| Report to the Trust Board of Directors | | | | |
|---|---|---|---|---|
| **Title:** | **Finance Report 2024-25 Month 2** | | | |
| **Agenda item:** | **N/A – No meeting** | | | |
| **Sponsor:** | **Ian Howard – Chief Financial Officer** | | | |
| **Author:** | **Philip Bunting – Director of Operational Finance**<br>**David O'Sullivan – Assistant Director of Finance – Financial Performance** | | | |
| **Date:** | **28 June 2024** | | | |
| **Purpose:** | **Assurance or reassurance** | **Approval** | **Ratification** | **Information**<br>**X** |
| Issue to be addressed: | The finance report provides a monthly summary of the key financial information for the Trust. | | | |

Response to the issue:

**Financial Plan**

UHS submitted a final 2024/25 operational plan to NHSE on 12th June. Within the delegated authority approved at Trust Board, UHS submitted an improved financial plan of a £14.5m deficit. In year, UHS is anticipating receiving an additional £11.2m of cash support.

To achieve the financial plan, a number of stretching assumptions need to deliver as expected, notably:

- There will be no industrial action in 2024/25 (this is at risk in June).
- System transformation programmes will deliver reduced levels of patients who no longer meet the criteria to reside, from 220 beds to 100 beds, delivering an £8.4m reduction in cost. This is phased from Q2.
- System transformation programmes will deliver reduced levels of patients with a primary mental health need who would be better cared for in an alternative setting, reducing agency and bank costs by £1.9m. This is phased from Q2.
- System transformation programmes will identify and deliver at least £3.4m of opportunities for collaboration within corporate services.
- UHS internal transformation programmes will deliver significant stretch targets within outpatients, optimising operating services and inpatient flow.
- Activity delivered within the Elective Recovery Fund (ERF) will increase from 118% in 23/24 to 136% in 24/25, which will be paid and result in additional income to the Trust.
- Overall, UHS will deliver £85m of CIP, circa 8% of addressable spend. This includes identification of £20m that remained unidentified at the time of the planning submission, as well as 6% reductions in non-pay expenditure.
- All pay awards are fully funded and inflation remains within funded levels.

We have written to HIOW ICB to outline the risks outlined above as part of our planning submission.

We have adapted our financial reporting to focus on the key delivery metrics that support the financial improvements required.

## Key Operational Measures

**Non-Criteria to Reside** – remains at circa 220. Impact of transformation targeted from Q2, but no

sign of improvement currently, noting we remain above May 23 levels (200) and levels have not fully reduced following a spike over winter.

**Mental Health –** our usage of temporary staffing to support patients with mental health needs has remained broadly static so far in 24/25. Our plan assumed benefits would be delivered from M6. 120 wte (for which 55 wte are agency) are being utilised to provide specialist care for these patients.

**Outpatients** – We are continuing our trend of increasing our new/procedure to follow-up ratio; however, we have further to go to achieve our stretch target.

**Optimising Operating Services –** theatre utilisation metrics are moving in the right direction, with utilisation increasing and on the day cancellations reducing. However, we have further to go to achieve our stretch targets.

**Inpatient Flow** – LOS has been marginally below 23/24 levels, with more promising signs in the last 2 weeks achieving the 5% target.

**ERF** – YTD our ERF position is 123%. Whilst this is above the 118% achieved in 23/24, our target has also increased by 4% due to the expectation of no industrial action in 24/25. The increase is therefore lower than our plan required.

## Underlying Financial Position

The Trust underlying financial position was £13.4m in 2 months, on average circa £6.5m deficit per month.

In 23/24, UHS operated at an average of £4.5m per month underlying deficit. Since 24/25, UHS income has reduced by an efficiency target and a "convergence" target, as well as repaying a prior year deficit. This has effectively resulted in a real-terms income reduction of £1.5m per month.

The plan to deliver additional efficiencies to off-set the reduction in funding has not yet materialised into the overall I&E position. ERF activity has increased; however, the target has also increased linked to industrial action. Non-pay costs have increased as a result of the increased ERF activity.

However, we remain below plan on pay costs as a result of the additional controls we implemented at the end of 23/24. This is particularly driven by reductions in the usage of bank staff. Surge capacity has reduced / remained closed in the last month as part of our inpatient LOS programme.

The benefit has been reduced by funding for the 23/24 consultant pay award not matching our full costs, with the funding formula not reflecting UHS' specialist nature and higher consultant cost base.

## M2 Financial Position

Overall, the Trust delivered a YTD deficit position of £8.4m, £2m worse than plan. The underlying position has been offset by a number of one-off benefits, including an additional recovery of VAT from prior years.

**Scenarios**

Within the plan submitted to Trust Board, we assessed the level of risk within the plan and highlighted a number of scenarios. These had a wide range of outcomes depending on the success of the system transformation programmes and internal stretch initiatives.

- Best case – achieve plan
- Moderate case - £44m deficit
- Intermediate case - £66m deficit
- High risk - £89m deficit

Over the last 2 months we have tracked towards the intermediate risk scenario, albeit our plan assumed additional benefits being delivered as we move through the financial year. It is vital we start to see improvements to our financial position and the performance metrics over the next couple of months if we are to maintain a chance of delivering to our plan position.

We have not yet fully agreed contract values with any commissioner and flag a risk that we may not be paid in line with our expectations aligned to the NHS planning guidance. There is a risk contracts remain unsigned by the national deadline of 5th July.

**Drivers of the Deficit**

The drivers of our underlying deficit have built up across a number of years, notably:

- We are undertaking activity above block levels for HIOW ICB. With the real terms income reduction applied to our contracts in 24/25, this has grown to £33m and may grow further during 24/25.
- In recent years, UHS has had £20m of funding reductions above standard NHS efficiency requires linked to “convergence to fair shares” of funding allocations. The activity levels undertaken by UHS has increased at the same time, with the majority of our funding being within fixed block values.
- Growth in the number of patients with no criteria to reside (NCTR), resulting in additional costs of staffing bed capacity.
- Growth in the number of patients presenting with a mental health condition, requiring additional temporary staffing, often requiring agency staff with specialist expertise.
- Funding for nationally negotiated pay awards continues to fall short of our cost increases.
- Non-pay inflation has outstripped funding levels in previous years. UHS was particularly exposed to gas price increases linked to our energy infrastructure.
- Our physical estate causes some inefficiencies, for example downtime of theatres.
- Whilst we have made progress with our digital infrastructure, we have lacked the funding to fully invest in digital transformation.

We continue to benchmark as upper quartile within Model Hospital for our cost base compared to activity levels and scored a 91 in the last National Cost Collection exercise (operating 9% more efficiently that the national average). We are however striving for improvements where we know there are further opportunities that are within our control, which is where our focus is with our transformation programmes.

**Cash**

Our cash position has reduced to £49m, down from £79m since March. This reduction is broadly aligned to our plan and is driven by capital creditor payments from 23/24 as well as our underlying financial deficit. An additional £11.2m of cash support is anticipated from July, which will support our position.

| | |
|---|---|
| | There is a risk that further NHSE cash support will be required later in the financial year should our underlying financial position not improve as per our plan. We continue to be vigilant with our cash position and will keep Board updated.<br><br>**Capital**<br><br>Our capital programme remains broadly on track to date. However, the Building Safety Regulator (BSR) process is currently delaying our start dates, in particular putting the Neonatal programme at risk. The BSR recently requested a further 2-week extension.<br><br>UHS has recently been awarded additional capital funding, which will be updated verbally. Given the timescales of the programme and potential BSR delays, we are therefore in a period of reprogramming to ensure we maximise our CDEL in 24/25. |
| Implications: | • Financial implications of availability of funding to cover growth, cost pressures and new activity.<br>• Organisational implications of remaining within statutory duties.<br>• 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: | • Financial risk relating to the underlying run rate and projected potential deficit if the run rate continues.<br>• Cash risk linked to volatility above.<br>• Inability to maximise CDEL (which cannot be carried forward) and the risk of a reducing internal CDEL allocation for 2024/25. |
| Summary: Conclusion and/or recommendation | Trust Board is asked to:<br>• Note the finance position. |

| Report to the Trust Board of Directors | | | | |
|---|---|---|---|---|
| **Title:** | **Performance KPI Report 2024-25 Month 2** | | | |
| **Agenda item:** | **N/A – No meeting** | | | |
| **Sponsor:** | **David French, Chief Executive** | | | |
| **Author** | **Sam Dale, Associate Director of Data and Analytics** | | | |
| **Date:** | **28 June 2024** | | | |
| **Purpose** | **Assurance or reassurance Y** | **Approval** | **Ratification** | **Information** |
| Issue to be addressed: | The report aims to provide assurance:<br>Regarding the successful implementation of our strategy<br>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 asked to note the report. | | | |

# Performance KPI Board Report

Covering up to
May 2024

Sponsor – David French, Chief Executive Officer
Author – Sam Dale, Associate Director of Data and Analytics

## Report guide

| Chart type | Example | Explanation |
|---|---|---|
| Cumulative Column | Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar<br>33 99 36 133 39 170 40 197 41 197 | 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 | Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May<br>5 7 | 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 | Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar<br>88% 72%<br>3 6 4 4 5 5 3 4 1 3 3 4 5 6 5 | 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 | 100% 69.5% 67.29% 0% | 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 | Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May<br>31.2% 28.0% 26.7% 22.3% 23.3% | 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 | Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar<br>5% 1.6% | 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. |

# Introduction

The Performance KPI Report is prepared for the Trust Board 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 in June, the regular 'Spotlight' section of this performance paper is not included for discussion.

Changes of note within the report itself: -

- 38 – The metric measuring two week wait performance for Cancer has been removed as this is no longer a nationally reported cancer metric with an associated target or published benchmarking.
- 54 - The metrics reporting volume of Cyber security attacks have been removed from public publications in line with recommended processes. These will be presented within internal papers as appropriate.

## Summary

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

1. Emergency Department attendance volumes (13,862 for all types in May) were the highest monthly volume since December 2022. Nevertheless ED performance for all attendance types was 71.3% and 69.1% for Type 1 which are the second highest positions since January 2022 on both metrics.
2. In May, the overall RTT waiting list increased by 0.6% from 59,485 (April 2024) to 59,812 (May 2024). We have seen a 3.6% increase seen since January 2024 which is predominantly driven by an increase in referrals particularly within specialties impacted by seasonal conditions.
3. The trust continues to report zero patients waiting over 104 weeks and reported 14 patients waiting over 78 weeks for May 2024. All 14 patients are within ophthalmology and impacted by the ongoing national shortage of corneal graft tissue which is being overseen by NHS Blood and Transplant service.
4. The trust reported 55 patients waiting over 65 weeks for May 2024 which is a 17% reduction since April 2024 (66 patients). Again the majority relate to corneal transplant delays (39 patients), a small cohort of complex patients waiting for surgery in Gynaecology and one off complex patients across single specialties who have now been treated in June.
5. Whilst there was a small decline in Cancer performance for both 28 day faster diagnosis (85.7%) and 31 day waits (90.8%), the Trust remains in the top half when compared to peer teaching hospitals for all cancer metrics and specifically ranked first for 28 day faster diagnosis.
6. The average number of patients per day not meeting the Criteria to Reside in hospital remained high but stable at 216 in May (215 in April).
7. There were zero never events reported for May 2024.
8. The trust reported an increase in medication errors (six in May 2024) although all reported cases have been categorised as moderate.
9. A maternity action plan was implemented during May to increase the service’s ability to provide antenatal screening by the recommended gestation and to offer women an antenatal booking appointment by 10 weeks of pregnancy. The successful implementation is illustrated in the increase in the number of women booked in May 2024.

**Ambulance response time performance**

The latest unvalidated weekly data is provided by the South Central Ambulance Service (SCAS). In the week commencing 3rd June 2024, our average handover time was 15 minutes 15 seconds across 751 emergency handovers and 16 minutes 24 seconds across 43 urgent handovers. There were 30 handovers over 30 minutes and four handovers taking over 60 minutes within the unvalidated data. The volume of weekly handovers over 60 minutes decreased by 60% from April 2024 (averaging 13 per week) to May 2024 (averaging 5.3 per week).

## 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

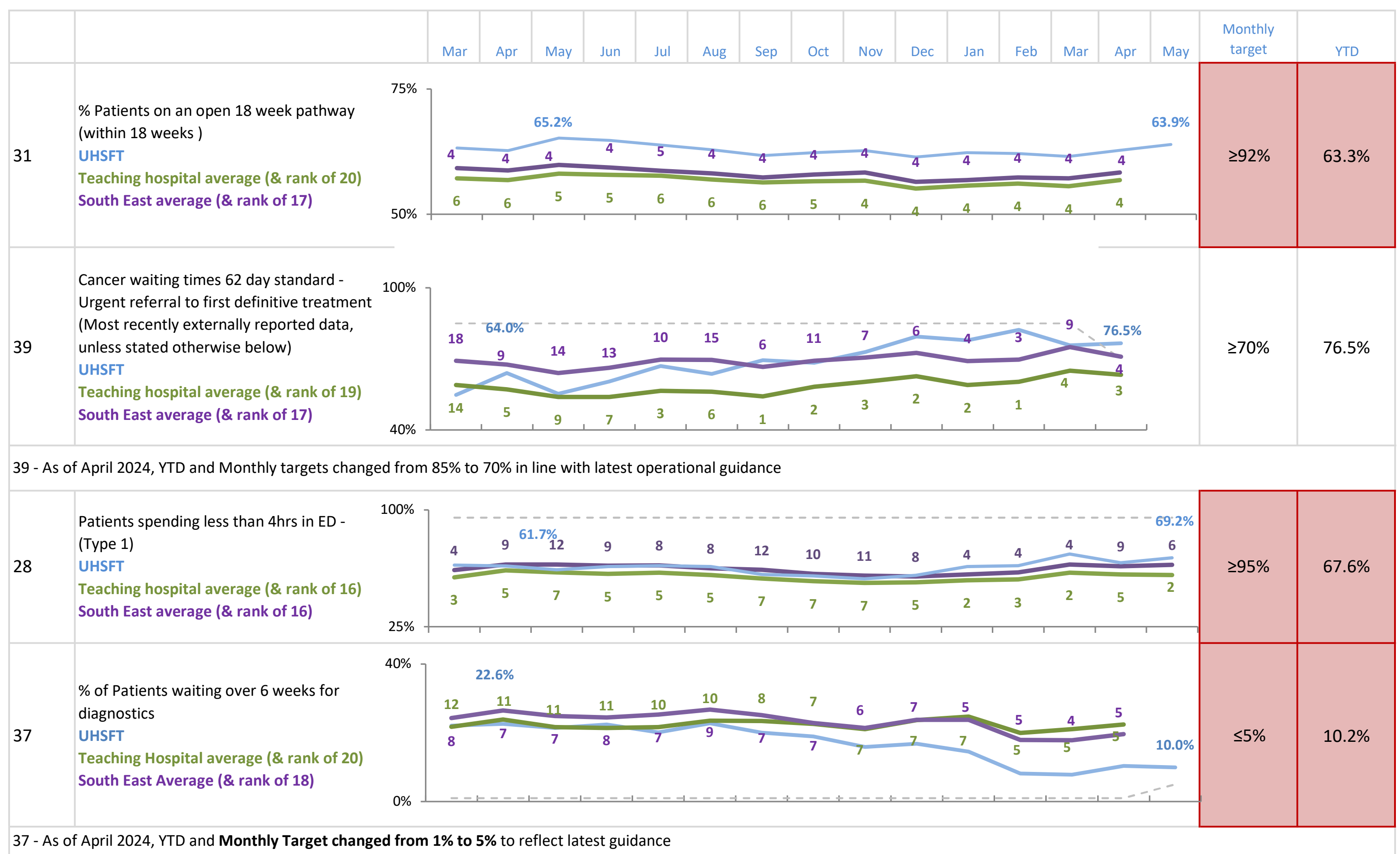
The NHS pledges to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution

- 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

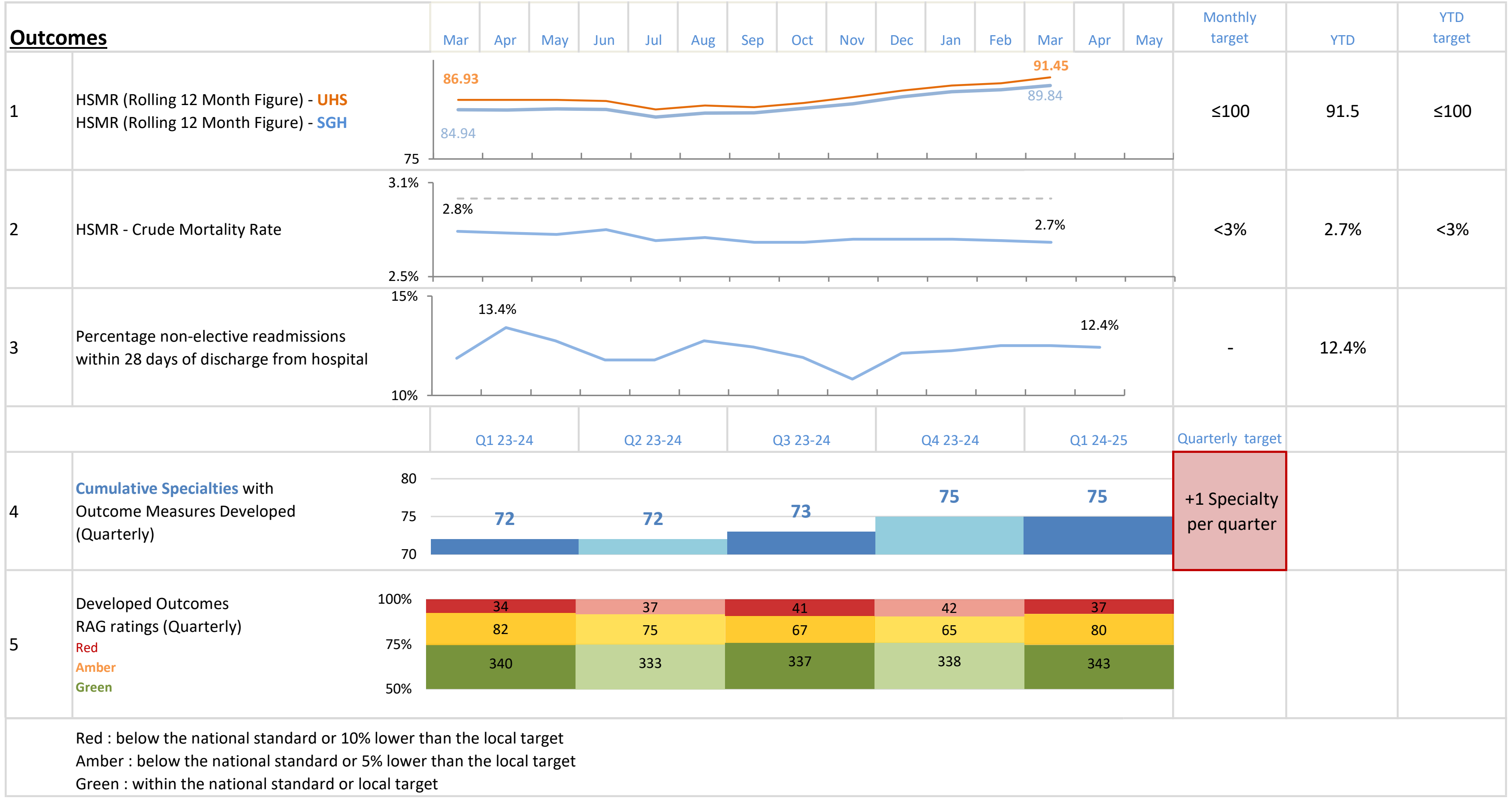
The handbook lists eleven of the government pledges on waiting times that are relevant to UHS services, such pledges are monitored within the organisation and by NHS commissioners and regulators.

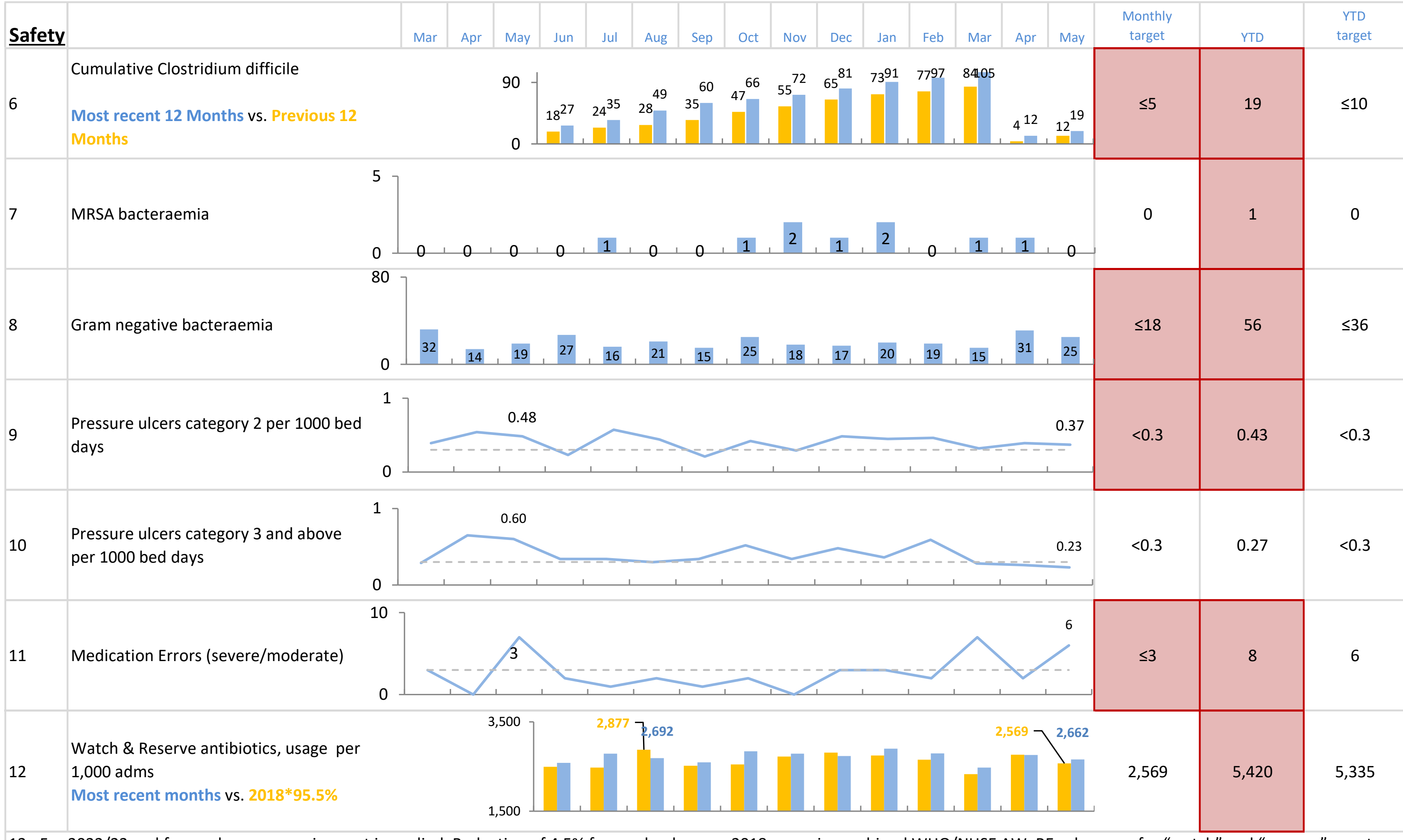
Performance against the NHS rights, and a range of the pledges, is summarised below. Further information is available within the Appendix to this report.

* 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



| | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Monthly target | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31 | % Patients on an open 18 week pathway (within 18 weeks )<br>UHSFT<br>Teaching hospital average (& rank of 20)<br>South East average (& rank of 17) | | | | | | | | | | | | | | | | ≥92% | 63.3% |
| 39 | Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below)<br>UHSFT<br>Teaching hospital average (& rank of 19)<br>South East average (& rank of 17) | | | | | | | | | | | | | | | | ≥70% | 76.5% |
| 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)<br>UHSFT<br>Teaching hospital average (& rank of 16)<br>South East average (& rank of 16) | | | | | | | | | | | | | | | | ≥95% | 67.6% |
| 37 | % of Patients waiting over 6 weeks for diagnostics<br>UHSFT<br>Teaching Hospital average (& rank of 20)<br>South East Average (& rank of 18) | | | | | | | | | | | | | | | | ≤5% | 10.2% |
| 37 - As of April 2024, YTD and **Monthly Target changed from 1% to 5%** to reflect latest guidance | | | | | | | | | | | | | | | | | | |


Outcomes
Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May
Monthly target
YTD
YTD target
1
HSMR (Rolling 12 Month Figure) - UHS
HSMR (Rolling 12 Month Figure) - SGH
86.93
91.45
89.84
84.94
75
≤100
91.5
≤100
2
HSMR - Crude Mortality Rate
3.1%
2.8%
2.7%
2.5%
<3%
2.7%
<3%
3
Percentage non-elective readmissions within 28 days of discharge from hospital
15%
13.4%
12.4%
10%
-
12.4%
Q1 23-24 Q2 23-24 Q3 23-24 Q4 23-24 Q1 24-25
Quarterly target
4
Cumulative Specialties with Outcome Measures Developed (Quarterly)
80
75
70
72 72 73 75 75
+1 Specialty per quarter
5
Developed Outcomes RAG ratings (Quarterly)
Red
Amber
Green
100%
75%
50%
34 37 41 42 37
82 75 67 65 80
340 333 337 338 343
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

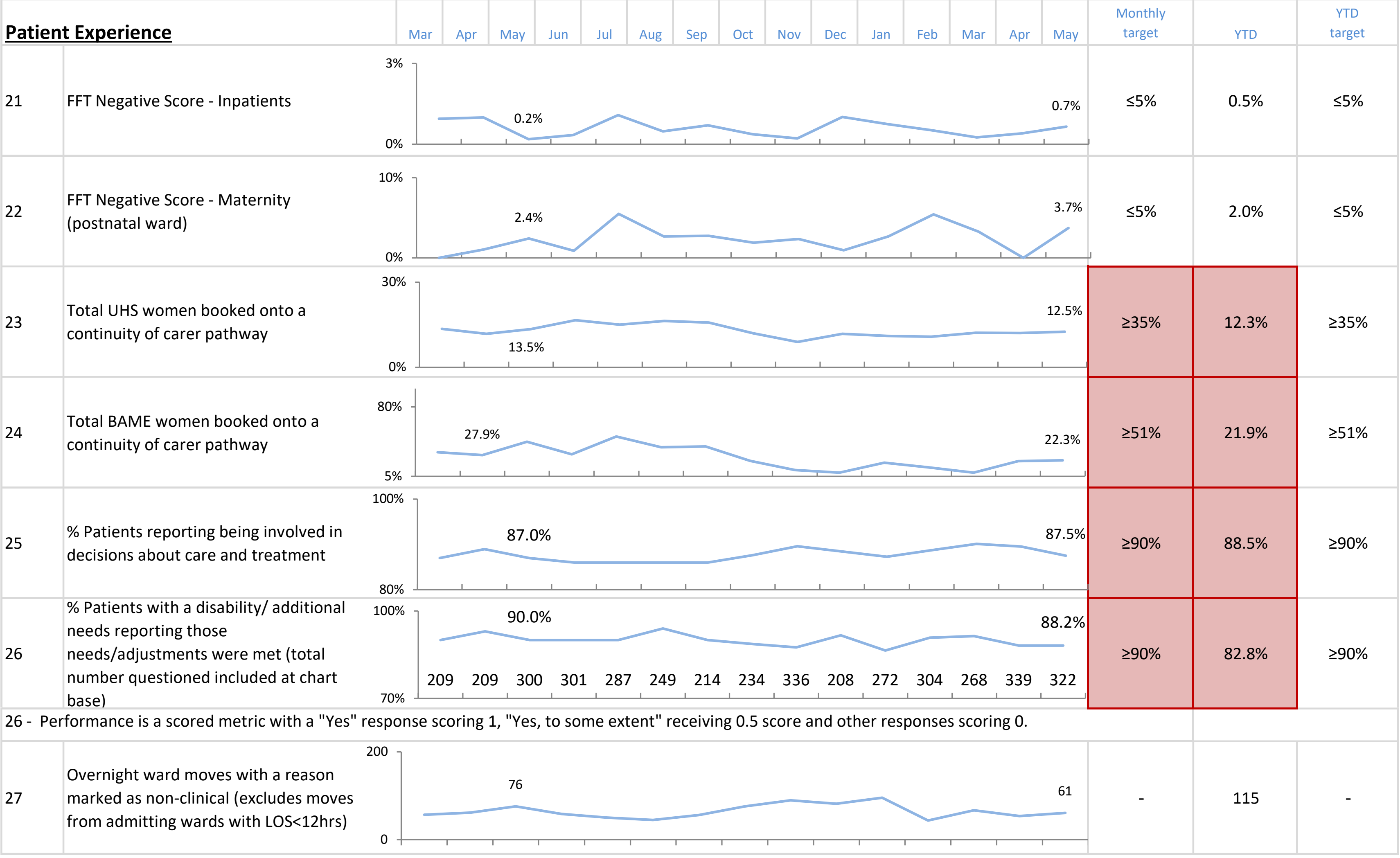



| **Safety** | | Monthly target | YTD | YTD target |
|---|---|---|---|---|
| 6 | Cumulative Clostridium difficile<br>**Most recent 12 Months** vs. **Previous 12 Months** | ≤5 | 19 | ≤10 |
| 7 | MRSA bacteraemia | 0 | 1 | 0 |
| 8 | Gram negative bacteraemia | ≤18 | 56 | ≤36 |
| 9 | Pressure ulcers category 2 per 1000 bed days | <0.3 | 0.43 | <0.3 |
| 10 | Pressure ulcers category 3 and above per 1000 bed days | <0.3 | 0.27 | <0.3 |
| 11 | Medication Errors (severe/moderate) | ≤3 | 8 | 6 |
| 12 | Watch & Reserve antibiotics, usage per 1,000 adms<br>**Most recent months** vs. **2018*95.5%** | 2,569 | 5,420 | 5,335 |

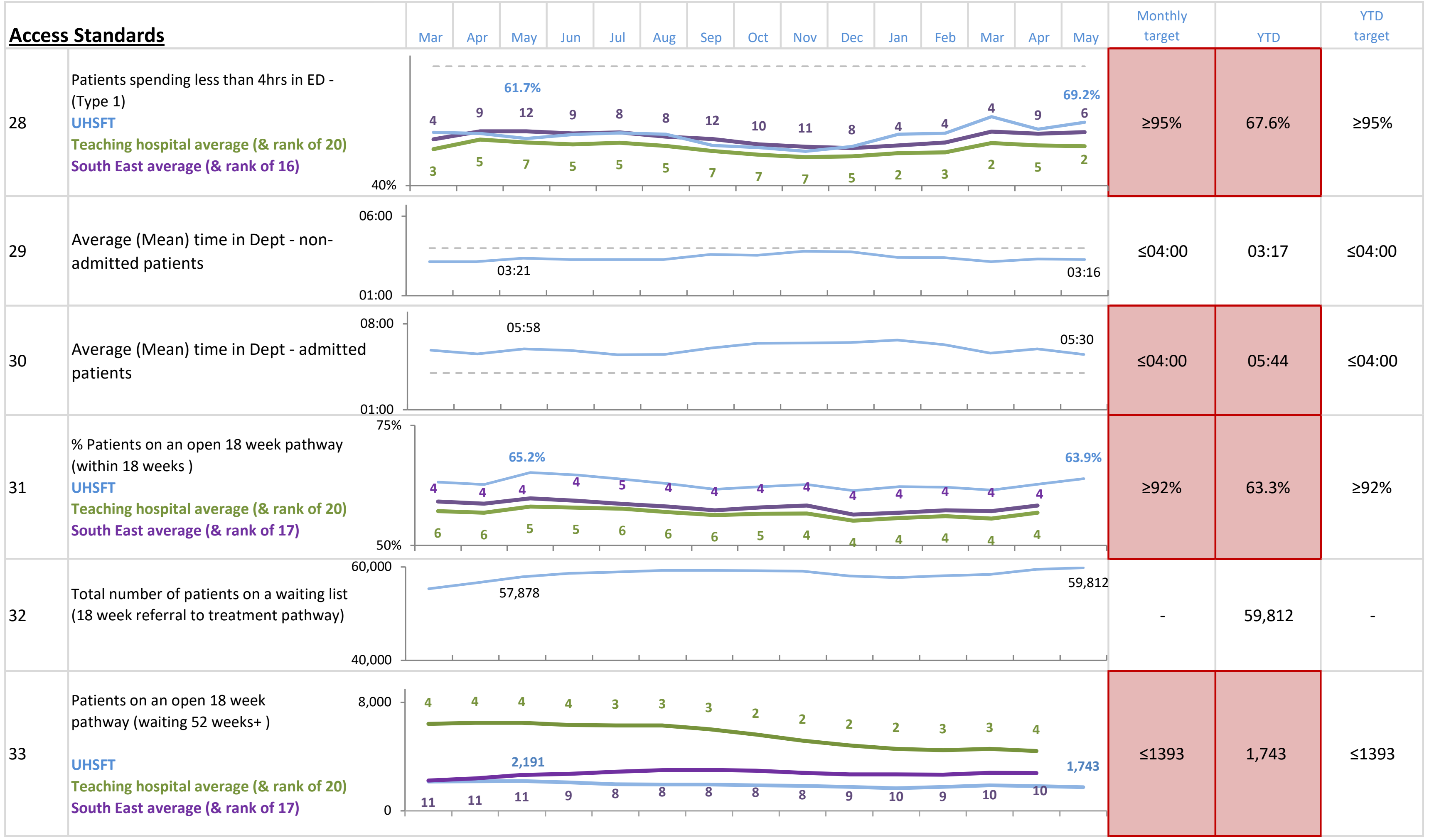
12 - For 2022/23 and forward, a new requirement is applied: Reduction of 4.5% from calendar year 2018 usage in combined WHO/NHSE AWaRE subgroups for "watch" and "reserve" agents. The performance data relate to successive FINANCIAL years, however the comparator denominator remains CALENDAR year 2018 (we are not using 2020 or 2021 due to the disruptive effect of COVID on both usage and admissions).

| Safety | | Monthly target | YTD | YTD target |
|---|---|---|---|---|
| 13 | Patient Safety Incident Investigations (PSIIs) (based upon month reported, excluding Maternity) | - | 4 | - |
| 13a | Never Events | 0 | 0 | 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 | - | 18 | - |

| Maternity | | Monthly target | YTD | YTD target |
|---|---|---|---|---|
| 18 | Birth rate and Bookings<br>Birth Rate - total number of women birthed<br>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<br>% number of normal birthed (women)<br>% number of caesarean sections (women)<br>% other | - | - | - |

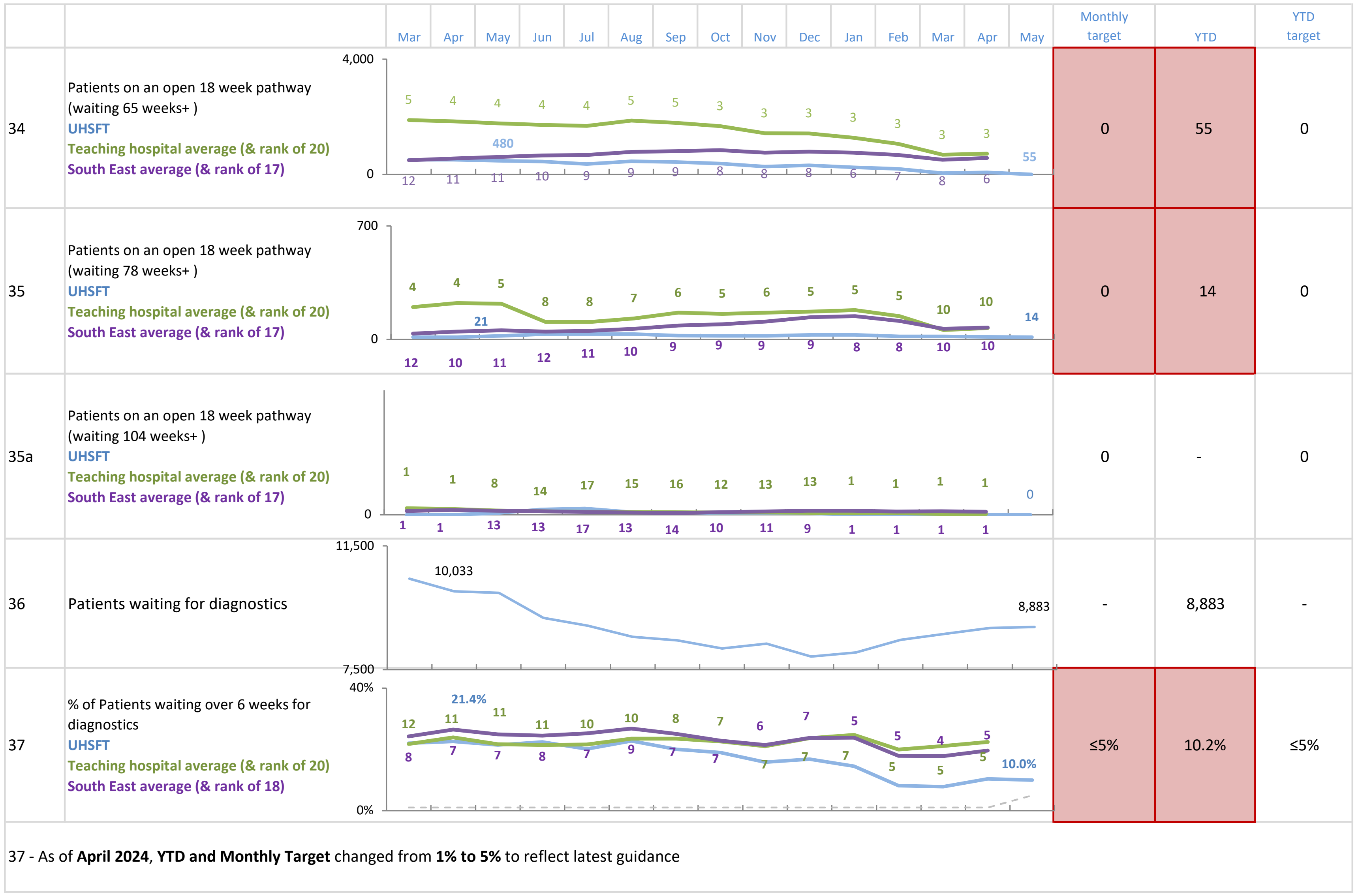


| | **Patient Experience** | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 21 | FFT Negative Score - Inpatients | | | 0.2% | | | | | | | | | | | | 0.7% | ≤5% | 0.5% | ≤5% |
| 22 | FFT Negative Score - Maternity (postnatal ward) | | | 2.4% | | | | | | | | | | | | 3.7% | ≤5% | 2.0% | ≤5% |
| 23 | Total UHS women booked onto a continuity of carer pathway | | | 13.5% | | | | | | | | | | | | 12.5% | ≥35% | 12.3% | ≥35% |
| 24 | Total BAME women booked onto a continuity of carer pathway | | 27.9% | | | | | | | | | | | | | 22.3% | ≥51% | 21.9% | ≥51% |
| 25 | % Patients reporting being involved in decisions about care and treatment | | | 87.0% | | | | | | | | | | | | 87.5% | ≥90% | 88.5% | ≥90% |
| 26 | % Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base) | 209 | 209 | 90.0%<br>300 | 301 | 287 | 249 | 214 | 234 | 336 | 208 | 272 | 304 | 268 | 339 | 88.2%<br>322 | ≥90% | 82.8% | ≥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) | | | 76 | | | | | | | | | | | | 61 | - | 115 | - |



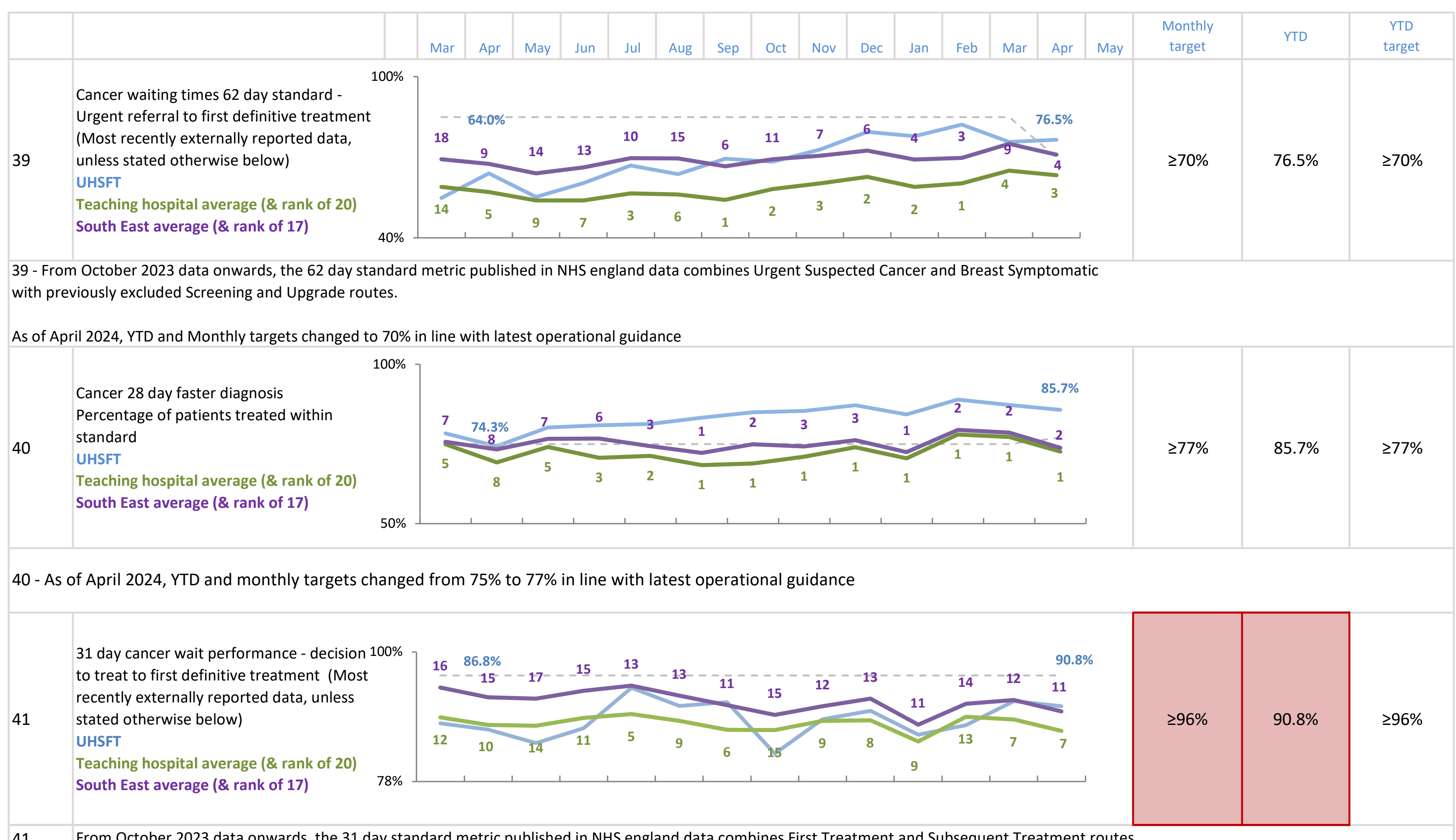
**Access Standards**

| | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 28 | Patients spending less than 4hrs in ED - (Type 1)<br>UHSFT<br>Teaching hospital average (& rank of 20)<br>South East average (& rank of 16) | | | | | | | | | | | | | | | | ≥95% | 67.6% | ≥95% |
| 29 | Average (Mean) time in Dept - non-admitted patients | | | | | | | | | | | | | | | | ≤04:00 | 03:17 | ≤04:00 |
| 30 | Average (Mean) time in Dept - admitted patients | | | | | | | | | | | | | | | | ≤04:00 | 05:44 | ≤04:00 |
| 31 | % Patients on an open 18 week pathway (within 18 weeks )<br>UHSFT<br>Teaching hospital average (& rank of 20)<br>South East average (& rank of 17) | | | | | | | | | | | | | | | | ≥92% | 63.3% | ≥92% |
| 32 | Total number of patients on a waiting list (18 week referral to treatment pathway) | | | | | | | | | | | | | | | | - | 59,812 | - |
| 33 | Patients on an open 18 week pathway (waiting 52 weeks+ )<br>UHSFT<br>Teaching hospital average (& rank of 20)<br>South East average (& rank of 17) | | | | | | | | | | | | | | | | ≤1393 | 1,743 | ≤1393 |

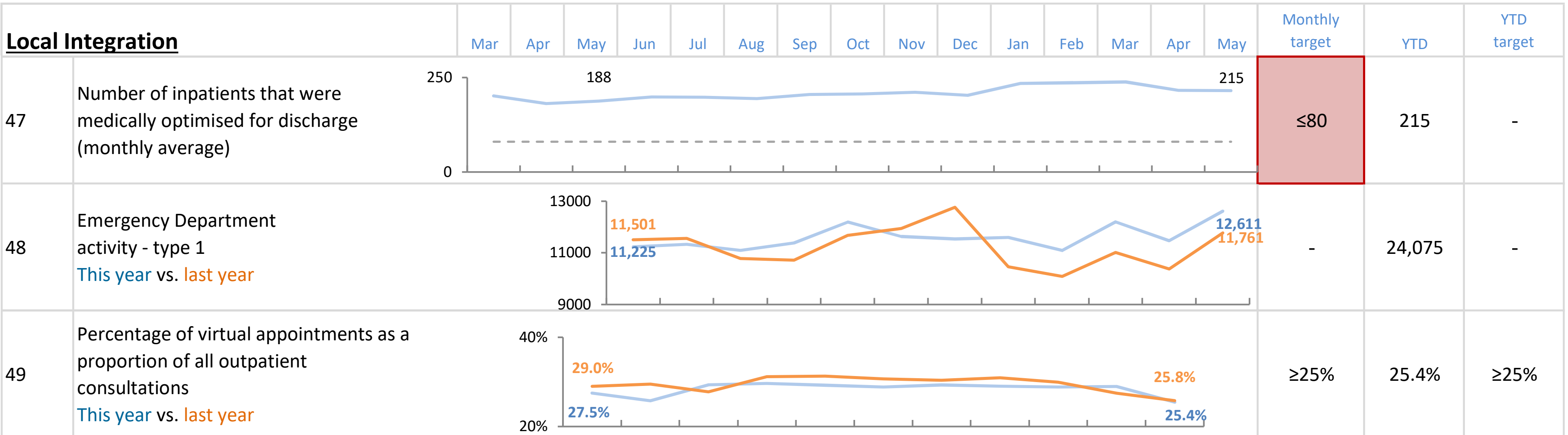


| | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 34 | Patients on an open 18 week pathway (waiting 65 weeks+ )<br>UHSFT<br>Teaching hospital average (& rank of 20)<br>South East average (& rank of 17) | | | | | | | | | | | | | | | | 0 | 55 | 0 |
| 35 | Patients on an open 18 week pathway (waiting 78 weeks+ )<br>UHSFT<br>Teaching hospital average (& rank of 20)<br>South East average (& rank of 17) | | | | | | | | | | | | | | | | 0 | 14 | 0 |
| 35a | Patients on an open 18 week pathway (waiting 104 weeks+ )<br>UHSFT<br>Teaching hospital average (& rank of 20)<br>South East average (& rank of 17) | | | | | | | | | | | | | | | | 0 | - | 0 |
| 36 | Patients waiting for diagnostics | | | | | | | | | | | | | | | | - | 8,883 | - |
| 37 | % of Patients waiting over 6 weeks for diagnostics<br>UHSFT<br>Teaching hospital average (& rank of 20)<br>South East average (& rank of 18) | | | | | | | | | | | | | | | | ≤5% | 10.2% | ≤5% |

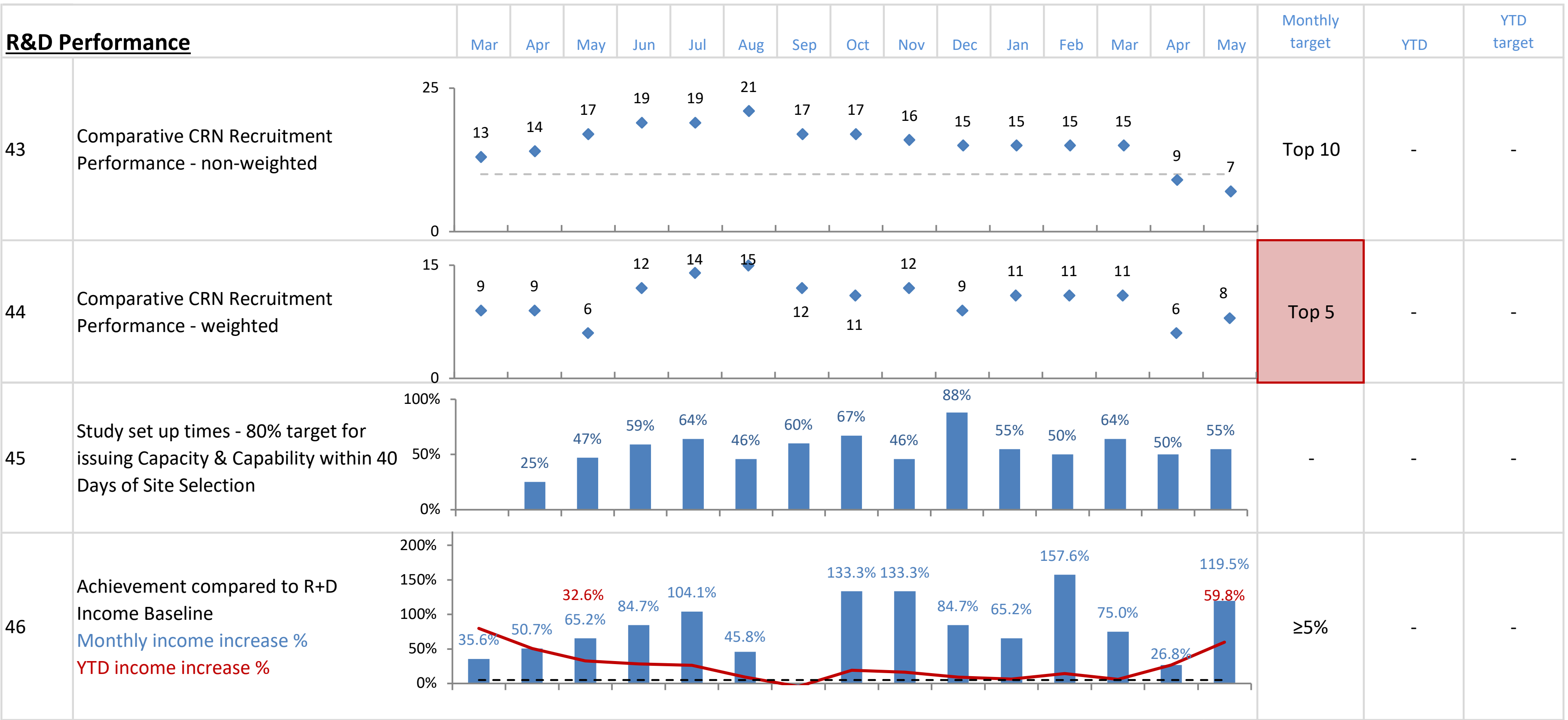
37 - As of **April 2024**, **YTD and Monthly Target** changed from **1% to 5%** to reflect latest guidance

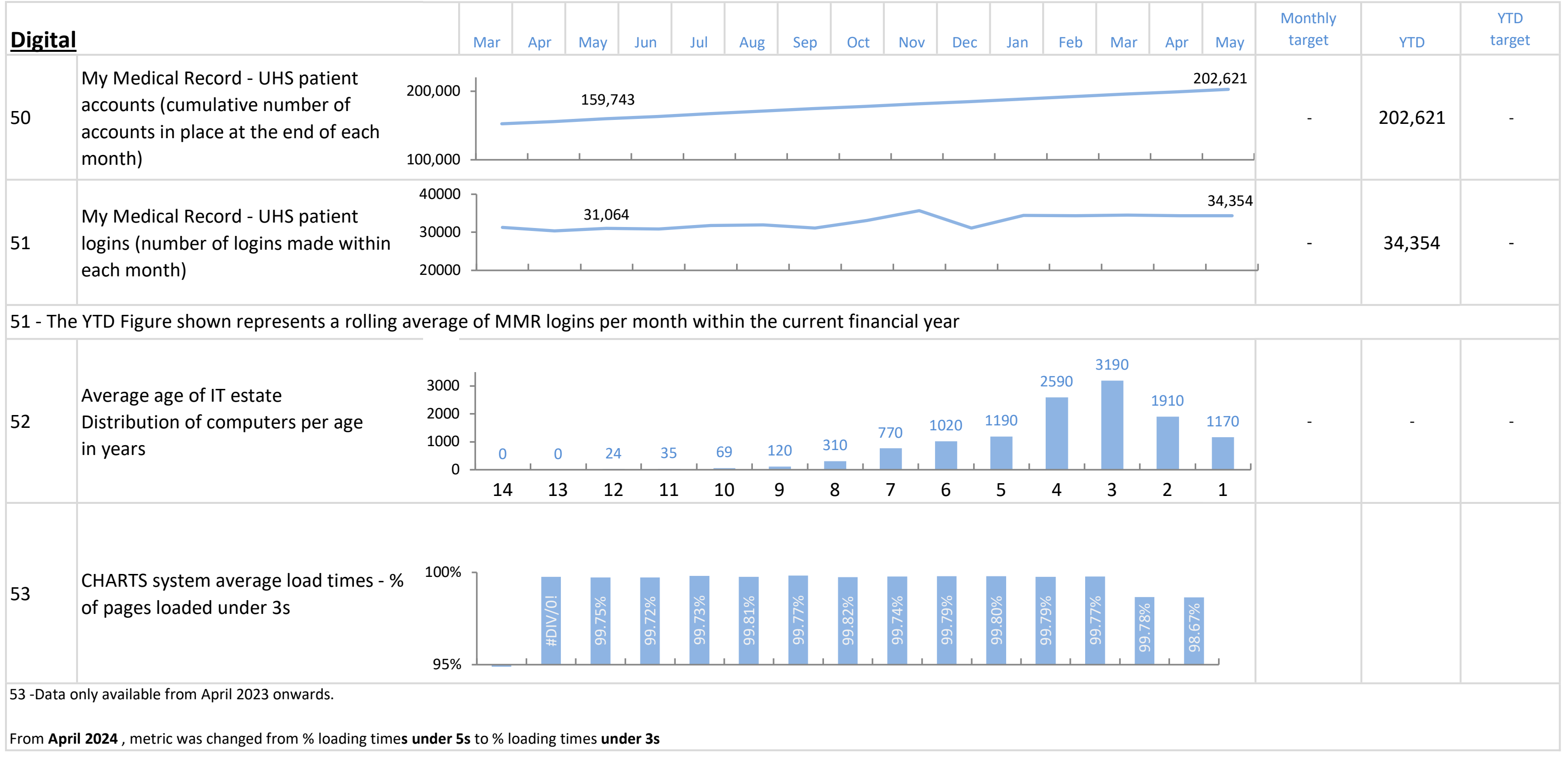



| | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 39 | Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below)<br>UHSFT<br>Teaching hospital average (& rank of 20)<br>South East average (& rank of 17) | | | | | | | | | | | | | | | | ≥70% | 76.5% | ≥70% |
| 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.<br><br>As of April 2024, YTD and Monthly targets changed to 70% in line with latest operational guidance | | | | | | | | | | | | | | | | | | | |
| 40 | Cancer 28 day faster diagnosis Percentage of patients treated within standard<br>UHSFT<br>Teaching hospital average (& rank of 20)<br>South East average (& rank of 17) | | | | | | | | | | | | | | | | ≥77% | 85.7% | ≥77% |
| 40 - As of April 2024, YTD and monthly targets changed from 75% to 77% in line with latest operational guidance | | | | | | | | | | | | | | | | | | | |
| 41 | 31 day cancer wait performance - decision to treat to first definitive treatment (Most recently externally reported data, unless stated otherwise below)<br>UHSFT<br>Teaching hospital average (& rank of 20)<br>South East average (& rank of 17) | | | | | | | | | | | | | | | | ≥96% | 90.8% | ≥96% |
| 41 | From October 2023 data onwards, the 31 day standard metric published in NHS england data combines First Treatment and Subsequent Treatment routes. | | | | | | | | | | | | | | | | | | |



| Local Integration | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 47 | Number of inpatients that were medically optimised for discharge (monthly average) | 250 / 0 | | 188 | | | | | | | | | | | | 215 | ≤80 | 215 | - |
| 48 | Emergency Department activity - type 1<br>This year vs. last year | 13000 / 11000 / 9000 | 11,501 / 11,225 | | | | | | | | | | | | | 12,611 / 11,761 | - | 24,075 | - |
| 49 | Percentage of virtual appointments as a proportion of all outpatient consultations<br>This year vs. last year | 40% / 20% | 29.0% / 27.5% | | | | | | | | | | | | | 25.8% / 25.4% | ≥25% | 25.4% | ≥25% |


R&D Performance
Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May
Monthly target
YTD
YTD target
43
Comparative CRN Recruitment Performance - non-weighted
25
0
13 14 17 19 19 21 17 17 16 15 15 15 15 9 7
Top 10
-
-
44
Comparative CRN Recruitment Performance - weighted
15
0
9 9 6 12 14 15 12 11 12 9 11 11 11 6 8
Top 5
-
-
45
Study set up times - 80% target for issuing Capacity & Capability within 40 Days of Site Selection
100%
50%
0%
25% 47% 59% 64% 46% 60% 67% 46% 88% 55% 50% 64% 50% 55%
-
-
-
46
Achievement compared to R+D Income Baseline
Monthly income increase %
YTD income increase %
200%
150%
100%
50%
0%
35.6% 50.7% 65.2% 84.7% 104.1% 45.8% 133.3% 133.3% 84.7% 65.2% 157.6% 75.0% 26.8% 119.5%
32.6%
59.8%
≥5%
-
-



| Digital | | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Monthly target | YTD | YTD target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 50 | My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month) | | | | | | | | | | | | | | | | - | 202,621 | - |
| 51 | My Medical Record - UHS patient logins (number of logins made within each month) | | | | | | | | | | | | | | | | - | 34,354 | - |
| 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 time**s under 5s** to % loading times **under 3s**