

Report to the Trust Board of Directors				
Title:	Finance Report 2024-25 Month 5			
Agenda item:	N/A – No meeting			
Sponsor:	Ian Howard – Chief Financial Officer			
Author:	Philip Bunting – Director of Operational Finance David O’Sullivan – Assistant Director of Finance – Financial Performance			
Date:	27 September 2024			
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:	<p><u>Headlines</u></p> <p>UHS reported a headline financial position of:</p> <ul style="list-style-type: none"> • Month 5 - £3.8m deficit (£2.1m adverse to plan) • Year to date - £20.6m deficit (£7.6m adverse to plan) <p>Whilst the position remains extremely challenging, there continues to be an improving month on month trend with the in-month deficit reducing from £3.9m to £3.8m. Underlying financial improvement remains more significant with month-on-month improvement being illustrated over the first five months of 2024/25.</p> <p><u>Overall Narrative</u></p> <p>The Trust is continuing to substantively deliver on financial improvements where outcomes are within its direct control. For example:</p> <ul style="list-style-type: none"> • The Trust has delivered LOS improvements for PO patients of 5%, supporting surge capacity to remain closed. • We have delivered an increase in First Outpatient appointments of 10% and Advice and Guidance of 10%, supported by a reduction in follow-up appointments of 9%. Our Outpatient First/Procedure to Follow-up ratio has improved to 53%, above the 46% national target. • The Trust has implemented new workforce controls embedded within Divisions, which have been widely supported. We are significantly below our pay expenditure plan. • We are currently utilising agency for 0.6% of our total workforce, significantly below the national target of 3.2%. • Our temporary staffing (bank and agency) is below plan by £4m, and £6m below than the same point in 23/24. • UHS is performing well on ERF activity through transformation programmes and other initiatives, with YTD performance at 126% of baselines, above the overall national target of 107% (although marginally below our plan). • UHS has delivered £25m CIP by M5, which is £4m above the trajectory from 23/24. • Since March 24, our ERF performance has increased by 9%, and at the same time our staffing levels have reduced by 2%. 			

However, a number of issues have presented in year which has created a financial variance, some of which are outside of the organisations full control:

- Industrial Action (£1.5m) – the junior doctor strike in late June / early July has dampened the level of ERF income by c£1m and resulted in additional direct costs of c£0.5m.
- Consultant pay award (£0.9m YTD) – there is a gap between funding and estimated cost of implementing the consultant pay award.
- Increase to the Specialist Commissioning ERF Target (£0.5m YTD) – due to a national imbalance a further increase was applied to the ERF target for UHS that will result in unremunerated activity of £1.2m for 24/25.
- System Related CIPs undelivered (£3.9m) – the four system related CIP schemes (reducing NCTR patients / reducing MH patients / Corporate cost reductions / additional service development fund income) are working collaboratively across the system; however, output metrics that support reduction in provider costs have not yet materialised.
- UHS have YTD performed circa £13.5m of activity above block contract levels, which is unfunded.

Further to this, within the Trust a pay underspend YTD is offsetting non pay pressures and income shortfalls against plan. Additionally, several one-off benefits have helped support the position with a VAT benefit from prior years delivering £0.7m in month.

Funding Uncertainty

There are a number of items expected to impact the financial position in M6 or future months. These include:

- Non-recurrent deficit support funding has recently been confirmed to be received in M6. This will result in a revised financial plan from M6-M12. UHS is anticipating receiving c£11m.
- ERF final performance for 2023/24 has yet to be confirmed. We are expecting a reduction to our 24/25 target, which will give an upside to our current reported position.
- ERF performance to date in 2024/25 has yet to be shared – it is normally 3 months in arrears. We are estimating performance using local data. For every month that information is delayed we are increasing the level of risk and potential variation within our reported numbers.
- Industrial action – we are anticipating a share of national funding, which would improve our current position.
- Specialised Commissioning ERF target – as mentioned above, this was increased unexpectedly in 24/25. We have submitted a challenge nationally as part of the contractual process for 24/25 and are awaiting the outcome.
- Pay award funding – we are awaiting confirmation of the value of funding to be received in relation to confirmed 24/25 pay awards, including cash to support backdated payments being made in M6.

These factors could cause some volatility in reported financial positions in coming months. We will ensure our underlying position takes these movements into account.

Underlying Position

The Trust started the year with an underlying deficit of circa £7m per month, with underlying pressures from 23/24 being added to by real-terms funding reductions. The position has improved month on month with August estimated to have an underlying deficit of £5.5m. The year-to-date underlying deficit is evaluated to be a £30.7m deficit with £10.1m of non-recurrent benefits supporting the position hence a position of £20.6m deficit reported.

Cash

The Trusts underlying deficit continues to drive a deterioration in the month-on-month cash position. August ended with a cash balance of £23.8m that is marginally higher than the recently reforecast position. As per previous updates the cash recovery plan has been enacted and close working with commissioners has helped ensure cash inflows are timely.

Capital

Capital expenditure of £14.2m YTD is slightly behind plan (£1.9m variance), however leaves over £44m to be spent across the remainder of 24/25. Changes to the Building Safety Act have created delays and overspends in several key projects notably the Neonatal expansion.

Trust Investment Group reviewed the most likely forecast that illustrated a high degree of certainty that the capital expenditure plan for 24/25 would be delivered, however did create challenge for 25/26 with slippage greater than planned. This will be reviewed in the context of capital planning and prioritisation for 25/26 over the coming months.

Pay Awards

Agenda for Change pay awards and junior doctor pay awards have now been proposed for 2024/25. The resident doctors pay award has now been ratified by the BMA. As stated above the Trust has yet to receive any official guidance on the funding envelope being made available for these and how this will be distributed to providers. No funding gap is assumed within the forecast scenario referred to above.

Procurement Act 2023

The Transforming Public Procurement programme introduction within the NHS has been delayed from October 24 to February 25. This will provide additional time for our procurement team (WPL) to consider all aspects of the Act, particularly as not all schedules have yet been released nationally.

The Transforming Public Procurement programme aims to improve the way public procurement is regulated in order to:

- create a simpler and more flexible, commercial system that better meets our country's needs while remaining compliant with our international obligations
- open up public procurement to new entrants such as small businesses and social enterprises so that they can compete for and win more public contracts
- embed transparency throughout the commercial lifecycle so that the spending of taxpayers' money can be properly scrutinised.

Transforming Public Procurement - GOV.UK (www.gov.uk)

<https://www.gov.uk/government/collections/transforming-public-procurement>

WPL will provide an update to Finance & Investment Committee on the implications once a full impact assessment has been undertaken and all schedules are available. A short guide is appended in appendix 1.

Next Steps

- We are continuing to prioritise focus on delivery of transformation programmes, with significant energy going in across the Trust. The Trust Executive Committee in September was repurposed to focus on this.

	<ul style="list-style-type: none"> • We are maintaining our performance on workforce through robust controls and governance. • We are engaged and supporting Tim Briggs review within HIOW, focussing on a number of specialties. • We have requested and received support from the RSP programme to bring in additional resource to support GIRFT reviews. We have identified individuals who have now started to support this programme. • Reviews of productivity movements have been progressed, including a tool which compares cost growth to cost-weighted activity movements at Care Group level. This is currently being rolled out to Divisions as a support tool to identify areas for improvement. • The Trust Savings Group process continues to provide governance and direction to a number of improvement programmes across the Trust. • We are engaging with external consultants to provide additional focused resource and deliver improvements at pace on non-pay and external contracts.
Implications:	<ul style="list-style-type: none"> • Financial implications of availability of funding to cover growth, cost pressures and new activity. • Organisational implications of remaining within statutory duties. • Trust remains within the NHSE Recovery Support Programme, until the system collectively achieves a run-rate break-even position.
Risks: (Top 3) of carrying out the change / or not:	<ul style="list-style-type: none"> • Financial risk relating to the underlying run rate and projected potential deficit if the run rate continues. • 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.
Summary: Conclusion / recommendation	Trust Board is asked to: <ul style="list-style-type: none"> • Note the finance position.



The Procurement Act 2023

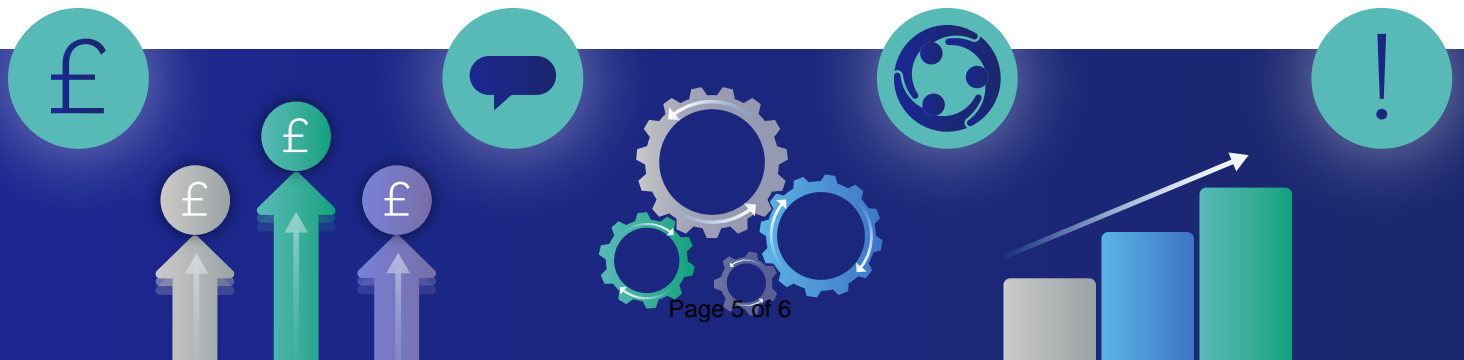
– a short guide for senior leaders

The rules governing public procurement are changing - the new Procurement Act will improve the way procurement is done, so that every pound goes further for our public services.

This transformation of public procurement represents a big change for all public bodies, which between them spend £300bn per year. It will create simpler, more flexible and effective procurement. The Procurement Act brings a range of benefits, including:

- creating a simpler and more flexible commercial system that better meets our country's needs while remaining compliant with our international obligations
- opening up public procurement to new entrants such as small businesses and social enterprises so that they can compete for and win more public contracts. Further details at gov.uk/government/publications/benefits-for-prospective-suppliers-to-the-public-sector
- taking tougher action on underperforming suppliers and excluding suppliers who pose unacceptable risks
- embedding transparency throughout the commercial lifecycle so that the spending of taxpayers' money can be properly scrutinised

We expect the new regime will go live in October 2024, following a notice period of at least 6 months.



The Cabinet Office will be rolling out a comprehensive programme of learning and development for procurement and commercial teams and other staff whose work touches on procurement need to be aware of the changes - including contract managers, finance teams, service commissioners, legal advisers and reporting teams. In order to take full advantage of the new regime, organisations should treat this as an organisational change programme.

We have asked procurement and commercial teams to:

- think about future pipelines of work and which procurements in 12 months+ would benefit from new flexibilities
- review commercial strategies including planning, governance, assurance and resources to enable the implementation of the new regime
- consider who will attend funded training and work with us on operational rollout
- share the aims of reform widely with senior stakeholders and change makers
- help us communicate the changes with suppliers and encourage the market to come with us

There is a great opportunity to make procurement processes better to deliver outcomes for taxpayer - this needs support from budget holders and policy designers. Senior leaders can support the process by encouraging:

- a named individual in their organisation to take responsibility for co-ordinating and championing the change, including within their wider organisational family where appropriate
- early engagement by policy with commercial teams - this is key to delivering innovation and getting the most from the market
- use of the new flexibilities in procurement and champion this change across government and wider public sector - in order for this reform to be effective, we need to drive behavioural change
- commercial teams to take time for the learning and development when available

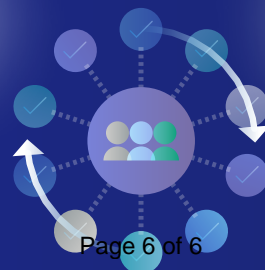
The Procurement Act has the potential to make a huge difference, and your engagement is essential to the outcomes we all want to see. Make sure your organisation is ready to grasp the opportunity.

The Transforming Public Procurement landing page provides further information about the new regime and the L&D, guidance and support that Cabinet Office is providing. We will continue to add material here, and share resources with our network of interested parties, as we move towards go-live. See [gov.uk/government/collections/transforming-public-procurement](https://www.gov.uk/government/collections/transforming-public-procurement)



GUIDANCE

SUPPORT



Report to the Trust Board of Directors				
Title:	Performance KPI Report 2024-25 Month 5			
Agenda item:	N/A – No meeting			
Sponsor:	David French, Chief Executive Officer			
Author	Sam Dale, Associate Director of Data and Analytics			
Date:	27 September 2024			
Purpose	Assurance or reassurance Y	Approval	Ratification	Information Y
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	Trust Board is requested to note the report.			

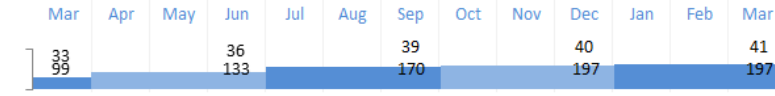
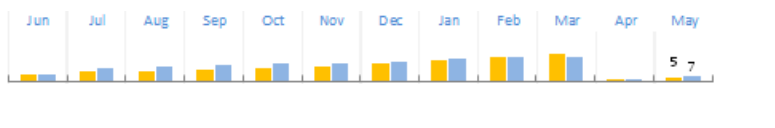
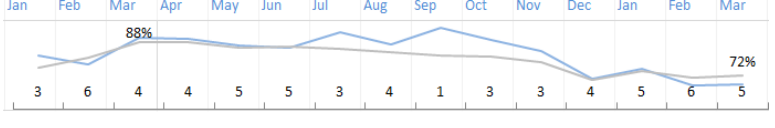
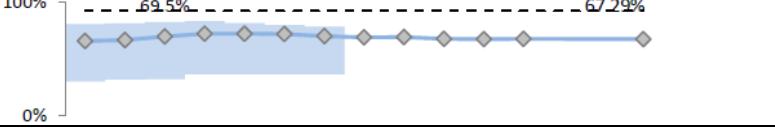
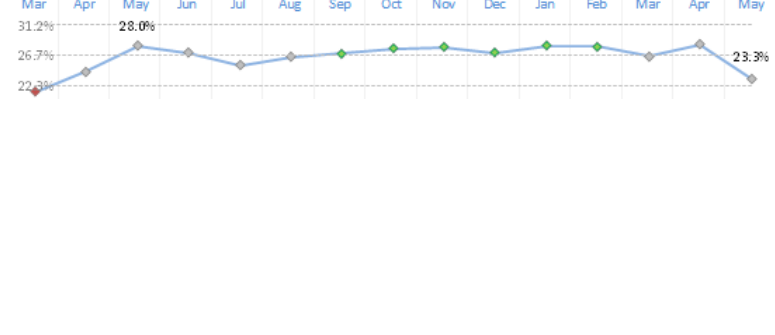
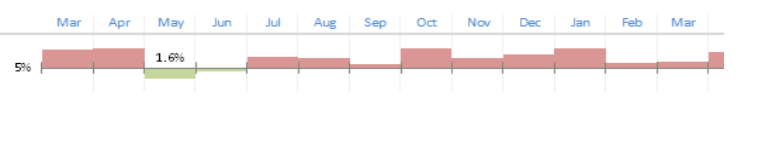
Performance KPI Board Report

Covering up to
August 2024

Sponsor – David French, Chief Executive Officer

Author – Sam Dale, Associate Director of Data and Analytics

Report guide

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

Introduction

The Performance KPI Report is prepared for the Trust Board members each month 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:

- 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.
- As there is no board meeting taking place for the Month 5 report, the regular 'Spotlight' section of this performance paper is not included for discussion.

Summary

Areas of note in the appendix of performance metrics include: -

1. The Emergency Department performance for Type 1 attendances reduced from 70.6% in July 2024 to 67.4% in August 2024. The trust ranks in 6th place for Type 1 performance when compared to peer teaching hospitals.
2. The overall RTT waiting list decreased by 1.3% from 60,461 (July 2024) to 59,649 (August 2024). This is the second month in a row that the waiting list has reduced since the peak level of 60,578 reported for June 2024.
3. The trust continues to report zero patients waiting over 104 weeks and reported nine patients waiting over 78 weeks for August 2024. We expect this number to continue to reduce to zero as corneal tissue has now been issued by the NHS Blood and Transfusion service to ensure our longest waiting ophthalmology patients are treated.
4. The trust reported 43 patients waiting over 65 weeks for August 2024 which reflects a continuous month on month reduction as we work towards the national target to have zero patients waiting over 65 weeks. Again the majority relate to corneal transplant delays. The trust ranks in first place for the latest comparative information for this metric compared to twenty equivalent teaching hospitals across the UK.
5. There was a small decline in Cancer performance for 28 day faster diagnosis (80.8%) but a significant improvement in the 31 day standard (93.4%). The Trust ranks in the second quartile when compared to peer teaching hospitals for all key cancer metrics for the latest available month (July 2024).
6. The average number of patients per day not meeting the Criteria to Reside in hospital reduced in both July (216) and August (201).
7. There were zero never events and zero Patient Safety Incident Investigations reported for August 2024.
8. The trust is reporting an increase in category 2 and category 3 pressure ulcers for August 2024. There is increased focus on educating staff on the importance of skin inspections throughout admission alongside the appropriate steps for patient repositioning throughout their spell. An update to the body map location on our Inpatient Noting system will also support that process and recording.
9. The hospital is reporting an increase in the digital metric for the number of patient logins for My Medical Record. This reflects the upload of past and future appointments for oncology patients into the system and appropriate notification to this cohort of patients.

Ambulance response time performance

The latest unvalidated weekly data is provided by the South Central Ambulance Service (SCAS). In the week commencing 16th September 2024, our average handover time was 16 minutes 29 seconds across 739 emergency handovers and 24 minutes 31 seconds across 45 urgent handovers. There were 47 handovers over 30 minutes and 15 handovers taking over 60 minutes within the unvalidated data. Across August the average handover time was 14 minutes 37 seconds.

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 eleven 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>

		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	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	4	4	4	4	4	4	4	4	4	4	4	4	4	≥92%	63.7%	
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)	13	10	15	6	9	7	6	4	3	7	4	9	7	7	74.5%	≥70%	73.7%	
39 - As of April 2024, YTD and Monthly targets changed from 85% to 70% in line with latest operational guidance																			
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)	9	8	8	12	10	11	8	4	4	4	9	6	8	6	10	67.44%	≥95%	68.1%
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	11	10	10	8	7	7	7	7	5	4	5	5	5	5	6	12.8%	≤5%	11.1%
37 - As of April 2024, YTD and Monthly Target changed from 1% to 5% to reflect latest guidance																			

Outcomes		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
1	HSMR (Rolling 12 Month Figure) - UHS HSMR (Rolling 12 Month Figure) - SGH	86.72												91.18	89.58		≤100	86%	≤100
2	HSMR - Crude Mortality Rate	2.8%															<3%	2.2%	<3%
3	Percentage non-elective readmissions within 28 days of discharge from hospital	11.8%															-	11.9%	
		Q2 23-24		Q3 23-24		Q4 23-24		Q1 24-25		Q2 24-25		Quarterly target							
4	Cumulative Specialties with Outcome Measures Developed (Quarterly)	72	73	75	76	76						+1 Specialty per quarter							
5	Developed Outcomes RAG ratings (Quarterly)	37	41	41	36	39	75	67	62	77	75	333	335	334	342	327		x	
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		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target									
6	Cumulative Clostridium difficile Most recent 12 Months vs. Previous 12 Months	35	60	47	66	55	72	65	81	73	91	77	97	84	05	4	12	12	19	27	29	35	38	49	51	≤5	51	≤25
7	MRSA bacteraemia	0	0	0	0	0	0	1	2	1	2	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
8	Gram negative bacteraemia	19	28	16	21	15	28	20	18	22	19	16	31	25	25	29	19	≤19	129	≤87								
9	Pressure ulcers category 2 per 1000 bed days	0.44																<0.3	0.39	<0.3								
10	Pressure ulcers category 3 and above per 1000 bed days	0.30																<0.3	0.29	<0.3								
11	Medication Errors (severe/moderate)	3																≤3	11	15								
12	Watch & Reserve antibiotics, usage per 1,000 adms Most recent months vs. 2023/24																	<2665	2,545	<2662								
12 - Beginning June 2024, target and comparison changed in accordance with National Action Plan.																												

Safety		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
13	Patient Safety Incident Investigations (PSIIs) (based upon month reported, excluding Maternity)																-	4	-
13a	Never Events																0	2	0
14	Patient Safety Incident Investigations (PSIIs)- Maternity																-	0	-
15	Number of falls investigated per 1000 bed days																-	0.11	-
16	% patients with a nutrition plan in place (total checks conducted included at chart base)																≥90%	95%	≥90%
17	Red Flag staffing incidents																-	91	-
Maternity		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
18	Birth rate and Bookings Birth Rate - total number of women birthed Bookings - Total number of women booked																-	-	-
19	Staffing: Birth rate plus reporting / opel status - number of days (or shifts) at Opel 4.																-	-	-
20	Mode of delivery % number of normal birthed (women) % number of caesarean sections (women) % other																-	-	-

Patient Experience		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
21	FFT Negative Score - Inpatients																≤5%	0.7%	≤5%
22	FFT Negative Score - Maternity (postnatal ward)																≤5%	2.5%	≤5%
23	Total UHS women booked onto a continuity of carer pathway																≥35%	13.6%	≥35%
24	Total BAME women booked onto a continuity of carer pathway																≥51%	20.9%	≥51%
25	% Patients reporting being involved in decisions about care and treatment																≥90%	87.8%	≥90%
26	% Patients with a disability/reporting additional needs/adjustments met (total questioned at chart base)																≥90%	88.2%	≥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)																-	281	-

Access Standards		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target															
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 16)	9	8	8	12	10	11	8	4	4	4	9	6	8	6	10	≥95%	68.1%	≥95%															
29	Average (Mean) time in Dept - non-admitted patients																≤04:00	03:12	≤04:00															
30	Average (Mean) time in Dept - admitted patients																≤04:00	05:27	≤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)	4	5	4	4	4	4	4	4	4	4	4	4	4	4	4	62.8%	≥92%	63.7%	≥92%														
32	Total number of patients on a waiting list (18 week referral to treatment pathway)																-	59,649	-															
33	Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	9	8	8	8	8	8	9	10	9	10	10	10	9	9	4	3	3	3	2	2	2	2	2	3	3	4	3	2	2	1,934	≤1393	1206	≤1393

		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	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	4	5	5	3	3	3	3	3	3	3	2	2	1	43	0	43	0	
35	Patients on an open 18 week pathway (waiting 78 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	8	8	33	7	6	5	6	5	5	5	10	10	10	11	9	9	0	9	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)	14	17	15	16	12	13	13	1	1	1	1	1	1	1	1	0	0	-	0
36	Patients waiting for diagnostics	8,924																-	8,352	-
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	11	10	10	8	7	7	7	7	5	4	5	5	5	5	6	12.8%	≤5%	11.1%	≤5%
37 - As of April 2024, YTD and Monthly Target changed from 1% to 5% to reflect latest guidance																				

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
<p>39</p> <p>Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below)</p> <p>UHSFT</p> <p>Teaching hospital average (& rank of 20)</p> <p>South East average (& rank of 17)</p>																≥70%	73.7%	≥70%
<p>39 - From October 2023 data onwards, the 62 day standard metric published in NHS England data combines Urgent Suspected Cancer and Breast Symptomatic with previously excluded Screening and Upgrade routes.</p> <p>As of April 2024, YTD and Monthly targets changed to 70% in line with latest operational guidance</p>																		
<p>40</p> <p>Cancer 28 day faster diagnosis Percentage of patients treated within standard</p> <p>UHSFT</p> <p>Teaching hospital average (& rank of 20)</p> <p>South East average (& rank of 17)</p>																≥77%	83.7%	≥77%
<p>40 - As of April 2024, YTD and monthly targets changed from 75% to 77% in line with latest operational guidance</p>																		
<p>41</p> <p>31 day cancer wait performance - decision to treat to first definitive treatment (Most recently externally reported data, unless stated otherwise below)</p> <p>UHSFT</p> <p>Teaching hospital average (& rank of 20)</p> <p>South East average (& rank of 17)</p>																≥96%	90.2%	≥96%
<p>41 - From October 2023 data onwards, the 31 day standard metric published in NHS England data combines First Treatment and Subsequent Treatment routes.</p>																		

R&D Performance		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
43	Comparative CRN Recruitment Performance - non-weighted	19	19	21	17	17	16	15	15	15	15	9	7	6	9	9	Top 10	-	-
44	Comparative CRN Recruitment Performance - weighted	12	14	15	12	11	12	9	11	11	6	8	9	10	10		Top 5	-	-
45	Study set up times - 80% target for issuing Capacity & Capability within 40 Days of Site Selection	59%	64%	46%	60%	67%	46%	88%	55%	50%	64%	50%	55%	47%	100%	44%	-	-	-
46	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	84.7%	104.1%	9.2%	45.8%	133.3%	133.3%	84.7%	65.2%	157.6%	75.0%	26.8%	119.5%	70.7%	51.2%	90.2%	≥5%	-	-

Local Integration		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
47	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	214	-
48	Emergency Department activity - type 1 <i>This year vs. last year</i>																-	58,989	-
49	Percentage of virtual appointments as a proportion of all outpatient consultations <i>This year vs. last year</i>																≥25%	25.9%	≥25%

Digital		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
50	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)																-	209,848	-
51	My Medical Record - UHS patient logins (number of logins made within each month)																-	36,203	-
51 - The YTD Figure shown represents a rolling average of MMR logins per month within the current financial year																			
52	Average age of IT estate Distribution of computers per age in years																-	-	-
53	CHARTS system average load times - % of pages loaded under 3s																		
53 -Data only available from April 2023 onwards.																			
From April 2024 , metric was changed from % loading times under 5s to % loading times under 3s																			