University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Finance Report 2022-23 Month 6**			
Agenda item:	**10.2**			
Sponsor:	**Ian Howard – Chief Financial Officer**			
Author:	**Philip Bunting – Director of Operational Finance**			
Date:	**27 October 2022**			
Purpose:	**Assurance or reassurance**	**Approval**	**Ratification**	**Information** **X**
Issue to be addressed:	The finance report provides a monthly summary of the key financial information for the Trust.			
Response to the issue:	**M6 Financial Position** UHS reported a deficit of £2.5m in September 2022, which is now a £14.2m deficit YTD. This is £8.4m adverse to plan across the first six months of 2022/23 for which a £5.7m deficit was planned. In month, back-dated benefits delivered from the UEL theatres project (£2.5m) were off-set by pressures associated with the NHS pay award and additional bank-holiday (£1.2m). Work is ongoing to uplift external contracts to ensure full recovery of the pay award costs going forwards. **Underlying Position** The underlying position for M6 was a deficit of £3.4m. This remains consistent with previous months, with a YTD underlying deficit of £18.3m. **ERF Position** UHS achieved 105% in September, up from 101% in August. This is a significant achievement considering the operational pressures. UHS remains at 106% YTD. UHS continues to be one of a small number of Trusts above the 104% national target, with the majority of Trusts achieving between 95% - 100%. Discussions regarding payment for H1 and H2 are continuing, with no further confirmed updates from previous reports. **Key drivers** The below table shows the key drivers for the YTD variance to plan (£8.5m) together with the further factors driving the underlying deficit of £18.3m YTD. It is also stated whether these drivers are mostly controllable or uncontrollable with all the YTD drivers for variance to plan classified as uncontrollable. This is consistent with our reporting, with CIP delivering over-plan YTD. These drivers are predominantly due to the inflationary environment driving up costs in excess of funding growth levels.			

Cost Driver	Controllable / Uncontrollable	Variance to Plan (YTD £m)	Underlying Variance to Breakeven (YTD £m)
Covid Costs	Uncontrollable	4.1	4.1
Pay Inflation	Uncontrollable	1.3	1.3
Non Pay Inflation	Uncontrollable	0.5	0.5
Energy Costs	Uncontrollable	1.2	5.4
MOFD/CtR	Uncontrollable	1.2	1.2
Additional Bank Holiday	Uncontrollable	0.2	0.2
Drugs expenditure in excess of block funding	Uncontrollable	0.0	3.6
Emergency Department	Controllable	0.0	2.0
Total		**8.5**	**18.3**

CIP

The Trust has achieved delivery of £18.8m YTD, above the target of £16.1m. The in-month position has improved because of back-dated delivery associated with the UEL theatres project.

Identification of CIP schemes has now reached £39m of the £45m target (88%) and equates to an overall achievement of 3.5% of income.

This achievement level is beyond what has previously been achieved by the Trust, particularly given the operational challenges faced and the financial framework meaning inability to achieve CIP through additional activity.

Capital

The Trust has reported capital expenditure of £12.3m YTD against CDEL, which is marginally behind plan. The Trust has £37m of programmes for delivery in H2, including wards and theatres.

Due to the risk of slippage, we have identified a number of schemes to bring forward expenditure from 2023/24, including increasing the profile of wards expenditure. This is mitigating the risk at the end of the year.

The Trust is also forecasting expenditure of £19m on externally funded schemes. The business case to support Aseptic pharmacy expansion at Adanac Park was submitted in-month.

Given the mitigating actions approved at TIG, we remain confident of delivering the capital programme in full. This will continue to be closely monitored.

We are also reporting the capital lease associated with the Adanac Park Multi-Storey Car Park in M6, although against national CDEL linked to new accounting guidance on capitalisation of leases (IFRS16).

Wider System Performance

The UHS deficit remains circa 2.5%. Whilst this position is challenging, it is favourable to HIOW ICS performance and Southeast Region performance to date. A verbal update on the latest external position will be provided.

Forecast

We are anticipating guidance on a protocol required to change the formally reported forecast financial position of the Trust. This may include:

- Changing positions together as a system, with ICS review
- Clear evidence of internal governance (Board approval)
- Clear rationale for movement alongside a system-approved financial recovery plan, with wider ownership beyond the finance directorate
- Evidence of peer-to-peer review

We are therefore anticipating undertaking this exercise during the next few months. Timescales are expecting to become clearer following further guidance.

We are therefore continuing to forecast a break-even position, despite the pressures evident in our YTD position. However, we continue to supplement this forecast with a risk-analysis including various scenarios, with an intermediate case deficit at year-end of £29m. This is consistent with the M1-6 run-rate, noting additional winter and energy pressures being off-set by financial recovery actions and CIP schemes. Further detail is included in the main body of the finance report.

It should be noted that we are reporting additional substantive recruitment in September in the People report. This is assumed will support reductions in temporary staffing levels in future months and is not factored into the forecast position. This does however present an additional risk if operational pressures prevent reductions in temporary staffing levels.

Cash

The cash position remains consistent with the forecast reported to Trust Board Study Session in-month. In M6 there has been a further deterioration partially due to delayed receipt of national pay-award funding, which was received early in M7.
We are continuing to have a current-account deficit, which is being funded by our capital investment savings account. Should the current run-rate

	continue, UHS will approach the set Minimum Cash Holding position in mid-2023/24. **Productivity** Whilst HIOW ICS are believed to be a marginal outlier on financial positions, latest productivity data casts a more positive light on performance. Comparing to 19/20: • Top 10 ICS for productivity movement since 19/20, although noting this is driven by higher activity levels, with higher cost increases. • UHS is at national average, with higher cost off-set by higher activity levels. However, it should be noted that the analysis includes costs off-set by other income sources, including R&D (£21m 19/20, £16m by M4 in 22/23) and pass-through drugs and devices (£15m increase M4 19/20 to M4 22/23). We continue to lobby to refine the national productivity analysis to exclude items separately funded in order to create a realistic comparator. Excluding these items for UHS in isolation would suggest the Trust is one of the top-performers. Comparing to 21/22: • Top 7 ICS' for productivity movement since 21/22 • UHS productivity movement since 21/22 = 2% increase (top 20 Trusts nationally) Whilst our comparative productivity looks healthy, this does however reflect a loss of overall productivity since 19/20, driven by the same drivers outlined in the reported position. We are continuing to review this movement in productivity by Specialty as part of the Trust Savings Group.
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 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 6

Report to:	**Board of Directors and Finance & Investment Committee** **September 2022**
Title:	**Finance Report for Period ending 30/09/2022**
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:

In Month and Year to date Highlights:

1. In Month 6, UHS reported a deficit position of £2.5m adverse which was £2.1m adverse to the planned £0.4m deficit. The YTD position is £14.2m deficit which is £8.4m adverse to the planned deficit target of £5.7m.

2. The underlying position is however £18.3m deficit YTD with one off benefits helping improve the in year reported position. Estimates of the forecast indicate an intermediate projection of £37m before accounting for non recurrent costs and benefits. This is heavily influenced by largely uncontrollable costs relating to covid, inflation, MOFD numbers and energy expenditure.

3. CIP YTD delivery is £18.8m, a significant increase from the £12.1m achieved at M5. This exceeds the planned YTD delivery of £16.1m by £2.7m. Additional delivery in M6 includes £2.6m recognition of CIP that has been achieved over the previous five months. Of the £18.8m delivered YTD £7.7m has been transacted by Divisions and Directorates and £11.1m has been transacted through Central Schemes.

4. The main income and activity themes seen in M6 were:
    1. UHS has delivered 105% of Elective Recovery activity in M6, slightly above target.
    2. ERF income of £3.8m YTD has been estimated within the position, at 75% marginal rate, off-setting the variable costs of additional activity.
    3. Covid related sickness absence started to increase again to c100 WTE per day.

5. The underlying deficit of £3.4m 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 – (£0.9m per month) – Inflationary pressure increasing
    3. Covid Costs – (£0.7m per month) – continued sickness absence costs and covid spend which has not reduced as per planning assumptions
    4. Inflationary and pay award pressures (£0.3m per month) – costs are unfunded
    5. Activity and MOFD related pressures (£0.5m per month) – ED costs above plan as a result of significant operational pressure. This is also reducing the potential for further ERF.

Finance: I&E Summary

A deficit position of £2.5m was reported in September adverse to the planned position of £0.4m deficit. The YTD position of £14.2m deficit is also £8.4m adverse to the planned £5.7m deficit target.

Income and expenditure were both distorted in month by the national pay award for Agenda for Change staff and consultants which was backdated to 1st April. There is therefore £5.8m of income and £6.8m of expenditure relating to months 1-5 within the position. The pay award has generated a net pressure of £0.2m per month.

Other income is significantly over plan YTD (£21.5m) relating to two significant covid R&D studies. These do however have offsetting costs within Other non pay. CIP delivery within clinical supplies has helped report below plan spend within this category.

The Trust continues to report a breakeven annual forecast position for 2022/23.

		Current Month			Cumulative			Forecast		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	69.8	75.3	(5.5)	418.5	423.0	(4.5)	837.0	846.1	(9.0)
	Pass-through Drugs & Devices	11.2	13.8	(2.6)	67.3	74.3	(7.1)	134.6	148.7	(14.1)
Other income	Other Income excl. PSF	10.6	13.7	(3.1)	63.3	84.8	(21.5)	126.6	149.7	(23.1)
	Top Up Income	0.7	0.8	(0.2)	4.8	4.0	0.8	8.3	8.0	0.3
Total income		**92.2**	**103.6**	**(11.4)**	**554.0**	**586.2**	**(32.2)**	**1,106.6**	**1,152.4**	**(45.8)**
Costs	Pay-Substantive	49.4	55.6	6.2	293.2	303.3	10.2	591.6	606.7	15.1
	Pay-Bank	2.6	4.8	2.2	19.0	24.2	5.2	33.2	43.3	10.2
	Pay-Agency	1.0	1.2	0.2	6.9	7.5	0.5	12.0	12.9	0.9
	Drugs	5.1	5.0	(0.0)	30.8	28.9	(1.9)	59.7	60.2	0.5
	Pass-through Drugs & Devices	11.2	13.8	2.6	67.3	74.3	7.1	134.6	148.7	14.1
	Clinical supplies	6.6	5.7	(0.8)	41.6	40.2	(1.3)	74.6	78.0	3.3
	Other non pay	15.8	19.4	3.7	95.4	117.3	21.9	189.6	192.1	2.4
Total expenditure		**91.7**	**105.6**	13.9	**554.1**	**595.7**	**41.6**	**1,095.3**	**1,141.9**	**46.6**
EBITDA		**0.6**	**(1.9)**	**2.5**	**(0.1)**	**(9.5)**	**9.4**	**11.2**	**10.5**	0.7
EBITDA %		0.6%	-1.9%	2.5%	0.0%	-1.6%	1.6%	1.0%	0.9%	0.1%
	Non operating expenditure/income	(0.9)	(0.8)	0.1	(5.6)	(5.2)	0.4	(11.1)	(11.1)	0.0
Surplus / (Deficit)		**(0.4)**	**(2.7)**	**2.3**	**(5.7)**	**(14.7)**	**9.0**	**0.1**	**(0.6)**	**0.7**
Less	Donated income	(0.1)	0.1	(0.2)	(0.7)	(0.5)	(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	0.7	1.0	0.4	1.3	2.0	0.7
Net Surplus / (Deficit)		**(0.4)**	**(2.5)**	**2.1**	**(5.7)**	**(14.2)**	**8.4**	**0.0**	**0.0**	**0.0**

University Hospital Southampton NHS
NHS Foundation Trust

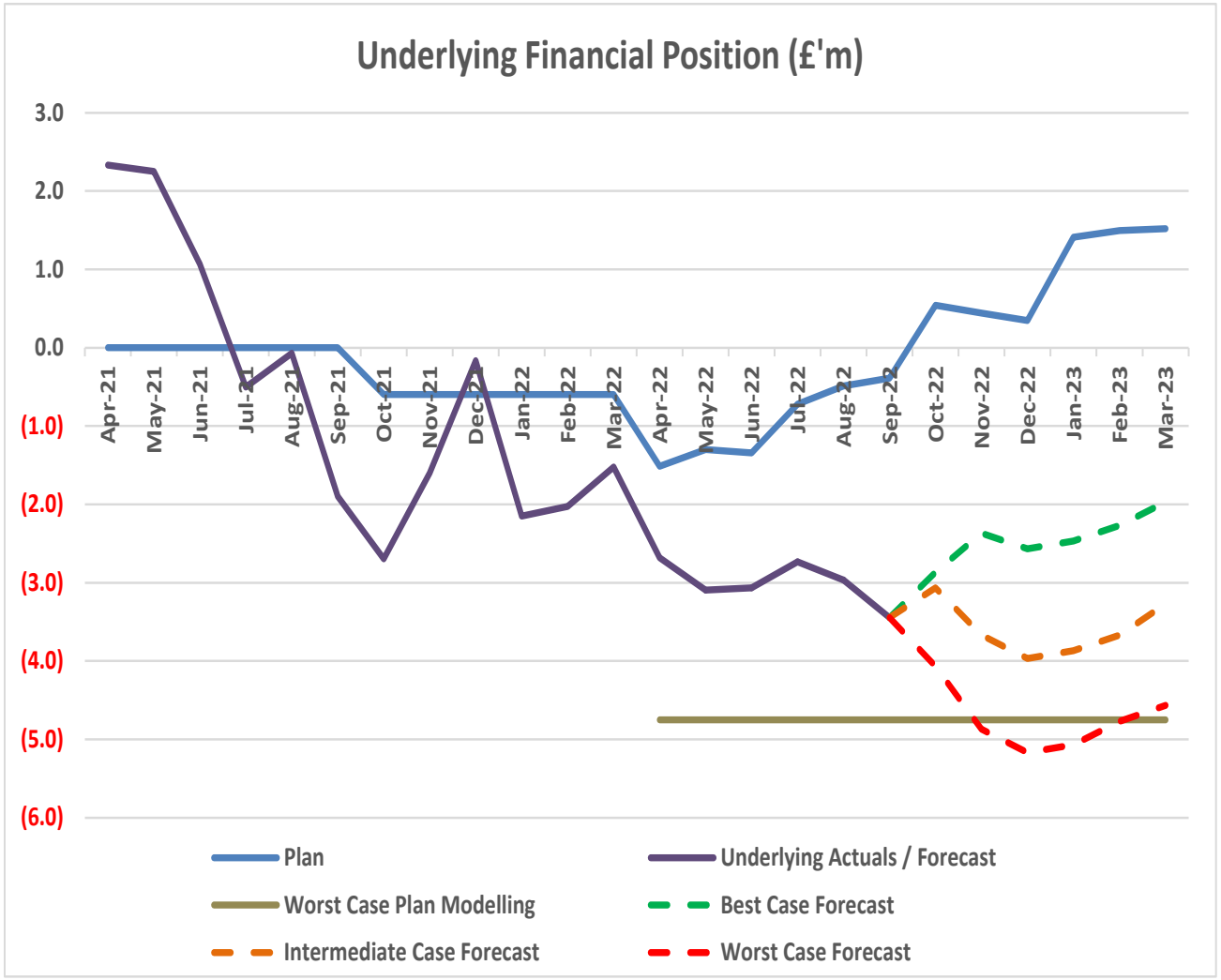
Monthly Underlying Position

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 position is £3.4m deficit in M6 higher than the reported deficit with backdated savings removed.

The run rate from month 1 to month 6 is now on average £3.1m deficit per month due mainly to energy cost pressures, continuing covid pressures, inflationary pressures and the unfunded pay award pressures. This is in addition to activity related operational pressures especially within ED and related to delayed discharges.

A range of deficit scenarios have been modelled which are shown on the graph. The variables within this projection are detailed overleaf.



Financial Risks

The table illustrates the key variables driving the underlying deficit position.

It is acknowledged that this generates a wide ranging forecast between £30m deficit and £43m deficit with an intermediate forecast assessment of £37m deficit. This has improved from M5 with energy costs reassessed following a review of the government announced energy cap. Energy costs still are likely to drive a £10m deficit gap however with costs still forecast to increase through winter months.

Costs have also been included relating to the bank holiday (£2.7m impact) and relating to the pay award funding gap for which mitigations are being explored.

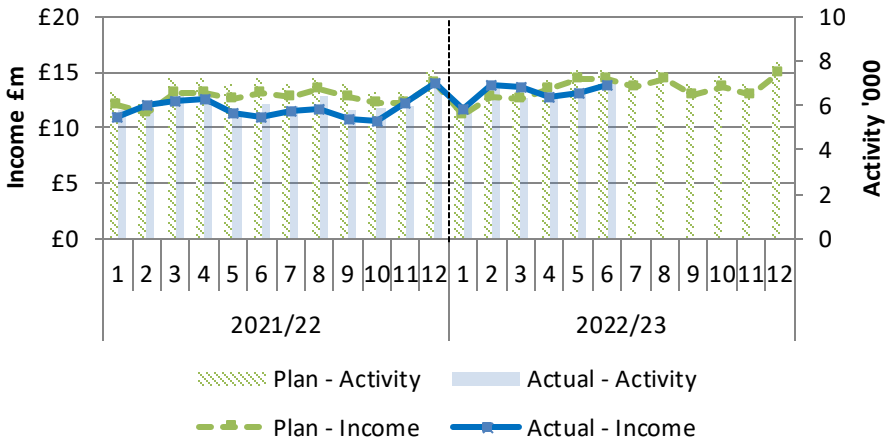
A further risk not within the table relates to the non-payment of the elective recovery fund.

Additional staffing costs following successful recruitment in September are expected to be offset by reduced temporary staffing costs.

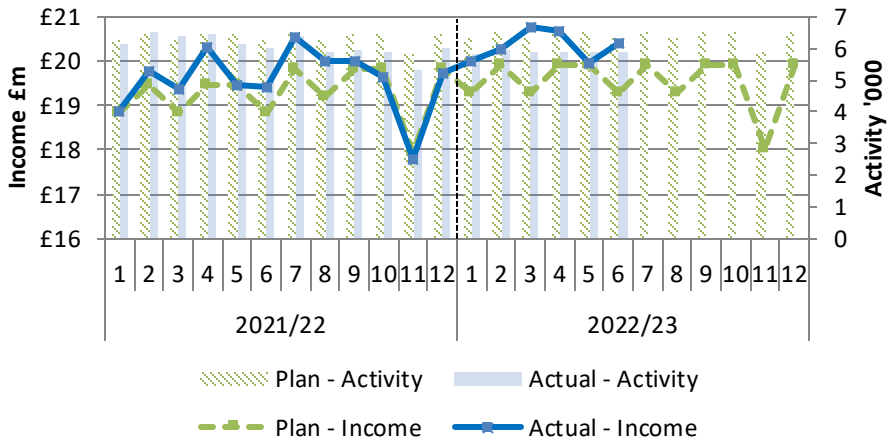
			Forecast Assessment		
Risk Variable	**Controllable / Uncontrollable**	**Original Worst Case Assessment (£m)**	**Best Case (£m)**	**Intermediate Case (£m)**	**Worst Case (£m)**
Cost Improvement Plans not fully delivered	Controllable	(28.9)	0.0	0.0	0.0
Covid 19 remains at above 'background' levels slowing the release of covid related costs	Uncontrollable	(17.0)	(8.0)	(9.0)	(10.0)
Inflationary pressures impacting the price of goods and services	Uncontrollable	(11.3)	(4.0)	(5.0)	(6.0)
Energy Cost prices continue to rise	Uncontrollable		(8.0)	(10.0)	(12.0)
Stock outs cause price and/or supply chain risks to materialise	Uncontrollable	0.0	(0.5)	(1.0)	(1.5)
Block drugs and devices costs continue to overspend	Uncontrollable	0.0	(1.5)	(2.0)	(2.5)
Medically optimised for discharge numbers do not reduce	Uncontrollable	0.0	(4.0)	(5.0)	(6.0)
Pay Award Funding Gap	Uncontrollable	0.0	(1.3)	(2.0)	(2.6)
Additional Bank Holiday Costs	Uncontrollable	0.0	(2.7)	(2.7)	(2.7)
Underlying Deficit Total		**(57.2)**	**(30.0)**	**(36.7)**	**(43.3)**
Additional Non Recurrent CIPs			30	8.0	0.0
Reported Deficit Total		**(57.2)**	**0.0**	**(28.7)**	**(43.3)**

Clinical Income

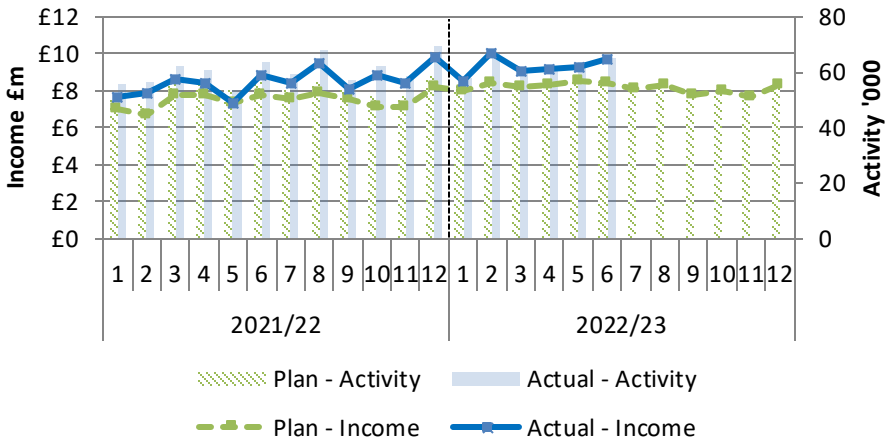
Elective spells



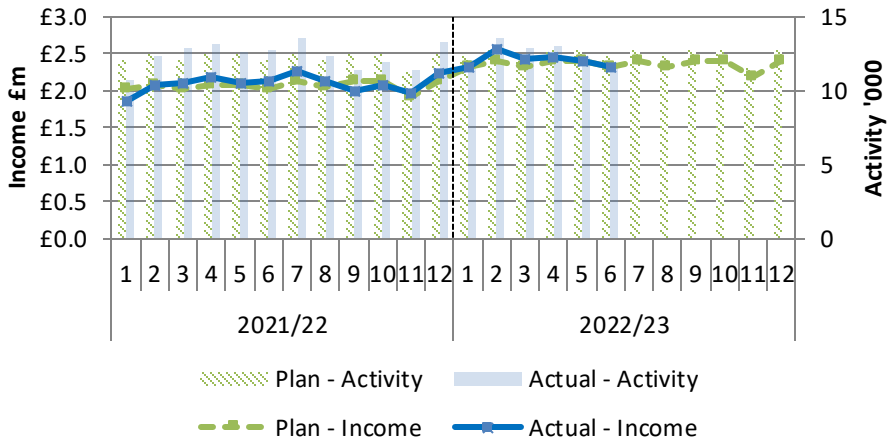
Non elective spells



Outpatients Total

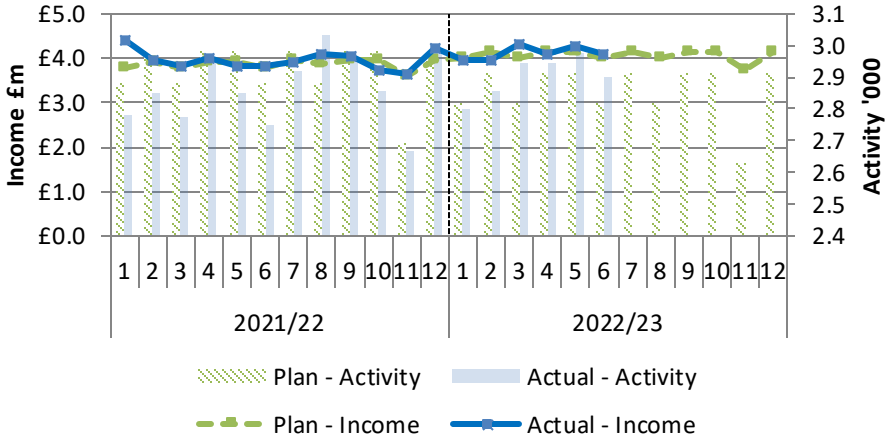


A&E

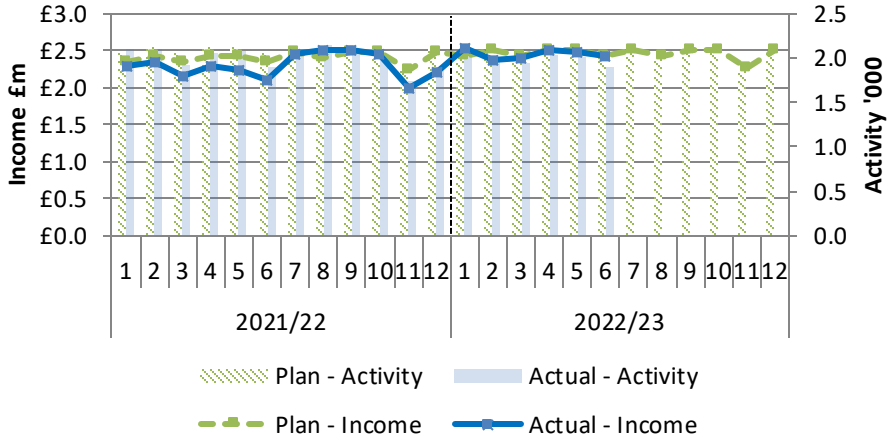


Clinical Income

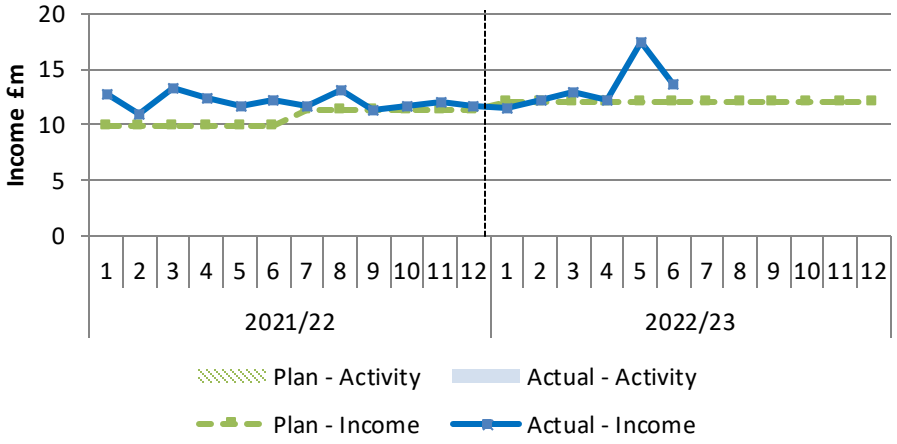
Adult critical care



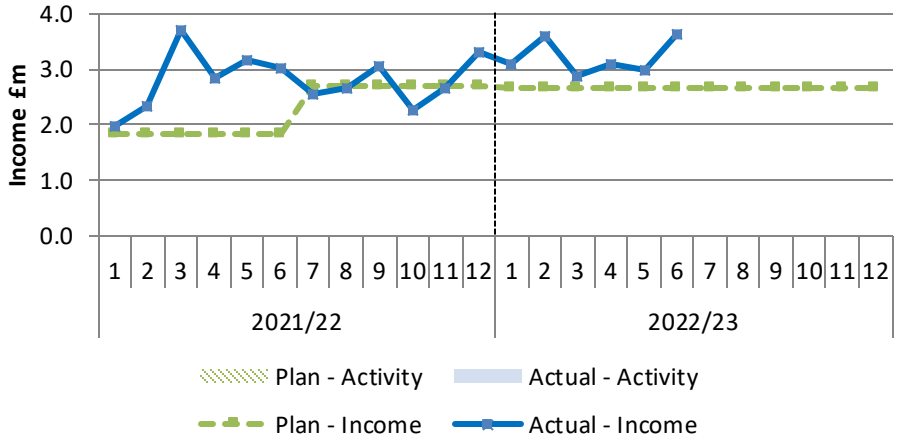
Neonatal & paediatric critical care



Tariff excluded drugs



Tariff excluded devices



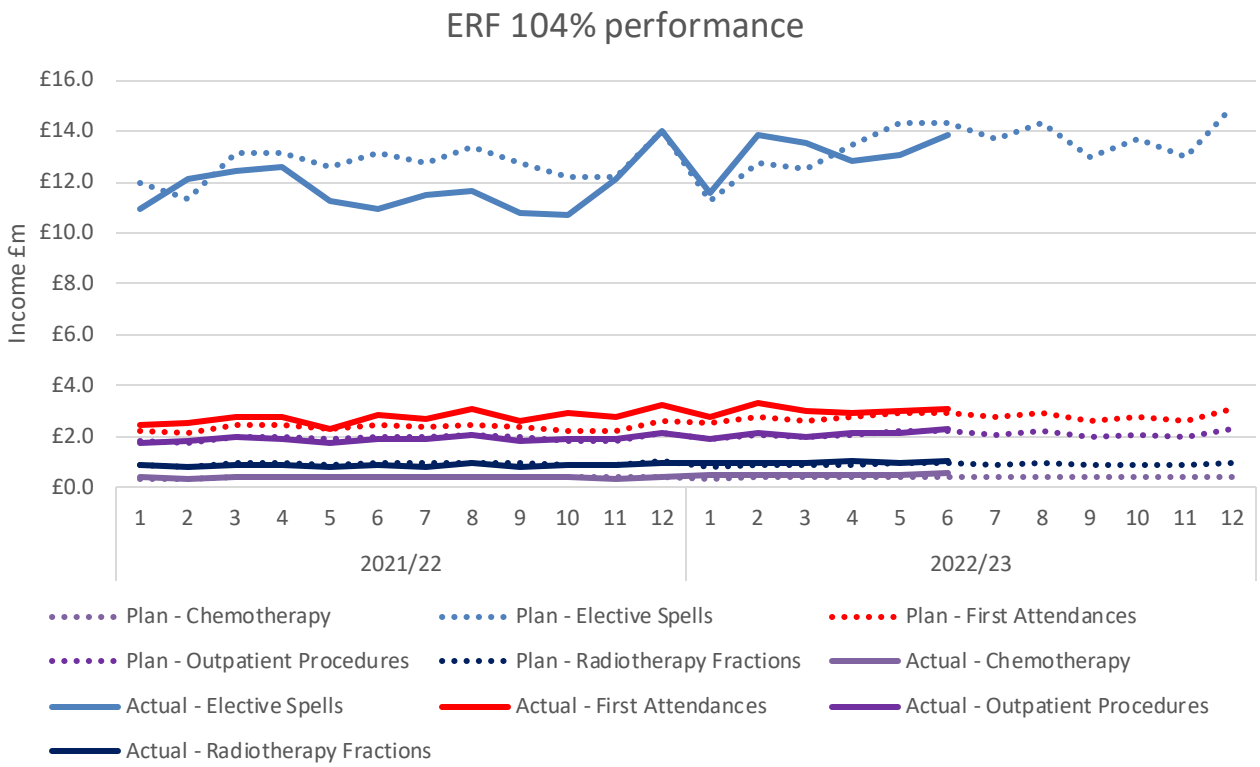
Elective Recovery Fund 22/23

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 M6 performance of 105%. YTD performance remains at 106%.

An ERF payment of £3.8m 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 three months in arrears.



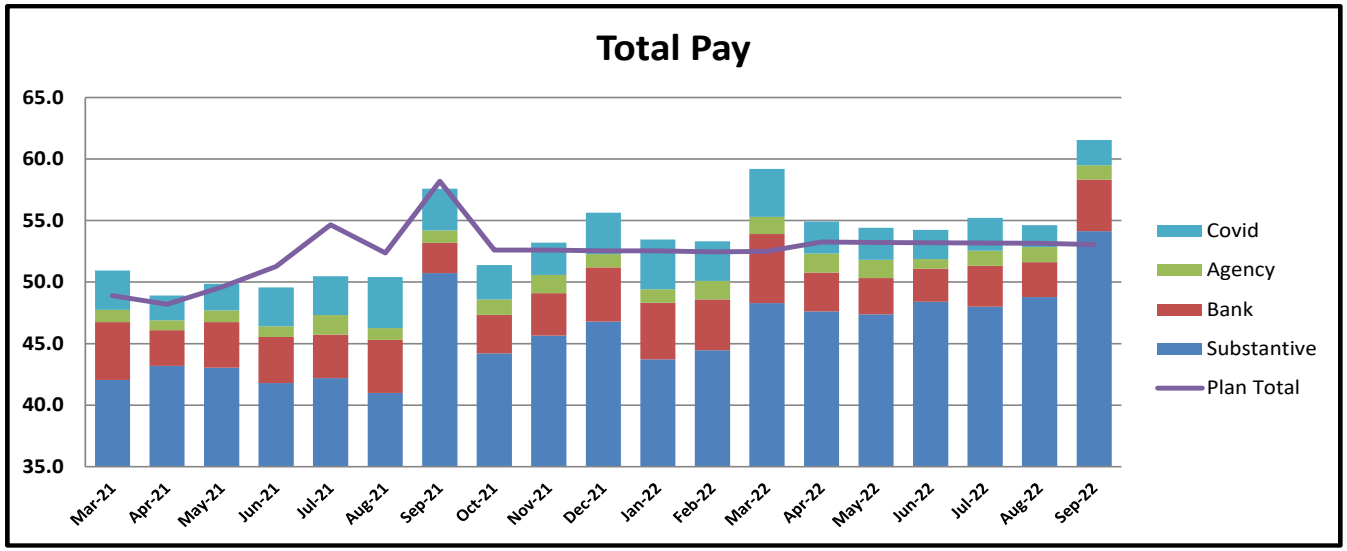
Elective Recovery Framework Performance	M1	M2	M3	M4	M5	M6	YTD
Elective performance	99%	107%	110%	99%	97%	102%	103%
Outpatient first and procedures performance	109%	117%	112%	108%	104%	109%	110%
Chemotherapy performance	146%	127%	142%	127%	129%	134%	134%
Radiotherapy performance	119%	112%	114%	116%	105%	113%	113%
Overall ERF performance	**104%**	**111%**	**112%**	**103%**	**100%**	**105%**	**106%**
Anticipated ERF payment (incl. A&G)	**£826**	**£1,673**	**£1,502**	**£125**	**-£563**	**£260**	**£3,824**
Outpatient follow up performance	130%	137%	130%	125%	122%	125%	128%

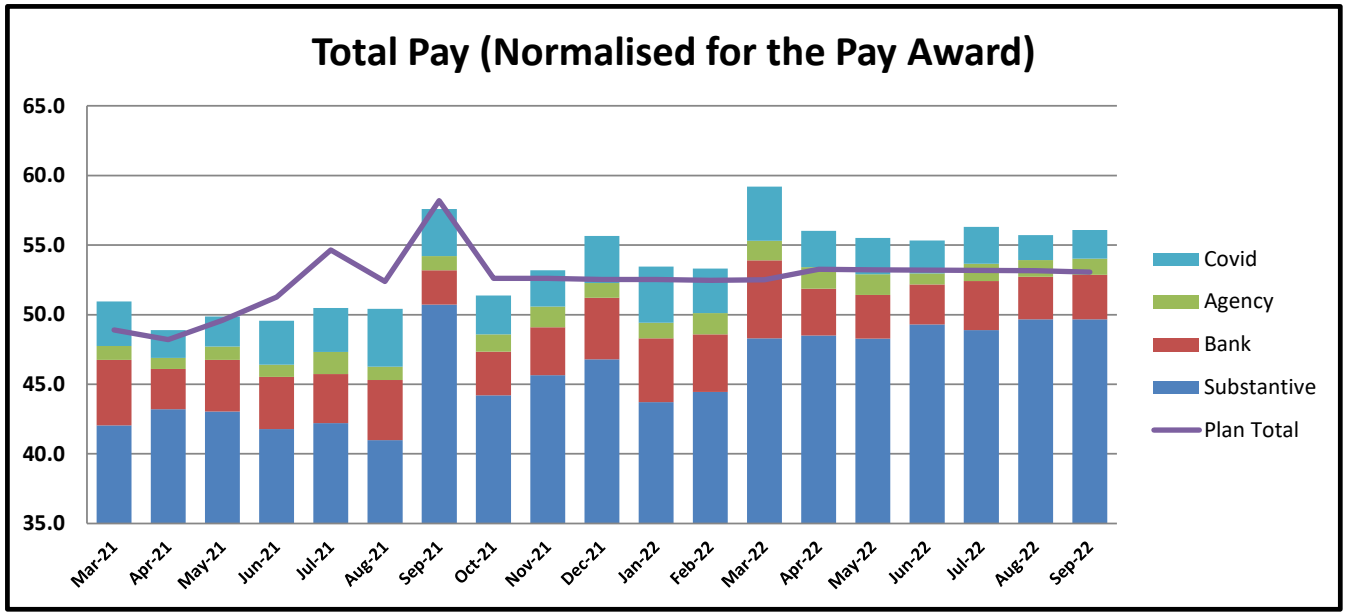
University Hospital Southampton NHS
NHS Foundation Trust

Substantive Pay Costs

Total pay expenditure in September was £61.6m, up from August by £6.9m. The increase is due to the backdated pay award paid in September (£6.8m) hence a further graph shows the normalised position.

This illustrates relatively flat pay costs so far this year with substantive increases offset by bank, agency and covid spend reductions. Staff in post numbers are however increasing with August and September both showing sharp increases in staffing numbers mainly on junior doctor and nursing and midwifery posts. This should lead to reduced temporary staffing spend in time however a spike in pay costs in October is anticipated as reductions tend to be lagged. Covid staff costs are estimated at £2m which is £0.1m more than August. Much of this relates to sickness absence backfill costs.



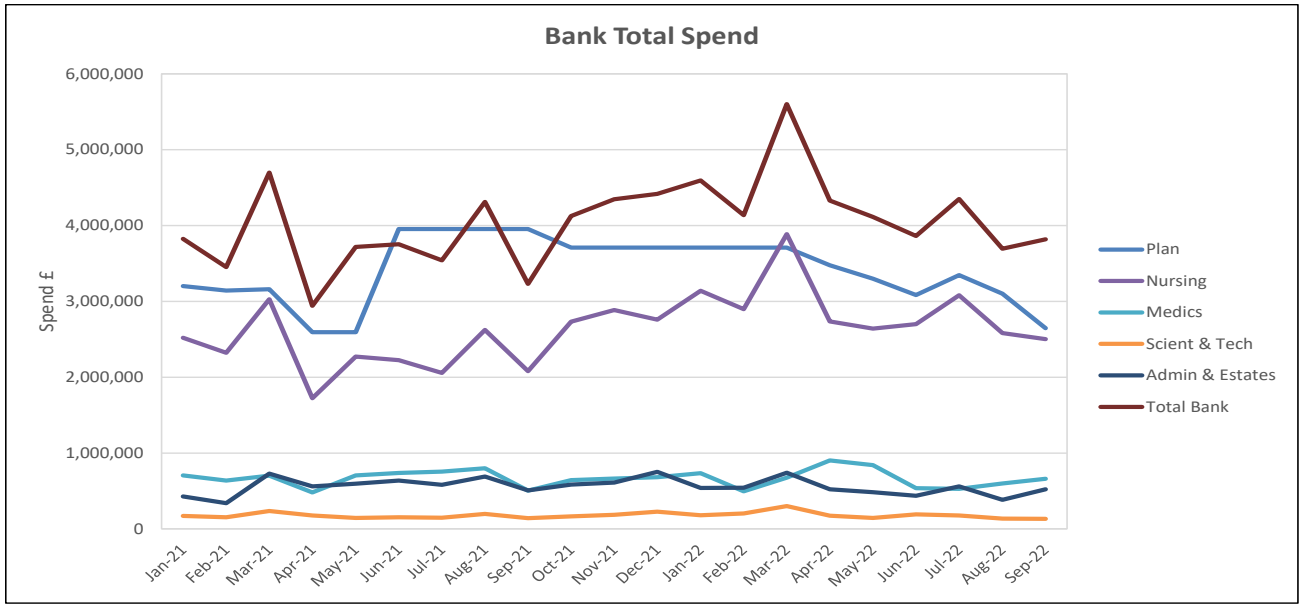


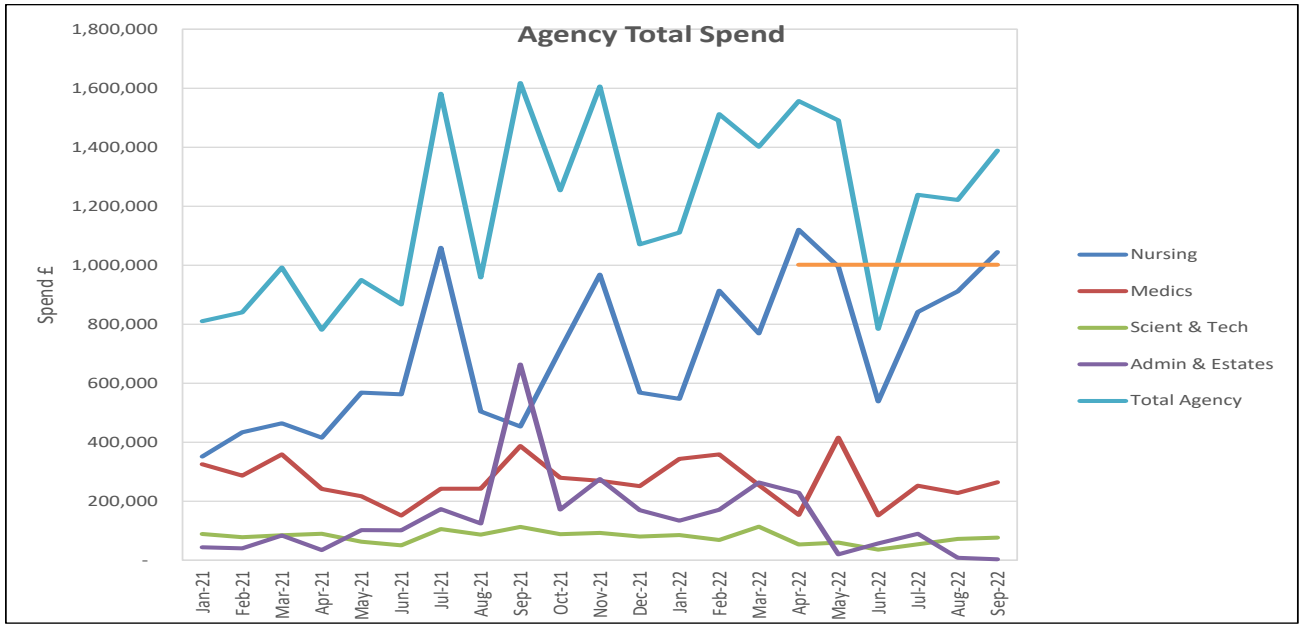
Temporary Staff Costs

Expenditure on Bank staff remains flat from August at just under £4m in month. Encouragingly medical and nursing bank spend both marginally reduced. It is hoped this can be sustained as staff in post numbers increase.

Agency spend increased c£0.2m mainly due to increases in nursing spend (this has been normalised for a one off credit of £0.2m). This was mainly within Emergency Medicine.

Spend is above the 22/23 agency ceiling however remains comparably lower than other similar sized trusts. There is significant volatility within monthly spend however with costs ranging between £0.8m and £1.6m per month over the last year. Reducing agency spend remains a focus area for the Trust Savings Group (TSG).





Covid Costs 22/23

The table illustrates Covid costs incurred YTD versus 22/23 plan. 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 £14.5m which is £4.1m ahead of plan. This is due particularly to staff sickness absence and associated backfill costs being incurred which are £0.4m over plan. Critical Care and ED contribute a further £4.3m of costs in excess of plan.

All areas of spend are under continuous review especially those associated with national guidance changes. Alternatively for some areas where an ongoing need has been identified discussions with commissioners have taken place 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.

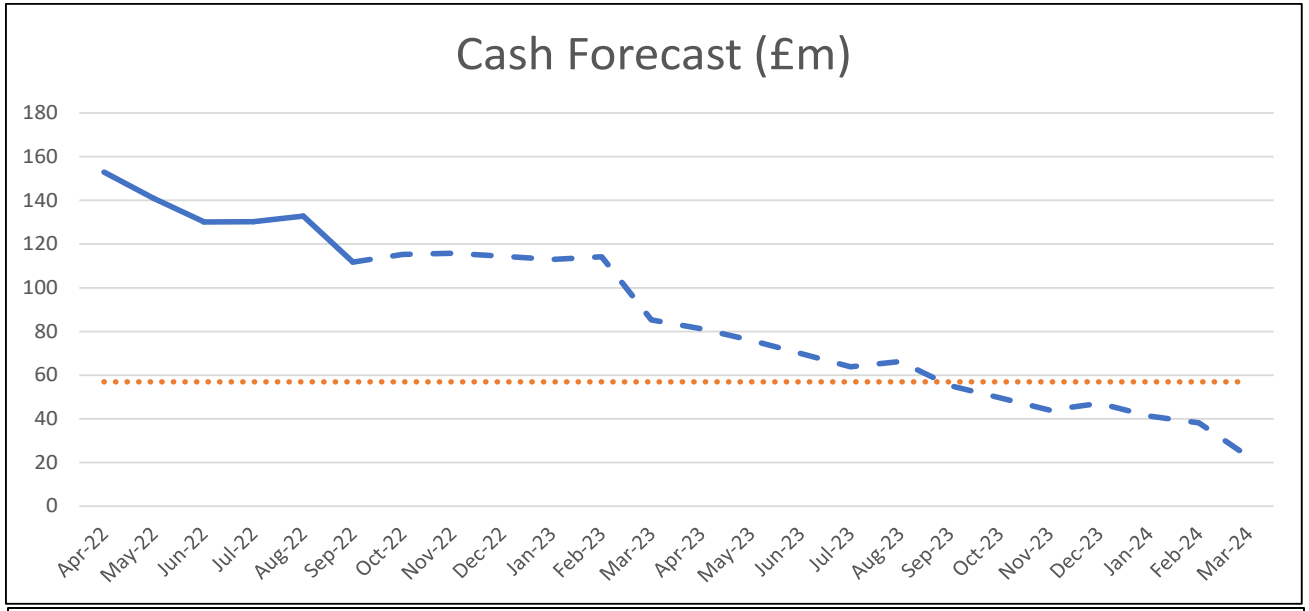
Description	2022/23 Annual Plan (£'000)	2022/23 YTD Plan (£'000)	2022/23 YTD Actual (£'000)	2022/23 YTD Variance (£'000)
Covid Related Staff Sickness / Absence	9,123	4,562	4,941	(380)
Critical Care Additional Capacity	4,914	2,457	4,529	(2,072)
ED Additional Staff / Segregated Pathways	1,800	900	3,234	(2,334)
Car Parking Income - Patients / Visitors	1,320	660	660	0
Additional Cleaning / Decontamination	812	406	454	(48)
C5 uplift to L2 facility for 12 beds for Covid	480	240	240	0
Staff / High Risk Patient Covid Testing	500	250	210	40
PPE / Perso Hoods and Consumables	320	160	12	148
Staff Psychology Support	200	100	28	72
Car Parking Income - Staff	183	92	92	0
Clinical Engineering	138	69	0	69
Covid Medical Model (Div B)	115	57	57	0
PAH Theatres social distancing	108	54	0	54
Infection Control Team	107	54	18	36
Other (sub £100k plans)	694	347	36	311
TOTAL	**20,813**	**10,407**	**14,511**	**(4,104)**

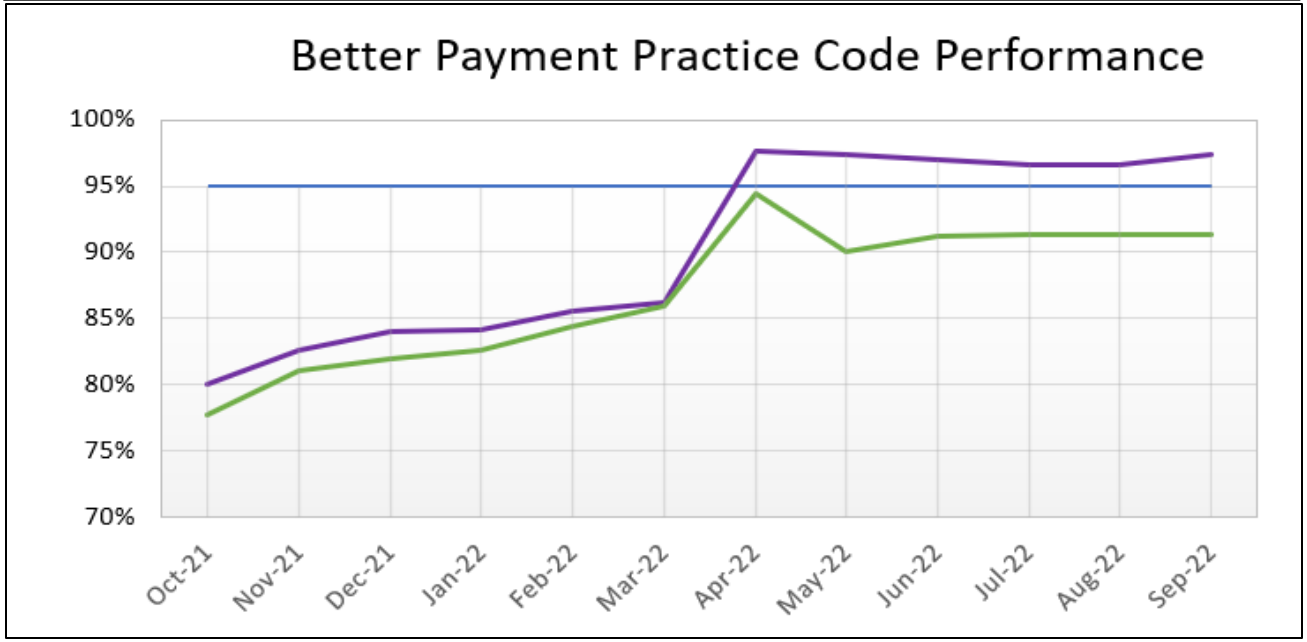
Cash

The cash balance reduced by £21m in September to £112m and is analysed in the movements on the Statement of Financial Position.

A cash forecast has been completed for the next 18 months projecting a material decline in cash driven by an underlying deficit and sizeable internally funded capital programme of £49m per annum. It is however difficult to predict beyond 22/23 as the financial regime has yet to be confirmed for future years.

BPPC in month for September is over the 95% target at 97.4%, (August 96.6%) for number of invoices, however, has reduced in month for value to 91.3% (August 91.4%) with our YTD position stable. We are continuing to review where we can work on the 95% target for value targeting material suppliers.





Capital Expenditure

(Fav Variance) / Adv Variance

Expenditure on capital schemes was £27.0m for the year to month 6. However £14.4m of this relates to the lease of the multistorey car park at Adanac Park which will be offset by national CDEL funding for accounting changes associated with IFRS16.

Excluding this item, expenditure for the year to month 6 was £12.6m, and the total in month spend was £4.1m.

The Trust has spent 25% of the £49m internal capital funding and only c£0.3m of external funding. The rate of expenditure will however significantly increase in H2 with large estates projects such as the wards above oncology, theatres refurbs and fit out of C level of the vertical extension reaching more intensive phases.

		Month			Year to Date			Full Year Forecast		
		Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var
Scheme	Org	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Internally Funded Schemes										
Strategic Maintenance (excl. Neuro Ventilation)	UHS	649	199	450	2,578	1,384	1,194	7,185	6,941	244
Refurbish of Neuro Theatres 2 & 3 (incl. Ventilation)	UEL	243	535	(292)	243	1,251	(1,008)	1,800	3,416	(1,616)
General Refurbishment Fund	UHS	3	0	3	15	22	(7)	1,097	1,597	(500)
Refurbishment of Theatres 10 & 11/F level Fit Out	UEL	0	107	(107)	218	459	(241)	5,000	5,000	0
Oncology Centre Ward Expansion Levels D&E	UEL	0	1,334	(1,334)	886	3,648	(2,762)	8,000	8,000	0
Fit out of C Level VE (MRI) Capacity	UEL	3,296	0	3,296	3,296	0	3,296	6,592	6,592	0
Donated Estates Schemes	UHS	654	56	598	1,442	298	1,144	5,362	4,293	1,069
Other Estates Schemes	UHS	504	606	(102)	1,277	1,205	72	2,681	2,425	256
Information Technology (incl. Pathology Digitisation)	UHS	545	513	32	2,567	1,993	574	5,448	5,448	0
IMRI	UHS	0	83	(83)	104	198	(94)	1,300	400	900
Medical Equipment panel (MEP)	UHS	125	486	(361)	375	709	(334)	2,500	2,810	(310)
Other Equipment	UHS	85	34	51	617	319	298	1,550	1,550	0
Other	UHS	17	160	(143)	656	906	(250)	691	1,244	(553)
Slippage	UHS	0	0	0	0	0	0	(3,380)	(2,574)	(806)
Donated Income	UHS	(717)	(241)	(476)	(1,679)	(515)	(1,164)	(6,760)	(5,341)	(1,419)
Total Trust Funded Capital excl Finance Leases		**5,404**	**3,873**	**1,531**	**12,595**	**11,875**	**720**	**39,066**	**41,801**	**(2,735)**
Leases										
Medical Equipment Panel (MEP) - Leases	UHS	25	84	(59)	230	249	(19)	700	390	310
Equipment leases	UHS	35	0	35	105	142	(37)	500	400	100
IISS	UHS	0	0	0	285	0	285	3,115	1,190	1,925
Fit out of C Level VE (MRI) Capacity	UHS	0	0	0	0	0	0	5,619	4,969	650
Total Trust Funded Capital Expenditure		**5,464**	**3,956**	**1,508**	**13,215**	**12,267**	**948**	**49,000**	**48,750**	**250**
Disposals	UHS	0	0	0	0	0	0	0	0	0
Top Up to external Schemes		0	0	0	0	0	0	0	250	(250)
Total Including Technical Adjustments		**5,464**	**3,956**	**1,508**	**13,215**	**12,267**	**948**	**49,000**	**49,000**	**0**
Externally Funded Schemes										
Maternity Care System (Wave 3 STP)	UHS	0	91	(91)	89	91	(2)	89	239	(150)
Digital Outpatients (Wave 3 STP)	UHS	49	20	29	294	108	186	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	68	(68)	0	100	(100)
Targeted Lung Health Checks CT Scanner	UHS	0	0	0	0	0	0	0	1,363	(1,363)
Pathology Digitisation / LIMS	UHS	0	79	(79)	0	79	(79)	0	250	(250)
Community Diagnostic Centre Phase 2	UHS	0	0	0	0	0	0	0	3,250	(3,250)
Asceptic Pharmacy Building	UHS	0	0	0	0	0	0	0	1,000	(1,000)
P1P2 Additional IT Funding	UHS	0	0	0	0	0	0	0	2,875	(2,875)
Transfer from schemes within CDEL	UHS	0	0	0	0	0	0	0	(250)	250
Total CDEL and External Schemes		**5,513**	**4,146**	**1,367**	**13,598**	**12,612**	**986**	**49,681**	**68,419**	**(18,738)**
Outside CDEL Limit									0	
Adanac Park Car Park	UHS	0	10,941	(10,941)	0	14,400	(14,400)	0	14,400	(14,400)
Total Capital Expenditure		**5,513**	**15,086**	**(9,573)**	**13,598**	**27,012**	**(13,414)**	**49,681**	**82,819**	**(33,138)**

Statement of Financial Position

(Fav Variance) / Adv Variance

The September statement of financial position illustrates net assets of £466.7m.

The comparison between Month 5 and Month 6 has been made more difficult as a result of the actioning of moving accounting for most of Theatres to UHS Estates Ltd. Although most of the changes have been netted off on consolidation there are still some differences at the receivables and payables level.

The movement on cash can be attributed to the following: £5m pay awards paid out (funding received in M7), £5m system payables from M5 paid out in M6, £3m additional VAT to be claimed, £3m dividend paid out in M6, £1m loan repayments in M6 and £3.3m Health Education England income received in M5 but relating to M6.

Statement of Financial Position	2021/22 YE Actuals £m	2022/23 M5 Act £m	2022/23 M6 Act £m	2022/23 MoM Movement £m
Fixed Assets	471.9	463.8	476.4	12.6
Inventories	17.0	16.6	15.5	(1.1)
Receivables	53.1	54.8	67.5	12.6
Cash	148.1	132.8	111.7	(21.1)
Payables	(204.2)	(198.7)	(194.5)	4.2
Current Loan	(1.7)	(1.7)	(1.7)	0.0
Current PFI and Leases	(9.1)	(8.3)	(8.2)	0.2
Net Assets	**475.0**	**459.3**	**466.7**	**7.4**
Non Current Liabilities	(23.0)	(21.0)	(20.8)	0.2
Non Current Loan	(6.8)	(6.3)	(6.1)	0.3
Non Current PFI and Leases	(33.6)	(32.4)	(43.0)	(10.6)
Total Assets Employed	**411.6**	**399.6**	**396.9**	**(2.7)**
Public Dividend Capital	261.9	261.9	261.9	0.0
Retained Earnings	115.6	103.6	100.9	(2.7)
Revaluation Reserve	34.1	34.1	34.1	0.0
Other Reserves				
Total Taxpayers' Equity	**411.6**	**399.6**	**396.9**	**(2.7)**

University Hospital Southampton NHS
NHS Foundation Trust

Efficiency and Cost Improvement Programme 22/23 – M6

UHS Total - £39.9m identified, 88% of the total 22/23 requirement which = £45.4m

Divisions and Directorates - £17m of CIP schemes identified (an increase from £14.5m at M5). This represents 85% of it's 22/23 target which = £20m

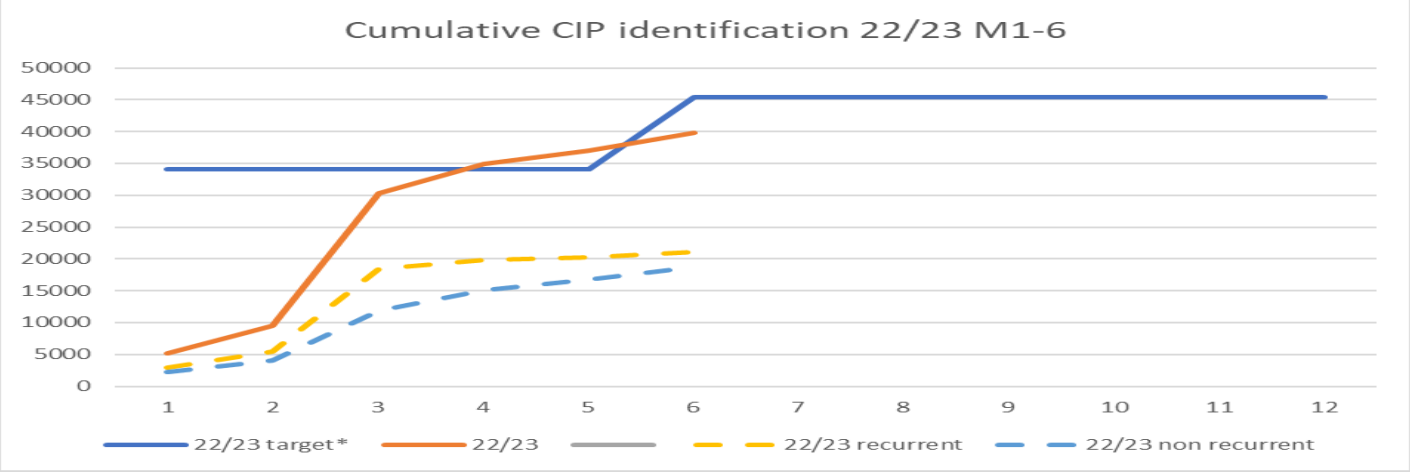
Central Schemes - £22.9m of CIP schemes identified (an increase from £22.5m at M5). This represents 90% of the 22/23 target which = £25.4m

Of the identified UHS total, £7.9m is Pay, £24.9m is Non-Pay, and £7.1m is Income

Divisional identification varies from 71% to 95%, a detailed breakdown by Care Group can also be found in Appendix 1

Month 6 CIP Identification	Non Recurrent ('000s)	Recurrent ('000s)	Total ('000s)	Target ('000s)	% Identified
Division A	£2,292	£1,735	£4,027	£4,260	95%
Division B	£2,004	£2,055	£3,145	£5,535	73%
Division C	£2,162	£652	£2,814	£3,938	71%
Division D	£1,038	£2,284	£3,323	£3,573	94%
THQ	£816	£1,198	£2,014	£2,695	76%
Unallocated Procurement Schemes	£0	£598	£598		
Central Schemes	£10,422	£12,042	£22,964	£25,400	90%
Grand Total	**£18,784**	**£21,074**	**£38,885**	**£45,400**	**88%**

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



**based on 75% identification by the end of Q1 and 100% identification by the end of Q2*

University Hospital Southampton NHS
NHS Foundation Trust

Efficiency and Cost Improvement Programme 22/23 – M6

M6 Trust YTD delivery is £18.8m, an increase from the £12.1m achieved at M5.

Our £18.8m delivery YTD now exceeds planned YTD delivery of £16.1m

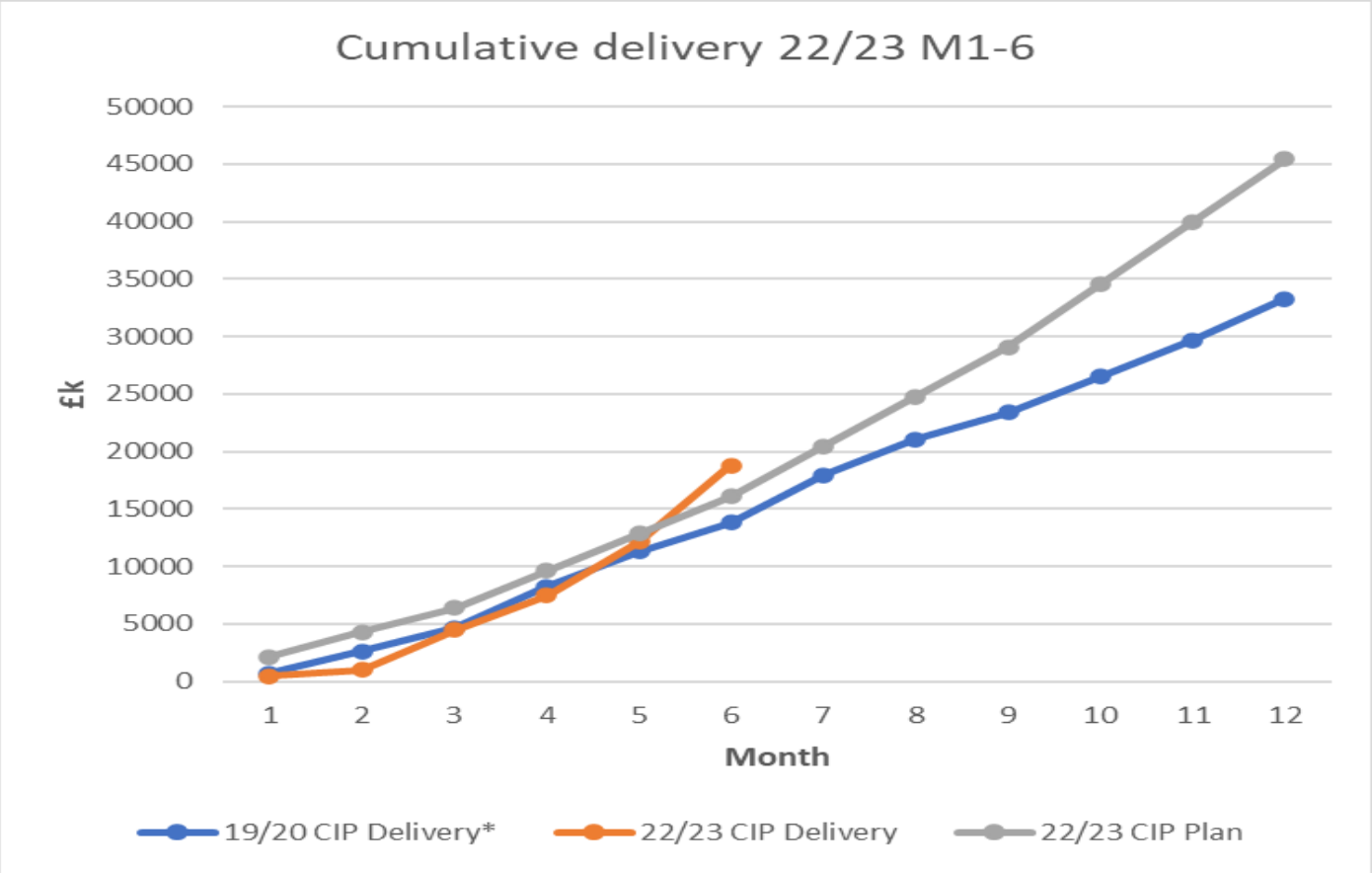
Additional delivery in M6 includes £2.6m recognition of CIP that has been achieved over the previous five months.

Of the £18.8m delivered YTD:

- £7.7m has been transacted by Divisions and Directorates

- £11.1m has been transacted through Central Schemes.

Of the Trust YTD achievement, £11m is non-recurrent. This includes £6m of non-recurrent Central Schemes.



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

University Hospital Southampton NHS
NHS Foundation Trust

Efficiency and Cost Improvement Programme 22/23 – M6

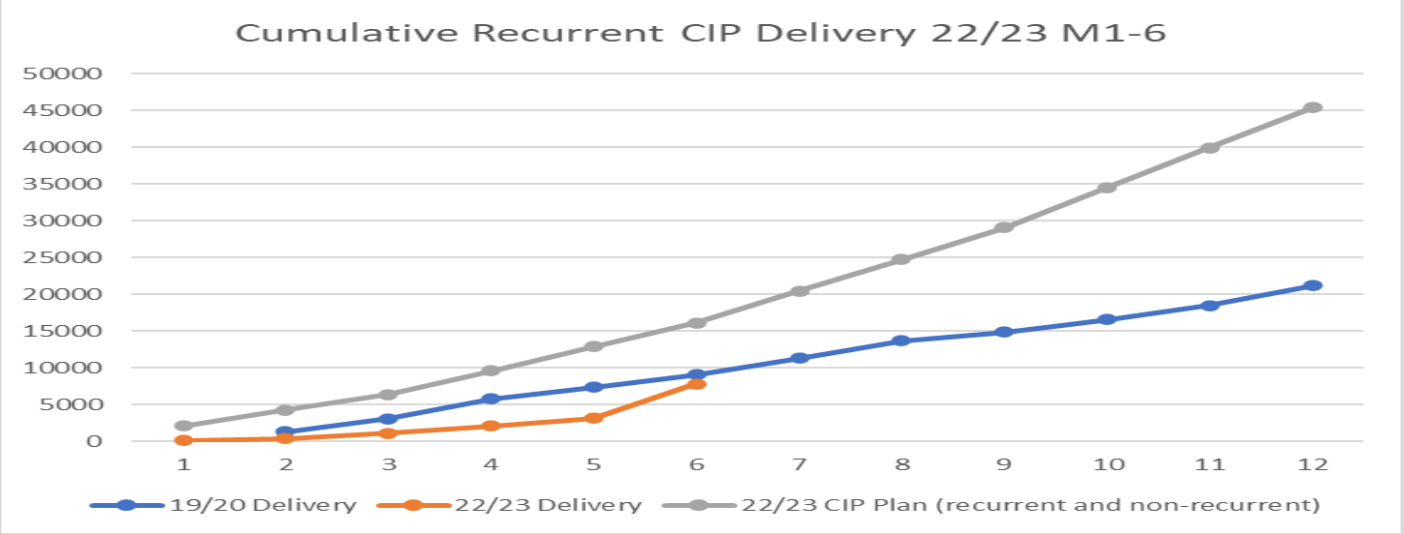
Recurrent cost improvements are important, and significantly advantageous compared to non-recurrent benefits, due to their impact on the future service costs /funds available for investment.

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

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 6

	Delivered Recurrent CIP		Identified Recurrent CIP		Target to deliver recurrently
Division	**M5 ('000s)**	**M6 ('000s)**	**in M12 ('000s) (at M5)**	**in M12 ('000s) (at M6)**	**Within M12 ('000s)**
Division A	£68	£75	£188	£252	£355
Division B	£57	£61	£115	£141	£461
Division C	£48	£51	£57	£85	£328
Division D	£172	£214	£267	£287	£298
THQ	£39	£41	£124	£142	£225
Divisions Total	**£384**	**£442**	**£751**	**£907**	**£1,667**



Efficiency and Cost Improvement Programme 22/23 – M6

University Hospital Southampton NHS
NHS Foundation Trust

Cost Improvement Plan – Delivery Risk Assessment

- £6.5m (14%) of the 22/23 target value remains unidentified after Month 6, identification and delivery of this value should be considered a medium to high risk.
- The CIP PMO has now completed a risk assessment of all identified schemes, building upon the previous assessment which covered 44 identified schemes valued at £24.1m in total.
- 34 out of 390 identified schemes, valued at £1.9m in total, are rated 'Red'. Such schemes include:
- £0.7m procurement opportunities identified but uncertain for delivery in year, and
- £0.5m targeted from supplies/devices where specific opportunities have not yet been found
- £2m CIP contribution is being targeted by exceeding our elective activity plan and generating ERF income through efficiency. Delivery has been inconsistent due to a) operational challenges exceeding target activity/income levels b) the level of additional costs being incurred to deliver additional activity. This is current rated 'Amber'.

University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Integrated Performance Report 2022/23 Month 6**			
Agenda item:	**10.1**			
Sponsor:	**David French, Chief Executive Officer**			
Author:	**Jason Teoh, Director of Data and Analytics**			
Date:	**27 October 2022**			
Purpose:	**Assurance or reassurance** **Y**	**Approval**	**Ratification**	**Information**
Issue to be addressed:	The report aims to provide assurance: • Regarding the successful implementation of our strategy • That the care we provide is safe, caring, effective, responsive, and well led			
Response to the issue:	The Integrated Performance Report reflects the current operating environment and is aligned with our strategy.			
Implications: (Clinical, Organisational, Governance, Legal?)	This report covers a broad range of trust services and activities. It is intended to assist the Board in assuring that the Trust meets regulatory requirements and corporate objectives.			
Risks: (Top 3) of carrying out the change / or not:	This report is provided for the purpose of assurance.			
Summary: Conclusion and/or recommendation	This report is provided for the purpose of assurance.			

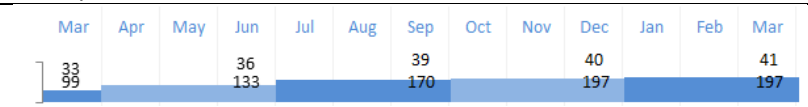
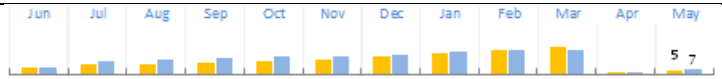
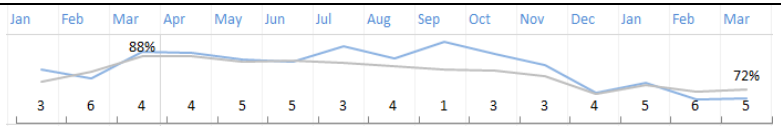
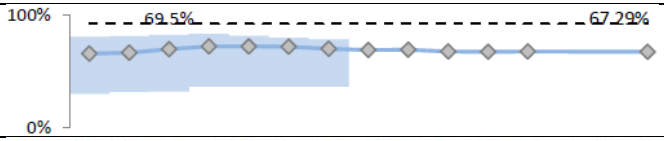
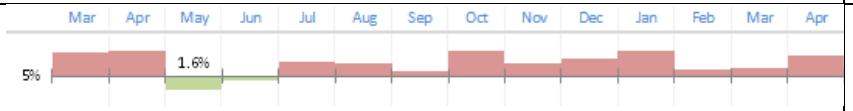
University Hospital Southampton NHS
NHS Foundation Trust

Integrated KPI Board Report

Covering up to
September 2022

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

Report guide

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

Introduction

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

The report aims to provide assurance:

- regarding the successful implementation of our strategy; 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.

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:

- New addition: We have added a new measure, UT31a – Patients on an open 18 week pathway waiting 78 weeks+, to the report. This has been included to provide the Board visibility of UHS's progress in reducing to zero the number of patients who have waited more than 78 weeks by the end of March 2023. This is a key NHS England target.
- Change: We have been asked by the patient safety team to rename measure UT15 – Number of high harm falls per 1000 bed days to "Number of falls being investigated per 1000 bed days" as the measure actually represents falls that have required investigation prior to their classification as low or high harm.

Summary

This month the 'Spotlight' section contains reports on Referral to Treatment (RTT) 18-week performance and Diagnostic performance at the Trust.

The RTT performance spotlight highlights:

- The continued growth in the Referral To Treatment waiting list, despite an increase in Trust activity compared to pre-pandemic baselines. This demonstrates the ongoing challenge of dealing with the backlog of patients which have built up during COVID-19, as well as the ongoing pressures of maintaining elective capacity where bed capacity in the hospital remains limited.
- We have made good progress on our longest waiters, and the six patients who have waited more than two years for treatment have all been offered earlier treatment dates, but have chosen to wait.
- UHS has also been closely reviewing the patients who will have waited more than 78 weeks by the end of March 2023. The spotlight highlights that we continue to make good progress in reducing this cohort of patients, and as long as there are no significant spells of external pressures (high respiratory cases, challenges in discharging to social care, etc) then we remain confident of meeting this NHS England target. Clearing the list to zero becomes more challenging as the numbers reduce as there often remains a small group of more complex patients where solutions are less easy to achieve.

The Diagnostic spotlight highlights:

- Diagnostic activity at UHS continues to be maintained at better than pre-pandemic levels. However, the increase in non-elective diagnostic demand has meant that although the diagnostic waiting list has reduced by around 9.5% since June, it remains significantly higher than pre-pandemic levels.
- Breaches have seen a small reduction in recent months, however, remain higher than pre-pandemic levels, and represent around 25% of the waiting list.
- There are modalities which have more challenged performance than others – in particular CT, MRI, and non-obstetric ultrasound – and there are action plans in place with these (and other modalities) to improve performance.

Areas of note in the appendix include:

1. A significant drop in 31 day cancer performance which can almost solely be attributed to performance in the skin tumour site which has high volume and low performance. This is linked to a loss of weekend and locum capacity from the service. To support this, the pathway has been redesigned, with additional adverts out for additional resource, and recovery should start to be seen from early 2023.

2. COVID-19 transmission within the hospital saw an uptick in September as community transmission increased. There were 29 confirmed healthcare-acquired COVID infections, and 15 probable hospital-associated COVID infections.
3. The number of patients not meeting the Criteria to Reside in hospital further increased, to an average of 206 patients not meeting the Criteria to Reside standard through September 2022. This demonstrated the continued challenge in maintaining patient flow across the hospital.
4. Clostridium difficile cases were again above the monthly target (eight cases, compared to monthly target of five). As we have now been above target for four consecutive months, the Infection Prevention Team have been closely monitoring this. Cases of Clostridium difficile have been high across all Hampshire & Isle of Wight trusts, and data from rapid Point of Care testing (POCT) suggests there are many patients with diarrhoea who already have Clostridium difficile on admission to the hospital. UHS ranks sixth out of 16 appropriate peer hospitals in our own benchmarking of performance, and although we believe the increase is in line with national trends, the Infection Prevention Team have a clear improvement plan in place and review all cases with relevant clinical teams.
5. There has been an increase in the use of Watch & Reserve antibiotics compared to 2018 figures. The Pharmacy team have reviewed the variance and believe it is due to a higher than average number of patients admitted requiring antibiotics. It should be noted that the baseline (2018 data) isn't exactly comparable to our present activity in terms of volumes or complexity, and therefore we are seeing a higher proportion of these agents used compared to pre-pandemic 'summer' months. To 'counter' this, the ongoing promotion of antimicrobial stewardship on wards continues.
6. There were five reported medication errors in the month. All five were initially assessed as moderate incidents (with a note that one might be downgraded following investigation. Three of the five incidents involve insulin, and this is being followed up with the Inpatient Diabetes Outreach team.
7. There has been an increase in the number of falls being investigated within the Trust. Although the investigations are ongoing, the two common themes emerging is that these falls are occurring within the cohort of patients who no longer meet the Criteria to Reside at the hospital, or those who have already had falls (in or out of hospital).
8. There has been an increase in negative comments within the Inpatient Friends and Family Test, although it should be noted that performance is still better than target. This has been driven by an increase in negative comments, alongside a reduction in the number of survey responses. Common trends in comments reflect AMU wait times (which may have been linked to the Urgent Care Village trial where patients were treated in AMU when they would otherwise have been treated in the Emergency Department) and multiple bed moves (which may have been linked to COVID cases in the hospital). The Patient Experience team will continue to monitor feedback for any further trends.

Ambulance response time performance

The following is the latest Category 1 to 4 information published by South Coast Ambulance Service (SCAS) published within its September 2022 board papers, relating to the Southampton, Hampshire, Isle of Wight, and Portsmouth area. This information shows that in August, the response times were marginally better than previous months, and in particular better than July – which was a very difficult month. The YTD figure shows an overall worsening time compared to the previously reported figures, although the SCAS Board report notes that "*performance in August on Category 2 was the second best of all Ambulance Trusts in the country*".

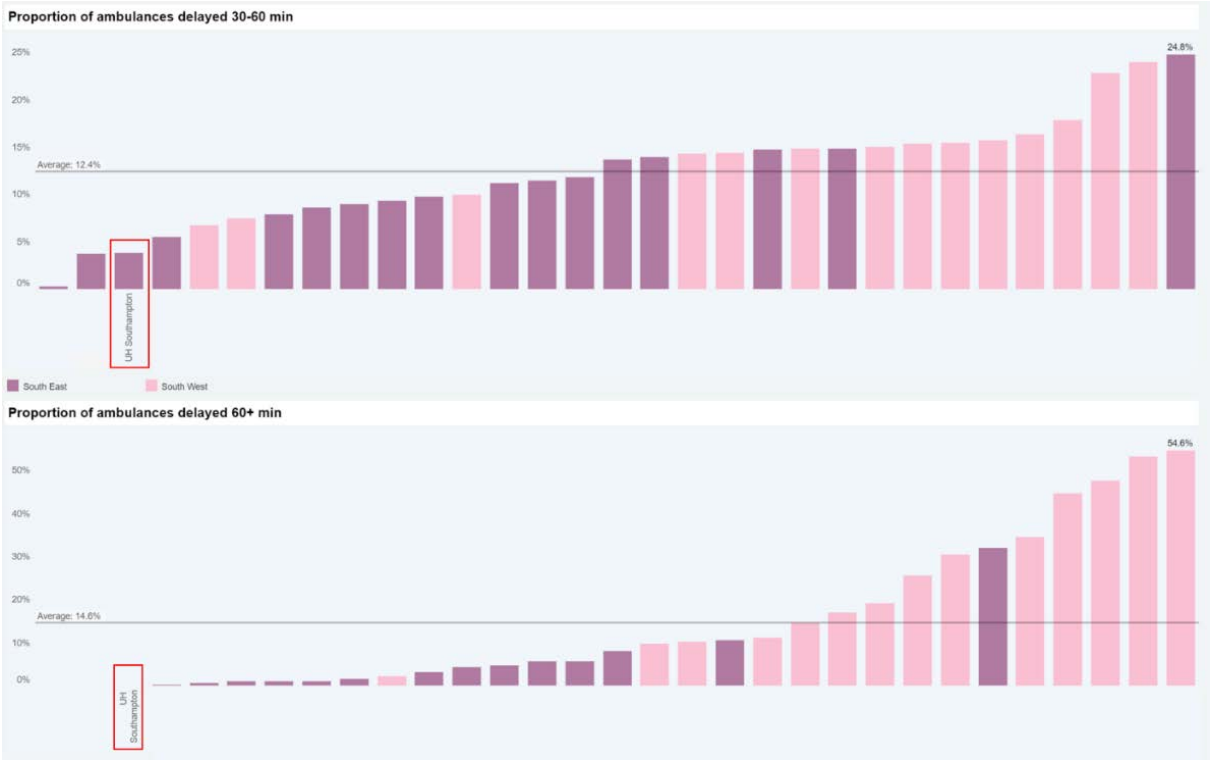
Southampton, Hampshire, Isle of Wight, and Portsmouth SCAS response time by category

Performance measure	August 22 Actual	YTD Actual	Target
Category 1 Mean	00:09:55	00:09:41	00:07:00
Category 1 90th percentile	00:17:02	00:16:58	00:15:00
Category 2 Mean	00:41:58	00:43:22	00:18:00
Category 2 90th percentile	01:23:07	01:30:40	00:40:00
Category 3 90th percentile	05:32:52	06:04:54	02:00:00
Category 4 90th percentile	06:28:49	07:17:53	03:00:00

UHS continues to ensure that it does not significantly contribute to ambulance handover delays. Using weekly data, which is provided to UHS by SCAS, in the week commencing 3 October 2022, our average handover time was 17 minutes 44 seconds minutes across 659 emergency handovers, and 19 minutes 25 seconds across 31 urgent handovers. This reflected a more challenging operational week for UHS, and is worse performance compared to the reported numbers in last month's Board paper.

In addition, NHS England has now started to publish additional ambulance handover data which allows us to benchmark performance against other hospitals in the South East and South West regions. Data for September 2022 can be seen in the next figure and shows that UHS was one of the top 3 performers in minimising handover delay at both the 30-60 and 60+ minute categories.

Ambulance Handover Delay Distribution, by hospital, for September 2022



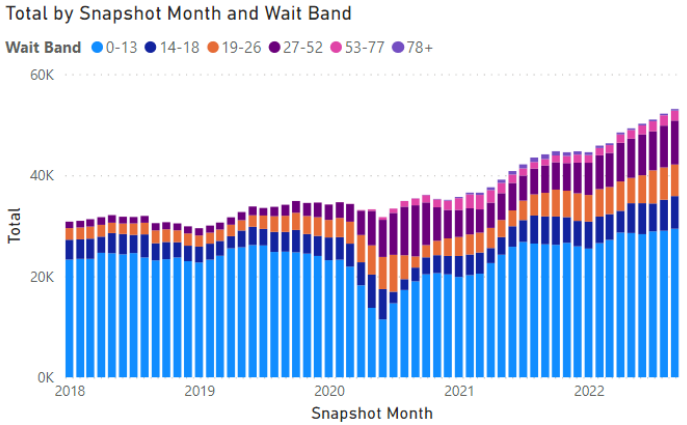
Spotlight: Referral To Treatment (RTT) waiting list performance

The following information is based on the validated September 2022 submission.

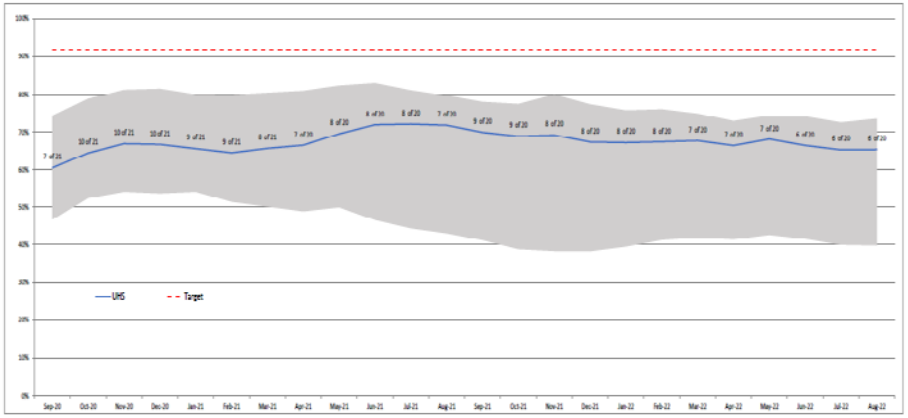
Despite a significant increase in activity, with UHS delivery at 106% of ERF planned activity year to date, the waiting list continues to grow, and in September stands at 53,106 patients, an increase 918 patients compared to the previous month (Graph 1).

The impact of the pandemic continues to make the achievement of the 18 week wait constitutional standard significantly more challenging, and 65.1% of patients are currently waiting 18 weeks or less. While this is below the national target of 92%, we remain in line with other comparator teaching hospitals (6 of 20 benchmark hospitals in graph 2), reflecting that this continues to be a national challenge throughout the NHS.

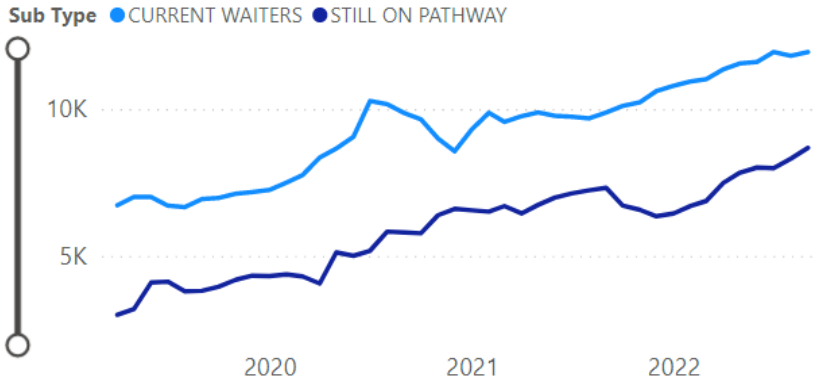
Graph 1: PTL by wait band



Graph 2: Teaching hospitals RTT 18 week performance benchmark



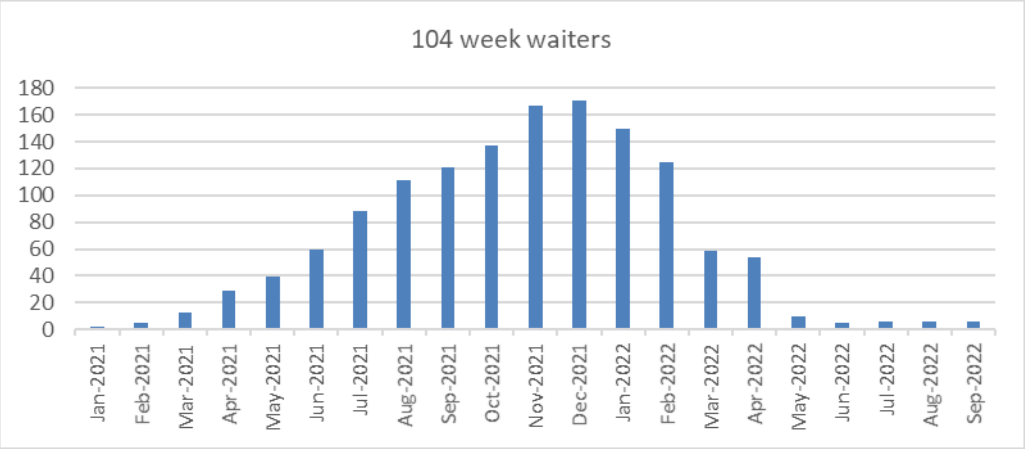
Graph 3: Waiting list for Current Waiters and Still on Pathway



Looking specifically at the patients waiting for admission ('current waiters') in graph 3, this has grown through the pandemic, and stands at 11.9k patients (22.5% of the waiting list). This remains proportionally similar to pre-pandemic levels (where it was between 20-22%). The Trust continues to review how

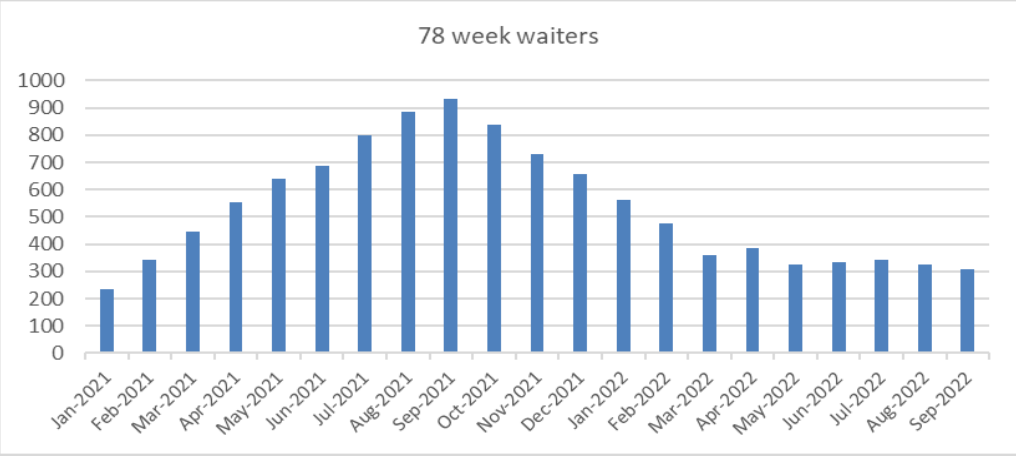
we can further optimise our operating services to generate additional capacity from the existing estate, as well as build new ward and theatre capacity, but have occasionally faced challenges from poor patient flow within the hospital, meaning beds are unavailable for planned operations, particularly when COVID-19 cases have spiked within the hospital.

Graph 4: 104+ week waits



The main focus for our Waiting List remains our longest waiters. Care Groups have worked to minimise the number of two year waits (graph 4). In September, there were six patients who had waited over two years – and these were all due to a patient choice to wait. Since June 2022, all breaches have been due to patient choice.

Graph 5: 78+ week waits



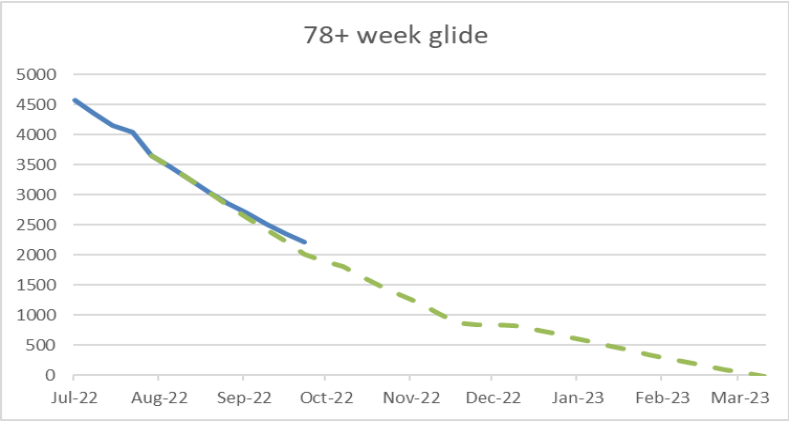
At a national level, the focus has extended from two year / 104 week waiters to also ensuring that there no patients waiting more than 78 weeks by the end of March 2023. At the end of September 2022, there were 310 patients who had waited more than 78 weeks (graph 5). We are maintaining, and now reducing, the size of this cohort.

We are tracking all the patients who may breach 78 weeks by the end of March 2023. All (apart from nine patients) have either had, or have their first appointment booked, and we are now working on ensuring they are seen and treated promptly.

At present, we are broadly performing in line with our forecast clearance rate (graph 6), although the funeral of HM The Queen and the recent COVID-19 pressures within the hospital mean that there has been some recent minor slippage from the glide that was originally forecast. We believe that subject to other external pressures remaining under control, such as COVID numbers or wider winter pressures, we have the ability to clear all 78+ week waits by the end of March 2023.

We remain very conscious of patients being on the waiting list for a significant period of time without contact from their clinician. To help maintain patient safety, we are continuing our patient texting process, with all long waiters being contacted every three to six months (depending on their clinical priority), checking that their condition has not changed. If the patient reports a change in their condition, one of the Care Group team will contact them, and where necessary arrange a further appointment or consultation.

Graph 6: Forecast clearance for 78+ week waits



For awareness, the following tables provide breakdowns of the current waiting list, for the top ten specialties in descending size order, split between patients in outpatient care and those waiting for admission. There have been no significant changes to the top specialties over the last few months.

All Waiters

Specialty	Referral and Still on Pathway	Waiting for Admission	Grand Total
130 - OPHTHALMOLOGY	5455	728	6183
502 - GYNAECOLOGY	2798	1331	4129
400 - NEUROLOGY	3366	57	3423
330 - DERMATOLOGY	2089	1061	3150
110 - TRAUMA AND ORTHOPAEDIC	870	1914	2784
101 - UROLOGY	1586	1178	2764
104 - COLORECTAL SURGERY	1897	369	2266
320 - CARDIOLOGY	1561	562	2123
140 - ORAL SURGERY	1243	587	1830
311 - CLINICAL GENETICS	1809		1809

78+ week waiters

Specialty	Referral and Still on Pathway	Waiting for Admission	Grand Total
120 - EAR NOSE & THROAT	5	37	42
502 - GYNAECOLOGY		41	41
100 - GENERAL SURGERY		40	40
110 - TRAUMA AND ORTHOPAEDIC	2	33	35
104 - COLORECTAL SURGERY		30	30
171 - PAEDIATRIC SURGERY		29	29
140 - ORAL SURGERY		24	24
150 - NEUROSURGERY	3	14	17
214 - Paediatric Orthopaedics		14	14
105 - HEPATOBILARY & PANCREATIC SUR		8	8

Spotlight: Diagnostic Performance

The following information is based on the validated September 2022 submission.

Background
The current national target for diagnostic performance is for at least 99% of patients waiting for an elective diagnostic test to have waited less than six weeks. The latest Elective Care guidance from NHS England and Improvement (NHSE/I) states that the "ambition is that 95% of patients needing a diagnostic test receive it within six weeks by March 2025".

The target applies to 15 different diagnostic tests, although UHS performance is measured at a Trust level. These tests are broadly divided into three groups:

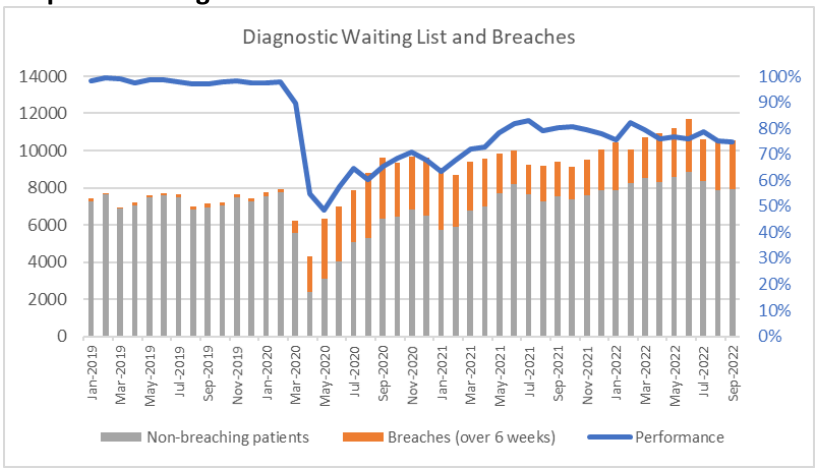
- endoscopy (e.g. gastroscopy, cystoscopy);
- imaging (e.g. CT, MRI, barium enema); and
- physiological measurement (e.g. echocardiogram, sleep studies).

As with many other waiting lists within the Trust, the COVID-19 pandemic caused significant disruption to diagnostic activity, and we have seen increases in diagnostic demand post lockdown, and this is reflected within many of the data points.

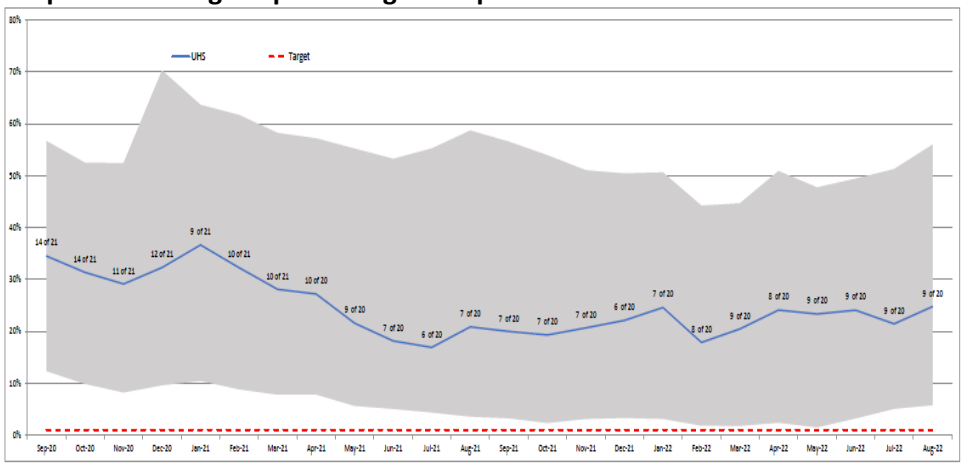
Waiting list and breaches
There has been an increased volume of diagnostic referrals from GPs growing from around 1,700 referrals per week in H1 2021/22, to 2,000 per week in Q3. This has been alongside an increase in inpatient referrals for diagnostic procedures. This has caused an increase in the diagnostic waiting list, which has grown by 48% from approximately 7,400 patients April to August 2019 to 10,500 in September 2022 (graph 1). However, this still represents a reduction from the 11,600 highs seen in June 2022.

The total number of breaches within the diagnostic waiting list has reduced to 2,600 patients, although the proportion remains at c75%. When benchmarked against other large teaching hospitals, UHS diagnostic performance remains broadly in line with its peers (graph 2).

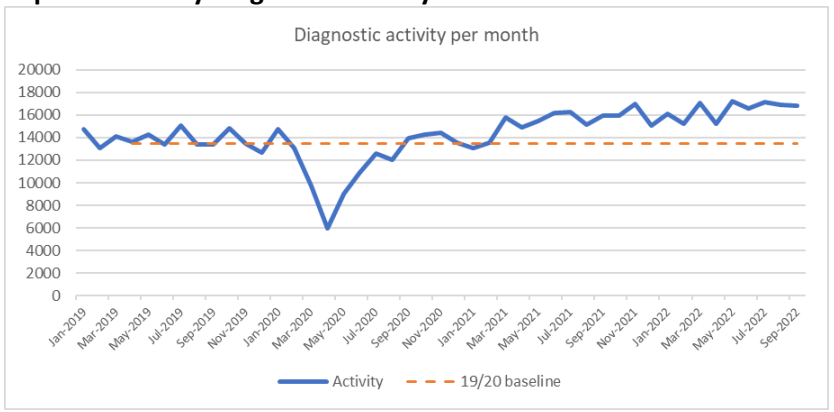
Graph 1: Waiting list and breaches



Graph 2: Teaching hospitals diagnostic performance benchmark



Graph 3: Monthly diagnostic activity



Diagnostic activity

The overall picture on diagnostic performance is complicated, as activity has been increasing alongside the growth of referrals. The overall activity level is significantly higher than the levels of diagnostic activity in 2019/20. Between May 2021 and August 2022, our average monthly diagnostic activity was 16,150; this was 22% higher than the 2019/20 baseline of 13,200. This is ahead of the NHS E/I Elective Recovery guidance which asks trusts to achieve 120% of 2019/20 baseline in 2022/23 (although the actual calculation is likely to be based on income rather than activity).

There are action plans in place with each of the Care Groups to maintain or increase diagnostic activity. There are specific actions in place under the control of UHS including:

- Bid with ICB to expand the Community Diagnostic Centre (CDC) capacity in Southampton and South West Hampshire. The UHS scanners are more and more directed towards the more complex end of the market, with non-complex scans going via the mobile scanners, Lymington and from November to the CDC.
- Four new MRI scanners on C level (replacing current capacity of three). The new machines will be installed via parallel running of the old machines during installation to maintain capacity.
- Royal South Hants hospital CT scanner operational in November 2022 which will support the shift of some non-complex cases from UHS scanners releasing capacity for inpatients and outpatients scanning
- Second CT scanner being installed in close proximity to ED. Whilst this is a replacement scanner the model being installed is capable of more rapid scanning and will be more reliable. This should result in an uplift of CT capacity equivalent to 0.5 of a scanner.

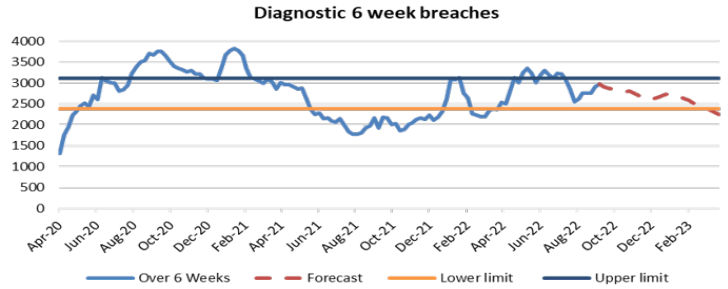
- Installing an additional cardiac Cath lab to support Transcatheter aortic valve implantation (TAVI) programme / insertion of complex rhythm management devices.
- Extended hours opening in cardiac CT to support delivery of CT angiography from November 2022.
- Additional non-obstetric ultrasound weekend lists,
- Ongoing radiographer recruitment, including staffing to extend the service to enable 8pm and 10pm finishes, and additional weekend sessions.
- There are also asks with the wider System to help support diagnostic performance including non-obstetric ultrasound support for routine GP referrals from Lymington, Lymington supporting gynaecology cancer diagnostic work amongst others.

Diagnostic breaches

Alongside prioritising urgent diagnostics (for example for patients with cancer), we continue to prioritise the longest waiting diagnostic patients. Breaches have decreased from 3,500 in August 2020 to 2,500 in September 2022. There remains a small number of long waiting patients (some due to patient choice), with approximately 4% of the waiting list having waited more than 12 weeks for their diagnostic procedure. Most of these breaches sit within sleep studies and neurophysiology, both of which have historically required higher levels of infection prevention controls.

If referral volumes remain stable, unplanned diagnostic activity reduces back to pre-pandemic levels, and radiographer recruitment continues, we expect to see a reduction in the number of 6 week breaches approximately in line with the glide shown in graph 4.

Graph 4: Diagnostic breach glide

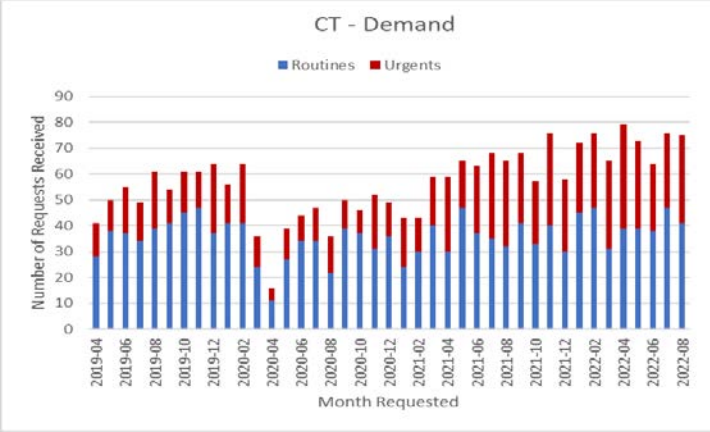


Diagnostic prioritisation

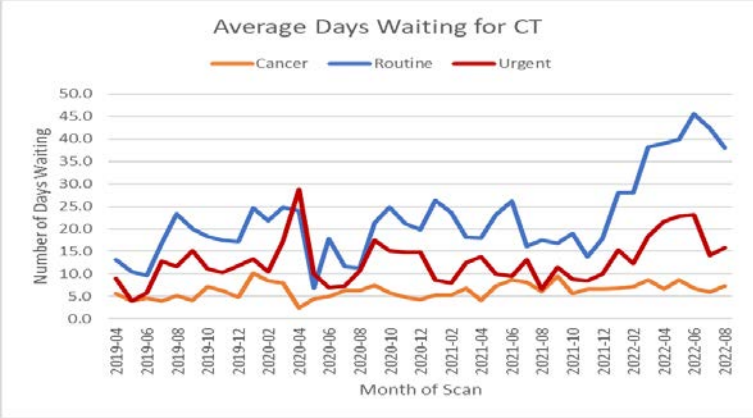
Diagnostic procedures are prioritised according to urgency, and in recent months we have seen an increase in the proportion of urgent diagnostic procedures. Historically, the split was approximately 11% urgent / 89% routine, but in 2022 we have seen this grow to 17% urgent / 83% routine. We continue to ensure that urgent patients are treated as promptly as possible - and there are fewer breaches among the urgent patients. Certain modalities have been impacted more adversely than others.

For example, within CT, the urgent demand has increased significantly more than average. However, across these modalities we have continued to focus on the most urgent diagnostics (graphs 5 and 6), and we can see that the average wait time for the cancer diagnostics referrals have been held broadly steady, while we have recovered the urgent diagnostic referral wait time. There is no clear evidence for why there has been an increase in urgent diagnostic referral requests – although anecdotally, it is possible that patients have had undiagnosed symptoms for longer before attending their GP.

Graph 5: CT demand by priority



Graph 6: Average days waiting for CT



Modality detail

Endoscopy performance has been in the range of 80-83% which is comparable with Q4 2019/2020 when was 86%. Demand has remained high, and the additional endoscopy capacity has helped to maintain, rather than reduce, the overall waiting list level. Adult endoscopy services have seen a greater improvement – performing in the 87% range. Paediatric endoscopy performance continues to be extremely challenging, with performance in the mid-30s due to the need for these to be performed under general anaesthetic, and the ongoing pressure on theatre capacity.

Imaging performance has been 76% in August 2022. This is perhaps the most pressured modality, with high activity levels not offsetting the increased demand both for cancer related and inpatient MRI and CT services in 2022/23. Recruitment continues to be a challenge for these diagnostic services, and the care group has been working to balance the CT and MRI capacity by moving radiographers between the services as required to meet demand. The community scanners will help to further increase capacity and performance.

Non-obstetric ultrasound has also seen significant increases in demand, causing the waiting list to increase by nearly a third in a year. This has caused the number of breaches to treble. The team have stood up weekend sessions, and recruited NHSP and locum capacity to help deal with demand.

Physiological measurements waiting lists have been stabilised after having seen an increase due to the services taking on additional paediatric audiology referrals in April 2022. These cases have now been seen. Performance has been impacted by breaches in peripheral Neurophysiology and Sleep Studies, both of which had historic challenges with a higher level of infection prevention measures. As these infection prevention measures have eased, the capacity of these services has increased.

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

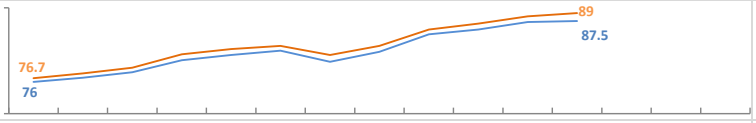
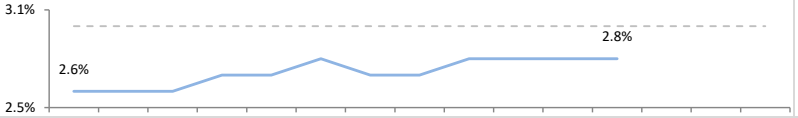
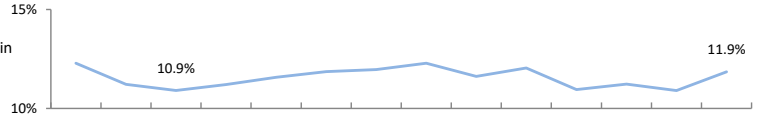
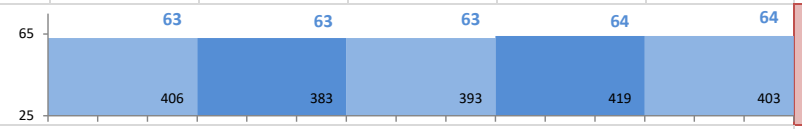
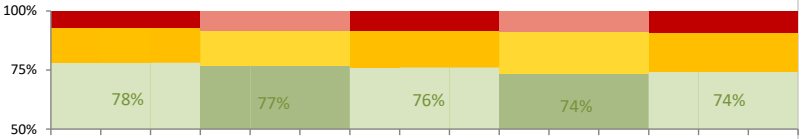
- All patients should receive high-quality care without any unnecessary delay
- Patients can expect to be treated at the right time and according to their clinical priority. Patients with urgent conditions, such as cancer, will be able to be seen and receive treatment more quickly

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

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD
UT28-N	% Patients on an open 18 week pathway (within 18 weeks) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	9	9	69.9%	10	10	9	8	6	5	5	3	4	4	5	65.1%	≥92%	66.1%
		8	7	9	9	8	8	8	8	7	7	7	6	6	6			
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)	16	16	17	17	14	16	12	13	13	13	15	14	8	9	88.9%	≥93%	87.1%
		13	82.7%	14	14	14	9	10	7	5	4	4	5	7	4	4		
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)	15	71.8%	16	13	12	15	13	13	11	12	7	11	14	10	10	≥85%	68.9%
		7	7	2	4	5	3	4	4	2	3	5	6	5	3	67.0%		
UT25-N	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)	5	4	73.8%	6	4	5	8	10	6	4	8	3	7	4	62.3%	≥95%	64.3%
		4	4	2	4	3	3	4	4	4	4	4	3	4	3	4		
UT33-N	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	6	7	19.9%	7	7	6	7	8	9	8	9	9	9	9	25.1%	≤1%	23.8%
		12	13	14	14	13	12	13	12	13	13	11	8	8	7			

Outcomes		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
UT1-N	HSMR - **UHS** HSMR - **SGH**																≤100	84.7	
UT2	HSMR - Crude Mortality Rate																<3%	2.6%	<3%
UT1-N / UT2: At time of IPR publication, the latest information available in Doctor Foster was from June 2022. Metrics are 12 month rolling. YTD target is for UHS for financial year																			
UT3	Percentage non-elective readmissions within 28 days of discharge from hospital																-	11.2%	
		Q2 21-22			Q3 21-22			Q4 21-22			Q1 22-23			Q2 22-23			Quarterly target		
UT4-L	**Cumulative Specialties** with Outcome Measures Developed (Quarterly)																+1 Specialty per quarter		
UT5	Developed Outcomes RAG ratings (Quarterly) Red Amber Green																		
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		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
UT6-N	Cumulative Clostridium difficile Most recent 12 Months vs. Previous 12 Months	3939	4344	5049	5256	5564	5771	6374	7 9	1611	2118	2524	3331	3939			≤5	39	≤30
UT7	**Healthcare-acquired COVID infection**: COVID-positive sample taken >14days after admission (validated)	3	0	7	6	11	21	20	14	42	36	23	45	45	2	29	-	180	-
UT8	**Probable hospital-associated COVID infection**: COVID-positive sample taken >7 days and <=14 days after admission (validated)	0	4	3	9	11	14	17	10	32	35	12	32	38	4	15	-	136	-
UT9	Pressure ulcers category 2 per 1000 bed days	0.37														0.23	<0.3	0.29	<0.3
UT10	Pressure ulcers category 3 and above per 1000 bed days	0.35														0.28	<0.3	0.38	<0.3
UT11-N	Medication Errors (severe/moderate)	2														5	≤3	16	≤18

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
UT12	Watch & Reserve antibiotics, usage per 1,000 adms Most recent months vs. 2018*95.5%	2,499	2,447											2,499	2,667		2,511	10,998	10,698
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 reported 3 months in arrears.																			
UT13	Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity)			8												7	-	75	-
UT14	Serious Incidents Requiring Investigation - Maternity			0												1	-	6	-
UT15	Number of falls investigated per 1000 bed days			0.08												0.25	-	0.16	-
UT16	% patients with a nutrition plan in place (total checks conducted included at chart base)	606	691	755	787	444	397						53	742	572	750	719	≥90%	94.4%	≥90%
UT16 - monthly audit was paused due to pressure on all ward areas between Dec 2021 to May 2022. The audit was partially restarted in some ward areas in May 2022, and fully restarted in June 2022.																			
UT17	Red Flag staffing incidents			38												30	-	208	-

Patient Experience		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
UT18-N	FFT Negative Score - Inpatients			0.8%												2.6%	≤5%	1.2%	≤5%
UT19-N	FFT Negative Score - Maternity (postnatal ward)			14.1%												1.5%	≤5%	3.1%	≤5%
UT20	Total UHS women booked onto a continuity of carer pathway			41.6%												41.0%	≥35%	43.9%	≥35%
UT21	Total BAME women booked onto a continuity of carer pathway			41.5%												82.0%	≥51%	80.4%	≥51%
UT22	% Patients reporting being involved in decisions about care and treatment			88.0%												89.0%	≥90%	89.8%	≥90%
UT23	% Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base)			94.0%												91.0%	≥90%	89.6%	≥90%
				341	197	153	165	155	131	95	143	117	121	120	139	178	173		
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)			45												54	-	271	-

Access Standards		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	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)	73.8%														62.3%	≥95%	64.3%	≥95%
UT26	Average (Mean) time in Dept - non-admitted patients	03:02														03:17	≤04:00	03:14	≤04:00
UT27	Average (Mean) time in Dept - admitted patients	04:46														05:58	≤04:00	05:42	≤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)	69.9%														65.1%	≥92%	66.1%	≥92%
UT29	Total number of patients on a waiting list (18 week referral to treatment pathway)	44,132														53,106	-	53,106	-
UT30	Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	2,284														2,421	2,011	2,421	2,011

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
UT31	Patients on an open 18 week pathway (waiting 104 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	600 0 9 121 18	8 17	8 17	8 17	8 17	8 17	8 17	8 17	6 17	8 17	5 13	6 13	6 13	6 14	6		6	0
UT31a	Patients on an open 18 week pathway (waiting 78 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	3,000 0 6 934 14	7 14	7 15	7 15	7 15	8 15	8 15	7 15	7 15	7 15	7 13	7 13	7 14	7 15	310		310	
UT32	Patients waiting for diagnostics	12,500 8,500 9,378														10,544	-	10,544	-
UT33-N	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	50% 0% 6 19.9% 12	7 13	7 14	7 14	7 13	6 12	7 13	8 12	9 13	8 13	9 11	9 8	9 8	9 7	25.1%	≤1%	23.8%	≤1%
UT34-N	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)	100% 40% 15 71.8% 7	16 7	13 2	12 4	15 5	13 3	13 4	11 4	12 2	7 3	11 5	14 6	10 5	10 3	67.0%	≥85%	68.9%	≥85%
UT35-N	31 day cancer wait performance - decision to treat to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)	100% 80% 13 91.0% 6	16 13	18 15	9 3	9 3	11 2	12 5	14 6	16 14	14 9	16 12	15 8	15 10	17 16	86.3%	≥96%	91.0%	≥96%
UT36-N	31 day cancer wait performance - Subsequent Treatments of Cancer (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)	100% 85% 17 94.7% 14	13 10	18 17	14 13	16 15	15 16	11 8	14 11	15 8	13 15	9 10	12 10	13 13	13 13	87.3%	≥96.0%	89.8%	≥96.0%

R&D Performance		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
PN1-L	Comparative CRN Recruitment Performance - non-weighted	9	10	9	9	9	8	9	8	9	1	1	3	4	5	6	Top 10	-	-
PN2-L	Comparative CRN Recruitment Performance - weighted	3	4	3	3	3	3	4	4	3	6	8	11	7	7	7	Top 5	-	-
PN3-L	Comparative CRN Recruitment - contract commercial	11	4	4	3	7	7	8	9	10	2	1	3	2	3	4	Top 10	-	-
PN4-L	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	45.0%	143.0%	-5.0%	334.0%	0.0%	29.0%	-234.0%	143.0%	359.0%	63.0%	74.0%	56.0%	177.0%	94.0%	48.0%	≥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).																		

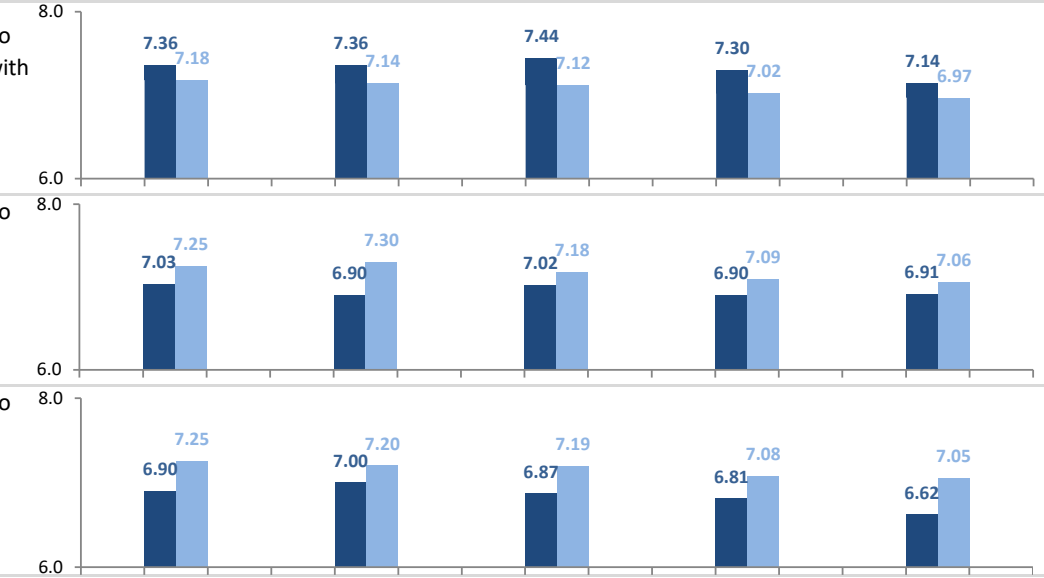
Thrive		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
WR1-L	Substantive Staff - Turnover **-R12M turnover %** **-Leavers in month (FTE)**	16% / 10%		12.9% / 140												14.7% / 119 (200 / 0)	R12M <= 12.0%	15.0%	-
WR2-L	Staff Vacancies **-Nursing vacancies** (registered nurses only in clinical wards) **-All Staff vacancies**	20% / 0%		12.5% / 5.4%												11.6% / 7.3%	-	-	-
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*	500 / 0														485.20 / 271.00 / 148 / 148	478.1 WTE by March 2023	-	-
WR4-L	Staff - Sickness absence **-R12M sickness %** **-Sickness in month %**	7% / 0%		4.4% / 3.8%												4.9% / 4.0%	R12M <= 3.4%	4.9%	-

Excel		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
WR5-L	Non-medical appraisals completed **-R12M appraisal %** **-Appraisals in month**	100% / 50%		76.7% / 613												74.3% / 447 (725 / 325)	R12M >= 92.0%	72.8%	-
WR6-L	Medical staff appraisals completed - Rolling 12-months	90% / 70% / 50%		81.5%												80.1%	-	-	-

		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**	7.3	7.1	7.24	7.05	6.96	-	-	-
WR7-L - Metric has changed from The Friends and Family Test (%, Q4 2020) to the Pulse Survey (out of 10).									
WR8-L	Staff survey engagement score National Quarterly Pulse Survey (NQPS) **National NHS Staff Survey**	7.21	7.2	7.17	7.08	7.03	-	-	-
WR8-L - Maximum score = 10, Average of "Acute and Acute&Community", group is 7.									

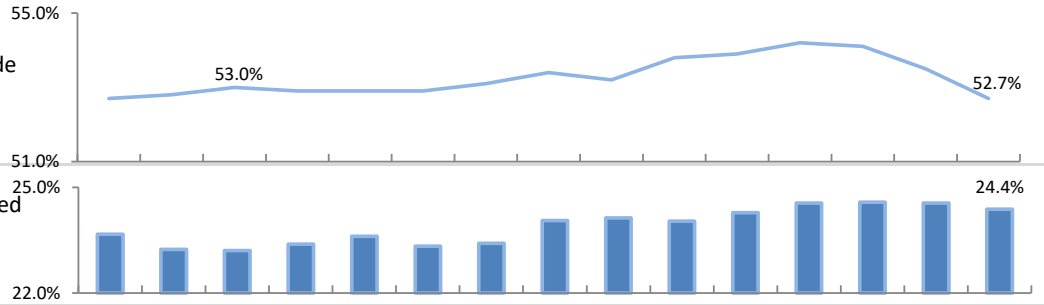
Belong		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
WR9-L	% of Band 7+ staff who are Black and Minority Ethnic			10.3%												10.5%	19% by 2026	10.6%	-
WR10	% of Band 7+ Staff who have declared a disability or long term health condition			13.5%												13.2%	-	-	-

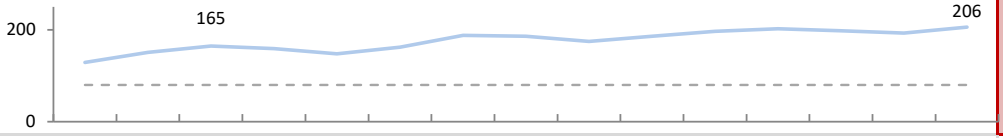
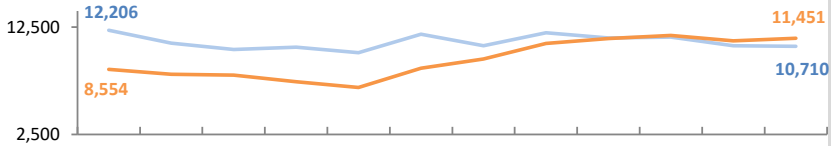
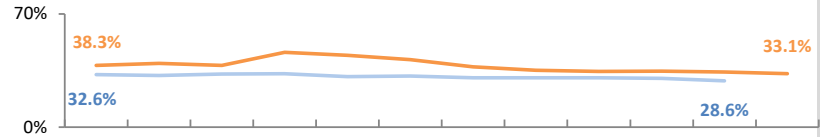
		Q2 21-22	Q3 21-22	Q4 21-22	Q1 22-23	Q2 22-23	Quarterly target		
WR11	Staff recommending UHS as a place to work: White British staff compared with all other ethnic groups combined -White British -All other ethnic groups combined	7.36 7.18	7.36 7.14	7.44 7.12	7.30 7.02	7.14 6.97	-	-	-
WR12	Staff recommending UHS as a place to work: Non disabled /prefer not to answer compared with Disabled -Non disabled /prefer not to answer -Disabled	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	6.90 7.25	7.00 7.20	6.87 7.19	6.81 7.08	6.62 7.05	-	-	-

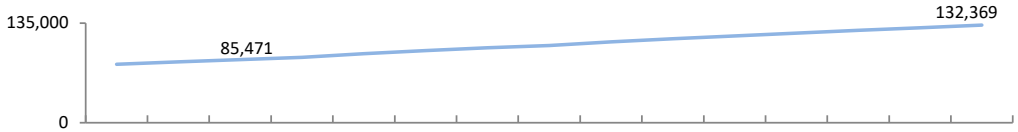
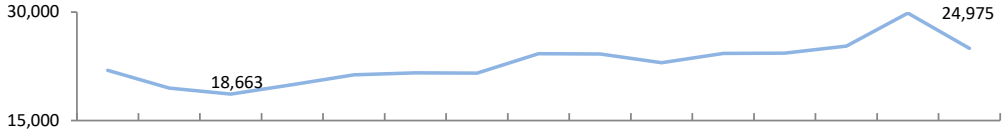
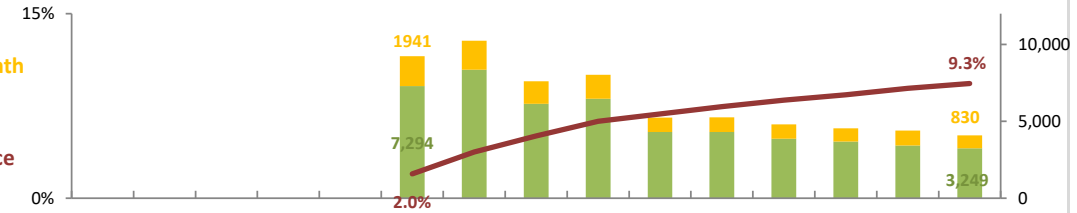


WR11, WR12,WR13: Average recommendation score of 10 = Highly recommend to 0 = Strongly not recommended, results from National Quarterly Pulse Survey.

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
FN6	Percentage of staff living locally (inside the Southampton City boundaries)		53.0%													52.7%	-	-	-
FN7	Percentage of staff residing in deprived areas (lowest 30% - national Index of Multiple Deprivation)															24.4%	-	-	-



Local Integration		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
NT1	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	197	-
NT2	Emergency Department activity - type 1 This year vs. last year																-	67,288	-
NT3	Percentage of virtual appointments as a proportion of all outpatient consultations This year vs. last year																≥25%	30.0%	≥25%

Digital		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
FN1	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)																-	132,369	
FN2	My Medical Record - UHS patient logins (number of logins made within each month)																-	151,755	
FN3	Patients choosing digital correspondence - Total choosing paperless in the month - Total offered but not yet choosing paperless in the month - % of total My Medical Record service users who have chosen paperless (cumulative)																-		
FN4	Reduction in transcription through implementation of voice recognition software	In development															-		

Report notes - Nursing and midwifery staffing hours - September 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 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. September has again seen a rise in the number of beds required to support COVID-19 and therefore ward changes have occured and additional beds have been staffed.

Ward		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	Commentary
CC Neuro Intensive Care Unit	Day	5149	4388	693	657	85.2%	94.8%	35.0	4.9	39.9	Staff moved to support other wards; Beds flexed to match staffing.
CC Neuro Intensive Care Unit	Night	4927	4110	684	540	83.4%	78.9%				Staff moved to support other wards.
CC - Surgical HDU	Day	2083	1888	677	526	90.6%	77.6%	16.5	4.5	21.0	Safe staffing levels maintained; Staff moved to support other wards.
CC - Surgical HDU	Night	2070	1853	666	493	89.5%	73.9%				Safe staffing levels maintained; Staff moved to support other wards.
CC General Intensive Care	Day	10727	10175	1831	1375	94.9%	75.1%	27.7	3.9	31.6	Staff moved to support other wards; Beds flexed to match staffing.
CC General Intensive Care	Night	10365	9388	1716	1368	90.6%	79.7%				Safe staffing levels maintained; Staff moved to support other wards.
CC Cardiac Intensive Care	Day	5726	4923	1348	1003	86.0%	74.5%	29.0	4.9	33.9	Staff moved to support other wards.
CC Cardiac Intensive Care	Night	5823	5266	849	714	90.4%	84.1%				Staff moved to support other wards.

Ward		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	Commentary
SUR E5 Lower GI	Day	1386	1402	843	1044	101.2%	123.8%	4.3	3.3	7.7	Increase in acuity/dependency of patients in the month; Additional staff used for enhanced care - Support workers.
SUR E5 Lower GI	Night	690	795	334	644	115.2%	192.8%				Increase in acuity/dependency of patients in the month; Additional staff used for enhanced care - Support workers.
SUR E5 Upper GI	Day	1472	1332	978	1220	90.5%	124.8%	4.1	3.8	7.9	Increased night staffing to support raised acuity.
SUR E5 Upper GI	Night	703	751	333	678	106.8%	203.6%				Increase in acuity/dependency of patients in the month; Increased night staffing to support raised acuity.
SUR E8 Ward	Day	2502	2051	1398	1319	82.0%	94.3%	4.7	3.2	7.9	Staff moved to support other wards; Safe staffing levels maintained.
SUR E8 Ward	Night	1664	1241	1150	920	74.6%	80.0%				Staff moved to support other wards; Safe staffing levels maintained.
SUR F11 IF	Day	1865	1532	770	855	82.1%	111.0%	4.4	3.2	7.6	Additional staff used for enhanced care - Support workers; Increased night staffing to support raised acuity.
SUR F11 IF	Night	679	679	653	783	100.0%	119.9%				Additional staff used for enhanced care - Support workers; Increased night staffing to support raised acuity.
SUR Acute Surgical Unit	Day	1393	1089	729	716	78.2%	98.2%	6.4	4.6	10.9	Staff moved to support other wards.
SUR Acute Surgical Unit	Night	690	750	680	601	108.6%	88.4%				Increased night staffing to support raised acuity.
SUR Acute Surgical Admissions	Day	2061	2117	829	985	102.7%	118.9%	3.9	2.5	6.4	Increased night staffing to support raised acuity.
SUR Acute Surgical Admissions	Night	1035	1031	1020	1034	99.6%	101.4%				Increased night staffing to support raised acuity.
SUR F5 Ward	Day	1948	1328	919	1508	68.2%	164.1%	3.1	2.8	5.9	Band 4 staff working to support registered nurse numbers; Increased night staffing to support raised acuity.
SUR F5 Ward	Night	1121	1029	674	598	91.8%	88.7%				Safe staffing levels maintained.

Ward		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	Commentary
OPH Eye Short Stay Unit	Day	1146	1100	913	902	96.0%	98.8%	20.1	17.4	37.5	Safe staffing levels maintained.
OPH Eye Short Stay Unit	Night	330	330	313	330	100.0%	105.4%				Safe staffing levels maintained.
THR F10 Surgical Day Unit	Day	1306	1746	2638	2075	133.7%	78.7%	4.7	5.6	10.3	Additional beds open in the month and area utilised as inpatient ward.
THR F10 Surgical Day Unit	Night	286	474	268	576	165.6%	214.7%				Additional beds open in the month and area utilised as inpatient ward.
CAN Acute Onc Services	Day	945	829	648	822	87.8%	126.9%	7.7	7.9	15.6	Additional staff used for enhanced care - Support workers; Increase in acuity/dependency of patients in the month; Staffing appropriate for number of patients; Admissions area with patients staying over night and high volume.
CAN Acute Onc Services	Night	345	644	345	690	186.7%	200.1%				Additional staff used for enhanced care - Support workers; Increase in acuity/dependency of patients in the month; Staffing appropriate for number of patients; Admissions area with patients staying over night and high volume.
CAN C4 Solent Ward Clinical Oncology	Day	1713	1625	986	1313	94.9%	133.2%	4.3	4.3	8.6	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAN C4 Solent Ward Clinical Oncology	Night	1023	1001	686	1304	97.9%	190.0%				Safe staffing levels maintained;Additional staff used for enhanced care - Support workers.
CAN C6 Leukaemia/BMT Unit	Day	2760	2500	113	774	90.6%	687.2%	7.0	2.0	9.0	Staffing appropriate for number of patients; Support workers used to maintain staffing numbers; Template on healthroster needs to be changed to reflect new HCA numbers.
CAN C6 Leukaemia/BMT Unit	Night	1980	1797	56	438	90.7%	7.78				Safe staffing levels maintained; This ward has a high number of siderooms and if acuity/dependency of patients is raised registered nurse or support workers are required to special on night duty.
CAN C6 TYA Unit	Day	1189	867	403	111	72.9%	27.5%	8.6	1.0	9.6	Safe staffing levels maintained.
CAN C6 TYA Unit	Night	609	633	0	56	104.0%	Shift N/A				Increase in acuity/dependency of patients in the month; Safe staffing levels maintained.
CAN C2 Haematology	Day	2288	2426	1129	989	106.0%	87.6%	5.4	2.9	8.3	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAN C2 Haematology	Night	1725	1843	1020	1276	106.8%	125.2%				Safe staffing levels maintained;Additional staff used for enhanced care - Support workers; This ward has a high number of siderooms and if acuity/dependency of patients is raised registered nurse or support workers are required to special on night duty.
CAN D3 Ward	Day	1730	1677	775	1249	97.0%	161.2%	4.3	3.7	8.0	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers;Increase in acuity/dependency of patients in the month.
CAN D3 Ward	Night	993	1034	673	1088	104.1%	161.6%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers;Increase in acuity/dependency of patients in the month.

Ward		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	Commentary
ECM Acute Medical Unit	Day	3850	4652	3739	4125	120.9%	110.3%	6.8	5.8	12.6	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 - this will be correct from 21/11/22.
ECM Acute Medical Unit	Night	3869	4699	3427	3760	121.4%	109.7%				Skill mix swaps undertaken to support safe staffing across the unit; Safe staffing levels maintained by sharing staff resource; Figures still contain additional point-of-care activity and Clinical Coordination - this will be correct from 21/11/22.
MED D5 Ward	Day	1198	1470	1640	1434	122.7%	87.5%	3.2	3.3	6.5	Additional staff used for enhanced care - RNs; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
MED D5 Ward	Night	1035	1025	872	1177	99.0%	134.9%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
MED D6 Ward	Day	988	1400	1497	1360	141.6%	90.8%	3.4	3.1	6.6	Staff moved to support other wards; Safe staffing levels maintained.
MED D6 Ward	Night	1033	1005	895	846	97.3%	94.6%				Safe staffing levels maintained.
MED D7 Ward	Day	665	838	1339	927	126.1%	69.3%	4.0	4.1	8.1	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource; Same Day Emergency Care area open.
MED D7 Ward	Night	691	668	668	598	96.7%	89.5%				Safe staffing levels maintained; Increase in acuity/dependency of patients in the month.
MED D8 Ward	Day	1052	1025	1417	1405	97.4%	99.2%	2.9	3.2	6.1	Safe staffing levels maintained.
MED D8 Ward	Night	1035	1001	893	838	96.7%	93.9%				Safe staffing levels maintained.
MED D9 Ward	Day	1215	1347	1654	1405	110.8%	85.0%	2.7	3.0	5.7	Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
MED D9 Ward	Night	1036	772	894	986	74.5%	110.3%				Safe staffing levels maintained.

Ward		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	Commentary
MED E7 Ward	Day	1244	1064	1614	1566	85.6%	97.0%	2.5	4.0	6.4	Safe staffing levels maintained.
MED E7 Ward	Night	690	841	815	1467	121.8%	180.2%				Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
MED F7 Ward	Day	718	927	1441	1003	129.0%	69.6%	2.9	2.9	5.8	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
MED F7 Ward	Night	679	634	653	587	93.4%	89.9%				Safe staffing levels maintained.
MED Respiratory HDU	Day	2213	1591	467	256	71.9%	54.8%	16.1	2.3	18.4	Staffing appropriate for number of patients; Band 4 staff working to support registered nurse numbers.
MED Respiratory HDU	Night	2075	1619	318	207	78.0%	65.1%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
MED C5 Isolation Ward	Day	1150	960	1116	575	83.5%	51.5%	5.5	3.0	8.5	Staffing appropriate for number of patients; Safe staffing levels maintained by sharing staff resource; Safe staffing levels maintained.
MED C5 Isolation Ward	Night	1036	818	317	403	78.9%	127.0%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
MED D10 Isolation Unit	Day	1085	726	1298	1148	66.9%	88.5%	2.5	3.5	6.1	Safe staffing levels maintained
MED D10 Isolation Unit	Night	679	599	661	726	88.3%	109.8%				Safe staffing levels maintained.

Ward		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	Commentary
MED G5 Ward	Day	1406	1166	1394	1517	82.9%	108.8%	2.6	2.8	5.4	Band 4 staff working to support registered nurse numbers; Increase in acuity/dependency of patients in the month; Safe staffing levels maintained by sharing staff resource.
MED G5 Ward	Night	1035	955	660	728	92.3%	110.2%				Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
MED G6 Ward	Day	1429	1244	1432	1310	87.1%	91.5%	2.8	2.8	5.7	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
MED G6 Ward	Night	1024	932	602	840	91.0%	139.6%				Skill mix swaps undertaken to support safe staffing across the Unit; Band 4 staff working to support registered nurse numbers.
MED G7 Ward	Day	653	745	749	693	114.1%	92.5%	3.8	3.0	6.8	Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit
MED G7 Ward	Night	678	656	313	426	96.7%	135.9%				Safe staffing levels maintained.
MED G8 Ward	Day	1377	1237	1465	1329	89.9%	90.7%	2.6	3.0	5.6	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards
MED G8 Ward	Night	1024	725	657	933	70.8%	141.9%				Safe staffing levels maintained.
MED G9 Ward	Day	1389	1130	1377	1419	81.3%	103.0%	2.8	3.0	5.9	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource
MED G9 Ward	Night	1035	990	656	871	95.6%	132.8%				Safe staffing levels maintained.
MED Bassett Ward	Day	1166	723	2417	2085	62.0%	86.2%	2.0	4.4	6.4	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month
MED Bassett Ward	Night	1035	817	1000	1231	78.9%	123.1%				Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.

Ward		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	Commentary
CHI High Dependency Unit	Day	1550	1132	0	168	73.0%	Shift N/A	13.5	1.2	14.6	Non-ward based staff supporting areas.
CHI High Dependency Unit	Night	1035	1064	0	23	102.9%	Shift N/A				No requirement for Support workers.
CHI Paed Medical Unit	Day	1942	1630	706	911	83.9%	129.0%	7.7	4.2	11.9	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas.
CHI Paed Medical Unit	Night	1649	1439	624	740	87.2%	118.6%				Band 4 staff working to support registered nurse numbers.
CHI Paediatric Intensive Care	Day	6491	5453	1138	563	84.0%	49.5%	29.2	3.0	32.2	Safe staffing levels maintained.
CHI Paediatric Intensive Care	Night	5522	4987	871	529	90.3%	60.8%				Safe staffing levels maintained.
CHI Piam Brown Unit	Day	3791	2530	1031	485	66.8%	47.1%	11.7	2.1	13.7	Non-ward based staff supporting areas.
CHI Piam Brown Unit	Night	1379	993	640	138	72.0%	21.6%				Safe staffing levels maintained by sharing staff resource.
CHI Ward E1 Paed Cardiac	Day	2103	1359	620	637	64.6%	102.8%	6.0	2.8	8.8	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas.
CHI Ward E1 Paed Cardiac	Night	1381	1162	292	530	84.1%	181.8%				Band 4 staff working to support registered nurse numbers.
CHI Bursledon House	Day	912	718	533	305	78.7%	57.3%	5.6	3.0	8.6	Safe staffing levels maintained.
CHI Bursledon House	Night	187	178	146	178	95.2%	121.9%				Safe staffing levels maintained.
CHI Ward G2 Neuro	Day	801	598	849	219	74.6%	25.8%	7.4	1.6	9.0	Non-ward based staff supporting areas; Safe staffing levels maintained by sharing staff resource.
CHI Ward G2 Neuro	Night	717	585	678	36	81.5%	5.3%				Safe staffing levels maintained by sharing staff resource.
CHI Ward G3	Day	2443	1540	1671	1041	63.0%	62.3%	5.8	3.2	9.0	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas.
CHI Ward G3	Night	1652	1302	947	551	78.8%	58.2%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
CHI Ward G4 Surgery	Day	2486	1910	1236	639	76.8%	51.7%	6.7	2.3	9.0	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas.
CHI Ward G4 Surgery	Night	1606	1324	618	465	82.4%	75.3%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.

Ward		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	Commentary
W&N Bramshaw Womens Unit	Day	1067	1034	643	716	96.9%	111.3%	4.4	3.1	7.4	Safe staffing levels maintained.
W&N Bramshaw Womens Unit	Night	736	725	588	506	98.4%	86.0%				Safe staffing levels maintained.
W&N Neonatal Unit	Day	6244	4756	2003	1395	76.2%	69.6%	10.0	3.0	13.0	Safe staffing levels maintained.
W&N Neonatal Unit	Night	4880	3702	1600	1175	75.9%	73.5%				Safe staffing levels maintained.
W&N PAH Maternity Service combined	Day	10604	8929	3595	3168	84.2%	88.1%	9.5	3.0	12.6	Safe staffing levels maintained.
W&N PAH Maternity Service combined	Night	6513	5275	1555	1369	81.0%	88.1%				Safe staffing levels maintained.

Ward		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	Commentary
CAR CHDU	Day	4847	4126	1796	1393	85.1%	77.6%	15.2	4.5	19.7	Band 4 staff working to support registered nurse numbers; Band 4 staff working to support registered nurse numbers.
CAR CHDU	Night	3788	3804	983	981	100.4%	99.8%				Safe staffing levels maintained; Additional staff used for enhanced care - RNs.
CAR Coronary Care Unit	Day	2634	2660	905	1104	101.0%	122.0%	8.9	3.9	12.9	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Coronary Care Unit	Night	2266	2183	859	1035	96.4%	120.4%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward D4 Vascular	Day	1883	1537	1140	1318	81.6%	115.6%	3.9	3.9	7.8	Staff moved to support other wards; Additional staff used for enhanced care - Support workers.
CAR Ward D4 Vascular	Night	1012	983	935	1159	97.2%	123.9%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward E2 YACU	Day	1543	1364	842	856	88.4%	101.7%	4.2	3.1	7.4	Staff moved to support other wards; Safe staffing levels maintained.
CAR Ward E2 YACU	Night	693	697	593	671	100.5%	113.2%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward E3 Green	Day	1497	1537	1383	1198	102.7%	86.6%	3.4	3.3	6.7	Safe staffing levels maintained; Staff moved to support other wards.
CAR Ward E3 Green	Night	682	738	934	968	108.2%	103.7%				Safe staffing levels maintained; Safe staffing levels maintained.
CAR Ward E3 Blue	Day	1564	1297	906	831	82.9%	91.7%	3.8	3.1	6.9	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
CAR Ward E3 Blue	Night	672	661	602	793	98.4%	131.6%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward E4 Thoracics	Day	1514	1337	1394	1319	88.3%	94.6%	4.4	3.5	7.9	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
CAR Ward E4 Thoracics	Night	1001	1067	458	628	106.6%	137.1%				Additional staff used for enhanced care - Support workers; Additional staff used for enhanced care - Support workers.
CAR Ward D2 Cardiology	Day	1339	923	639	1128	69.0%	176.5%	3.6	4.4	8.0	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
CAR Ward D2 Cardiology	Night	672	631	606	770	93.9%	127.1%				Safe staffing levels maintained by sharing staff resource; Additional staff used for enhanced care - Support workers.

Ward		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	Commentary
NEU Acute Stroke Unit	Day	1457	1455	2534	2247	99.9%	88.7%	2.9	4.8	7.7	Safe staffing levels maintained;Staff moved to support other wards.
NEU Acute Stroke Unit	Night	990	891	1590	1711	90.0%	107.6%				Band 4 staff working to support registered nurse numbers.
NEU Regional Transfer Unit	Day	1149	896	374	344	78.0%	92.1%	7.7	5.5	13.2	Band 4 staff working to support registered nurse numbers.
NEU Regional Transfer Unit	Night	660	528	599	672	80.0%	112.1%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
NEU ward E Neuro	Day	1820	1496	1048	1730	82.2%	165.1%	3.5	4.3	7.7	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
NEU ward E Neuro	Night	1309	1178	917	1533	90.0%	167.1%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
NEU HASU	Day	1377	1220	327	488	88.6%	149.1%	6.8	2.6	9.4	Support workers used to maintain staffing numbers.
NEU HASU	Night	1265	1088	266	396	86.0%	148.6%				Support workers used to maintain staffing numbers.
NEU Ward D Neuro	Day	1831	1696	1844	1694	92.6%	91.8%	3.8	4.3	8.1	Safe staffing levels maintained.
NEU Ward D Neuro	Night	1309	1255	1576	1684	95.9%	106.9%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
SPI Ward F4 Spinal	Day	1503	1462	1096	1570	97.3%	143.2%	4.0	4.5	8.6	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
SPI Ward F4 Spinal	Night	967	1046	914	1239	108.2%	135.6%				Additional staff used for enhanced care - RNs; Additional staff used for enhanced care - Support workers.

Ward		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	Commentary
T&O Ward Brooke	Day	1022	1062	1055	806	103.9%	76.4%	3.3	3.2	6.5	Safe staffing levels maintained; Staff moved to support other wards; enhanced care within staffing numbers.
T&O Ward Brooke	Night	690	690	969	863	100.0%	89.0%				Safe staffing levels maintained; Staff moved to support other wards.
T&O Trauma Admissions Unit	Day	893	724	730	620	81.1%	85.0%	9.6	8.8	18.4	Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards; TAU took part in a pilot within AMU2 this month, staffing moved with it.
T&O Trauma Admissions Unit	Night	660	585	592	577	88.6%	97.6%				Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards.
T&O Ward F1 Major Trauma Unit	Day	2249	2214	1804	2039	98.4%	113.0%	4.4	4.4	8.8	Additional staff used for enhanced care - Support workers; Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F1 Major Trauma Unit	Night	1725	1695	1657	1928	98.2%	116.3%				Additional staff used for enhanced care - Support workers; Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F2 Trauma	Day	1587	1423	1878	2155	89.7%	114.7%	2.9	4.9	7.8	Additional beds open in the month; Additional staff used for enhanced care - Support workers; Increase in acuity/dependency of patients in the month; Due to capacity issues during Unscheduled Care Village pilot, F2 managed 8 additional beds for 7 days with an increase in staff required.
T&O Ward F2 Trauma	Night	991	887	1251	1737	89.5%	138.8%				Additional beds open in the month; Additional staff used for enhanced care - Support workers; Increase in acuity/dependency of patients in the month.
T&O Ward F3 Trauma	Day	1557	1554	1847	2127	99.8%	115.2%	3.5	5.9	9.4	Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F3 Trauma	Night	990	865	1590	1981	87.3%	124.6%				Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F4 Elective	Day	1386	1242	747	780	89.6%	104.3%	3.9	3.2	7.1	Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F4 Elective	Night	661	698	920	828	105.6%	89.9%				Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit.