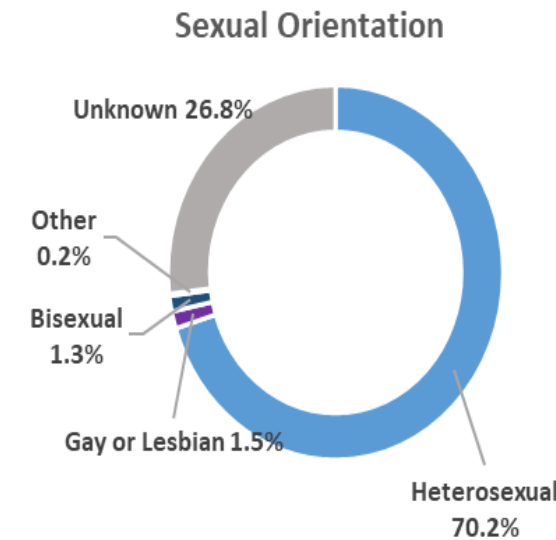
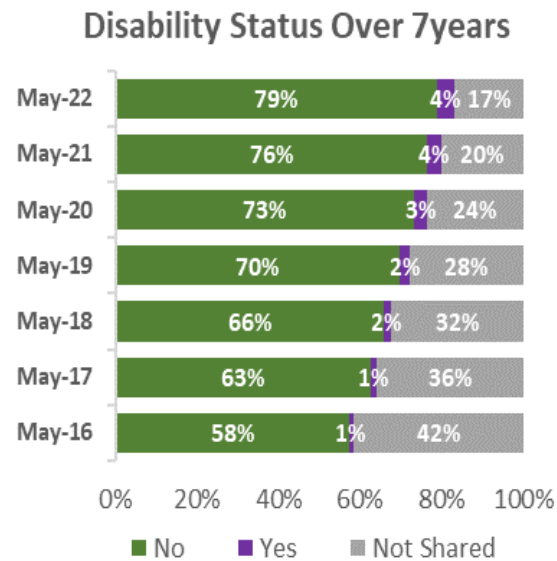
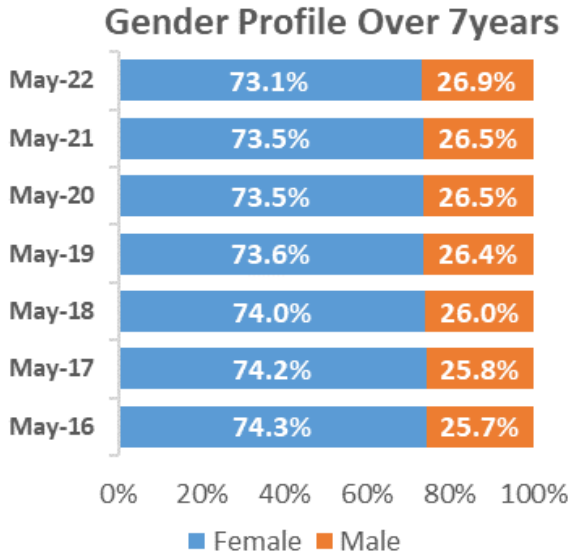
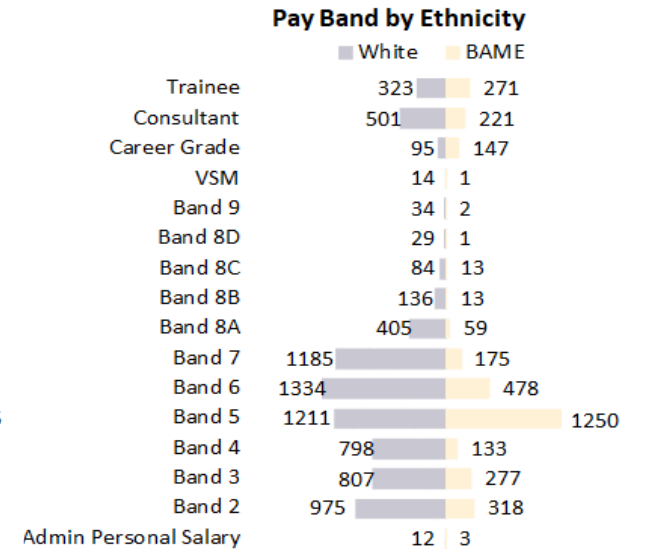
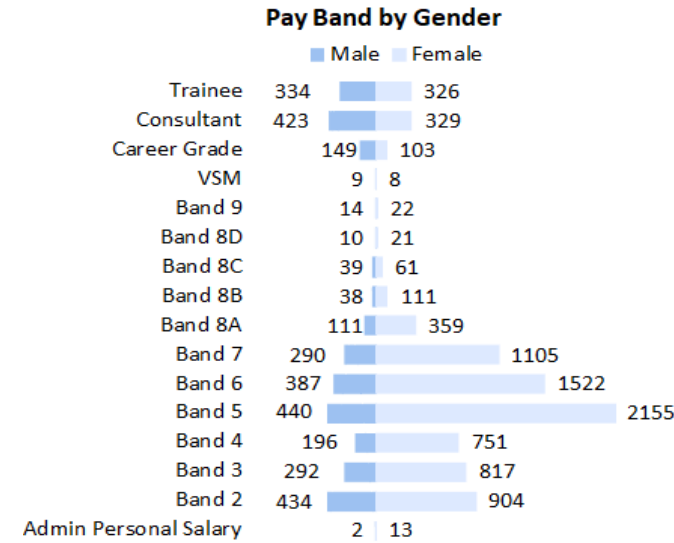
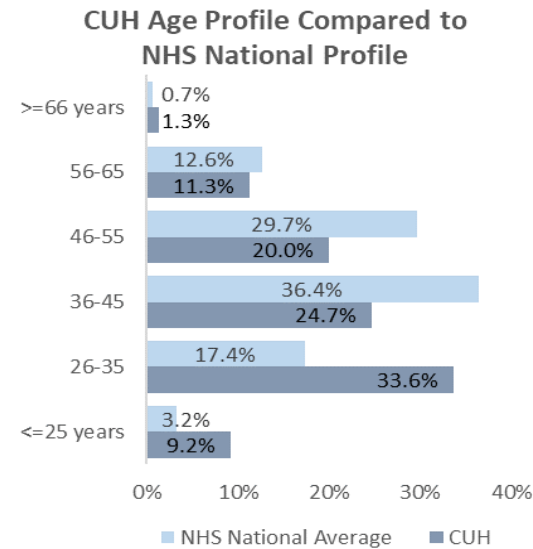
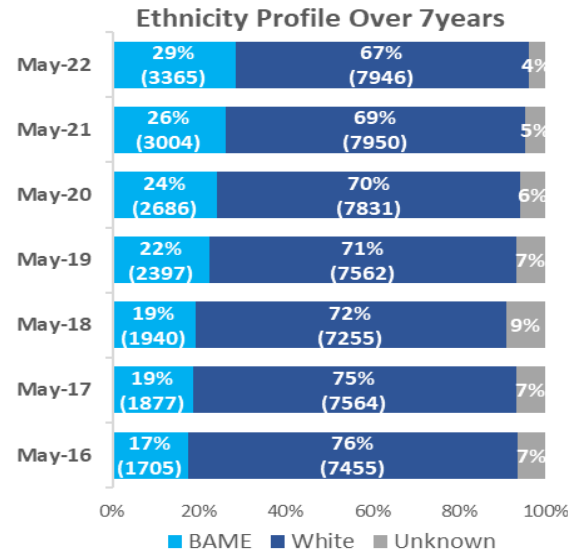


Equality Diversity and Inclusion (EDI)

Workforce: Equality Diversity and Inclusion (EDI)

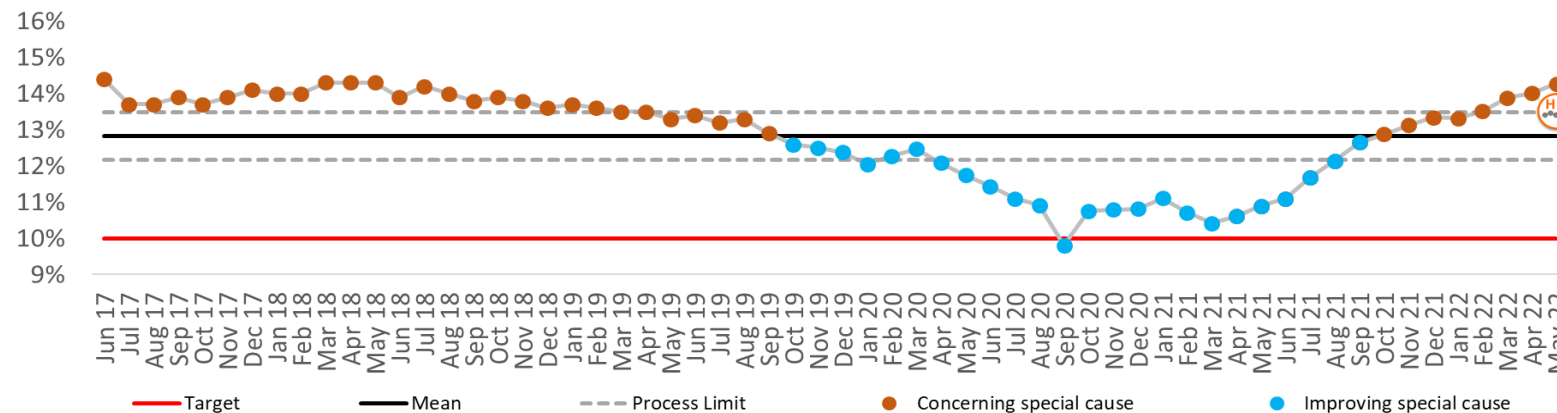


What the information tells us:

- CUH has a younger workforce compared to NHS national average. The majority of our staff are aged 26-45 which accounts for 58% of our total workforce.
- The percentage of BAME workforce increased significantly by 10% over the 7 year period and currently make up 29% of CUH substantive workforce.
- The percentage of male staff have been marginally higher year on year over the past seven years with an increase of 1.2% to 27% over the past seven years.
- The percentage of staff recording a disability increased by 3% to 4% over the seven year period. However, there are still significant gaps between the data recorded about our staff on ESR compared with the information staff share about themselves when completing the National Staff Survey.
- There remains a high proportion of staff who have, for a variety of reasons, not shared their sexual orientation.

Staff Turnover

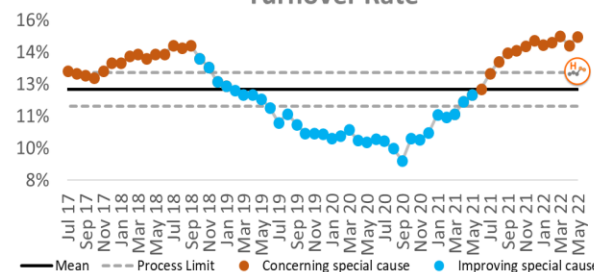
Turnover Rates - All Staff



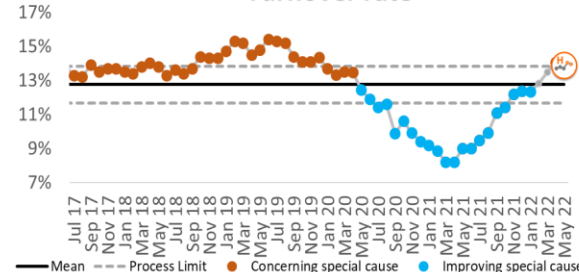
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (exclude all fixed term contracts including junior doctor).

What the information tells us: The Trust's turnover remained above average at 14.3%, it's highest rate for 3 years, before the pandemic, with an increase of 0.9%. Nursing and Midwifery staff group have the highest increase of 3.3% to 14.7%, followed by Medical & Dental staff with an increase of 1.3% to 5.9%. Within the staff group, Additional clinical services have the highest turnover rate at 19.2%

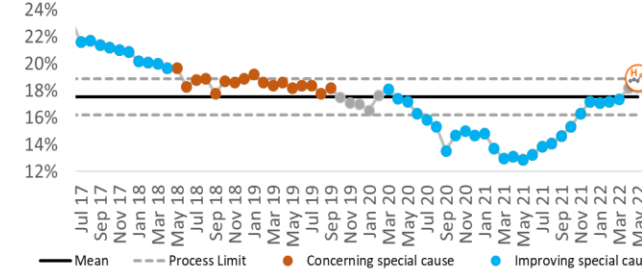
Nursing and Midwifery Turnover Rate



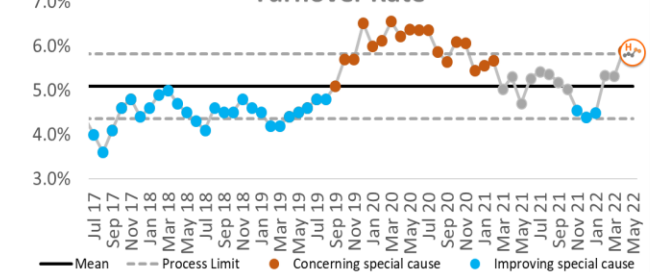
Administrative and Clerical Turnover rate



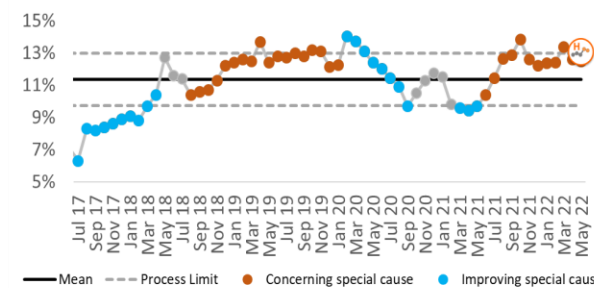
Additional Clinical Services Turnover Rate



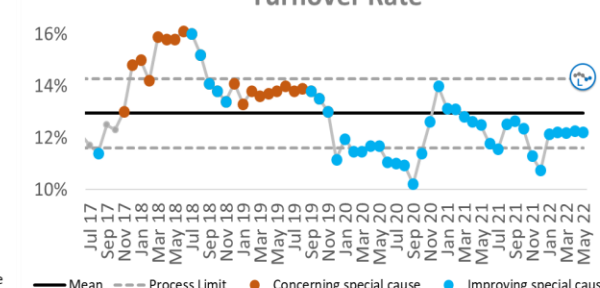
Medical and dental Turnover Rate



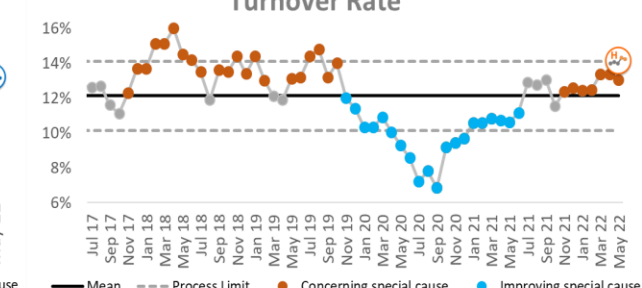
Healthcare Scientists Turnover Rate



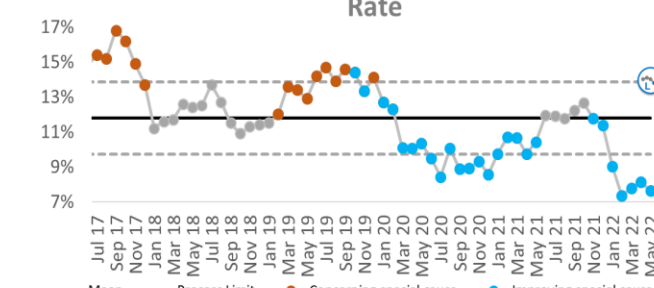
Allied Health Professionals Turnover Rate



Estates and Ancillary Turnover Rate



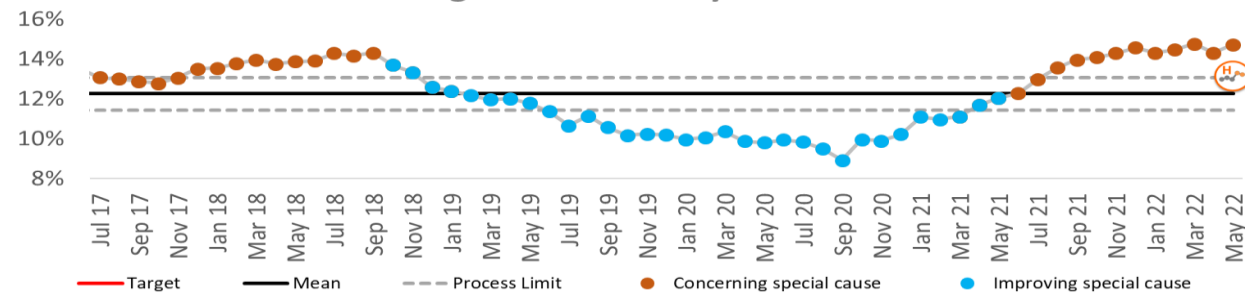
Add Prof Scientific and Technic Turnover Rate



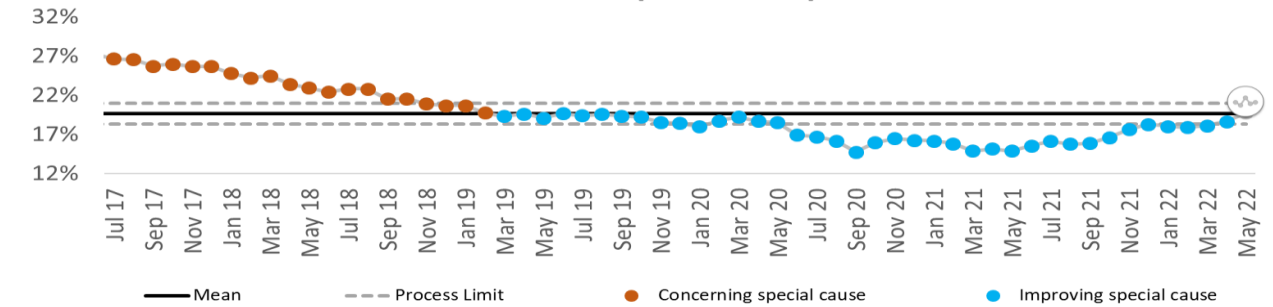
Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

Workforce: Turnover rate for Nursing & Midwifery Staff Group

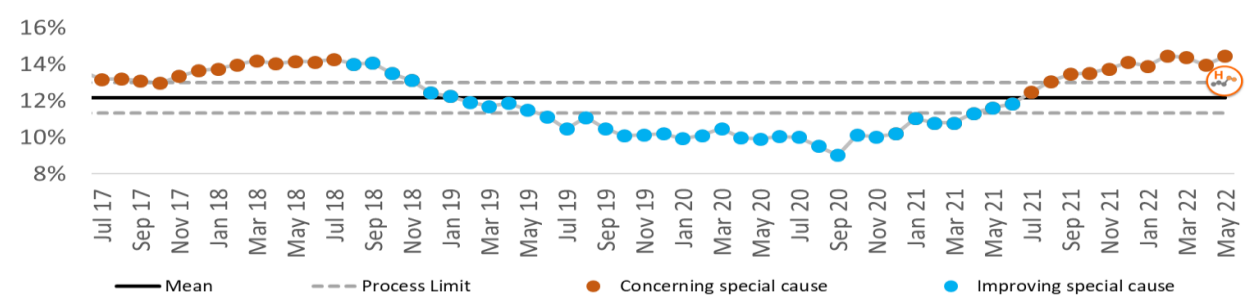
Nursing and Midwifery Turnover Rate



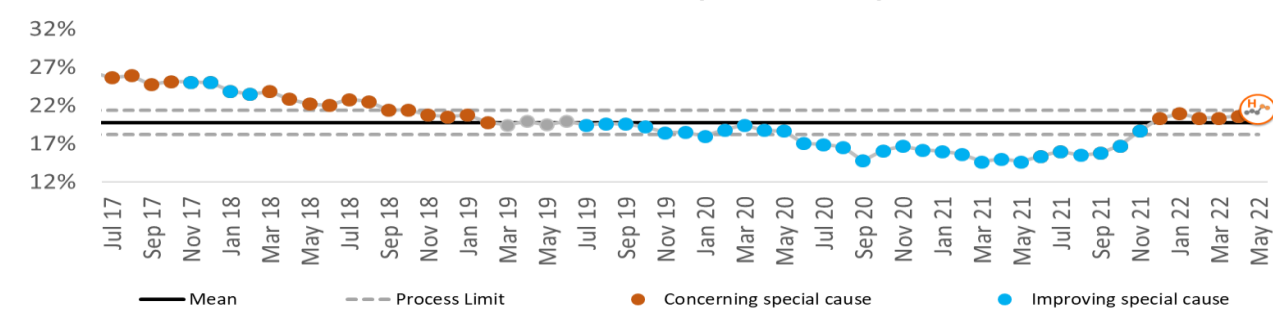
Healthcare Assistant (incl. MCA) Turnover Rate



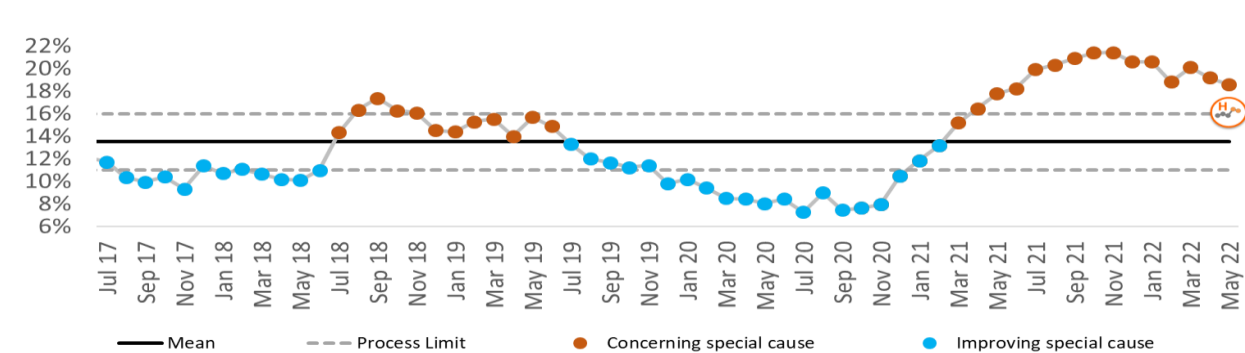
Nursing (Excluding midwives) Turnover Rates



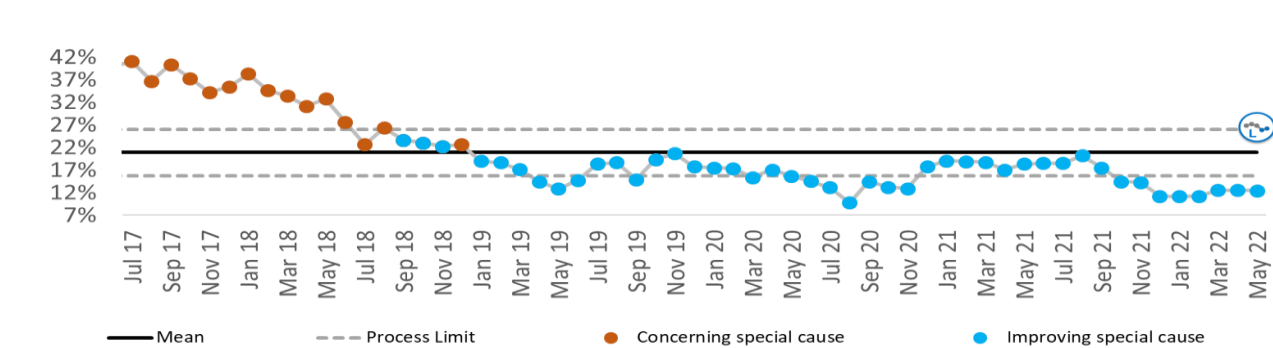
Healthcare Assistant (excl. MCA) Turnover Rate



Midwife Turnover Rates

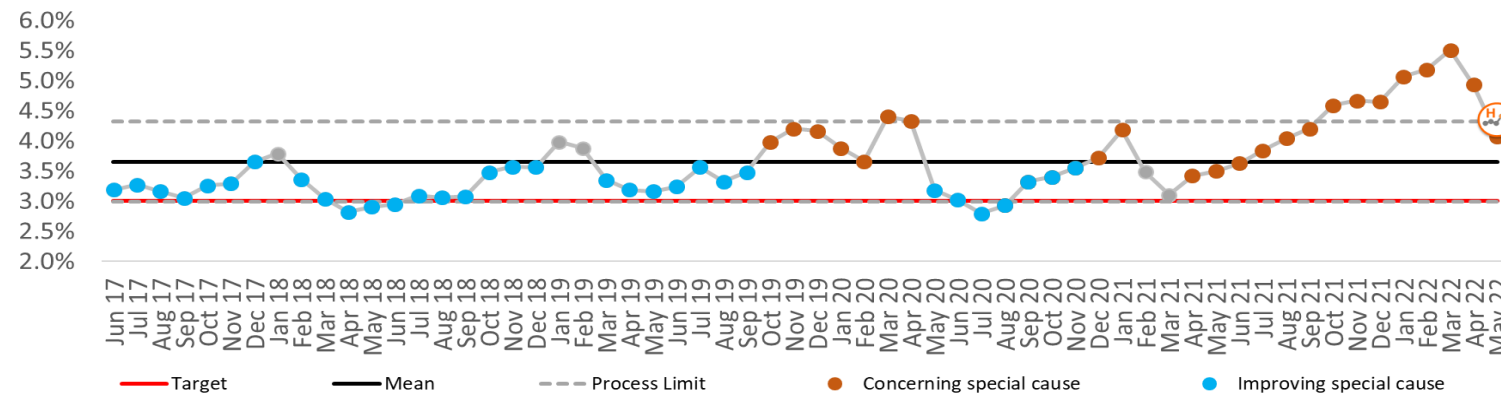


Maternity Care Assistants (MCA) Turnover rates



Sickness Absence

Monthly Sickness Absence Rates - All Staff

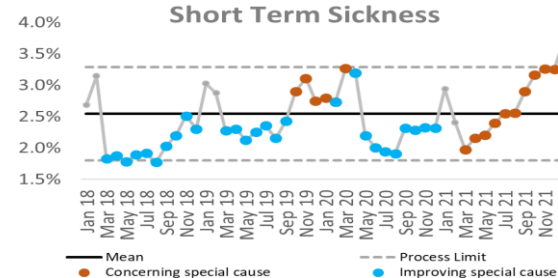


Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

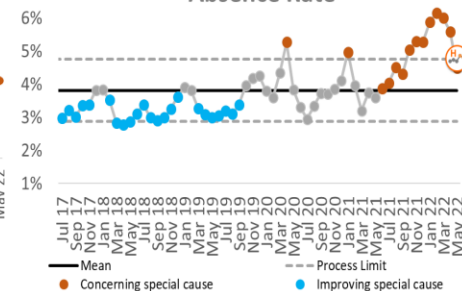
What the information tells us: Overall decreasing trend for Monthly Sickness Absence with a further reduction of 0.9% from previous month to 4.1%. This is as expected and is largely due to a decrease of short term seasonal-related sickness absence. Sickness absence rate due to short term sickness is higher at 2.7% compared to long term sickness at 1.3%. Additional Clinical Services have the highest sickness absence rate at 7.1% followed by Estates at 5.9%.

Workforce: Sickness Absence

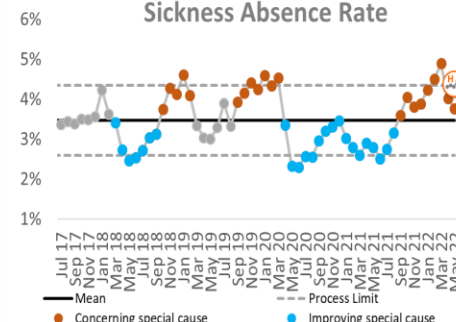
Sickness Absence Rate due to Short Term Sickness



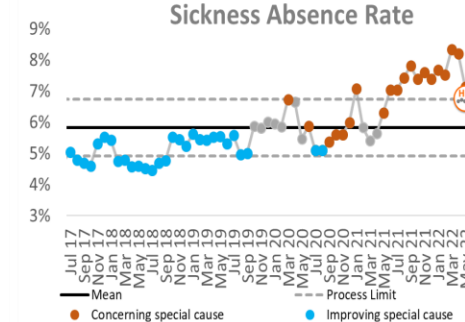
Nursing and Midwifery Sickness Absence Rate



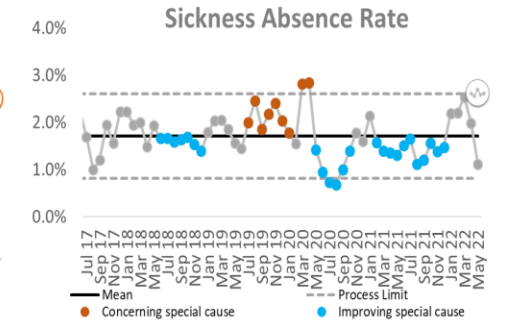
Administrative and Clerical Sickness Absence Rate



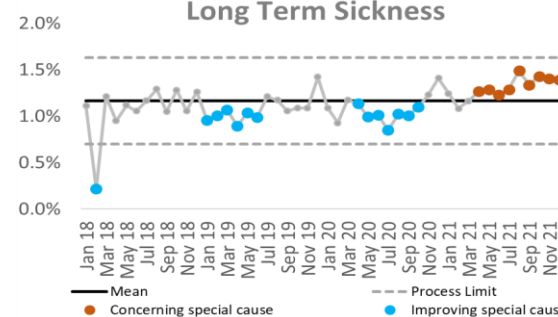
Additional Clinical Services Sickness Absence Rate



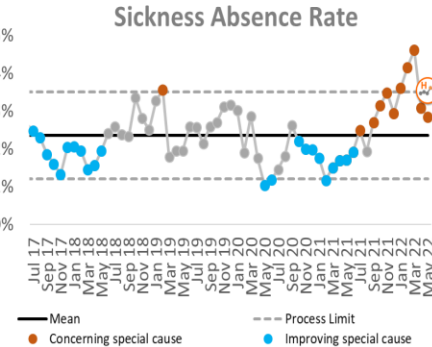
Medical and Dental Sickness Absence Rate



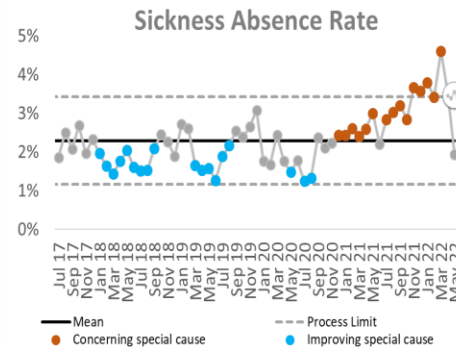
Sickness Absence Rate due to Long Term Sickness



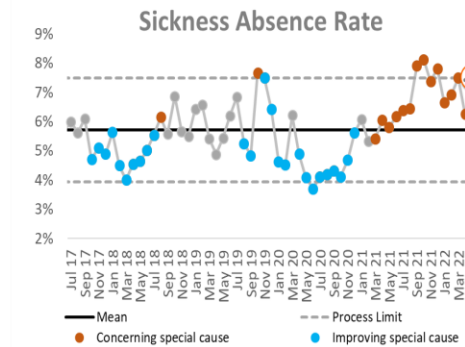
Healthcare Scientists Sickness Absence Rate



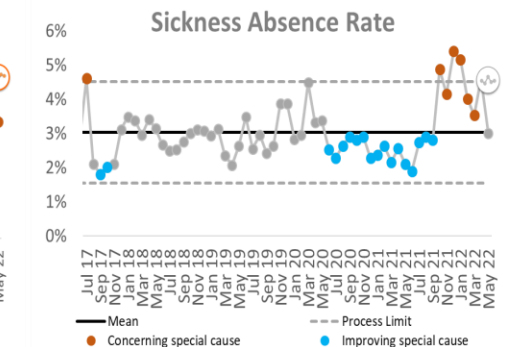
Allied Health Professionals Sickness Absence Rate



Estates and Ancillary Sickness Absence Rate

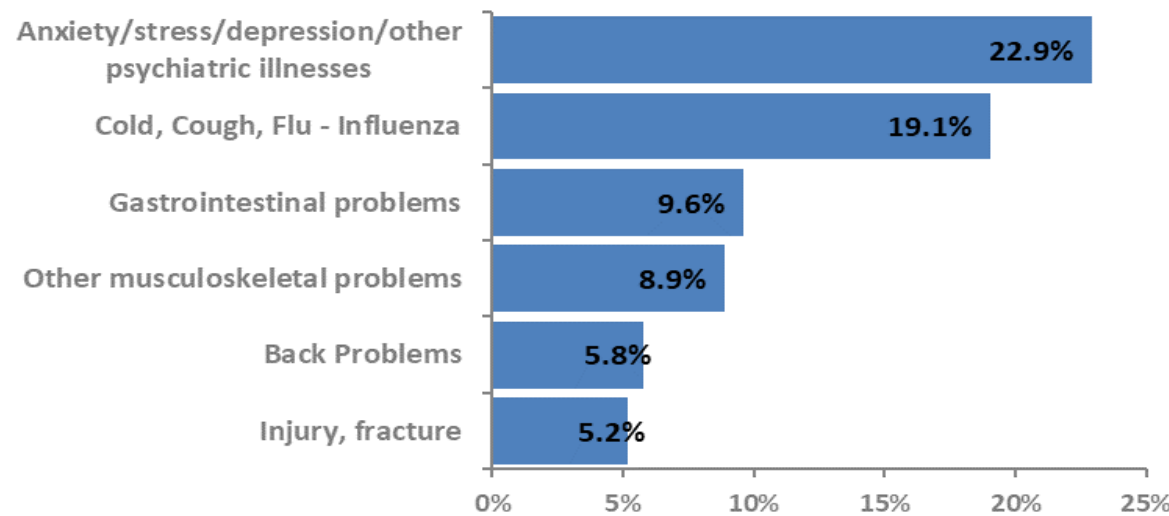


Add Prof Scientific and Technic Sickness Absence Rate



Top Six Sickness Absence Reason

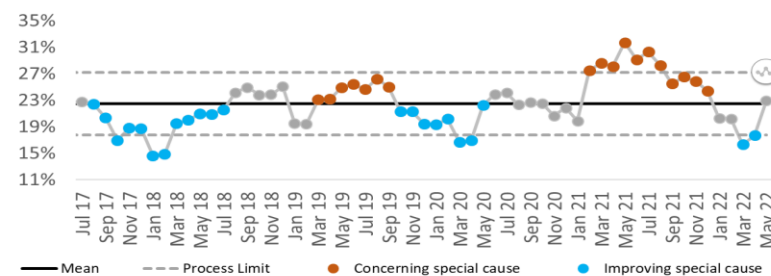
Top 6 Sickness Reason as % All Sickness - May 22
All Staff



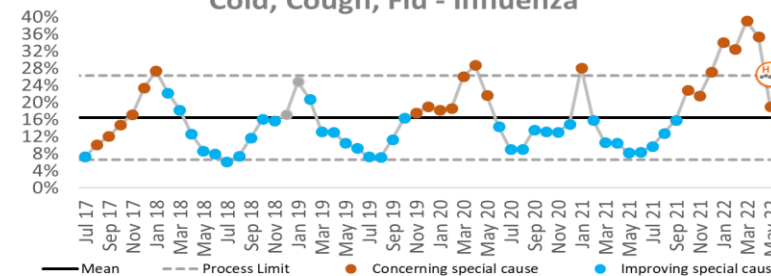
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

What the information tells us: The highest reason for sickness absence is mental health related sickness which saw an increase of 5% from previous month to 22.9%. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) accounts for 24.8% of all sickness absence in May 2022, compared to 41.9% from the previous month.

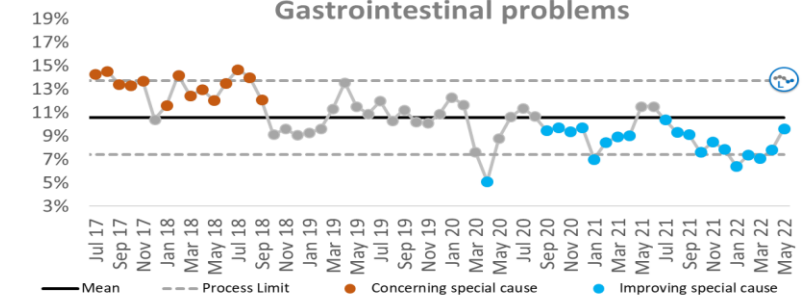
% of Sickness Absence Due to Anxiety/stress/depression/other psychiatric illnesses



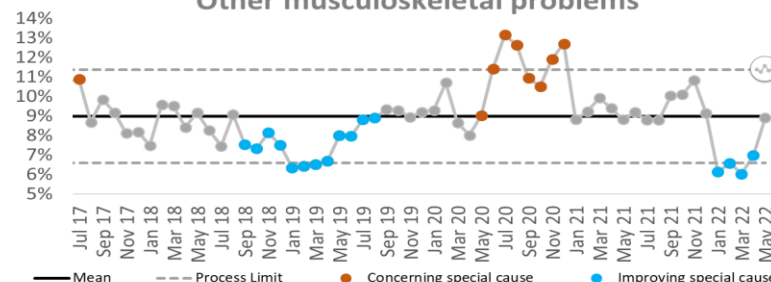
% of Sickness Absence Due to Cold, Cough, Flu - Influenza



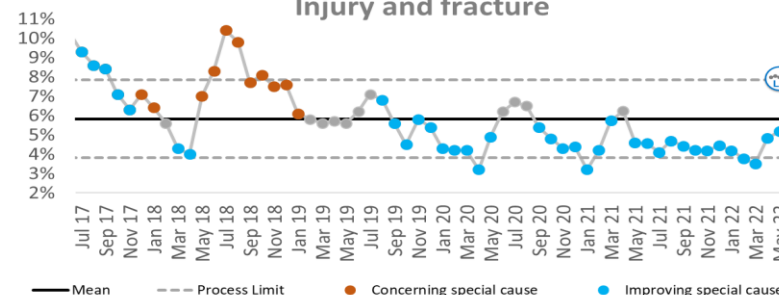
% of Sickness Absence Due to Gastrointestinal problems



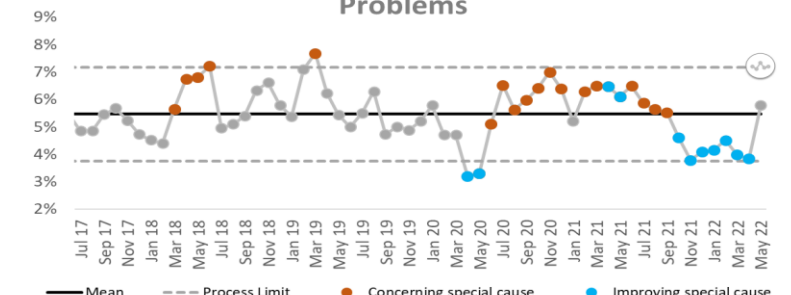
% of Sickness Absence Due to Other musculoskeletal problems



% of Sickness Absence Due to Injury and fracture



% of Sickness Absence Due to Back Problems

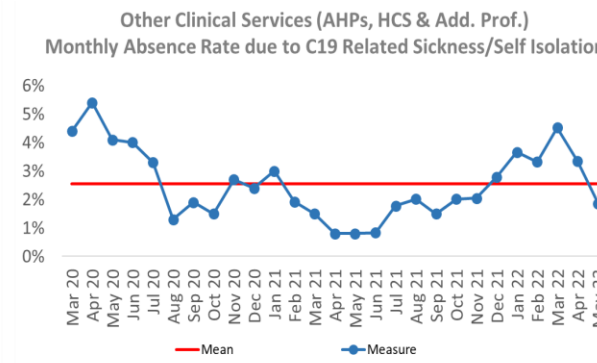
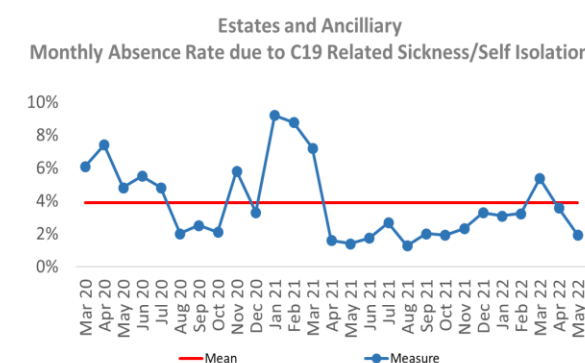
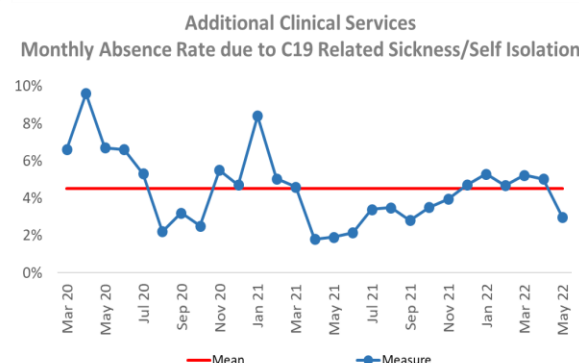
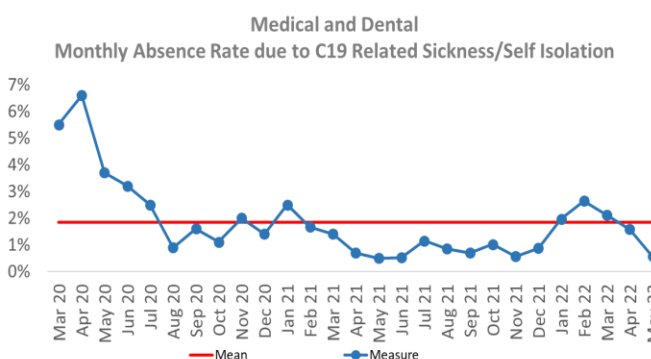
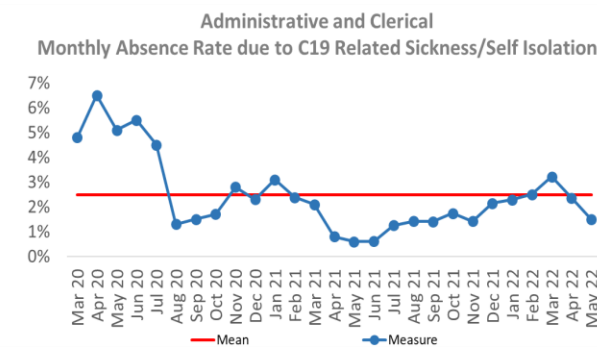
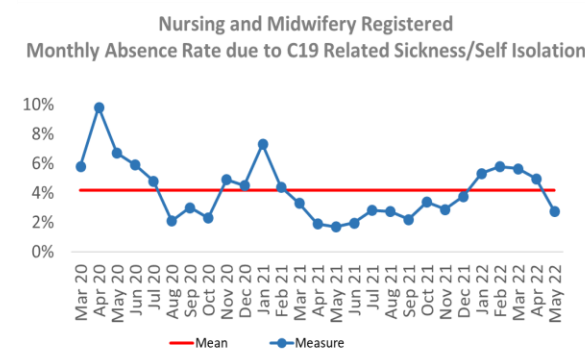
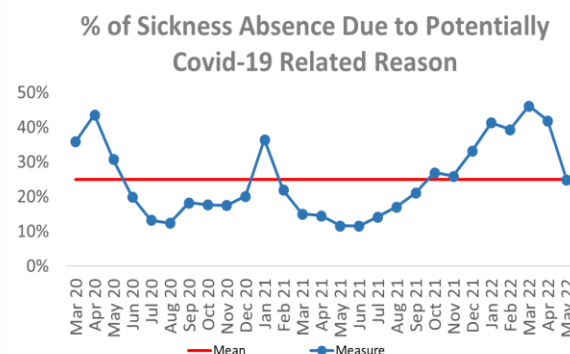
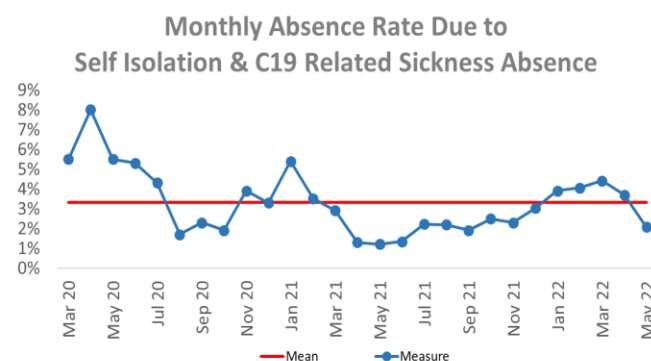
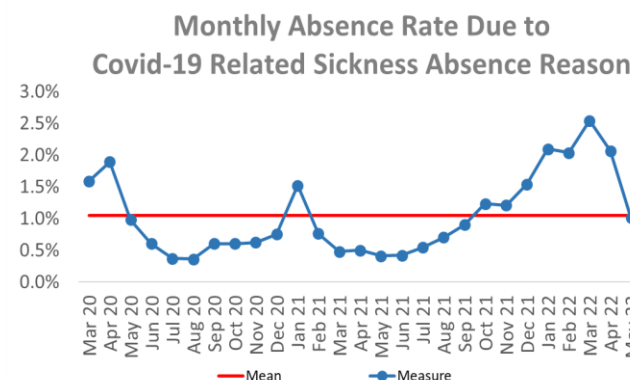
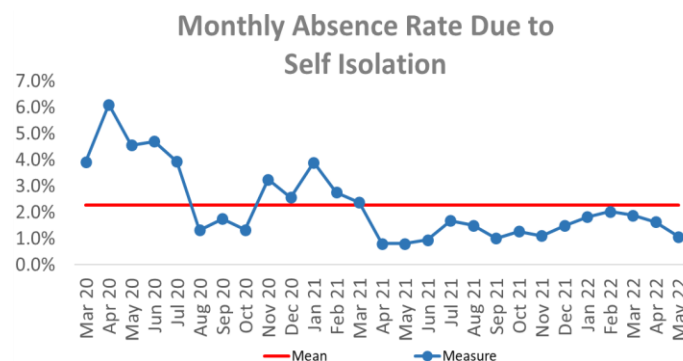


Covid-19 Related Absence

Background Information: Monthly absence figures due to Covid-19 are presented. This provides monthly absence information relating to FTE lost due to Self Isolation and potentially Covid-19 Related Sickness Absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases).

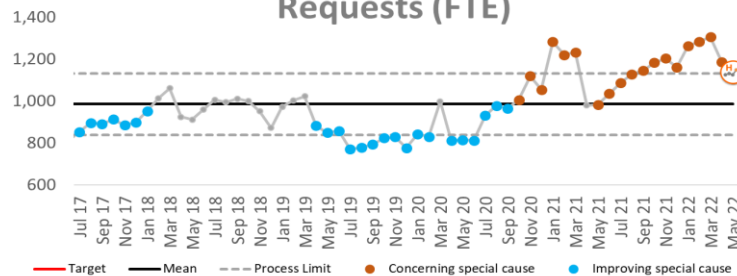
What the information tells us: The Trust's monthly absence rate due to Self Isolation is 1.1%. Monthly absence rate due to potential Covid-19 related sickness is 1% in Apr 2022. Overall, absence rates due to Covid-19 related sickness and self isolation decreased by 1.6% from the previous month to 2.1%.

Workforce: Covid-19 Related Absence

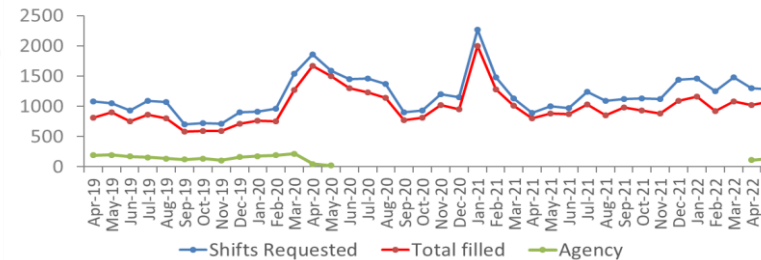


Temporary Staffing

Non-Medical Staff Temporary Staff Requests (FTE)



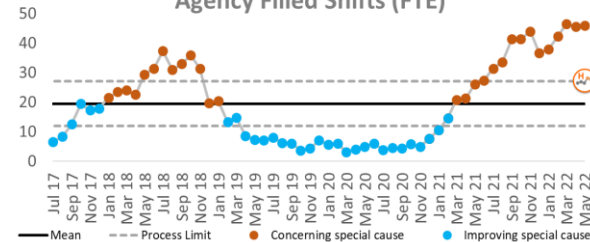
Medical Staff Temporary Staffing All Grades (number of Shifts)



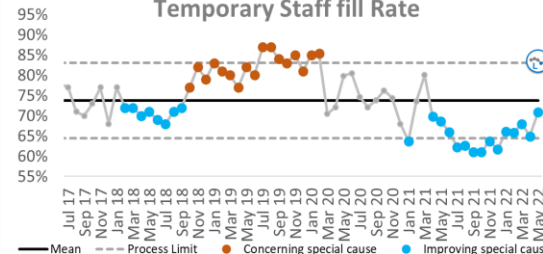
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

What the information tells us: Demand for non medical temporary staff saw a further decrease of 7% from the previous month to 1103 WTE. Current vacancy accounts for 47% of the reason for request at 516 WTE. Nursing and midwifery agency usage remained stable from the previous month at 46 WTE. This accounts for 9% of the total Nursing filled shifts. Overall, fill rate increased by 5% from previous month to 74%.

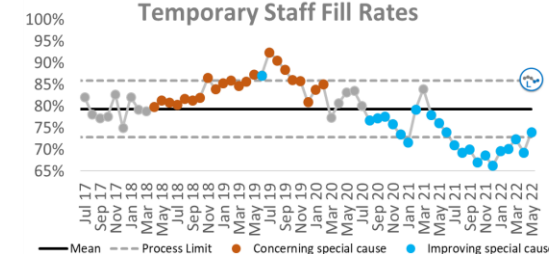
Nursing and Midwifery Agency Filled Shifts (FTE)



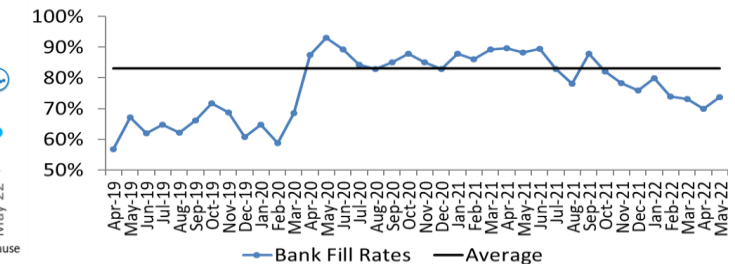
Nursing and Midwifery Temporary Staff fill Rate



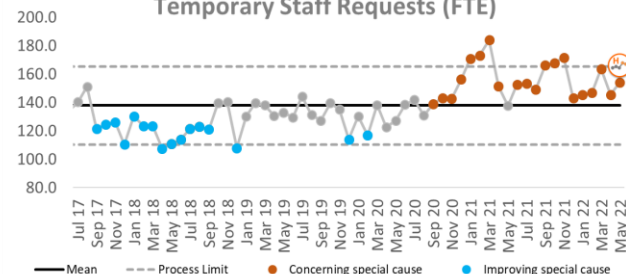
Non-Medical Temporary Staff Fill Rates



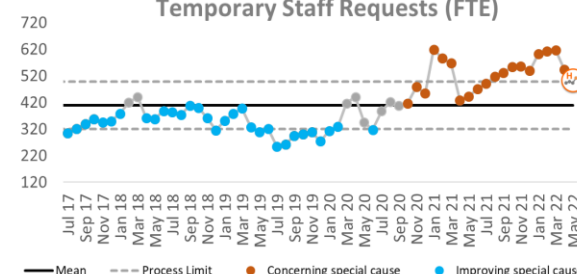
Medical Staff All Grades Bank Shift Fill Rates



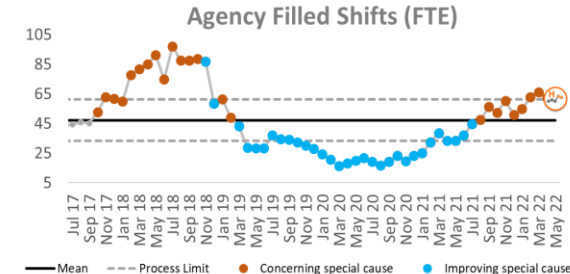
Administrative and Clerical Temporary Staff Requests (FTE)



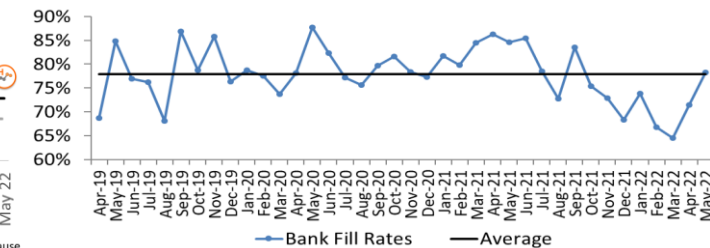
Nursing and Midwifery Temporary Staff Requests (FTE)



Non-Medical Agency Filled Shifts (FTE)



Medical Staff Junior Doctors Bank Shift Fill Rates

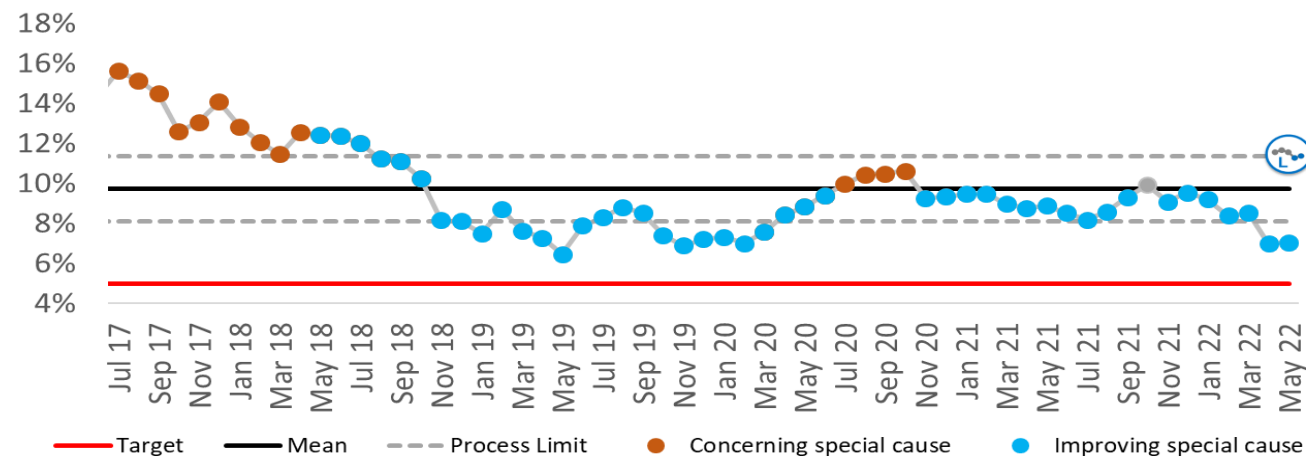


*Please note that temporary Medical staffing data was not available at the time of reporting and hence not updated

ESR Vacancy Rate

Workforce: ESR Vacancy Rate

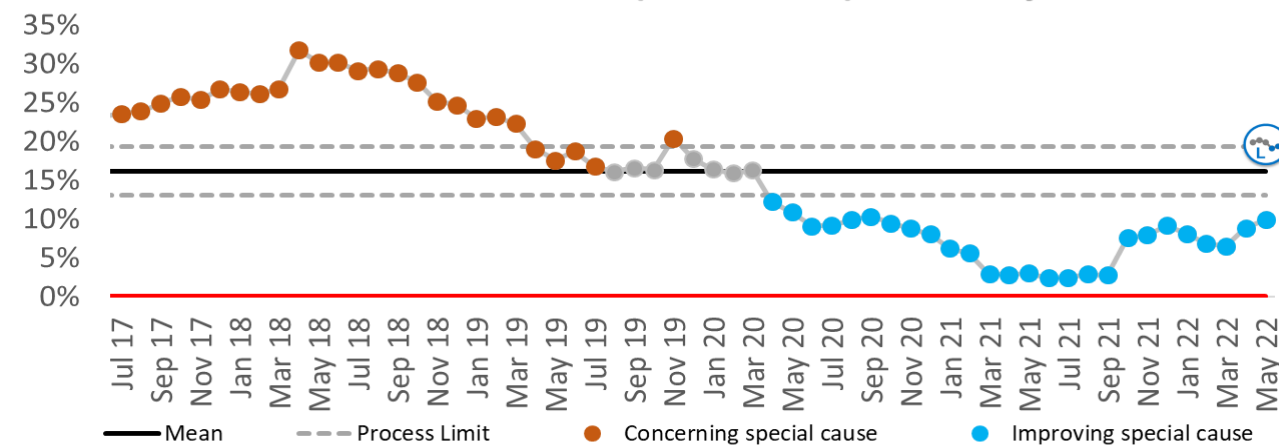
Nursing and Midwifery Vacancy Rate Rate



Background Information: Vacancy rate provides vacancy information based on established post within an organisation. The figure below relates to ESR data for clinical areas only and includes pay band 2-4 for HCA and 5-7 for Nurses.

What the information tells us: The vacancy rate for both **Healthcare Assistants and Nurses remained below the average rate at 9.9% and 7.0% respectively. However, the vacancy rate for both staff groups are above the target rate of 5% for Nurses and 0% for HCA.

Healthcare Assistant (incl. MCA) Vacancy Rate



*Please note ESR reported data has replaced self reported vacancy data for this report. The establishment is based on the ledger and may not reflect all Covid related increases. Work is ongoing to review both reports and further changes to this report will follow. **Nurses preparing for their OSCE exams were previously included in the data as filled HCA posts but are now included as filled Nursing posts instead.

C19 - Individual Health Risk Assessment & Annual Leave Update

Workforce: C19 - Risk Assessment & Annual Leave Update

Percentage of Annual Leave (AL) Taken – May 22 Breakdown

	Staff Group	Total Entitlement (Hrs)	Total AL Taken (Hrs)	% AL Taken	% of staff with Entitlement recorded on Healthroster
Annual Leave taken by Staff Group	Add Prof Scientific and Technic	50,001	5,484	11%	98%
	Additional Clinical Services	373,697	55,240	15%	97%
	Administrative and Clerical	480,411	61,339	13%	96%
	Allied Health Professionals	146,636	20,756	14%	99%
	Estates and Ancillary	79,293	11,647	15%	98%
	Healthcare Scientists	137,602	18,231	13%	96%
	Medical and Dental	140,070	13,805	10%	37%
	Registered	767,962	110,940	14%	98%
	Trust	2,175,673	297,442	14%	89%
Annual Leave taken by Division	Division				
	Corporate	301,601	39238	13%	95%
	Division A	414,023	58398	14%	87%
	Division B	605,554	84604	14%	94%
	Division C	272,579	35417	13%	81%
	Division D	261,800	34496	13%	86%
	Division E	229,047	33673	15%	85%
	R&D	91,068	11616	13%	91%

What the information tells us: The Trust's annual leave usage is 82% of the expected usage after second month of the financial year. Overall usage is 14% compared to the expected 17%. The highest rate of use of annual leave is within Additional clinical staff followed by Estates at 14.8% and 14.7% respectively.

Mandatory Training by Division and Staff Group

Background Information: Statutory and Mandatory training are essential for the safe and efficient delivery of the organisation services They are designed to reduce organisational risks and comply with local or national policies and government guidelines. Training can be undertaken on-line or by attending a class based session.

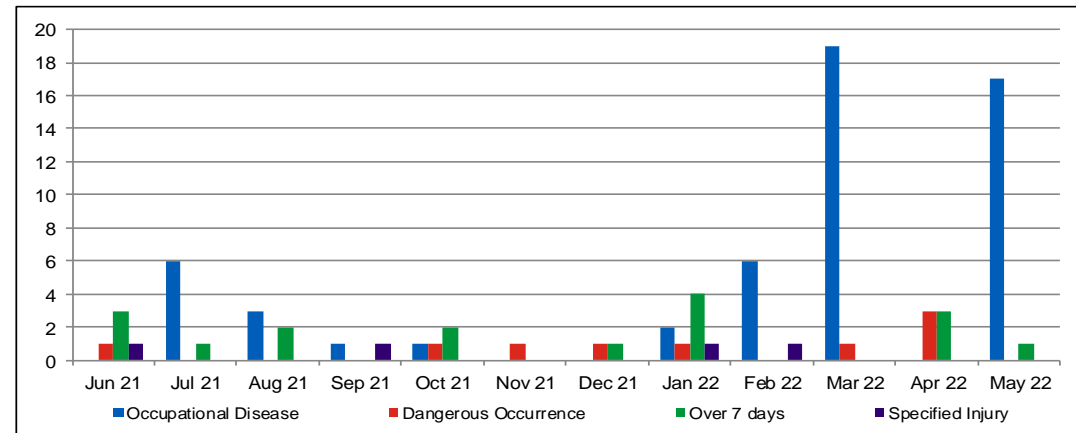
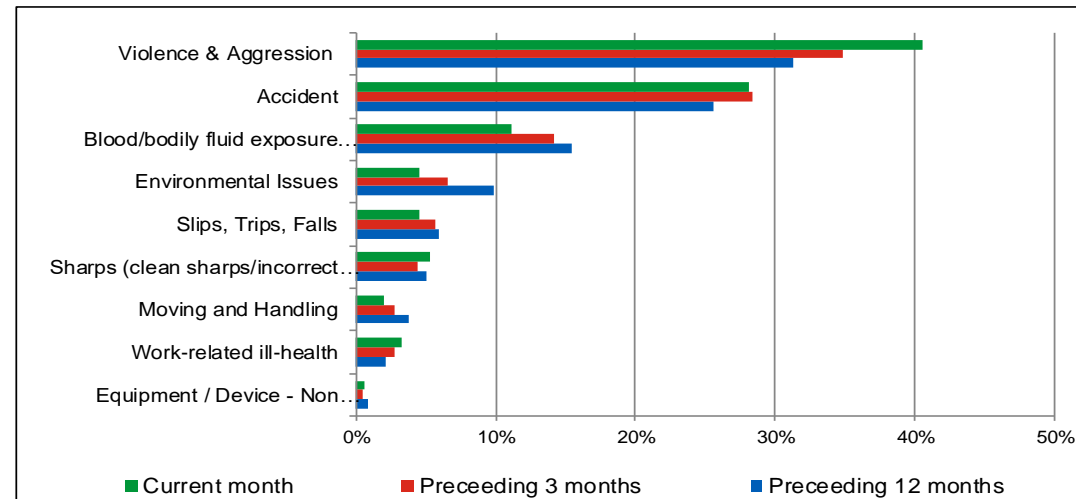
Workforce: Mandatory Training

		Induction				Mandatory Training Competency (as defined by Skills for Health)												Greater than 89%		Less than 75%		Between 74% and 89%	
		Non-Medical		Medical		Conflict Resolution	Equality, Diversity and Human Rights	Fire Safety	Health, Safety and Welfare	Infection Control	Information Governance including GDPR and Cyber Security	Moving & Handling	Resuscitation	Safeguarding Adults	Safeguarding Adult Lvl 2	Safeguarding Children Lvl 1	Safeguarding Children Lvl 2	Safeguarding Children Lvl 3	Prevent Level Three (WRAP)	Total Compliance			
		Corporate Induction	Local Induction	Corporate Induction	Local Induction																		
		Frequency	Delivery Method	Frequency	Delivery Method																		
Staff Requiring Competency		1,106	1,106	460	460	3 yrs d/e/	3 yrs d/e/	2 yrs/1yr d/e/	3yrs d/e/	2 yrs d/e/	1 yr d/e/	2 yrs/1yrs d/e/	2 yrs/1yrs d/el	3 yrs d/e/	3 yrs d/el	3 yrs d/el	3 yrs d/el	3 yrs d/el	3 yrs d/el	3 yrs d			
Compliance by Division		10,530	10,530	10,696	10,530	10,530	10,530	10,530	10,530	10,530	10,697	7,194	10,530	7,604	10,530	7,616	1,711	1,711					
Compliance by Division	Division A	(5)97.5%	(28)86.0%	(25)78.3%	(20)82.6%	(67)96.7%	(76)96.2%	(434)78.7%	(86)95.7%	(122)93.9%	(247)87.7%	(409)79.9%	(507)72.2%	(115)94.3%	(284)84.8%	(86)95.7%	(232)87.6%	(28)82.9%	(14)91.5%	88.7%			
	Division B	(18)94.2%	(50)84.0%	(11)83.8%	(7)89.7%	(81)97.1%	(89)96.8%	(304)89.1%	(92)96.7%	(164)94.1%	(317)88.5%	(435)84.4%	(373)73.8%	(123)95.5%	(259)84.8%	(98)96.5%	(194)88.6%	(20)84.3%	(14)89.0%	91.4%			
	Division C	(9)94.4%	(28)82.5%	(19)84.2%	(10)91.7%	(63)95.5%	(62)95.6%	(281)80.8%	(63)95.5%	(91)93.6%	(204)85.6%	(373)74.6%	(402)70.5%	(92)93.5%	(204)85.2%	(70)95.0%	(153)88.9%	(60)75.6%	(33)86.6%	87.7%			
	Division D	(6)95.3%	(31)75.6%	(18)76.9%	(14)82.1%	(53)96.1%	(57)95.8%	(222)83.9%	(64)95.3%	(104)92.3%	(215)84.1%	(358)74.1%	(378)67.2%	(74)94.5%	(143)87.9%	(57)95.8%	(122)89.7%	(25)80.8%	(16)87.7%	88.1%			
	Division E	(8)93.8%	(43)66.4%	(16)76.8%	(7)89.9%	(44)96.4%	(43)96.5%	(246)80.3%	(51)95.9%	(75)93.9%	(148)88.0%	(358)71.4%	(263)76.2%	(82)93.3%	(161)85.6%	(55)95.5%	(120)89.3%	(160)84.4%	(125)87.8%	88.1%			
	Corporate	(23)83.6%	(32)77.1%	(4)50.0%	(1)87.5%	(40)97.0%	(49)96.4%	(90)93.3%	(49)96.4%	(68)94.9%	(112)91.7%	(92)93.2%	(37)76.9%	(58)95.7%	(22)86.7%	(52)96.1%	(19)88.8%	(5)64.3%	(3)78.6%	94.1%			
	R & D	(1)97.4%	(3)92.1%			(11)97.4%	(12)97.2%	(24)94.3%	(13)96.9%	(17)96.0%	(35)91.7%	(59)86.1%	(22)86.0%	(12)97.2%	(13)93.0%	(9)97.9%	(13)93.0%	(1)80.0%	(1)80.0%	94.4%			
Breakdown of Medical staff compliance																							
Consultant				(12)78.9%	(11)80.7%	(29)95.9%	(32)95.4%	(37)94.7%	(32)95.4%	(38)94.6%	(115)83.6%	(50)92.9%	(199)72.0%	(30)95.7%	(113)84.0%	(20)97.1%	(58)91.8%	(24)88.5%	(18)91.4%	90.9%			
Non Consultant				(82)79.7%	(49)87.8%	(115)84.7%	(118)84.4%	(171)77.3%	(139)81.6%	(168)77.7%	(263)65.1%	(201)73.3%	(485)43.1%	(167)77.9%	(203)75.9%	(145)80.8%	(201)76.3%	(73)57.8%	(65)62.4%	74.8%			
Compliance by Staff group																							
Add Prof Scientific and Technic	(0)100.0%	(0)100.0%			(2)99.1%	(2)99.1%	(7)96.9%	(3)98.7%	(11)95.1%	(26)88.5%	(19)91.6%	(10)67.7%	(6)97.3%	(22)88.8%	(5)97.8%	(26)86.8%	(0)100.0%	(0)100.0%	94.4%				
Additional Clinical Services	(11)95.7%	(48)81.3%			(35)98.0%	(41)97.6%	(337)81.0%	(36)97.9%	(78)95.5%	(165)90.4%	(426)76.0%	(412)70.1%	(59)96.6%	(207)86.5%	(41)97.6%	(166)89.2%	(22)85.8%	(15)90.3%	89.9%				
Administrative and Clerical	(15)92.6%	(37)81.8%			(72)96.7%	(81)96.3%	(105)95.2%	(87)96.0%	(114)94.8%	(218)90.1%	(136)93.8%	(11)42.1%	(104)95.3%	(17)86.1%	(85)96.1%	(19)84.7%	(4)42.9%	(3)57.1%	94.6%				
Allied Health Professionals	(4)94.4%	(12)83.3%			(15)97.7%	(14)97.8%	(117)82.1%	(17)97.3%	(26)95.9%	(67)89.5%	(177)72.9%	(152)76.5%	(29)95.5%	(82)87.3%	(19)97.0%	(48)92.6%	(9)84.7%	(7)88.1%	90.0%				
Estates and Ancillary	(13)80.0%	(12)81.5%			(5)98.6%	(8)97.7%	(19)94.6%	(8)97.7%	(10)97.1%	(25)92.8%	(11)96.8%	(11)96.8%	(11)96.8%	(11)96.8%	(9)97.4%				96.0%				
Healthcare Scientists	(3)95.2%	(15)76.2%			(16)97.3%	(20)96.7%	(27)95.5%	(19)96.8%	(26)95.7%	(44)92.6%	(80)86.6%	(31)71.8%	(18)97.0%	(31)81.3%	(16)97.3%	(27)83.7%	(9)60.9%	(6)73.9%	93.5%				
Medical and Dental			(94)79.6%	(60)87.0%	(144)90.1%	(150)89.7%	(208)85.7%	(171)88.2%	(206)85.8%	(378)74.0%	(251)82.7%	(684)56.3%	(197)86.5%	(316)79.6%	(165)88.7%	(259)83.3%	(97)74.6%	(83)78.3%	82.2%				
Nursing and Midwifery Registered	(24)94.5%	(91)79.0%			(70)97.9%	(72)97.9%	(781)77.4%	(77)97.7%	(170)94.9%	(355)89.4%	(984)71.5%	(682)80.2%	(132)96.1%	(411)87.9%	(87)97.4%	(308)90.9%	(158)85.4%	(92)91.5%	89.7%				
Trust Total		(70)93.7%	(215)80.6%	(94)79.6%	(60)87.0%	(359)96.6%	(388)96.3%	(1601)85.0%	(418)96.0%	(641)93.9%	(1278)87.9%	(2084)80.5%	(1982)72.4%	(556)94.7%	(1086)85.7%	(427)95.9%	(853)88.8%	(299)82.5%	(206)88.0%	89.83%			

Health and Safety Incidents

No. of health and safety incidents reported by division:	Trustwide	Division A	Division B	Division C	Division D	Division E	Corporate	Estates
No. of health and safety incidents reported in a rolling 12 month period:	1541	314	213	484	274	143	40	73
Accident	394	88	71	101	65	41	7	21
Blood/bodily fluid exposure (dirty sharps/splashes)	238	73	37	54	40	29	4	1
Environmental Issues	152	29	30	22	29	22	6	14
Equipment / Device - Non Medical	13	2	1	5	5	0	0	0
Moving and Handling	58	10	10	15	14	4	1	4
Sharps (clean sharps/incorrect disposal & use)	78	32	13	9	7	11	5	1
Slips, Trips, Falls	92	21	20	15	9	11	5	11
Violence & Aggression	483	46	26	261	100	23	8	19
Work-related ill-health	33	13	5	2	5	2	4	2

Health and Safety



A total of 1,541 health and safety incidents were reported in the previous 12 months.

778 (50%) incidents resulted in harm. The highest reporting categories were violence and aggression (31%), accidents (26%) and blood/bodily fluid exposure (15%).

1,057 (69%) of incidents affected staff, 436 (28%) affected patients and 48 (3%) affected others ie contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (33%), blood/bodily fluid exposure (21%) and accidents (17%).

The highest reported incident categories for patients were: accidents (46%), violence & aggression (27%) and environmental issues (11%).

The highest reported incident categories for others were: violence and aggression (42%), accidents (25%) and environmental issues (17%).

Staff incident rate is 9.7 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 484 incidents. Of these, 54% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was occupational disease (65%).

39% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

In May 2022, 18 incidents were reported to the HSE:

Over 7 day injuries (1)

➤ The IP proceeded to sit on a chair with wheels. In doing so, the chair rolled backwards and the IP landed on their lower back/bottom. The manager of the area reports no known faults with the chair or surrounding environment. The IP reports experiencing back and scapula pain (left side). The IP has been off work for over 7 days as a result of this incident.

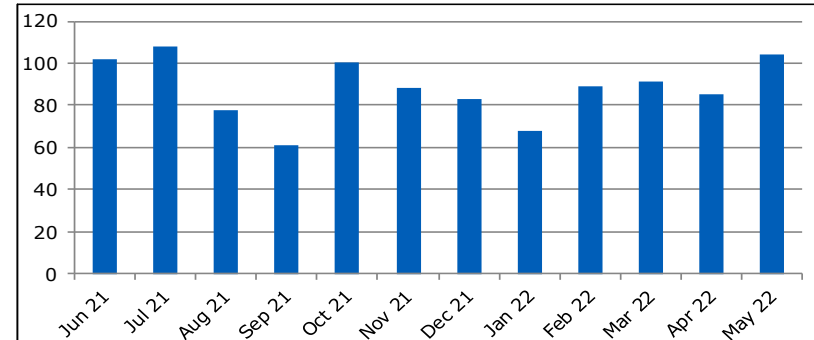
Occupational disease (17)

➤ Covid-19: 16 members of staff tested positive for Covid-19 and there is reasonable evidence to suggest that a work-related exposure is the likely cause of the disease. To note, the high number reported in March and May partially reflects prevalence at the time but also the practicalities of the cases being assessed such that they are not all from those months.

➤ Occupational Dermatitis: A member of staff experienced skin redness and rash on their hands. This was diagnosed as occupational dermatitis by occupational health.

Health and Safety Incidents

No. of health and safety incidents affecting staff:

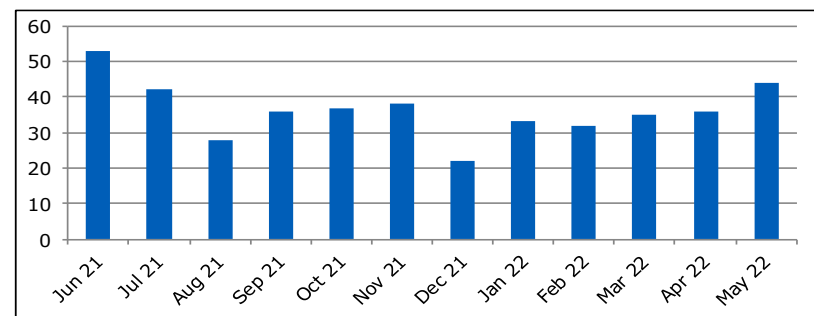


	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Total
Accident	14	16	21	8	15	8	12	17	16	21	16	16	180
Blood/Bodily Fluid Exposure (dirty sharps/splashes)	13	25	19	11	30	26	12	15	17	18	17	16	219
Environmental Issues	23	14	6	4	7	13	4	1	5	4	10	4	95
Moving and Handling	5	2	3	5	1	3	7	5	3	4	3	3	44
Sharps (clean sharps/incorrect disposal & use)	9	5	3	3	2	3	3	2	7	3	6	8	54
Slips, Trips, Falls	4	7	4	9	8	12	9	4	6	8	7	7	85
Violence & Aggression	31	36	20	19	32	23	34	22	32	29	24	45	347
Work-related Ill-Health	3	3	2	2	5	0	2	2	3	4	2	5	33
Total	102	108	78	61	100	88	83	68	89	91	85	104	1057

Staff incident rate per 100 members of staff (by headcount):

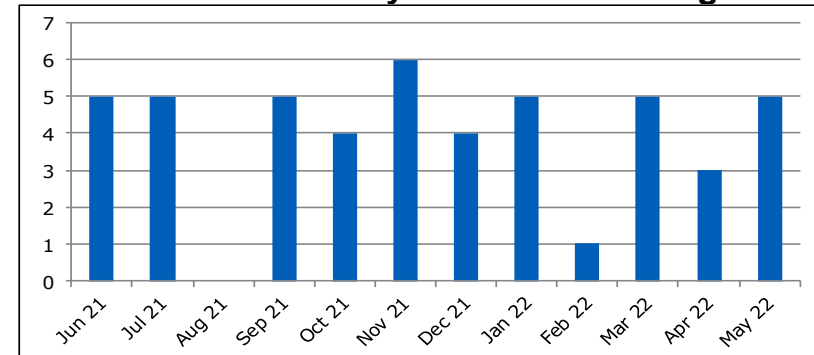
	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Total
No. of health & safety incidents	102	108	78	61	100	88	83	68	89	91	85	104	1057
Staff incident rate per month/year	0.9	1.0	0.7	0.6	0.9	0.8	0.8	0.6	0.8	0.8	0.8	1.0	9.7

No. of health and safety incidents affecting patients:



	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Total
Accident	24	24	16	18	17	13	7	12	11	17	19	24	202
Blood/Bodily Fluid Exposure (dirty sharps/splashes)	1	2	1	2	2	0	3	0	1	4	2	1	19
Environmental Issues	12	9	4	3	3	4	4	0	4	3	2	1	49
Equipment / Device - Non Medical	3	0	1	0	2	2	0	1	2	1	0	1	13
Moving and Handling	5	1	0	1	2	0	0	3	1	1	0	0	14
Sharps (clean sharps/incorrect disposal & use)	3	1	0	5	2	3	3	3	2	1	0	0	23
Violence & Aggression	5	5	6	7	9	16	5	14	11	8	13	17	116
Total	53	42	28	36	37	38	22	33	32	35	36	44	436

No. of health and safety incidents affecting others ie visitors, contractors and members of the public:



	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Total
Accident	0	1	0	3	2	1	1	1	0	0	0	3	12
Environmental Issues	0	0	0	1	0	0	1	3	0	1	0	2	8
Sharps (clean sharps/incorrect disposal & use)	1	0	0	0	0	0	0	0	0	0	0	0	1
Slips, Trips, Falls	1	1	0	0	0	3	1	0	0	1	0	0	7
Violence & Aggression	3	3	0	1	2	2	1	1	1	3	3	0	20
Total	5	5	0	5	4	6	4	5	1	5	3	5	48

Report to the Board of Directors: 13 July 2022

Agenda item	9.2
Title	Finance report
Sponsoring executive director	Mike Keech, Chief Finance Officer
Author(s)	As above
Purpose	To update the Board on financial performance in 2022/23 M2
Previously considered by	Performance Committee, 6 July 2022

Executive Summary

The report provides details of financial performance during 2022/23 Month 2 and in the year to date. A summary is set out in the Chief Finance Officer's message on pages 3-6 of the report.

Related Trust objectives	C2
Risk and Assurance	The report provides assurance on financial performance during Month 2.
Related Assurance Framework Entries	BAF ref: 011
Legal / Regulatory / Equality, Diversity & Dignity implications?	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Board of Directors

The Board is asked to note the finance report for 2022/23 Month 2.

Title	Page
Trust performance summary – Key indicators	2
CFO Message	3-6
Summary financial position	7
Covid-19 expenditure overview	8
Plan performance FY22/23	9-10
Clinical and other income	11-13
Elective Recovery Fund – plan and forecast	14
Pay expenditure	15-16
Non-pay expenditure	17-18
Efficiency plan	19
Cash flow forecast	20
Appendices	21



Trust actual surplus / (deficit)

n/a
n/a
£3.9m
£3.9m



Covid-19 expenditure and system Covid-19 funding

n/a
n/a
n/a
£4.5m
£4.2m
£3.6m

Covid actual in month
Covid plan in month
Covid funding in month
Covid actual YTD
Covid plan YTD
Covid funding YTD



Net current assets

(£50.9m)
(£51.7m)

Debtor days

16
n/a



Cash

£187.6m
£186.5m

EBITDA

£11.0m
£11.0m

Net current assets/(liabilities), debtor days and payables performance

Payables performance (YTD) **		
Actual	82.4%	Value
Plan	86.5%	Quantity
This month		
Previous month		

Cash and EBITDA

Actual
Plan
Actual
Plan



Capital expenditure

n/a
£2.6m
£4.0m

Capital - actual spend in month
Capital - actual spend YTD
Capital - plan YTD



Elective Recovery Fund (ERF)

ERF values based on CUH fair share but not yet confirmed and may be subject to change

n/a
n/a
£1.7m
£1.7m

ERF forecast actual in month
ERF plan in month
ERF forecast actual YTD
ERF plan YTD

Legend	£ in million	In month	YTD
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* On a control total basis, excluding the effects of impairments and donated assets
 ** Payables performance YTD relates to the Better Payment Practice Code target to pay suppliers within due date or 30 days of receipt of a valid invoice.
 n/a – The Trust is reporting a cumulative position at Month 2 so in month metrics are not provided this month

Month 2 Financial Performance

- **The Month 2 year to date position is a £3.9m surplus for performance management purposes.**
- The Month 2 surplus is due to the phasing of £4m of income receipts relating to the redevelopment of the Cambridge Biomedical Campus which were received in Month 2, in line with plan. This surplus is offset in later months leading to a full year planned breakeven position.

Covid-19 Expenditure

- The Trust has incurred £4.5m of Covid-19 associated expenditure in the YTD, which is £0.3m above the plan.
- The Trust has received £3.6m of funding to support the Covid-19 expenditure.
- Whilst the number of Covid-19 patients in the hospital fluctuates from month to month, the amount of Covid-19 spend incurred to date is a reflection of the pressures services are facing, to cope with higher than usual demand, together with the need to maintain a safe operating environment.

Elective Recovery Fund (ERF)

- The Trust has recognised Elective Recovery Fund (ERF) income of £1.7m year to date based on a fair share allocation. This funding remains at risk as the final process for qualifying for and calculating the value of ERF has not yet been published at the time of this report.
- For the full year the Trust has planned to receive £29.7m of ERF funding.

Productivity and Efficiency Programme (PEP, previously CIP)

- The Trust successfully delivered an efficiency requirement of £12.4m in H2 21/22 and £17.2m in total across 21/22.
- For 22/23 the efficiency requirement is £62.0m and this will be delivered via the following themes:-
 - Covid cost reductions £22.4m
 - Efficiency & transformation £32.7m
 - Productivity & growth £6.9m
- The plan forecasts delivery of the £62.0m across Pay (£24.5m), Non-pay (£23.8m) and Income (£13.7m).

Cash and Capital Position

- The Trust has received an initial system capital allocation for the year of £32.2m for its core capital requirements. In addition to this, we expect to receive further funding for the Children's Hospital (£3.7m), Cancer Hospital (£7.5m) and orthopaedic theatre scheme (£14.9m) and additional theatre equipment (£5.1m). Together with capital contributions from ACT, this would provide a total capital programme of £65.9m for the year.
- The Trust's cash position remains strong and the 13 week cash flow forecast does not identify any need for additional revenue cash support in the foreseeable future.

FY22/23 Financial Plan

- The Trust, working closely with system colleagues, submitted an updated 2022/23 plan on 20 June 2022.
- The previous plan submission included a forecast deficit of £33.4m for the Trust, driven by the following two factors:
 - 1) £17.6m of additional inflationary pressures above national funding
 - 2) £15.8m of additional Covid-19 related costs above national funding
- Further to this submission, £1.5bn of new national funding has been made available to support the costs of inflation. CUH's share of this fund has been agreed at £11.8m which has been included in the updated plan. In addition to this, the Trust has reviewed its assessment of inflation and based on information available to date, has revised its forecast to align with this funding.
- Whilst there has been significant volatility in Covid-19 case rates, this is difficult to predict and case rates and costs at the point of the plan submission align with the 'low covid' national assumption. The Trust's outlook for Covid-19 related costs has therefore been revised downwards to align with the funding available; however this remains a risk (for the Trust and across the NHS).
- Taking these points into account **the Trust's revised plan, submitted on 20 June, now includes a forecast breakeven position.**

FY22/23 Financial Plan

- It should be noted that the following key areas of risk still remain and have been included as part of the overall plan submission, to be monitored in year:
 - 1) Inflation pressures above the (revised) funded level
 - 2) Covid-19 costs exceeding budgeted levels (e.g. due to an increase in covid rates)
 - 3) The receipt of forecast ERF income.
- The following points should also be noted in respect of the 22/23 financial plan:
 - 1) The plan retains CUH support to our ICS of £11m to ensure that all ICS organisations can deliver break-even financial performance.
 - 2) The plan assumes that the impact of the final agreed Agenda for Change pay award being higher than the current funded assumption of 2% will be mitigated through an additional national funding allocation.
- Budgets have been aligned to the final 20 June 2022 plan and form the basis of the financial analysis produced within this report.

£ Millions	Year to Date				Full Year
	Budget	Actual	Variance	Variance (Exc. Covid)	Budget
Clinical Income - exc. D&D*	140.8	141.0	0.3	0.3	858.9
Clinical Income - D&D*	27.0	25.5	(1.5)	(1.5)	161.9
Covid - Income top-up & outside envelope	3.6	3.6	0.0		21.6
ERF income	1.7	1.7	0.0		29.7
Devolved Income	34.4	30.0	(4.4)	(4.4)	163.3
Total Income	207.4	201.8	(5.6)	(5.6)	1,235.4
Pay	106.8	105.7	1.1	1.1	656.4
Drugs	28.9	29.3	(0.4)	(0.4)	173.0
Non Pay	56.6	51.4	5.2	5.2	341.3
Covid - Pay	2.5	2.8	(0.3)		14.4
Covid - Drugs	0.1	0.0	0.0		0.4
Covid - Non pay	1.6	1.6	0.0		7.4
Operating Expenditure	196.4	190.8	5.6	5.9	1,192.9
EBITDA	11.0	11.0	0.0	0.3	42.5
Depreciation, Amortisation & Financing	7.1	7.1	0.0	0.0	42.5
Reported gross Surplus / (Deficit)	3.9	3.9	0.0	0.3	0.0

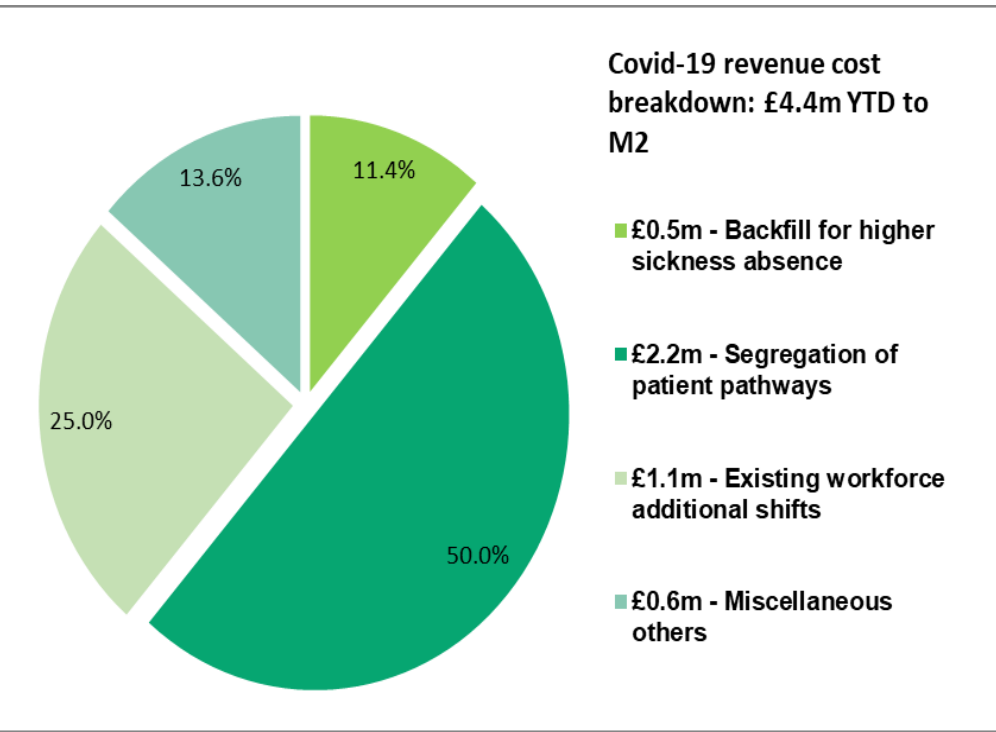
*D&D = Drugs & devices

In this report the Trust is reporting a cumulative Month 1 and Month 2 position. This is due to the delays in the national planning process, with final plans submitted on 20th June 2022 and aligns to national reporting requirements.

In month performance will be included in the Month 3 report.

Year to date performance on a NHS financial performance basis shows a surplus of £3.9m.

This is due to the phasing of income associated with the development of the Cambridge Biomedical Campus and the Trust is forecasting to be back to breakeven by the end of the financial year.



Key messages:

The Trust has recorded £4.5m of Covid expenditure in the first two months of 22/23. This represents a £0.3m adverse variance against the plan of £4.2m.

The main areas of Covid investment year to date to Month 2 are:

- Segregation of patient pathways £2.2m
- Existing workforce covering additional shifts £1.1m
- Backfill for higher sickness absence £0.5m
- Miscellaneous expenditure £0.6m

Total expenditure for 21/22 was £45.5m which averaged £3.8m per month. The Trust's plan for 22/23 includes a reduction in funding for Covid-19 of £22.4m due to the financial impact of the pandemic reducing. Expenditure seen at Month 2 has broadly achieved the level of reduction expected, even though month 1 saw a higher level of Covid-19 infections at the Trust. Provided low covid-19 infection levels are now maintained the Trust expects to continue to achieve the reduction in Covid-19 expenditure.

Division (£m's)	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr & May-22
Corporate	£1.7	£1.2	£1.9	£0.7	£1.1	£1.5	£1.3	£1.5	£1.3	(£1.0)	£1.4
Division A	£0.0	£2.9	£1.5	£1.0	£1.3	£1.5	£1.2	£1.7	£1.2	£1.1	£0.7
Division B	(£0.0)	£0.7	£0.7	£0.4	£0.5	£0.1	£0.4	£0.3	£0.5	£0.5	£0.9
Division C	£0.8	£0.3	£0.5	£0.5	£0.5	£0.3	£0.5	£0.6	£0.5	£0.5	£0.7
Division D	£0.4	£0.5	£0.6	£0.5	£0.3	£0.2	£0.2	£0.2	£0.1	£0.2	£0.5
Division E	£0.3	£0.5	£0.1	£0.2	£0.2	£0.1	£0.1	£0.2	£0.2	£0.3	£0.4
Total	£3.1	£6.1	£5.3	£3.4	£3.9	£3.8	£3.7	£4.5	£3.9	£1.5	£4.5

Elective Activity Recovery Period

Full Year Plan – key messages

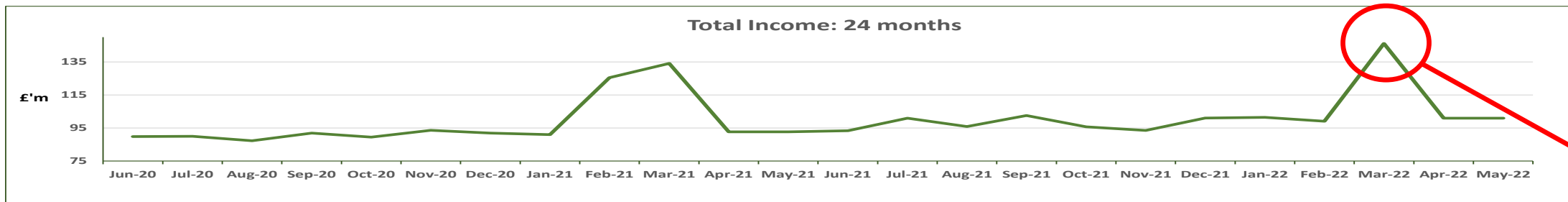
£'m	M1&2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	22/23
Operating income from patient care activities	175.6	87.8	88.0	88.0	88.0	89.3	89.3	89.4	90.2	90.2	90.2	1,065.7
Other operating income	31.8	13.7	13.7	13.7	13.6	13.8	13.8	13.9	14.0	13.9	13.9	169.8
Total operating income	207.4	101.5	101.7	101.7	101.6	103.1	103.1	103.2	104.1	104.0	104.1	1,235.4
Employee expenses	(109.3)	(54.5)	(54.9)	(55.3)	(55.6)	(56.1)	(56.4)	(56.5)	(57.0)	(57.2)	(58.0)	(670.8)
Operating expenses excluding employee expenses	(92.4)	(45.9)	(45.9)	(46.0)	(46.2)	(46.3)	(46.3)	(46.1)	(46.3)	(46.1)	(46.5)	(554.0)
Operating Surplus/(Deficit)	5.6	1.0	0.8	0.4	(0.1)	0.7	0.4	0.6	0.8	0.7	(0.4)	10.6
Finance expense	(1.2)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(7.2)
PDC dividends payable/refundable	(0.6)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(3.4)
Net finance costs	(1.8)	(0.9)	(0.9)	(0.9)	(0.9)	(0.9)	(0.9)	(0.9)	(0.9)	(0.9)	(0.9)	(10.6)
Surplus/(Deficit) - NHS financial performance basis for the year to date	3.9	0.1	(0.1)	(0.5)	(1.0)	(0.2)	(0.5)	(0.3)	(0.0)	(0.2)	(1.3)	0.0
Add back technical adjustments:												
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital donations/grants net I&E impact	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net benefit of PPE consumables transactions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Reported gross surplus/(deficit)	3.9	0.1	(0.1)	(0.5)	(1.0)	(0.2)	(0.5)	(0.3)	(0.0)	(0.2)	(1.3)	0.0

Key messages:

- The Trust plan delivers a 22/23 break-even position on an NHS financial performance basis.
- It assumes that the Trust will receive £29.7m of ERF income however, this remains at risk as the final guidance for the payment mechanism has not yet been published.
- The Trust has supported the C&P ICS position by non-recurrently returning £10.9m of income.
- Productivity and Efficiency schemes totalling £62.0m are included within the overall plan. £51.1m is driven by the national efficiency expectation with a further £10.9m required to support the system.

Month 2 performance against plan

£'m	M2 YTD Plan	M2 YTD Actual	Variance	Key Variances
Operating income from patient care activities	175.6	174.4	(1.2)	Lower pass through drug recharges mainly Car-T (£1.5m) offset by additional income from devolved administrations and NHS arm length bodies (£0.3m)
Other operating income	31.8	27.4	(4.4)	Shortfall in income recognition driven by Fire prevention works expenditure lower than planned (£1.8m) and slippage on GLH investment due to late NHS E approval of funding (£1.1m). Lower activity/cost recharges in Estates (£0.7m), R&D (£0.2m) and other operational areas (£0.6m) are expected to increase in future months as activity recovers and inflationary cost increases are identified and recharged where possible.
Total income	207.4	201.8	(5.6)	Total income is behind plan for the full year
Employee expenses	(109.3)	(108.5)	0.8	Slippage on planned investments across a number of areas including GLH slippage (£0.3m), net slippage on ICU and Perioperative care, Digestive diseases and MSK (£0.6m) offset by pressures on Covid pay expenditure
Operating expenses excluding employee expenses	(92.4)	(87.6)	4.8	Main variance drivers are Fire prevention works expenditure lower than planned (£1.8m), slippage on GLH investment due to late NHS E approval of funding (£0.8m), lower inflationary cost pressures than anticipated (£0.8m) and lower Clinical supplies and premises expenditure across a number of areas including Radiology and Estates (£1.4m)
Operating surplus / (deficit)	5.6	5.7	0.0	Operating position is in line with plan
Finance costs				
Finance expense	(1.2)	(1.2)	(0.0)	
PDC dividends payable/refundable	(0.6)	(0.6)	0.0	
Net Finance costs	(1.8)	(1.8)	(0.0)	
Reported gross surplus/(deficit)	3.9	3.9	0.0	Performance is in line with plan
Add back technical adjustments:				
Impairments (AME)	0.0	0.0	0.0	
Capital donations/grants net I&E impact	0.0	(0.0)	(0.0)	
Net benefit of PPE consumables transactions	0.0	0.0	0.0	
Surplus/(Deficit) - NHS financial performance basis for the year to date	3.9	3.9	0.0	Net position is in line with plan year to date



£'m

Elective admissions
Non-elective admissions
Outpatients
A&E
High-cost drugs income from commissioners
Other NHS Clinical Income
Covid - Income top-up & outside envelope
ERF
Total Clinical Income
Devolved Income
Total Trust Income

Year to Date

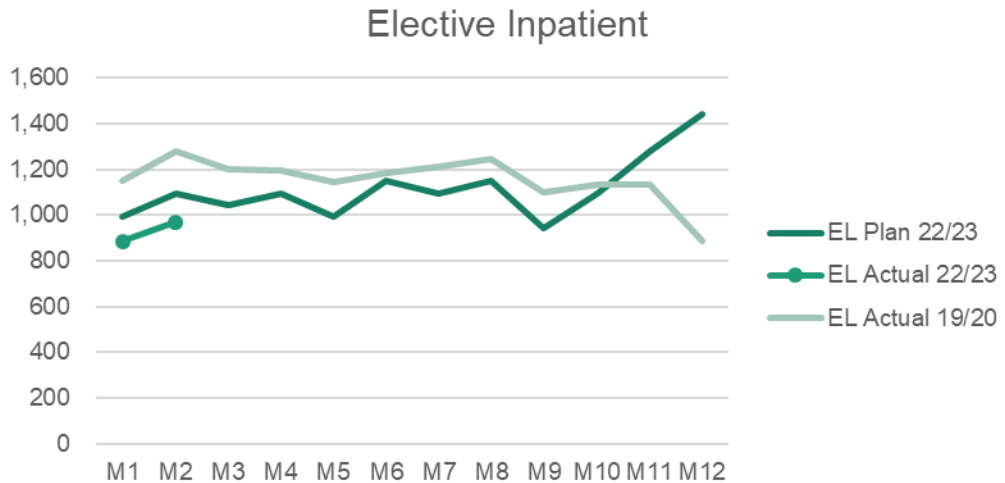
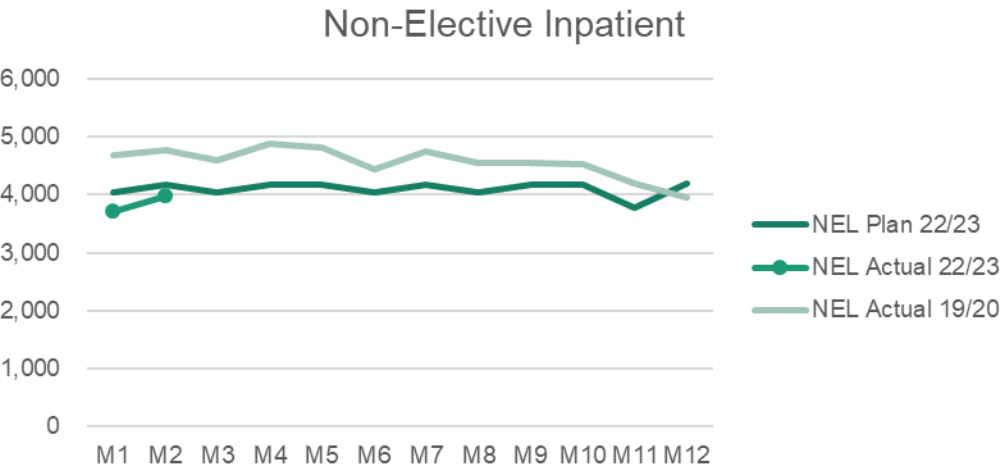
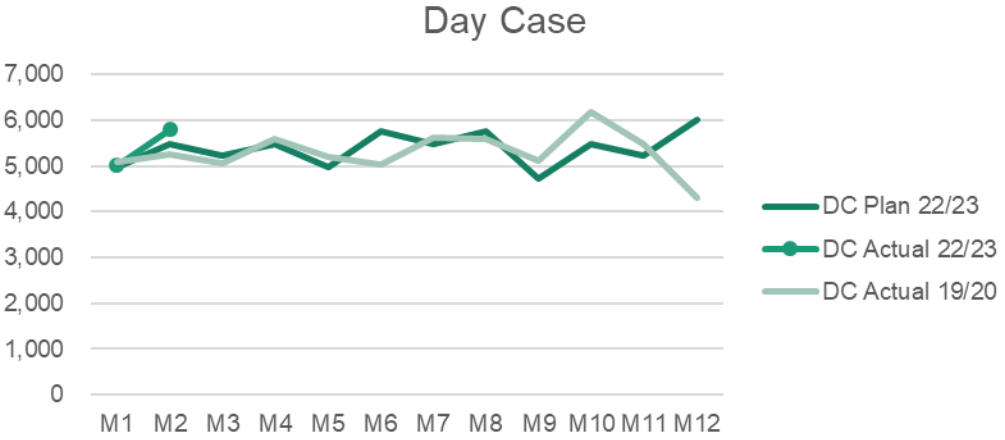
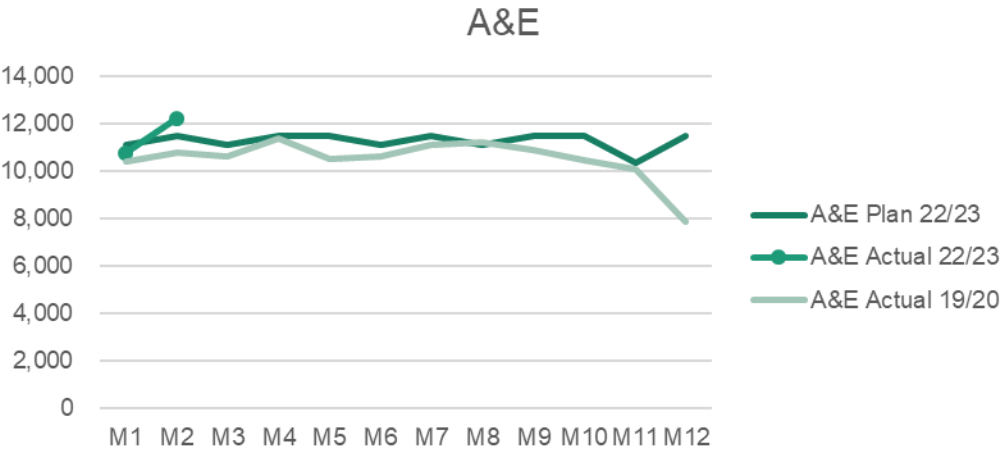
Plan	Actual	Variance
24.0	24.0	0.0
30.5	30.5	0.0
20.8	20.8	0.0
4.1	4.1	0.0
27.0	25.5	(1.5)
61.4	61.6	0.3
3.6	3.6	0.0
1.7	1.7	0.0
173.0	171.9	(1.2)
34.4	30.0	(4.4)
207.4	201.8	(5.6)

Key messages:

- **The values included in the table for Elective, non elective, outpatients and A&E income are accrued to plan due to the delay in submitting the final plan.** Updated year to date values will be reported in Month 3. As the Trust's clinical income is predominantly through block contracts, the table above is representative of actual income (in total).
- The Total Clinical income includes income earned from NHS and devolved administration commissioners and NHS arms length bodies. The headings reported above align to NHS E/I reporting categories.
- There is an adverse variance of (£1.5m) relating to high-cost drugs pass-through expenditure, which is mainly driven by the Car-T service. The overall income recognised each month fluctuates for a number of reasons including patient case-mix or commissioner pricing challenges.
- Other income earned from commissioners is £0.3m ahead of plan. This quantum includes the Covid funding, national top-up funding and ERF funding of £1.7m.
- Devolved income is reporting an adverse variance of £4.4m. This is driven by fire prevention works expenditure being lower than plan (£1.8m) and slippage on GLH investments due to late NHSE approval of funding (£1.1m). Lower activity/cost recharges in Estates (£0.7m), R&D (£0.2m) and other operational areas (£0.6m) are expected to increase in future months as activity recovers and prices are retrospectively updated for inflationary cost increases.

Note: The March 2022 figures include additional funding from NHSE/I for the extra 6% NHS pension contribution (£24.6m), The impact of R&D projects accounted for in M12 (£10.9m), apprenticeship funding (£2.4m), national PPE funding (£2.8m) and an NIHR R&D grant (£11.0m). All of which included matched expenditure in M12.

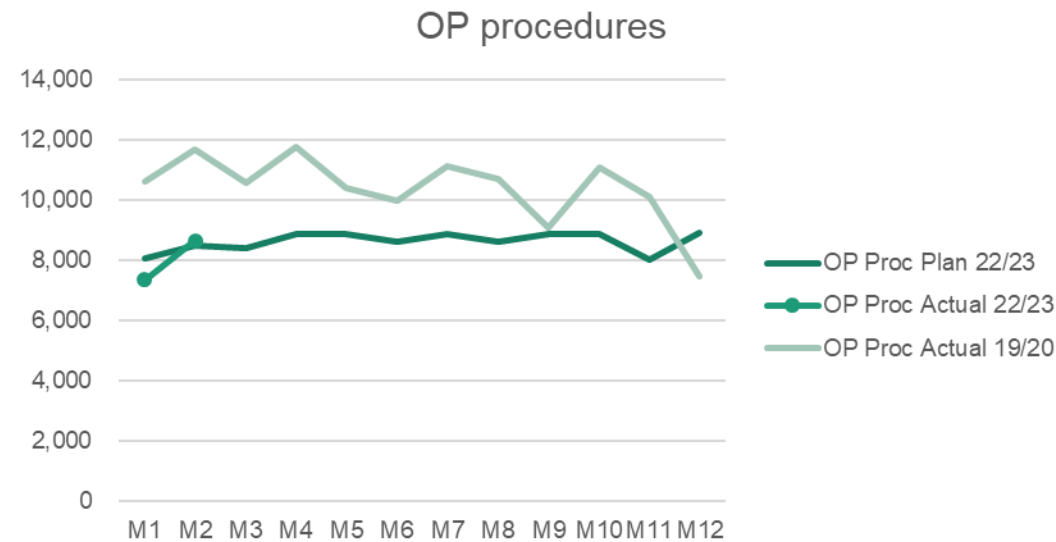
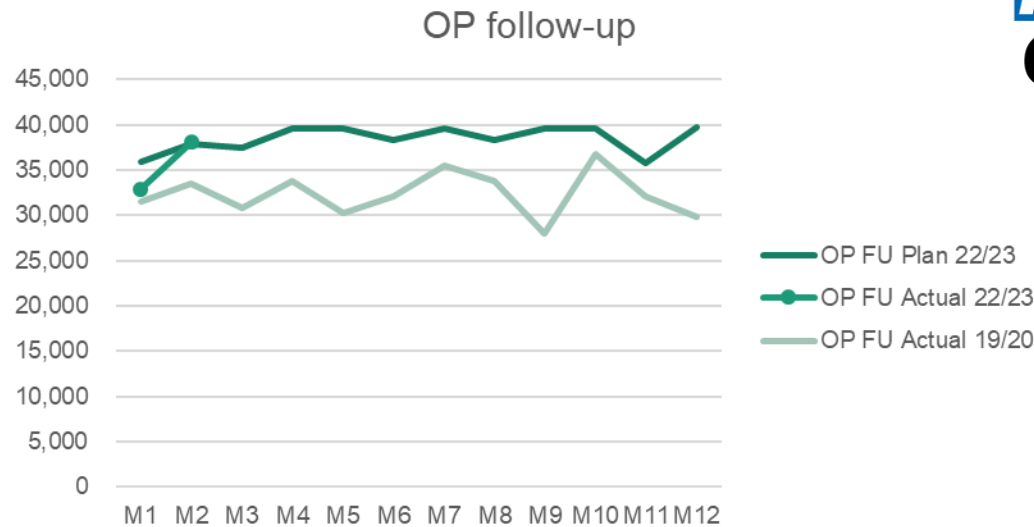
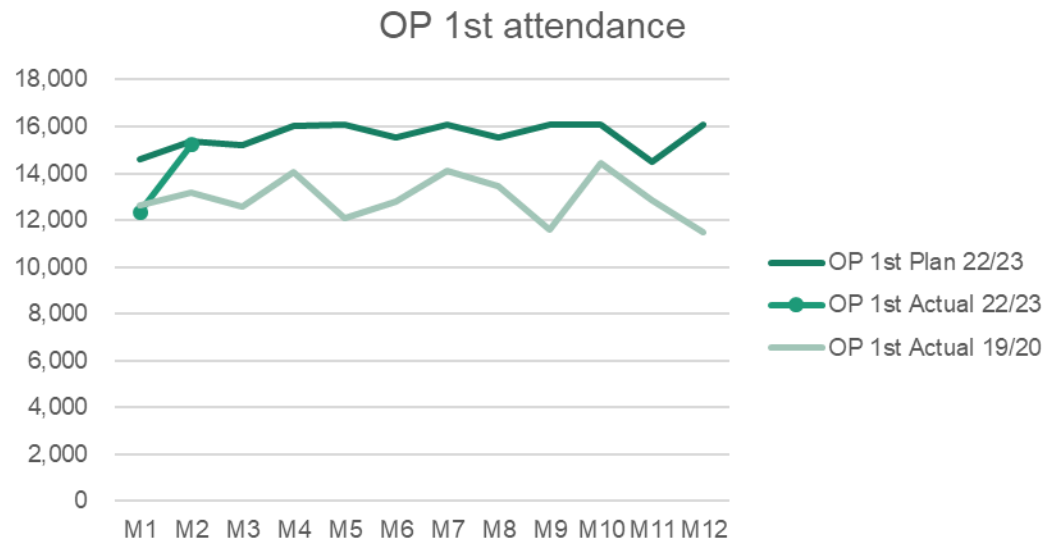
Clinical Income - Activity information (A&E, DC, NEL and EL)



Key messages:

- Elective spells are down against plan and 19/20 actuals, but day cases are higher in month 2. Overall, total electives are marginally over-performing versus plan.
- A&E attendances are higher than plan and 19/20 month 2 actuals. Non-elective spells are lower than plan and 19/20 actuals.

Clinical Income - Activity information (OP FA, FUP and Procedure)



Key messages:

- Outpatients are currently close to plan in month 2 after being lower than plan in month 1 and have shown improvement in all outpatient areas.
- Under-performance in cost & volume drugs at month 2 is mainly attributable to CAR-T.

	Income (£m)
Plan	173.0
Actuals	171.9
Variance	(1.2)
Explanation for variance:	
Variable cost & volume of drugs	(1.5)
Additional income	0.3

Please note – tables may not cross-cast due to rounding

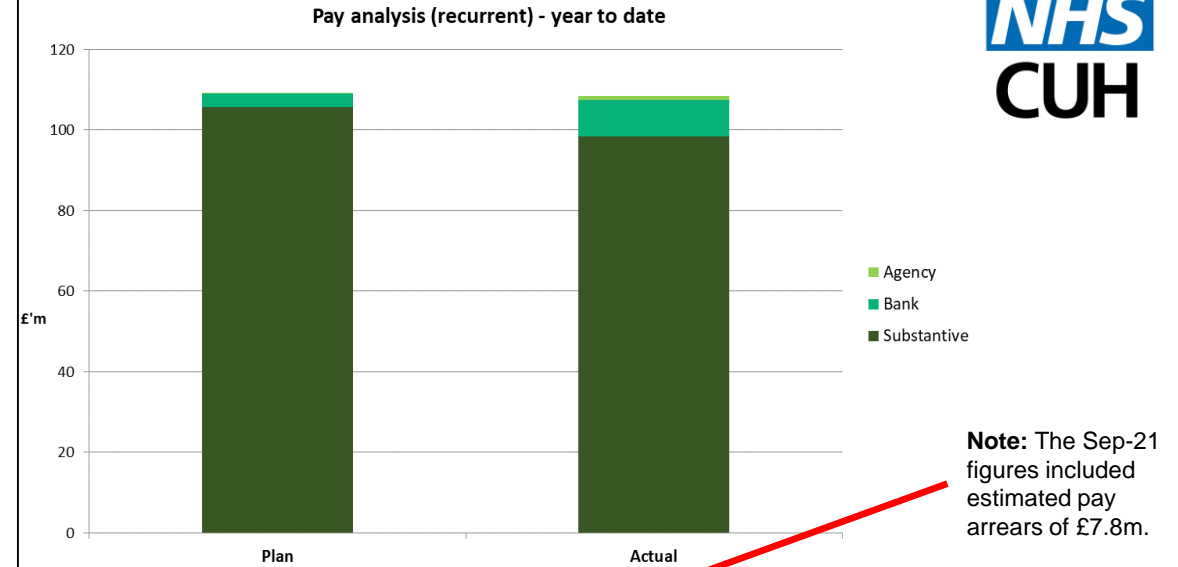
ERF:

- ERF final guidance and methodology have not yet been published. The ERF tool for 22/23 has not yet been released.
- Proposed baseline adjustments (2,970 EL / £12.5m) have not yet been accepted; we have assumed acceptance.
- Planned ERF in both months 1 and 2 is £0.8m, £1.7m total (phased plan in table below).
- Given the uncertainty regarding the national ERF methodology, no final decision on baseline adjustments and un-validated data showing lower performance than 19/20, the £1.7m of ERF income at month 2 year to date is currently at risk.

	FY22/23 ERF Initial Plan (£'m)												22/23 FY
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
ERF PLAN %	2.8%	2.8%	2.8%	5.5%	5.5%	5.5%	8.3%	8.3%	8.3%	16.7%	16.7%	16.8%	100.0%
ERF PLAN £m's	0.8	0.8	0.8	1.6	1.6	1.6	2.5	2.5	2.5	5.0	5.0	5.0	29.7

Key messages:

- At the end of month 2, the Trust is reporting a £0.8m favourable position on pay.
- The key driver for the favourable position is slippage on planned investments across a number of areas including GLH slippage (£0.3m), net slippage on ICU and Perioperative care, Digestive diseases and MSK (£0.6m) offset by pressures on Covid pay expenditure
- The Trust continues to take actions to restore and maintain services in a Covid safe environment and has invested £2.8m of Covid pay related spend in months 1 & 2.
- Bank spend as a proportion to the total 22/23 pay bill is 8.2%, while agency spend for the same time period is only 1.0% of the total pay bill. The main driver for the bank spend is the additional shifts required to cover sickness and to meet the increased demand on services.
- The national pay award is yet to be finalised for the majority of staff groups – national guidance has required the Trust to accrue an indicative 2.0% pay award year to date.



Note: For comparability purposes the table reports average values for months 1 & 2, in line with external reporting requirements month 1 values are not reported in isolation

Pay expenditure – trend and year to date

£ Millions	Year to Date		
	Budget	Actual	Variance
Non Covid:			
Administrative & Clerical	16.4	15.7	0.7
Allied Healthcare Professionals	6.5	6.0	0.5
Clinical Scientists & Technicians	10.4	9.6	0.8
Medical and Dental Staff	36.6	34.4	2.2
Nursing	39.6	37.7	1.9
Other Pay Costs	2.8	2.3	0.5
Efficiency savings	(5.4)	0.0	(5.4)
Subtotal for non-covid	106.8	105.7	1.1
Covid:			
Administrative & Clerical	0.4	0.4	0.0
Allied Healthcare Professionals	0.2	0.2	0.0
Clinical Scientists & Technicians	0.0	0.0	0.0
Medical and Dental Staff	0.6	0.5	0.1
Nursing	1.2	1.7	(0.5)
Other Pay Costs	0.1	0.1	(0.0)
Subtotal for covid	2.5	2.8	(0.3)
Total Pay Cost	109.3	108.5	0.8

£ Millions
Non Covid:
Agency
Bank
Contracted
Substantive
Subtotal for non-covid

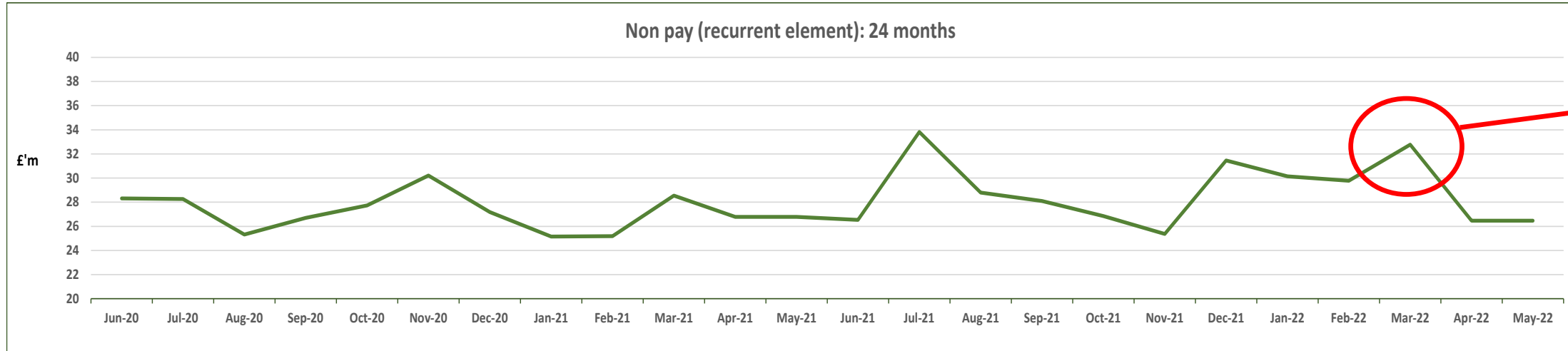
	Year to Date		
	Budget	Actual	Variance
Agency	0.0	0.8	(0.7)
Bank	2.8	6.9	(4.1)
Contracted	0.4	0.6	(0.2)
Substantive	103.6	97.4	6.2
Subtotal for non-covid	106.8	105.7	1.1
Covid:			
Agency	0.2	0.4	(0.2)
Bank	0.6	2.0	(1.4)
Contracted	0.0	(0.0)	0.0
Substantive	1.7	0.5	1.2
Subtotal for covid	2.5	2.8	(0.3)
Total Pay Cost	109.3	108.5	0.8

Non Covid pay expenditure has a favourable variance of £1.1m year to date.

This variance is driven by slippage on planned investments.

Covid expenditure is £0.3m adverse to plan. This is driven by higher usage of bank and agency staffing than planned. Expenditure however remains in line with H2 run-rate.

Other pay costs line includes Estates staffing/infrastructure expenditure as well as the planned Pay slippage and unallocated pay CIPs. For Month 3 these items will be reported more clearly.



Note: For comparability purposes the table reports average values for months 1 & 2, in line with external reporting requirements month 1 values are not reported in isolation.

Note: The following non-recurrent items have been adjusted out of the March 2022 figure presented; Impairment-AME (£15.8m), R&D grossing-up (£10.9m), R&D NIHR grant (£11.0m), National PPE (£2.8m), Notional apprenticeship fund (£2.4m) and Loss on disposal (£0.5m)

Key messages:

- At the end of month 2, the Trust's non pay position is £4.8m favourable to plan (including Covid costs).
- The variance is driven by fire prevention works expenditure being lower than planned (£1.8m), slippage on GLH investment due to late NHSE approval of funding (£0.8m), lower inflationary cost pressures than anticipated (£0.8m) and lower Clinical supplies and premises expenditure across a number of areas including Radiology and Estates (£1.4m)
- Overall Drugs expenditure is £0.4m adverse to plan. The adverse variances are spread across a range of service areas and drug types. Costs historically fluctuate from month to month so this area of expenditure will be kept under review to establish whether the current cost pressure is sustained in future months.
- Covid non-pay expenditure is in line with the plan.

<i>£millions</i>	Year to Date		
	Budget	Actual	Variance
Non Covid:			
Drugs	28.9	29.3	(0.4)
Clinical Supplies	33.9	29.4	4.4
Misc Other Operating expenses	(0.1)	0.8	(0.9)
Premises	13.1	11.9	1.2
Clinical Negligence	4.1	4.0	0.0
Other non pay costs (including CIP)	5.5	4.7	0.8
Total Recurrent	85.3	80.2	5.1
Other non pay costs	0.5	0.4	0.1
Receivables impairment net of reversals	(0.3)	0.1	(0.5)
Total Non-recurrent	0.1	0.5	(0.4)
Subtotal for non-covid	85.4	80.7	4.8
Covid:			
Drugs	0.1	0.0	0.0
Clinical Supplies	0.7	0.5	0.2
Misc Other Operating expenses	0.1	0.0	0.1
Premises	0.1	0.1	0.0
Clinical Negligence	0.0	0.0	0.0
Other non pay costs (including CIP)	0.7	0.9	(0.2)
Subtotal for covid	1.6	1.6	0.0
Total Non Pay	87.1	82.3	4.8

The non pay position shows a £4.8m favourable year to date variance at M2. The key drivers for this position are described on the earlier page.

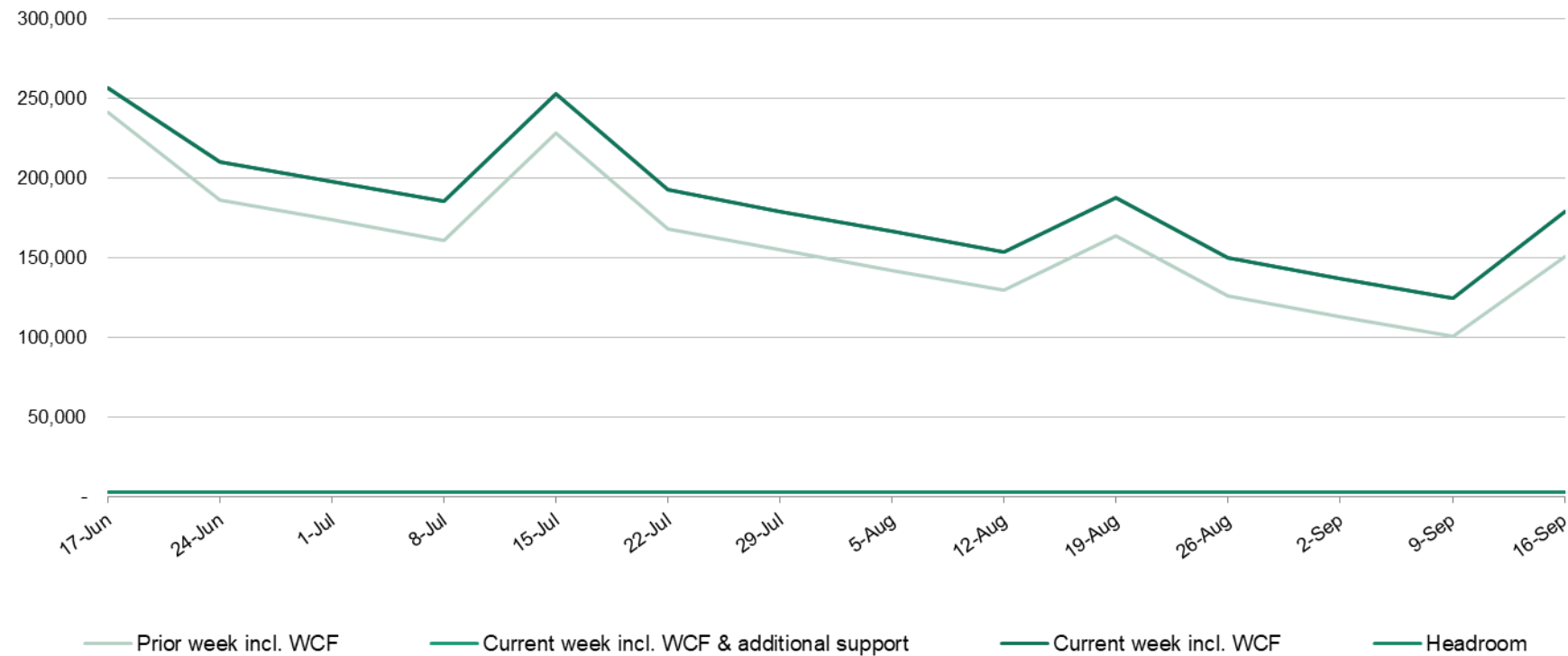
Please note that the negative budget on Misc Other Operating expenses is driven by planned slippage on non-pay expenditure. The negative budget for Receivables impairment net of reversals relates to a planned reduction in the level of Aged Debt. It is planned to report changes in this metric each quarter.

£'m	M2 YTD		M3		M4		M5		M6		M7		M8		M9		M10		M11		M12		Forecast	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Total Pay Efficiencies	1.8	2.6	1.5		3.8		2.4		2.3		2.2		1.8		1.6		2.5		2.1		2.4		24.5	24.6
Total Non-pay Efficiencies	3.3	3.0	1.7		2.1		2.6		1.5		2.2		2.3		2.4		1.9		2.3		1.4		23.8	23.7
Total Income Efficiencies	5.6	5.6	0.8		0.8		0.8		0.8		0.8		0.8		0.8		0.8		0.8		0.8		13.7	13.7
Total Efficiencies - 2022/23	10.7	11.2	4.0	0.0	6.7	0.0	5.8	0.0	4.6	0.0	5.2	0.0	4.9	0.0	4.8	0.0	5.2	0.0	5.2	0.0	4.6	0.0	62.0	62.0

Key messages:

- Please see the appendix for the detailed efficiency plan.
- At M2 our cumulative position shows pay efficiencies are currently reporting ahead of plan by £0.8m with non-pay efficiencies adverse to the plan by (£0.3m).
- Income efficiencies report in line with plan, at £5.6m to M2 and includes the non-recurrent campus development project income receipts of £4m.
- The Trust will continue to develop plans across 22/23 with the aim to increase the proportion of schemes with recurrent benefits into 23/24.

CUH 13 week rolling cash flow forecast (£000)



Key messages:

- The forecast suggests that there is no requirement for additional revenue cash support within this 13 week period.

Appendices

Month 2 capital expenditure position

Year to Date (Month 2)			
	Budget £m	Actuals £m	Variance £m
Programme			
Orthopaedic theatres	0.4	0.4	0.0
Existing Estate/HV	0.4	0.4	0.0
Cancer Research Hospital	0.1	0.1	0.0
Thrombectomy	1.0	0.4	0.6
Medical Equipment Replacement	0.1	0.0	0.1
Children's Hospital (CCRH)	0.8	0.8	0.0
Nuclear Medicine	0.5	0.1	0.4
e Hospital/Legacy Systems	0.2	0.0	0.2
Other Developments/PFI	0.6	0.6	0.0
Programme Total	4.0	2.6	1.3

Forecast		
Budget £m	Expenditure £m	Variance £m
22.5	22.5	0.0
12.2	12.2	0.0
7.5	7.5	0.0
5.9	5.9	0.0
4.1	4.1	0.0
3.7	3.7	0.0
3.0	3.0	0.0
3.0	3.0	0.0
4.0	4.0	0.0
65.9	65.9	0.0

Key Issues/Notes Year to Date

£2.6m has been invested YTD, against a provisional budget of £4.0m. The larger areas of spend this year have been:

- Children's Hospital - £781k
- Orthopaedic theatres - £354k
- Thrombectomy - £351k
- Backlog Maintenance - £235k
- Nuclear Medicine refurbishment - £125k

The budget was approved at CAB in June following a review of priorities and interdependencies of projects; the group's focus for the remainder of the year is to deliver on this investment plan.

Key Issues/Notes Forecast

At this point in the year we are forecasting to spend in line with the budget figure of £65.9m. Some of the projects budgeted in this year are still in the early phases of work up, while others still require formal sign-off of their business plan.

We have a contingency budget of £600k for any emergencies which may arise from equipment failure and are also budgeting & forecasting slippage of projects within the £65.9m total. We will review and manage slippage as the year progresses and make amendments as appropriate.

Balance sheet	21/22 M12 Actual £m	M2 Actual £m
Non-current assets		
Intangible assets	24.2	24.2
Property, plant and equipment	436.8	473.3
Total non-current assets	461.0	497.5
Current assets		
Inventories	11.6	11.8
Trade and other receivables	50.3	63.5
Cash and cash equivalents	224.2	187.6
Total current assets	286.1	262.9
Current liabilities		
Trade and other payables	(219.6)	(186.8)
Borrowings	(9.1)	(8.9)
Provisions	(0.2)	(0.9)
Other liabilities	(109.1)	(117.2)
Total current liabilities	(338.0)	(313.8)
Total assets less current liabilities	409.1	446.6
Non-current liabilities		
Borrowings	(86.6)	(120.6)
Provisions	(13.1)	(13.1)
Total non-current liabilities	(99.7)	(133.7)
Total assets employed	309.4	312.9
Taxpayers' equity		
Public dividend capital	583.3	583.3
Revaluation reserve	37.5	37.5
Income and expenditure reserve	(311.4)	(307.9)
Total taxpayers' and others' equity	309.4	312.9

Balance sheet commentary at month 2

- The balance sheet shows total assets employed of £312.9m.
- Non-current liabilities at month 2 are £133.7m, of which £120.6m represents capital borrowing (including PFI and IFRS 16).
- Cash balances remain strong at month 2.
- The balance sheet includes £29.5m of resource to support the completion of the Remedial fire safety works expected to be deployed over the coming years. It also includes £20m of funding received to support transformative work to be delivered in 22/23.
- International Financial Reporting Standard 16 (IFRS 16) changes the way in which leases are accounted and applies to the NHS from 1 April 2022. The impact on the Trust's balance sheet is that an additional £40m of non-current assets are recognised as at 1 April 2022, with a corresponding liability split £5m current liabilities and £35m non-current liabilities. The overall impact on net assets employed is therefore nil.

Report to the Board of Directors: 13 July 2022

Agenda item	9.3
Title	Nurse safe staffing
Sponsoring executive director	Lorraine Szeremeta, Chief Nurse
Author(s)	Amanda Small, Interim Deputy Chief Nurse Sarah Raper, Roster Support Lead Annesley Donald, Deputy Director of Workforce
Purpose	To provide the Board with the monthly nurse safe staffing report.
Previously considered by	Management Executive, 7 July 2022

Executive Summary

The nursing and midwifery safe staffing report for May 2022 is attached. Page 2 of the report includes an Executive Summary.

Related Trust objectives	Improving patient care, Supporting our staff
Risk and Assurance	Insufficient nursing and midwifery staffing levels
Related Assurance Framework Entries	BAF ref: 007
Legal / Regulatory / Equality, Diversity & Dignity implications?	NHS England & CQC letter to NHSFT CEOs (31.3.14) NHS Improvement Letter – 22 April 2016; NHS Improvement letter re: CHPPD – 29 June 2018; NHS Improvement – Developing workforce safeguards October 2018

How does this report affect Sustainability?	n/a
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Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a
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Action required by the Board of Directors

The Board is asked to receive and note the nurse safe staffing report for May 2022.

Monthly Nurse Safe Staffing

**Together
Safe
Kind
Excellent**

Sponsoring executive director: Lorraine Szeremeta, Chief Nurse

Amanda Small, Deputy Chief Nurse

Sarah Raper, Project Lead Nurse safe staffing

Annesley Donald, Deputy Director of Workforce

Executive Summary

This slide set provides an overview of the Nursing and Midwifery staffing position for May 2022.

The vacancy position according to the ledger has remained relatively static for Registered Midwives (RMs) in May at 8.5% compared with 8.4% in April, however it should be noted that the ledger is currently based on 19/20 establishments and has not been updated to reflect the additional approved investment in workforce. Work has now been undertaken as reported at the last Board of Directors meeting to align the workforce ESR and financial ledger. The actual vacancy position for midwifery is 14.7% The Registered Nurse (RN) vacancy position also remains static at 6.9%. There has been a slight decrease in vacancies for registered children's nurses (RSCN) at 16.5% compared with 17.4% in April. Conversely, the vacancy rate for the Maternity Care Assistant (MCA) workforce has increased to 13.2% from 11.3% in April and the Health Care Support Workers (HCSW excluding MCA) has also increased to 10.5% compared to 8.8% in April.

Turnover rate remains high at 14.4% for RN's, 18.6% for RMs, 20.4% for RSCN's and 19.7% for HCSW's. The main reason for leaving for RN's, HCSW's and RSCN's is voluntary resignation – relocation whereas for RM's it is cited as being due to Voluntary resignation – work/life balance.

The planned versus actual staffing report demonstrates that 6 clinical areas reported <90% rota fill in May. The overall fill rate for maternity has improved slightly in May to 90% compared to 82% in April. The total unavailability in May has increased slightly to 31% compared to 27% in April. The majority of unavailability (15.6%) is due to planned annual leave, sickness absence has increased slightly to 7.9% compared with 6.7% in April. Additionally, 2.2% of working time was unavailable due to other leave including medical self isolation which is comparable to April (2.1%), 2.7% was due to study leave and 2.9% was due to supernumerary time.

In order to mitigate staffing risks, the number of requests for bank workers remains high with an average of 1992 shifts requested for registered staff and 1126 shifts requested for Health care support workers and Maternity support workers per week with an average bank fill rate of 74% for registered staff and 66% for Health Care Support workers. In addition, the equivalent of 50.93 WTE agency workers are working across the divisions. Despite this, redeployment of nurses and midwives has remained necessary due to staff unavailability, with an average of 282 working hours being redeployed each day of which 97% of the redeployed hours have been within division.

There has been a significant decrease in the number of occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient (34 occasions compared to 183 in April). Additionally there have been 81 occasions where there has been no side room co-ordinator (166 in April). In order to mitigate non compliance with the guidelines for the provision of intensive care services (GPICS) standards, the decision has been taken by the divisional leadership team, Chief Nurse, Medical Director and Chief Operating Officer to reduce the critical care bed capacity to 52 beds (from 59) whilst recruitment is ongoing to vacant positions.