

Appendix 1

This paper will provide an update on University Hospital Southampton NHS Foundation Trust's (UHS) performance against key metrics, and also current operational pressures. The narrative is correct at the time of writing (January 2025), while the performance reflects the latest published month.

Performance saw a significant deterioration during the COVID-19 pandemic, but there have been improvements since, with particular success in treating the longest waiting patients, and improving waiting times for cancer patients. This has been against a backdrop of rising demand, both for emergency and elective treatment, and a consistently high number of patients not meeting the criteria to reside (patients who are medically fit for discharge but are waiting for either ongoing health or social care external to the hospital).

UHS benchmarks against comparable teaching hospitals, and consistently performs in the upper quartile or upper half for the key constitutional standards. Published data is only available to November, or December for some metrics.

Teaching hospital comparison

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
CWT 28 day	5	9	5	4	10	9	6	3	3	1	1	1	1	1	1	1	1	1	5	6	5	2	3	1	
CWT 31 day	10	15	16	16	16	17	18	14	17	12	14	9	8	8	10	6	7	13	13	8	7	6	6	6	
CWT 62 day	8	6	3	9	5	6	5	2	1	1	2	3	2	2	1	3	3	5	5	6	2	2	2	1	
Diagnostics	12	12	12	12	11	11	11	10	10	8	7	7	7	7	5	5	5	4	5	5	5	5	6	6	
ED	4	3	3	3	5	7	5	5	5	7	7	7	5	2	3	2	5	2	4	5	6	4	4	9	12
RTT 52ww	7	7	8	8	8	7	6	4	4	4	4	5	4	4	5	7	6	6	5	3	3	3	4	6	
RTT 65ww	6	6	5	5	4	4	4	4	5	5	3	3	3	3	3	3	3	2	2	1	1	2	1	2	
RTT 78ww	7	7	6	4	4	5	8	8	7	6	5	6	5	5	5	10	10	10	11	9	9	4	8	8	
RTT Perf	5	5	5	6	6	5	5	6	6	6	5	4	4	4	4	4	4	4	4	4	3	4	4	3	5

TQ = Top Quartile **TH** = Top Half **BH** = Bottom Half

(see below for definitions)

However, performance, particularly against the 4-hour emergency access target, has declined in December and January. This has been driven by a combination of increased demand, with attendances to the Emergency Department consistently over 400 a day, and high occupancy. We have seen twin pressures of a high level of infection, particularly influenza, and a significant number of patients not meeting the criteria to reside. At times 25% of our beds have been occupied by these patients, who medically do not need to be in hospital.

At the time of writing the number of patients admitted with influenza is decreasing, but the number of patients not meeting the criteria to reside remains high, at 226 on the 22nd of January. This has led to us using approximately 50 surge beds to support patient flow through January.

The following pages outline the UHS's performance against key access and quality targets.

Definitions:

CWT 28 day – the percent of patients on a cancer pathway who receive a diagnosis within 28 days.

CWT 31 day – the percent of patients on a cancer pathway who start treatment within 31 days of a diagnosis.

CWT 62 day – the percent of patients on a cancer pathway who start treatment within 62 days of an urgent cancer referral.

Diagnostics – the percent of patients who receive their diagnostic test within 6 weeks of referral.

ED – the percent of patients who are seen, treated and admitted or discharged within 4 hours of arrival at the Emergency Department.

RTT 52 weeks – the number of patients waiting over 52 weeks for treatment from the date of referral.

RTT 65 weeks – the number of patients waiting over 52 weeks for treatment from the date of referral.

RTT 78 weeks – the number of patients waiting over 52 weeks for treatment from the date of referral.

RTT Perf – the percent of patients who are treated within 18 weeks of referral.