

Report to the Trust Board of Directors				
<b>Title:</b>	<b>Finance Report 2022-23 Month 2</b>			
<b>Agenda item:</b>	<b>9.3</b>			
<b>Sponsor:</b>	<b>Ian Howard – Chief Financial Officer</b>			
<b>Author:</b>	<b>Philip Bunting – Interim Deputy Director of Finance</b>			
<b>Date:</b>	<b>30 June 2022</b>			
<b>Purpose</b>	<b>Assurance or reassurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>  <b>X</b>
<b>Issue to be addressed:</b>	The finance report provides a monthly summary of the key financial information for the Trust.			
<b>Response to the issue:</b>	<p><b><u>Financial Planning / National Context</u></b></p> <p>In June 2022, Trust Board approved a revised planning submission for UHS of:</p> <ul style="list-style-type: none"> <li>• A break-even financial position, noting a phasing of deficit in M1-6 improving to surplus in M7-M12.</li> <li>• Achievement of 106% elective recovery activity, above the 104% target</li> <li>• Receipt of an additional £7m national funding</li> <li>• A revised CIP target of £45.4m (4%)</li> <li>• A revised phasing of the financial plan</li> </ul> <p>This was part of a Hampshire and Isle of Wight submission that achieved break-even overall. UHS submitted the plan on the basis that the financial risks within the plan were noted and that should the Trust exceed Elective Recovery Programme targets, additional funding would flow to cover the additional costs of delivery, as outlined in the planning guidance.</p> <p>Within the M2 finance report the plan has been adjusted to reflect the improvement to breakeven and change in phasing.</p> <p>The revised planning submission highlighted significant financial risks within the plan and indicated a range of financial projections between break-even and £57m deficit, should risks around CIP delivery, activity risks, Covid-19 risks and further inflationary pressures all materialise. The report aims to track performance against plan and risk-based scenarios.</p> <p><b><u>M2 Financial Position</u></b></p> <p>UHS reported a deficit of £1.3m in May 2022, which when added to a £3.7m in April 2022 means a reported deficit of £5m YTD. This compares to a revised plan deficit of £2.8m, therefore is £2.2m adverse to plan.</p>			

However, it should be noted that a number of items relate to M1:

- 2 months of £7.1m additional national funding have been included in May, £0.6m of which relates to M1
- Clinical supplies costs of £0.9m were underreported in M1 and have been reported in M2, partially off-set by £0.2m of other adjustments.

The true reported position is therefore a £3.8m deficit in M1 and a £1.1m deficit in M2.

### Underlying Position

The month 2 position has been supported by additional non recurrent measures of £2.7m meaning that the restated month 2 deficit is £3.8m, aligned to that of month 1.

The overall underlying financial position is therefore a deficit of £7.6m YTD. This is £4.8m adverse to the plan for month 1 and 2 (£2.8m planned deficit).

### Key drivers

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

- Cost Improvement Plans – due to the considerable operational pressures the development of plans from Q4 21/22 have been delayed. Only £1m has been recognised in month 1 and 2 against a plan of £4.3m generating a £3.3m shortfall.
- *Further analysis on CIP has been provided to F&IC as part of the finance spotlight.*
- Covid costs continuing in excess of plan by £1.5m YTD – this mainly relates to staff sickness absence backfill costs which have improved in May following a spike in April.
- Operational Pressures / Emergency Demand – ED continues to experience volumes in excess of planned levels driving up expenditure especially on premium rate staffing.

### Elective Recovery Framework

UHS achieved 109% in May. This included:

- 107% in elective
- 118% in outpatients (including procedures but excluding follow-ups)
- Capped 85% in follow-ups, with actual activity at 130%

April activity has also now been coded in more depth and illustrates achievement of 103%.

This activity level is extremely positive for achievement of the 106% target for the year and is despite continuing operational pressures and ED demand. It should be noted that Covid pressures eased during May, although staff absence rates remained above 19/20 levels.

A further £1.1m of income has been included in the financial position.

However, this has off-set an increase in clinical supplies costs associated with the additional activity. It should be noted that some uncertainty remains over national calculations of performance, with data for April expected in July.

### **Financial Trajectory**

A run rate continuing at this level of deficit would generate a £46m underlying deficit across 2022/23, which is towards the worst-case scenario outlined in the revised planning submission of £57m. We would however expect CIP delivery and financial recovery plan projects to improve this position throughout the year to mitigate this risk.

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

### **Response to the financial challenge**

Due to the scale of financial risk, a recovery plan is being developed to drive an improvement trajectory. Progress has been made in the last month, with TEC approving the creation of a Recovery Board, with the first meeting set up in July, and a programme manager recruitment process initiated.

The purpose of the Financial Recovery Programme Board will be to:

- Improve financial performance
- Improve control of income and expenditure
- Oversee the achievement of the financial aspects of the 2022/23 annual plan
- Deliver an improvement to underlying financial performance which provides a foundation for financial sustainability in 23/24 and beyond
- Prepare the organisation for a transition from financial recovery to business as usual whilst continuing to deliver on the trust's financial and non-financial objectives

An update will be incorporated into the finance report for F&IC in July.

### **Capital**

- Within the revised planning submission, we took the opportunity to revise the profile of the capital plan to align with expenditure plans. Internal capital expenditure totalled £1.5m in May which was on-plan.
- The trust has an internal capital plan of £49m for 2022/23. Many of the major projects have yet to commence and are in the planning phases hence an acceleration in spend is expected in future months. Spend, and any emerging risks and opportunities, will be monitored closely in year via Trust Investment Group.
- Significant progress has been made with External CDEL opportunities:
  - A business case for wards (£10m) has been submitted to NHSE Regional Officer for review as part of Elective

	<p>Targeted Investment Fund plans.</p> <ul style="list-style-type: none"> <li>○ A meeting has been held with Specialised Commissioning regarding confirmed CDEL of £5.1m for Neonates, noting that this does not include cash funding. A business case is expected to be submitted in July. There is added complexity within the case due to the potential loss of bed capacity, with mitigation options currently being explored.</li> <li>○ Bids for additional CT scanners for ED and for the Targeted Lung Programme are in the process of being submitted.</li> <li>○ Southampton and Southwest Hampshire have submitted a draft bid to NHSE Region for Community Diagnostic Centre expansion at RSH.</li> </ul> <p><b><u>Review of Finance Report</u></b></p> <p>The finance team have reviewed and refreshed the finance report. Due to competing priorities, the outcomes of this refresh are partially complete, with further changes to the reporting format anticipated in July.</p> <p><b><u>Other</u></b></p> <p>It should be noted that an announcement on Agenda for Change pay awards is anticipated imminently. Trusts have planned for a 2% increase as per national planning guidance, with a further contingency held nationally.</p> <p>The Trust are actively exploring additional capacity in the Independent Sector and through Insourcing companies, subject to IR35 compliance checks. These cases are being considered on a case-by-case basis linked to growth in waiting lists, capacity constraints, length of time on waiting list (104/78/52 week waits), patient safety risk and financial implications. The additional activity is only available at tariff or in some cases above tariff, meaning it is not covered by a 75% marginal rate. This may cause additional in-year cost pressures.</p>
<p>Implications:</p>	<ul style="list-style-type: none"> <li>● Financial implications of availability of funding to cover growth, cost pressures and new activity.</li> <li>● Organisational implications of remaining within statutory duties.</li> </ul>
<p>Risks: (Top 3) of carrying out the change / or not:</p>	<ul style="list-style-type: none"> <li>● Financial risk relating to the month 2 underlying run rate and projected potential deficit if the run rate continues.</li> <li>● Investment risk related to the above</li> <li>● Cash risk linked to volatility above</li> <li>● Inability to maximise CDEL (which cannot be carried forward)</li> </ul>
<p>Summary: Conclusion and/or recommendation</p>	<p>Trust Board is asked to note this report.</p>

**2022/23 Finance Report - Month 2**

<b>Report to:</b>	<b>Board of Directors and Finance &amp; Investment Committee</b>  <b>May 2022</b>
<b>Title:</b>	<b>Finance Report for Period ending 31/05/2022</b>
<b>Author:</b>	<b>Philip Bunting, Interim Deputy Director of Finance</b>
<b>Sponsoring Director:</b>	<b>Ian Howard, Chief Financial Officer</b>
<b>Purpose:</b>	<b>Standing Item</b>
	<b>The Board is asked to note the report</b>

**Executive Summary:**

**In Month and Year to date Highlights:**

1. Trust Board approved a revised plan in June, which is reflected within this report:
  - A revised break-even position, phased with deficit in M1-6 improving to surplus in M7-12.
  - Achievement of 106% Elective Recovery performance
  - Delivery of 4% (£45m) of CIP
  
2. In month 2, UHS reported a deficit position of £1.3m with a £5m deficit YTD. This is £2.2m behind plan. CIP delivery remains low in month at £0.5m, off-plan by £1.7m.
  
3. However, there were a number of transactions in month which were non-recurrent, including additional national funding for inflation relating to month 1. The underlying in month deficit was £3.8m which was similar to April. A run rate continuing at this level would generate a £46m deficit across 2022/23, although that is expected to improve as CIP and Recovery Plan actions are implemented.
  
4. The main income and activity themes seen in M2 were:
  - Despite operational pressures and ED demand, UHS has delivered 109% of Elective Recovery activity in month 2, above target and plan levels.
  - Additional income of £1.1m has been included within the position, at 75% marginal rate, off-setting the variable costs of the additional activity. National calculations on performance are anticipated to be three months in arrears.



## Finance: I&amp;E Summary

A deficit of £1.3m position was reported in May 2022 as planned. There are three main drivers for this position:

Covid-related absences have continued to reduce during May but we are still seeing c.100 daily absences. The excess cost related to backfill is estimated at c.£1m per month.

ED continues to experience volumes in excess of planned levels driving up expenditure especially on premium rate staffing.

CIP delivery in M2 was £0.5m, compared to our plan of £2.1m. CIP identification for 2022/23 is now £9.5m, 48% of the £20m divisional target. CIP identified for 2022/23 increased by 4.4m over the most recent month. Of the identified £9.5m total, £6.2m is planned as recurrent.

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

		Current Month			Cumulative			Plan		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	69.8	70.0	(0.2)	139.5	139.0	0.5	837.0	837.0	0.0
	Pass-through Drugs & Devices	11.2	11.4	(0.2)	22.4	21.9	0.6	134.6	134.6	0.0
Other income	Other Income excl. PSF	10.6	13.7	(3.2)	21.1	28.0	(6.9)	126.6	126.6	0.0
	Top Up Income	0.9	0.8	0.1	1.7	1.4	0.3	8.3	8.3	0.0
<b>Total income</b>		<b>92.4</b>	<b>95.8</b>	<b>(3.5)</b>	<b>184.8</b>	<b>190.3</b>	<b>(5.5)</b>	<b>1,106.6</b>	<b>1,106.6</b>	<b>0.0</b>
Costs	Pay-Substantive	48.7	49.0	0.3	97.2	98.2	1.0	591.6	591.6	0.0
	Pay-Bank	3.3	3.9	0.6	6.8	8.0	1.3	33.2	33.2	0.0
	Pay-Agency	1.2	1.5	0.3	2.5	3.0	0.6	12.0	12.0	0.0
	Drugs	5.2	3.8	(1.4)	10.4	8.7	(1.7)	59.7	59.7	0.0
	Pass-through Drugs & Devices	11.2	11.4	0.2	22.4	21.9	(0.6)	134.6	134.6	0.0
	Clinical supplies	7.3	8.7	1.5	14.6	15.2	0.7	74.6	74.6	0.0
	Other non pay	15.8	17.8	2.0	31.8	38.6	6.8	189.6	189.6	0.0
<b>Total expenditure</b>		<b>92.7</b>	<b>96.2</b>	<b>3.4</b>	<b>185.7</b>	<b>193.7</b>	<b>8.0</b>	<b>1,095.3</b>	<b>1,095.3</b>	<b>0.0</b>
<b>EBITDA</b>		<b>-0.4</b>	<b>-0.3</b>	<b>(0.0)</b>	<b>-0.9</b>	<b>-3.4</b>	<b>2.5</b>	<b>11.2</b>	<b>11.2</b>	<b>0.0</b>
<b>EBITDA %</b>		<b>-0.4%</b>	<b>-0.3%</b>	<b>(0.1%)</b>	<b>-0.5%</b>	<b>-1.8%</b>	<b>1.3%</b>	<b>1.0%</b>	<b>1.0%</b>	<b>0.0%</b>
	Non operating expenditure/income	-0.9	-1.0	(0.1)	-1.9	-1.8	0.1	-11.1	-11.1	0.0
<b>Surplus / (Deficit)</b>		<b>(1.3)</b>	<b>(1.3)</b>	<b>0.0</b>	<b>(2.8)</b>	<b>(5.2)</b>	<b>2.4</b>	<b>0.1</b>	<b>0.1</b>	<b>0.0</b>
Less	Donated income	-0.1	-0.1	(0.0)	-0.2	-0.1	(0.1)	-1.4	-1.4	0.0
	Profit on disposals	-	-	0.0	-	-	0.0	-	-	0.0
Add Back	Donated depreciation	0.1	0.2	0.1	0.2	0.4	0.1	1.3	1.3	0.0
<b>Net Surplus / (Deficit)</b>		<b>(1.3)</b>	<b>(1.3)</b>	<b>(0.0)</b>	<b>(2.8)</b>	<b>(5.0)</b>	<b>2.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

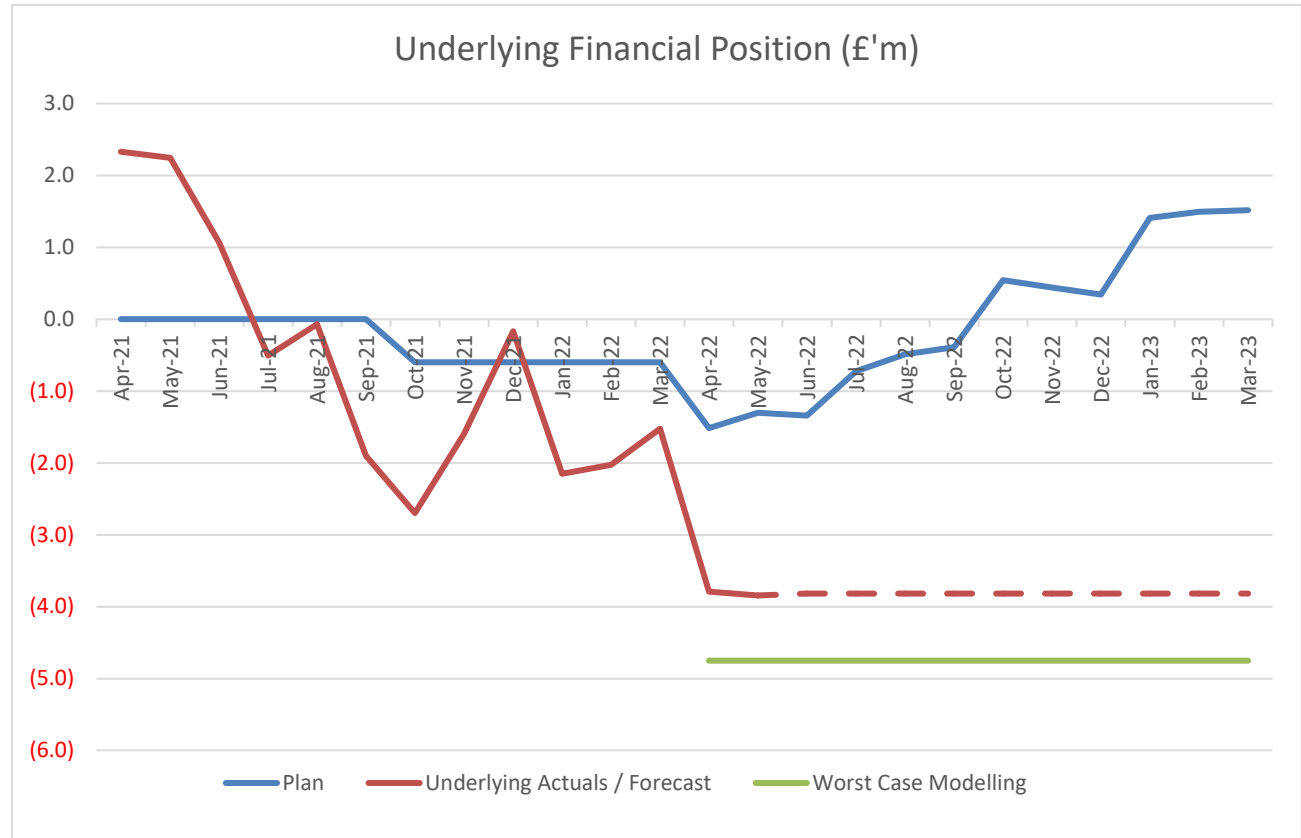
**Monthly Underlying Position**

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.

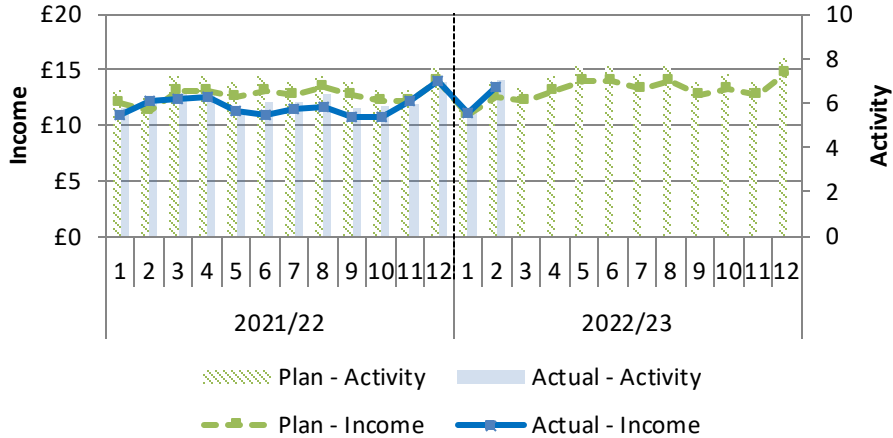
A decline in the underlying position can be observed from the first half of 2021/22 moving into the later half of that year. At this point a change in the financial regime and increased efficiency targets, together with increased energy costs, led to a £2m per month deficit prevailing.

A further step change has then occurred from April 2022 with reductions in covid funding together with efficiency targets resulting in underlying performance reducing to £3.8m per month in April and May. This is £1m per month favourable to the worse cases scenario modelled within the planning projections for the year but significantly worse than the plan position of c£1.4m per month.

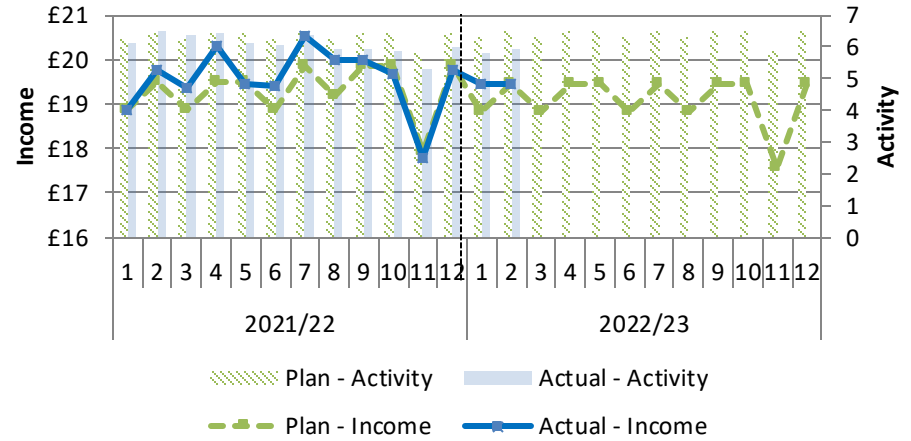


Clinical Income

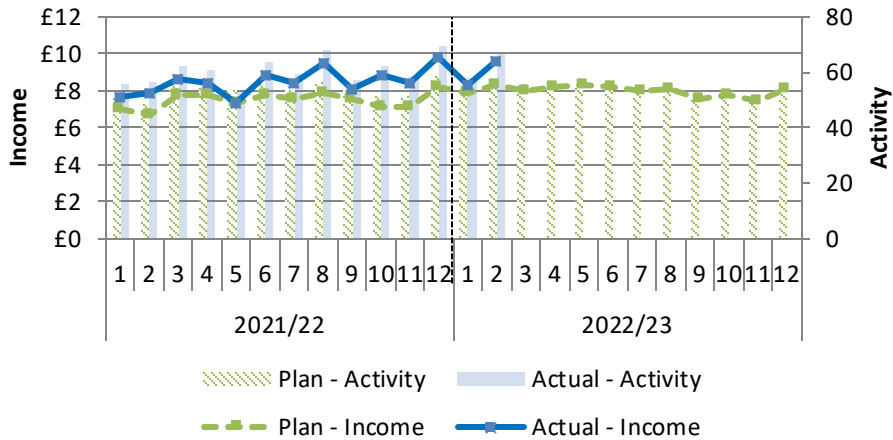
### Elective spells



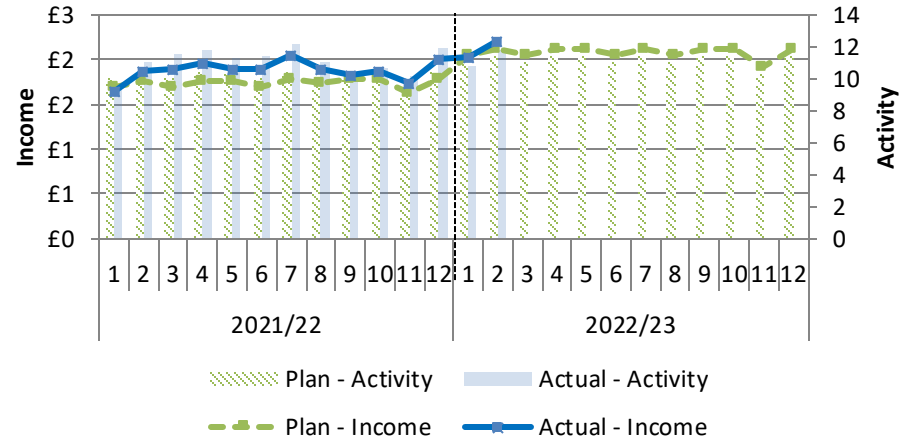
### Non elective spells



### Outpatients Total



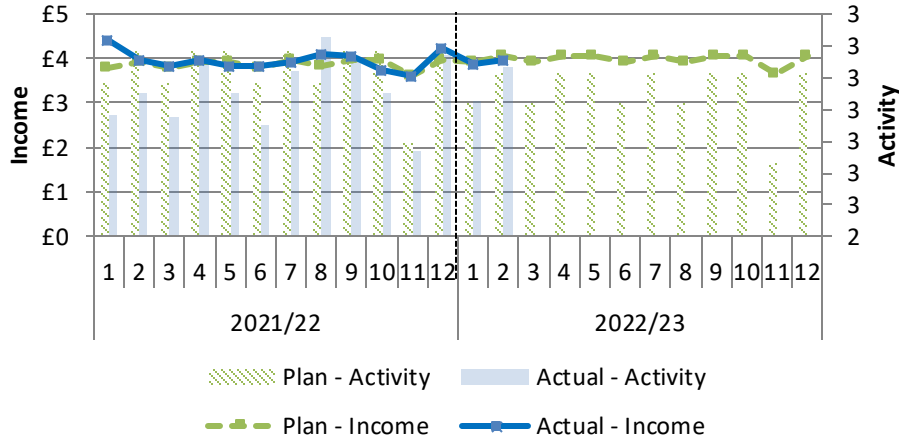
### A&E - Emergency Medicine



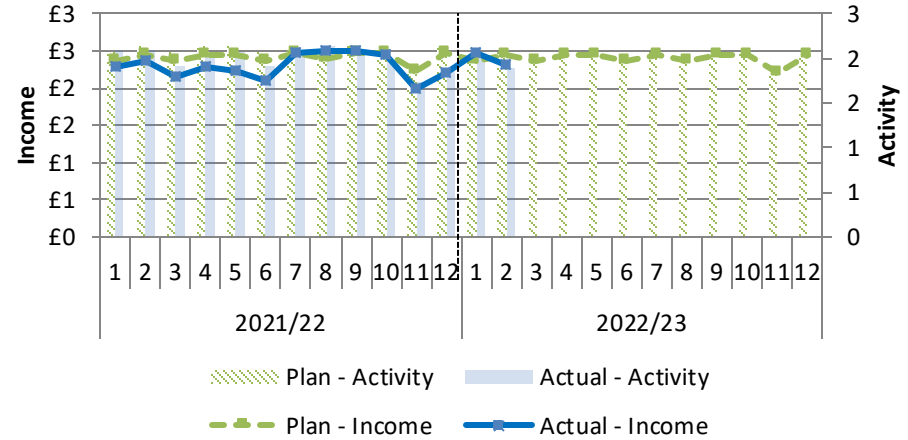


Clinical Income

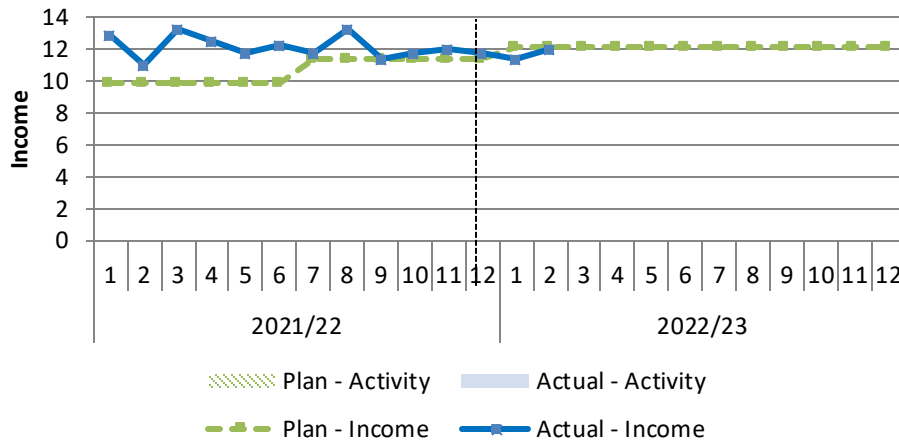
### Adult critical care



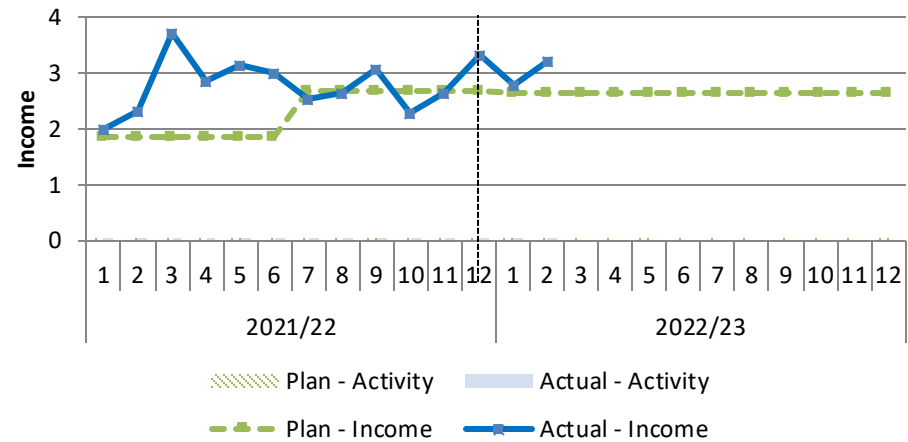
### Neonatal & paediatric critical care



### Tariff excluded drugs



### Tariff excluded devices



Elective Recovery Fund 22/23

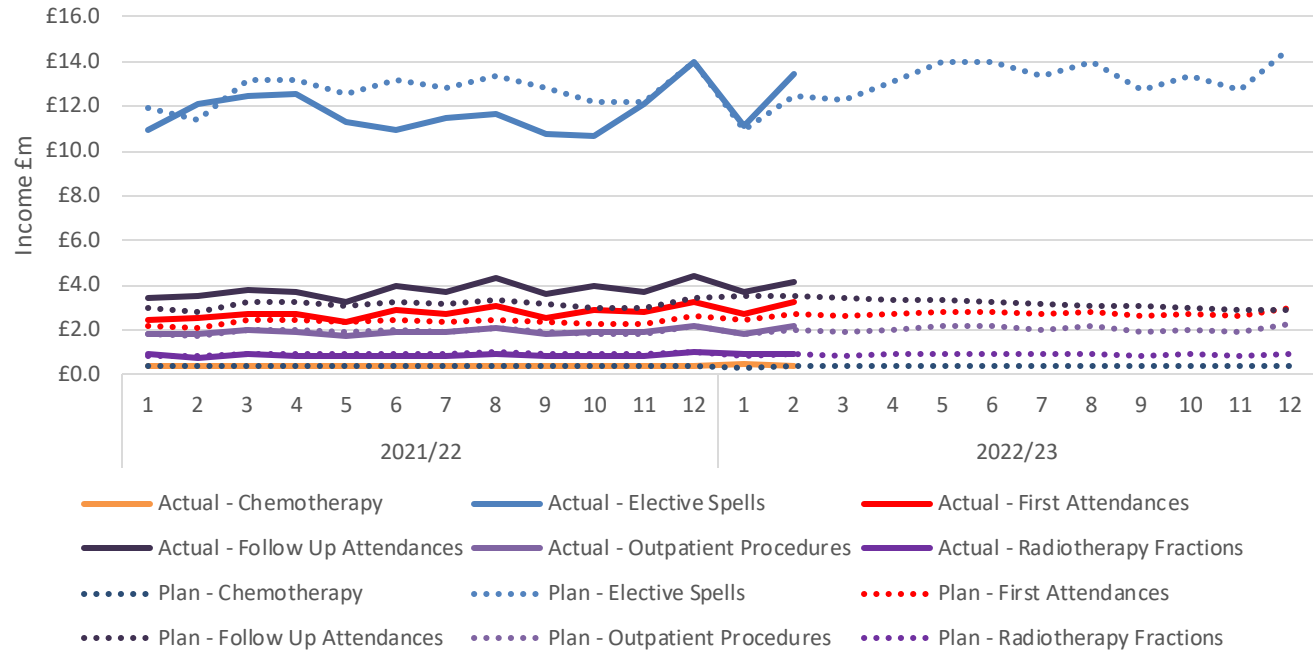
The graph shows the ERF performance for 22/23 as well as a trend against plan for 21/22.

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.

The table highlights overall performance against the 19/20 pre-Covid baseline, highlighting M2 performance of 109%.

An ERF payment of £1.1m has been provisionally included within Trust income, off-setting additional variable costs of delivery. However, there remains some uncertainty over the national calculation, with figures expected to be released three months in arrears.

ERF 104% performance



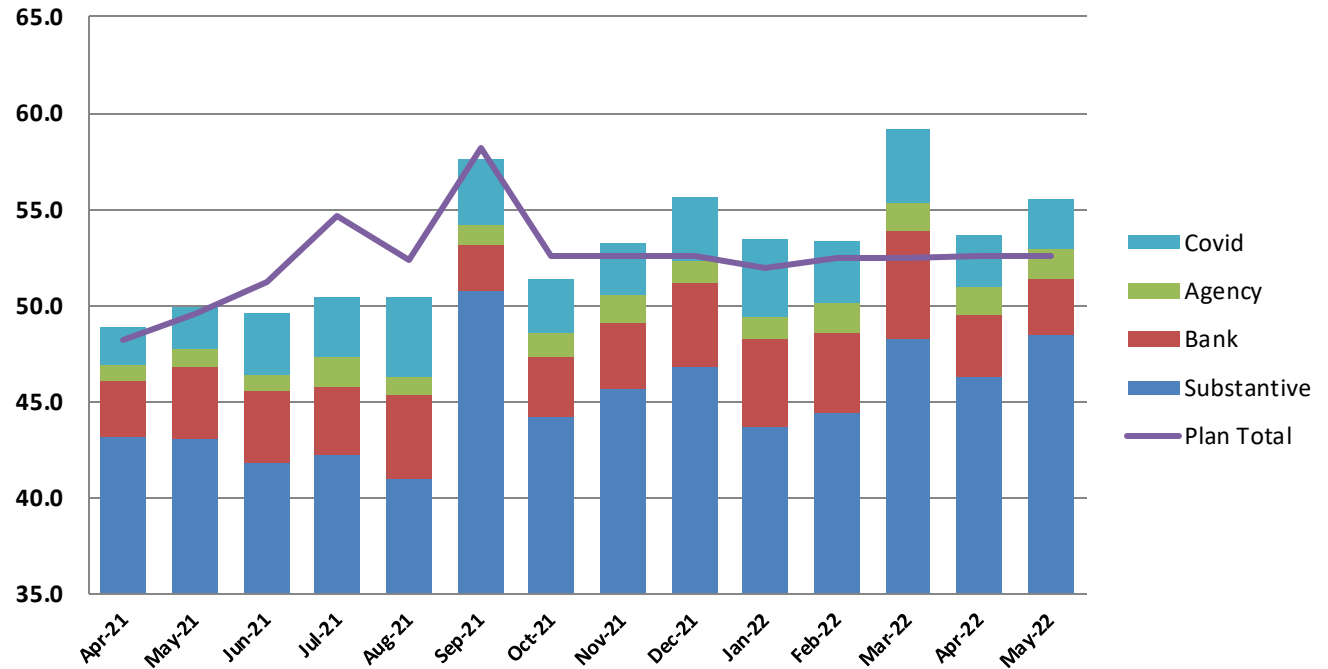
Elective Recovery Framework Performance	M1	M2
Elective performance	97%	107%
Outpatient first and procedures performance	110%	118%
Chemotherapy performance	147%	108%
Radiotherapy performance	119%	104%
<b>Overall ERF performance</b>	<b>103%</b>	<b>109%</b>
Outpatient follow up performance	127%	130%

Substantive Pay Costs

Total pay expenditure in April was £55.5m, up slightly on April by £1.9m. Most of the increase relates to substantive staff with the payment of the two April Bank Holiday enhancements in May payroll. Covid staff costs are estimated at £2.6m in month, remaining flat from M1.

Increases in pay costs over the last 24 months are under review as part of challenging where costs can be targeted for reduction in a post pandemic environment.

Total Pay

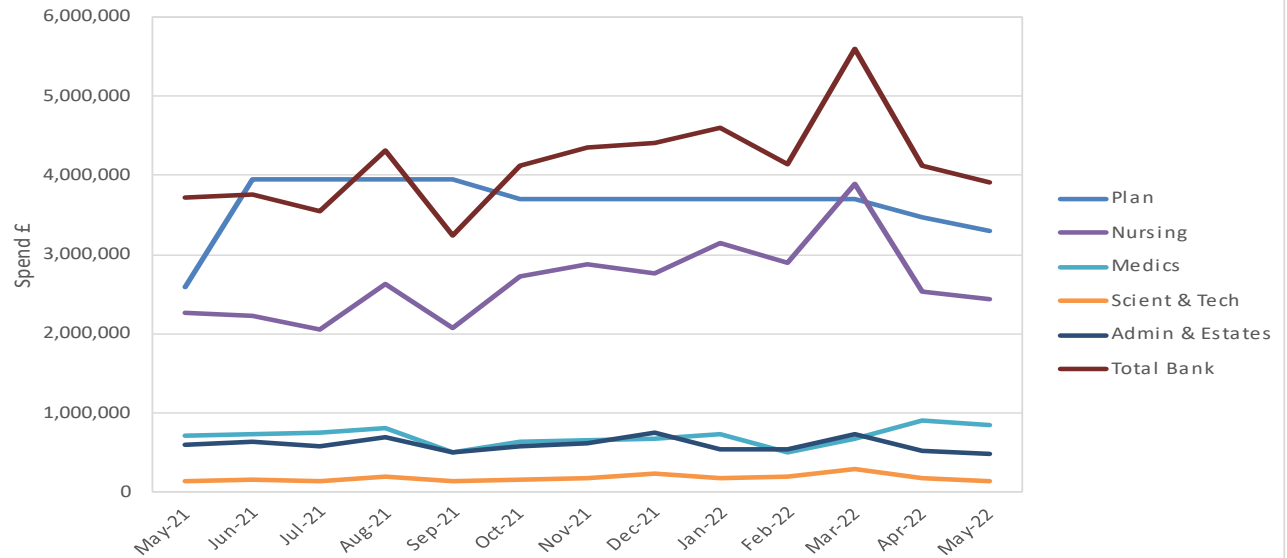


Temporary Staff Costs

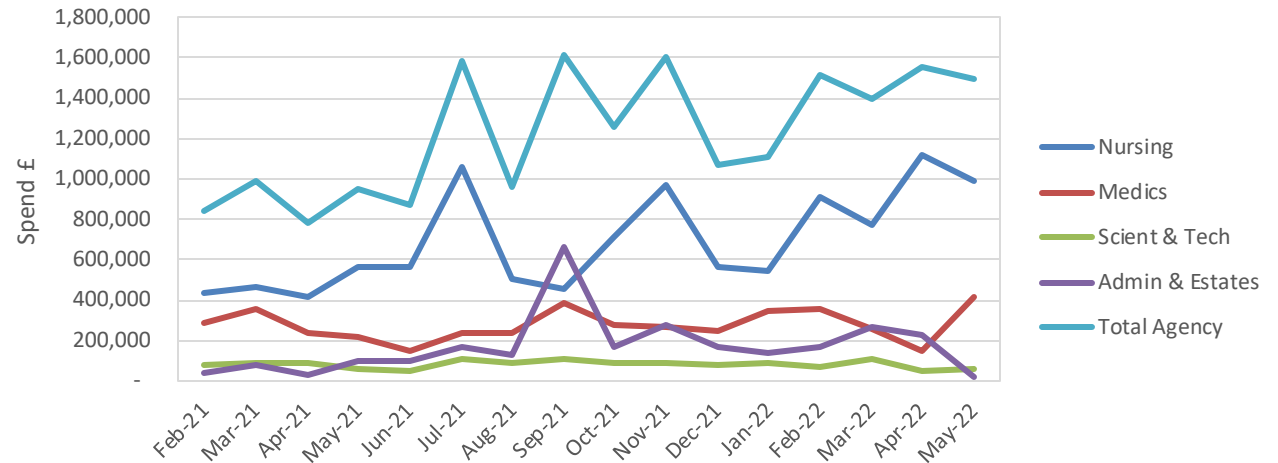
Expenditure on bank staff has decreased slightly month on month by £0.2m. The decreases were evenly spread across all staff groups although currently still significantly above plan. The primary driver for this is Covid sickness backfill.

Agency spend decreased slightly from April to May by £0.1m. However, within this there were larger movements in staff groups as illustrated in the graph. Medic agency spend increased by £0.3m in May but both nursing (£0.1m) and Admin and Estates (£0.2m) spend fell. Although volatile month to month spend remains at c£1.4m per month and has done since July 2021.

Bank Total Spend



Agency Total Spend

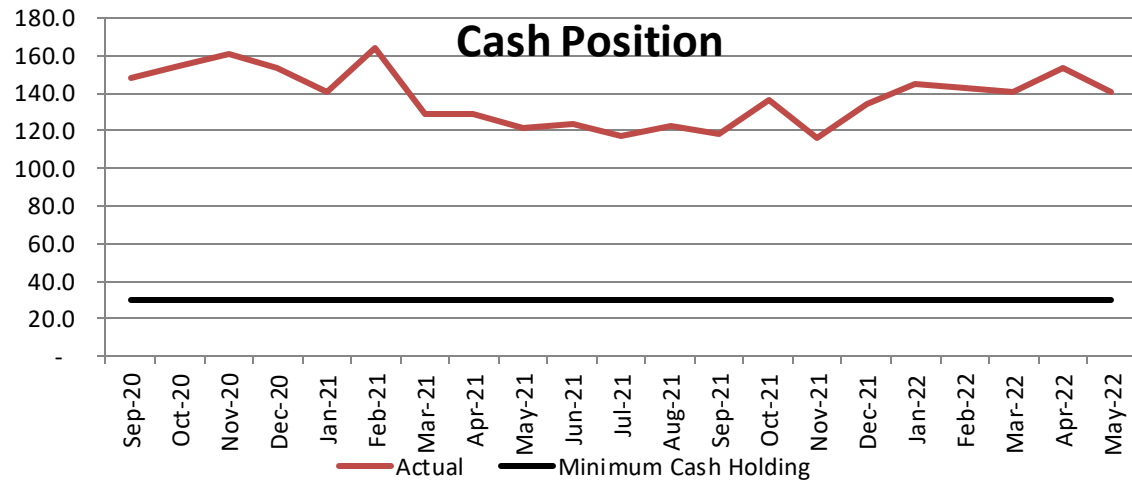


Cash

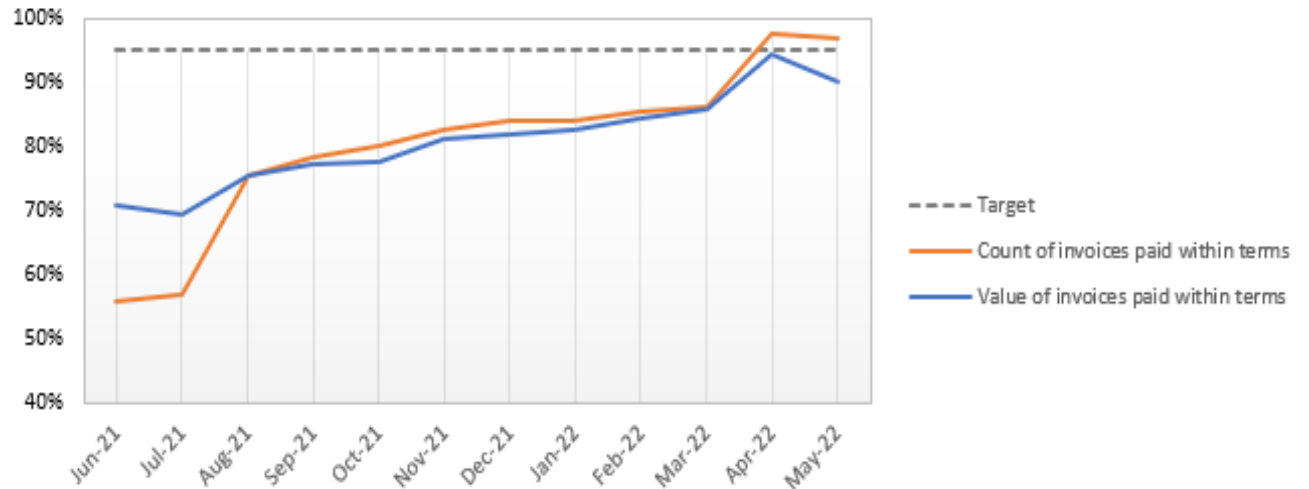
The cash balance decreased in May to £140.9m and is analysed in the movements on the Statement of Financial Position.

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

The latest position on our Better Payment Practice Code road map to compliance project is also outlined. The percentage for May is a slight decrease against April 2022. This is due to staff sickness and leave. However, the total count percentage is greater than the target of 95%. As the new financial year progresses it is expected that the 95% will remain stable and improve further.



Better Payment Practice Code - Projected Improvements



## Capital Expenditure

(Fav Variance) / Adv Variance

Expenditure on capital schemes was £1.5m in month 2 and £2.9m year to date.

The main areas of expenditure were design fees and initial costs on the wards and theatres schemes, IT and equipment leases.

It should be noted that we took the opportunity to rephase the plan as part of our revised submission, including a more realistic phasing of expenditure. This including matching the revised plan to actual expenditure to date.

The level of monthly spend is expected to rise significantly from the current low levels as major schemes begin, so the Trust are forecasting to spend our full £49.0m capital allocation.

Additional funding awards for wards and the expansion of neonates are anticipated, but not finalised, and shown in the forecast.

Scheme	Org	Month			Year to Date			Full Year Forecast		
		Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's
<b>Internally Funded Schemes</b>										
Strategic Maintenance	UHS	397	173	224	794	794	0	8,255	8,255	0
Refurbish of neuro theatres 2 & 3	UEL	0	0	0	0	0	0	730	730	0
General Refurbishment Fund	UHS	0	0	0	0	0	0	1,097	1,097	0
Refurbishment of Theatres/F level Fit Out	UEL	109	130	(21)	218	218	0	5,000	5,000	0
Oncology Centre Ward Expansion Levels D&E	UEL	137	216	(79)	274	274	0	8,000	8,000	0
Fit out of C Level VE (MRI) Capacity	UEL	0	0	0	0	0	0	6,592	6,592	0
Donated Estates Schemes	UHS	67	113	(46)	134	134	0	5,362	5,362	0
Other Estates Schemes	UHS	5	6	(1)	10	10	0	2,681	2,681	0
Information Technology (incl Pathology Digitiation)	UHS	286	387	(101)	571	539	32	5,448	5,448	0
IMRI	UHS	52	37	15	104	104	0	1,300	1,300	0
Medical Equipment panel (MEP)	UHS	2	2	0	4	4	0	2,500	2,500	0
Other Equipment	UHS	85	7	78	169	169	0	1,550	1,550	0
Other	UHS	266	321	(55)	538	538	0	691	691	0
Slippage	UHS	0	0	0	0	0	0	(6,380)	(6,380)	0
Donated Income	UHS	(83)	(113)	30	(166)	(134)	(32)	(6,760)	(6,760)	0
<b>Total Trust Funded Capital excl Finance Leases</b>		<b>1,323</b>	<b>1,279</b>	<b>44</b>	<b>2,650</b>	<b>2,650</b>	<b>0</b>	<b>36,066</b>	<b>36,066</b>	<b>0</b>
<b>Leases</b>										
Medical Equipment Panel (MEP) - Leases	UHS	0	0	0	0	0	0	700	700	0
Equipment leases	UHS	85	170	(85)	170	170	0	500	500	0
IISS	UHS	0	0	0	0	0	0	3,115	3,115	0
Fit out of C Level VE (MRI) Capacity	UHS	0	0	0	0	0	0	5,619	5,619	0
Adanac Park Car Park	UHS	0	0	0	0	0	0	3,000	3,000	0
<b>Total Trust Funded Capital Expenditure</b>		<b>1,408</b>	<b>1,449</b>	<b>(41)</b>	<b>2,820</b>	<b>2,820</b>	<b>0</b>	<b>49,000</b>	<b>49,000</b>	<b>0</b>
Disposals	UHS	0	0	0	0	0	0	0	0	0
<b>Total Including Technical Adjustments</b>		<b>1,408</b>	<b>1,449</b>	<b>(41)</b>	<b>2,820</b>	<b>2,820</b>	<b>0</b>	<b>49,000</b>	<b>49,000</b>	<b>0</b>
<b>Externally Funded Schemes</b>										
Maternity Care System (Wave 3 STP)	UHS	0	0	0	0	0	0	89	89	0
Digital Outpatients (Wave 3 STP)	UHS	18	18	0	37	37	0	592	592	0
Oncology Centre Ward Expansion Levels D&E	UEL	0	0	0	0	0	0	0	10,000	(10,000)
Neonatal Expansion	UHS	0	0	0	0	0	0	0	5,130	(5,130)
<b>Total CDEL Expenditure</b>		<b>1,426</b>	<b>1,467</b>	<b>(41)</b>	<b>2,857</b>	<b>2,857</b>	<b>0</b>	<b>49,681</b>	<b>64,811</b>	<b>(15,130)</b>

**2022/23 Finance Report - Month 2**

## Statement of Financial Position

**(Fav Variance) / Adv Variance**

The May statement of financial position illustrates net assets of £467.2m, with the main movements in the position explained below.

Receivables and payables both moved by significant amounts as a result of an off-setting technical adjustment involving the coding of NHS England receipts.

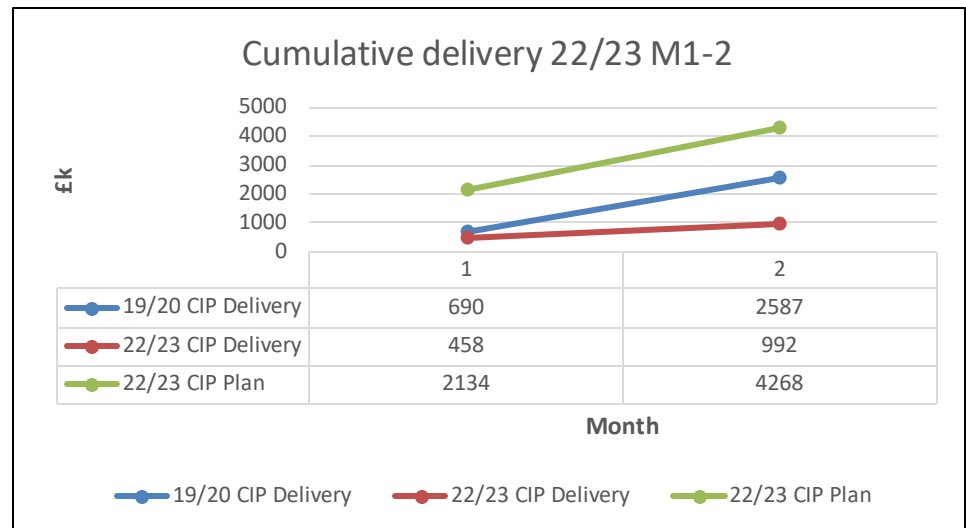
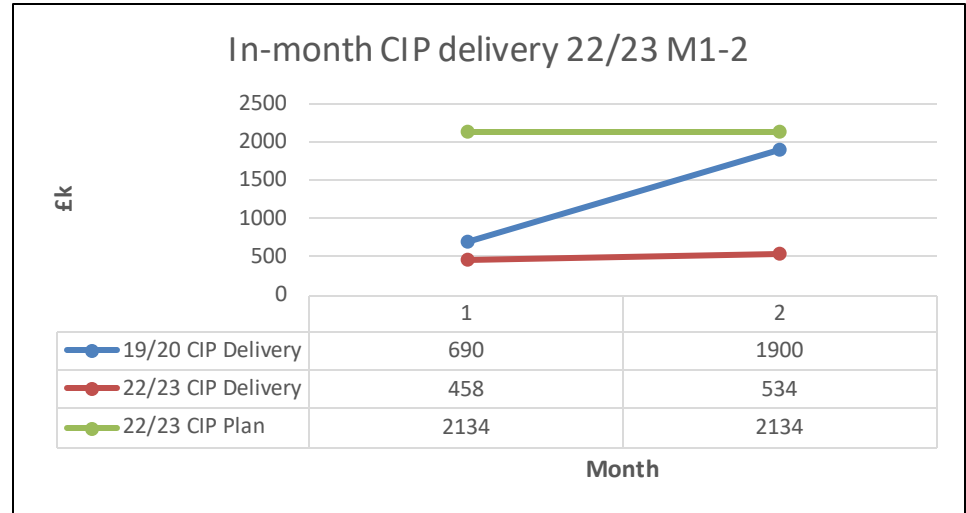
Cash reduced by £12.1m from M1 to M2 partially reflecting the pressure on the I&E position and some catch up on payment of payables.

Statement of Financial Position	2022/23			
	2021/22	M1	M2	MoM
	YE Actuals	Act	Act	Movement
	£m	£m	£m	£m
Fixed Assets	471.9	464.7	470.6	6.0
Inventories	17.0	17.4	17.4	0.1
Receivables	53.1	100.8	46.8	(54.1)
Cash	148.1	153.0	140.9	(12.1)
Payables	(204.2)	(255.4)	(197.4)	58.0
Current Loan	(1.7)	(2.5)	(2.5)	0.0
Current PFI and Leases	(9.1)	(9.1)	(8.5)	0.6
<b>Net Assets</b>	<b>475.0</b>	<b>468.8</b>	<b>467.2</b>	<b>(1.6)</b>
Non Current Liabilities	(23.0)	(21.3)	(21.2)	0.1
Non Current Loan	(6.8)	(6.8)	(6.8)	0.0
Non Current PFI and Leases	(33.6)	(33.0)	(32.8)	0.2
<b>Total Assets Employed</b>	<b>411.6</b>	<b>407.7</b>	<b>406.4</b>	<b>(1.3)</b>
Public Dividend Capital	261.9	261.9	261.9	0.0
Retained Earnings	115.6	105.3	104.0	(1.3)
Revaluation Reserve	34.1	40.5	40.5	0.0
Other Reserves				
<b>Total Taxpayers' Equity</b>	<b>411.6</b>	<b>407.7</b>	<b>406.4</b>	<b>(1.3)</b>

Efficiency and Cost Improvement Programme 22/23 – M2

**Cost Improvement Programme (CIP) Delivery in Month 2**

- This month, the Trust increased the efficiency improvement required in 2022/23 from £33.0m to £45.4m, reflecting a national request for NHS systems to re-submit their annual operating plans, and to take further actions to balance their income and expenditure within the year.
- The plan is to be delivered by:
  - £20m CIP through Divisional and Directorate budgets
  - £25.4m efficiency from central schemes / budgets
- CIP delivery YTD at M2 was £992k, compared to our plan of £4.3m.
- CIP identification for 2022/23 is now £9.5m, 48% of the £20m divisional target. CIP identified for 2022/23 increased by 4.4m over the most recent month. Of the identified £9.5m total, £6.2m is planned as recurrent.
- Targets for identification have been set - 75% (£15m) by the end of Q1 and 100% identification by the end of Q2.
- Central schemes are not anticipated to deliver value within Q1, and much of the (increased) savings target of £25.4m is not yet supported by robust schemes. There are a number of areas of potential opportunity which are being investigated further to support delivery however:
  - Theatre supply chain management
  - Additional income by exceeding 104% of the 19/20 activity level
  - Reductions in agency spend, costs related to Covid-19, and additional business cases





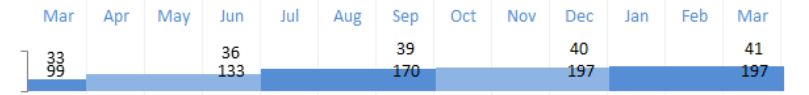
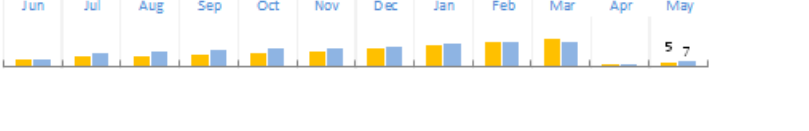
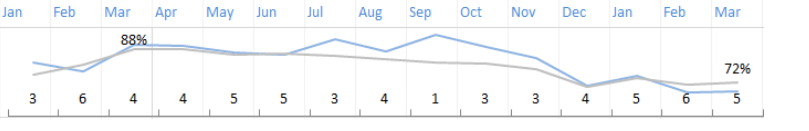
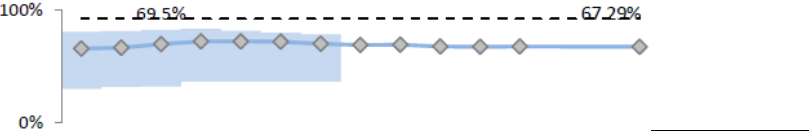
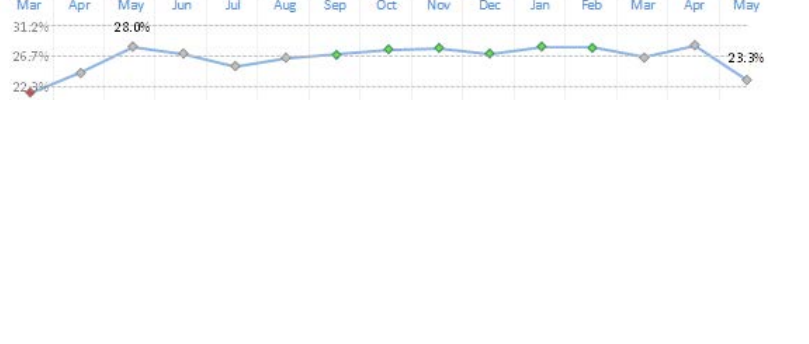
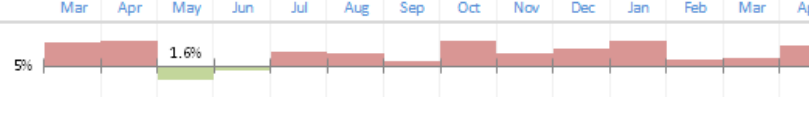
Report to the Trust Board of Directors				
<b>Title:</b>	<b>Integrated Performance Report 2022/23 Month 2</b>			
<b>Agenda item:</b>	<b>9.2</b>			
<b>Sponsor:</b>	<b>David French, Chief Executive</b>			
<b>Author</b>	<b>Jason Teoh, Director of Data and Analytics</b>			
<b>Date:</b>	<b>30 June 2022</b>			
<b>Purpose</b>	<b>Assurance or reassurance</b> Y	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>
<b>Issue to be addressed:</b>	<p>The report aims to provide assurance:</p> <ul style="list-style-type: none"> <li>• Regarding the successful implementation of our strategy</li> <li>• That the care we provide is safe, caring, effective, responsive, and well led</li> </ul>			
<b>Response to the issue:</b>	The Integrated Performance Report reflects the current operating environment and is aligned with our strategy.			
<b>Implications: (Clinical, Organisational, Governance, Legal?)</b>	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.			
<b>Risks: (Top 3) of carrying out the change / or not:</b>	This report is provided for the purpose of assurance.			
<b>Summary: Conclusion and/or recommendation</b>	This report is provided for the purpose of assurance.			

# Integrated KPI Board Report

Covering up to  
May 2022

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

## Report guide

Chart type	Example	Explanation
Cumulative Column		<p>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.</p>
Cumulative Column Year on Year		<p>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.</p>
Line Benchmarked		<p>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).</p>
Line & bar Benchmarked		<p>The line shows our performance, and the bar underneath represents the range of performance of benchmarked trusts (bottom = lowest performance, top = highest performance)</p>
Control Chart		<p>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).</p>
Variance from Target		<p>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.</p>

## Introduction

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

The report aims to provide assurance:

- regarding the successful implementation of our strategy; and
- that the care we provide is safe, caring, effective, responsive, and well led.

The content of the report includes the following:

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

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

This month there have been no material changes in the format of the report.

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

- Workforce Numbers (WR3-L) graph has been split out the 2021/22 and 2022/23 workforce plans for clarity.
- Year to Date (YTD) figures, where available, have been added to the report.
- Targets have been agreed for a number of the metrics. Where available these have now been added to the report.

## Summary

This month the 'Spotlight' section features a Patient Experience section reviewing our patients' feedback on involvement in decisions, and the experience of patients with disability.

- The Trust conducts a number of Friends and Family Test (FFT) surveys each year to provide an insight to patient experience at UHS.
- Although there is some variation between divisions, and between months, the results indicate that patients feel involved in their care, with 87% of adults and 92% of paediatric patients reporting this.
- On average, 90% of patients who identify as having a disability reported back that they feel their needs were met.
- Overall, we are pleased with the results of the survey as it demonstrates strongly that we continue to ensure that we meet the specific needs of patients in our care.

Areas of note in the appendix include:

1. May 2022 saw a reduction in the number of healthcare acquired (23) and probable hospital associated (12) COVID-19 infections as the rates of COVID-19 infection in the community reduced.
2. There has been an increase in pressure ulcers this month, with category 2 ulcers increasing to 0.46 per 1,000 bed days, and category 3 ulcers increasing to 0.67 per 1,000 bed days (compared to target of 0.3 per 1000 bed days). The primary reasons for category 2 ulcers have been around the lack of correct preventative methods (such as correct mattresses or pillows). In category 3, the primary reasons were staffing pressures meaning that two hourly turning targets were not consistently achieved, alongside a lack of knowledge amongst workforce due to reduced training and overall staff pressures. The patient safety teams are working with the divisions to address these.
3. Ongoing high volumes of attendances to Emergency Department (ED) continue to apply downward pressure to the ED four-hour standard, which was reported at 64.7%. However, UHS remains in the upper quartile of teaching hospitals for Emergency Department performance, demonstrating that this remains a wider national problem, rather than being localised to UHS.
4. Higher GP referrals means the number of patients on the waiting list continues to grow to just over 49,000 patients reported at the end of May 2022.
5. High demand for diagnostic procedures, combined with the impact of Easter, bank holidays, and school holiday periods through April and May 2022, have caused the diagnostic waiting list to increase to around 11,100 patients. However, the proportion of breaches have remained steady as UHS has increased diagnostic activity.
6. Our cancer standards remain under pressure due to high referral volumes, with pressures seen within the skin, head & neck, and urology tumour sites. On 62D we continue our upper quartile performance when compared against teaching hospitals. However, we are mid-range for 31 day

performance, and in May 2022 have also seen a drop to third quartile in 31 day subsequent treatment linked to the urology and skin modalities. We are working with the Wessex Cancer Alliance to review potential improvements to the urology pathway, and in skin are looking to ensure that we have the right clinic capacity in line with the recent referral volumes.

### Ambulance response time performance

The following is the latest Category 1 to 4 information published by South Coast Ambulance Service (SCAS) published within its May 2022 board papers, relating to the Southampton, Hampshire, Isle of Wight, and Portsmouth area. The SCAS Integrated Performance Review to their Board states that *“increased task time, both on scene and at hospital alongside high levels of sickness impacted on performance”*.

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

Performance measure	April 22 Actual	April 22 Plan
Category 1 Mean	00:09:21	00:07:00
Category 1 90 <sup>th</sup> percentile	00:17:04	00:15:00
Category 2 Mean	00:38:25	00:18:00
Category 2 90 <sup>th</sup> percentile	01:23:53	00:40:00
Category 3 90 <sup>th</sup> percentile	04:37:16	02:00:00
Category 4 90 <sup>th</sup> percentile	05:29:57	03:00:00

UHS continues to ensure that it does not significantly contribute to ambulance handover delays. In the week commencing 13 June 2022, our average handover time was 16 minutes across 657 emergency handovers, and 16 minutes across 32 urgent handovers, just missing the 15-minute hand over target.

## Spotlight: Patient experience

This month the ‘Spotlight’ section reviews patients’ feedback on involvement in decisions, and the experience of patients with disability. Data is sourced through our Friends and Family Test (FFT) surveys from the following questions:

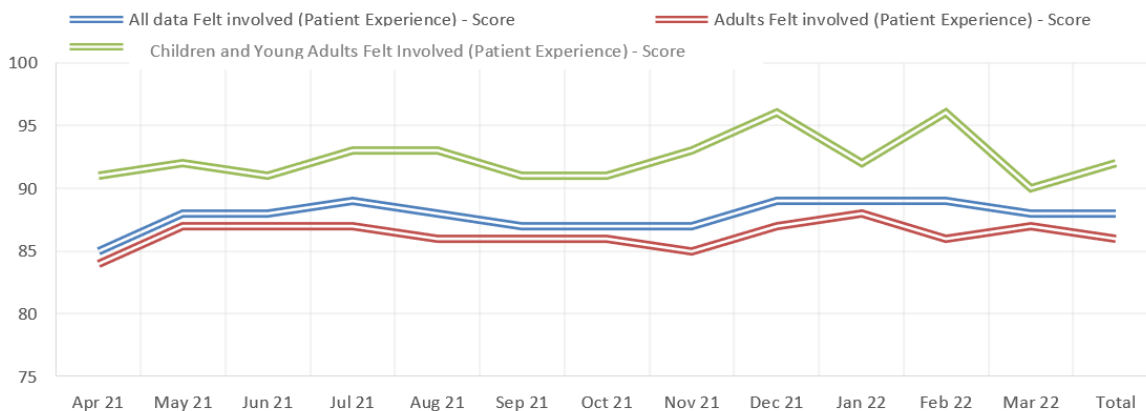
- A. Were you involved in decisions about your care and treatment?
- B. Do you regard yourself as having a disability, impairment, or other condition that requires extra support or reasonable adjustments?
  - o If yes, did the hospital staff do everything they could to provide this support or adjustments?

Question A is included on both adults, and children and young people, surveys, while Question B is included on adult surveys only due to many parents, guardians, and carers providing this support for their child.

In preparation for the implementation of the updated FFT guidance and launch of new Trust survey system early 2020, the Patient Experience team conducted engagement sessions with clinical teams and patients to undertake a review of the FFT survey forms. Following these sessions several questions from the National CQC surveys were added to collect continuous data on specific areas including the two questions above. Survey forms were launched in February 2020 and following a pause of FFT surveys due to COVID-19, the surveys were relaunched early 2021. This report reviews the data from April 2021 until March 2022.

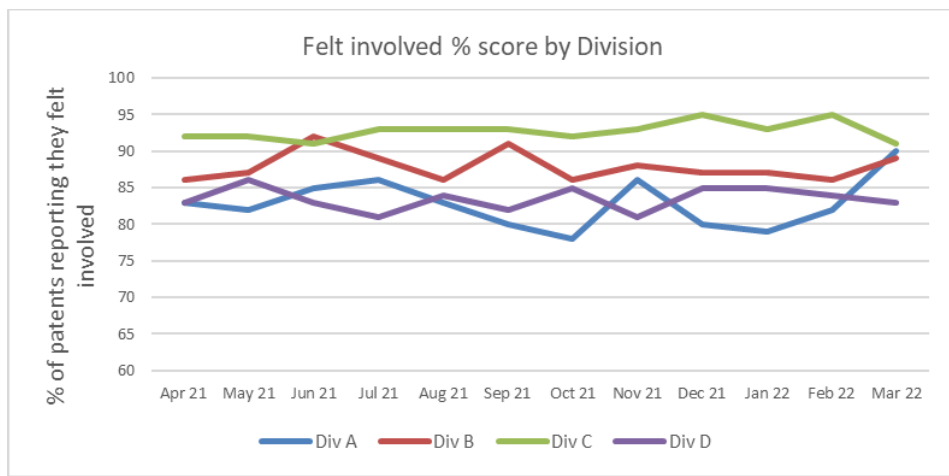
### Were you involved in decisions about your care and treatment?

#### FELT INVOLVED 2021 - 2022



- For the year (Apr 21 – March 22), the average number of patients reporting they felt involved is 87%, with children and young people at 92%.
- The Trust average response rate for FFT surveys is 8%, with over 12,000 patients responding to this question in 2021-2022.
- Quarter one saw the highest response rate, while December 2021 received the highest scores at 89%.
- Over 3,000 children and young people responded to this question, and December and February saw our highest engagement with 96% involvement.

**Breakdown by division**



The Patient Experience team produce an experience of care report which is shared with divisions, and the team also attend divisional governance meetings to provide and discuss results. In addition, all relevant divisional staff have access to the survey system so that they can monitor and review their own results, and some produce their own governance FFT reports where required.

The Patient Experience team also receives notifications of all negative comments, so these can be followed up with senior leads where required, or where wider trends can be identified.

The number of patients reporting they **felt involved** has fluctuated throughout the year but has generally remained above 80%. In October 2021 and January 2022, Division A saw their scores drop to 78% and 79% respectively. Division C is the only area that received scores above 90% consistently.

Divisions C and D have seen the highest number of responses of Friends and Family Test surveys. Division B has the lowest response rate, but with a significant increase in responses at the end of quarter four.

	Metric	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	
Div A	Felt involved (Patient Experience) - Score	83	82	85	86	83	80	78	86	80	79	82	90	
	Response rate	7.3	7.9	11	22.8	7.2	4.7	5.6	6.3	4.7	3	3.2	10.6	
Div B	Felt involved (Patient Experience) - Score	86	87	92	89	86	91	86	88	87	87	86	89	
	Response rate	1.3	3.5	2.7	2.6	1.9	1.3	1.6	2.1	1.7	1.6	1.4	5.1	
Div C	Felt involved (Patient Experience) - Score	92	92	91	93	93	93	92	93	95	93	95	91	
	Response rate	27.1	45.2	44.4	121.9	40.6	26.7	23.4	23.2	20.8	26.5	15.6	42	
Div D	Felt involved (Patient Experience) - Score	83	86	83	81	84	82	85	81	85	85	84	83	
	Response rate	43.2	33.5	35	66.9	27.7	24.7	28.3	19.9	17.1	13	14.9	36.2	

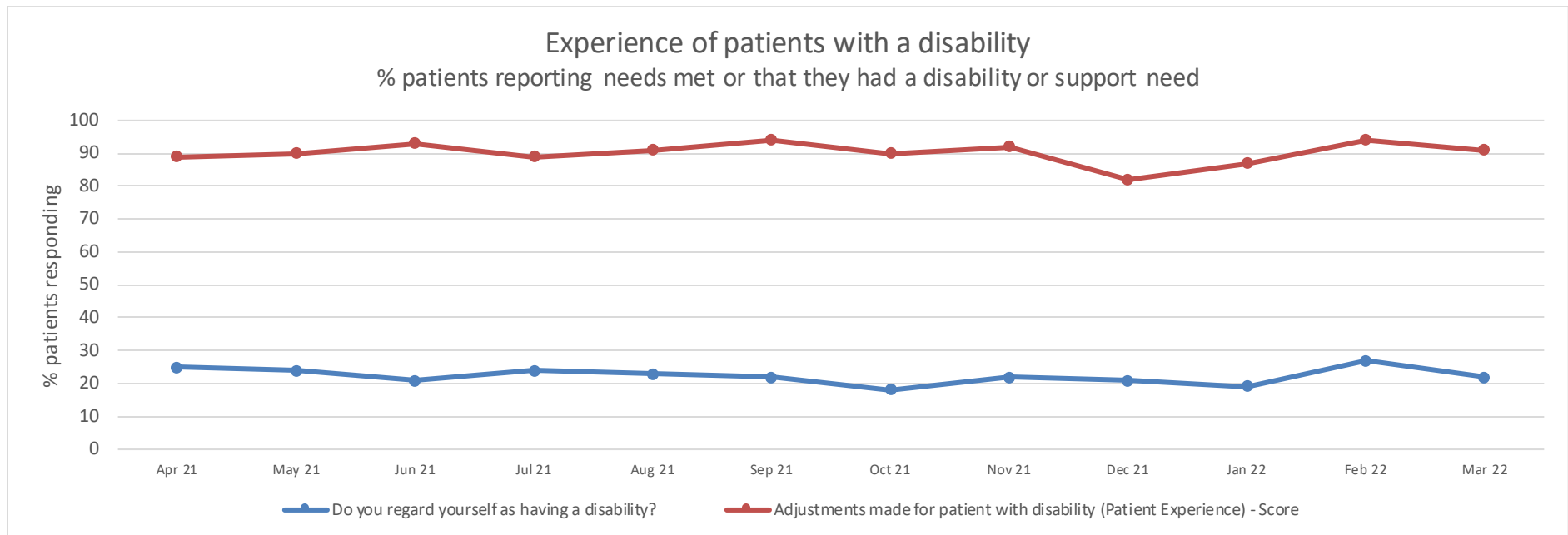


### Experience of patients with a disability

There are two questions included on the surveys around disability:

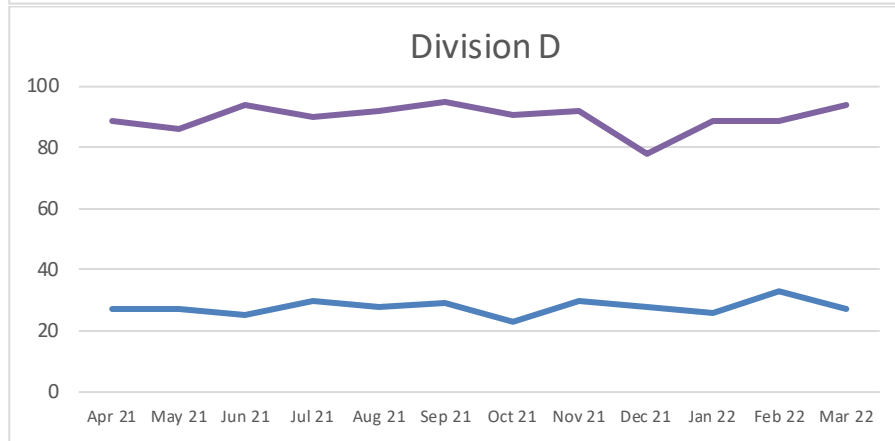
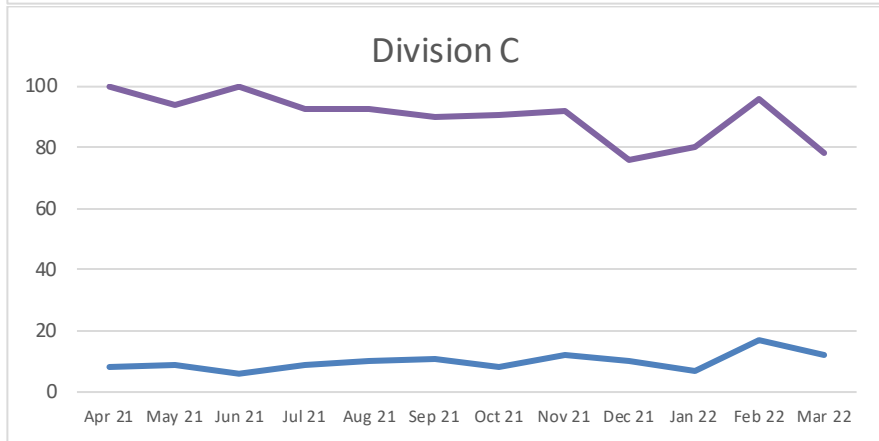
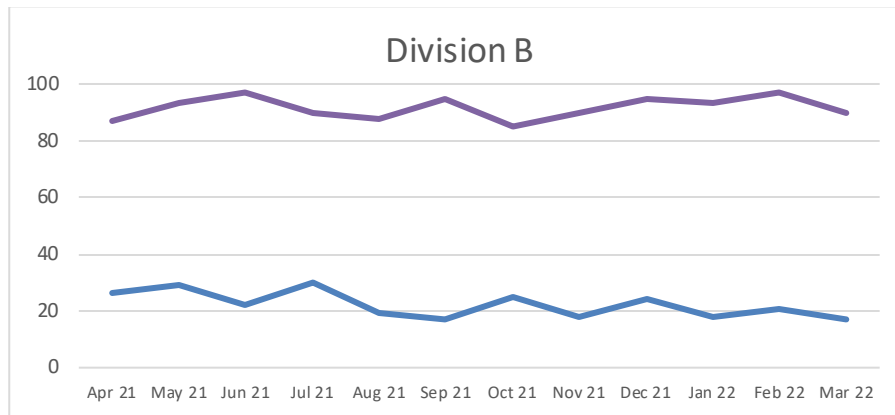
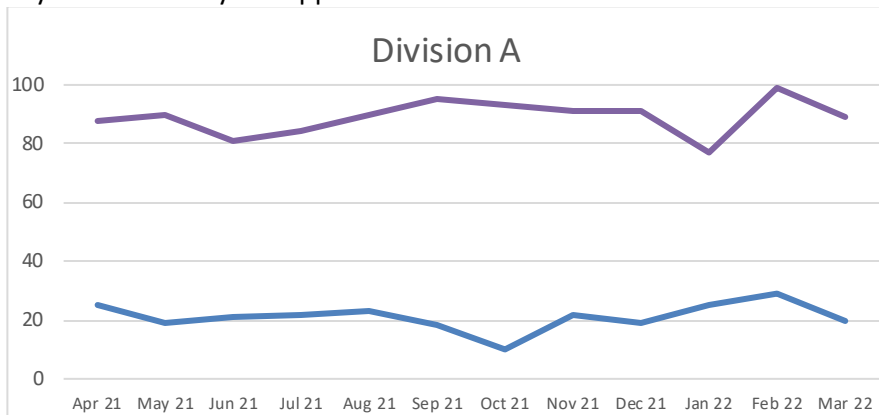
1. Do you regard yourself as having a disability, impairment, or other condition that requires extra support or reasonable adjustments?
2. If yes, did the hospital staff do everything they could to provide this support or adjustment?

This report will focus on the supplementary question, question 2. These were introduced to review the support patients with disabilities receive whilst in our care. UHS launched the sunflower scheme trust wide in June 2020, which provide lanyards to identify staff, patients and carers who need additional support and prompt staff and colleagues to ask: *“how can I help you today?”*.



**Divisional graphs**

The purple line is the percentage of patients reporting they had their support needs met and the blue line shows the percentage of patients who reported they had a disability or support need.



A total of 18,557 FFT survey responses were received to this question in 2021 – 2022, with just under a quarter of patients who completed the survey reported as having a disability (hidden or physical) or additional need. The first quarter saw the highest number of responses. The number of patients who identified as having a disability and reporting their needs were met was an average of 90% for the year. Quarter three saw this figure reduce to 82% and 87% in November and December.

## 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>

		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	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)	8	7	69.5%	8	9	9	10	10	10	9	8	6	5	5	68.1%	≥92%	67.3%
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)	12	13	16	15	16	16	17	17	14	16	12	13	13	13	86.9%	≥93%	86.9%
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)	5	3	11	13	15	16	13	12	15	13	13	11	12	7	74.4%	≥85%	74.4%
UT25-N	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)	8	6	84.0%	8	4	5	4	4	6	4	5	8	10	6	64.7%	≥95%	66.0%
UT33-N	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	12	9	10	10	10	9	7	6	7	7	7	7	6	7	23.3%	≤1%	23.7%

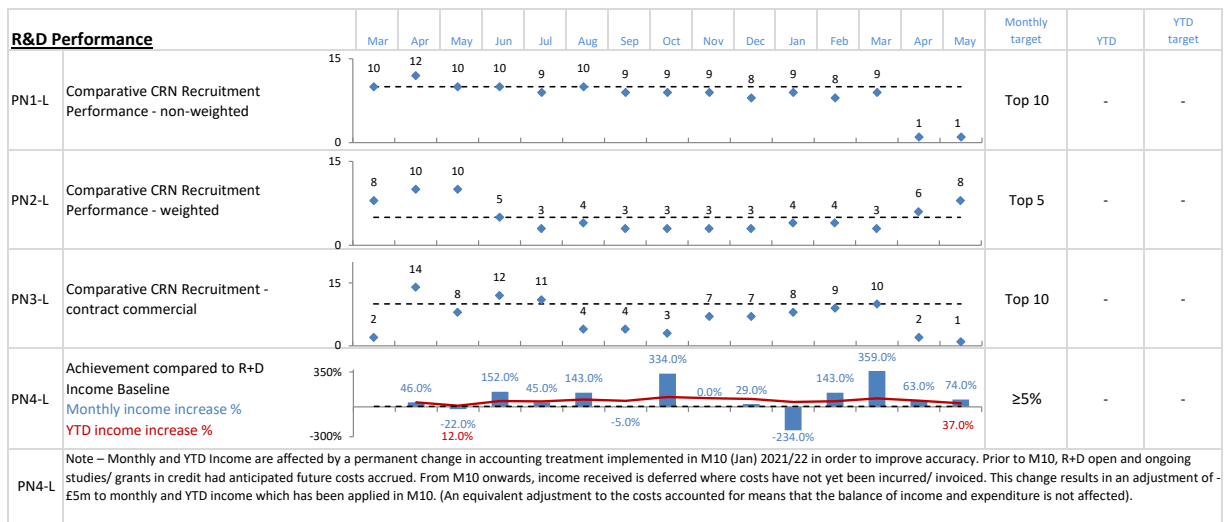
<b>Outcomes</b>		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
UT1-N	HSMR - UHS HSMR - SGH	78.3											81.7				≤100		
UT2	HSMR - Crude Mortality Rate	2.9%											2.7%				<3%		<3%
UT3	Percentage non-elective readmissions within 28 days of discharge from hospital		12.4%														-	11.9%	
UT4-L	Cumulative Specialties with Outcome Measures Developed (Quarterly)	57	61	63	63	63											Quarterly target		
UT5	Developed Outcomes RAG ratings (Quarterly)	332	396	406	383	393													
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		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
UT6-N	Cumulative Clostridium difficile <i>Most recent 12 Months vs. Previous 12 Months</i>																≤5	11	≤10
UT7	Healthcare-acquired COVID infection: COVID-positive sample taken >14days after admission (validated)																-	59	-
UT8	Probable hospital-associated COVID infection: COVID-positive sample taken >7 days and ≤14 days after admission (validated)																-	47	-
UT9	Pressure ulcers category 2 per 1000 bed days																<0.3	0.39	<0.3
UT10	Pressure ulcers category 3 and above per 1000 bed days																<0.3	0.51	<0.3
UT11-N	Medication Errors (severe/moderate)																≤3	5	≤6
UT12	Antibiotic usage per 1000 admissions <i>This year vs. last year</i>																-	-	-
UT13	Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity)																-	28	-
UT14	Serious Incidents Requiring Investigation - Maternity																-	1	-
UT15	Number of high harm falls per 1000 bed days																-	0.13	-
UT16	% patients with a nutrition plan in place																≥90%	-	-
UT16 - monthly audit has been paused due to pressure on all ward areas, a re-start date is currently being considered (starting again in June 2022).																			
UT17	Red Flag staffing incidents																-	47	-

Patient Experience		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
UT18-N	FFT Negative Score - Inpatients																≤5%	0.7%	≤5%
UT19-N	FFT Negative Score - Maternity (postnatal ward)																≤5%	3.3%	≤5%
UT20	Total UHS women booked onto a continuity of carer pathway																≥35%	43.1%	≥35%
UT21	Total BAME women booked onto a continuity of carer pathway																≥51%	76.7%	≥51%
UT22	% Patients reporting being involved in decisions about care and treatment																≥90%	89%	≥90%
UT23	% Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base)																≥90%	92%	≥90%
UT23 - Performance is a scored metric with a "Yes" response scoring 1, "Yes, to some extent" receiving 0.5 score and other responses scoring 0.																			
UT24	Overnight ward moves with a reason marked as non-clinical (excludes moves from admitting wards with LOS<12hrs)																-	-	-

Access Standards		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	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)	8	6	8	4	5	4	4	6	4	5	8	10	6	4	8	84.0%	≥95%	66.0%	≥95%
UT26	Average (Mean) time in Dept - non-admitted patients	05:00		03:59														≤04:00	05:12	≤04:00
UT27	Average (Mean) time in Dept - admitted patients	01:00		02:33														≤04:00	03:20	≤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)	8	7	8	9	9	9	10	10	10	9	8	6	5	5	8	69.5%	≥92%	67.3%	≥92%
UT29	Total number of patients on a waiting list (18 week referral to treatment pathway)			39,121														-	49,283	-
UT30	Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	4	4	4	6	7	7	7	7	7	7	7	7	7	7	7	2,721	0	2,152	0
UT31	Patients on an open 18 week pathway (waiting 104 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	14	14	14	14	15	15	15	15	15	14	14	14	14	14	14	10	0	10	0
UT32	Patients waiting for diagnostics			9,833														-	11,189	-
UT33-N	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	12	9	10	10	10	9	7	6	7	7	7	7	6	7	8	21.5%	≤1%	23.7%	≤1%
UT34-N	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)	5	3	11	13	15	16	13	12	15	13	13	11	12	7	7	89.9%	≥85%	74.4%	≥85%
UT35-N	31 day cancer wait performance - decision to treat to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)	7	11	9	17	13	16	18	9	9	11	12	14	16	14	14	97.6%	≥96%	92.4%	≥96%
UT36-N	31 day cancer wait performance - Subsequent Treatments of Cancer (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)	11	16	14	15	17	13	18	14	16	15	11	14	15	13	13	91.8%	≥95.4%	86.4%	≥95.4%





		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
<b>Thrive</b>																			
WR1-L	Substantive Staff - Turnover -R12M turnover % -Leavers in month (FTE)																R12M <= 12.0%		
WR2-L	Staff Vacancies -Nursing vacancies (registered nurses only in clinical wards) -All Staff vacancies																		
WR3-L	Workforce Numbers (FTE) -Planned monthly growth in Staff in post -Actual monthly growth in Staff in post -Including - Doctors in training. -Excluding - Chilworth laboratory, Additional hours (medical staff), Bank and agency * 22/23 first two months plan is based on actuals																		
WR4-L	Staff - Sickness absence -R12M sickness % -Sickness in month %																R12M <= 3.4%		
<b>Excel</b>																			
WR5-L	Non-medical appraisals completed -R12M appraisal % -Appraisals in month																R12M >= 92.0%		
WR6-L	Medical staff appraisals completed - Rolling 12-months																		
WR7-L	Staff recommend UHS as a place to work score: National Quarterly Pulse Survey (NQPS) National NHS Staff Survey																		
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																		
WR8-L - Maximum score = 10, Average of "Acute and Acute&Community", group is 7																			
<b>Belong</b>																			
WR9-L	% of Band 7+ staff who are Black and Minority Ethnic																19% by 2026		
WR10	% of Band 7+ Staff who have declared a disability or long term health condition																		
WR11	Staff recommending UHS as a place to work: White British staff compared with all other ethnic groups combined -White British -All other ethnic groups combined																		
WR12	Staff recommending UHS as a place to work: Non disabled /prefer not to answer compared with Disabled -Non disabled /prefer not to answer -Disabled																		
WR13	Staff recommending UHS as a place to work: Sexuality = Heterosexual compared with all other groups combined -Sexuality = Heterosexual -All other groups combined																		
WR11, WR12, WR13: Average recommendation score of 10 = Highly recommend to 0 = Strongly not recommended, results from National Quarterly Pulse Survey																			
FN6	Percentage of staff living locally (inside the Southampton City boundaries)																		
FN7	Percentage of staff residing in deprived areas (lowest 30% - national Index of Multiple Deprivation)																		

<b>Local Integration</b>		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
NT1	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	-	-
NT2	Emergency Department activity - type 1 <i>This year vs. last year</i>																-	22,745	-
NT3	Percentage of virtual appointments as a proportion of all outpatient consultations <i>This year vs. last year</i>																≥25%	25.3%	≥25%

<b>Digital</b>		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
FN1	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)																-		
FN2	My Medical Record - UHS patient logins (number of logins made within each month)																-	47,301	
FN3	Patients choosing digital correspondence - Total choosing paperless in the month - Total offered but not yet choosing paperless in the month - % of total My Medical Record service users who have chosen paperless (cumulative)																-		
FN4	Reduction in transcription through implementation of voice recognition software	In development															-		

**Report notes - Nursing and midwifery staffing hours - May 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 speciality, 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 increased so wards and departments were again required to change focus and form to respond to changing circumstances. These decisions are sometimes swift in nature and the data in some cases therefore may not be fully reflective of all of these changes.

Wards Full Name		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	CHPPD Registered midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
CC Neuro Intensive Care Unit	Day	6413	4663	890	653	72.7%	73.4%	30.3	4.3	34.5	Beds flexed to match staffing; Safe staffing levels maintained.
CC Neuro Intensive Care Unit	Night	5155	4628	711	655	89.8%	92.1%				Beds flexed to match staffing; Safe staffing levels maintained.
CC - Surgical HDU	Day	2720	1923	813	457	70.7%	56.2%	16.8	4.2	20.9	Beds flexed to match staffing; Safe staffing levels maintained.
CC - Surgical HDU	Night	2135	1870	686	482	87.6%	70.3%				Beds flexed to match staffing; Safe staffing levels maintained.
CC General Intensive Care	Day	13520	10236	2202	1322	75.7%	60.0%	31.1	4.3	35.5	Beds flexed to match staffing; Safe staffing levels maintained.
CC General Intensive Care	Night	10652	9194	1755	1375	86.3%	78.3%				Beds flexed to match staffing; Safe staffing levels maintained.
CC Cardiac Intensive Care	Day	7149	5303	1682	973	74.2%	57.8%	28.4	4.4	32.8	Beds flexed to match staffing; Safe staffing levels maintained.
CC Cardiac Intensive Care	Night	6003	5468	849	680	91.1%	80.0%				Beds flexed to match staffing; Safe staffing levels maintained.
SUR E5 Lower GI	Day	1495	1145	634	1268	76.6%	200.1%	3.5	4.1	7.6	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Increase in acuity/dependency of patients in the month.
SUR E5 Lower GI	Night	713	758	357	950	106.3%	266.2%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Increase in acuity/dependency of patients in the month.
SUR E5 Upper GI	Day	1479	1323	1011	905	89.5%	89.5%	3.8	2.5	6.3	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR E5 Upper GI	Night	713	716	334	411	100.4%	123.1%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
SUR E8 Ward	Day	2547	2237	1464	1385	87.8%	94.6%	4.6	3.5	8.1	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Safe staffing levels maintained.
SUR E8 Ward	Night	1721	1255	1239	1231	72.9%	99.4%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Safe staffing levels maintained; Enhanced bay on hold currently.
SUR F11 IF	Day	1986	1609	761	779	81.0%	102.3%	4.6	2.9	7.5	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR F11 IF	Night	713	725	713	725	101.6%	101.6%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.

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SUR Acute Surgical Unit	Day	1481	1119	711	739	75.5%	104.0%	7.9	4.8	12.7	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR Acute Surgical Unit	Night	713	772	713	407	108.3%	57.0%				Skill mix swaps undertaken to support safe staffing across the Unit; Staffing appropriate for number of patients.
SUR Acute Surgical Admissions	Day	2179	2026	851	1021	93.0%	119.9%	3.9	2.8	6.7	Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit.
SUR Acute Surgical Admissions	Night	1058	1065	1069	1165	100.7%	108.9%				Safe staffing levels maintained.
SUR F5 Ward	Day	1928	1708	1047	1065	88.6%	101.7%	3.6	2.3	6.0	Safe staffing levels maintained.
SUR F5 Ward	Night	1167	1070	712	735	91.7%	103.2%				Safe staffing levels maintained.
OPH Eye Short Stay Unit	Day	1040	1127	849	771	108.4%	90.8%	18.1	13.6	31.7	Safe staffing levels maintained.
OPH Eye Short Stay Unit	Night	341	341	341	331	100.0%	97.1%				Safe staffing levels maintained.
THR F10 Surgical Day Unit	Day	1878	1318	3075	2030	70.2%	66.0%	4.4	6.2	10.6	Safe staffing levels maintained by sharing staff resource.
THR F10 Surgical Day Unit	Night	520	553	517	586	106.3%	113.2%				Safe staffing levels maintained; Up to 18 inpatients cared for most days.
CAN Acute Onc Services	Day	1044	1093	645	689	104.7%	106.8%	14.1	9.4	23.4	Safe staffing levels maintained; Staffing appropriate for number of patients.
CAN Acute Onc Services	Night	357	735	357	531	206.2%	149.0%				Increased night staffing to support raised acuity; Staffing appropriate for number of patients; Additional staffing required as AOS converted to inpatient area overnight.
CAN C4 Solent Ward Clinical Oncology	Day	1657	1626	1033	1218	98.1%	117.9%	4.2	4.1	8.3	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAN C4 Solent Ward Clinical Oncology	Night	1070	923	678	1232	86.3%	181.6%				Additional staff used for enhanced care - Support workers; Additional beds open in the month.
CAN C6 Leukaemia/BMT Unit	Day	2833	2514	137	468	88.7%	340.8%	8.3	1.8	10.1	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAN C6 Leukaemia/BMT Unit	Night	2051	1966	0	499	95.8%	Shift N/A				Safe staffing levels maintained.
CAN C6 TYA Unit	Day	1193	1064	459	148	89.2%	32.2%	10.0	0.9	10.9	Safe staffing levels maintained.
CAN C6 TYA Unit	Night	683	651	0	0	95.3%	Shift N/A				Safe staffing levels maintained.
CAN C2 Haematology	Day	2338	2553	1155	951	109.2%	82.4%	5.8	2.7	8.5	Safe staffing levels maintained.
CAN C2 Haematology	Night	1734	1989	1070	1190	114.7%	111.3%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAN D3 Ward	Day	1789	1858	737	1214	103.8%	164.7%	4.6	3.5	8.1	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAN D3 Ward	Night	1062	1131	713	1078	106.4%	151.2%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
ECM Acute Medical Unit	Day	4055	4460	3841	4431	110.0%	115.4%	6.3	5.8	12.1	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource.
ECM Acute Medical Unit	Night	4066	4544	3559	3936	111.8%	110.6%				Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource.
MED D5 Ward	Day	1221	1633	1693	1131	133.8%	66.8%	3.2	2.4	5.6	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource.
MED D5 Ward	Night	1070	1059	946	934	99.0%	98.7%				Safe staffing levels maintained by sharing staff resource.
MED D6 Ward	Day	1035	1281	1534	1445	123.8%	94.1%	3.3	3.5	6.8	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained
MED D6 Ward	Night	1070	1081	946	1043	101.1%	110.3%				Safe staffing levels maintained by sharing staff resource.
MED D7 Ward	Day	718	778	1161	1008	108.3%	86.8%	3.1	2.9	5.9	Additional staff used for enhanced care - RNs; Staff moved to support other wards

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MED D7 Ward	Night	713	725	357	391	101.6%	109.7%				Additional staff used for enhanced care - RNs; Staff moved to support other wards.
MED D8 Ward	Day	1112	1103	1500	1508	99.1%	100.5%	2.9	3.4	6.3	Safe staffing levels maintained
MED D8 Ward	Night	1071	935	946	916	87.3%	96.8%				Safe staffing levels maintained
MED D9 Ward	Day	1266	1373	1729	1586	108.5%	91.7%	2.6	3.1	5.8	Safe staffing levels maintained; Staff moved to support other wards
MED D9 Ward	Night	1070	863	943	1075	80.7%	114.0%				Safe staffing levels maintained; Staff moved to support other wards
MED E7 Ward	Day	1071	1264	1244	1820	118.0%	146.3%	3.0	4.1	7.1	Safe staffing levels maintained; Additional MH RMN/CSW03 required to support patients.
MED E7 Ward	Night	679	1134	862	1403	167.1%	162.7%				Safe staffing levels maintained; Additional MH RMN/CSW03 required to support patients.
MED F7 Ward	Day	998	781	1434	1266	78.2%	88.3%	2.7	3.3	6.0	Safe staffing levels maintained; Band 7 working clinical to fill RN deficit. Increase in beds 20-26.
MED F7 Ward	Night	713	724	713	625	101.5%	87.7%				Safe staffing levels maintained; Band 7 working clinical to fill RN deficit. Increase in beds 20-26.
MED Respiratory HDU	Day	2353	1496	517	410	63.6%	79.3%	14.4	3.6	17.9	Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource; Staffed to acuity levels.
MED Respiratory HDU	Night	2141	1488	357	334	69.5%	93.5%				Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource; Staffed to acuity levels.
MED C5 Isolation Ward	Day	1163	979	1092	406	84.2%	37.2%	6.9	2.7	9.6	Safe staffing levels maintained; Staffed to acuity levels.
MED C5 Isolation Ward	Night	1070	964	334	345	90.1%	103.4%				Safe staffing levels maintained; Staffed to acuity levels.
MED D10 Isolation Unit	Day	1098	940	1335	1132	85.6%	84.9%	3.3	3.4	6.8	Safe staffing levels maintained; Staff moved to support other wards.
MED D10 Isolation Unit	Night	713	852	713	726	119.5%	101.8%				Safe staffing levels maintained; Staff moved to support other wards.
MED G5 Ward	Day	1460	1259	1849	1479	86.2%	80.0%	2.8	2.7	5.5	Band 4 staff working to support registered nurse numbers; Increase in acuity/dependency of patients in the month; Band 7 working clinical to fill RN deficit.
MED G5 Ward	Night	1058	1058	713	748	100.0%	104.8%				Safe staffing levels maintained
MED G6 Ward	Day	1457	1434	1878	1446	98.5%	77.0%	3.1	3.1	6.1	Band 4 staff working to support registered nurse numbers; Increase in acuity/dependency of patients in the month.
MED G6 Ward	Night	1070	897	713	898	83.8%	126.0%				Safe staffing levels maintained; Increase in acuity/dependency of patients in the month.
MED G7 Ward	Day	719	711	882	887	98.9%	100.6%	3.3	3.2	6.6	Safe staffing levels maintained by sharing staff resource; Additional beds open in the month.
MED G7 Ward	Night	713	702	161	484	98.4%	300.6%				Safe staffing levels maintained by sharing staff resource; Additional beds open in the month.
MED G8 Ward	Day	1464	1227	1661	1259	83.8%	75.8%	3.3	3.1	6.4	Band 4 staff working to support registered nurse numbers; Increase in acuity/dependency of patients in the month.
MED G8 Ward	Night	1070	977	703	866	91.4%	123.2%				Safe staffing levels maintained; Increase in acuity/dependency of patients in the month.
MED G9 Ward	Day	1451	1279	1451	1250	88.1%	86.1%	3.7	3.1	6.7	Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; Increase in acuity/dependency of patients in the month.
MED G9 Ward	Night	1070	1023	702	692	95.7%	98.6%				Beds flexed to match staffing; Increase in acuity/dependency of patients in the month; Safe staffing levels maintained.
MED Bassett Ward	Day	1338	1004	2502	1975	75.0%	78.9%	2.6	4.0	6.6	Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers.
MED Bassett Ward	Night	1070	1001	1047	1127	93.5%	107.7%				Patient requiring 24 hour 1:1 nursing in the month; Additional staff used for enhanced care - Support workers.
CHI High Dependency Unit	Day	1570	1239	0	123	78.9%	Shift N/A	15.6	0.9	16.4	Non-ward based staff supporting areas; Safe staffing levels maintained.

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CHI High Dependency Unit	Night	1070	1004	0	0	93.8%	Shift N/A				Safe staffing levels maintained.
CHI Paed Medical Unit	Day	1904	1756	712	1063	92.2%	149.3%	9.7	4.9	14.6	Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
CHI Paed Medical Unit	Night	1707	1770	682	726	103.7%	106.5%				Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
CHI Paediatric Intensive Care	Day	6217	5292	1208	541	85.1%	44.8%	31.6	3.9	35.5	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained.
CHI Paediatric Intensive Care	Night	5706	4931	920	735	86.4%	79.8%				Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
CHI Piam Brown Unit	Day	3831	2795	1028	646	73.0%	62.8%	14.9	3.4	18.3	Non-ward based staff supporting areas; Beds flexed to match staffing.
CHI Piam Brown Unit	Night	1437	1058	713	230	73.6%	32.3%				Non-ward based staff supporting areas.
CHI Ward E1 Paed Cardiac	Day	2158	1445	620	591	66.9%	95.4%	6.8	2.6	9.4	Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
CHI Ward E1 Paed Cardiac	Night	1416	1242	357	427	87.8%	119.6%				Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained.
CHI Bursledon House	Day	870	556	575	592	63.9%	103.0%	4.1	4.3	8.3	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
CHI Bursledon House	Night	198	187	198	188	94.4%	94.9%				Safe staffing levels maintained.
CHI Ward G2 Neuro	Day	777	777	921	273	100.0%	29.6%	10.4	3.2	13.6	Safe staffing levels maintained.
CHI Ward G2 Neuro	Night	743	718	744	191	96.6%	25.6%				Safe staffing levels maintained.
CHI Ward G3	Day	2433	2370	1817	1020	97.4%	56.2%	9.2	3.2	12.4	Safe staffing levels maintained; HCA's being recruited.
CHI Ward G3	Night	1705	1828	1023	454	107.2%	44.4%				Safe staffing levels maintained; HCA's being recruited.
CHI Ward G4 Surgery	Day	2473	2055	1272	628	83.1%	49.3%	8.0	2.5	10.6	Non-ward based staff supporting areas; Safe staffing levels maintained; HCA's being recruited.
CHI Ward G4 Surgery	Night	1695	1545	682	505	91.2%	74.1%				Safe staffing levels maintained.
W&N Bramshaw Womens Unit	Day	1112	1047	656	747	94.1%	113.9%	5.1	3.5	8.6	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
W&N Bramshaw Womens Unit	Night	748	736	655	494	98.5%	75.4%				Safe staffing levels maintained.
W&N Neonatal Unit	Day	6795	5098	1711	1209	75.0%	70.7%	10.3	2.5	12.7	Safe staffing levels maintained..
W&N Neonatal Unit	Night	5428	3886	1364	935	71.6%	68.5%				Safe staffing levels maintained..
W&N PAH Maternity Service combined	Day	10803	9080	4220	3498	84.1%	82.9%	11.3	3.9	15.3	Safe staffing levels maintained..
W&N PAH Maternity Service combined	Night	6798	5816	2049	1688	85.6%	82.4%				Safe staffing levels maintained..
CAR CHDU	Day	5133	4069	1773	1474	79.3%	83.1%	14.8	5.0	19.8	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards; 2 beds flexed down.
CAR CHDU	Night	3895	3660	1012	1110	94.0%	109.6%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers; 2 beds flexed down.
CAR Coronary Care Unit	Day	2623	2719	739	1077	103.7%	145.8%	9.6	3.8	13.4	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Coronary Care Unit	Night	2311	2416	715	924	104.5%	129.2%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward D4 Vascular	Day	2028	1767	1161	1228	87.1%	105.8%	4.7	3.8	8.4	Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.



Wards Full Name		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	CHPPD Registered midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
CAR Ward D4 Vascular	Night	1093	1194	1013	1169	109.2%	115.3%				Increased night staffing to support raised acuity; Additional staff used for enhanced care - Support workers.
CAR Ward E2 YACU	Day	1586	1500	837	998	94.6%	119.2%	4.4	3.3	7.7	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward E2 YACU	Night	715	704	660	682	98.5%	103.3%				Safe staffing levels maintained; Safe staffing levels maintained.
CAR Ward E3 Green	Day	1549	1528	1527	1161	98.6%	76.0%	3.2	2.8	5.9	Safe staffing levels maintained; Staff moved to support other wards.
CAR Ward E3 Green	Night	706	722	783	807	102.3%	103.1%				Safe staffing levels maintained; Safe staffing levels maintained.
CAR Ward E3 Blue	Day	1610	1433	1117	1016	89.0%	91.0%	3.9	3.8	7.8	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
CAR Ward E3 Blue	Night	705	694	682	1056	98.5%	154.9%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward E4 Thoracics	Day	1386	1463	1634	1172	105.6%	71.7%	4.2	3.4	7.7	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward E4 Thoracics	Night	1023	994	518	837	97.1%	161.6%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward D2 Cardiology	Day	1385	937	697	1091	67.7%	156.6%	3.8	4.5	8.3	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
CAR Ward D2 Cardiology	Night	715	685	704	869	95.8%	123.4%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
NEU Acute Stroke Unit	Day	1481	1590	2677	2460	107.4%	91.9%	2.9	4.9	7.9	Band 4 staff working to support registered nurse numbers.
NEU Acute Stroke Unit	Night	1012	935	1705	1761	92.4%	103.3%				Band 4 staff working to support registered nurse numbers.
NEU Regional Transfer Unit	Day	1143	1063	359	452	93.0%	125.8%	8.9	6.0	14.9	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
NEU Regional Transfer Unit	Night	682	534	682	617	78.2%	90.4%				Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
NEU ward E Neuro	Day	1872	1738	1119	1496	92.9%	133.7%	3.9	3.8	7.7	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
NEU ward E Neuro	Night	1364	1278	1023	1452	93.7%	141.9%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
NEU HASU	Day	1540	1353	393	416	87.8%	105.7%	7.1	2.4	9.5	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
NEU HASU	Night	1364	1145	341	451	83.9%	132.3%				Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
NEU Ward D Neuro	Day	1900	1906	1848	1727	100.3%	93.4%	4.2	4.0	8.2	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
NEU Ward D Neuro	Night	1364	1541	1683	1497	112.9%	88.9%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
SPI Ward F4 Spinal	Day	1541	1567	1170	1185	101.7%	101.3%	4.0	3.4	7.4	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
SPI Ward F4 Spinal	Night	1023	1023	1022	1044	100.0%	102.2%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
T&O Ward Brooke	Day	1095	1119	1085	925	102.1%	85.3%	3.4	3.2	6.6	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
T&O Ward Brooke	Night	713	712	1070	828	99.9%	77.4%				Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
T&O Trauma Admissions Unit	Day	927	653	748	665	70.4%	88.9%	9.2	9.2	18.4	Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Trauma Admissions Unit	Night	682	585	682	565	85.7%	82.8%				Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards.
T&O Ward F1 Major Trauma Unit	Day	2367	2385	1860	1851	100.7%	99.5%	4.3	3.8	8.1	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.

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T&O Ward F1 Major Trauma Unit	Night	1783	1716	1782	1735	96.3%	97.4%				Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F2 Trauma	Day	1643	1238	1870	2378	75.4%	127.2%	2.9	5.0	7.9	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
T&O Ward F2 Trauma	Night	1023	958	1364	1497	93.6%	109.8%				Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F3 Trauma	Day	1530	1834	1955	1764	119.9%	90.2%	3.9	4.8	8.7	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
T&O Ward F3 Trauma	Night	1023	981	1386	1727	95.9%	124.6%				Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F4 Elective	Day	1436	1283	813	1062	89.3%	130.6%	3.7	3.6	7.2	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
T&O Ward F4 Elective	Night	671	694	683	866	103.4%	126.8%				Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.