

Report to the Trust Board of Directors				
<b>Title:</b>	<b>Finance Report 2020-21 Month 12</b>			
<b>Agenda item:</b>	<b>11.3</b>			
<b>Sponsor:</b>	<b>Ian Howard – Chief Financial Officer</b>			
<b>Author:</b>	<b>Ian Howard – Chief Financial Officer</b>			
<b>Date:</b>	<b>29 April 2021</b>			
<b>Purpose</b>	<b>Assurance or reassurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>  <b>X</b>
<b>Issue to be addressed:</b>	The finance report provides a monthly summary of the key financial information for the Trust.			
<b>Response to the issue:</b>	<p>Overall I am pleased to confirm that the financial position has landed as previously forecast, with no major surprises. The finance position is break-even for the year, and we have fully spent our capital allocation. Looking forwards, we are starting the year in a good position and the capacity investments from 20/21 leave us with opportunity to earn income to off-set costs of additional activity. The key information is summarised below:</p> <p>20/21:</p> <p>Overall Position (subject to audit):</p> <ul style="list-style-type: none"> <li>The Trust has reported an overall financial position of broadly break-even. The exact position is £22k surplus, although this may move to £80k (see “Other Income” below). This is aligned to previous forecast expectations.</li> </ul> <p>Other Income:</p> <ul style="list-style-type: none"> <li>We are anticipating an additional £58k funding for loss of Non-NHS income, taking the total funding to £4.8m. This is part of the NHSI year-end process for confirming actual losses.</li> </ul> <p>Annual Leave:</p> <ul style="list-style-type: none"> <li>The Trust has accrued an additional £8.149m for annual leave unable to be taken due to Covid, representing 3.6 days. This was within the NHSI maximum funding of 5 days.</li> <li>We have anticipated income from NHSI to match, of which £8m has already been paid on account.</li> <li>In total including 19/20 carry forward, The Trust now has just below 5 days (£10.6m) accrued.</li> </ul> <p>Income:</p> <ul style="list-style-type: none"> <li>Trust income passed the £1bn mark for the first time in M12. The final income position reported is £1.031bn.</li> <li>This includes £23m accounted for in M12 (income &amp; expenditure) relating to the increase in employers pension contributions to 20.68%.</li> </ul>			

- The Trust accrued income of £8.6m in M12 to account for national equipment donations (PPE) from DHSC. This income was matched by £7.8m of expenditure, with £0.8m held in inventory. The net I&E movement is neutralised as a “below the line” transaction.
- The Trust has included income and expenditure of £0.7m in relation to the “Flowers” case where employees are deemed to have accrued additional annual leave whilst working over-time. The Trust will process payments in 21/22.

Activity:

- The Trust activity increased significantly in March – to 92% in Elective. This is partially due to working days; adjusted this equates to 84%.
- Outpatients activity increased to 110% in March.
- The Trust is well-placed to earn additional funding from the Elective Recovery Framework in April.

Capital:

- UHS spent £80.4m in 20/21, the highest value since we became a Foundation Trust in 2011 (and probably long before). Spend over the last 10 years has generally been circa £30m - £40m per year.
- £55.5m of spend has been from UHS internally generated funding. This was £1.45m above plan, with the overspend linked to bringing forward expenditure from 21/22 as agreed with Region.
- All major projects delivered as expected in M12, with spend of £15m in month.

2021/22:

Planning:

- In March Trust Board we summarised the planning guidance received at the end of March. Trust Board approved final budgets being set based on the agreed principles, without returning to Trust Board in April.
- As an update, work is ongoing across the ICS to submit a H1 system financial plan on 6th May.
- Work has progressed on sharing ICS allocations, which is aligned to previous principles. Specialised Commissioning allocations have recently been received and are under review.
- Discussions on how the Elective Recovery Framework (ERF) is operated across the ICS are ongoing and have yet to reach conclusion.
- We are aiming to submit a break-even position for UHS as part of the ICS submission, consistent with the principles shared with Board. That is however subject to finalising some of the details above, not least funding flows for ERF.
- We will update Trust Board in May with the ICS submission.

Capital:

- HIOW STP capital CDEL limit has been confirmed at £102m. HIOW has generated a capital plan, being the sum of organisational plans, of £117m.

	<ul style="list-style-type: none"> <li>• We are working as a system to agree to submit a compliant plan at £102m, with each organisation assuming slippage of circa 13%. The UHS CDEL limit for 21/22 is therefore expected to be circa £50m.</li> <li>• Whilst this is below the capital prioritisation approved by Trust Board in February and plans submitted to the ICS (£58m), we are anticipating some slippage and potential for additional funding in-year to reduce that risk, which is consistent with events in 20/21. There is also the opportunity to mitigate risk through revenue funding.</li> <li>• We are therefore proceeding with the full capital plan as previously agreed by Trust Board.</li> </ul>
<p>Implications: (Clinical, Organisational, Governance, Legal?)</p>	<ul style="list-style-type: none"> <li>• Financial implications of availability of funding to cover growth, cost pressures and new activity.</li> <li>• Organisational implications of remaining within statutory duties.</li> </ul>
<p>Risks: (Top 3) of carrying out the change / or not:</p>	<ul style="list-style-type: none"> <li>• Financial risk mainly linked to the uncertainty of 21/22 funding arrangements.</li> <li>• Cash risk linked to volatility above</li> </ul>
<p>Summary: Conclusion and/or recommendation</p>	<p>Trust Board is asked to note this report.</p>

**2020/21 Finance Report - Month 12**

<b>Report to:</b>	<b>Board of Directors and Finance &amp; Investment Committee</b>  <b>March 2021</b>
<b>Title:</b>	<b>Finance Report for Period ending 31/03/2021</b>
<b>Author:</b>	<b>Philip Bunting, Acting Deputy Director of Finance</b>
<b>Sponsoring Director:</b>	<b>Ian Howard, Acting Chief Financial Officer</b>
<b>Purpose:</b>	<b>Standing Item</b>
	<b>The Board is asked to note the report</b>

**Executive Summary:**

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

1. In March 2021, the Trust reported a deficit of £0.1m, which was favourable to plan by £1.3m. This has meant the trust reported a **breakeven position for 20/21** (subject to audit) and has exceeded revenue of £1bn for the year.
2. Several one off technical accounting entries were posted in month that have a neutral effect on the trust reported position. This includes the funded annual leave accrual (£8.1m), pensions accrual (£23m), centrally funded PPE accounting (£8.6m) and Flowers case accrual (£0.7m) which all had equal and opposite income and expenditure. Further to this the final £1.6m relating to the 'Other income' shortfall funding was reported in M12 (£4.8m total in year).
3. In month, £3.9m (£3.2m pay and £0.7m non pay) was incurred on additional expenditure relating to Covid-19. This was similar to February but did include an additional £0.7m in month of vaccination centre costs not previously recognised. £0.6m of the in-month spend relates to Covid testing costs which are now directly reclaimable on a pass through basis and are billed as a retrospective top-up.
4. The main underlying themes seen in M12 were :
  - The trust achieved block income which was equivalent to 100% of the PbR income that would have prevailed. In year block income has provided a safety net equivalent to £88m.
  - Elective activity increased in March to 92% of planned income levels, increasing from 60% in February. This has been enabled by reduced covid admissions and associated bed days. Non Elective activity levels also increased in March with income up to 100% of planned levels. Outpatient activity was the highest of the year in March at 111% of planned levels. This is partially driven by 23 working days in March.
  - The Trust continues to incur additional income & expenditure relating to the Chilworth project which are matched.
  - Trust underlying performance remains at close to breakeven levels after adjusting for one off items.
  - Impairments of £15m were accounted for following the year end estates valuation; however this is a below the line accounting entry hence excluded from the NHSI surplus/deficit calculation.



## Finance: I&amp;E Summary

The financial position for M12 was a deficit of £0.1m which was favourable to plan by £1.3m. The year end position was breakeven consistent with the trust forecast.

In month there was volatility within both income and expenditure categories due to one off costs and benefits, however the underlying position remained consistent with previous months with the exception of clinical supplies that saw costs increase in line with activity. Pass through drugs and devices also increased significantly although are offset by income.

Top-up income totalled £53.7m at the end of 20/21 with £36m for the first half of the year added to by further covid funding (£4.3m) in addition to the annual leave accrual funding (£8.1m), top-up other operating income (£4.8m) and Flowers case funding (£0.6m).

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

		Current Month			M7 - 12 Actuals			Full Year Actuals		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
NHS Income:	Clinical	59.5	62.3	(2.8)	356.7	363.7	(6.9)	681.6	681.5	0.1
	Pass-through Drugs & Devices	11.6	14.2	(2.6)	69.9	74.2	(4.3)	131.7	141.4	(9.7)
Other income	Other Income excl. PSF	8.5	46.9	(38.4)	51.1	109.1	(58.0)	109.8	154.6	(44.8)
	Top Up Income	0.4	12.0	(11.6)	2.1	17.7	(15.6)	2.1	53.7	(51.6)
<b>Total income</b>		<b>80.0</b>	<b>135.3</b>	<b>(55.4)</b>	<b>479.8</b>	<b>564.7</b>	<b>(84.9)</b>	<b>925.3</b>	<b>1,031.2</b>	<b>(105.9)</b>
Costs	Pay-Substantive	43.6	77.0	33.5	262.4	295.5	33.1	510.2	551.5	41.3
	Pay-Bank	3.2	4.7	1.5	18.1	19.8	1.7	29.8	35.3	5.5
	Pay-Agency	1.5	1.0	(0.5)	7.9	5.2	(2.7)	14.8	10.1	(4.6)
	Drugs	1.0	2.5	1.5	6.0	8.4	2.4	13.6	14.6	1.0
	Pass-through Drugs & Devices	11.6	14.2	2.6	69.9	74.2	4.3	131.7	141.4	9.7
	Clinical supplies	8.8	11.4	2.7	50.2	46.0	(4.2)	74.4	78.2	3.8
	Other non pay	9.9	18.1	8.2	59.5	94.5	35.0	125.7	161.4	35.8
<b>Total expenditure</b>		<b>79.6</b>	<b>129.0</b>	<b>49.4</b>	<b>474.0</b>	<b>543.6</b>	<b>69.6</b>	<b>900.2</b>	<b>992.5</b>	<b>92.4</b>
<b>EBITDA</b>		<b>0.4</b>	<b>6.3</b>	<b>(5.9)</b>	<b>5.8</b>	<b>21.1</b>	<b>(15.3)</b>	<b>25.1</b>	<b>38.6</b>	<b>(13.6)</b>
<b>EBITDA %</b>		<b>0.5%</b>	<b>4.7%</b>	<b>(4.2%)</b>	<b>1.2%</b>	<b>3.7%</b>	<b>(2.5%)</b>	<b>2.7%</b>	<b>3.7%</b>	<b>(1.0%)</b>
	Depreciation / Non Operating Expenditure	3.0	17.4	14.4	17.9	32.0	14.1	35.8	49.6	13.9
<b>Surplus / (Deficit)</b>		<b>(2.6)</b>	<b>(11.0)</b>	<b>8.4</b>	<b>(12.1)</b>	<b>(10.9)</b>	<b>(1.2)</b>	<b>(10.7)</b>	<b>(11.0)</b>	<b>0.3</b>
Less	Donated income	0.5	3.5	(3.0)	3.0	4.0	(1.0)	4.7	4.5	0.2
Add Back	Donated depreciation	0.1	0.2	0.1	0.6	0.6	0.0	1.4	1.2	(0.1)
Add Back	Impairments	-	15.1	15.1	-	15.1	15.1	-	15.1	15.1
<b>Net Surplus / (Deficit)</b>		<b>(3.0)</b>	<b>0.8</b>	<b>(3.8)</b>	<b>(14.5)</b>	<b>0.8</b>	<b>(15.4)</b>	<b>(14.0)</b>	<b>0.8</b>	<b>(14.8)</b>
Of Which:	Other Income / Annual Leave Allowable Miss	(1.6)	0.0	1.6	(11.5)	0.0	11.5	(11.5)	0.0	11.5
	Centrally Funded PPE - Donated Income	-	0.8	0.8	-	0.8	0.8	-	0.8	0.8
<b>Adjusted Surplus / (Deficit)</b>		<b>(1.4)</b>	<b>(0.1)</b>	<b>(1.3)</b>	<b>(3.0)</b>	<b>0.0</b>	<b>(3.0)</b>	<b>(2.5)</b>	<b>0.0</b>	<b>(2.5)</b>

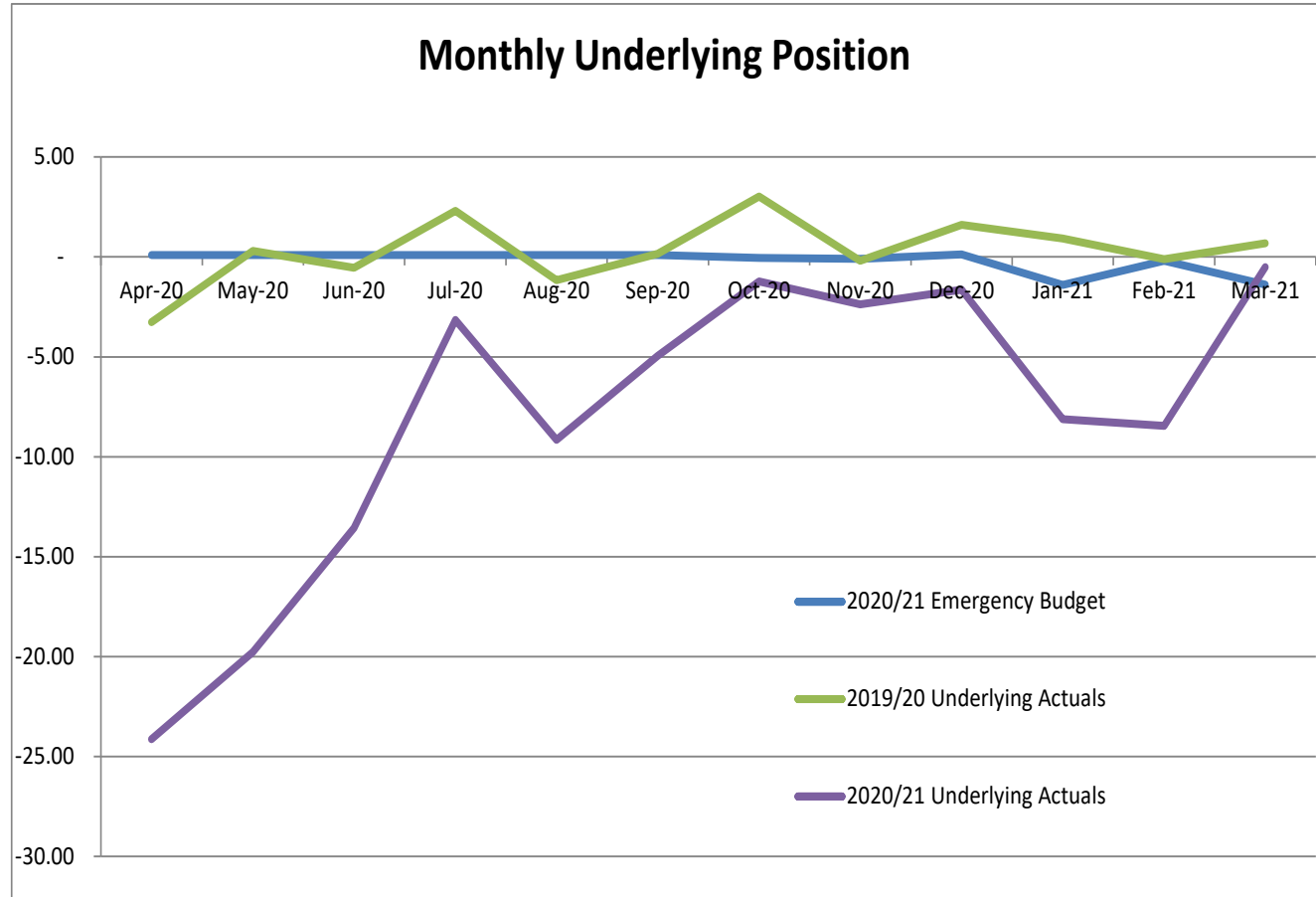
Monthly Underlying Position

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

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

- (-) The block contract uplift of £0.3m in month which represents the value of income over and above that which would have prevailed under PbR.
- (+/-) material one off items of expenditure. These net to zero in month.

This illustrates that if the trust reverted to PbR and Covid income and expenditure are adjusted out a deficit of £0.4m in month would have prevailed in month, assuming other income losses were funded. This gap has reduced since January and February when it fell sharply due to Covid pressures. Currently the block contract mechanism provides security against any underperformance and will continue throughout the first half of 21/22.



Clinical Income

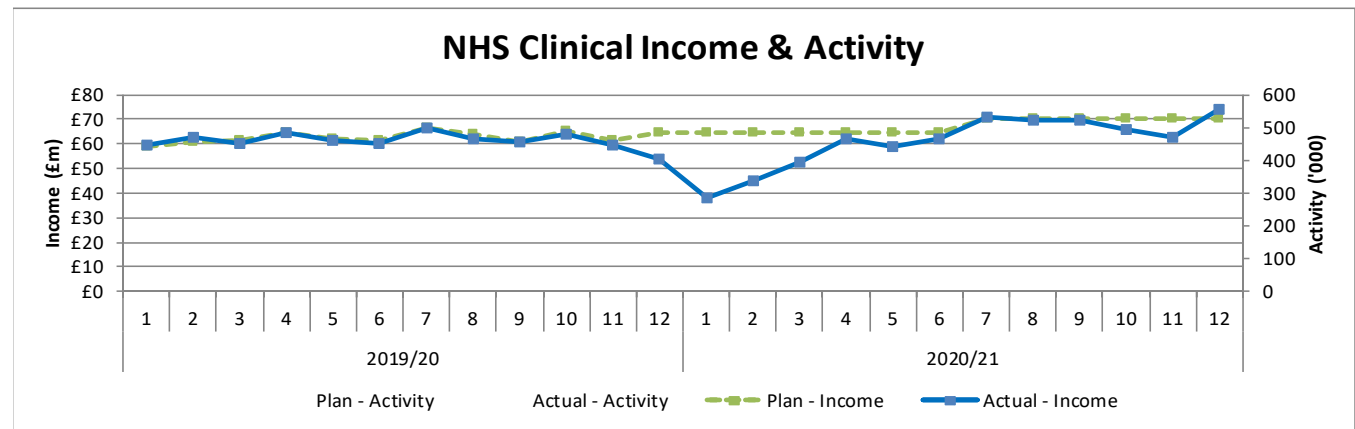
(Fav Variance) / Adv Variance

Clinical income for the month of March was £5.3m favourable to plan and including Non NHS income was £5.1m favourable to plan. The Trust has received a number of one off investments from commissioners for Covid recovery in the month which is driving this favourable position. Apart from this investment, much of the income remains fixed with confirmed block contract funding in place for H1 of the next financial year.

March has seen an increase in activity from February, although some of this increase can be attributed to 3 additional working days in the month. Elective income increased, representing 92% of planned levels (up from 60% in February). Non elective activity was at planned level (up from 85% in February), and A&E attendances increased significantly for the first time in a number of months. Outpatient income increased in line with additional working days and remains strong at over 100% of planned levels.

The graphs overleaf show trends over the last 24 months and the impact of Covid-19 as well as the recovery to pre Covid levels of activity in many areas.

POD GROUP	2020/21						2019/20
	In Month Plan £000s	In Month Estimate £000s	In Month Variance £000s	YTD Plan £000s	YTD Estimate £000s	YTD Variance £000s	YTD Actuals £000s
<b>NHS Clinical Income</b>							
Elective Inpatients	£12,393	£11,437	£956	£148,719	£106,695	£42,025	£140,554
Non-Elective Inpatients	£18,725	£18,676	£49	£224,696	£205,238	£19,457	£216,267
Outpatients	£7,128	£7,868	(£740)	£85,542	£79,038	£6,504	£83,237
Other Activity	£11,387	£10,694	£693	£136,154	£115,951	£20,203	£128,417
CQUIN	£670	£681	(£10)	£8,034	£6,801	£1,232	£8,479
Blocks & Financial Adjustments	(£345)	£2,777	(£3,122)	(£848)	£7,916	(£8,764)	(£4,478)
Other Exclusions	£4,130	£3,070	£1,060	£46,833	£38,131	£8,703	£4,073
Pass-through Exclusions	£11,650	£14,202	(£2,552)	£131,718	£141,397	(£9,679)	£115,913
<b>Subtotal NHS Clinical Income</b>	<b>£65,738</b>	<b>£69,405</b>	<b>(£3,667)</b>	<b>£780,847</b>	<b>£701,167</b>	<b>£79,681</b>	<b>£692,461</b>
M7-M12 additional funding	£5,452	£6,802	(£1,350)	£32,714	£34,064	(£1,350)	
Covid block adjustments	£0	£277	(£277)	£0	£87,646	(£87,646)	£0
<b>Total NHS Clinical Income</b>	<b>£71,190</b>	<b>£76,484</b>	<b>(£5,294)</b>	<b>£813,561</b>	<b>£822,876</b>	<b>(£9,315)</b>	<b>£692,461</b>
<b>Non NHS Clinical Income</b>							
Private Patients	£316	£164	£152	£4,800	£2,739	£2,061	£3,541
CRU	£154	£205	(£51)	£2,340	£975	£1,365	£1,904
Overseas Chargeable Patients	£120	£16	£104	£1,482	£791	£691	£1,206
<b>Total Non NHS Clinical Income</b>	<b>£590</b>	<b>£384</b>	<b>£206</b>	<b>£8,622</b>	<b>£4,505</b>	<b>£4,117</b>	<b>£6,651</b>
<b>Grand Total</b>	<b>£71,780</b>	<b>£76,869</b>	<b>(£5,088)</b>	<b>£822,183</b>	<b>£827,382</b>	<b>(£5,198)</b>	<b>£699,112</b>

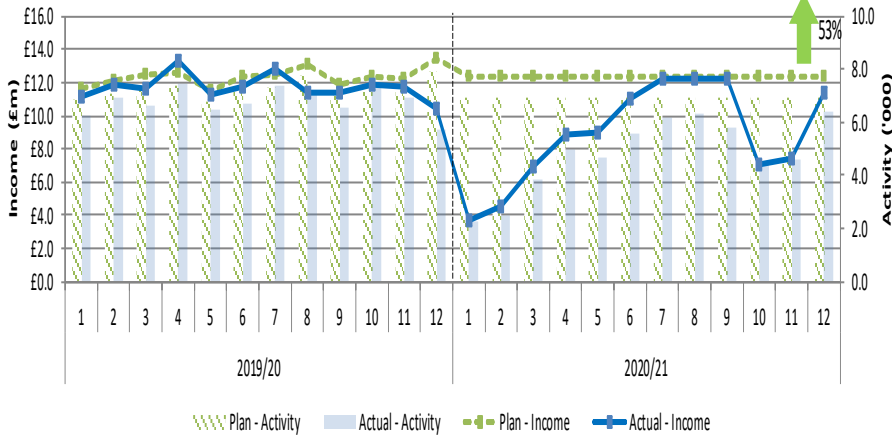




Clinical Income

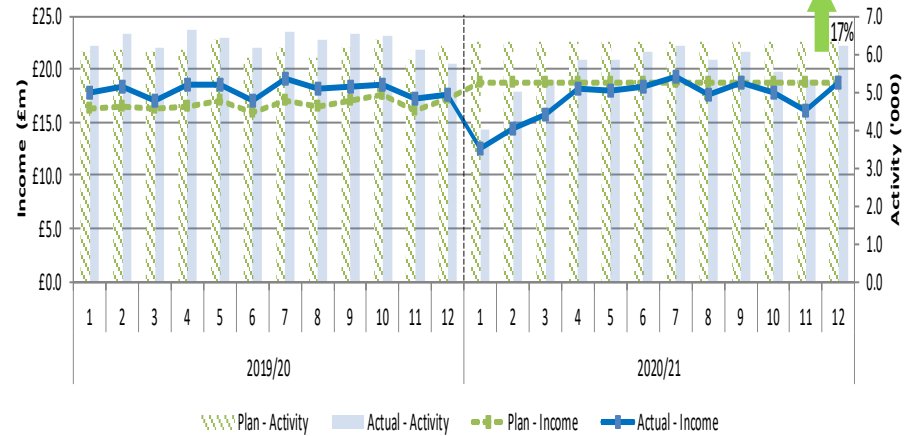
Elective spells

In month -540 activity, -£956,241  
YTD -25,868 activity, -£42,024,744



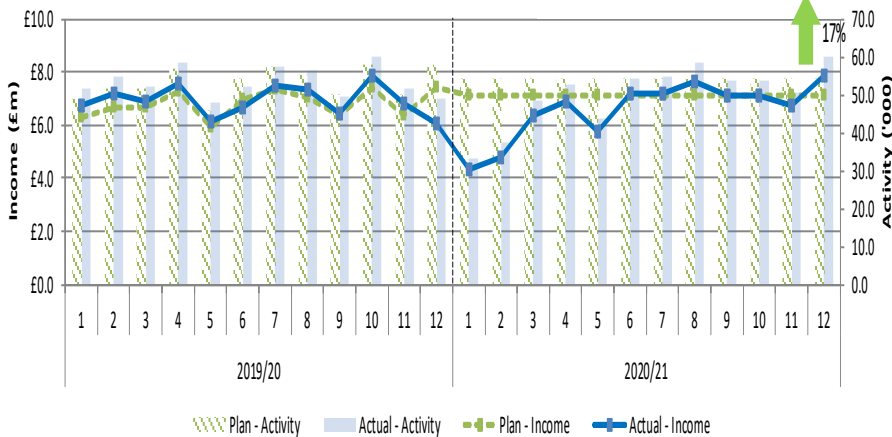
Non elective spells

In month -122 activity, -£48,709  
YTD -8,629 activity, -£19,457,278



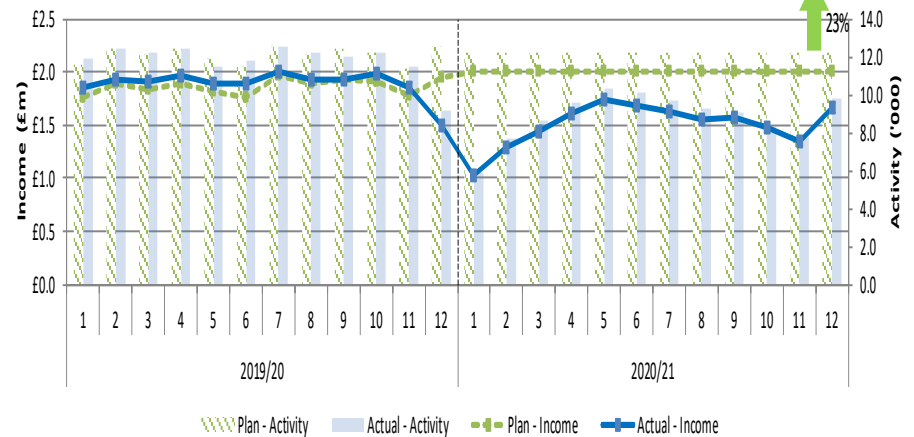
Outpatients

In month +6,051 activity, +£739,963  
YTD -46,280 activity, -£6,504,131



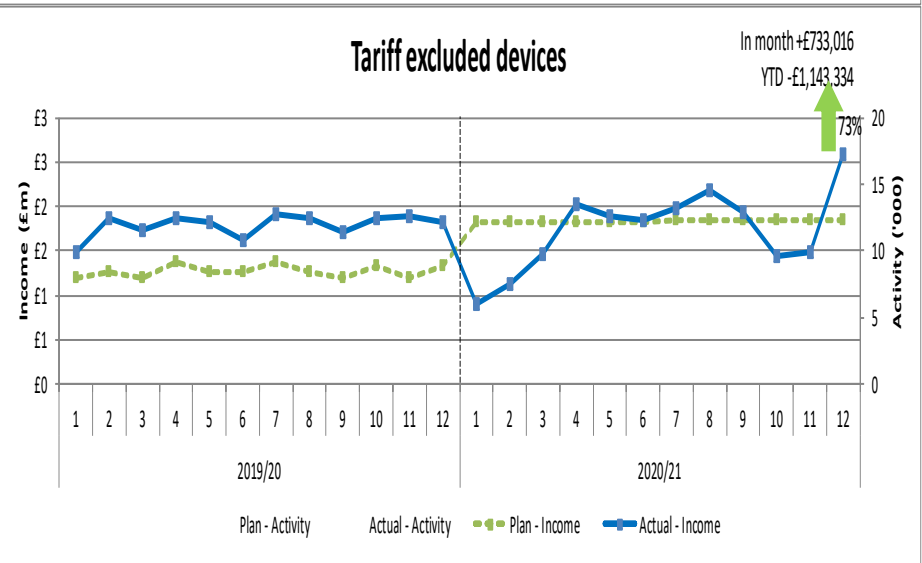
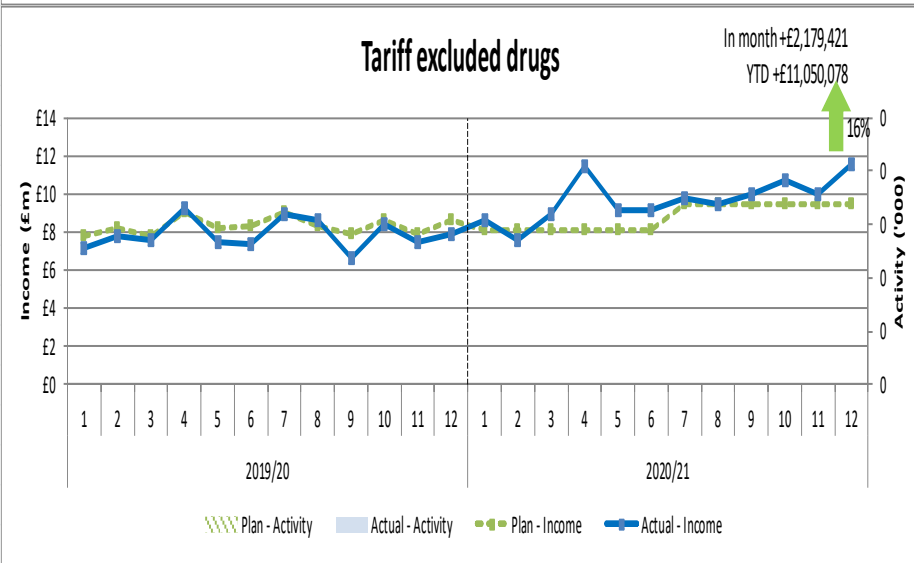
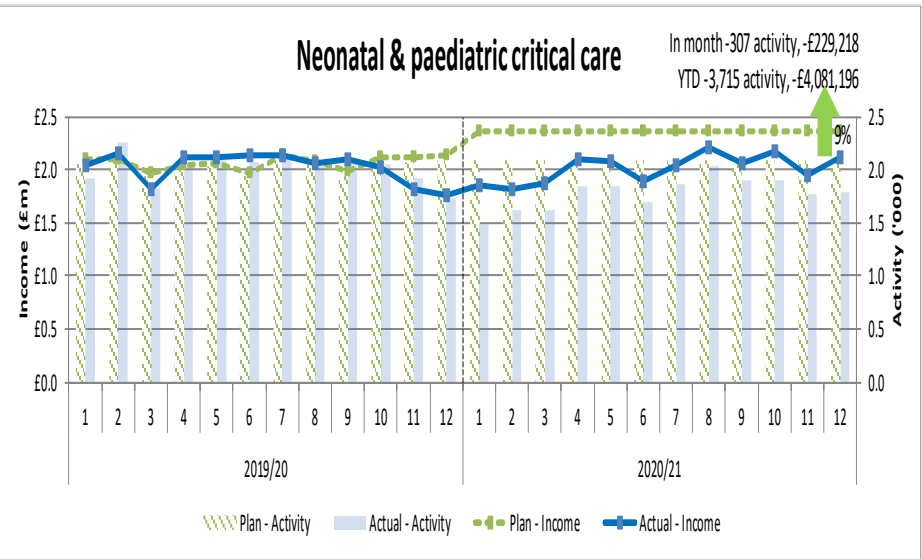
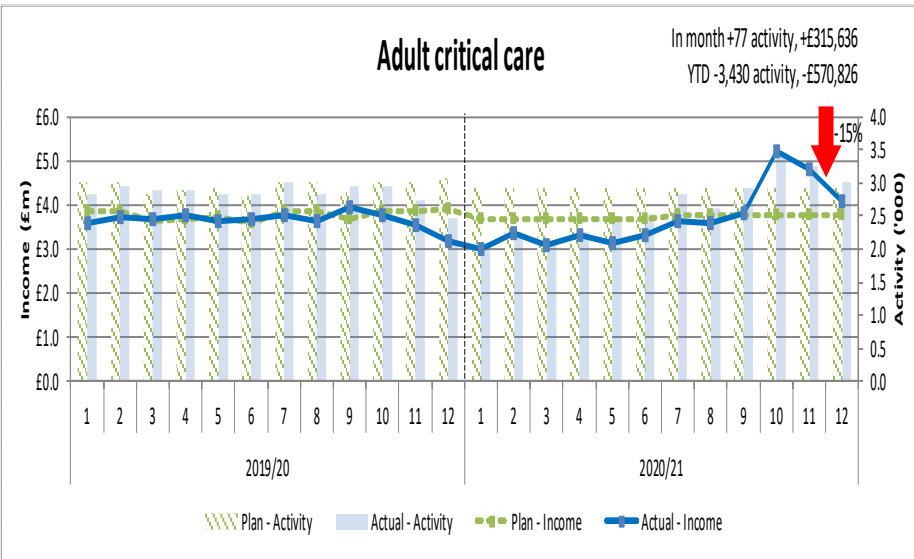
A&E

In month -2,482 activity, -£336,932  
YTD -40,795 activity, -£5,897,008





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 first 12 months for Elective, Non Elective and Outpatient Activity.

Elective activity has increased in March and now represents 92% of planned income levels but this reduces to 80% when activity currently being undertaken in independent sector sites is removed. Recovery planning is targeting improvement in all areas but will be governed by clinical priority.

Non Elective activity levels also increased in March with income up to 100% of planned levels. Covid admissions are included within non elective and are thought to have a tariff income shortfall driving a variation between income % and activity % in earlier months.

Elective Activity as % of Plan		Activity as % of Plan										Income as % of Plan					
Division	Care Group	6	7	8	9	10	11	12	6	7	8	9	10	11	12		
E DIVISION A	CANCER CARE	69%	71%	70%	70%	67%	62%	80%	68%	75%	73%	73%	60%	54%	75%		
	SURGERY	79%	85%	85%	76%	48%	46%	76%	88%	102%	100%	91%	56%	64%	97%		
DIVISION A Total		74%	78%	78%	73%	57%	53%	78%	84%	96%	94%	87%	57%	62%	92%		
E DIVISION B	OPHTHALMOLOGY	70%	90%	95%	93%	38%	27%	90%	71%	88%	99%	95%	41%	30%	94%		
	SPECIALIST MEDICINE	78%	87%	95%	87%	88%	97%	106%	81%	91%	101%	86%	91%	94%	110%		
DIVISION B Total		76%	88%	95%	84%	76%	76%	103%	78%	90%	100%	89%	73%	71%	104%		
E DIVISION C	CHILD HEALTH	93%	94%	96%	97%	73%	81%	104%	105%	97%	102%	103%	64%	88%	118%		
	WOMEN'S HEALTH	89%	96%	112%	88%	59%	68%	105%	92%	106%	116%	96%	61%	70%	101%		
DIVISION C Total		92%	94%	100%	91%	70%	77%	105%	102%	100%	106%	101%	63%	84%	114%		
E DIVISION D	CARDIOVASCULAR & THORACIC	97%	108%	100%	91%	56%	57%	85%	96%	106%	98%	100%	55%	57%	79%		
	NEUROSCIENCES	97%	100%	88%	102%	81%	69%	94%	95%	104%	97%	121%	77%	55%	93%		
	RADIOLOGY	75%	81%	77%	61%	50%	66%	72%	72%	91%	82%	66%	51%	68%	77%		
	TRAUMA & ORTHOPAEDICS	76%	97%	94%	97%	28%	28%	78%	77%	98%	106%	118%	24%	24%	83%		
DIVISION D Total		86%	96%	90%	87%	54%	55%	83%	89%	102%	97%	106%	50%	49%	82%		
Total		81%	88%	90%	83%	65%	65%	92%	89%	99%	98%	99%	57%	60%	92%		

Non Elective Activity as % of Plan		Activity as % of Plan										Income as % of Plan					
Division	Care Group	6	7	8	9	10	11	12	6	7	8	9	10	11	12		
E DIVISION A	CANCER CARE	102%	107%	96%	100%	94%	99%	123%	94%	94%	84%	88%	81%	98%	110%		
	SURGERY	90%	95%	84%	86%	73%	71%	88%	99%	107%	97%	108%	87%	75%	94%		
DIVISION A Total		93%	98%	87%	90%	79%	79%	98%	97%	102%	92%	101%	81%	84%	100%		
E DIVISION B	ACUTE MEDICINE	94%	103%	95%	111%	117%	103%	107%	99%	109%	102%	113%	117%	107%	112%		
	EMERGENCY MEDICINE	103%	102%	94%	91%	88%	86%	95%	96%	100%	86%	85%	116%	92%	84%		
	OPHTHALMOLOGY	66%	68%	66%	70%	41%	64%	67%	81%	70%	64%	75%	38%	68%	64%		
	SPECIALIST MEDICINE	77%	114%	96%	147%	100%	107%	85%	47%	129%	93%	145%	80%	98%	76%		
DIVISION B Total		98%	102%	94%	100%	100%	93%	99%	97%	106%	96%	105%	115%	102%	102%		
E DIVISION C	CHILD HEALTH	102%	98%	95%	93%	71%	66%	84%	93%	99%	83%	98%	79%	67%	83%		
	WOMEN'S HEALTH	84%	89%	87%	95%	86%	81%	104%	94%	95%	91%	105%	88%	86%	108%		
DIVISION C Total		89%	92%	89%	94%	82%	76%	98%	94%	96%	88%	103%	84%	79%	99%		
E DIVISION D	CARDIOVASCULAR & THORACIC	84%	99%	88%	88%	76%	73%	98%	85%	101%	90%	96%	75%	66%	98%		
	NEUROSCIENCES	109%	102%	97%	104%	94%	92%	102%	123%	113%	94%	105%	104%	92%	105%		
	RADIOLOGY	73%	65%	90%	75%	51%	67%	87%	55%	62%	78%	77%	48%	66%	83%		
	TRAUMA & ORTHOPAEDICS	114%	102%	110%	92%	89%	77%	94%	111%	113%	110%	95%	108%	82%	95%		
DIVISION D Total		99%	98%	98%	92%	82%	77%	96%	99%	104%	95%	96%	88%	77%	98%		
Total		95%	98%	93%	95%	89%	84%	98%	98%	103%	94%	100%	95%	85%	100%		

Income and Activity

Outpatient activity was the highest of the year in March at 111% of planned levels, noting this was partially driven by 3 additional working days in March.

Outpatient Activity as % of Plan		Activity as % of Plan										Income as % of Plan					
Division	Care Group	6	7	8	9	10	11	12	6	7	8	9	10	11	12		
DIVISION A	CANCER CARE	130%	121%	127%	118%	121%	125%	142%	128%	119%	125%	117%	119%	123%	135%		
	SURGERY	89%	90%	97%	91%	85%	79%	101%	86%	88%	91%	84%	80%	75%	94%		
DIVISION A Total		109%	105%	112%	104%	102%	101%	121%	108%	104%	109%	102%	101%	101%	116%		
DIVISION B	ACUTE MEDICINE	105%	86%	97%	82%	105%	91%	91%	111%	91%	103%	86%	110%	95%	95%		
	EMERGENCY MEDICINE	158%	67%	90%	115%	59%	61%	89%	152%	67%	91%	117%	67%	67%	89%		
	OPHTHALMOLOGY	88%	93%	96%	95%	98%	95%	112%	90%	95%	97%	96%	101%	98%	114%		
	SPECIALIST MEDICINE	105%	111%	119%	108%	103%	100%	122%	98%	102%	112%	103%	98%	96%	117%		
DIVISION B Total		97%	102%	108%	102%	100%	97%	117%	95%	99%	105%	100%	99%	96%	115%		
DIVISION C	CHILD HEALTH	109%	108%	114%	104%	101%	94%	107%	108%	107%	114%	104%	101%	95%	107%		
	SUPPORT SERVICES	79%	83%	86%	78%	81%	82%	80%	72%	77%	79%	72%	78%	76%	76%		
	WOMEN'S HEALTH	100%	102%	108%	99%	97%	88%	111%	98%	101%	107%	101%	97%	88%	113%		
DIVISION C Total		98%	99%	104%	96%	94%	89%	101%	100%	101%	108%	99%	97%	91%	106%		
DIVISION D	CARDIOVASCULAR & THORACIC	97%	102%	110%	101%	101%	91%	114%	98%	100%	109%	101%	102%	90%	115%		
	NEUROSCIENCES	104%	102%	114%	104%	109%	96%	104%	103%	101%	113%	103%	111%	98%	103%		
	RADIOLOGY	119%	133%	174%	138%	107%	131%	112%	95%	108%	144%	112%	94%	101%	90%		
	TRAUMA & ORTHOPAEDICS	107%	91%	102%	87%	78%	69%	90%	107%	90%	102%	89%	78%	69%	87%		
DIVISION D Total		101%	99%	109%	98%	96%	85%	103%	101%	98%	109%	99%	99%	83%	104%		
Total		101%	101%	108%	100%	98%	94%	111%	101%	101%	108%	100%	99%	94%	110%		

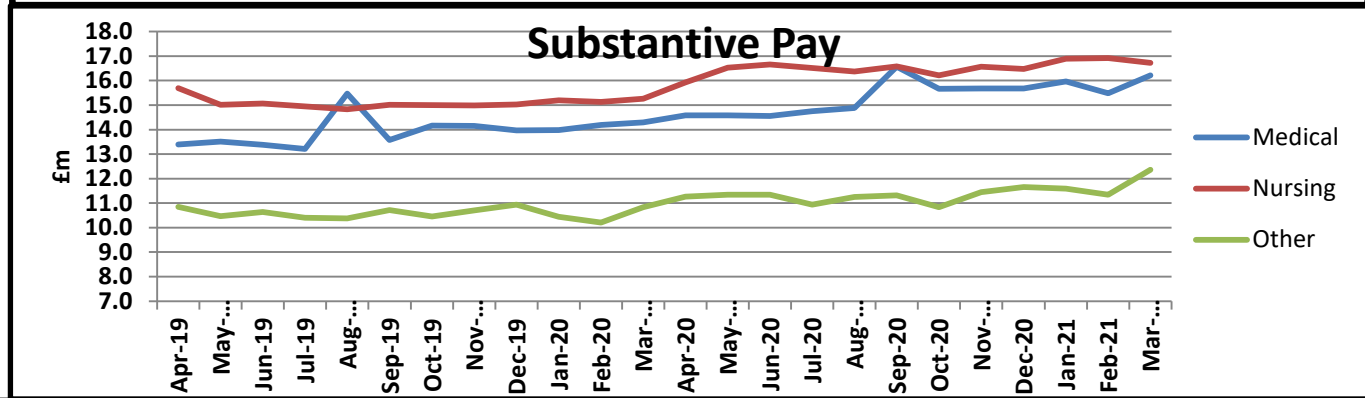
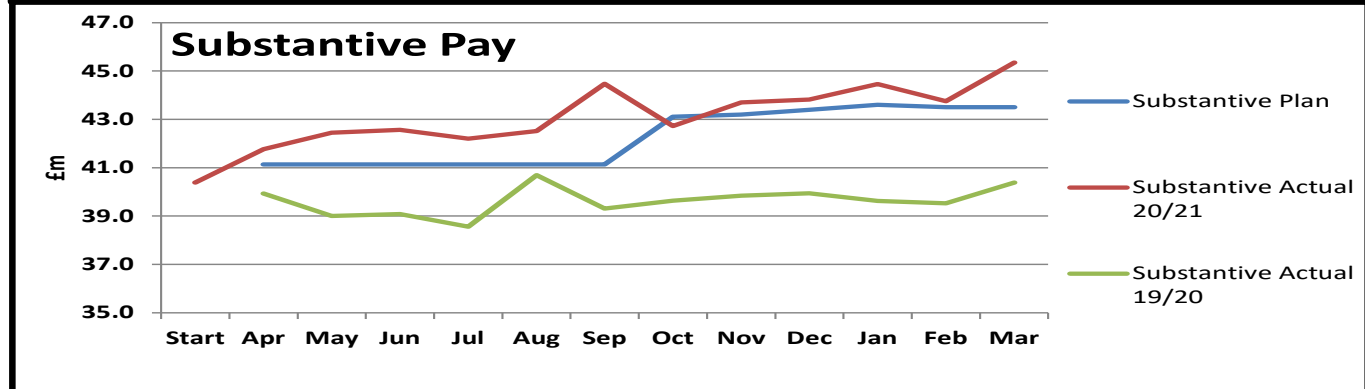
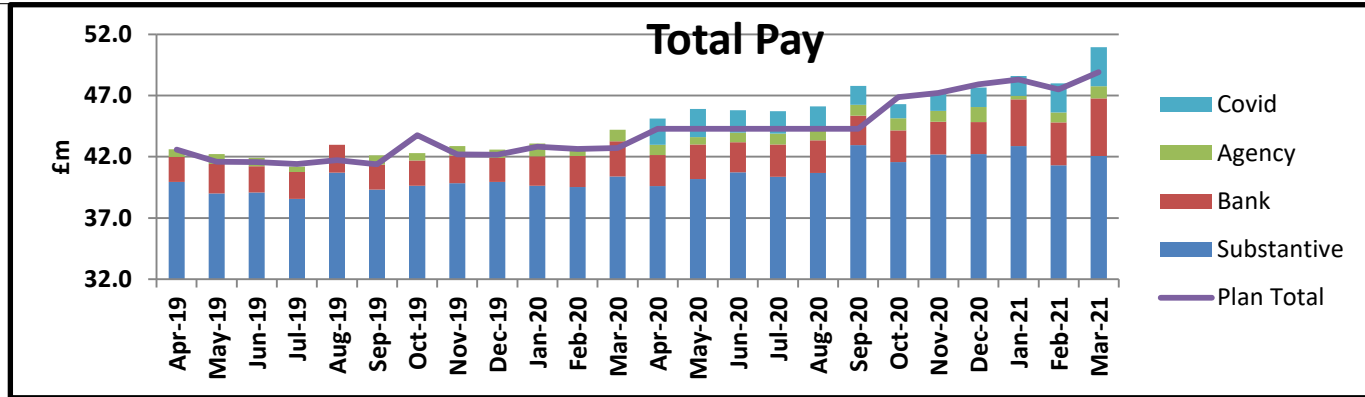
Substantive Pay Costs

Total pay expenditure in March was £82.7m. However this included the following one off items which have been removed from the graphs in order to show a normalised position for March:

- £23m for the NHS England funded employer on costs
- £8.1m annual leave accrual change
- £0.6m Flowers case accrual

Removing these items gives a total pay expenditure for March of £50.9m. This is £3m higher than February and reflects a longer month, higher activity, higher Bank costs (£1.2m largely driven by Covid Vaccination Hub Bank costs of £0.8m). £1.5m of costs were also reclassified as revenue from capital as part of the year end review process.

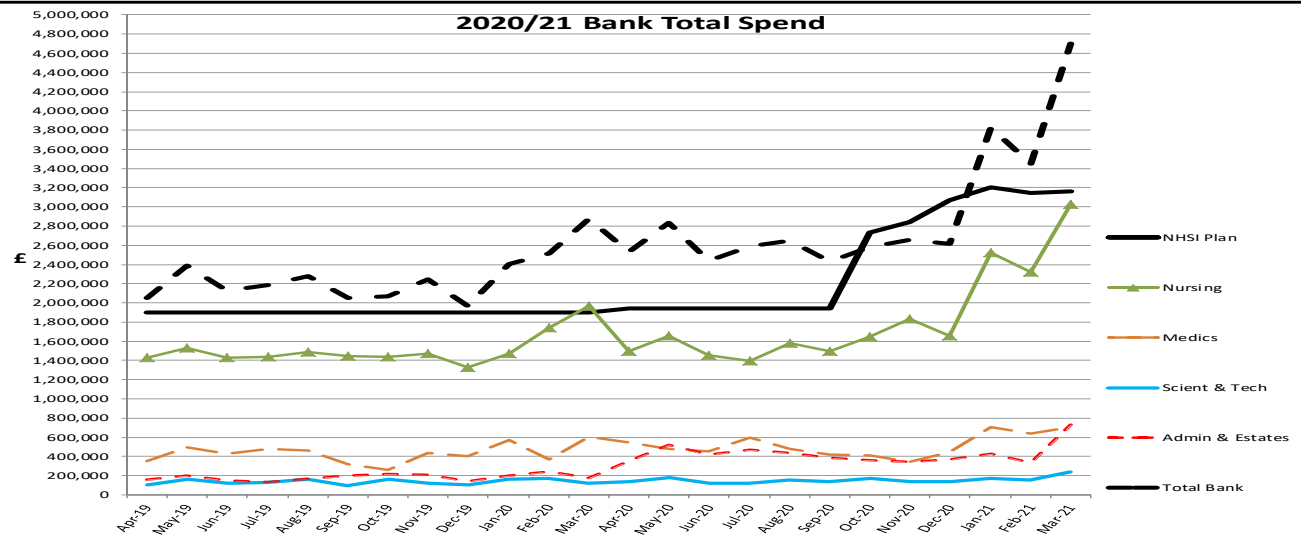
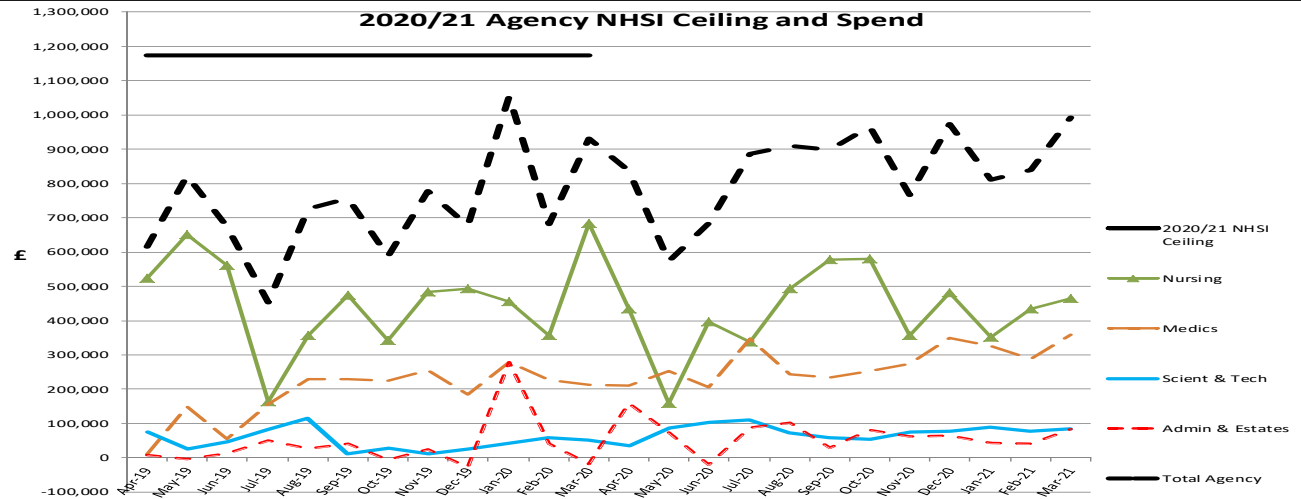
Covid related staffing expenditure increased in March to £3.2m driven by Critical Care staff for surge and out of area beds, Covid Vaccination Hub costs (£0.8m) and Covid Testing staff costs (£0.6m). Vaccine Testing and Vaccination Hub pay costs are fully recoverable from NHSE.



Temporary Staff Costs

Agency spend has stayed relatively flat month on month but this includes an increase in nursing agency spend offset by decreased spend in other areas.

Expenditure on bank staff has increased significantly in month to a year to date high of £4.7m. This £1.2m increase is mainly driven by nursing, up by £0.7m and Admin up by £0.5m. In month Vaccination Hub spend on Bank staff was £0.85m of this. Vaccination Hub pay costs are fully recoverable from NHSE.



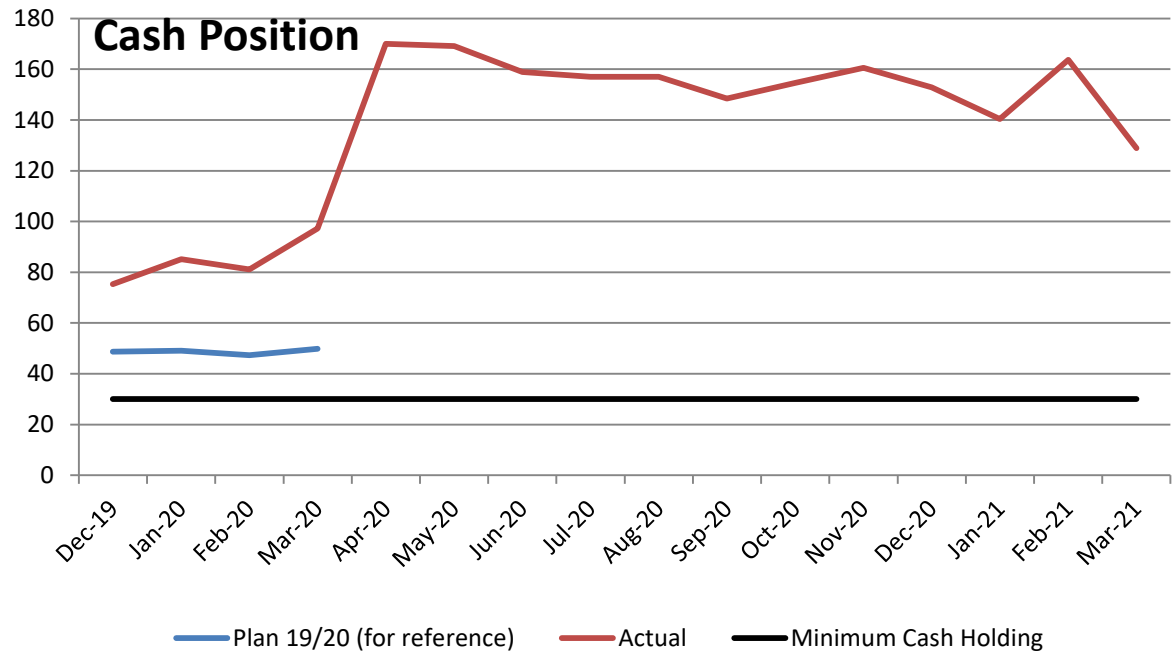
Cash

The cash balance decreased to £128.9m in March mainly due to the elimination of the payment on account for block contracts.

This was offset somewhat by several items, including:

- The receipt of cash for PDC funded capital schemes;
- Funding for the Annual Leave shortfall (£8m);
- Funding for the opening Work in Progress accruals that were removed and neutralised via cash payments (£4m)
- Other income funding
- A number of other working capital movements impacting receivables, payables and deferred income.

Cash is anticipated to gradually reduce over the coming months.



## Capital Expenditure

(Fav Variance) / Adv Variance

The total internally funded capital expenditure for the 2020-21 financial year was £55.5m, £0.2m above our revised capital expenditure limit. A further £24.8m was spent on externally funded schemes.

£14.9m was spent on capital projects and equipment in March. Notable areas of expenditure in the month were IT (£1.5m), GICU E Level Theatres (£1.7m), ED Expansion (£1.8m) plus expenditure on a new Linac (£1.5m) and the LIMS pathology system (£1.4m).

This high level of expenditure enabled the trust to ensure that both our internal and external capital allocations were fully utilised and expenditure was just £0.2m above that forecast in M11. The £1.5m over-spend on internally generated capital was from bringing forward spend from 21/22, with full support of NHSI region.

The high level of donated assets and income is mainly due to medical equipment loaned or donated to us by DHSC relating to Covid (£3.2m).

Scheme	Month			Year to Date		
	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's
Childrens Hospital/ED Adult Resus	0	43	(43)	1,141	1,436	(295)
IT Schemes	655	1,500	(845)	7,142	6,131	1,011
Strategic Maintenance	381	312	69	3,750	3,566	184
Medical Equipment Panel	137	647	(510)	1,000	1,304	(304)
GICU Expansion	803	48	755	12,128	9,733	2,395
Fit out of E Level, Vertical Extension	1,927	1,671	256	5,013	2,259	2,754
Refurbish Eye Theatre	0	27	(27)	1,849	1,827	22
Theatre K Plant Room	0	35	(35)	334	768	(434)
Spend to Save	20	318	(298)	810	1,796	(986)
Radiotherapy Turnkey Works and Equipment	0	(24)	24	700	586	114
Decorative Improvements / Staff Fund	50	(3)	53	600	19	581
ED offices and minors space	0	0	0	586	0	586
Fit out of E & F level North Wing Courtyard	0	1	(1)	1,207	632	575
East Wing Annex Shell	320	0	320	1,490	0	1,490
Oncology Ward Build	0	458	(458)	5,782	6,452	(670)
Side Rooms	134	321	(187)	932	898	34
Adanac Park	0	0	0	830	4,230	(3,400)
Other Projects	165	1,450	(1,285)	2,818	4,877	(2,059)
Donated Asset Expenditure	30	2,754	(2,724)	350	2,994	(2,644)
Equipment brought forward	0	1,354	(1,354)	0	1,354	(1,354)
Capital to Revenue	0	(876)	876	0	(876)	876
Contribution to External Capital	0	(510)	510	0	(510)	510
Assumed Slippage	(239)	0	(239)	(1,423)	0	(1,423)
<b>Total Trust Funded Capital excl Finance Leases</b>	<b>4,383</b>	<b>9,525</b>	<b>(5,142)</b>	<b>47,039</b>	<b>49,474</b>	<b>(2,435)</b>
Finance Leases - Medical Equipment Panel	300	36	264	2,200	1,863	337
Finance Leases - Divisional Equipment	41	0	41	500	0	500
Finance Leases - IISS	1,100	940	160	5,535	4,506	1,029
Finance Leases - Linac	0	1,447	(1,447)	0	1,447	(1,447)
Finance Leases -ED Expansion	0	260	(260)	0	260	(260)
Finance Leases - Other	346	81	265	2,265	2,217	48
Donated Asset Income	(284)	(3,461)	3,177	(3,482)	(4,259)	777
<b>Total Trust Funded Capital Expenditure (CDEL All)</b>	<b>5,886</b>	<b>8,827</b>	<b>(2,941)</b>	<b>54,057</b>	<b>55,508</b>	<b>(1,451)</b>
Energy Efficiency	85	0	85	1,667	1,667	0
Fit out of E Level, Vertical Extension	0	0	0	5,000	4,300	700
ED Expansion and Refurbishment	0	1,845	(1,845)	0	9,000	(9,000)
Backlog Maintenance	217	1,484	(1,267)	1,730	1,730	0
Endoscopy Room	0	605	(605)	0	1,473	(1,473)
Digital Maternity (STP Wave 3)	167	101	66	1,350	141	1,209
Digital Outpatients (STP Wave 3)	78	0	78	589	2	587
HSLI Enterprise Wide Scheduling	37	32	5	444	108	336
Cyber Security	0	25	(25)	0	33	(33)
Pathology Digitisation	135	71	64	1,080	90	990
LIMS Digital Enhancement	0	1,385	(1,385)	0	1,385	(1,385)
Teledermatology	0	0	0	0	0	0
Coronavirus Equipment and Works	0	(0)	0	0	4,407	(4,407)
Rapid Covid Testing	0	0	0	0	0	0
Contribution from Internal Capital	0	510	(510)	0	510	(510)
<b>Total CDEL Expenditure</b>	<b>6,605</b>	<b>14,886</b>	<b>(8,281)</b>	<b>65,917</b>	<b>80,355</b>	<b>(14,438)</b>



## Statement of Financial Position

(Fav Variance) / Adv Variance

The March statement of financial position illustrates net assets of £471.6m which is £10.6m up when compared to February.

Accounts payables balances reduced compared to Month 11 as a result of the elimination of the payment on account for block contracts with commissioners which was c£65m. It remains high compared to the prior year due to increases in such areas as goods received not invoiced and the annual leave accrual.

Receivables reduced in month following the settlement of a number of Chilworth invoices and the clarification of year end positions with Commissioners. The position is slightly higher than the prior year due to the impact of Chilworth.

Statement of Financial Position	2019/20 YE Actuals £m	2020/21		
		M11 Act £m	M12 Act £m	MoM Movement £m
Fixed Assets	379.0	422.5	433.8	11.3
Inventories	15.2	14.8	13.9	(0.9)
Receivables	73.0	86.2	80.6	(5.6)
Cash	97.3	163.7	128.9	(34.8)
Payables	(115.6)	(215.4)	(173.3)	42.1
Current Loan	(3.3)	(3.1)	(3.4)	(0.3)
Current PFI and Leases	(7.4)	(7.7)	(8.9)	(1.2)
<b>Net Assets</b>	<b>438.2</b>	<b>461.0</b>	<b>471.6</b>	<b>10.6</b>
Non Current Liabilities	(20.4)	(29.5)	(30.9)	(1.4)
Non Current Loan	(11.5)	(8.9)	(7.9)	1.0
Non Current PFI and Leases	(33.4)	(36.5)	(34.9)	1.6
<b>Total Assets Employed</b>	<b>372.9</b>	<b>386.2</b>	<b>397.9</b>	<b>11.7</b>
Public Dividend Capital	220.7	234.3	246.0	11.7
Retained Earnings	132.0	131.7	131.7	0.0
Revaluation Reserve	20.2	20.2	20.2	0.0
Other Reserves	0.0	0.0	0.0	0.0
<b>Total Taxpayers' Equity</b>	<b>372.9</b>	<b>386.2</b>	<b>397.9</b>	<b>11.7</b>

Elective Recovery Fund 21/22

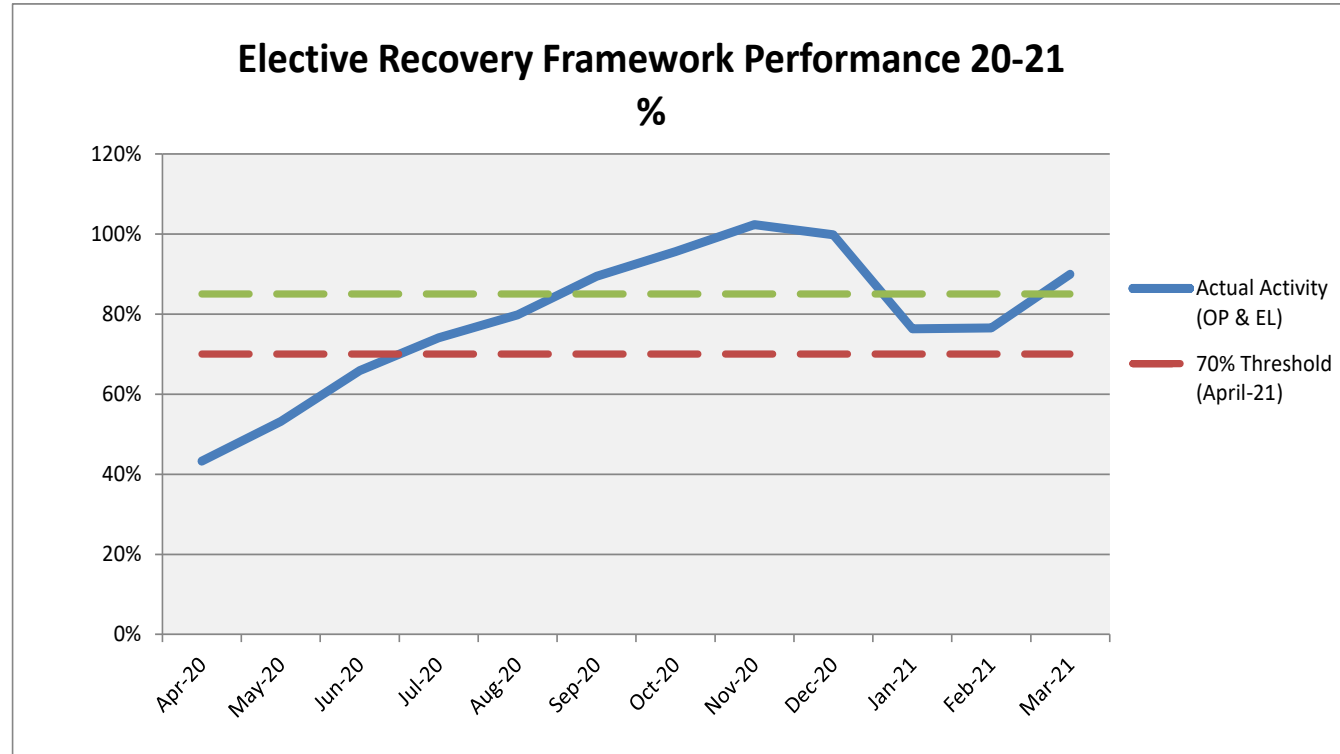
The Elective Recovery Fund has been launched as part of the 21/22 planning guidance as a mechanism for distributing £1bn of national recovery funds for Elective and Outpatient activity.

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

- 70% for April 21
- 75% for May 21
- 80% for June 21
- 85% from July 21 to Sept 21

For income over these thresholds, but below 85%, then tariff income is payable in full. For income that exceeds 85% then tariff + 20% is payable. The STP is currently discussing the reimbursement regime as all calculations will be done at a system level.

The graph shows the trends through 20/21. The most recent month of March showed strong performance and would have generated an ERF payment of £4.5m.



Report to the Trust Board of Directors				
<b>Title:</b>	<b>Integrated Performance Report 2020-21 Month 12</b>			
<b>Agenda item:</b>	<b>11.1</b>			
<b>Sponsor:</b>	<b>David French, Interim Chief Executive Officer</b>			
<b>Date:</b>	<b>29 April 2021</b>			
<b>Purpose</b>	<b>Assurance or reassurance Y</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>
<b>Issue to be addressed:</b>	<p>This report is intended to support the Trust Board in assuring that:</p> <ul style="list-style-type: none"> <li>the care we provide is safe, caring, effective, responsive and well led in the context of the Covid 19 pandemic</li> <li>at the same time we continue our journey toward our vision of World Class Care for Everyone.</li> </ul>			
<b>Response to the issue:</b>	<p>For the year 2020/21 the Integrated Performance Report has adapted to reflect the current operating environment. In particular we have aligned it with the Care Quality Commission Key Lines of Enquiry and then cut it again to reflect delivery of our Strategic Goals and annual corporate objectives.</p>			
<b>Implications: (Clinical, Organisational, Governance, Legal?)</b>	<p>This report covers a broad range of trust services and activities. It is intended to assist the Board in assuring that the Trust meets regulatory requirements and corporate objectives.</p>			
<b>Risks: (Top 3) of carrying out the change / or not:</b>	<p>This report is provided for the purpose of assurance.</p>			
<b>Summary: Conclusion and/or recommendation</b>	<p>This report is provided for the purpose of assurance.</p>			

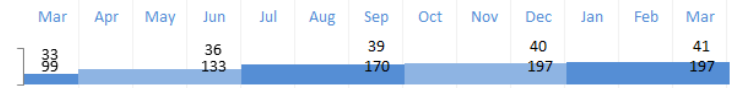
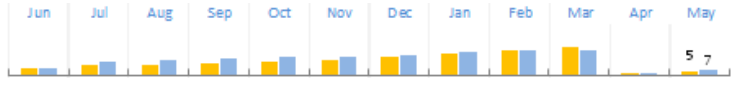
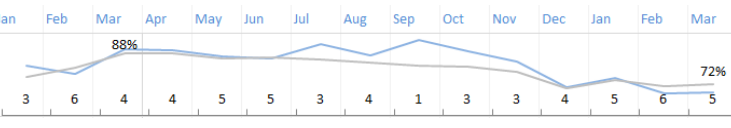
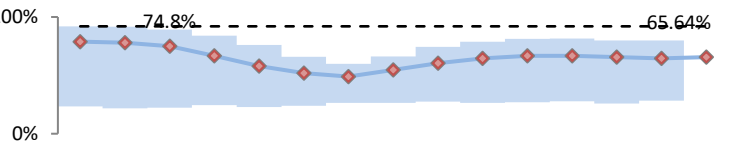

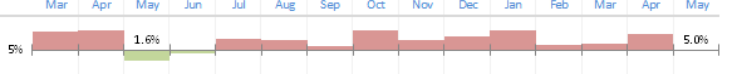
# Integrated KPI Board Report

covering up to

March 2021

Sponsor - Andrew Asquith, Director of Planning, Performance and Productivity,  
[andrew.asquith@uhs.nhs.uk](mailto:andrew.asquith@uhs.nhs.uk)

# Report Guide

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

## Introduction

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

For the year 2020/21 the Integrated Performance Report has adapted to reflect the current operating environment. In particular we have aligned it with the Care Quality Commission Key Lines of Enquiry and then cut it again to reflect delivery of our Strategic Goals and annual corporate objectives in order to:

- Demonstrate that we can assure ourselves that the care we provide is safe, caring, effective, responsive and well led in the context of the COVID-19 pandemic
- Ensure that at the same time we continue our journey toward our vision of World Class Care for Everyone.

We adjust / add to these indicators – informing the Board and keeping a comparative narrative – as the situation changes as we work through these unusual circumstances.

## March 2021 Summary

During March the direct impact of COVID-19 infections upon the Trust was significant at first, but reduced over the period.

Patients with a confirmed COVID-19 diagnosis during their admission:

- Started the month at 129 (39 of which were in intensive care / high care)
- Finished the month at 48 (11 of which were in intensive care / high care)

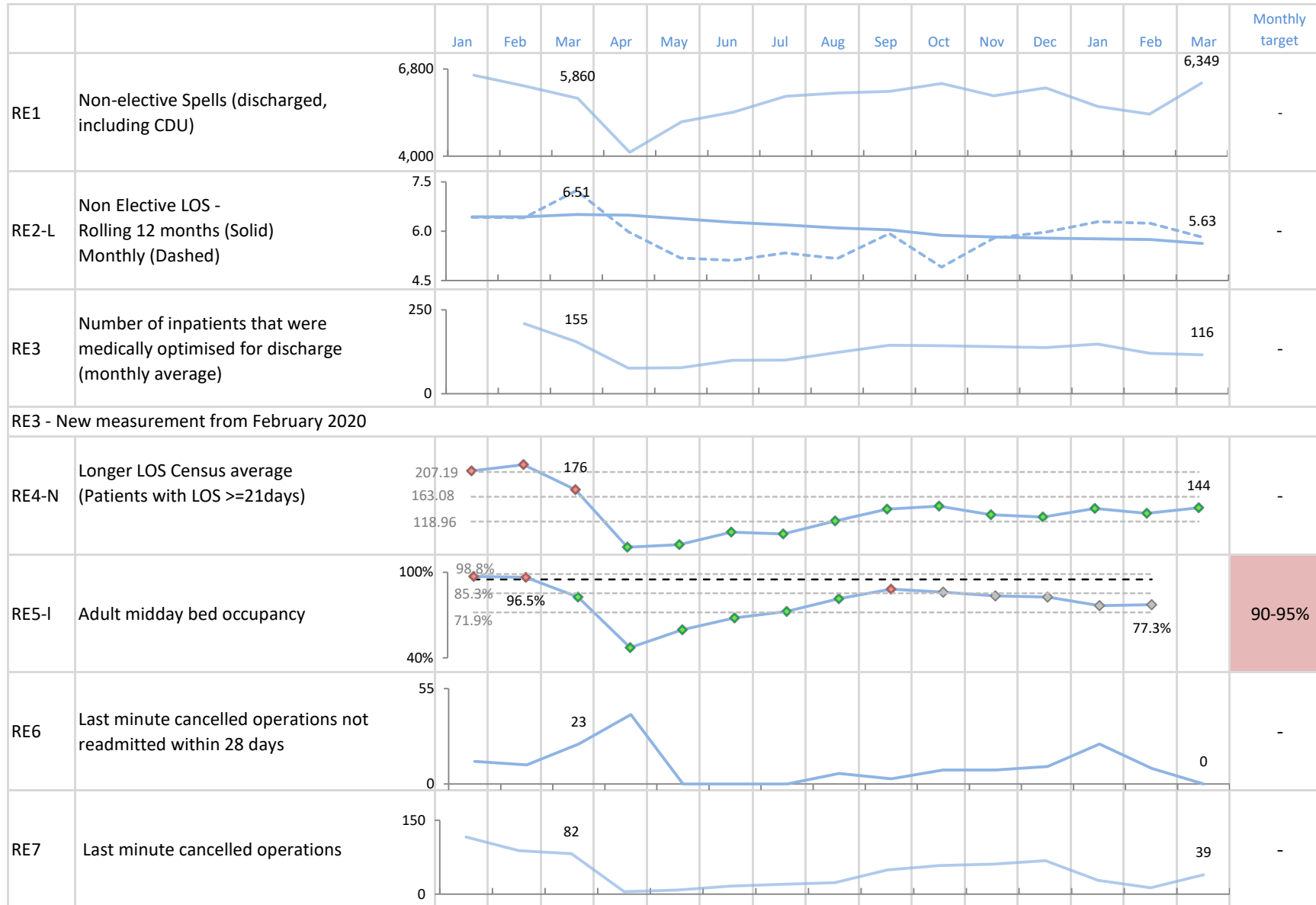
The reduction in COVID-19 needs in March was accompanied by a phased resumption of the elective admissions that were stopped in January (for patients with lower clinical priority).

Key aspects of performance for consideration this month include:

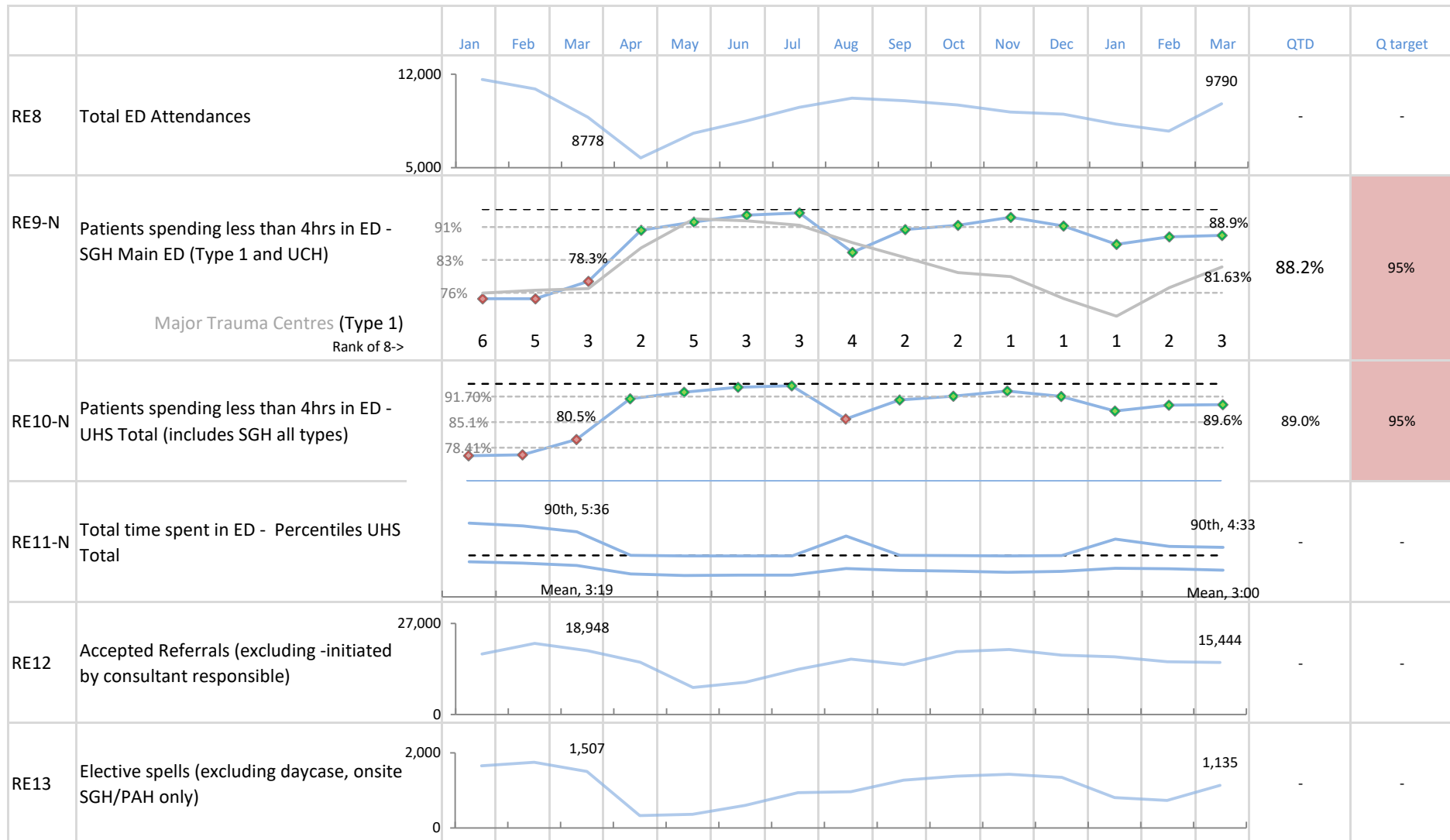
- We have now reported 30 Significant Incidents Requiring Investigation (SIRI) in relation to patients who were diagnosed with COVID-19 after 8 or more days in hospital (during December and January) and who sadly died subsequently, with COVID-19 listed as one of the causes leading to their death (Part 1 of the Death Certificate).
- Results in relation to other infections include achievement of the annual target for reduction in Clostridium Difficile infections, one MRSA Bacteraemia occurred during March and this was the only such event in 2020/21.
- UHS elective spell volumes (excluding daycases, including independent sector use) recovered significantly in the month, yet remained 75% below March 2020.
- Referral volumes continued to be significantly reduced compared to pre-pandemic levels in March and the total size of the referral to treatment waiting list remained the same, however the number of patients waiting more than 52 and 78 weeks continued to increase significantly.
- There have been exceptional levels of achievement in relation to COVID-19 related research activity.



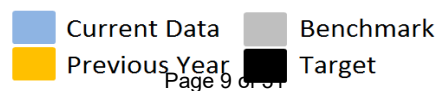
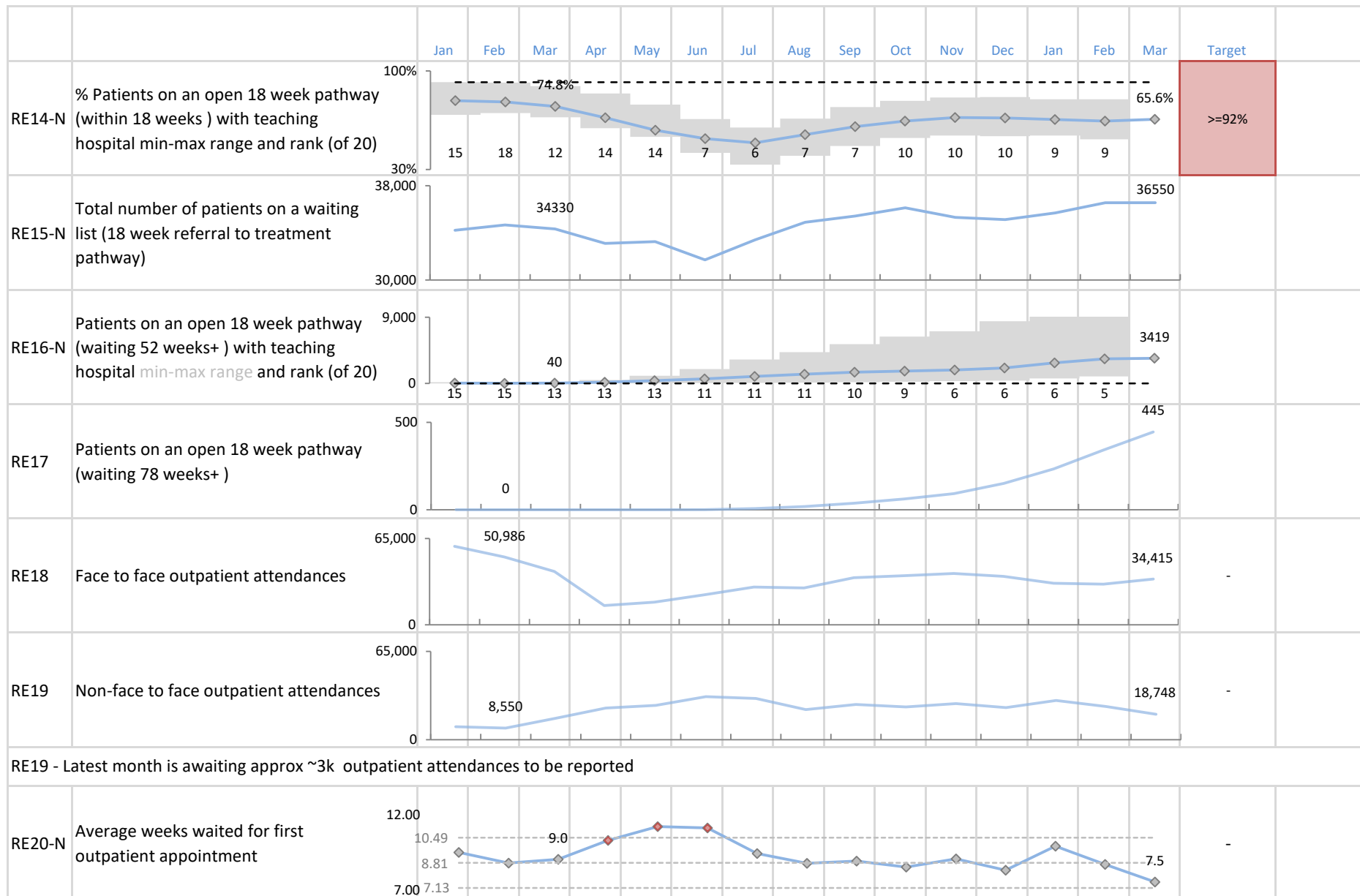
- Department timeliness was maintained at 89% (RE 9), attendance numbers increased significantly to the highest levels since summer 2020/21 (RE 8), whilst enhanced infection control precautions remained in place.
- Referral volumes (RE 12) remained stable, and continue to be significantly reduced compared to pre-pandemic levels.
- In February UHS delivered similar levels of elective activity, and non elective activity, to our peer group (RE 28-31).
- In March 2021 UHS elective spell volumes (excluding daycases, including independent sector use) recovered significantly, yet remained 75% below March 2020.
- The total number of patients on the RTT waiting list remained stable, but the number of patients that have waited over 52 weeks (RE 16) and over 78 weeks (RE 17) both increased significantly. Similar trends are being experienced widely, and UHS was 5<sup>th</sup> best (in a group of 20 Teaching hospitals) for the 52 week measure.
- The percentage of patients waiting more than 6 weeks for a diagnostic test (RE 21) reduced by 4% again this month. The number of patients waiting over 6 weeks reduced, whilst the total number of patients waiting increased.
- Cancer performance measures for February indicate improved performance:
  - o UHS 62 day performance (RE 22) has improved by 1% to 80% (compared to their target of 85%). UHS was the best performing trust amongst our 10 'peer' teaching hospitals this month.
  - o 31 day performance (RE 23) returned to above target in February at 97%.

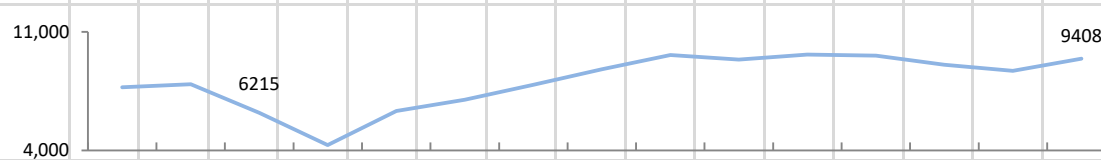
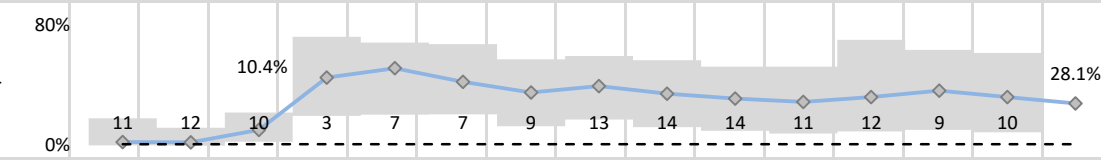
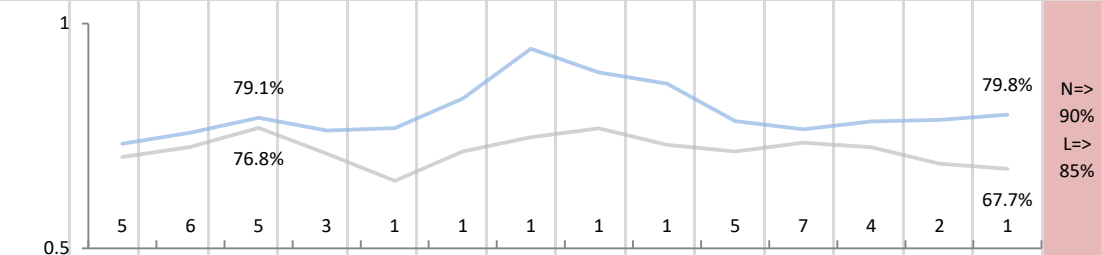
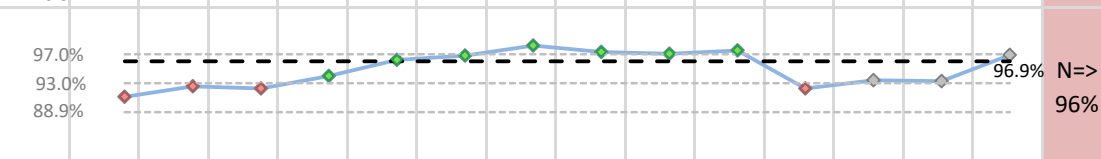
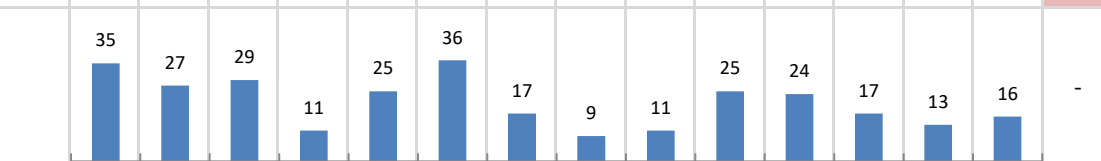
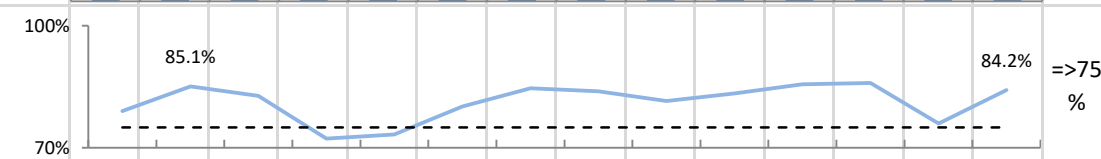


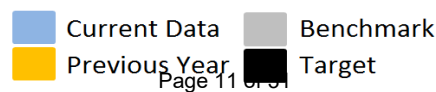
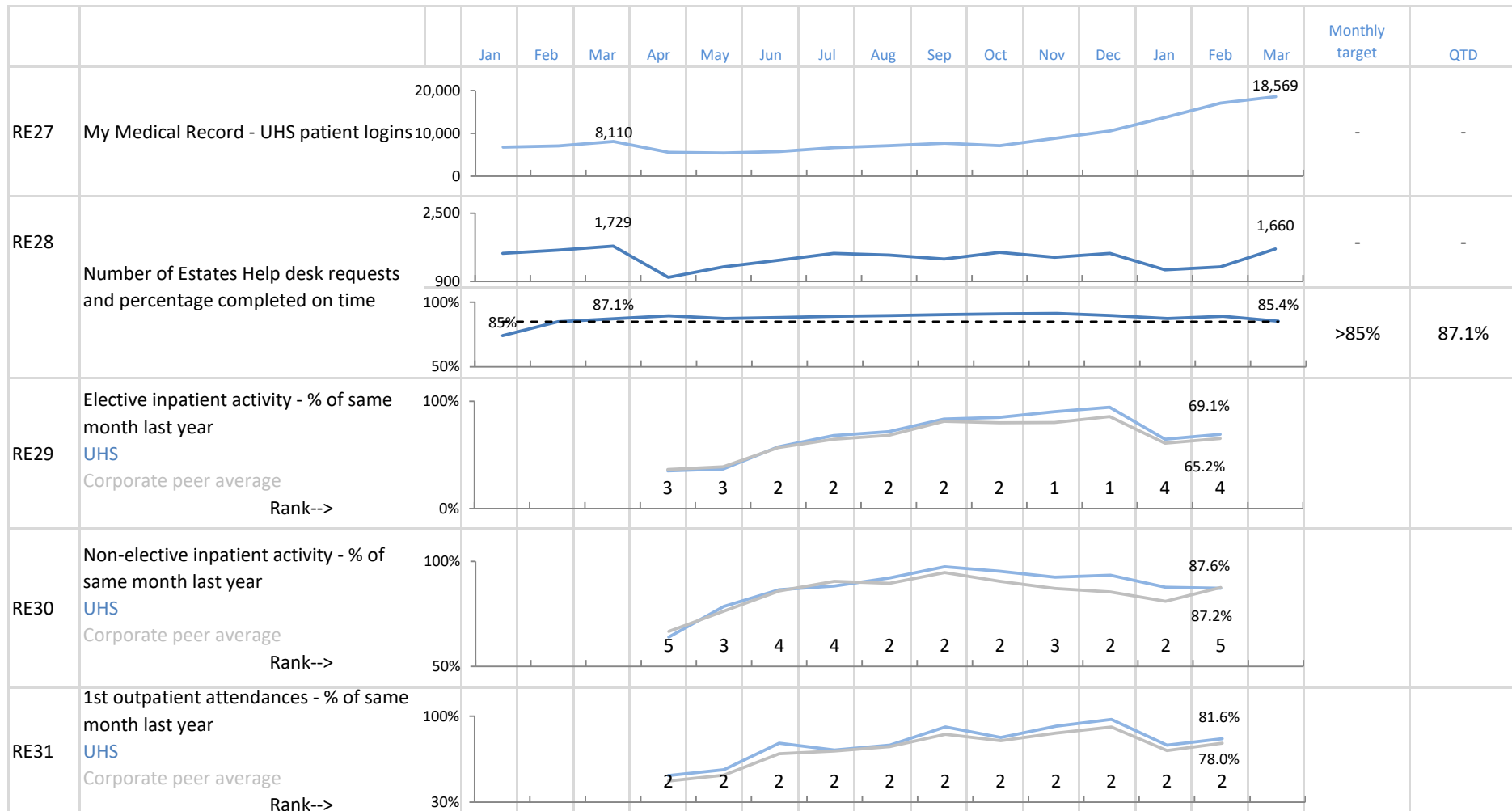
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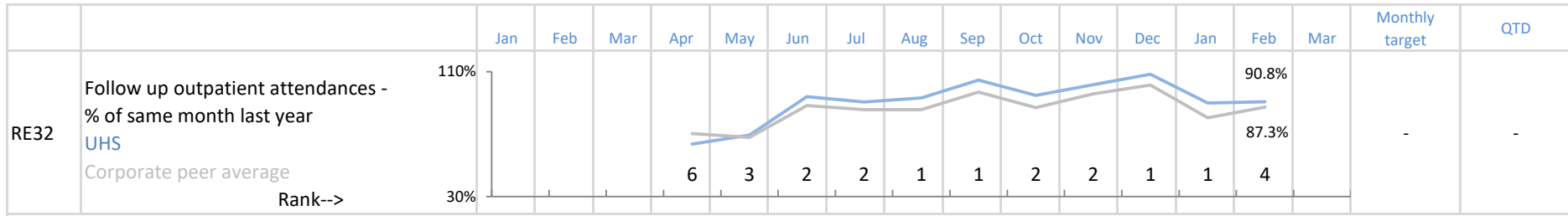


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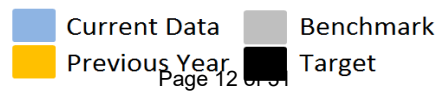


		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Target /Mar	Patients to recover target	QTD
RE21-N	Patients waiting for diagnostics															9408	-	
RE22-N	% of Patients waiting over 6 weeks for diagnostics with teaching hospital min-max range and rank (of 20)															28.1%	<=1%	
RE23-N	62 day Performance Benchmark (data reported nationally at due dates, combined metric - standard/screening/upgrade) Teaching Hospitals vs. UHS Total Rank(of 10)->															79.8%	N=> 90% L=> 85%	N = 16 L= 8 of 160.5 79%
RE24-N	31 day cancer wait performance (Latest data held by UHS, Combined measure – First and Subsequent Treatments of Cancer)															96.9%	N=> 96%	N=0 of 834 93.24%
RE25-N	Snapshot of waits > 104 days (from referral on a 62 day pathway)															-	-	-
RE26-N	28 Day Faster Diagnosis															84.2%	=>75%	75.93%



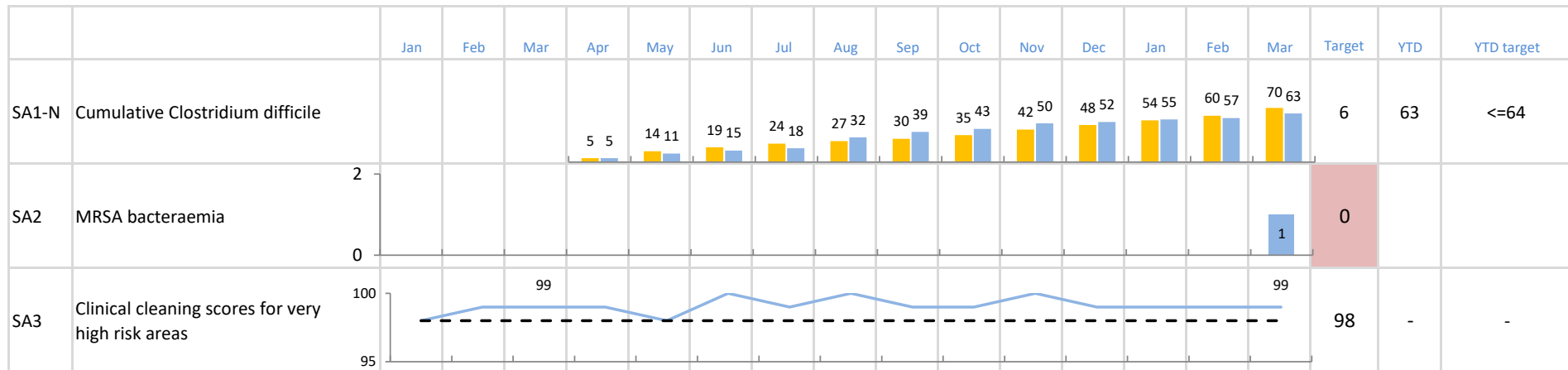


RE29-32 corporate peers group size = 7

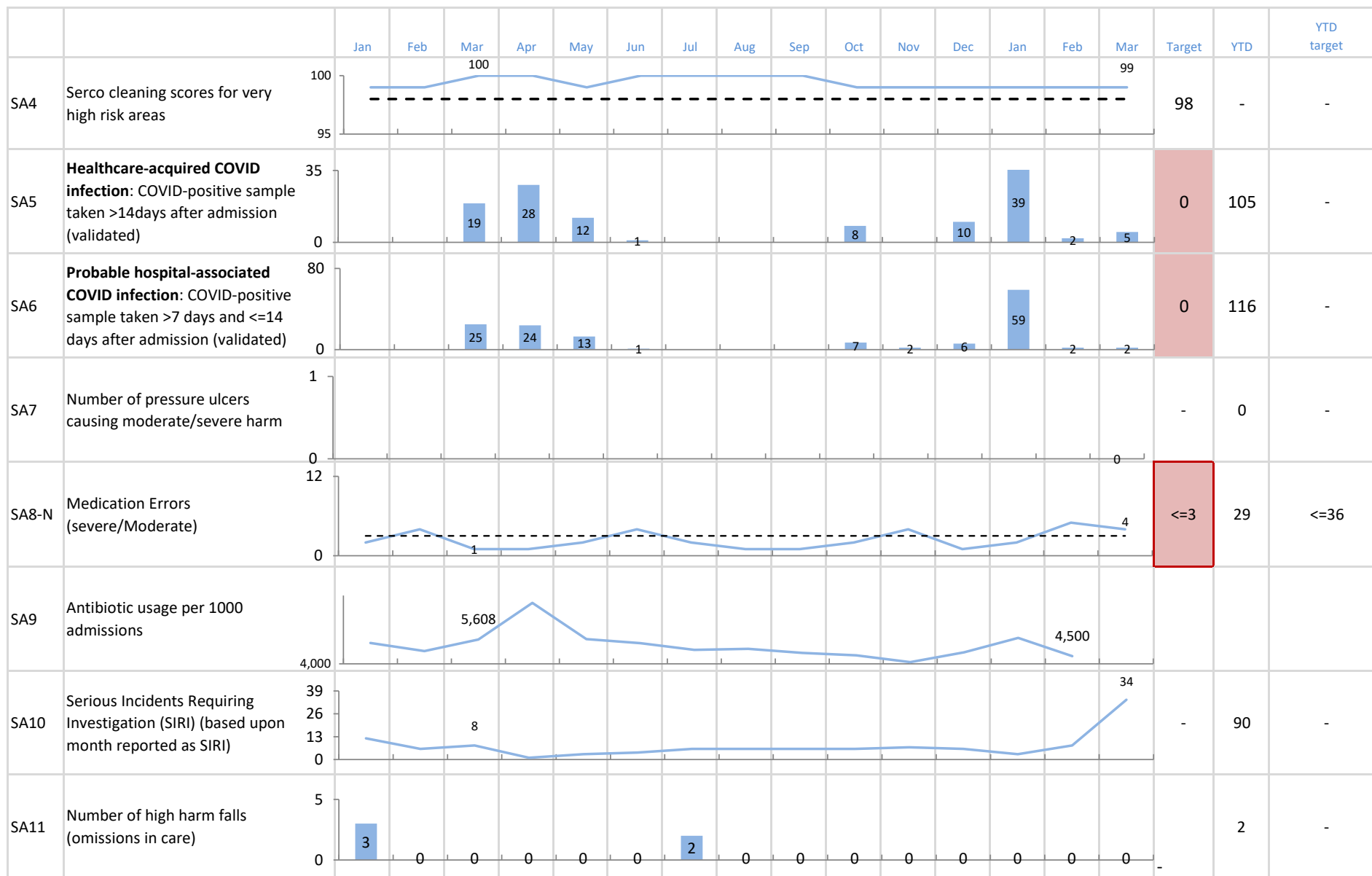


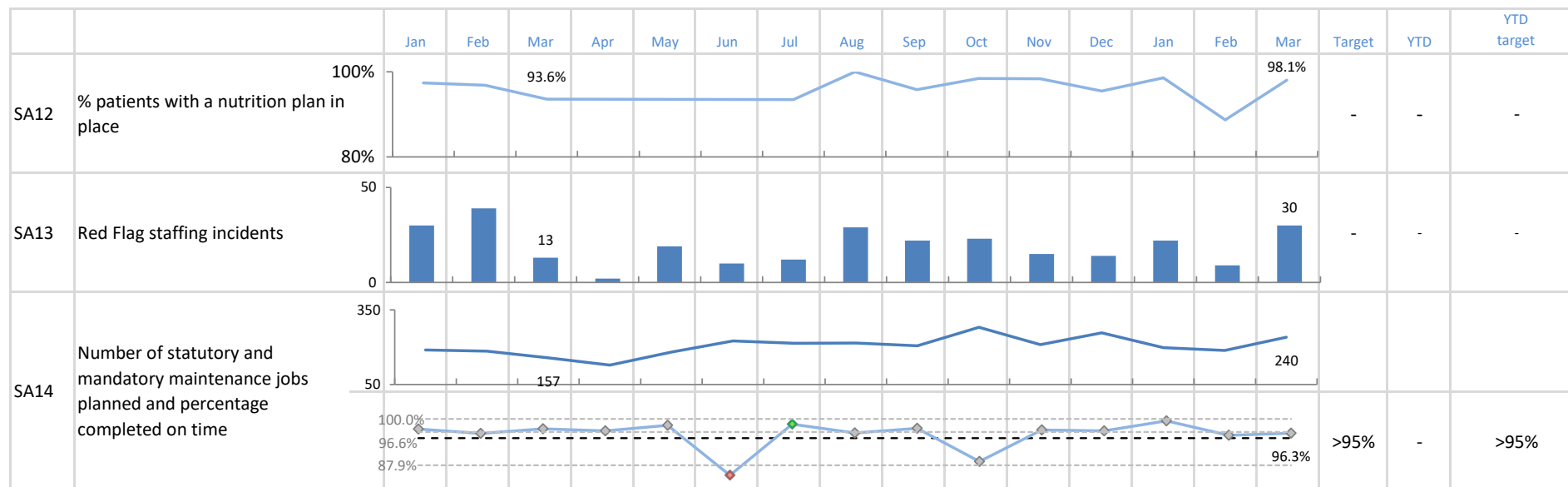


- The annual Clostridium Difficile infection ‘target’ was achieved, with 7 cases fewer than the previous year (SA 1).
- One MRSA Bacteraemia occurred during March, the only such event in 2020/21, and the causes of this are being investigated (SA 2).
- The number of medication incidents with moderate or severe harm (SA 8) in February has been reduced from 7 to 5 following review of harm caused in one case and the origin of another case. Four incidents have been reported in March, none were related to treatment of diabetes, two unrelated incidents involving Vancomycin levels will be reviewed together.
- An unusually high number of Significant Incidents Requiring Investigation were recorded in March (SA 10). This is due to the retrospective reporting of 30 of the 34 incidents which related to patients who were diagnosed with COVID-19 after 8 or more days in hospital (during December and January) and who sadly died, with COVID-19 listed as one of the causes leading to their death (Part 1 of the Death Certificate).
- ‘Red flag’ staffing incidents reported using Adverse Event Reporting (SA 13) increased to 30 in March, a more typical level following a period during the January and February COVID-19 peak when the roster system was used to monitor incidents in preference to AERs. All incidents are reviewed promptly upon reporting, and reported at the Nursing & Midwifery Staffing Review Group.

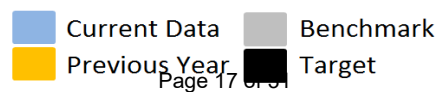
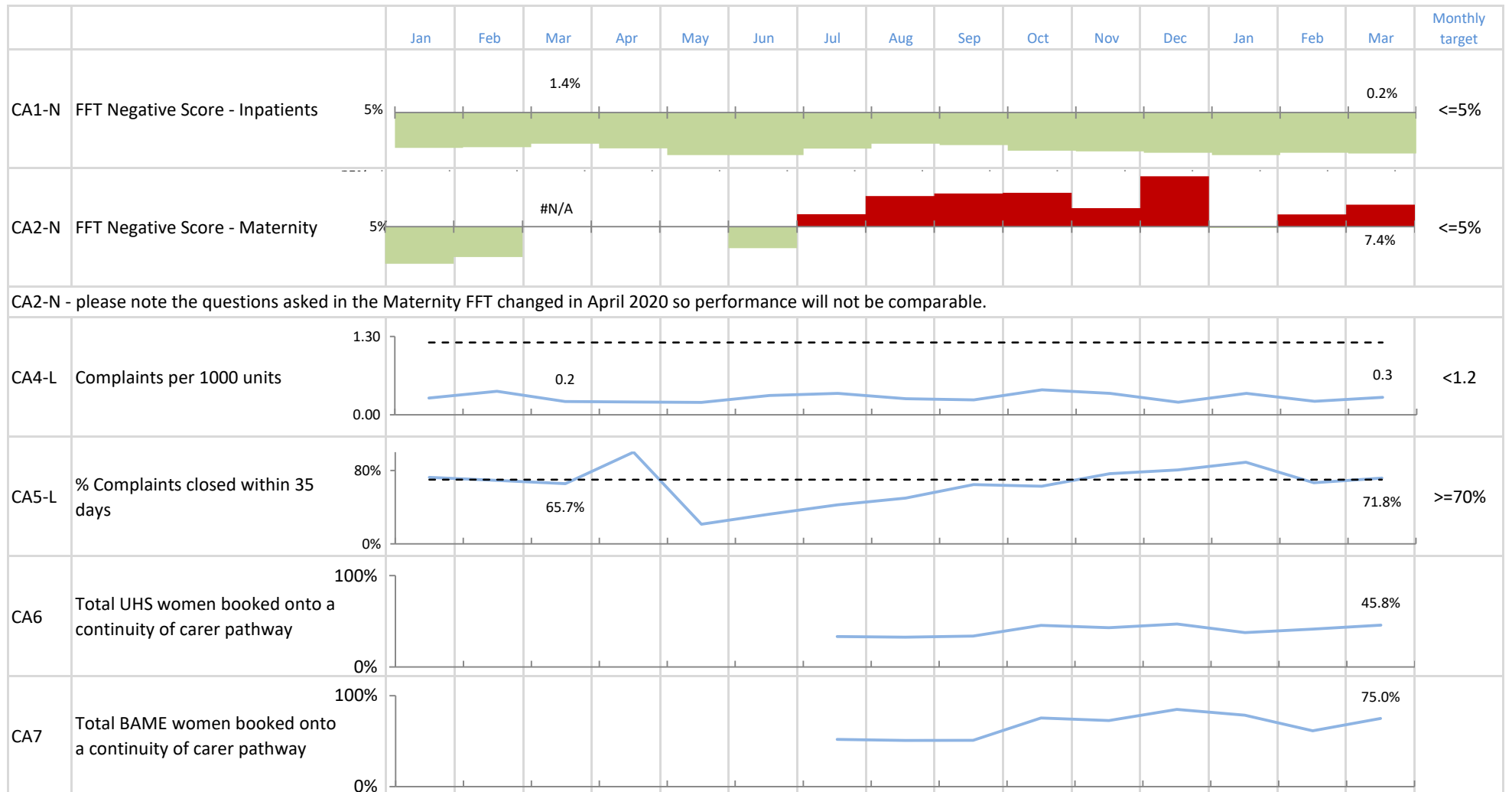


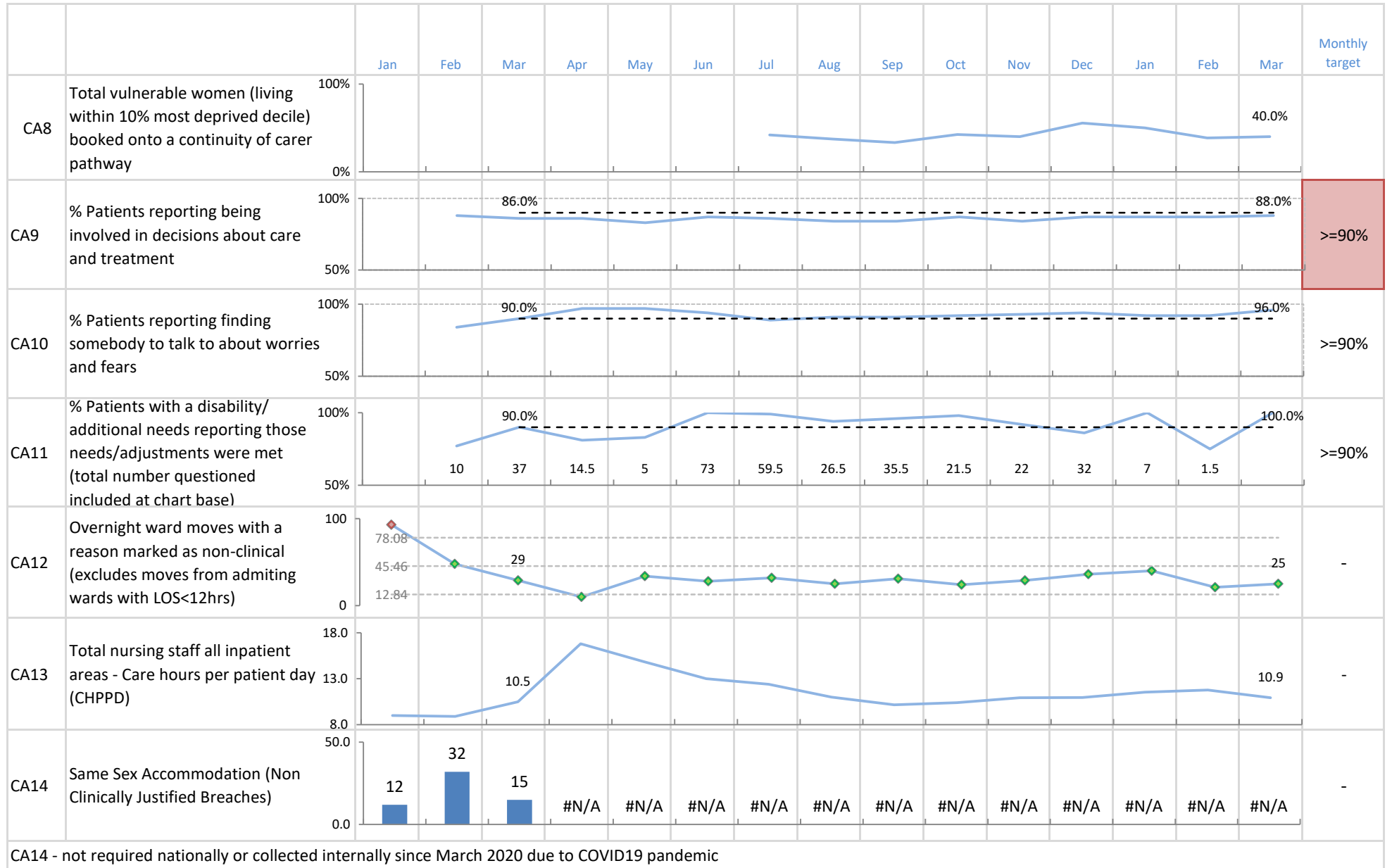
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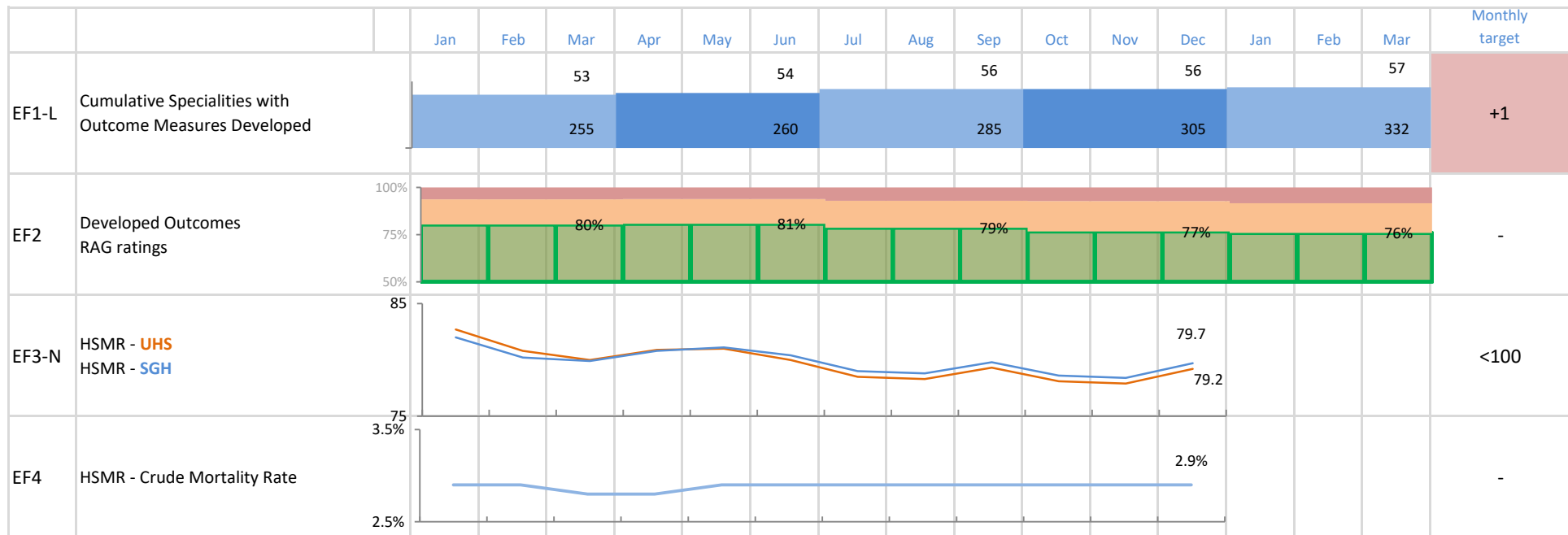
- Inpatient feedback (CA 1) continues to be good, and significantly better than 'target'.
- Maternity patient negative feedback (CA 2) was 7.4%, compared to the 'target' of  $\leq 5\%$ . Performance will continue to receive close monitoring. We expect national data to be available to enable benchmarking in the near future.
- The percentage of patients reporting being involved in decisions about care and treatment (CA 6) remains slightly below the target of 90%. This feedback will be investigated further, and the potential actions for improvement considered.



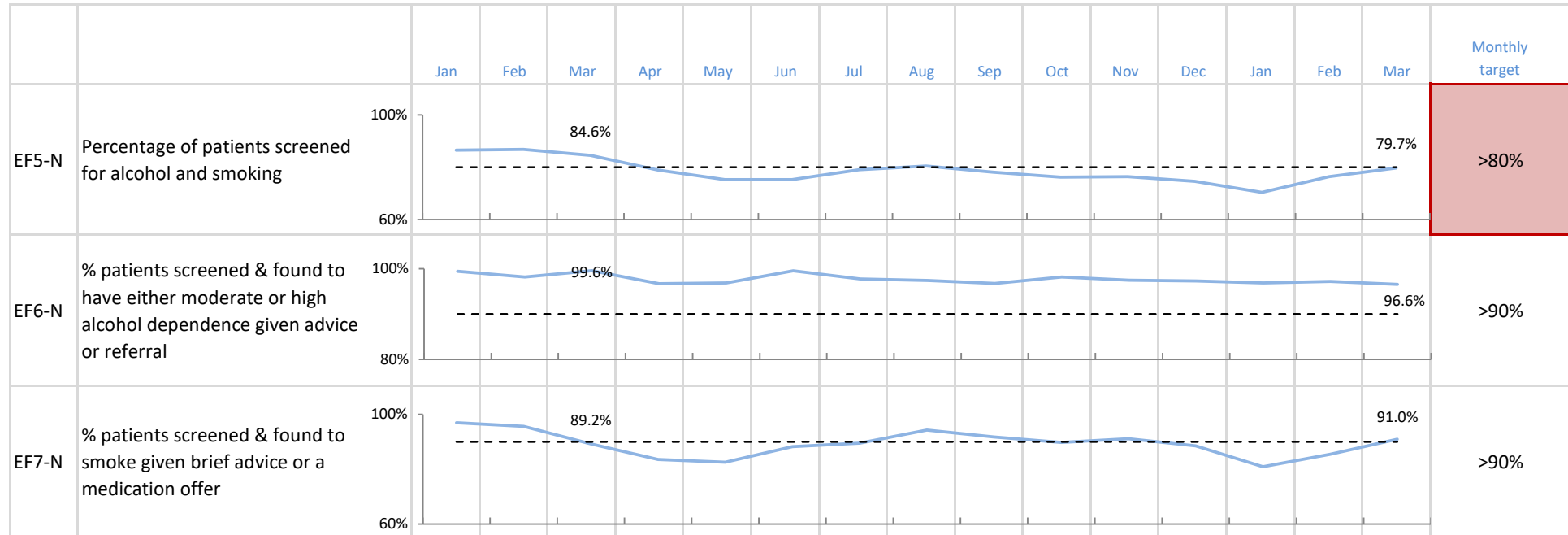


CA14 - not required nationally or collected internally since March 2020 due to COVID19 pandemic

- In quarter four an additional speciality, and 27 additional outcome measures, were added to those monitored through a structured programme in the Trust. There was a further modest decline in the proportion of outcomes RAG rated 'Green', to 76%. (EF 1-2).
- The Hospital Standardised Mortality Ratio data for December (EF 3-4) was consistent with the normal variation this year, and remains significantly better than would be expected on average in the NHS.
- Measures relating to patients screened for smoking and harmful alcohol consumption (EF 5), and those found to smoke and given brief advice or a medication offer (EF 6), continued their recovery following the COVID-19 peak in January and are now close to / above target respectively.

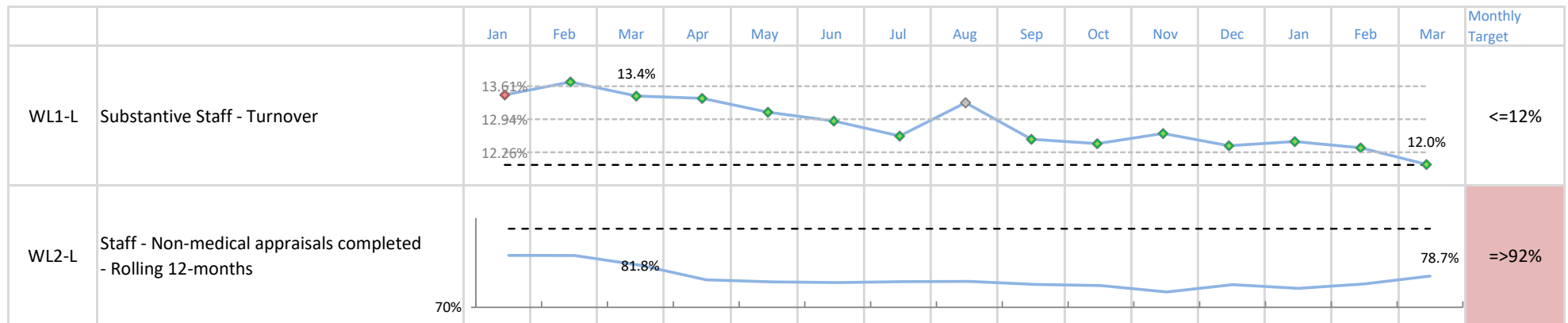


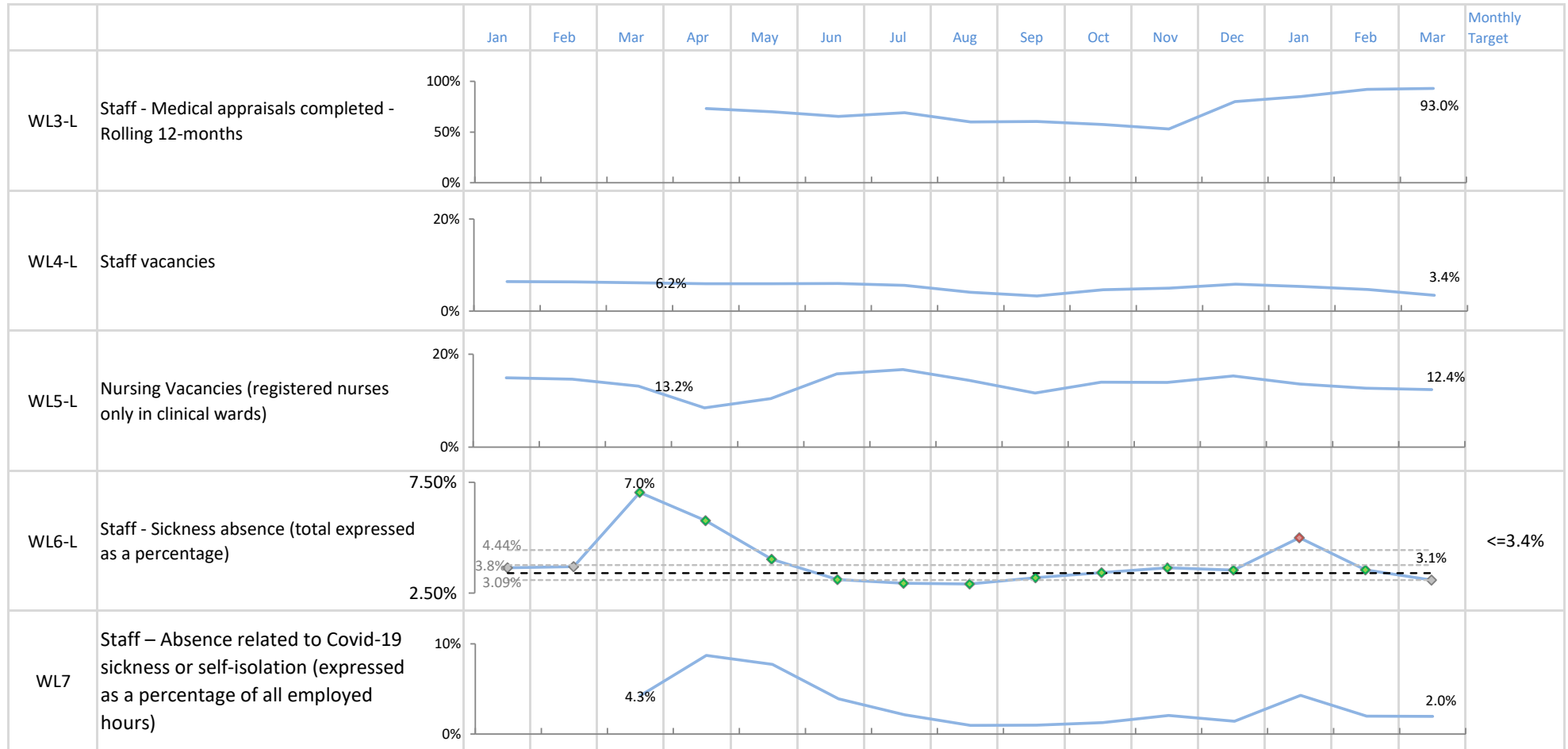


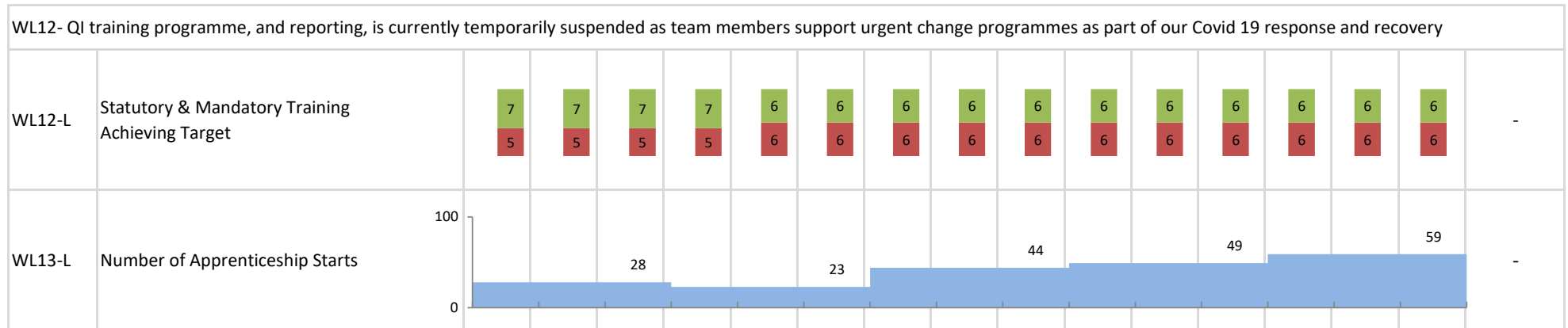
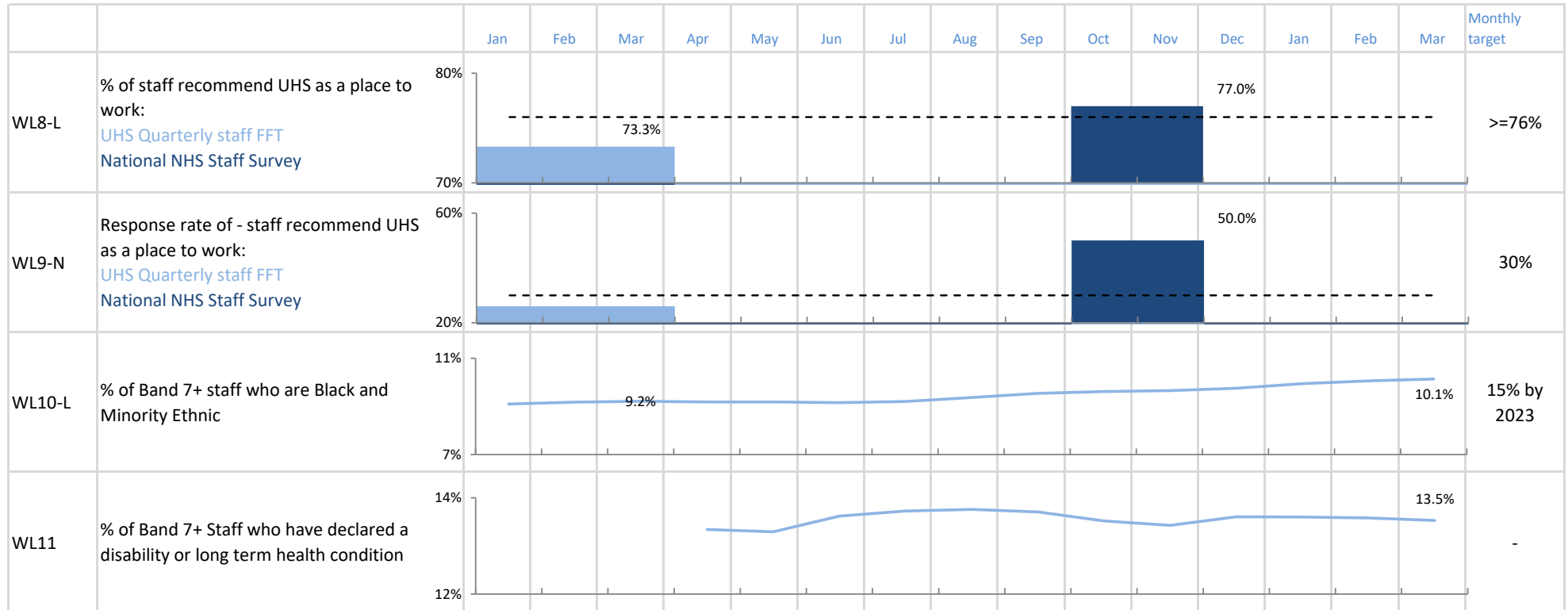


■ Current Data     Benchmark  
■ Previous Year     Target

- Staff turnover (WL 1) has reduced further and is now on target at 12%.
- Staff vacancies (WL 4) reduced from 4.7% to 3.4%, and Nursing vacancies (WL 5) reduced from 12.7% to 12.4%.
- Non-medical appraisal rates (WL 2) have continued a modest rate of recovery to 79%, but remain significantly below the target of 92%.
- Overall sickness absence (WL 6) reduced to 3.1% which is within target, whilst COVID-19 related absence continued at 2% of employed time during the month of March.
- UHS now monitors the ethnicity of individuals occupying 35 medical leadership positions on a quarterly basis (not illustrated), 14% are currently BAME and this percentage has remained stable over the most recent quarter.







**Research**COVID-19

UHS ranked ninth nationally for recruitment to COVID-19 Urgent Public Health (UPH) studies in quarter four, and first nationally for the number of UPH studies opened and recruited to in 2020/21 as a whole.

At the end of Q4, 83% of UHS portfolio studies which were paused to recruitment during the first wave of the pandemic had been successfully re-opened or closed (against an NIHR ambition of 80 %).

Clinical waiting lists in radiology and non-invasive cardiology have impacted on the ability to re-open studies (radiology has now re-commenced and non-invasive cardiology is being outsourced).

Availability of research delivery teams is also impacted by the need to continue to deliver COVID-19 UPH studies and COVID-19 Vaccine Studies.

IPR Measures

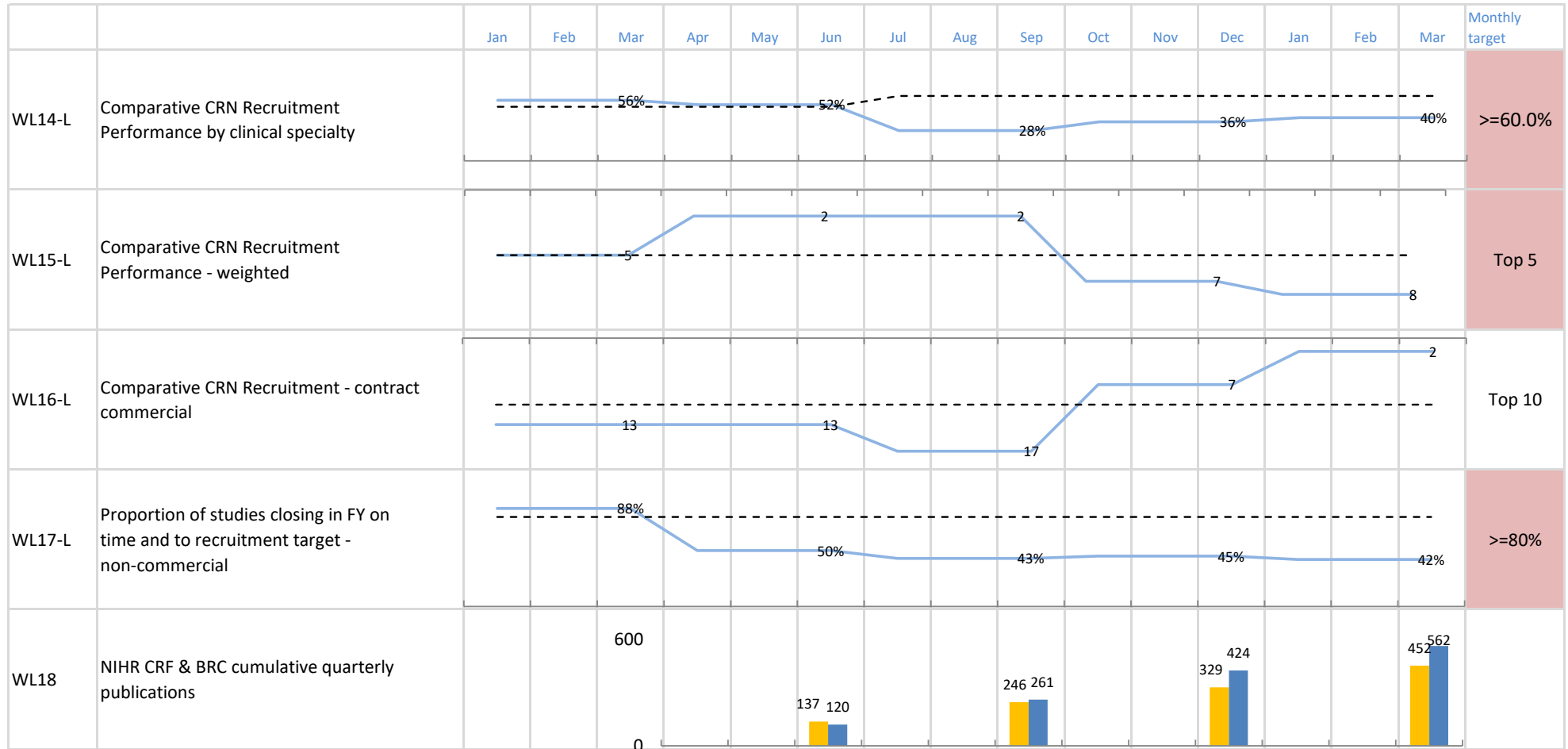
COVID-19 related research activities have significantly influenced performance.

In quarter four 2020/21 UHS ranked 2<sup>nd</sup> for contract commercial study recruitment (WL 16), reflecting significant recruitment to the commercial COVID-19 vaccine studies currently running at the Hampshire and Dorset Vaccination Hubs.

UHS was ranked 8<sup>th</sup> for weighted CRN recruitment (WL 15) compared to our target of 5<sup>th</sup>, and 40% rather than our target of 50% of specialities achieved their target CRN recruitment ranking (WL 14). Commercial studies don't contribute significantly towards weighted recruitment, and speciality level achievement is impacted by the significant focus on recruitment to COVID-19 study specialities.

Our year-end target for the proportion of commercial and non-commercial studies closing on time and to recruitment target has been significantly impacted by the pandemic – with many studies paused for months to recruitment. We anticipate that a significant number of studies will extend their recruitment period and grant funders have indicated that they will be receptive to requests for time extensions.

The rate of NIHR CRF & BRC publications (WL 18) has increased through the year, and the total number finished significantly higher than in 2019/20.



Section	KPI	KPI Name	Type	Detail
Caring	CA9	Overnight ward moves with a reason marked as non-clinical	change	definition change - previously defined as <b>All</b> non-clinical overnight ward moves (between 22:00 and 06:59). Now definition also excludes: patients moving from admission wards where their stay in the admission ward is less than 12hrs.

**Nursing and midwifery staffing hours - March 2021**

**Report notes**

Our staffing levels are continuously monitored and we will risk assess and manage our available staff to ensure that safe staffing levels are always maintained

The total hours planned is our planned staffing levels to deliver care across all of our areas but does not represent a baseline safe staffing level. We plan for an average of one registered nurse to every five or seven patients in most of our areas but this can change as we regularly review the care requirements of our patients and adjust our staffing accordingly.

Staffing on intensive care and high dependency units is always adjusted depending on the number of patients being cared for and the level of support they require. Therefore the numbers will fluctuate considerably across the month when compared against our planned numbers. This is particularly relevant as we worked to appropriately manage the COVID-19 surge into March in line with national guidance

Enhanced Care (also known as Specialising)

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

CHPPD (Care Hours Per Patient Day)

This is a measure which shows on average how many hours of care time each patient receives on a ward /department during a 24 hour period from registered nurses and support staff - this will vary across wards and departments based on the specialty, interventions, acuity and dependency levels of the patients being cared for. In acute assessment units, where patients are admitted, assessed and moved to wards or theatre very swiftly, the CHPPD figures are not appropriate to compare.

The maternity workforce consists of teams of midwives who work both within the hospital and in the community offering an integrated service and are able to respond to women wherever they choose to give birth. This means that our ward staffing and hospital birth environments have a core group of staff but the numbers of actual midwives caring for women increases responsively during a 24 hour period depending on the number of women requiring care.

During recent months a growing number of our clinical areas started to again move and change specialty and size to respond to the changing COVID-19 situation (e.g. G5-G9, Critical Care and RHDU). With the improving surge position in March these wards have in the main returned to their normal size and purpose but some changes have been swift in nature and the data in some cases therefore may not be fully reflective of all of these changes.

Wards Full Name		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	CHPPD Registered midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
CAN C4 Solent Ward Clinical Oncology	Day	1427	1273	1006	1185	89.2%	117.9%	4.0	3.8	7.8	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
CAN C4 Solent Ward Clinical Oncology	Night	1036	944	714	908	91.1%	127.1%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
CAN C6 Leukaemia/BMT Unit	Day	2791	2640	121	94	94.6%	78.2%	7.3	0.3	7.5	Safe staffing levels maintained.
CAN C6 Leukaemia/BMT Unit	Night	2037	2004	0	78	98.4%	Shift N/A				Safe staffing levels maintained.
CAN C6 TYA Unit	Day	786	797	343	137	101.4%	40.1%	8.4	4.4	12.7	Safe staffing levels maintained; Staffing appropriate for number of patients.
CAN C6 TYA Unit	Night	673	673	0	630	100.0%	Shift N/A				Safe staffing levels maintained; Staffing appropriate for number of patients.
CAN C2 Haematology	Day	2360	2236	1132	917	94.7%	81.0%	5.4	2.7	8.2	Safe staffing levels maintained.
CAN C2 Haematology	Night	1782	1680	1064	1062	94.3%	99.8%				Safe staffing levels maintained.
CAN D3 Ward	Day	1626	1730	755	1048	106.4%	138.9%	4.6	3.6	8.1	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
CAN D3 Ward	Night	1034	1014	699	1104	98.0%	158.1%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
Critical Care	Day	22550	23572	5808	4332	104.5%	74.6%	27.2	4.9	32.1	Safe staffing levels maintained; Beds flexed to match staffing; Staffing appropriate for number of patients.
Critical Care	Night	21851	21746	4900	3844	99.5%	78.4%				Safe staffing levels maintained; Beds flexed to match staffing; Staffing appropriate for number of patients.



Wards Full Name		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	CHPPD Registered midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
SUR E5 Lower GI	Day	819	615	400	599	75.2%	149.7%	5.2	5.0	10.2	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing.
SUR E5 Lower GI	Night	391	356	196	339	91.0%	173.1%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing.
SUR E5 Upper GI	Day	1244	790	652	1028	63.5%	157.7%	3.8	4.6	8.3	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing.
SUR E5 Upper GI	Night	598	507	299	529	84.7%	176.9%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing.
SUR E8 Ward	Day	1116	1399	447	1133	125.3%	253.3%	4.3	3.7	8.0	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR E8 Ward	Night	575	808	471	725	140.4%	154.0%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR F11 IF	Day	1978	1575	779	928	79.6%	119.1%	4.7	3.4	8.1	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR F11 IF	Night	713	702	711	711	98.4%	99.9%				Safe staffing levels maintained.
SUR Acute Surgical Unit	Day	1510	1042	703	808	69.0%	114.9%	7.9	5.3	13.2	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR Acute Surgical Unit	Night	713	737	713	397	103.3%	55.6%				Safe staffing levels maintained.
SUR Acute Surgical Admissions	Day	2212	1747	599	1388	79.0%	231.8%	3.7	2.9	6.6	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR Acute Surgical Admissions	Night	1070	1026	712	764	96.0%	107.2%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR F5 Ward	Day	1917	1724	1343	1113	89.9%	82.8%	4.0	2.6	6.6	Safe staffing levels maintained; Beds flexed to match staffing; Staffing appropriate for number of patients.
SUR F5 Ward	Night	1069	1070	713	702	100.1%	98.4%				Safe staffing levels maintained; Staffing appropriate for number of patients.
ECM Acute Medical Unit	Day	3467	4133	3409	3411	119.2%	100.0%	10.7	8.4	19.1	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource; Band 4 staff working to support registered nurse numbers.
ECM Acute Medical Unit	Night	3561	4522	2482	3325	127.0%	134.0%				Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource; Band 4 staff working to support registered nurse numbers.
MED D5 Ward	Day	1259	1381	1714	1198	109.7%	69.9%	3.0	2.7	5.7	Safe staffing levels maintained by sharing staff resource; Safe staffing levels maintained.
MED D5 Ward	Night	1046	1024	946	934	97.9%	98.7%				Safe staffing levels maintained.
MED D6 Ward	Day	1073	1145	1466	1163	106.7%	79.4%	3.0	2.8	5.8	Safe staffing levels maintained by sharing staff resource; Safe staffing levels maintained.
MED D6 Ward	Night	700	916	943	747	130.9%	79.2%				Safe staffing levels maintained by sharing staff resource; Safe staffing levels maintained.
MED D7 Ward	Day	701	870	1118	1348	124.2%	120.6%	3.5	4.4	7.9	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards.
MED D7 Ward	Night	713	737	345	644	103.4%	186.7%				Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource.
MED D8 Ward	Day	1087	1200	1500	1493	110.3%	99.6%	3.4	3.9	7.3	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
MED D8 Ward	Night	714	932	946	912	130.5%	96.5%				Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
MED D9 Ward	Day	1253	1504	1781	1334	120.0%	74.9%	3.4	2.7	6.1	Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource.
MED D9 Ward	Night	1069	1189	934	809	111.3%	86.6%				Staff moved to support other wards; Staffing appropriate for number of patients.
MED E8 Ward	Day	1162	935	1525	1182	80.4%	77.5%	3.0	3.4	6.4	Safe staffing levels maintained.
MED E8 Ward	Night	713	633	713	609	88.7%	85.4%				Safe staffing levels maintained.
MED E7 Ward	Day	906	1066	1125	1662	117.7%	147.7%	2.6	4.0	6.6	Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit.
MED E7 Ward	Night	702	701	1302	1078	99.9%	82.8%				Staff moved to support other wards; 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
MED Respiratory HDU	Day	2328	1698	490	660	72.9%	134.6%	17.2	6.1	23.3	Staffing appropriate for number of patients; Staff moved to support other wards.
MED Respiratory HDU	Night	2142	1566	357	506	73.1%	141.9%				Staffing appropriate for number of patients; Staff moved to support other wards.
MED C5 Isolation Ward	Day	1638	1321	2107	780	80.7%	37.0%	11.1	6.1	17.1	Staffing appropriate for number of patients; Safe staffing levels maintained.
MED C5 Isolation Ward	Night	1426	1002	1069	495	70.2%	46.3%				Staffing appropriate for number of patients; Safe staffing levels maintained.
MED D10 Isolation Unit	Day	1101	1010	1356	1062	91.8%	78.3%	3.3	3.5	6.8	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
MED D10 Isolation Unit	Night	708	621	707	672	87.7%	95.0%				Safe staffing levels maintained by sharing staff resource; Safe staffing levels maintained.
MED G5 Ward	Day	1015	1348	1887	1549	132.8%	82.1%	3.6	3.4	7.0	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
MED G5 Ward	Night	1070	1059	690	758	99.0%	109.9%				Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
MED G6 Ward	Day	1059	1142	1819	1707	107.9%	93.8%	3.0	3.4	6.4	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
MED G6 Ward	Night	1069	1023	805	725	95.7%	90.0%				Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
MED G7 Ward	Day	757	760	1169	934	100.5%	79.9%	4.3	4.8	9.1	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
MED G7 Ward	Night	703	688	839	677	97.9%	80.7%				Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
MED G8 Ward	Day	1105	996	1905	1521	90.2%	79.8%	3.4	4.6	8.0	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
MED G8 Ward	Night	1069	839	782	975	78.5%	124.6%				Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
MED G9 Ward	Day	1081	1068	1808	1918	98.8%	106.1%	4.4	5.5	9.9	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
MED G9 Ward	Night	1069	1068	713	736	99.9%	103.2%				Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
CHI High Dependency Unit	Day	1615	1207	0	0	74.7%	Shift N/A	12.8	0.0	12.8	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
CHI High Dependency Unit	Night	1070	1169	0	0	109.3%	Shift N/A				Safe staffing levels maintained.
CHI Paed Medical Unit	Day	1928	1987	272	864	103.1%	318.0%	16.0	6.9	22.9	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained.
CHI Paed Medical Unit	Night	1704	1671	672	722	98.0%	107.4%				Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained.
CHI Paediatric Intensive Care	Day	6065	5282	557	406	87.1%	72.8%	32.6	2.9	35.6	Non-ward based staff supporting areas; Beds flexed to match staffing.
CHI Paediatric Intensive Care	Night	5704	4968	404	512	87.1%	126.8%				Safe staffing levels maintained.
CHI Piam Brown Unit	Day	3865	2626	174	0	68.0%	0.0%	13.0	0.0	13.0	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
CHI Piam Brown Unit	Night	1426	1123	0	0	78.8%	Shift N/A				Beds flexed to match staffing; No requirement for Support workers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe Staffing Maintained.
CHI Ward E1 Paed Cardiac	Day	2110	1692	654	618	80.2%	94.4%	7.9	2.6	10.5	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained.
CHI Ward E1 Paed Cardiac	Night	1438	1348	356	368	93.8%	103.2%				Safe staffing levels maintained.
CHI Ward G2 Neuro	Day	778	761	0	0	97.8%	Shift N/A	10.3	0.0	10.3	Non-ward based staff supporting areas; Safe staffing levels maintained.
CHI Ward G2 Neuro	Night	718	752	0	0	104.7%	Shift N/A				Safe staffing levels maintained.
CHI Ward G3	Day	2356	2522	1722	724	107.1%	42.0%	10.3	2.4	12.7	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit; Beds flexed to match staffing.
CHI Ward G3	Night	1713	1792	1023	285	104.6%	27.9%				Beds flexed to match staffing; Safe staffing levels maintained.
CHI Ward G4 Surgery	Day	2483	2106	1227	751	84.8%	61.2%	9.3	2.7	12.0	Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing.
CHI Ward G4 Surgery	Night	1704	1594	682	330	93.5%	48.4%				Safe staffing levels maintained.

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
W&N Bramshaw Womens Unit	Day	1129	896	698	469	79.3%	67.2%	7.0	3.4	10.5	Safe staffing levels maintained; Beds flexed to match staffing.
W&N Bramshaw Womens Unit	Night	713	702	345	309	98.4%	89.6%				Safe staffing levels maintained; Beds flexed to match staffing.
W&N Neonatal Unit	Day	6926	5128	1823	1298	74.0%	71.2%	11.7	2.6	14.3	Safe staffing levels maintained; Professional judgement used to allocate when staff compromised and ITU pts nursed 1:2.
W&N Neonatal Unit	Night	5435	4292	1386	831	79.0%	60.0%				Safe staffing levels maintained; Professional judgement used to allocate when staff compromised and ITU pts nursed 1:2.
W&N PAH Maternity Service	Day	8557	8020	2826	1855	93.7%	65.7%	5.4	1.4	6.8	Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services.
W&N PAH Maternity Service	Night	5422	4765	1718	1411	87.9%	82.1%				Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services.
CAR CHDU	Day	4020	4157	2220	1250	103.4%	56.3%	15.7	4.3	20.0	Staff moved to support other wards; Band 4 staff working to support registered nurse numbers.
CAR CHDU	Night	3567	3688	1374	879	103.4%	63.9%				Safe staffing levels maintained by sharing staff resource.
CAR Coronary Care Unit	Day	2306	2462	1140	1086	106.8%	95.3%	10.4	4.7	15.1	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
CAR Coronary Care Unit	Night	2048	2254	968	1066	110.0%	110.1%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
CAR Ward D4 Vascular	Day	1768	1425	1121	1100	80.6%	98.1%	4.3	3.8	8.1	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
CAR Ward D4 Vascular	Night	781	878	1016	921	112.4%	90.6%				Increased night staffing to support raised acuity; Increased night staffing to support raised acuity; D4 Trialling 3rd RN on night shift to support acuity levels.
CAR Ward E2 YACU	Day	1597	1246	852	1043	78.0%	122.5%	4.0	3.8	7.8	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
CAR Ward E2 YACU	Night	682	664	341	767	97.3%	225.0%				Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.
CAR Ward E3 Green	Day	1534	1418	1456	1272	92.5%	87.4%	3.5	3.4	7.0	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
CAR Ward E3 Green	Night	682	677	801	754	99.3%	94.2%				Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward E3 Blue	Day	1131	1232	1198	952	109.0%	79.4%	5.1	4.5	9.6	Band 4 staff working to support registered nurse numbers; Band 4 staff working to support registered nurse numbers.
CAR Ward E3 Blue	Night	682	693	681	736	101.6%	108.1%				Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.
CAR Ward E4 Thoracics	Day	1543	1364	1215	1062	88.4%	87.4%	4.7	3.7	8.4	Band 4 staff working to support registered nurse numbers; Band 4 staff working to support registered nurse numbers.
CAR Ward E4 Thoracics	Night	957	1001	439	802	104.6%	182.6%				Increased night staffing to support raised acuity; Increased night staffing to support raised acuity; Additional staff used for enhanced care - Support workers.
CAR Ward D2 Cardiology	Day	1395	826	839	1255	59.2%	149.5%	3.3	6.0	9.3	Band 4 staff working to support registered nurse numbers; Band 4 staff working to support registered nurse numbers.
CAR Ward D2 Cardiology	Night	683	573	835	1263	83.9%	151.2%				Safe staffing levels maintained; Safe staffing levels maintained.

Wards Full Name		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	CHPPD Registered midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
NEU Acute Stroke Unit	Day	1474	1509	2737	2427	102.4%	88.7%	3.1	5.4	8.5	Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
NEU Acute Stroke Unit	Night	1022	893	1705	1738	87.4%	101.9%				Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
NEU Regional Transfer Unit	Day	1156	1041	348	453	90.0%	130.2%	10.8	6.5	17.2	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers.
NEU Regional Transfer Unit	Night	660	759	682	627	115.0%	91.9%				Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers.
NEU ward E Neuro	Day	2000	1840	1060	1464	92.0%	138.0%	4.8	3.9	8.6	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers.
NEU ward E Neuro	Night	1361	1448	1023	1198	106.4%	117.1%				Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers.
NEU HASU	Day	1561	1215	381	511	77.8%	134.2%	7.6	3.8	11.3	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers.
NEU HASU	Night	1363	1004	341	593	73.7%	173.9%				Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers.
NEU Ward D Neuro	Day	1854	1821	1937	1891	98.2%	97.7%	4.2	4.6	8.8	Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
NEU Ward D Neuro	Night	1364	1419	1769	1670	104.0%	94.4%				Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
T&O Ward Brooke	Day	1061	1119	1065	741	105.5%	69.6%	4.5	3.6	8.1	Additional beds open in the month; increase in acuity/dependency of patients in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward Brooke	Night	713	713	712	713	100.0%	100.1%				Additional beds open in the month; increase in acuity/dependency of patients in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Trauma Admissions Unit	Day	952	660	729	813	69.3%	111.5%	21.1	24.1	45.2	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
T&O Trauma Admissions Unit	Night	682	626	681	659	91.9%	96.8%				Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
T&O Ward F1 Major Trauma Unit	Day	2433	2135	1969	2014	87.7%	102.3%	4.8	4.8	9.5	Additional staff used for enhanced care - Support workers; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource.
T&O Ward F1 Major Trauma Unit	Night	1782	1655	1772	1782	92.9%	100.5%				Additional staff used for enhanced care - Support workers; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource.
T&O Ward F2 Trauma	Day	1628	1328	1941	2092	81.6%	107.8%	3.1	5.0	8.1	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; F2 is 26 beds.
T&O Ward F2 Trauma	Night	1022	901	1364	1577	88.2%	115.6%				Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F3 Trauma	Day	1680	1564	2086	1395	93.1%	66.9%	3.6	3.8	7.4	Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.
T&O Ward F3 Trauma	Night	1023	848	1362	1166	82.9%	85.6%				Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.