

Report to the Trust Board of Directors				
Title:	Finance Report 2021-22 Month 12			
Agenda item:	9.6			
Sponsor:	Ian Howard – Chief Financial Officer			
Author:	Philip Bunting – Interim Deputy Director of Finance			
Date:	28 April 2022			
Purpose	Assurance or reassurance	Approval	Ratification	Information X
Issue to be addressed:	The finance report provides a monthly summary of the key financial information for the Trust.			
Response to the issue:	<p>UHS reported a breakeven position for the 2021/22 year. This aligns to the previous forecast and is a £3.4m improvement on the H2 plan due to receipt of additional Elective Recovery Framework funding.</p> <p>UHS has also reported expenditure to plan against its capital programme of £50m internally funded and £15m nationally funded.</p> <p>CFO Reflections on 2021/22:</p> <p>It goes without saying that 2021/22 has been a challenging year operationally, managing varying levels of Covid-19 infections impacting both bed capacity and staff sickness, whilst focussing on increasing our elective activity and reducing our waiting list, particular our highest acuity and longest waiting patients.</p> <p>It has also been a challenging year financially, operating under two different financial frameworks, two financial plans and requirement to deliver additional efficiencies in H2. We have however demonstrated robust financial control on our cost base and were successful in bidding for additional ERF funding following the H2 plan.</p> <p>We have also had an exciting year with capital, supporting £65m of investments, the 2nd highest level since becoming an FT and probably long before. We have invested our internally generated cash in capacity (Ophthalmology, Theatres, ED majors), equipment, digital and backlog maintenance. We have also shown agility to respond to national capital availability, investing £15m of additional funding on a range of initiatives, particularly digital and elective recovery.</p> <p>Hitting our financial targets for the year for revenue and capital, both within UHS and across the ICS, is an excellent achievement and testament to hard work of teams from across the organisation, including (but not exclusive to) operational staff, estates and IT.</p> <p>It is however worth recognising the contribution of the wider finance team, who have managed large workload pressures, including extended</p>			

year-end timetables, multiple planning rounds, capital bids, two financial frameworks and balanced with supporting the organisation with the pressures of Covid-19.

Underlying Position / Looking Ahead:

Looking ahead to next year, the financial outlook across the NHS looks extremely challenging due to the reductions in non-recurrent funding and efficiency targets. UHS is heading into the year with an underlying deficit, with pressures on energy prices and drugs cost growth within block contracts, which have been supported with non-recurrent funding in-year but will cause a financial pressure in 22/23. This will be covered in a separate paper setting our financial plan for the year.

Audit:

The financial performance outlined in this paper is subject to audit. We are in year two of our relationship with Grant Thornton as our auditor and we are not anticipating any concerns. However, it is worth noting that the national NHS accounts were qualified in 2020/21, meaning Trust positions may come under additional scrutiny.

In Month Performance

- March continued to be challenging operationally due to covid related sickness absence spiking again at over 400 WTE late in month up from 265 WTE in February. This has significantly impacted the capacity of the organisation.
- Elective activity reduced slightly to 96% of plan (by value) down from 99% the previous month. Outpatient activity remained strong at 119% of plan (by value). Under the new ERF metric proposed for 2022/23 it is estimated that, after including new outpatient activity and excluding follow ups, performance would have been at c100% of the 104% target. This remains consistent with February as elective reductions were offset by outpatient increases.

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, UHS is estimated to have earned £8.3m of indicative ERF to date in H2, by measurement on the RTT metric. This is not expected to be transacted but is indicative of performance.

Capital

- Internal capital expenditure totalled £49.8m for 2021/22 matching the trusts CDEL allocation in full. £7.2m was reported in month in contribution to this with all areas delivering as per forecast.

	<ul style="list-style-type: none"> • The trust also reported £3.3m of donated assets relating to Chilworth following agreement with UKHSA. This is outside of CDEL. • External capital funding awards of £15.3m were also spent in full, with the required £9.3m of spend achieved in month. • In total £16.5m of capital expenditure was therefore reported in month.
Implications:	<ul style="list-style-type: none"> • Financial implications of availability of funding to cover growth, cost pressures and new activity. • Organisational implications of remaining within statutory duties.
Risks: (Top 3) of carrying out the change / or not:	<ul style="list-style-type: none"> • 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 12

Report to:	Board of Directors and Finance & Investment Committee March 2022
Title:	Finance Report for Period ending 31/03/2022
Author:	Philip Bunting, Interim Deputy Director of Finance
Sponsoring Director:	Ian Howard, 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 March 2022, the Trust reported a breakeven position. For Half 2 (H2) and also for the full year UHS has delivered a **breakeven** financial position (subject to audit) which is consistent with forecast and favourable to the original H2 deficit plan.
2. In month, £3.8m (3.4m pay and £0.4m non pay) was incurred on additional expenditure relating to Covid-19. This was an decrease of £0.3m from February although pay costs actually increased by £0.4m as a result of increased covid related staff sickness backfill costs which peaked at over 400 WTE in month.
3. The main income and activity themes seen in M12 were:
 - Elective activity in March represents 96% of planned income levels, down from 99% in February. Significant operational pressures have dampened elective activity.
 - Non Elective activity levels in March were at 99% of planned income levels consistent with February.
 - Outpatient activity in March was at 119% of planned income levels, up from 108% in February
 - The underlying financial position remains consistent at £1.7m deficit in month after one offs have been removed. This now treats ERF as underlying income.



Finance: I&E Summary

The financial position for M12 was breakeven with a breakeven position delivered across the year (subject to audit). This is better than plan as the organisation has been in receipt of an additional £3m of elective recovery income in H2 helping close out the originally anticipated deficit.

In month there were several distortions due to year end. Pay costs include £4.4m relating to an increase in the annual leave accrual. Impairments of £14m relating to estate valuation have also been accounted for although are removed below the line for reporting purposes. Other income also includes £3.3m in donated income (removed below the line) relating to assets that have transferred to UHS from UKHSA in addition to £2m exit funding (which has fully offset costs).

Block drugs continue to be a concern and are highlighted as a risk within the 22/23 plan. Clinical supplies costs continue to be suppressed as a result of below plan elective activity.

		Current Month			M7 - 12 Actuals			M1 - 12 Actuals		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	67.5	68.1	(0.6)	405.1	427.9	(22.8)	822.5	835.4	(12.9)
	Pass-through Drugs & Devices	11.1	11.4	(0.4)	66.4	57.0	9.4	117.3	123.0	(5.8)
Other income	Other Income excl. PSF	17.4	25.9	(8.5)	106.2	102.4	3.8	197.8	180.5	17.2
	Top Up Income	1.3	0.8	0.4	7.6	6.4	1.2	12.3	14.0	(1.7)
Total income		97.2	106.3	(9.1)	585.3	593.7	(8.4)	1,149.9	1,153.0	(3.1)
Costs	Pay-Substantive	47.7	52.2	4.5	285.2	287.6	2.4	569.4	566.4	(3.0)
	Pay-Bank	3.7	5.6	1.9	22.3	27.2	5.0	44.4	48.7	4.3
	Pay-Agency	1.2	1.4	0.2	7.1	8.0	0.9	14.6	14.7	0.1
	Drugs	4.3	5.5	1.2	26.0	38.1	12.0	52.0	67.7	15.6
	Pass-through Drugs & Devices	11.1	11.4	0.4	66.4	57.0	(9.4)	117.3	123.0	5.8
	Clinical supplies	10.9	7.6	(3.3)	67.9	54.2	(13.6)	135.6	102.4	(33.2)
	Other non pay	15.8	14.3	(1.4)	95.0	97.3	2.3	181.6	187.6	6.0
Total expenditure		94.7	98.1	3.4	569.8	569.4	(0.3)	1,114.9	1,110.6	(4.3)
EBITDA		2.6	8.2	(5.6)	15.5	24.3	(8.8)	35.0	42.4	(7.4)
EBITDA %		2.7%	7.7%	(5.1%)	2.6%	4.1%	(1.4%)	3.0%	3.7%	(0.6%)
	Depreciation / Non Operating Expenditure	3.2	18.8	15.6	19.1	34.0	14.8	38.4	53.6	15.2
Surplus / (Deficit)		(0.6)	(10.5)	9.9	(3.6)	(9.7)	6.0	(3.4)	(11.2)	7.8
Less	Donated income	0.1	3.9	(3.9)	0.3	5.4	(5.1)	1.2	5.7	(4.5)
	Profit on disposals	-	-	0.0	-	0.0	(0.0)	-	0.5	(0.5)
Add Back	Donated depreciation	0.1	0.4	0.3	0.6	1.0	0.4	1.2	1.9	0.7
	Impairments	-	14.2	14.2	-	14.2	14.2	-	14.2	14.2
	Disposals of DH Donated Equipment	-	-	0.0	-	(0.0)	(0.0)	-	1.5	1.5
Net Surplus / (Deficit)		(0.6)	0.0	(0.6)	(3.4)	0.0	(3.4)	(3.4)	0.0	(3.4)

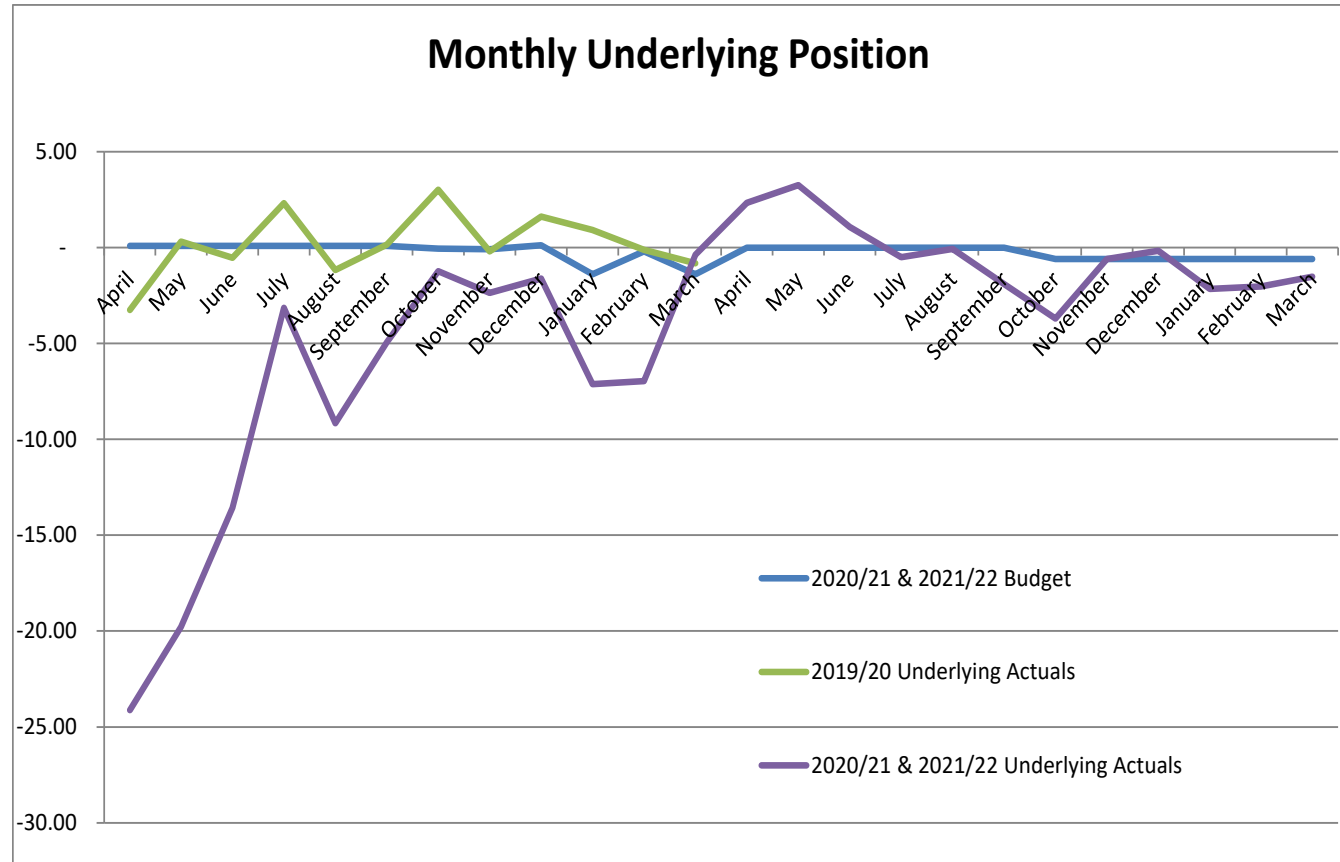
Monthly Underlying Position

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

All values for 2021/22 have now been restated to include ERF income which following the release of guidance for 22/23 is now confirmed as continuing albeit subject to marginal adjustments for over/under performance. For this reason it has been included as a recurrent funding source for the purposes of this analysis.

The graph illustrates for the second half of 21/22 that the underlying financial position has been a deficit of on average **£1.7m per month**. This removes all one offs from the position. The key drivers behind this are energy and drugs costs that have increased in advance of inflation and growth funding respectively.

This indicates the underlying exit run rate from 2021/22 is a full year deficit of c£20m.



2021/22 Finance Report - Month 12

Clinical Income

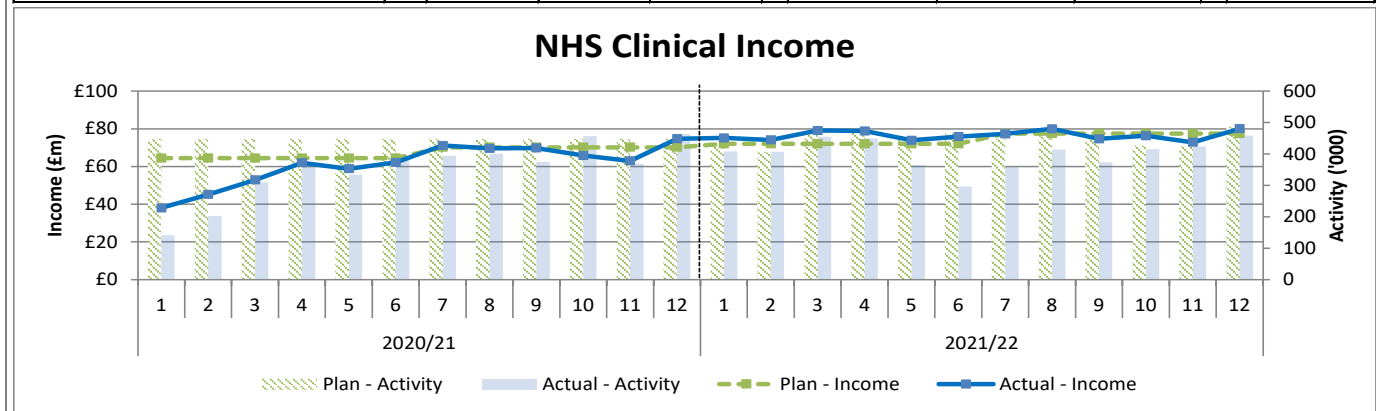
(Fav Variance) / Adv Variance

Clinical income for the month of March was £1.0m favourable to plan and including Non NHS income was £2.1m favourable to plan. Most of the Trust's income remains fixed with confirmed block contract funding in place. For those elements of income which are not fixed, a prudent approach has been adopted to avoid carrying risks into 2022/23.

Plans for 21/22 have been phased to account for the variation in calendar and working days in relevant POD Groups. Elective income reduced to 96% of planned levels, down from 99% in February. Non Elective income remained high in March at 99% of planned levels. A&E attendances remained at pre-Covid levels. Outpatient income remains above plan but increased to 119%, up from 108% in February.

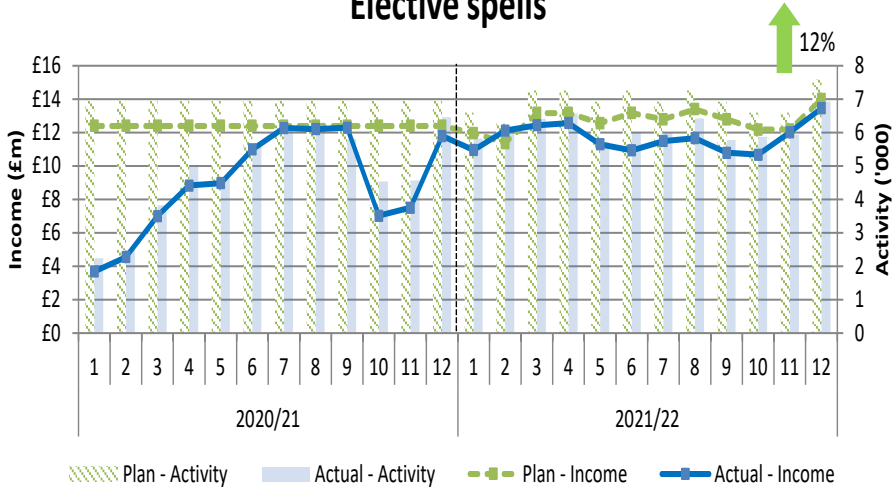
The graphs overleaf show trends over the last 24 months and the impact of Covid-19 as well as the recovery to pre Covid levels of activity in many areas.

POD GROUP	2021/22						2019/20
	In Month Plan £000s	In Month Estimate £000s	In Month Variance £000s	YTD Plan £000s	YTD Estimate £000s	YTD Variance £000s	YTD Actuals £000s
NHS Clinical Income							
Elective Inpatients	£14,000	£13,448	£552	£152,671	£140,356	£12,315	£140,390
Non-Elective Inpatients	£19,837	£19,661	£176	£231,422	£234,784	(£3,361)	£212,066
Outpatients	£8,213	£9,772	(£1,560)	£89,552	£100,889	(£11,337)	£83,367
Other Activity	£12,204	£11,836	£368	£140,167	£136,648	£3,519	£128,725
Blocks & Financial Adjustments	£1,609	£549	£1,061	£48,910	£7,074	£41,837	£7,914
Other Exclusions	£7,570	£7,981	(£411)	£87,111	£119,610	(£32,500)	£60,092
Pass-through Exclusions	£11,059	£11,420	(£361)	£117,261	£111,402	£5,859	£103,710
Subtotal NHS Clinical Income	£74,493	£74,667	(£174)	£867,094	£850,762	£16,332	£736,264
Additional funding	£5,848	£9,189	(£3,341)	£70,176	£112,023	(£41,847)	
Covid block adjustments	(£1,769)	(£4,309)	£2,540	£2,510	(£4,349)	£6,859	
Total NHS Clinical Income	£78,572	£79,547	(£975)	£939,780	£958,437	(£18,657)	£736,264
Non NHS Clinical Income							
Private Patients	£434	£1,477	(£1,042)	£5,049	£6,299	(£1,251)	£4,751
CRU	£208	£301	(£93)	£2,500	£2,338	£162	£2,586
Overseas Chargeable Patients	£66	£53	£13	£791	£665	£125	£1,364
Total Non NHS Clinical Income	£709	£1,831	(£1,122)	£8,339	£9,303	(£964)	£8,700
Grand Total	£79,281	£81,378	(£2,097)	£948,120	£967,740	(£19,620)	£744,964

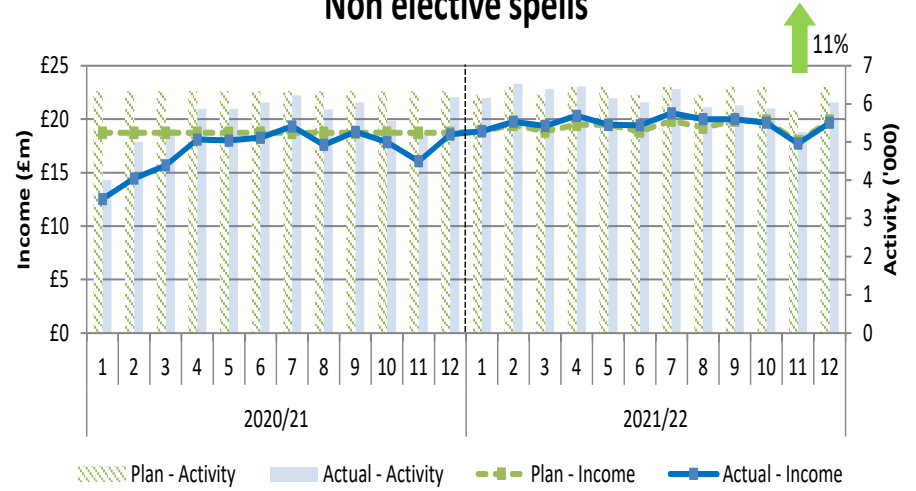


Clinical Income

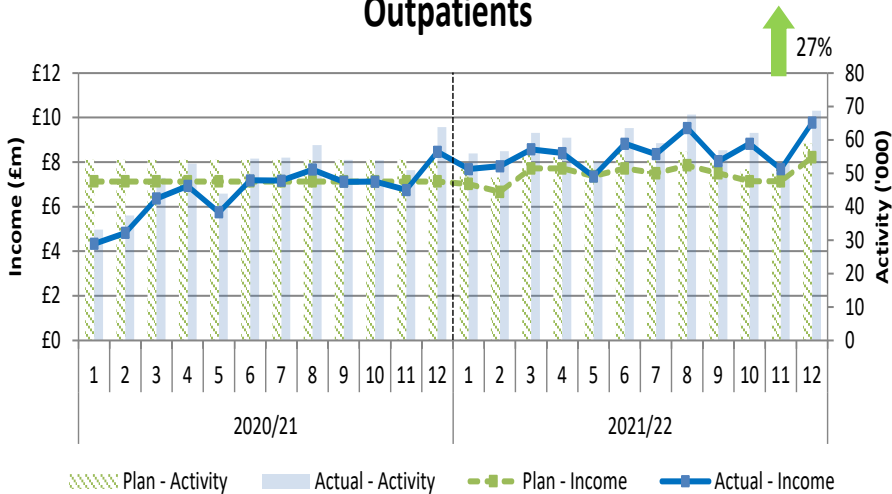
Elective spells



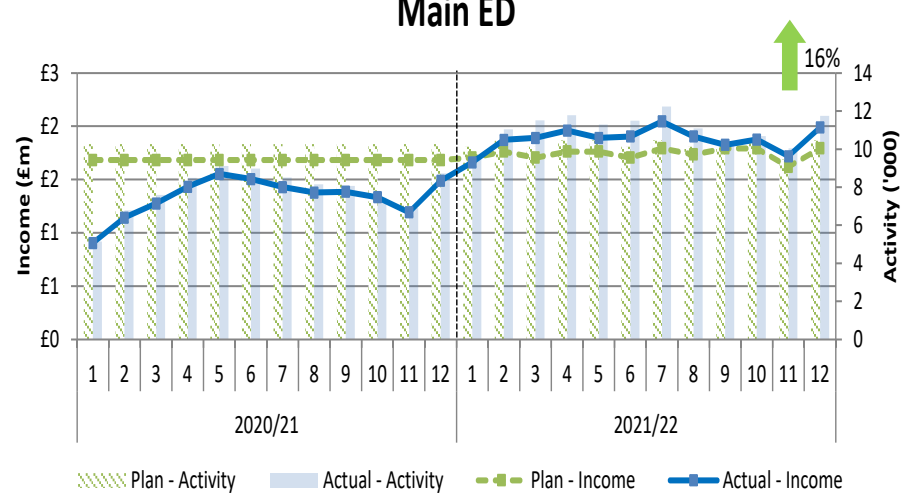
Non elective spells



Outpatients

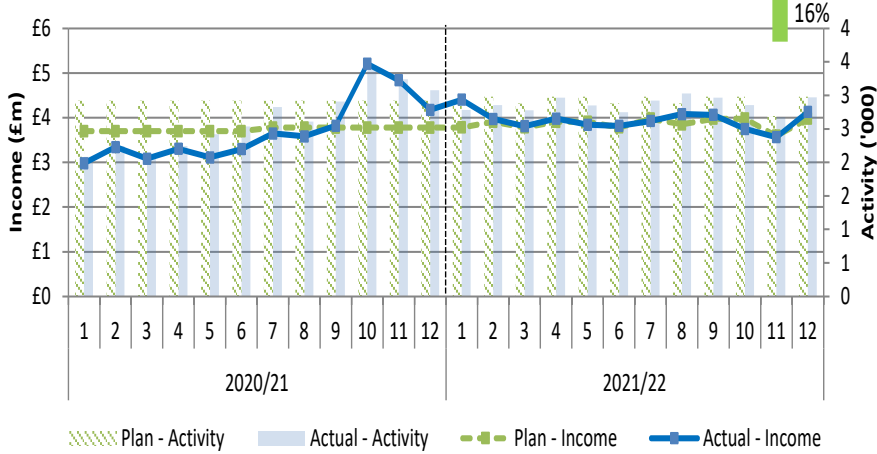


Main ED

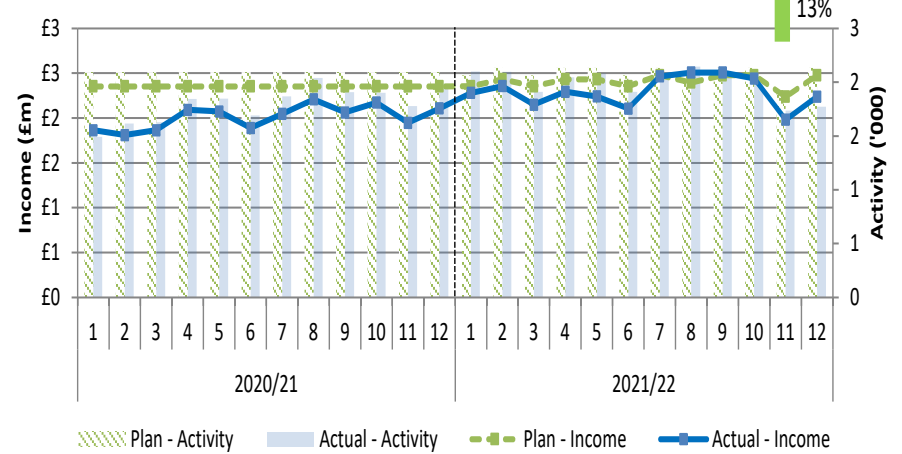


Clinical Income

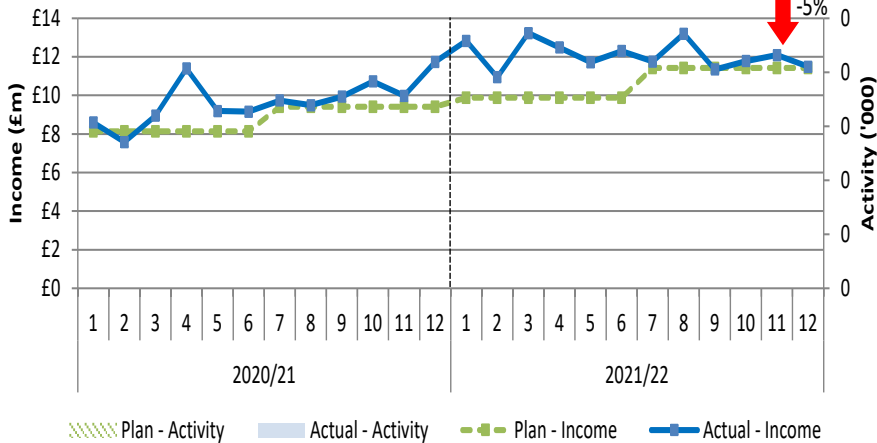
Adult critical care



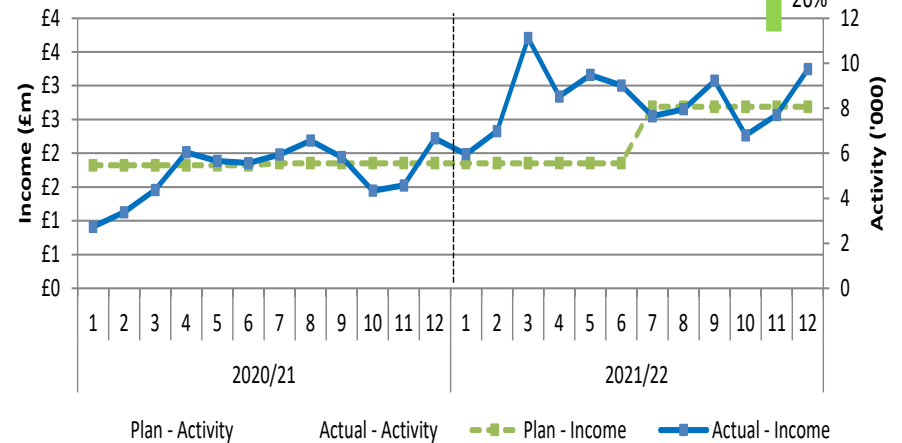
Neonatal & paediatric critical care



Tariff excluded drugs



Tariff excluded devices



Income and Activity

The tables shown illustrate by division and care group the % of the activity and income plan being achieved across the 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 March represents 96% of planned income levels, down from 99% in February. Activity was broadly similar month on month. Recovery planning is targeting improvement in all areas but is being governed by clinical priority.

Non Elective activity levels in March was at 99% of planned income levels, consistent with the previous month.

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

Elective Activity as % of Plan		Activity as % of Plan						Income as % of Plan						In month actual activity for scale
		2021/22						2021/22						
Division	Care Group	7	8	9	10	11	12	7	8	9	10	11	12	
= DIVISION A	OPHTHALMOLOGY	101%	103%	89%	97%	95%	99%	99%	105%	92%	99%	98%	102%	611
	SURGERY	99%	108%	97%	104%	97%	92%	94%	94%	86%	95%	102%	100%	934
DIVISION A Total		100%	106%	94%	102%	96%	95%	95%	97%	87%	96%	102%	100%	1,545
= DIVISION B	CANCER CARE	74%	72%	76%	77%	73%	80%	69%	73%	82%	74%	75%	80%	718
	SPECIALIST MEDICINE	78%	77%	71%	78%	89%	86%	85%	86%	78%	90%	99%	93%	1,672
DIVISION B Total		77%	76%	72%	77%	84%	84%	79%	81%	79%	84%	90%	88%	2,390
= DIVISION C	CHILD HEALTH	100%	103%	100%	108%	105%	104%	109%	89%	108%	104%	110%	102%	971
	WOMEN'S HEALTH	79%	84%	86%	84%	70%	82%	98%	88%	98%	97%	89%	94%	269
DIVISION C Total		94%	98%	97%	102%	96%	98%	106%	88%	106%	102%	105%	100%	1,240
= DIVISION D	CARDIOVASCULAR & THORACIC	96%	93%	80%	92%	98%	97%	90%	85%	70%	80%	107%	99%	495
	NEUROSCIENCES	98%	93%	103%	94%	92%	94%	93%	90%	92%	83%	91%	86%	435
	RADIOLOGY	61%	79%	68%	90%	74%	88%	65%	79%	70%	92%	73%	81%	361
	TRAUMA & ORTHOPAEDICS	80%	76%	75%	66%	84%	89%	77%	80%	76%	73%	92%	95%	320
DIVISION D Total		85%	86%	82%	87%	88%	92%	86%	84%	75%	80%	98%	94%	1,611
Total		87%	89%	83%	89%	90%	91%	90%	87%	84%	88%	99%	96%	

Non Elective Activity as % of Plan		Activity as % of Plan						Income as % of Plan						In month actual activity for scale
		2021/22						2021/22						
Division	Care Group	7	8	9	10	11	12	7	8	9	10	11	12	
= DIVISION A	OPHTHALMOLOGY	66%	75%	79%	60%	56%	64%	72%	73%	86%	66%	65%	84%	32
	SURGERY	96%	87%	78%	87%	88%	84%	111%	93%	91%	91%	99%	93%	683
DIVISION A Total		94%	86%	78%	85%	86%	83%	110%	92%	90%	90%	98%	93%	715
= DIVISION B	ACUTE MEDICINE	114%	116%	118%	107%	99%	104%	118%	119%	121%	110%	103%	108%	1,166
	CANCER CARE	112%	111%	109%	108%	113%	122%	102%	98%	97%	85%	103%	108%	395
	EMERGENCY MEDICINE	72%	72%	70%	72%	77%	81%	73%	83%	74%	73%	89%	94%	1,218
DIVISION B Total		141%	78%	90%	101%	108%	97%	145%	96%	86%	122%	131%	89%	27
DIVISION B Total		93%	93%	93%	89%	89%	94%	105%	106%	105%	97%	100%	104%	2,806
= DIVISION C	CHILD HEALTH	147%	145%	125%	121%	127%	136%	127%	117%	101%	113%	122%	97%	606
	WOMEN'S HEALTH	100%	87%	84%	83%	77%	81%	103%	104%	98%	95%	90%	97%	819
DIVISION C Total		115%	105%	97%	95%	92%	98%	112%	108%	99%	101%	102%	97%	1,425
= DIVISION D	CARDIOVASCULAR & THORACIC	93%	86%	99%	91%	93%	100%	90%	90%	96%	93%	86%	92%	437
	NEUROSCIENCES	97%	98%	97%	90%	96%	94%	99%	111%	97%	97%	100%	100%	227
	RADIOLOGY	98%	98%	94%	103%	96%	103%	92%	97%	104%	95%	97%	101%	84
	TRAUMA & ORTHOPAEDICS	103%	98%	94%	99%	94%	85%	119%	127%	99%	131%	118%	105%	252
DIVISION D Total		97%	93%	97%	94%	94%	95%	98%	104%	97%	102%	97%	98%	1,000
Total		99%	95%	92%	91%	90%	93%	104%	104%	100%	99%	99%	99%	

Income and Activity

Outpatient activity in March was at 119% of planned income levels, up from 108% in February.

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
Division	Care Group	2021/22						2021/22						
		7	8	9	10	11	12	7	8	9	10	11	12	
= DIVISION A	OPHTHALMOLOGY	106%	107%	90%	107%	91%	104%	113%	113%	95%	111%	95%	112%	8,889
	SURGERY	94%	103%	91%	100%	94%	95%	96%	104%	93%	105%	98%	98%	6,918
DIVISION A Total		101%	106%	90%	103%	93%	100%	105%	108%	94%	108%	97%	105%	15,806
= DIVISION B	ACUTE MEDICINE	97%	107%	100%	121%	110%	108%	93%	102%	103%	116%	107%	110%	136
	CANCER CARE	141%	156%	148%	165%	151%	155%	132%	144%	135%	152%	140%	145%	10,537
	EMERGENCY MEDICINE	111%	126%	82%	104%	92%	91%	109%	123%	84%	98%	88%	86%	94
	SPECIALIST MEDICINE	112%	125%	108%	132%	104%	128%	110%	122%	106%	127%	105%	125%	12,247
DIVISION B Total		124%	137%	124%	145%	123%	139%	119%	131%	118%	138%	120%	133%	23,014
= DIVISION C	CHILD HEALTH	118%	121%	107%	119%	101%	117%	116%	119%	104%	118%	99%	116%	6,651
	SUPPORT SERVICES	85%	95%	82%	93%	73%	86%	80%	91%	79%	89%	70%	81%	3,176
	WOMEN'S HEALTH	105%	114%	108%	117%	104%	114%	105%	114%	109%	118%	105%	111%	4,501
DIVISION C Total		105%	112%	101%	111%	94%	107%	108%	114%	103%	115%	98%	111%	14,328
= DIVISION D	CARDIOVASCULAR & THORACIC	124%	136%	119%	135%	115%	130%	125%	135%	118%	135%	118%	127%	6,241
	NEUROSCIENCES	99%	122%	101%	122%	102%	115%	96%	121%	100%	124%	106%	116%	4,355
	RADIOLOGY	158%	201%	147%	168%	127%	199%	186%	245%	180%	203%	139%	233%	259
	TRAUMA & ORTHOPAEDICS	95%	107%	95%	105%	97%	106%	116%	126%	116%	123%	118%	125%	3,734
DIVISION D Total		108%	124%	107%	123%	106%	119%	112%	128%	110%	129%	113%	123%	14,588
Total		110%	120%	106%	121%	105%	117%	112%	121%	107%	124%	108%	119%	

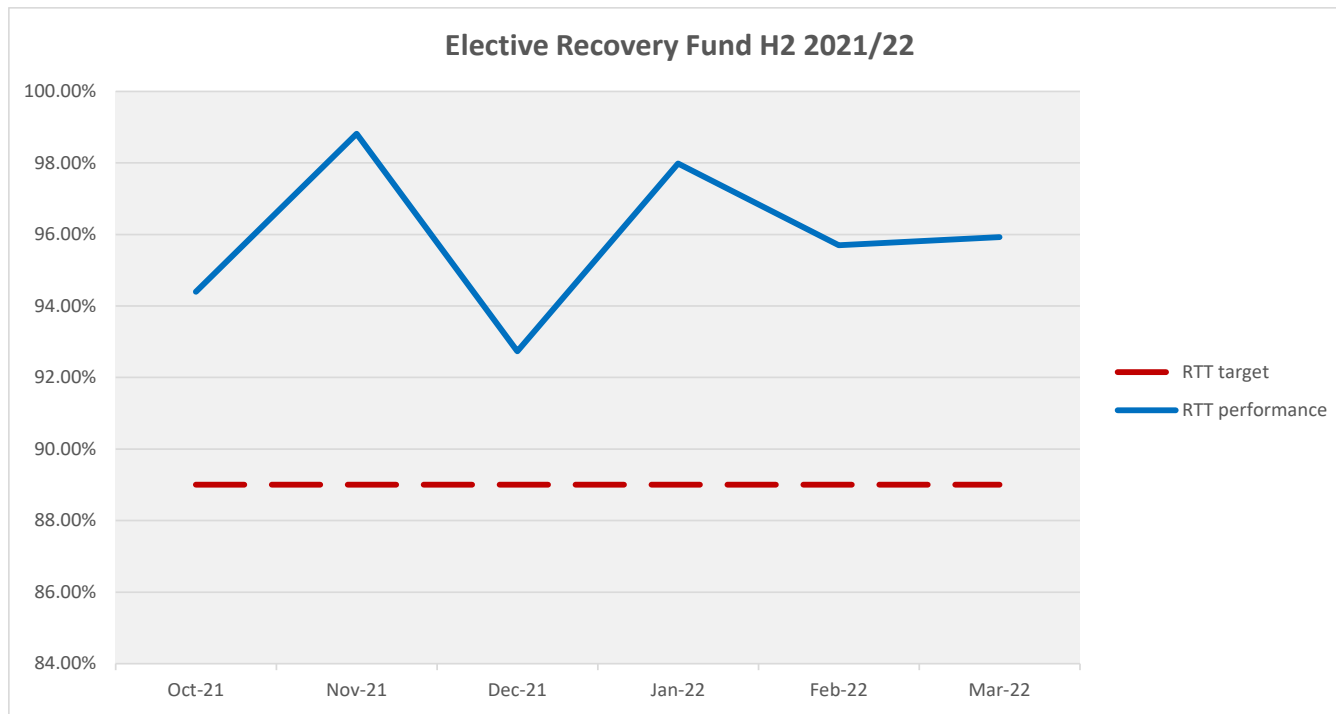
Elective Recovery Fund 21/22

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 for October to February is based on submitted data. March is currently estimated. This illustrates UHS would have achieved an estimated £8.3m in ERF income for October 21 to March 2022.

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

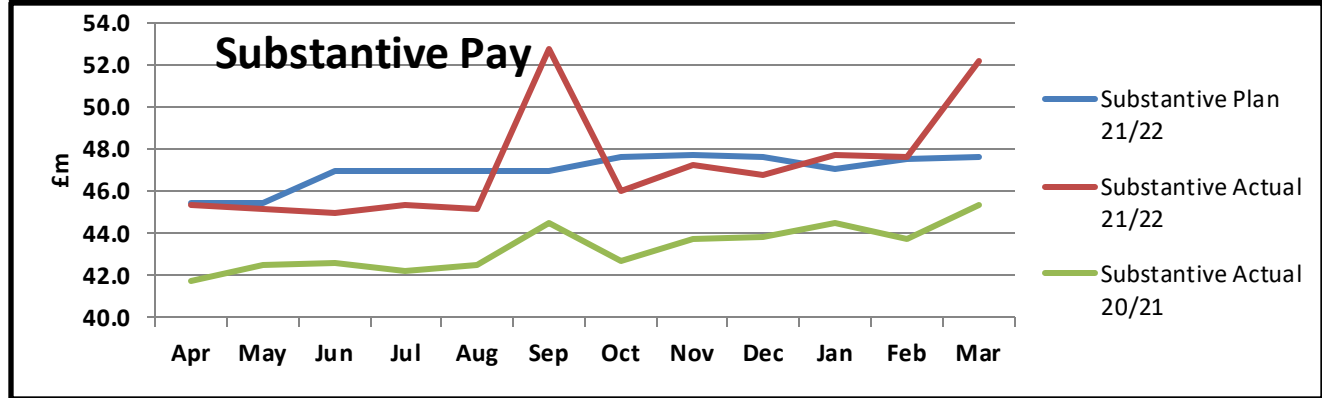
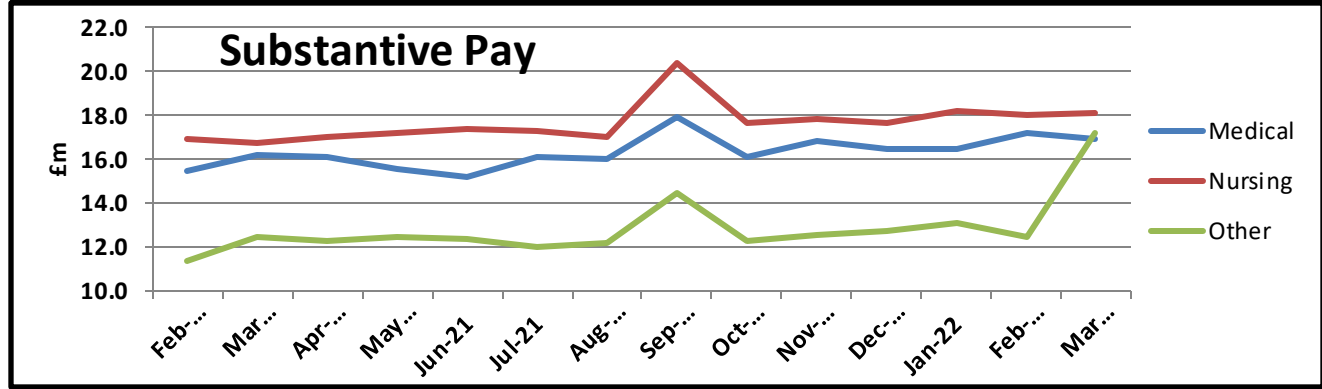
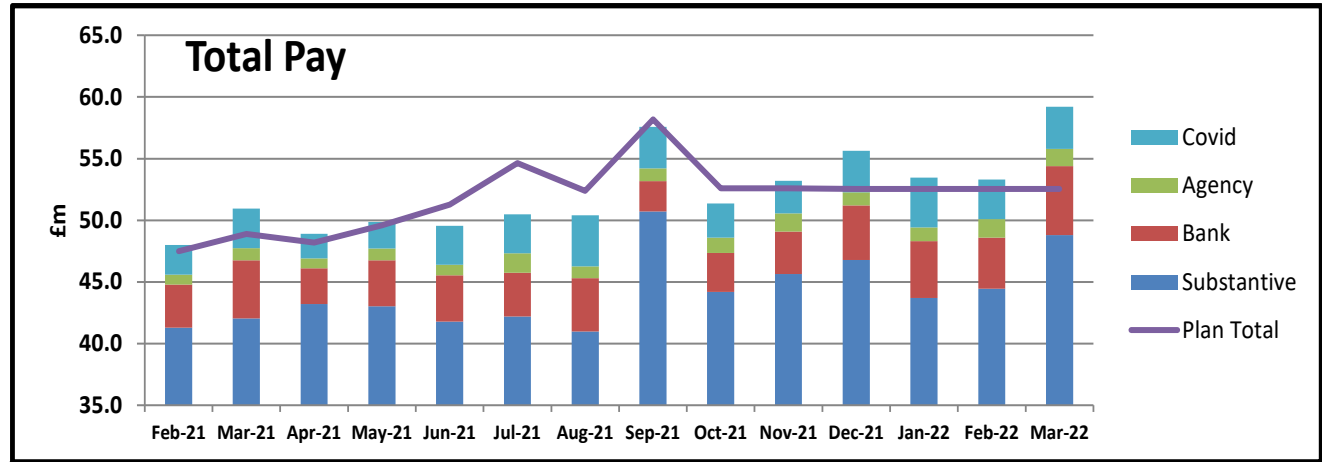


H2 ERF Achievement	RTT based - Elective/Daycase/Outpatients				ERF Top-up		
	Month	Baseline	RTT target	RTT performance	Performance	100% Top Up	20% Top Up
Oct-21	£ 19,791	89.00%	94.39%	5.39%	£ 1,068	£ -	£ 1,068
Nov-21	£ 20,531	89.00%	98.82%	9.82%	£ 2,016	£ 157	£ 2,173
Dec-21	£ 19,350	89.00%	92.73%	3.73%	£ 723	£ -	£ 723
Jan-22	£ 18,580	89.00%	97.99%	8.99%	£ 1,669	£ 111	£ 1,780
Feb-22	£ 19,436	89.00%	95.70%	6.70%	£ 1,302	£ 27	£ 1,330
Mar-22	£ 22,571	89.00%	95.93%	6.93%	£ 1,563	£ 42	£ 1,605
H2 Total	£ 120,260				£ 8,342	£ 337	£ 8,679

Substantive Pay Costs

Total pay expenditure in March was £59.2m (up £5.9m from February). £4.4m of this increase however relates to the year end accrual for untaken annual leave that has increased in value. Excluding this costs increased £1.5m which was driven by higher bank spend particularly as a result of increased backfill for covid related absence and several one off costs.

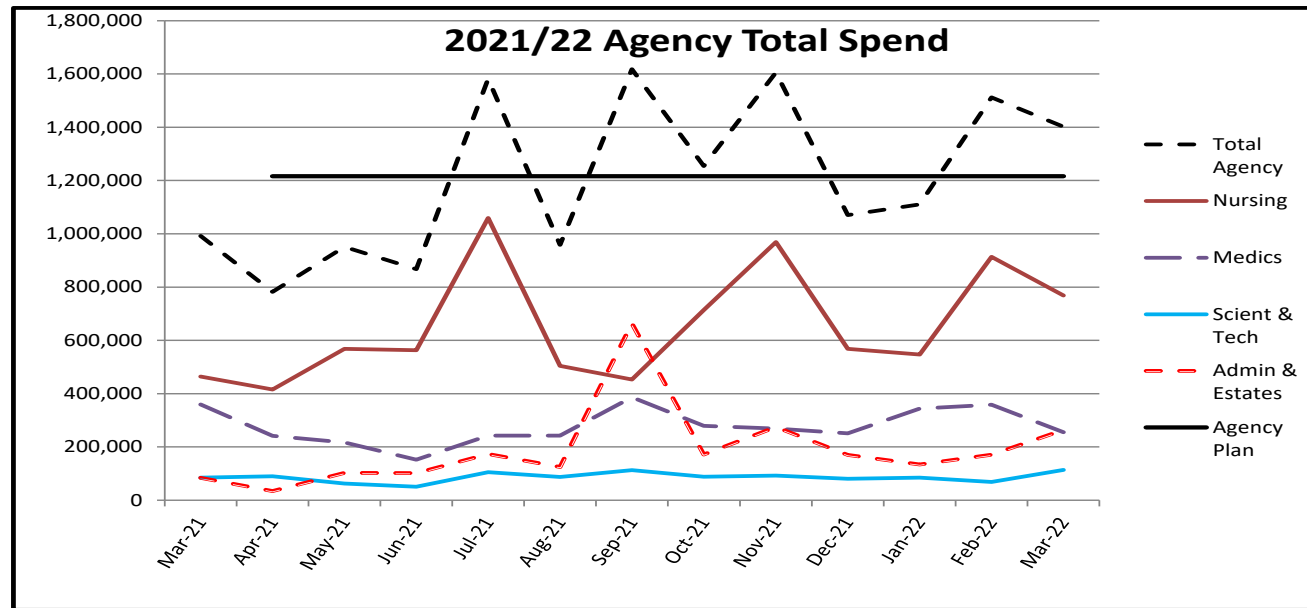
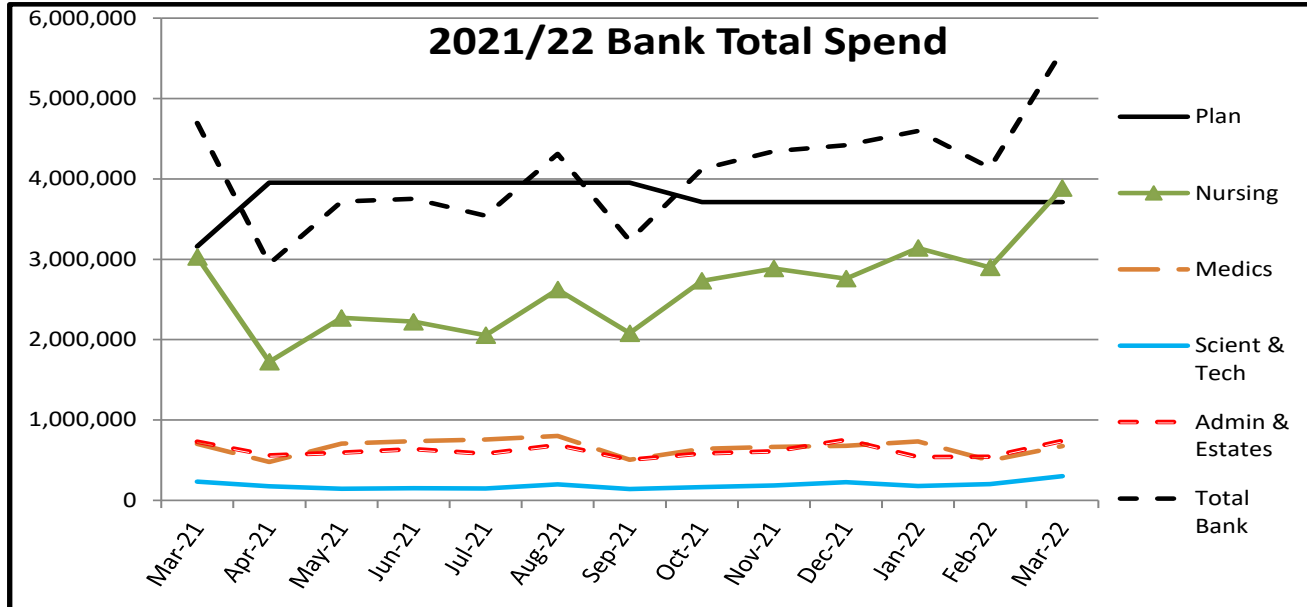
Pay costs remain in excess of that seen last year prior to the second covid wave as the organisation continues to drive recovery and support covid patients. Substantive recruitment has been challenging however with workforce numbers remaining broadly flat through the earlier part of 2021/22. Moderate growth has been observed since October 2021. The spike mid year relates to when the pay award was made and backdated arrears were paid to staff.



Temporary Staff Costs

Expenditure on bank staff has increased month on month by £1.5m. This was predominantly in nursing with operational pressures and covid absence driving high rates of spend. This was particularly prevalent in ED and wards. Several initiatives have been introduced to encourage bank fill which has meant agency costs have remained fairly contained.

Agency spend reduced very slightly from February to March by c£0.1m. Although volatile month to month spend remains at c£1.4m per month and has done since July 2021.



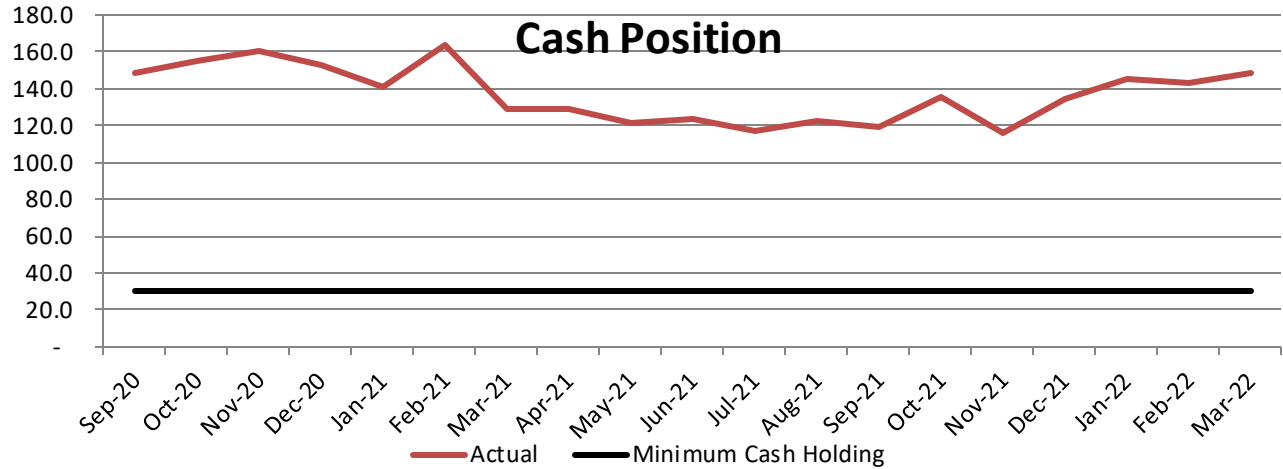
Cash

The cash balance increased slightly in March to £148m and is analysed in the movements on the Statement of Financial Position.

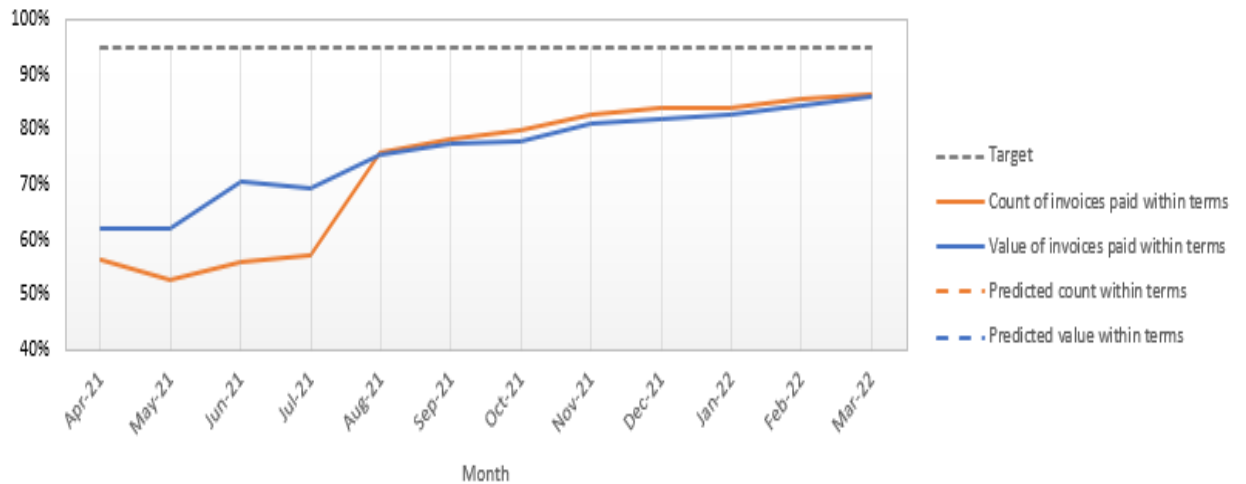
Some in-month volatility is expected moving forward as the working capital position stabilises. Additionally the timing of external capital funding has contributed to the increase in M12.

A gradual reduction in cash 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 on this slide. These statistics are measured on a YTD basis. **For the current month compliance of 95% has been achieved when measured by both value and volume.**



Better Payment Practice Code - Projected Improvements



Capital Expenditure

(Fav Variance) / Adv Variance

Expenditure on internally funded capital schemes closed the year at £49.8m which was consistent with both the annual plan and in year forecast.

Total expenditure in M12 was £7.2m. This was driven by high expenditure on the strategic maintenance programme of £2.1m together with £4.2m on a variety of other projects and equipment.

Donated equipment relating to the exit of the saliva testing programme has also been accounted for however is offset by notional donated income.

Scheme	Month 12			Full Year		
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
Internally Funded Schemes						
Fit out of E level. Vertical Extension - Theatres	0	(442)	442	11,941	9,050	2,891
Strategic Maintenance	772	2,127	(1,355)	6,183	7,001	(818)
ED Expansion and Refurbishment	0	139	(139)	5,791	6,494	(703)
Information Technology Programme	1,000	139	861	5,000	5,144	(144)
Wards	734	0	734	4,000	29	3,971
Ophthalmology OPD	0	(0)	0	3,303	2,919	384
Maternity Induction Suite	435	(0)	435	2,000	6	1,994
Pathology Digitisation	173	0	173	1,171	1,171	(0)
Medical Equipment	125	319	(194)	1,000	1,961	(961)
NICU Pendants	0	374	(374)	896	378	518
Oncology Ward	0	164	(164)	861	761	100
Decorative / Environment Improvements	59	93	(34)	500	95	405
Side Rooms	0	0	0	490	524	(34)
IMRI	100	545	(445)	400	546	(146)
Other Projects	224	4,264	(4,040)	2,660	9,846	(7,186)
Donated HIOW Saliva Testing Programme Assets	0	3,294	(3,294)	0	3,294	(3,294)
Slippage	(119)	0	(119)	(5,035)	0	(5,035)
Total Trust Funded Capital excl Finance Leases	3,503	11,014	(7,511)	41,161	49,220	(8,059)
Finance Leases - IISS	1,000	551	449	5,230	1,910	3,320
Finance Leases - MEP	275	(0)	275	2,200	1,010	1,190
Finance Leases - Other Equipment	300	(407)	707	3,141	3,574	(433)
Finance Leases - Adanac Park	0	0	0	0	0	0
Donated Income	(304)	(3,941)	3,637	(1,921)	(5,741)	3,820
Total Trust Funded Capital Expenditure	4,774	7,217	(2,443)	49,811	49,972	(161)
Disposals	0	0	0	0	(175)	175
Total Including Technical Adjustments	4,774	7,217	(2,443)	49,811	49,797	14

Capital Expenditure

(Fav Variance) / Adv Variance

Capital expenditure on externally funded schemes was delivered in full with spend totalling £15.3m in line with that awarded. This has covered a range of projects and targeted areas of funding including informatics, pathology digitisation and radiotherapy equipment. Much of this should help achieve efficiencies within the organisation supporting the recovery of services going forward.

Scheme	Month 12			Full Year			Funding
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's	
Externally Funded Schemes							
Accelerator Funded Equipment	0	149	(149)	0	460	(460)	460
Fit out of E level. Vertical Extension - Theatres	0	0	0	700	700	0	700
Maternity Care System (Wave 3 STP)	286	451	(165)	1,917	1,917	0	1,917
Digital Outpatients (Wave 3 STP)	122	633	(511)	814	814	(0)	814
LIMS Digital Enhancement	37	408	(371)	455	931	(476)	931
Community Diagnostic Hub	0	1,117	(1,117)	0	1,577	(1,577)	1,577
Radiology Home Reporting	0	168	(168)	0	480	(480)	480
Pathology Digitisation	0	424	(424)	0	809	(809)	809
Cardiology Outpatients	0	620	(620)	0	620	(620)	620
Critical Care Equipment	0	260	(260)	0	310	(310)	310
Information Technology Programme (TIF)	0	1,040	(1,040)	0	1,980	(1,980)	1,980
Elective Recovery TIF Tech Funding	0	196	(196)	0	196	(196)	196
Unified Tech Fund (Frontline Digitisation)	0	945	(945)	0	1,446	(1,446)	1,446
UTF Digital Maternity Solutions	0	152	(152)	0	152	(152)	152
Surface Guided Radiotherapy	0	1,046	(1,046)	0	1,130	(1,130)	1,130
TRE Research Project	0	402	(402)	0	499	(499)	499
Cyber Security	0	239	(239)	0	250	(250)	250
Diagnostic Academy	0	322	(322)	0	322	(322)	322
Endoscopy Academy	0	96	(96)	0	96	(96)	96
Digital Pathology Whole Slide Scanners	0	500	(500)	0	500	(500)	500
Phlebotomy Blood Collection System	0	125	(125)	0	125	(125)	125
Simulator Upgrade	0	18	(18)	0	18	(18)	18
Informatics Imaging	0	5	(5)	0	5	(5)	5
Total Externally Funded Capital Expenditure	445	9,316	(8,871)	3,886	15,337	(11,451)	15,337

2021/22 Finance Report - Month 12

Statement of Financial Position

(Fav Variance) / Adv Variance

The March statement of financial position illustrates net assets of £472.4m, with the main movements in the position explained below.

Fixed Assets increased by £25.2m as a result of high additions made in month. Cash increased by £5.5m as a result of external capital funding being received in month.

Working capital movements from February to March were minor with payables remaining at £210m and receivables at £57m.

A reduction in retained earnings reflects the impairment within the trust I&E statement of £14m. Further moves across retained earnings and the revaluation reserve are being reviewed in preparation for audit and may be subject to change.

Statement of Financial Position	2020/21 YE Actuals £m	2021/22		
		M11 Act £m	M12 Act £m	MoM Movement £m
Fixed Assets	419.4	445.2	470.4	25.2
Inventories	14.7	19.0	17.8	(1.2)
Receivables	67.4	56.2	57.2	1.0
Cash	129.0	142.6	148.1	5.5
Payables	(171.6)	(209.3)	(210.2)	(0.8)
Current Loan	(2.7)	(2.0)	(1.7)	0.2
Current PFI and Leases	(9.0)	(8.6)	(9.1)	(0.6)
Net Assets	447.2	443.1	472.4	29.3
Non Current Liabilities	(18.3)	(18.4)	(19.2)	(0.8)
Non Current Loan	(8.5)	(6.5)	(6.8)	(0.4)
Non Current PFI and Leases	(36.3)	(33.0)	(33.6)	(0.6)
Total Assets Employed	384.0	385.3	412.8	27.5
Public Dividend Capital	246.0	248.2	261.9	13.7
Retained Earnings	114.0	113.1	93.5	(19.6)
Revaluation Reserve	24.0	24.0	57.4	33.4
Other Reserves	0.0	0.0	0.0	0.0
Total Taxpayers' Equity	384.0	385.3	412.8	27.5

2021/22 Finance Report - Month 12

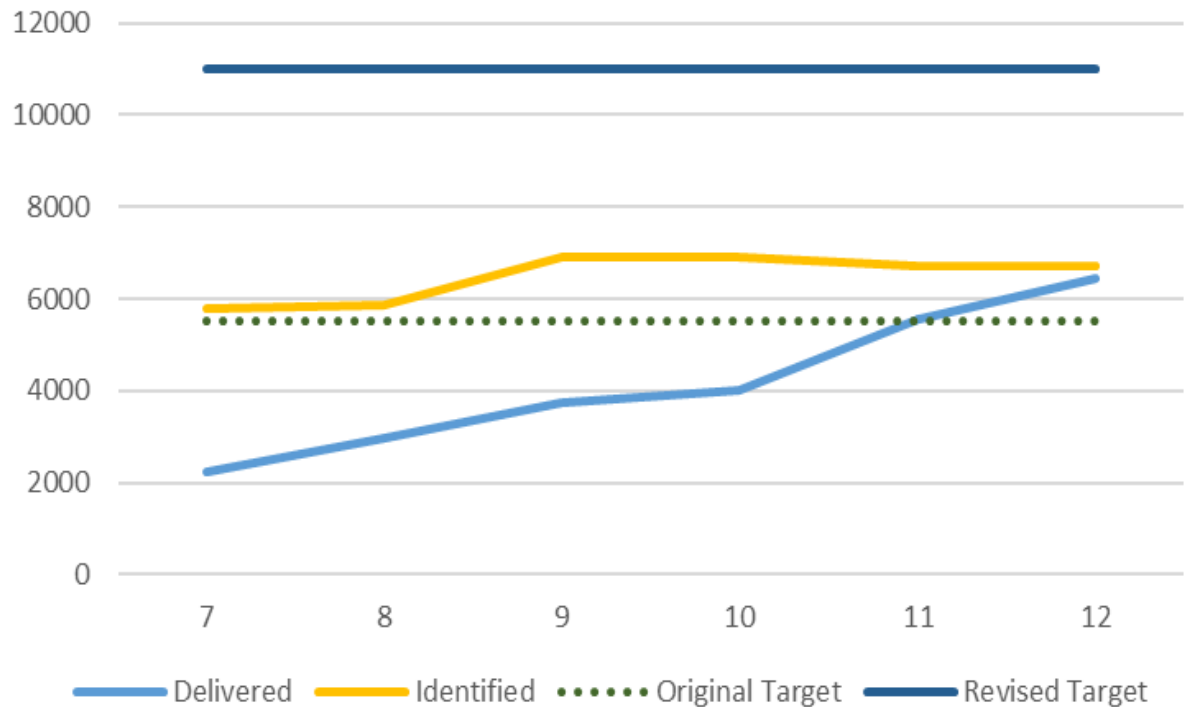
Value for Money

In 21/22, Trust Board originally agreed a target of £5.5m relating to value for money. A revised target was subsequently agreed at £11m as part of a H2 planning exercise.

At M12, **£6.4m** of benefit has been achieved (£2.5m of which is recurrent) compared to £5.2m in M11. This equates to achievement of 96% of the total value of schemes identified for 21/22.

VfM Divisional Review meetings re-commenced this month following suspensions due to COVID, with a focus on understanding the current identification gap in Clinical Divisions.

VFM Target versus Delivery M12



Report to the Trust Board of Directors				
Title:	Integrated Performance Report 2021/22 Month 12			
Agenda item:	9.2			
Sponsor:	David French, Chief Executive Officer			
Date:	28 April 2022			
Purpose	Assurance or reassurance Y	Approval	Ratification	Information
Issue to be addressed:	<p>The report aims to provide assurance:</p> <ul style="list-style-type: none"> regarding the successful implementation of our strategy that the care we provide is safe, caring, effective, responsive, and well led. 			
Response to the issue:	The Integrated Performance Report reflects the current operating environment and is aligned with our strategy.			
Implications:	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:	This report is provided for the purpose of assurance.			
Summary:	This report is provided for the purpose of assurance.			

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 there have been no material changes in the format of the appendix.

A review will be undertaken over the next month specifically to identify what changes would be appropriate for 2022/23 reporting.

Summary

This month the 'Spotlight' section features cancer waiting times:

A spotlight on cancer waiting times performance by service was provided in the July and December board reports. This month cancer performance is presented for scheduled review.

Recent months have been characterised by a continued failure to achieve the national standards (with very large variances in some measures), despite performance which often compares well with peer teaching hospitals.

Our data is now demonstrating a substantial recovery towards the target levels for both the 'two weeks wait' standard, and the '31 day' standard for subsequent treatments.

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

1. March was notable for significantly increased numbers of healthcare acquired (42) and probable hospital associated COVID-19 infections (32). The number of health care acquired COVID-19 infections was the highest in the last 15 months. This increase coincided with significantly increased rates of COVID-19 infection in the community, increased numbers of patients being diagnosed with COVID-19 in the days following their admission, and an increase in the total number of inpatients known to be COVID-19 positive.
2. There has been an exceptional increase in the number of 'Red flag' staffing incidents recorded (97 in March, compared to 16 in February 2022 and 32 in March 2021). The largest number of such incidents were reported in 'Medicine' (40), followed by 'Surgery' (14) and 'Child Health' (11). The nature of the reported incidents were 'Vital signs not assessed or recorded as outlined in the care plan' (34), 'Less than two registered nurses present on a ward during any shift' (25), 'Delay of more than 30 mins in providing pain relief' (23), and 'Unplanned omission in providing patient medication' (15).
3. Staff sickness rates reached an average of 5.8% across the month of March, this was the highest level of monthly sick absence for over 15 months. The twelve-month rolling average staff sick absence rate is now 1.1% above our target of 3.4%.
4. The total Referral to Treatment waiting list size increased by 1% in the month. The number of patients waiting over 104 weeks reduced to 59, of whom only 5 are wishing to proceed with treatment currently. We are confident that we will reduce the number of patients waiting more than 104 days, other than any who choose to wait longer, to zero by the end of July as required in the 2022/23 NHSE/I planning guidance.
5. UHS Research and Development completed the year having achieved all the four targets reported in the Integrated Performance Report, most notably third for comparative CRN recruitment performance – weighted, and an increase in income of 85% in 2021/22 compared to 2020/21.

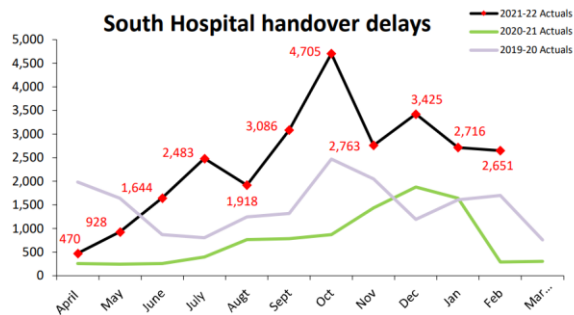
Ambulance response time performance

In response to a request from NHSE/I that all acute trust boards see the response time performance for their local ambulance services, we are seeking the most relevant and timely information.

The following information, published by South Central Ambulance Service (SCAS) and relating to Southampton, Hampshire, Isle of Wight and Portsmouth area as a whole, is that currently available:

National indicators

Performance Measure	Feb-22			Year to date			Full year		
	Actual	Plan	RAG	Actual	Plan	RAG	Forecast	Plan	RAG
Cat 1 Mean - 7 Minute Target	00:08:35	00:07:00	R	00:07:51	00:07:00	R	00:07:51	00:07:00	R
Cat 1 90th Percentile - 15 Minute Target	00:15:37	00:15:00	R	00:14:25	00:15:00	G	00:14:25	00:15:00	G
Cat 2 Mean - 18 Minute Target	00:34:57	00:18:00	R	00:28:35	00:18:00	R	00:28:35	00:18:00	R
Cat 2 90th Percentile - 40 Minute Target	01:11:39	00:40:00	R	00:59:52	00:40:00	R	00:59:52	00:40:00	R
Cat 3 90th Percentile - 2 Hours	04:55:27	02:00:00	R	03:56:21	02:00:00	R	03:56:21	02:00:00	R
Cat 4 90th Percentile - 3 Hours	06:20:47	03:00:00	R	05:04:28	03:00:00	R	05:04:28	03:00:00	R



It should be noted that unpublished data indicates that UHS do not make a significant contribution to ambulance handover delays, and therefore to adverse ambulance response time performance.

The SCAS performance report contains information identifying that one other trust contributed 78% of these handover delay hours in January, and 81% of those in February.

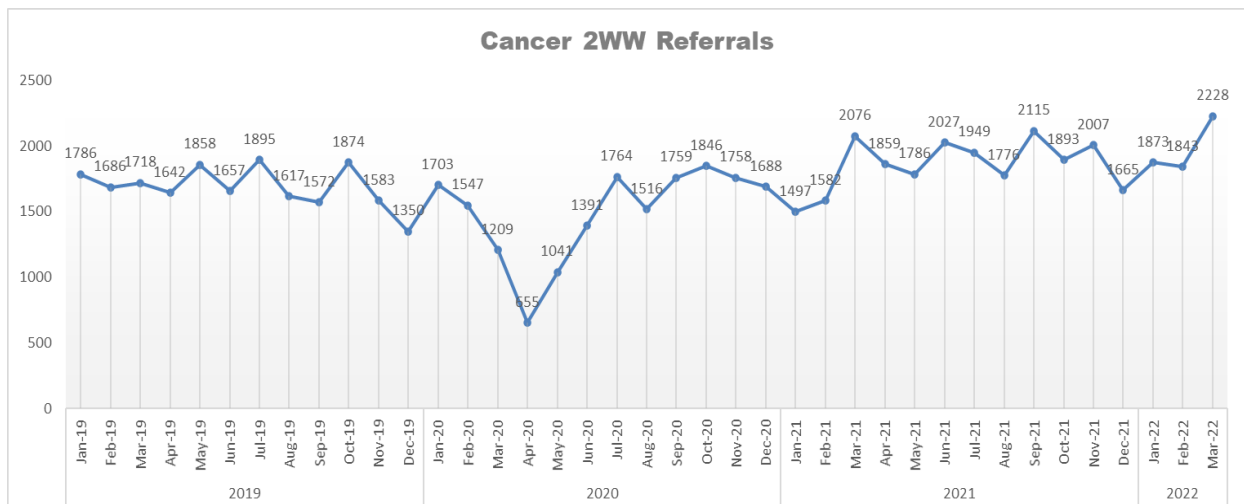
Spotlight Subject - Cancer performance

UHS is a specialist teaching hospital, while also being a District General Hospital for the local population, meaning our cancer services are under pressures not seen in other Wessex region hospitals, but replicated with other national, acute, teaching hospitals. Despite the challenges on cancer services, we often benchmark well relative to our teaching hospital peers.

Cancer 2 week wait (2WW) referrals:

Cancer referrals volumes continue to see quite significant month on month variation. Referrals can be affected by national factors, such as cancer awareness campaigns, or personal events that create national press interest. Managing capacity within a 2 week window where there is such wide weekly variation is very challenging.

- Cancer referrals reduced through the Covid period as patients were unable to be seen in primary care.
- This quickly recovered post-lockdown, and we have seen growth of c25% in referrals compared to Jan 2019 levels. This has been driven by patients returning to GPs, as well as patient awareness through national campaigns and events.
- Referrals reduced between Dec 2021 - Feb 22 (which was in line with historic seasonality). However, Mar 22 referrals were the highest monthly referrals ever seen, and 10% up on referral volumes in Mar 21.



In order to maintain capacity for increased referrals, teams have been actively managing clinics capacity between 31 day treatment and two week wait assessment, as well as using Waiting List Initiatives (WLI) to manage the 'spikes' in demand. However, because referrals are, broadly, dealt with in the order they're received, spikes in demand cause bottlenecks in the pathway which can be challenging to mitigate.

2 week wait performance (seen by UHS within 14 days of referral):

The 2WW performance is closely related to the volume of referrals received, and higher referrals have impacted on our 2WW performance, and Q4 performance will be impacted by the record referrals seen in March 2022. We intend to continue to monitor this performance metric, with an aim that all patients are seen by day seven.

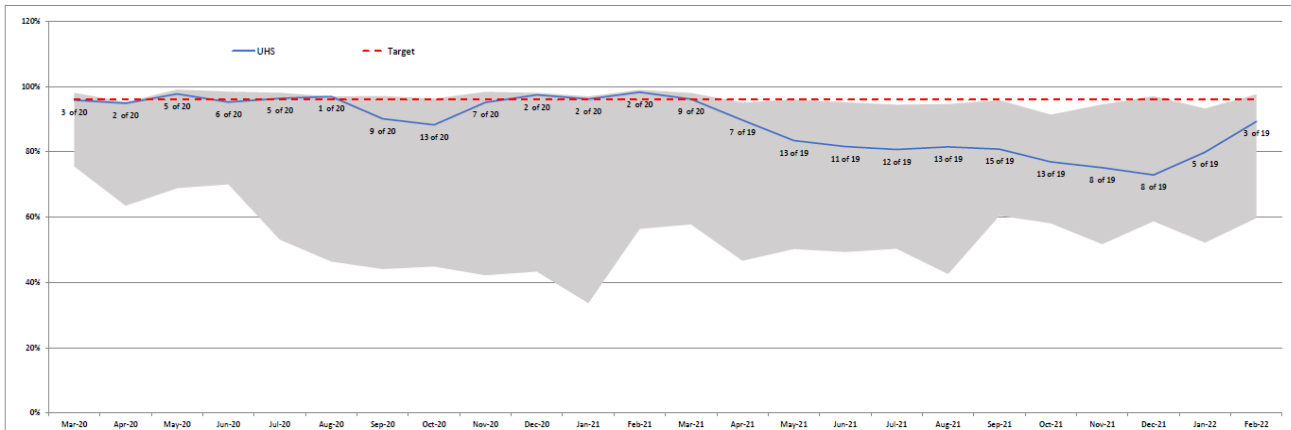
In recent months, 2WW performance has been challenged within Breast and Gynaecology; however, these areas have seen performance improvements in late Q3 / Q4 21/22.

- Breast referrals remain 10% higher than 2019 (450 vs. 410 referrals per month approximately). The service continues to see particularly high referral months: Oct 2020 (564), Mar 2021 (522), Nov 2021 (490), Jan 22 (513). The service forecasts that these spikes in demand are likely to continue and have increased the clinic capacity in the service through additional consultants. This has led to an improvement of 20% in Breast 2WW performance (to 63% in Q4 21/22). This will further improve as the service has now returned to booking within fourteen days.

- Gynaecology referrals are 15% higher than 2019 (130 vs. 110 referrals per month approximately). Again, particularly volatile months have impacted the service, but filling consultant vacancies has improved clinic availability, and Gynaecology 2WW performance has risen to 89% in Q4 21/22.

- A new area of challenge is Head and Neck capacity as a locum doctor has left the service. Referrals in 21/22 have been approximately 25% higher than 2019 (217 vs. 173 referrals per month), with March 22 particularly high at 270 referrals. The service is seeking additional resource through waiting list initiatives, locum capacity, and head and neck specialty doctors. However, we have had doctors accept posts at other hospitals, which is impacting the service.

UHS 2WW performance vs comparator teaching hospitals



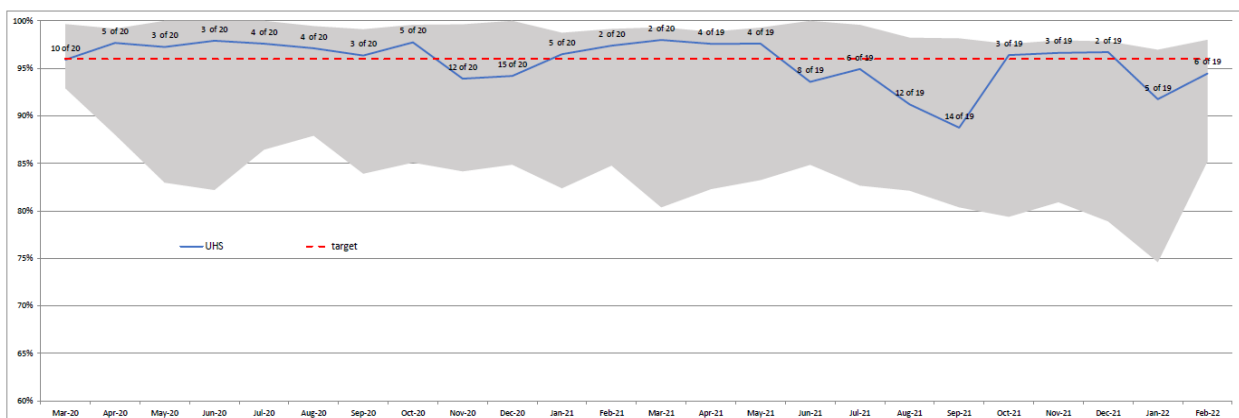
When benchmarking against teaching hospital peers, our performance has improved from third quartile (Q3 21/22) to upper quartile (Q4 21/22). This has been driven by the improvement in breast performance. Overall, our performance is in line with other comparator hospitals given the national increase in referral volumes.

28 Day Faster Diagnosis (diagnosed, or cancer ruled out, within 28 days of referral)

This measure has been introduced in Q3 21/22 as a replacement for the 2WW measure, and is intended to ensure that patients have a timely diagnosis, or "all clear" within 28 days of being referred to the hospital. UHS performance against this measure has been good, with Q4 performance at 85% vs a target of 75%.

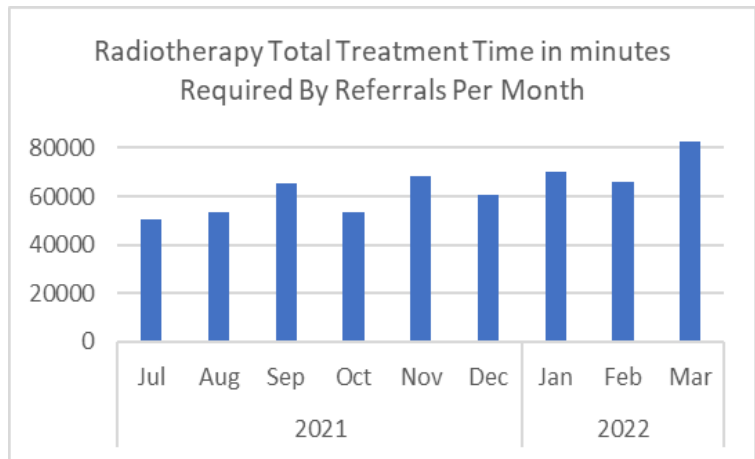
31 Day performance (start treatment within 31 days of a diagnosis):

UHS performance in Q4 has been partly impacted by consultants being diverted to 2WW clinics, but also due to delays to diagnostic pathways post diagnosis. These were challenges experienced within other hospitals, and during this period we are in the second quartile when comparing against peer hospitals.



31 Day Performance challenges and actions

Despite the higher volume of referrals, we've found that the number of people actually being diagnosed with cancer has only marginally increased by approximately 2%.



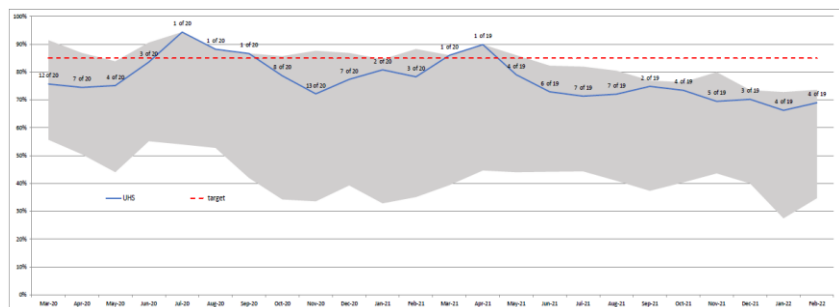
However, we've noticed that the patients being diagnosed are requiring more complex treatment. This can be seen in the total radiotherapy treatment time required per month for example, which in March peaked at 82,000 minutes.

We are addressing additional radiotherapy demand by ensuring that our Linac machines are fully resourced, and by looking to reduce DNAs. Other actions that are in place to improve 31 day performance are:

1. theatre productivity programme to deliver improved utilisation of our theatres
2. continuous improvement activity to reduce time for further diagnostics in pathology and imaging services
3. ongoing recruitment and business case development across specialties where demand outstrips capacity

62 Day performance (treatment within 62 days of referral):

62 day performance has been impacted by our referral and treatment times. However, we continue to benchmark in the upper quartile on 62 day performance compared to other teaching hospitals. This demonstrates that our challenges in cancer performance are aligned with other similar trusts across the country.



In addition to the actions covered above, other areas of improvement that we continue to work on include:

- Skin; we are seeking to introduce the use of tele dermatology to assist in responding to the increasing 2ww referrals – it has been successfully 'rolled out' for routine referrals.
- Gynaecology; pathway review being undertaken with plans to implement investigations prior to clinical review in order to facilitate early discharge from the service where appropriate.
- Appointment of some fixed term posts funded by the Wessex Cancer Alliance to support gynaecology and urology pathways.

Key areas of risk that we are monitoring:

- Head and neck, 2 week wait capacity
- Head and neck GA panendoscopy capacity
- Gynaecology GA hysteroscopy capacity
- Urology robot capacity
- Cancer care admissions for bone marrow transplant patients

NHS Constitution - Standards for Access to services within waiting times

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

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

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

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

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

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

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

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

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

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	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)	9	10	8	7	8	9	8	7	9	10	10	8	8	8	6	≥92%	
CN1-N	% Patients following a GP referral for suspected cancer seen by a specialist within 2 weeks UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	2	2	9	5	13	11	13	14	14	14	9	10	7	5	13	≥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)	2	3	1	1	4	6	7	7	2	4	5	3	4	4	11	≥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->	1	2	3	3	3	3	3	3	1	3	2	2	3	3	3	≥95%	-
UT33-N	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	17	16	10	16	17	16	15	14	12	13	14	14	13	12	13	≤1%	-

Outcomes		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
UT1-N	HSMR - UHS HSMR - SGH	82.2	81.5										82.8	81.9			≤100		
UT2	HSMR - Crude Mortality Rate	3.0%											2.8%				-		
UT3	Percentage non-elective readmissions within 28 days of discharge from hospital	12.3%											12.1%				-		
UT4-L	Cumulative Specialties with Outcome Measures Developed	57	61	63	63	63											+1		
UT5	Developed Outcomes RAG ratings	332	396	406	383	393											-		
		76%	80%	78%	77%	76%													

Safety		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target								
UT6-N	Cumulative Clostridium difficile Most recent 12 Months vs. Previous 12 Months	0	5	7	11	16	15	21	18	25	32	33	39	39	43	44	50	49	52	56	55	64	57	71	63	74	≤63
UT7	Healthcare-acquired COVID infection: COVID-positive sample taken >14days after admission (validated)	38	2	5	0	0	0	3	0	7	6	11	22	20	14	42	-	125	-								
UT8	Probable hospital-associated COVID infection: COVID-positive sample taken >7 days and ≤14 days after admission (validated)	59	2	2	1	0	0	0	4	3	9	11	14	18	11	32	-	103	-								
UT9	Pressure ulcers category 2 per 1000 bed days	0.35														0.22	-	-	-								
UT10	Pressure ulcers category 3 and above per 1000 bed days	0.38														0.37	-	-	-								
UT11-N	Medication Errors (severe/Moderate)	2														3	≤3	20	≤36								

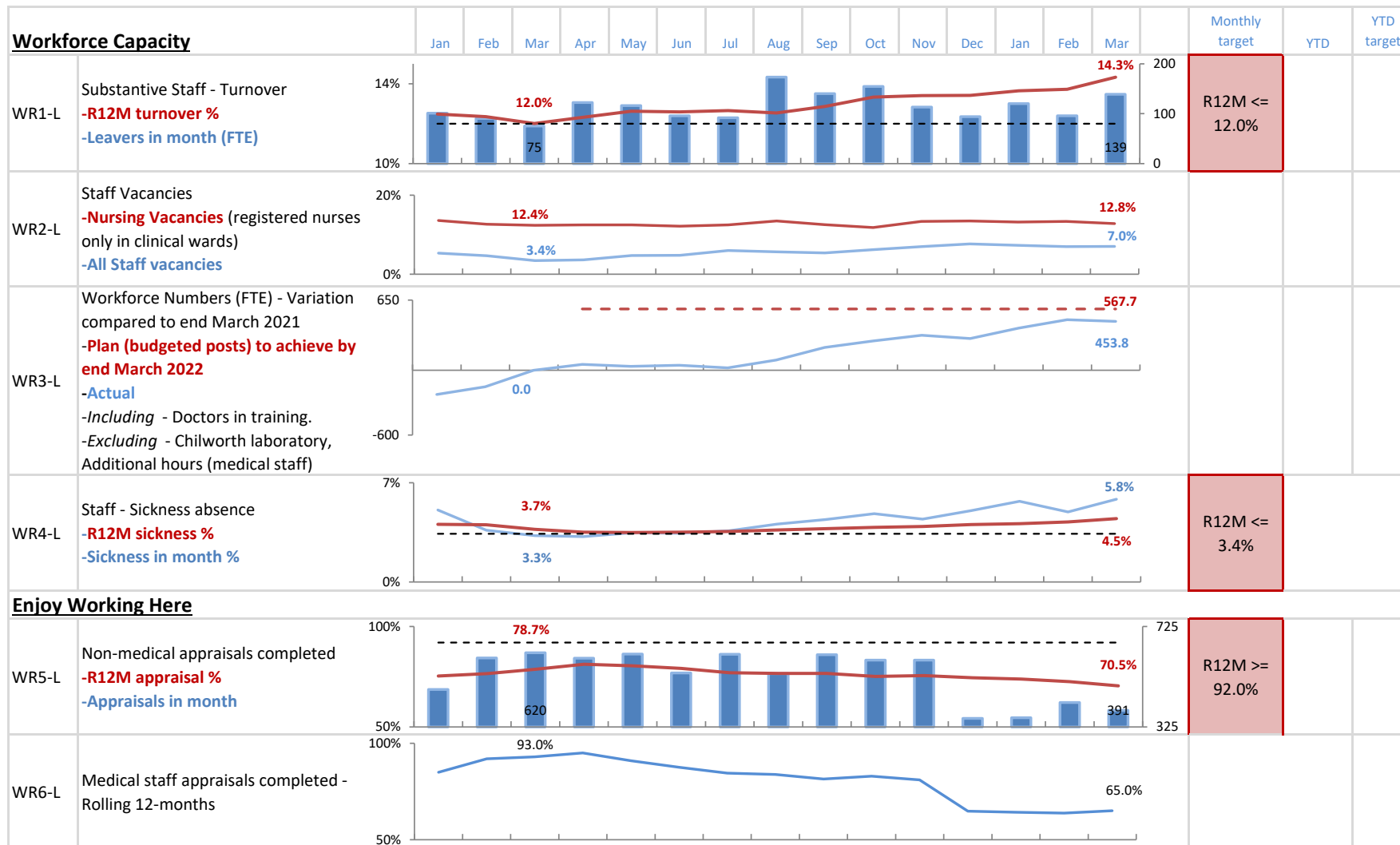
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
UT12	Antibiotic usage per 1000 admissions <i>This year vs. last year</i>																-	-	-
UT13	Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity)																-	69	-
UT14	Serious Incidents Requiring Investigation - Maternity																-	-	-
UT15	Number of high harm falls per 1000 bed days																-	-	-
UT16	% patients with a nutrition plan in place																-	-	-
UT16 - monthly audit has been paused due to pressure on all ward areas, a re-start date is currently being considered (still on hold at 19/04/2022).																			
UT17	Red Flag staffing incidents																-	-	-

Patient Experience		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
UT18-N	FFT Negative Score - Inpatients																≤5%	-	-
UT19-N	FFT Negative Score - Maternity (postnatal ward)																≤5%	-	-
UT19-N	Note that the number of patients providing feedback regarding the maternity service (postnatal ward) has reduced recently and was only 28 in the month of February (compared to 78 in October for example), the Maternity service are taking actions to encourage and facilitate additional feedback.																		
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		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	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->																≥95%	-	-
UT26	Average (Mean) time in Dept - non-admitted patients																-	-	-
UT27	Average (Mean) time in Dept - admitted patients																-	-	-
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)																≥92%	-	-
UT29	Total number of patients on a waiting list (18 week referral to treatment pathway)																-	-	-
UT30	Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)																-	-	-

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	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)						16	16	16	17	16	16	16	16	16	59	-	-	-	
UT32	Patients waiting for diagnostics		9,408													10,732	-	-	-	
UT33-N	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	12	9	28.1%	10	10	9	7	6	7	7	7	7	6	7	20.4%	≤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)	6	7	78.3%	5	3	11	13	15	16	13	12	15	13	13	11	69.0%	≥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)	8	7	97.4%	7	11	9	17	13	16	18	9	9	11	12	14	94.5%	≥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)	19	14	97.5%	11	16	14	15	17	13	18	14	16	15	11	14	93.4%	≥95.4%	-	-

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



		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	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				7						7								
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								
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				10.1%												15% by 2023		
WR10	% of Band 7+ Staff who have declared a disability or long term health condition				13.5%												-		
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		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
NT1	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	-	-
NT2	Emergency Department activity - type 1 <i>This year vs. last year</i>																-	-	-
NT3	Percentage of virtual appointments as a proportion of all outpatient consultations <i>This year vs. last year</i>																-	-	-

Digital		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	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 - Total choosing paperless in the month - Total offered but not yet choosing paperless in the month - % of total My Medical Record service users who have chosen paperless (cumulative)																-		
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)																-		

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

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

CHPPD (Care Hours Per Patient Day)

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

The maternity workforce consists of teams of midwives who work both within the hospital and in the community offering an integrated service and are able to respond to women wherever they choose to give birth. This means that our ward staffing and hospital birth environments have a core group of staff but the numbers of actual midwives caring for women increases responsively during a 24 hour period depending on the number of women requiring care. 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, C5 and Surgical Day Unit). 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 and rose again in March so wards and departments have again been required to change focus and form to respond to changing circumstances. These decisions are sometimes swift in nature and the data in some cases therefore may not be fully reflective of all of these changes.

Ward 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	6247	4612	848	600	73.8%	70.7%	29.9	3.8	33.7	Beds flexed to match staffing; Safe staffing levels maintained.
CC Neuro Intensive Care Unit	Night	5131	4663	708	566	90.9%	80.0%				Beds flexed to match staffing; Safe staffing levels maintained.
CC - Surgical HDU	Day	2544	1872	828	499	73.6%	60.3%	16.8	4.2	21.0	Beds flexed to match staffing; Safe staffing levels maintained.
CC - Surgical HDU	Night	2137	1844	697	422	86.3%	60.5%				Beds flexed to match staffing; Safe staffing levels maintained.
CC General Intensive Care	Day	12927	10025	2209	1416	77.5%	64.1%	28.7	4.2	32.9	Beds flexed to match staffing; Safe staffing levels maintained.
CC General Intensive Care	Night	10386	9397	1776	1402	90.5%	78.9%				Beds flexed to match staffing; Safe staffing levels maintained.
CC Cardiac Intensive Care	Day	6859	5113	1519	768	74.5%	50.5%	28.2	3.9	32.1	Beds flexed to match staffing; Safe staffing levels maintained.
CC Cardiac Intensive Care	Night	6047	5355	804	691	88.6%	86.0%				Beds flexed to match staffing; Safe staffing levels maintained.
SUR E5 Lower GI	Day	1506	1221	732	923	81.1%	126.0%	3.6	3.1	6.7	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR E5 Lower GI	Night	711	688	357	712	96.8%	199.7%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR E5 Upper GI	Day	1482	1228	1014	800	82.8%	78.9%	3.6	2.7	6.4	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR E5 Upper GI	Night	702	704	356	643	100.4%	180.7%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR E8 Ward	Day	2652	2144	1446	1304	80.8%	90.2%	4.4	3.2	7.6	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR E8 Ward	Night	1716	1227	1253	1116	71.5%	89.0%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.

SUR F11 IF	Day	1970	1463	767	677	74.3%	88.2%	4.2	2.7	6.9	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR F11 IF	Night	713	718	713	736	100.7%	103.2%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR Acute Surgical Unit	Day	1467	1064	738	679	72.6%	92.1%	6.8	4.2	11.1	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR Acute Surgical Unit	Night	713	660	726	394	92.5%	54.2%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR Acute Surgical Admissions	Day	2196	1826	867	968	83.2%	111.7%	3.7	2.5	6.2	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR Acute Surgical Admissions	Night	1054	1020	1042	967	96.8%	92.8%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR F5 Ward	Day	1920	1715	1073	956	89.3%	89.1%	3.6	2.2	5.7	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR F5 Ward	Night	1185	1062	713	737	89.6%	103.4%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
OPH Eye Short Stay Unit	Day	1041	1084	872	697	104.1%	79.9%	14.8	10.7	25.6	Safe staffing levels maintained.
OPH Eye Short Stay Unit	Night	341	342	341	333	100.3%	97.5%				Safe staffing levels maintained.
THR F10 Surgical Day Unit	Day	1424	1369	2721	2575	96.2%	94.6%	4.3	7.1	11.4	Additional staff used for enhanced care - Support workers; Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; OPENED AS A 34 BEDDED INPATIENT MEDICAL WARD TO SUPPORT CAPACITY AND COVID CHALLENGES.
THR F10 Surgical Day Unit	Night	297	578	297	657	194.6%	221.2%				Additional staff used for enhanced care - Support workers; Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; OPENED AS A 34 BEDDED INPATIENT MEDICAL WARD TO SUPPORT CAPACITY AND COVID CHALLENGES.
CAN Acute Onc Services	Day	1066	1026	650	584	96.2%	89.9%	18.7	13.4	32.1	Safe staffing levels maintained.
CAN Acute Onc Services	Night	355	565	356	556	159.0%	156.3%				Additional beds open in the month; Increase in acuity/dependency of patients in the month; Area has been converted to inpatient activity overnight during the month.
CAN C4 Solent Ward Clinical Oncology	Day	1366	1488	1087	1034	109.0%	95.1%	4.5	3.7	8.2	Safe staffing levels maintained.
CAN C4 Solent Ward Clinical Oncology	Night	1057	914	690	965	86.4%	139.9%				Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers.
CAN C6 Leukaemia/BMT Unit	Day	2807	2456	302	312	87.5%	103.4%	7.6	1.1	8.6	Safe staffing levels maintained; This ward has a high number of siderooms and if acuity/dependency of patients is raised Registered nurse or support workers are required to special on night duty; Increase in acuity/dependency of patients in the month.
CAN C6 Leukaemia/BMT Unit	Night	2043	1889	0	310	92.5%	Shift N/A				Safe staffing levels maintained.
CAN C6 TYA Unit	Day	1215	929	456	11	76.5%	2.5%	10.5	0.1	10.7	Safe staffing levels maintained; Staff moved to support other wards.
CAN C6 TYA Unit	Night	672	679	0	12	101.1%	Shift N/A				Safe staffing levels maintained.
CAN C2 Haematology	Day	2332	2445	1147	838	104.8%	73.1%	5.7	2.5	8.2	Safe staffing levels maintained; Staff moved to support other wards; This ward has a high number of siderooms and if acuity/dependency of patients is raised Registered nurse or support workers are required to special on night duty.
CAN C2 Haematology	Night	1746	1851	1057	1033	106.0%	97.7%				This ward has a high number of siderooms and if acuity/dependency of patients is raised Registered nurse or support workers are required to special on night duty; Safe staffing levels maintained.
CAN D3 Ward	Day	1817	1541	802	1208	84.8%	150.6%	4.3	3.5	7.7	Additional staff used for enhanced care - Support workers; Staff moved to support other wards; Increase in acuity/dependency of patients in the month.
CAN D3 Ward	Night	1060	1078	712	907	101.7%	127.4%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers; Increased night staffing to support raised acuity.

ECM Acute Medical Unit	Day	3969	3873	4008	3088	97.6%	77.1%	5.8	4.7	10.5	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 and Clinical Coordination which do not contribute to direct care.
ECM Acute Medical Unit	Night	4011	4230	3535	3460	105.5%	97.9%				Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource; Figures still contain additional point-of-care activity and Clinical Coordination which do not contribute to direct care.
MED D5 Ward	Day	1267	1487	1747	1098	117.4%	62.9%	3.1	2.6	5.7	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
MED D5 Ward	Night	1069	1033	939	1014	96.7%	108.1%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
MED D6 Ward	Day	1124	1056	1552	1200	94.0%	77.3%	3.1	3.1	6.2	Safe staffing levels maintained.
MED D6 Ward	Night	1069	1150	946	1028	107.6%	108.7%				Increased night staffing to support raised acuity; Band 4 staff working to support registered nurse numbers.
MED D7 Ward	Day	706	747	1180	1010	105.7%	85.6%	2.9	3.0	5.9	Safe staffing levels maintained; Staff moved to support other wards.
MED D7 Ward	Night	712	643	356	448	90.3%	125.9%				Safe staffing levels maintained; Increase in acuity/dependency of patients in the month; Increased night staffing to support raised acuity.
MED D8 Ward	Day	1079	1036	1518	1292	95.9%	85.1%	3.2	3.5	6.7	Safe staffing levels maintained; Staffing appropriate for number of patients.
MED D8 Ward	Night	1070	1048	949	939	97.9%	99.0%				Safe staffing levels maintained; Staffing appropriate for number of patients.
MED D9 Ward	Day	1303	1298	1723	1312	99.6%	76.1%	2.7	2.7	5.4	Safe staffing levels maintained
MED D9 Ward	Night	1071	935	947	910	87.3%	96.0%				Safe staffing levels maintained
MED E7 Ward	Day	1037	1271	1324	1290	122.6%	97.5%	3.1	3.2	6.3	Safe staffing levels maintained.
MED E7 Ward	Night	712	1092	838	1190	153.4%	142.0%				Safe staffing levels maintained; Staffing appropriate for number of patients; Nursing additional beds in the month.
MED F7 Ward	Day	1088	1064	1343	1009	97.8%	75.1%	3.0	2.8	5.8	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Nursing additional beds in the month
MED F7 Ward	Night	699	690	713	667	98.6%	93.5%				Safe staffing levels maintained.
MED Respiratory HDU	Day	2444	1163	512	316	47.6%	61.7%	14.4	3.9	18.3	Staffing appropriate for number of patients.
MED Respiratory HDU	Night	2119	1218	356	321	57.5%	90.0%				Staffing appropriate for number of patients.
MED C5 Isolation Ward	Day	1174	1195	1088	354	101.8%	32.6%	6.4	1.9	8.3	Staffing appropriate for number of patients; Safe staffing levels maintained.
MED C5 Isolation Ward	Night	1059	1017	345	290	96.1%	84.1%				Staffing appropriate for number of patients; Safe staffing levels maintained.
MED D10 Isolation Unit	Day	1138	1126	1344	1038	99.0%	77.2%	4.0	3.3	7.3	Safe staffing levels maintained; Staffing appropriate for number of patients
MED D10 Isolation Unit	Night	703	1026	712	724	146.0%	101.6%				Safe staffing levels maintained; Increase in acuity/dependency of patients in the month; Increase in enhanced care requirements.

MED G5 Ward	Day	1480	1270	1404	1593	85.8%	113.5%	2.9	2.9	5.8	Additional beds open in the month; Band 4 staff working to support registered nurse numbers
MED G5 Ward	Night	1072	1116	700	734	104.1%	104.9%				Additional beds open in the month; Band 4 staff working to support registered nurse numbers
MED G6 Ward	Day	1474	1116	1480	1203	75.8%	81.3%	2.9	3.0	5.9	Increase in acuity/dependency of patients in the month; Band 4 staff working to support registered nurse numbers
MED G6 Ward	Night	1058	817	713	829	77.2%	116.3%				Safe staffing levels maintained.
MED G7 Ward	Day	722	693	1156	854	95.9%	73.9%	3.7	3.6	7.3	Increase in acuity/dependency of patients in the month; Staff moved to support other wards
MED G7 Ward	Night	712	698	575	506	98.1%	88.0%				Safe staffing levels maintained.
MED G8 Ward	Day	1473	1071	1500	1104	72.7%	73.6%	2.9	2.9	5.8	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit
MED G8 Ward	Night	1058	814	702	759	76.9%	108.2%				Safe staffing levels maintained.
MED G9 Ward	Day	1294	1450	1396	1290	112.0%	92.4%	3.5	2.8	6.3	Increase in acuity/dependency of patients in the month; Safe staffing levels maintained
MED G9 Ward	Night	1069	1046	711	723	97.8%	101.6%				Safe staffing levels maintained.
MED Bassett Ward	Day	1204	909	2481	2035	75.5%	82.0%	2.5	4.0	6.5	Patient requiring 24 hour 1:1 nursing in the month
MED Bassett Ward	Night	1070	1012	1068	1091	94.6%	102.2%				Patient requiring 24 hour 1:1 nursing in the month.
CHI High Dependency Unit	Day	1554	1170	0	141	75.3%	Shift N/A	13.5	0.9	14.4	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
CHI High Dependency Unit	Night	1072	997	0	12	93.0%	Shift N/A				Safe staffing levels maintained.
CHI Paed Medical Unit	Day	1921	1913	826	720	99.6%	87.2%	8.8	3.9	12.7	Safe staffing levels maintained.
CHI Paed Medical Unit	Night	1706	1507	683	795	88.3%	116.4%				Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained.
CHI Paediatric Intensive Care	Day	6559	5159	1349	546	78.7%	40.4%	25.0	3.3	28.3	Beds flexed to match staffing; Safe staffing levels maintained.
CHI Paediatric Intensive Care	Night	5681	4885	931	801	86.0%	86.0%				Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
CHI Piam Brown Unit	Day	3965	2353	1077	393	59.3%	36.5%	13.7	2.8	16.5	Beds flexed to match staffing; Non-ward based staff supporting areas; Skill mix swaps undertaken to support safe staffing across the Unit.
CHI Piam Brown Unit	Night	1418	940	714	290	66.2%	40.6%				Beds flexed to match staffing; Skill mix swaps undertaken to support safe staffing across the Unit.
CHI Ward E1 Paed Cardiac	Day	2187	1375	646	650	62.9%	100.6%	6.2	2.6	8.8	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers.
CHI Ward E1 Paed Cardiac	Night	1434	1212	380	419	84.6%	110.5%				Band 4 staff working to support registered nurse numbers.
CHI Bursledon House	Day	914	655	612	481	71.7%	78.5%	4.2	3.4	7.6	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers.
CHI Bursledon House	Night	209	210	209	209	100.2%	100.0%				Safe staffing levels maintained.
CHI Ward G2 Neuro	Day	773	712	912	196	92.1%	21.5%	8.5	1.2	9.7	Safe staffing levels maintained; HCA not normally utilised as part of team.
CHI Ward G2 Neuro	Night	728	705	744	0	96.8%	0.0%				Safe staffing levels maintained; HCA not normally utilised as part of team.

CHI Ward G3	Day	2455	2086	1763	996	85.0%	56.5%	7.0	2.9	9.8	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas
CHI Ward G3	Night	1685	1641	1012	532	97.4%	52.6%				Safe staffing levels maintained
CHI Ward G4 Surgery	Day	2409	2292	1267	968	95.1%	76.4%	8.4	3.1	11.5	Safe staffing levels maintained.
CHI Ward G4 Surgery	Night	1683	1749	682	537	103.9%	78.7%				Safe staffing levels maintained.
W&N Bramshaw Womens Unit	Day	1125	966	730	543	85.9%	74.3%	5.1	2.8	8.0	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained
W&N Bramshaw Womens Unit	Night	712	712	667	379	99.9%	56.9%				Safe staffing levels maintained
W&N Neonatal Unit	Day	7045	4852	1708	955	68.9%	55.9%	11.3	2.1	13.3	Safe staffing levels maintained.
W&N Neonatal Unit	Night	5439	4056	1353	669	74.6%	49.4%				Safe staffing levels maintained.
W&N PAH Maternity Service combined	Day	10749	8614	4150	2954	80.1%	71.2%	10.1	3.2	13.3	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	6759	5733	2020	1639	84.8%	81.1%				Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services.
CAR CHDU	Day	5217	4095	1776	1312	78.5%	73.9%	14.7	4.1	18.8	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards; 1 bed flexed down and supporting covid cardiac patients on C5 ward in the month.
CAR CHDU	Night	4031	3938	1067	902	97.7%	84.5%				Skill mix swaps undertaken to support safe staffing across the Unit; 1 bed flexed down and supporting covid cardiac patients on C5 ward in the month.
CAR Coronary Care Unit	Day	2628	2643	1052	910	100.6%	86.6%	8.9	3.4	12.3	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards; 1 bed flexed down and supporting covid cardiac patients on C5 ward in the month.
CAR Coronary Care Unit	Night	2311	2302	956	981	99.6%	102.6%				Staff moved to support other wards; Additional staff used for enhanced care - Support workers; 1 bed flexed down and supporting covid cardiac patients on C5 ward in the month.
CAR Ward D4 Vascular	Day	2005	1571	1018	1168	78.3%	114.7%	4.1	3.4	7.5	Support workers used to maintain staffing numbers; Additional staff used for enhanced care - Support workers.
CAR Ward D4 Vascular	Night	1183	977	1022	944	82.6%	92.4%				Increased night staffing to support raised acuity; Safe staffing levels maintained
CAR Ward E2 YACU	Day	1610	1351	866	841	83.9%	97.0%	4.1	3.1	7.2	Staff moved to support other wards; Safe staffing levels maintained.
CAR Ward E2 YACU	Night	718	724	660	715	100.9%	108.3%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward E3 Green	Day	1600	1363	1530	888	85.2%	58.1%	3.5	2.9	6.4	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; COVID contact bays reduced pt numbers in the month.
CAR Ward E3 Green	Night	708	688	815	819	97.3%	100.5%				Safe staffing levels maintained by sharing staff resource; Safe staffing levels maintained by sharing staff resource.
CAR Ward E3 Blue	Day	1617	1401	1128	822	86.6%	72.8%	4.0	2.9	6.9	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
CAR Ward E3 Blue	Night	715	704	681	714	98.5%	104.9%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward E4 Thoracics	Day	1675	1497	1362	891	89.4%	65.4%	4.2	2.5	6.7	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards.
CAR Ward E4 Thoracics	Night	1044	1012	436	612	96.9%	140.3%				Safe staffing levels maintained; Increased night staffing to support raised acuity; increased acuity and workload with increased theatre lists.
CAR Ward D2 Cardiology	Day	1378	988	739	947	71.6%	128.2%	3.7	3.9	7.6	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
CAR Ward D2 Cardiology	Night	700	678	704	825	96.9%	117.2%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.

NEU Acute Stroke Unit	Day	1471	1568	2587	2387	106.6%	92.3%	3.0	4.7	7.8	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
NEU Acute Stroke Unit	Night	1016	1007	1705	1683	99.1%	98.7%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
NEU Regional Transfer Unit	Day	1181	864	365	354	73.2%	97.0%	10.9	7.8	18.7	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards.
NEU Regional Transfer Unit	Night	693	418	682	572	60.3%	83.9%				Band 4 staff working to support registered nurse numbers; Staff moved to support other wards.
NEU ward E Neuro	Day	1889	1623	1108	1274	85.9%	115.0%	3.7	3.3	7.0	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU ward E Neuro	Night	1352	1123	1033	1139	83.1%	110.3%				Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU HASU	Day	1522	1320	411	429	86.7%	104.5%	6.9	2.5	9.5	Band 4 staff working to support registered nurse numbers.
NEU HASU	Night	1364	1022	340	429	74.9%	126.2%				Band 4 staff working to support registered nurse numbers.
NEU Ward D Neuro	Day	1897	1615	1929	1516	85.2%	78.6%	3.8	4.1	7.9	Band 4 staff working to support registered nurse numbers.
NEU Ward D Neuro	Night	1364	1188	1704	1473	87.1%	86.4%				Band 4 staff working to support registered nurse numbers.
SPI Ward F4 Spinal	Day	1520	1684	1201	918	110.8%	76.4%	4.3	3.0	7.2	Band 4 staff working to support registered nurse numbers; Increase in acuity/dependency of patients in the month.
SPI Ward F4 Spinal	Night	1023	1034	1010	989	101.1%	97.9%				Band 4 staff working to support registered nurse numbers; Increase in acuity/dependency of patients in the month.
T&O Ward Brooke	Day	1071	1089	1068	757	101.7%	70.8%	3.5	3.4	6.9	Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward Brooke	Night	713	713	1066	975	99.9%	91.5%				Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.
T&O Trauma Admissions Unit	Day	920	710	741	485	77.2%	65.5%	10.5	9.5	20.0	Staff moved to support other wards; Increase in acuity/dependency of patients in the month.
T&O Trauma Admissions Unit	Night	682	561	682	661	82.3%	96.8%				Staff moved to support other wards; Increase in acuity/dependency of patients in the month.
T&O Ward F1 Major Trauma Unit	Day	2327	2663	1881	1878	114.4%	99.9%	5.1	4.0	9.1	Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Increase in acuity/dependency of patients in the month.
T&O Ward F1 Major Trauma Unit	Night	1783	2041	1779	1859	114.5%	104.5%				Staff moved to support other wards; Increase in acuity/dependency of patients in the month; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F2 Trauma	Day	1638	1194	1921	1979	72.9%	103.0%	3.0	5.1	8.1	Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Increase in acuity/dependency of patients in the month.
T&O Ward F2 Trauma	Night	1022	857	1364	1548	83.8%	113.5%				Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month; Increase in acuity/dependency of patients in the month.
T&O Ward F3 Trauma	Day	1552	1811	2002	1539	116.7%	76.9%	3.9	4.3	8.2	Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Increase in acuity/dependency of patients in the month.
T&O Ward F3 Trauma	Night	1034	989	1386	1584	95.7%	114.3%				Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Increase in acuity/dependency of patients in the month.
T&O Ward F4 Elective	Day	1415	1230	758	900	86.9%	118.7%	3.6	3.2	6.8	Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Increase in acuity/dependency of patients in the month.
T&O Ward F4 Elective	Night	682	683	682	782	100.1%	114.6%				Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Increase in acuity/dependency of patients in the month.