

Report to the Trust Board of Directors				
Title:	Finance Report 2021-22 Month 6			
Agenda item:	12.5			
Sponsor:	Ian Howard – Interim Chief Financial Officer			
Author:	Philip Bunting – Interim Deputy Director of Finance			
Date:	28 October 2021			
Purpose	Assurance or reassurance	Approval	Ratification	Information X
Issue to be addressed:	The finance report provides a monthly summary of the key financial information for the Trust.			
Response to the issue:	<p>The Trust has reported a breakeven financial position for the first half of the financial year, matching plan. In month, non-recurrent benefits have however helped support breakeven achievement with ERF income significantly lower than plan.</p> <p>During Q1 & Q2, the Trust has been reliant on circa £2m per month of ERF or non-recurrent items to achieve a break-even position. The volatile nature of ERF funding has been challenging to manage.</p> <p>Elective Recovery Framework (ERF):</p> <ul style="list-style-type: none"> • Elective Recovery Framework achievement is expected to be nil in September, based on activity of circa 94% of pre-Covid levels of activity for Elective and Outpatients. This compares to a 19/20 baseline expectation of 95%. • Estimates for July and August have increased to 100% and 99% respectively, based on updated data. This has supported the in-month break-even position. • The drivers behind the deterioration in performance remain linked to the operational pressures across the Trust. In particular, emergency demand continues to escalate, and bed pressures remain acute across the Trust. Elective activity is routinely being cancelled due to these pressures. • The risk of organisations within the ICS achieving ERF trajectories but not being paid due to overall ICS performance is growing. <p>Capital:</p> <ul style="list-style-type: none"> • The Trust has slipped further behind plan on capital expenditure. However, 45% of the programme has been spent by M6, which is ahead of “normal” spend trajectories and ICS/Regional partners. We remain confident that funding allocated to UHS will be fully utilised by the end of the financial year. 			

	<p>ICS finance position:</p> <ul style="list-style-type: none"> • The M5 position remains materially unchanged, with a forecast ICS break-even position for Half 1. • The primary risk in the ICS finance position is the delivery of system ERF, with under-delivery on commissioner IS contracts off-setting provider over-delivery. <p>Other financial issues:</p> <ul style="list-style-type: none"> • Energy prices are of particular concern with a forecast cost increase in H2 of £3.7m as a result of increasing wholesale gas prices and the trusts fixed rate tariff contract for electricity expiring.
<p>Implications:</p>	<ul style="list-style-type: none"> • Financial implications of availability of funding to cover growth, cost pressures and new activity. • Organisational implications of remaining within statutory duties.
<p>Risks: (Top 3) of carrying out the change / or not:</p>	<ul style="list-style-type: none"> • Financial risk mainly linked to the uncertainty of H2 21/22 funding arrangements and ability to support long term decision making. • Cash risk linked to volatility above • Inability to maximise CDEL (which cannot be carried forward) if mitigations are not put into place
<p>Summary: Conclusion and/or recommendation</p>	<p>Finance & Investment Committee is asked to note this report</p>

2021/22 Finance Report - Month 6

Report to:	Board of Directors and Finance & Investment Committee September 2021
Title:	Finance Report for Period ending 30/09/2021
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 September 2021, the Trust reported a deficit position of £0.1m against a breakeven plan. For Half 1 the Trust has reported a breakeven position delivering as per plan.
2. No Elective Recovery Framework (ERF) income is estimated for September as significant operational pressures have impacted achievement reported at 94%. ERF relating to prior months however has been uplifted by £1.6m with data now finalised data for June and further refined for July.
3. In month, £4.3m (3.3m pay and £1m non pay) was incurred on additional expenditure relating to Covid-19, increasing by £0.7m on August due to a backdated vaccination hub staffing claim (£0.6m).
4. The main underlying themes seen in M6 were:
 - Elective activity in M6 represents 84% of planned income levels, down from 89% in August.
 - Non Elective activity levels in September was at 104% of planned income levels, up from 101% in August. A&E attendances continue to be high, in excess of pre-Covid levels.
 - Outpatient activity in September was at 109% of planned income levels, up from 102% in August.
 - Non pass through drugs costs were £1.4m above plan in M6 (£3.6m YTD) and remains an area of concern. Pass through drugs and devices expenditure remains higher than planned with £15.1m over performance YTD. This is matched with income.
 - Underlying costs have increased by c£1m mainly due to energy price increases and drug costs mentioned above.



Finance: I&E Summary

The financial position for M6 was a deficit of £0.1m compared to the breakeven plan. The closing position for H1 was breakeven consistent with the plan. In month profit/loss on disposals have been adjusted for which are removed from the bottom line.

Substantive pay costs are £5.8m above plan in Month 6 due to the backdated pay award paid to staff in September (£6.9m). This is offset within clinical income so neutral to the position. Agency costs also increased due to backdated vaccination hub costs although this is a pass through cost for the Trust. Bank staff costs returned back to a trend rate of spend in month following the holiday period in August.

Non pass through drugs costs were £1.4m above plan in M6 (£3.6m YTD) and remain an area of concern as much of this spend was previously pass through. Energy cost increases (£0.6m) and overseas recruitment expenditure (£0.4m) are the key areas of increase within 'other non pay'.

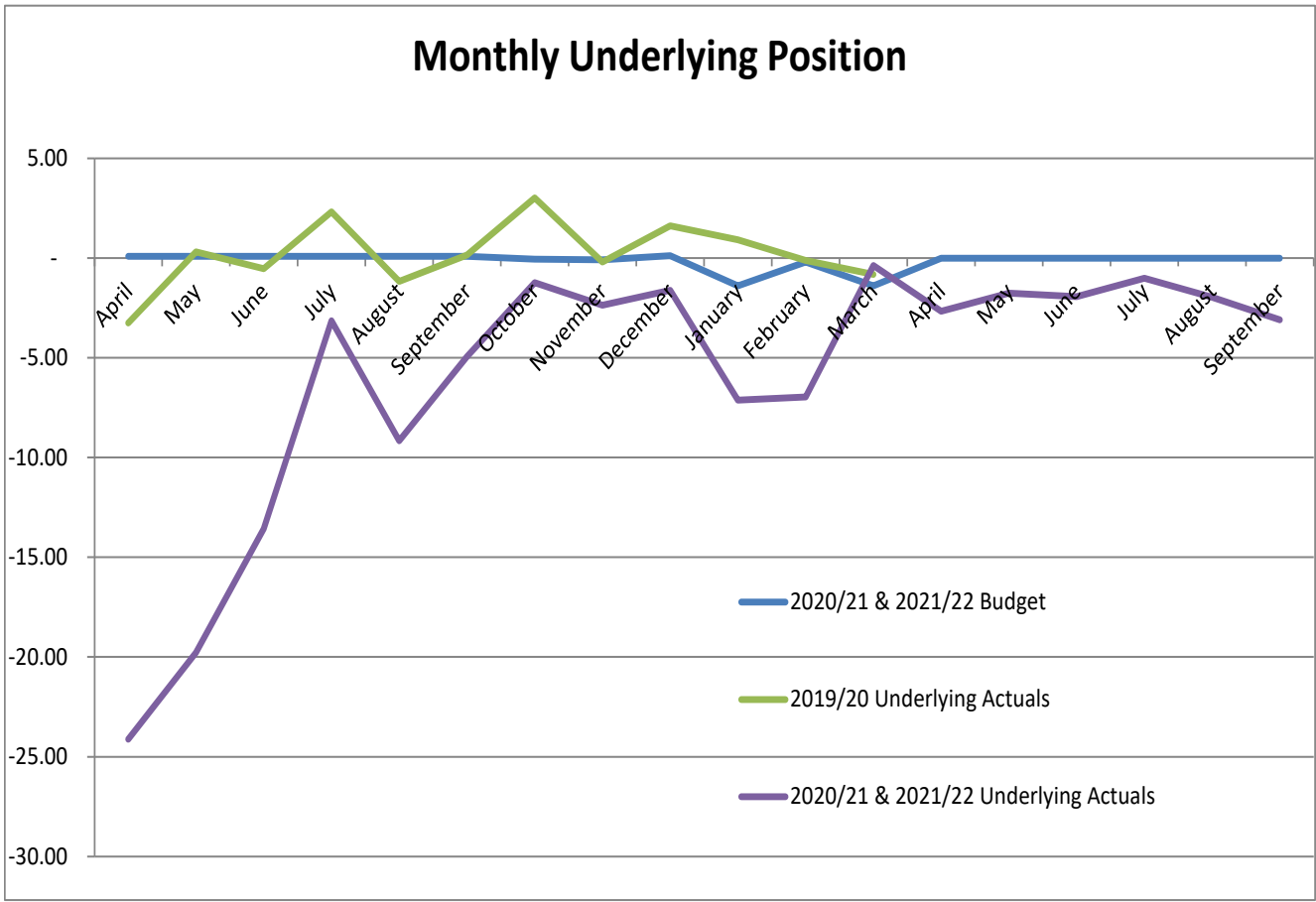
		Current Month			Cumulative		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
NHS Income:	Clinical	69.0	77.0	(8.0)	412.8	407.5	5.3
	Pass-through Drugs & Devices	8.5	9.6	(1.1)	50.9	66.1	(15.1)
Other income	Other Income excl. PSF	15.2	11.6	3.6	90.9	78.1	12.8
	Top Up Income	0.8	1.9	(1.1)	4.7	7.6	(2.9)
Total income		93.4	100.0	(6.6)	559.3	559.3	0.1
Costs	Pay-Substantive	46.9	52.7	5.8	281.5	278.8	(2.8)
	Pay-Bank	4.0	3.2	(0.7)	23.7	21.5	(2.2)
	Pay-Agency	1.2	1.6	0.4	7.5	6.8	(0.7)
	Drugs	4.3	5.7	1.4	26.0	29.6	3.6
	Pass-through Drugs & Devices	8.5	9.6	1.1	50.9	66.1	15.1
	Clinical supplies	11.1	9.6	(1.5)	65.1	48.2	(16.9)
	Other non pay	14.2	14.3	0.1	85.4	90.3	4.9
Total expenditure		90.2	96.8	6.6	540.1	541.2	1.0
EBITDA		3.2	3.2	0.0	19.2	18.1	1.1
EBITDA %		3.4%	3.2%	0.2%	3.4%	3.2%	0.2%
	Depreciation / Non Operating Expenditure	3.2	4.1	0.9	19.3	19.6	0.4
Surplus / (Deficit)		(0.0)	(0.9)	0.9	(0.1)	(1.5)	1.5
Less	Donated income	0.1	0.3	(0.2)	0.5	0.3	0.2
	Profit on disposals	-	0.5	(0.5)	-	0.5	(0.5)
Add Back	Donated depreciation	0.1	0.1	0.0	0.6	0.9	0.3
	Disposals of DH Donated Equipment	-	1.5	1.5	-	1.5	1.5
Net Surplus / (Deficit)		0.0	(0.1)	0.1	0.0	0.0	(0.0)

Monthly Underlying Position

The graph shows the underlying position for the Trust from 2019/20 to present.

For 21/22 YTD the position has been restated removing the impact of ERF in addition to any one off costs or benefits. This illustrates underlying performance which has deteriorated from £2m per month deficit in months 1-5 to £3m deficit in month 6. This is driven by increased energy costs £0.6m that present a risk to the trust in H2 in addition to non pass through drugs costs increases.

The benefit of block protection which existed in 20/21 has now reversed with PbR equivalent income actually higher than the prevailing block value YTD. Arguably ERF has been the mechanism for funding this gap however albeit only covering elective and outpatients. No adjustment to the graph for 21/22 has been made for this.



Clinical Income

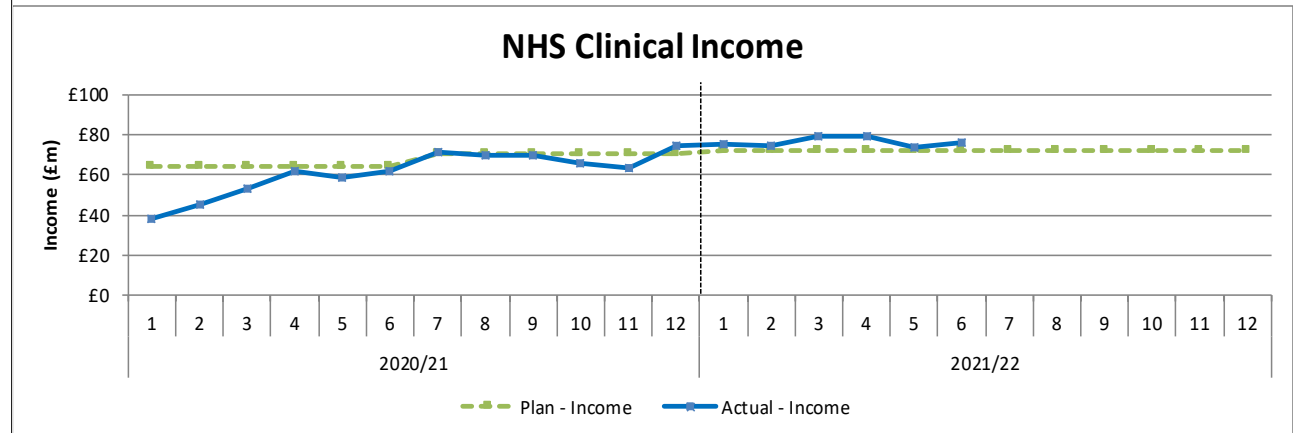
(Fav Variance) / Adv Variance

Clinical income for the month of September was £9.9m favourable to plan and including Non NHS income was £10.3m favourable to plan. Back dated funding for the pay award for the first half of the year was included at £6.9m included within 'additional funding'. 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.

September has seen a slight increase in activity from August. Plans for 21/22 have been phased to account for the variation in calendar and working days in relevant POD Groups.

Elective income reduced to 84% of planned levels having exceeded 100% in May this year. Non Elective income was up slightly in the month at 104% of planned levels. Outpatient income increased to 109% of plan.

POD GROUP	2021/22						2019/20
	In Month Plan £000s	In Month Estimate £000s	In Month Variance £000s	YTD Plan £000s	YTD Estimate £000s	YTD Variance £000s	YTD Actuals £000s
NHS Clinical Income							
Elective Inpatients	£13,159	£10,971	£2,188	£75,364	£70,170	£5,194	£70,995
Non-Elective Inpatients	£18,845	£19,546	(£701)	£114,957	£117,397	(£2,440)	£105,493
Outpatients	£7,718	£8,397	(£679)	£44,204	£48,406	(£4,202)	£41,139
Other Activity	£11,571	£11,059	£512	£69,549	£67,969	£1,580	£64,185
Blocks & Financial Adjustments	£5,158	£5,643	(£484)	£29,696	£16,905	£12,791	£5,985
Other Exclusions	£7,503	£10,067	(£2,564)	£43,855	£49,325	(£5,470)	£25,198
Pass-through Exclusions	£8,485	£9,551	(£1,066)	£50,907	£66,053	(£15,146)	£55,693
Subtotal NHS Clinical Income	£72,439	£75,233	(£2,794)	£428,532	£436,225	(£7,693)	£368,687
Additional funding	£5,848	£12,708	(£6,860)	£35,088	£41,948	(£6,860)	
Covid block adjustments	(£1,614)	(£1,410)	(£203)	(£4,831)	(£4,600)	(£231)	
Total NHS Clinical Income	£76,674	£86,531	(£9,857)	£458,789	£473,573	(£14,784)	£368,687
Non NHS Clinical Income							
Private Patients	£376	£768	(£392)	£2,256	£3,068	(£812)	£2,264
CRU	£208	£191	£17	£1,250	£939	£311	£1,257
Overseas Chargeable Patients	£66	£86	(£20)	£395	£248	£147	£654
Total Non NHS Clinical Income	£650	£1,045	(£394)	£3,901	£4,255	(£353)	£4,175
Grand Total	£77,324	£87,576	(£10,252)	£462,690	£477,828	(£15,138)	£372,862

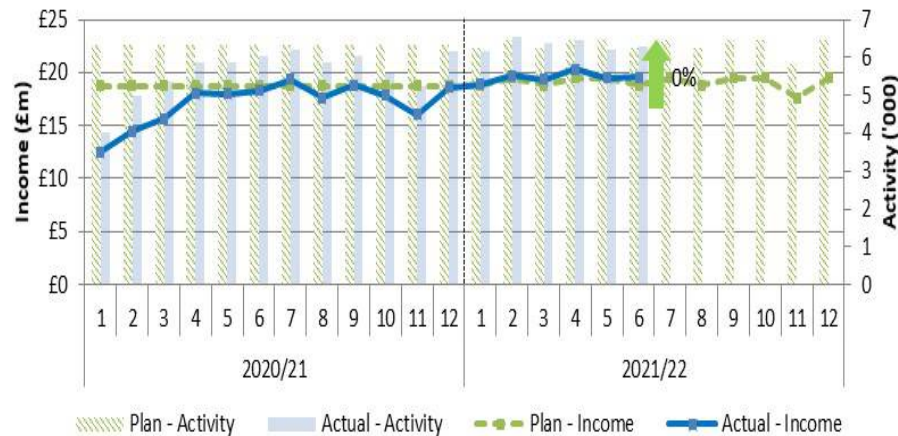


Clinical Income

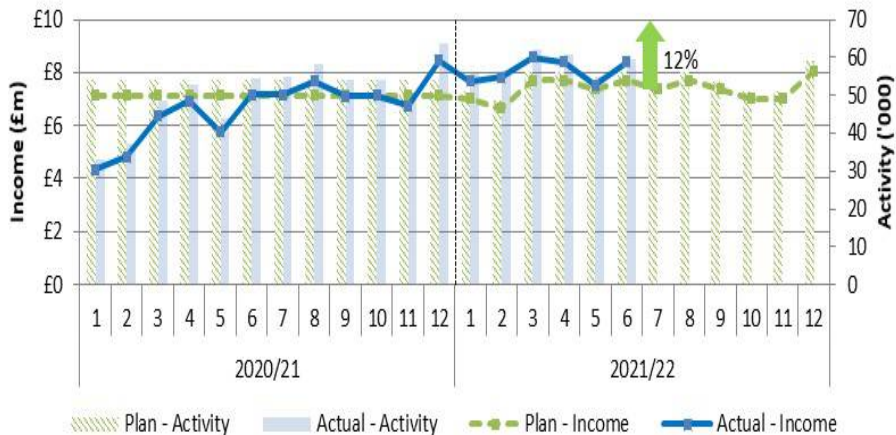
Elective spells



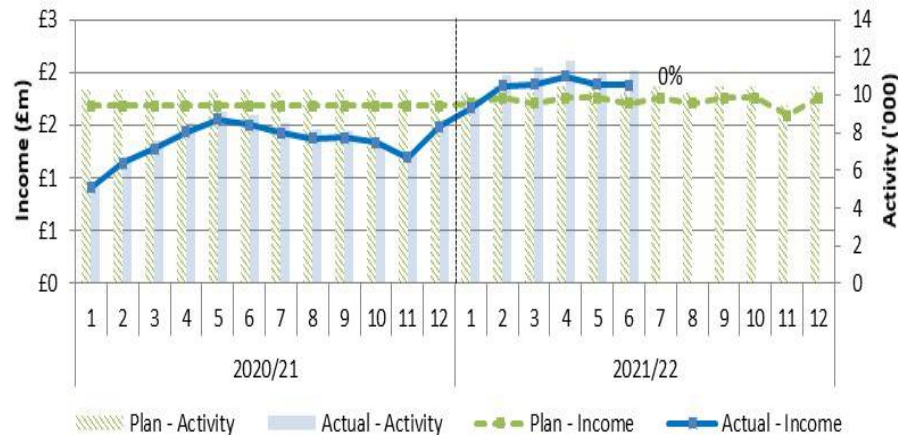
Non elective spells



Outpatients

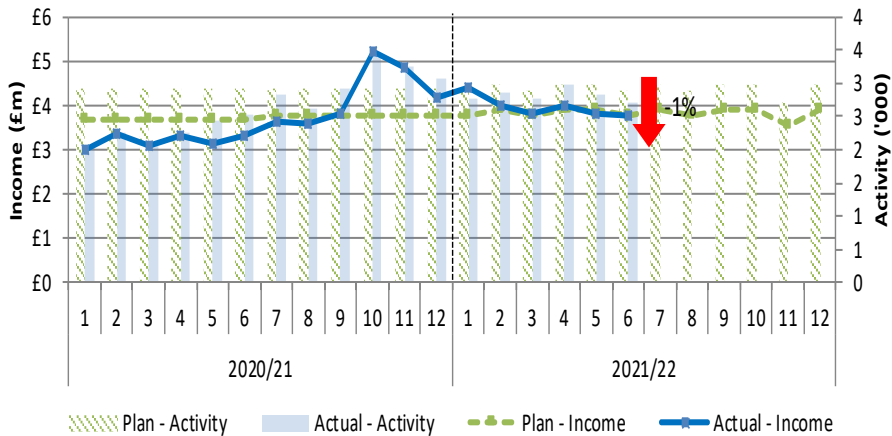


Main ED

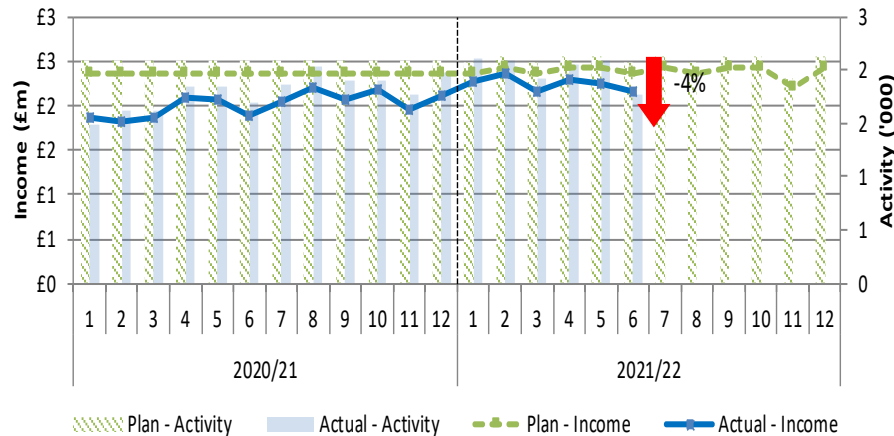


Clinical Income

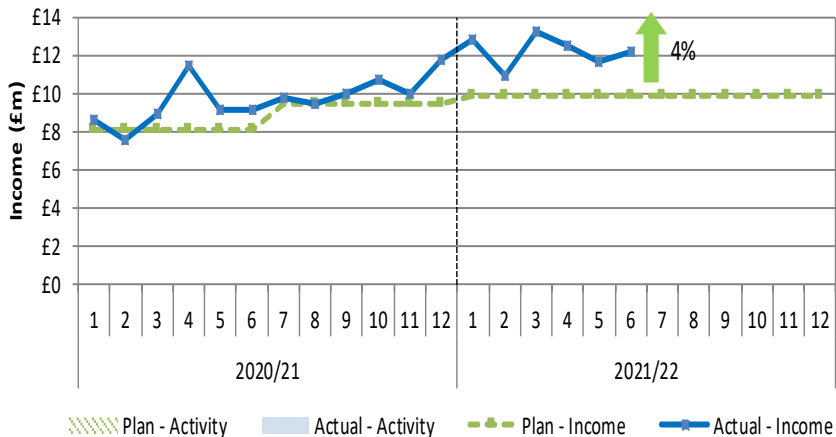
Adult critical care



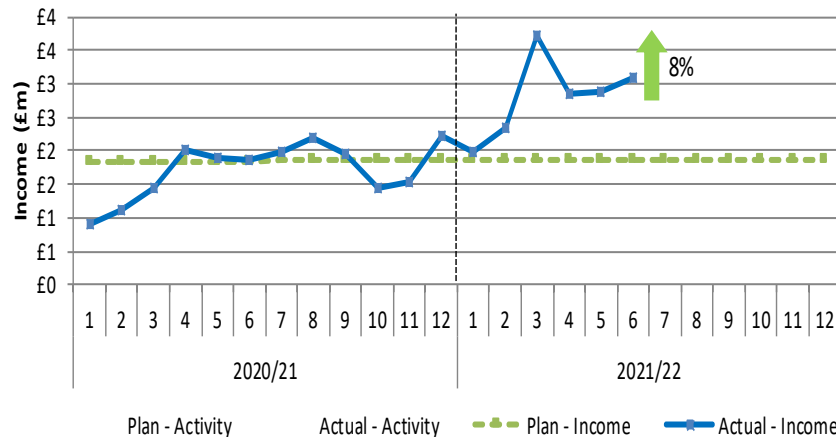
Neonatal & paediatric critical care



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 September represents 84% of planned income levels, down from 89% in August. Recovery planning is targeting improvement in all areas but will be governed by clinical priority.

Non Elective activity levels in September was at 104% of planned income levels, up from 101% in August.

Actual in month activity is shown in the final column to enable comparative analysis of %'s.

Elective Activity as % of Plan		Activity as % of Plan						Income as % of Plan						In month actual activity for scale
		2021/22						2021/22						
Division	Care Group	1	2	3	4	5	6	1	2	3	4	5	6	
= DIVISION A	OPHTHALMOLOGY	99%	97%	104%	110%	99%	96%	101%	100%	106%	112%	97%	93%	564
	SURGERY	79%	105%	84%	85%	80%	87%	87%	114%	86%	95%	82%	82%	838
DIVISION A Total		86%	102%	91%	94%	87%	90%	90%	111%	91%	99%	85%	85%	1,402
= DIVISION B	CANCER CARE	77%	75%	73%	71%	71%	70%	78%	78%	87%	74%	69%	70%	598
	SPECIALIST MEDICINE	92%	95%	84%	90%	72%	73%	98%	103%	92%	103%	78%	78%	1,369
DIVISION B Total		86%	89%	80%	84%	72%	72%	91%	94%	90%	92%	75%	75%	1,967
= DIVISION C	CHILD HEALTH	103%	110%	97%	101%	96%	98%	116%	119%	91%	90%	107%	86%	876
	WOMEN'S HEALTH	78%	95%	92%	97%	82%	90%	81%	101%	96%	93%	83%	90%	283
DIVISION C Total		96%	106%	96%	100%	92%	96%	107%	114%	93%	91%	101%	87%	1,159
= DIVISION D	CARDIOVASCULAR & THORACIC	92%	111%	106%	104%	106%	91%	83%	109%	103%	100%	100%	83%	442
	NEUROSCIENCES	105%	106%	96%	93%	93%	99%	101%	114%	83%	86%	93%	93%	439
	RADIOLOGY	67%	81%	73%	72%	61%	63%	76%	77%	74%	75%	61%	70%	249
	TRAUMA & ORTHOPAEDICS	83%	98%	95%	89%	72%	87%	91%	105%	104%	103%	77%	87%	300
DIVISION D Total		88%	100%	93%	90%	85%	86%	87%	106%	97%	95%	91%	84%	1,430
Total		88%	97%	88%	90%	82%	85%	92%	107%	94%	95%	89%	84%	

Non Elective Activity as % of Plan		Activity as % of Plan						Income as % of Plan						In month actual activity for scale
		2021/22						2021/22						
Division	Care Group	1	2	3	4	5	6	1	2	3	4	5	6	
= DIVISION A	OPHTHALMOLOGY	81%	75%	87%	83%	89%	79%	75%	81%	85%	97%	101%	86%	38
	SURGERY	90%	94%	91%	95%	84%	88%	94%	102%	105%	106%	91%	93%	697
DIVISION A Total		90%	93%	91%	94%	84%	88%	94%	101%	104%	105%	92%	93%	735
= DIVISION B	ACUTE MEDICINE	99%	103%	106%	108%	113%	109%	102%	102%	109%	109%	116%	113%	1,180
	CANCER CARE	112%	114%	120%	119%	112%	117%	108%	106%	100%	100%	98%	108%	366
	EMERGENCY MEDICINE	102%	99%	102%	93%	77%	74%	96%	94%	106%	91%	78%	81%	1,070
	SPECIALIST MEDICINE	63%	97%	75%	108%	87%	149%	64%	86%	62%	109%	75%	140%	40
DIVISION B Total		102%	102%	105%	102%	94%	92%	101%	100%	107%	104%	103%	105%	2,656
= DIVISION C	CHILD HEALTH	95%	122%	129%	120%	124%	153%	87%	111%	109%	120%	111%	133%	662
	WOMEN'S HEALTH	93%	91%	92%	91%	95%	115%	102%	98%	105%	99%	106%	101%	1,124
DIVISION C Total		93%	101%	104%	99%	104%	126%	97%	102%	106%	106%	108%	112%	1,786
= DIVISION D	CARDIOVASCULAR & THORACIC	102%	107%	89%	96%	89%	101%	108%	104%	83%	104%	85%	100%	428
	NEUROSCIENCES	100%	101%	98%	96%	106%	91%	88%	100%	105%	104%	114%	97%	212
	RADIOLOGY	97%	93%	90%	106%	85%	105%	86%	82%	77%	111%	84%	99%	83
	TRAUMA & ORTHOPAEDICS	106%	106%	122%	107%	107%	100%	116%	112%	112%	105%	106%	117%	285
DIVISION D Total		102%	104%	100%	100%	98%	99%	102%	103%	94%	105%	97%	103%	1,008
Total		98%	101%	102%	100%	96%	100%	100%	102%	102%	105%	101%	104%	

Income and Activity

Outpatient activity in September was at 109% of planned income levels, up from 102% in August.

Actual in month activity is shown in the final column to enable comparative analysis of %'s.

Outpatient Activity as % of Plan		Activity as % of Plan						Income as % of Plan						In month actual activity for scale
		2021/22						2021/22						
		1	2	3	4	5	6	1	2	3	4	5	6	
Division	Care Group													
DIVISION A	OPHTHALMOLOGY	104%	110%	105%	98%	94%	102%	109%	115%	110%	104%	99%	108%	8,344
	SURGERY	92%	105%	99%	96%	87%	92%	91%	105%	100%	97%	88%	95%	6,374
DIVISION A Total		98%	108%	102%	97%	91%	97%	100%	111%	105%	101%	94%	102%	14,718
DIVISION B	ACUTE MEDICINE	91%	145%	103%	97%	105%	106%	82%	144%	98%	98%	102%	103%	128
	CANCER CARE	141%	148%	139%	141%	135%	122%	129%	137%	129%	130%	123%	121%	7,951
	EMERGENCY MEDICINE	132%	119%	80%	167%	142%	192%	124%	118%	87%	175%	146%	192%	191
	SPECIALIST MEDICINE	117%	123%	122%	114%	117%	109%	114%	119%	118%	111%	114%	108%	9,944
DIVISION B Total		126%	133%	129%	125%	125%	115%	120%	127%	122%	120%	118%	114%	18,213
DIVISION C	CHILD HEALTH	104%	111%	105%	106%	94%	110%	103%	110%	104%	104%	93%	108%	5,963
	SUPPORT SERVICES	85%	92%	85%	80%	84%	78%	80%	86%	81%	77%	80%	77%	2,760
	WOMEN'S HEALTH	111%	115%	102%	102%	94%	103%	109%	112%	104%	99%	93%	100%	3,888
DIVISION C Total		101%	107%	99%	98%	91%	99%	102%	108%	101%	99%	91%	102%	12,610
DIVISION D	CARDIOVASCULAR & THORACIC	125%	127%	119%	119%	114%	124%	124%	127%	120%	120%	116%	122%	5,716
	NEUROSCIENCES	100%	113%	100%	102%	79%	103%	99%	113%	101%	100%	77%	101%	3,726
	RADIOLOGY	176%	190%	162%	172%	151%	165%	202%	217%	191%	208%	187%	192%	206
	TRAUMA & ORTHOPAEDICS	93%	98%	102%	97%	91%	106%	110%	117%	120%	116%	114%	129%	3,561
DIVISION D Total		109%	115%	109%	108%	97%	113%	112%	120%	112%	112%	100%	115%	13,210
Total		109%	116%	110%	108%	102%	106%	109%	117%	111%	109%	102%	109%	

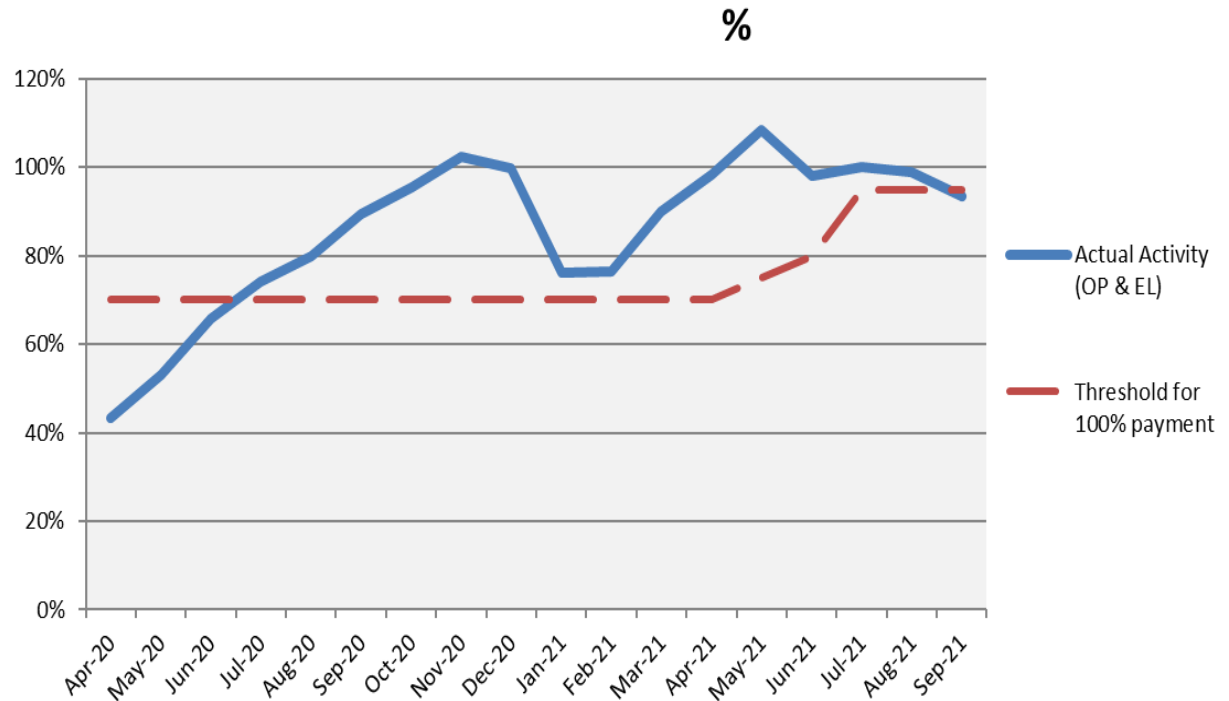
Elective Recovery Fund 21/22

The graph shows the Elective Recovery Fund trends through 20/21 and estimated performance for 21/22 YTD. This indicates performance of 94% in September although this is the first run of data. Due to this being below 95% no ERF would be achieved. It is hoped after finalised data this will be at a minimum of 95%. Previous months have increased since data has been rerun with all months April – August showing achievement in excess of 95%. YTD income of £17.1m is estimated to have been achieved relating to ERF. This would have met the £21.5m target if the thresholds had not been adjusted.

It should be noted for months 5 and 6 that this data is not finalised 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.

Elective Recovery Framework Performance 20-21-22



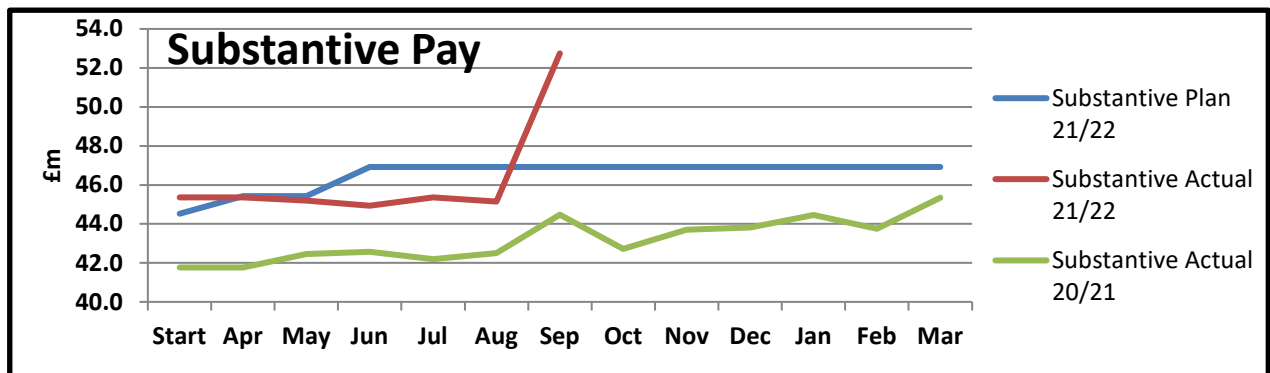
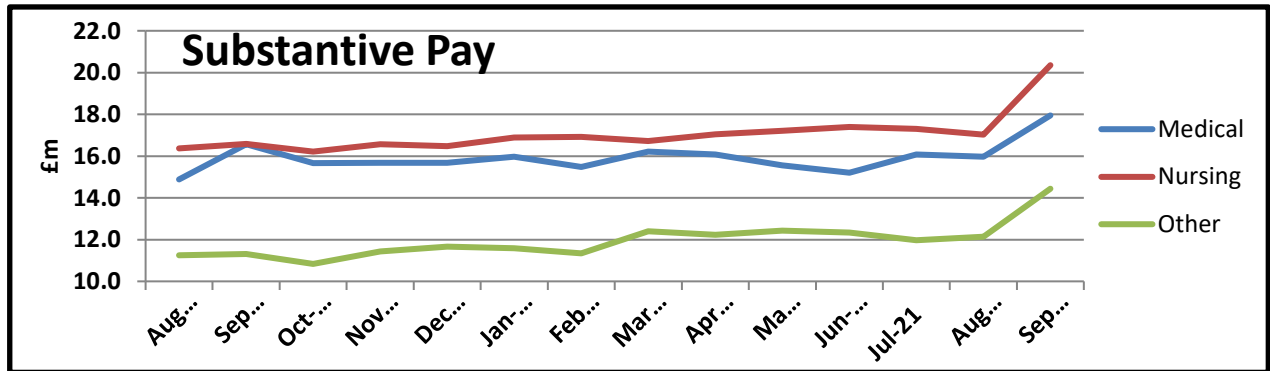
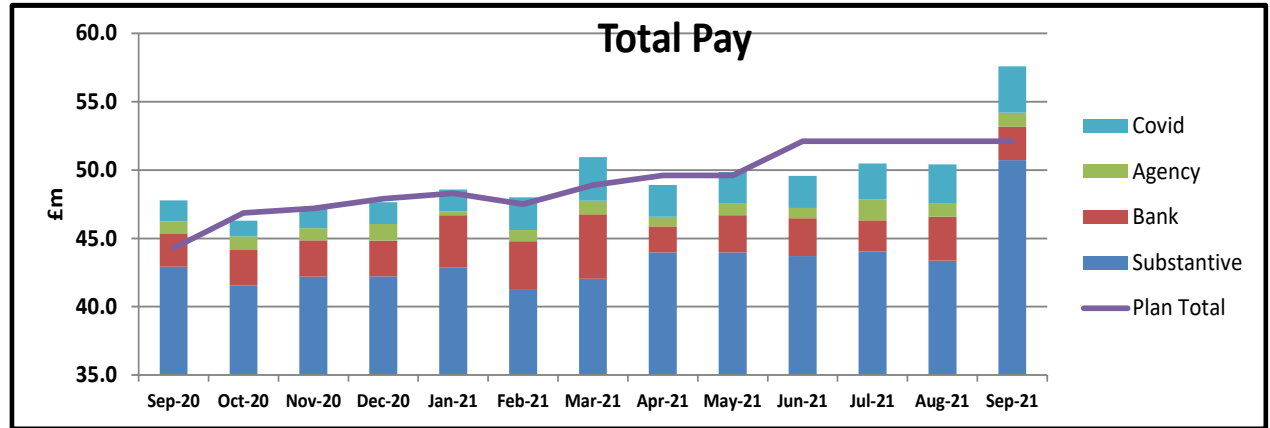
Month	ERF Achievement - Elective/Daycase/Outpatients (£'000)				ERF Top-up		
	Baseline	Actuals	Variance	%	100% Top Up	20% Top Up	Total
Apr-21	£ 18,771	£ 18,481	-£ 290	98%	£ 5,342	£ 505	£ 5,847
May-21	£ 18,276	£ 19,796	£ 1,520	108%	£ 6,089	£ 852	£ 6,942
Jun-21	£ 21,464	£ 21,059	-£ 405	98%	£ 3,888	£ 563	£ 4,451
Jul-21	£ 20,780	£ 20,785	£ 5	100%	£ 1,044	£ 1	£ 1,045
Aug-21	£ 18,340	£ 18,169	-£ 171	99%	£ 746	£ -	£ 746
Sep-21	£ 20,089	£ 18,790	-£ 1,299	94%	£ -	£ -	£ -
YTD Total	£ 37,047	£ 38,277	£ 1,231	103%	£ 17,109	£ 1,921	£ 19,030

Substantive Pay Costs

Total pay expenditure in September was £57.6m. This was £7m higher than August due to the backdated pay award paid in M6 of £6.9m. Bank staff spend decreased by £0.9m but agency staff spend increased by £0.6m primarily due to vaccination hub staff catch up costs of £0.6m. Spend on Covid pay related costs increased to £3.4m up £0.6m correlating with vaccine hub costs. This data has been recast for previous months as a reporting error was identified.

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.

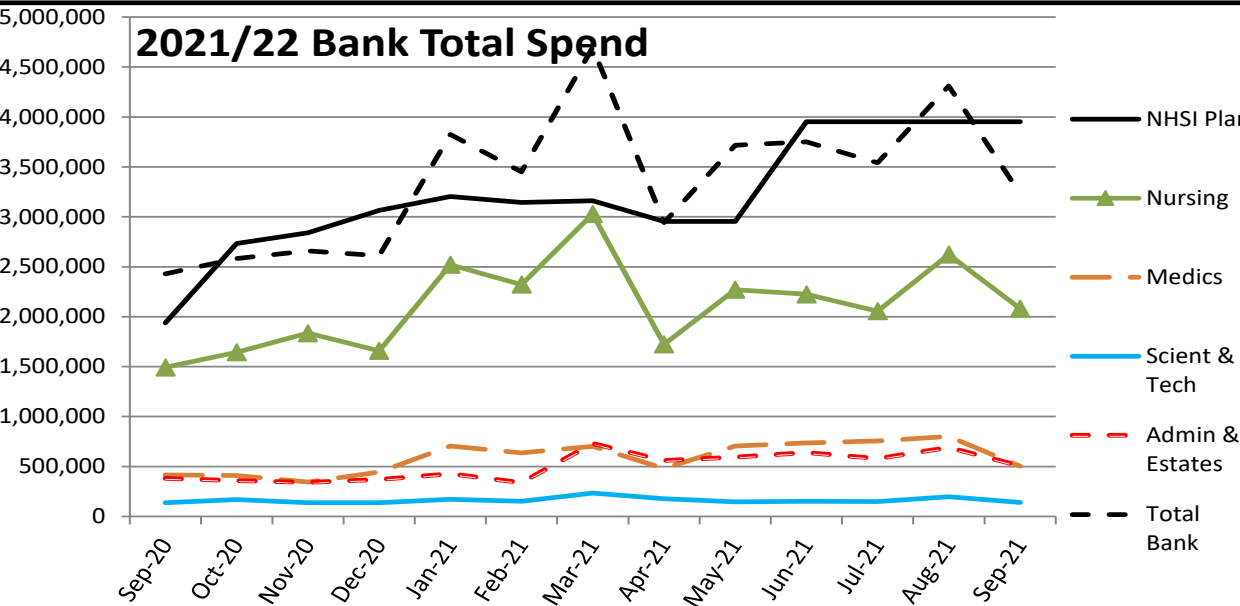
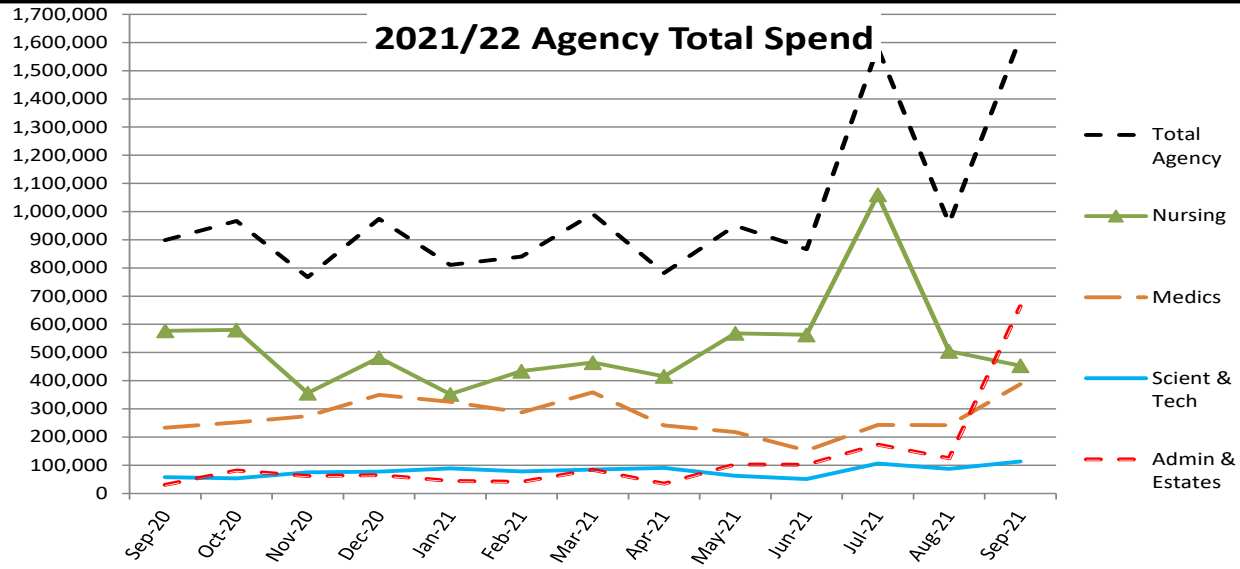
These will be monitored closely going forward as costs are expected to increase due to winter pressures and a continued emphasis on elective recovery where capacity allows.



Temporary Staff Costs

Agency spend has increased month on month by £0.6m. This reflects a backdated vaccination hub staff cost of £0.6m received in month. Please note this is a pass through cost to the Trust.

Expenditure on bank staff has decreased month on month (£0.9m) with decreases across all staff groups with the largest decrease in Nursing (£0.6m) and Admin & Estates (£0.1m). This decrease reflects the return to more normal spend levels following the August holiday period.

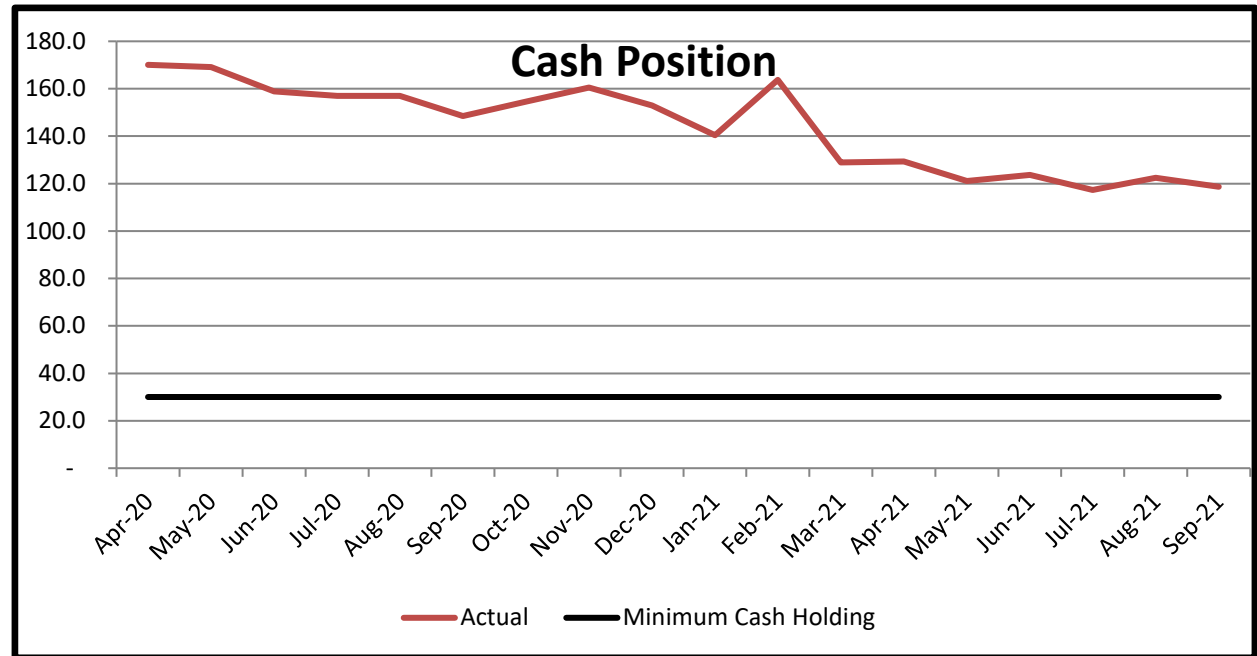


Cash

The cash balance decreased slightly in September to £118.7m but remains broadly flat and has done since April 2021.

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. A slow downward trajectory is therefore forecast.



Capital Expenditure

(Fav Variance) / Adv Variance

Expenditure on internally funded capital schemes is £22.6m YTD against budget of £25m. 45% of the annual plan has therefore been incurred to date.

Total expenditure in M6 was lower than average (£3.7m) however as the theatres scheme nears completion (expenditure is now primarily on equipment).

The forecast has been refined this month to correctly reflect changes in key schemes i.e. wards expansion that will not proceed this year. A £5m slippage assumption was assumed however so these are in correlation with this amount and the forecast remains on plan plus £0.46m accelerator funding.

Expenditure in key areas, such as IT (£1.4m YTD) and medical equipment (£1.1m YTD including MEP leases) is marginally behind plan, but the expenditure rate is expected to increase as equipment is delivered.

Scheme	Month			Year to Date			Full Year (Forecast)		
	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's
Fit out of E level. Vertical Extension - Theatres	1,656	305	1,351	11,545	9,774	1,771	11,941	10,680	1,261
Strategic Maintenance	515	111	404	2,062	1,510	552	6,183	8,687	(2,504)
ED Expansion and Refurbishment	1,027	371	656	4,762	2,224	2,538	5,791	6,306	(515)
Wards	0	0	0	0	16	(16)	4,000	16	3,984
Ophthalmology OPD	884	699	185	2,702	2,413	289	3,303	3,144	159
Maternity Induction Suite	0	0	0	0	(0)	0	2,000	92	1,908
NICU Pendants	224	4	220	448	4	444	896	355	541
Oncology Ward	0	85	(85)	861	518	343	861	751	110
Decorative / Environment Improvements	42	0	42	168	0	168	500	200	300
Side Rooms	0	5	(5)	490	522	(32)	490	541	(51)
Information Technology Programme	250	324	(74)	1,500	1,351	149	5,000	5,000	0
Other Projects	92	373	(281)	1,322	1,515	(193)	2,710	3,948	(1,238)
Pathology Digitisation	59	98	(39)	354	130	224	1,171	1,171	0
Medical Equipment	83	55	28	334	597	(263)	1,000	2,016	(1,016)
Donated Schemes and Equipment	29	188	(159)	174	214	(40)	350	1,182	(832)
Accelerator Funded Equipment	0	124	(124)	0	124	(124)	0	460	(460)
Mitigations/Carry Forward from 20/21	0	0	0	0	0	0	0	110	(110)
Slippage	(516)	0	(516)	(3,136)	0	(3,136)	(5,035)	0	(5,035)
Total Trust Funded Capital excl Finance Leases	4,345	2,741	1,604	23,586	20,911	2,675	41,161	44,659	(3,498)
Finance Leases - IISS	0	342	(342)	630	374	256	5,230	2,035	3,195
Finance Leases - MEP	183	218	(35)	734	490	244	2,200	1,183	1,017
Finance Leases - Other Equipment	75	459	(384)	450	619	(169)	1,500	3,695	(2,195)
Finance Leases - Ophthalmology OPD	0	0	0	0	400	(400)	1,166	1,060	106
Finance Leases - Divisonal Equipment	25	62	(37)	125	151	(26)	475	500	(25)
Donated Income	(88)	(286)	198	(528)	(344)	(184)	(1,921)	(2,354)	433
Total Trust Funded Capital Expenditure	4,540	3,536	1,004	24,997	22,600	2,397	49,811	50,778	(967)
Profit on Disposal	0	0	0	0	0	0	0	(507)	507
Total Including Technical Adjustments	4,540	3,536	1,004	24,997	22,600	2,397	49,811	50,271	(460)
Fit out of E level. Vertical Extension - Theatres	94	94	0	656	656	0	700	700	0
Maternity Care System (Wave 3 STP)	96	26	70	576	805	(229)	1,917	1,776	141
Digital Outpatients (Wave 3 STP)	41	14	27	246	107	139	814	955	(141)
LIMS Digital Enhancement	38	0	38	228	(0)	228	455	923	(468)
Community Diagnostic Hub	0	0	0	0	0	0	0	1,578	(1,578)
Radiology Home Reporting	0	0	0	0	0	0	0	480	(480)
Pathology Digitisation	0	0	0	0	0	0	0	809	(809)
Total CDEL Expenditure	4,809	3,670	1,139	26,703	24,168	2,535	53,697	57,492	(3,795)

Statement of Financial Position

(Fav Variance) / Adv Variance

The September statement of financial position illustrates net assets of £440.8m, with the movements within position explained below.

The increase in receivables is driven by £8.9m of accrued income relating to pay award funding which will flow in October.

Payables have also increased in month by £10.2m relating to significant accruals within R&D following Covid Booster study income being received.

A report on Better Payment Practice Code (BPPC) was received by the Audit & Risk Committee in August. This highlighted that the backlog of payables invoices is now materially resolved, and performance against BPPC close to the 95% target, with a view to achieving the target by the end of the financial year.

Statement of Financial Position	2020/21 YE Actuals £m	2021/22		
		M5 Act £m	M6 Act £m	MoM Movement £m
Fixed Assets	415.4	429.3	428.9	(0.4)
Inventories	14.7	17.1	17.5	0.3
Receivables	71.3	81.2	92.6	11.4
Cash	129.0	122.4	118.7	(3.7)
Payables	(171.5)	(195.6)	(205.9)	(10.2)
Current Loan	(2.8)	(2.2)	(2.0)	0.3
Current PFI and Leases	(9.0)	(8.5)	(8.5)	0.0
Net Assets	447.1	443.6	441.3	(2.3)
Non Current Liabilities	(18.3)	(19.2)	(17.6)	1.6
Non Current Loan	(8.5)	(7.7)	(7.8)	(0.0)
Non Current PFI and Leases	(36.3)	(33.3)	(33.6)	(0.3)
Total Assets Employed	384.0	383.4	382.4	(0.9)
Public Dividend Capital	246.0	246.0	246.0	0.0
Retained Earnings	114.0	113.4	112.4	(0.9)
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	383.4	382.4	(0.9)

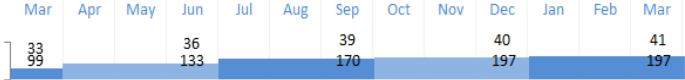

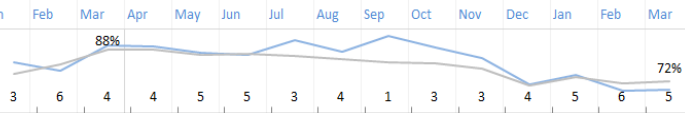
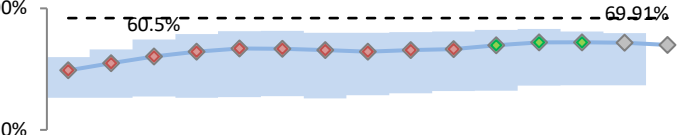

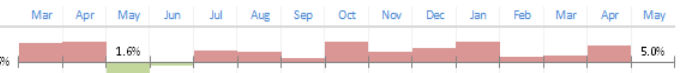
Report to the Trust Board of Directors				
Title:	Integrated Performance Report 2021/22 Month 6			
Agenda item:	12.3			
Sponsor:	Chief Executive Officer			
Date:	28 October 2021			
Purpose:	Assurance or reassurance Y	Approval	Ratification	Information
Issue to be addressed:	<p>The report aims to provide assurance:</p> <ul style="list-style-type: none"> Regarding the successful implementation of our strategy 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
September 2021

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

Report Guide

Chart Type	Example	Explanation
Cumulative Column		A cumulative column chart is used to represent a total count of the variable and shows how the total count increases over time. This example shows quarterly updates.
Cumulative Column Year on Year		A cumulative year on year column chart is used to represent a total count of the variable throughout the year. The variable value is reset to zero at the start of the year because the target for the metric is yearly.
Line Benchmarked		The line benchmarked chart shows our performance compared to the average performance of a peer group. The number at the bottom of the chart shows where we are ranked in the group (1 would mean ranked 1st that month).
Line & bar Benchmarked		The line shows our performance and the bar underneath represents the range of performance of benchmarked trusts (bottom = lowest performance, top = highest performance)
Control Chart		<p>A control chart shows movement of a variable in relation to its control limits (the 3 lines = Upper control limit, Mean and Lower control limit). When the value shows special variation (not expected) then it is highlighted green (leading to a good outcome) or red (leading to a bad outcome). Values are considered to show special variation if they</p> <ul style="list-style-type: none"> -Go outside control limits -Have 6 points in a row above or below the mean, -Trend for 6 points, -Have 2 out of 3 points past 2/3 of the control limit, -Show a significant movement (greater than the average moving range).
Variance from Target		Variance from target charts are used to show how far away a variable is from its target each month. Green bars represent the value the metric is achieving better than target and the red bars represent the distance a metric is away from achieving its target.

Introduction

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

The report aims to provide assurance:

- 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

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. Referral to treatment (RTT) waiting times

Referral to treatment waiting times and the size of our RTT waiting lists have experienced major impacts during the pandemic; it is exceedingly challenging to address the clinical priorities and improve this aspect of patient experience. The total size of the UHS waiting list, and the number of patients waiting over two years from referral to treatment, are continuing to increase. NHS England planning guidance issued on 30th September sets an expectation that trusts will stabilise waiting lists around the September 2021 level, and that by the end of March 2022 no patient will wait longer than two years.

2. Maternity service patient feedback

Since the start of the pandemic our maternity service has regularly received negative patient feedback (greater than our target of $\leq 5\%$ of responses). Such feedback has persisted despite significant efforts by the service to listen to patients and families, and to make changes within our services. The national "Friends and Family Test" survey asks "Overall, how was your experience of our service?" and offers six options for response - Very good, Good, Neither good nor poor, Poor, Very poor, Don't know.

Highlights to note in the Constitutional Standards section and appendix containing indicators by strategic theme include:

1. The percentage of patients spending less than four hours in the main Emergency Department has deteriorated further, to 73.8%, associated with a continuation of exceptionally high numbers of patients attending. Other hospitals are experiencing a similar trend, and UHS achieved the best performance out of the eight major trauma centres we benchmark with.

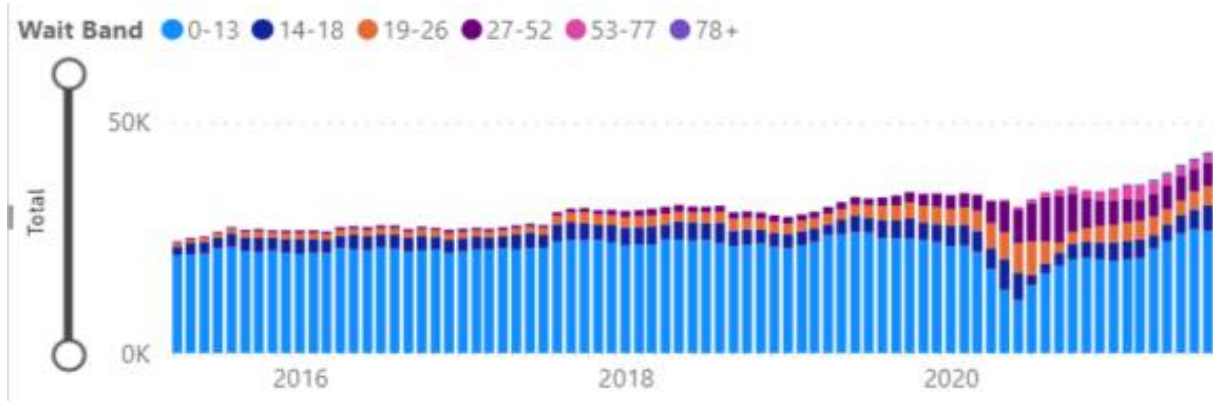
2. Cancer performance against timeliness standards either deteriorated, or failed to improve, in the month of August.
 - Patients starting their first treatment, within 31 days of an agreed decision to treat, deteriorated significantly to 91.2% compared to the target of 96%. This was due to overall hospital demand exceeding capacity which caused some cancer surgery to be postponed / not scheduled. There is likely to be a longer-term impact upon this aspect of care, and a further deterioration in performance in September.
 - Patients treated within 62 days of referral remained at 71.5% compared to the target of 85%, with challenges within both surgical and radiotherapy pathways.
 - Patients seen within 2 weeks of referral remained at 82.8% compared to the target of 93%, whilst the improvement plan in the Breast service is being implemented. One additional breast surgeon has been appointed to start in November, and a second to start when they are available in March.

3. The number of patients who are medically optimised for discharge, yet remaining in acute hospital beds, increased further to an average of 165 across September. This affects the patients directly involved and is also contributing to a shortage in the staff and beds available to treat patients who are waiting for inpatient surgery. The Trust is seeking further assistance from partner organisations across health and social care.

4. There were only six hospital acquired and two probable hospital-associated COVID-19 infections, despite significant numbers of patients with the disease being cared for within the hospital.

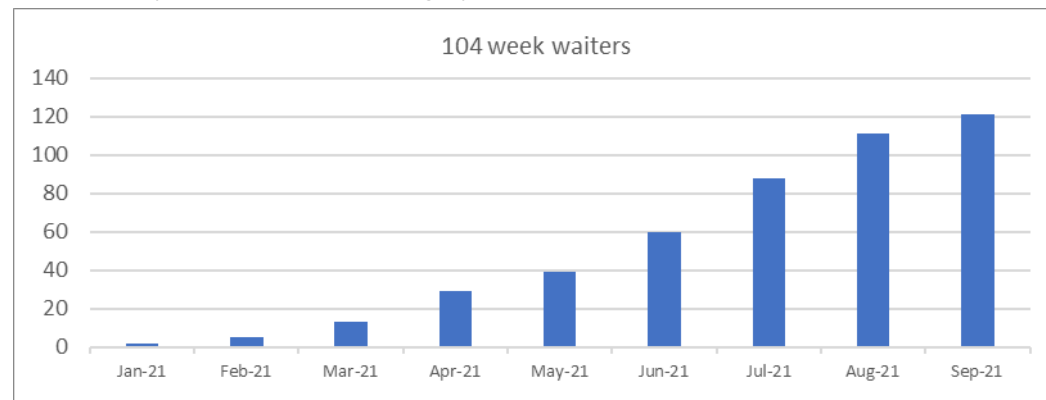
Spotlight Subject - Referral to treatment (RTT) waiting times

The waiting list has continued to grow at approximately 1,500 per month over recent months as referral volumes have returned to pre-pandemic levels, with the total size now 44,132 patients. The impact of increased referrals can be seen in the growth of waiters between 0-18 weeks this calendar year. 70% of patients are currently waiting <=18 weeks (against the national target of 92%), in line with other comparator hospitals.



Trends in the numbers of patients waiting > 52 weeks, and >104 weeks, are illustrated below:

- Patients >52 weeks increased from close to zero pre-pandemic to more than 3,500, but have since fallen and are stable at 2,284. Three-quarters of such patients are waiting for admission, with the remainder currently within outpatient care.
- There are now 121 patients waiting >104 weeks. The number of such patients has continued to grow, and there are further patients waiting 78-104 weeks that are likely to join the cohort. Almost all such patients are waiting for admission in Orthopaedics, ENT or Oral Surgery.



The following tables provide breakdowns of the current waiting list, by speciality in descending size order, divided between those patients in outpatient care and those waiting for admission. Changes to these distributions over the last quarter have not been significant.

All waiters

Specialty	Referral and Still on Pathway	Waiting for Admission	Grand Total
130 - OPHTHALMOLOGY	4733	764	5497
502 - GYNAECOLOGY	2436	965	3401
110 - TRAUMA AND ORTHOPAEDIC	1135	1823	2958
400 - NEUROLOGY	2832	30	2862
330 - DERMATOLOGY	1607	497	2104
101 - UROLOGY	1273	763	2036
104 - COLORECTAL SURGERY	1562	360	1922
214 - Paediatric Orthopaedics	1246	420	1666
120 - EAR NOSE & THROAT	879	601	1480
140 - ORAL SURGERY	1074	329	1403

78+ week waiters

Specialty	Referral and Still on Pathway	Waiting for Admission	Grand Total
110 - TRAUMA AND ORTHOPAEDIC	7	360	367
120 - EAR NOSE & THROAT	51	156	207
140 - ORAL SURGERY	1	61	62
502 - GYNAECOLOGY		60	60
104 - COLORECTAL SURGERY	4	41	45
171 - PAEDIATRIC SURGERY		26	26
101 - UROLOGY	7	14	21
100 - GENERAL SURGERY		20	20
150 - NEUROSURGERY	7	10	17
130 - OPHTHALMOLOGY	10	6	16

The total waiting list size is most likely to be influenced by the total levels of clinical activity that can be achieved, particularly in outpatients.

In the first half of 2021/2022 outpatient activity exceeded the levels in 2019/2020 and our 2021/2022 activity plan. We anticipate further increases in outpatient activity in the second half of the year associated with incremental recruitment, and the Ophthalmology outpatient department expansion. We anticipate the rate of total waiting list growth slowing, then stabilising by the end of 2021/2022.

The numbers of patients waiting over 52 weeks, especially those waiting over 104 weeks, will be driven by surgical admissions, and whether we are able to create capacity suitable for the needs of those patients who are currently waiting longest (patients who have lower clinical urgency, require inpatient beds, higher care beds, and more complex surgery).

Since month 3 of 2021/2022, elective activity has been below 2019/2020 and below our 2021/2022 activity plan. This has been the result of a combination of staff absence, vacancies, and the impact of COVID-19 inpatients on the availability of staff and beds for elective care. Such challenges remain and, despite two additional theatres being available from October, reducing the number of patients waiting >104 weeks is likely to be exceedingly difficult this year. The expectation from NHS England in national planning guidance is that by the end of March there will be no patients waiting >104 weeks, except for those patients choosing to wait longer.

Those patients who have waited longest are 'targeted', and prioritised to access any non-urgent capacity available that is suitable for their clinical needs. Progress in treating such patients is also closely monitored by members of the Chief Operating Officer's team. For example, the table below illustrates how reductions in the number of patients who would be waiting (unless treated first) >104 weeks at Christmas are being tracked weekly.

Row Labels	25/07/2021	01/08/2021	08/08/2021	15/08/2021	22/08/2021	29/08/2021	05/09/2021	12/09/2021	19/09/2021	26/09/2021	03/10/2021	10/10/2021	17/10/2021
Cardiovascular And Thoracic	5	5	4	3	2	2	2	2	2	2	1	1	1
Child Health	39	35	33	31	30	27	26	25	24	22	19	16	16
Neurosciences	12	12	10	9	9	9	9	9	10	10	8	8	8
Ophthalmology	15	13	10	8	3	2	2	2	2	1	1	1	1
Specialist Medicine	9	8	6	4	4	3	3	3	2	2	1	0	0
Surgery	287	278	264	255	247	242	233	222	214	211	199	195	191
Trauma And Orthopaedics	301	292	277	267	260	251	234	221	207	198	176	159	154
Women And New Born	49	46	42	37	36	35	32	29	28	25	24	24	22
Grand Total	717	689	646	614	591	571	541	513	489	471	429	404	393

UHS is continuing to implement strategies including:

- A. Opening additional physical capacity including theatres and outpatients (including eye unit expansion)
- B. Optimising productivity / transformation of pathways through our facilities, including improvement programmes in theatres and outpatients
- C. Significant recruitment to additional clinical and support roles, supported by 2021/2022 NHS financial framework
- D. Continuing to prioritise based upon clinical priority, and implement important advances in healthcare treatments

In view of the waiting list and clinical activity challenges described above, the Trust is progressing further actions including:

- A. Request made for support from ICS to secure capacity for longest waiting patients at providers who have shorter waiting times
- B. Request made for support from NHS Independent Sector Treatment Centre and ICS to increase the long waiting patients treated
- C. Request for support from health and social care agencies to reduce beds occupied by patients who are medically optimised for discharge
- D. Trust Executive Committee review of all potential opportunities to improve recruitment, retention and staff availability
- E. Undertake a review of options in those specialties which have experienced the highest rate of outpatient waiting list growth this year
- F. Re-assessment of any further potential for UHS to source treatments from independent sector hospitals on a commercial basis
- G. Initiatives to improve elective throughput: Funding sought from NHS 'Targeted Investment Fund' - Cardiology, Radiotherapy, Critical Care

Spotlight Subject - Maternity service patient feedback

Since the start of the pandemic our maternity service has regularly received negative patient feedback. Such feedback has persisted despite significant efforts by the service to listen to patients and families, and to make changes within our services.



The data presented to Board monthly relates to labour ward (LW) and birthing unit specifically. Other results can be viewed below:

		2021	April	May	June	Q1
Response rate - Trust Target 20%	Total response rate	19.0%	19.0%	13.2%	10.4%	14.4%
	Antenatal		21.1%	15.0%	12.2%	16.1%
	LW and birthing unit		17.6%	12.1%	9.5%	13.0%
	Postnatal ward		17.9%	12.4%	9.7%	13.2%
	Postnatal community		19.4%	13.4%	10.2%	15.2%
% of women who would recommend	Average score	78.3%	78.3%	65.7%	76.6%	76.1%
	Antenatal		86.8%	83.3%	79.5%	83.9%
	LW and birthing unit		92.1%	79.6%	93.2%	88.5%
	Postnatal ward		61.8%	27.8%	59.1%	59.2%
	Postnatal community		72.4%	71.9%	74.5%	72.7%
% of women who would NOT recommend	Average score	9.2%	9.2%	9.6%	13.9%	10.5%
	Antenatal		5.3%	7.4%	9.1%	6.9%
	LW and birthing unit		6.6%	7.4%	4.5%	6.3%
	Postnatal ward		15.8%	22.2%	22.7%	19.5%
	Postnatal community		9.2%	1.6%	19.1%	9.1%

'Don't know' responses are not included in above, therefore 'recommend' and 'NOT recommend' do not total 100%.

Common feedback themes in quarter 1 included staffing/capacity, communication and feeding support, for example:

"On the postnatal ward, it was clear there were not enough staff, although the staff I met were lovely. I could see the staff were rushed off their feet. I was very much left alone".

"My midwife was lovely and knowledgeable but didn't usually work where I was giving birth (covid changes) and therefore didn't know lots of things about systems and where things were, how to do things locally".

"I am still suffering 5 weeks on and feel this possibly could have been avoided had more accessible breast-feeding support been available".

Likely contributing causes include:

- Midwifery/ Support Worker vacancy rate 15.7%, sickness 10.4%. (Plans are in place to appoint, and 18 new midwives are starting in October).
- The department now has three Covid zones to protect mothers and babies - 'Pending test results', 'Positive' and 'Negative'. Women have to be moved within the department, either to maintain separation or isolate infected women, on a daily basis.
- Shortage of physical space / quality of the physical environment (mitigated by regular estates and maternity matron review)

External Benchmarking:

- Benchmarking of 'Friends and Family Test' results has been difficult to achieve, however:
- National publication of summary performance has now re-commenced following a pause during the first year of the pandemic
- Systems and standardised questions are now being introduced to enable meaningful benchmarking across the local maternity system
- 'Women's Experience of Maternity Care Survey 2021' data has been received by the Trust but such data is currently subject to national 'embargo' and is intended for future publication nationally and it has not been included in this report therefore.

Improvement action plans include:

- The inpatient ward team have reviewed feedback, and produced a quality improvement plan as a result.
- An action plan is in place to support feedback from BAME patients, informed by Maternity Voices Partnership (MVP) group.
- Process for discharge has been reviewed and new pathways put in place, improvement monitored by the Inpatient Care Matron.
- Breast-feeding support has been increased and is offered in different ways including remotely 'attend anywhere'.
- 'Customer Care' training has been provided to staff.
- Learning from patient feedback is shared through the Local Maternity and Neonatal System (LMNS) Quality & Safety Group.

Links to our longer term service strategies include:

- There are longer term plans relating to the Maternity Support Worker (MSW) roles and workforce, with responsibilities which will match a new national framework. We are also working with The Prince's Trust, so that the young people they support to start careers understand the MSW roles and can consider applying for them if that is appropriate.
- The 'BadgerNet' patient app was implemented in June and once fully established will better facilitate the gathering of feedback, and benchmarking between services in the Hampshire and Isle of Wight Local Maternity and Neonatal System (LMNS).
- UHS are leading the development of the discharge and information improvement workstream within the LMNS.
- Increased funding has been provided for staff time in the 'Birth Afterthoughts' Service, which also enables the voice of women to be heard and acted upon.
- When a reduction in the COVID-19 infection risk enables this, the maternity service will restart Maternity '15 Steps' walkabouts together with the Maternity Voices Partnership.

NHS Constitution - Standards for Access to services within waiting times

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

- o Start your consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions
- o 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

- o All patients should receive high-quality care without any unnecessary delay
- o 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>

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	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)	6	7	7	10	10	10	9	9	8	7	8	8	8	8	7	60.5%	69.9%	≥92%		
CN1-N	% Patients following a GP referral for suspected cancer seen by a specialist within 2 weeks																96.8%	82.8%	≥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)	1	1	1	9	10	9	3	4	2	1	4	6	8	7		87.8%	71.5%	≥85%	-	
UT25-N	Patients spending less than 4hrs in ED - SGH Main ED (Type 1 and UCH) Major Trauma Centres (Type 1) Rank of 8->	3	4	2	2	1	1	1	2	3	3	3	3	3	3	1	90.3%	73.8%	64.44%	≥95%	-
UT33-N	% of Patients waiting over 6 weeks for diagnostics with teaching hospital min-max range and rank (of 20)	9	13	14	14	11	12	9	10	10	10	9	7	6	7		34.5%	19.9%	≤1%	-	

Outcomes		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
UT1-N	HSMR - UHS HSMR - SGH	79	78.5														≤100		
UT2	HSMR - Crude Mortality Rate	2.9%															-		
UT3	Percentage non-elective readmissions within 28 days of discharge from hospital	11.02%															-		
UT4-L	Cumulative Specialties with Outcome Measures Developed	56	285	56	305	57	332	61	396	63	406						+1		
UT5	Developed Outcomes RAG ratings	79%		77%		76%		80%		78%							-		

Safety		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
UT6-N	Cumulative Clostridium difficile <i>This year vs. last year</i>				35/43	42/50	48/52	54/55	60/57	70/63	5/7	11/16	15/21	18/25	32/33	39/39	5	39	≤30
UT7	Healthcare-acquired COVID infection: COVID-positive sample taken >14days after admission (validated)	0	0	0	8	0	10	39	2	5	0	0	0	3	0	7	-	10	-
UT8	Probable hospital-associated COVID infection: COVID-positive sample taken >7 days and ≤14 days after admission (validated)	0	0	0	7	2	6	59	2	2	1	0	0	0	4	3	-	8	-
UT9	Pressure ulcers category 2 per 1000 bed days	0.2	0.3	0.4	0.42	0.6	0.5	0.6	0.5	0.3	0.2	0.5	0.2	0.3	0.4	0.37	-	-	-
UT10	Pressure ulcers category 3 and above per 1000 bed days	0.4	0.3	0.4	0.30	0.4	0.3	0.3	0.6	0.3	0.3	0.1	0.2	0.4	0.4	0.27	-	-	-
UT11-N	Medication Errors (severe/Moderate)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	4	≤3	15	≤18

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
UT12	Antibiotic usage per 1000 admissions <i>This year vs. last year</i>																-	-	-
UT13	Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity)																-	35	-
UT14	Serious Incidents Requiring Investigation - Maternity																-	-	-
UT15	Number of high harm falls per 1000 bed days																-	-	-
UT16	% patients with a nutrition plan in place																-	-	-
UT17	Red Flag staffing incidents																-	-	-

Patient Experience		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	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																-	-	-
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		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target	
UT25-N	<p>Patients spending less than 4hrs in ED - SGH Main ED (Type 1 and UCH)</p> <p>Major Trauma Centres (Type 1)</p> <p>Rank of 8-></p>	93%	84%	90.3%	90.3%	90.3%	90.3%	84%	84%	84%	84%	84%	84%	84%	84%	84%	73.8%	≥95%	-	-
UT26	Average (Mean) time in Dept - non-admitted patients	02:33	02:33	02:33	02:33	02:33	02:33	02:33	02:33	02:33	02:33	02:33	02:33	02:33	02:33	02:33	03:23	-	-	-
UT27	Average (Mean) time in Dept - admitted patients	03:39	03:39	03:39	03:39	03:39	03:39	03:39	03:39	03:39	03:39	03:39	03:39	03:39	03:39	03:39	04:47	-	-	-
UT28-N	% Patients on an open 18 week pathway (within 18 weeks) with teaching hospital min-max range and rank (of 20)	60.5%	60.5%	60.5%	60.5%	60.5%	60.5%	60.5%	60.5%	60.5%	60.5%	60.5%	60.5%	60.5%	60.5%	60.5%	69.9%	≥92%	-	-
UT29	Total number of patients on a waiting list (18 week referral to treatment pathway)	35,422	35,422	35,422	35,422	35,422	35,422	35,422	35,422	35,422	35,422	35,422	35,422	35,422	35,422	35,422	44,132	-	-	-
UT30	Patients on an open 18 week pathway (waiting 52 weeks+) with teaching hospital min-max range and rank (of 20)	1,533	1,533	1,533	1,533	1,533	1,533	1,533	1,533	1,533	1,533	1,533	1,533	1,533	1,533	1,533	2,284	-	-	-

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
UT31	Patients on an open 18 week pathway (waiting 78 weeks+)			37												934	-	-	-
UT32	Patients waiting for diagnostics		9,628													9,379	-	-	-
UT33-N	% of Patients waiting over 6 weeks for diagnostics with teaching hospital min-max range and rank (of 20)	9	13	14	14	11	12	9	10	10	10	9	7	6	7	19.9%	≤1%	-	-
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)	1	1	1	9	10	9	3	4	2	1	4	6	8	7	71.5%	≥85%	-	-
UT35-N	31 day cancer wait performance - decision to treat to first definitive treatment (Latest data held by UHS) with teaching hospital min-max range and rank (of 20)	4	4	3	6	16	15	5	3	3	4	4	8	6	12	91.2%	≥96%	-	-
UT36-N	31 day cancer wait performance - Subsequent Treatments of Cancer (Latest data held by UHS) with teaching hospital min-max range and rank (of 20)	3	4	6	9	15	15	14	11	8	11	12	12	13	9	94.4%	≥95.4%	-	-

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target			
PN1-L	Comparative CRN Recruitment Performance - non-weighted			5			9			10			10	9	10	9	Top 10					
PN2-L	Comparative CRN Recruitment Performance - weighted			2			7			8			5	3	4	3	Top 5					
PN3-L	Comparative CRN Recruitment - contract commercial			17			7			2			12	11	4	4	Top 10					
PN4-L	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %												46.0%	-22.0%	152.0%	45.0%	143.0%	60.0%	-5.0%	≥5%		

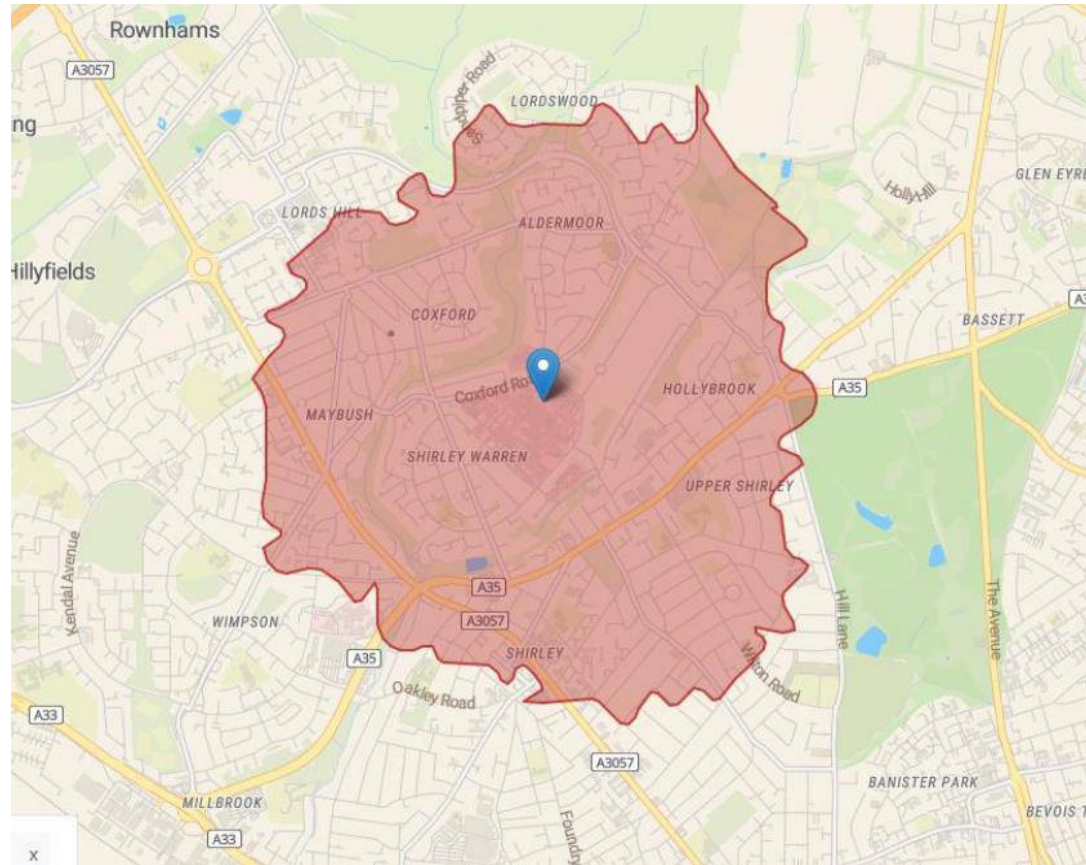
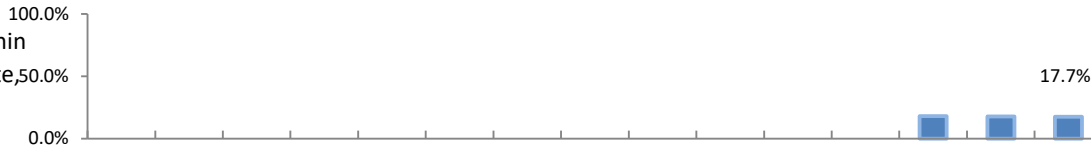
Workforce Capacity		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
WR1-L	Substantive Staff - Turnover -R12M turnover % -Leavers in month (FTE)			12.5%												12.9%	200		
WR2-L	Staff Vacancies -Nursing Vacancies (registered nurses only in clinical wards) -All Staff vacancies			11.7%												12.3%			
WR3-L	Workforce Numbers (FTE) -Plan (UHS submission to national operational planning round for 21/22) -Actual (UHS net workforce growth totals)																573.1		
WR4-L	Staff - Sickness absence -R12M sickness % -Sickness in month (FTE)			4.0%												3.7%	600		
WR5-L	Non-medical appraisals completed -R12M appraisal % -Appraisals in month			76.4%												76.7%	725		
WR6-L	Medical staff appraisals completed - Rolling 12-months			60.5%												81.5%	325		
WR7-L	% of staff recommend UHS as a place to work: UHS Quarterly staff FFT National NHS Staff Survey																77.0%		

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
WR8-L	Staff survey engagement score National NHS Staff Survey				7		7												
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				9.54%													15% by 2023	
WR10	% of Band 7+ Staff who have declared a disability or long term health condition				13.7%													-	
WR11	Pulse survey % of staff recommend UHS as a place to work- White British staff compared with all other ethnic groups combined	In development - expected December 2021																	
WR12	Pulse survey % of staff recommend UHS as a place to work- Disabled compared with non disabled / prefer not to answer	In development - expected December 2021																	
WR13	Pulse survey % of staff recommend UHS as a place to work- Sexuality = Heterosexual compared with all other groups combined	In development - expected December 2021																	

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

Digital		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
FN1	My Medical Record - UHS patient accounts																-		
FN2	My Medical Record - UHS patient logins																-		
FN3	Patients choosing digital correspondence	In development															-		
FN4	Reduction in transcription through implementation of voice recognition software	In development															-		
Our Role in the Community																			
FN7	Percentage of staff residing in deprived areas (lowest 30% - national Index of Multiple Deprivation)																-		

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
FN6	Percentage of staff living locally (within a 20 minute walk of main hospital site, map below)																		



Section	KPI	KPI Name	Type	Detail
Outstanding	UT17	Red Flag staffing incidents	Data omission	In the IPRs presented to the Board in August and September, the figure of 25 red flag staffing incidents for July 2021 was not included in error. This month's metric includes each of the last 15 months.

Report notes - Nursing and midwifery staffing hours - September 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 Specialising)

Occurs when patients in an area require more focused care than we would normally expect. In these cases extra, unplanned staff are assigned to support a ward. If enhanced care is required the ward may show as being over filled. If a ward has an unplanned increase or decrease in bed availability the ward may show as being under or over filled, even though it remains safely and appropriately staffed.

CHPPD (Care Hours Per Patient Day)

This is a measure which shows on average how many hours of care time each patient receives on a ward /department during a 24 hour period from registered nurses and support staff - this will vary across wards and departments based on the speciality, 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.

Throughout COVID-19, a growing number of our clinical areas started to move and change specialty and size to respond to the changing situation (e.g. G5-G9, Critical Care and C5). With the improving COVID-19 surge position since April these wards have in the main returned to their normal size and purpose. The need to now manage COVID-19 in a more ongoing and sustainable way does however mean that decisions are often taken rapidly to change ward configuration to respond to changing circumstances. The data in some cases therefore may not be fully reflective of all of these changes.

Wards Full Name		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	CHPPD Registered midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
CC Neuro Intensive Care Unit	Day	5320	3859	1015	806	72.5%	79.6%	29.6	5.8	35.4	Beds flexed to match staffing. Safe staffing levels maintained by sharing staff resource.
CC Neuro Intensive Care Unit	Night	5013	3800	943	690	75.8%	73.2%				Beds flexed to match staffing. Safe staffing levels maintained by sharing staff resource.
CC - Surgical HDU	Day	2143	1681	696	615	78.4%	88.4%	15.2	5.3	20.5	Beds flexed to match staffing. Safe staffing levels maintained by sharing staff resource.
CC - Surgical HDU	Night	2071	1728	687	562	83.5%	81.9%				Beds flexed to match staffing. Safe staffing levels maintained by sharing staff resource.
CC General Intensive Care	Day	11258	9702	1867	1501	86.2%	80.4%	27.7	4.0	31.7	Beds flexed to match staffing. Safe staffing levels maintained by sharing staff resource.
CC General Intensive Care	Night	10340	9622	1724	1274	93.1%	73.9%				Beds flexed to match staffing. Safe staffing levels maintained by sharing staff resource.
CC Cardiac Intensive Care	Day	18722	15243	3577	2924	81.4%	81.7%	28.7	6.4	35.1	Beds flexed to match staffing. Safe staffing levels maintained by sharing staff resource.
CC Cardiac Intensive Care	Night	17424	15151	3354	2525	87.0%	75.3%				Beds flexed to match staffing. Safe staffing levels maintained by sharing staff resource.
SUR E5 Lower GI	Day	1429	1267	682	1082	88.7%	158.7%	3.9	3.4	7.3	Band 4 staff working to support registered nurse numbers. Support workers used to maintain staffing numbers.
SUR E5 Lower GI	Night	690	679	338	645	98.3%	190.9%				Band 4 staff working to support registered nurse numbers. Support workers used to maintain staffing numbers.
SUR E5 Upper GI	Day	1449	1242	761	967	85.7%	127.0%	3.8	3.1	6.9	Band 4 staff working to support registered nurse numbers. Support workers used to maintain staffing numbers.
SUR E5 Upper GI	Night	690	691	345	588	100.2%	170.8%				Band 4 staff working to support registered nurse numbers.
SUR E8 Ward	Day	2037	2236	1625	1192	109.8%	73.4%	4.5	3.0	7.6	Band 4 staff working to support registered nurse numbers.
SUR E8 Ward	Night	1071	1092	1204	1035	102.0%	86.0%				Band 4 staff working to support registered nurse numbers.
SUR F11 IF	Day	1893	1574	774	740	83.2%	95.6%	4.6	2.9	7.5	Band 4 staff working to support registered nurse numbers.
SUR F11 IF	Night	690	690	690	713	100.0%	103.3%				Band 4 staff working to support registered nurse numbers.
SUR Acute Surgical Unit	Day	1416	1039	717	660	73.4%	92.1%	8.9	4.9	13.8	Band 4 staff working to support registered nurse numbers. Support workers used to maintain staffing numbers.
SUR Acute Surgical Unit	Night	681	674	702	288	99.0%	41.0%				Beds flexed to match staffing.
SUR Acute Surgical Admissions	Day	2117	1794	757	1061	84.7%	140.2%	3.7	2.6	6.3	Band 4 staff working to support registered nurse numbers. Support workers used to maintain staffing numbers.
SUR Acute Surgical Admissions	Night	1012	1001	1025	922	98.9%	89.9%				Band 4 staff working to support registered nurse numbers.
SUR F5 Ward	Day	1867	1479	994	1140	79.2%	114.7%	3.6	2.6	6.3	Band 4 staff working to support registered nurse numbers. Support workers used to maintain staffing numbers.
SUR F5 Ward	Night	1148	1018	684	672	88.7%	98.2%				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
CAN C4 Solent Ward Clinical Oncology	Day	1355	1404	1023	1143	103.6%	111.7%	4.0	3.9	7.8	Additional staff used for enhanced care - Support workers. Skill mix swaps undertaken to support safe staffing across the Unit.
CAN C4 Solent Ward Clinical Oncology	Night	1025	947	713	1161	92.4%	162.9%				Increased night staffing to support raised acuity. Band 4 staff working to support registered nurse numbers.
CAN C6 Leukaemia/BMT Unit	Day	2717	2686	126	312	98.9%	248.5%	7.7	0.7	8.4	Additional staff used for enhanced care - Support workers. Increase in acuity/dependency of patients in the month.
CAN C6 Leukaemia/BMT Unit	Night	1961	1977	0	122	100.8%	Shift N/A				Safe staffing levels maintained by sharing staff resource. Increase in acuity/dependency of patients in the month.
CAN C6 TYA Unit	Day	747	729	321	231	97.6%	71.8%	8.6	1.9	10.4	Safe staffing levels maintained by sharing staff resource. Staff moved to support other wards.
CAN C6 TYA Unit	Night	661	684	0	78	103.5%	Shift N/A				Additional staff used for enhanced care - RNs. Safe staffing levels maintained by sharing staff resource.
CAN C2 Haematology	Day	2196	2607	1088	959	118.7%	88.1%	6.0	2.4	8.5	Safe staffing levels maintained by sharing staff resource. Safe staffing levels maintained by sharing staff resource.
CAN C2 Haematology	Night	1714	1978	1035	897	115.4%	86.7%				Additional staff used for enhanced care - Support workers. Safe staffing levels maintained by sharing staff resource.
CAN D3 Ward	Day	1721	1704	710	952	99.0%	134.1%	4.5	3.0	7.5	Safe staffing levels maintained.
CAN D3 Ward	Night	1017	1069	658	874	105.1%	132.7%				Safe staffing levels maintained by sharing staff resource.
ECM Acute Medical Unit	Day	5301	5108	4480	4173	96.4%	93.1%	10.4	7.1	17.4	Increase in acuity/dependency of patients in the month. Patient requiring 24 hour 1:1 nursing in the month. Skill mix swaps undertaken to support safe staffing across the Unit. Staff sickness increased towards end of month. Increased 1:1 nursing requirements due to patient acuity (mental health presentations).
ECM Acute Medical Unit	Night	4527	5470	3450	3031	120.8%	87.8%				Increase in acuity/dependency of patients in the month. Patient requiring 24 hour 1:1 nursing in the month. Skill mix swaps undertaken to support safe staffing across the Unit.
MED D5 Ward	Day	1191	1471	1672	1156	123.6%	69.1%	3.3	2.8	6.1	Staff moved to support other wards.
MED D5 Ward	Night	1035	1039	916	980	100.3%	107.0%				Additional staff used for enhanced care - Support workers.
MED D6 Ward	Day	1024	1176	1455	1162	114.9%	79.8%	3.2	3.1	6.3	Staff moved to support other wards.
MED D6 Ward	Night	690	1012	912	933	146.6%	102.2%				Increased night staffing to support raised acuity.
MED D7 Ward	Day	655	852	1185	905	130.0%	76.4%	3.3	2.7	6.0	Staff moved to support other wards. Staff moved to support other wards.
MED D7 Ward	Night	690	668	357	322	96.7%	90.2%				Safe staffing levels maintained. Staff moved to support other wards.
MED D8 Ward	Day	1025	1111	1464	1120	108.4%	76.5%	3.1	2.7	5.9	Increase in acuity/dependency of patients in the month. Staff moved to support other wards.
MED D8 Ward	Night	690	998	961	715	144.6%	74.3%				Increase in acuity/dependency of patients in the month. Staff moved to support other wards.
MED D9 Ward	Day	1129	1628	1672	1147	144.2%	68.6%	3.4	2.5	5.8	Increase in acuity/dependency of patients in the month. Staff moved to support other wards.
MED D9 Ward	Night	1025	1025	915	797	100.0%	87.0%				Increase in acuity/dependency of patients in the month. Staff moved to support other wards.
MED E7 Ward	Day	1060	1255	1257	1158	118.4%	92.1%	2.9	3.2	6.1	Beds flexed to match staffing. Staff moved to support other wards.
MED E7 Ward	Night	690	940	1076	1211	136.2%	112.5%				Beds flexed to match staffing. Support workers used to maintain staffing numbers.
MED Respiratory HDU	Day	2303	1282	495	491	55.6%	99.1%	16.8	4.9	21.7	Staffing appropriate for number of patients.
MED Respiratory HDU	Night	2068	1298	345	268	62.8%	77.7%				Staffing appropriate for number of patients.
MED C5 Isolation Ward	Day	1152	1174	1104	350	101.9%	31.7%	8.3	3.4	11.7	Staffing appropriate for number of patients.
MED C5 Isolation Ward	Night	1035	1059	334	560	102.3%	167.7%				Staff moved to support other wards.
MED D10 Isolation Unit	Day	1094	897	1259	948	82.0%	75.3%	3.2	3.2	6.4	Safe staffing levels maintained. Staff moved to support other wards.
MED D10 Isolation Unit	Night	702	691	690	644	98.4%	93.3%				Safe staffing levels maintained. Staff moved to support other wards.
MED G5 Ward	Day	1396	1369	1816	1482	98.0%	81.6%	2.9	2.7	5.6	Band 4 staff working to support registered nurse numbers. Safe staffing levels maintained.
MED G5 Ward	Night	1035	989	690	671	95.6%	97.2%				Safe staffing levels maintained by sharing staff resource.
MED G6 Ward	Day	1437	1220	1712	1584	84.9%	92.6%	2.9	3.2	6.0	Band 4 staff working to support registered nurse numbers. Safe staffing levels maintained.
MED G6 Ward	Night	1035	897	679	770	86.7%	113.5%				Safe staffing levels maintained by sharing staff resource.
MED G7 Ward	Day	701	705	1073	1049	100.6%	97.7%	3.7	4.3	8.0	Band 4 staff working to support registered nurse numbers.
MED G7 Ward	Night	690	725	693	624	105.0%	90.0%				Safe staffing levels maintained.
MED G8 Ward	Day	1420	990	1748	1160	69.8%	66.4%	4.5	4.6	9.1	Band 4 staff working to support registered nurse numbers.
MED G8 Ward	Night	1035	851	690	690	82.2%	100.0%				Safe staffing levels maintained.
MED G9 Ward	Day	1411	1235	1789	1276	87.5%	71.3%	4.1	3.4	7.5	Increase in acuity/dependency of patients in the month. Band 4 staff working to support registered nurse numbers. Safe staffing levels maintained by sharing staff resource.
MED G9 Ward	Night	1035	1081	690	679	104.4%	98.3%				Increase in acuity/dependency of patients in the month. Increased night staffing to support raised acuity.
MED Bassett Ward	Day	1280	953	2191	1741	74.5%	79.4%	3.1	4.3	7.4	Band 4 staff working to support registered nurse numbers. Patient requiring 24 hour 1:1 nursing in the month. Staffing plan set higher than national standards.
MED Bassett Ward	Night	897	874	951	813	97.4%	85.5%				Additional beds open in the month. 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
CHI High Dependency Unit	Day	1528	1207	0	23	79.0%	Shift N/A	12.0	0.1	12.1	Non-ward based staff supporting areas. Beds flexed to match staffing. Safe staffing levels maintained.
CHI High Dependency Unit	Night	1035	1040	0	0	100.5%	Shift N/A				Safe staffing levels maintained.
CHI Paed Medical Unit	Day	1917	1773	821	482	92.5%	58.7%	10.2	3.8	14.0	Non-ward based staff supporting areas. Patient requiring 24 hour 1:1 nursing in the month. Safe staffing levels maintained. HCA's have been recruited.
CHI Paed Medical Unit	Night	1643	1457	660	726	88.7%	110.0%				Band 4 staff working to support registered nurse numbers. Patient requiring 24 hour 1:1 nursing in the month. Safe staffing levels maintained.
CHI Paediatric Intensive Care	Day	6263	5186	679	359	82.8%	52.9%	25.8	2.4	28.2	Beds flexed to match staffing. Non-ward based staff supporting areas. Safe staffing levels maintained.
CHI Paediatric Intensive Care	Night	5518	4778	690	564	86.6%	81.7%				Beds flexed to match staffing. Band 4 staff working to support registered nurse numbers. Safe staffing levels maintained. Additional staff have recruited.
CHI Plam Brown Unit	Day	3817	2574	203	163	67.4%	80.3%	12.8	0.6	13.5	Beds flexed to match staffing. Non-ward based staff supporting areas.
CHI Plam Brown Unit	Night	1369	831	0	0	60.7%	Shift N/A				Beds flexed to match staffing. Safe staffing levels maintained.
CHI Ward E1 Paed Cardiac	Day	2036	1707	700	467	83.9%	66.8%	7.4	1.9	9.2	Non-ward based staff supporting areas. Safe staffing levels maintained. Band 4 staff working to support registered nurse numbers.
CHI Ward E1 Paed Cardiac	Night	1393	1457	345	334	104.7%	96.7%				Safe staffing levels maintained. Patient requiring 24 hour 1:1 nursing in the month.
CHI Ward G2 Neuro	Day	748	707	0	0	94.5%	Shift N/A	9.1	0.0	9.1	Safe staffing levels maintained.
CHI Ward G2 Neuro	Night	719	683	0	0	95.0%	Shift N/A				Safe staffing levels maintained.
CHI Ward G3	Day	2384	1552	1635	1107	65.1%	67.7%	5.9	4.3	10.3	Beds flexed to match staffing. Band 4 staff working to support registered nurse numbers. Safe staffing levels maintained.
CHI Ward G3	Night	1609	1117	990	835	69.4%	84.3%				Beds flexed to match staffing. Band 4 staff working to support registered nurse numbers. Safe staffing levels maintained.
CHI Ward G4 Surgery	Day	2373	2386	1205	708	100.5%	58.8%	9.0	2.2	11.2	Safe staffing levels maintained. Additional HCA's have been recruited.
CHI Ward G4 Surgery	Night	1650	1771	660	331	107.3%	50.2%				Safe staffing levels maintained. Additional HCA have been recruited.
W&N Bramshaw Womens Unit	Day	1105	938	683	560	84.8%	82.0%	5.6	3.6	9.1	Beds flexed to match staffing. Band 4 staff working to support registered nurse numbers. Non-ward based staff supporting areas. Safe staffing maintained.
W&N Bramshaw Womens Unit	Night	691	692	644	484	100.1%	75.1%				Safe staffing levels maintained. Beds flexed to match staffing. Safe staffing maintained.
W&N Neonatal Unit	Day	6943	4475	1685	1048	64.5%	62.2%	10.3	2.4	12.7	Safe staffing levels maintained.
W&N Neonatal Unit	Night	5306	3614	1298	803	68.1%	61.9%				Safe staffing levels maintained.
W&N PAH Maternity Service combined	Day	8551	7352	4244	3350	86.0%	78.9%	6.0	2.6	8.6	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 combined	Night	5265	4431	1980	1693	84.2%	85.5%				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	4963	4078	1724	1339	82.2%	77.7%	15.5	4.7	20.1	Band 4 staff working to support registered nurse numbers. Safe staffing levels maintained. 2 beds flexed down for COVID-19 mitigation.
CAR CHDU	Night	4008	3513	990	946	87.7%	95.6%				Band 4 staff working to support registered nurse numbers. Safe staffing levels maintained.
CAR Coronary Care Unit	Day	2560	2538	859	918	99.1%	106.9%	9.9	3.6	13.5	Safe staffing levels maintained. Safe staffing levels maintained. using agency x 1 nurse extra per shift for COVID-19 mitigation.
CAR Coronary Care Unit	Night	2268	2297	770	827	101.3%	107.4%				Safe staffing levels maintained. Safe staffing levels maintained.
CAR Ward D4 Vascular	Day	2000	1527	1127	850	76.3%	75.4%	3.9	2.7	6.6	Band 4 staff working to support registered nurse numbers. Band 4 staff working to support registered nurse numbers.
CAR Ward D4 Vascular	Night	792	923	990	852	116.5%	86.0%				Increased night staffing to support raised acuity. Skill mix swaps undertaken to support safe staffing across the Unit. 3rd RN on night shift trial.
CAR Ward E2 YACU	Day	1539	1370	806	930	89.0%	115.4%	4.4	3.3	7.7	Safe staffing levels maintained. Additional staff used for enhanced care - Support workers. 2nd HCA on night shift trial.
CAR Ward E2 YACU	Night	660	673	330	627	102.0%	190.0%				Safe staffing levels maintained. Increased night staffing to support raised acuity.
CAR Ward E3 Green	Day	1503	1528	1412	945	101.7%	66.9%	3.5	2.4	5.9	Safe staffing levels maintained. Staff moved to support other wards.
CAR Ward E3 Green	Night	693	739	773	635	106.6%	82.1%				Safe staffing levels maintained. Staff moved to support other wards.
CAR Ward E3 Blue	Day	1144	1175	1081	1118	102.7%	103.4%	3.8	4.6	8.4	Safe staffing levels maintained. Safe staffing levels maintained.
CAR Ward E3 Blue	Night	682	595	660	1001	87.2%	151.7%				Band 4 staff working to support registered nurse numbers. Additional staff used for enhanced care - Support workers.
CAR Ward E4 Thoracics	Day	1632	1446	1311	829	88.6%	63.3%	4.7	2.7	7.4	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	1001	981	429	594	98.1%	138.3%				Safe staffing levels maintained. Additional staff used for enhanced care - Support workers.
CAR Ward D2 Cardiology	Day	1339	1029	679	1050	76.9%	154.6%	3.8	4.6	8.5	Band 4 staff working to support registered nurse numbers. Band 4 staff working to support registered nurse numbers.
CAR Ward D2 Cardiology	Night	682	577	659	903	84.6%	136.9%				Band 4 staff working to support registered nurse numbers. Band 4 staff working to support registered nurse numbers.
NEU Acute Stroke Unit	Day	1454	1851	2540	2586	127.3%	101.8%	3.8	5.1	8.9	Band 4 staff working to support registered nurse numbers. Patient requiring 24 hour 1:1 nursing in the month. Support workers used to maintain staffing numbers.
NEU Acute Stroke Unit	Night	990	1278	1650	1648	129.1%	99.8%				Band 4 staff working to support registered nurse numbers. Patient requiring 24 hour 1:1 nursing in the month. Support workers used to maintain staffing numbers.
NEU Regional Transfer Unit	Day	1214	601	402	356	49.5%	88.4%	15.0	10.7	25.7	Band 4 staff working to support registered nurse numbers. Beds flexed to match staffing.
NEU Regional Transfer Unit	Night	660	342	660	319	51.8%	48.3%				Band 4 staff working to support registered nurse numbers. Beds flexed to match staffing.
NEU ward E Neuro	Day	1826	1631	1096	1281	89.3%	116.8%	3.8	3.5	7.3	Band 4 staff working to support registered nurse numbers. Support workers used to maintain staffing numbers.
NEU ward E Neuro	Night	1320	1144	1001	1300	86.7%	129.9%				Band 4 staff working to support registered nurse numbers. Support workers used to maintain staffing numbers.
NEU HASU	Day	1511	1245	366	515	82.4%	140.9%	9.1	3.2	12.3	Band 4 staff working to support registered nurse numbers. Support workers used to maintain staffing numbers.
NEU HASU	Night	1320	1159	330	319	87.8%	96.7%				Band 4 staff working to support registered nurse numbers. Support workers used to maintain staffing numbers.
NEU Ward D Neuro	Day	1889	1500	1837	1664	79.4%	90.6%	4.1	4.8	8.8	Band 4 staff working to support registered nurse numbers. Support workers used to maintain staffing numbers.
NEU Ward D Neuro	Night	1320	1232	1651	1532	93.3%	92.8%				Band 4 staff working to support registered nurse numbers. Support workers used to maintain staffing numbers.
SPI Ward F4 Spinal	Day	1484	1553	1123	993	104.7%	88.4%	4.4	3.7	8.0	Band 4 staff working to support registered nurse numbers. Additional staff used for enhanced care - RNs.
SPI Ward F4 Spinal	Night	990	889	989	1070	89.8%	108.2%				Band 4 staff working to support registered nurse numbers. Additional staff used for enhanced care - Support workers.
T&O Ward Brooke	Day	993	1133	1028	638	114.1%	62.1%	3.6	2.8	6.4	Increase in acuity/dependency of patients in the month. Staff moved to support other wards.
T&O Ward Brooke	Night	690	702	1035	781	101.7%	75.5%				Increase in acuity/dependency of patients in the month. Staff moved to support other wards.
T&O Trauma Admissions Unit	Day	902	692	764	594	76.7%	77.7%	22.6	20.7	43.3	Staff moved to support other wards. Safe staffing levels maintained.
T&O Trauma Admissions Unit	Night	661	485	660	481	73.4%	72.8%				Staff moved to support other wards. Safe staffing levels maintained.
T&O Ward F1 Major Trauma Unit	Day	2317	2404	1911	1963	103.7%	102.7%	4.8	4.1	8.9	Skill mix swaps undertaken to support safe staffing across the Unit. Patient requiring 24 hour 1:1 nursing in the month. Safe staffing levels maintained by sharing staff resource.
T&O Ward F1 Major Trauma Unit	Night	1725	1873	1713	1688	108.6%	98.5%				Skill mix swaps undertaken to support safe staffing across the Unit. Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F2 Trauma	Day	1570	1363	1826	1861	86.8%	101.9%	3.0	4.2	7.2	Patient requiring 24 hour 1:1 nursing in the month. Staff moved to support other wards. Safe staffing levels maintained by sharing staff resource.
T&O Ward F2 Trauma	Night	990	891	1320	1315	90.0%	99.6%				Patient requiring 24 hour 1:1 nursing in the month. Safe staffing levels maintained by sharing staff resource. Staff moved to support other wards.
T&O Ward F3 Trauma	Day	1503	1778	1910	1509	118.3%	79.0%	4.0	4.2	8.3	Patient requiring 24 hour 1:1 nursing in the month. Safe staffing levels maintained by sharing staff resource. Staff moved to support other wards.
T&O Ward F3 Trauma	Night	990	1002	1331	1388	101.2%	104.2%				Patient requiring 24 hour 1:1 nursing in the month. Safe staffing levels maintained by sharing staff resource. Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F4 Elective	Day	1386	1210	740	804	87.3%	108.6%	3.7	2.7	6.4	Patient requiring 24 hour 1:1 nursing in the month. Safe staffing levels maintained by sharing staff resource. Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F4 Elective	Night	660	660	660	571	100.0%	86.5%				Patient requiring 24 hour 1:1 nursing in the month. Safe staffing levels maintained by sharing staff resource. Skill mix swaps undertaken to support safe staffing across the Unit.