

**2020/21 Finance Report - Month 4**

<b>Report to:</b>	<b>Board of Directors and Finance &amp; Investment Committee</b>  <b>August 2020</b>
<b>Title:</b>	<b>Finance Report for Period ending 31/07/2020</b>
<b>Author:</b>	<b>Philip Bunting, Acting Assistant Director of Finance</b>
<b>Sponsoring Director:</b>	<b>David French, Chief Financial Officer</b>
<b>Purpose:</b>	<b>Standing Item</b>
	<b>The Board is asked to note the report</b>

**Executive Summary:**

**In Month and Year to date Highlights:**

1. In July 2020, the Trust reported a breakeven position. A ‘top-up’ payment of £7.3m (up £2.2m from June) was however required to supplement the block contract in order to fully offset trust expenditure. The financial regime in place for April 2020 – September 2020, following extension for 2 months, provides trusts with a minimum breakeven guarantee.
2. In month £3.6m (£1.8m pay and £1.8m non pay) was incurred on additional expenditure related to Covid-19. This was up £0.3m from June, however included backdated IT costs of £0.5m, hence was £0.2m down after adjusting for this. Covid costs are expected to reduce further in August as shielding staff return.
3. The main themes seen in M4 were :
  - Clinical income was funded via block payment rather than activity based. If payment had continued on a payment by results basis the trust would have received £3.5m less income. This gap has improved by £8.5m compared to June.
  - Elective income was indicatively 73% of planned levels (56% in June) and Non Elective income was 93% of planned levels (84% in June) . The Trust is not financially exposed to the risk of underperformance due to the current block contract.
  - Activity within independent sector hospitals increased 16% from June (700 patients up from 600 in June). Currently the cost of independent sector hospital provision is met centrally.
  - Pay remained broadly static, reducing by £0.1m from June. The YTD overspend correlates with the additional level of expenditure being incurred due to Covid.
  - Pass through drugs and devices expenditure increased by £2.6m from June with noticeable increases in Neurology homecare drugs. CF drugs continue to be a pressure above the block.



## Finance: I&amp;E Summary

A breakeven financial position prevailed for month 4 following 'top-up' income of £7.3m in addition to the safety net provided by block contract payment. The top-up value increased by £2.2m from June driven by increased drugs spend.

Both Other Income and Other non pay were distorted in month by £4m matched income and expenditure relating to a Covid research grant. Adjusting for this Other Income continues to fall behind planned levels by c£2.5m per month. This is due to private patient income, education and training income and other SLA income all reporting adverse variances due to Covid-19.

Pay costs were marginally down from June (£0.1m). They remain adverse to plan due to £8.1m of Covid expenditure YTD.

Pass through drugs and devices costs increased significantly (up £2.6m) as Neurology prescribing spiked in addition to continued numbers of patients shifting to homecare. Clinical supplies costs, drugs and other non pay costs were flat collectively after adjusting for the £4m grant expenditure. They were all adverse to plan in month however due to continued Covid related costs such as PPE. Also £0.5m of Covid related backdated IT costs were incurred.

		Current Month			Year to Date			M1 - 4
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Emergency Budget £m
NHS Income:	Clinical	54.1	53.8	0.4	216.6	214.2	2.4	216.6
	Pass-through Drugs & Devices (Blocked)	9.9	9.9	0.0	39.7	39.7	0.0	39.7
Other income	Other Income excl. PSF	10.2	11.5	(1.4)	40.7	35.7	5.0	40.7
	Top Up Income	-	7.3	(7.3)	-	16.2	(16.2)	0.0
<b>Total income</b>		<b>74.2</b>	<b>82.5</b>	<b>(8.3)</b>	<b>297.0</b>	<b>305.8</b>	<b>(8.9)</b>	<b>297.0</b>
Costs	Pay-Substantive	41.0	42.2	1.2	164.1	169.0	4.9	164.1
	Pay-Bank	1.9	2.6	0.7	7.8	10.4	2.7	7.8
	Pay-Agency	1.1	0.9	(0.2)	4.6	3.1	(1.5)	4.6
	Drugs	1.5	1.8	0.3	5.7	6.2	0.5	5.7
	Pass-through Drugs & Devices	9.9	12.1	2.2	39.7	41.4	1.8	39.7
	Clinical supplies	4.0	6.5	2.6	16.2	19.9	3.7	16.2
	Other non pay	11.6	13.5	1.9	46.1	44.1	(2.0)	46.1
<b>Total expenditure</b>		<b>71.0</b>	<b>79.7</b>	<b>8.7</b>	<b>284.1</b>	<b>294.1</b>	<b>10.0</b>	<b>284.1</b>
<b>EBITDA</b>		<b>3.2</b>	<b>2.8</b>	<b>0.4</b>	<b>12.9</b>	<b>11.7</b>	<b>1.1</b>	<b>12.9</b>
<b>EBITDA %</b>		<b>4.3%</b>	<b>3.4%</b>	<b>0.9%</b>	<b>4.3%</b>	<b>3.8%</b>	<b>0.5%</b>	<b>4.3%</b>
	Depreciation	2.2	1.5	(0.6)	8.7	8.3	(0.4)	8.7
	Non Operating Income/Expenditure	0.9	1.3	0.3	3.8	3.4	(0.3)	3.8
<b>Surplus / (Deficit)</b>		<b>0.1</b>	<b>0.0</b>	<b>0.1</b>	<b>0.4</b>	<b>0.0</b>	<b>0.4</b>	<b>0.4</b>

Underlying Run Rate Position

These graphs show the actual underlying position for the trust throughout 2019/20 and for April to July 2020/21.

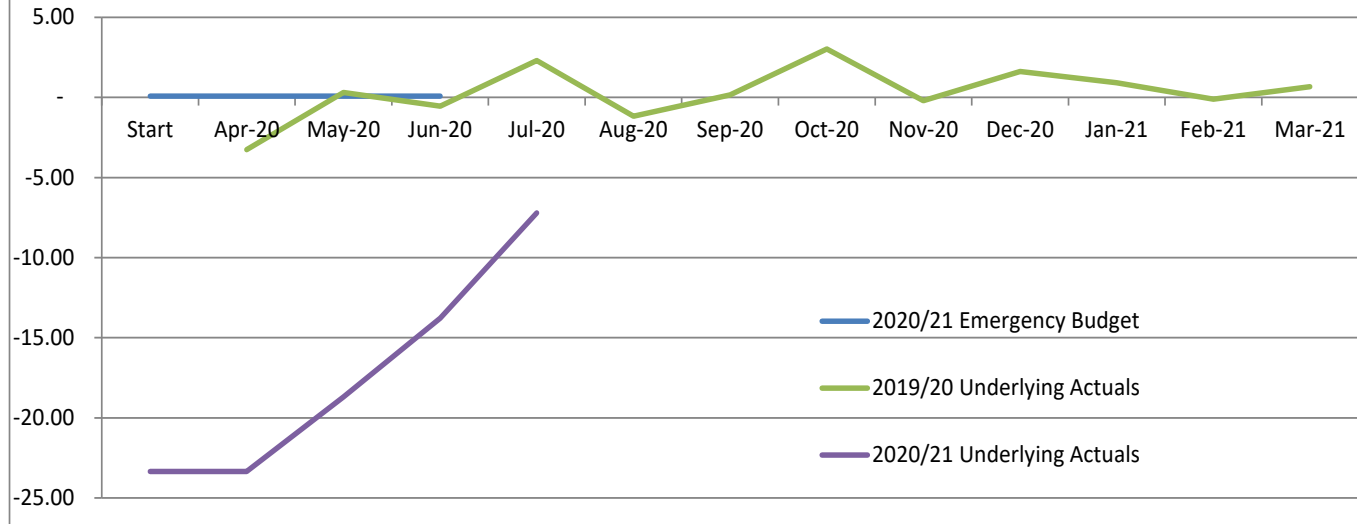
The following have been removed from 2020/21 position:

- The block contract uplift of £3.5m in month (£60.5m YTD) which represents the value of income over and above that which would have prevailed under PbR.
- Covid-19 related expenditure of £3.6m in month (£13.8m YTD).
- 'Top-up' funding of £7.3m in month (£16.3m YTD) which bridges financial performance to breakeven.

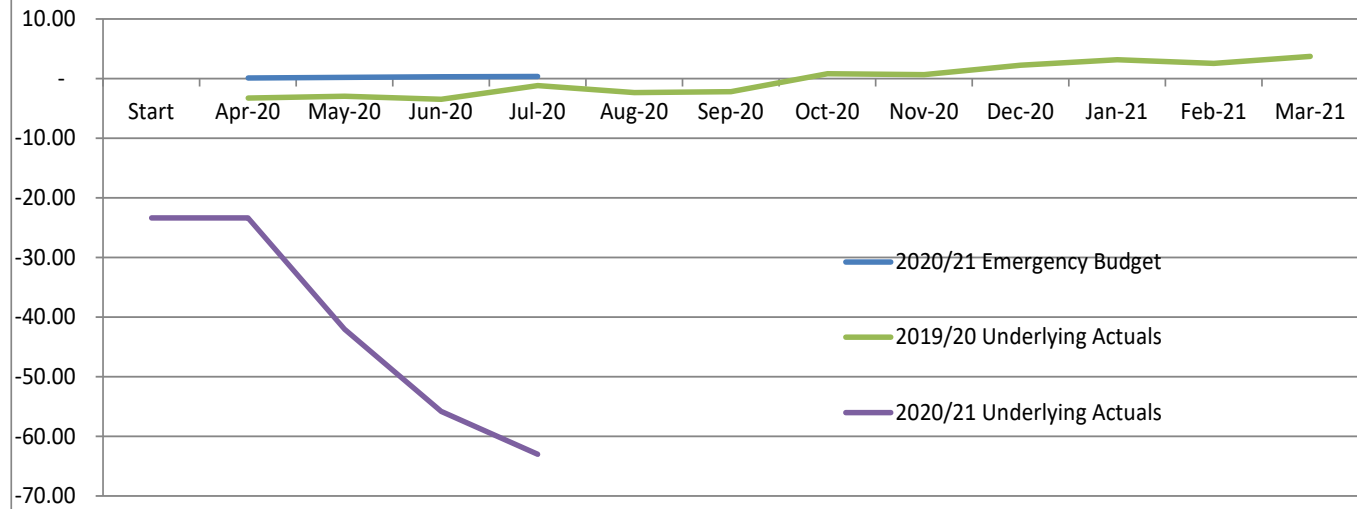
This illustrates that without the funding safety net of the current financial regime a deficit in month of £7.2m (£63m YTD) would have prevailed.

Looking at expenditure, the Trust required £7.3m top-up, however this covered £3.7m Covid expenditure, £2.6m pass-through drugs over-performance and circa £2.5m non-NHS income losses.

Monthly Underlying Position



Cumulative Underlying Position



Clinical Income

Clinical income for the month of July was £0.4m adverse to plan and including Non NHS income was £0.6m adverse to plan. Much of this income is now fixed with confirmed block contract funding in place for April to September. The adverse variance is driven by channel islands activity as the trust is still on a PbR contract which is underperforming due to activity limitations.

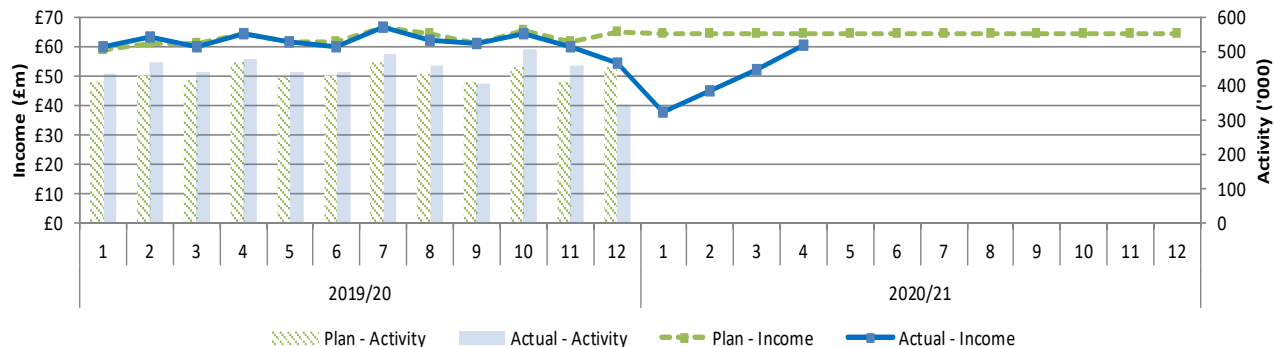
July has seen improvements from June with PbR equivalent income 94% of block contracted values (albeit this includes high cost drugs). Adjusting for this 87% of plan was achieved.

Elective activity increased, representing 73% of planned levels (up from 56% in June) and non elective values increased to 93% of planned levels (up from 84% in June). Independent sector hospitals continue to be utilised and activity within these increased 16% from June to July to over 700 patients. An additional 180 theatre sessions also took place on the SGH site in July when comparing to June (up 11%).

(Fav Variance) / Adv Variance

POD GROUP	2020/21							2019/20
	In Month Plan £000s	In Month Estimate £000s	In Month Variance £000s	YTD Plan £000s	YTD Estimate £000s	YTD Variance £000s	Emergency budget M1-M4 £000s	YTD Actuals £000s
<b>NHS Clinical Income</b>								
Elective Inpatients	£12,393	£9,035	£3,358	£49,573	£24,214	£25,359	£49,573	£47,966
Non-Elective Inpatients	£18,725	£17,424	£1,301	£74,899	£60,252	£14,646	£74,899	£71,796
Outpatients	£7,129	£6,327	£802	£28,514	£21,385	£7,129	£28,514	£28,339
Other Activity	£11,306	£9,383	£1,922	£45,223	£33,174	£12,049	£45,223	£42,701
CQUIN	£669	£535	£134	£2,674	£1,827	£847	£2,674	£2,851
Blocks & Financial Adjustments	(£137)	£1,073	(£1,210)	(£547)	(£401)	(£146)	(£547)	(£1,376)
Other Exclusions	£4,066	£6,497	(£2,431)	£16,263	£14,922	£1,341	£16,263	£1,260
Pass-through Exclusions	£9,913	£9,913	£0	£39,652	£39,652	£0	£39,652	£38,725
<b>Subtotal NHS Clinical Income</b>	<b>£64,063</b>	<b>£60,187</b>	<b>£3,876</b>	<b>£256,251</b>	<b>£195,026</b>	<b>£61,225</b>	<b>£256,251</b>	<b>£232,262</b>
Covid block adjustments	£0	£3,518	(£3,518)	£0	£58,830	(£58,830)	£0	£0
<b>Total NHS Clinical Income</b>	<b>£64,063</b>	<b>£63,705</b>	<b>£358</b>	<b>£256,251</b>	<b>£253,856</b>	<b>£2,395</b>	<b>£256,251</b>	<b>£232,262</b>
<b>Non NHS Clinical Income</b>								
Private Patients	£545	£363	£182	£2,181	£1,014	£1,167	£2,179	
CRU	£208	£81	£127	£833	£572	£262	£833	
Overseas Chargeable Patients	£127	£210	(£83)	£508	£424	£84	£508	
<b>Total Non NHS Clinical Income</b>	<b>£881</b>	<b>£655</b>	<b>£226</b>	<b>£3,522</b>	<b>£2,009</b>	<b>£1,513</b>	<b>£3,521</b>	
<b>Grand Total</b>	<b>£64,943</b>	<b>£64,359</b>	<b>£584</b>	<b>£259,773</b>	<b>£255,865</b>	<b>£3,908</b>	<b>£259,771</b>	<b>£232,262</b>

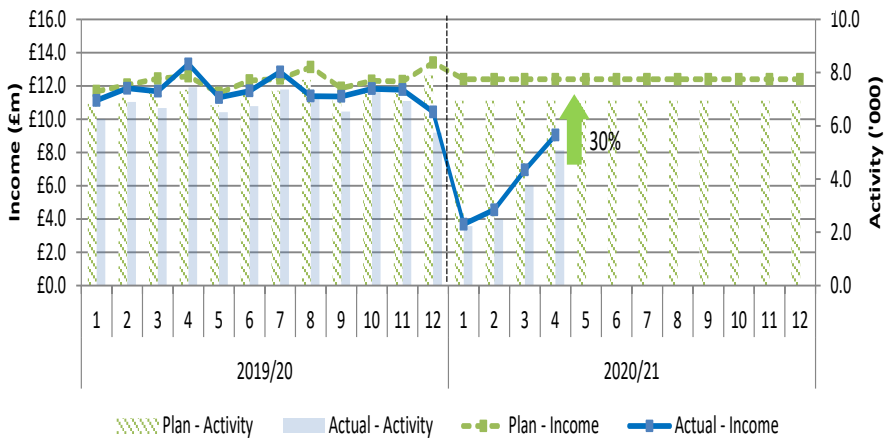
NHS Clinical Income & Activity



Clinical Income

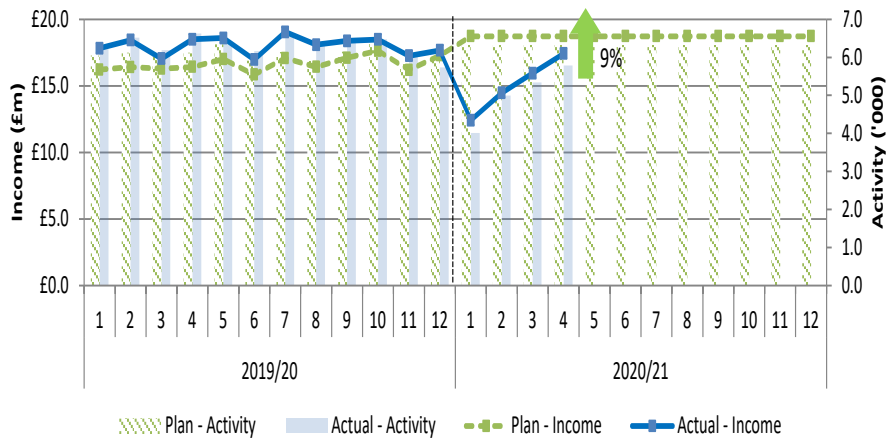
**Elective spells**

In month -1,866 activity, -£3,358,069  
YTD -14,250 activity, -£25,359,356



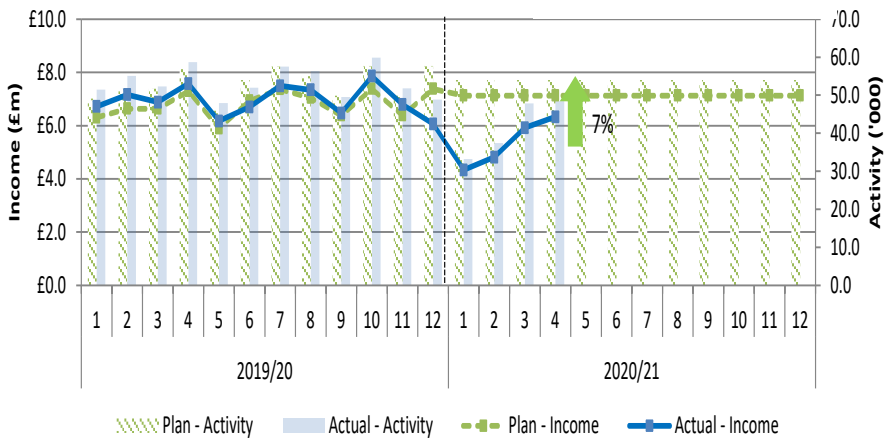
**Non elective spells**

In month -541 activity, -£1,300,921  
YTD -5,184 activity, -£14,646,092



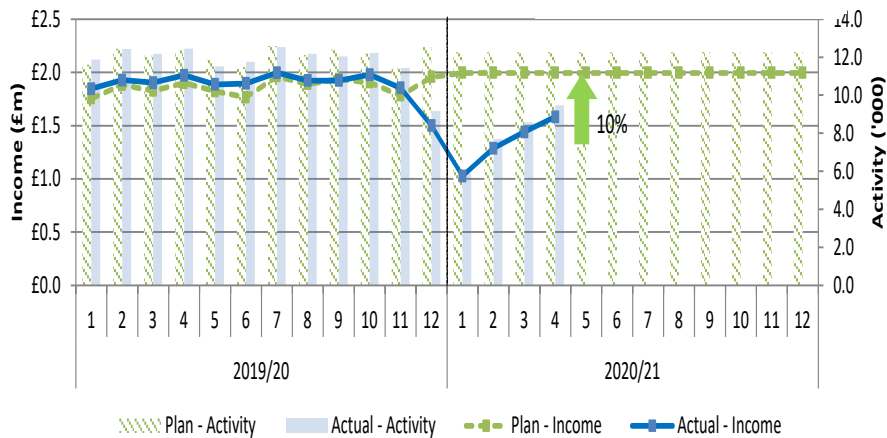
**Outpatients**

In month -5,604 activity, -£801,790  
YTD -49,291 activity, -£7,128,607



**A&E**

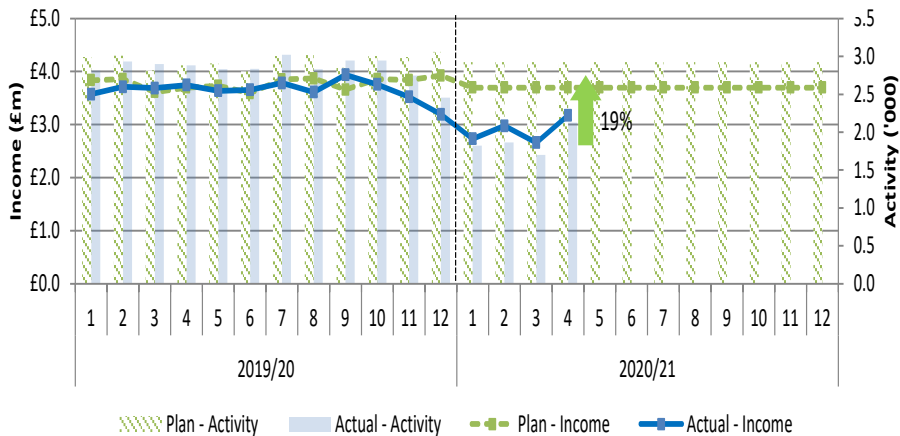
In month -5,604 activity, -£801,790  
YTD -49,291 activity, -£7,128,607



Clinical Income

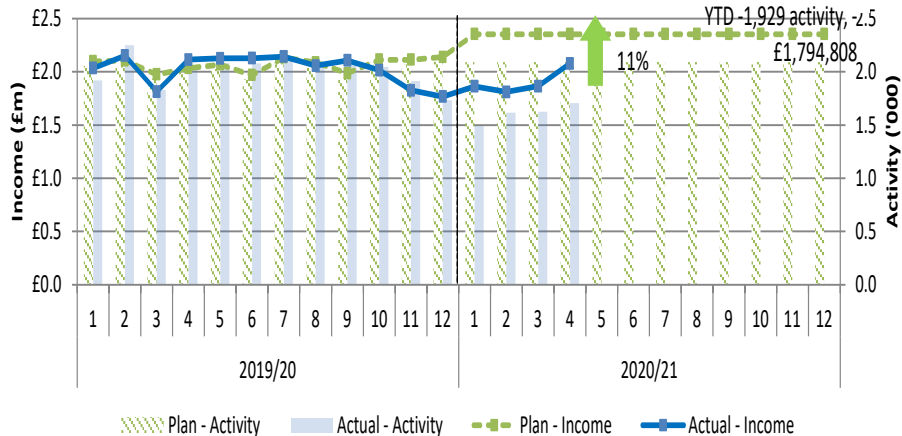
Adult critical care

In month -798 activity, -£521,639  
YTD -4,183 activity, -£3,244,251



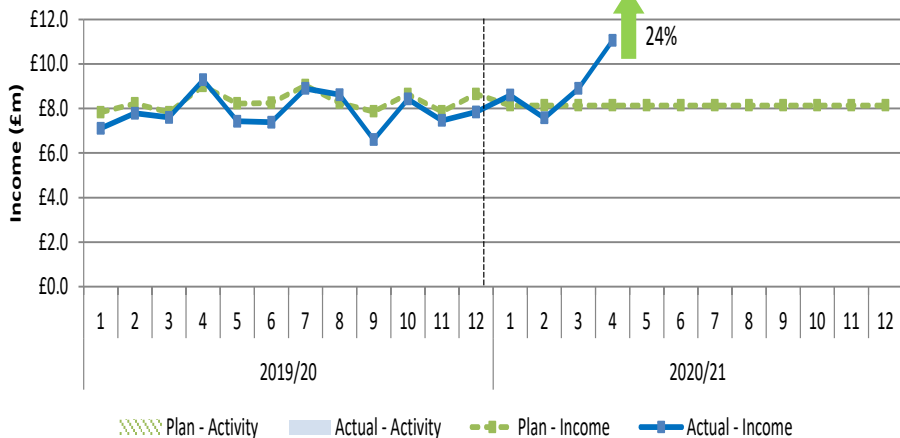
Neonatal & paediatric critical care

In month -386 activity, -£275,615  
YTD -1,929 activity, -£1,794,808



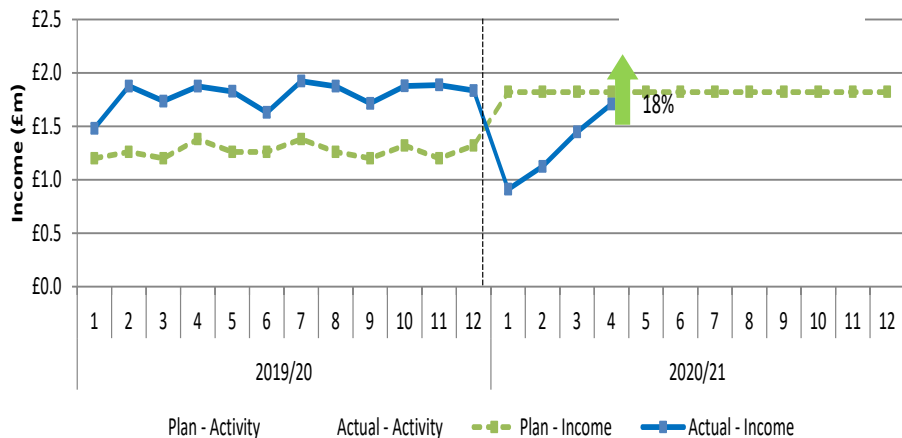
Tariff excluded drugs

In month +£2,921,219  
YTD +£3,575,217



Tariff excluded devices

In month -£111,454  
YTD -£2,089,843



Income and Activity

The tables shown illustrate by division and care group the % of the activity and income plan being achieved across months 1-4 for elective and outpatient activity.

Elective activity has improved in July to 73% of pre-Covid levels. There is however variation at care group level although all care groups are now over 55%.

Key to note, for the future financial regime, is that when restated for the removal of independent sector activity this would be 57% of the price plan for July. If pre-Covid independent sector activity is removed from the target this % improves slightly to 61%.

Outpatient activity has improved in July to 89% of pre-Covid levels. Within this non face to face attendances have been priced in an equivalent manner to face to face attendances to avoid a distortion as many more attendances are now taking place virtually.

Elective Activity as % of Plan		Activity as % of Plan				Income as % of Plan				M4 Excluding independent sector actuals	
Division	Care Group	1	2	3	4	1	2	3	4	Activity	Income
DIVISION A	CANCER CARE	54%	56%	58%	86%	50%	47%	53%	82%	86%	82%
	SURGERY	27%	33%	53%	70%	32%	48%	64%	78%	46%	49%
DIVISION A Total		40%	44%	56%	77%	36%	48%	61%	79%	65%	56%
DIVISION B	OPHTHALMOLOGY	4%	10%	46%	55%	7%	11%	48%	57%	47%	50%
	SPECIALIST MEDICINE	29%	34%	50%	75%	23%	29%	50%	73%	72%	70%
DIVISION B Total		23%	28%	49%	70%	17%	23%	49%	67%	66%	63%
DIVISION C	CHILD HEALTH	41%	43%	61%	85%	27%	40%	60%	82%	85%	82%
	WOMEN'S HEALTH	49%	44%	54%	59%	55%	48%	52%	68%	26%	31%
DIVISION C Total		43%	43%	59%	78%	34%	42%	58%	79%	70%	69%
DIVISION D	CARDIOVASCULAR & THORACIC	31%	35%	63%	80%	36%	36%	56%	68%	75%	63%
	NEUROSCIENCES	50%	44%	66%	89%	35%	45%	65%	101%	77%	68%
	RADIOLOGY	25%	26%	47%	50%	28%	36%	51%	59%	49%	57%
	TRAUMA & ORTHOPAEDICS	12%	22%	40%	56%	12%	21%	46%	56%	13%	15%
DIVISION D Total		30%	33%	55%	70%	29%	34%	55%	70%	55%	51%
<b>Total</b>		<b>32%</b>	<b>36%</b>	<b>54%</b>	<b>73%</b>	<b>30%</b>	<b>37%</b>	<b>56%</b>	<b>73%</b>	<b>64%</b>	<b>57%</b>

Outpatient Activity as % of Plan		Activity as % of Plan				Income as % of Plan			
Division	Care Group	1	2	3	4	1	2	3	4
DIVISION A	CANCER CARE	103%	107%	124%	124%	101%	106%	123%	123%
	SURGERY	56%	62%	85%	85%	48%	54%	73%	77%
DIVISION A Total		79%	84%	104%	104%	76%	81%	99%	101%
DIVISION B	ACUTE MEDICINE	34%	56%	76%	62%	35%	59%	72%	65%
	EMERGENCY MEDICINE	44%	72%	92%	90%	44%	68%	92%	91%
	OPHTHALMOLOGY	27%	43%	64%	78%	26%	41%	63%	76%
	SPECIALIST MEDICINE	59%	73%	98%	93%	54%	66%	79%	88%
DIVISION B Total		44%	59%	82%	85%	42%	56%	73%	83%
DIVISION C	CHILD HEALTH	87%	87%	105%	96%	88%	87%	94%	95%
	SUPPORT SERVICES	54%	62%	68%	67%	49%	57%	59%	62%
	WOMEN'S HEALTH	63%	64%	81%	94%	58%	59%	80%	93%
DIVISION C Total		71%	73%	87%	87%	73%	74%	85%	91%
DIVISION D	CARDIOVASCULAR & THORACIC	59%	68%	87%	82%	56%	65%	83%	80%
	NEUROSCIENCES	68%	69%	92%	87%	65%	66%	82%	88%
	RADIOLOGY	65%	57%	77%	57%	50%	47%	57%	44%
	TRAUMA & ORTHOPAEDICS	50%	54%	68%	79%	50%	54%	63%	76%
DIVISION D Total		59%	64%	82%	82%	58%	63%	77%	82%
<b>Total</b>		<b>62%</b>	<b>69%</b>	<b>88%</b>	<b>90%</b>	<b>61%</b>	<b>68%</b>	<b>83%</b>	<b>89%</b>

Income and Activity

Non elective activity has increased to over 90% of pre-Covid levels in month with some specialties reporting growth in year so showing over 100%.

It is expected activity levels for non elective will return to pre-Covid levels going forward as lockdown measures are eased.

Non Elective Activity as % of Plan		Activity as % of Plan				Income as % of Plan			
Division	Care Group	1	2	3	4	1	2	3	4
= DIVISION A	CANCER CARE	79%	93%	91%	98%	68%	75%	81%	105%
	SURGERY	46%	79%	90%	89%	56%	88%	94%	105%
DIVISION A Total		56%	83%	90%	92%	60%	83%	89%	105%
= DIVISION B	ACUTE MEDICINE	85%	76%	85%	88%	72%	79%	90%	88%
	EMERGENCY MEDICINE	45%	80%	83%	102%	35%	68%	70%	97%
	OPHTHALMOLOGY	64%	53%	47%	90%	76%	52%	50%	102%
	SPECIALIST MEDICINE	33%	66%	70%	66%	38%	75%	49%	57%
DIVISION B Total		62%	78%	83%	96%	60%	75%	83%	90%
= DIVISION C	CHILD HEALTH	45%	58%	68%	70%	71%	68%	88%	81%
	WOMEN'S HEALTH	83%	90%	91%	86%	89%	100%	94%	91%
DIVISION C Total		71%	80%	84%	81%	82%	89%	92%	87%
= DIVISION D	CARDIOVASCULAR & THORACIC	59%	72%	76%	92%	49%	55%	63%	86%
	NEUROSCIENCES	75%	89%	86%	96%	83%	97%	99%	100%
	RADIOLOGY	45%	63%	75%	67%	48%	64%	68%	66%
	TRAUMA & ORTHOPAEDICS	67%	73%	89%	104%	84%	81%	106%	109%
DIVISION D Total		64%	75%	82%	95%	66%	73%	83%	94%
<b>Total</b>		<b>63%</b>	<b>79%</b>	<b>84%</b>	<b>91%</b>	<b>66%</b>	<b>77%</b>	<b>85%</b>	<b>93%</b>

Productivity & Benchmarking

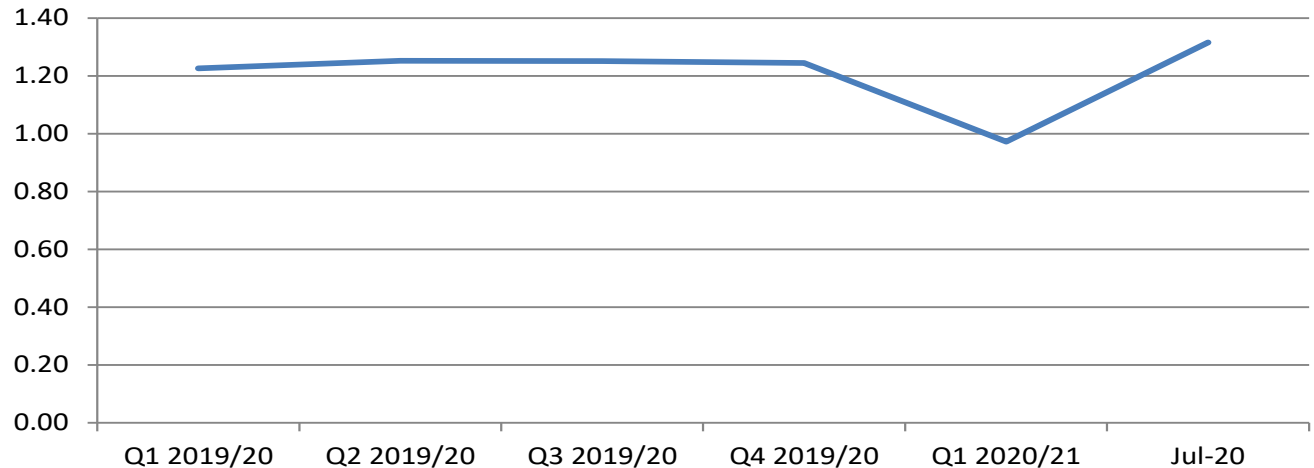
The current financial reporting framework of being brought back to break-even whilst achieving lower levels of activity makes it difficult to assess the performance of the Trust. Monitoring the ratio between proxy income and pay shows July returned to pre-Covid levels of productivity. This is slightly distorted due to pass thru drugs (within income) that will be removed from the analysis going forward.

The bar graph shows the comparator performance of neighbouring hospital trusts when assessing their level of PbR equivalent revenue as a % of their block contract.

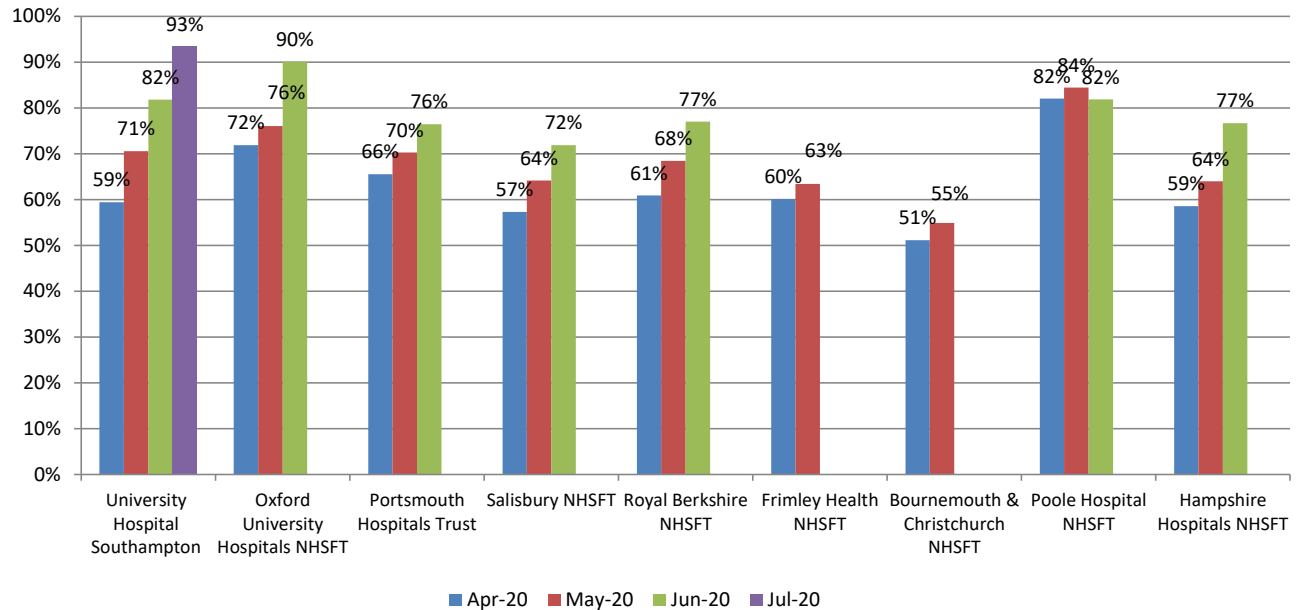
Distortions could exist (e.g. high cost drugs, specialised high-cost activity) however, and this isn't necessarily in correlation with productivity. The level of private sector provision available locally in addition to the specific geography for each trust all has a bearing.

Some specific work has started with Oxford reviewing any successes or learning that may be transferable to UHS.

Income £ to Pay £ Ratio



PbR % equivalent of Block Contract (£)

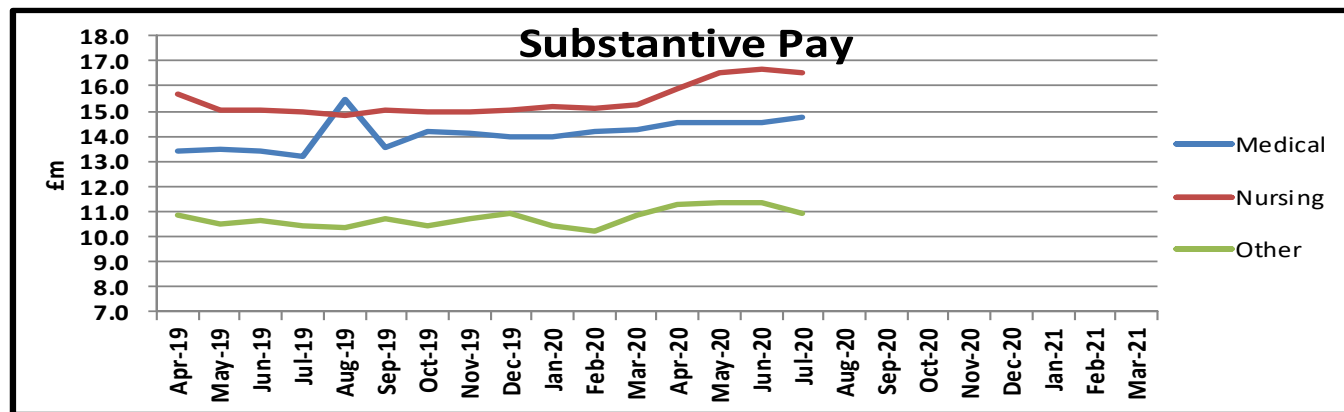
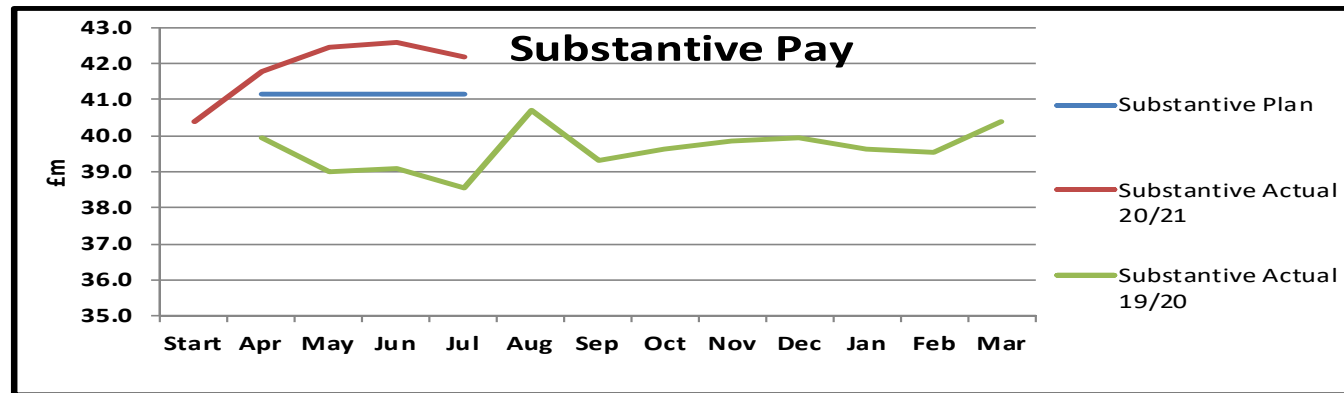
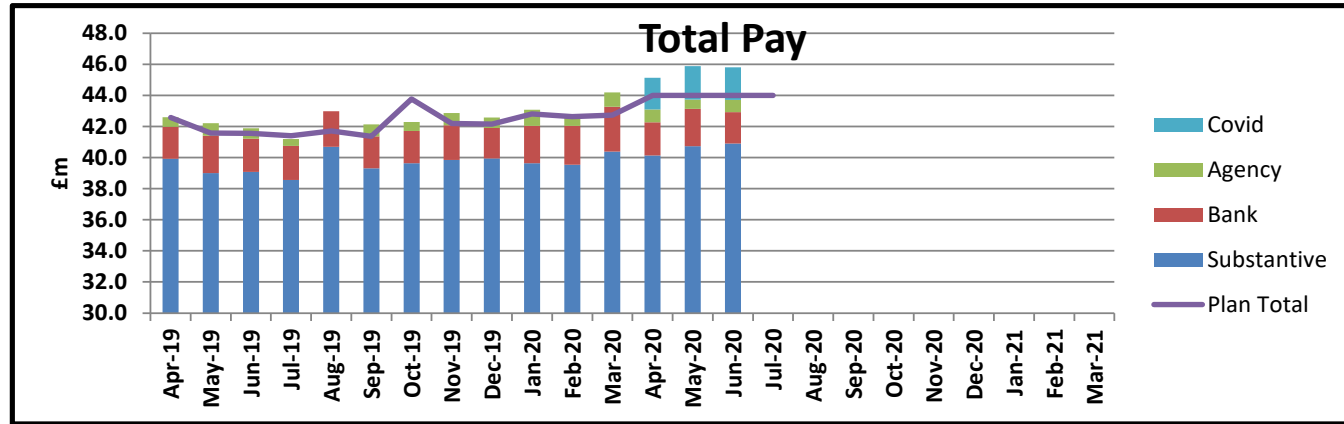


Substantive Pay Costs

Total pay expenditure in July was £45.7m (down £0.1m from June). There were no bank holiday enhancements in month (£0.35m in June) although included £0.2m of pay arrears relating to overseas recruits.

Covid related staffing expenditure totalled £1.8m. This has funded sickness / self isolation backfill in addition to increased medical and nursing staffing costs, and other elements of workforce expansion. These additional elements are forecast to reduce from August as a large number of shielding staff return and student nurses and doctors start to take up substantive posts.

Some Covid related pay costs will remain however as the trust continues to run segregated pathways in ED and requires increased staff to support testing as well as exit and entrance teams. Attempts are being made to rationalise these costs where possible.

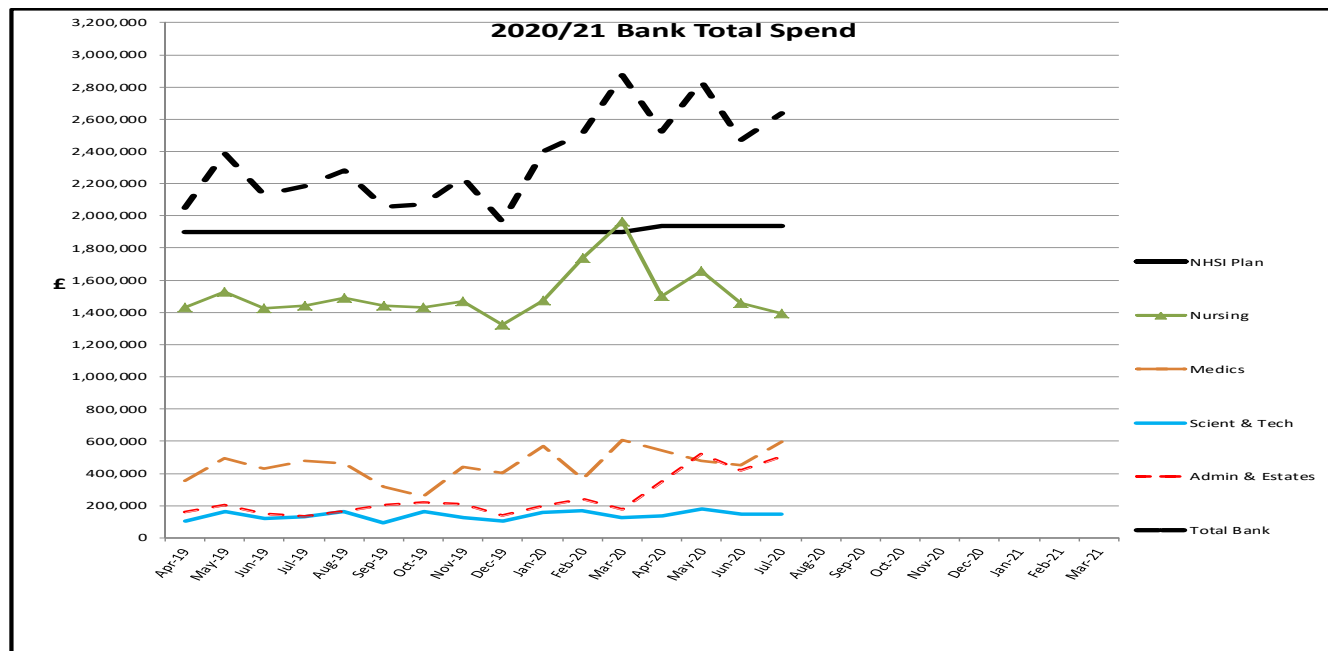
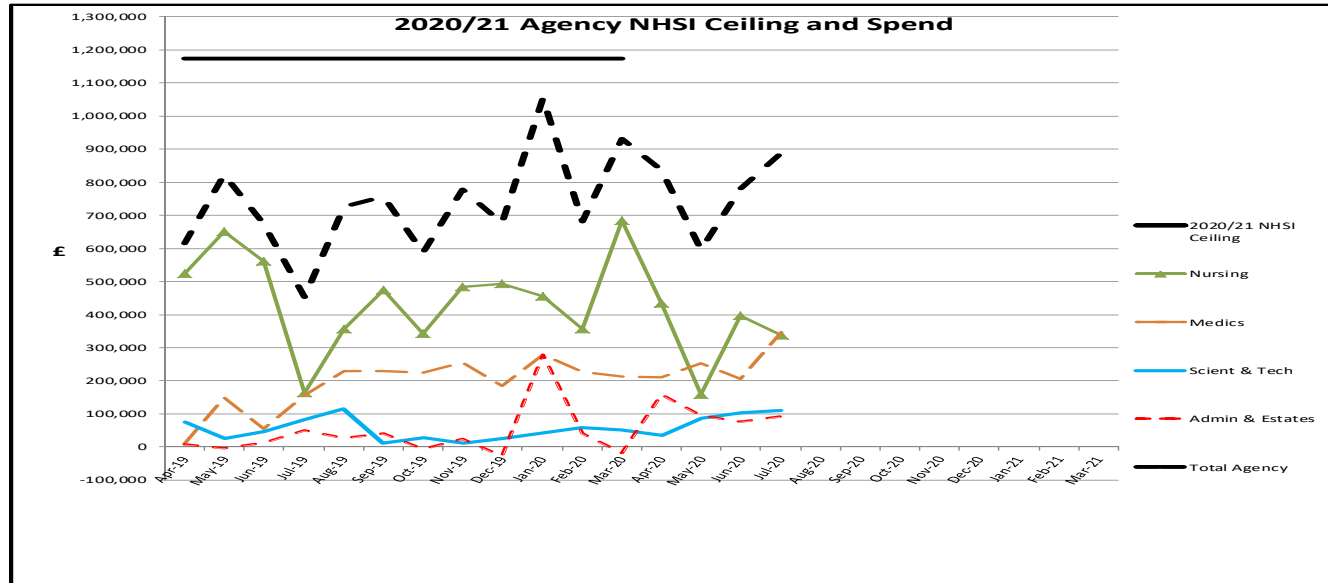


Temporary Staff Costs

Agency spend has increased by £0.3m from June to July. This is partly due to staff returning to host areas to support elective recovery meaning several areas, such as critical care, are now requiring greater agency usage.

Previously staffing requirements have been flexed down in many elective focused service areas in order to support Covid-19 patients.

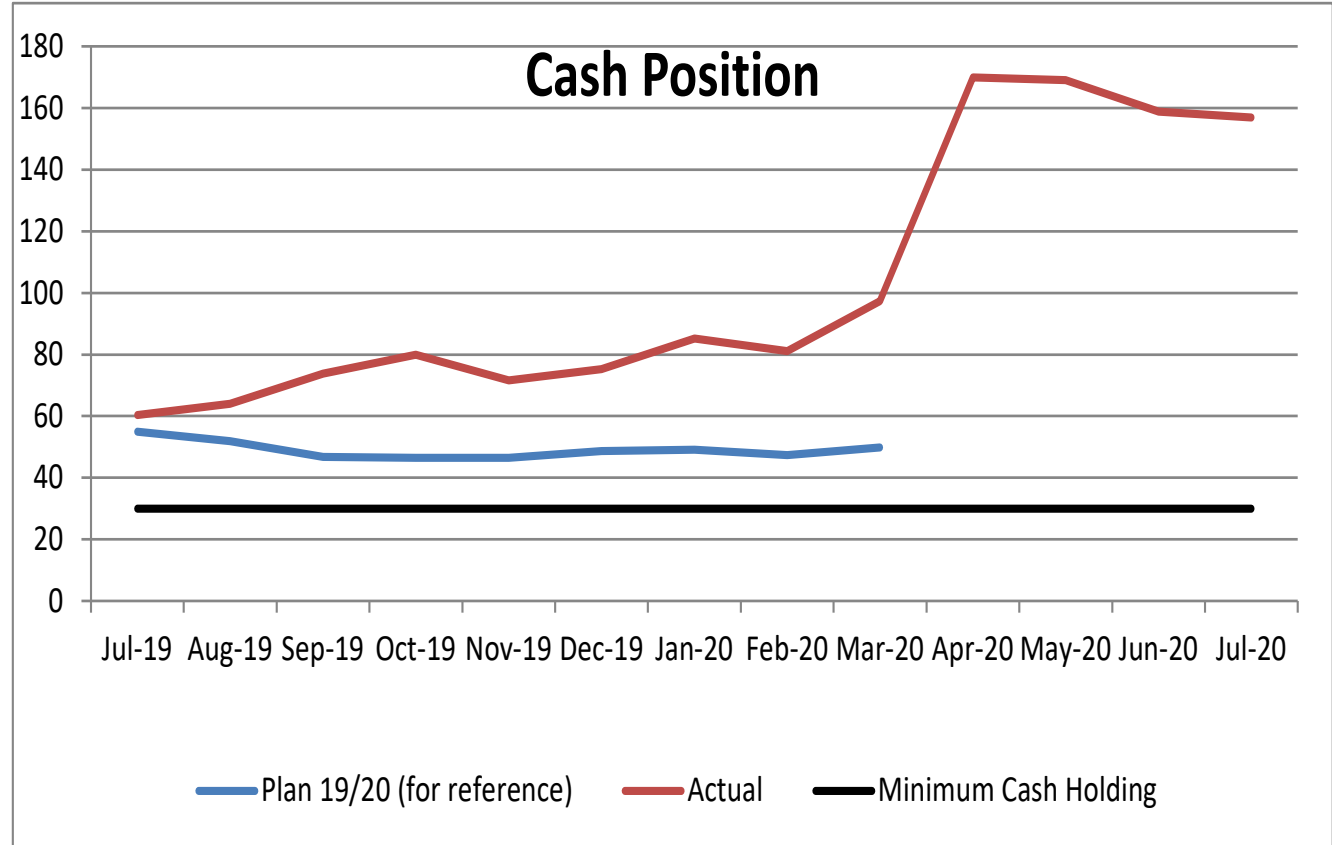
Expenditure on bank staff was up £0.2m from June and remains consistent with usage since January 2020. This does however continue to be above average levels of spend in 19/20 by c£0.4m per month. This is driven mainly by admin bank usage which has been deployed to staff the entrances and exits to the trust 24/7 costing £150k per month. This area of spend is under review as it has led to admin and estates bank spend doubling when compared to pre-Covid levels.



Cash

The cash balance reduced slightly from June to July (down £1.9m) although remains significantly up from 2019/20. The significant step change seen from April follows a change in the cash regime of the NHS as monthly block contract payments are now paid in advance of the month required. This is an interim measure due to Covid and is likely to be reversed in year.

Adjusting for that, cash still continues to remain significantly higher than the minimum holding.



## Capital Expenditure

(Fav Variance) / Adv Variance

The capital expenditure position for the year to July shows expenditure of £18.4m against a plan of £19.3m, £0.9m below that budgeted. Excluding externally funded schemes and Covid 19 related expenditure, which should be reclaimed, the expenditure is £14.6m against a plan of £18.2m, £3.7m below budget.

The most significant areas of underspend YTD are leases (£1.3m underspent) and IT where much of the infrastructure spend has been recorded in the Covid 19 budget line (£1.3m underspent). We are currently forecasting to underspend on internally funded schemes by £2.6m. This is mainly due the fact that approximately £3.1m of expenditure on the Vertical Extension E Level Fit Out scheme will be delayed until 2021-22 as the existing GICU will now not be refurbished this financial year. The overall forecast position is £10.2m above the original plan, but this is due to new externally funded schemes, notably the expansion and refurbishment of the ED for which the trust will receive £9m.

Scheme	Month			Year to Date			Full Year Forecast		
	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's
Childrens Hospital/ED Adult Resus	0	144	(144)	890	705	185	1,141	1,502	(361)
IT Schemes	680	(4)	684	2,262	1,010	1,252	7,564	6,564	1,000
Strategic Maintenance	250	346	(96)	954	1,028	(74)	3,750	3,750	0
Medical Equipment Panel	50	2	48	263	342	(79)	1,000	1,000	0
GICU Expansion	1,494	1,276	218	6,181	6,282	(101)	12,128	12,128	0
Fit out of E Level, Vertical Extension	121	99	22	255	205	50	5,013	1,913	3,100
Refurbish Eye Theatre	0	182	(182)	8	314	(306)	1,849	1,849	0
Theatre K Plant Room	10	210	(200)	160	398	(238)	334	334	0
Spend to Save	149	149	0	511	414	97	810	1,460	(650)
Radiotherapy Equipment	137	1	136	603	156	447	700	700	0
Decorative Improvements / Staff Fund	50	0	50	200	0	200	600	600	0
ED offices and minors space	239	1	238	258	16	242	586	586	0
Fit out of E & F level North Wing Courtyard	22	60	(38)	1,207	534	673	1,207	636	571
East Wing Annex Shell	0	21	(21)	0	33	(33)	1,490	1,490	0
Oncology Ward Build	600	334	266	1,174	820	354	5,782	5,930	(148)
Side Rooms	0	0	0	0	0	0	932	932	0
Other Projects	455	232	222	1,306	856	450	3,576	4,077	(501)
Assumed Slippage	1,717	0	1,717	132	0	132	(1,423)	(1,000)	(423)
<b>Total Trust Funded Capital excl Finance Leases</b>	<b>5,974</b>	<b>3,053</b>	<b>2,921</b>	<b>16,364</b>	<b>13,114</b>	<b>3,250</b>	<b>47,039</b>	<b>44,451</b>	<b>2,588</b>
Finance Leases - Medical Equipment Panel	150	0	150	350	0	350	2,200	2,200	0
Finance Leases - Divisional Equipment	42	0	42	168	0	168	500	467	33
Finance Leases - ISS	880	889	(9)	2,325	1,887	438	5,535	5,535	0
Finance Leases - Other	100	0	100	319	0	319	2,265	2,265	0
Donated Asset Additions	(231)	(450)	219	(1,282)	(450)	(832)	(3,482)	(3,482)	0
<b>Total Trust Funded Capital Expenditure (CDEL Allocation)</b>	<b>6,915</b>	<b>3,492</b>	<b>3,422</b>	<b>18,244</b>	<b>14,550</b>	<b>3,694</b>	<b>54,057</b>	<b>51,436</b>	<b>2,621</b>
Energy Efficiency	194	62	132	884	1,008	(124)	1,667	1,667	0
Fit out of E Level, Vertical Extension	0	0	0	0	0	0	5,000	5,000	0
ED Expansion and Refurbishment	0	0	0	0	0	0	0	9,000	(9,000)
Backlog Maintenance	0	0	0	0	0	0	1,730	1,730	0
Digital Maternity (STP Wave 3)	0	0	0	0	0	0	1,350	675	675
Digital Outpatients (STP Wave 3)	0	0	0	0	0	0	589	295	294
HSLI Enterprise Wide Scheduling	37	4	33	148	17	131	444	444	0
Pathology Digitisation	0	0	0	0	0	0	1,080	0	1,080
Coronavirus Equipment and Works	0	552	(552)	0	2,841	(2,841)	0	5,890	(5,890)
<b>Total CDEL Expenditure</b>	<b>7,146</b>	<b>4,110</b>	<b>3,036</b>	<b>19,276</b>	<b>18,417</b>	<b>859</b>	<b>65,917</b>	<b>76,137</b>	<b>(10,220)</b>

## Statement of Financial Position

(Fav Variance) / Adv Variance

The June statement of financial position illustrates net assets of £437.2m which is broadly similar to May.

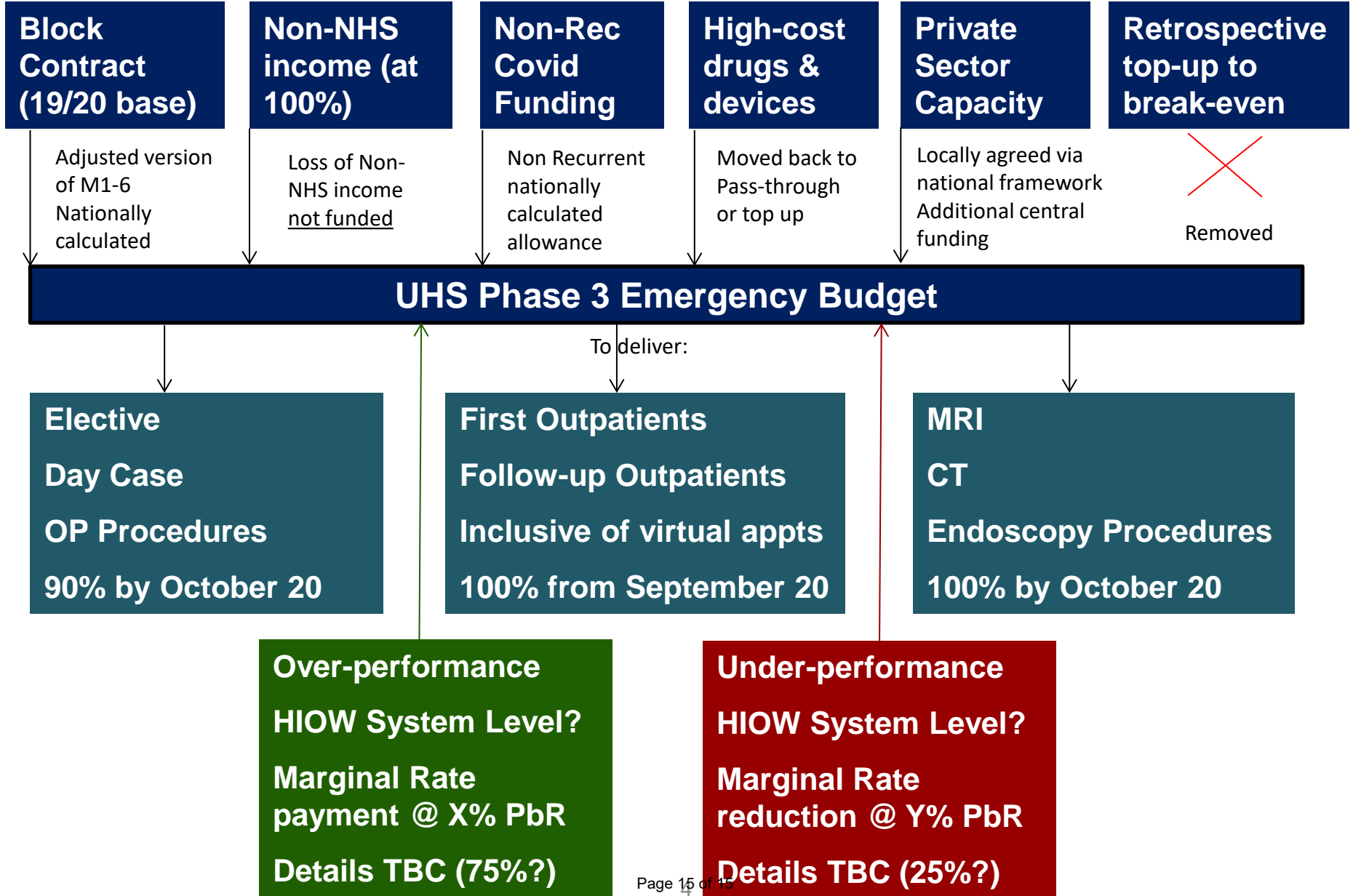
Working capital movements have created contra variances between payables and receivables in month.

The payables balance is distorted when compared to 2019/20 as it includes £63m of deferred income as block contract payments are currently paid in advance. Normalising for this payables are flat compared to the closing position for 2019/20. This continues to be an area of focus for the finance department.

Statement of Financial Position	2019/20 Actuals £m	2020/21		
		M3 Act £m	M4 Act £m	MoM Movement £m
Fixed Assets	379.0	386.1	389.0	2.8
Inventories	15.2	14.2	14.5	0.3
Receivables	73.0	56.3	67.2	10.9
Cash	97.3	158.9	157.0	(1.9)
Payables	(115.6)	(167.9)	(179.1)	(11.2)
Current Loan	(3.3)	(3.5)	(3.5)	(0.0)
Current PFI and Leases	(7.4)	(7.8)	(7.9)	(0.1)
<b>Net Assets</b>	<b>438.2</b>	<b>436.3</b>	<b>437.2</b>	<b>0.9</b>
Non Current Liabilities	(20.4)	(20.6)	(20.8)	(0.2)
Non Current Loan	(11.5)	(10.5)	(10.2)	0.3
Non Current PFI and Leases	(33.4)	(32.6)	(32.7)	(0.1)
<b>Total Assets Employed</b>	<b>372.9</b>	<b>372.6</b>	<b>373.5</b>	<b>0.9</b>
Public Dividend Capital	220.7	220.7	221.3	0.5
Retained Earnings	132.0	131.6	132.0	0.4
Revaluation Reserve	20.2	20.2	20.2	0.0
Other Reserves	0.0	0.0	0.0	0.0
<b>Total Taxpayers' Equity</b>	<b>372.9</b>	<b>372.6</b>	<b>373.5</b>	<b>0.9</b>

Financial Regime Changes

Emergency Budget – Phase 3 (M7 to M12)



Report to the Trust Board of Directors dated Thursday, 27 August 2020				
<b>Title:</b>	<b>Integrated Performance Report 2020/21 Month 4</b>			
<b>Agenda item:</b>	<b>4.4</b>			
<b>Sponsor:</b>	<b>Chief Executive</b>			
<b>Date:</b>	<b>24 August 2020</b>			
<b>Purpose</b>	<b>Assurance or reassurance Y</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>
<b>Issue to be addressed:</b>	<p>This report is intended to support the Trust Board in assuring that:</p> <ul style="list-style-type: none"> <li>the care we provide is safe, caring, effective, responsive and well led in the context of the Covid 19 pandemic</li> <li>at the same time we continue our journey toward our vision of World Class Care for Everyone.</li> </ul>			
<b>Response to the issue:</b>	<p>For the year 2020/21 the Integrated Performance Report has adapted to reflect the current operating environment. In particular we have aligned it with the Care Quality Commission Key Lines of Enquiry and then cut it again to reflect delivery of our Strategic Goals and annual corporate objectives.</p>			
<b>Implications: (Clinical, Organisational, Governance, Legal?)</b>	<p>This report covers a broad range of trust services and activities. It is intended to assist the Board in assuring that the Trust meets regulatory requirements and corporate objectives.</p>			
<b>Risks: (Top 3) of carrying out the change / or not:</b>	<p>This report is provided for the purpose of assurance.</p>			
<b>Summary: Conclusion and/or recommendation</b>	<p>This report is provided for the purpose of assurance.</p>			

# Integrated KPI Board Report

covering up to

Jul 2020

Sponsor - Andrew Asquith, Director of Financial and Productivity Improvement,  
[andrew.asquith@uhs.nhs.uk](mailto:andrew.asquith@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		<p>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</p> <ul style="list-style-type: none"> <li>-Go outside control limits</li> <li>-Have 6 points in a row above or below the mean,</li> <li>-Trend for 6 points,</li> <li>-Have 2 out of 3 points past 2/3 of the control limit,</li> <li>-Show a significant movement (greater than the average moving range).</li> </ul>
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.

## Introduction

The Trust Integrated Performance Report is presented to the Trust Board each month.

For the year 2020/21 the Integrated Performance Report has adapted to reflect the current operating environment. In particular we have aligned it with the Care Quality Commission Key Lines of Enquiry and then cut it again to reflect delivery of our Strategic Goals and annual corporate objectives in order to:

- Demonstrate that we can assure ourselves that the care we provide is safe, caring, effective, responsive and well led in the context of the Covid 19 pandemic
- Ensure that at the same time we continue our journey toward our vision of World Class Care for Everyone.

We might adjust/ or add to these indicators – informing the Board and keeping a comparative narrative – if the situation changes as we work through these unusual circumstances. An example of this might be measuring vulnerable groups as the evidence around COVID emerges.

The monthly Trust Integrated Performance Report is currently complemented by a 'Covid-19 Balanced Scorecard' which is considered by the UHS Integrated Assurance Group, and also available to Board Members, on alternate weeks.

## July 2020 Summary

During July the direct impact of Covid 19 infections upon the Trust continued to reduce. The number of beds occupied by patients with Covid 19 reduced from a total of 15 to 5 during the month, and a total 14 patients were discharged during the month having had a positive diagnosis during their inpatient stay.

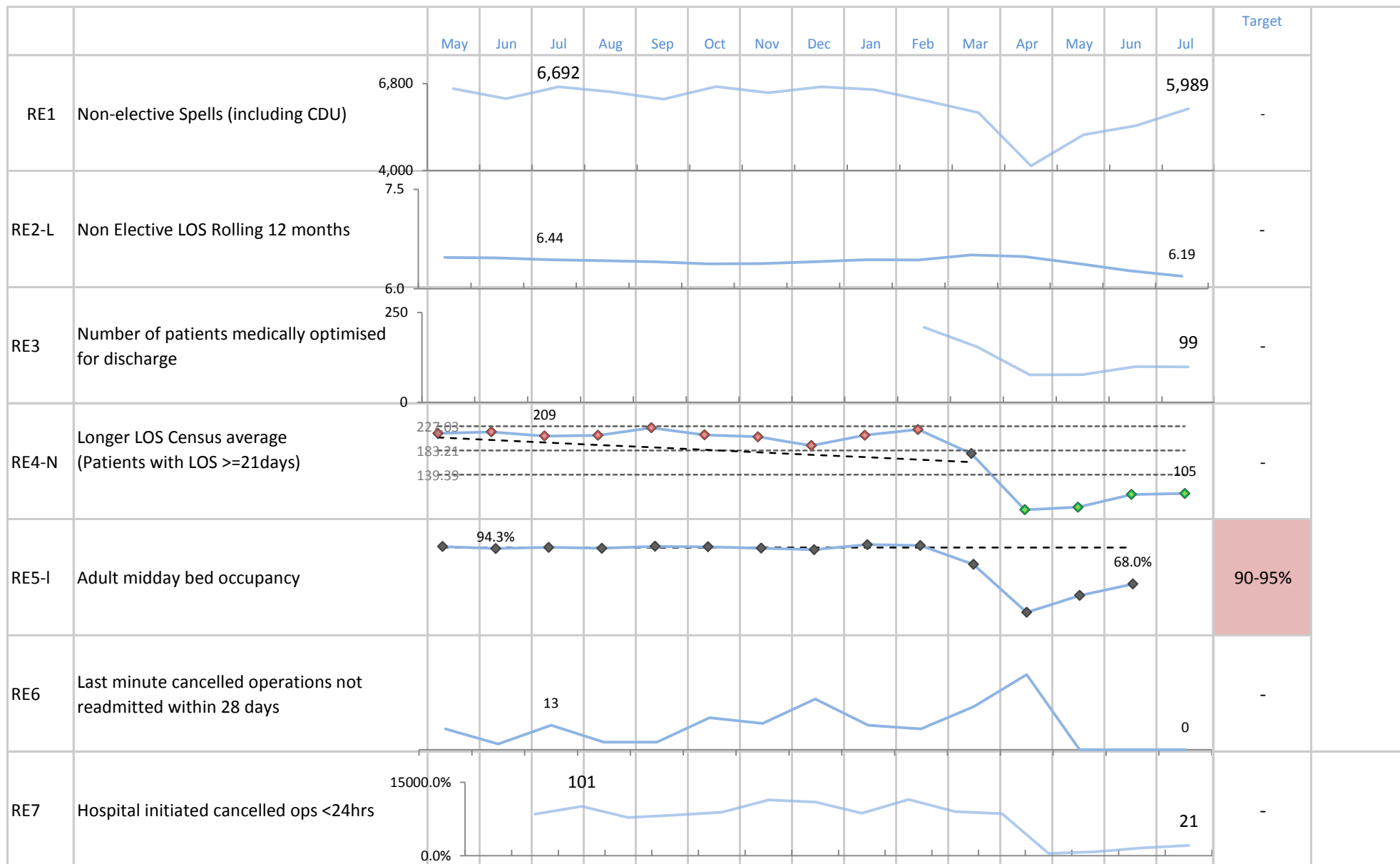
Non-elective admission volumes in total remained at approximately 90% of their normal levels. Elective referrals increased to approximately 66% of their normal levels.

Elective care activity as a whole continued to be significantly adversely impacted; primarily by the need to adhere to a range of additional infection control measures, and by restrictions to the types of care some of our staff could safely provide due to their own health risk factors.

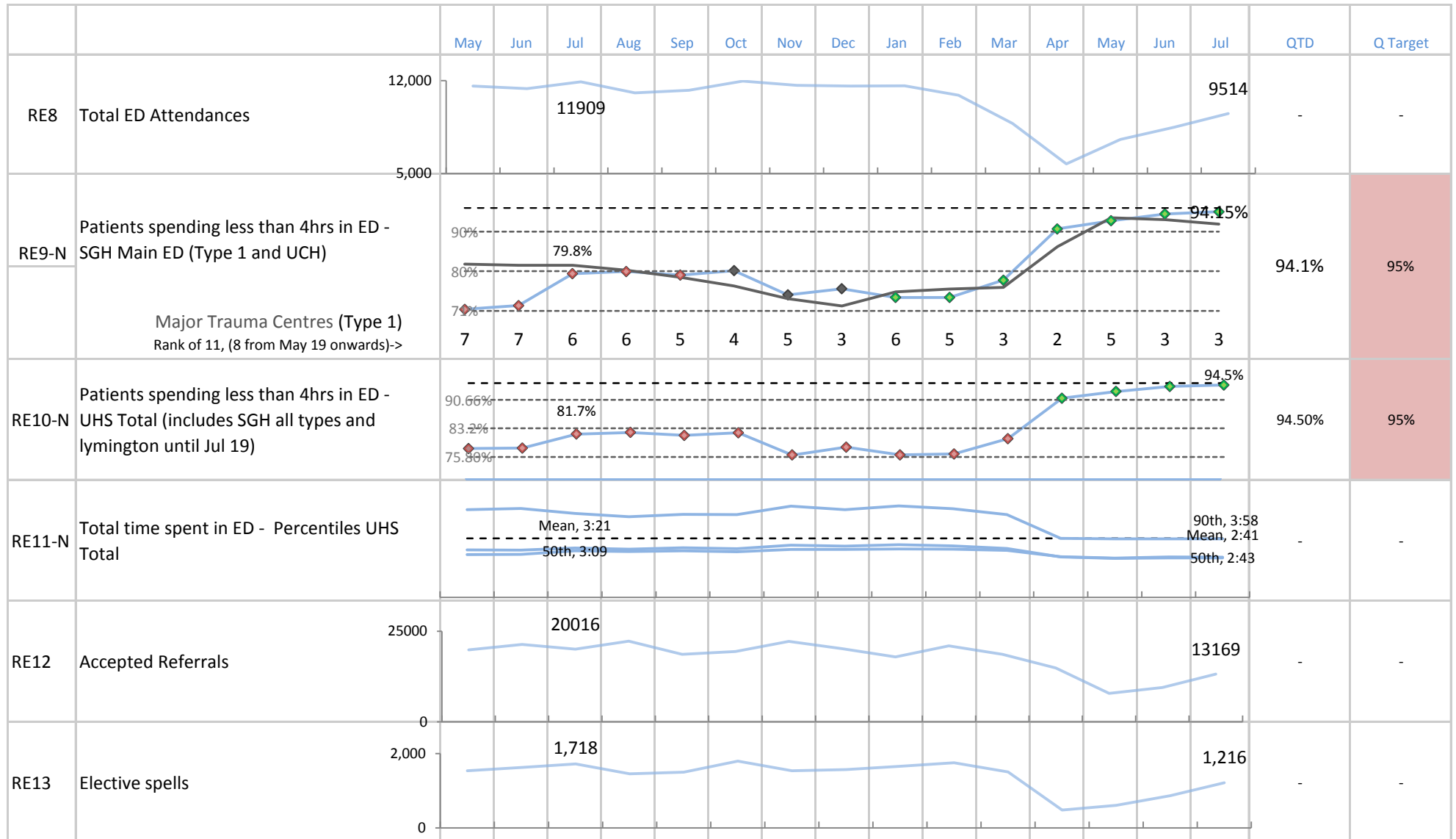
The trust has sought to prioritise the reduced elective capacity available towards those patients requiring assessment or treatment more urgently, and to provide assessments by telephone or video whenever appropriate.

The trust is developing a range of activity recovery and service change plans in order to further respond to the challenge of meeting patient's needs in the current environment where patients and staff require additional protection from the threat of Covid 19 transmission.

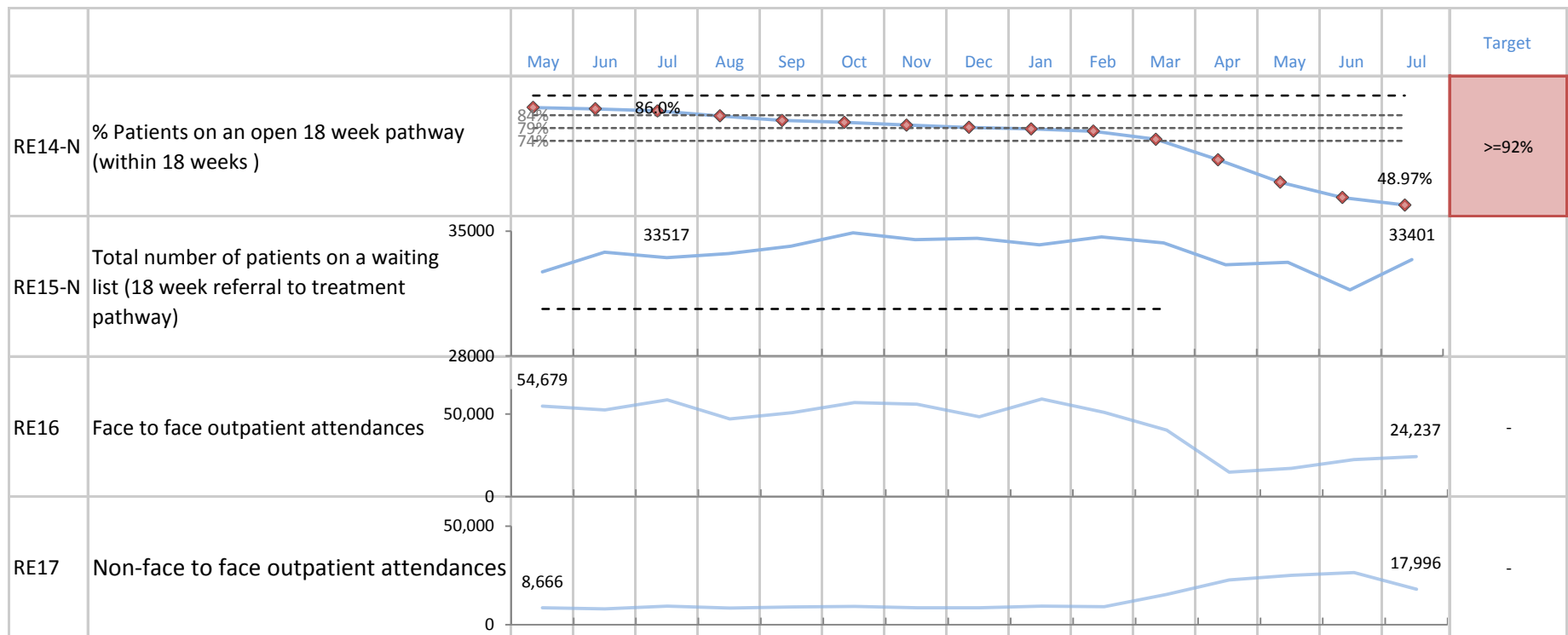
- Emergency Department timeliness continued to improve in July, reaching 94.5% across the month (RE 10). Other Trusts have also achieved similar improvement, though UHS had the third best performance out of 8 'peer' Major Trauma Centres (RE9). Attendance numbers increased to approximately 80% of the normal level (RE 8), whilst enhanced infection control precautions remained in place.
- Reductions in the amount of elective care that we are able to provide are resulting in significant increases in the length of time that patients are waiting for appointments, investigations and treatments. We are focussed on responding to this challenge as quickly as possible but need to exercise appropriate caution to ensure service activity is increased in a way that is safe for patients and staff. The data demonstrates steady increases in elective admissions in July to approximately 71% of normal (RE 13), and in outpatients a) a substantial increase in the contribution of non-face to face appointments b) modest increases in total activity in June and July to approximately 71% of normal (RE 16 / 17).
- The percentage of patients waiting up to 18 weeks from referral to treatment deteriorated further to 49% (RE 14). The total number of patients waiting has returned to pre-Covid levels (RE 15), and is expected to increase further, due to the recovery in the number of referrals being made to hospital (RE 12). The percentage of patients waiting more than 6 weeks for a diagnostic test (RE 20) also reduced from 42% to 35%, though the total number of patients waiting continued to increase and is now at pre-Covid levels (RE 19). The average waiting time for new outpatient appointments reduced significantly in July (RE 18).
- Cancer performance measures for June indicate that UHS 62 day performance (RE 21) improved and was the second best amongst our 10 'peer' teaching hospitals, and that 31 day performance (RE 22) improved to 96.5% and achieved the national standard. Performance levels are likely to improve further during July (based upon provisional data). The number of patients still waiting with pathways greater than 104 days (RE 23) has increased, but remains within our normal variation currently, we are working to address Covid 19 related impacts upon investigation for Colorectal and Head and Neck Cancer. The overall percentage of patients being 'diagnosed' within 28 days of referral (RE 24) has recovered to 80%, 5% above our target.



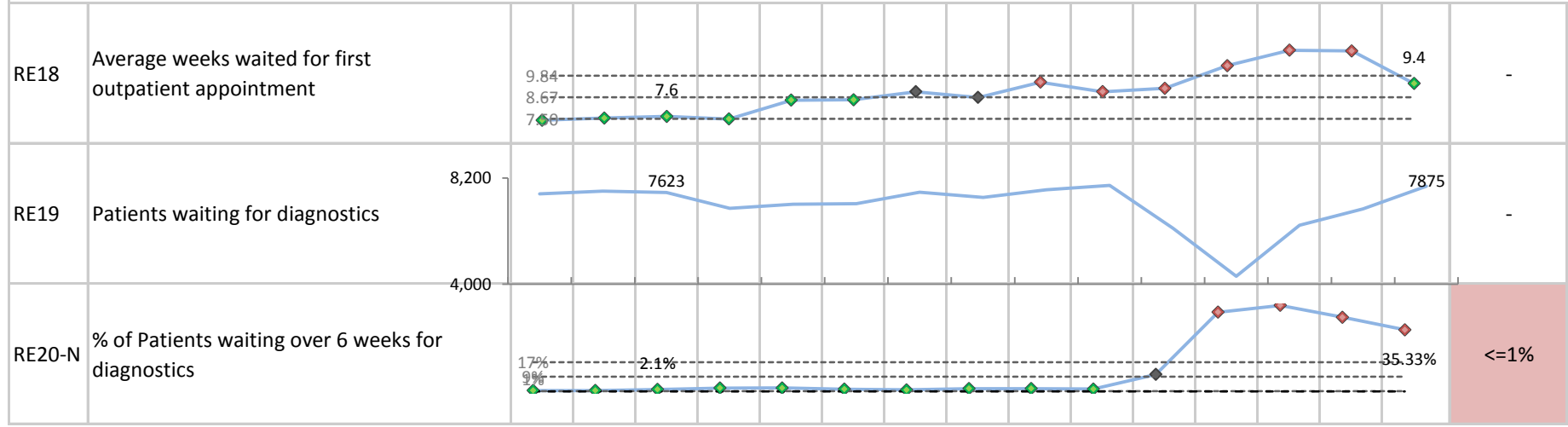
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 Previous Year     Target



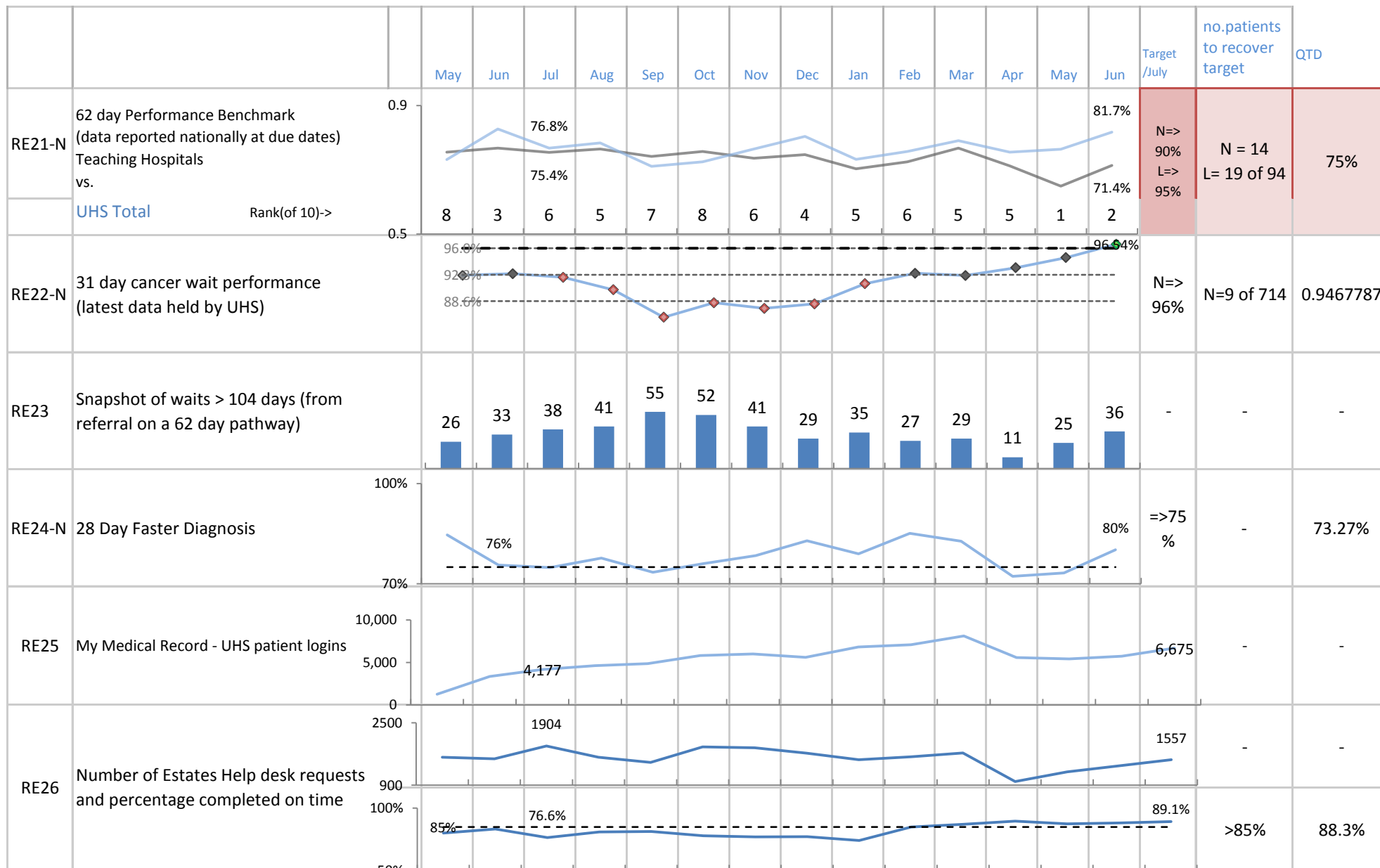
■ Current Data    ■ Benchmark  
■ Previous Year    ■ Target



RE17 - Latest month is awaiting approx ~3k outpatient attendances to be reported

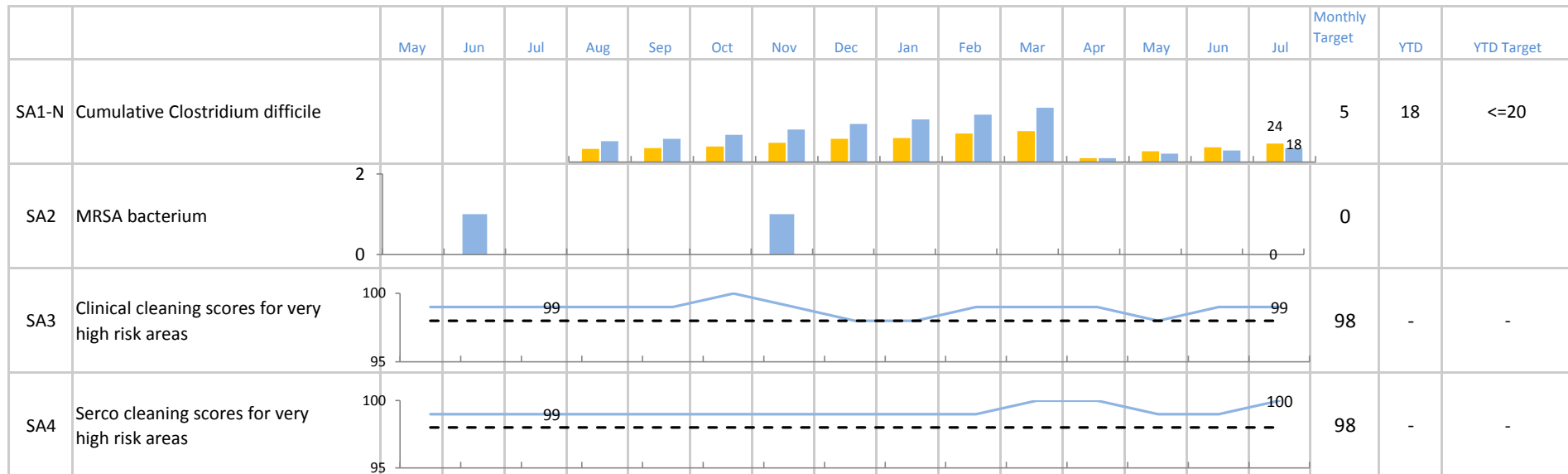


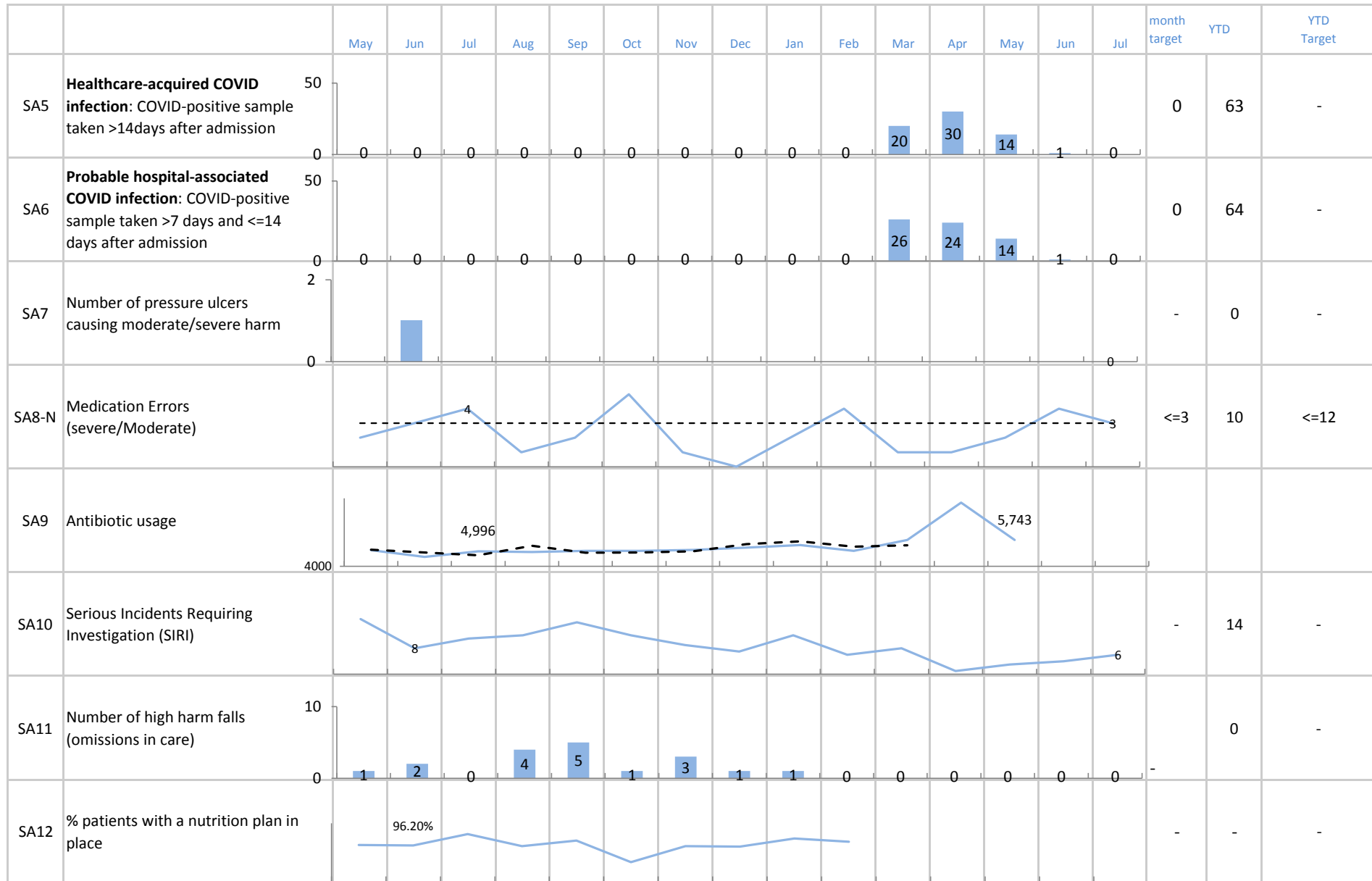
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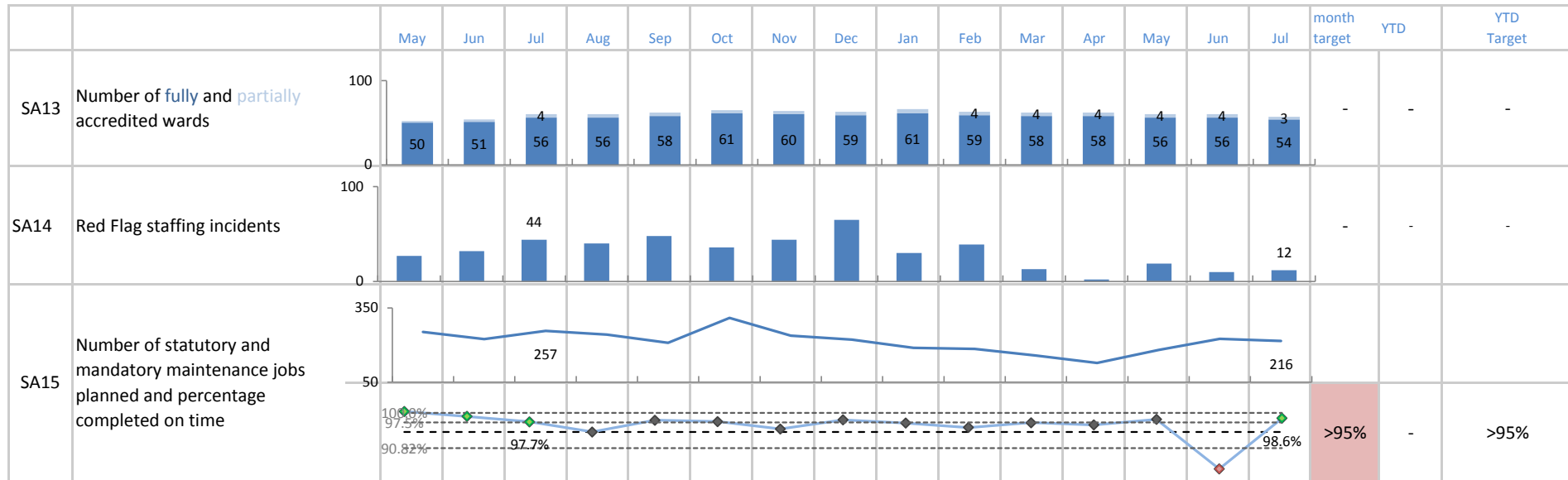
■ Current Data    ■ Benchmark  
■ Previous Year    ■ Target

- The majority of measures indicate that safety has been maintained during July.
- The level of red flag staffing incidents (SA 14) demonstrate the positive impact of redeployment of our staff between departments, employment of 3rd year students, and arrangements to enable staff with health risk factors to return safely to clinical roles, together with reductions in the number of patients being seen by the hospital.
- New Covid-19 diagnoses amongst hospital inpatients (SA 5, SA6) have reduced significantly, and there were no cases of ‘probable’ transmission or ‘healthcare-acquired’ Covid-19 in UHS inpatient services in July. In July the Trust launched the ‘Covid Zero’ campaign which aims to enable the Trust to return services as quickly as possible, whilst keeping staff and patients safe from the threat of COVID-19 by ensuring there is no transmission of the disease. The campaign encourages all people to follow government guidance when walking apart, wear a mask where you can’t, and continue to wash your hands as often as possible.
- A reduction in the percentage of statutory and mandatory maintenance completed on time seen in June has been rapidly addressed since, and returned to target in July.

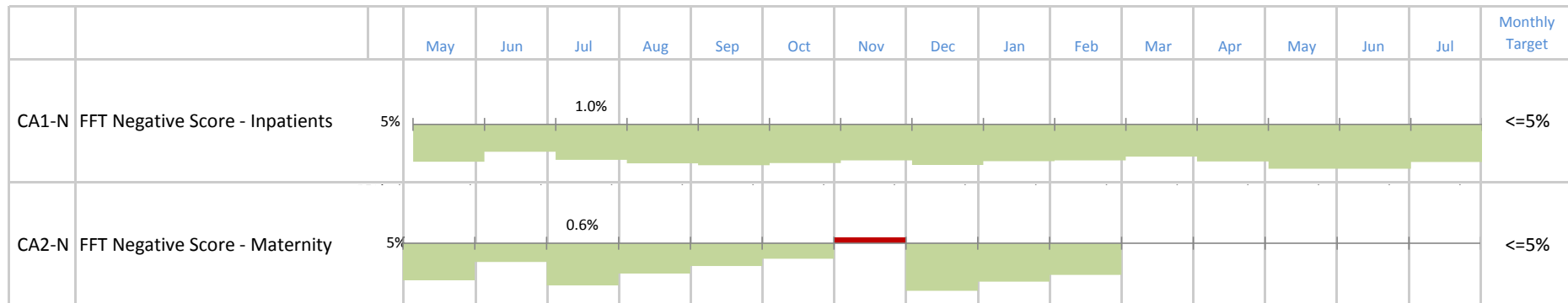




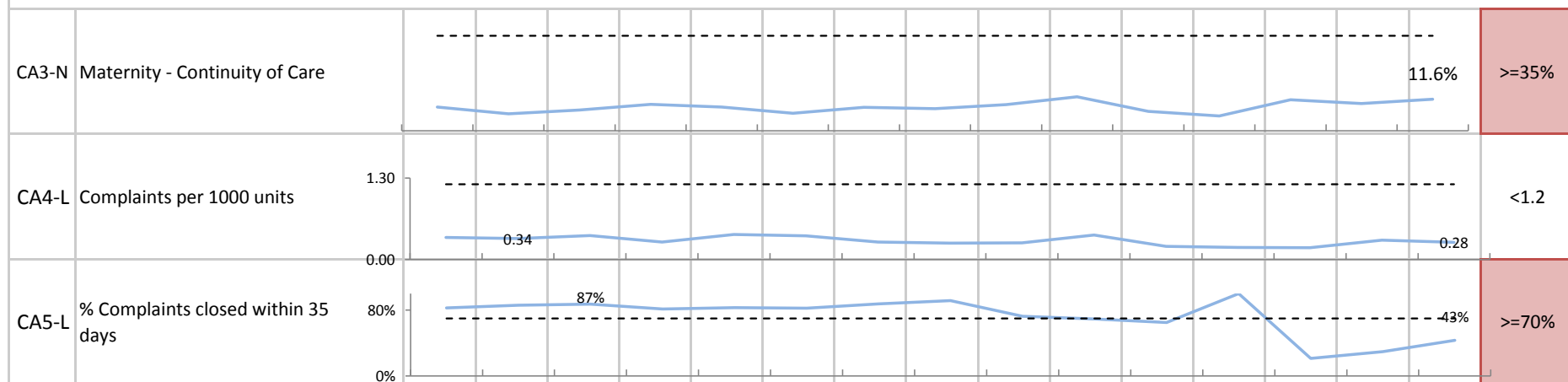
SA12 - on hold until further notice due to COVID-19 pressures



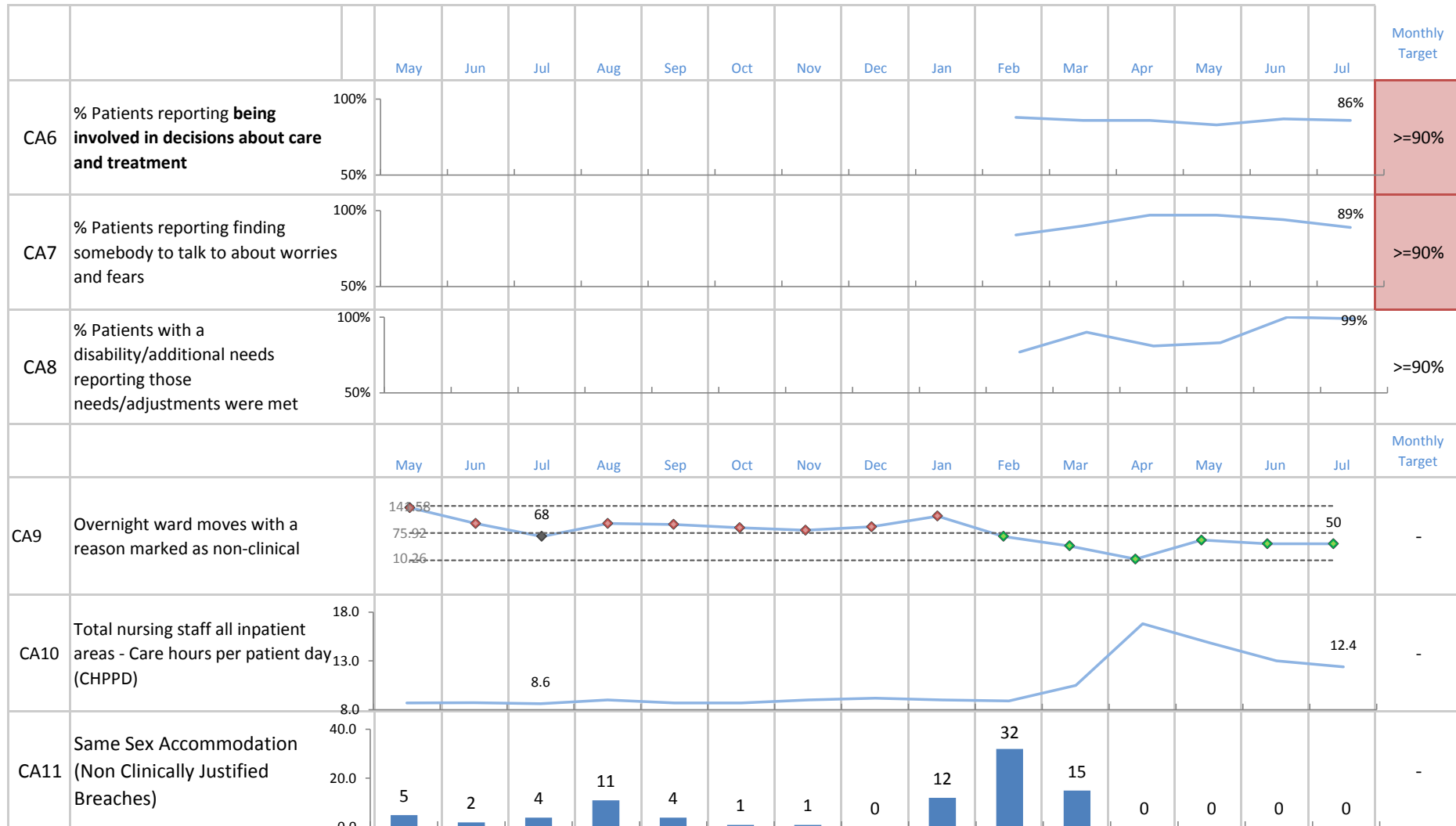
- The majority of measures indicate that UHS has continued to provide caring services during June.
- Nursing Care hours per patient per day reduced, but remained significantly above our normal levels (CA 7), patients recorded as moved overnight for non-clinical reasons remained below the average (CA 6), and no same sex accommodation breaches were recorded (CA 8).
- The number of complaints closed on time (CA 5) is making a slow recovery following disruption to complaint investigations during the peak of Covid 19 admissions, achieving only 43% compared to our target of >=70%. The number of complaints still being investigated remained stable in July, the number of complaints being resolved was matched by the number of new complaints received.



FFT has not been updated since March due to COVID-19 pressures

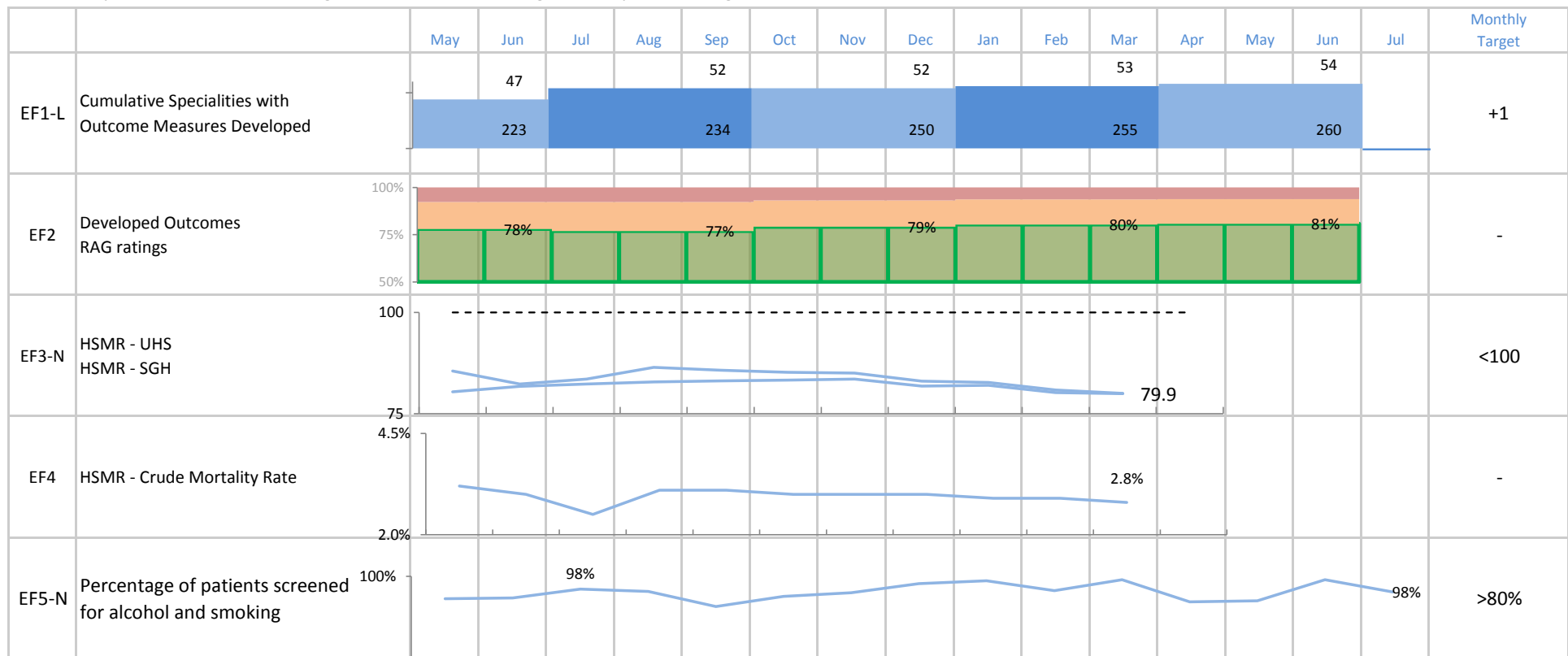


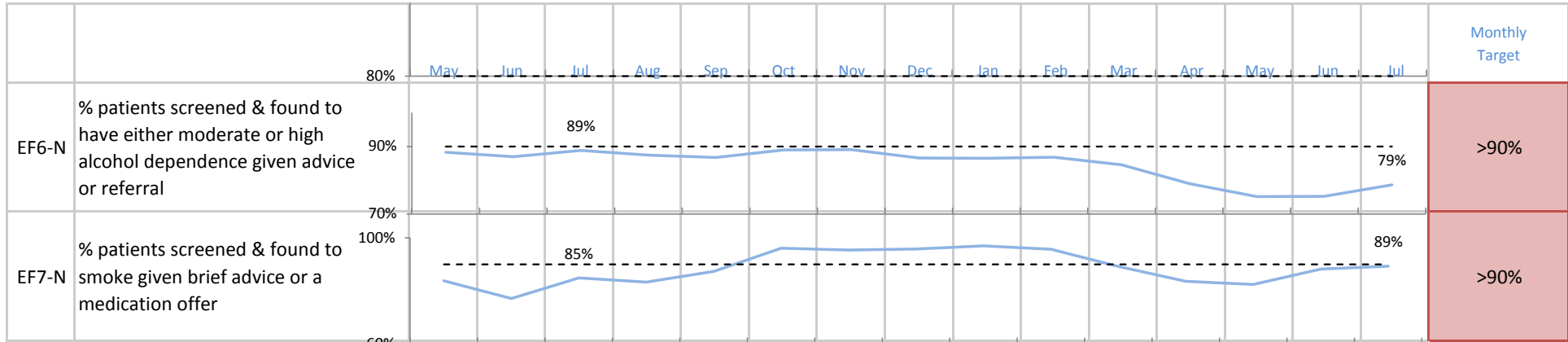
■ Current Data     Benchmark  
 Previous Year     Target



■ Current Data    ■ Benchmark  
■ Previous Year    ■ Target

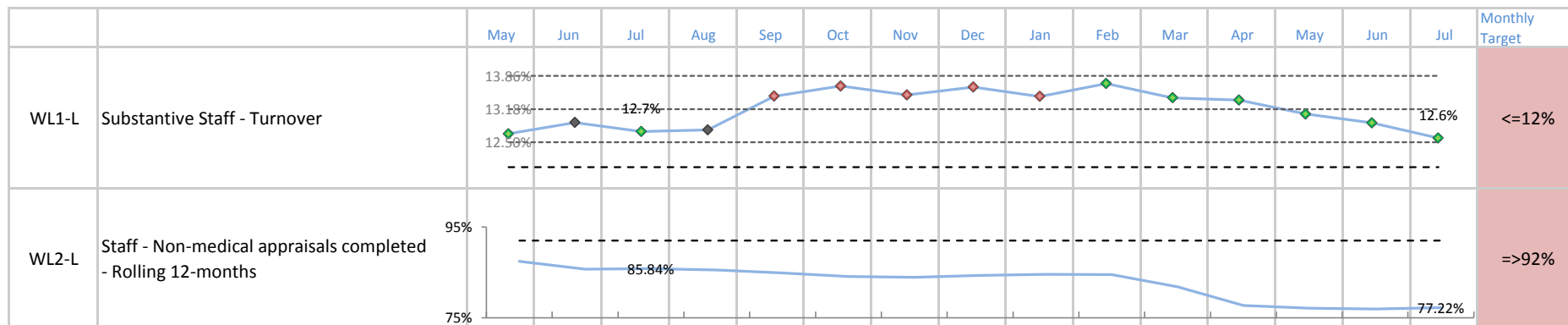
- The number of clinical outcome measures developed and recognised by the trust continued to increase in quarter 1, the percentage of outcome measures RAG rated green also increased by 1% (EF 1, EF 2).
- The Hospital Standardised Mortality Ratios of Southampton General Hospital and UHS as a whole (EF 3), remain well within the benchmark, and are reported quarterly on a national basis – we await national information relating to quarter 1.
- 98% of eligible patients were screened for alcohol and smoking (EF 5) in July which continues to meet the target. Improvements were demonstrated in both the Advice or medication offered in relation to smoking (EF 7) and Advice or referral in relation to moderate/high alcohol dependence (EF 6) (although the latter remains significantly below target).

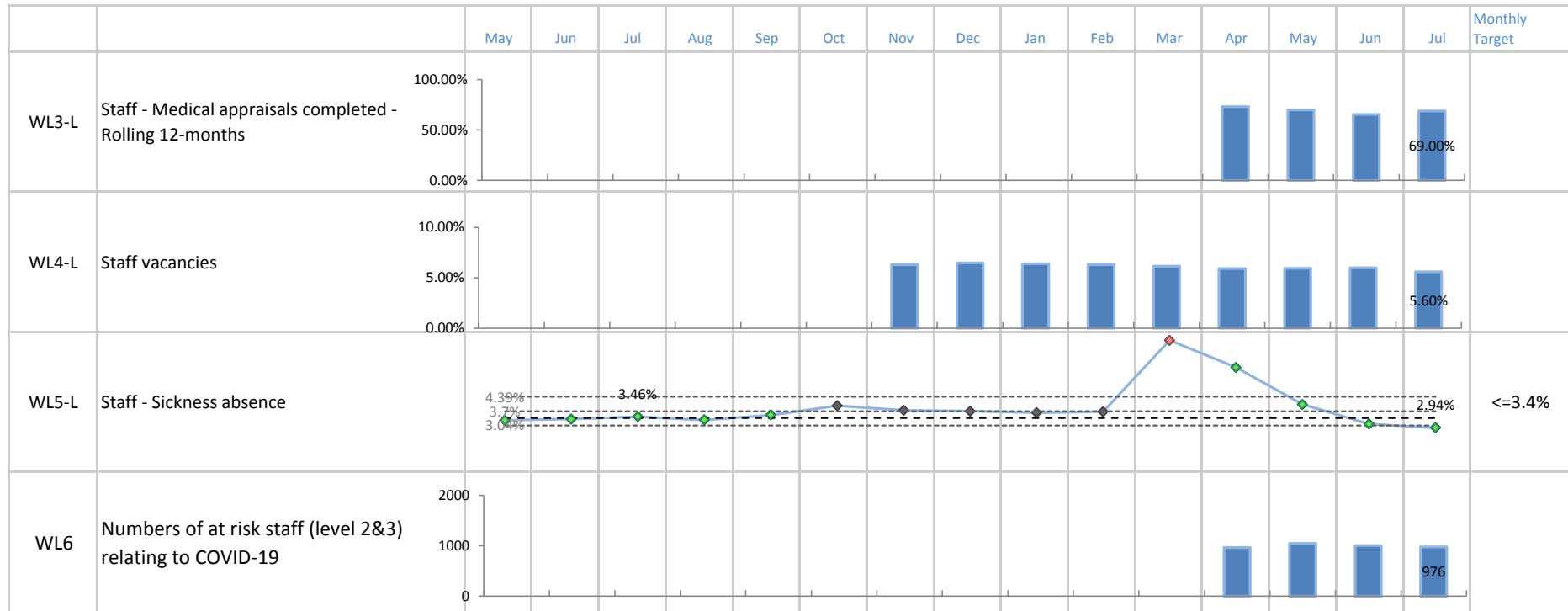


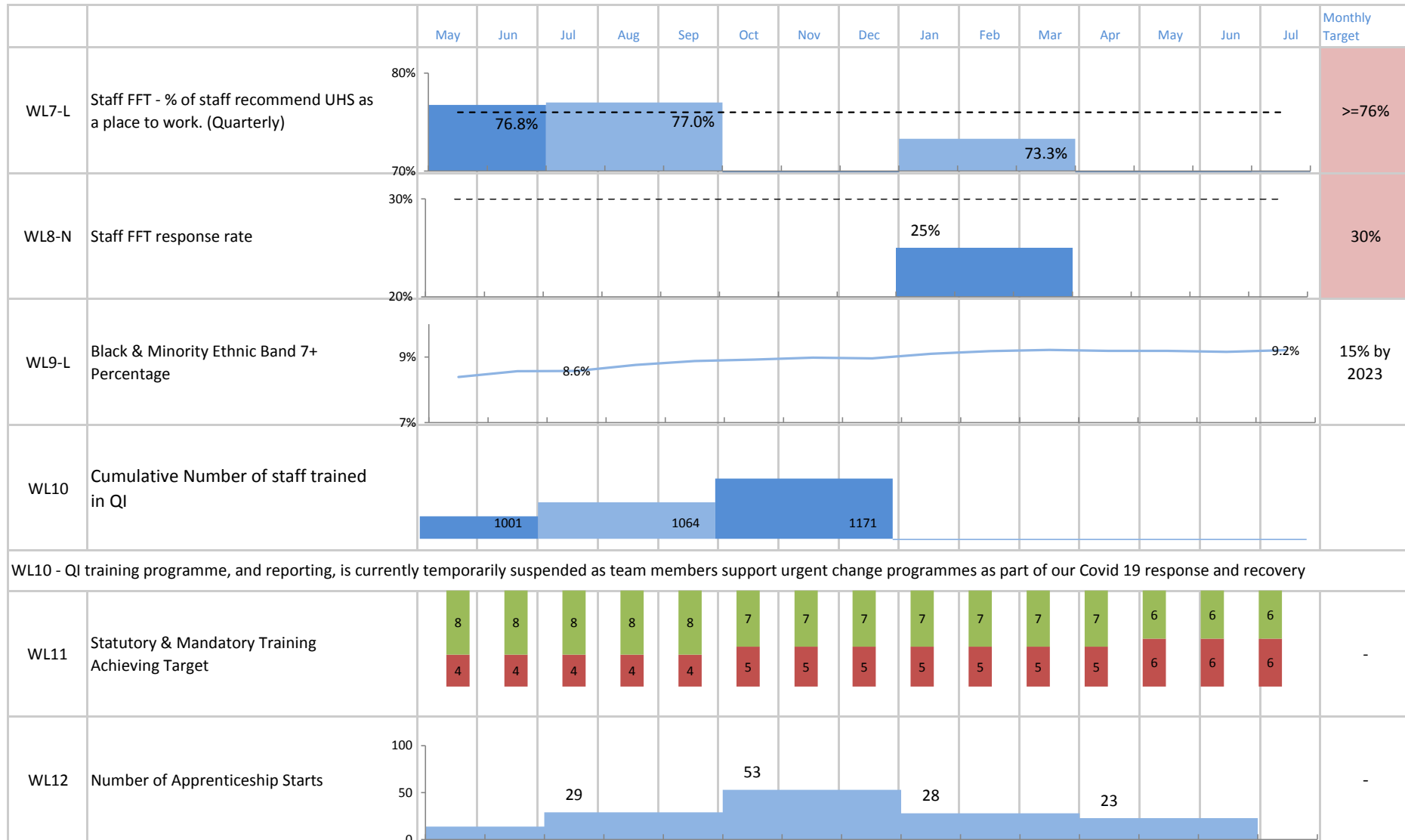


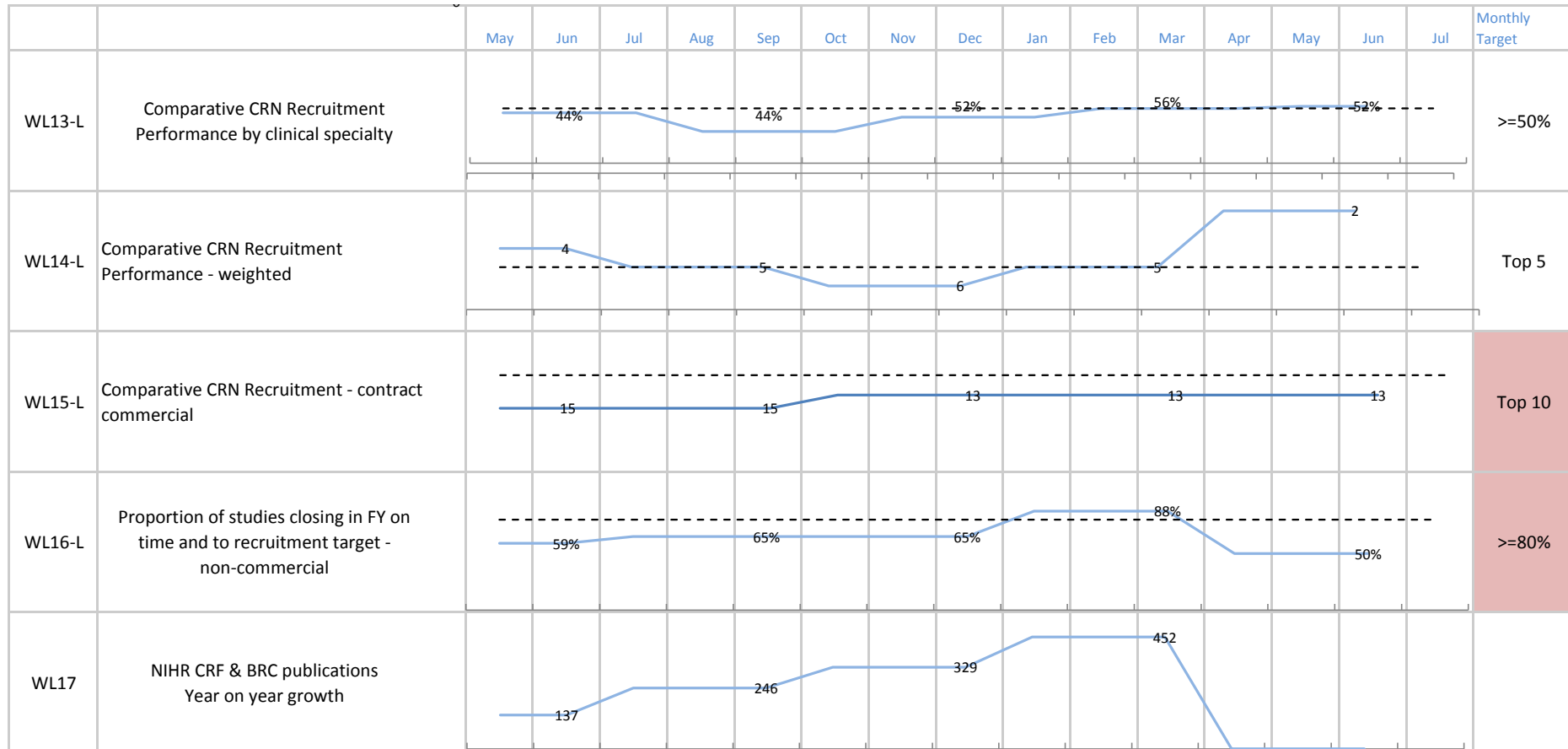
■ Current Data    ■ Benchmark  
■ Previous Year    ■ Target

- Staff sickness absence rates (WL 5) continued to improve to 2.9%, and remain within the target of <= 3.4%.
- In July, 976 members of UHS staff were at levels 2/3 in relation to their health risks if infected with Covid 19. Since the start of July, the majority of these staff have now been supported to safely return to work; either as a result of additional national guidance relating to their health condition, or adjustments to their work role/environment.
- Our Covid-19 testing of staff (or household members) has continued to increase significantly, to more than 3000 tests per week in July.
- The number of statutory and mandatory training courses being completed on time (WL 11) is a concern which has persisted over the last year. This has been reviewed by the Deputy Director of Education and Workforce. The majority of measures are close to target, and achievement has not declined significantly despite Covid-19. An improvement plan is being developed which will include further progress in delivering training through non face-to-face methods/platforms where appropriate.
- The percentage of non-medical appraisals completed on time (WL 2) remains at 77% for the second month. Achievement of the current target of >=92% appears unlikely this year, and work is taking place to propose a realistic target and associated recovery plan, which will retain focus on the quality of appraisals (as reflected in our staff survey). This will be discussed at the Trust’s People and Organisational Development Committee on 16 September.
- Medical appraisals (WL 3) were suspended during the peak of Covid 19 and performance has been adversely affected by this. In July there was an improvement of 4% in the number of appraisals completed within the previous 12 months but significant further improvement is required.
- Our research measures are reported quarterly.











**Nursing and midwifery staffing hours - July 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 Specialling)**

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 24 hour period from registered nurses and support staff - this will vary across wards and departments based on the specialty, 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.

During the last 2 weeks in March and beyond a number of our clinical areas started to change specialty and size to respond to the COVID-19 situation (e.g G5-G9, Critical Care and RHDU). Repurposing of wards to respond to the COVID-19 social distancing recommendations and to enable the separation and restart of services continues with changes sometimes being swift in nature. The data may in some cases not be fully reflective of these changes.

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 midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
C4 (Solent ward)	Day	1332.9	1416.5	1059.8	1110.9	106.3%	104.8%	5.0	4.5	9.4	Safe staffing levels maintained.
C4 (Solent ward)	Night	1070.5	956.3	712.8	1030.5	89.3%	144.6%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
C6	Day	2903.2	2644.8	160.8	423.3	91.1%	263.3%	8.4	1.2	9.6	Safe staffing levels maintained; Support workers used to maintain staffing numbers.
C6	Night	2047.5	1939.0	0.0	251.0	94.7%	Shift N/A				Safe staffing levels maintained.
C6 (Teenage Cancer Trust unit)	Day	718.0	706.5	316.5	341.5	98.4%	107.9%	9.7	3.0	12.7	Safe staffing levels maintained.
C6 (Teenage Cancer Trust unit)	Night	682.5	605.5	0.0	66.3	88.7%	Shift N/A				Safe staffing levels maintained; Staffing appropriate for number of patients.
D2	Day	1270.9	1657.0	1077.8	1073.5	130.4%	99.6%	7.2	4.9	12.1	Safe staffing levels maintained.
D2	Night	1058.0	1196.8	713.1	863.3	113.1%	121.1%				Safe staffing levels maintained.
D3	Day	1723.0	1635.2	743.5	999.2	94.9%	134.4%	5.6	3.8	9.4	Safe staffing levels maintained.
D3	Night	1047.3	1037.0	698.8	834.8	99.0%	119.5%				Safe staffing levels maintained.
Critical Care	Day	21552.0	20859.6	3225.7	3146.3	96.8%	97.5%	27.7	4.0	31.7	Safe staffing levels maintained; Staffing appropriate for number of patients.
Critical Care	Night	19882.8	20121.1	2572.7	2757.2	101.2%	107.2%				Safe staffing levels maintained; Staffing appropriate for number of patients.
E5A	Day	1367.5	1018.3	667.5	1316.5	74.5%	197.2%	3.8	4.2	7.9	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E5A	Night	707.5	707.5	356.5	586.5	100.0%	164.5%				Safe staffing levels maintained.
E5B	Day	1416.0	1181.1	777.0	1320.3	83.4%	169.9%	4.1	4.2	8.2	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E5B	Night	713.0	727.0	356.5	638.5	102.0%	179.1%				Safe staffing levels maintained.
F10 E	Day	2333.5	1568.1	537.5	1507.0	67.2%	280.4%	5.0	4.3	9.3	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F10 E	Night	1069.5	1058.0	713.0	782.0	98.9%	109.7%				Safe staffing levels maintained.
F11	Day	1938.8	1458.9	798.9	1045.3	75.2%	130.8%	4.5	4.0	8.5	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F11	Night	708.0	713.0	713.0	904.0	100.7%	126.8%				Safe staffing levels maintained.
ASU	Day	1477.4	1022.0	389.0	530.0	69.2%	136.3%	9.5	4.8	14.3	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
ASU	Night	715.0	720.0	356.5	346.0	100.7%	97.1%				Safe staffing levels maintained.
F6	Day	2323.7	1515.1	583.7	1426.4	65.2%	244.4%	4.1	4.1	8.2	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F6	Night	1069.5	923.7	713.0	1021.5	86.4%	143.3%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F5	Day	1983.0	1511.7	1295.5	1458.5	76.2%	112.6%	4.5	4.2	8.7	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F5	Night	1069.5	1035.0	713.0	908.5	96.8%	127.4%				Safe staffing levels maintained.
Acute medical unit	Day	3561.5	4307.7	3404.4	3503.0	121.0%	102.9%	10.0	8.9	18.9	Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
Acute medical unit	Night	3565.0	3958.0	2461.0	3898.8	111.0%	158.4%				Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
D5	Day	1362.5	1033.3	1667.0	1394.5	75.8%	83.7%	3.7	4.1	7.8	Staffing appropriate for number of patients; Band 4 staff working to support registered nurse numbers.
D5	Night	1000.0	748.0	865.0	566.5	74.8%	65.5%				Staffing appropriate for number of patients.
D6	Day	1186.5	874.5	1498.5	1590.8	73.7%	106.2%	3.8	6.2	10.1	Staffing appropriate for number of patients; Band 4 staff working to support registered nurse numbers.
D6	Night	701.5	586.3	934.5	794.5	83.6%	85.0%				Staffing appropriate for number of patients.
D8	Day	1155.7	744.2	1568.0	1146.4	64.4%	73.1%	2.2	3.2	5.4	Staffing appropriate for number of patients.
D8	Night	701.5	437.5	945.5	608.5	62.4%	64.4%				Band 4 staff working to support registered nurse numbers.
D9	Day	1326.5	1205.0	1686.5	1778.0	90.8%	105.4%	3.0	4.0	7.0	Staffing appropriate for number of patients.
D9	Night	1069.5	897.0	952.8	1041.5	83.9%	109.3%				Staffing appropriate for number of patients; Band 4 staff working to support registered nurse numbers.
E7	Day	1116.0	1094.5	1324.0	1408.5	98.1%	106.4%	3.4	3.9	7.3	Staffing appropriate for number of patients.
E7	Night	713.0	724.5	713.0	724.5	101.6%	101.6%				Staff moved to support other wards.
Respiratory high dependency unit	Day	926.5	820.0	255.5	315.3	88.5%	123.4%	14.0	4.5	18.5	Staffing appropriate for number of patients; Band 4 staff working to support registered nurse numbers.
Respiratory high dependency unit	Night	828.5	759.0	103.5	196.0	91.6%	189.4%				Staffing appropriate for number of patients; Band 4 staff working to support registered nurse numbers.
C5	Day	1363.0	1113.8	1123.0	891.3	81.7%	79.4%	10.6	7.0	17.6	Staffing appropriate for number of patients.
C5	Night	1035.0	862.5	540.5	414.0	83.3%	76.6%				Staffing appropriate for number of patients.
D10	Day	1128.5	896.0	1320.0	1457.0	79.4%	110.4%	3.3	4.3	7.6	Staff moved to support other wards; Staffing appropriate for number of patients.
D10	Night	713.0	667.5	713.0	598.0	93.6%	83.9%				Staffing appropriate for number of patients; Staffing appropriate for number of patients.
F7	Day	1091.9	981.4	1768.0	1530.8	89.9%	86.6%	4.1	5.3	9.4	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
F7	Night	759.0	759.5	713.0	736.0	100.1%	103.2%				Staffing appropriate for number of patients; Skill mix swaps undertaken to support safe staffing across the Unit.
G5	Day	1027.5	1269.5	1866.5	1653.0	123.6%	88.6%	3.7	4.2	8.0	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
G5	Night	1034.5	873.5	724.5	770.5	84.4%	106.3%				Staffing appropriate for number of patients.
G6	Day	1053.0	1031.5	1809.5	1708.0	98.0%	94.4%	3.6	4.7	8.3	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
G6	Night	1046.5	851.0	851.0	736.0	81.3%	86.5%				Staffing appropriate for number of patients.
G7	Day	738.4	744.5	1451.3	1609.0	100.8%	110.9%	3.6	6.7	10.3	Staffing plan set higher than national standards; Patient requiring 24 hour 1:1 nursing in the month.
G7	Night	678.0	712.5	1069.5	1123.0	105.1%	105.0%				Staffing plan set higher than national standards; Patient requiring 24 hour 1:1 nursing in the month.
G8	Day	1073.9	1031.4	1795.5	1770.0	96.0%	98.6%	3.0	4.0	7.0	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
G8	Night	1023.5	851.0	713.0	747.8	83.1%	104.9%				Staffing appropriate for number of patients.
G9	Day	1063.0	1016.5	1714.0	1816.3	95.6%	106.0%	3.3	4.6	7.9	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
G9	Night	1000.5	862.5	736.0	759.0	86.2%	103.1%				Staffing appropriate for number of patients.

Paediatric high dependency unit	Day	1628.0	1353.5	0.0	0.0	83.1%	Shift N/A	16.3	0.0	16.3	Non-ward based staff supporting areas; Safe staffing levels maintained; Staffing matched to beds. Staffing moved if empty beds to support unit..
Paediatric high dependency unit	Night	1069.5	1140.8	0.0	0.0	106.7%	Shift N/A				Safe staffing levels maintained.
Paediatric medical unit	Day	1902.2	1790.1	282.0	766.5	94.1%	271.8%	11.6	5.7	17.3	Safe staffing levels maintained; Patients being nursed 2:1.
Paediatric medical unit	Night	1694.0	1353.0	682.0	792.0	79.9%	116.1%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
Paediatric intensive care unit	Day	6640.2	5119.7	689.5	476.3	77.1%	69.1%	37.3	3.5	40.8	Safe staffing levels maintained; Staffing matched to patient numbers. Support provided from rest of care group when required..
Paediatric intensive care unit	Night	5704.8	4987.8	542.8	464.0	87.4%	85.5%				Safe staffing levels maintained; Staffing matched to patient numbers. Support provided from rest of care group when required..
Piam Brown ward	Day	3817.1	3028.3	79.0	175.5	79.3%	222.2%	13.3	0.7	14.0	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
Piam Brown ward	Night	1407.3	1313.8	0.0	57.5	93.4%	Shift N/A				Safe staffing levels maintained.
E1	Day	2067.5	1724.9	635.0	749.8	83.4%	118.1%	9.1	3.8	12.9	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Non-ward based staff supporting areas.
E1	Night	1437.5	1306.0	368.0	530.3	90.9%	144.1%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
G2	Day	765.0	740.8	0.0	0.0	96.8%	Shift N/A	12.5	0.0	12.5	Safe staffing levels maintained.
G2	Night	743.5	791.3	0.0	0.0	106.4%	Shift N/A				Safe staffing levels maintained.
G3	Day	2410.0	1803.8	1627.0	1040.0	74.8%	63.9%	9.0	4.7	13.7	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained; Staffing matched to patients and acuity.
G3	Night	1705.0	1364.0	1023.0	632.0	80.0%	61.8%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Staffing matched to patients and acuity.
G4	Day	2478.5	1814.5	1191.0	853.5	73.2%	71.7%	7.7	3.4	11.0	band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained; Staffing matched to patients and acuity.
G4	Night	1705.5	1423.5	682.0	572.0	83.5%	83.9%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Safe staffing levels maintained; Staffing matched to patients and acuity.
Bramshaw women's unit	Day	1099.5	1038.0	682.5	520.0	94.4%	76.2%	10.9	4.4	15.3	Safe staffing levels maintained; Staffing matched to patients and acuity.
Bramshaw women's unit	Night	713.0	715.0	356.3	195.3	100.3%	54.8%				Safe staffing levels maintained; Staffing matched to patients and acuity.
Neonatal unit	Day	6955.2	4767.7	1504.5	1989.5	68.5%	132.2%	9.8	3.7	13.4	Beds flexed to match staffing.
Neonatal unit	Night	5456.0	4174.8	1376.0	1365.0	76.5%	99.2%				Beds flexed to match staffing.
Maternity service	Day	8798.5	8364.0	2993.3	3909.0	95.1%	130.6%	5.7	2.8	8.5	Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource.
Maternity service	Night	5418.9	4633.4	2046.8	2439.5	85.5%	119.2%				Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource.
Cardiac high dependency unit	Day	5316.8	3670.9	2549.2	1330.7	69.0%	52.2%	78.0	24.9	102.9	Safe staffing levels maintained; Staffing appropriate for number of patients; Closed to CHDU area being used for PICU
Cardiac high dependency unit	Night	4191.0	2961.0	1639.0	786.3	70.7%	48.0%				Safe staffing levels maintained; Staff moved to support other wards; Closed for CHDU area being used for PICU.
Coronary care unit	Day	1536.9	1488.5	1135.8	795.0	96.9%	70.0%	5.3	2.9	8.2	Additional beds open in the month; Safe staffing levels maintained; CCU staff merged with CHDU.
Coronary care unit	Night	1271.8	1315.8	1034.0	770.0	103.5%	74.5%				Additional beds open in the month; Safe staffing levels maintained.
D4	Day	1739.3	1467.0	1119.0	1404.4	84.3%	125.5%	4.8	4.9	9.6	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; 6 beds flexed downfor COVID-19 social distancing.
D4	Night	797.0	843.3	1023.0	967.0	105.8%	94.5%				Staffing appropriate for number of patients; Safe staffing levels maintained; 6 beds flexed downfor COVID-19 social distancing.
E2	Day	1608.5	1285.5	834.2	1286.9	79.9%	154.3%	4.2	3.8	8.0	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Additional staff used for enhanced care - Support workers.
E2	Night	694.0	728.0	352.0	573.0	104.9%	162.8%				Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers.
E3 Green	Day	1606.2	1314.7	1404.8	1433.8	81.9%	102.1%	3.7	4.0	7.7	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
E3 Green	Night	693.0	693.0	794.5	739.8	100.0%	93.1%				Safe staffing levels maintained; Safe staffing levels maintained.
E3 Blue	Day	1053.2	1031.0	1156.7	1242.9	97.9%	107.5%	3.4	4.3	7.8	Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
E3 Blue	Night	616.0	639.5	682.0	858.5	103.8%	125.9%				Safe staffing levels maintained; Increased night staffing to support raised acuity.
E4	Day	2740.1	2706.8	2369.9	2014.9	98.8%	85.0%	13.3	8.7	22.0	Safe staffing levels maintained; Additional beds open in the month; 6 beds flexed downfor COVID-19 social distancing. Additional beds x 24 open on E8.
E4	Night	2013.0	2185.1	836.0	1179.3	108.5%	141.1%				Additional beds open in the month; Band 4 staff working to support registered nurse numbers; 6 beds flexed downfor COVID-19 social distancing. Additional beds x 24 open on E8.
Acute stroke unit	Day	1538.0	1534.0	2722.0	2582.0	99.7%	94.9%	3.4	6.2	9.7	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	1045.0	891.0	1705.0	1782.0	85.3%	104.5%				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	1233.0	917.2	379.5	579.0	74.4%	152.6%	22.4	18.5	40.9	Neuro RTU closed for the majority of July due to changes in patient pathway. Where used mostly as an overspill for adjoining ward. Many staff redeployed during this time which is not fully reflected in the roster or data for the month. RTU now reopen on reduced numbers. Band 4's frequently used to backfill against trained vacancy.
Regional transfer unit	Night	682.0	627.0	586.0	695.5	91.9%	118.7%				
E Neuro	Day	1984.7	1619.3	1043.6	1519.8	81.6%	145.6%	6.1	6.3	12.4	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	1364.0	1177.0	1023.0	1397.0	86.3%	136.6%				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.
Hyper acute stroke unit	Day	1609.5	1302.0	351.0	549.0	80.9%	156.4%	13.9	6.1	20.0	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	Night	1364.0	1033.0	341.0	473.0	75.7%	138.7%				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	2069.3	1758.3	2131.0	1917.0	85.0%	90.0%	5.4	6.6	11.9	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.
D neuro	Night	1357.0	1126.5	1705.0	1595.0	83.0%	93.5%				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	Day	1939.7	1431.9	1254.0	1359.0	73.8%	108.4%	6.0	6.2	12.2	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.
SPI F4 Neuro	Night	1040.0	957.0	1087.0	1120.0	92.0%	103.0%				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.
Brooke ward	Day	998.0	655.5	498.0	416.0	65.7%	83.5%	7.2	4.0	11.2	Safe staffing levels maintained; Staff moved to support other wards.
Brooke ward	Night	897.0	598.0	299.0	287.5	66.7%	96.2%				Safe staffing levels maintained; Staff moved to support other wards.
Trauma Assessment Unit	Day	531.0	710.7	384.2	849.9	133.8%	221.2%	10.9	13.1	24.0	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource.
Trauma Assessment Unit	Night	341.3	616.3	341.0	748.0	180.6%	219.4%				Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource.
F1	Day	2465.9	1993.3	1905.0	2322.5	80.8%	121.9%	5.4	6.4	11.8	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.
F1	Night	1782.7	1702.7	1755.5	2022.1	95.5%	115.2%				Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.
F2	Day	1647.3	1389.7	1974.1	2203.8	84.4%	111.6%	3.8	6.2	10.0	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.
F2	Night	1022.8	915.0	1364.0	1593.0	89.5%	116.8%				Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.
F3	Day	1603.8	1390.0	1893.3	1894.3	86.7%	100.1%	4.7	7.0	11.7	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.
F3	Night	1023.0	902.5	1364.0	1507.5	88.2%	110.5%				Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.
F4	Day	1502.1	1352.8	1216.5	895.7	90.1%	73.6%	5.5	4.4	9.9	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.
F4	Night	1023.5	761.0	682.0	816.0	74.4%	119.6%				Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.