University Hospital Southampton NHS Foundation Trust

| Report to the Trust Board of Directors | | | | |
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| **Title:** | **Finance Report 2021-22 Month 4** | | | |
| **Agenda item:** | **11.3** | | | |
| **Sponsor:** | **Ian Howard – Interim Chief Financial Officer** | | | |
| **Author:** | **Philip Bunting – Interim Deputy Director of Finance** | | | |
| **Date:** | **26 August 2021** | | | |
| **Purpose** | **Assurance or reassurance** | **Approval** | **Ratification** | **Information**<br><br>**X** |
| Issue to be addressed: | The finance report provides a monthly summary of the key financial information for the Trust. | | | |
| Response to the issue: | The Trust continues to report an on plan financial position of breakeven. In month £1.3m of non-recurrent benefits have however helped support breakeven achievement with ERF income significantly lower than expected.<br><br>**Elective Recovery Framework (ERF):**<br>• Elective Recovery Framework achievement of £0.35m is estimated in month, based on activity of circa 97% of pre-Covid levels of activity for Elective and Outpatients. This compares to a baseline expectation of 95%. (M3 achievement of 94% vs. 80% baseline target). Although this has marginally improved from June this is significantly lower than the anticipated forecast of £3m achievement (108%). The drivers behind this are as follows:<br>o Increased levels of annual leave and staff isolating. Rates of self-isolation increased from 0.5% of workforce in April to June to 2.5% of workforce in July. This has had a significant impact on the availability of staffing and therefore activity.<br>o Continued non-elective pressure (spells increasing 3% from M3 and reaching 99% of production plan levels) and ED activity (also 3% increase from M3). Operational bed pressures are particularly acute within critical care.<br>o Increasing numbers of Covid-19 patients on wards which ended July with 48 Covid positive inpatients reported. This number remains above 40 in mid-August having started July at below 10 patients.<br>• ERF achievement is below the 110% target for elective and outpatient activity by July as per the accelerator programme ambitions.<br><br>**M4 Forecast Review:**<br>• We undertake a quarterly review of the Trust forecast position.<br>• Operational pressures in July and August have significantly dampened the trusts ERF forecast for H1 which has been revised down by £6.6m from £23.8m to £17.2m as a result. This poses a significant risk to financial performance over the remainder of H1 however the trust remains in a strong position to | | | |

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| | manage this risk making an underlying margin on ERF in Q1.<br>• Overall, given the stability of the year-to-date position and balance sheet, the Trust are in a strong position to manage the risks of quarter 2 and achieve a break-even plan position for H1.<br>• The forecast for H2 will be reviewed as part of the H2 planning process.<br><br>**Capital:**<br>• CDEL reported spend is £1.5m behind plan YTD with spend in month £1.3m below plan. The trust remains confident however that the annual CDEL allocation of £49.8m will be spent in full.<br><br>**ICS finance position:**<br>• All organisations at month 3 were 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.<br><br>**Other financial issues:**<br>• The finance team continue to undertake investigations with Pharmacy regarding use of drugs that are included within block contracts. The value has reduced from previous months but is still £2m ahead of plan YTD.<br>• Specialist commissioning have started informal consultation around the transfer of a proportion of activity to ICS level which will be funded on a population needs basis. The exact quantum of activity, funding envelope and scope of services is currently undecided. This is likely to be in shadow format in 22/23 and then permanently embedded in 23/24. UHS intends to work closely with NHS England and the provider network throughout the consultation period. |
| Implications:<br>(Clinical, Organisational, Governance, Legal?) | • Financial implications of availability of funding to cover growth, cost pressures and new activity.<br>• Organisational implications of remaining within statutory duties. |
| Risks: (Top 3) of carrying out the change / or not: | • Financial risk mainly linked to the uncertainty of H2 21/22 funding arrangements and ability to support long term decision making.<br>• Cash risk linked to volatility above<br>• Inability to maximise CDEL (which cannot be carried forward) if mitigations are not put into place |
| Summary: Conclusion and/or recommendation | Trust Board is asked to note this report. |

# 2021/22 Finance Report - Month 4

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| **Report to:** | **Board of Directors and Finance & Investment Committee**<br><br>**July 2021** |
| **Title:** | **Finance Report for Period ending 31/07/2021** |
| **Author:** | **Philip Bunting, Interim Deputy Director of Finance** |
| **Sponsoring Director:** | **Ian Howard, Interim Chief Financial Officer** |
| **Purpose:** | **Standing Item** |
| | **The Board is asked to note the report** |

**Executive Summary:**

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

1. In July 2021, the Trust reported a breakeven position as planned.

2. Elective Recovery Framework (ERF) income is estimated at £0.35m for July; however this has not yet been confirmed and is dependent on wider system achievement and NHSI validation. This was down from £3.1m the previous month and reflects the revised activity achievement target of 95% now in place for Q2. Significant operational pressures have also dampened ERF achievement and forecast.

3. In month, £3.6m (£2.5m pay and £1.1m non pay) was incurred on additional expenditure relating to Covid-19. This was £0.6m lower than in June mainly due to lower Covid vaccination costs (down £0.5m). Within the trusts block funding is a non-recurrent fixed element for Covid costs which will continue throughout H1. Covid inpatient volumes increased in month to 48 diverting resources away from elective.

4. The main underlying themes seen in M4 were :
   - Elective activity in July represents 94% of planned income levels, up slightly from 93% in June.
   - Non Elective activity levels in July was at 99% of planned levels, down from 103% in June. A&E attendances continue to be high, back to pre-Covid levels.
   - Outpatient activity in July was at 107% of planned levels, down slightly from 108% in June.
   - Drugs and devices expenditure was high in month with £4.6m over performance reported on pass through items, higher than the £2.2m over performance in M3. This is mirrored by additional income.
   - Trust underlying performance deteriorated slightly although remains at close to breakeven levels after adjusting for one off items.

## Finance: I&E Summary

The financial position for M4 was breakeven as per plan. This position does however include £1.3m in non recurrent income.

The Saliva testing finances are significantly distorting variances within income and expenditure categories as testing activity is not yet fully mobilised.

Pay costs are £1.7m below plan in month and now £9.5m behind plan YTD. In addition to Saliva testing this is further driven by elective recovery costs that have not increased pay to the originally anticipated level. This is however offset by reduced ERF income. Agency costs spiked in month due partly to increased staff sickness due to covid self isolation notifications dramatically increasing.

Block drugs costs were £0.2m above plan in M4 and remain under investigation as this remains an in year pressure having previously been pass through costs. Energy cost increases and overseas recruitment expenditure are the key areas of overspend within 'other non pay'.

| | | 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 | 69.1 | 65.4 | 3.8 | 275.1 | 266.4 | 8.6 | 412.8 | 406.4 | 6.4 |
| | Pass-through Drugs & Devices | 8.5 | 13.1 | (4.6) | 33.9 | 44.0 | (10.1) | 50.9 | 61.6 | (10.7) |
| Other income | Other Income excl. PSF | 15.2 | 13.2 | 2.0 | 60.6 | 52.1 | 8.6 | 90.9 | 77.8 | 13.1 |
| | Top Up Income | 0.8 | 1.1 | (0.3) | 3.1 | 4.6 | (1.4) | 4.7 | 6.9 | (2.2) |
| **Total income** | | **93.6** | **92.7** | **0.8** | **372.8** | **367.1** | **5.7** | **561.4** | **552.7** | **6.7** |
| Costs | Pay-Substantive | 46.9 | 45.4 | (1.6) | 187.7 | 180.9 | (6.8) | 281.5 | 273.0 | (8.5) |
| | Pay-Bank | 4.0 | 3.5 | (0.4) | 15.8 | 14.0 | (1.9) | 23.7 | 21.8 | (1.9) |
| | Pay-Agency | 1.2 | 1.6 | 0.3 | 5.0 | 4.2 | (0.8) | 7.5 | 5.2 | (2.3) |
| | Drugs | 4.3 | 4.5 | 0.2 | 17.4 | 19.4 | 2.0 | 26.0 | 30.4 | 4.4 |
| | Pass-through Drugs & Devices | 8.5 | 13.1 | 4.6 | 33.9 | 44.0 | 10.1 | 50.9 | 61.6 | 10.7 |
| | Clinical supplies | 11.2 | 6.4 | (4.8) | 43.2 | 31.9 | (11.3) | 65.1 | 51.9 | (13.2) |
| | Other non pay | 14.2 | 15.2 | 0.9 | 56.9 | 60.6 | 3.7 | 85.4 | 90.9 | 5.5 |
| **Total expenditure** | | **90.4** | **89.7** | **(0.7)** | **360.0** | **354.9** | **(5.0)** | **542.2** | **534.9** | **(5.3)** |
| **EBITDA** | | **3.2** | **3.0** | 0.2 | **12.8** | **12.1** | 0.7 | **19.2** | **17.8** | 1.4 |
| **EBITDA %** | | 3.4% | 3.3% | 0.1% | 3.4% | 3.3% | 0.1% | 3.4% | 3.2% | 0.2% |
| | Depreciation / Non Operating Expenditure | 3.2 | 3.1 | (0.1) | 12.9 | 12.4 | (0.4) | 19.3 | 18.6 | (0.6) |
| **Surplus / (Deficit)** | | **(0.0)** | **(0.1)** | 0.1 | **(0.0)** | **(0.3)** | 0.2 | **(0.1)** | **(0.8)** | **0.8** |
| Less | Donated income | 0.1 | 0.0 | 0.1 | 0.4 | 0.0 | 0.3 | 0.5 | 0.0 | 0.5 |
| Add Back | Donated depreciation | 0.1 | 0.1 | 0.0 | 0.4 | 0.6 | 0.2 | 0.6 | 0.9 | 0.3 |
| **Net Surplus / (Deficit)** | | **(0.0)** | **0.0** | **(0.0)** | **(0.0)** | **0.3** | **(0.3)** | **(0.0)** | **0.0** | **(0.0)** |

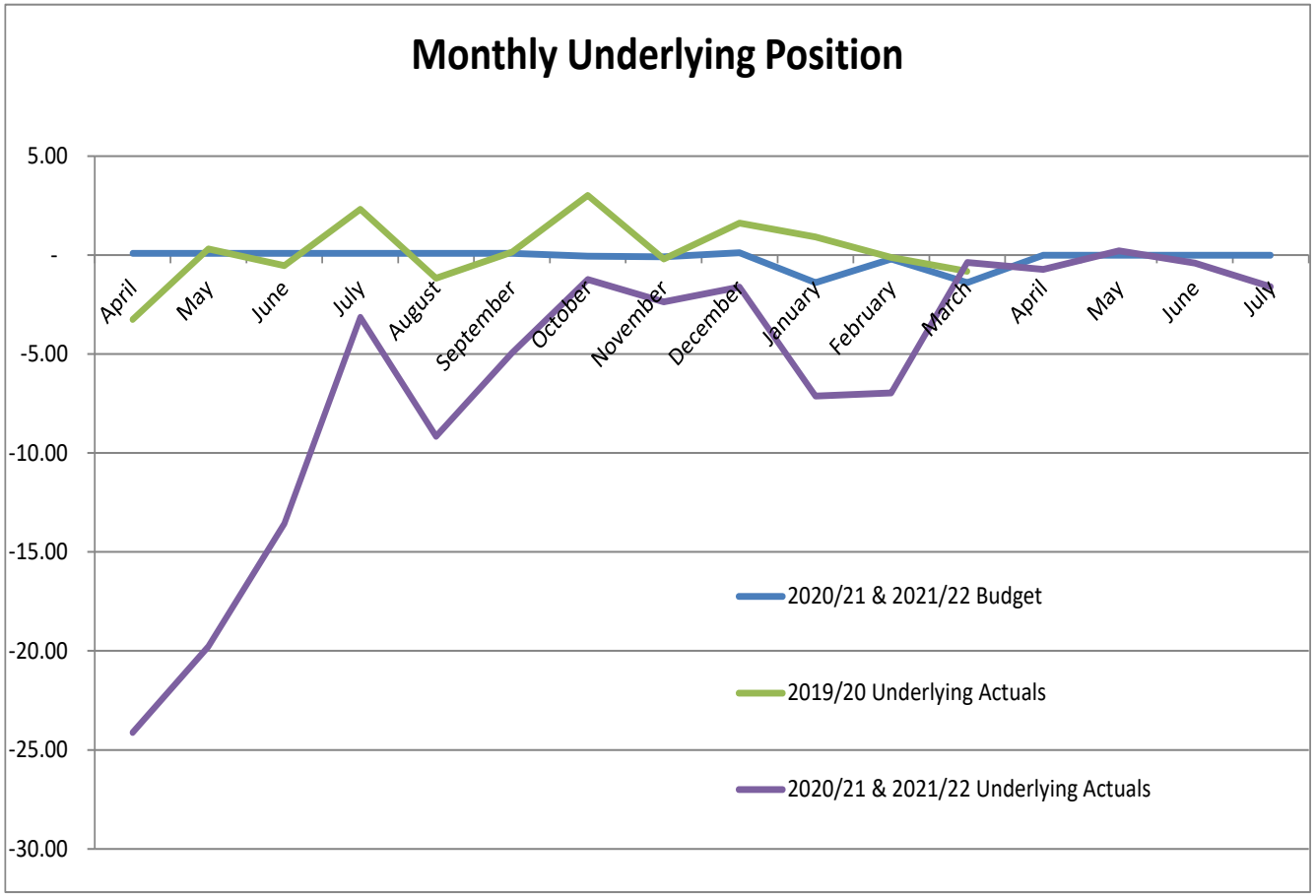
## Monthly Underlying Position

The graph shows the underlying position for the Trust from 2019/20 to present. This position is however 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 for activity below 100% of contract.

After adjusting the income position to be reflective of what would prevail under PbR it is clear that the underlying position is close to breakeven and has been throughout Q1. This has slightly deteriorated in July as staffing pressures together with non elective and covid pressures have suppressed elective activity and PbR equivalent income.

With future funding arrangements unclear due to non recurrent ERF and additional Covid-19 funding, we exercise caution over the Trust's underlying position going forwards.



## Clinical Income

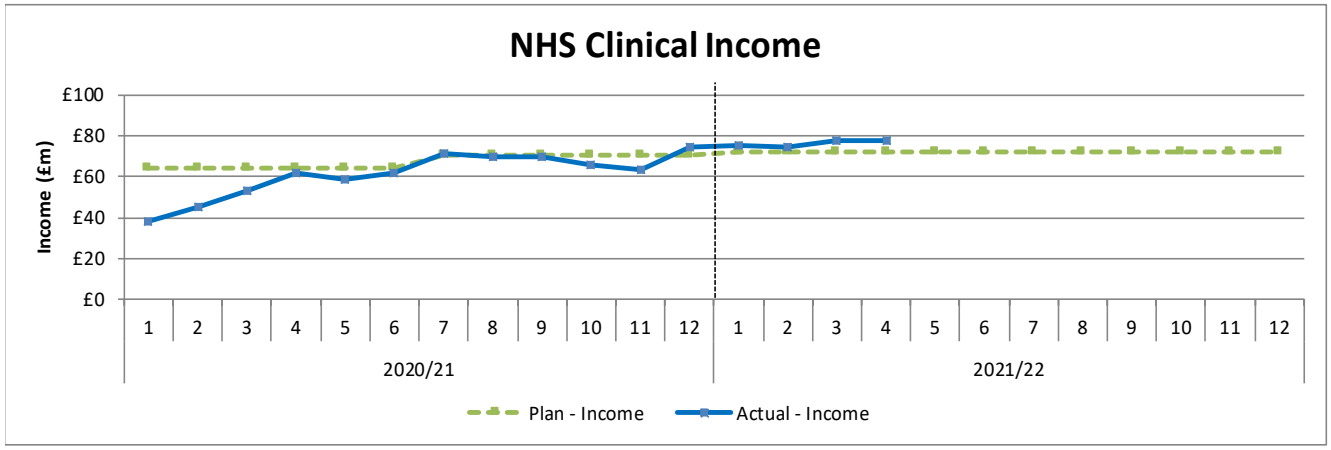
Clinical income for the month of July was £0.9m favourable to plan and including Non NHS income was £0.7m favourable to plan. Most of the Trust's income remains fixed with confirmed block contract funding in place for at least the first half of the financial year.

July has seen a small increase in activity from June. Plans for 21/22 have been phased to account for the variation in calendar and working days in relevant POD Groups. Elective income increased to 94% of planned levels although this follows a dip in June having been over 100% in May. Overall non elective activity increased but against the working day adjusted plan reduced to 99% of planned level. A&E attendances continue to be high, back to pre-Covid levels having shown a downward trend for much of the previous financial year. Outpatient income remains strong at over 100% of planned levels although not as high against plan as in May.

The graphs overleaf show trends over the last 16 months and the impact of Covid-19 as well as the recovery to pre Covid levels of activity in many areas.

(Fav Variance) / Adv Variance

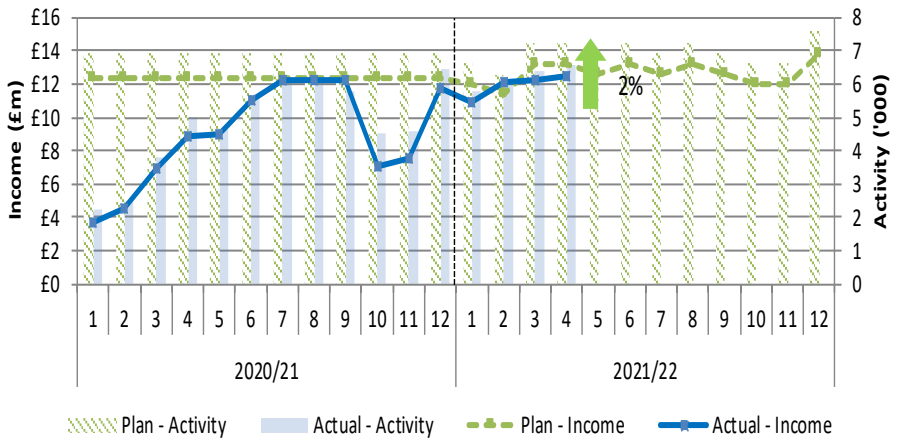
| | 2021/22 | | | | | | 2019/20 |
|---|---|---|---|---|---|---|---|
| POD GROUP | In Month Plan £000s | In Month Estimate £000s | In Month Variance £000s | YTD Plan £000s | YTD Estimate £000s | YTD Variance £000s | YTD Actuals £000s |
| **NHS Clinical Income** | | | | | | | |
| Elective Inpatients | £13,159 | £12,413 | £745 | £49,645 | £47,675 | £1,969 | £47,966 |
| Non-Elective Inpatients | £19,474 | £20,140 | (£666) | £76,638 | £78,250 | (£1,612) | £71,796 |
| Outpatients | £7,718 | £8,249 | (£531) | £29,119 | £32,081 | (£2,962) | £28,339 |
| Other Activity | £11,864 | £11,571 | £294 | £46,239 | £45,770 | £469 | £42,701 |
| Blocks & Financial Adjustments | £5,590 | £1,872 | £3,718 | £20,449 | £8,530 | £11,919 | £1,475 |
| Other Exclusions | £8,003 | £5,648 | £2,355 | £31,543 | £31,105 | £438 | £1,260 |
| Pass-through Exclusions | £8,485 | £13,100 | (£4,616) | £33,938 | £44,025 | (£10,087) | £38,725 |
| *Subtotal NHS Clinical Income* | *£74,292* | *£72,993* | *£1,299* | *£287,571* | *£287,438* | *£133* | *£232,262* |
| Additional funding | £5,848 | £5,848 | £0 | £23,392 | £23,392 | £0 | |
| Covid block adjustments | (£2,535) | (£368) | (£2,167) | (£1,952) | (£368) | (£1,584) | |
| **Total NHS Clinical Income** | **£77,605** | **£78,473** | **(£868)** | **£309,011** | **£310,462** | **(£1,450)** | **£232,262** |
| **Non NHS Clinical Income** | | | | | | | |
| Private Patients | £368 | £235 | £134 | £1,504 | £2,023 | (£519) | £1,394 |
| CRU | £208 | £186 | £23 | £833 | £683 | £150 | £840 |
| Overseas Chargeable Patients | £66 | £64 | £2 | £264 | £158 | £106 | £651 |
| **Total Non NHS Clinical Income** | **£643** | **£484** | **£158** | **£2,601** | **£2,864** | **(£263)** | **£2,885** |
| **Grand Total** | **£78,248** | **£78,958** | **(£710)** | **£311,612** | **£313,325** | **(£1,713)** | **£235,147** |



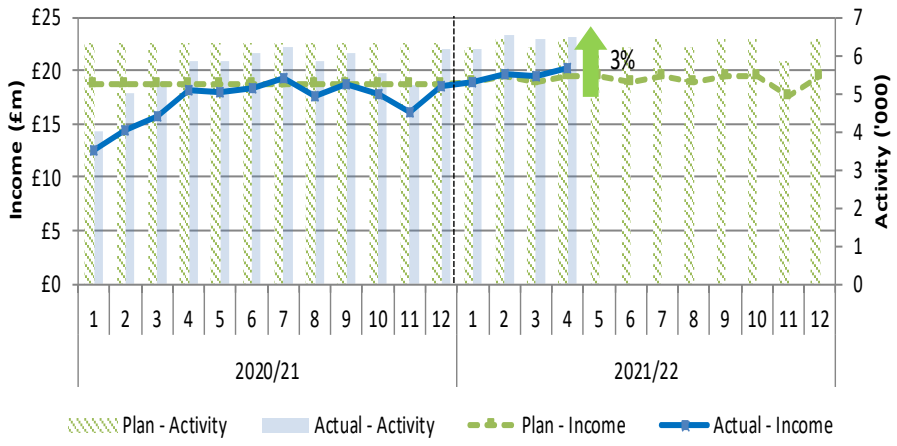
University Hospital Southampton NHS
NHS Foundation Trust

## Clinical Income

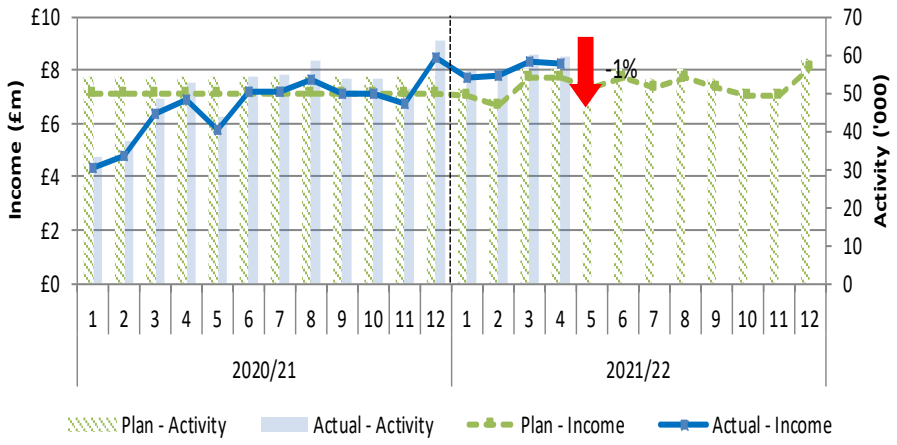
### Elective spells



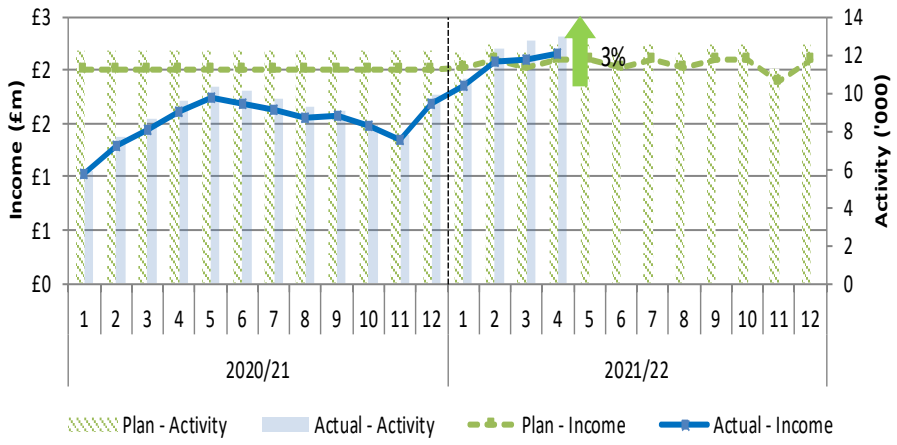

### Non elective spells




### Outpatients

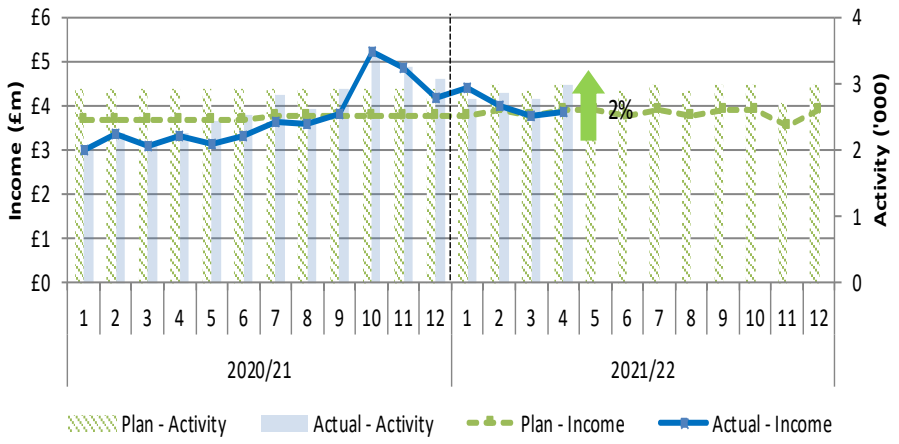



### A&E

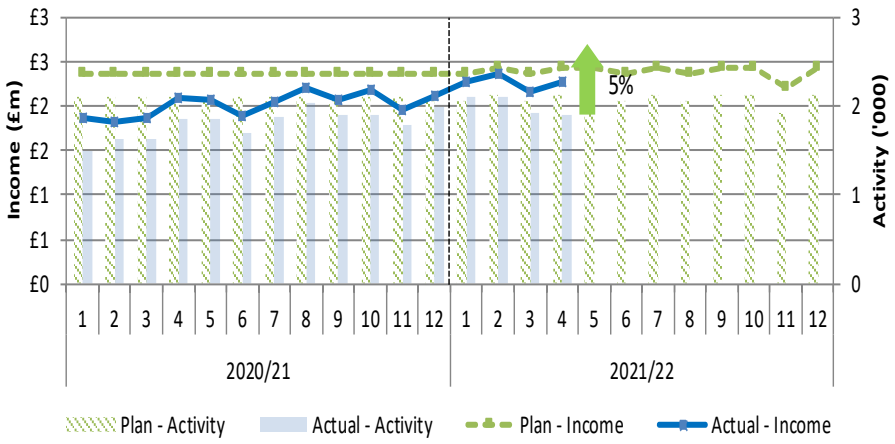


## Clinical Income

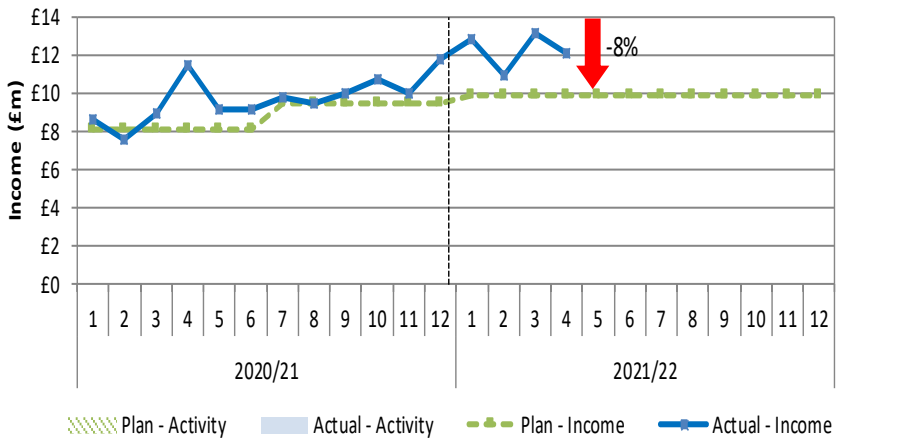
### Adult critical care



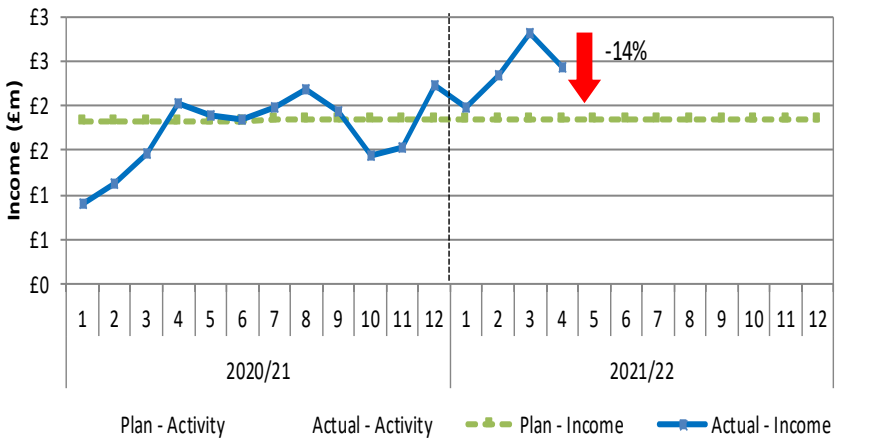

### Neonatal & paediatric critical care




### 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 July represents 94% of planned income levels, up slightly from 93% in June. Recovery planning is targeting improvement in all areas but will be governed by clinical priority.

Non Elective activity levels in July was at 99% of planned levels, down from 103% in June. It should be noted that non elective spells actually increased 3% month on month but due to July being a day longer the % of production plan delivered actually reduced slightly.

| Elective Activity as % of Plan | | Activity as % of Plan | | | | | | Income as % of Plan | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2020/21 | | 2021/22 | | | | 2020/21 | | 2021/22 | | | |
| Division | Care Group | 11 | 12 | 1 | 2 | 3 | 4 | 11 | 12 | 1 | 2 | 3 | 4 |
| DIVISION A | OPHTHALMOLOGY | 27% | 91% | 99% | 97% | 104% | 110% | 30% | 95% | 101% | 100% | 106% | 112% |
| | SURGERY | 45% | 77% | 64% | 85% | 62% | 71% | 65% | 101% | 84% | 108% | 81% | 92% |
| DIVISION A Total | | 38% | 82% | 77% | 89% | 78% | 86% | 57% | 100% | 87% | 107% | 86% | 96% |
| DIVISION B | CANCER CARE | 61% | 76% | 72% | 75% | 70% | 74% | 54% | 71% | 78% | 78% | 86% | 78% |
| | SPECIALIST MEDICINE | 92% | 106% | 99% | 106% | 94% | 97% | 94% | 110% | 106% | 114% | 103% | 111% |
| DIVISION B Total | | 82% | 97% | 91% | 96% | 87% | 90% | 79% | 96% | 96% | 101% | 97% | 99% |
| DIVISION C | CHILD HEALTH | 81% | 106% | 103% | 110% | 97% | 101% | 88% | 128% | 116% | 119% | 88% | 89% |
| | WOMEN'S HEALTH | 68% | 107% | 78% | 95% | 92% | 97% | 70% | 101% | 81% | 101% | 96% | 93% |
| DIVISION C Total | | 77% | 106% | 96% | 106% | 96% | 100% | 84% | 121% | 107% | 114% | 90% | 90% |
| DIVISION D | CARDIOVASCULAR & THORACIC | 57% | 85% | 92% | 111% | 108% | 103% | 58% | 78% | 83% | 109% | 103% | 98% |
| | NEUROSCIENCES | 69% | 103% | 105% | 106% | 92% | 89% | 54% | 100% | 101% | 114% | 81% | 82% |
| | RADIOLOGY | 64% | 75% | 67% | 81% | 73% | 72% | 69% | 82% | 76% | 77% | 74% | 73% |
| | TRAUMA & ORTHOPAEDICS | 31% | 85% | 83% | 98% | 94% | 83% | 25% | 93% | 91% | 105% | 103% | 97% |
| DIVISION D Total | | 56% | 87% | 88% | 100% | 92% | 88% | 51% | 85% | 87% | 106% | 96% | 93% |
| **Total** | | **66%** | **93%** | **88%** | **97%** | **88%** | **90%** | **62%** | **96%** | **92%** | **107%** | **93%** | **94%** |

| 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 | 11 | 12 | 1 | 2 | 3 | 4 | 11 | 12 | 1 | 2 | 3 | 4 |
| DIVISION A | OPHTHALMOLOGY | 64% | 62% | 81% | 75% | 87% | 83% | 68% | 64% | 75% | 81% | 85% | 97% |
| | SURGERY | 71% | 88% | 90% | 94% | 91% | 96% | 76% | 95% | 94% | 102% | 105% | 105% |
| DIVISION A Total | | 70% | 87% | 90% | 93% | 91% | 95% | 75% | 94% | 94% | 101% | 104% | 105% |
| DIVISION B | ACUTE MEDICINE | 101% | 107% | 99% | 103% | 106% | 109% | 110% | 112% | 102% | 102% | 109% | 109% |
| | CANCER CARE | 99% | 123% | 112% | 114% | 120% | 0% | 98% | 111% | 108% | 106% | 107% | 0% |
| | EMERGENCY MEDICINE | 84% | 94% | 102% | 99% | 103% | 94% | 90% | 82% | 96% | 94% | 106% | 92% |
| | SPECIALIST MEDICINE | 107% | 92% | 63% | 97% | 79% | 112% | 103% | 89% | 64% | 86% | 62% | 113% |
| DIVISION B Total | | 92% | 102% | 102% | 102% | 106% | 89% | 103% | 104% | 101% | 100% | 107% | 90% |
| DIVISION C | CHILD HEALTH | 65% | 84% | 95% | 122% | 129% | 120% | 66% | 89% | 87% | 111% | 110% | 114% |
| | WOMEN'S HEALTH | 81% | 98% | 93% | 91% | 92% | 92% | 88% | 104% | 103% | 98% | 105% | 100% |
| DIVISION C Total | | 76% | 94% | 93% | 101% | 104% | 100% | 80% | 99% | 97% | 102% | 107% | 105% |
| DIVISION D | CARDIOVASCULAR & THORACIC | 77% | 98% | 102% | 107% | 90% | 94% | 67% | 100% | 108% | 104% | 83% | 101% |
| | NEUROSCIENCES | 88% | 107% | 100% | 101% | 99% | 94% | 88% | 102% | 88% | 99% | 105% | 105% |
| | RADIOLOGY | 66% | 93% | 97% | 93% | 90% | 112% | 69% | 86% | 86% | 87% | 76% | 111% |
| | TRAUMA & ORTHOPAEDICS | 69% | 91% | 106% | 106% | 122% | 101% | 83% | 81% | 117% | 113% | 126% | 103% |
| DIVISION D Total | | 75% | 98% | 102% | 104% | 101% | 98% | 76% | 96% | 102% | 103% | 97% | 103% |
| **Total** | | **83%** | **97%** | **98%** | **101%** | **102%** | **94%** | **86%** | **99%** | **100%** | **102%** | **103%** | **99%** |

## Income and Activity

Outpatient activity in July was at 107% of planned levels, down slightly from 108% in June.

| Outpatient Activity as % of Plan | | Activity as % of Plan | | | | | | Income as % of Plan | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2020/21 | | 2021/22 | | | | 2020/21 | | 2021/22 | | | |
| Division | Care Group | 11 | 12 | 1 | 2 | 3 | 4 | 11 | 12 | 1 | 2 | 3 | 4 |
| DIVISION A | OPHTHALMOLOGY | 96% | 112% | 104% | 110% | 102% | 99% | 99% | 115% | 109% | 115% | 108% | 103% |
| | SURGERY | 80% | 106% | 92% | 105% | 96% | 93% | 77% | 99% | 91% | 105% | 97% | 95% |
| DIVISION A Total | | 89% | 109% | 98% | 108% | 99% | 96% | 88% | 107% | 100% | 111% | 102% | 99% |
| DIVISION B | ACUTE MEDICINE | 90% | 91% | 91% | 145% | 100% | 96% | 94% | 95% | 82% | 144% | 94% | 97% |
| | CANCER CARE | 125% | 152% | 141% | 148% | 143% | 137% | 123% | 150% | 129% | 137% | 133% | 128% |
| | EMERGENCY MEDICINE | 61% | 88% | 132% | 119% | 63% | 172% | 61% | 89% | 124% | 118% | 69% | 178% |
| | SPECIALIST MEDICINE | 100% | 132% | 117% | 123% | 111% | 111% | 96% | 127% | 114% | 118% | 108% | 109% |
| DIVISION B Total | | 110% | 140% | 126% | 133% | 124% | 122% | 107% | 136% | 120% | 127% | 118% | 117% |
| DIVISION C | CHILD HEALTH | 95% | 118% | 104% | 111% | 101% | 102% | 96% | 119% | 103% | 110% | 100% | 99% |
| | SUPPORT SERVICES | 78% | 87% | 85% | 92% | 77% | 79% | 73% | 83% | 80% | 86% | 73% | 76% |
| | WOMEN'S HEALTH | 88% | 115% | 111% | 115% | 101% | 99% | 89% | 115% | 109% | 112% | 103% | 96% |
| DIVISION C Total | | 88% | 108% | 101% | 107% | 94% | 95% | 91% | 114% | 102% | 108% | 98% | 95% |
| DIVISION D | CARDIOVASCULAR & THORACIC | 96% | 121% | 125% | 127% | 117% | 115% | 95% | 118% | 124% | 127% | 117% | 118% |
| | NEUROSCIENCES | 94% | 117% | 100% | 113% | 101% | 99% | 95% | 118% | 99% | 113% | 101% | 100% |
| | RADIOLOGY | 129% | 172% | 176% | 196% | 185% | 156% | 104% | 138% | 202% | 217% | 218% | 186% |
| | TRAUMA & ORTHOPAEDICS | 62% | 88% | 93% | 98% | 95% | 98% | 61% | 92% | 110% | 117% | 113% | 116% |
| DIVISION D Total | | 86% | 111% | 109% | 115% | 106% | 106% | 88% | 113% | 112% | 120% | 110% | 111% |
| **Total** | | **94%** | **118%** | **109%** | **116%** | **107%** | **105%** | **95%** | **119%** | **109%** | **117%** | **108%** | **107%** |

## Elective Recovery Fund 21/22

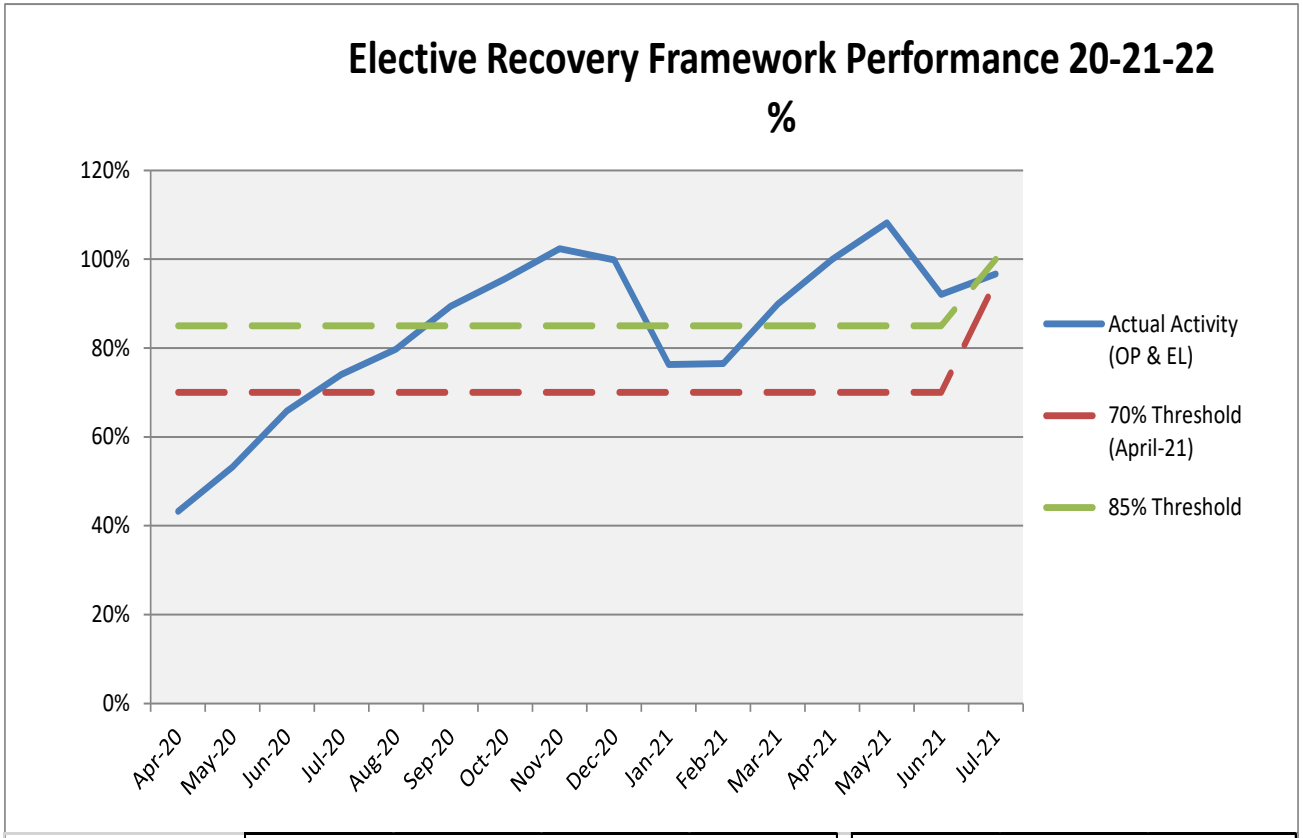
The Elective Recovery Fund has been launched as part of the 21/22 planning guidance as a mechanism for distributing £1bn of national recovery funds for Elective and Outpatient activity.

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

The graph shows both the trends through 20/21 and estimated performance for July. This indicates performance of 97% of baseline activity which is 2% over the revised target threshold of 95% in July. This would yield an estimate of £0.35m 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.




| | ERF Achievement - Elective/Daycase/Outpatients (£'000) | | | | ERF Top-up | | |
|---|---|---|---|---|---|---|---|
| Month | Baseline | Actuals | Variance | % | 100% Top Up | 20% Top Up | Total |
| Apr-21 | £ 18,770 | £ 18,575 | -£ 195 | *99%* | £ 5,436 | £ 524 | £ 5,960 |
| May-21 | £ 18,276 | £ 19,673 | £ 1,398 | *108%* | £ 5,967 | £ 828 | £ 6,794 |
| Jun-21 | £ 21,464 | £ 20,274 | -£ 1,189 | *94%* | £ 3,104 | £ 406 | £ 3,510 |
| Jul-21 | £ 20,780 | £ 20,091 | -£ 688 | *97%* | £ 351 | £ - | £ 351 |
| **YTD Total** | **£ 37,046** | **£ 38,249** | **£ 1,203** | ***103%*** | **£ 14,506** | **£ 1,758** | **£ 16,264** |

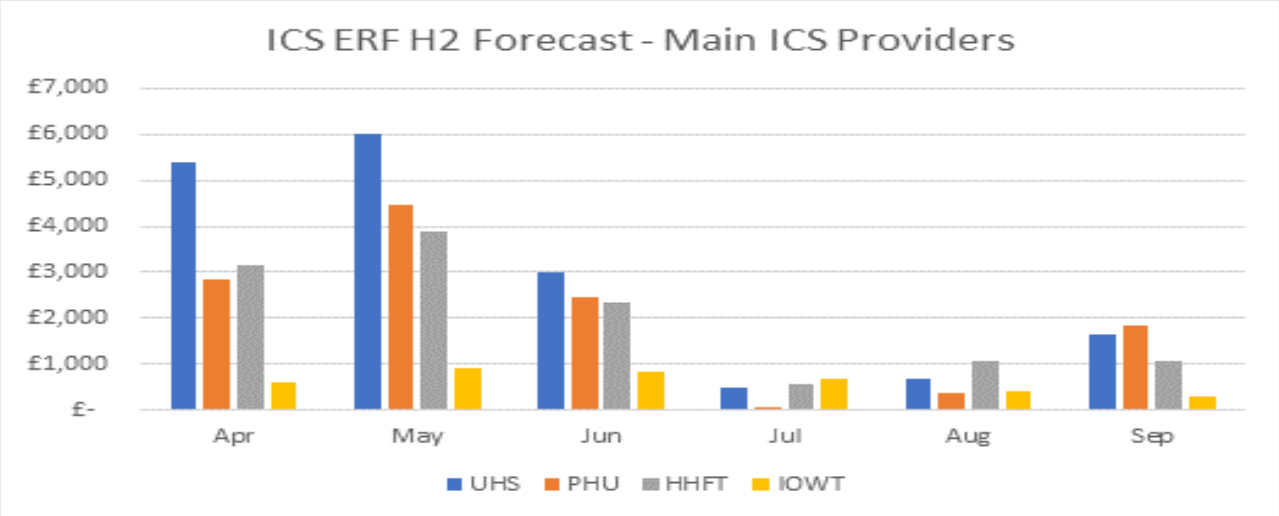
## ICS Elective Recovery Fund 21/22

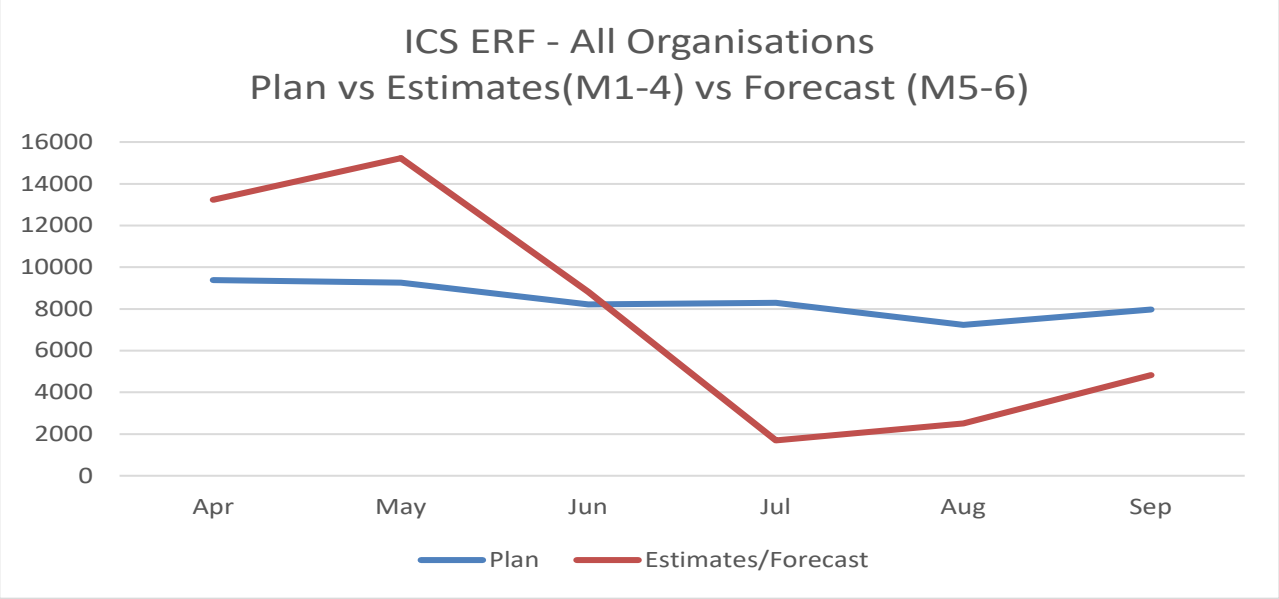
ICS current estimated performance and forecast is shown for the four main Providers for the Elective Recovery Framework (ERF). April – July numbers are all currently based on local assessment and awaiting national finalisation.

It should be noted that the Q2 forecast reflects the recent increase to the baseline for Q2 moving from 85% to 95% hence the trajectory indicating below plan performance for these months.

At M4 the ICS has collectively reported £38.9m in ERF income vs an original (unadjusted) plan of £35.1m.

The H1 forecast is now £46.3m dropping from £55.3m last month, this is against an original (unadjusted) plan of £50.4m. This includes circa £3.4m estimated impact of accelerator programmes on ERF income.



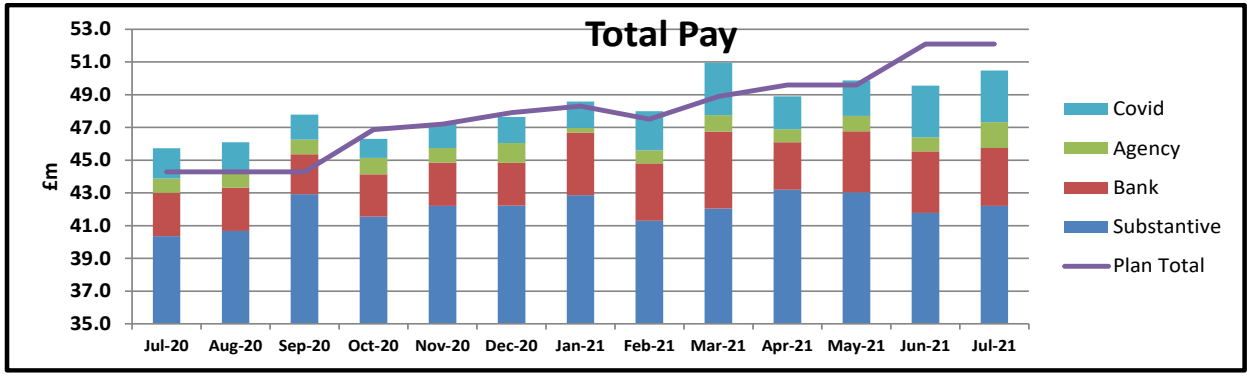



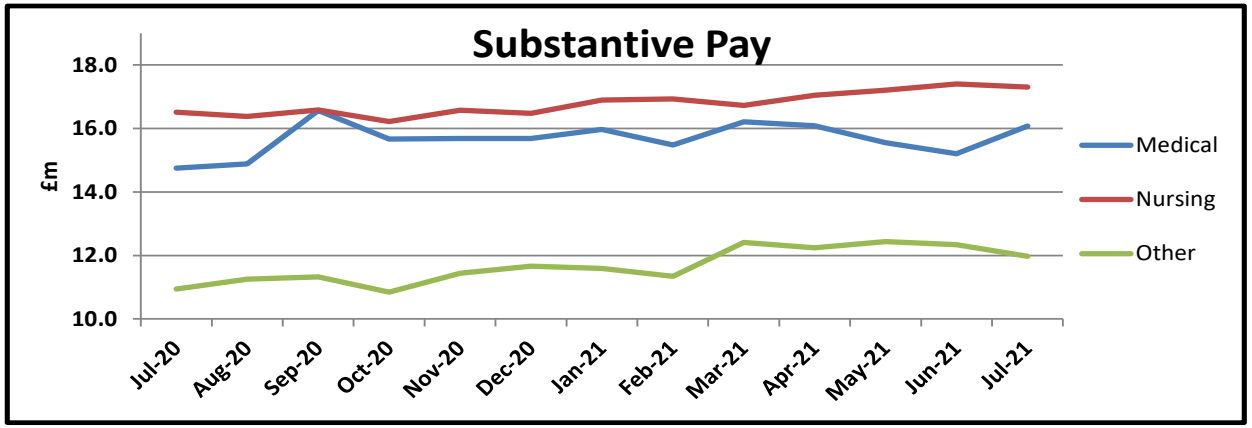
## Substantive Pay Costs

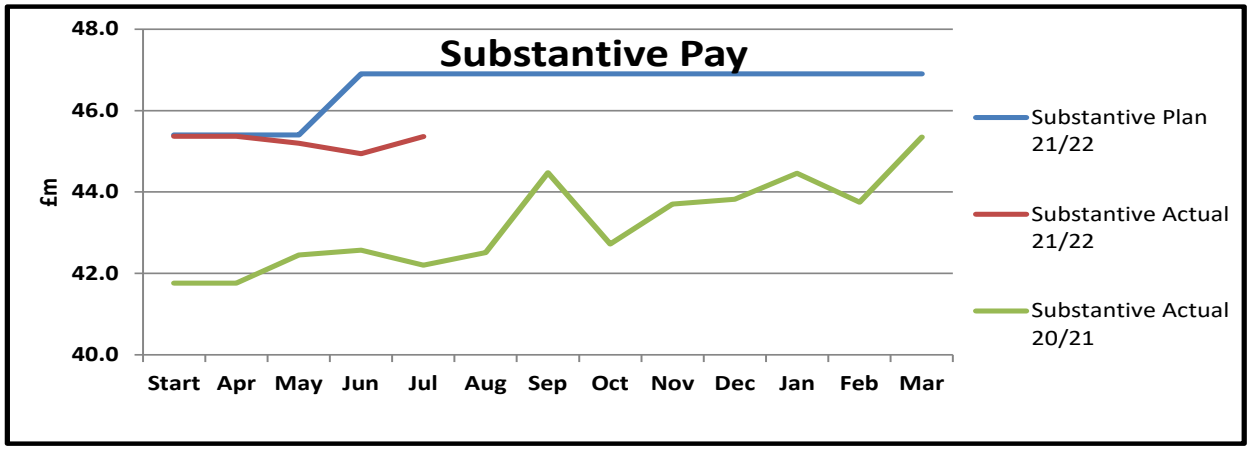
Total pay expenditure in July was £50.5m. This was higher than in June (up by £0.9m). The main increase was nursing agency staff (£0.7m) due mainly to staff sickness backfill and increased staffing requirements due to non elective pressures and covid. There was also a small increase in substantive medical staff costs.

Pay costs remain in excess of that seen last year prior to the second covid wave as the organisation continues to drive recovery. Substantive recruitment has been challenging however with workforce numbers remaining broadly flat since April 21.

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.



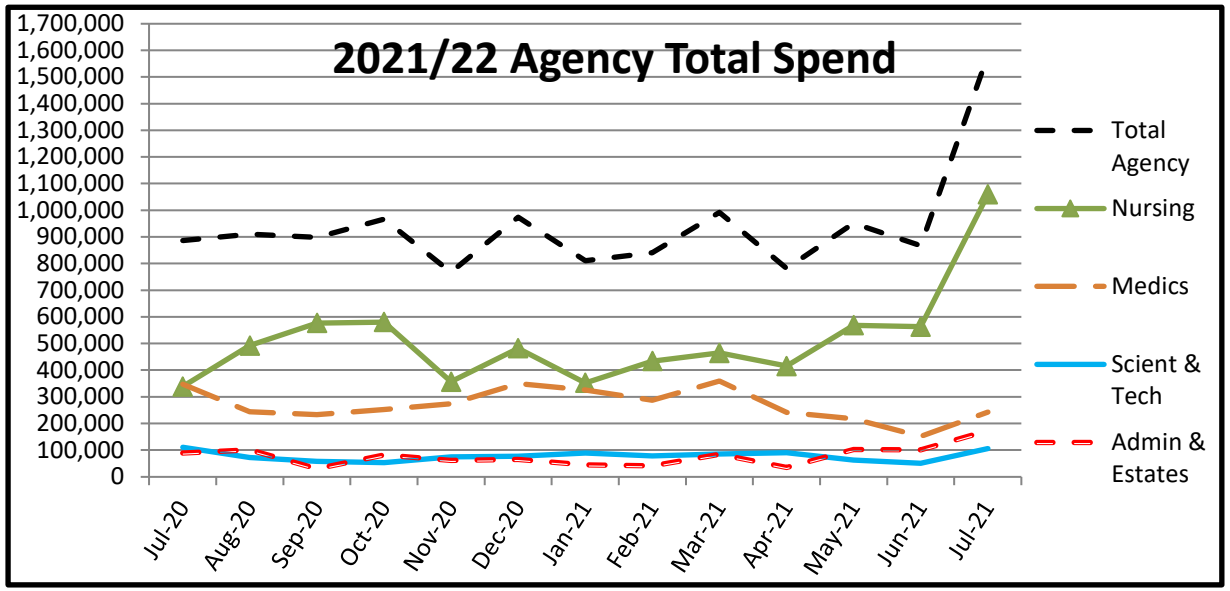



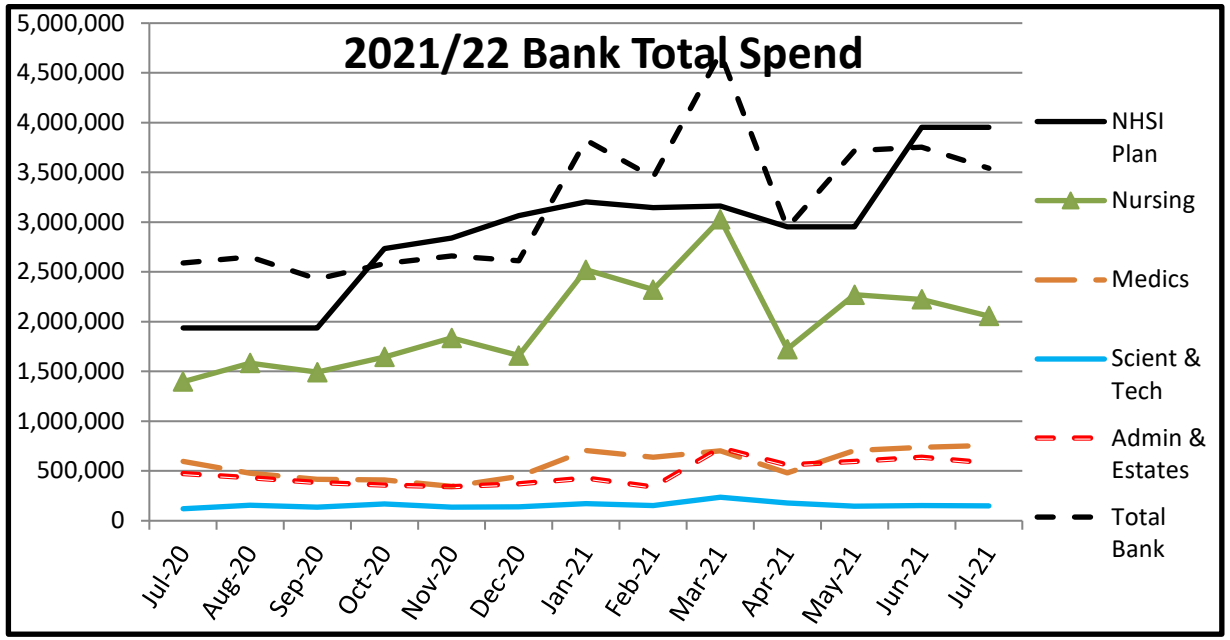



## Temporary Staff Costs

Agency spend has increased sharply month on month by £0.7m. All staff groups increased spend but the majority was in nursing (£0.5m) which was driven by increased short notice sickness (covid self isolation) plus bed pressures due to non elective and covid forcing ward costs higher.

Expenditure on bank staff has fallen slightly month on month (£0.2m) with the largest fall in nursing. The plan adjustment within the bank graph relates to staffing requirements to deliver elective recovery that were forecast to increase the need for bank staffing.



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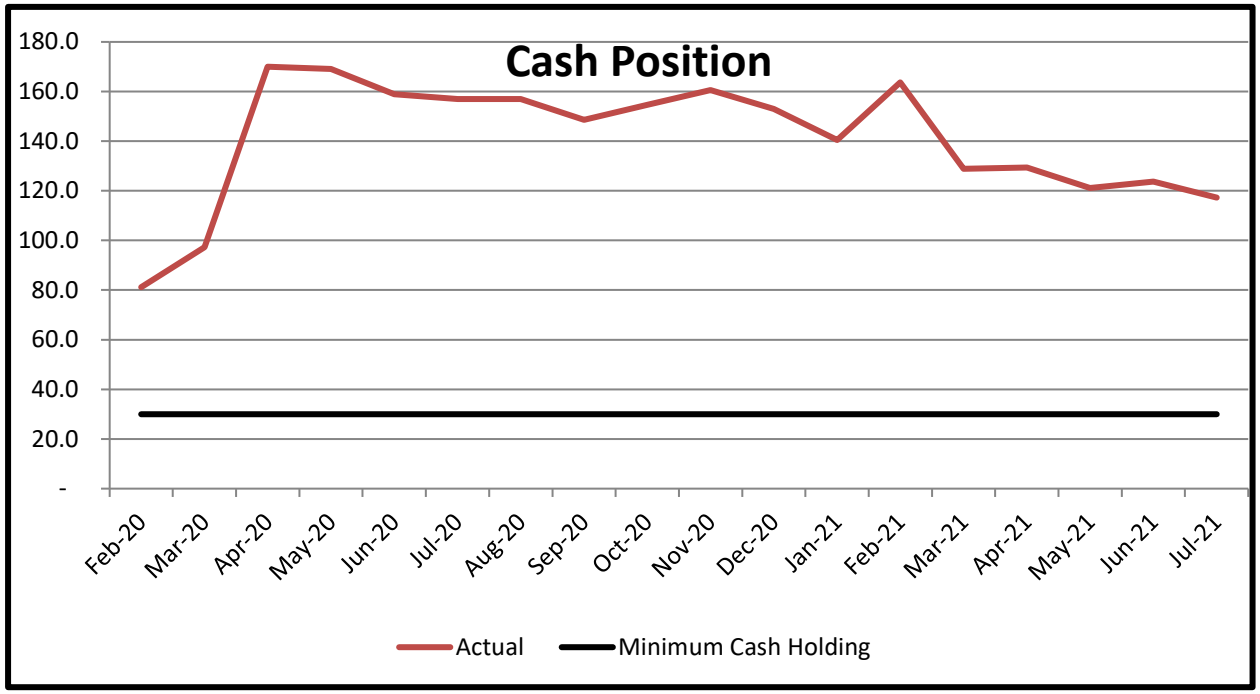
## Cash

The cash balance decreased slightly in July to £117.3m. This continues the marginal downward trend as cash reserves are used to deliver capital expansions.

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.

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



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## Capital Expenditure

(Fav Variance) / Adv Variance

| 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 | 2,460 | 1,056 | 1,404 | 9,463 | 7,174 | 2,289 | 11,941 | 10,950 | 991 |
| Strategic Maintenance | 258 | 242 | 16 | 1,032 | 1,087 | (55) | 6,183 | 6,183 | 0 |
| ED Expansion and Refurbishment | 827 | 428 | 399 | 2,908 | 1,642 | 1,266 | 5,791 | 6,489 | (698) |
| Wards | 0 | 17 | (17) | 0 | 17 | (17) | 4,000 | 4,000 | 0 |
| Ophthalmology OPD | 737 | 718 | 19 | 787 | 937 | (150) | 3,303 | 3,098 | 205 |
| Maternity Induction Suite | 0 | 0 | 0 | 0 | (0) | 0 | 2,000 | 2,000 | 0 |
| NICU Pendants | 0 | 0 | (0) | 0 | 0 | (0) | 896 | 355 | 541 |
| Oncology Ward | 0 | 2 | (2) | 861 | 430 | 431 | 861 | 751 | 110 |
| Decorative / Environment Improvements | 21 | 0 | 21 | 84 | 0 | 84 | 500 | 500 | 0 |
| Side Rooms | 0 | 5 | (5) | 490 | 517 | (27) | 490 | 537 | (47) |
| Information Technology Programme | 250 | 137 | 113 | 1,000 | 810 | 190 | 5,000 | 5,000 | 0 |
| Other Projects | 175 | 374 | (199) | 1,208 | 1,073 | 135 | 3,060 | 2,803 | 257 |
| Pathology Digitisation | 59 | 5 | 54 | 236 | 22 | 214 | 1,171 | 1,171 | 0 |
| Medical Equipment | 42 | 64 | (22) | 168 | 476 | (308) | 1,000 | 2,016 | (1,016) |
| Accelerator Funded Equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 460 | (460) |
| Slippage | (516) | 0 | (516) | (2,464) | 0 | (2,464) | (5,035) | (3,143) | (1,892) |
| **Total Trust Funded Capital excl Finance Leases** | **4,313** | **3,049** | **1,264** | **15,773** | **14,185** | **1,588** | **41,161** | **43,170** | **(2,009)** |
| Finance Leases - IISS | 0 | 0 | 0 | 0 | 32 | (32) | 5,230 | 2,765 | 2,465 |
| Finance Leases - MEP | 92 | 0 | 92 | 368 | 179 | 189 | 2,200 | 1,183 | 1,017 |
| Finance Leases - Other Equipment | 75 | 104 | (29) | 300 | 159 | 141 | 1,500 | 3,083 | (1,583) |
| Finance Leases - Opthalmology OPD | 0 | 0 | 0 | 0 | 0 | 0 | 1,166 | 1,166 | 0 |
| Finance Leases - Divisonal Equipment | 25 | (25) | 50 | 75 | 82 | (7) | 475 | 500 | (25) |
| Donated Income | (88) | (32) | (56) | (352) | (49) | (303) | (1,921) | (1,596) | (325) |
| **Total Trust Funded Capital Expenditure** | **4,417** | **3,096** | **1,321** | **16,164** | **14,588** | **1,576** | **49,811** | **50,271** | **(460)** |
| Fit out of E level. Vertical Extension - Theatres | 140 | 140 | 0 | 538 | 538 | 0 | 700 | 700 | 0 |
| Maternity Care System (Wave 3 STP) | 96 | 243 | (147) | 384 | 753 | (369) | 1,917 | 1,776 | 141 |
| Digital Outpatients (Wave 3 STP) | 41 | 47 | (6) | 164 | 72 | 92 | 814 | 955 | (141) |
| LIMS Digital Enhancement | 38 | (0) | 38 | 152 | (0) | 152 | 455 | 455 | 0 |
| Community Diagnostic Hub | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,000 | (2,000) |
| **Total CDEL Expenditure** | **4,732** | **3,526** | **1,206** | **17,402** | **15,950** | **1,452** | **53,697** | **56,157** | **(2,460)** |

Expenditure on internally funded capital schemes YTD is £14.6m against budget of £16,2m. Total expenditure including externally funded schemes is £16m against budget of £17,4m, £1.4m behind plan.

Significant expenditure in M4 included the vertical extension theatres scheme, which is nearing completion, the ED expansion scheme, where phase 1b of the works has commenced and the Ophthalmology Outpatients scheme where significant expenditure was incurred this month.

The Trust continues to forecast to spend all of the Capital Departmental Expenditure Limit (CDEL) funding. The forecast shows expenditure of £2.46m over plan based on the expectation of receiving £2m of external funding for community diagnostic hubs and an allowable overspend of £0.46m on medical equipment as part of the accelerator funding scheme .

Forecast variances on individual schemes include the vertical extension theatres scheme (-£1m), the ED expansion scheme where unforeseen generator and VAT costs were incurred (+£0.7m), IISS leases (£2.5m slippage) and equipment leases, where additional leases have been authorised.

University Hospital Southampton NHS
NHS Foundation Trust

## Statement of Financial Position

(Fav Variance) / Adv Variance

The July statement of financial position illustrates net assets of £443.6m which has decreased £7.6m compared to June 2021. This is however within the bounds of normal month on month volatility.

The downward movement on inventories is driven by a reduction in Pharmacy stock (£2m).

The Payables reduction of £5.3m was primarily due to the clearing of aged trade payables and also a reduction in capital creditors. Payables is becoming a greater focus area for the NHS and an improvement plan is being developed to help tackle this down to Better Payment Practice Code (BPPC) compliant levels.

The Receivables increase of £4.6m was due to Chilworth invoicing.

| Statement of Financial Position | 2020/21 YE Actuals £m | 2021/22 M3 Act £m | 2021/22 M4 Act £m | 2021/22 MoM Movement £m |
|---|---|---|---|---|
| Fixed Assets | 415.4 | 425.6 | 426.9 | 1.3 |
| Inventories | 14.7 | 15.9 | 13.8 | (2.0) |
| Receivables | 71.3 | 77.9 | 82.5 | 4.6 |
| Cash | 129.0 | 123.6 | 117.3 | (6.4) |
| Payables | (171.5) | (180.2) | (185.5) | (5.3) |
| Current Loan | (2.8) | (2.7) | (2.7) | 0.0 |
| Current PFI and Leases | (9.0) | (8.8) | (8.6) | 0.2 |
| **Net Assets** | **447.1** | **451.3** | **443.6** | **(7.6)** |
| Non Current Liabilities | (18.3) | (17.5) | (18.1) | (0.6) |
| Non Current Loan | (8.5) | (7.8) | (7.5) | 0.3 |
| Non Current PFI and Leases | (36.3) | (34.7) | (34.3) | 0.4 |
| **Total Assets Employed** | **384.0** | **391.3** | **383.7** | **(7.6)** |
| Public Dividend Capital | 246.0 | 246.0 | 246.0 | 0.0 |
| Retained Earnings | 114.0 | 121.3 | 113.7 | (7.6) |
| Revaluation Reserve | 24.0 | 24.0 | 24.0 | 0.0 |
| Other Reserves | 0.0 | 0.0 | 0.0 | 0.0 |
| **Total Taxpayers' Equity** | **384.0** | **391.3** | **383.7** | **(7.6)** |

University Hospital Southampton
NHS Foundation Trust

| Report to the Trust Board of Directors | | | | |
|---|---|---|---|---|
| **Title:** | **Integrated Performance Report 2021/22 Month 4** | | | |
| **Agenda item:** | **11.2** | | | |
| **Sponsor:** | **Chief Executive** | | | |
| **Date:** | **26 August 2021** | | | |
| **Purpose** | **Assurance or reassurance Y** | **Approval** | **Ratification** | **Information** |
| Issue to be addressed: | The report aims to provide assurance:<br>• Regarding the successful implementation of our strategy<br>• That the care we provide is safe, caring, effective, responsive, and well led | | | |
| Response to the issue: | The Integrated Performance Report reflects the current operating environment and is aligned with our strategy. | | | |
| 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

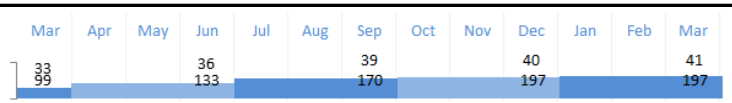
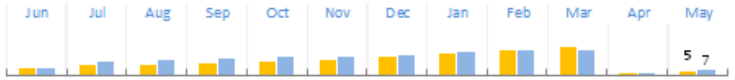
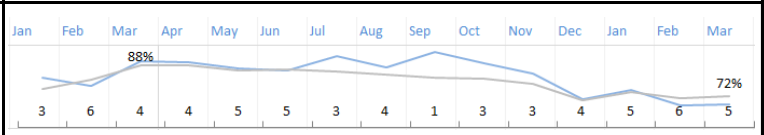
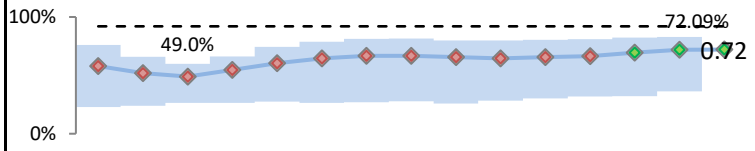
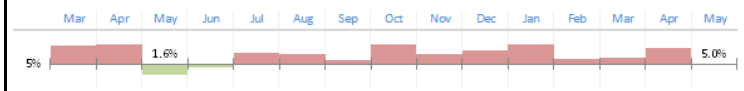
covering up to

July 2021

Sponsor - Andrew Asquith, Director of Planning, Performance and Productivity,
andrew.asquith@uhs.nhs.uk

# Report Guide

University Hospital Southampton NHS
NHS Foundation Trust

| 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<br>-Go outside control limits<br>-Have 6 points in a row above or below the mean,<br>-Trend for 6 points,<br>-Have 2 out of 3 points past 2/3 of the control limit,<br>-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:

- Regarding the successful implementation of our strategy
- That the care we provide is safe, caring, effective, responsive, and well led

The content of the report includes the following:

- The 'Spotlight' section, to enable more detailed consideration of any topics that are of particular interest or concern. The selection of topics is informed by a rolling schedule, performance concerns, and requests from the Board
- An 'NHS Constitution Standards' section, summarising the standards and performance in relation to service waiting times
- An 'Appendix', with indicators presented monthly, aligned with the five themes within our strategy

This month, several of the new indicators have commenced reporting and further development is also taking place.

Our indicators and this report structure will continue to be regularly reviewed, and feedback would be welcome.

## Summary

This month the 'Spotlight' section features:

1. Clostridium Difficile Infection (C. diff)

There have been 25 infections compared to a 'target' limit of 20 year to date, whilst in 2020/21 there were 63 infections compared to a limit of 64. UHS performance remains good compared to peer hospitals. The spotlight discusses variability in infection rates, the link to antibiotic prescribing, and actions being taken to further reduce the number of C. diff infections.

2. Diagnostic waiting time target

Diagnostic waiting times have experienced major impacts during the pandemic, and 17% of patients are currently waiting longer than the national 6-week target. Trends at UHS are similar to those at peer hospitals. The spotlight discusses current performance and forecast recovery timescales for different test types, alongside strategic issues, and opportunities for diagnostics.

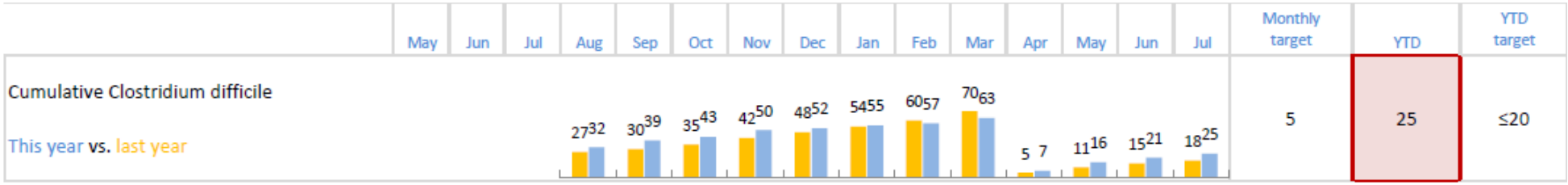
Highlights to note in the appendix containing indicators by strategic theme include:

- A further decline in Emergency Department performance to 78.4% and an increase in attendances to a new maximum
- An increase to 129 inpatients who had been medically optimised for discharge but were waiting for care at home / in the community
- Staff sick absence remains close to target (although COVID-19 absence including isolation of COVID-19 'contacts' reached a peak of 2.5% during July)
- Excellent research performance across a range of measures.

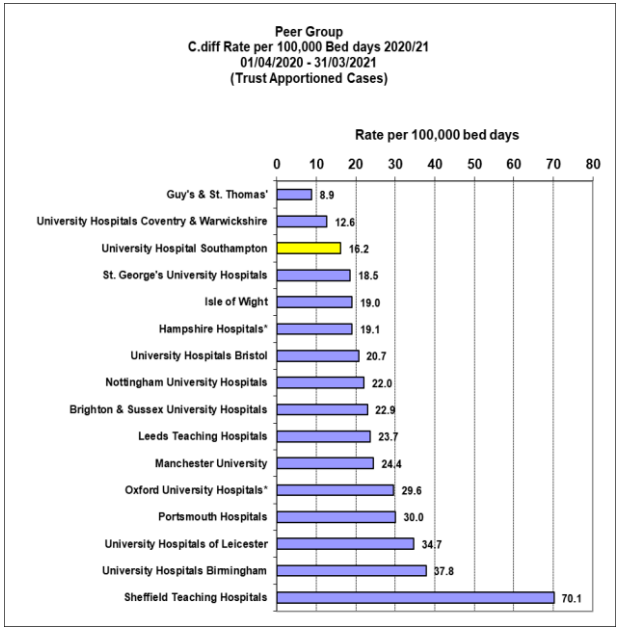
# Spotlight Subject - Clostridium Difficile Infection (C. diff)

C. diff infections are caused by an imbalance of gut microbiota. The person must have been exposed to C. diff spores either from food or from acquisition from the healthcare environment. The toxigenic C. diff spores reside in the large intestine for months to years. In the case of exposure to a broad-spectrum antibiotic, or cancer chemotherapy, the toxigenic spores start to produce toxins causing clinical disease manifesting with diarrhoea.

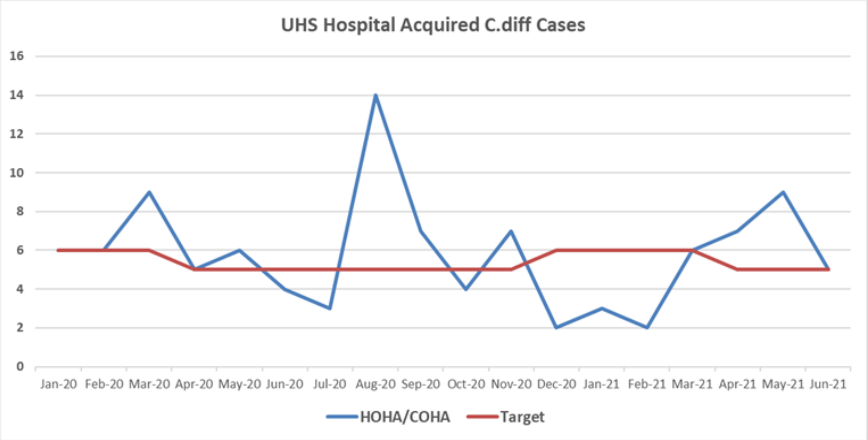
In 2020/21 UHS reported 63 infections compared to a limit of 64. In 2021/22 to date, the monthly limits have been exceeded. The graph below shows the most recent 12 month period in blue, and prior 12 months in yellow.



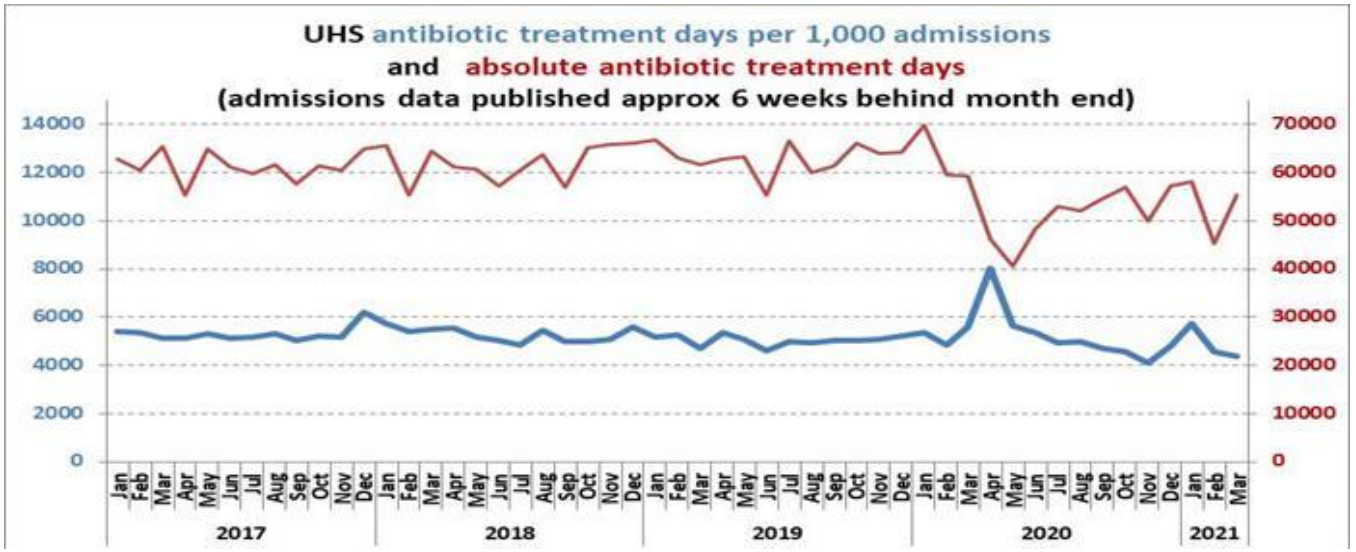

UHS ranks 3rd out of 16 self-selected peer acute trusts, with a rate of 16.2 cases/ 100,000 bed days. Reporting criteria are standardised across trusts.



In 2021/22 there were 19 Community Onset – Hospital Attributable (COHA), 44 Hospital Onset – Hospital Attributable (HOHA) cases. The total number of infections has varied significantly in the past 18 months. The reasons for peaks are unclear but a possible reason might relate to the pandemic, C. diff infections appear to have peaked three months after both the first and second waves.




It is likely that C. diff rates relate to rates of antibiotic use, possibly in the community as well as hospital; hospital antibiotic usage has been at higher levels during COVID-19 peaks. Underlying trends are of stable / reducing antibiotic use, and the use of 'broad-spectrum' antibiotics is particularly closely managed. The average length of an antibiotic course at UHS has also reduced from 7.5 days in 2018/19 to 6.7 in 2020/21.



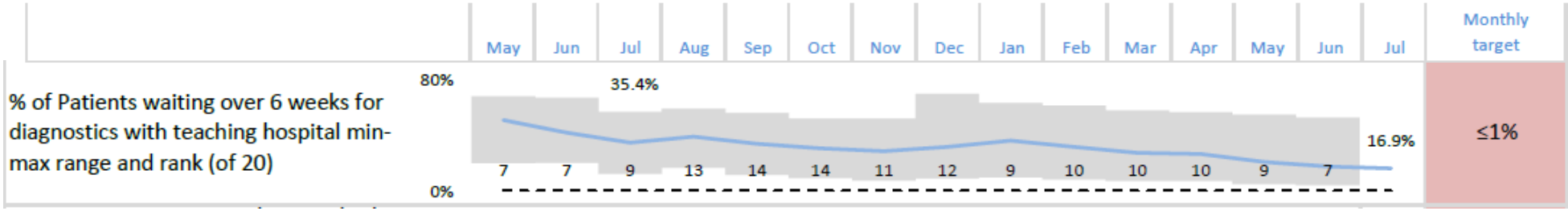
A wide range of other potential influences upon C. diff infection have been examined including:
Infection control – most cases are not part of a cluster or outbreak
Infection control – infections in chemotherapy patients appear to relate to their treatment, not an association between the patients themselves or the care environment
Cleaning – Audited and generally found to be of a high standard; some opportunities for improvement identified with those items that are to be cleaned by clinical staff
Hand hygiene – Improved during the pandemic, and is audited, though a minority of areas still require improvements
Physical environment – UHS has relatively few individual rooms, which risks delay in isolation in patients with symptoms which might indicate an infection i.e. loose stools

A range of measures are in place, and further actions have been taken, which are expected to impact upon C. diff infection rates and maintain them within acceptable levels:
All inpatient cases are reviewed by the infection prevention team to ensure all elements of the care bundle were followed.
All hospital acquired cases are reviewed by a Consultant microbiologist/Infection control doctor.
The Antimicrobial Review Group reviews cases for appropriate antibiotic use and duration.
An updated C. diff policy was approved in July, including changes to the required prevention, treatment and infection control measures. The care plan documentation was expanded.
Additional individual rooms have been built in 2020 and 2021, within adult and paediatric wards, and the new Cancer Care ward (C2). This need will remain an important focus for the Trust.
Improvements in the turnaround time for stool samples has helped to achieve appropriate isolation of infected patients / closure of bays, whilst making effective use of available bed capacity. Further innovation in point of care testing and rapid laboratory testing are expected to deliver additional improvement in 2021/22.
Investment in equipment, and 24/7 operation of the microbiology laboratory, have significantly improved the turnaround time for blood cultures for patients with bacteraemia, and enabled earlier implementation of more specific antibiotics which are less likely to promote C. diff infection.
The ongoing review of anti-microbial guidelines and high-risk broad-spectrum antibiotics had been disrupted by the pandemic, and by the resource requirements of the COVID-19 vaccination programme. This is expected to be addressed during the remainder of 2021/22.

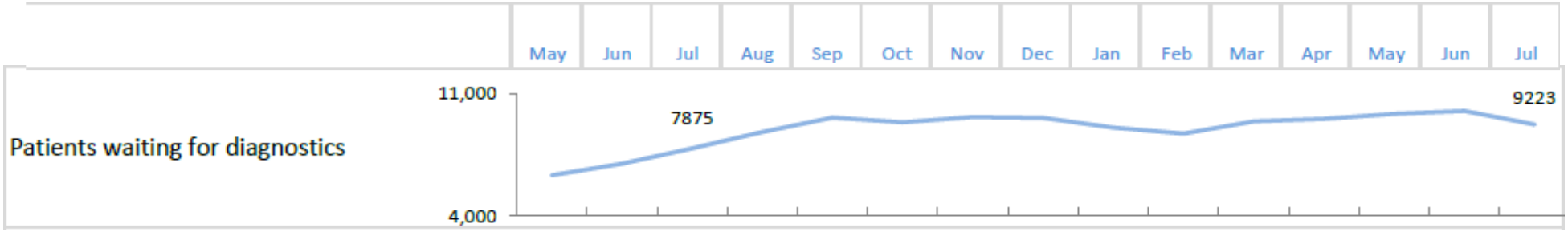
## Spotlight Subject - Diagnostic waiting time target

The national target is that at least 99% of the patients waiting for an elective diagnostic test will have waited less than 6 weeks / no more than 1% will have waited more than 6 weeks. 15 different tests are reported at the end of each month, although Trust performance is normally assessed for the group of tests as a total.

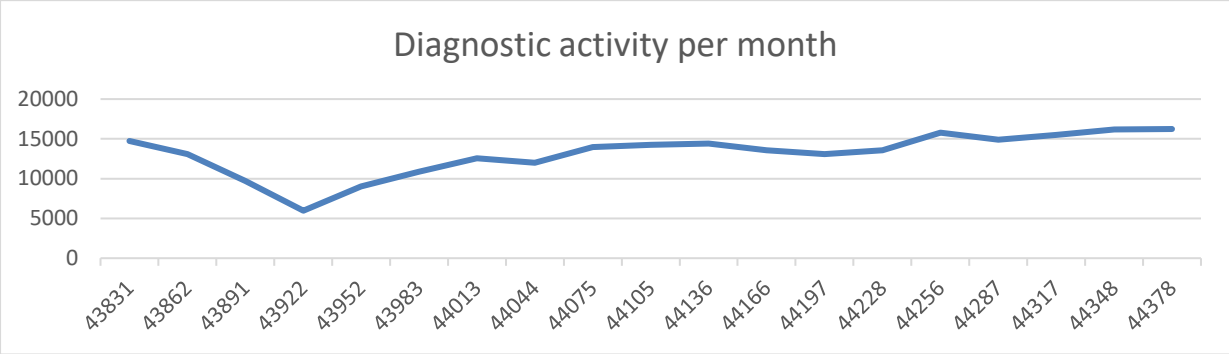
UHS is not currently achieving the target, largely due to the impact of COVID-19. During the pandemic, diagnostic services have experienced postponement of non-urgent patients, staff shortages, and reduced productivity due to enhanced infection control measures. Performance is gradually improving, although 17% patients currently waiting have still waited more than 6 weeks. UHS performance is typical of the NHS, UHS is currently 7th best amongst a peer group of large teaching hospitals.




As referral volumes recovered following a steep drop when the pandemic started (referrals come from both primary and secondary care clinicians, dependent upon the test), the total number of patients on the waiting list increased beyond pre-pandemic levels (Feb 2020 = 7907), but this is currently relatively stable.



Diagnostic activity levels, as a whole, have recovered and are now above pre-pandemic levels.




The following table show the position at end July, ordered by the number of patients waiting over 6 weeks.

There are significant differences between the size and duration of the waiting lists for each of the tests.

Tests also require different professions and equipment to perform them (although there are some resources in common e.g. Radiographers and Radiologists shared between MRI and CT, Endoscopy rooms shared between Colonoscopy, Gastroscopy and Flexible Sigmoidoscopy).

| Diagnostic Area | Breach 6 Week Target | Within 6 Week Target | Grand Total | % achieved within 6 weeks |
|---|---|---|---|---|
| NEUROPHYSIOLOGY - PERIPHERAL NEUROPHYSIOLOGY | 499 | 629 | 1128 | 55.76 |
| MAGNETIC RESONANCE IMAGING | 425 | 1583 | 2008 | 78.83 |
| NON-OBSTETRIC ULTRASOUND | 175 | 2779 | 2954 | 94.08 |
| GASTROSCOPY | 150 | 233 | 383 | 60.84 |
| CARDIOLOGY - ECHOCARDIOGRAPHY | 84 | 370 | 454 | 81.5 |
| CYSTOSCOPY | 69 | 145 | 214 | 67.76 |
| COLONOSCOPY | 44 | 292 | 336 | 86.9 |
| RESPIRATORY PHYSIOLOGY - SLEEP STUDIES | 40 | 89 | 129 | 68.99 |
| FLEXI SIGMOIDOSCOPY | 22 | 90 | 112 | 80.36 |
| COMPUTED TOMOGRAPHY | 18 | 937 | 955 | 98.12 |
| URODYNAMICS - PRESSURES & FLOWS | 13 | 27 | 40 | 67.5 |
| DEXA SCAN | 9 | 311 | 320 | 97.19 |
| CARDIOLOGY - ELECTROPHYSIOLOGY | 9 | 4 | 13 | 30.77 |
| AUDIOLOGY - AUDIOLOGY ASSESSMENTS | 1 | 110 | 111 | 99.1 |
| BARIUM ENEMA | 1 | 65 | 66 | 98.48 |

All services are forecasting recovery of their pre-pandemic performance by the end of October 2021, with the exception of Neurophysiology and Magnetic Resonance Imaging (MRI).
Neurophysiology waiting times were substantially impacted by a two month cessation of most investigations at the start of the pandemic in order to reduce the risk of COVID-19 transmission, and also by subsequent staff shortages - due to vacancies and role changes to protect staff at high risk from COVID-19, and reductions in productivity in outpatients as a result of additional infection control measures. The service is now fully staffed, but capacity to increase activity is constrained by physical space, ability to recruit further, and limited capacity amongst staff to undertake further overtime / additional sessions. Further opportunities to improve productivity, and test new working practices, continue to be investigated.

MRI waiting times are at risk because our scanners are already operated for extended hours each day, both Radiographers and Radiologists are difficult to recruit in sufficient numbers, and capacity is currently being supported by scanner time contracted from Independent Sector suppliers which is not secure in the long term. A business case is being prepared which will propose an option to replace existing older scanners without the loss of capacity that would normally be experienced during decommissioning / commissioning, and to upgrade an existing scanner to extend its life and increase the number of UHS operated scanners by one.

Strategic issues and opportunities related to diagnostic services include:

Community Diagnostic Hub (CDH) - The NHS Long Term Plan recognised a need for radical investment and reform, and an Independent Review of Diagnostic Services* in Oct 2020 recommended 'Community Diagnostic Hubs' be established away from Acute Hospital Sites. UHS is currently part of a collaborative bid which, if successful, would provide an additional NHS CT scanner and Ultrasound room in Southampton. Further NHS CDH investment is likely, and UHS will consider this as part of the Estate Strategy.

Growth in Demand – Significant (national) growth rates include CT (6.8%), MRI (5.6%), Colonoscopy (5.3%) and Flexible Sigmoidoscopy (8.4%). Diagnostic activity rates are also often significantly below international comparators. Further growth in demand should be anticipated and planned for, for example recommendations* that CT scanning capacity should be increased by 100% within 5 years, and that at least 200 new endoscopy rooms are required in NHS trusts.

Capacity Expansion and Innovation – is supporting the current recovery. For example, national funding supported construction of an additional UHS endoscopy room which opened in April, and the purchase of equipment which enables 'sleep studies' to be performed in greater volumes and in a patient's home rather than in the hospital.

* https://www.england.nhs.uk/wp-content/uploads/2020/11/diagnostics-recovery-and-renewal-independent-review-of-diagnostic-services-for-nhs-england-2.pdf

The NHS Constitution* and the Handbook to the NHS Constitution** together set out a range of rights to which people are entitled, and pledges that the NHS is committed to achieve, including:

The right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible

- Start your consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions
- Be seen by a cancer specialist within a maximum of 2 weeks from GP referral for urgent referrals where cancer is suspected

The NHS pledges to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution

- All patients should receive high-quality care without any unnecessary delay
- Patients can expect to be treated at the right time and according to their clinical priority. Patients with urgent conditions, such as cancer, will be able to be seen and receive treatment more quickly

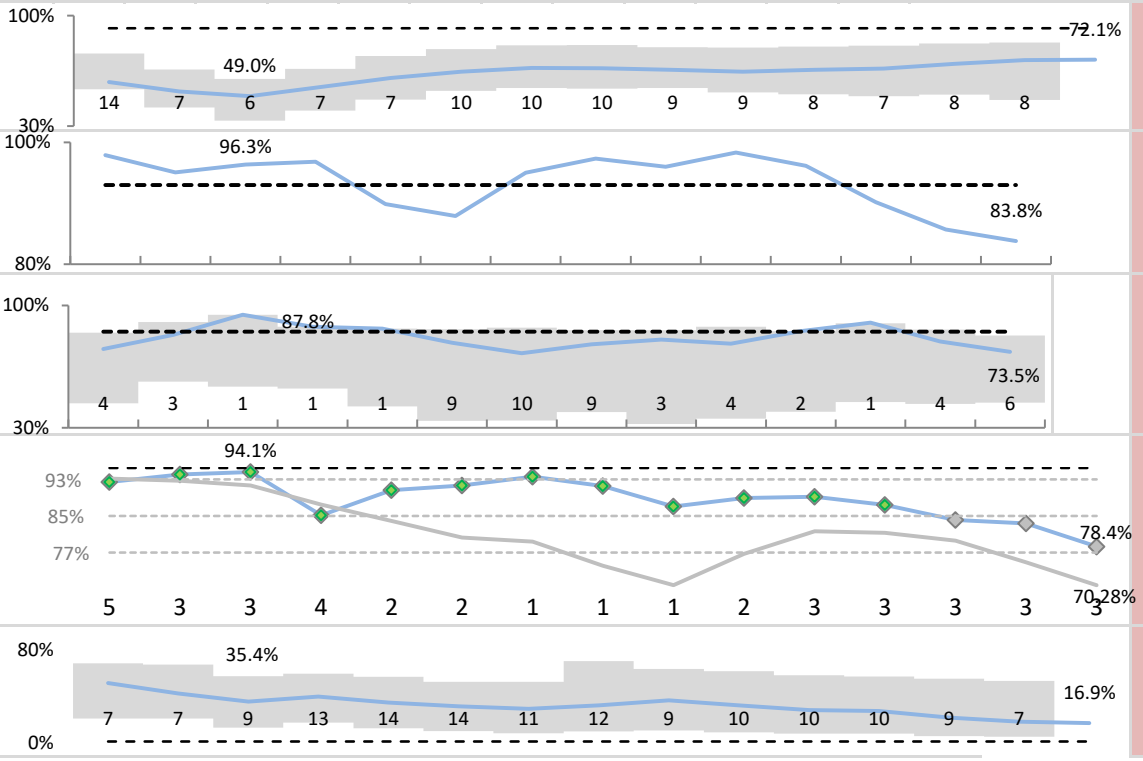
The handbook lists 11 of the government pledges on waiting times that are relevant to UHS services, such pledges are monitored within the organisation and by NHS commissioners and regulators.

Performance against the NHS rights, and a range of the pledges, is summarised below. Further information is available within the Appendix to this report.

* https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

** https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

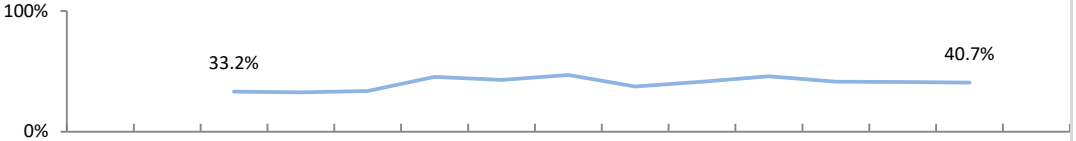
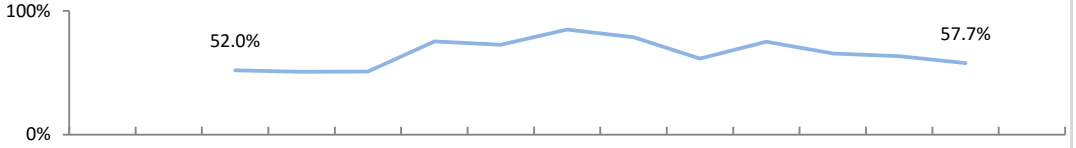
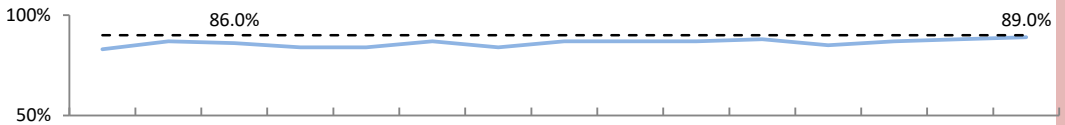
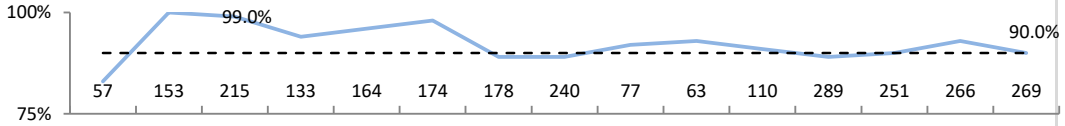
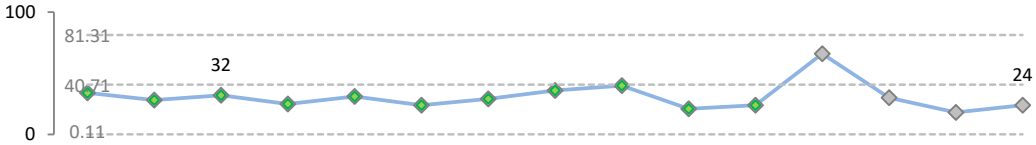
| | | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Monthly target | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UT28-N | % Patients on an open 18 week pathway (within 18 weeks ) with teaching hospital min-max range and rank (of 20) | 14 | 7 | 6 | 7 | 7 | 10 | 10 | 10 | 9 | 9 | 8 | 7 | 8 | 8 | | ≥92% | |
| - | % Patients following a GP referral for suspected cancer seen by a specialist within 2 weeks | | | | | | | | | | | | | | | | ≥93% | |
| UT34-N | Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Latest data held by UHS) with teaching hospital min-max range and rank (of 20) | 4 | 3 | 1 | 1 | 1 | 9 | 10 | 9 | 3 | 4 | 2 | 1 | 4 | 6 | | ≥85% | - |
| UT25-N | Patients spending less than 4hrs in ED - SGH Main ED (Type 1 and UCH) Major Trauma Centres (Type 1) | | | | | | | | | | | | | | | | ≥95% | - |
| | Rank of 8-> | 5 | 3 | 3 | 4 | 2 | 2 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | | |
| UT33-N | % of Patients waiting over 6 weeks for diagnostics with teaching hospital min-max range and rank (of 20) | 7 | 7 | 9 | 13 | 14 | 14 | 11 | 12 | 9 | 10 | 10 | 10 | 9 | 7 | | ≤1% | - |



| **Outcomes** | | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UT1-N | HSMR - **UHS**<br>HSMR - **SGH** | 83 | | | | | | | | | | 78.3 | | | | 77 | ≤100 | | |
| | | | | | | | | | | | | 77.9 | | | | | | | |
| UT2 | HSMR - Crude Mortality Rate | 3.1% | | | | | | | | | | 2.9% | | | | 2.6% | - | | |
| UT3 | Emergency readmissions within 30 days of discharge from hospital | 800 | | | | | | | | | | | | | | 200 | - | | |
| | | | 597 | | | | | | | | | | | | 627 | | | | |
| UT4-L | Cumulative Specialities with Outcome Measures Developed | 54 | | | 56 | | | 56 | | | 57 | | | 61 | | | +1 | | |
| | | 260 | | | 285 | | | 305 | | | 332 | | | 396 | | | | | |
| UT5 | Developed Outcomes<br>RAG ratings | 100% | | | | | | | | | | | | | | 50% | - | | |
| | | | 81% | | | 79% | | | 77% | | | 76% | | | 80% | | | | |

| **Safety** | | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UT6-N | Cumulative Clostridium difficile<br>This year vs. last year | | | | 27 32 | 30 39 | 35 43 | 42 50 | 48 52 | 54 55 | 60 57 | 70 63 | 5 7 | 11 16 | 15 21 | 18 25 | 5 | 25 | ≤20 |
| UT7 | **Healthcare-acquired COVID infection**: COVID-positive sample taken >14days after admission (validated) | 12 | 1 | 0 | 0 | 0 | 8 | 0 | 10 | 39 | 2 | 5 | 0 | 0 | 0 | 3 | - | 3 | - |
| UT8 | **Probable hospital-associated COVID infection**: COVID-positive sample taken >7 days and <=14 days after admission (validated) | 13 | 1 | 0 | 0 | 0 | 7 | 2 | 6 | 59 | 2 | 2 | 1 | 0 | 0 | 0 | - | 1 | - |
| UT9 | Pressure ulcers category 2 per 1000 bed days | | | | 0.24 | | | | | | | | | | | 0.33 | - | - | - |
| UT10 | Pressure ulcers category 3 and above per 1000 bed days | | | | 0.41 | | | | | | | | | | | 0.36 | - | - | - |
| UT11-N | Medication Errors (severe/Moderate) | | | | 2 | | | | | | | | | | | 3 | ≤3 | 9 | ≤12 |

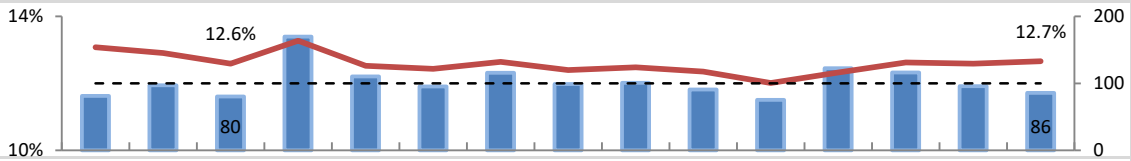
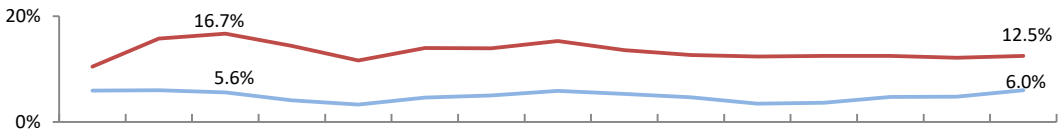
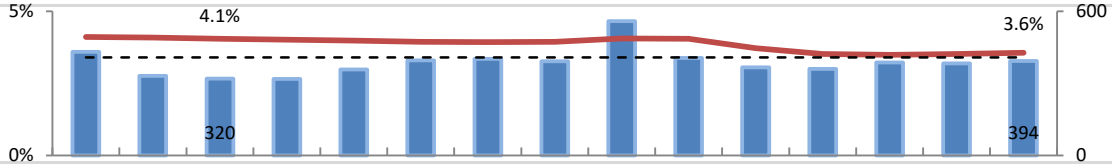
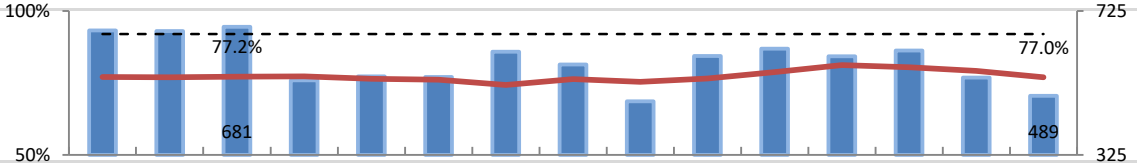
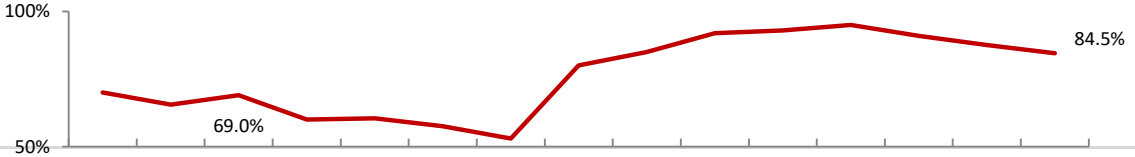
| | | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UT12 | Antibiotic usage per 1000 admissions<br>This year vs. last year | 8,500<br>1,500 | | | 4,939<br>4,993 | | | | | | | | | | 5,360<br>4,261 | | - | - | - |
| UT13 | Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity) | 40<br>0 | | 6 | | | | | | | | | | | 8 | | - | 25 | - |
| UT14 | Serious Incidents Requiring Investigation - Maternity | 5<br>0 | | 0 | | | | | | | | | | | 0 | | - | - | - |
| UT15 | Number of high harm falls per 1000 bed days | 0.2<br>0.0 | | 0.17 | | | | | | | | | | | 0.11 | | - | - | - |
| UT16 | % patients with a nutrition plan in place | 100%<br>80% | | | 93.4% | | | | | | | | | | 93.6% | | - | - | - |
| UT17 | Red Flag staffing incidents | 50<br>0 | | 10 | | | | | | | | | | | 25 | | - | - | - |

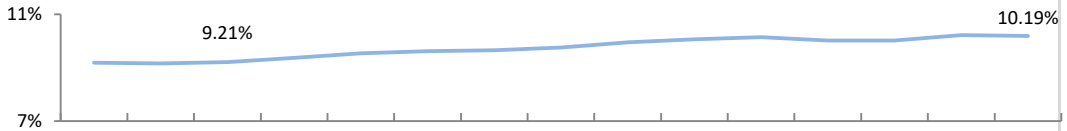
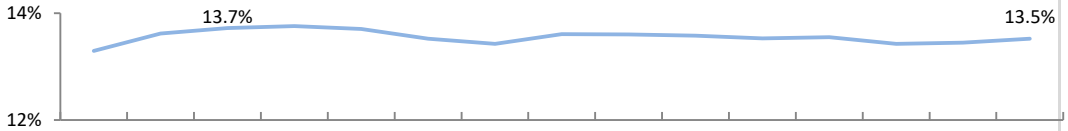
| **Patient Experience** | | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UT18-N | FFT Negative Score - Inpatients |  | | | | | | | | | | | | | | | ≤5% | - | - |
| UT19-N | FFT Negative Score - Maternity |  | | | | | | | | | | | | | | | ≤5% | - | - |
| UT20 | Total UHS women booked onto a continuity of carer pathway |  | | | | | | | | | | | | | | | - | - | - |
| UT21 | Total BAME women booked onto a continuity of carer pathway |  | | | | | | | | | | | | | | | - | - | - |
| UT20/21 - July report not yet available, due to new information system implementation | | | | | | | | | | | | | | | | | | | |
| UT22 | % Patients reporting being involved in decisions about care and treatment |  | | | | | | | | | | | | | | | ≥90% | - | - |
| UT23 | % Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base) |  | | | | | | | | | | | | | | | ≥90% | - | - |
| UT23 - Performance is a scored metric with a "Yes" response scoring 1, "Yes, to some extent" receiving 0.5 score and other responses scoring 0. | | | | | | | | | | | | | | | | | | | |
| UT24 | Overnight ward moves with a reason marked as non-clinical (excludes moves from admitting wards with LOS<12hrs) |  | | | | | | | | | | | | | | | - | - | - |

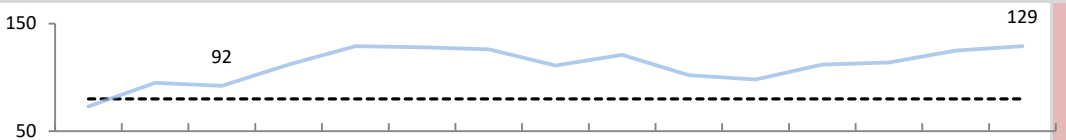
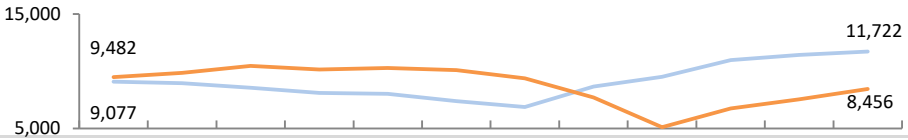
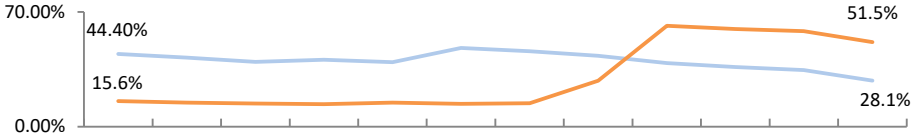
| Access Standards | | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UT25-N | Patients spending less than 4hrs in ED - SGH Main ED (Type 1 and UCH)<br>Major Trauma Centres (Type 1)<br>Rank of 8-> | 93% | 85% | 77% | 94.1% | | | | | | | | | | | 78.4%<br>70.28% | ≥95% | - | - |
| | | 5 | 3 | 3 | 4 | 2 | 2 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | | | |
| UT26 | Average (Mean) time in Dept - non-admitted patients | 05:00 | | 01:00 | 02:14 | | | | | | | | | | | 03:06 | - | - | - |
| UT27 | Average (Mean) time in Dept - admitted patients | 05:00 | | 01:00 | 03:17 | | | | | | | | | | | 04:13 | - | - | - |
| UT28-N | % Patients on an open 18 week pathway (within 18 weeks ) with teaching hospital min-max range and rank (of 20) | 100% | | 30% | 49.0% | | | | | | | | | | | 72.1% | ≥92% | | |
| | | 14 | 7 | 6 | 7 | 7 | 10 | 10 | 10 | 9 | 9 | 8 | 7 | 8 | 8 | | | | |
| UT29 | Total number of patients on a waiting list (18 week referral to treatment pathway) | 42,500 | | 30,000 | 33401 | | | | | | | | | | | 42149 | - | - | - |
| UT30 | Patients on an open 18 week pathway (waiting 52 weeks+ ) with teaching hospital min-max range and rank (of 20) | 21,000 | | 0 | 951 | | | | | | | | | | | 2309 | - | - | - |
| | | 13 | 11 | 11 | 11 | 10 | 9 | 6 | 6 | 6 | 5 | 4 | 4 | 4 | 6 | | | | |

| | | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UT31 | Patients on an open 18 week pathway (waiting 78 weeks+ ) | 1000 7 0 | | | | | | | | | | | | | | 799 | - | - | - |
| UT32 | Patients waiting for diagnostics | 11,000 7875 4,000 | | | | | | | | | | | | | | 9223 | - | - | - |
| UT33-N | % of Patients waiting over 6 weeks for diagnostics with teaching hospital min-max range and rank (of 20) | 80% 35.4% 0% | | | | | | | | | | | | | | 16.9% | ≤1% | - | - |
| | | 7 | 7 | 9 | 13 | 14 | 14 | 11 | 12 | 9 | 10 | 10 | 10 | 9 | 7 | | | | |
| UT34-N | Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Latest data held by UHS) with teaching hospital min-max range and rank (of 20) | 100% 87.8% 30% | | | | | | | | | | | | | | 73.5% | ≥85% | - | - |
| | | 4 | 3 | 1 | 1 | 1 | 9 | 10 | 9 | 3 | 4 | 2 | 1 | 4 | 6 | | | | |
| UT35-N | 31 day cancer wait performance - decision to treat to first definitive treatment (Latest data held by UHS) | 100% 97.6% 80% | | | | | | | | | | | | | | 96.0% | ≥96% | - | - |
| UT36-N | 31 day cancer wait performance - Subsequent Treatments of Cancer (Latest data held by UHS) | 100% 98.6% 80% | | | | | | | | | | | | | | 96.2% | ≥95.2% | | |

| | | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PN1-L | Comparative CRN Recruitment Performance - non-weighted | | 2 | | | 5 | | | 9 | | | 10 | | | 10 | 9 | Top 10 | | |
| PN2-L | Comparative CRN Recruitment Performance - weighted | | 2 | | | 2 | | | 7 | | | 8 | | | 5 | 3 | Top 5 | | |
| PN3-L | Comparative CRN Recruitment - contract commercial | | 13 | | | 17 | | | 7 | | | 2 | | | 12 | 11 | Top 10 | | |
| PN4-L | Achievement compared to R+D Income Baseline<br>Monthly income increase %<br>YTD income increase % | | 160%<br>-50% | | | | | | | | | | 46.0% | -22.0% | 152.0%<br>55.0% | 45.0% | ≥5% | | |

| Workforce Capacity | | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| WR1-L | Substantive Staff - Turnover<br>**-R12M turnover %**<br>**-Leavers in month (FTE)** |  | | | | | | | | | | | | | | | R12M <=12.0% | | |
| WR2-L | Staff Vacancies<br>**-Nursing Vacancies** (registered nurses only in clinical wards)<br>**-All Staff vacancies** |  | | | | | | | | | | | | | | | | | |
| WR3-L | workforce numbers plan vs actual | In development | | | | | | | | | | | | | | | | | |
| WR4-L | Staff - Sickness absence<br>**-R12M sickness %**<br>**-Sickness in month (FTE)** |  | | | | | | | | | | | | | | | R12M <=3.4% | | |
| **Enjoy Working Here** | | | | | | | | | | | | | | | | | | | |
| WR5-L | Non-medical appraisals completed<br>**-R12M appraisal %**<br>**-Appraisals in month** |  | | | | | | | | | | | | | | | R12M >=92.0% | | |
| WR6-L | Medical staff appraisals completed - Rolling 12-months |  | | | | | | | | | | | | | | | | | |
| WR7-L | % of staff recommend UHS as a place to work:<br>UHS Quarterly staff FFT<br>**National NHS Staff Survey** |  | | | | | | | | | | | | | | | >=76% | | |

| | | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| WR8-L | Staff survey engagement score<br>National NHS Staff Survey |  | | | | | | | | | | | | | | | | | |
| WR8-L - Maximum score = 10, Average of “Acute and Acute&Community”, group is 7 | | | | | | | | | | | | | | | | | | | |
| **Compassion and Inclusion** | | | | | | | | | | | | | | | | | | | |
| WR9-L | % of Band 7+ staff who are Black and Minority Ethnic |  | | | | | | | | | | | | | | | 15% by 2023 | | |
| WR10 | % of Band 7+ Staff who have declared a disability or long term health condition |  | | | | | | | | | | | | | | | - | | |
| WR11 | Pulse survey % of staff recommend UHS as a place to work- White British staff compared with all other ethnic groups combined | Data available from August 2021 - new monthly staff survey | | | | | | | | | | | | | | | | | |
| WR12 | Pulse survey % of staff recommend UHS as a place to work- Disabled compared with non disabled / prefer not to answer | Data available from August 2021 - new monthly staff survey | | | | | | | | | | | | | | | | | |
| WR13 | Pulse survey % of staff recommend UHS as a place to work- Sexuality = Heterosexual compared with all other groups combined | Data available from August 2021 - new monthly staff survey | | | | | | | | | | | | | | | | | |

| Local Integration | | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NT1 | Number of inpatients that were medically optimised for discharge (monthly average) |  | | | | | | | | | | | | | | | ≤80 | - | - |
| NT2 | Emergency Department activity - type 1<br>This year vs. last year |  | | | | | | | | | | | | | | | - | - | - |
| NT3 | Percentage of virtual appointments as a proportion of outpatient consultations<br>This year vs. last year |  | | | | | | | | | | | | | | | - | - | - |

| Digital | | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FN1 | My Medical Record - UHS patient accounts | 43,013 | | | | | | | | | | | | | | 79,241 | - | | |
| FN2 | My Medical Record - UHS patient logins | 6,675 | | | | | | | | | | | | | | 21,956 | - | | |
| FN3 | Patients choosing digital correspondence | In development | | | | | | | | | | | | | | | - | | |
| FN4 | Reduction in transcription through implementation of voice recognition software | In development | | | | | | | | | | | | | | | - | | |

**Our Role in the Community**

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FN6 | Percentage of staff living locally | | | | | | | | | | | | | | | 18.1% | - | | |
| FN7 | Percentage of staff residing in deprived areas (lowest 30% - national Index of Multiple Deprivation) | | | | | | | | | | | | | | | 23.7% | | | |

**Report notes - Nursing and midwifery staffing hours - July 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.

**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. For the first time we have included both mothers and babies in our occupancy levels which will have impacted the care hours per patient day for comparison in previous months.

Over the last year a growing number of our clinical areas started to move and change specialty and size to respond to the changing COVID-19 situation (e.g. G5-G9, Critical Care and RHDU). With the COVID-19 position changing again in June/July some additional ward changes have taken place which have been responsive and 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 | 24395 | 19201 | 5824 | 3882 | 78.7% | 66.7% | 25.7 | 4.9 | 30.6 | Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Skill mix swaps undertaken to support safe staffing across the Unit; Limited staff to provide support and education to juniors in critical care . Multiple swaps of staff across the specialities. |
| Critical Care | Night | 23241 | 19232 | 4964 | 3419 | 82.8% | 68.9% | | | | Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Skill mix swaps undertaken to support safe staffing across the Unit. |
| SUR E5 Lower GI | Day | 1463 | 1383 | 753 | 767 | 94.5% | 101.9% | 4.4 | 2.5 | 7.0 | Increase in acuity/dependency of patients in the month; Safe staffing levels maintained; E5 ward has been running as a medical ward due to covid pressures in Medicine and MOP. |
| SUR E5 Lower GI | Night | 703 | 715 | 357 | 431 | 101.8% | 120.8% | | | | Increase in acuity/dependency of patients in the month; Safe staffing levels maintained. |
| SUR E5 Upper GI | Day | 1485 | 1270 | 818 | 870 | 85.5% | 106.3% | 4.1 | 2.8 | 6.9 | Increase in acuity/dependency of patients in the month; Safe staffing levels maintained. |
| SUR E5 Upper GI | Night | 713 | 718 | 357 | 462 | 100.6% | 129.5% | | | | Increase in acuity/dependency of patients in the month; Safe staffing levels maintained. |
| SUR E8 Ward | Day | 2093 | 2185 | 1663 | 1160 | 104.4% | 69.7% | 4.7 | 2.8 | 7.5 | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| SUR E8 Ward | Night | 1070 | 1162 | 1235 | 875 | 108.6% | 70.9% | | | | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| SUR F11 IF | Day | 1993 | 1433 | 778 | 1002 | 71.9% | 128.9% | 4.3 | 3.4 | 7.7 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| SUR F11 IF | Night | 713 | 713 | 713 | 725 | 100.0% | 101.6% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| SUR Acute Surgical Unit | Day | 1477 | 1092 | 742 | 745 | 73.9% | 100.5% | 8.8 | 5.5 | 14.3 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| SUR Acute Surgical Unit | Night | 719 | 748 | 707 | 404 | 104.0% | 57.1% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| SUR Acute Surgical Admissions | Day | 2252 | 1666 | 619 | 1201 | 74.0% | 193.9% | 3.9 | 2.9 | 6.8 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| SUR Acute Surgical Admissions | Night | 1069 | 1062 | 713 | 788 | 99.3% | 110.4% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| SUR F5 Ward | Day | 1950 | 1482 | 1324 | 1295 | 76.0% | 97.8% | 3.6 | 2.7 | 6.4 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| SUR F5 Ward | Night | 1072 | 1041 | 713 | 605 | 97.1% | 84.8% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ECM Acute Medical Unit | Day | 5704 | 5837 | 4723 | 4299 | 102.3% | 91.0% | 11.2 | 7.3 | 18.5 | Safe staffing levels maintained; Staffing appropriate for number of patients; Skill mix swaps undertaken to support safe staffing across the Unit; Staffing ratios and CHPPD currently include ACP who support the area. |
| ECM Acute Medical Unit | Night | 4785 | 5671 | 3534 | 3197 | 118.5% | 90.5% | | | | Safe staffing levels maintained; Increased night staffing to support raised acuity; Skill mix swaps undertaken to support safe staffing across the Unit; Staffing ratios and CHPPD currently include ACP who support the area. |
| CAN C4 Solent Ward Clinical Oncology | Day | 1402 | 1400 | 981 | 1243 | 99.8% | 126.8% | 4.1 | 4.2 | 8.3 | Additional staff used for enhanced care - Support workers. |
| CAN C4 Solent Ward Clinical Oncology | Night | 1070 | 968 | 713 | 1168 | 90.5% | 164.0% | | | | Additional staff used for enhanced care - Support workers. |
| CAN C6 Leukaemia/BMT Unit | Day | 2827 | 2785 | 97 | 370 | 98.5% | 381.5% | 7.7 | 0.7 | 8.3 | Increase in acuity/dependency of patients in the month; Increased HCA to 1 per shift (day) not yet reflected in planned roster |
| CAN C6 Leukaemia/BMT Unit | Night | 2059 | 2059 | 0 | 67 | 100.0% | Shift N/A | | | | Safe staffing levels maintained. |
| CAN C6 TYA Unit | Day | 768 | 804 | 339 | 104 | 104.7% | 30.7% | 8.3 | 0.8 | 9.0 | Increase in acuity/dependency of patients in the month; Awaiting Band 2 budget transfer (increase in day case activity sitting under TYA instead of C7). |
| CAN C6 TYA Unit | Night | 684 | 676 | 0 | 34 | 98.9% | Shift N/A | | | | Safe staffing levels maintained. |
| CAN C2 Haematology | Day | 2297 | 2684 | 1106 | 993 | 116.8% | 89.9% | 6.1 | 2.6 | 8.7 | Safe staffing levels maintained. |
| CAN C2 Haematology | Night | 1760 | 2019 | 1061 | 1050 | 114.7% | 99.0% | | | | Safe staffing levels maintained. |
| CAN D3 Ward | Day | 1778 | 1744 | 734 | 999 | 98.1% | 136.1% | 4.4 | 2.9 | 7.2 | Additional staff used for enhanced care - Support workers. |
| CAN D3 Ward | Night | 1035 | 1036 | 698 | 821 | 100.1% | 117.6% | | | | Additional staff used for enhanced care - Support workers. |
| MED D5 Ward | Day | 1194 | 1770 | 1807 | 1348 | 148.2% | 74.6% | 3.6 | 2.9 | 6.5 | Increase in acuity/dependency of patients in the month; Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month. |
| MED D5 Ward | Night | 1070 | 1211 | 946 | 1056 | 113.2% | 111.7% | | | | Increase in acuity/dependency of patients in the month; Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month. |
| MED D6 Ward | Day | 1116 | 1051 | 1499 | 1370 | 94.2% | 91.4% | 2.9 | 3.1 | 6.0 | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| MED D6 Ward | Night | 713 | 1058 | 953 | 900 | 148.4% | 94.4% | | | | Safe staffing levels maintained; Increased night staffing to support raised acuity. |
| MED D7 Ward | Day | 705 | 818 | 973 | 1046 | 116.0% | 107.6% | 3.2 | 3.3 | 6.5 | Increase in acuity/dependency of patients in the month; Safe staffing levels maintained. |
| MED D7 Ward | Night | 702 | 713 | 335 | 556 | 101.6% | 166.2% | | | | Increase in acuity/dependency of patients in the month; Safe staffing levels maintained. |
| MED D8 Ward | Day | 1078 | 1137 | 1485 | 1240 | 105.4% | 83.5% | 3.4 | 3.3 | 6.7 | Increase in acuity/dependency of patients in the month; Safe staffing levels maintained. |
| MED D8 Ward | Night | 713 | 1047 | 946 | 885 | 146.8% | 93.6% | | | | Increase in acuity/dependency of patients in the month; Safe staffing levels maintained. |
| MED D9 Ward | Day | 1234 | 1645 | 1738 | 1354 | 133.4% | 77.9% | 3.3 | 2.8 | 6.0 | Increase in acuity/dependency of patients in the month; Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month. |
| MED D9 Ward | Night | 1071 | 1038 | 938 | 899 | 97.0% | 95.9% | | | | Increase in acuity/dependency of patients in the month; Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month. |
| MED E7 Ward | Day | 1077 | 1267 | 1247 | 1316 | 117.7% | 105.5% | 2.9 | 3.3 | 6.2 | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| MED E7 Ward | Night | 713 | 968 | 1135 | 1276 | 135.7% | 112.5% | | | | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| MED Respiratory HDU | Day | 2331 | 1532 | 532 | 444 | 65.7% | 83.3% | 16.2 | 4.1 | 20.3 | Staffing appropriate for number of patients; Safe staffing levels maintained. |
| MED Respiratory HDU | Night | 2142 | 1515 | 357 | 334 | 70.7% | 93.5% | | | | Staffing appropriate for number of patients; Safe staffing levels maintained. |
| MED C5 Isolation Ward | Day | 1206 | 1170 | 1211 | 592 | 97.0% | 48.9% | 6.8 | 3.7 | 10.5 | Staffing appropriate for number of patients; Safe staffing levels maintained. |
| MED C5 Isolation Ward | Night | 1070 | 979 | 357 | 576 | 91.5% | 161.5% | | | | Staffing appropriate for number of patients; Safe staffing levels maintained. |
| MED D10 Isolation Unit | Day | 1074 | 977 | 1346 | 1255 | 90.9% | 93.2% | 3.3 | 4.1 | 7.4 | Safe staffing levels maintained. |
| MED D10 Isolation Unit | Night | 690 | 736 | 713 | 880 | 106.7% | 123.4% | | | | Increase in acuity/dependency of patients in the month; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained. |
| MED G5 Ward | Day | 1001 | 1317 | 1894 | 1652 | 131.5% | 87.2% | 3.1 | 3.2 | 6.3 | Safe staffing levels maintained. |
| MED G5 Ward | Night | 1070 | 1001 | 713 | 748 | 93.5% | 104.8% | | | | Safe staffing levels maintained; Staff moved to support other wards. |
| MED G6 Ward | Day | 1065 | 1119 | 1889 | 1739 | 105.1% | 92.1% | 3.1 | 3.6 | 6.7 | Safe staffing levels maintained; Staff moved to support other wards. |
| MED G6 Ward | Night | 1035 | 990 | 851 | 759 | 95.7% | 89.2% | | | | Safe staffing levels maintained; Staff moved to support other wards. |
| MED G7 Ward | Day | 708 | 784 | 1161 | 723 | 110.7% | 62.3% | 8.2 | 6.9 | 15.1 | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| MED G7 Ward | Night | 713 | 611 | 713 | 449 | 85.8% | 62.9% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| MED G8 Ward | Day | 1081 | 1127 | 1937 | 1361 | 104.2% | 70.2% | 3.2 | 3.6 | 6.9 | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| MED G8 Ward | Night | 1070 | 828 | 1001 | 840 | 77.4% | 83.9% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| MED G9 Ward | Day | 1053 | 1123 | 1842 | 1901 | 106.6% | 103.2% | 2.9 | 3.6 | 6.5 | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| MED G9 Ward | Night | 1058 | 1012 | 725 | 759 | 95.7% | 104.8% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| MED Bassett Ward | Day | 1292 | 941 | 2345 | 1951 | 72.8% | 83.2% | 2.8 | 5.0 | 7.8 | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| MED Bassett Ward | Night | 840 | 771 | 1058 | 1035 | 91.8% | 97.8% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients. |

| 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 | 1575 | 1058 | 0 | 0 | 67.2% | Shift N/A | 14.1 | 0.0 | 14.1 | Non-ward based staff supporting areas; Safe staffing levels maintained; Staffing matched to beds. Staffing moved if empty beds to support unit. |
| CHI High Dependency Unit | Night | 1070 | 1030 | 0 | 0 | 96.3% | Shift N/A | | | | Safe staffing levels maintained. |
| CHI Paed Medical Unit | Day | 1945 | 1748 | 735 | 607 | 89.9% | 82.5% | 8.1 | 3.7 | 11.8 | Safe staffing levels maintained; Patients being nursed 2:1. |
| CHI Paed Medical Unit | Night | 1699 | 1501 | 692 | 869 | 88.3% | 125.6% | | | | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained. |
| CHI Paediatric Intensive Care | Day | 6186 | 5149 | 485 | 394 | 83.2% | 81.3% | 29.5 | 2.6 | 32.0 | Safe staffing levels maintained; Staffing matched to patient numbers. Support provided from rest of care group when required. |
| CHI Paediatric Intensive Care | Night | 5702 | 4808 | 447 | 470 | 84.3% | 105.1% | | | | Safe staffing levels maintained; Staffing matched to patient numbers. Support provided from rest of care group when required. |
| CHI Piam Brown Unit | Day | 3801 | 2711 | 209 | 119 | 71.3% | 56.7% | 11.9 | 0.4 | 12.3 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained. |
| CHI Piam Brown Unit | Night | 1426 | 1086 | 0 | 0 | 76.1% | Shift N/A | | | | Safe staffing levels maintained. |
| CHI Ward E1 Paed Cardiac | Day | 2079 | 2115 | 638 | 569 | 101.7% | 89.3% | 9.7 | 2.2 | 11.9 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Non-ward based staff supporting areas. |
| CHI Ward E1 Paed Cardiac | Night | 1415 | 1854 | 357 | 323 | 131.1% | 90.5% | | | | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained. |
| CHI Ward G2 Neuro | Day | 788 | 741 | 0 | 12 | 94.1% | Shift N/A | 8.2 | 0.1 | 8.3 | Safe staffing levels maintained. |
| CHI Ward G2 Neuro | Night | 743 | 718 | 0 | 0 | 96.5% | Shift N/A | | | | Safe staffing levels maintained. |
| CHI Ward G3 | Day | 2393 | 1844 | 1689 | 928 | 77.0% | 54.9% | 6.8 | 2.7 | 9.5 | Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained; Staffing matched to patients and acuity. |
| CHI Ward G3 | Night | 1705 | 1410 | 1023 | 353 | 82.7% | 34.5% | | | | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Staffing matched to patients and acuity. |
| CHI Ward G4 Surgery | Day | 2450 | 2226 | 1224 | 957 | 90.9% | 78.2% | 8.0 | 3.1 | 11.1 | band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained; Staffing matched to patients and acuity. |
| CHI Ward G4 Surgery | Night | 1684 | 1678 | 693 | 557 | 99.7% | 80.4% | | | | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Safe staffing levels maintained; Staffing matched to patients and acuity. |
| W&N Bramshaw Womens Unit | Day | 1148 | 892 | 716 | 580 | 77.7% | 81.0% | 6.7 | 4.3 | 11.0 | Safe staffing levels maintained; Staffing matched to patients and acuity. |
| W&N Bramshaw Womens Unit | Night | 713 | 713 | 667 | 449 | 100.0% | 67.2% | | | | Safe staffing levels maintained; Staffing matched to patients and acuity. |
| W&N Neonatal Unit | Day | 7115 | 5128 | 1746 | 1140 | 72.1% | 65.3% | 9.5 | 2.3 | 11.8 | Safe staffing levels maintained; Professional judgement used when staffing is compromised and ITU patients nursed 1:2 on some occasions. |
| W&N Neonatal Unit | Night | 5538 | 3974 | 1364 | 1045 | 71.8% | 76.6% | | | | Safe staffing levels maintained; Professional judgement used when staffing is compromised and ITU patients nursed 1:2 on some occasions. |
| W&N PAH Maternity Service | Day | 8606 | 7756 | 430 | 422 | 90.1% | 98.3% | 6.1 | 0.3 | 6.4 | 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 | 5431 | 4626 | 198 | 211 | 85.2% | 106.6% | | | | Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services. |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| CAR CHDU | Day | 5173 | 4088 | 1771 | 1472 | 79.0% | 83.1% | 14.5 | 4.8 | 19.2 | Staff moved to support other wards; This ward has a high number of siderooms and if acuity/dependency of patients is raised registered nurse or support workers are required to special on night duty; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CAR CHDU | Night | 3982 | 3517 | 946 | 1029 | 88.3% | 108.8% | | | | Staff moved to support other wards; This ward has a high number of siderooms and if acuity/dependency of patients is raised Registered nurse or support workers are required to special on night duty; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CAR Coronary Care Unit | Day | 2661 | 2668 | 978 | 842 | 100.2% | 86.1% | 10.0 | 3.6 | 13.6 | Safe staffing levels maintained; Staffing plan set higher than national standards; Band 4 staff working to support registered nurse numbers. |
| CAR Coronary Care Unit | Night | 2368 | 2377 | 1012 | 946 | 100.4% | 93.5% | | | | Safe staffing levels maintained; Staffing plan set higher than national standards; Band 4 staff working to support registered nurse numbers. |
| CAR Ward D4 Vascular | Day | 1728 | 1349 | 1051 | 1252 | 78.1% | 119.2% | 4.1 | 3.9 | 8.0 | Safe staffing levels maintained; Staff moved to support other wards; Additional staff used for enhanced care - Support workers. |
| CAR Ward D4 Vascular | Night | 792 | 1049 | 1023 | 1058 | 132.5% | 103.4% | | | | Increased night staffing to support raised acuity; This ward has a high number of siderooms and if acuity/dependency of patients is raised Registered nurse or support workers are required to special on night duty; Additional staff used for enhanced care - Support workers. |
| CAR Ward E2 YACU | Day | 1545 | 1462 | 883 | 907 | 94.6% | 102.7% | 4.3 | 3.5 | 7.9 | Safe staffing levels maintained; Additional staff used for enhanced care - Support workers. |
| CAR Ward E2 YACU | Night | 682 | 728 | 341 | 873 | 106.7% | 256.1% | | | | Safe staffing levels maintained; Additional staff used for enhanced care - Support workers; Increased night staffing to support raised acuity. |
| CAR Ward E3 Green | Day | 1505 | 1522 | 1442 | 1164 | 101.1% | 80.7% | 3.3 | 2.9 | 6.2 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Staff moved to support other wards. |
| CAR Ward E3 Green | Night | 682 | 694 | 788 | 821 | 101.8% | 104.1% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Staff moved to support other wards. |
| CAR Ward E3 Blue | Day | 1100 | 1344 | 1221 | 769 | 122.1% | 63.0% | 4.1 | 3.3 | 7.4 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource. |
| CAR Ward E3 Blue | Night | 682 | 656 | 682 | 849 | 96.2% | 124.5% | | | | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource. |
| CAR Ward E4 Thoracics | Day | 1662 | 1420 | 1317 | 1000 | 85.5% | 76.0% | 4.3 | 2.7 | 7.0 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CAR Ward E4 Thoracics | Night | 1024 | 1029 | 451 | 498 | 100.5% | 110.4% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| CAR Ward D2 Cardiology | Day | 1368 | 935 | 756 | 1054 | 68.4% | 139.5% | 3.4 | 4.8 | 8.2 | Safe staffing levels maintained; Additional staff used for enhanced care - Support workers; Staff moved to support other wards. |
| CAR Ward D2 Cardiology | Night | 693 | 547 | 671 | 1034 | 78.9% | 154.1% | | | | Safe staffing levels maintained; Additional staff used for enhanced care - Support workers; Staff moved to support other wards. |
| NEU Acute Stroke Unit | Day | 1558 | 1719 | 2658 | 2714 | 110.4% | 102.1% | 3.6 | 5.2 | 8.8 | Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| NEU Acute Stroke Unit | Night | 1023 | 1310 | 1702 | 1706 | 128.1% | 100.2% | | | | 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 Regional Transfer Unit | Day | 1240 | 908 | 398 | 356 | 73.3% | 89.3% | 18.8 | 9.1 | 27.8 | 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 Regional Transfer Unit | Night | 682 | 649 | 660 | 396 | 95.2% | 60.0% | | | | 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 ward E Neuro | Day | 1887 | 1672 | 1121 | 1329 | 88.6% | 118.6% | 3.8 | 3.5 | 7.3 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| NEU ward E Neuro | Night | 1364 | 1225 | 1012 | 1353 | 89.8% | 133.7% | | | | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| NEU HASU | Day | 1541 | 1278 | 434 | 488 | 82.9% | 112.6% | 7.3 | 3.2 | 10.5 | 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 HASU | Night | 1365 | 1012 | 330 | 506 | 74.2% | 153.3% | | | | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| NEU Ward D Neuro | Day | 1942 | 1521 | 1906 | 1915 | 78.3% | 100.5% | 3.9 | 4.8 | 8.7 | Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| NEU Ward D Neuro | Night | 1364 | 1309 | 1705 | 1584 | 96.0% | 92.9% | | | | Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SPI Ward F4 Spinal | Day | 1585 | 1468 | 1131 | 1240 | 92.6% | 109.6% | 3.8 | 3.8 | 7.6 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| SPI Ward F4 Spinal | Night | 1021 | 950 | 1022 | 1143 | 93.0% | 111.8% | | | | 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. |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| T&O Ward Brooke | Day | 1057 | 1087 | 1123 | 766 | 102.8% | 68.2% | 3.9 | 3.0 | 6.9 | Patient requiring 24 hour 1:1 nursing in the month; Staffing appropriate for number of patients; Staff moved to support other wards. |
| T&O Ward Brooke | Night | 713 | 725 | 713 | 644 | 101.6% | 90.3% | | | | Patient requiring 24 hour 1:1 nursing in the month; Staffing appropriate for number of patients; Staff moved to support other wards. |
| T&O Trauma Admissions Unit | Day | 922 | 661 | 756 | 577 | 71.7% | 76.3% | 30.5 | 28.4 | 58.9 | Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit. |
| T&O Trauma Admissions Unit | Night | 682 | 651 | 683 | 643 | 95.3% | 94.2% | | | | Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit. |
| T&O Ward F1 Major Trauma Unit | Day | 2355 | 2414 | 2014 | 2103 | 102.5% | 104.4% | 4.6 | 4.6 | 9.1 | Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - RNs; Skill mix swaps undertaken to support safe staffing across the Unit; Increase in acuity/dependency of patients in the month. |
| T&O Ward F1 Major Trauma Unit | Night | 1783 | 1705 | 1783 | 2013 | 95.6% | 112.9% | | | | Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - RNs; Skill mix swaps undertaken to support safe staffing across the Unit; Increase in acuity/dependency of patients in the month. |
| T&O Ward F2 Trauma | Day | 1645 | 1300 | 1943 | 1989 | 79.0% | 102.4% | 2.7 | 4.5 | 7.3 | Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit. |
| T&O Ward F2 Trauma | Night | 1023 | 792 | 1364 | 1450 | 77.4% | 106.3% | | | | Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit. |
| T&O Ward F3 Trauma | Day | 1589 | 1707 | 1955 | 1818 | 107.4% | 93.0% | 4.2 | 5.1 | 9.3 | Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - RNs; Skill mix swaps undertaken to support safe staffing across the Unit. |
| T&O Ward F3 Trauma | Night | 1023 | 1151 | 1364 | 1617 | 112.5% | 118.5% | | | | Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - RNs; Skill mix swaps undertaken to support safe staffing across the Unit. |
| T&O Ward F4 Elective | Day | 1471 | 1153 | 1205 | 992 | 78.4% | 82.3% | 3.8 | 3.4 | 7.1 | Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit. |
| T&O Ward F4 Elective | Night | 1034 | 683 | 704 | 649 | 66.1% | 92.3% | | | | Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit. |