NHS
University Hospital Southampton
NHS Foundation Trust

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<tr><td>Response to the issue:</td><td colspan="4"><u>M4 Financial Position</u>

UHS reported a deficit of £2.6m in July 2022, which is now £8.8m deficit YTD. This is £3.9m adverse to plan across the first four months of 2022/23.

<u>Underlying Position</u>

The in month position contained several smaller one off upsides totalling £0.2m. The true underlying position for M4 is therefore a £2.8m deficit. This is consistent with the previous three months that following restatement were an underlying deficit of £2.9m per month.

The underlying position can therefore be restated as £11.4m deficit YTD. This is £6.5m adverse to the plan for months 1 to 4 (£4.9m planned deficit).

<u>Key drivers</u>

The key drivers for the underlying deficit to plan are as follows:

• Cost Improvement Plans – due to the considerable operational pressures the development of plans from Q4 21/22 have been delayed. Delivery has however significantly improved in M4 with £7.5m now reported against a plan of £9.6m. The shortfall of £2.1m has however generated an equivalent adverse variance to plan.
• Covid costs continuing in excess of plan by £3.4m YTD – this mainly relates to staff sickness absence backfill costs which has remained high during July especially in the early part of the month.
• Operational Pressures / Emergency Demand – ED continues to experience volumes in excess of planned levels driving up expenditure especially on premium rate staffing.
• Energy costs / inflationary pressures – energy costs are £0.4m ahead of plan YTD with costs further increasing from 21/22</td></tr>
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levels. This remains under active monitoring however costs are forecast to increase further in the winter period.

As a reminder there are also drivers pre-existing from 2021/22:

- CCG Block Drugs overperformance – £0.6m per month. This continues to be monitored; however, there are no immediate funding solutions for this. Much of the pressure relates to homecare growth for long term conditions that has supported reduced inpatient or outpatient attendances freeing up capacity for priority 1 work. Costs remain stable so far in 22/23.
- Energy costs - £0.8m per month. Although excess inflationary funding has been added to contract envelopes, this doesn't cover exceptional items like energy that had a bigger proportional impact on UHS due to our reliance on gas and end of fixed-rate deals. As stated above this pressure has increased further in 2022/23.

Elective Recovery Framework

UHS achieved 104% in July despite significant operational pressures. This included:

- 100% in elective
- 109% in outpatients (including procedures but excluding follow-ups)
- Capped 85% in follow-ups, with actual activity at 127%

Delivery to 104% means no additional income has been generated but neither is there any financial clawback for under delivery.

This activity level is extremely positive for achievement of the 106% plan (104% target) for the year and is despite continuing operational pressures and ED demand.

Year to date Income of £4m relating to ERF has been included in the financial position with an upward adjustment of £0.3m on previous months calculations following more refined coding.

Overall it should be observed that increased activity above 19/20 baselines has in part been delivered at additional cost, especially with regards to clinical supplies and variable pay costs associated with the additional activity. At 75% payment the marginal financial gains are minimal, however the benefit to waiting lists and reduced risk of harm for patients waiting is of significant benefit mitigating future costs of treatment. It should be noted that some uncertainty remains over national calculations of performance, with data for April yet to be received.

Data for the Southeast illustrates UHS as one of the top (and in many weeks, the top) performers within the region.

Underlying Financial Trajectory

A financial trajectory has been developed illustrating a potential range of scenarios. Due to the level of current uncertainty, particularly with regards to Covid and cost inflation, the range is currently +/- £7m from an intermediate expectation of £32.5m. There are however multiple risks and opportunities to be considered. The overarching objective for the organisation is progress towards a target recurrent breakeven position.

Any underlying shortfall to breakeven in year would lead to a reduced cash balance, a reduced ability to invest in capital and revenue improvements, and increased local, regional and national scrutiny. It is therefore not sustainable to continue at this rate of underlying deficit.

Response to the financial challenge

Due to the scale of financial risk, a recovery plan has been developed to drive an improvement trajectory. Progress has been made in the last two months, with the Trust Savings Group (TSG) co-ordinating the programme of financial improvement.

Achievements to date include:

- Initially identified 12 workstreams for exploration which will be reporting progress monthly to TSG
- For all workstreams risks, mitigations and support needs have been identified
- Supporting further CIP identification in month that now exceeds 75% of the £45m target.
- Increased engagement with operational and clinical leads ensuring the always improving culture is embedded.

Updates will continue in future months Finance Reports.

Capital

- The trust has an internal CDEL plan of £49m for 2022/23. Capital expenditure of £5.4m has been reported YTD against this which is £0.3m behind plan.
- Many of the major projects have yet to commence and are in the planning phases hence an acceleration in spend is expected in future months. This is particularly notable for the wards development. Spend, and any emerging risks and opportunities, will be monitored closely in year via Trust Investment Group.
- Significant progress has been made with External CDEL opportunities:
    - A business case for wards (£10m) has been submitted to NHSE and was successfully approved at the national panel in August.
    - £6.3m of funding for Aseptics pharmacy expansion at Adanac park supported subject to business case approval.
    - Ongoing discussions with HIOW around digital investment of c£3.5m over the next 3 years following national funding announcements.

	- Continued progress with Neonatal modelling regarding confirmed CDEL of £5.1m, noting that this does not include cash funding. A business case is expected to be submitted in September. There is added complexity within the case due to the potential loss of bed capacity, with mitigation options currently being explored. - Confirmed capital funding for the Targeted Lung Programme of £1.4m. - Southampton and Southwest Hampshire have submitted a draft bid to NHSE Region for Community Diagnostic Centre expansion at RSH which would lead to £11m capital for UHS over three years. **Agency Cap** NHS England has announced it will reintroduce agency caps on spend similar to pre-Covid. For UHS the agency cap will be set at the planned level of spend which already targeted a reduction in agency spend of £3m from 2021/22. The cap therefore equates to £12m per annum. YTD agency spend is currently £5.1m compared to a plan of £4.8m so £0.3m ahead of plan predominantly due to backfill costs as a result of covid sickness absence. Agency costs will however be reviewed in more detail within one of the Trust Savings Group workstreams and areas for improvement identified. **Financial Governance and Sustainability** NHS England are mandating all providers complete an internal review of financial governance and sustainability using an HFMA toolkit. This will be led by internal audit teams. This is in response to the national challenge around financial delivery and level of risk within plans. It is likely financial oversight and scrutiny will continue to increase at a national level.
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 relating to the month 2 underlying run rate and projected potential deficit if the run rate continues. - Investment risk related to the above - Cash risk linked to volatility above - Inability to maximise CDEL (which cannot be carried forward)
Summary: Conclusion and/or recommendation	Trust Board is asked to note this report.

2022/23 Finance Report - Month 4

Report to:	Board of Directors and Finance & Investment Committee July 2022
Title:	Finance Report for Period ending 31/07/2022
Author:	Philip Bunting, Director of Operational Finance
Sponsoring Director:	Ian Howard, Chief Financial Officer
Purpose:	Standing Item
	The Board is asked to note the report

Executive Summary:

<u>In Month and Year to date Highlights:</u>

1. In Month 4, UHS reported a deficit position of £2.6m which was £1.9m adverse to the planned position of £0.7m deficit. The YTD position is £8.8m deficit which is £3.9m adverse to the planned £4.9m deficit.

2. The underlying position is however £11.4m deficit YTD with one offs helping improve the in year reported position. A run rate continuing at this level would generate a £32.5m underlying deficit across 2022/23 however a range of risks and opportunities exist that may influence the position.

3. At M4 the CIP YTD achievement is £7.5m, against a planned £9.6m delivery. This is an increase from the £4.5m achieved at M3 but remains behind plan. Identification has however improved to £34.9m (77% of the total 22/23 requirement).

4. The main income and activity themes seen in M4 were:
    1. UHS has delivered 104% of Elective Recovery activity in M4, on target and plan.
    2. Covid related sickness absence was c220 WTE per day across July.
    3. ERF income of £4m has been estimated within the position, at 75% marginal rate, off-setting the variable costs of additional activity. National calculations on performance have not yet been issued.

5. The underlying deficit of £2.8m per month is predominantly driven by:
    1. Drugs & Devices (£0.6m per month) – part of our plan which has been offset with CIP
    2. Energy costs – (£0.8m per month) – Inflationary pressure not met with funding
    3. Covid Costs – (£0.8m per month) – continued sickness absence costs and covid spend which has not reduced as per planning assumptions
    4. CIP shortfall – (£0.5m per month) - Although progress has been made savings have not been achieved to the level to bridge the gap to breakeven to date.
    5. Elective Recovery and ERF – a 75% marginal payment covers costs only and fails to cover independent sector or insourcing premium costs. For this reason it has not generated additional margins.

Finance: I&E Summary

A deficit position of £2.6m was reported in July 2022 adverse to the planned position of £0.7m deficit. The YTD position is also £3.9m adverse to the planned £4.9m deficit target.

In month £0.5m of revenue expenditure was incorrectly classified and moved to capital. This was offset by backdated costs coming through in M4 meaning the prevailing underlying deficit remains at £2.8m in month. No ERF income was booked in month 4.

Covid-related absences were on downward trend in the early part of the month after peaking at c300 WTE in late June. However, this is still above plan and is contributing to an overspend on temporary staffing.

Existing cost pressures from 2021/22 also continue to drive the underlying deficit related to energy costs and drugs.

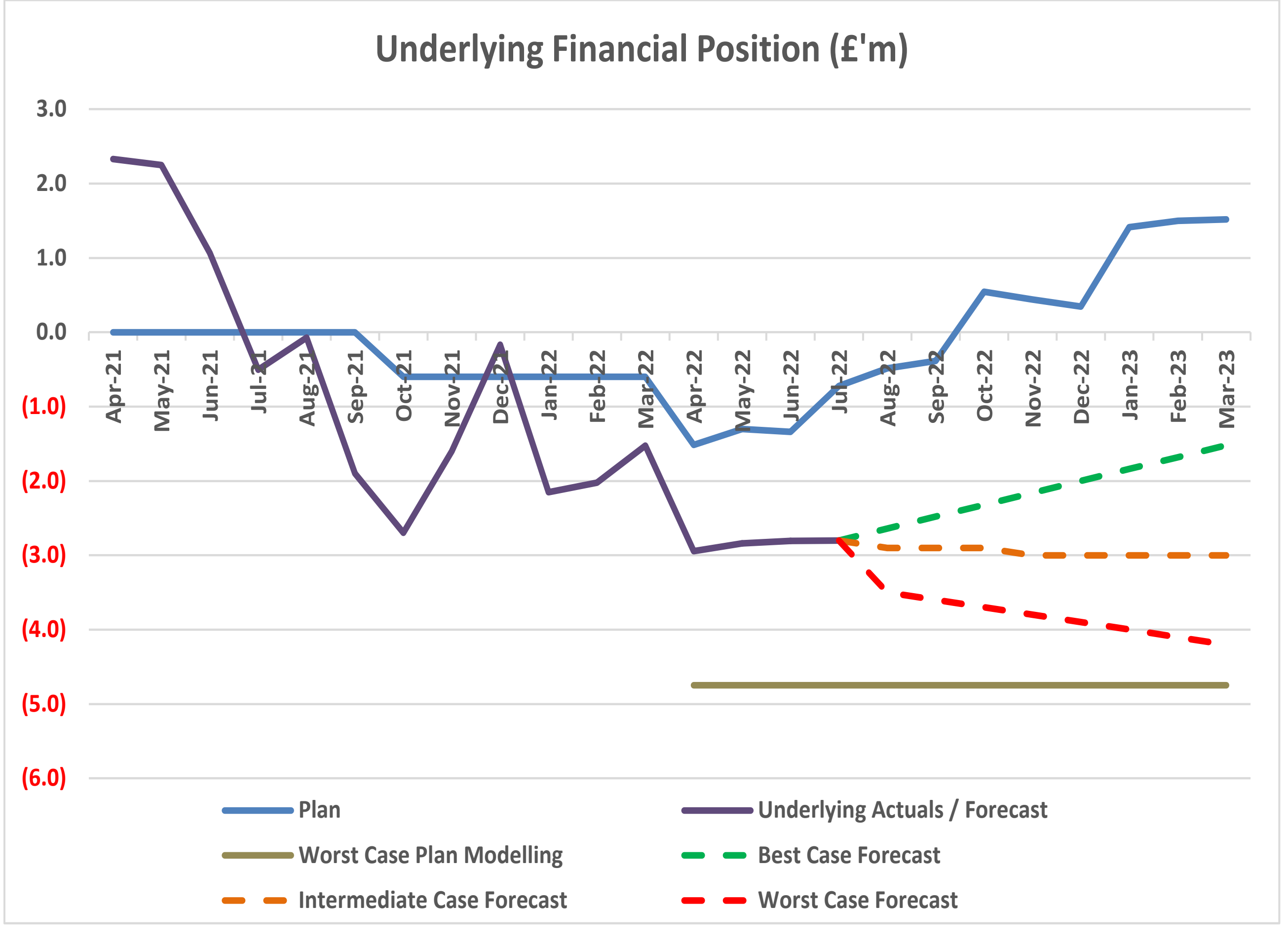
		Current Month			Cumulative			Plan		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	69.8	68.9	0.9	279.0	278.7	0.3	837.0	836.1	0.9
	Pass-through Drugs & Devices	11.2	11.5	(0.3)	44.9	46.2	(1.3)	134.6	138.5	(3.9)
Other income	Other Income excl. PSF	10.6	16.7	(6.2)	42.2	57.2	(15.0)	126.6	141.7	(15.1)
	Top Up Income	0.8	0.6	0.2	3.4	2.6	0.8	8.3	7.8	0.5
Total income		**92.3**	**97.7**	**(5.4)**	**369.5**	**384.7**	**(15.2)**	**1,106.6**	**1,124.1**	**(17.5)**
Costs	Pay-Substantive	48.6	49.8	1.2	194.9	197.9	3.0	591.6	593.6	2.0
	Pay-Bank	3.3	4.1	0.8	13.2	15.9	2.7	33.2	35.6	2.4
	Pay-Agency	1.2	1.2	0.0	4.8	5.1	0.3	12.0	13.2	1.2
	Drugs	5.1	4.5	(0.5)	20.7	17.6	(3.1)	59.7	52.9	(6.8)
	Pass-through Drugs & Devices	11.2	11.5	0.3	44.9	46.2	1.3	134.6	138.5	3.9
	Clinical supplies	6.6	6.7	0.1	28.4	27.9	(0.5)	74.6	83.6	9.0
	Other non pay	16.1	21.7	5.6	63.8	80.0	16.2	189.6	195.5	5.8
Total expenditure		**92.1**	**99.5**	**7.4**	**370.6**	**390.4**	**19.8**	**1,095.3**	**1,112.9**	**17.5**
EBITDA		**0.2**	**-1.9**	2.1	**-1.1**	**-5.7**	4.6	**11.2**	**11.2**	0.0
EBITDA %		0.2%	-1.9%	2.1%	-0.3%	-1.5%	1.2%	1.0%	1.0%	0.0
	Non operating expenditure/income	-0.9	-0.9	0.1	-3.7	-3.5	0.2	-11.1	-11.1	0.0
Surplus / (Deficit)		**(0.7)**	**(2.7)**	**2.0**	**(4.8)**	**(9.2)**	**4.4**	**0.1**	**0.1**	0.0
Less	Donated income	-0.1	-0.1	(0.1)	-0.5	-0.3	(0.2)	-1.4	-1.4	0.0
	Profit on disposals	-	-	0.0	-	-	0.0	-	-	0.0
Add Back	Donated depreciation	0.1	0.2	0.1	0.4	0.7	0.3	1.3	1.3	0.0
Net Surplus / (Deficit)		**(0.7)**	**(2.6)**	**1.9**	**(4.9)**	**(8.8)**	**3.9**	**0.0**	**0.0**	0.0

Monthly Underlying Position

The graph shows the underlying position for the Trust from April 2021 to present.

This differs from the reported financial position as it has been adjusted for non recurrent items (one offs) and also had any necessary costs or income rephased by month to get a true picture of the run rate. The underlying run rate from month 1 to month 4 is £2.8m deficit per month which is adverse to the planned £1.4m per month due mainly to covid pressures continuing and the delayed delivery of cost improvement plans.

A range of scenarios have been modelled indicating a spread between £25m and £39m underlying deficit. The intermediate scenario stands at £32m deficit with an improvement in CIP forecast consistent with delivering £35m of cost improvement across the year. There are however continued risks relating to future costs driven by inflationary pressures, growth, non elective pressure in winter and Covid that all mean potential deterioration could occur.



Financial Risks

The table illustrates the key variables driving the underlying deficit position. These risks will be monitored in year. Some of these are more complex to measure than others with monitoring tools being developed.

It is acknowledged that this generates a wide ranging forecast between £25m deficit and £39m deficit with an intermediate forecast assessment of £32.5m deficit.

This range is partly due to the scale of volatility related to covid and also inflation. More work will however be done in future months to refine assumptions with a greater degree of accuracy where possible.

Risk Variable	Scenario	Original Worst Case Assessment (£m)	Forecast Assessment: Best Case (£m)	Forecast Assessment: Intermediate Case (£m)	Forecast Assessment: Worst Case (£m)
Cost Improvement Plans not fully delivered	Non delivery of baseline CIP target and central schemes	(28.9)	(8.0)	(10.0)	(12.0)
Covid 19 remains at above 'background' levels dampening elective activity and slowing the release of covid related costs	Activity below plan triggering ERF clawback not offset by marginal cost reductions	(14.0)	(6.0)	(7.0)	(8.0)
Covid 19 remains at above 'background' levels generating higher than planned sickness/absence backfill costs	Staff sickness absence backfill costs beyond planned levels	(3.0)	(2.0)	(3.0)	(4.0)
Inflationary pressures impact the price of goods and services	Non pay inflation above funded levels	(11.3)	(7.0)	(8.0)	(9.0)
Stock outs cause price and/or supply chain risks to materialise	Price increases / lost acivity	n/a	(1.0)	(1.5)	(2.0)
Energy Cost prices continue to rise	Price increase beyond planned pressure	n/a	(1.5)	(2.5)	(3.5)
Block drugs and devices costs continue to overspend	Overspend on planned value	n/a	0.0	(0.5)	(1.0)
Total		**(57.2)**	**(25.5)**	**(32.5)**	**(39.5)**

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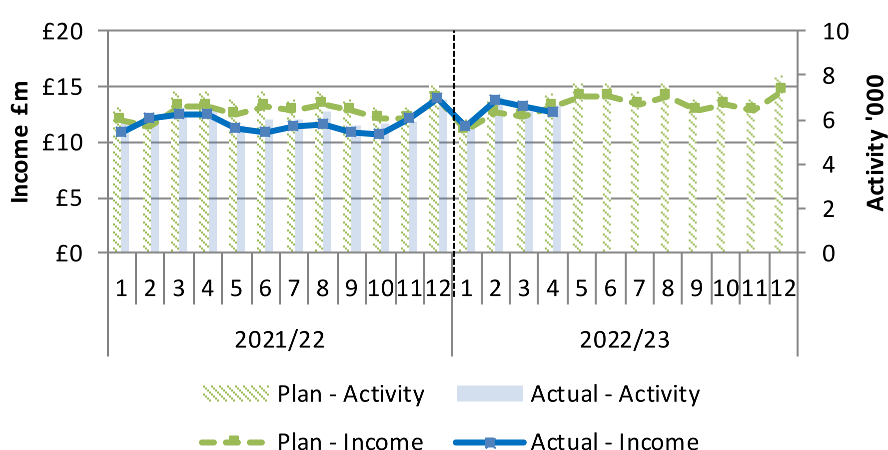
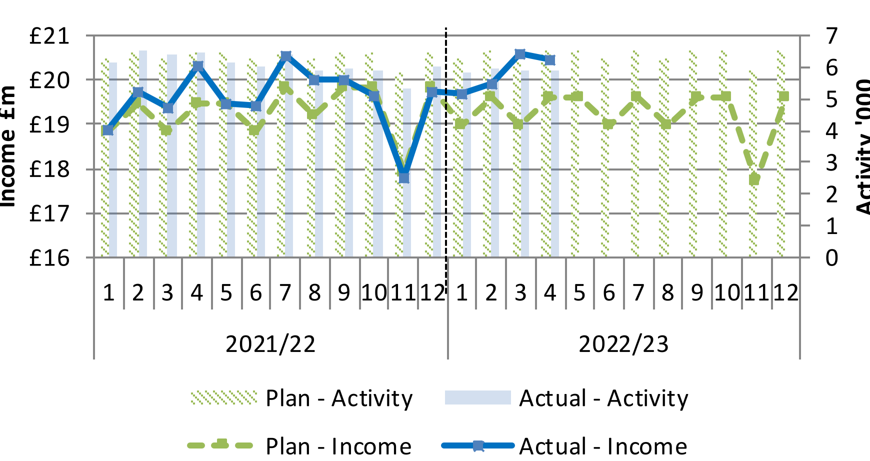
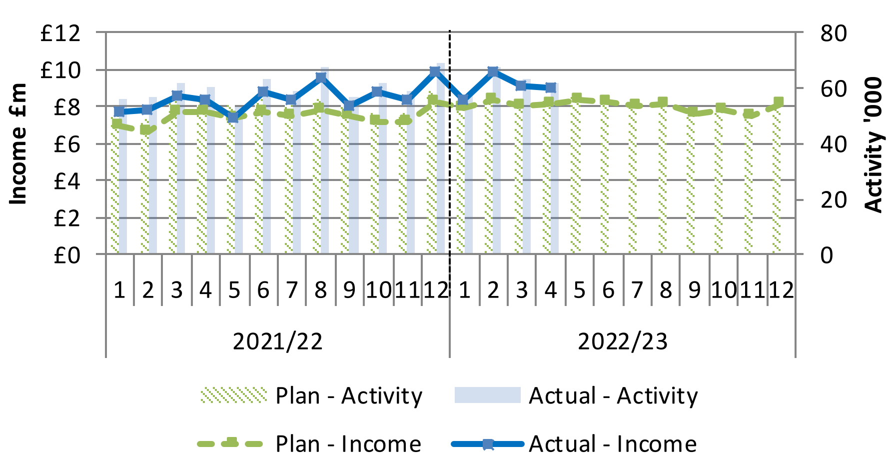
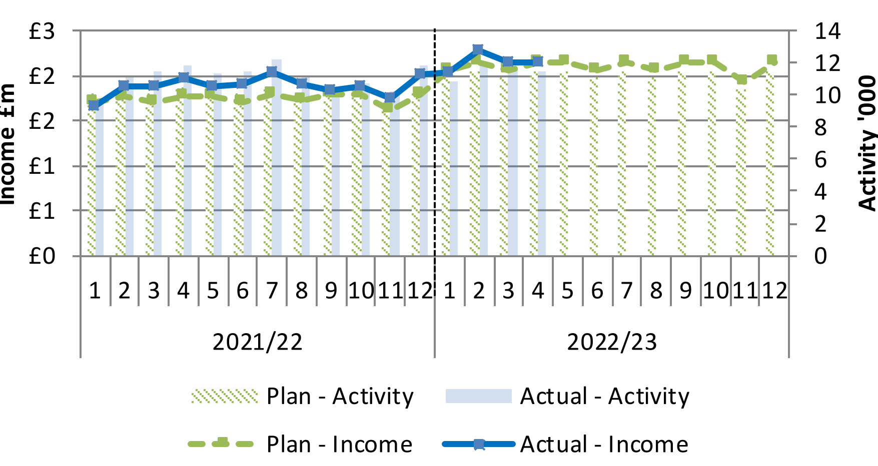
Clinical Income

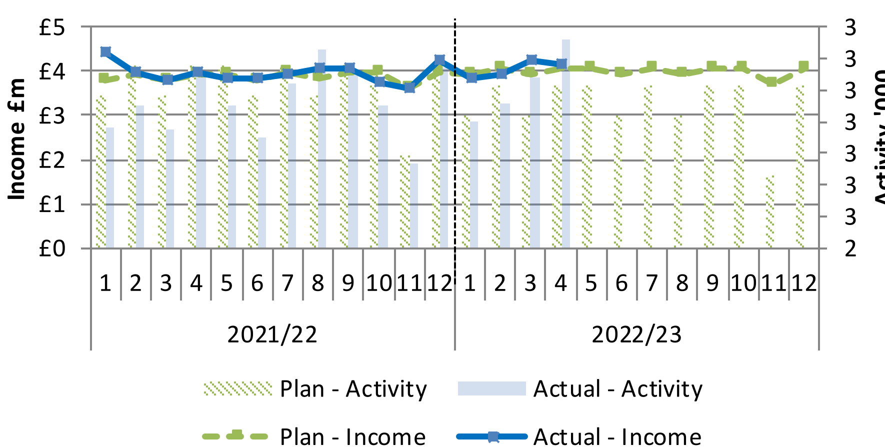


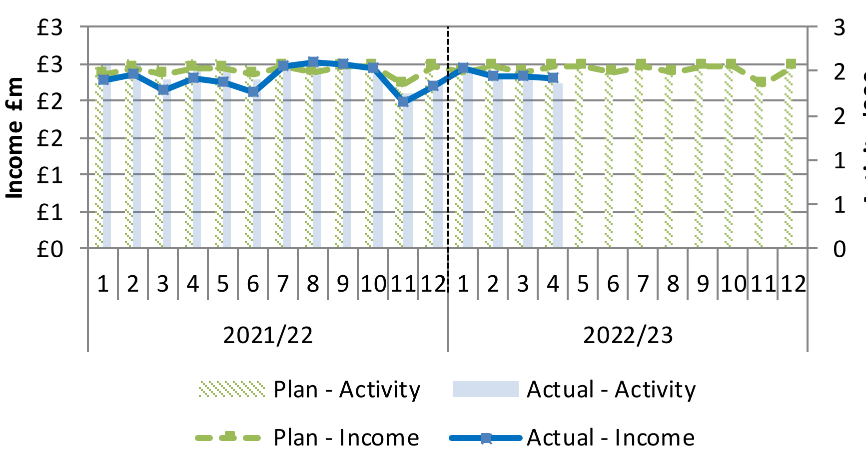


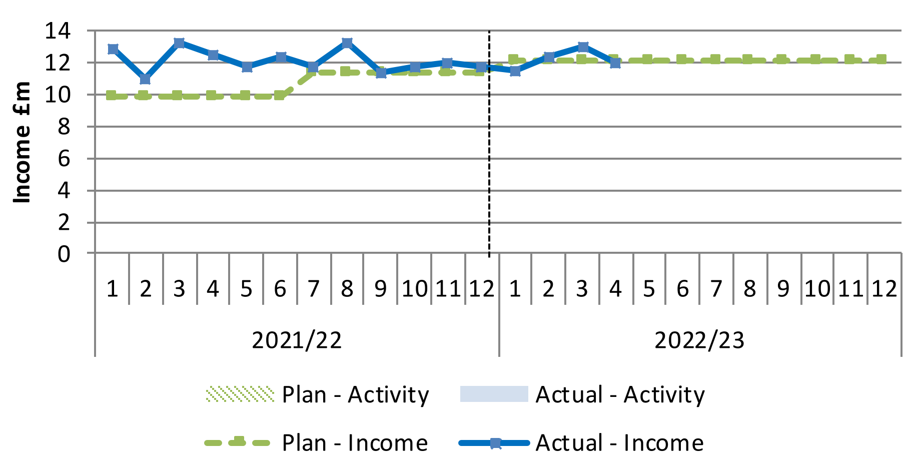


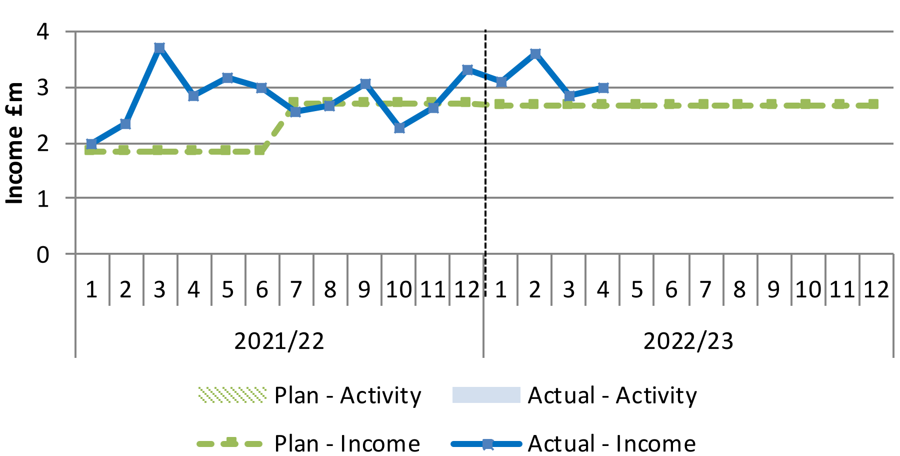


Clinical Income









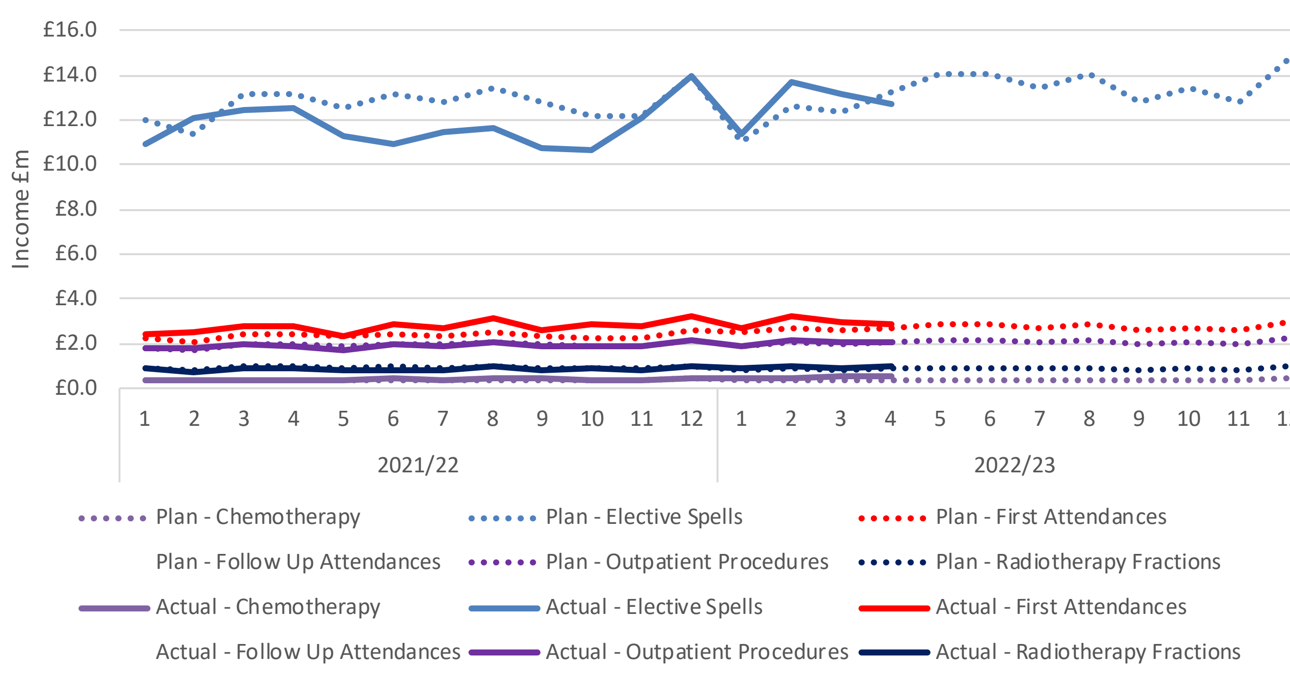
Elective Recovery Fund 22/23

The graph shows the ERF performance for 22/23 as well as a trend against plan for 21/22.

In 22/23 the Trust has a plan to achieve 106% of 19/20 activity for elective inpatients, outpatient first attendances and outpatient procedures, above the 104% national target. This stretch was applied as part of the plan resubmission.

The table highlights overall performance against the 19/20 pre-Covid baseline, highlighting M4 performance of 104%.

An ERF payment of £4m year to date has been provisionally included within Trust income, off-setting additional variable costs of delivery. However, there remains some uncertainty over the national calculation, with figures expected to be released in the coming weeks.

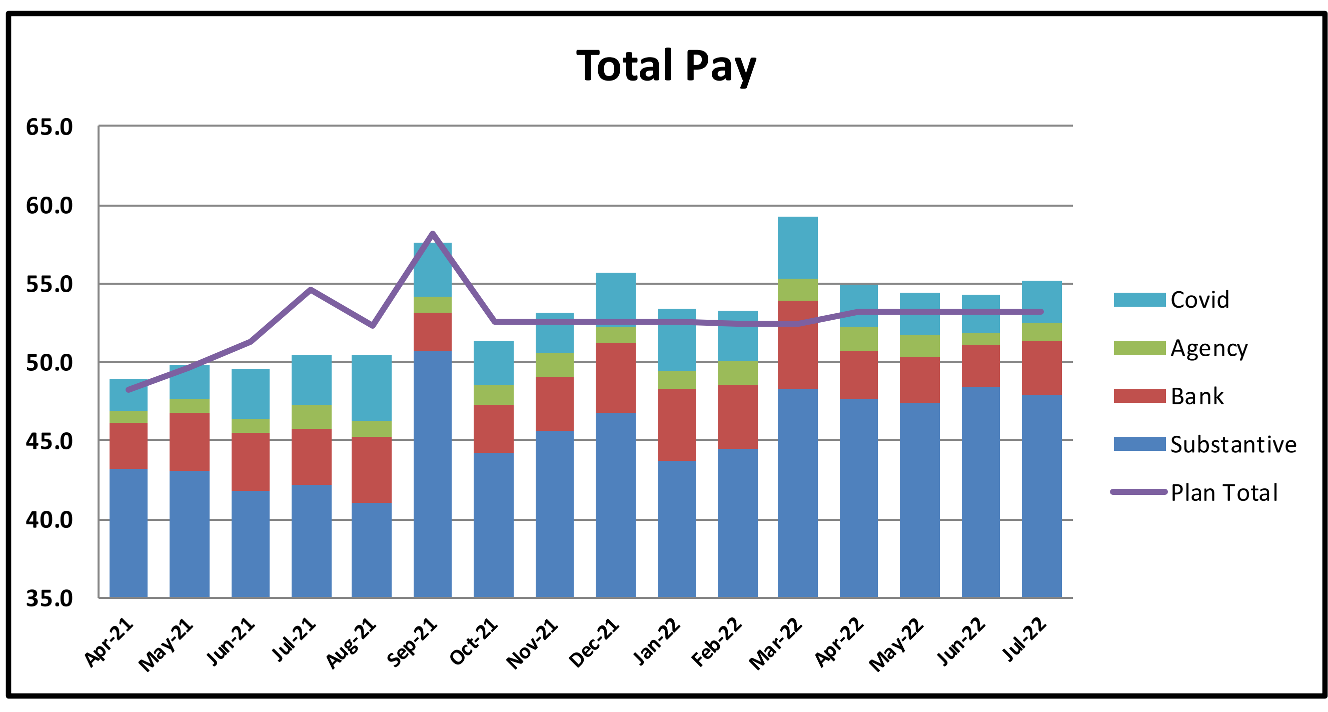


Elective Recovery Framework Performance	M1	M2	M3	M4	YTD
Elective performance	99%	107%	109%	100%	104%
Outpatient first and procedures performance	109%	117%	114%	109%	112%
Chemotherapy performance	146%	127%	144%	138%	138%
Radiotherapy performance	119%	112%	114%	115%	115%
Overall ERF performance	**103%**	**111%**	**111%**	**104%**	**107%**
Anticipated ERF payment (incl. A&G)	**£815**	**£1,645**	**£1,388**	**£165**	**£4,012**
Outpatient follow up performance	135%	143%	141%	127%	137%

Substantive Pay Costs

Total pay expenditure in July was £55.2m, up on June by £1m. The increase relates to agency staff (£0.45m higher in July) and Bank staff (£0.5m higher in July). Covid staffing was also higher than June (£0.3m higher than June) offset by a decrease in substantive staff spend (£0.4m lower than June) Covid staff costs are estimated at £2.6m of which £0.8m was Bank staff and £1.8m related to substantive staff.

A focus on workforce costs is one of the areas of investigation for the Trust Savings Group (TSG) especially with regards to premium rate spend.



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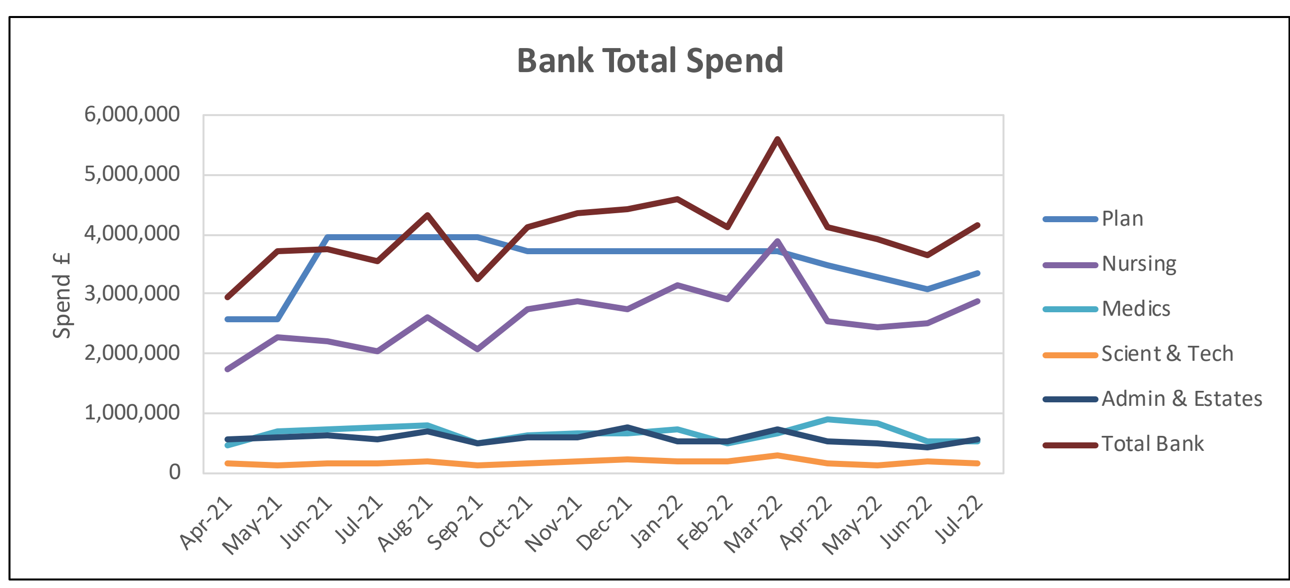
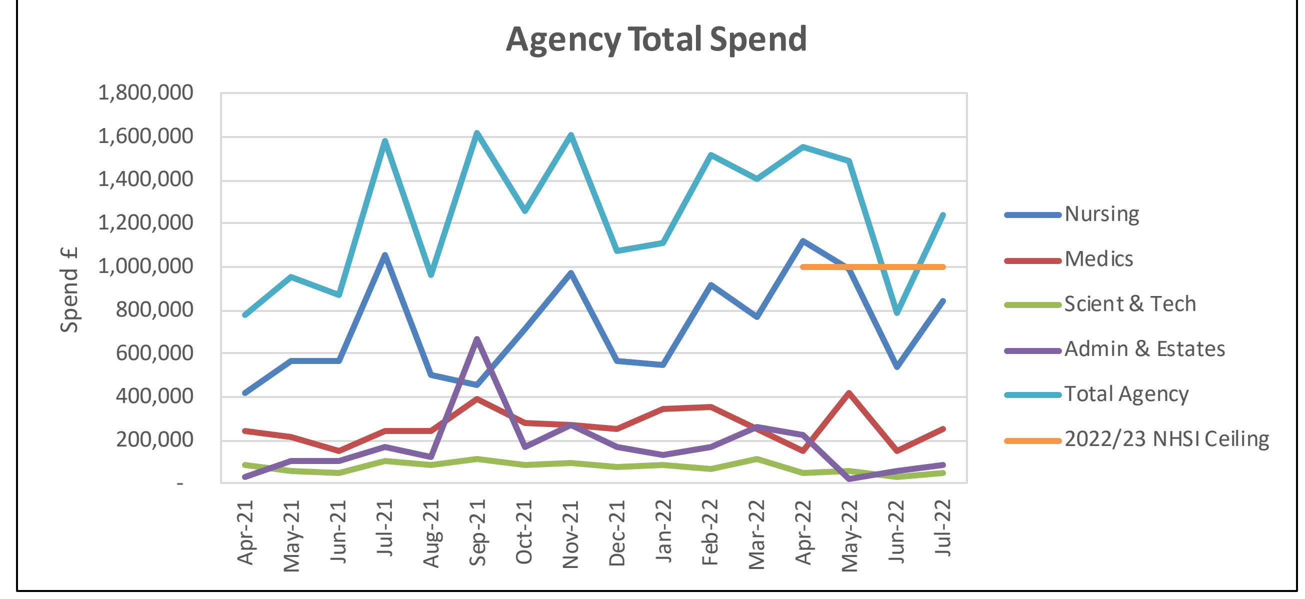
Temporary Staff Costs

Expenditure on Bank staff has increased month on month by £0.5m. The majority of this increase was in nursing staff (£0.4m) with the remaining increase seen in admin and estates staff groups. Expenditure remains above plan on Bank staff this year.

Agency spend increased significantly from June to July by £0.45m. The increases were across all staff groups with the main increase in nursing (£0.3m).

Although volatile month to month spend remains at c£1.4m per month and has done so since July 2021.





Covid Costs 22/23

The table illustrates Covid costs incurred YTD versus plan with a comparison against spend in 2021/22. The Covid block funding was reduced from £40m in 2021/22 to £20m in 2022/23 with significant pressure to remove costs on the assumption a low Covid environment was anticipated.

YTD costs are £10.3m which is £3.5m ahead of plan. This is due particularly to staff sickness absence and associated backfill costs being incurred which are £1m over plan. Critical Care and ED contribute a further £2.7m of costs in excess of plan.

All areas of spend are under review especially those associated with national guidance changes. Alternatively for some areas where an ongoing need has been identified discussions with commissioners have happened to explore recurrent funding sources. Critical care is the main example of this with NHSE supporting £1.5m in recurrent funding increase from 22/23. ED remains a particular concern as demand remains much higher than pre-Covid levels.

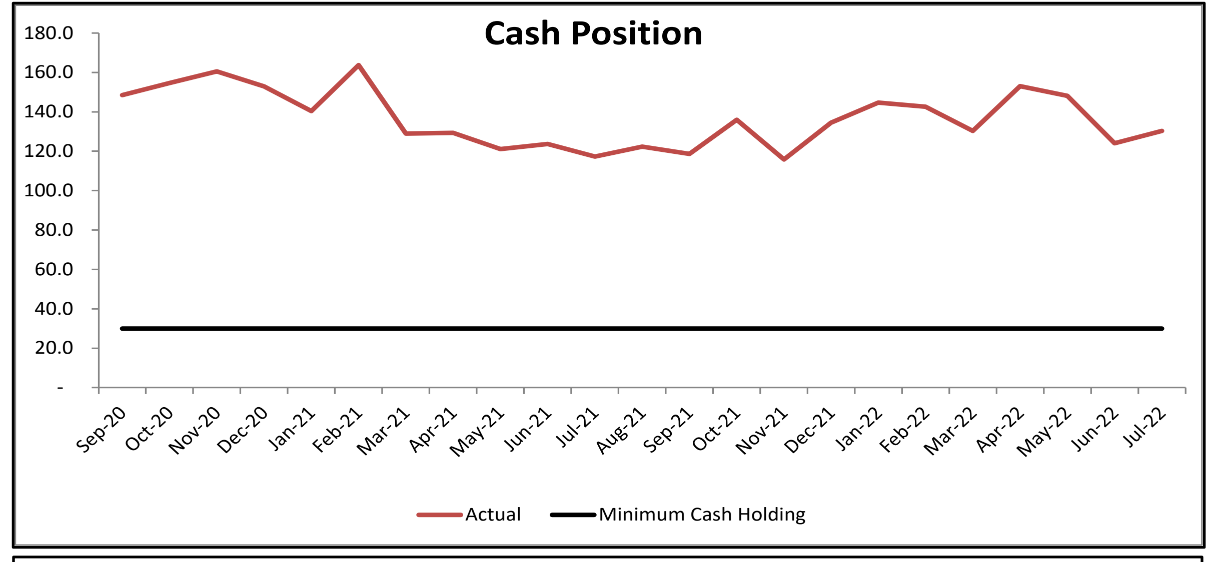
Description	2022/23 Annual Plan (£'000)	2022/23 YTD Plan (£'000)	2022/23 YTD Actual (£'000)	2022/23 YTD Variance (£'000)
Covid Related Staff Sickness / Absence	9,123	3,041	4,000	(959)
Critical Care Additional Capacity	4,914	1,638	2,872	(1,234)
ED Additional Staff / Segregated Pathways	1,800	600	2,121	(1,521)
Car Parking Income - Patients / Visitors	1,320	440	428	12
Additional Cleaning / Decontamination	812	271	234	37
C5 uplift to L2 facility for 12 beds for Covid	480	160	160	0
Staff / High Risk Patient Covid Testing	500	167	167	0
PPE / Perso Hoods and Consumables	320	107	10	97
Staff Psychology Support	200	67	67	(0)
Car Parking Income - Staff	183	61	150	(89)
Clinical Engineering	138	46	0	46
Covid Medical Model (Div B)	115	38	38	0
PAH Theatres social distancing	108	36	0	36
Infection Control Team	107	36	14	22
Other (sub £100k plans)	694	231	30	201
TOTAL	**20,813**	**6,938**	**10,291**	**(3,353)**

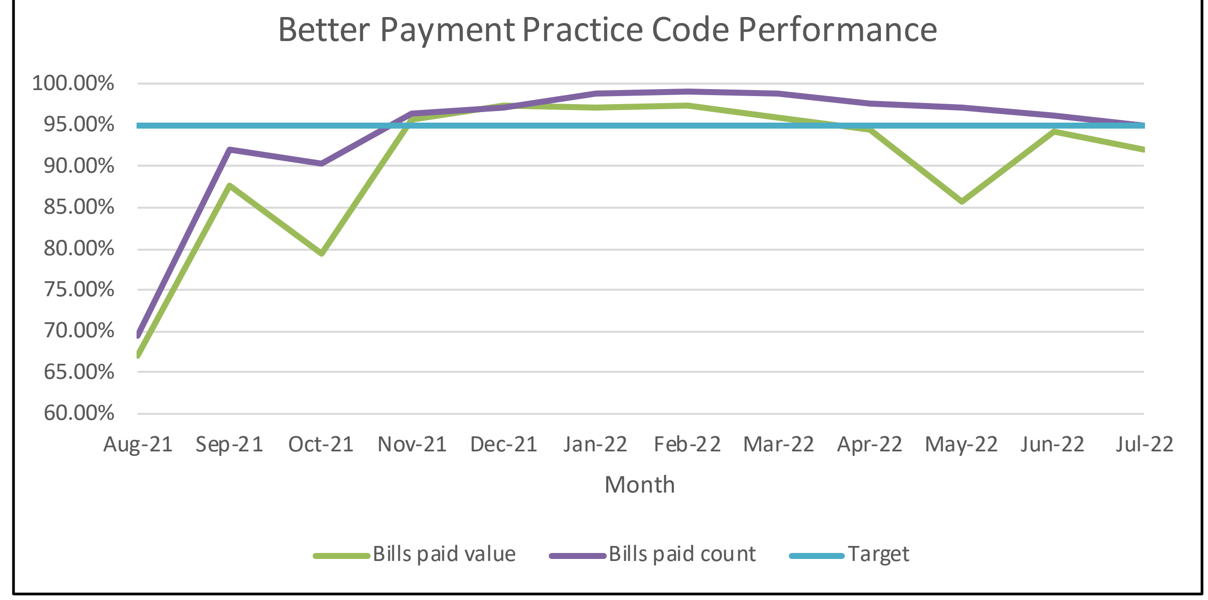
Cash

The cash balance increased by £6.3m in July to £130.3m and is analysed in the movements on the Statement of Financial Position.

A gradual reduction in cash is expected over the next two years as capital expenditure plans exceed depreciation. The deficit position will also reduce the cash balance over time unless resolved.

BPPC in month for July continues to be on target of 95% (95.05%) for number of invoices paid, however, has reduced to 92% (June 94%) for the value of invoices paid. Some disruption was expected in M4 due to the introduction of the new scanning system and UEL.





Capital Expenditure

(Fav Variance) / Adv Variance

Expenditure on capital schemes was £8.9m in the year to month 4 compared to a budget of £6.0m. Total expenditure in July was £1.4m. The main areas of expenditure were on the wards above oncology (£0.8m) and IT (£0.5m)

The trust is forecasting to spend to its capital allocation in full totalling £49m. Significant additional capital awards have now been confirmed and further awards is anticipated. These are shown within the externally funded section of the capital table.

		Month			Year to Date			Full Year Forecast		
Scheme	**Org**	**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										
Strategic Maintenance (excl. Neuro Ventilation)	UHS	300	35	265	1,270	1,021	249	8,255	7,185	1,070
Refurbish of Neuro Theatres 2 & 3 (incl. Ventilation)	UEL	0	6	(6)	0	11	(11)	730	1,800	(1,070)
General Refurbishment Fund	UHS	12	0	12	12	0	12	1,097	1,097	0
Refurbishment of GICU Theatres/F level Fit Out	UEL	0	23	(23)	218	274	(56)	5,000	5,000	0
Oncology Centre Ward Expansion Levels D&E	UEL	0	756	(756)	886	1,419	(533)	8,000	8,000	0
Fit out of C Level VE (MRI) Capacity	UEL	0	0	0	0	0	0	6,592	6,592	0
Donated Estates Schemes	UHS	211	62	149	353	219	134	5,362	6,001	(639)
Other Estates Schemes	UHS	324	14	310	349	50	299	2,681	2,681	0
Information Technology (incl. Pathology Digitisation)	UHS	411	501	(90)	1,577	1,307	270	5,448	5,448	0
IMRI	UHS	0	0	(0)	104	115	(11)	1,300	1,300	0
Medical Equipment panel (MEP)	UHS	121	2	119	125	7	118	2,500	2,500	0
Other Equipment		174	31	143	401	198	203	1,550	1,400	150
Other	UHS	17	47	(30)	622	848	(226)	691	1,151	(460)
Slippage	UHS	0	0	0	0	0	0	(3,380)	(3,990)	610
Donated Income	UHS	(290)	(62)	(228)	(464)	(252)	(212)	(6,760)	(7,249)	489
Total Trust Funded Capital excl Finance Leases		**1,280**	**1,415**	**(135)**	**5,453**	**5,220**	**233**	**39,066**	**38,916**	**150**
Leases										**0**
Medical Equipment Panel (MEP) - Leases	UHS	78	0	78	191	0	191	700	700	0
Equipment leases	UHS	35	(28)	63	35	142	(107)	500	500	0
IISS	UHS	0	0	0	0	0	0	3,115	3,115	0
Fit out of C Level VE (MRI) Capacity	UHS	0	0	0	0	0	0	5,619	5,619	0
Total Trust Funded Capital Expenditure		**1,393**	**1,387**	**6**	**5,679**	**5,362**	**317**	**49,000**	**48,850**	**150**
Disposals	UHS	0	0	0	0	0	0	0	0	0
Top Up to external Schemes		0	0	0	0	0	0	0	150	(150)
Total Including Technical Adjustments		**1,393**	**1,387**	**6**	**5,679**	**5,362**	**317**	**49,000**	**49,000**	**0**
Externally Funded Schemes										
Maternity Care System (Wave 3 STP)	UHS	0	0	0	89	0	89	89	239	(150)
Digital Outpatients (Wave 3 STP)	UHS	49	18	31	196	73	123	592	592	0
Oncology Centre Ward Expansion Levels D&E	UEL	0	0	0	0	0	0	0	10,000	(10,000)
Neonatal Expansion	UHS	0	1	(1)	0	2	(2)	0	5,130	(5,130)
Targeted Lung Health Checks CT Scanner	UHS	0	0	0	0	0	0	0	1,363	(1,363)
Pathology Digitisation / LIMS	UHS	0	0	0	0	0	0	0	250	(250)
Transfer from schemes within CDEL		0	0	0	0	0	0	0	(150)	150
Outside CDEL Limit										
Adanac Park Car Park	UHS	0	0	0	0	3,459	(3,459)	0	3,459	(3,459)
Total CDEL Expenditure		**1,442**	**1,407**	**35**	**5,964**	**8,896**	**(2,932)**	**49,681**	**69,883**	**(20,202)**

2022/23 Finance Report - Month 4

Statement of Financial Position

(Fav Variance) / Adv Variance

The July statement of financial position illustrates net assets of £463.2m, with the main movements in the position explained below.

Receivables decreased by £12.3m due to the invoices paid below and a £3.5m invoice for one customer raised in June which would usually have been raised in July increasing June's receivable figure.

Cash increased by £6.3m due to a £5m ERF payment on the 1st July and £1m of overdue Guernsey invoices paid on the 13th July. The remaining overdue Guernsey invoices were paid in August.

Statement of Financial Position	2021/22 YE Actuals £m	2022/23 M3 Act £m	2022/23 M4 Act £m	2022/23 MoM Movement £m
Fixed Assets	471.9	465.7	468.9	3.1
Inventories	17.0	17.8	17.1	(0.6)
Receivables	53.1	65.5	53.2	(12.3)
Cash	148.1	124.0	130.3	6.3
Payables	(204.2)	(194.7)	(196.6)	(1.8)
Current Loan	(1.7)	(1.7)	(1.7)	0.0
Current PFI and Leases	(9.1)	(8.5)	(8.0)	0.5
Net Assets	**475.0**	**468.1**	**463.2**	**(4.9)**
Non Current Liabilities	(23.0)	(21.2)	(21.2)	0.0
Non Current Loan	(6.8)	(6.3)	(6.3)	0.0
Non Current PFI and Leases	(33.6)	(35.5)	(33.4)	2.1
Total Assets Employed	**411.6**	**405.0**	**402.3**	**(2.7)**
Public Dividend Capital	261.9	261.9	261.9	0.0
Retained Earnings	115.6	109.0	106.3	(2.7)
Revaluation Reserve	34.1	34.1	34.1	0.0
Other Reserves				
Total Taxpayers' Equity	**411.6**	**405.0**	**402.3**	**(2.7)**

Efficiency and Cost Improvement Programme 22/23 – M4

University Hospital Southampton NHS
NHS Foundation Trust

UHS Total - £34.9m identified, 77% of the total 22/23 requirement which = £45.4m

Divisions and Directorates - £13.6m of CIP schemes identified, an increase from £11.0m at M3. This represents 67% of it's 22/23 target which = £20m

Central Schemes - £21.3m of CIP schemes identified, an increase from £19.3m at M3. This represents 84% of the 22/23 target which = £25.4m

Of the identified UHS total, £5.8m is Pay, £23m is Non-Pay, and £6.1m is Income

Divisional identification varies from 43% to 102%.

Month 4 CIP Identification	Non Recurrent ('000s)	Recurrent ('000s)	Total ('000s)	Target ('000s)	% Identified
Division A	£2,208	£2,128	£4,336	£4,260	102%
Division B	£728	£1,660	£2,388	£5,535	43%
Division C	£1,153	£522	£1,675	£3,938	43%
Division D	£1,046	£1,860	£2,906	£3,573	78%
THQ	£576	£742	£1,318	£2,695	49%
Unallocated Procurement Schemes *	£72	£864	£936		
Central Schemes	£9,272	£12,042	£21,314	£25,400	84%
Grand Total	**£15,055**	**£19,818**	**£34,873**	**£45,400**	**77%**

**Procurement schemes not yet allocated to care group schedules*

Efficiency and Cost Improvement Programme 22/23 – M4

M4 Trust YTD achievement is £7.5m, an increase from the £4.5m achieved at M3.

Of the £7.5m delivered YTD, £3.8m has been transacted by Divisions and Directorates.

Of the £7.5m delivered YTD, £3.7m has been transacted through Central Schemes

Of the Trust YTD achievement, £5.4m is non-recurrent. This includes £2.8m of non-recurrent Central Schemes.

Our £7.5m delivery YTD compares to planned YTD delivery of £9.6m.. The plan was phased with a reduced delivery target in earlier months.

Cumulative delivery 22/23 M1-4

£k: 0, 5000, 10000, 15000, 20000, 25000, 30000, 35000, 40000, 45000, 50000

Month: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

19/20 CIP Delivery* — 22/23 CIP Delivery — 22/23 CIP Plan

19/20 CIP Delivery included profit generated on NHS commissioner income, and LOS scheme 'buy-out'

Efficiency and Cost Improvement Programme 22/23 – M4

University Hospital Southampton NHS Foundation Trust

Recurrent cost improvements are important, and significantly advantageous compared to non-recurrent benefits, due to their impact on the future service costs /funds available for investment.

The trust aim is to deliver at least 1/12th of the annual CIP target for Divisions/ THQ recurrently within month 12. Month 4 recurrent delivery, and month 12 recurrent CIP currently identified, are compared to the month 12 target in the table.

Further efforts will be made to identify recurrent savings schemes, and to convert non-recurrent schemes to recurrent if this is appropriate.

Cost Improvement Plan Recurrent Delivery Only – At Month 4

Division	Delivered Recurrent CIP in M4 ('000s)	Identified Recurrent CIP in M12 ('000s)	Target to deliver recurrently within M12 ('000s)
Division A	£68	£146	£355
Division B	£57	£115	£461
Division C	£47	£57	£328
Division D	£47	£100	£298
THQ	£37	£75	£225
Divisions Total	**£256**	**£493**	**£1,667**
Central Schemes	£219	£1210	N/A

Efficiency and Cost Improvement Programme 22/23 – M4

Cost Improvement Plan – Delivery Risk Assessment

- £10.5m (23%) of the 22/23 target value remains unidentified after month four, identification and delivery of this value should be considered a medium to high risk.
- Further to the previous risk assessment, we have now assessed all schemes greater than £100k in value, representing £25.1m (72%) of the total financial value identified:

Risk Assessment	Number of schemes >£200k	Value (£k)	Percentage of value	Percentage of schemes
Green	24	13,315	53%	55%
Amber	14	9,008	36%	32%
Red	6	2,796	11%	14%
Total	44	25,119	100%	100%

- The risk assessment suggests that £17.8m (71%) of the currently identified value is likely to be delivered within the financial year.
- Schemes at ‘Red’ currently include procurement schemes implemented, but where an expenditure reduction has not yet been confirmed. Resolving this is a key action of the CIP PMO in month five.

Efficiency and Cost Improvement Programme 22/23 – M4

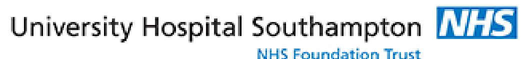
Appendix 1 – CIP Identification Breakdown at Month 4

Division Care Group / Directorate	Pay CIP's	Non-Pay CIP's	Income CIP's	Total CIP	CIP Target	Variance (Fav) / Adv	Variance %
Division A							
Surgery	294	557		851	1,115	264	76%
Critical Care	534	223	176	933	899	(34)	104%
Ophthalmology	786	3		789	684	(105)	115%
Theatres & Anaesthetics	719	894	30	1,643	1,485	(158)	111%
Division A Management	90	30		120	77	(43)	156%
Division A Total	**2,423**	**1,707**	**206**	**4,336**	**4,260**	**(76)**	**102%**
Division B							
Emergency Medicine	100	193	5	298	1,080	782	28%
Medicine	67	60		127	1,080	953	12%
Specialist Medicine	114	313	403	830	1,080	250	77%
Cancer Care	27	283	50	360	1,080	720	33%
Pathology	86	299	253	638	1,080	442	59%
Division B Management	135			135	135		100%
Division B Total	**529**	**1,148**	**711**	**2,388**	**5,535**	**3,147**	**43%**
Division C							
Women & Newborn	412	55		467	1,416	949	33%
Child Health	256	112		368	1,525	1,157	24%
Clinical Support	*360*	*56*		*416*	*790*	374	53%
Division C Management	421			421	206	(215)	204%
Division C Total	**1,449**	**223**		**1,672**	**3,937**	**2,265**	**42%**
Division D							
Cardiothoracic	169	389		558	1,163	605	48%
Trauma & Orthopaedics		631	60	691	679	(12)	102%
Neurosciences	330	427	204	961	762	(199)	126%
Radiology	37	11	515	563	807	244	70%
Spinal		90	43	133	133		100%
Division D Management					29	29	
Division D Total	**536**	**1,548**	**822**	**2,906**	**3,573**	**667**	**81%**
Total Clinical Services	**4,937**	**4,626**	**1,739**	**11,302**	**17,305**	**6,003**	**65%**

	Pay CIP's	Non-Pay CIP's	Income CIP's	Total CIP	CIP Target	Variance (Fav) / Adv	Variance %
Trust Headquarters							
Chief Finance Officer	104			104	133	29	78%
Estates Facilities & Capital Develop	314	393	17	724	1,302	578	56%
Transformation	49	55		104	72	(32)	144%
Chief Operating Officer	200			200	222	22	90%
Human Resources			50	50	180	130	28%
Informatics					334	334	
Clinical Governance	63	52	3	118	152	34	78%
Training, Development & Workforce					222	222	
Other Services					52	52	
Chief Executive		18		18	26	8	69%
Trust HQ Total	**730**	**518**	**70**	**1,318**	**2,695**	**1,377**	**49%**
Central Schemes		16,942	4,372	21,314	25,400	4,086	84%
Other		936		936		(936)	
Total Other		**17,878**	**4,372**	**22,250**	**25,400**	**3,150**	**88%**
U.H.S. Trust Total	**5,667**	**23,022**	**6,181**	**34,870**	**45,400**	**10,530**	**77%**

Key: <75% | 75 - 100% | >A=100%

<table>
<tr><td colspan="5">Report to the Trust Board of Directors</td></tr>
<tr><td>Title:</td><td colspan="4">Integrated Performance Report 2022/23 Month 4</td></tr>
<tr><td>Agenda item:</td><td colspan="4">8.1</td></tr>
<tr><td>Sponsor:</td><td colspan="4">David French, Chief Executive Officer</td></tr>
<tr><td>Author</td><td colspan="4">Jason Teoh, Director of Data and Analytics</td></tr>
<tr><td>Date:</td><td colspan="4">25 August 2022</td></tr>
<tr><td>Purpose</td><td>Assurance or reassurance
Y</td><td>Approval</td><td>Ratification</td><td>Information</td></tr>
<tr><td>Issue to be addressed:</td><td colspan="4">The report aims to provide assurance:
• Regarding the successful implementation of our strategy
• That the care we provide is safe, caring, effective, responsive, and well led</td></tr>
<tr><td>Response to the issue:</td><td colspan="4">The Integrated Performance Report reflects the current operating environment and is aligned with our strategy.</td></tr>
<tr><td>Implications: (Clinical, Organisational, Governance, Legal?)</td><td colspan="4">This report covers a broad range of trust services and activities. It is intended to assist the Board in assuring that the Trust meets regulatory requirements and corporate objectives.</td></tr>
<tr><td>Risks: (Top 3) of carrying out the change / or not:</td><td colspan="4">This report is provided for the purpose of assurance.</td></tr>
<tr><td>Summary: Conclusion and/or recommendation</td><td colspan="4">This report is provided for the purpose of assurance.</td></tr>
</table>



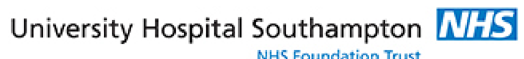
Integrated KPI Board Report

Covering up to
July 2022

Sponsor – David French, Chief Executive Officer
Author – Jason Teoh, Director of Data and Analytics

Report guide

Chart type	Example	Explanation
Cumulative Column	Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 33 99 36 133 39 170 40 197 41 197	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	Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May 5 7	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	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 88% 72% 3 6 4 4 5 5 3 4 1 3 3 4 5 6 5	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	100% 69.5% 67.29% 0%	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	Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May 31.2% 26.7% 22.3% 28.0% 23.3%	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	Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr 5% 1.6%	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; and
- 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; and
- 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 report.

Some minor changes have been made to the report this month:

- Correction: For measure UT33-N “*% of Patients waiting over 6 weeks for diagnostics*” the ranking labels for both the Teaching hospital rank and South East rank were not updating correctly. The trend was being accurately shown within the line. This has now been corrected.

Summary

This month the 'Spotlight' section contains a report on Emergency Department (ED) performance.

The ED spotlight highlights:

- Although performance is below the national target, and where we want to be, our performance relative to other peer teaching hospitals is good, and in the week ending 14 August 2022, we were 12th out of 116 nationally reported Trusts.
- Type 1 ED attendance continues to be high, and is the main driver of under performance. Attendances between April – July 2022 averaged 380 per day, compared to 360 per day in the same period in 2021.
- UHS has made a conscious decision not to queue ambulances, at the expense of patients being queued within ED majors. Our 30 minute handover breaches have been reducing, and our average handover time for the week ending 14 August 2022 was 16.5 minutes (compared to a target 15 minutes).

Areas of note in the appendix include:

1. July 2022 saw a reduction in the number of COVID-19 inpatients, and a corresponding reduction in the number of healthcare acquired (18) and probable hospital associated (14) COVID-19 infections.
2. Emergency Department (ED) performance was challenged by higher attendances, with performance dipping to 59.8% for the month of July. Although mean time in department was broadly stable, the mean time in department for admitted patients increased to over 6 hours. Performance showed an improving trend towards the end of July, and overall UHS remains in the upper quartile of teaching hospitals for Emergency Department performance.
3. The 18 week open pathway (Referral to Treatment – RTT) waiting list has continued to grow in line with the increased referral rate. At the end of July, the waiting list was at over 51,000 patients. We are also starting to see a small growth in 52+ week waiters; however, we continue to ensure we treat our longest waiters, and the six 104+ week waits are all due to patient choice.
4. Diagnostic activity in July has helped reduce the diagnostic waiting list by c1,000 patients in month to just over 10,600 patients, and the breach proportion by three percentage points to 21%.
5. Staff turnover has seen an increase to 15.5% (12 month rolling average) in July, with 151 leavers in month. Feedback from staff that they are leaving the NHS due to workloads and also a lack of competitive pay.
6. The National Quarterly Pulse Survey results are now available for Q2 22/23. This feedback from our staff has shown a small dip in performance.
7. There has been an increase in red flag staffing incidents, with 77 reported in July (compared to an average of 26 per month between April to June). Analysis of the red flags reported show they are consistent with the capacity and staffing issues being experienced during July. Operational

pressures are linked to higher staff absence and staff sickness levels, which is particularly reflected in relation to tipping points. This is also a cause for the increase in Category 3 Pressure Ulcers.

8. Cancer standards remain under pressure due to high referral volumes, with pressures seen within the skin, head & neck, and urology tumour sites. On the 62 day referral to treatment standard we continue our upper quartile performance when compared against teaching hospitals. Challenged areas continue to be the urology and skin modalities.
9. Patients without a Criteria to Reside in hospital remain extremely high, with an average of 198 patients not meeting the Criteria to Reside standard through July.

Ambulance response time performance

The following is the latest Category 1 to 4 information published by South Coast Ambulance Service (SCAS) published within its July 2022 board papers, relating to the Southampton, Hampshire, Isle of Wight, and Portsmouth area. This information shows that in June there was a worsening of response time, compared to performance earlier in the year.

Southampton, Hampshire, Isle of Wight, and Portsmouth SCAS response time by category

Performance measure	June 22 Actual	YTD Actual	Target
Category 1 Mean	00:09:48	00:09:15	00:07:00
Category 1 90th percentile	00:17:26	00:16:37	00:15:00
Category 2 Mean	00:43:28	00:34:55	00:18:00
Category 2 90th percentile	01:29:15	01:11:54	00:40:00
Category 3 90th percentile	07:03:13	05:11:54	02:00:00
Category 4 90th percentile	08:17:24	06:11:50	03:00:00

UHS continues to ensure that it does not significantly contribute to ambulance handover delays. More detailed information is contained within the ED Spotlight report below. However, in the week commencing 8 August 2022, our average handover time was approximately 16.5 minutes across 688 emergency handovers, and just 17.5 minutes across 59 urgent handovers. This represents an improvement in our performance after slightly more challenged performance in late June / early July where the total number of Emergency Department attendances were higher.

Spotlight: Emergency Department (ED) Performance, Ambulance Handovers, and Attendances

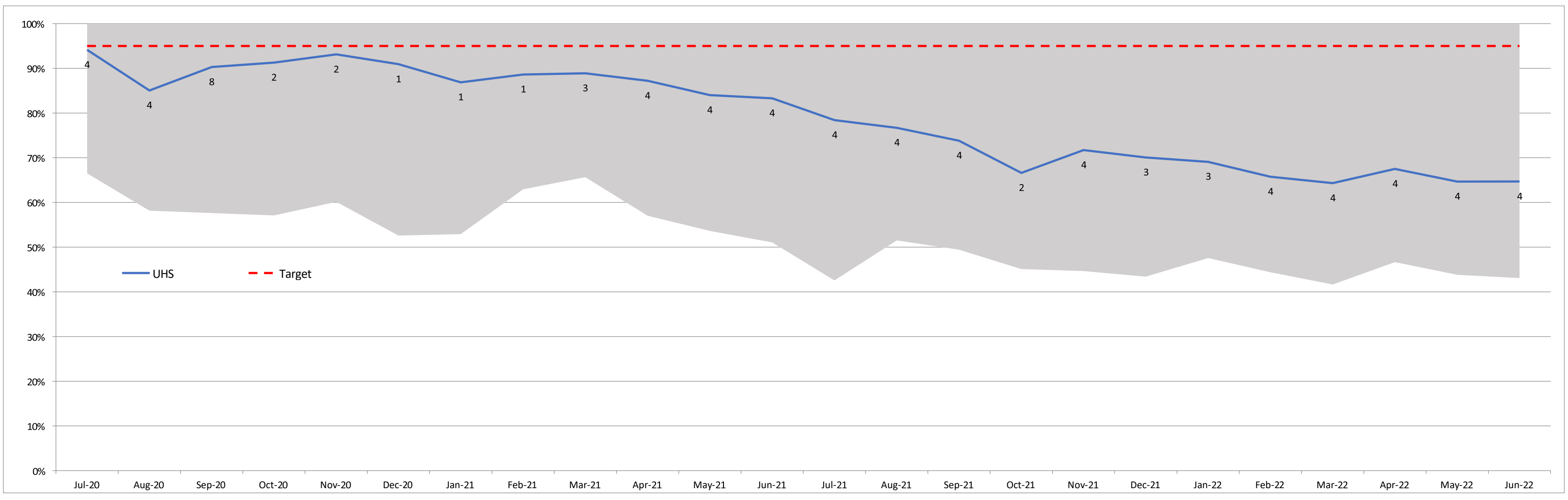
Four-hour standard, from arrival to admission, transfer or discharge from the Emergency Department

Whilst UHSFT is not performing at the national target, nor the level it desires with regard to the time spent by patients in the ED, our performance is good compared with similar teaching hospitals and the South East region, and in July 2022 were in the top quartile of trusts nationally (and 12th out of 116 reported Trusts for week ending 14 August) for type 1 ED attendances.

Attendances continue to be high related to type 1 and have averaged 380 per day in from April to July 2022 compared to an average of 360 per day in the same time-period in 2021. Despite this UHS ED is repeatedly seen as a place of safety by multi-agencies where capacity is constrained elsewhere in the local system.

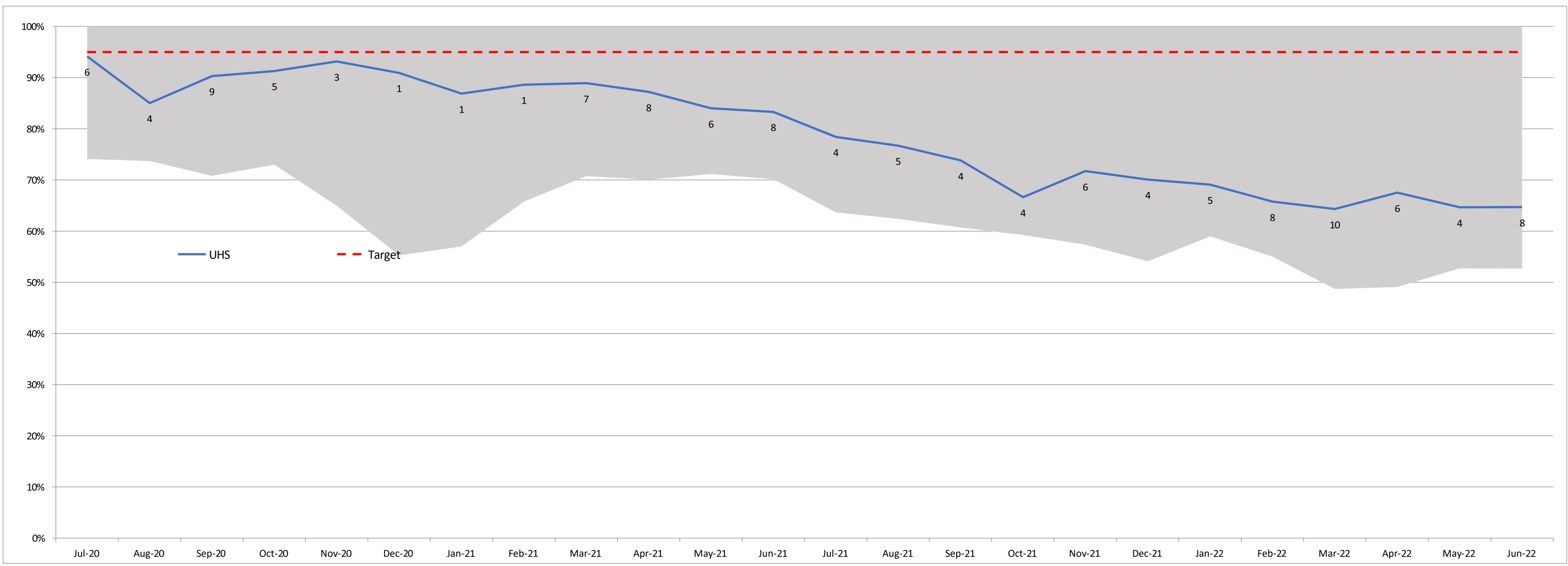
Teaching Hospital Performance Comparison

The graph below highlights our Type 1 performance compared to seventeen similar Teaching Hospitals, where UHS ED currently ranks fourth best (upper quartile).



South East Region Performance Comparison

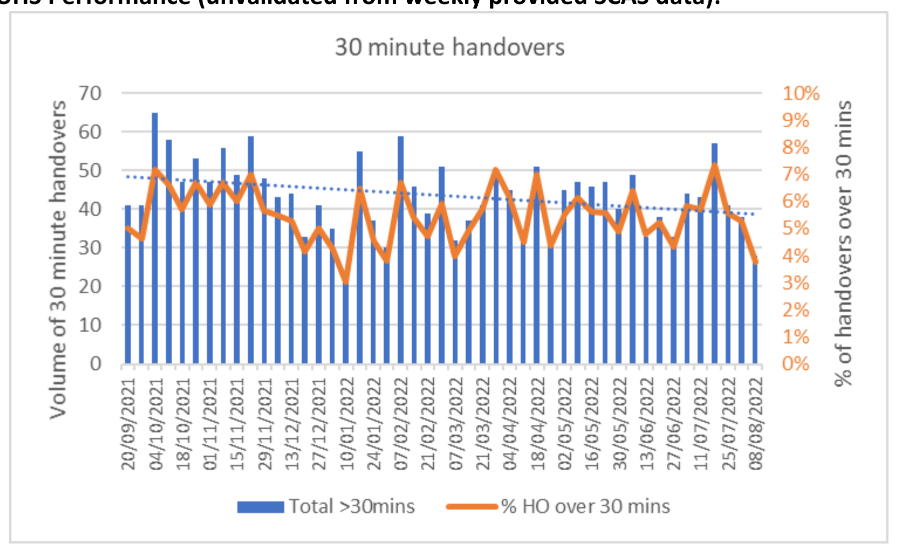
The graph below highlights our Type 1 performance compared to all fourteen hospitals reporting results in the South East region, where UHS ED currently ranks eighth best.

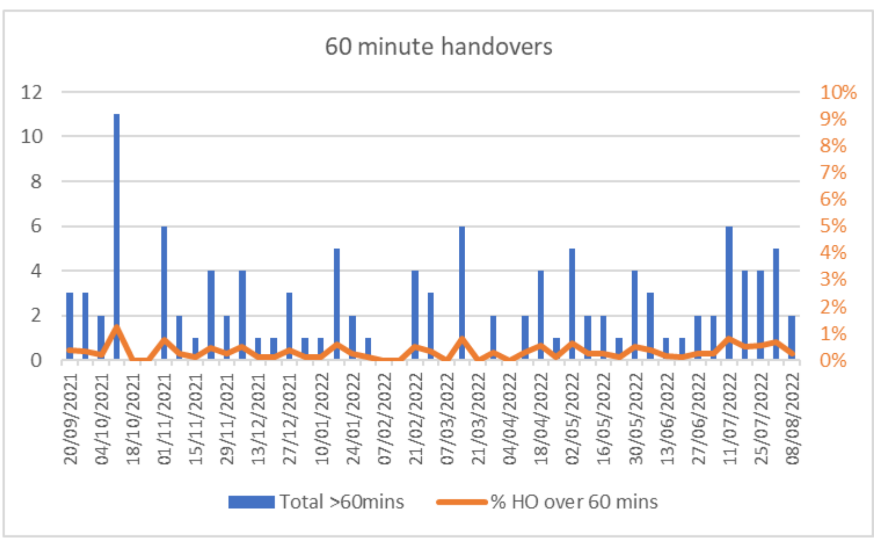


Ambulance Handover Performance Target "All handovers must take place within 15 minutes with none waiting more than 30 minutes"

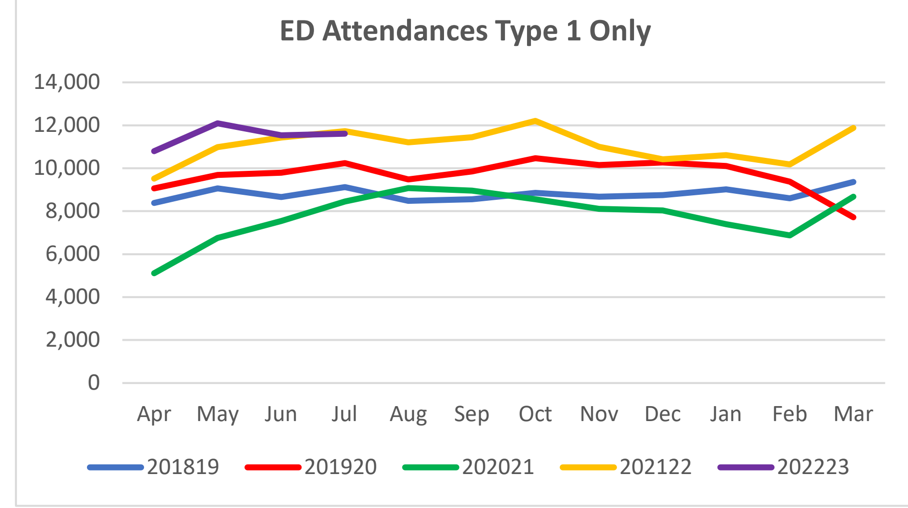
Ambulance Handovers are a current focus area for NHS England, and will also form one of the key areas within the upcoming Winter Plan. UHS performs very well in relation to measures of timely ambulance handover, and recent trends demonstrate further local improvement. As a Trust we made a conscious decision to ensure that patients do not queue in ambulances, although this is at the expense of patients being queued within ED Majors with that queue being managed accordingly. Since April 2022, we have seen, on average, 720 ambulance handovers each week at UHS. Although we saw some challenges in handover during July (linked to the overall challenges we experienced in ED), over this financial year we have been reducing the number of 30 minute handovers, and very rarely see 60 minute handovers.

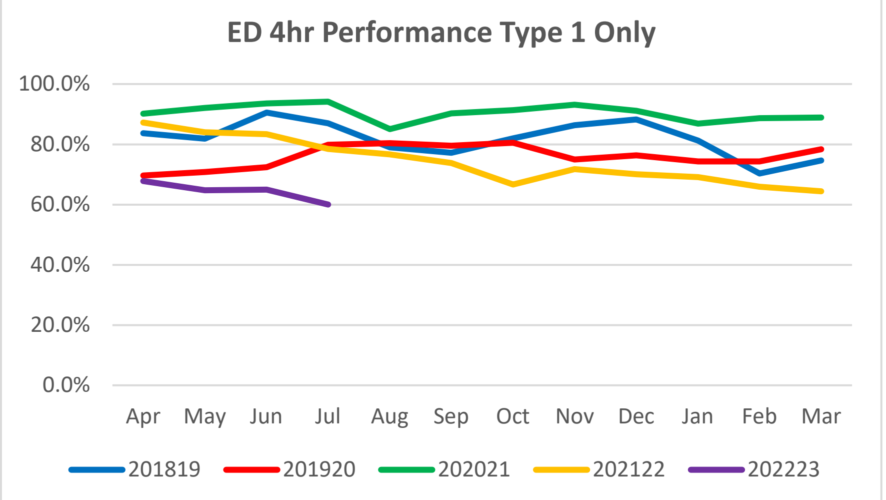
UHS Performance (unvalidated from weekly provided SCAS data):





The graphs below highlight the number of main (Type 1) UHS ED attendances, and associated four-hour performance, over the last four years, to July 2022.





Excluding the COVID-19 impacted financial year of 20/21, ED attendance growth has been rising year on year with an overall increase of 26% from 18/19 to 21/22. As seen in the graph, the link between rise in attendances and the impact on our ability to manage against the 95% standard becomes challenging.

Whilst attendances, and therefore overall patients being admitted, are rising in the hospital the ED team, supported by front door colleagues, are admitting proportionally fewer patients with now than previously, with 74% of patients seen not requiring an admission. Although some of this reduction will be because additional attendance growth is predominantly through walk-in (i.e. the denominator increasing), it is part of our service improvement plan, and compares to an historical average of 70%.

Service Improvement Plans

The following are main areas of focus within the ED, Emergency Medicine Care Group and wider organisation to include external to the organisation currently being worked on.

Scheme	How?
Focus on specialty pull out of ED	1. Discussions on going post Chief Medical Officer & Chief Operating Office comms requesting specialty teams to feedback on plan B pathway ideas to reduce the referral to ED for "known/expected" patients which occurs when specialty capacity is constrained 2. Weekly rapid change process to be established between site & ED 3. Ongoing review of performance against the 1hr standard linked to Clinically Ready to Proceed (CRTP) at Divisional Performance meetings 4. Medicine looking to expand Same Day Emergency Care (SDEC) capacity downstream to support front door SDEC and admission avoidance work 5. Constantly refining of the "Who goes where document" discussed with Clinical Directors and clinical leads to support e-referral discussions linked to output related to CRTP and to support enacting of direct admission from ED when appropriate
External Focus	1. Review of Directory of Service (DoS) between ICS, primary care and acute to ensure most appropriate place for treatment is clear for clinical teams 2. Awaiting outcome of joint audit with ICS regarding 111 service 3. Establishing forums to discuss decompression of ED i.e. with Nursing /Care Homes to ensure patients can go home timely although this may have to be out of hours. 4. Benchmarking work seeking an understanding of best practice/areas to improve at UHS via direct engagements with other local and regional departments 5. Ongoing comms in the community regarding messaging around alternative providers - 111, Urgent Treatment Centre (UTC), GP, pharmacy 6. ICS discussions linked to utilisation of UTCs and increasing capacity at UHS times of surge. Also discussions around better shared learning and working and understanding pressures

Scheme	How?
ED Escalation	1. Bed management policy being reviewed 2. Trust wide review of boarding has been undertaken to support capacity at times of surge. Linked to use of discharge lounges 3. ED Huddle now also attended by Acute Medical Unit (AMU) and psychiatric liaison reps to support flow out of ED being escalated and management of complex mental health patients
Mental Health focus	1. Continuing to build up collaborative relationship with main mental health provider 2. Additional funding for CORE24 service resulting from work completed on the gap analysis
Workforce	1. Ongoing quarterly meetings with senior ED team discussing all thing 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. Discussions focus on new ideas to reduce gaps on the rota and resilience on bank & usage fill. 2. Review of Trust wide teams needs to cope with 400 daily attendances as the new norm - linked to Universal Care Village (UCV) pilot outcomes
Estates	1. Ambulatory service - change in use of clinical space 2. UCV pilot to start w/b 12th September trialling more integration working at the front door between key specialties and the ED 3. Continued use of fallow pitstop as surge area Rapid Assessment Unit (RAU) or AMU 5.
Culture	1. Internal review commissioned and completed by x2 ex presidents of Royal College of Emergency Medicine (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, need to finalise Point of Care Testing (POCT) strategy

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

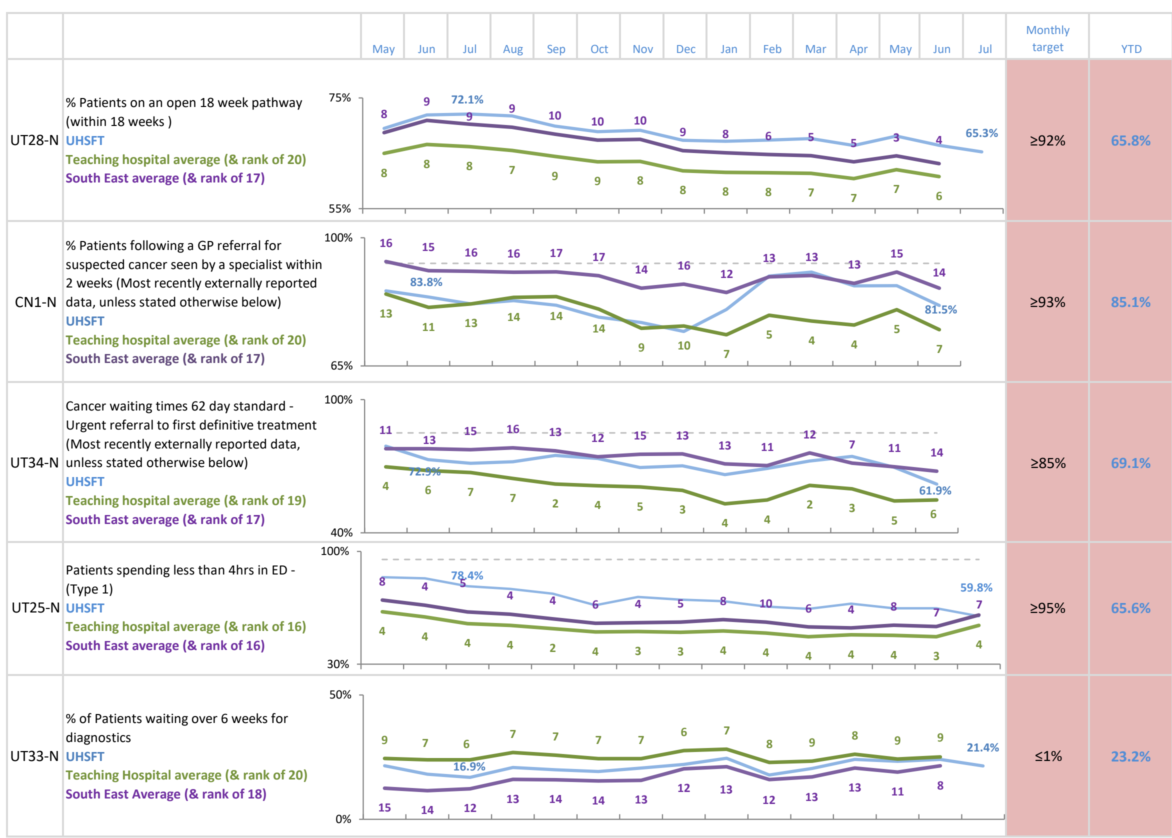
The NHS pledges to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution

- 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

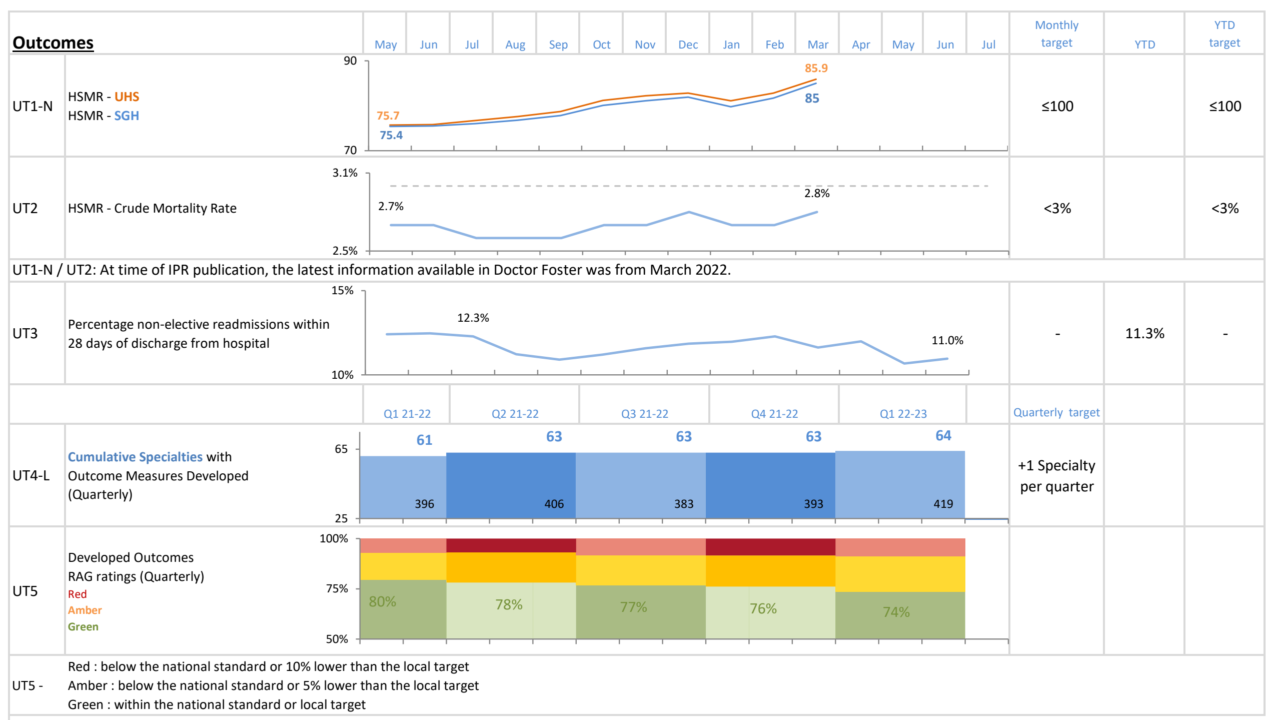
The handbook lists 11 of the government pledges on waiting times that are relevant to UHS services, such pledges are monitored within the organisation and by NHS commissioners and regulators.

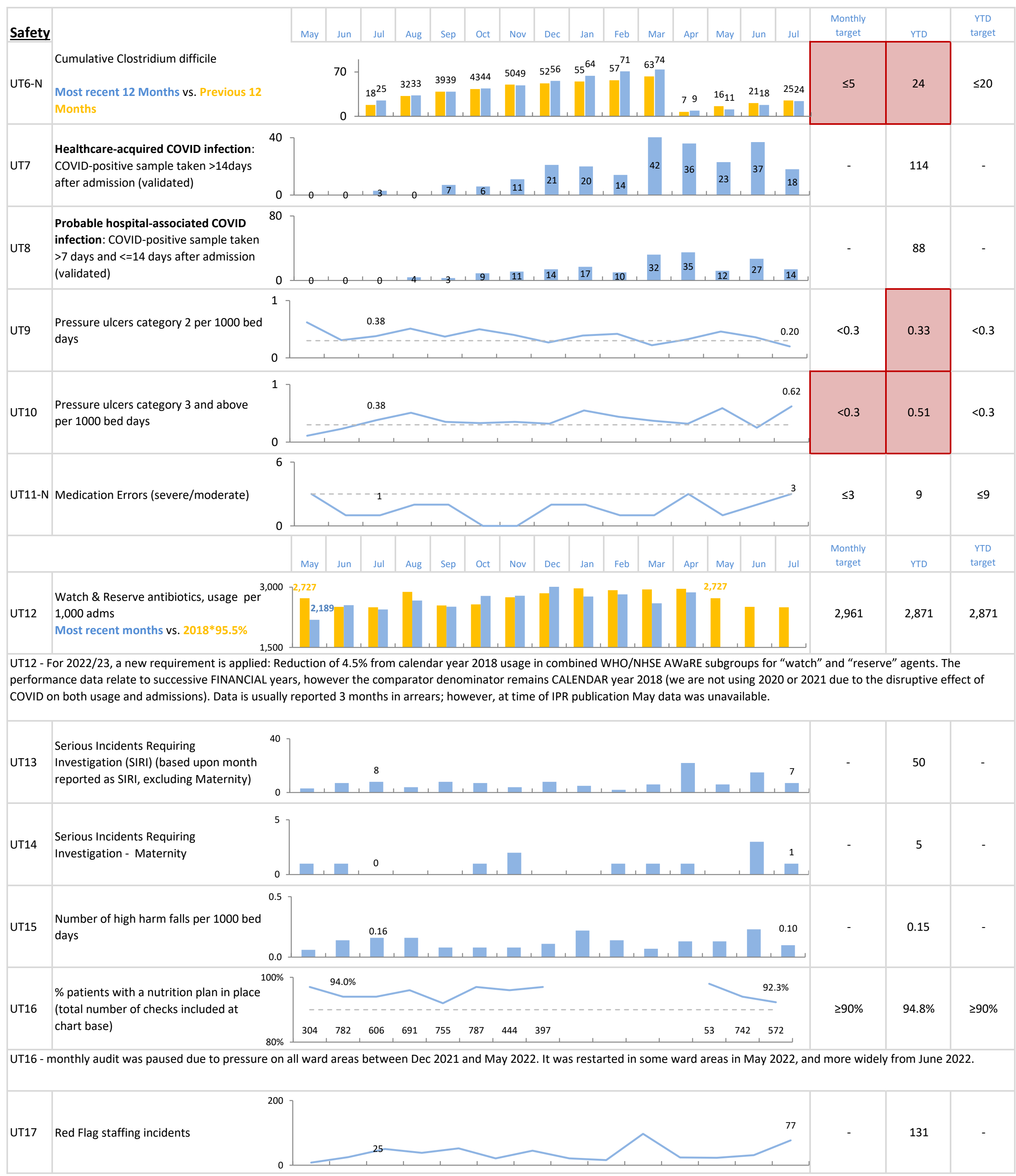
Performance against the NHS rights, and a range of the pledges, is summarised below. Further information is available within the Appendix to this report.

* 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



		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	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)																≥92%	65.8%
CN1-N	% Patients following a GP referral for suspected cancer seen by a specialist within 2 weeks (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)																≥93%	85.1%
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)																≥85%	69.1%
UT25-N	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)																≥95%	65.6%
UT33-N	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)																≤1%	23.2%

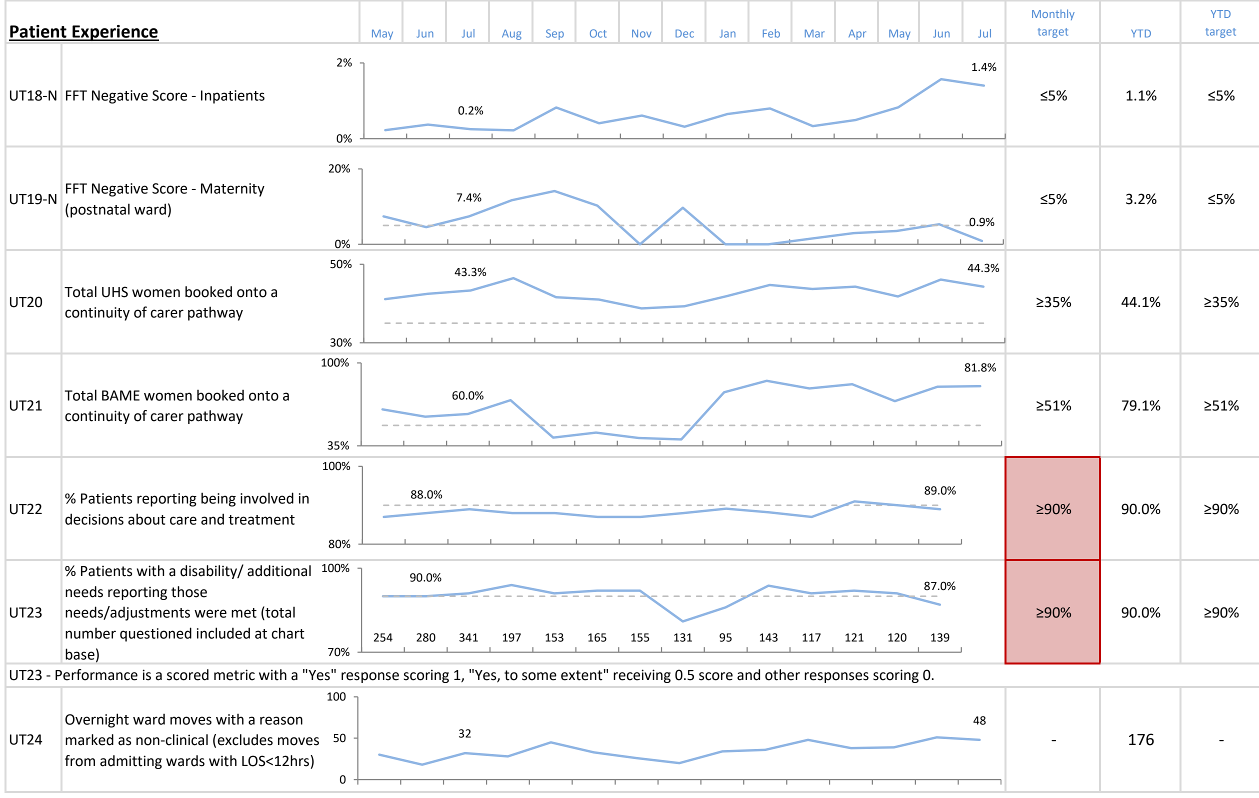

Outcomes
May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul
Monthly target
YTD
YTD target
UT1-N
HSMR - UHS
HSMR - SGH
90
70
75.7
75.4
85.9
85
≤100
≤100
UT2
HSMR - Crude Mortality Rate
3.1%
2.5%
2.7%
2.8%
<3%
<3%
UT1-N / UT2: At time of IPR publication, the latest information available in Doctor Foster was from March 2022.
UT3
Percentage non-elective readmissions within 28 days of discharge from hospital
15%
10%
12.3%
11.0%
-
11.3%
-
Q1 21-22 Q2 21-22 Q3 21-22 Q4 21-22 Q1 22-23
Quarterly target
UT4-L
Cumulative Specialties with Outcome Measures Developed (Quarterly)
65
25
61 63 63 63 64
396 406 383 393 419
+1 Specialty per quarter
UT5
Developed Outcomes RAG ratings (Quarterly)
Red
Amber
Green
100%
75%
50%
80% 78% 77% 76% 74%
UT5 -
Red : below the national standard or 10% lower than the local target
Amber : below the national standard or 5% lower than the local target
Green : within the national standard or local target



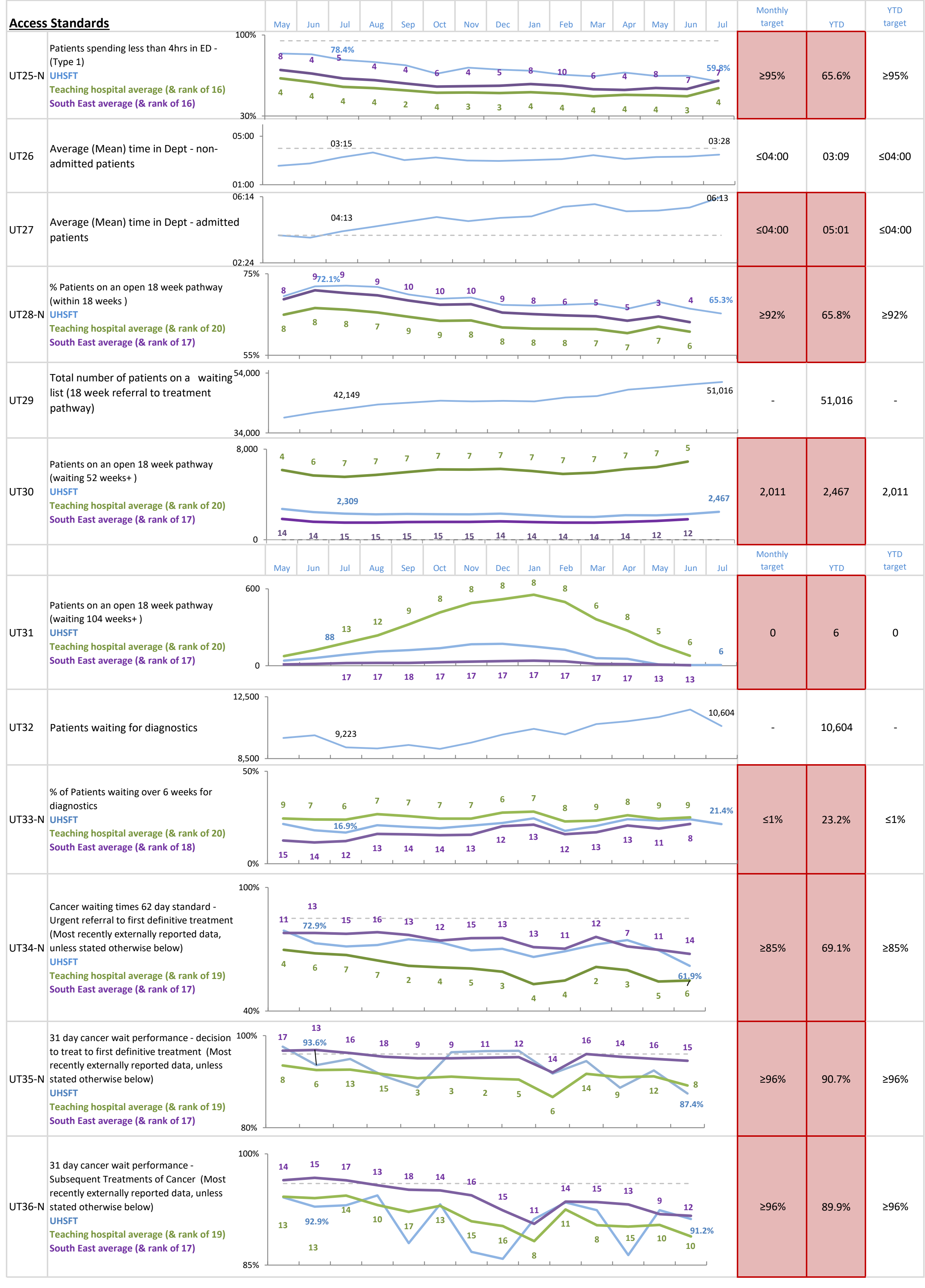
Safety		Monthly target	YTD	YTD target
UT6-N	Cumulative Clostridium difficile Most recent 12 Months vs. Previous 12 Months	≤5	24	≤20
UT7	**Healthcare-acquired COVID infection**: COVID-positive sample taken >14days after admission (validated)	-	114	-
UT8	**Probable hospital-associated COVID infection**: COVID-positive sample taken >7 days and <=14 days after admission (validated)	-	88	-
UT9	Pressure ulcers category 2 per 1000 bed days	<0.3	0.33	<0.3
UT10	Pressure ulcers category 3 and above per 1000 bed days	<0.3	0.51	<0.3
UT11-N	Medication Errors (severe/moderate)	≤3	9	≤9
UT12	Watch & Reserve antibiotics, usage per 1,000 adms Most recent months vs. 2018*95.5%	2,961	2,871	2,871
UT13	Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity)	-	50	-
UT14	Serious Incidents Requiring Investigation - Maternity	-	5	-
UT15	Number of high harm falls per 1000 bed days	-	0.15	-
UT16	% patients with a nutrition plan in place (total number of checks included at chart base)	≥90%	94.8%	≥90%
UT17	Red Flag staffing incidents	-	131	-

UT12 - For 2022/23, a new requirement is applied: Reduction of 4.5% from calendar year 2018 usage in combined WHO/NHSE AWaRE subgroups for “watch” and “reserve” agents. The performance data relate to successive FINANCIAL years, however the comparator denominator remains CALENDAR year 2018 (we are not using 2020 or 2021 due to the disruptive effect of COVID on both usage and admissions). Data is usually reported 3 months in arrears; however, at time of IPR publication May data was unavailable.

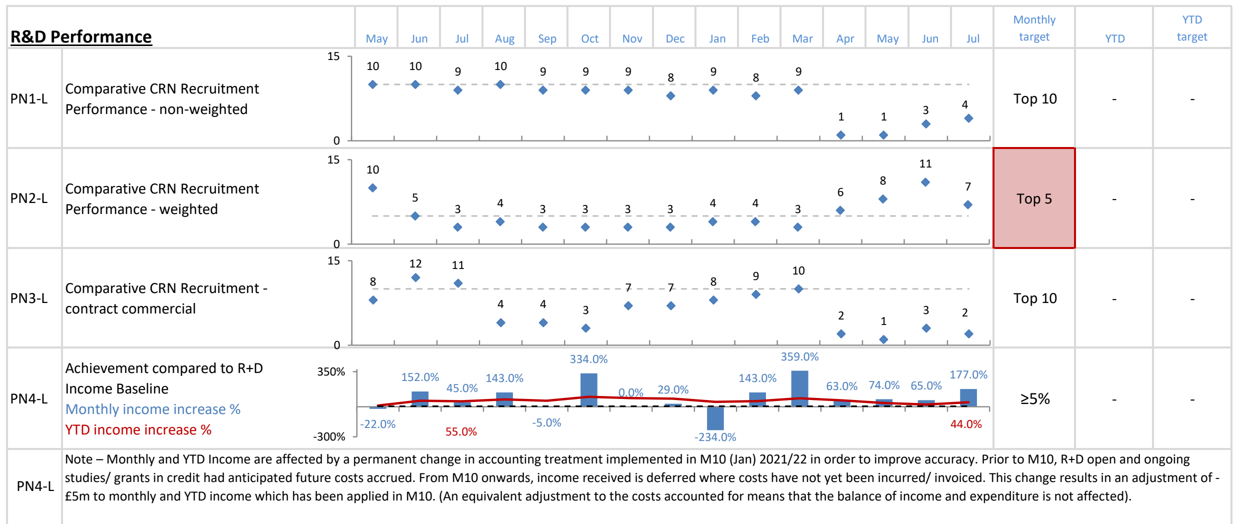
UT16 - monthly audit was paused due to pressure on all ward areas between Dec 2021 and May 2022. It was restarted in some ward areas in May 2022, and more widely from June 2022.



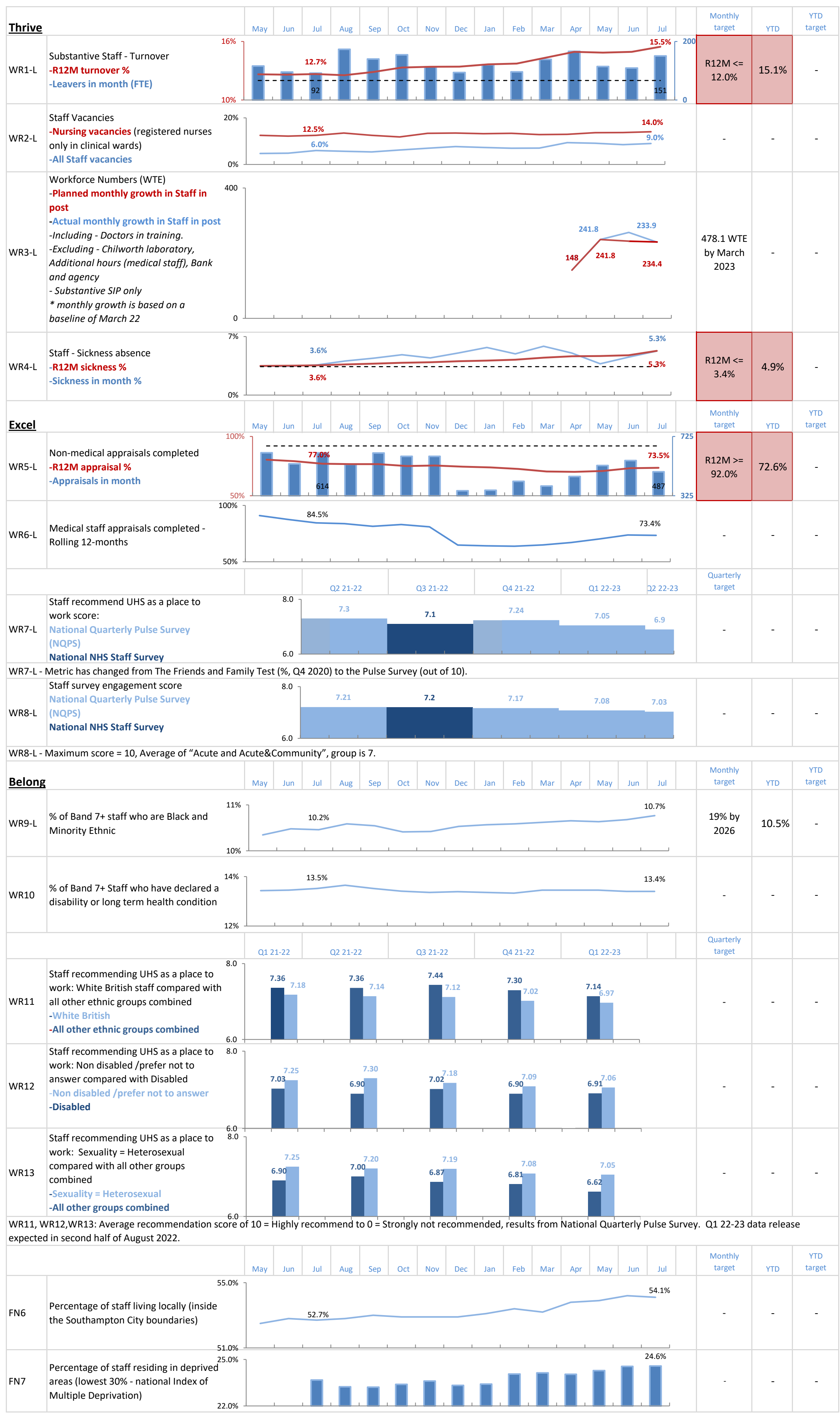
Patient Experience		May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul	Monthly target	YTD	YTD target
UT18-N	FFT Negative Score - Inpatients	0% – 2%; 0.2% … 1.4%	≤5%	1.1%	≤5%
UT19-N	FFT Negative Score - Maternity (postnatal ward)	0% – 20%; 7.4% … 0.9%	≤5%	3.2%	≤5%
UT20	Total UHS women booked onto a continuity of carer pathway	30% – 50%; 43.3% … 44.3%	≥35%	44.1%	≥35%
UT21	Total BAME women booked onto a continuity of carer pathway	35% – 100%; 60.0% … 81.8%	≥51%	79.1%	≥51%
UT22	% Patients reporting being involved in decisions about care and treatment	80% – 100%; 88.0% … 89.0%	≥90%	90.0%	≥90%
UT23	% Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base)	70% – 100%; 90.0% … 87.0%; 254 280 341 197 153 165 155 131 95 143 117 121 120 139	≥90%	90.0%	≥90%
UT23 - Performance is a scored metric with a "Yes" response scoring 1, "Yes, to some extent" receiving 0.5 score and other responses scoring 0.					
UT24	Overnight ward moves with a reason marked as non-clinical (excludes moves from admitting wards with LOS<12hrs)	0 – 50 – 100; 32 … 48	-	176	-

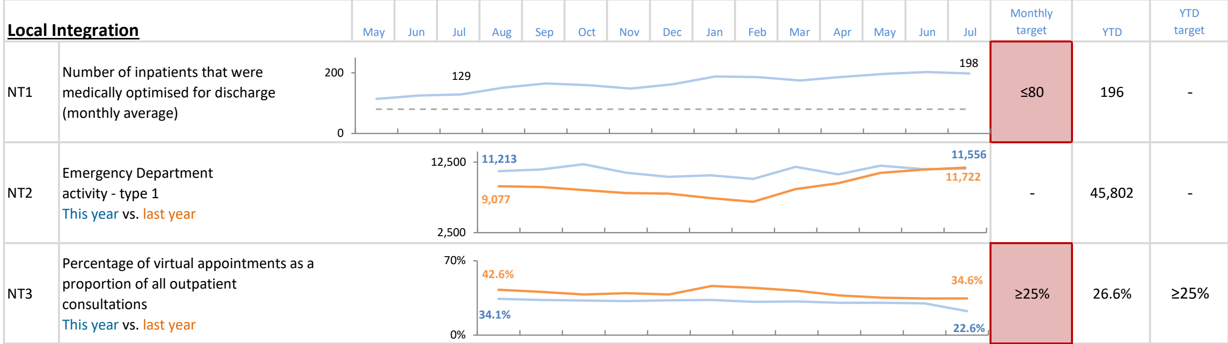


Access Standards		May–Jul (trend)	Monthly target	YTD	YTD target
UT25-N	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)		≥95%	65.6%	≥95%
UT26	Average (Mean) time in Dept - non-admitted patients		≤04:00	03:09	≤04:00
UT27	Average (Mean) time in Dept - admitted patients		≤04:00	05:01	≤04:00
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)		≥92%	65.8%	≥92%
UT29	Total number of patients on a waiting list (18 week referral to treatment pathway)		-	51,016	-
UT30	Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)		2,011	2,467	2,011
UT31	Patients on an open 18 week pathway (waiting 104 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)		0	6	0
UT32	Patients waiting for diagnostics		-	10,604	-
UT33-N	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)		≤1%	23.2%	≤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)		≥85%	69.1%	≥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)		≥96%	90.7%	≥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)		≥96%	89.9%	≥96%

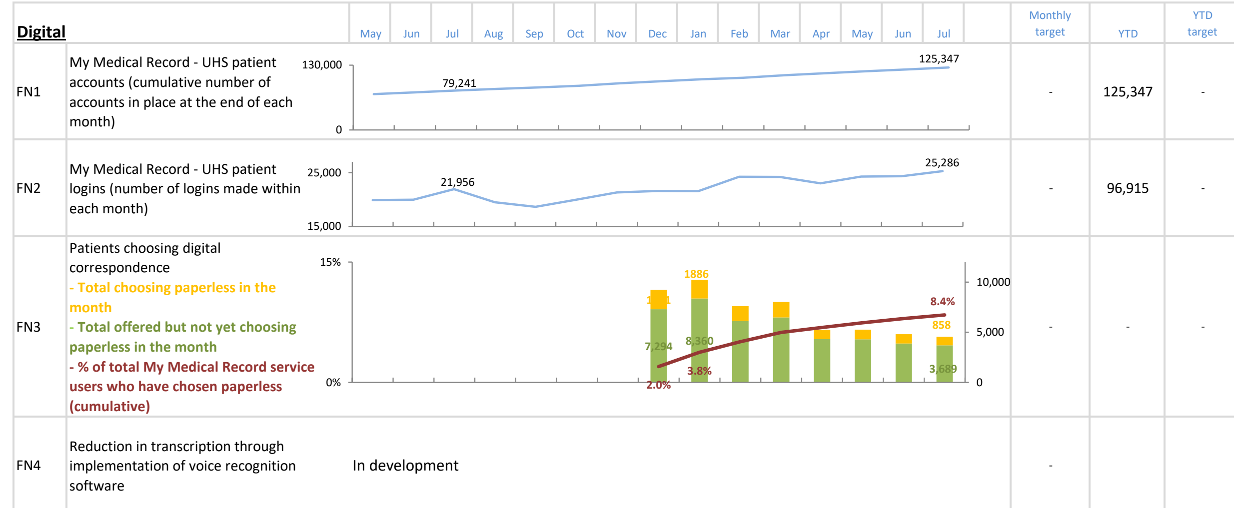


R&D Performance		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Monthly target	YTD	YTD target
PN1-L	Comparative CRN Recruitment Performance - non-weighted	10	10	9	10	9	9	9	8	9	8	9	1	1	3	4	Top 10	-	-
PN2-L	Comparative CRN Recruitment Performance - weighted	10	5	3	4	3	3	3	3	4	4	3	6	8	11	7	Top 5	-	-
PN3-L	Comparative CRN Recruitment - contract commercial	8	12	11	4	4	3	7	7	8	9	10	2	1	3	2	Top 10	-	-
PN4-L	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	-22.0%	152.0%	45.0% 55.0%	143.0%	-5.0%	334.0%	0.0%	29.0%	-234.0%	143.0%	359.0%	63.0%	74.0%	65.0%	177.0% 44.0%	≥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).																		


Thrive
May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul
Monthly target
YTD
YTD target
WR1-L
Substantive Staff - Turnover
-R12M turnover %
-Leavers in month (FTE)
16%
10%
12.7%
15.5%
92
151
200
0
R12M <= 12.0%
15.1%
-
WR2-L
Staff Vacancies
-Nursing vacancies (registered nurses only in clinical wards)
-All Staff vacancies
20%
0%
12.5%
6.0%
14.0%
9.0%
-
-
-
WR3-L
Workforce Numbers (WTE)
-Planned monthly growth in Staff in post
-Actual monthly growth in Staff in post
-Including - Doctors in training.
-Excluding - Chilworth laboratory, Additional hours (medical staff), Bank and agency
- Substantive SIP only
* monthly growth is based on a baseline of March 22
400
0
241.8
233.9
148
241.8
234.4
478.1 WTE by March 2023
-
-
WR4-L
Staff - Sickness absence
-R12M sickness %
-Sickness in month %
7%
0%
3.6%
3.6%
5.3%
5.3%
R12M <= 3.4%
4.9%
-
Excel
May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul
Monthly target
YTD
YTD target
WR5-L
Non-medical appraisals completed
-R12M appraisal %
-Appraisals in month
100%
50%
77.0%
614
73.5%
487
725
325
R12M >= 92.0%
72.6%
-
WR6-L
Medical staff appraisals completed - Rolling 12-months
100%
50%
84.5%
73.4%
-
-
-
Q2 21-22 Q3 21-22 Q4 21-22 Q1 22-23 Q2 22-23
Quarterly target
WR7-L
Staff recommend UHS as a place to work score:
National Quarterly Pulse Survey (NQPS)
National NHS Staff Survey
8.0
6.0
7.3
7.1
7.24
7.05
6.9
-
-
-
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
8.0
6.0
7.21
7.2
7.17
7.08
7.03
-
-
-
WR8-L - Maximum score = 10, Average of "Acute and Acute&Community", group is 7.
Belong
May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul
Monthly target
YTD
YTD target
WR9-L
% of Band 7+ staff who are Black and Minority Ethnic
11%
10%
10.2%
10.7%
19% by 2026
10.5%
-
WR10
% of Band 7+ Staff who have declared a disability or long term health condition
14%
12%
13.5%
13.4%
-
-
-
Q1 21-22 Q2 21-22 Q3 21-22 Q4 21-22 Q1 22-23
Quarterly target
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
8.0
6.0
7.36 7.18
7.36 7.14
7.44 7.12
7.30 7.02
7.14 6.97
-
-
-
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
8.0
6.0
7.03 7.25
6.90 7.30
7.02 7.18
6.90 7.09
6.91 7.06
-
-
-
WR13
Staff recommending UHS as a place to work: Sexuality = Heterosexual compared with all other groups combined
-Sexuality = Heterosexual
-All other groups combined
8.0
6.0
6.90 7.25
7.00 7.20
6.87 7.19
6.81 7.08
6.62 7.05
-
-
-
WR11, WR12,WR13: Average recommendation score of 10 = Highly recommend to 0 = Strongly not recommended, results from National Quarterly Pulse Survey. Q1 22-23 data release expected in second half of August 2022.
May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul
Monthly target
YTD
YTD target
FN6
Percentage of staff living locally (inside the Southampton City boundaries)
55.0%
51.0%
52.7%
54.1%
-
-
-
FN7
Percentage of staff residing in deprived areas (lowest 30% - national Index of Multiple Deprivation)
25.0%
22.0%
24.6%
-
-
-



Local Integration		May–Jul (trend chart)	Monthly target	YTD	YTD target
NT1	Number of inpatients that were medically optimised for discharge (monthly average)	200; 0; 129; 198	≤80	196	-
NT2	Emergency Department activity - type 1 This year vs. last year	12,500; 2,500; 11,213; 9,077; 11,556; 11,722	-	45,802	-
NT3	Percentage of virtual appointments as a proportion of all outpatient consultations This year vs. last year	70%; 0%; 42.6%; 34.1%; 34.6%; 22.6%	≥25%	26.6%	≥25%



Digital		May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul	Monthly target	YTD	YTD target
FN1	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)	130,000; 0; 79,241; 125,347	-	125,347	-
FN2	My Medical Record - UHS patient logins (number of logins made within each month)	25,000; 15,000; 21,956; 25,286	-	96,915	-
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)	15%; 0%; 10,000; 5,000; 0; 1886; 8.4%; 858; 7,294; 8,360; 3.8%; 2.0%; 3,689	-	-	-
FN4	Reduction in transcription through implementation of voice recognition software	In development	-		

Report notes - Nursing and midwifery staffing hours - July 2022

Our staffing levels are continuously monitored through our staffing hub 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 these wards had in the main returned to their normal size and purpose. Over the last few months COVID-19 numbers again increased 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.

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	5185.7	4614.3	713.9	603.6	89.0%	84.6%	28.9	3.8	32.7	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource; HCA underfunded .
CC Neuro Intensive Care Unit	Night	5126.5	4492.5	703.5	582.8	87.6%	82.8%				Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
CC - Surgical HDU	Day	2194.3	1903.7	722.6	590.3	86.8%	81.7%	15.9	4.7	20.6	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
CC - Surgical HDU	Night	2139.5	1876.3	690.5	523.8	87.7%	75.9%				Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
CC General Intensive Care	Day	10934.2	10349.8	1904.6	1413.5	94.7%	74.2%	28.1	4.0	32.2	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource; Skill mix, less that n 50-% of workforce have ICU course .
CC General Intensive Care	Night	10704.5	9970.8	1762.3	1490.0	93.1%	84.6%				Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource; Skill mix, less that n 50-% of workforce have ICU course .
CC Cardiac Intensive Care	Day	5859.4	4649.5	1471.7	767.2	79.4%	52.1%	29.1	4.4	33.5	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
CC Cardiac Intensive Care	Night	5976.8	4938.3	872.0	668.5	82.6%	76.7%				Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
SUR E5 Lower GI	Day	1559.5	1068.7	851.5	1117.4	68.5%	131.2%	3.5	3.7	7.2	Increase in acuity/dependency of patients in the month; Working predominatly on tipping point levels of staff.
SUR E5 Lower GI	Night	717.0	688.0	345.5	693.5	96.0%	200.7%				Increase in acuity/dependency of patients in the month; Working predominatly on tipping point levels of staff.
SUR E5 Upper GI	Day	1523.5	1131.1	1001.5	1194.2	74.2%	119.2%	3.5	3.6	7.1	Increase in acuity/dependency of patients in the month
SUR E5 Upper GI	Night	724.5	739.6	356.0	680.5	102.1%	191.2%				Increase in acuity/dependency of patients in the month
SUR E8 Ward	Day	2641.3	1949.1	1386.1	1606.0	73.8%	115.9%	4.5	3.7	8.2	Skill mix swaps undertaken to support safe staffing across the Unit; Working predominatly on tipping point levels of staff.
SUR E8 Ward	Night	1706.0	1292.3	1202.5	1100.5	75.8%	91.5%				Skill mix swaps undertaken to support safe staffing across the Unit; Working predominatly on tipping point levels of staff.
SUR F11 IF	Day	1950.9	1542.1	750.8	704.2	79.0%	93.8%	4.4	2.7	7.1	Skill mix swaps undertaken to support safe staffing across the Unit; Reduced PN Trained Staff.
SUR F11 IF	Night	713.0	713.0	699.0	701.3	100.0%	100.3%				Skill mix swaps undertaken to support safe staffing across the Unit.
SUR Acute Surgical Unit	Day	1460.0	1092.3	737.5	750.0	74.8%	101.7%	7.4	4.7	12.0	Skill mix swaps undertaken to support safe staffing across the Unit
SUR Acute Surgical Unit	Night	713.0	778.5	704.5	438.5	109.2%	62.2%				Skill mix swaps undertaken to support safe staffing across the Unit.
SUR Acute Surgical Admissions	Day	2200.1	1931.0	890.8	977.4	87.8%	109.7%	3.6	2.5	6.1	Skill mix swaps undertaken to support safe staffing across the Unit; Hosting Other specialies outside of general surgery casemix.
SUR Acute Surgical Admissions	Night	1065.3	978.5	1054.5	1010.3	91.9%	95.8%				Skill mix swaps undertaken to support safe staffing across the Unit.
SUR F5 Ward	Day	1959.9	1631.1	1030.8	1273.4	83.2%	123.5%	3.5	2.7	6.2	Skill mix swaps undertaken to support safe staffing across the Unit; Hosting Other specialies outside of general surgery casemix.
SUR F5 Ward	Night	1150.8	1066.8	697.5	868.5	92.7%	124.5%				Skill mix swaps undertaken to support safe staffing across the Unit.
OPH Eye Short Stay Unit	Day	1027.5	1006.5	841.5	796.0	98.0%	94.6%	23.1	19.4	42.5	Day unit only.
OPH Eye Short Stay Unit	Night	341.0	331.5	324.0	330.5	97.2%	102.0%				Safe staffing levels maintained.

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THR F10 Surgical Day Unit	Day	1349.3	1369.7	2500.0	2205.7	101.5%	88.2%	3.4	4.9	8.3	Additional beds open in the month; Predominately an 18 bedded ward, plus surgical day unit flow pts area. .
THR F10 Surgical Day Unit	Night	289.5	565.5	278.5	552.0	195.3%	198.2%				Additional beds open in the month.
CAN Acute Onc Services	Day	989.3	906.3	675.8	670.0	91.6%	99.1%	7.3	6.5	13.8	Safe staffing levels maintained.
CAN Acute Onc Services	Night	356.5	686.5	356.0	745.5	192.6%	209.4%				Increased night staffing to support raised acuity.
AN C4 Solent Ward Clinical Oncolo	Day	1729.5	1667.1	1038.8	1210.7	96.4%	116.6%	4.3	4.0	8.3	Safe staffing levels maintained.
AN C4 Solent Ward Clinical Oncolo	Night	1069.5	956.8	700.5	1220.0	89.5%	174.2%				Additional staff used for enhanced care - Support workers.
CAN C6 Leukaemia/BMT Unit	Day	2842.7	2694.0	130.8	431.8	94.8%	330.2%	7.3	1.1	8.4	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAN C6 Leukaemia/BMT Unit	Night	2043.3	1955.6	0.0	291.3	95.7%	Shift N/A				Safe staffing levels maintained.
CAN C6 TYA Unit	Day	1211.3	971.4	465.0	0.0	80.2%	0.0%	9.6	0.1	9.6	Staff moved to support other wards.
CAN C6 TYA Unit	Night	651.3	674.5	0.0	11.3	103.6%	Shift N/A				Safe staffing levels maintained.
CAN C2 Haematology	Day	2314.8	2517.2	1159.3	950.3	108.7%	82.0%	5.3	2.5	7.9	Safe staffing levels maintained; Staff moved to support other wards.
CAN C2 Haematology	Night	1782.5	1784.3	1065.5	1088.3	100.1%	102.1%				Safe staffing levels maintained; Safe staffing levels maintained.
CAN D3 Ward	Day	1837.9	1684.5	799.7	1225.8	91.7%	153.3%	4.4	3.3	7.7	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAN D3 Ward	Night	1050.3	1125.5	708.0	930.8	107.2%	131.5%				Additional staff used for enhanced care - RNs; Additional staff used for enhanced care - Support workers.
ECM Acute Medical Unit	Day	4040.3	4441.5	3864.9	3939.0	109.9%	101.9%	6.0	5.2	11.2	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 and Clinical Coordination
ECM Acute Medical Unit	Night	4075.0	4564.2	3544.5	3813.5	112.0%	107.6%				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
MED D5 Ward	Day	1261.3	1387.5	1751.0	1343.0	110.0%	76.7%	3.6	3.5	7.1	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained; running on tipping point for HC A for most shifts.
MED D5 Ward	Night	1057.5	872.5	930.5	869.5	82.5%	93.4%				Skill mix swaps undertaken to support safe staffing across the Unit; Band 4 staff working to support registered nurse numbers.
MED D6 Ward	Day	1028.5	1319.5	1608.5	1331.5	128.3%	82.8%	3.4	3.2	6.6	safe staffing levels maintained
MED D6 Ward	Night	1070.0	1070.5	935.0	883.5	100.0%	94.5%				Safe staffing levels maintained.
MED D7 Ward	Day	721.5	825.7	1307.4	1052.4	114.4%	80.5%	3.0	3.3	6.3	Safe staffing levels maintained; Staff moved to support other wards; Ward often runs on tipping point with HCA vacancy.
MED D7 Ward	Night	713.0	633.2	647.3	565.8	88.8%	87.4%				Safe staffing levels maintained; Ward often runs on tipping point at night.
MED D8 Ward	Day	1076.6	1108.8	1437.3	1434.8	103.0%	99.8%	2.9	3.1	5.9	Safe staffing levels maintained.
MED D8 Ward	Night	1069.5	943.0	923.0	767.3	88.2%	83.1%				Safe staffing levels maintained
MED D9 Ward	Day	1280.3	1373.0	1714.2	1616.2	107.2%	94.3%	2.6	3.1	5.7	Increase in acuity/dependency of patients in the month; Safe staffing levels maintained.
MED D9 Ward	Night	1069.0	840.0	927.7	971.0	78.6%	104.7%				Safe staffing levels maintained
MED E7 Ward	Day	1107.3	1294.5	1284.8	1405.0	116.9%	109.4%	3.1	3.5	6.6	Safe staffing levels maintained; Additional staff used for enhanced care - RNs; Previous uncommissioned bay, additional beds opened
MED E7 Ward	Night	713.0	1060.5	791.5	1255.3	148.7%	158.6%				Safe staffing levels maintained; Additional staff used for enhanced care - RNs; Previous uncommissioned bay, additional beds opened
MED F7 Ward	Day	733.5	740.5	1482.0	1232.5	101.0%	83.2%	2.4	3.1	5.5	Safe staffing levels maintained.
MED F7 Ward	Night	714.0	725.5	687.0	690.0	101.6%	100.4%				Safe staffing levels maintained.
MED Respiratory HDU	Day	2383.2	1388.5	454.0	290.0	58.3%	63.9%	14.0	2.7	16.7	Staffing appropriate for number of patients; 1-2 nurse patient ratio maintained.
MED Respiratory HDU	Night	2142.0	1447.0	318.0	264.5	67.6%	83.2%				Staffing appropriate for number of patients; 1-2 nurse patient ratio maintained.
MED C5 Isolation Ward	Day	1152.7	983.0	1203.0	502.0	85.3%	41.7%	6.6	3.4	10.0	Staffing appropriate for number of patients; running on tipping point for HCA most shifts .
MED C5 Isolation Ward	Night	1070.5	863.5	328.5	448.0	80.7%	136.4%				Staffing appropriate for number of patients.
MED D10 Isolation Unit	Day	1036.0	878.5	1348.5	1097.5	84.8%	81.4%	2.9	3.5	6.3	Safe staffing levels maintained; Often ward runnning on tipping point.
MED D10 Isolation Unit	Night	713.0	680.0	684.0	766.0	95.4%	112.0%				Safe staffing levels maintained
MED G5 Ward	Day	1433.6	1227.4	1480.8	1365.9	85.6%	92.2%	2.8	2.6	5.4	Increase in acuity/dependency of patients in the month; Band 4 staff working to support registered nurse numbers.

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MED G5 Ward	Night	1069.5	989.0	671.5	747.5	92.5%	111.3%	2.8	2.6	5.4	Increase in acuity/dependency of patients in the month; Band 4 staff working to support registered nurse numbers.
MED G6 Ward	Day	1464.7	1282.3	1457.0	1325.5	87.5%	91.0%	2.9	2.8	5.7	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
MED G6 Ward	Night	1057.8	896.8	682.0	828.0	84.8%	121.4%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
MED G7 Ward	Day	708.7	658.7	939.3	803.5	92.9%	85.5%	3.7	3.2	6.9	Staff moved to support other wards.
MED G7 Ward	Night	701.5	690.0	324.5	356.5	98.4%	109.9%				Staff moved to support other wards.additonal staff used for enhamnced care- support workers
MED G8 Ward	Day	1457.9	1161.1	1474.4	1383.2	79.6%	93.8%	2.9	3.2	6.1	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
MED G8 Ward	Night	1069.5	847.0	680.0	885.5	79.2%	130.2%				Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
MED G9 Ward	Day	1461.0	1186.2	1402.6	1385.3	81.2%	98.8%	3.0	2.9	5.9	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
MED G9 Ward	Night	1069.5	1000.0	679.0	770.0	93.5%	113.4%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
MED Bassett Ward	Day	1292.9	883.3	2481.2	2004.4	68.3%	80.8%	2.4	4.3	6.6	Skill mix swaps undertaken to support safe staffing across the Unit; Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
MED Bassett Ward	Night	1061.5	889.0	1034.5	1172.0	83.7%	113.3%				Skill mix swaps undertaken to support safe staffing across the Unit; Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
CHI High Dependency Unit	Day	1573.4	1186.6	0.0	194.3	75.4%	Shift N/A	13.8	1.6	15.4	Non-ward based staff supporting areas; Safe staffing levels maintained.
CHI High Dependency Unit	Night	1071.3	1033.3	0.0	69.0	96.5%	Shift N/A				Safe staffing levels maintained.
CHI Paed Medical Unit	Day	1996.9	1640.4	708.5	1072.0	82.1%	151.3%	8.1	5.0	13.1	Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained.
CHI Paed Medical Unit	Night	1699.0	1526.8	602.0	882.5	89.9%	146.6%				Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained.
CHI Paediatric Intensive Care	Day	6269.2	5533.2	1135.5	523.8	88.3%	46.1%	27.0	2.6	29.6	Beds flexed to match staffing; Safe staffing levels maintained.
CHI Paediatric Intensive Care	Night	5704.0	5282.9	859.0	498.1	92.6%	58.0%				Beds flexed to match staffing; Safe staffing levels maintained.
CHI Piam Brown Unit	Day	3724.6	2542.7	1033.4	518.9	68.3%	50.2%	11.9	2.8	14.7	Beds flexed to match staffing.
CHI Piam Brown Unit	Night	1426.0	1005.5	674.0	310.5	70.5%	46.1%				Beds flexed to match staffing.
CHI Ward E1 Paed Cardiac	Day	2119.0	1471.2	666.3	468.8	69.4%	70.4%	6.9	2.3	9.1	Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained.
CHI Ward E1 Paed Cardiac	Night	1425.8	1229.3	317.8	435.3	86.2%	137.0%				Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained.
CHI Bursledon House	Day	786.0	572.0	474.0	395.5	72.8%	83.4%	5.7	4.3	10.0	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
CHI Bursledon House	Night	176.0	176.0	135.0	176.0	100.0%	130.4%				Safe staffing levels maintained.
CHI Ward G2 Neuro	Day	767.7	646.6	895.5	150.0	84.2%	16.8%	7.7	0.9	8.6	Non-ward based staff supporting areas; Safe staffing levels maintained.
CHI Ward G2 Neuro	Night	728.5	633.8	702.0	0.0	87.0%	0.0%				Staff moved to support other wards; Safe staffing levels maintained.
CHI Ward G3	Day	2452.5	1735.0	1798.5	1102.0	70.7%	61.3%	6.7	3.4	10.0	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing maintained.
CHI Ward G3	Night	1705.5	1364.5	980.5	459.5	80.0%	46.9%				Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained.
CHI Ward G4 Surgery	Day	2511.5	2013.0	1274.8	630.9	80.2%	49.5%	7.1	2.4	9.5	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing maintained.
CHI Ward G4 Surgery	Night	1705.0	1365.0	605.5	530.0	80.1%	87.5%				Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained.
W&N Bramshaw Womens Unit	Day	1114.5	981.0	655.8	713.8	88.0%	108.8%	4.7	3.2	7.9	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	759.0	724.5	610.5	437.0	95.5%	71.6%				Safe staffing levels maintained by sharing staff resource.
W&N Neonatal Unit	Day	7027.5	4638.7	2056.5	1252.3	66.0%	60.9%	9.7	2.5	12.1	Safe staffing levels maintained..
W&N Neonatal Unit	Night	5408.0	3796.0	1626.0	882.0	70.2%	54.2%				Safe staffing levels maintained..
&N PAH Maternity Service combin	Day	10664.3	8594.0	3536.0	3033.3	80.6%	85.8%	9.5	3.0	12.6	Safe staffing levels maintained..
&N PAH Maternity Service combin	Night	6734.5	5228.8	1644.0	1373.5	77.6%	83.5%				Safe staffing levels maintained..

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CAR CHDU	Day	5106.0	4060.5	1757.5	1540.8	79.5%	87.7%	14.7	4.9	19.7	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards.
CAR CHDU	Night	3899.7	3701.4	982.5	1054.0	94.9%	107.3%				Safe staffing levels maintained; Safe staffing levels maintained.
CAR Coronary Care Unit	Day	2599.4	2787.5	1044.3	973.3	107.2%	93.2%	9.3	3.5	12.8	Safe staffing levels maintained by sharing staff resource; Safe staffing levels maintained.
CAR Coronary Care Unit	Night	2261.5	2378.6	871.0	945.3	105.2%	108.5%				Safe staffing levels maintained by sharing staff resource; Additional staff used for enhanced care
CAR Ward D4 Vascular	Day	1919.7	1706.7	1187.5	1128.2	88.9%	95.0%	4.3	3.5	7.8	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
CAR Ward D4 Vascular	Night	1034.0	1033.3	968.0	1073.5	99.9%	110.9%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward E2 YACU	Day	1619.9	1269.7	847.8	1031.3	78.4%	121.6%	4.0	3.6	7.6	Staff moved to support other wards; Additional staff used for enhanced care - Support workers.
CAR Ward E2 YACU	Night	715.0	684.8	615.0	737.0	95.8%	119.8%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward E3 Green	Day	1558.3	1468.0	1436.0	1417.0	94.2%	98.7%	3.2	3.4	6.7	Safe staffing levels maintained; Safe staffing levels maintained.
CAR Ward E3 Green	Night	707.5	762.5	928.3	938.5	107.8%	101.1%				Increased night staffing to support raised acuity; Safe staffing levels maintained; Twilight RN required.
CAR Ward E3 Blue	Day	1645.9	1401.7	930.2	844.7	85.2%	90.8%	4.1	3.4	7.4	Staff moved to support other wards; Safe staffing levels maintained.
CAR Ward E3 Blue	Night	704.3	677.0	635.7	869.2	96.1%	136.7%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward E4 Thoracics	Day	1185.0	1418.0	1747.2	1138.1	119.7%	65.1%	4.3	3.2	7.4	Staffing appropriate for number of patients
CAR Ward E4 Thoracics	Night	1037.8	974.5	420.0	628.3	93.9%	149.6%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward D2 Cardiology	Day	1412.8	864.3	697.8	1199.0	61.2%	171.8%	3.5	4.5	8.1	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
CAR Ward D2 Cardiology	Night	715.8	697.2	617.0	803.5	97.4%	130.2%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
NEU Acute Stroke Unit	Day	1474.4	1495.2	2575.2	2230.9	101.4%	86.6%	2.8	4.6	7.4	Band 4 staff working to support registered nurse numbers.
NEU Acute Stroke Unit	Night	1023.0	891.5	1645.0	1747.5	87.1%	106.2%				Band 4 staff working to support registered nurse numbers.
NEU Regional Transfer Unit	Day	1195.5	1084.0	429.0	356.0	90.7%	83.0%	8.0	4.4	12.4	Band 4 staff working to support registered nurse numbers.
NEU Regional Transfer Unit	Night	682.0	654.0	622.5	591.5	95.9%	95.0%				Safe staffing levels maintained.
NEU ward E Neuro	Day	1864.2	1622.1	1115.9	1838.0	87.0%	164.7%	3.7	4.7	8.4	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
NEU ward E Neuro	Night	1364.5	1233.5	961.5	1705.5	90.4%	177.4%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
NEU HASU	Day	1630.5	1150.0	335.9	523.5	70.5%	155.8%	6.4	3.0	9.5	Band 4 staff working to support registered nurse numbers.
NEU HASU	Night	1364.0	946.0	278.0	462.5	69.4%	166.4%				Band 4 staff working to support registered nurse numbers.
NEU Ward D Neuro	Day	1890.9	1969.6	1879.9	1783.7	104.2%	94.9%	4.7	4.7	9.3	Band 4 staff working to support registered nurse numbers.
NEU Ward D Neuro	Night	1364.0	1524.0	1630.0	1731.0	111.7%	106.2%				Safe staffing levels maintained; Additional staff used for enhanced care
SPI Ward F4 Spinal	Day	1568.6	1503.1	1116.6	1316.1	95.8%	117.9%	4.0	3.7	7.7	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
SPI Ward F4 Spinal	Night	1023.0	1012.0	979.5	1012.0	98.9%	103.3%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
T&O Ward Brooke	Day	1070.0	1106.5	1089.3	897.5	103.4%	82.4%	3.7	3.4	7.1	Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards.
T&O Ward Brooke	Night	713.0	713.0	980.5	793.0	100.0%	80.9%				Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards.
T&O Trauma Admissions Unit	Day	909.8	768.9	749.8	628.9	84.5%	83.9%	24.7	21.6	46.3	Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Trauma Admissions Unit	Night	682.5	564.0	615.0	540.0	82.6%	87.8%				Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.

Wards Full Name		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	CHPPD Registered midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
T&O Ward F1 Major Trauma Unit	Day	2335.0	2226.5	1866.1	1987.0	95.4%	106.5%	4.3	4.1	8.4	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained; Additional staff used for enhanced care - RNs; due to covid changes F1 became more dependent due to taking most of the F3 and F2 patients who did not have covid,.
T&O Ward F1 Major Trauma Unit	Night	1783.8	1823.9	1714.5	1862.1	102.2%	108.6%				Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - RNs; as above plus to note RN03 requirement.
T&O Ward F2 Trauma	Day	1645.3	1307.9	1911.1	2417.9	79.5%	126.5%	2.8	5.3	8.0	Additional staff used for enhanced care - Support workers; Increase in acuity/dependency of patients in the month; there has been 14 days this month of this being a covid ward only. .
T&O Ward F2 Trauma	Night	1021.0	769.5	1295.0	1515.8	75.4%	117.0%				Additional staff used for enhanced care - Support workers; Increase in acuity/dependency of patients in the month; there has been 14 days this month of this being a covid ward only. .
T&O Ward F3 Trauma	Day	1582.3	1634.3	1882.4	2222.2	103.3%	118.1%	3.7	5.5	9.1	Increase in acuity/dependency of patients in the month; Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers; as above but a covid contact ward.
T&O Ward F3 Trauma	Night	1023.0	1015.8	1293.5	1687.8	99.3%	130.5%				Increase in acuity/dependency of patients in the month; Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers; as above but a covid contact ward.
T&O Ward F4 Elective	Day	1417.8	1269.6	782.3	915.5	89.5%	117.0%	3.6	3.4	7.1	Increase in acuity/dependency of patients in the month; Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers; Took more dependent and acute trauma due to covid wards in place.
T&O Ward F4 Elective	Night	682.0	660.0	624.3	914.0	96.8%	146.4%				Increase in acuity/dependency of patients in the month; Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers; Took more dependent and acute trauma due to covid wards in place.