

2020/21 Finance Report - Month 8

Report to:	Board of Directors and Finance & Investment Committee November 2020
Title:	Finance Report for Period ending 30/11/2020
Author:	Philip Bunting, Interim Deputy Director of Finance
Sponsoring Director:	Ian Howard, Interim 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 November 2020, the Trust reported a surplus of £0.5m. This is £0.7m favourable compared to the in month deficit plan of £0.2m (excluding adjusting items). The trust remains on target to deliver a £3m deficit for the second half of 2020/21 (excluding adjusting items) although no formal reforecasting has been completed at this point.
2. In month, £2.7m (£1.5m pay and £1.2m non pay) was incurred on additional expenditure related to Covid-19. This was up £0.5m from October due to pay cost increases in critical care. £0.5m of the in month spend relates to Covid testing costs which are now directly reclaimable on a pass through basis and continue to be billed as a retrospective top-up.
3. The main themes seen in M8 were :
 - If payment had continued on a payment by results basis the trust would have received £2.9m less income. This gap has increased by £1.8m from October; however November was a shorter month. This represents 97% achievement of the trusts income plan.
 - Elective income was indicatively 96% of planned levels (97% in September), inclusive of independent sector activity. Outpatient equivalent income remained strong at 101% of planned levels (101% also in September).
 - The Trust has incurred income & expenditure relating to the Chilworth project.
 - Pay costs increased £0.9m from October although £0.3m was one off items that will not reoccur. Additional costs for recovery plans and winter plans have yet to fully take hold.
 - Clinical supplies spend and other non pay costs (excluding Chilworth project) increased £3m from October predominantly within clinical supplies (£1.9m). This was largely activity based however is being investigated in more detail due to the scale.
 - Other operating income recovery continued especially with education, R&D and interprovider contracts improving £2.6m from October (excluding Chilworth project).
 - One off benefits on depreciation (£0.4m) and related to recognising backdated pass through income from M7 (£0.9m) have helped offset increased pay and non pay costs.



Finance: I&E Summary (H2)

UHS is being monitored against a half-year financial plan following a M1-6 period of retrospective top-up to break-even. The financial position for M8 was a surplus of £0.5m, which was favourable to plan by £0.7m after adjustments, inclusive of contribution from the Chilworth project.

Income was £7m favourable to plan which includes £2.7m of Chilworth Project income. Other income sources within education, R&D and pathology also continue to recover to pre-covid levels.

Pay costs overall were broadly on plan however substantive costs were £0.5m adverse, although this contains £0.3m of one off costs relating to CEA awards and one off payments made in month. Pay costs are expected to increase throughout the winter period.

Non pay costs across clinical supplies and other non pay were £5.5m adverse to plan although this contains £2m of Chilworth project non-pay expenditure. A residual £3m increase from M7 is being investigated further. Supplies spend is known to be volatile however and often lags behind activity increases. The forecast for months 7-12 remains a deficit of £3m after any shortfall in other income is funded and an anticipated £2m annual leave accrual is adjusted for.

Half-Year Position

		Current Month			M7 - 8 Actuals			M7 - 12		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	59.5	59.9	(0.4)	118.9	119.1	(0.2)	356.7	356.7	0.0
	Pass-through Drugs & Devices	11.6	12.3	(0.6)	23.3	24.4	(1.1)	69.9	69.9	0.0
Other income	Other Income excl. PSF	8.5	14.4	(5.9)	17.1	24.1	(7.0)	51.1	51.1	0.0
	Top Up Income	0.4	0.5	(0.1)	0.7	0.9	(0.2)	2.1	2.1	0.0
Total income		80.0	87.0	(7.0)	160.0	168.5	(8.5)	479.8	479.8	0.0
Costs	Pay-Substantive	43.2	43.7	0.5	86.3	86.4	0.1	262.4	262.4	0.0
	Pay-Bank	2.8	2.7	(0.2)	5.6	5.2	(0.3)	18.1	18.1	0.0
	Pay-Agency	1.1	0.9	(0.2)	2.2	1.9	(0.3)	7.9	7.9	0.0
	Drugs	1.0	0.3	(0.6)	2.0	1.2	(0.8)	6.0	6.0	0.0
	Pass-through Drugs & Devices	11.6	12.3	0.6	23.3	24.4	1.1	69.9	69.9	0.0
	Clinical supplies	8.5	9.1	0.6	17.4	16.4	(0.9)	50.2	50.2	0.0
	Other non pay	9.9	14.8	4.9	19.8	26.4	6.6	59.5	59.5	0.0
Total expenditure		78.3	83.8	5.5	156.5	161.9	5.5	474.0	474.0	0.0
EBITDA		1.7	3.2	(1.5)	3.5	6.6	(3.1)	5.8	5.8	0.0
EBITDA %		2.1%	3.7%	(1.6%)	2.2%	3.9%	(1.7%)	1.2%	1.2%	0.0%
	Depreciation	2.0	1.7	(0.3)	4.1	3.7	(0.4)	12.2	12.2	0.0
	Non Operating Income/Expenditure	1.4	1.0	(0.4)	2.8	2.5	(0.3)	8.1	8.1	0.0
Surplus / (Deficit)		(1.8)	0.5	(2.3)	(3.4)	0.4	(3.8)	(14.5)	(14.5)	0.0
Of Which:	Other Income Allowable Deficit	(1.6)	-	1.6	(3.2)	-	3.2	(9.5)	(9.5)	0.0
	Annual Leave Accrual	-	-	0.0	-	-	0.0	(2.0)	(2.0)	0.0
Adjusted Surplus / (Deficit)		(0.2)	0.5	(0.7)	(0.2)	0.4	(0.6)	(3.0)	(3.0)	0.0

Finance: I&E Summary (FY)

The financial position illustrated within the table shows the consolidated position for 2020/21 including the M1-8 position together with the full year forecast.

The M1-8 position includes within it the top-up regime payments that were enacted during the first wave of Covid. This provided a safety net of £36m to cover Covid costs which totalled £21.4m during the first half of the year in addition to shortfalls in other operating and clinical income.

The full year forecast couples both phase 1 and phase 3 financial regimes illustrating the prevailing £3m deficit forecast that is currently anticipated from months 7-12. Making assertions from plan variances is somewhat tricky when reviewing the full year plan as the plan for M1-6 was centrally set and largely not reflective of areas of anticipated pressure or growth as a result of Covid.

Full-Year Position

		M1 - 8 Actuals			Full Year Forecast		
		Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	443.8	435.3	8.5	681.6	672.9	8.7
	Pass-through Drugs & Devices	85.1	91.6	(6.5)	131.7	137.1	(5.4)
Other income	Other Income excl. PSF	75.8	71.1	4.7	109.8	98.2	11.7
	Top Up Income	0.7	36.9	(36.2)	2.1	38.1	(36.0)
Total income		605.4	635.0	(29.6)	925.3	946.3	(21.0)
Costs	Pay-Substantive	334.2	342.4	8.2	510.2	518.4	8.1
	Pay-Bank	17.2	20.8	3.5	29.8	33.7	3.9
	Pay-Agency	9.0	6.8	(2.2)	14.8	12.8	(2.0)
	Drugs	9.6	7.4	(2.2)	13.6	12.2	(1.4)
	Pass-through Drugs & Devices	85.1	91.6	6.5	131.7	137.1	5.4
	Clinical supplies	41.5	48.6	7.0	74.4	82.4	8.0
	Other non pay	85.9	93.3	7.4	125.7	126.4	0.8
Total expenditure		582.6	610.9	28.2	900.2	922.9	22.8
EBITDA		22.8	24.1	(1.3)	25.1	23.4	1.7
EBITDA %		3.8%	3.8%	(0.0%)	2.7%	2.5%	0.0
	Depreciation	17.1	16.3	(0.8)	25.2	24.8	(0.4)
	Non Operating Income/Expenditure	8.5	7.5	(1.0)	13.8	13.1	(0.7)
Surplus / (Deficit)		(2.8)	0.4	(3.2)	(13.9)	(14.5)	0.6
	Other Income Allowable Deficit	(3.2)	0.0	3.2	(9.5)	(9.5)	0.0
	Annual Leave Accrual	-	-	0.0	(2.0)	(2.0)	0.0
Adjusted Surplus / (Deficit)		0.3	0.4	(0.1)	(2.4)	(3.0)	0.6

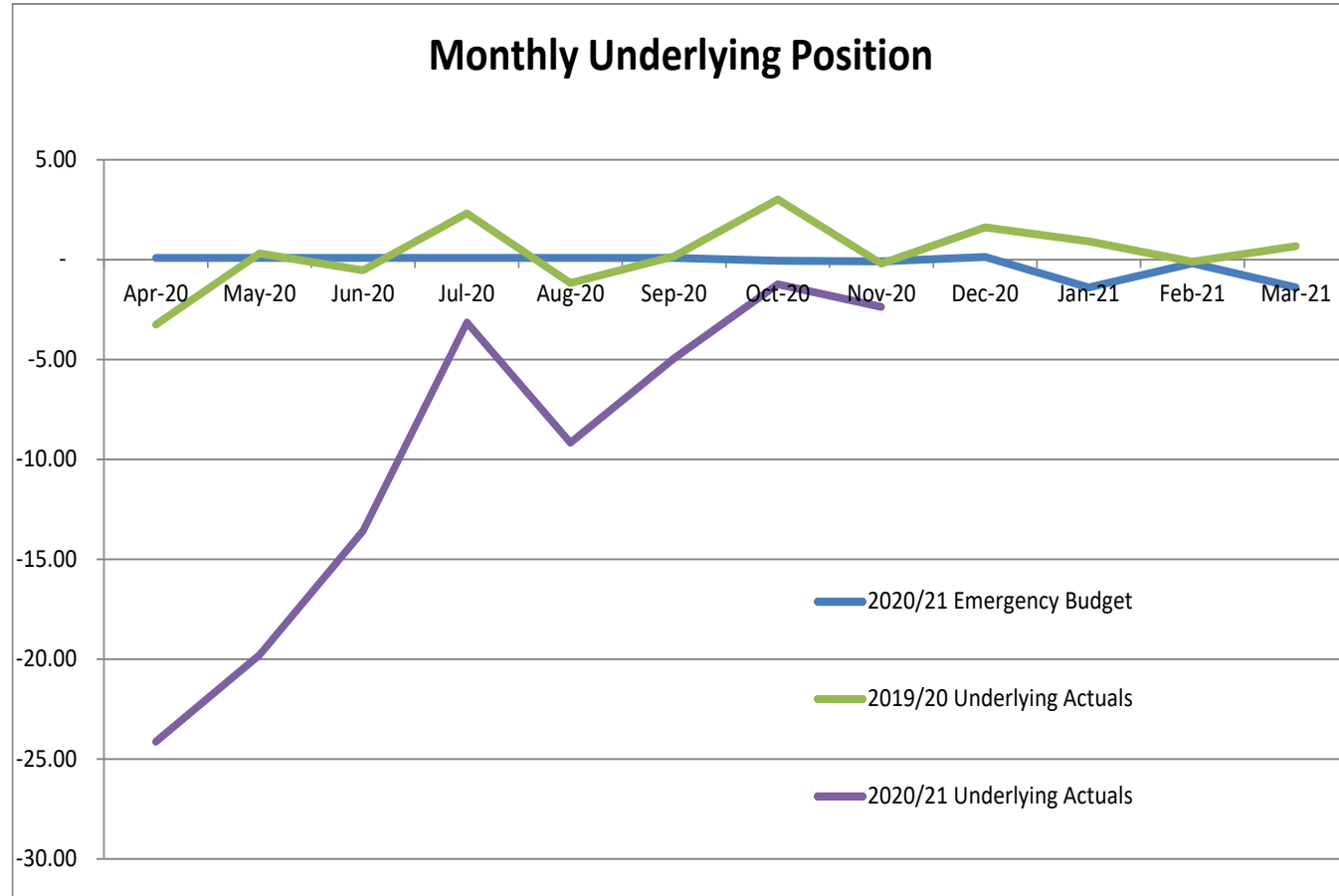
Underlying Run Rate Position

These graphs show the actual underlying position for the trust:

The following have been removed from November 20/21 position:

- (-) The block contract uplift of £2.9m in month (£68.3m YTD) which represents the value of income over and above that which would have prevailed under PbR.
- (+/-) material one off items of expenditure. These net to zero in month.

This illustrates that if the trust reverted to PbR and covid income and expenditure are adjusted out a deficit of £2.4m in month would have prevailed. This remains consistent with October. Currently the block contract mechanism provides security against any underperformance.



Clinical Income

Clinical income in November was £1m favourable to plan and including Non NHS clinical income was £0.9m favourable to plan.

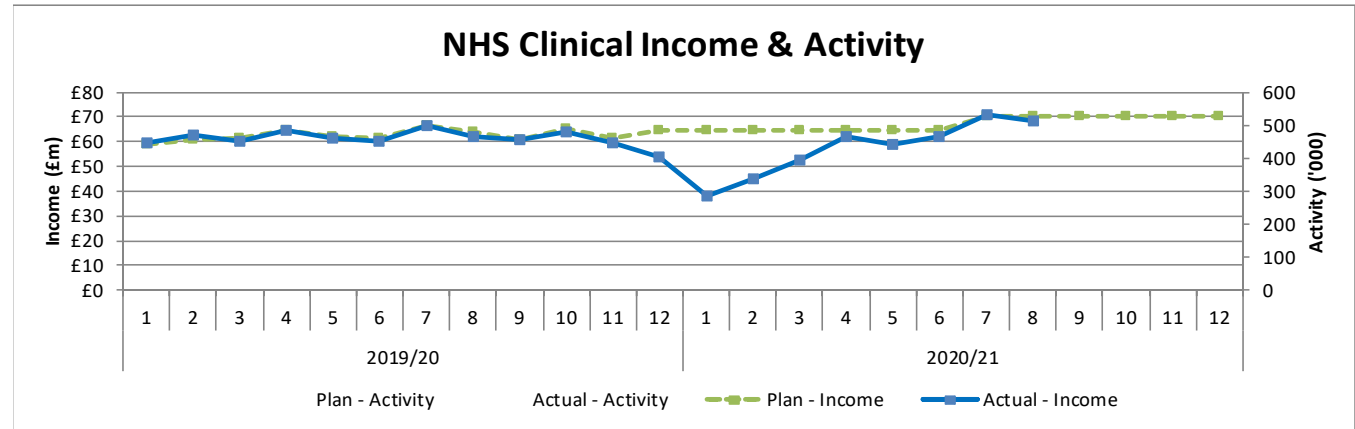
Much of this income is now fixed with confirmed block contract funding in place for the remainder of the financial year. The favourable variance is driven by high cost drug issues as NHSE are now funding some of this activity on a pass-through basis.

November has seen a slight decrease in activity from October although this is to be expected given there are fewer calendar and working days in the month. Elective income decreased, representing 96% of planned levels (down from 97% in October). Non elective values fell back below 100% of plan to 93% in November (down from 104% in October), a similar reduction was observed in A&E attendances with the national lockdown in November likely to be a contributing factor.

Outpatient income remained steady at 101%, the third consecutive month this has exceeded plan. Independent sector hospitals continue to be utilised under a national contract framework supporting elective recovery.

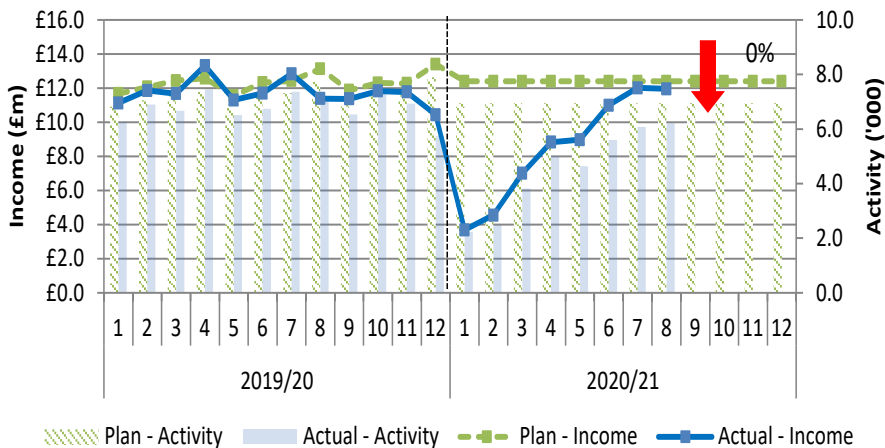
(Fav Variance) / Adv Variance

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	YTD Actuals £000s
NHS Clinical Income							
Elective Inpatients	£12,393	£11,952	£442	£99,146	£67,972	£31,174	£95,171
Non-Elective Inpatients	£18,725	£17,323	£1,402	£149,797	£133,711	£16,086	£144,487
Outpatients	£7,128	£7,179	(£51)	£57,028	£49,768	£7,260	£56,047
Other Activity	£11,387	£9,903	£1,483	£90,608	£72,929	£17,678	£86,277
CQUIN	£669	£627	£42	£5,350	£4,346	£1,004	£5,702
Blocks & Financial Adjustments	(£348)	£496	(£844)	£823	£3,135	(£2,312)	(£802)
Other Exclusions	£4,046	£4,016	£31	£30,144	£24,278	£5,867	£2,630
Pass-through Exclusions	£11,650	£12,282	(£633)	£85,120	£91,619	(£6,499)	£78,294
Subtotal NHS Clinical Income	£65,650	£63,777	£1,872	£518,016	£447,758	£70,258	£467,805
M7-M12 additional funding	£5,452	£5,452	£0	£10,905	£10,905	£0	
Covid block adjustments	£0	£2,903	(£2,903)	£0	£68,304	(£68,304)	£0
Total NHS Clinical Income	£71,102	£72,132	(£1,030)	£528,920	£526,966	£1,954	£467,805
Non NHS Clinical Income							
Private Patients	£545	£422	£123	£4,360	£2,580	£1,780	£3,176
CRU	£208	£229	(£21)	£1,667	£1,341	£325	£997
Overseas Chargeable Patients	£120	£52	£68	£1,002	£675	£327	£1,675
Total Non NHS Clinical Income	£874	£703	£170	£7,028	£4,596	£2,432	£5,848
Grand Total	£71,976	£72,836	(£860)	£535,949	£531,562	£4,387	£473,653

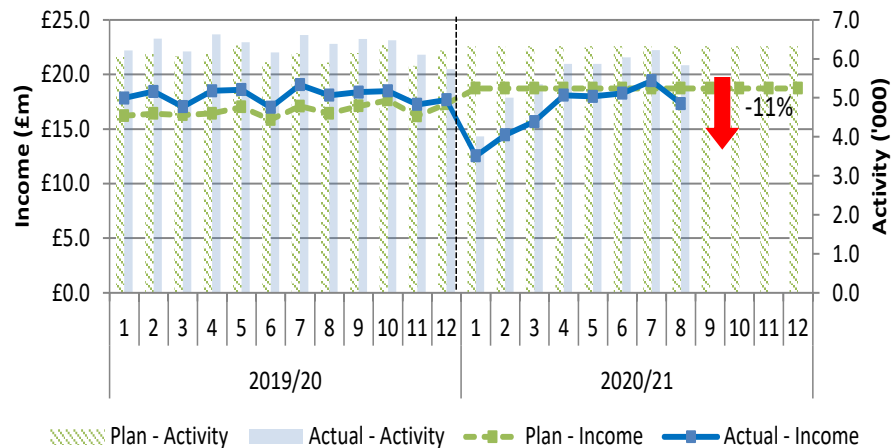


Clinical Income

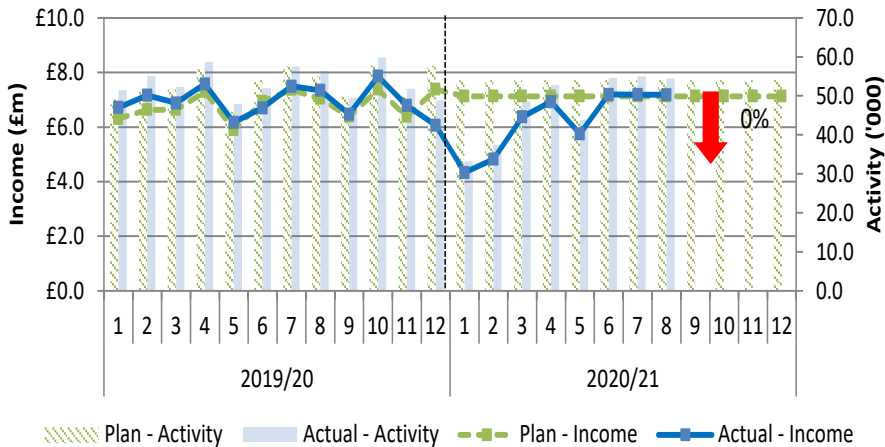
Elective spells



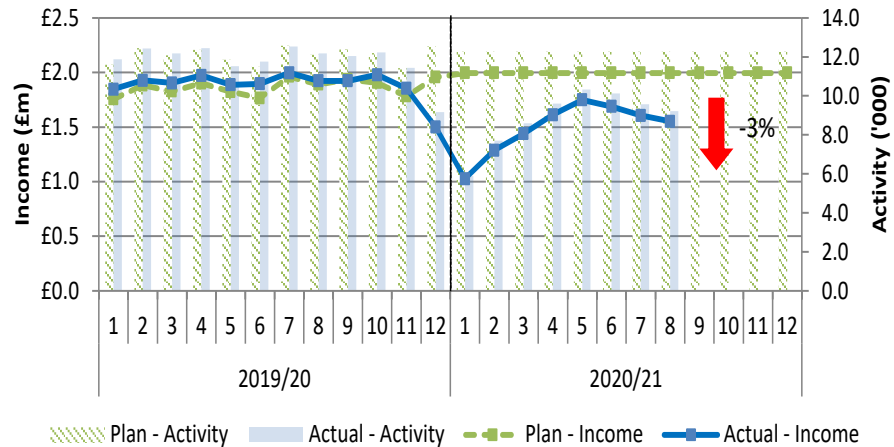
Non elective spells



Outpatients

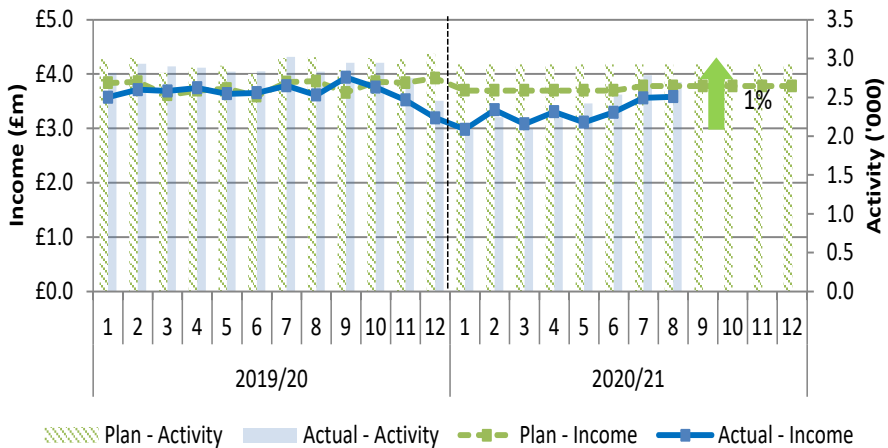


A&E

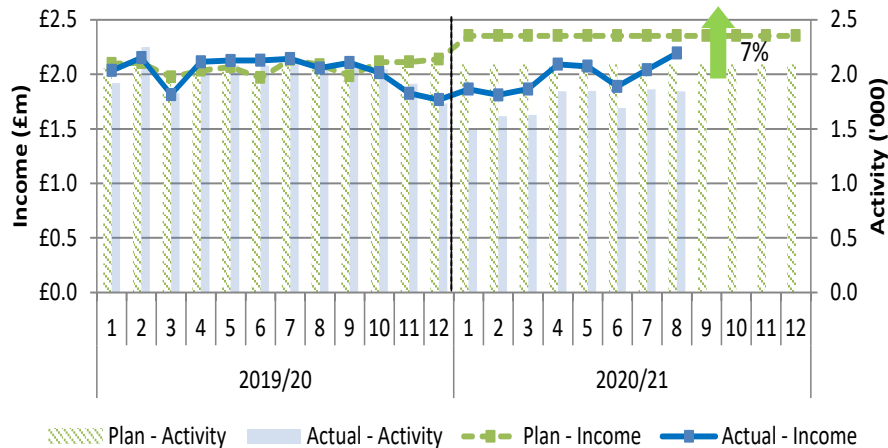


Clinical Income

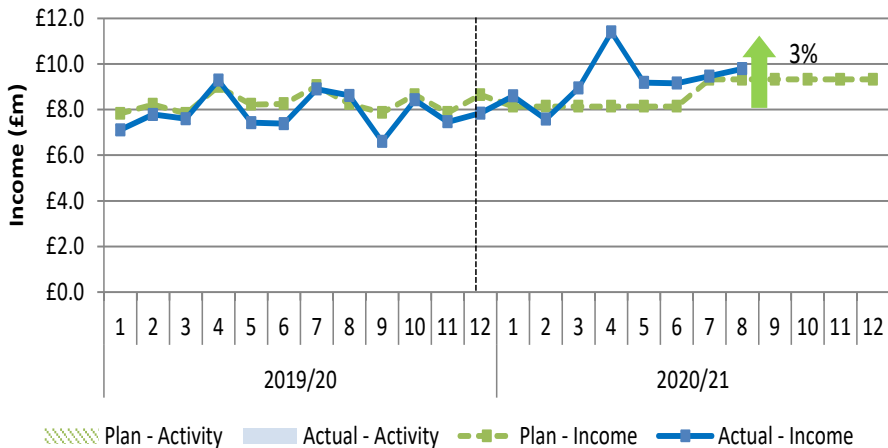
Adult critical care



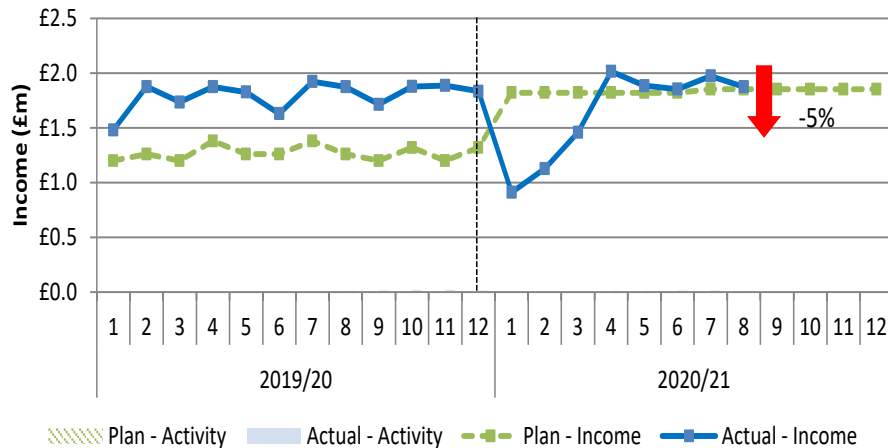
Neonatal & paediatric critical care



Tariff excluded drugs



Tariff excluded devices



Income and Activity

The tables shown illustrate by division and care group the % of the activity and income plan being achieved across months 1-8 for elective and outpatient activity.

Elective activity has reduced marginally (when assessed by value) from 97% in October to 96% in November. This is however partly due to having less working days. There is however variation at care group level, although all care groups are now over 75% with several care groups exceeding 100% of pre-Covid levels of activity in part due to the support of the independent sector.

Excluding the independent sector performance is 90% which adjusts for the removal of nationally funded contract.

Outpatient activity continues to perform close to pre-Covid levels at 101% of plan in month sustaining performance from the past three months. Only Support Services are below 80%. The national target is 100% of pre-Covid levels for November and all months going forward.

Elective Activity as % of Plan		Activity as % of Plan								Income as % of Plan								M8 Excluding independent sector plan and actual	
Division	Care Group	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	Activity	Income
DIVISION A	CANCER CARE	54%	56%	60%	72%	66%	69%	69%	74%	50%	47%	55%	66%	65%	68%	73%	76%	74%	76%
	SURGERY	27%	33%	55%	71%	65%	79%	83%	82%	32%	48%	65%	78%	80%	88%	100%	97%	73%	90%
DIVISION A Total		40%	44%	57%	72%	66%	74%	77%	78%	36%	48%	63%	76%	77%	84%	94%	93%	74%	86%
DIVISION B	OPHTHALMOLOGY	4%	10%	46%	55%	54%	70%	89%	93%	7%	11%	48%	56%	56%	71%	87%	98%	92%	97%
	SPECIALIST MEDICINE	29%	34%	51%	75%	70%	78%	87%	93%	23%	29%	50%	76%	71%	81%	90%	97%	91%	94%
DIVISION B Total		23%	28%	50%	70%	66%	76%	87%	93%	17%	23%	49%	69%	65%	78%	89%	97%	91%	95%
DIVISION C	CHILD HEALTH	41%	43%	61%	85%	75%	93%	93%	95%	27%	40%	60%	80%	87%	105%	97%	103%	95%	103%
	WOMEN'S HEALTH	49%	44%	57%	59%	69%	89%	92%	110%	55%	48%	55%	69%	77%	92%	101%	113%	91%	99%
DIVISION C Total		43%	43%	60%	78%	73%	92%	93%	99%	34%	42%	59%	77%	84%	102%	98%	106%	94%	102%
DIVISION D	CARDIOVASCULAR & THORACIC	31%	35%	63%	79%	71%	97%	107%	101%	36%	36%	56%	67%	65%	96%	105%	99%	99%	95%
	NEUROSCIENCES	50%	44%	68%	92%	88%	92%	99%	86%	35%	45%	62%	92%	96%	95%	101%	83%	84%	78%
	RADIOLOGY	25%	26%	48%	53%	41%	75%	79%	74%	28%	36%	54%	65%	61%	72%	88%	80%	74%	80%
	TRAUMA & ORTHOPAEDICS	12%	22%	44%	57%	53%	76%	89%	90%	12%	21%	48%	54%	59%	77%	92%	101%	72%	78%
DIVISION D Total		30%	33%	56%	71%	64%	86%	94%	88%	29%	34%	55%	68%	68%	89%	99%	95%	83%	86%
Total		32%	36%	55%	72%	67%	81%	87%	89%	30%	37%	56%	71%	72%	89%	97%	96%	85%	90%
Outpatient Activity as % of Plan		Activity as % of Plan								Income as % of Plan									
Division	Care Group	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8		
DIVISION A	CANCER CARE	103%	107%	125%	126%	112%	130%	119%	106%	101%	106%	124%	125%	110%	128%	118%	109%		
	SURGERY	56%	62%	86%	86%	65%	89%	87%	94%	48%	54%	75%	78%	63%	86%	86%	89%		
DIVISION A Total		79%	84%	105%	105%	88%	109%	102%	100%	76%	81%	101%	103%	88%	108%	102%	99%		
DIVISION B	ACUTE MEDICINE	34%	56%	75%	61%	63%	105%	81%	95%	35%	59%	79%	63%	66%	111%	86%	100%		
	EMERGENCY MEDICINE	44%	72%	92%	92%	84%	158%	67%	90%	44%	68%	92%	92%	83%	152%	67%	89%		
	OPHTHALMOLOGY	27%	43%	64%	76%	74%	88%	93%	96%	26%	42%	64%	77%	76%	90%	97%	96%		
	SPECIALIST MEDICINE	59%	73%	105%	116%	92%	105%	113%	102%	54%	66%	96%	111%	87%	98%	104%	98%		
DIVISION B Total		44%	59%	86%	97%	84%	97%	103%	99%	42%	56%	83%	96%	83%	95%	101%	97%		
DIVISION C	CHILD HEALTH	87%	87%	104%	110%	86%	109%	110%	114%	88%	87%	105%	110%	84%	108%	108%	113%		
	SUPPORT SERVICES	54%	62%	63%	77%	61%	79%	90%	78%	49%	57%	57%	71%	56%	72%	83%	75%		
	WOMEN'S HEALTH	63%	64%	81%	98%	80%	100%	103%	100%	58%	59%	81%	95%	76%	98%	101%	100%		
DIVISION C Total		71%	73%	86%	97%	77%	98%	102%	100%	73%	74%	91%	100%	78%	100%	103%	104%		
DIVISION D	CARDIOVASCULAR & THORACIC	59%	68%	88%	90%	77%	101%	105%	104%	56%	66%	86%	86%	75%	100%	103%	103%		
	NEUROSCIENCES	68%	69%	95%	100%	72%	104%	101%	109%	65%	66%	93%	100%	72%	103%	98%	108%		
	RADIOLOGY	65%	57%	95%	104%	74%	119%	118%	125%	51%	48%	78%	81%	56%	95%	98%	101%		
	TRAUMA & ORTHOPAEDICS	50%	54%	69%	85%	74%	102%	90%	100%	50%	54%	69%	83%	74%	102%	90%	97%		
DIVISION D Total		59%	64%	84%	91%	75%	102%	99%	104%	58%	63%	84%	90%	73%	102%	98%	103%		
Total		62%	69%	90%	98%	81%	101%	102%	101%	61%	68%	89%	97%	81%	101%	101%	101%		

Income and Activity

Non elective activity has dipped in November, to 93% of pre-covid levels, possibly as a response to the second lockdown. This is however not expected to be a long run trend and non elective activity is expected to increase to pre-Covid levels moving forward.

Non Elective Activity as % of Plan		Activity as % of Plan								Income as % of Plan							
Division	Care Group	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
= DIVISION A	CANCER CARE	79%	93%	90%	97%	96%	102%	108%	97%	70%	75%	80%	106%	93%	94%	96%	82%
	SURGERY	46%	79%	90%	89%	91%	90%	95%	84%	56%	88%	96%	102%	98%	99%	105%	98%
DIVISION A Total		56%	83%	90%	91%	93%	93%	99%	88%	61%	83%	90%	104%	96%	97%	102%	92%
= DIVISION B	ACUTE MEDICINE	85%	76%	85%	88%	86%	94%	103%	96%	73%	78%	89%	93%	89%	99%	108%	103%
	EMERGENCY MEDICINE	45%	80%	82%	99%	99%	103%	102%	95%	39%	69%	70%	91%	95%	96%	101%	87%
	OPHTHALMOLOGY	64%	53%	45%	88%	51%	66%	68%	66%	76%	52%	50%	101%	60%	81%	70%	64%
	SPECIALIST MEDICINE	33%	66%	44%	70%	96%	77%	111%	121%	38%	75%	42%	49%	86%	47%	131%	111%
DIVISION B Total		62%	78%	82%	94%	93%	98%	102%	95%	62%	75%	82%	92%	91%	97%	106%	98%
= DIVISION C	CHILD HEALTH	45%	58%	67%	72%	79%	102%	98%	95%	71%	68%	91%	88%	85%	93%	100%	80%
	WOMEN'S HEALTH	83%	90%	91%	88%	92%	84%	90%	90%	89%	100%	94%	93%	99%	94%	96%	92%
DIVISION C Total		71%	80%	84%	83%	88%	89%	92%	91%	82%	89%	93%	91%	94%	94%	97%	87%
= DIVISION D	CARDIOVASCULAR & THORACIC	59%	72%	78%	95%	93%	84%	100%	87%	49%	55%	65%	91%	102%	85%	101%	88%
	NEUROSCIENCES	75%	89%	87%	108%	98%	109%	102%	95%	83%	97%	91%	107%	106%	123%	115%	92%
	RADIOLOGY	45%	63%	68%	78%	75%	73%	68%	88%	47%	63%	63%	78%	68%	55%	63%	76%
	TRAUMA & ORTHOPAEDICS	67%	73%	96%	118%	108%	114%	98%	93%	83%	81%	95%	115%	104%	111%	115%	100%
DIVISION D Total		64%	75%	85%	104%	98%	99%	97%	91%	66%	73%	79%	100%	101%	99%	105%	91%
Total		63%	79%	84%	93%	93%	95%	98%	92%	67%	77%	84%	97%	96%	98%	104%	93%

Elective Incentive Scheme

Performance against the Elective Incentive Scheme has been indicatively assessed using UHS data. **The national method of calculation and source of information has yet to be shared.** No income has been adjusted for this, as per national guidance.

In M8, UHS achieved an estimated 99% of Elective performance (compared to M8 2019/20) against a target of 90%. Over performance is indicatively funded at 75% of tariff.

Outpatients achieved 102% against a target of 100% with over performance indicatively funded at 80% of tariff.

The STP (CSU) have indicatively assessed UHS performance which is shown in the far right columns. This is less than the UHS view and the discrepancies are currently under review with the CSU.

We would anticipate UHS figures being more accurate for M7 due to having access to final "freeze" data. However, CSU data may be more accurate for M6.

ELECTIVE/DAYCASE, OUTPATIENT PROCEDURES AND ELECTIVE XBDs

MONTH	BASELINE	TARGET %	TARGET £	ACTUAL	ACTUAL %	VARIANCE	BLOCK Adj
M06	12,443	80%	9,955	10,713	86%	758	568
M07	12,840	90%	11,556	11,381	89%	(174)	(44)
M08	11,856	90%	10,671	11,713	99%	1,043	782
M09	12,237	90%	11,013	0	0%	(11,013)	
M10	13,478	90%	12,130	0	0%	(12,130)	
M11	12,182	90%	10,964	0	0%	(10,964)	
M12	TBC	90%	TBC	0	TBC	TBC	
Total	75,036	0	66,288	33,807	0	(32,481)	1,307

CSU view	Var
226	(343)
(85)	(41)
141	(384)

OUTPATIENT ATTENDANCES

MONTH	BASELINE	TARGET %	TARGET £	ACTUAL	ACTUAL %	VARIANCE	BLOCK Adj
M06	4,840	100%	4,840	5,007	103%	167	134
M07	4,904	100%	4,904	5,164	105%	261	208
M08	4,981	100%	4,981	5,094	102%	113	91
M09	4,515	100%	4,515	0	0%	(4,515)	
M10	4,774	100%	4,774	0	0%	(4,774)	
M11	4,531	100%	4,531	0	0%	(4,531)	
M12	TBC	100%	TBC	0	TBC	TBC	
Total	28,544	0	28,544	15,266	0	(13,278)	433

CSU view	Var
23	(111)
(109)	(318)
(86)	(428)

INDEPENDENT SECTOR (ELECTIVE/DAYCASE)

MONTH	BASELINE	TARGET %	TARGET £	ACTUAL	ACTUAL %	VARIANCE	BLOCK Adj
M06	974	80%	779	1,301	134%	522	52
M07	902	90%	812	1,637	181%	825	82
M08	899	90%	810	1,501	167%	691	69
M09	787	90%	708	0	0%	(708)	
M10	801	90%	721	0	0%	(721)	
M11	894	90%	805	0	0%	(805)	
M12	TBC	90%	TBC	0	TBC	TBC	
Total	5,257	0	4,634	4,439	0	(195)	204

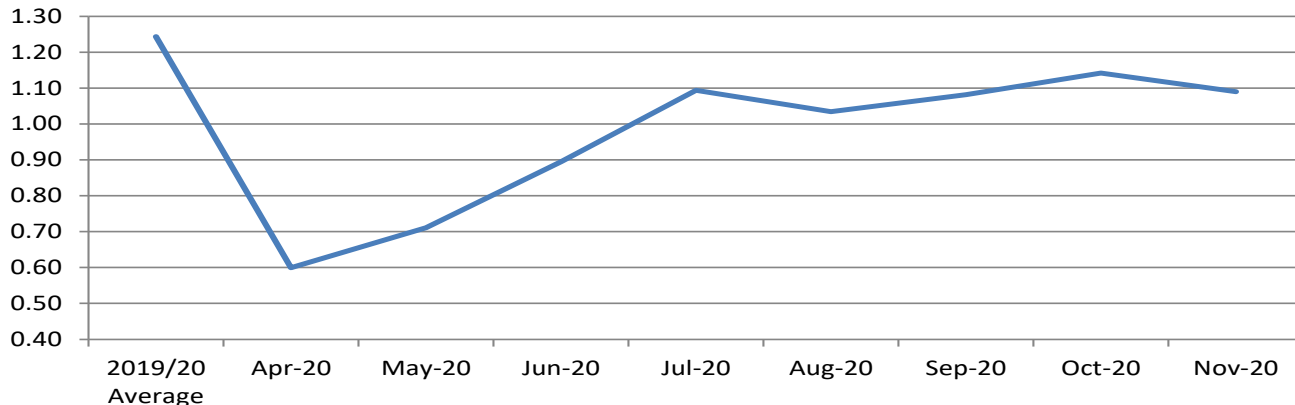
Benchmarking

The current financial reporting framework of being brought back to break-even whilst achieving lower levels of activity makes it difficult to assess the relative efficiency of the Trust.

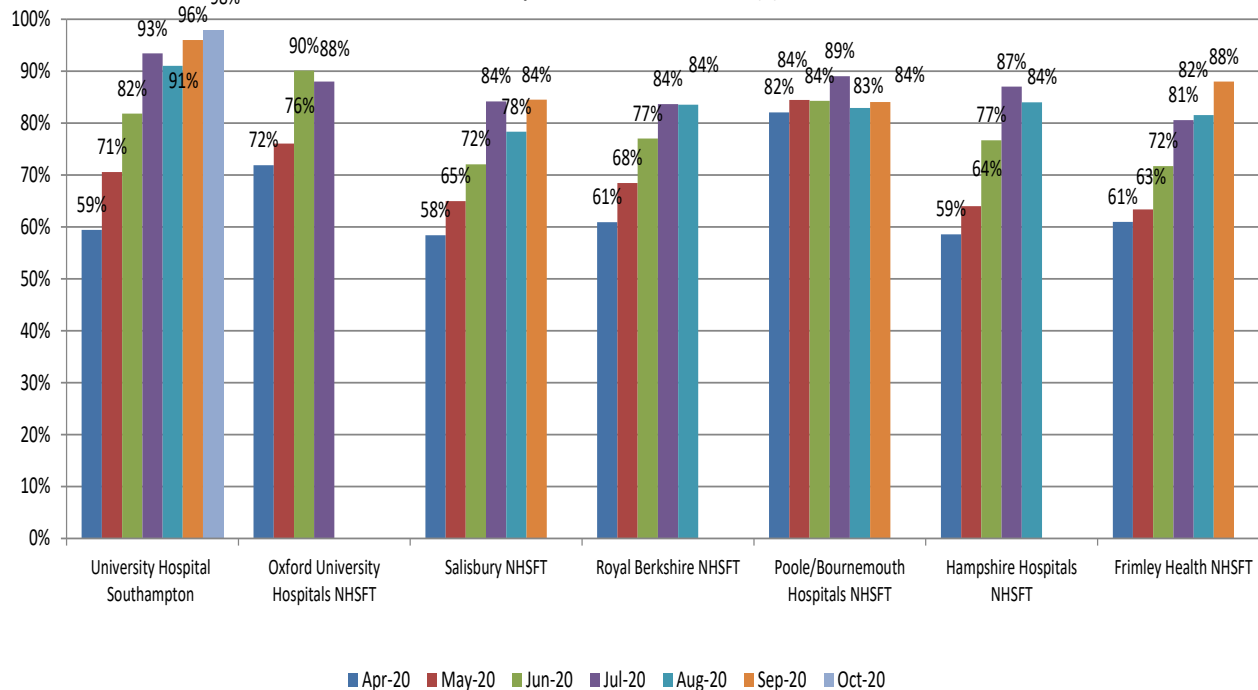
It is therefore important we measure performance against our peers. Unfortunately data on activity and underlying financial performance of peers is limited; however the graph shows the comparator performance of neighbouring hospital trusts when assessing their level of PbR equivalent revenue as a % of 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. That said there are clear patterns emerging that suggest UHS is performing better than comparator organisations in terms of its % recovery. Data is still awaited for October and November performance of peer organisations.

PbR Income (excluding pass thru) £ to Pay £ Ratio



PbR % equivalent of Block Contract (£)

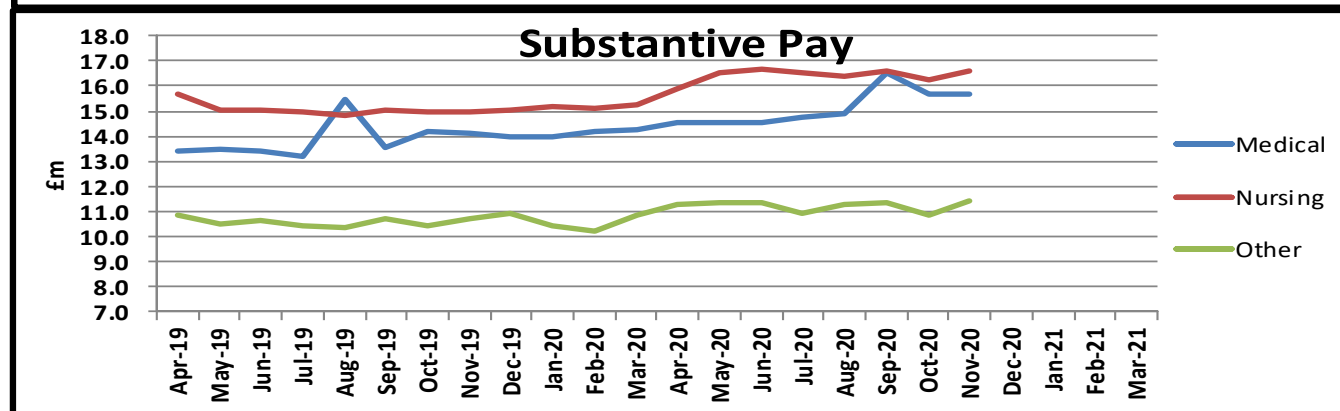
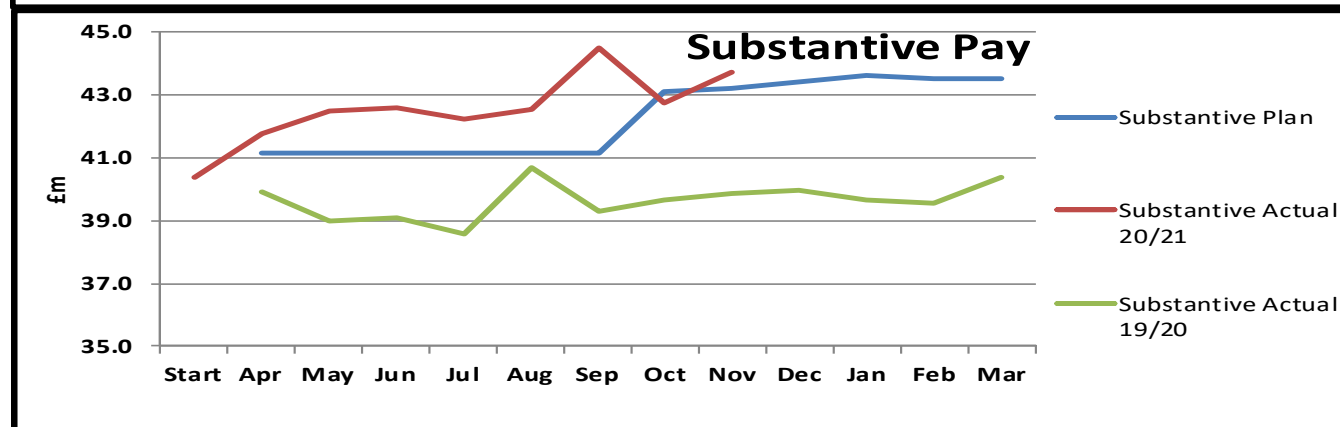
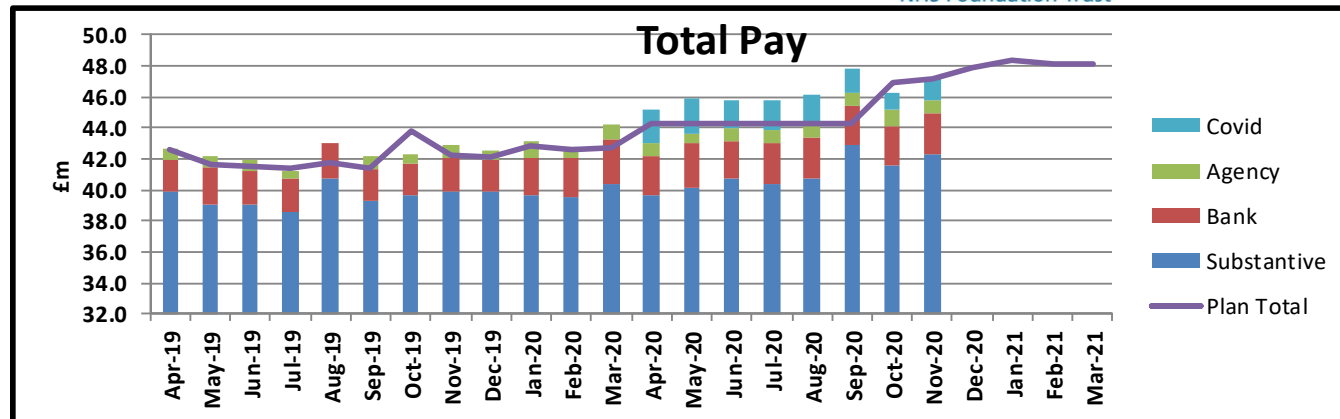


Substantive Pay Costs

Total pay expenditure in November was £47.2m (up £0.9m from October). This was consistent with planned costs with an anticipated run rate increase forecast through winter linked to the pace of recovery. November costs also include £0.3m of non recurrent costs relating to CEA award costs greater than anticipated (£0.2m) and one off staff payments (£0.1m).

Covid related staffing expenditure increased slightly from £1.2m in October to £1.5m in November, linked mainly to increased critical care costs.

Pay costs are forecast to further increase across months 9 to 12 as both recovery plans and winter plans have additional resource requirements that have been non recurrently funded within revised planning assumptions. A provision has also been made for continued absence / self isolation relating to Covid.

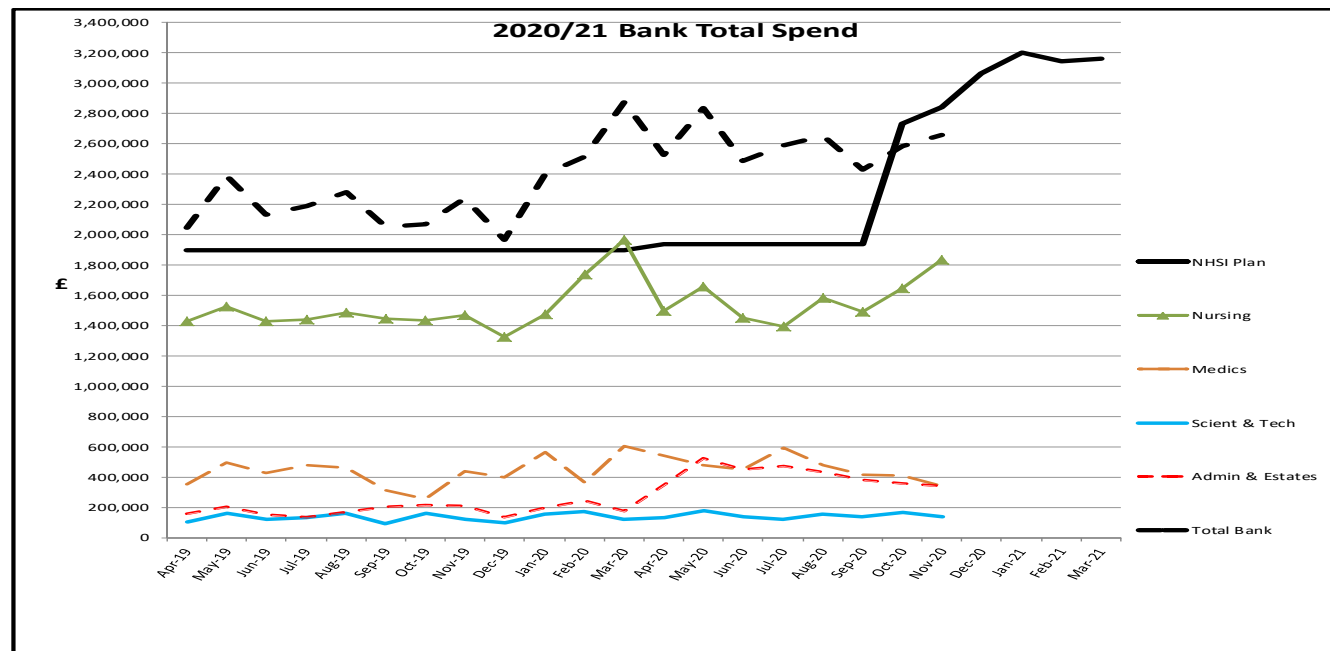
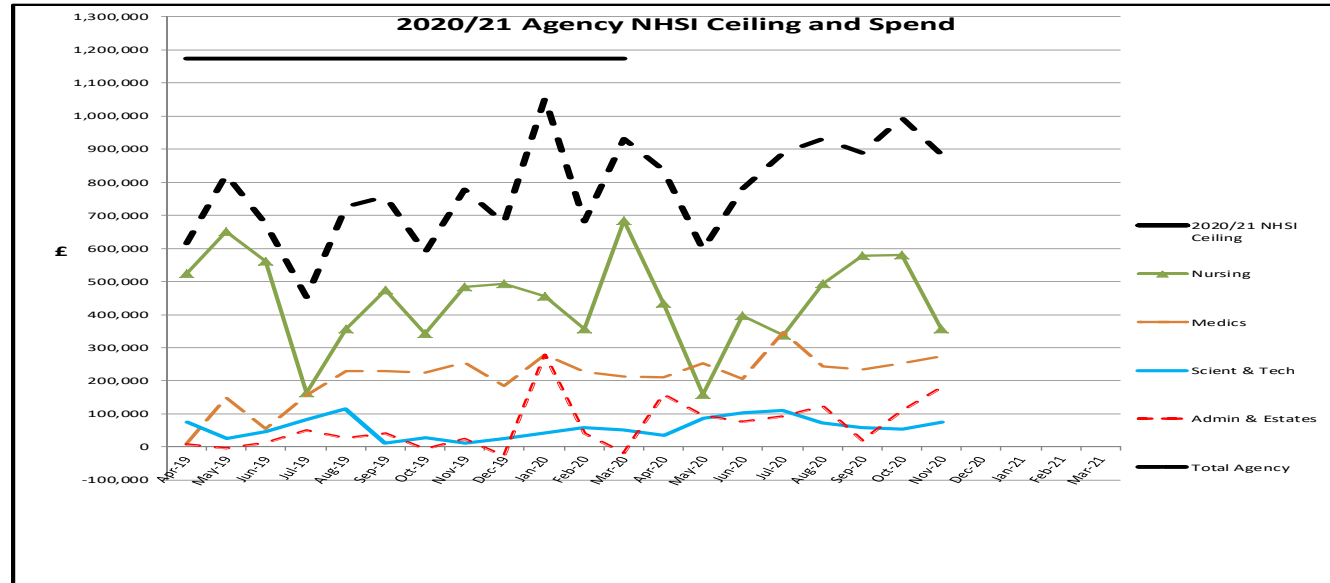


Temporary Staff Costs

Agency spend has decreased marginally to just under £0.9m in month. High cost agency within child health has reduced significantly. These costs were directly funded by commissioners over and above block contract levels. Admin and estates usage increased for a second month following a dip in September.

Staffing requirements were previously flexed down in many elective focused service areas, in order to support Covid-19 patients, hence avoiding the need for high cost agency. Since May however agency costs have generally been on an upward trend returning to pre-Covid levels. These are likely to further increase moving into winter.

Expenditure on bank staff increased marginally in month to just over £2.6m with a noticeable increase in nursing. This continues to be above average levels of spend in 19/20 predominantly relating to increased sickness and self isolation backfill. Admin bank usage has also increased significantly as staffing has been required to man entrances and exits to the trust.

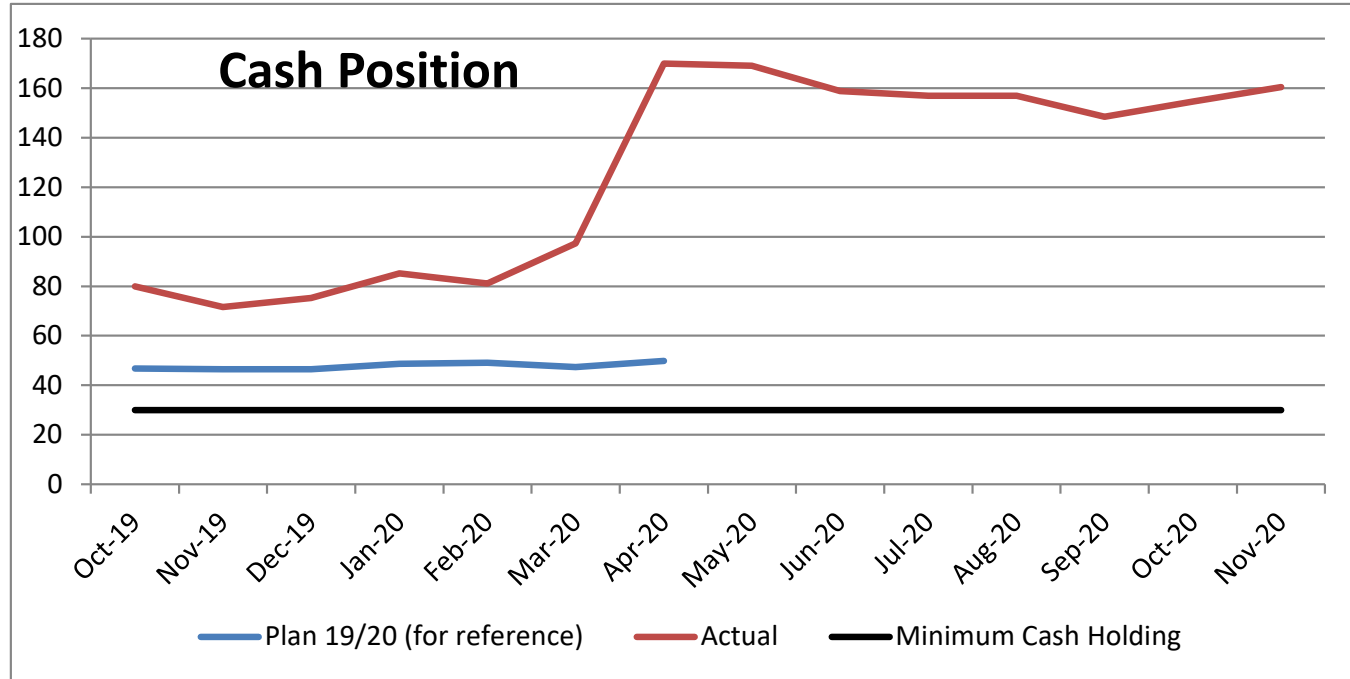


Cash

The cash balance increased marginally to £160.5m in November. This is primarily linked to a decrease in accounts receivable and increase in payables. Cash remains broadly stable however and has done since April 2020 when the cash regime changed due to Covid with contract payments shifting to being paid a month in advance.

This regime is not expected to continue into 21/22 however, with a return to payments made in month anticipated, rather than in advance. At this point cash will reduce back by c£67m.

The Trust is also still awaiting cash to fund Covid-19 related capital expenditure.



Capital Expenditure

(Fav Variance) / Adv Variance

The capital expenditure position for the year to November shows expenditure of £40.3m against a plan of £40.6m, £0.3m below that budgeted. Excluding externally funded schemes and Covid 19 related expenditure, which should be reclaimed, the expenditure is £34.0m against a plan of £36.6m, £2.6m below budget.

The main areas of YTD underspend and slippage are on IT (£2.1m underspent, where much has been claimed through Covid funding) and the Vertical Extension E level Theatres scheme (£1.7m underspent).

We are currently forecasting to spend all our internally funded capital budget. A review of the capital forecast has highlighted forecast underspend in IT (estimated at £750k) and slippage on the GICU scheme (£2.6m) and E level Theatres Scheme (£4.4m). Although other schemes such as the PAH windows scheme have been brought forward, this and other assumed slippage amounts to a total of £4.6m. It is however forecast that the Adanac Park land purchase (2.7m) and lease costs related to the ED expansion scheme (£1.9m) will bridge this gap.

Scheme	Month			Year to Date			Full Year		
	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	(331)	331	1,004	1,306	(302)	1,141	1,306	(165)
IT Schemes	550	627	(77)	4,731	2,600	2,131	7,142	6,392	750
Strategic Maintenance	383	305	78	2,220	2,219	1	3,750	3,750	0
Medical Equipment Panel	100	111	(11)	563	432	131	1,000	970	30
GICU Expansion	571	(702)	1,273	9,367	9,433	(66)	12,128	9,513	2,615
Fit out of E Level, Vertical Extension	920	1,096	(176)	3,244	1,582	1,662	5,713	1,357	4,356
Refurbish Eye Theatre	406	415	(9)	955	1,658	(703)	1,849	1,849	0
Theatre K Plant Room	0	93	(93)	334	674	(340)	334	674	(340)
Spend to Save	21	118	(97)	727	600	127	810	1,610	(800)
Radiotherapy Equipment	0	0	0	700	605	95	700	700	0
Decorative Improvements / Staff Fund	50	0	50	400	22	378	600	272	328
ED offices and minors space	0	0	0	586	16	570	586	16	570
Fit out of E & F level North Wing Courtyard	0	26	(26)	1,207	624	583	1,207	624	583
East Wing Annex Shell	0	97	(97)	350	369	(19)	1,490	992	498
Oncology Ward Build	868	1,029	(161)	4,435	4,681	(246)	5,782	5,867	(85)
Side Rooms	133	0	133	399	101	298	932	649	283
Adnanac Park	0	0	0	0	134	(134)	830	3,500	(2,670)
Other Projects	199	493	(294)	2,377	2,411	(34)	3,168	5,148	(1,980)
Assumed Slippage	(245)	0	(245)	(449)	0	(449)	(1,423)	(428)	(995)
Total Trust Funded Capital excl Finance Leases	3,956	3,379	577	33,150	29,466	3,684	47,739	44,761	2,978
Finance Leases - Medical Equipment Panel	200	400	(200)	1,100	400	700	2,200	2,200	0
Finance Leases - Divisional Equipment	42	0	42	336	0	336	500	467	33
Finance Leases - IISS	0	0	0	3,335	3,379	(44)	5,535	5,479	56
Finance Leases -ED Expansion	0	0	0	0	0	0	0	1,900	(1,900)
Finance Leases - Other	200	266	(66)	1,019	1,758	(739)	2,265	2,265	0
Donated Asset Additions	(238)	0	(238)	(2,306)	(1,015)	(1,291)	(3,482)	(2,315)	(1,167)
Total Trust Funded Capital Expenditure (CDEL Allocation)	4,160	4,045	115	36,634	33,989	2,645	54,757	54,757	0
Energy Efficiency	85	(0)	85	1,327	1,667	(340)	1,667	1,667	0
Fit out of E Level, Vertical Extension	0	0	0	0	0	0	4,300	4,300	0
ED Expansion and Refurbishment	0	538	(538)	0	574	(574)	0	9,000	(9,000)
Backlog Maintenance	216	64	152	864	64	800	1,730	1,730	0
Endoscopy Room	0	135	(135)	0	135	(135)	0	1,650	(1,650)
Digital Maternity (STP Wave 3)	169	5	164	676	7	669	1,350	0	1,350
Digital Outpatients (STP Wave 3)	73	0	73	292	0	292	589	164	425
HSLI Enterprise Wide Scheduling	37	(22)	59	296	39	257	444	310	134
Cyber Security	0	8	(8)	0	8	(8)	0	8	(8)
Pathology Digitisation	135	0	135	540	0	540	1,080	90	990
Coronavirus Equipment and Works	0	472	(472)	0	3,845	(3,845)	0	3,875	(3,875)
Total CDEL Expenditure	4,875	5,243	(368)	40,629	40,328	301	65,917	77,551	(11,634)

Statement of Financial Position

(Fav Variance) / Adv Variance

The November statement of financial position illustrates net assets of £442.7m which is £1.63m up when compared to October.

Receivables, cash and payables are all interrelated and hence an increasing payables balance and decreasing receivables balance has seen cash increase by £5.9m.

Accounts payables balances are distorted when compared to 2019/20 as they include £63m of deferred income as block contract payments are currently paid in advance.

Statement of Financial Position	2019/20 YE Actuals £m	2020/21		
		M7 Act £m	M8 Act £m	MoM Movement £m
Fixed Assets	379.0	400.9	404.2	3.4
Inventories	15.2	15.9	15.9	0.0
Receivables	73.0	70.0	65.9	(4.0)
Cash	97.3	154.6	160.5	5.9
Payables	(115.6)	(188.7)	(193.1)	(4.4)
Current Loan	(3.3)	(3.6)	(3.6)	(0.0)
Current PFI and Leases	(7.4)	(8.1)	(7.2)	0.8
Net Assets	438.2	441.0	442.7	1.6
Non Current Liabilities	(20.4)	(23.9)	(24.9)	(1.0)
Non Current Loan	(11.5)	(9.4)	(9.1)	0.3
Non Current PFI and Leases	(33.4)	(34.2)	(34.6)	(0.5)
Total Assets Employed	372.9	373.5	374.0	0.5
Public Dividend Capital	220.7	221.3	221.3	0.0
Retained Earnings	132.0	132.1	132.5	0.5
Revaluation Reserve	20.2	20.2	20.2	0.0
Other Reserves	0.0	0.0	0.0	0.0
Total Taxpayers' Equity	372.9	373.5	374.0	0.5

Report to the Trust Board of Directors dated Thursday, 7 January 2021				
Title:	Integrated Performance Report 2020/21 Month 8			
Agenda item:	9.1			
Sponsor:	Chief Executive			
Date:	24 December 2020			
Purpose	Assurance or reassurance Y	Approval	Ratification	Information
Issue to be addressed:	<p>This report is intended to support the Trust Board in assuring that:</p> <ul style="list-style-type: none"> the care we provide is safe, caring, effective, responsive and well led in the context of the Covid 19 pandemic at the same time we continue our journey toward our vision of World Class Care for Everyone. 			
Response to the issue:	<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>			
Implications: (Clinical, Organisational, Governance, Legal?)	<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>			
Risks: (Top 3) of carrying out the change / or not:	<p>This report is provided for the purpose of assurance.</p>			
Summary: Conclusion and/or recommendation	<p>This report is provided for the purpose of assurance.</p>			

Integrated KPI Board Report

covering up to

Nov 2020

Sponsor - Andrew Asquith, Director of Planning, Performance and Productivity,
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		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.

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 adjust / add to these indicators – informing the Board and keeping a comparative narrative – as the situation changes as we work through these unusual circumstances.

November 2020 Summary

During November the direct impact of COVID-19 infections upon the Trust increased modestly, with confirmed COVID-19 patients increasing from 36 patients (4 of which were in intensive / high care) to 44 patients (7 of which were in intensive/ high care) at the end of the month. Services for patients with other conditions were largely maintained, without adverse impact, however, non-elective admission volumes overall were approximately 92% of their normal levels. Elective spells at all hospital sites were approximately 102% of their normal levels.

Key aspects of performance for consideration include:

- Activity levels in outpatient and elective care are similar to pre-covid levels, there are indications that our waiting list size and duration are starting to stabilise, but at a significantly worse position than before Covid
- Need to monitor cancer performance closely as there are indications that total pathway timescales are deteriorating due to investigations having been delayed. Treatment timescales remain above target
- Emergency Department timescales compare very well both with peers and UHS historical performance, in the context of reduced attendance volumes
- Levels of Clostridium Difficile infection are higher than we would wish and had targeted, investigations to date have not identified avoidable causes, but this will continue to be closely monitored

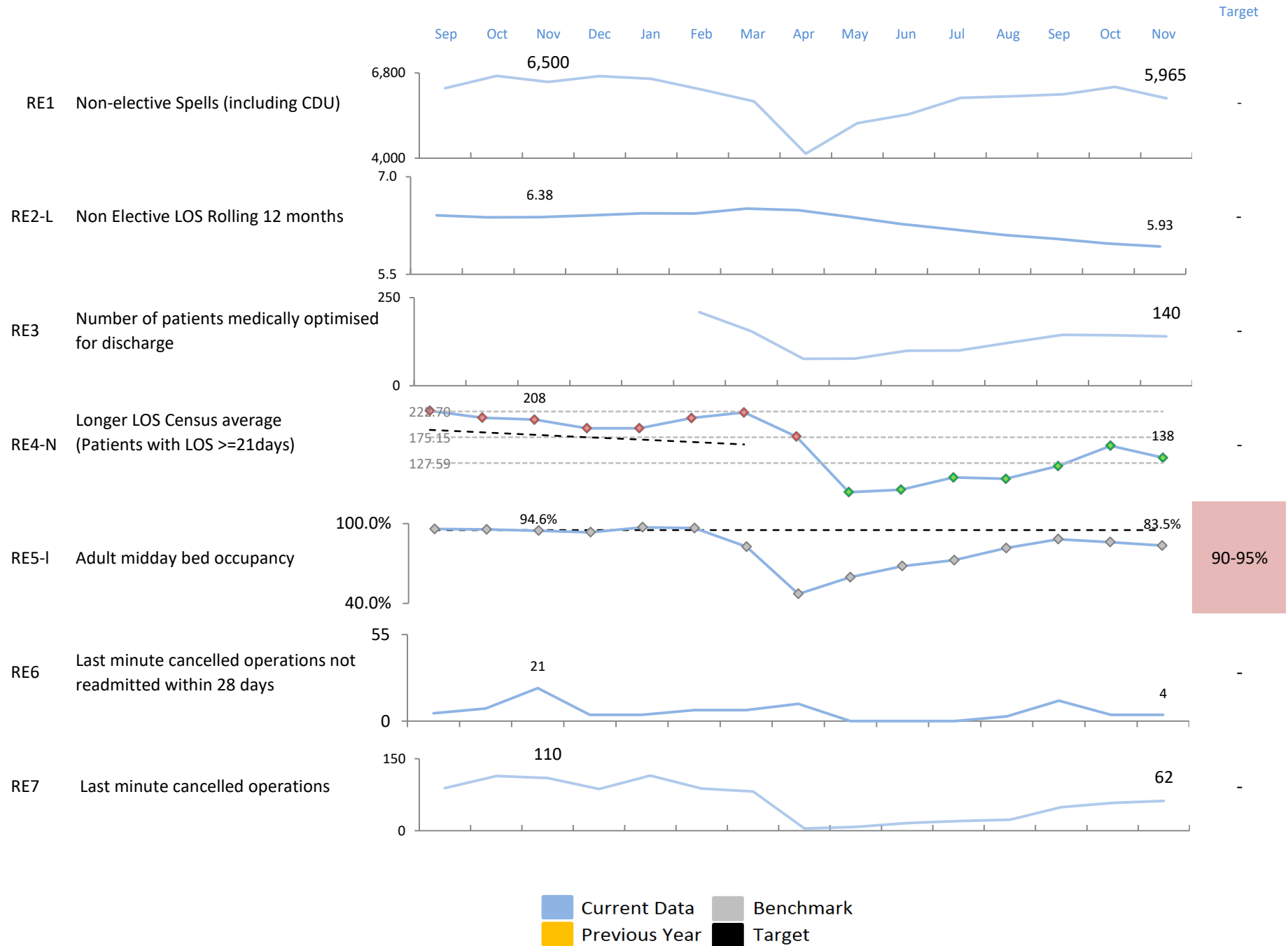
November 2020 Summary (Continued)

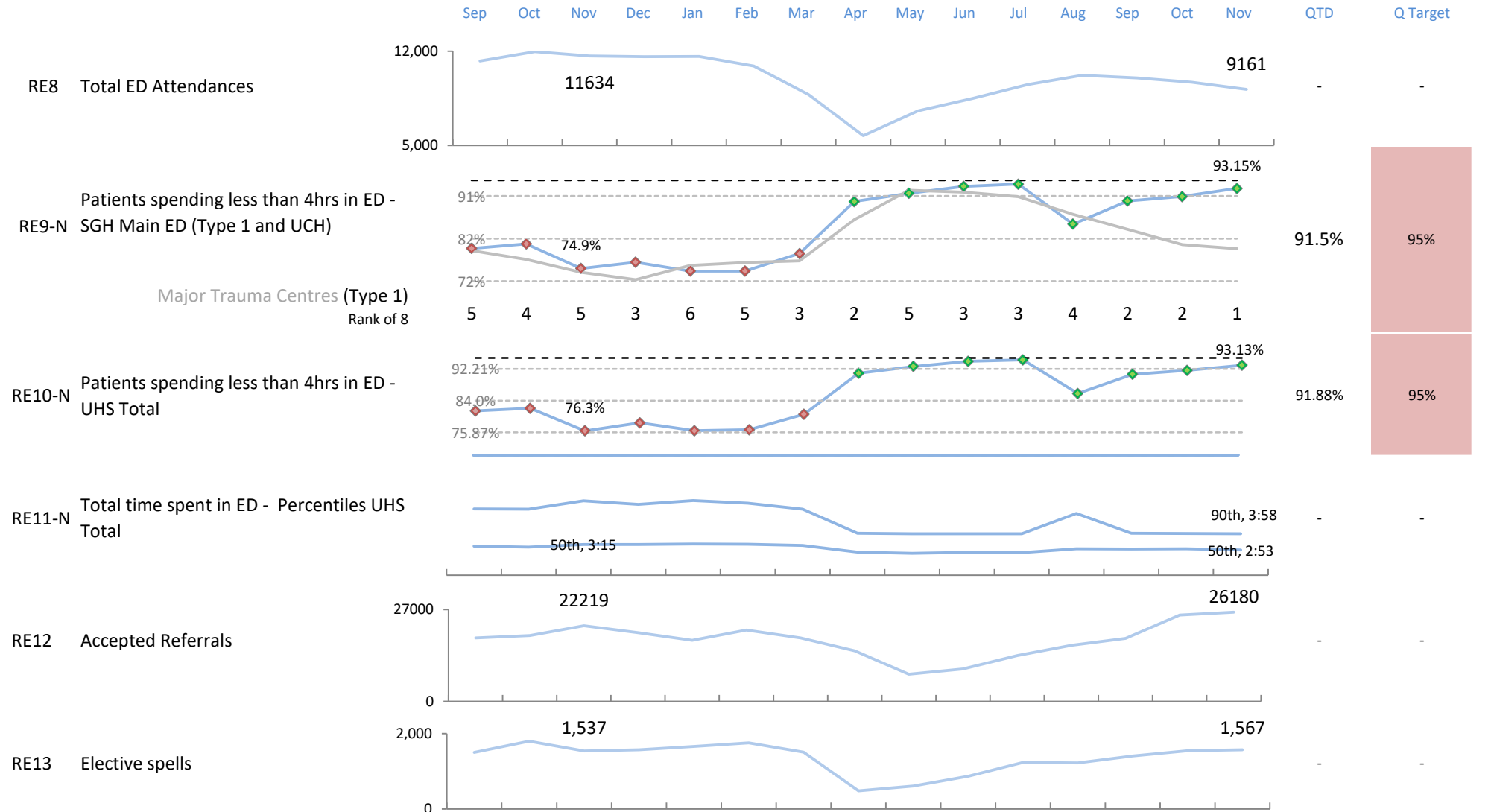
- Maternity measures of patient feedback, and continuity of care, continue to indicate a need for improvement. Substantial plans were described in the previous KPI report and are being implemented, but would not have been expected to improve performance yet.
- Both medical (WL3) and non-medical (WL2) appraisal rates remain significantly below target / pre COVID-19 rates, actions to improve this have been requested but there has not yet been sufficient time to judge the impact of that within this measure.
- Redeployment due to COVID-19 (WL7) - At the end of November 32 staff had been redeployed to other budgeted posts, 31 staff redeployed to non-budgeted posts, and a total of 25 staff were awaiting redeployment due to either Covid-age or pregnancy.

At the time of writing this report (24/12/2020), our context continues to change, with recent news of a COVID-19 variant with increased transmissibility, and further increased impact of COVID-19 on our region and local area. These developments pose a significant challenge to many of our services and performance measures, for example some elective surgical procedures being postponed to release resources to respond to Covid, staff absence increasing, and our focus and attention being on the immediate clinical and operational management within the Trust.

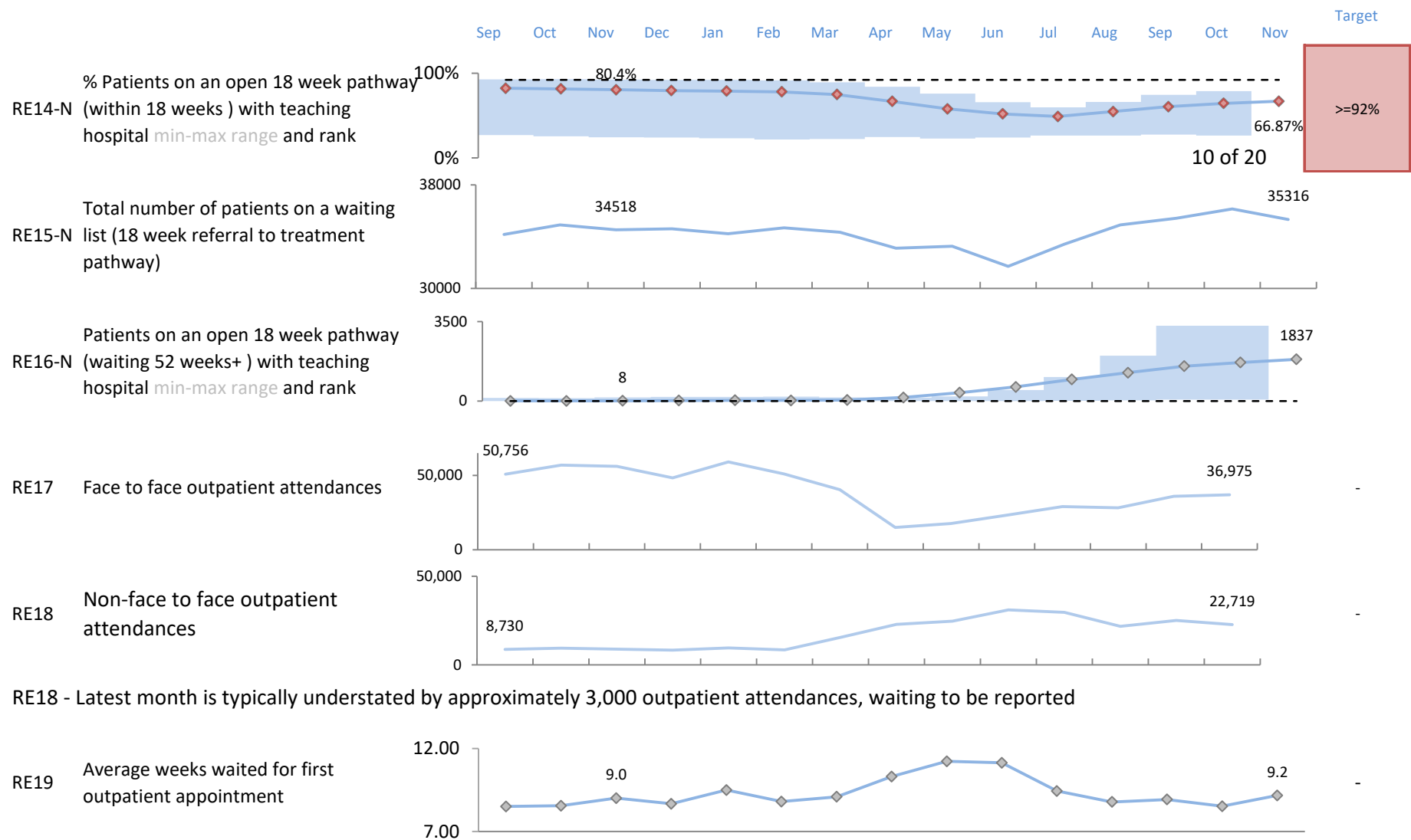
- Emergency Department timeliness improved slightly in November, remaining above 90% (RE 10). UHS had the best performance out of 8 'peer' Major Trauma Centres (RE9). Attendance numbers reduced to approximately 79% of the normal level (RE 8), whilst enhanced infection control precautions remained in place.
- The percentage of patients waiting up to 18 weeks from referral to treatment improved marginally to 67% (RE 14), In October UHS was 10th out of a group of 20 teaching hospitals on this measure. The total number of patients waiting is above pre-Covid levels, but reduced by over 400 patients this month despite a continuing high level of referrals (RE 12).
- The number of referrals has been significantly higher than in the previous year for the second month in a row. It is likely that the variance to last year is overstated to a modest degree due to differences in recording practices between years (e.g. registering referrals for services that previously offered a 'walk-in' service) and the scale of this impact will be investigated further.
- The number of patients waiting more than 52 weeks (RE16) has increased from 40 at the end of March, to 1837 at the end of November (an increase of 144 patients in the last month). Whilst similar trends are being experienced at many other hospitals, especially other large tertiary centres, we are very concerned by this and are working hard to increase capacity.
- The percentage of patients waiting more than 6 weeks for a diagnostic test (RE 21) improved further, from 31% to 29%. The total number of patients waiting (RE 20) increased to 9660 in November, a similar level to that reached in September.
- Cancer performance measures for October indicates that UHS 62 day performance (RE 22) is declining currently and is 4th amongst our 10 'peer' teaching hospitals at 78%, whilst 31 day performance (RE 23) continues to be above the national target at 97%. The number of patients still waiting with pathways greater than 104 days (RE 24) increased in the most recent month.
- Charts intended to show activity benchmarking against other teaching hospitals using data that is submitted nationally (RE 28-30) have been modified to show UHS only at present. Differences have been identified between the criteria used in different years which mean that meaningful comparisons are not possible, and alternative national data sources are being sought.

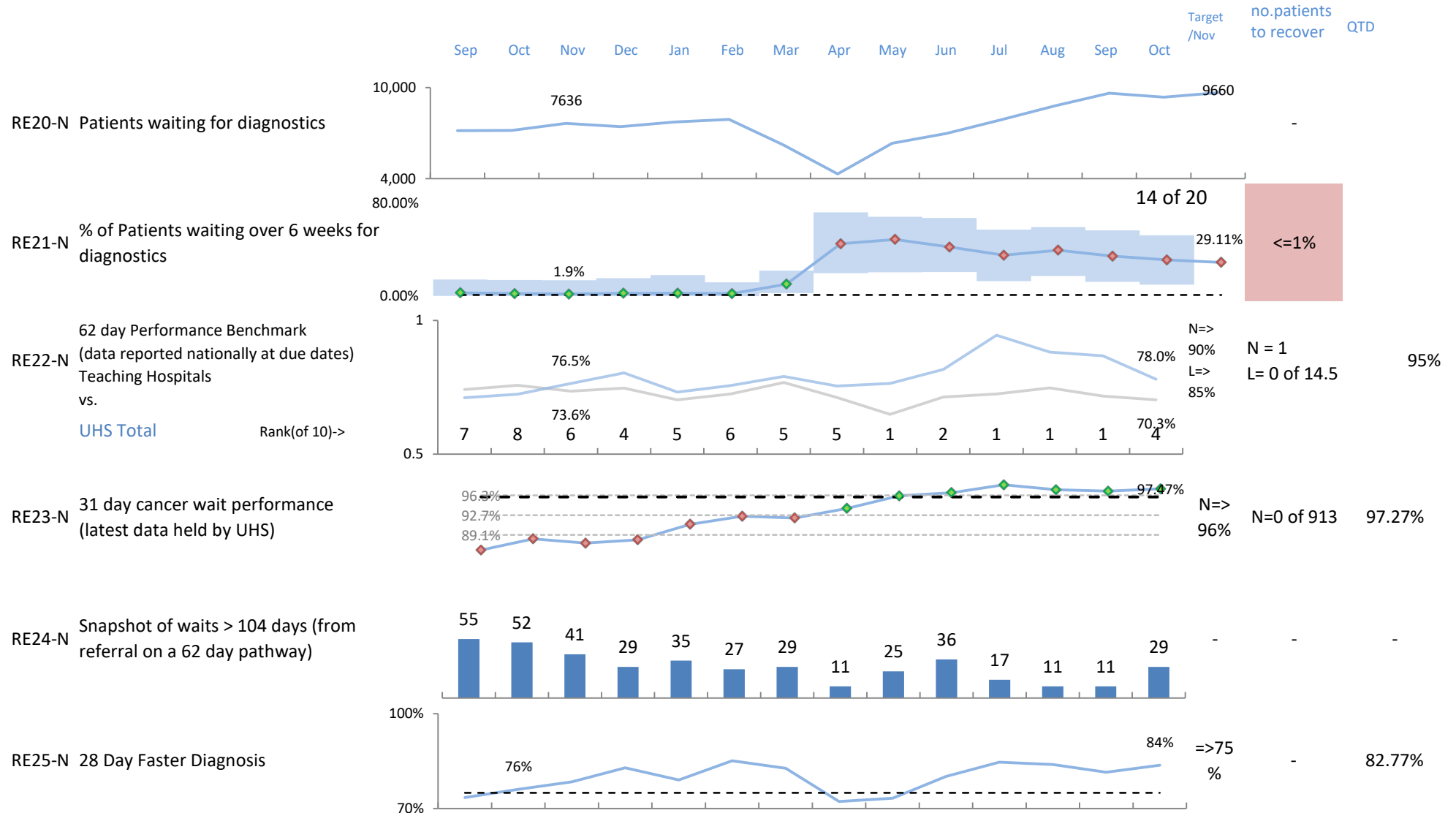




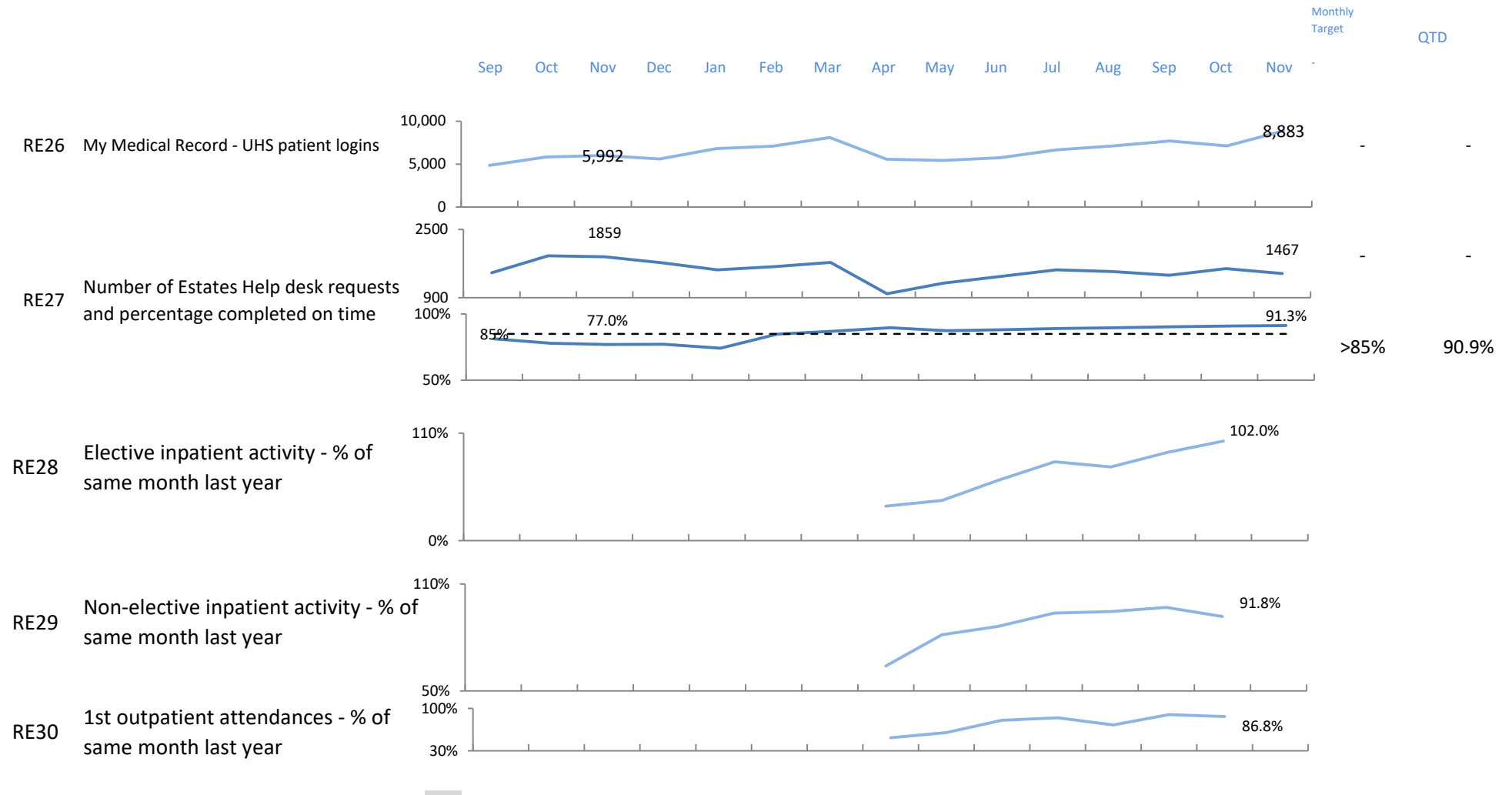


■ Current Data ■ Benchmark
■ Previous Year ■ Target

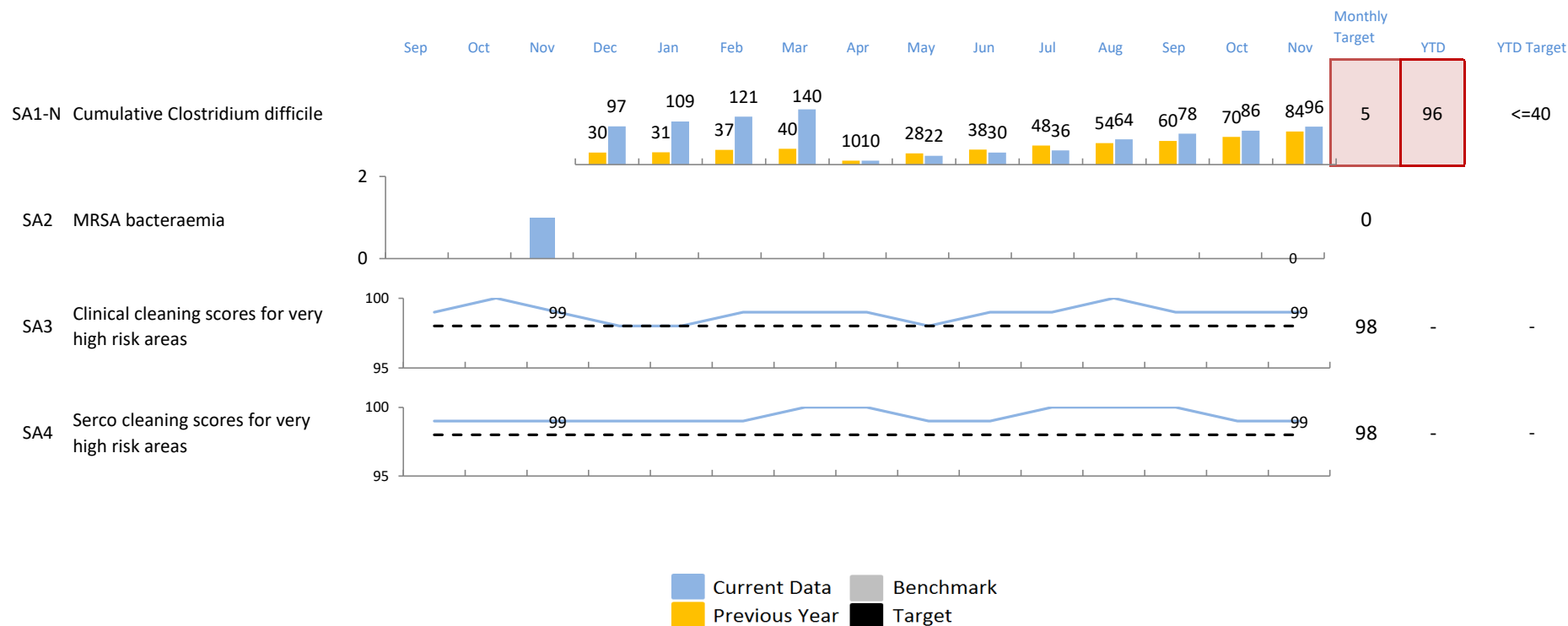


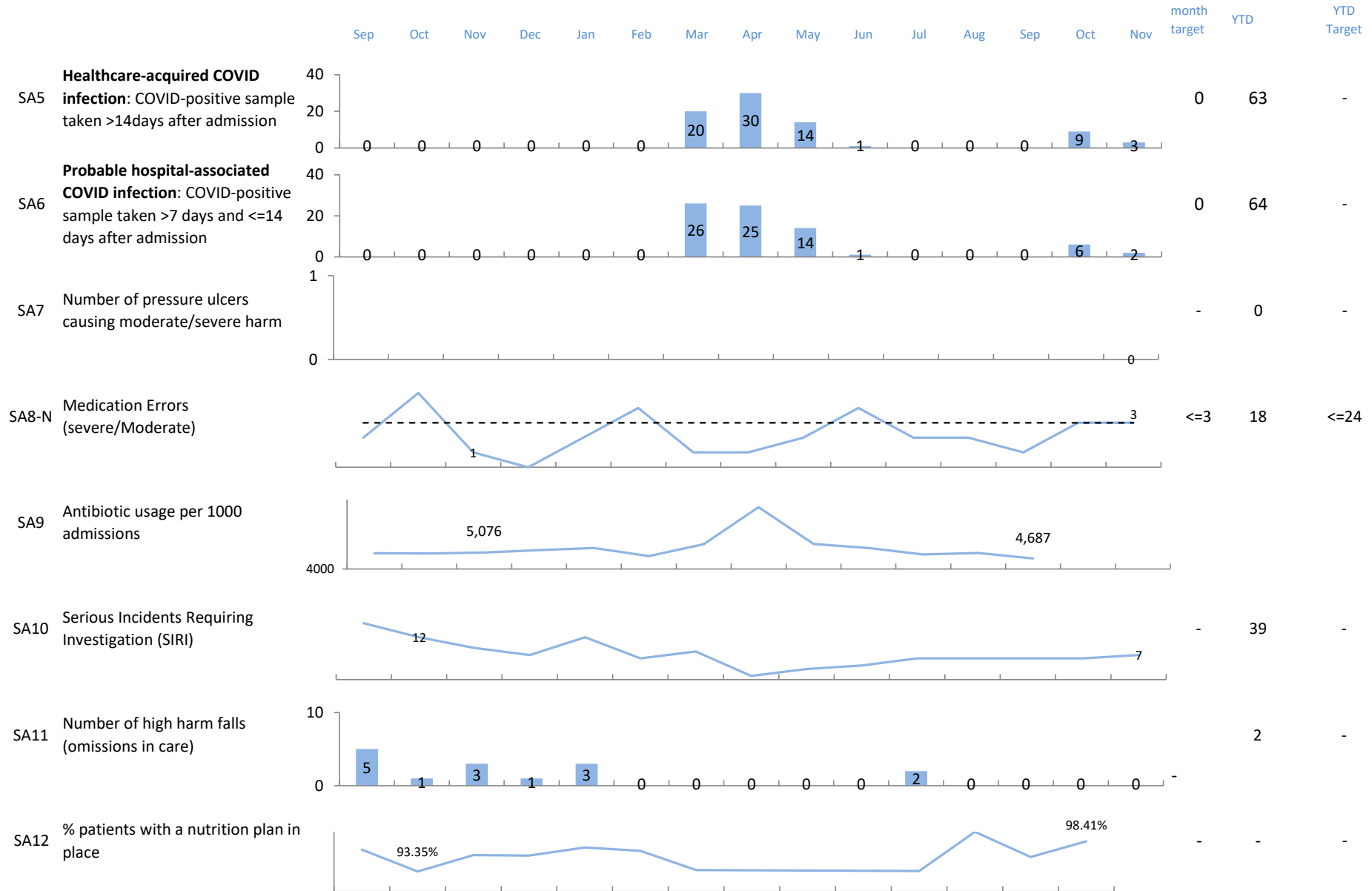


■ Current Data ■ Benchmark
■ Previous Year ■ Target

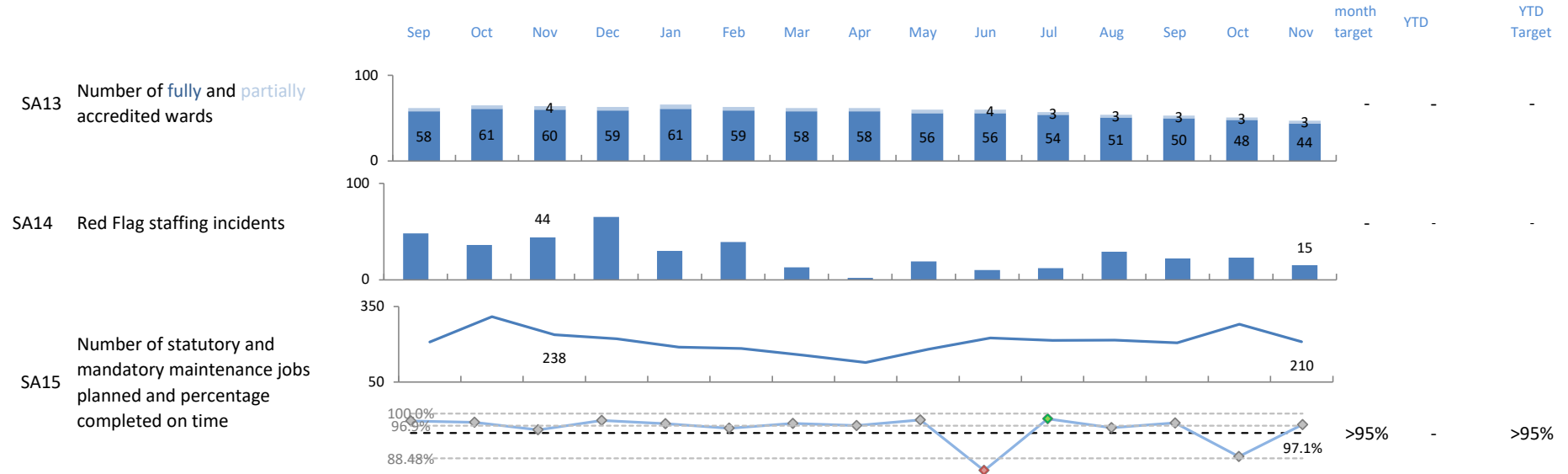


- The number of Clostridium Difficile infections reported in October increased to 10 following submission of the previous board report. The number of new infections in November appears consistent with the trend since September and the annual cumulative total is now 96. The full year target of ≤ 64 cannot be achieved. CDiff infections will continue to be closely monitored, and any avoidable root causes or patterns addressed.
- 2 cases of ‘probable’ transmission (SA6) and 3 cases of ‘healthcare-acquired’ COVID-19 (SA5) occurred in UHS inpatient services during November, an improved position compared to October.
- The continued avoidance of MRSA Bacteraemia, and pressure ulcers causing moderate/severe harm, and very low levels of high harm falls due to omissions in care, are all encouraging.
- The number of fully and partially accredited wards (SA13) has continued to fall, because the UHS ward accreditation scheme is time limited, and the accreditation visit process is suspended due to Covid 19 therefore wards are not being ‘accredited’ / ‘re-accredited’. It is proposed to suspend this measure therefore, whilst an alternative accreditation process is developed.
- The percentage of statutory and mandatory maintenance jobs completed on time (SA15) has recovered, and meets the target of $>95\%$ this month.





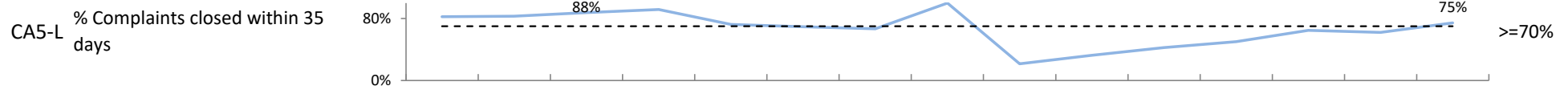
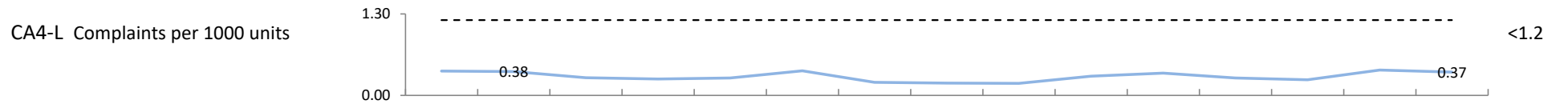
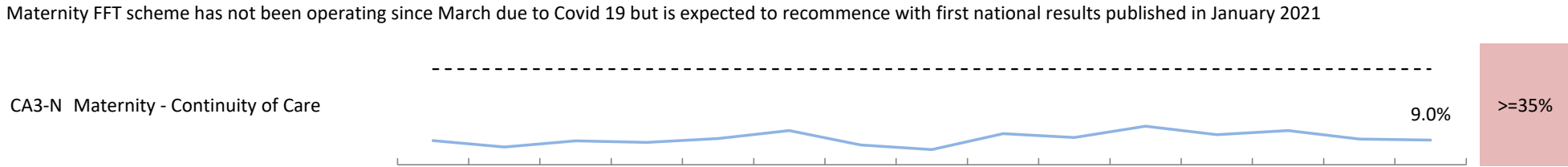
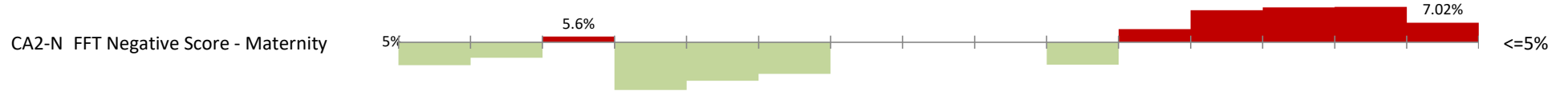
■ Current Data ■ Benchmark
■ Previous Year ■ Target



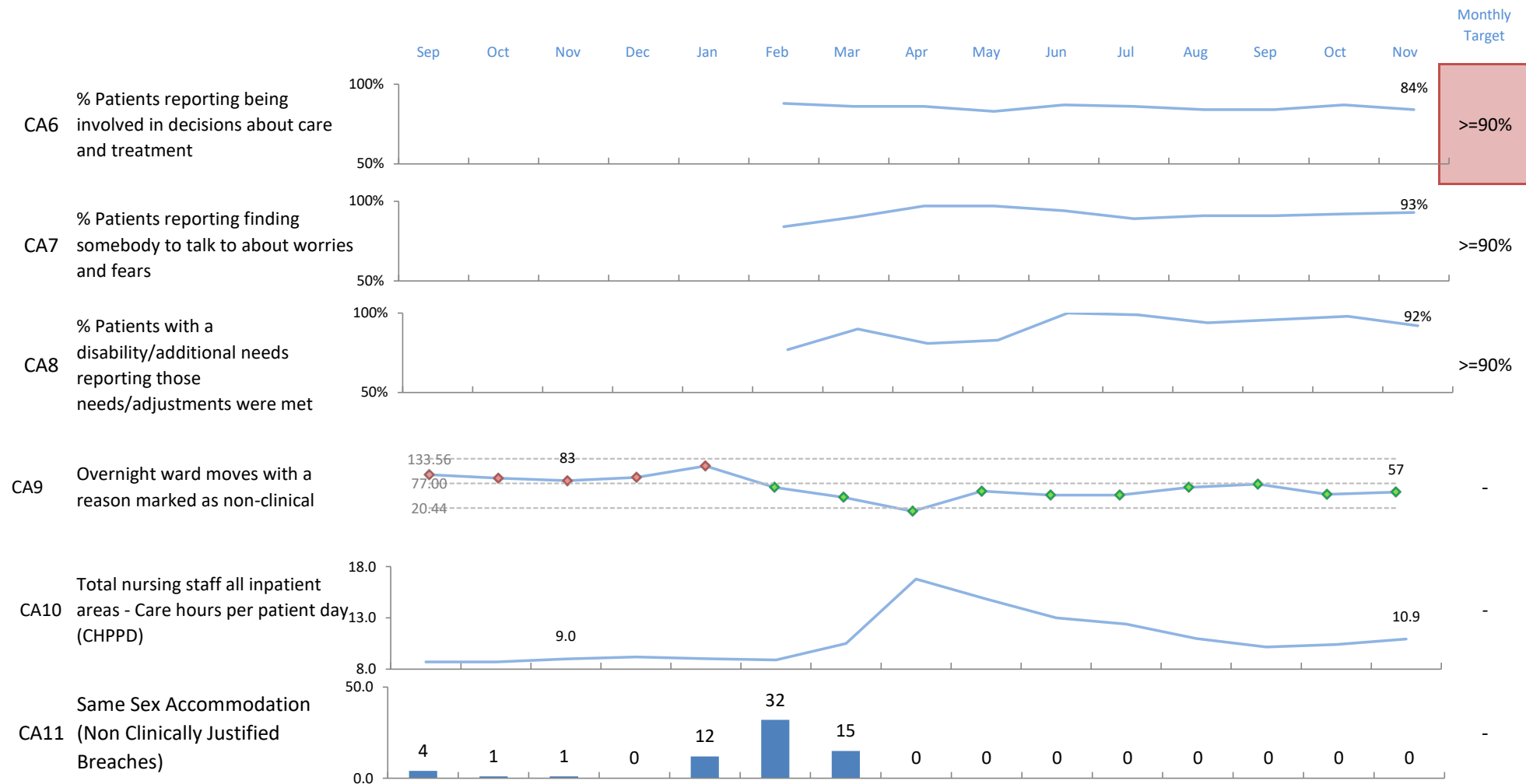
■ Current Data ■ Benchmark
■ Previous Year ■ Target

- Inpatient feedback continues to be good, and significantly better than 'target'.
- Maternity measures of patient feedback, and continuity of care, continue to indicate a need for improvement. Substantial plans were described in the previous KPI report and are being implemented, but would not have been expected to improve performance yet.
- The proportion of complaints resolved within 35 days has improved further, and achieved the target in November.
- The percentage of patients reporting being involved in decisions about care and treatment declined in the month and is at 84% compared to our target of $\geq 90\%$. This will be investigated further.

Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Monthly Target

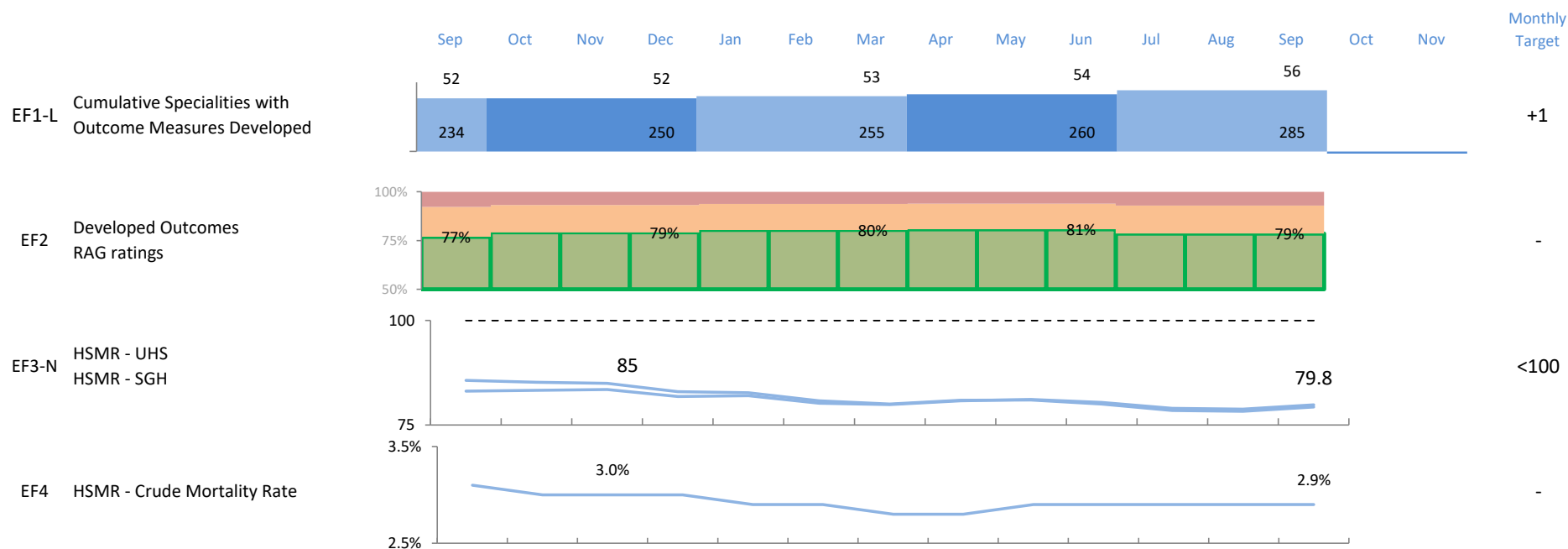


■ Current Data Benchmark
■ Previous Year Target

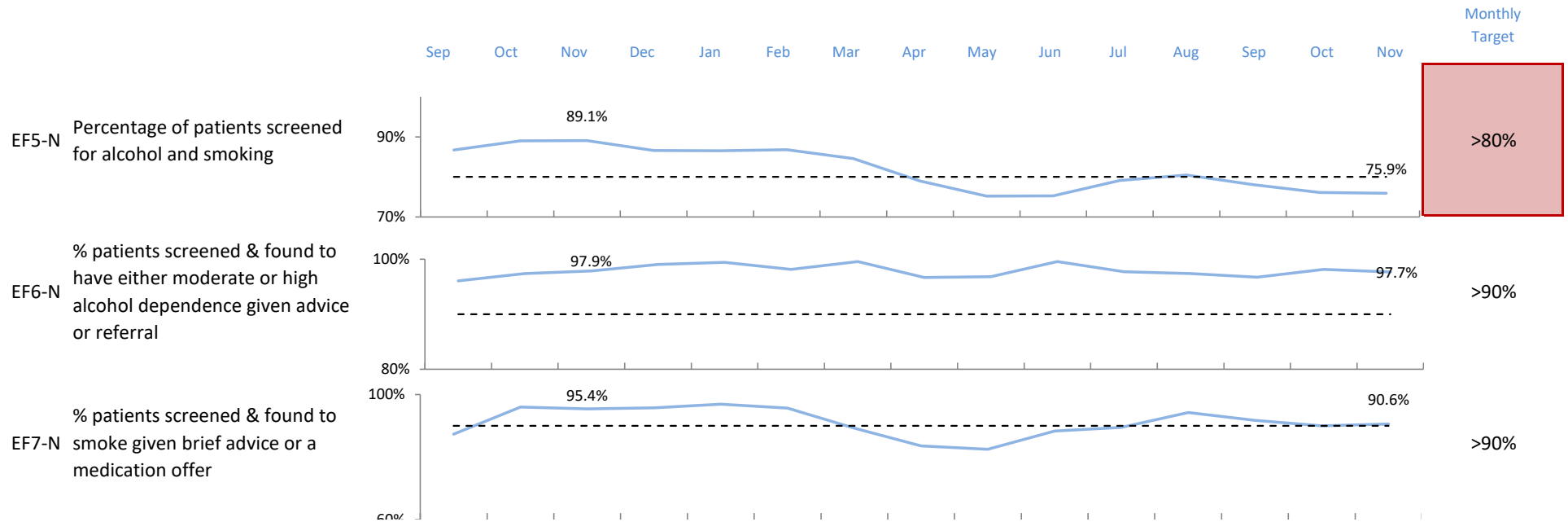


■ Current Data ■ Benchmark
■ Previous Year ■ Target

- UHS outcome measures continue to increase in number and breadth, with similar levels of aggregate performance ratings (EF1, EF2)
- HSMR (EF3) and HSMR cohort Crude Mortality (EF4) measures have been updated for September, are consistent / improved compared with previous values, and indicate good outcomes. Note that the HSMR patient cohort excludes those patients with a primary diagnosis of COVID-19.
- The % of eligible patients screened for smoking and harmful alcohol consumption declined during the first wave of COVID-19 and has not recovered, this is due to a reduction in screening of alcohol consumption using a screening questionnaire called 'Audit C'. The potential to improve the completeness of screening will be considered and feedback provided.
- When screened, and smoking or potentially harmful alcohol consumption are identified, the data continues to demonstrate that appropriate support is offered / put in place for patients (EF 5, EF 6)

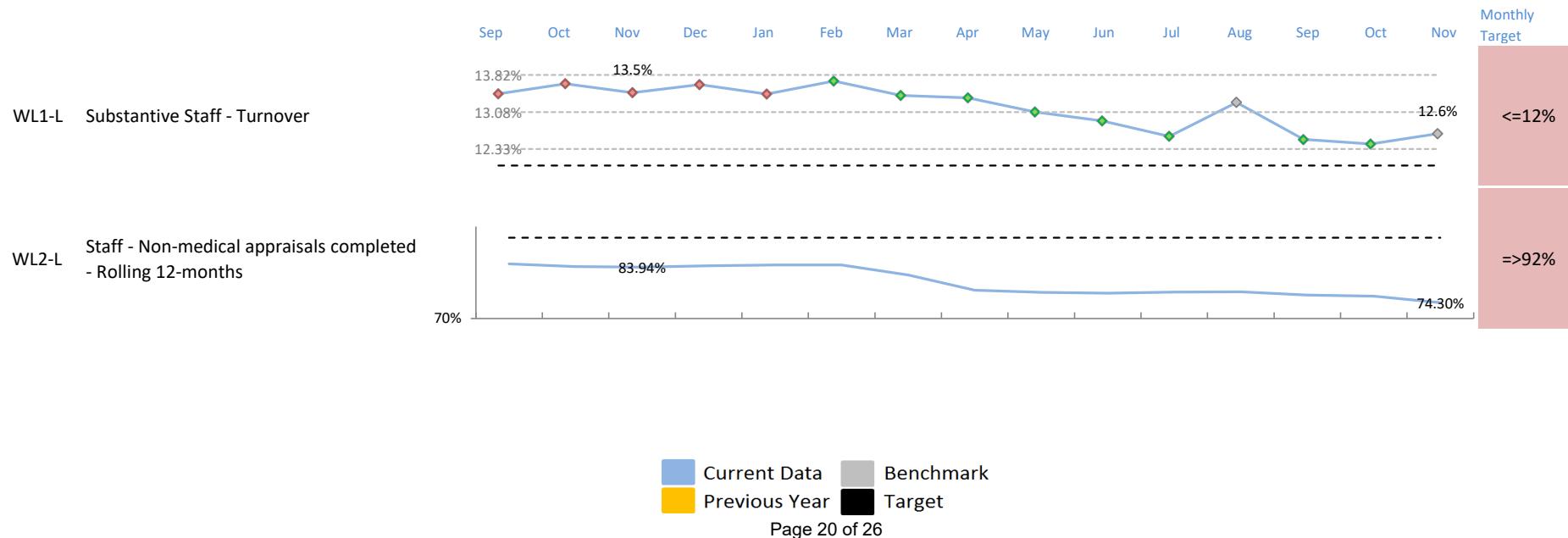


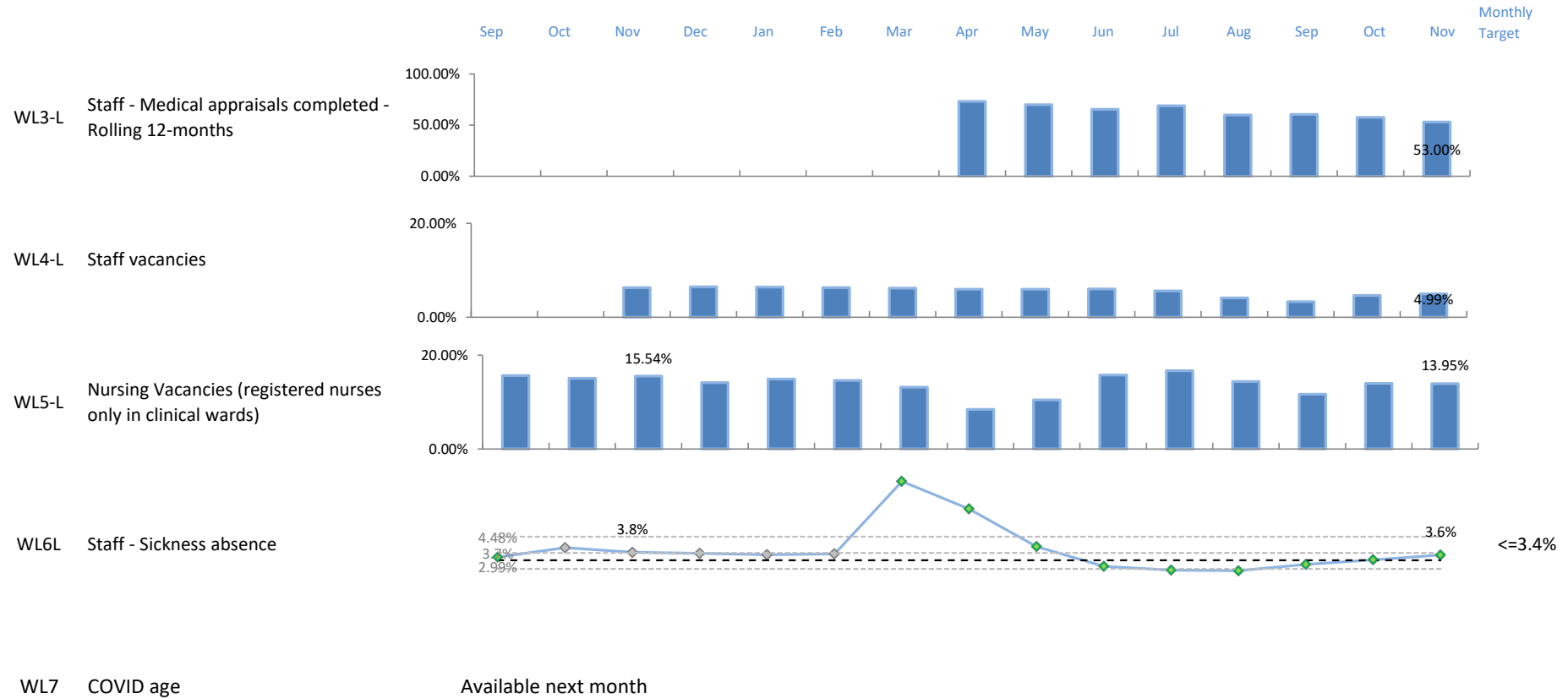
■ Current Data ■ Benchmark
■ Previous Year ■ Target

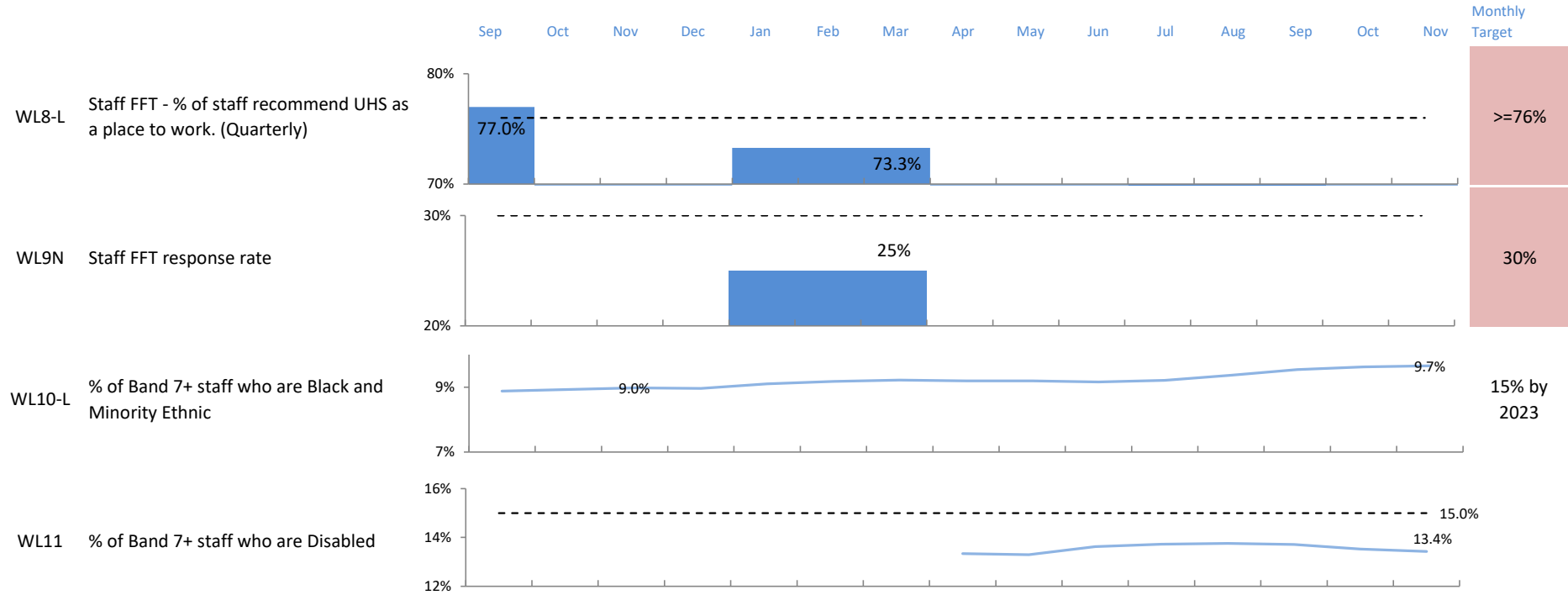


■ Current Data ■ Benchmark
■ Previous Year ■ Target

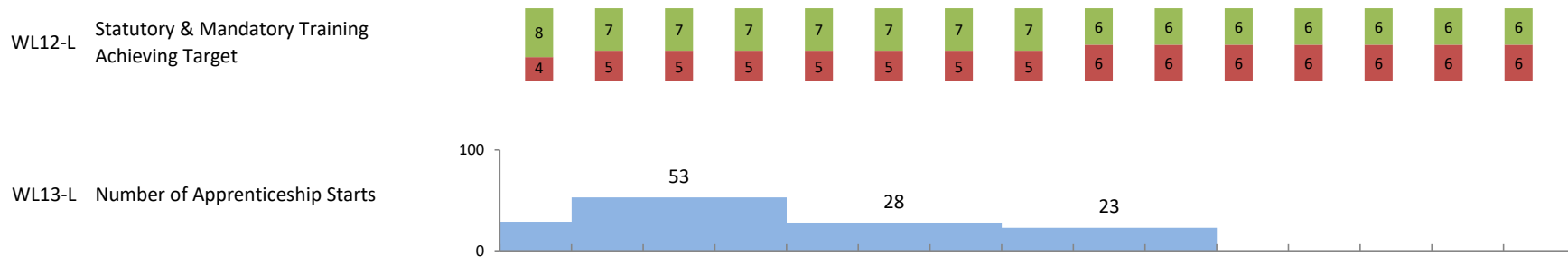
- Both medical (WL3) and non-medical (WL2) appraisal rates remain significantly below target / pre COVID-19 rates, actions to improve this have been requested but there has not yet been sufficient time to judge the impact of these within this measure.
- Sickness absence (WL6) has continued to increase, and in November exceeded the target (3.4%) at 3.6%
- Redeployment due to COVID-19 (WL7) - At the end of November 32 staff had been redeployed to other budgeted posts, 31 staff redeployed to non-budgeted posts, and a total of 25 staff were awaiting redeployment due to either Covid-age or pregnancy.
- The percentage of staff at Band 7+ who are from a BAME group continues to rise and is now at 9.7%. UHS is now monitoring staff members performing 35 key medical leadership positions and these will be reported on a quarterly basis.
- The percentage of Band 7+ staff who are disabled is not increasing, and is currently at 13.4% compared to our target of 15%
- Our Research indicators are reported quarterly, and there is no change this month to the full report provided with September's data.







WL12- QI training programme, and reporting, is currently temporarily suspended as team members support urgent change programmes as part of our Covid 19 response and recovery



■ Current Data ■ Benchmark
■ Previous Year ■ Target

Research

- Our Research indicators are reported quarterly, and there is no change this month to the full report provided with September's data.



■ Current Data ■ Benchmark
■ Previous Year ■ Target

Changes and Corrections

Section	KPI	KPI Name	Type	Detail
Responsive	RE28	Elective inpatient activity - % of same time last year	Change/correction	Baseline 2019 data source not comparable to current benchmark figures published nationally. Have removed benchmark and reverted to a single source for UHS figures
Responsive	RE29	Non-elective inpatient activity - % of same time last year	Change/correction	Baseline 2019 data source not comparable to current benchmark figures published nationally. Have removed benchmark and reverted to a single source for UHS figures
Responsive	RE30	1st outpatient attendances - % of same time last year	Change/correction	Baseline 2019 data source not comparable to current benchmark figures published nationally. Have removed benchmark and reverted to a single source for UHS figures

Nursing and midwifery staffing hours - November 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 base 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 24hour 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.

Since the last 2 weeks in March our clinical areas started to change specialty and size to respond to the changing COVID19 situation (e.g. G5-G9, Critical Care and RHDU). Repurposing of wards to respond to the COVID19 social distancing recommendations, to enable the separation and restart of services and the management of any surge, continues with changes sometimes being swift in nature. The data may in some cases not be fully reflective of all 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	Registered midwives/nurses CHPPD	Care Staff CHPPD	CHPPD Overall	Comments
C4 (Solent ward)	Day	1284.7	1391.3	982.0	1061.7	108.3%	108.1%	4.4	3.5	7.9	Safe staffing levels maintained.
C4 (Solent ward)	Night	1034.8	1062.8	712.9	908.4	102.7%	127.4%				Safe staffing levels maintained.
C5	Day	2787.7	2747.3	123.8	367.1	98.6%	296.0%	7.7	0.8	8.5	Safe staffing levels maintained.
C5	Night	1981.3	1938.8	0.0	111.3	97.9%	Shft N/A				Safe staffing levels maintained.
C6 (Teenage Cancer Trust unit)	Day	757.5	776.7	353.5	60.0	102.5%	17.0%	9.8	0.6	10.4	Safe staffing levels maintained.
C6 (Teenage Cancer Trust unit)	Night	661.8	650.8	0.0	22.3	98.3%	Shft N/A				Safe staffing levels maintained.
D2	Day	1212.8	1778.8	690.5	938.8	148.7%	105.4%	5.8	3.7	9.5	Safe staffing levels maintained.
D2	Night	1036.0	1024.5	690.0	839.5	98.9%	121.7%				Safe staffing levels maintained.
D3	Day	1551.8	1741.5	733.9	1029.0	112.2%	140.2%	4.6	2.9	7.5	Safe staffing levels maintained.
D3	Night	990.3	1012.8	664.8	743.5	102.3%	111.8%				Safe staffing levels maintained.
Critical Care	Day	21681.8	20638.0	5649.2	3826.7	95.2%	67.7%	27.8	4.8	32.6	Safe staffing levels maintained; Staffing appropriate for number of patients.
Critical Care	Night	21141.0	20071.6	4756.0	3317.5	94.7%	67.6%				Safe staffing levels maintained; Staffing appropriate for number of patients.
ESA	Day	1289.5	1242.1	753.4	810.7	97.8%	107.6%	4.0	3.0	7.1	Safe staffing levels maintained.
ESA	Night	680.0	689.5	345.0	622.7	95.0%	180.0%				Safe staffing levels maintained.
ESB	Day	1436.6	1176.9	780.0	1004.9	81.9%	128.6%	3.8	3.0	6.8	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
ESB	Night	686.0	690.0	345.0	466.0	100.7%	135.1%				Safe staffing levels maintained.
F10 E	Day	1896.8	1295.0	780.0	1037.1	65.7%	136.5%	5.1	3.7	8.8	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
F10 E	Night	793.5	805.0	598.0	471.5	101.4%	78.8%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
F11	Day	1905.0	1910.3	756.8	730.4	79.3%	95.5%	4.5	3.0	7.5	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
F11	Night	690.0	690.0	690.0	724.5	100.0%	105.0%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
ASU	Day	1431.9	993.9	624.0	632.5	69.4%	76.6%	9.0	5.2	14.1	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Staffing appropriate for number of patients.
ASU	Night	782.0	680.5	598.0	333.5	87.0%	55.6%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Staffing appropriate for number of patients.
F6	Day	2166.7	1536.5	578.5	1230.0	70.9%	213.0%	3.9	3.4	7.3	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
F6	Night	1023.5	885.0	690.0	856.3	86.5%	124.1%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
F8	Day	1883.3	1447.5	1241.2	1193.7	76.9%	96.2%	4.0	3.3	7.3	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
F8	Night	1027.5	948.0	690.0	782.0	92.3%	113.3%				Safe staffing levels maintained.
E9	Day	762.9	611.9	490.3	378.5	80.2%	77.2%	6.3	3.5	9.7	Safe staffing levels maintained; Staffing appropriate for number of patients.
E9	Night	483.0	448.5	241.5	207.0	92.9%	85.7%				Safe staffing levels maintained; Staffing appropriate for number of patients.
Acute medical unit	Day	3366.7	3893.0	3318.0	3013.0	114.6%	90.6%	10.3	7.4	17.7	Skill mix swaps undertaken to support safe staffing across the Unit; Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource.
Acute medical unit	Night	3450.0	4336.3	2380.5	2931.5	125.7%	123.1%				Skill mix swaps undertaken to support safe staffing across the Unit; Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource.
D5	Day	1234.7	1500.9	1634.2	1231.7	121.6%	75.4%	3.5	2.8	6.4	Safe staffing levels maintained; Beds flexed to match staffing.
D5	Night	989.0	1057.5	915.0	821.5	106.9%	89.8%				Safe staffing levels maintained; Beds flexed to match staffing.
D6	Day	1030.2	1221.8	1474.0	1294.0	118.6%	87.6%	3.2	3.8	7.0	Safe staffing levels maintained; Staff moved to support other wards.
D6	Night	690.0	690.0	915.5	961.3	100.0%	105.0%				Increased night staffing to support raised acuity; Skill mix swaps undertaken to support safe staffing across the Unit.
D6	Day	717.0	759.2	1081.5	1285.5	105.9%	118.9%	3.2	4.3	7.6	Increased night staffing to support raised acuity; Support workers used to maintain staffing numbers; Staff moved to support other wards.
D6	Night	667.0	702.5	322.0	678.5	105.3%	210.7%				Staff moved to support other wards; Support workers used to maintain staffing numbers.
D8	Day	1064.4	1048.0	1441.6	1514.1	98.5%	105.0%	2.8	3.6	6.4	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards.
D8	Night	690.0	638.5	915.0	865.5	117.2%	94.6%				Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards.
D9	Day	1152.0	1427.0	1891.7	1258.2	123.9%	79.0%	3.4	3.2	6.6	Staff moved to support other wards; Safe staffing levels maintained.
D9	Night	1000.5	966.0	915.0	967.3	96.6%	105.7%				Staff moved to support other wards; Safe staffing levels maintained.
E7	Day	1048.5	1140.8	1196.3	1369.6	108.8%	115.4%	3.1	3.2	6.3	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
E7	Night	690.0	954.5	782.0	795.5	138.3%	101.7%				Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
Respiratory high dependency unit	Day	2176.5	1099.9	488.0	492.5	48.7%	98.9%	20.8	7.3	28.1	Staffing appropriate for number of patients; Staff moved to support other wards.
Respiratory high dependency unit	Night	1958.8	1098.3	345.0	277.0	56.2%	80.3%				Staffing appropriate for number of patients; Staff moved to support other wards.
C5	Day	1029.7	1588.8	1203.3	795.0	154.3%	66.1%	9.8	4.8	14.6	Staffing appropriate for number of patients; Skill mix swaps undertaken to support safe staffing across the Unit.
C5	Night	1034.5	1142.5	345.0	562.0	110.4%	160.0%				Staffing appropriate for number of patients; Skill mix swaps undertaken to support safe staffing across the Unit.
D10	Day	1044.7	1010.2	1299.5	1240.0	96.7%	95.4%	3.7	4.2	7.9	Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
D10	Night	690.0	701.5	678.3	712.8	101.7%	105.1%				Safe staffing levels maintained; Staff moved to support other wards.
I7	Day	1051.8	1062.7	1461.5	1547.4	101.0%	106.6%	3.1	3.9	7.0	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
I7	Night	690.0	691.0	690.0	690.0	100.1%	115.4%				Safe staffing levels maintained.
G5	Day	976.8	1161.9	1194.2	1747.5	119.1%	97.4%	2.6	3.2	5.8	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit.
G5	Night	1025.0	931.5	678.5	626.0	90.0%	122.0%				Support workers used to maintain staffing numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
G5	Day	1024.6	1025.2	1721.3	1778.5	100.1%	103.3%	2.6	3.4	5.9	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit.
G5	Night	1012.0	931.5	908.5	800.5	92.0%	88.1%				Support workers used to maintain staffing numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
G7	Day	196.0	194.5	341.3	321.8	99.2%	94.3%	3.8	6.1	9.9	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
G7	Night	184.0	172.5	276.0	264.5	93.8%	95.8%				Skill mix swaps undertaken to support safe staffing across the Unit; Patient requiring 24 hour 1:1 nursing in the month.
G8	Day	1123.5	790.2	1890.5	1202.2	70.3%	63.6%	4.3	5.4	9.7	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit.
G8	Night	1085.0	793.5	1023.5	805.0	76.7%	78.7%				Support workers used to maintain staffing numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
G9	Day	1022.0	882.0	1899.4	1567.9	85.5%	86.1%	3.7	4.8	8.5	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit.
G9	Night	1035.0	874.0	1000.5	690.0	84.4%	69.0%				Support workers used to maintain staffing numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
Paediatric high dependency unit	Day	1576.0	1296.5	0.0	0.0	82.3%	Shft N/A	12.1	0.0	12.1	Non-ward based staff supporting areas; Safe staffing levels maintained.
Paediatric high dependency unit	Night	1038.0	1168.3	0.0	0.0	112.6%	Shft N/A				Safe staffing levels maintained.

Nursing and midwifery staffing hours - November 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 base 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.

Since the last 2 weeks in March our clinical areas started to change speciality and size to respond to the changing COVID19 situation (e.g. G5-G9, Critical Care and RHDU). Repurposing of wards to respond to the COVID19 social distancing recommendations, to enable the separation and restart of services and the management of any surge, continues with changes sometimes being swift in nature. The data may in some cases not be fully reflective of all 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	Registered midwives/ nurses CHPPD	Care Staff CHPPD	CHPPD Overall	Comments
Paediatric medical unit	Day	1724.5	2520.4	298.5	695.5	146.2%	233.0%	21.8	5.5	27.3	Band 4 staff working to support registered nurse numbers. Safe staffing levels maintained. Additional beds open.
Paediatric medical unit	Night	1651.0	2093.3	661.0	474.5	126.6%	71.6%				Band 4 staff working to support registered nurse numbers. Safe staffing levels maintained.
Paediatric intensive care unit	Day	5921.7	4951.7	461.5	306.0	83.6%	66.3%	31.2	2.3	33.6	Beds flexed to match staffing. Safe staffing levels maintained.
Paediatric intensive care unit	Night	5520.0	4794.1	598.0	425.5	86.9%	71.2%				Beds flexed to match staffing. Safe staffing levels maintained.
Pain Brown ward	Day	3610.8	2740.4	105.0	17.0	75.9%	16.2%	14.4	0.1	14.5	Beds flexed to match staffing. Safe staffing levels maintained.
Pain Brown ward	Night	1381.1	1088.0	0.0	0.0	78.8%	Shift N/A				Beds flexed to match staffing. Safe staffing levels maintained.
E1	Day	1677.2	1565.6	1030.6	704.0	97.4%	68.3%	7.1	2.8	9.9	Safe staffing levels maintained.
E1	Night	1047.5	1312.0	690.0	414.0	125.3%	60.0%				Safe staffing levels maintained.
E2	Day	756.1	703.7	0.0	0.0	93.2%	Shift N/A	9.1	0.0	9.1	Safe staffing levels maintained.
E2	Night	718.8	729.5	0.0	0.0	101.5%	Shift N/A				Safe staffing levels maintained.
G3	Day	2250.8	2326.5	1620.5	770.0	103.4%	47.5%	10.7	2.6	13.3	Safe staffing levels maintained. Beds flexed to match staffing. Awaiting band 4 appointments.
G3	Night	1651.5	1871.5	690.0	265.0	113.3%	26.6%				Safe staffing levels maintained. Beds flexed to match staffing. Awaiting band 4 appointments.
G4	Day	2365.5	2206.0	1220.0	571.5	93.3%	46.6%	10.1	2.2	12.3	Safe staffing levels maintained. Beds flexed to match staffing. Awaiting band 4 appointments.
G4	Night	1650.0	1597.0	690.0	264.0	96.8%	40.0%				Safe staffing levels maintained. Beds flexed to match staffing. Awaiting band 4 appointments.
Barnshaw women's unit	Day	1077.0	1006.8	644.7	536.2	93.5%	83.2%	6.5	3.3	9.8	Safe staffing levels maintained.
Barnshaw women's unit	Night	690.0	690.0	345.0	322.0	100.0%	93.3%				Safe staffing levels maintained.
Neonatal unit	Day	6593.8	5542.4	1618.5	1236.5	84.6%	76.4%	10.7	2.3	13.0	Safe staffing levels maintained. Staffing levels monitored daily, professional judgement used to allocate when staffing compromised and ITU patients are nursed 1:2.
Neonatal unit	Night	5268.0	4302.3	1331.0	903.5	81.7%	67.9%				Safe staffing levels maintained.
Maternity service	Day	8237.7	7939.7	3099.0	2664.5	96.4%	86.6%	5.6	1.6	7.2	Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services.
Maternity service	Night	5255.5	4780.0	1993.0	1578.5	91.0%	79.2%				Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services.
Cardiac high dependency unit	Day	4076.7	4220.4	2138.0	1393.3	103.5%		16.3	4.3	20.7	Staff moved to support other wards. Skill mix swaps undertaken to support safe staffing across the Unit. Band 4 staff working to support registered nurse numbers.
Cardiac high dependency unit	Night	3462.3	3763.3	1933.0	726.0	108.7%	53.7%				Staff moved to support other wards. Skill mix swaps undertaken to support safe staffing across the Unit. Band 4 staff working to support registered nurse numbers.
Coronary care unit	Day	1637.5	2034.9	1006.2	962.7	124.3%	96.7%	10.2	4.8	15.0	Safe staffing levels maintained. Band 4 staff working to support registered nurse numbers. Staff moved to support other wards.
Coronary care unit	Night	1518.0	1794.0	881.0	819.0	117.5%	93.0%				Safe staffing levels maintained. Band 4 staff working to support registered nurse numbers. Staff moved to support other wards.
D4	Day	1712.2	1532.0	1052.8	1278.5	89.5%	121.4%	4.4	4.3	8.7	Band 4 staff working to support registered nurse numbers. Support workers used to maintain staffing numbers. Safe staffing levels maintained.
D4	Night	754.3	795.6	990.0	981.3	105.5%	99.1%				Band 4 staff working to support registered nurse numbers. Support workers used to maintain staffing numbers. Staffing plan set higher than national standards.
E2	Day	1482.4	1388.1	809.1	1250.7	93.6%	154.6%	4.3	4.4	8.8	Additional staff used for enhanced care - Support workers. Band 4 staff working to support registered nurse numbers. Staff moved to support other wards.
E2	Night	660.0	650.0	308.0	837.0	98.5%	271.8%				Additional staff used for enhanced care - Support workers. Band 4 staff working to support registered nurse numbers. Increased night staffing to support raised acuity.
E3 Green	Day	1437.2	1504.2	1348.5	1310.2	104.7%	97.2%	3.3	3.3	6.6	Safe staffing levels maintained by sharing staff resource. Safe staffing levels maintained.
E3 Green	Night	660.0	594.0	777.3	820.3	90.0%	105.6%				Band 4 staff working to support registered nurse numbers. Additional staff used for enhanced care - Support workers.
E3 Blue	Day	1150.2	1067.0	1147.5	1120.5	94.5%	98.4%	3.7	4.0	7.7	Band 4 staff working to support registered nurse numbers. Additional staff used for enhanced care - Support workers. Support workers used to maintain staffing numbers.
E3 Blue	Night	660.0	716.0	682.0	803.0	108.5%	117.7%				Band 4 staff working to support registered nurse numbers. Additional staff used for enhanced care - Support workers. Staff moved to support other wards.
E4	Day	1520.4	1217.9	1140.0	1134.7	80.1%	99.9%	4.3	3.7	8.0	Band 4 staff working to support registered nurse numbers. Staff moved to support other wards. Support workers used to maintain staffing numbers.
E4	Night	979.0	862.0	418.0	640.5	87.6%	153.2%				Band 4 staff working to support registered nurse numbers. Staff moved to support other wards. Support workers used to maintain staffing numbers.
E8	Day	198.0	91.5	204.0	99.0	46.2%	48.5%	7.0	6.0	13.0	Additional beds open in the month. Safe staffing levels maintained by sharing staff resource. Band 4 staff working to support registered nurse numbers.
E8	Night	132.0	77.0	86.0	44.0	58.3%	66.7%				Additional beds open in the month. Safe staffing levels maintained by sharing staff resource. Band 4 staff working to support registered nurse numbers.
Acute stroke unit	Day	1457.9	1577.4	2567.7	2584.7	108.2%	100.7%	3.1	5.7	8.8	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	990.0	803.0	1650.0	1626.0	81.1%	110.7%				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.
Regional transfer unit	Day	706.0	806.5	361.9	226.0	114.3%	62.4%	15.2	7.7	22.9	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	660.0	473.0	660.0	418.0	71.7%	63.3%				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.
E Neuro	Day	1871.2	1499.7	1041.4	1501.0	80.1%	144.1%	4.6	5.0	9.6	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.
E Neuro	Night	1320.0	1156.0	1001.0	1381.2	87.5%	138.0%				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.
Hyper acute stroke unit	Day	1512.0	1226.5	352.5	545.2	81.1%	154.7%	10.5	4.8	15.2	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.
Hyper acute stroke unit	Night	1296.0	1036.0	330.0	481.0	79.9%	145.8%				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	1659.7	1589.7	1926.6	1677.4	95.5%	87.1%	5.1	6.0	11.0	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	1320.0	1265.0	1650.0	1695.0	95.8%	102.7%				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.
SPI F4 Neuro	Day	1564.4	1696.1	825.5	1399.2	108.5%	169.0%	5.2	5.1	10.3	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.
SPI F4 Neuro	Night	960.0	1099.5	989.5	1374.5	111.1%	138.9%				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	1065.5	1178.8	534.3	869.3	110.5%	162.7%	4.4	4.0	8.4	Additional staff used for enhanced care - Support workers. Safe staffing levels maintained by sharing staff resource. Staffing increased due to dependency.
Brooke ward	Night	1035.0	736.0	945.0	673.5	71.1%	253.2%				Additional staff used for enhanced care - Support workers. Safe staffing levels maintained by sharing staff resource. Staffing increased due to dependency.
Trauma Assessment Unit	Day	886.0	701.4	716.0	754.7	79.2%	105.4%	20.2	20.8	40.9	Safe staffing levels maintained. Skill mix swaps undertaken to support safe staffing across the Unit. Safe staffing levels maintained by sharing staff resource.
Trauma Assessment Unit	Night	660.0	640.0	660.0	636.0	96.3%	96.7%				Safe staffing levels maintained. Skill mix swaps undertaken to support safe staffing across the Unit. Safe staffing levels maintained by sharing staff resource.
F1	Day	2386.9	2060.6	1893.2	2182.8	86.3%	115.3%	5.0	5.2	10.2	Patient requiring 24 hour 1:1 nursing in the month. Skill mix swaps undertaken to support safe staffing across the Unit. Safe staffing levels maintained by sharing staff resource.
F1	Night	1725.0	1762.4	1725.0	1822.5	102.2%	105.7%				Patient requiring 24 hour 1:1 nursing in the month. Skill mix swaps undertaken to support safe staffing across the Unit. Safe staffing levels maintained by sharing staff resource.
F2	Day	1580.2	1425.0	1902.5	1977.8	90.2%	104.0%	3.4	5.1	8.5	Patient requiring 24 hour 1:1 nursing in the month. Skill mix swaps undertaken to support safe staffing across the Unit. Safe staffing levels maintained by sharing staff resource.
F2	Night	990.0	847.0	1288.0	1385.5	85.6%	106.7%				Patient requiring 24 hour 1:1 nursing in the month. Skill mix swaps undertaken to support safe staffing across the Unit. Safe staffing levels maintained by sharing staff resource.
F3	Day	1633.0	1394.5	1788.2	1622.2	84.9%	107.5%	3.5	5.4	9.0	Patient requiring 24 hour 1:1 nursing in the month. Skill mix swaps undertaken to support safe staffing across the Unit. Safe staffing levels maintained by sharing staff resource.
F3	Night	990.0	869.5	1320.0	1574.5	87.8%	119.3%				Patient requiring 24 hour 1:1 nursing in the month. Skill mix swaps undertaken to support safe staffing across the Unit. Safe staffing levels maintained by sharing staff resource.
F4	Day	1449.8	1195.0	1160.2	991.7	82.4%	85.9%	4.2	3.8	8.0	Patient requiring 24 hour 1:1 nursing in the month. Skill mix swaps undertaken to support safe staffing across the Unit. Safe staffing levels maintained by sharing staff resource.
F4	Night	990.0	671.5	693.3	691.5	67.8%	99.7%				Patient requiring 24 hour 1:1 nursing in the month. Skill mix swaps undertaken to support safe staffing across the Unit. Safe staffing levels maintained by sharing staff resource.