

Report to the Trust Board of Directors, 29 November 2024				
Title:	Finance Report 2024-25 Month 7			
Sponsor:	Ian Howard, Chief Financial Officer			
Author:	Philip Bunting, DoOF and Anna Schoenwerth, ADOF			
Purpose				
(Re)Assurance	Approval	Ratification	Information	
			X	
Strategic Theme				
Outstanding patient outcomes, safety and experience	Pioneering research and innovation	World class people	Integrated networks and collaboration	Foundations for the future
				X
Executive Summary:				
<p>The Trust monthly finance report provides insight and awareness of the financial position and the key drivers for any variance to plan. It also provides commentary around future risks and opportunities. This covers the three key domains of income and expenditure, capital and cash.</p> <p>The headlines for the October report are as follows:</p> <ul style="list-style-type: none"> • The Trust has reported a £4.5m deficit in month and a £12.5m deficit YTD. The Trust is now £9.2m behind plan YTD. • UHS continues to deliver significant levels of financial savings, particularly from UHS transformation programmes on patient flow, theatres and outpatients. • UHS benchmarks as providing good value for money across a range of metrics. • One of the main drivers of the deficit continues to be the non-delivery of system transformation initiatives. In particular, Non-Criteria to Reside (NCTR) numbers have increased rather than reduced. • The Trust continues to overtrade – undertaking activities beyond funding levels being received. • The Trust financial position remains off-plan, with monthly improvements required to deliver our Financial Recovery Plan. • There are further risks to the Trusts financial position regarding ERF income levels, staffing costs and winter pressures. • Additional rigour continues to be applied around financial grip and governance ensuring strong controls are in place. The Trust also continues to work with Deloitte around non pay savings opportunities. • Cash has increased in month to £52m, noting this is a temporary increase with income received in advance of making all pay award payments. There is a significant risk in Q4 that cash will reduce close to zero and cash support will be required. • The Trust’s capital programme is £6.3m behind plan YTD, with £38m to be spent in the remainder of the financial year. Slippage risks on schemes are currently being reviewed with the capital planning process for 2025/26 and 2026/27 having now commenced. 				
Contents:				
Finance Report				
Risk(s):				
5a (financial breakeven)				
Equality Impact Consideration:		N/A		

UHS Finance Report – M7

Headlines

As reported last month, following the receipt of £11.2m of deficit support funding, UHS is now being measured against an annual plan of £3.3m deficit. This deficit is fully phased into the first half of the year with the prevailing plan for the second half of the year a monthly breakeven target.

The below table illustrates both the in-month and YTD reported I&E position both before and after the deficit support funding:

Financial Position – Pre-Deficit Support	M7	YTD	Annual
Plan	0.0	(14.5)	(14.5)
Actual Surplus / (Deficit)	(4.5)	(23.6)	
Variance	(4.5)	(9.2)	

Financial Position - After Deficit Support	M7	YTD	Annual
Re-set Plan	0.0	(3.3)	(3.3)
Actual Surplus / (Deficit)	(4.5)	(12.5)	
Variance	(4.5)	(9.2)	

Financial Improvements

The Trust is continuing to substantively deliver on financial improvements from its savings and transformation programmes. For example:

- The Trust has delivered length of stay improvements for P0 patients of 5%.
- We have delivered a significant improvement to our outpatient ratio, undertaking more first appointments, procedures and advice & guidance.
- The Trust has implemented new workforce controls embedded within Divisions, which have been widely supported. We are below our pay expenditure plan YTD with all divisions operating within workforce control totals.
- We are currently utilising agency for 0.8% of our total workforce, significantly below the national target of 3.2%. Our temporary staffing remains below plan.
- UHS is performing well on ERF activity through transformation programmes and other initiatives, with YTD performance at 127% of baselines, above the overall national target of 107% (although below our internal plan target of 133%).
- UHS has delivered £37.7m (>6% of addressable spend) of CIP by M7, which is above the trajectory from 23/24.
- Since March 24, our ERF performance has increased by 11%, and at the same time our staffing levels have reduced by 2%.
- The Trust has recently received benchmarking information which highlights its relative efficiency, notably:
 - National Cost Collection score of 89 – 11% more efficient than national average.
 - Model Hospital data for 22/23 – further improvement to 15th national performance, above peer organisations.
 - Back-office benchmarking highlighting efficient use of resources.

Key Drivers

The key drivers for the £9.2m variance to plan YTD are as follows:

- System Transformation programmes targeted delivery of reductions to Non-Criteria to Reside (NCTR) and Mental Health numbers attending the hospital. Despite best endeavours of UHS and system partners, patient numbers remain above planned levels, meaning the Trust continues to incur additional temporary staffing costs and is maintaining additional bed capacity above funded levels. Savings of £6.5m have not been delivered YTD.
- Following the finalisation of the October payroll the Agenda for Change pay award impact is now known. Resident doctors pay arrears will be paid in November so this remains estimated. The combined impact of pay awards is estimated to be an in-year funding shortfall of c£2m with c£1m impacting in month and YTD. Full confirmation will be provided next month once all elements are confirmed.
- The UHS ERF target with Specialised Commissioning was increased by £1.2m after the plan was submitted (£0.7m YTD). This was related to movement in the target of another Trust. This was challenged but upheld by NHS England.
- Non pay cost pressures including the impact of inflation above planned levels continues to cause pressure.
- The Combined Heat and Power (CHP) units have broken down on several occasions, meaning electrical power is imported from the national grid at a higher cost. This has had an in-year impact of £1m YTD. One of the units has recently been serviced with the aim of reducing the number of breakdowns.
- Non-Elective growth and staffing challenges have resulted in under-performance against our elective income plan in Cardiac Surgery.
- An underspend on pay in the early part of the year has helped suppress the above cost pressures with pay £3m favourable to plan YTD after removing the impact of the pay award. This position is not expected to continue, with staffing numbers increasing by c100 WTE in month linked to recruitment to nursing and midwifery posts. In some areas we would anticipate a future reduction in temporary staffing once supernumerary periods are complete.

Other Headlines

Income performance dipped slightly in month although remains strong YTD. Elective Recovery Funding performance was 125% in month and is 127% YTD. This has generated income of £17m in overperformance YTD. A reduction in month was thought to be due to October half term week and the challenge of utilising theatres when there was significant consultant annual leave prior to the end of their leave year. October also has a high target compared to previous months due to the baseline period in 19/20 being the highest month of the year.

Non pay expenses (excluding pass through) are reporting a £17.5m adverse variance YTD with the majority of this relating to unidentified CIP that was planned for within this category (£12m YTD / £20m FY). Savings have however been achieved in other areas partially offsetting this variance. We are also currently working with Deloitte to review further non pay savings opportunities.

The underlying position, removing all further one-off items of income and expenditure, shows consistency at c£6m per month deficit. This is because of a one-off movement in month relating to VAT suppressing the reported position. The underlying trend continues to be refreshed for any backdated costs and benefits.

An assessment of YTD performance highlights that the trust delivered over £17m of valued activity above block contracts in months 1 - 7. There is currently no funding solution within HIOW to resolve this problem.

Financial Recovery

UHS Trust Board considered a Financial Recovery Plan for H2 following a request from NHS England. The Trust I&E position in M7 was consistent with the trajectory set out for H2. However, month on month improvements are required for the remainder of the year.

Risks

- ERF data has now been received by NHS England for months 1-4. We are still validating the data received across HIOW ICS; however, early indications are that it is below the value locally assessed using our data. There are some data anomalies in M4 that we expect to be corrected in future iterations of the national data. However, a negative backdated adjustment may be required in M8 reporting.
- As outlined above, there remains a risk that the funding received in relation to national pay awards does not fully cover the additional costs incurred by the Trust. There are other risks associated with staffing costs in-year that may also materialise.
- There are seasonality risks that may mean surge capacity costs increase and elective income cannot be maintained at prior month levels. Notably NCTR levels have increased in month. This has risks for both increased expenditure and reduced ERF income.

Cash

The Trusts underlying deficit continues to drive a deterioration in the month-on-month cash position. Although cash increased in month to £52m, this is distorted by cash received in lieu of further pay award payments to be made to resident doctors in November and pay overs related to October pay arrears for NI and Pension elements that are paid in the month following.

Following final pay award payments being made in November it is expected there will be much more certainty in the cash forecast for the remainder of the financial year. This will be shared in more detail at the December meeting. At present the cash forecast reduces very near to zero in quarter 4 representing a significant risk that cash support may be required.

Capital

Capital expenditure of £21.2m YTD is £6.3m (22%) behind plan, leaving over £38m to be spent across the remainder of 24/25 (excluding IFRS 16 capital additions/remeasurements). Changes to the Building Safety Act have created delays and overspends in several key projects notably the Neonatal expansion. The Community Diagnostic Centre (CDC) development is the other project facing slippage risks with costs £3.1m behind plan YTD.

Trust Investment Group reviewed the most likely forecast that illustrated a projection that the capital expenditure plan for 24/25 would be delivered, although noted slippage risks that may need managing in year by bringing forward equipment spend from 25/26 plans. The capital prioritisation for 25/26 and 26/27 has now commenced with services and will be shared early in 2025.

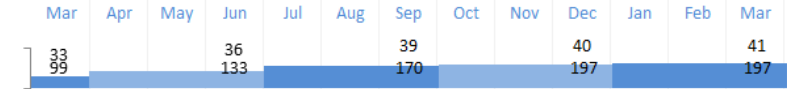


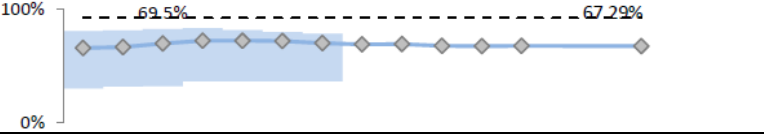

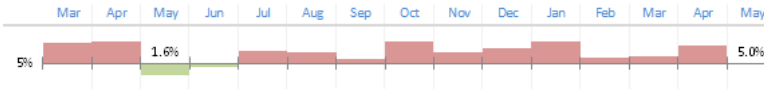
Report to the Trust Board of Directors, 29 November 2024				
Title:	Performance KPI Report 2024/25 Month 7			
Sponsor:	David French, Chief Executive			
Author:	Sam Dale, Associate Director of Data and Analytics			
Purpose				
(Re)Assurance	Approval	Ratification	Information	
X			X	
Strategic Theme				
Outstanding patient outcomes, safety and experience	Pioneering research and innovation	World class people	Integrated networks and collaboration	Foundations for the future
X	X	X	X	X
Executive Summary:				
<p>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, whilst providing assurance regarding the successful implementation of our strategy and that the care we provide is safe, caring, effective, responsive, and well led.</p>				
Contents:				
<p>The content of the report includes the following:</p> <ul style="list-style-type: none"> • An 'Appendix,' which presents monthly indicators aligned with the five themes within our strategy • An overarching summary highlighting any key changes to the monthly indicators presented and trust performance indicators which should be noted. • An 'NHS Constitution Standards' section, summarising the standards and performance in relation to service waiting times 				
Risk(s):				
Any material failures to achieve Trust performance standards present significant risks to the Trust's long-term strategy, patient safety and staff wellbeing.				
Equality Impact Consideration:		NO		

Performance KPI Board Report

Covering up to
October 2024

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 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 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 trust reported 12,763 attendances to the Main ED department in October 24. This is the highest volume of monthly attendances seen, a 5% increase on September (11,587) and a 10% increase on October 2023 (12,183).
2. The overall RTT waiting list increased by 2% compared to the previous month, reporting 60,879 in October 2024 compared to 59,653 for September 2024 with 63.4% of patients receiving treatment within 18 weeks of referral. The volume of GP referrals received by the Trust reflects the highest month since the pandemic.
3. The trust reported five patients waiting over 78 weeks for October 2024. All patients were within Ophthalmology and awaiting national release of corneal transplant tissue by the NHS Blood and Transfusion service.
4. The trust reported 24 patients waiting over 65 weeks for October 2024 against the national ambition of zero. Twenty of these patients were also awaiting corneal tissue release - the remaining four patients were in ENT, Paediatric Cardiac Surgery and Neurosurgery. These surgical cases were all planned for October but stood down due to late patient complications or to prioritise a more urgent case. The latest comparator information available for this metric (September 2024) showed that UHS ranked in second place when compared to twenty equivalent teaching hospitals across the UK.
5. The organisation reported 82.4% for 28 day faster diagnosis, 93.1% for 31 day standard and 78.1% for 62 day standard for cancer services. The Trust ranks in the top quartile for two metrics and second quartile for the third metric when compared to peer teaching hospitals for all key cancer metrics for the latest available month (September 2024).
6. The average number of patients per day not meeting the Criteria to Reside in hospital increased by 7% to 230 in October 2024 compared to 214 in September 2024.
7. The volume of virtual appointments being reported is still artificially low. This is due to an administration backlog that is being worked through.
8. The trust reported one case of MRSA, one Never Event and two Patient Safety Incident Investigations for October 2024.

Ambulance response time performance

The latest unvalidated weekly data is provided by the South Central Ambulance Service (SCAS). In the week commencing 18th November 2024, our average handover time was 17 minutes 27 seconds across 789 emergency handovers and 17 minutes 58 seconds across 47 urgent handovers. There were 43 handovers over 30 minutes and 19 handovers taking over 60 minutes within the unvalidated data. Across October the average handover time was 17 minutes 34 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>

		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	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)	6	6	5	4	4	4	4	4	4	4	4	3	4	4	63.4%	≥92%	63.6%	
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)	10	6	9	7	6	4	3	7	4	9	7	6	4	5	78.1%	≥70%	75.0%	
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)	8	12	10	11	8	4	4	4	9	6	8	6	10	6	6	64.4%	≥95%	67.2%
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	10	8	7	7	7	7	5	5	5	4	5	5	5	5	13.0%	≤5%	11.59%	
37 - As of April 2024, YTD and Monthly Target changed from 1% to 5% to reflect latest guidance																			

Outcomes		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Monthly target	YTD	YTD target
1	HSMR (Rolling 12 Month Figure) - UHS HSMR (Rolling 12 Month Figure) - SGH	85.8												90.7			≤100	88.4	≤100
2	HSMR - Crude Mortality Rate	2.8%												2.5%			<3%	2.2%	<3%
3	Percentage non-elective readmissions within 28 days of discharge from hospital	12.4%												11.5%			-	11.7%	-
		Q4 2023/2024		Q1 2023/2024		Q2 2023/2024		Q3 2024/2025		Q4 2024/2025		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 75 333	41 67 335	41 62 334	36 77 342	39 79 319	-												
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		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Monthly target	YTD	YTD target
6	Cumulative Clostridium difficile Most recent 12 Months vs. Previous 12 Months																≤8	71	≤56
7	MRSA bacteraemia																0	2	0
8	Gram negative bacteraemia																≤19	190	≤125
9	Pressure ulcers category 2 per 1000 bed days																<0.3	0.39	<0.3
10	Pressure ulcers category 3 and above per 1000 bed days																<0.3	0.31	<0.3
11	Medication Errors (severe/moderate)																≤3	14	21
12	Watch & Reserve antibiotics, usage per 1,000 adms Most recent months vs. 2023/24																<2675	2,498	<2549
12 - Beginning June 2024, target and comparison changed in accordance with National Action Plan.																			

Safety		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Monthly target	YTD	YTD target
13	Patient Safety Incident Investigations (PSIIs) (based upon month reported, excluding Maternity)	3	2	2	0	0	0	2	1	2	1	0	1	0	0	2	-	6	-
13a	Never Events	0	0	0	3	1	1	0	0	0	0	2	0	0	1	1	0	4	0
14	Patient Safety Incident Investigations (PSIIs)- Maternity	1	0	0	0	0	0	0	2	0	0	0	0	0	0	0	-	0	-
15	Number of falls investigated per 1000 bed days	0.10	0.15	0.07	0.00	0.14	0.14	0.03	0.16	0.12	0.12	0.03	0.09	0.20	0.20	0.12	-	0.12	-
16	% patients with a nutrition plan in place (total checks conducted included at chart base)	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	95.9%	≥90%	94%	≥90%
17	Red Flag staffing incidents	1	1	12	4	4	4	4	4	1	1	1	4	4	1	23	-	123	-
Maternity		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Monthly target	YTD	YTD target
18	Birth rate and Bookings Birth Rate - total number of women birthed Bookings - Total number of women booked	400/424	400/442	467/446	409/469	428/392	406/483	401/429	428/409	411/448	415/633	379/517	390/501	400/480	410/403	438/523	-	-	-
19	Staffing: Birth rate plus reporting / opel status - number of days (or shifts) at Opel 4.	1	3	3	1	4	4	0	6	0	3	8	8	2	12	6	-	-	-
20	Mode of delivery % number of normal birthed (women) % number of caesarean sections (women)	44.75%/44.75%	43.50%/43.00%	44.33%/43.47%	45.23%/43.52%	49.30%/38.55%	47.29%/39.16%	50.62%/38.90%	46.73%/40.89%	45.99%/43.80%	46.51%/39.04%	53.03%/35.88%	44.80%/44.40%	44.25%/43.00%	43.90%/42.44%	41.10%/48.40%	-	-	-

Patient Experience		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Monthly target	YTD	YTD target
21	FFT Negative Score - Inpatients																≤5%	0.7%	≤5%
22	FFT Negative Score - Maternity (postnatal ward)																≤5%	2.2%	≤5%
23	Total UHS women booked onto a continuity of carer pathway																≥35%	13.7%	≥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%	88.0%	≥90%
26	% Patients with a disability/reporting additional needs/adjustments met (total questioned at chart base)																≥90%	88.3%	≥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)																-	423	-

Access Standards			Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	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)	95%	8	12	10	11	8	4	4	4	9	6	8	6	10	6	6	≥95%	67.2%	≥95%	
29	Average (Mean) time in Dept - non-admitted patients	05:00	03:33															03:22	≤04:00	03:17	≤04:00
30	Average (Mean) time in Dept - admitted patients	07:00	06:24															05:38	≤04:00	05:30	≤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 18)	75%	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	≥92%	63.6%	≥92%	
32	Total number of patients on a waiting list (18 week referral to treatment pathway)	65,000	59151															60879	-	60,879	-
33	Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	8,000	3	3	2	2	2	2	3	3	4	3	2	2	2	2	2	≤1393	1243	≤1393	

		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	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 18)	<p>378</p> <p>2,000</p> <p>0</p>																0	24	0
35	Patients on an open 18 week pathway (waiting 78 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	<p>23</p> <p>250</p> <p>0</p>																0	5	0
35a	Patients on an open 18 week pathway (waiting 104 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	<p>6</p> <p>0</p>																0	0	0
36	Patients waiting for diagnostics	<p>11,500</p> <p>8188</p> <p>9341</p>																-	9,341	-
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	<p>40%</p> <p>19.0%</p> <p>13.0%</p>																≤5%	11.6%	≤5%
<p>37 - As of April 2024, YTD and Monthly Target changed from 1% to 5% to reflect latest guidance</p>																				

		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	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 18)	10	6	9	7	6	4	3	7	4	9	7	6	4	5		≥70%	75.0%	≥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. 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 UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	4	1	2	3	3	1	2	2	2	2	2	2	2	1		≥77%	83.1%	≥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) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	15	14	15	13	14	11	11	10	11	15	14	11	7	13		≥96%	83.1%	≥96%
41 - From October 2023 data onwards, the 31 day standard metric published in NHS England data combines First Treatment and Subsequent Treatment routes.																			

R&D Performance		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Monthly target	YTD	YTD target	
43	Comparative CRN Recruitment Performance - non-weighted	21	17	17	16	15	15	15	15	9	7	6	9	9	8	10	Top 10	-	-	
44	Comparative CRN Recruitment Performance - weighted	15	12	11	12	9	11	11	11	6	8	9	10	10	10	10	Top 5	-	-	
45	Study set up times - 80% target for issuing Capacity & Capability within 40 Days of Site Selection	46%	60%	67%	46%	88%	55%	50%	64%	50%	55%	47%	100%	44%	38%	78%	-	-	-	
46	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	45.8%	133.3%	133.3%	84.7%	65.2%	157.6%	75.0%	26.8%	119.5%	70.7%	51.2%	90.2%	80.5%	26.8%	3.8%	19.0%	≥5%	-	-

Local Integration		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Monthly target	YTD	YTD target
47	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	147	-
48	Emergency Department activity - type 1 <i>This year vs. last year</i>																-	83,339	-
49	Percentage of virtual appointments as a proportion of all outpatient consultations <i>This year vs. last year</i>																≥25%	26.3%	≥25%

Digital		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Monthly target	YTD	YTD target
50	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)															-	220,168	-	
51	My Medical Record - UHS patient logins (number of logins made within each month)															-	254,468	-	
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 - % pages loaded <= 5s - % pages loaded <= 3s																		
53 - From April 2024, metric was changed from % loading times under 5s to % loading times under 3s																			