University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Finance Report 2023-24 Month 10**			
Agenda item:	**10.3**			
Sponsor:	**Ian Howard – Chief Financial Officer**			
Author:	**Philip Bunting – Director of Operational Finance** **David O'Sullivan – Assistant Director of Finance – Financial Performance**			
Date:	**29 February 2024**			
Purpose:	**Assurance or reassurance**	**Approval**	**Ratification**	**Information** **X**
Issue to be addressed:	The finance report provides a monthly summary of the key financial information for the Trust.			

Response to the issue:

It has recently been announced that NHS England is set to give around £650m to some health systems to offset planned financial deficits, and with that ease pressure on cashflow. We have since been informed by the HIOW ICB that a proportion of that money has been allocated to this system, and via that to UHS. The amount has recently been confirmed as £24.6m.

We are grateful to be receiving funding which will reduce, but not eliminate, our financial deficit for financial year 23/24. Unfortunately, this still leaves us with, an albeit reduced, deficit going into the next financial year, so our work to restore financial balance for UHS remains key to supporting our recovery and protecting the interests of our patients and staff.

Forecast

Prior to the above announcement, UHS was forecasting an adjusted deficit of £29.7m. The impact of Industrial Action in December and January has been estimated at £4.8m (increased from £3.8m). Excluding the impact of Industrial Action, UHS was forecasting a deficit of £25m (previously £26m). A further deterioration in forecast is anticipated relating to further Industrial Action in February.

UHS M10	Forecast		
	Original Plan	Recovery Plan	Forecast
Financial Position	(26.0)	(26.0)	(29.7)

- *Note – forecast will change as a result of additional funding and impacts of further industrial action.*

In line with South East Region reporting guidelines, we expect to formally change our forecast to NHSE in our M10 reporting.

M10 Financial Position

UHS is reporting a financial position as outlined in the table below:

UHS M10	In Month			Year to Date		
	Original Plan	Recovery Plan	Actual	Original Plan	Recovery Plan	Actual
Financial Position	(1.0)	(2.2)	(4.7)	(25.0)	(23.9)	(27.6)

The in-month position includes £3.2m of non-recurrent industrial action (IA) pressures, which trusts nationally have been advised to report as a variance. This has been offset by additional non recurrent savings of £0.7m resulting in the position being £2.5m adverse to the recovery plan trajectory.

Impact of Industrial Action (IA)

The impact of industrial action for December 2023 and January 2024 is shown in the table below.

IA Impact	M9	M10	Total
Cost of Cover	(0.4)	(0.9)	(1.3)
Impact of reduction on ERF & lost efficiency opportunity	(1.2)	(2.3)	(3.5)
Total	**(1.6)**	**(3.2)**	**(4.8)**

ERF

In month ERF performance was above target at 115% and is 117% YTD. 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£1.1m of additional ERF income in month with overperformance now £14.5m YTD.

Industrial action in the month of January has reduced activity and the scale of overperformance was lower than had been anticipated as part of financial recovery. In addition to IA pressures, significant non elective pressures continue to cause strain on elective delivery.

Further industrial action is scheduled in February representing 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 January deteriorated when compared to average levels for the YTD to £5.2m. Last months restated underlying deficit was £4m following ERF income being greater than had been first anticipated. The primary drivers of the month on month movement relate to:

- Reduced ERF activity – this dropped by £1m following significant non elective pressures in January. Historically there has however been a lag in reported ERF once all activity is counted and coded.
- Pay – the underlying rate of pay expenditure has been stable when removing one off costs for industrial action. This has remained flat for the last four months following the introduction of financial recovery plan actions followed by increased recruitment controls.
- Non pay costs increased (£0.5m) offset by slightly increased other income (£0.3m). This mainly relates to increased energy costs and clinical supplies.

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 target exit run rate for 2023/24 is a deficit of no worse than £4m per month, which could reasonably be delivered by improved ERF performance.

Whilst pay costs, in an absolute sense, have increased in January by £0.7m, much of this relates to bank holiday enhancements, and TOIL provisions linked to industrial action. Adjusting for these items, pay costs have stabilised significantly in-month as a result of the additional controls implemented in December. Temporary staffing costs have increased marginally by £0.15m in month, but remain significantly below November levels, with the movement relating to the seasonal decrease seen in the December holiday period.

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 and additional workforce controls taking effect.

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 - £0.9m 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 250. This has generated costs in opening surge capacity.

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:

- £9.6m of outpatient follow up appointments
- £10.0m of non-elective
- £4.1m 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. This will form a key part of contracting discussions for 2024/25 as this is clearly unsustainable in the medium to long term with focused efforts required either to reduce demand or acknowledge costs that require mitigation via other means.

Cost Improvement Plans

The most-likely risk assessed position of cost improvement delivery sits at £64m (5%). 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.

Financial recovery plan actions continue to be monitored and are included within appendix 1.

Capital

The 2023/24 capital programme is currently £12.0m behind plan YTD (spend of £32.1m compared to planned delivery of £44.1m).

Currently there is confidence in forecast delivery of the planned level of expenditure, which totals nearly £60m including externally funded schemes for 2023/24. This does however require spend of c£27m in the remaining two months of the year. A month-on-month trajectory has been developed and is being tracked with project managers particularly in estates to ensure risks are understood at the earliest opportunity and mitigations put in place where possible.

	Prioritisation for 2024/25 and 2025/26 has been discussed at Trust Investment Group and will be shared with Trust Board in February. This presents significant challenges as demands for capital increase year on year correlating with increased critical infrastructure, equipment and capacity risks. **Cash** As reported in previous finance report the trusts cash balance remains a significant concern and for the first time has dropped below the internal target minimum threshold of £30m, being £25m as at the close of January. The forecast was £28m however timing delays to PDC drawdowns and donated income receipts means this was slightly below planned levels. This now means there are periods in the month when cash levels are below £10m and require day to day management and overview. Short term increases are expected as several significant payments are due from commissioners in addition to £10m of external funding relating to the Neonatal capital project which has already had some costs incurred. The year end forecast therefore is expected to close at £40m. The additional cash support outlined above will improve this position further. Moving into 2024/25 additional vigilance will be applied and early warning systems maintained in order to assess the ongoing viability of the capital programme and also ensure the NHS England draw down process is ready if and when required.
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 Report 2023-24 Month 10**			
Agenda item:	**10.1**			
Sponsor:	**David French, Chief Executive Officer**			
Author	**Sam Dale, Associate Director of Data and Analytics**			
Date:	**29 February 2024**			
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.			

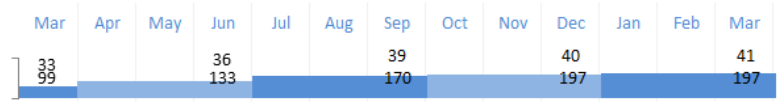
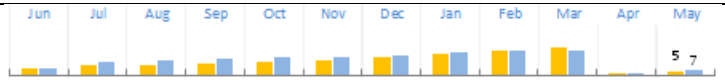
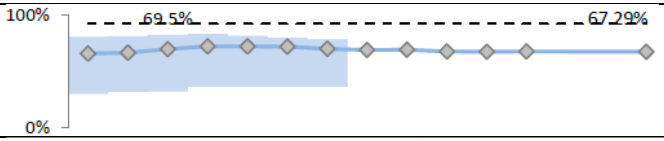
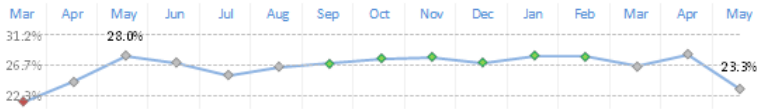
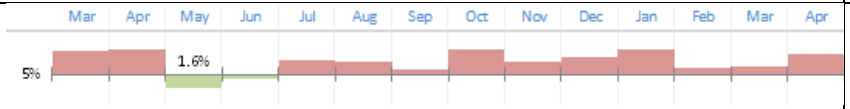
University Hospital Southampton NHS
NHS Foundation Trust

Performance KPI Board Report

Covering up to
January 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 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.

Adjustments of note within the report include:

- **11** – Medication Errors (severe/moderate) were revalidated for December 2023 and reduced to four from five in the last publication
- **54** – Cyber Security: the data labels used on the bar chart required correction to align with the multiplication factor stated in the description

Summary

This month's spotlight report covers diagnostic performance. It highlights that UHS has consistently reduced the diagnostic waiting list throughout the 2023 calendar year and the hospital's waiting time performance is now consistently in the second quartile compared to peer teaching hospitals across the country. The paper describes the high level activity and performance trends for the hospital over recent months and explores modality sites in more detail, outlining the specific challenges and actions taken by Care Groups to understand and improve performance.

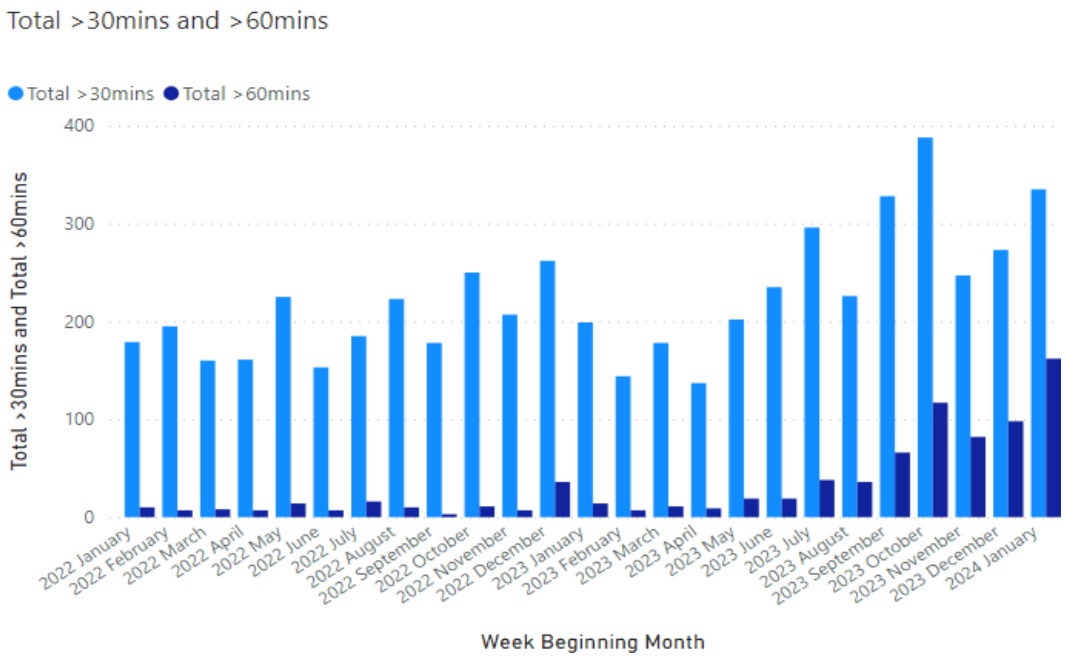
Areas of note in the appendix of performance metrics include: -

1. The Emergency Department (ED) four hour performance metric further improved in January 2024 increasing to 63.7% placing UHS as second highest performing trust when compared to twenty teaching hospitals across the country. The January performance is above our H2 recovery target for the month, but we recognise there is significant improvement required for the remainder of the year to reach our March 2024 target.
2. The trust is reporting zero patients waiting over 104 weeks for the first time this financial year as the longest waiting corneal patients have now been issued grafts by the national transplant service and treated. The trust reported 27 patients waiting over 78 weeks which mainly reflects the next cohort of corneal transplant patients waiting for national tissue to be issued.
3. UHS continues to focus on the national target of zero patients waiting over 65 weeks by March 2024. In December 2023, UHS ranked in the top quartile for patients waiting over 65 weeks and also patients waiting over 52 weeks compared to twenty comparative teaching hospitals across the country.
4. Cancer services have maintained strong waiting time performances in December 2023 as the Trust continues to rank as the top teaching hospital for 28 day faster diagnosis (87.2%) and second for 62 day performance (79.5%). Whilst the two week waiting times are no longer a nationally reported metric, the Trust continues to publish the metric and performance is now the highest of the year at 93.6%.
5. The volume of patients not meeting the Criteria to Reside in hospital increased further in January (averaging 234 across the month) continuing to place constraints on patient flow through the hospital.

Ambulance response time performance

The latest unvalidated weekly data is provided by the South Coast Ambulance Service (SCAS). Due to the significant challenges within the ED department, and the wider challenge with flow experienced in the trust since the New Year, we have seen a concerning increase in handover times.

For all weeks commencing in January 2024, we averaged 32 handovers per week taking over 60 minutes and 67 handovers per week taking over 30 minutes. As a comparison, in the same period in 2023, we averaged just 3 handovers taking over 60 minutes per week. The graph below illustrates volumes of handovers reported by time cohort for the last two years.



The unvalidated aspect of the SCAS handover data is an ongoing concern caused by numerous factors including: -

- Overcrowding in the department causing delays to entry and exit flows particularly through the pitstop area.
- Inaccurate recording of handover delays where multiple patients arrived under the responsibility of one ambulance crew
- The impact of improved waiting room triage times (particularly for those self-presenting) which has created a bottle neck with patients waiting on chairs and trolleys within pitstop
- General concerns around inaccuracy of handover time stamps captured by ambulance and hospital nursing staff during busy periods.

A series of actions are being jointly worked on to address the situation which include the development of a Standard Operating Procedure (SOP) for patient cohorting to be approved and adopted by both NHS bodies. Pitstop processes are being scrutinised with the transformation team to improve efficiency and may include the allocation of an additional nurse within pitstop. The position has also highlighted the need for a renewed focus on recording accuracy from all responsible staff.

Spotlight: Diagnostic Performance

The following report is based on the validated January 2024 submission.

Introduction

Diagnostics are a critical component of a patient's pathway, facilitating an accurate and complete diagnosis, personalised treatment plans and the appropriate monitoring of a patient's condition. Timely access to diagnostic tests is essential for ensuring that patients receive an early diagnosis whilst improving patient experience and delivering an efficient use of NHS resources.

The Elective Care guidance from NHS England and Improvement (NHSE/I) states the "ambition is that 95% of patients needing a diagnostic test receive it within six weeks by March 2025". This outcome is aligned with the principle that diagnostic activity levels must support plans to address elective and cancer backlogs as Trusts aim to eliminate waits of over 65 weeks for elective care by March 2024.

This diagnostic target applies to 15 different diagnostic tests, although performance is measured at a Trust level. These tests are broadly divided into three categories:

- endoscopy (e.g. gastroscopy, cystoscopy);
- imaging (e.g. CT, MRI, barium enema);
- physiological measurement (e.g. echocardiogram, sleep studies).

This spotlight paper highlights the current diagnostic performance position for UHS against the national targets and other hospitals. It also describes the recent volumes of activity delivered and the impact on the waiting list. We explore the key modalities in more depth outlining the challenges faced by services and the mitigating actions being put in place for the remainder of the financial year and beyond.

In summary, there has been a consistent reduction in the diagnostic waiting list throughout 2023 as UHS has been able to increase the delivery of diagnostic activity to manage current levels of demand. The diagnostic waiting list reduced to 8052 patients in January 2024. This is a reduction of 45% since the high levels seen in June 2022 (11,671 patients) and is the lowest waiting list size since July 2020. Throughout the 2023 calendar year, the waiting list has decreased by 2,473 patients which is a 31% reduction. Our January 2024 performance position is 85.5%.

Activity and Waiting List

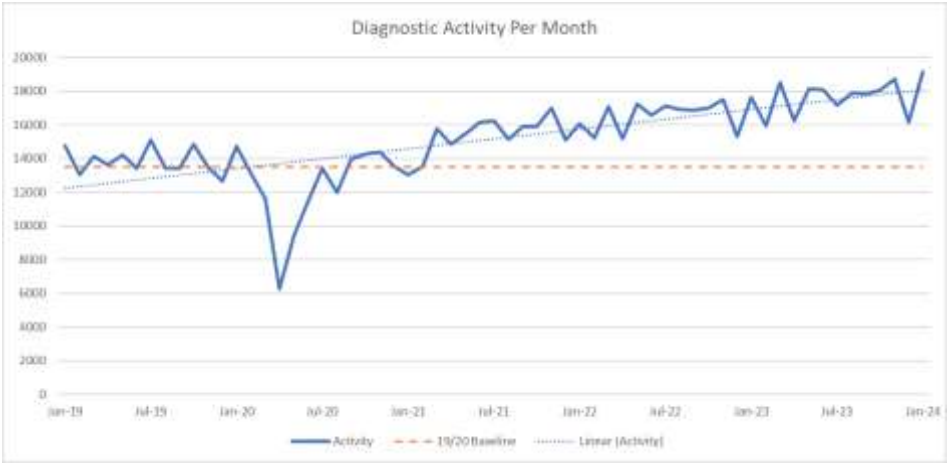
Elective diagnostic activity being delivered at UHS has consistently increased throughout 2023/24 helping to reduce the waiting list despite high referral volumes and the complications caused by industrial action throughout the year. Whilst the consultant and junior doctor strikes have impacted endoscopic services, the impact on radiology activity has been limited.

Graph 1 illustrates how recent diagnostic activity being delivered at UHS is approximately 33% higher than the 2019/20 baseline (approximately 18,000 procedures per month vs baseline of 13,500).

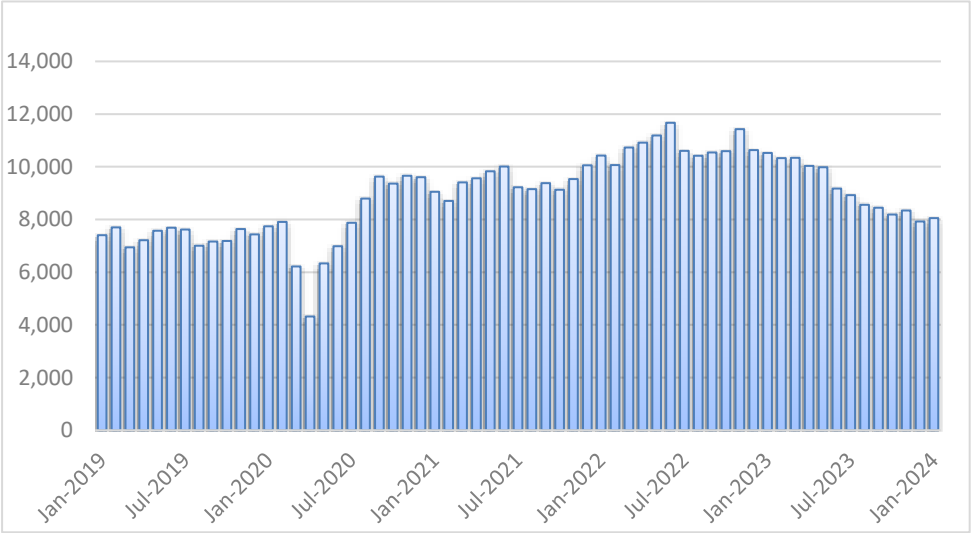
There is a clear reduction in the diagnostic waiting list throughout the year (graph 2) with some levelling off in winter months attributed to the festive period. The waiting list reached its recent lowest point in December going below 8000 patients for the first time since July 2020. January's finalised waiting list position was 8052 patients.

The care groups developed plans at the start of 2023/24 to increase activity levels and appropriately manage service demand. These have proved successful in several areas particularly where transformation colleagues have supported with opportunity identification and clinician engagement. We have seen a reduction in DNAs in certain services, improved booking processes and served notice to Portsmouth and Salisbury for referrals within Cardiac MRI. Nevertheless certain services are still challenged due to vacancies and recruitment delays and the ongoing demand on services both electively and non electively.

We explore modality performance positions and service plans in more detail in section four.



Graph 1: Diagnostic Activity Delivered by Month



Graph 2: Waiting List Size by Month

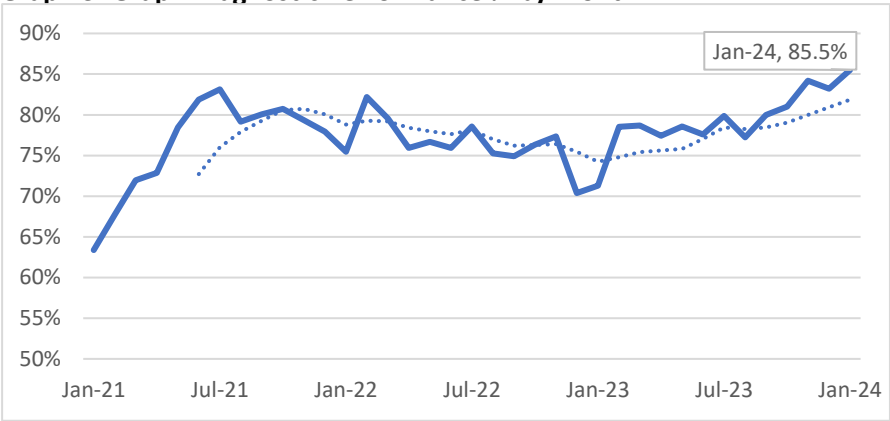
Performance Position

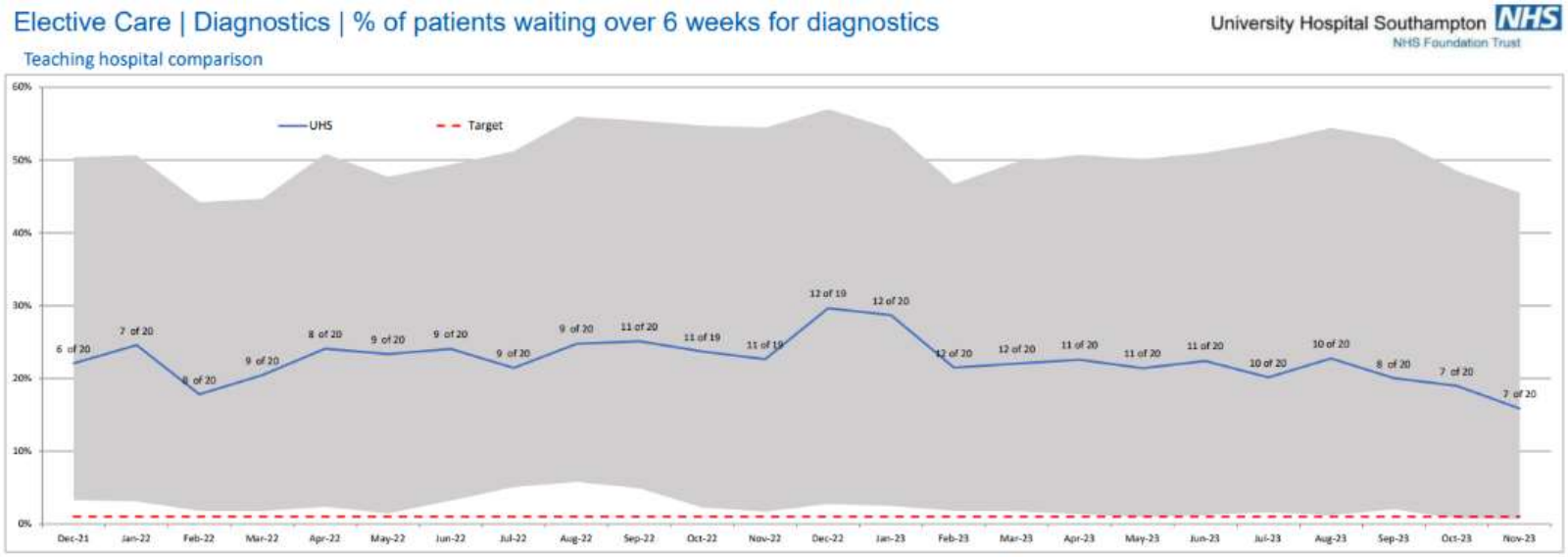
The Trust submitted performance position (Graph 3) demonstrates a continuous and positive, upward trajectory reaching 85.5% in January 2024. This reflects significant progress throughout the year and contradicts the dip in performance seen over the festive period this time last year.

When benchmarking our performance against other peer teaching hospitals (graph 4), the Trust has historically been in the third quartile. Our December performance is in the second quartile and UHS has ranked seven out of twenty teaching hospitals for the last three months.

It should be noted there is a wide spread of diagnostic performance with some trusts delivering fewer than 50% of tests within the six-week target.

Graph 3: Graph Diagnostic Performance % by Month





Graph 4: UHS Diagnostic Performance compared to peer teaching hospitals

Modality Focus: Physiological modality

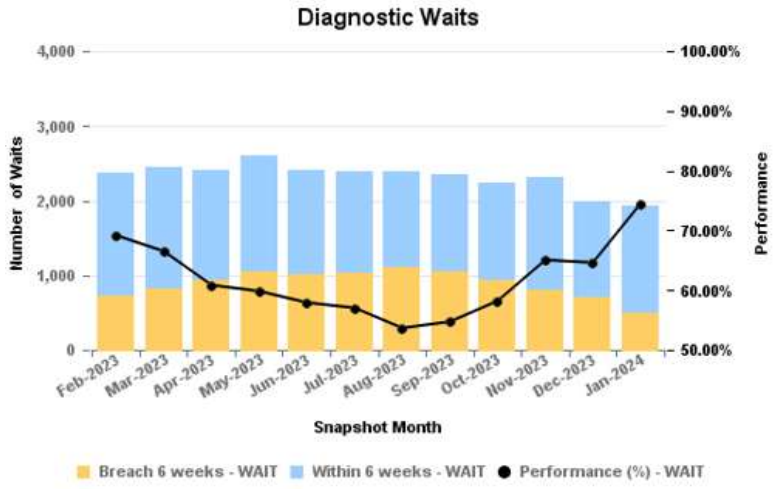
This modality includes Audiology, Echocardiography, Neurophysiology and Sleep Studies. Across the modality group, the performance position and waiting list has improved significantly following a decline in the performance position in the first half of the 2023 calendar year. The January 2024 performance position is 74.5% with the waiting list at 1,925 patients. This compares to the position in August 2023, where the reported performance had dipped to 53.7% and the waiting list was 2,395 patients which reflects a 20% reduction.

Audiology performance remains consistently at 100%, but overall performance is offset by continued pressures across other key services in particular sleep studies (60%) and neurophysiology (66%).

The neurophysiology department has been under service review since June 2023 which is a collaboration between the department and the transformation team - this has been instrumental in addressing some long term performance issues including the legacy of a COVID backlog. By fostering open communications and leveraging the team's own expertise, a series of bottlenecks and inefficient work practices were identified and addressed. The result has seen performance improve from 47% in June 2023 to 66% in January 2023. This will be further enhanced by the introduction of an internally built Apex system that will aid in day to day patient flow management.

A decision was made to invest in an insourcing solution at weekends from November 2023 which has reduced the neurophysiology waiting list from 1083 to 723. The focus is now on developing a more sustainable solution with a focus on department capacity versus demand and a review of consultant job plans.

Graph 5: Performance trend and waits for all physiological metrics:-



The sleep study service has seen referral numbers increase from on average 15 a week to 35 over the last two years. Overall performance is continuing to improve supported by actions again developed by the transformation and operational teams. Within the previous twelve months the highest number of diagnostic breaches reached 215, since September 2023 total breaches average at 136 per month. The project reviewing the DNA rate within sleeps studies is also complete. The DNA rate prior to project completion was 22.5% and this has now reduced to 8%. Root causes were the distance to travel to Lymington, text reminder services not fully established and mutually agreed appointments not being fully implemented. The services have also completed recruitment of a band 6 Physiologist with an expected start date in February, this will supported an upward trajectory for activity and support backlog reduction. The service is also scoping out the purchase of another inpatient testing kit through charitable funding.

Modality Focus: Imaging Services

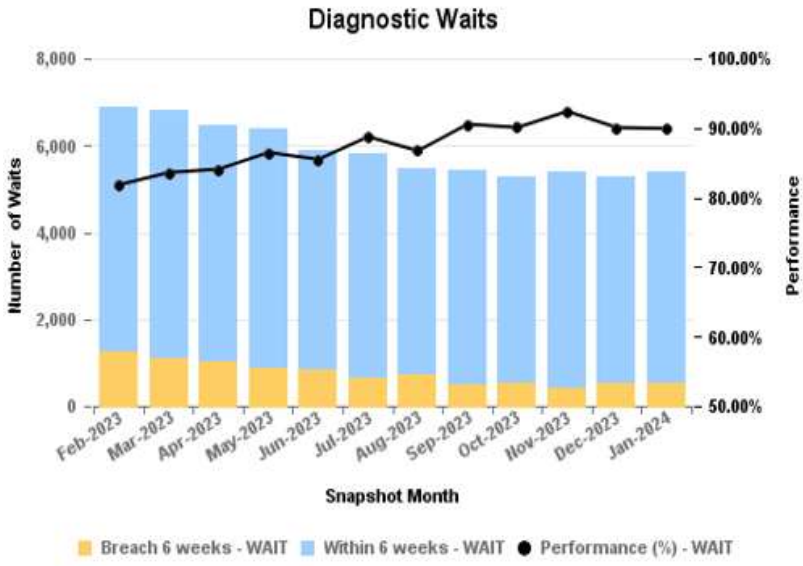
This modality includes include computed tomography (CTs), MRIs, Barium Enema and Non-Obstetric Ultrasounds

The Trust has seen an improved performance position across the 2023 calendar year. Performance in January 2024 was 89.9% and recent levels came close to achieving the national target (95%) by reaching 92.4% in November 2023. Activity levels have remained consistent in recent months averaging 13855 per month across all imaging services despite the interruptions caused by the industrial action and winter pressures. The waiting list has reduced by 22% across the last twelve months from 6,898 in February 2023 to 5,405 in January 2024.

CT performance is extremely positive achieving the national target in the last three months and reporting 98% in January 2024 with a waiting list of 741 compared to 1113 in February 2023.

MRI performance has remained at around 85% in recent months and this is predominantly driven down by Cardiac MRI performance (53% in January 2024). Whilst we served notice to Salisbury and Portsmouth to originally prevent Cardiac MRI referrals to UHS from November 2023, we agreed a staggered timescale to ensure both hospitals were in a position to appropriately deliver both stress and non-stress MRIs fully by March 2024. Recent performance has also been impacted by urgent equipment repairs and recruitment delays which were planned to enable a seven day service.

Graph 6: Performance trend and waits for all imaging services



General MRI performance is consistently at 96% or above supported by the use of a relocatable MRI scanner seven days a week and additional in-house lists.

Despite the positive performance across all imaging services, the recent demand on non elective work alongside current recruitment restrictions and high staff sickness levels may impact the ability to consistently maintain high levels of performance across all services.

Modality Focus: Endoscopy

This modality includes colonoscopy, cystoscopy, flexi-sigmoidoscopy and gastroscopy across both adult and paediatric services.

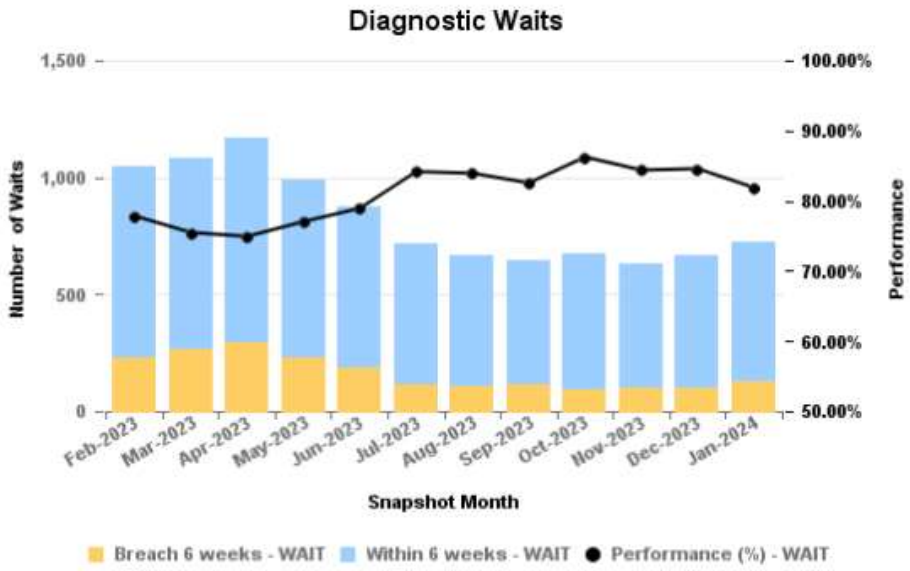
Diagnostic performance was 82% in January 2024 and has been in the range of 80-85% over the last six months which is a significant improvement since the first half of the year where performance averaged at 78%.

Historically the cystoscopy service has been the key endoscopic service significantly reducing the overall modality performance. The service reported 49% at the start of this financial year (April 2023) but this has now improved significantly to 76% in December 2023 and 70% in January 2024. During that same period, the waiting list for adult and paediatric cystoscopies reduced from 406 patients (April 2023) to 101 patients (January 2024).

The success is attributed to the service embedding a clerk solely dedicated to booking processes for cystoscopy patients. This is alongside additional capacity solely assigned to addressing the concerning back log of patients.

The paediatric endoscopy service has continued to face demand and capacity challenges throughout 2023. January 2024 performance stands at 45% which is a significant improvement since June 2023 where performance was as low as 24% due to scope equipment failure and lists taken down for strikes and anaesthetic gaps.

Graph 7: Performance trend and waits for all endoscopy services



The service continues to use waiting list initiatives to maintain the position alongside regular consultant engagement and patient validation to ensure patient prioritisation processes are improving the waiting time position. Further long term demand and capacity modelling is underway and a business case for an additional consultant is also being explored.

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

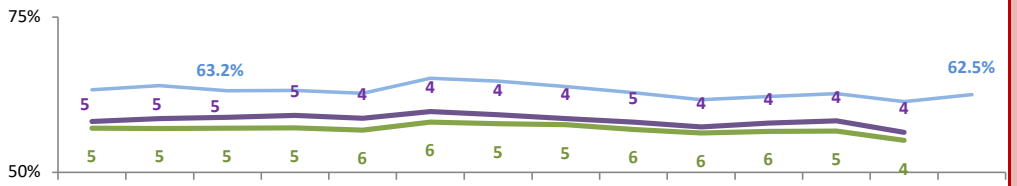
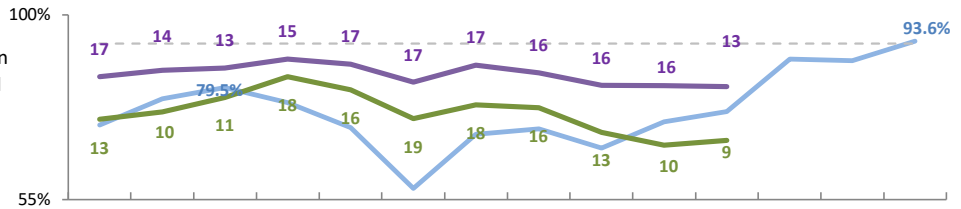
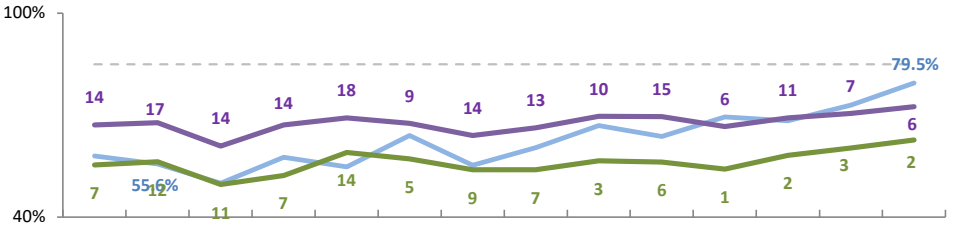
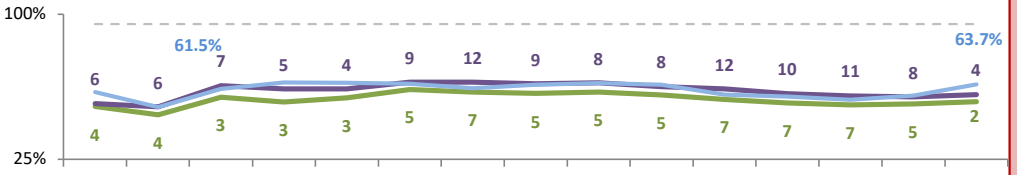
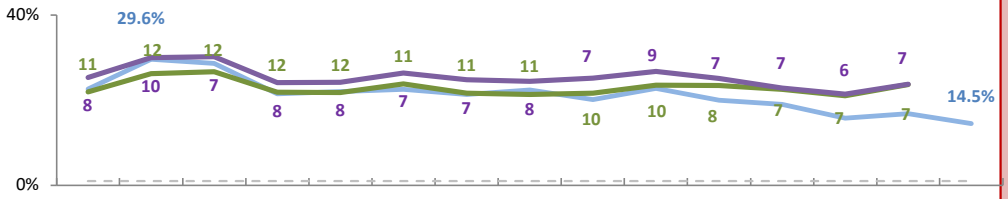
The NHS pledges to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution

- 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

		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	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)																≥92%	63.0%
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%	76.7%
39	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)																≥85%	66.7%
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)																≥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)																≤1%	19.5%

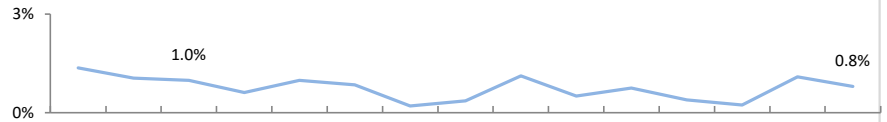
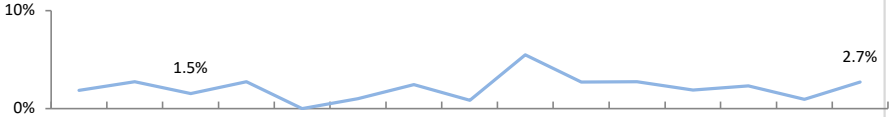
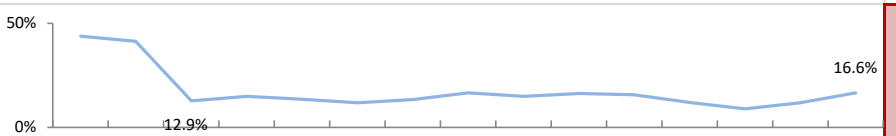
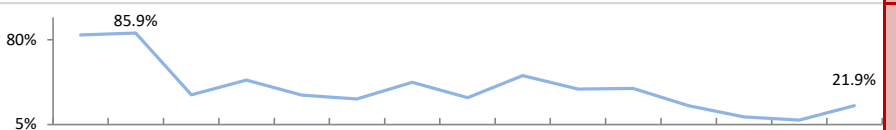
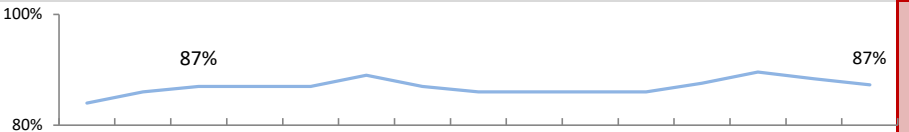
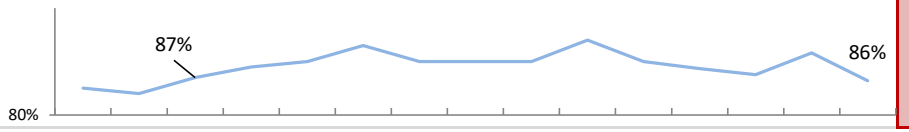
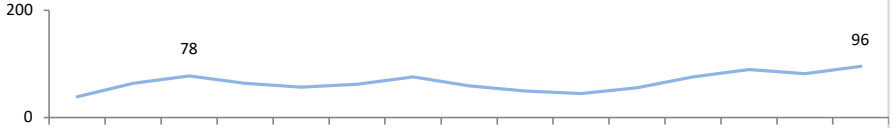
Outcomes		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
1	HSMR - UHS HSMR - SGH	89.77 / 88.07												87.52 / 86.11			≤100	90.7	≤100
2	HSMR - Crude Mortality Rate	2.8%												2.7%			<3%	2.7%	<3%
3	Percentage non-elective readmissions within 28 days of discharge from hospital	11.4%												12.0%			-	12.2%	
		Q4 22-23			Q1 23-24			Q2 23-24			Q3 23-24			Q4 23-24			Quarterly target		
4	Cumulative Specialties with Outcome Measures Developed (Quarterly)	71			72			72			73			74			+1 Specialty per quarter		
5	Developed Outcomes RAG ratings (Quarterly) Red Amber Green	35 81 336			34 82 340			37 75 333			41 67 337			41 64 338					

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		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
6	Cumulative Clostridium difficile **Most recent 12 Months** vs. **Previous 12 Months**	7177	7484	9	4	1112	18 27	24 35	28 49	35 60	47 66	55 72	65 81	73 91			≤5	91	≤50
7	MRSA bacteraemia	1	1	0	0	0	0	0	0	1	0	0	1	2	1	2	0	7	0
8	Gram negative bacteraemia	24	16	17	14	32	14	19	27	16	21	15	25	18	17	20	≤18	192	≤173
		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
9	Pressure ulcers category 2 per 1000 bed days	0.56														0.46	<0.3	0.41	<0.3
10	Pressure ulcers category 3 and above per 1000 bed days	0.25														0.32	<0.3	0.42	<0.3
11	Medication Errors (severe/moderate)	3														3	≤3	23	30
12	Watch & Reserve antibiotics, usage per 1,000 adms **Most recent months** vs. **2018*95.5%**	2,765	2,769											2,787		2,900	2,787	27,617	25,859

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		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
13	Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity)	3														0	-	27	-
13	From October 2023, as part of move to PSIRF, reporting of SIRIs was stopped. Patient Safety Incident Investigations (PSII) are reported going forward																		
14	Serious Incidents Requiring Investigation - Maternity	0														0	-	4	-
15	Number of falls investigated per 1000 bed days	0.12														0.11	-	0.09	-
16	% patients with a nutrition plan in place (total checks conducted included at chart base)	93.1%														94.2%	≥90%	95%	≥90%
		669	711	1624	780	1600	844	871	788	806	798	772	770	894	879	956			
17	Red Flag staffing incidents	28														26	-	169	-
Maternity		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
18	Birth rate and Bookings Birth Rate - total number of women birthed Bookings - Total number of women booked	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	428 / 392	406 / 483	-	-	-
19	Staffing: Birth rate plus reporting / opel status - number of days (or shifts) at Opel 4.	1	5	1	0	2	1	1	4	6	1	3	3	1	4	4	-	-	-
20	Mode of delivery % number of normal birthed (women) % number of caesarean sections (women) % other	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%	38.6% / 49.3%	39.2% / 47.3%	-	-	-

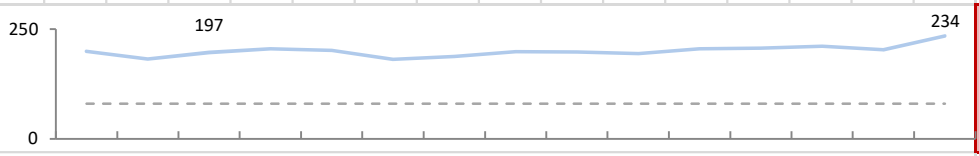
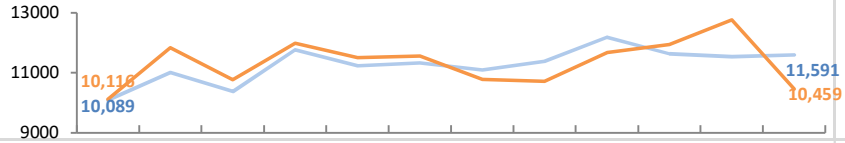
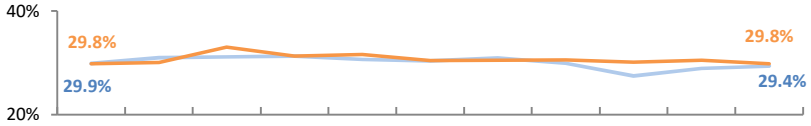
Patient Experience		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
21	FFT Negative Score - Inpatients																≤5%	0.6%	≤5%
22	FFT Negative Score - Maternity (postnatal ward)																≤5%	2.4%	≤5%
23	Total UHS women booked onto a continuity of carer pathway																≥35%	13.8%	≥35%
24	Total BAME women booked onto a continuity of carer pathway																≥51%	28.6%	≥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%	90.2%	≥90%
26 - Performance is a scored metric with a "Yes" response scoring 1, "Yes, to some extent" receiving 0.5 score and other responses scoring 0.																			
27	Overnight ward moves with a reason marked as non-clinical (excludes moves from admitting wards with LOS<12hrs)																-	692	-

Access Standards		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	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)	100% 25%	6 4	6 4	61.1% 3	5 3	4 3	9 5	12 7	9 5	8 5	8 5	12 7	10 7	11 7	8 5	63.7% 2	≥95%	61.1%	≥95%
29	Average (Mean) time in Dept - non-admitted patients	05:00 02:00		03:07												04:37	≤04:00	03:39	≤04:00
30	Average (Mean) time in Dept - admitted patients	08:00 01:00		05:50												06:39	≤04:00	06:01	≤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%	5 5	64.0% 5 5	5 5	4 5	4 6	4 6	4 5	4 5	5 6	4 6	4 6	4 5	4 4	62.5% 4	≥92%	63.0%	≥92%
32	Total number of patients on a waiting list (18 week referral to treatment pathway)	60,000 40,000		54,254												57,725	-	57,725	-
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 12	5 2,156 12	5 12	4 11	4 11	4 11	4 9	3 8	3 8	3 8	2 8	2 8	2 9	1,672	≤2,011	1,672	≤2011

		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	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	5	5	4	4	4	4	5	5	3	3	3	245	-	245	-
		827																	
		13	12	13	12	12	11	11	10	9	9	9	8	8	8				
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	6	4	4	5	8	8	7	6	5	6	5	27	0	27	0
		271																	
		15	15	15	15	12	10	11	12	11	10	9	9	9	9				
35a	Patients on an open 18 week pathway (waiting 104 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	1	1	1	1	1	1	8	14	17	15	16	12	13	13	0	0	-	0
		0	0	0	0	0	0	1	4	5	2	2	1	1	1				
		1	1	1	1	1	1	13	13	17	13	14	10	11	9				
36	Patients waiting for diagnostics	10,634													8,052		-	8,052	-
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	11	12	12	12	12	11	11	11	7	9	7	7	6	7	14.5%	≤1%	19.5%	≤1%
		28.7%																	
		8	10	7	8	8	7	7	8	10	10	8	7	7	7				

		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
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)	17	14	13	15	17	17	17	16	16	16	13					≥93%	76.7%	≥93%
		13	10	11	79.5%	18	16	19	18	16	13	10	9			93.6%			
38	Beginning December 2023, NHSE published Cancer data no longer includes 2 week wait as a cancer standard for benchmarking. Data shown for October 2023 onwards will reflect internally reported UHS position for each month, but will not include Teaching Hospital/South East Hospital data																		
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)	14	17	14	14	18	9	14	13	10	15	6	11	7	6	79.5%	≥85%	66.7%	≥85%
		7	12	11	7	14	5	9	7	3	6	1	2	3	2	55.6%			
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.																		
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)	3	4	8	7	8	7	7	6	3	1	2	3	3		87.2%	≥75%	81.5%	≥75%
		2	5	5	5	8	7	5	3	2	1	1	1	1		78.6%			
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)	16	16	16	18	16	15	17	15	13	13	11	15	12	13		≥96%	88.4%	≥96%
		13	12	14	20	12	10	14	11	5	9	6	15	9	8	90.0%			
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		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
43	Comparative CRN Recruitment Performance - non-weighted	7	14	15	15	13	14	17	19	19	21	17	17	16	15	15	Top 10	-	-
44	Comparative CRN Recruitment Performance - weighted	10	10	10	11	9	9	6	12	14	15	12	11	12	9	11	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%	88%	55%	-	-	-
46	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	71.4%	79.2%	166.3% 85.2%	69.5%	35.6%	50.7%	65.2%	84.7%	104.1%	45.8%	133.3%	133.3%		84.7%	65.2% 6.5%	≥5%	-	-

Local Integration		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
47	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	202	-
48	Emergency Department activity - type 1 This year vs. last year																-	114,095	-
49	Percentage of virtual appointments as a proportion of all outpatient consultations This year vs. last year																≥25%	29.3%	≥25%

Digital		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Monthly target	YTD	YTD target
50	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)	144,668														188,436	-	188,436	-
51	My Medical Record - UHS patient logins (number of logins made within each month)	30,515														34,454	-	32,150	-
52	Average age of IT estate Distribution of computers per age in years	0	0	27	39	84	136	375	863	1080	1170	2490	3090	1820	730		-	-	-
		14	13	12	11	10	9	8	7	6	5	4	3	2	1				
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%	99.79%	99.80%	99.79%								
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	10	61	2	25	71	3	22	40	1	20	26	1	10	7	0	-	-	-
55	Inpatient noting progress Left axis: IP Noting data recorded (100s) IP Noting unique user views Right axis: IP pages scanned (1000s)	NEU go live	EYE go live	CV&T go live	T&O go live	Med go live	Sur go live	Can go live									-	-	-
55	IP Noting went live in Oct-22. CGs going live are marked on green line.																		