University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Finance Report 2023-24 Month 6**			
Agenda item:	**12.3**			
Sponsor:	**Ian Howard – Chief Financial Officer**			
Author:	**Philip Bunting – Director of Operational Finance** **David O'Sullivan – Assistant Director of Finance – Financial Performance**			
Date:	**9 November 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:	Finance and Investment Committee reviewed a detailed monthly finance report, including a review of forecast outturn and a spotlight on the capital and cash position. The full report is available to Trust Board members for background reading. The Committee agreed to highlight: **M6 Financial Position** UHS is reporting a deficit of £1.8m in September compared with a deficit plan of £2.3m. This is therefore £0.5m favourable to plan. The in-month position does however include non-recurrent benefits relating to ERF (assumed to be non-recurrent at this stage), VAT reviews and additional back-dated income. YTD the deficit is £22.6m compared to a plan of £19m so £3.6m adverse to plan. The variance is due to the following three specific items: • Underfunded 22/23 non-consolidated pay award (Serco) - £1m. • 23/24 underfunded AfC pay award - £1m pressure YTD (£2m estimated for 23/24). This has reduced from the previous month as partial mitigations have been identified. • 23/24 underfunded medical pay award - £1.6m pressure YTD (£3.2m estimated for 23/24). This has also reduced in month as £1.4m of mitigations (full year calculation) have been identified mainly relating to education funding. **ERF and Industrial Action** ERF income of £1.2m is reported in month relating to a reassessment of prior period performance following the receipt of a further month of national data. The YTD position now includes £4.8m of ERF income with performance estimated at 114% against a revised target of 111%. Performance for September was 109% despite the significant challenge of managing industrial action which took place jointly for consultants and junior doctors. This covered a four-day period with three days of junior doctor strikes and two days of consultant strikes, one of which took place concurrently with junior doctors. Estimates value the loss of activity due to industrial action at £4.6m YTD as shown in the table below with a further £1.2m incurred in additional premium backfill costs.			

Industrial Action Financial Impact Assessment (£m)			
Month	Estimated Loss of Income	Direct Cost Impact (Backfill less strike pay reductions)	Total Financial Impact
April	1.50	0.30	1.80
May	0.00	0.00	0.00
June	0.30	0.10	0.40
July	1.00	0.30	1.30
August	0.80	0.30	1.10
September	1.00	0.20	1.20
Total	4.60	1.20	5.80

So far, the only adjustment to the ERF target relates to months up to April which reduced the annual target by 2%. Further announcements are expected in coming weeks although remain unconfirmed. We are however anticipating full relief for the impact of industrial action on the financial position of the Trust.

Underlying Position

The September reported position included several one-off items, as reported above. The Committee asked for the underlying position calculation to be reviewed, to included additional ERF income that would have been earned without industrial action, as well as adjusting for true non-recurrent savings only. This will be completed for M7, with the position expected to be in the region of £5m deficit per month.

Deficit Drivers

The underlying deficit continues to be driven by a number of underlying system pressures seen in 22/23, for which we have not been able to recover to date:

- Non-pay inflation beyond funded levels
- Impact of energy prices (with gas prices impacting UHS particularly hard)
- High-cost drugs spend (previously pass-through)
- Number of patients not meeting criteria to reside, impacting capacity (opening expensive “surge” capacity / bed capacity restricting elective activity)

In 23/24, we are now seeing further pressures, notably:

- Unfunded elements of pay awards - £0.4m per month.
- The impact of industrial action is impacting our performance, both activity levels and capacity to deliver recurrent CIP.
- Workforce pressures as substantive recruitment is not offset with temporary staffing reductions - £0.7m per month.
- Covid testing funding reductions not immediately offset with cost reductions - £0.2m per month.
- Mental health nursing pressures - £0.2m per month.
- Tariff efficiency reductions not offset by recurrent CIP delivery - £0.7m per month.
- Further growth in the number of patients not meeting the criteria to reside. These have been consistently at 200 with some weeks peaking at over 240.

Unfunded additional activity is a further pressure for UHS where we are YTD providing activity above block funded level for free in the following areas:

- £6.5m of outpatient follow up appointments
- £3.8m of non-elective
- £2.4m of other treatments

UHS continues to target demand management within these areas shifting outpatients to patient initiated follow up protocols often via the My Medical Record platform.

Forecast

Our submitted forecast to NHS England maintains delivery of a £26m deficit. This was underpinned by a £0.3m per month improvement to the financial position during 2023/24. The current YTD performance and run rate suggests it will be extremely challenging to achieve the planned position without additional funding due to industrial action costs.

Finance Committee considered several potential forecasts, ranging from £26m deficit to £50m deficit, depending on the level of financial relief from industrial action and funding of pay-award pressures, as well as the level of H2 financial improvement being delivered. Due to the current funding uncertainty, it was recommended and agreed that the forecast remains at £26m until further clarity is received.

Cost Improvement Plans

Whilst £72m of CIP opportunities have been identified, the most-likely risk assessed position sits at £59m. Whilst we have made good progress with CIP performance, it is heavily supported by non-recurrent delivery that cannot be relied upon for underlying financial improvement.

Capital

A capital spotlight report highlighted that due to slippage and changes to funding, the Trust had a risk of under-spending against its CDEL target. However, we have identified £5.8m of schemes to bring-forward from the 2024/25 approved capital programme into 2023/24, mainly accelerating strategic maintenance schemes and medical equipment replacement. A further additional £1.3m of schemes have been prioritised as must-do schemes due to emerging risks (e.g., steam ducts propping).

We are therefore slightly over-programmes, which is likely to be offset by further slippage risk and is within manageable levels. The risk of under-delivery has therefore been mitigated.

The capital prioritisation process for 2024/25 and 2025/26 will soon commence using the multiyear programme already shared with finance and investment committee as a starting point.

Planning 2024/25

The planning process for 2024/25 has been launched internally within the ICS in order to give an early indication of scale of financial challenge for the next financial year. Further updates will be provided at future finance and investment committees.

Cash Spotlight

The Committee considered a spotlight report into cash, which highlighted that cash has reduced from £105m to £68m in-year, driven largely by the Trust's underlying deficit. The report highlighted the work of the finance team to maximise and safeguard the Trust's cash position going forwards.

A number of cash forecasts were considered, dependent on the underlying financial position of the Trust. However, it was anticipated the Trust would end the year with cash of circa £30m and may be required to request national cash support in either Q1 or Q2 of 2024/25. This is of course heavily dependent on income levels, industrial action relief and the impact of financial recovery measures across the ICB.

Due to the scale of deterioration the Trust is rightfully ensuring future investment decisions show a cognisance of the scale of cash attrition to ensure projects can be completed and investments made responsibly with financing an important consideration.

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	Trust Board is asked to: • Note the finance position. • Note the update on capital. • Note the risk on the Trust's cash position.

University Hospital Southampton NHS Foundation Trust

M6 Finance Report

Report to Trust Board

October 2023

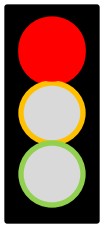
Ian Howard, CFO
Philip Bunting, DOOF
David O'Sullivan, Asst DOF

Summary

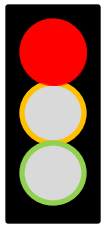
Finance Dashboard

Position (objective 5a)

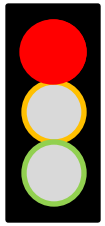
YTD vs. Plan



Forecast

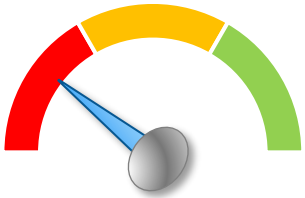


Underlying

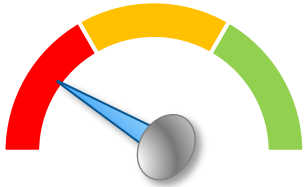


Capital (objective 5d)

YTD

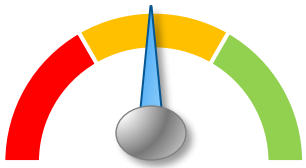


Forecast

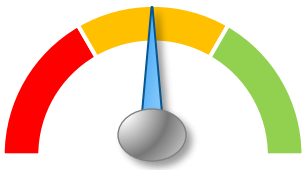


CIP (objective 5a)

Identification



Delivery



Productivity (objective 5a)

Overall Position

Executive Summary

In Month and Year to date Highlights:

1. In Month 6, UHS reported a deficit position of £1.8m which was £0.5m favourable to plan. YTD the deficit is now £22.6m which is £3.6m adverse to plan. The total plan for the year is £26m deficit which is currently forecast for delivery. The YTD shortfall to plan is a result of funding pressures relating to national pay awards for Agenda for Change and Medical staff.

2. The underlying position in September is a £6.1m deficit, which is in line with previous months run rates. This position excludes the favourable impact of ERF overperformance within the overall trust position.

3. CIP delivery is reporting marginally behind plan YTD with £27.1m delivered vs plan of £27.8m. Of the value identified to date, £17.9m is non-recurrently delivered CIP. Annually, £71.7m of savings have been identified in plans, 104% of the trust target of £69m. A risk assessment of schemes has taken place which reduces the expected yield of schemes down to £59.1m - 86%. There is continued focus on savings identification and delivery to support financial recovery.

4. The themes seen in M6 were:
    1. UHS is over its elective recovery target to the end of M6 at 114% / £4.8m favourable. Performance continues to be impacted by both industrial action and an increase in non-elective activity. Further changes to ERF targets are anticipated nationally but are not yet known.
    2. Medical Pay Awards costs have been paid within the M6 position. This has resulted in a £1.8m pressure (above funded levels) YTD. The forecast annual impact of this is £3.2m.
    3. Underlying drivers for the monthly financial deficit largely 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 pressures around additional nursing spend related to providing safe care for mental health patients and costs relating to cover for industrial action.
    5. Surge capacity also remains open at times to support flow at times of peak bed pressure.

Overall Financial Position

		Budget	Current			Year to date		
		Full Year £000's	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
Income								
	Clinical Income	839,728	69,978	69,964	14	419,869	431,921	(12,052)
	Pass-through Drugs & Devices	186,582	15,548	16,141	(592)	93,291	101,091	(7,800)
	Other Income	176,791	14,117	14,190	(73)	85,439	82,321	3,118
Total Revenue		**1,203,101**	**99,643**	**100,295**	**(652)**	**598,599**	**615,333**	**(16,734)**
Costs								
	Pay - Substantive	630,404	52,521	55,136	2,615	313,401	331,885	18,484
	Pay - Bank	43,631	3,876	4,189	313	23,667	24,948	1,281
	Pay - Agency	15,070	1,287	1,092	(195)	8,254	6,751	(1,503)
	Drugs	35,928	2,994	3,223	228	17,966	16,529	(1,436)
	Pass-through Drugs & Devices	186,582	15,548	16,141	592	93,291	101,091	7,800
	Clinical Supplies	67,008	5,793	1,497	(4,297)	35,797	31,589	(4,208)
	Other non pay	225,801	18,749	18,764	15	114,749	115,700	950
Total Operating Expenses		**1,204,424**	**100,769**	**100,041**	**(728)**	**607,124**	**628,493**	**21,368**
Remove	Depreciation and Amortisation	38,037	3,128	3,024	(104)	18,972	18,383	(589)
	Donated Income	(16,583)	(617)	(886)	(269)	(6,231)	(4,560)	1,671
Profit/(Loss) from Operations (EBITDA)		**20,131**	**1,385**	**2,392**	**(1,007)**	**4,216**	**663**	**3,553**
Add	Non Operating Income	2,166	181	391	(210)	1,086	2,585	(1,499)
Less	Non Operating Expenditure	(34,189)	(3,486)	(3,905)	419	(19,296)	(22,360)	3,064
Net Surplus / (Deficit) incl Impairments & Donation		**(11,892)**	**(1,920)**	**(1,122)**	**(798)**	**(13,994)**	**(19,112)**	**5,118**
	Less Donated Income	(16,583)	(617)	(886)	269	(6,231)	(4,560)	(1,671)
	Less Profit on disposals	0	0	0	0	0	0	0
	Less Gain/ Loss on absorption	0	0	0	0	0	0	0
	Add back Donated Depreciation	2,475	204	178	26	1,225	1,041	184
	Add back Impairments	0	0	0	0	0	0	0
Total Net Surplus / (Deficit)		**(26,000)**	**(2,333)**	**(1,830)**	**(503)**	**(19,000)**	**(22,631)**	**3,631**

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

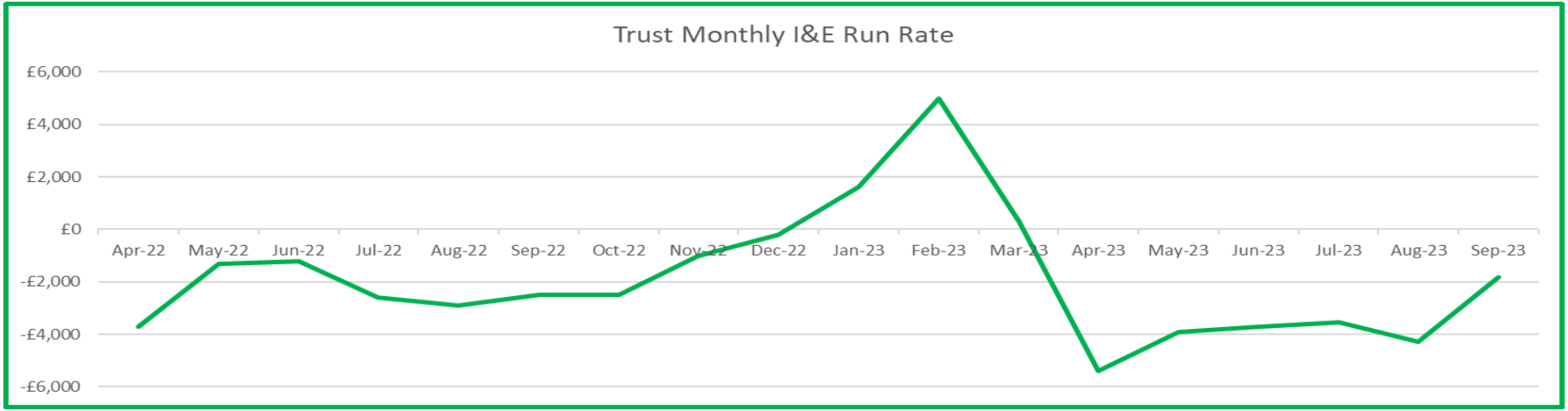
In September a deficit position of £1.8m was reported, £0.5m favourable to plan. The YTD position of £22.6m deficit is £3.6m adverse to the planned deficit target of £19.0m.

In Clinical Income ERF overperformance is reported at £4.8m YTD. This figure include an adjustment to April ERF baseline target at 2%. Future amendments are anticipated but have not been confirmed to date. The balance of the YTD favourable position on clinical income is as a result of pay award funding received above initial planning assumptions totalling £10.4m.

Pay expenditure continues to exceed plan, due to pressures from the national pay awards, requirements for mental health nursing support, staffing of surge capacity areas, unfunded workforce growth in prior periods and lower than planned pay CIP Delivery. £10.4m of the pay variance is additional pay award funding offset within clinical income.

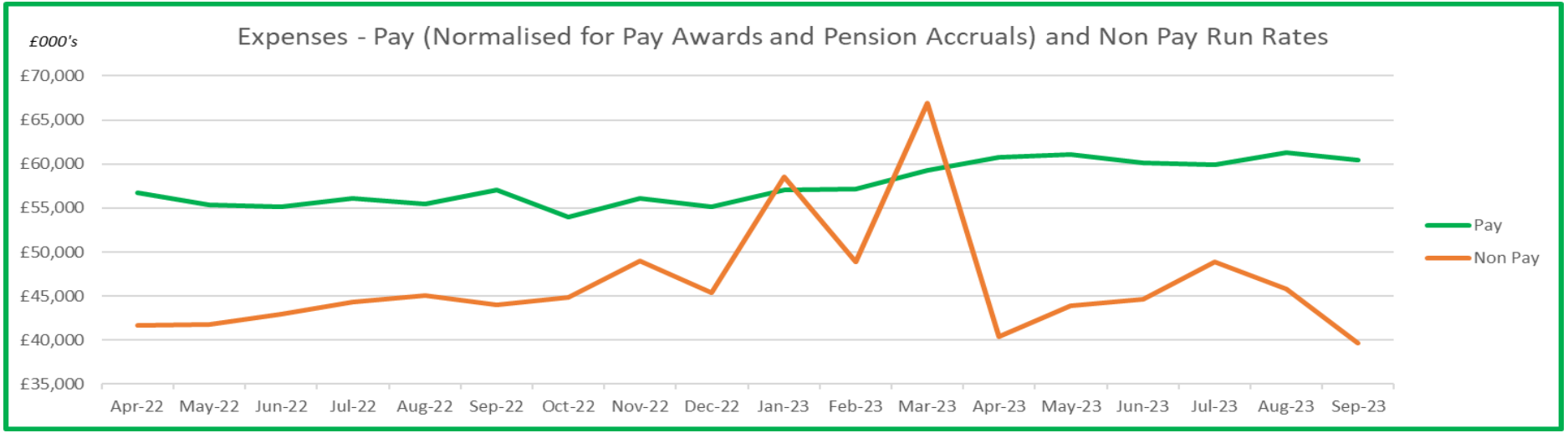
Non pay categories (excluding pass through) are under plan YTD largely as a result of several non-recurrent benefits taken in year.

Run Rates



- The UHS run rate position has continued in M6 at a deficit of £1.8m which is lower than planned levels, however is the result of a number of non recurrent benefits released into the position.
- The improved run rate trend in the second half of 2022/23 financial year was delivered by non recurrent means with the underlying position remaining challenging. This has continued into 2023/24.
- Pressures continue across all expenditure and income types with notable challenges experienced in month detailed below.
- Pay – Continued pressures as a result of national pay awards for AFC and medical staff, industrial action and mental health nursing.
- Non Pay – Cost pressures relating to Energy increases and inflationary pressures on clinical supplies. Trends can be volatile due to pass through drugs and devices which are not uniform each month.
- Income – the run rate reduced in month following receipt of funding towards medical pay awards and ERF in M5. YTD ERF performance is reporting over plan by £4.8m / 114%.

Run Rates


Expenses - Pay (Normalised for Pay Awards and Pension Accruals) and Non Pay Run Rates
£000's
£70,000
£65,000
£60,000
£55,000
£50,000
£45,000
£40,000
£35,000
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
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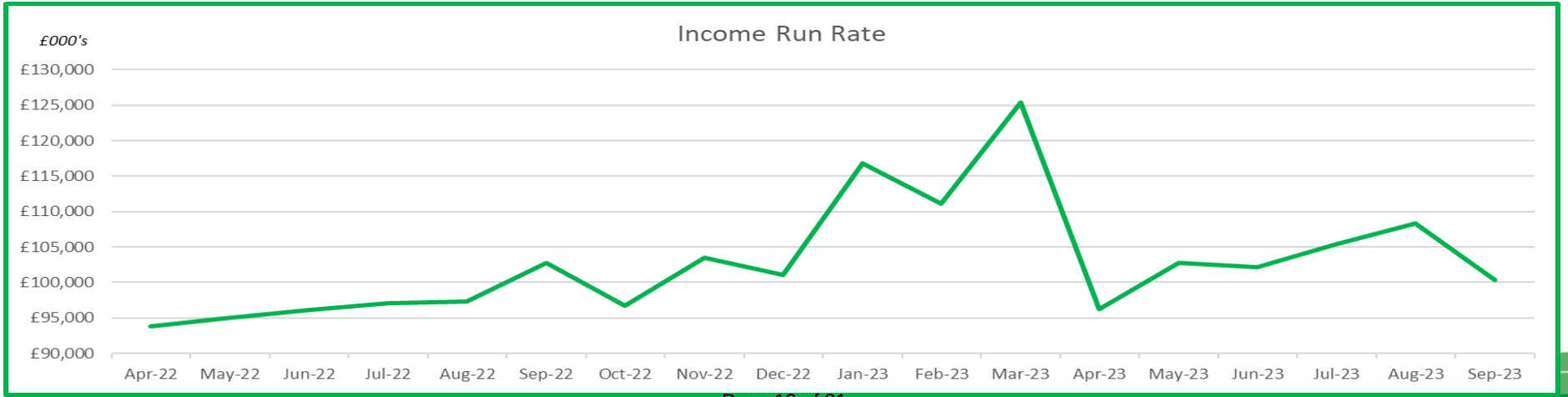
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Pay
Non Pay


Income Run Rate
£000's
£130,000
£125,000
£120,000
£115,000
£110,000
£105,000
£100,000
£95,000
£90,000
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
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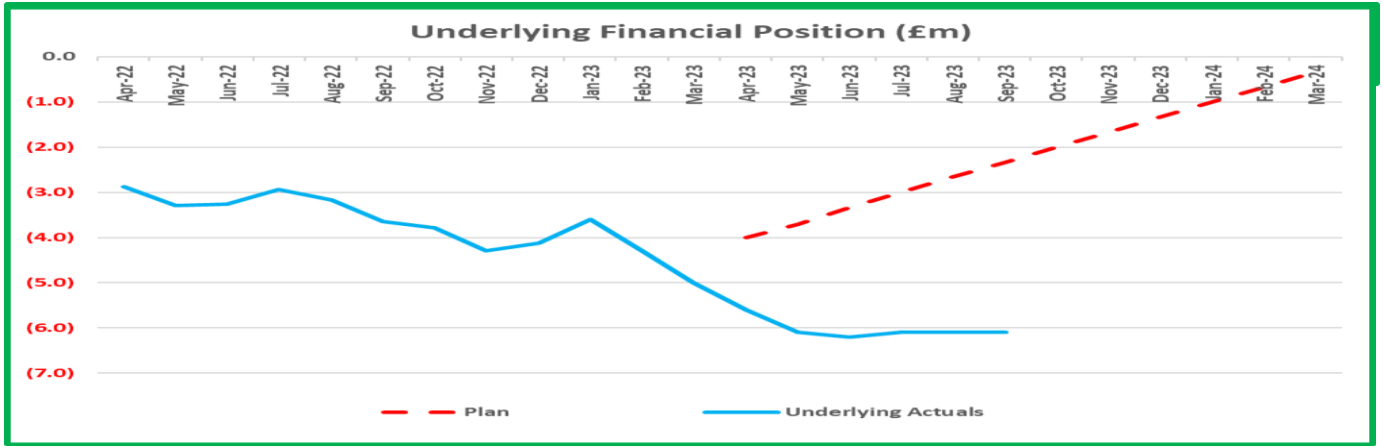
Underlying Position / Risk Analysis



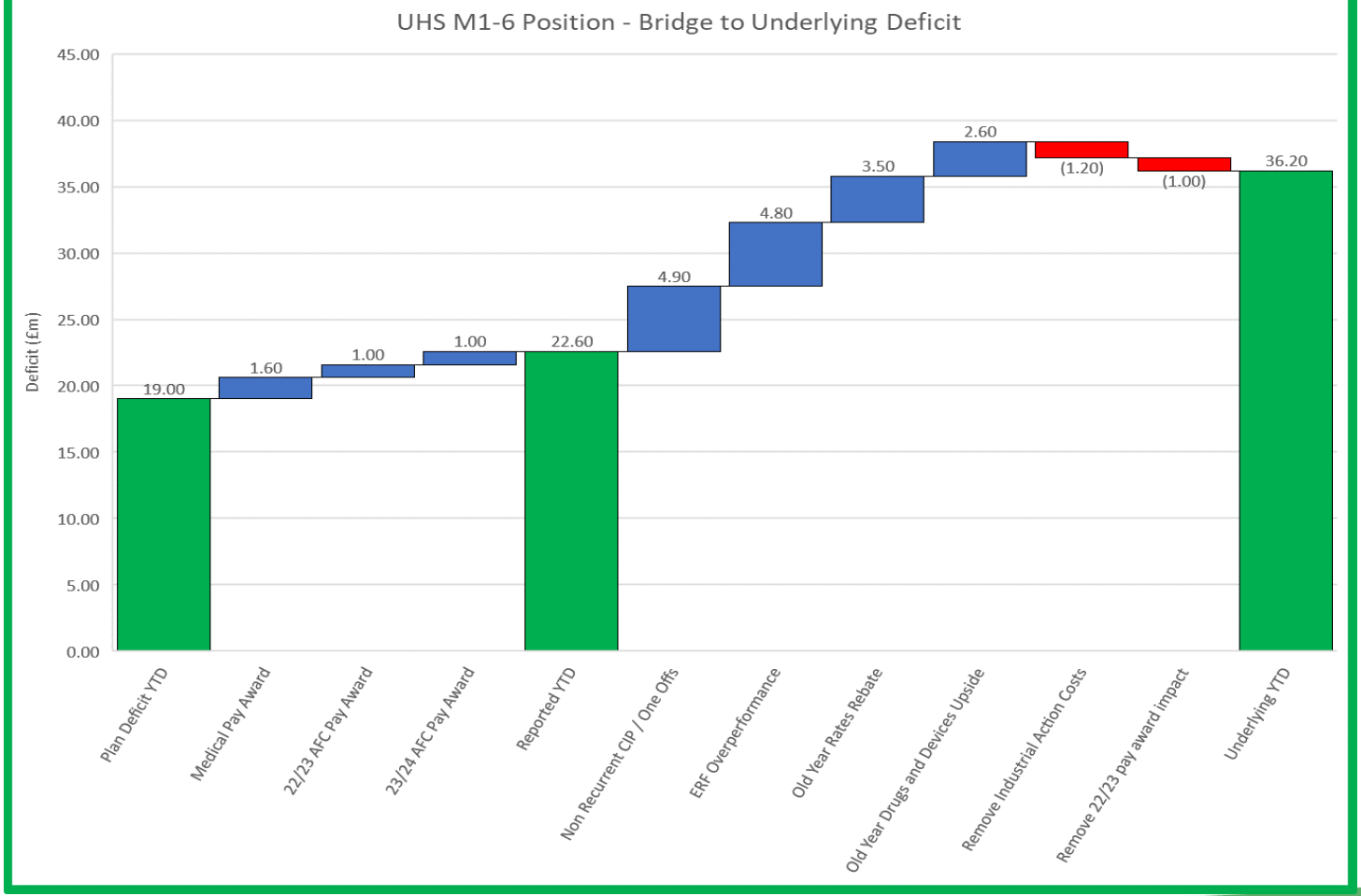
Risk Variable	Risk @ Plan £m	Risk - current £m
Unidentified CIP	15.8	0.0
Workforce Pressures	0.0	8.4
CIP Delivery Risk	18.2	9.9
Inflationary Pressure	8.0	0.0
Unfunded Activity	0.0	2.5
MH Nursing	0.0	2.3
Covid Testing	0.0	1.2
Criteria to Reside / Surge Capacity	0.0	1.2
Energy	0.0	2.1
Unfunded Pay Award	0.0	6.2
Total Risk	42.0	33.8
Mitigations		
Additional CIP	(18.0)	0.0
ERF (Including IA adjustments)	0.0	(19.8)
Stretch CIP	0.0	(7.5)
Net Risk	24.0	6.5

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 average underlying position for 23/24 to date is £6.0m deficit. M6 figures showed a position of £6.1m. Due to the variability and unknown national picture on ERF (due to industrial action pressures), these figures have been excluded from underlying calculations.

The decline since 2022/23 has primarily been driven by escalating pay award pressures, pressures related to activity, including the need for surge beds and impacts of strike actions in addition to the challenge of delivering efficiencies. A table outlining risks is also shown matching forecast scenario 2 on slide 12.

Key Variance Drivers



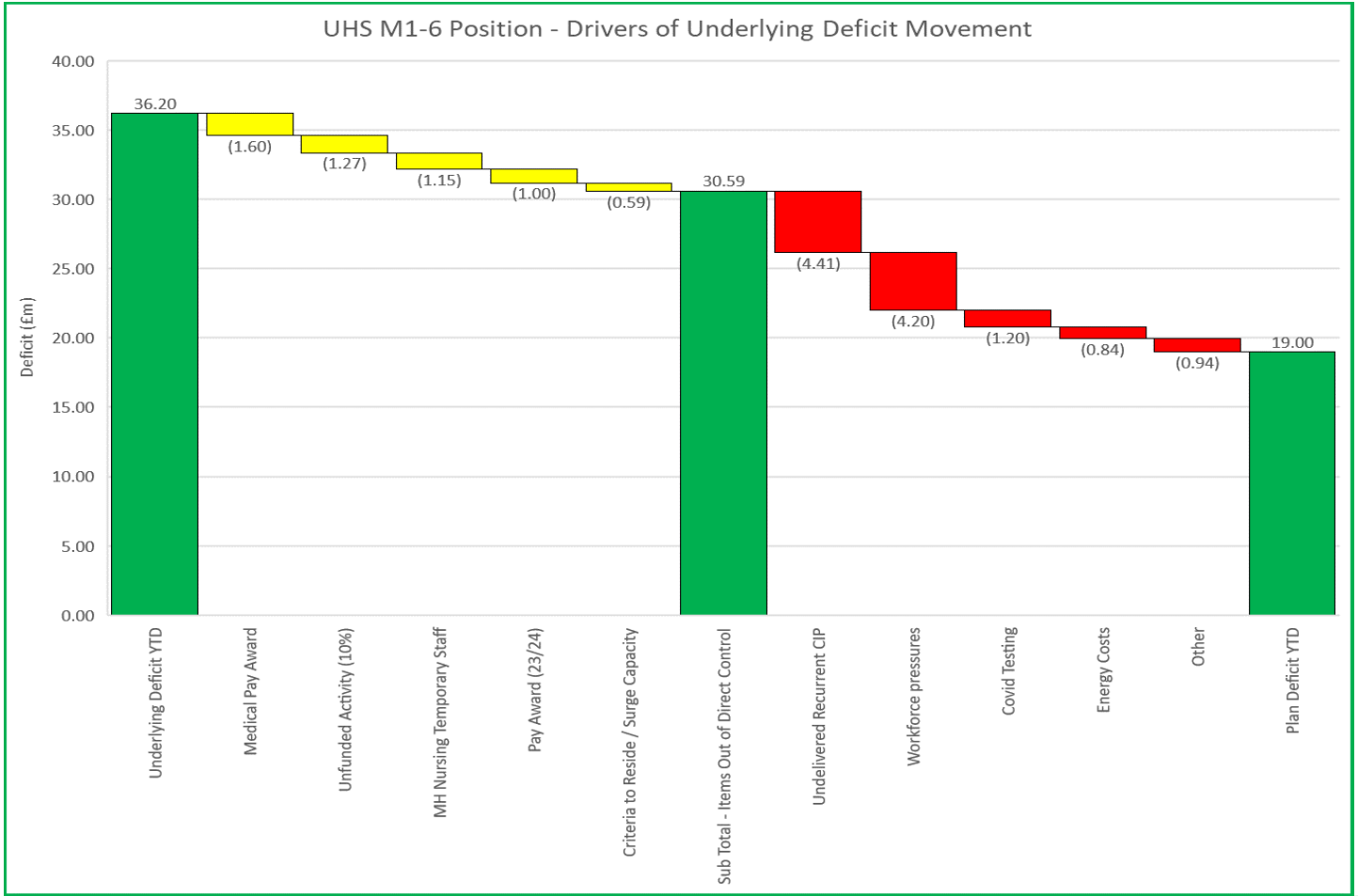
Key variance bridge

A recurrent underlying deficit position was carried forward from the previous financial year of circa £4m per month. Trust plans were for month on month improvement reaching breakeven by financial year end. The graph to the left provides the following analysis:

Stage 1) Items driving the Trust adverse position from planned £19.0m deficit to £22.6m reported YTD.

Stage 2) Sets out non recurrent benefits to the position that bridge to the underlying deficit at M6 of £36.2m. ERF overperformance has also been removed from the underlying position.

Key Variance Drivers



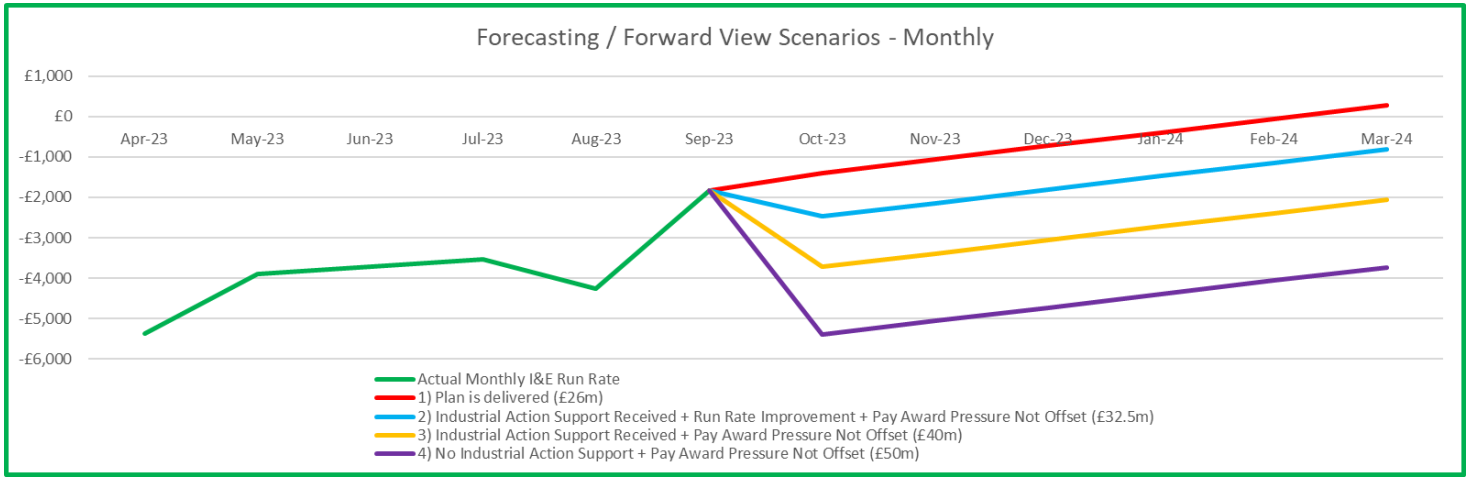
Key variance pressures

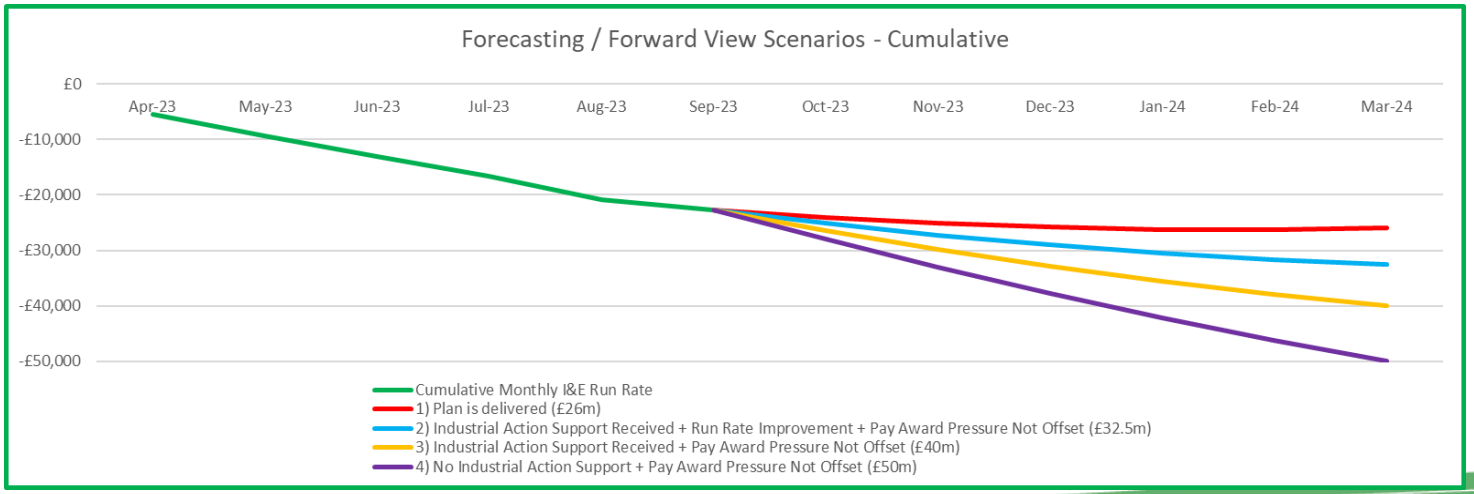
The following table sets out the key recurrent drivers that have resulted in adverse movements to plan in the underlying position during the 2023/24 financial year.

- The yellow boxes represent pressures out of the organisations direct control and total £5.6m YTD of the adverse position to plan.
- The red boxes identify pressures within the organisations control and total £11.6m YTD of the additional deficit to plan.
- ERF overperformance has been removed from underlying position figures.

These items require mitigation to deliver a breakeven underlying position moving forwards in addition to delivering the originally planned deficit reductions.

Forecasting / Forward View





The graphs provide forecast scenarios on a monthly and cumulative scenario for remainder of the financial year.

1) Delivery of plan. Resulting in a year end out turn deficit of £26m.

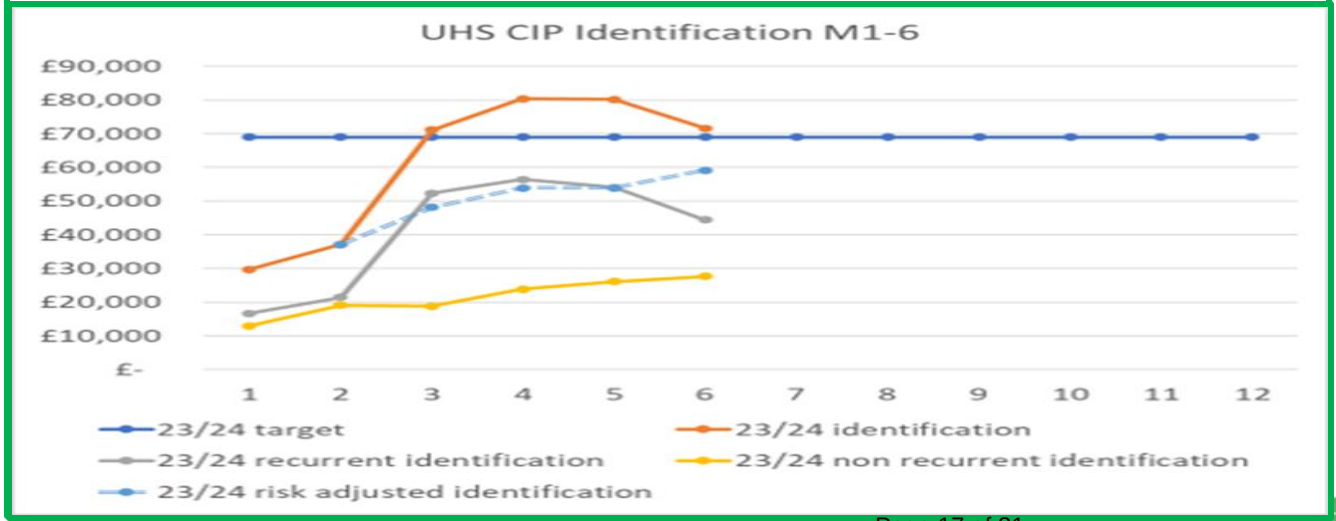
2) Original plan plus full impact of pay award pressures, receipt of industrial action support and £7.5m additional run rate efficiency improvement - £32.5m out turn.

3) Original plan plus full impact of pay award pressures, receipt of industrial action support, no further efficiency improvements - £40.0m out turn.

4) Original plan plus full impact of pay award pressures, no industrial action support or further efficiency improvements - £50m out turn.

Cost Improvement Programme

Month 6 CIP Identification	Non Recurrent (£'000s)	Recurrent (£'000s)	Total (£'000s)	Target (£'000s)	% Identified at M5	% Identified at M6	Change
Division A	£2,132	£4,823	£6,955	£9,068	60%	77%	+17%
Division B	£3,526	£4,676	£8,202	£9,795	78%	84%	+6%
Division C	£3,299	£3,431	£6,730	£8,772	68%	77%	+9%
Division D	£2,408	£7,456	£9,864	£9,281	95%	106%	+11%
THQ	£180	£2,053	£2,233	£3,038	79%	74%	-5%
EFCD	£635	£1,377	£2,012	£3,068	55%	66%	+11%
Central Schemes	£15,488	£14,183	£29,671	£25,992	156%	114%	-42%
Transformation and Inpatient Flow Schemes	£0	£5,993	£5,993				
Grand Total	**£27,669**	**£43,992**	**£71,661**	**£69,014**	**116%**	**104%**	**-13%**



UHS Total - £71.7m identified 104% of the total 23/24 requirement of £69m. Of the identified UHS total, £9.9m is Pay, £32.3m is Non-Pay, and £29.5m Income.

Divisions and Directorates - £42.0m of CIP schemes identified. This represents 98% of the 23/24 target of £43.1m

Central Schemes - £29.7m of CIP schemes identified. This represents 115% of the 23/24 target of £25.9m

M6 Trust YTD delivery is £27.1m. An increase in month of £6.3m. YTD delivery is below plan by £0.7m.

Of the £27.1m delivered:

£12.9m has been transacted by Divisions and Directorates

£14.3m has been transacted through Central Schemes.

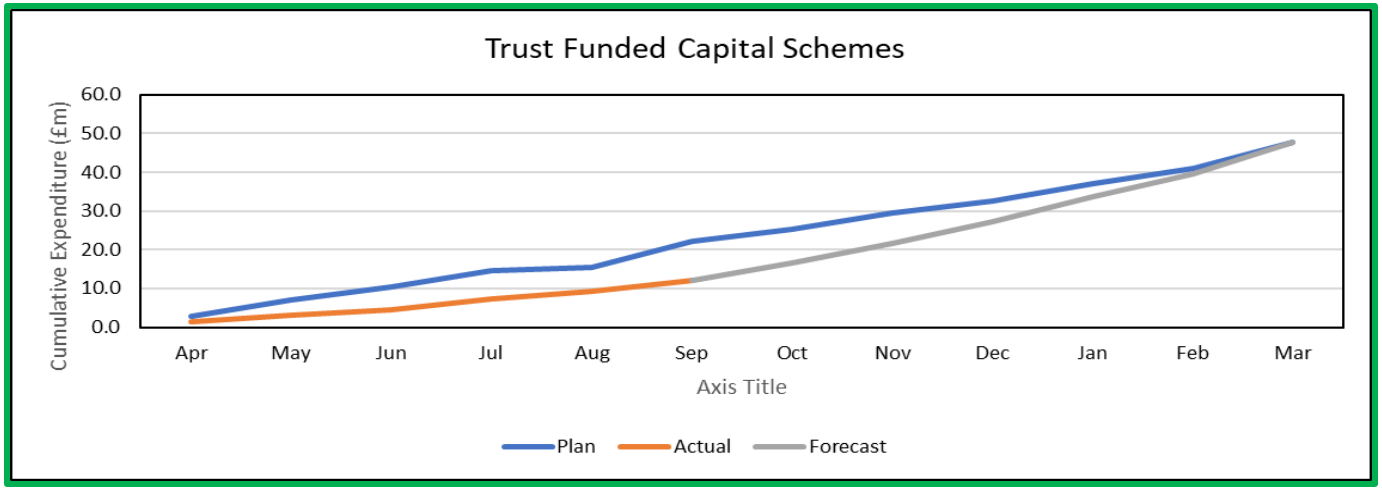
£17.9m is non-recurrent. This includes £9.8m of non-recurrent Central Schemes.

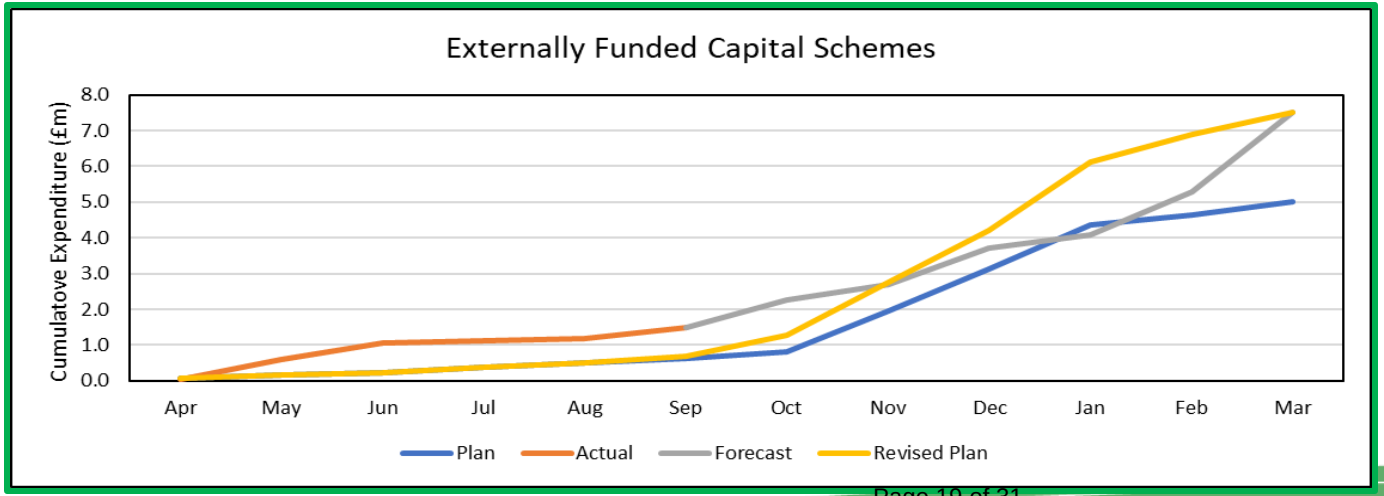
Cost Improvement Programme

Financial Risk Assessment	Number of Schemes	Percentage of Schemes	Value of Schemes (£k)	Percentage of Value	Likely outcome value (£k)
Green	404	63%	£ 47,519	66%	£ 47,519
Amber	229	36%	£ 23,185	32%	£ 11,593
Red	9	1%	£ 957	1%	£ -
Total	642		£ 71,661		£ 59,112

- A risk assessment has been undertaken of the identified schemes to date in the table above.
- The expected yield from plans is currently £59.1m, 86% of the 23/24 requirement
- A significant reduction to total identification has taken place in month following review of the highest risk assessed items. Due to insufficient enabling plans and progress at ICS level, the £11.2m of system wide schemes based upon Carnall Farrar opportunity assessment for improved patient flow and reduction of non 'criteria to reside' occupancy have been removed.

Capital





Summary Position:

Total capital expenditure (trust and external) YTD is £13.7m vs plan of £23.8m with a forecast outturn of £55.2m.

To achieve the forecast position, £4.6m of expenditure has been agreed to be brought forward from 24/25 to replace slippage on 23/24 schemes.

Trust Funded:

To the end of M6, £12.2m has been spent on trust funded schemes against a YTD plan of £23.2m, with an annual forecast outturn of £47.7m

Externally Funded:

To the end of September, £1.5m has been spent on externally funded schemes vs a YTD plan of £0.6m, with an annual forecast spend of £7.5m.

Capital

Top 5 schemes by YTD Expenditure Value

£000s	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
Oncology Centre Ward Expansion Levels D&E	6,235	3,152	3,083	7,135	6,926	209
Donated Estates Schemes	2,262	2,528	(266)	2,624	3,317	(693)
Information Technology Programme	2,178	2,013	165	5,800	5,800	0
Decarbonisation Schemes	4,500	1,941	2,559	11,259	11,259	0
Strategic Maintenance	2,124	1,663	461	5,200	7,240	(2,040)

- Spend on the wards expansion scheme remains high on a monthly basis as the skyway link bridge element is constructed.
- The Banksy funded staff welfare schemes (the welfare hub, PAH roof garden and staff room refurbishment) are complete
- Informatics YTD expenditure has been incurred mainly on staffing, core infrastructure and the ED & Flow contract.
- The first milestone of the decarbonisation scheme has been reached meaning that £1.3m of costs are now due for payment.
- Strategic Maintenance costs were high in month 6 at £1.1m, due to significant expenditure on the PAH substation (£0.6m)

Top 5 Schemes by YTD Variance

£000s	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
Fit out of F Level Theatres (VE)	3,396	73	3,323	8,500	6,827	1,673
Oncology Centre Ward Expansion Levels D&E	6,235	3,152	3,083	7,135	6,926	209
Decarbonisation Schemes	4,500	1,941	2,559	11,259	11,259	0
Neonatal Expansion	2,283	287	1,996	10,030	7,917	2,113
CT Scanner	1,560	0	1,560	1,560	1,560	0

- Phase 3a of the F level theatres is now due to start in October and complete around Aug 24.
- All works on the oncology ward expansion scheme (including the skyway link bridge) will not be complete until Jan 24.
- Decarbonisation scheme only commenced in August, but plans are in place to ensure the planned £11.3m of the grant are completed by Mar 24.
- Phase 1 of the neonatal expansion has commenced, and the scheme should complete in Jun 24.
- The installation of the CT scanner will be later than originally planned and will therefore be accounted for Mar 24.

Statement of Financial Position

Statement of Financial Position	2022/23 YE Act £m	M1 Act £m	M2 Act £m	M3 Act £m	M4 Act £m	M5 Act £m	M6 Act £m	MoM Movement £m
Fixed Assets	620,431	617,160	619,161	620,900	622,082	621,364	621,497	133
Inventories	15,753	18,104	18,074	18,455	16,941	19,317	19,487	170
Receivables	95,056	93,552	89,834	73,434	75,632	92,177	53,710	(38,467)
Cash	105,018	105,475	85,892	81,557	66,895	62,611	68,286	5,675
Payables	(229,641)	(237,019)	(218,352)	(202,499)	(195,495)	(212,574)	(184,559)	28,015
Current Loan	(1,533)	(1,533)	(1,533)	(1,533)	(1,533)	(1,533)	(1,533)	0
Current PFI and Leases	(12,580)	(12,202)	(12,153)	(11,347)	(11,228)	(10,705)	(10,272)	433
Net Assets	**592,504**	**583,537**	**580,923**	**578,967**	**573,294**	**570,657**	**566,616**	**(4,041)**
Non Current Liabilities	(24,624)	(22,798)	(22,759)	(22,848)	(21,545)	(21,307)	(21,426)	(119)
Non Current Loan	(5,302)	(5,302)	(5,302)	(4,802)	(4,802)	(4,802)	(4,534)	268
Non Current PFI and Leases	(108,576)	(105,561)	(107,100)	(108,888)	(107,948)	(107,416)	(104,644)	2,772
Total Assets Employed	**454,002**	**449,876**	**445,762**	**442,429**	**438,999**	**437,132**	**436,012**	**(1,120)**
Public Dividend Capital	286,212	286,212	286,212	286,212	286,212	287,328	287,328	0
Retained Earnings	102,068	97,942	93,828	90,494	87,065	84,082	82,962	(1,120)
Revaluation Reserve	65,722	65,722	65,722	65,722	65,722	65,722	65,722	0
Total Taxpayers' Equity	**454,002**	**449,876**	**445,762**	**442,428**	**438,999**	**437,132**	**436,012**	**(1,120)**

The September statement of financial position illustrates net assets of £566.6m which is £4.0m down on August.

Cash increased by £5.7m to £68.3m, following receipt of additional clinical and R&D income in month.

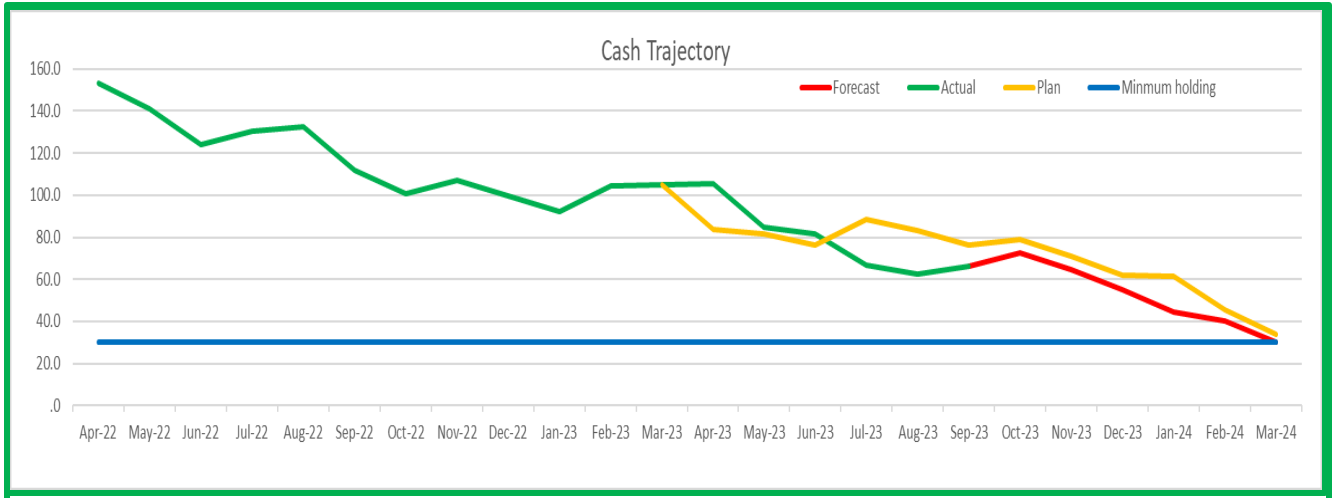
The main movements in month were due to:

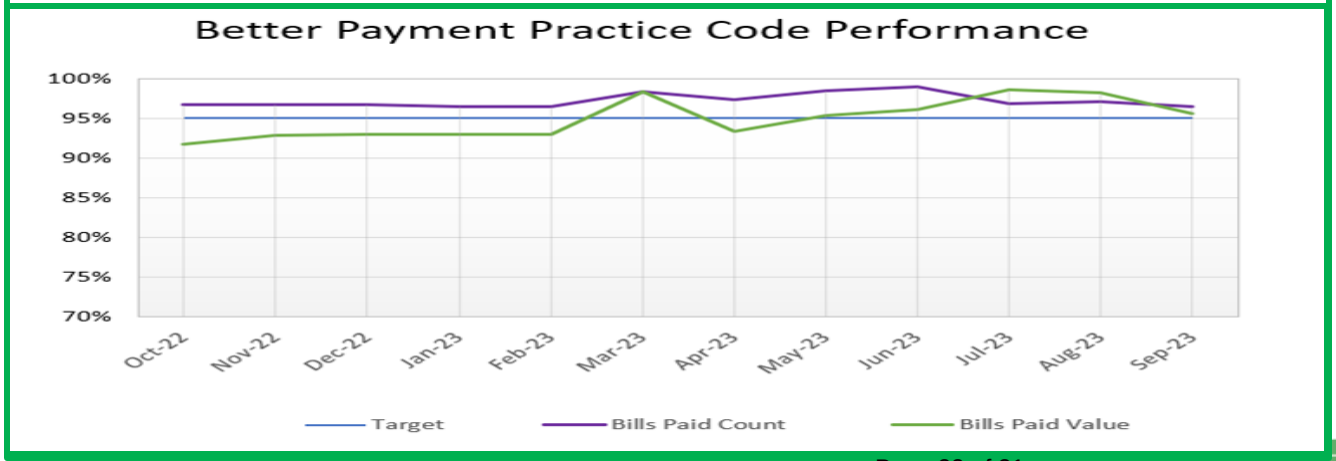
- Receivables: Decreased by £38.5m following a reduction of £6.1m in accrued clinical income and £12.9m decrease in prepayments largely due to timings of M6 invoices paid in August.

- Payables: Decreased by £28.0m in M6. This was due to £7.3m relating to medical and serco pay awards now paid, £4.9m decrease in PDC creditor as the half year payment was made in month.

There were also entries that netted off between receivables and payables totalling £15m.

Cash and Payments





The cash balance increased by £5.7m to £68.3m in September. The reduction in year has been driven chiefly by the underlying deficit.

In year volatility has however been influenced by:

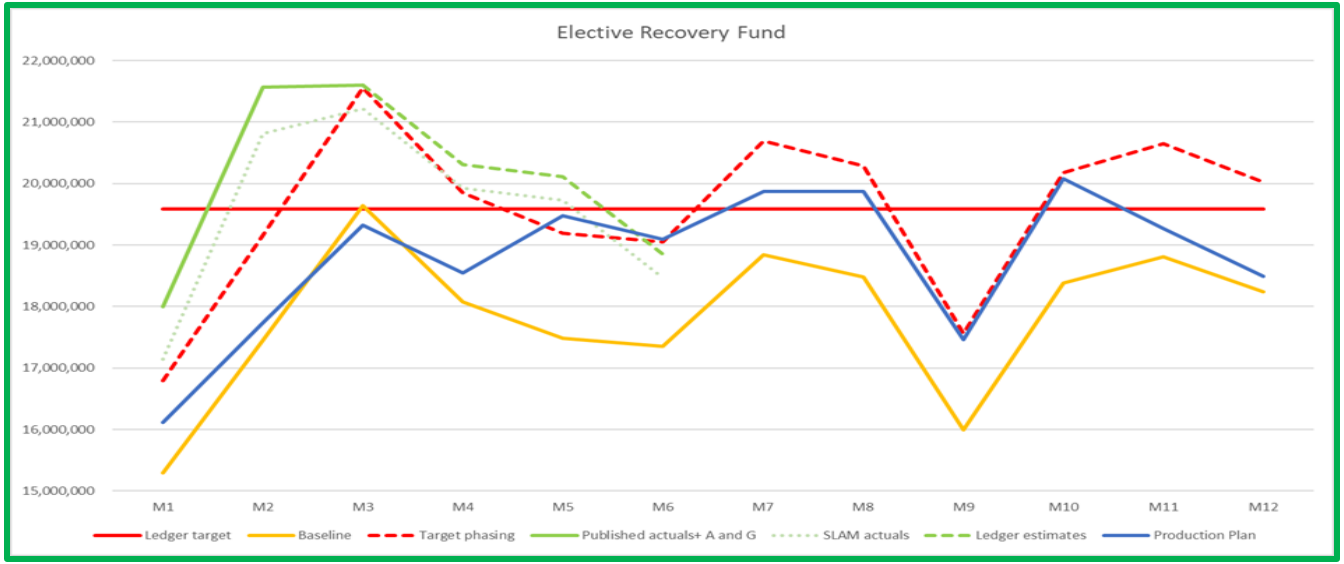
- The timing of pay award funding versus payments made to staff and HMRC/NHS Pensions Authority
- Capital programme timings including slippage versus plan
- Higher R&D receipts and VAT recovery

The minimum cash holding position is set at £30m. Based on current trajectory, we are expected to reach this level by the end of the financial year in April 2024. There is on average a £5.5m cash outflow per the detailed inputs. This has moved out from December as per the M05 forecast due to maintaining the cash position in M06, which has been improved due to paying invoices as they fall due, rather than processed.

Better Payment Practice Code (BPPC) performance in September is over the 95% target for both count and value.

Further Analysis of Position

Income / ERF



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 Spells	108%	124%	100%	104%	109%	90%							104%
Daycase	114%	108%	119%	112%	111%	115%							113%
Outpatients Firsts	115%	125%	112%	113%	125%	125%							119%
Outpatients Procedures	131%	133%	126%	133%	128%	125%							127%
Overall ERF Performance	**118%**	**123%**	**110%**	**112%**	**115%**	**109%**							**114%**
Excess Outpatient Follow Ups £'000s	£940	£1,388	£1,013	£894	£1,290	£1,010							£6,535
Excess Non Elective and ED £'000s	£34	£867	£1,709	-£4	£828	£322							£3,756
Excess Other £'000s	£390	£536	£753	£31	-£65	£757							£2,402

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 111% (reduced from 113% following industrial action) 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.

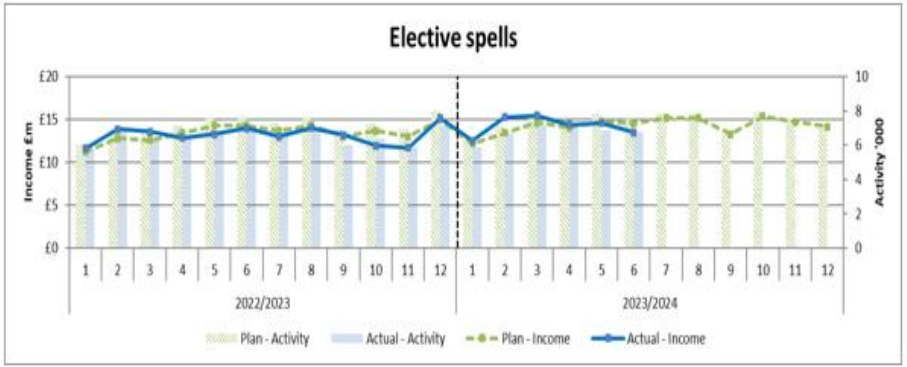
At the end of Month 6, ERF activity has been reported above plan to the value of £4.8m / 114%.

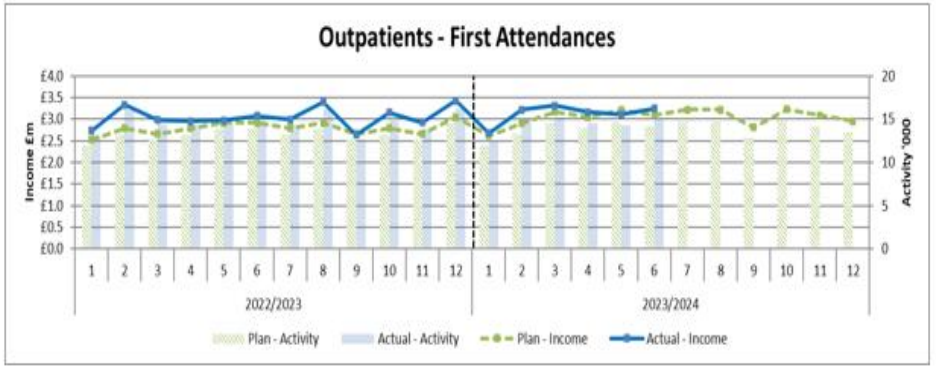
No further decisions have been made to date on further national reductions to the ERF baseline following industrial action days between May and September.

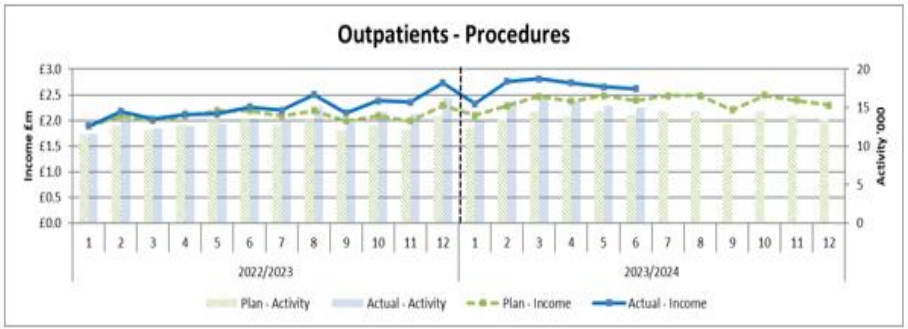
The table shows monthly achievement by POD type vs 19/20 baseline.

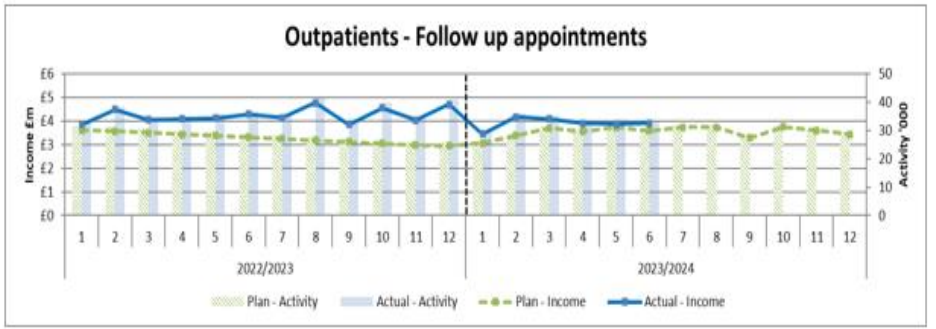
Significant non ERF related activity is currently being provided by UHS above its block funded levels, totalling £12.7m.

Clinical Income - Elective

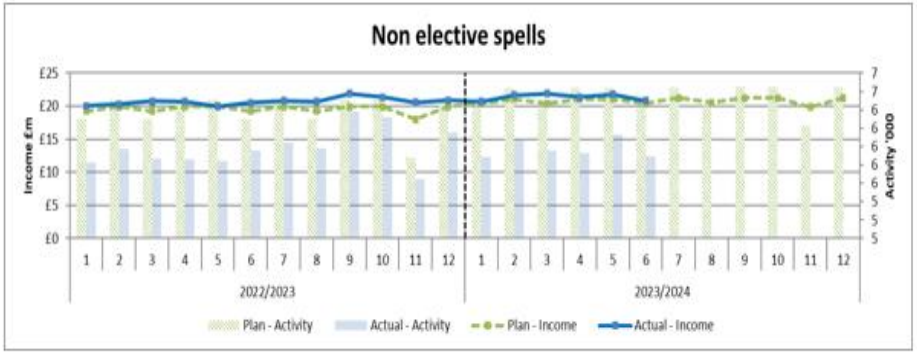


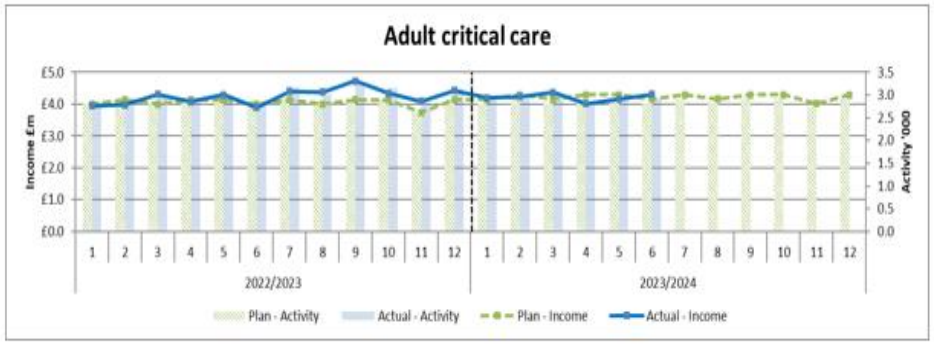


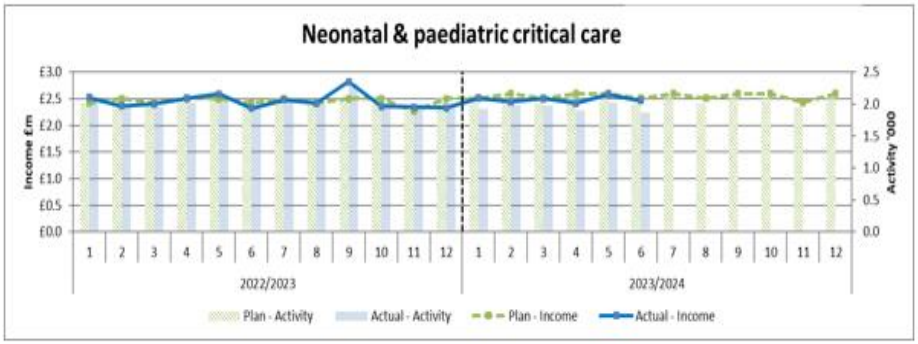




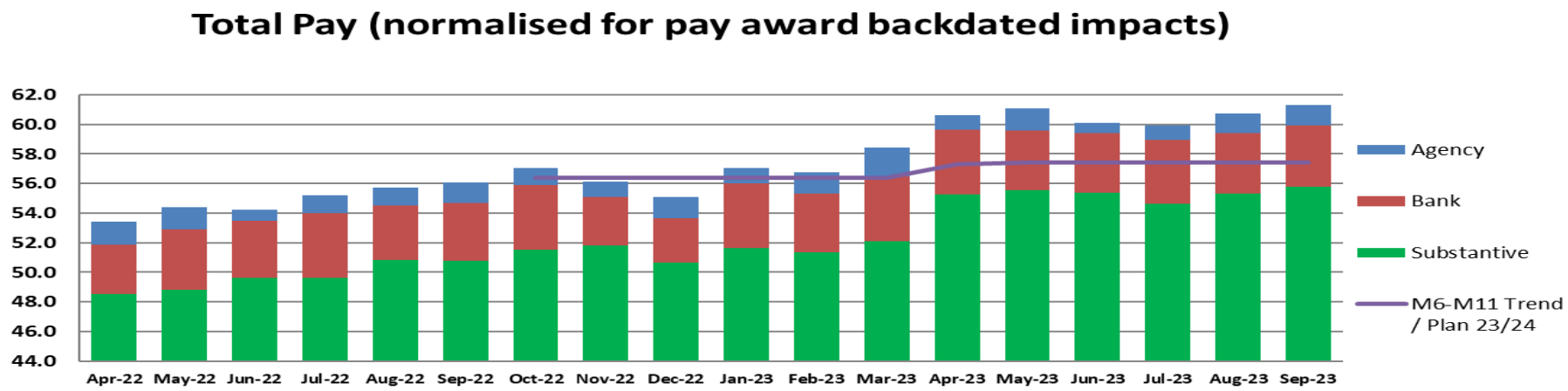
Clinical Income – Non Elective and Other







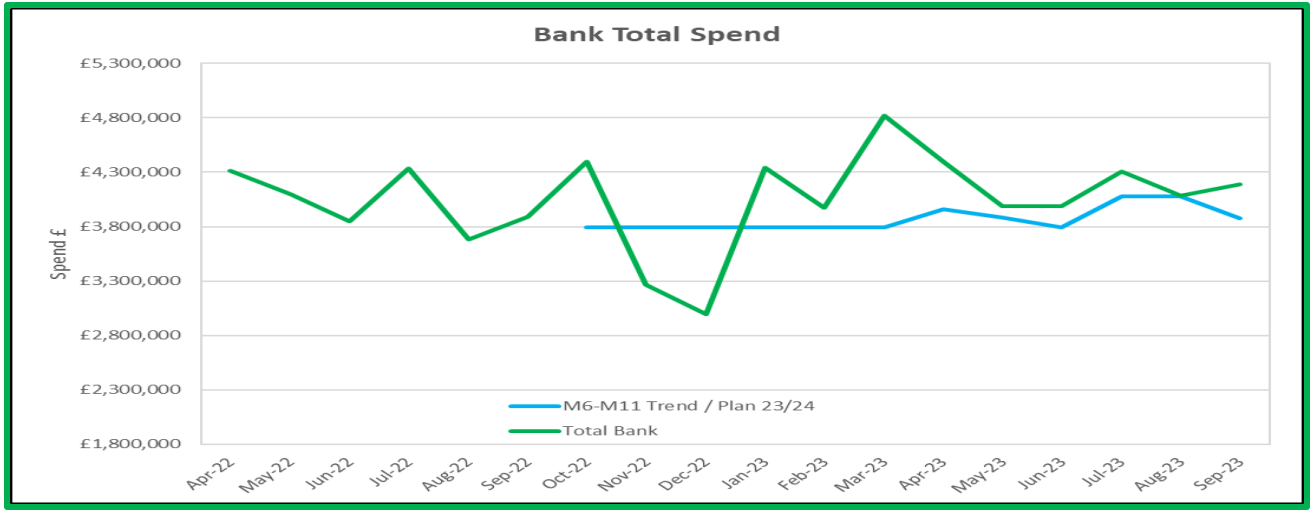
Staff Costs

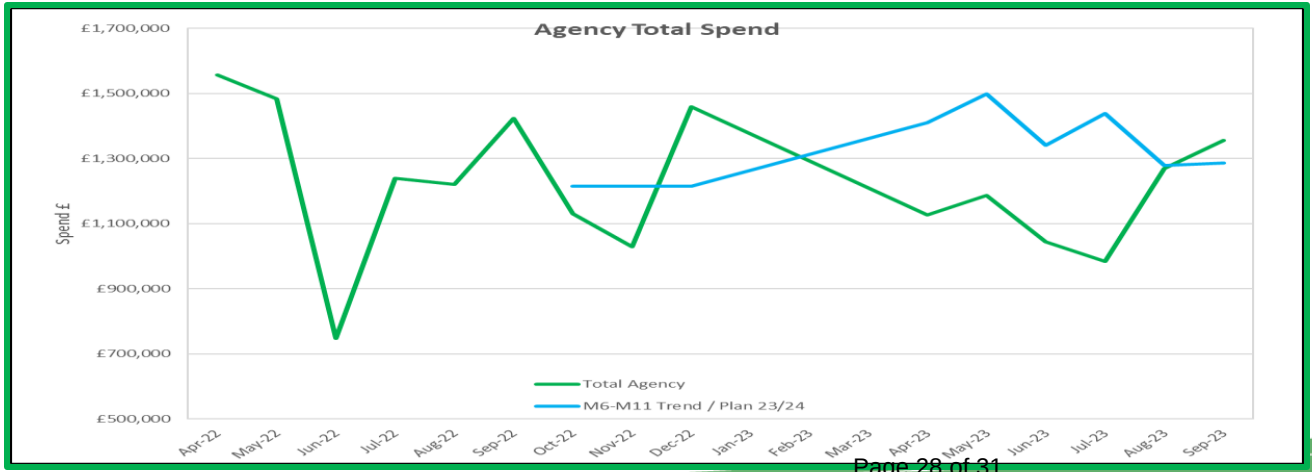


Pay Expenditure:

- Pay costs have been normalised for the backdated impact of pay awards on the above graph (Payments made in M4 AFC and M6 Medical).
- The normalised pay spend has increased by £0.6m between August and September. Of which £0.4m related to increased substantive costs and £0.2m for temporary staffing.
- The main drivers of substantive cost increases in the month were:
  - ACP staff received pay arrears (backdated to April 23) of £0.25m following completion of a regrading exercise.
  - Increased Junior Doctor costs of circa £0.1m following an increase in WTE headcount in months 5 and 6.
- Costs of staffing surge capacity in month totalled £0.11m, up from £0.07m in M5. Total spend YTD is now £0.59m.
- Mental health temporary staffing costs remained flat in month at £0.67m. This sees a continued increase in average spend in the area compared with 22/23 values £0.40m and 23/24 average to date of £0.59m. Total spend YTD to the end of M6 is £3.56m.
- Staffing WTE has increased by 84 WTE in month. This growth takes WTE actuals further away from planned values for the year.

Temporary Staffing Costs





Bank:

Bank expenditure increased in month from £4.1m up to £4.2m.

Increases have been experienced in:

- Nursing up £72k
- Admin staff up £72k

Decrease of costs were experienced in:

- Medical staff down £39k.
- Scientific and Technical down £2k

Agency:

Agency costs increased in month by £0.1m up to £1.4m overall.

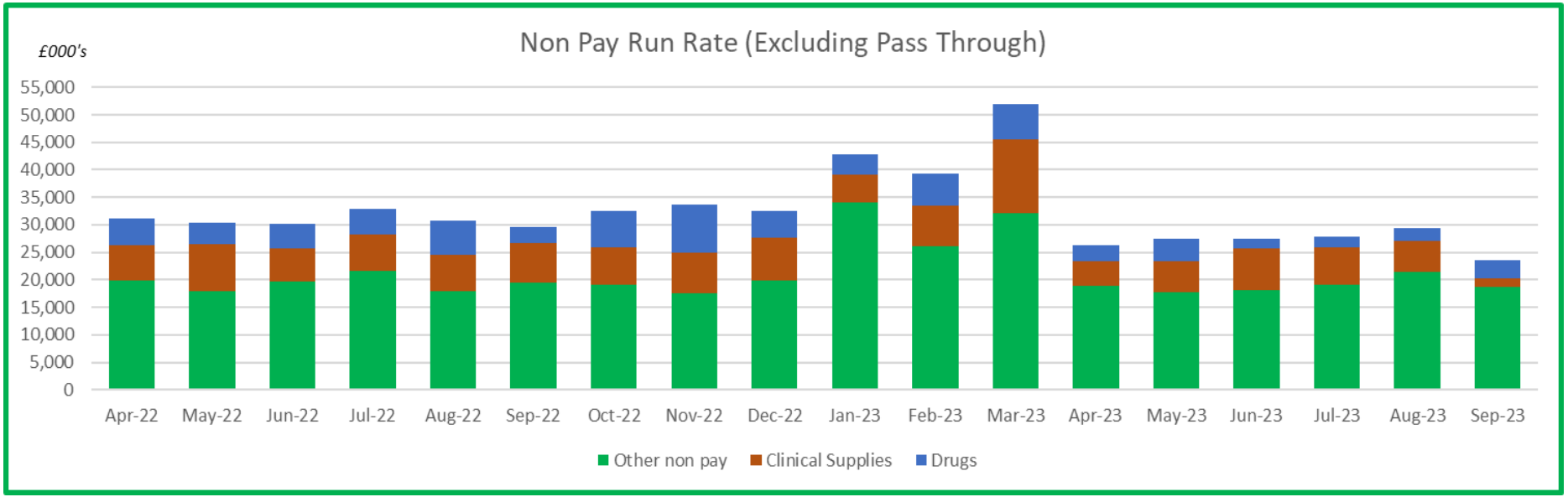
Reductions were experienced in:

- Nursing Staff down by £63k
- Scientific and Technical down by £13k

Increases were experienced across other staff groups:

- Admin Staffing up by £158k
- Medical Staff up £4k

Non-Pay Costs



Non Pay Expenditure:

- Other non pay has reduced in month back to expected levels following high costs in M5 relating to backdated inflation costs for Propco.
- Non pass through drugs spend has increased in month by £0.8m overall. Increase were experienced within the care groups of Cancer, Specialist Medicine and Child Health. Costs are being investigated in collaboration with pharmacy to understand drivers and if pass through income may be available.
- Clinical supplies costs have reduced in month by £4.0m, this is predominately due to non recurrent one-off benefits recognised in September.

CIP – Recurrent Pay Identification WTE and £

Division	Recurrent Pay CIP Identified WTE	Recurrent Pay CIP Target (WTE)	% WTE Identified	Recurrent Pay CIP Identified Value (£'000s)	Recurrent Pay CIP Target (£'000s)	% Recurrent £ Value Identified
Division A	17.74	71.32	25%	£911	£3,088	30%
Division B	6.06	94.58	6%	£186	£3,751	5%
Division C	8	83.74	10%	£858	£3,037	28%
Division D	4.72	69.23	7%	£75	£2,765	3%
EFCD	4	16.14	25%	£230	£439	52%
THQ	20.56	57.64	36%	£973	£1,552	63%
Total	**61.08**	**392.65**	**16%**	**£3,233**	**£14,632**	**22%**

Recurrent Pay CIP:

- The above table demonstrates the Pay CIP target for the organisation in 2023/24 based on WTE and £ values
- On a WTE basis 61 WTE have been identified YTD, 16% of the 392 WTE target
- On a £'s basis £3.2m have been identified YTD, 22% of the £14.6m target


FOUNDATIONS
FOR THE FUTURE

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Performance KPI Report 2023-24 Month 6**			
Agenda item:	**12.2**			
Sponsor:	**David French, Chief Executive Officer**			
Author	**Sam Dale, Associate Director of Data and Analytics**			
Date:	**9 November 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.			

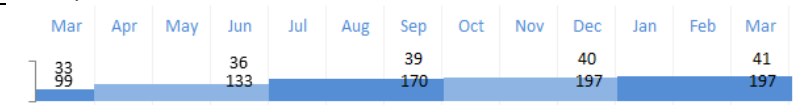
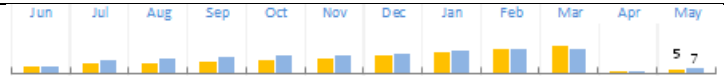
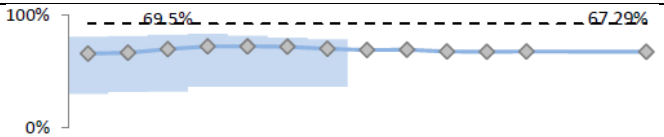
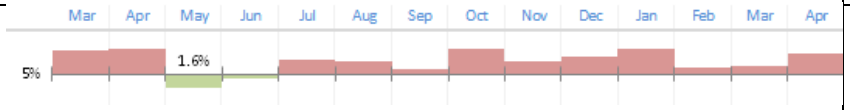
University Hospital Southampton NHS
NHS Foundation Trust

Performance KPI Board Report

Covering up to
September 2023

Sponsor – David French, Chief Executive Officer
Author – Sam Dale, Associate 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.

- Data change: The medication errors data (metric 11) for August 2023 has been reduced from 4 to 3 cases as the severity for one case has been re-assessed and downgraded
- Data Omission. The latest HSMR metrics reflect the July position as the latest statistics are yet to be published on the Healthcare Evaluation Data (HED) dashboards.

Summary

This month the 'Spotlight' section contains an update on performance for RTT Waiting Times.

The RTT spotlight highlights that:

- Excluding a small cohort of corneal transplant patients impacted by national availability of tissue grafts, there are zero patients on the UHS RTT waiting list who have been waiting over 104 weeks for their elective treatment and three patients waiting over 78 weeks at the end of September.
- The hospital targeted zero (non-corneal) patients waiting over 78 weeks by the end of October, however the extreme operational pressures experienced in the hospital at the end of October required a handful of complex but lower priority 78 week cases to be rescheduled into November.
- The trust is in line with its submitted forecast which committed to having zero patients waiting over 65 weeks by March 2024. Performance against this target is being closely monitored and discussed with caregroups in weekly performance meetings.
- A national Patient Initiated Digital Mutual Aid System (PIDMAS) will be launched imminently to understand how many patients on the waiting list would consider being treated at an alternative provider if deemed clinically appropriate.

Areas of note in the appendix of performance metrics include:

1. We await the validated September position for Cancer waiting times, however August's position reflects a further increase on two week wait performance (74.0%) putting UHS into the second quartile for this metric and the 62 day standard when compared to other Teaching Hospitals
2. The diagnostic waiting list continues to decrease every month within this financial year and now stands at 8,447 with 20% of patients waiting over six weeks.
3. Despite a decline in the number of category 2 pressure ulcers per 1000 bed days, both category 2 and 3 remain above the year to date target position. An ongoing campaign to increase awareness and enable staff to feel more confident with pressure ulcer prevention is underway and we are seeing a huge rise in the uptake of this education in the last quarter.
4. The percentage of births delivered by caesarean continue at the same increased rate. Whilst the department are implementing training and education strategies to ensure birth preference conversations happen early in the pathway, this will take time to reflect in the metrics.
5. The percentage of UHS women booked onto a continuity of carer pathway has remained below target throughout the year. The current CoC provision was affected by staffing and operational pressures over the summer. The majority of this has affected continuity around intrapartum care. The maternity service is trialling a different way to recruit into these teams by offering more flexible options for midwives to increase recruitment into these rewarding but very challenging roles. To give assurance the maternity service monitors and audits outcomes to ensure that groups most likely to be offered a CoC model are not showing as exceptions in our data or when clinically reviewing adverse outcomes.

6. The decline in the September metric for Research and Development income reflects the cessation of the £20m COVBOOST grant which was previously contributing approximately £1m per month. The department also reprofiled Biomedical Research Centre funding from the National Institute of Health Research as it is expected to be deferred until 2024/25.

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 16th October 2023, our average handover time was 18 minutes 9 seconds across 801 emergency handovers, and 20 minutes 52 seconds across 45 urgent handovers. There were 44 handovers over 30 minutes, and 20 handovers taking over 60 minutes (the majority on 21 October) within the unvalidated data.

Spotlight: Referral to Treatment Waiting Times

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

Overview

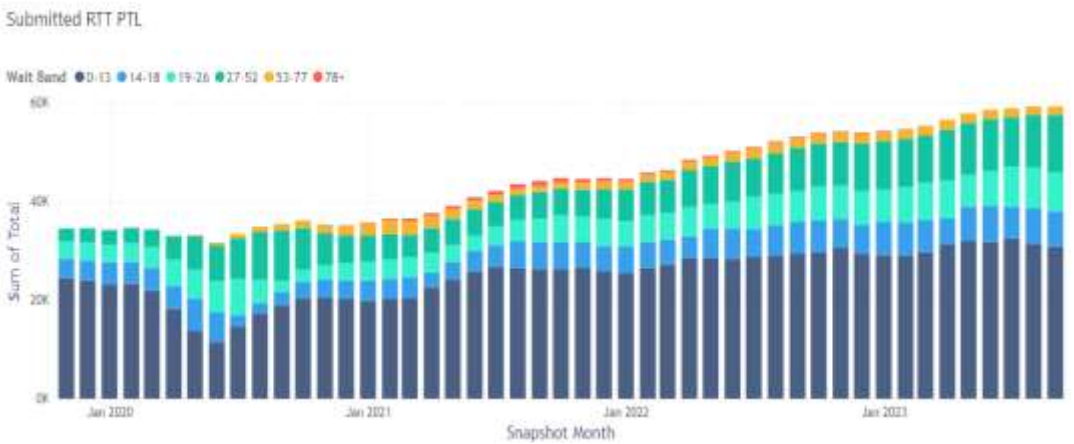
In the 2023/24 NHS operational planning guidance, the priority for elective care was to eliminate waits of over 65 weeks by March 2024 (except where patients choose to wait longer or in specific specialties). In 2022/23, an equivalent priority was set for waits of over 78 weeks. To support and monitor Trust trajectories against the 2023/24 target, the national team have laid out additional in-year targets around patient pathway validation and outpatient referrals waiting for their first attendance. This is alongside the roll out of a national Patient Initiated Digital Mutual Aid scheme (PIDMAS).

This spotlight paper outlines the Trust's current and forecast position against the national target, illustrates how we compare with our peer Trusts and explores some of the challenges, specialties and interventions which are influencing our position.

Waiting Times Overview

Graph 1 – RTT PTL volumes by waiting time

Graph 1 highlights the recent slowing down of the growth of the UHS PTL (patient treatment list) compared to the significant increases seen since January 2020.



The PTL was 59,253 at the end of September 2023, an increase of 5% since April 2023 (56,568). This compares to a PTL increase of 10% which seen across the equivalent period in 2022.

It also highlights the waiting time cohort changes as we transition our focus from patients waiting over 78 weeks to the in-year target focussed on patients waiting over 65 weeks.

Within the current PTL, there are 21 patients who have been waiting over 78 weeks and 349 who have been waiting over 65 weeks. In September 2022, the equivalent numbers were 286 (78 weeks) and 986 (65 weeks).

Patients waiting over 78 and 104 weeks

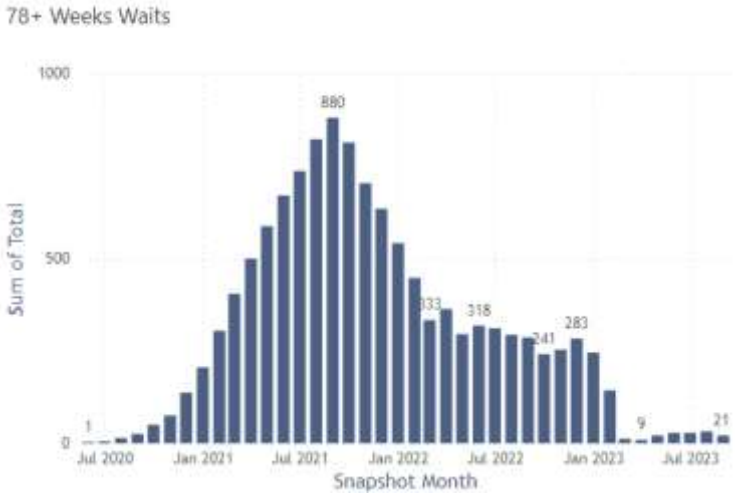
The only UHS patients waiting over 104 weeks in 23/24, are a small cohort of Ophthalmology patients (one in October) waiting for corneal transplants. This clinical situation is echoed across the country as the procedure is reliant on graft tissue being made available by the NHS Blood and Transfusion Centre.

Excluding corneal patients, the Trust had three patients waiting over 78 weeks at the end of September. These patients have been within a handful of challenged specialties including Gynaecology, Urology and Paediatrics. In most cases, the required surgery is complex often requiring joint surgeons and was provisionally booked before 78 weeks. However, industrial action, clinical complications or managing a higher priority patient has required a cancellation. Any 78 week breaches have always been rebooked in the following month.

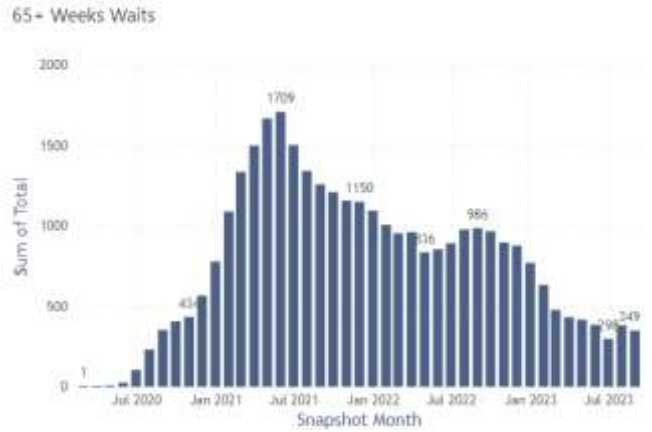
We targeted zero (non corneal) patients waiting over 78 weeks by the end of October, however the very recent extreme pressures on our emergency services and elective capacity particularly within Trauma & Orthopaedics has inevitably impacted the planned surgery dates for a small cohort of long waiting patients, who have now been rescheduled for November.

Patients waiting over 65 weeks

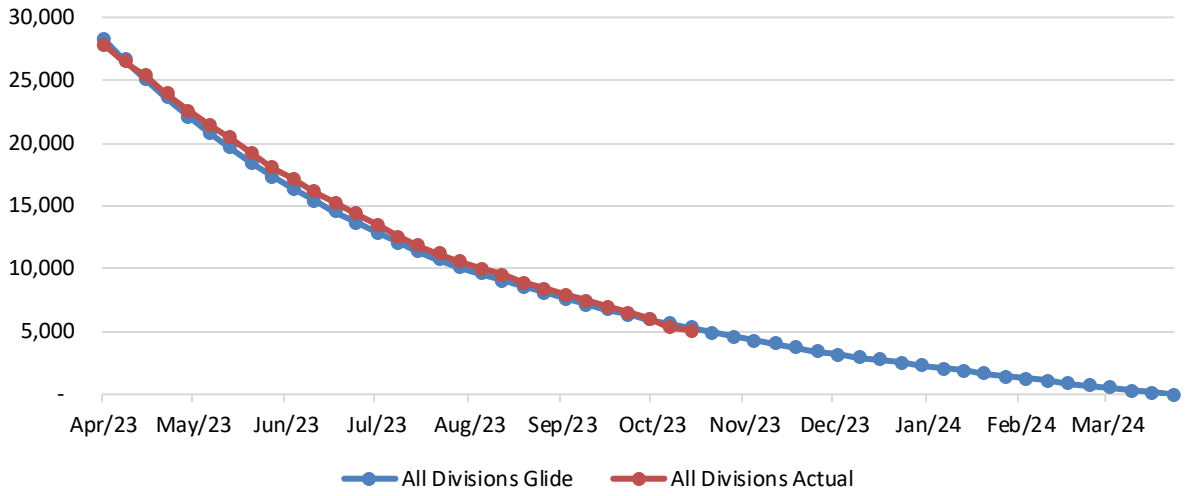
At the end of September the Trust had 425 patients on the PTL who have been waiting over 65 weeks. As part of the Trust's commitment to achieve the national target of zero 65 week waits by March'24, we submitted a glide which we are pro-actively monitoring every month. The performance team meet with each division to review individual patients who have not been booked against a target which we have stepped down from 78 weeks in April'23 to 65 weeks by December'23. This gives us clear line of sight against our glide, ensures services are pro-actively managing the appropriate cohorts and highlights consultants who need capacity plans or alternative pathway options to be explored. The Trust is currently in line with the 65 week glide submitted (see graph 4).



Graph 2: Volume of patients waiting over 78 weeks by month



Graph 3: Volume of patients waiting over 65 weeks by month

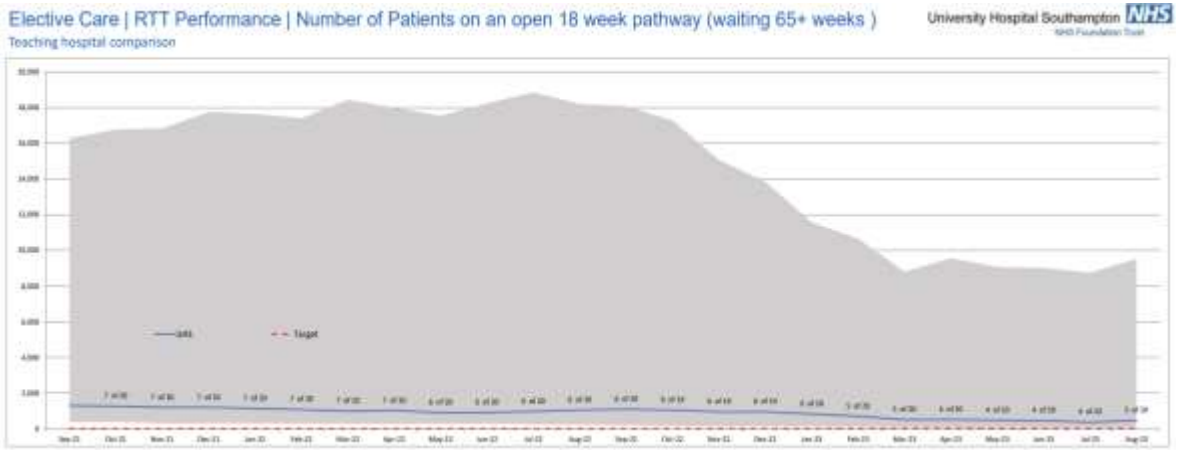


Graph 4: UHS 65 week performance glide and actual position

Comparison with other Trusts

In the latest available data (August'23) UHS places in the top quartile for the number of patients waiting over 65 weeks compared to other Teaching Hospital. This is illustrated in Graph 5.

It should be noted that the metric is based on overall volume of patients rather than a percentage of the Trust's overall PTL size which has not been made available.

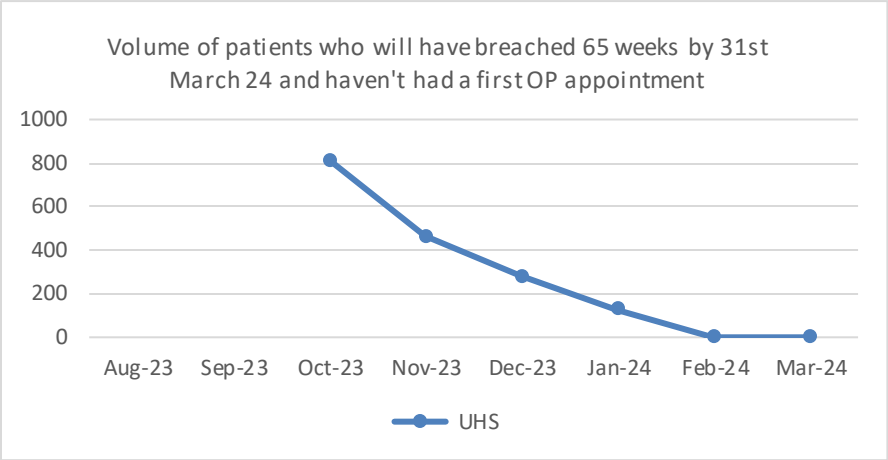


Graph 5: Teaching hospital comparator: patients waiting over 65 weeks

Outpatient Referrals

To support and gain assurance on our 65 week trajectories, the national team asked Trusts to ensure all patients who could breach 65 weeks by 31st March 2024, had their first outpatient appointment before the end of October 2023. Each service has therefore been working to ensure first outpatient appointments for this cohort are brought forward where necessary and appropriate.

We envisage that a handful of specialties do not have the capacity to hit that target leaving approximately 800 patients unseen before 31st October, however, the majority of these patients have appointments in November with a small tail following soon after. The UHS glide against this target is shown in graph 6. The main challenged specialties are ENT, Paediatric Orthopaedics and Neurology.



Graph 6: 65 week risk cohort waiting for a first OP appointment

Patient Validation

To ensure patient treatment lists are appropriately validated by hospitals, we have also been set a target of 90% of patients waiting over 12 weeks to have been validated by the end of October. This validation process ensures that patients are being reported on the appropriate waiting time and pathway and do still wish to proceed with their intended treatment, diagnostic or consultation. UHS employ both a central validation team and validation leads in each of the caregroups to support this process. This is now alongside our patient texting service which ensures appropriate contact is maintained with the patient and changes in need are understood. The Trust expects to achieve the 90% target through a combination of these approaches.

PIDMAS

The national team will imminently roll out a patient initiated digital mutual aid system. At the time of writing, the digital solution has been tested in a handful of pilot sites with an intended launch for all trusts at the end of October. The process is to enable patients to declare whether they would consider being offered to an alternative provider for their treatment. This will initially be offered to patients waiting over 40 weeks and will involve a text to a patient redirecting them to a digital platform where they can express their preference and how far they are willing to travel for treatment. This will then be reliant on clinical approval for suitability and another Trust declaring appropriate capacity. The process is being overseen by the ICB. Whilst the intention is to improve waiting times for patients, the solution is still in its infancy and not being used to influence the UHS forecast position on long waiting patients.

NHS Constitution - Standards for Access to services within waiting times

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

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

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

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

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

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

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

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

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	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)	4	5	6	5	5	5	5	5	4	4	4	4	5	4	65.1% / 63.2%	≥92%	63.7%
		6	6	6	5	5	5	5	5	6	6	5	5	6	6			
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)	8	9	10	13	17	14	13	15	17	17	16	16	16	13	89.1% / 74.0%	≥93%	70.8%
		4	4	8	11	13	10	11	18	16	19	18	16	10				
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)	11	11	17	14	14	17	14	14	18	9	14	13	10	15	66.3% / 63.7%	≥85%	65.4%
		4	4	10	11	7	12	11	7	14	5	9	7	3	6			
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)	7	4	5	7	6	6	7	5	4	9	12	9	8	8	62.3% / 58.6%	≥95%	62.2%
		4	3	4	4	4	4	3	3	3	5	7	5	5	5			
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	8	9	9	11	11	12	12	12	8	7	7	8	7	9	24.8% / 20.0%	≤1%	21.0%
		8	7	9	8	8	10	7	8	12	11	11	11	10	10			

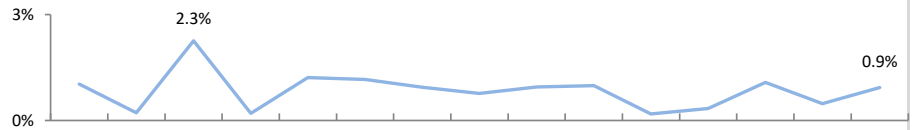
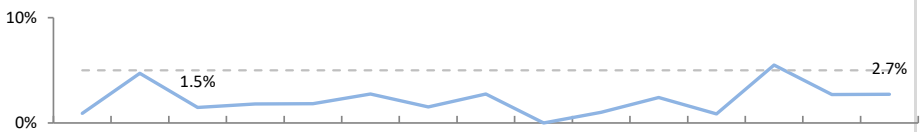
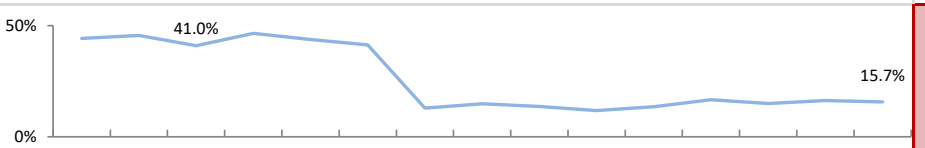
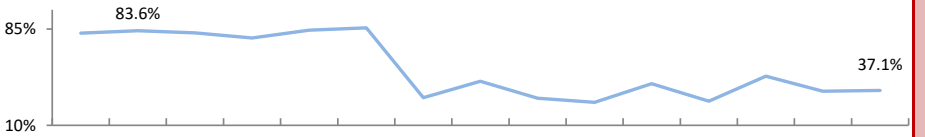
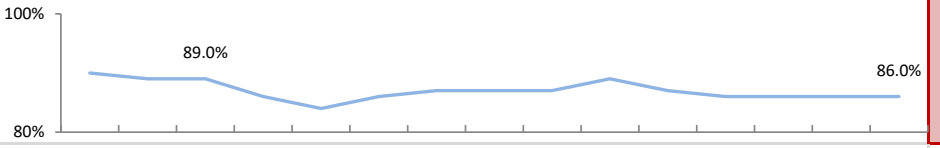
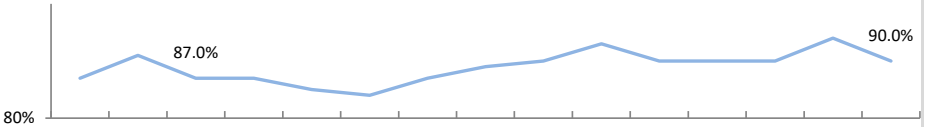
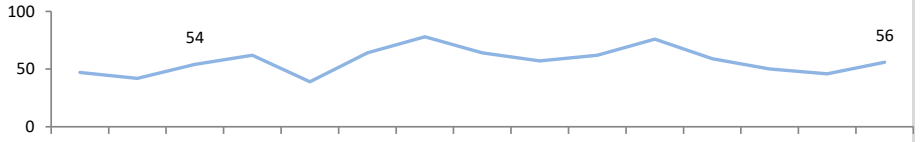
Outcomes		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
1	HSMR - **UHS** HSMR - **SGH**	88.76												84.99			≤100	82.7	≤100
		86.95												83.48					
		75																	
2	HSMR - Crude Mortality Rate	3.1%															<3%	2.6%	<3%
		2.9%												2.7%					
		2.5%																	
1 & 2: At time of IPR publication, the latest information available in HED was from July 2023. Metrics are 12 month rolling. YTD is based on financial year starting in April. Previously, data was sourced from Dr Foster.																			
3	Percentage non-elective readmissions within 28 days of discharge from hospital	15%															-	12.9%	
		12.1%												12.4%					
		10%																	
		Q2 22-23			Q3 22-23			Q4 22-23			Q1 23-24			Q2 23-24			Quarterly target		
4	**Cumulative Specialties** with Outcome Measures Developed (Quarterly)	80															+1 Specialty per quarter		
		64			68			71			72			72					
		60																	
5	Developed Outcomes RAG ratings (Quarterly) Red Amber Green	100%																	
		36			34			35			34			37					
		67			79			81			77			75					
		75%																	
		300			317			336			332			333					
		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		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
6	Cumulative Clostridium difficile **Most recent 12 Months** vs. **Previous 12 Months**	44	49	56	64	71	77	74	84		9	4	11	12	18	27	24	35	28	49	35	60	≤5	60	≤30
7	MRSA bacteraemia	0	0	0	1	1	1	0	0	0	0	0	0	1	0	0	0	1	0
8	Gram negative bacteraemia	27	17	22	14	24	16	17	14	32	14	19	27	16	21	15	≤16	112	≤83
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
9	Pressure ulcers category 2 per 1000 bed days	0.27														0.26	<0.3	0.41	<0.3
10	Pressure ulcers category 3 and above per 1000 bed days	0.29														0.42	<0.3	0.46	<0.3
11	Medication Errors (severe/moderate)	3														3	≤3	16	≤15
12	Watch & Reserve antibiotics, usage per 1,000 adms **Most recent months** vs. **2018*95.5%**	2,546	2,674													2,546 2,531	2,546	16,339	16,127

12 - For 2022/23 and forward, 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).

Safety		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
13	Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity)			8												1	-	23	-
14	Serious Incidents Requiring Investigation - Maternity			1													-	4	-
15	Number of falls investigated per 1000 bed days			0.24												0.10	-	0.08	-
16	% patients with a nutrition plan in place (total checks conducted included at chart base)			95.1%												92.1%	≥90%	95%	≥90%
				572	750	719	676	669	711	1624	780	1600	844	871	788	806	798	772	
17	Red Flag staffing incidents			30												10	-	63	-
Maternity		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
18	Birth rate and Bookings Birth Rate - total number of women birthed Bookings - Total number of women booked	430	426	460	463	412	440	436	383	387	416	402	418	417	400	400	-	-	-
		405	417	438	416	498	363	453	432	513	449	477	450	382	424	442			
19	Staffing: Birth rate plus reporting / opel status - number of days (or shifts) at Opel 4.	3	2	0	3	1	5	1	0	2	1	1	4	6	1	3	-	-	-
20	Mode of delivery % number of normal birthed (women) % number of caesarean sections (women) % other	37.7%	36.4%	38.7%	36.9%	35.7%	37.5%	37.2%	36.0%	36.7%	40.6%	32.6%	43.3%	43.7%	44.8%	43.0%	-	-	-
		49.1%	51.2%	48.9%	47.1%	48.5%	48.2%	49.3%	54.8%	48.8%	46.9%	53.0%	43.3%	38.6%	44.8%	43.5%			

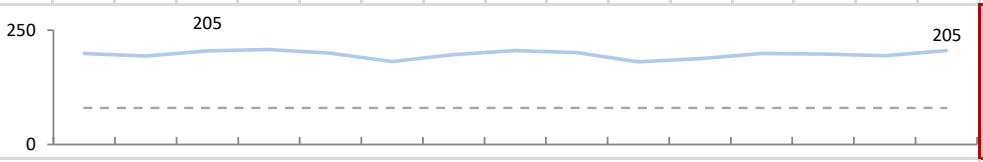
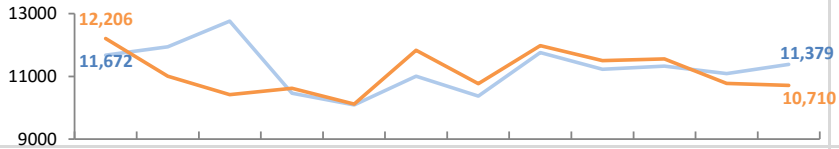
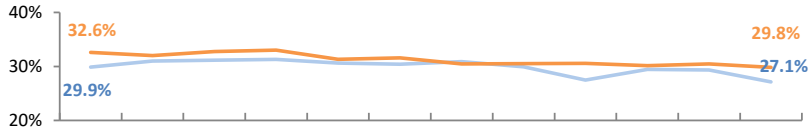
Patient Experience		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
21	FFT Negative Score - Inpatients																≤5%	0.6%	≤5%
22	FFT Negative Score - Maternity (postnatal ward)																≤5%	2.6%	≤5%
23	Total UHS women booked onto a continuity of carer pathway																≥35%	14.8%	≥35%
24	Total BAME women booked onto a continuity of carer pathway																≥51%	36.8%	≥51%
25	% Patients reporting being involved in decisions about care and treatment																≥90%	86.6%	≥90%
26	% Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base)																≥90%	91.0%	≥90%
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)																-	349	-

Access Standards		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	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)	62.3%														58.6%	≥95%	62.2%	≥95%
		7	4	5	7	6	6	7	5	4	9	12	9	8	8	12			
		4	3	4	4	4	4	3	3	3	5	7	5	5	5	7			
29	Average (Mean) time in Dept - non-admitted patients	03:24														03:44	≤04:00	03:28	≤04:00
30	Average (Mean) time in Dept - admitted patients	05:53														06:01	≤04:00	05:43	≤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)	65.1%														63.2%	≥92%	63.7%	≥92%
		4	5	5	5	5	5	5	5	4	4	4	4	5	4				
		6	6	6	5	5	5	5	5	6	6	5	5	6	6				
32	Total number of patients on a waiting list (18 week referral to treatment pathway)	53,106														59,253	-	59,253	-
33	Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	2,421														1,937	≤2,011	1,937	≤2011
		5	5	5	5	5	5	5	5	4	4	4	4	3	3				
		13	13	13	12	12	12	12	12	11	11	11	9	8	8				

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	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)	4,000 6 1087 13	6 14	6 14	6 13	6 13	6 12	6 13	5 12	5 12	4 11	4 11	4 10	4 9	5 425 9	0	-	425	-
35	Patients on an open 18 week pathway (waiting 78 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	1,400 7 310 14	7 15	7 15	7 15	7 15	7 15	7 15	6 15	4 12	4 10	5 11	8 12	8 11	7 24 10	0	0	24	0
35a	Patients on an open 18 week pathway (waiting 104 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	200 6 6 13	6 6 14	7 6 1 14	5 1 10	1 0 0 1	1 0 0 1	1 0 0 1	1 0 0 1	1 0 0 1	1 0 0 1	8 1 1 13	14 4 13	17 5 17	15 2 2 13	0	0	2	0
36	Patients waiting for diagnostics	12,000 10,419													8,447 8,000		-	8,447	-
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	40% 9 8	9 7	11 25.1% 9	11 8	11 8	12 10	12 7	12 8	8 12	7 11	7 11	8 11	7 10	9 20.0% 10	0%	≤1%	21.0%	≤1%
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% 8 4	9 89.1% 4	10 8	13 11	17 13	14 10	13 11	15 18	17 16	17 19	17 18	16 16	16 13	16 74.0% 10	55%	≥93%	70.8%	≥93%

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	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)	11	11	17	14	14	17	14	14	18	9	14	13	10	15		≥85%	65.4%	≥85%
		66.3%													63.7%				
		4	4	10	11	7	12	11	7	14	5	9	7	3	6				
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)	5	6	3	3	4	8	8	7	8	7	7	6	3			≥75%	81.1%	≥75%
		77.3%													81.3%				
		1	8	2	2	5	9	5	5	8	7	5	3	2					
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)	14	17	16	16	16	16	18	16	15	17	15	13	13			≥96%	92.4%	≥96%
		80.8%													90.9%				
		9	16	12	13	13	12	14	20	12	10	14	11	5	9				
		17																	
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)	13	14	14	14	14	7	15	16	15	17	16	16	17			≥96.0%	73.8%	≥96.0%
		87.9%													16				
		12	12	11	9	13	6	16	16	15	15	18	19	18	18				
															72.2%				

R&D Performance		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
43	Comparative CRN Recruitment Performance - non-weighted	4	5	6	7	7	14	15	15	13	14	17	19	19	21	17	Top 10	-	-
44	Comparative CRN Recruitment Performance - weighted	7	7	7	8	10	10	10	11	9	9	6	12	14	15	12	Top 5	-	-
45	Study set up times - 80% target for issuing Capacity & Capability within 40 Days of Site Selection										25%	47%	59%	64%	46%	60%	-	-	-
46	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	177.0%	93.7%	85.3%	23.5%	71.4%	79.2%	166.3%	69.5%	35.6%	50.7%	32.6%	28.2%	26.0%	9.2%		≥5%	-	-

Local Integration		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
47	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	193	-
48	Emergency Department activity - type 1 This year vs. last year																-	67,155	-
49	Percentage of virtual appointments as a proportion of all outpatient consultations This year vs. last year																≥25%	29.0%	≥25%

Digital		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
50	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)	132,369														174,481	-	170,987	-
51	My Medical Record - UHS patient logins (number of logins made within each month)	24,975														31,100	-	31,195	-
52	Average age of IT estate Distribution of computers per age in years	0	0	16	38	83	133	333	854	1077	1158	2476	3065	1669	362		-	-	-
		13	12	11	10	9	8	7	6	5	4	3	2	1	0				
53	CHARTS system average load times - % of pages loaded under 5s													99.75%	99.72%	99.73% 99.81% 99.77% 99.82%			
53	Data only available from April 2023 onwards																		
		Q3 22-23			Q4 22-23			Q1 23-24			Q2 23-24			Q3 23-24					
54	blocked Average # Malware attempts blocked per month (10s) Average # Phishing emails blocked per month (100s) Average # Ransomware attempts blocked per month	1222	346	1	3673	262	7	1005	114	5	1005	61	38	2479	71	2	-	-	-
	Latest cyber security data was not available at the time of publication.																		
55	Inpatient noting progress Left axis: IP Noting data recorded (100s) IP Noting unique user views Right axis: IP pages scanned (1000s)	NEU go live		EYE go live		CV&T go live		T&O go live			Med go live		Sur go live				-	-	-
55	IP Noting went live in Oct-22. CGs going live are marked on green line.																		