

| Report to the Trust Board of Directors | | | | |
|--|---|----------|--------------|----------------------|
| Title: | Finance Report 2020-21 Month 10 | | | |
| Agenda item: | 9.2 | | | |
| Sponsor: | Ian Howard – Chief Financial Officer | | | |
| Author: | Ian Howard – Chief Financial Officer | | | |
| Date: | 25 February 2021 | | | |
| Purpose | Assurance or reassurance | Approval | Ratification | Information X |
| Issue to be addressed: | The finance report provides a monthly summary of the key financial information for the Trust. | | | |
| Response to the issue: | <p>The key headlines on the finances of the Trust are:</p> <p>20/21:</p> <ul style="list-style-type: none"> The Trust remains on track to achieve a break-even financial position in 20/21. Additional Covid-19 costs from the surge in patients are being off-set by reduced costs linked to Elective activity, notably clinical supplies. The Trust is anticipating receipt of national funding to cover lost other income, forecast to be £4.75m for UHS. A payment on account is expected in March (80% of forecast). The Trust is anticipating cash-backed funding of additional accruals for annual leave that staff members have been unable to take due to Covid-19. This is estimated to be worth £10m (5 additional days), although this figure may change as we get closer to year-end. As funding is received for both annual leave and loss of other income, the position will move from being an “allowable” item to being funded within the overall I&E position. Elective Incentive Scheme funding remains uncertain with no new information available in month. Whilst there is significant volatility in the above position, confidence levels on receipt of income are growing and confidence of achieving the forecast break-even position is high. <p>Capital 20/21:</p> <ul style="list-style-type: none"> Covid-19 funding has been confirmed in month at £4.4m, matching expenditure. This removes a significant risk from the Trusts capital position. The Trust has £23m of internal and external capital to spend in 2 months. The biggest scheme is ED (circa £10m), with modular units anticipated on-site in March. Other spend includes theatres (£4m), delivery of equipment including Linac (£4m) and IT (£3m). <p>21/22:</p> <ul style="list-style-type: none"> Official guidance not expected until late March; however Q1 has been confirmed as a roll-over of H2 20/21 arrangements, albeit with financial envelopes to be confirmed. Informal indications of funding for Elective recovery - £1bn funding splits to ICS' being reviewed, potential for providers to be funded on | | | |

| | |
|---|--|
| | <p>tariff (efficiency factor & cost premium being considered). Baseline likely to be 19/20 actual activity.</p> <ul style="list-style-type: none"> • Other areas of income are expected to be a mixture of block contracts and blended payment arrangements (block + marginal rate) • We have a risk on Independent Sector activity being moved from centrally commissioned to local commissioning from 1st April. We have been successful users of the centrally held funding. • The hospital discharge programme, where the first 6 weeks of continuing healthcare spend are picked up nationally, has been extended to 31st March (costs extending 6 weeks into 21/22). HIOW ICS have been big users of the scheme, and face financial risks when this moves back to locally funded. • Summary is that there is still significant uncertainty over funding envelopes both nationally and locally for 21/22. • 21/22 capital – ICS Capital Delegated Expenditure Limits (CDEL) are expected to land “imminently”. |
| <p>Implications: (Clinical, Organisational, Governance, Legal?)</p> | <ul style="list-style-type: none"> • Financial implications of availability of funding to cover growth, cost pressures and new activity. • Organisational implications of remaining within statutory duties. |
| <p>Risks: (Top 3) of carrying out the change / or not:</p> | <ul style="list-style-type: none"> • Financial risk mainly linked to the uncertainty of 21/22 funding arrangements and uncertainty over final 20/21 funding arrangements. • Cash risk linked to volatility above |
| <p>Summary: Conclusion and/or recommendation</p> | <p>Trust Board is asked to note this report</p> |

2020/21 Finance Report - Month 10

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|-----------------------------|--|
| Report to: | Board of Directors and Finance & Investment Committee February 2021 |
| Title: | Finance Report for Period ending 31/01/2021 |
| Author: | Philip Bunting, Acting Deputy Director of Finance |
| Sponsoring Director: | Ian Howard, Acting Chief Financial Officer |
| Purpose: | Standing Item |
| | The Board is asked to note the report |

Executive Summary:

In Month and Year to date Highlights:

1. In January 2021, the Trust reported a deficit of £1.9m, which was favourable to plan by £1.1m before adjustments. After adjusting for an ‘allowable shortfall’ within other operating income of £1.4m the deficit can be restated as £0.5m adverse to plan. The YTD position is breakeven after the ‘allowable miss’ adjustment.
2. The Trust forecast anticipates delivery of a **breakeven** position for the second half of 2020/21 (£14.75m deficit before adjusting for allowable items) against a planned deficit position of £3m.
3. In month, £4.1m (£2.6 pay and £1.5m non pay) was incurred on additional expenditure relating to Covid-19. This was up significantly on December largely due to increased intensive care staff. This is anticipated to continue into M11. £0.5m of the in-month spend relates to Covid testing costs which are now directly reclaimable on a pass through basis and are billed as a retrospective top-up. Vaccine hub costs are also now reported on this basis (£0.1m in month).
4. The main themes seen in M10 were :
 - If payment had continued on a payment by results basis the trust would have received £7.6m less income. This gap has worsened by £5.9m from December due to the drop in elective activity caused by Covid related pressures.
 - Elective income reduced to 57% of planned levels (down from 97% in December). Non elective activity reduced slightly to 92% of plan level, and we continue to see a reduction in A&E attendances with the increasing Covid restrictions likely to be a contributing factor. Outpatient income dropped but remains strong at 94% of planned levels.
 - The Trust continues to incur additional income & expenditure relating to the Chilworth project.
 - Pay costs increased £1m from December with a noticeable increase within bank nursing spend (£0.9m) related to critical care who supported increased Covid local and regional surge requirements in month.
 - Other operating income has fallen below pre-Covid levels by £1.4m (excluding the Chilworth project) especially within private patients and R&D. This miss is deemed ‘allowable’ however.



Finance: I&E Summary

The financial position for M10 was a deficit of £1.9m, which was favourable to plan by £1.1m. After adjusting for the shortfall on 'other income' this can be restated as a deficit of £0.5m. Both the anticipated shortfall on other income and anticipated annual leave accrual are expected to be cash backed as allowable miss items. A breakeven position is forecast to prevail after accounting for these entries.

The in month deterioration was driven by income shortfalls especially within private patients and R&D. The position still shows as favourable to plan however as Chilworth income was not within the original plan assumptions.

Within expenditure clinical supplies saw a significant reduction from December as costs were suppressed correlating with reduced elective activity. Pay costs were above plan £0.9m (after adjusting for £0.6m one off benefit within agency – re-coded to other non-pay). This was largely in response to Covid pressures especially within critical care.

Other non pay costs run significantly adverse to plan but this category includes Chilworth costs that were not within the original plan assumptions.

Half-Year Position

| | Current Month | | | M7 - 10 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 | 61.2 | (1.8) | 237.8 | 239.0 | (1.2) | 356.7 | 356.4 | 0.3 |
| Pass-through Drugs & Devices | 11.6 | 11.9 | (0.3) | 46.6 | 48.1 | (1.5) | 69.9 | 70.1 | (0.2) |
| Other income Other Income excl. PSF | 8.5 | 11.0 | (2.5) | 34.1 | 49.1 | (15.0) | 51.1 | 82.4 | (31.3) |
| Top Up Income | 0.4 | 0.6 | (0.3) | 1.4 | 2.0 | (0.6) | 2.1 | 3.2 | (1.1) |
| Total income | 80.0 | 84.8 | (4.8) | 319.9 | 338.1 | (18.3) | 479.8 | 512.2 | (32.4) |
| Costs Pay-Substantive | 43.6 | 44.5 | 0.9 | 173.3 | 174.7 | 1.4 | 262.4 | 272.0 | 9.6 |
| Pay-Bank | 3.2 | 3.8 | 0.6 | 11.8 | 11.7 | (0.2) | 18.1 | 16.2 | (1.9) |
| Pay-Agency | 1.5 | 0.3 | (1.2) | 5.0 | 3.4 | (1.6) | 7.9 | 6.2 | (1.7) |
| Drugs | 1.0 | 1.6 | 0.6 | 4.0 | 4.4 | 0.4 | 6.0 | 7.6 | 1.6 |
| Pass-through Drugs & Devices | 11.6 | 11.9 | 0.3 | 46.6 | 48.1 | 1.5 | 69.9 | 70.1 | 0.2 |
| Clinical supplies | 8.8 | 5.2 | (3.5) | 33.8 | 29.1 | (4.7) | 50.2 | 48.3 | (1.9) |
| Other non pay | 9.9 | 16.4 | 6.5 | 39.5 | 56.8 | 17.3 | 59.5 | 88.5 | 29.0 |
| Total expenditure | 79.6 | 83.8 | 4.2 | 314.1 | 328.1 | 14.0 | 474.0 | 508.9 | 34.9 |
| EBITDA | 0.4 | 1.0 | (0.6) | 5.8 | 10.0 | (4.2) | 5.8 | 3.3 | 2.5 |
| EBITDA % | 0.5% | 1.2% | (0.7%) | 1.8% | 3.0% | (1.2%) | 1.2% | 0.6% | 0.6% |
| Depreciation / Non Operating Expenditure | 3.0 | 3.0 | 0.0 | 11.9 | 11.7 | (0.2) | 17.9 | 17.4 | (0.5) |
| Surplus / (Deficit) | (2.6) | (2.0) | (0.6) | (6.1) | (1.7) | (4.4) | (12.1) | (14.1) | 2.0 |
| Less Donated income | 0.5 | - | 0.5 | 2.0 | 0.1 | 1.9 | 3.0 | 1.2 | 1.8 |
| Add Back Donated depreciation | 0.1 | 0.1 | (0.0) | 0.4 | 0.4 | (0.0) | 0.6 | 0.6 | 0.0 |
| Net Surplus / (Deficit) | (3.0) | (1.9) | (1.1) | (7.8) | (1.4) | (6.4) | (14.5) | (14.7) | 0.2 |
| Of Which: Other Income Allowable Deficit | (1.6) | (1.4) | 0.2 | (6.3) | (1.4) | 4.9 | (9.5) | (4.8) | 4.8 |
| Annual Leave Accrual | - | - | 0.0 | - | - | 0.0 | (2.0) | (10.0) | (8.0) |
| Adjusted Surplus / (Deficit) | (1.4) | (0.5) | (0.9) | (1.4) | 0.0 | (1.4) | (3.0) | 0.0 | (3.0) |

Finance: I&E Summary (FY)

The financial position illustrated within the table shows the consolidated position for 2020/21 including the M1-10 position together with the full year forecast.

The M1-10 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 breakeven forecast that is currently anticipated from months 7-12 after adjusting for 'allowable miss' items.

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 - 10 Actuals | | | Full Year Forecast | | |
|-------------------------------------|--|-----------------|--------------|----------------|--------------------|----------------|----------------|
| | | Plan £m | Actual £m | Variance £m | Plan £m | Forecast £m | Variance £m |
| NHS Income: | Clinical | 562.7 | 555.2 | 7.5 | 681.6 | 672.7 | 9.0 |
| | Pass-through Drugs & Devices | 108.4 | 115.3 | (6.9) | 131.7 | 137.4 | (5.7) |
| Other income | Other Income excl. PSF | 92.8 | 96.1 | (3.3) | 109.8 | 129.5 | (19.7) |
| | Top Up Income | 1.4 | 38.0 | (36.6) | 2.1 | 39.2 | (37.1) |
| Total income | | 765.3 | 804.6 | (39.3) | 925.3 | 978.7 | (53.5) |
| Costs | Pay-Substantive | 421.2 | 430.7 | 9.5 | 510.2 | 528.0 | 17.7 |
| | Pay-Bank | 23.5 | 27.2 | 3.7 | 29.8 | 31.7 | 1.9 |
| | Pay-Agency | 11.9 | 8.3 | (3.6) | 14.8 | 11.1 | (3.7) |
| | Drugs | 11.6 | 10.6 | (1.0) | 13.6 | 13.8 | 0.2 |
| | Pass-through Drugs & Devices | 108.4 | 115.3 | 6.9 | 131.7 | 137.4 | 5.7 |
| | Clinical supplies | 58.0 | 61.2 | 3.3 | 74.4 | 80.5 | 6.1 |
| | Other non pay | 105.7 | 123.8 | 18.1 | 125.7 | 155.4 | 29.8 |
| Total expenditure | | 740.3 | 777.1 | 36.8 | 900.2 | 957.9 | 57.7 |
| EBITDA | | 25.1 | 27.6 | (2.5) | 25.1 | 20.8 | 4.2 |
| EBITDA % | | 3.3% | 3.4% | (0.2%) | 2.7% | 2.1% | 0.0 |
| | Depreciation / Non Operating Expenditure | 29.8 | 29.4 | (0.4) | 35.8 | 35.1 | (0.7) |
| Surplus / (Deficit) | | (4.7) | (1.8) | (2.9) | (10.7) | (14.3) | 3.6 |
| | Donated income | 3.7 | 0.6 | 3.1 | 4.7 | 1.7 | 3.0 |
| | Donated depreciation | 1.2 | 1.0 | (0.2) | 1.4 | 1.2 | (0.2) |
| Net Surplus / (Deficit) | | (7.2) | (1.4) | (5.8) | (14.0) | (14.7) | 0.8 |
| | Other Income Allowable Deficit | (6.3) | (1.4) | 4.9 | (9.5) | (4.8) | 4.8 |
| | Annual Leave Accrual | - | - | 0.0 | (2.0) | (10.0) | (8.0) |
| Adjusted Surplus / (Deficit) | | (0.9) | 0.0 | (0.9) | (2.5) | 0.0 | (2.5) |

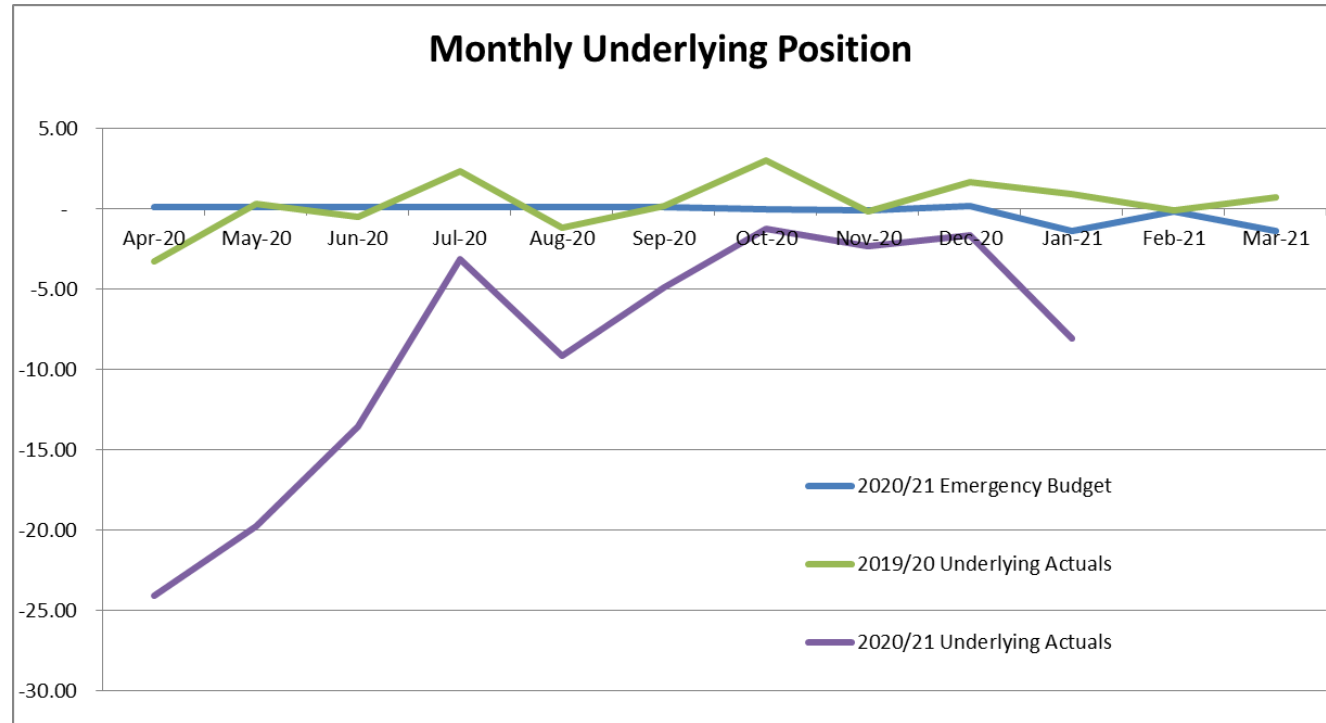
Monthly Underlying Position

These graphs show the actual underlying position for the Trust however are heavily linked to the numbers of covid positive patients the trust is managing:

The following have been removed from the January 20/21 position:

- (-) The block contract uplift of £7.6m in month (£87.6m 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 £8.1m in month would have prevailed, assuming other income losses will be funded. This gap has increased significantly from December as block income protection was required to a more material extent with elective activity reducing. Currently the block contract mechanism provides security against any underperformance.



Clinical Income

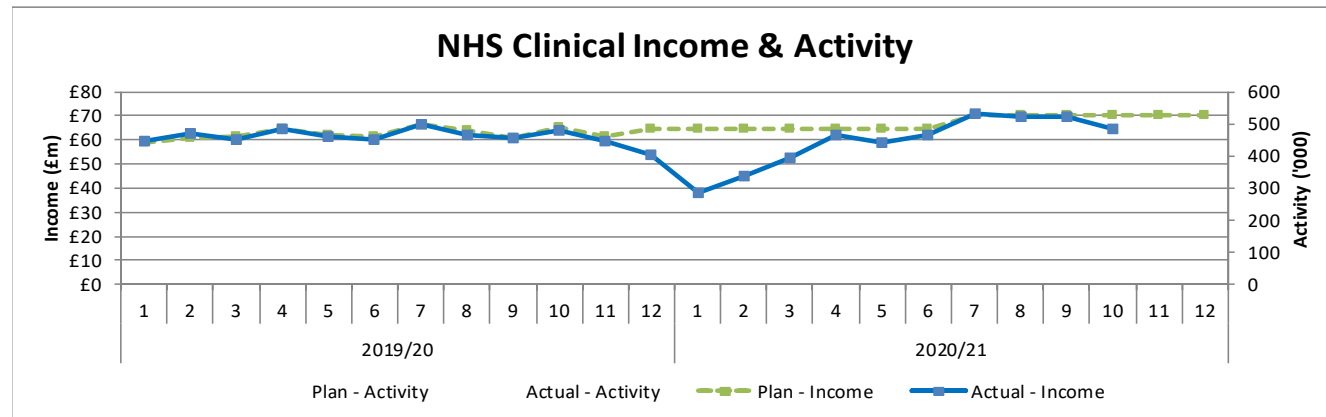
(Fav Variance) / Adv Variance

Clinical income for the month of January was £1.9m favourable to plan and including Non NHS income was £1.1m favourable to plan. Much of this income is now fixed with confirmed block contract funding in place for the remainder of the financial year.

January has seen a decrease in activity from December due to the impact of rising numbers of Covid patients in the hospital throughout the month. Elective income reduced, representing 57% of planned levels (down from 97% in December). Non elective values reduced slightly to 92% of plan level, and we continue to see a reduction in A&E attendances with the increasing Covid restrictions likely to be a contributing factor. Outpatient income dropped but remains strong at 94% of planned levels.

The graphs overleaf show trends over the last 22 months and the impact of Covid-19 as well as the recovery to pre Covid levels of activity in many areas.

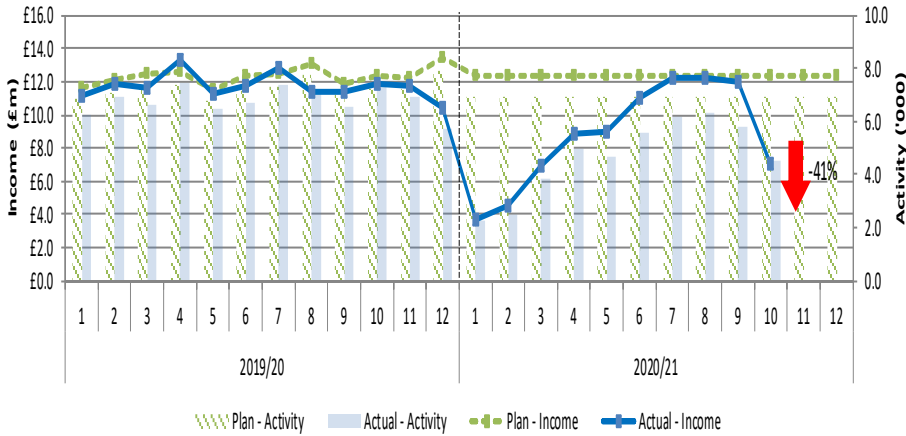
| POD GROUP | 2020/21 | | | | | | 2019/20 |
|--------------------------------------|---------------------|-------------------------|-------------------------|-----------------|--------------------|--------------------|-------------------|
| | In Month Plan £000s | In Month Estimate £000s | In Month Variance £000s | YTD Plan £000s | YTD Estimate £000s | YTD Variance £000s | YTD Actuals £000s |
| NHS Clinical Income | | | | | | | |
| Elective Inpatients | £12,393 | £7,067 | £5,327 | £123,933 | £87,544 | £36,389 | £118,360 |
| Non-Elective Inpatients | £18,725 | £17,177 | £1,548 | £187,246 | £169,978 | £17,269 | £181,344 |
| Outpatients | £7,128 | £6,680 | £449 | £71,285 | £64,223 | £7,062 | £70,382 |
| Other Activity | £11,387 | £11,240 | £147 | £113,381 | £94,679 | £18,702 | £108,407 |
| CQUIN | £670 | £610 | £61 | £6,693 | £5,614 | £1,079 | £7,135 |
| Blocks & Financial Adjustments | (£495) | £887 | (£1,382) | (£57) | £3,840 | (£3,897) | (£435) |
| Other Exclusions | £4,130 | £4,258 | (£128) | £38,573 | £32,519 | £6,054 | £3,359 |
| Pass-through Exclusions | £11,650 | £11,931 | (£282) | £108,419 | £115,291 | (£6,872) | £96,896 |
| Subtotal NHS Clinical Income | £65,588 | £59,849 | £5,739 | £649,472 | £573,688 | £75,785 | £585,448 |
| M7-M12 additional funding | £5,452 | £5,452 | £0 | £21,809 | £21,809 | £0 | |
| Covid block adjustments | £0 | £7,619 | (£7,619) | £0 | £75,949 | (£75,949) | £0 |
| Total NHS Clinical Income | £71,041 | £72,920 | (£1,880) | £671,282 | £671,446 | (£164) | £585,448 |
| Non NHS Clinical Income | | | | | | | |
| Private Patients | £316 | (£555) | £871 | £4,168 | £2,389 | £1,779 | £3,541 |
| CRU | £154 | £329 | (£175) | £2,032 | £1,803 | £229 | £1,904 |
| Overseas Chargeable Patients | £120 | £22 | £98 | £1,242 | £701 | £541 | £1,206 |
| Total Non NHS Clinical Income | £590 | (£205) | £795 | £7,442 | £4,893 | £2,549 | £6,651 |
| Grand Total | £71,631 | £72,716 | (£1,085) | £678,724 | £676,338 | £2,385 | £592,099 |



Clinical Income

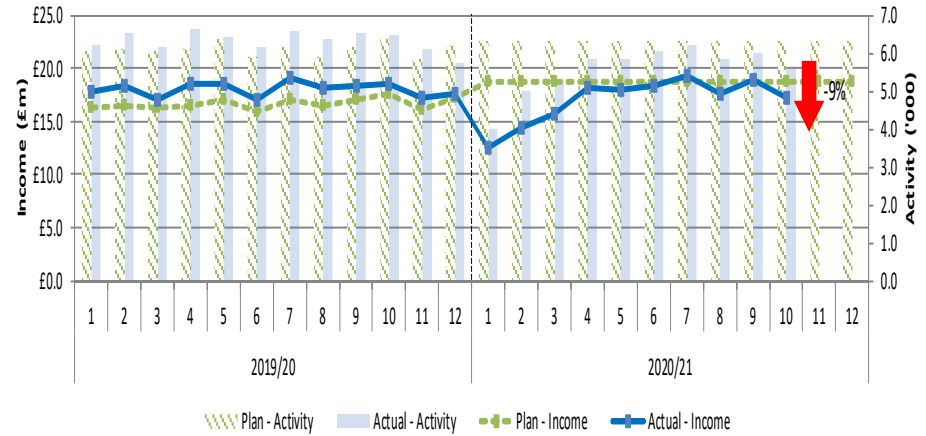
Elective spells

In month -2,430 activity, -£5,326,753
YTD -22,984 activity, -£36,388,691



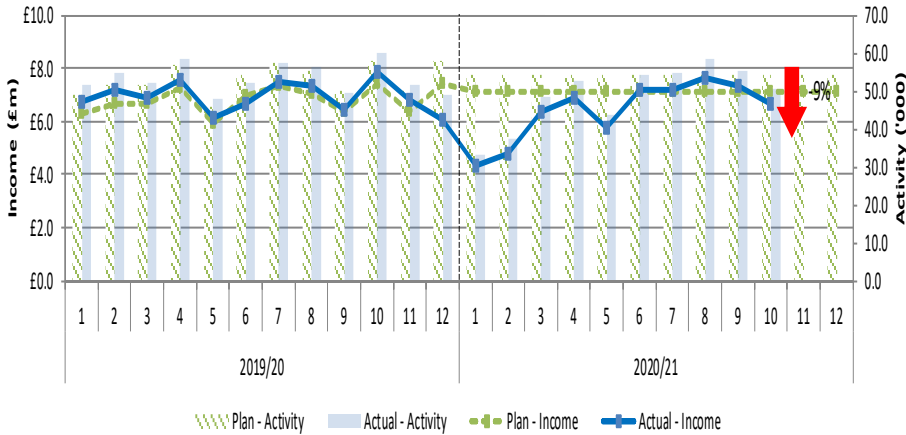
Non elective spells

In month -765 activity, -£1,548,023
YTD -7,510 activity, -£17,268,620



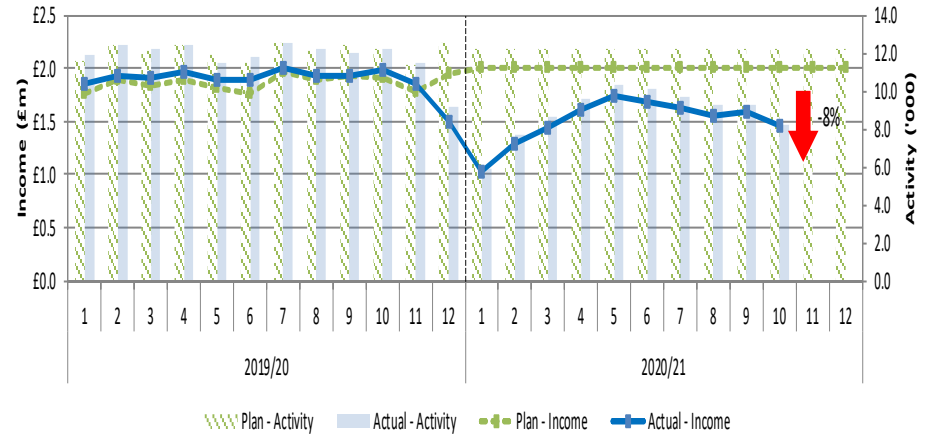
Outpatients

In month -3,408 activity, -£448,777
YTD -50,792 activity, -£7,061,586



A&E

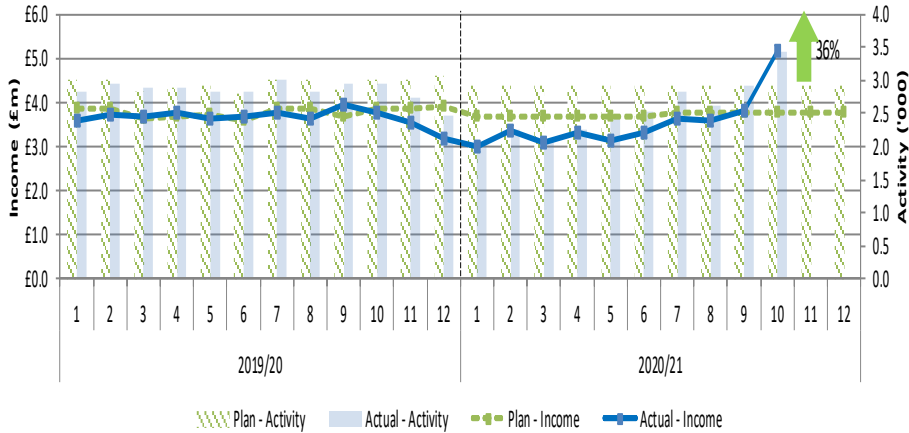
In month -4,010 activity, -£534,892
YTD -33,902 activity, -£4,917,736



Clinical Income

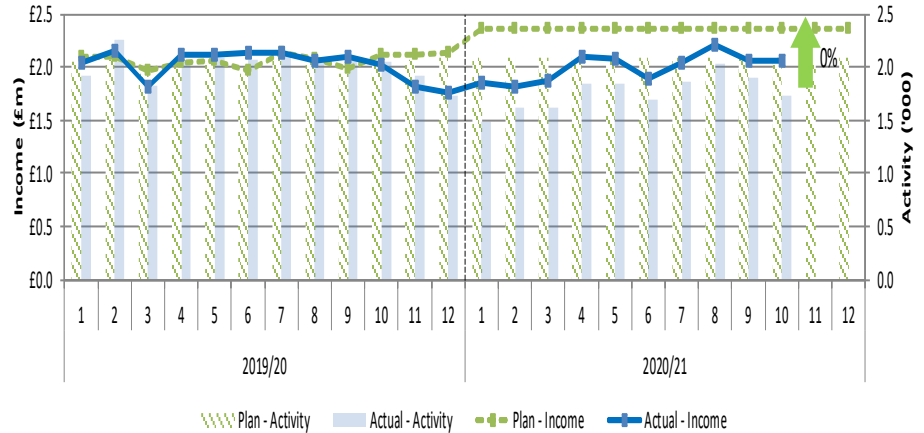
Adult critical care

In month +509 activity, +£1,406,995
YTD -3,844 activity, -£1,954,676



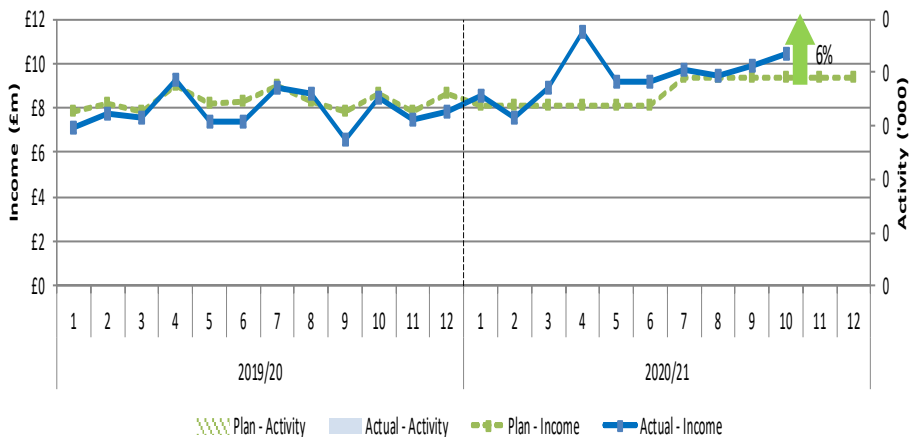
Neonatal & paediatric critical care

In month -364 activity, -£287,030
YTD -3,269 activity, -£3,554,277



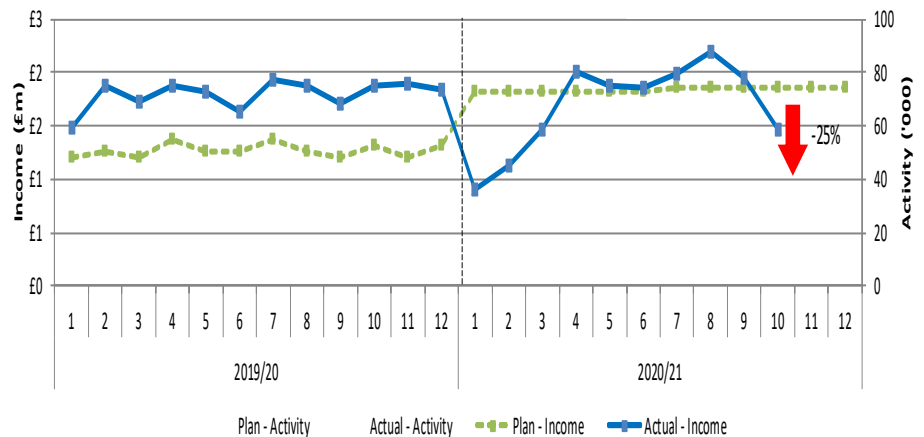
Tariff excluded drugs

In month +£1,062,708
YTD +£7,975,640



Tariff excluded devices

In month -£386,474
YTD -£1,503,543



Income and Activity

The tables illustrate by division and care group the % of the activity and income plan being achieved across the first 10 months for Elective, Non Elective and Outpatient Activity (overleaf).

Elective activity has decreased significantly in January, particularly in high cost areas and now represents 57% of planned income levels when compared to the baseline period in 2019/20. This reduction was seen across nearly all Care Groups to varying degrees and was not unexpected due to the increased number of covid patients in the trust and necessary clinical prioritisation.

Non Elective activity levels decreased slightly in January with income down to 92% of planned after rising in December to over 100%. This again was expected as lockdown measures have correlated with reductions in non elective admissions.

| Elective Activity as % of Plan | | Activity as % of Plan | | | | | Income as % of Plan | | | | |
|------------------------------------|---------------------------|-----------------------|------------|------------|------------|------------|---------------------|-------------|------------|-------------|------------|
| Division | Care Group | 6 | 7 | 8 | 9 | 10 | 6 | 7 | 8 | 9 | 10 |
| DIVISION A | CANCER CARE | 69% | 71% | 70% | 69% | 72% | 68% | 75% | 73% | 71% | 67% |
| | SURGERY | 79% | 85% | 85% | 75% | 47% | 88% | 102% | 100% | 90% | 56% |
| DIVISION A Total | | 74% | 78% | 78% | 72% | 59% | 84% | 96% | 94% | 86% | 59% |
| DIVISION B | OPHTHALMOLOGY | 70% | 90% | 95% | 93% | 38% | 71% | 88% | 99% | 95% | 41% |
| | SPECIALIST MEDICINE | 78% | 87% | 95% | 82% | 88% | 81% | 91% | 101% | 85% | 93% |
| DIVISION B Total | | 76% | 88% | 95% | 84% | 76% | 78% | 90% | 100% | 89% | 74% |
| DIVISION C | CHILD HEALTH | 93% | 94% | 96% | 93% | 74% | 105% | 97% | 102% | 99% | 64% |
| | WOMEN'S HEALTH | 89% | 96% | 112% | 88% | 58% | 92% | 106% | 116% | 96% | 60% |
| DIVISION C Total | | 92% | 94% | 100% | 92% | 69% | 102% | 100% | 106% | 98% | 63% |
| DIVISION D | CARDIOVASCULAR & THORACIC | 97% | 108% | 100% | 92% | 55% | 96% | 106% | 98% | 102% | 54% |
| | NEUROSCIENCES | 92% | 100% | 88% | 103% | 75% | 95% | 104% | 92% | 121% | 76% |
| | RADIOLOGY | 75% | 81% | 77% | 61% | 49% | 72% | 91% | 82% | 66% | 50% |
| | TRAUMA & ORTHOPAEDICS | 76% | 92% | 94% | 86% | 28% | 77% | 98% | 106% | 103% | 26% |
| DIVISION D Total | | 86% | 96% | 90% | 86% | 52% | 89% | 102% | 97% | 103% | 50% |
| Total | | 81% | 88% | 90% | 83% | 65% | 89% | 99% | 98% | 97% | 57% |
| Non Elective Activity as % of Plan | | Activity as % of Plan | | | | | Income as % of Plan | | | | |
| Division | Care Group | 6 | 7 | 8 | 9 | 10 | 6 | 7 | 8 | 9 | 10 |
| DIVISION A | CANCER CARE | 102% | 107% | 96% | 100% | 95% | 94% | 94% | 84% | 86% | 82% |
| | SURGERY | 90% | 95% | 84% | 87% | 73% | 99% | 107% | 97% | 107% | 82% |
| DIVISION A Total | | 93% | 98% | 87% | 90% | 79% | 97% | 102% | 92% | 99% | 82% |
| DIVISION B | ACUTE MEDICINE | 94% | 103% | 95% | 111% | 116% | 99% | 109% | 102% | 113% | 119% |
| | EMERGENCY MEDICINE | 103% | 102% | 94% | 92% | 89% | 96% | 100% | 86% | 85% | 103% |
| | OPHTHALMOLOGY | 66% | 68% | 66% | 70% | 41% | 81% | 70% | 64% | 75% | 38% |
| | SPECIALIST MEDICINE | 77% | 114% | 96% | 136% | 74% | 47% | 129% | 93% | 133% | 63% |
| DIVISION B Total | | 98% | 102% | 94% | 100% | 99% | 97% | 106% | 96% | 105% | 112% |
| DIVISION C | CHILD HEALTH | 102% | 98% | 95% | 95% | 71% | 93% | 99% | 83% | 98% | 77% |
| | WOMEN'S HEALTH | 84% | 89% | 87% | 95% | 87% | 94% | 95% | 91% | 105% | 89% |
| DIVISION C Total | | 89% | 92% | 89% | 95% | 82% | 94% | 96% | 88% | 103% | 85% |
| DIVISION D | CARDIOVASCULAR & THORACIC | 84% | 99% | 88% | 86% | 74% | 85% | 101% | 90% | 94% | 73% |
| | NEUROSCIENCES | 109% | 102% | 97% | 100% | 87% | 123% | 113% | 94% | 112% | 95% |
| | RADIOLOGY | 73% | 65% | 90% | 78% | 45% | 55% | 62% | 78% | 71% | 42% |
| | TRAUMA & ORTHOPAEDICS | 114% | 102% | 110% | 83% | 81% | 111% | 113% | 110% | 99% | 100% |
| DIVISION D Total | | 99% | 98% | 98% | 87% | 77% | 99% | 104% | 95% | 98% | 83% |
| Total | | 95% | 98% | 93% | 95% | 88% | 98% | 103% | 94% | 101% | 92% |

Income and Activity

Outpatient activity reduced following strong performance across all months since September 2020. This is however measured against the baseline period last year for which January was a high month.

Most of the specialties with high risk patient backlogs continued to perform strongly however such as Ophthalmology, Cancer Care and Cardiovascular and Thoracics who were all 100% or greater.

| Outpatient Activity as % of Plan | | Activity as % of Plan | | | | | Income as % of Plan | | | | |
|----------------------------------|---------------------------|-----------------------|-------------|-------------|-------------|------------|---------------------|-------------|-------------|-------------|------------|
| Division | Care Group | 6 | 7 | 8 | 9 | 10 | 6 | 7 | 8 | 9 | 10 |
| DIVISION A | CANCER CARE | 130% | 121% | 127% | 126% | 123% | 128% | 119% | 125% | 124% | 122% |
| | SURGERY | 89% | 90% | 97% | 94% | 83% | 86% | 88% | 91% | 86% | 77% |
| DIVISION A Total | | 109% | 105% | 112% | 109% | 103% | 108% | 104% | 109% | 106% | 101% |
| DIVISION B | ACUTE MEDICINE | 105% | 86% | 97% | 87% | 108% | 111% | 91% | 103% | 90% | 112% |
| | EMERGENCY MEDICINE | 158% | 67% | 90% | 115% | 59% | 152% | 67% | 91% | 117% | 59% |
| | OPHTHALMOLOGY | 88% | 93% | 96% | 96% | 98% | 90% | 95% | 97% | 97% | 100% |
| | SPECIALIST MEDICINE | 105% | 111% | 119% | 108% | 92% | 98% | 102% | 112% | 104% | 88% |
| DIVISION B Total | | 97% | 102% | 108% | 102% | 95% | 95% | 99% | 105% | 101% | 93% |
| DIVISION C | CHILD HEALTH | 109% | 108% | 114% | 108% | 93% | 108% | 107% | 114% | 108% | 92% |
| | SUPPORT SERVICES | 79% | 83% | 86% | 80% | 72% | 72% | 77% | 79% | 74% | 67% |
| | WOMEN'S HEALTH | 100% | 102% | 108% | 100% | 93% | 98% | 101% | 107% | 102% | 94% |
| DIVISION C Total | | 98% | 99% | 104% | 98% | 87% | 100% | 101% | 108% | 102% | 89% |
| DIVISION D | CARDIOVASCULAR & THORACIC | 97% | 102% | 110% | 106% | 98% | 98% | 100% | 109% | 107% | 99% |
| | NEUROSCIENCES | 104% | 102% | 114% | 105% | 99% | 103% | 101% | 113% | 103% | 100% |
| | RADIOLOGY | 119% | 133% | 174% | 167% | 66% | 95% | 108% | 144% | 138% | 51% |
| | TRAUMA & ORTHOPAEDICS | 102% | 91% | 102% | 90% | 73% | 102% | 90% | 102% | 92% | 72% |
| DIVISION D Total | | 101% | 99% | 109% | 101% | 90% | 101% | 98% | 109% | 102% | 92% |
| Total | | 101% | 101% | 108% | 103% | 94% | 101% | 101% | 108% | 103% | 94% |

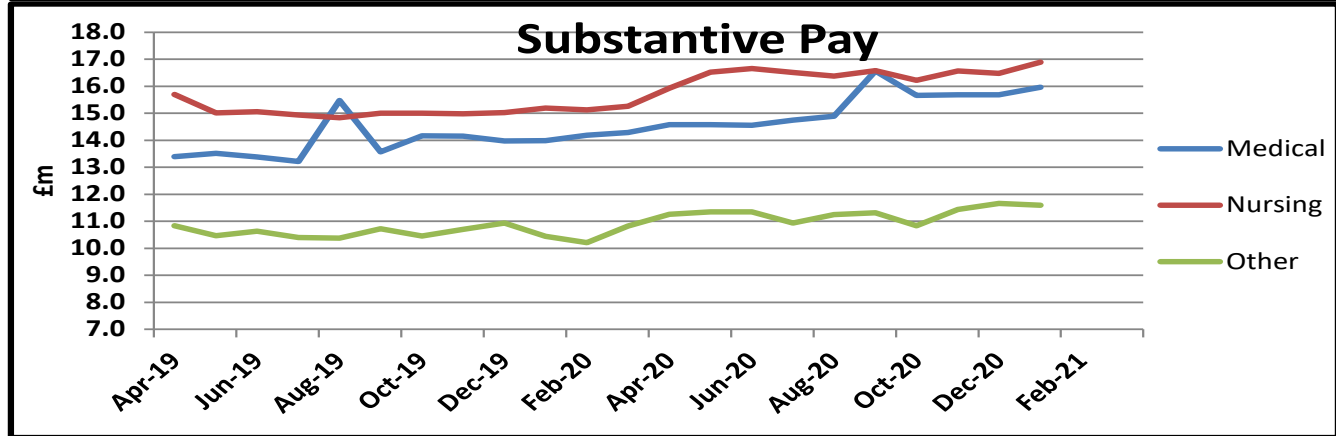
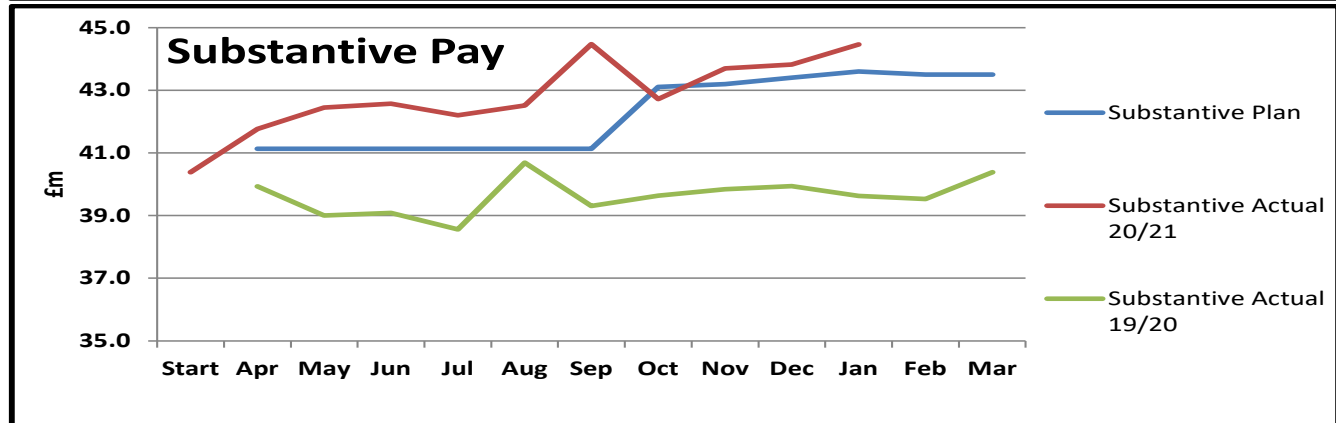
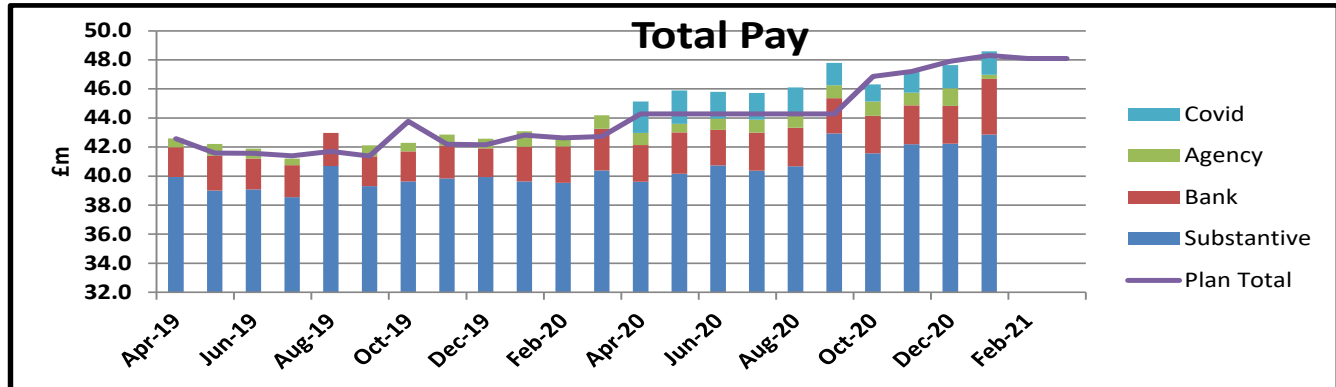
Substantive Pay Costs

Total pay expenditure in January was £48.6m (up £1m from December) . This was mainly due to an increase bank nursing cost of £0.9m in month mainly in critical care. Total pay costs remain consistent with that planned for the Q3 and Q4 period. Costs are however more focused on covid patients and specifically critical care rather than recovery which had been envisaged.

Covid related staffing expenditure increased significantly in January to £2.6m in month. This was mainly driven by critical care staff costs for surge and out of area beds.

Pay costs are forecast to remain high across Q4 as Covid pressures and winter demands all drive additional resource requirements, albeit this continues to be offset by reduced elective recovery costs.

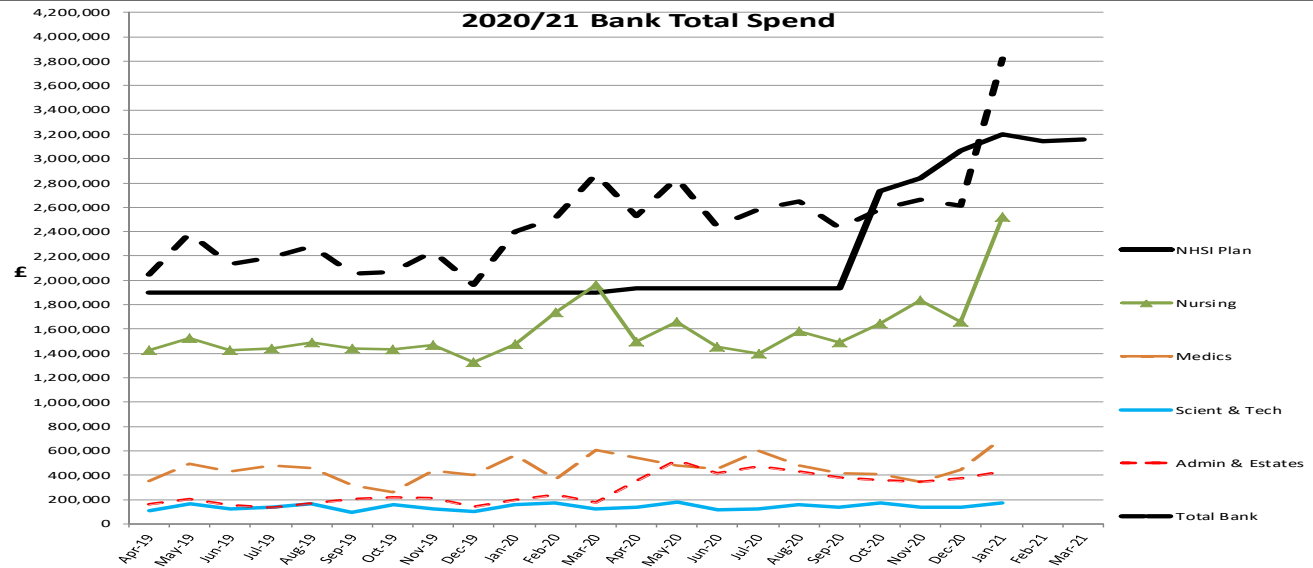
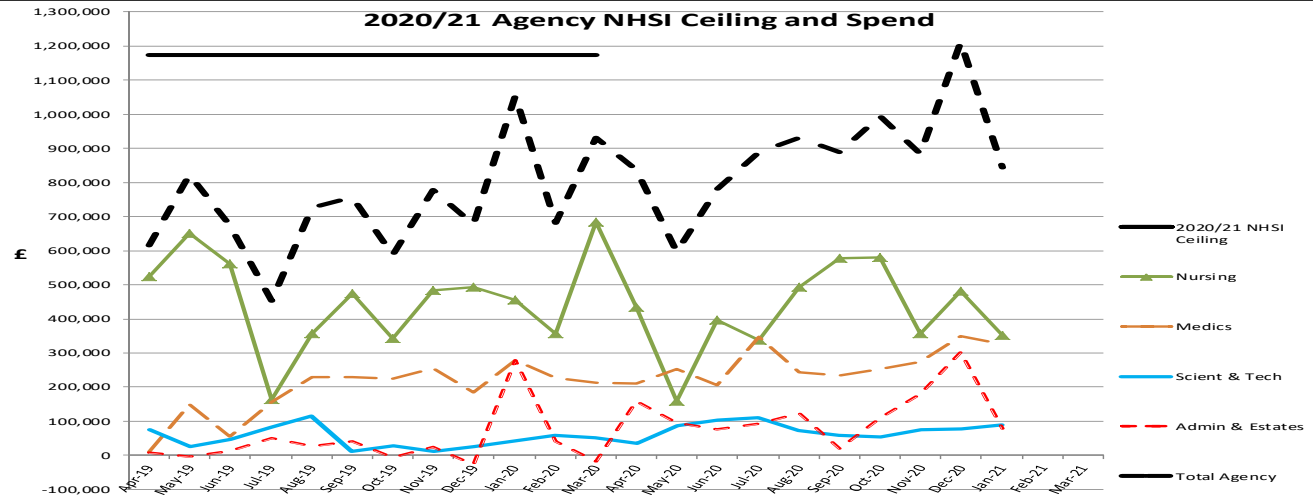
Vaccine hub pay costs are also now in the position at c£0.1m per month which are fully recoverable from NHSE.



Temporary Staff Costs

Agency spend has decreased in month following a spike in December to c£0.85m in month. This is after adjusting for £0.55m that has been recorded.

Expenditure on bank staff increased significantly to £3.8m in month from £2.6m in December. This was mainly in nursing and particularly critical care which saw costs increase by £0.7m. This was related to both price and volume as rates were increased on a temporary basis to support over the Christmas and New Year period, which was then extended through January, in response to peak covid demands. This cost is expected to reduce slightly moving into February, however will still remain exceptionally high in critical care until surge demand reduces.



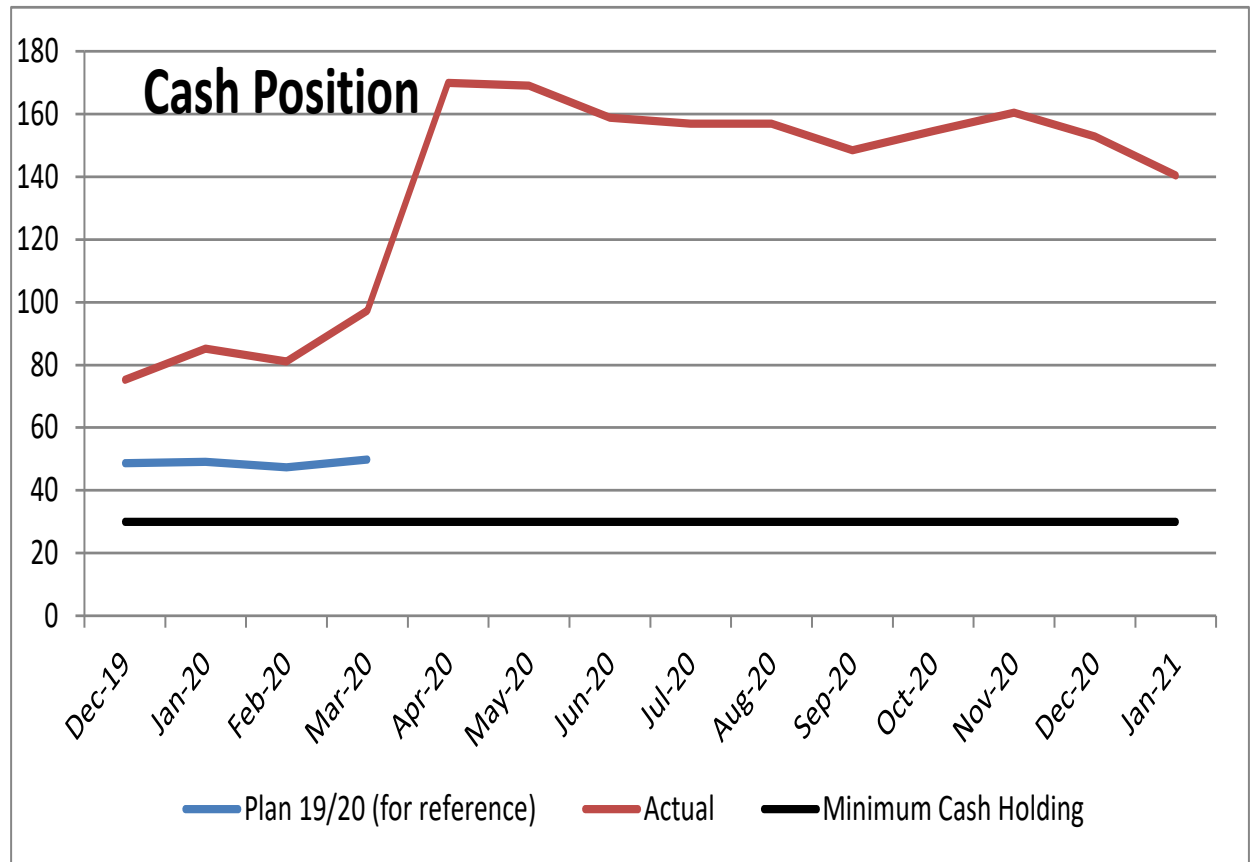
Cash

The cash balance decreased to £140.4m in January. This links to a significant increase in receivables as the DHSC have yet to reimburse any payments relating to the Chilworth project. We do have assurance that funding is approved, with delays caused by system issues.

The underlying cash position remains broadly stable however and has done so since the move to block contract payments in advance. A significant cash injection is expected in February & March as several large centrally funded capital projects will see cash received to cover all costs of 2020/21. Some of this expenditure has already been incurred. Covid capital has also now been confirmed as fully funded by DH.

We are also anticipating cash funding for both loss of other income and annual leave accrual increases in M11/M12.

The interim cash regime has also been confirmed as continuing for Q1 2021/22 hence block payments being received in advance will continue.



Capital Expenditure

(Fav Variance) / Adv Variance

The capital expenditure position for the year to January shows expenditure of £56.2m against a plan of £53.0m, £3.2m above budgeted. Excluding externally funded schemes and Covid 19 related expenditure, expenditure is £42.9m against a plan of £42.5m, £0.4m above budget.

In month expenditure was £6.3m, driven by the ED expansion and E level theatre schemes, as well as leased equipment, where some high value items are now delivered and accounted for.

The CDEL allocation (£54.1m) is forecast to be spent in full, however detailed forecasting work shows a best case/worst case scenario of +/- £3m. These risks will be managed closely over the coming weeks.

Externally funded schemes are also forecast to be spent in full unless specific agreement has been granted for slippage.

Covid-19 funding has now been confirmed, and an MOU has been signed by the CFO.

| 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 | 137 | 23 | 114 | 1,141 | 1,432 | (291) | 1,141 | 1,432 | (291) |
| IT Schemes | 331 | 441 | (110) | 5,848 | 3,151 | 2,697 | 7,142 | 5,468 | 1,674 |
| Strategic Maintenance | 383 | 189 | 194 | 2,986 | 2,782 | 204 | 3,750 | 3,750 | 0 |
| Medical Equipment Panel | 100 | 14 | 86 | 763 | 561 | 202 | 1,000 | 970 | 30 |
| GICU Expansion | 655 | 99 | 556 | 10,677 | 9,643 | 1,034 | 12,128 | 9,683 | 2,445 |
| Fit out of E Level, Vertical Extension | 0 | 0 | (0) | 950 | 0 | 950 | 5,013 | 1,357 | 3,656 |
| Refurbish Eye Theatre | 378 | 177 | 201 | 1,849 | 1,841 | 8 | 1,849 | 1,849 | 0 |
| Theatre K Plant Room | 0 | (6) | 6 | 334 | 727 | (393) | 334 | 727 | (393) |
| Spend to Save | 21 | 370 | (349) | 769 | 1,160 | (391) | 810 | 1,674 | (864) |
| Radiotherapy Turnkey Works and Equipment | 0 | 6 | (6) | 700 | 611 | 89 | 700 | 611 | 89 |
| Decorative Improvements / Staff Fund | 50 | 0 | 50 | 500 | 22 | 478 | 600 | 72 | 528 |
| ED offices and minors space | 0 | 0 | 0 | 586 | 0 | 586 | 586 | 0 | 586 |
| Fit out of E & F level North Wing Courtyard | 0 | 3 | (3) | 1,207 | 625 | 582 | 1,207 | 627 | 580 |
| East Wing Annex Shell | 500 | 0 | 500 | 850 | 460 | 390 | 1,490 | 575 | 915 |
| Oncology Ward Build | 617 | 585 | 32 | 5,691 | 5,788 | (97) | 5,782 | 6,456 | (674) |
| Side Rooms | 133 | 52 | 81 | 665 | 574 | 91 | 932 | 574 | 358 |
| Adanac Park | 830 | 0 | 830 | 830 | 4,207 | (3,377) | 830 | 4,227 | (3,397) |
| Other Projects | 197 | (2) | 199 | 2,774 | 3,420 | (646) | 3,168 | 5,189 | (2,021) |
| Assumed Slippage | (245) | 0 | (245) | (939) | 0 | (939) | (1,423) | (2,265) | 842 |
| Total Trust Funded Capital excl Finance Leases | 4,087 | 1,950 | 2,137 | 38,181 | 37,003 | 1,178 | 47,039 | 42,976 | 4,063 |
| Finance Leases - Medical Equipment Panel | 250 | 922 | (672) | 1,600 | 1,444 | 156 | 2,200 | 2,200 | 0 |
| Finance Leases - Divisional Equipment | 41 | 0 | 41 | 418 | 0 | 418 | 500 | 100 | 400 |
| Finance Leases - IISS | 300 | 0 | 300 | 3,635 | 3,379 | 256 | 5,535 | 4,499 | 1,036 |
| Finance Leases - Linac | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,447 | (1,447) |
| Finance Leases -ED Expansion | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,900 | (1,900) |
| Finance Leases - Other | 300 | 69 | 231 | 1,619 | 1,919 | (300) | 2,265 | 2,600 | (335) |
| Donated Asset Additions | (335) | (232) | (103) | (2,911) | (798) | (2,113) | (3,482) | (1,665) | (1,817) |
| Total Trust Funded Capital Expenditure (CDEL Alloc | 4,643 | 2,709 | 1,934 | 42,542 | 42,948 | (406) | 54,057 | 54,057 | 0 |
| Energy Efficiency | 85 | (0) | 85 | 1,497 | 1,667 | (170) | 1,667 | 1,667 | 0 |
| Fit out of E Level, Vertical Extension | 968 | 1,386 | (418) | 5,000 | 3,365 | 1,636 | 5,000 | 4,300 | 700 |
| ED Expansion and Refurbishment | 0 | 1,862 | (1,862) | 0 | 2,879 | (2,879) | 0 | 9,000 | (9,000) |
| Backlog Maintenance | 216 | 133 | 83 | 1,296 | 202 | 1,094 | 1,730 | 1,730 | 0 |
| Endoscopy Room | 0 | 140 | (140) | 0 | 576 | (576) | 0 | 1,650 | (1,650) |
| Digital Maternity (STP Wave 3) | 169 | 10 | 159 | 1,014 | 30 | 984 | 1,350 | 0 | 1,350 |
| Digital Outpatients (STP Wave 3) | 73 | 0 | 73 | 438 | 0 | 438 | 589 | 164 | 425 |
| HSLI Enterprise Wide Scheduling | 37 | 9 | 28 | 370 | 62 | 308 | 444 | 310 | 134 |
| Cyber Security | 0 | 0 | 0 | 0 | 8 | (8) | 0 | 33 | (33) |
| Pathology Digitisation | 135 | 5 | 130 | 810 | 14 | 796 | 1,080 | 90 | 990 |
| LIMS Digital Enhancement | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,464 | (1,464) |
| Coronavirus Equipment and Works | 0 | 26 | (26) | 0 | 4,407 | (4,407) | 0 | 4,407 | (4,407) |
| Total CDEL Expenditure | 6,326 | 6,279 | 47 | 52,967 | 56,157 | (3,190) | 65,917 | 78,872 | (12,955) |

Statement of Financial Position

(Fav Variance) / Adv Variance

The January statement of financial position illustrates net assets of £441.9m which is £2.3m down when compared to December.

Accounts payables balances are distorted when compared to 2019/20 as they include £67m of deferred income as block contract payments are currently paid in advance.

Receivables increased significantly in month mainly relating to the Chilworth project as DHSC invoices currently remain unpaid, albeit we have assurance that values are approved. DHSC have recently changed finance system.

| Statement of Financial Position | 2019/20 YE Actuals £m | 2020/21 | | |
|---------------------------------|-----------------------------|-----------------|------------------|-----------------------|
| | | M9 Act £m | M10 Act £m | MoM Movement £m |
| Fixed Assets | 379.0 | 411.4 | 415.6 | 4.2 |
| Inventories | 15.2 | 16.5 | 14.8 | (1.7) |
| Receivables | 73.0 | 61.0 | 74.7 | 13.7 |
| Cash | 97.3 | 152.9 | 140.4 | (12.5) |
| Payables | (115.6) | (186.9) | (192.5) | (5.6) |
| Current Loan | (3.3) | (3.6) | (3.6) | (0.0) |
| Current PFI and Leases | (7.4) | (7.0) | (7.5) | (0.5) |
| Net Assets | 438.2 | 444.2 | 441.9 | (2.3) |
| Non Current Liabilities | (20.4) | (26.9) | (27.6) | (0.7) |
| Non Current Loan | (11.5) | (8.9) | (8.6) | 0.3 |
| Non Current PFI and Leases | (33.4) | (34.5) | (33.8) | 0.7 |
| Total Assets Employed | 372.9 | 374.0 | 371.8 | (2.2) |
| Public Dividend Capital | 220.7 | 221.3 | 221.3 | 0.0 |
| Retained Earnings | 132.0 | 132.5 | 130.4 | (2.1) |
| 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 | 374.0 | 371.8 | (2.2) |

| Report to the Trust Board of Directors | | | | |
|---|---|-----------------|---------------------|--------------------|
| Title: | Integrated Performance Report 2020/21 Month 10 | | | |
| Agenda item: | 9.1 | | | |
| Sponsor: | Chief Executive Officer | | | |
| Date: | 25 February 2021 | | | |
| 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
January 2021

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 & bar Benchmarked | | The line shows our performance and the bar underneath represents the range of performance of benchmarked trusts (bottom = lowest performance, top = highest performance) |
| 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.

January 2020 Summary

During January the direct impact of COVID-19 infections upon the Trust increased enormously, with confirmed COVID-19 patients:

- Increasing from 123 (40 of which were in intensive / high care) at the start
- To 322 (61 of which were in intensive/ high care) on the 15th January
- Finishing the month at 262 patients (67 of which were in intensive care / high care)

Within this, UHS provided beds for a number of intensive care patients who were transferred from other areas as part of regional ‘mutual aid’ arrangements.

This challenge greatly exceeded that in the ‘first wave’ of COVID-19, which at UHS peaked with 173 inpatients (38 of which were in intensive care/ high care).

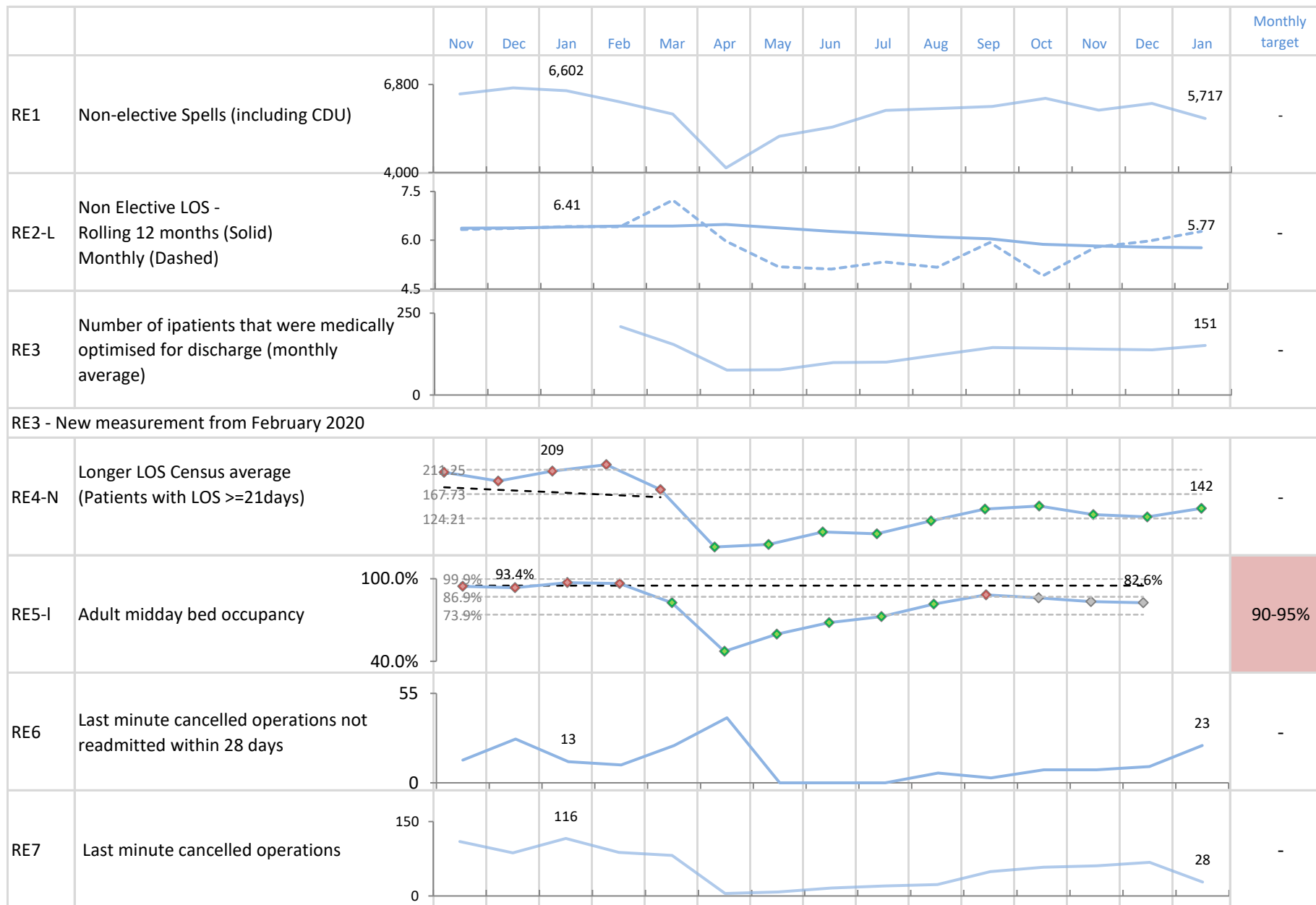
On January 11th Hampshire and the Isle of Wight were instructed to stop elective admission, other than for Priority 1 and 2 patients (large numbers of priority 3 and 4 patients, who could safely wait longer than one month for surgery, were affected). UHS also needed to reduce its operating theatre activity considerably, and outpatient activity also, in order to redeploy staff with relevant skills to our Intensive Care Unit and COVID-19 ward areas.

Non-elective spell volumes overall reduced to approximately 87%, and Elective spells at all hospital sites were approximately 57%, of January 2020 levels.

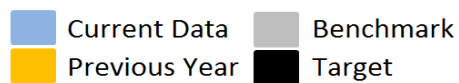
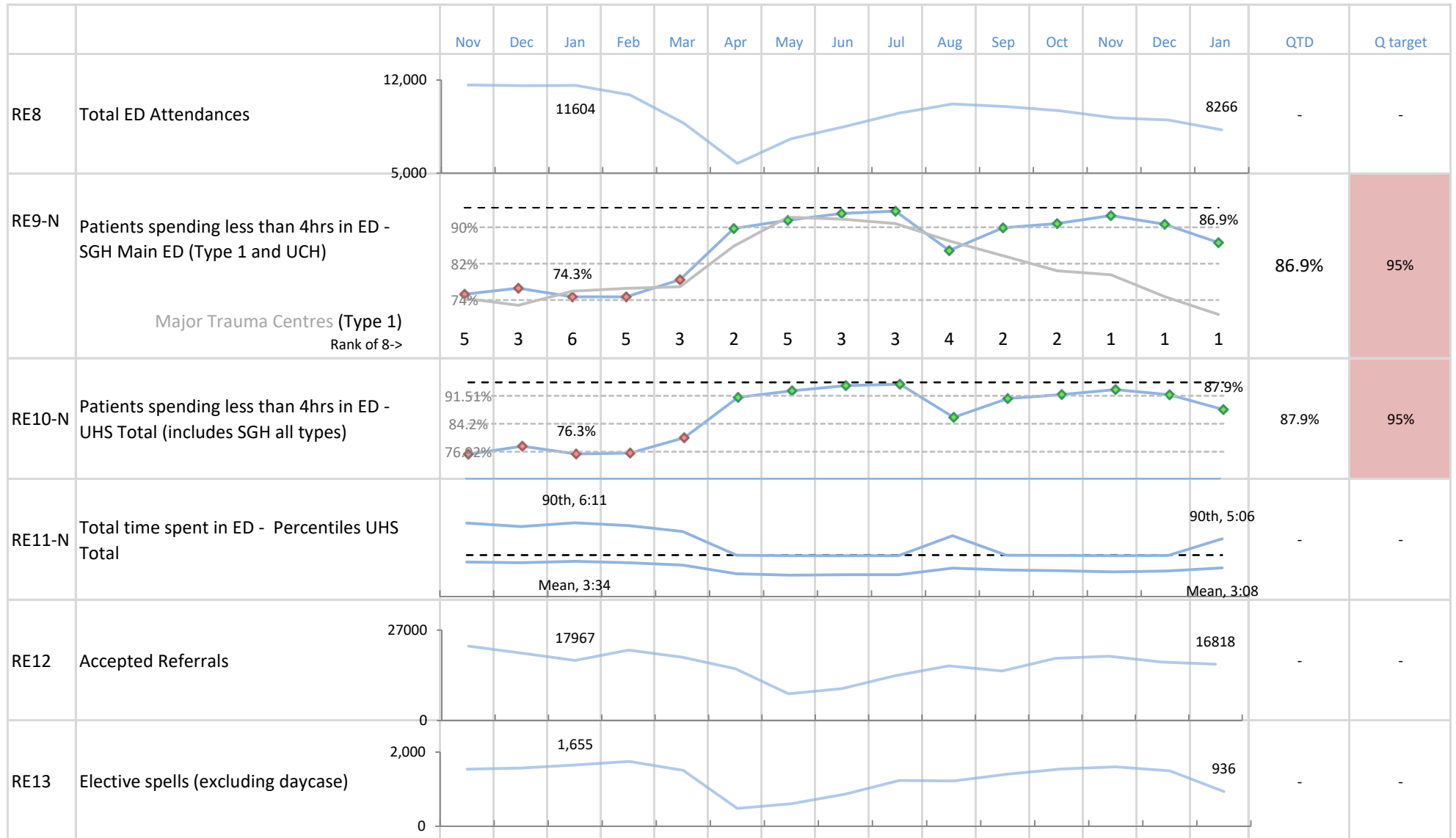
Key aspects of performance for consideration this month include:

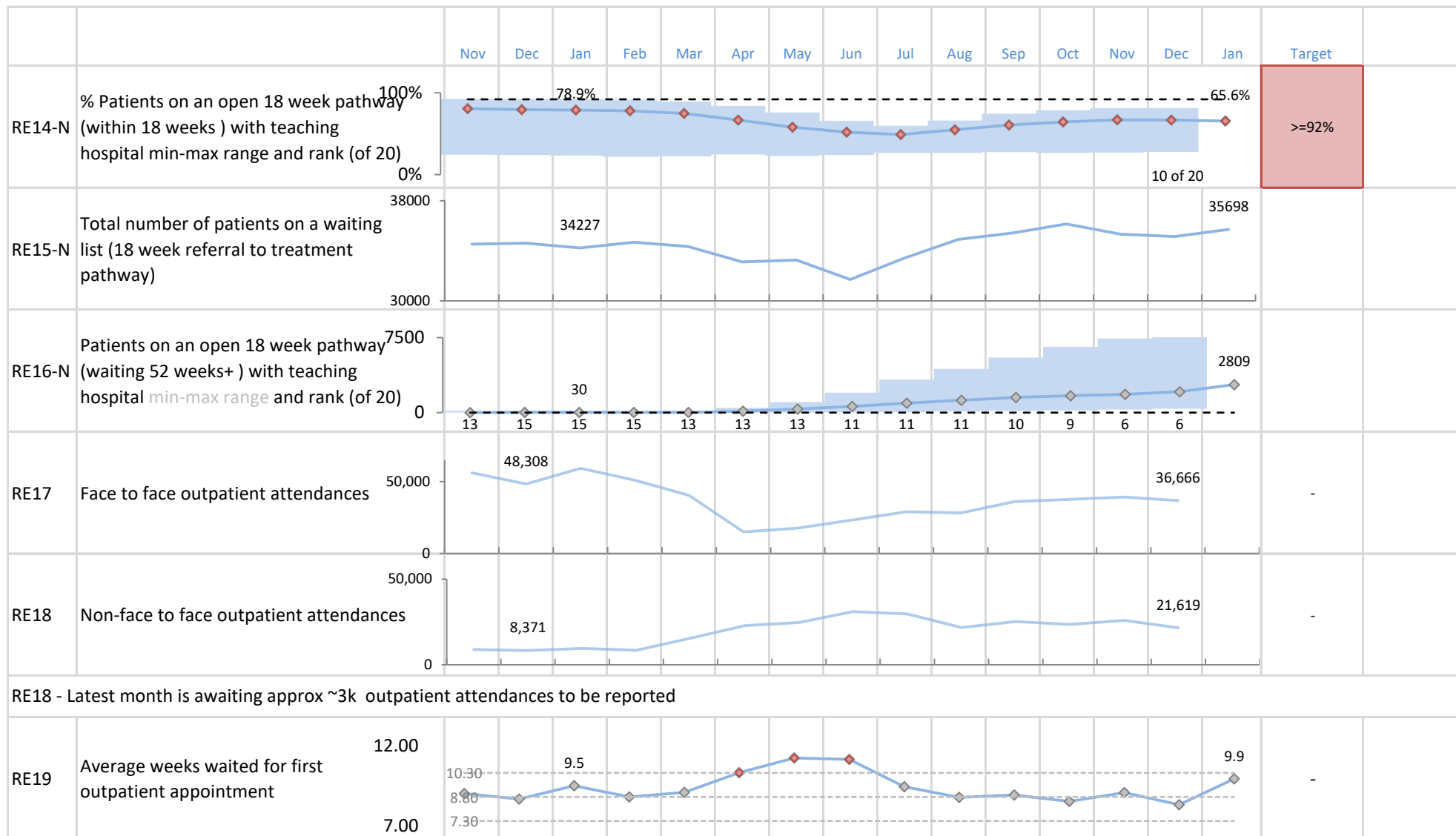
- Activity levels in elective care were reduced to approximately 57% of pre-Covid levels at UHS in January, with substantial adverse impacts upon measures of patient access including numbers of patients waiting:
 - o for treatment in total
 - o more than 52 weeks, and more than 78 weeks, for treatment
 - o longer than 6 weeks, for a diagnostic test to be performed
- Whilst not currently meeting the waiting time targets in full, Cancer performance is largely being maintained, and impacts on other urgent care are being minimised.
- Whilst Emergency Department timeliness declined to 87%, UHS continues to perform exceedingly well compared to other hospitals currently.
- Healthcare acquired COVID-19 infections increased to levels not previously detected at UHS. 100 (of 933 total) inpatient diagnoses of COVID-19 in the month related to either 'healthcare-acquired' or 'probable hospital-associated' infection, of which 85 occurred prior to the 16th January.
- Maternity Continuity of Care shows only modest improvement through the current IPR measure, which is measured upon the month of birth. Additional measures do demonstrate that the proportion of all women, and BAME women in particular, being booked antenatally to receive continuity of care has now increased significantly.
- Staff sickness increased steeply to 5%, with 38% of all absence being directly related to COVID-19.

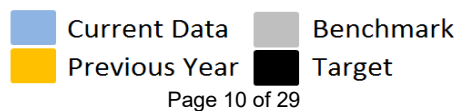
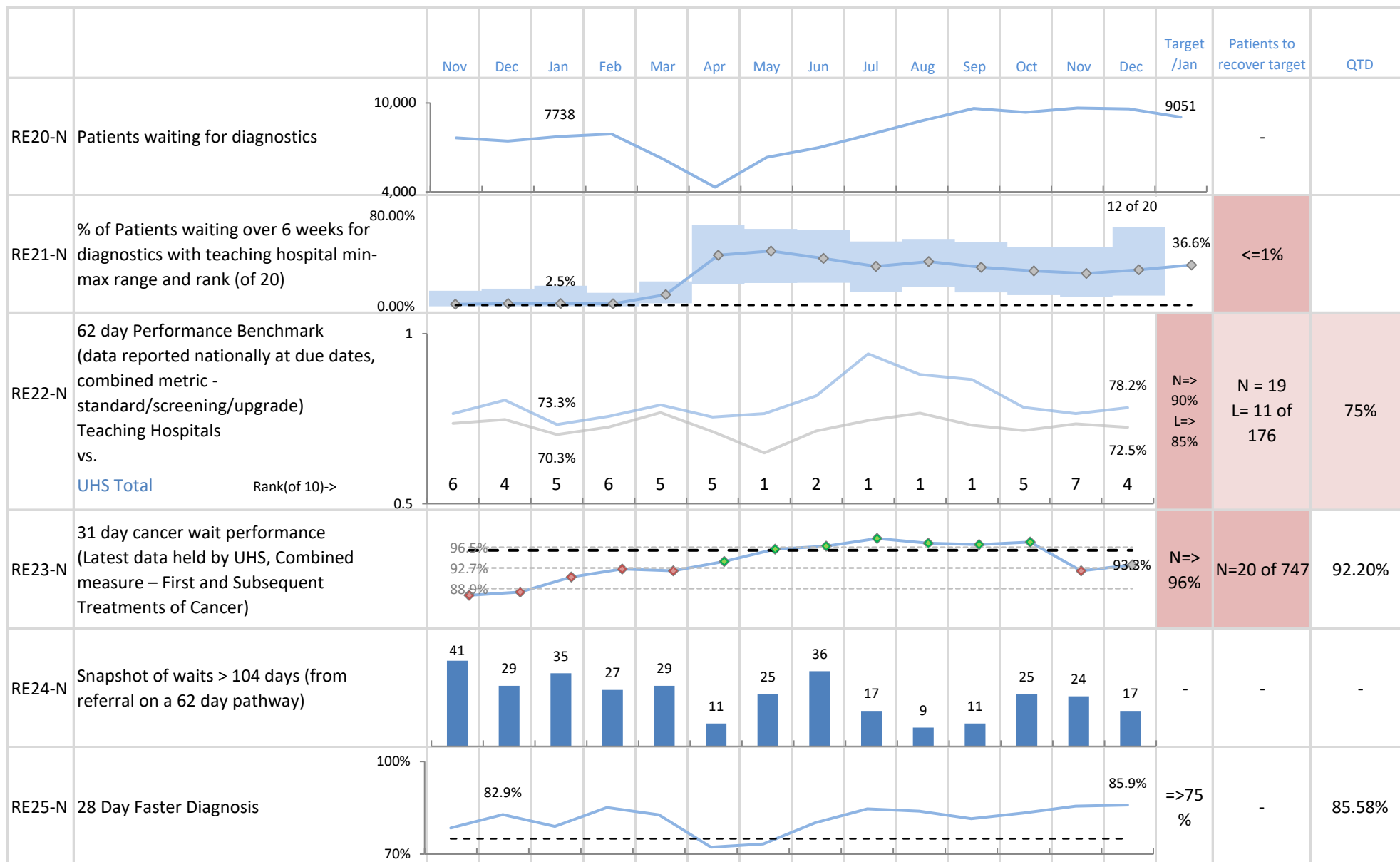
- Emergency Department timeliness declined to 87% (RE 9 and 10). Similar trends were observed widely across the NHS in January; UHS has performed exceedingly well compared to other hospitals, including the 8 'peer' Major Trauma Centres we benchmark with for Type 1 attendances (RE9). Attendance numbers reduced to 71% of the normal level (RE 8), whilst enhanced infection control precautions remained in place.
- Referral volumes (RE 12) in January 2021 were 94% of those in January 2020 (on a like for like measurement basis).
- The percentage of patients waiting up to 18 weeks from referral to treatment was 66%, 1% worse than the previous two months (RE 14), UHS continues to be 10th out of a group of 20 teaching hospitals on this measure. The total number of patients waiting is now 4% above pre-Covid levels, and increased by 572 patients this month.
- The number of patients waiting more than 52 weeks (RE16) has increased, from 40 at the end of March, to 2809 at the end of January. This number increased by 717, significantly more than in previous months, due to the impact of COVID-19 inpatient care on elective capacity for lower clinical urgencies. Similar trends are being experienced widely, and UHS remained 6th best (in a group of 20 Teaching hospitals).
- UHS now has 234 patients waiting more than 78 weeks from referral to treatment, and we propose adding this measure to future reports.
- The percentage of patients waiting more than 6 weeks for a diagnostic test (RE 21) increased by 5% in the month. The total number of patients waiting (RE 20) has reduced due to lower referrals to services during December, but is still 17% higher than in January 2020.
- Cancer performance measures for December indicate that:
 - o UHS 62 day performance (RE 22) has improved by 1% to 78%. UHS improved from 5th to 4th amongst our 10 'peer' teaching hospitals. There is a significant impact due to patients choosing to delay investigations linked to concerns regarding COVID-19.
 - o 31 day performance (RE 23) has improved, from 91%, to 93% in December. We anticipate December performance improving further once 'late' data is added, but remaining below the target. The main challenges currently relate to gynaecology surgery, and subsequent surgical treatments of skin cancer.
 - o The number of patients still waiting with pathways greater than 104 days (RE 24) improved slightly to the joint 4th best value in 12 months.
- UHS continues to deliver higher levels of activity recovery compared to the majority of 'comparable' hospitals (RE 28-31) based upon the data available for December, particularly in relation to elective inpatients.

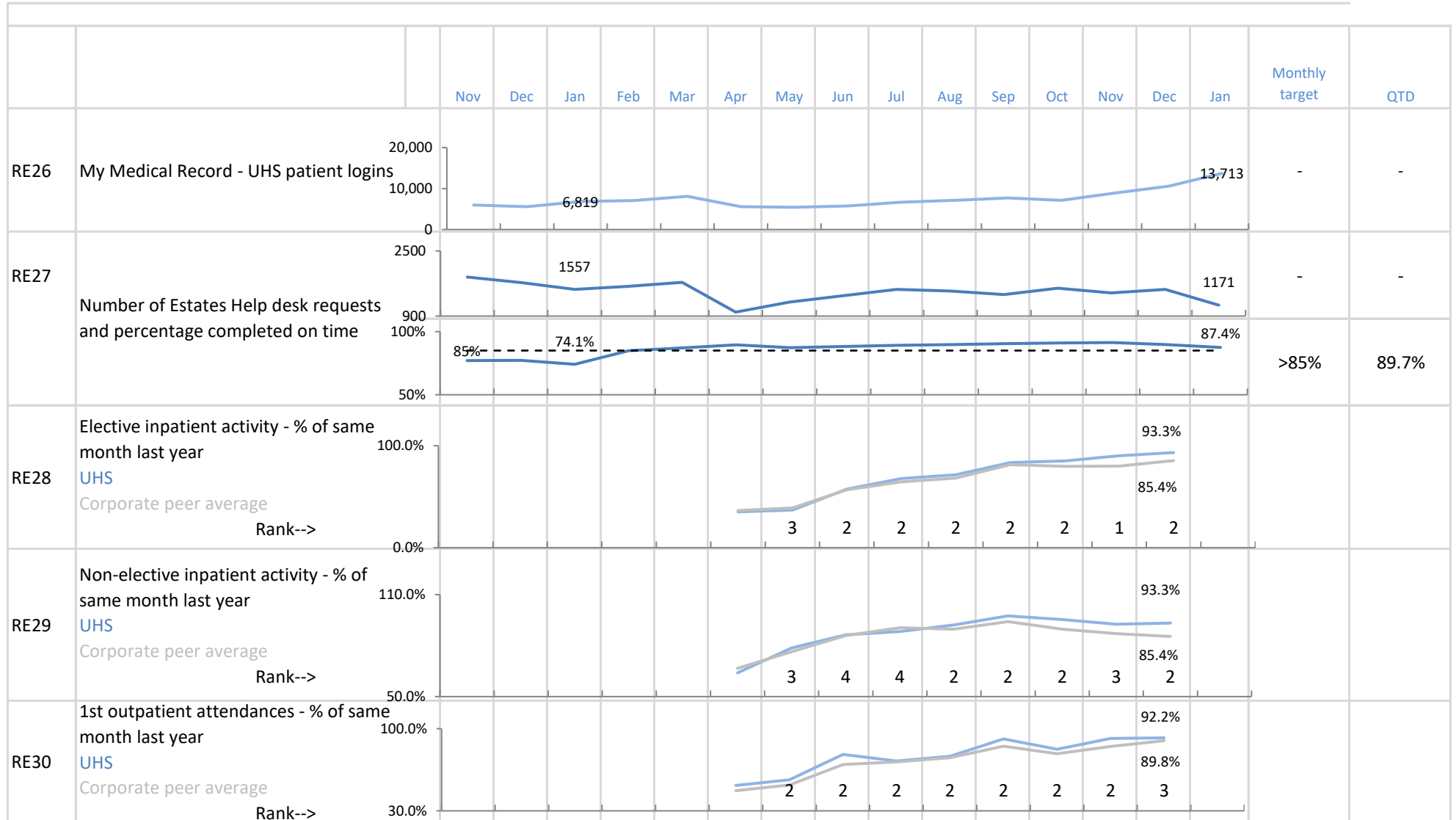


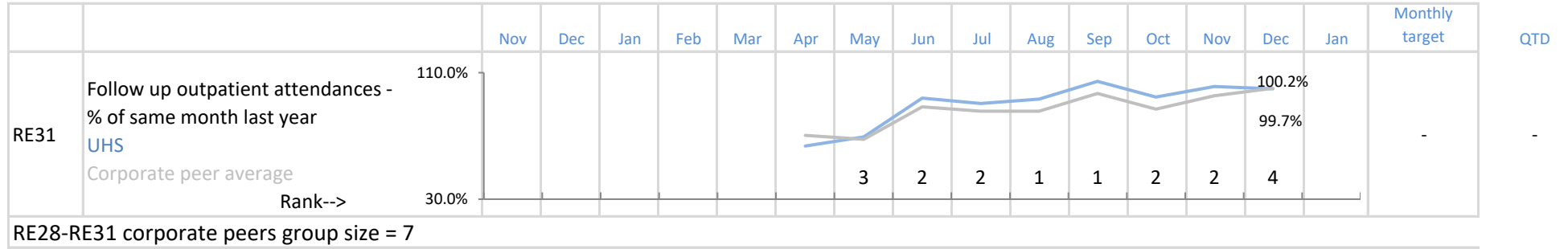
■ Current Data ■ Benchmark
■ Previous Year ■ Target



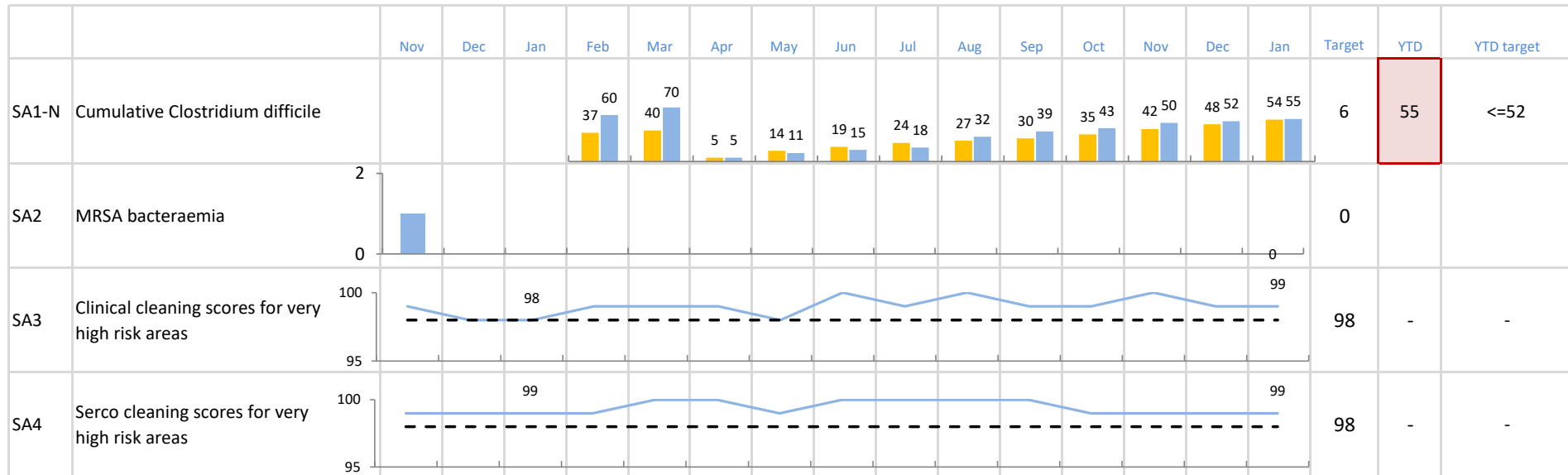


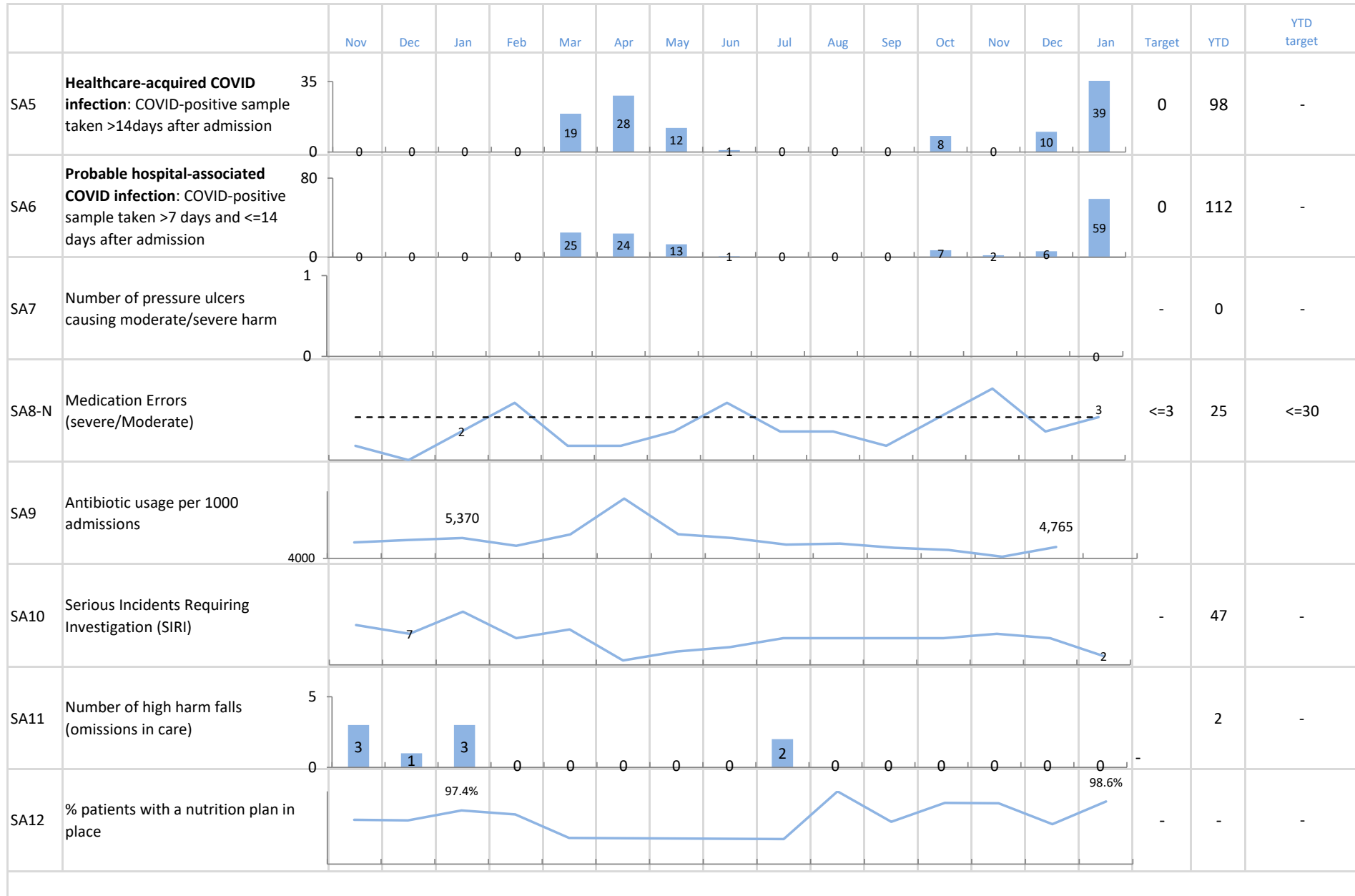


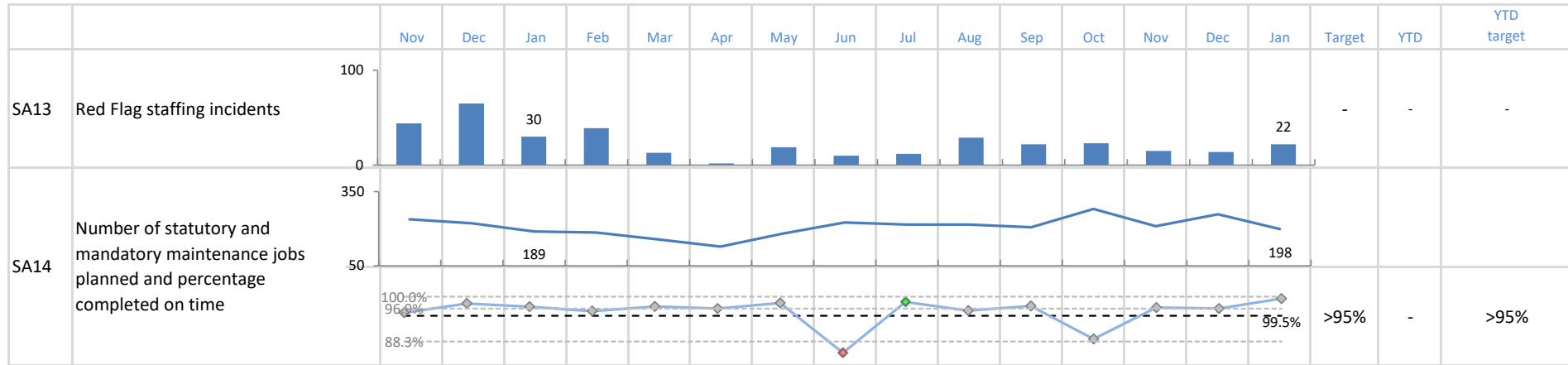




- There were three additional Clostridium Difficile infections in January, the second lowest monthly number in the last 12 months. The cumulative total is now 55, compared to a year to date target of <=52.
- 59 cases of ‘probable’ transmission (SA6) and 39 cases of ‘healthcare-acquired’ COVID-19 (SA5) occurred in UHS inpatient services during January. 85% of these cases occurred before the 15th January; at a time when admissions with COVID-19 were very high and movement of patients between wards was necessary in order create additional designated wards for COVID-19 care.
- Measures SA 5 and 6 have been refined this month, to reflect the COVID-19 transmission cases identified following clinical interpretation of the laboratory results. The prior reporting method used only the laboratory results, and some cases should be ‘excluded’ following clinical review by the infection prevention team, including review of additional information such as previous and subsequent COVID-19 test results.
- 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.

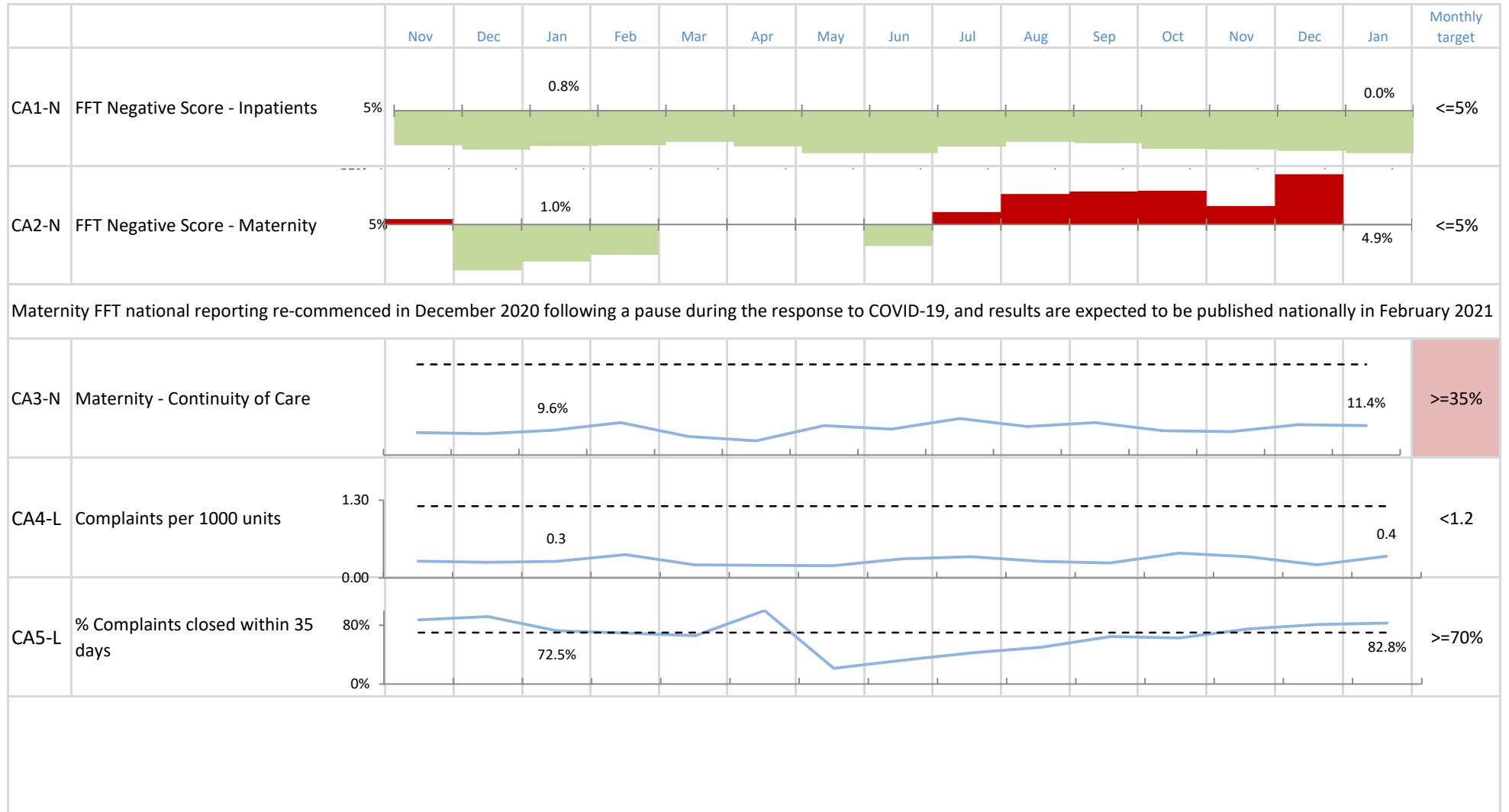


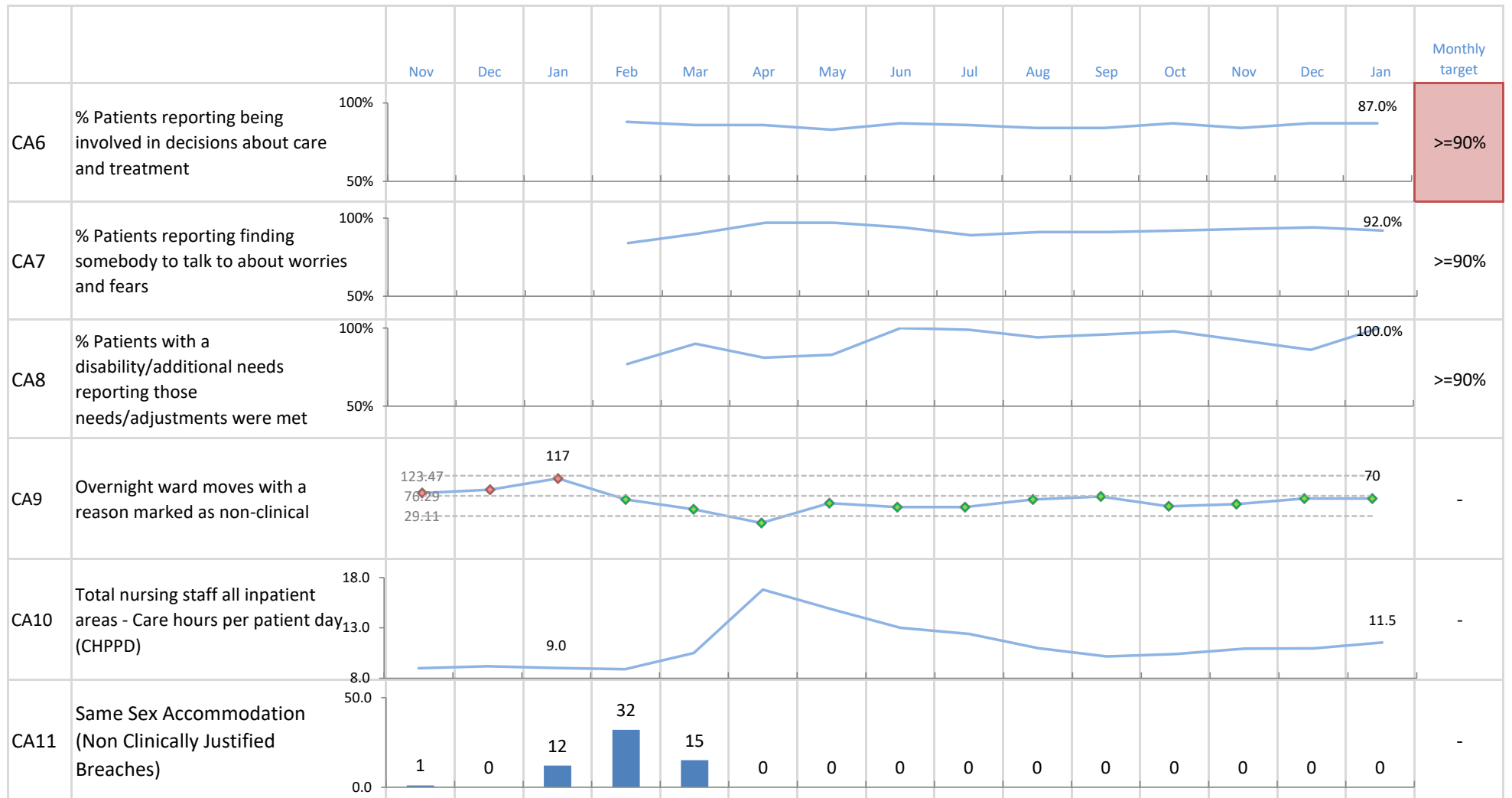




■ Current Data ■ Benchmark
■ Previous Year ■ Target

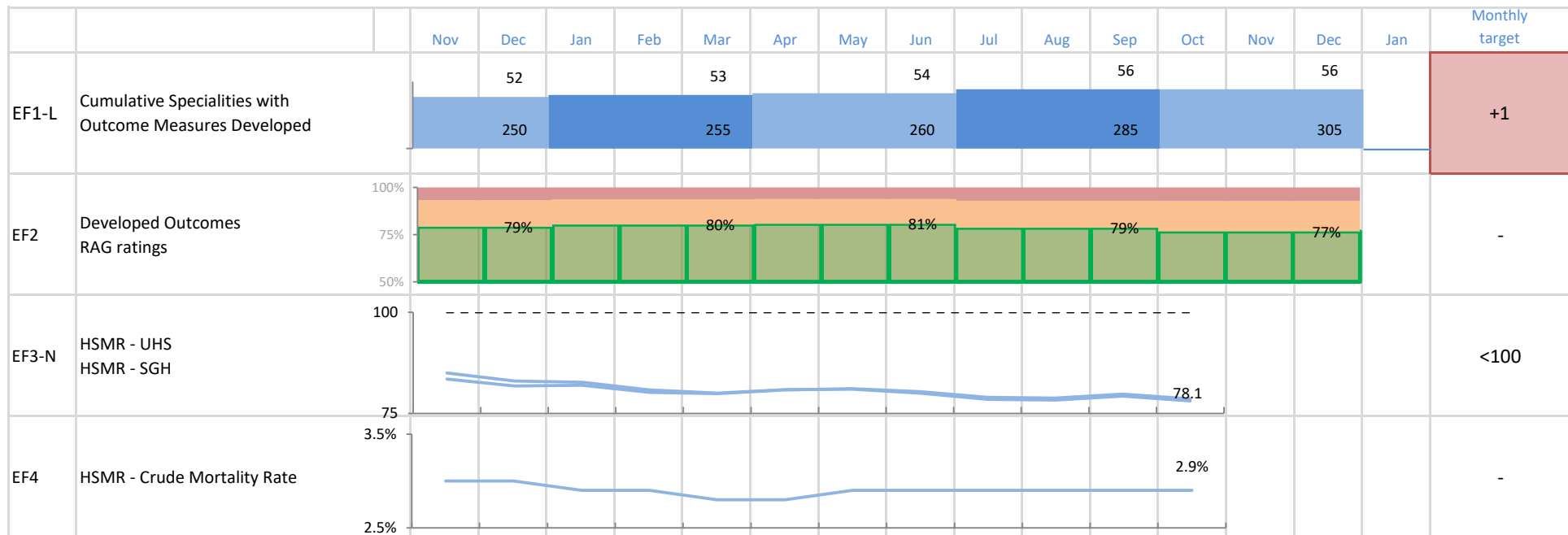
- Inpatient feedback (CA 1) continues to be good, and significantly better than ‘target’.
- Maternity patient feedback (CA 2) improved, and achieved the ‘target’, in the month of January. This followed six months of less positive feedback, and performance will continue to receive close monitoring.
- Maternity continuity of care (CA 3) continues to show only modest improvement (2% over 12 months) despite significant changes to the service which started in July 2020. The current IPR measure reports on the women who have their babies in each month and improvement in the reported results therefore lags behind the changes made in the antenatal service provision. Our intention is to amend our reported quality indicators to align with revised national guidance in the next monthly report.
- The percentage of all women booked at UHS with a continuity of care team has increased from 33% in July to 47% in December, and the percentages for BAME women have increased from 52% to 85%. A further expansion in the continuity of care team capacity is planned for April 2021.
- The proportion of complaints resolved within 35 days 83% (CA 3) continues to achieve the trust target of 70%, reflecting steady improvement since the national pause in complaints processes during the first wave of COVID-19.
- The percentage of patients reporting being involved in decisions about care and treatment remains at 87%, slightly below the target of 90%. This feedback will be investigated further, and the potential for actions for improvement considered.

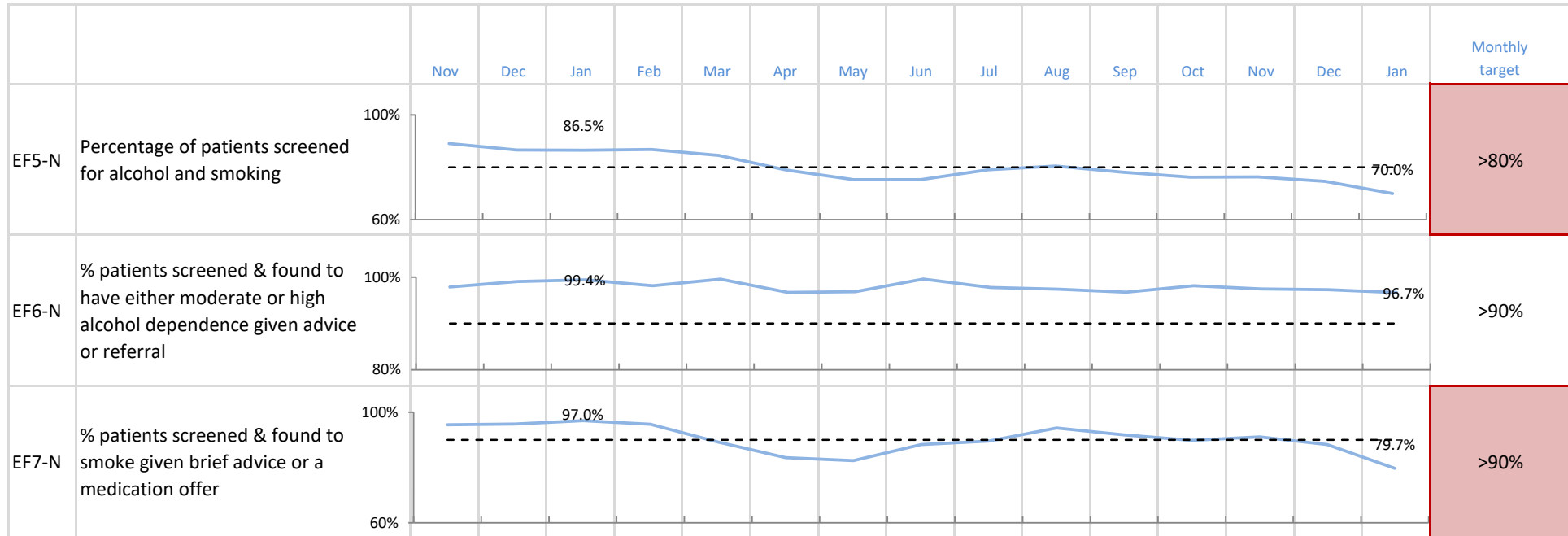




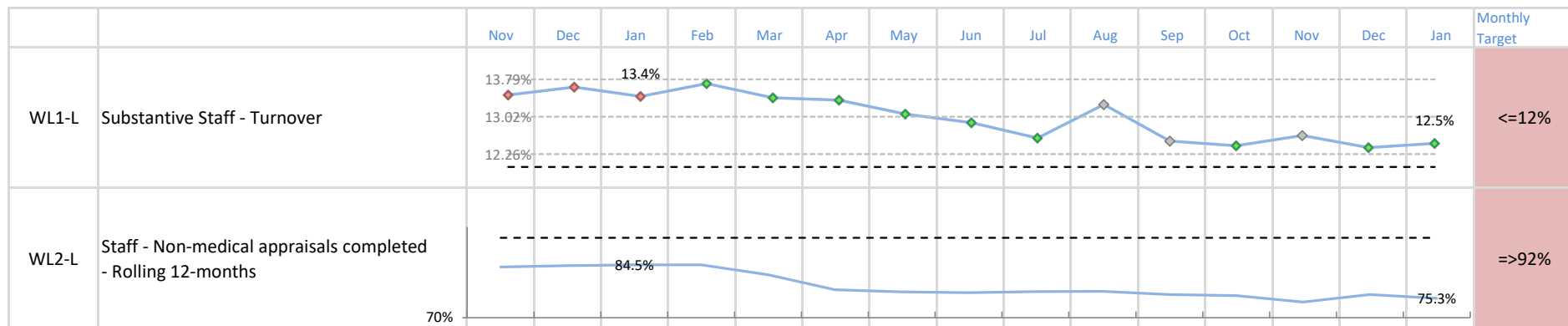
■ Current Data ■ Benchmark
■ Previous Year ■ Target

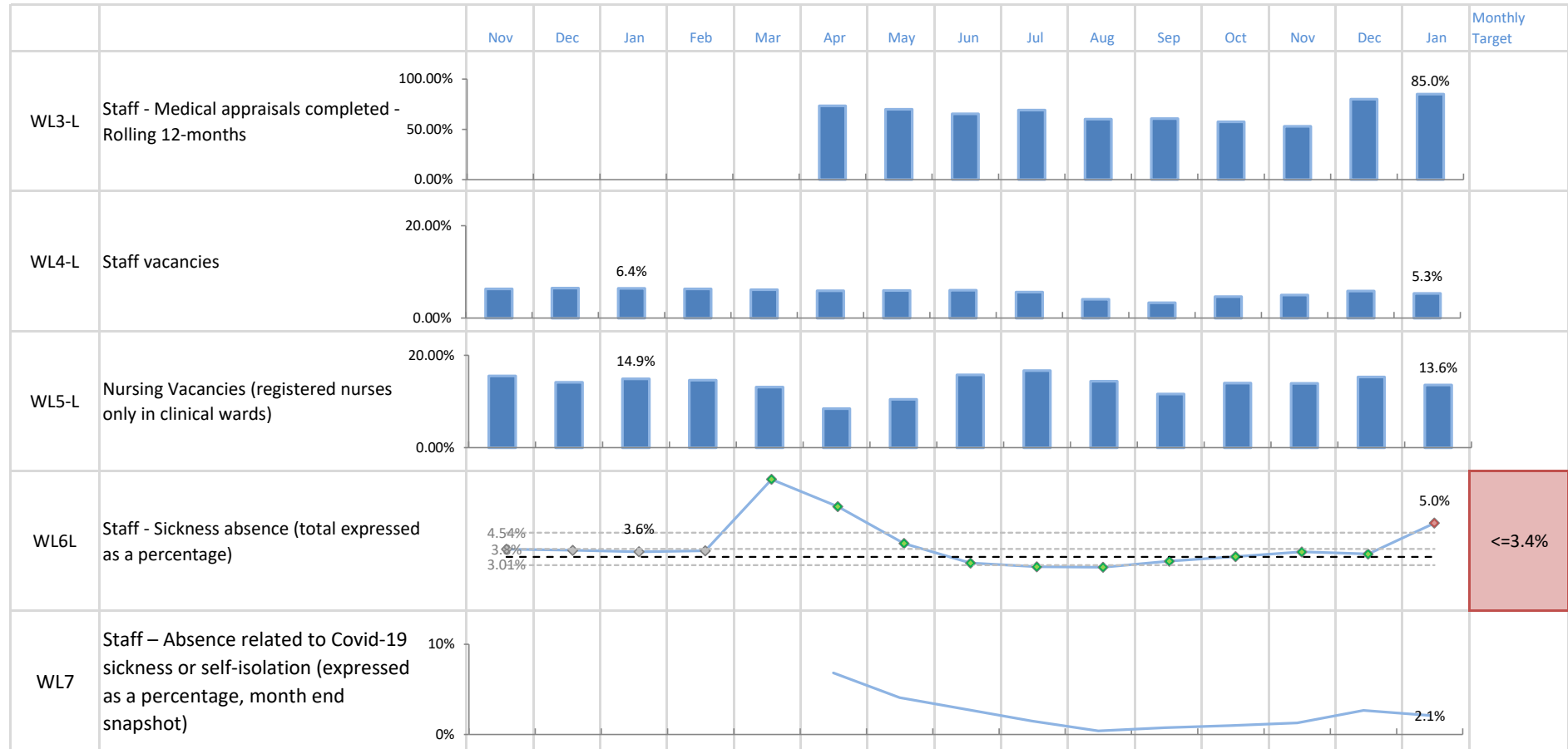
- There is no additional data available this month relating to EF 1-4
- The % of eligible patients screened for smoking and harmful alcohol consumption declined during the first wave of COVID-19 and did not fully recover prior to a more recent decline to 70% in January (compared to a target of 80%). Performance will continue to be monitored, and we will seek an improvement once the impact of current COVID-19 pressures reduce.
- The % of patients, found to smoke, given brief advice or a medication offer declined to 80% in January (compared to a target of 90%). Performance will continue to be monitored to confirm whether it recovers once the impact of the current COVID-19 pressures reduce.

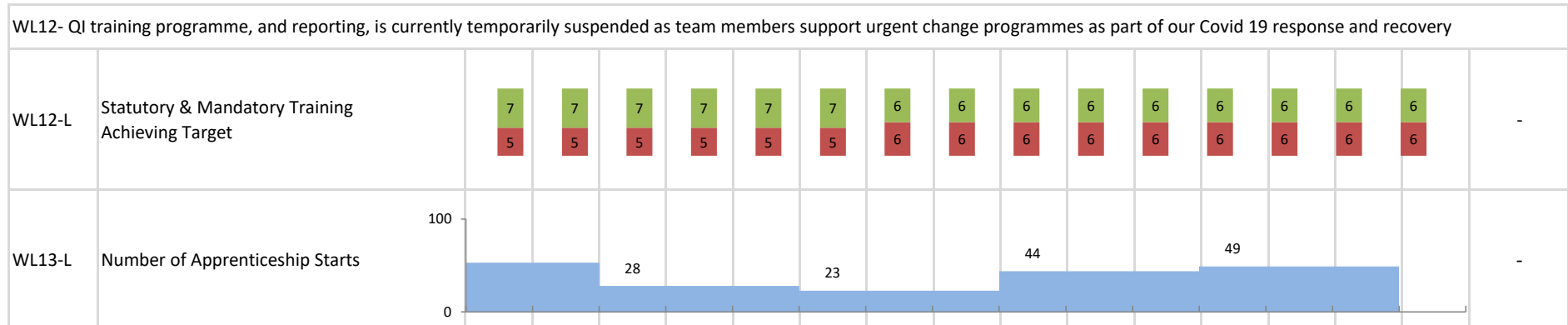
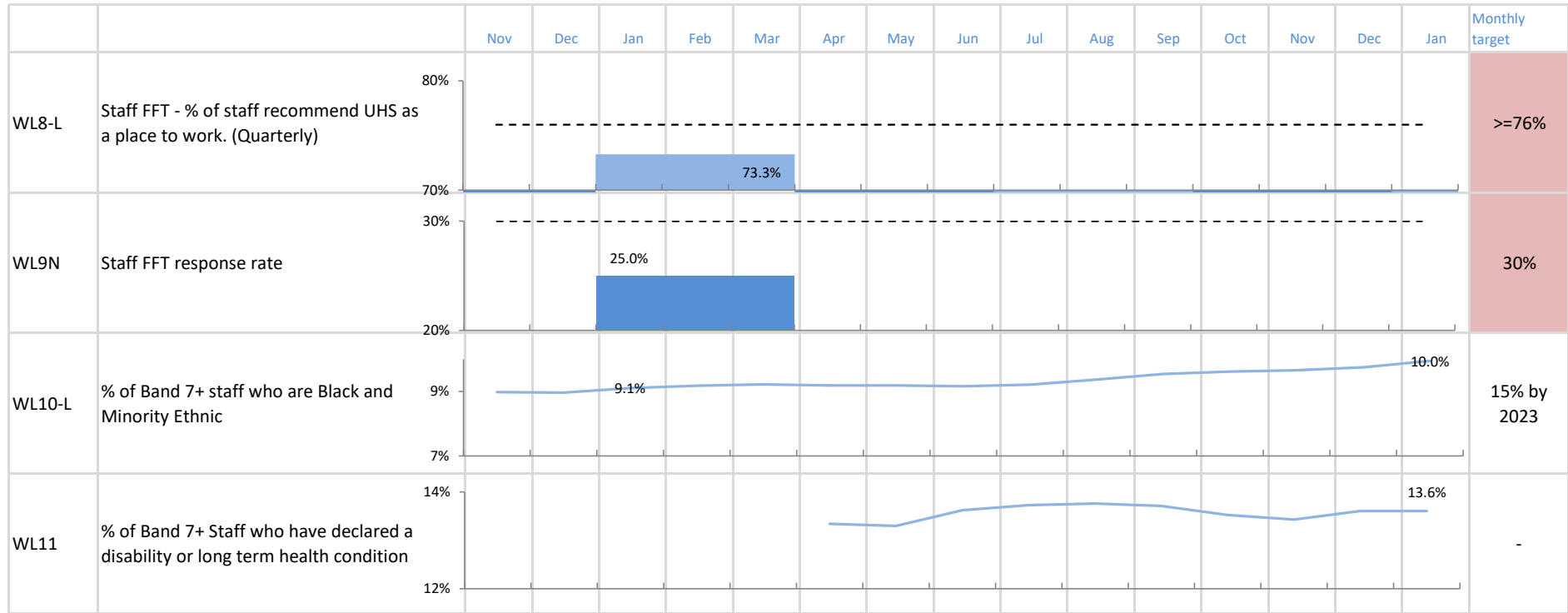




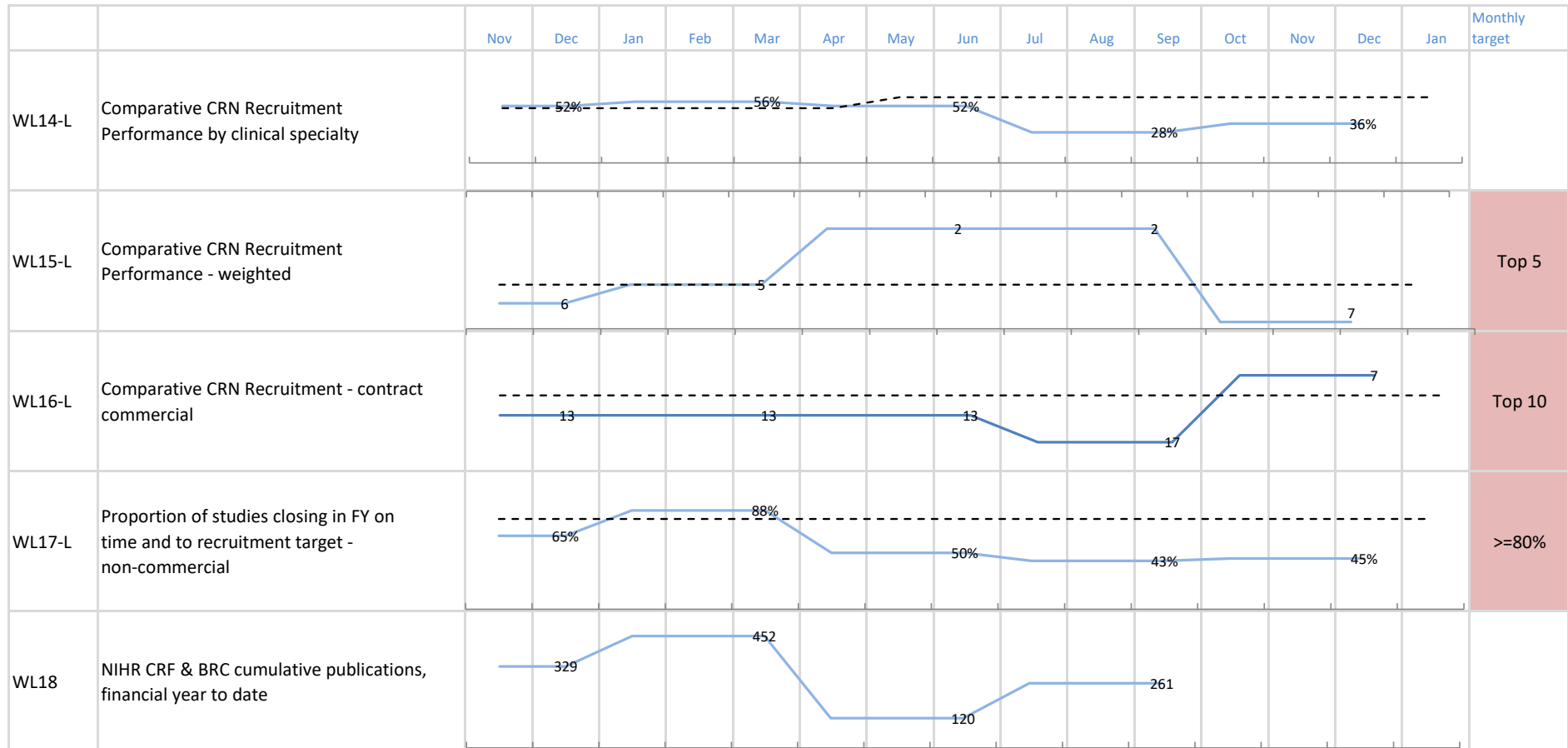
- Medical appraisal rates (WL 3) improved by a further 5%, to 85%, in January.
- Non-medical rates (WL 2) declined by 1% to 75% in January, remaining significantly below the target of 92%.
- Current COVID-19 pressures do represent a challenge to our improvement expectations in both staff groups, and progress will be closely monitored.
- Overall sickness absence (WL 6) increased steeply to 5% during the month of January, due to increased COVID-19 amongst our community. 38% of the sick absence reported during the month was due to COVID-19, and only 4% related to side-effects of the COVID-19 vaccination (average absence duration less than 2 days).
- The measure of staff absence related to COVID-19 only (WL 7) currently reports a 'snapshot' position at month end, this will be revised for consistency with WL 6 in future reports. This absence rate peaked at 4.3% on 20th January before declining to 2.1% by the end of the month.
- The percentage of staff at Band 7 and above who are BAME (WL 10) has continued to increase steadily and has now reached 10%.







- Performance is updated quarterly, there is no additional information this month



| Section | KPI | KPI Name | Type | Detail |
|---------|-----|--|--------|---|
| Safe | SA5 | Healthcare-acquired COVID infection: COVID-positive sample taken >14days after admission | change | Moved to data source validated by infection control team, numbers have lowered due to removal of validated records. Between March and December = Removed 13 records |
| Safe | SA6 | Probable hospital-associated COVID infection: COVID-positive sample taken >7 days and <=14 days after admission | change | Moved to data source validated by infection control team, numbers have lowered due to removal of validated records. Between March and December = Removed 5 records |

Nursing and midwifery staffing hours - January 2021

Report notes

Our staffing levels are continuously monitored and we will risk assess and manage our available staff 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. This is particularly relevant as we worked to appropriately manage the COVID-19 surge in line with national guidance

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. In acute assessment units, where patients are admitted, assessed and moved to wards or theatre very swiftly, the CHPPD figures are not appropriate to compare.

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 December 2020 and January 2021 a growing number of our clinical areas started to again move and change specialty and size to respond to the changing COVID-19 situation (e.g. G5-G9, Critical Care and RHU). These changes have often been swift in nature and the data in some cases therefore may not be fully reflective of all of these changes.

| Wards Full Name | | 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 |
|--------------------------------------|-------|---------------------------------------|--------------------------------------|--|---------------------------------------|----------------------------|-----------------------------|----------------------------------|------------------|---------------|--|
| CAN C4 Solent Ward Clinical Oncology | Day | 1357.7 | 1531.1 | 1028.4 | 1310.2 | 112.8% | 127.4% | 4.5 | 4.4 | 9.0 | Safe staffing levels maintained. |
| CAN C4 Solent Ward Clinical Oncology | Night | 1058.0 | 991.0 | 712.8 | 1143.3 | 93.7% | 160.4% | | | | Safe staffing levels maintained. |
| CAN C6 Leukaemia/BMT Unit | Day | 2867.6 | 2668.6 | 84.3 | 266.8 | 93.1% | 316.6% | 7.7 | 1.1 | 8.8 | Safe staffing levels maintained; Additional staff used for enhanced care - Support workers. |
| CAN C6 Leukaemia/BMT Unit | Night | 2039.9 | 1811.4 | 0.0 | 376.0 | 88.8% | Shift N/A | | | | Safe staffing levels maintained. |
| CAN C6 TYA Unit | Day | 773.7 | 775.7 | 348.8 | 167.2 | 100.2% | 47.9% | 9.1 | 2.1 | 11.2 | Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource. |
| CAN C6 TYA Unit | Night | 672.8 | 711.3 | 0.0 | 172.1 | 105.7% | Shift N/A | | | | Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource. |
| CAN C2 Haematology | Day | 1760.3 | 2035.8 | 1036.2 | 830.8 | 115.7% | 80.2% | 5.6 | 2.6 | 8.2 | Safe staffing levels maintained. |
| CAN C2 Haematology | Night | 1391.3 | 1251.5 | 872.8 | 680.0 | 90.0% | 77.9% | | | | Safe staffing levels maintained. |
| CAN D3 Ward | Day | 1729.7 | 1486.7 | 791.9 | 786.1 | 86.0% | 99.3% | 5.4 | 3.4 | 8.8 | Safe staffing levels maintained. |
| CAN D3 Ward | Night | 1046.0 | 948.8 | 682.5 | 738.8 | 90.7% | 108.3% | | | | Safe staffing levels maintained. |
| Critical Care | Day | 22145.4 | 31759.3 | 5631.1 | 5038.8 | 143.4% | 89.5% | 26.6 | 4.0 | 30.6 | Staffing appropriate for number of patients; Bed/Staffing numbers managed in line with covid surge; National staffing guidance followed. |
| Critical Care | Night | 21778.9 | 29073.4 | 4941.8 | 4008.1 | 133.5% | 81.1% | | | | Staffing appropriate for number of patients; Bed/Staffing numbers managed in line with covid surge; National staffing guidance followed. |
| SUR E5 Lower GI | Day | 1448.4 | 909.5 | 782.3 | 600.8 | 62.8% | 76.8% | 9.4 | 6.7 | 16.2 | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| SUR E5 Lower GI | Night | 713.0 | 542.8 | 356.5 | 437.0 | 76.1% | 122.6% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| SUR E5 Upper GI | Day | 1465.0 | 818.3 | 767.1 | 1191.5 | 55.9% | 155.3% | 8.2 | 9.9 | 18.1 | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| SUR E5 Upper GI | Night | 691.5 | 470.5 | 356.5 | 368.3 | 68.0% | 103.3% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| SUR F4 Surgical Ward | Day | 1418.2 | 903.7 | 590.6 | 892.9 | 63.7% | 151.2% | 7.4 | 6.4 | 13.9 | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| SUR F4 Surgical Ward | Night | 621.0 | 587.5 | 368.0 | 402.5 | 94.6% | 109.4% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| SUR F11 IF | Day | 1949.3 | 1621.9 | 788.1 | 727.9 | 83.2% | 92.4% | 4.8 | 3.0 | 7.8 | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| SUR F11 IF | Night | 713.0 | 713.0 | 713.0 | 701.5 | 100.0% | 98.4% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients. |

| | | | | | | | | | | | |
|----------------------------------|-------|--------|--------|--------|--------|--------|--------|------|------|------|--|
| SUR F4 Acute Surgical Unit | Day | 1501.5 | 940.0 | 826.0 | 805.2 | 62.6% | 97.5% | 22.0 | 15.8 | 37.9 | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| SUR F4 Acute Surgical Unit | Night | 713.0 | 690.0 | 713.0 | 367.0 | 96.8% | 51.5% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| SUR F3 Acute Surgical Admissions | Day | 2252.3 | 1492.8 | 613.8 | 1291.9 | 66.3% | 210.5% | 6.6 | 5.4 | 12.0 | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| SUR F3 Acute Surgical Admissions | Night | 1070.5 | 1017.0 | 701.0 | 743.3 | 95.0% | 106.0% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| SUR F10 Head and Neck ward | Day | 1962.4 | 1552.0 | 1360.5 | 991.9 | 79.1% | 72.9% | 5.3 | 3.4 | 8.7 | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| SUR F10 Head and Neck ward | Night | 1069.5 | 944.0 | 713.0 | 578.5 | 88.3% | 81.1% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| SUR F10 Surgical Ward | Day | 1135.7 | 746.2 | 490.3 | 378.5 | 65.7% | 77.2% | 4.8 | 2.6 | 7.4 | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| SUR F10 Surgical Ward | Night | 678.5 | 646.0 | 345.0 | 368.0 | 95.2% | 106.7% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| ECM Acute Medical Unit | Day | 3495.4 | 4089.2 | 3362.3 | 3091.5 | 117.0% | 91.9% | 8.4 | 6.3 | 14.7 | Safe staffing levels maintained; Staffing appropriate for number of patients; Staffing supporting additional services. |
| ECM Acute Medical Unit | Night | 3565.5 | 4135.5 | 2485.0 | 3081.0 | 116.0% | 124.0% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients; Staffing supporting additional services. |
| MED D5 Ward | Day | 1284.5 | 1315.4 | 1665.5 | 1468.0 | 102.4% | 88.1% | 2.9 | 3.0 | 5.9 | Safe staffing levels maintained. |
| MED D5 Ward | Night | 1069.5 | 1002.3 | 946.0 | 986.5 | 93.7% | 104.3% | | | | Safe staffing levels maintained. |
| MED D6 Ward | Day | 1074.0 | 951.5 | 1239.0 | 1140.3 | 88.6% | 92.0% | 2.9 | 3.2 | 6.1 | Safe staffing levels maintained. |
| MED D6 Ward | Night | 701.5 | 689.8 | 1023.3 | 697.8 | 98.3% | 68.2% | | | | Safe staffing levels maintained. |
| MED D7 Ward | Day | 731.4 | 723.8 | 1107.0 | 998.8 | 99.0% | 90.2% | 3.5 | 3.7 | 7.2 | Safe staffing levels maintained. |
| MED D7 Ward | Night | 713.8 | 702.3 | 356.0 | 494.5 | 98.4% | 138.9% | | | | Safe staffing levels maintained. |
| MED D8 Ward | Day | 1080.0 | 1283.0 | 1511.5 | 1198.2 | 118.8% | 79.3% | 3.3 | 3.3 | 6.6 | Safe staffing levels maintained. |
| MED D8 Ward | Night | 714.3 | 685.7 | 949.0 | 816.8 | 96.0% | 86.1% | | | | Safe staffing levels maintained. |
| MED D9 Ward | Day | 1237.0 | 1382.1 | 1710.3 | 1407.1 | 111.7% | 82.3% | 3.2 | 3.1 | 6.2 | Safe staffing levels maintained. |
| MED D9 Ward | Night | 1000.5 | 1058.0 | 945.5 | 967.5 | 105.7% | 102.3% | | | | Safe staffing levels maintained. |
| MED E8 Ward | Day | 1083.0 | 856.3 | 1327.2 | 879.7 | 79.1% | 66.3% | 3.8 | 3.5 | 7.3 | Safe staffing levels maintained. |
| MED E8 Ward | Night | 713.0 | 656.5 | 838.3 | 509.3 | 92.1% | 60.8% | | | | Safe staffing levels maintained. |
| MED E7 Ward | Day | 1082.8 | 1082.2 | 1781.2 | 1780.6 | 99.9% | 100.0% | 3.8 | 4.8 | 8.6 | Safe staffing levels maintained. |
| MED E7 Ward | Night | 1066.5 | 974.8 | 932.5 | 828.8 | 91.4% | 88.9% | | | | Safe staffing levels maintained. |
| MED Respiratory HDU | Day | 2341.5 | 1774.2 | 508.0 | 594.5 | 75.8% | 117.0% | 25.5 | 8.3 | 33.8 | Staffing appropriate for number of patients; Bed/Staffing numbers managed in line with covid surge; National staffing guidance followed. |
| MED Respiratory HDU | Night | 2142.0 | 1744.7 | 356.5 | 553.5 | 81.5% | 155.3% | | | | Staffing appropriate for number of patients; Bed/Staffing numbers managed in line with covid surge; National staffing guidance followed. |
| MED C5 Isolation Ward | Day | 1331.0 | 1702.9 | 1603.5 | 894.7 | 127.9% | 55.8% | 8.3 | 4.7 | 13.0 | Staffing appropriate for number of patients; Bed/Staffing numbers managed in line with covid surge; National staffing guidance followed. |
| MED C5 Isolation Ward | Night | 1202.0 | 1145.3 | 678.5 | 723.5 | 95.3% | 106.6% | | | | Staffing appropriate for number of patients; Bed/Staffing numbers managed in line with covid surge; National staffing guidance followed. |
| MED D10 Isolation Unit | Day | 1134.5 | 935.5 | 1277.3 | 1117.1 | 82.5% | 87.5% | 3.2 | 3.9 | 7.1 | Safe staffing levels maintained. |
| MED D10 Isolation Unit | Night | 713.0 | 655.5 | 714.0 | 805.5 | 91.9% | 112.8% | | | | Safe staffing levels maintained. |
| Med Bassett ward | Day | 516.7 | 372.5 | 679.0 | 579.5 | 72.1% | 85.3% | 4.5 | 5.7 | 10.3 | Safe staffing levels maintained. |
| Med Bassett ward | Night | 322.0 | 300.8 | 322.0 | 276.0 | 93.4% | 85.7% | | | | Safe staffing levels maintained. |
| MED G5 Ward | Day | 1046.0 | 1193.5 | 1872.3 | 1636.0 | 114.1% | 87.4% | 3.0 | 3.2 | 6.2 | Safe staffing levels maintained. |
| MED G5 Ward | Night | 1072.5 | 1026.5 | 724.5 | 724.5 | 95.7% | 100.0% | | | | Safe staffing levels maintained. |

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|-------------------------------|-------|--------|--------|--------|--------|--------|-----------|------|-----|------|---|
| MED G6 Ward | Day | 1064.7 | 1118.0 | 1841.8 | 1581.5 | 105.0% | 85.9% | 2.6 | 3.5 | 6.1 | Safe staffing levels maintained. |
| MED G6 Ward | Night | 1045.5 | 774.0 | 839.0 | 942.5 | 74.0% | 112.3% | | | | Safe staffing levels maintained. |
| MED G7 Ward | Day | 734.4 | 802.5 | 1189.3 | 1056.0 | 109.3% | 88.8% | 3.9 | 4.7 | 8.6 | Safe staffing levels maintained. |
| MED G7 Ward | Night | 713.0 | 698.5 | 805.0 | 782.0 | 98.0% | 97.1% | | | | Safe staffing levels maintained. |
| MED G8 Ward | Day | 1103.6 | 1076.7 | 1842.2 | 1808.2 | 97.6% | 98.2% | 2.4 | 3.5 | 5.8 | Safe staffing levels maintained. |
| MED G8 Ward | Night | 1046.5 | 792.3 | 1023.5 | 897.0 | 75.7% | 87.6% | | | | Safe staffing levels maintained. |
| MED G9 Ward | Day | 1152.3 | 1015.1 | 1501.0 | 1357.5 | 88.1% | 90.4% | 2.5 | 3.2 | 5.7 | Safe staffing levels maintained. |
| MED G9 Ward | Night | 713.0 | 718.0 | 945.0 | 824.5 | 100.7% | 87.2% | | | | Safe staffing levels maintained. |
| CHI High Dependency Unit | Day | 1615.5 | 1125.5 | 0.0 | 0.0 | 69.7% | Shift N/A | 13.9 | 0.0 | 13.9 | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| CHI High Dependency Unit | Night | 1069.5 | 1096.5 | 0.0 | 0.0 | 102.5% | Shift N/A | | | | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| CHI Paed Medical Unit | Day | 1888.7 | 2211.2 | 311.0 | 751.5 | 117.1% | 241.6% | 20.0 | 7.0 | 27.0 | Safe staffing levels maintained; Staffing appropriate for number of patients; Additional staff used for enhanced care - RNs |
| CHI Paed Medical Unit | Night | 1706.5 | 2072.0 | 682.0 | 748.0 | 121.4% | 109.7% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients; Additional staff used for enhanced care - RNs |
| CHI Paediatric Intensive Care | Day | 6202.2 | 4860.6 | 672.8 | 389.0 | 78.4% | 57.8% | 36.6 | 3.0 | 39.6 | Safe staffing levels maintained; Staffing appropriate for number of patients; Bed/Staffing numbers managed in line with covid surge; National staffing guidance followed. Supporting some adult patients in the month |
| CHI Paediatric Intensive Care | Night | 5703.5 | 4684.7 | 595.5 | 400.0 | 82.1% | 67.2% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients; Bed/Staffing numbers managed in line with covid surge; National staffing guidance followed. Supporting some adult patients in the month |
| CHI Piam Brown Unit | Day | 3704.5 | 2582.0 | 105.0 | 0.0 | 69.7% | 0.0% | 12.7 | 0.0 | 12.7 | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CHI Piam Brown Unit | Night | 1414.5 | 1036.1 | 0.0 | 0.0 | 73.2% | Shift N/A | | | | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CHI Ward E1 Paed Cardiac | Day | 1846.9 | 1576.3 | 897.0 | 501.2 | 85.4% | 55.9% | 9.1 | 2.5 | 11.6 | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CHI Ward E1 Paed Cardiac | Night | 1230.5 | 1389.5 | 552.0 | 322.0 | 112.9% | 58.3% | | | | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CHI Ward G2 Neuro | Day | 724.0 | 743.9 | 0.0 | 0.0 | 102.7% | Shift N/A | 10.9 | 0.0 | 10.9 | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CHI Ward G2 Neuro | Night | 730.8 | 779.0 | 0.0 | 0.0 | 106.6% | Shift N/A | | | | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CHI Ward G3 | Day | 2331.8 | 1957.5 | 1738.5 | 532.5 | 83.9% | 30.6% | 13.6 | 4.3 | 17.9 | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CHI Ward G3 | Night | 1705.0 | 1402.5 | 1023.0 | 536.0 | 82.3% | 52.4% | | | | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CHI Ward G4 Surgery | Day | 2486.5 | 1859.2 | 1224.0 | 791.5 | 74.8% | 64.7% | 10.4 | 3.6 | 14.0 | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CHI Ward G4 Surgery | Night | 1694.0 | 1541.0 | 682.0 | 385.0 | 91.0% | 56.5% | | | | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| W&N Bramshaw Womens Unit | Day | 1196.5 | 740.0 | 697.0 | 436.5 | 61.8% | 62.6% | 8.8 | 4.0 | 12.8 | Safe staffing levels maintained. |
| W&N Bramshaw Womens Unit | Night | 713.0 | 713.0 | 356.5 | 218.5 | 100.0% | 61.3% | | | | Safe staffing levels maintained. |
| W&N Neonatal Unit | Day | 6803.4 | 5417.6 | 1681.5 | 1125.3 | 79.6% | 66.9% | 10.6 | 2.1 | 12.7 | Safe staffing levels maintained; Professional judgement used when staffing is compromised and ITU patients nursed 1:2. |
| W&N Neonatal Unit | Night | 5425.5 | 4518.0 | 1364.0 | 833.0 | 83.3% | 61.1% | | | | Safe staffing levels maintained; Professional judgement used when staffing is compromised and ITU patients nursed 1:2. |
| W&N PAH Maternity Service | Day | 8574.0 | 8189.0 | 3075.5 | 1932.5 | 95.5% | 62.8% | 5.5 | 1.5 | 7.0 | Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services. |
| W&N PAH Maternity Service | Night | 5439.0 | 4788.5 | 1958.0 | 1562.3 | 88.0% | 79.8% | | | | Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services. |

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|-------------------------------|-------|--------|--------|--------|--------|--------|--------|------|------|------|----------------------------------|
| CAR CHDU | Day | 3905.9 | 3861.0 | 2293.7 | 1254.2 | 98.8% | 54.7% | 15.5 | 4.5 | 20.0 | Safe staffing levels maintained. |
| CAR CHDU | Night | 3454.4 | 3444.8 | 1369.8 | 879.5 | 99.7% | 64.2% | | | | Safe staffing levels maintained. |
| CAR Coronary Care Unit | Day | 1853.5 | 2493.3 | 1059.3 | 926.7 | 134.5% | 87.5% | 11.1 | 4.5 | 15.5 | Safe staffing levels maintained. |
| CAR Coronary Care Unit | Night | 1673.3 | 2112.0 | 980.0 | 925.0 | 126.2% | 94.4% | | | | Safe staffing levels maintained. |
| CAR Ward D4 Vascular | Day | 1807.7 | 1234.8 | 1117.4 | 1049.9 | 68.3% | 94.0% | 3.8 | 3.9 | 7.7 | Safe staffing levels maintained. |
| CAR Ward D4 Vascular | Night | 787.0 | 706.0 | 1023.0 | 968.0 | 89.7% | 94.6% | | | | Safe staffing levels maintained. |
| CAR Ward E2 YACU | Day | 1608.4 | 1128.8 | 839.5 | 917.0 | 70.2% | 109.2% | 4.5 | 3.3 | 7.8 | Safe staffing levels maintained. |
| CAR Ward E2 YACU | Night | 682.0 | 684.8 | 341.0 | 407.0 | 100.4% | 119.4% | | | | Safe staffing levels maintained. |
| CAR Ward E3 Green | Day | 1589.2 | 1272.0 | 1521.7 | 1188.7 | 80.0% | 78.1% | 5.3 | 5.2 | 10.4 | Safe staffing levels maintained. |
| CAR Ward E3 Green | Night | 683.0 | 651.0 | 782.0 | 693.0 | 95.3% | 88.6% | | | | Safe staffing levels maintained. |
| CAR Ward E4 Thoracics | Day | 1621.1 | 1232.9 | 1216.1 | 999.2 | 76.1% | 82.2% | 4.6 | 3.8 | 8.4 | Safe staffing levels maintained. |
| CAR Ward E4 Thoracics | Night | 958.0 | 873.3 | 440.0 | 752.3 | 91.2% | 171.0% | | | | Safe staffing levels maintained. |
| CAR Ward D2 Cardiology | Day | 1362.7 | 826.8 | 770.5 | 948.5 | 60.7% | 123.1% | 3.8 | 4.8 | 8.6 | Safe staffing levels maintained. |
| CAR Ward D2 Cardiology | Night | 660.0 | 524.0 | 671.0 | 753.3 | 79.4% | 112.3% | | | | Safe staffing levels maintained. |
| NEU Acute Stroke Unit | Day | 1499.9 | 1625.4 | 2674.4 | 2143.7 | 108.4% | 80.2% | 3.4 | 4.7 | 8.1 | Safe staffing levels maintained. |
| NEU Acute Stroke Unit | Night | 1023.0 | 935.5 | 1705.5 | 1389.0 | 91.4% | 81.4% | | | | Safe staffing levels maintained. |
| NEU Regional Transfer Unit | Day | 946.9 | 892.5 | 348.9 | 326.5 | 94.3% | 93.6% | 7.8 | 4.5 | 12.3 | Safe staffing levels maintained. |
| NEU Regional Transfer Unit | Night | 682.0 | 552.0 | 682.0 | 511.0 | 80.9% | 74.9% | | | | Safe staffing levels maintained. |
| NEU ward E Neuro | Day | 1971.7 | 1593.9 | 1079.7 | 1526.3 | 80.8% | 141.4% | 3.3 | 3.7 | 7.0 | Safe staffing levels maintained. |
| NEU ward E Neuro | Night | 1364.0 | 980.0 | 1023.0 | 1397.0 | 71.8% | 136.6% | | | | Safe staffing levels maintained. |
| NEU HASU | Day | 1376.5 | 852.5 | 290.9 | 555.4 | 61.9% | 190.9% | 6.6 | 4.3 | 10.9 | Safe staffing levels maintained. |
| NEU HASU | Night | 1144.0 | 594.8 | 286.0 | 391.5 | 52.0% | 136.9% | | | | Safe staffing levels maintained. |
| NEU F7 Ward | Day | 1666.0 | 1227.3 | 1322.5 | 569.8 | 73.7% | 43.1% | 4.0 | 1.9 | 5.9 | Safe staffing levels maintained. |
| NEU F7 Ward | Night | 1037.0 | 826.8 | 1174.5 | 413.5 | 79.7% | 35.2% | | | | Safe staffing levels maintained. |
| NEU Ward D Neuro | Day | 1940.2 | 1731.9 | 1844.7 | 1664.0 | 89.3% | 90.2% | 4.1 | 4.2 | 8.3 | Safe staffing levels maintained. |
| NEU Ward D Neuro | Night | 1365.0 | 1280.5 | 1705.0 | 1455.5 | 93.8% | 85.4% | | | | Safe staffing levels maintained. |
| SPI F6B Ward | Day | 1620.4 | 1336.3 | 870.4 | 1128.9 | 82.5% | 129.7% | 8.9 | 8.2 | 17.2 | Safe staffing levels maintained. |
| SPI F6B Ward | Night | 1014.5 | 875.5 | 990.0 | 913.0 | 86.3% | 92.2% | | | | Safe staffing levels maintained. |
| T&O Ward Brooke | Day | 1085.4 | 951.2 | 806.0 | 802.7 | 87.6% | 99.6% | 3.4 | 3.2 | 6.6 | Safe staffing levels maintained. |
| T&O Ward Brooke | Night | 908.5 | 713.3 | 523.5 | 733.8 | 78.5% | 140.2% | | | | Safe staffing levels maintained. |
| T&O Trauma Admissions Unit | Day | 928.0 | 668.7 | 743.5 | 696.2 | 72.1% | 93.6% | 20.3 | 21.9 | 42.2 | Safe staffing levels maintained. |
| T&O Trauma Admissions Unit | Night | 682.5 | 429.5 | 682.3 | 484.3 | 62.9% | 71.0% | | | | Safe staffing levels maintained. |
| T&O Ward F1 Major Trauma Unit | Day | 2422.0 | 1893.5 | 1915.2 | 1791.3 | 78.2% | 93.5% | 3.9 | 3.9 | 7.9 | Safe staffing levels maintained. |
| T&O Ward F1 Major Trauma Unit | Night | 1783.8 | 1510.7 | 1763.0 | 1620.0 | 84.7% | 91.9% | | | | Safe staffing levels maintained. |
| T&O Ward F2 Trauma | Day | 1658.6 | 1325.7 | 1932.5 | 2187.7 | 79.9% | 113.2% | 2.8 | 4.9 | 7.7 | Safe staffing levels maintained. |
| T&O Ward F2 Trauma | Night | 1023.0 | 774.8 | 1353.0 | 1483.0 | 75.7% | 109.6% | | | | Safe staffing levels maintained. |
| T&O Ward F5 Elective | Day | 1565.5 | 1216.1 | 1186.2 | 1074.8 | 77.7% | 90.6% | 3.0 | 2.8 | 5.8 | Safe staffing levels maintained. |
| T&O Ward F5 Elective | Night | 1012.0 | 574.0 | 682.0 | 628.4 | 56.7% | 92.1% | | | | Safe staffing levels maintained. |