

| Report to the Trust Board of Directors | | | | |
|--|---|-----------------|---------------------|-----------------------------|
| Title: | Finance Report 2021-22 Month 2 | | | |
| Agenda item: | 10.5 | | | |
| Sponsor: | Ian Howard – Interim Chief Financial Officer | | | |
| Author: | Ian Howard – Interim Chief Financial Officer | | | |
| Date: | 29 June 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>Overall the Trust has started the 2021/22 financial year strongly, reporting an on-plan position of break-even year to date.</p> <p>Plan / Accelerator Funding:</p> <ul style="list-style-type: none"> • Last month we reported that we had submitted a compliant break-even plan for half 1 of 2021/22, both as a Trust and as an ICS. • Since that planning submission we have had confirmation of funding for the Accelerator Scheme (£2m as part of a £10m ICS bid) and the Children’s Accelerator Scheme (£1m as part of a collaboration of Children’s Hospital trusts). • We are continuing to submit updated planning submissions to NHSI to incorporate additional income and costs associated with accelerator schemes. This does not change the overall position of the Trust or ICS. • Activity and workforce plans remain unchanged, meaning plans may lack triangulation and consistency. • Some concern remains regarding Hospital Discharge Programme funding nationally, which we are working through as an ICS. • Internal budget setting processes are continuing to ensure we can set an internal budget for the full 2021/22 period. This will need to be put alongside revised planning guidance and income figures for half 2 once they are available. • The focus remains on short-term planning, with significant uncertainty regarding the funding regime for half 2 and beyond. • NHSI continue to push for confirmation of activity levels from accelerator funding, targeting 120% but with acceptance at 110%. <p>M2 Position / Elective Recovery Framework (ERF):</p> <ul style="list-style-type: none"> • Reported an on-plan position of break-even. • Elective Recovery Framework achievement of £5m is estimated, based on hitting 103% of pre-Covid levels of activity for Elective and Outpatients. This compares to a baseline expectation of 75%. There is some uncertainty around this calculation due to different data sets and overall ICS position. | | | |

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| | <ul style="list-style-type: none"> We have been asked to forecast ERF income for half 1. We have estimated achievement of £30m based on current run-rate, plus schemes which come on-line in year e.g. opening 2 theatres in June. A further £2m is forecast as a result of Accelerator Programme activities. This would achieve the 110% required by the Accelerator programmes. Additional Covid-19 patients and the growing ED and Non-Elective demand places a risk on this forecast if the elective programme starts to be impacted. <p>Capital:</p> <ul style="list-style-type: none"> Whilst spend is slightly below plan at month 2, these are known areas and spend is expected to increase in-line with plan. A forecast review is underway and a verbal update will be provided to Committee. <p>Value for Money (VFM) / CIP Update:</p> <ul style="list-style-type: none"> Progress is continuing on development of VFM schemes as part of the budget setting process, with commitments being requested on delivery in 21/22 and on a recurrent basis. An update will be provided to Committee in July, aligned to the finalisation of the budget setting process. Progress is positive, with enthusiasm and innovation from Care Groups. However, further work is underway to quantify these schemes. Focus in the short-term remains on maximising activity and income via the Elective Recovery Framework, which delivers maximum patient and financial benefit to the Trust. <p>ICS finance position:</p> <ul style="list-style-type: none"> All organisations are currently reporting a break-even position. A verbal update will be provided to the Committee on the underlying position within the ICS. An ICS finance report will be made available to the Committee, but is not ready for UHS paper deadlines. ICS ERF achievement has been included in the finance report, with all organisations reporting positive numbers to date. Work is on-going to refine reporting and ensure approaches are consistent across the ICS. |
| <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. Cash risk linked to volatility above |
| <p>Summary: Conclusion and/or recommendation</p> | <p>Trust Board is asked to note this report.</p> |

2021/22 Finance Report - Month 2

| | |
|-----------------------------|---|
| Report to: | Board of Directors and Finance & Investment Committee May 2021 |
| Title: | Finance Report for Period ending 31/05/2021 |
| Author: | Philip Bunting, Acting 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 May 2021, the Trust reported a surplus of £0.1m, which was favourable to the trusts breakeven plan by £0.1m.
2. Elective Recovery Framework (ERF) income is estimated at £5m for May; however this has not yet been confirmed and is dependent on wider system achievement and NHSI validation.
3. In month, £3.3m (£2.2m pay and £1.1m non pay) was incurred on additional expenditure relating to Covid-19. This was higher than April due to £0.8m of Covid vaccination costs and £0.52m of Covid testing costs which are directly reclaimable. Within the trusts block funding is a non-recurrent fixed element for Covid costs which will continue throughout H1.
4. The main underlying themes seen in M2 were :
 - May has seen an increase in activity from April. Elective income increased, representing 104% of planned levels. Non elective activity also increased to 103% of planned levels.
 - A&E attendances have continued to increase and are now close to pre-Covid levels, with record attendances on certain days before the end of May and going into June.
 - Outpatient income remains strong at 111% of planned levels.
 - Drugs expenditure was high in month with £1.0m over performance reported on pass through items, although this was lower over performance than in M1. This is mirrored by additional income.
 - Trust underlying performance remains at close to breakeven levels after adjusting for one off items.



Finance: I&E Summary

The financial position for M1 was a surplus of £0.1m which was favourable to plan by £0.1m.

Both other income and clinical supplies expenditure were lower than plan due to reduced saliva-testing activity compared to plan.

Substantive pay costs were slightly down in plan as were agency costs. Bank pay costs were £0.8m above plan due to much higher vaccination hub staff costs in month which are reimbursable. Recovery plans are expected to drive up pay spend further however.

Clinical supplies spend is likely to increase in coming months in line with activity due to ERF and Accelerator programme funding.

Expenditure on pass through drugs and devices was £1.0m higher than plan although is offset by income.

| | | Current Month | | | Cumulative | | | H1 Plan | | |
|--------------------------------|--|---------------|--------------|----------------|--------------|--------------|----------------|--------------|----------------|----------------|
| | | Plan £m | Actual £m | Variance £m | Plan £m | Actual £m | Variance £m | Plan £m | Forecast £m | Variance £m |
| NHS Income: | Clinical | 67.7 | 66.2 | 1.6 | 135.5 | 132.3 | 3.1 | 406.4 | 406.4 | 0.0 |
| | Pass-through Drugs & Devices | 8.5 | 9.5 | (1.0) | 17.0 | 20.2 | (3.3) | 50.9 | 50.9 | 0.0 |
| Other income | Other Income excl. PSF | 15.5 | 11.5 | 3.9 | 30.9 | 25.3 | 5.6 | 92.7 | 92.7 | 0.0 |
| | Top Up Income | 0.8 | 1.2 | (0.5) | 1.6 | 2.0 | (0.4) | 4.7 | 4.7 | 0.0 |
| Total income | | 92.5 | 88.4 | 4.1 | 184.9 | 179.9 | 5.0 | 554.7 | 554.7 | 0.0 |
| Costs | Pay-Substantive | 45.4 | 45.2 | (0.2) | 90.8 | 90.6 | (0.3) | 272.5 | 272.5 | 0.0 |
| | Pay-Bank | 3.0 | 3.7 | 0.8 | 5.9 | 6.7 | 0.8 | 17.7 | 17.7 | 0.0 |
| | Pay-Agency | 1.2 | 1.0 | (0.3) | 2.5 | 1.7 | (0.8) | 7.5 | 7.5 | 0.0 |
| | Drugs | 4.3 | 4.5 | 0.1 | 8.7 | 9.3 | 0.6 | 26.0 | 26.0 | 0.0 |
| | Pass-through Drugs & Devices | 8.5 | 9.5 | 1.0 | 17.0 | 20.2 | 3.3 | 50.9 | 50.9 | 0.0 |
| | Clinical supplies | 11.9 | 8.4 | (3.4) | 23.7 | 16.8 | (6.9) | 71.1 | 71.1 | 0.0 |
| | Other non pay | 14.8 | 13.3 | (1.6) | 29.7 | 28.6 | (1.1) | 89.0 | 89.0 | 0.0 |
| Total expenditure | | 89.1 | 85.5 | (3.7) | 178.3 | 173.9 | (4.4) | 534.8 | 534.8 | 0.0 |
| EBITDA | | 3.3 | 2.9 | 0.4 | 6.6 | 6.0 | 0.6 | 19.9 | 19.9 | 0.0 |
| EBITDA % | | 3.6% | 3.3% | 0.3% | 3.6% | 3.4% | 0.2% | 3.6% | 3.6% | 0.0% |
| | Depreciation / Non Operating Expenditure | 3.2 | 3.0 | (0.2) | 6.4 | 6.2 | (0.2) | 19.1 | 19.1 | 0.0 |
| Surplus / (Deficit) | | 0.1 | (0.1) | 0.2 | 0.3 | (0.1) | 0.4 | 0.9 | 0.9 | 0.0 |
| Less | Donated income | 0.3 | - | 0.3 | 0.5 | - | 0.5 | 1.6 | 1.6 | 0.0 |
| Add Back | Donated depreciation | 0.1 | 0.1 | 0.0 | 0.3 | 0.3 | 0.0 | 0.8 | 0.8 | 0.0 |
| Net Surplus / (Deficit) | | 0.0 | 0.1 | (0.1) | 0.0 | 0.1 | (0.1) | 0.0 | 0.0 | 0.0 |

Monthly Underlying Position

These graphs show the underlying position for the Trust, however are heavily linked to the numbers of Covid positive patients the Trust is managing.

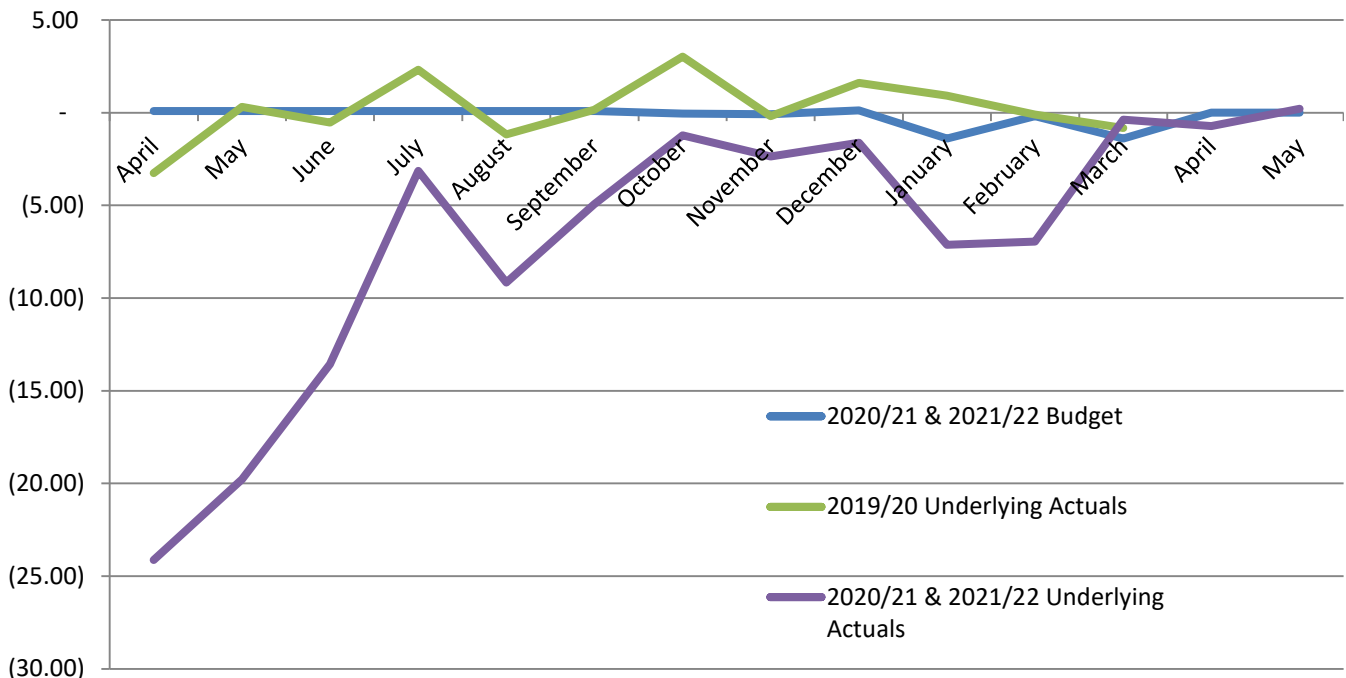
We are now operating at a position where we would be earning marginally more under PbR than the current block. However, we are also earning ERF, which would not be payable under PbR.

ERF has not been adjusted in the underlying position.

This illustrates an underlying position close to breakeven over the last three months.

However, with future funding arrangements unclear and in particular ERF and additional Covid-19 funding, we should exercise caution in the Trust's underlying position going forwards.

Monthly Underlying Position



Clinical Income

(Fav Variance) / Adv Variance

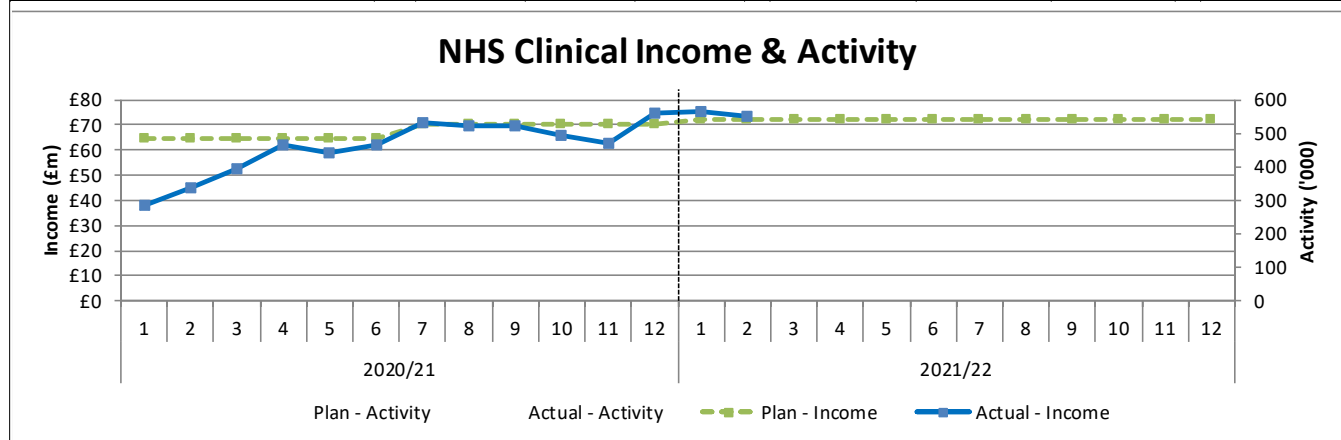
Clinical income for May was £0.6m adverse to plan and including Non NHS income was £0.8m adverse to plan. Most of the Trust's income remains fixed with confirmed block contract funding in place for at least the first half of the financial year.

May has seen an increase in activity from April. Plans for 21/22 have been phased to account for the variation in calendar and working days.

Elective income increased in month, representing 104% of planned levels. Non elective activity also increased to 103% of the planned level, and A&E attendances have continued to increase and are now nearly back to pre-Covid levels. Outpatient income remains strong at over 111% of planned levels.

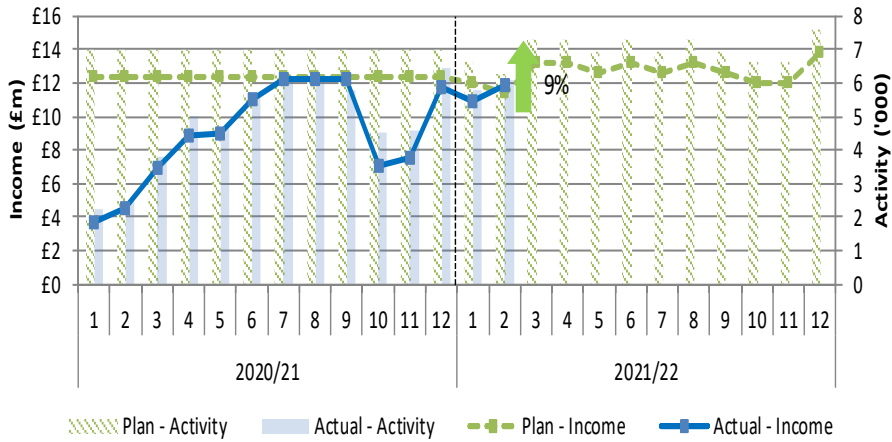
The graphs overleaf show trends over the last 14 months and the impact of Covid-19 as well as the recovery to pre Covid levels of activity in many areas.

| POD GROUP | 2021/22 | | | | | | 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 | £11,365 | £11,866 | (£502) | £23,328 | £22,731 | £596 | £22,973 |
| Non-Elective Inpatients | £19,475 | £20,032 | (£557) | £38,322 | £38,859 | (£537) | £36,259 |
| Outpatients | £6,666 | £7,425 | (£759) | £13,682 | £15,240 | (£1,558) | £13,884 |
| Other Activity | £11,486 | £11,186 | £300 | £22,806 | £23,080 | (£274) | £21,257 |
| Blocks & Financial Adjustments | £4,691 | £2,350 | £2,341 | £9,366 | £6,376 | £2,990 | £652 |
| Other Exclusions | £6,918 | £7,558 | (£640) | £14,030 | £15,940 | (£1,911) | £559 |
| Pass-through Exclusions | £8,485 | £9,469 | (£984) | £16,970 | £20,250 | (£3,280) | £18,238 |
| Subtotal NHS Clinical Income | £69,086 | £69,887 | (£801) | £138,503 | £142,477 | (£3,974) | £115,232 |
| Additional funding | £5,848 | £5,848 | £0 | £11,696 | £11,696 | £0 | |
| Covid block adjustments | £1,295 | (£111) | £1,406 | £2,242 | (£1,603) | £3,845 | |
| Total NHS Clinical Income | £76,228 | £75,624 | £605 | £152,441 | £152,570 | (£129) | £115,232 |
| Non NHS Clinical Income | | | | | | | |
| Private Patients | £545 | £444 | £101 | £1,090 | £1,432 | (£342) | |
| CRU | £208 | £118 | £91 | £417 | £242 | £174 | |
| Overseas Chargeable Patients | £66 | £38 | £28 | £132 | £60 | £72 | |
| Total Non NHS Clinical Income | £819 | £600 | £219 | £1,639 | £1,734 | (£95) | £0 |
| Grand Total | £77,048 | £76,224 | £824 | £154,079 | £154,304 | (£224) | £115,232 |

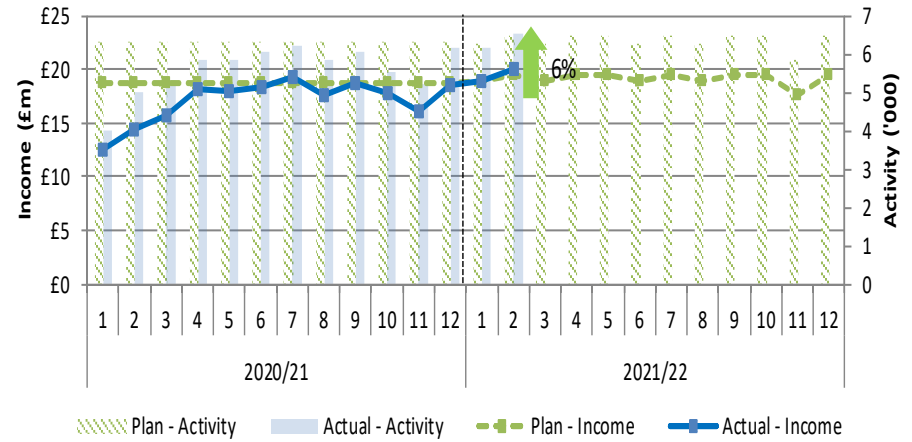


Clinical Income

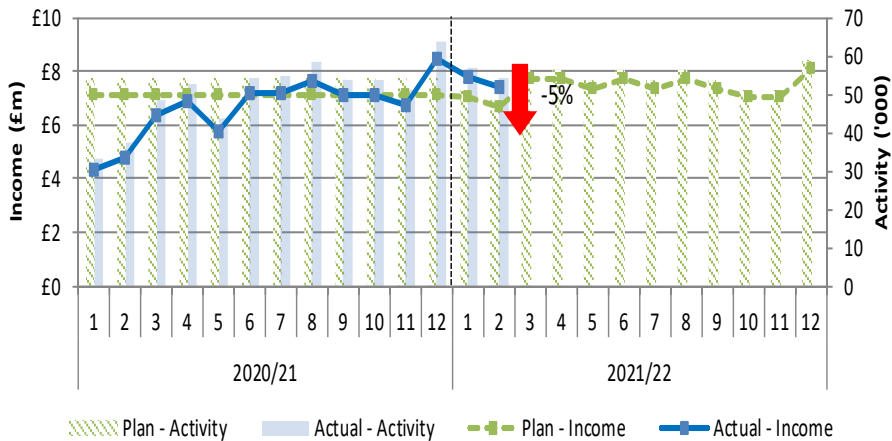
Elective spells



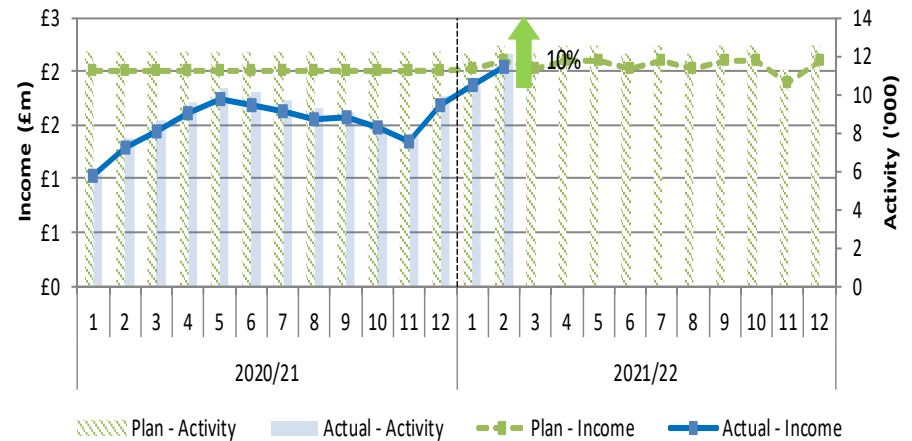
Non elective spells



Outpatients

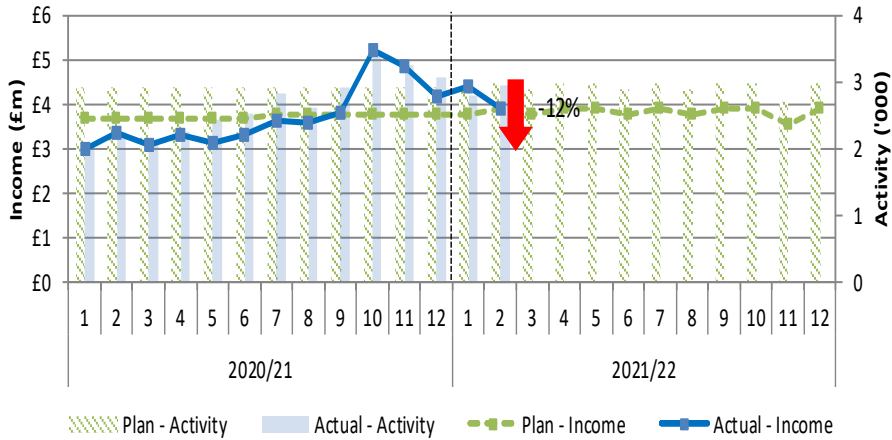


A&E

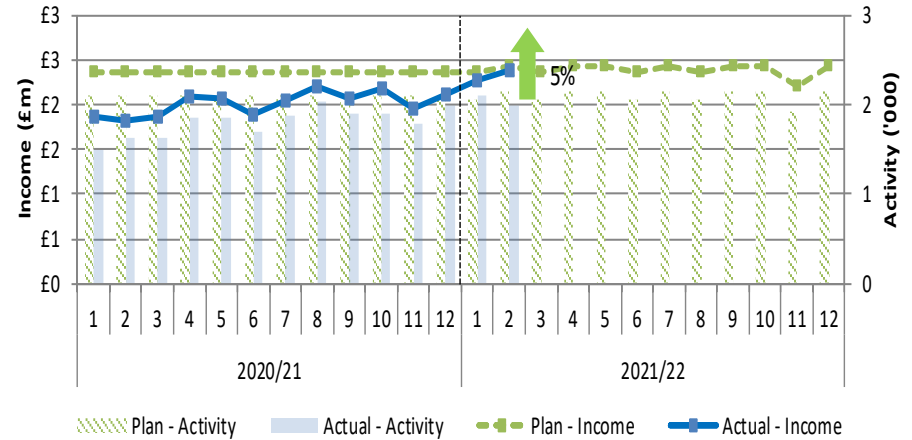


Clinical Income

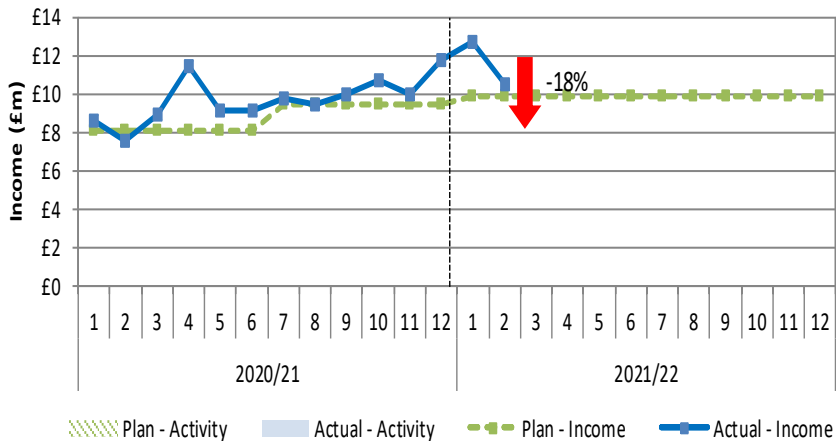
Adult critical care



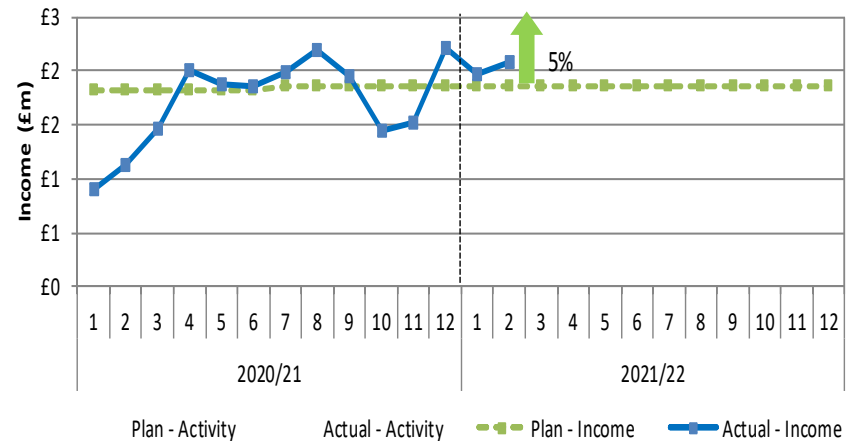
Neonatal & paediatric critical care



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 the first month of 2021/22 for Elective, Non Elective and Outpatient Activity. The plan for 2021/22 has been phased to reflect working day differences for Elective and Outpatient and calendar days for Non Elective.

Elective activity in May represents 104% of planned income levels. Recovery planning / accelerator programme initiatives are targeting improvement in all areas but will be governed by clinical priority.

Non Elective activity levels in May was at 103% of planned levels, up from 100% in April.

| Elective Activity as % of Plan | | Activity as % of Plan | | | | | | Income as % of Plan | | | | | |
|--------------------------------|---------------------------|-----------------------|-----|-----|---------|------|------|---------------------|-----|-----|---------|------|------|
| | | 2020/21 | | | 2021/22 | | | 2020/21 | | | 2021/22 | | |
| Division | Care Group | 9 | 10 | 11 | 12 | 1 | 2 | 9 | 10 | 11 | 12 | 1 | 2 |
| DIVISION A | OPHTHALMOLOGY | 93% | 38% | 27% | 91% | 98% | 96% | 95% | 41% | 30% | 95% | 100% | 99% |
| | SURGERY | 76% | 50% | 45% | 77% | 64% | 84% | 91% | 58% | 65% | 101% | 84% | 107% |
| DIVISION A Total | | 82% | 45% | 38% | 82% | 76% | 89% | 92% | 54% | 57% | 100% | 87% | 105% |
| DIVISION B | CANCER CARE | 70% | 66% | 61% | 76% | 72% | 79% | 73% | 58% | 54% | 71% | 77% | 83% |
| | SPECIALIST MEDICINE | 82% | 88% | 92% | 106% | 99% | 106% | 86% | 90% | 94% | 110% | 105% | 113% |
| DIVISION B Total | | 78% | 81% | 82% | 97% | 91% | 98% | 81% | 78% | 79% | 96% | 95% | 102% |
| DIVISION C | CHILD HEALTH | 92% | 73% | 81% | 106% | 102% | 110% | 103% | 64% | 88% | 128% | 117% | 118% |
| | WOMEN'S HEALTH | 88% | 63% | 68% | 107% | 77% | 94% | 96% | 65% | 70% | 101% | 80% | 101% |
| DIVISION C Total | | 91% | 71% | 77% | 106% | 96% | 106% | 101% | 64% | 84% | 121% | 108% | 114% |
| DIVISION D | CARDIOVASCULAR & THORACIC | 91% | 54% | 57% | 85% | 92% | 112% | 100% | 55% | 58% | 78% | 84% | 106% |
| | NEUROSCIENCES | 102% | 78% | 69% | 103% | 101% | 102% | 121% | 73% | 54% | 100% | 99% | 112% |
| | RADIOLOGY | 61% | 50% | 64% | 75% | 66% | 78% | 66% | 52% | 69% | 82% | 72% | 69% |
| | TRAUMA & ORTHOPAEDICS | 92% | 28% | 28% | 81% | 80% | 91% | 118% | 24% | 25% | 87% | 85% | 97% |
| DIVISION D Total | | 87% | 53% | 55% | 86% | 86% | 97% | 106% | 50% | 50% | 84% | 86% | 101% |
| Total | | 83% | 65% | 65% | 93% | 87% | 97% | 99% | 57% | 60% | 95% | 91% | 104% |

| Non Elective Activity as % of Plan | | Activity as % of Plan | | | | | | Income as % of Plan | | | | | |
|------------------------------------|---------------------------|-----------------------|------|------|---------|------|------|---------------------|------|------|---------|------|------|
| | | 2020/21 | | | 2021/22 | | | 2020/21 | | | 2021/22 | | |
| Division | Care Group | 9 | 10 | 11 | 12 | 1 | 2 | 9 | 10 | 11 | 12 | 1 | 2 |
| DIVISION A | OPHTHALMOLOGY | 70% | 41% | 64% | 67% | 81% | 77% | 75% | 38% | 68% | 64% | 75% | 83% |
| | SURGERY | 86% | 72% | 71% | 88% | 91% | 95% | 108% | 85% | 76% | 95% | 94% | 99% |
| DIVISION A Total | | 85% | 71% | 70% | 87% | 91% | 94% | 106% | 83% | 75% | 94% | 94% | 98% |
| DIVISION B | ACUTE MEDICINE | 111% | 115% | 101% | 107% | 100% | 104% | 113% | 118% | 110% | 112% | 102% | 108% |
| | CANCER CARE | 100% | 93% | 99% | 123% | 113% | 114% | 88% | 81% | 98% | 111% | 108% | 105% |
| | EMERGENCY MEDICINE | 91% | 86% | 84% | 94% | 103% | 101% | 85% | 113% | 90% | 82% | 96% | 100% |
| | SPECIALIST MEDICINE | 147% | 92% | 107% | 92% | 75% | 90% | 145% | 64% | 103% | 89% | 69% | 87% |
| DIVISION B Total | | 100% | 98% | 92% | 102% | 103% | 103% | 103% | 111% | 103% | 104% | 101% | 105% |
| DIVISION C | CHILD HEALTH | 93% | 71% | 65% | 84% | 95% | 121% | 98% | 78% | 66% | 89% | 88% | 107% |
| | WOMEN'S HEALTH | 95% | 86% | 81% | 98% | 93% | 96% | 105% | 88% | 88% | 104% | 102% | 103% |
| DIVISION C Total | | 94% | 82% | 76% | 94% | 93% | 104% | 103% | 85% | 80% | 99% | 97% | 105% |
| DIVISION D | CARDIOVASCULAR & THORACIC | 88% | 77% | 72% | 98% | 102% | 104% | 96% | 76% | 67% | 100% | 107% | 102% |
| | NEUROSCIENCES | 104% | 91% | 88% | 107% | 101% | 95% | 105% | 104% | 88% | 102% | 89% | 95% |
| | RADIOLOGY | 75% | 65% | 66% | 93% | 88% | 81% | 72% | 61% | 69% | 86% | 79% | 78% |
| | TRAUMA & ORTHOPAEDICS | 92% | 87% | 72% | 97% | 108% | 105% | 95% | 105% | 80% | 89% | 112% | 114% |
| DIVISION D Total | | 92% | 83% | 75% | 99% | 103% | 101% | 96% | 89% | 76% | 97% | 102% | 101% |
| Total | | 95% | 88% | 83% | 98% | 99% | 102% | 100% | 95% | 86% | 99% | 100% | 103% |

Income and Activity

Outpatient activity in May was maintained at 111% of planned levels.

| Outpatient Activity as % of Plan | | | Activity as % of Plan | | | | | | Income as % of Plan | | | | | |
|----------------------------------|---------------------------|------|-----------------------|------|------|------|---------|------|---------------------|------|------|------|---------|---|
| | | | 2020/21 | | | | 2021/22 | | 2020/21 | | | | 2021/22 | |
| Division | Care Group | | 9 | 10 | 11 | 12 | 1 | 2 | 9 | 10 | 11 | 12 | 1 | 2 |
| DIVISION A | OPHTHALMOLOGY | 95% | 97% | 96% | 112% | 102% | 113% | 96% | 100% | 99% | 115% | 106% | 113% | |
| | SURGERY | 91% | 86% | 80% | 106% | 94% | 101% | 84% | 80% | 77% | 99% | 93% | 102% | |
| DIVISION A Total | | 93% | 92% | 89% | 109% | 99% | 107% | 90% | 90% | 88% | 107% | 100% | 107% | |
| DIVISION B | ACUTE MEDICINE | 82% | 108% | 90% | 91% | 90% | 141% | 86% | 113% | 94% | 95% | 81% | 138% | |
| | CANCER CARE | 118% | 126% | 125% | 152% | 141% | 141% | 117% | 124% | 123% | 150% | 130% | 132% | |
| | EMERGENCY MEDICINE | 115% | 59% | 61% | 88% | 116% | 118% | 117% | 61% | 61% | 89% | 110% | 118% | |
| | SPECIALIST MEDICINE | 108% | 107% | 100% | 132% | 126% | 115% | 103% | 101% | 96% | 127% | 123% | 111% | |
| DIVISION B Total | | 112% | 115% | 110% | 140% | 132% | 126% | 109% | 111% | 107% | 136% | 125% | 121% | |
| DIVISION C | CHILD HEALTH | 104% | 105% | 95% | 118% | 105% | 101% | 104% | 106% | 96% | 119% | 105% | 101% | |
| | SUPPORT SERVICES | 78% | 77% | 78% | 87% | 90% | 86% | 72% | 73% | 73% | 83% | 84% | 80% | |
| | WOMEN'S HEALTH | 99% | 96% | 88% | 115% | 111% | 111% | 101% | 95% | 89% | 115% | 109% | 108% | |
| DIVISION C Total | | 96% | 95% | 88% | 108% | 103% | 100% | 99% | 98% | 91% | 114% | 104% | 101% | |
| DIVISION D | CARDIOVASCULAR & THORACIC | 101% | 101% | 96% | 121% | 121% | 121% | 101% | 100% | 95% | 118% | 121% | 118% | |
| | NEUROSCIENCES | 104% | 109% | 94% | 117% | 104% | 106% | 103% | 109% | 95% | 118% | 102% | 107% | |
| | RADIOLOGY | 138% | 107% | 129% | 172% | 146% | 127% | 112% | 85% | 104% | 138% | 159% | 115% | |
| | TRAUMA & ORTHOPAEDICS | 87% | 77% | 69% | 92% | 92% | 98% | 89% | 77% | 69% | 96% | 107% | 115% | |
| DIVISION D Total | | 98% | 96% | 87% | 111% | 106% | 109% | 99% | 98% | 88% | 113% | 111% | 113% | |
| Total | | 100% | 100% | 94% | 118% | 111% | 111% | 100% | 100% | 95% | 119% | 111% | 111% | |

Elective Recovery Fund 21/22

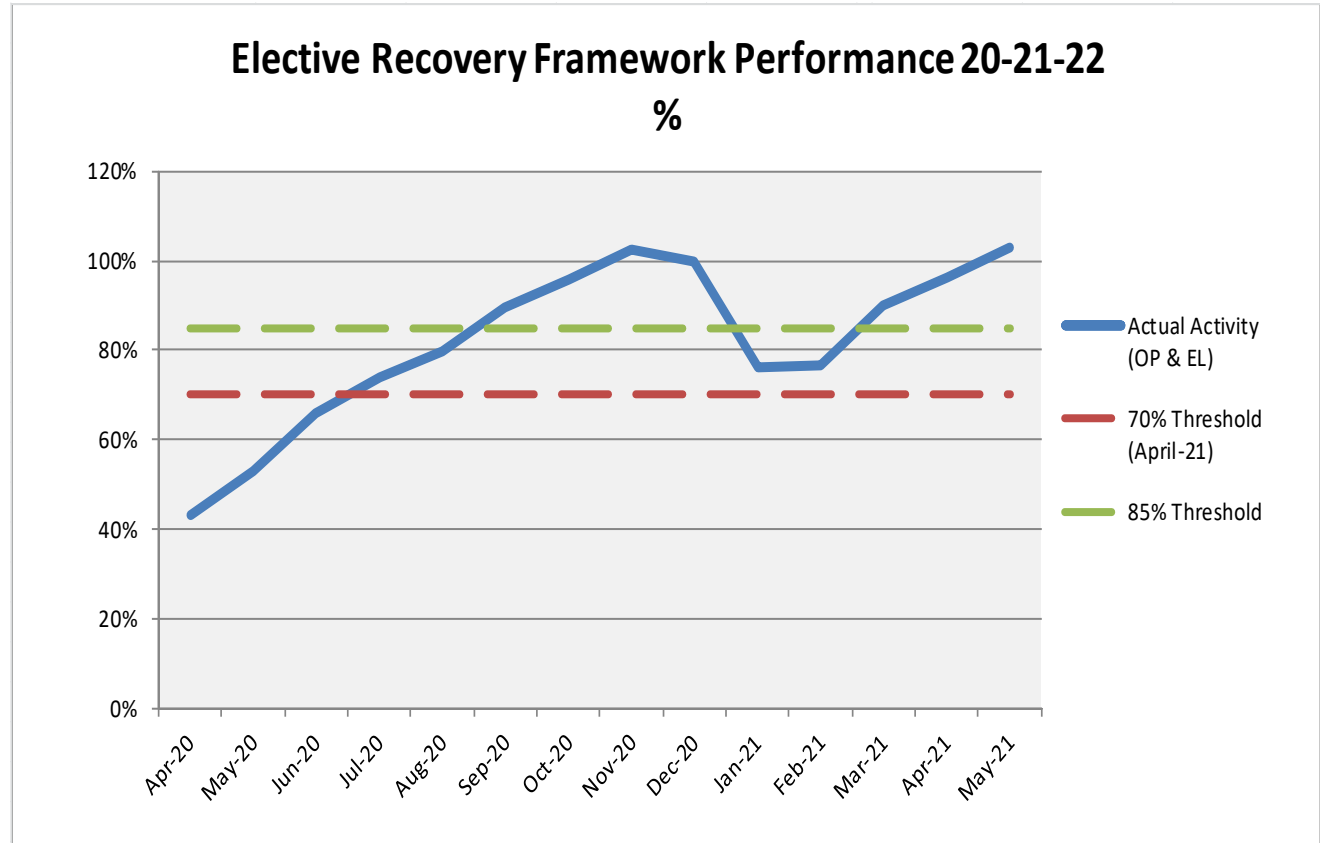
The Elective Recovery Framework has been launched as part of the 21/22 planning guidance as a mechanism for distributing £1bn of national recovery funds for Elective and Outpatient activity.

Providers are targeted with achieving threshold equivalent PbR income levels set at a % of pre-Covid income levels (Price x Activity).

The graph shows the trends through 20/21 and estimated performance for May. This indicates performance of 103% of baseline activity which is 28% over the target threshold of 75% in May. This would yield an estimated £5.0m additional income if paid at tariff.

It should be noted that this is an early estimate of this data and has dependencies on the performance of others from within the ICS.

The 20% premium has already been agreed with ICS partners will be centrally pooled rather than allocated directly to providers.



| Month | ERF Achievement - Elective/Daycase/Outpatients (£'000) | | | | ERF Top-up | | |
|------------------|--|-----------------|---------------|-------------|-----------------|----------------|-----------------|
| | Baseline | Actuals | Variance | % | 100% Top Up | 20% Top Up | Total |
| Apr-20 | £ 18,770 | £ 18,148 | -£ 622 | 97% | £ 5,009 | £ 439 | £ 5,447 |
| May-20 | £ 18,276 | £ 18,754 | £ 478 | 103% | £ 5,047 | £ 644 | £ 5,691 |
| YTD Total | £ 37,046 | £ 36,902 | -£ 144 | 100% | £ 10,056 | £ 1,083 | £ 11,139 |

ICS Elective Recovery Fund 21/22

ICS performance is shown as at Month 2 for the Elective Recovery Framework (ERF). All major acute organisations are reporting ERF achievement YTD. These numbers are all currently estimated and subject to national validation.

Overall the ICS has collectively reported £24.4m in ERF income vs a plan of £16.2m.

The CCGs earn ERF for work commissioned directly from the Independent Sector, which is not currently shown.

The H1 forecast is £65.5m, which includes circa £7m estimated impact of accelerator programmes on ERF income.

The ICS is anticipating a 20% premium for activity levels above 85% of pre-Covid levels. This is estimated at circa £2m year to date.

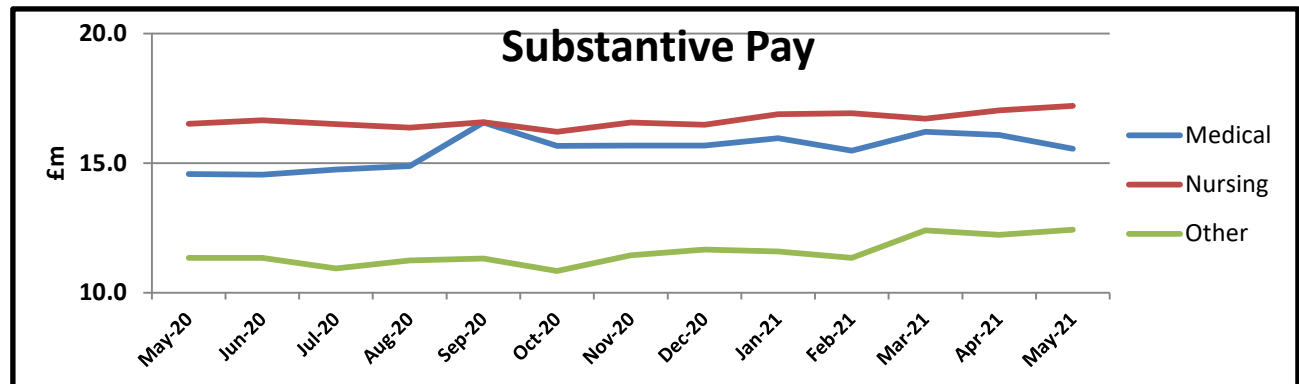
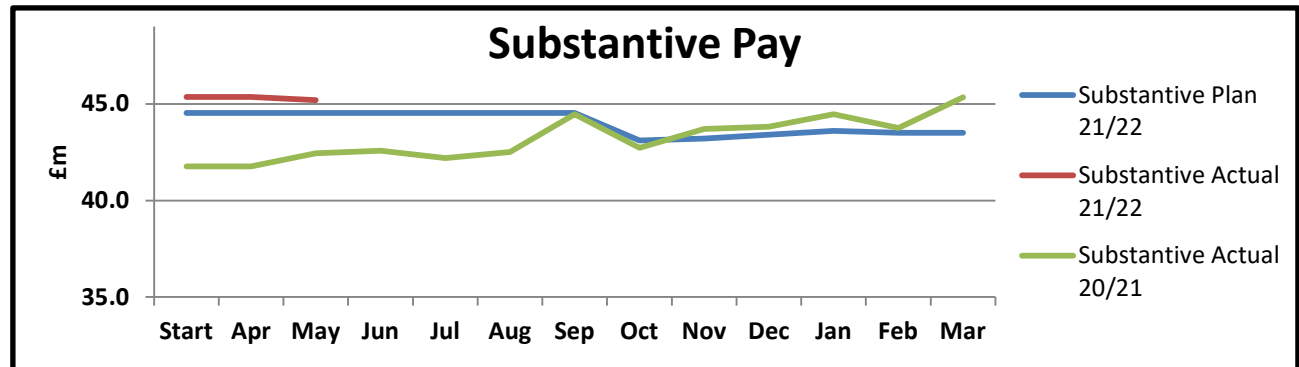
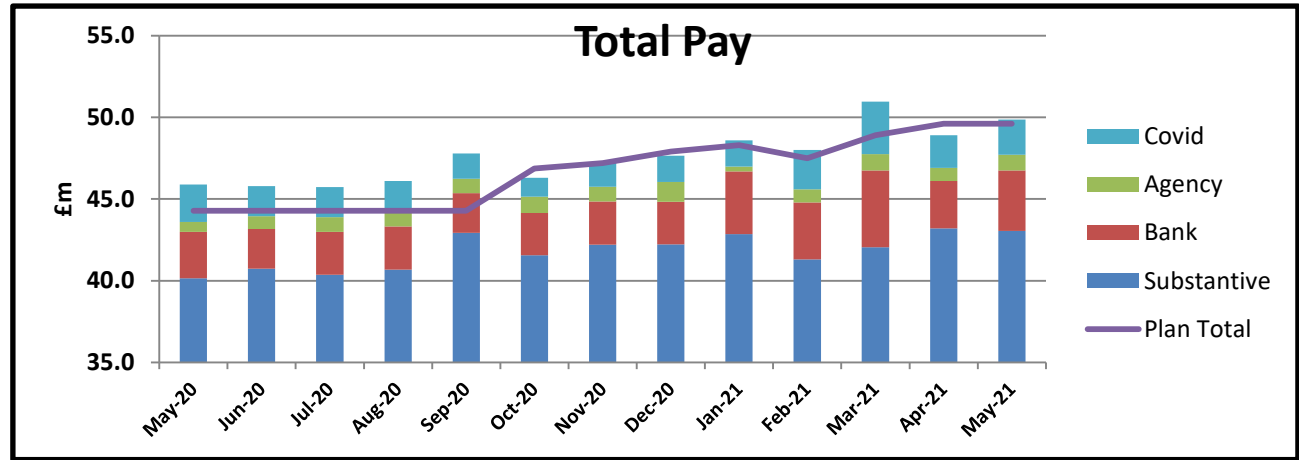
| ICS Provider | ERF Income M1 and M2 (£'000) | | | ERF Income Forecast (£'000) | | |
|---------------------------------|------------------------------|---------------|--------------|-----------------------------|---------------|---------------|
| | Plan YTD | Estimate YTD | Variance YTD | H1 Plan | H1 Forecast | H1 Variance |
| UHS | 7,279 | 10,056 | 2,777 | 19,458 | 32,200 | 12,742 |
| PHU | 3,545 | 6,570 | 3,025 | 7,643 | 13,931 | 6,288 |
| HHFT | 3,852 | 6,030 | 2,178 | 6,841 | 15,235 | 8,394 |
| IOWT | 1,531 | 1,495 | (36) | 4,298 | 4,298 | 0 |
| SHFT | 0 | 343 | 343 | 0 | 0 | 0 |
| Solent | (49) | (35) | 14 | (220) | (206) | 14 |
| ERF Income @ 100% Tariff | 16,158 | 24,459 | 8,301 | 38,020 | 65,458 | 27,438 |

Substantive Pay Costs

Total pay expenditure in May was £49.9m. This was £1m higher than April. The primary driver for this increase is an additional £0.8 spend on Bank staff at the vaccination hubs. Agency spend also increased by £0.2m.

Pay costs do however remain in excess of that seen last year prior to the second covid wave. These will be monitored closely going forward as costs are expected to increase as new theatre capacity comes on board this summer, in addition to investment in recovery plans and accelerator programme initiatives which are fully funded.

An impact has been seen in 21/22 from the AfC pay review, with further scale points removed from April 21.

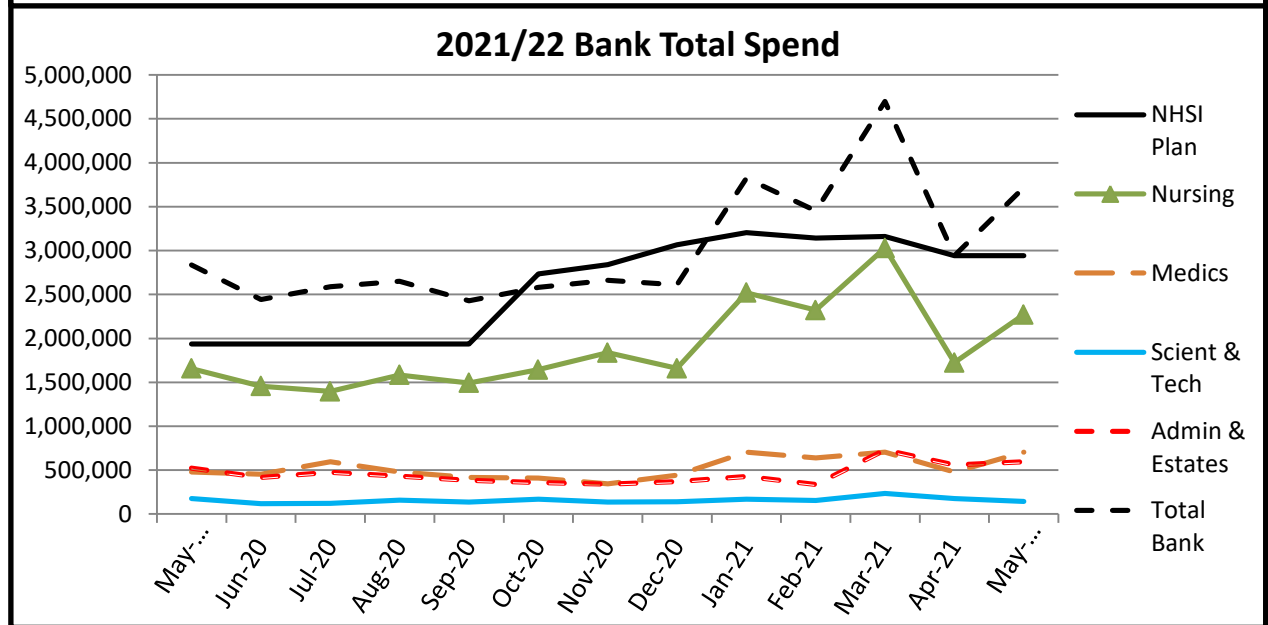
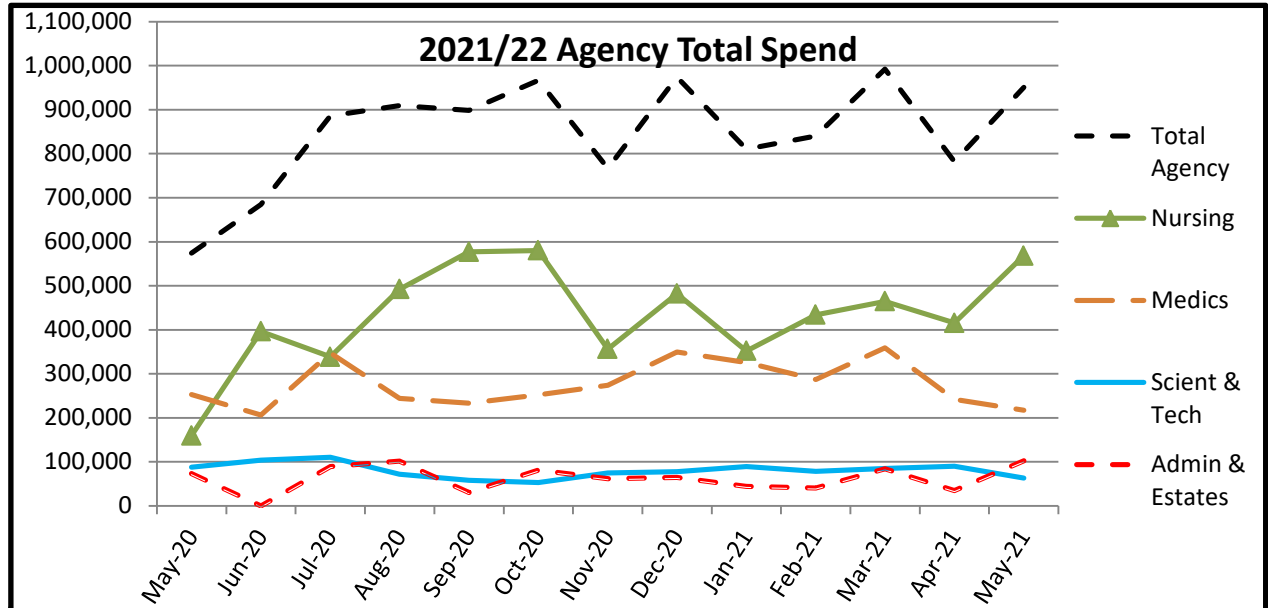


Temporary Staff Costs

Agency spend has increased month on month by £0.2m with the largest increase in nursing.

Expenditure on bank staff has increased significantly in month by £0.8m. This is driven by agency staff costs at the vaccination hub in May 2021 of £0.8m. Increases were seen across all staff groups except for Scientific and Technical which was flat month on month.

Bank spend is expected to increase slightly in future months as elective recovery increases.

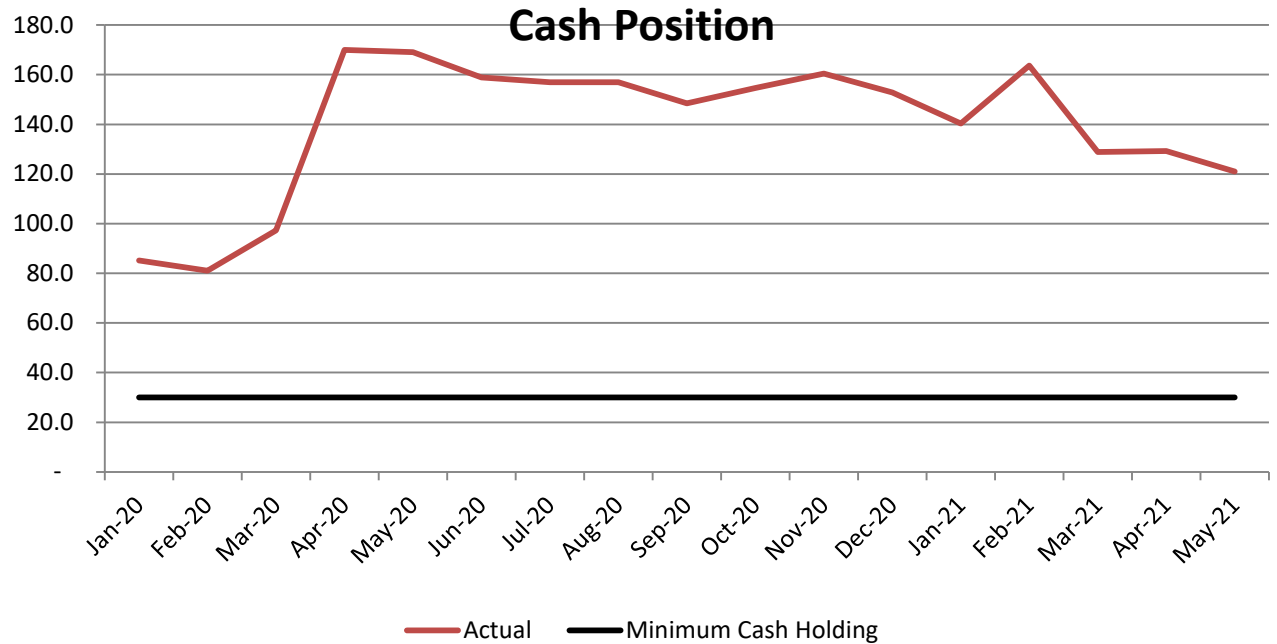


Cash

The cash balance remained stable, decreasing slightly in May to £121.0m.

There are no foreseen material movements forecast now the cash regime has adjusted back to pre-covid levels with block income paid in the month for which it is due. We may however see some in-month volatility as we move to a more "normal" period and the working capital position stabilises. Payments for one-off items such as annual leave accruals will have a temporary impact on cash.

A gradual reduction is expected over the next two years as capital expenditure exceeds depreciation.



Capital Expenditure

(Fav Variance) / Adv Variance

Expenditure on internally funded capital schemes for the year to month 2 was £6.8m against a budget of £7.5m. Total expenditure including externally funded schemes was £7.1 against budget of £8.1m, £1m behind the plan.

Just over half of the expenditure in the year to date relates to the Vertical Extension Theatres scheme (£3.8m). Expenditure in other areas was low with slippage against the plan on estates schemes such as the ED Expansion Scheme (-£0.7m) and the Ward above Oncology (-£0.6m).

However, it is forecast that the trust will breakeven against its CDEL and fully utilise all its external capital funding by the year end. Forecast underspends on the Vertical Extension Theatres scheme (-1m) and equipment leased through the IISS contract (-£1m) will contribute to a slippage budget line included in the plan.

| Scheme | Month | | | Year to Date | | | Full Year (Forecast) | | |
|---|----------------|------------------|---------------|----------------|------------------|---------------|----------------------|------------------|----------------|
| | Plan £000's | Actual £000's | Var £000's | Plan £000's | Actual £000's | Var £000's | Plan £000's | Actual £000's | Var £000's |
| Fit out of E level. Vertical Extension - Theatres | 1,713 | 2,153 | (440) | 4,296 | 3,563 | 733 | 11,941 | 10,950 | 991 |
| Strategic Maintenance | 258 | 123 | 135 | 516 | 498 | 18 | 6,183 | 6,183 | 0 |
| ED Expansion and Refurbishment | 627 | 70 | 557 | 1,254 | 575 | 679 | 5,791 | 5,791 | 0 |
| Wards | 0 | 0 | 0 | 0 | 0 | 0 | 4,000 | 4,000 | 0 |
| Ophthalmology OPD | 0 | (0) | 0 | 0 | 50 | (50) | 3,303 | 3,241 | 62 |
| Maternity Induction Suite | 0 | 2 | (2) | 0 | 2 | (2) | 2,000 | 2,000 | 0 |
| NICU Pendants | 0 | 0 | 0 | 0 | 0 | 0 | 896 | 916 | (20) |
| Oncology Ward | 431 | 126 | 305 | 861 | 233 | 628 | 861 | 901 | (40) |
| Decorative / Environment Improvements | 21 | 0 | 21 | 42 | 0 | 42 | 500 | 500 | 0 |
| Side Rooms | 200 | 56 | 144 | 400 | 440 | (40) | 490 | 475 | 15 |
| Information Technology Programme | 250 | 50 | 200 | 500 | 411 | 89 | 5,000 | 5,000 | 0 |
| Other Projects | 459 | 21 | 438 | 653 | 647 | 6 | 3,060 | 3,060 | 0 |
| Pathology Digitisation | 59 | 8 | 51 | 118 | 13 | 105 | 1,171 | 1,171 | 0 |
| Medical Equipment | 42 | 224 | (182) | 84 | 241 | (157) | 1,000 | 1,016 | (16) |
| Slippage | (516) | 0 | (516) | (1,432) | 0 | (1,432) | (5,035) | (3,016) | (2,019) |
| Total Trust Funded Capital excl Finance Leases | 3,544 | 2,832 | 712 | 7,292 | 6,672 | 620 | 41,161 | 42,188 | (1,027) |
| Finance Leases - IISS | 0 | 0 | 0 | 0 | 0 | 0 | 5,230 | 4,195 | 1,035 |
| Finance Leases - MEP | 92 | 0 | 92 | 184 | 0 | 184 | 2,200 | 2,183 | 17 |
| Finance Leases - Other Equipment | 75 | 48 | 27 | 150 | 48 | 102 | 1,500 | 1,500 | 0 |
| Finance Leases - Ophthalmology OPD | 0 | 0 | 0 | 0 | 0 | 0 | 1,166 | 1,166 | 0 |
| Finance Leases - Divisional Equipment | 25 | 45 | (20) | 50 | 70 | (20) | 475 | 500 | (25) |
| Donated Income | (88) | (13) | (75) | (176) | (13) | (163) | (1,921) | (1,921) | 0 |
| Total Trust Funded Capital Expenditure | 3,648 | 2,912 | 736 | 7,500 | 6,777 | 723 | 49,811 | 49,811 | (0) |
| Fit out of E level. Vertical Extension - Theatres | 97 | 97 | 0 | 244 | 244 | 0 | 700 | 700 | 0 |
| Maternity Care System (Wave 3 STP) | 96 | 50 | 46 | 192 | 74 | 118 | 1,917 | 1,917 | 0 |
| Digital Outpatients (Wave 3 STP) | 41 | 0 | 41 | 82 | 0 | 82 | 814 | 814 | 0 |
| LIMS Digital Enhancement | 38 | 0 | 38 | 76 | 0 | 76 | 455 | 455 | 0 |
| Community Diagnostic Hub | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,000 | (2,000) |
| Total CDEL Expenditure | 3,920 | 3,059 | 861 | 8,094 | 7,095 | 999 | 53,697 | 55,697 | (2,000) |

Statement of Financial Position

(Fav Variance) / Adv Variance

| Statement of Financial Position | 2020/21 YE Actuals £m | 2021/22 | | |
|---|-----------------------------|-----------------|-----------------|-----------------------|
| | | M1 Act £m | M2 Act £m | MoM Movement £m |
| The May statement of financial position illustrates net assets of £444.7m which is stable compared to April 2021. | | | | |
| The upward movement on receivables is mainly due to Rapid Testing invoicing, ERF accrued income and Education & Training income accruals. | | | | |
| The upward movement on payables is driven by CRN accrued payments (£3.7m) and Rapid Testing accruals (£2m). | | | | |
| A mapping correction between payables and receivables had also caused a movement. | | | | |
| Movement on cash is consistent with the movement in working capital. | | | | |
| Fixed Assets | 415.4 | 420.0 | 420.1 | 0.1 |
| Inventories | 14.7 | 14.7 | 15.6 | 0.9 |
| Receivables | 71.3 | 64.7 | 82.5 | 17.8 |
| Cash | 129.0 | 129.3 | 121.0 | (8.3) |
| Payables | (171.5) | (172.5) | (182.9) | (10.4) |
| Current Loan | (2.8) | (2.7) | (2.7) | 0.0 |
| Current PFI and Leases | (9.0) | (8.9) | (8.8) | 0.1 |
| Net Assets | 447.1 | 444.6 | 444.7 | 0.1 |
| Non Current Liabilities | (18.3) | (18.7) | (17.9) | 0.8 |
| Non Current Loan | (8.5) | (8.2) | (8.0) | 0.2 |
| Non Current PFI and Leases | (36.3) | (35.6) | (35.0) | 0.6 |
| Total Assets Employed | 384.0 | 382.1 | 383.8 | 1.7 |
| Public Dividend Capital | 246.0 | 244.4 | 246.0 | 1.6 |
| Retained Earnings | 114.0 | 120.5 | 120.6 | 0.1 |
| Revaluation Reserve | 24.0 | 17.2 | 17.2 | 0.0 |
| Other Reserves | 0.0 | 0.0 | 0.0 | 0.0 |
| Total Taxpayers' Equity | 384.0 | 382.1 | 383.8 | 1.7 |

| Report to the Trust Board of Directors | | | | |
|---|---|-----------------|---------------------|--------------------|
| Title: | Integrated Performance Report 2021/22 Month 2 | | | |
| Agenda item: | 10.1 | | | |
| Sponsor: | David French, Chief Executive Officer | | | |
| Date: | 29 June 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: | The Integrated Performance Report reflects the current operating environment and is aligned with the Care Quality Commission Key Lines of Enquiry. | | | |
| Implications: (Clinical, Organisational, Governance, Legal?) | 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. | | | |
| Risks: (Top 3) of carrying out the change / or not: | This report is provided for the purpose of assurance. | | | |
| Summary: Conclusion and/or recommendation | This report is provided for the purpose of assurance. | | | |

Integrated KPI Board Report

covering up to

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

The report aims to:

- Provide assurance 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.

The structure of the report is currently being reviewed in order that it can better reflect the ambitions within 'Our Strategy 2025', and to support the strategic discussions of the Board.

May 2021 Summary

During May the direct impact of COVID-19 infections was minimal, with 0 COVID positive inpatients for most of the month.

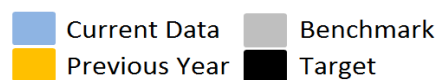
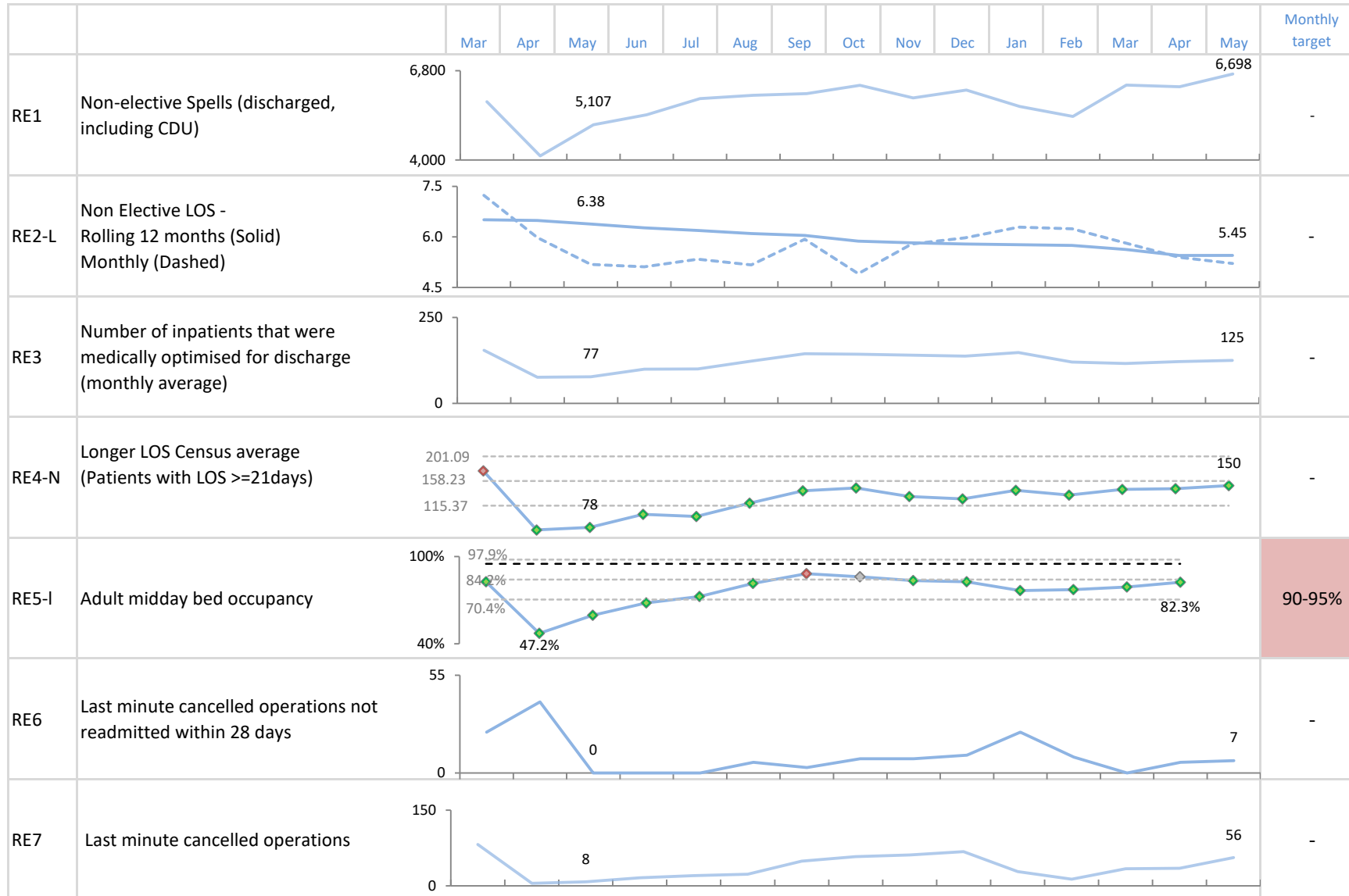
The phased resumption of the elective admissions continued within NHS facilities, while access for NHS patients to the independent sector facilities returned to pre-COVID-19 levels.

The month saw the highest elective activity since the start of the pandemic and a return to pre-pandemic levels of non-elective demand.

Key aspects of performance for consideration this month include:

- The total number of patients on the RTT waiting list increased by over 1,500 patients to 39,121 in May. There are 2,721 patients waiting over 52 weeks for treatment, a decrease of almost 400 patients. There are over 600 patients waiting over 78 weeks, an increase of 85 patients. Our benchmarking confirms that we are continuing to perform well in comparison to our peer group.
- The crude mortality rate remained at 3% and Hospital Standardised Mortality Ratio (HSMR) reduced slightly in February to 81.1 and continues to be significantly better than expected (with 100 being expected).
- UHS 62 day performance improved to 88.7% (better than our local target and the national target applying to the majority of 62 day pathways). UHS was the best performing trust amongst our 10 'peer' teaching hospitals in April.
- We had the highest level of emergency department attendances since before the pandemic and saw a return to pre-pandemic levels of demand with 12,205 patients attending ED.

- Emergency Department timeliness deteriorated slightly to 84% (RE 9) whilst remaining 3rd best amongst 8 benchmark trusts. Attendance numbers increased further to the highest levels since the COVID-19 pandemic started (RE 8).
- Elective spell volumes (excluding daycases, at SGH/PAH only) (RE 13) recovered further. In total 104% of May 2019's activity was done in May 2021. Two closed theatres opened in June. Two new theatres are also due to open in late June.
- The total number of patients on the RTT waiting list increased by over 1,500 patients this month. The cohort of patients who have waited over 52 weeks (RE 16) reduced by almost 400 patients, whilst those waiting over 78 weeks (RE 17) increased by 85 patients. We remain concerned by this situation and are focussed on improving the situation as soon as possible for our patients. Our benchmarking (in a group of 20 Teaching hospitals) confirms that we are continuing to perform well in comparison to our peer group.
- Cancer performance measures for April indicate continued improvement in performance:
 - o UHS 62 day performance (RE 23) improved to 88.7% (better than our local target and the national target applying to the majority of 62 day pathways). UHS was the best performing trust amongst our 10 'peer' teaching hospitals again this month.
 - o 31 day performance (RE 24) dropped below the 96% target at 94.1%.
 - o Fewer patients waited over 104 days, with 13 in April compared to 22 in March (RE25).



| | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | QTD | Q target |
|--------|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|----------|
| RE8 | Total ED Attendances | | | | | | | | | | | | | | | | - | - |
| RE9-N | Patients spending less than 4hrs in ED - SGH Main ED (Type 1 and UCH) Major Trauma Centres (Type 1) Rank of 8-> | | | | | | | | | | | | | | | | 86.5% | 95% |
| RE10-N | Patients spending less than 4hrs in ED - UHS Total (includes SGH all types) | | | | | | | | | | | | | | | | 87.2% | 95% |
| RE11-N | Total time spent in ED - Percentiles UHS Total | | | | | | | | | | | | | | | | - | - |
| RE12 | Accepted Referrals (excluding -initiated by consultant responsible) | | | | | | | | | | | | | | | | - | - |
| RE13 | Elective spells (excluding daycase, onsite SGH/PAH only) | | | | | | | | | | | | | | | | - | - |

■ Current Data ■ Benchmark
■ Previous Year ■ Target

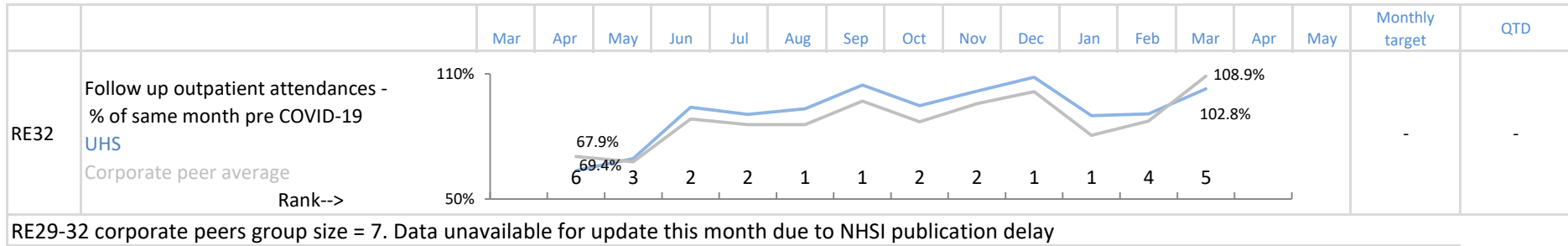
| | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Target | | |
|--|--|------|--------|-------|------|------|------|-----|------|------|------|------|------|------|------|-----|--------|-------|--|
| RE14-N | % Patients on an open 18 week pathway (within 18 weeks) with teaching hospital min-max range and rank (of 20) | 12 | 14 | 14 | 7 | 6 | 7 | 7 | 10 | 10 | 10 | 9 | 9 | 8 | 7 | | 69.5% | >=92% | |
| RE15-N | Total number of patients on a waiting list (18 week referral to treatment pathway) | | | 33252 | | | | | | | | | | | | | | | |
| RE16-N | Patients on an open 18 week pathway (waiting 52 weeks+) with teaching hospital min-max range and rank (of 20) | 13 | 13 | 368 | 11 | 11 | 11 | 10 | 9 | 6 | 6 | 6 | 5 | 4 | 4 | | 2721 | | |
| RE17 | Patients on an open 18 week pathway (waiting 78 weeks+) | | | 0 | | | | | | | | | | | | | 638 | | |
| RE18 | Face to face outpatient attendances | | 14,514 | | | | | | | | | | | | | | 38,625 | - | |
| RE19 | Non-face to face outpatient attendances | | 23,250 | | | | | | | | | | | | | | 23,044 | - | |
| RE19 - Latest month is awaiting approx ~3k outpatient attendances to be reported | | | | | | | | | | | | | | | | | | | |
| RE20-N | Average weeks waited for first outpatient appointment | 9.08 | 10.67 | 11.5 | 9.08 | 7.50 | 9.08 | 8.6 | 9.08 | 7.50 | 9.08 | 7.50 | 9.08 | 7.50 | 7.50 | 8.6 | | - | |



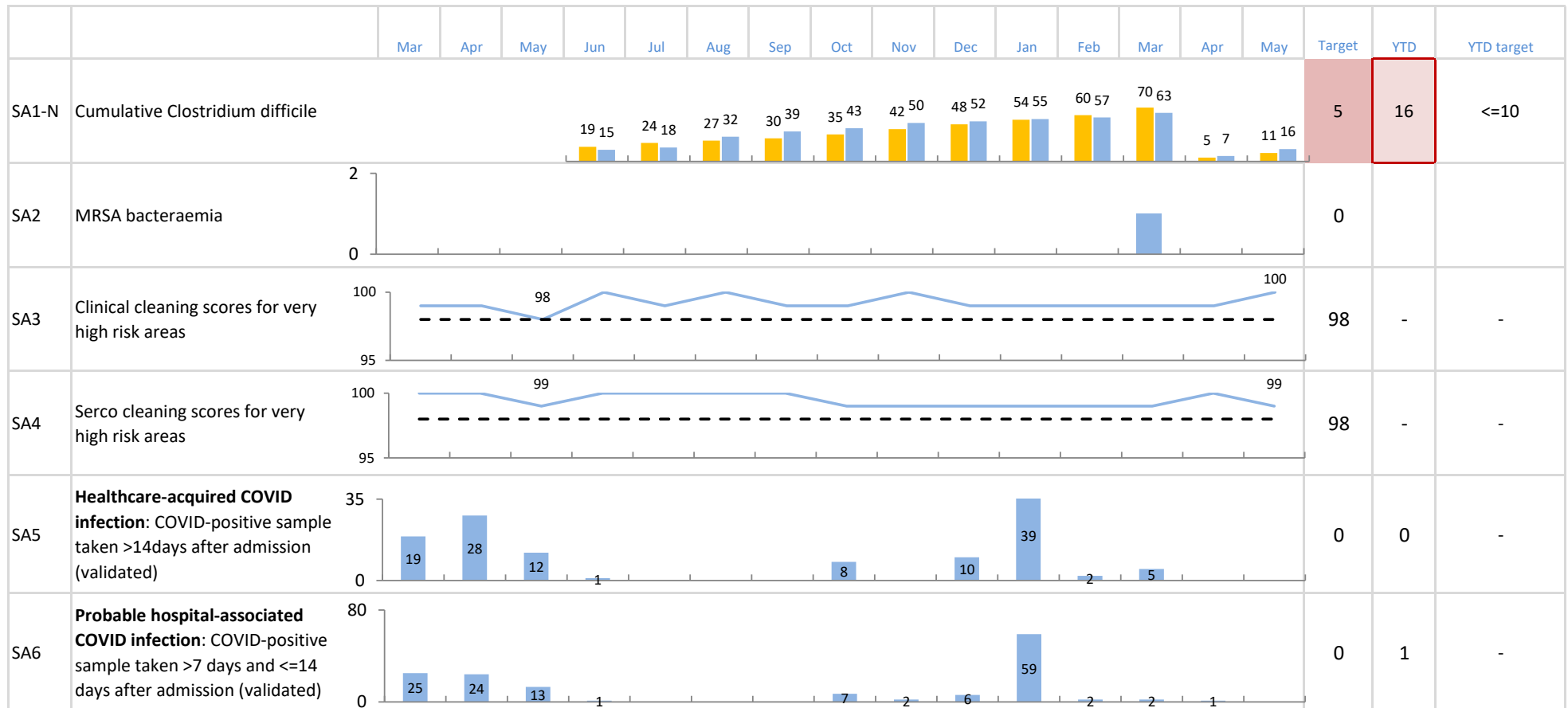
| | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | Target /May | Patients to recover target | QTD |
|--------|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------------|----------------------------|--------|
| RE21-N | Patients waiting for diagnostics | | | | | | | | | | | | | | | - | | |
| RE22-N | % of Patients waiting over 6 weeks for diagnostics with teaching hospital min-max range and rank (of 20) | | | | | | | | | | | | | | | <=1% | | |
| RE23-N | 62 day Performance Benchmark (data reported nationally at due dates, combined metric - standard/screening/upgrade) Teaching Hospitals vs. UHS Total Rank(of 10)-> | | | | | | | | | | | | | | | N=> 90% L=> 85% | N = 2 L= 0 of 151 | 86% |
| RE24-N | 31 day cancer wait performance (Latest data held by UHS, Combined measure – First and Subsequent Treatments of Cancer) | | | | | | | | | | | | | | | N=> 96% | N=16 of 833 | 96.44% |
| RE25-N | Snapshot of waits > 104 days (from referral on a 62 day pathway) | | | | | | | | | | | | | | | - | - | - |
| RE26-N | 28 Day Faster Diagnosis | | | | | | | | | | | | | | | =>75% | - | 85.37% |



| | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Monthly target | QTD |
|------|--|-----|-------|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|----------------|-------|
| RE27 | My Medical Record - UHS patient logins | | | 5,428 | | | | | | | | | | | | 19,927 | - | - |
| RE28 | Number of Estates Help desk requests and percentage completed on time | | | 1,244 | | | | | | | | | | | | 1,492 | - | - |
| | | | | 87.4% | | | | | | | | | | | | 88.3% | >85% | 86.1% |
| RE29 | Elective inpatient activity - % of same month pre COVID-19 UHS Corporate peer average Rank--> | | 36.9% | | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 4 | 4 | 2 | 90.4% | | |
| RE30 | Non-elective inpatient activity - % of same month pre COVID-19 UHS Corporate peer average Rank--> | | 76.3% | | 4 | 4 | 2 | 2 | 2 | 3 | 2 | 2 | 5 | 4 | | 95.0% | | |
| RE31 | 1st outpatient attendances - % of same month pre COVID-19 UHS Corporate peer average Rank--> | | 56.4% | | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 96.2% | | |



- No cases of probable hospital associated COVID-19 acquisition >7 days occurred in May (SA 6).
- There was a further reduction in red flag staffing incidents (SA14), with 6 being reported in May.



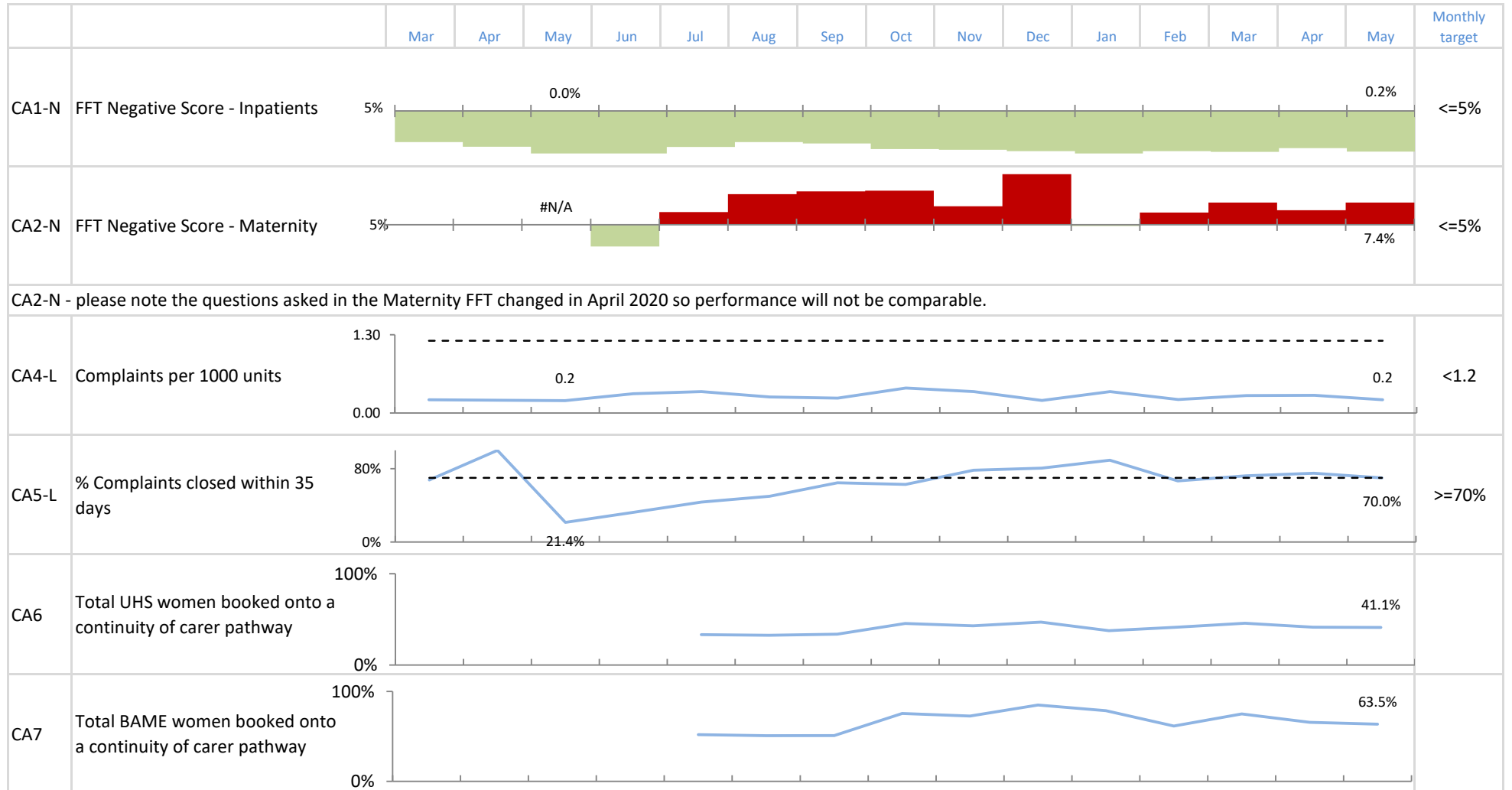
| | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Target | YTD | YTD target |
|---|--|-----|-----|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|--------|-----|------------|
| SA7 | Pressure ulcers category 2 per 1000 bed days | | | 0.41 | | | | | | | | | | | | 0.59 | - | - | - |
| SA8 | Pressure ulcers category 3 and above per 1000 bed days | | | 0.77 | | | | | | | | | | | | 0.08 | - | - | - |
| SA9-N | Medication Errors (severe/Moderate) | | | 2 | | | | | | | | | | | | 4 | <=3 | 5 | <=6 |
| SA10 | Antibiotic usage per 1000 admissions | | | 5,626 | | | | | | | | | | | | 4,309 | | | |
| SA10 - Data unavailable for update this month due to NHSI publication delay | | | | | | | | | | | | | | | | | | | |
| SA11 | Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI) | | | 3 | | | | | | | | | | | | 4 | - | 9 | - |

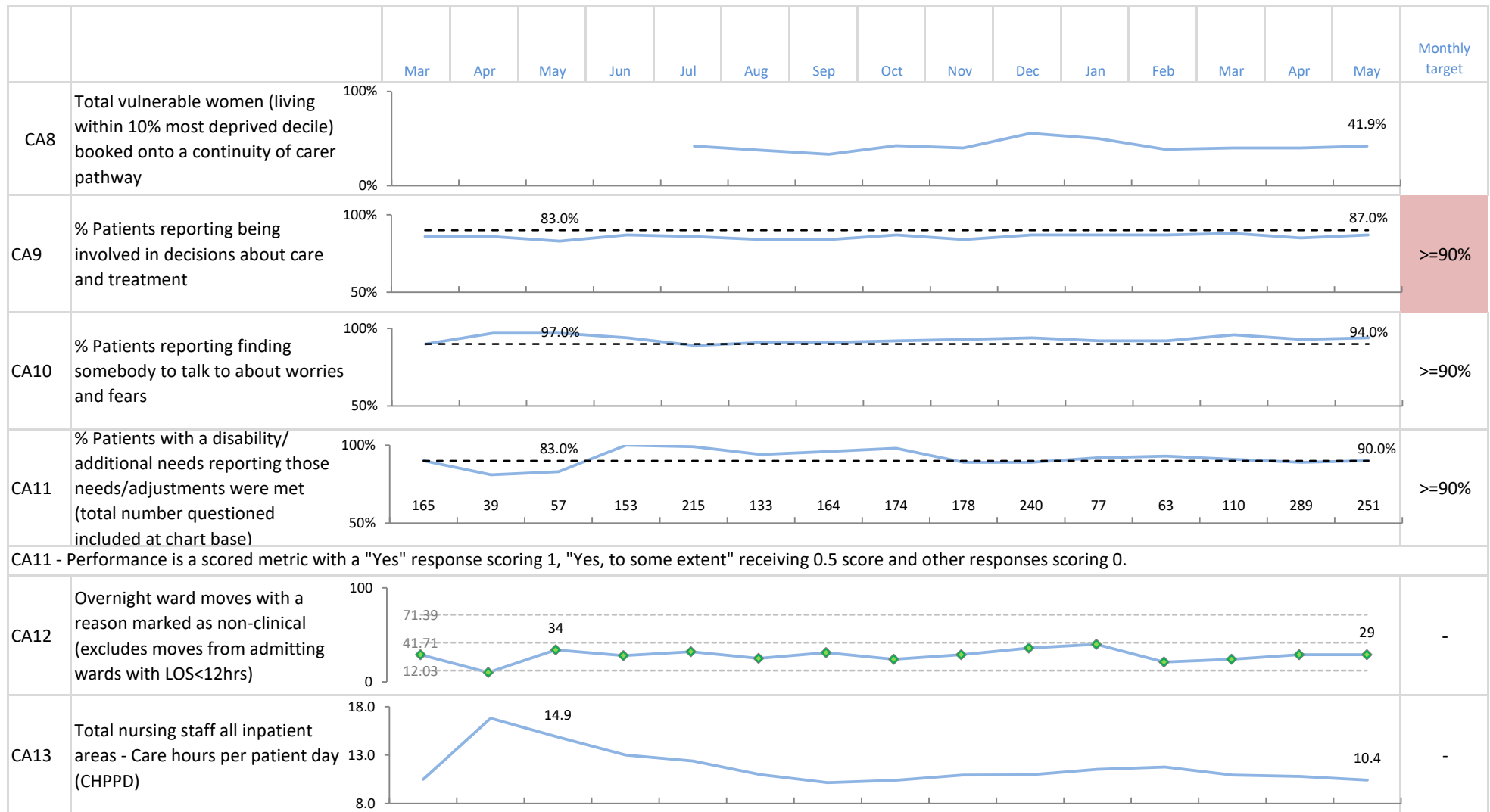


| | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Target | YTD | YTD target |
|------|---|-------|-------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-----|------------|
| SA12 | Number of high harm falls (omissions in care) | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | 0 | - |
| SA13 | % patients with a nutrition plan in place | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 100.0% | 95.0% | 98.0% | 98.0% | 95.0% | 98.0% | 88.0% | 98.0% | 95.0% | 97.0% | - | - | - |
| SA14 | Red Flag staffing incidents | 10 | 2 | 19 | 10 | 10 | 25 | 20 | 25 | 15 | 15 | 20 | 10 | 30 | 15 | 6 | - | - | - |
| SA15 | Number of statutory and mandatory maintenance jobs planned and percentage completed on time | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 302 | - | - | - |
| | | 96.2% | 96.2% | 98.3% | 87.5% | 98.3% | 96.2% | 96.2% | 96.2% | 94.4% | 96.2% | 96.2% | 96.2% | 96.2% | 96.2% | 94.4% | >95% | - | >95% |

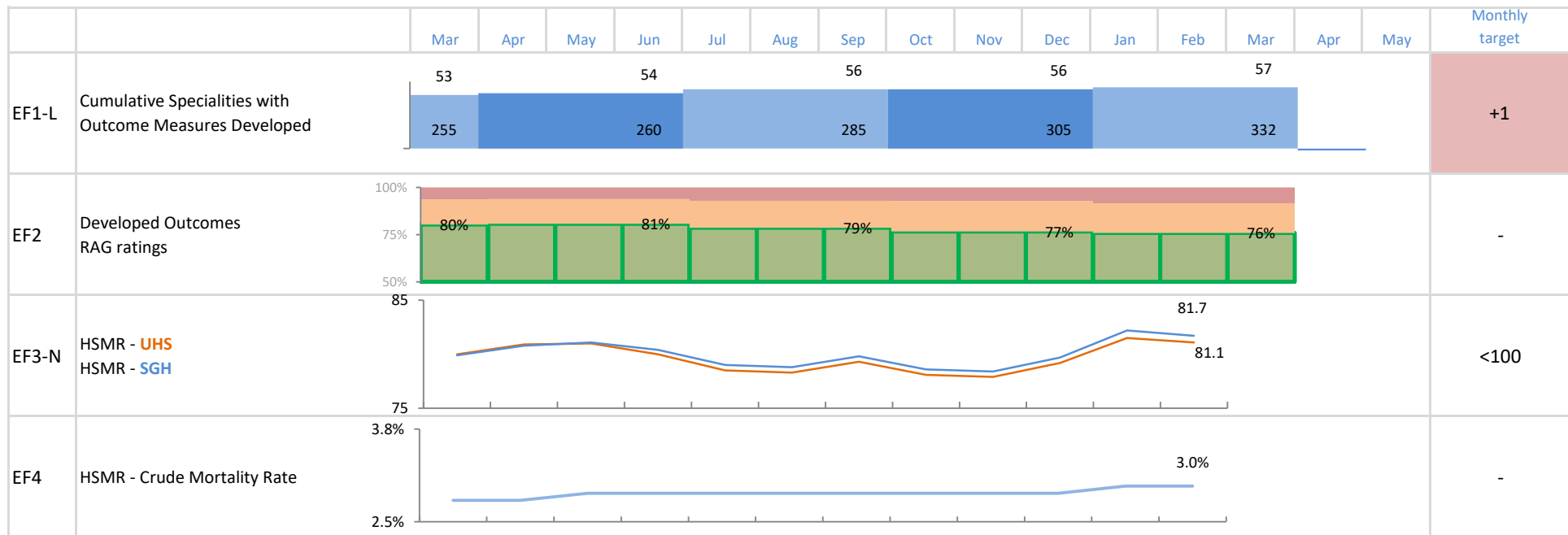
■ Current Data ■ Benchmark
■ Previous Year ■ Target

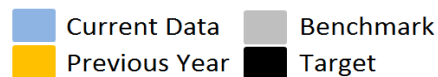
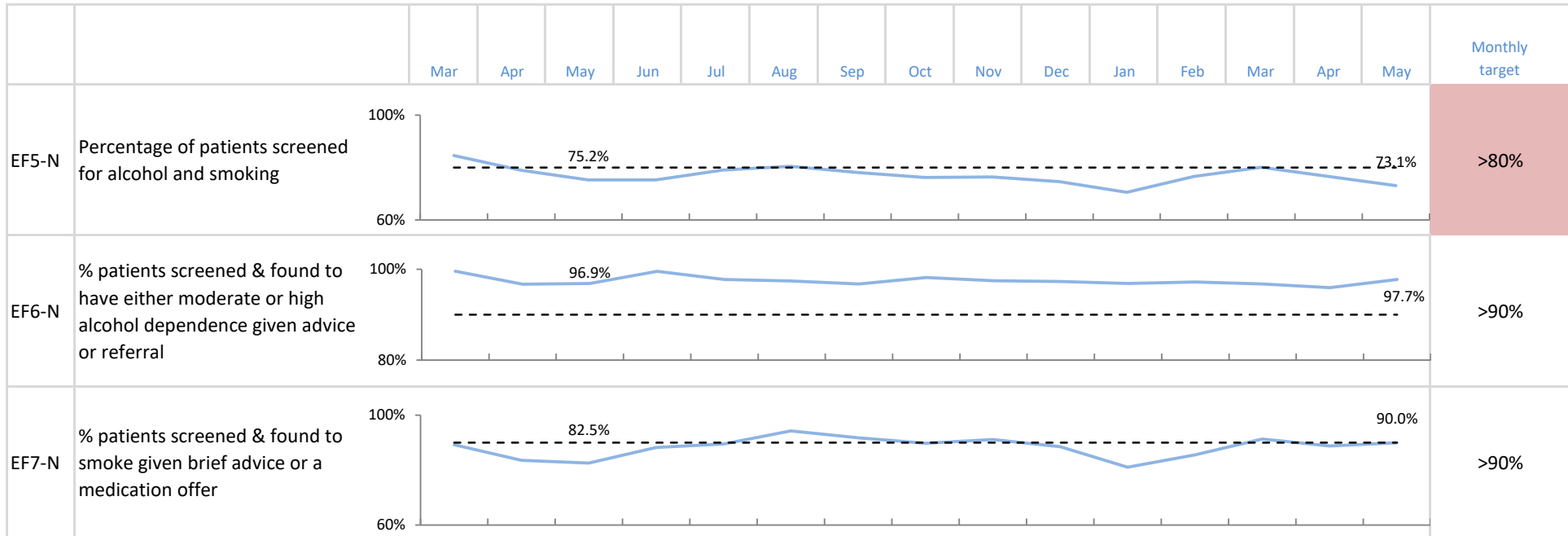
- Inpatient feedback (CA 1) continues to be good and significantly better than target.
- Maternity patient negative feedback (CA 2) continues to be worse than target; deteriorating from the previous month to 7.4% compared to the target of <=5%. Performance will continue to receive close monitoring. We expect national data to be available to enable benchmarking in the near future.
- The number of complaints closed within 35 days (CA5-L) continued to meet the target of 70%, while the number of complaints per 1,000 units (CA4-L) continued to be significantly better than the target of 1.2, at 0.2.



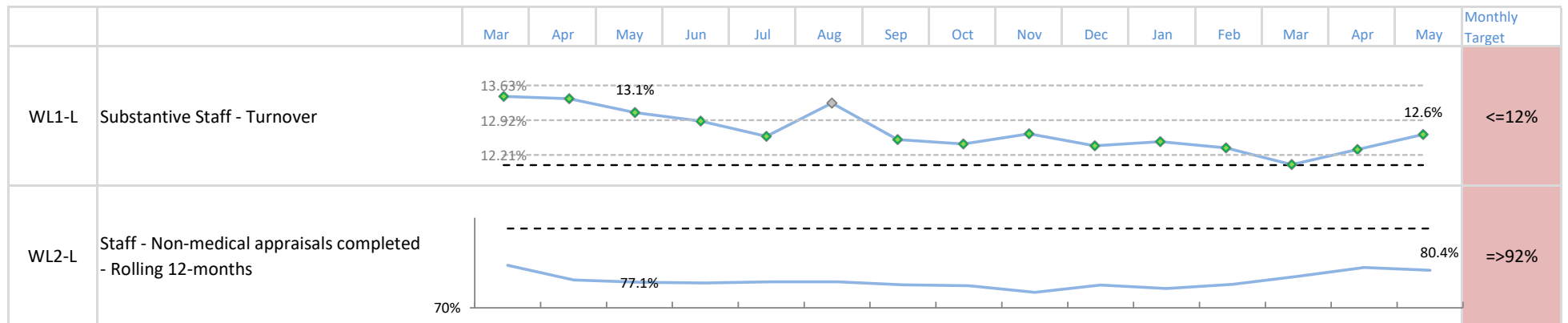


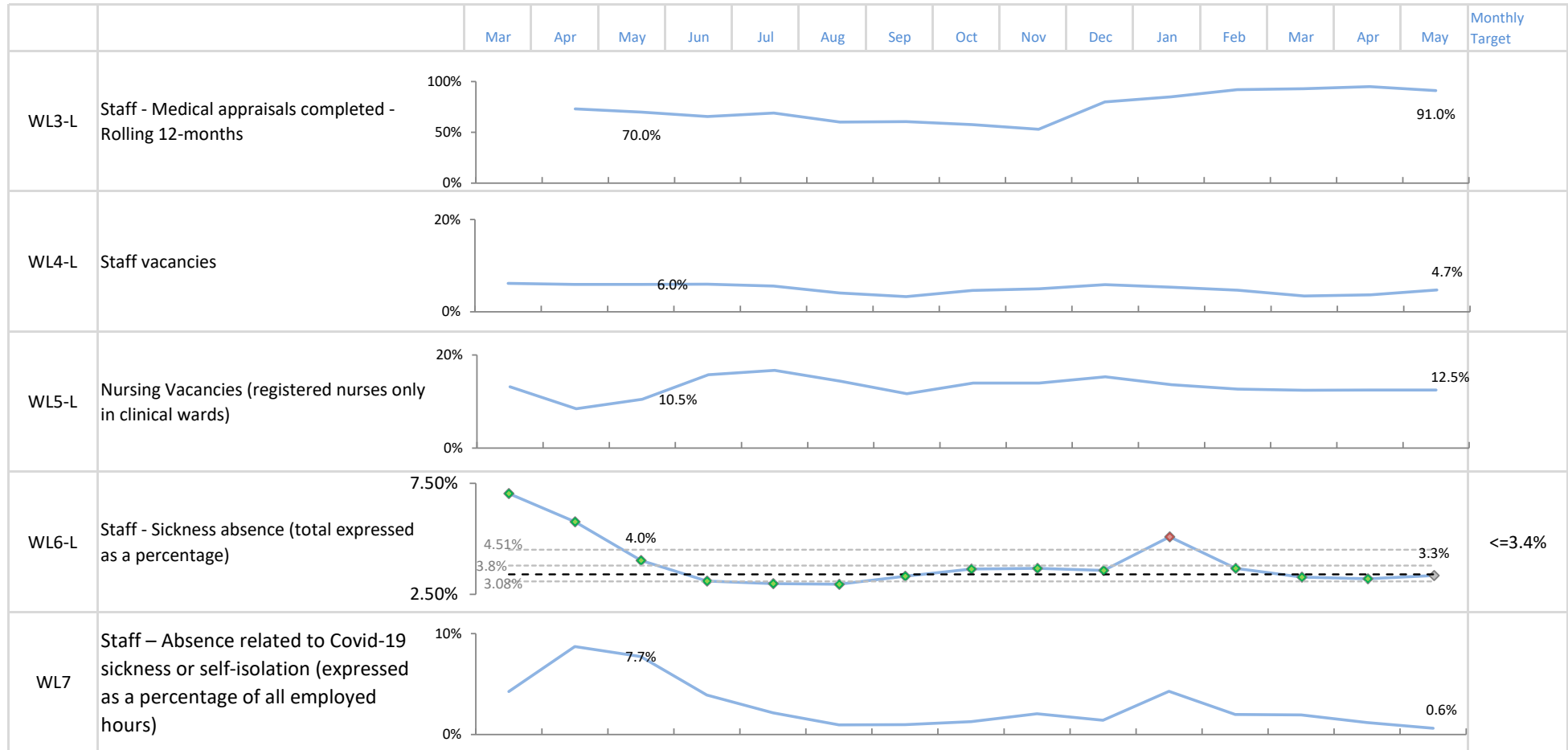
- HSMR reduced slightly in February to 81.1 (EF3), significantly below the 'expected' level of 100.
- The number of patients screened for alcohol and smoking remains below the target of 80% at 73.1% (EF5). The number of patients with moderate or high alcohol dependence given advice continued to exceed the 90% target, at 97.7% (EF6) while those found to smoke and given brief advice or a medication offer (EF 7) remained in line with the target at 90%.

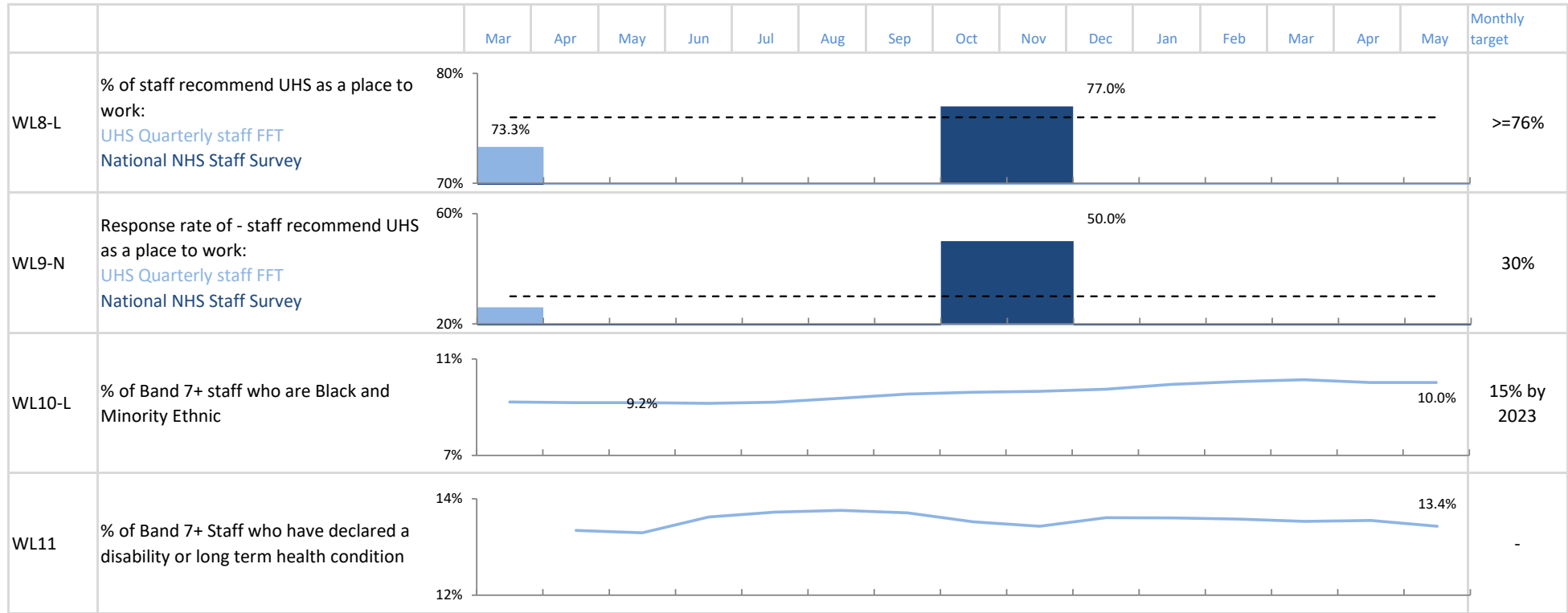




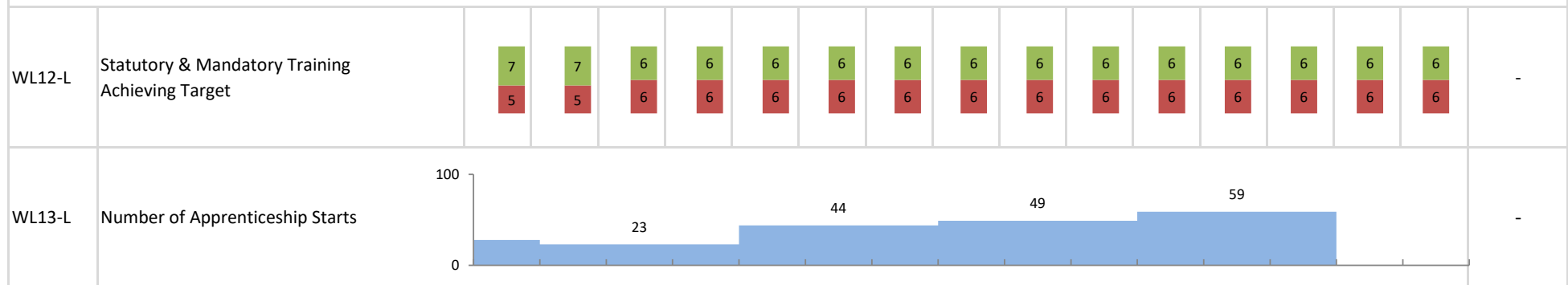
- Substantive staff turnover (WL1-L) increased again in May to 12.6%, above the target of 12%.
- Overall sickness absence (WL 6) increased to 3.3%, but remained under the target.
- COVID-19 related absence (WL 7) reduced to 0.6% of employed time during the month of May.



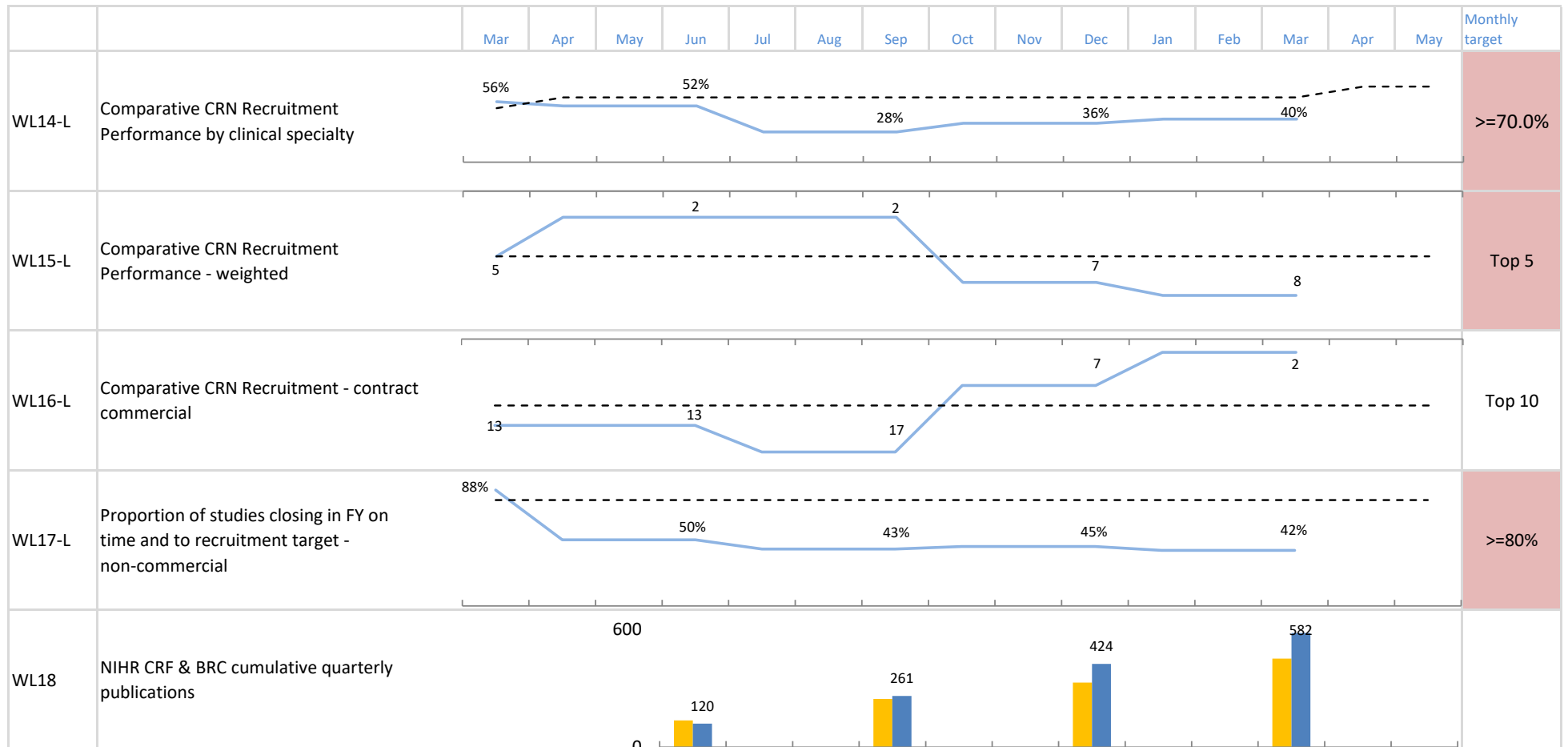




WL12- QI training programme, and reporting, is currently temporarily suspended as team members support urgent change programmes as part of our Covid 19 response and recovery



■ Current Data ■ Benchmark
■ Previous Year ■ Target



Report notes - Nursing and Midwifery staffing hours - May 2021

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 into April in line with national guidance

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 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. Both mothers and babies are now included in our occupancy levels which will have impacted the care hours per patient day for comparison in previous months.

During recent months 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 RHDU). With the improving COVID-19 position in April and May these wards have in the main returned to their normal size and purpose but some changes have been swift in nature and the data in some cases 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 |
|--------------------------|-------|---------------------------------------|--------------------------------------|--|---------------------------------------|----------------------------|-----------------------------|------------------------------------|------------------|---------------|---|
| Critical Care | Day | 22607 | 20720 | 5895 | 3915 | 91.7% | 66.4% | 29.7 | 5.5 | 35.2 | Beds flexed to match staffing; Safe staffing levels maintained. |
| Critical Care | Night | 21788 | 20436 | 4926 | 3683 | 93.8% | 74.8% | | | | Safe staffing levels maintained; Beds flexed to match staffing. |
| SUR E5 Lower GI | Day | 1483 | 1380 | 731 | 896 | 93.0% | 122.6% | 4.3 | 3.1 | 7.4 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SUR E5 Lower GI | Night | 713 | 656 | 357 | 552 | 91.9% | 154.8% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SUR E5 Upper GI | Day | 1489 | 1303 | 801 | 963 | 87.6% | 120.2% | 4.4 | 3.3 | 7.7 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SUR E5 Upper GI | Night | 713 | 724 | 357 | 529 | 101.5% | 148.2% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| SUR E8 Ward | Day | 1500 | 2215 | 743 | 1361 | 147.7% | 183.1% | 4.7 | 3.5 | 8.2 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| SUR E8 Ward | Night | 817 | 1049 | 460 | 1035 | 128.5% | 225.0% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SUR F11 IF | Day | 1996 | 1669 | 823 | 983 | 83.6% | 119.4% | 4.7 | 3.5 | 8.2 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SUR F11 IF | Night | 712 | 712 | 713 | 771 | 99.9% | 108.1% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| SUR Acute Surgical Unit | Day | 1489 | 932 | 711 | 841 | 62.6% | 118.4% | 8.9 | 6.5 | 15.4 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SUR Acute Surgical Unit | Night | 713 | 712 | 713 | 357 | 99.8% | 50.0% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SUR Acute Surgical Admis | Day | 2258 | 1614 | 599 | 1348 | 71.5% | 225.2% | 3.8 | 3.2 | 6.9 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SUR Acute Surgical Admis | Night | 1070 | 1013 | 713 | 839 | 94.6% | 117.7% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SUR F5 Ward | Day | 1946 | 1562 | 1277 | 1446 | 80.3% | 113.3% | 4.0 | 3.3 | 7.3 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SUR F5 Ward | Night | 1070 | 1070 | 723 | 712 | 100.0% | 98.5% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |

| 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 Clinic | Day | 1416 | 1354 | 998 | 1596 | 95.6% | 159.9% | 3.9 | 5.4 | 9.3 | Additional staff used for enhanced care - Support workers; Increase in acuity/dependency of patients in the month; Patient requiring 24 hour 1:1 nursing in the month. |
| CAN C4 Solent Ward Clinic | Night | 1070 | 956 | 713 | 1611 | 89.3% | 225.9% | | | | Additional staff used for enhanced care - Support workers; Increase in acuity/dependency of patients in the month; Patient requiring 24 hour 1:1 nursing in the month. |
| CAN C6 Leukaemia/BMT | Day | 2894 | 2625 | 98 | 542 | 90.7% | 552.7% | 8.0 | 1.2 | 9.2 | Increase in acuity/dependency of patients in the month; Requested additional HCA in staffing review in order to have on E and L shifts. |
| CAN C6 Leukaemia/BMT | Night | 2037 | 2055 | 0 | 144 | 100.9% | Shift N/A | | | | No requirement for Support workers. |
| CAN C6 TYA Unit | Day | 758 | 835 | 395 | 113 | 110.2% | 28.5% | 8.8 | 0.7 | 9.6 | Staff moved to support other wards; Staff moved to work on C4 . |
| CAN C6 TYA Unit | Night | 686 | 677 | 0 | 11 | 98.8% | Shift N/A | | | | No requirement for Support workers. |
| CAN C2 Haematology | Day | 2353 | 2535 | 1108 | 964 | 107.7% | 87.0% | 6.0 | 2.6 | 8.6 | shifts out but no fill. |
| CAN C2 Haematology | Night | 1770 | 2068 | 1070 | 1051 | 116.8% | 98.2% | | | | Increase in acuity/dependency of patients in the month; a/w nursing uplift for the ward. |
| CAN D3 Ward | Day | 1728 | 1861 | 784 | 967 | 107.7% | 123.3% | 4.6 | 3.1 | 7.7 | Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers. |
| CAN D3 Ward | Night | 1046 | 1059 | 695 | 1010 | 101.2% | 145.4% | | | | Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers. |
| ECM Acute Medical Unit | Day | 4772 | 5686 | 4518 | 4939 | 119.1% | 109.3% | 12.4 | 9.1 | 21.5 | Safe staffing levels maintained; Additional beds open in the month; ; AMU has 43 beds not 54; Also, SDEC RN and HCA hours need to be removed. AMU3 remains open as assessment, and AMU4 now open. |
| ECM Acute Medical Unit | Night | 4423 | 5545 | 3245 | 3303 | 125.4% | 101.8% | | | | Safe staffing levels maintained; Additional beds open in the month; ; AMU has 43 beds not 54; Also, SDEC RN and HCA hours need to be removed. AMU3 remains open as assessment, and AMU4 now open. |
| MED D5 Ward | Day | 1182 | 1638 | 1750 | 1249 | 138.6% | 71.3% | 3.3 | 2.7 | 6.1 | Safe staffing levels maintained. |
| MED D5 Ward | Night | 1058 | 1108 | 946 | 1005 | 104.7% | 106.2% | | | | Safe staffing levels maintained. |
| MED D6 Ward | Day | 1131 | 1156 | 1540 | 1413 | 102.2% | 91.7% | 3.2 | 3.4 | 6.6 | Safe staffing levels maintained. |
| MED D6 Ward | Night | 714 | 1128 | 946 | 979 | 158.0% | 103.5% | | | | Increased night staffing to support raised acuity. |
| MED D7 Ward | Day | 656 | 960 | 1005 | 1501 | 146.2% | 149.3% | 3.6 | 4.8 | 8.4 | Staff moved to support other wards; Safe staffing levels maintained. |
| MED D7 Ward | Night | 714 | 726 | 334 | 725 | 101.7% | 217.2% | | | | Safe staffing levels maintained. |
| MED D8 Ward | Day | 996 | 1380 | 1574 | 1148 | 138.7% | 73.0% | 3.6 | 3.0 | 6.6 | Staff moved to support other wards; Safe staffing levels maintained. |
| MED D8 Ward | Night | 713 | 1081 | 946 | 938 | 151.6% | 99.2% | | | | Increased night staffing to support raised acuity. |
| MED D9 Ward | Day | 1225 | 1678 | 1481 | 1330 | 137.0% | 89.8% | 3.2 | 2.9 | 6.1 | Additional staff used for enhanced care - RNs; Safe staffing levels maintained. |
| MED D9 Ward | Night | 1070 | 1001 | 946 | 1051 | 93.5% | 111.2% | | | | Safe staffing levels maintained. |
| MED F7 Ward | Day | 820 | 964 | 1478 | 1285 | 117.6% | 87.0% | 3.2 | 3.8 | 7.0 | Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing. |
| MED F7 Ward | Night | 713 | 633 | 702 | 621 | 88.7% | 88.5% | | | | Safe staffing levels maintained. |
| MED E7 Ward | Day | 940 | 1555 | 1437 | 1404 | 165.5% | 97.7% | 3.7 | 3.2 | 6.9 | Additional staff used for enhanced care - RNs; Safe staffing levels maintained. |
| MED E7 Ward | Night | 713 | 1246 | 1267 | 1001 | 174.7% | 79.0% | | | | Additional staff used for enhanced care - RNs; Safe staffing levels maintained. |
| MED Respiratory HDU | Day | 2271 | 1790 | 489 | 617 | 78.8% | 126.3% | 17.7 | 5.3 | 22.9 | Staffing appropriate for number of patients; Safe staffing levels maintained. |
| MED Respiratory HDU | Night | 2105 | 1636 | 357 | 407 | 77.7% | 114.2% | | | | Staffing appropriate for number of patients; Safe staffing levels maintained. |
| MED C5 Isolation Ward | Day | 1194 | 1140 | 1209 | 580 | 95.5% | 47.9% | 8.6 | 5.3 | 13.9 | Staffing appropriate for number of patients; Safe staffing levels maintained. |
| MED C5 Isolation Ward | Night | 1081 | 782 | 357 | 598 | 72.4% | 167.6% | | | | Staffing appropriate for number of patients; Safe staffing levels maintained. |
| MED D10 Isolation Unit | Day | 1106 | 1058 | 1348 | 1273 | 95.6% | 94.5% | 3.6 | 3.9 | 7.5 | Safe staffing levels maintained. |
| MED D10 Isolation Unit | Night | 713 | 755 | 713 | 725 | 105.9% | 101.6% | | | | Safe staffing levels maintained. |
| MED G5 Ward | Day | 1018 | 1314 | 1889 | 1602 | 129.1% | 84.8% | 3.0 | 3.0 | 6.0 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource. |
| MED G5 Ward | Night | 1070 | 1071 | 713 | 713 | 100.1% | 100.0% | | | | Skill mix swaps undertaken to support safe staffing across the Unit. |
| MED G6 Ward | Day | 1044 | 1179 | 1815 | 1594 | 113.0% | 87.8% | 2.9 | 3.5 | 6.4 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource. |
| MED G6 Ward | Night | 1035 | 909 | 771 | 886 | 87.8% | 114.9% | | | | Safe staffing levels maintained by sharing staff resource. |
| MED G8 Ward | Day | 1083 | 1069 | 1804 | 1622 | 98.7% | 89.9% | 2.8 | 4.0 | 6.9 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource. |
| MED G8 Ward | Night | 1012 | 747 | 932 | 978 | 73.8% | 104.9% | | | | Safe staffing levels maintained by sharing staff resource. |
| MED G9 Ward | Day | 1068 | 1098 | 1857 | 1823 | 102.9% | 98.2% | 2.8 | 3.5 | 6.3 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource. |
| MED G9 Ward | Night | 1025 | 1002 | 748 | 805 | 97.8% | 107.7% | | | | Safe staffing levels maintained by sharing staff resource. |
| MED Bassett Ward | Day | 1120 | 812 | 2160 | 1653 | 72.5% | 76.5% | 3.1 | 5.2 | 8.2 | Band 4 staff working to support registered nurse numbers; Additional beds open in the month; Patient requiring 24 hour 1:1 nursing in the month. |
| MED Bassett Ward | Night | 725 | 713 | 978 | 932 | 98.4% | 95.3% | | | | Patient requiring 24 hour 1:1 nursing in the month; Additional beds open in the month. |

| 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 |
|-------------------------------|-------|--|---|---|--|-------------------------------|--------------------------------|--|---------------------|------------------|--|
| CHI High Dependency Unit | Day | 1620 | 1233 | 0 | 47 | 76.1% | Shift N/A | 16.4 | 1.0 | 17.4 | Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained. |
| CHI High Dependency Unit | Night | 1070 | 1082 | 0 | 92 | 101.2% | Shift N/A | | | | Safe staffing levels maintained. |
| CHI Paed Medical Unit | Day | 1881 | 1712 | 318 | 761 | 91.0% | 239.4% | 8.6 | 3.8 | 12.4 | Additional beds open in the month; Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing maintained. |
| CHI Paed Medical Unit | Night | 1705 | 1533 | 681 | 659 | 89.9% | 96.8% | | | | Additional beds open in the month; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained. |
| CHI Paediatric Intensive Care | Day | 6204 | 5069 | 663 | 426 | 81.7% | 64.2% | 28.1 | 2.4 | 30.5 | Beds flexed to match staffing; Non-ward based staff supporting areas; Safe staffing levels maintained. |
| CHI Paediatric Intensive Care | Night | 5704 | 4926 | 667 | 442 | 86.4% | 66.3% | | | | Beds flexed to match staffing; Safe staffing levels maintained. |
| CHI Piam Brown Unit | Day | 3637 | 2870 | 200 | 51 | 78.9% | 25.6% | 14.7 | 0.2 | 14.9 | Non-ward based staff supporting areas; Staff moved to support other wards; Safe staffing levels maintained. |
| CHI Piam Brown Unit | Night | 1426 | 1185 | 0 | 0 | 83.1% | Shift N/A | | | | Beds flexed to match staffing; Safe staffing levels maintained. |
| CHI Ward E1 Paed Cardiac | Day | 2014 | 1938 | 626 | 622 | 96.3% | 99.4% | 8.4 | 2.4 | 10.8 | Safe staffing levels maintained. |
| CHI Ward E1 Paed Cardiac | Night | 1426 | 1463 | 357 | 345 | 102.6% | 96.8% | | | | Safe staffing levels maintained. |
| CHI Ward G2 Neuro | Day | 758 | 779 | 0 | 0 | 102.8% | Shift N/A | 9.4 | 0.0 | 9.4 | Safe staffing levels maintained. |
| CHI Ward G2 Neuro | Night | 744 | 804 | 0 | 0 | 108.1% | Shift N/A | | | | Safe staffing levels maintained. |
| CHI Ward G3 | Day | 2445 | 1883 | 1678 | 994 | 77.0% | 59.2% | 7.4 | 3.1 | 10.5 | Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained. |
| CHI Ward G3 | Night | 1705 | 1508 | 1034 | 410 | 88.4% | 39.7% | | | | Beds flexed to match staffing; Safe staffing levels maintained. |
| CHI Ward G4 Surgery | Day | 2376 | 2787 | 1260 | 754 | 117.3% | 59.9% | 10.2 | 2.4 | 12.5 | Safe staffing levels maintained. |
| CHI Ward G4 Surgery | Night | 1705 | 2138 | 682 | 397 | 125.4% | 58.2% | | | | Safe staffing levels maintained. |
| W&N Bramshaw Women | Day | 1112 | 1009 | 750 | 615 | 90.7% | 82.0% | 6.9 | 4.0 | 10.9 | Safe staffing levels maintained. |
| W&N Bramshaw Women | Night | 713 | 713 | 713 | 368 | 100.0% | 51.6% | | | | Safe staffing levels maintained. |
| W&N Neonatal Unit | Day | 6831 | 5048 | 1700 | 1057 | 73.9% | 62.1% | 17.1 | 3.8 | 20.8 | Safe staffing levels maintained. Professional judgement used to allocate appropriately and cover clinical need . |
| W&N Neonatal Unit | Night | 5445 | 4280 | 1342 | 1001 | 78.6% | 74.6% | | | | Safe staffing levels maintained. Professional judgement used to allocate appropriately and cover clinical need . |
| W&N PAH Maternity Serv | Day | 8528 | 7709 | 2666 | 1842 | 90.4% | 69.1% | 6.0 | 1.5 | 7.5 | 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 Serv | Night | 5357 | 4701 | 1702 | 1306 | 87.8% | 76.7% | | | | Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services. |
| CAR CHDU | Day | 4721 | 4408 | 1913 | 1312 | 93.4% | 68.6% | 15.4 | 4.1 | 19.6 | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit; 2 beds flexed down for social distancing. |
| CAR CHDU | Night | 3879 | 3880 | 1122 | 913 | 100.0% | 81.4% | | | | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CAR Coronary Care Unit | Day | 2620 | 2732 | 1140 | 1112 | 104.3% | 97.6% | 10.8 | 4.6 | 15.4 | Safe staffing levels maintained; Safe staffing levels maintained. |
| CAR Coronary Care Unit | Night | 2325 | 2451 | 957 | 1079 | 105.4% | 112.7% | | | | Safe staffing levels maintained; Safe staffing levels maintained. |
| CAR Ward D4 Vascular | Day | 1722 | 1399 | 1011 | 1371 | 81.2% | 135.6% | 4.3 | 4.1 | 8.5 | Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers. |
| CAR Ward D4 Vascular | Night | 794 | 1061 | 1023 | 981 | 133.6% | 95.8% | | | | Increase in acuity/dependency of patients in the month; Safe staffing levels maintained; Trialling 3rd RN on nights. |
| CAR Ward E2 YACU | Day | 1552 | 1450 | 878 | 925 | 93.4% | 105.4% | 4.5 | 3.4 | 8.0 | Safe staffing levels maintained; Safe staffing levels maintained. |
| CAR Ward E2 YACU | Night | 682 | 717 | 341 | 725 | 105.1% | 213.0% | | | | Safe staffing levels maintained; anomaly - Night UR staffing safe. |
| CAR Ward E3 Green | Day | 1490 | 1653 | 1425 | 1267 | 110.9% | 88.9% | 3.8 | 3.3 | 7.0 | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CAR Ward E3 Green | Night | 682 | 754 | 793 | 825 | 110.5% | 104.0% | | | | Safe staffing levels maintained; Safe staffing levels maintained. |
| CAR Ward E3 Blue | Day | 1109 | 1416 | 1158 | 934 | 127.7% | 80.6% | 4.2 | 3.3 | 7.4 | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CAR Ward E3 Blue | Night | 682 | 693 | 682 | 715 | 101.6% | 104.8% | | | | Safe staffing levels maintained; Safe staffing levels maintained. |
| CAR Ward E4 Thoracics | Day | 1617 | 1536 | 1169 | 1251 | 95.0% | 107.0% | 4.6 | 3.6 | 8.2 | Safe staffing levels maintained; Safe staffing levels maintained. |
| CAR Ward E4 Thoracics | Night | 957 | 979 | 429 | 697 | 102.2% | 162.4% | | | | Safe staffing levels maintained; Additional staff used for enhanced care - Support workers. |
| CAR Ward D2 Cardiology | Day | 1360 | 935 | 705 | 1108 | 68.8% | 157.2% | 3.3 | 4.7 | 8.0 | Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers. |
| CAR Ward D2 Cardiology | Night | 682 | 539 | 693 | 979 | 79.0% | 141.3% | | | | Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers. |

| 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 |
|----------------------------|-------|--|---|---|--|-------------------------------|--------------------------------|--|---------------------|------------------|--|
| NEU Acute Stroke Unit | Day | 1507 | 1593 | 2704 | 2635 | 105.7% | 97.4% | 3.0 | 5.2 | 8.2 | 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. |
| NEU Acute Stroke Unit | Night | 1012 | 936 | 1683 | 1721 | 92.5% | 102.3% | | | | 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. |
| NEU Regional Transfer Unit | Day | 1251 | 867 | 363 | 484 | 69.3% | 133.2% | 11.0 | 8.0 | 19.0 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| NEU Regional Transfer Unit | Night | 704 | 638 | 671 | 616 | 90.6% | 91.8% | | | | 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. |
| NEU ward E Neuro | Day | 1887 | 1756 | 1105 | 1423 | 93.1% | 128.7% | 3.9 | 3.6 | 7.5 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| NEU ward E Neuro | Night | 1361 | 1240 | 1023 | 1331 | 91.1% | 130.1% | | | | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| NEU HASU | Day | 1573 | 1422 | 367 | 445 | 90.4% | 121.3% | 8.6 | 2.5 | 11.1 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| NEU HASU | Night | 1364 | 1265 | 341 | 330 | 92.7% | 96.8% | | | | 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. |
| NEU Ward D Neuro | Day | 1951 | 1693 | 1957 | 1955 | 86.8% | 99.9% | 4.6 | 5.4 | 10.0 | 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. |
| NEU Ward D Neuro | Night | 1364 | 1408 | 1716 | 1685 | 103.2% | 98.2% | | | | 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 Ward F4 Spinal | Day | 1587 | 1391 | 823 | 1276 | 87.7% | 155.0% | 4.0 | 3.8 | 7.8 | 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. |
| SPI Ward F4 Spinal | Night | 1023 | 1001 | 1023 | 1034 | 97.8% | 101.1% | | | | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| T&O Ward Brooke | Day | 1016 | 1338 | 1157 | 746 | 131.7% | 64.4% | 4.2 | 3.4 | 7.6 | Safe staffing levels maintained; Staff moved to support other wards; Increase in acuity/dependency of patients in the month. |
| T&O Ward Brooke | Night | 713 | 736 | 713 | 920 | 103.2% | 129.0% | | | | Safe staffing levels maintained; Staff moved to support other wards; Increase in acuity/dependency of patients in the month. |
| T&O Trauma Admissions | Day | 917 | 745 | 744 | 726 | 81.3% | 97.6% | | | | Staff moved to support other wards; Safe staffing levels maintained; Non-ward based staff supporting areas. |
| T&O Trauma Admissions | Night | 682 | 649 | 682 | 660 | 95.2% | 96.8% | | | | Staff moved to support other wards; Safe staffing levels maintained; Staffing appropriate for number of patients. |
| T&O Ward F1 Major Trauma | Day | 2407 | 2359 | 1975 | 2094 | 98.0% | 106.0% | 4.5 | 4.3 | 8.8 | Patient requiring 24 hour 1:1 nursing in the month; Increase in acuity/dependency of patients in the month; Additional staff used for enhanced care - RNs. |
| T&O Ward F1 Major Trauma | Night | 1783 | 1800 | 1782 | 1931 | 101.0% | 108.4% | | | | Patient requiring 24 hour 1:1 nursing in the month; Increase in acuity/dependency of patients in the month; Additional staff used for enhanced care - RNs. |
| T&O Ward F2 Trauma | Day | 1619 | 1483 | 1990 | 2007 | 91.6% | 100.9% | 3.1 | 4.7 | 7.9 | Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards. |
| T&O Ward F2 Trauma | Night | 1023 | 880 | 1364 | 1560 | 86.0% | 114.4% | | | | Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards. |
| T&O Ward F3 Trauma | Day | 1636 | 1466 | 1910 | 1979 | 89.6% | 103.6% | 3.4 | 5.1 | 8.6 | Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards. |
| T&O Ward F3 Trauma | Night | 1023 | 935 | 1365 | 1652 | 91.4% | 121.0% | | | | Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards. |
| T&O Ward F4 Elective | Day | 1433 | 1461 | 1257 | 827 | 102.0% | 65.8% | 4.6 | 3.1 | 7.7 | Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards; Safe staffing levels maintained. |
| T&O Ward F4 Elective | Night | 1023 | 715 | 683 | 661 | 69.9% | 96.8% | | | | Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards; Safe staffing levels maintained. |