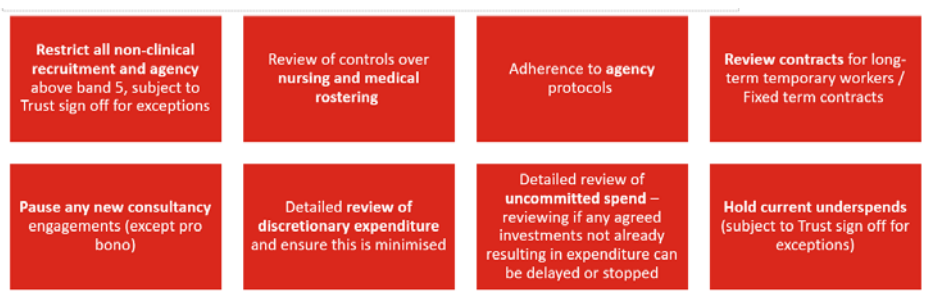
University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Finance Report 2022-23 Month 8 – including update on Financial Recovery Plan**			
Agenda item:	**8.2**			
Sponsor:	**Ian Howard – Chief Financial Officer**			
Author:	**Philip Bunting – Director of Operational Finance**			
Date:	**20 December 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:	In M7, Trust Board approved: • Movement of the Trust's forecast outturn position, to be formally reported in M9 (timing aligned to the HIOW ICB movements). • A Financial Recovery Plan focussed on improvements to the financial trajectory in H2 and into 23/24. **HIOW ICB Financial Recovery** In the intervening period, the HIOW ICS financial position has been the subject of national review, with the M7 deficit showing as an outlier within the national position. The HIOW ICB system have been following the new national forecasting protocol and reviewing financial recovery plans across all organisations in deficit. However, as part of the additional national review, the ICB have also set up specific project groups focussing on: • Maximising usage of new Hospital Discharge Funding to improve flow and improve financial positions. • Elective workstream focussed on improving productivity and efficiency, including reviewing opportunities for "load balancing" of waiting lists across the system. This workstream has also reviewed opportunities for reducing outsourcing to the Independent Sector (where this does not lead to patient harm or reduced performance against 78-week wait targets). It should be noted there has been no proposal or agreement to slow performance against operational targets to support the financial position. • Workforce group reviewing growth since 19/20 to support recovery planning, agreement of workforce controls and an agreement to join a collaborative agency programme with other ICSs. • Controls across all providers, with mechanisms to sign-off expenditure >£50k (triple-lock) and other new consistent controls, including: 			

Further to the above workstreams, provider CFOs have been collaborating on good practice opportunities and consistent approaches to technical elements of financial reporting. The SE Region are also arranging for peer review of plans with another ICS, and a Strategic Recovery Director has been appointed nationally to support HIOW ICS. A verbal update on the impact of the above changes on the HIOW ICS will be provided.

UHS progress against FRP actions

For UHS, we are actively responding to the four ICB workstreams above, as well as completing actions outlined in the Financial Recovery Plan. This includes:

- A Financial Recovery Leadership Summit has been set for 16th December with senior leaders across the Trust. This will focus on main transformation initiatives led by clinical and operational teams, as well as financial recovery initiatives. A verbal update will be provided.
- A review of outsourcing / insourcing has identified an opportunity to reduce costs by up to circa £1m through reduced levels of activity, without impacting 78-week performance. A quality impact assessment is currently underway prior to executive approval and implementation.
- A review of controls required to align to the ICS control mechanisms outlined above is underway. Given UHS has the majority of these controls in place it is not expected to provide a material change, although a minor change in scope of the Recruitment Control Panel is under consideration. Revised governance arrangements to implement these changes will be considered at TEC in January.
- A review of investments not yet committed is underway and will be presented to executives shortly for consideration.
- Additional income of £6.3m has been agreed with Specialised Commissioning, relating to Non-Elective pressures and Elective Recovery Fund performance. This agreement will effectively mean the remainder of 22/23 is a block contract. This is above anticipated levels within the Financial Recovery Plan.
- Additional income of £0.8m is anticipated in relation to capital schemes funded as part of national programmes. Whilst this is below levels assumed within the Financial Recovery Plan, it is offset by the additional income above.
- We have received confirmation from HMRC of additional VAT recovery relating back to 15/16 on our partial exemption of business activities, worth £0.5m.
- We have provided additional analysis of WTE growth since 19/20, analysed in appendix one.
- We have created a local version of the national productivity data, split by Care Group and Division. This has been used to create information packs for divisions to highlight areas of potential opportunity and further scrutiny. A process is now underway to review this data with divisions to identify any unwarranted / unexplained variation.

The above progress has had the following impact on our forecast deficit of £28.7m:

- Supported the £5m improvement committed to in our Financial Recovery Plan (not yet fully identified), and
- A further £3.5m improvement linked to the additional Specialised Commissioning funding beyond the levels anticipated in our Financial Recovery Plan.

A revised forecast position of **£20.2m (1.7%) deficit** has therefore been agreed with HIOW ICB (subject to approval). This may be subject to further change as income assumptions are finalised.

M8 Financial Position

UHS reported a deficit of £1m in November 2022, which is now a £17.7m deficit YTD. A 'flight path' has been developed for months 8 -12 and the in-month position landed as expected as per the forecasting process. The reported position was skewed as backdated income of £4.2m was reported relating to Specialised Commissioning (8/12ths of £6.3m); however this was offset by the release of ERF related accruals. Several smaller one-off benefits were also reported in month.

Underlying Position

The underlying position for M8 is a deficit of £3.6m (£27m deficit YTD). This is a marginal improvement from the previous month (down from £3.8m) although remains marginally higher than the £3m - £3.5m range seen in earlier months, with increased pressures relating to energy usage and planned winter pressures funding / flex bed costs. The increase is therefore cyclical and would expect to reduce to the previous range outside of the winter months.

Key drivers

The key drivers for the underlying position remain consistent with previous monthly reports and are listed in the table below. Most of these are classed as uncontrollable with UHS having little ability to directly influence the level of cost pressure being experienced. These have been partly offset by planned CIP and further to that additional CIP being achieved. This has helped UHS report a lower deficit number than the underlying position.

Cost Driver	Rationale	Controllable / Uncontrollable	Underlying Variance to Breakeven (YTD £m)
Covid Costs	Covid volumes in excess of 'low covid environment' assumed within plan	Uncontrollable	4.9
Pay Inflation	Pay award funding does not cover costs in full	Uncontrollable	1.7
Non Pay Inflation	Rates of inflation are in excess of planned expectations	Uncontrollable	7.9
Energy Costs	Energy costs have increased beyond that expected.	Uncontrollable	7.5
Criteria to Reside	Medically optimised patients still residing leading to flex bed costs.	Uncontrollable	1.5
Additional Bank Holiday	One off costs were incurred relating to bank holiday enhancements	Uncontrollable	0.2
Drugs expenditure in excess of block funding	Drugs costs have been in excess of the block funded level due to additional NICE approvals and new treatments approved.	Uncontrollable	7.6
Emergency Department	ED costs are in excess of planned levels due to activity and workforce pressures.	Controllable	2.6
CIP	Planned CIP Offset	Controllable	(7.0)
Underlying Deficit YTD			**27.0**
Additional CIP Achievement / Additional Income / Other One Offs			(9.3)
Reported Deficit YTD			**17.7**

ERF Position

UHS achieved 108% in November which is an improvement from October. UHS has achieved 106% YTD ahead of the national 104% target and consistent with that planned. Indicatively UHS has achieved £4.9m of income relating to ERF; however, this is part of the fixed settlement with Specialised Commissioning hence all variable accruals have now been removed.

ERF will continue to be monitored for the remainder of 2022/23; however, no variable income will flow in regard to achievement.

CIP

The Trust has achieved delivery of £27m YTD, £2.2m above the target of £24.8m.

Identification of CIP schemes has now reached £42.4m of the £45.4m target (93%) and equates to an overall achievement of 3.5% of income. We are looking to commit to achievement of the full target and close the remaining gap within the Financial Recovery Plan.

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 £13.6m YTD against Internal CDEL, which is £5.8m behind plan. The Trust has £35.4m of internally funded programmes for delivery in M9-12, including wards and theatres.

The Trust is also forecasting expenditure of £23m on externally funded schemes, predominantly for delivery in M9-12 with £6.4m spent YTD. This includes £10m of wards funded linked to the internal scheme for which £6m has been spent YTD.

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. We are therefore over-committed, off-set by an assumed level of slippage. The amount left to spend has been circulated to responsible owners in month to ensure clarity, with progress and risks reported regularly.

Further to this a number of bids are currently in progress for further capital funding that may lead to increased spend in year. We are currently anticipating over £3.5m of additional funding relating to an MRI and a CT scanner.

Wider System Performance

A verbal update on the latest external position will be provided, which broadly remains consistent with previous months.

Cash

The cash position has improved slightly from M7 up by £7m. The underlying trend remains consistent with the previous forecast, however. Cash is therefore anticipated to reduce further in the remainder of 2022/23 as capital expenditure increases and with it an underlying deficit

	prevails. Additional Specialised Commissioning income should help provide some short-term improvement. 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.
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 the update to the financial position • Approve the revised forecast position of £20.2m, to be reported formally to NHSE in M9

Appendix 1 – WTE movement since 19/20

UHS Workforce Bridge 19/20 to 22/23	WTE	
Opening WTE (M12 19/20)	**11,410.60**	
Funded Investments		
Mechanical Thrombectomy 24/7	45.00	Funded service expansion by NHS England
Vaccine Hubs (Funded)	52.00	Centrally Funded by NHS England
Trainee Doctor posts / other HEE funding	57.00	Funded by HEE
Hepatology Expansion	40.00	Hep C ODN Network Investment
Capitalised staffing i.e. LIMS/Digital Investments	18.00	Funded capital projects
Community Diagnostics Centre	31.00	Funded service expansion by NHS England
Rapid Diagnostics Centre	12.00	Funded service expansion by Wessex Cancer Alliance
Genomics TUPE from Salisbury	79.00	Oct 22 start - fully funded transfer
R&D (Vaccine Studies particularly)	51.00	All funded via R&D income
Critical Care Investment	42.00	NHS England Investment in Funded Bed Capacity
Screening Programmes i.e. TLHC	14.00	NHS England Funded
Digital Programmes	12.00	Funded from external revenue sources i.e. My Medical Record and EMIS Commercial Income
Hosted staff (fully funded)	30.00	Staff funded by charity, SLAs, secondments, hosting arrangements etc
Covid Related Investments		
Covid Medical Model / Covid Acuity	23.00	Acute Medicine and respiratory wards
Covid - Other	18.00	Testing/PPE/Staff Psychology/Infection Control
Covid - Staff Sickness (Bank/Agency)	130.00	Peaks and troughs but continued high incidence of covid related sickness absence requiring backfill (c1%)
Covid Pathology Testing	12.00	Reclaimable as covid pass through funding
Critical Care	84.00	Critical care growth due to covid or recovery and restoration of services
Activity Growth		
Wards Expansion	65.00	C2 Ward - additional ward capacity to support specialised cancer activity growth - opened Dec 2020
Theatres Expansion	80.00	2 new theatres on E Level opened in June 2021 and 2 new theatres in Sept 2021
Ophthalmology Expansion	70.00	Supported by commissioners - significant clinical risks driven by capacity shortfall
Endoscopy Expansion	9.00	New endoscopy suite opened April 2021
Flex Beds / Criteria to Reside Pressures	118.00	Unfunded capacity required due to increased volumes not meeting criteria to reside (AMU4, Cath Labs, Bassett, Surgical Day Unit)
Diagnostics Growth	28.00	Growth within radiology especially around cancer specialties
Chemotherapy growth	6.00	Hamwic house increase in chair volumes
Emergency Department Growth	82.00	Growth in activity (15% per annum) matched with increasing staffing requirement
Outpatient Follow Up growth	120.00	Growth in follow ups with demand increase (20% over 19/10 baselines). This is being further explored.
Elective Recovery Growth (not within above)	161.00	The trust is delivering 106% YTD of 19/20 ERF activity and this has required investment in workforce to achieve this
Other generic growth	32.90	Small service developments and growth across the board
Quality Investments		
Transformation Investment	12.00	Additional Investment in transformation - helping deliver CIP programme
Operational Infrastructure Review	6.00	Internal review of operational management structures
Ockenden / Maternity Investments	42.00	Growth in women and newborn services including maternity
Nursing Investments	44.00	Safer staffing annual reviews linked to acuity / covid / infection control
CQC recommendations	12.00	CQC recommendations particularly within Paeds and Pharmacy
Other		
UEL Theatres Investment	20.00	Offset by savings from UEL Theatrres implementation in 22/23
Transfer of Financial Services from Outsourced to In House	19.00	Accounts Payable, Accounts Receivable and Finance Systems Teams
Total Movement	**1,676.90**	
	14.7%	
WTE October 2022	**13,087.50**	
Check	**0.00**	

Finance Report Month 8

Report to:	**Board of Directors and Finance & Investment Committee** **November 2022**
Title:	**Finance Report for Period ending 30/11/2022**
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 8, UHS reported a deficit position of £1m adverse which was £1.5m adverse to the planned £0.5m surplus. The YTD position is £17.7m deficit which is £13m adverse to the planned deficit target of £4.7m.

2. The underlying position is however £27m deficit YTD with one off benefits helping improve the in year reported position. Estimates of the forecast indicate an intermediate projection of £20.2m after 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 £27m, a significant increase from the £23.7m achieved at M7. This exceeds the planned YTD delivery of £24.8m by £2.2m. Of the £27m delivered YTD £12.1m has been transacted by Divisions and Directorates and £14.9m has been transacted through Central Schemes.

4. The main income and activity themes seen in M8 were:
    1. UHS has delivered 108% of Elective Recovery activity in M8, above target.
    2. Indicative ERF income totals £4.9m year to date.
    3. At M8 the unfunded pressure for ICB block funded drugs and devices is £7.6m of which £5.7m is from drugs.

5. The underlying deficit of £3.6m in month is driven by:
    1. Drugs & Devices (£0.9m per month) – partly offset with CIP
    2. Energy costs – (£0.9m per month) – Inflationary pressure increasing – partly offset by CIP
    3. Covid related staff 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 (£1.2m 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.

Finance: I&E Summary

A deficit position of 1m was reported in November adverse to the planned position of £0.4m surplus. The YTD position of £17.7m deficit is £13m adverse to the planned £4.7m deficit target.

Underlying trends continue as per previous months with the exception of drugs costs that spiked in month showing an overspend of £3.9m. All categories of expenditure are reporting an overspend which is offset in part with the overachievement of income such as pay award funding and pass through income.

Other income is significantly over plan YTD (£29.6m) relating to two significant covid R&D studies. These do however have offsetting costs within Other non pay.

The Trust continues to formally report a breakeven annual forecast for 2022/23 whilst flagging the risks of delivery.

		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	73.0	(3.2)	558.1	566.4	(8.3)	837.0	849.5	(12.5)
	Pass-through Drugs & Devices	11.2	15.3	(4.1)	89.7	102.0	(12.3)	134.6	153.0	(18.4)
Other income	Other Income excl. PSF	10.6	15.2	(4.6)	84.4	114.0	(29.6)	126.6	151.0	(24.4)
	Top Up Income	0.6	1.1	(0.5)	6.0	5.5	0.5	8.3	8.3	0.0
Total income		**92.1**	**104.5**	**(12.4)**	**738.2**	**787.9**	**(49.7)**	**1,106.6**	**1,161.9**	**(55.3)**
Costs	Pay-Substantive	49.4	51.8	2.4	391.8	403.6	11.8	591.6	605.4	13.8
	Pay-Bank	2.6	3.3	0.7	24.2	31.8	7.6	33.2	42.8	9.6
	Pay-Agency	0.9	1.0	0.1	8.9	9.6	0.8	12.0	12.9	0.9
	Drugs	4.9	8.8	3.9	40.6	44.4	3.8	59.7	69.5	9.8
	Pass-through Drugs & Devices	11.2	15.3	4.1	89.7	102.0	12.3	134.6	153.0	18.4
	Clinical supplies	5.9	7.4	1.6	53.3	54.3	1.0	74.6	78.5	3.8
	Other non pay	15.8	17.5	1.7	126.9	154.0	27.1	189.6	188.9	(0.7)
Total expenditure		**90.7**	**105.1**	**14.4**	**735.4**	**799.7**	**64.2**	**1,095.3**	**1,151.0**	**55.7**
EBITDA		**1.4**	**(0.6)**	**2.0**	**2.7**	**(11.8)**	**14.5**	**11.2**	**10.9**	**0.4**
EBITDA %		1.5%	-0.5%	2.0%	0.4%	-1.5%	1.9%	1.0%	0.9%	0.1%
	Non operating expenditure/income	(0.9)	(0.5)	0.4	(7.4)	(6.4)	1.0	(11.1)	(11.1)	0.0
Surplus / (Deficit)		**0.4**	**(1.1)**	**1.6**	**(4.7)**	**(18.2)**	**13.5**	**0.1**	**(0.3)**	**0.4**
Less	Donated income	(0.1)	0.1	(0.2)	(0.9)	(0.7)	(0.2)	(1.4)	(1.4)	0.0
	Profit on disposals	-	(0.1)	0.1	-	(0.1)	0.1	-	(0.3)	0.3
Add Back	Donated depreciation	0.1	0.2	0.1	0.9	1.4	0.5	1.3	2.0	0.7
	Impairments	-	-	0.0	-	-	0.0	-	-	0.0
Net Surplus / (Deficit)		**0.4**	**(1.0)**	**1.5**	**(4.7)**	**(17.7)**	**13.0**	**0.0**	**0.0**	**0.0**

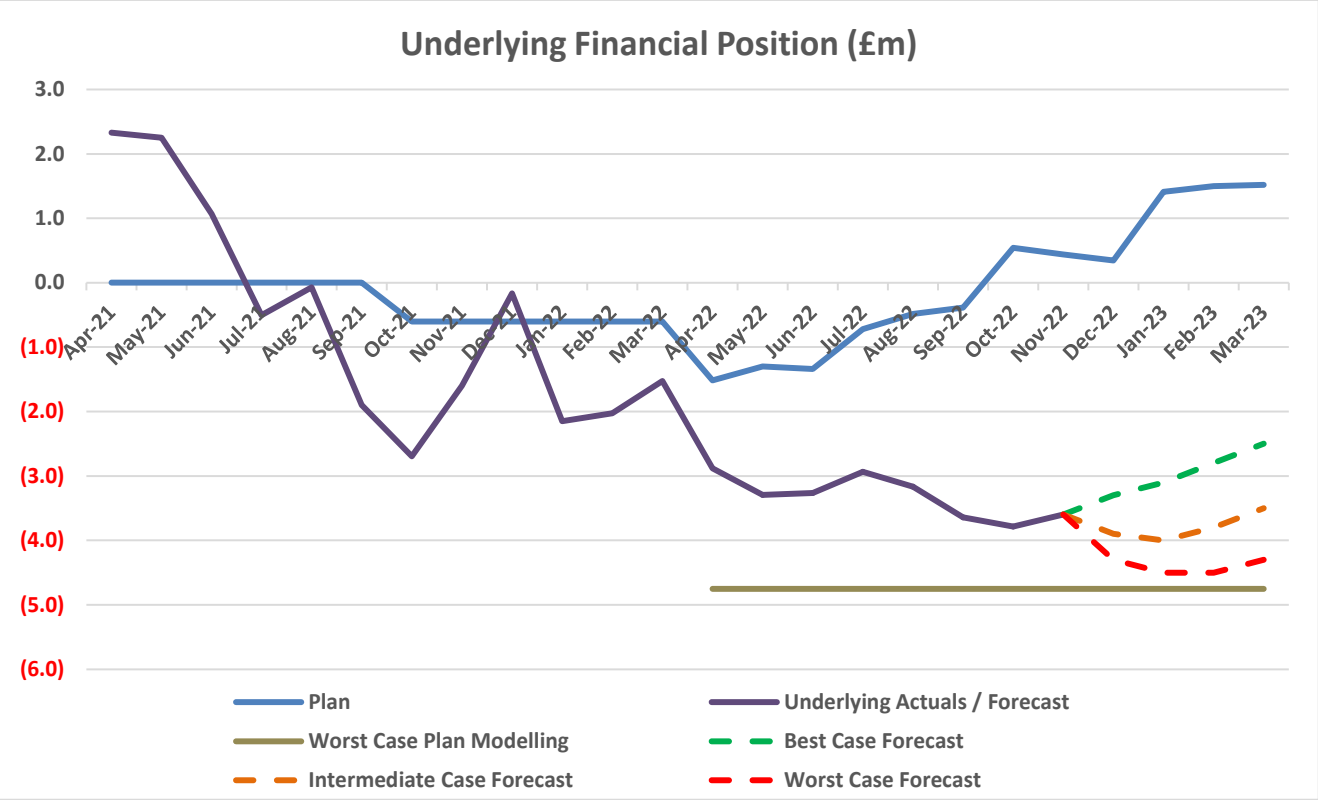
Monthly Underlying Position

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

This differs from the reported financial position as it has been adjusted for non recurrent items (one offs) and also had any necessary costs or income rephased by month to get a true picture of the run rate. The underlying position is £3.6m deficit in M8 down from £3.8m in M7.

The run rate from month 1 to month 8 is on average £3.4m deficit per month due mainly to energy cost pressures (seasonality impact also), 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 £34m deficit and £46m deficit with an intermediate forecast assessment of £40m deficit before non recurrent CIP is added and any stretch applied. This is consistent with the previous month with the exception of a further £3.5m stretch (supported by additional income) applied to take the reported deficit within the intermediate case to £20.2m.

Additionally Elective Recovery Fund income risk has now been removed as this has now been agreed with Specialised Commissioning and the HIOW ICS.

			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 meaning costs don't reduce	Uncontrollable	(17.0)	(7.4)	(8.4)	(9.4)
Inflationary pressures impacting the price of goods and services (including stockouts)	Uncontrollable	(11.3)	(10.9)	(11.9)	(12.9)
Energy Cost prices continue to rise	Uncontrollable		(7.2)	(8.2)	(9.2)
Depreciation / PDC Pressure from Central Capital Schemes	Uncontrollable	0.0	(1.4)	(1.4)	(1.4)
Block drugs and devices costs continue to overspend	Uncontrollable	0.0	(7.8)	(9.3)	(10.8)
Medically optimised for discharge numbers do not reduce and flex beds remain open	Controllable	0.0	(1.8)	(2.3)	(2.8)
Emergency Department	Controllable	0.0	(3.2)	(3.7)	(4.2)
Pay Award Funding Gap	Uncontrollable	0.0	(1.7)	(2.7)	(2.7)
Additional Bank Holiday Costs	Uncontrollable	0.0	(2.9)	(2.9)	(2.9)
Cost Improvement Plans Offsetting (Within Plan)	Controllable	0.0	10.6	10.6	10.6
Underlying Deficit Subtotal		**(57.2)**	**(33.7)**	**(40.2)**	**(45.7)**
Non Recurrent CIP (Within Plan)			5.0	5.0	5.0
Additional CIPs / Stretch Achievement			28.7	15.0	12.5
Reported Deficit Total		**(57.2)**	**0.0**	**(20.2)**	**(28.2)**

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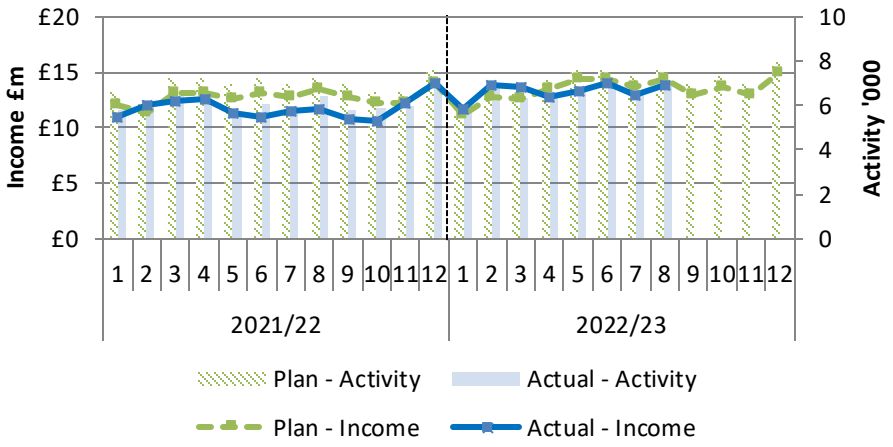
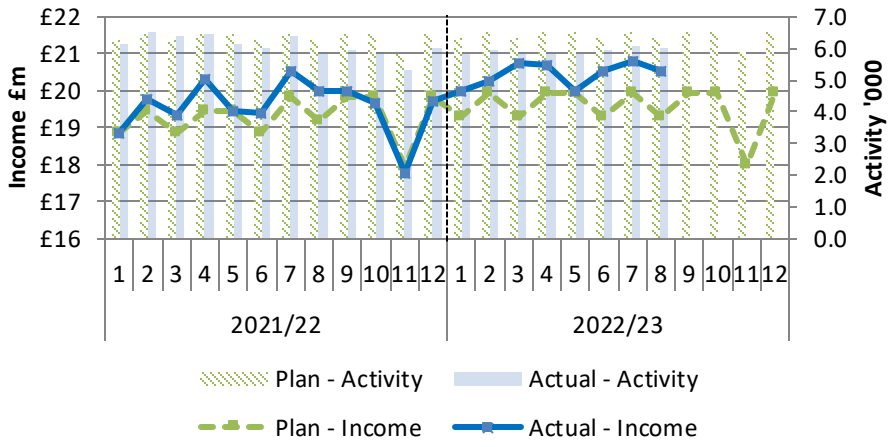
Clinical Income

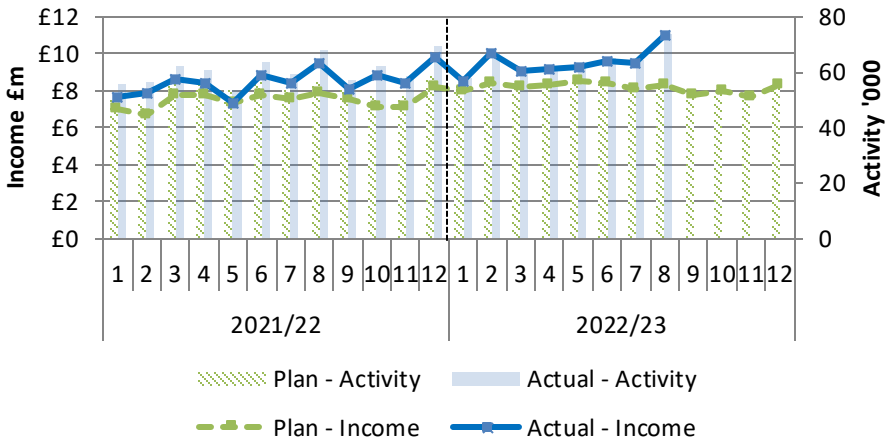
Elective spells



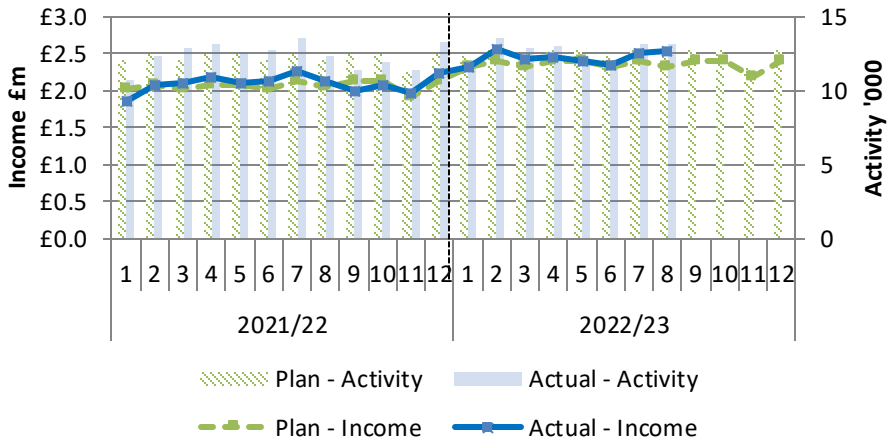
Non elective spells



Outpatients Total



A&E



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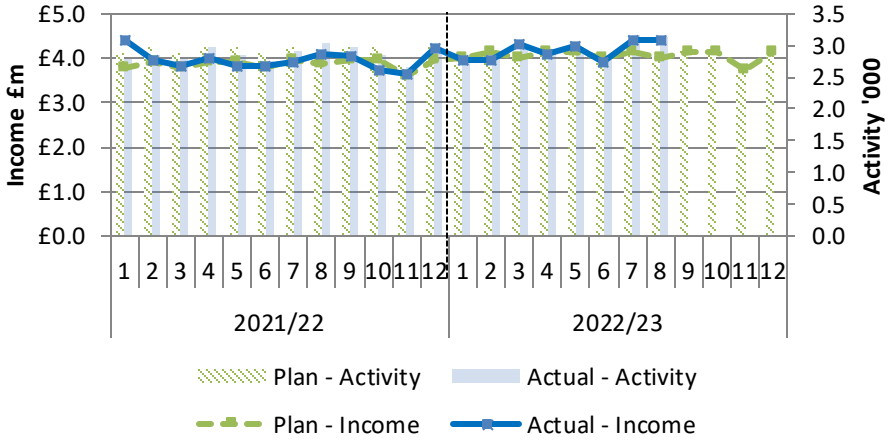
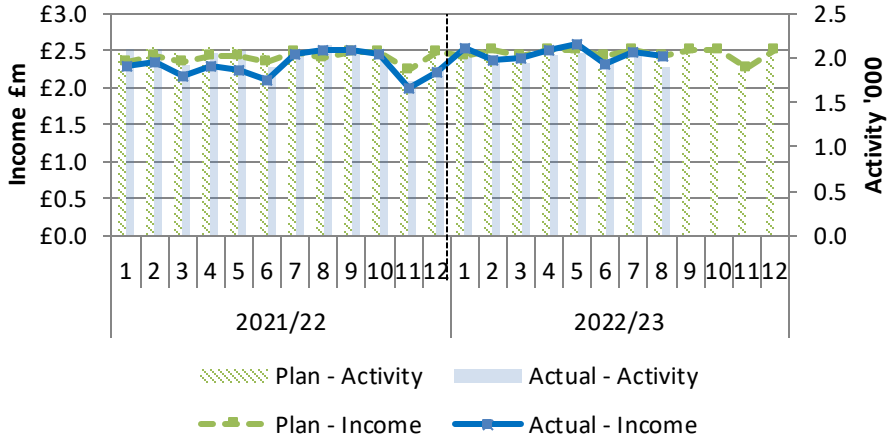
Clinical Income

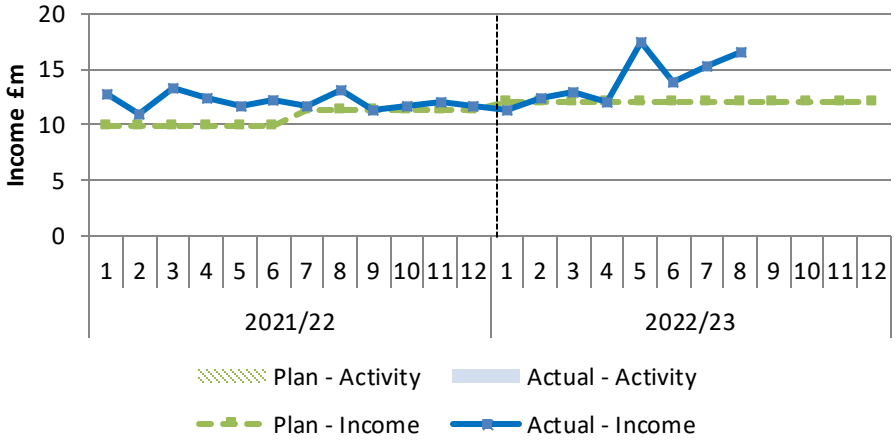
Adult critical care



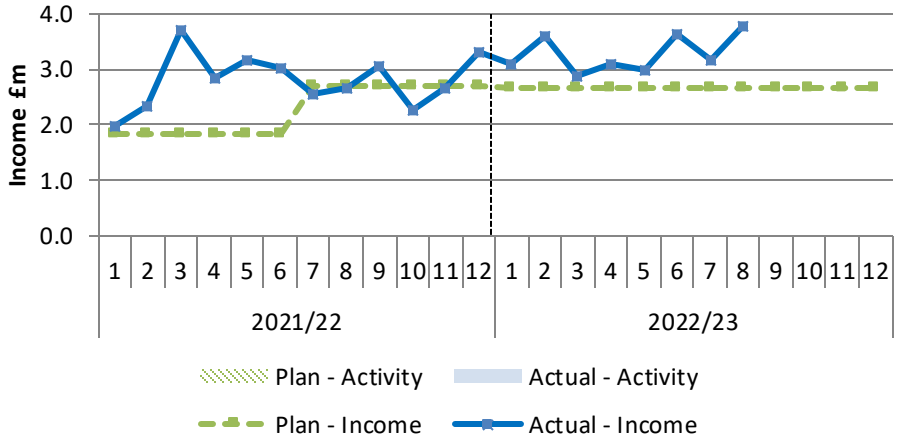
Neonatal & paediatric critical care



Tariff excluded drugs



Tariff excluded devices



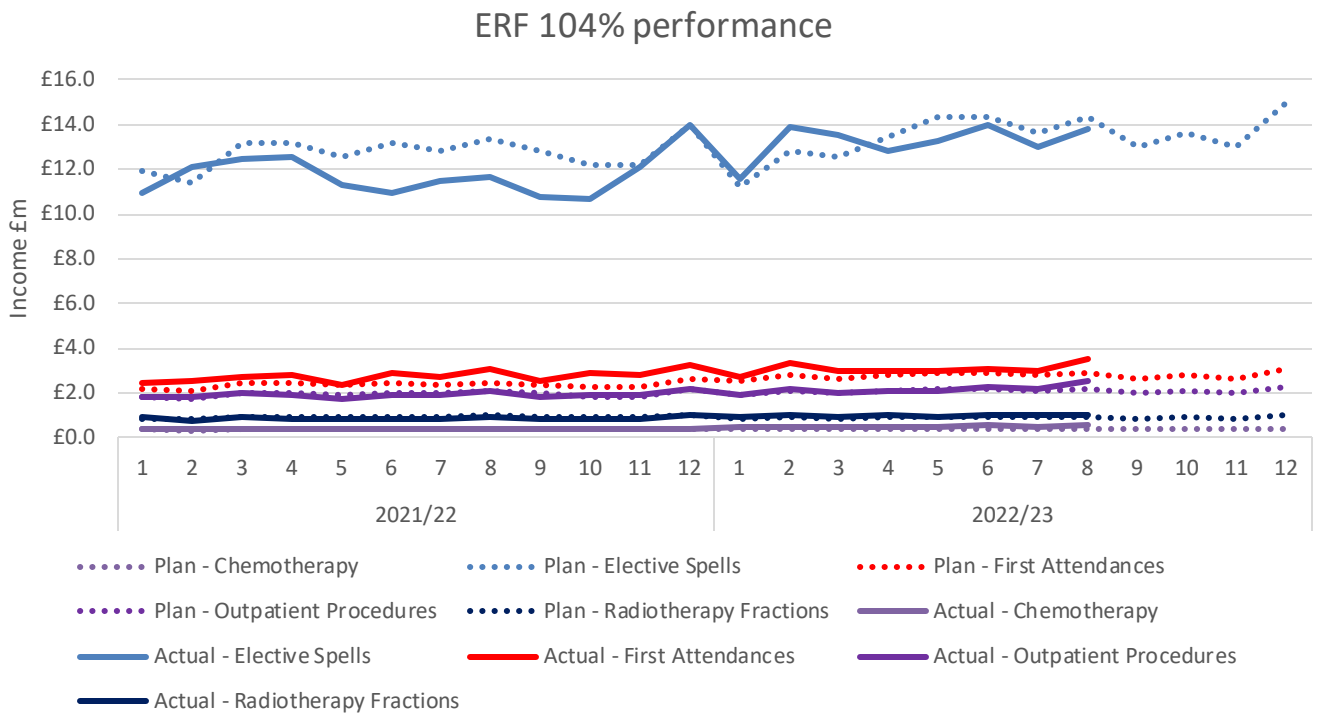
Elective Recovery Fund 22/23

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 M8 performance of 108% and 106% YTD. Indicatively this has generated £4.9m in ERF income YTD.

Most of this relates to Specialised Commissioning activity and discussions with them have generated a favourable outcome with regards to funding in year costs on a fixed arrangement. Income will continue to be monitored in shadow form in year however.



Elective Recovery Framework Performance	M1	M2	M3	M4	M5	M6	M7	M8	YTD
Elective performance	99%	107%	110%	99%	98%	103%	101%	102%	103%
Outpatient first and procedures performance	109%	117%	112%	108%	104%	109%	111%	122%	111%
Chemotherapy performance	146%	127%	142%	127%	128%	133%	133%	133%	133%
Radiotherapy performance	119%	112%	114%	116%	104%	113%	112%	113%	113%
Overall ERF performance	**104%**	**111%**	**112%**	**103%**	**101%**	**106%**	**104%**	**108%**	**106%**
Anticipated ERF payment (incl. A&G)	**£826**	**£1,673**	**£1,502**	**£125**	**-£409**	**£337**	**£131**	**£728**	**£4,913**
Outpatient follow up performance	130%	137%	130%	125%	120%	125%	131%	145%	130%

Cost Pressures 2022/23

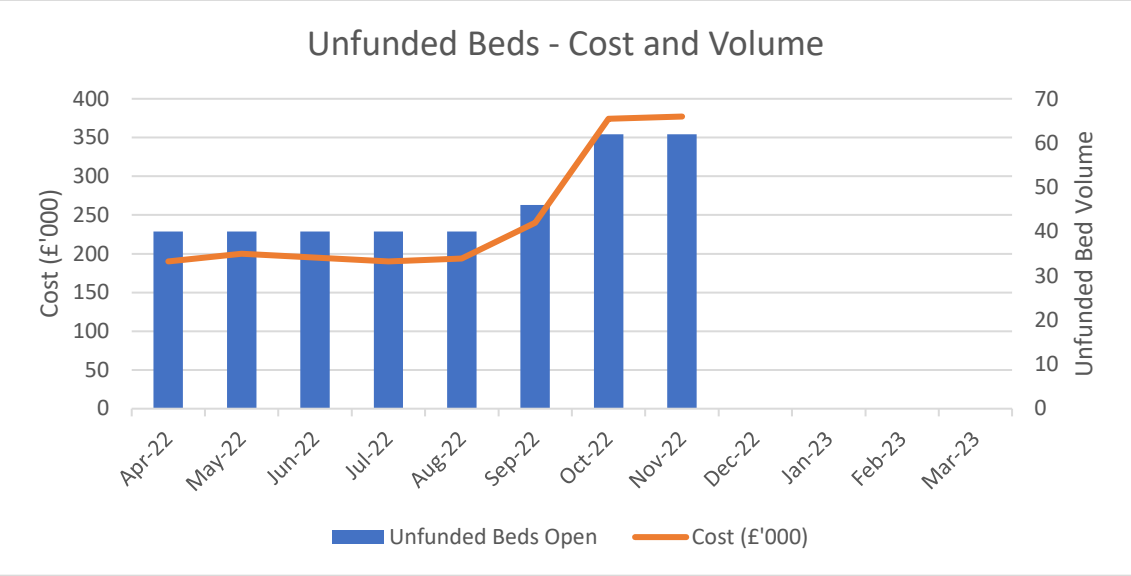
The top tables show the performance for block funded and pass-through drugs in 22/23. The majority of NHS England Specialised Commissioned drugs and devices are being funded on a cost and volume (C&V) basis but all those which are ICB commissioned are subject to a fixed block payment.

At M8 the unfunded pressure for these block funded drugs and devices is £7.6m of which £5.7m is from drugs. Long term conditions form one of the key areas of cost growth particularly within gastroenterology, rheumatology and ophthalmology. These services are seeing disproportionate growth in patient numbers and significant impact from NICE technical appraisals particularly around biologics.

The graph shows the costs of 'unfunded beds' open within UHS. These are required due to increasing numbers of patients (c200) not meeting the criteria to reside. Flex bed pressures have increased over the last two months with costs increasing to £370k per month (£2m YTD).

Block	YTD Plan	YTD Actual	Unfunded performance
Drugs	£24,537,515	£30,228,668	£5,691,154
Devices	£3,913,669	£5,816,738	£1,903,068
Total	**£28,451,184**	**£36,045,406**	**£7,594,222**

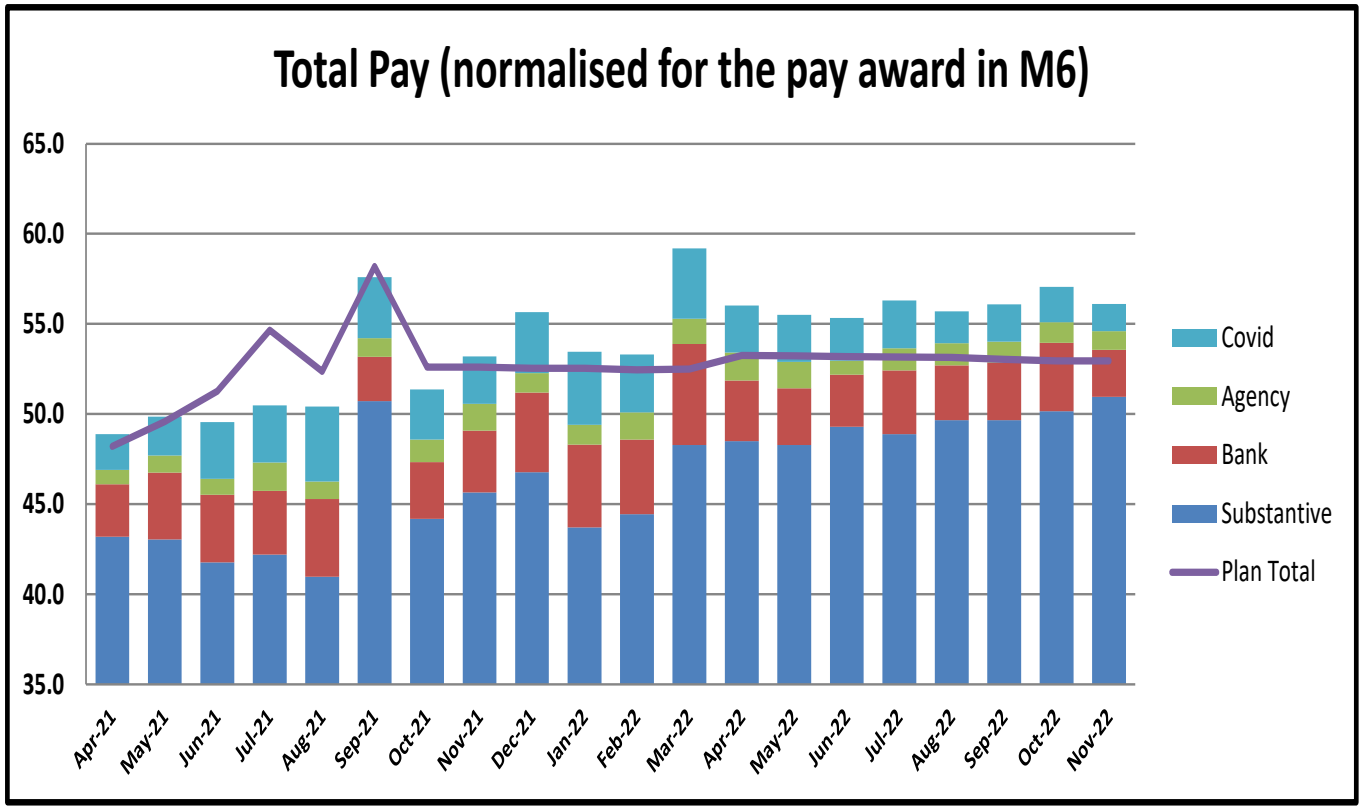
C&V	YTD Plan	YTD Actual	Funded performance
Drugs	£72,407,554	£81,570,575	£9,163,022
Devices	£17,342,382	£20,421,729	£3,079,348
Total	**£89,749,936**	**£101,992,305**	**£12,242,369**



Substantive Pay Costs

Total pay expenditure in November was £56.1m, down from October's £57m. Substantive staff costs increased by £0.8m from October to November but this was offset by a reduction in Bank staff spend of £1.1m, Covid staff spend of £0.5m and Agency staff spend of £0.1m. This followed a month of significant operational pressure hence the spike in October costs. These costs are likely to increase slightly in winter months as extra spend is required to alleviate operational pressures particularly within ED.

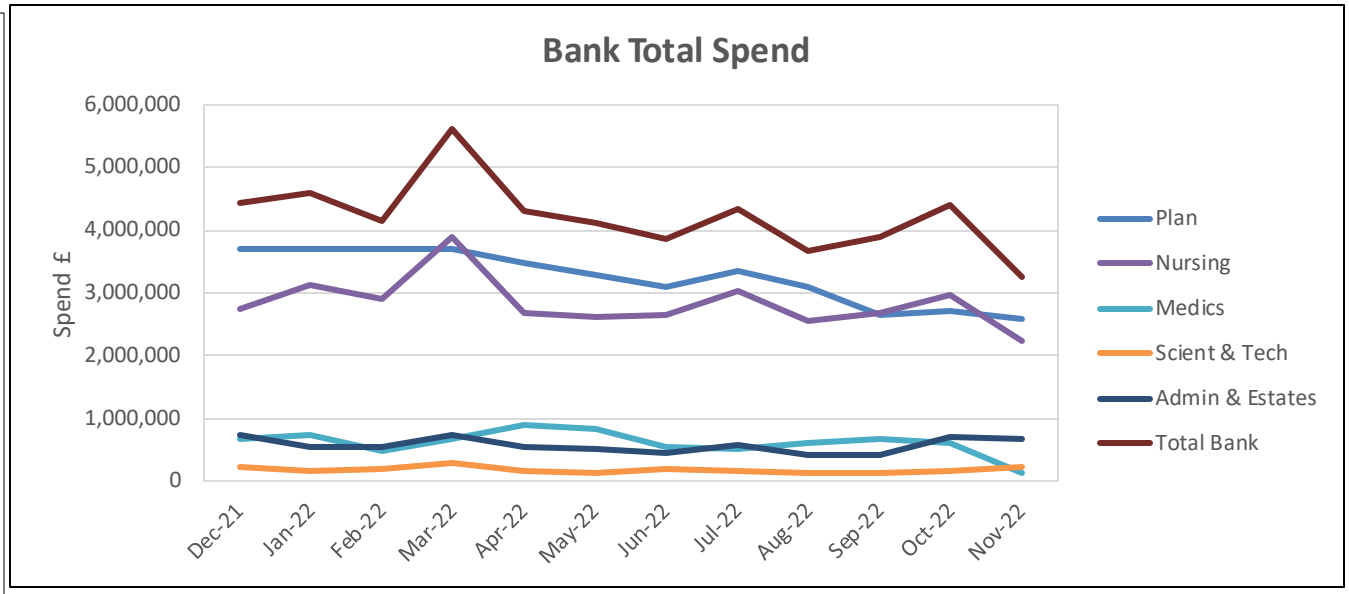
Staff costs are over plan £20m YTD for which £14m relates to pay award costs not within plan and largely funded. The residual £6m is due mainly to operational and covid related pressures meaning temporary staffing costs have remained even though substantive costs have increased.

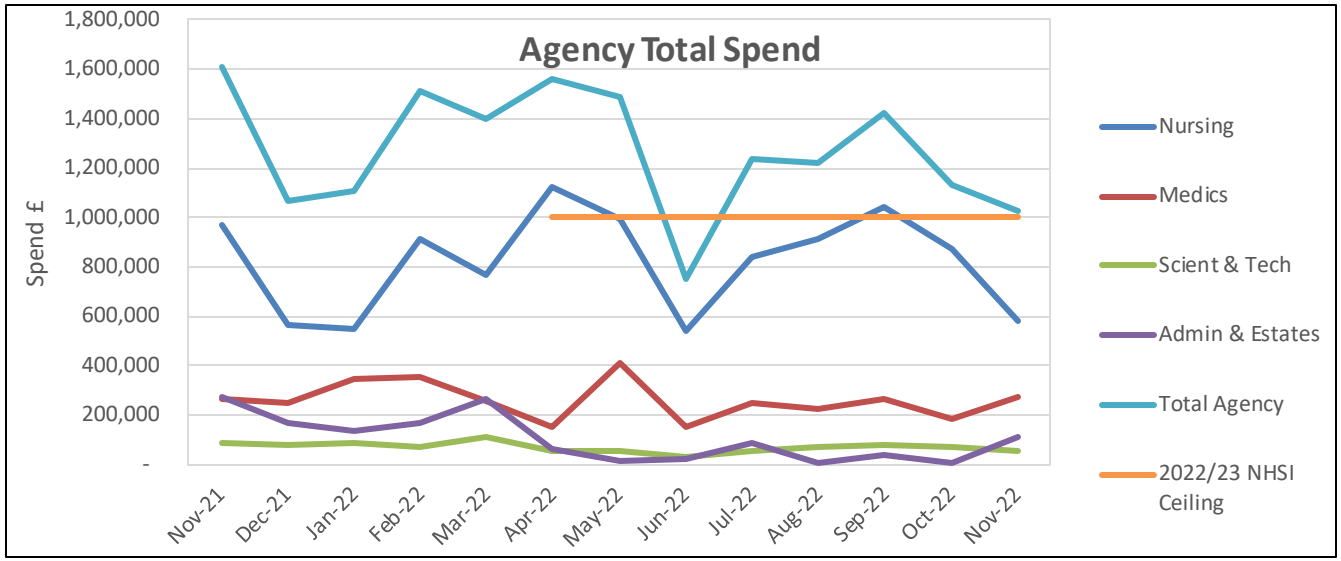


Temporary Staff Costs

Expenditure on Bank staff decreased by £1.1m from October to £3.3m in month, however £0.5m of this was a one off favourable correction to previous months costs (within medics bank costs). The majority of this decrease was in nursing driven by lower sickness levels and no bank holidays.

Agency spend decreased by £0.1m. A decrease in nursing spend of £0.3m was offset by increases of £0.1m in admin staff and £0.1m in medics. Spend is slightly above the 22/23 agency ceiling, however remains comparably lower than other similar sized trusts. Reducing agency spend remains a focus area for the Trust Savings Group (TSG). The decrease in nursing spend includes a reduction in Thornbury spend from £74k in October to £31k in November 2022.





Covid Costs 22/23

The table illustrates Covid costs incurred YTD versus 22/23 plan.

YTD costs are £18.8m which is £4.9m ahead of plan. This is due to Critical Care and ED additional capacity and costs which are reporting £5.6m 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.

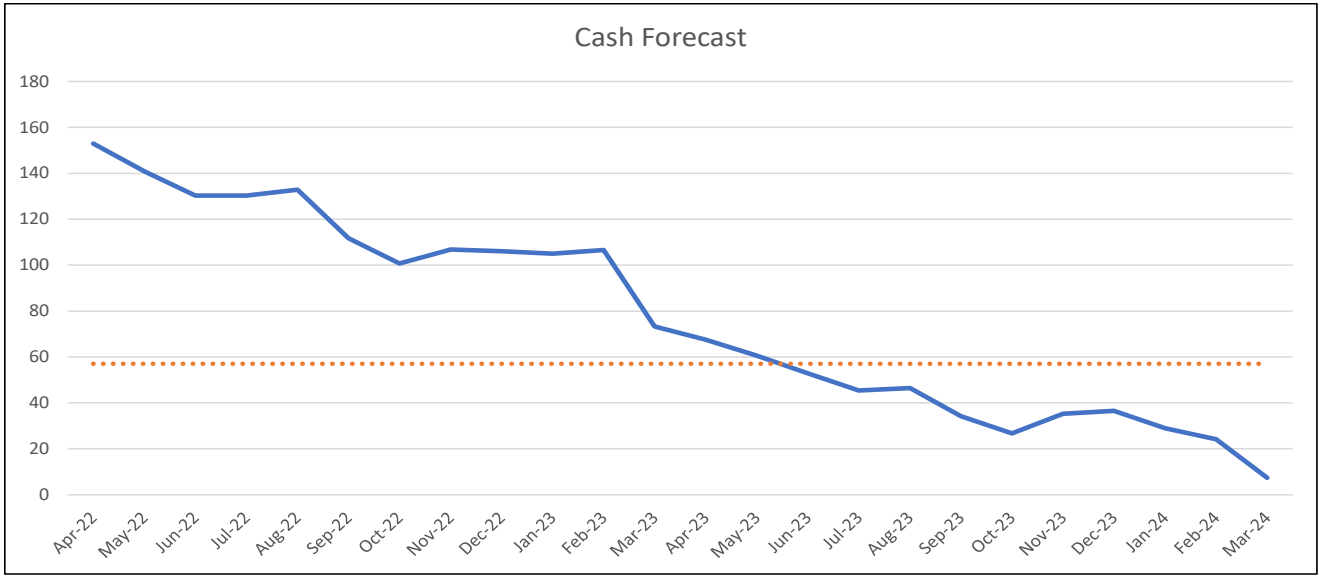
Description	2022/23 Annual Plan (£'000)	2022/23 YTD Plan (£'000)	2022/23 YTD Actual (£'000)	2022/23 YTD Variance (£'000)
Covid Related Staff Sickness / Absence	9,123	6,082	5,975	107
Critical Care Additional Capacity	4,914	3,276	6,111	(2,835)
Emergency Department Additional Costs	1,800	1,200	4,060	(2,860)
Car Parking Income - Patients / Visitors	1,320	880	880	0
Additional Cleaning / Decontamination	812	541	582	(41)
C5 uplift to L2 facility for 12 beds for Covid	480	320	320	0
Staff / High Risk Patient Covid Testing	500	333	210	123
PPE / Perso Hoods and Consumables	320	213	12	201
Staff Psychology Support	200	133	38	95
Car Parking Income - Staff	183	122	122	0
Clinical Engineering	138	92	0	92
Covid Medical Model (Div B)	115	76	76	0
PAH Theatres social distancing	108	72	0	72
Infection Control Team	107	71	18	53
Other (sub £100k plans)	694	463	358	105
TOTAL	**20,813**	**13,875**	**18,762**	**(4,887)**

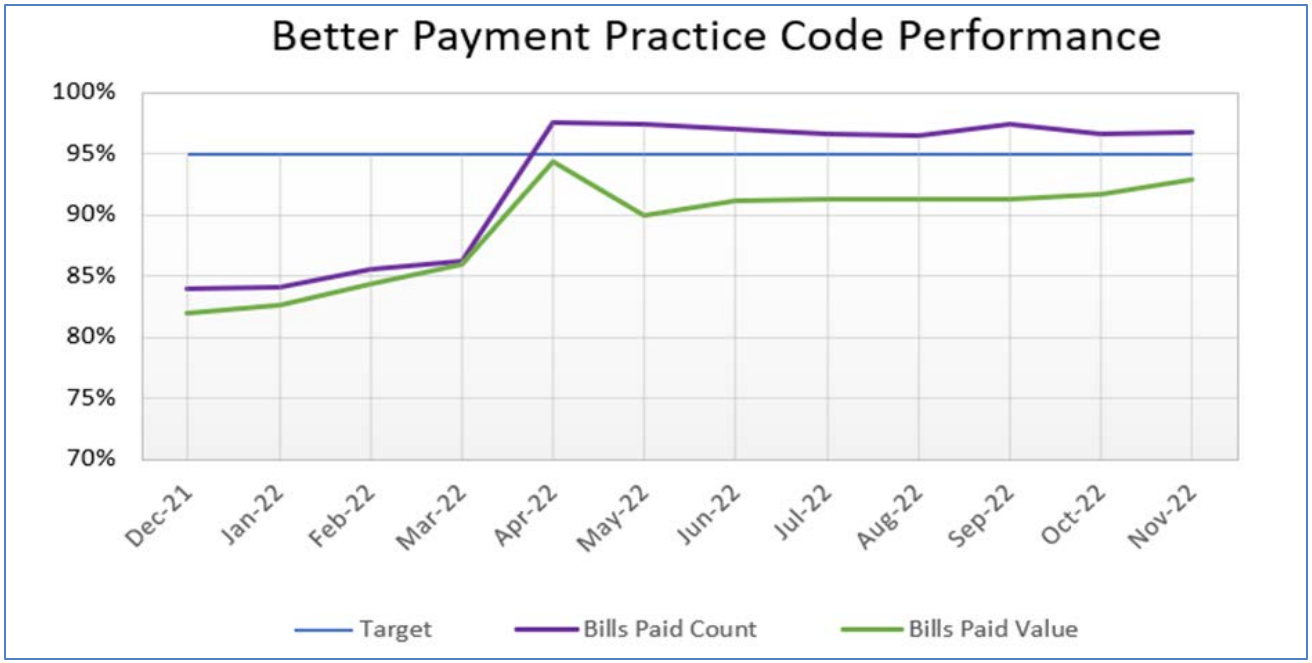
Cash

The cash balance increased by £6.9m in November to £107.6m 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 November is over the 95% target at 97.46%, (October 96.07%) for count of invoices and now for value at 95.76% (October 95.18%) with the YTD position still above target for count and increasing for value.





University Hospital Southampton NHS
NHS Foundation Trust

Capital Expenditure

(Fav Variance) / Adv Variance

Excluding the Adanac Park multi-storey car park expenditure relating to IFRS16 (national CDEL), expenditure for the year to month 8 was £20m, against a budget of £28m. The total in month expenditure was £3.5m.

The main areas of expenditure this month were on the wards above oncology (£1.4m) and the refurbishment of neuro theatres 2 and 3 (£0.7m). Expenditure in other areas was low in month.

£35.5m of capital expenditure is required to be delivered in months 9-12 in order to fully deliver to the trusts internal CDEL allocation.

		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	875	238	637	3,886	2,148	1,738	7,185	6,941	244
Refurbish of neuro theatres 2 & 3 (incl. Ventilation)	UEL	243	731	(488)	730	2,951	(2,221)	1,800	3,412	(1,612)
Decorative Improvments/Small Projects/Fire/DDA	UHS	96	20	76	359	109	250	950	350	600
General Refurbishment Fund	UHS	3	78	(75)	25	100	(75)	1,097	2,250	(1,153)
Theatres 10 & 11/F level Fit Out	UEL	922	151	771	1,140	868	272	5,000	5,000	0
Oncology Centre Ward Expansion Levels D&E	UEL	0	0	(0)	886	0	886	8,000	11,523	(3,523)
Fit out of C Level VE (MRI) Capacity	UEL	0	216	(216)	6,592	291	6,301	6,592	5,092	1,500
Donated Estates Schemes	UHS	773	(77)	850	2,986	477	2,509	5,362	4,212	1,150
Other Estares Schemes	UHS	178	334	(156)	1,678	2,008	(330)	1,731	2,222	(491)
Information Technology Programme	UHS	350	182	168	3,200	2,220	980	5,000	5,000	0
Pathology Digitisation	UHS	42	18	24	267	240	27	448	448	0
IMRI	UHS	0	0	0	1,300	323	977	1,300	400	900
Medical Equipment panel (MEP)	UHS	250	0	250	875	768	107	2,500	2,810	(310)
Other Equipment	UHS	101	9	92	843	349	494	1,550	2,248	(698)
Other	UHS	18	60	(20)	691	985	(294)	691	1,555	(864)
Slippage	UHS	0	0	0	(3,000)	0	(3,000)	(3,380)	(2,609)	(771)
Donated Income	UHS	(1,000)	59	(1,059)	(3,927)	(717)	(3,210)	(6,760)	(5,026)	(1,734)
Total Trust Funded Capital excl Finance Leases		**2,851**	**2,019**	**854**	**18,531**	**13,118**	**5,413**	**39,066**	**45,828**	**(6,762)**
Leases										
Medical Equipment Panel (MEP) - Leases	UHS	25	0	25	292	249	43	700	390	310
Equipment leases	UHS	70	53	17	245	187	58	500	400	100
IISS	UHS	0	0	0	285	0	285	3,115	2,895	220
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		**2,946**	**2,072**	**896**	**19,353**	**13,554**	**5,799**	**49,000**	**54,482**	**(5,482)**
Disposals	UHS	0	0	0	0	0	0	0	0	0
Capital to Revenue Adjustment	UHS	0	0	0	0	0	0	0	(3,000)	3,000
Top Up to external Schemes	UHS	0	0	0	0	0	0	0	(2,482)	2,482
Total Including Technical Adjustments		**2,946**	**2,072**	**896**	**19,353**	**13,554**	**5,799**	**49,000**	**49,000**	**0**

University Hospital Southampton NHS
NHS Foundation Trust

Capital Expenditure

(Fav Variance) / Adv Variance

The Trust is forecast to spend £86.6m by the end of the year. To achieve this, expenditure on the wards above oncology, the fit out of C level of the vertical extension, strategic maintenance and IT is forecast to be very high in the fourth quarter of the financial year.

Some additional items, such as the lease of a surgical robot (£0.9m), have been added to the capital plan and some expenditure has been brought forward from 2023/24 (e.g. on wards) to ensure that we can hit this forecast.

		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
Externally Funded Schemes										
Maternity Care System (Wave 3 STP)	UHS	0	0	0	89	89	0	89	89	0
Digital Outpatients (Wave 3 STP)	UHS	49	18	31	392	142	250	592	592	0
Oncology Centre Ward Expansion Levels D&E	UEL	2,438	1,404	1,034	8,117	5,982	2,135	(2)	10,000	(10,002)
Neonatal Expansion	UHS	0	15	(15)	0	113	(113)	0	198	(198)
Targeted Lung Health Checks CT Scanner	UHS	0	0	0	0	0	0	0	1,364	(1,364)
Pathology Digitisation / LIMS	UHS	0	20	(20)	0	75	(75)	0	250	(250)
Community Diagnostic Centre Phase 2	UHS	0	0	0	0	0	0	0	3,200	(3,200)
Asceptic Pharmacy Building	UHS	0	0	0	0	0	0	0	1,000	(1,000)
Eletronic Patient Record Match Funding	UHS	0	0	0	0	0	0	0	1,070	(1,070)
P1P2 Additional IT Funding	UHS	0	0	0	0	0	0	0	2,711	(2,711)
Transfer from schemes within CDEL	UHS	0	0	0	0	0	0	0	2,482	(2,482)
Total CDEL Expenditure		**5,433**	**3,529**	**1,926**	**27,951**	**19,955**	**7,996**	**49,679**	**71,956**	**(22,277)**
Outside CDEL Limit										
Adanac Park Car Park	UHS	0	0	0	3,000	14,400	(11,400)	0	14,400	(14,400)
Surgical Robot Lease Element	UHS	0	0	0	0	0	0	0	265	(265)
Total Capital Expenditure		**5,433**	**3,529**	**1,926**	**30,951**	**34,354**	**(3,404)**	**49,679**	**86,621**	**(36,942)**

Notes

Funding for breast screening, diagnostics, cancer equipment, endoscopy and further IT have also been bid for.

Statement of Financial Position

(Fav Variance) / Adv Variance

The November statement of financial position illustrates net assets of £465.3m.

The comparison between Month 7 and Month 8 has been made more difficult as a result of the ongoing movement of 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 reduction in receivables is driven by the £16m payment of the HEE quarterly invoice and a £1m reduction in R&D accruals offset by £3.4m additional income accrual.

The cash increase of £6.9m is driven by settlement of the HEE quarterly invoice and drawdown of £3.65m of PDC funding for capital.

Statement of Financial Position	2021/22 YE Actuals £m	2022/23 M7 Act £m	2022/23 M8 Act £m	2022/23 MoM Movement £m
Fixed Assets	471.9	478.4	479.4	1.0
Inventories	17.0	15.1	16.9	1.8
Receivables	53.1	76.4	61.5	(14.9)
Cash	148.1	100.7	107.6	6.9
Payables	(204.2)	(196.7)	(190.4)	6.3
Current Loan	(1.7)	(1.7)	(1.7)	0.0
Current PFI and Leases	(9.1)	(8.1)	(7.9)	0.1
Net Assets	**475.0**	**464.1**	**465.3**	**1.2**
Non Current Liabilities	(23.0)	(21.2)	(20.3)	0.9
Non Current Loan	(6.8)	(6.1)	(6.1)	0.0
Non Current PFI and Leases	(33.6)	(42.4)	(41.9)	0.5
Total Assets Employed	**411.6**	**394.5**	**397.0**	**2.5**
Public Dividend Capital	261.9	261.9	265.6	3.6
Retained Earnings	115.6	98.5	97.4	(1.1)
Revaluation Reserve	34.1	34.1	34.1	0.0
Other Reserves				
Total Taxpayers' Equity	**411.6**	**394.5**	**397.0**	**2.5**

Efficiency and Cost Improvement Programme 22/23 – M8

University Hospital Southampton NHS
NHS Foundation Trust

UHS Total - £42.4m identified, 93% of the total 22/23 requirement which = £45.4m

Divisions and Directorates - £18.4m of CIP schemes identified (an increase from £17.6m at M7). This represents 92% of it's 22/23 target which = £20m

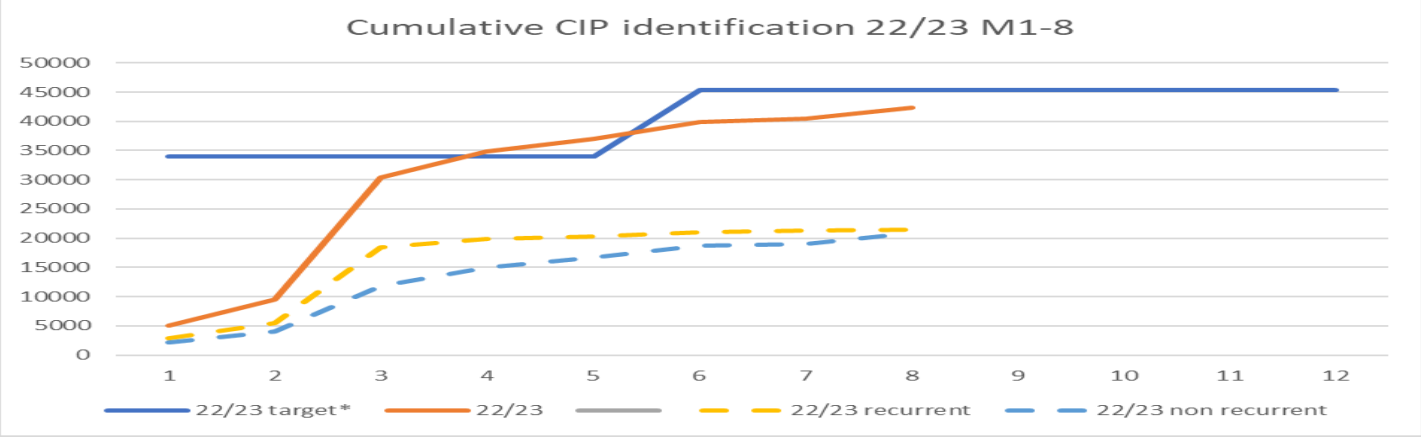
Central Schemes - £24m of CIP schemes identified (an increase from £23m at M7). This represents 94% of the 22/23 target which = £25.4m

Of the identified UHS total, £8.2m is Pay, £25.9m is Non-Pay, and £8.3m is Income

Divisional identification varies from 74% to 96%, a detailed breakdown by Care Group can also be found in Appendix 1

Month 8 CIP Identification	Non Recurrent ('000s)	Recurrent ('000s)	Total ('000s)	Target ('000s)	% Identified
Division A	£2,707	£1,372	£4,079	£4,260	96%
Division B	£2,289	£2,453	£4,707	£5,535	86%
Division C	£2,352	£657	£3,009	£3,938	74%
Division D	£1,279	£2,149	£3,428	£3,573	96%
THQ	£816	£1,760	£2,576	£2,695	96%
Unallocated Procurement Schemes	£0	£604	£604		
Central Schemes	£11,422	£12,542	£23,964	£25,400	94%
Grand Total	**£20,865**	**£21,537**	**£42,402**	**£45,400**	**93%**

**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 – M8

M8 Trust YTD delivery is £27m, an increase from the £23.7m achieved at M7.

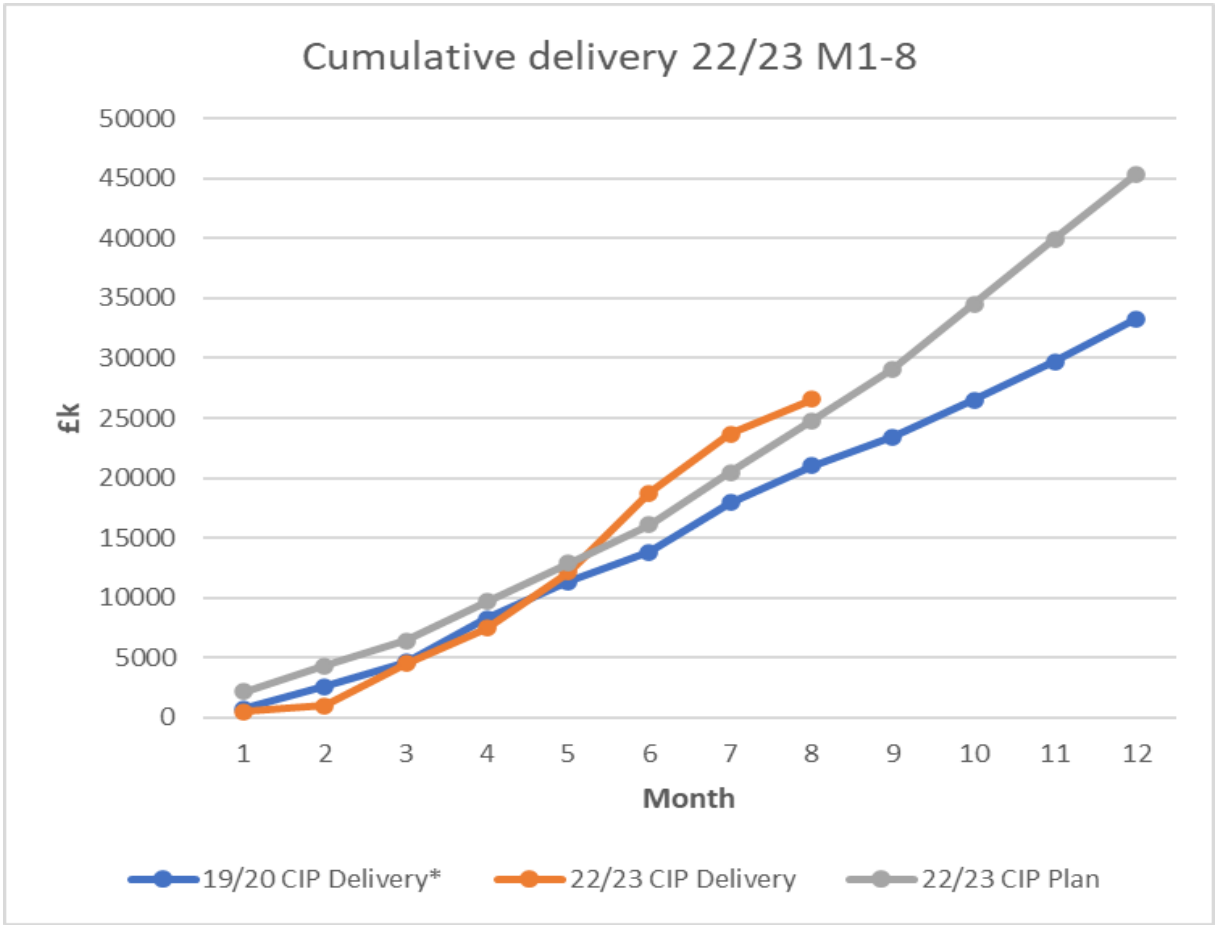
Our £27m delivery YTD now exceeds planned YTD delivery of £24.8m.

Of the £27m delivered YTD:

- £12.1m has been transacted by Divisions and Directorates

- £14.9m has been transacted through Central Schemes.

Of the Trust YTD achievement, £15.7m is non-recurrent. This includes £8.5m 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 Foundation Trust

Report to the Trust Board of Directors				
Title:	**Integrated Performance Report 2022/23 Month 8**			
Agenda item:	**8.1**			
Sponsor:	**David French, Chief Executive Officer**			
Author	**Jason Teoh, Director of Data and Analytics**			
Date:	**20 December 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.			

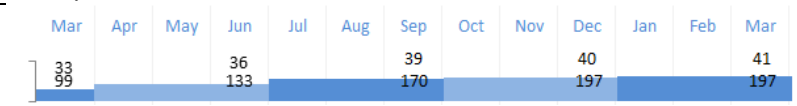
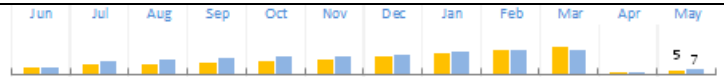
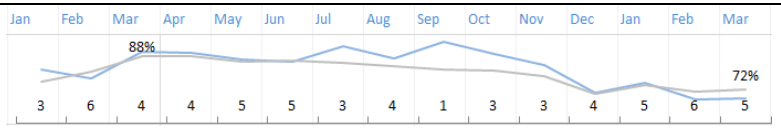
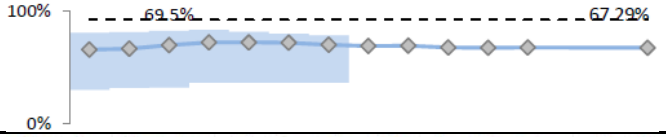
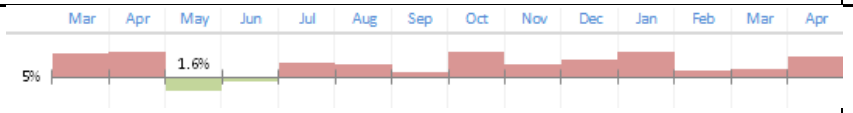
University Hospital Southampton NHS
NHS Foundation Trust

Integrated KPI Board Report

Covering up to
November 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 the following changes have been made to format of the report.

- Data source change: We are moving the ambulance handover data source from the South Coast Ambulance Service (SCAS) Board Report to utilise the NHS England published data instead because the SCAS data will include data for other hospitals while the NHS England data is specific for UHS.

Please note, due to the earlier timing of the December 2022 Board, at the time of publishing this report some of the IPR data points were not yet available. This affects the following metrics:

- UT28 - % Patients on an open 18 week pathway
- UT29 - Total number of patients on a waiting list
- UT30 - % Patients on an open 18 week pathway (waiting 52+ weeks)
- UT31 - % Patients on an open 18 week pathway (waiting 104+ weeks)
- UT31a - % Patients on an open 18 week pathway (waiting 78+ weeks)
- UT32 - Patients waiting for diagnostics
- UT33 - % of Patients waiting over 6 weeks for diagnostics

Summary

This month the 'Spotlight' section contains an update on Cancer Performance.

The Cancer performance spotlight covers:

- UHS cancer performance has been challenged due to higher referrals and a difficulty in treating cancers within 31 days. This has meant that our position relative to other teaching hospitals has worsened in recent months.
- Specific tumour sites that have been under challenge due to higher referrals include Skin and Head and Neck. The Breast tumour site has also been challenged due to consultant capacity and a change to the pathway recommended by an external review which has impacted capacity.
- There are specific action plans in place by tumour site to improve performance, and we have seen reductions in the cancer waiting list and cancer breaches in line with the plan. As we enact these plans to reduce the patient backlog, this does unfortunately mean that there will be a period of deteriorating cancer performance.

Areas of note in the appendix include:

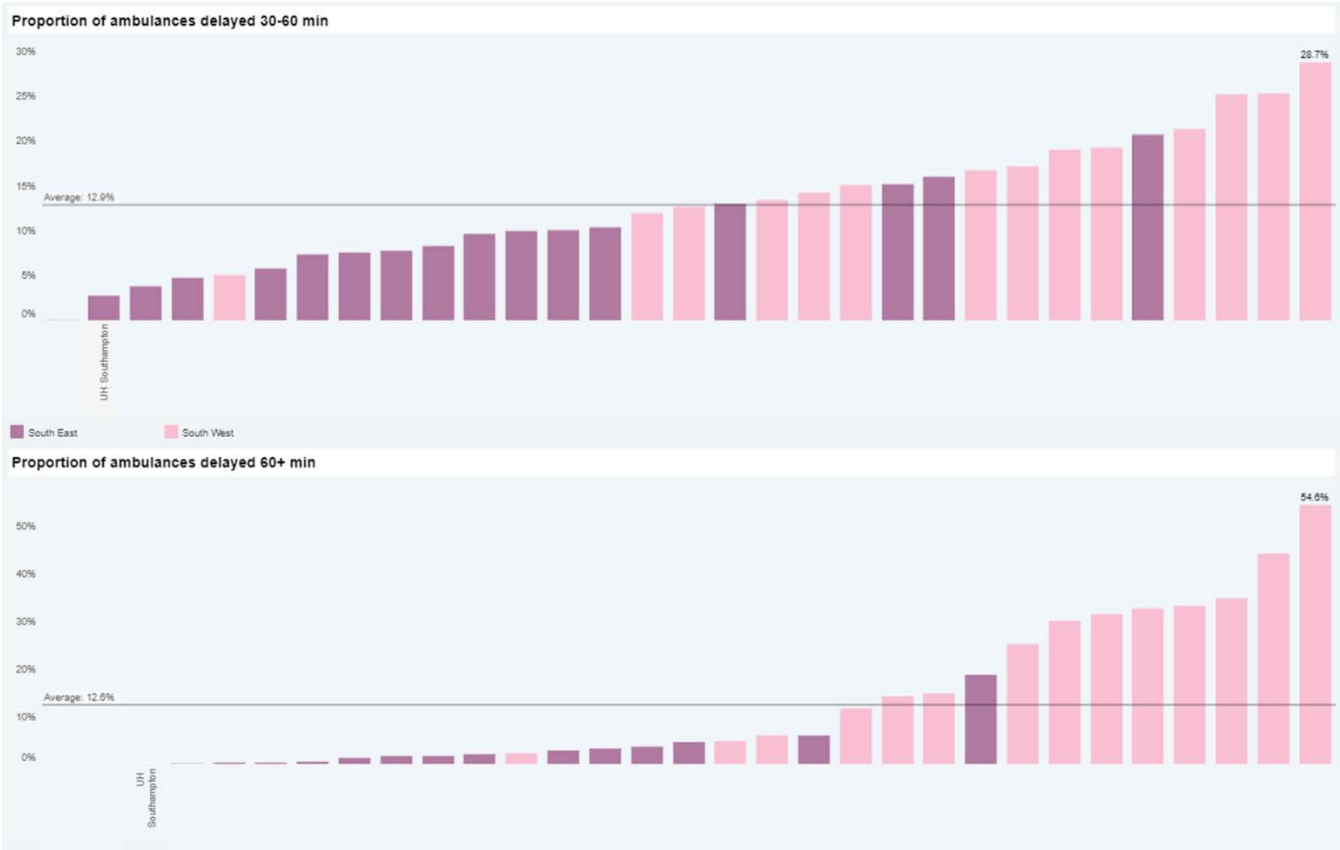
1. Cancer standards have been significantly challenged, with a significant drop in two week wait, while 31 day and 62 day cancer performance remains significantly worse than target. Further detail is included within the spotlight report.
2. Emergency Department (ED) four hour performance saw a small improvement in November 2022 to 59.9%, but remains significantly below target linked to significantly higher attendance and challenges with hospital flow. November performance compared to acute teaching hospitals remains in the upper quartile. December has seen a further significant rise in ED attendances, partly linked to Strep A and higher paediatric attendances.
3. COVID-19 transmission within the hospital saw a significant reduction in November 2022, in line with prevalence in the community and nationally, with only two confirmed healthcare-acquired COVID infections (compared to 87 the previous month), and six probable hospital-associated COVID infections (down from 49 the previous month).
4. The number of patients with pressure ulcers remains worse than target and continues to be linked to staff availability. This continues to be an area of focus for the patient safety team.
5. Staff sickness and turnover both continue to be higher than target, which in part is reflective of the environment that are staff are working in. Actions are in place to reduce high attrition in the lower banded roles, alongside wellbeing and other organisation development activities being implemented for our teams.
6. Although a small decrease in the number of patients not meeting the Criteria to Reside in hospital was seen, this was still extremely high at an average of 200 patients through November 2022.

7. Clostridium difficile cases were back in line with the monthly target (party due to our increased infection prevention awareness campaign), and focus continues on ensuring we have the best possible infection control practice in place.

Ambulance response time performance

Using NHS England published ambulance handover data, we have benchmarked performance against other hospitals in the South East and South West regions. Data for November 2022 can be seen in the graph and demonstrates that UHS was the second best performer in minimising handover delay at the 30-60 category and third best in the 60+ minute categories.

Ambulance Handover Delay Distribution, by hospital, for November 2022



Spotlight: Cancer performance

UHS has seen significant pressures on its cancer performance in recent months. As a specialist teaching hospital, we treat some of the more complex cancer cases from the region. However, all cancer services are under pressure from higher demand. This trend continues to be replicated in other national, acute, teaching hospitals. UHS has historically benchmarked well, in the upper quartile, relative to our teaching hospital peers, but our position has slipped slightly in the face of operational challenges in October and November 2022. There are action plans in place by tumour site, but as we enact these plans to reduce the patient backlog, this does unfortunately mean that there will be a period of deteriorating cancer performance.

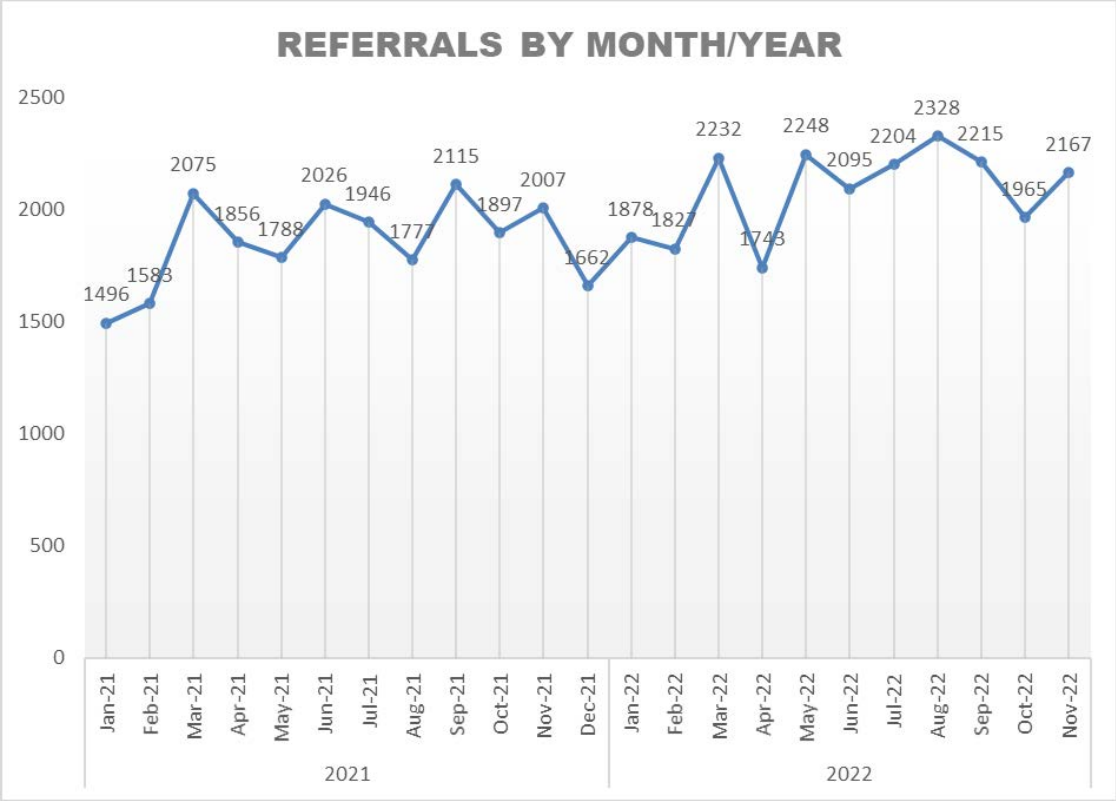
Cancer 2 week wait (2WW) referrals:

Cancer referrals volumes continue to see significant month on month variation, with a comparatively low volume of referrals in October, returning to longer term trends in November.

The variation in referral volumes also occurs week on week, alongside monthly variation. This makes capacity management to meet a 14 day target challenging.

Overall, referral volumes in 2022 average 2,082 patients per month, which is 12.5% higher than 2021 (which was partly Covid impacted), and 23.5% higher when compared with 2019 volumes.

In particular, August 2022 saw the highest number of monthly referrals ever seen (2,328), while the most recent month (November 2022) saw 2,167 referrals, which was 8% up on 2021 referral volumes.



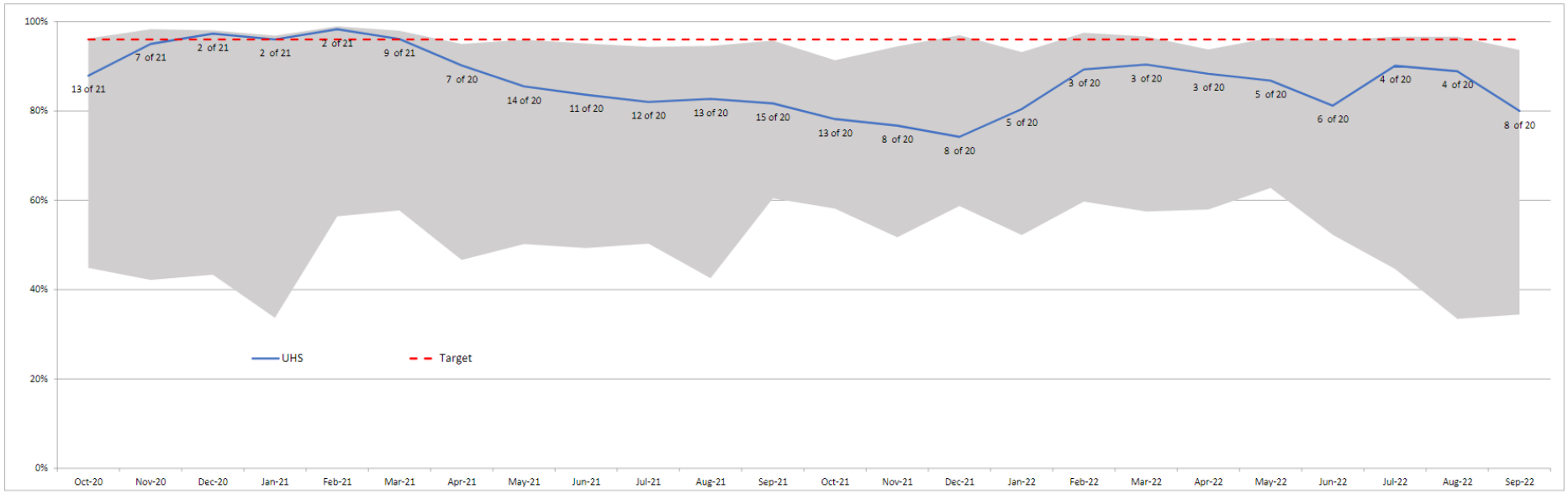
2 week wait (2WW) performance (seen by UHS within 14 days of referral)**:**
The 2WW performance is closely related to the volume of referrals received, and higher referrals have impacted on our 2WW performance. In order to maintain capacity for increased referrals, teams have been actively managing clinics capacity between 31 day treatment and two week wait assessment. However, because referrals are, broadly, dealt with in the order they're received, spikes in demand cause bottlenecks in the pathway which can be challenging to mitigate. Different tumour sites have seen varying levels of referral volume pressure through the year, and some specific impacts are outlined below.

- Gynaecology performance, which saw challenged performance earlier in 2022, has significantly improved with a provisional result of 95.6% for November 2022. Although lower referrals in October 2022 helped, performance was improved due to additional locum capacity within the service.
- Breast services had recovered through Summer 2022 but has again been significantly challenged in recent months, with provisional performance at 24.3% in November 2022. This has been due in part to consultant sick leave and attrition which has reduced capacity in the face of higher demand. In addition, there has also been a review which necessitated a change in the breast screening pathway which has reduced current capacity.
- Head and Neck referrals in 2021/22 have been approximately 25% higher than 2019 (217 versus 173 referrals per month), with November 2022 particularly high with 278 referrals. Although unvalidated performance in November is comparatively better than October reported figures (88.9% vs 50.5% respectively), this is still creating a drag on performance.
- Skin has also seen as seen significantly higher demand in 2021/22 compared to 2019 (498 versus 356 referrals per month). Although October and November demand has been lower, there remains a "knock on" impact from the record referrals seen across the summer period. However, referrals are now being seen with an average time of seven days, rather than the four weeks they were previously. The revised Dermatology pathway which will help to divert referrals to the appropriate resource is ready to implement from a UHS perspective; however, further engagement is required with Primary Care, and this is being led by the Wessex Cancer Alliance and the ICB.

In addition, other factors which are impacting cancer performance include significant delays in diagnostic reporting capacity in both radiology and pathology. We have seen an increase in 2WW radiology requests alongside higher inpatient demand (particularly for CT and MRI scans), and this has led to some delays on our 2WW pathway.

When benchmarking against teaching hospital peers, our performance was previously holding at top quartile levels driven by the improvement in breast performance. However, in September (and likely in October), our performance has dipped relative to comparator hospitals.

UHS 2WW performance vs comparator teaching hospitals

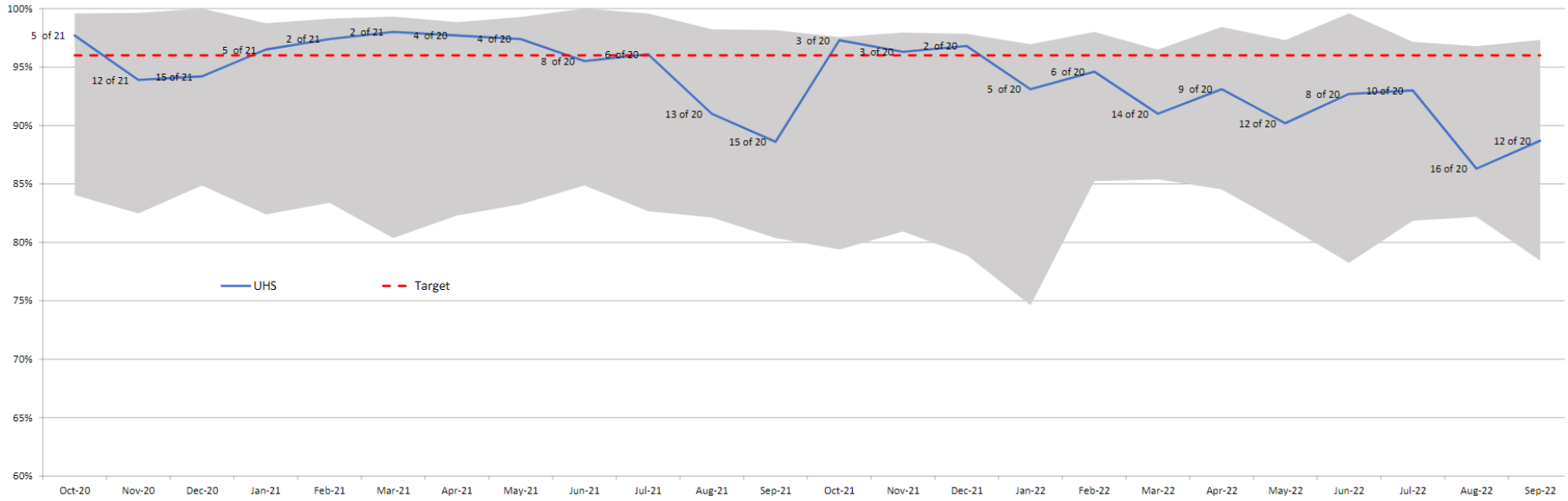


28 Day Faster Diagnosis (diagnosed, or cancer ruled out, within 28 days of referral)
This measure has been introduced in Q3 21/22 as a replacement for the 2WW measure and is intended to ensure that patients have a timely diagnosis, or "all clear" within 28 days of being referred to the hospital. UHS performance has continue to achieve the national target of 75%, despite our challenges on 2WW, with validated performance in October 2022 currently standing at 80.1%, and unvalidated November 2022 at 79.4%.

31 Day performance (start treatment within 31 days of a diagnosis)**:**
UHS performance has deteriorated against the target of 96% (87.7%% reported for October 2022, predicted 83.3%% for November 2022), and compared to other teaching hospitals has been in the fourth and third quartile in August and September 2022.

In addition, whereas in previous periods we have been able to cover additional demand for appointments and treatment through Waiting List Initiatives (WLIs), it has been progressively more difficult to encourage consultants, surgeons, and anaesthetists, and in some cases other theatre staff, to cover these sessions, with feedback that they face significant tax and pension implications. Care Groups are putting in place actions to help address cancer backlogs and staff coverage (some key actions are noted within the Appendix).

UHS 31D performance vs comparator teaching hospitals

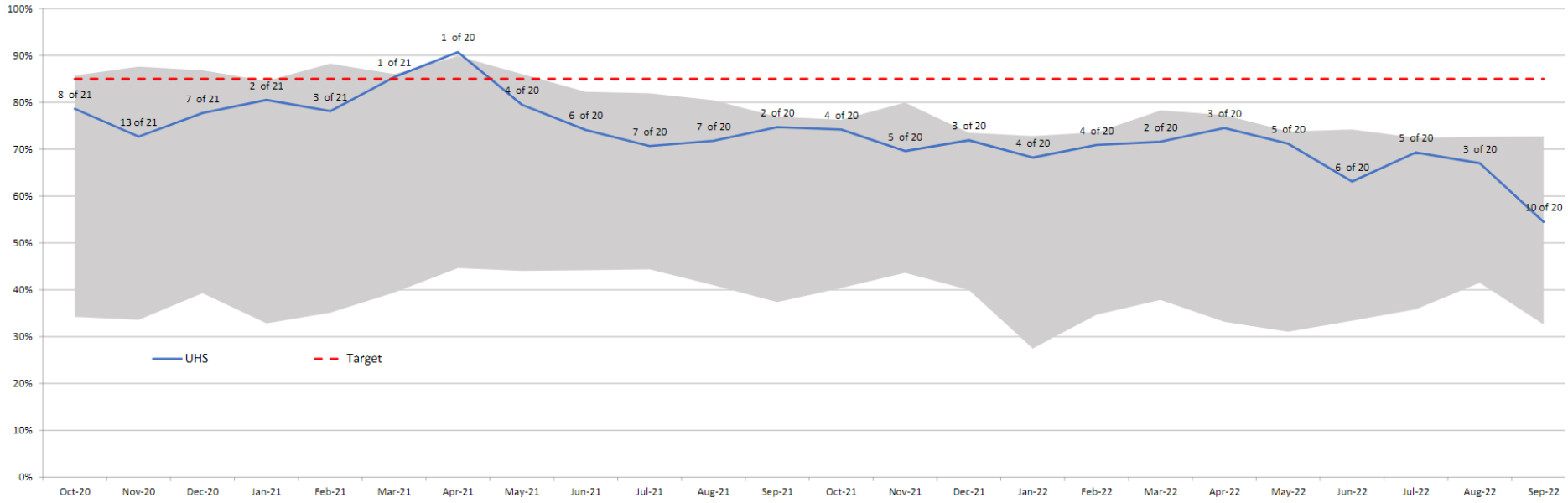


62 Day performance (treatment within 62 days of referral):

62 day performance has also seen a reduction in performance, standing at 55.6% reported for October 2022 and 56.3% predicted for November 2022, compared to a target of 85%. This measure is directly linked to our performance against our 2WW and 31 Day performance, and reflects the challenges we have in seeing and treating patients in time due to the reasons outlined previously. Overall, we have fallen to second quartile on 62 day performance compared to other teaching hospitals.

In addition, as a tertiary centre, our performance has been impacted by more complex cancer patients who are transferred from other hospitals. Patients who are transferred from other hospitals often create a "drag" on our performance; however, the gap between UHS and tertiary referrals has increased in recent months. When looking at 62 day performance, our current predicted Q3 performance (October and November 2022) is 58% (85% target) for UHS patients alone, compared to tertiary performance at 28%.

UHS 62D performance vs comparator teaching hospitals

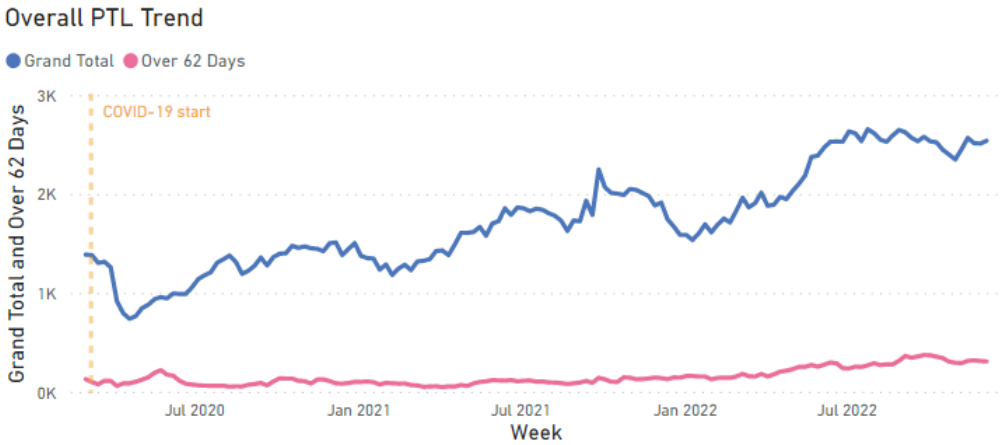


Overall cancer waiting list

In recent months, through an increase in activity, UHS has managed to hold the cancer waiting list (or PTL – Patient Treatment List) broadly stable, despite the higher number of referrals that have been received. Unfortunately, the PTL remains at record levels, and is significantly higher than pre-pandemic levels.

The number of "breaches" (patients who have waited over 62 days for their cancer treatment or diagnosis) has also been growing. Each Care Group has put in place actions to reduce the number of patients awaiting cancer treatment alongside their expected performance glide.

UHS Cancer Waiting List and 62 day breaches



Appendix: Actions in place to improve cancer performance

A sample of some of the key actions that Care Groups have put in place to improve cancer performance is listed below. Although over time this will reduce the waiting list size and breach volumes, in the short to medium term this will cause a deterioration in the cancer performance statistics as the backlog is cleared.

Tumour site	Actions
General	• Dr Caroline Marshall is undertaking a review our cancer pathways to identify further opportunities for improvement which could be implemented. • We are working with the ICB to assist GPs with the direct ordering of cancer diagnostics. This should help to reduce the waiting time for a diagnostic test.
Pathology	• Locum consultant position being advertised while business case for 2 substantive consultant posts are being developed. • WLI being offered to cellular pathology consultants to add additional reporting capacity to dermatopathology. • Selected dermatopathology cases being outsourced to relieve pressure on inhouse capacity. • Outsourcing of GI and Gynaecology samples (450-500 blocks now outsourced per day - equivalent to 3 lab microtomists).
Skin	• The introduction of tele-dermatology to assist in responding to the increasing 2ww referrals remains on track for early 2023 implementation. Primary Care will be asked to send a photo with a referral to UHS. This will facilitate early transfer to routine pathway or discharge and allow a straight to surgery model to be introduced. • Insourcing capacity obtained until February 2023 which has enabled the waiting list to be reduced in size by c30%. Business case for permanent additional dermatologist currently going through approval.
Colorectal	• Working with primary care on Faecal Immunochemical Test (FIT) to reduce referrals and speed up diagnostic time for patients.
Lung	• Ongoing Work to reduce delays due to PET CT and Genomic testing (both outside UHS's direct control).
Head and Neck	• Additional associate specialist to provide additional outpatient and diagnostic capacity started in October 2022.
Urology	• Agreed funding for additional nurse led clinics. • Recruitment of an additional ANP post to increase capacity targeting 2 week wait patients.

NHS Constitution - Standards for Access to services within waiting times

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

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

- 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

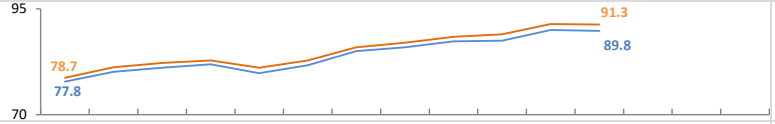
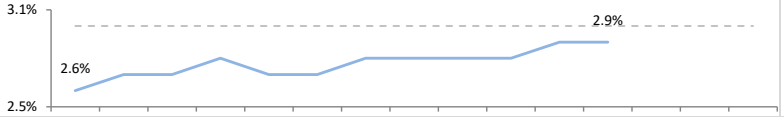
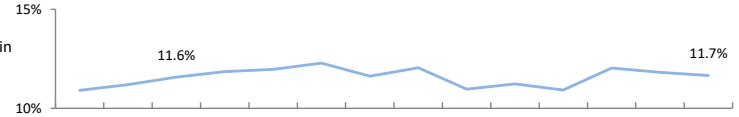
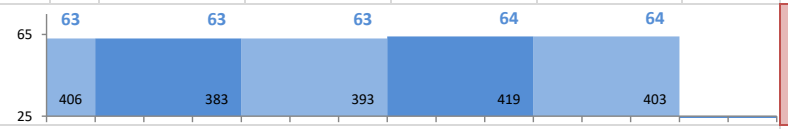
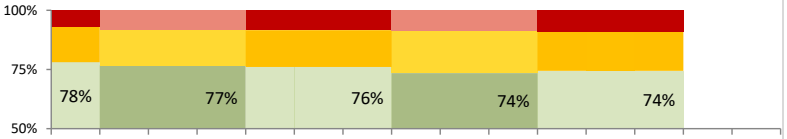
- All patients should receive high-quality care without any unnecessary delay
- Patients can expect to be treated at the right time and according to their clinical priority. Patients with urgent conditions, such as cancer, will be able to be seen and receive treatment more quickly

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

		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	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)	10 9	10 9	69.2% 10 8	9 8	8 8	6 8	5 7	5 7	3 7	4 6	4 6	5 6	6 6	65.0% 5 5		≥92%	65.9%
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)	17 14	17 78.2% 14	14 9	16 10	12 7	13 5	13 4	13 4	15 5	14 7	8 4	9 4	9 8	13 76.2% 11		≥93%	84.8%
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)	74.2% 13 2	12 4	15 5	13 3	13 4	11 4	12 2	7 3	11 5	14 6	10 5	10 3	16 10	55.6% 14 11		≥85%	65.6%
UT25-N	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)	4 2	6 4	71.7% 4 3	5 3	8 4	10 4	6 4	4 4	8 4	7 3	7 4	4 3	5 4	7 4	59.9% 6 4	≥95%	62.9%
UT33-N	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	7 14	7 14	20.6% 7 13	6 12	7 13	8 12	9 13	8 13	9 11	9 8	9 8	9 7	11 9	11 23.7% 8		≤1%	23.8%

Outcomes		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
UT1-N	HSMR - **UHS** HSMR - **SGH**																≤100	93.3	≤100
UT2	HSMR - Crude Mortality Rate																<3%	2.7%	<3%
UT1-N / UT2: At time of IPR publication, the latest information available in Doctor Foster was from Aug 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																-	11.5%	
		Q2 21-22	Q3 21-22		Q4 21-22			Q1 22-23			Q2 22-23			Q3 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		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
UT6-N	Cumulative Clostridium difficile **Most recent 12 Months** vs. **Previous 12 Months**	5049	5256	5564	5771	6374	7 9	1611	2118	2524	3331	3939	4451	4956			≤5	56	≤40
UT7	**Healthcare-acquired COVID infection**: COVID-positive sample taken >14days after admission (validated)	7	6	11	21	20	14	42	36	23	45	45	2	29	87	2	-	269	-
UT8	**Probable hospital-associated COVID infection**: COVID-positive sample taken >7 days and <=14 days after admission (validated)	3	9	11	14	17	10	31	35	12	32	37	4	15	49	6	-	190	-
UT9	Pressure ulcers category 2 per 1000 bed days		0.40													0.47	<0.3	0.33	<0.3
UT10	Pressure ulcers category 3 and above per 1000 bed days		0.35													0.39	<0.3	0.38	<0.3
UT11-N	Medication Errors (severe/moderate)															5	≤3	23	≤21

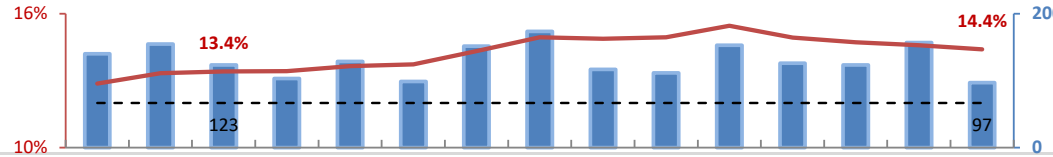
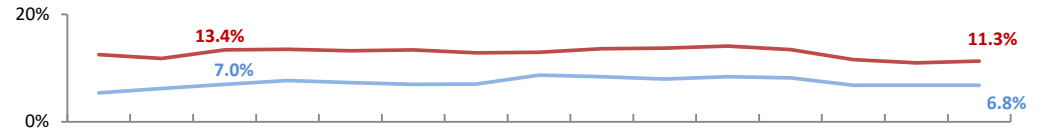
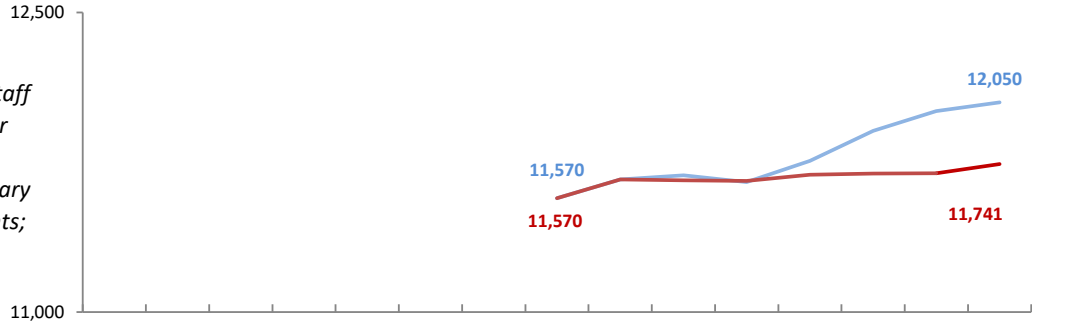
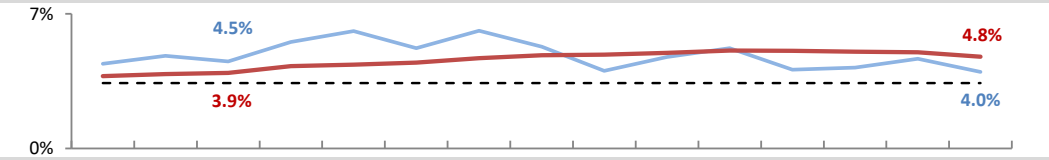
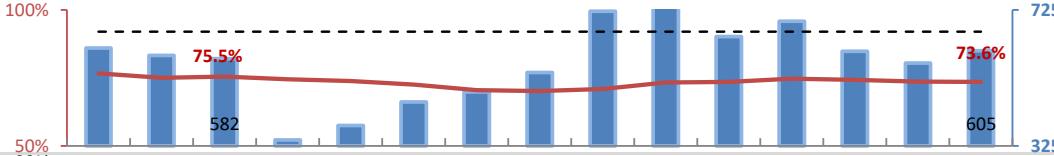
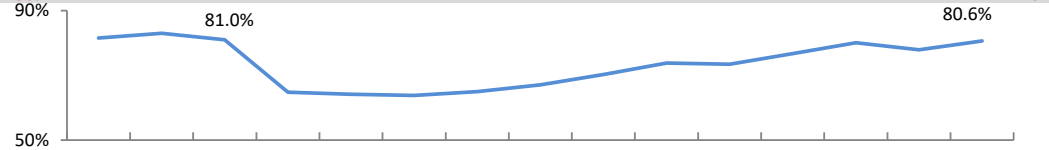
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
UT12	Watch & Reserve antibiotics, usage per 1,000 adms Most recent months vs. 2018*95.5%	2,546	2,515											2,758	2,546		2,511	16,695	16,127
UT12 - For 2022/23, a new requirement is applied: Reduction of 4.5% 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)			4												15	-	95	-
UT14	Serious Incidents Requiring Investigation - Maternity			2												0	-	7	-
UT15	Number of falls investigated per 1000 bed days			0.08												0.05	-	0.15	-
UT16	% patients with a nutrition plan in place (total checks conducted included at chart base)	755	787	444	397						53	742	572	750	719	676	669	≥90%	94.3%	≥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			21												24	-	294	-

Patient Experience		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
UT18-N	FFT Negative Score - Inpatients	0.6%														1.1%	≤5%	1.0%	≤5%
UT19-N	FFT Negative Score - Maternity (postnatal ward)	0.0%														1.8%	≤5%	2.8%	≤5%
UT20	Total UHS women booked onto a continuity of carer pathway	38.8%														43.8%	≥35%	44.2%	≥35%
UT21	Total BAME women booked onto a continuity of carer pathway	41.2%														84.1%	≥51%	80.5%	≥51%
UT22	% Patients reporting being involved in decisions about care and treatment	87.0%														86.0%	≥90%	89.1%	≥90%
UT23	% Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base)	92.0%														87.0%	≥90%	88.9%	≥90%
		153	163	155	131	95	143	117	121	120	139	178	173	145	191				
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)	26														14	-	347	-

Access Standards		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	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)	4 2	6 4	4 71.7% 3	5 3	8 4	10 4	6 4	4 4	8 4	7 3	7 4	4 3	5 4	7 4	6 59.9% 4	≥95%	62.9%	≥95%
UT26	Average (Mean) time in Dept - non-admitted patients	03:00														03:21	≤04:00	03:21	≤04:00
UT27	Average (Mean) time in Dept - admitted patients	04:49														04:49	≤04:00	04:49	≤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)	10 9	10 69.2% 9	10 8	9 8	8 8	6 8	5 7	5 7	3 7	4 6	4 6	5 6	6 6	5 65.0% 5		≥92%	65.9%	≥92%
UT29	Total number of patients on a waiting list (18 week referral to treatment pathway)	44,544														53,913	-	53,913	-
UT30	% Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	7 2,242 15	7 15	7 15	7 14	7 14	7 14	7 14	7 14	7 12	5 12	5 13	5 13	5 13	5 2,340 12		2,011	2,340	2,011

		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	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)	9	8	8	8	8	8	6	8	5	6	6	6	7	5	1	0	1	0
		167																	
		18	17	17	17	17	17	17	17	13	13	13	14	14	10				
UT31a	Patients on an open 18 week pathway (waiting 78 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	6	6	7	7	7	7	8	8	7	7	7	7	7	7			271	
		729													271				
		14	14	15	15	15	15	15	15	15	15	13	13	14	15				
UT32	Patients waiting for diagnostics	9,535													10,593		-	10,593	-
UT33-N	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	7	7	7	6	7	8	9	8	9	9	9	9	11	11		≤1%	23.8%	≤1%
		20.6%													23.7%				
		14	14	13	12	13	12	13	13	11	8	8	7	9	8				
UT34-N	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)	13	12	15	13	13	11	12	7	11	14	10	10	16	14		≥85%	65.6%	≥85%
		74.2%													55.6%				
		2	4	5	3	4	4	2	3	5	6	5	3	10	11				
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)	18	9	9	11	12	14	16	14	16	15	15	17	16	16		≥96%	90.4%	≥96%
		97.3%													87.7%				
		15	3	3	2	5	6	14	9	12	8	10	16	12	13				
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)	18	14	16	15	11	14	15	13	9	12	13	13	13	14		≥96.0%	90.8%	≥96.0%
		93.2%													90.9%				
		17	13	15	16	8	11	8	15	10	10	13	13	13	9				

R&D Performance		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
PN1-L	Comparative CRN Recruitment Performance - non-weighted	9	9	9	8	9	8	9	1	1	3	4	5	6	7	7	Top 10	-	-
PN2-L	Comparative CRN Recruitment Performance - weighted	3	3	3	3	4	4	3	6	8	11	7	7	7	8	10	Top 5	-	-
PN3-L	Comparative CRN Recruitment - contract commercial	4	3	7	7	8	9	10	2	1	3	2	3	4	4	8	Top 10	-	-
PN4-L	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	-5.0%	334.0%	87.0%	0.0%	29.0%	-234.0%	143.0%	359.0%	63.0%	74.0%	56.0%	177.0%	94.0%	48.0%	23.0%	≥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		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
WR1-L	Substantive Staff - Turnover **-R12M turnover %** **-Leavers in month (FTE)**																R12M <= 12.0%	14.9%	-
WR2-L	Staff Vacancies **-Nursing vacancies** (registered nurses only in clinical wards) **-All Staff vacancies**																-	-	-
WR3-L	Workforce Numbers **-Planned substantive WTE** **-Actual substantive WTE** *-Including - Month-end contracted staff in post (ESR), Consultant APAs, Junior doctors Extra Rostered Hrs* *-Excluding - Bank and agency; honorary contracts; career breaks; secondments; hosted services; WPL; Chilworth; Vaccination Hub*																11,900 WTE by March 2023	-	-
WR4-L	Staff - Sickness absence **-R12M sickness %** **-Sickness in month %**																R12M <= 3.4%	5.0%	-
Excel		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
WR5-L	Non-medical appraisals completed **-R12M appraisal %** **-Appraisals in month**																R12M >= 92.0%	73.0%	-
WR6-L	Medical staff appraisals completed - Rolling 12-months																-	-	-

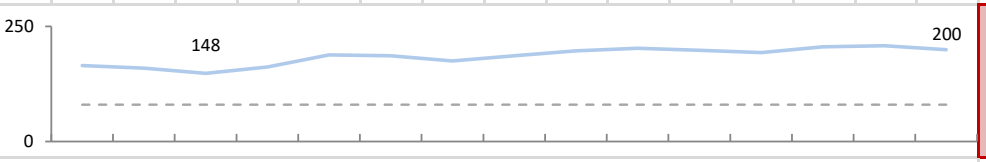
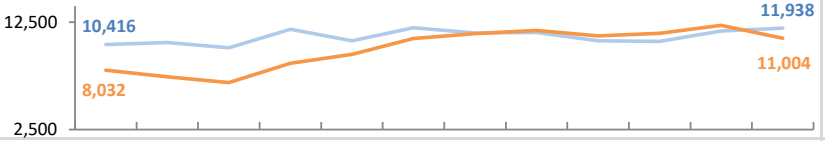
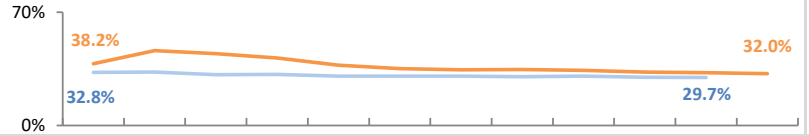
		Q2 21-22	Q3 21-22	Q4 21-22	Q1 22-23	Q2 22-23	Q3 22-23	Quarterly target		
WR7-L	Staff recommend UHS as a place to work score: National Quarterly Pulse Survey (NQPS) **National NHS Staff Survey**	7.3	7.1	7.24	7.05	6.96		-	-	-
WR7-L - Metric has changed from The Friends and Family Test (%, Q4 2020) to the 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		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
WR9-L	% of Band 7+ staff who are Black and Minority Ethnic	10.1%														10.7%	19% by 2026	10.6%	-
WR10	% of Band 7+ Staff who have declared a disability or long term health condition	13.4%														13.1%	-	-	-

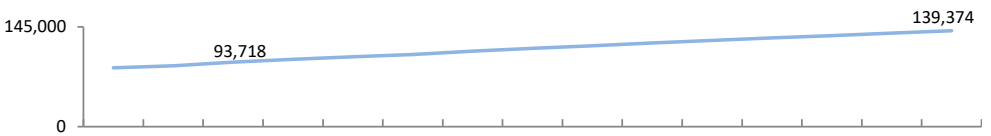
		Q2 21-22	Q3 21-22	Q4 21-22	Q1 22-23	Q2 22-23	Q3 22-23	Quarterly target		
WR11	Staff recommending UHS as a place to work: White British staff compared with all other ethnic groups combined -White British -All other ethnic groups combined	7.36 7.18	7.36 7.14	7.44 7.12	7.30 7.02	7.14 6.97		-	-	-
WR12	Staff 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	6.9 7.3	7.02 7.18	6.9 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		-	-	-

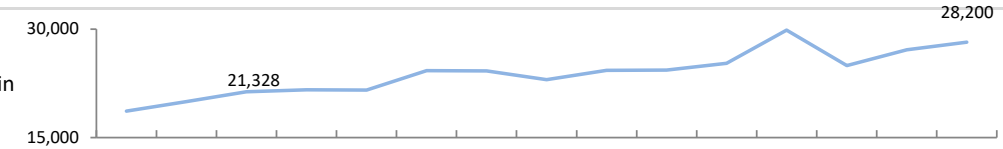
WR11, WR12,WR13: Average recommendation score of 10 = Highly recommend to 0 = Strongly not recommended, results from National Quarterly Pulse Survey.

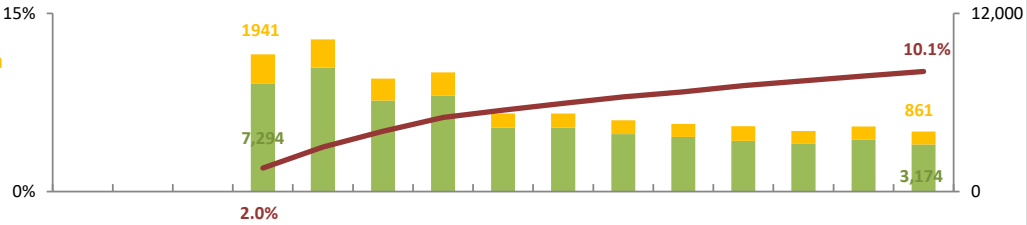
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
FN6	Percentage of staff living locally (inside the Southampton City boundaries)	52.9%														53.4%	-	-	-
FN7	Percentage of staff residing in deprived areas (lowest 30% - national Index of Multiple Deprivation)			23.6%												24.8%	-	-	-

Local Integration		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
NT1	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	200	-
NT2	Emergency Department activity - type 1 This year vs. last year																-	90,898	-
NT3	Percentage of virtual appointments as a proportion of all outpatient consultations This year vs. last year																≥25%	30.2%	≥25%

Digital		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
FN1	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)	93,718														139,374	-	139,374	
FN2	My Medical Record - UHS patient logins (number of logins made within each month)	21,328														28,200	-	207,109	
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)	2.0%	1941	7,294											861	3,174	-		







Report notes - Nursing and midwifery staffing hours - November 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, October and November have 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	Comments
CC Neuro Intensive Care Unit	Day	5037	4556	702	527	90.5%	75.1%	30.4	3.6	34.0	Safe staffing levels maintained by sharing staff resource; Beds flexed to match staffing; Additional staff used for enhanced care - Support workers.
CC Neuro Intensive Care Unit	Night	5032	4658	683	563	92.6%	82.4%				Safe staffing levels maintained by sharing staff resource; Beds flexed to match staffing; Additional staff used for enhanced care - Support workers.
CC - Surgical HDU	Day	2040	1928	683	463	94.5%	67.7%	14.9	3.7	18.6	Safe staffing levels maintained by sharing staff resource; Beds flexed to match staffing; Increase in acuity/dependency of patients in the month.
CC - Surgical HDU	Night	2048	1877	664	470	91.7%	70.8%				Safe staffing levels maintained by sharing staff resource; Beds flexed to match staffing; Increase in acuity/dependency of patients in the month.
CC General Intensive Care	Day	10628	10520	1815	1181	99.0%	65.1%	28.0	3.3	31.4	Safe staffing levels maintained by sharing staff resource; Beds flexed to match staffing; Increase in acuity/dependency of patients in the month.
CC General Intensive Care	Night	10369	10127	1705	1277	97.7%	74.9%				Safe staffing levels maintained by sharing staff resource; Beds flexed to match staffing; Increase in acuity/dependency of patients in the month.
CC Cardiac Intensive Care	Day	5639	5076	1381	937	90.0%	67.9%	27.6	4.4	32.0	Safe staffing levels maintained by sharing staff resource; Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource.
CC Cardiac Intensive Care	Night	5848	5417	825	746	92.6%	90.4%				Safe staffing levels maintained by sharing staff resource; Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource.
SUR E5 Lower GI	Day	1456	1272	791	991	87.4%	125.2%	3.9	2.8	6.8	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
SUR E5 Lower GI	Night	690	703	334	428	101.8%	128.0%				Safe staffing levels maintained by sharing staff resource; Additional staff used for enhanced care - Support workers.
SUR E5 Upper GI	Day	1444	1474	1045	961	102.1%	91.9%	4.6	2.8	7.4	Safe staffing levels maintained.
SUR E5 Upper GI	Night	713	777	322	426	108.9%	132.3%				Safe staffing levels maintained; 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	Comments
SUR E8 Ward	Day	2413	2139	1346	1416	88.6%	105.2%	4.8	3.6	8.4	Staff moved to support other wards; Safe staffing levels maintained.
SUR E8 Ward	Night	1665	1263	1011	1086	75.9%	107.5%				Staff moved to support other wards; Safe staffing levels maintained.
SUR F11 IF	Day	1868	1740	788	872	93.2%	110.6%	4.8	3.1	7.9	Safe staffing levels maintained.
SUR F11 IF	Night	690	690	676	690	100.0%	102.1%				Safe staffing levels maintained.
SUR Acute Surgical Unit	Day	1435	1095	744	851	76.3%	114.5%	7.0	5.3	12.3	Band 4 staff working to support registered nurse numbers.
SUR Acute Surgical Unit	Night	690	682	682	489	98.9%	71.7%				Safe staffing levels maintained; Increased sickness and reduced agency fill for both RN and UR both day and night .
SUR Acute Surgical Admissions	Day	2072	2082	835	885	100.5%	106.0%	3.9	2.4	6.4	Safe staffing levels maintained.
SUR Acute Surgical Admissions	Night	1031	991	1020	1006	96.1%	98.7%				Safe staffing levels maintained.
SUR F5 Ward	Day	1936	1383	911	1522	71.5%	167.0%	3.3	3.0	6.3	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR F5 Ward	Night	1142	1049	674	702	91.9%	104.1%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
OPH Eye Short Stay Unit	Day	1153	968	801	955	83.9%	119.2%	9.5	9.5	18.9	Staff moved to support other wards; Support workers used to maintain staffing numbers.
OPH Eye Short Stay Unit	Night	330	330	313	341	100.0%	108.9%				Increase in acuity/dependency of patients in the month; Safe staffing levels maintained; overnight patients with higher acuity often from medical footprint.
THR F10 Surgical Day Unit	Day	1376	1786	2630	2389	129.9%	90.8%	5.0	6.3	11.3	Additional beds open in the month.
THR F10 Surgical Day Unit	Night	407	597	389	573	146.7%	147.3%				Additional beds open in the month; Increase in acuity/dependency of patients in the month.
CAN Acute Onc Services	Day	1000	909	670	782	90.9%	116.6%	9.8	9.0	18.7	Safe staffing levels maintained; Increase in acuity/dependency of patients in the month.
CAN Acute Onc Services	Night	345	599	345	597	173.5%	173.0%				Increased night staffing to support raised acuity.
CAN C4 Solent Ward Clinical Oncology	Day	1689	1538	982	1085	91.1%	110.5%	4.2	3.9	8.1	Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.
CAN C4 Solent Ward Clinical Oncology	Night	1028	867	666	1127	84.3%	169.2%				Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.
CAN C6 Leukaemia/BMT Unit	Day	2749	2698	483	530	98.1%	109.8%	7.7	1.6	9.3	Safe staffing levels maintained; HCA requirement has increased.
CAN C6 Leukaemia/BMT Unit	Night	2015	1962	219	421	97.4%	192.8%				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	Comments
CAN C6 TYA Unit	Day	1195	1002	410	145	83.8%	35.4%	9.6	1.3	10.8	Safe staffing levels maintained; Non-ward based staff supporting areas.
CAN C6 TYA Unit	Night	653	689	0	78	105.5%	Shift N/A				Safe staffing levels maintained; Increase in acuity/dependency of patients in the month.
CAN C2 Haematology	Day	2287	2342	1123	978	102.4%	87.1%	6.4	3.2	9.6	Safe staffing levels maintained; Staffing plan set higher than national standards.
CAN C2 Haematology	Night	1696	1814	1031	1127	107.0%	109.3%				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; Additional staff used for enhanced care - Support workers.
CAN D3 Ward	Day	1732	1635	750	1142	94.4%	152.4%	4.3	3.5	7.9	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAN D3 Ward	Night	1024	983	685	999	96.0%	145.8%				Safe staffing levels maintained; Additional staff used for enhanced care - RNs.
ECM Acute Medical Unit	Day	3880	4628	3796	3613	119.3%	95.2%	6.1	5.0	11.1	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - RNs.
ECM Acute Medical Unit	Night	3929	4657	3431	4046	118.5%	117.9%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - RNs.
MED D5 Ward	Day	1219	1579	1634	1164	129.5%	71.3%	3.9	2.5	6.5	Safe staffing levels maintained; Additional staff used for enhanced care - RNs.
MED D5 Ward	Night	1034	1427	882	763	138.0%	86.6%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
MED D6 Ward	Day	994	1282	1518	1352	129.0%	89.1%	3.4	3.0	6.4	Safe staffing levels maintained; Staff moved to support other wards.
MED D6 Ward	Night	1026	1110	884	777	108.2%	87.8%				Safe staffing levels maintained; Staffing appropriate for number of patients.
MED D7 Ward	Day	650	909	1239	913	139.7%	73.7%	3.4	3.2	6.6	Additional staff used for enhanced care - RNs; Safe staffing levels maintained.
MED D7 Ward	Night	690	690	660	602	100.0%	91.1%				Safe staffing levels maintained; Staff moved to support other wards.
MED D8 Ward	Day	1028	1055	1511	1200	102.6%	79.4%	2.9	2.9	5.7	Safe staffing levels maintained.
MED D8 Ward	Night	1035	964	913	798	93.1%	87.4%				Safe staffing levels maintained.
MED D9 Ward	Day	1272	1317	1668	1246	103.5%	74.7%	2.7	2.9	5.6	Safe staffing levels maintained; Additional staff used for enhanced care - RNs.
MED D9 Ward	Night	1045	842	896	1099	80.5%	122.7%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
MED E7 Ward	Day	1081	1297	1587	1435	120.0%	90.4%	3.7	3.0	6.7	Safe staffing levels maintained; Staff moved to support other wards.
MED E7 Ward	Night	690	1531	803	829	221.8%	103.2%				Safe staffing levels maintained; Staffing appropriate for number of patients..

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	Comments
MED F7 Ward	Day	680	993	1475	1245	146.1%	84.4%	2.9	3.2	6.0	Safe staffing levels maintained.
MED F7 Ward	Night	690	701	653	610	101.6%	93.4%				Safe staffing levels maintained.
MED Respiratory HDU	Day	2222	1366	479	334	61.5%	69.6%	16.3	3.3	19.7	Safe staffing levels maintained.
MED Respiratory HDU	Night	2071	1479	307	242	71.4%	78.8%				Safe staffing levels maintained.
MED C5 Isolation Ward	Day	1155	872	1138	692	75.5%	60.8%	5.3	3.4	8.7	Safe staffing levels maintained.
MED C5 Isolation Ward	Night	1035	862	317	403	83.3%	127.0%				Safe staffing levels maintained.
MED D10 Isolation Unit	Day	1039	950	1264	1101	91.4%	87.1%	3.4	3.4	6.8	Safe staffing levels maintained.
MED D10 Isolation Unit	Night	690	805	661	690	116.7%	104.4%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers; Staff moved to support other wards.
MED G5 Ward	Day	1374	1256	1441	1291	91.4%	89.6%	2.8	2.6	5.4	Additional staff used for enhanced care - RNs; Safe staffing levels maintained.
MED G5 Ward	Night	1001	943	660	783	94.2%	118.6%				Safe staffing levels maintained; Staff moved to support other wards.
MED G6 Ward	Day	1385	1258	1452	1137	90.9%	78.3%	3.0	2.5	5.5	Safe staffing levels maintained.
MED G6 Ward	Night	1035	988	659	702	95.5%	106.4%				Safe staffing levels maintained.
MED G7 Ward	Day	681	693	480	726	101.8%	151.1%	4.8	3.5	8.3	Safe staffing levels maintained; Additional staff used for enhanced care - RNs.
MED G7 Ward	Night	679	763	313	357	112.5%	113.9%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
MED G8 Ward	Day	1404	1128	1413	1385	80.3%	98.0%	2.6	2.8	5.3	Safe staffing levels maintained; Staff moved to support other wards.
MED G8 Ward	Night	1035	874	657	736	84.4%	112.0%				Safe staffing levels maintained; Staffing appropriate for number of patients.
MED G9 Ward	Day	1400	1361	1419	1350	97.3%	95.1%	3.3	2.7	5.9	Safe staffing levels maintained; Staff moved to support other wards.
MED G9 Ward	Night	1035	1081	655	644	104.4%	98.3%				Safe staffing levels maintained; Staffing appropriate for number of patients.
MED Bassett Ward	Day	1096	837	2406	2031	76.4%	84.4%	2.2	4.2	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	851	1000	1208	82.2%	120.8%				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	Comments
CHI High Dependency Unit	Day	1553	1277	0	123	82.2%	Shift N/A	14.8	0.8	15.6	Safe staffing levels maintained.
CHI High Dependency Unit	Night	1036	1108	0	0	106.9%	Shift N/A				Safe staffing levels maintained.
CHI Paed Medical Unit	Day	1869	1707	713	912	91.3%	128.0%	7.9	3.9	11.8	Safe staffing levels maintained.
CHI Paed Medical Unit	Night	1652	1539	615	708	93.2%	115.2%				Safe staffing levels maintained.
CHI Paediatric Intensive Care	Day	6493	5696	1190	353	87.7%	29.7%	28.4	2.5	30.9	Safe staffing levels maintained.
CHI Paediatric Intensive Care	Night	5524	5231	856	619	94.7%	72.3%				Safe staffing levels maintained.
CHI Piam Brown Unit	Day	3888	2621	997	825	67.4%	82.8%	12.3	3.6	15.9	Safe staffing levels maintained.
CHI Piam Brown Unit	Night	1380	967	651	230	70.0%	35.3%				Safe staffing levels maintained.
CHI Ward E1 Paed Cardiac	Day	2103	1490	593	882	70.9%	148.7%	6.5	3.7	10.2	Safe staffing levels maintained.
CHI Ward E1 Paed Cardiac	Night	1381	1209	305	641	87.5%	210.2%				Safe staffing levels maintained.
CHI Bursledon House	Day	848	628	522	374	74.1%	71.6%	4.3	2.8	7.1	Safe staffing levels maintained.
CHI Bursledon House	Night	198	221	157	178	111.4%	113.4%				Safe staffing levels maintained.
CHI Ward G2 Neuro	Day	776	671	882	91	86.5%	10.3%	7.2	0.8	8.0	Safe staffing levels maintained.
CHI Ward G2 Neuro	Night	706	657	677	60	93.1%	8.8%				Safe staffing levels maintained.
CHI Ward G3	Day	2352	1753	1666	697	74.5%	41.8%	6.0	2.2	8.3	Safe staffing levels maintained.
CHI Ward G3	Night	1653	1333	948	453	80.7%	47.8%				Safe staffing levels maintained.
CHI Ward G4 Surgery	Day	2416	2150	1207	761	89.0%	63.0%	7.7	2.6	10.3	Safe staffing levels maintained.
CHI Ward G4 Surgery	Night	1652	1622	616	507	98.2%	82.3%				Safe staffing levels maintained.
W&N Bramshaw Womens Unit	Day	1127	855	663	615	75.8%	92.6%	4.7	3.4	8.1	Safe staffing levels maintained.
W&N Bramshaw Womens Unit	Night	748	713	589	531	95.4%	90.1%				Safe staffing levels maintained.

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W&N Neonatal Unit	Day	6170	4682	2004	1606	75.9%	80.1%	10.6	3.7	14.3	Safe staffing levels maintained.
W&N Neonatal Unit	Night	4880	3832	1617	1389	78.5%	85.9%				Safe staffing levels maintained.
W&N PAH Maternity Service combined	Day	10612	8749	3631	3359	82.4%	92.5%	10.1	3.4	13.5	Safe staffing levels maintained.
W&N PAH Maternity Service combined	Night	6561	5178	1554	1340	78.9%	86.2%				Safe staffing levels maintained.
CAR CHDU	Day	4853	4443	1816	1413	91.5%	77.8%	15.3	4.2	19.5	Safe staffing levels maintained; Staff moved to support other wards.
CAR CHDU	Night	3749	4009	938	914	106.9%	97.4%				Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Coronary Care Unit	Day	2517	2580	994	960	102.5%	96.7%	8.4	3.6	12.1	Safe staffing levels maintained; Staff moved to support other wards.
CAR Coronary Care Unit	Night	2256	2148	872	1090	95.2%	125.1%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
CAR Ward D4 Vascular	Day	1880	1887	1220	1095	100.4%	89.7%	4.9	3.2	8.1	Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward D4 Vascular	Night	1010	1296	932	966	128.3%	103.6%				Staff moved to support other wards; Band 4 staff working to support registered nurse numbers.
CAR Ward E2 YACU	Day	1532	1397	847	835	91.2%	98.6%	4.2	3.0	7.3	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward E2 YACU	Night	695	707	604	672	101.7%	111.2%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward E3 Green	Day	1537	1399	1443	1146	91.0%	79.4%	3.1	3.0	6.1	Safe staffing levels maintained; Staff moved to support other wards.
CAR Ward E3 Green	Night	686	760	934	950	110.9%	101.7%				Safe staffing levels maintained by sharing staff resource; Band 4 staff working to support registered nurse numbers; High specialing this month.
CAR Ward E3 Blue	Day	1519	1517	895	880	99.9%	98.3%	4.3	3.4	7.7	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward E3 Blue	Night	685	719	613	848	105.0%	138.2%				Staff moved to support other wards; Band 4 staff working to support registered nurse numbers; High specialing this month.
CAR Ward E4 Thoracics	Day	1465	1471	1357	1440	100.4%	106.2%	4.5	4.0	8.6	Staff moved to support other wards; Band 4 staff working to support registered nurse numbers; B2 asigned to the discharge lounge.
CAR Ward E4 Thoracics	Night	1013	1028	425	803	101.5%	188.9%				Safe staffing levels maintained by sharing staff resource; Band 4 staff working to support registered nurse numbers.
CAR Ward D2 Cardiology	Day	1377	939	641	1407	68.2%	219.5%	3.8	6.1	9.8	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers; High specialing this month.
CAR Ward D2 Cardiology	Night	688	727	617	1277	105.7%	207.0%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers; High specialing this month.

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NEU Acute Stroke Unit	Day	1371	1750	2545	2250	127.6%	88.4%	3.5	4.7	8.1	Additional staff used for enhanced care - RNs.
NEU Acute Stroke Unit	Night	990	1156	1589	1630	116.7%	102.6%				Additional staff used for enhanced care - RNs; Band 4 staff working to support registered nurse numbers.
NEU Regional Transfer Unit	Day	1120	1118	387	244	99.8%	63.0%	10.1	4.6	14.7	Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards.
NEU Regional Transfer Unit	Night	649	627	588	551	96.6%	93.6%				Safe staffing levels maintained.
NEU ward E Neuro	Day	1779	2091	1150	1261	117.6%	109.7%	4.7	3.5	8.2	Additional staff used for enhanced care - RNs; Additional staff used for enhanced care - Support workers.
NEU ward E Neuro	Night	1331	1531	939	1378	115.0%	146.7%				Additional staff used for enhanced care - RNs; Band 4 staff working to support registered nurse numbers.
NEU HASU	Day	1550	1384	402	431	89.3%	107.2%	7.5	2.3	9.8	Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.
NEU HASU	Night	1331	1177	278	353	88.4%	127.0%				Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.
NEU Ward D Neuro	Day	1830	1687	1795	1625	92.2%	90.5%	3.7	4.2	7.9	Safe staffing levels maintained.
NEU Ward D Neuro	Night	1309	1177	1588	1651	89.9%	104.0%				Band 4 staff working to support registered nurse numbers.
SPI Ward F4 Spinal	Day	1557	1747	1060	1436	112.2%	135.4%	4.7	3.9	8.6	Additional staff used for enhanced care - RNs; Additional staff used for enhanced care - Support workers.
SPI Ward F4 Spinal	Night	990	1277	924	1045	128.9%	113.0%				Additional staff used for enhanced care - RNs; Additional staff used for enhanced care - Support workers.

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T&O Ward Brooke	Day	1022	1166	1113	768	114.1%	69.0%	3.5	2.8	6.3	Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards.
T&O Ward Brooke	Night	690	690	969	736	100.0%	75.9%				Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained.
T&O Trauma Admissions Unit	Day	900	702	716	596	78.0%	83.2%	10.0	8.8	18.8	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards.
T&O Trauma Admissions Unit	Night	660	617	586	561	93.4%	95.7%				Safe staffing levels maintained; 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	2259	2443	1864	2095	108.1%	112.4%	4.6	4.6	9.2	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards; Additional staff used for enhanced care - RNs.
T&O Ward F1 Major Trauma Unit	Night	1725	1740	1657	2034	100.9%	122.8%				Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Additional staff used for enhanced care - RNs.
T&O Ward F2 Trauma	Day	1594	1421	1845	2183	89.1%	118.3%	3.0	5.3	8.3	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	Night	991	827	1252	1816	83.5%	145.1%				Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F3 Trauma	Day	1542	1584	2099	1929	102.7%	91.9%	3.7	5.5	9.2	Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F3 Trauma	Night	990	985	1590	1848	99.5%	116.2%				Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F4 Elective	Day	1341	1199	738	904	89.4%	122.5%	3.6	3.4	7.0	Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F4 Elective	Night	660	683	921	871	103.4%	94.6%				Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit.