University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Finance Report 2021-22 Month 10**			
Agenda item:	**7.3**			
Sponsor:	**Ian Howard – Interim Chief Financial Officer**			
Author:	**Philip Bunting – Interim Deputy Director of Finance**			
Date:	**24 February 2021**			
Purpose	**Assurance or reassurance**	**Approval**	**Ratification**	**Information** **X**
Issue to be addressed:	The finance report provides a monthly summary of the key financial information for the Trust.			
Response to the issue:	UHS reported a breakeven position in month and continues to forecast breakeven for 2021/22. This is £3.4m better than the H2 plan which was set prior to the full agreement on elective recovery funding. **Elective Recovery Framework (ERF):** • UHS continues to report £2.4m per month relating to the block ERF plus funding agreed to be paid up-front to support investments in additional elective and outpatient activity. • Despite operational pressures, ED demand increasing and Covid-19 inpatient volumes remaining at close to 50, UHS is estimated to have earned £5.6m of indicative ERF to date in H2, by measurement on the new RTT metric. Due to ERF plus agreements, it is not expected that this will be transacted however, and any payments would also be dampened by provider performance elsewhere in the system if others are below target. **In Month Performance** • January continued to be challenging operationally due to covid related sickness absence significantly impacting the capacity of the organisation. This peaked at 450 WTE in early January but has since reduced to 325 WTE. This has suppressed elective activity particularly, which is reported as 86% of planned achievement. • For this reason, clinical supplies costs have remained under plan continuing the trend from December. • The underlying financial position excluding ERF remains at c£4m deficit per month. Other one-off income has helped support breakeven delivery in month. **Capital:** • Internal capital expenditure is £37.2m YTD representing 75% of 21/22 planned expenditure with all major projects on track to deliver. • This does however leave £12.6m of internal capital expenditure to be delivered in February and March which mainly pertains to			

	equipment, informatics spend and strategic maintenance projects. • External capital funding awards in recent months have generated £11.3m in additional funding for UHS in addition to £3.9m initially planned. Spend of £12.2m is required in February and March for delivery. • Teams remain confident that funding allocated to them will be fully utilised by the end of the financial year and this is being closely monitored to ensure delivery. **ICS finance position:** • All organisations within HIOW ICS remain on-track to deliver a breakeven position following receipt of additional funding as reported in M9. This is an improvement on the deficit plan of £15.5m submitted for H2. **Other financial issues:** • The underlying financial position remains the most significant financial risk heading into 2022/23. • This month's spotlight section focusses on the future of Specialised Commissioning budgets.
Implications:	• Financial implications of availability of funding to cover growth, cost pressures and new activity. • 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. • Cash risk linked to income volatility above • 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 10

Report to:	**Board of Directors and Finance & Investment Committee** **January 2022**
Title:	**Finance Report for Period ending 31/01/2022**
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 January 2022, the Trust reported a breakeven position. For Half 2 (H2) YTD the Trust is also reporting a breakeven position which is favourable to the H2 plan. This is driven by additional income now received relating to elective recovery funding totalling £3m. The forecast has also been revised to breakeven.

2. In month the position was impacted by operational challenges due to ongoing covid related staff sickness together with a continued volume of c50 covid inpatients. Both elective and outpatient activity increased from December, with operational improvements seen as the month progressed.

3. In month, £4.8m (£4m pay and £0.8m non pay) was incurred on additional expenditure relating to Covid-19. This was an increase of £0.5m from December mainly due to increased covid related staff sickness backfill costs and higher ICU costs due to increased covid inpatient activity.

4. The main income and activity themes seen in M9 were:
   - Elective activity in January represents 86% of planned income levels, up from 83% in December.
   - Non Elective activity levels in January was at 99% of planned income levels, down from 101% in December.
   - Outpatient activity in January was at 123% of planned income levels, up from 108% in December.
   - The underlying financial position remains consistent at £4m deficit in month before ERF and one offs.

Finance: I&E Summary (H2)

The financial position for M10 was breakeven and remains breakeven YTD. This is better than plan as the organisation is in receipt of an additional £3m of elective recovery income in H2 helping close out the deficit plan.

Pay costs increased by £1.1m in month due to increased staff sickness backfill costs together with bank holiday enhancements from Christmas being paid. Overall pay costs remain close to plan, however substantive underspends due to vacancies are offset by bank and agency.

Block drugs remain a concern with spend £0.3m over plan in month and forecast to be £3.7m over the H2 plan. Clinical supplies costs continue to be below plan as a result of reduced elective activity particularly within cardiac surgery. This is expected to return to planned levels in February as operational pressures ease. R&D recoding of £5m has impacted Other Income and Other Non Pay but is neutral to the bottom line.

		Current Month			M7 - 10 Actuals			M7 - 12 Forecast		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	67.5	70.4	(2.9)	270.1	275.6	(5.6)	405.1	410.4	(5.3)
	Pass-through Drugs & Devices	11.1	10.1	1.0	44.2	44.0	0.2	66.4	68.9	(2.5)
Other income	Other Income excl. PSF	17.4	8.4	9.0	70.5	57.5	12.9	106.2	97.7	8.5
	Top Up Income	1.3	1.0	0.2	5.1	4.7	0.4	7.6	7.3	0.3
Total income		**97.2**	**90.0**	**7.3**	**389.8**	**381.9**	**7.9**	**585.3**	**584.3**	**1.0**
Costs	Pay-Substantive	47.7	47.7	0.0	190.0	187.8	(2.3)	285.2	281.1	(4.1)
	Pay-Bank	3.7	4.6	0.9	14.8	17.5	2.6	22.3	24.8	2.5
	Pay-Agency	1.2	1.1	(0.1)	4.7	5.0	0.3	7.1	7.9	0.8
	Drugs	4.3	4.6	0.3	17.3	19.4	2.1	26.0	29.7	3.7
	Pass-through Drugs & Devices	11.1	10.1	(1.0)	44.2	44.0	(0.2)	66.4	68.9	2.5
	Clinical supplies	10.9	7.4	(3.5)	45.1	35.9	(9.2)	67.9	60.0	(7.9)
	Other non pay	15.8	11.1	(4.6)	63.2	59.7	(3.5)	95.0	92.0	(3.0)
Total expenditure		**94.7**	**86.7**	(8.0)	**379.5**	**369.4**	**(10.1)**	**569.8**	**564.2**	**(5.6)**
EBITDA		**2.6**	**3.3**	(0.7)	**10.3**	**12.5**	(2.2)	**15.5**	**20.1**	(4.6)
EBITDA %		2.7%	3.6%	(1.0%)	2.7%	3.3%	(0.6%)	2.6%	3.4%	(0.8%)
	Depreciation / Non Operating Expenditure	3.2	3.0	(0.2)	12.8	12.1	(0.7)	19.1	18.3	(0.9)
Surplus / (Deficit)		**(0.6)**	**0.3**	**(0.9)**	**(2.4)**	**0.4**	**(2.8)**	**(3.6)**	**1.8**	**(5.4)**
Less	Donated income	0.1	0.3	(0.3)	0.2	0.8	(0.6)	0.3	2.5	(2.1)
	Profit on disposals	-	0.1	(0.1)	-	0.1	(0.1)	-	0.1	(0.1)
Add Back	Donated depreciation	0.1	0.1	0.0	0.4	0.5	0.1	0.6	0.8	0.2
Net Surplus / (Deficit)		**(0.6)**	**0.0**	**(0.6)**	**(2.3)**	**0.0**	**(2.3)**	**(3.4)**	**0.0**	**(3.4)**

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 now forecast at breakeven which is favourable against the originally agreed £3.4m deficit plan.

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.

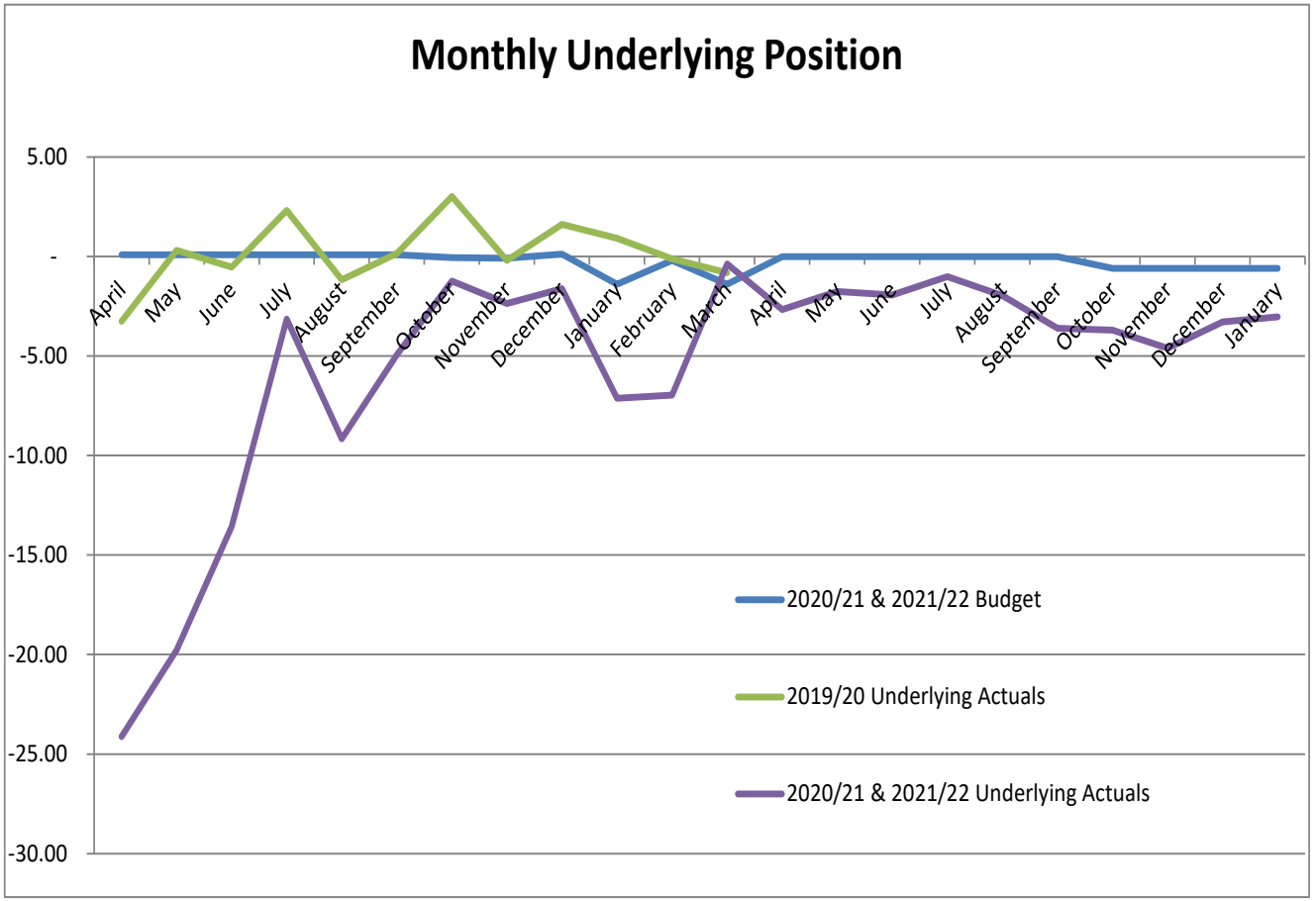
		M1 - 10 Actuals			Full Year Forecast		
		Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	687.5	683.1	4.4	822.5	817.9	4.6
	Pass-through Drugs & Devices	95.1	110.1	(14.9)	117.3	134.9	(17.6)
Other income	Other Income excl. PSF	162.0	135.6	26.4	197.8	175.8	22.0
	Top Up Income	9.8	12.3	(2.5)	12.3	14.9	(2.6)
Total income		**954.4**	**941.2**	**13.2**	**1,149.9**	**1,143.6**	6.3
Costs	Pay-Substantive	474.3	466.5	(7.7)	569.4	559.8	(9.6)
	Pay-Bank	37.0	39.0	2.0	44.4	46.3	1.9
	Pay-Agency	12.2	11.8	(0.4)	14.6	14.6	0.0
	Drugs	43.4	49.1	5.7	52.0	59.3	7.3
	Pass-through Drugs & Devices	95.1	110.1	14.9	117.3	134.9	17.6
	Clinical supplies	112.9	84.1	(28.8)	135.6	108.1	(27.5)
	Other non pay	149.8	150.0	0.2	181.6	182.3	0.7
Total expenditure		**924.6**	**910.5**	**(14.1)**	**1,114.9**	**1,105.4**	(9.5)
EBITDA		**29.8**	**30.6**	(0.8)	**35.0**	**38.2**	(3.2)
EBITDA %		3.1%	3.3%	(0.1%)	3.0%	3.3%	(0.0)
	Depreciation / Non Operating Expenditure	32.0	31.7	(0.2)	38.4	37.9	(0.4)
Surplus / (Deficit)		**(2.2)**	**(1.1)**	**(1.1)**	**(3.4)**	**0.3**	**(3.7)**
Less	Donated income	1.1	1.2	0.0	1.2	2.8	1.6
	Profit on disposals	-	0.6	0.6	-	0.6	0.6
Add Back	Donated depreciation	1.0	1.4	0.4	1.2	1.7	0.4
	Disposals of DH Donated Equipment	-	1.5	1.5	-	1.5	1.5
Net Surplus / (Deficit)		**(2.3)**	**0.0**	**(2.3)**	**(3.4)**	**0.0**	**(3.4)**

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 a £2m per month deficit in months 1-6 to an average of £4m deficit in months 6-10. This is driven by the change in funding regime for H2 in addition to increased energy costs.

January's position remains broadly consistent with this showing some marginal reduction however this is only due to reduced clinical supplies spend as a result of supressed activity.



2021/22 Finance Report - Month 10

Clinical Income

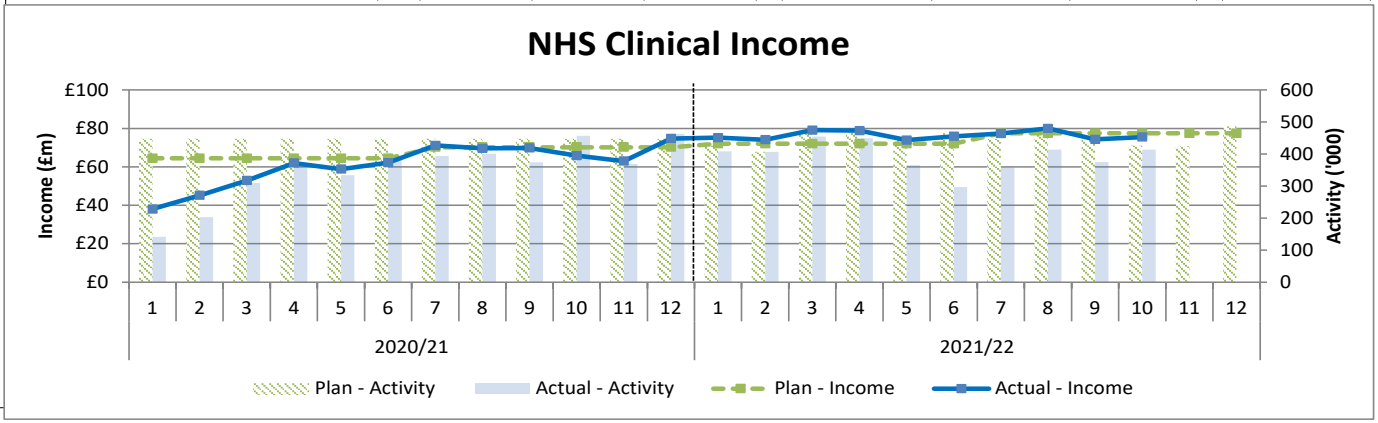
(Fav Variance) / Adv Variance

Clinical income for January was £2.0m favourable to plan and including Non NHS income was £1.6m 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.

January has seen an increase in activity from December. Plans for 21/22 have been phased to account for the variation in calendar and working days in relevant POD Groups. Elective income increased to 86% of planned levels, up from 83% in December. Non Elective income remained high in January at 99% of planned levels. A&E attendances remained at pre-Covid levels. Outpatient income increased to 123% of plan, up from 109% in December.

The graphs overleaf show trends over the last 22 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	£12,174	£10,493	£1,681	£126,496	£114,544	£11,952	£118,087
Non-Elective Inpatients	£19,837	£19,671	£166	£193,667	£197,399	(£3,732)	£177,313
Outpatients	£7,141	£8,777	(£1,636)	£74,198	£83,557	(£9,359)	£70,080
Other Activity	£11,819	£11,243	£576	£117,039	£113,925	£3,114	£108,059
Blocks & Financial Adjustments	£1,609	£1,759	(£150)	£45,692	£5,936	£39,756	£10,338
Other Exclusions	£6,980	£8,186	(£1,206)	£72,561	£81,752	(£9,191)	£51,619
Pass-through Exclusions	£11,059	£10,106	£954	£95,143	£110,087	(£14,944)	£84,164
Subtotal NHS Clinical Income	*£70,619*	*£70,235*	*£385*	*£724,796*	*£707,200*	*£17,596*	*£619,660*
Additional funding	£5,848	£10,889	(£5,041)	£58,480	£89,002	(£30,522)	
Covid block adjustments	£2,105	(£592)	£2,696	(£640)	(£2,986)	£2,346	
Total NHS Clinical Income	**£78,572**	**£80,532**	**(£1,960)**	**£782,636**	**£793,216**	**(£10,579)**	**£619,660**
Non NHS Clinical Income							
Private Patients	£431	£135	£296	£4,119	£4,295	(£176)	£3,541
CRU	£208	£226	(£17)	£2,083	£1,806	£277	£1,904
Overseas Chargeable Patients	£66	£15	£51	£659	£610	£49	£1,206
Total Non NHS Clinical Income	**£706**	**£376**	**£330**	**£6,861**	**£6,712**	**£149**	**£6,651**
Grand Total	**£79,278**	**£80,908**	**(£1,630)**	**£789,497**	**£799,928**	**(£10,430)**	**£626,311**



University Hospital Southampton NHS
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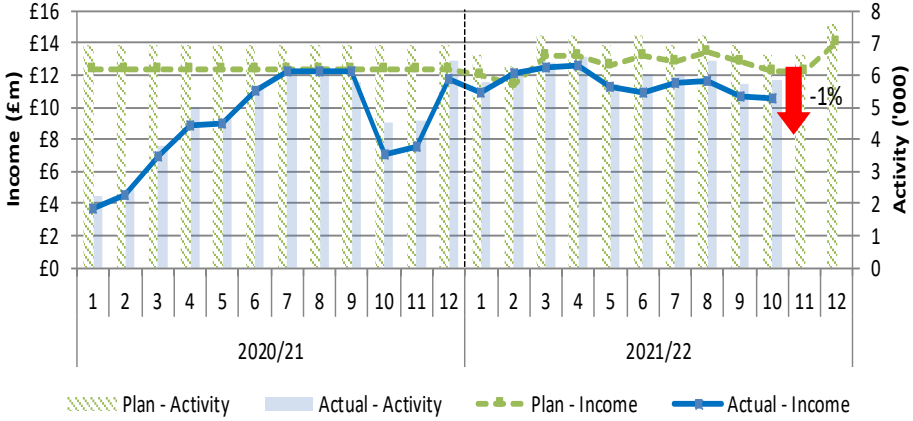
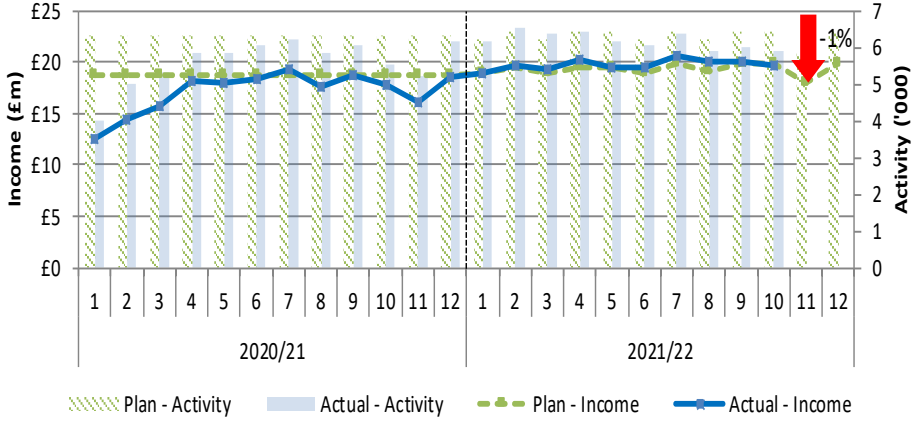
Clinical Income

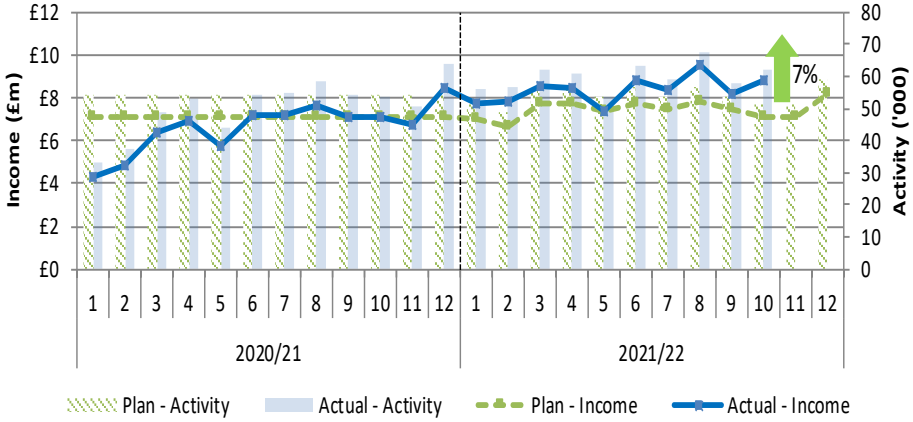
Elective spells



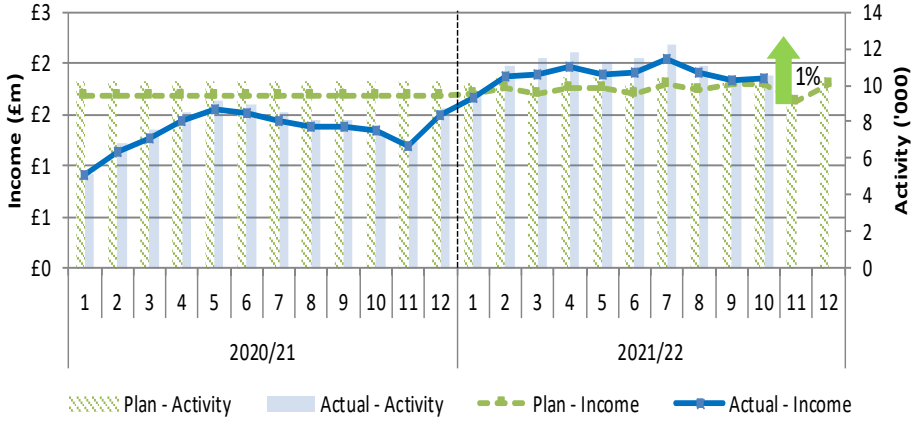
Non elective spells



Outpatients



Main ED



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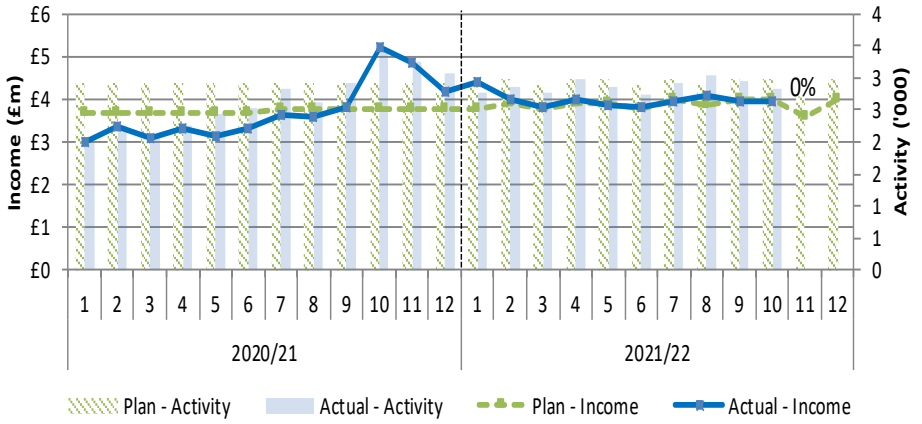
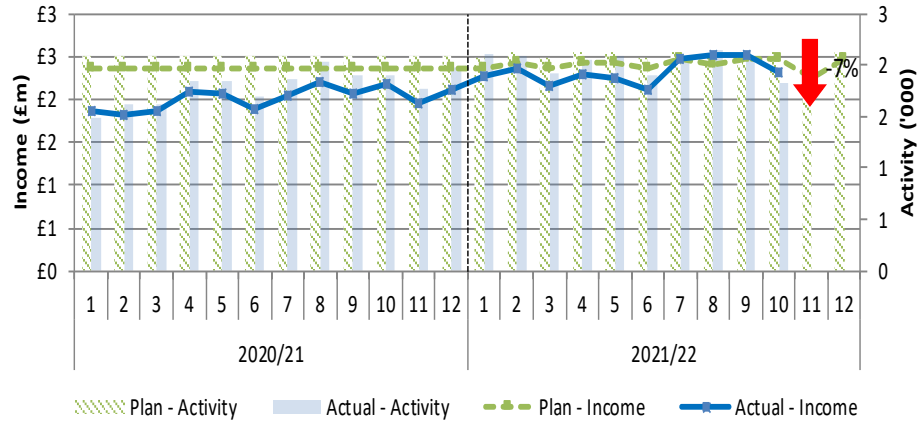
Clinical Income

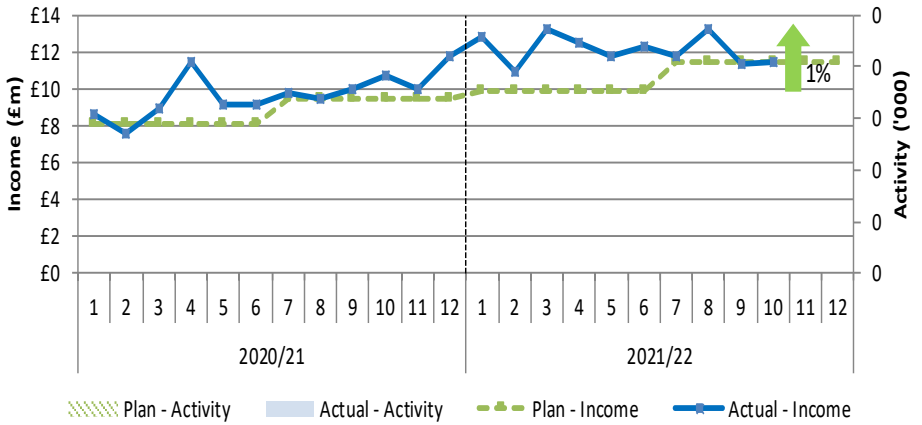
Adult critical care



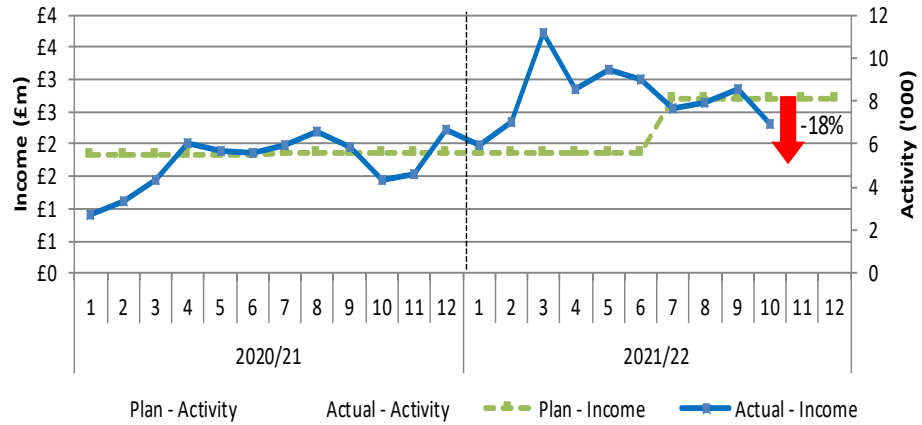
Neonatal & paediatric critical care



Tariff excluded drugs



Tariff excluded devices



Income and Activity

The tables shown illustrate by division and care group the % of the activity and income plan being achieved across the last 6 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 January represents 86% of planned income levels, up from 83% in December. Recovery planning is targeting improvement in all areas but will be governed by clinical priority.

Non Elective activity levels in January was at 99% of planned income levels, down slightly from 100% in December.

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

Elective Activity as % of Plan		Activity as % of Plan 2021/22						Income as % of Plan 2021/22						In month actual activity for scale
Division	Care Group	5	6	7	8	9	10	5	6	7	8	9	10	
DIVISION A	OPHTHALMOLOGY	99%	96%	101%	103%	89%	97%	97%	93%	99%	105%	92%	99%	518
	SURGERY	81%	87%	99%	108%	97%	102%	84%	82%	94%	94%	85%	93%	899
DIVISION A Total		88%	90%	100%	106%	94%	100%	87%	84%	95%	97%	87%	94%	1,417
DIVISION B	CANCER CARE	73%	65%	74%	72%	75%	82%	70%	64%	69%	73%	82%	79%	634
	SPECIALIST MEDICINE	72%	73%	78%	77%	71%	78%	78%	79%	85%	86%	79%	89%	1,317
DIVISION B Total		73%	71%	77%	76%	72%	79%	75%	73%	79%	81%	80%	85%	1,951
DIVISION C	CHILD HEALTH	96%	97%	100%	103%	101%	108%	107%	85%	109%	89%	109%	104%	882
	WOMEN'S HEALTH	82%	90%	79%	84%	85%	80%	83%	90%	98%	88%	97%	93%	229
DIVISION C Total		92%	95%	94%	98%	97%	101%	101%	86%	106%	88%	106%	101%	1,111
DIVISION D	CARDIOVASCULAR & THORACIC	104%	91%	96%	93%	78%	90%	101%	82%	90%	85%	66%	76%	398
	NEUROSCIENCES	97%	101%	98%	93%	100%	95%	101%	94%	93%	90%	93%	84%	380
	RADIOLOGY	61%	63%	61%	79%	68%	90%	63%	70%	65%	79%	69%	91%	321
	TRAUMA & ORTHOPAEDICS	73%	89%	80%	76%	75%	66%	78%	87%	77%	80%	76%	73%	205
DIVISION D Total		86%	87%	85%	86%	81%	86%	93%	84%	86%	84%	73%	78%	1,304
Total		82%	83%	87%	89%	83%	89%	91%	83%	90%	87%	83%	86%	

Non Elective Activity as % of Plan		Activity as % of Plan 2021/22						Income as % of Plan 2021/22						In month actual activity for scale
Division	Care Group	5	6	7	8	9	10	5	6	7	8	9	10	
DIVISION A	OPHTHALMOLOGY	87%	79%	66%	75%	79%	62%	98%	86%	72%	73%	86%	68%	31
	SURGERY	83%	88%	96%	87%	78%	87%	91%	92%	111%	93%	92%	91%	710
DIVISION A Total		83%	87%	94%	86%	78%	86%	91%	92%	110%	92%	92%	90%	741
DIVISION B	ACUTE MEDICINE	113%	108%	114%	116%	119%	108%	116%	113%	118%	119%	122%	111%	1,208
	CANCER CARE	112%	117%	112%	111%	109%	110%	98%	109%	102%	98%	97%	85%	356
	EMERGENCY MEDICINE	76%	73%	72%	72%	71%	72%	78%	81%	73%	83%	75%	73%	1,085
	SPECIALIST MEDICINE	76%	127%	141%	78%	78%	126%	65%	125%	145%	96%	78%	147%	35
DIVISION B Total		94%	92%	93%	93%	93%	90%	103%	104%	105%	106%	105%	98%	2,684
DIVISION C	CHILD HEALTH	124%	151%	147%	145%	126%	122%	111%	133%	127%	117%	98%	109%	546
	WOMEN'S HEALTH	95%	91%	100%	87%	85%	83%	106%	99%	103%	104%	98%	96%	839
DIVISION C Total		104%	110%	115%	105%	97%	95%	108%	111%	112%	108%	98%	101%	1,385
DIVISION D	CARDIOVASCULAR & THORACIC	86%	102%	93%	86%	99%	91%	85%	102%	90%	90%	96%	92%	398
	NEUROSCIENCES	108%	97%	97%	98%	95%	87%	114%	101%	99%	111%	96%	96%	209
	RADIOLOGY	84%	101%	98%	98%	95%	106%	83%	95%	92%	97%	103%	99%	87
	TRAUMA & ORTHOPAEDICS	102%	102%	103%	98%	93%	94%	106%	106%	119%	127%	99%	130%	277
DIVISION D Total		96%	101%	97%	93%	96%	92%	97%	102%	98%	104%	97%	101%	971
Total		95%	97%	99%	95%	93%	91%	100%	103%	104%	104%	100%	99%	

Income and Activity

Outpatient activity in January was at 123% of planned income levels, up from 109% in December. This has returned to levels consistent with prior months and remains strong when compared to plan.

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	5	6	7	8	9	10	5	6	7	8	9	10	
DIVISION A	OPHTHALMOLOGY	92%	103%	106%	107%	93%	109%	98%	108%	113%	113%	97%	111%	8,131
	SURGERY	85%	97%	94%	103%	93%	102%	87%	98%	96%	104%	94%	105%	6,436
DIVISION A Total		89%	100%	101%	106%	93%	106%	92%	103%	105%	108%	96%	108%	14,567
DIVISION B	ACUTE MEDICINE	99%	104%	97%	107%	109%	123%	95%	101%	93%	102%	111%	119%	134
	CANCER CARE	135%	144%	141%	156%	146%	163%	122%	136%	132%	144%	133%	153%	9,592
	EMERGENCY MEDICINE	128%	184%	111%	126%	83%	104%	132%	185%	109%	123%	85%	98%	94
	SPECIALIST MEDICINE	110%	119%	112%	125%	110%	128%	108%	116%	110%	122%	107%	123%	10,646
DIVISION B Total		120%	130%	124%	137%	124%	142%	114%	125%	119%	131%	118%	136%	20,465
DIVISION C	CHILD HEALTH	92%	114%	118%	121%	110%	119%	91%	114%	116%	119%	108%	117%	5,863
	SUPPORT SERVICES	81%	85%	85%	95%	86%	90%	76%	81%	80%	91%	83%	86%	2,903
	WOMEN'S HEALTH	91%	107%	105%	114%	108%	117%	90%	102%	105%	114%	110%	118%	4,016
DIVISION C Total		89%	104%	105%	112%	103%	110%	89%	106%	108%	114%	106%	114%	12,782
DIVISION D	CARDIOVASCULAR & THORACIC	115%	125%	124%	136%	127%	137%	117%	125%	125%	135%	125%	138%	5,748
	NEUROSCIENCES	78%	108%	99%	122%	105%	120%	76%	105%	96%	121%	104%	121%	3,972
	RADIOLOGY	187%	200%	158%	201%	160%	205%	227%	246%	186%	245%	205%	244%	232
	TRAUMA & ORTHOPAEDICS	90%	107%	95%	107%	93%	106%	111%	132%	116%	126%	115%	124%	3,227
DIVISION D Total		97%	115%	108%	124%	111%	124%	99%	119%	112%	128%	115%	129%	13,179
Total		100%	113%	110%	120%	108%	121%	100%	114%	112%	121%	109%	123%	

Elective Recovery Fund 21/22

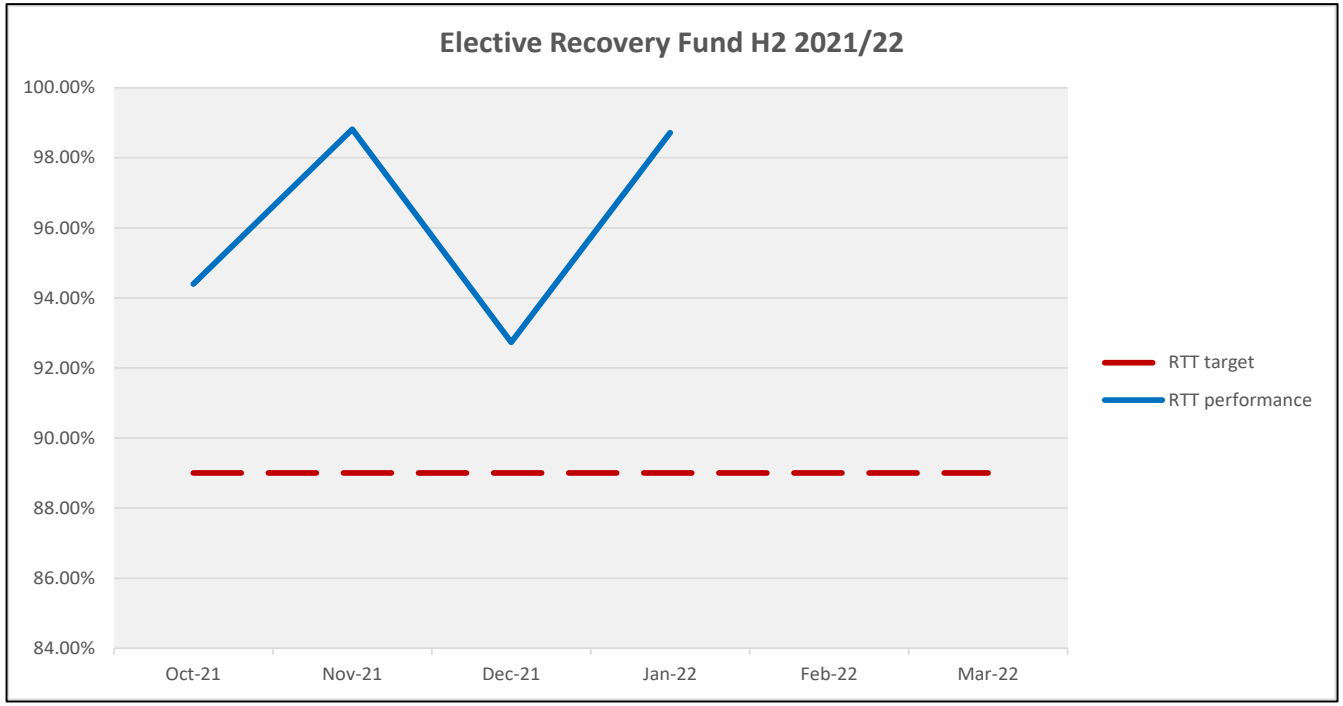
The graph shows the ERF performance for the second half of 21/22. This is an early estimate of this data and has dependencies on the performance of others from within the ICS.

For the second half of 21/22, ERF is based on RTT performance. However, NHSE/I have allocated funding for specific schemes up-front, with UHS allocated £14.25m.

RTT performance is still being monitored. RTT performance for October, November and December is based on submitted data. January performance is provisional and subject to further validation prior to submission.

This illustrates UHS would have achieved an estimated £5.6m in ERF income for October 21 to January 2022.

In 22/23, the measurement will change to exclude follow-up outpatients.



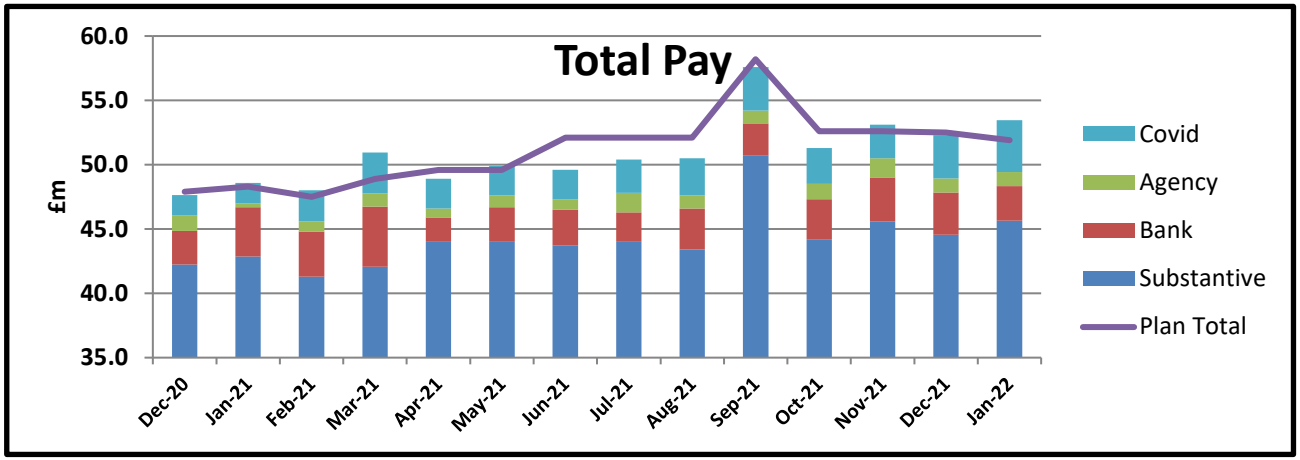
H2 ERF Achievement	RTT based - Elective/Daycase/Outpatients				ERF Top-up		
Month	Baseline	RTT target	RTT performance	Performance	100% Top Up	20% Top Up	Total
Oct-21	£ 19,791	89.00%	94.39%	*5.39%*	£ 1,068	£ -	£ 1,068
Nov-21	£ 20,531	89.00%	98.82%	*9.82%*	£ 2,016	£ 157	£ 2,173
Dec-21	£ 19,350	89.00%	92.73%	*3.73%*	£ 723	£ -	£ 723
Jan-22	£ 18,580	89.00%	98.72%	*9.72%*	£ 1,806	£ 138	£ 1,944
Feb-22	£ 19,436	89.00%		*0.00%*	£ -	£ -	£ -
Mar-22	£ 22,571	89.00%		*0.00%*	£ -	£ -	£ -
H2 Total	**£ 120,260**				**£ 5,612**	**£ 295**	**£ 5,907**

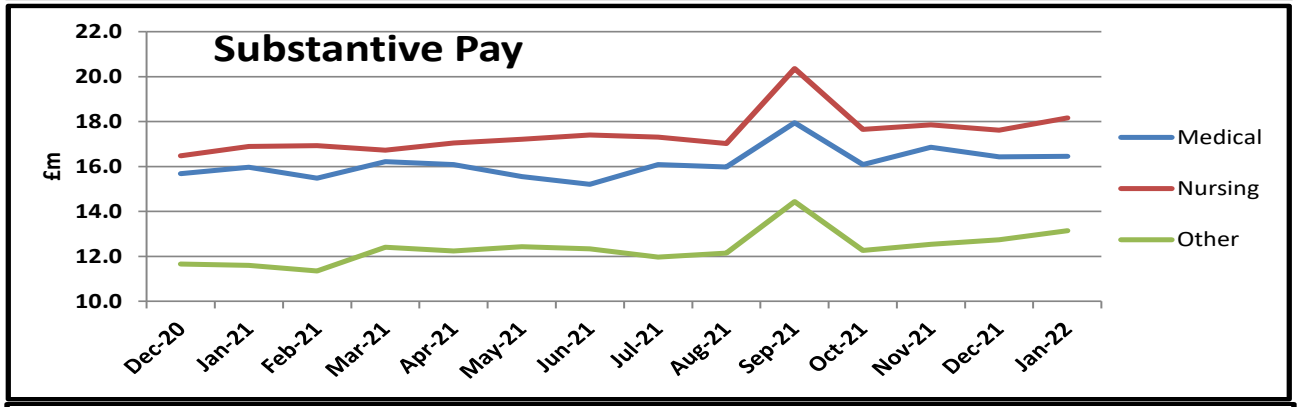
Substantive Pay Costs

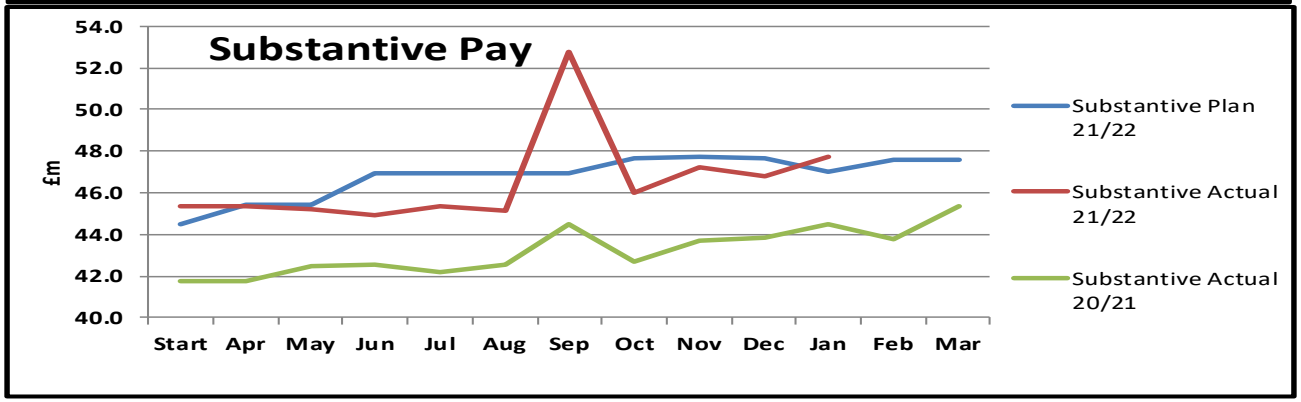
Total pay expenditure in January was £53.5m. This was £1.1m more than December. This was mainly driven by a increase in Covid staff costs, payment of the bank holidays enhancements worked over the Christmas period and a return to term time levels of activity in January.

Covid related pay costs increased due to inpatient covid activity remaining high across both ICU and wards together with increased covid sickness absence. Total pay spend was marginally higher than budget overall.

Pay costs remain in excess of that seen last year prior to the second covid wave as the organisation continues to drive recovery and support covid patients. Substantive recruitment has been challenging however with workforce numbers remaining broadly flat over the early part of 2021. Moderate growth has been observed since October 2021.



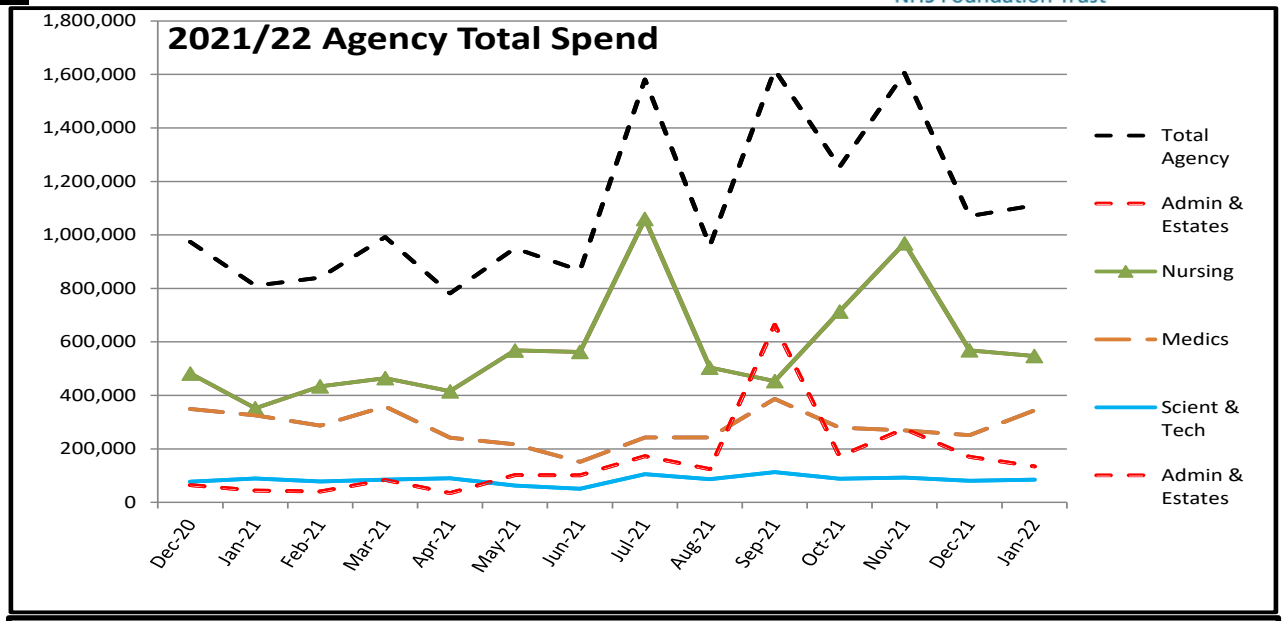


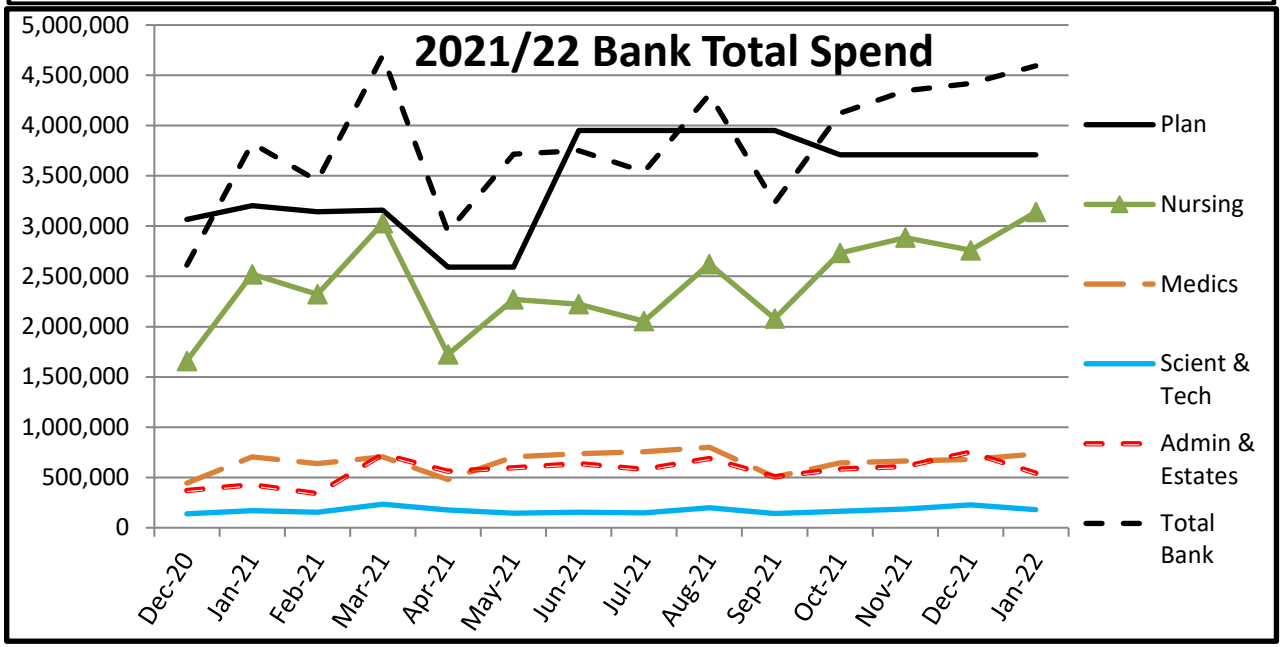


Temporary Staff Costs

Agency spend has been relatively flat month on month with a slight increase in medics agency costs reflecting higher activity in January.

Expenditure on bank staff has increased slightly month on month (£0.2m) but within this nursing spend increased by £0.4m month on month but spend on science and tech and admin and estates bank staff decreased by £0.2m month on month. Bank staff spend continues to reflect higher staff sickness levels due to Covid absences.





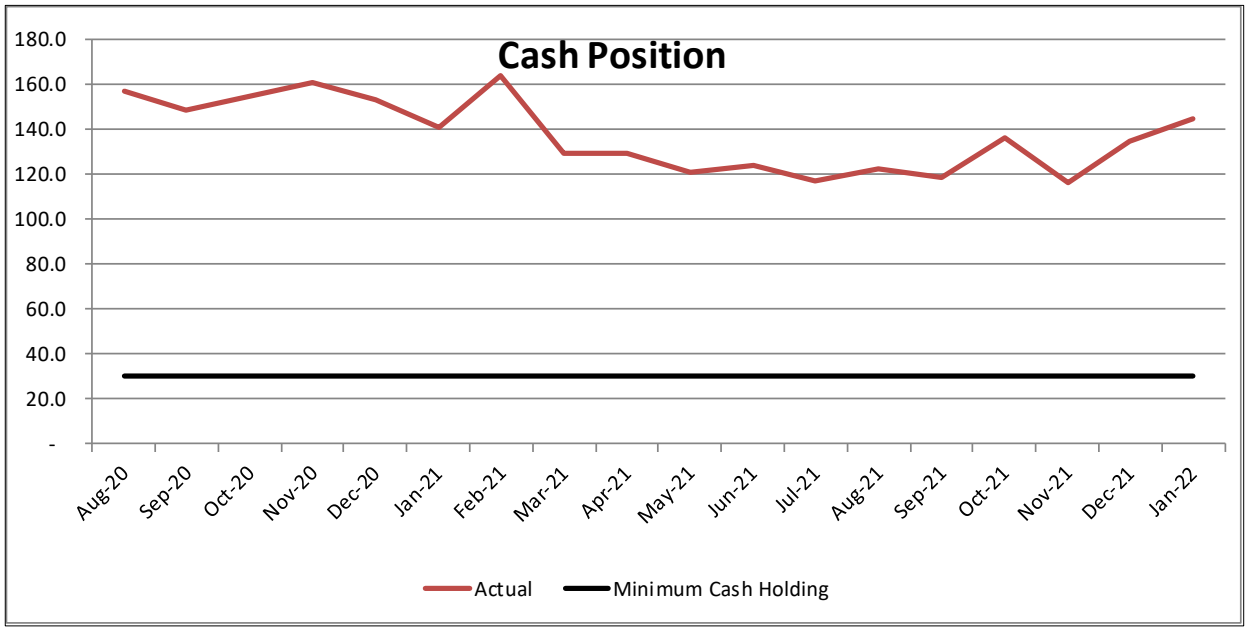
Cash

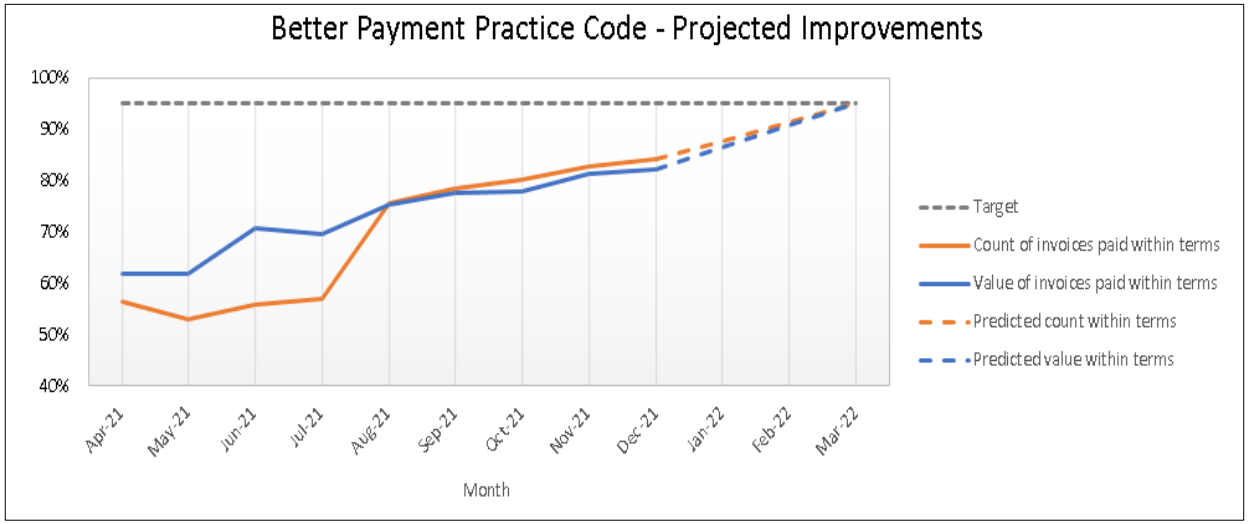
The cash balance increased in January to £144.8m and is analysed in the movements on the Statement of Financial Position.

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. Additionally the timing of external capital funding is likely to create volatility in Q4.

A gradual reduction is expected over the next two years as capital expenditure plans exceed depreciation. A slow downward trajectory is therefore forecast.

The latest position on our Better Payment Practice Code road map to compliance project is also shown on this slide. It is encouraging to note compliance continues to improve and is on track to comply by March 2022.





Capital Expenditure

(Fav Variance) / Adv Variance

Expenditure on internal capital schemes is £37.2m YTD against a budget of £40.7m, £3.5m below plan.

Total expenditure in M10 was £4.4m. This was driven by high expenditure on strategic maintenance (£0.9m), Information technology (£1.1m) and leased equipment (£1.3m).

To deliver the required CDEL level planned £12.6m of spend is required in February and March. There has been particular focus on this via the Trust Investment Group to ensure delivery and that robust plans are in place.

	Month			Year to Date			Full Year (Forecast)		
Scheme	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
Internally Funded Schemes									
Fit out of E level. Vertical Extension - Theatres	0	(553)	553	11,941	9,582	2,359	11,941	9,662	2,279
Strategic Maintenance	773	944	(171)	4,638	3,272	1,366	6,183	6,442	(259)
ED Expansion and Refurbishment	0	74	(74)	5,791	6,172	(381)	5,791	6,216	(425)
Information Technology Programme	500	1,073	(573)	3,500	4,216	(716)	5,000	5,000	0
Wards	733	0	733	2,533	29	2,504	4,000	29	3,971
Ophthalmology OPD	0	98	(98)	3,303	3,017	286	3,303	3,017	286
Maternity Induction Suite	433	0	433	1,132	6	1,126	2,000	20	1,980
Pathology Digitisation	117	424	(307)	822	711	111	1,171	1,171	0
Medical Equipment	125	516	(391)	750	1,604	(854)	1,000	2,016	(1,016)
NICU Pendants	0	0	0	896	4	892	896	337	559
Oncology Ward	0	0	0	861	598	263	861	691	170
Decorative / Environment Improvements	63	0	63	378	0	378	500	90	410
Side Rooms	0	0	(0)	490	525	(35)	490	551	(61)
IMRI	100	0	100	200	0	200	0	1,515	(1,515)
Other Projects	223	951	(728)	2,213	3,836	(1,623)	3,060	4,280	(1,220)
Slippage	(316)	0	(316)	(4,400)	0	(4,400)	(5,035)	0	(5,035)
Total Trust Funded Capital excl Finance Leases	**2,751**	**3,529**	**(778)**	**35,048**	**33,574**	**1,474**	**41,161**	**41,037**	**124**
Finance Leases - IISS	1,200	5	1,195	2,730	379	2,351	5,230	2,033	3,197
Finance Leases - MEP	275	15	260	1,650	687	963	2,200	1,183	1,017
Finance Leases - Other Equipment	493	1,310	(817)	2,541	3,792	(1,251)	3,141	4,236	(1,095)
Finance Leases - Adanac Park	0	0	0	0	0	0	0	3,500	(3,500)
Donated Income	(246)	(457)	211	(1,312)	(1,156)	(156)	(1,921)	(2,081)	160
Total Trust Funded Capital Expenditure	**4,473**	**4,402**	**71**	**40,657**	**37,275**	**3,382**	**49,811**	**49,908**	**(97)**
Profit on Disposal	0	0	0	0	(97)	97	0	(97)	97
Total Including Technical Adjustments	**4,473**	**4,402**	**71**	**40,657**	**37,178**	**3,479**	**49,811**	**49,811**	**(0)**

Capital Expenditure

(Fav Variance) / Adv Variance

The Trust has been successful in securing further external capital funding, particularly for IT schemes. The total external funding now secured is £15.2m.

UHS is forecasting to spend all of this funding and the internal funding allocation, a total of £65m, this financial year. Actions have been taken to help ensure that we spend the remaining £24.8m within this timescale.

	Month			Year to Date			Full Year (Forecast)		
Scheme	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
Externally Funded Schemes									
Accelerator Funded Equipment	0	2	(2)	0	284	(284)	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	129	63	1,344	1,404	(60)	1,917	1,917	0
Digital Outpatients (Wave 3 STP)	81	14	67	570	160	410	814	814	0
LIMS Digital Enhancement	38	0	38	380	126	254	455	923	(468)
Community Diagnostic Hub	0	0	0	0	0	0	0	1,577	(1,577)
Radiology Home Reporting	0	312	(312)	0	312	(312)	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	50	(50)	0	50	(50)	0	310	(310)
Information Technology Programme (TIF)	0	0	0	0	0	0	0	1,980	(1,980)
Elective Recovery TIF Tech Funding	0	0	0	0	0	0	0	196	(196)
Unified Tech Fund (Frontline Digitisation)	0	0	0	0	0	0	0	1,446	(1,446)
UTF Digital Maternity Solutions	0	0	0	0	0	0	0	17	(17)
Surface Guided Radiotherapy	0	0	0	0	0	0	0	1,130	(1,130)
TRE Research Project	0	0	0	0	0	0	0	499	(499)
Cyber Security	0	0	0	0	0	0	0	250	(250)
Diagnostic Academy	0	0	0	0	0	0	0	322	(322)
Endoscopy Academy	0	0	0	0	0	0	0	96	(96)
Digital Maternity Laptops (UTF)	0	0	0	0	0	0	0	27	(27)
Digital Pathology Whole Slide Scanners	0	0	0	0	0	0	0	500	(500)
Phlebotomy Blood Collection System	0	0	0	0	0	0	0	125	(125)
Total Externally Funded Capital Expenditure	**311**	**507**	**(196)**	**2,994**	**3,037**	**(43)**	**3,886**	**15,198**	**(11,311)**
Total CDEL Expenditure	**4,784**	**4,909**	**(125)**	**43,651**	**40,215**	**3,436**	**53,697**	**65,008**	**(11,311)**

2021/22 Finance Report - Month 10

Statement of Financial Position

(Fav Variance) / Adv Variance

The January statement of financial position illustrates net assets of £442.5m, with the main movements in the position explained below.

The £2m decrease in receivables is primarily driven by settlement of Chilworth invoices with a number of offsetting movements.

The £7.7m increase in payables is driven by an £8m increase in the accruals across both capital and revenue suppliers. This is short term with large invoices due from several key suppliers at the end of the quarter.

The increase in cash of £10.2m can be correlated to the movements in receivables and payables.

Statement of Financial Position	2020/21 YE Actuals £m	2021/22 M9 Act £m	2021/22 M10 Act £m	2021/22 MoM Movement £m
Fixed Assets	419.4	435.6	437.7	2.1
Inventories	14.7	19.5	18.7	(0.8)
Receivables	67.4	71.5	69.5	(2.0)
Cash	129.0	134.5	144.8	10.2
Payables	(171.6)	(209.8)	(217.5)	(7.7)
Current Loan	(2.7)	(2.0)	(2.0)	0.0
Current PFI and Leases	(9.0)	(8.6)	(8.7)	(0.1)
Net Assets	**447.2**	**440.7**	**442.5**	**1.8**
Non Current Liabilities	(18.3)	(17.8)	(18.1)	(0.3)
Non Current Loan	(8.5)	(7.0)	(6.7)	0.3
Non Current PFI and Leases	(36.3)	(32.0)	(33.5)	(1.5)
Total Assets Employed	**384.0**	**383.9**	**384.2**	**0.3**
Public Dividend Capital	246.0	247.4	247.4	0.0
Retained Earnings	114.0	112.5	112.8	0.3
Revaluation Reserve	24.0	24.0	24.0	0.0
Other Reserves	0.0	0.0	0.0	0.0
Total Taxpayers' Equity	**384.0**	**383.9**	**384.2**	**0.3**

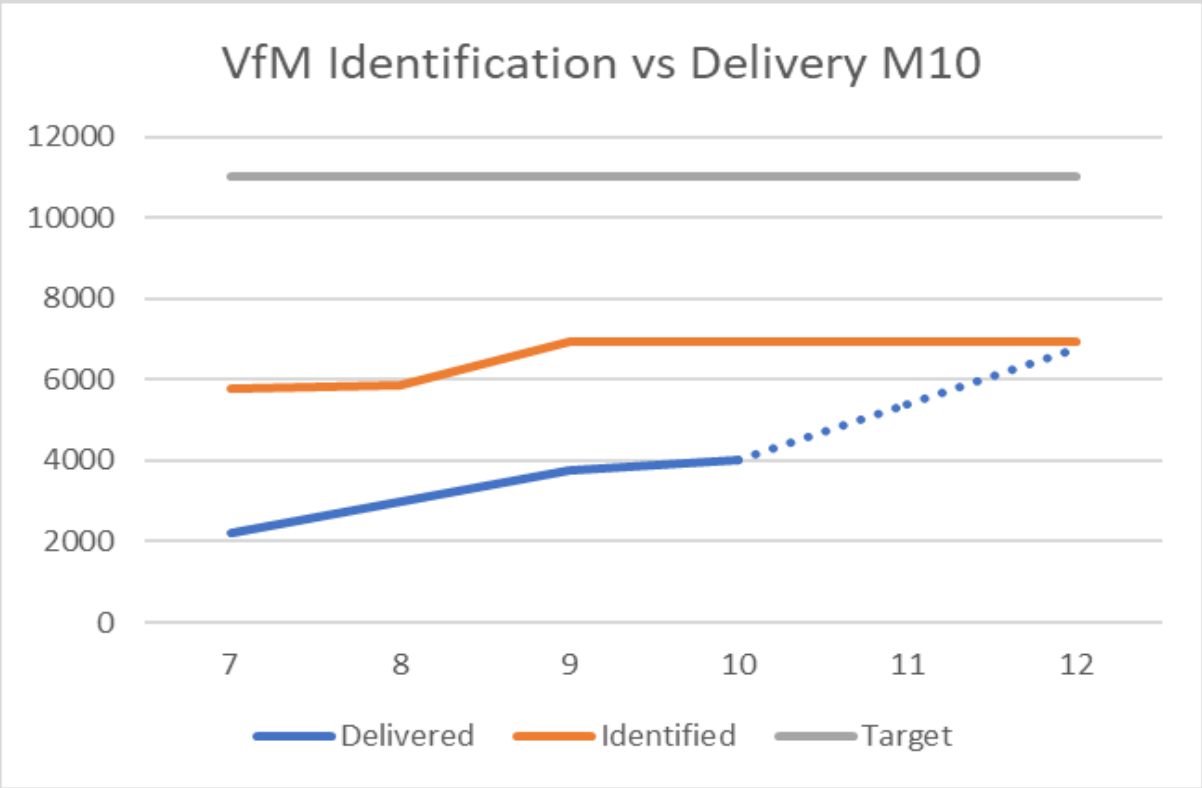
2021/22 Finance Report - Month 10

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 original target of £5.5m. At M10, we are forecasting to exceed the £5.5m. At M10, £4m of benefit was transacted (£1.8m recurrent) compared to £3.6m in M9.

Rate of delivery has slowed pending transaction of non-recurrent schemes (e.g. Maternity NHSR refund) and reconciliation of additional private patient income and procurement schemes.
£10m of non-cash releasing schemes have been identified during 21/22.

Value for Money review meetings are planned in February to review delivery in 21/22 and consider opportunities for 22/23.



Key: dotted blue line indicates forecast of delivery for M11-12, based on current identified schemes and planned delivery by start date.
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University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Integrated Performance Report 2021/22 Month 10**			
Agenda item:	**7.2**			
Sponsor:	**Chief Executive Officer**			
Date:	**24 February 2022**			
Purpose	**Assurance or reassurance Y**	**Approval**	**Ratification**	**Information**
Issue to be addressed:	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			
Response to the issue:	The Integrated Performance Report reflects the current operating environment and is aligned with our strategy.			
Implications: (Clinical, Organisational, Governance, Legal?)	This report covers a broad range of trust services and activities. It is intended to assist the Board in assuring that the Trust meets regulatory requirements and corporate objectives.			
Risks: (Top 3) of carrying out the change / or not:	This report is provided for the purpose of assurance.			
Summary: Conclusion and/or recommendation	This report is provided for the purpose of assurance.			

Integrated KPI Board Report

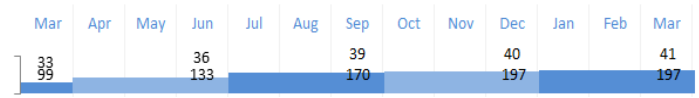
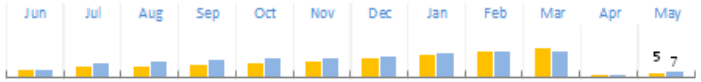
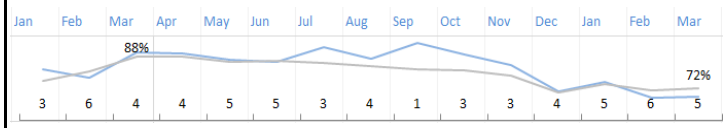
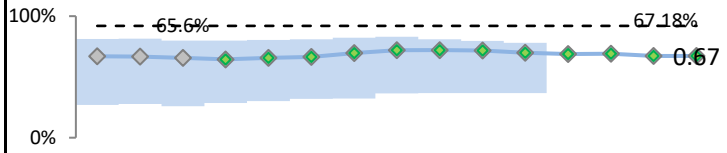
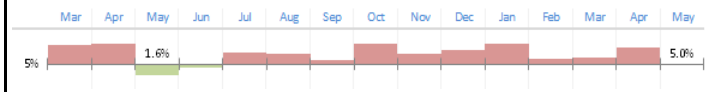
covering up to

January 2022

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

Report Guide

University Hospital Southampton NHS
NHS Foundation Trust

Chart Type	Example	Explanation
Cumulative Column		A cumulative column chart is used to represent a total count of the variable and shows how the total count increases over time. This example shows quarterly updates.
Cumulative Column Year on Year		A cumulative year on year column chart is used to represent a total count of the variable throughout the year. The variable value is reset to zero at the start of the year because the target for the metric is yearly.
Line Benchmarked		The line benchmarked chart shows our performance compared to the average performance of a peer group. The number at the bottom of the chart shows where we are ranked in the group (1 would mean ranked 1st that month).
Line & bar Benchmarked		The line shows our performance and the bar underneath represents the range of performance of benchmarked trusts (bottom = lowest performance, top = highest performance)
Control Chart		A control chart shows movement of a variable in relation to its control limits (the 3 lines = Upper control limit, Mean and Lower control limit). When the value shows special variation (not expected) then it is highlighted green (leading to a good outcome) or red (leading to a bad outcome). Values are considered to show special variation if they -Go outside control limits -Have 6 points in a row above or below the mean, -Trend for 6 points, -Have 2 out of 3 points past 2/3 of the control limit, -Show a significant movement (greater than the average moving range).
Variance from Target		Variance from target charts are used to show how far away a variable is from its target each month. Green bars represent the value the metric is achieving better than target and the red bars represent the distance a metric is away from achieving its target.

Introduction

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

The report aims to provide assurance:
• Regarding the successful implementation of our strategy
• That the care we provide is safe, caring, effective, responsive, and well led

The content of the report includes the following:

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

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

This month the appendix has been updated to:

• Amend the new measure, FN3 - Patients choosing digital correspondence, within the Foundations for the Future section of the appendix. The chart now shows the number of patients who have chosen to receive digital correspondence, the number who have been offered this choice but are not yet choosing digital correspondence, and the patients who have chosen digital correspondence as a percentage of all My Medical Record service users.

Summary

This month the 'Spotlight' section features:

1. Emergency Department and Ambulance Handover Performance

A scheduled review of Emergency Department Performance. Whilst performance continues to be good compared to peer hospitals and other acute trusts in general, it has continued to decline in absolute terms and our main ED performance is now 69% (patients admitted, transferred, or discharged within four hours) compared to national target of 95%. Attendance numbers have been unprecedented throughout 2021/22, though in December and January activity was closer to that experienced prior to the pandemic (activity and performance influenced by Omicron variant peak).
An update is provided on Ambulance Handover Performance, further to the briefing provided at the November board meeting and following the NHS England request that Trusts report action they have put in place to ensure delays have been eliminated. UHS Ambulance Handover performance continues to be very good.

2. Pressure Ulcers

This is a scheduled review of Pressure Ulcers (PU). Pressure Ulcers are a key indicator of the quality of care within inpatient services and have the potential to cause significant harm when they occur. UHS reported 187 PU in category two (these typically cause low harm) and 141 PU at category 3 and above (these have the potential to cause moderate harm or above), in the twelve months to the end of December 2021.

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

1. Numbers of Healthcare acquired and Probable hospital-associated COVID infection have been elevated in both December and January, associated with increased numbers of hospital inpatients with COVID-19 (a majority of which have been the Omicron variant).

2. The number of hospital inpatients that were medically optimised for discharge increased further, to an average of 188 during January. This compares to a target for this number not to exceed 80.

3. UHS staff sickness absence increased steeply to an average of 5.7% in the month of January, including a significant impact from COVID-19 absences.

4. Both medical and non-medical staff appraisal levels continued to be significantly reduced this month, and more so than during the same period in 2020.

5. Subsequent treatment of cancer within 31 days has now deteriorated significantly, to 86% within 31 days compared to a target of >95%. UHS is also performing poorly compared to other trusts against this measure. In addition to constraints on the number of surgical patients that could be admitted on some days in November and December, there has been shortfall in the number of surgeons available within one of the specialties specifically, and there is a plan to address this from April.

6. Referral to Treatment data continues to show encouraging results; the total size of the waiting list reduced by 186 in January, the number of patients who have waited more than 52 weeks reduced by 128, and the number of patients who have waited more than 104 weeks reduced by 21 to 150.

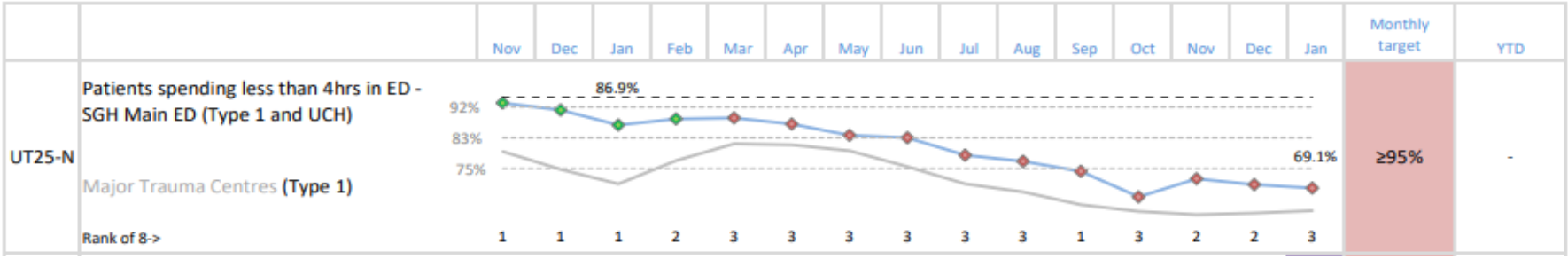
Spotlight Subject - Emergency Department (ED) Performance, Ambulance Handover Performance, and Attendances

Four hour standard, from arrival to admission, transfer or discharge from the Emergency Department

Whilst UHSFT is not performing at the national target/ the level it desires with regard to the time spent by patients in the ED, our performance is good compared with similar major trauma centres, similar teaching hospitals and the South East region, and in December 2021 was in the top quartile of trusts nationally (27th out of 114 reporting results).

Major Trauma Centre Performance Comparision

The graph below highlights our Type 1 performance compared to eight similar Major Trauma Centres (MTCs), where UHS ED currently ranks third.

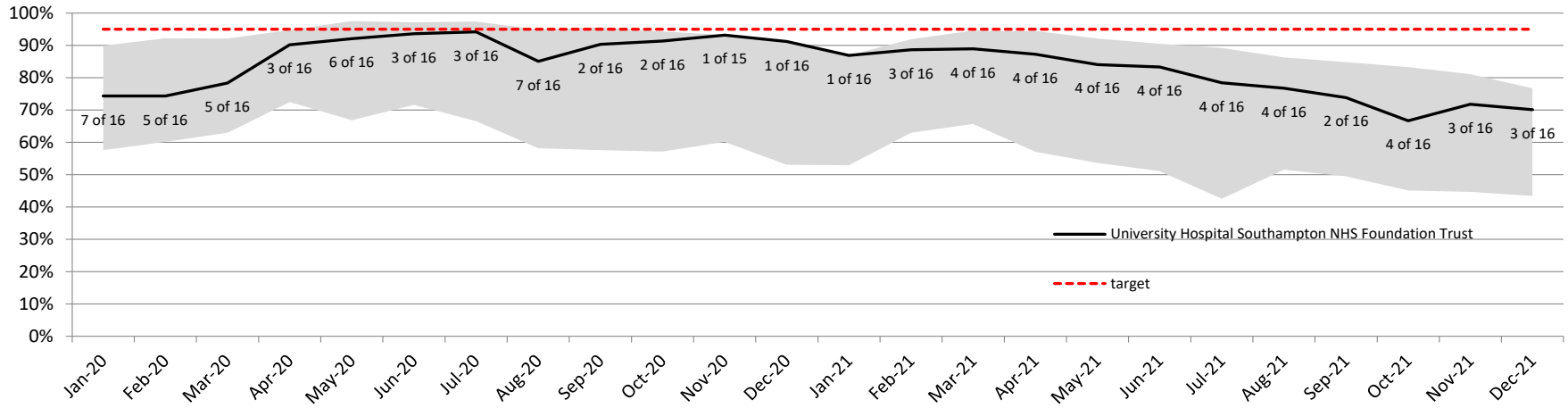


Over the past 6 months (Aug21 to Jan22) the average performance of the Type 1 MTC group was 63.61% compared to 71.3% at UHS ED.

Over the 6 months prior to that, the average was 77.5% (MTC group) compared to 85.1% (UHS ED).

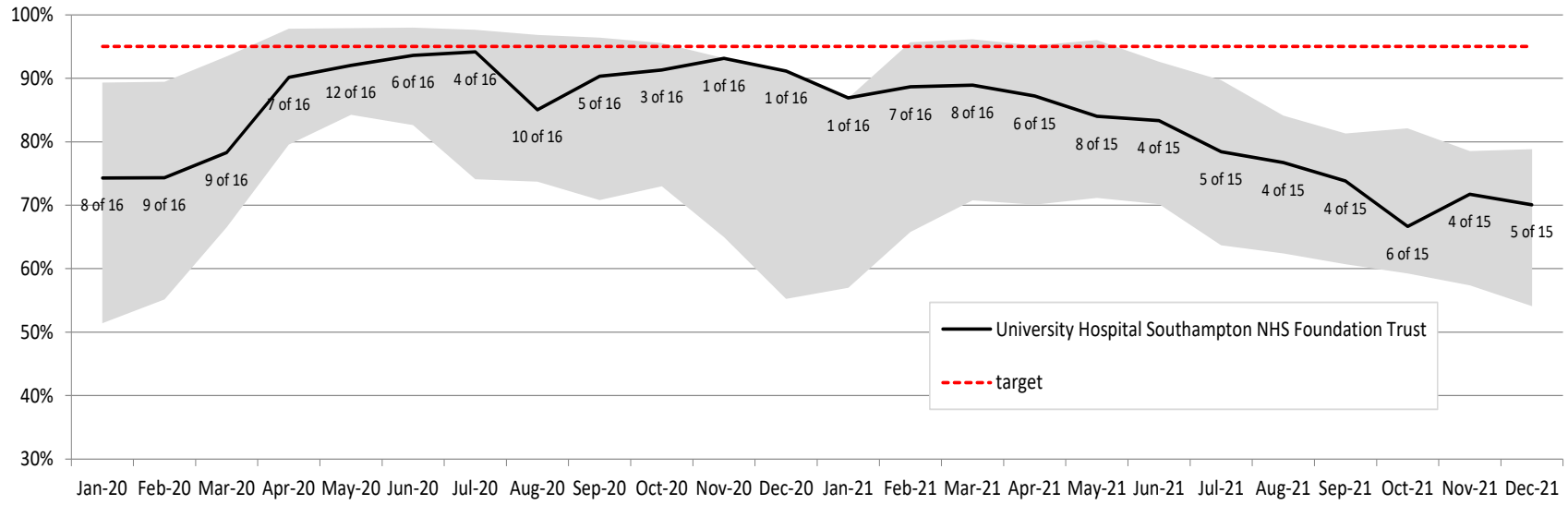
Teaching Hospital Performance Comparison

The graph below highlights our Type 1 performance compared to sixteen similar Teaching Hospitals, where UHS ED currently ranks third.



South East Region Performance Comparison

The graph below highlights our Type 1 performance compared to all fifteen hospitals reporting results in the South East region, where UHS ED currently ranks fifth.



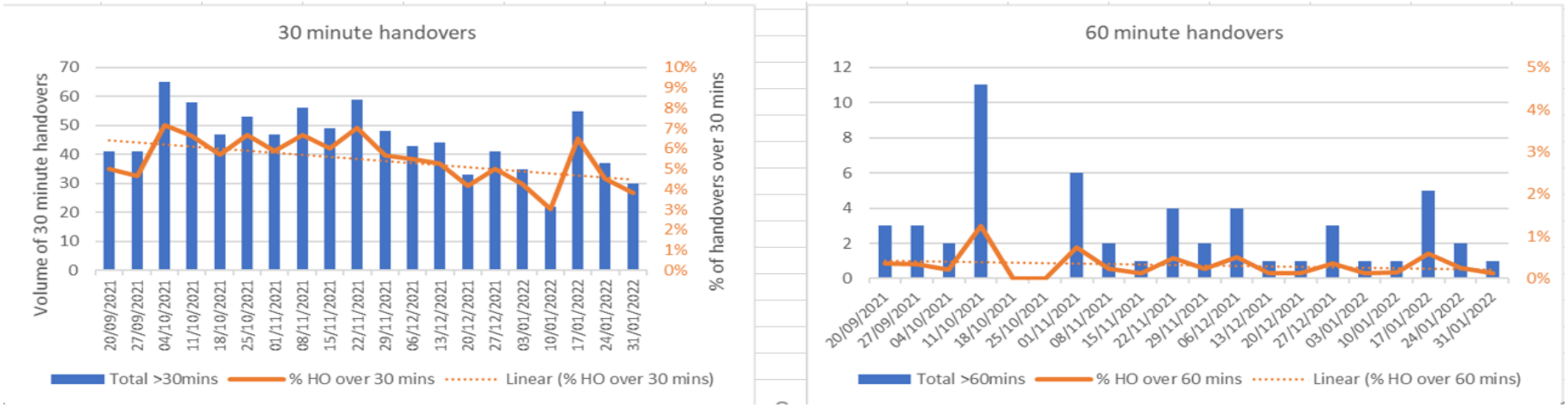
Ambulance Handover Performance Target "All handovers must take place within 15 minutes with none waiting more than 30 minutes"

UHS performs very well in relation to measures of timely ambulance handover, and recent trends demonstrate further local improvement.

For comparison, across England, between 29 Nov 2021 and 6 Feb 2022, 12% of handovers took longer than 30 minutes, and 9% longer than 60 minutes.

(https://www.nuffieldtrust.org.uk/resource/chart-of-the-week-how-do-ambulance-handover-delays-vary-across-england).

UHS Performance:

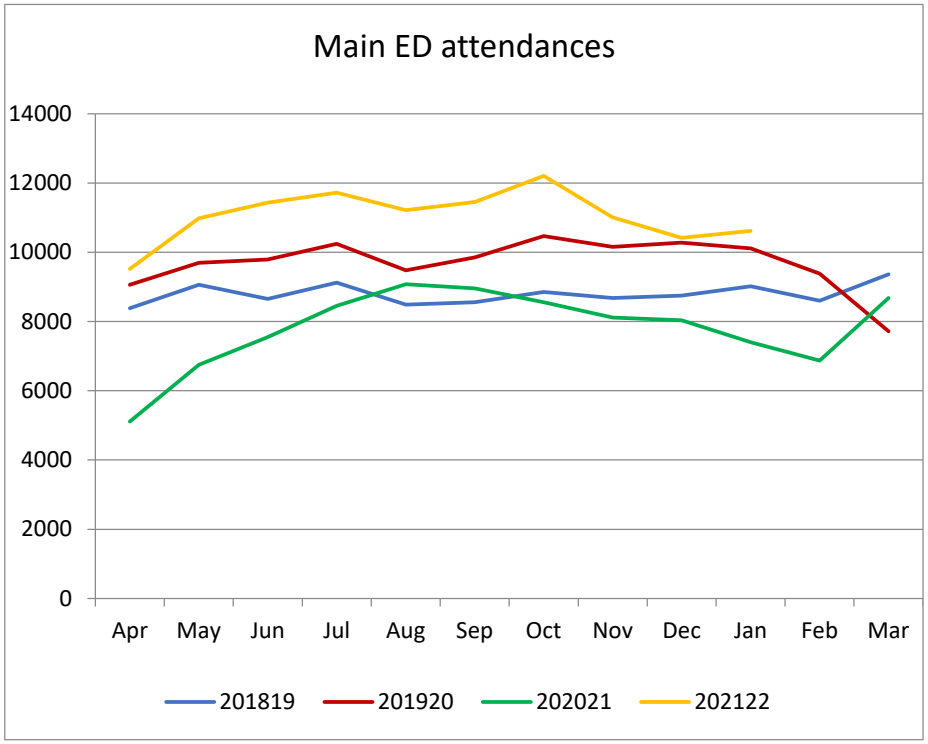


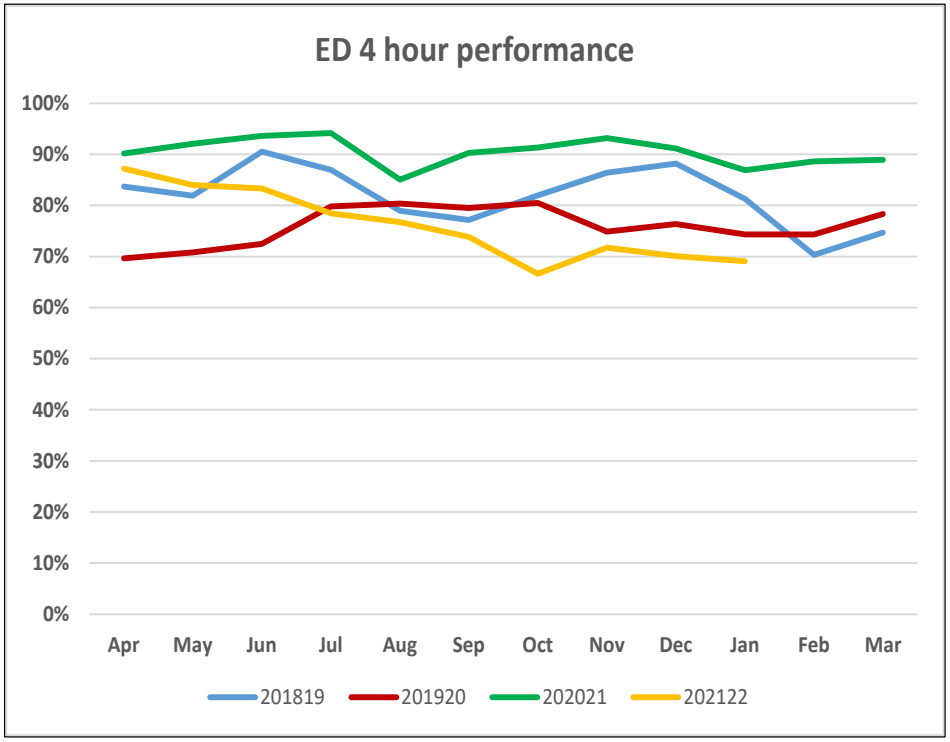
Note: There are approximately 800 ambulance handovers in total at UHS each month.

Attendances

Performance

The tables below highlight the number of main (Type 1) UHS ED attendances, and associated four hour performance, over the last 4 years





Current projections suggest UHS ED attendances will be 14% greater in 2021/22, than that seen in 2019/20 (the year preceding Covid), an increase of 50 attendances per day

UHS initial planning assumptions for 2022/23 are for an average daily type 1 attendance number of 390, 5% above 2021/22 and 19% above 2019/20.

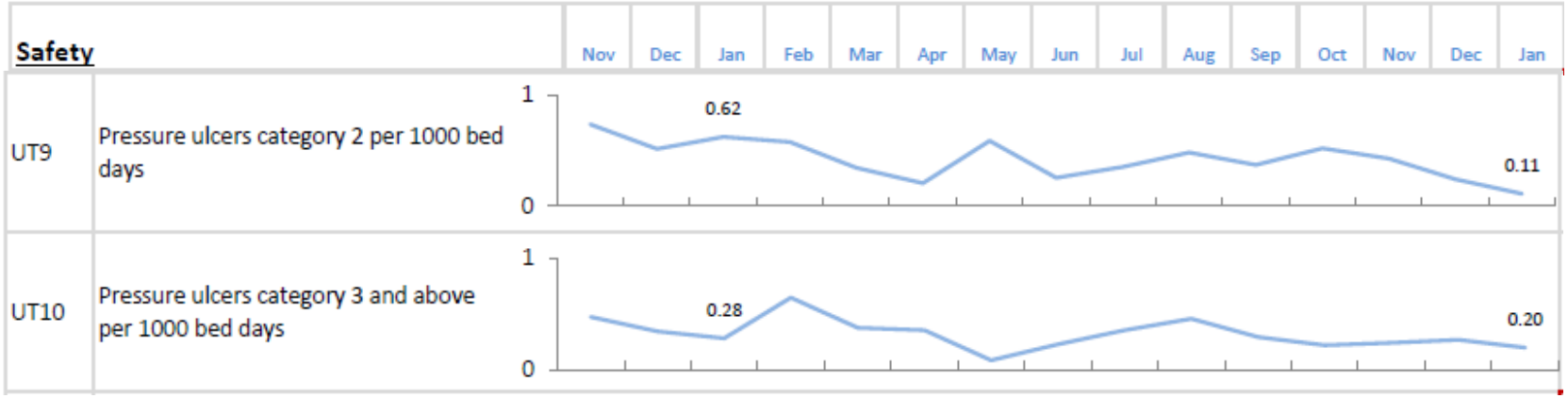
Service Improvement Plans

The following are main areas of focus within the ED, Emergency Medicine Care Group and wider organisation.

Scheme	How?
Focus on specialty pull out of ED	1) Rolling out of new standard/measure - clinically ready to proceed (CRTP)
	2) Performance against the 1hr standard linked to CRTP
	3) "Who goes where document" discussed at DCDs and clinical leads to support e-referral discussions linked to output related to CRTP
External Focus	1) Exec & Dep CMO discussions with Primary Care Network leads re: support for GP education/learning
	2) Constant comms in the community regarding messaging around alternative providers - 111, UTC, GP, pharmacy
	3) CCGs discussions linked to utilisation of UTCs and increasing capacity at UHS times of surge
ED Escalation	1) Work done by ED to incorporate into site mgt to come up with triggers to RAG rate ED alert level to then determine support required
	2) ED Huddle attended by site, COD, NIC, DM, ED DM, Paeds team continuing and filmed as seen as best practice
Mental Health focus	1) Continuing to build up collaborative relationship with main MH provider
	2) Gap analysis for psychiatric & psychology resources to support rise in patients attending with MH conditions
	3) New report internally established highlighting ongoing challenges
Workforce focus	1) New clinical educator shifts led by senior medical team to support junior teams in the ED
	2) Ongoing quarterly meetings with senior ED team discussing all these workforce linked to workforce strategy using output from workforce analysis looking at number of attendances, day of the week, time of day, senior decision makers and where they focus efforts
	3) Review of Trust wide teams needs to cope with 400 daily attendances as the new norm
Estate	1) New majors expansion open, supporting reducing the "corridor care" incidences
	2) Ambulatory pilot - changing the use of the space to allow greater number of patients to be treated and turned around
	3) Discussions ongoing linked to Urgent Care Village with pilot planned for 5 days from 04/04/22
	4) Use of fallow pitstop and use as Trust wide rapid POCT space to increase TAT and reduce patient waiting time in ED
Culture	1) Internal review commissioned and completed by x2 ex presidents of RCEM. Next steps to agree and embed actions to progress in Q1 22/23
	2) Constant update to Exec and Trust Board
Rapid Testing	1) Use of rapid diagnostic tests to help stream patients as part of covid management - ongoing

Spotlight Subject - Inpatient Pressure Ulcers

The number of pressure ulcers per 1000 bed days are reported in the Integrated Performance Report monthly with category 2, and the more damaging category 3 and above, ulcers reported separately. Ulcers are reported based upon their maximum severity.



In the calendar year 2021 the number of pressure ulcers, by category, and their location on the patient, were as follows:

Location – Category 2	
Sacrum	64
Ankle	3
Buttock	9
Heel	31
Hip	2
Spine	7
Occiput (back of head)	1
Elbow	1
Toe	1
Medical Device related	68
Total	187

Location – Category 3 and above	
Sacrum	107
Buttock	9
Heel	8
Hip	1
Spine	3
Ankle	1
Medical Device related	12
Total	141

Category 2 – Of the total 187

Sacrum makes up **34%**

Medical Device related **36%**

Heels **17%.**

Category 3 – Of the total 141

The sacral location represents **76%**

Pressure Ulcer classification is confirmed by the Tissue Viability team, who also provide advice and learning regarding the prevention and management of pressure ulcers.

The most common contributory factors identified through a review of the last two quarters were as follows.

Category 2:

- Not putting the correct prevention in place; for example, the correct mattress or a lack of pillow use for heels.

- A supply issue for several weeks affecting the wipes used to manage moisture damage. An increase in both moisture damage, and combined moisture/pressure lesions, was associated with that period.

- Use of nasal cannula with 'harder' tubing rather than those with soft silicone tubing routinely used at UHS. We are aware that products with 'harder' tubing are more likely to result in pressure damage. A need for oxygen therapy in great numbers of patients during the pandemic has also significantly increased the risk and numbers of device related ulcers.

- Difficulty in obtaining other products which can reduce the risk of pressure injury, due to issues with their supply chain. Such issues are not limited to UHS, and this an area of focus.

Category 3:

- A failure to achieve re-positioning of patients every two hours, in most cases this would prevent patients from developing damage to the sacrum. Staffing levels in relation to the needs of the patients have been noted as a concern.

- A supply issue for several weeks affecting the wipes used to manage moisture damage. An increase in both moisture damage, and combined moisture/pressure lesions, was associated with that period.

- It is believed that some patients have not been admitted to hospital as soon as they would normally have been, following periods of immobility at home, and whilst more acutely unwell. This has an impact upon perfusion, and therefore the risk of skin damage.

- Some patients treated for COVID-19 in intensive care have required care in the prone position, together with the use of multiple medical devices, and this increases the risk of pressure damage (18 of a sample of 80 patients who developed pressure ulcers on GICU, were being 'proned' at the time).

Our response to pressure ulcers is as follows:

Category 2 – A review of the patient's care, including a review of the patient's notes, is undertaken between the Tissue Viability nurse and Nurse in Charge of the ward to ensure that any learning needs are identified and addressed.

Category 3 and above – The incident is 'scoped' to determine whether a formal root-cause investigation should be undertaken (where there are concerns regarding omissions in the care provided). In 2021, because of changes to nursing roles and capacity during COVID-19 peak, this process took place between April and September only. 17 incidents were scoped, and 10 root-cause investigations completed.

This process is currently being reviewed with the support of the Patient Safety Team, to ensure that opportunities to learn from incidents and share that learning across the Trust are optimised.

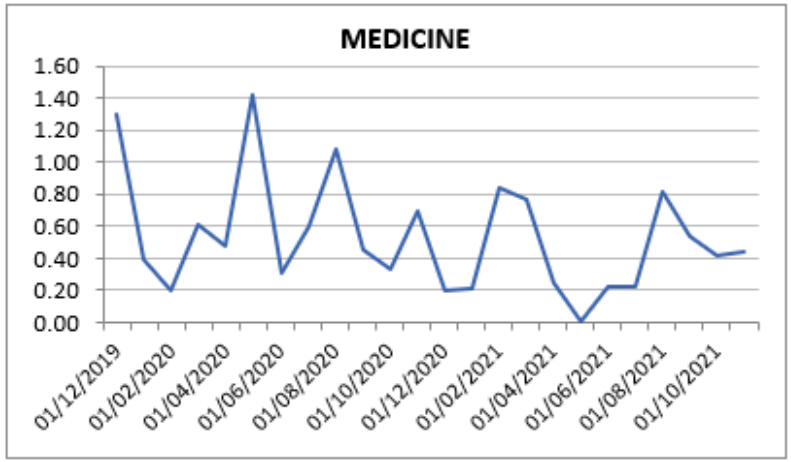
Our aim is to prevent pressure ulcers developing, and if that is not achieved to identify any pressure ulcers at the earliest possible stage and prevent them from worsening and causing significant harm. Trends in the number of ulcers at category 2, and categories three and above, indicate that this approach is being successful in avoiding increases in the most serious cases.

	Change in number of pressure ulcers 2021 vs. 2020
Category 2	+ 8%
Category 3 and above	-12%

The following chart (left) illustrates trends in the Medicine service, where the majority of COVID-19 positive patients have been cared for, and many of the patients also have a high risk of suffering pressure damage. There has been learning regarding the avoidance of respiratory device associated pressure ulcers during the pandemic, an improvement in skin inspection and documentation upon admission and transfer, training in re-positioning and skin assessment, and formal teaching as part of the Healthcare Assistant induction.

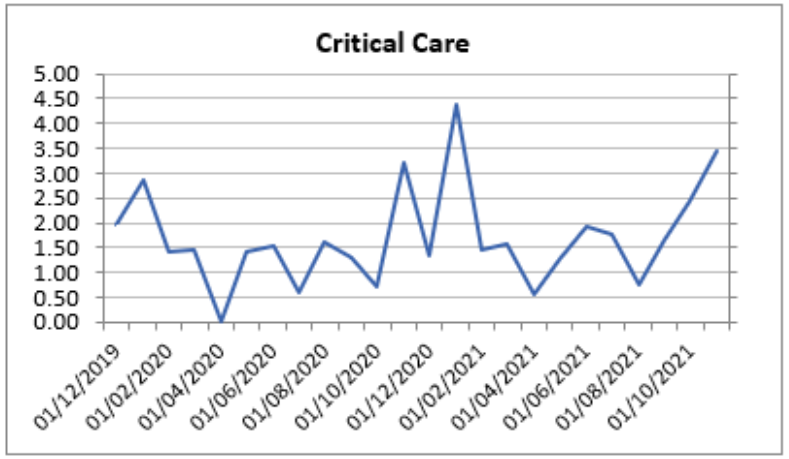
The following chart (right) illustrates trends in Critical Care. A large proportion of the incidents are device related. Many patients have multiple devices supporting them, and although staff use preventative tapes and silicone pads to try to prevent damage it is not always possible to use these successfully. Extreme difficulty is experienced in avoiding damage to the lips and corners of the mouth when patients are intubated. Intubation tube ties may cause damage and attempts to use other fixation devices when patients are prone have been unsuccessful. Clinical instability of patients has also often required risk assessment, and consideration of longer periods between patient re-positioning despite the risk of pressure damage. On some occasions it is not possible to prevent damage and it is necessary to act in the patient's best interests knowing that damage may occur.

Category 2



Y Axis = Ulcers per 1000 bed days

Category 2



Y Axis = Ulcers per 1000 bed days

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

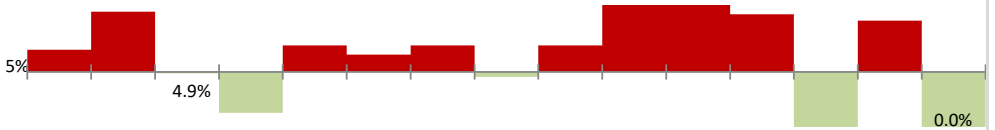
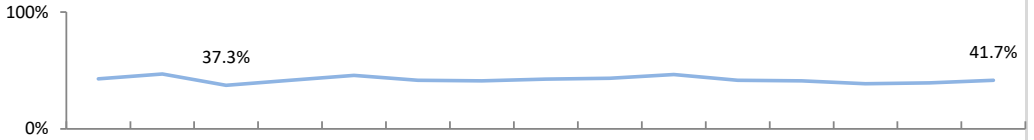
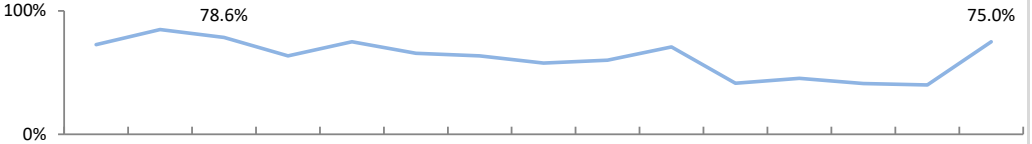
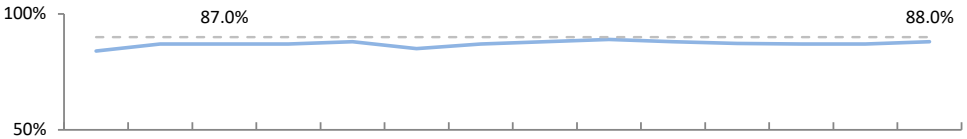
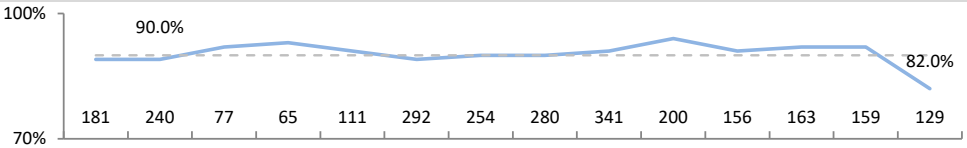
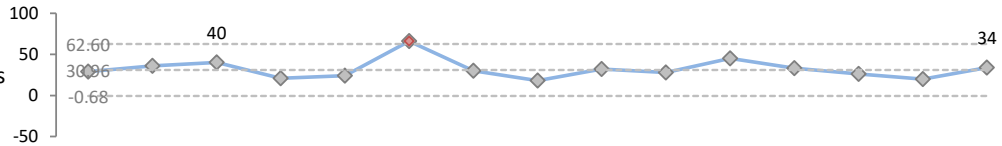
** https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	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)	12 10	12 10	10 65.6% 9	10 9	8 8	7 7	8 8	9 8	9 8	9 7	10 9	10 9	10 8	9 8	67.2%	≥92%	
CN1-N	% Patients following a GP referral for suspected cancer seen by a specialist within 2 weeks	97.3%														74.4%	≥93%	
UT34-N	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)	13 10	14 77.7% 9	6 3	7 4	6 2	3 1	11 4	13 6	15 8	16 7	13 2	12 4	14 5	13 3	70.4%	≥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->	86.9%														69.1%	≥95%	-
		1	1	1	2	3	3	3	3	3	3	1	3	2	2	3		
UT33-N	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	11 17	12 17	36.6% 9 16	10 16	10 17	10 16	9 15	7 14	6 12	7 13	7 14	7 14	7 13	6 12	24.5%	≤1%	-

Outcomes		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
UT1-N	HSMR - **UHS** HSMR - **SGH**	78.4											81.2 80.1			77.9	≤100		
UT2	HSMR - Crude Mortality Rate	2.9%											2.7%				-		
UT3	Percentage non-elective readmissions within 28 days of discharge from hospital	11.7%														11.7%	-		
UT4-L	**Cumulative Specialties** with Outcome Measures Developed	56 305		57 332			61 396			63 406			63 383				+1		
UT5	Developed Outcomes RAG ratings	77%			76%			80%				78%				77%	-		

Safety		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
UT6-N	Cumulative Clostridium difficile This year vs. last year				60 57	7063	5 7	11 16	15 21	18 25	3233	3939	4344	5049	52 56	55 64	6	64	≤51
UT7	**Healthcare-acquired COVID infection**: COVID-positive sample taken >14days after admission (validated)	0	10	38	2	5	0	0	0	3	0	7	6	11	22	20	-	69	-
UT8	**Probable hospital-associated COVID infection**: COVID-positive sample taken >7 days and <=14 days after admission (validated)	2	6	59	2	2	1	0	0	0	4	3	9	11	14	18	-	60	-
UT9	Pressure ulcers category 2 per 1000 bed days			0.62												0.11	-	-	-
UT10	Pressure ulcers category 3 and above per 1000 bed days			0.28												0.20	-	-	-
UT11-N	Medication Errors (severe/Moderate)			1												4	≤3	17	≤30

		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
UT12	Antibiotic usage per 1000 admissions This year vs. last year	8,500 1,500			4,846											5,548	-	-	-
UT13	Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity)	40 0		3												7	-	63	-
UT14	Serious Incidents Requiring Investigation - Maternity	5 0		0												0	-	-	-
UT15	Number of high harm falls per 1000 bed days	0.5 0.0		0.12												0.20	-	-	-
UT16	% patients with a nutrition plan in place	100% 80%		98.6%												96.7%	-	-	-
UT16 - monthly audit has been paused due to pressure on all ward areas.																			
UT17	Red Flag staffing incidents	100 0		22												21	-	-	-

Patient Experience		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
UT18-N	FFT Negative Score - Inpatients																≤5%	-	-
UT19-N	FFT Negative Score - Maternity																≤5%	-	-
UT20	Total UHS women booked onto a continuity of carer pathway																-	-	-
UT21	Total BAME women booked onto a continuity of carer pathway																-	-	-
UT22	% Patients reporting being involved in decisions about care and treatment																≥90%	-	-
UT23	% Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base)																≥90%	-	-
UT23 - Performance is a scored metric with a "Yes" response scoring 1, "Yes, to some extent" receiving 0.5 score and other responses scoring 0.																			
UT24	Overnight ward moves with a reason marked as non-clinical (excludes moves from admitting wards with LOS<12hrs)																-	-	-

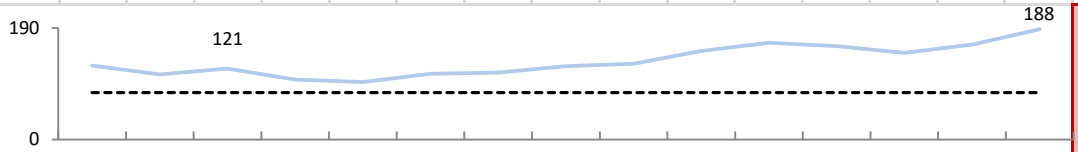
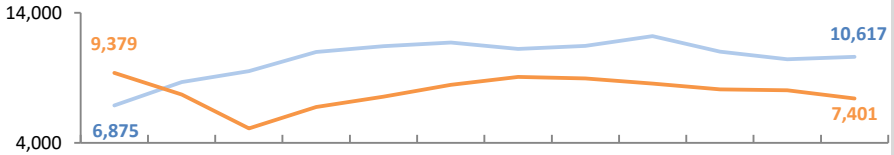
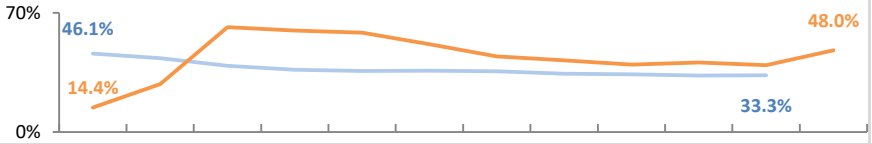
Access Standards		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
UT25-N	Patients spending less than 4hrs in ED - SGH Main ED (Type 1 and UCH) Major Trauma Centres (Type 1) Rank of 8->	92%	83%	75%	86.9%											69.1%	≥95%	-	-
		1	1	1	2	3	3	3	3	3	3	1	3	2	2	3			
UT26	Average (Mean) time in Dept - non-admitted patients	05:00		02:37												03:24	-	-	-
		01:00																	
UT27	Average (Mean) time in Dept - admitted patients	06:00		03:40												05:05	-	-	-
		01:00																	
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%	12	12	10	10	8	7	8	9	9	9	10	10	10	9	67.2%	≥92%		
			10	10	9	9	8	7	8	8	8	7	9	9	8	8			
		55%			65.6%														
UT29	Total number of patients on a waiting list (18 week referral to treatment pathway)	47,500		35,698												44,551	-	-	-
		34,000																	
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	6	6	6	2,809	5	4	4	4	6	7	7	7	7	7	7	-	-	-
			12	12	13	13	13	13	13	13	14	14	14	14	14	13	2,171			
		0																	

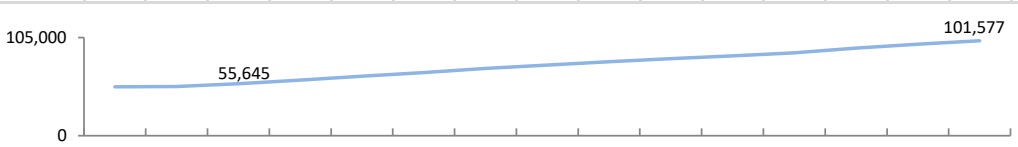
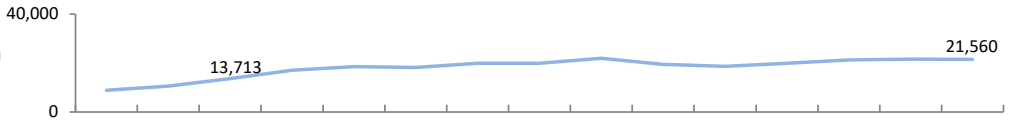
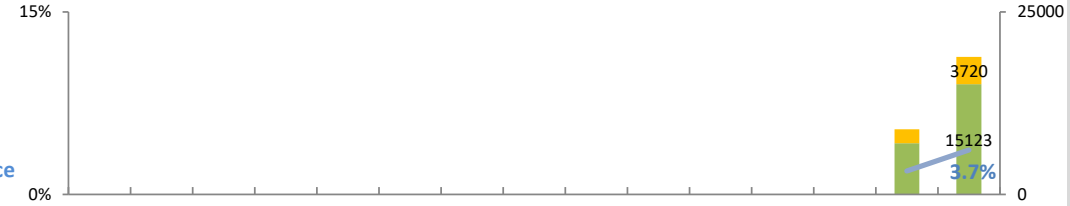
		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
UT31	Patients on an open 18 week pathway (waiting 104 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	600 0 16	16	16	16	16	17	12 16	12 16	12 16	11 16	8 17	8 16	8 16	8 16	150	-	-	-
UT32	Patients waiting for diagnostics	12,000 5,000 9,051														10,426	-	-	-
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% 11 17	12 17	36.6% 9 16	10 16	10 17	10 16	9 15	7 14	6 12	7 13	7 14	7 14	7 13	6 12	24.5%	≤1%	-	-
UT34-N	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)	100% 50% 13 10	14 77.7% 9	6 3	7 4	6 2	3 1	11 4	13 6	15 8	16 7	13 2	12 4	14 5	13 3	70.4%	≥85%	-	-
UT35-N	31 day cancer wait performance - decision to treat to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)	100% 85% 17 16	16 94.2% 15	10 5	8 3	7 3	11 4	9 4	17 8	13 6	16 12	18 14	9 3	9 3	11 96.7% 2		≥96%	-	-
UT36-N	31 day cancer wait performance - Subsequent Treatments of Cancer (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)	100% 85% 18 15	15 92.8%	19 14	14 11	11 8	16 11	14 12	15 12	17 13	13 9	18 16	14 12	16 14	15 85.8%		≥95.3%		

		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
PN1-L	Comparative CRN Recruitment Performance - non-weighted		9			10			10	9	10	9	9	9	8	9	Top 10		
PN2-L	Comparative CRN Recruitment Performance - weighted		7			8			5	3	4	3	3	3	3	4	Top 5		
PN3-L	Comparative CRN Recruitment - contract commercial		7			2			12	11	4	4	3	7	7	8	Top 10		
PN4-L	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %		350% -300%				46.0%	-22.0%	152.0%	45.0%	143.0%	-5.0%	334.0%	0.0%	29.0%	49.0% -234.0%	≥5%		
PN4-L	Note – Monthly and YTD Income are affected by a permanent change in accounting treatment implemented in M10 (Jan) 2021/22 in order to improve accuracy. Prior to M10, R+D open and ongoing studies/ grants in credit had anticipated future costs accrued. From M10 onwards, income received is deferred where costs have not yet been incurred/ invoiced. This change results in an adjustment of -£5m to monthly and YTD income which has been applied in M10. (An equivalent adjustment to the costs accounted for means that the balance of income and expenditure is not affected)'.																		

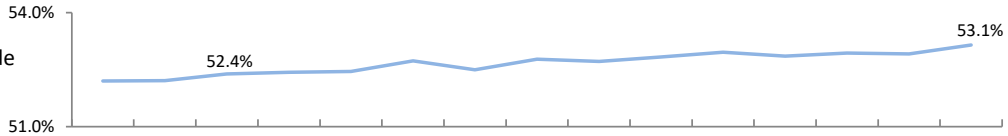
Workforce Capacity		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
WR1-L	Substantive Staff - Turnover **-R12M turnover %** **-Leavers in month (FTE)**	14%														10%	R12M <=12.0%		
				12.5%												13.7%			
				101												120			
		200														0			
		100																	
WR2-L	Staff Vacancies **-Nursing Vacancies** (registered nurses only in clinical wards) **-All Staff vacancies**	20%														0%			
				13.6%												13.2%			
				5.3%												7.3%			
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			
																391.0			
				-224.4															
WR4-L	Staff - Sickness absence **-R12M sickness %** **-Sickness in month %**	7%														0%	R12M <=3.4%		
				5.1%												5.7%			
				4.1%												4.1%			
Enjoy Working Here																			
WR5-L	Non-medical appraisals completed **-R12M appraisal %** **-Appraisals in month**	100%														50%	R12M >=92.0%		
				75.3%												73.9%			
				474												362			
		725														325			
WR6-L	Medical staff appraisals completed - Rolling 12-months	100%														50%			
				85.0%												64.2%			

		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
WR7-L	% of staff recommend UHS as a place to work: National Quarterly Pulse Survey (NQPS) National NHS Staff Survey		77.0%				7.3								7.2		>=76% (Q4 2020)		
WR7-L - Metric has changed from The Friends and Family Test (%, Q4 2020) to the Pulse Survey (out of 10).																			
WR8-L	Staff survey engagement score National Quarterly Pulse Survey (NQPS) National NHS Staff Survey		7				7								7				
WR8-L - Maximum score = 10, Average of "Acute and Acute&Community", group is 7																			
Compassion and Inclusion																			
WR9-L	% of Band 7+ staff who are Black and Minority Ethnic		10.0%												10.4%		15% by 2023		
WR10	% of Band 7+ Staff who have declared a disability or long term health condition		13.6%												13.4%		-		
WR11	Staff recommending UHS as a place to work: White British staff compared with all other ethnic groups combined -White British -All other ethnic groups combined																		
WR12	Staff recommending UHS as a place to work: Non disabled /prefer not to answer compared with Disabled -Non disabled /prefer not to answer -Disabled																		
WR13	Staff recommending UHS as a place to work: Sexuality = Heterosexual compared with all other groups combined -Sexuality = Heterosexual -all other groups combined																		
WR11, WR12,WR13: Average recommendation score of 10 = Highly recommend to 0 = Strongly not recommended, results from National Quarterly Pulse Survey																			

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

Digital		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
FN1	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)																-		
FN2	My Medical Record - UHS patient logins (number of logins made within each month)																-		
FN3	Patients choosing digital correspondence (cumulative) - Total choosing paperless - Total offered but not yet choosing paperless - % of total My Medical Record service users choosing paperless																-		
FN4	Reduction in transcription through implementation of voice recognition software	In development															-		

Our Role in the Community

FN6	Percentage of staff living locally (inside the Southampton City boundaries)																		
FN7	Percentage of staff residing in deprived areas (lowest 30% - national Index of Multiple Deprivation)																-		

Changes and Corrections

Section	KPI	KPI Name	Type	Detail
Safety	UT7	**Healthcare-acquired COVID infection**: COVID-positive sample taken >14days after admission (validated)	Correction	December 21 data incomplete in previous Board Report. Data connection issue resolved, increasing the figure from 8 to 22.
Safety	UT8	**Probable hospital-associated COVID infection**: COVID-positive sample taken >7 days and <=14 days after admission (validated)	Correction	December 21 data incomplete in previous Board Report. Data connection issue resolved, increasing the figure from 6 to 14.
Foundations for the Future	FN3	Patients choosing digital correspondence (cumulative)	Correction / Change	December 21 data related to offers made rather than the number of patients choosing 'paperless', chart now amended to show both these values.

Report notes - Nursing and midwifery staffing hours - January 2022

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. Over the last few months COVID-19 numbers have remained high so wards and departments have again been required to change focus and form to respond to changing circumstances. Our numbers are again reducing and we are therefore making constant decisions around ward configuration. These decisions are sometimes swift in nature and happen in-month so the data in some cases may not be fully reflective of all of these changes.

Wards Full Name		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	CHPPD Registered midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
CC Neuro Intensive Care Unit	Day	6368	4523	900	735	71.0%	81.6%	29.7	4.4	34.1	Beds flexed to match staffing; Non-ward based staff supporting areas; teams nursing on occasion.
CC Neuro Intensive Care Unit	Night	5487	4444	711	589	81.0%	82.8%				Beds flexed to match staffing; Non-ward based staff supporting areas; teams nursing on occasion.
CC - Surgical HDU	Day	2523	1995	807	488	79.0%	60.5%	17.4	4.1	21.5	Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; teams nursing on occasion.
CC - Surgical HDU	Night	2136	1937	702	436	90.7%	62.2%				Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; teams nursing on occasion.
CC General Intensive Care	Day	13293	10313	2219	1465	77.6%	66.0%	30.1	4.1	34.2	Beds flexed to match staffing; Non-ward based staff supporting areas; teams nursing on occasion.
CC General Intensive Care	Night	10733	9794	1776	1253	91.3%	70.6%				Beds flexed to match staffing; Non-ward based staff supporting areas; teams nursing on occasion.
CC Cardiac Intensive Care	Day	6412	4258	1697	858	66.4%	50.5%	32.8	5.3	38.0	Beds flexed to match staffing; Non-ward based staff supporting areas; teams nursing on occasion.
CC Cardiac Intensive Care	Night	5948	4359	861	523	73.3%	60.7%				Beds flexed to match staffing; Non-ward based staff supporting areas; teams nursing on occasion.
SUR E5 Lower GI	Day	1470	1189	718	967	80.9%	134.7%	3.9	3.5	7.4	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Support workers used to maintain staffing numbers.
SUR E5 Lower GI	Night	713	702	357	737	98.6%	206.7%				Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Support workers used to maintain staffing numbers.
SUR E5 Upper GI	Day	1460	1319	903	769	90.3%	85.2%	3.9	2.4	6.4	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Support workers used to maintain staffing numbers.
SUR E5 Upper GI	Night	713	713	357	484	99.9%	135.8%				Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Support workers used to maintain staffing numbers.
SUR E8 Ward	Day	2502	2336	1547	1186	93.4%	76.7%	4.9	2.9	7.7	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Support workers used to maintain staffing numbers.
SUR E8 Ward	Night	1715	1384	1239	991	80.7%	80.0%				Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Support workers used to maintain staffing numbers.
SUR F11 IF	Day	1998	1529	755	607	76.5%	80.4%	4.4	2.6	7.0	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Support workers used to maintain staffing numbers.
SUR F11 IF	Night	713	713	714	691	100.0%	96.8%				Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Support workers used to maintain staffing numbers.
SUR Acute Surgical Unit	Day	1479	1133	719	684	76.6%	95.1%	9.0	4.4	13.4	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Support workers used to maintain staffing numbers.
SUR Acute Surgical Unit	Night	710	858	713	299	120.9%	41.9%				Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; 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 Admissions	Day	2194	1746	885	967	79.6%	109.3%	3.4	2.4	5.8	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Support workers used to maintain staffing numbers.
SUR Acute Surgical Admissions	Night	1057	1013	1070	959	95.9%	89.6%				Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Support workers used to maintain staffing numbers.
SUR F5 Ward	Day	1968	1679	1087	952	85.3%	87.6%	3.6	2.1	5.7	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Support workers used to maintain staffing numbers.
SUR F5 Ward	Night	1160	1076	724	700	92.7%	96.7%				Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Support workers used to maintain staffing numbers.
OPH Eye Short Stay Unit	Day	998	1181	842	718	118.4%	85.3%	33.1	23.0	56.1	Safe staffing levels maintained.
OPH Eye Short Stay Unit	Night	341	341	341	342	100.0%	100.1%				Safe staffing levels maintained.
THR F10 Surgical Day Unit	Day	1285	1798	2561	2349	139.9%	91.7%	5.2	6.5	11.7	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - RNs; Open to 18 inpatients on occasion.
THR F10 Surgical Day Unit	Night	287	577	287	588	201.2%	205.3%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - RNs; Open to 18 inpatients on occasion.
CAN Acute Onc Services	Day	1211	1059	531	585	87.5%	110.1%	15.2	8.8	24.0	Support workers used to maintain staffing numbers.
CAN Acute Onc Services	Night	345	613	357	383	177.7%	107.4%				Increased night staffing to support raised acuity.
CAN C4 Solent Ward Clinical Oncology	Day	1332	1609	1042	1141	120.8%	109.4%	4.1	3.5	7.6	Safe staffing levels maintained
CAN C4 Solent Ward Clinical Oncology	Night	1070	967	690	1024	90.4%	148.5%				Additional staff used for enhanced care - Support workers.
CAN C6 Leukaemia/BMT Unit	Day	2829	2447	159	363	86.5%	229.3%	7.4	0.8	8.2	Increase in acuity/dependency of patients in the month; Safe staffing levels maintained by sharing staff resource; Increasing HCAs to match demand.
CAN C6 Leukaemia/BMT Unit	Night	2050	2102	0	134	102.5%	Shift N/A				Safe staffing levels maintained.
CAN C6 TYA Unit	Day	785	724	351	73	92.2%	20.8%	8.7	0.4	9.1	Safe staffing levels maintained; only 1 HCA required for the unit who has just started.
CAN C6 TYA Unit	Night	673	696	0	0	103.4%	Shift N/A				Safe staffing levels maintained.
CAN C2 Haematology	Day	2316	2493	1152	991	107.6%	86.1%	5.8	2.5	8.3	Safe staffing levels maintained
CAN C2 Haematology	Night	1747	2039	1070	1012	116.7%	94.6%				Safe staffing levels maintained
CAN D3 Ward	Day	1780	1682	728	1155	94.5%	158.7%	4.4	3.1	7.6	Additional staff used for enhanced care - Support workers.
CAN D3 Ward	Night	1052	1080	703	799	102.6%	113.7%				Additional staff used for enhanced care - Support workers.
ECM Acute Medical Unit	Day	4110	3864	3990	3319	94.0%	83.2%	6.5	5.2	11.7	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 report.
ECM Acute Medical Unit	Night	4070	4414	3565	3357	108.4%	94.2%				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 report.
MED D5 Ward	Day	1238	1826	1709	1229	147.5%	71.9%	3.5	2.9	6.4	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource.
MED D5 Ward	Night	1070	1003	946	1130	93.7%	119.5%				Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
MED D6 Ward	Day	1085	1201	1551	1207	110.7%	77.8%	3.2	3.2	6.4	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
MED D6 Ward	Night	1071	1025	950	1066	95.7%	112.2%				Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource.
MED D7 Ward	Day	714	793	1171	1063	111.1%	90.8%	3.2	3.4	6.5	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
MED D7 Ward	Night	725	737	357	565	101.6%	158.3%				Skill mix swaps undertaken to support safe staffing across the Unit; Increase in acuity/dependency of patients in the month; Extra HCA at night not yet reflected in the budget
MED D8 Ward	Day	998	1304	1520	1060	130.6%	69.7%	3.4	3.0	6.4	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource.

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MED D8 Ward	Night	1024	1025	1294	1016	100.1%	78.5%				Safe staffing levels maintained; Staff moved to support other wards.
MED D9 Ward	Day	1227	1362	1754	1422	111.0%	81.1%	2.8	2.5	5.3	Increase in acuity/dependency of patients in the month; Staff moved to support other wards.
MED D9 Ward	Night	1044	1015	948	669	97.2%	70.6%				Safe staffing levels maintained; Staff moved to support other wards.
MED E7 Ward	Day	1041	1276	1329	1111	122.5%	83.6%	3.5	3.2	6.8	Increase in acuity/dependency of patients in the month; Staff moved to support other wards.
MED E7 Ward	Night	714	1049	1074	1023	146.8%	95.3%				Increase in acuity/dependency of patients in the month; Staff moved to support other wards.
MED F7 Ward	Day	1068	1084	1208	1330	101.5%	110.1%	3.0	3.4	6.4	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Support workers used to maintain staffing numbers.
MED F7 Ward	Night	713	736	702	725	103.2%	103.3%				Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource.
MED Respiratory HDU	Day	2342	1560	522	277	66.6%	53.0%	15.0	2.6	17.6	Beds flexed to match staffing; Staff moved to support other wards.
MED Respiratory HDU	Night	2141	1572	356	268	73.4%	75.1%				Beds flexed to match staffing; Staff moved to support other wards.
MED C5 Isolation Ward	Day	1117	1268	1123	400	113.5%	35.6%	9.3	3.2	12.6	Beds flexed to match staffing; Staff moved to support other wards.
MED C5 Isolation Ward	Night	1069	1180	345	449	110.4%	130.1%				Beds flexed to match staffing; Staff moved to support other wards.
MED D10 Isolation Unit	Day	1073	872	1340	1136	81.3%	84.7%	3.0	3.7	6.6	Staff moved to support other wards; Staff moved to support other wards.
MED D10 Isolation Unit	Night	714	738	713	834	103.3%	116.9%				Safe staffing levels maintained; Safe staffing levels maintained.
MED G5 Ward	Day	1462	1384	1355	1951	94.6%	144.0%	3.0	3.4	6.4	Band 4 staff working to support registered nurse numbers; Increase in acuity/dependency of patients in the month; Safe staffing levels maintained by sharing staff resource.
MED G5 Ward	Night	1047	1161	702	969	110.9%	138.1%				Band 4 staff working to support registered nurse numbers; Increase in acuity/dependency of patients in the month; Safe staffing levels maintained by sharing staff resource.
MED G6 Ward	Day	1611	286	1539	399	17.8%	25.9%	1.9	1.9	3.8	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards; Beds flexed down for part of month
MED G6 Ward	Night	955	299	633	196	31.3%	30.9%				Band 4 staff working to support registered nurse numbers; Staff moved to support other wards; Beds flexed down for part of month
MED G7 Ward	Day	698	746	1133	849	106.9%	74.9%	4.7	4.6	9.2	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
MED G7 Ward	Night	667	692	541	563	103.7%	104.2%				Safe staffing levels maintained by sharing staff resource; Safe staffing levels maintained by sharing staff resource.
MED G8 Ward	Day	1469	1480	1379	1337	100.7%	97.0%	4.0	3.2	7.2	Band 4 staff working to support registered nurse numbers; Increase in acuity/dependency of patients in the month; Safe staffing levels maintained by sharing staff resource.
MED G8 Ward	Night	1070	1266	713	815	118.4%	114.3%				Skill mix swaps undertaken to support safe staffing across the Unit; Increase in acuity/dependency of patients in the month; Safe staffing levels maintained by sharing staff resource.
MED G9 Ward	Day	1432	1576	1370	1481	110.1%	108.1%	4.4	3.4	7.8	Band 4 staff working to support registered nurse numbers; Increase in acuity/dependency of patients in the month; Safe staffing levels maintained by sharing staff resource.
MED G9 Ward	Night	1059	1334	702	736	126.0%	104.9%				Skill mix swaps undertaken to support safe staffing across the Unit; Increase in acuity/dependency of patients in the month; Safe staffing levels maintained by sharing staff resource.
MED Bassett Ward	Day	1310	928	2485	1985	70.8%	79.9%	2.7	4.5	7.2	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers; Budget still not fully established for 26 beds.
MED Bassett Ward	Night	1047	955	1047	1093	91.2%	104.4%				Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers.
CHI High Dependency Unit	Day	1603	1155	0	174	72.0%	Shift N/A	16.1	1.4	17.5	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
CHI High Dependency Unit	Night	1047	1013	0	22	96.8%	Shift N/A				Safe staffing levels maintained.
CHI Paed Medical Unit	Day	1910	1915	765	741	100.3%	96.8%	9.5	4.4	13.8	Safe staffing levels maintained.
CHI Paed Medical Unit	Night	1705	1446	682	804	84.8%	117.9%				Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.

Wards Full Name		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	CHPPD Registered midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
CHI Paediatric Intensive Care	Day	6450	5576	815	519	86.4%	63.7%	27.5	3.0	30.5	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
CHI Paediatric Intensive Care	Night	5704	5218	713	669	91.5%	93.8%				Safe staffing levels maintained.
CHI Piam Brown Unit	Day	3752	2257	575	448	60.1%	77.9%	14.1	2.9	17.0	Non-ward based staff supporting areas; Staffing appropriate for number of patients.
CHI Piam Brown Unit	Night	1426	922	345	207	64.6%	60.0%				Staffing appropriate for number of patients.
CHI Ward E1 Paed Cardiac	Day	2052	2030	608	581	98.9%	95.5%	9.5	2.3	11.7	Safe staffing levels maintained.
CHI Ward E1 Paed Cardiac	Night	1426	1808	357	336	126.8%	94.1%				Safe staffing levels maintained; Higher acuity of patients requiring increased staffing numbers.
CHI Bursledon House	Day	824	575	489	423	69.8%	86.4%	5.1	4.1	9.2	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained.
CHI Bursledon House	Night	187	176	187	176	94.1%	94.1%				Safe staffing levels maintained.
CHI Ward G2 Neuro	Day	822	648	441	121	78.9%	27.4%	9.6	0.9	10.5	Non-ward based staff supporting areas; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
CHI Ward G2 Neuro	Night	731	718	360	0	98.3%	0.0%				Safe staffing levels maintained.
CHI Ward G3	Day	2390	1958	1765	806	81.9%	45.7%	8.1	2.9	11.0	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Focus on HCA requitment.
CHI Ward G3	Night	1694	1597	1023	457	94.2%	44.7%				Safe staffing levels maintained; Focus on HCA requitment.
CHI Ward G4 Surgery	Day	2367	2581	1293	647	109.1%	50.0%	10.3	2.5	12.8	Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month; Focus on HCA requitment.
CHI Ward G4 Surgery	Night	1705	1848	682	406	108.4%	59.5%				Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month; Focus on HCA requitment.
W&N Bramshaw Womens Unit	Day	1133	996	685	558	87.9%	81.5%	5.2	3.1	8.4	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
W&N Bramshaw Womens Unit	Night	713	716	656	473	100.4%	72.1%				Safe staffing levels maintained; Beds flexed to match staffing.
W&N Neonatal Unit	Day	6858	5014	1706	976	73.1%	57.2%	11.7	2.0	13.7	Safe staffing levels maintained.
W&N Neonatal Unit	Night	5436	4284	1364	627	78.8%	46.0%				Safe staffing levels maintained.
W&N PAH Maternity Service combined	Day	8579	7364	4365	2932	85.8%	67.2%	6.3	2.4	8.7	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	5428	4688	2024	1598	86.4%	79.0%				Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services.
CAR CHDU	Day	5209	4279	1823	1211	82.1%	66.5%	15.5	3.9	19.5	Skill mix swaps undertaken to support safe staffing across the Unit; Staffing appropriate for number of patients; 2 beds flexed down.
CAR CHDU	Night	4097	3781	990	830	92.3%	83.8%				Safe staffing levels maintained; Safe staffing levels maintained.
CAR Coronary Care Unit	Day	2704	2897	949	797	107.1%	84.0%	10.8	3.1	13.9	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
CAR Coronary Care Unit	Night	2343	2455	799	744	104.8%	93.1%				Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
CAR Ward D4 Vascular	Day	2039	1605	1068	1073	78.7%	100.4%	3.9	3.3	7.2	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
CAR Ward D4 Vascular	Night	812	931	1023	1048	114.7%	102.4%				Increase in acuity/dependency of patients in the month; Safe staffing levels maintained; 3rd RN rostereed for night shift.
CAR Ward E2 YACU	Day	1578	1361	855	933	86.2%	109.1%	4.2	3.5	7.7	Staff moved to support other wards; Safe staffing levels maintained.
CAR Ward E2 YACU	Night	737	750	506	803	101.7%	158.7%				Safe staffing levels maintained; Increased night staffing to support raised acuity; additional support worker rostered for night shift.
CAR Ward E3 Green	Day	1556	1600	1446	1082	102.8%	74.8%	3.4	3.2	6.6	Safe staffing levels maintained; Staff moved to support other wards.

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CAR Ward E3 Green	Night	706	698	789	1081	98.9%	137.1%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers; B2 increased each shift temporarily due to medical/MOP patient group.
CAR Ward E3 Blue	Day	1173	1384	1108	978	117.9%	88.3%	4.0	3.7	7.7	Additional staff used for enhanced care - Support workers; Staff moved to support other wards.
CAR Ward E3 Blue	Night	698	699	682	958	100.1%	140.4%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward E4 Thoracics	Day	1683	1575	1296	1127	93.6%	87.0%	4.7	3.3	8.0	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward E4 Thoracics	Night	1029	1070	440	720	104.0%	163.6%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward D2 Cardiology	Day	1356	1141	750	892	84.1%	118.9%	4.2	3.8	8.0	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
CAR Ward D2 Cardiology	Night	704	687	682	770	97.6%	112.9%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
NEU Acute Stroke Unit	Day	1513	1509	2616	2569	99.7%	98.2%	3.0	5.0	7.9	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 Acute Stroke Unit	Night	1023	981	1705	1595	95.8%	93.5%				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 Regional Transfer Unit	Day	1215	839	413	370	69.1%	89.5%	8.3	6.5	14.8	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU Regional Transfer Unit	Night	682	418	683	606	61.3%	88.7%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU ward E Neuro	Day	1875	1534	1118	1289	81.8%	115.3%	3.7	3.5	7.2	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU ward E Neuro	Night	1364	1155	1023	1265	84.7%	123.7%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU HASU	Day	1564	1379	427	330	88.1%	77.3%	8.0	2.0	10.0	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU HASU	Night	1364	1112	341	308	81.5%	90.3%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU Ward D Neuro	Day	1913	1810	1885	1692	94.6%	89.8%	4.0	4.2	8.2	Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
NEU Ward D Neuro	Night	1375	1354	1716	1584	98.5%	92.3%				Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SPI Ward F4 Spinal	Day	1566	1894	1151	1338	120.9%	116.2%	5.0	3.9	8.9	Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SPI Ward F4 Spinal	Night	1023	1364	1021	1219	133.3%	119.4%				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	1027	1267	1157	532	123.4%	46.0%	3.9	2.4	6.3	Safe staffing levels maintained; Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward Brooke	Night	713	736	1070	713	103.2%	66.7%				Safe staffing levels maintained; Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.
T&O Trauma Admissions Unit	Day	914	655	756	592	71.6%	78.3%	12.5	12.4	24.8	Staff moved to support other wards; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Trauma Admissions Unit	Night	682	541	682	594	79.2%	87.1%				Staff moved to support other wards; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F1 Major Trauma Unit	Day	2347	2319	1906	1972	98.8%	103.4%	4.3	4.1	8.4	Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F1 Major Trauma Unit	Night	1782	1733	1782	1901	97.2%	106.7%				Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F2 Trauma	Day	1644	1390	1922	1833	84.5%	95.4%	3.3	4.7	8.0	Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F2 Trauma	Night	1023	880	1364	1438	86.0%	105.4%				Staff moved to support other wards; Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F3 Trauma	Day	1578	1742	2019	1519	110.4%	75.2%	4.1	4.5	8.5	Staff moved to support other wards; Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F3 Trauma	Night	1024	980	1375	1464	95.7%	106.4%				Staff moved to support other wards; Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.

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T&O Ward F4 Elective	Day	1397	1195	775	837	85.6%	108.1%	3.7	3.0	6.7	Staff moved to support other wards; Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F4 Elective	Night	683	706	682	716	103.4%	104.9%				Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.