University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Finance Report 2023-24 Month 8**			
Agenda item:	**8.7**			
Sponsor:	**Ian Howard – Chief Financial Officer**			
Author:	**Philip Bunting – Director of Operational Finance** **David O'Sullivan – Assistant Director of Finance – Financial Performance**			
Date:	**19 December 2023**			
Purpose:	**Assurance or reassurance**	**Approval**	**Ratification**	**Information** **X**
Issue to be addressed:	The finance report provides a monthly summary of the key financial information for the Trust.			

Response to the issue:

M8 Financial Position

Due to the timing of the December meeting, an abridged version of the M8 finance report is available for Finance & Investment Committee.

UHS reported a surplus of £6.2m in month, compared with a deficit plan of £1.7m. The in-month position was however distorted by the receipt of £10.4m in additional commissioner income as part of the H2 planning settlement to offset the costs of industrial action from May to October. This was in the form of three elements:

- £6.0m of one-off commissioner funding reported in full in November
- £2.8m related to a 2% backdated reduction to the ERF target (FY impact £4.2m)
- £1.6m related to other support funding also backdated (FY impact £2.4m)

These form part of £12.6m of additional funding that UHS will be in receipt of in 2023/24. The November position is consistent with the revised financial trajectory (shown below) that UHS has committed to over the remainder of the financial year to deliver its £26m deficit plan. This requires incremental month on month improvement with an additional financial challenge of £5.5m applied to the original forecast shared with Trust Board.

Period	Apr-Oct	Nov	Dec	Jan	Feb	Mar	Total
Surplus / (Deficit)	**(25.0)**	**6.2**	**(2.9)**	**(2.2)**	**(1.4)**	**(0.7)**	**(26.0)**

YTD the deficit is now £18.8m compared to a plan of £22.7m, so £3.9m favourable to plan. Whilst the Trust is ahead of plan, the underlying position has not improved as outlined the original plan, meaning the position in M9-M12 is challenging and requires financial recovery actions to deliver in order to achieve the revised forecast.

Financial Recovery Update

The Trust is now in the implementation phase of the financial recovery plan with actions being put into place with immediate effect where possible. It should be noted therefore that the impact is not showing within the November position. December will be the first month where it is anticipated measures will start to take effect. Formal monitoring will therefore commence from next month.

ERF

In month ERF performance was above target at 115%. The revised target is now 109% after a further 2% reduction has now been applied (so 4% reduction applied in year). This overperformance has generated c£1m of additional ERF income in month with overperformance now £7.7m YTD. No industrial action in the month of November has helped elective activity increase however this scale of overperformance was c£0.5m lower than had been anticipated. This is thought to be partly related to significant non elective pressures causing strain on elective delivery.

Industrial action in December and January also represents a future risk to the delivery of ERF overperformance achievement with a run rate of £2m per month overperformance targeted.

Underlying Position

The underlying position for November has deteriorated when compared to previous months with several areas of cost growth under investigation. This is of significant concern given the requirement to drive financial improvement at pace.

The previous monthly average underlying deficit had been c£4.5m per month once the impact of industrial action and other one offs are removed. This includes ERF of c£1.5m per month overperformance.

The month 8 underlying financial position is currently assessed at c£6m with deterioration due to two main factors.

- ERF was £0.5m behind the run rate level of overperformance – this is thought to be partly related to significant non elective pressures that increased in November.
- Clinical supplies costs increased by c£1m with no offsetting income. Some level of volatility does exist within non pay however due to this scale this is being investigated further.

Pay costs are broadly flat from October; however, we were expecting a reduction with no costs of covering industrial action. Staff growth remains a significant concern with workforce now 400 wte over plan in November, having seen further growth during November. In month some reduction on HCA agency and bank has been achieved following targeted efforts on the criteria of requests for mental health support staff.

Deficit Drivers

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

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

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

- Unfunded elements of pay awards - £0.4m per month.
- Workforce pressures as substantive recruitment is not offset with temporary staffing reductions - £0.7m per month.

- Covid testing funding reductions not immediately offset with cost reductions - £0.2m per month.
- Mental health nursing pressures - £0.2m per month.
- Tariff efficiency reductions not offset by recurrent CIP delivery - £0.7m per month.
- Further growth in the number of patients not meeting the criteria to reside. These have been consistently at 200 with some weeks peaking at over 240.

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

- £7.9m of outpatient follow up appointments
- £7m of non-elective
- £2.8m of other treatments

This is likely to be between £25m and £30m across 2023/24 and remains a key component of the Trust's deficit.

Cost Improvement Plans

The most-likely risk assessed position of cost improvement delivery sits at £65m. This includes the £5.5m targeted improvement within the financial recovery plan. Whilst we have made good progress with CIP performance, it is heavily supported by non-recurrent delivery that cannot be relied upon for underlying financial improvement. The aim is now to shift this into recurrent delivery.

Capital

The 2023/24 capital programme is currently £9m behind plan YTD (spend of £24m compared to planned delivery of £33m). Spend has however significantly increased in November with spend of nearly £7m reported and the wards project due for completion in early December.

Currently there is confidence in forecast delivery of the planned level of expenditure, which totals nearly £60m including externally funded schemes for 2023/24.

Prioritisation for 2024/25 is due for discussion at Trust Investment Group in early December and a verbal update can be provided to Finance and Investment Committee / Board.

New building regulations introduced in November 2023 in response to Grenfell are currently expected to add circa 16 weeks to all programmes involving building work in buildings >18m tall. We are currently assessing the level of risk on the capital programme, with the Neonatal scheme particularly impacted.

Cash

The cash balance decreased by £16m from £62m in October to £46m in November. This reduction was largely forecast and is due to timing of income and expenditure. None of the additional support funding has yet to be received by the Trust. This will be paid in January. The underlying trend remains as per previous months with reduction driven primarily by the underlying deficit. The position remains consistent with previous projections which are currently forecasting reaching our minimum cash holding position of £30m by the end of the financial year. This is equivalent to 9 days of Operating Expenditure.

	We are hopeful that targeted improvement will deliver an improved cash position at the end of the year. There are a number of areas of uncertainty relating to our cash position that means we are holding off formally changing our forecast cash position at this point, notably: • The timings for receipt of cash for ERF over-performance are uncertain and may move into 2024/25. • Whilst we are setting a revised forecast, there remains some risk to delivery as outlined above. • We are in the process of requesting additional cash PDC of £10m in relation to the Neonates capital scheme. The case for this is linked to the current cash forecast of £30m / 9 days of Operating Expenditure by the end of the financial year.
Implications:	• Financial implications of availability of funding to cover growth, cost pressures and new activity. • Organisational implications of remaining within statutory duties.
Risks: (Top 3) of carrying out the change / or not:	• Financial risk relating to the underlying run rate and projected potential deficit if the run rate continues. • Investment risk related to the above • Cash risk linked to volatility above • Inability to maximise CDEL (which cannot be carried forward) and the risk of a reducing internal CDEL allocation for 2024/25 due to the forecast deficit for 2023/24.
Summary: Conclusion and/or recommendation	Trust Board is asked to: • Note the finance position.

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Performance KPI 2023-24 Month 8 Report**			
Agenda item:	**8.5**			
Sponsor:	**David French, Chief Executive Officer**			
Author	**Sam Dale, Associate Director of Data and Analytics**			
Date:	**19 December 2023**			
Purpose:	**Assurance or reassurance Y**	**Approval**	**Ratification**	**Information**
Issue to be addressed:	The report aims to provide assurance: • Regarding the successful implementation of our strategy • That the care we provide is safe, caring, effective, responsive, and well led			
Response to the issue:	The Performance KPI Report reflects the current operating environment and is aligned with our strategy.			
Implications: (Clinical, Organisational, Governance, Legal?)	This report covers a broad range of trust performance metrics. It is intended to assist the Board in assuring that the Trust meets regulatory requirements and corporate objectives.			
Risks: (Top 3) of carrying out the change / or not:	This report is provided for the purpose of assurance.			
Summary: Conclusion and/or recommendation	This report is provided for the purpose of assurance.			

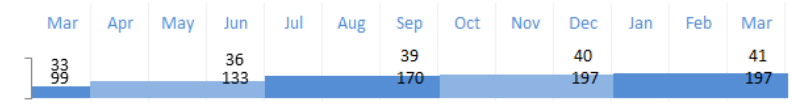
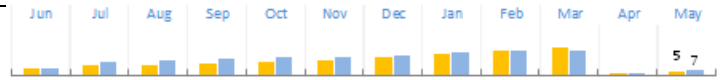
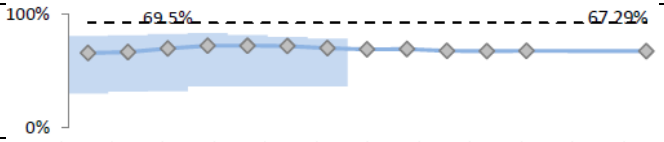
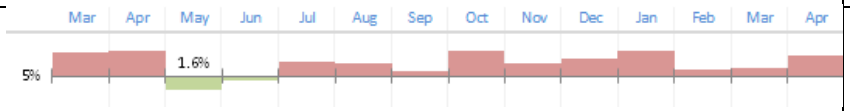
University Hospital Southampton NHS
NHS Foundation Trust

Performance KPI Board Report

Covering up to
November 2023

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

Report guide

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

The report aims to provide assurance:

- regarding the successful implementation of our strategy; and
- that the care we provide is safe, caring, effective, responsive, and well led.

The content of the report includes the following:

- The 'Spotlight' section, to enable more detailed consideration of any topics that are of particular interest or concern. The selection of topics is informed by a rolling schedule, performance concerns, and requests from the Board.
- An 'NHS Constitution Standards' section, summarising the standards and performance in relation to service waiting times; and
- An 'Appendix,' with indicators presented monthly, aligned with the five themes within our strategy.

Please note, due to the earlier timing of the December 2023 Board, at the time of publishing this report several of the validated IPR data points were not yet fully available. This impacts the availability of other hospital comparator metrics and the following UHS metrics:

- **UT31** - Patients on an open 18 week pathway (within 18 weeks)
- **UT33** - Patients on an open 18 week pathway (within 52 weeks)
- **UT34** - Patients on an open 18 week pathway (within 65 weeks)
- **UT35** - Patients on an open 18 week pathway (within 78 weeks)
- **UT35a** - Patients on an open 18 week pathway (within 104 weeks)
- **UT32** - Total number of patients on a waiting list (18 week referral to treatment pathway)
- **UT36 -** Patients waiting for diagnostics
- **UT37** - % of patients waiting over 6 weeks for diagnostics

It should also be noted that the national cancer datasets undergo a bi-annual revalidation and resubmission exercise. As this was underway at the point of publication, the cancer metrics have been held at the September position and will be refreshed and updated in the January board report.

Summary

For December's Board, the Spotlight section has been replaced by a separate agenda item and full paper focussed on non-Criteria to Reside patients.

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

1. The Emergency Department (ED) four hour performance saw a small decline in November 2023 down to 55.8% which remains below our H2 recovery ambitions. This is linked to consistently high attendances and ongoing challenges with hospital flow. November type one daily attendances were slightly lower than October 2023 but still the second highest month in this calendar year.
2. We have seen a further small increase in the number of patients not meeting the Criteria to Reside in hospital which remains extremely high at an average of 211 patients through November 2023. The separate agenda paper goes on to analyse the position, causes and options in more detail.
3. The volume of patients reporting being involved in decisions about care and treatment has been increasing month and month now reaching a year high of 89.6% against the national monthly target of 90%.
4. The patient experience metrics illustrate an ongoing decline in both the percentage of total UHS women and specifically BAME women who are booked onto a continuity of carer pathway. The maternity services are exploring options to increase recruitment of midwives into our continuity models. The service also monitors adverse outcomes for mothers and babies very carefully and use ethnicity and IMD (Index of Multiple Deprivation) scores as part of clinical evaluation. The national data around poorer outcomes for black and Asian women and babies is not currently evident in UHS data and this information is actively sought as part of any service planning and delivery.
5. The volume of pressure ulcers (category 2 and 3) has returned below the in-month target of 0.3 per thousand bed days.
6. The metric to monitor the successful roll out of Inpatient Noting across the organisation has now been paused as the digital implementation is now in operation across all adult wards for nursing and therapy staff. It has 4500 regular users and has resulted in a 37% reduction in paper used on our wards. The Doctors component for Inpatient noting is now under development with plans for it to be rolled out in the new year.
7. Research and Development income remains at 133% above base funding levels for a second month. The November position reflects the decision for COVBOOST funding to be extended until March 2024.

Ambulance response time performance

The latest unvalidated weekly data is provided by the South Coast Ambulance Service (SCAS). In the week commencing 4th December 2023, our average handover time was 18 minutes 28 seconds across 734 emergency handovers, and 19 minutes 45 seconds across 50 urgent handovers. There were 65 handovers over 30 minutes, and twelve handovers taking over 60 minutes within the unvalidated data. The volume of handovers over 60 minutes has increased in recent months, averaging 20 per week between September to November.

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

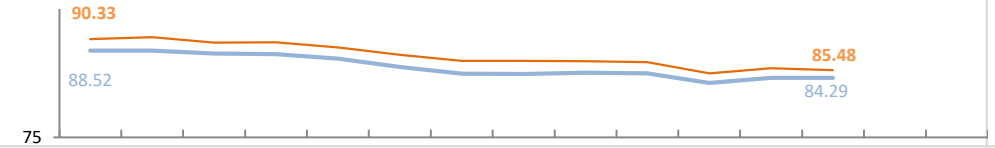
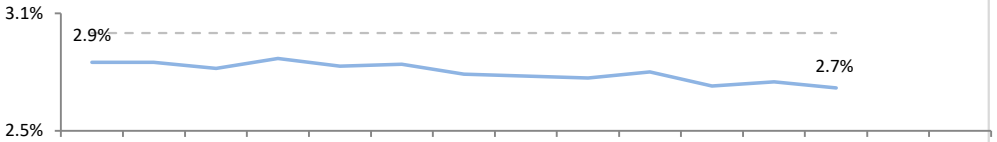
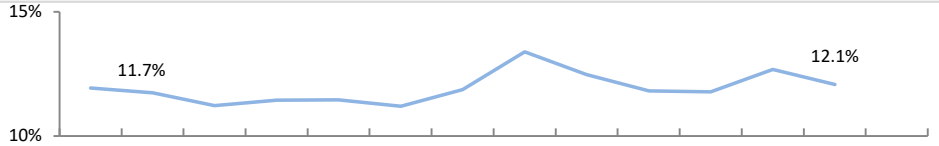
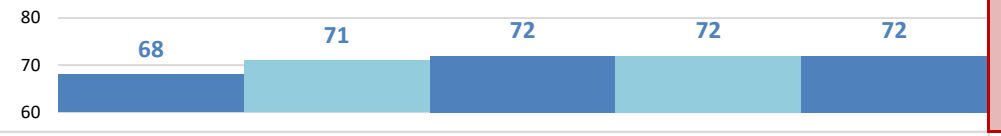
- All patients should receive high-quality care without any unnecessary delay
- Patients can expect to be treated at the right time and according to their clinical priority. Patients with urgent conditions, such as cancer, will be able to be seen and receive treatment more quickly

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

		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	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)	65.2%														62.6%	≥92%	63.4%
38	% Patients following a GP referral for suspected cancer seen by a specialist within 2 weeks (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	76.2%														76.5%	≥93%	69.8%
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)	55.6%														69.5%	≥85%	63.3%
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)	59.9%														55.8%	≥95%	61.1%
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	23.7%														19.0%	≤1%	21.2%

Outcomes		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
1	HSMR - **UHS** HSMR - **SGH**																≤100	87.6	≤100
2	HSMR - Crude Mortality Rate																<3%	2.6%	<3%
3	Percentage non-elective readmissions within 28 days of discharge from hospital																-	12.2%	
		Q3 22-23			Q4 22-23			Q1 23-24			Q2 23-24			Q3 23-24			Quarterly target		
4	**Cumulative Specialties** with Outcome Measures Developed (Quarterly)																+1 Specialty per quarter		
5	Developed Outcomes RAG ratings (Quarterly) Red Amber Green																		

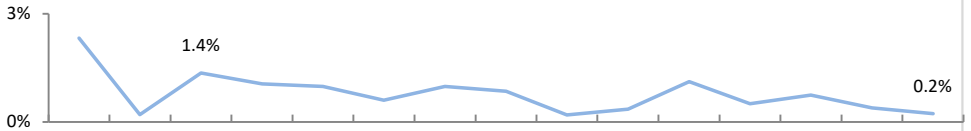
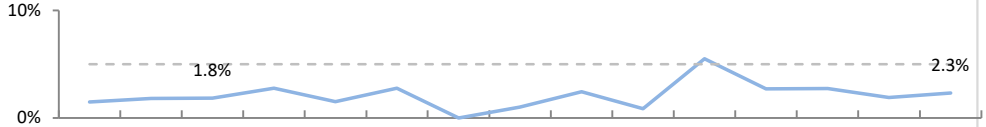
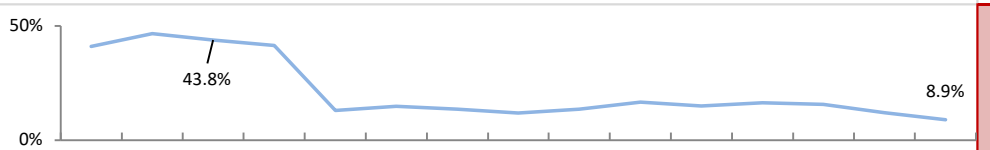
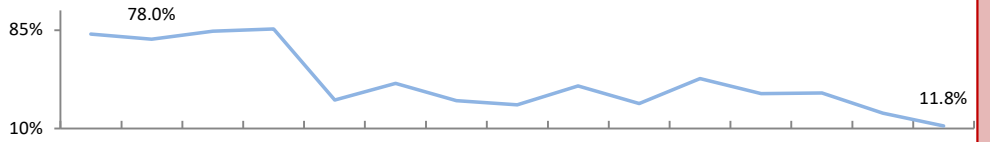
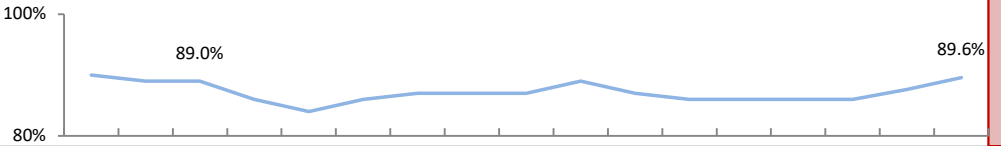
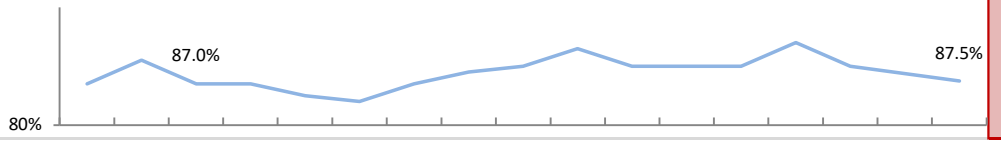
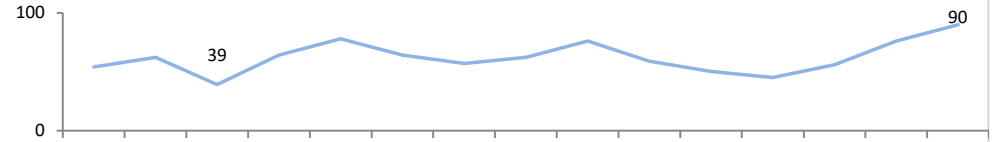
Red : below the national standard or 10% lower than the local target
Amber : below the national standard or 5% lower than the local target
Green : within the national standard or local target

Safety		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
6	Cumulative Clostridium difficile **Most recent 12 Months** vs. **Previous 12 Months**	56/65	64/73	71/77	74/84	9/4	11/12	18/27	24/35	28/49	35/60	47/66	55/72				≤5	72	≤40
7	MRSA bacteraemia	0	1	1	1	0	0	0	0	0	0	1	0	0	1	1	0	3	0
8	Gram negative bacteraemia	22	14	24	16	17	14	32	14	19	27	16	21	15	25	18	≤16	155	≤137
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
9	Pressure ulcers category 2 per 1000 bed days			0.49												0.29	<0.3	0.33	<0.3
10	Pressure ulcers category 3 and above per 1000 bed days			0.39												0.27	<0.3	0.35	<0.3
11	Medication Errors (severe/moderate)			3												4	≤3	19	≤21
12	Watch & Reserve antibiotics, usage per 1,000 adms **Most recent months** vs. **2018*95.5%**			2,652	2,775											2,973	2,519	19,385	17,882

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).

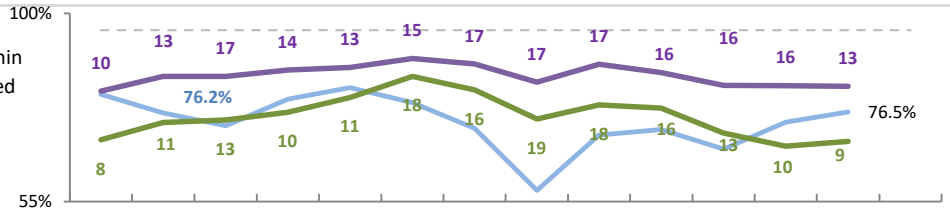
Safety		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
13	Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity)			15												3	-	28	-
14	Serious Incidents Requiring Investigation - Maternity			0												0	-	4	-
15	Number of falls investigated per 1000 bed days			0.05													-	0.08	-
16	% patients with a nutrition plan in place (total checks conducted included at chart base)			94.3%												95.2%	≥90%	95%	≥90%
		719	676	669	711	1624	780	1600	844	871	788	806	798	772	770	932			
17	Red Flag staffing incidents			24												22	-	106	-

Maternity		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
18	Birth rate and Bookings Birth Rate - total number of women birthed Bookings - Total number of women booked	460 / 438	463 / 416	412 / 498	440 / 363	436 / 453	383 / 432	387 / 513	416 / 449	402 / 477	418 / 450	417 / 382	400 / 424	400 / 442	467 / 446	409 / 469	-	-	-
19	Staffing: Birth rate plus reporting / opel status - number of days (or shifts) at Opel 4.	0	3	1	5	1	0	2	1	1	4	6	1	3	3	1	-	-	-
20	Mode of delivery % number of normal birthed (women) % number of caesarean sections (women) % other	38.7% / 48.9%	36.9% / 47.1%	35.7% / 48.5%	37.5% / 48.2%	37.2% / 49.3%	36.0% / 54.8%	36.7% / 48.8%	40.6% / 46.9%	32.6% / 53.0%	43.3% / 43.3%	43.7% / 38.6%	44.8% / 44.8%	43.0% / 43.5%	43.5% / 44.3%	43.5% / 45.2%	-	-	-

Patient Experience		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
21	FFT Negative Score - Inpatients																≤5%	0.5%	≤5%
22	FFT Negative Score - Maternity (postnatal ward)																≤5%	2.5%	≤5%
23	Total UHS women booked onto a continuity of carer pathway																≥35%	13.7%	≥35%
24	Total BAME women booked onto a continuity of carer pathway																≥51%	31.8%	≥51%
25	% Patients reporting being involved in decisions about care and treatment																≥90%	87.2%	≥90%
26	% Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base)																≥90%	90.4%	≥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)																-	514	-

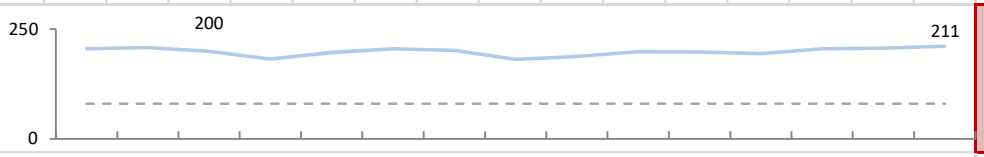
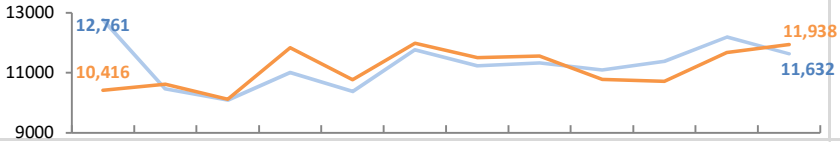
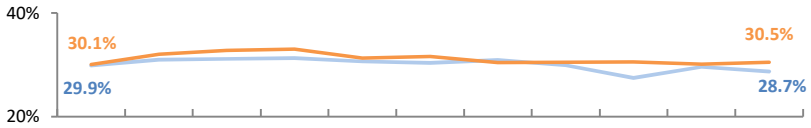
Access Standards		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)	100% 25%	5 4	7 4	59.9% 6 4	6 4	7 3	5 3	4 3	9 5	12 7	9 5	8 5	8 5	12 7	10 7	55.8%	≥95%	61.1%	≥95%
29	Average (Mean) time in Dept - non-admitted patients	05:00 02:00		03:22												03:48	≤04:00	03:34	≤04:00
30	Average (Mean) time in Dept - admitted patients	08:00 01:00		05:43												06:25	≤04:00	05:56	≤04:00
31	% Patients on an open 18 week pathway (within 18 weeks) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	75% 50%	6 6	5 5	65.2% 5 5	5 5	5 5	5 5	4 6	4 6	4 5	4 5	5 6	4 6	4 6	62.6% 6	≥92%	63.4%	≥92%
32	Total number of patients on a waiting list (18 week referral to treatment pathway)	60,000 40,000		54,198												59,151	-	59,151	-
33	Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	8,000 0	5 13	5 12	5 12	5 12	5 12	5 12	4 11	4 11	4 11	4 9	3 8	3 8	3 8	1,877	≤2,011	0	≤2011

		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	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)	6	6	6	6	6	5	5	4	4	4	4	5	5			-	0	-
		14	13	13	12	13	12	12	11	11	10	9	9	9					
				943										378					
35	Patients on an open 18 week pathway (waiting 78 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	7	7	7	7	7	6	4	4	5	8	8	7	6			0	-	0
		15	15	15	15	15	15	12	10	11	12	11	10	9					
				278										23					
35a	Patients on an open 18 week pathway (waiting 104 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	7	5	1	1	1	1	1	1	8	14	17	15	16			0	-	0
		14	10	1	1	1	1	1	1	13	13	17	13	14					
		6	1	0	0	0	0	0	0	1	4	5	2	2	1				
36	Patients waiting for diagnostics			10,593												8,188	-	0	-
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	11	11	22.6%	12	12	12	12	11	7	8	7	9	7		19.0%	≤1%	21.2%	≤1%
		9	8	8	10	7	8	8	7	11	11	10	10	8					

38	% Patients following a GP referral for suspected cancer seen by a specialist within 2 weeks (Most recently externally reported data, unless stated otherwise below) **UHSFT** **Teaching hospital average (& rank of 20)** **South East average (& rank of 17)**		≥93%	69.8%	≥93%

		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
39	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) **UHSFT** **Teaching hospital average (& rank of 20)** **South East average (& rank of 17)**	17	14	14	17	14	14	18	9	14	13	10	15	6	69.5%		≥85%	63.3%	≥85%
		10	55.6%	11	7	12	11	7	14	5	9	7	3	6	1				
40	Cancer 28 day faster diagnosis Percentage of patients treated within standard **UHSFT** **Teaching hospital average (& rank of 20)** **South East average (& rank of 17)**	5	80.7%	4	8	8	7	8	7	8	7	6	3	83.3%	1		≥75%	79.3%	≥75%
		4	3	5	9	5	5	8	7	5	3	2	1						
41	31 day cancer wait performance - decision to treat to first definitive treatment (Most recently externally reported data, unless stated otherwise below) **UHSFT** **Teaching hospital average (& rank of 20)** **South East average (& rank of 17)**	17	16	16	16	16	18	16	15	17	15	13	13	11	91.5%		≥96%	89.1%	≥96%
		12	87.7%	13	12	14	20	12	10	14	11	5	9	6					
42	31 day cancer wait performance - Subsequent Treatments of Cancer (Most recently externally reported data, unless stated otherwise below) **UHSFT** **Teaching hospital average (& rank of 20)** **South East average (& rank of 17)**	14	90.9%	14	7	15	16	15	17	16	16	17	16	17	70.9%		≥96.0%	73.4%	≥96.0%
		11	9	13	6	16	16	15	15	18	19	18	18	20					

R&D Performance		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
43	Comparative CRN Recruitment Performance - non-weighted	6	7	7	14	15	15	13	14	17	19	19	21	17	17	16	Top 10	-	-
44	Comparative CRN Recruitment Performance - weighted	7	8	10	10	10	11	9	9	6	12	14	15	12	11	12	Top 5	-	-
45	Study set up times - 80% target for issuing Capacity & Capability within 40 Days of Site Selection									25%	47%	59%	64%	46%	60%	67%	-	-	-
46	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	48.2%	23.5%	75.8% 71.4%	79.2%	166.3%	69.5%	35.6%	50.7%	65.2%	84.7%	104.1%	45.8%	133.3%	16.7%	133.3%	≥5%	-	-

Local Integration		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
47	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	195	-
48	Emergency Department activity - type 1 This year vs. last year																-	90,970	-
49	Percentage of virtual appointments as a proportion of all outpatient consultations This year vs. last year																≥25%	29.3%	≥25%

Digital		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
50	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)	139,374														181,762	-	178,011	-
51	My Medical Record - UHS patient logins (number of logins made within each month)	28,200														35,665	-	33,060	-
52	Average age of IT estate Distribution of computers per age in years	0	0	16	37	82	132	330	844	1077	1160	2470	3080	1750	484		-	-	-
		13	12	11	10	9	8	7	6	5	4	3	2	1	0				
53	CHARTS system average load times - % of pages loaded under 5s									99.75%	99.72%	99.73%	99.81%	99.77%	99.82%	99.74%			
53	Data only available from April 2023 onwards																		
						Q4 22-23			Q1 23-24			Q2 23-24			Q3 23-24		Q4 23-24			
54	Cyber attacks / phishing / incidents blocked Average # Malware attempts blocked per month (10s) Average # Phishing emails blocked per month (100s) Average # Ransomware attempts blocked per month					1222	346	5	3673	262	38	1005	114	2	1005	61	3	2479	71	1	-	-	-
55	Inpatient noting progress Left axis: IP Noting data recorded (100s) IP Noting unique user views Right axis: IP pages scanned (1000s)																-	-	-
55	IP Noting went live in Oct-22. CGs going live are marked on green line.																		