University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Finance Report 2023-24 Month 2**			
Agenda item:	**9.2**			
Sponsor:	**Ian Howard – Chief Financial Officer**			
Author:	**Philip Bunting – Director of Operational Finance** **David O'Sullivan – Assistant Director of Finance – Financial Performance**			
Date:	**29 June 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:	**M2 Financial Position** UHS is reporting a deficit of £3.9m in May compared with a deficit plan of £3.7m. This is therefore £0.2m adverse to plan. This is an improvement of £1.5m from the previous month (£5.4m deficit reported in April) although April contained £1.1m of additional cost or lost income relating to the junior doctor strike hence was not anticipated to reoccur. May also included £0.8m of backdated income that had not been previously reported. YTD the deficit is £9.3m compared to a plan of £7.7m so £1.6m adverse to plan. The forecast remains as per the trust plan of £26m deficit. Financial improvement beyond plan will therefore be needed in future months to offset the YTD shortfall. **Underlying Position** The underlying position for May remained very consistent with the previous two months illustrating a stabilisation of the position. This was £4.7m deficit in month so £0.8m worse than the reported position of £3.9m due to several one-off benefits showing in month that are removed from the underlying position. **Drivers** The key underlying drivers for the deficit remain consistent with 22/23 including non-pay inflation, energy, drugs spend and the volume of patients not meeting the criteria to reside leading to surge bed costs. These have been partly offset with efficiencies in 22/23 but have left a legacy underlying deficit that remains. Additionally mental health patients are growing in number and causing significant cost pressures, particularly within agency, as patients often require one to one care and additional support from mental health qualified staff. Efforts are being made to capture these costs more accurately on a monthly basis to aid financial reporting. Drugs costs (non-pass through) have also increased in month from £2.6m in April to £4.5m in May, an increase of £1.9m. These costs are currently being reviewed with the pharmacy department in order to understand which areas this growth relates to and whether some costs may actually be pass through and should be reclassified in June with offsetting income then reported. Clinical supplies also increased however there were offsetting downward movements in other non-pay categories.			

The expenditure increases above were however offset by clinical income increases mainly relating to ERF (discussed below) meaning the underlying position remained stable. The financial plan for 2023/24 targets eradication of the underlying financial deficit by the end of the year ensuring that cash reserves don't fall below minimum levels. This is predicated on the achievement of £69m of CIP.

Elective Recovery Funding Position

The activity position in M2 improved significantly from M1 with achievement of 120% of 19/20 levels (this is currently an estimate based on 'early run' data). The previous month had seen activity of 112% of 19/20 achieved despite the junior doctor strike. Two theatre refurbishments were completed in month offering additional operating capacity from mid-May. Theatre utilisation also improved.

This level of overperformance means UHS is anticipating an additional £1.4m YTD within the clinical income position. The plan also incorporates additional capacity coming online later in the year specifically relating to new wards expected to open in September and December. There should therefore be an opportunity to further increase activity levels during the year via this step change in capacity.

Cost Improvement Plans

The Trust has been working hard to identify plans for 2023/24 in contribution towards a target of £69m. This equates to delivery of 6% of income. Identification increased dramatically from £29.7m in April to £56.5m in May (82% of the total). It is also planned that efforts will be made to 'over identify' due to the risk of delivery for some schemes.

Achievement at M2 was £6.3m YTD against a plan of £8.1m (£1.8m shortfall). It should be noted that this was c£5m ahead of that reported in 2022/23 and traditionally CIP delivery tends to occur to a greater degree in later months.

A large number of schemes are in development including several that cut across multiple providers with the HIOW system. Further to this UHS is taking measures to increase financial grip and control especially around recruitment and temporary staffing to ensure staff growth is as per plan.

Workforce / Pay Growth

Substantive workforce growth provides both an opportunity and risk for the organisation. A material part of the 2023/24 workforce plan is to recruit to shortage areas and release temporary staffing spend that is often in the form of high-cost agency, premium bank or WLI spend. If delivered this should release significant workforce savings.

There is however a significant challenge in 'transacting' these benefits as fill rates may just improve in areas where previously shifts were unfilled leading to cost not being released. As at May 2023 UHS was 212 wte (1.6%) ahead of its workforce plan with substantive staff 90 wte ahead of plan and bank staff 108 wte ahead of plan. Continuation of this trend presents a significant risk for UHS in the delivery of its financial and workforce plan.

Capital

Capital expenditure totals £3.7m YTD which is £3.4m behind plan. This is predominantly driven by wards, theatres, strategic maintenance and decarbonisation projects that are all currently behind plan. Spend is forecast to increase in future months to catch up for this shortfall.

The plan for 2023/24 totals £49.4m including £5m of externally funded capital. A further award of £3.5m has also been granted in year relating to endoscopy expansion. Currently plans are 15% higher than our CDEL allocation with a level of slippage assumed. Spend will be monitored closely through 2023/24 to ensure risks and mitigations are fully understood and managed.

	We are also awaiting final confirmation of £3.3m of additional national funding (CDEL only) to support the Neonatal business case with Specialised Commissioning. **Cash** The cash position has reduced by £20m from April to £85m in May 2023. This is consistent with the cash plan as a high volume of payables relating to capital have now been paid to suppliers. An underlying downward trend is still forecast to prevail due to the underlying financial deficit. We are continuing to have a current-account deficit, which is being funded by our capital investment savings account. **NHS Pay Award Update** The pay award for Agenda for Change staff has now been agreed following majority support by staffing unions. This will be paid in June with additional funding being paid in month to cover both the 22/23 non-consolidated payment and 23/24 pay award YTD. The finance team are in the process of confirming the level of financial exposure the trust has with regards to funding not covering the full cost of the award. There still remains some uncertainty regarding local differences to the national calculation and we await further clarification over whether funding will be adjusted. For example, the UHS contract with Serco is dynamically linked to agenda for change and therefore we may be contractually obliged to match the pay award although this has not been picked up within the funding calculation. This principle also applies to other Trusts e.g., PFI contracts. **HIOW ICB Position** A verbal update will be provided on the position at month 2.
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 2024/25 due to the forecast deficit for 2023/24.
Summary: Conclusion and/or recommendation	Members of Trust Board are asked to: • Note the update to the financial position.

Finance Report Month 2

Report to:	**Board of Directors and Finance & Investment Committee** **June 2023**
Title:	**Finance Report for Period ending 31/05/2023**
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 2, UHS reported a deficit position of £3.9m which was £0.2m adverse to plan. YTD the deficit is now £9.3m which is £1.6m adverse to plan. The total plan for the year is £26m deficit which is currently forecast for delivery. The current shortfall to plan will need to be recovered in future periods in order to deliver to the full year plan.

2. The underlying position in May is a £4.7m deficit which has remained stable from M1.

3. CIP delivery was reported behind plan with £6.3m achieved compared to a plan of £8.1m. £56.5m of savings have been identified in plans, 82% of the trust target of £69m. There is continued focus on savings identification and delivery to support financial recovery.

4. The themes seen in M2 were:
    1. UHS is over its elective recovery target in M2 by £1.4m (120% achieved v 113% target).
    2. Associated clinical supplies costs increased by £1.0m from April in line with increased activity although this was offset by other non pay reductions. Drugs costs increased by £1.9m and are under investigation with pharmacy.
    3. Underlying drivers for the monthly financial deficit remain as per 22/23 including inflation, energy, drugs and increased volumes of patients not meeting the criteria to reside.
    4. Upward workforce trends remain a risk with particular pressure in month around additional nursing spend related to providing safe care for mental health patients.
    5. Surge capacity also remains open at times to support flow at times of peak bed pressure.

Finance: I&E Summary

UHS has submitted an annual plan position of £26m deficit for the 2023/24 financial year.

In May a deficit position of £3.9m was reported, £0.2m adverse to plan. The YTD position of £9.3m deficit is £1.6m adverse to the planned deficit target of £7.7m.

In month, clinical income exceeded the plan by £2.1m, positively impacting the position. This was mainly driven be ERF.

Clinical supplies spend has however increased by £1.0m from Month 1 in line with activity increases however other non pay has reduced by £1.0m offsetting this. Drugs costs are under investigation with Pharmacy following an increase of £1.9m from April.

Pay expenditure exceeded plan in month, primarily due to substantive staffing costs. Total pay costs were £1.0m over the plan.

		Current Month			Cumulative			Full Year		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	69.7	71.8	(2.1)	139.7	140.0	(0.4)	836.2	836.2	0.0
	Pass-through Drugs & Devices	15.8	16.0	(0.2)	31.4	30.5	0.9	204.1	204.1	0.0
Other income	Other Income	18.3	18.5	(0.2)	36.9	37.2	(0.3)	196.1	196.1	0.0
Total income		**103.8**	**106.3**	**(2.5)**	**208.0**	**207.7**	**0.2**	**1,236.4**	**1,236.4**	**0.0**
Costs	Pay-Substantive	52.0	53.0	0.9	104.0	105.6	1.6	630.4	630.4	0.0
	Pay-Bank	3.9	4.0	0.1	7.8	8.4	0.5	43.6	43.6	0.0
	Pay-Agency	1.5	1.5	0.0	2.9	2.7	(0.3)	15.1	15.1	0.0
	Drugs	2.7	4.5	1.8	5.7	7.1	1.4	32.4	32.4	0.0
	Pass-through Drugs & Devices	15.8	16.0	0.2	31.4	30.5	(0.9)	204.1	204.1	0.0
	Clinical supplies	5.7	5.6	(0.1)	11.4	10.1	(1.3)	70.3	70.3	0.0
	Other non pay	24.5	24.2	(0.3)	48.8	49.4	0.6	240.7	240.7	0.0
Total expenditure		**106.2**	**108.8**	**2.6**	**212.0**	**213.7**	**1.7**	**1,236.6**	**1,236.6**	**0.0**
Remove	Depreciation and Amortisation	3.2	3.1	0.1	6.4	6.3	0.1	38.0	38.0	0.0
	Donated income	(0.7)	(0.7)	(0.0)	(1.7)	(1.4)	(0.3)	(18.4)	(18.4)	0.0
EBITDA		**0.1**	**(0.1)**	**0.2**	**0.6**	**(1.1)**	**1.7**	**19.4**	**19.4**	0.0
EBITDA %		0.1%	-0.1%	0.2%	0.3%	-0.5%	0.8%	1.6%	1.6%	0.0%
	Non operating expenditure/incom	(3.3)	(3.4)	0.1	(7.0)	(7.1)	0.2	(29.5)	(29.5)	0.0
Surplus / (Deficit)		**(3.2)**	**(3.4)**	**0.3**	**(6.4)**	**(8.2)**	**1.9**	**(10.1)**	**(10.1)**	**0.0**
Less	Donated income	(0.7)	(0.7)	(0.0)	(1.7)	(1.4)	(0.3)	(18.4)	(18.4)	0.0
	Profit on disposals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Gain/ Loss on absorption	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Add Back	Donated depreciation	0.2	0.2	(0.0)	0.4	0.4	(0.0)	2.5	2.5	0.0
	Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
									-	
Net Surplus / (Deficit)		**(3.7)**	**(3.9)**	**0.2**	**(7.7)**	**(9.3)**	**1.6**	**(26.0)**	**(26.0)**	**0.0**

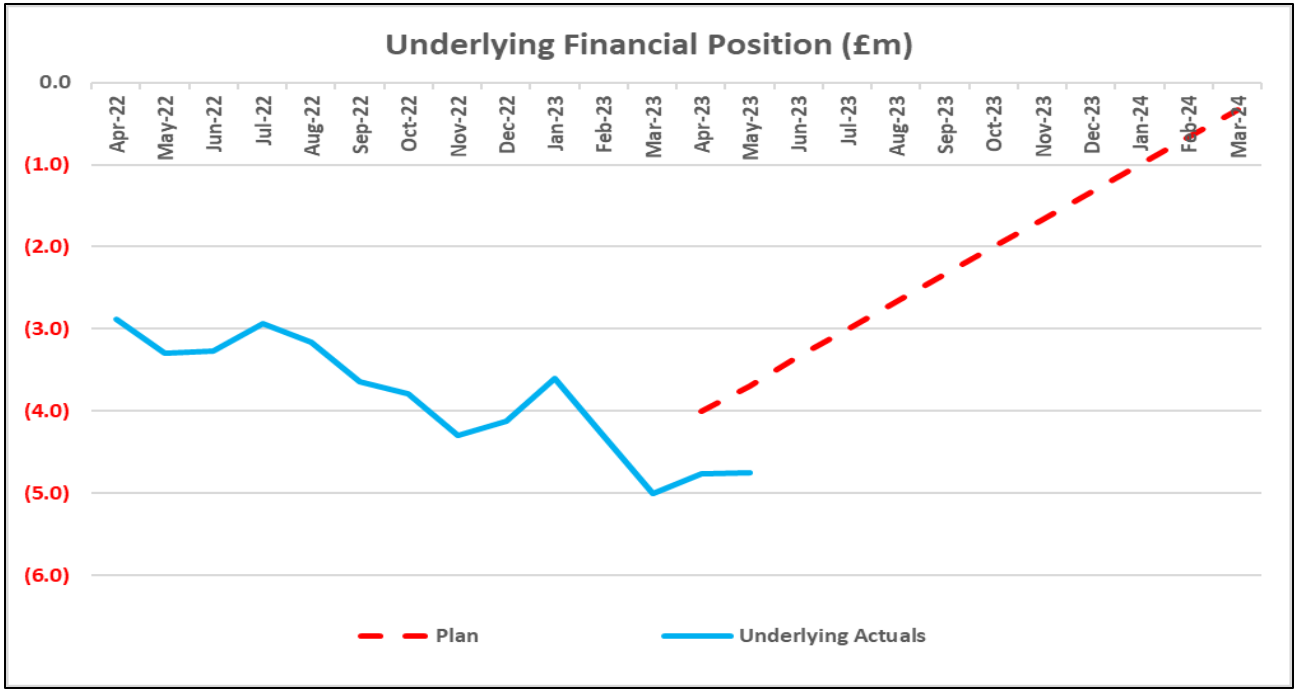
Monthly Underlying Position

The graph shows the underlying position for the Trust from April 2022 to present. This differs from the reported financial position as it has been adjusted for non recurrent items (one offs) to get a true picture of the run rate. The underlying position has remained static in May at £4.7m deficit (following revision to M1 figures).

Throughout 2022/23 financial year, the run rate deteriorated from approximately £3m per month to reaching £5m per month by year-end. This decline was primarily driven by escalating energy costs and pressures related to activity, particularly during the winter period, including the need for surge beds.

The plan for 2023/24 is to eradicate the underlying deficit by financial year end .

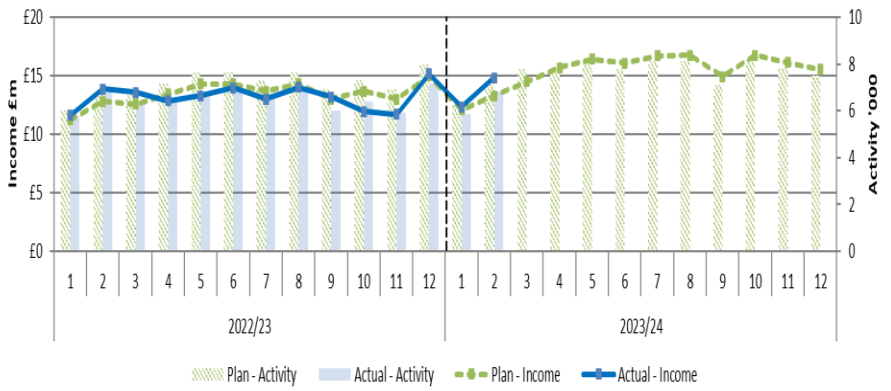
A table outlining risks is also shown and will be monitored and added to in year.



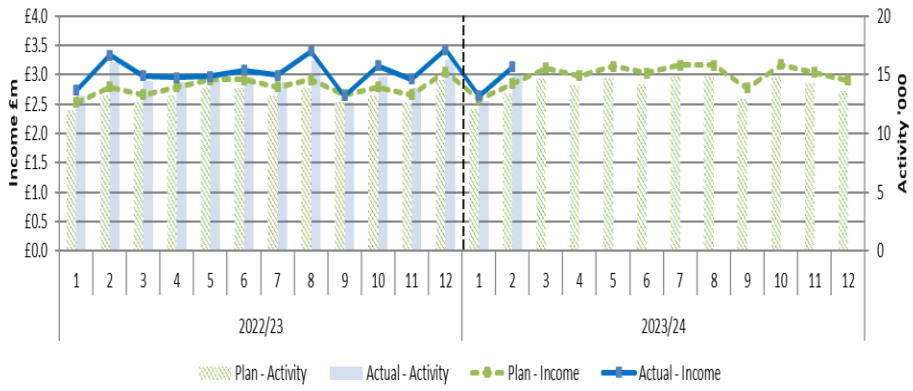
Risk Variable	£m
Unidentified CIP	15.8
System CIP Initiatives	11.2
Identified CIP Delivery Risk	7.0
Inflationary Pressure (non pay and unfunded pay award)	8.0
Total Risk	42.0
Mitigations	
Additonal CIP	(18.0)
Net Risk	**24.0**

Clinical Income - Elective

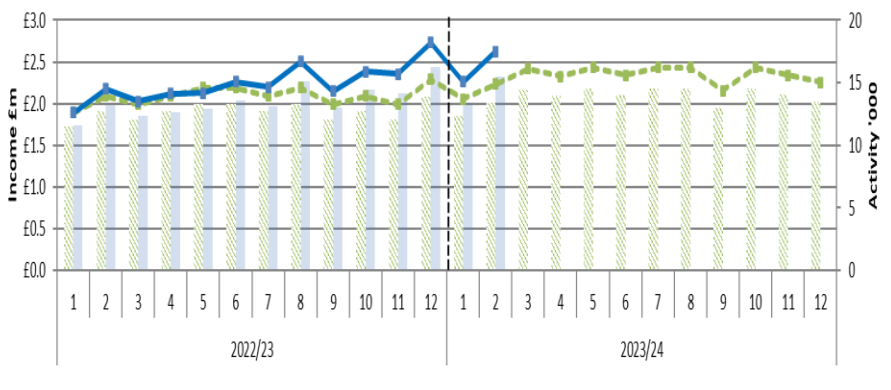
Elective spells



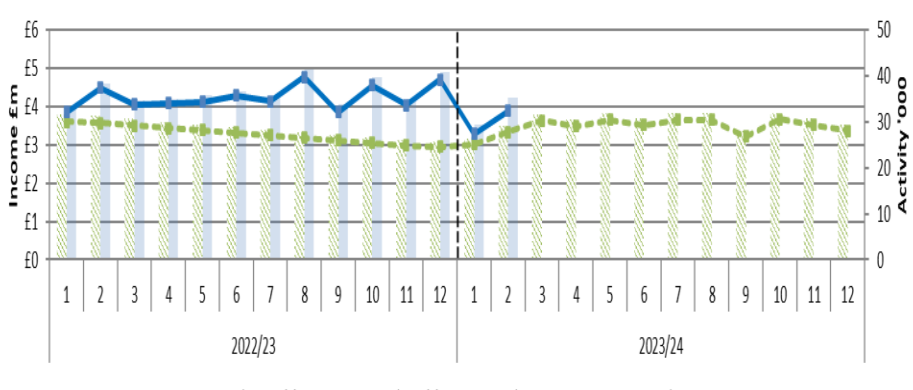
Oupatients - First Attendances



Outpatients - Procedures

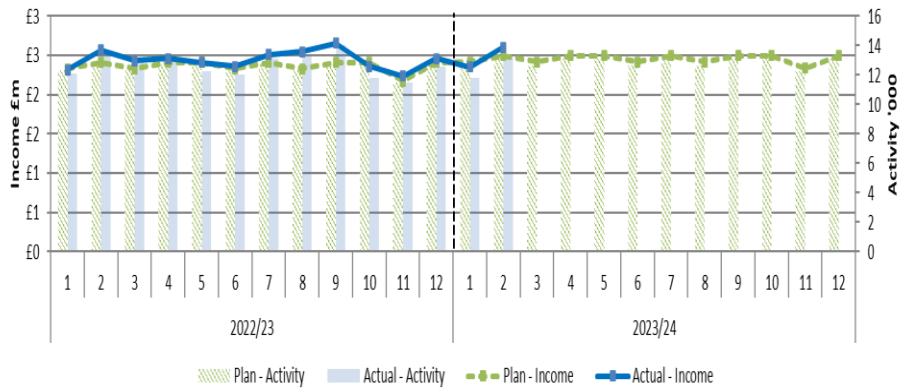


Outpatients - Follow up appointments

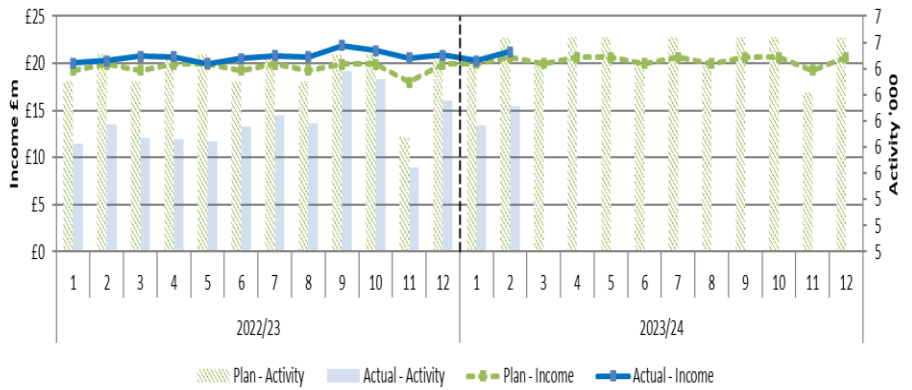


Clinical Income – NEL and Other

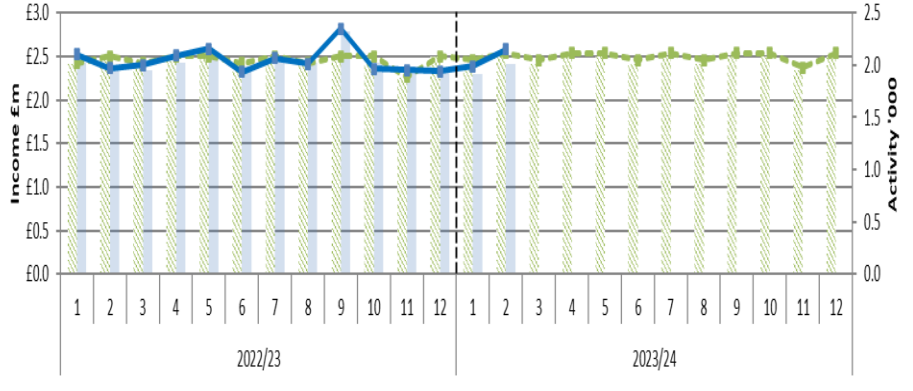
A&E



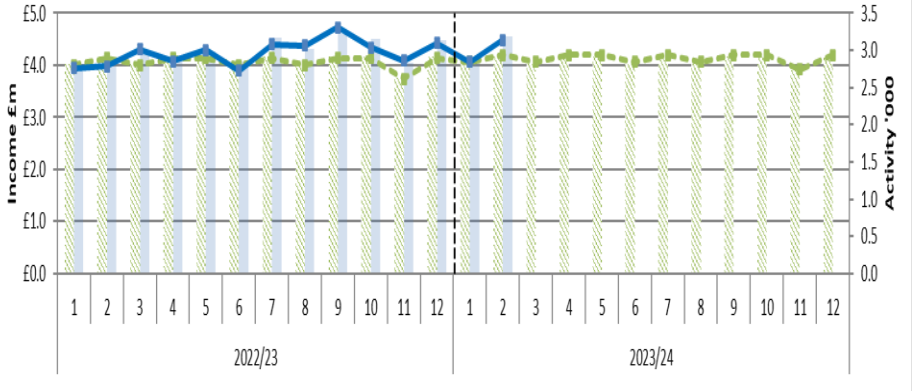
Non elective spells



Neonatal & paediatric critical care



Adult critical care



Finance Report Month 2

Elective Recovery Fund 22/23

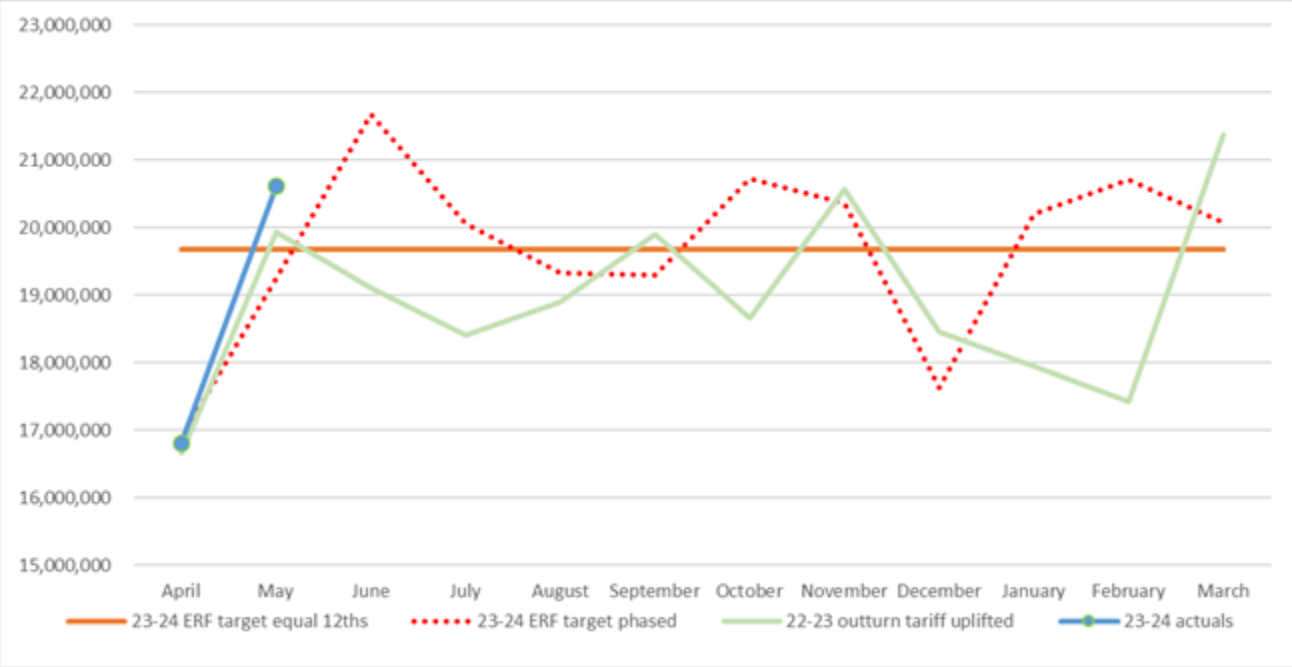
The graph shows the ERF performance for 23/24 as well as a trend against plan for 22/23.

In 23/24 the Trust has a target to achieve 113% of 19/20 activity for elective inpatients, outpatient first attendances and outpatient procedures. Delivery above this targeted level will generate additional funding for the Trust.

Month 2 saw an overperformance against the phased target baseline, valued at £1.5m. This was a significant increase on the restated April position which was £0.1m under target. Total YTD is £1.4m overperformance.

In % terms compared to the original 2019-20 baseline this would be equivalent to 120% for May and 112% for April (including loss of 5% of activity due to industrial action).

Advice & Guidance activity is not yet included with national data awaited.



ERF Performance (Target = 113%)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
Elective and Daycase	114%	121%											118%
Outpatients Firsts	100%	114%											107%
Outpatients Procedures	119%	118%											119%
Overall ERF Performance	**112%**	**120%**											**116%**
Financial over / Under performance (£'000)	(89)	**1,481**											**1,392**
Outpatient Follow Ups	107%	136%											122%

Finance Report Month 2

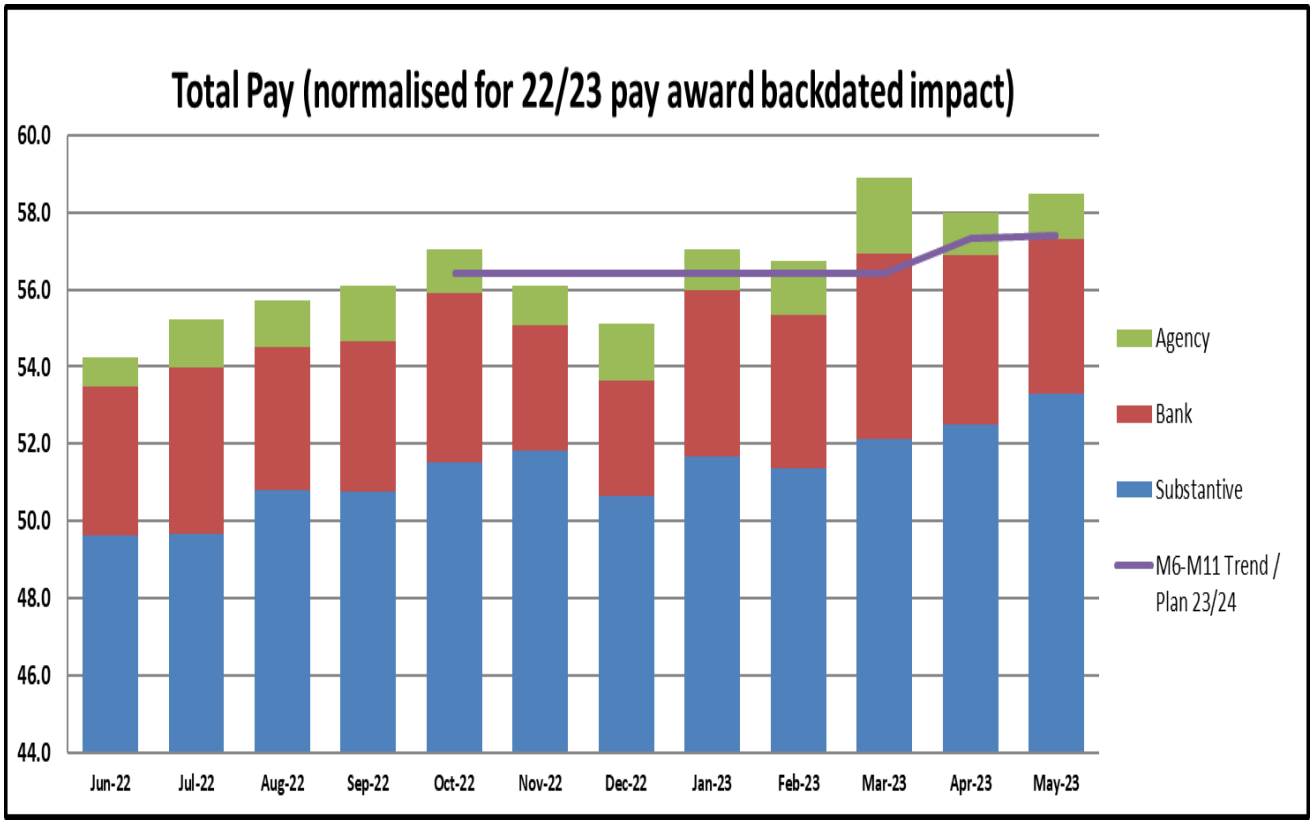
Staff Costs

The total pay expenditure in May was £58.5m, an increase from April's position of £58.0m.

Additional costs of £0.4m were incurred during the month, specifically related to Bank holiday enhancement payments. Normalising for these costs were up by £0.1m as staffing numbers increased in month predominantly in substantive nursing due to an increased overseas nursing intake.

Out of the £0.5m increase during the month, £0.2m was attributed to Medical staff, and £0.3m was attributed to Nursing staff.

Workforce trends are being closely monitored, with a headcount reduction being part of the in-year efficiency plans.



Finance Report Month 2

Temporary Staff Costs

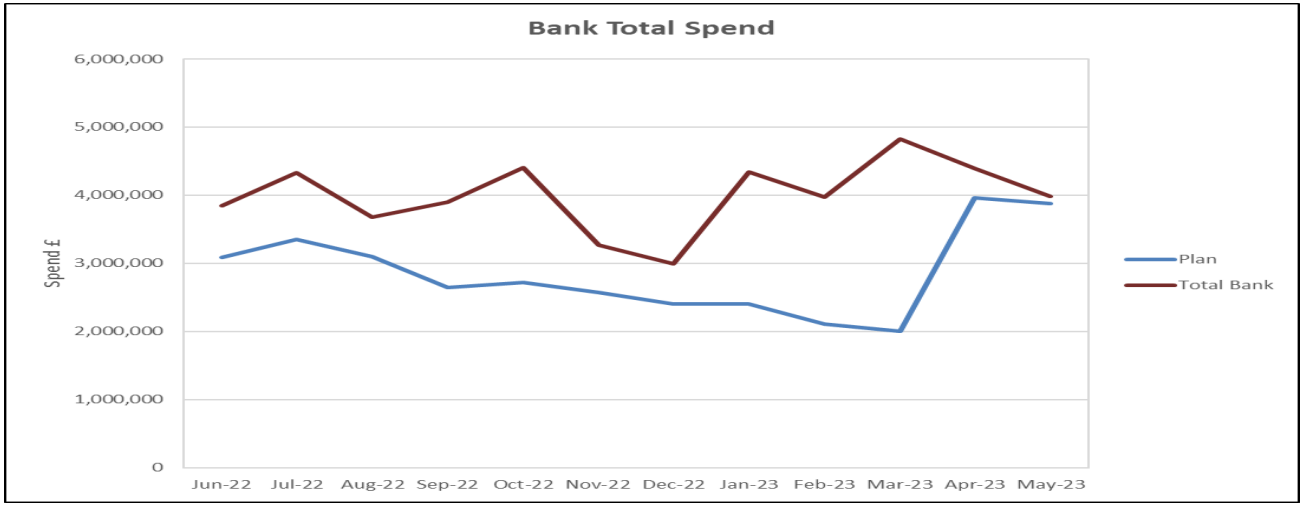
Expenditure on bank staff decreased by £0.4m in month following a position of £4.4m in April.

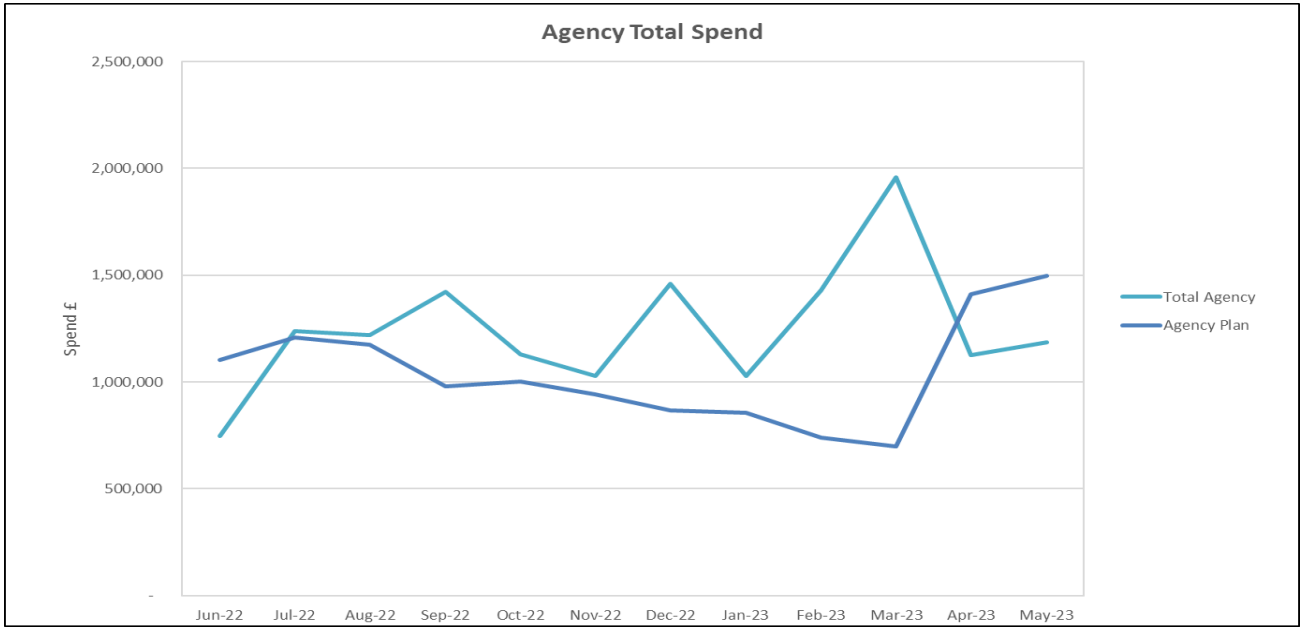
In month costs are in line with average levels experienced in 2022/23 but have not yet reduced following additional substantive recruitment across the organisation.

Agency spend increased by £0.1m compared to the previous month. The in month position has remained below the 2022/23 run rate by £0.1m. Whilst an overall reduction in agency year to date has been experienced, this has not been in line with increases in substantive costs over the same period.

Reducing agency spend remains a focus area for the Trust Savings Group (TSG).

In month total temporary staffing costs by staff group were:
Nursing £3.7m
Medical £0.7m
Other £0.9m





Finance Report Month 2

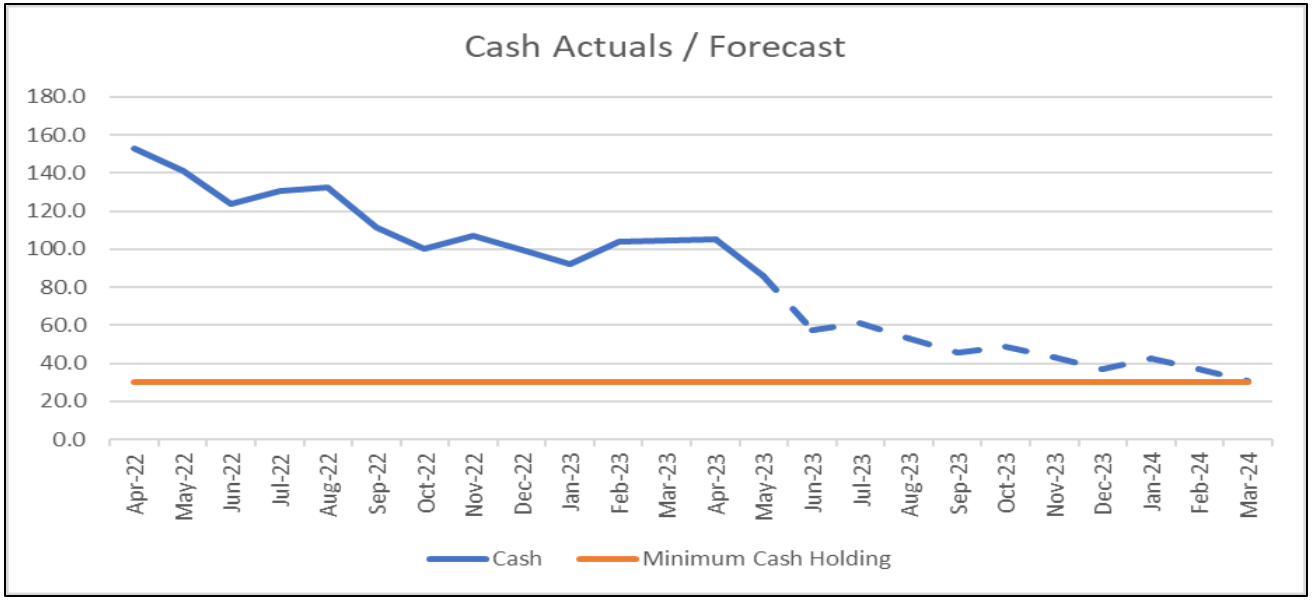
Cash

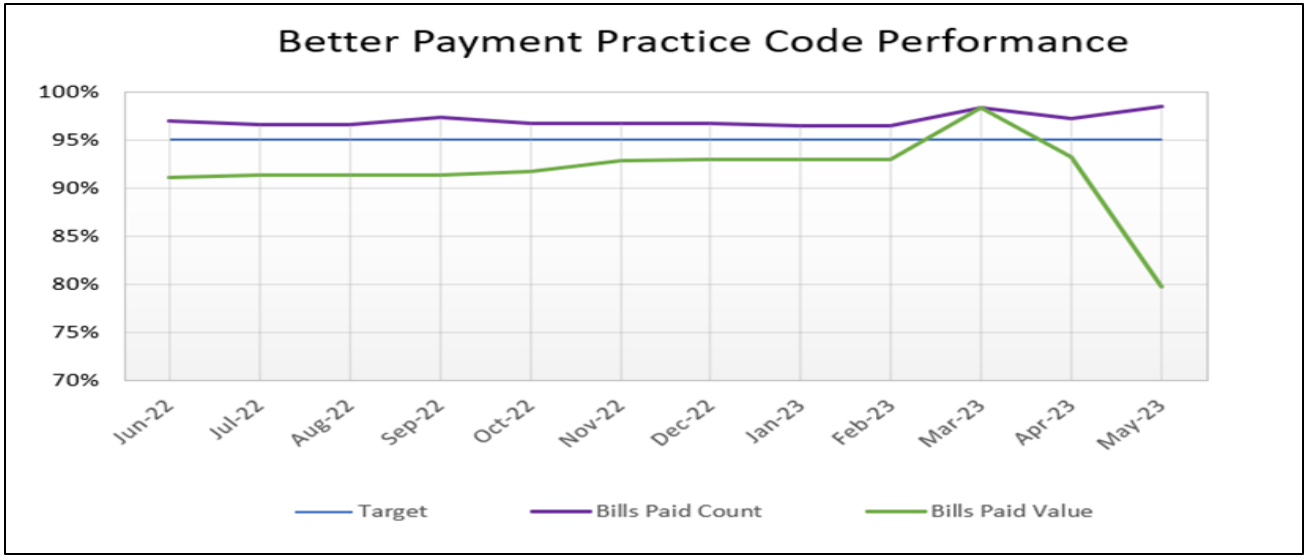
The cash balance reduced by £20m to £85m in May. This reduction had been anticipated following significant capital spend in Q4 with cash payments due to suppliers in Q1.

A cash forecast has been completed for the next 10 months projecting a material decline in cash driven by an underlying deficit and sizeable internally funded capital programme of £44m per annum. This is currently based on the 2023/24 plan submission.

Better Payment Practice Code (BPPC) performance in month for May is over the 95% target for count but has dropped significantly below for value.

This reduction largely relates to the payments made to other NHS bodies. Work has been focused on NHS suppliers following the 'agreement of balances' exercise completed as part of the year end process but this will now be refocused to commercial suppliers.





Capital Expenditure

Expenditure in month 2 was £2.1m taking the year to date expenditure position to £3.7m.

Significant areas of expenditure were on the wards project (£0.4m), ward refurbishments (£0.2m), Banksy charity funded schemes (£0.6m) and informatics (£0.6m). Also the purchase of land at Adanac Park (£0.5m) was completed this month. Year to date expenditure is relatively low due to materials delivered to site for the wards scheme being accounted for in 22-23, much of the spend being offset by donated income (£1.4m YTD) and some large schemes yet to commence.

A funding award from NHSI of £3.5m for the endoscopy training centre, that was not in the original plan, has now been confirmed. It is anticipated that the trust will spend all of it's CDEL allocation (£44.4m) plus £8.5m of external awards in year. A review of the forecast will take place before reporting in month 3.

(Fav Variance) / Adv Variance

	Month			Year to Date			Full Year Forecast		
Scheme	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's
Internally Funded Schemes									
Strategic Maintenance	584	39	545	1,168	190	978	5,200	5,200	0
Oncology Centre Ward Expansion Levels D&E	1,950	428	1,522	2,700	592	2,108	7,135	7,135	0
F Level Theatres / Theatres 10 & 11	839	26	813	1,678	74	1,604	9,604	9,604	0
Neonatal Expansion	0	29	(29)	0	58	(58)	10,030	10,030	0
Community Diagnostic Centre Phase 2	0	0	0	0	0	0	3,250	3,250	0
General Refurb Fund / GICU Refurb	300	243	57	500	412	88	4,250	4,250	0
Donated Estates Schemes	1,000	645	355	2,000	1,298	702	2,624	6,124	(3,500)
Decarbonisation Schemes	1,500	0	1,500	1,500	0	1,500	11,259	11,259	0
Informatics (incl Digital Pathology)	363	509	(146)	726	1,226	(500)	5,890	5,890	0
Medical Equipment panel (MEP)	0	0	0	0	79	(79)	2,069	2,069	0
Other Equipment	39	264	(225)	78	360	(282)	925	925	0
IMRI	0	0	0	0	0	0	1,310	1,310	0
Targeted Lung Health Checks CT Scanner	0	0	0	0	0	0	1,364	1,364	0
Other	0	36	(36)	0	198	(198)	518	518	0
Slippage	0	0	0	0	0	0	(7,181)	(7,181)	0
Donated Income	(2,500)	(651)	(1,849)	(3,500)	(1,394)	(2,106)	(18,383)	(21,883)	3,500
Total Trust Funded Capital excl Finance Leases	**4,075**	**1,567**	**2,508**	**6,850**	**3,092**	**3,758**	**39,864**	**39,864**	**0**
Leases									
Equipment leases	31	0	31	62	0	62	500	500	0
IISS	0	0	(0)	0	0	(0)	1,870	1,870	0
4th C Level MRI Scanner / CT Scanner	0	0	0	0	0	0	2,210	2,210	0
Total Trust Funded Capital Expenditure	**4,106**	**1,567**	**2,539**	**6,912**	**3,093**	**3,819**	**44,444**	**44,444**	**0**
Externally Funded Schemes									
Asceptic Pharmacy / SSD Building	0	542	(542)	0	575	(575)	3,000	3,000	0
Community Diagnostic Centre Phase 2 - PDC	0	0	0	0	0	0	775	775	0
Frontline Digitisation	49	0	49	98	0	98	785	785	0
LIMS/Pathology Digitisation	28	0	28	56	17	39	450	450	0
Endoscopy Centre	0	0	0	0	0	0	0	3,500	(3,500)
Total Externally Funded Schemes	**77**	**542**	**(465)**	**154**	**592**	**(438)**	**5,010**	**8,510**	**(3,500)**
Total CDEL Expenditure	**4,183**	**2,110**	**2,073**	**7,066**	**3,685**	**3,381**	**49,454**	**52,954**	**(3,500)**
Outside CDEL Limit									
In year IFR16 Leases	0	0	0	0	0	0	0	0	0
Total Capital Expenditure	**4,183**	**2,110**	**2,073**	**7,066**	**3,685**	**3,381**	**49,454**	**52,954**	**(3,500)**

Statement of Financial Position

(Fav Variance) / Adv Variance

The May statement of financial position illustrates net assets of £580.9m which is £1.9m down on April.

This is predominantly due to: A reduction in Payables of £18.7m driven by large payments made including £3.4m for Supply Chain and £4.9m relating to Adanac. There have also been reductions in capital creditors that was anticipated following Q4 and suppliers being due payments in Q1.

Cash reduced to £85.9m in line with the reduction in Payables. The underlying deficit also continues to drive a reducing cash balance.

Statement of Financial Position	2022/23 YE Actuals £m	2023/24 M1 Act £m	2023/24 M2 Act £m	2023/24 MoM Movement £m
Fixed Assets	620.4	617.2	619.2	2.0
Inventories	15.8	18.1	18.1	(0.0)
Receivables	88.5	92.9	89.8	(3.0)
Cash	105.0	105.5	85.9	(19.6)
Payables	(224.6)	(237.0)	(218.4)	18.7
Current Loan	(1.5)	(1.5)	(1.5)	0.0
Current PFI and Leases	(12.6)	(12.2)	(12.2)	0.0
Net Assets	**591.0**	**582.9**	**580.9**	**(1.9)**
Non Current Liabilities	(23.0)	(22.8)	(22.8)	0.0
Non Current Loan	(5.3)	(5.3)	(5.3)	0.0
Non Current PFI and Leases	(108.6)	(105.6)	(107.1)	(1.5)
Total Assets Employed	**454.1**	**449.2**	**445.8**	**(3.4)**
Public Dividend Capital	286.2	286.2	286.2	0.0
Retained Earnings	102.2	97.3	93.8	(3.4)
Revaluation Reserve	65.7	65.7	65.7	0.0
Total Taxpayers' Equity	**454.1**	**449.2**	**445.8**	**(3.4)**

Finance Report Month 2

Efficiency and Cost Improvement Programme

University Hospital Southampton NHS
NHS Foundation Trust

UHS Total - £56.5m identified 82% of the total 23/24 requirement of £69m. Of the identified UHS total, £5.9m is Pay, £28.9m is Non-Pay, and £21.7m is Income.

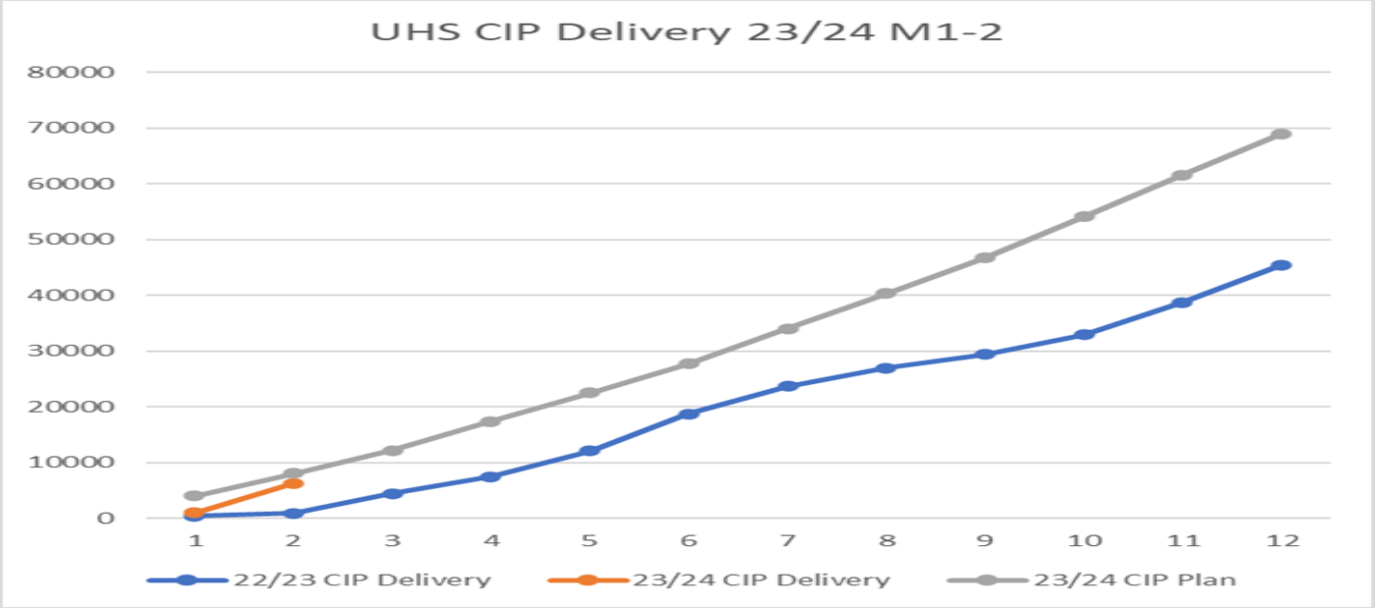
Divisions and Directorates - £29.5m of CIP schemes identified. This represents 69% of the 23/24 target of £43.1m

Central Schemes - £26.9m of CIP schemes identified. This represents 104% of the 23/24 target of £25.9m

M2 Trust YTD delivery is £6.3m. This is below planned delivery of £8.1m but compares favourably to M2 FY22/23 which showed a £1m achievement.

Of the £6.3m delivered:
£1.8m has been transacted by Divisions and Directorates
£4.6m has been transacted through Central Schemes.
£4.3m is non-recurrent. This includes £2.9m of non-recurrent Central Schemes.

A risk assessment of schemes will be completed for M3.



Month 2 CIP Identification	Non Recurrent ('000s)	Recurrent ('000s)	Total ('000s)	Target ('000s)	% Identified
Division A	£1,095	£2,863	£3,958	£9,068	44%
Division B	£1,410	£3,440	£4,849	£9,795	50%
Division C	£2,153	£981	£3,134	£8,772	36%
Division D	£722	£2,236	£2,958	£9,281	32%
THQ	£685	£2,142	£2,827	£6,163	46%
Unallocated Schemes	£0	£11,800	£11,800		
Central Schemes	£20,740	£6,200	£26,940	£25,992	104%
Grand Total	**£26,805**	**£29,661**	**£56,465**	**£69,071**	**82%**

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Performance KPI Report 2023/24 Month 2**			
Agenda item:	**9.1**			
Sponsor:	**David French, Chief Executive**			
Author	**Jason Teoh, Director of Data and Analytics**			
Date:	**29 June 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 Performance KPI 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 performance metrics. 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.			

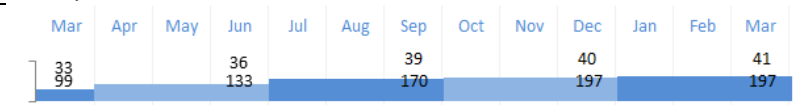
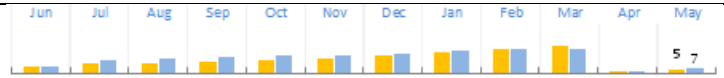
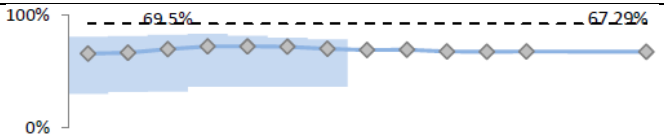
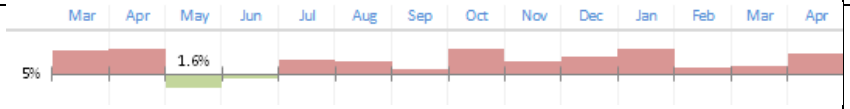
University Hospital Southampton NHS
NHS Foundation Trust

Performance KPI Board Report

Covering up to
May 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 Performance KPI 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.

- Updated data availability: There are several data sets which have been updated with two months of data, having not been available for the previous report.
- Data correction: Following review, the Clostridium Difficile data (metric 6) for April 2023 was revised from 9 to 4 cases.
- Revision of data source: Following the completion of a pilot, there are two sites which are unable to support the Continuity of Care model within maternity. Therefore, these sites have been removed from the data sets, and the data backdated to January 2023 without these sites (to allow for trending). This is reflected within the Total UHS women booked onto a continuity of carer pathway (metric 23) and Total BAME women booked onto a continuity of carer pathway (metric 24) measures. The maternity team are reviewing the composition of this metric for future reports.
- New metric: We have temporarily added a new metric 35a: Patients on an open 18 week pathway (waiting 104 weeks+) given the impact of corneal transplants on our long waiter performance.

Summary

This month the 'Spotlight' section contains an update on Referral to Treatment (RTT) performance.

The RTT spotlight highlights that:

- UHS has been removed from the Tier 2 performance management process.
- Although progress has been made on clearing the longest waiters, the impact of the NHS England request to include corneal transplants as part of the waiting list has meant that we have seen an increase in 78+ and 104+ week waiters for the first time in over a year.
- Despite high levels of activity, we continue to see growth in the waiting list, and in May 2023 it stood at 57,878 patients, a 2% increase (1,310 patients) compared to April 2023, and a 17.4% increase compared to May 2022 (circa 8,500).

Areas of note in the appendix of performance metrics include:

1. We continue to see volatility within our cancer performance statistics.
    a. 2WW performance has dropped to 57.7% in April 2023. This is the lowest monthly performance for several years, driven by capacity challenges in our highest volume tumour sites of Breast, Head and Neck, and Skin.
    b. There has also been a reduction in 31D performance to 86.8%, with the Skin service most greatly impacted performance wise.
    c. However, our focus on the breaches has started to reflect within our overall 62D performance. This improved to 64% in April 2023, putting us back into the top quartile of relative performance versus other teaching hospitals.
2. Inpatient noting has now gone live in the Medicine Care Group, and this has resulted in a significant increase in unique users and data recorded via Inpatient Noting.
3. Following the completion of a pilot, there are two sites which are unable to support the Continuity of Care model within maternity. Therefore, these sites have been removed from the data sets (UHS and BAME women – continuity of care), and the data backdated to January 2023 without these sites (to allow for trending). This makes it look like there has been a significant reduction in performance, and the team are reviewing the composition of this measure.
4. Pressure ulcers remain high and above target. This continues to be linked to junior skill mix and need for further education, and there are follow ups with nursing teams to remind them of the importance of regularly turning patients.
5. There were six reported severe/moderate medication errors, the highest reported number for several months. These reports are subject to internal review, and a further update will be provided next month.

Ambulance response time performance

The latest unvalidated weekly data provided by the South Coast Ambulance Service (SCAS) shows that UHS does not significantly contribute to ambulance handover delays. In the week commencing 12 June 2023 our average handover time was 16 minutes 24 seconds across 790 emergency handovers, and 21 minutes 17 seconds across 33 urgent handovers. There were 51 handovers over 30 minutes, and 4 handovers taking over 60 minutes (of which we believe at least two are data errors) within the unvalidated data.

Spotlight: Referral to Treatment Waiting Lists

The following information is based on the validated May 2023 submission, with some operational insight based on the latest position for our long waiters.

Update on Tier 2 position

In the last RTT spotlight to Board (April 2023) we reported that UHS had 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.

At the time, we provided feedback to the ICB that we did not feel that this was proportionate to our recent progress on 78+ week long waiters, and in late April 2023 we were notified that we had progressed out of the Tier 2 monitoring process. UHS continues to make progress on reducing long waiters (further information below), although the headline position has been impacted by the NHS England request to report Corneal transplants as part of the RTT Waiting List (see next section)

Corneal grafts

In last month's Performance KPI Report to Board we provided a short update on Corneal transplants. Historically, we have not counted transplants as part of the RTT waiting list as transplant material is assigned by NHS Blood & Transplant (NHSBT), and the provision of this material is not within UHS's control. However, NHS England have requested that we add all patients awaiting Corneal transplants onto the RTT waiting list, in line with guidance provided within an FAQ document from 2015[1]. It appeared that this guidance was missed by UHS – and many other trusts around the country.

Corneal transplants are specifically referred to as an exception within the FAQ document (but not the NHS RTT Policy[2], which in fact explicitly states that if a patient has been added to a transplant list, then they should be removed from the RTT waiting list) to most other transplants as they are deemed as "unmatched transplants". However, many trusts – including UHS – have taken the approach to not count any transplants as the material is centrally provided by NHSBT, and therefore the time which the patient waits are not fully within an individual trust's control.

NHS England have asked us to now add all corneal transplant patients onto our waiting list. At the time of writing, we have added approximately 120 patients onto the waiting list, with presently 25 having waited over 78 weeks. Table 1 outlines our current forecast of expected volumes and wait times based on the remaining patients awaiting a corneal graft.

[1] https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2017/10/Accompanying-FAQs-v7.32-ASI-FAQ-update.pdf
[2] https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks/referral-to-treatment-consultant-led-waiting-times-rules-suite-october-2022

Table 1: Forward forecast of Corneal graft volumes

	0-78 weeks	78-104 weeks	104+ weeks	Total PTL
End of May	88	12	1	101
End of June	68	22	6	96
End of July	64	25	7	96
End of August	56	31	9	96

This forecast position will change as it does not currently account for new corneal referrals to the waiting list, and further validation of the waiting list is underway. In addition, the availability of material is changing, and therefore patients should be treated and be removed from the waiting list. Until early June 2023, tissue was only being issued to patients who have waited over two years. More recently, NHS England has asked us to request transplant material for patients who had waited more than 65+ weeks. Therefore, it is possible that this forecast position will improve.

Waiting list

We have continued to see a growth in the waiting list, and in May 2023 it stood at 57,878 patients, an increase of 1,310 patients compared to April 2023 (graph 2) and over 8,500 patients more than May 2022 (a 17.4% growth rate). Despite UHS's continued over performance on elective recovery, the waiting list continues to grow, and we are undertaking more detailed analysis to understand why we are continuing to see this level of growth. It is not immediately clear at this time why certain specialities have seen a significantly higher growth rate than others (see table 3 for the specialties with the highest growth rates).

Graph 2: PTL by wait band

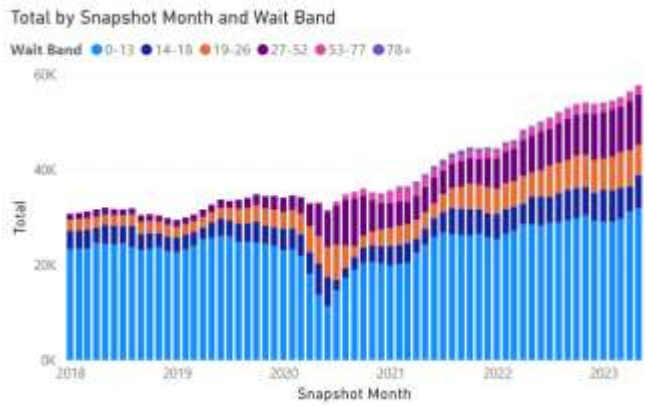
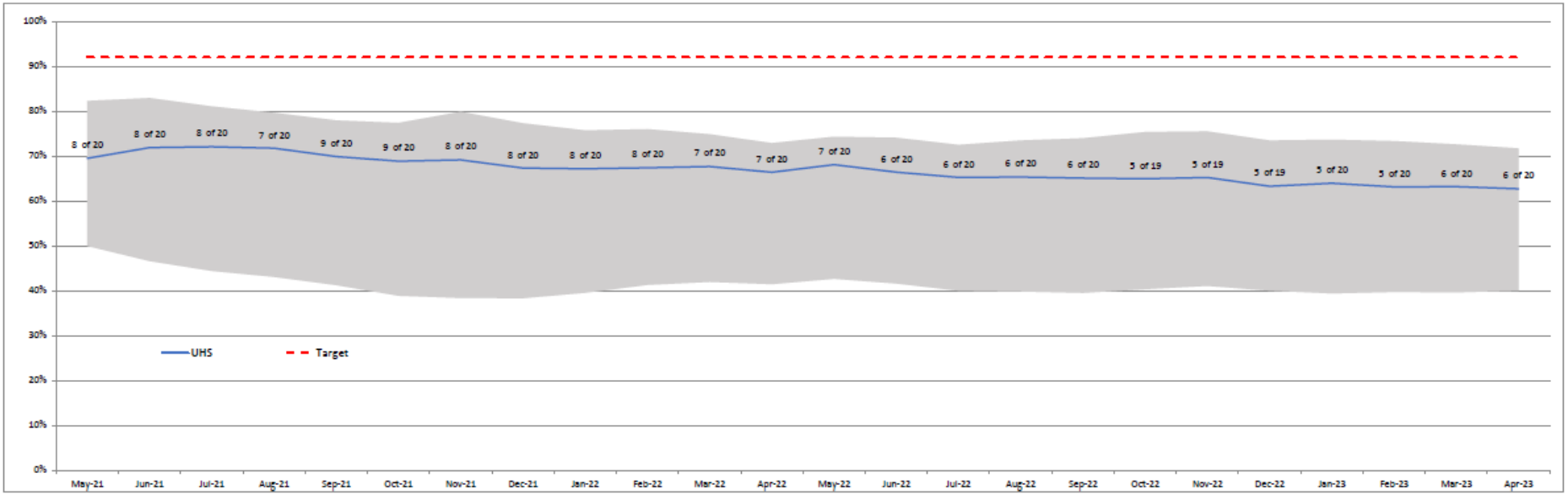


Table 3: Percentage growth in waiting list at specialty level

Specialty	May-23	May-22	% growth
331 - CONGENITAL HEART DISEASE	84	28	200%
316 - CLINICAL IMMUNOLOGY	102	40	155%
320 - CARDIOLOGY	3055	1595	92%
173 - THORACIC SURGERY	323	177	82%
215 - PAEDIATRIC EAR NOSE AND THROAT	1395	779	79%
221 - PAED CARDIAC SURGERY	96	55	75%
430 - GERIATRIC MEDICINE	200	118	69%
307 - DIABETIC MEDICINE	102	63	62%
314 - REHABILITATION	96	60	60%
216 - PAEDIATRIC OPHTHALMOLOGY	660	427	55%
311 - CLINICAL GENETICS	2386	1555	53%
259 - PAED NEPHROLOGY	78	52	50%

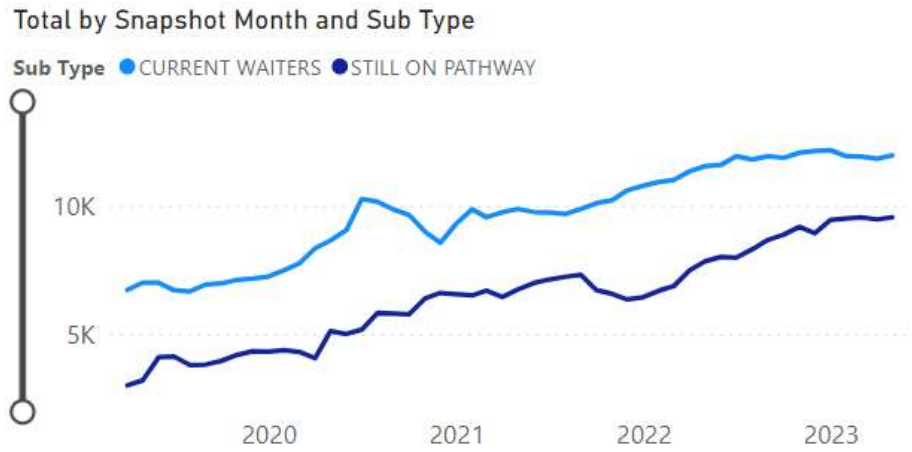
Given the overall waiting list challenge, the 18 week wait constitutional standard remains unmet, and in May 2023 only 65% of patients are currently waiting 18 weeks or less. Although there has been some improvement in this standard, this is linked to the increase in recent referrals, rather than a wholesale improvement in the waiting list. While this is below the national target of 92%, we remain in the top tertile of other comparator teaching hospitals (6 of 20 benchmark hospitals in graph 4 in April 2023), reflecting that this continues to be a national challenge throughout the NHS.

Graph 4: RTT 18 week performance comparison for Teaching Hospitals



Looking specifically at the patients waiting for admission ("current waiters") in graph 5, in May 2023 this stood at 11.9k patients (20.7% 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, alongside utilising outsource capacity where it is financially prudent to do so.

Graph 5: Waiting list for Current Waiters and Still on Pathway



Graph 6: 78+ week waits

Long waiter performance

UHS has made significant progress in clearing our longest waiters, and we were in a position with no reported two year waits since November 2022, and less than 14 patients having waited longer than 78+ weeks since March 2023. However, the inclusion of the corneal patients has increased the May 2023 78+ week waiters by 12 patients, and June's impact will be greater after validation.

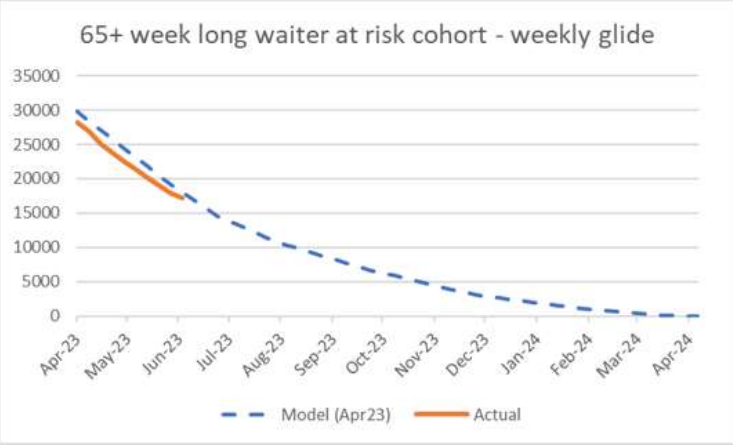
Excluding the impact of the corneal patients, at the time of writing, currently only have nine patients who are breaching 78+ weeks. These patients were all patients who breached due to complexity across a number of specialties (table 7).

Table 7: Reasons for patients breaching 78+ weeks at time of writing

Specialty	Patients	Notes
Surgery	2	1 x complex Urology and 1 complex Surgery patients remaining with consultants
Trauma & Orthopaedics	1	1 x long waiting Spire transfer
Neurosurgery	2	Surgery delayed due to prioritisation of clinically urgent cases
Paed Orthopaedics	1	Paediatric spinal patient requiring PICU who needs to remain with consultant
Paed Cardiac surgery	1	Impact of balloon pump equipment delay
Gynaecology	2	Complex Gynaecology Patients

Looking at current NHS England target to have zero 65+ week waiters by the end of March 2024, we remain broadly in line with the glide which we set before the start of the financial year (graph 8). This target will continue to be challenging as our performance against the glide was partly dependent on the availability of mutual aid from other NHS providers, and because of the recent inclusion of the corneal transplant patients. At present, we are maintaining this glide – although the recent strikes have had an impact on overall activity and throughput.

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



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

All Waiters

Specialty	CURRENT WAITERS	REFERRALS & STILL ON PATHWAY	Total
OPHTHALMOLOGY	1115	5350	6465
GYNAECOLOGY	973	3538	4511
NEUROLOGY	74	4297	4371
CARDIOLOGY	794	2261	3055
TRAUMA AND ORTHOPAEDIC	1934	979	2913
DERMATOLOGY	671	2150	2821
UROLOGY	1066	1633	2699
CLINICAL GENETICS		2386	2386
COLORECTAL SURGERY	366	1766	2132
ORAL SURGERY	556	1550	2106
EAR NOSE & THROAT	747	1162	1909
Paediatric Orthopaedics	267	1390	1657

NHS Constitution - Standards for Access to services within waiting times

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

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

- Start your consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions
- Be seen by a cancer specialist within a maximum of 2 weeks from GP referral for urgent referrals where cancer is suspected

The NHS pledges to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution

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

The handbook lists 11 of the government pledges on waiting times that are relevant to UHS services, such pledges are monitored within the organisation and by NHS commissioners and regulators.

Performance against the NHS rights, and a range of the pledges, is summarised below. Further information is available within the Appendix to this report.

* https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england
** https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD
31	% Patients on an open 18 week pathway (within 18 weeks) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	75% 50%	5 7	5 7	68.1% 3 7	4 6	4 6	5 6	6 6	5 5	5 5	5 5	5 5	5 5	4 6	65.2% 4 6	≥92%	64.0%
38	% 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)	100% 55%	13 4	13 3	15 88.3% 6	14 9	8 4	9 4	10 8	13 11	17 13	14 10	13 11	15 18	17 16	17 19 57.7%	≥93%	57.7%
39	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)	100% 40%	12 2	7 75.2% 3	9 3	13 6	11 4	11 4	17 10	14 11	14 7	17 12	14 11	14 7	18 14	9 64.0% 5	≥85%	64.0%
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)	100% 25%	6 4	64.7% 8 4	4 4	7 4	7 3	4 4	5 3	7 4	6 4	6 4	7 3	5 3	4 3	9 5	12 61.7% 7	≥95%	62.8%
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	40% 0%	9 13	8 13	23.3% 9 11	9 8	9 8	9 7	11 9	11 8	8 11	10 12	7 12	8 12	8 12	7 11	21.4%	≤1%	22.0%

Outcomes		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
1	HSMR - UHS HSMR - SGH	95												85.9		86.5	≤100	86.5	≤100
		60																	
2	HSMR - Crude Mortality Rate	3.1%															<3%	2.8%	<3%
		2.8%												2.8%					
		2.5%																	
1 & 2: At time of IPR publication, the latest information available in HED was from Mar 2023. Metrics are 12 month rolling. YTD is for financial year for UHS up to Mar 2023. Previously, data was sourced from Dr Foster.																			
3	Percentage non-elective readmissions within 28 days of discharge from hospital	15%												13.2%			-	13.2%	
		12.0%																	
		10%																	
3	May data not available at the time of publication																		
		Q4 21-22			Q1 22-23			Q2 22-23			Q3 22-23			Q4 22-23			Quarterly target		
4	Cumulative Specialties with Outcome Measures Developed (Quarterly)	85			63			64			64			68		71	+1 Specialty per quarter		
		25			393			419			403			430		452			
5	Developed Outcomes RAG ratings (Quarterly) Red Amber Green	100%																	
		75%			76%			74%			74%			74%		74%			
		50%																	

Red : below the national standard or 10% lower than the local target
Amber : below the national standard or 5% lower than the local target
Green : within the national standard or local target

Safety		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
6	Cumulative Clostridium difficile **Most recent 12 Months** vs. **Previous 12 Months**	16	21	25	33	39	44	49	56	64	71	74	77	84	9	11	≤5	12	≤10
7	MRSA bacteraemia	1	1	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0
8	Gram negative bacteraemia	21	17	22	19	27	17	22	14	24	16	17	14	32	14	29	≤16	43	≤32
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
9	Pressure ulcers category 2 per 1000 bed days			0.48												0.51	<0.3	0.52	<0.3
10	Pressure ulcers category 3 and above per 1000 bed days			0.67												0.60	<0.3	0.64	<0.3
11	Medication Errors (severe/moderate)			4												6	≤3	6	≤6
12	Watch & Reserve antibiotics, usage per 1,000 adms **Most recent months** vs. **2018*95.5%**	2,945		2,545										2,945		2,863	2,945	33,794	33,134

12 - 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.

Safety		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
13	Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity)			5												3	-	8	-
14	Serious Incidents Requiring Investigation - Maternity			0												1	-	2	-
15	Number of falls investigated per 1000 bed days			0.13												0.05	-	0.08	-
16	% patients with a nutrition plan in place (total checks conducted included at chart base)			98.0%												97.0%	≥90%	96%	≥90%
				53	742	572	750	719	676	669	711	1624	780	1600	844	871			
16 - 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.																			
17	Red Flag staffing incidents			23												19	-	32	-
Maternity		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
18	Birth rate and Bookings Birth Rate - total number of women birthed Bookings - Total number of women booked	437	398	405	458	430	426	460	463	412	440	436	383	387	416	402	-	-	-
		534	444	485	425	405	417	438	416	498	363	453	432	513	449	477			
19	Staffing: Birth rate plus reporting / opel status - number of days (or shifts) at Opel 4.	8	2	1	6	3	2	0	3	1	5	1	0	2	1	1	-	-	-
20	Mode of delivery % number of normal birthed (women) % number of caesarean sections (women) % other	36.2%	37.7%	36.0%	38.2%	37.7%	36.4%	38.7%	36.9%	35.7%	37.5%	37.2%	36.0%	36.7%	40.6%	32.6%	-	-	-
		51.5%	47.5%	48.1%	48.0%	49.1%	51.2%	48.9%	47.1%	48.5%	48.2%	49.3%	53.6%	48.2%	46.4%	51.7%			

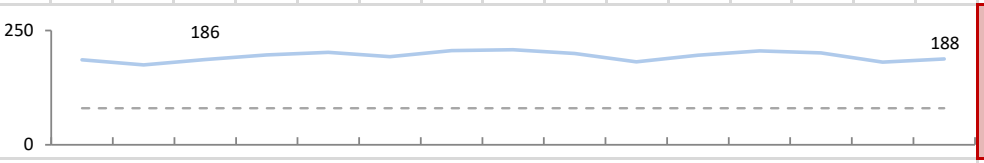
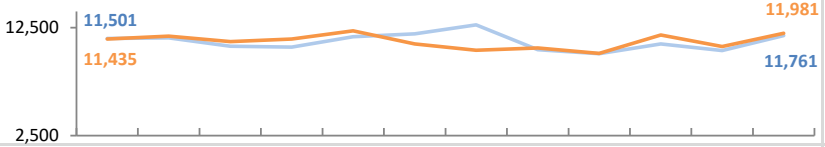
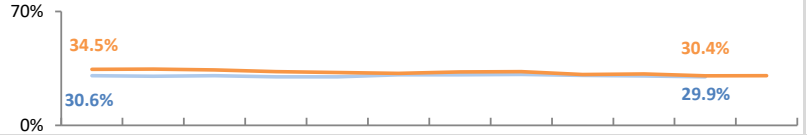
Patient Experience		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
21	FFT Negative Score - Inpatients	3%		0.7%												0.2%	≤5%	0.6%	≤5%
		0%																	
22	FFT Negative Score - Maternity (postnatal ward)	10%		3.5%												2.4%	≤5%	1.8%	≤5%
		0%																	
23	Total UHS women booked onto a continuity of carer pathway	50%		41.8%												13.5%	≥35%	12.6%	≥35%
		0%																	
24	Total BAME women booked onto a continuity of carer pathway	85%		83.3%												42.5%	≥51%	35.2%	≥51%
		10%																	
25	% Patients reporting being involved in decisions about care and treatment	100%		91.0%												89.0%	≥90%	89.0%	≥90%
		80%																	
26	% Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base)	100%		92.0%												93.0%	≥90%	93.0%	≥90%
		70%	117	121	120	139	178	173	145	191	214	148			958	635			
26 - Performance is a scored metric with a "Yes" response scoring 1, "Yes, to some extent" receiving 0.5 score and other responses scoring 0.																			
27	Overnight ward moves with a reason marked as non-clinical (excludes moves from admitting wards with LOS<12hrs)	100		39												76	-	138	-
		50																	
		0																	

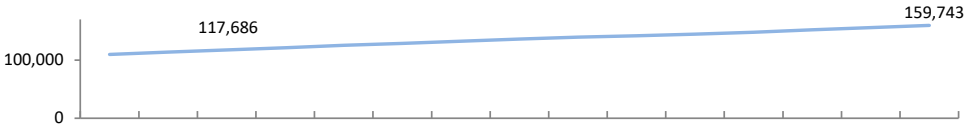
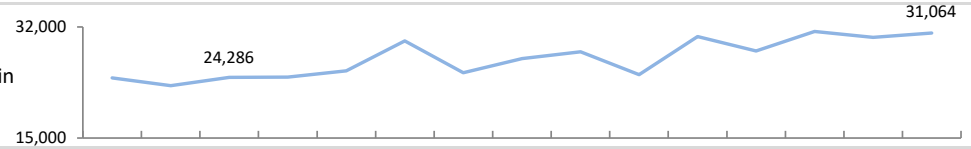
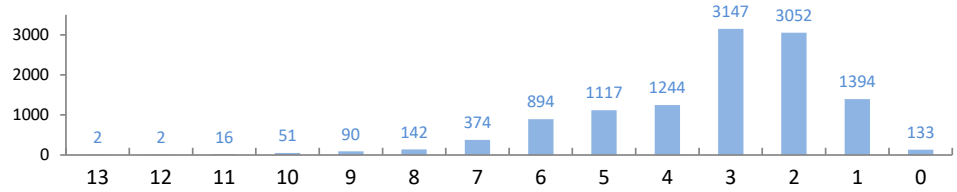
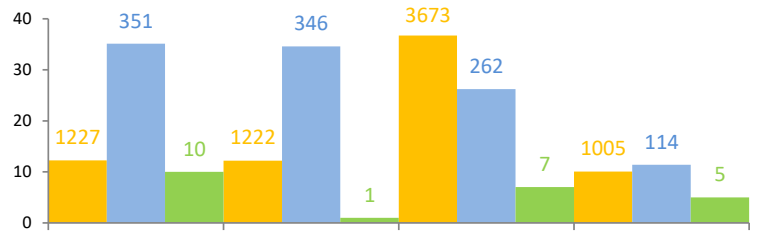
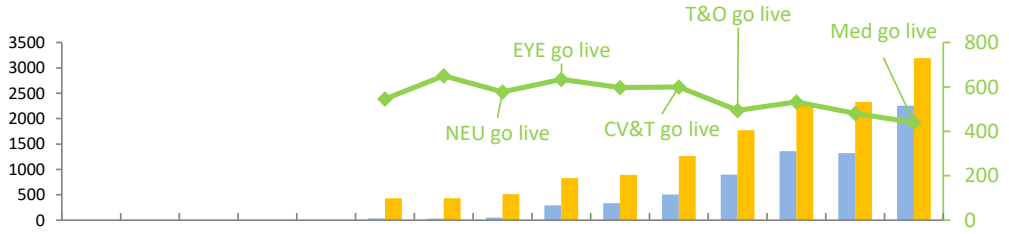
Access Standards		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)	100% 25%	64.7%													61.7%	≥95%	62.8%	≥95%
29	Average (Mean) time in Dept - non-admitted patients	04:00 01:00	03:15													03:46	≤04:00	03:27	≤04:00
30	Average (Mean) time in Dept - admitted patients	08:00 01:00	05:22													05:57	≤04:00	05:44	≤04:00
31	% Patients on an open 18 week pathway (within 18 weeks) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	75% 50%	68.1%													65.2%	≥92%	64.0%	≥92%
32	Total number of patients on a waiting list (18 week referral to treatment pathway)	60,000 40,000	49,283													57,878	-	57,878	-
33	Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	8,000 0	2,152													2,191	2,011	2,191	2,011

		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
34	Patients on an open 18 week pathway (waiting 65 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	7	7	6	6	6	6	6	6	6	6	6	5	5	4		-	480	-
		985	1022	898	917	967	1043	1087	1043	943	950	827	702	506	510	480			
		15	15	13	13	13	14	14	13	13	12	13	12	12	11				
35	Patients on an open 18 week pathway (waiting 78 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	7	7	7	7	7	7	7	7	7	7	7	6	4	4		0	21	0
				327												21			
		15	15	13	13	14	15	15	15	15	15	15	15	12	10				
35a	Patients on an open 18 week pathway (waiting 104 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	6	8	5	6	6	6	7	5	1	1	1	1	1	1		0	1	0
		59	54	10	5	6	6	6	1	0	0	0	0	0	0	1			
		17	17	13	13	13	14	14	10	1	1	1	1	1	1				
36	Patients waiting for diagnostics			11,189												9,983	-	9,983	-
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	9	8	9	9	9	9	11	11	8	10	7	8	8	7		≤1%	22.0%	≤1%
		13	13	23.3%	11	8	8	7	9	8	11	12	12	12	11	21.4%			
		13	13	11	8	8	7	9	8	11	12	12	12	12	11				
38	% 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)	13	13	15	14	8	9	10	13	17	14	13	15	17	17		≥93%	57.7%	≥93%
			88.3%													57.7%			
		4	3	6	9	4	4	8	11	13	10	11	18	16	19				

		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
39	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)	12	7 (75.2%)	9	13	11	11	17	14	14	17	14	14	18	9 (64.0%)		≥85%	64.0%	≥85%
		2	3	3	6	4	4	10	11	7	12	11	7	14	5				
40	Cancer 28 day faster diagnosis Percentage of patients treated within standard UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	1	3 (82.5%)	6	5	6	5	3	3	4	8	8	7	8 (74.3%)			≥75%	74.3%	≥75%
		1	1	5	1	8	4	2	2	5	9	5	5	8					
41	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)	16	15 (93.4%)	16	14	14	17	17	16	16	16	16	17	16	15 (86.8%)		≥96%	86.8%	≥96%
		14	6	8	8	9	16	12	13	12	13	11	16	12	10				
42	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)	15	14 (88.5%)	9	11	13	14	14	14	14	7	15	16	15	17		≥96.0%	77.2%	≥96.0%
		8	13	10	10	12	12	11	9	13	6	16	16	15	15				

R&D Performance		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
43	Comparative CRN Recruitment Performance - non-weighted	9	1	1	3	4	5	6	7	7	14	15	15	13	14	17	Top 10	-	-
44	Comparative CRN Recruitment Performance - weighted	3	6	8	11	7	7	7	8	10	10	10	11	9	9	6	Top 5	-	-
45	Study set up times - 80% target for issuing Capacity &Capability within 40 Days of Site Selection	New metric still being developed.															-	-	-
46	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	359.0%	63.0%	69.0%	56.0%	177.0%	94.0%	48.0%	23.8%	71.0%	79.0%	166.0%	69.0%	36.0%	56.0%	45.8%	≥5%	-	-

Local Integration		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
47	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	188	-
48	Emergency Department activity - type 1 This year vs. last year																-	22,136	-
49	Percentage of virtual appointments as a proportion of all outpatient consultations This year vs. last year																≥25%	29.9%	≥25%

Digital		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Monthly target	YTD	YTD target
50	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)																-	159,743	-
51	My Medical Record - UHS patient logins (number of logins made within each month)																-	31,064	-
52	Average age of IT estate Distribution of computers per age in years																-	-	-
53	CHARTS system average load times	Metric still being developed.																	
					Q1 22-23			Q2 22-23			Q3 22-23			Q4 22-23					
54	Cyber attacks / phishing / incidents blocked Average # Malware attempts blocked per month (10s) Average # Phishing emails blocked per month (100s) Average # Ransomware attempts blocked per month																-	-	-
55	Inpatient noting progress Left axis: IP Noting data recorded (100s) IP Noting unique user views Right axis: IP pages scanned (1000s)																-	-	-
55	IP Noting went live in Oct-22. CGs going live are marked on green line.																		