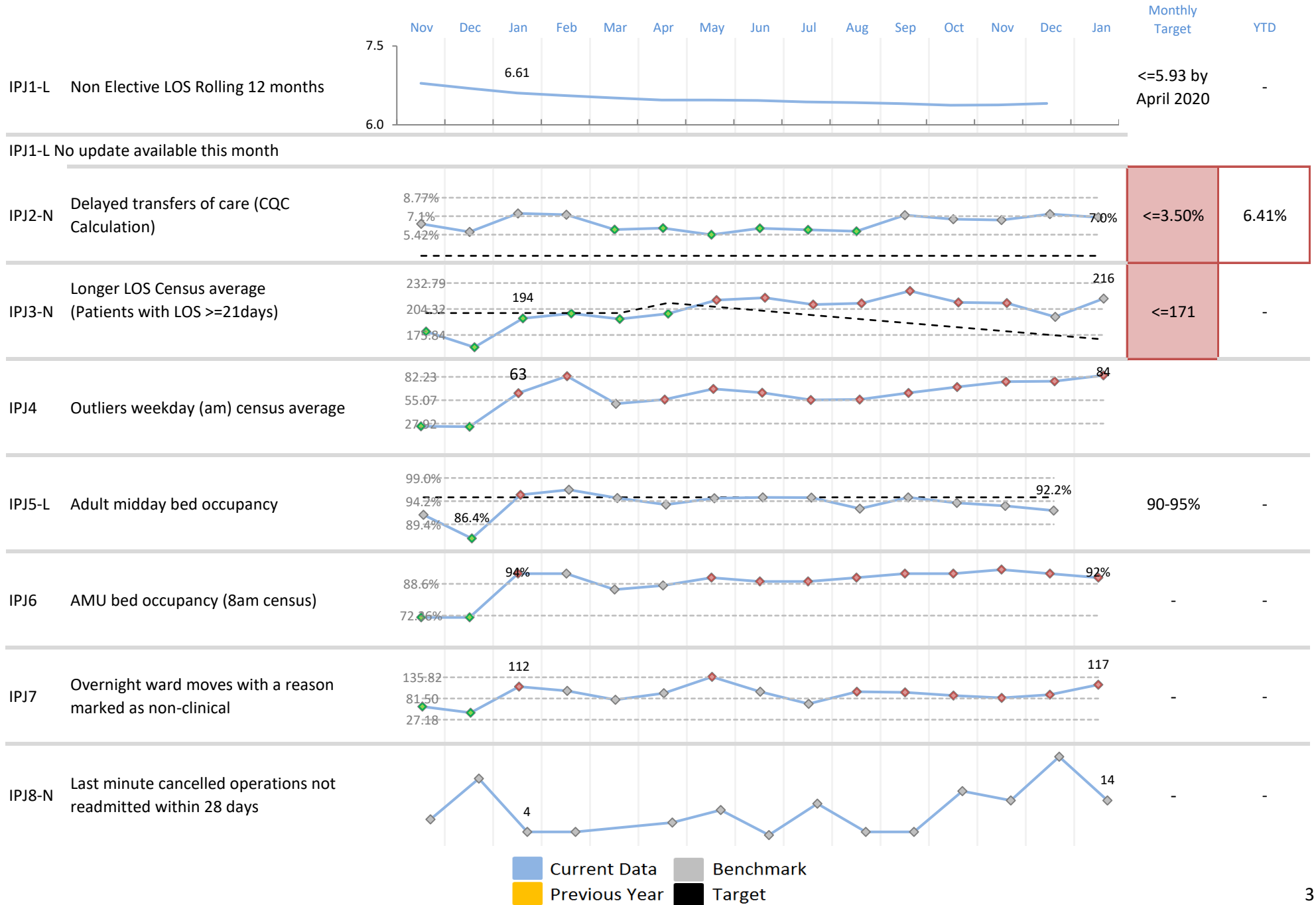
Jan 2020

Executive Sponsor - Jane Hayward, Director of Transformation

Jane.Hayward@uhs.nhs.uk

Report Guide

| Chart Type | Example | Explanation |
|--------------------------------|---------|---|
| Cumulative Column | | A cumulative column chart is used to represent a total count of the variable and shows how the total count increases over time. This example shows quarterly updates. |
| Cumulative Column Year on Year | | A cumulative year on year column chart is used to represent a total count of the variable throughout the year. The variable value is reset to zero at the start of the year because the target for the metric is yearly. |
| Line Benchmarked | | The line benchmarked chart shows our performance compared to the average performance of a peer group. The number at the bottom of the chart shows where we are ranked in the group (1 would mean ranked 1st that month). |
| Line Percentiles | | A line percentiles chart is used to represent the distribution of a variable. The 50th percentile shows the median value, we also show the 5th, 25th (lower quartile), 75th (upper quartile) and 95th centiles. |
| Control Chart | | A control chart shows movement of a variable in relation to its control limits (the 3 lines = Upper control limit, Mean and Lower control limit). When the value shows special variation (not expected) then it is highlighted green (leading to a good outcome) or red (leading to a bad outcome). Values are considered to show special variation if they <ul style="list-style-type: none"> -Go outside control limits -Have 6 points in a row above or below the mean, -Trend for 6 points, -Have 2 out of 3 points past 2/3 of the control limit, -Show a significant movement (greater than the average moving range). |
| Variance from Target | | Variance from target charts are used to show how far away a variable is from its target each month. Green bars represent the value the metric is achieving better than target and the red bars represent the distance a metric is away from achieving its target. |

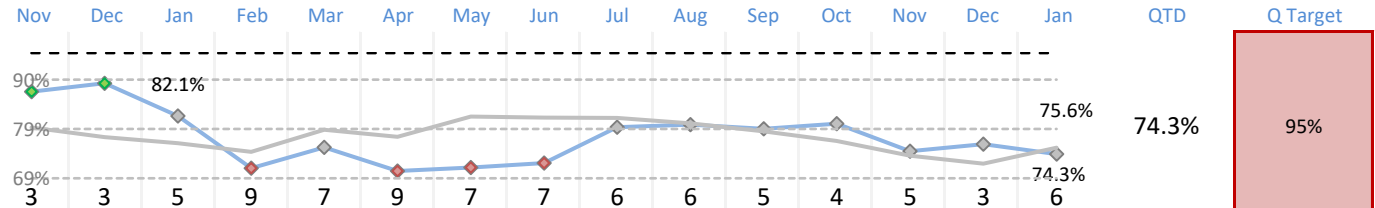


Percentage of patients spending less than 4 hours in ED

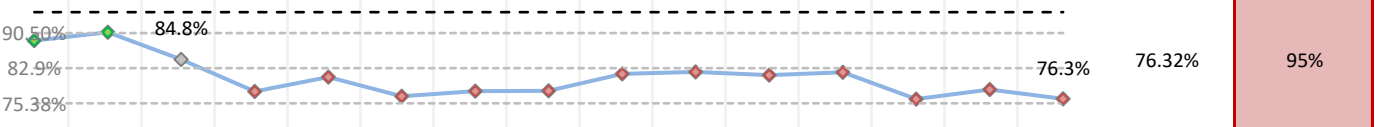
IPJ9-N SGH Main ED (Type 1 and UCH)

Major Trauma Centres (Type 1)

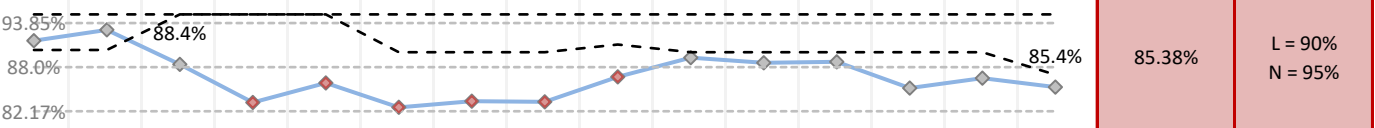
Rank of 11, (8 from May 19 onwards)->



IPJ10-N UHS Total (includes SGH all types and Lynton until Jul 19)



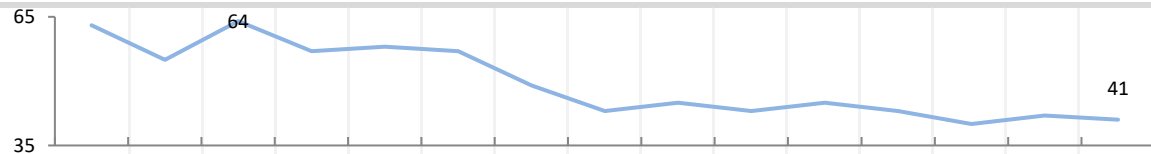
IPJ11-N Local Delivery System L/N



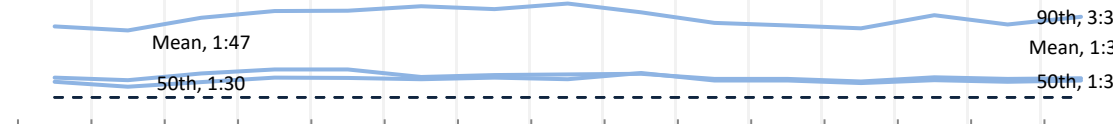
IPJ12 Same Day Emergency Care (SDEC)

Awaiting national data definition

IPJ13-N Time to initial assessment - 95th Centile UHS Total

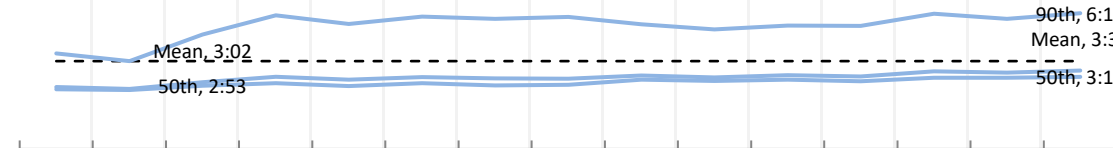


IPJ14-N Time to treatment - Percentiles UHS Total

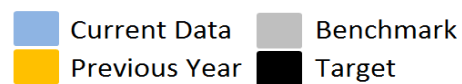
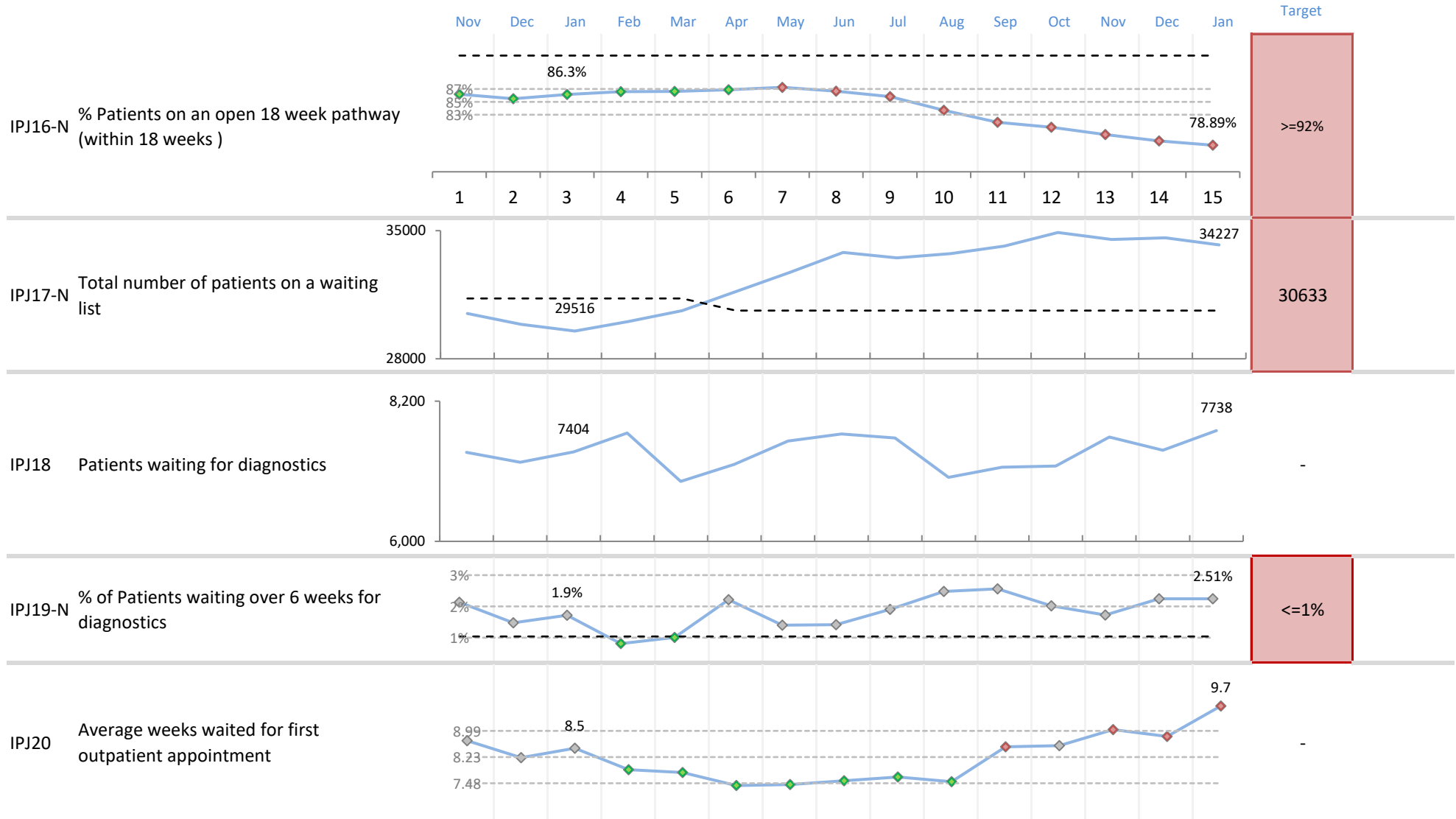


< 1hr for 50th

IPJ15-N Total time spent in ED - Percentiles UHS Total

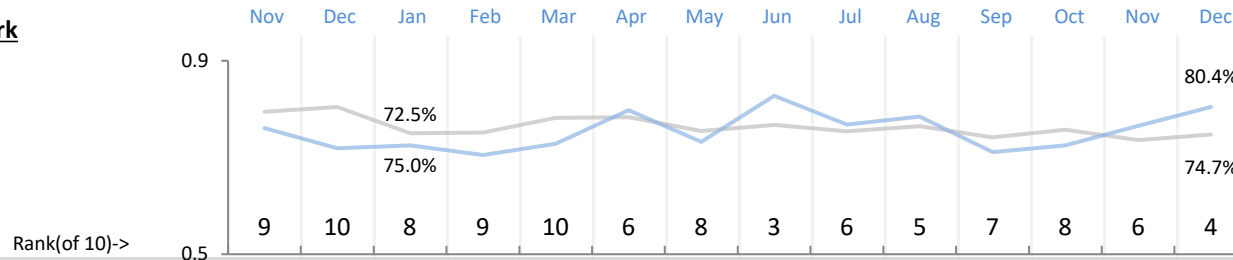


■ Current Data ■ Benchmark
■ Previous Year ■ Target



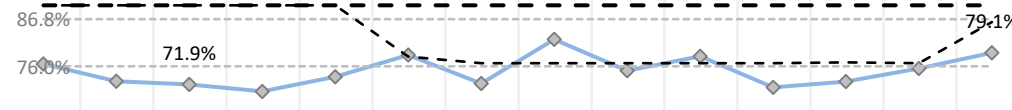
62 Day Performance Benchmark

IPJ21 Teaching Hospitals vs. UHS Total



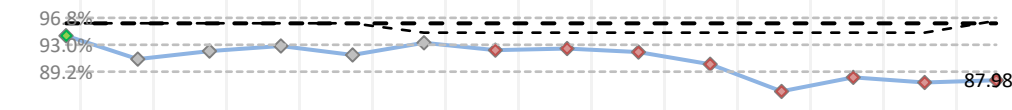
IPJ21 The national average for this metric in November was 81.01% with UHS ranked 87th out of 155 organisations.

IPJ22- NL 62 day cancer wait performance



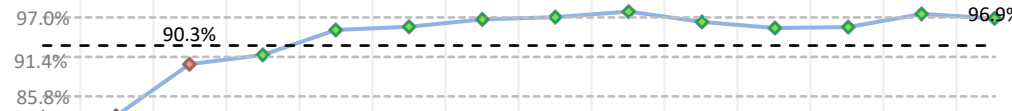
| | | |
|---------|-----------------------|-----|
| N=> 90% | N = 26 L= 2 of 178 | 76% |
| L=> 77% | | |

IPJ23- NL 31 day cancer wait performance



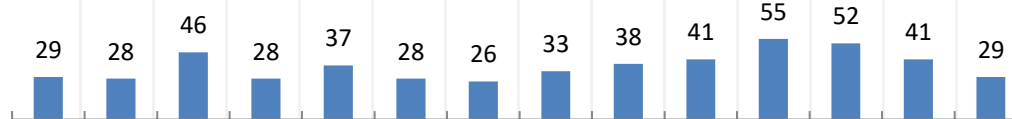
| | | |
|---------|---------------------|-----|
| N=> 96% | N=78 L=66 of 931 | 88% |
| L=> 95% | | |

IPJ24-N Urgent GP referrals seen in 2 weeks



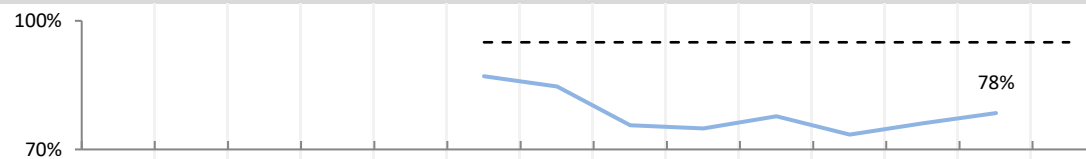
| | | |
|-------|-----------|-----|
| =>93% | 0 of 1550 | 97% |
|-------|-----------|-----|

IPJ25 Snapshot of waits > 104 days



| | | |
|---|---|---|
| - | - | - |
|---|---|---|

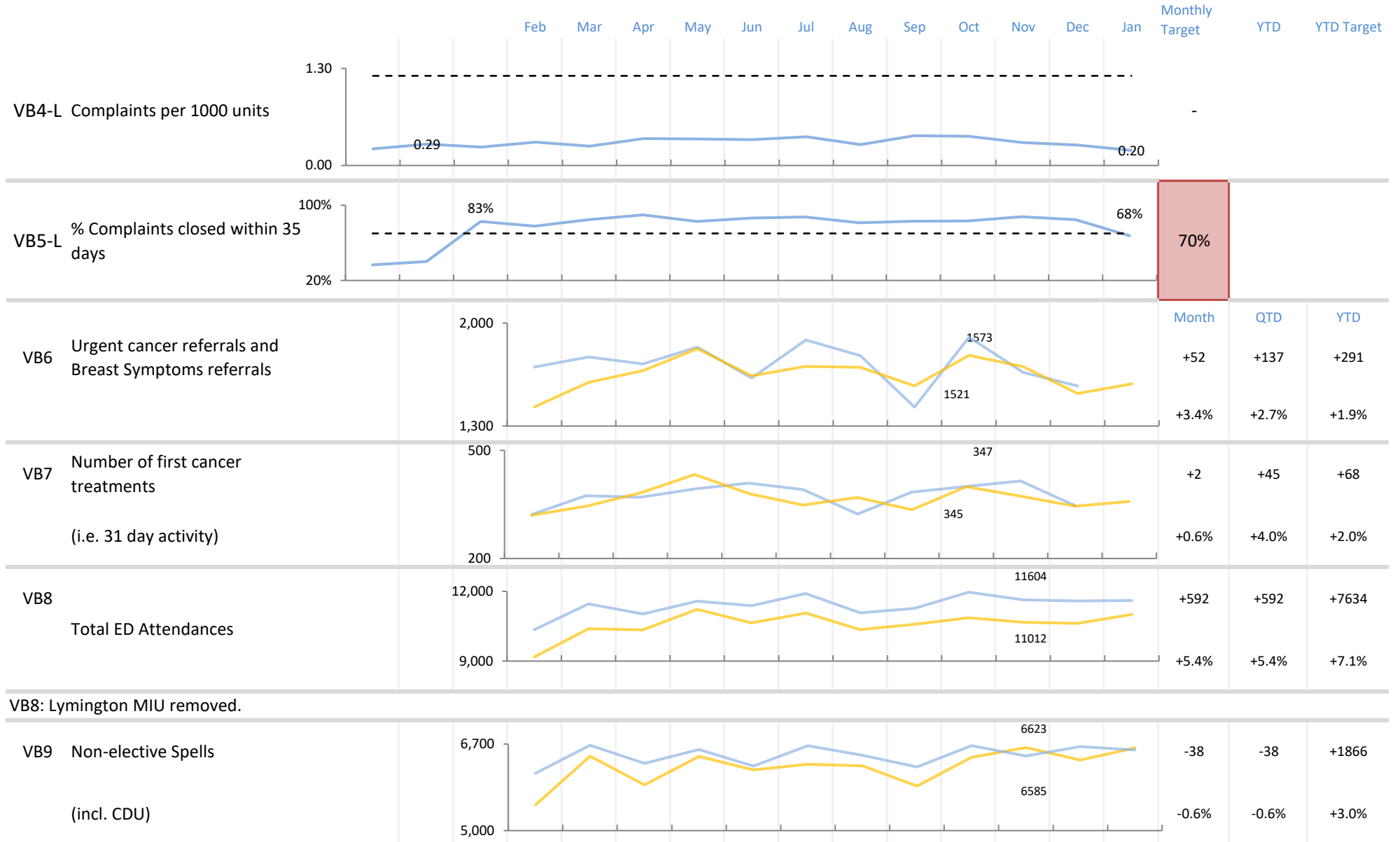
IPJ26 28 Day Faster Diagnosis



| | | |
|-------|-------------|-----|
| =>95% | 256 of 1545 | 78% |
|-------|-------------|-----|

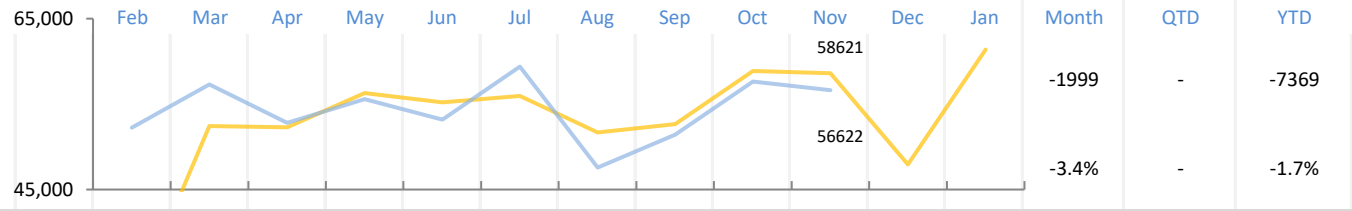
IPJ26 - this KPI is being shadow monitored by UHS in preparation for national submissions beginning April 2020. Latest data is for November





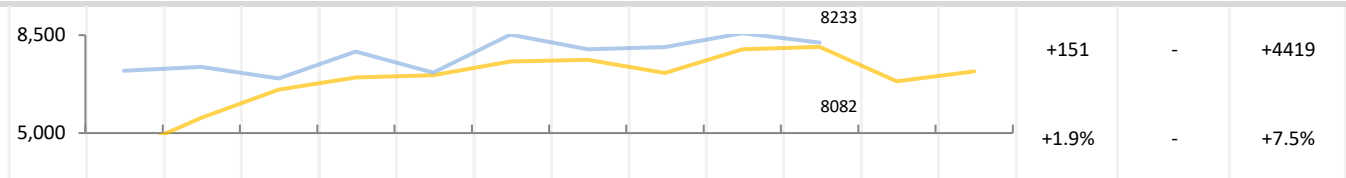
■ Current Data ■ Benchmark
■ Previous Year ■ Target

VB10 Face to Face OPA

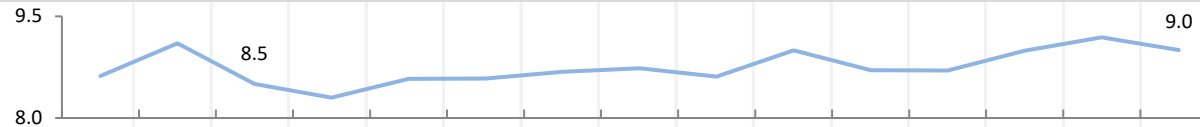


VB10/VB11: These metrics include non-billed activity so will not match the finance report.

VB11 Non-Face to Face OPA

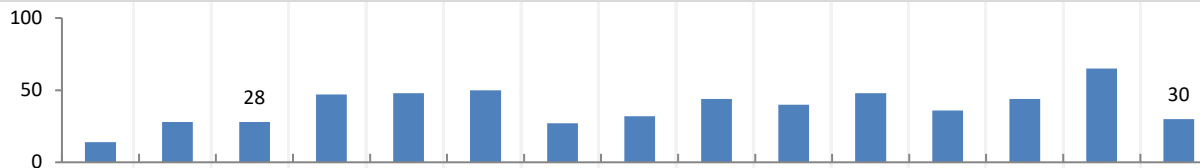


VB12 Total nursing staff all inpatient areas - Care hours per patient day (CHPPD)

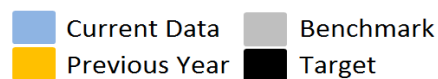
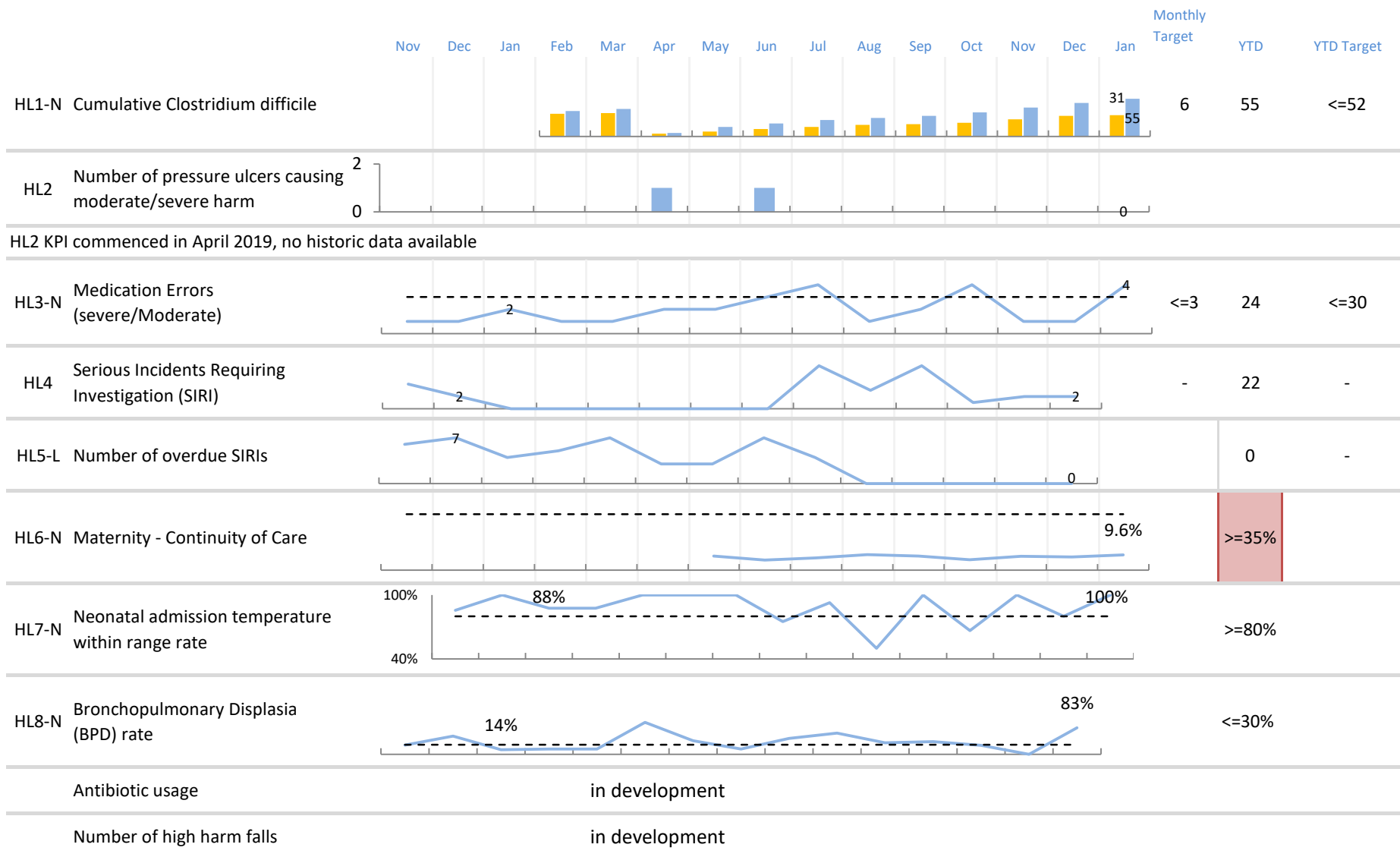


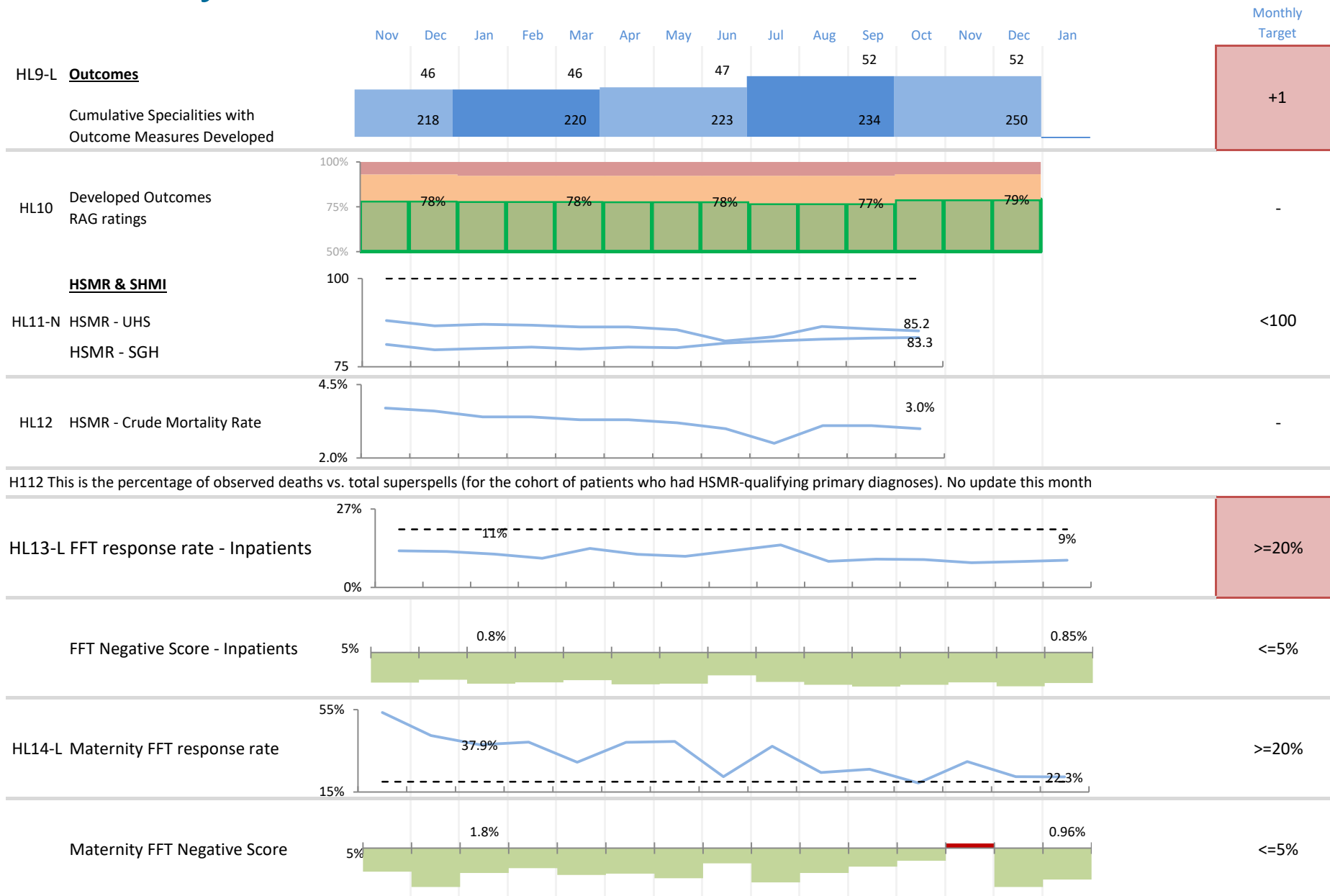
The total CHPPD rate in the SGH has decreased from last month to RN 5.6 (previously 5.7), HCA 3.4 (previously 3.5) overall 9.0 (previously 9.2). The CHPPD for ward based areas (excluding Critical care units) in the Trust has decreased from last month to RN 4.1 (previously 4.2) HCA 3.4 (previously 3.5) overall 7.6 (previously 7.7)

VB13 Red Flag staffing incidents

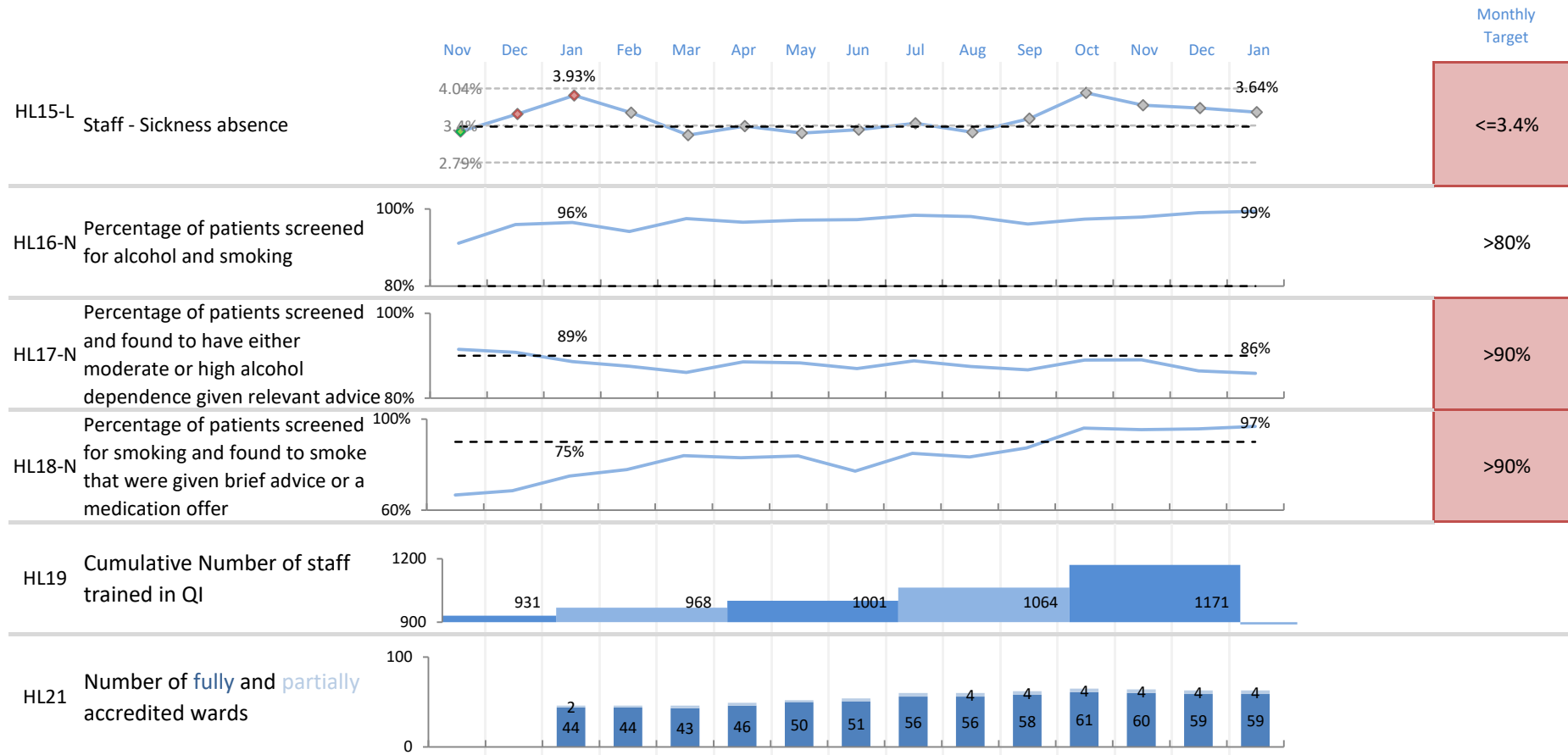


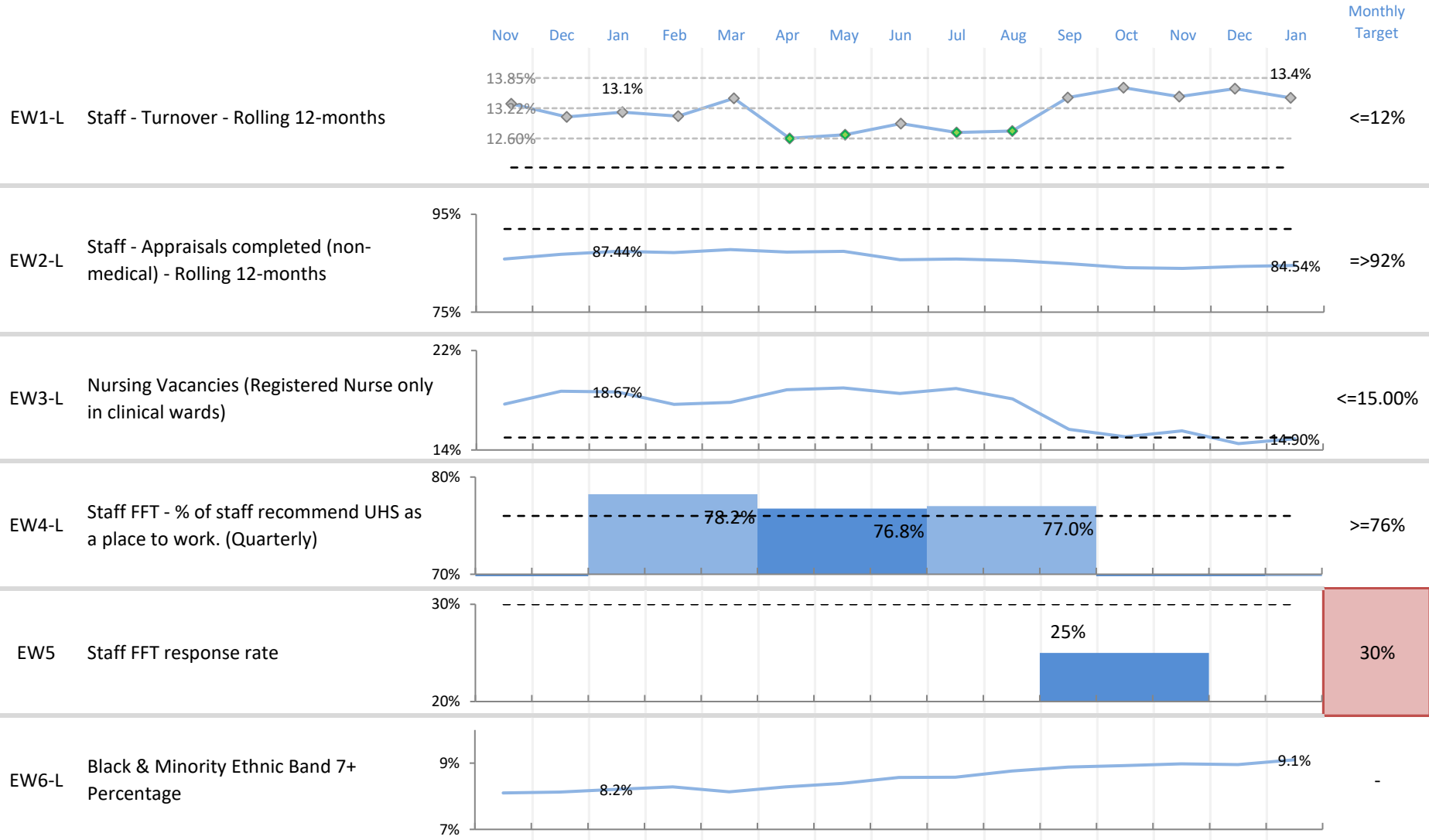
■ Current Data ■ Benchmark
■ Previous Year ■ Target



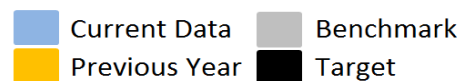


■ Current Data Benchmark
■ Previous Year Target



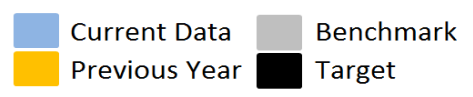
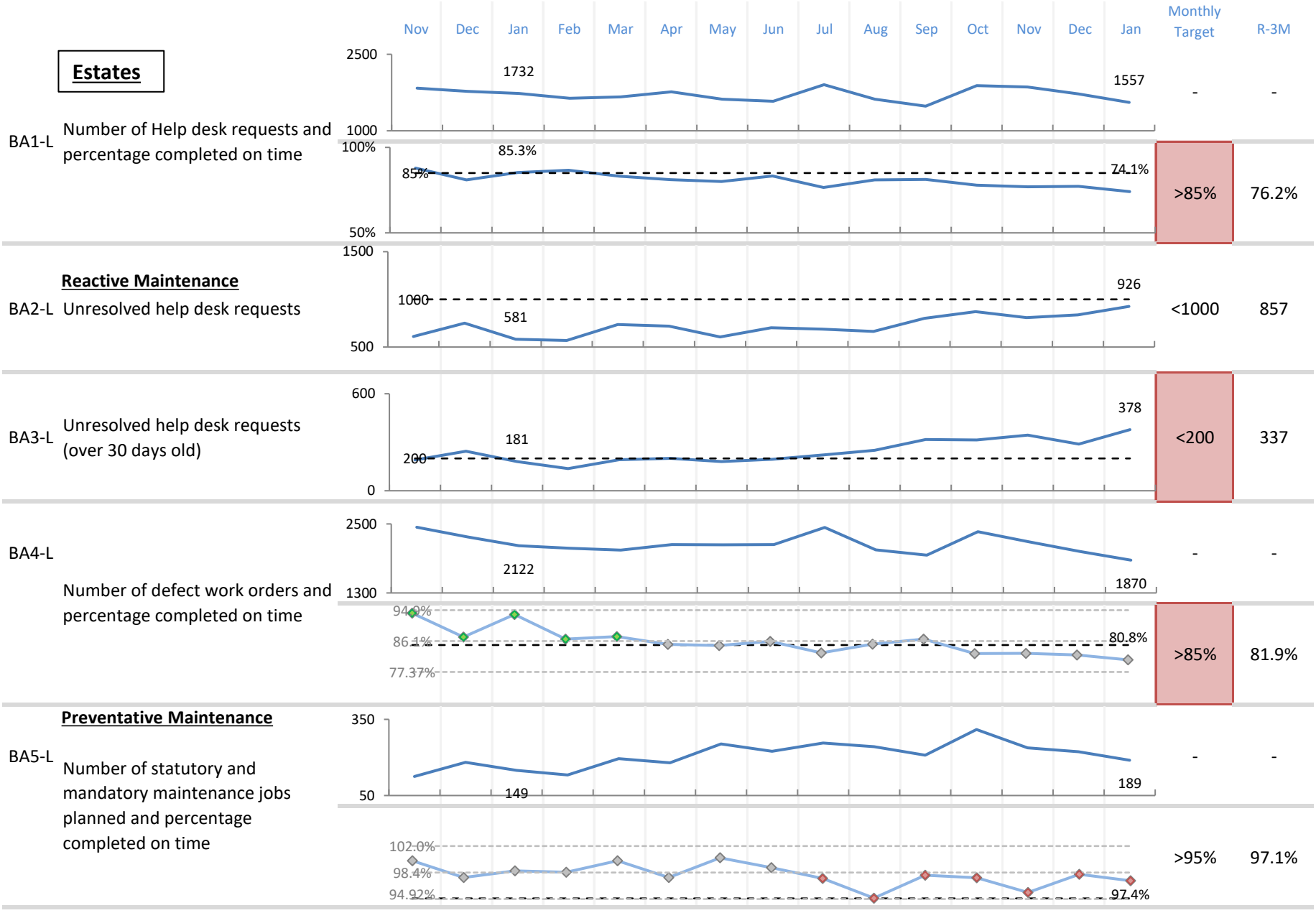


EW6 UHS has a target of 15% Band 7+ BME staff by 2023.

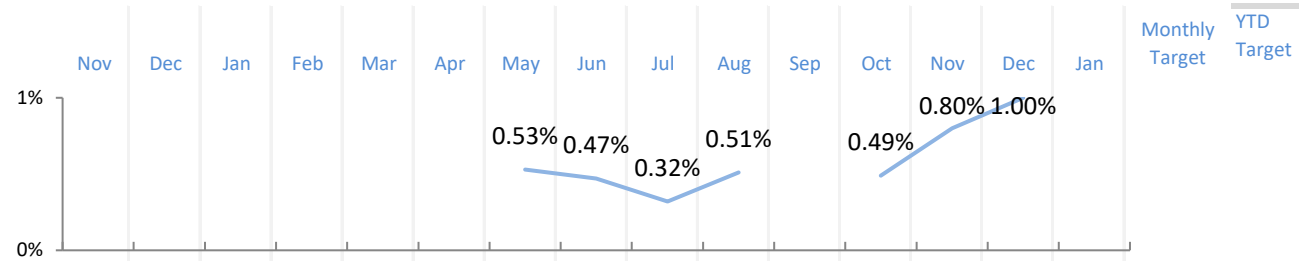


February 2020

Estates

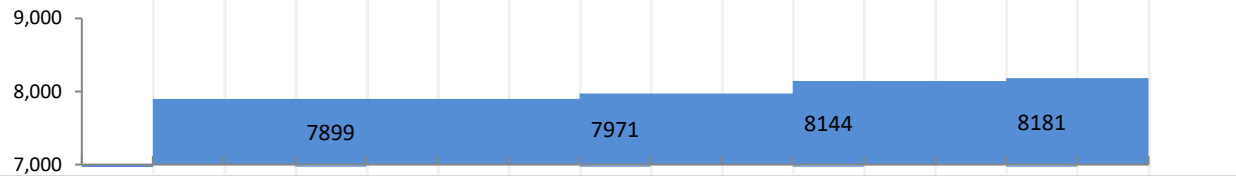


BA6 Monthly average unavailable toilets (%)

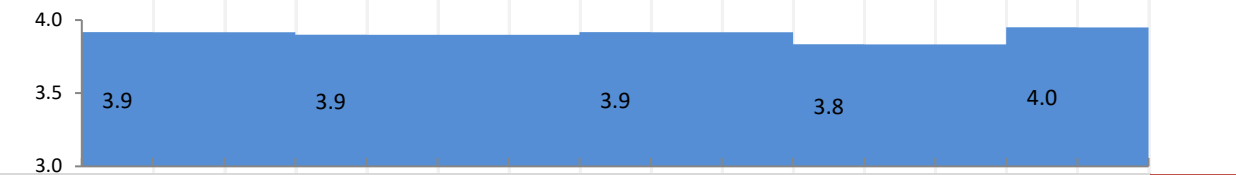


BA6 - This KPI is intended to be a proxy of the impact of maintenance work that is not completed on patients and staff.

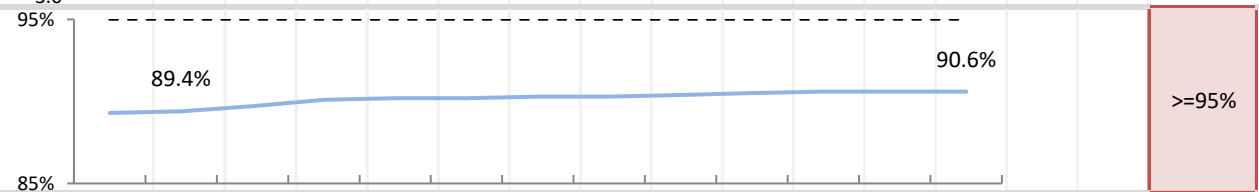
BA7 Number of computers



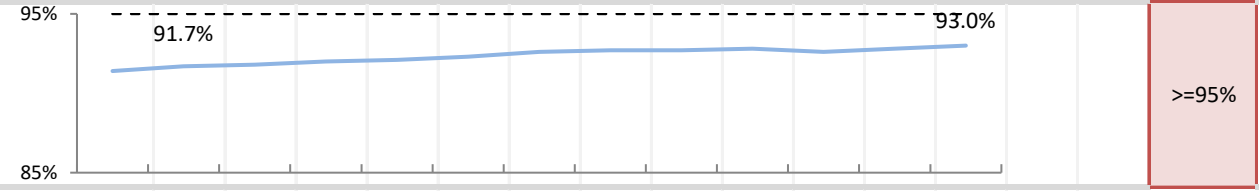
BA8 Average age of computers (years)



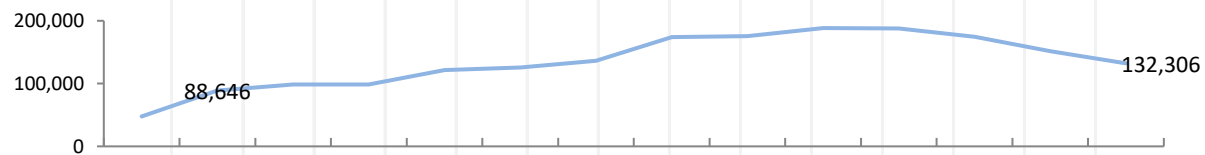
BA9-L Percentage specimens requested through eQUEST - rolling 3M



BA10-L Percentage specimens available for acknowledgment through eQUEST - rolling 3M



BA11 digiRounds patient records accessed

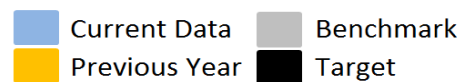
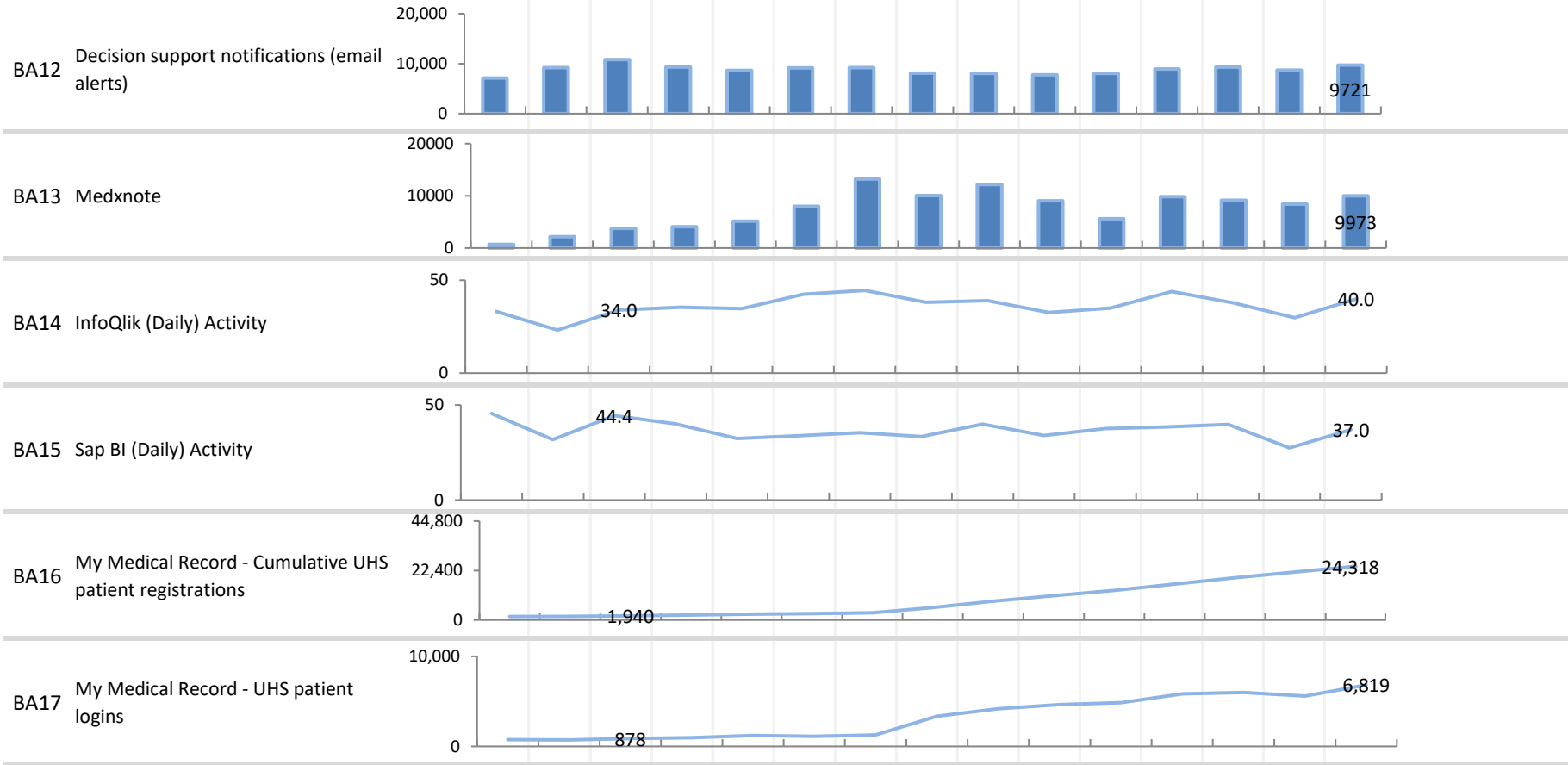


■ Current Data ■ Benchmark
■ Previous Year ■ Target

February 2020

Monthly
Target

eQuest Results Alerts Sent



Nursing and midwifery staffing hours - January 2020

Report notes

Our staffing levels are monitored daily and we will risk assess and fill any gaps to ensure that safe staffing levels are always maintained

The total hours planned is our planned staffing levels to deliver care across all of our areas but does not represent a baseline safe staffing level. We plan for an average of one registered nurse to every five or seven patients in most of our areas but this can change as we regularly review the care requirements of our patients and adjust our staffing accordingly.

Staffing on intensive care and high dependency units is always adjusted depending on the number of patients being cared for and the level of support they require. Therefore the numbers will fluctuate considerably across the month when compared against our planned numbers.

Enhanced Care (also known as Specialising)

Occurs when patients in an area require more focused care than we would normally expect. In these cases extra, unplanned staff are assigned to support a ward. If enhanced care is required the ward may show as being over filled.

If a ward has an unplanned increase or decrease in bed availability the ward may show as being under or over filled, even though it remains safely and appropriately staffed.

CHPPD (Care Hours Per Patient Day)

This is a measure which shows on average how many hours of care time each patient receives on a ward /department during a 24hour period from registered nurses and support staff- this will vary across wards and departments based on the speciality, interventions, acuity and dependency levels of the patients being cared for.

The maternity workforce consists of teams of midwives who work both within the hospital and in the community offering an integrated service and are able to respond to women wherever they choose to give birth. This means that our ward staffing and hospital birth environments have a core group of staff but the numbers of actual midwives caring for women increases responsively during a 24 hour period depending on the number of women requiring care.

Over recent months some ward beds have temporarily changed speciality to support seasonal changes in demand- these bed changes are often swift in nature and for short periods of time so are not always reflected accurately in the data. These short notice changes are expected to continue throughout the Winter. In January there have been additional wards supported for medicine and staff have been deployed from across the organisation to support these areas.

| WARD | | Registered nurses Total hours planned | Registered nurses Total hours worked | Unregistered staff Total hours planned | Unregistered staff Total hours worked | Registered nurses % Filled | Unregistered staff % Filled | CHPPD Registered nurses | CHPPD Unregistered staff | CHPPD Overall | Comments |
|----------------------------------|-------|---|--|--|---|-------------------------------|--------------------------------|-------------------------------|-----------------------------|---------------|--|
| C4 (Solent ward) | Day | 1432 | 1334 | 1050 | 1223 | 93.1% | 116.5% | 3.9 | 3.8 | 7.7 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| C4 (Solent ward) | Night | 1081 | 954 | 713 | 1013 | 88.3% | 142.0% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| C6 | Day | 2671 | 2764 | 149 | 41 | 96.3% | 27.2% | 7.2 | 0.1 | 7.3 | Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource. |
| C6 | Night | 2044 | 2034 | 0 | 11 | 99.5% | Shift N/A | | | | Safe staffing levels maintained. |
| C6 (Teenage Cancer Trust unit) | Day | 706 | 714 | 364 | 221 | 101.2% | 60.9% | 8.7 | 1.6 | 10.3 | Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource. |
| C6 (Teenage Cancer Trust unit) | Night | 683 | 633 | 0 | 22 | 92.7% | Shift N/A | | | | Safe staffing levels maintained. |
| D2 | Day | 1323 | 1677 | 1396 | 962 | 126.6% | 70.3% | 5.2 | 3.7 | 8.9 | Safe staffing levels maintained. |
| D2 | Night | 1063 | 1029 | 713 | 973 | 96.8% | 136.4% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| D3 | Day | 1676 | 1695 | 785 | 933 | 101.1% | 118.9% | 4.4 | 2.9 | 7.3 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| D3 | Night | 1046 | 1047 | 696 | 901 | 100.0% | 129.0% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| Surgical high dependency unit | Day | 2210 | 2056 | 340 | 329 | 93.0% | 97.0% | 15.6 | 2.5 | 18.1 | Safe staffing levels maintained; Beds flexed to match staffing. |
| Surgical high dependency unit | Night | 2139 | 1932 | 353 | 309 | 90.3% | 87.7% | | | | Safe staffing levels maintained; Beds flexed to match staffing. |
| Cardiac intensive care unit | Day | 5285 | 4769 | 1207 | 719 | 90.3% | 59.6% | 26.8 | 3.9 | 30.7 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| Cardiac intensive care unit | Night | 5294 | 4537 | 893 | 645 | 85.7% | 72.2% | | | | Safe staffing levels maintained; Beds flexed to match staffing. |
| General intensive care unit A | Day | 4633 | 4533 | 1186 | 689 | 97.8% | 58.1% | 24.6 | 3.2 | 27.8 | Safe staffing levels maintained; Beds flexed to match staffing. |
| General intensive care unit A | Night | 4276 | 4227 | 713 | 448 | 100.0% | 82.9% | | | | Safe staffing levels maintained; Beds flexed to match staffing. |
| General intensive care unit B | Day | 4114 | 3917 | 371 | 281 | 95.2% | 75.8% | 27.4 | 2.0 | 29.5 | Safe staffing levels maintained; Beds flexed to match staffing. |
| General intensive care unit B | Night | 3929 | 3762 | 356 | 292 | 95.7% | 81.9% | | | | Safe staffing levels maintained; Beds flexed to match staffing. |
| Neuro intensive care unit | Day | 5286 | 4843 | 762 | 718 | 92.0% | 94.2% | 26.5 | 3.6 | 30.2 | Safe staffing levels maintained; Beds flexed to match staffing. |
| Neuro intensive care unit | Night | 4566 | 4202 | 641 | 525 | 92.0% | 82.0% | | | | Safe staffing levels maintained; Beds flexed to match staffing. |
| ESA | Day | 1252 | 1153 | 575 | 607 | 92.1% | 157.8% | 3.5 | 2.8 | 6.3 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| ESA | Night | 713 | 633 | 357 | 506 | 88.7% | 141.8% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| ES6 | Day | 1441 | 1282 | 816 | 778 | 89.0% | 95.4% | 3.9 | 2.3 | 6.3 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| ES6 | Night | 713 | 713 | 368 | 391 | 100.0% | 106.1% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| E8 | Day | 2259 | 1888 | 1792 | 1748 | 84.0% | 97.5% | 3.4 | 3.6 | 7.0 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| E8 | Night | 1071 | 1059 | 1210 | 1370 | 98.9% | 113.2% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| F11 | Day | 1963 | 1614 | 822 | 1016 | 82.2% | 123.6% | 4.5 | 4.4 | 8.8 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| F11 | Night | 713 | 713 | 713 | 1255 | 100.0% | 175.9% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| F6 | Day | 2287 | 1475 | 559 | 1615 | 64.5% | 289.2% | 2.9 | 3.2 | 6.1 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Additional staff used for enhanced care - Support workers; Patient requiring 24 hour 1:1 nursing in the month. |
| F6 | Night | 1031 | 950 | 694 | 982 | 92.2% | 141.6% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Additional staff used for enhanced care - Support workers; Patient requiring 24 hour 1:1 nursing in the month. |
| F5 | Day | 1956 | 1524 | 1031 | 1280 | 77.9% | 124.1% | 3.4 | 2.7 | 6.1 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| F5 | Night | 1070 | 1071 | 713 | 799 | 100.1% | 112.1% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| Acute medical unit | Day | 3592 | 3798 | 3391 | 3144 | 105.7% | 92.7% | 5.3 | 4.1 | 9.4 | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| Acute medical unit | Night | 3520 | 3922 | 2469 | 2829 | 111.4% | 114.6% | | | | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| D5 | Day | 1263 | 1522 | 1741 | 1321 | 120.5% | 75.9% | 3.0 | 2.7 | 5.8 | Staff moved to support other wards; Safe staffing levels maintained. |
| D5 | Night | 1070 | 1009 | 938 | 905 | 94.3% | 102.8% | | | | Safe staffing levels maintained. |
| D6 | Day | 1085 | 1080 | 1501 | 1462 | 99.6% | 97.4% | 2.7 | 3.4 | 6.1 | Safe staffing levels maintained. |
| D6 | Night | 713 | 828 | 950 | 994 | 116.1% | 104.6% | | | | Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit. Safe staffing levels maintained. |
| D7 | Day | 725 | 824 | 1186 | 934 | 113.7% | 78.8% | 3.4 | 3.1 | 6.6 | Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| D7 | Night | 713 | 772 | 345 | 536 | 108.2% | 155.4% | | | | Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| D8 | Day | 1081 | 1217 | 1540 | 1498 | 112.6% | 97.3% | 2.9 | 3.4 | 6.4 | Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| D8 | Night | 717 | 903 | 934 | 983 | 126.0% | 105.3% | | | | Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| D9 | Day | 1303 | 1428 | 1652 | 1366 | 109.6% | 82.7% | 2.9 | 2.9 | 5.8 | Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| D9 | Night | 1058 | 969 | 923 | 1109 | 93.5% | 120.1% | | | | Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| Respiratory high dependency unit | Day | 2033 | 1567 | 328 | 506 | 77.1% | 154.4% | 14.3 | 3.4 | 17.7 | Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained. |
| Respiratory high dependency unit | Night | 1900 | 1532 | 357 | 230 | 80.6% | 64.5% | | | | Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained. |
| C5 | Day | 1064 | 983 | 987 | 830 | 92.3% | 84.1% | 4.2 | 3.4 | 7.6 | Safe staffing levels maintained by sharing staff resource. |
| C5 | Night | 713 | 702 | 357 | 541 | 98.4% | 151.7% | | | | Increased night staffing to support raised acuity. |
| D10 | Day | 1161 | 991 | 1307 | 1180 | 85.4% | 90.3% | 3.5 | 3.8 | 7.3 | Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource. |
| D10 | Night | 702 | 714 | 713 | 690 | 101.8% | 96.8% | | | | Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource. |
| Bassett | Day | 990 | 1013 | 1703 | 1576 | 102.3% | 92.5% | 2.5 | 3.3 | 5.8 | Additional beds open in the month; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit. |
| Bassett | Night | 713 | 828 | 956 | 909 | 116.1% | 95.2% | | | | Additional beds open in the month; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit. |
| G5 | Day | 1088 | 1176 | 1865 | 1600 | 108.2% | 85.8% | 2.3 | 3.1 | 5.5 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource. |
| G5 | Night | 713 | 782 | 1070 | 1001 | 108.7% | 93.5% | | | | Skill mix swaps undertaken to support safe staffing across the Unit; Support workers used to maintain staffing numbers. |
| G6 | Day | 1059 | 1162 | 1827 | 1716 | 109.6% | 93.9% | 2.5 | 3.5 | 6.0 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource. |
| G6 | Night | 713 | 782 | 1058 | 1024 | 109.7% | 96.7% | | | | Skill mix swaps undertaken to support safe staffing across the Unit; Support workers used to maintain staffing numbers. |
| G7 | Day | 752 | 744 | 1407 | 1610 | 98.9% | 114.4% | 3.4 | 6.2 | 9.6 | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Staffing plan set higher than national standards. |
| G7 | Night | 713 | 713 | 1070 | 1073 | 100.0% | 100.3% | | | | Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| G8 | Day | 1076 | 1224 | 1802 | 1648 | 113.7% | 91.5% | 2.3 | 3.1 | 5.4 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource. |
| G8 | Night | 713 | 736 | 1070 | 1012 | 103.2% | 94.6% | | | | Skill mix swaps undertaken to support safe staffing across the Unit; Support workers used to maintain staffing numbers. |
| G9 | Day | 1071 | 1112 | 1841 | 1555 | 103.9% | 84.5% | 2.4 | 3.4 | 5.8 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource. |
| G9 | Night | 713 | 739 | 1070 | 1045 | 103.7% | 97.7% | | | | Skill mix swaps undertaken to support safe staffing across the Unit; Support workers used to maintain staffing numbers. |

| | | | | | | | | | | | |
|---------------------------------|-------|------|------|------|------|--------|----------|------|-----|------|--|
| F10 | Day | 612 | 622 | 717 | 651 | 101.6% | 90.9% | 3.8 | 3.7 | 7.5 | Safe staffing levels maintained; Additional beds open in the month. |
| F10 | Night | 391 | 426 | 391 | 357 | 108.8% | 91.2% | | | | Skill mix swaps undertaken to support safe staffing across the Unit; Additional beds open in the month; Safe staffing levels maintained. |
| F7 | Day | 1075 | 1228 | 1293 | 1043 | 114.2% | 80.6% | 3.4 | 2.8 | 6.2 | Skill mix swaps undertaken to support safe staffing across the Unit; Additional beds open in the month; Safe staffing levels maintained. |
| F7 | Night | 690 | 828 | 713 | 644 | 120.0% | 90.3% | | | | Skill mix swaps undertaken to support safe staffing across the Unit; Additional beds open in the month; Safe staffing levels maintained. |
| Paediatric high dependency unit | Day | 1588 | 1120 | 0 | 0 | 70.6% | Shft N/A | 10.2 | 0.0 | 10.2 | Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained. |
| Paediatric high dependency unit | Night | 1070 | 1049 | 0 | 0 | 98.1% | Shft N/A | | | | Safe staffing levels maintained. |
| Paediatric medical unit | Day | 1832 | 1842 | 468 | 753 | 100.6% | 160.9% | 8.2 | 4.5 | 12.7 | Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers. |
| Paediatric medical unit | Night | 1357 | 1499 | 682 | 1093 | 110.5% | 160.3% | | | | Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers. |
| Paediatric intensive care unit | Day | 8183 | 5174 | 467 | 373 | 83.7% | 79.7% | 31.9 | 3.0 | 34.9 | Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained. |
| Paediatric intensive care unit | Night | 5704 | 4890 | 472 | 564 | 85.7% | 119.5% | | | | Beds flexed to match staffing; Safe staffing levels maintained. |
| Piam Brown ward | Day | 3783 | 3338 | 140 | 189 | 88.3% | 120.7% | 13.7 | 0.5 | 14.2 | Non-ward based staff supporting areas; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained. |
| Piam Brown ward | Night | 1403 | 1343 | 0 | 0 | 95.7% | Shft N/A | | | | Safe staffing levels maintained. |
| E1 | Day | 2087 | 1775 | 660 | 495 | 85.1% | 75.0% | 10.0 | 2.7 | 12.7 | Non-ward based staff supporting areas; Safe staffing levels maintained. |
| E1 | Night | 1426 | 1560 | 355 | 402 | 108.4% | 113.2% | | | | Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers. |
| G2 | Day | 771 | 751 | 0 | 0 | 97.4% | Shft N/A | 8.2 | 0.2 | 8.4 | Safe staffing levels maintained. |
| G2 | Night | 743 | 786 | 0 | 31 | 103.1% | Shft N/A | | | | Safe staffing levels maintained. |
| G3 | Day | 2378 | 2036 | 1232 | 876 | 85.6% | 71.1% | 6.9 | 2.7 | 9.6 | Non-ward based staff supporting areas; Safe staffing levels maintained. |
| G3 | Night | 1705 | 1540 | 671 | 539 | 90.4% | 80.3% | | | | Safe staffing levels maintained. |
| G4 | Day | 2415 | 2489 | 1233 | 818 | 102.2% | 66.3% | 7.8 | 2.3 | 10.1 | Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource. |
| G4 | Night | 1717 | 1782 | 649 | 439 | 102.6% | 66.1% | | | | Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource. |
| Bramshaw women's unit | Day | 1356 | 1092 | 1106 | 786 | 80.5% | 69.2% | 6.2 | 3.9 | 10.1 | Non-ward based staff supporting areas; Beds flexed to match staffing. |
| Bramshaw women's unit | Night | 702 | 713 | 575 | 388 | 101.6% | 64.0% | | | | Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource. |
| Neonatal unit | Day | 7050 | 4716 | 1626 | 1111 | 66.9% | 68.3% | 11.0 | 2.5 | 13.5 | Beds flexed to match staffing; Non-ward based staff supporting areas. |
| Neonatal unit | Night | 5422 | 3924 | 1364 | 869 | 72.4% | 63.7% | | | | Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource. |
| Maternity service | Day | 8468 | 7650 | 3084 | 2256 | 90.3% | 73.2% | 5.3 | 1.7 | 7.0 | Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource. |
| Maternity service | Night | 5188 | 4874 | 2045 | 1691 | 93.9% | 82.7% | | | | Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource. |
| Cardiac high dependency unit | Day | 4984 | 4516 | 1489 | 1265 | 90.6% | 85.0% | 15.6 | 3.9 | 19.5 | Band 4 staff working to support registered nurse numbers; Additional beds open in the month; Staff moved to support other wards. |
| Cardiac high dependency unit | Night | 3830 | 3914 | 737 | 848 | 102.2% | 115.0% | | | | Band 4 staff working to support registered nurse numbers; Additional beds open in the month; Staff moved to support other wards. |
| Coronary care unit | Day | 1518 | 1651 | 965 | 958 | 108.7% | 99.2% | 7.8 | 4.9 | 12.8 | Band 4 staff working to support registered nurse numbers; Staff moved to support other wards. |
| Coronary care unit | Night | 1303 | 1369 | 935 | 935 | 105.1% | 100.0% | | | | Band 4 staff working to support registered nurse numbers; Staff moved to support other wards. |
| D4 | Day | 1878 | 1371 | 975 | 1266 | 73.0% | 129.8% | 3.4 | 3.4 | 6.7 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained. |
| D4 | Night | 798 | 732 | 825 | 819 | 91.7% | 99.3% | | | | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained. |
| E2 | Day | 1985 | 1310 | 759 | 1009 | 83.7% | 133.0% | 4.2 | 3.6 | 7.8 | Band 4 staff working to support registered nurse numbers; Staff moved to support other wards. |
| E2 | Night | 715 | 762 | 352 | 748 | 106.5% | 212.5% | | | | Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards. |
| E3 Green | Day | 1608 | 1212 | 1082 | 1608 | 75.4% | 148.6% | 2.6 | 3.9 | 6.5 | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| E3 Green | Night | 678 | 595 | 683 | 1140 | 87.8% | 167.0% | | | | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| E3 Blue | Day | 1200 | 993 | 946 | 1044 | 82.8% | 110.4% | 3.1 | 3.5 | 6.6 | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| E3 Blue | Night | 682 | 649 | 693 | 781 | 95.2% | 112.7% | | | | Band 4 staff working to support registered nurse numbers; Increased night staffing to support raised acuity. |
| E4 | Day | 1492 | 1699 | 1189 | 1036 | 113.9% | 87.2% | 5.0 | 2.8 | 7.8 | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| E4 | Night | 1023 | 1144 | 451 | 539 | 111.9% | 119.6% | | | | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| Acute stroke unit | Day | 1533 | 1486 | 2732 | 2742 | 96.9% | 100.4% | 2.8 | 5.3 | 8.0 | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| Acute stroke unit | Night | 1023 | 881 | 1683 | 1782 | 86.1% | 105.9% | | | | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| Regional transfer unit | Day | 1206 | 1016 | 383 | 502 | 84.2% | 130.9% | 7.1 | 5.4 | 12.6 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| Regional transfer unit | Night | 682 | 605 | 682 | 726 | 88.7% | 106.5% | | | | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| E Neuro | Day | 1880 | 1894 | 1134 | 1036 | 100.7% | 91.3% | 4.1 | 3.0 | 7.1 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| E Neuro | Night | 1359 | 1287 | 1023 | 1238 | 94.7% | 121.0% | | | | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| Hyper acute stroke unit | Day | 1554 | 1354 | 366 | 624 | 87.1% | 170.5% | 7.2 | 4.1 | 11.3 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| Hyper acute stroke unit | Night | 1371 | 937 | 341 | 684 | 68.3% | 200.6% | | | | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| D neuro | Day | 1963 | 1774 | 1955 | 1920 | 90.4% | 98.2% | 3.8 | 4.4 | 8.1 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| D neuro | Night | 1384 | 1309 | 1683 | 1683 | 96.0% | 100.0% | | | | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SPI F4 Neuro | Day | 1602 | 1475 | 713 | 1137 | 92.1% | 159.5% | 3.8 | 3.8 | 7.6 | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SPI F4 Neuro | Night | 1023 | 869 | 1022 | 1227 | 84.9% | 120.1% | | | | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| Brooke ward | Day | 1104 | 1114 | 565 | 612 | 101.0% | 106.4% | 3.4 | 2.4 | 5.8 | Safe staffing levels maintained. |
| Brooke ward | Night | 1069 | 724 | 357 | 690 | 67.7% | 193.5% | | | | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| Trauma Assessment Unit | Day | 536 | 678 | 376 | 408 | 126.5% | 108.7% | 5.3 | 4.1 | 9.4 | Staffing plan set higher than national standards; TAU going at risk with extra RN for early and late shift to support workload and increased ED flow. Supported by DDO and DHN. |
| Trauma Assessment Unit | Night | 341 | 330 | 341 | 374 | 96.8% | 109.7% | | | | Safe staffing levels maintained. |
| F1 | Day | 2422 | 2099 | 1978 | 1990 | 86.7% | 100.6% | 3.8 | 4.2 | 8.0 | Band 4 staff working to support registered nurse numbers. |
| F1 | Night | 1783 | 1566 | 1757 | 2003 | 87.9% | 114.0% | | | | Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers. |
| F2 | Day | 1672 | 1434 | 1997 | 2234 | 85.8% | 111.9% | 2.9 | 4.8 | 7.7 | Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers; Patient requiring 24 hour 1:1 nursing in the month. |
| F2 | Night | 1023 | 900 | 1364 | 1694 | 87.9% | 124.2% | | | | Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers; Patient requiring 24 hour 1:1 nursing in the month. |
| F3 | Day | 1654 | 1410 | 1841 | 1991 | 85.3% | 108.1% | 3.1 | 5.1 | 8.2 | Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers; Patient requiring 24 hour 1:1 nursing in the month. |
| F3 | Night | 1023 | 858 | 1364 | 1738 | 83.9% | 127.4% | | | | Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers; Patient requiring 24 hour 1:1 nursing in the month. |
| F4 | Day | 1513 | 1340 | 1203 | 813 | 88.6% | 87.6% | 3.9 | 2.6 | 6.5 | Band 4 staff working to support registered nurse numbers; Staff moved to support other wards. |
| F4 | Night | 1023 | 736 | 682 | 603 | 72.0% | 88.4% | | | | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource. |