

# Combined Integrated Performance Report January 2025 – Month 10



The Robert Jones and Agnes Hunt  
Orthopaedic Hospital  
NHS Foundation Trust

Aspiring to deliver world class patient care

# SPC Reading Guide

## SPC Charts

SPC charts are line graphs that employ statistical methods to aid in monitoring and controlling processes. An area is calculated based on the difference between points, called the control range. 99% of points are expected to fall within this area, and in doing so are classed as 'normal variation'. There are a number of rules that apply to SPC charts designed to highlight points that class as 'special cause variation' - abnormal trends or outliers that may require attention.





There are situations where SPC is not the appropriate format for a KPI and a regular line graph has been used instead. Examples of this are list sizes, KPIs with small numbers and little variation, and zero tolerance events.

## SPC Chart Rules

The rules that are currently being highlighted as 'special cause' are:

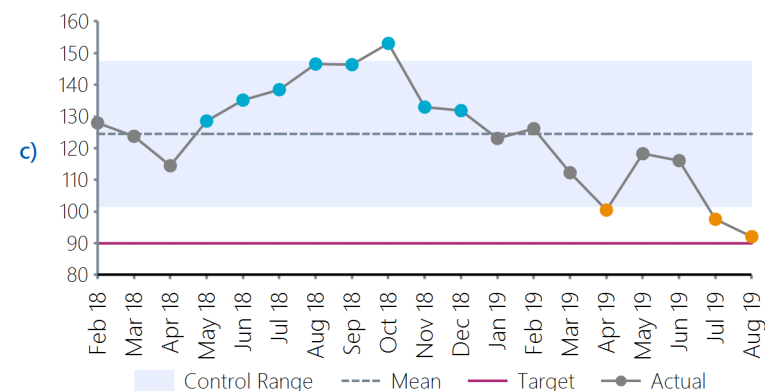
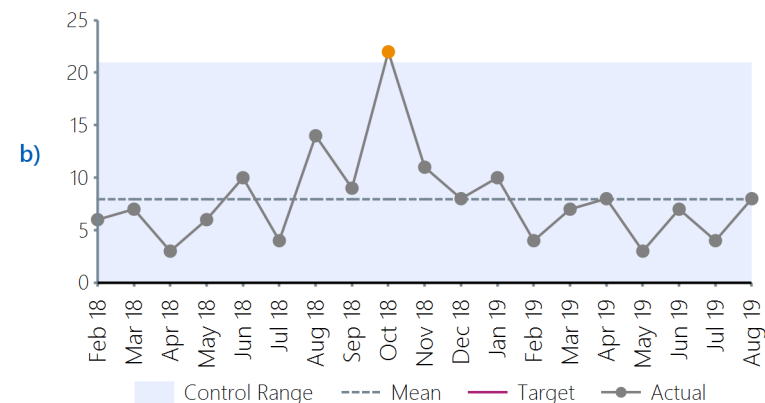
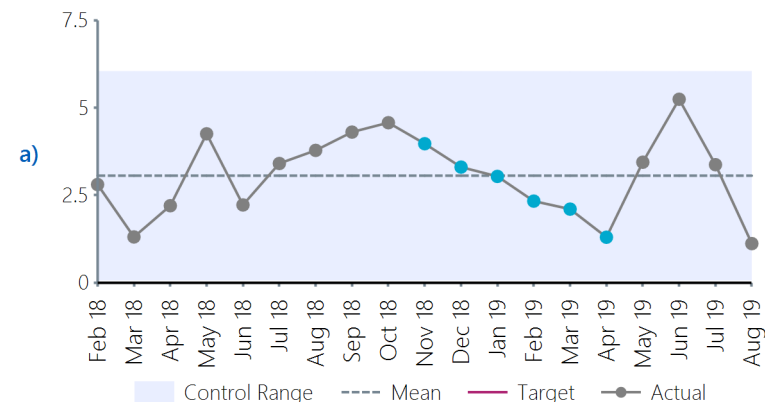
- Any single point outside of the control range
- A run of 7 or more consecutive points located on the same side of the mean (dotted line)
- A run of 6 or more consecutive points that are ascending or descending
- At least 2 out of 3 consecutive points are located within or beyond the outer thirds of the control range (with the mean considered the centre)

Different colours have been used to separate these trends of special cause variation:

-  Blue Points highlight areas of improvement
-  Orange Points highlight areas of concern
-  Grey Points indicate data points within normal variation
-  White Points are used to highlight data points which have been excluded from SPC calculations

Some examples of these are shown in the images to the right:

- a)** shows a run of improvement with 6 consecutive descending months.
- b)** shows a point of concern sitting above the control range.
- c)** shows a positive run of points consistently above the mean, with a few outlying points that are outside the control limits. Although this has highlighted them in red, they remain above the target and so should be treated as a warning.



## Summary Icons Reading Guide

With the redesign of the IPR you will now see 2 summary icons against each KPI, which have been designed by NHSI to give an overview of how each measure is performing at a glance. The first icon is used to show whether the latest month is of concerning or improving nature by using SPC rules, and the second icon shows whether or not we can reliably hit the target.

### Exception Reporting

Instead of showing a narrative page for every measure in the IPR, we are now only including these for those we are classing as an 'exception'. Any measure that has an orange variation or assurance icon is automatically identified as an exception, but each KPI has also been individually checked and manually set as an exception if deemed necessary. Summary icons will still be included on the summary page to give sight of how measures without narrative pages are performing.

For KPIs that are not applicable to SPC; to identify exceptions we look at performance against target over the last 3 months - automatically assigning measures as an exception if the last 3 months have been falling short of the target in line with how we're calculating the assurance icon for non-SPC measures.

### Variation Icons

Are we showing improvement, a cause for concern, or staying within expected variation?



Orange variation icons indicate special cause of **concerning nature** or high pressure do to **(H)igher** or **(L)ower** values, depending on whether the measure aims to be above or below target.



Blue variation icons indicate special cause of **improving nature** or lower pressure do to **(H)igher** or **(L)ower** values, depending on whether the measure aims to be above or below target.



A grey graph icon tells us the variation is common cause, and there has been no significant change. For measures that are not appropriate to monitor using SPC you will see the "N/A to SPC" icon instead.

The special cause mentioned above is directly linked to the rules of SPC; for variation icons this is if the latest point is outside of the control range, or part of a run of consecutively improving or declining points.

### Assurance Icons

Can we expect to reliably hit the target?



An orange assurance icon indicates consistently **(F)alling short** of the target.



A blue assurance icon indicates consistently **(P)assing** the target.



A grey assurance icon indicates inconsistently passing and falling short of the target.



For measures without a target you will instead see the "No Target" icon.



Currently shown for any KPIs with moving targets as assurance cannot be provided using existing calculations.

Assurance icons are also tied in with SPC rules; if the control range sits above or below the target then F or P will show depending on whether or not that is meeting the target, since we can expect 99% of our points to fall within that range. For KPIs not applicable to SPC we look at the last 3 months in comparison to the target, showing F or P icons if consistently passing or falling short.

# Data Quality Rating Reading Guide

The Data Quality (DQ) rating for each KPI is included within the 'heatmap' section of this report. The indicator score is based on audits undertaken by the Data Quality Team and will be further validated as part of the audit assurance programme.

## Colours

When rated, each KPI will display colour indicating the overall rating of the KPI



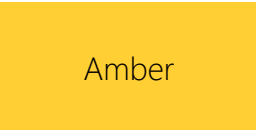
Blue

No improvement required to comply with the dimensions of data quality



Green

Satisfactory - minor issues only



Amber

Requires improvement



Red

Significant improvement required

## Dates

The date displayed within the rating is the date that the audit was last completed.



# Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Sickness Absence	5.80%	5.77%				+	05/12/23
Sickness Absence - Short Term	2.49%	2.31%					05/12/23
Sickness Absence - Long Term	3.30%	3.45%					05/12/23
Staff Turnover - Headcount	7.86%	8.84%				+	04/06/24
In Month Leavers	12	13				+	
Vacancy Rate	8.00%	6.08%					15/04/24
Nursing Vacancy Rate (Trust)	8.00%	4.61%				+	
Healthcare Support Worker Vacancy Rate	9.19%	13.08%				+	
Allied Health Professionals Vacancy Rate	8.00%	4.46%				+	
Total Headcount in Post		2,145				+	



# Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Time to Hire	55	66				+	
Staff Retention		82.15%				+	
% Staff Availability		78.80%				+	
Statutory & Mandatory Training	92.00%	93.20%					
Personal Development Reviews	93.00%	92.70%				+	
E-Rostering Level of Attainment	4	4				+	
Percentage of Staff on the E-Rostering System	90.00%	92.69%				+	
% of E-Rosters Approved Six Weeks Before E-Roster Start Date	90.00%	70.42%				+	
% of System-Generated E-Roster (Auto-Rostering)	40.00%	55.05%					
E-Job Planning Level of Attainment	4	1				+	



# Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Percentage of Staff with an Active E-Job Plan	90.00%	20.13%				+	



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Patient Safety Incident Investigations		1				+	
Number of Patient Safety Reviews		1				+	
Total Patient Falls	10	16					
Inpatient Ward Falls Per 1,000 Bed Days	2.50	4.52					
RJAH Acquired Pressure Ulcers	1	1					
Pressure Ulcer Assessments	99.00%	99.90%					
Patient Friends & Family - % Would Recommend (IP & OP)	95.00%	98.63%					
Number of Complaints	8	10					
Standard Complaints Response Rate Within 25 Days	100.00%	90.91%					
Complex Complaints Response Rate Within 40 Days							





# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Complaints Re-opened	0	2				+	
Number of Compliments		1,257					
Safe Staffing	90.00%	96.30%				+	
Mixed Sex Accommodation	0	0					
% Delayed Discharge Rate	2.50%	7.32%				+	
Number Of Spinal Injury Patients Fit For Admission To RJAH	7	13				+	
RJAH Acquired C.Difficile	0	0					04/03/24
C Diff Infection Rates Per 100,000 Bed Days	3.18	7.41					
RJAH Acquired E. Coli Bacteraemia	0	0					04/03/24
E Coli Infection Rates Per 100,000 Bed Days	22.26	22.23					



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
RJAH Acquired MRSA Bacteraemia	0	0					04/03/24
RJAH Acquired MSSA Bacteraemia	0	1				+	04/03/24
RJAH Acquired Klebsiella spp	0	0					04/03/24
RJAH Acquired Pseudomonas	0	0					04/03/24
Surgical Site Infections	0	1				+	04/03/24
Outbreaks	0	0				+	04/03/24
Patient Safety Alerts Not Completed by Deadline	0	0					
Medication Errors		34				+	
Medication Errors with Harm	0	1				+	
Number of Deteriorating Patients	5	6					



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Deaths	0	0					12/09/23
RJAH Acquired VTE (DVT or PE)	4	2					
VTE Assessments Undertaken	95.00%	99.80%					
28 days Emergency Readmissions*	1.00%	0.17%					
WHO Quality Audit - % Compliance	100.00%	100.00%					
Volume of Theatre Cancellations	62	36				+	
31 Day General Treatment Standard*	96.00%	100.00%	100.00%				
62 Day General Standard*	85.00%	78.57%	50.00%			+	12/09/23
28 Day Faster Diagnosis Standard*	77.00%	95.65%	88.89%				12/09/23
18 Weeks RTT Open Pathways	92.00%	46.22%				+	24/06/21



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
English List Size	15,297	16,607				+	
Welsh List Size		8,615				+	
Combined List Size		25,222				+	
Patients Waiting Over 52 Weeks – English	525	981				+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		1,649				+	24/06/21
Patients Waiting Over 52 Weeks - Combined		2,630				+	
Patients Waiting Over 65 Weeks - English	0	48				+	
Patients Waiting Over 65 Weeks - Welsh	0	1,071				+	
Patients Waiting Over 65 Weeks - Combined		1,119				+	
Overdue Follow Up Backlog	6,301	14,199				+	



# Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
6 Week Wait for Diagnostics - English Patients	85.00%	86.97%	92.60%			+	04/03/24
8 Week Wait for Diagnostics - Welsh Patients	100.00%	97.28%				+	04/03/24



# Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Theatre Cases Per Session Against Plan	1.97	1.94				+	
Touchtime Utilisation	85.00%	82.21%					
Total Theatre Activity Against Plan	1,125	1,046				+	
IJP Activity - Theatres - against Plan	829	825				+	
OJP Activity - Theatres - against Plan	214	123				+	
PP Activity - Theatres - against Plan	82	98				+	
Elective Activity Against Plan (volumes)	1,261	1,185				+	24/06/21
Overall BADS %	85.00%	82.35%				+	
Average Length of Stay – Elective & Non Elective		4.66					
Bed Occupancy – All Wards – 2pm	87.00%	84.02%					



# Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Outpatient Activity against Plan (volumes)	14,604	14,188				+	24/06/21
IJP Activity - Outpatients - against Plan	13,496	13,612				+	
OJP Activity - Outpatients - against Plan	1,108	576				+	
Outpatient Procedures - ERF Scope	46.00%	29.60%	33.80%			+	
Total Outpatient Activity - % Virtual	12.13%	14.41%					
Total Outpatient Activity - % Moved to PIFU Pathway	6.60%	7.01%				+	
Outpatient DNA Rate (Consultant Led and Non Consultant Led Activity)	5.00%	4.33%				+	
New to Follow Up Ratio (Consultant Led and Non Consultant Led Activity)	2.50	2.86					
Total Diagnostics Activity against Plan - Catchment Based	2,482	2,689				+	
Data Quality Maturity Index Score							




# Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Referrals Received for Consultant Led Services*		2,890					
Financial Control Total	651.30	232.90				+	
Income	14,129	13,662.70				+	
Expenditure	13,477.60	13,429.80					
Efficiency Delivered	603	692				+	
Cash Balance	20,734	14,406				+	
Capital Expenditure	223	1,577					
Agency Proportion of Pay Plan	3.20%	1.30%					
Proportion of Temporary Staff	8.45%	6.80%					
Better Payment Practice Code (BPPC) % of Invoices paid within 30 days	95.00%	97.00%					





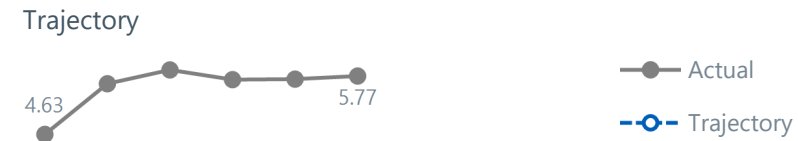
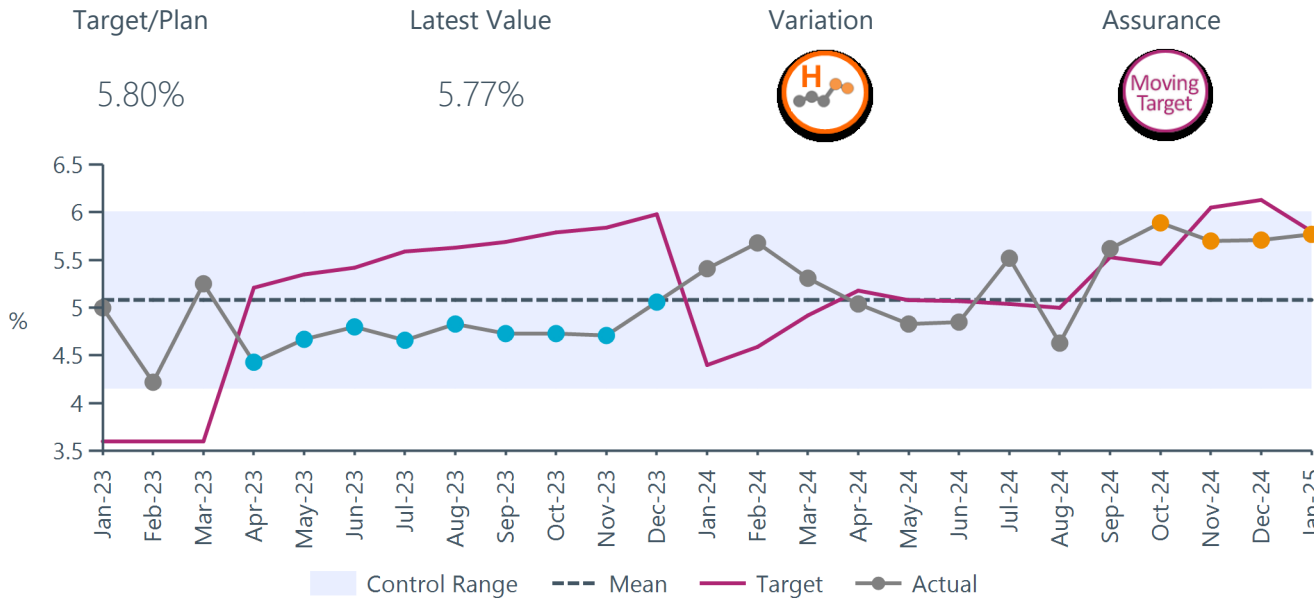
# Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Value Weighted Assessment	125.77%	118.23%				+	

# Sickness Absence

FTE days lost as a percentage of FTE days available in month. Target as per Trust's Operational Plans. 211161

Exec Lead:  
Chief People Officer



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. Metric has a moving target.

## Narrative

The Sickness Absence Rate for January is reported at 5.77%. Although below the 5.80% target, the latest data point is reported as special cause variation of concern.

The areas with the highest levels of overall sickness were; Kenyon Ward (16.89%), ODOs (15.65%), Logistics (15.28%), Theatre Support Workers (14.50%) and MCSI Inpatients (13.49%).

The highest reasons for absence were 'Anxiety/Stress/Depression', 'Other Musculoskeletal Problems' and 'Other known causes - not elsewhere classified'.

## Actions

The People Services Team have oversight of the drivers of high absence in the identified areas and are working closely with managers to ensure appropriate management plans are in place.

Further actions:

- \* Employee Relations team fortnightly deep-dive review into stress absence cases
- \* Deep-dive underway into short-term absence management to identify where policy is not being applied
- \* Bespoke HR 121 absence training provided to managers into areas where absence is high
- \* Bespoke 'Managing absence related to Mental Health' masterclass scheduled

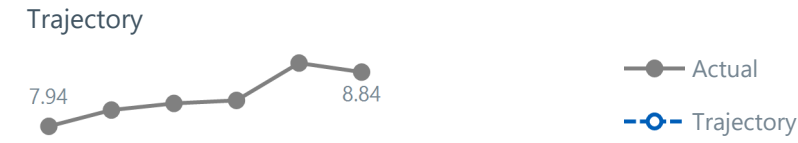
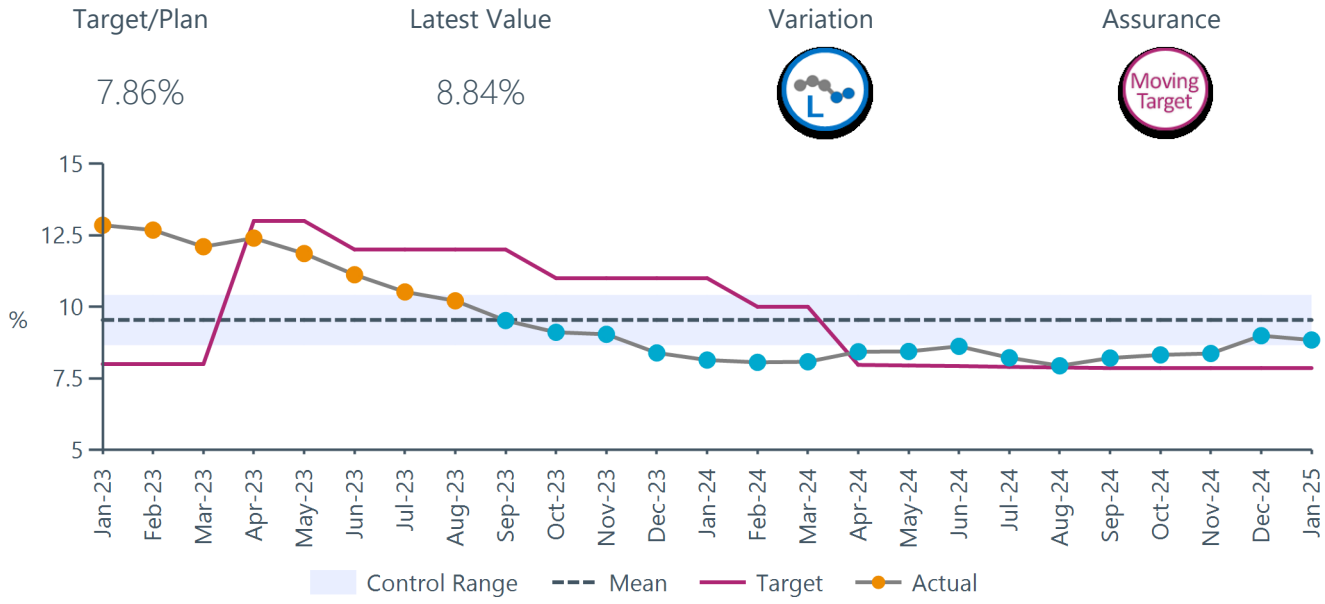
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
5.41%	5.68%	5.31%	5.04%	4.83%	4.85%	5.52%	4.63%	5.62%	5.89%	5.70%	5.71%	5.77%

- Staff - Patients - Finances -

# Staff Turnover - Headcount

Total numbers of voluntary leavers in the last 12 months as a percentage of the total employed. Target as per Trust's Operational Plans. 217394

Exec Lead:  
Chief People Officer



## What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. Metric has a moving target.

## Narrative

Staff Turnover is reported at 8.84% for January, above the 7.86% plan. The 24/25 target was reduced to reflect what was submitted in the Trust's Operational Plans. The 24/25 target is aligned with the 23/24 outturn.

As demonstrated on the graph above, there has now been a period of sustained improvement for over twelve months.

This metric relates to the leavers over the past twelve months. For the period of February-24 to January-25 there have been 162 leavers as a proportion of the month end headcount.

## Actions

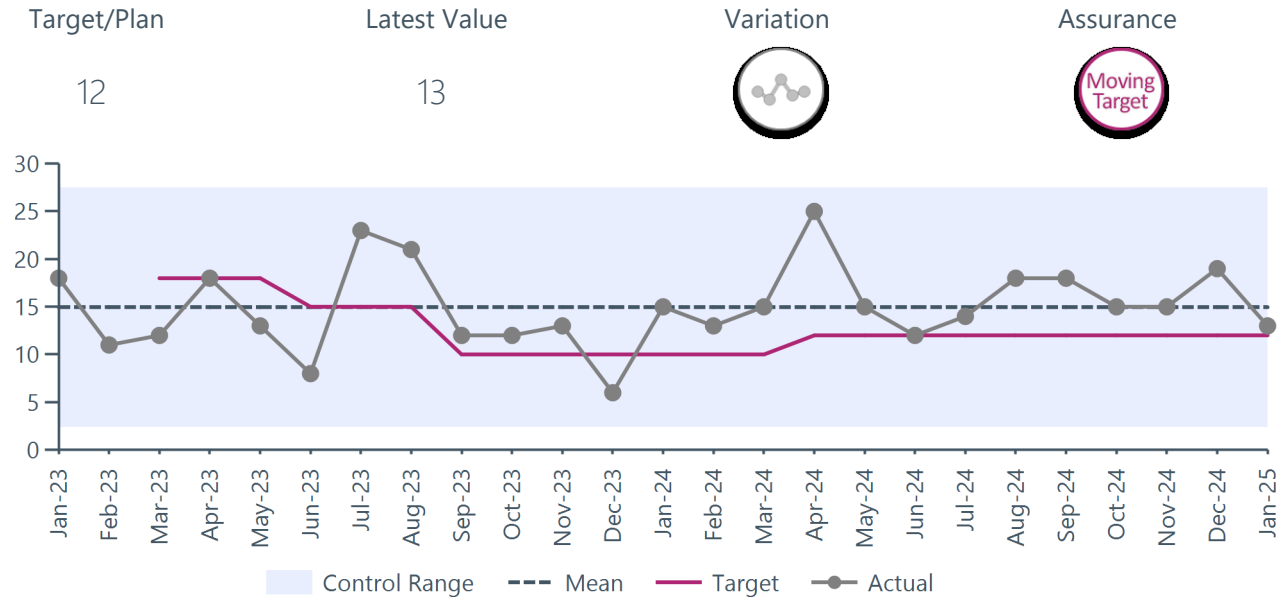
- Ongoing Long-Term Retention Activities in place to support staff:
- \*Developing role competencies and career pathways for progression, Theatres and MCSI focus
- \*Preceptorship programme - utilising springboard to align with system partners
- \*Introduction of Legacy Mentors to support departments with high turnover and leavers
- \*Revised and improved staff induction
- \*System Retention Strategy in Development
- \*People Promise Programme activity
- \* Workforce profiling to assess succession planning in progress

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
8.14%	8.06%	8.08%	8.43%	8.44%	8.62%	8.22%	7.94%	8.21%	8.32%	8.37%	8.99%	8.84%

# In Month Leavers

Number of leavers in month - excluding medical rotational staff 217809

Exec Lead:  
Chief People Officer



**What these graphs are telling us**  
Metric is experiencing common cause variation. Metric has a moving target

## Narrative

There were 13 staff who left the Trust throughout January. This metric is included as an exception as it has now exceeded the target of 12 since July.

The leavers were from the following staff groups; Administrative & Clerical (4), Additional Clinical Services (3), Nursing & Midwifery Registered (2), Medical & Dental (2), Estates & Ancillary (1) and Healthcare Scientists (1).

The reasons for leaving were recorded as:

- \* Voluntary Resignation (9)
- \* Retirement (3)
- \* End of Fixed Term Contracts (1)

## Actions

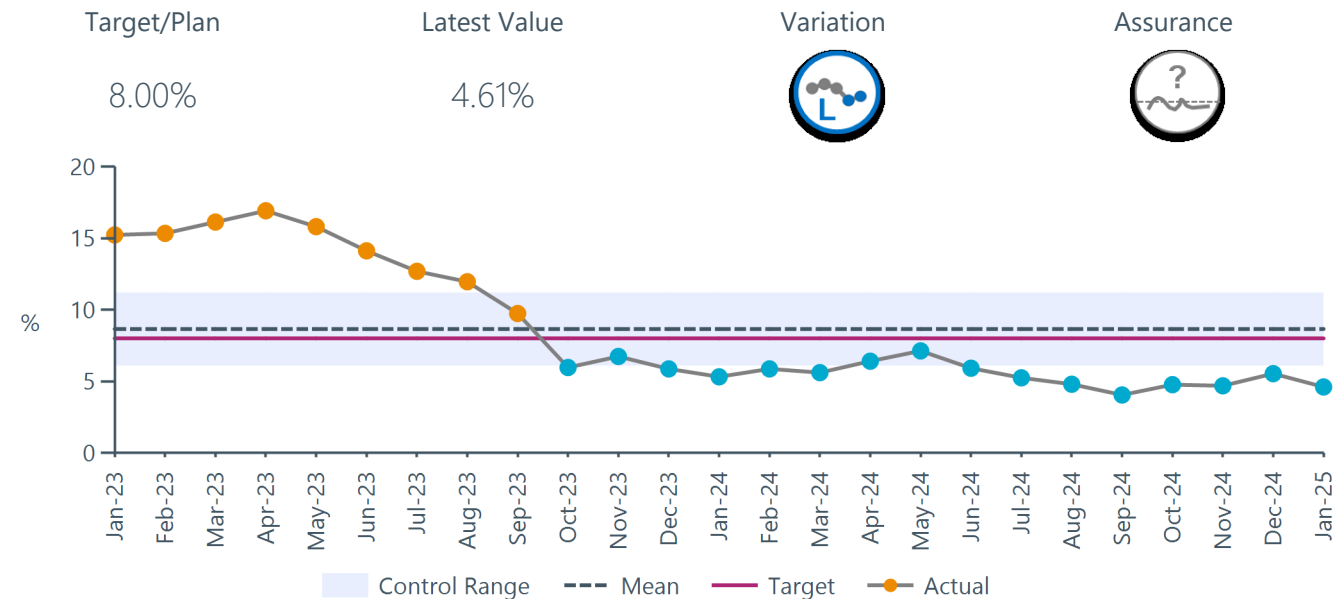
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- \*Preceptorship programme - utilising springboard to align with system partners
- \*Introduction of Legacy Mentors to support departments with high turnover and leavers
- \*Revised and improved staff induction
- \*System Retention Strategy in Development
- \*People Promise Programme activity
- \* Workforce profiling to assess succession planning in progress

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
15	13	15	25	15	12	14	18	18	15	15	19	13

# Nursing Vacancy Rate (Trust)

% of Posts Vacant at Month End - Nursing Staff  
217455

Exec Lead:  
Chief People Officer



## What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. The assurance is indicating variable achievement (will achieve target some months and fail others) as the target line sits within the control range.

## Narrative

The Nursing Vacancy Rate is reported at 4.61% for January month end; this equates to 15.65 WTE vacant, down from 18.80 WTE at the end of December. The latest data point remains special cause variation of an improving nature and the position has been held below the 8% target since October-23. A breakdown of the vacancies by area as follows:

- \* MSK Unit - 6.16% / 11.12 WTE vacant
- \* Specialist Unit - 5.09% / 6.94 WTE vacant
- \* Corporate Areas - over-established by 2.41 WTE

As at month end, 19.71 WTE was in progress against the vacant position of 15.65 WTE with a breakdown as follows:

- \* 7.85 WTE - Active recruitment - Open Advert/Shortlisting/Interview
- \* 10.86 WTE in Recruitment Pipeline - at conditional or unconditional stage
- \* 1.00 WTE - International recruitment

## Actions

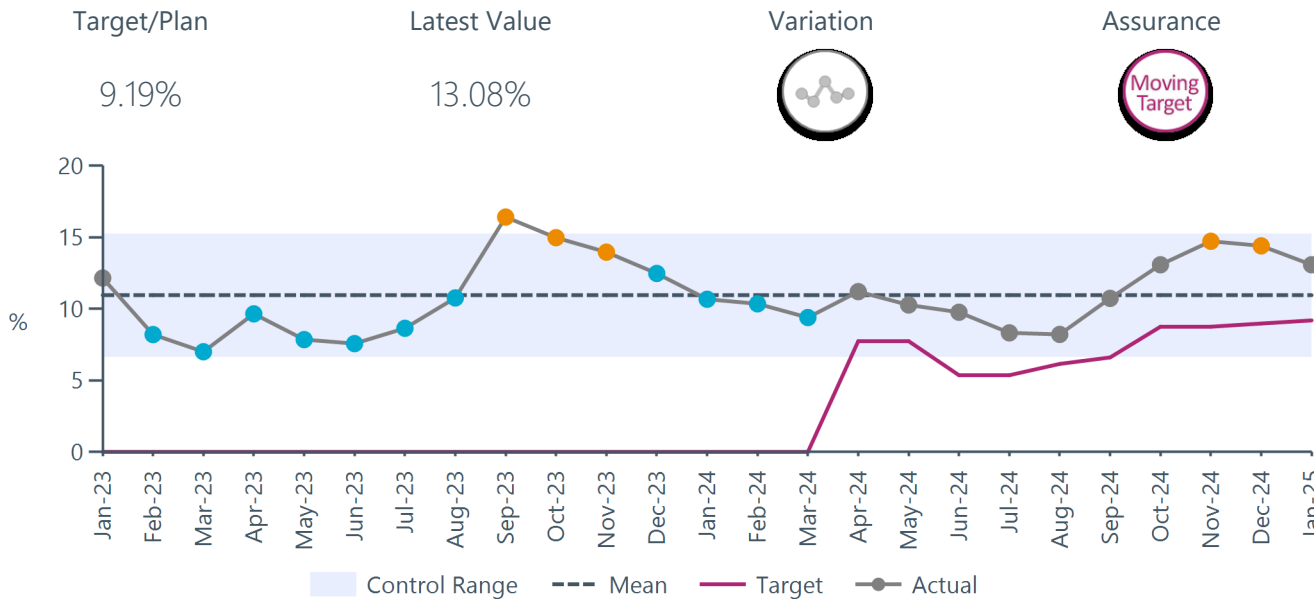
- \* As at month end, the recruitment pipeline exceeds the vacant position but regular review of vacancies per ward/area is ongoing
- \* MCSI Resettlement is temporarily holding some vacancy positions whilst Management of Change process is underway
- \* Business case approved for five Student Nurse Associates 24/25 with those positions now recruited to. Additional plans to include top-up to registered nurse in quarter 2 of 2025/26 on hold for further review and discussion.
- \* Recruitment Day planned for 23 March with interviews being offered on the day

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
5.32%	5.87%	5.61%	6.41%	7.13%	5.92%	5.25%	4.80%	4.05%	4.77%	4.69%	5.54%	4.61%

# Healthcare Support Worker Vacancy Rate

% of Posts Vacant at Month End - Healthcare Support Workers. Target derived from Trust's Operational Plans. 217565

Exec Lead:  
Chief People Officer



## What these graphs are telling us

Metric is experiencing common cause variation. Metric has a moving target

## Narrative

The Healthcare Support Worker Vacancy Rate is reported at 13.08% for January month end. Target reflects the Trust's Operational Planning Submission.

The latest vacancy rate equates to 29.12 WTE; down from 32.08 WTE at the end of December. A breakdown of vacancies by area as follows;

- \* Specialist Unit - 14.83% / 18.27 WTE vacant
- \* MSK Unit - 10.99% / 10.85 WTE vacant
- \* Corporate areas - 0.80 Establishment in post

As at month end, 11.38 WTE was in progress against the vacant position of 29.12 WTE with a breakdown as follows:

- \* 2.10 WTE - Active recruitment - Open Advert/Shortlisting/Interview
- \* 9.28 WTE in Recruitment Pipeline - at conditional or unconditional stage

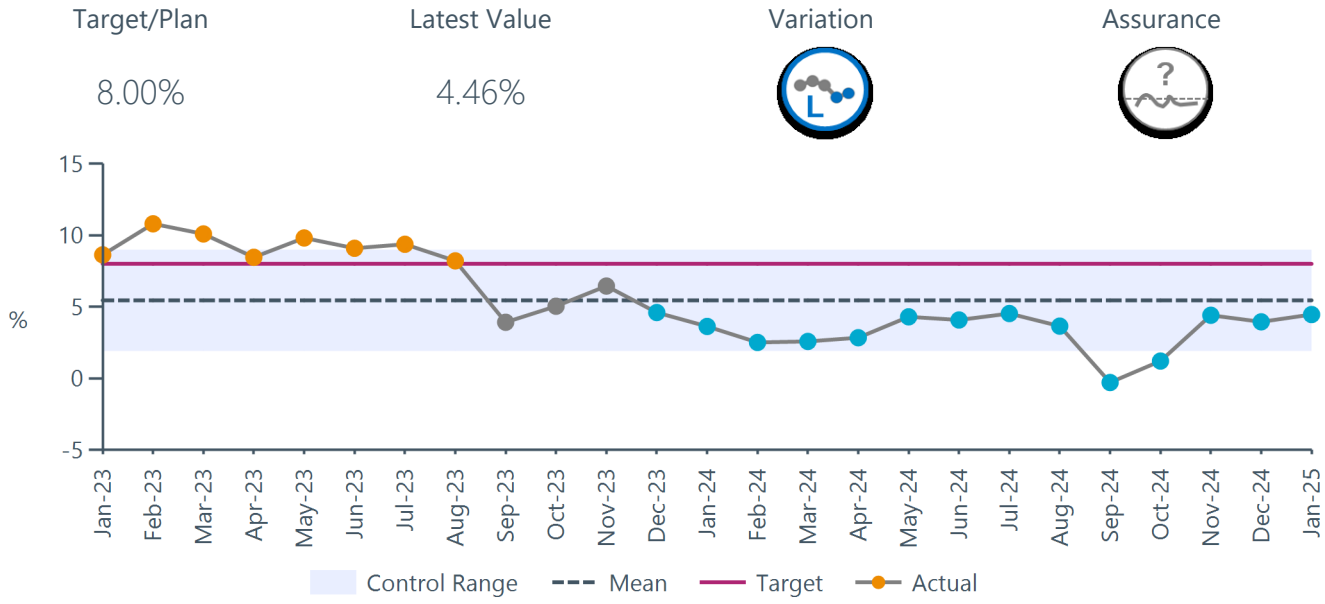
## Actions

- \* Recruitment Day scheduled for 23 March with a primary focus on filling HCSW vacancies. Interviews to be offered on the same day.
- \* Business case approved for five Student Nurse Associates 24/25 with backfill agreed for senior healthcare support worker apprenticeships; this now needs to go through FIG Committee.
- \* MCSI Resettlement is temporarily holding some vacancy positions whilst Management of Change process is underway.

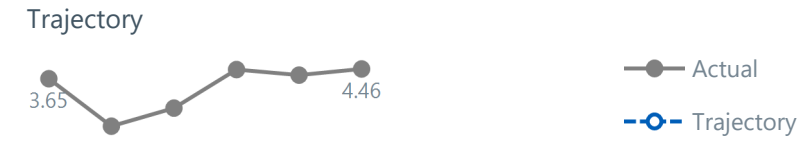
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
10.67%	10.35%	9.39%	11.20%	10.27%	9.76%	8.32%	8.21%	10.73%	13.08%	14.72%	14.40%	13.08%

# Allied Health Professionals Vacancy Rate

% of Posts Vacant at Month End - Allied Health Professionals 217811



Exec Lead:  
Chief People Officer



## What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. The assurance is indicating variable achievement (will achieve target some months and fail others) as the target line sits within the control range.

### Narrative

The allied health professionals vacancy rate it reported at 4.46% for January month end. The reported rate has been below the 8% target since November-23 and as demonstrated in the graph above, we have reported a consistent period of improvement.

As at month end, 9.05 WTE was in progress against the vacant position of 10.89 WTE with a breakdown as follows:  
 \* 4.63 WTE - Active recruitment - Open Advert/Shortlisting/Interview  
 \* 4.42 WTE in Recruitment Pipeline - at conditional or unconditional stage

### Actions

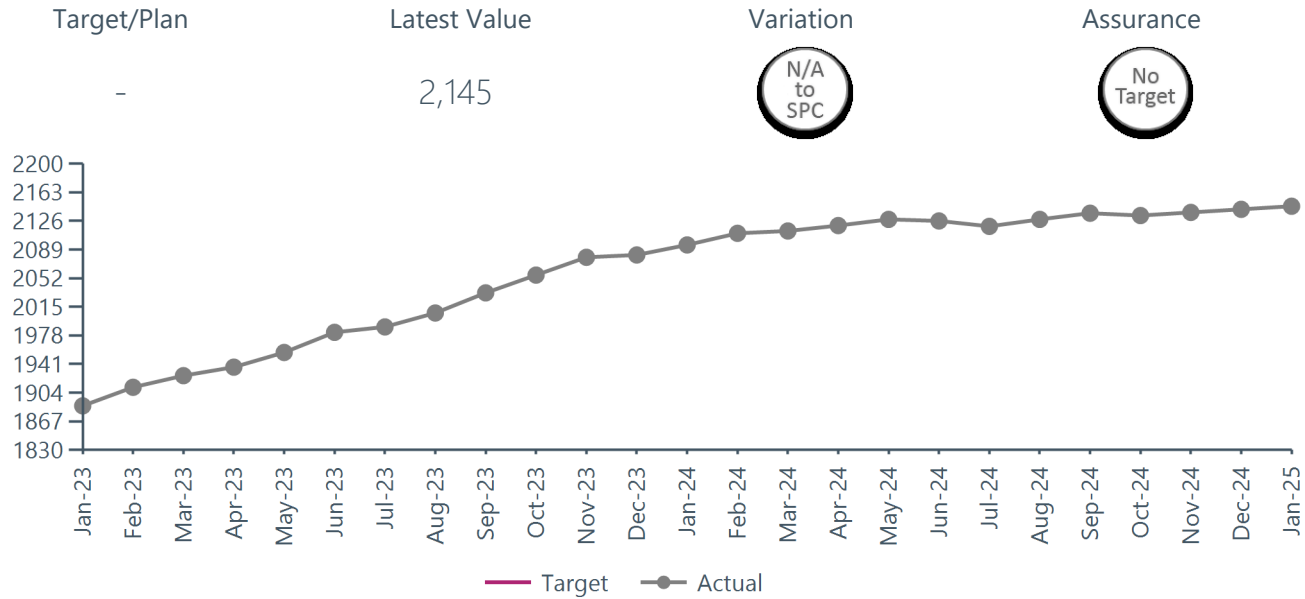
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
3.63%	2.51%	2.58%	2.84%	4.30%	4.08%	4.53%	3.65%	-0.29%	1.21%	4.41%	3.95%	4.46%

- Staff - Patients - Finances -

# Total Headcount in Post

WTE tracker to monitor achievement against workforce plan 217827

Exec Lead:  
Chief People Officer



## What these graphs are telling us

This measure is not appropriate to display as SPC. This KPI has no target as it is included for monitoring purposes only.

## Narrative

At the end of January the Trust had a total headcount in post of 2145 with a breakdown as follows:

- \* Permanent - 1736
- \* Fixed Term - 122
- \* Locum - 1
- \* Bank - 286

Supporting information is provided within the covering paper that accompanies the IPR to People Committee. A table provides the budgeted establishment in the 2024/25 workforce plan submission with the in-year changes reflected in the actual/forecast staff in post position.

## Actions

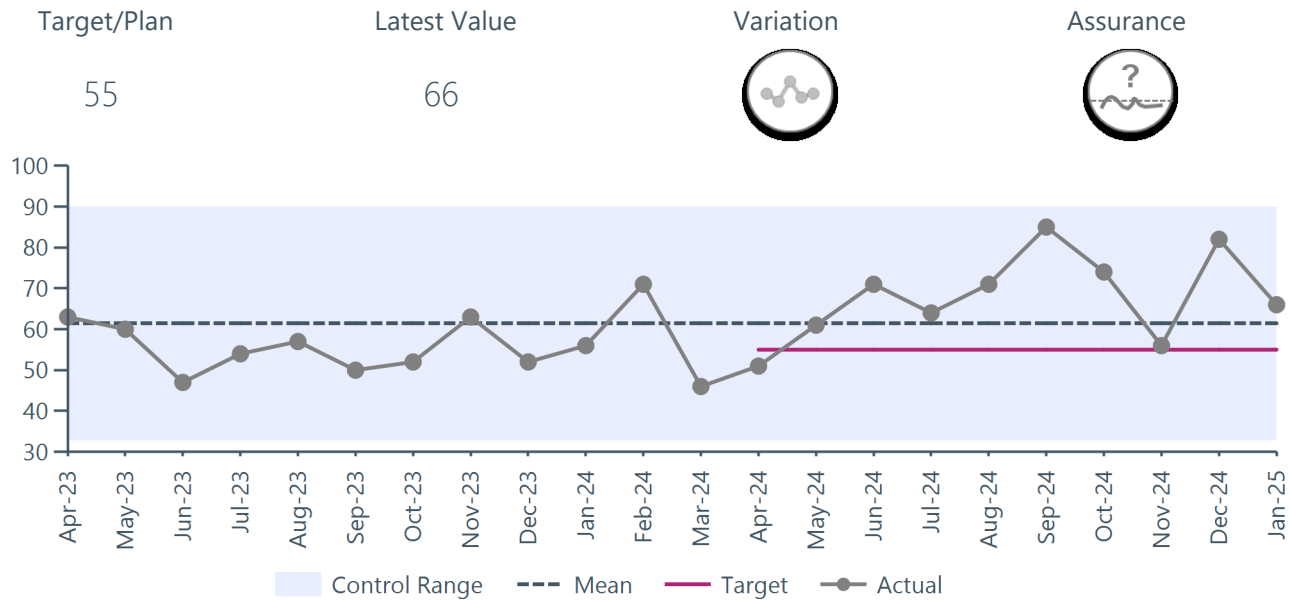
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
2095	2110	2113	2120	2128	2126	2119	2128	2136	2133	2137	2141	2145



# Time to Hire

The average number of working days taken to recruit - based on 'vacancy created to unconditional offer'. Refers to starters in reporting month. Excludes international recruits and rotational doctors. 217833

Exec Lead:  
Chief People Officer



## What these graphs are telling us

Metric is experiencing common cause variation. The assurance is indicating variable achievement (will achieve target some months and fail others) as the target line sits within the control range.

### Narrative

This KPI focuses on the average number of working days taken to hire based on vacancy created to unconditional offer. The data reported each month relates to the starters in that month but excludes any international recruits, rotational doctors and "Golden Ticket" student appointments.

As shown in the SPC above, the latest data remains within control range. For those staff who started in January, the average days to hire was 66 days. The average time for completion of NHS Pre-employment checks was 28 days. Starters in January included candidates who required skilled worker sponsorship. Delays were also experienced through DBS and occupational health.

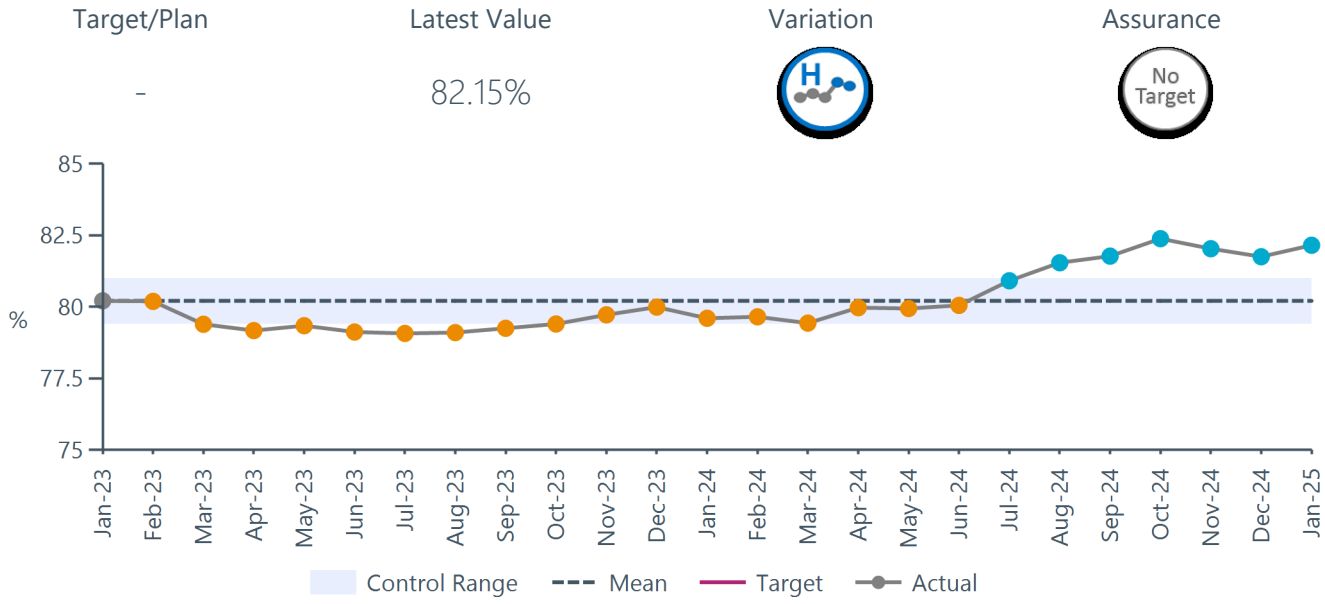
### Actions

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
56	71	46	51	61	71	64	71	85	74	56	82	66

# Staff Retention

Staff Retention over 24 month period - staff in post at month end in comparison to those in post at month end 24-months earlier. Excludes fixed term contracts below 24 months. 217822

Exec Lead:  
Chief People Officer



**What these graphs are telling us**  
Metric is experiencing special cause variation of an improving nature. This KPI has no target as it is included for monitoring purposes only.

## Narrative

This KPI reports on the % of staff retained in the Trust over a 24-month period. As shown on the SPC graph above, the latest reported position remains special cause variation of an improving nature with 82.15% above the Trust's control range.

In January, 82.15% of staff in post have been employed for 24 months. A breakdown by staff group as follows:

- \* Medical & Dental 93.58%
- \* Add Prof Scientific and Technic - 89.47%
- \* Administrative & Clerical 84.33%
- \* Allied Health Professionals 83.78%
- \* Nursing & Midwifery 80.80%
- \* Additional Clinical Services 77.20%
- \* Estates & Ancillary 78.70%
- \* Healthcare Scientists 42.86%

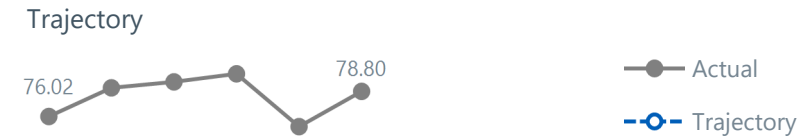
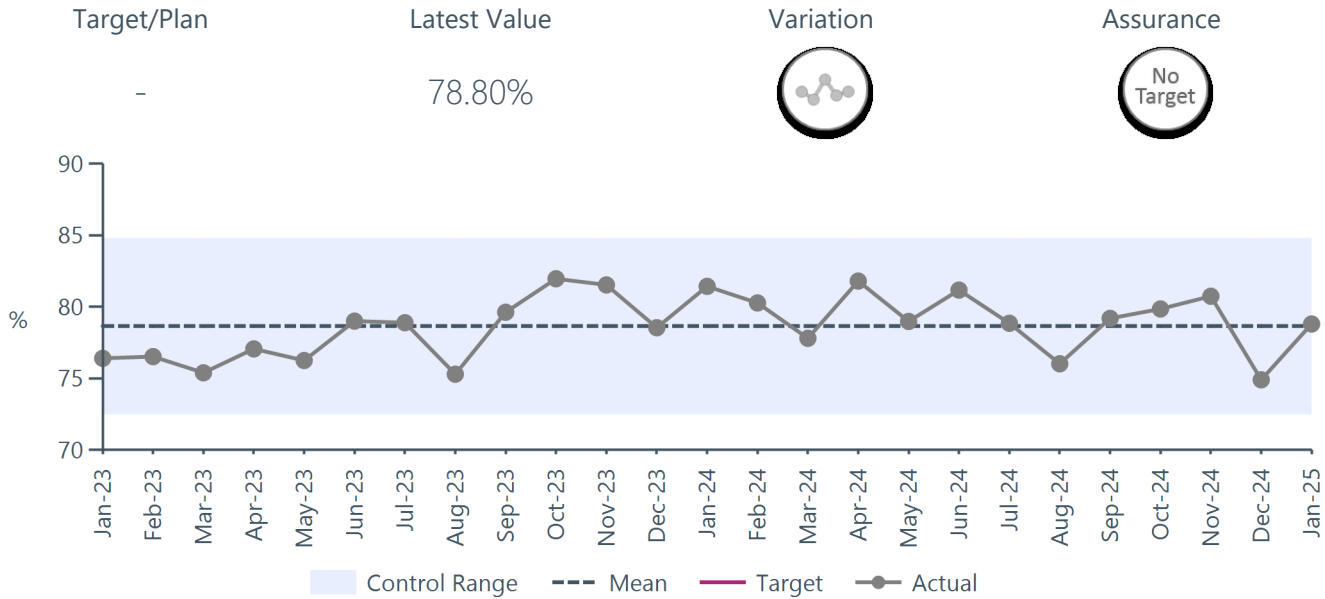
## Actions

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
79.60%	79.65%	79.43%	79.97%	79.94%	80.05%	80.91%	81.54%	81.77%	82.38%	82.03%	81.75%	82.15%

# % Staff Availability

% of Staff available in month 217810

Exec Lead:  
Chief People Officer



## What these graphs are telling us

Metric is experiencing common cause variation. This KPI has no target as it is included for monitoring purposes only.

## Narrative

This metric reports on the % of staff time available in month. Effectively if the organisation had no vacancies, and all staff available to work, it would be at 100%. On a practical level, this would not happen but the metric will monitor the levels that the Trust is currently operating at.

In January, % staff availability was 78.80% with the 21.20% not available broken down as follows:

- \* Planned absence (annual leave, maternity, paternity) - 9.35%
- \* Vacancies - 6.08%
- \* Unplanned absence (sickness, special leave) - 5.77%

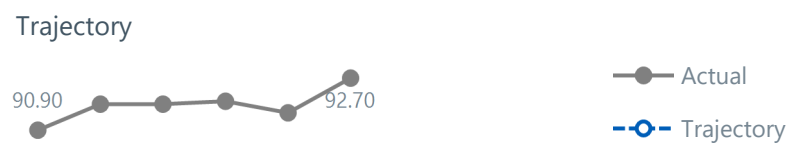
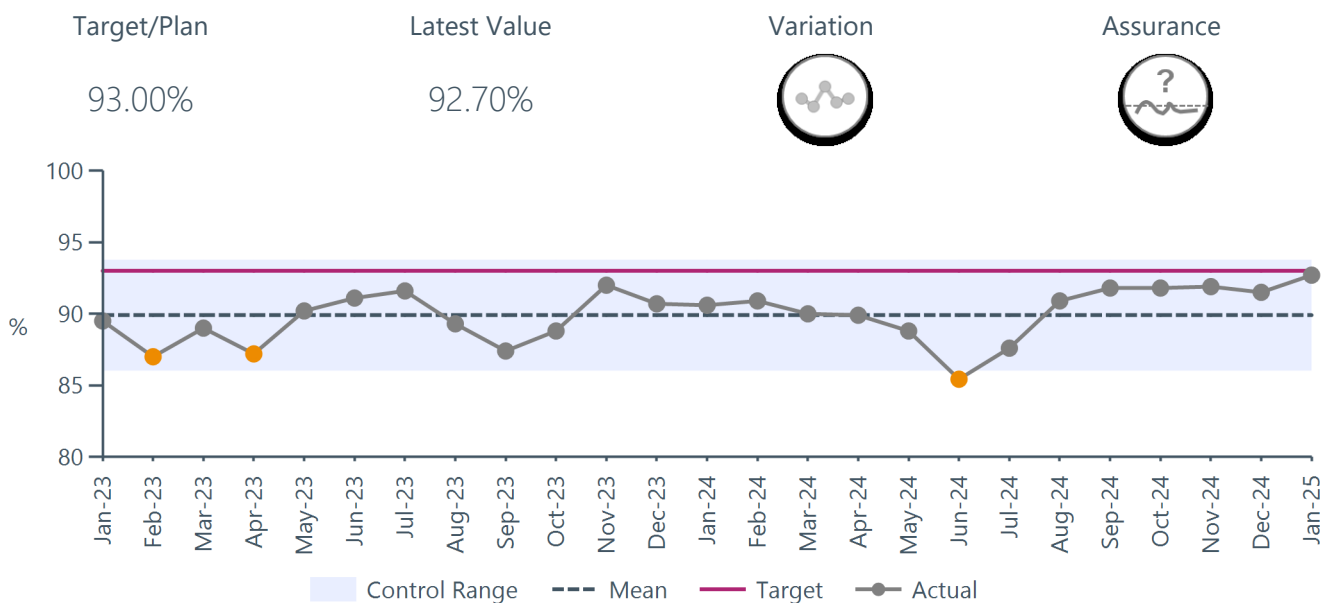
## Actions

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
81.43%	80.27%	77.80%	81.80%	78.98%	81.17%	78.85%	76.02%	79.19%	79.85%	80.74%	74.90%	78.80%

# Personal Development Reviews

% of staff who have had a Personal Development Review within the last 13 months (prior to June 2022 known as Staff Appraisal) 211165

Exec Lead:  
Chief People Officer



### What these graphs are telling us

Metric is experiencing common cause variation. The assurance is indicating variable achievement (will achieve target some months and fail others).

### Narrative

The percentage of staff who have had a Personal Development Review within required timescale is 92.70% at the end of January; this equates to 112 members of staff who require a PDR. This has been reported below target since August '21. Breakdown below by area:

- \* MSK Unit - 89.40% - 65 not completed - since month-end, People Services have been made aware of some PDRs that have been carried out but not updated on ESR. These have now been added to the system.
- \* Corporate areas - 93.77% - 22 not completed
- \* Specialist Unit - 95.59% - 25 not completed

### Actions

- Key actions currently being implemented for MSK include:
- \* People Services attend MSK Board to support completion of PDRs on ESR with Workforce Information Lead also due to attend in February to demonstrate the input process into ESR
  - \* Unit MD has chased all areas with PDRs outstanding, requesting completion and indication of plans
  - \* For MSK Unit, the People Services Business partner, supported by People Services Advisor, now compiles live record of outstanding appraisals and team completion to target, several times a month. The live data is shared with managers to chase and encourage completion.
  - \* Learning and Development team sending out individual emails to chase managers monthly
  - \* Data cleansing taking place on an ongoing basis, and with improved visibility and communication with the admin lead for consultant appraisals

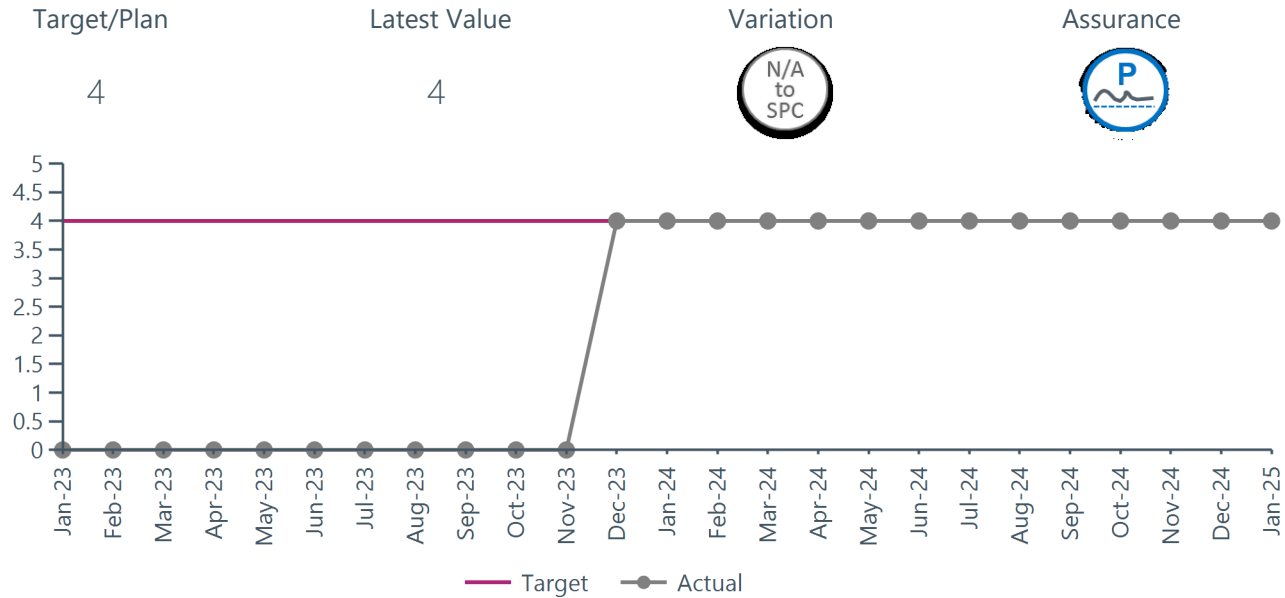
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
90.60%	90.90%	90.00%	89.90%	88.80%	85.43%	87.60%	90.90%	91.80%	91.80%	91.90%	91.50%	92.70%

- Staff - Patients - Finances -

# E-Rostering Level of Attainment

As per NHS EI outlined levels of attainment; the RJAH level at end of quarter 217778

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

This measure is not appropriate to display as SPC. Metric is consistently meeting the target.

## Narrative

RJAH is operating at level 4 and has now maintained this position for the last twelve months. KPIs are shared with Teams and Managers via NSSG Meeting.

## Actions

Ongoing monitoring to gain benefit realisation from this program and ensure compliance with attaining Level 4.

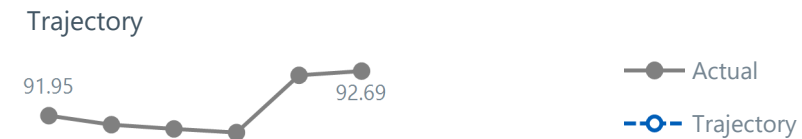
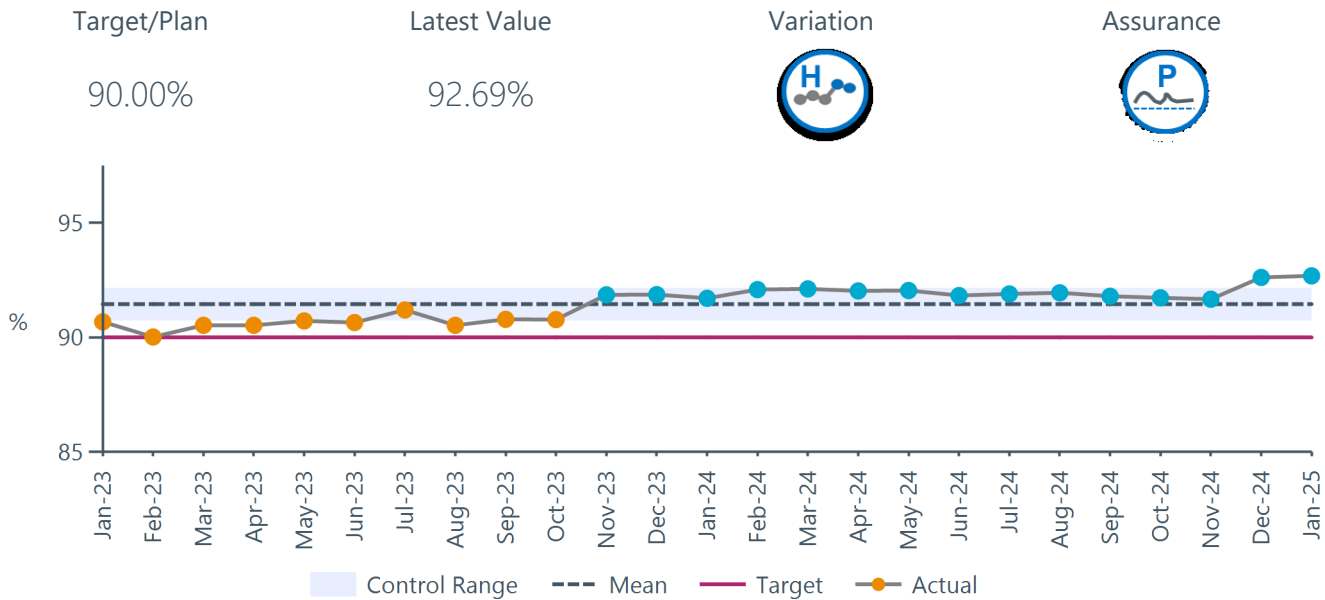
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
4	4	4	4	4	4	4	4	4	4	4	4	4

- Staff - Patients - Finances -

# Percentage of Staff on the E-Rostering System

The percentage of clinical staff who have an account on the e-rostering system 217779

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. Metric is consistently meeting the target.

## Narrative

This KPI measures the percentage of clinical staff who have an account on the e-rostering system. At the end of January, 92.69% of clinical staff are on roster. This has consistently been over the target of 90% since September-22.

## Actions

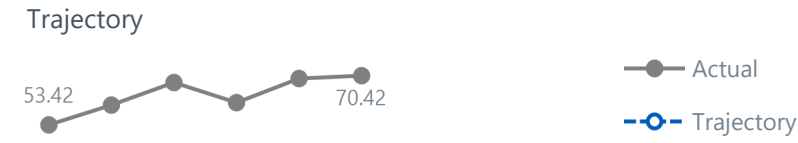
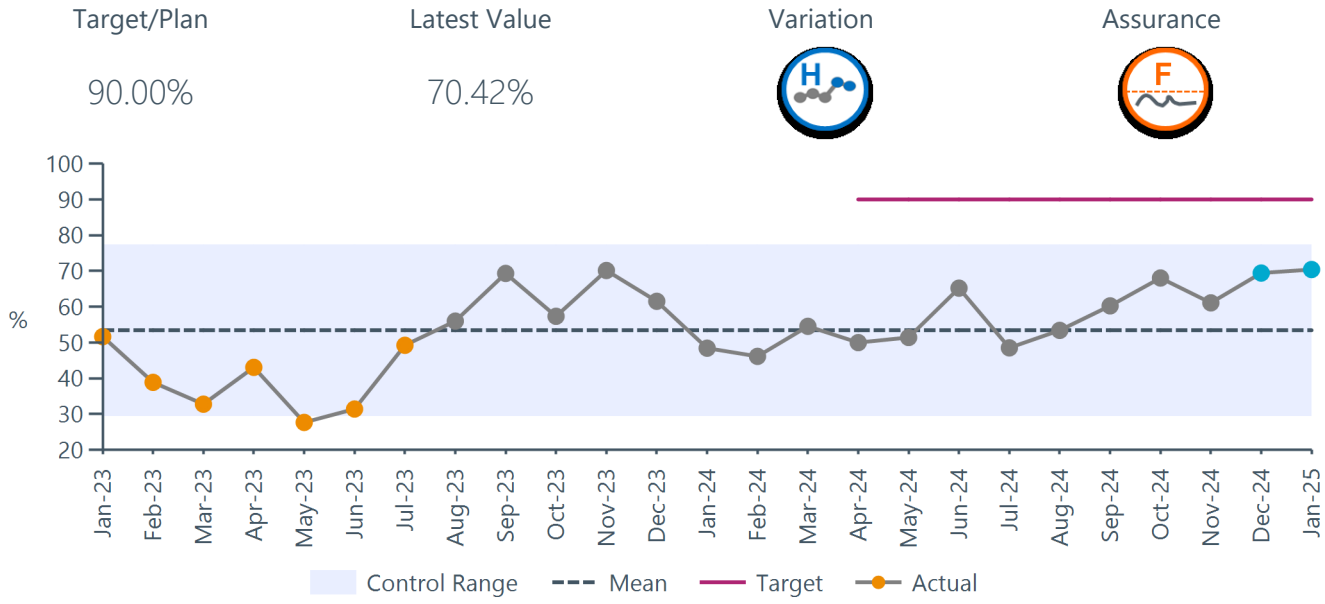
Workplan in place with rostering team, to add remaining clinical areas to roster including MRI and Radiology.

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
91.71%	92.09%	92.12%	92.03%	92.05%	91.83%	91.90%	91.95%	91.80%	91.73%	91.67%	92.62%	92.69%

# % of E-Rosters Approved Six Weeks Before E-Roster Start Date

The percentage of E-Rosters approved six weeks ahead of the E-Roster start date 217780

Exec Lead:  
Chief Nurse and Patient Safety Officer



**What these graphs are telling us**  
Metric is experiencing special cause variation of an improving nature. Metric is consistently failing the target.

## Narrative

The % of e-rosters that were approved six weeks ahead of their start date is reported at 70.42%. This relates to the roster start date of 2nd December and ending on the 29th December. A breakdown by unit is provided below:  
 \* MSK Unit - 88.57%  
 \* Specialist Unit - 54.55%  
 \* Corporate Areas - 50.00%

This measure has been disaggregated into professional areas; breakdown below:  
 \* Radiology - 100%  
 \* Nursing - 88.24%  
 \* AHPs - 83.33%  
 \* Corporate - 69.23%  
 \* Medical - 0%

## Actions

Escalation to Rostering and Temporary staffing team regarding Medical rostering information. Work undertaken in November to improve Medical data and roster information, will see improvement in reporting from the 30th December roster.  
  
 For other staff groups, this metric is presented at NSSG with actions to be provided for improvement, ensuring e-roster confirm and challenge meetings confirm compliance. Data presented at NSSG will be up to the most recent roster that has been approved to evidence improvement in this metric.

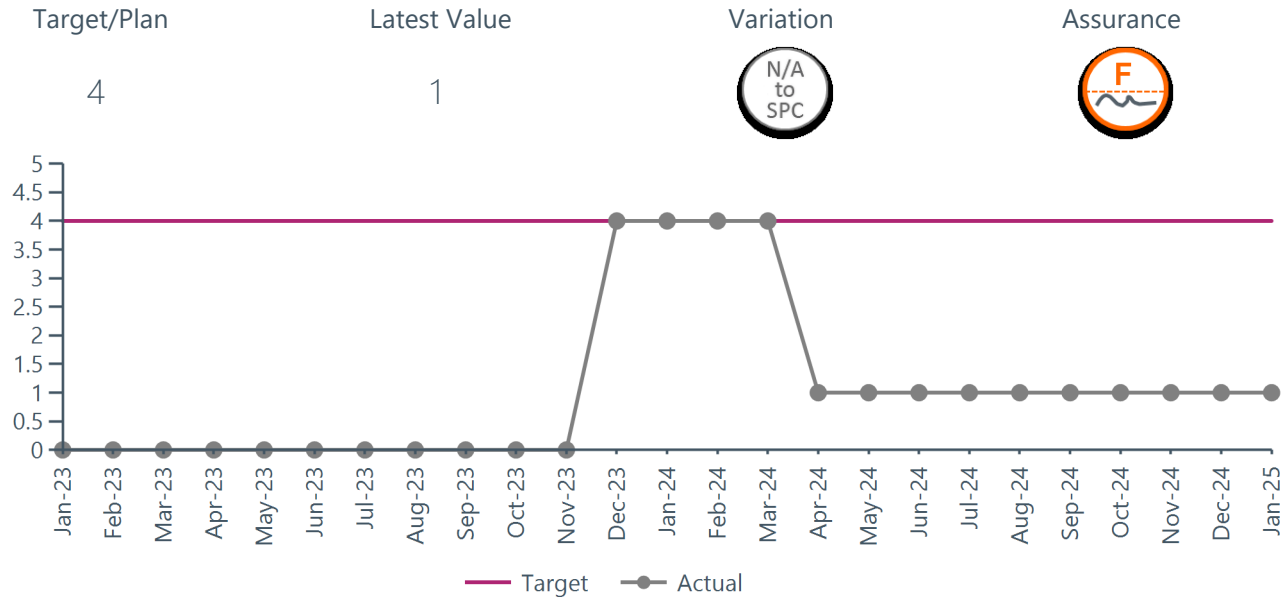
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
48.44%	46.15%	54.55%	50.00%	51.43%	65.22%	48.53%	53.42%	60.27%	68.06%	61.11%	69.44%	70.42%

- Staff - Patients - Finances -

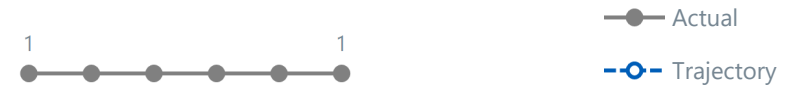
# E-Job Planning Level of Attainment

As per NHS EI outlined levels of attainment; the RJAH level at end of quarter. 217789

Exec Lead:  
Chief Medical Officer



## Trajectory



## What these graphs are telling us

This measure is not appropriate to display as SPC. Metric is failing the target.

## Narrative

The E-Job Planning Level of Attainment has been reduced to level 1 to reflect the percentage of employees that have an active e-job plan. This should be at 90% in order for level 4 to be maintained.

A review of the reporting process for approved job plans identified errors in the historic reporting. The data has been refreshed from April 24 and demonstrates significant reduction in compliance rates from August onwards with evidence that the annual re-refresh of job plans has not been taking place.

## Actions

CMO, COO & CPO attended regional job planning ignition event. As per future Delivery Model Action Plan, review of job plan policy in Quarter 4. Aligning job plans to the action plan with intention to sign off in line with 2025/26 Operational Plan.

Specialist Unit Service Managers have participated in a job planning training session in February. All Service Managers are booked to attend the Midlands Medical Consultants Planning Masterclass on 24 February.

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
4	4	4	1	1	1	1	1	1	1	1	1	1

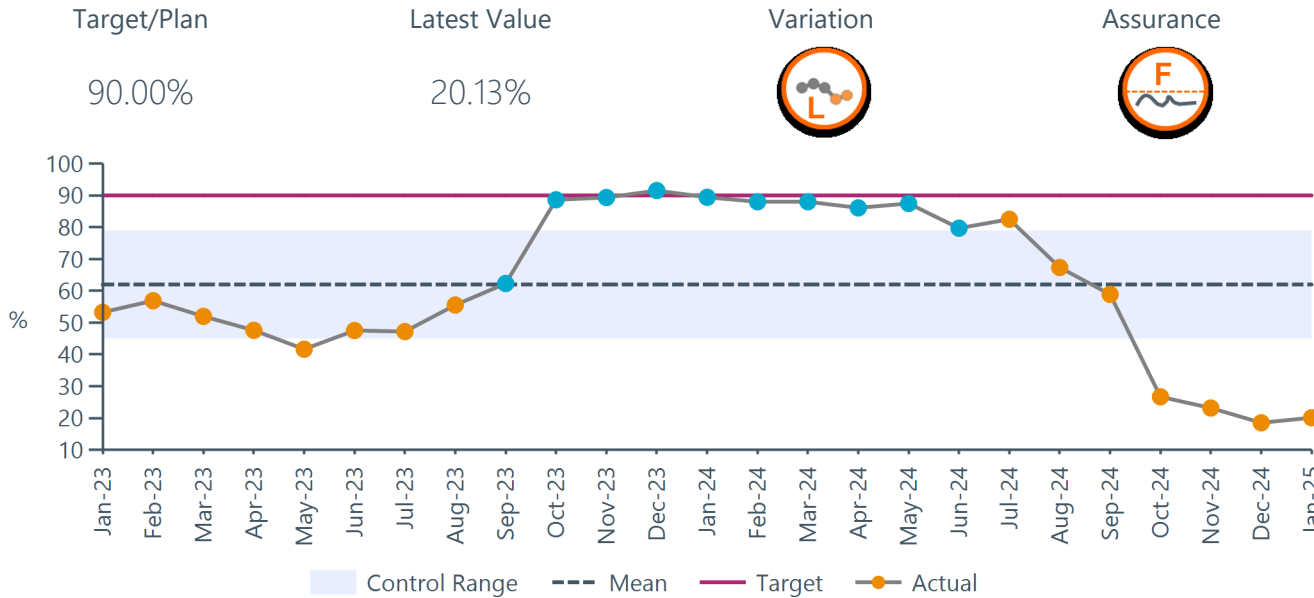
- Staff - Patients - Finances -



# Percentage of Staff with an Active E-Job Plan

The percentage of staff with an active e-job plan; one that has been reviewed and approved within the past 12 months. 217790

Exec Lead:  
Chief Medical Officer



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. Metric is consistently failing the target.

## Narrative

An active e-job plan is one that has been reviewed and approved in the past 12 months. Trusts should be aiming for more than 90%. The January month end position is 20.13%.

Breakdown as follows:

- \* Specialist Nurses - 22 job plans with 0 signed off within last 12 months - 0%
- \* AHPs - 24 job plans with 3 signed off within last 12 months - 12.50%
- \* Consultants - 103 job plans with 27 signed off within last 12 months - 26.21%

These KPIs are now included in the Unit scorecards to allow monitoring at that level with Specialist Unit reported at 19.19% and MSK Unit reported at 22.00%. As at the end of January, below details the progress by staff group in chasing job plan completion at the different stages:

- Consultants 75 outstanding - Awaiting 1st sign off (25), Awaiting 2nd sign off (6), Awaiting 3rd sign off (1), In discussion (16), on hold (1), not published (2) out of date sign off (24)
- Nurses 22 outstanding - In discussion (1), Not published (2), out of date sign off (19)
- AHPs 21 outstanding - Awaiting 3rd sign off (1), out of date sign off (20)

## Actions

CMO, COO & CPO attended regional job planning ignition event. As per future Delivery Model Action Plan, review of job plan policy in Quarter 4. Aligning job plans to the action plan with intention to sign off in line with 2025/26 Operational Plan.

Specialist Unit Service Managers have participated in a job planning training session in February. All Service Managers are booked to attend the Midlands Medical Consultants Planning Masterclass on 24 February.

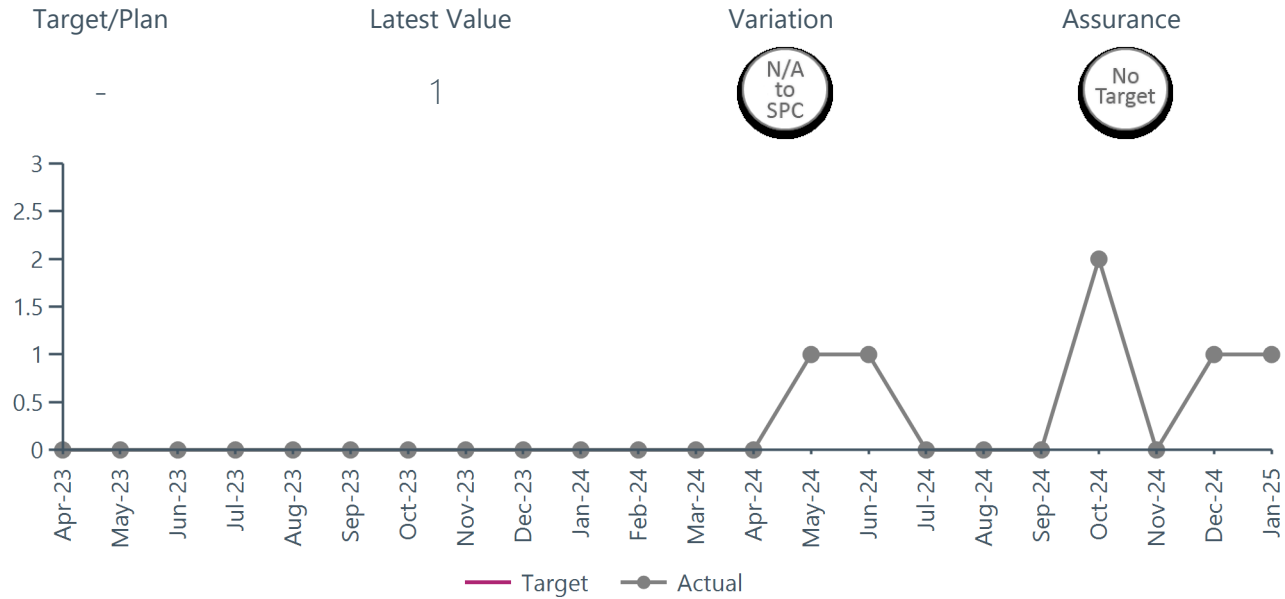
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
89.44%	88.03%	88.03%	86.11%	87.50%	79.72%	82.52%	67.36%	58.90%	26.71%	23.18%	18.54%	20.13%

- Staff - Patients - Finances -

# Patient Safety Incident Investigations

Number of Patient Safety Incident Investigations reported in month. 217825

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

This measure is not appropriate to display as SPC. There is no target for this measure.

## Narrative

There was one Patient Safety Incident Investigation commissioned in January. Following suspension of the Trusts MHRA manufacturing licence for the John Charnley facility (a facility that manufactures autologous chondrocytes), a PSII has been commissioned by the Trusts Quality and Safety Committee. The focus of the learning response is to provide assurance with regards to the impact to patients but also to identify organisational learning in relation to the governance and reporting arrangements for the facility.

## Actions

The Output of this Review will be taken to Patient Safety Committee in April.

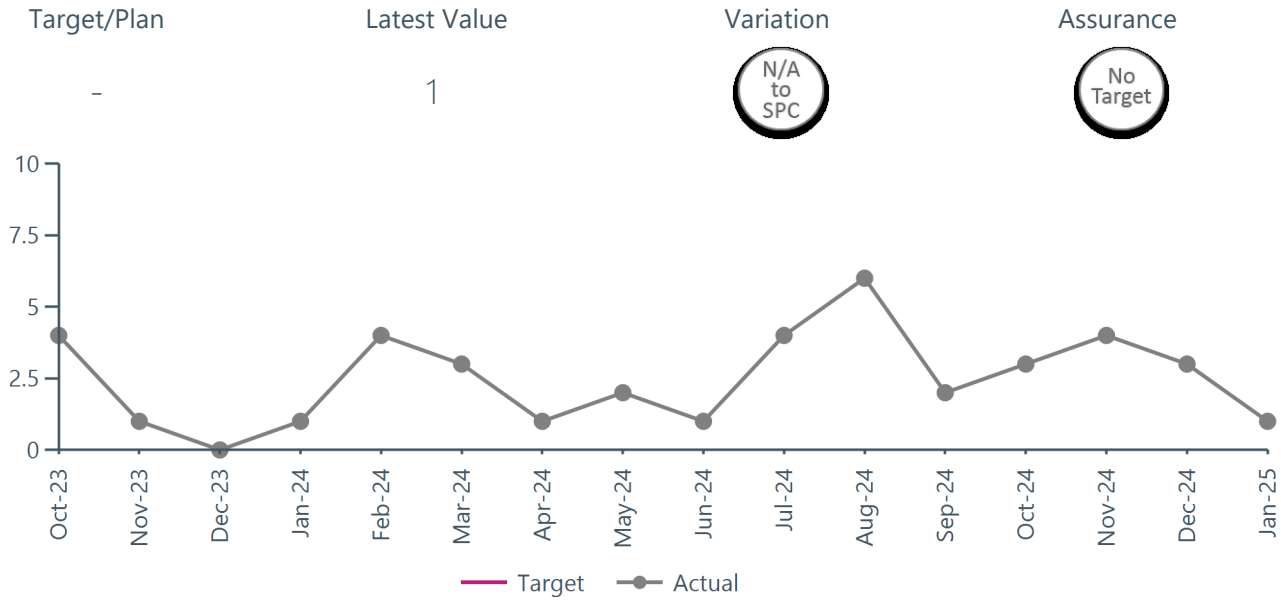
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
0	0	0	0	1	1	0	0	0	2	0	1	1

- Staff - **Patients** - Finances -

# Number of Patient Safety Reviews

Number of Patient Safety Reviews commissioned in month 217834

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

This measure is not appropriate to display as SPC. There is no target for this measure.

## Narrative

There was one Patient Safety Review in January; MDT review of a rare complication following a CT Guided biopsy on a paediatric patient.

## Actions

The Output of this Review will be taken to Patient Safety Committee in March.

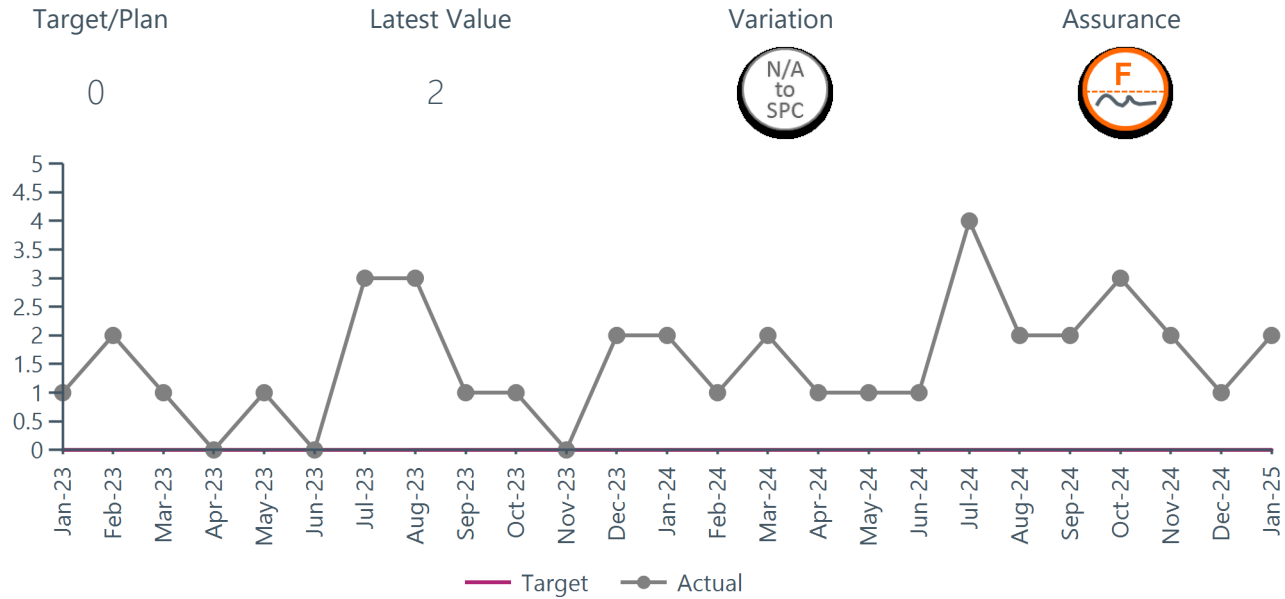
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
1	4	3	1	2	1	4	6	2	3	4	3	1

- Staff - **Patients** - Finances -

# Complaints Re-opened

Complaints Re-opened 217566

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

This measure is not appropriate to display as SPC. Metric is consistently failing the target.

## Narrative

There were two complaints re-opened in January with reasons as follows:  
 \* Patient requested further explanation on waiting times  
 \* Further clarity in Trust reply requested

## Actions

The Trust will continue to ensure actions to complaints are in line with the Trust Policy.

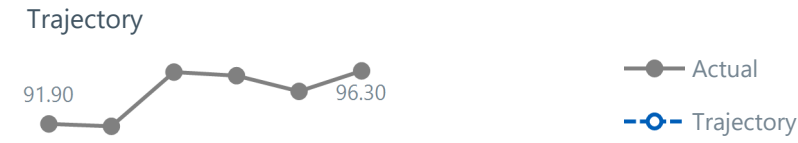
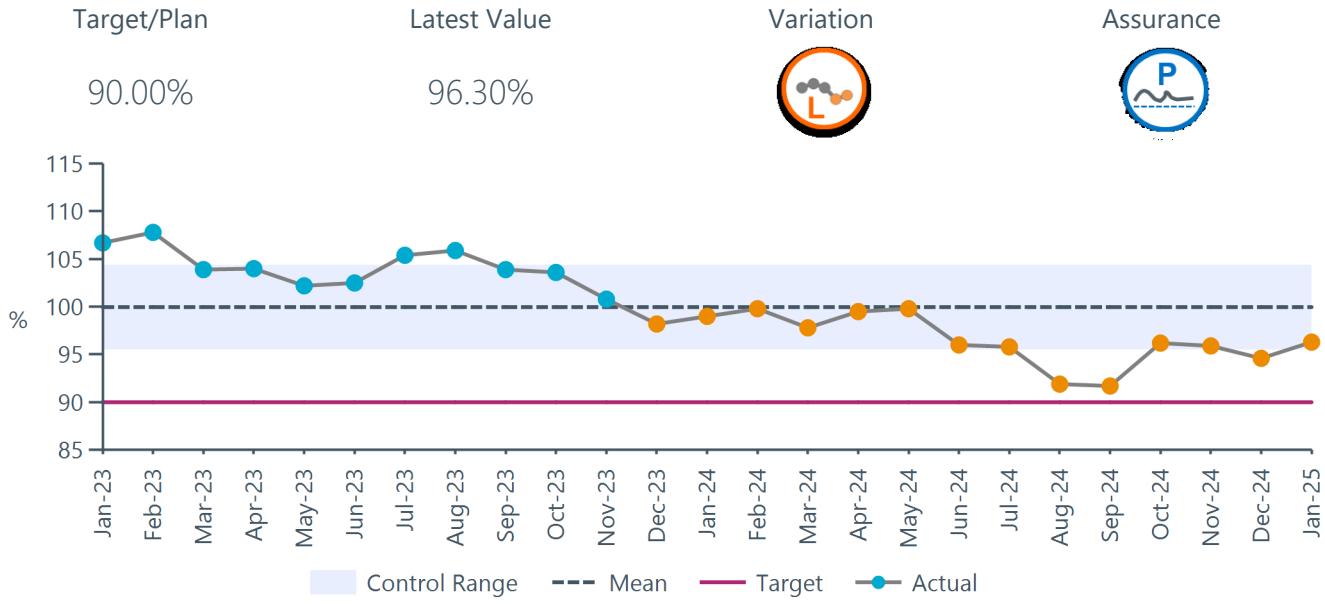
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
2	1	2	1	1	1	4	2	2	3	2	1	2

- Staff - **Patients** - Finances -

# Safe Staffing

% Shift Fill Rate - Trust level position aggregated from Day and Night shifts filled by Registered Nurses and Health Care Assistants 211157

Exec Lead:  
Chief Nurse and Patient Safety Officer



**What these graphs are telling us**  
Metric is experiencing special cause variation of a concerning nature. Metric is consistently meeting the target.

## Narrative

The % shift rate for January is reported at 96.30%. As demonstrated on the SPC graph above, the position is reported as special cause variation of a concerning nature with the rate below the control range but does remain above the 90% target. The reported position encompasses the data for both day and night shifts, registered nurses and health care support workers.

Following a decision by the Chief Nurse, data from June onwards reflects a change to the way rosters are managed within the Trust. Any non-required unfilled templated shifts are now to be left and not cancelled (unless a Ward is temporarily closed).

## Actions

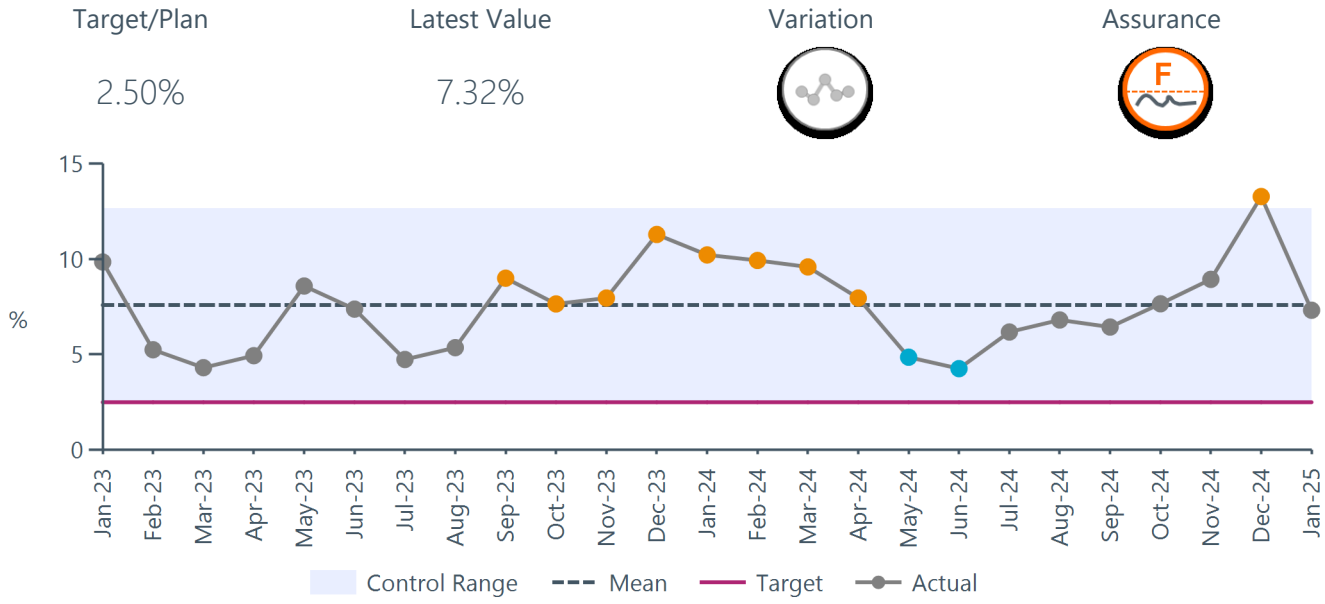
Ward staffing levels are under regular review and discussed in daily State of Play meetings.

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
99.00%	99.80%	97.80%	99.50%	99.80%	96.00%	95.80%	91.90%	91.70%	96.20%	95.90%	94.60%	96.30%

# % Delayed Discharge Rate

The total number of delayed days against the total available bed days for the month in % 211001

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

Metric is experiencing common cause variation. Metric is consistently failing the target.

## Narrative

The Delayed Discharge rate is reported at 7.32% for January with the reported position back within the expected control range. The total delayed days for the month is 225. Breakdown as follows:

\* 36 care of the elderly patients with 225 delayed days - attributed to Shropshire (29), Wales (3) and one each for Warwickshire, Telford & Wrekin, Stoke On Trent & Staffordshire. This is in part attributed to patient flow pressures across the system and the Sheldon@Kenyon initiative being extended by a week into January.

\* Good performance on MCIS with only 2 spinal injuries patients amounting to 7 days - attributed to Birmingham (1) and Coventry (1)

\* 8 T&O patients totalling 60 days - attributed to Wales (4) and one each for Cheshire, Rochdale, Shropshire and Telford & Wrekin

## Actions

It was anticipated that the January position would remain high whilst Kenyon Ward was utilised to provide System-wide support.

Criteria led discharge is now embedded on Sheldon and is part of Enhanced Recovery on MSK wards. Deemed not appropriate for MCS1 due to complexity of discharges.

Staffing issues still remain, due to long term sickness, within the resettlement team. This poses a significant problem and is delaying the staffing restructure and management of change programme. Focus remains on ensuring length of stay and discharge planning is not negatively affected. Ward managers, surveillance team and Sheldon discharge coordinator are supporting as required.

Spike seen in delays for T&O patients over last two months; review to be undertaken to understand the themes and gain learning from exercise.

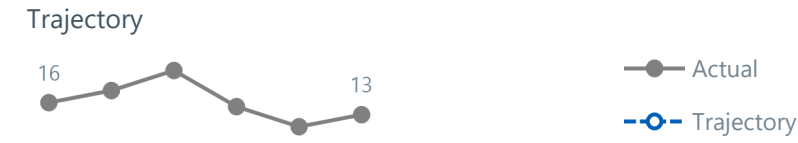
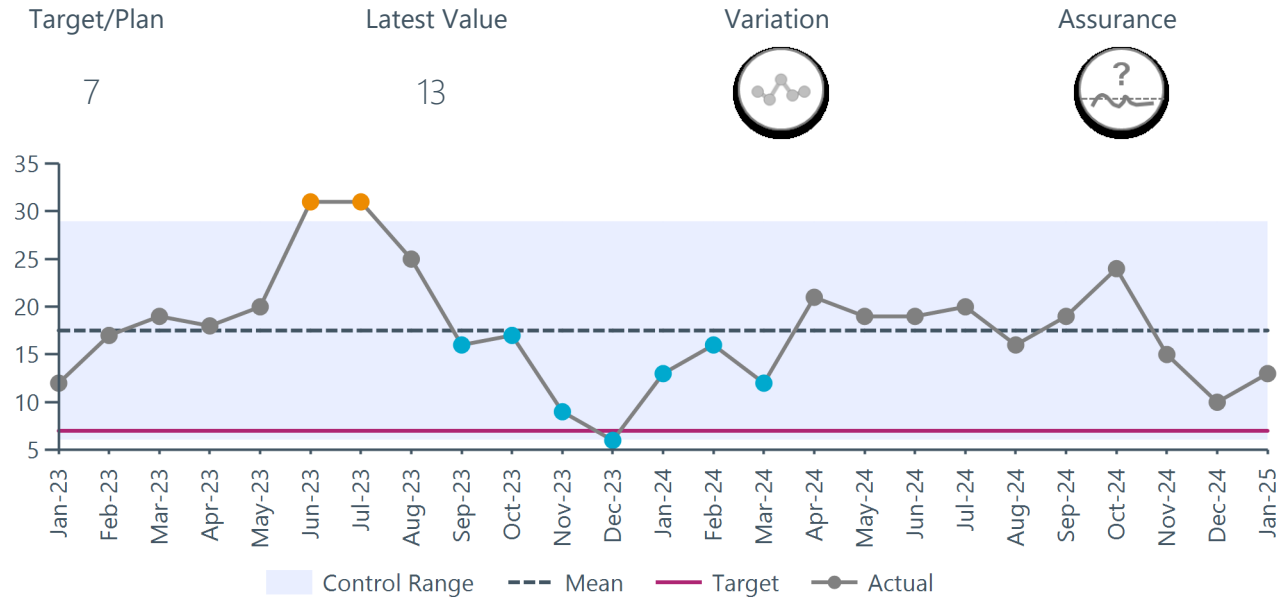
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
10.22%	9.93%	9.59%	7.96%	4.86%	4.26%	6.18%	6.81%	6.44%	7.66%	8.94%	13.28%	7.32%

- Staff - Patients - Finances -

# Number Of Spinal Injury Patients Fit For Admission To RJAH

The total number of spinal injury patients who are fit to transfer and awaiting a bed on the MCSI unit at RJAH (number of patients waiting at month end). 217756

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing common cause variation. The assurance is indicating variable achievement (will achieve target some months and fail others).

## Narrative

As at 31st January, there were 13 spinal injury patients waiting to be transferred to the MCSI Unit. This remains above the tolerance of 7.

## Actions

Deep dive into length of stay is underway with a specific focus on impact of gaps in therapy staffing and impact of patients being admitted with pre-existing pressure ulcers.

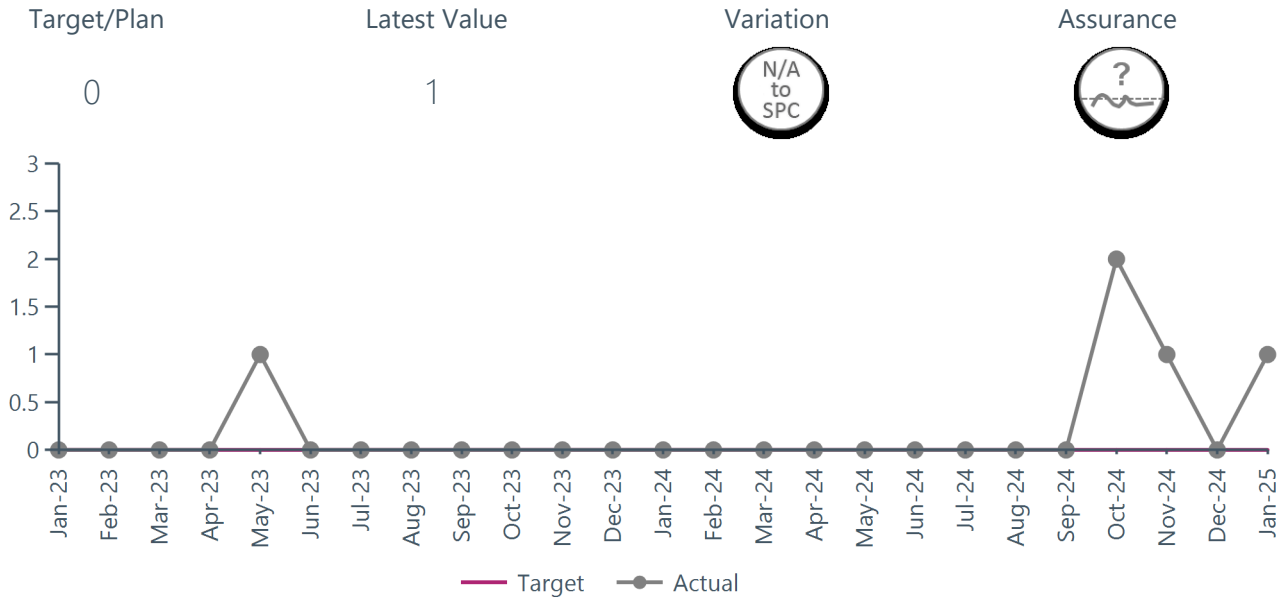
Surveillance team is supporting patients awaiting admissions and working in collaboration with referring hospitals to review patient pathways as appropriate. Any patients discharged directly from acute Trust are added to our lifelong patient list, offered an OPD appt and where required, prioritised for a rehab admission.

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
13	16	12	21	19	19	20	16	19	24	15	10	13

# RJAH Acquired MSSA Bacteraemia

Number of cases of MSSA bacteraemia in month 211152

Exec Lead:  
Chief Nurse and Patient Safety Officer



### What these graphs are telling us

This measure is not appropriate to display as SPC. Metric is consistently passing the target.

### Narrative

There was one RJAH Acquired MSSA Bacteraemia infection reported in January.

### Actions

The Post Infection Review has been carried out and the infection deemed avoidable. The patient was colonised with MSSA and the likely source of spread into the blood stream is from a urinary catheter. The new urinary catheterisation policy has been introduced which will ensure a standardised approach for catheter care across the Trust.

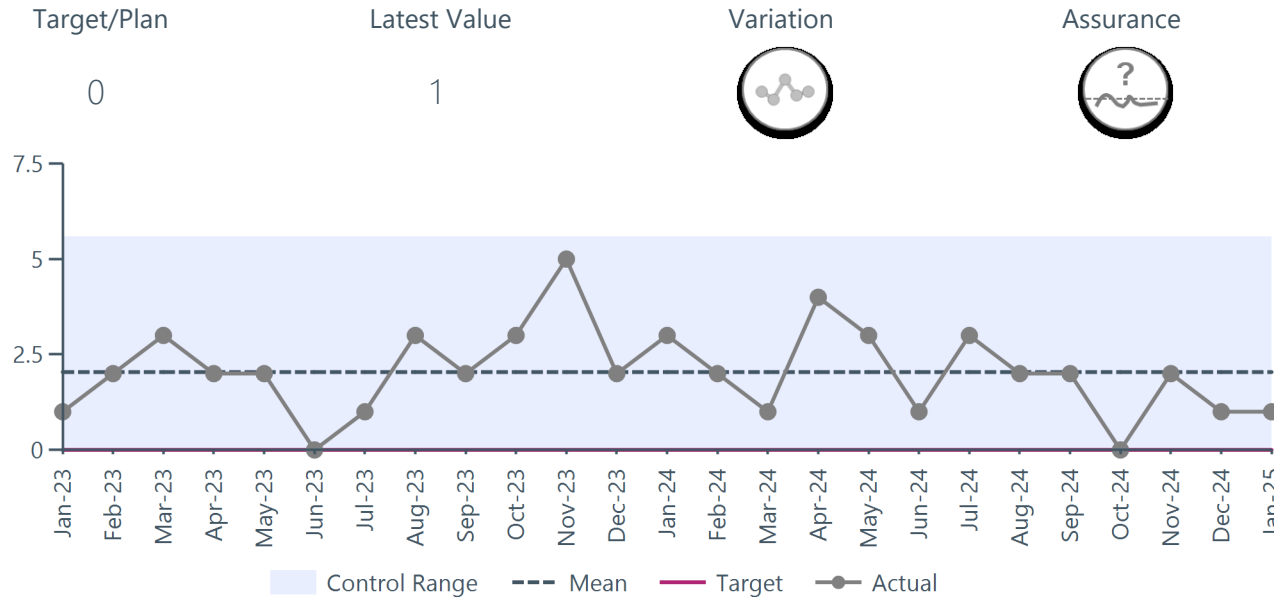
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
0	0	0	0	0	0	0	0	0	2	1	0	1



# Surgical Site Infections

Surgical Site Infections reported for patients who have undergone a spinal surgery procedure, total hip replacement or total knee replacement in previous twelve months.  
217727

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

Metric is experiencing common cause variation. The assurance is indicating variable achievement (will achieve target some months and fail others).

## Narrative

Surgical Site infections are monitored for patients who have undergone a spinal surgery procedure, total hip replacement or total knee replacement. They are monitored through each quarter for a period of 365 days following the procedure. The data represented in the SPC above shows any surgical site infections that have been confirmed. SSI rates are benchmarked by the UKHSA against all providers, and Trusts are notified if the data identifies them as an outlier.

There were three infections confirmed in January, relating to procedures that took place in November-24 (1), December-24 (1) and January-25 (1).

## Actions

The infections relate to one knee replacement and two hip replacements. The infections are either within the joint space or deep seated. Post Infection Reviews have been conducted showing good compliance with the OneTogether audit. There are however, multiple individual patient risk factors that are thought to have contributed to the development of SSI. The Patient Safety Incident Response Group have reviewed the cases and no moderate harm has been identified.

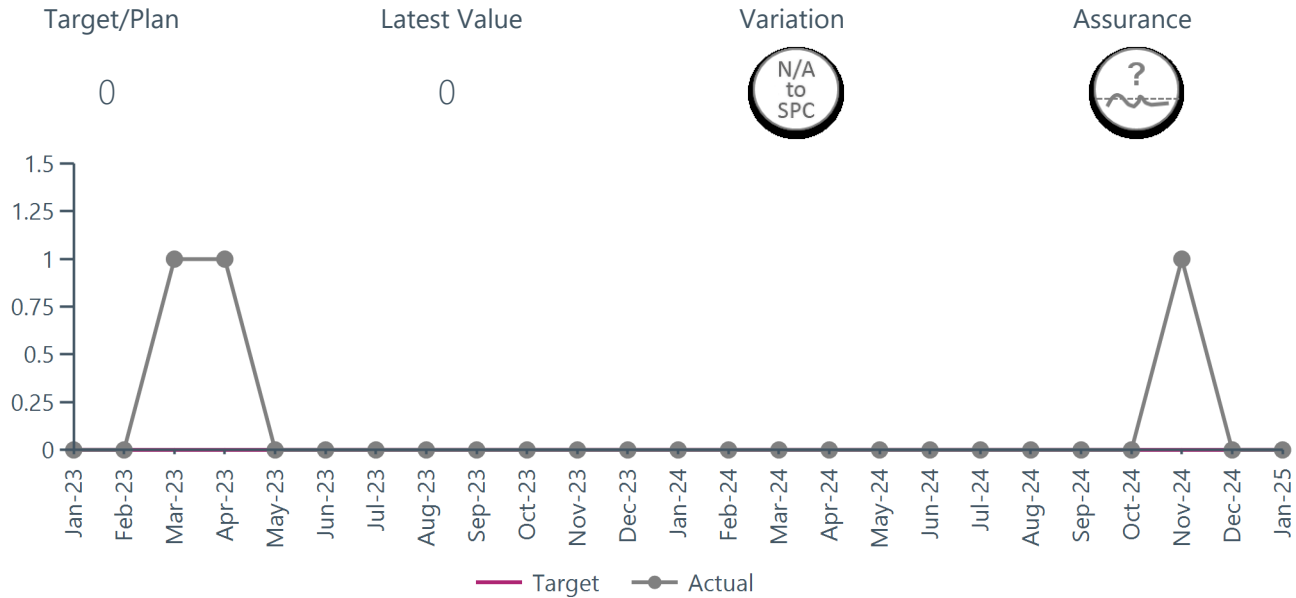
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
3	2	1	4	3	1	3	2	2	0	2	1	1

- Staff - **Patients** - Finances -

# Outbreaks

Number of declared outbreaks in month 217806

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

This measure is not appropriate to display as SPC. The assurance is indicating variable achievement (will achieve target some months and fail others).

## Narrative

Although there were no Outbreaks reported in January, this indicator is included as an exception as a retrospective outbreak of D&V has been reported for Sheldon Ward in November.

## Actions

There was double the usual prevalence of Norovirus in the community at this time. The ward team responded quickly and cohorted all affected patients in one bay. This prevented spread to the rest of the ward and the outbreak declared over within one week. Several staff members were affected but it is unclear if this was from the outbreak or high prevalence in the community.

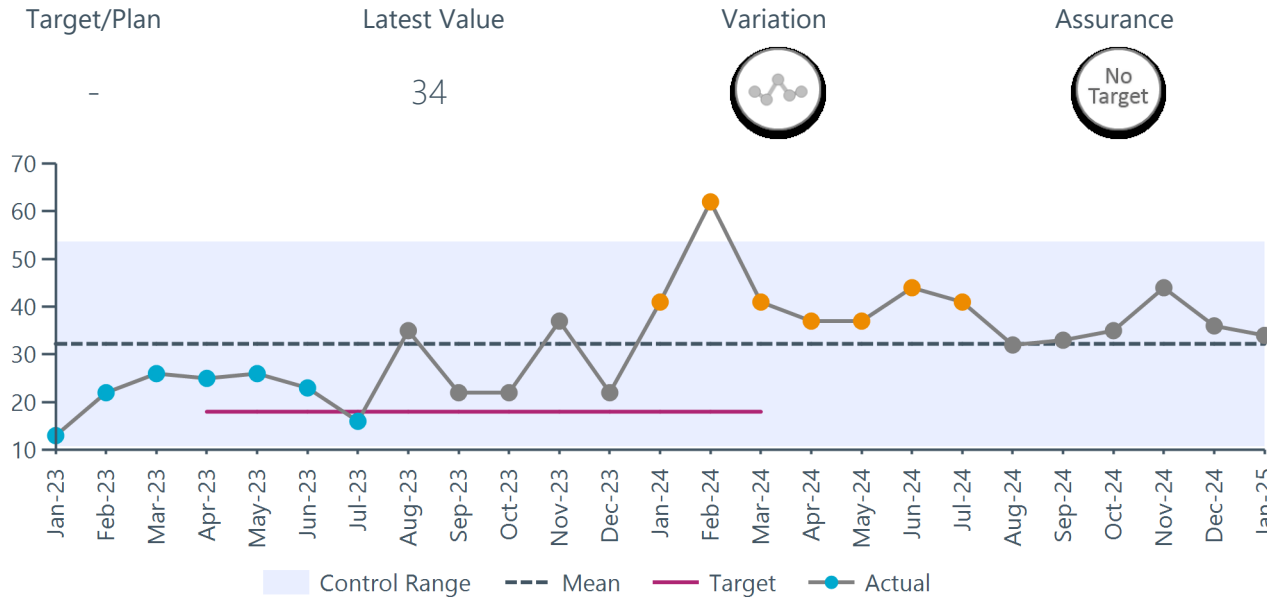
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
0	0	0	0	0	0	0	0	0	0	1	0	0

- Staff - Patients - Finances -

# Medication Errors

Total number of medication errors reported in month 211086

Exec Lead:  
Chief Nurse and Patient Safety Officer



## What these graphs are telling us

Metric is experiencing common cause variation. There is no target for this measure.

## Narrative

Throughout January there were 34 errors reported; this month within the Trust's control range as common cause variation.

Graphical representation of categorisation of these errors is provided in the covering paper that accompanies the IPR with incidents that relate to the safe storage of medications the highest throughout January.

Of the errors reported in January, one resulted in low-level harm.

## Actions

Actions in relation to patient safety and are being monitored through the patient safety improvement plan and the medicines safety task and finish group, which is led by the MSO and Unit Matrons.

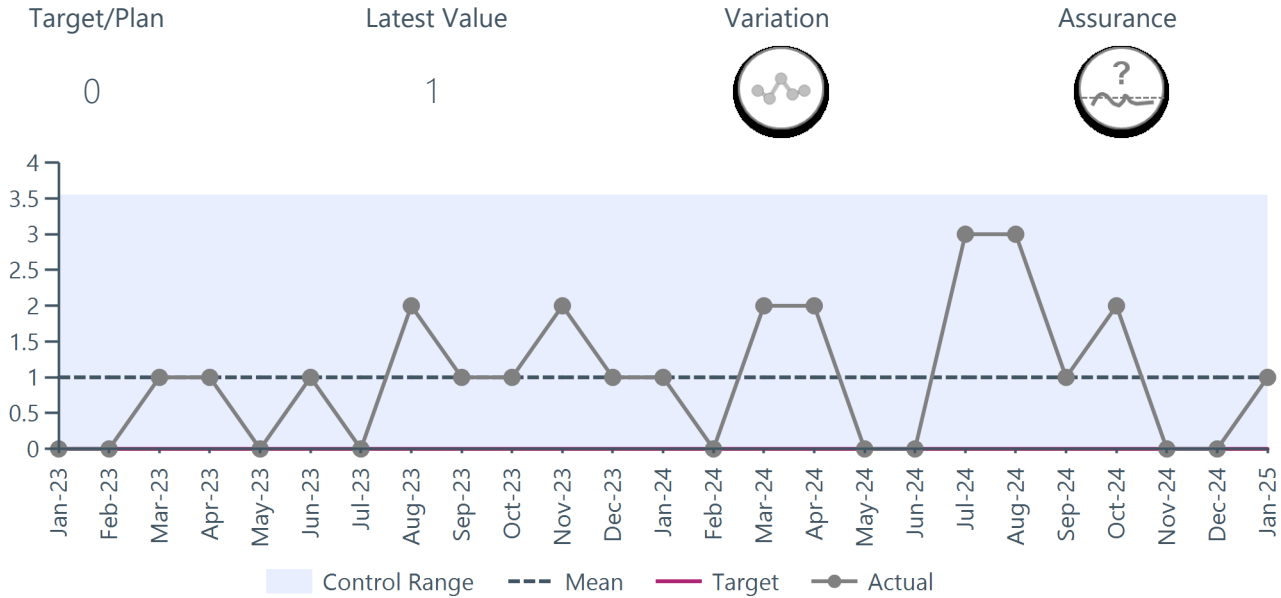
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
41	62	41	37	37	44	41	32	33	35	44	36	34

- Staff - **Patients** - Finances -

# Medication Errors with Harm

Total number of medication errors, and those with harm 211088

Exec Lead:  
Chief Medical Officer



## What these graphs are telling us

Metric is experiencing common cause variation. The assurance is indicating variable achievement (will achieve target some months and fail others).

## Narrative

There were 34 medication errors reported in January, where one resulted in low-level harm.

## Actions

Actions in relation to patient safety and are being monitored through the patient safety improvement plan and the medicines safety task and finish group, which is led by the MSO and Unit Matrons.

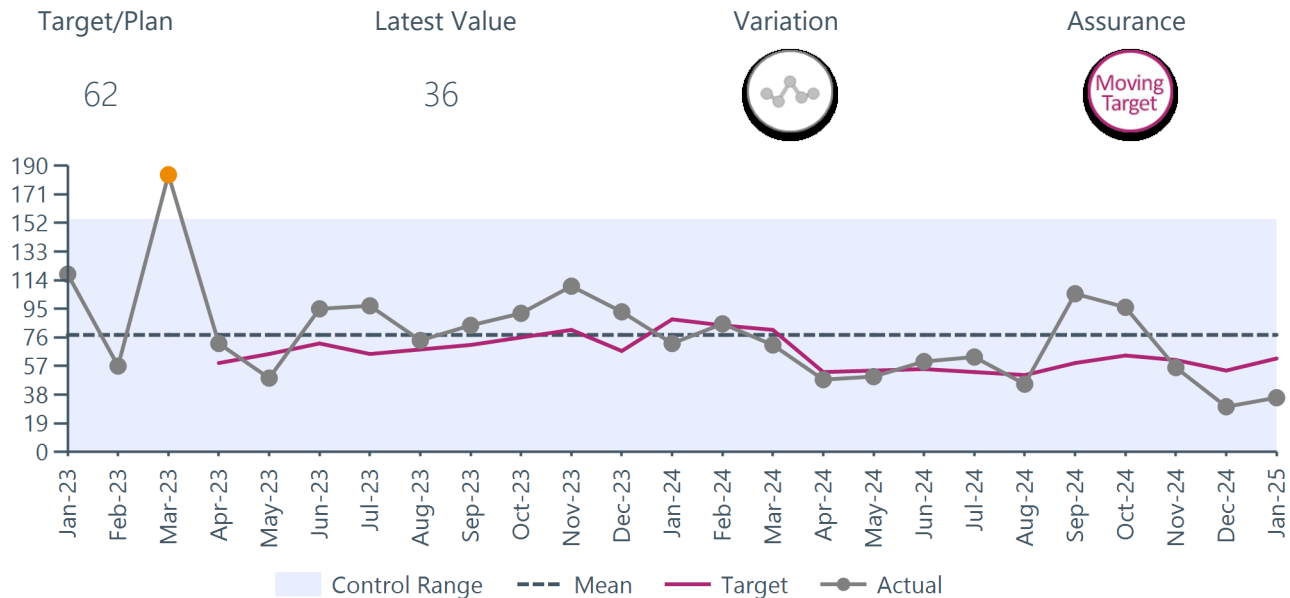
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
1	0	2	2	0	0	3	3	1	2	0	0	1

- Staff - **Patients** - Finances -

# Volume of Theatre Cancellations

Total number of patient procedures cancelled in month to include those occurring on the day of surgery and in the seven days prior to surgery date. 217807

Responsible Unit:  
MSK Unit



## What these graphs are telling us

Metric is experiencing common cause variation. Metric has a moving target.

## Narrative

This metric includes the volume of procedures cancelled on the day, and within seven days of the surgery date, rated against 5.5% of planned theatre activity. References to any breaches of the 28-day rebooking standard given. Currently this manual data collection does not provide the number of theatre slots which are cancelled and subsequently re-filled.

In total there were 36 theatre cancellations in January: 33 on the day and 3 in the 7 days before surgery equating to 3.44% of total theatre activity delivered. Key theme for cancellations in the 7 days prior to TCI was staffing shortfall whilst those on the day were primarily impacted by lack of time or medically unfit. The covering paper that accompanies the IPR includes supporting information on this measure to give a full breakdown of reasons.

There were 3 breaches of the 28-day booking standard in January:

- \* Lack of time (1)
- \* Surgeon/Anaesthetist Ill (2)

## Actions

Actions/monitoring in this area include:

- \* All cancellations on the day signed off at MD level.
- \* Reported weekly at FIG to provide further challenge and assurance.
- \* Implemented pre-op my recovery app with pre-op self-assessment.
- \* Audited cancellations on the day showing themes for improvement.
- \* Theatre cancellations relating to staff flexibility assessed and reviewed daily. Active recruitment in progress.

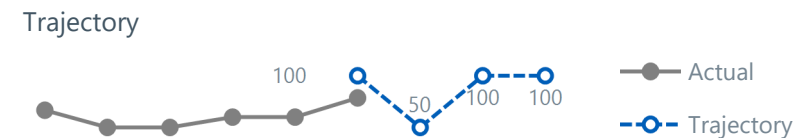
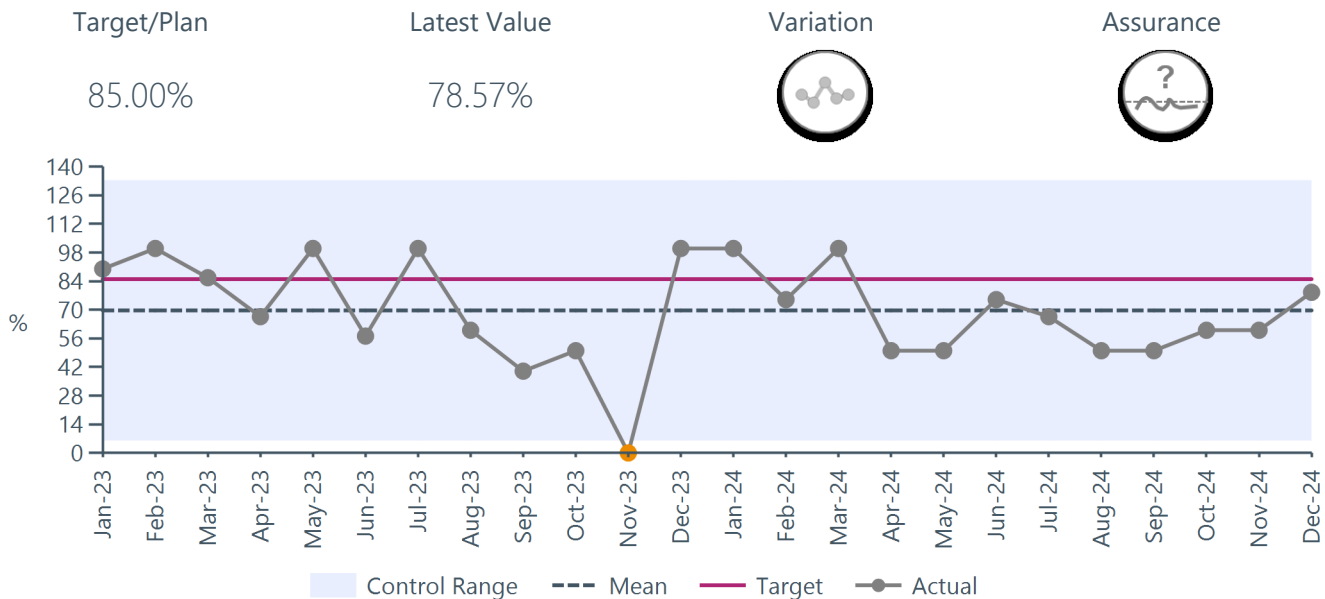
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
72	85	71	48	50	60	63	45	105	96	56	30	36

- Staff - **Patients** - Finances -

# 62 Day General Standard\*

From receipt of an urgent GP referral for urgent suspected cancer, or urgent screening referral or consultant upgrade to First Definitive Treatment of cancer. National Target. Trajectory as per Trust's Operational Plans. 217831

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing common cause variation. The assurance is indicating variable achievement (will achieve target some months and fail others).

## Narrative

The 62 Day General Standard is reported at 78.57% in December; this is reported in arrears. There were three shared breaches reported for this month. At time of IPR production, all three are being queried with other Providers/ICB as we believe the part breaches should not be attributed to RJAH.

## Actions

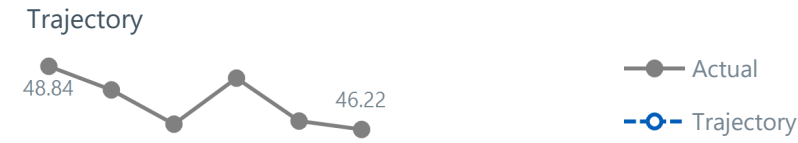
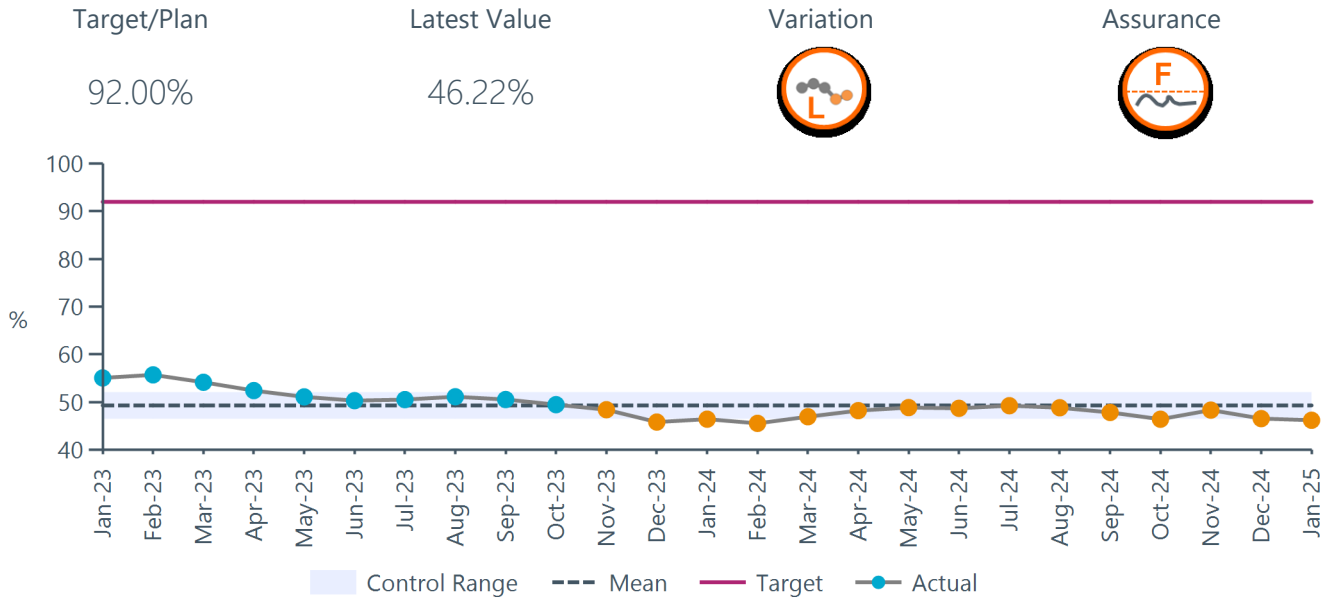
Operational Managers for Tumour Service are liaising with other Providers/ICB regarding the attributed breaches. Data will be rectified to reflect any changes to official reported position.

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
100.00%	75.00%	100.00%	50.00%	50.00%	75.00%	66.67%	50.00%	50.00%	60.00%	60.00%	78.57%	

# 18 Weeks RTT Open Pathways

% of English patients on waiting list waiting 18 weeks or less 211021

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. Metric is consistently failing the target.

## Narrative

Our January performance was 46.22% against the 92% open pathway performance for patients waiting 18 weeks or less to start their treatment. The performance breakdown by milestone is as follows:

- \* MS1 - 9701 patients waiting of which 4135 are breaches
- \* MS2 - 1536 patients waiting of which 1072 are breaches
- \* MS3 - 5370 patients waiting of which 3725 are breaches

Reduced activity levels since July has impacted services with long waits. Month-end position is inclusive of patients being progressed at mutual aid providers.

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks waits. For Welsh patients', national expectations are in reducing 104+ weeks waits and overall long waits for those patients awaiting a new outpatient appointment.

## Actions

An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE.

The Trust is well underway with a revised delivery model. Key delivery themes are: - Clinical pathway transformation; Workforce optimisation; Workforce growth; Non-recurrent backlog reduction initiatives; Improving operational processes.

2025/26 planning is underway. The Trust has modelled that we would be compliant against the 60% standard by March 2026 if, as a minimum, all first outpatient appointments occur before 18 weeks. There are four main specialities of focus (Rheumatology, Metabolic Medicine, Arthroplasty, Spinal Disorders).

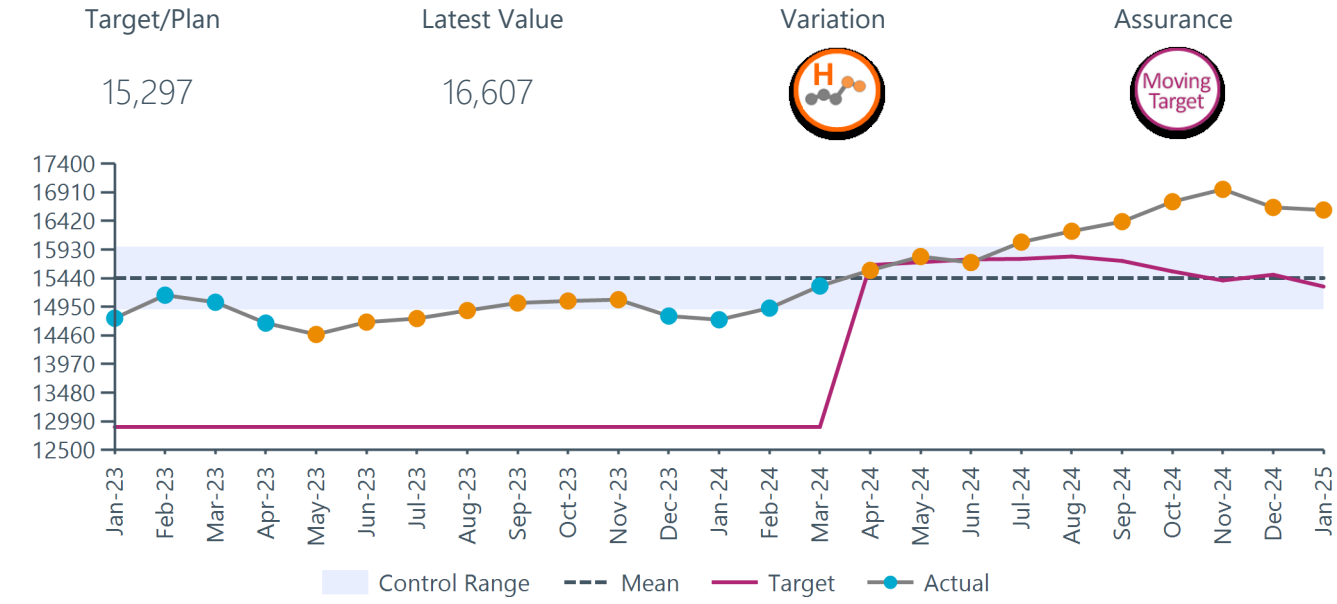
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
46.45%	45.57%	46.96%	48.24%	48.88%	48.73%	49.27%	48.84%	47.86%	46.44%	48.35%	46.57%	46.22%

- Staff - Patients - Finances -

# English List Size

Number of English patients currently waiting. Target as per Trust's Operational Plans. 215282

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. This metric has a moving target - as per Trust's Operational Plan.

## Narrative

The number of English patients waiting at the end of January is reported at 16607; 1310 above the plan of 15297. The target for this metric reflects the Trust's submitted Operational Plans. Month-end position is inclusive of patients being progressed at mutual aid providers.

Reduced activity levels from July impacted services with long waits. Positive actions taken over recent months to address long waits has resulted in a decrease in list size, with January 354 lower than at the end of November.

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks waits. For Welsh patients', national expectations are in reducing 104+ weeks waits and overall long waits for those patients awaiting a new outpatient appointment.

## Actions

An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE.

The Trust is well underway with a revised delivery model. Key delivery themes are: - Clinical pathway transformation; Workforce optimisation; Workforce growth; Non-recurrent backlog reduction initiatives; Improving operational processes.

2025/26 planning is underway. The Trust has modelled that we would be compliant against the 60% standard by March 2026 if, as a minimum, all first outpatient appointments occur before 18 weeks. There are four main specialities of focus (Rheumatology, Metabolic Medicine, Arthroplasty, Spinal Disorders).

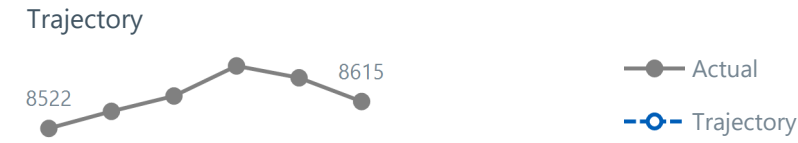
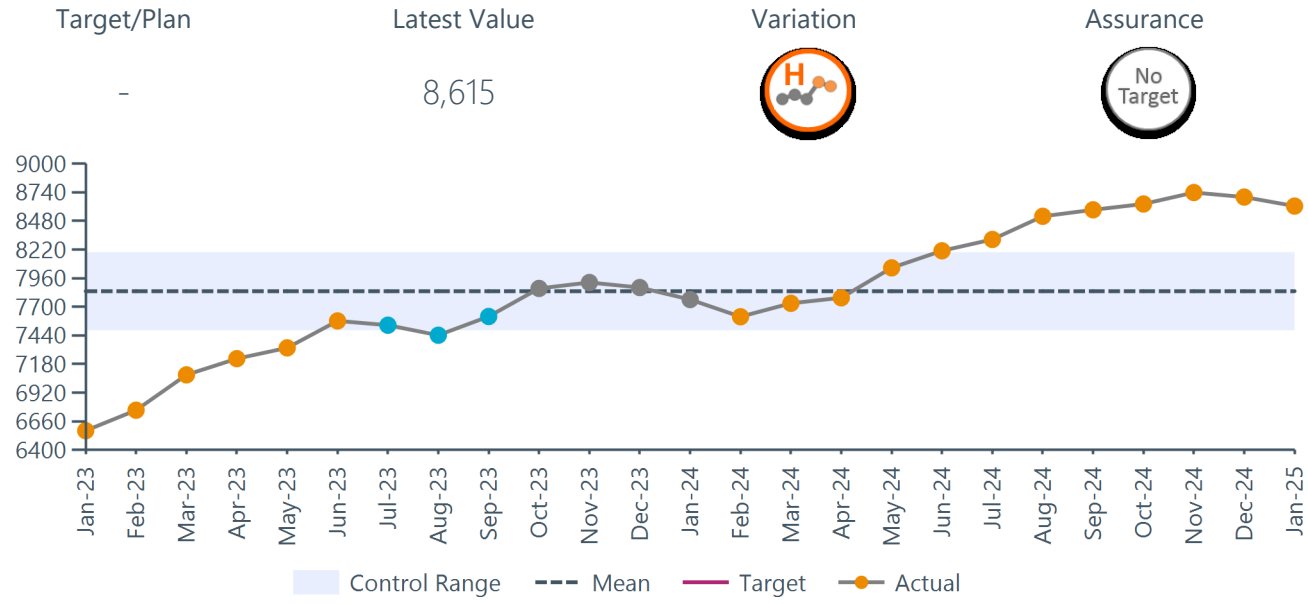
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
14729	14928	15306	15574	15810	15708	16057	16244	16408	16749	16961	16651	16607



# Welsh List Size

Number of Welsh patients currently waiting 217614

Exec Lead:  
Chief Operating Officer



**What these graphs are telling us**  
Metric is experiencing special cause variation of a concerning nature.

## Narrative

The number of Welsh patients waiting at the end of January is reported at 8932. As can be seen in the graph above, the Welsh list size has consistently grown throughout the last twelve months; growth of 1166 January to January. Reduced activity levels since July has impacted services with long waits.

2024/25 English National Planning Guidance expectations are for Providers to reach zero 65+ weeks waits. For Welsh patients, national expectations are in reducing 104+ weeks waits and overall long waits for those patients awaiting a new outpatient appointment.

## Actions

An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE.

The Trust is well underway with a revised delivery model. Key delivery themes are: - Clinical pathway transformation; Workforce optimisation; Workforce growth; Non-recurrent backlog reduction initiatives; Improving operational processes.

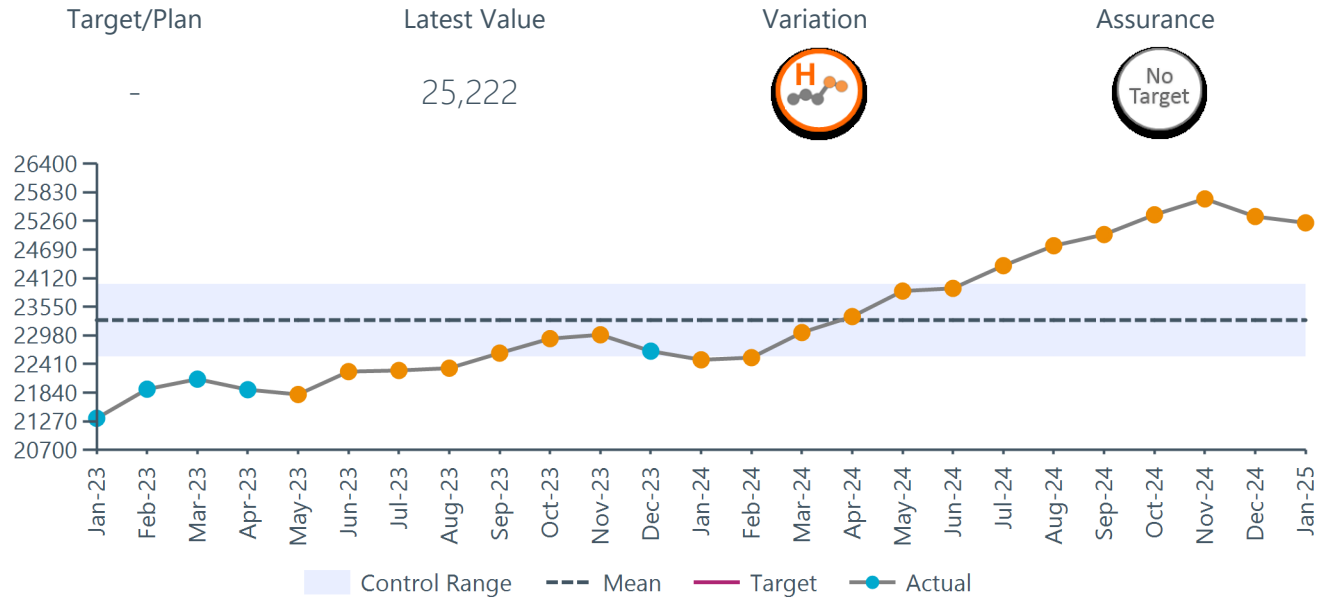
2025/26 planning is underway. The Trust has modelled that we would be compliant against the 60% standard by March 2026 if, as a minimum, all first outpatient appointments occur before 18 weeks. There are four main specialities of focus (Rheumatology, Metabolic Medicine, Arthroplasty, Spinal Disorders).

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
7766	7610	7732	7782	8054	8209	8312	8522	8581	8634	8738	8697	8615

# Combined List Size

Number of English and Welsh patients currently waiting 217615

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

## Narrative

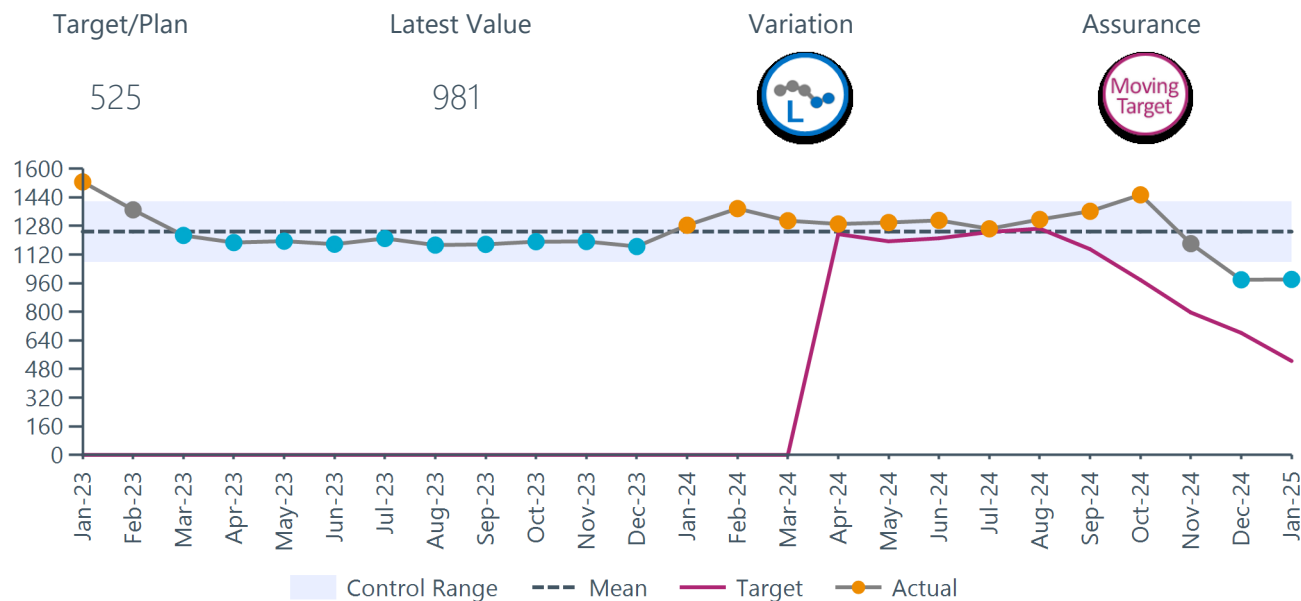
## Actions

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
22495	22538	23038	23356	23864	23917	24369	24766	24989	25383	25699	25348	25222

# Patients Waiting Over 52 Weeks – English

Number of English RTT patients waiting 52 weeks or more at month end. Target as per Trust's Operational Plans. 211139

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. Metric has a moving target.

## Narrative

At the end of January there were 981 English patients waiting over 52 weeks; above our plan of 525 by 456. Target reflects the Trust's Operational plans. The patients are under the care of these sub-specialities; Arthroplasty (283), Spinal Disorders (281), Knee & Sports Injuries (104), Rheumatology (92), Foot & Ankle (83), Upper Limb (78), Veterans (33), Physiotherapy (7), Paediatric Orthopaedics (5), Metabolic Medicine (5), Orthotics (3), Tumour (2), ORLAU (2), Spinal Injuries (2) and Neurology (1). Patients waiting, by weeks brackets is:

- \* >52 to <=65 weeks - 933 patients
- \* >65 to <=78 weeks - 37 patients
- \* >78 weeks - 11 patients

The number of English patients waiting over 52 weeks represents 5.91% of the English list size.

As can be seen in the graph above, positive actions taken to address long waits since the number peaked have resulted in this metric reporting special cause variation of an improving nature. Although still above plan, the last two months have been the lowest levels in the reporting period reported on above graph. Month-end position is inclusive of patients being progressed at mutual aid providers.

## Actions

An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE.

The Trust is well underway with a revised delivery model. Key delivery themes are: - Clinical pathway transformation; Workforce optimisation; Workforce growth; Non-recurrent backlog reduction initiatives; Improving operational processes.

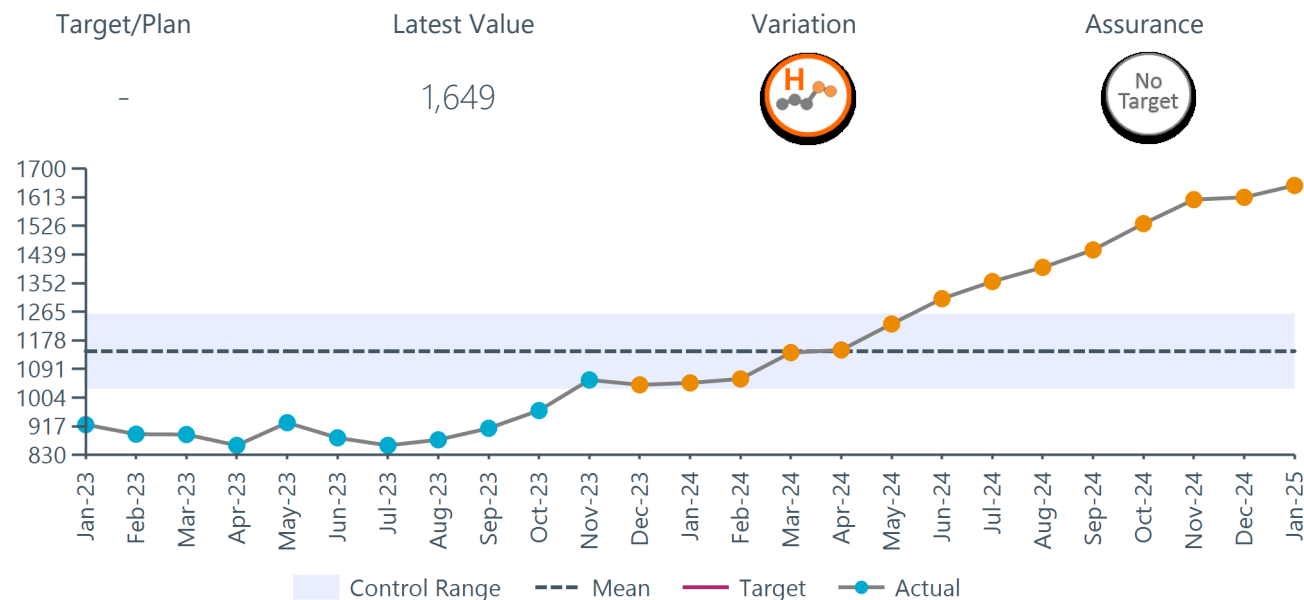
2025/26 planning is underway. The Trust has modelled that we would be compliant against the 60% standard by March 2026 if, as a minimum, all first outpatient appointments occur before 18 weeks. There are four main specialities of focus (Rheumatology, Metabolic Medicine, Arthroplasty, Spinal Disorders).

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
1284	1377	1309	1291	1299	1311	1264	1316	1362	1454	1181	979	981

# Patients Waiting Over 52 Weeks - Welsh (Total)

Patients Waiting Over 52 Weeks - Welsh (Total) - Welsh and Welsh (BCU Transfers) combined 217788

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

## Narrative

At the end of January there were 1649 Welsh patients waiting over 52 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (898), Arthroplasty (388), Knee & Sports Injuries (132), Foot & Ankle (97), Upper Limb (74), Veterans (16), Rheumatology (15), Paediatric Orthopaedics (12), Tumour (6), Metabolic Medicine (4), Spinal Injuries (3), Physiotherapy (2), Neurology (1) and ORLAU (). The number of patients waiting, by weeks brackets is:

- \* >52 to <=65 weeks - 578 patients
- \* >65 to <=78 weeks - 468 patients
- \* >78 to <=95 weeks - 407 patients
- \* >95 to <=104 weeks - 82 patients
- \* >104 weeks - 114 patients

Those patients waiting over 52 weeks represents 19.14% of the Welsh list size. Welsh long waiters is experiencing a sustained period of increase, partly due to reduced activity levels since July impacting services. Analysis of Spinal Disorders referrals for Welsh patients identifies a large % increase with 2023/24 24% higher than the previous year. Supporting information included in the covering paper for F&P Committee.

## Actions

An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE.

The Trust is well underway with a revised delivery model. Key delivery themes are: - Clinical pathway transformation; Workforce optimisation; Workforce growth; Non-recurrent backlog reduction initiatives; Improving operational processes.

2025/26 planning is underway. The Trust has modelled that we would be compliant against the 60% standard by March 2026 if, as a minimum, all first outpatient appointments occur before 18 weeks. There are four main specialities of focus (Rheumatology, Metabolic Medicine, Arthroplasty, Spinal Disorders).

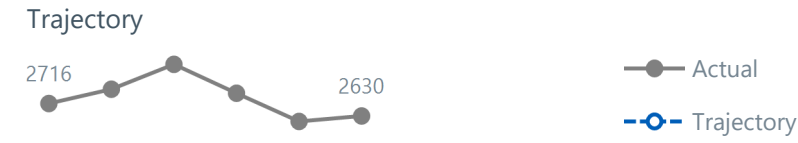
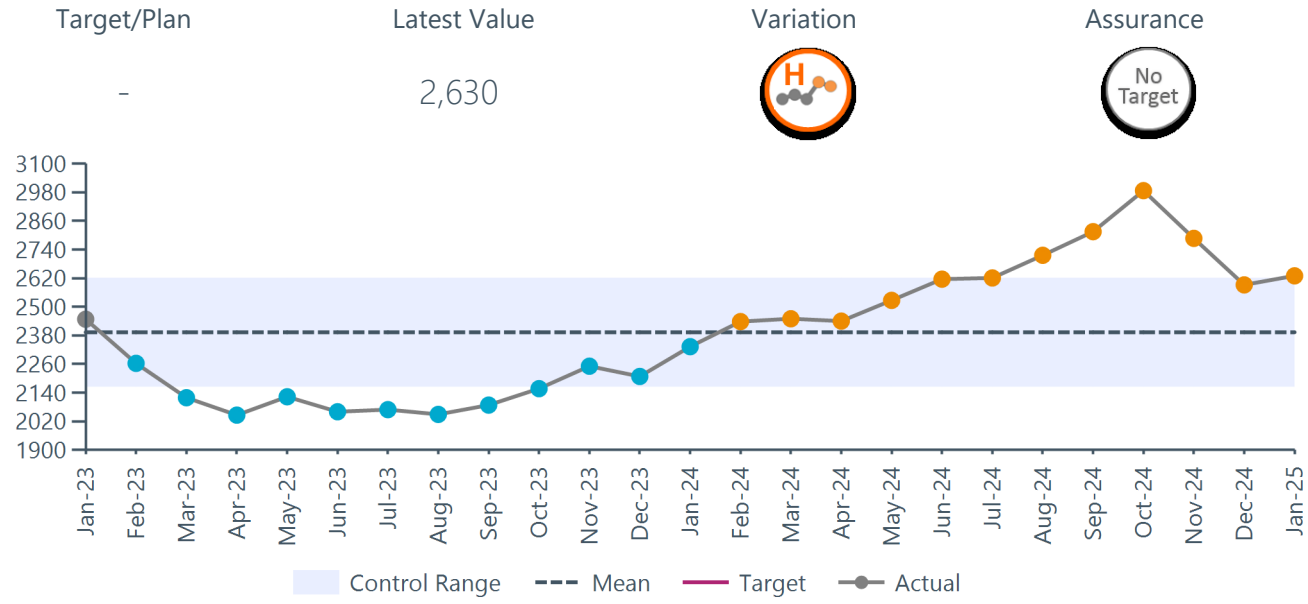
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
1049	1061	1141	1149	1228	1305	1357	1400	1453	1533	1606	1613	1649

- Staff - Patients - Finances -

# Patients Waiting Over 52 Weeks - Combined

Number of combined RTT patients waiting 52 weeks or more at month end 217548

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

Narrative

Actions

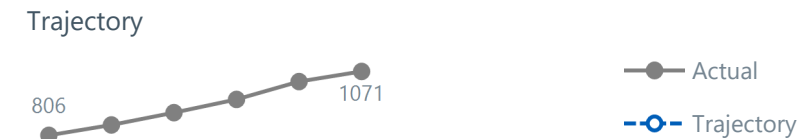
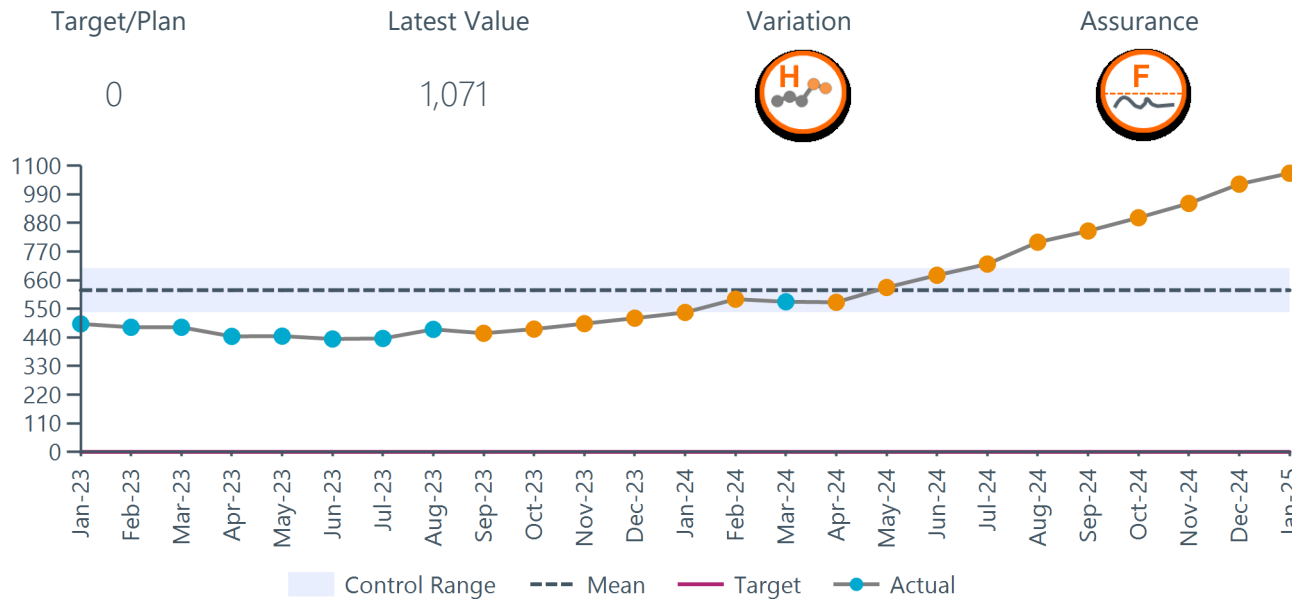
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
2333	2438	2450	2440	2527	2616	2621	2716	2815	2987	2787	2592	2630



# Patients Waiting Over 65 Weeks - Welsh

Number of Welsh RTT patients waiting over 65 weeks or more at month end 217859

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

## Narrative

At the end of January there were 1071 Welsh patients waiting over 65 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (617), Arthroplasty (254), Knee & Sports Injuries (95), Foot & Ankle (57), Upper Limb (34), Veterans (8), Paediatric Orthopaedics (3), Neurology (1), ORLAU (1) and Spinal Injuries (1).

The number of patients waiting, by weeks brackets is:

\* >65 to <=78 weeks - 468 patients

\* >78 to <=95 weeks - 407 patients

\* >95 to <=104 weeks - 82 patients

\* >104 weeks - 114 patients

Welsh long waiters is experiencing a sustained period of month on month increases, partly due to reduced activity levels since July impacting services. Analysis of Spinal Disorders referrals for Welsh patients identifies a large % increase with 2023/24 24% higher than the previous year. Supporting information included in the covering paper for F&P Committee.

For Welsh patients', national expectations are in reducing 104+ weeks waits and overall long waits for those patients awaiting a new outpatient appointment.

## Actions

An intensive improvement programme continues as part of elective recovery supported by GIRFT and NHSE.

The Trust is well underway with a revised delivery model. Key delivery themes are: - Clinical pathway transformation; Workforce optimisation; Workforce growth; Non-recurrent backlog reduction initiatives; Improving operational processes.

2025/26 planning is underway. The Trust has modelled that we would be compliant against the 60% standard by March 2026 if, as a minimum, all first outpatient appointments occur before 18 weeks. There are four main specialities of focus (Rheumatology, Metabolic Medicine, Arthroplasty, Spinal Disorders).

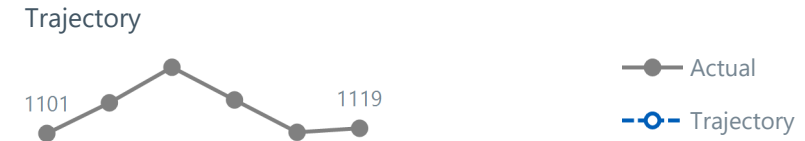
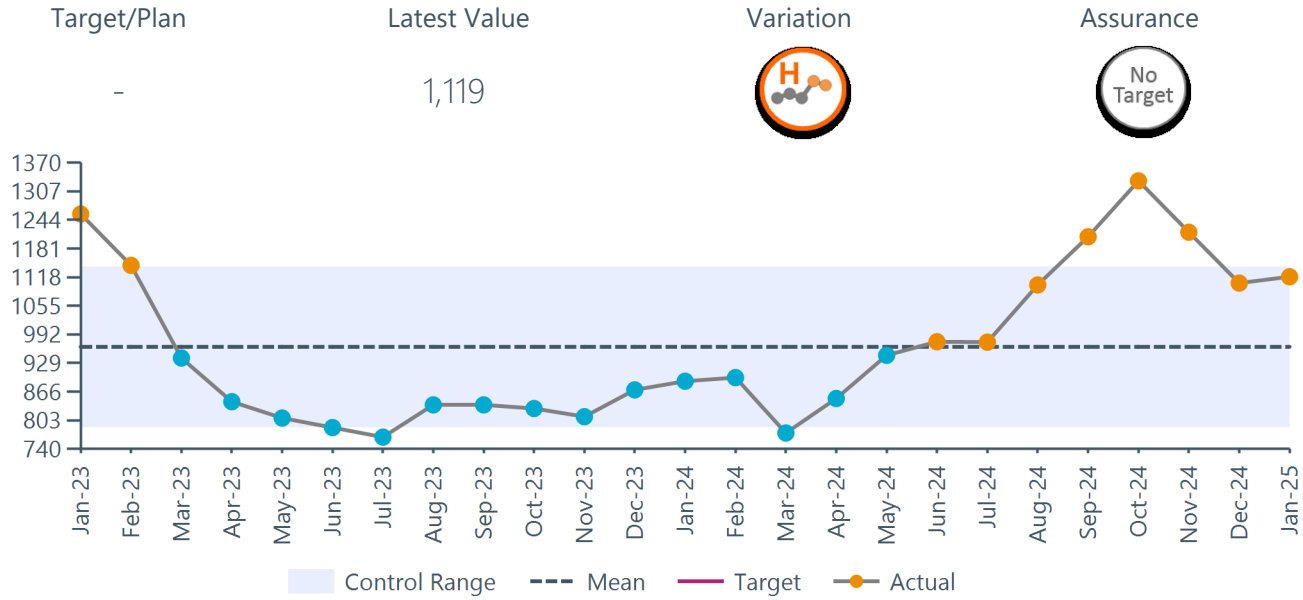
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
536	587	577	575	632	679	722	806	849	900	955	1029	1071

- Staff - **Patients** - Finances -

# Patients Waiting Over 65 Weeks - Combined

Number of combined RTT patients waiting 65 weeks or more at month end 217860

Exec Lead:  
Chief Operating Officer



What these graphs are telling us

Narrative

Actions

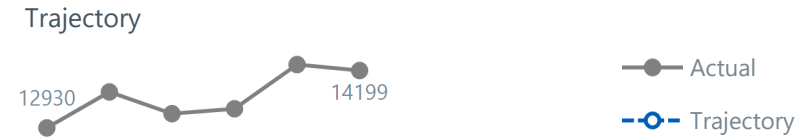
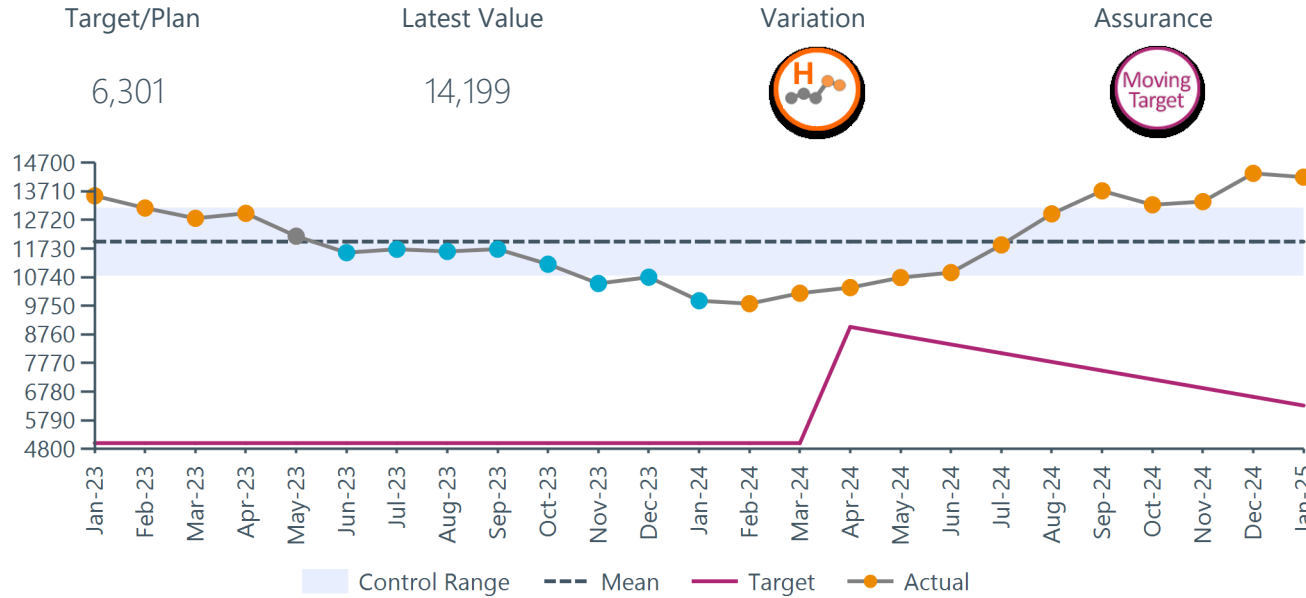
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
889	897	775	851	946	976	975	1101	1207	1330	1217	1105	1119



# Overdue Follow Up Backlog

All dated and undated patients that are overdue their follow up appointment. Target as per Trust's Operational Plans. 217364

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. This metric has a moving target.

## Narrative

At the end of January, there were 14199 patients overdue their follow up appointment, consistently remaining above target. The target forms part of the Trust's Operational Plans. In recent months the Trust has focused on its RTT long waits.

- This backlog is broken down by:
- Priority 1 – 8308 with 1441 dated (17.34%) (priority 1 is our more overdue follow-up cohort)
- Priority 2 – 5891 with 1124 dated (19.08%);

The sub-specialities with the highest volumes of overdue follow ups are: Rheumatology (3767), Arthroplasty (1941) and Spinal Disorders (1779).

## Actions

- As part of the Trust's Future Delivery Model there is a specific delivery theme on 'Clinical Pathway Transformation' that will support all firms. Regular discussion and recommendations from GIRFT.
- The Harms Review process remains in place with validation to support.

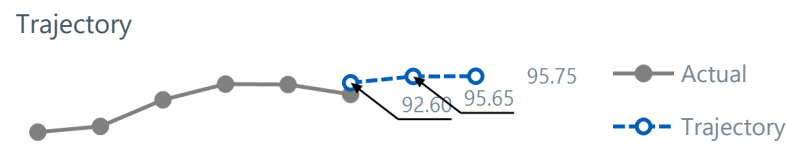
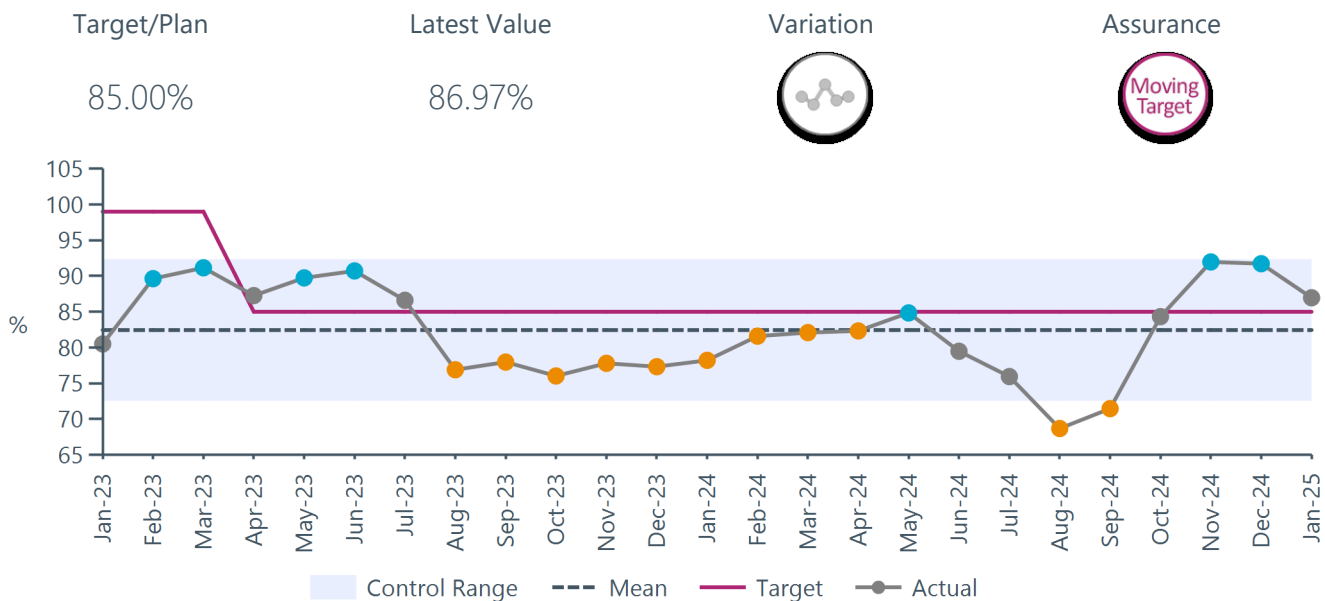
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
9925	9823	10186	10380	10726	10900	11856	12930	13726	13244	13353	14331	14199

- Staff - **Patients** - Finances -

# 6 Week Wait for Diagnostics - English Patients

% of English patients currently waiting less than 6 weeks for diagnostics. National Target with Trajectory as per Trust's Operational Plans. 211026

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing common cause variation. This measure has a moving target.

## Narrative

Performance for January is 86.97% against the 85% target. The trajectory for January month end was 92.60%; this reflects the Trust's submitted Operational Plans. Reported position relates to 171 patients who waited beyond 6 weeks. Of the 6-week breaches; 4 are over 13 weeks (3 in MRI and 1 in Ultrasound).

Performance and breaches by modality:

- \* MRI – 85.06% - D2 (Urgent - 0-2 weeks) - 8 dated, D3 (Routine - 4-6 weeks) – 1 dated, D4 (Routine – 6-12 weeks) – 118 with 113 dated
- \* CT – 96.15% - D2 (Urgent - 0-2 weeks) - 2 dated, D4 (Routine - 6-12 weeks) - 3 dated
- \* Ultrasound – 87.54% - D2 (Urgent - 0-2 weeks) – 1 dated, D4 (Routine - 6-12 weeks) - 38 with 32 dated
- \* DEXA Scans – 100%

All diagnostic activity plans were met in January.

National target – 0 patients waiting over 13 weeks by end of September 2024 and 95% against the 6-week standard within all modalities.

## Actions

Ultrasound - Additional weekend clinics increased from October and waiting list and 13-week waits have reduced. ACTIONS - Consultant Radiologist appointed and due to commence May. Continuously ensuring all available appointments are filled.

MRI – Increasing demand across ICS and maternity/sickness continues to impact breaches in month. Also, equipment failure contributed to the increase of breaches this month. ACTIONS - Mobile capacity remains in place and is needed to replace lost capacity and increasing demand. Business case in progress to increase mobile activity.

Insourcing for CT interventional work is going through procurement to support with demand. Any opportunities to reduce in-month 65+ weeks wait RTT breaches are being adopted.

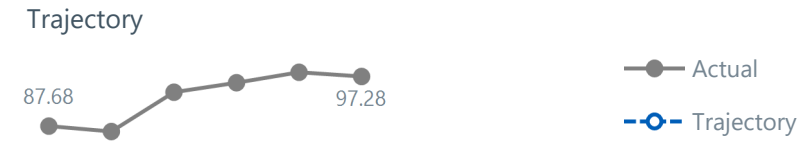
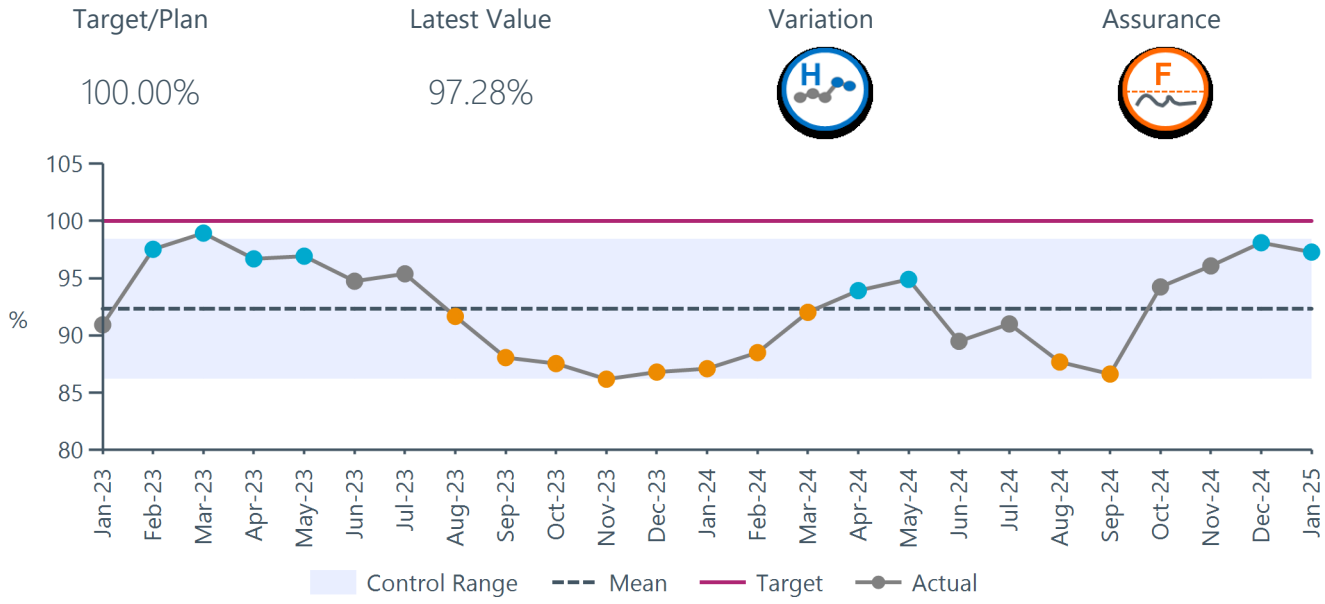
DM01 performance will be impacted as a consequence of reacting to long wait patients within the Trust and staffing issues pending approval of vacancies via ICS.

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
78.22%	81.60%	82.09%	82.33%	84.85%	79.49%	75.95%	68.69%	71.47%	84.33%	91.97%	91.72%	86.97%

# 8 Week Wait for Diagnostics - Welsh Patients

% of Welsh patients currently waiting less than 8 weeks for diagnostics 211027

Exec Lead:  
Chief Operating Officer



**What these graphs are telling us**  
Metric is experiencing special cause variation of an improving nature. Metric is consistently failing the target.

## Narrative

The 8-week standard for diagnostics is reported at 97.28%. The reporting position includes 12 patients who waited beyond 8 weeks.  
Performance and breaches by modality:  
\* MRI – 96.47% - D2 (Urgent - 0-2 weeks) – 1 dated, D4 (Routine - 6-12 weeks) - 11 dated  
\* CT – 100%  
\* Ultrasound – 100%  
\* DEXA Scans - 100%

All diagnostic activity plans were met in January.

## Actions

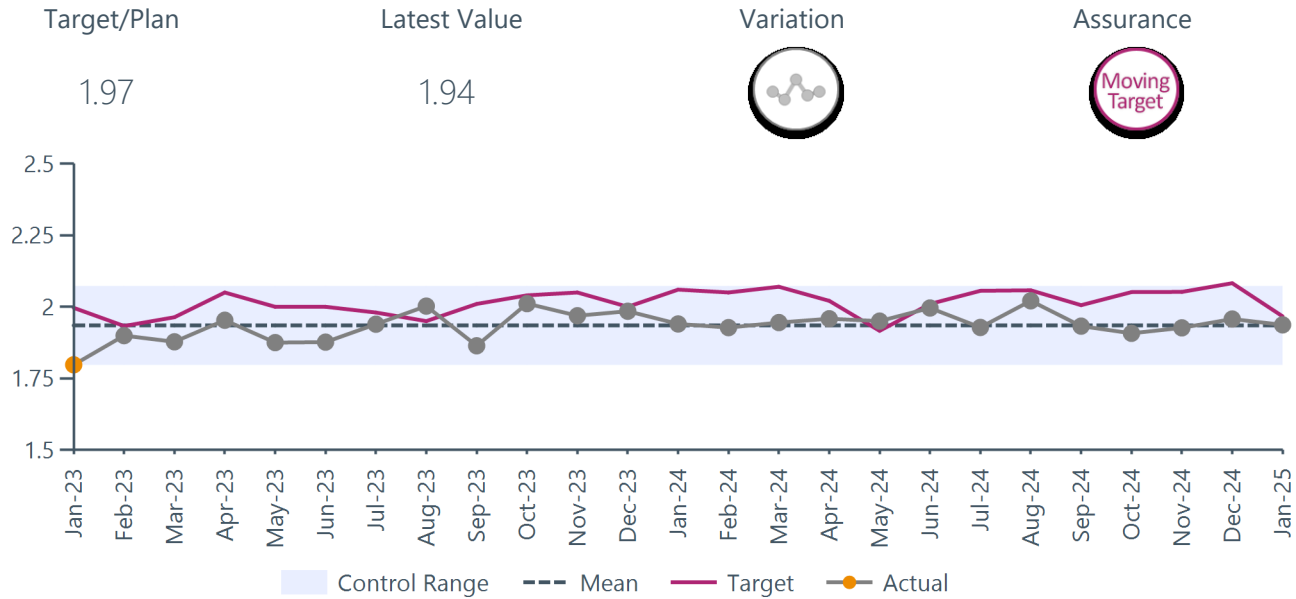
Ultrasound - Additional weekend clinics increased from October and waiting list and 13-week waits have reduced. ACTIONS - Consultant Radiologist appointed and due to commence May. Continuously ensuring all available appointments are filled.  
MRI – Increasing demand across ICS and maternity/sickness continues to impact breaches in month. Also, equipment failure contributed to the increase of breaches this month. ACTIONS - Mobile capacity remains in place and is needed to replace lost capacity and increasing demand. Business case in progress to increase mobile activity.  
Insourcing for CT interventional work is going through procurement to support with demand. Any opportunities to reduce in-month 65+ weeks wait RTT breaches are being adopted.  
DM01 performance will be impacted as a consequence of reacting to long wait patients within the Trust and staffing issues pending approval of vacancies via ICS.

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
87.10%	88.50%	92.02%	93.92%	94.90%	89.48%	91.01%	87.68%	86.63%	94.24%	96.07%	98.10%	97.28%

# Theatre Cases Per Session Against Plan

Average number of cases per session rated against plan. Target derived from Trust's Operational Plans. 217801

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing common cause variation. This measure has a moving target.

## Narrative

Cases per session in January achieved 1.94 against the plan of 1.97 which is derived from the Theatre element of the 2024/25 NHSE activity submission.

### Summary:

- \* MSK Unit – achieved 2.05 of 2.16 plan.
- \* Specialist Unit - achieved 1.66 of 1.44 plan.

Cases per session has stabilised and is consistently reporting on or near the mean.

## Actions

Cases per session reviewed to support plan however, impacted by focus on long waiters and prioritisation process.

Reduction of OJP has led to a reduction in CPS as OJP historically has seen a higher CPS due to numerous factors including training.

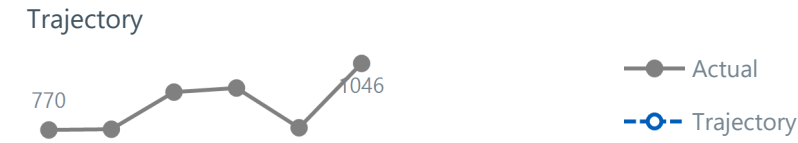
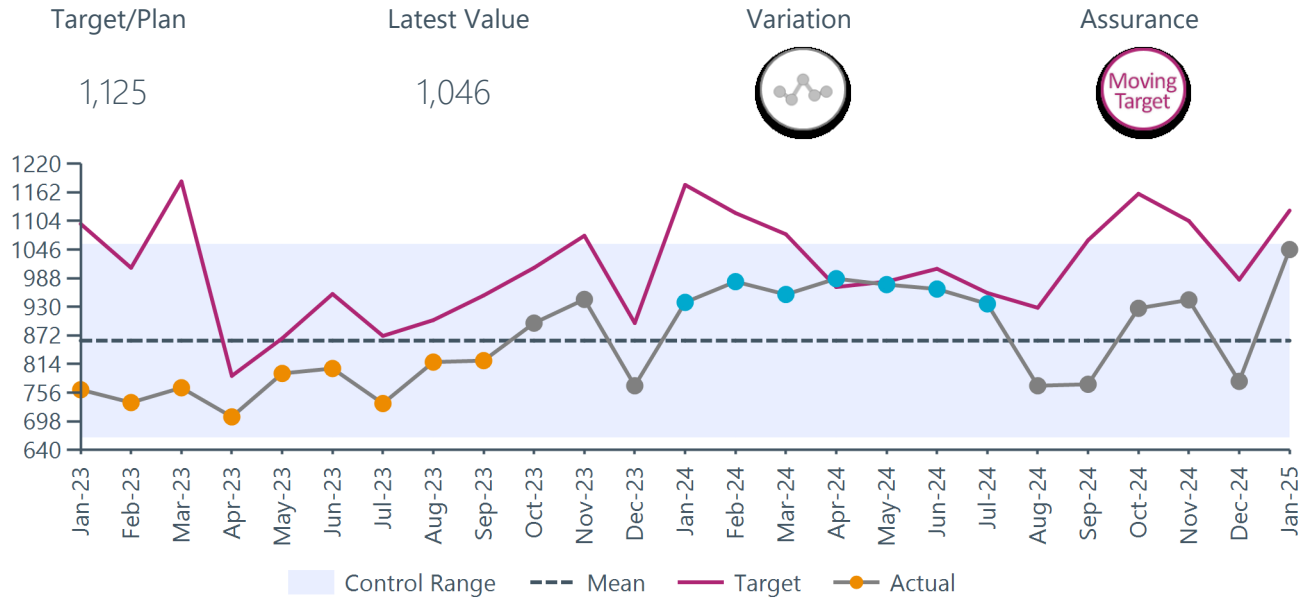
Thorough review of Cases per session to be undertaken as part of 2025/26 planning.

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
1.94	1.93	1.94	1.96	1.95	2.00	1.93	2.02	1.93	1.91	1.93	1.96	1.94

# Total Theatre Activity Against Plan

All activity in Theatres in month, rated against plan. Target derived from Trust's Operational Plans. 217797

Exec Lead:  
Chief Operating Officer



**What these graphs are telling us**  
Metric is experiencing common cause variation. This measure has a moving target.

## Narrative

Total theatre activity is monitored against the 2024/25 plan which is derived from the Theatre element of the NHSE activity submission. January summary:  
 \* Total Theatre Activity – 1046 (plan 1125) 79 below, 92.98%.  
 \* NHS activity – 948 (plan 1043) 95 below, 90.89%.  
 \* Private patients – 98 (plan 82) 16 above, 119.51%.  
 The total plan was 1125 cases: 829 IJP, 214 OJP, 82 PP's.

The original plan included an assumed level of OJP activity and Bank/agency to support performance through workforce availability and flexibility. Following changes to bank enhancement and off-framework agency this support has lessened. Despite these challenges, January has seen the highest level of activity in the reporting period and is at the edge of the upper control limit indicating significant improvement.

The Theatres IJP activity was close to plan in January (99.52%).

## Actions

Assurance of actions and mitigations reviewed weekly at FIG including issues of staffing gaps across professions. Actions include review of progress against productivity and mitigation plans.

Fortnightly activity recovery meeting in place – chaired by non-executive to review improvement actions where possible and gain further assurance for trust Board.

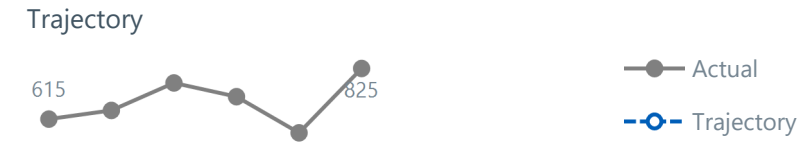
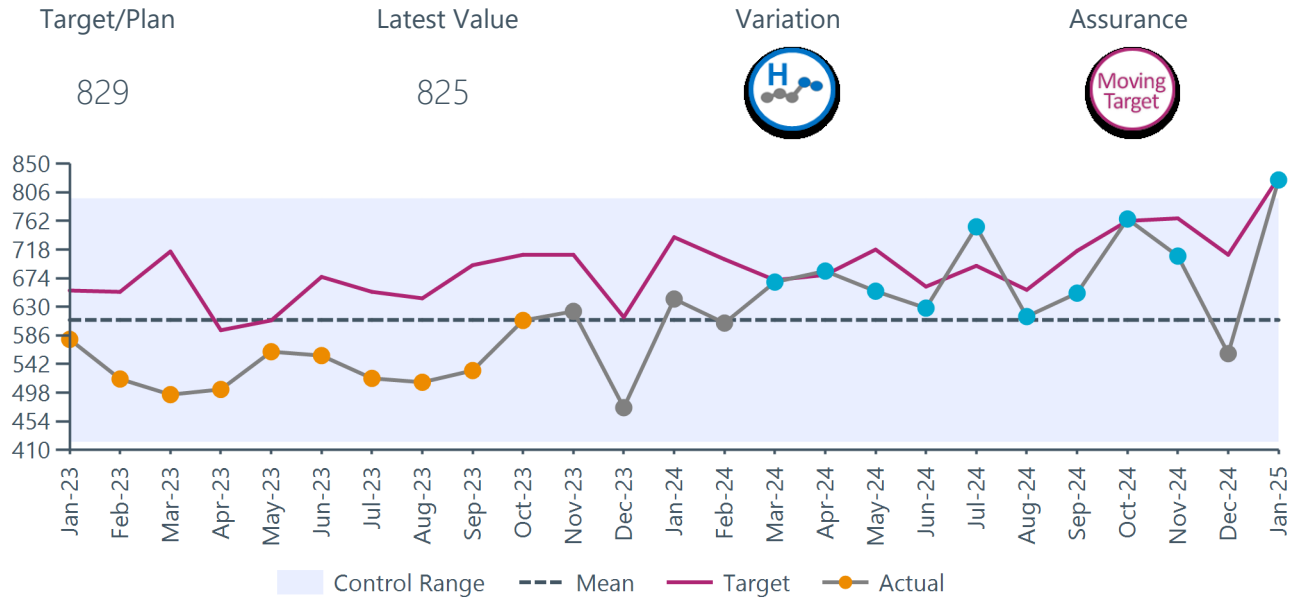
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
939	981	955	987	975	966	936	770	773	927	944	779	1046

- Staff - Patients - **Finances** -

# IJP Activity - Theatres - against Plan

NHS activity in Theatres in-month undertaken in job plan; rated against plan. Target derived from Trust's Operational Plans. 217552

Exec Lead:  
Chief Operating Officer



**What these graphs are telling us**  
Metric is experiencing special cause variation of an improving nature. This measure has a moving target.

## Narrative

This measure reflects how the Trust maximises In Job Plan time and resource to deliver NHS activity and is monitored against the 2024/25 plan which is derived from the Theatre element of the NHSE activity submission.

The IJP plan for January was 829 theatre cases, of which the Trust achieved 825, 4 cases below the plan equating to 99.52%.

The total plan was 1125 cases: 829 IJP, 214 OJP, 82 PP's.

January has seen the highest level of IJP activity in the reporting period and is reporting special cause variation of an improving nature as it is above the upper control limit.

## Actions

IJP theatre activity is maximised through theatre allocation, 6-4-2 process and Service Managers ensuring adherence to Trust policies such as annual leave and study leave.

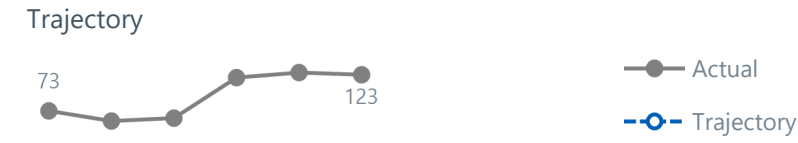
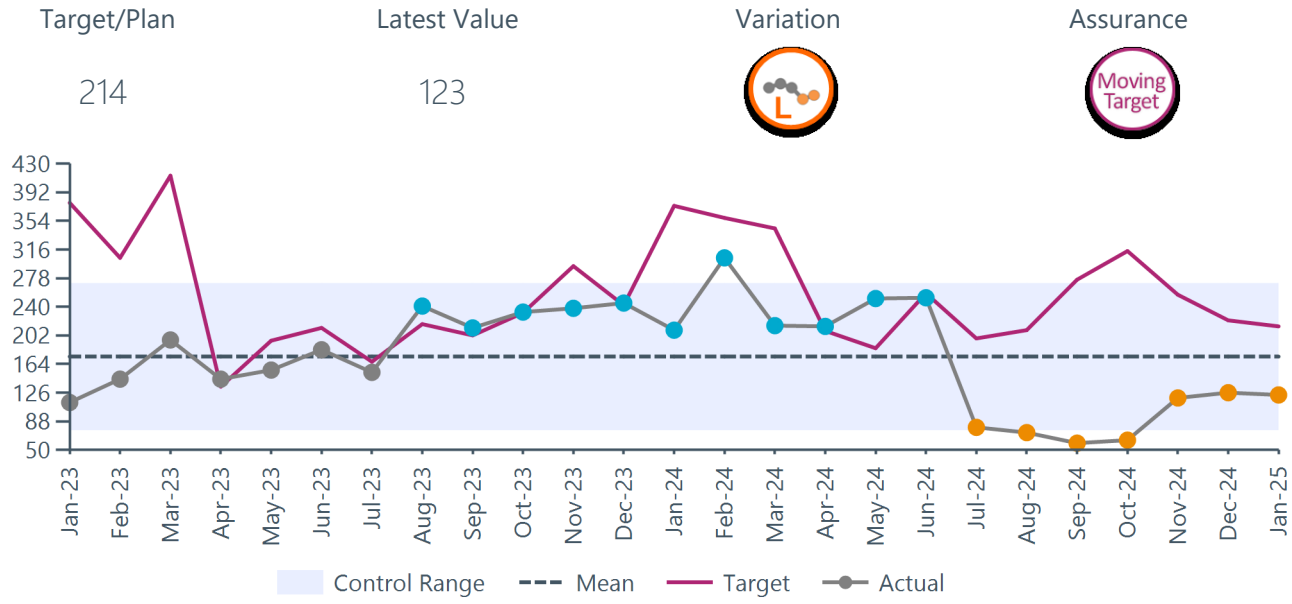
IJP being reviewed as part of planning assumptions for 2025/26 Operational Plan.

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
642	605	668	685	654	628	753	615	651	765	708	558	825

# OJP Activity - Theatres - against Plan

NHS activity in Theatres in-month undertaken out of job plan; rated against plan. Target derived from Trust's Operational Plans. 217553

Exec Lead:  
Chief Operating Officer



**What these graphs are telling us**  
Metric is experiencing special cause variation of a concerning nature. This measure has a moving target.

## Narrative

This measure reflects how the Trust utilises Out of Job Plan time and resource and is monitored against the 2024/25 plan which is derived from the Theatre element of the NHSE activity submission.

The OJP plan for January was 214 theatre cases, of which the Trust achieved 123, 91 cases below the plan equating to 57.48%.

The total plan was 1125 cases: 829 IJP, 214 OJP, 82 PP's.

OJP activity has reduced in recent months and is now reporting special cause variation of a concerning nature; January position remains within the control range.

## Actions

The Trust is currently assessing risks against achievement of plan and is progressing with mitigation plans to off-set the reduction in take up of OJP.

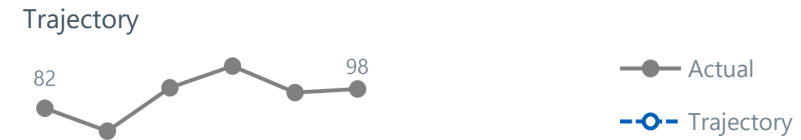
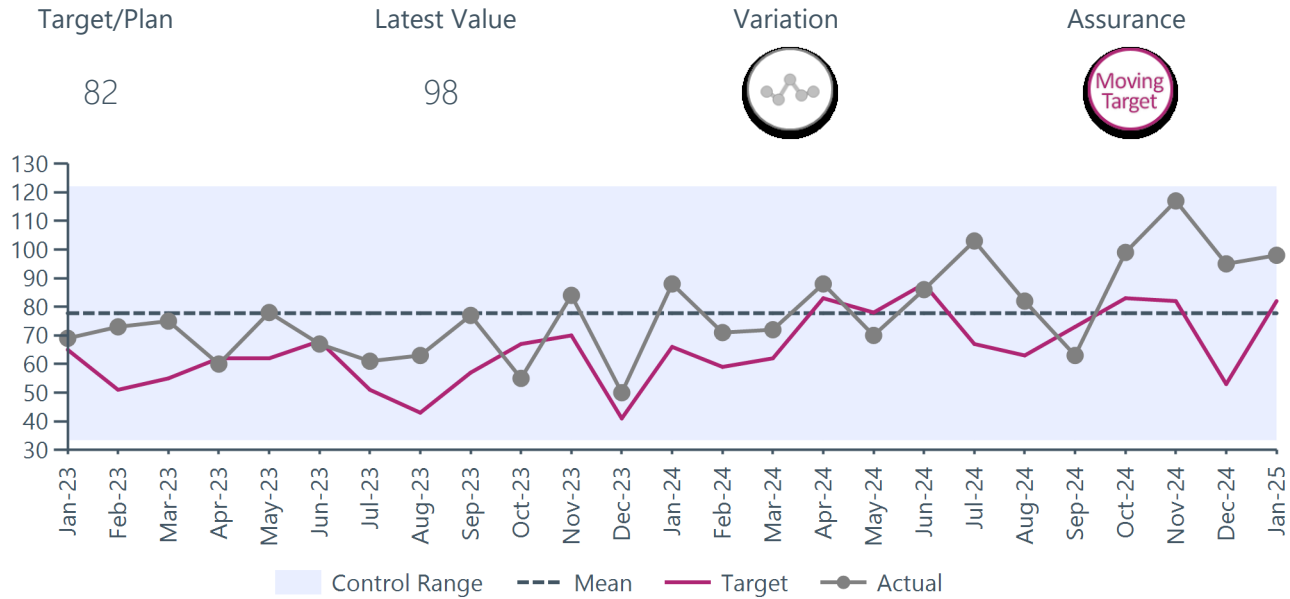
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
209	305	215	214	251	252	80	73	59	63	119	126	123

- Staff - Patients - **Finances** -

# PP Activity - Theatres - against Plan

Private patient activity in Theatres in month, rated against plan. Target derived from Trust's Operational Plans. 217741

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing common cause variation. This measure has a moving target.

### Narrative

PP activity during 2024/25 is planned to continue at 2023/24 Q3 and Q4 levels reflecting 8% of total activity.

In January, the Trust undertook 98 private cases, 16 cases above the plan of 82 which equates to 119.51%.

### Actions

Operational delivery of Private Patient plan to ensure correlation with performance in other Theatres metrics and achieve a balanced approach towards PP and NHS activity. Assurance and oversight from PP Business Manager.

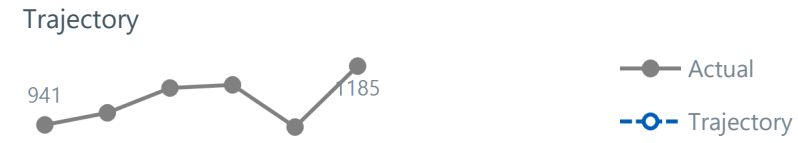
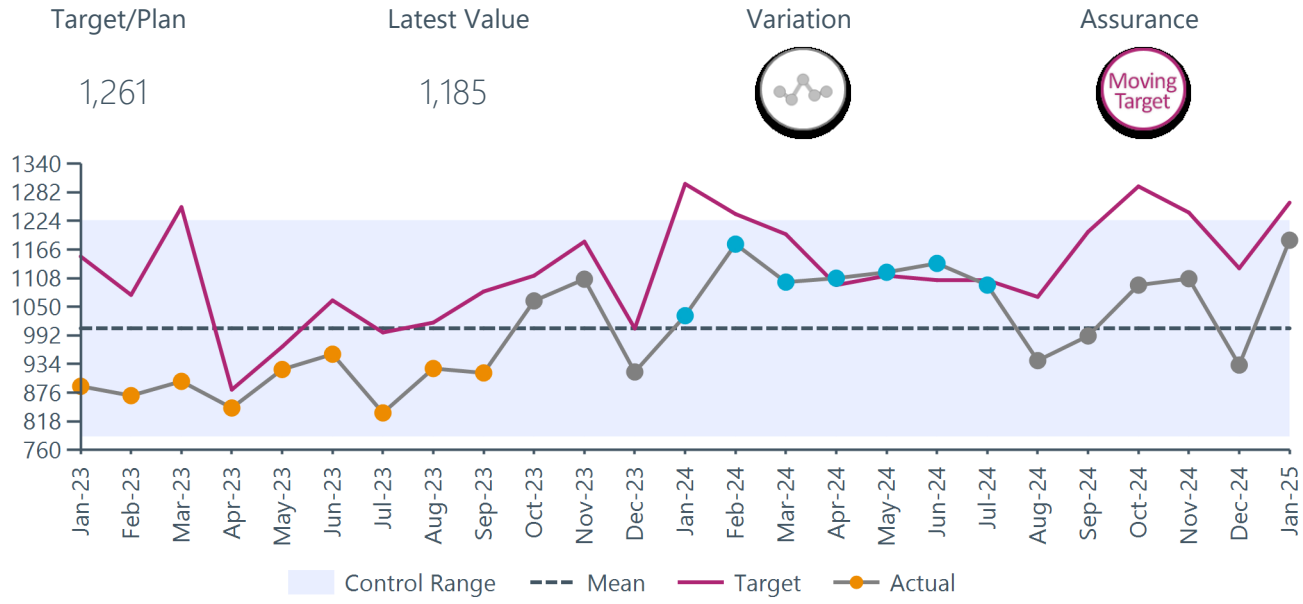
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
88	71	72	88	70	86	103	82	63	99	117	95	98



# Elective Activity Against Plan (volumes)

Total elective activity rated against plan. Target as per Trust's Operational Plans. 217796

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing common cause variation. This measure has a moving target.

## Narrative

Total elective activity as reported externally against plan for 2024/25.

The plan for January was 1261 elective spells of which the Trust achieved 1185 equating to 93.97% (76 cases below plan).

Elective spell activity is broken down as follows:

- Elective patients discharged in reporting month following operation - plan was 1052; 892 delivered (84.79%)
- Elective patients discharged in reporting month, no operation - plan was 209; 289 delivered (138.28%)
- Non-theatre activity accounted for 24.73% of elective spells this month; plan was 16.57%.

This metric is reporting normal variation however January has seen the highest level of elective activity in the reporting period. To note; the original plan included an assumed level of OJP activity and Bank/agency to support performance through workforce availability and flexibility. Following changes to bank enhancement and off-framework agency this support has lessened. The Theatres IJP activity was close to plan in January (99.52%).

## Actions

Ongoing review to maintain performance.

\* Patients are being treated in Theatre 11 following commencement of TIF2 in November; bookings are becoming routine, and usage is increasing and running according to staffing capacity.

\* Commencement of mutual aid by RJAH Consultants being undertaken at Independent Sector providers and logged back to RJAH systems:

- Nuffield Shrewsbury: 25 patients treated in January
- Spire Yale: 9 patients treated January

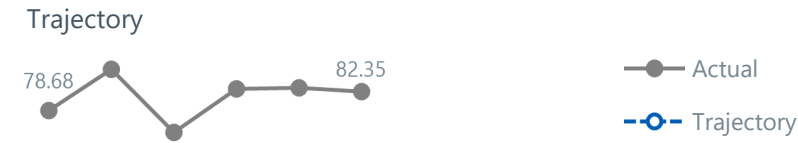
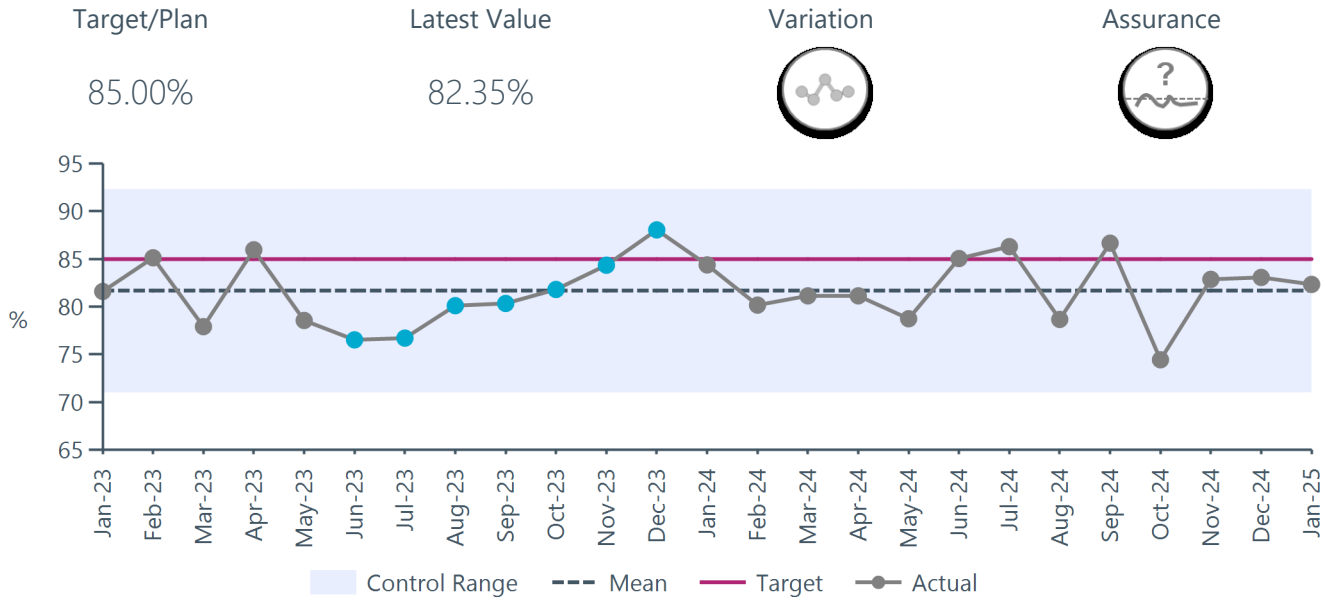
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
1032	1177	1100	1108	1120	1138	1094	941	991	1094	1107	932	1185

- Staff - Patients - **Finances** -

# Overall BADS %

% of BADS procedures performed as a day case. National Target. 217813

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing common cause variation. The assurance is indicating variable achievement (will achieve target some months and fail others).

### Narrative

BADS %; this measure continues to be monitored against the 85% target set under 2023/24 elective care NHSE planning guidance and reflects the Trusts delivery of day cases against the latest online British Association Of Day Surgery directory of procedures; Orthopaedic and Urology pages.

In January the 85% target was not met and is reported at 82.35%.

### Actions

The Trust is aiming for continuous improvements with Clinically led monthly day case surgery meeting. Data quality issues have been identified with Clinical audits and further investigations being undertaken. There continues to be reviews on day case conversions.

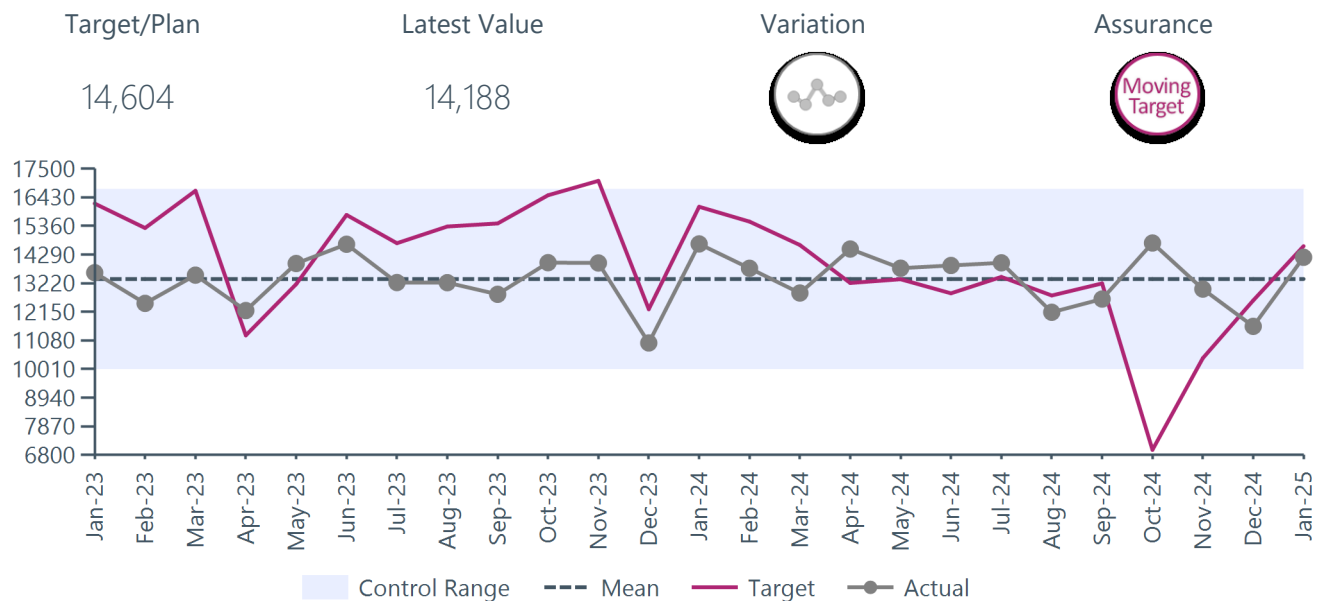
Actions also align to, and support with, the GIRFT recommendation following accreditation as a surgical hub for "A plan and review of clinical pathways that will support the Trust ambition to increase day case rates."

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
84.39%	80.18%	81.15%	81.15%	78.75%	85.06%	86.31%	78.68%	86.67%	74.45%	82.88%	83.08%	82.35%

# Total Outpatient Activity against Plan (volumes)

Total outpatient activity (consultant led and non-consultant led) against plan. Target as per Trust's Operational Plans. 217795

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing common cause variation. This measure has a moving target.

## Narrative

Total outpatient activity was 14188 attendances against the Trust's Operational Plan of 14604; equating to 97.15% of plan (-416 attendances). In January the IJP plan was met at 100.86% whilst OJP was at 51.99%. Following changes to bank enhancement and off-framework agency this support has lessened and so the split of IJP/OJP is consistent across most firms.

Some sub-specialities did not meet the IJP plan at 100%. Metabolic Medicine plan was not met as plan from November included the assumption of additional activity from a second DEXA scanner; at the moment the Trust does not have confirmed dates for this implementation. Spinal Disorders did not meet their plan as assumptions for additional capacity were put in from quarter four and there were high levels of leave throughout January. Both Physio and OT had high levels of sickness and leave.

Overall year to date performance remains above plan at 109%.

## Actions

Assurance of actions and mitigations reviewed weekly at FIG. Actions include review of progress against productivity and mitigation plans. The Outpatient Activity Meeting continues to meet on a weekly basis to focus on in-month and future month's activity. An expectation has been set whereby in the first week of the month, the current month should be booked to approximately 75%, and the following month to 50% - recognising that there will be different booking practices within firms due to the nature of their activity.

As at 17th February the forecast positions are:

- \* February – overall Outpatient Activity at 85.66% with IJP at 90.41%
- \* March – overall Outpatient Activity at 57.32% with IJP at 60.89%

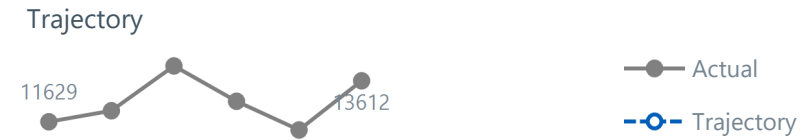
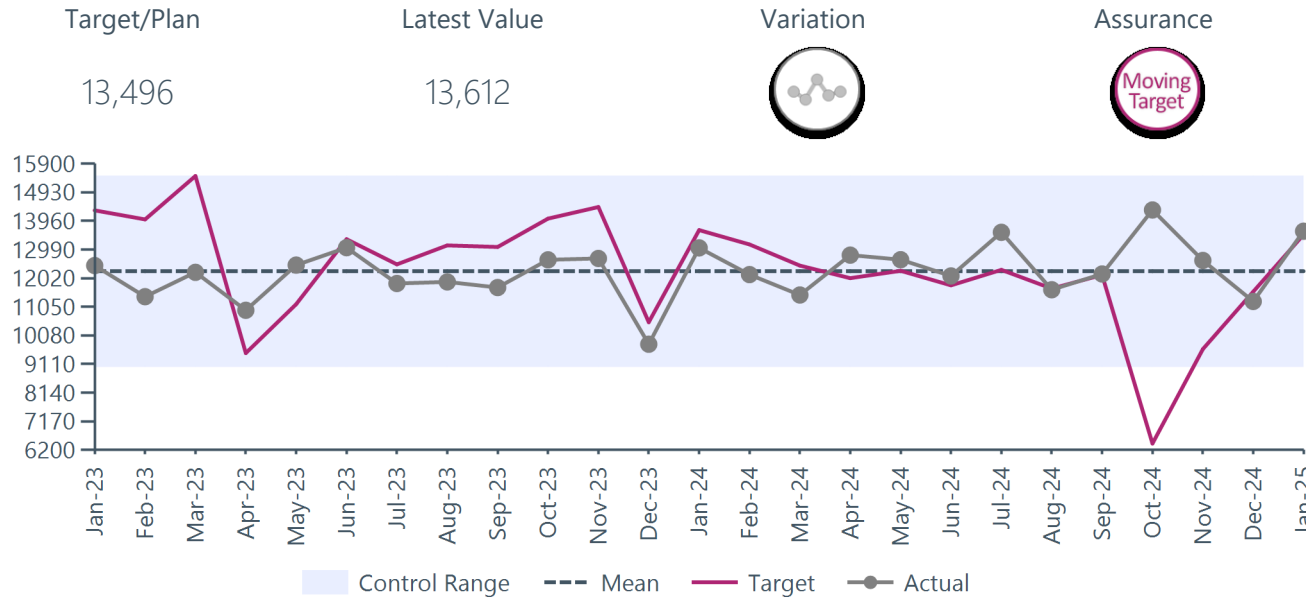
Trust is chasing expected delivery date for DEXA scanner. Physio is expecting new starter in February and some increased bank. Clinic templates are currently under review in Occupational Therapy. Tumour service now has 6-4-2 process in place to monitor gaps, plus new consultant started in early February.

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
14688	13778	12852	14497	13781	13882	13982	12133	12628	14723	12999	11607	14188

# IJP Activity - Outpatients - against Plan

Total IJP Activity (consultant led and non-consultant led) against plan. Target derived from Trust's Operational Plans. 217583

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing common cause variation. This measure has a moving target.

## Narrative

In January, IJP activity was 13612 against a plan of 13496; equating to 100.86%.

Some sub-specialities did not meet the IJP plan at 100%. Metabolic Medicine plan was not met as plan from November included the assumption of additional activity from a second DEXA scanner; at the moment the Trust does not have confirmed dates for this implementation. Spinal Disorders did not meet their plan as assumptions for additional capacity were put in from quarter four and there were high levels of leave throughout January. Both Physio and OT had high levels of sickness and leave.

Year to date performance against the in-job plan is 112% (+13454 attendances).

## Actions

IJP activity against plan is discussed regularly at the weekly outpatient activity meeting.

Any instances that will impact the delivery of activity continue to be logged in an exception document and shared with the Managing Director of the Specialist Unit. This helps to understand any underperformance within certain areas.

As at 17th February the forecast positions are:

\* February – overall Outpatient Activity at 85.66% with IJP at 90.41%

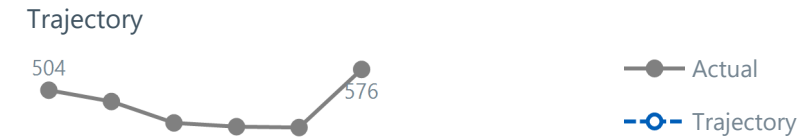
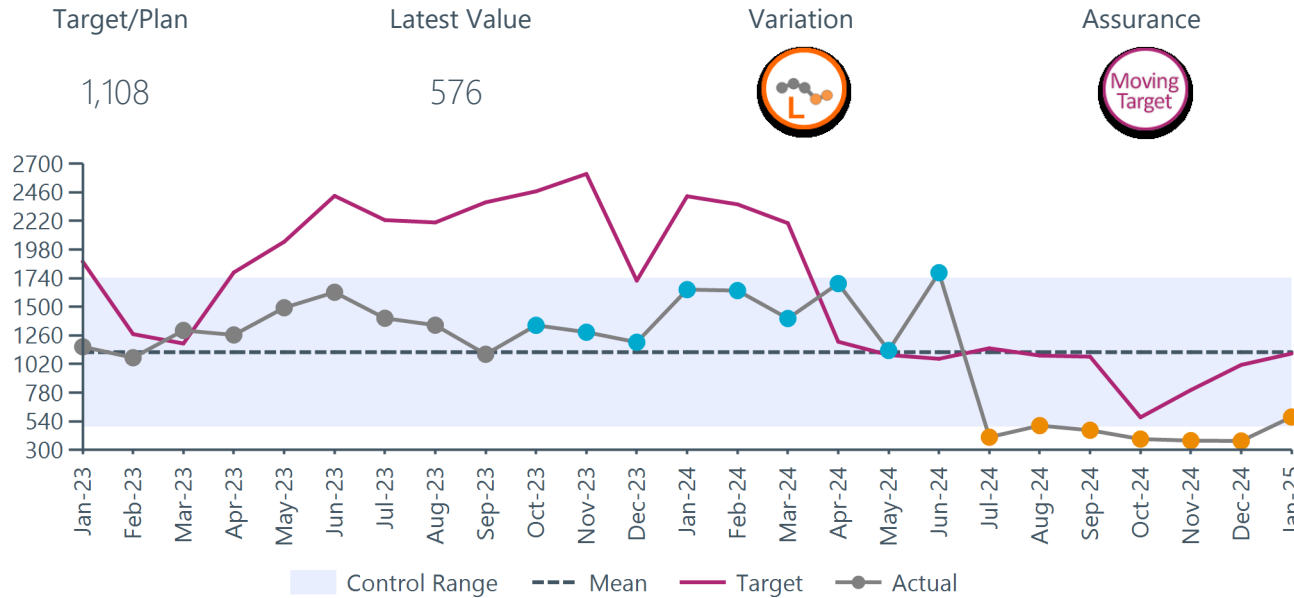
\* March – overall Outpatient Activity at 57.32% with IJP at 60.89%

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
13047	12142	11450	12802	12647	12096	13575	11629	12163	14332	12621	11232	13612

# OJP Activity - Outpatients - against Plan

Total OJP Activity (consultant led and non-consultant led) against plan. Target derived from Trust's Operational Plans. 217585

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. This metric has a moving target.

## Narrative

In January the IJP was at 100.86% whilst OJP was at 51.99%. The original plan included an assumed level of OJP activity and Bank/Agency to support performance through workforce availability and flexibility. Following changes to bank enhancement and off-framework agency this support has lessened and so the split of IJP/OJP is consistent across most firms.

Year to date performance against the out of job plan is at 76% (-2477 attendances).

## Actions

Assurance of actions and mitigations reviewed weekly at FIG. Actions include review of progress against productivity and mitigation plans.

Plans have been developed with the options per Firm looking at alternative ways of delivery activity being reviewed to deliver a sustainable workforce solution.

Weekly updates are requested by PMO from Managing Directors, Unit Managers and Clinical Leads in advance of the COO meeting.

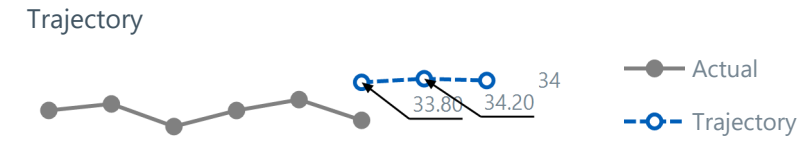
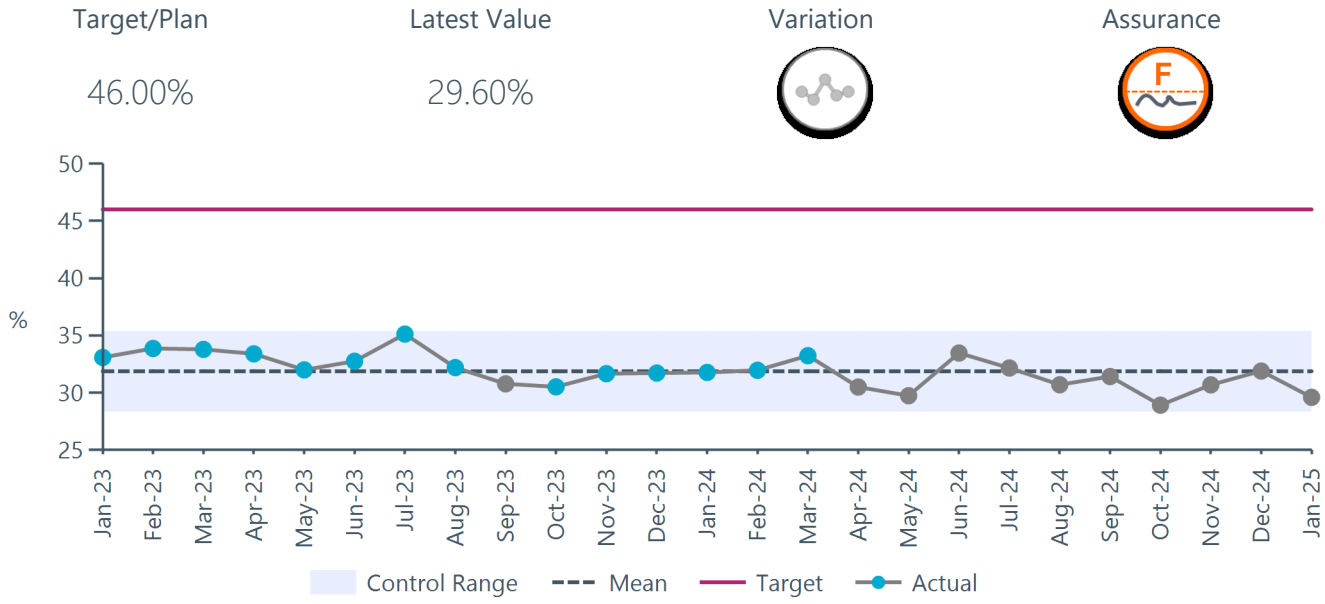
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
1644	1636	1402	1695	1134	1786	407	504	465	391	378	375	576

- Staff - Patients - **Finances** -

# Outpatient Procedures - ERF Scope

The rate is calculated by taking any new attendances (without procedure) plus new/follow up attendances with a procedure within ESR scope and dividing it by the total outpatient activity. 217863

Exec Lead:  
Chief Operating Officer



**What these graphs are telling us**  
Metric is experiencing common cause variation. Metric is consistently failing the target.

## Narrative

This has been a new metric for the 2024/25 financial year as it formed part of the Operational Planning submission. This KPI measures what proportion of our delivered outpatient activity is New (with no outpatient procedure) or New or Follow Up with an outpatient procedure in ERF scope. There is an expectation that 46% of our outpatient activity should be delivered via these three types of attendances but as part of the Trust's planning submission we do not forecast meeting that %, instead achieving 32/33%, as shown in the trajectory line above.

For January, the rate is reported at 29.60%; below the Trust's trajectory plan of 33.80%. It must be noted, the data for previous months does continue to increase as further transactions are made on our PAS system.

## Actions

This data is refreshed weekly and presented at the outpatient activity meeting for discussion. Sub-speciality meetings are taking place to discuss the transformation of pathways in line with GIRFT recommendations where improvements in this may be an output of that work.

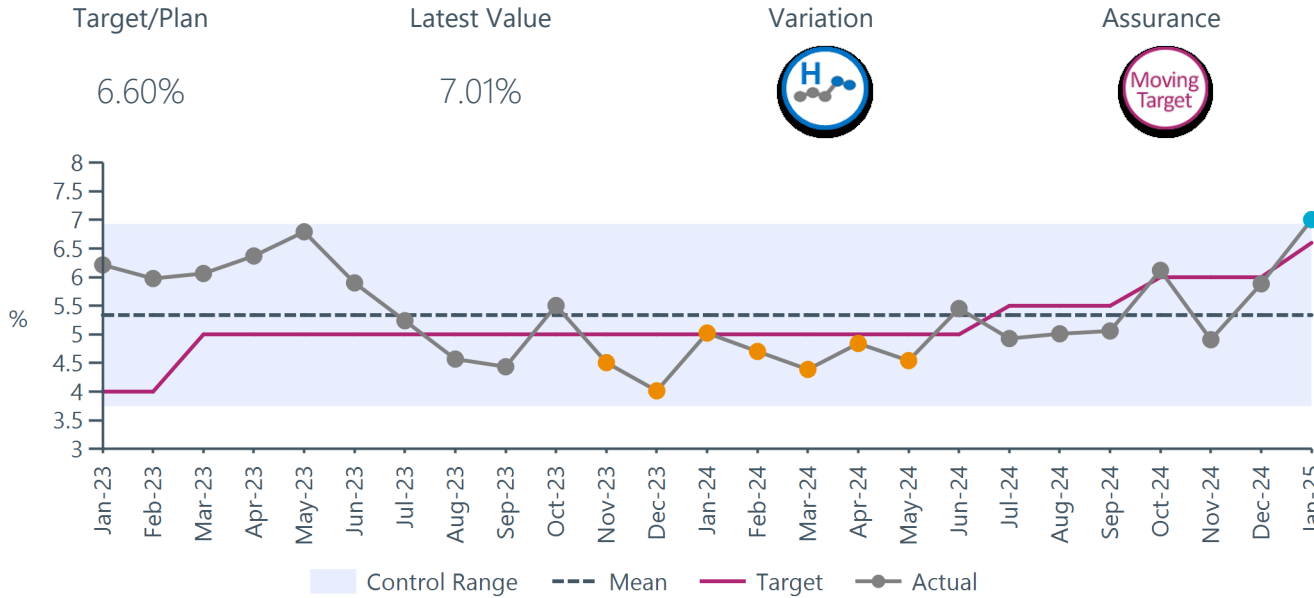
The Access/Scanning team continue to ensure that these forms are scanned onto the system & sent to clinical coding for processing. This will help the timeliness of reporting this figure each month. It must be noted that there will be a process change following the Apollo implementation.

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
31.77%	31.96%	33.23%	30.49%	29.74%	33.46%	32.16%	30.69%	31.41%	28.91%	30.69%	31.89%	29.60%

# Total Outpatient Activity - % Moved to PIFU Pathway

Total Outpatient Activity - % Moved to Patient Initiated Follow Up Pathway against plan. Target as per Trust's Operational Plans. 217715

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. This measure has a moving target.

## Narrative

The target for the number of episodes moved to a PIFU Pathway is 6.60% of all outpatients attendances. In January this was exceeded with 7.01% of total outpatient activity moved to a PIFU pathway.

There has been a significant increase in January due to the metric now including activity carried out at SaTH within Orthotics, Speech & Language Therapy and Dietetics.

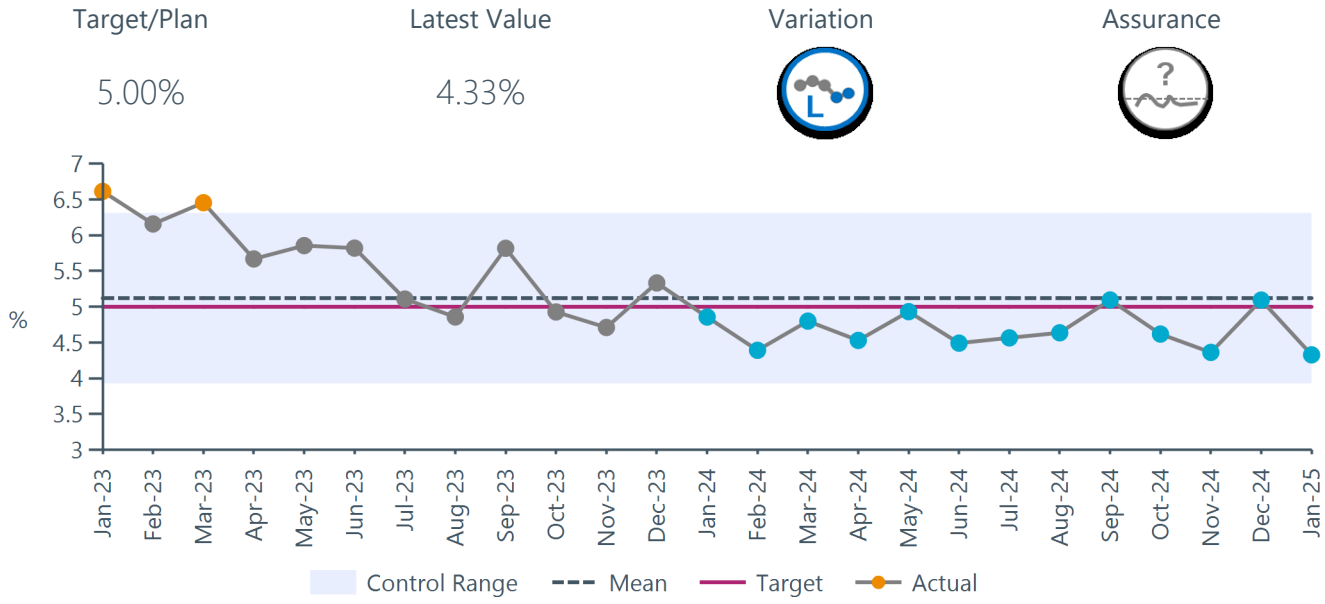
## Actions

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
5.02%	4.70%	4.39%	4.84%	4.54%	5.45%	4.93%	5.01%	5.06%	6.12%	4.91%	5.88%	7.01%

# Outpatient DNA Rate (Consultant Led and Non Consultant Led)

% of consultant led and non consultant led outpatient appointments not attended (unbundled activity not included in H1) 217792

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. The assurance is indicating variable achievement (will achieve target some months and fail others).

## Narrative

The Outpatient DNA rate for January was 4.33% and continues to be reported as sustained improvement, now with a period lasting over twelve months.

There continues to be some areas where DNA rates are above target but Operational reports are in place to monitor this at sub-speciality level to ensure there is adequate focus in areas that require it.

## Actions

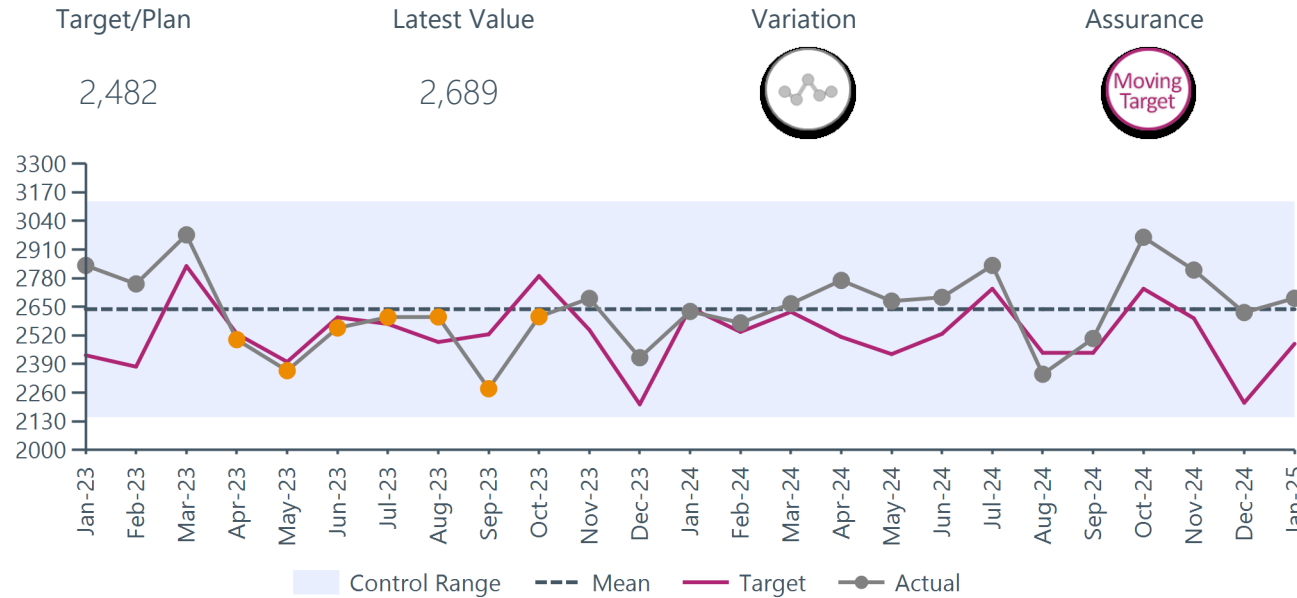
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
4.86%	4.39%	4.80%	4.53%	4.93%	4.49%	4.57%	4.64%	5.10%	4.62%	4.36%	5.09%	4.33%



# Total Diagnostics Activity against Plan - Catchment Based

Total Diagnostic Activity against Plan - (MRI, U/S and CT activity) against plan. Target as per Trust's Operational Plans. 217794

Exec Lead:  
Chief Operating Officer



## What these graphs are telling us

Metric is experiencing common cause variation. This measure has a moving target.

## Narrative

The plan for January was met as total diagnostic activity undertaken was 2689 against the Trust's Operation plan of 2482; 207 cases above - equating to 108.34%

This is broken down as:

- CT - 434 against plan of 417; equating to 104.08%
- MRI - 1343 against plan of 1179; equating to 113.91%
- U/S - 912 against 886; equating to 102.93%

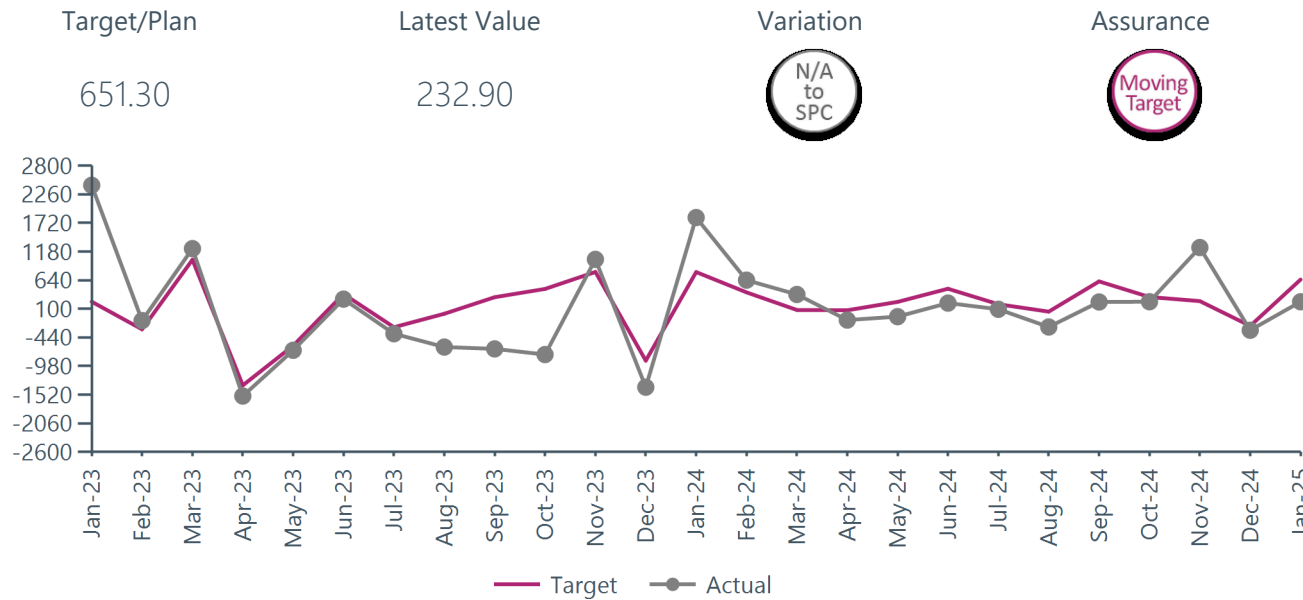
## Actions

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
2629	2577	2664	2770	2676	2693	2838	2344	2506	2966	2817	2624	2689

# Financial Control Total

Surplus/deficit position adjusted for donations 215290

Exec Lead:  
Chief Finance and Planning Officer



## What these graphs are telling us

This measure is not appropriate to display as SPC. Metric has a moving target

## Narrative

- The unadjusted position is £1,010k surplus on month, £526k favourable to plan. Clinical income in line with forecast, expenditure improvement in month, particularly on pay linked to controls.

- The adjusted position is £234k surplus in month, £418k adverse to plan. Adjustments in month have been applied to recognise a reduction in ERF income (£1.3m YTD), partially offset by NCA risk reserve release (£0.3m) and contract resolution with Cheshire ICB (£0.2m) resulting in a net income deterioration of £0.9m.

- Year to date position is a £1,545k surplus, £1,081k adverse to plan.

As a result of the ERF income reduction of £1.7m full year, the financial forecast has been reviewed. £0.7m of mitigations have been identified through additional activity and improved cost control leaving a net impact of £1.0m resulting in a revised forecast of £1.9m surplus, £1.0m adverse to plan.

## Actions

'- Financial Improvement Group (FIG) overseeing activity improvements, implementation of Improvement and Intervention (I&I) actions and regular oversight of key issues.

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
1822	640	370	-112	-47	208	91	-242	228	233	1256	-304	232

- Staff - Patients - **Finances** -

# Income

All Trust Income, Clinical and Non-Clinical 216333

Target/Plan

14,129.00

Latest Value

13,662.70

Variation

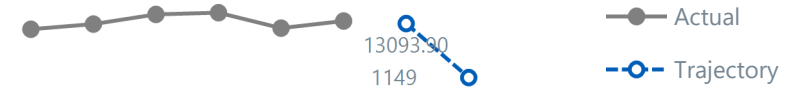
N/A to SPC

Assurance

Moving Target

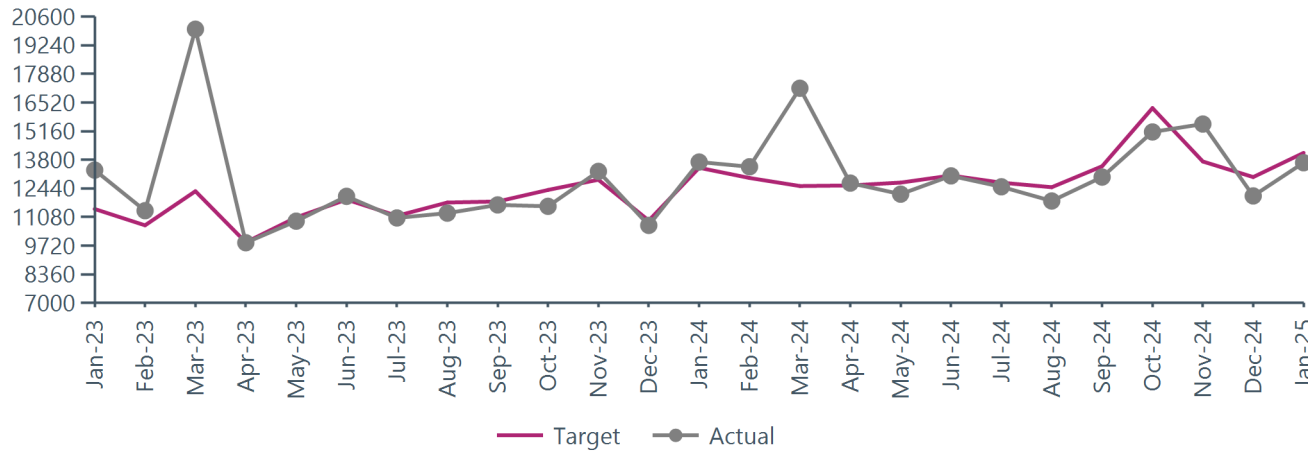
Exec Lead:  
Chief Finance and Planning Officer

Trajectory



What these graphs are telling us

This measure is not appropriate to display as SPC. Metric has a moving target



## Narrative

Overall income pass through adjusted £211k adverse to plan.

- NHS Clinical income adverse to plan £373k driven by theatre activity 95 cases shortfall partially offset by income mitigations.
- Private Patient and Other Income £162k private patient favourable.

## Actions

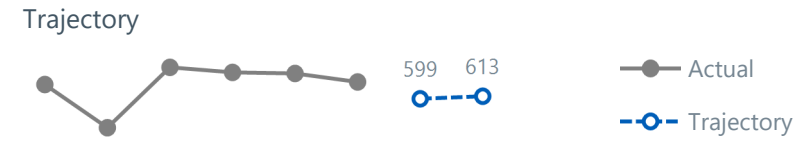
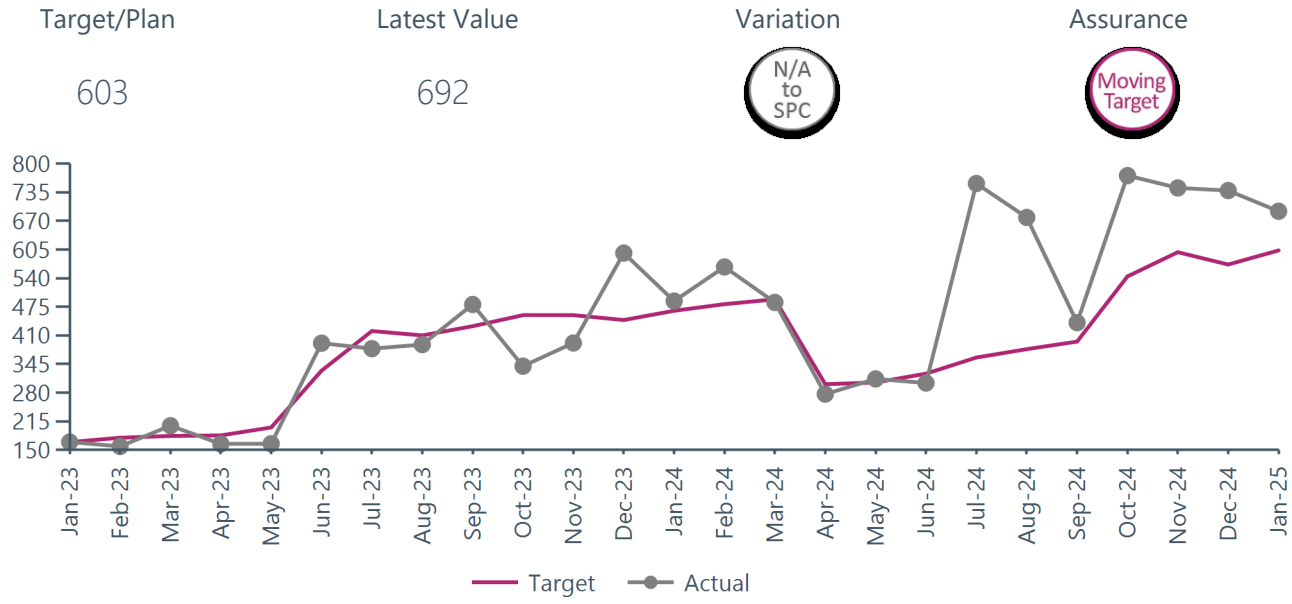
Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
13695	13469	17200	12694	12169	13037	12518	11843	12980	15124	15498	12083	13662

- Staff - Patients - **Finances** -

# Efficiency Delivered

Efficiency plan delivery 215298

Exec Lead:  
Chief Finance and Planning Officer



## What these graphs are telling us

This measure is not appropriate to display as SPC. Metric has a moving target

### Narrative

The recurrent efficiency programme is £50k adverse to plan YTD and forecast to deliver in full. Non recurrent efficiencies are supporting the overall financial position.

#### 'In Month :

- £552k of recurrent schemes recognised, £50k adverse to plan.
- £140k of non recurrent schemes, £140k favourable to plan.
- Total efficiency savings recognised of £692k, £90k favourable to plan.

#### Year to date :

- £4,316k recurrent efficiencies delivered year to date, £59k adverse to plan
- £1,394k non recurrent efficiencies delivered year to date, £1,394k favourable to plan.
- £5,711k total efficiencies delivered year to date, £1,336k favourable to plan.

### Actions

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
488	565	485	276	311	302	755	678	439	773	745	739	692

- Staff - Patients - **Finances** -

# Cash Balance

Cash in bank 215300

Exec Lead:  
Chief Finance and Planning Officer

Target/Plan

20,734

Latest Value

14,406

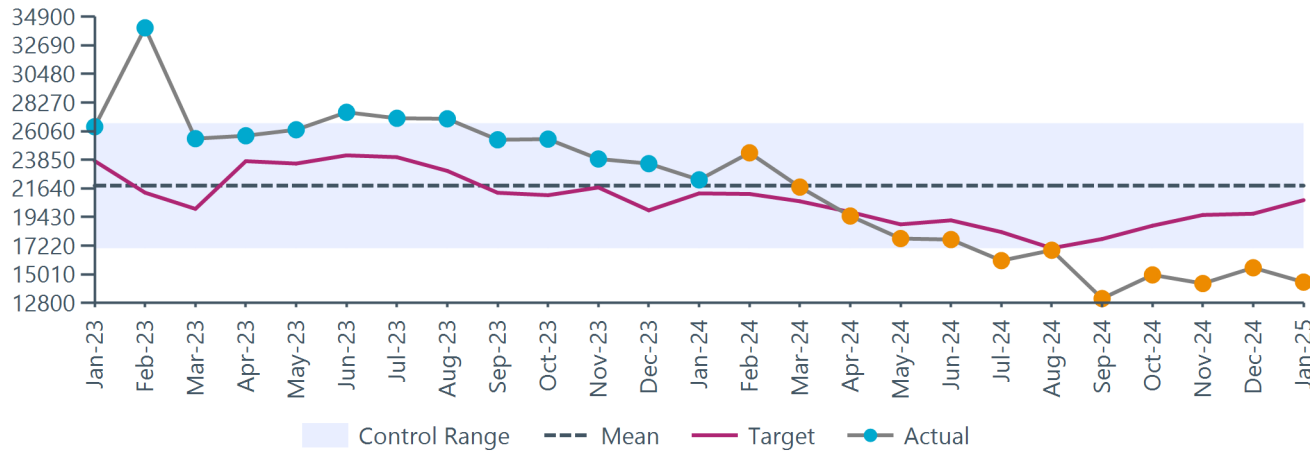
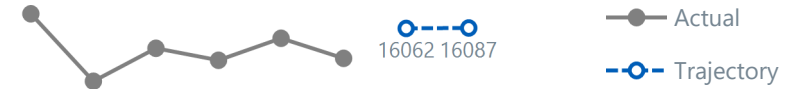
Variation



Assurance



Trajectory



## What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. Metric has a moving target.

### Narrative

Cash levels fell by £1.1m in month due to EPR expenditure, including £0.8m of payments to System C. The year end forecast has also fallen to £16.1m due to £1m deterioration in the forecast year end surplus and movements in balance sheet in year.

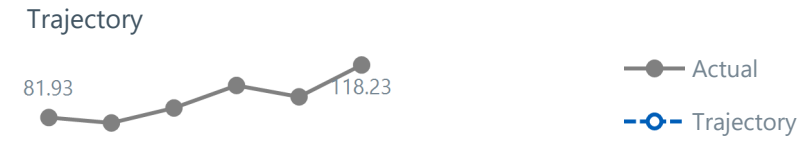
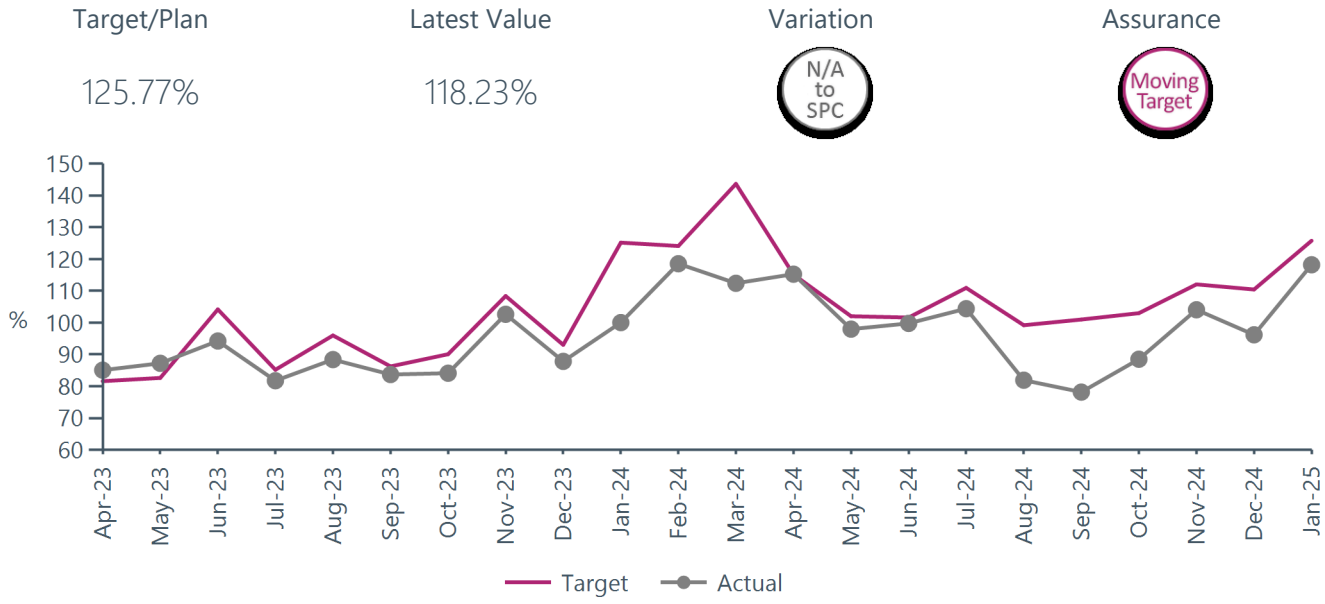
### Actions

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
22304	24391	21743	19510	17770	17694	16066	16870	13138	14964	14300	15517	14406

# Value Weighted Assessment

Percentage recovery of patient activity in financial terms from the 2019/20 baseline to in year actual delivery (English only) 217818

Exec Lead:  
Chief Finance and Planning Officer



What these graphs are telling us  
This measure is not appropriate to display as SPC. Metric has a moving target

### Narrative

Current position to date is 100% of 19/20 baseline against a planned performance of 112%. Theatre activity shortfalls are significantly impacting the YTD performance and forecast outturn for VWA

### Actions

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
100.04%	118.55%	112.40%	115.26%	97.98%	99.79%	104.42%	81.93%	78.18%	88.52%	104.08%	96.21%	118.23%

- Staff - Patients - **Finances** -