| **Report to the Trust Board of Directors** | | | | |
|---|---|---|---|---|
| **Title:** | **Finance Report 2021-22 Month 8** | | | |
| **Agenda item:** | **12.3** | | | |
| **Sponsor:** | **Ian Howard – Interim Chief Financial Officer** | | | |
| **Author:** | **Philip Bunting – Interim Deputy Director of Finance** | | | |
| **Date:** | **21 December 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: | This is the second month of the Half 2 (H2) financial regime, for which a deficit plan has been set of £3.4m. This deterioration of the planned finance position was as a result of anticipated reductions in Elective Recovery Framework (ERF) income, efficiency requirements and unfunded winter pressures including increased energy costs.<br><br>The in-month position was a surplus of £2.4m. This was primarily driven by £2m of backdated ERF income relating to M7.<br><br>The cumulative performance for H2 is delivery to plan of £1.1m deficit across the two months of October and November. This is consistent with the planned £3.4m deficit for H2.<br><br>**H2 Elective Recovery Framework (ERF):**<br>• UHS has successfully bid for £12m of ERF funding paid up-front to support investments in additional elective and outpatient activity.<br>• ERF has been reported in month 8 which includes catch-up for month 7 as the block agreement of £12m for H2 (£2m per month) was not in place for month 7 reporting.<br>• Despite operational pressures, ED demand and Covid-19 inpatient volumes all impacting delivery of planned activity levels, by measurement on the new RTT metric £3.1m of ERF is estimated to have been achieved.<br>• UHS has bid for a further £2.25m of ERF funding upfront in addition to the £12m block agreed.<br>• Estimates for H1 ERF have been revised meaning achievement is estimated at £17.7m with targets achieved in all months. This would be a further £0.6m on that reported within H1.<br><br>A verbal update will be provided on the latest funding position for H2. | | | |

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| | **Capital:**<br>• Internal capital expenditure is £30m YTD representing 90% of planned expenditure with all major projects on track to deliver as planned.<br>• External capital funding awards in recent months have generated £8.7m in additional funding for UHS in addition to £3.9m initially planned and approved.<br>• We remain confident that funding allocated to UHS will be fully utilised by the end of the financial year.<br><br>**ICS finance position:**<br>• The M7 position was distorted as plans had not been agreed at the time of reporting. The early indication for M8 is that the ICS remains on plan to deliver a £15.5m deficit in H2; however additional funding bids may mitigate this risk.<br>• The primary risk carried forward from the H1 ICS finance position is the gap between reported ERF achievement by individual provider and overall system achievement. This gap is estimated at c£7m and has had to be resolved via non-recurrent funding sourced from within the system. UHS has however been given assurances that H1 ERF will be funded in full.<br>• The ICS continue to push for each organisation to achieve an overall break-even financial position for H2.<br><br>**Other financial issues:**<br>• The underlying financial position remains the most significant financial risk as the H2 efficiency challenge is unlikely to be met without non-recurrent support. This creates a run rate entry risk for 2022/23.<br>• Early signals on 2022/23 funding are that the Trust may face further financial challenges, with further efficiencies required plus a phased withdrawal of non-recurrent funding linked to Covid-19.<br>• Whilst these are early indications, funding for 2022/23 is not expected to be confirmed until Q4.<br>• The spending review has announced a three-year capital settlement of over £10bn for new hospitals, hospital upgrades, diagnostics, digital technology, and elective recovery. |
| Implications: | • 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 22/23 funding arrangements and ability to support long term decision making.<br>• Cash risk linked to income 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 8

| | |
|---|---|
| **Report to:** | **Board of Directors and Finance & Investment Committee**<br><br>**November 2021** |
| **Title:** | **Finance Report for Period ending 30/11/2021** |
| **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 November 2021, the Trust reported a surplus position of £2.4m. For Half 2 (H2) YTD the Trust is reporting a cumulative deficit position of £1.1m, which is in line with the H2 plan.

2. The in-month surplus position is driven by the agreement around the elective recovery framework (ERF) for H2 for which £12m has been committed to UHS over 6 months. £4m (2 months worth) is therefore reported within the month 8 position as this had not been agreed in time for the previous months reported position.

3. In month, £3.6m (£2.6m pay and £1m non pay) was incurred on additional expenditure relating to Covid-19, decreasing back to more normal levels.

4. The main underlying themes seen in M8 were:
   - Elective activity represents 86% of planned income levels, down from 90% in October. Recovery planning is targeting improvement in all areas but will be governed by clinical priority.
   - Non Elective activity levels were at 104% of planned income levels, the same level as October.
   - Outpatient activity was at 116% of planned income levels, up from 112% in October
   - The underlying position is reported at c£4.5m deficit in month which has deteriorated following funding reductions in H2 in addition to continued cost pressures resultant from energy price increases and drug cost expenditure above block funded levels. This is the position removing ERF and any material one offs.
   - In month there were notable increases in staffing costs particularly bank and agency costs relating to critical care.

## Finance: I&E Summary (H2)

The financial position for M8 was a surplus of £2.4m and is on plan YTD. The H2 plan has now been finalised at a £3.4m deficit, with £12m of confirmed ERF funding and further non-recurrent measures off-setting the underlying financial pressures within the position.

Clinical income was £5.3m above plan in month due to two months (£4m) of ERF being reported, with the £12m not being known at the time of reporting in M7.

Staff costs are collectively £0.5m adverse mainly due to increasing Bank and Agency staff spend in Critical Care and the Vaccine Hub. Energy costs remain a significant pressure within other non pay with costs up £0.6m per month compared to H1. Overseas nurse recruitment costs were up £0.4m in M8. Other income and clinical supplies are closely interrelated as Chilworth project costs are directly offset by income.

| | | Current Month | | | M7 - 12 Actuals | | | M7 - 12 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Plan £m | Actual £m | Variance £m | Plan £m | Actual £m | Variance £m | Plan £m | Forecast £m | Variance £m |
| NHS Income: | Clinical | 67.5 | 72.8 | (5.3) | 135.0 | 136.6 | (1.6) | 405.1 | 405.1 | 0.0 |
| | Pass-through Drugs & Devices | 11.1 | 11.3 | (0.2) | 22.1 | 23.4 | (1.3) | 66.4 | 66.4 | 0.0 |
| Other income | Other Income excl. PSF | 17.4 | 14.8 | 2.7 | 34.2 | 33.8 | 0.4 | 106.2 | 106.2 | 0.0 |
| | Top Up Income | 1.3 | 1.2 | 0.0 | 2.5 | 2.3 | 0.2 | 7.6 | 7.6 | 0.0 |
| **Total income** | | **97.2** | **100.1** | **(2.8)** | **193.8** | **196.1** | **(2.3)** | **585.3** | **585.3** | **0.0** |
| Costs | Pay-Substantive | 47.7 | 47.2 | (0.5) | 95.4 | 93.2 | (2.1) | 285.2 | 285.2 | 0.0 |
| | Pay-Bank | 3.7 | 4.3 | 0.6 | 7.4 | 8.5 | 1.0 | 22.3 | 22.3 | 0.0 |
| | Pay-Agency | 1.2 | 1.6 | 0.4 | 2.4 | 2.9 | 0.5 | 7.1 | 7.1 | 0.0 |
| | Drugs | 4.3 | 5.0 | 0.7 | 8.7 | 9.7 | 1.1 | 26.0 | 26.0 | 0.0 |
| | Pass-through Drugs & Devices | 11.1 | 11.3 | 0.2 | 22.1 | 23.4 | 1.3 | 66.4 | 66.4 | 0.0 |
| | Clinical supplies | 10.9 | 7.6 | (3.3) | 21.5 | 20.0 | (1.5) | 67.9 | 67.9 | 0.0 |
| | Other non pay | 15.8 | 17.6 | 1.8 | 31.2 | 33.4 | 2.2 | 95.0 | 95.0 | 0.0 |
| **Total expenditure** | | **94.7** | **94.7** | 0.0 | **188.7** | **191.1** | **2.5** | **569.8** | **569.8** | **0.0** |
| **EBITDA** | | **2.6** | **5.4** | (2.8) | **5.2** | **5.0** | 0.2 | **15.5** | **15.5** | 0.0 |
| **EBITDA %** | | 2.7% | 5.4% | (2.8%) | 2.7% | 2.5% | 0.1% | 2.6% | 2.6% | 0.0% |
| | Depreciation / Non Operating Expenditure | 3.2 | 3.0 | (0.2) | 6.4 | 6.1 | (0.3) | 19.1 | 19.1 | 0.0 |
| **Surplus / (Deficit)** | | **(0.6)** | **2.4** | **(3.0)** | **(1.2)** | **(1.1)** | **(0.1)** | **(3.6)** | **(3.6)** | **0.0** |
| Less | Donated income | 0.1 | 0.2 | (0.1) | 0.1 | 0.3 | (0.1) | 0.3 | 0.3 | 0.0 |
| Add Back | Donated depreciation | 0.1 | 0.1 | 0.0 | 0.2 | 0.3 | 0.1 | 0.6 | 0.6 | 0.0 |
| **Net Surplus / (Deficit)** | | **(0.6)** | **2.4** | **(2.9)** | **(1.1)** | **(1.1)** | **(0.0)** | **(3.4)** | **(3.4)** | **0.0** |

**2021/22 Finance Report - Month 8**

## Finance: I&E Summary (FY)

The financial position for the full year to date combines both H1 and H2.

The H1 outturn was reported as breakeven as per plan. H2 is currently forecasted as per plan which is a £3.4m deficit.

The most significant cost pressures in year relate to energy costs and drug costs (in excess of block funding). There is some offsetting between other income underperformance and clinical supplies favourable variances related to the Chilworth project.

| | | M1 - 8 Actuals | | | Full Year Forecast | | |
|---|---|---|---|---|---|---|---|
| | | Plan £m | Actual £m | Variance £m | Plan £m | Forecast £m | Variance £m |
| NHS Income: | Clinical | 552.5 | 544.1 | 8.3 | 817.9 | 812.6 | 5.3 |
| | Pass-through Drugs & Devices | 73.0 | 89.4 | (16.4) | 117.3 | 132.4 | (15.1) |
| Other income | Other Income excl. PSF | 125.7 | 111.9 | 13.8 | 197.2 | 184.3 | 12.8 |
| | Top Up Income | 7.2 | 9.9 | (2.7) | 12.3 | 15.2 | (2.9) |
| **Total income** | | **758.4** | **755.4** | **3.0** | **1,144.6** | **1,144.6** | 0.1 |
| Costs | Pay-Substantive | 379.6 | 372.0 | (7.6) | 566.7 | 563.9 | (2.8) |
| | Pay-Bank | 29.5 | 30.0 | 0.4 | 46.0 | 43.8 | (2.2) |
| | Pay-Agency | 9.8 | 9.6 | (0.2) | 14.6 | 13.9 | (0.7) |
| | Drugs | 34.7 | 39.3 | 4.6 | 57.0 | 60.6 | 3.6 |
| | Pass-through Drugs & Devices | 73.0 | 89.4 | 16.4 | 117.3 | 132.4 | 15.1 |
| | Clinical supplies | 89.3 | 68.2 | (21.1) | 127.9 | 111.0 | (16.9) |
| | Other non pay | 117.8 | 123.7 | 5.9 | 180.4 | 185.3 | 4.9 |
| **Total expenditure** | | **733.8** | **732.3** | **(1.5)** | **1,109.9** | **1,110.9** | 1.0 |
| **EBITDA** | | **24.6** | **23.1** | 1.5 | **34.7** | **33.6** | 1.1 |
| **EBITDA %** | | 3.2% | 3.1% | 0.2% | 3.0% | 2.9% | 0.0 |
| | Depreciation / Non Operating Expenditure | 25.6 | 25.7 | 0.1 | 38.4 | 38.8 | 0.4 |
| **Surplus / (Deficit)** | | **(1.0)** | **(2.7)** | **1.7** | **(3.7)** | **(5.2)** | **1.5** |
| Less | Donated income | 1.0 | 0.6 | 0.4 | 0.9 | 0.7 | 0.2 |
| | Profit on disposals | - | 0.5 | (0.5) | - | 0.5 | (0.5) |
| Add Back | Donated depreciation | 0.8 | 1.1 | 0.3 | 1.2 | 1.5 | 0.3 |
| | Impairments | - | - | 0.0 | - | - | 0.0 |
| | Disposals of DH Donated Equipment | - | 1.5 | 1.5 | - | 1.5 | 1.5 |
| **Net Surplus / (Deficit)** | | **(1.1)** | **(1.1)** | **(0.0)** | **(3.4)** | **(3.4)** | **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 a £4.5m deficit in month 8. This is driven by the change in funding regime for H2 in addition to increased energy costs.

The underlying run rate for H2 is expected to be £4m per month deficit so the month 8 position is marginally worse than expectations. This was mainly driven by staffing pressures particularly in critical care.

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 only covering elective and outpatients. No adjustment to the graph for 21/22 has been made for this.

**Monthly Underlying Position**

5.00
-
-5.00
-10.00
-15.00
-20.00
-25.00
-30.00

April
May
June
July
August
September
October
November
December
January
February
March
April
May
June
July
August
September
October
November

2020/21 & 2021/22 Budget
2019/20 Underlying Actuals
2020/21 & 2021/22 Underlying Actuals

University Hospital Southampton NHS
NHS Foundation Trust

## Clinical Income

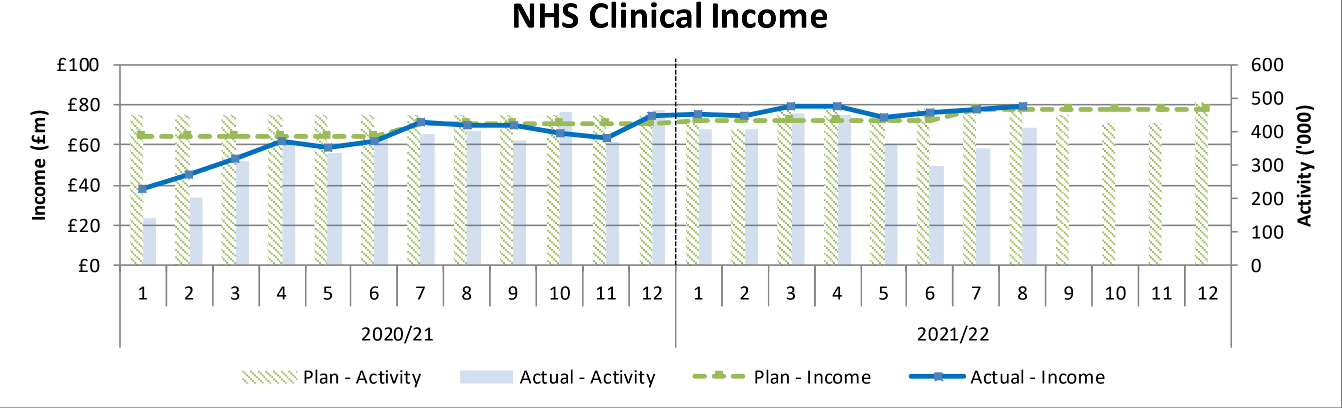
(Fav Variance) / Adv Variance

Clinical income for the month of November was £5.5m favourable to plan and including Non NHS income was £5.4m favourable to plan. Most of the Trust's income remains fixed with confirmed block contract funding in place for the remainder of the financial year.

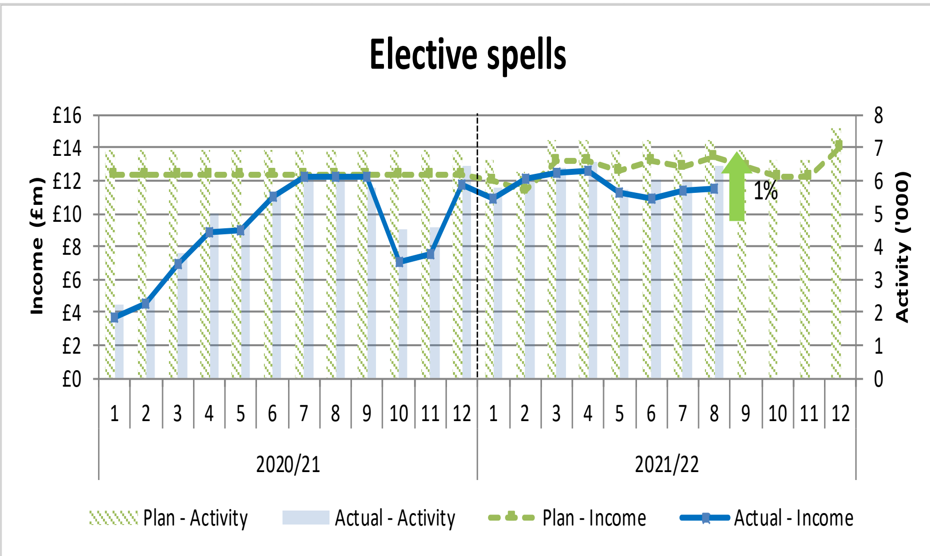
November has seen a slight increase in activity from October. Plans for 21/22 have been phased to account for the variation in calendar and working days in relevant POD Groups. Elective income reduced to 86% of planned levels having increased to 90% in October. Non Elective income remained high in November at 104% of planned levels. A&E attendances continue to be high, with attendances to main ED continuing to exceed pre-Covid levels having shown a downward trend for much of the previous financial year. Outpatient income increased to 116% of plan, up from 112% in October.

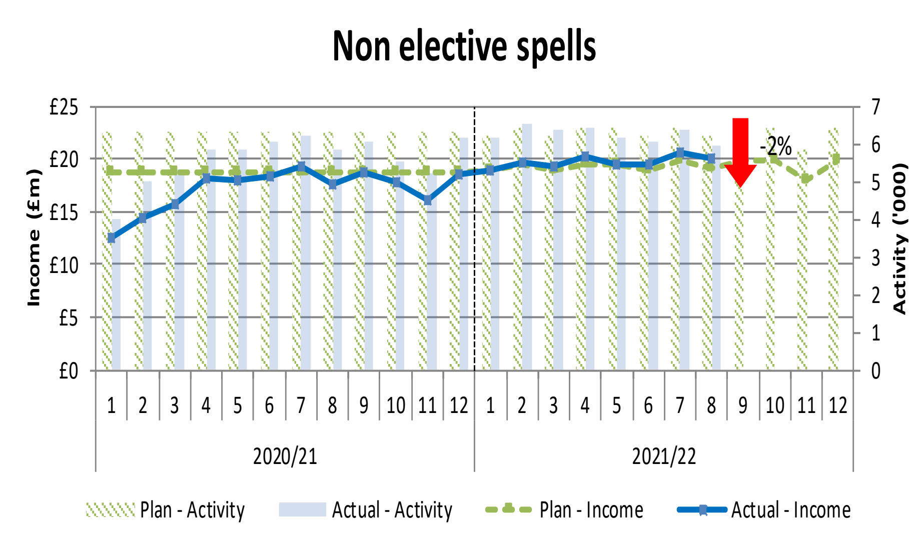
The graphs overleaf show trends over the last 20 months and the impact of Covid-19 as well as the recovery to pre Covid levels of activity in many areas.

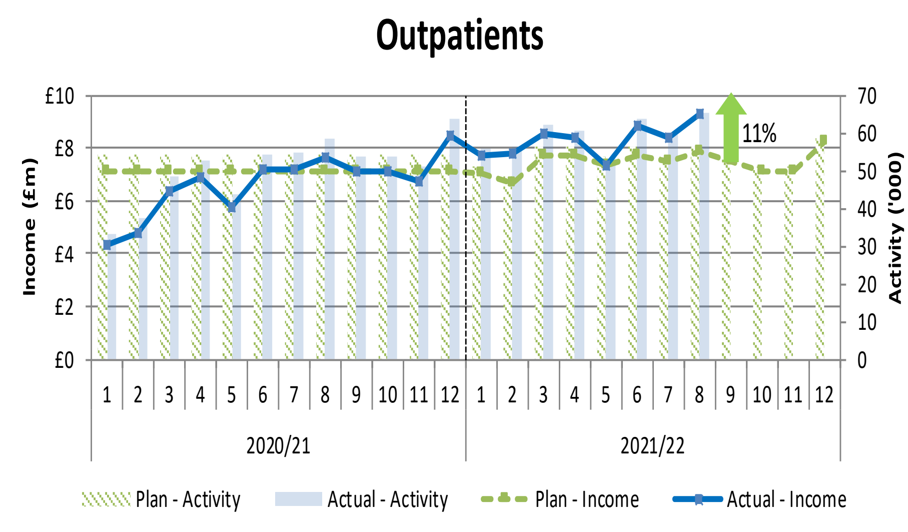
| POD GROUP | 2021/22 In Month Plan £000s | In Month Estimate £000s | In Month Variance £000s | YTD Plan £000s | YTD Estimate £000s | YTD Variance £000s | 2019/20 YTD Actuals £000s |
|---|---|---|---|---|---|---|---|
| **NHS Clinical Income** | | | | | | | |
| Elective Inpatients | £13,392 | £11,510 | £1,881 | £101,539 | £93,210 | £8,329 | £95,285 |
| Non-Elective Inpatients | £19,198 | £20,119 | (£921) | £153,992 | £157,907 | (£3,915) | £141,289 |
| Outpatients | £7,856 | £9,314 | (£1,459) | £59,558 | £66,404 | (£6,846) | £55,879 |
| Other Activity | £11,777 | £11,838 | (£61) | £93,273 | £91,307 | £1,966 | £86,811 |
| Blocks & Financial Adjustments | £1,609 | £1,089 | £520 | £42,474 | £3,977 | £38,496 | £7,754 |
| Other Exclusions | £7,373 | £8,749 | (£1,376) | £58,405 | £65,223 | (£6,818) | £33,710 |
| Pass-through Exclusions | £11,059 | £11,292 | (£233) | £73,025 | £89,422 | (£16,397) | £75,922 |
| *Subtotal NHS Clinical Income* | *£72,264* | *£73,913* | *(£1,649)* | *£582,266* | *£567,451* | *£14,815* | *£496,650* |
| Additional funding | £5,848 | £10,348 | (£4,500) | £46,784 | £69,893 | (£23,109) | |
| Covid block adjustments | £460 | (£155) | £615 | (£3,558) | (£3,777) | £219 | |
| **Total NHS Clinical Income** | **£78,572** | **£84,106** | **(£5,534)** | **£625,492** | **£633,567** | **(£8,075)** | **£496,650** |
| **Non NHS Clinical Income** | | | | | | | |
| Private Patients | £477 | £250 | £226 | £3,260 | £3,820 | (£560) | £3,176 |
| CRU | £208 | £292 | (£84) | £1,667 | £1,431 | £235 | £1,675 |
| Overseas Chargeable Patients | £66 | £123 | (£57) | £527 | £517 | £10 | £997 |
| **Total Non NHS Clinical Income** | **£751** | **£666** | **£85** | **£5,454** | **£5,768** | **(£315)** | **£5,847** |
| **Grand Total** | **£79,323** | **£84,772** | **(£5,449)** | **£630,946** | **£639,335** | **(£8,389)** | **£502,497** |

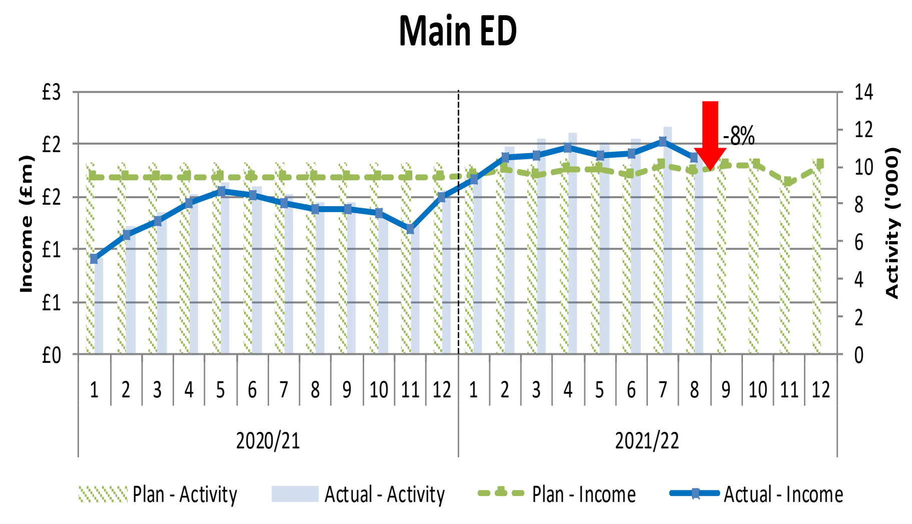


## Clinical Income



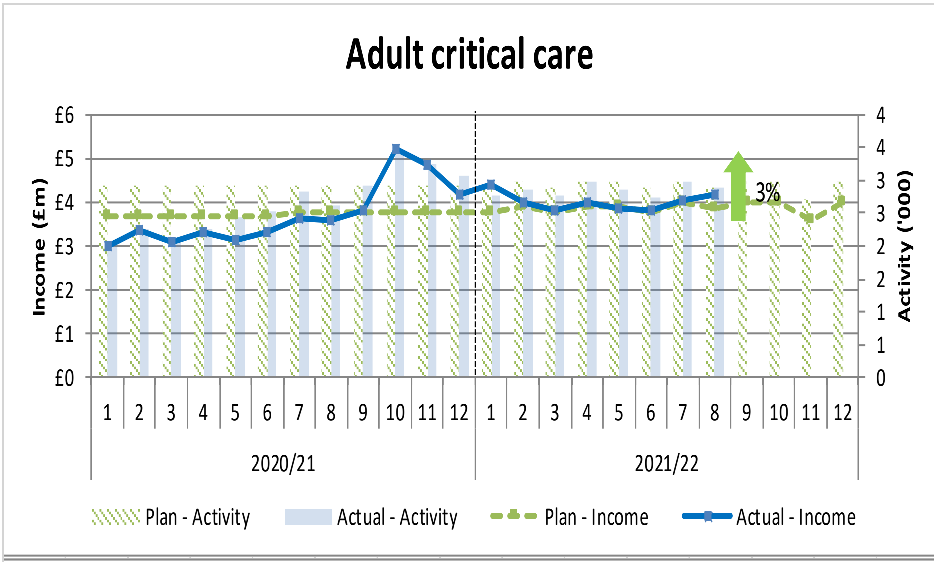



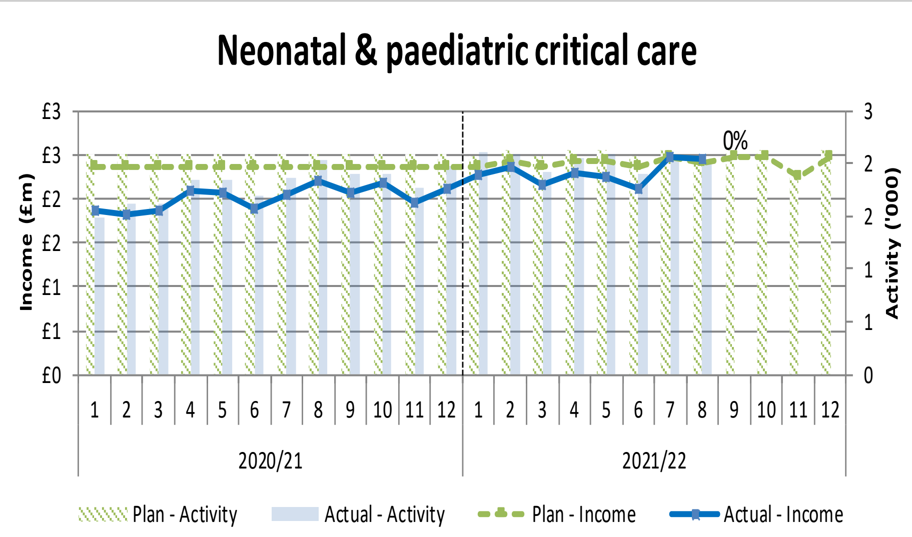



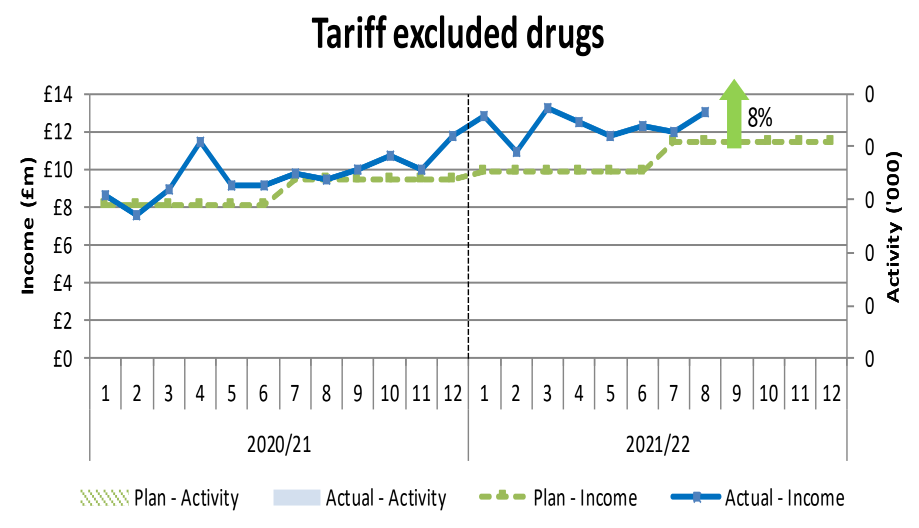



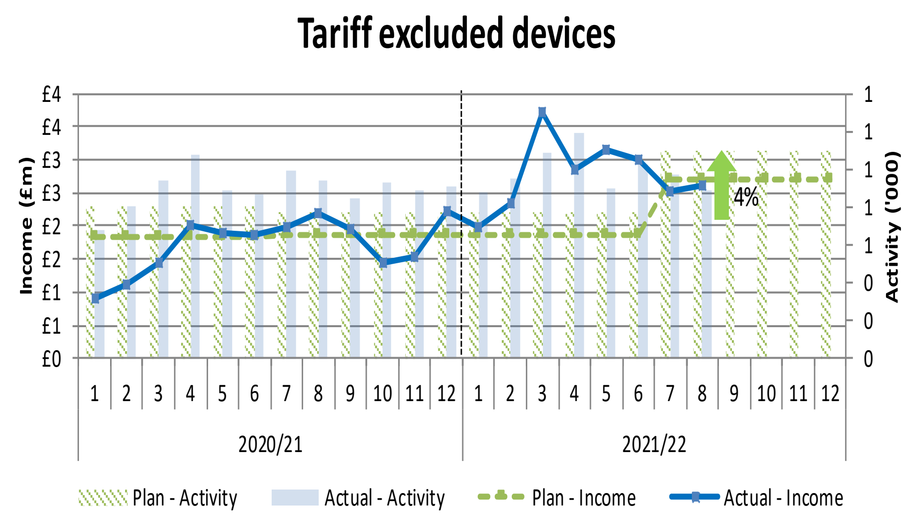
**2021/22 Finance Report - Month 8**

## Clinical Income



## Income and Activity

The tables shown illustrate by division and care group the % of the activity and income plan being achieved across the last six months 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 November represents 86% of planned income levels, down from 90% in October. Recovery planning is targeting improvement in all areas but will be governed by clinical priority.

Non Elective activity levels in November was at 104% of planned income levels, the same level as October.

| 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 | 3 | 4 | 5 | 6 | 7 | 8 | 3 | 4 | 5 | 6 | 7 | 8 | |
| DIVISION A | OPHTHALMOLOGY | 104% | 110% | 99% | 96% | 101% | 103% | 106% | 112% | 97% | 93% | 99% | 105% | 606 |
| | SURGERY | 84% | 85% | 81% | 87% | 98% | 107% | 86% | 95% | 84% | 82% | 93% | 91% | 1,040 |
| DIVISION A Total | | 91% | 94% | 88% | 90% | 99% | 105% | 91% | 99% | 87% | 84% | 95% | 94% | 1,646 |
| DIVISION B | CANCER CARE | 73% | 71% | 73% | 65% | 74% | 86% | 87% | 74% | 70% | 64% | 69% | 88% | 667 |
| | SPECIALIST MEDICINE | 84% | 90% | 72% | 73% | 78% | 78% | 92% | 103% | 78% | 79% | 84% | 88% | 1,449 |
| DIVISION B Total | | 80% | 84% | 73% | 71% | 77% | 80% | 90% | 92% | 75% | 73% | 79% | 88% | 2,116 |
| DIVISION C | CHILD HEALTH | 97% | 101% | 96% | 97% | 100% | 103% | 91% | 90% | 107% | 85% | 109% | 91% | 922 |
| | WOMEN'S HEALTH | 92% | 97% | 82% | 90% | 80% | 82% | 96% | 93% | 83% | 90% | 99% | 87% | 258 |
| DIVISION C Total | | 96% | 100% | 92% | 95% | 95% | 98% | 93% | 91% | 101% | 86% | 106% | 90% | 1,180 |
| DIVISION D | CARDIOVASCULAR & THORACIC | 106% | 104% | 104% | 91% | 95% | 93% | 103% | 100% | 101% | 82% | 90% | 81% | 447 |
| | NEUROSCIENCES | 96% | 93% | 97% | 101% | 98% | 97% | 83% | 86% | 101% | 94% | 93% | 91% | 407 |
| | RADIOLOGY | 73% | 72% | 61% | 63% | 61% | 76% | 74% | 75% | 63% | 70% | 65% | 76% | 310 |
| | TRAUMA & ORTHOPAEDICS | 95% | 89% | 73% | 89% | 77% | 73% | 104% | 103% | 78% | 87% | 74% | 77% | 253 |
| DIVISION D Total | | 93% | 90% | 86% | 87% | 84% | 85% | 97% | 95% | 93% | 84% | 85% | 82% | 1,417 |
| Total | | 88% | 90% | 82% | 83% | 86% | 90% | 94% | 95% | 91% | 83% | 90% | 86% | |

| 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 | 3 | 4 | 5 | 6 | 7 | 8 | 3 | 4 | 5 | 6 | 7 | 8 | |
| DIVISION A | OPHTHALMOLOGY | 87% | 83% | 87% | 79% | 66% | 75% | 85% | 97% | 98% | 86% | 72% | 73% | 36 |
| | SURGERY | 91% | 95% | 83% | 88% | 97% | 88% | 105% | 106% | 91% | 92% | 112% | 96% | 688 |
| DIVISION A Total | | 91% | 94% | 83% | 87% | 95% | 87% | 104% | 105% | 91% | 92% | 110% | 95% | 724 |
| DIVISION B | ACUTE MEDICINE | 106% | 108% | 113% | 108% | 115% | 117% | 109% | 109% | 116% | 113% | 118% | 119% | 1,271 |
| | CANCER CARE | 120% | 119% | 117% | 117% | 113% | 113% | 106% | 106% | 98% | 109% | 107% | 114% | 349 |
| | EMERGENCY MEDICINE | 102% | 93% | 76% | 73% | 73% | 73% | 106% | 91% | 78% | 81% | 74% | 83% | 1,049 |
| | SPECIALIST MEDICINE | 75% | 108% | 76% | 127% | 133% | 67% | 62% | 109% | 65% | 125% | 133% | 70% | 29 |
| DIVISION B Total | | 105% | 102% | 94% | 92% | 94% | 94% | 107% | 104% | 103% | 104% | 105% | 108% | 2,698 |
| DIVISION C | CHILD HEALTH | 129% | 120% | 124% | 151% | 148% | 147% | 109% | 120% | 111% | 133% | 128% | 118% | 635 |
| | WOMEN'S HEALTH | 92% | 91% | 95% | 91% | 96% | 89% | 105% | 99% | 106% | 99% | 103% | 105% | 863 |
| DIVISION C Total | | 104% | 99% | 104% | 110% | 112% | 107% | 106% | 106% | 108% | 111% | 112% | 110% | 1,498 |
| DIVISION D | CARDIOVASCULAR & THORACIC | 89% | 96% | 86% | 102% | 94% | 84% | 83% | 104% | 85% | 102% | 91% | 85% | 364 |
| | NEUROSCIENCES | 98% | 96% | 108% | 97% | 94% | 96% | 105% | 103% | 114% | 101% | 98% | 109% | 225 |
| | RADIOLOGY | 90% | 106% | 84% | 101% | 98% | 84% | 77% | 111% | 83% | 95% | 92% | 81% | 78 |
| | TRAUMA & ORTHOPAEDICS | 122% | 107% | 102% | 102% | 105% | 92% | 113% | 106% | 106% | 106% | 120% | 124% | 260 |
| DIVISION D Total | | 100% | 100% | 96% | 101% | 97% | 89% | 94% | 105% | 97% | 102% | 99% | 99% | 927 |
| Total | | 102% | 100% | 95% | 97% | 98% | 95% | 102% | 105% | 100% | 103% | 104% | 104% | |

## Income and Activity

Outpatient activity in November was at 116% of planned income levels, up from 112% in October.

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 | | | | | | |
| Division | Care Group | 3 | 4 | 5 | 6 | 7 | 8 | 3 | 4 | 5 | 6 | 7 | 8 | |
| DIVISION A | OPHTHALMOLOGY | 105% | 98% | 92% | 103% | 103% | 114% | 110% | 104% | 98% | 108% | 110% | 112% | 9,180 |
| | SURGERY | 99% | 96% | 85% | 97% | 95% | 103% | 100% | 97% | 87% | 98% | 97% | 104% | 7,099 |
| DIVISION A Total | | 102% | 97% | 89% | 100% | 99% | 109% | 105% | 101% | 92% | 103% | 104% | 108% | 16,279 |
| DIVISION B | ACUTE MEDICINE | 103% | 97% | 99% | 104% | 106% | 108% | 98% | 98% | 95% | 101% | 102% | 102% | 130 |
| | CANCER CARE | 139% | 141% | 135% | 144% | 144% | 142% | 129% | 130% | 122% | 136% | 135% | 138% | 9,153 |
| | EMERGENCY MEDICINE | 80% | 167% | 128% | 184% | 113% | 127% | 87% | 175% | 132% | 185% | 111% | 125% | 126 |
| | SPECIALIST MEDICINE | 122% | 114% | 110% | 119% | 116% | 114% | 117% | 111% | 108% | 116% | 115% | 114% | 10,640 |
| DIVISION B Total | | 129% | 125% | 120% | 130% | 128% | 126% | 122% | 120% | 114% | 125% | 123% | 124% | 20,050 |
| DIVISION C | CHILD HEALTH | 105% | 106% | 92% | 114% | 115% | 116% | 104% | 104% | 91% | 114% | 112% | 114% | 6,223 |
| | SUPPORT SERVICES | 85% | 80% | 81% | 85% | 87% | 85% | 81% | 77% | 76% | 81% | 83% | 83% | 3,075 |
| | WOMEN'S HEALTH | 102% | 102% | 91% | 107% | 105% | 109% | 104% | 99% | 90% | 102% | 105% | 111% | 4,141 |
| DIVISION C Total | | 99% | 98% | 89% | 104% | 104% | 105% | 101% | 99% | 89% | 106% | 106% | 109% | 13,439 |
| DIVISION D | CARDIOVASCULAR & THORACIC | 119% | 119% | 115% | 125% | 123% | 119% | 120% | 120% | 117% | 125% | 122% | 121% | 6,399 |
| | NEUROSCIENCES | 100% | 102% | 78% | 108% | 100% | 120% | 101% | 100% | 76% | 105% | 97% | 120% | 4,238 |
| | RADIOLOGY | 162% | 172% | 187% | 200% | 190% | 176% | 191% | 208% | 227% | 246% | 228% | 202% | 222 |
| | TRAUMA & ORTHOPAEDICS | 102% | 97% | 90% | 107% | 97% | 106% | 120% | 116% | 111% | 132% | 118% | 125% | 3,555 |
| DIVISION D Total | | 109% | 108% | 97% | 115% | 109% | 116% | 112% | 112% | 99% | 119% | 112% | 122% | 14,414 |
| Total | | 110% | 108% | 100% | 113% | 111% | 114% | 111% | 109% | 100% | 114% | 112% | 116% | |

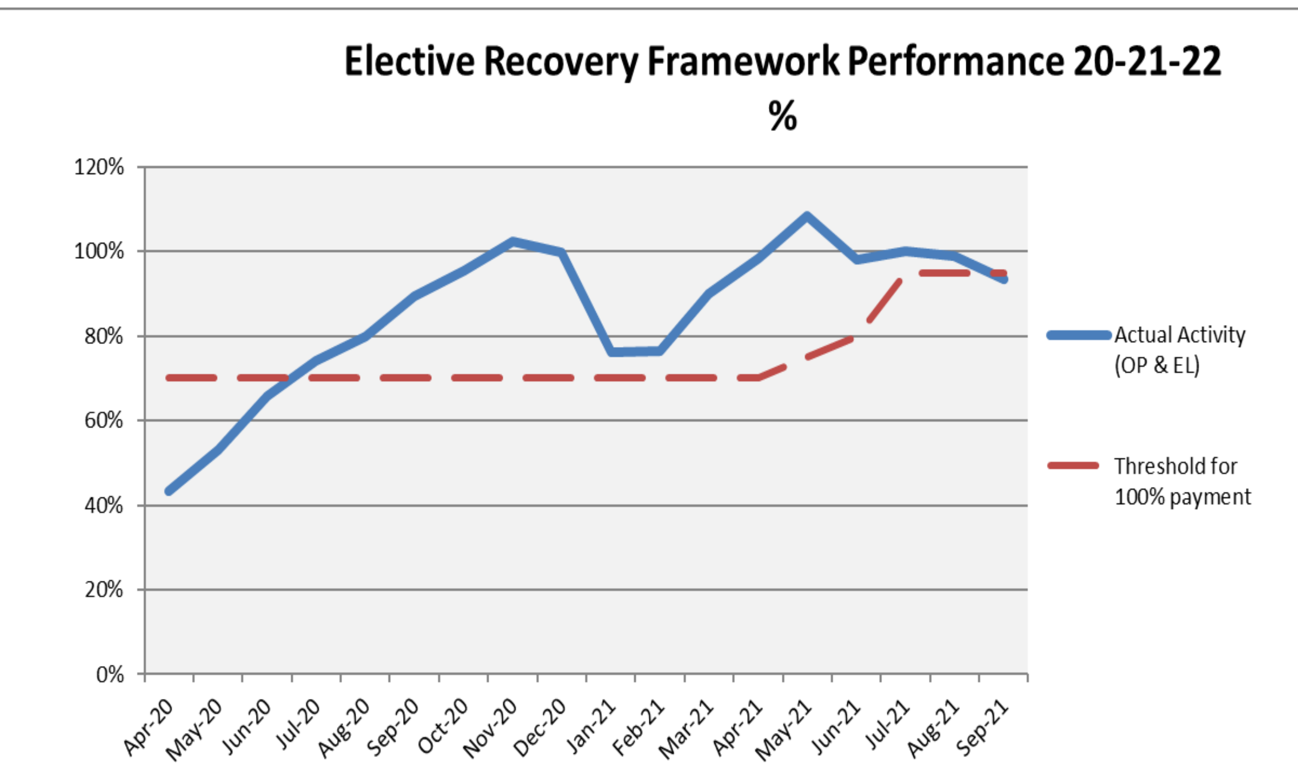
## Elective Recovery Fund 21/22

The Elective Recovery Fund was launched as part of the 21/22 planning guidance as a mechanism for distributing £1bn of national recovery funds for Elective and Outpatient activity in the first half of the year (H1).

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

The graph shows the trends through 20/21 and performance for the first half of 21/22. This indicates performance of 95% of baseline activity which is 0% over the revised target threshold of 95% in September. This would yield no 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.




| H1 ERF Achievement | Activity based - Elective/Daycase/Outpatients (£'000) | | | | ERF Top-up | | |
|---|---|---|---|---|---|---|---|
| Month | 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 | £ 18,416 | £ 76 | *100%* | £ 993 | £ 15 | £ 1,008 |
| Sep-21 | £ 20,089 | £ 19,384 | -£ 704 | *96%* | £ 300 | £ - | £ 300 |
| **H1 Total** | **£ 117,719** | **£ 117,921** | **£ 202** | ***100%*** | **£ 17,656** | **£ 1,937** | **£ 19,592** |

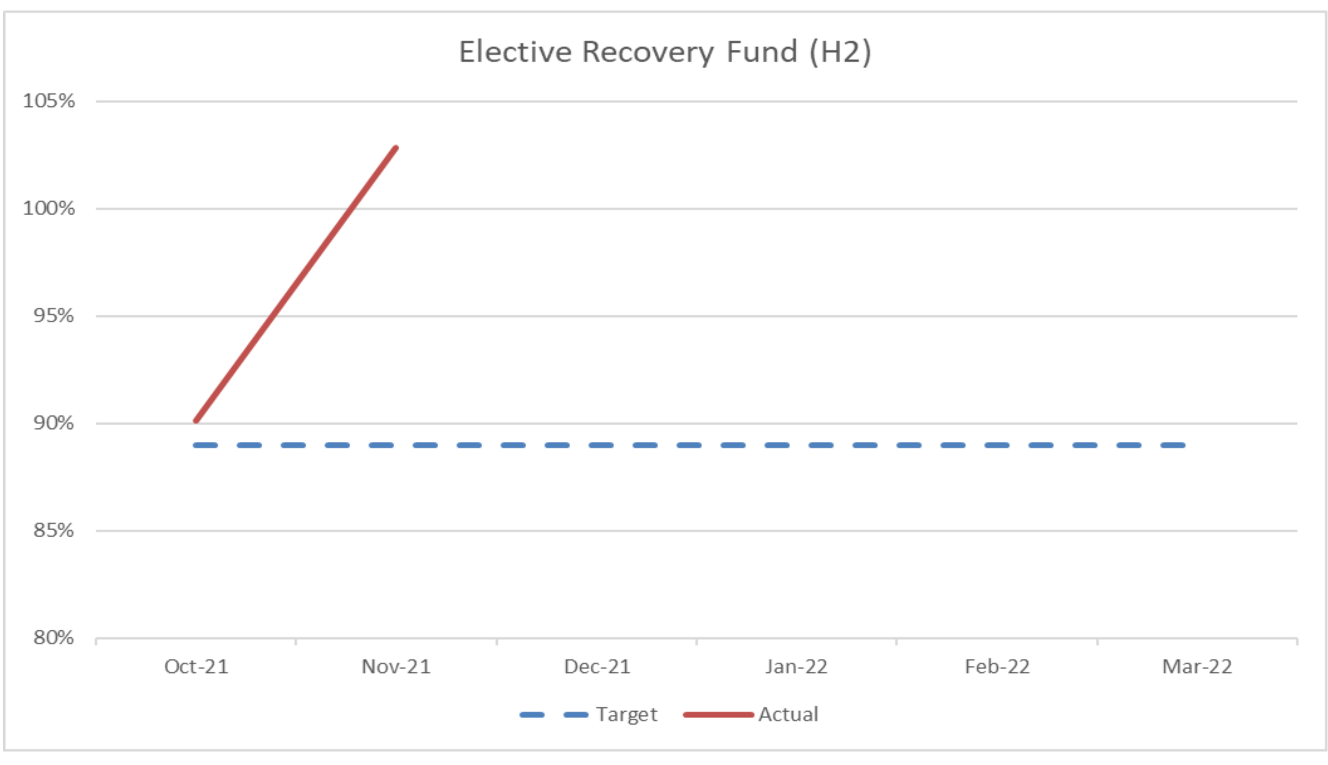
## Elective Recovery Fund 21/22

For the second half of 21/22 the Elective Recovery Framework rules changed to be based on RTT performance.

In order to give confidence to invest, bids for pump-priming funding investment up-front were requested. UHS schemes totalling £12m have been accepted and funded.

However, RTT performance is still being monitored and additional funding will be sought if this performance exceeds the direct funding amount.

RTT performance for October is based on submitted data. November performance is provisional and subject to further validation prior to submission. YTD it is estimated that £3.1m would be achieved via this mechanism however it would also be dependent on system achievement. This is £0.9m below the £4m payment that the trust has received via the ERF block payment.



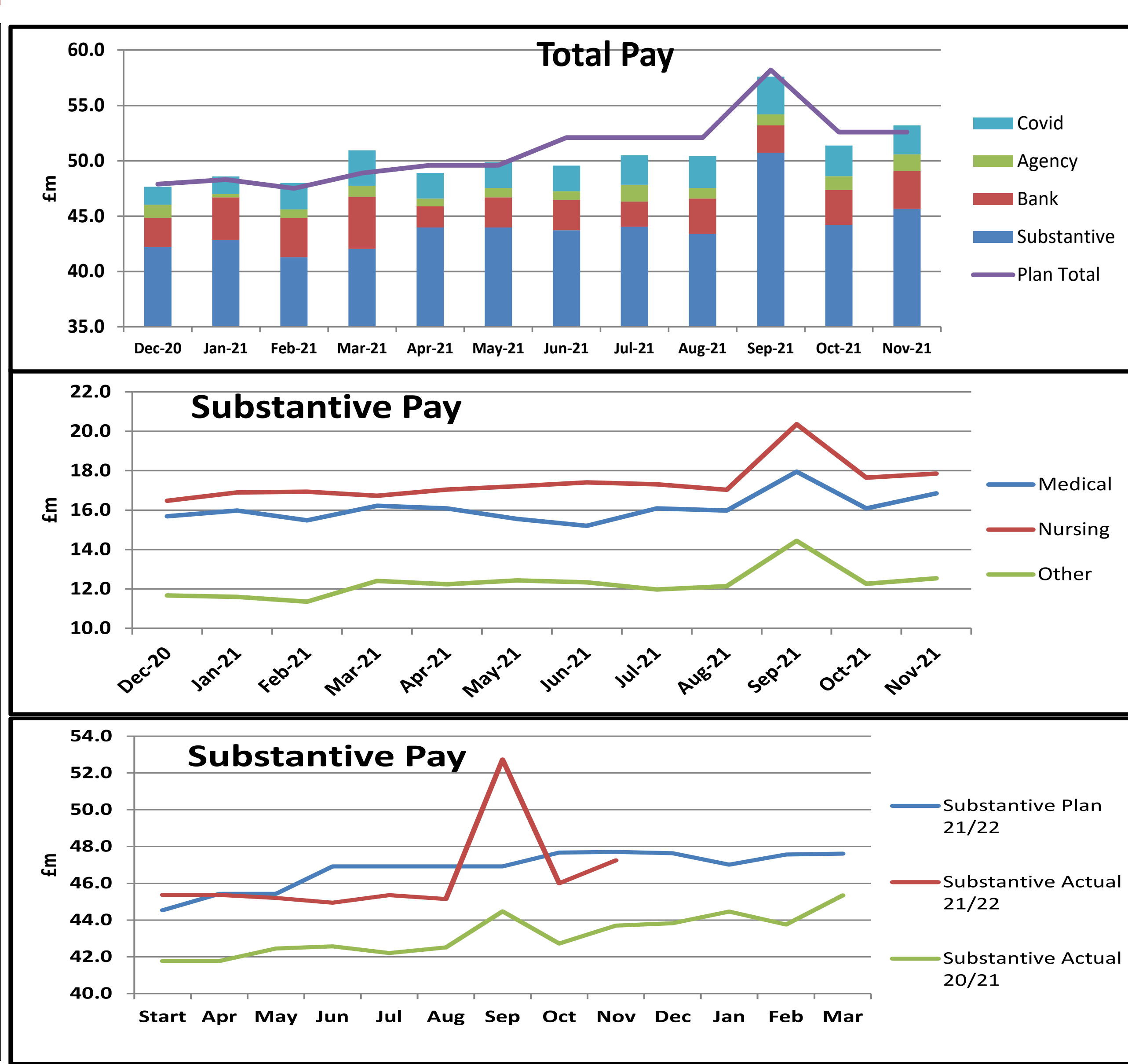

| H2 ERF Achievement | RTT based - Elective/Daycase/Outpatients | | | | ERF Top-up | | |
|---|---|---|---|---|---|---|---|
| Month | Baseline | RTT target | RTT performance | Performance | 100% Top Up | 20% Top Up | Total |
| Oct-21 | £ 19,791 | 89.00% | 90.14% | *1.14%* | £ 225 | £ - | £ 225 |
| Nov-21 | £ 20,531 | 89.00% | 102.87% | *13.87%* | £ 2,847 | £ 364 | £ 3,211 |
| Dec-21 | £ 19,350 | | | *0.00%* | | | |
| Jan-22 | £ 18,580 | | | *0.00%* | | | |
| Feb-22 | £ 19,436 | | | *0.00%* | | | |
| Mar-22 | £ 22,571 | | | *0.00%* | | | |
| **H2 Total** | **£ 120,260** | | | | **£ 3,072** | **£ 364** | **£ 3,436** |

## Substantive Pay Costs

Total pay expenditure in November was £53.2m. This was £1.8m higher than October. The main increases were substantive staff (£1.3m), Bank staff (£0.2m) and Agency staff (£0.3m). The substantive increase included £0.8m in one off payments that will not reoccur. The increase in bank staff costs was driven by Band 5 nurses in Critical Care reflecting increased activity and fill-rate following a bank incentive scheme.

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.

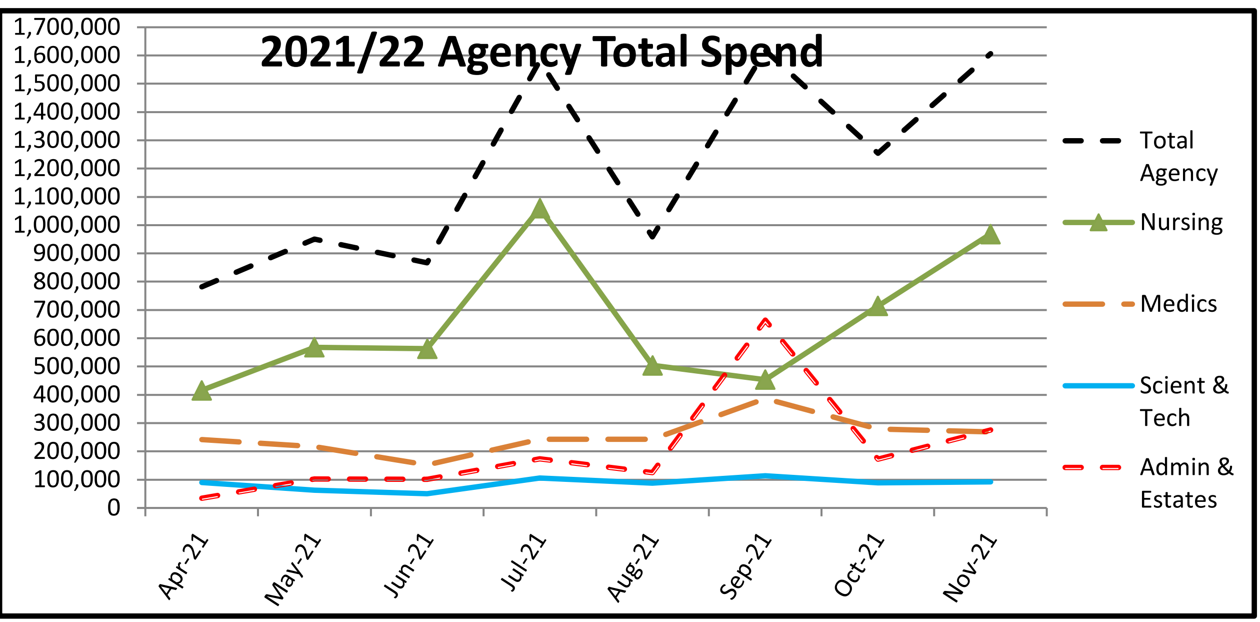
These will be monitored closely going forward as costs are expected to increase due to winter pressures and a continued emphasis on elective recovery where capacity allows.

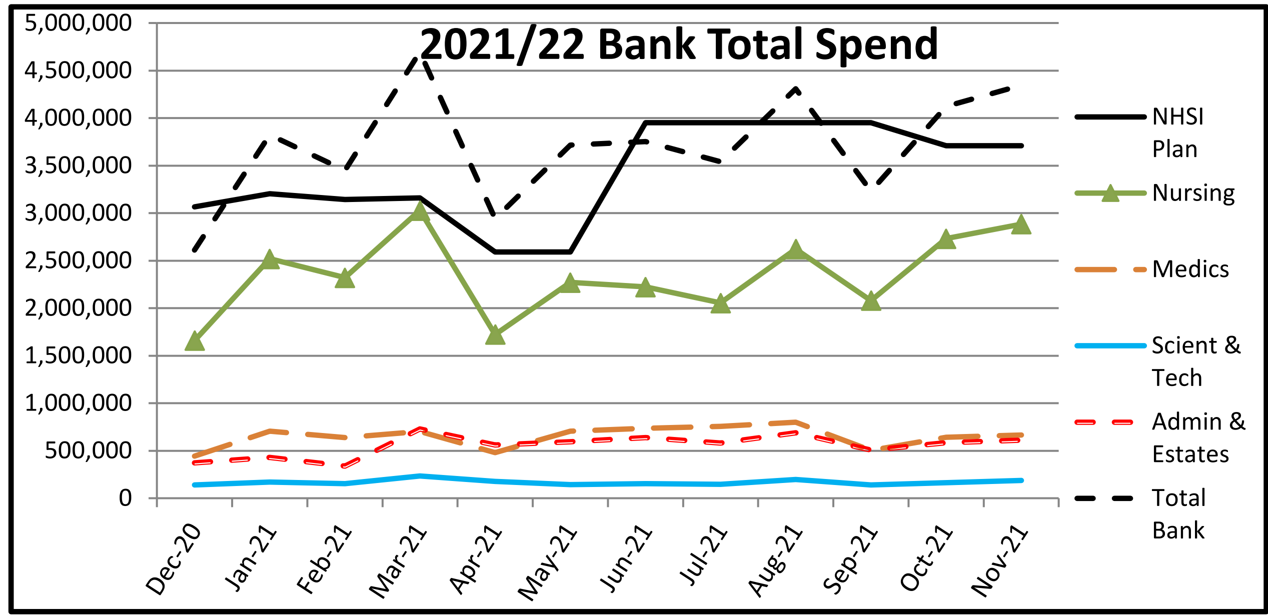


## Temporary Staff Costs

Agency spend has increased month on month by £0.35m. The increase in nursing staff costs (£0.25m) was driven by an increased use of Agency unqualified nurses (HCAs) and the £0.1m increase in admin and estates staff costs was driven by the Vaccine Hub. Other staff groups were flat month on month.

Expenditure on bank staff has increased month on month (£0.2m) with the increase driven by Band 5 nurses in Critical Care (£0.15m).



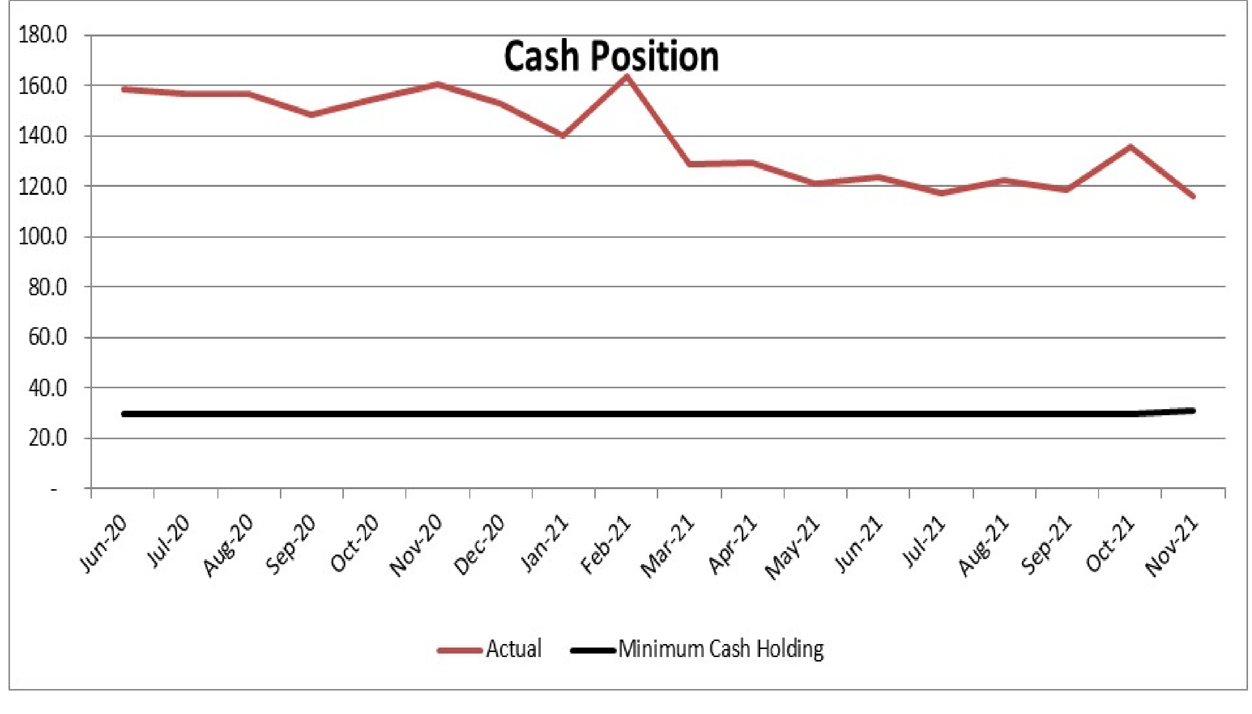



## Cash

The cash balance decreased in November to £115.8m mainly due to an increase in receivables and a reduction in payables analysed in the movements on the Statement of Financial Position.

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 internal capital schemes is £30m compared to a budgeted spend of £33.2m. This is 90% of planned YTD spend.

Total expenditure in M8 was £3.4m due mainly to a high level of expenditure on the ED expansion scheme, but there was also a higher than average level of expenditure on IT schemes and medical equipment.

Spend on internal capital schemes must equate to £19.9m in the remaining four months of the year in order to deliver to plan. Strategic maintenance is the area of greatest concern with regards to potential slippage and more work is being done to evaluate the risk and potential mitigations in this area, however, the estates team remain confident of delivery.

Accelerator capital of £0.46m has been moved to externally funded following national guidance, meaning we are now forecasting delivery of the capital plan at £49.8m.

| Internally Funded Schemes | 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 | 0 | 103 | (103) | 11,941 | 10,074 | 1,867 | 11,941 | 10,520 | 1,421 |
| Strategic Maintenance | 515 | 183 | 332 | 3,092 | 1,904 | 1,188 | 6,183 | 8,923 | (2,740) |
| ED Expansion and Refurbishment | 0 | 1,827 | (1,827) | 5,791 | 5,854 | (63) | 5,791 | 6,192 | (401) |
| Information Technology Programme | 500 | 525 | (25) | 2,500 | 2,374 | 126 | 5,000 | 5,000 | 0 |
| Wards | 600 | 4 | 596 | 1,200 | 19 | 1,181 | 4,000 | 16 | 3,984 |
| Ophthalmology OPD | 307 | 184 | 123 | 3,303 | 2,919 | 384 | 3,303 | 3,081 | 222 |
| Maternity Induction Suite | 233 | 6 | 227 | 466 | 6 | 460 | 2,000 | 98 | 1,902 |
| Pathology Digitisation | 117 | 110 | 7 | 588 | 241 | 347 | 1,171 | 1,055 | 116 |
| Medical Equipment | 83 | 329 | (246) | 500 | 1,072 | (572) | 1,000 | 2,016 | (1,016) |
| NICU Pendants | 224 | 0 | 224 | 896 | 4 | 892 | 896 | 337 | 559 |
| Oncology Ward | 0 | 50 | (50) | 861 | 596 | 265 | 861 | 776 | 85 |
| Decorative / Environment Improvements | 42 | 0 | 42 | 252 | 0 | 252 | 500 | 200 | 300 |
| Side Rooms | 0 | 6 | (6) | 490 | 526 | (36) | 490 | 551 | (61) |
| IMRI | 0 | 0 | 0 | 0 | 0 | 0 | 400 | 2,115 | (1,715) |
| Other Projects / Donated Equipment | 140 | 48 | 92 | 1,797 | 2,079 | (282) | 2,660 | 2,678 | (18) |
| Slippage | (316) | 0 | (316) | (3,768) | 0 | (3,768) | (5,035) | 0 | (5,035) |
| **Total Trust Funded Capital excl Finance Leases** | **2,445** | **3,375** | **(930)** | **29,909** | **27,669** | **2,240** | **41,161** | **43,558** | **(2,397)** |
| Finance Leases - IISS | 800 | 0 | 800 | 1,430 | 374 | 1,056 | 5,230 | 2,074 | 3,156 |
| Finance Leases - MEP | 183 | 86 | 97 | 1,100 | 606 | 494 | 2,200 | 1,183 | 1,017 |
| Finance Leases - Equipment | 491 | 193 | 298 | 1,557 | 2,008 | (451) | 3,141 | 5,197 | (2,056) |
| Donated Income | (146) | (140) | (6) | (820) | (603) | (217) | (1,921) | (2,104) | 183 |
| **Total Trust Funded Capital Expenditure** | **3,773** | **3,514** | **259** | **33,176** | **30,053** | **3,123** | **49,811** | **49,908** | **(97)** |
| Profit on Disposal | 0 | (97) | 97 | 0 | (97) | 97 | 0 | (97) | 97 |
| **Total Including Technical Adjustments** | **3,773** | **3,417** | **356** | **33,176** | **29,956** | **3,220** | **49,811** | **49,811** | **0** |

**2021/22 Finance Report - Month 8**

## Capital Expenditure

(Fav Variance) / Adv Variance

The Trust has been successful in securing a significant level of additional external capital funding for IT and other equipment, which must be fully utilised within the financial year. This has generated an additional £8.7m in capital funding for the trust above planned levels.

This additional funding has meant that the total forecast capital expenditure for the year has risen to £62.4m. Plans are in place to achieve this, but it will require over £10m to be spent on externally funded capital schemes in the last 4 months of the financial year. There is no slippage forecast included for any nationally funded schemes.

| Externally Funded Schemes | 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 |
| Accelerator Funded Equipment | 0 | 130 | (130) | 0 | 253 | (253) | 0 | 460 | (460) |
| Fit out of E level. Vertical Extension - Theatres | 0 | 0 | 0 | 700 | 700 | 0 | 700 | 700 | 0 |
| Maternity Care System (Wave 3 STP) | 192 | 417 | (225) | 960 | 1,253 | (293) | 1,917 | 1,917 | 0 |
| Digital Outpatients (Wave 3 STP) | 81 | 12 | 69 | 408 | 125 | 283 | 814 | 814 | 0 |
| LIMS Digital Enhancement | 38 | 0 | 38 | 304 | (0) | 304 | 455 | 923 | (468) |
| RAAC Planking | 0 | 0 | 0 | 0 | 25 | (25) | 0 | 25 | (25) |
| 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) |
| Cardiology Outpatients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 620 | (620) |
| Critical Care Equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 310 | (310) |
| Information Technology Programme | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,140 | (2,140) |
| Surface Guided Radiotherapy amd Bracytherapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,130 | (1,130) |
| TRE Research Project | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 333 | (333) |
| Cyber Security | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 60 | (60) |
| Endoscopy Academy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100 | (100) |
| Radiology Academy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 194 | (194) |
| **Total External CDEL Expenditure** | **311** | **559** | **(248)** | **2,372** | **2,356** | **16** | **3,886** | **12,593** | **(8,707)** |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Total CDEL Expenditure** | **4,084** | **3,976** | **108** | **35,548** | **32,312** | **3,211** | **53,697** | **62,404** | **(8,707)** |

## Statement of Financial Position

(Fav Variance) / Adv Variance

The November statement of financial position illustrates net assets of £440.7m, with the main movements in the position explained below.

The £6.3m increase in receivables is driven by an increase in Chilworth income accruals (£4m).

The £13.3m decrease in payables in driven by reductions in NHS Supply Chain (£1.9m), Microsoft (£0.6m) and NHS Professionals (£3.4m). There has been focused effort in this area in order to deliver better payment practice code compliance.

The reduction in cash of £20.1m can be correlated to the movements in receivables and payables.

| Statement of Financial Position | 2020/21 | 2021/22 | | |
|---|---|---|---|---|
| | YE Actuals £m | M7 Act £m | M8 Act £m | MoM Movement £m |
| Fixed Assets | 419.4 | 431.8 | 433.2 | 1.4 |
| Inventories | 14.7 | 17.5 | 18.2 | 0.8 |
| Receivables | 67.4 | 68.3 | 74.6 | 6.2 |
| Cash | 129.0 | 135.9 | 115.8 | (20.1) |
| Payables | (171.6) | (203.6) | (190.4) | 13.3 |
| Current Loan | (2.7) | (2.0) | (2.0) | 0.0 |
| Current PFI and Leases | (9.0) | (8.8) | (8.8) | 0.0 |
| **Net Assets** | **447.2** | **439.1** | **440.7** | **1.6** |
| Non Current Liabilities | (18.3) | (18.0) | (18.0) | 0.0 |
| Non Current Loan | (8.5) | (7.5) | (7.2) | 0.3 |
| Non Current PFI and Leases | (36.3) | (33.4) | (32.9) | 0.5 |
| **Total Assets Employed** | **384.0** | **380.2** | **382.6** | **2.4** |
| Public Dividend Capital | 246.0 | 247.4 | 247.4 | 0.0 |
| Retained Earnings | 114.0 | 108.9 | 111.3 | 2.4 |
| 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** | **380.2** | **382.6** | **2.4** |

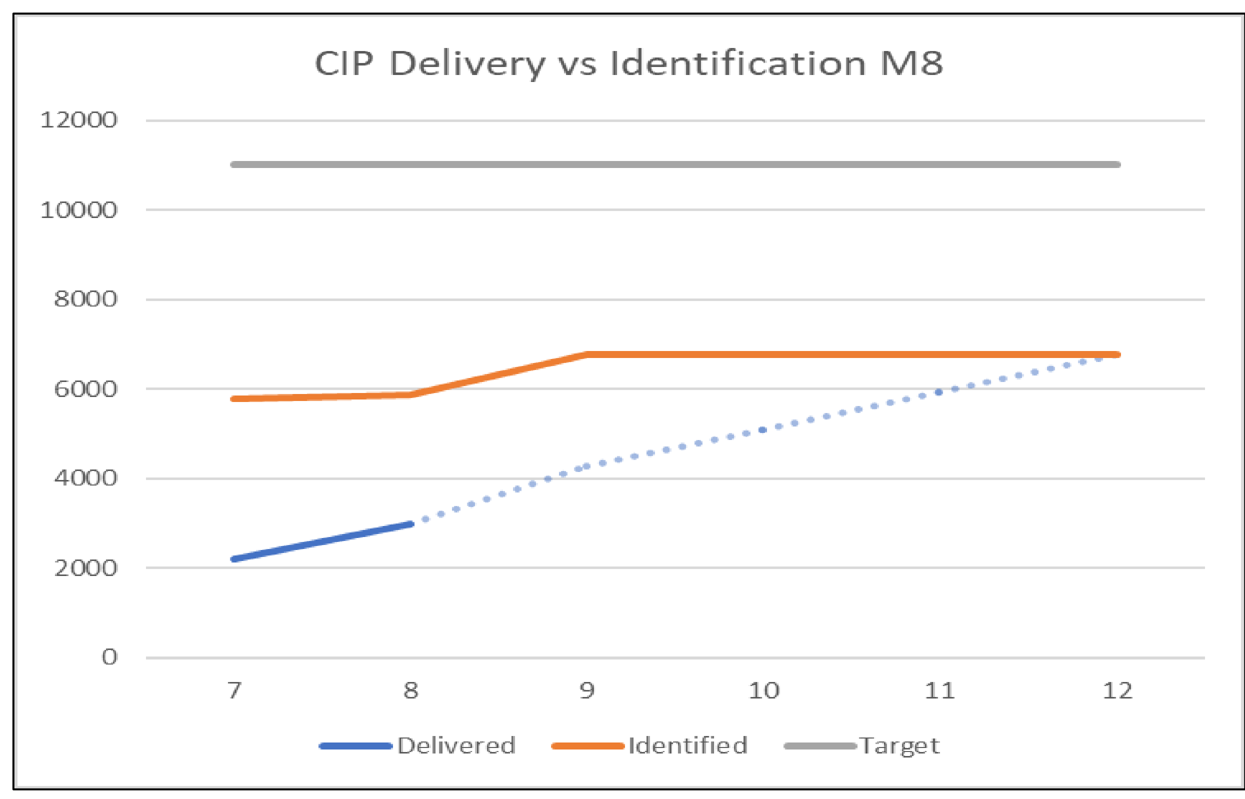
**2021/22 Finance Report - Month 8**

## Value for Money

Prior to a request for additional efficiency of £5.5m as part of the 21/22 Half Two plan, UHS had identified sufficient CIP schemes to achieve the agreed target of £5.5m. We believe that delivery of a full year value between £5.5m and £6.5m is achievable.

To the end of M8, £2.9m of benefit has been transacted (£1.8m of which are recurrent). As part of 21/22 Half Two plan, UHS has agreed an additional efficiency requirement of £5.5m, taking the total cash releasing efficiency improvement now required in 21/22 to £11m.

Most of the additional requirement remains unidentified at present, further work will be undertaken with corporate teams to identify opportunities to deliver additional value, and with clinical and operational colleagues to deliver the existing identified value in full.




Key: dotted blue line indicates forecast of delivery for M9-12, based on current identified schemes and planned delivery by start date.

<table>
<tr><td colspan="5">Report to the Trust Board of Directors</td></tr>
<tr><td>Title:</td><td colspan="4">Integrated Performance Report 2021/22 Month 8 (Final Report)</td></tr>
<tr><td>Agenda item:</td><td colspan="4">12.2</td></tr>
<tr><td>Sponsor:</td><td colspan="4">David French, Chief Executive Officer</td></tr>
<tr><td>Date:</td><td colspan="4">21 December 2021</td></tr>
<tr><td>Purpose</td><td>Assurance or reassurance<br>Y</td><td>Approval</td><td>Ratification</td><td>Information</td></tr>
<tr><td>Issue to be addressed:</td><td colspan="4">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</td></tr>
<tr><td>Response to the issue:</td><td colspan="4">The Integrated Performance Report reflects the current operating environment and is aligned with our strategy.</td></tr>
<tr><td>Implications:<br>(Clinical, Organisational, Governance, Legal?)</td><td colspan="4">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.</td></tr>
<tr><td>Risks: (Top 3) of carrying out the change / or not:</td><td colspan="4">This report is provided for the purpose of assurance.</td></tr>
<tr><td>Summary: Conclusion and/or recommendation</td><td colspan="4">This report is provided for the purpose of assurance.</td></tr>
</table>

# Integrated KPI Board Report

covering up to

November 2021

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

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

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

This month the appendix has been updated to:

- Extend, across a wider range of measures, the piloted method of benchmarking performance to both the peer teaching hospital and South East region comparator groups.

## Summary

This month the 'Spotlight' section features:

1.Cancer waiting times

A spotlight on cancer waiting times performance by service was provided in the July board report. This month cancer performance is presented for scheduled review. Recent months have been characterised by a persistent deterioration against the 'two weeks wait' standard, and a shorter-term deterioration in performance against the '31 day' standard for first treatments. Performance against the '62 day' standard from referral to first treatment continues to compare well compared to other teaching hospitals but is significantly below the national target.

2.Retention

A spotlight on retention was agreed at the November board meeting. UHS 'turnover' rates are currently at 13.5% per annum (above the internal target of 12%) and have been rising. Elevated rates of turnover are a concern and detract from our aim to fill vacant positions and provide the workforce capacity to maintain and improve patient services.

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

1.This is the final version of the report, it has been updated to include referral to treatment and diagnostic waiting time information for November which were not available at an earlier date.

2.The percentage of patients spending less than four hours in the main Emergency Department recovered slightly by 5.1% to 71.7%, associated with a modest reduction in the very high number of attendances.

3.The number of patients with a hospital acquired or probable hospital associated COVID-19 infection increased to a total of 22 in the month of November.

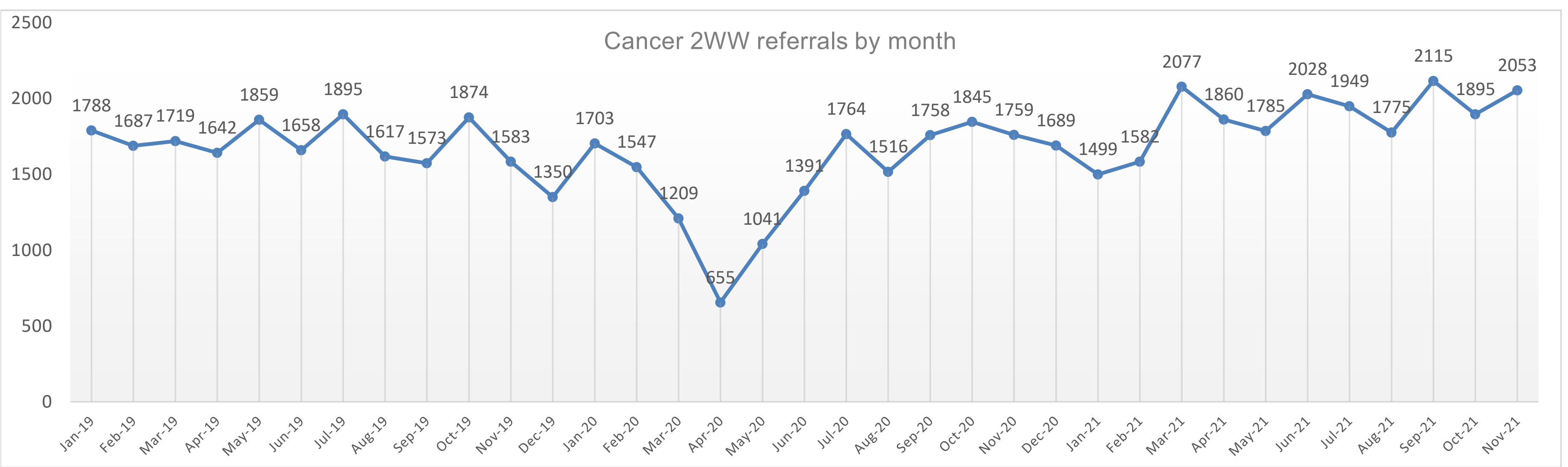
## Spotlight Subject - Cancer waiting times

Through the pandemic UHS has maintained its cancer services to ensure that our patients are able to receive the urgent treatment required. UHS is a specialist hospital, whilst also being a District General Hospital (DGH) for our local population, meaning that our cancer services are under pressures not seen in other hospitals in Wessex, though replicated at other large teaching hospitals across the country.

Since the country came out of COVID-19 'lockdown', we have seen an increase in referrals. This was driven by a number of factors: patients regaining the confidence to go to their GPs for ailments that started during the COVID-19 pandemic, increased national cancer awareness campaigns, and events raising awareness of cancer amongst the public. Increased referrals have impacted our performance, and although we are reallocating capacity where possible, we have not been able to retain performance at our historic levels. However, we still benchmark well relative to our peer acute teaching hospital trusts.

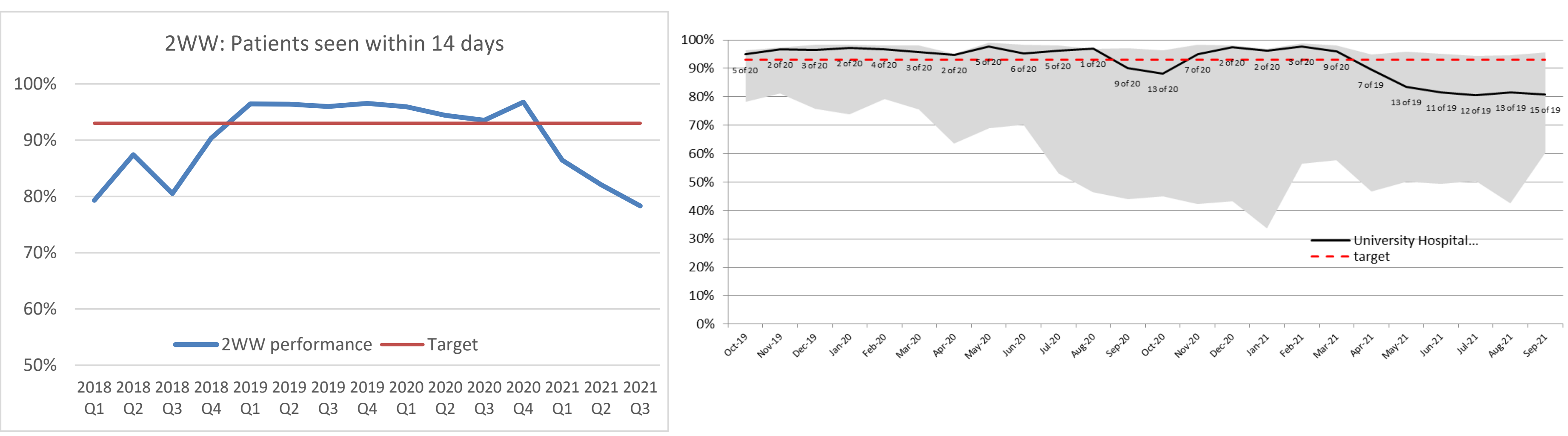
**Two Week Wait (2WW) Suspected Cancer Referrals**

- Suspected cancer referrals reduced through the first COVID-19 peak as fewer patients were seen in primary care.
- This quickly recovered after 'lockdown' (June 2020) to approximately 1,700 referrals per month, in line with pre-COVID levels.
- Between March and November 2021 referrals have been 14% higher than in the equivalent period in 2019, at approximately 1,950 per month compared to 1,710 per month. This followed a period of social restrictions in the winter of 2020/21.



**2WW Performance (first consultant led appointment to be achieved within 14 days of referral)**

- Through 2021 we have seen a decline in 2WW performance linked to higher referral volumes - predominantly in the Breast and Gynaecology services. UHS performance is currently 78% compared to the national target of 93%. Performance has also deteriorated relative to peer hospitals, from second in our peer group at the start of 2021 to 15th of 19 in September 2021.
- Breast referrals are now 10% higher than 2019 (approximately 450 vs 410 referrals per month) and a particular challenge has been experienced in months where referrals have 'spiked', for example in October 2020 (564), March 2021 (522), and Nov 2021 (490).
- Gynaecology referrals are now 15% higher than 2019 (approximately 130 vs 110 referrals per month). Again, particularly busy months have impacted the service.




Increasing capacity to match the increased demand has proved challenging, with the availability of suitably qualified staff being the major constraint, together with the need for these staff to also respond to the need for treatments for the newly diagnosed cancers.

Actions that have been put in place include the following:

- Breast 2WW appointments are now being booked at 21 days, compared to 28 days in November (and the target of 14 days). Additional consultants have increased clinic capacity, with 180 slots per week now available (to support a current weekly demand of 110 2WW referrals, in addition to the patients being 'recalled' from the breast screening service).
- Gynaecology capacity has been managed by reducing the number of routine appointments, and working with the Wessex Cancer Alliance developing a project to undertake 2WW jointly between UHS and Portsmouth Hospitals University NHS Trust.

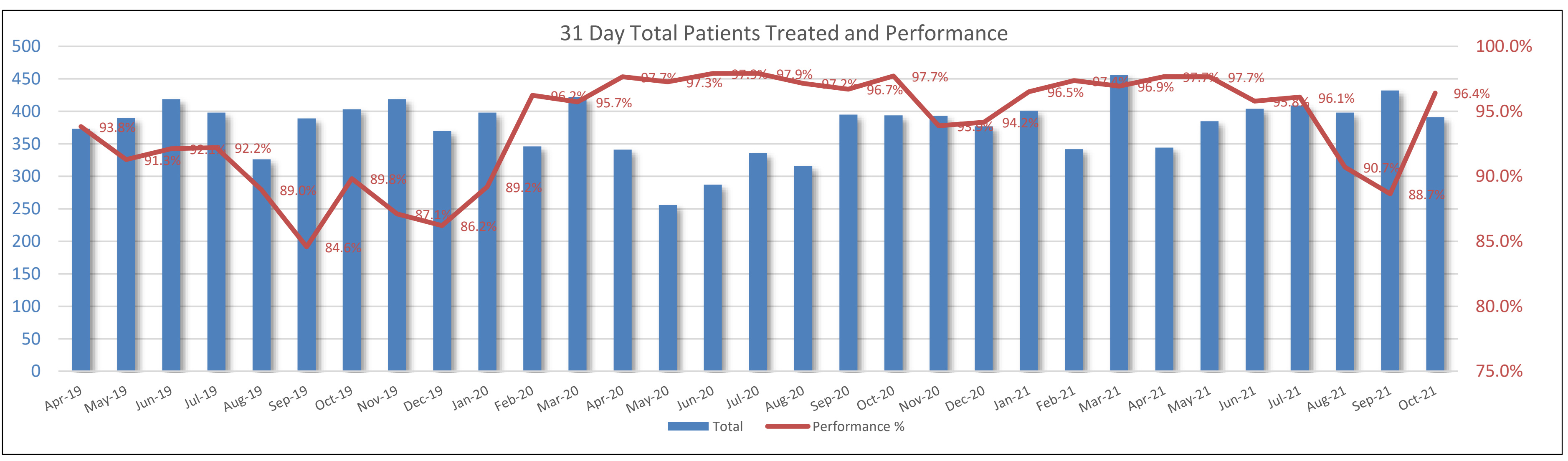
Provisional UHS data for November suggests a modest improvement in performance to 78%, and close monitoring and ongoing support will be provided to establish whether these actions will deliver a full recovery in performance given further time.

**31 Day Performance (first definitive treatment to be started within 31 days of a decision to treat for cancer)**

Although activity has been broadly stable and in line with pre-pandemic levels, performance against the 31 day standard during quarter two was impacted by consultants being diverted to 2WW clinics, and also by critical care capacity constraints at UHS which caused some surgical procedures to be delayed. This caused UHS to slip into the third quartile when comparing against peer hospitals. However, performance in October has returned to above target levels (96.4% compared to 96% target), through the actions of our teams.

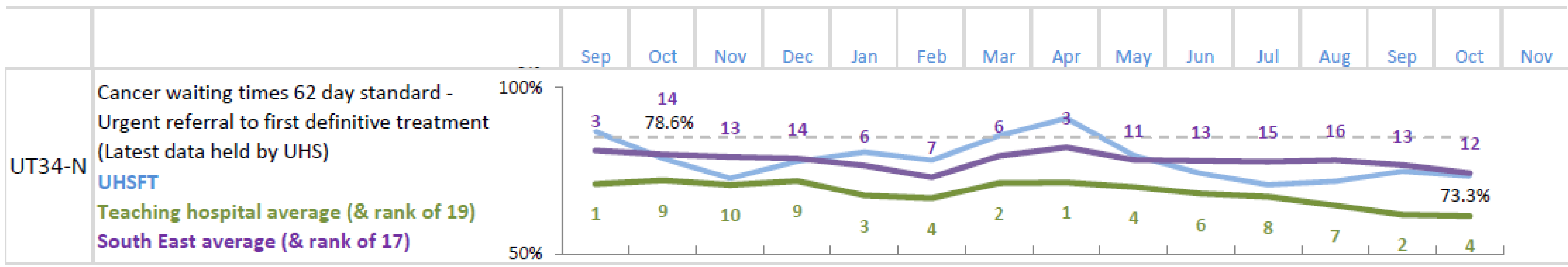
**Actions taken to improve 31 Day performance**

- The Breast team have revised theatre schedules to increase capacity in January, increased use of the independent sector, and recruited replacement and additional consultants (two substantive, one locum) into the team.
- The Gynaecology team have used quality improvement techniques to improve clinic scheduling, and a replacement consultant has now been recruited to start in the new year.
- 'Level 1+' beds on ward E8 opened on 1 November and 30 patients have now been treated in the unit. This provides an alternative, for suitable patients, to intensive care/high care.
- Expanded use of independent sector capacity, for cancer patients requiring a high care bed post operatively, commenced in mid- November.



**62 Day Performance (first definitive treatment to be started within 62 days of referral)**
As a result of the referral and treatment challenges, our 62 day performance has also been impacted. Performance in October 2021 was 73% compared to the national target of 85%. UHS benchmarks in the upper quartile on 62 day performance compared to our peer teaching hospitals (fourth out of 19 for October 2021).

In common with other tertiary centres, our performance is likely to be impacted by more complex cancer patients who are transferred from other hospitals to receive specialist treatment. When looking at 62 day performance in quarter two a difference can be observed:
- Referred to UHS initially, 75.5%
- Referred to other hospitals in our network initially, 47.5%




In addition to the actions covered above, there are other areas of improvement that we continue to work on:
- Working with Wessex Cancer Alliance (WCA) on pathway changes and future projects (e.g. disadvantaged population/demographics).
- Targeted Lung Health Check to be extended into Portsmouth early in 2022, building on the success of current model.
- Working with WCA and primary care to further develop the use of the Faecal Immunochemical Test (FIT), which may provide an alternative to referral to hospital for some patients, reduce growth in the number of endoscopies undertaken, and release capacity to improve the service for those patients who continue to require an endoscopy.
- Continued expansion of the Rapid Investigation Service (RIS), with WCA, across the region. Also, exploring other pathways that could potentially benefit from this model e.g. sarcoma - self-referral to speed up diagnosis of cancer/other conditions.
- Networks of care, for example Urology, continue to be developed with surrounding trusts to enable capacity for both cancer and non-cancer services in each speciality to be planned across these networks.

# Spotlight Subject - Retention

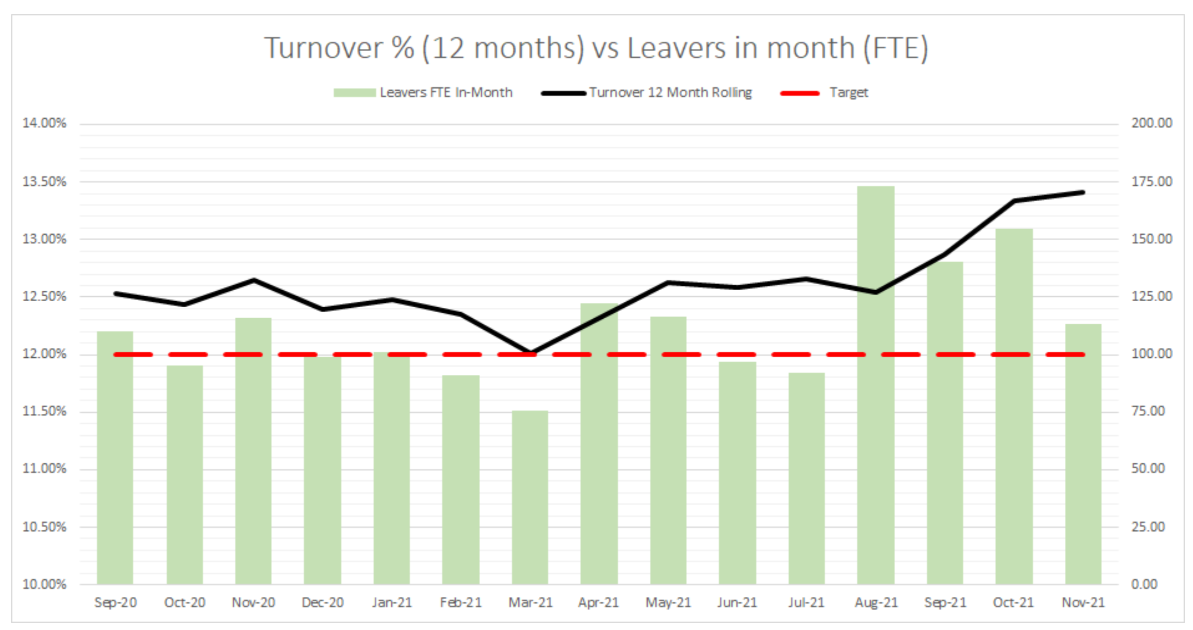
**Background and context**

One of our strategic aims is to support and nurture our people through a culture that values diversity and builds knowledge and skills to provide rewarding career paths.

Reduced 'turnover' (the percentage of staff who leave the organisation) is one of our success measures. Whilst some degree of turnover is healthy for both the organisation and individuals, a persistently high or increasing percentage is a cause for concern.

Elevated levels of turnover detract from our aim to fill vacant positions and provide the workforce capacity to maintain and improve patient services.

Recent staff leaver numbers and turnover percentage are shown below:




Notes:

• In 2020/2021 there were fewer leavers than usual (believed to be an impact of COVID-19)

• A peak in leavers is typically seen in August each year

• Leavers between August and October 2021 have been higher than expected:

  o there have been a higher number of retirees than usual

  o a significant proportion of the leavers have been RNs, HCAs and administrative and clerical staff

**Analysis**

Length of service is a significant factor in our leaver profile:

- most leavers (75%) leave within a five-year tenure;
- half of leavers are within two years.

Beyond five years, the likelihood of an individual leaving the Trust reduces significantly.

The tenure of Healthcare Assistant (HCA) recruits is often very short; since April 2021 156 WTE HCA have left the Trust, of which 50 WTE had worked at UHS for less than six months.

% of leavers by length of Service (Years)
June 2019 - June 2021

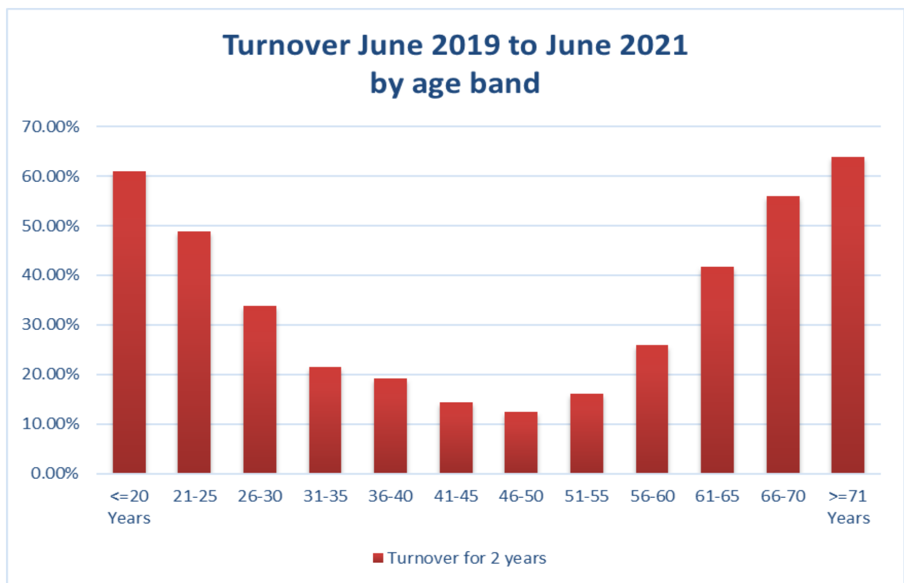
75% of staff choose to leave in 5 years and 5 months

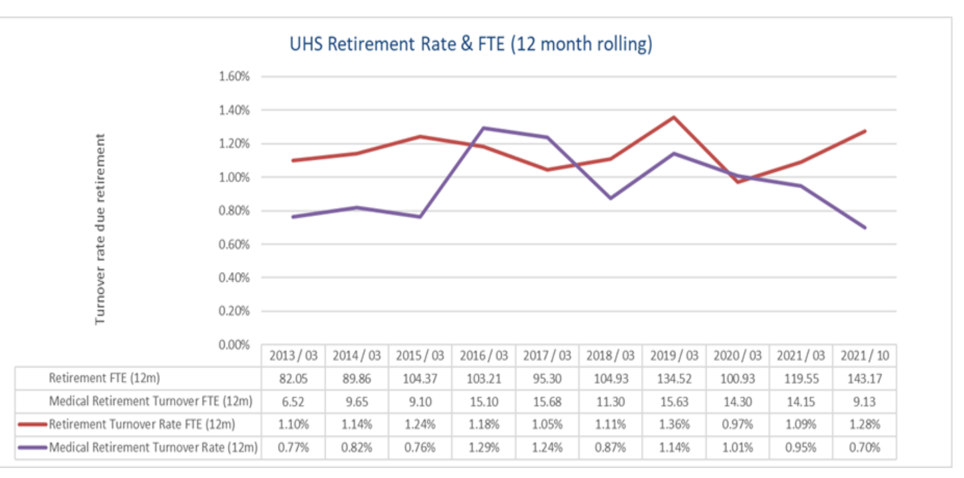
50% of staff choose to leave within 2 years and 1 month

Age

Turnover rates are higher amongst staff under 30 and over 61 years of age.

This suggests targeted retention actions for these two age cohorts may be beneficial in reducing overall turnover. This specifically represents more career transition in early years, a settled period in mid-life, and then retirements in later stages of career. Younger and old staff are a primary target area.






| | 2013 / 03 | 2014 / 03 | 2015 / 03 | 2016 / 03 | 2017 / 03 | 2018 / 03 | 2019 / 03 | 2020 / 03 | 2021 / 03 | 2021 / 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Retirement FTE (12m) | 82.05 | 89.86 | 104.37 | 103.21 | 95.30 | 104.93 | 134.52 | 100.93 | 119.55 | 143.17 |
| Medical Retirement Turnover FTE (12m) | 6.52 | 9.65 | 9.10 | 15.10 | 15.68 | 11.30 | 15.63 | 14.30 | 14.15 | 9.13 |
| Retirement Turnover Rate FTE (12m) | 1.10% | 1.14% | 1.24% | 1.18% | 1.05% | 1.11% | 1.36% | 0.97% | 1.09% | 1.28% |
| Medical Retirement Turnover Rate (12m) | 0.77% | 0.82% | 0.76% | 1.29% | 1.24% | 0.87% | 1.14% | 1.01% | 0.95% | 0.70% |

Retirement

Over nine years, the UHS retirement rate (12 month rolling) has remained relatively stable at approximately 1.2%.

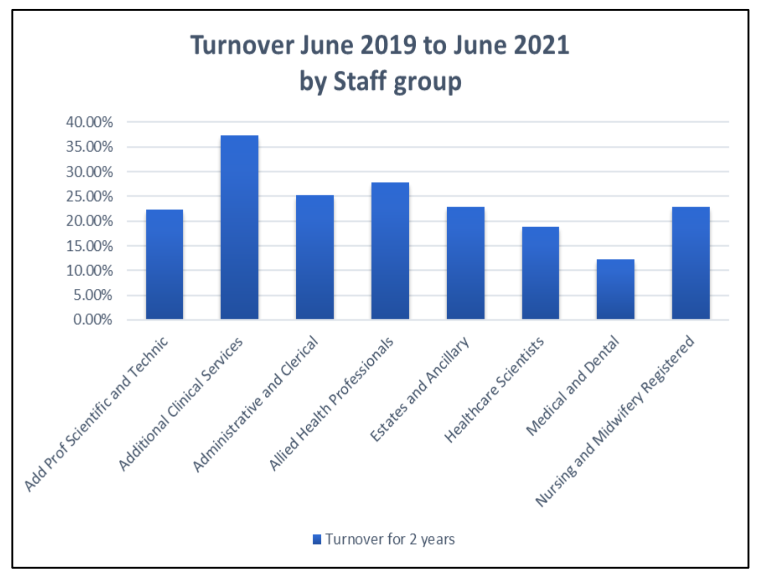
The most recent 12-month period demonstrates retirement rates at the:

• upper extent of normal variation (all staff); and
• lower extent of variation for medical staff specifically.

Almost one-third of staff chose a form of retire and return. When staff return after retiring, they count as a 'starter' when they rejoin.

Staff group

The staff group with the highest turnover rate is Additional Clinical Services, which is mostly due to the proportion of Healthcare Assistants (Bands 2-4) within this group. Another staff group for additional focus is Allied Health Professionals.



Residence of staff

Half of our workforce live within the Southampton City Council area, with the majority of the remainder within Hampshire, Surrey, Dorset and Sussex.

The greater distance staff live from UHS, the more likely it appears they are to leave.

Exit interview analysis

Exit interviews are carried out after an individual has left the organisation, the response rate is typically about 30%.

The People Directorate supports the review of feedback across the organisation, a summary of the results for the second quarter of 2021/22 is documented opposite. 'Personal circumstances' have remained the primary reason for leaving, however 'Excessive workload' and 'Retirement' have increased over the last year.

**Trust-wide actions**

We will continue to increase our focus on staff retention, complementing the importance we place on staff attraction and recruitment.

Trust-wide attention and focus on actions to improve retention are not new concepts. Each division has a retention lead supporting this agenda; there is a well-established Recruitment & Retention Group in place; and retention forms a large part of Trust-wide workforce planning.

In addition, a Hampshire and Isle of Wight (HIOW) integrated care system (ICS) project on retention is underway, supported by NHS England and NHS Improvement, where the UHS Chief People Officer has been asked to be the project Senior Responsible Officer (SRO).

Actions:

- Focus groups by staff group, particularly additional clinical services. A specific focus on HCA retention supported by the HCA support hub that has been set up.
- A focus on generational expectations and support. Focus on the younger workforce and peri-retirement.
- Continued promotion of health and wellbeing opportunities.
- Promoting work-life balance and flexible working opportunities.
- Reviewing career advancement opportunities, improving career conversations through a revised appraisal process.
- Continue to maximise the opportunities for remote working, particularly with growing COVID-19 infection rates.

Retiree-specific actions:

- We aim to create a Retiree Support Network within the Trust with retiree ‘coaches’ supporting managers to have retirement/pension discussions with staff, provide practical support on retire and return, and provide advice and guidance sessions.
- Communications about the McCloud judgement, and the impact on affected staff of legacy (1995/2008) pensions.
- Revised retirement policy due to be approved during the final quarter of 2021/22.
- We will support and signpost staff in practical ways, for example health and wellbeing conversations, staff going through menopause, financial conversations, staff networks.
- Promote and encourage flexible retirement opportunities, supported by clear and transparent policies regarding ‘retire and return’, applied consistently across the organisation. We will provide more framework guidance on this.

# 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

- 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

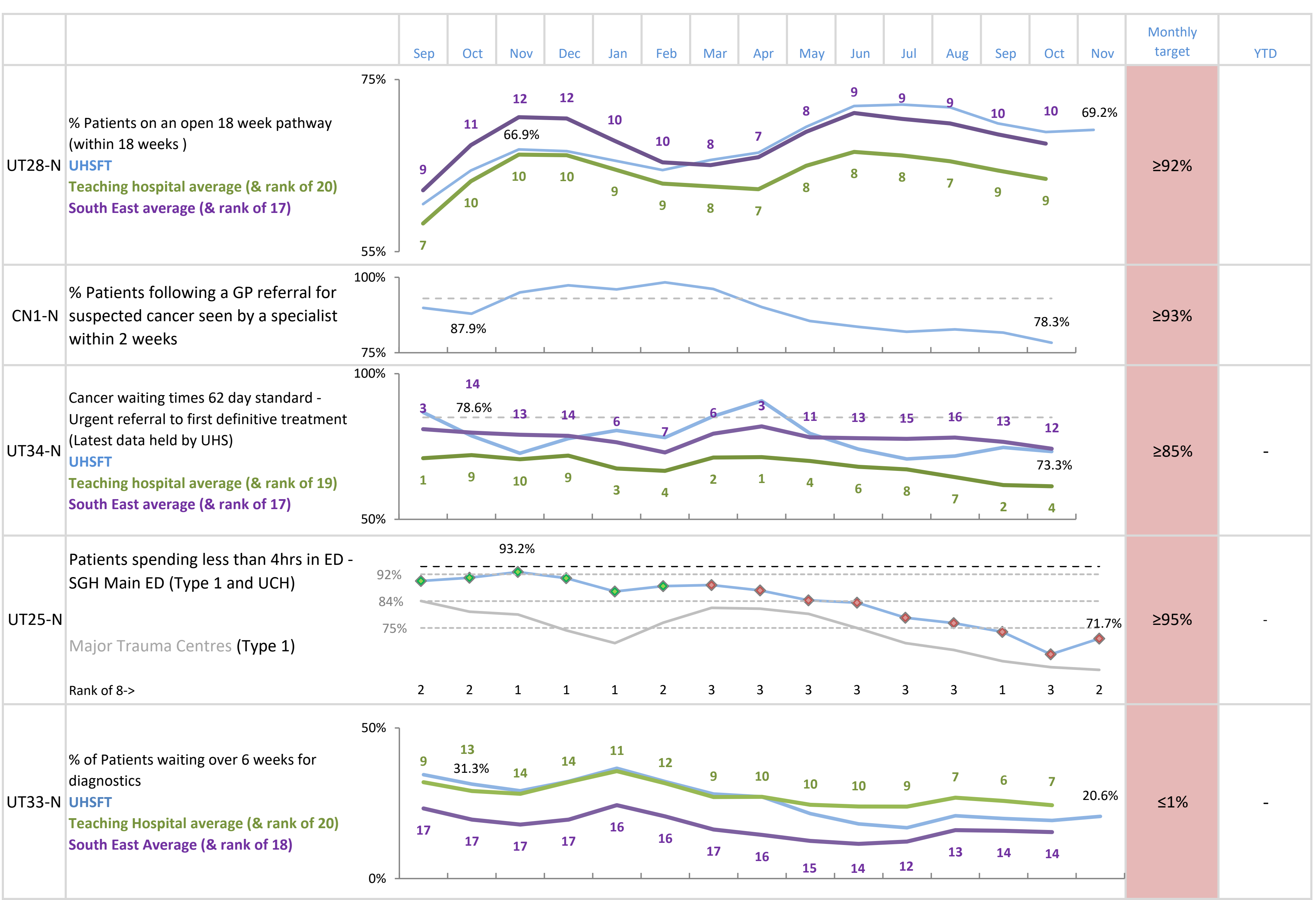
- All patients should receive high-quality care without any unnecessary delay
- Patients can expect to be treated at the right time and according to their clinical priority. Patients with urgent conditions, such as cancer, will be able to be seen and receive treatment more quickly

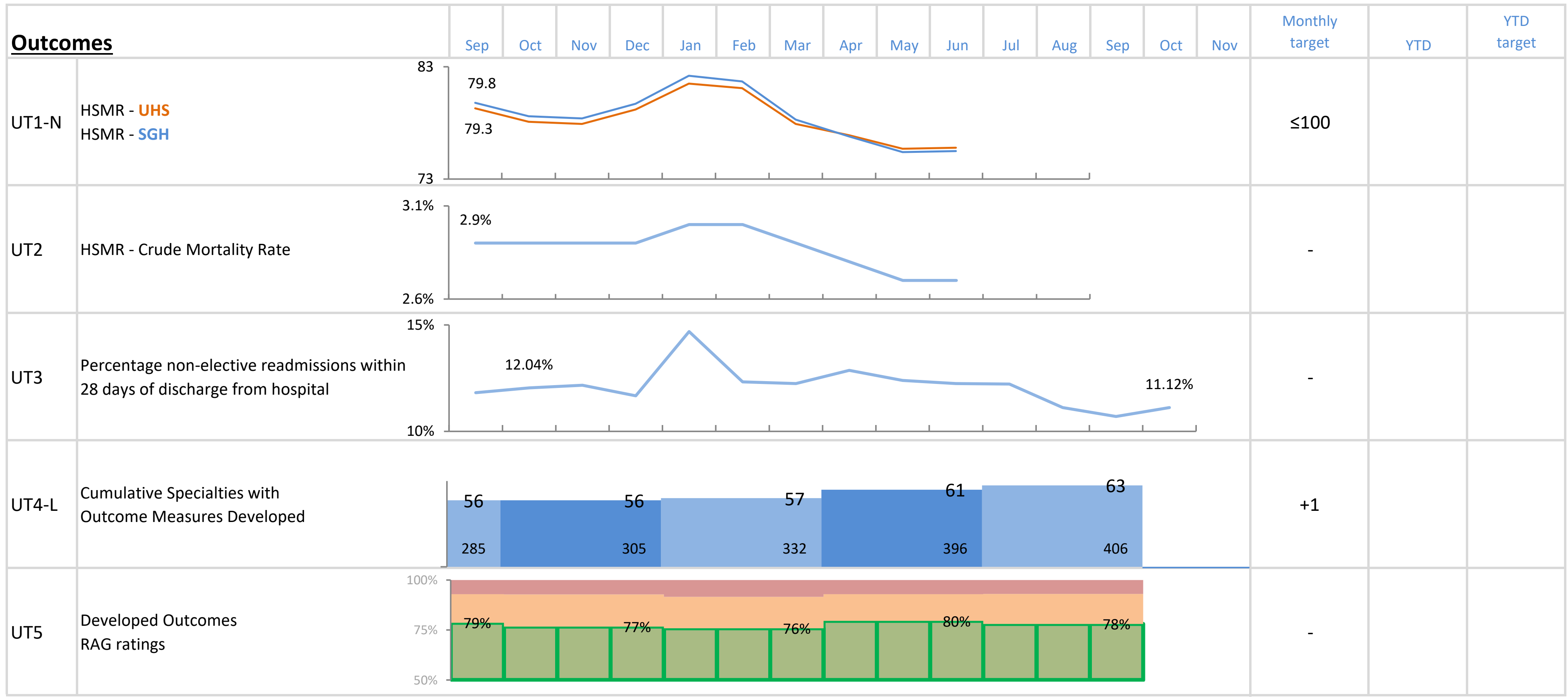
The handbook lists 11 of the government pledges on waiting times that are relevant to UHS services, such pledges are monitored within the organisation and by NHS commissioners and regulators.

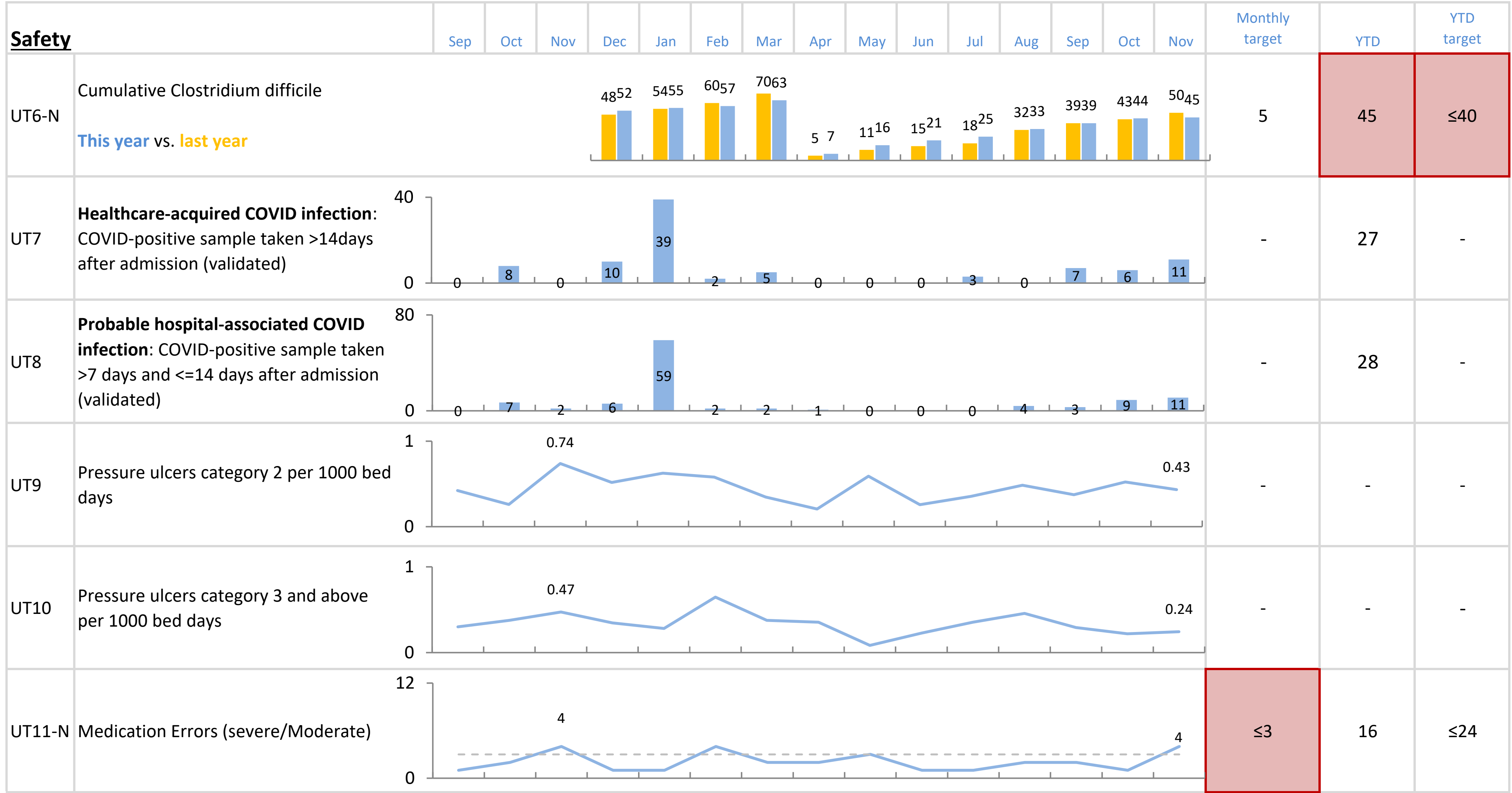
Performance against the NHS rights, and a range of the pledges, is summarised below. Further information is available within the Appendix to this report.

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

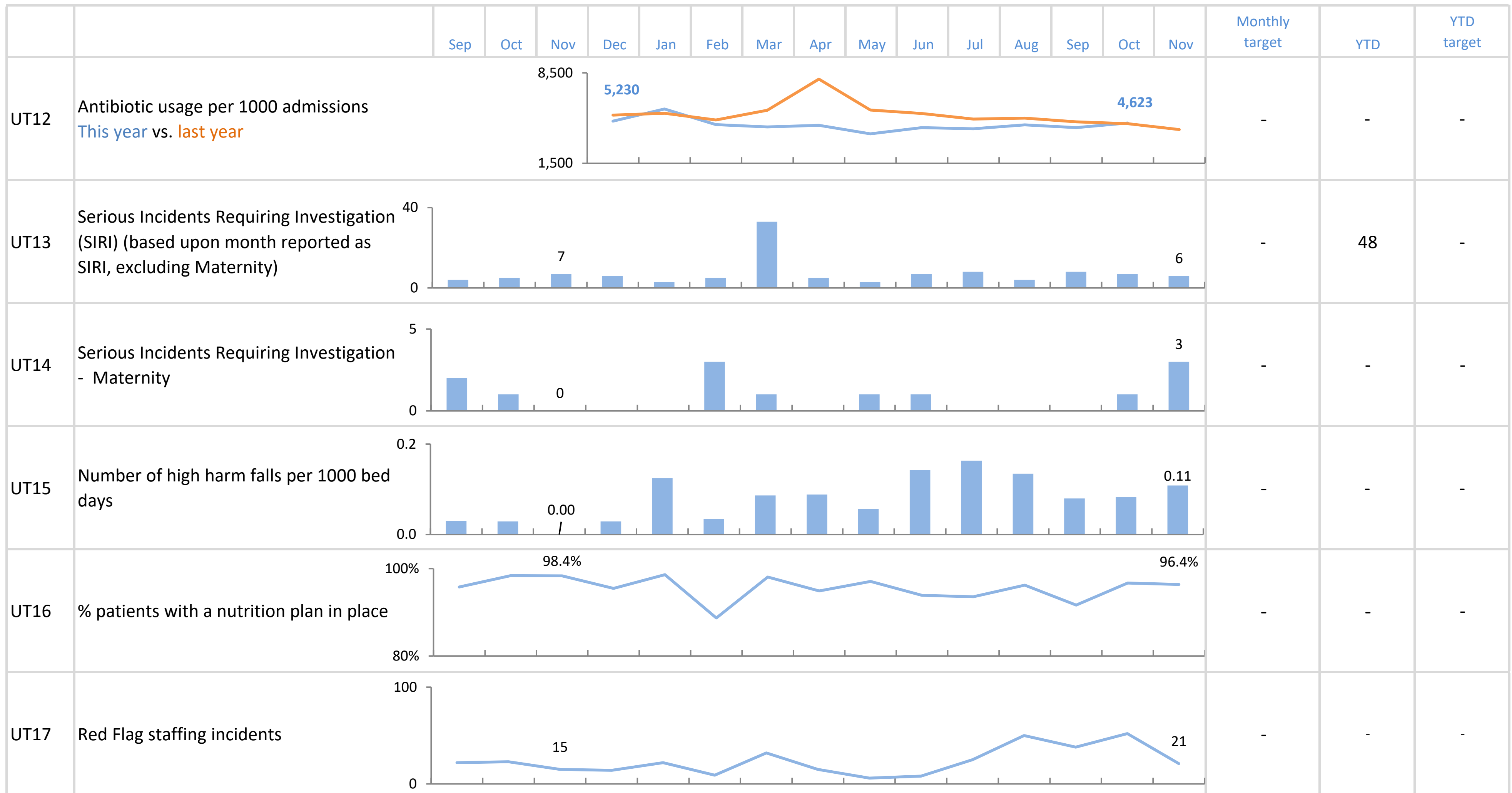
** https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england


Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov
Monthly target
YTD
UT28-N
% Patients on an open 18 week pathway (within 18 weeks )
UHSFT
Teaching hospital average (& rank of 20)
South East average (& rank of 17)
75%
55%
66.9%
69.2%
≥92%
CN1-N
% Patients following a GP referral for suspected cancer seen by a specialist within 2 weeks
100%
75%
87.9%
78.3%
≥93%
UT34-N
Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Latest data held by UHS)
UHSFT
Teaching hospital average (& rank of 19)
South East average (& rank of 17)
100%
50%
78.6%
73.3%
≥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->
2 2 1 1 1 2 3 3 3 3 3 3 1 3 2
92%
84%
75%
93.2%
71.7%
≥95%
-
UT33-N
% of Patients waiting over 6 weeks for diagnostics
UHSFT
Teaching Hospital average (& rank of 20)
South East Average (& rank of 18)
50%
0%
31.3%
20.6%
≤1%
-

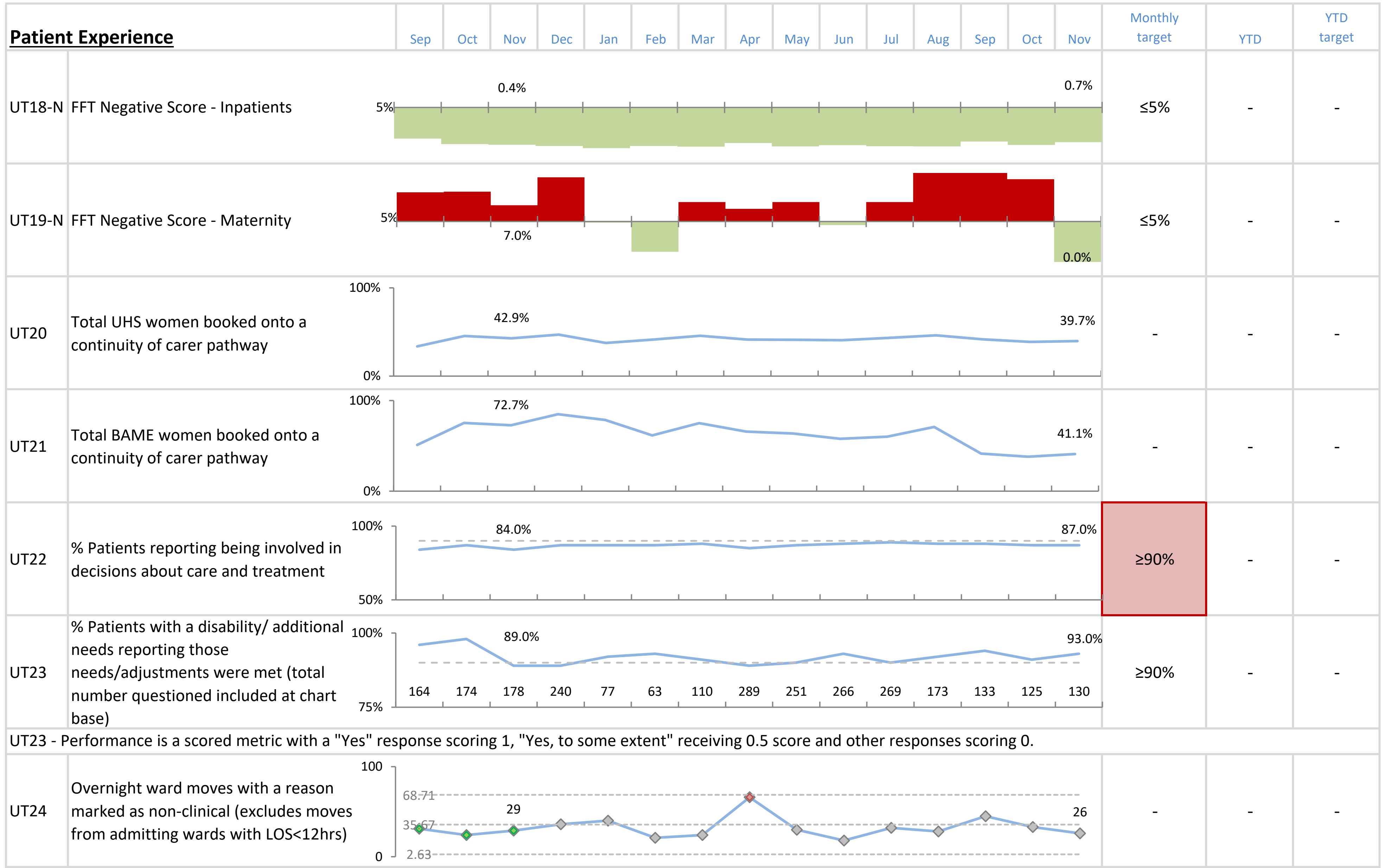

Outcomes
Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov
Monthly target
YTD
YTD target
UT1-N
HSMR - UHS
HSMR - SGH
83
79.8
79.3
73
≤100
UT2
HSMR - Crude Mortality Rate
3.1%
2.9%
2.6%
-
UT3
Percentage non-elective readmissions within 28 days of discharge from hospital
15%
12.04%
11.12%
10%
-
UT4-L
Cumulative Specialties with Outcome Measures Developed
56 56 57 61 63
285 305 332 396 406
+1
UT5
Developed Outcomes RAG ratings
100%
75%
50%
79% 77% 76% 80% 78%
-



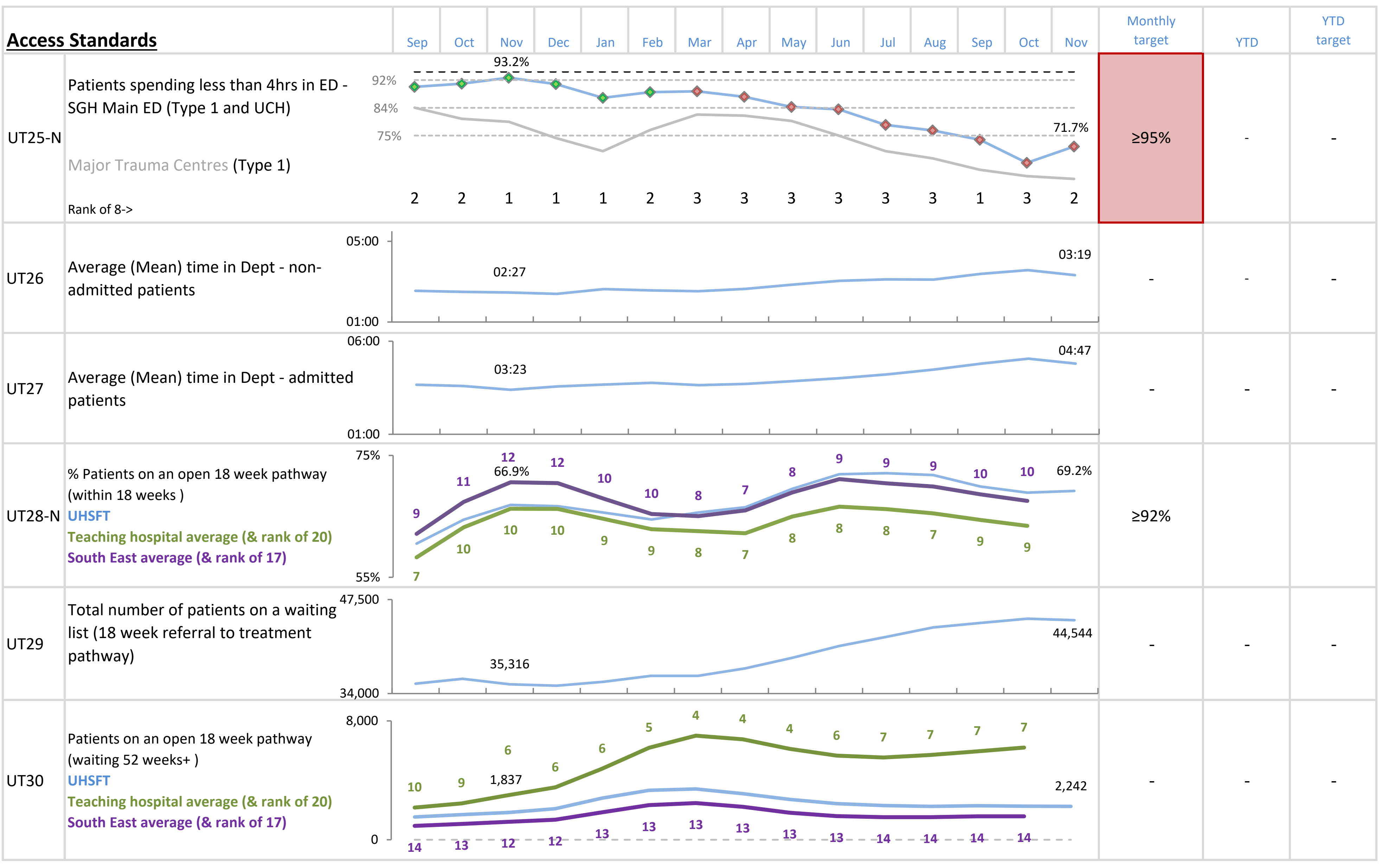
| **Safety** | | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UT6-N | Cumulative Clostridium difficile<br>This year vs. last year | | | | 48 52 | 54 55 | 60 57 | 70 63 | 5 7 | 11 16 | 15 21 | 18 25 | 32 33 | 39 39 | 43 44 | 50 45 | 5 | 45 | ≤40 |
| UT7 | **Healthcare-acquired COVID infection**: COVID-positive sample taken >14days after admission (validated) | 0 | 8 | 0 | 10 | 39 | 2 | 5 | 0 | 0 | 0 | 3 | 0 | 7 | 6 | 11 | - | 27 | - |
| UT8 | **Probable hospital-associated COVID infection**: COVID-positive sample taken >7 days and <=14 days after admission (validated) | 0 | 7 | 2 | 6 | 59 | 2 | 2 | 1 | 0 | 0 | 0 | 4 | 3 | 9 | 11 | - | 28 | - |
| UT9 | Pressure ulcers category 2 per 1000 bed days | | | 0.74 | | | | | | | | | | | | 0.43 | - | - | - |
| UT10 | Pressure ulcers category 3 and above per 1000 bed days | | | 0.47 | | | | | | | | | | | | 0.24 | - | - | - |
| UT11-N | Medication Errors (severe/Moderate) | | | 4 | | | | | | | | | | | | 4 | ≤3 | 16 | ≤24 |

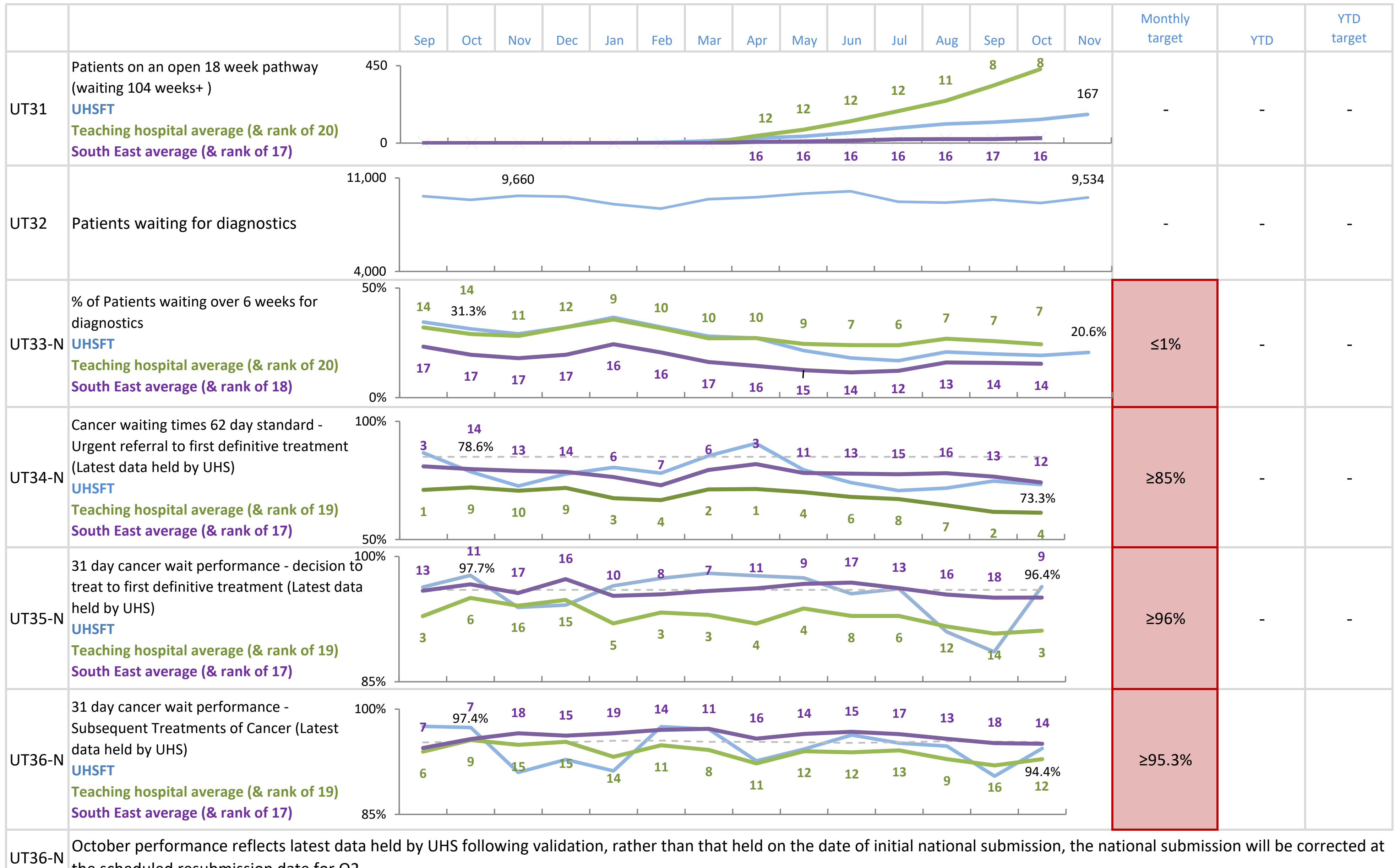


| | | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UT12 | Antibiotic usage per 1000 admissions<br>This year vs. last year | | | | | | | | | | | | | | | | - | - | - |
| UT13 | Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity) | | | | | | | | | | | | | | | | - | 48 | - |
| 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 | | | | | | | | | | | | | | | | - | - | - |

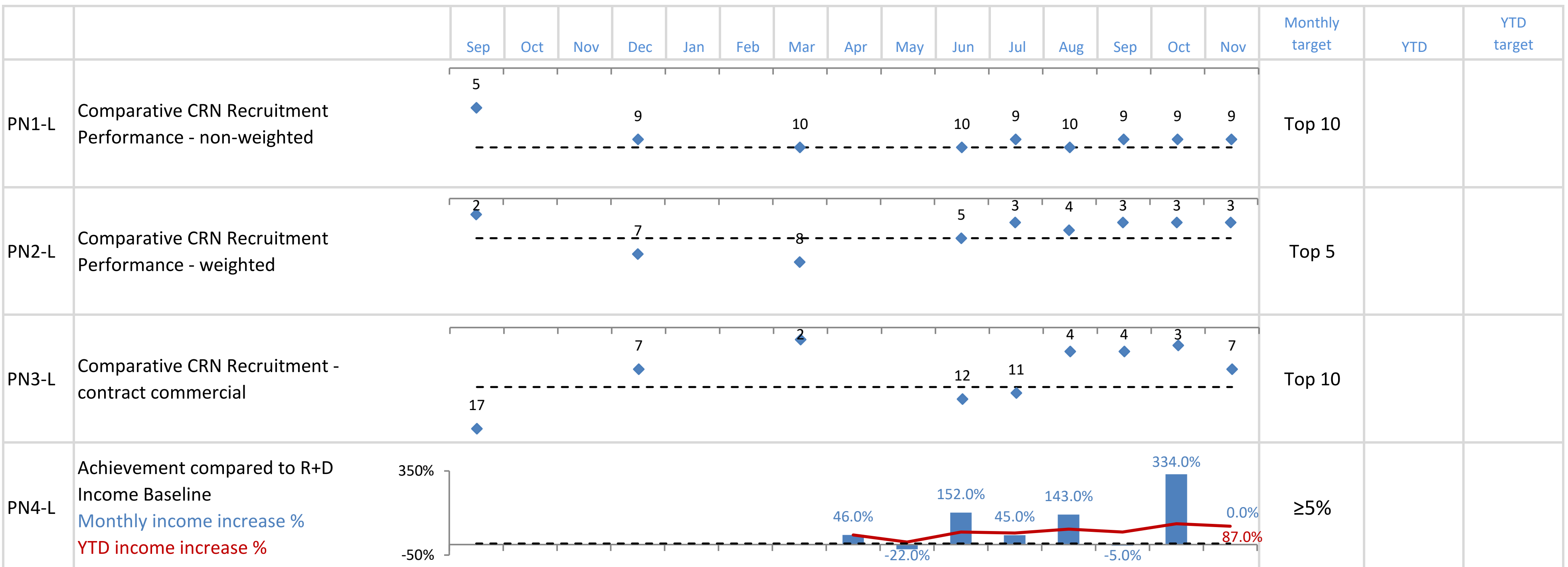


| Patient Experience | | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UT18-N | FFT Negative Score - Inpatients | | | 0.4% | | | | | | | | | | | | 0.7% | ≤5% | - | - |
| UT19-N | FFT Negative Score - Maternity | | | 7.0% | | | | | | | | | | | | 0.0% | ≤5% | - | - |
| UT20 | Total UHS women booked onto a continuity of carer pathway | | | 42.9% | | | | | | | | | | | | 39.7% | - | - | - |
| UT21 | Total BAME women booked onto a continuity of carer pathway | | | 72.7% | | | | | | | | | | | | 41.1% | - | - | - |
| UT22 | % Patients reporting being involved in decisions about care and treatment | | | 84.0% | | | | | | | | | | | | 87.0% | ≥90% | - | - |
| UT23 | % Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base) | 164 | 174 | 178<br>89.0% | 240 | 77 | 63 | 110 | 289 | 251 | 266 | 269 | 173 | 133 | 125 | 130<br>93.0% | ≥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) | | | 29 | | | | | | | | | | | | 26 | - | - | - |

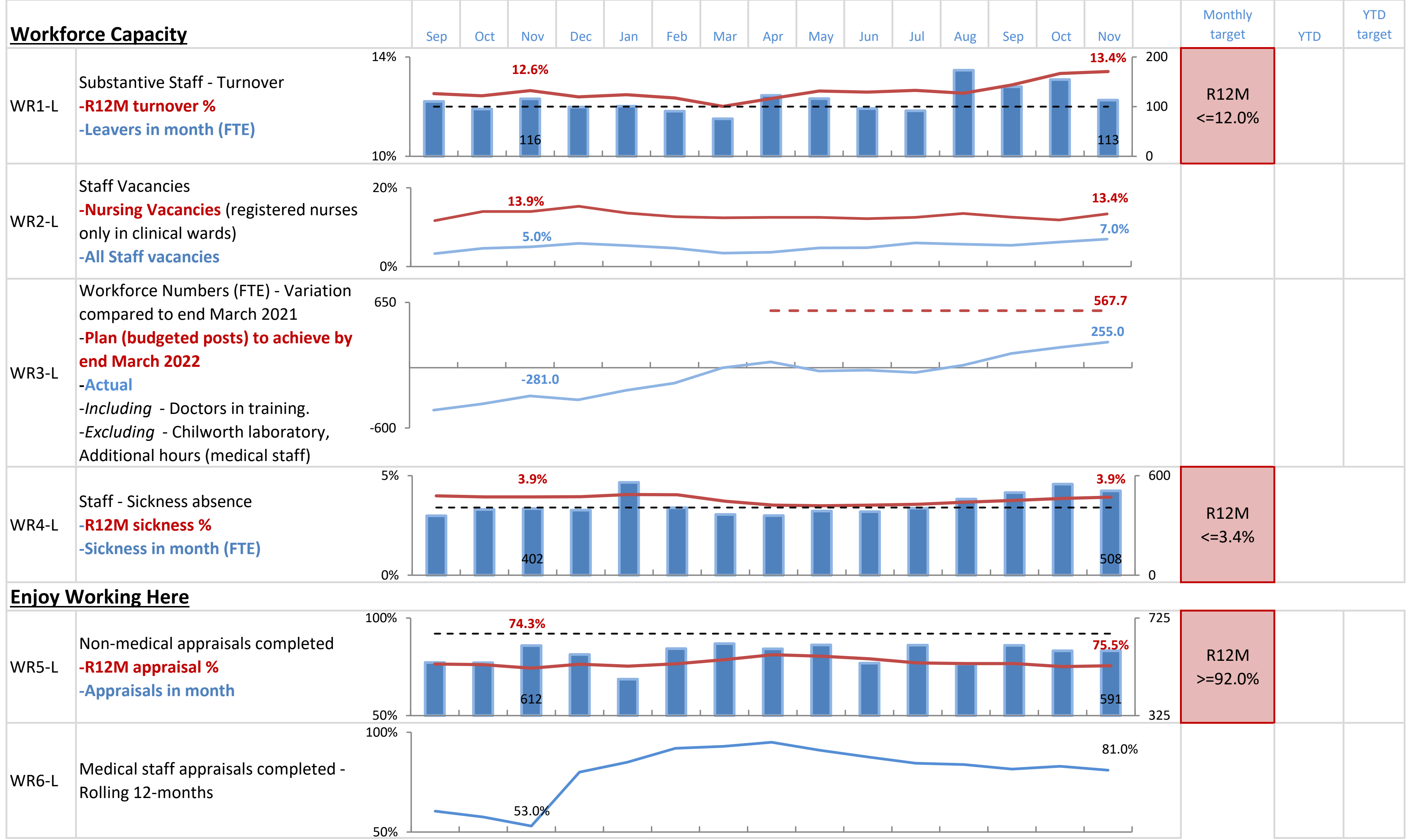

Access Standards
Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov
Monthly target
YTD
YTD target
UT25-N
Patients spending less than 4hrs in ED - SGH Main ED (Type 1 and UCH)
Major Trauma Centres (Type 1)
Rank of 8->
93.2%
92%
84%
75%
71.7%
2 2 1 1 1 2 3 3 3 3 3 3 1 3 2
≥95%
-
-
UT26
Average (Mean) time in Dept - non-admitted patients
05:00
01:00
02:27
03:19
-
-
-
UT27
Average (Mean) time in Dept - admitted patients
06:00
01:00
03:23
04:47
-
-
-
UT28-N
% Patients on an open 18 week pathway (within 18 weeks )
UHSFT
Teaching hospital average (& rank of 20)
South East average (& rank of 17)
75%
55%
66.9%
69.2%
9 11 12 12 10 10 8 7 8 9 9 9 10 10
7 10 10 10 9 9 8 7 8 8 8 7 9 9
≥92%
UT29
Total number of patients on a waiting list (18 week referral to treatment pathway)
47,500
34,000
35,316
44,544
-
-
-
UT30
Patients on an open 18 week pathway (waiting 52 weeks+ )
UHSFT
Teaching hospital average (& rank of 20)
South East average (& rank of 17)
8,000
0
1,837
2,242
10 9 6 6 6 5 4 4 4 6 7 7 7 7
14 13 12 12 13 13 13 13 13 13 14 14 14 14
-
-
-

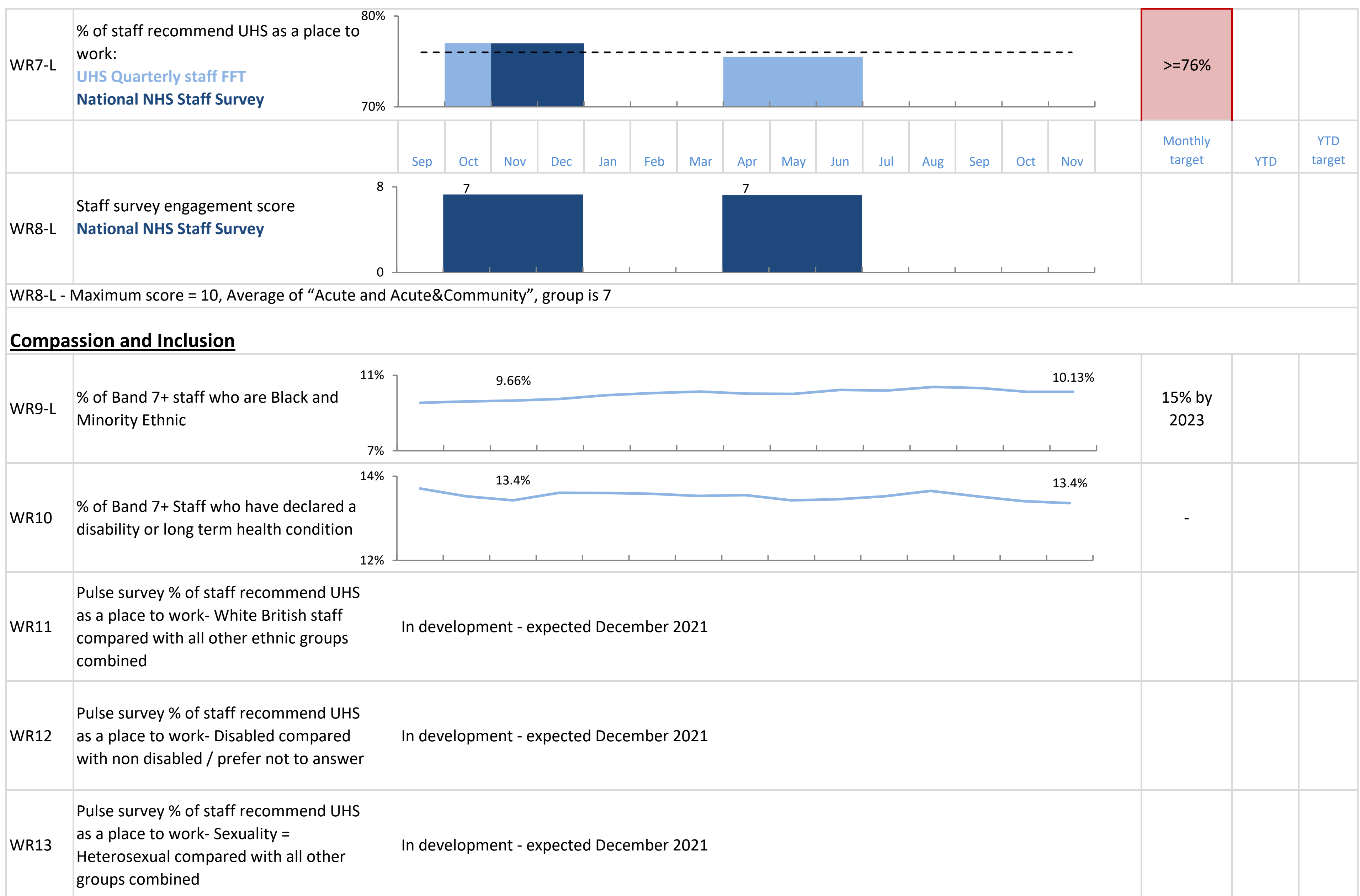



| | |
|---|---|
| UT36-N | October performance reflects latest data held by UHS following validation, rather than that held on the date of initial national submission, the national submission will be corrected at the scheduled resubmission date for Q2 |




| | | Monthly target | YTD | YTD target |
|---|---|---|---|---|
| PN1-L | Comparative CRN Recruitment Performance - non-weighted | Top 10 | | |
| PN2-L | Comparative CRN Recruitment Performance - weighted | Top 5 | | |
| PN3-L | Comparative CRN Recruitment - contract commercial | Top 10 | | |
| PN4-L | Achievement compared to R+D Income Baseline<br>Monthly income increase %<br>YTD income increase % | ≥5% | | |


Workforce Capacity
Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov
Monthly target
YTD
YTD target
WR1-L
Substantive Staff - Turnover
-R12M turnover %
-Leavers in month (FTE)
14%
10%
12.6%
13.4%
116
113
200
100
0
R12M
<=12.0%
WR2-L
Staff Vacancies
-Nursing Vacancies (registered nurses only in clinical wards)
-All Staff vacancies
20%
0%
13.9%
13.4%
5.0%
7.0%
WR3-L
Workforce Numbers (FTE) - Variation compared to end March 2021
-Plan (budgeted posts) to achieve by end March 2022
-Actual
-Including - Doctors in training.
-Excluding - Chilworth laboratory, Additional hours (medical staff)
650
-600
567.7
255.0
-281.0
WR4-L
Staff - Sickness absence
-R12M sickness %
-Sickness in month (FTE)
5%
0%
3.9%
3.9%
402
508
600
0
R12M
<=3.4%
Enjoy Working Here
WR5-L
Non-medical appraisals completed
-R12M appraisal %
-Appraisals in month
100%
50%
74.3%
75.5%
612
591
725
325
R12M
>=92.0%
WR6-L
Medical staff appraisals completed - Rolling 12-months
100%
50%
53.0%
81.0%

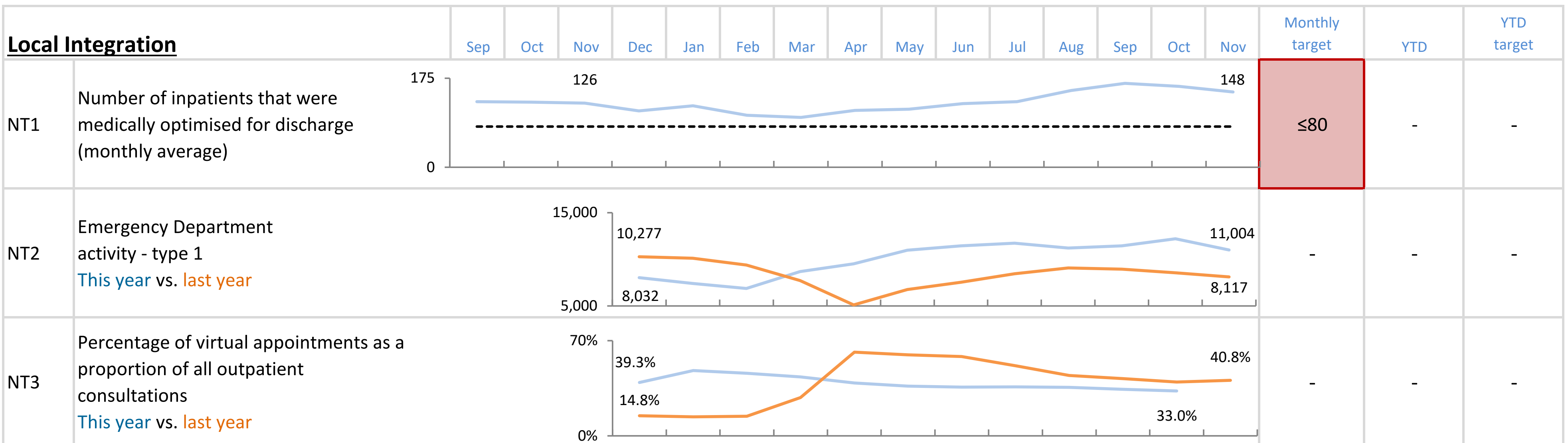


| | | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| WR7-L | % of staff recommend UHS as a place to work:<br>UHS Quarterly staff FFT<br>**National NHS Staff Survey** | | | | | | | | | | | | | | | | >=76% | | |
| WR8-L | Staff survey engagement score<br>**National NHS Staff Survey** | | 7 | | | | | | 7 | | | | | | | | | | |

WR8-L - Maximum score = 10, Average of “Acute and Acute&Community”, group is 7

**Compassion and Inclusion**

| | | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| WR9-L | % of Band 7+ staff who are Black and Minority Ethnic | | | 9.66% | | | | | | | | | | | | 10.13% | 15% by 2023 | | |
| WR10 | % of Band 7+ Staff who have declared a disability or long term health condition | | | 13.4% | | | | | | | | | | | | 13.4% | - | | |
| 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 | | | | | | | | | | | | | | | | | |



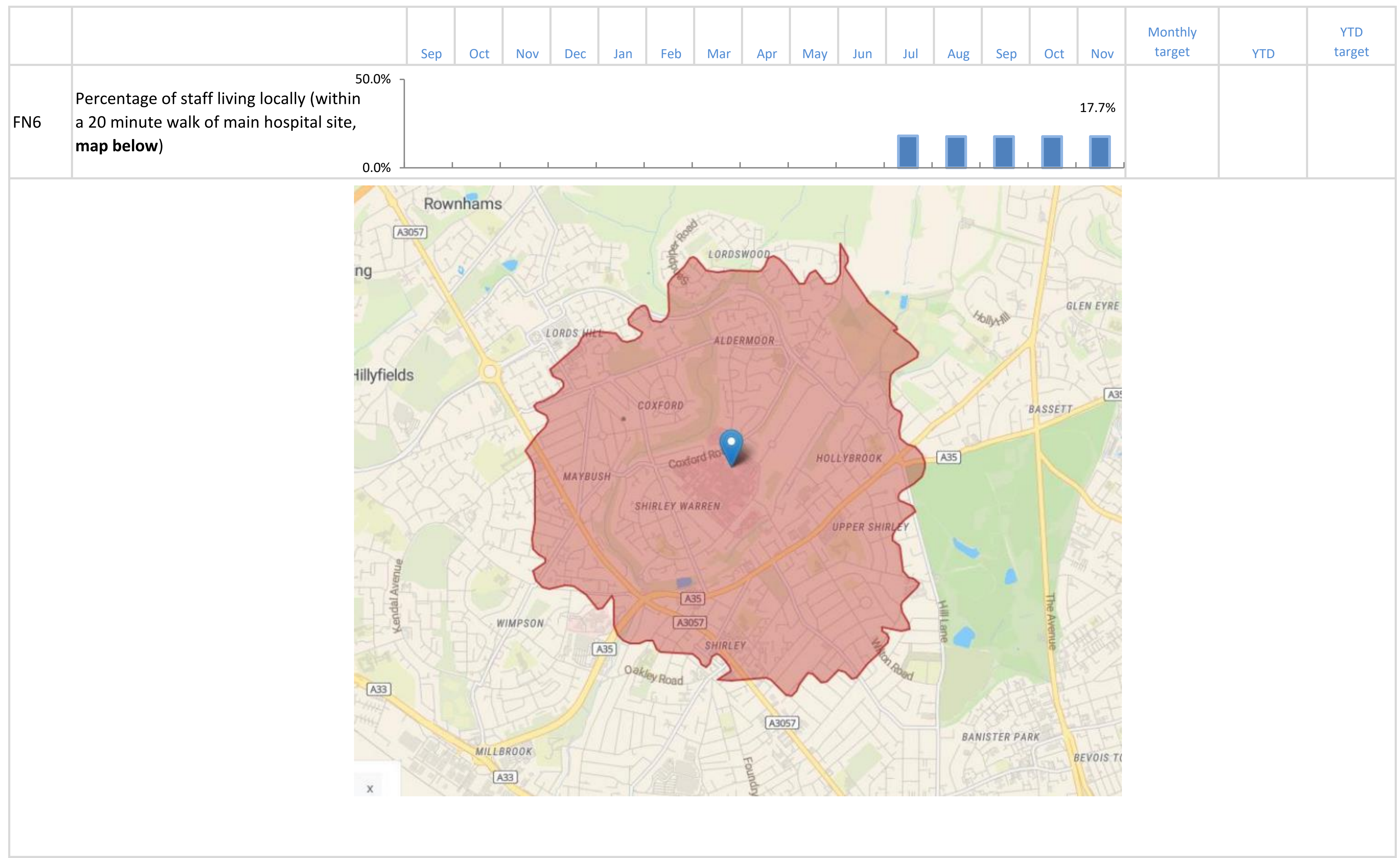

| **Local Integration** | | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NT1 | Number of inpatients that were medically optimised for discharge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

| **Digital** | | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | 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) | - | | |

| | | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FN6 | Percentage of staff living locally (within a 20 minute walk of main hospital site, **map below**) | | | | | | | | | | | | | | | 17.7% | | | |



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

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 evolving COVID-19 position since April 2021 these wards had in the main returned to their normal size and purpose. During September, October and November 2021 COVID-19 numbers have started to rise again and wards and departments have again been required to change focus and form to respond to changing circumstances. These decisions are sometimes swift in nature and the data in some cases therefore may not be fully reflective of all of these changes.

| Wards Full Name | | Registered nurses Total hours planned | Registered nurses Total hours worked | Unregistered staff Total hours planned | Unregistered staff Total hours worked | Registered nurses % Filled | Unregistered staff % Filled | CHPPD Registered midwives/ nurses | CHPPD Care Staff | CHPPD Overall | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|
| CC Neuro Intensive Care Unit | Day | 6298 | 4427 | 1121 | 741 | 70.3% | 66.0% | 27.9 | 4.3 | 32.3 | Beds flexed to match staffing; Additional staff used for enhanced care - RNs; Increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas. |
| CC Neuro Intensive Care Unit | Night | 5357 | 4601 | 700 | 656 | 85.9% | 93.7% | | | | Beds flexed to match staffing; Additional staff used for enhanced care - RNs; Increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas. |
| CC - Surgical HDU | Day | 2442 | 1309 | 804 | 634 | 53.6% | 78.8% | 17.4 | 7.1 | 24.5 | Beds flexed to match staffing; Additional staff used for enhanced care - RNs; Non-ward based staff supporting areas; Non-ward based staff supporting areas. |
| CC - Surgical HDU | Night | 2067 | 1307 | 681 | 425 | 63.2% | 62.4% | | | | Beds flexed to match staffing; Additional staff used for enhanced care - RNs; Non-ward based staff supporting areas; Non-ward based staff supporting areas. |
| CC General Intensive Care | Day | 12777 | 11325 | 2439 | 1438 | 88.6% | 58.9% | 26.2 | 3.4 | 29.6 | Beds flexed to match staffing; Additional staff used for enhanced care - RNs; Increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas. |
| CC General Intensive Care | Night | 10389 | 11099 | 1952 | 1440 | 106.8% | 73.8% | | | | Beds flexed to match staffing; Additional staff used for enhanced care - RNs; Increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas. |
| CC Cardiac Intensive Care | Day | 6228 | 3437 | 1645 | 855 | 55.2% | 52.0% | 28.4 | 5.4 | 33.8 | Beds flexed to match staffing; Additional staff used for enhanced care - RNs; Non-ward based staff supporting areas. |
| CC Cardiac Intensive Care | Night | 5797 | 3889 | 826 | 530 | 67.1% | 64.1% | | | | Beds flexed to match staffing; Additional staff used for enhanced care - RNs; Non-ward based staff supporting areas. |
| SUR E5 Lower GI | Day | 1428 | 1240 | 729 | 1066 | 86.9% | 146.3% | 3.9 | 3.6 | 7.5 | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Medical ward at present time. |
| SUR E5 Lower GI | Night | 690 | 678 | 345 | 736 | 98.3% | 213.3% | | | | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Medical ward at present time. |
| SUR E5 Upper GI | Day | 1422 | 1287 | 781 | 822 | 90.5% | 105.2% | 4.0 | 2.7 | 6.7 | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Medical ward at present time. |
| SUR E5 Upper GI | Night | 690 | 714 | 345 | 507 | 103.5% | 146.8% | | | | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Medical ward at present time. |
| SUR E8 Ward | Day | 2024 | 2456 | 1488 | 1314 | 121.4% | 88.3% | 5.6 | 3.0 | 8.6 | Additional staff used for enhanced care - RNs; Band 4 staff working to support registered nurse numbers. |
| SUR E8 Ward | Night | 1319 | 1540 | 1037 | 847 | 116.8% | 81.7% | | | | Additional staff used for enhanced care - RNs; Band 4 staff working to support registered nurse numbers. |
| SUR F11 IF | Day | 1881 | 1593 | 783 | 702 | 84.7% | 89.7% | 4.5 | 2.9 | 7.4 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SUR F11 IF | Night | 690 | 690 | 690 | 755 | 100.0% | 109.4% | | | | Band 4 staff working to support registered nurse numbers. |
| SUR Acute Surgical Unit | Day | 1403 | 1085 | 686 | 656 | 77.3% | 95.6% | 8.7 | 5.4 | 14.1 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |

| Wards Full Name | | Registered nurses Total hours planned | Registered nurses Total hours worked | Unregistered staff Total hours planned | Unregistered staff Total hours worked | Registered nurses % Filled | Unregistered staff % Filled | CHPPD Registered midwives/ nurses | CHPPD Care Staff | CHPPD Overall | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|
| SUR Acute Surgical Unit | Night | 690 | 681 | 690 | 437 | 98.6% | 63.3% | 8.7 | 5.4 | 14.1 | Band 4 staff working to support registered nurse numbers. |
| SUR Acute Surgical Admissions | Day | 2159 | 1749 | 807 | 1178 | 81.0% | 146.0% | 3.6 | 2.9 | 6.5 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SUR Acute Surgical Admissions | Night | 1025 | 1002 | 1020 | 1049 | 97.8% | 102.9% | | | | Band 4 staff working to support registered nurse numbers. |
| SUR F5 Ward | Day | 1870 | 1615 | 1020 | 990 | 86.4% | 97.0% | 3.8 | 2.3 | 6.1 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| SUR F5 Ward | Night | 1138 | 1069 | 684 | 615 | 94.0% | 89.9% | | | | Band 4 staff working to support registered nurse numbers. |
| OPH Eye Short Stay Unit | Day | 1003 | 931 | 837 | 800 | 92.9% | 95.6% | 20.3 | 18.3 | 38.6 | Safe staffing levels maintained. |
| OPH Eye Short Stay Unit | Night | 330 | 330 | 330 | 332 | 100.0% | 100.6% | | | | Safe staffing levels maintained. |
| THR F10 Surgical Day Unit | Day | 1300 | 1563 | 2637 | 1997 | 120.2% | 75.7% | 6.0 | 7.0 | 13.0 | Overnight beds open in the month; Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; beds open ranged from 6 overnight to 24. |
| THR F10 Surgical Day Unit | Night | 286 | 587 | 319 | 514 | 205.2% | 161.0% | | | | Overnight beds open in the month; Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; beds open rangedf rom 6 overnight to 24. |
| CAN Acute Onc Services | Day | 1346 | 1098 | 667 | 567 | 81.6% | 85.0% | 15.0 | 8.8 | 23.8 | Increase in acuity/dependency of patients in the month. |
| CAN Acute Onc Services | Night | 345 | 599 | 345 | 426 | 173.5% | 123.5% | | | | Increased night staffing to support raised acuity; Capacity increased at beginning of pandemic. |
| CAN C4 Solent Ward Clinical Oncology | Day | 1353 | 1466 | 1001 | 1115 | 108.4% | 111.5% | 4.0 | 3.3 | 7.3 | Increase in acuity/dependency of patients in the month. |
| CAN C4 Solent Ward Clinical Oncology | Night | 1034 | 977 | 690 | 897 | 94.5% | 130.0% | | | | Additional staff used for enhanced care - Support workers. |
| CAN C6 Leukaemia/BMT Unit | Day | 2757 | 2473 | 140 | 397 | 89.7% | 283.3% | 7.2 | 0.9 | 8.1 | Beds flexed to match staffing. |
| CAN C6 Leukaemia/BMT Unit | Night | 1985 | 1925 | 0 | 167 | 97.0% | Shift N/A | | | | Staffing appropriate for number of patients. |
| CAN C6 TYA Unit | Day | 770 | 758 | 336 | 120 | 98.4% | 35.6% | 9.1 | 1.0 | 10.2 | Safe staffing levels maintained. |
| CAN C6 TYA Unit | Night | 661 | 677 | 0 | 45 | 102.4% | Shift N/A | | | | Additional staff used for enhanced care - Support workers. |
| CAN C2 Haematology | Day | 2213 | 2513 | 1102 | 936 | 113.5% | 84.9% | 5.8 | 2.5 | 8.2 | Increase in acuity/dependency of patients in the month. |
| CAN C2 Haematology | Night | 1714 | 1933 | 1030 | 961 | 112.8% | 93.3% | | | | Increase in acuity/dependency of patients in the month. |
| CAN D3 Ward | Day | 1716 | 1730 | 708 | 1090 | 100.8% | 154.0% | 4.6 | 3.4 | 8.0 | Safe staffing levels maintained. |
| CAN D3 Ward | Night | 1005 | 1025 | 682 | 977 | 102.1% | 143.2% | | | | Safe staffing levels maintained. |
| ECM Acute Medical Unit | Day | 3912 | 4118 | 3855 | 2989 | 105.3% | 77.5% | 7.5 | 5.3 | 12.8 | Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource; Figures still contain additional point-of-care activity - this should be rectified for next's report. |
| ECM Acute Medical Unit | Night | 3918 | 4297 | 3449 | 3031 | 109.7% | 87.9% | | | | Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource; Figures still contain additional point-of-care activity - this should be rectified for next's report. |
| MED D5 Ward | Day | 1220 | 1423 | 1616 | 1343 | 116.7% | 83.1% | 3.0 | 3.0 | 6.1 | Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource. |
| MED D5 Ward | Night | 1012 | 1029 | 906 | 1113 | 101.6% | 122.9% | | | | Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource. |
| MED D6 Ward | Day | 1035 | 1179 | 1507 | 1284 | 113.9% | 85.2% | 3.1 | 3.3 | 6.4 | Skill mix swaps undertaken to support safe staffing across the Unit. |
| MED D6 Ward | Night | 690 | 1005 | 915 | 1024 | 145.7% | 112.0% | | | | Increased night staffing to support raised acuity; Safe staffing levels maintained by sharing staff resource. |
| MED D7 Ward | Day | 672 | 826 | 1168 | 868 | 122.8% | 74.3% | 3.4 | 3.2 | 6.6 | Skill mix swaps undertaken to support safe staffing across the Unit. |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| MED D7 Ward | Night | 690 | 697 | 345 | 530 | 101.1% | 153.6% | 3.4 | 3.2 | 6.6 | Increased night staffing to support raised acuity; Increased night staffing to support raised acuity. |
| MED D8 Ward | Day | 1061 | 1098 | 1487 | 1154 | 103.5% | 77.6% | 3.1 | 3.0 | 6.1 | Skill mix swaps undertaken to support safe staffing across the Unit. |
| MED D8 Ward | Night | 690 | 1024 | 1260 | 848 | 148.3% | 67.3% | | | | Increased night staffing to support raised acuity; Skill mix swaps undertaken to support safe staffing across the Unit. |
| MED D9 Ward | Day | 1184 | 1540 | 1794 | 1124 | 130.1% | 62.7% | 3.3 | 2.5 | 5.8 | Skill mix swaps undertaken to support safe staffing across the Unit. |
| MED D9 Ward | Night | 1035 | 1083 | 910 | 822 | 104.6% | 90.4% | | | | Safe staffing levels maintained. |
| MED E7 Ward | Day | 1005 | 1343 | 1267 | 1140 | 133.7% | 90.0% | 3.0 | 3.3 | 6.3 | Safe staffing levels maintained. |
| MED E7 Ward | Night | 690 | 908 | 1064 | 1304 | 131.6% | 122.6% | | | | Safe staffing levels maintained. |
| MED F7 Ward | Day | 1039 | 1036 | 1231 | 1403 | 99.7% | 114.0% | 3.0 | 3.6 | 6.5 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource. |
| MED F7 Ward | Night | 690 | 703 | 690 | 679 | 101.8% | 98.3% | | | | Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource. |
| MED Respiratory HDU | Day | 2327 | 1335 | 505 | 321 | 57.4% | 63.6% | 17.0 | 4.1 | 21.2 | Beds flexed to match staffing; Safe staffing levels maintained. |
| MED Respiratory HDU | Night | 2071 | 1408 | 345 | 347 | 68.0% | 100.5% | | | | Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource. |
| MED C5 Isolation Ward | Day | 1131 | 1483 | 1152 | 600 | 131.1% | 52.1% | 10.3 | 4.5 | 14.8 | Increase in acuity/dependency of patients in the month; Safe staffing levels maintained. |
| MED C5 Isolation Ward | Night | 1040 | 1352 | 345 | 644 | 130.1% | 186.7% | | | | Increased night staffing to support raised acuity; Safe staffing levels maintained. |
| MED D10 Isolation Unit | Day | 1071 | 873 | 1313 | 1204 | 81.6% | 91.8% | 3.0 | 4.2 | 7.2 | Safe staffing levels maintained. |
| MED D10 Isolation Unit | Night | 690 | 713 | 690 | 1005 | 103.3% | 145.6% | | | | Safe staffing levels maintained. |
| MED G5 Ward | Day | 1365 | 1385 | 1350 | 1840 | 101.4% | 136.3% | 3.1 | 3.2 | 6.3 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource. |
| MED G5 Ward | Night | 1036 | 1151 | 690 | 732 | 111.1% | 106.0% | | | | Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource. |
| MED G6 Ward | | | | | | | | | | | Ward flexed down during the month to provide Covid capacity if needed |
| MED G7 Ward | Day | 664 | 951 | 1096 | 976 | 143.1% | 89.1% | 5.3 | 4.7 | 9.9 | Band 4 staff working to support registered nurse numbers; Staff moved to support other wards. |
| MED G7 Ward | Night | 692 | 823 | 692 | 589 | 118.9% | 85.0% | | | | Staff moved to support other wards; Increase in acuity/dependency of patients in the month. |
| MED G8 Ward | Day | 1426 | 1453 | 1474 | 1475 | 101.9% | 100.0% | 4.2 | 3.7 | 7.8 | Increase in acuity/dependency of patients in the month; Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| MED G8 Ward | Night | 1034 | 1162 | 690 | 821 | 112.3% | 118.9% | | | | Increase in acuity/dependency of patients in the month; Increased night staffing to support raised acuity; Skill mix swaps undertaken to support safe staffing across the Unit. |
| MED G9 Ward | Day | 1370 | 1476 | 1627 | 1383 | 107.7% | 85.0% | 4.5 | 3.5 | 8.1 | Increase in acuity/dependency of patients in the month; Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| MED G9 Ward | Night | 1024 | 1288 | 690 | 770 | 125.8% | 111.6% | | | | Increase in acuity/dependency of patients in the month; Increased night staffing to support raised acuity; Skill mix swaps undertaken to support safe staffing across the Unit. |
| MED Bassett Ward | Day | 1313 | 991 | 2427 | 2028 | 75.5% | 83.6% | 2.5 | 4.2 | 6.7 | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| MED Bassett Ward | Night | 1036 | 944 | 1035 | 1139 | 91.1% | 110.0% | | | | Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month. |
| CHI High Dependency Unit | Day | 1559 | 1262 | 0 | 115 | 81.0% | Shift N/A | 15.1 | 0.7 | 15.9 | Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained. |
| CHI High Dependency Unit | Night | 1035 | 1101 | 0 | 0 | 106.4% | Shift N/A | | | | Increased night staffing to support raised acuity; Safe staffing levels maintained. |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| CHI Paed Medical Unit | Day | 1805 | 2315 | 760 | 715 | 128.3% | 94.0% | 10.9 | 3.5 | 14.5 | Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained. |
| CHI Paed Medical Unit | Night | 1650 | 1926 | 660 | 653 | 116.7% | 99.0% | | | | Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained. |
| CHI Paediatric Intensive Care | Day | 6264 | 5646 | 706 | 297 | 90.1% | 42.1% | 26.3 | 2.5 | 28.7 | Safe staffing levels maintained; Beds flexed to match staffing; At times PICU has been above 14 beds . |
| CHI Paediatric Intensive Care | Night | 5521 | 5121 | 690 | 713 | 92.8% | 103.3% | | | | Safe staffing levels maintained; Beds flexed to match staffing; At times PICU has been above 14 beds . |
| CHI Piam Brown Unit | Day | 3684 | 2692 | 119 | 501 | 73.1% | 420.8% | 13.5 | 2.6 | 16.1 | Non-ward based staff supporting areas; Support workers used to maintain staffing numbers; Safe staffing levels maintained. |
| CHI Piam Brown Unit | Night | 1380 | 1014 | 0 | 219 | 73.5% | Shift N/A | | | | Beds flexed to match staffing; Safe staffing levels maintained. |
| CHI Ward E1 Paed Cardiac | Day | 2000 | 1793 | 585 | 667 | 89.7% | 114.1% | 7.8 | 2.5 | 10.3 | 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 | 1392 | 1465 | 345 | 361 | 105.2% | 104.8% | | | | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Increased night staffing to support raised acuity. |
| CHI Bursledon House | Day | 869 | 720 | 575 | 478 | 82.8% | 83.2% | 5.1 | 3.7 | 8.8 | Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained. |
| CHI Bursledon House | Night | 198 | 198 | 198 | 198 | 100.0% | 100.0% | | | | Safe staffing levels maintained. |
| CHI Ward G2 Neuro | Day | 759 | 666 | 0 | 0 | 87.7% | Shift N/A | 8.4 | 0.0 | 8.4 | Non-ward based staff supporting areas; Safe staffing levels maintained. |
| CHI Ward G2 Neuro | Night | 695 | 659 | 0 | 0 | 94.8% | Shift N/A | | | | Safe staffing levels maintained. |
| CHI Ward G3 | Day | 2324 | 1822 | 1685 | 881 | 78.4% | 52.3% | 7.0 | 3.3 | 10.3 | Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Recruiting HCA's. |
| CHI Ward G3 | Night | 1649 | 1321 | 988 | 609 | 80.1% | 61.7% | | | | Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained. |
| CHI Ward G4 Surgery | Day | 2308 | 2752 | 1227 | 621 | 119.2% | 50.6% | 10.5 | 2.2 | 12.7 | Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Recruiting HCA's. |
| CHI Ward G4 Surgery | Night | 1629 | 2000 | 660 | 382 | 122.8% | 57.8% | | | | Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Recruiting HCA's. |
| W&N Bramshaw Womens Unit | Day | 1083 | 930 | 676 | 547 | 85.9% | 81.0% | 5.8 | 3.3 | 9.0 | Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained. |
| W&N Bramshaw Womens Unit | Night | 690 | 692 | 644 | 368 | 100.3% | 57.1% | | | | Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained. |
| W&N Neonatal Unit | Day | 6685 | 4769 | 1906 | 1166 | 71.3% | 61.1% | 9.5 | 2.2 | 11.7 | Safe staffing levels maintained.. |
| W&N Neonatal Unit | Night | 5313 | 3892 | 1451 | 795 | 73.3% | 54.8% | | | | Safe staffing levels maintained.. |
| W&N PAH Maternity Service combined | Day | 8473 | 7212 | 4301 | 3279 | 85.1% | 76.2% | 6.3 | 2.7 | 9.0 | Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services.. |
| W&N PAH Maternity Service combined | Night | 5256 | 4510 | 1980 | 1724 | 85.8% | 87.1% | | | | Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services.. |
| CAR CHDU | Day | 4960 | 4385 | 1726 | 1260 | 88.4% | 73.0% | 16.6 | 4.3 | 20.9 | Safe staffing levels maintained by sharing staff resource; 2 closed beds. |
| CAR CHDU | Night | 3951 | 3942 | 990 | 915 | 99.8% | 92.4% | | | | Safe staffing levels maintained. |
| CAR Coronary Care Unit | Day | 2614 | 2779 | 953 | 915 | 106.3% | 96.0% | 11.0 | 3.5 | 14.5 | Safe staffing levels maintained. |
| CAR Coronary Care Unit | Night | 2270 | 2421 | 822 | 741 | 106.7% | 90.1% | | | | Safe staffing levels maintained. |
| CAR Ward D4 Vascular | Day | 2031 | 1656 | 1102 | 961 | 81.5% | 87.2% | 4.5 | 3.2 | 7.7 | Safe staffing levels maintained by sharing staff resource. |
| CAR Ward D4 Vascular | Night | 792 | 1039 | 1012 | 952 | 131.1% | 94.0% | | | | Increased night staffing to support raised acuity. |

| 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 Ward E2 YACU | Day | 1514 | 1345 | 847 | 889 | 88.9% | 105.0% | 4.4 | 3.8 | 8.1 | Band 4 staff working to support registered nurse numbers. |
| CAR Ward E2 YACU | Night | 693 | 705 | 330 | 881 | 101.7% | 267.0% | | | | Safe staffing levels maintained; Staffing appropriate for number of patients; Awaiting agreed budget uplift into roster demand. |
| CAR Ward E3 Green | Day | 1486 | 1560 | 1438 | 900 | 105.0% | 62.6% | 3.6 | 2.6 | 6.1 | Safe staffing levels maintained by sharing staff resource. |
| CAR Ward E3 Green | Night | 683 | 724 | 787 | 754 | 106.0% | 95.8% | | | | Safe staffing levels maintained. |
| CAR Ward E3 Blue | Day | 1125 | 1387 | 1088 | 887 | 123.3% | 81.5% | 4.0 | 3.1 | 7.2 | Additional staff used for enhanced care - RNs. |
| CAR Ward E3 Blue | Night | 683 | 628 | 682 | 671 | 91.9% | 98.4% | | | | Safe staffing levels maintained. |
| CAR Ward E4 Thoracics | Day | 1629 | 1604 | 1309 | 1020 | 98.5% | 77.9% | 4.7 | 3.1 | 7.7 | Safe staffing levels maintained by sharing staff resource. |
| CAR Ward E4 Thoracics | Night | 1013 | 949 | 417 | 657 | 93.6% | 157.6% | | | | Additional staff used for enhanced care - Support workers. |
| CAR Ward D2 Cardiology | Day | 1348 | 1079 | 712 | 930 | 80.1% | 130.5% | 3.9 | 4.0 | 7.9 | Safe staffing levels maintained by sharing staff resource; Additional staff used for enhanced care - Support workers. |
| CAR Ward D2 Cardiology | Night | 682 | 639 | 682 | 826 | 93.7% | 121.0% | | | | Safe staffing levels maintained; Additional staff used for enhanced care - Support workers. |
| NEU Acute Stroke Unit | Day | 1471 | 1539 | 2612 | 2494 | 104.6% | 95.5% | 3.1 | 4.9 | 8.0 | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| NEU Acute Stroke Unit | Night | 990 | 999 | 1650 | 1529 | 100.9% | 92.7% | | | | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| NEU Regional Transfer Unit | Day | 1205 | 931 | 404 | 416 | 77.3% | 102.8% | 13.8 | 8.1 | 21.9 | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| NEU Regional Transfer Unit | Night | 660 | 506 | 649 | 429 | 76.7% | 66.1% | | | | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| NEU ward E Neuro | Day | 1814 | 1730 | 1096 | 1207 | 95.3% | 110.1% | 4.2 | 3.2 | 7.4 | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| NEU ward E Neuro | Night | 1320 | 1287 | 990 | 1067 | 97.5% | 107.8% | | | | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| NEU HASU | Day | 1536 | 1350 | 371 | 435 | 87.9% | 117.1% | 9.0 | 2.6 | 11.6 | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| NEU HASU | Night | 1321 | 1124 | 330 | 286 | 85.1% | 86.7% | | | | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| NEU Ward D Neuro | Day | 1850 | 1732 | 1814 | 1868 | 93.6% | 103.0% | 4.2 | 4.7 | 8.9 | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| NEU Ward D Neuro | Night | 1298 | 1287 | 1639 | 1573 | 99.2% | 96.0% | | | | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| SPI Ward F4 Spinal | Day | 1538 | 1331 | 1130 | 1061 | 86.6% | 93.9% | 4.3 | 3.6 | 7.9 | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| SPI Ward F4 Spinal | Night | 990 | 935 | 984 | 836 | 94.4% | 85.0% | | | | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit. |
| T&O Ward Brooke | Day | 1003 | 1200 | 1102 | 616 | 119.6% | 55.8% | 4.2 | 2.9 | 7.1 | Safe staffing levels maintained; Staff moved to support other wards. |
| T&O Ward Brooke | Night | 679 | 690 | 996 | 694 | 101.7% | 69.6% | | | | Safe staffing levels maintained; Staff moved to support other wards. |
| T&O Trauma Admissions Unit | Day | 892 | 732 | 731 | 630 | 82.0% | 86.1% | 14.9 | 13.5 | 28.4 | Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained. |
| T&O Trauma Admissions Unit | Night | 649 | 516 | 660 | 504 | 79.5% | 76.4% | | | | Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained. |
| T&O Ward F1 Major Trauma Unit | Day | 2277 | 2414 | 1934 | 1960 | 106.0% | 101.4% | 4.7 | 4.5 | 9.2 | Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource. |
| T&O Ward F1 Major Trauma Unit | Night | 1725 | 1767 | 1724 | 1976 | 102.4% | 114.6% | | | | Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource. |

| 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 F2 Trauma | Day | 1586 | 1341 | 1817 | 1903 | 84.6% | 104.8% | 3.1 | 4.7 | 7.7 | Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource. |
| T&O Ward F2 Trauma | Night | 990 | 891 | 1320 | 1516 | 90.0% | 114.9% | | | | Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource. |
| T&O Ward F3 Trauma | Day | 1488 | 1843 | 1928 | 1460 | 123.8% | 75.7% | 4.4 | 4.5 | 8.9 | Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource. |
| T&O Ward F3 Trauma | Night | 990 | 1047 | 1323 | 1486 | 105.8% | 112.3% | | | | Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource. |
| T&O Ward F4 Elective | Day | 1377 | 1286 | 754 | 830 | 93.4% | 110.0% | 4.1 | 3.1 | 7.2 | Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource. |
| T&O Ward F4 Elective | Night | 660 | 660 | 660 | 662 | 100.0% | 100.3% | | | | Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource. |