University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Finance Report 2022-23 Month 12**			
Agenda item:	**10.2**			
Sponsor:	**Ian Howard – Chief Financial Officer**			
Author:	**Philip Bunting – Director of Operational Finance** **David O'Sullivan – Assistant Director of Finance – Financial Performance**			
Date:	**25 April 2023**			
Purpose:	**Assurance or reassurance**	**Approval**	**Ratification**	**Information** **X**
Issue to be addressed:	The finance report provides a monthly summary of the key financial information for the Trust.			
Response to the issue:	**M12 Financial Position** UHS has closed the M12 financial position with a **deficit of £11m**, consistent with the forecast position in M11. This position is subject to audit. **NHS Pay Award** NHS organisations have been asked to accrue both income and cost relating to the backdated pay award, calculated nationally at £23m for UHS. There remains some uncertainty regarding any local differences to the national calculation when it is paid (assuming it is agreed) in 23/24. For example, the UHS contract with Serco is dynamically linked to agenda for change and therefore we may be contractually (and morally) obliged to match the pay award. This principle also applies to other Trusts e.g., PFI contracts. This may lead to a pressure at the point payments are made to staff in 23/24, although this position remains unclear. **Underlying Position** The underlying position for March increased to circa £5m, with increases to pay costs and particularly clinical supplies costs. This partly relates to increased activity with March recording the highest level of elective throughput all year despite the challenge of industrial action. With ERF income now fixed for the year this has not generated any additional income, however. There were a number of movements within the M12 position that distorted the normal underlying run rate. This included: • National pensions award calculation (Income & Expenditure) - £27m • National pay award (Income and Expenditure) - £23m • Backfill in response to industrial action - £0.6m • Reduced pay for staff taking industrial action – (£0.2m) • Movement in annual leave accrual – (£0.8m) • Movements in level and valuation of stock - £1.3m • Additional receipting activity prior to year-end - £1m • Year-end agreements on drugs & devices with NHSE - £3m			

We are anticipating the increase in the underlying position therefore represents a M12 period, rather than an upward trend in expenditure. We are however monitoring this carefully and reviewing detailed positions aligned to setting 23/24 budgets.

Key drivers

The key drivers for the underlying position remain consistent with previous monthly reports and are listed in the table below. Most of these are classed as uncontrollable with UHS having limited ability to directly influence the level of cost pressure being experienced in some areas. These have been partly offset by planned CIP and further to that additional CIP or additional income being achieved. This has helped UHS report a lower deficit number than the underlying position of £45m deficit YTD.

Risk Variable	Controllable / Uncontrollable	2022/23 Final (£m)
Cost Improvement Plans not fully delivered	Controllable	0.0
Covid 19 remains at above 'background' levels meaning costs don't reduce	Uncontrollable	(5.1)
Inflationary pressures impacting the price of goods and services (including stockouts)	Uncontrollable	(12.2)
Energy Cost prices continue to rise	Uncontrollable	(9.6)
Block drugs and devices costs continue to overspend	Uncontrollable	(10.9)
Medically optimised for discharge numbers do not reduce and flex beds remain open	Controllable	(3.4)
Emergency Department	Controllable	(5.6)
Pay Award Funding Gap	Uncontrollable	(2.3)
Additional Bank Holiday Costs	Uncontrollable	(2.9)
Recurrent Cost Improvement Plans Offsetting (Within Plan)	Controllable	7.0
Underlying Deficit Subtotal		**(45.0)**
Non Recurrent CIP (Within Plan)		5.0
Additional Income / Stretch Achievement		29.0
Reported Deficit Total		**(11.0)**

ERF Position

The activity position in M12 was exceptional at 111% of 19/20 activity levels and increase from 103% in February (impacted by industrial action). We would also estimate this to be understated as national data is regularly marginally above local data (likely due to Advice & Guidance adjustments). In absolute terms ERF related activity was valued at £2m higher than the YTD average. This increase was particularly notable in Division D.

It should be noted that March 2020 would have been marginally impacted by the start of the Covid-19 pandemic, creating a lower activity baseline.

Both HIOW ICS and Specialised Commissioning have paid non recurrent financial settlements for elective recovery fund overperformance.

CIP

The Trust has achieved delivery of £45.5m CIP, hitting the target in full. This equates to delivery of 3.5% of income, beyond levels previously achieved, in a year where we were restricted in productivity opportunities delivering additional income.

However, we are still reliant on non-recurrent CIP schemes, which will need to be re-delivered in 23/24 as outlined in our financial plan.

Financial Recovery

Financial recovery remains a significant priority for the trust. Progress continues to be made via the Trust Savings Group and Transformation Oversight Group following on from the finance summit held in December. Actions completed since the December F&IC:

- Outsourcing spend has reduced in Q4 after enacting stricter controls on its usage
- Revised financial governance and controls have been discussed and agreed at the Trust Executive Committee
- A review of the trusts balance sheet has taken place with HIOW ICS and NHSE Regional colleagues
- Tightened agency spend controls continue to report reduced spend on high-cost agency
- The Transformation Oversight Group (TOG) is in the process of setting priorities for 23/24

In our financial recovery plan, we committed to delivering an improved financial deficit on £23.7m, following additional stretch savings of £15.3m. We have delivered these improvements, as well as negotiating additional income relating to above-plan activity levels, which enabled further reductions to our in-year deficit.

However, our underlying deficit does remain concerning, and despite the recovery programme we have not made significant improvements to the recurrent position. We are responding to these challenges in our financial plan, including tightening financial controls even further.

Capital

We are reporting capital expenditure of £47.7m, which is equivalent of our full internal CDEL limit.

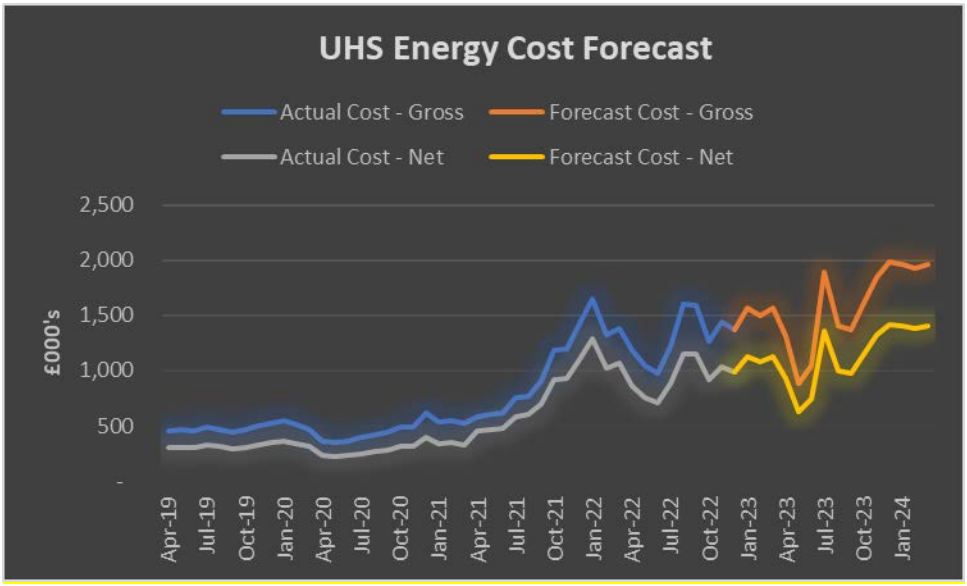
We have also received a further £26.8m external funding for national programmes, which we are reporting as fully spent. On top of this, we are reporting £13.8m of additional leases relating to IFRS16, which is incorporated into national CDEL.

In total, the Trust has spent £88.3m, including spending our full internal and external CDEL allocations of £74.5m.

Due to the risk of slippage, a number of schemes were brought forward from 23/24 to ensure full delivery. This resulted in M12 expenditure of over £24m. Our capital programme for 23/24 will be adjusted for movements resulting from these activities, expected to be neutral to our plan overall.

Cash

The cash position has remained static at £105m. This is higher than was originally forecast but there are a large volume of capital accruals relating to March 2023 expenditure that have not yet been paid to suppliers. Normalising for this the underlying downward trend remains consistent with the previous forecast however recent cash injections of non-recurrent funding will help short term liquidity and boost cash reserves. Cash is anticipated to reduce steeply in Q1 as capital payments are made and the underlying deficit trend continues.

	We are continuing to have a current-account deficit, which is being funded by our capital investment savings account. **Energy Spotlight** One of the areas of financial pressure since 2019/20 has been energy costs. These have increased threefold over the past three years and have represented a £9.6m pressure over and above normal inflationary year on year funding. Although some of the trusts total energy costs are recharged to tenants the grey/yellow line below illustrates the net spend on energy (so after recharges). This is again forecast to increase as we move into 2023/24 as government support is reducing and prices remain high. This is forecast to grow by c£4m in the next financial year (c35%).  **HIOW ICB Position** A verbal update on the latest position will be provided.
Implications:	• Financial implications of availability of funding to cover growth, cost pressures and new activity. • Organisational implications of remaining within statutory duties.
Risks: (Top 3) of carrying out the change / or not:	• Financial risk relating to the underlying run rate and projected potential deficit if the run rate continues. • Investment risk related to the above • Cash risk linked to volatility above • Inability to maximise CDEL (which cannot be carried forward) and the risk of a reducing internal CDEL allocation for 2023/24 due to the forecast deficit for 2022/23.
Summary: Conclusion and/or recommendation	Members of Trust Board are asked to: • Note the update to the financial position.

Finance Report Month 12

Report to:	**Board of Directors and Finance & Investment Committee** **March 2022**
Title:	**Finance Report for Period ending 31/03/2023**
Author:	**Philip Bunting, Director of Operational Finance** **David O'Sullivan, Assistant Director of Finance**
Sponsoring Director:	**Ian Howard, Chief Financial Officer**
Purpose:	**Standing Item**
	The Board is asked to note the report

Executive Summary:

In Month and Year to date Highlights:

1. In Month 12, UHS reported a surplus position of £0.3m which was £1.2m adverse to plan. The full year position has therefore closed at £11m deficit (subject to audit). This is £11m adverse to the breakeven target.

2. The underlying position is however a £45m deficit with one off benefits helping improve the in year reported position. The drivers for the underlying deficit primarily relate to largely uncontrollable costs relating to covid, inflation, escalation bed costs (due to an increase in the number of patients not meeting the criteria to reside) and energy expenditure.

3. Full year CIP delivery was reported marginally ahead of plan at £45.5m. This was £6.7m up on the previous month. £22.6m (50%) of this was delivered recurrently with progress now underway in forming the 2023/24 CIP programme.

4. The main income and activity themes seen in M12 were:
    1. UHS has delivered 111% of Elective Recovery activity in M12.
    2. Elective income was the highest seen all year (valued at £2m over the monthly average)
    3. At year end the unfunded pressure for ICB block funded drugs and devices is £10.9m of which £7.6m is from drugs.
    4. The cost pressure relating to industrial action totals £0.4m

5. The underlying deficit of £5m in month is driven by:
    1. Block Drugs & Devices (£1.5m in month) – partly offset with CIP
    2. Energy costs – (£0.7m in month) – Inflationary pressure – partly offset by CIP
    3. Covid related staff costs – (£0.3m per month) – continued sickness absence costs and covid spend which has not reduced as per planning assumptions
    4. Inflationary and pay award pressures (£1.2m per month) – costs are unfunded
    5. Activity and MOFD related pressures (£0.7m per month) – ED and Surge Bed costs
    6. Clinical supplies increases relating to additional elective activity (£1m)

Finance: I&E Summary

A surplus position of £0.3m was reported in March bringing the full year position to £11m deficit (subject to audit).

There was however significant distortions in a number of areas relating to one off year end accounting entries. £49m of substantive pay costs (relating to pension and pay award accruals) were offset by clinical income.

Other non pay and other income also contain £13m of offsetting transactions. Clinical supplies was distorted by £1.5m of costs relating to reduced stock levels and increased stock provisions. Underlying spend also increased in line with increased activity.

Impairments of £3.8m were reported within Other non pay although are removed as a below the line item.

		Current Month			Full Year		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
NHS Income:	Clinical	69.7	135.5	(65.7)	837.0	926.4	(89.3)
	Pass-through Drugs & Devices	11.2	15.0	(3.8)	134.6	155.1	(20.5)
Other income	Other Income excl. PSF	10.6	24.2	(13.6)	126.6	190.2	(63.6)
	Top Up Income	0.6	0.4	0.2	8.3	7.5	0.8
Total income		**92.1**	**175.1**	**(83.0)**	**1,106.6**	**1,279.2**	**(172.7)**
Costs	Pay-Substantive	50.2	101.8	51.6	591.6	659.5	68.0
	Pay-Bank	2.0	4.8	2.8	33.2	48.0	14.8
	Pay-Agency	0.7	2.0	1.3	12.0	15.5	3.5
	Drugs	4.7	6.5	1.7	59.7	63.1	3.4
	Pass-through Drugs & Devices	11.2	15.0	3.8	134.6	155.1	20.5
	Clinical supplies	5.2	13.3	8.1	74.6	90.4	15.7
	Other non pay	15.6	32.2	16.6	189.6	250.8	61.1
Total expenditure		**89.7**	**175.5**	85.9	**1,095.3**	**1,282.3**	**186.9**
EBITDA		**2.4**	**(0.4)**	**2.9**	**11.2**	**(3.0)**	**14.3**
EBITDA %		2.7%	-0.3%	2.9%	1.0%	-0.2%	1.3%
	Non operating expenditure/income	(0.9)	(0.9)	(0.0)	(11.1)	(10.4)	0.7
Surplus / (Deficit)		**1.5**	**(1.4)**	**2.9**	**0.1**	**(13.5)**	**13.6**
Less	Donated income	(0.1)	(1.1)	1.0	(1.4)	(3.0)	1.6
	Profit on disposals	-	-	0.0	-	-	0.0
	Gain/ Loss on absorption			0.0		(0.4)	0.4
Add Back	Donated depreciation	0.1	0.2	0.1	1.3	2.0	0.7
	Impairments	-	2.5	2.5	-	3.8	3.8
Net Surplus / (Deficit)		**1.5**	**0.3**	**1.2**	**0.0**	**(11.0)**	**11.0**

Finance Report Month 12

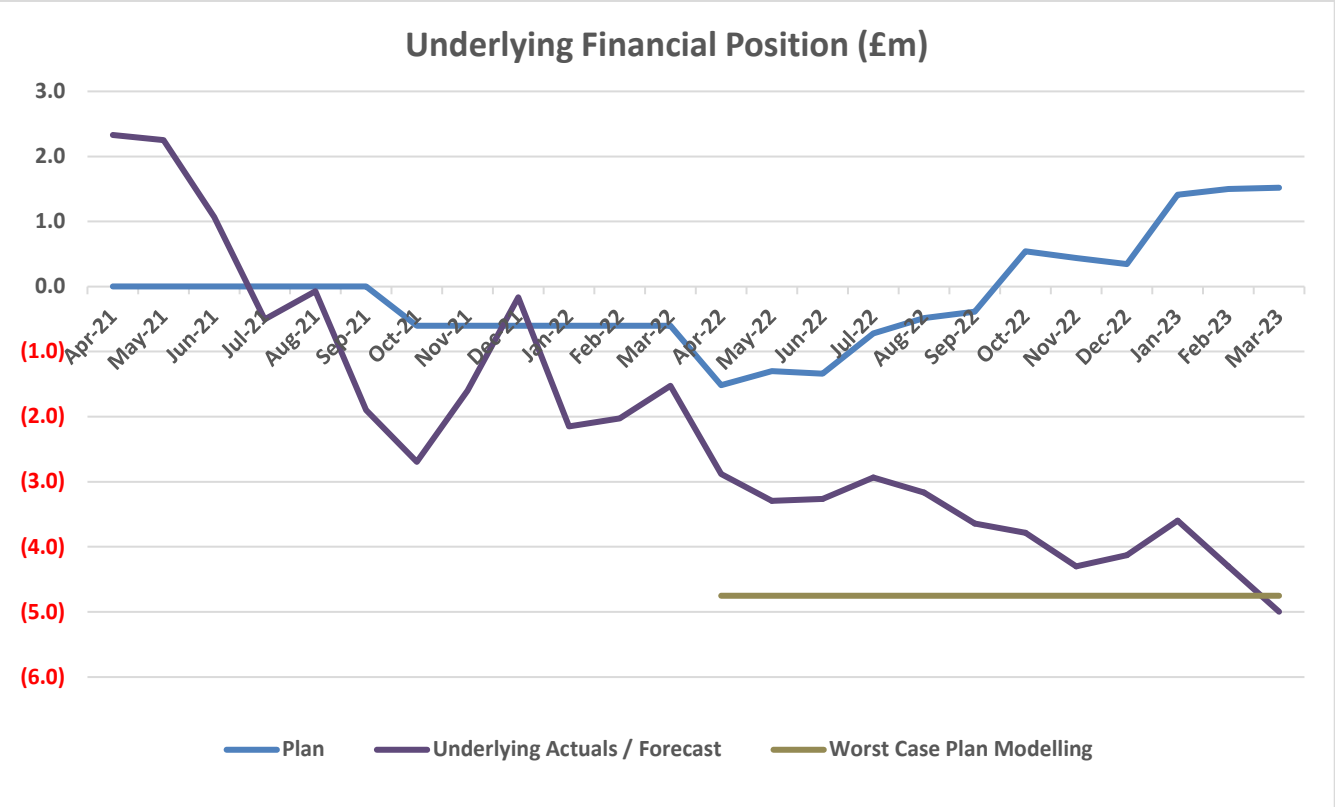
Monthly Underlying Position

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

This differs from the reported financial position as it has been adjusted for non recurrent items (one offs) and also had any necessary costs or income rephased by month to get a true picture of the run rate. The underlying position is a £5m deficit in M12 which has deteriorated from up from £4.3m in M11.

The run rate has deteriorated over the year from c£3m per month to exiting the year at £5m per month. This is driven by increased energy costs and also activity related pressures over the winter period especially relating to surge beds.

The full year underlying deficit is £45m.



Financial Risks

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

This can now be confirmed for the full year at £45m deficit. Many of these are deemed uncontrollable as there is little the trust can do to mitigate the risks.

The most significant pressures relate to inflation and energy costs that have been collectively £22m over funded levels. Block drugs are also a significant pressure at £10.9m whereby the trust has not been able to 'pass through' costs that previously it could do.

These pressures create a significant headwind as we move into 23/24 as the trust will need to continue to seek to manage these within a limited financial envelope.

In year one off income and additional CIP delivery has helped offset the risks and deliver an £11m deficit at year end.

Risk Variable	Controllable / Uncontrollable	Original Worst Case Assessment (£m)	2022/23 Final (£m)
Cost Improvement Plans not fully delivered	Controllable	(28.9)	0.0
Covid 19 remains at above 'background' levels meaning costs don't reduce	Uncontrollable	(17.0)	(5.1)
Inflationary pressures impacting the price of goods and services (including stockouts)	Uncontrollable	(11.3)	(12.2)
Energy Cost prices continue to rise	Uncontrollable		(9.6)
Block drugs and devices costs continue to overspend	Uncontrollable	0.0	(10.9)
Medically optimised for discharge numbers do not reduce and flex beds remain open	Controllable	0.0	(3.4)
Emergency Department	Controllable	0.0	(5.6)
Pay Award Funding Gap	Uncontrollable	0.0	(2.3)
Additional Bank Holiday Costs	Uncontrollable	0.0	(2.9)
Recurrent Cost Improvement Plans Offsetting (Within Plan)	Controllable	0.0	7.0
Underlying Deficit Subtotal		**(57.2)**	**(45.0)**
Non Recurrent CIP (Within Plan)			5.0
Additional Income / Stretch Achievement			29.0
Reported Deficit Total		**(57.2)**	**(11.0)**

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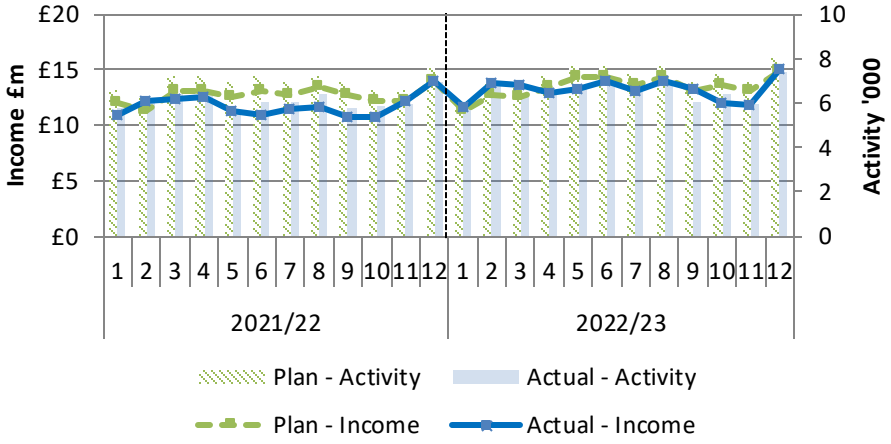
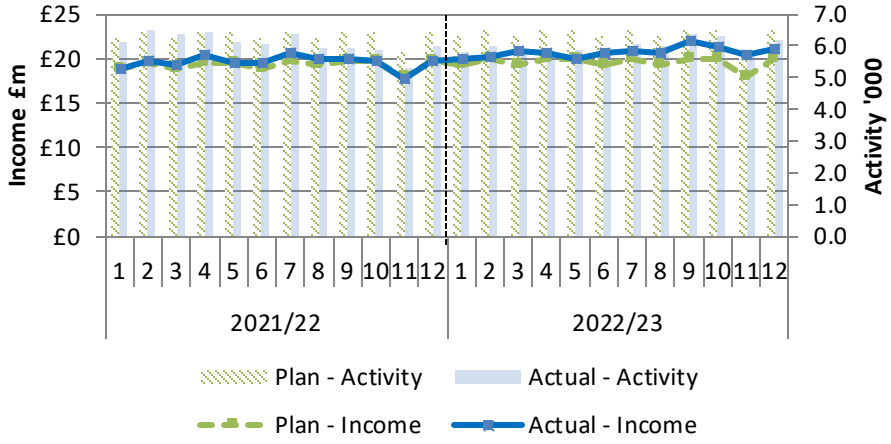
Clinical Income

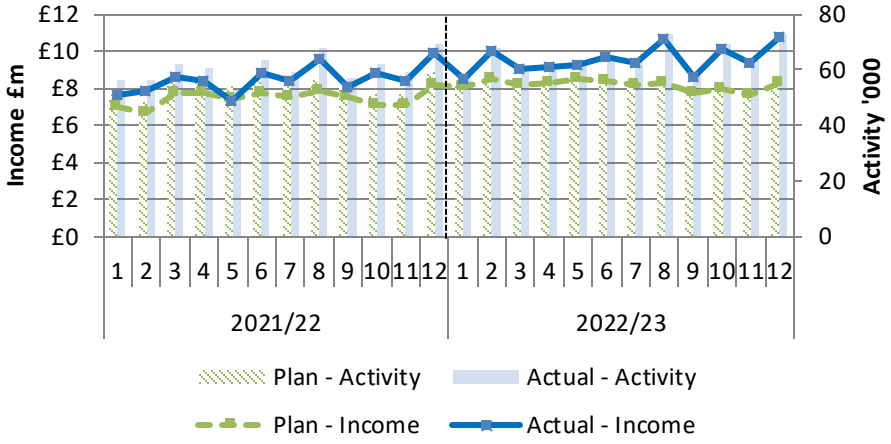
Elective spells



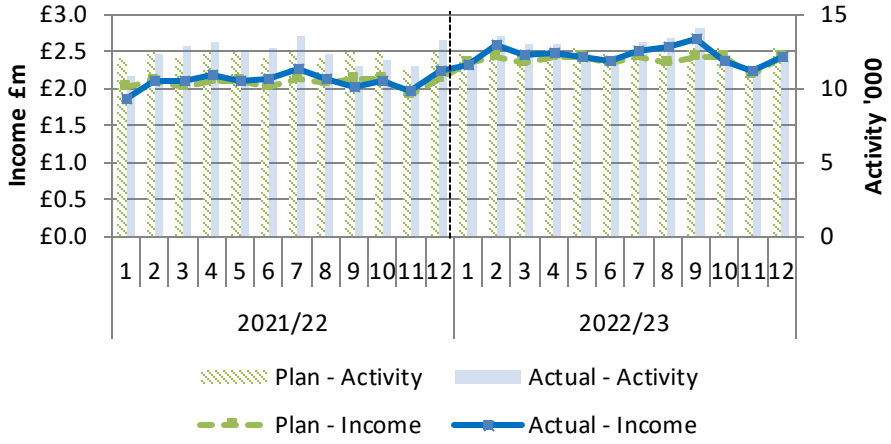
Non elective spells



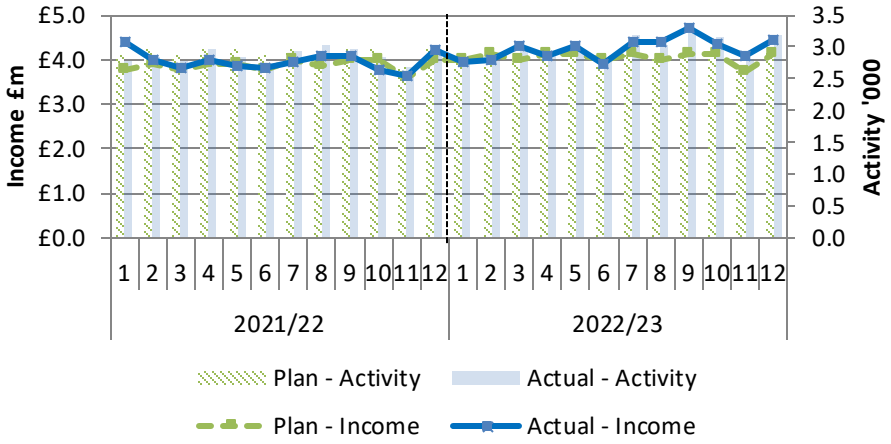
Outpatients Total



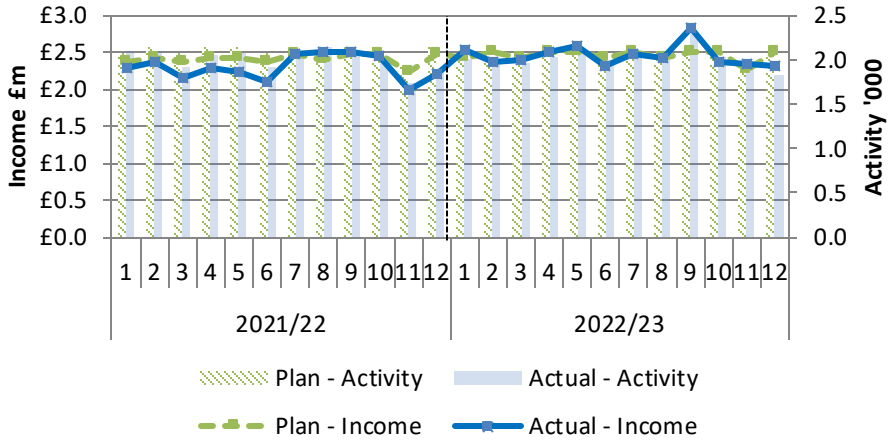
A&E



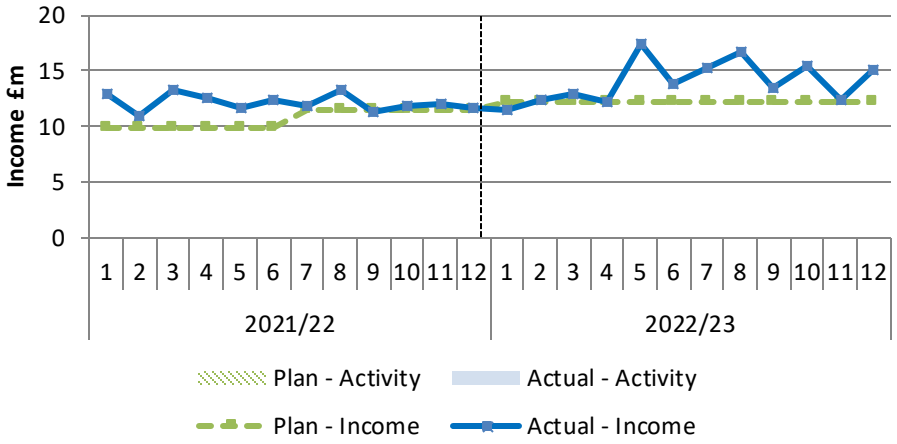
Adult critical care



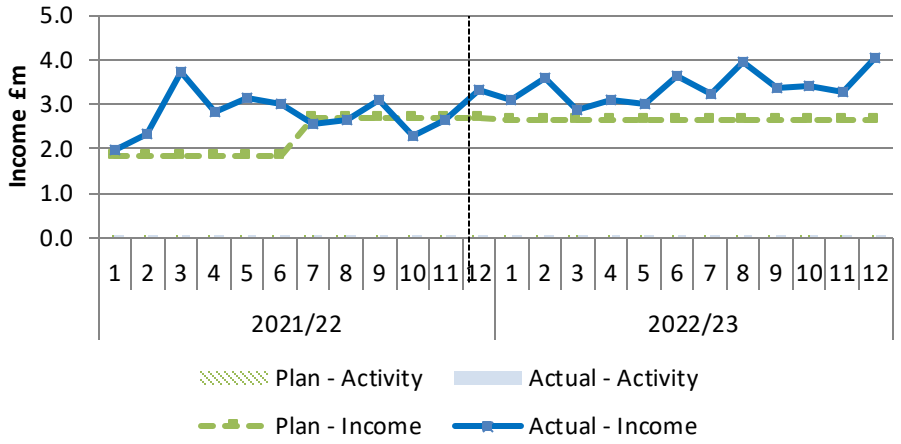
Neonatal & paediatric critical care



Tariff excluded drugs



Tariff excluded devices



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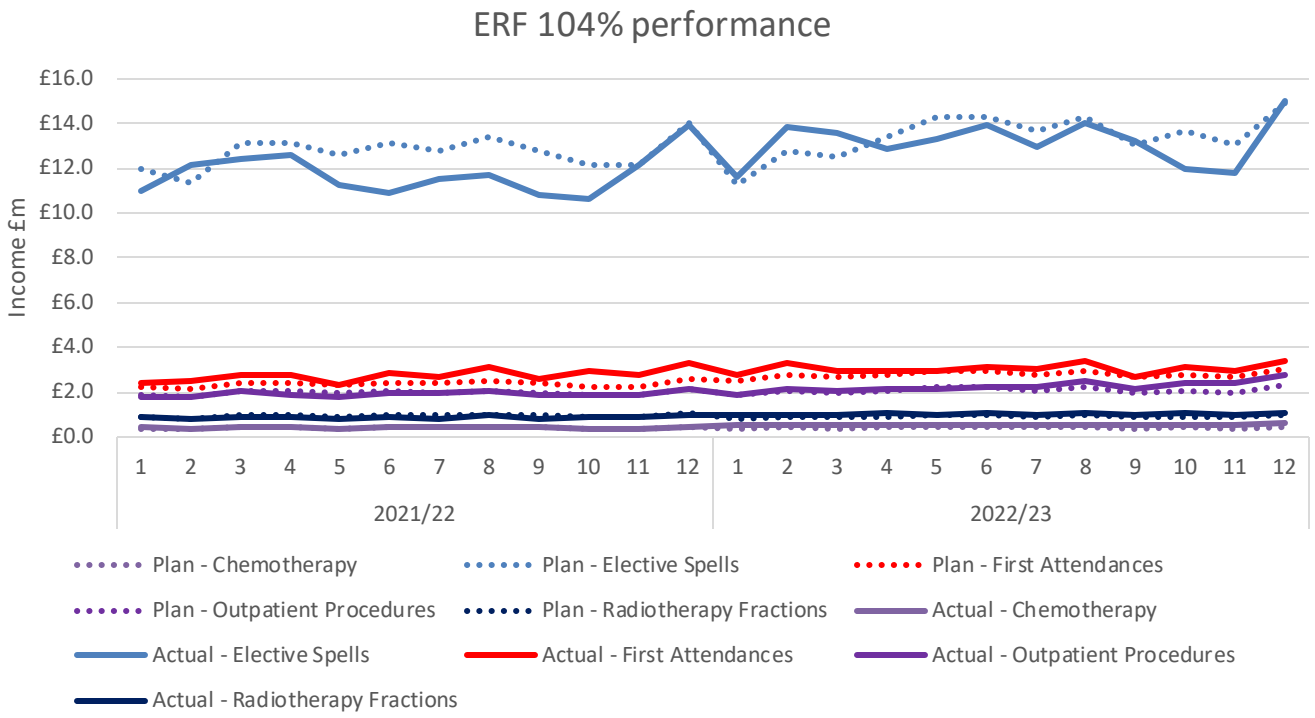
Elective Recovery Fund 22/23

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

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

The table highlights overall performance against the 19/20 pre-Covid baseline, highlighting M12 performance of 111% and 106% YTD. Indicatively this has generated £6.6m in ERF income YTD.

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



Elective Recovery Framework Performance	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD
Elective performance	99%	107%	110%	99%	98%	103%	101%	104%	107%	92%	96%	106%	102%
Outpatient first and procedures performance	109%	117%	112%	108%	104%	109%	111%	120%	107%	118%	119%	120%	113%
Chemotherapy performance	146%	127%	142%	127%	128%	133%	142%	141%	139%	133%	143%	136%	136%
Radiotherapy performance	119%	112%	114%	116%	104%	113%	112%	117%	114%	119%	116%	114%	114%
Overall ERF performance	**104%**	**111%**	**112%**	**103%**	**101%**	**106%**	**104%**	**109%**	**108%**	**101%**	**103%**	**111%**	**106%**
Anticipated ERF payment (incl. A&G)	**£826**	**£1,675**	**£1,502**	**£125**	**-£409**	**£338**	**£173**	**£877**	**£723**	**-£364**	**£23**	**£1,104**	**£6,593**
Outpatient follow up performance	130%	137%	130%	125%	120%	125%	126%	139%	123%	139%	129%	128%	129%

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Cost Pressures 2022/23

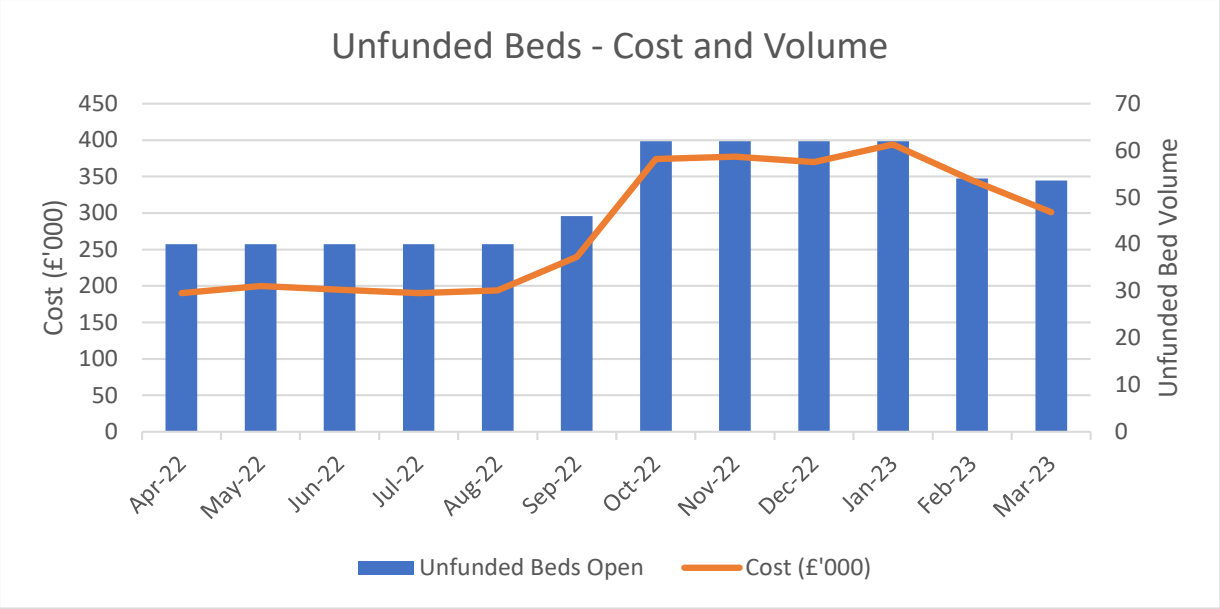
The top tables show the performance for block funded and pass-through drugs in 22/23. The majority of NHS England Specialised Commissioned drugs and devices are being funded on a cost and volume (C&V) basis but all those which are ICB commissioned are subject to a fixed block payment.

At M12 the unfunded pressure for these block funded drugs and devices is £10.9m of which £7.6m is from drugs. Long term conditions form one of the key areas of cost growth particularly within gastroenterology, rheumatology and ophthalmology. These services are seeing disproportionate growth in patient numbers and significant impact from NICE technical appraisals particularly around biologics.

The graph shows the costs of 'unfunded beds' open within UHS. These are required due to increasing numbers of patients (c200) not meeting the criteria to reside. Flex bed pressures have increased over recent months with costs increasing to £350k in month (£3.4m YTD).

Block	YTD Plan	YTD Actual	Unfunded performance
Drugs	£36,806,272	£44,412,225	£7,605,953
Devices	£5,870,504	£9,146,062	£3,275,558
Total	**£42,676,776**	**£53,558,287**	**£10,881,511**

C&V	YTD Plan	YTD Actual	Funded performance
Drugs	£108,611,331	£123,667,320	£15,055,989
Devices	£26,013,573	£31,416,032	£5,402,459
Total	**£134,624,903**	**£155,083,352**	**£20,458,449**



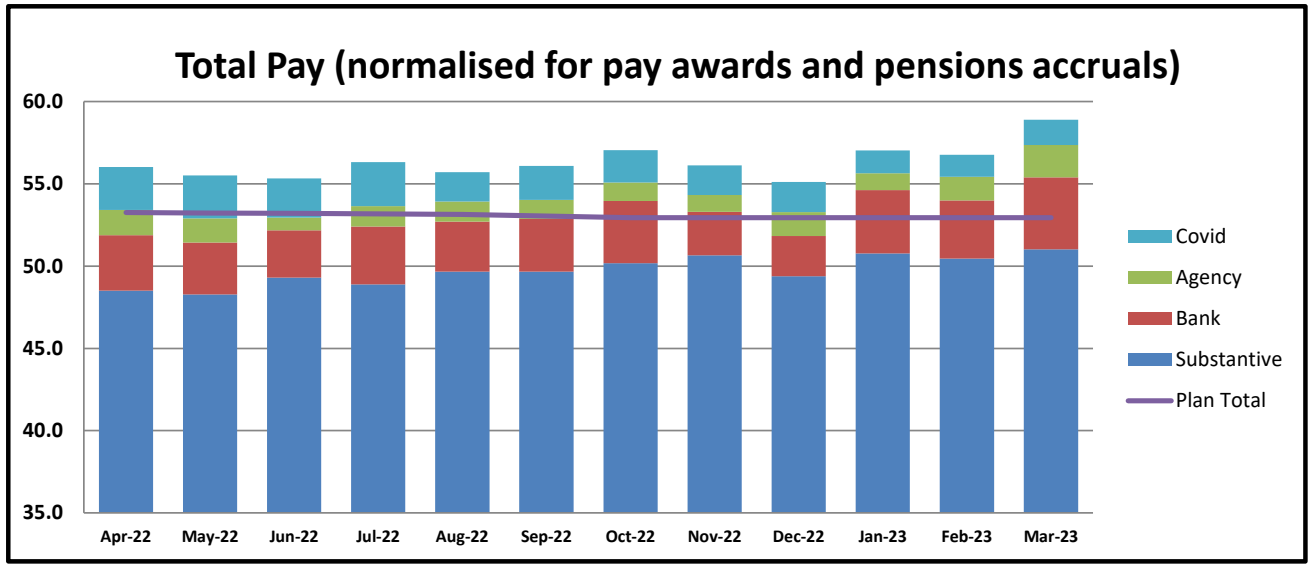
Finance Report Month 12

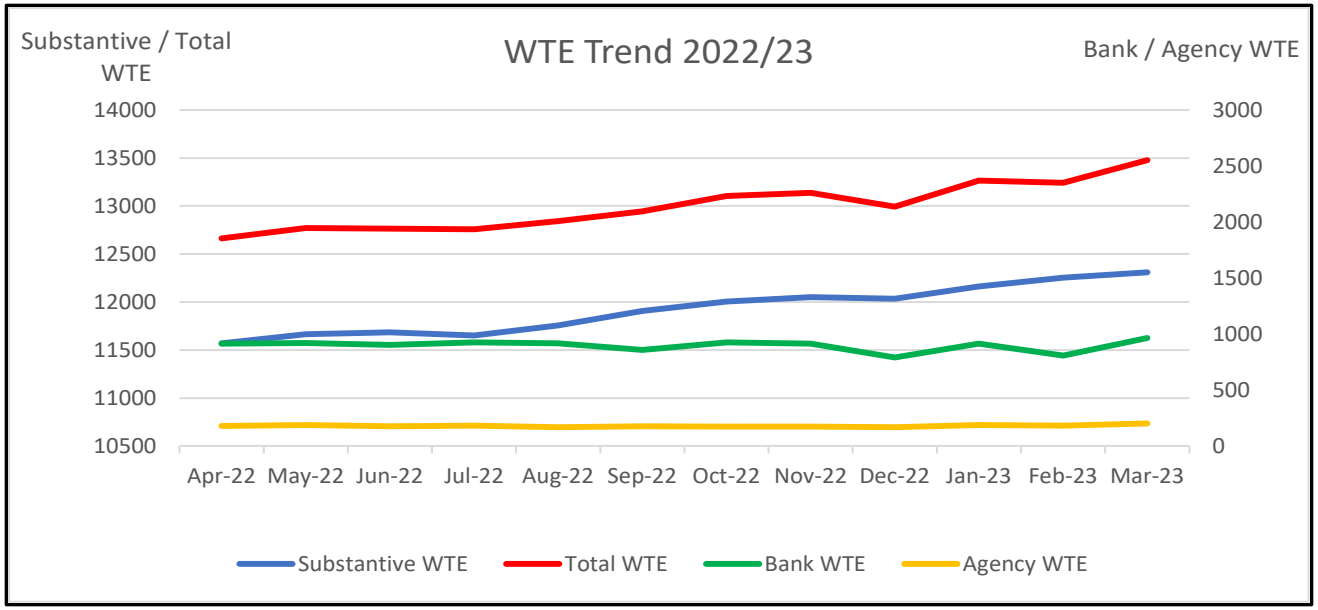
Staff Costs

Total pay expenditure in March was £108.6m although £49m of this related to pensions and pay award accruals which has been removed from the graph. The normalised pay spend was therefore £59.3m up from £57.2m in February (a £2.1m increase).

£0.4m related to backfill costs as a result of junior doctor industrial action. Bank and agency costs also increased by £1.4m from February partly due to March being a slightly longer month and secondly a result of having increased activity and annual leave cover.

Staff costs have ended the year £37m over plan although £18m relates to pay award costs not within plan but largely funded. The residual £19m is due in part to funded service expansions but also due to operational and covid related pressures meaning temporary staffing costs have remained static even though substantive costs have increased over the year.





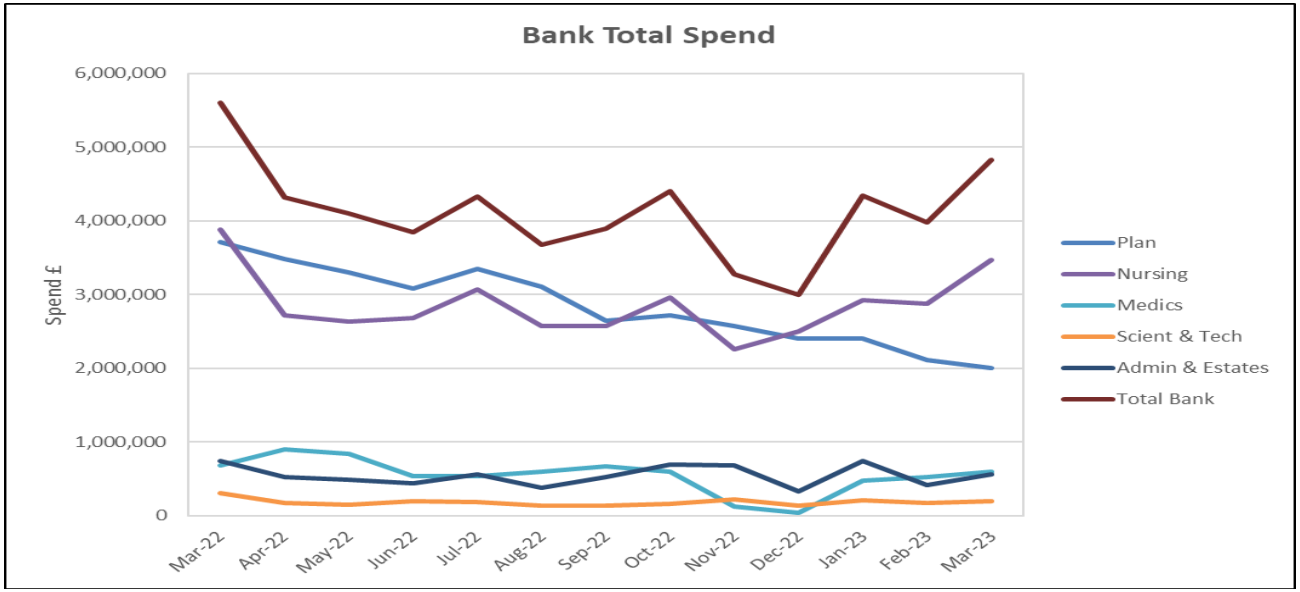
Finance Report Month 12

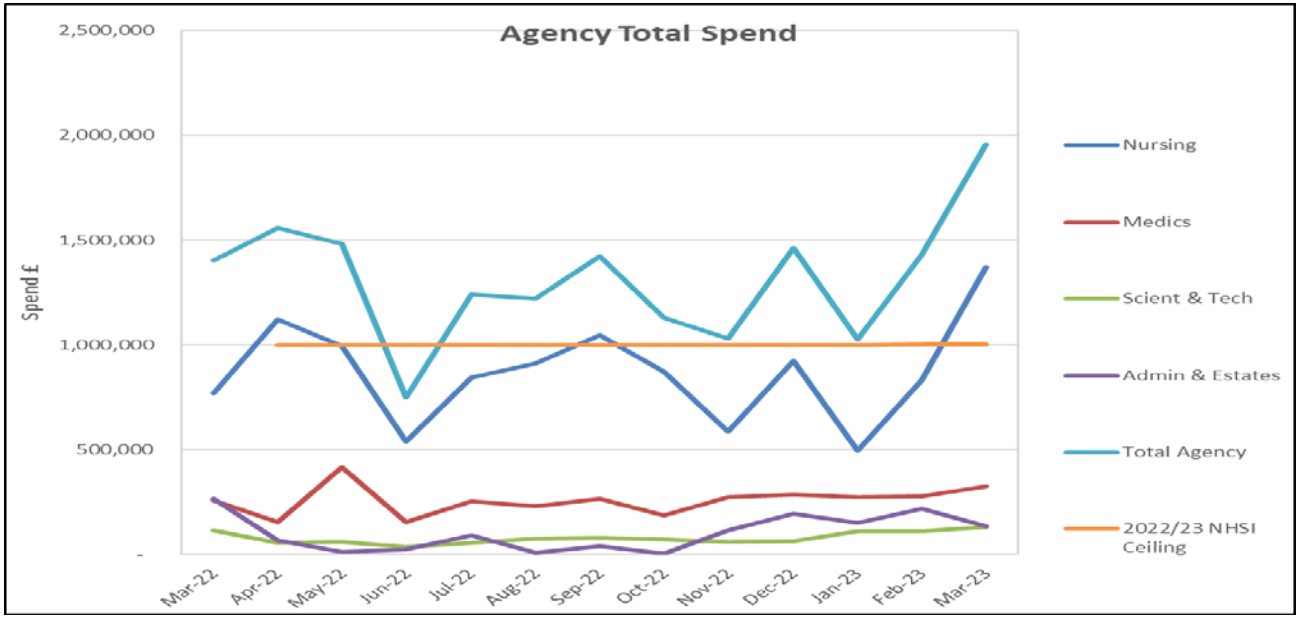
Temporary Staff Costs

Expenditure on Bank staff increased by £0.9m in month following a downward trajectory April 22 to December 22. This is partly a response to industrial action meaning bank backfill requirements have increased. Nursing is the most noticeable area of increased bank usage.

Agency spend increased by £0.5m compared to the previous month. Again this was predominantly related to increased nursing spend with spend higher than any month previous. High cost agency has however been reducing with other agencies or bank offering availability to a greater degree.

Spend is above the 22/23 agency ceiling, however remains comparably lower than other similar sized trusts. Reducing agency spend remains a focus area for the Trust Savings Group (TSG).





Covid Costs 22/23

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

YTD costs are £25.9m which is £5.1m ahead of plan. This is due to Critical Care and ED additional capacity and costs which are reporting £8.2 of costs in excess of plan collectively.

All areas of spend are under continuous review especially those associated with national guidance changes.

Alternatively for some areas where an ongoing need has been identified discussions with commissioners have taken place to explore recurrent funding sources. Critical care is the main example of this with NHSE supporting £1.5m in recurrent funding increase from 22/23.

ED remains a particular concern as demand remains much higher than pre-Covid levels.

Description	2022/23 Plan (£'000)	2022/23 Actuals (£'000)	2022/23 Variance (£'000)
Covid Related Staff Sickness / Absence	9,123	7,406	1,717
Critical Care Additional Capacity	4,914	8,823	(3,909)
Emergency Department Additional Costs	1,800	6,120	(4,320)
Car Parking Income - Patients / Visitors	1,320	1,320	0
Additional Cleaning / Decontamination	812	831	(19)
C5 uplift to L2 facility for 12 beds for Covid	480	480	0
Staff / High Risk Patient Covid Testing	500	210	290
PPE / Perso Hoods and Consumables	320	12	308
Staff Psychology Support	200	41	159
Car Parking Income - Staff	183	183	0
Clinical Engineering	138	0	138
Covid Medical Model (Div B)	115	115	0
PAH Theatres social distancing	108	0	108
Infection Control Team	107	18	89
Other (sub £100k plans)	694	358	336
TOTAL	**20,813**	**25,916**	**(5,103)**

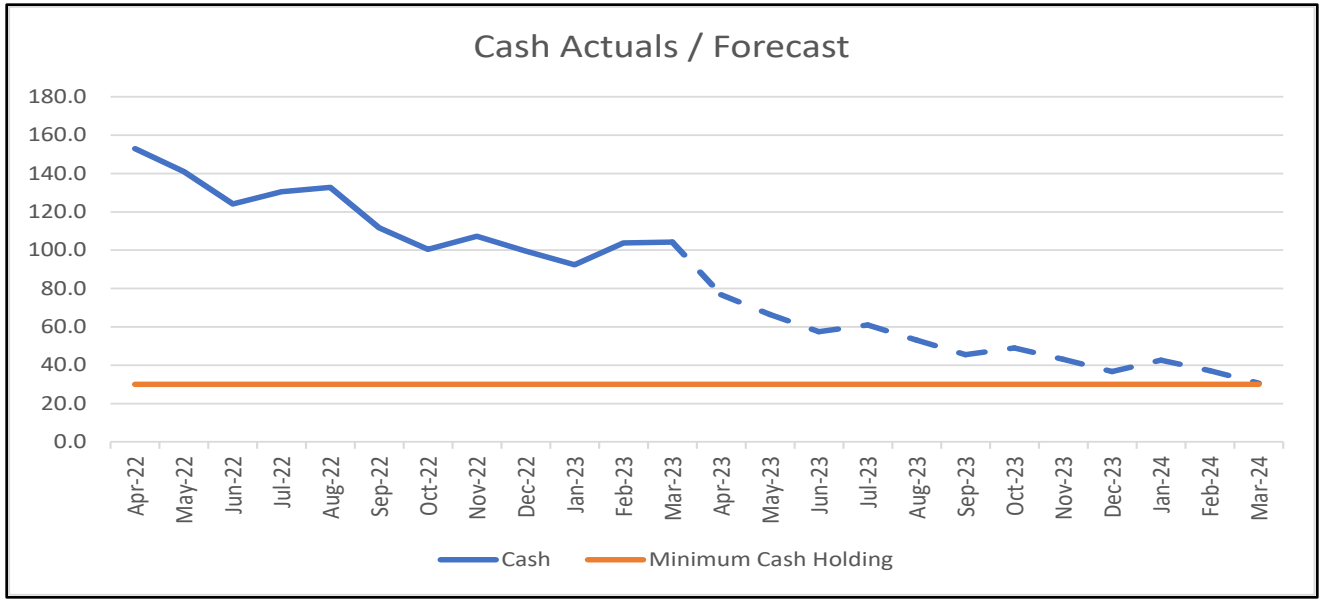
Finance Report Month 12

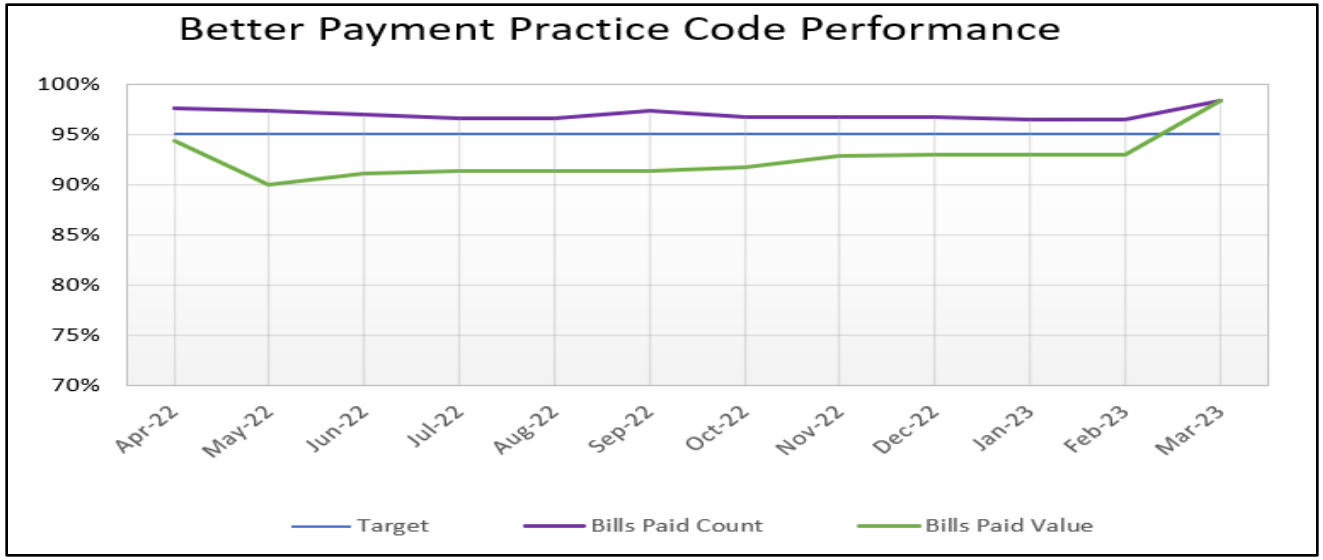
Cash

The cash balance remained static at £105m in March. This is analysed in the movements on the Statement of Financial Position.

A cash forecast has been completed for the next 12 months projecting a material decline in cash driven by an underlying deficit and sizeable internally funded capital programme of £42m per annum. This is currently based on the draft plan submission for 2023/24.

BPPC in month for March is over the 95% target for both count and value. The value target is marginally below 95% when assessed over the full year. Improvements in accounts payable processes have helped achieve a sustained improvement following initial challenges with the new finance system implemented in 2019.





University Hospital Southampton NHS
NHS Foundation Trust

Capital Expenditure

(Fav Variance) / Adv Variance

In 2022-23 the trust recorded capital expenditure totalling £88.3m. This includes £47.7m of internally funded capital, £26.8m of externally funded capital and £13.8m of IFRS 16 transition related capital assets. Additional to this £3m of capital expenditure was funded by charitable donations.

To achieve this target, the trust spent £24.5m in month 12. £10.3m was spent on internal CDEL with high in month expenditure reported on strategic maintenance (£2.9m), Medical Equipment (£2.4m), Wards (£1.6m) and MRI capacity (£2.1m leased).

Several areas required spend to be bought forward from 2023/24 to offset slippage in 2022/23. This will require review in preparation for 2023/24 plans.

During he whole year the trust spent just over £20m on the new wards scheme, £9.7m on informatics and £9.2m on imaging equipment and associated works.

	Month			Year to Date		
	Plan	Actual	Var	Plan	Actual	Var
Scheme	£000's	£000's	£000's	£000's	£000's	£000's
Internally Funded Schemes						
Strategic Maintenance	1,364	2,865	(1,501)	7,185	7,249	(64)
Refurbish of neuro theatres 1 & 2	0	0	0	1,800	3,409	(1,609)
Decorative Improvments/Small Projects/Fire/DDA	217	107	110	950	214	736
General Refurbishment Fund	292	246	46	1,097	410	687
Theatres 10 & 11/F level Fit Out	965	(1,292)	2,257	5,000	3,896	1,104
Oncology Centre Ward Expansion Levels D&E	1,611	1,600	11	8,000	10,032	(2,032)
Fit out of C Level VE (MRI) Capacity	0	0	0	6,592	3,654	2,938
Donated Estates Schemes	1,603	924	679	5,327	2,501	2,826
Other Estates Schemes	0	(19)	19	1,731	1,885	(154)
Information Technology Programme	500	10	490	5,000	5,014	(14)
Pathology Digitisation	55	36	19	448	453	(5)
IMRI	0	0	0	1,300	323	977
Medical Equipment panel (MEP)	625	2,351	(1,726)	2,500	4,456	(1,956)
Purchased Equipment / Lease Buyouts	70	260	(190)	500	769	(269)
Divisonal Equipment	71	407	(336)	500	779	(279)
Donated Equipment	85	57	28	350	57	293
Subsidiaries Equipment	13	448	(435)	200	460	(260)
Other	0	255	(255)	691	1,640	(949)
Slippage	(1,600)	0	(1,600)	(4,681)	0	(4,681)
Donated Income	(1,743)	(1,035)	(708)	(6,760)	(3,028)	(3,732)
Total Trust Funded Capital excl Finance Leases	**4,128**	**7,223**	**(3,095)**	**37,730**	**44,172**	**(6,442)**
Leases						
Medical Equipment Panel (MEP) - Leases	175	0	175	700	309	391
Equipment leases	71	0	71	500	197	303
IISS	2,330	894	1,436	3,115	1,062	2,053
Fit out of C Level VE (MRI) Capacity	5,619	2,112	3,507	5,619	2,112	3,507
Total Trust Funded Capital Expenditure	**12,323**	**10,229**	**2,094**	**47,664**	**47,852**	**(188)**
Disposals	0	29	(29)	0	(188)	188
Total Including Technical Adjustments	**12,323**	**10,258**	**2,065**	**47,664**	**47,664**	**(0)**

University Hospital Southampton NHS
NHS Foundation Trust

Capital Expenditure

(Fav Variance) / Adv Variance

External capital allocations were expensed in full with £26.8m reported. £14.3m of this was spent in M12 as much of this has only recently been allocated.

Scheme	Month			Year to Date		
	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's
Externally Funded Schemes						
Maternity Care System (Wave 3 STP)	0	0	0	89	89	(0)
Digital Outpatients (Wave 3 STP)	50	218	(168)	592	592	0
Oncology Centre Ward Expansion Levels D&E	0	0	0	0	10,000	(10,000)
Neonatal Expansion	0	2,301	(2,301)	0	2,500	(2,500)
Targeted Lung Health Checks CT Scanner	0	1,364	(1,364)	0	1,364	(1,364)
Pathology Digitisation	0	39	(39)	0	250	(250)
Community Diagnostic Centre Phase 2	0	3,250	(3,250)	0	3,250	(3,250)
Asceptic Pharmacy Building	0	1,000	(1,000)	0	1,000	(1,000)
Frontline Digitisation	0	2,297	(2,297)	0	3,945	(3,945)
Cyber Security	0	118	(118)	0	118	(118)
MRI Scanner	0	2,000	(2,000)	0	2,000	(2,000)
Nasendoscopy system for Cancer ENT/Head & Neck	0	88	(88)	0	88	(88)
CT Scanner	0	1,560	(1,560)	0	1,560	(1,560)
Breast Screening Equipment	0	36	(36)	0	36	(36)
Total Externally Funded Schemes	**50**	**14,272**	**(14,222)**	**681**	**26,792**	**(26,111)**
Total CDEL Expenditure	**12,373**	**24,530**	**(12,157)**	**48,345**	**74,456**	**(26,111)**
Outside CDEL Limit						
Adanac Park Car Park	0	0	0	0	13,022	(13,022)
Other in year IFR16 Leases	0	(61)	61	0	794	(794)
Total Capital Expenditure	**12,373**	**24,469**	**(12,096)**	**48,345**	**88,271**	**(39,926)**

Statement of Financial Position

(Fav Variance) / Adv Variance

The March statement of financial position illustrates net assets of £593m which is £48m up on February. This is predominantly due to two reasons. Firstly the annual valuation exercise has been completed and revalued assets up by £32m. Secondly IFRS 16 reporting standards have been fully implemented resulting in increased loan liabilities (current and non current) offset by increased assets totalling £17m.

Cash remained static at close to £105m but masks an increase in capital payables for which cash payments will be made in Q1 2023/24. The underlying deficit continues to drive a reducing cash balance.

Statement of Financial Position	2021/22 YE Actuals £m	2022/23 M11 Act £m	2022/23 M12 Act £m	2022/23 MoM Movement £m
Fixed Assets	471.9	559.3	620.4	61.1
Inventories	17.0	16.8	15.8	(1.0)
Receivables	53.1	93.2	95.1	1.8
Cash	148.1	104.4	105.0	0.6
Payables	(204.2)	(217.3)	(229.6)	(12.3)
Current Loan	(1.7)	(1.5)	(1.5)	0.0
Current PFI and Leases	(9.1)	(10.2)	(12.5)	(2.3)
Net Assets	**475.0**	**544.6**	**592.6**	**48.0**
Non Current Liabilities	(23.0)	(21.5)	(24.6)	(3.1)
Non Current Loan	(6.8)	(5.6)	(5.3)	0.3
Non Current PFI and Leases	(33.6)	(93.8)	(108.6)	(14.9)
Total Assets Employed	**411.6**	**423.8**	**454.0**	**30.3**
Public Dividend Capital	261.9	286.2	286.2	0.0
Retained Earnings	115.6	103.4	102.1	(1.4)
Revaluation Reserve	34.1	34.1	65.7	31.6
Other Reserves				
Total Taxpayers' Equity	**411.6**	**423.8**	**454.0**	**30.3**

Finance Report Month 12

Efficiency and Cost Improvement Programme

University Hospital Southampton NHS
NHS Foundation Trust

Cost Improvement Programme (CIP) delivery is £45.5m at the end of 2022/23, an increase from the £38.7m achieved at M11 YTD.

This is marginally above the plan for the year of £45.4m.

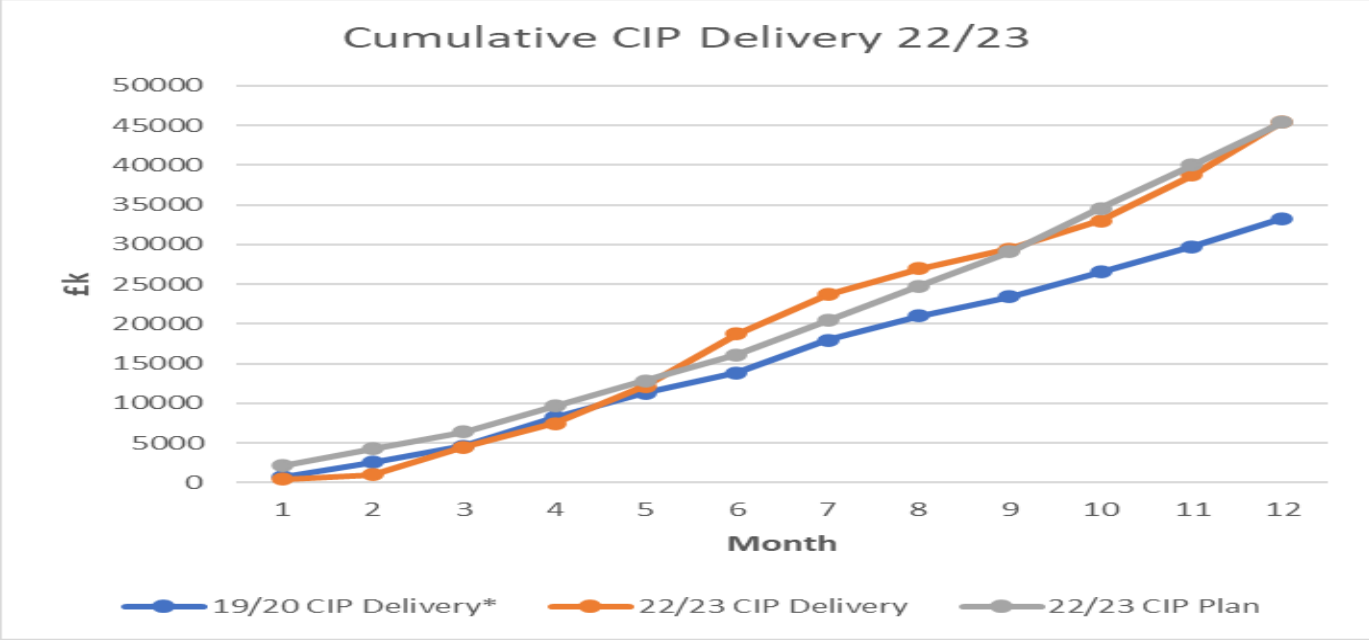
Of the £45.5m delivered YTD:

£19.6m has been transacted by Divisions and Directorates.

£25.9m has been transacted through Central Schemes.

Of the trust achievement, £22.9m is non-recurrent. This includes £11.2m of non-recurrent Central Schemes.

The £45.5m is made up of £8.6m Pay, £29.4m Non-Pay, and £7.5m Income.



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

Month 12 CIP Delivery	Non Recurrent ('000s)	Recurrent ('000s)	Total ('000s)	Target ('000s)	% Delivered against target	% Recurrent against target
Division A	£2,785	£1,327	£4,112	£4,260	97%	31%
Division B	£4,017	£2,150	£6,168	£5,535	111%	39%
Division C	£2,754	£635	£3,390	£3,938	86%	16%
Division D	£1,261	£2,309	£3,570	£3,573	100%	65%
THQ (inc EFCD)	£960	£1,372	£2,332	£2,695	87%	51%
Central Schemes	£11,150	£14,777	£25,927	£25,400	102%	58%
Grand Total	**£22,927**	**£22,570**	**£45,499**	**£45,400**	**100%**	**50%**

University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Integrated Performance Report 2022/23 Month 12**			
Agenda item:	**10.1**			
Sponsor:	**David French, Chief Executive**			
Author	**Jason Teoh, Director of Data and Analytics**			
Date:	**25 April 2023**			
Purpose	**Assurance or reassurance Y**	**Approval**	**Ratification**	**Information**
Issue to be addressed:	The report aims to provide assurance: • Regarding the successful implementation of our strategy • That the care we provide is safe, caring, effective, responsive, and well led			
Response to the issue:	The Integrated Performance Report reflects the current operating environment and is aligned with our strategy.			
Implications: (Clinical, Organisational, Governance, Legal?)	This report covers a broad range of trust services and activities. It is intended to assist the Board in assuring that the Trust meets regulatory requirements and corporate objectives.			
Risks: (Top 3) of carrying out the change / or not:	This report is provided for the purpose of assurance.			
Summary: Conclusion and/or recommendation	This report is provided for the purpose of assurance.			

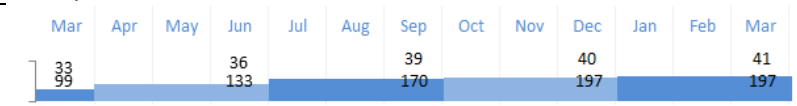
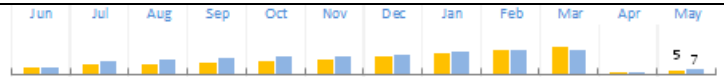
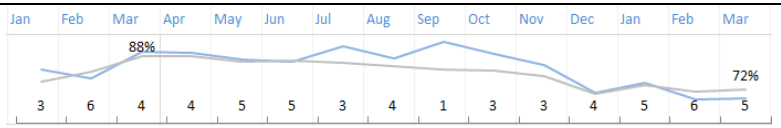
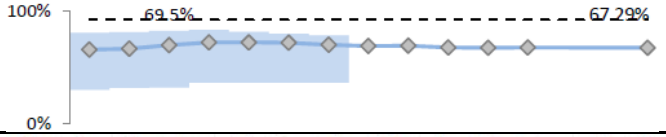
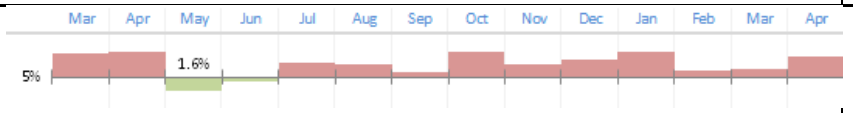
University Hospital Southampton NHS
NHS Foundation Trust

Integrated KPI Board Report

Covering up to
March 2023

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

Report guide

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

Introduction

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

The report aims to provide assurance:

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

The content of the report includes the following:

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

This month, the following changes have been made to the report.

- Data availability: Due to the Easter Bank Holiday periods, there are several data sets which are not yet available. Therefore, the following measures have not been updated within the IPR this month:
    - UT3: Percentage non-elective readmissions within 28 days of discharge from hospital
    - UT28: % Patients on an open 18 week pathway (within 18 weeks)
    - UT29: Total number of patients on a waiting list
    - UT30: % Patients on an open 18 week pathway (waiting 52 weeks+)
    - UT31: Patients on an open 18 week pathway (waiting 104 weeks+)
    - UT31a: Patients on an open 18 week pathway (waiting 78 weeks+)
    - UT32: Patients waiting for diagnostics
    - UT33: % of Patients waiting over 6 weeks for diagnostics

Please note, next month, the IPR will be updated with a new set of metrics for the new financial year. The metrics have been agreed with committee chairs, and a more comprehensive update on the changes will provided with next month's report.

Summary

This month the 'Spotlight' section contains an update on RTT and ED performance.

The RTT spotlight highlights that:

- The Referral To Treatment waiting list continues to grow, despite Trust activity exceeding pre-pandemic baselines, and now stands at just under 54,700 patients.
- We ended March 2023 with no two year waiters, and 15 complex patients who had waited more than 78 weeks. This was an improvement on our previously reported forecast of having approximately 70-100 patients breaching at the end of March 2023.
- Despite this, we have been put into Tier 2 monitoring by the ICB and Region. Feedback from the Region and the ICB is that this is partly due to timing – the decision to put UHS into Tiering was at a point where they felt there was a risk of us having a significant volume of 78+ week breaches.
- This financial year the NHS England target is to have no patients waiting more than 65 weeks by the end of March 2024. We believe that we can deliver this target if we are able to access mutual aid for some of our most challenged specialities.

The ED spotlight highlights that:

- ED performance has seen an improvement in recent months, standing at 64.5% in March 2023, but remains below the level we aspire to. We continue to benchmark well to teaching hospital comparators, as well as across the South East – even though we do not have a Type 3 Urgent Treatment Centre at UHS.
- We have been running a trial in the ED to triage patients via an onsite GP. This has shown some positive results, and we are currently reviewing whether it is possible to continue to fund this trial.
- Ambulance handovers have increased in Q4 2022/23; however, we are still avoiding unnecessarily queuing ambulances, and this is reflected within our statistics which shows very low rates of 30 and 60 minute handovers at UHS.

Areas of note in the appendix of performance metrics include:

1. A challenging month for Cancer 2 Week Wait performance which dropped to 78.6%, and bottom quartile for teaching hospital comparators, driven by high referral volumes in the Breast and Head & Neck tumour sites.
2. Cancer 31 Day and 31 Day Subsequent treatment has also dropped to 81.3% and 77.2% respectively, again moving UHS into the bottom quartiles for both measures, predominantly due to the Skin tumour site. Additional capacity has been sought for this tumour site, and we have seen some operational improvements through March and into April 2023.

3. Despite the poor 2 Week Wait and 31 Day performance, the Cancer 62 Day measure improved in both absolute terms, and also relative to teaching hospital peers – with UHS moving from third to second quartile. This is because the patients counted within the measures differ. In particular, patients who are late tertiary referrals to UHS from other hospitals are not counted within this measure.
4. Emergency Department (ED) four hour performance was maintained at 64.5% in March 2023. There were a lower volume of attendances; however, this was likely to be linked to the GP streaming trial.
5. There were no negative scores / comments within the Maternity Friends & Family Test in March 2023 – continuing a positive downward trend seen for the last three quarters.
6. Additionally, the number of patients with disabilities reporting that their needs were met has improvement, alongside an increase in the number of patients engaged in the survey. Although it was just short of the 90% target in February 2023 (the latest available data point), this demonstrated a good in month improvement.
7. We have made good progress in developing outcome measures for various specialties, exceeding our target in both Q3 and Q4 to develop new measures for specialties. We now have 71 specialties covered with 507 outcome measures – providing us improved visibility of our outcomes for patients.

Ambulance response time performance

Utilising the latest unvalidated weekly data provided by the South Coast Ambulance Service (SCAS), it can be seen that UHS does not significantly contribute to ambulance handover delays. In the week commencing 10 April 2023 our average handover time was 16 minutes 12 seconds across 784 emergency handovers, and 15 minutes 58 seconds across 33 urgent handovers. There were 26 handovers over 30 minutes, and 1 handover (still to be confirmed) taking over 60 minutes within the unvalidated data. This is in line with historic performance.

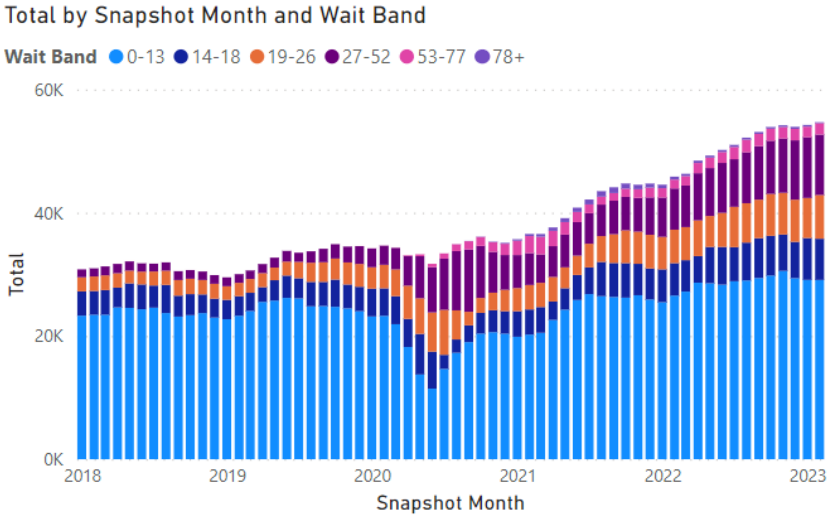
Spotlight: Referral To Treatment (RTT) waiting lists and long waiters

The following information is based on the validated February 2023 submission as the Easter holiday period means the March 2023 data was not available at the time of writing. However, this spotlight report provides a greater focus on UHS's long waiter performance, and additional operational insight based on March and April 2023 performance has been provided here.

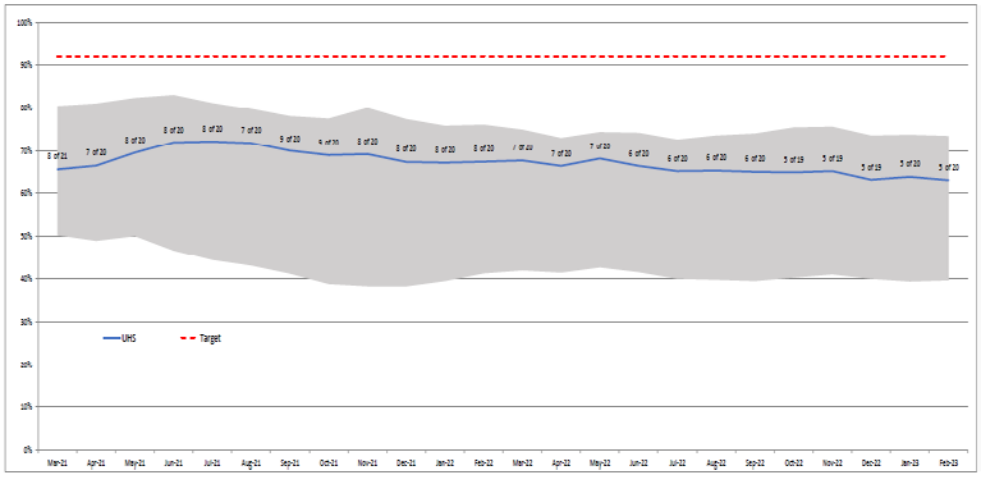
As in previous months, we have continued to see a growth in the waiting list, and in February 2023 it stood at 54,692 patients, an increase of 438 patients compared to January 2023 (graph 1). Despite UHS's continued over performance on elective recovery, the waiting list continues to grow. The volume of referrals into UHS services over recent months has exceeded capacity by between 3-3.5% and we are continuing to review ways of addressing patient demand within operational and financial constraints.

As such, the 18 week wait constitutional standard remains unmet, and in February only 63% of patients are currently waiting 18 weeks or less. While this is below the national target of 92%, we remain in the top quartile of other comparator teaching hospitals (5 of 20 benchmark hospitals in graph 2), reflecting that this continues to be a national challenge throughout the NHS.

Graph 1: PTL by wait band



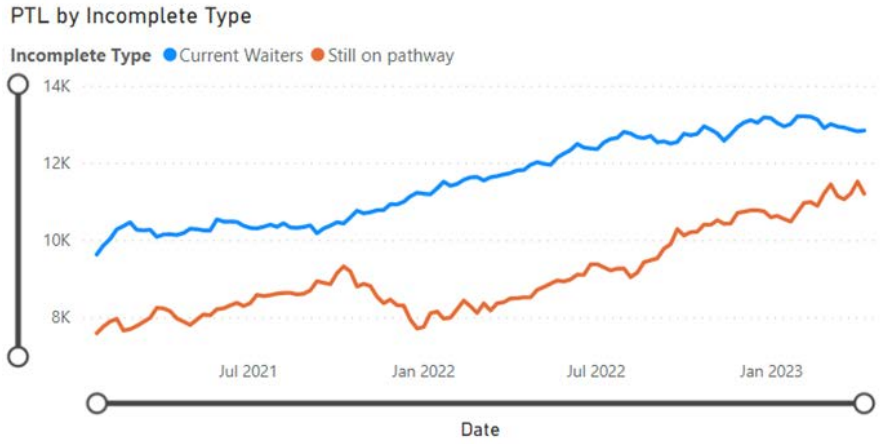
Graph 2: RTT 18 week performance comparison for Teaching Hospitals



Looking specifically at the patients waiting for admission ("current waiters") in graph 3, in February 2023 this stood at 11.9k patients (21.8% of the waiting list). This remains proportionally similar to pre-pandemic levels (where it was between 20-22%) although the absolute number of patients waiting is higher. We continue to review how we can further optimise our operating services to generate additional capacity from the existing estate, in addition to the new ward capacity coming online in 2023/24.

However, we have had challenges in maintaining operating capacity due to issues such as poor patient flow within the hospital meaning beds are unavailable for planned operations, anaesthetic, and theatre staff availability, and more recently strikes which have led to the cancellation of non-urgent surgical procedures. We have also reduced outsourced activity where we can do so without impacting the longest waiting patients to support our financial position.

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

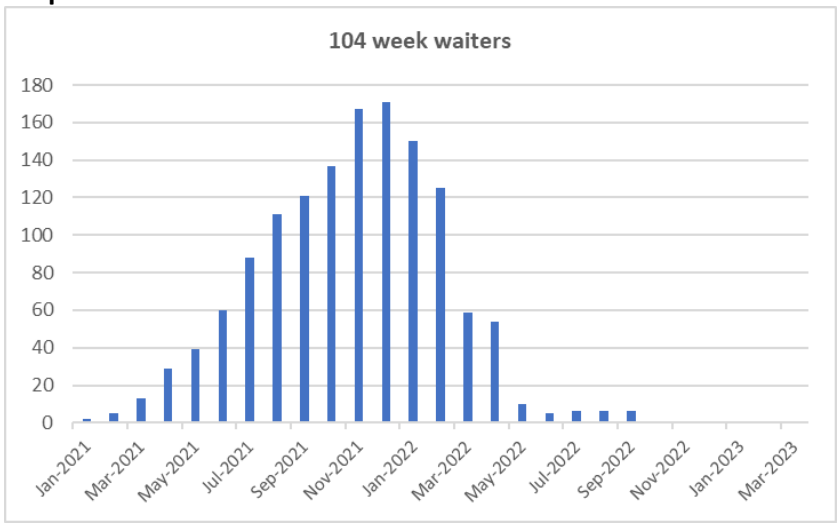


Long waiter performance

In the 2022/23 financial year, the national NHS England target was to ensure that there were no patients waiting over two years by July 2022, and no patients waiting more than 78 weeks for treatment by the end of March 2023. Long waiters have been a key focus of UHS's performance conversations throughout the year. We have had no reported two year waits since November 2022, and the two year breaches between June to November 2022 were due to patient choice (where they specifically wished to delay their treatment). This represented a significant improvement from the peak of 171 patients reported back in December 2021 (graph 4).

We have also made progress in reducing the number of 78 week breaches. In February 2023, we reported 84 patients who were breaching 78+ weeks. This has represented a significant improvement compared to a peak of over 900 patients in September 2021 (graph 5). At the end of March 2023 (period still to be fully validated and marked in orange in the graph) we had 15 patients who breached 78+ weeks. These patients were all patients who breached due to complexity across a number of specialties (table 6) – predominantly due to procedures which could only be done by a single surgeon or Paediatric Intensive Care Unit (PICU) capacity.

Graph 4: 104+ week waits[1]



Graph 5: 78+ week waits[1]

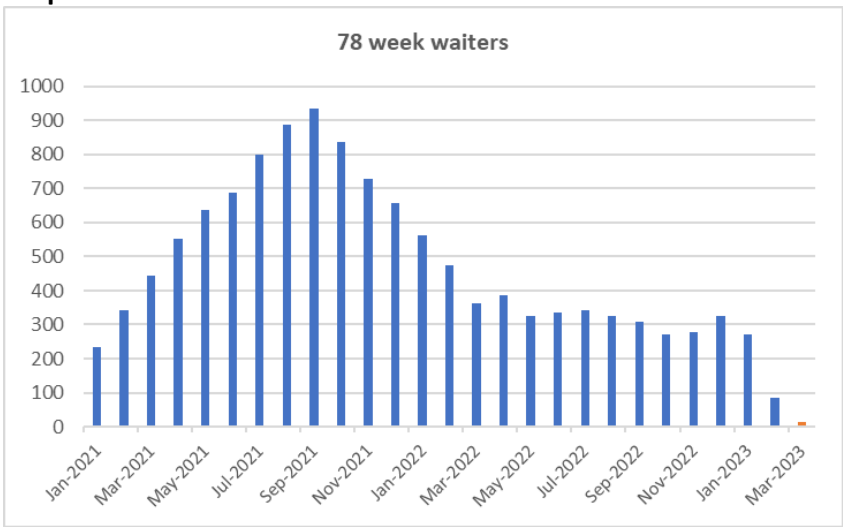


Table 6: Reasons for patients breaching 78+ weeks at end of March 2023

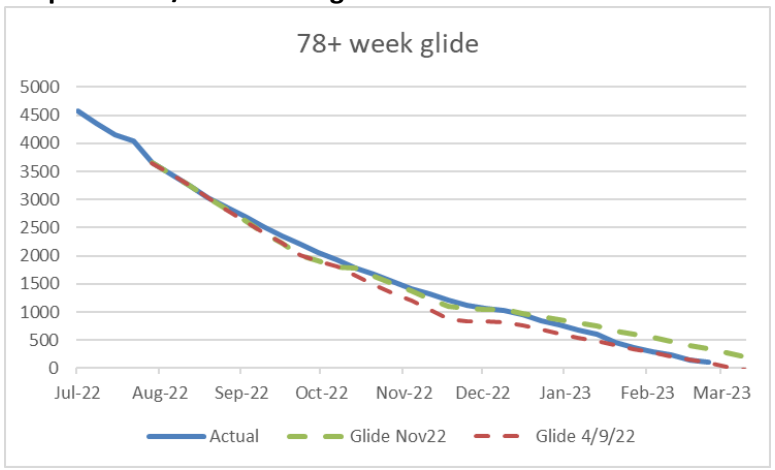
Specialty	Count	Reason
General Surgery	1	1 x patient unfit
Urology	2	1 x complex patient reliant on single surgeon 1 x patient unable to make date due to family emergency
Ear Nose Throat	7	7 x complex procedures only able to be done by surgeon, and declined by outsourcing company
Paediatric Urology	1	1 x complex patient reliant on single surgeon
Paediatric Orthopaedics	4	1 x complex case reliant on single surgeon and PICU capacity 3 x paediatric spinal cases requiring PICU capacity

Our performance was in line with the original glide and forecast which we submitted to NHS England (graph 7). We submitted our original forecast in September 2022 (red line) with our trajectory getting to zero patients by the end of March 2023. However, in November 2022 we adjusted this forecast (green line) due to the impact of COVID-19 pressures, HM Queen Elizabeth II's funeral, and other operational pressures, as we felt that there was a risk that we would not be able to treat all of the longest waiting patients. However, internally, we continued to focus on delivering as close to zero patients

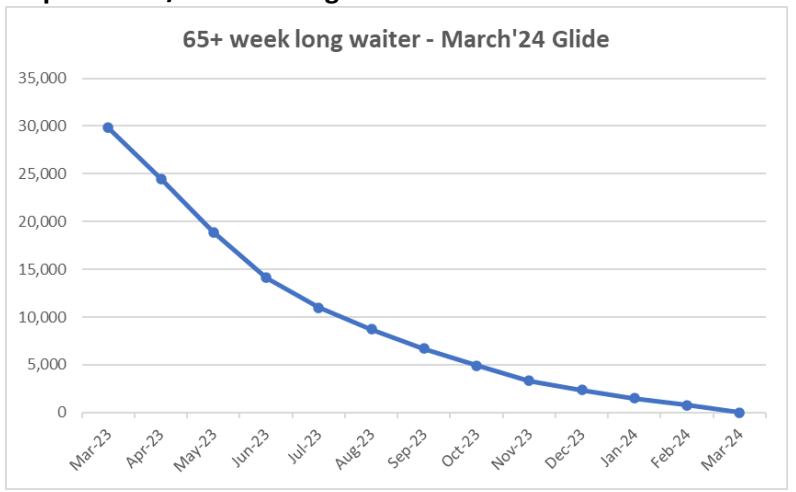
[1] March 2023 data yet to be fully validated

breaching 78+ weeks as possible, and despite the other operational challenges (such as the critical incident just before Christmas and industrial action in recent weeks), we have delivered broadly in line with the original glide set in September 2022.

Graph 7: 2022/23 forecast glide for 78+ week waits



Graph 8: 2023/24 forecast glide for 65+ week waits



Despite our current 78+ week breach position, we have been put into Tier 2 monitoring by the ICB and Region. Feedback from the Region and the ICB is that this is partly due to timing – the decision to put UHS into Tiering was at a point where they felt there was a risk of us having a significant volume of 78+ week breaches. The Tier 2 process means that there is a more intensive oversight process, with fortnightly meetings with the Region and the ICB. We are seeking clarity from the Region and ICB on what is required to exit the Tier 2 process.

From April 2023 onwards the national NHS England target has moved to be zero 65+ week waits by the end of March 2024. This target is likely to again prove to be challenging – firstly, because it is targeting a lower week wait (which increases the proportion of the waiting list which needs to be addressed), and secondly because of the size of the overall waiting list is greater than last year (which increases the number of patients which need to be treated). At present we believe that we have a risk to the achievement of this standard by the end of March 2024 unless we can receive mutual aid from other NHS providers for some of our most challenged specialties. We will work with the ICB to determine what levels of mutual aid are possible within Hampshire & Isle of Wight. The risk will also increase if there is further industrial action as this is likely to reduce our elective capacity. Although, it is challenging to accurately forecast far out into the future, we have an initial glide for our 65+ week wait risks which can be seen in graph 8.

For awareness, the following tables provide breakdowns of the validated waiting list as February 2023, for the top ten specialties in descending size order, split between patients in outpatient care and those waiting for admission. There have been no significant changes to the top specialties over the last few months.

All Waiters

Speciality	Current Waiters	Referrals & Still on pathway	Total
130 - OPHTHALMOLOGY	944	5099	**6043**
502 - GYNAECOLOGY	1081	3113	**4194**
400 - NEUROLOGY	68	3687	**3755**
101 - UROLOGY	1209	1713	**2922**
330 - DERMATOLOGY	878	1930	**2808**
320 - CARDIOLOGY	733	2038	**2771**
110 - TRAUMA AND ORTHOPAEDIC	1807	914	**2721**
104 - COLORECTAL SURGERY	350	1931	**2281**
311 - CLINICAL GENETICS		2031	**2031**
140 - ORAL SURGERY	573	1351	**1924**

78+ week waiters

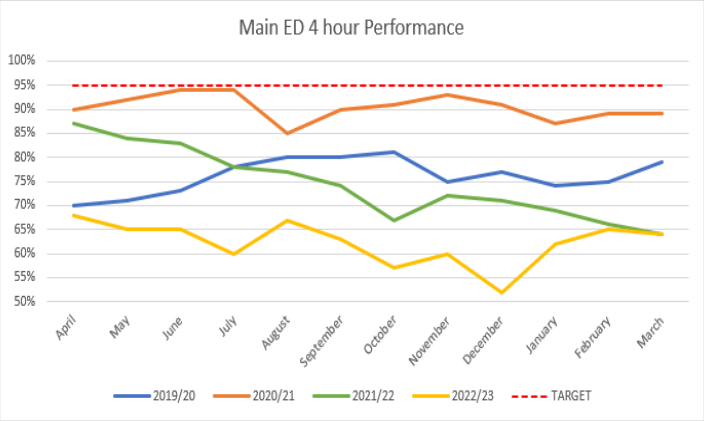
Speciality	Current Waiters	Referrals & Still on pathway	Total
502 - GYNAECOLOGY	23		**23**
140 - ORAL SURGERY	17		**17**
100 - GENERAL SURGERY	9	7	**16**
101 - UROLOGY	15	1	**16**
120 - EAR NOSE & THROAT	15		**15**
171 - PAEDIATRIC SURGERY	13		**13**
214 - Paediatric Orthopaedics	10	1	**11**
105 - HEPATOBILARY & PANCREATIC SUR	8		**8**
110 - TRAUMA AND ORTHOPAEDIC	7	1	**8**
150 - NEUROSURGERY	5	1	**6**

Spotlight: Emergency Department (ED) Performance

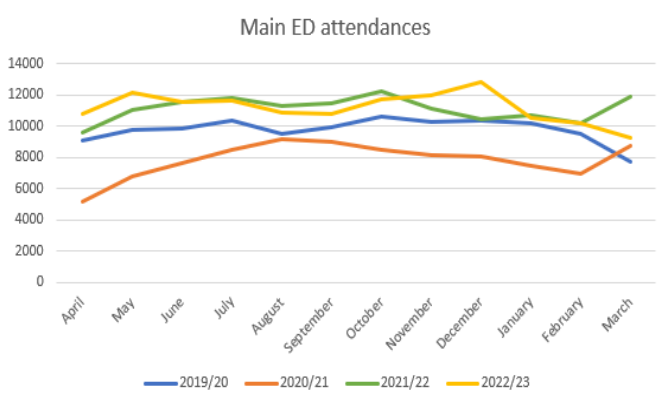
Four hour standard, from arrival to admission, transfer or discharge from the Emergency Department

UHS is not currently meeting the national ED target, although our performance has improved since Christmas, and stood at 64.5% of patients seen within 4 hours in March 2023 (graph 1). We recognise that this performance is lower than in previous years, and this is partly attributed to Type 1 attendances to ED continuing to be higher compared to pre-COVID levels. In January 2023 – March 2023 we averaged over 352 attendances per day (graph 2), compared to an average of 301 per day for the same time-period in 2019/20 (a 17% increase).

Graph 1: Trended ED 4 hour performance

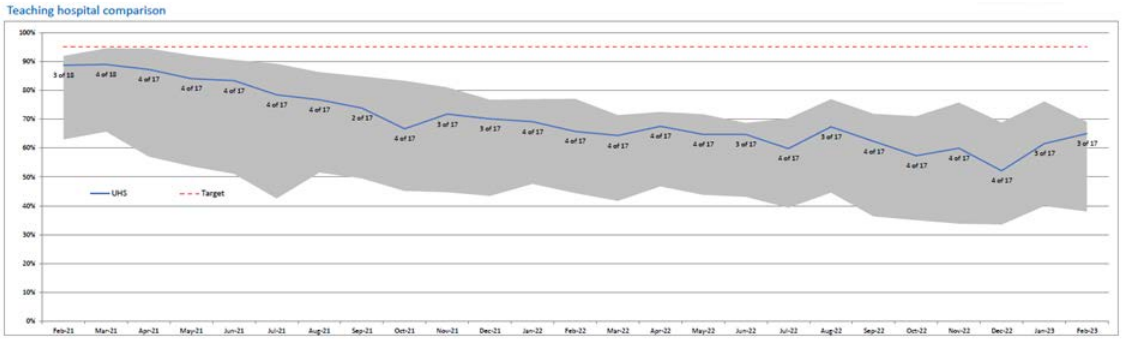


Graph 2: Trended ED attendance



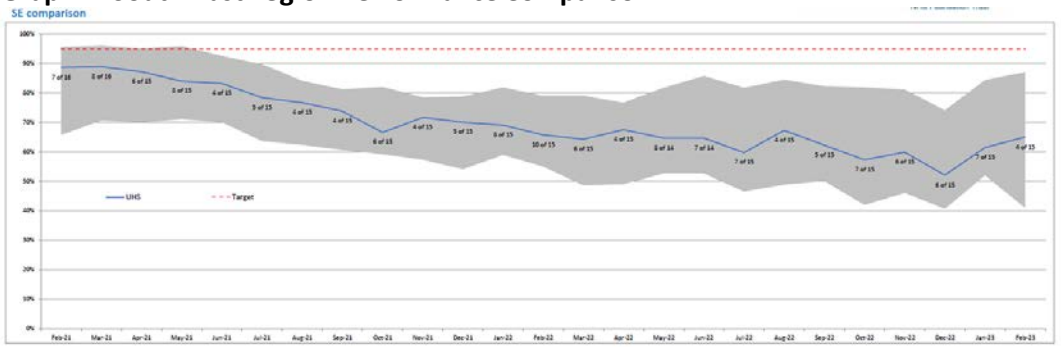
Our performance relative to other teaching hospitals continues to be relatively good, demonstrating that ED performance is a national issue. Graph 3 highlights our Type 1 performance compared to 17 similar Teaching Hospitals, where UHS ED has consistently ranked in the upper quartile, and in February 2023 was ranked third of the teaching hospitals for 4 hour performance.

Graph 3: Teaching Hospital Performance Comparison



The following graph highlights our Type 1 performance compared to all 15 hospitals reporting results in the South-East region, where in February 2023 UHS ED ranked fourth best.

Graph 4: South-East Region Performance Comparison



GP trial in UHS ED

Although it appears that ED attendances have been lower in Q4 2022/23 compared to other recent quarters, this is because we have been trialling a new initiative with Southampton Primary Care Limited (SPCL) to see patients arriving in ED within a more appropriate setting. Between 26 February and 8 April 2023 we have had two GPs and a receptionist working at ED between the hours of 1330 and 2200 seven days a week.

The first GP provided a triage service in ED reception for all adult patients who arrived between the hours of 1330 to 2130, while the second GP then saw up to 32 suitable patients per day. The intent was to take pressure away from the UHS ED teams by triaging, and seeing, more straightforward patients through the GP. During this pilot, all the patients seen exclusively by SPCL were not recorded on UHS systems, and therefore it appears that our ED attendance levels were lower than the same period in 2021/22.

The trial received positive feedback from staff with positive KPIs and performance.

- 2,619 attendances to UHS ED were triaged by a GP
- 47 people were redirected away from ED at the triage stage
- 764 people were seen by the second GP and did not enter a UHS ED pathway.
- The average wait to be seen by the GP was 67 minutes – significantly lower than the average wait within ED.

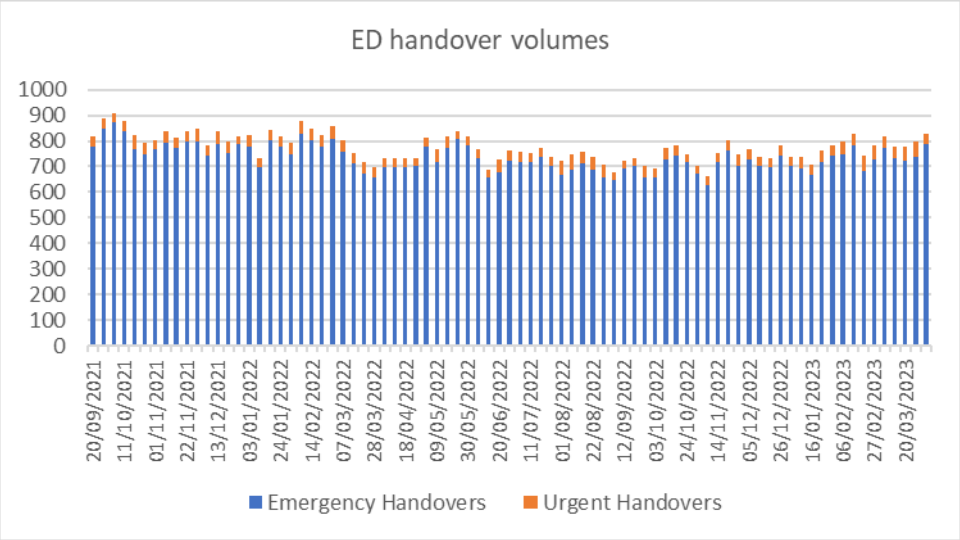
Alongside diverting and seeing patients earlier, ED staff reported that there was an improved ability to better manage patients within ED Majors, and during the pilot period there was a reduction of circa 35 and 26 minutes in the average time to be seen in Ambulatory Majors and Majors respectively. In addition UHS 4 hour performance generally improved during the trial period – even though SPCL patients were not counted within UHS's performance. If the SPCL diversions were also included, there would have been a further performance improvement of around 2%.

The Care Group are reviewing the trial in more detail, and in particular whether it is affordable for UHS to deliver this financial year given the wider financial constraints.

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

Ambulance Handovers are a current focus area for NHS England and is also one of the key priority areas within the national priorities for 2023/24. UHS performs very well in relation to measures of timely ambulance handover. As a Trust we made, and are maintaining, a conscious decision to ensure that patients do not queue in ambulances, although this is at the expense of patients being queued within ED Majors. However, every effort is made to manage the queue safely. Releasing ambulances in as timely manner as possible and therefore queuing patients whilst waiting to be seen will potentially impact negatively on UHS four hour performance but is done consciously with a view to keeping ambulances on the road and available for those in need. Although there are occasional challenges (linked to the overall challenges we experienced in ED and across the Trust), over this financial year we have sustained the good performance on the number of 30 minute handovers, and rarely see any 60 minute handover delays.

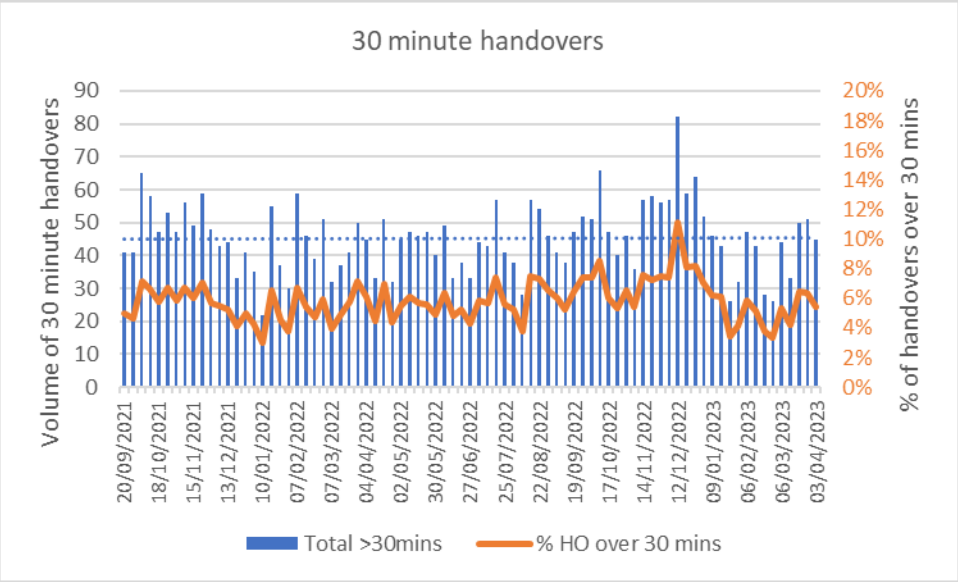
Graph 5: Ambulance handovers to ED (unvalidated)



Total ambulance handover volumes into the Emergency Department per week from September 2021 to March 2023.

- There has been a continual increase in the weekly average handovers of patients being conveyed to ED in Ambulances as seen in graph 5.
  - Q4 2022/23 average = 773 per week
  - Q3 2022/23 average = 744 per week
  - Q2 2022/23 average = 732 per week
- However, 70% of our daily attendances are from patients who walk-in to the ED.
- One of our key areas of work is to tackle the high level of attendances walking into the ED as discussions with the regional Clinical Director has shown UHS ED are an outlier looking at current national trends. This is potentially linked to access to primary care within Southampton City.

Graph 6: Ambulance handovers to the ED within 30 minutes



Ambulance handovers into the Emergency Department taking longer than 30 minutes as a volume and percentage, per week, from September 2021 to March 2023.

- UHS ED 30 minute handover performance remains strong, and our average handover time is less than 17 minutes.
- Equally our performances versus 60 minute handover delays continue to hold-up compared to other trusts in the South East and South West regions.
- Ongoing discussions take place regarding risk held within the Trust and as such we have agreed we queue in the ED and not outside in ambulances.

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

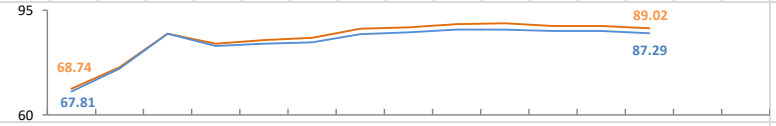
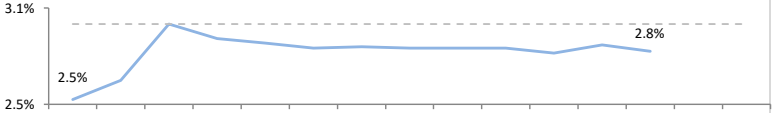
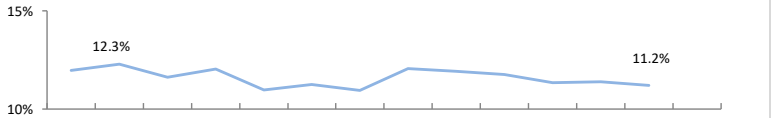
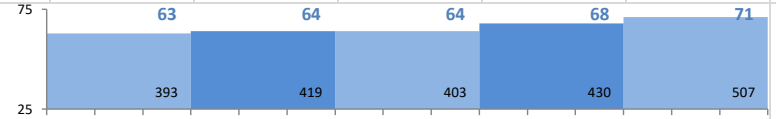
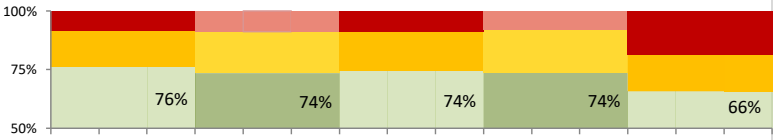
- All patients should receive high-quality care without any unnecessary delay
- Patients can expect to be treated at the right time and according to their clinical priority. Patients with urgent conditions, such as cancer, will be able to be seen and receive treatment more quickly

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

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	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 / 8 / 8	6 / 8 / 5	67.7% / 7 / 5	5 / 7 / 3	3 / 7 / 4	4 / 6 / 4	4 / 6 / 5	5 / 6 / 6	6 / 6 / 5	5 / 5 / 5	5 / 5 / 5	5 / 5 / 5	5 / 5 / 5	63.2% / 5 / 5		≥92%	68.7%
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 / 89.3% / 7	13 / 5 / 5	13 / 13 / 4	13 / 15 / 3	15 / 14 / 6	14 / 8 / 9	8 / 9 / 4	9 / 10 / 4	10 / 13 / 8	13 / 17 / 11	17 / 14 / 13	14 / 13 / 10	13 / 15 / 11	15 / 18 / 78.6%		≥93%	82.5%
UT34-N	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)	13 / 70.9% / 4	11 / 4 / 4	12 / 2 / 3	7 / 3 / 3	9 / 3 / 6	13 / 6 / 4	11 / 4 / 4	11 / 4 / 10	17 / 10 / 11	14 / 11 / 7	14 / 7 / 12	17 / 12 / 11	14 / 14 / 7	14 / 57.8% / 7		≥85%	62.3%
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 / 4 / 4	10 / 4 / 4	64.3% / 6 / 4	4 / 4 / 4	8 / 4 / 4	7 / 3 / 4	7 / 4 / 3	4 / 3 / 4	5 / 4 / 4	7 / 4 / 4	6 / 4 / 4	6 / 4 / 4	7 / 3 / 3	5 / 3 / 3	4 / 64.5% / 3	≥95%	62.0%
UT33-N	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	7 / 13 / 13	8 / 12 / 12	9 / 20.4% / 13	8 / 13 / 13	9 / 11 / 11	9 / 8 / 8	9 / 8 / 8	9 / 7 / 7	11 / 9 / 9	11 / 8 / 8	11 / 8 / 8	12 / 10 / 10	7 / 12 / 12	21.5% / 8 / 12		≤1%	24.4%

Outcomes		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
UT1-N	HSMR - **UHS** HSMR - **SGH**																≤100	89.21	≤100
UT2	HSMR - Crude Mortality Rate																<3%	2.9%	<3%
UT1-N / UT2: At time of IPR publication, the latest information available in HED was from Jan 2023. Metrics are 12 month rolling. YTD is for financial year for UHS up to Jan 2023. Previously, data was sourced from Dr Foster.																			
UT3	Percentage non-elective readmissions within 28 days of discharge from hospital																-	11.5%	
		Q4 21-22			Q1 22-23			Q2 22-23			Q3 22-23			Q4 22-23			Quarterly target		
UT4-L	**Cumulative Specialties** with Outcome Measures Developed (Quarterly)																+1 Specialty per quarter		
UT5	Developed Outcomes RAG ratings (Quarterly) Red Amber Green																		
UT5 -	Red : below the national standard or 10% lower than the local target Amber : below the national standard or 5% lower than the local target Green : within the national standard or local target																		

Safety		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
UT6-N	Cumulative Clostridium difficile **Most recent 12 Months** vs. **Previous 12 Months**	63	74	7	9	16	11	21	18	25	24	33	28	39	35	44	47	49	55	56	65	64	73	71	77	74	84	≤6	77	≤61
UT7	**Healthcare-acquired COVID infection**: COVID-positive sample taken >14days after admission (validated)	20	14	43	36	23	49	48	2	30	92	2	35	56	40	37	-	450	-
UT8	**Probable hospital-associated COVID infection**: COVID-positive sample taken >7 days and <=14 days after admission (validated)	18	11	32	38	12	32	37	3	16	50	3	15	29	19	24	-	278	-
UT9	Pressure ulcers category 2 per 1000 bed days	0.25														0.44	<0.3	0.35	<0.3
UT10	Pressure ulcers category 3 and above per 1000 bed days	0.38														0.34	<0.3	0.40	<0.3
UT11-N	Medication Errors (severe/moderate)	0														2	≤3	23	≤36

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
UT12	Watch & Reserve antibiotics, usage per 1,000 adms **Most recent months** vs. **2018*95.5%**	2,972	2,711											2,889	2,972		2,972	28,340	27,265
UT12 - For 2022/23, a new requirement is applied: Reduction of 4.5% from calendar year 2018 usage in combined WHO/NHSE AWaRE subgroups for "watch" and "reserve" agents. The performance data relate to successive FINANCIAL years, however the comparator denominator remains CALENDAR year 2018 (we are not using 2020 or 2021 due to the disruptive effect of COVID on both usage and admissions). Data is reported 3 months in arrears.																			
UT13	Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity)			6												2	-	101	-
UT14	Serious Incidents Requiring Investigation - Maternity			1												1	-	11	-
UT15	Number of falls investigated per 1000 bed days			0.08												0.10	-	0.14	-
UT16	% patients with a nutrition plan in place (total checks conducted included at chart base)	53	742	572	750	719	676	669	711	1624	780	800				93.0%	≥90%	94%	≥90%
UT16 - monthly audit was paused due to pressure on all ward areas between Dec 2021 to May 2022. The audit was partially restarted in some ward areas in May 2022, and fully restarted in June 2022.																			
UT17	Red Flag staffing incidents			97												35	-	415	-

Patient Experience		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
UT18-N	FFT Negative Score - Inpatients	0.3%														0.9%	≤5%	1.0%	≤5%
UT19-N	FFT Negative Score - Maternity (postnatal ward)	1.5%														0.0%	≤5%	2.4%	≤5%
UT20	Total UHS women booked onto a continuity of carer pathway	43.7%														42.4%	≥35%	43.6%	≥35%
UT21	Total BAME women booked onto a continuity of carer pathway	80.0%														79.6%	≥51%	80.9%	≥51%
UT22	% Patients reporting being involved in decisions about care and treatment	88.2%														87.0%	≥90%	87.9%	≥90%
UT23	% Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base)	93.8% (95)		(143)	(117)	(121)	(120)	(139)	(178)	(173)	(145)	(191)	(214)	(148)	(152)	89.0% (259)	≥90%	88.3%	≥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)	48														58		636	-

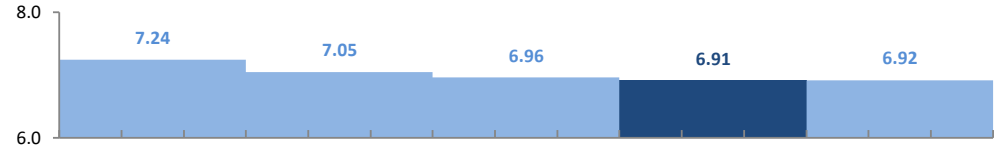
Access Standards		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
UT25-N	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)	64.3%														64.5%	≥95%	62.0%	≥95%
		8	10	6	4	8	7	7	4	5	7	6	6	7	5	4			
		4	4	4	4	4	3	4	3	4	4	4	4	3	3	3			
UT26	Average (Mean) time in Dept - non-admitted patients	03:32														03:02	≤04:00	03:19	≤04:00
UT27	Average (Mean) time in Dept - admitted patients	05:42														05:35	≤04:00	05:52	≤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)	67.7%														63.2%	≥92%	68.7%	≥92%
		8	6	5	5	3	4	4	5	6	5	5	5	5	5	5			
		8	8	7	7	7	6	6	6	6	5	5	5	5	5	5			
UT29	Total number of patients on a waiting list (18 week referral to treatment pathway)	46,318														54,692	-	54,692	-
UT30	% Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	2,011														2,151	2,011	-	2,011
		7	7	7	7	7	5	5	5	5	5	5	5	5	5	5			
		14	14	14	14	12	12	13	13	13	12	12	12	12	12	12			

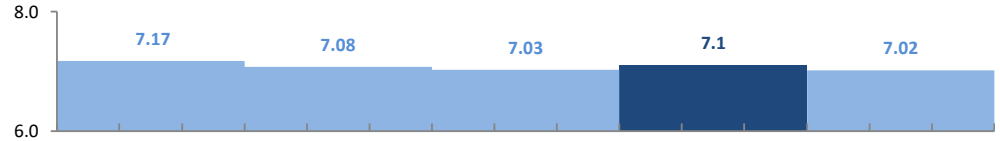
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
UT31	Patients on an open 18 week pathway (waiting 104 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	600 0 8 59 17	8 17	6 17	8 17	5 13	6 13	6 13	6 14	7 14	5 10	1 1	1 1	1 1	1 1		0	0	0
UT31a	Patients on an open 18 week pathway (waiting 78 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	3,000 0 8 361 15	8 15	7 15	7 15	7 13	7 13	7 14	7 15	7 15	7 15	7 15	7 15	7 15	150 6 15			150	
UT32	Patients waiting for diagnostics	12,500 8,500 10,732													10,329		-	10,329	-
UT33-N	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	40% 0% 7 13	8 12	9 20.4% 13	8 13	9 11	9 8	9 8	9 7	11 9	11 8	11 8	12 10	7 12	8 21.5% 12		≤1%	24.4%	≤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 20) South East average (& rank of 17)	100% 40% 13 70.9% 4	11 4	12 2	7 3	9 3	13 6	11 4	11 4	17 10	14 11	14 7	17 12	14 11	14 57.8% 7		≥85%	62.3%	≥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 20) South East average (& rank of 17)	100% 78% 94.6% 12 5	14 6	16 14	15 6	16 8	14 8	14 9	17 16	17 12	16 13	16 13	16 12	16 14	18 20 81.3%		≥96%	88.6%	≥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 20) South East average (& rank of 17)	100% 75% 93.6% 11 8	14 11	15 8	14 13	9 10	11 10	13 12	14 12	14 11	14 9	14 13	7 6	15 16	16 16 77.2%		≥96.0%	89.0%	≥96.0%

R&D Performance		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
PN1-L	Comparative CRN Recruitment Performance - non-weighted	9	8	9	1	1	3	4	5	6	7	7	14	15	15	13	Top 10	-	-
PN2-L	Comparative CRN Recruitment Performance - weighted	4	4	3	6	8	11	7	7	7	8	10	10	10	11	9	Top 5	-	-
PN3-L	Comparative CRN Recruitment - contract commercial	8	9	10	2	1	3	2	3	4	4	8	8	8	8	11	Top 10	-	-
PN4-L	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	-234.0%	143.0%	359.0%	63.0%	74.0%	56.0%	177.0%	94.0%	48.0%	23.0%	71.0%	79.0%	166.0%	69.0%	36.0%	≥5%	-	-
PN4-L	Note – Monthly and YTD Income are affected by a permanent change in accounting treatment implemented in M10 (Jan) 2021/22 in order to improve accuracy. Prior to M10, R+D open and ongoing studies/ grants in credit had anticipated future costs accrued. From M10 onwards, income received is deferred where costs have not yet been incurred/ invoiced. This change results in an adjustment of -£5m to monthly and YTD income which has been applied in M10. (An equivalent adjustment to the costs accounted for means that the balance of income and expenditure is not affected).																		

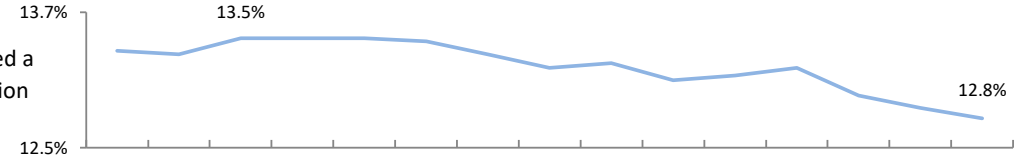
Thrive		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
WR1-L	Substantive Staff - Turnover **-R12M turnover %** **-Leavers in month (FTE)**	16% / 10%		14.3%												13.5%	R12M <= 12.0%	14.6%	-
		200 / 0		151												88			
WR2-L	Staff Vacancies **-Nursing vacancies** (registered nurses only in clinical wards) **-All Staff vacancies**	20% / 0%		12.8%												11.3%	-	-	-
				7.0%												7.6%			
WR3-L	Workforce Numbers **-Planned substantive WTE** **-Actual substantive WTE** *-Including - Month-end contracted staff in post (ESR), Consultant APAs, Junior doctors Extra Rostered Hrs* *-Excluding - Bank and agency; honorary contracts; career breaks; secondments; hosted services; WPL; Chilworth; Vaccination Hub*	13,000 / 11,000														12,309	11,900 WTE by March 2023	-	-
				11,570												11,900			
				11,570															
WR4-L	Staff - Sickness absence **-R12M sickness %** **-Sickness in month %**	7% / 0%		5.9%												4.3%	R12M <= 3.4%	4.7%	-
				4.5%												3.7%			
Excel		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
WR5-L	Non-medical appraisals completed **-R12M appraisal %** **-Appraisals in month**	100% / 50%														76.0%	R12M >= 92.0%	73.8%	-
		725 / 325		70.5%															
				484												550			
WR6-L	Medical staff appraisals completed - Rolling 12-months	95% / 50%														83.7%	-	-	-
				65.0%															

		Q4 21-22	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23	Quarterly target		
WR7-L	Staff recommend UHS as a place to work score: National Quarterly Pulse Survey (NQPS) National NHS Staff Survey	7.24	7.05	6.96	6.91	6.92	-	-	-
WR8-L	Staff survey engagement score National Quarterly Pulse Survey (NQPS) National NHS Staff Survey	7.17	7.08	7.03	7.1	7.02	-	-	-

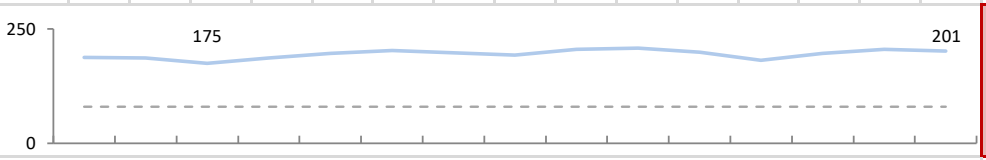
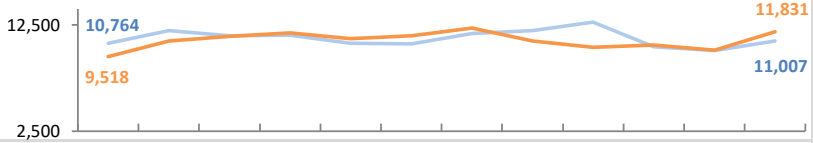
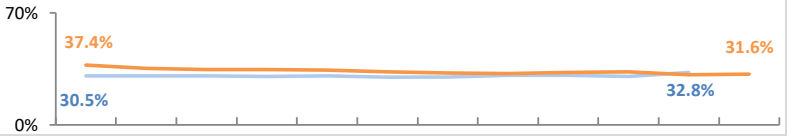




Belong		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
WR9-L	% of Band 7+ staff who are Black and Minority Ethnic	10.4%														10.9%	19% by 2026	10.7%	-
WR10	% of Band 7+ Staff who have declared a disability or long term health condition	13.5%														12.8%	-	-	-



		Q4 21-22	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23	Quarterly target		
WR11	Staff recommending UHS as a place to work: White British staff compared with all other ethnic groups combined -White British -All other ethnic groups combined	7.44 / 7.12	7.3 / 7.02	7.14 / 6.97	7.29 / 7.07	7.25 / 6.98	-	-	-
WR12	Staff recommending UHS as a place to work: Non disabled /prefer not to answer compared with Disabled -Non disabled /prefer not to answer -Disabled	7.02 / 7.18	6.9 / 7.09	6.91 / 7.06	6.8 / 7.2	6.96 / 7.04	-	-	-
WR13	Staff recommending UHS as a place to work: Sexuality = Heterosexual compared with all other groups combined -Sexuality = Heterosexual -All other groups combined	6.87 / 7.19	6.81 / 7.08	6.62 / 7.05	6.80 / 7.2	6.76 / 7.06	-	-	-
		Jan Feb Mar	Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Monthly target	YTD	YTD target
FN6	Percentage of staff living locally (inside the Southampton City boundaries)	53.2%				54.0%	-	-	-
FN7	Percentage of staff residing in deprived areas (lowest 30% - national Index of Multiple Deprivation)	24.1%				24.2%	-	-	-

Local Integration		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
NT1	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	201	-
NT2	Emergency Department activity - type 1 This year vs. last year																-	135,214	-
NT3	Percentage of virtual appointments as a proportion of all outpatient consultations This year vs. last year																≥25%	30.6%	≥25%

Digital		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly target	YTD	YTD target
FN1	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)	109,741														152,305	-	152,305	
FN2	My Medical Record - UHS patient logins (number of logins made within each month)	24,205														31,309	-	321,983	
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)	6,477		1552											886	3,704	-