Combined Integrated Performance Report
November 2022 – Month 8

NHS
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.

a)

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:

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

a) shows a run of improvement with 6 consecutive descending months.

b)

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.

c)

- 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
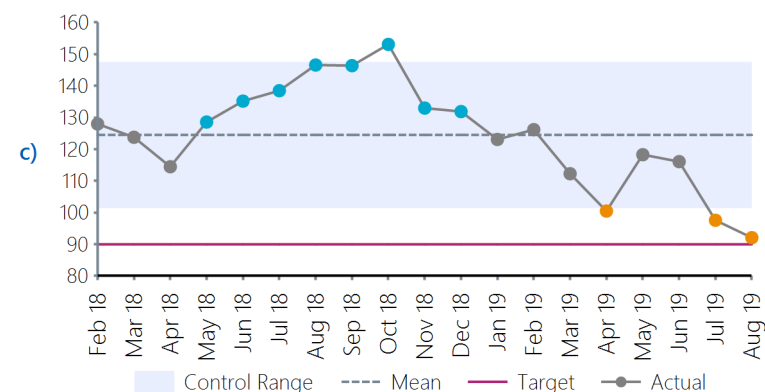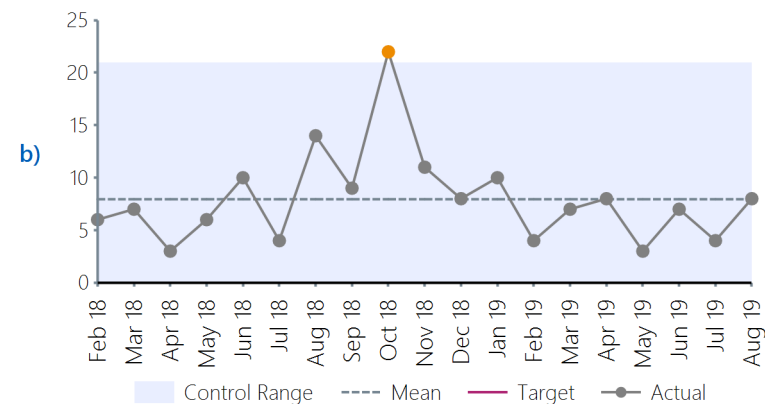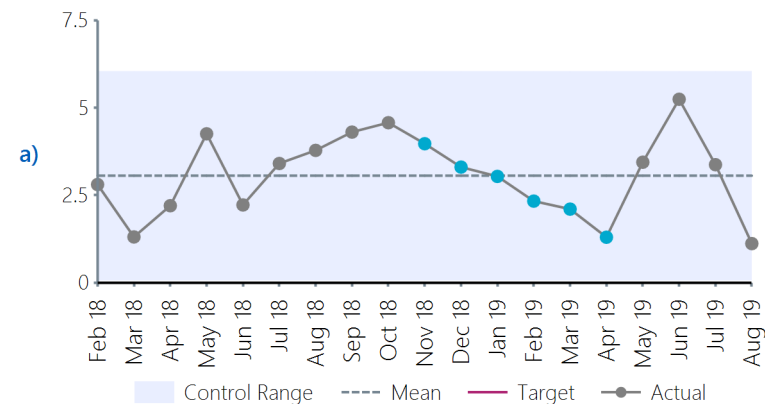
Summary Icons Reading Guide

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 execption 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 of 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	Green	Amber	Red

No improvement required to comply with the dimensions of data quality

Satisfactory - minor issues only
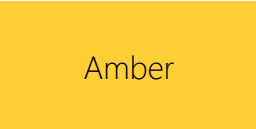
Requires improvement

Siginficant 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/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Sickness Absence	3.60%	5.67%			?	+	27/02/20
Sickness Absence - Short Term	1.66%	2.58%			?	+	
Sickness Absence - Long Term	1.94%	3.10%			F	+	
Staff Turnover - Headcount	8.00%	12.45%		H	F	+	24/06/21
In Month Leavers		14			No Target	+	
Personal Development Reviews	93.00%	89.10%			?	+	
Statutory & Mandatory Training	92.00%	90.60%		L	?	+	
Vacancy Rate	8.00%	9.91%		H	?	+	14/03/19
Nursing Vacancy Rate (Trust)	8.00%	14.14%		H	?	+	
Radiographer Vacancy Rate (Clinical Services Unit)	8.00%	8.75%			?		

Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Healthcare Support Worker Vacancy Rate	0.00%	15.63%		H	F	+	
% Staff Availability		85.72%			No Target	+	
E-Rostering Level of Attainment	4	0		N/A to SPC	F	+	
Percentage of Staff on the E-Rostering System	90.00%	90.69%		N/A to SPC	P		
% of E-Rosters Approved Six Weeks Before E-Roster Start Date		27.12%		N/A to SPC	No Target	+	
% of System-Generated E-Roster (Auto-Rostering)		49.04%		N/A to SPC	No Target	+	
E-Job Planning Level of Attainment	4	0	0	N/A to SPC	F	+	
Percentage of Staff with an Active E-Job Plan	90%	40%		N/A to SPC	F	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Serious Incidents	0	0		N/A to SPC	?		
Never Events	0	0		N/A to SPC	?		
Total Patient Falls	10	13		(variation)	?		14/03/19
Patient Falls (With Moderate or Severe Harm)	1	0		N/A to SPC	P		
Inpatient Ward Falls Per 1,000 Bed Days	2.50	2.66		(variation)	?		
RJAH Acquired Pressure Ulcers - Category 2	1	1		N/A to SPC	P		
RJAH Acquired Pressure Ulcers - Categories 3 or 4	0	0		N/A to SPC	P		
Pressure Ulcer Assessments	99%	100%		(variation)	P		
Patient Friends & Family - % Would Recommend (IP & OP)	95.00%	98.48%		(variation)	P		
Patient Friends & Family - % Would Recommend (Inpatients)	95.00%	99.31%		(variation)	P		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Number of Complaints	8	10					
Complaints Rate Per 1000 WTE	5.94	7.06					
Standard Complaints Response Rate Within 25 Days	100%	100%		N/A to SPC			
Complex Complaints Response Rate Within 40 Days	100%	100%		N/A to SPC			
Complaints Re-opened	0	2		N/A to SPC		+	
Safe Staffing	90.00%	102.60%		H	P		
Mixed Sex Accommodation	0	0		N/A to SPC	P		
% Delayed Discharge Rate	2.50%	10.14%		H		+	
Number Of Spinal Injury Patients Fit For Admission To RJAH	7	31		N/A to SPC	F	+	
RJAH Acquired C.Difficile	0	0		N/A to SPC	P		24/06/21

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
C Diff Infection Rates Per 100,000 Bed Days	3.18	7.29		H	Moving Target		
RJAH Acquired E. Coli Bacteraemia	0	0		N/A to SPC	P		24/06/21
E Coli Infection Rates Per 100,000 Bed Days	22.26	7.29		L	Moving Target		
RJAH Acquired MRSA Bacteraemia	0	0		N/A to SPC	P		24/06/21
RJAH Acquired MSSA Bacteraemia	0	0		N/A to SPC	P		
RJAH Acquired Klebsiella spp	0	1		N/A to SPC	?	+	24/06/21
RJAH Acquired Pseudomonas	0	0		N/A to SPC	P		
Surgical Site Infections	0	0		(variation)	?	+	
Outbreaks	0	0		N/A to SPC	P		
Patient Safety Alerts Not Completed by Deadline	0	0		N/A to SPC	P		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Medication Errors with Harm	2	0		N/A to SPC	P		
Total Deaths	0	1		N/A to SPC	F	+	16/04/18
RJAH Acquired VTE (DVT or PE)	4	6			?		
VTE Assessments Undertaken	95.00%	99.66%			P		
28 days Emergency Readmissions*	1.00%	0.34%			?	+	
WHO Quality Audit - % Compliance	100%	100%		N/A to SPC	P		
% Cancellations	2.70%	4.86%			?	+	
Cancellations Not Rebooked within 28 Days	0	3		N/A to SPC	?	+	
Volume of Theatre Cancellations		90	24		No Target	+	
Cancer Two Week Wait*	93%	100%			?		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
31 Days First Treatment (Tumour)*	96%	100%		H	?		24/06/21
31 Days Subsequent Treatment (Tumour)*	94%	100%			P		28/11/19
Cancer Plan 62 Days Standard (Tumour)*	85%	100%			?	+	
Cancer 62 Days Consultant Upgrade*	85%	100%			?		
28 Day Faster Diagnosis Standard*	75.00%	81.48%			?		
18 Weeks RTT Open Pathways	92.00%	55.53%			F	+	24/06/21
English List Size	12,893	14,562	14,356	H	?	+	14/03/19
Welsh List Size		6,678		H	No Target	+	
Combined List Size		21,240		H	No Target	+	
Patients Waiting Over 52 Weeks – English	0	1,616	1,843	H	F	+	24/06/21

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Patients Waiting Over 52 Weeks - Welsh (Total)		1,148		H	No Target	+	24/06/21
Patients Waiting Over 52 Weeks - Combined		2,764		H	No Target	+	
Patients Waiting Over 78 Weeks - English	0	371	345	L	F	+	
Patients Waiting Over 78 Weeks - Welsh (Total)		304	345	H	No Target	+	
Patients Waiting Over 78 Weeks - Combined		675	690	H	No Target	+	
Patients Waiting Over 104 Weeks - English	0	33	33	L	F	+	
Patients Waiting Over 104 Weeks - Welsh (Total)		56	93	L	No Target	+	
Patients Waiting Over 104 Weeks - (Combined)		89	126	L	No Target	+	
Overdue Follow Up Backlog	5,000	13,151		L	F	+	
Advice & Guidance	409	71			Moving Target	+	

12

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
6 Week Wait for Diagnostics - English Patients	99.00%	66.73%		(L)	(F)	+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	69.52%		(L)	(F)	+	

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Volume of Sessions Against Plan	581.00	487.50	494.00	H	Moving Target	+	
Theatre Cases Per Session Against Plan	1.98	1.87	1.85		Moving Target		
Touchtime Utilisation	82.00%	82.23%			?		14/03/19
Total Theatre Activity Against Plan	1,134	902	899	H	Moving Target	+	
IJP Activity - Theatres - against Plan	746	652	747		Moving Target	+	
OJP Activity - Theatres - against Plan	305	185	69		Moving Target	+	
PP Activity - Theatres - against Plan	83	65			Moving Target		
Independent Sector Activity Against Plan	18	1		N/A to SPC	Moving Target	+	
Elective Activity Against Plan (volumes)	1,171	1,006	921	H	Moving Target	+	
Overall Daycase Rate	46.00%	44.63%	44.49%		?		

Summary - Caring for Finances

| KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Average Length of Stay	3.50	3.11			?		
Bed Occupancy – All Wards – 2pm	87.00%	86.62%		H	F	+	09/03/22
Total Outpatient Activity against Plan (volumes)	16,537	14,137			Moving Target	+	
IJP Activity - Outpatients - against Plan	14,921	13,182			Moving Target	+	
OJP Activity - Outpatients - against Plan	1,616	955			Moving Target	+	
Total Outpatient Activity - % Virtual	25.00%	14.49%	18.00%	L	F	+	
Total Outpatient Activity - % Moved to PIFU Pathway	4.00%	6.83%		H	Moving Target	+	
Outpatient DNA Rate (Consultant Led and Non Consultant Led Activity)	5.00%	5.91%			F	+	
New to Follow Up Ratio (Consultant Led and Non Consultant Led Activity)	2.50	2.28			?		
Total Diagnostics Activity against Plan - Catchment Based	2,509	2,871		H	Moving Target	+	

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Data Quality Maturity Index Score					?		
Referrals Received for Consultant Led Services, Including SOOS*		4,056			No Target		
Financial Control Total					?		
Income					?		
Expenditure					?		
Efficiency Delivered					?		
Big Ticket Item (BTI) Efficiency Delivered					?		
Cash Balance					?		
Capital Expenditure					?		
Agency Core					?		

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory/H2 Forecast	Variation	Assurance	Exception	DQ Rating
Agency Non-Core					?		
Proportion of Temporary Staff					?		
Better Payment Practice Code (BPPC) % of Invoices paid within 30 days					?		

Sickness Absence

FTE days lost as a percentage of FTE days available in month 211161

Exec Lead:
Chief People Officer
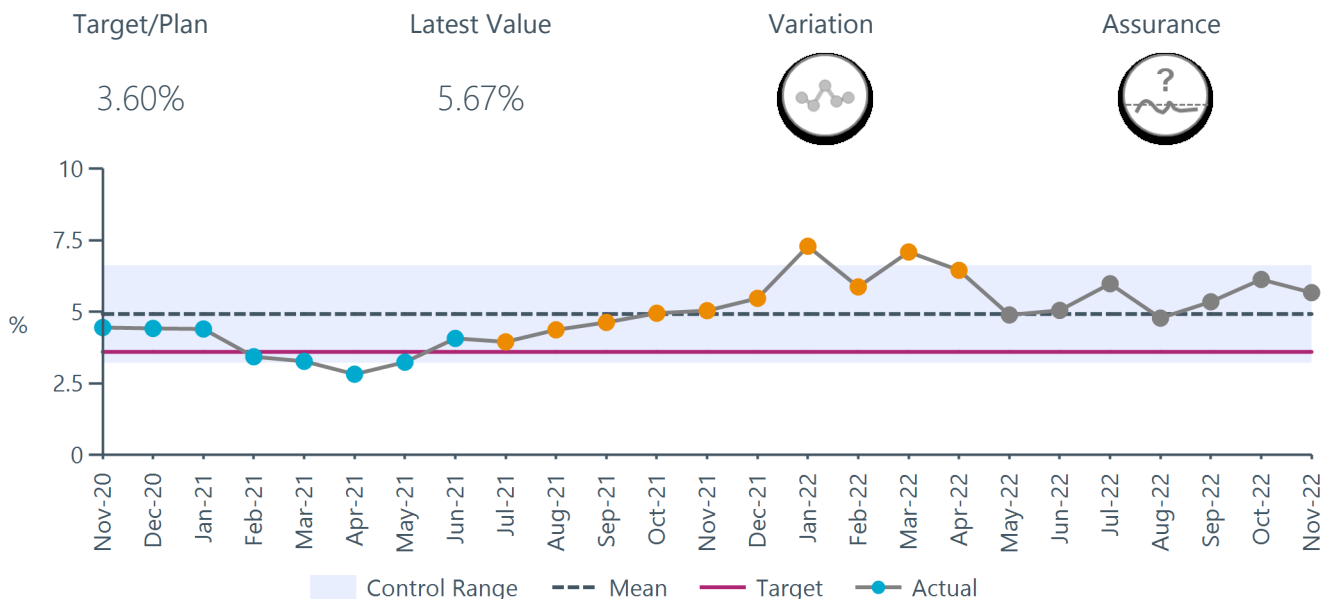
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
3.60%	5.67%			

Legend: Actual, Trajectory

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.

Legend: Control Range, Mean, Target, Actual

Narrative

The sickness absence reported for November is 5.67% where 'infectious diseases' accounted for 0.42%, leaving remaining sickness at 5.25%. The rate remains within our control range. Further detail by area below:
* Specialist Unit - 6.79% (6.47% excluding 'infectious diseases') - hot spot areas; Outpatients Dept 19.57%, Gladstone Ward 14.50%
* MSK Unit - 5.53% (5.06% excluding 'infectious diseases') - hot spot areas; Therapies T&O 23.96%, Pre-Op Assessment Unit 14.70%
* Corporate areas - 4.87% (4.41% excluding 'infectious diseases') - hot spot areas; Research 14.77%, Housekeeping 11.62%

'Anxiety/stress/depression/other psychiatric illnesses' was the highest reason for absence in all areas.

Actions

The Chief People Officer has commissioned a review of the Trust's Sickness Policy with an external third party. This review is due for completion with feedback to the People Committee in January. Bite-size training sessions have been scheduled through to March. Invites have been sent to managers to book onto sessions.

In recognition of winter-related illnesses, we would anticipate short term sickness to increase during this winter period, as can be seen in this period last year. To support the health of the workforce, the Trust continues to encourage staff to take up the offer of both covid and flu vaccinations. The current update, as at 7th December is 54.79% for flu and 48.63% for covid.

For long-term sickness, a review of current cases has been undertaken with relevant managers to ensure management plans are in place for each individual. Once approved, the new policy will have some changes to monitoring long term sickness with a key milestone approach.
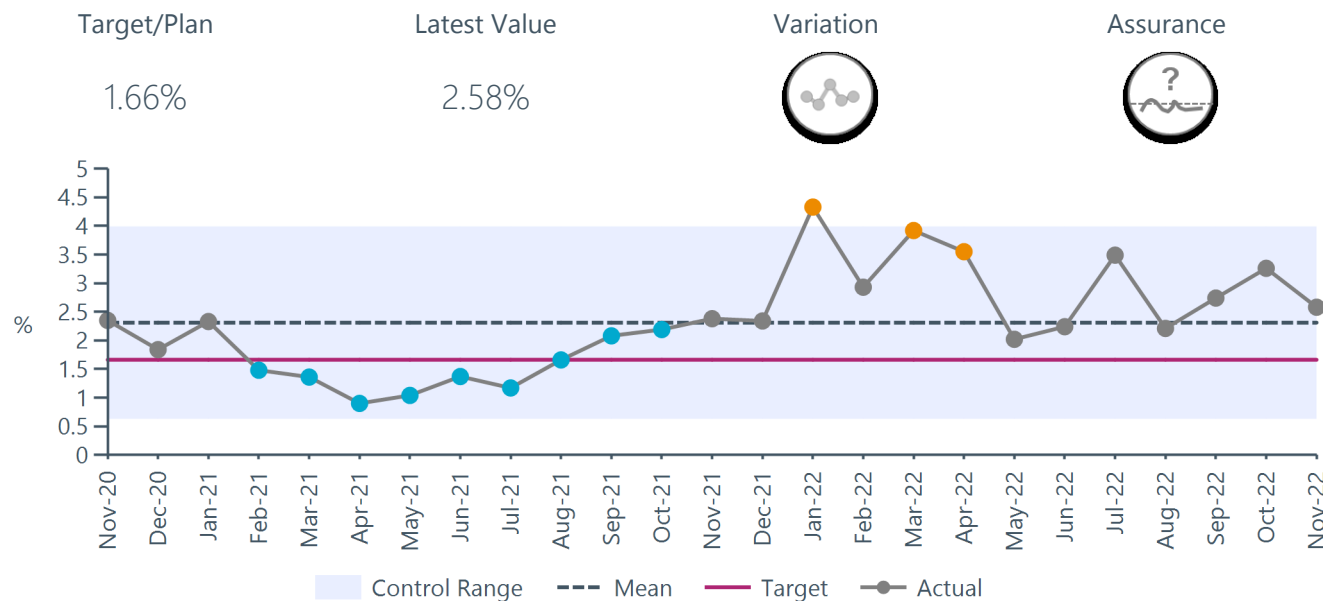
Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
5.04%	5.47%	7.29%	5.87%	7.09%	6.45%	4.89%	5.05%	5.98%	4.78%	5.35%	6.13%	5.67%

- **Staff** - Patients - Finances -

Sickness Absence - Short Term

211163

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
1.66%	2.58%			

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.

Control Range — — Mean — Target — Actual

Narrative

Short Term sickness absence is reported at 2.58% for November (2.27% sickness excluding 'infectious diseases').
Further detail by area below:
* MSK Unit - 3.34% (2.87% excluding 'infectious diseases') - hot spot areas; Therapies T&O 15.72%, Pre-Op
Assessment Unit 7.97%
* Specialist Unit - 2.27% (1.95% excluding 'infectious diseases') - hot spot areas; Sheldon Ward 7.87%, Wrekin
Ward 4.42%
* Corporate areas - 1.72% (1.65% excluding 'infectious diseases') - hot spot areas; Research 1.87%, Housekeeping
1.47%

The highest reason for absence varied across the areas of the Trust as follows:
* Specialist Unit - 'Gastrointestinal problems'
* MSK Unit - 'Cold, Cough, Flu - Influenza'
* Corporate areas - 'Cold, Cough, Flu - Influenza'

Actions

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Bite-size training sessions have been scheduled through to March. Invites have been sent to managers to book onto sessions.

In recognition of winter-related illnesses, we would anticipate short term sickness to increase during this winter period, as can be seen in this period last year. To support the health of the workforce, the Trust continues to encourage staff to take up the offer of both covid and flu vaccinations. The current update, as at 7th December is 54.79% for flu and 48.63% for covid.
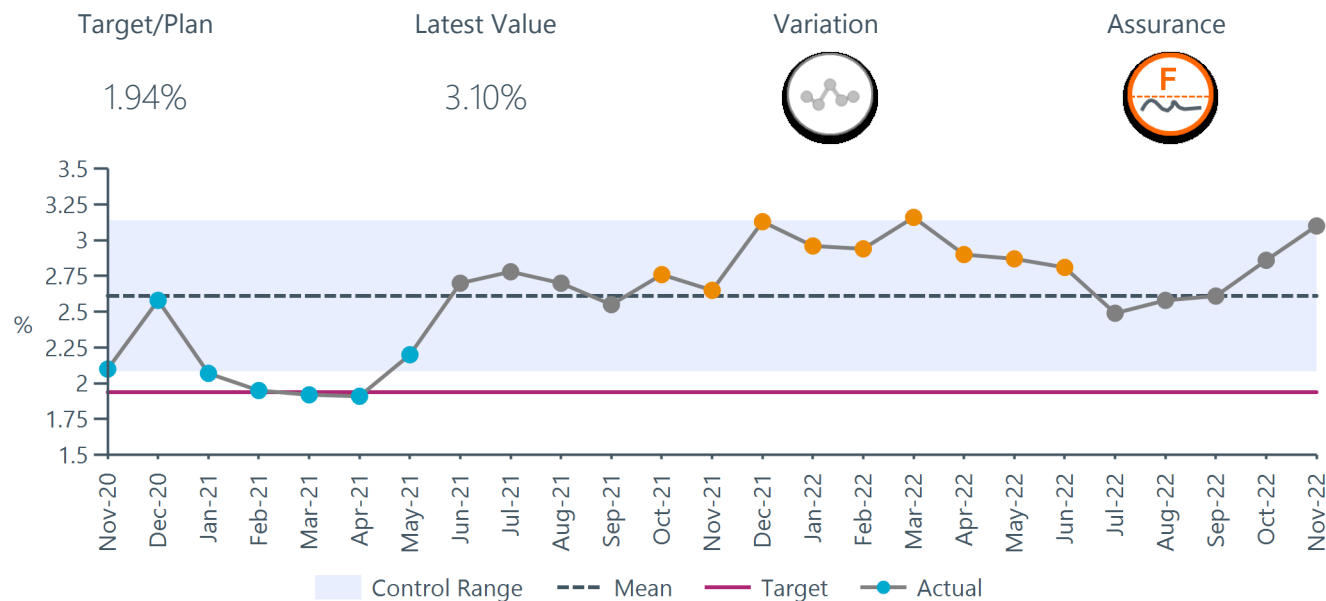
Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
2.38%	2.34%	4.33%	2.93%	3.92%	3.55%	2.02%	2.24%	3.49%	2.21%	2.74%	3.26%	2.58%

- Staff - Patients - Finances -

Sickness Absence - Long Term

211162

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
1.94%	3.10%		F	2.81 ... 3.10

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

Long term sickness is reported at 3.10% for November (2.98% excluding 'infectious diseases'). Further detail by area below:
* Specialist Unit - 4.52% - hot spot areas; Outpatients Dept 17.19%, Gladstone Ward 10.82%
* Corporate areas - 3.15% - hot spot areas; Research 12.90%, Ludlow Ward 10.15%
* MSK Unit - 2.20% - hot spot areas; Powys Ward 9.64%, TSSU 9.46%
'Anxiety/stress/depression/other psychiatric illnesses' was the highest reason for absence across Specialist Unit, Corporate areas and MSK Unit.

There were 61 episodes of sickness that fall with long term classification. Their status are outlined below:
* LTS cases actively being managed (25)
* Cases in November that are now long term – Manager to be chased for case management update (15)
* Sickness episodes ended in November and employee has returned to work (13)
* Sickness episodes due to end in December and employee return to work (8)

Actions

The Chief People Officer has commissioned a review of the Trust's Sickness Policy with an external third party. This review is due for completion with feedback to the People Committee in January.

Bite-size training sessions have been scheduled through to March. Invites have been sent to managers to book onto sessions.

For long-term sickness, a review of current cases has been undertaken with relevant managers to ensure management plans are in place for each individual. Once approved, the new policy will have some changes to monitoring long term sickness with a key milestone approach.
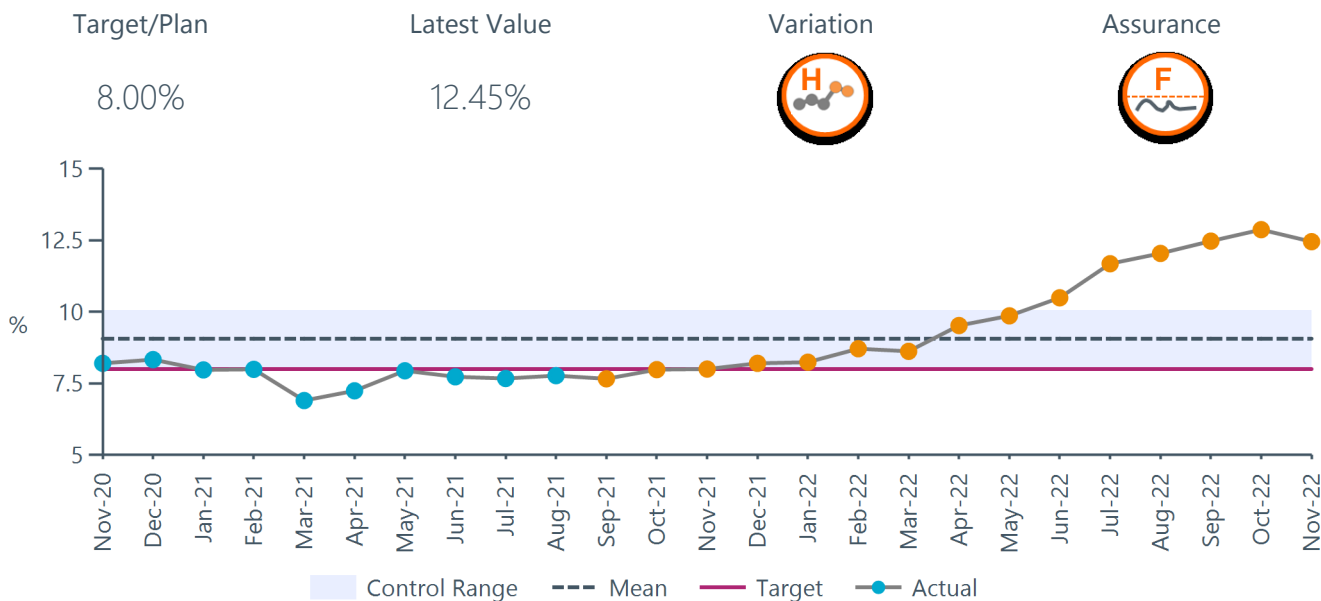
Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
2.65%	3.13%	2.96%	2.94%	3.16%	2.90%	2.87%	2.81%	2.49%	2.58%	2.61%	2.86%	3.10%

- Staff - Patients - Finances -

Staff Turnover - Headcount

Total numbers of voluntary leavers in the last 12 months as a percentage of the total employed 217394

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
8.00%	12.45%	H	F	

What these graphs are telling us

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

Legend: Control Range · Mean · Target · Actual

Narrative

TO BE CHANGED TO 'IN MONTH LEAVERS' - is this still required as well?

Staff Turnover, at Trust level, has now been reported above the 8% target since November-21. The November rate of 12.45% remains above the control range. Five out of eight staff groups are reported above 8% as follows:
- Allied Health Professionals - 14.51%
- Nursing and Midwifery - 14.37%
- Additional Clinic - 14.01%
- Estates and Ancillary - 13.64%
- Administrative and Clinical - 10.53%
In the latest twelve month period, December-21 to November-22, there have been 203 leavers throughout the Trust. This is in relation to a headcount in post of 1631, as at 30th November 2022. The top three reasons for leaving that accounts for xxx leavers/xx% at Trust level were:
* Voluntary Resignation - Other/Not Known - 44 / 21.67%
* Retirement age - 35 / 17.24%
* Voluntary Resignation - Work Life Balance - 34 / 16.75%

Actions

xxActions in relation to voluntary staff turnover include:
* Therapies has been highlighted as a 'hot spot' area. This area has undergone a full service review to assesses workforce and clinical pathways. Report recently shared with MSK Managing Director.
* Previous action to assess benchmarking has been completed and shared with the Recruitment Workforce Group.

* Revised policies for Staff Exits and Keeping In Touch Conversations to be prepared by Head of Resourcing.

STW ICB have developed a Recruitment and Retention Strategy/Workplan to drive improvements in retention, with RJAH a partner organisation in the group. Themes included are:
* Effective use of turnover data
* Meeting the needs of a modern workforce - flexible working
* Recruit and retain existing and experienced workforce (professional development and careers)
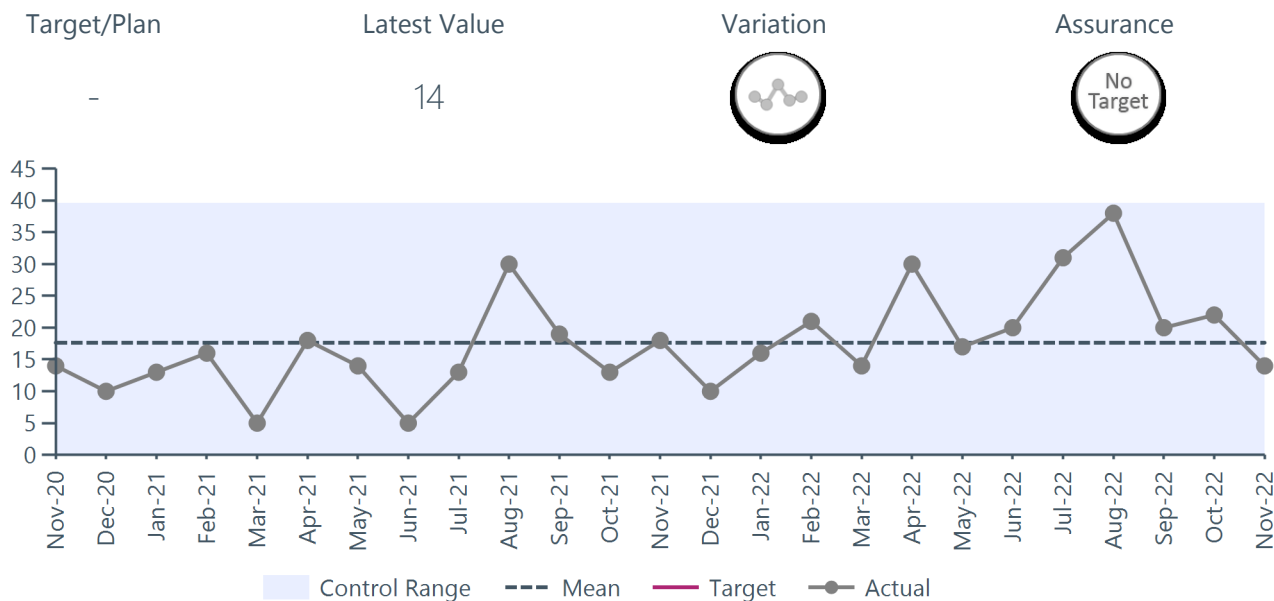* Looking after our People Health and Wellbeing

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
8%	8%	8%	8%	8%	9%	9%	10%	11%	12%	12%	12%	12%

- Staff - Patients - Finances -

In Month Leavers

Number of leavers in month 217809

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
–	14	(common cause)	No Target	

What these graphs are telling us

Metric is experiencing common cause variation. Target to be agreed for this new KPI.

Legend: Control Range — Mean — Target — Actual — Trajectory

Narrative

This is a new KPI that has been added this month to provide details on the number of leavers in month, as opposed to a rolling twelve month position that has historically been reported through the Staff Turnover metric.

In November, 14 staff left the Trust. These were from the following areas of the Trust; MSK Unit (7), Corporate areas (5) and Specialist Unit (2). Those staff that left in November by staff group were Administrative & Clerical (4), Nursing & Midwifery Registered (3), Medical & Dental (2), Additional Clinical Services (2), Allied Health Professionals (2) and Estates & Ancillary (1).

Reasons for leaving were categorised as end of fixed term contract (2), lack of opportunities (2), relocation (2), work life balance (2), employee transfer (1), retirement age (1), health (1), other/Not known (1), promotion (1) and to undertake further education (1).

Actions

As this is a new measure the themes and findings will be analysed to arrive at appropriate actions. People Committee are asked to consider the appropriate target for this measure. Based on data for the past 25 months, there have been, on average, 18 leavers per month.

Actions that were already in place in relation to turnover are:
* Therapies has been highlighted as a 'hot spot' area. This area has undergone a full service review to assesses workforce and clinical pathways. Report currently being reviewed before wider dissemination.
* Revised policies for Staff Exits and Keeping In Touch Conversations to be prepared by Head of Resourcing will a new process role out in quarter 4.

STW ICB have developed a Recruitment and Retention Strategy/Workplan to drive improvements in retention, with RJAH a partner organisation in the group. Themes included are:
* Effective use of turnover data
* Meeting the needs of a modern workforce - flexible working
* Recruit and retain existing and experienced workforce (professional development and careers)

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
18	10	16	21	14	30	17	20	31	38	20	22	14

- Staff - Patients - Finances -

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
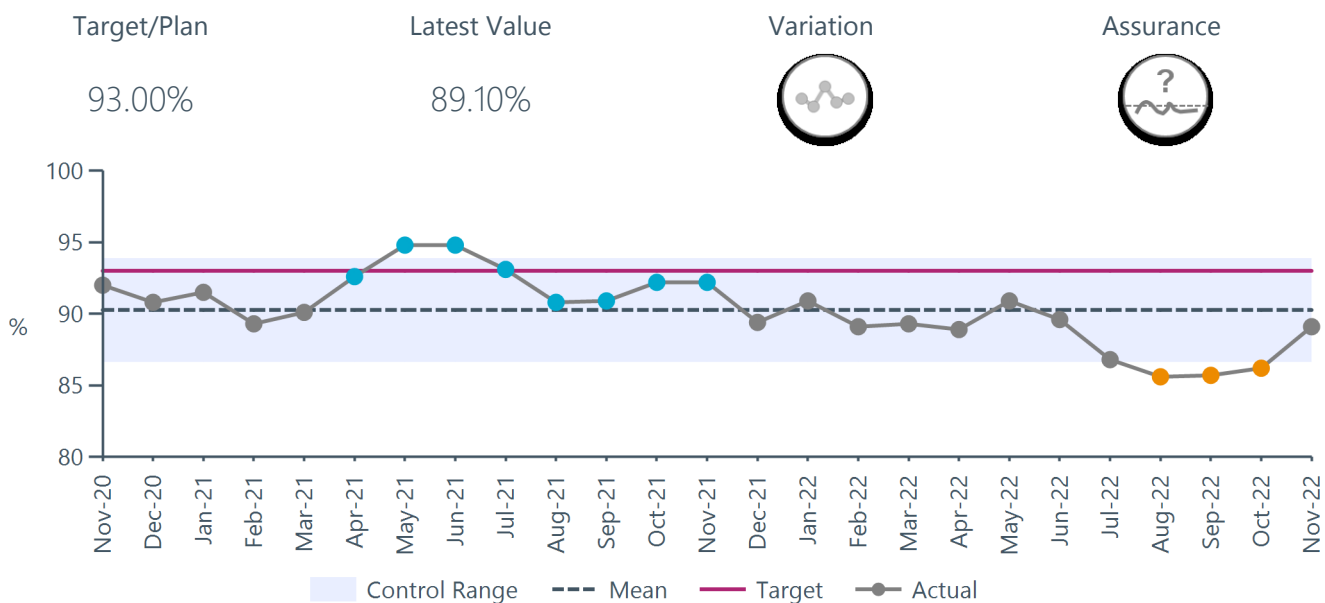
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
93.00%	89.10%		?	89.60 ... 89.10

Actual
Trajectory

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.

Control Range   Mean   Target   Actual

Narrative

The percentage of staff who have had a Personal Development Review within required timescale is 89.10% at the end of November. This has been reported below target since August '21. Breakdown below by area:
- MSK Unit - 87.40% - 73 not completed
- Specialist Unit - 92.20% - 28 not completed
- Corporate areas - 88.83% - 44 not completed

Actions

The People Services Business Partners continue to remind and prompt managers where personal development reviews are outstanding. The Information Workforce Team is continuing to support the monitoring in this area by providing data on the 'last review date' to chase with managers. They are also supporting the input into ESR where managers have issues.

With this further detail surrounding last review date, the Business Partners are able to gather exception reporting from Managers. This enables further intelligence to be gathered on how long individuals' reviews are outstanding and enable Business Partners to identify trends to understand why the reviews have not taken place.

Led by the Managing Director, the Specialist Unit has had a focus in this area with improvement seen from the 89% reported in August. Since the November data became available, reminders have been sent to Managers in corporate areas.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
92.20%	89.40%	90.90%	89.10%	89.30%	88.90%	90.90%	89.60%	86.80%	85.60%	85.70%	86.20%	89.10%

- Staff - Patients - Finances -

Statutory & Mandatory Training

The combined total of all statutory and mandatory training subjects that are listed within the UK Core Skills Training Framework (CSTF). 217366

Exec Lead:
Chief People Officer
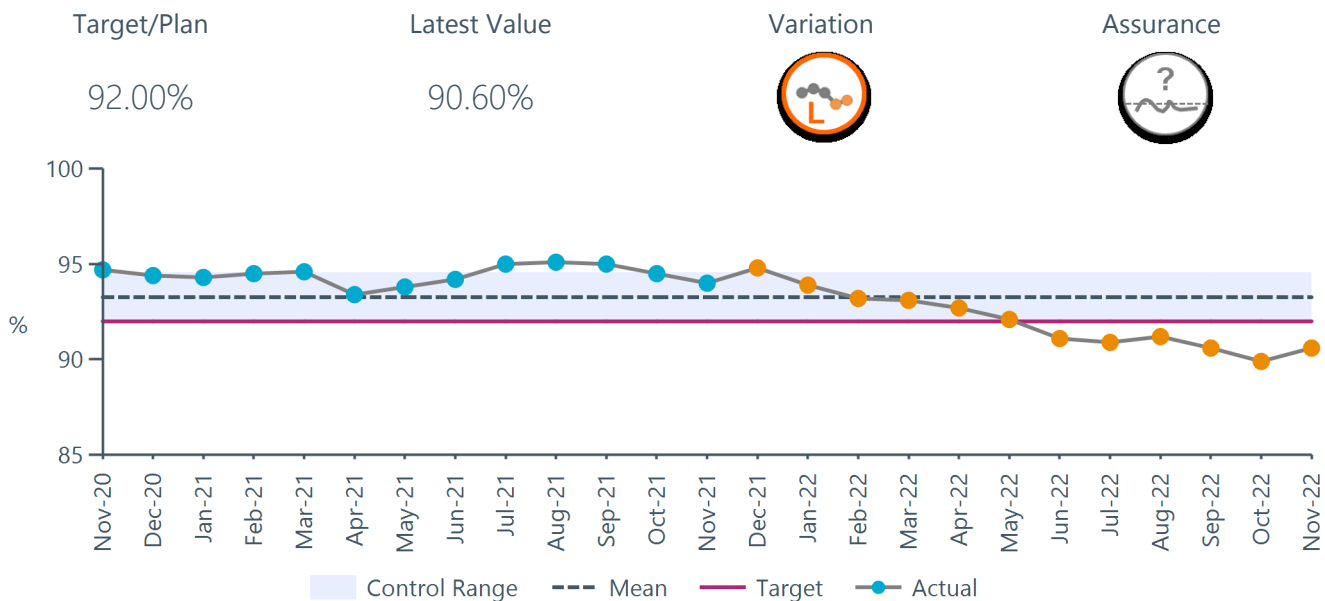
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
92.00%	90.60%	(L)	(?)	91.10 ... 90.60

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. The assurance indicates that this is consistently passing the target as the control range sits above the target line.

Control Range — Mean — Target — Actual

Narrative

The Statutory and Mandatory Training compliance is reported at 90.60% at the end of November; below the 92% target. The subjects below the 92% target are:
* Fire Safety - 83.91%
* Moving & Handling - 87.50%
* Prevent Radicalisation - 91.69%
* Resuscitation Level 2 (BLS) - 75.43%
* Safeguarding - Level 3 Vulnerable Adults 61.00%

Actions

The Chief People Officer has asked for a review of the Statutory and Mandatory Training course content, duration and frequency. This has now been approved by the People Committee in November.

Actions in relation to those subjects below target are:
* Fire Safety - Non-clinical compliance remains above compliance at 94.91%. Practical fire is still below target but there is plans to increase the number of staff able to attend scheduled sessions. The Learning & Development Team will be contacting staff who have expired to book into sessions available and will also be contacting ward managers to ensure staff are booked.
* Safeguarding - Level 3 Vulnerable Adults - this is a subject that formed part of the review to People Committee.

* BLS compliance will be targeted by the Learning & Development Team with reminders sent to staff and ward managers to book onto scheduled sessions.
* Prevent Radicalisation - Learning & Training Team to chase those outstanding, reminding staff this can be completed via eLearning module.
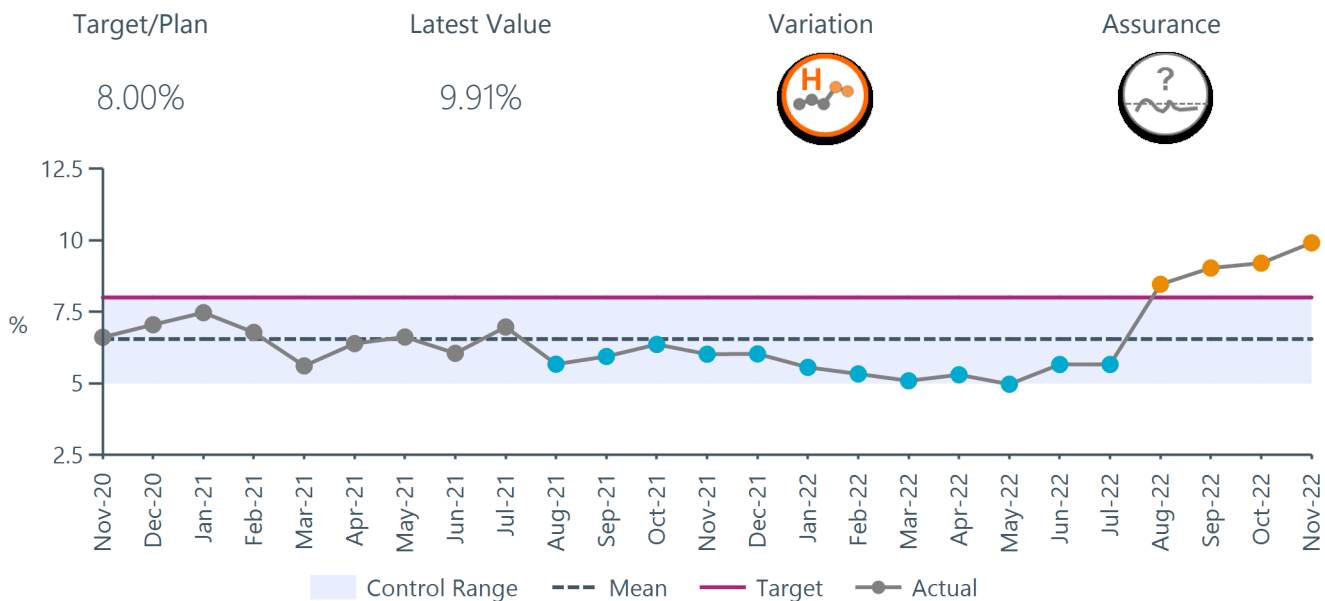
Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
94%	94%	93%	93%	93%	92%	92%	91%	90%	91%	90%	89%	90%

- Staff - Patients - Finances -

Vacancy Rate

% of Posts Vacant at Month End 211183

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
8.00%	9.91%	H	?	5.66 ... 9.91

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. Metric is consistently meeting the target as the control range sits below the target line.

Control Range — Mean — Target — Actual

Narrative

The vacancy rate is reported at 9.91% this month and exceeds the 8% target for a fourth month. This equates to vacancies across the Trust at 155.68 WTE. The data remains special cause variation of concern above our expected control range.

A breakdown by area is:
- Specialist Unit - 11.53% / 49.87 WTE vacant
- MSK Unit - 10.21% / 70.25 WTE vacant
- Corporate areas - 7.89% / 35.56 WTE vacant

Further details on the staff groups is provided against other KPIs (Nursing, Radiographers and Healthcare Support Workers). The vacancy rate for Allied Health Professionals is another hot spot area so this will be added as an additional KPI next month. At the end of November the vacancy rate for this staff group was 6.43% that equates to 11.04 WTE.

Actions

Actions in this area include:
* Revised policies for Staff Exits and Keeping In Touch Conversations to be prepared by Head of Resourcing with a new process role out in quarter 4.
* Rolling adverts are now in place for Nursing and Healthcare Support Worker vacancies.
* Following initial focus upon Registered Nursing and Healthcare Support Worker fill rates, the bi-weekly Recruitment Working Group will expand reporting to consider vacancy rates in other staff groups above target and without recruitment pipeline. This will support need identification for registered staff international recruitment.
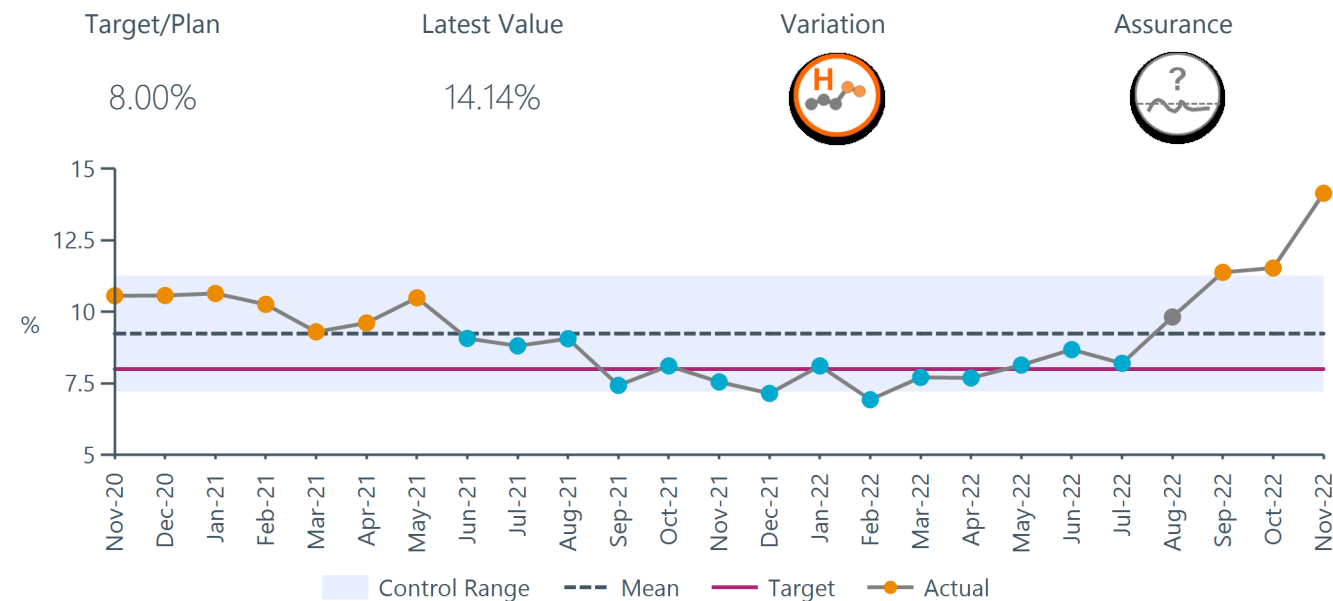* Weekly review of recruitment pipeline to ensure minimal delays in recruitment checks process.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
6.02%	6.03%	5.56%	5.33%	5.09%	5.30%	4.97%	5.66%	5.66%	8.46%	9.03%	9.20%	9.91%

- Staff - Patients - Finances -

Nursing Vacancy Rate (Trust)

% of Posts Vacant at Month End - Nursing Staff
217455

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
8.00%	14.14%		

Trajectory/H2 Forecast

8.68   14.14

Actual
Trajectory

Control Range — Mean — Target — Actual

What these graphs are telling us

Metric is experiencing special cause variation of a concerning 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 14.14% for November; this equates to 47.39 WTE vacant. The reported position has now been above the 8% target since May and remains shown as special cause variation. A breakdown of the vacancies by area as follows;
- Specialist Unit - 21.63 WTE vacant - a vacancy rate of 17.37%
- MSK Unit - 27.11 WTE vacant - a vacancy rate of 13.98%
- Corporate Areas - recruited to establishment
Based on the latest position as at week ending 4th December, registered nursing is reported as follows:
- 7.12 WTE currently being advertised in addition to a generic advert being placed for the Nursing Recruitment Campaign
- 8.26 WTE in 'pipeline' – at conditional or unconditional stage.
A total of 15.38 WTE against the vacancy of 37.99 WTE

Of 13 nurses in the pipeline at 6 November; 6 have commenced (although 2 of those are Band 3 pending registration) 4 have withdrawn their applications and 3 remained in the pipeline at 4 December. The Trust have made 3 international nurse appointments via the collaborative which are not appearing in the pipeline yet.

Actions

Actions in this area include:
* The Trust Director of Quality and Improvement is now leading on recruitment and retention for nursing and healthcare support workers.
* Oversight of vacancies remains in place from the Information Workforce team; now sent to the bi-weekly Recruitment Workforce Group. Nursing and Healthcare Support Worker vacancies are the initial focus of the group.
* Revised policies for Staff Exits and Keeping In Touch Conversations to be prepared by Head of Resourcing with a new process role out in quarter 4.
* Rolling adverts are now in place for Nursing and Healthcare Support Worker vacancies.
* Adopt 'Golden Ticket' for registered individuals on placement with the Trust, providing offer of role once they are qualified.
* At early stages of discussions with System to explore how support is given for ageing workforce; ensuring skillset is retained and in place to support new staff
* Work within ICS to explore the general offers in place for agile/flexible working; assessing what can be done to grow support and attract new staff.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
7.55%	7.15%	8.11%	6.93%	7.71%	7.69%	8.14%	8.68%	8.20%	9.82%	11.38%	11.53%	14.14%

- Staff - Patients - Finances -

Healthcare Support Worker Vacancy Rate

% of Posts Vacant at Month End - Healthcare Support Workers 217565

Exec Lead:
Chief People Officer
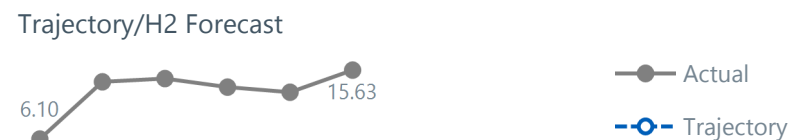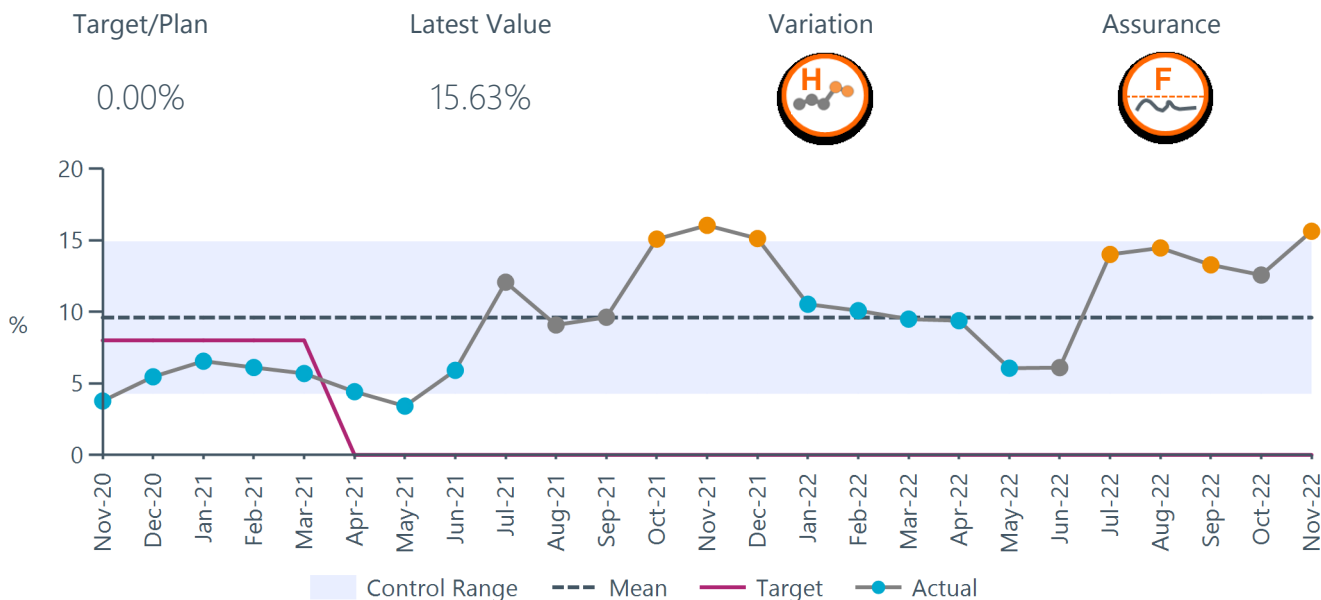
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
0.00%	15.63%	H	F	6.10 ... 15.63

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Trajectory legend: Actual, Trajectory

Narrative

The healthcare support worker vacancy rate is reported at 15.63% in November. The vacancy rate equates to 32.74 WTE. A breakdown of vacancies by area as follows;
- MSK Unit - 17.92 WTE vacant - a vacancy rate of 15.99%
- Specialist Unit - 14.82 WTE vacant - a vacancy rate of 15.36%
- Corporate areas - no vacancies, establishment in post

The Trust has to comply with a mandatory weekly return on this data. Based on the latest position submitted as at week ending 4th December, recruitment is reported as follows:
* Generic HCA advert placed
* 5.20 WTE currently being advertised
* 18.53 WTE currently at 'pipeline - conditional or unconditional' stages.
A Total of 23.73 WTE against the vacancy of 32.74 WTE

Of the 10 HCAs in the recruitment pipeline at 6 November; 3 have commenced, 6 remain in the pipeline and 1 has withdrawn. 10 have been added to the pipeline.
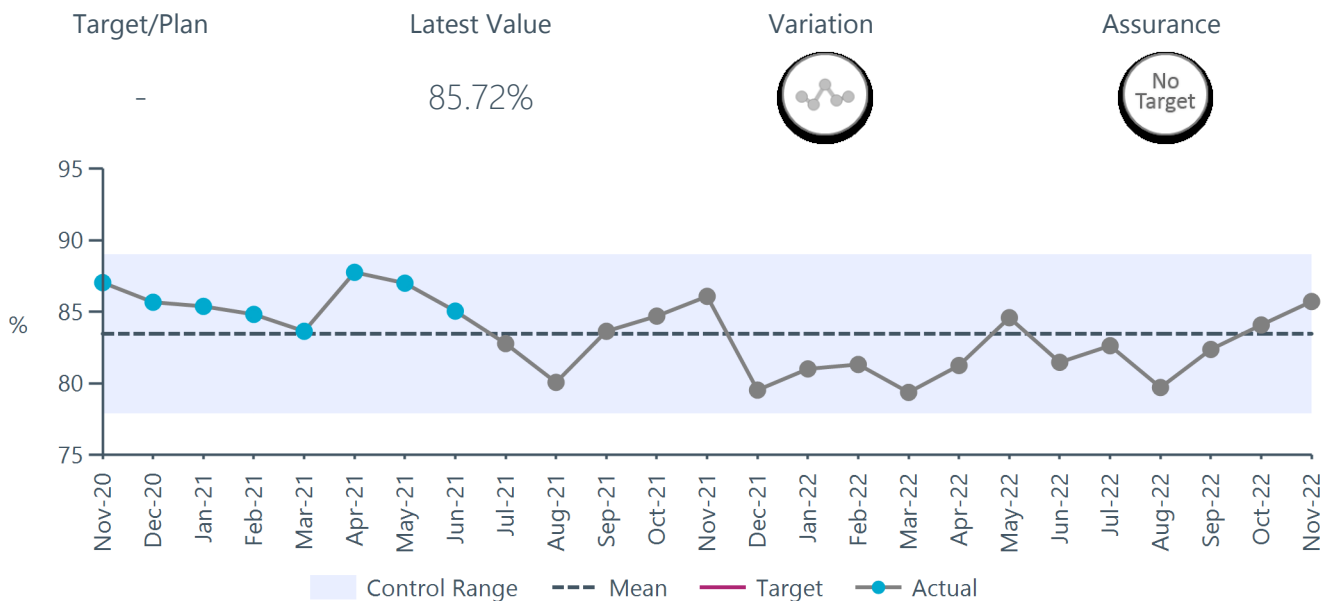
Actions

Actions in this area include:
* The Trust Director of Quality and Improvement is now leading on recruitment and retention for nursing and healthcare support workers.
* Revised policies for Staff Exits and Keeping In Touch Conversations to be prepared by Head of Resourcing with a new process role out in quarter 4.
* Rolling adverts are now in place for Nursing and Healthcare Support Worker vacancies.
* The Workforce Information Team are reviewing the remaining vacant establishment to ensure it is correct before a decision is made about repeating the Generic rolling HCA advert.
* At early staged of discussions with System to explore how support is given for ageing workforce; ensuring skillset is retained and in place to support new staff
* Work within ICS to explore the general offers in place for agile/flexible working; assessing what can be done to grow support and attract new staff.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
16.04%	15.12%	10.53%	10.08%	9.49%	9.38%	6.06%	6.10%	14.01%	14.46%	13.28%	12.57%	15.63%

- Staff - Patients - Finances -

% Staff Availability

% of Staff available in month 217810

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
–	85.72%		No Target	

Trajectory/H2 Forecast

81.47   85.72

— Actual
—O— Trajectory

What these graphs are telling us

Metric is experiencing common cause variation. Target to be agreed for this new KPI.

Control Range   - - - Mean   —— Target   —●— Actual

Narrative

This is a new KPI that has been added this month so has been included as an exception to highlight. The metric reports on the % of staff time available in month.

In November, % staff availability was 85.72%. The 14.28% not available is broken down as follows:
* Annual Leave 6.18%
* Maternity 2.09%
* Sickness 5.67%
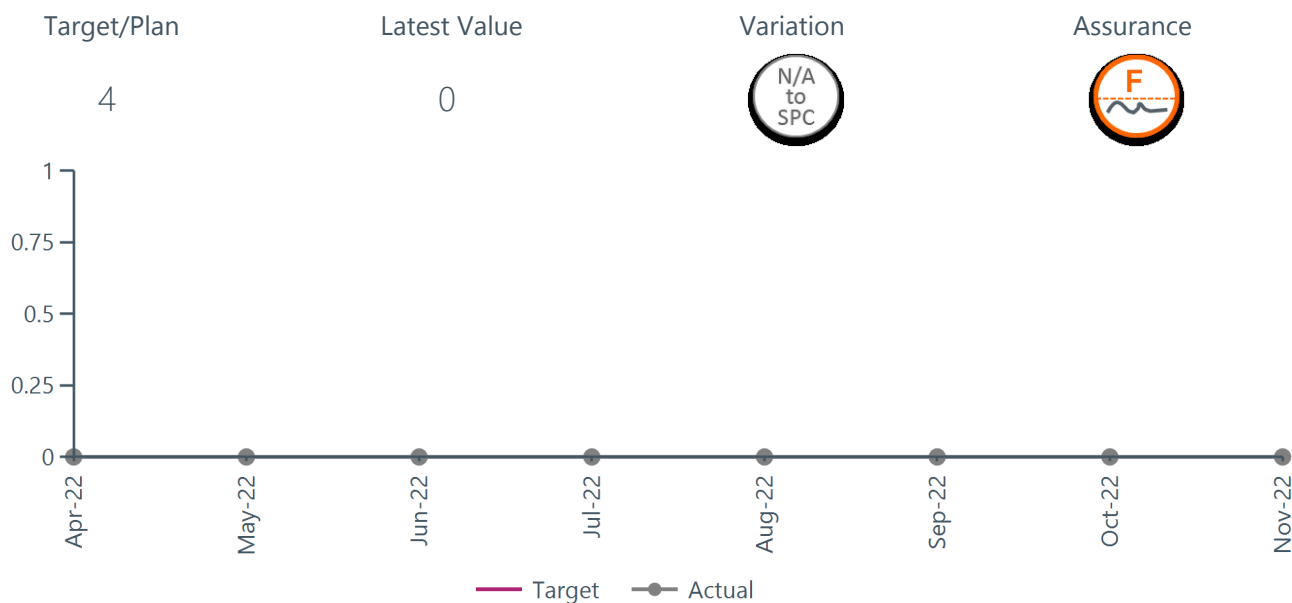* Special Leave 0.28%

Actions

People Committee are asked to consider the appropriate target for this measure. Based on data for the past 25 months, on average, the % of staff available each month is 83.46%.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
86.08%	79.53%	81.01%	81.32%	79.37%	81.25%	84.59%	81.47%	82.63%	79.71%	82.37%	84.08%	85.72%

-   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

Target/Plan	Latest Value	Variation	Assurance
4	0	N/A to SPC	F

Trajectory/H2 Forecast

0   0

Actual
Trajectory

What these graphs are telling us

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

Target — Actual

Narrative

At present, RJAH is operating at level 0 where the definition for this standard is:
"E-rostering software may be being procured or in place, but fewer than 90% of employees are fully accounted for on the system. E-rosters may be in place (e.g. paper-based or Microsoft Excel) but not recorded on dedicated e-rostering software."

In order to meet level 1 fully, the following actions are required:
* E-rostering software utilisation is embedded in trust workforce strategy
* Competencies for e-rostering key roles are agreed and embedded through a training programme and appraisal process
* A project group meets regularly to establish and implement the process with escalation to the accountable officer
* Roles with budgetary responsibilities for e-rostering have had these responsibilities included in job description
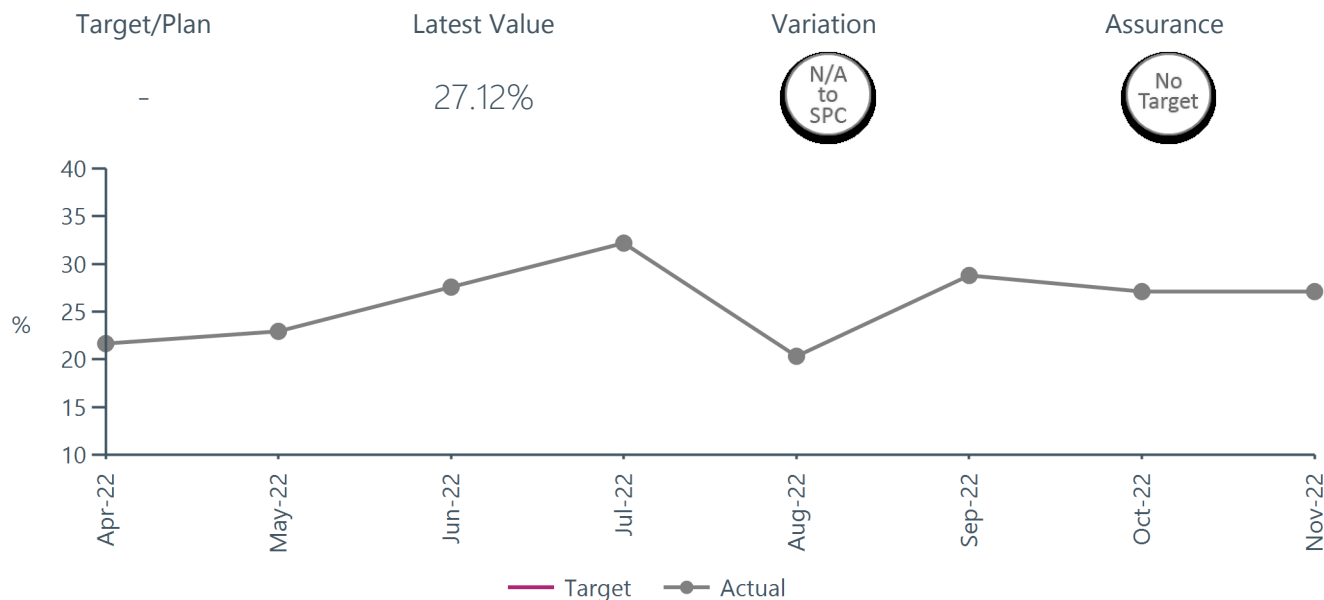* E-rostering policy to be reviewed to ensure alignment with national guidance

Actions

Actions underway in order to progress to level 1 are:
* Existing managers have all had training on commencement to post, or on introduction to the programme, for services where e-Rostering is in place. A training project has been set up to align to new services coming on line and the Learning and Development team have now added the competencies to relevant staff on ESR with reporting expected in December.
* An assessment of all managers' job descriptions is underway by the People Services Team with an aim to complete this by the end of quarter 3.
* The updated e-Roster policy was being discussed at the LNC meeting on 8th December. Once approved it will then need to go to the People Committee that follows.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
					0	0	0	0	0	0	0	0

- Staff - Patients - Finances -

% 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

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
-	27.12%	N/A to SPC	No Target	27.59 ... 27.12

Actual ●━
Trajectory ━○━

What these graphs are telling us

This measure does not have enough data points for robust reporting in SPC so is displayed as a line graph. The metric currently has no target.

(Chart: % values Apr-22 through Nov-22)

— Target   ●— Actual

Narrative

The data reported against this KPI this month relates to the roster start date of 10th October 2022 and trust-wide 27.12% of e-rosters had been approved ahead of the start date. A breakdown by unit is provided below:
* Corporate Areas - 83.33%
* Specialist Unit - 39.13%
* MSK Unit - 6.67%

Scoping exercise underway to determine if the anaesthetics staff currently recorded on a separate system can be incorporated into the data reported for this metric. At present it only includes data from the main Trust system.

Actions

Specialist Unit- Confirm and challenge was set up to publish 6 weeks in advance, however there have been a number of queries and questions raised at these meetings which has meant ward managers have had to revise rosters to ensure that staffing is optimised and safe, this has caused rosters to be approved after the deadline but has ensured our rosters are safe, fair and make best use of trust finances. As these meetings progress and managers know what is expected more will be approved at the meeting and meet the deadline but at present, the focus is to quality of the rosters as opposed to meeting the 6 week deadline.

MSK Unit- Confirm and challenge meetings were rescheduled by the previous ACN so that they were not aligned to the e-roster calendar and always fell after the deadline had passed. This month the matrons chaired an extraordinary confirm and challenge to bring the MSK unit meetings in line with the schedule. However, again as this is a fairly new process there are lots of rosters requiring alteration and not being signed off at the meeting. MSK Theatres- 1st Confirm and challenge meeting held 8th December.

To conclude, at present the focus of the confirm and challenge meetings is on quality of rosters and we have now set a standard and expectation that all rosters need to achieve, with performance against this metric to follow.
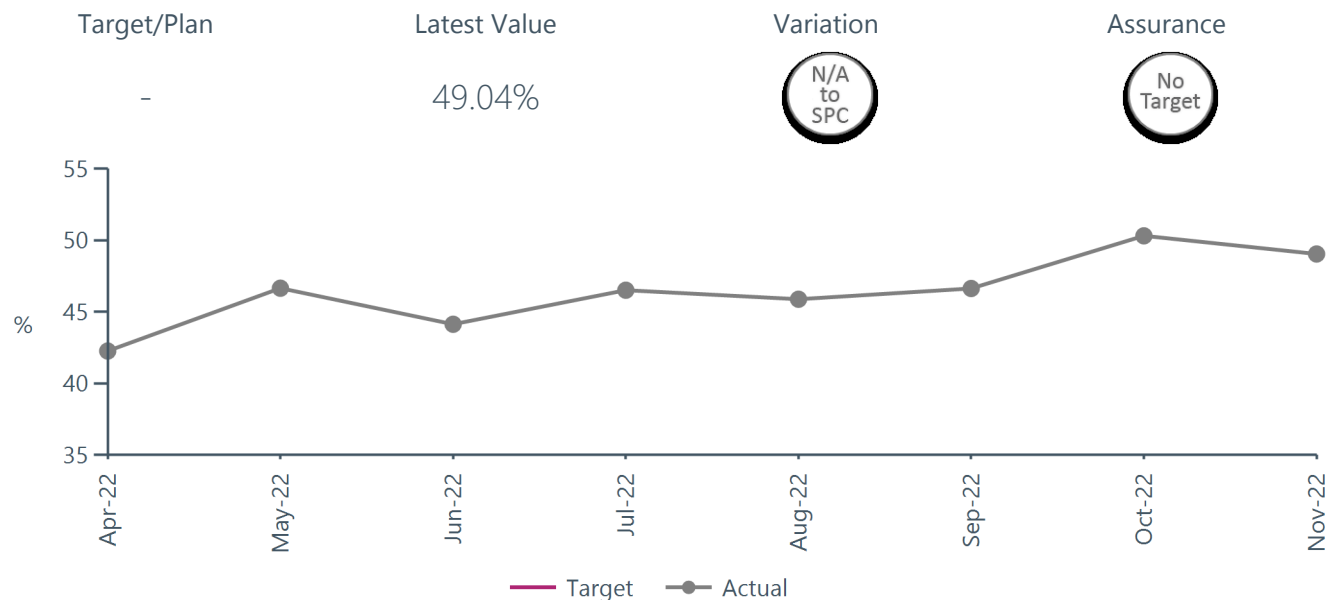
Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
					21.67%	22.95%	27.59%	32.20%	20.34%	28.81%	27.12%	27.12%

- **Staff** - Patients - Finances -

% of System-Generated E-Roster (Auto-Rostering)

The percentage of shifts filled by the system-generated functionality 217781

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance
–	49.04%	N/A to SPC	No Target

Trajectory/H2 Forecast

44.13 · · · 49.04

- Actual
- Trajectory

What these graphs are telling us

This measure does not have enough data points for robust reporting in SPC so is displayed as a line graph. The metric currently has no target.

Target — Actual

Narrative

This KPI relates to the percentage of shifts filled by the system-generated functionality. The data reported this month relates to the roster start date of 10th October 2022 and trust-wide 49.04% of shifts were auto-rostered. A breakdown by unit is provided below:
* Corporate Areas - 87.56%
* MSK Unit - 51.88%
* Specialist Unit - 38.61%

Scoping exercise underway to determine if the anaesthetics staff currently recorded on a separate system can be incorporated into the data reported for this metric. At present it only includes data from the main Trust system.

Actions

Specialist Unit- Confirm and challenge was set up to publish 6 weeks in advance, however there have been a number of queries and questions raised at these meetings which has meant ward managers have had to revise rosters to ensure that staffing is optimised and safe, this has caused rosters to be approved after the deadline but has ensured our rosters are safe, fair and make best use of trust finances. As these meetings progress and managers know what is expected more will be approved at the meeting and meet the deadline but at present, the focus is to quality of the rosters as opposed to meeting the 6 week deadline.

MSK Unit- Confirm and challenge meetings were rescheduled by the previous ACN so that they were not aligned to the e-roster calendar and always fell after the deadline had passed. This month the matrons chaired an extraordinary confirm and challenge to bring the MSK unit meetings in line with the schedule. However, again as this is a fairly new process there are lots of rosters requiring alteration and not being signed off at the meeting. MSK Theatres- 1st Confirm and challenge meeting held 8th December.

To conclude, at present the focus of the confirm and challenge meetings is on quality of rosters and we have now set a standard and expectation that all rosters need to achieve, with performance against this metric to follow.
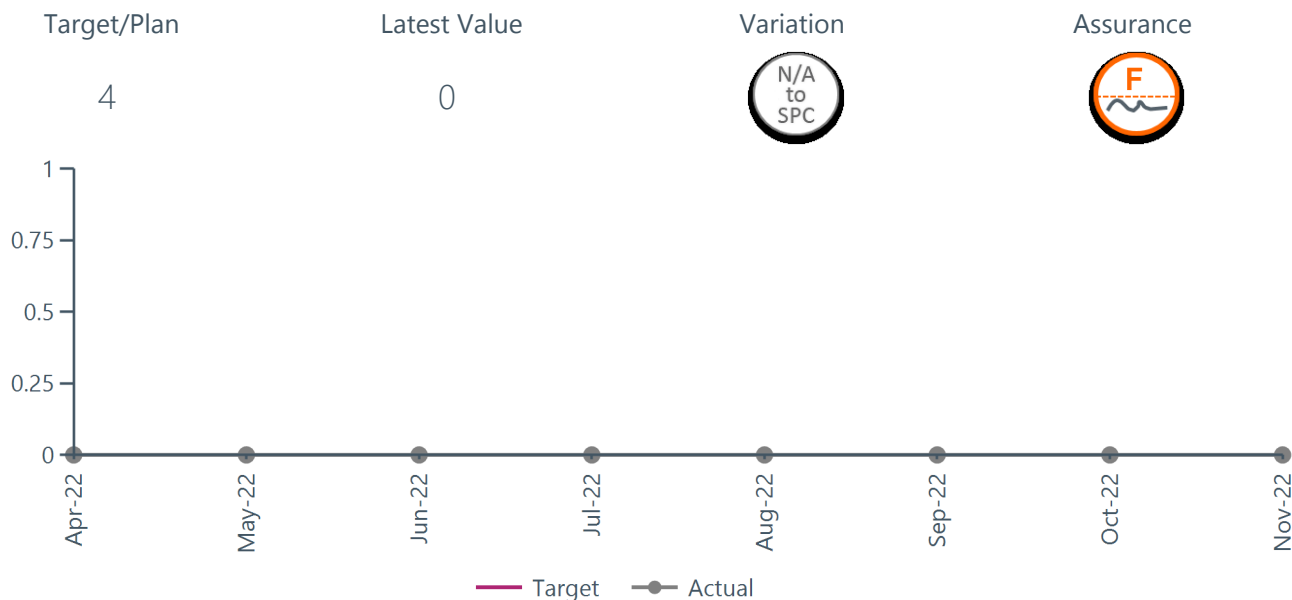
Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
					42.26%	46.65%	44.13%	46.51%	45.88%	46.63%	50.31%	49.04%

- 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

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
4	0	N/A to SPC	F	

What these graphs are telling us

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

Narrative

At present, RJAH is operating at level 0. The standards stipulated to meet level 1 are:
- The trust has procured e-job planning software
- Staff have been trained in the e-job planning process
- Trust-wide policies detail the e-job planning process
- At least 90% of employees have an active e-job plan

The standards to meet level 2 are:
- The trust allocates time and resources to e-job planning
- Trusts use the full functionality of e-job planning software to include details of the expected output of planned activity
- The trust maintains a fair and transparent culture around e-job planning

The trust plans to be at level 2 by the end of quarter 3 and level 4 by the end of quarter 4.

Actions

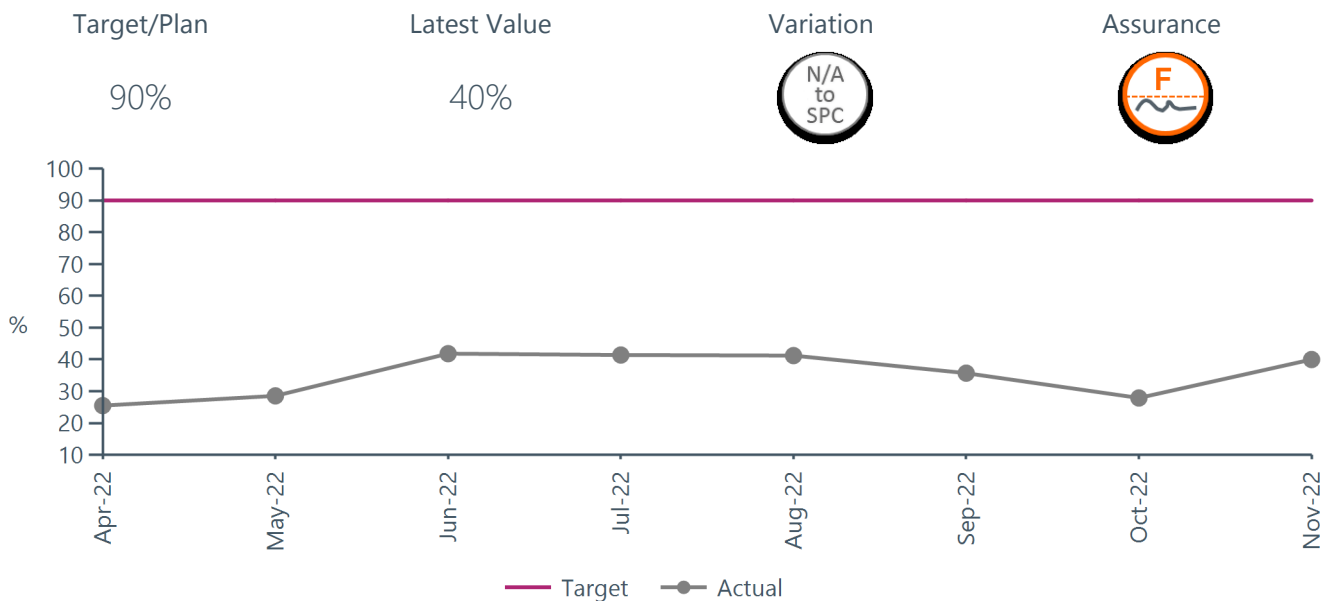Key milestones to meet standards for our Trust are:
- The Learning and Development team have now added the e-job planning competencies to relevant staff on ESR with reporting expected in December.
- A trust-wide e-job planning policy covering all clinical workforce groups is live. The policy was due for discussion at the Local Negotiation Committee on 8th December and will then follow to People Committee.
- Roles with budgetary responsibilities for e-job planning to have responsibilities included in job descriptions; to be completed by the end of quarter 3.
- Trajectories have been in place to reach the 90% active e-job plan target by the end of quarter 3. Service Managers are still working to sign off and agree with clinicians, as part of the process, throughout December but approval through Consistency Committees will now extend into January.
- Ensure individual e-job plans have adequate time allocated to achieve the job planning scheduled timelines; this has now been quantified and will reflect in the next round of job planning.
- Each recorded activity details the agreed average output per session and established activity tariffs are made available for team job plans; aim for completion by end of quarter 4. A template for collation of this is included in the E-Job Planning Policy.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
					0	0	0	0	0	0	0	0

- **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

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
90%	40%	N/A to SPC	F	41.84 ... 40

Actual

Trajectory

What these graphs are telling us

This measure does not have enough data points for robust reporting in SPC so is displayed as a line graph. Metric is consistently failing the target.

Narrative

This KPI relates to the percentage of staff with an active e-job plan; this is one that has been reviewed and approved in the past 12 months. Trusts should be aiming for more than 90%. As at the end of November, the Trust is reporting this measure at 40.00%; a 13% increase. The reporting on these eJob planning metrics has been a new development so data reported in prior months only included the consultant workforce. Data reported this month now relates to the wider workforce with a breakdown as follows:
* Consultants - 98 job plans with 44 signed off within last 12 months - 44.90%
* AHPs - 24 job plans with 3 signed off within last 12 months - 12.50%
* Specialist Nurses - 3 jobs plans with all signed off within last 12 months - 100%

Actions

For over-arching actions in relation to e-roster, please see KPI 'E-Job Planning Level of Attainment'.

All managers worked on a trajectory in October that outlined achievement of 90% compliance by the end of quarter 3. Service Managers are still working to sign off and agree with clinicians, as part of the process, throughout December but approval through Consistency Committees will now extend into January.
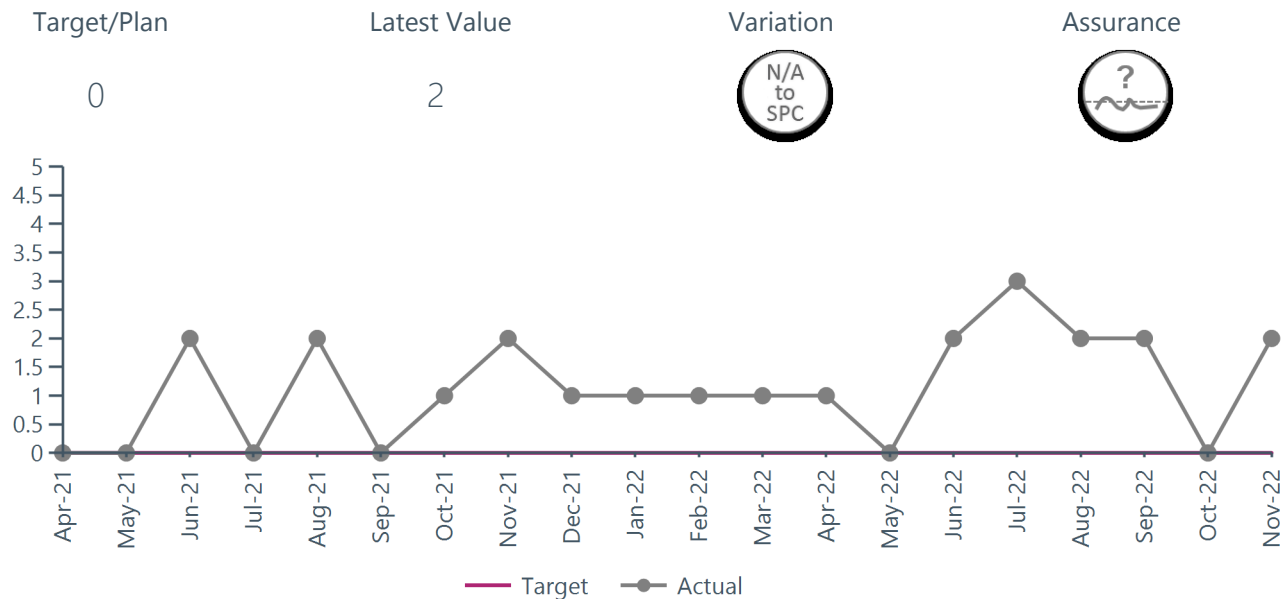
It is anticipated that all AHPs job plans will be signed off by the end of December.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
					25%	28%	41%	41%	41%	35%	27%	40%

- Staff - Patients - Finances -

Complaints Re-opened

Complaints Re-opened 217566

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
0	2	N/A to SPC	?	

Legend: Actual, Trajectory

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).

Chart: Target, Actual (Apr-21 through Nov-22)

Narrative

There were two complaints re-opened in November. In both complaints, the patients were not satisfied with the response provided.

Actions

One complaint to be reviewed by the Clinical Chair and Clinical lead for the relevant sub-speciality. The second complaint, in relation to private patient service, requires a review of the operational process that will be undertaken by the operational lead for private service.
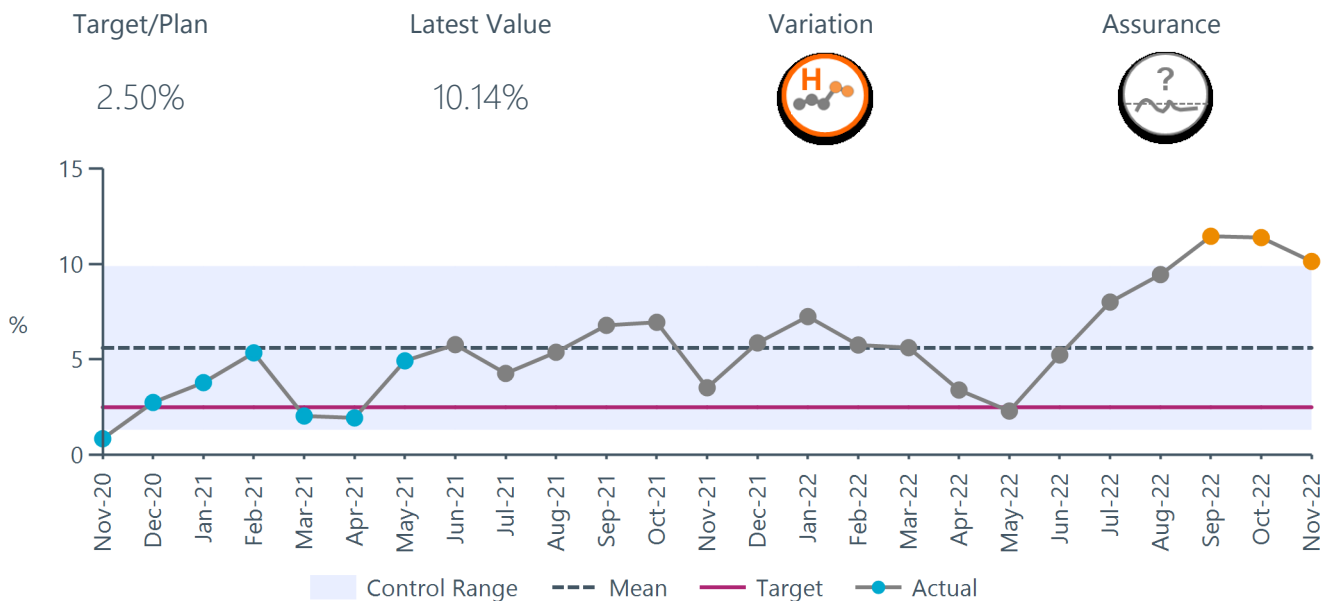
Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
2	1	1	1	1	1	0	2	3	2	2	0	2

-   Staff   -   Patients   -   Finances   -

% 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

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
2.50%	10.14%	H	?	5.24 ... 10.14

Actual
Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

The Delayed Discharge rate is reported at 10.14% for November and is reported as special cause variation with a third data point reported above our expected control range. The total delayed days for November is 445 days with a breakdown as follows:
- 19 spinal injuries patients amounting to 353 days - attributed to - Staffordshire (5), Birmingham (3), Wales (2), Shropshire (2) and 1 from each of these - Stoke on Trent, Warwickshire, Walsall, Dudley, Cheshire, Worcestershire and Solihull
- 10 care of the elderly patients with 70 delayed days - all attributed to Shropshire
- 1 T&O patient delayed for 22 days - attributable to Shropshire

Actions

NHSE invited to MCSI to review DTOCs and have provided several recommendations:
* Review of the resettlement team structure and working hours is now complete with further admin support addressed
* Strengthening goal planning meetings; NHS E now on site to support on a weekly basis

A deep dive was presented to the Quality and Safety Committee in November and included further recommendations:
* Implementation of criteria led discharge on Sheldon ward; for completion in quarter 4
* Standardisation of documentation related to discharge; for completion in quarter 4
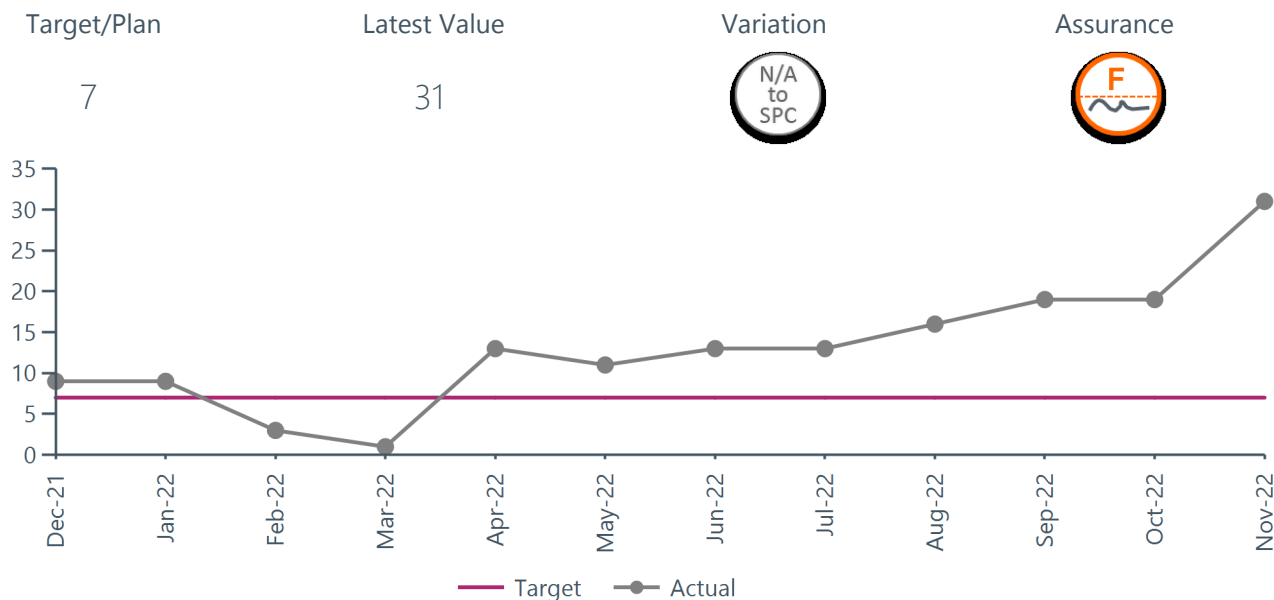* Embed Datix reporting for every DTOC in the Trust

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
3.52%	5.87%	7.25%	5.76%	5.62%	3.40%	2.30%	5.24%	8.01%	9.45%	11.46%	11.39%	10.14%

-   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

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
7	31	N/A to SPC	F	13 ... 31

Actual
Trajectory

What these graphs are telling us

This measure is not appropriate to display as SPC. The assurance indicates that this is consistently failing the target.

Target   Actual

Narrative

As at 30th November there were 31 spinal injury patients waiting to be transferred to the MCSI Unit. This is above the tolerance of seven.

Actions

Patients awaiting their first acute admission to MCSI remain a significant challenge. The main drivers are the reduced bed capacity due to safer staffing gaps and ongoing high levels of 'patients without criteria to reside'. The Outreach team continue to support patients and referring Trusts until their MCSI admission and there is a risk based approach in place to flip OPD to Outreach capacity. MCSI@Sheldon has become operational from 5th Dec '22.

As per previous indicator, work to reduce delays will create capacity that allows these patients to be admitted.
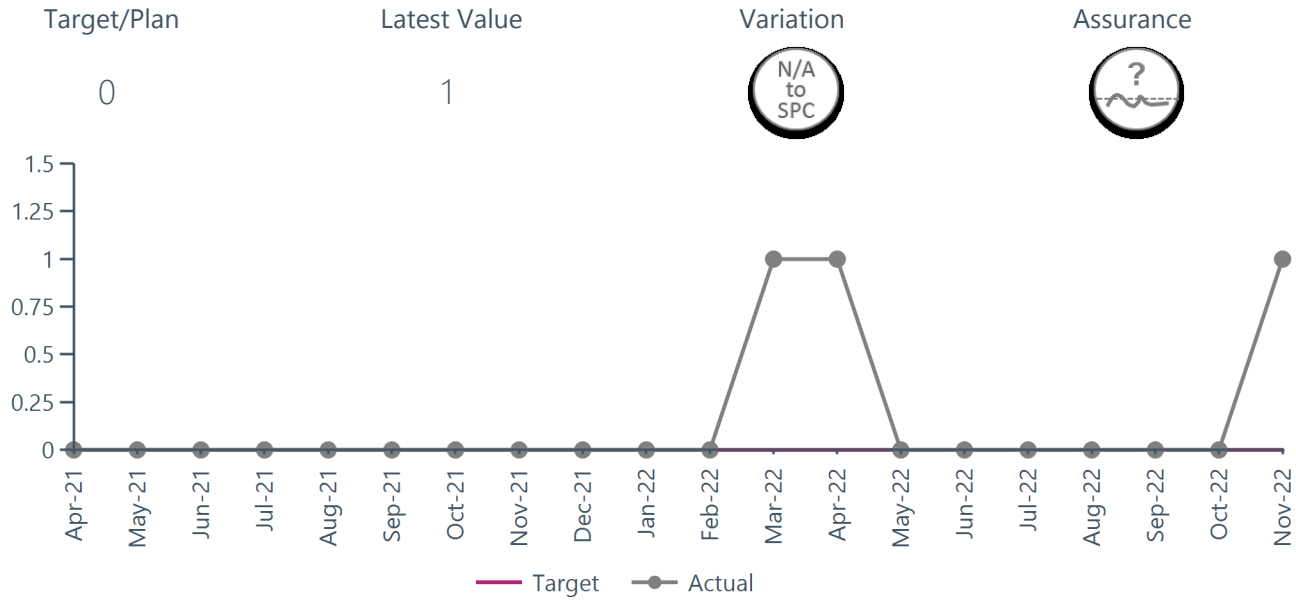
Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
9	9	3	1	13	11	13	13	16	19	19	31	

- Staff - Patients - Finances -

RJAH Acquired Klebsiella spp

RJAH Acquired Klebsiella spp 217635

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
0	1	N/A to SPC	?	

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).

Legend: Actual, Trajectory

Chart legend: Target, Actual

Narrative

There was one RJAH acquired Klebsiella spp infection reported in November.

Actions

A post infection review is scheduled for 9th December to confirm the likely source of the infection.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
0	0	0	0	1	1	0	0	0	0	0	0	1

- Staff - Patients - Finances -

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
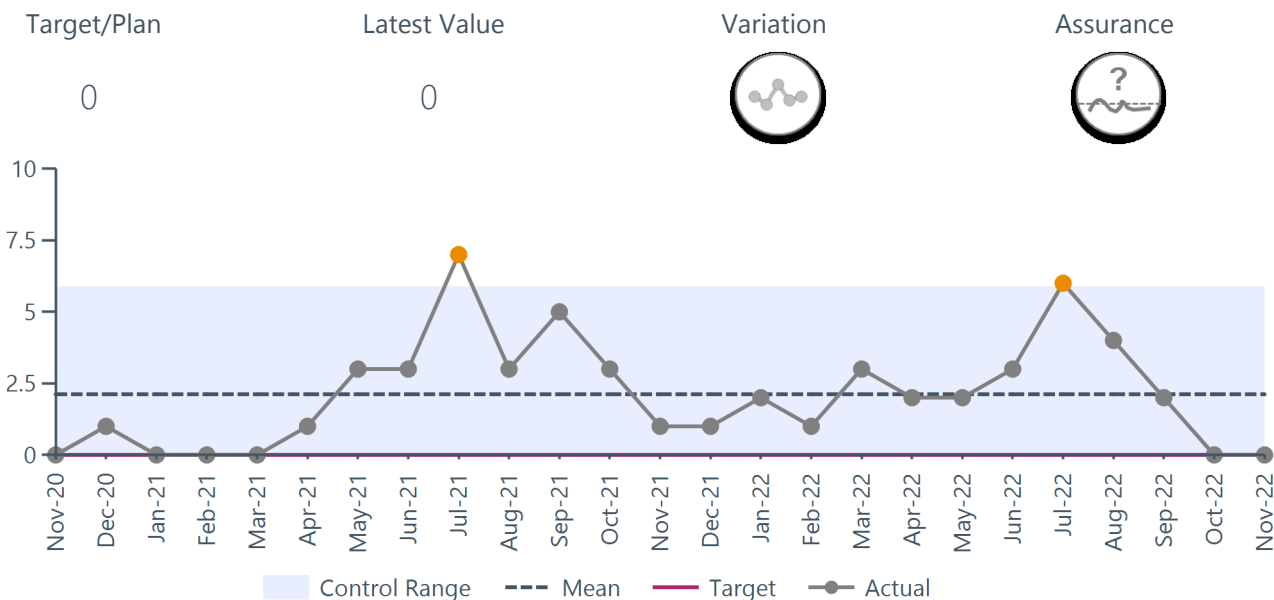
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
0	0		?	

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).

Control Range — Mean --- Target — Actual

Narrative

Surgical Site infections are monitored for patients who have undergone a spinal surgery procedure, total hip replacement or total knee replacement in the past twelve months. The data represented in the SPC above shows any surgical site infections that have been reported where they're shown on the graph above based on the month that the procedure took place.

In the latest twelve month period, covering December-21 to November-22, there have been 19 surgical site infections. There were three additional infections confirmed in November relating to a procedures that took place in May (1), August (1) and September (1). A data quality check has been carried out with the IPC team to ensure the latest twelve month period is reported correctly.

Latest complete quarters breakdown is as follows:
- January 22 to March 22 - 6 SSIs with all Post Infection Reviews Complete
- April 22 to June 22 - 6 SSIs with all Post Infection Reviews Complete
- July - September 22 - 12 SSIs - as at 1st December 2022 11 Post Infection Reviews complete with remaining 1 due to take place within 30 days of confirmation at MDT

Actions

Actions in this area are:
- A table top discussion was held at the start of November to establish if there are any further contributing factors. A further meeting then took place later in November where a significant action plan was drawn up. This will be monitored through the IPC Working Group.
- MSSA decolonisation of all patients has commenced from 21st November
- A review of theatre cleanliness and equipment cleanliness has been completed
- The frequency of IPC walks moved from 6 to 3 months
- Equipment props now included as specific question on theatre environmental IPC audit
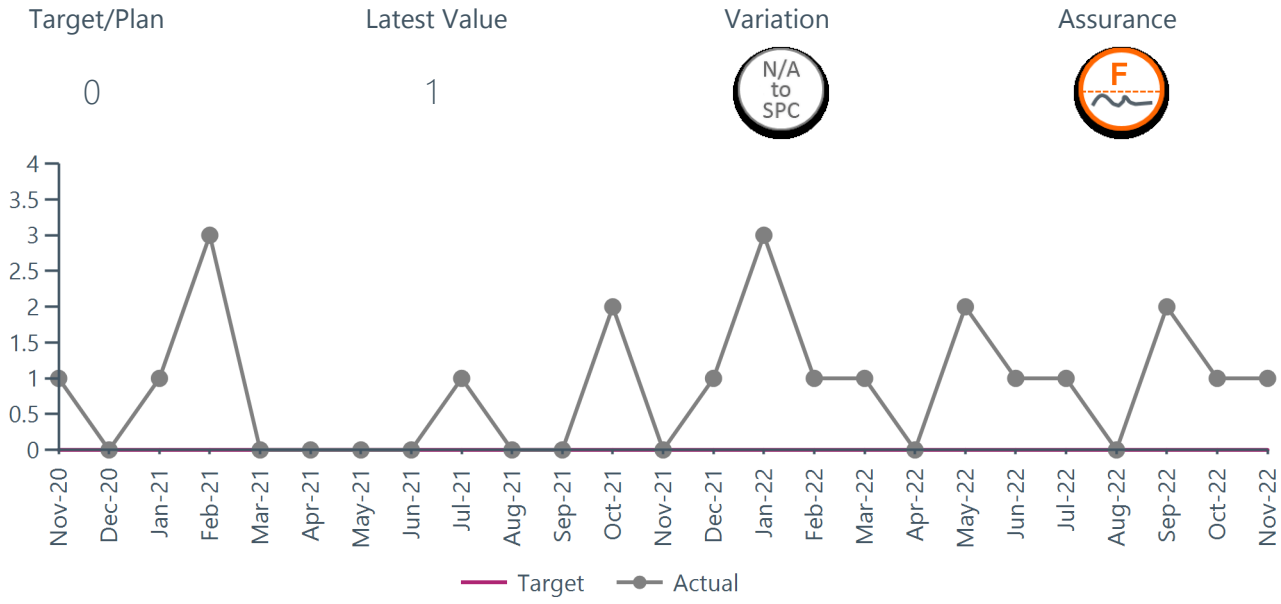
Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
1	1	2	1	3	2	2	3	6	4	2	0	0

- Staff - Patients - Finances -

Total Deaths

Number of Deaths in Month 211172

Exec Lead:
Chief Medical Officer

Target/Plan	Latest Value	Variation	Assurance
0	1	N/A to SPC	F

Trajectory/H2 Forecast

- Actual
- Trajectory

What these graphs are telling us

This measure is not appropriate to display as SPC. Based on data for the past three months, the assurance indicates that this is consistently failing the target.

Narrative

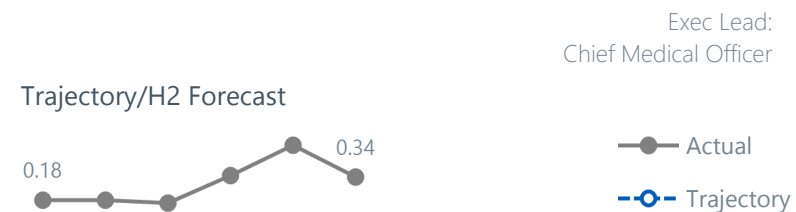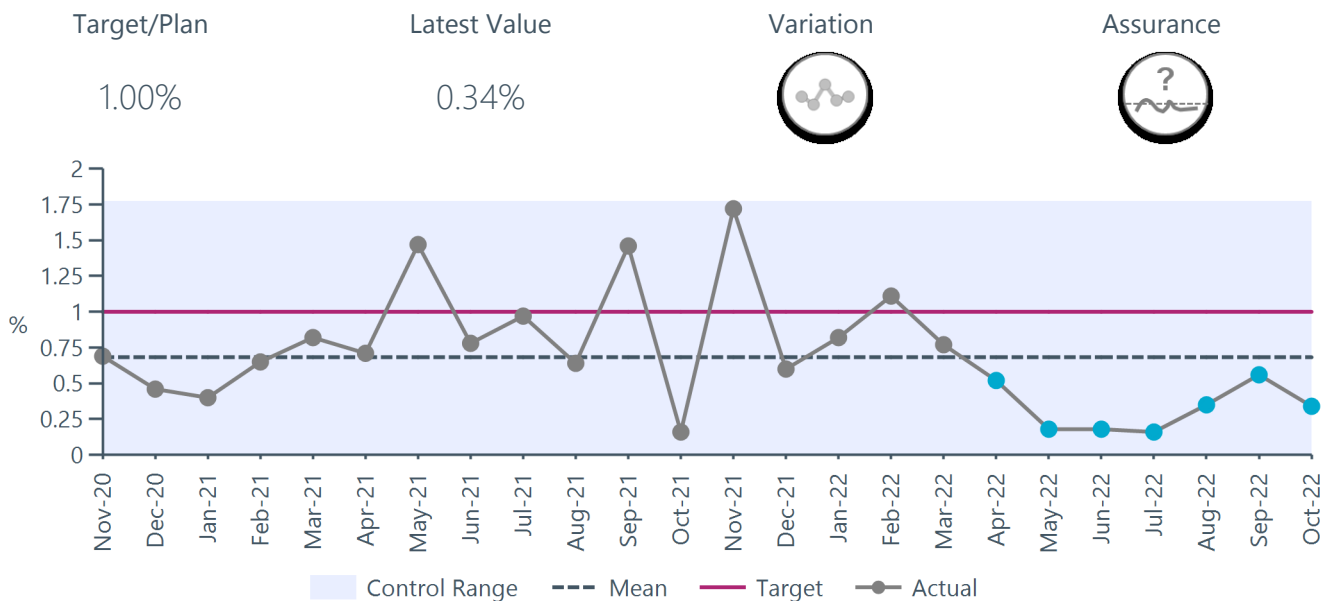There was one death within the Trust in November; this was an expected death.

Actions

All deaths are reviewed by the Hospital Mortality Lead.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
0	1	3	1	1	0	2	1	1	0	2	1	1

- Staff - Patients - Finances -

28 days Emergency Readmissions*

% of patients readmitted to RJAH as an emergency following an overnight stay (*Reported one month in arrears) 211022
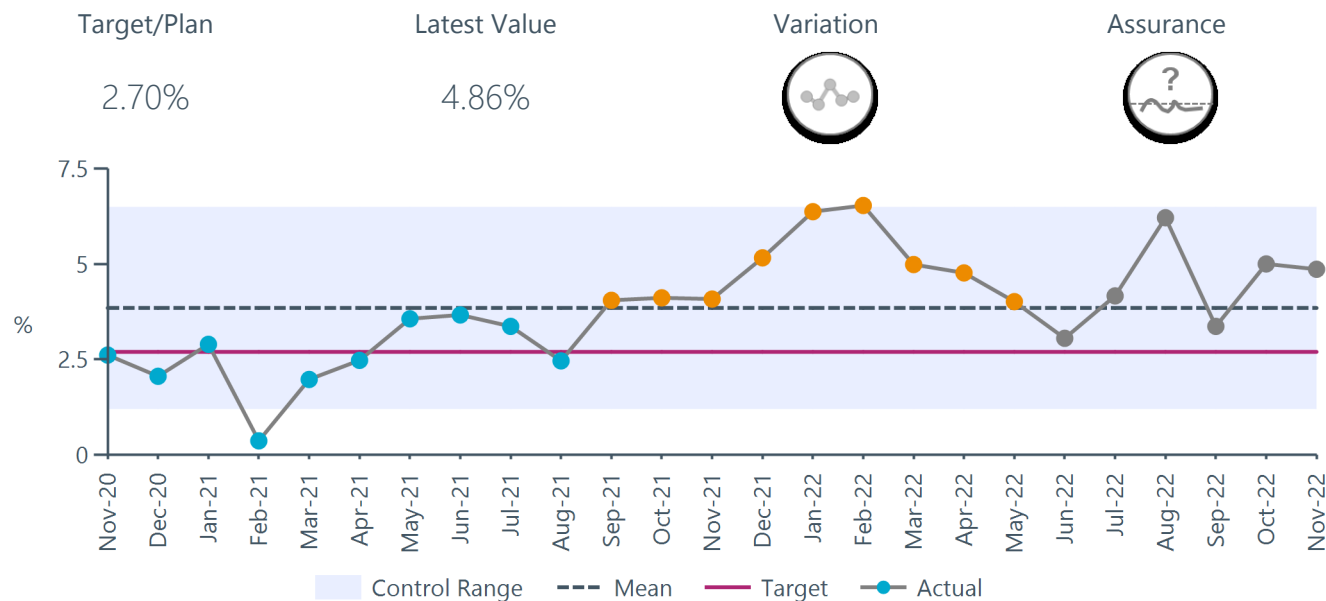
Exec Lead:
Chief Medical Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
1.00%	0.34%			

What these graphs are telling us

Control Range — Mean --- Target — Actual

Narrative

Actions

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
	1.72%	0.60%	0.82%	1.11%	0.77%	0.52%	0.18%	0.18%	0.16%	0.35%	0.56%	0.34%	

- Staff - Patients - Finances -

% Cancellations

% of procedures which were cancellations on the day - both reportable and non-reportable 216330

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
2.70%	4.86%		

Trajectory/H2 Forecast

3.06   4.86

Actual
Trajectory

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).

Control Range — Mean — Target — Actual

Narrative

There were 52 on the day cancellations in November, a cancellation rate of 4.86% which is above the 2.7% target (29). This trend has continued for the last 12 months and shows common cause variation; above the mean but within control.
In summary: 20 reportable and 32 non-reportable cancellations.
Reasons:
 - Reportable (20) – Lack of time (9), Emergency case (8), Surgeon/Anaesthetist ill (2), Lack of Staff (1)
 - Non-reportable (32) - Medically unfit (17), Surgery not required (6), DNA (5), Patient declined (2), Op abandoned (1), Further Investigations Required (1)

Actions

Cancellations reviewed by operational managers. Cancellations escalated for agreement by MDs/COO.
Actions to reduce cancellations include:
- Theatre productivity away days held on 5/6th November: 30,60,90 day improvement actions identified and action plans in progress
- Daily process in place for theatre session scheduling to optimise patient booking
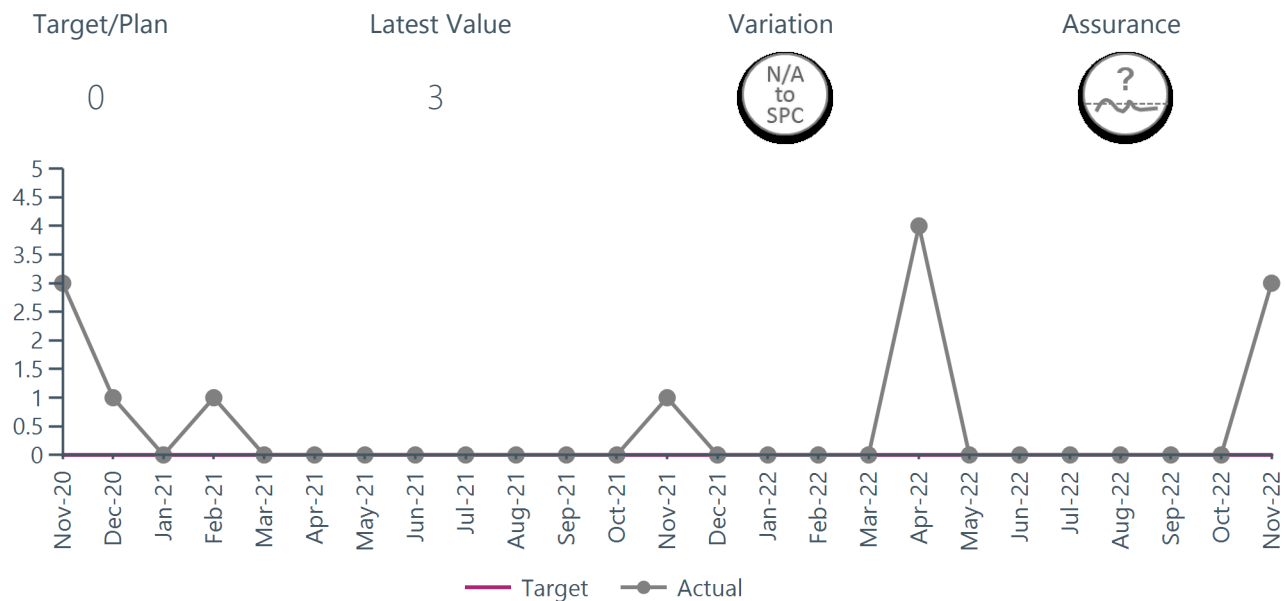- Monthly review of cancellations with improvement opportunities implemented

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
4%	5%	6%	6%	4%	4%	4%	3%	4%	6%	3%	5%	4%

- Staff - Patients - Finances -

Cancellations Not Rebooked within 28 Days

Number of theatre cancellations (reportable) not rebooked within 28 days 211042

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
0	3	N/A to SPC	?	

Actual
Trajectory

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

This measure is included as an exception as three patients were not rebooked within 28 days. The reasons for the breaches are outlined below:
- Pacemaker technician not booked on original date; 2 dates offered by surgeon fell outside of breach date. Patient unable to attend now until January (1)
- Vascular surgeon not available on rebooked date (1)
- Patient was first cancelled on the day 11/10/22 (breach date 09/11/22). As the patient was then cancelled again on 26/10/22 the booking clerk scheduled the patient for 09/11/22 assuming that he has 28 days to redate patient from 26/10/22 without realising that the breach date was in fact from original cancellation (1)

Actions

A process is in place whereby any potential breaches to this standard are escalated to the Ops Team to try and secure the required capacity; the process flowchart has been re-circulated to Ops team.
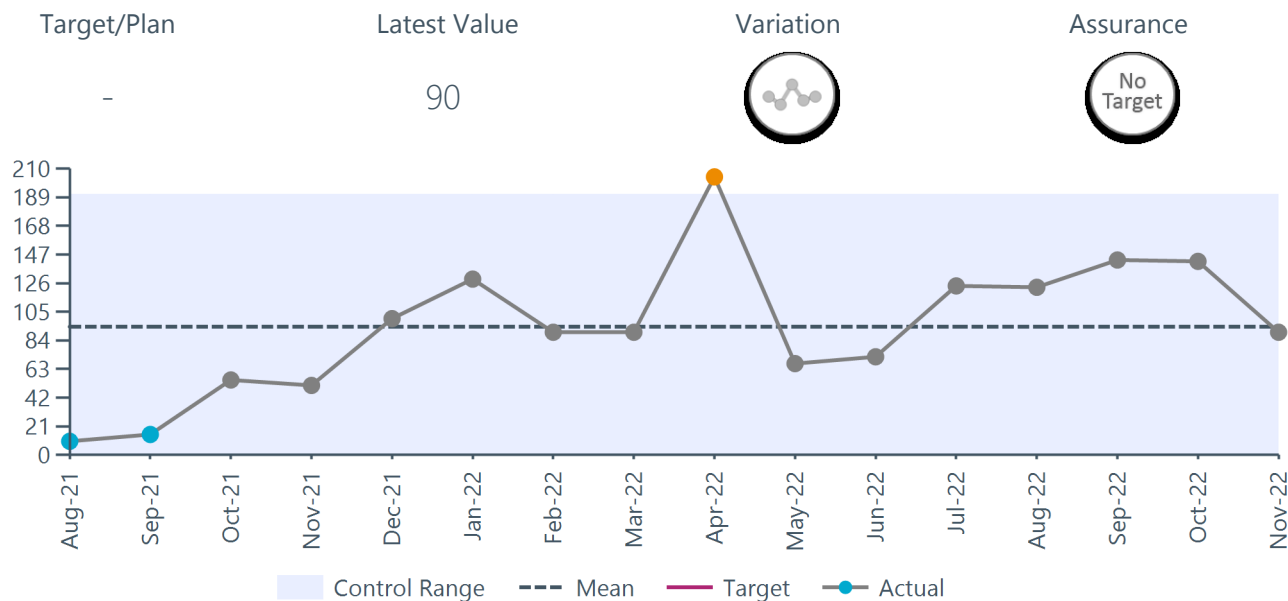
Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
1	0	0	0	0	4	0	0	0	0	0	0	3

- Staff - Patients - Finances -

Volume of Theatre Cancellations

Total number of cancellations including on the day of surgery and in the seven days prior to surgery date. 217807

Responsible Unit:
MSK Unit

Target/Plan	Latest Value	Variation	Assurance
–	90	(Common cause)	No Target

Trajectory/H2 Forecast

24   19   25   25

Actual
Trajectory

What these graphs are telling us

Metric is experiencing common cause variation.

Control Range — Mean — Target — Actual

Narrative

November showed a reduction in the number of cancellations during the seven days prior to TCI date.

The total number of Theatre cancellations in November was 90 – 52 on the day (see % Cancellations for detail) and 38 in the seven days prior to the TCI date.
Reasons:
Staffing – Shortfall (9), Staffing - Sickness (7), Other Operational Issue (7), Bed Shortfall (6), Patient Medical Cancellation (4), Emergency Case required (3), Patient - Covid Case / Isolation (1), Patient Initiated Delay (1)

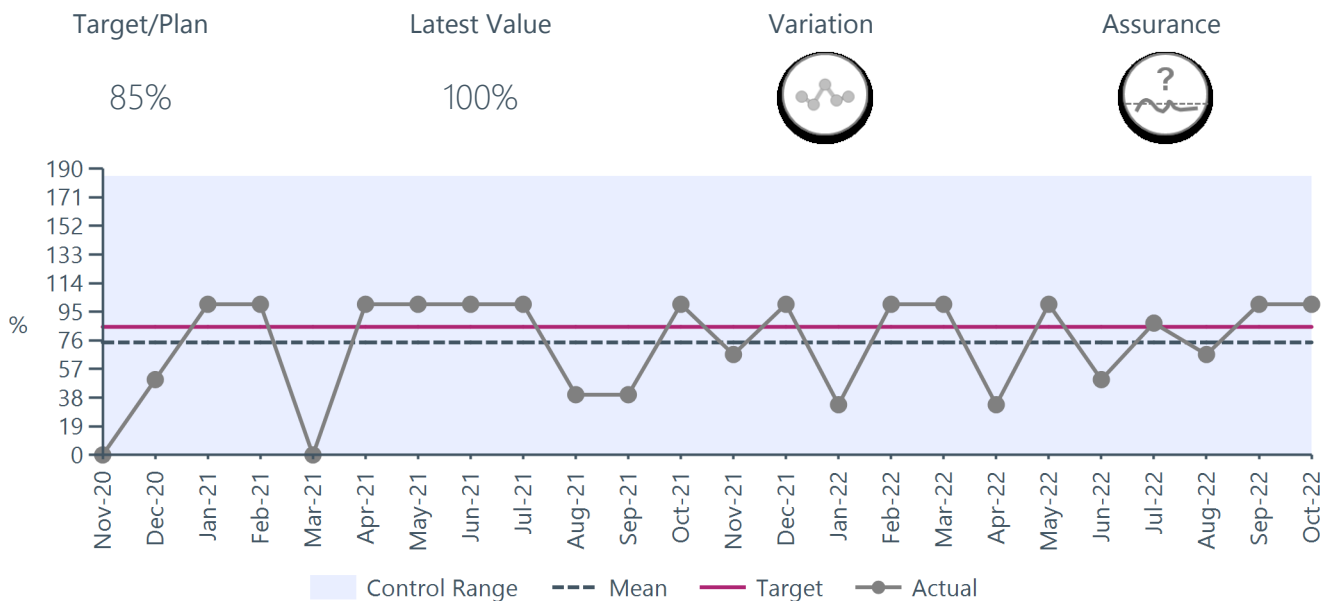### Actions

See '% Cancellations' for details.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
51	100	129	90	90	204	67	72	124	123	143	142	90

- Staff - Patients - Finances -

Cancer Plan 62 Days Standard (Tumour)*

% of cancer patients treated within 62 days of referral (*Reported one month in arrears) 211045

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
85%	100%		

Trajectory/H2 Forecast

100 100

- Actual
- Trajectory

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).

Control Range — Mean — Target — Actual

Narrative

This KPI has been included as an exception this month to draw attention to an update to the September figures. Last month we reported performance as 66.67% against the 85% target and this was a result of a breach pathway that had been attributed to RJAH in error. This has now been rectified on the national database by the relevant Trust and the standard is reported at 100%.

Actions

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
66%	100%	33%	100%	100%	33%	100%	50%	87%	66%	100%	100%	

- Staff - Patients - Finances -

18 Weeks RTT Open Pathways

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

Exec Lead:
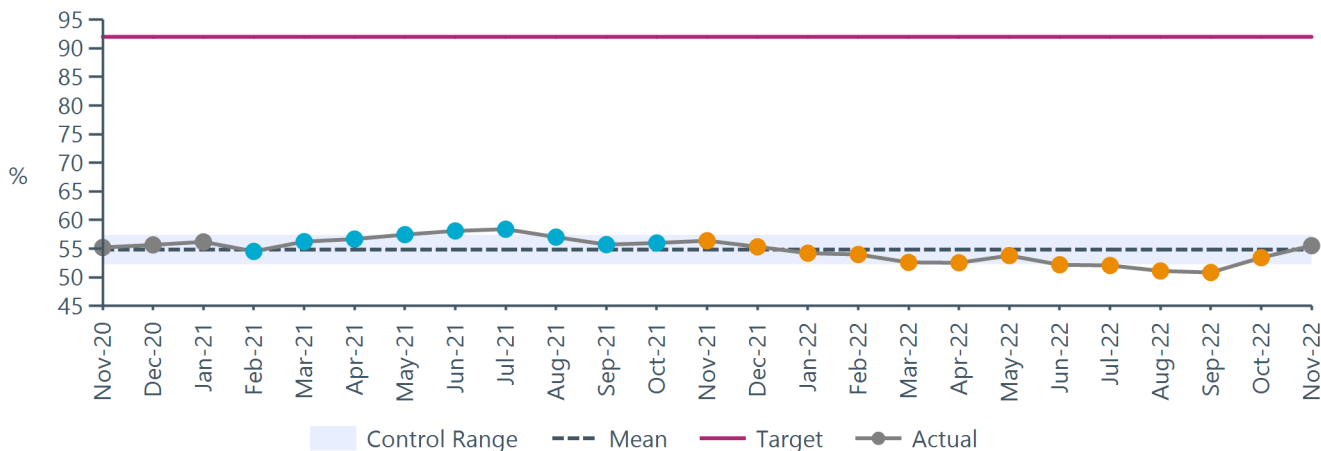Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
92.00%	55.53%		F

Trajectory/H2 Forecast

52.19   55.53

- Actual
- Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

Our November performance was 55.53% 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 - 8134 patients waiting of which 1952 are breaches
* MS2 - 1632 patients waiting of which 1088 are breaches
* MS3 - 4796 patients waiting of which 3435 are breaches

2022/23 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 104 weeks as a priority by July 2022 and maintain this position through 2022/23 - exceptions are patients choice/specific specialties
* Eliminate waits of over 78 weeks by April 2023 - exceptions are patient choice / specific specialties
* Develop plans to reduce 52 week waits with ambition to eliminate them by March 2025

Actions

The Operational Team is leading on revised demand and capacity assumptions to inform future planning and future waiting list management. Further detail provided against the list size and weeks waits KPIs.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
56.39%	55.33%	54.21%	53.99%	52.60%	52.54%	53.79%	52.19%	52.07%	51.11%	50.84%	53.43%	55.53%

- Staff - **Patients** - Finances -

English List Size

Number of English patients currently waiting 215282

Exec Lead:
Chief Operating Officer
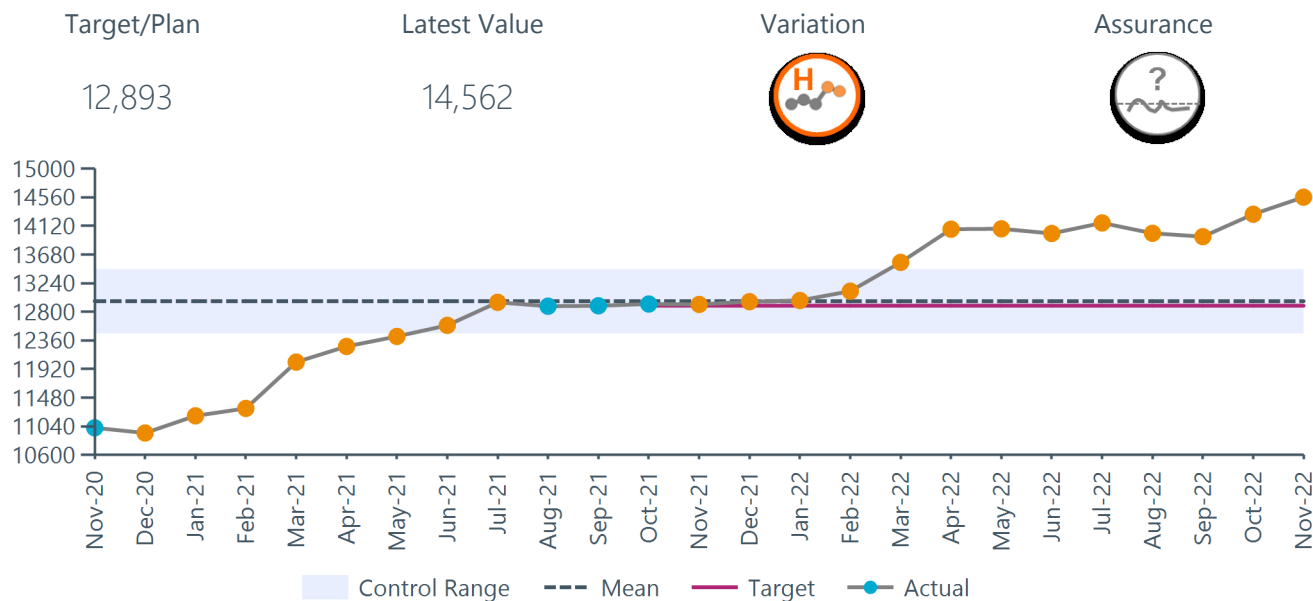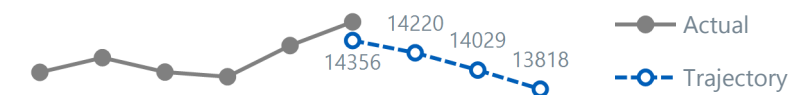
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
12,893	14,562			

What these graphs are telling us

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

Trajectory values: 14356, 14220, 14029, 13818

Legend: Control Range — Mean — Target — Actual

Legend (forecast): Actual, Trajectory

Narrative

The number of English patients waiting at the end of November is reported at 14562; above our anticipated trajectory figure of 14356. The sub-specialities with the highest volume of patients are:
- Arthroplasty - 2742 / 18.83% of English list size
- Metabolic Medicine - 2423 / 16.63% of English list size; the sub-specialty with the largest increase over the past six months, up 322 patients
- Spinal Disorders - 2325 / 15.97% of English list size; the sub-speciality with the largest decrease over the past six months, down 328 patients
- Upper Limb - 1331 / 9.14% of English list size

The 21/22 H2 planning guidance advised that Trust's should maintain the list size that was reported at the end of September-21 therefore we continue to monitor against this as a target. The list size at the end of September is 1411 above that at the end of September-21.
2022/23 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 104 by July 2022
* Eliminate waits of over 78 weeks by April 2023

Actions

The Trust has been focusing on treatment of its longest waits. Conversations with a regional provider continue to support both non-admitted and admitted pathways for one of our challenged specialties. Discussions are now progressing with a North-West provider to offer further mutual aid. The Operational Team is leading on revised demand and capacity assumptions to inform future planning and waiting list management.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
12913	12956	12974	13117	13560	14070	14076	14004	14166	14007	13955	14300	14562

- Staff - Patients - Finances -

Welsh List Size

Number of Welsh patients currently waiting 217614

Exec Lead:
Chief Operating Officer
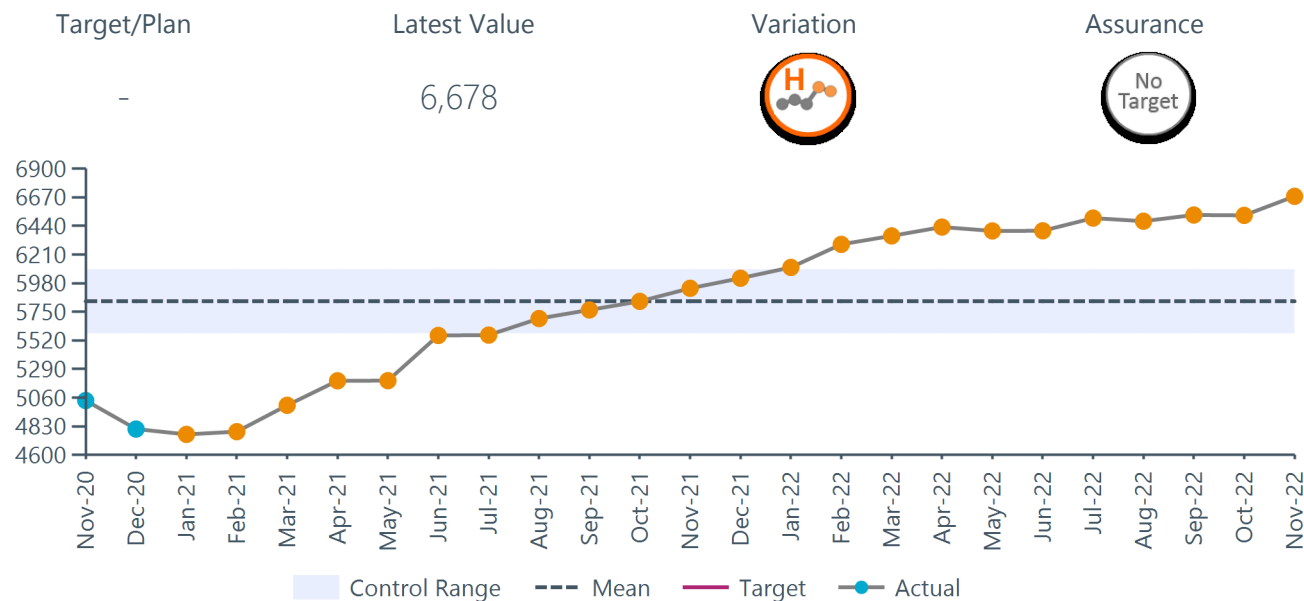
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
–	6,678	H	No Target	

6401   6678

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Legend: Control Range — Mean - - - Target — Actual

Legend: Actual, Trajectory

Narrative

The number of Welsh patients waiting at the end of November is reported at 6678. The sub-specialties with the highest volume of patients are:
- Spinal Disorders - 1987 / 29.75% of Welsh list size
- Metabolic Medicine - 1046 / 15.66% of Welsh list size
- Arthroplasty - 1021 / 15.29% of Welsh list size
- Upper Limb - 703 / 10.53% of Welsh list size

The Welsh Government issued their elective recovery guidance on the 26 April-22 where it stipulates the following:
* Eliminate the number of people waiting longer than one year in most specialties by Spring 2025
* Eliminate the number of people waiting longer than two years in most specialties by March 2023

Actions

The Trust has been focusing on treatment of its longest waits.   The Operational Team is leading on revised demand and capacity assumptions to inform future planning and waiting list management.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
5939	6020	6107	6292	6360	6431	6400	6401	6503	6478	6528	6525	6678

- Staff - Patients - Finances -

Combined List Size

Number of English and Welsh patients currently waiting 217615

Exec Lead:
Chief Operating Officer
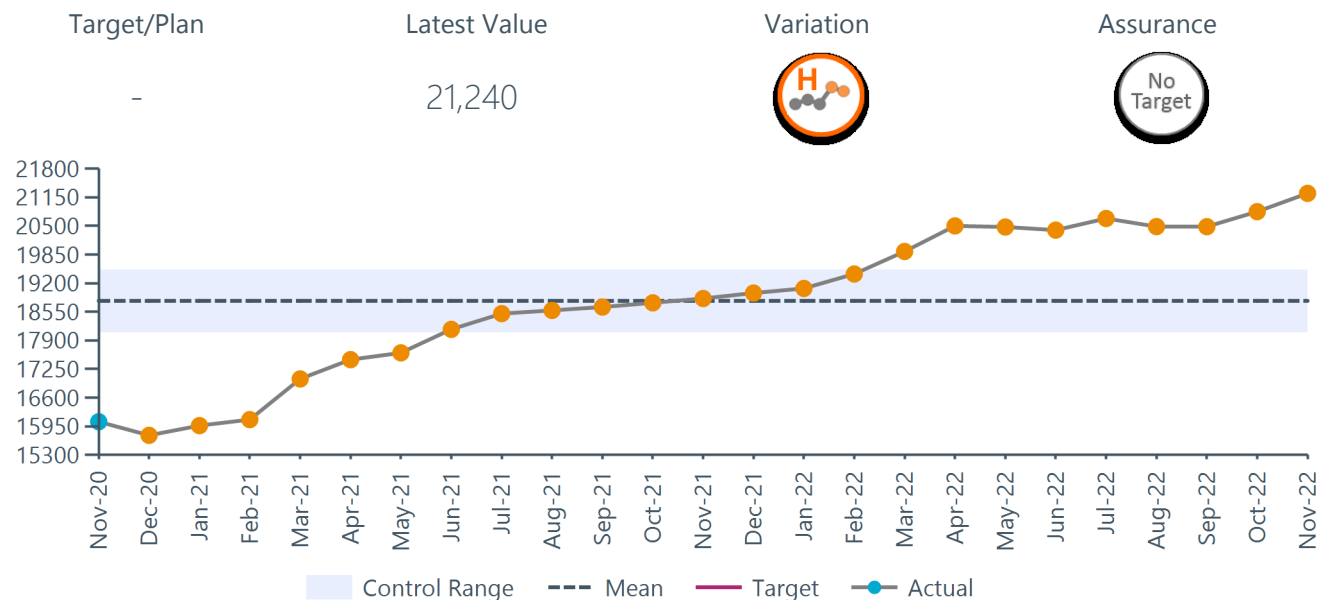
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
-	21,240	H	No Target	

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Legend:
- Actual
- Trajectory
- 20405
- 21240

Chart legend: Control Range, Mean, Target, Actual

Narrative

The total volume of patients waiting at the end of November is 21240; 14562 are English patients and 6678 Welsh patients. The sub-specialties with the highest volume of patients are:
- Spinal Disorders - 4312 / 20.30%
- Arthroplasty - 3763 / 17.72%
- Metabolic Medicine - 3469 / 16.33%
- Upper Limb - 2034 / 9.58%

2022/23 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 104 by July 2022
* Eliminate waits of over 78 weeks by April 2023
* Develop plans to reduce 52 week waits

Actions

The Trust has been focusing on treatment of its longest waits. Conversations with a regional provider continue to support both non-admitted and admitted pathways for one of our challenged specialties. Discussions are now progressing with a North-West provider to offer further mutual aid. The Operational Team is leading on revised demand and capacity assumptions to inform future planning and waiting list management.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
18852	18976	19081	19409	19920	20501	20476	20405	20669	20485	20483	20825	21240

-   Staff   -   Patients   -   Finances   -

Patients Waiting Over 52 Weeks – English

Number of English RTT patients waiting 52 weeks or more at month end 211139

Exec Lead:
Chief Operating Officer
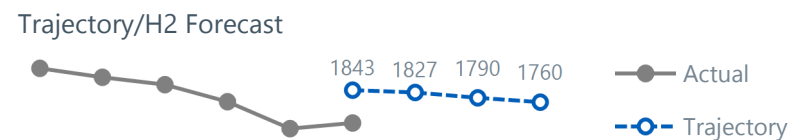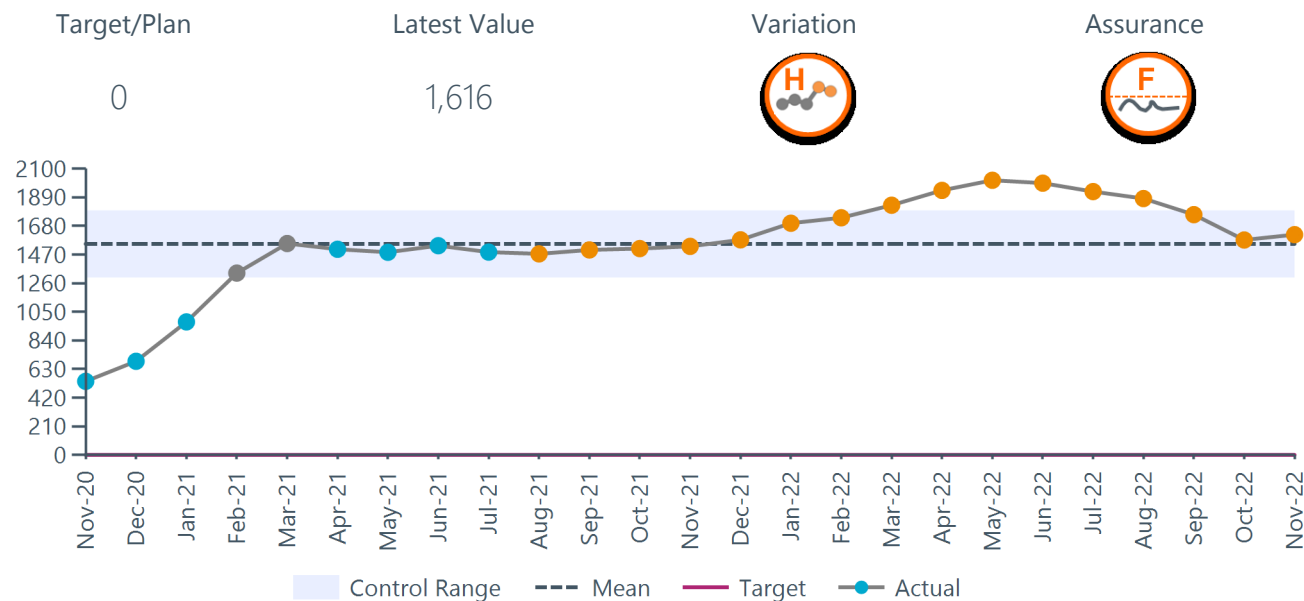
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
0	1,616	H	F	

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

At the end of November there were 1616 English patients waiting over 52 weeks; below our trajectory figure of 1843 by 227. The patients are under the care of the following sub-specialities; Spinal Disorders (625), Arthroplasty (348), Knee & Sports Injuries (310), Upper Limb (138), Foot & Ankle (115), Spinal Injuries (35), Paediatric Orthopaedics (20), Neurology (9), Tumour (5), Metabolic Medicine (4), Rheumatology (3), Paediatric Medicine (2), Orthotics (1) and Occupational Therapy (1).
The number of patients waiting, by weeks brackets is:
- >52 to <=78 weeks - 1245 patients
- >78 to <=95 weeks - 266 patients
- >95 to <=104 weeks - 72 patients
- >104 weeks - 33 patients

2022/23 operational planning guidance stipulates that Trusts should:
* Develop plans that support an overall reduction in 52-week waits where possible, in line with ambition to eliminate them by March 2025, except where patients choose to wait longer or in specific specialties
The submitted plans have been reflected in the trajectory line above.

Actions

The Trust is currently focusing on greater than 52 weeks that will be 78 weeks by the end of March. Increased bookings for non-admitted pathways is where concentrated efforts are being made. Please see 78+ weeks indicator for further actions.
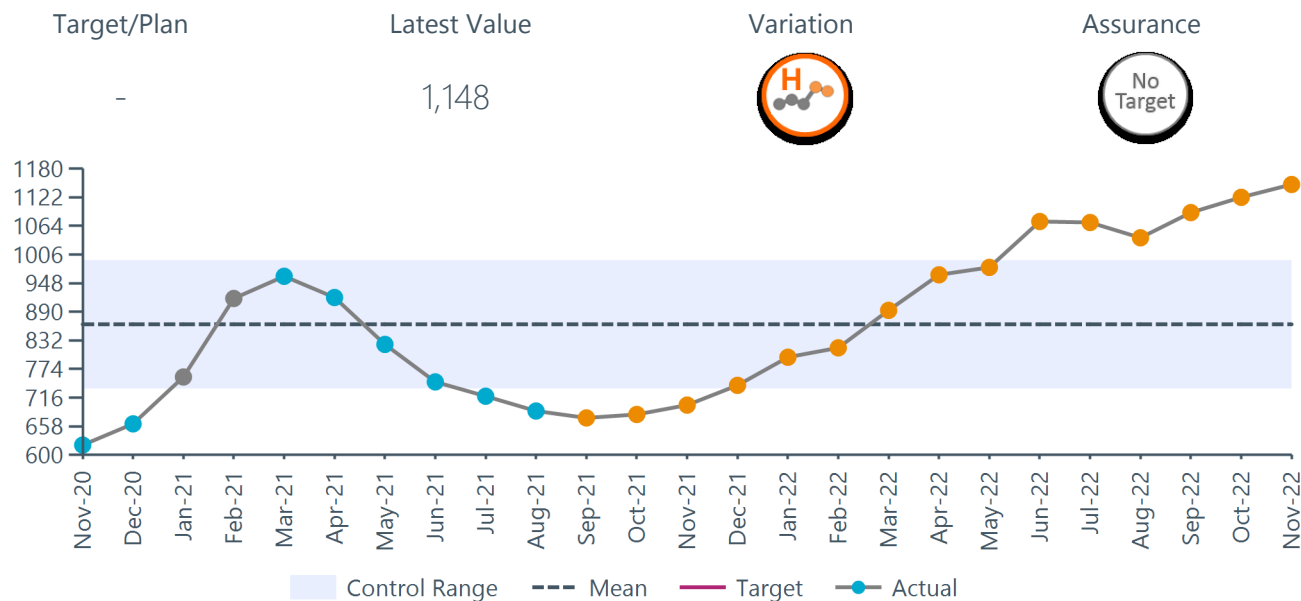
The Trust continues to utilise, and have in place, a mutual aid co-ordinator and validation resource to support actions being taken.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
1530	1578	1700	1740	1832	1941	2015	1994	1932	1881	1763	1577	1616

-    Staff   -   Patients   -   Finances   -

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

Target/Plan	Latest Value	Variation	Assurance
–	1,148	H	No Target

Trajectory/H2 Forecast

1073 ... 1148

— Actual
--○-- Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Control Range — Mean --- Target — Actual

Narrative

At the end of November there were 1148 Welsh patients waiting over 52 weeks. The patients are under the care of the following sub specialties; Spinal Disorders (754), Arthroplasty (133), Knee & Sports Injuries (107), Upper Limb (53), Foot & Ankle (47), Veterans (22), Paediatric Orthopaedics (19), Spinal Injuries (8), Metabolic Medicine (2), Tumour (2) and Paediatric Medicine (1).
The patients are under the care of the following commissioners; BCU (643), Powys (483), Hywel Dda (10), Cardiff & Vale (1) and Abertawe Bro (1). The number of patients waiting, by weeks brackets is:
- >52 to <=78 weeks - 844 patients
- >78 to <=95 weeks - 203 patients
- >95 to <=104 weeks - 45 patients
- >104 weeks - 56 patients

The Welsh Government issued their elective recovery guidance on the 26 April-22 where it stipulates the following:
* Eliminate the number of people waiting longer than one year in most specialties by Spring 2025
* Eliminate the number of people waiting longer than two years in most specialties by March 2023

Actions

The Trust is currently focusing on greater than 52 weeks that will be 78 weeks by the end of March. Increased bookings for non-admitted pathways is where concentrated efforts are being made. Please see 78+ weeks indicator for further actions.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
701	741	798	817	893	965	980	1073	1071	1040	1091	1122	1148

-   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
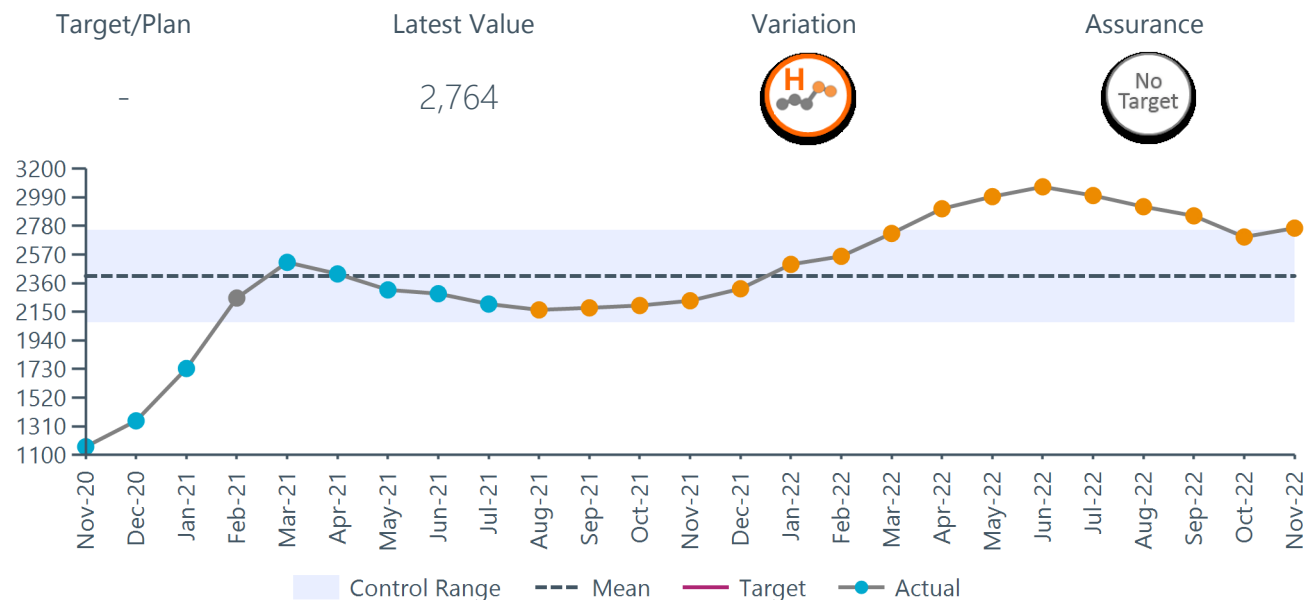
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
–	2,764	H	No Target	3067 ... 2764

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Control Range — Mean — Target — Actual

Narrative

Overall, there were 2764 patients waiting over 52 weeks at the end of November; 1616 English and 1148 Welsh. The number of patients waiting over 52 weeks represents 13.01% of the total list size.

There patients are under the care of the following sub-specialties; Spinal Disorders (1379), Arthroplasty (481), Knee & Sports Injuries (417), Upper Limb (191), Foot & Ankle (162), Spinal Injuries (43), Paediatric Orthopaedics (39), Veterans (22), Neurology (9), Tumour (7), Metabolic Medicine (6), Paediatric Medicine (3), Rheumatology (3), Orthotics (1) and Occupational Therapy (1).

2022/23 NHS England operational planning guidance stipulates that Trusts should:
* Develop plans that support an overall reduction in 52-week waits where possible, in line with ambition to eliminate them by March 2025, except where patients choose to wait longer or in specific specialties
The Welsh Government issued their elective recovery guidance on the 26 April-22 where it stipulates the following:
* Eliminate the number of people waiting longer than one year in most specialties by Spring 2025
* Eliminate the number of people waiting longer than two years in most specialties by March 2023

Actions

The Trust is currently focusing on greater than 52 weeks that will be 78 weeks by the end of March. Increased bookings for non-admitted pathways is where concentrated efforts are being made. Please see 78+ weeks indicator for further actions.
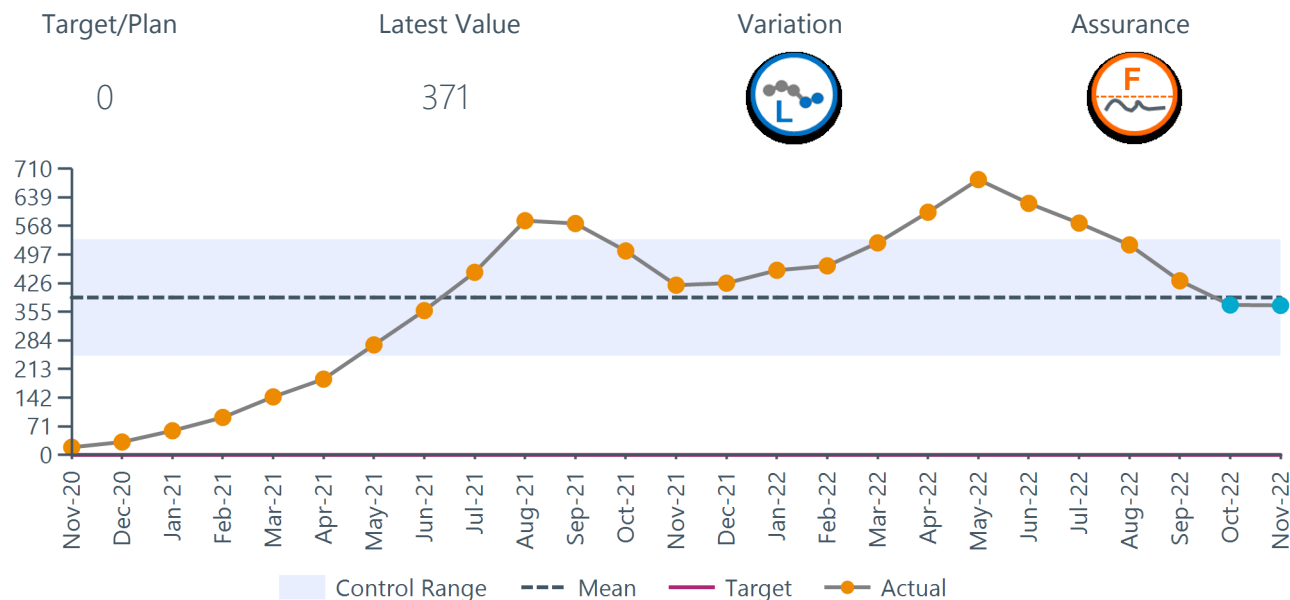
The Trust continues to utilise, and have in place, a mutual aid co-ordinator and validation resource to support actions being taken.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
2231	2319	2498	2557	2725	2906	2995	3067	3003	2921	2854	2699	2764

- Staff - Patients - Finances -

Patients Waiting Over 78 Weeks - English

Number of English RTT patients waiting 78 weeks or more at month end 217774

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
0	371	L	F

Trajectory/H2 Forecast

345 361 327 264

Actual
Trajectory

Control Range — Mean — — Target — Actual

What these graphs are telling us

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

Narrative

At the end of November there were 371 English patients waiting over 78 weeks; this was 26 patients above our trajectory of 345. There have now been six months of consistent reduction and the data point is flagged as improvement. Submitted plans are visible in the trajectory line above. The patients are under the care of the following sub-specialties; Spinal Disorders (223), Knee & Sports Injuries (76), Arthroplasty (26), Upper Limb (24), Foot & Ankle (10), Spinal Injuries (5), Neurology (3), Tumour (2) and Paediatric Orthopaedics (2).

2022/23 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 104 by July 2022 - exceptions are patients choice / specific specialties
* Eliminate waits of over 78 weeks by April 2023 - exceptions are patients choice / specific specialties
The submitted plans have been reflected in the trajectory line above.

Actions

The Trust continues to contact patients, and seek mutual aid, to support its most pressured service. Conversations with a regional provider continue to support both non-admitted and admitted pathways. Discussions are now progressing with a North-West provider to offer further mutual aid. NHS EI regional team are supporting progress for further support with recent returns stipulating our spinal disorders need. Progress has been made internally in reducing and dating patients within non-admitted pathways.

Utilisation of capacity across the consultant workforce continues.

The Trust has agreed participation in the Digital Mutual Aid system that is being led by NHS England.

A mutual aid co-ordinator and validation resource are in place to support actions being taken.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
421	426	458	469	526	602	683	624	575	521	432	372	371

- Staff - Patients - Finances -

Patients Waiting Over 78 Weeks - Welsh (Total)

Patients waiting over 78 Weeks - Welsh (Total) 217802

Exec Lead:
Chief Operating Officer
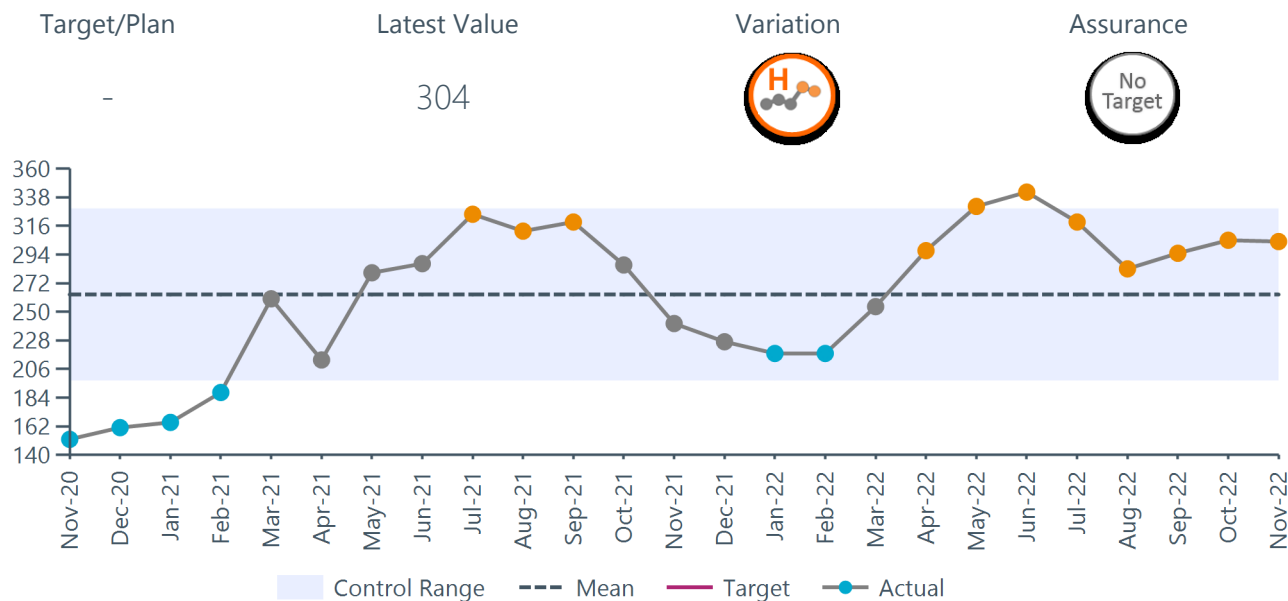
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
-	304	H	No Target	

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Control Range   Mean   Target   Actual

Narrative

At the end of November there were 304 Welsh patients waiting over 78 weeks; this was 41 patients below our trajectory of 345. The Trust plans are visible in the trajectory line above.

The patients are under the following sub-specialties; Spinal Disorders (272), Knee & Sports Injuries (16), Upper Limb (6), Arthroplasty (4), Foot & Ankle (2), Veterans (1), Spinal Injuries (1), Tumour (1) and Paediatric Orthopaedics (1).

Actions

Progress has been made in reducing and dating patients within non-admitted pathways with utilisation of capacity across the consultant workforce. In line with Welsh Assembly expectations, the Trust is taking action to address the longest waiting patients in milestone 1.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
241	227	218	218	254	297	331	342	319	283	295	305	304

- Staff - Patients - Finances -

Patients Waiting Over 78 Weeks - Combined

Number of combined RTT patients waiting 78 weeks or more at month end 217777

Exec Lead:
Chief Operating Officer
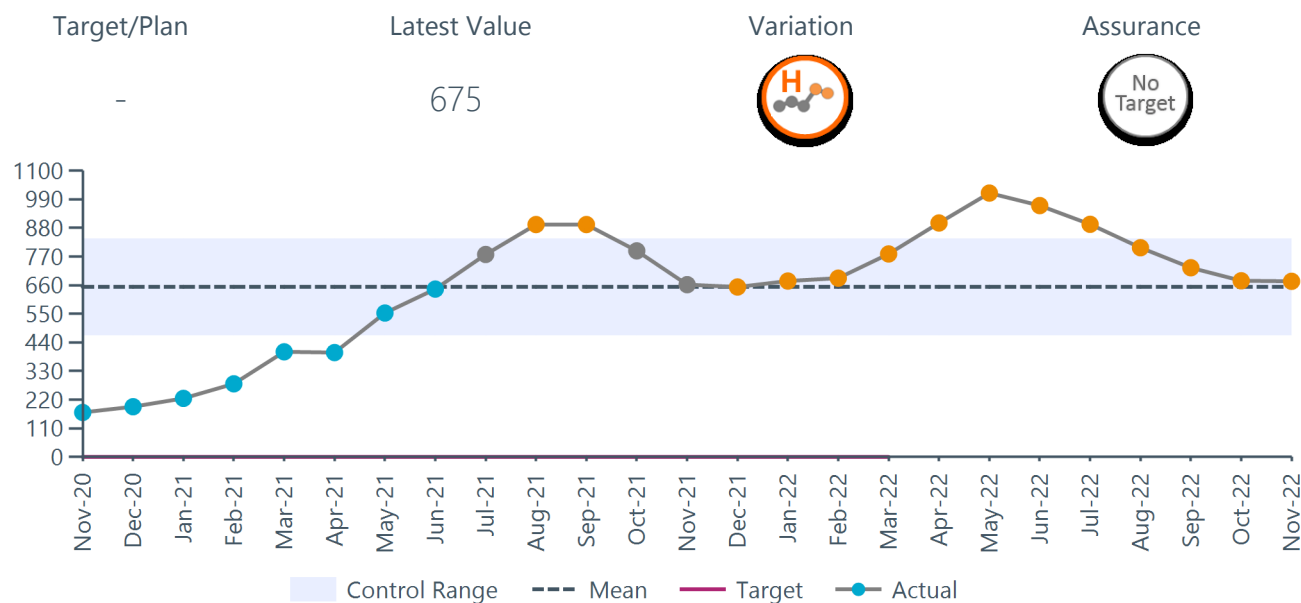
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
–	675	H	No Target	

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Trajectory values: 690, 774, 771, 727

Control Range — Mean --- Target — Actual

Narrative

Overall there were 675 patients waiting over 78 weeks at the end of November; 371 English and 304 Welsh. This was below our trajectory of 690 by 15. The Trust plans are visible in the trajectory line above.

The patients are under the care of the following sub-specialties; Spinal Disorders (495), Knee & Sports Injuries (92), Upper Limb (30), Arthroplasty (30), Foot & Ankle (12), Spinal Injuries (6), Tumour (3), Paediatric Orthopaedics (3), Neurology (3) and Veterans (1).

2022/23 operational planning guidance stipulates that Trusts should:
* Eliminate waits of over 104 by July 2022 - exceptions are patients choice / specific specialties
* Eliminate waits of over 78 weeks by April 2023 - exceptions are patients choice / specific specialties
The submitted plans have been reflected in the trajectory line above.

Actions

The Trust continues to contact patients, and seek mutual aid, to support its most pressured service. Conversations with a regional provider continue to support both non-admitted and admitted pathways. Discussions are now progressing with a North-West provider to offer further mutual aid. NHS EI regional team are supporting progress for further support with recent returns stipulating our spinal disorders need. Progress has been made internally in reducing and dating patients within non-admitted pathways.

Utilisation of capacity across the consultant workforce continues.

The Trust has agreed participation in the Digital Mutual Aid system that is being led by NHS England.

A mutual aid co-ordinator and validation resource are in place to support actions being taken.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
662	653	676	687	780	899	1014	966	894	804	727	677	675

-   Staff   -   Patients   -   Finances   -

Patients Waiting Over 104 Weeks - English

Number of English RTT patients waiting 104 weeks or more at month end 217588

Exec Lead:
Chief Operating Officer
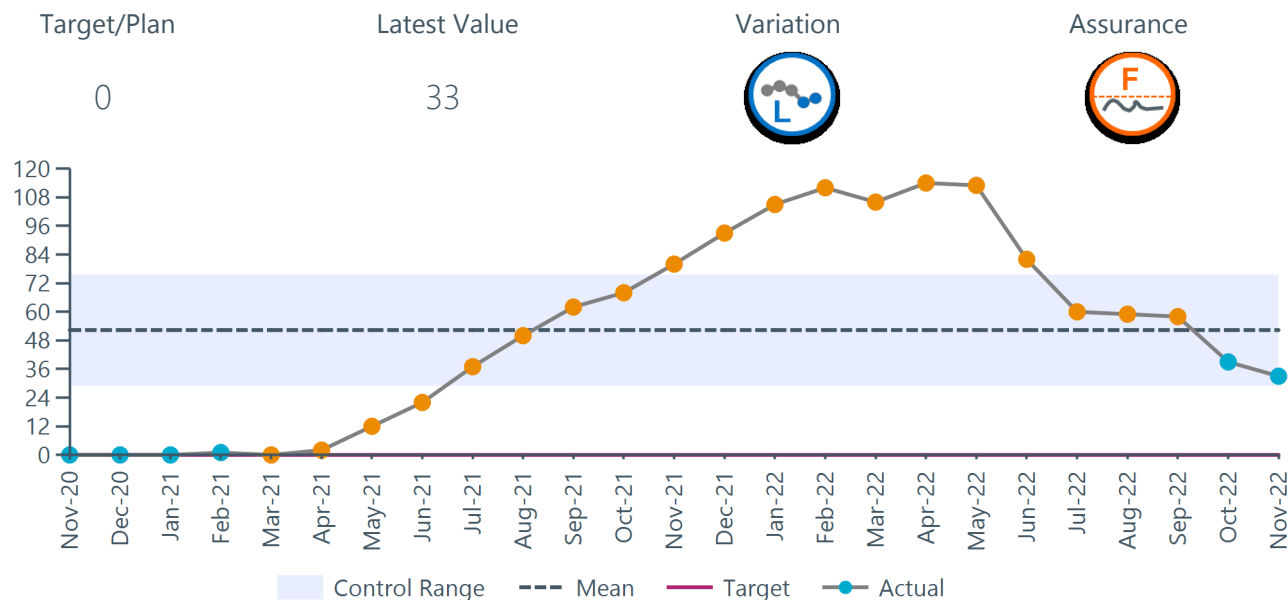
Target/Plan	Latest Value	Variation	Assurance
0	33	L	F

Trajectory/H2 Forecast

33 27 20 9

Actual — Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

At the end of November there were 33 English patients waiting over 104 weeks, in line with our trajectory.
- Spinal Disorders (30)
- Arthroplasty (1)
- Knee & Sports Injuries (1)
- Upper Limb (1)

By Milestone, there were:
- Milestone 1 (Outpatients) - 1 patient
- Milestone 2 (Diagnostics) - 6 patients
- Milestone 3 (Electives) - 26 patients

Actions

The Trust has been taking actions that helps reduce trip-ins in subsequent months; this has included a focus on non-admitted pathways.
Non-Spinal Disorders: - we continue to support a system partner with their longest waits and clinically urgent patients.
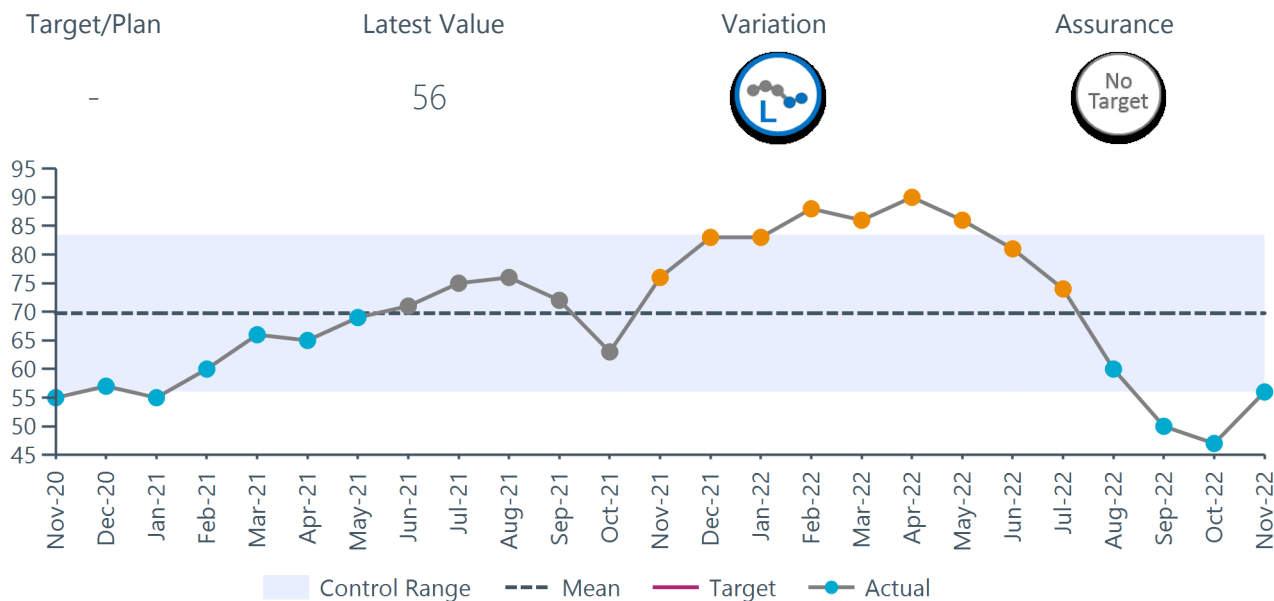
Spinal Disorders: - actions include:
- Seeking mutual aid from ROH and active discussions with a North-West Provider for further support.
- Continued operational and executive discussions with the Trust's surgeons on the longest waiting patients.
- Daily 104+ meetings being held within the Trust and chaired by Chief Operating Officer or Managing Director of Specialist Unit
- Escalation and monitoring through NHSE to support pathways requiring external providers support.
- The Trust is reviewing NHS England revised guidance in relation to patient choice.

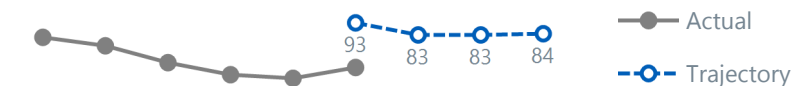| Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
80	93	105	112	106	114	113	82	60	59	58	39	33

- Staff - **Patients** - Finances -

Patients Waiting Over 104 Weeks - Welsh (Total)

Patients Waiting Over 104 Weeks - Welsh (Total) 217803

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
-	56	L	No Target	

Actual **Trajectory**

Trajectory values: 93, 83, 83, 84

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Control Range   Mean   Target   Actual

Narrative

At the end of November there were 56 Welsh patients waiting over 104 weeks; below our trajectory figure of 93 by 37.

The patients are under the care of the following sub-specialties;
- Spinal Disorders (55)
- Veterans (1)

By Milestone, there were:
- Milestone 1 (Outpatients) - 7 patients
- Milestone 2 (Diagnostics) - 10 patients
- Milestone 3 (Electives) - 39 patients
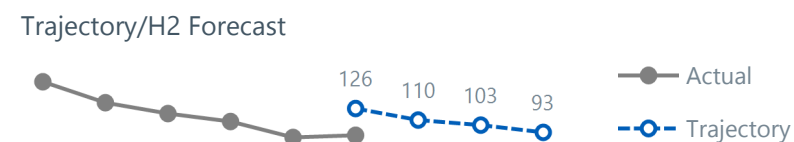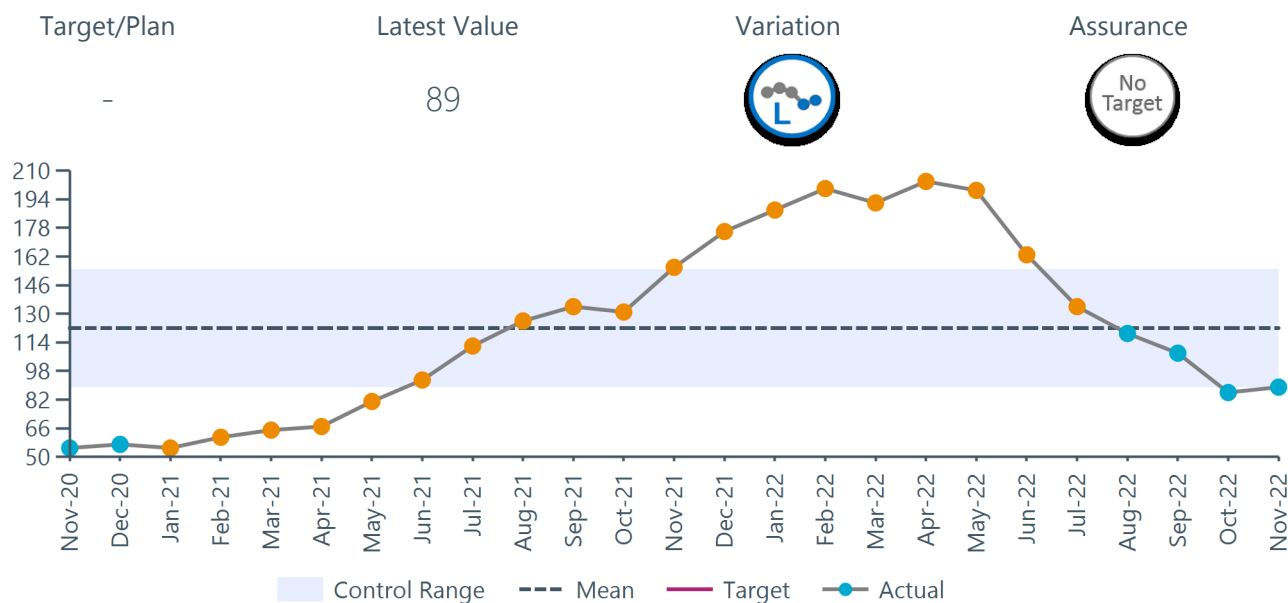
Actions

The Trust has been taking actions that also reduce trip-ins in subsequent months. Actions have been taken to progress and reduce the volume waiting in non-admitted pathways with a targeted focus to get our longest waiting patients through by the end of December.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
76	83	83	88	86	90	86	81	74	60	50	47	56

- Staff - Patients - Finances -

Patients Waiting Over 104 Weeks - (Combined)

Number of combined RTT patients waiting 104 weeks or more at month end 217594

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
–	89	L	No Target	

Trajectory/H2 Forecast — 126 110 103 93 — Actual / Trajectory

Control Range · Mean · Target · Actual

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Narrative

Overall, there were 89 patients waiting over 104 weeks at the end of November; 33 English and 56 Welsh. This was below the combined trajectory of 126 by 37 patients. The patients are under the care of the following sub-specialities, ;
- Spinal Disorders (85)
- Arthroplasty (1)
- Knee & Sports Injuries (1)
- Upper Limb (1)
- Veterans (1)

By Milestone, there were:
- Milestone 1 (Outpatients) - 8 patients
- Milestone 2 (Diagnostics) - 16 patients
- Milestone 3 (Electives) - 65 patients

Actions

The Trust has been taking actions that helps reduce trip-ins in subsequent months; this has included a focus on non-admitted pathways.
Non-Spinal Disorders: - we continue to support a system partner with their longest waits and clinically urgent patients.
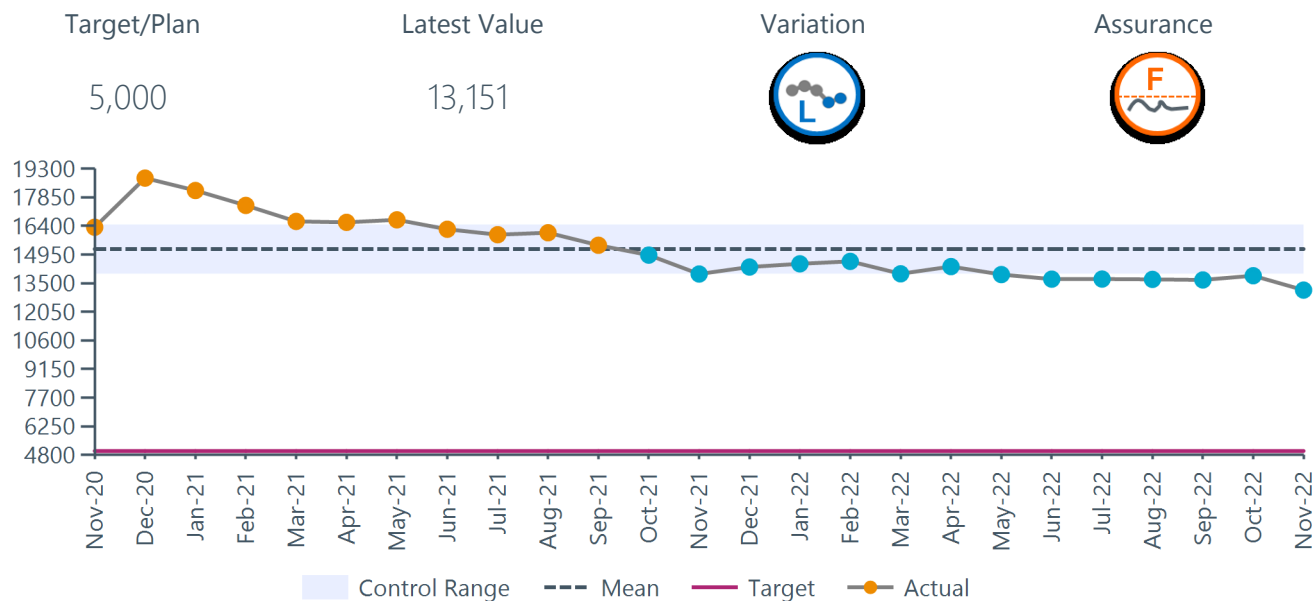
Spinal Disorders: - actions include:
- Seeking mutual aid from ROH and active discussions with a North-West Provider for further support.
- Continued operational and executive discussions with the Trust's surgeons on the longest waiting patients.
- Daily 104+ meetings being held within the Trust and chaired by Chief Operating Officer or Managing Director of Specialist Unit
- Escalation and monitoring through NHSE to support pathways requiring external providers support.
- The Trust is reviewing NHS England revised guidance in relation to patient choice.

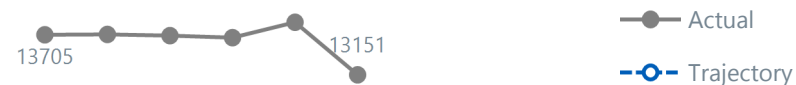| Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
156	176	188	200	192	204	199	163	134	119	108	86	89

- Staff - **Patients** - Finances -

Overdue Follow Up Backlog

All dated and undated patients that are overdue their follow up appointment 217364

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
5,000	13,151	(L)	(F)	13705 ... 13151

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

At the end of November, there were 13151 patients overdue their follow up appointment. This is broken down by:
 - Priority 1 is our more urgent follow-up cohort - 8444 with 1339 dated (16%)
 - Priority 2 is the lower priority - 4707 with 1220 dated (27%)

MSK backlog at the end of October is 4829. In April 20 it was 4928, it later increased to as high as 10545 and has steadily been reducing. Focus on improvement within Arthroplasty, SOOS, Upper Limb and Therapies as well as revalidation focus on MSK, particularly Arthroplasty.
Specialist backlog at the end of October is 8322. In April 20 it was 5016, it later increased to 8938 and has remained in the 8-9 thousand range. Main focus within the Trust has been on 104 week waiters.
Sub-specialities with the highest percentage of overdue follow ups:
- Rheumatology - 20.14%; Arthroplasty - 18.59%; Spinal Disorders - 12.62%; Spinal Injuries - 8.82%

Planning expectations for 2022/23 is to reduce outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023, however, our plans for 2022/23 do not meet this aspiration as the Trust continues to address its overdue follow-up backlog.

Actions

- The information team have developed a tool for use by the operational teams for all specialties that will calculate a trajectory for each sub-specialty based on their input of known bookings / capacity - trajectory to be completed for all specialties by 13th January 2023
- In Rheumatology, additional capacity is now in place for follow ups where it is anticipated an additional 100 patients per month will be seen.
- The Trust has a number of Transformational projects in progress, such as PIFU, that will support in further reductions in this area
- Revalidation to commence within Spinal Disorders
- Outpatient task and finish groups in place
- Expressions of interest out for an outpatient consultant lead
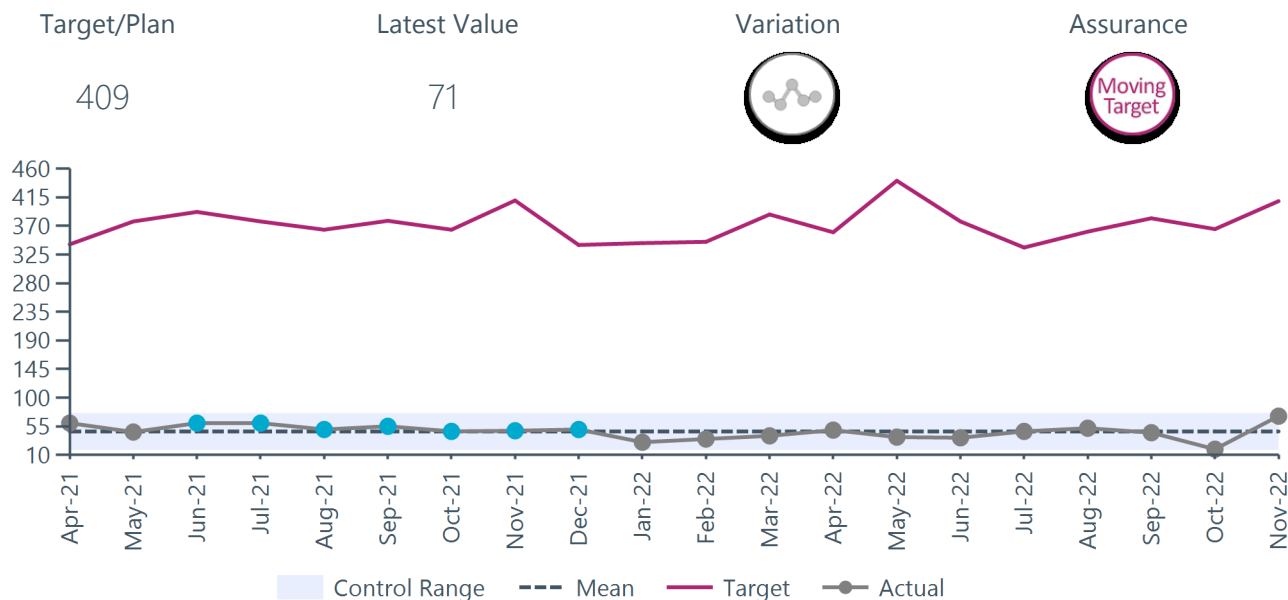
Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
13965	14319	14482	14605	13976	14342	13937	13705	13710	13693	13665	13878	13151

- Staff - Patients - Finances -

Advice & Guidance

Number of e-RS advice & guidance requests 217720

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
409	71		Moving Target	37 ... 71

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean - - - Target — Actual —

Narrative

This KPI was introduced as part of H2 planning in 21/22. This is a system target that needs to be achieved overall, encompassing all services within local providers. The target stipulated for 22/23 is a minimum of 16 advice and guidance requests should be delivered per 100 outpatient first attendances (consultant led only) by the end of March.

As a Trust we monitor Advice and Guidance requests that we receive as a provider. There is also post referral Specialist Advice (including referral triage models) which includes SOOS, TEMS referrals and other RAS clinics. The system, within its own performance reports, observes overall performance. The overall position within the system is that the target is being achieved when all services are combined. Latest NHSEI reports for our system (October 2022) report 7,157 requests in total and 21,795 first attendances. Of which, 2,115 were T&O requests.

At RJAH, based on the number of consultant led first attendances in November, the target is 409 and the number of advice and guidance requests received was 71. This equates to 2.08%.

Actions

We are monitoring our performance against this standard although recognise advice and guidance requests will vary by specialty. We are working with the system to further understand the opportunities with the services we provide. It must be noted, this is a system target and we recognise there may be limitations in Orthopaedics.
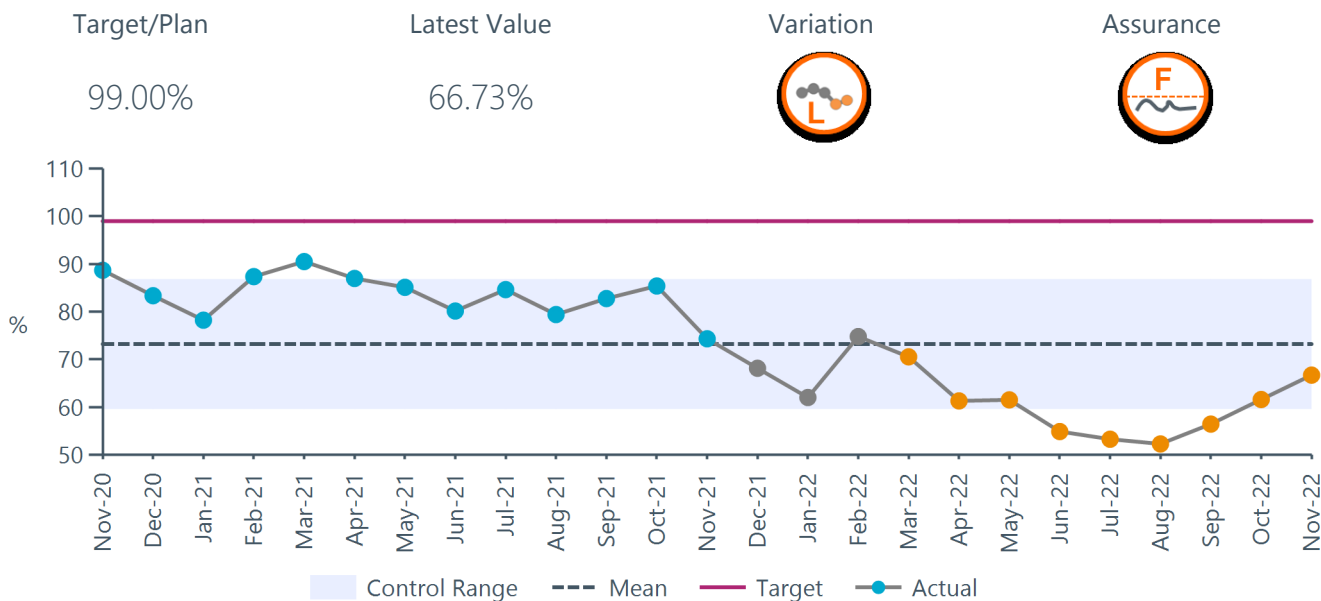
Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
48	50	30	35	40	49	38	37	47	52	45	19	71

- Staff - Patients - Finances -

6 Week Wait for Diagnostics - English Patients

% of English patients currently waiting less than 6 weeks for diagnostics 211026

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
99.00%	66.73%	L	F	54.90 ... 66.73

Actual ●—
Trajectory --○--

What these graphs are telling us

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

Control Range · Mean · Target · Actual

Narrative

The 6 week standard for diagnostics was not achieved this month and is reported at 66.73%. This equates to 559 patients who waited beyond 6 weeks. Breakdown below outlines performance and breaches by modality:
- MRI - 59% - D2 (Urgent - 0-2 weeks) 6 dated, D3 (Routine - 4-6 weeks) - 9 dated, D4 (Routine - 6-12 weeks) - 478 with 358 dated
- CT - 93.20% - D4 (Routine - 6-12 weeks) - 7 with 6 dated
- Ultrasound - 83.24% - D2 (Urgent - 0-2 weeks) 2 with 1 dated, D4 (Routine - 6-12 weeks) - 58 with 57 dated
- DEXA Scans - 100%
The trust continues to treat by clinical priority, the D2 (Urgent - 2 weeks) breaches were initially referred to as D4 (Routine - 6-12 weeks) but were updated to urgent at a later date; the 1 undated breach a concurrent appointment has been requested. MRI was reported at 59% against a trajectory specifically for MRI at 59%. It must be noted that all diagnostic activity plans were met in November.

Actions

- Capacity has increased from September for MRI where they are now operating 8am to 8pm, 7 days per week to support backlog clearance.
- Staffed Mobile MRI scanner installed beginning of November for six months in order to help reduce the current waiting list to circa 800.

The national expectation is for delivery of 95% in 6 weeks by March 2025.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
74.35%	68.16%	62.04%	74.81%	70.56%	61.33%	61.54%	54.90%	53.30%	52.31%	56.47%	61.62%	66.73%

- Staff - Patients - Finances -

8 Week Wait for Diagnostics - Welsh Patients

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

Exec Lead:
Chief Operating Officer
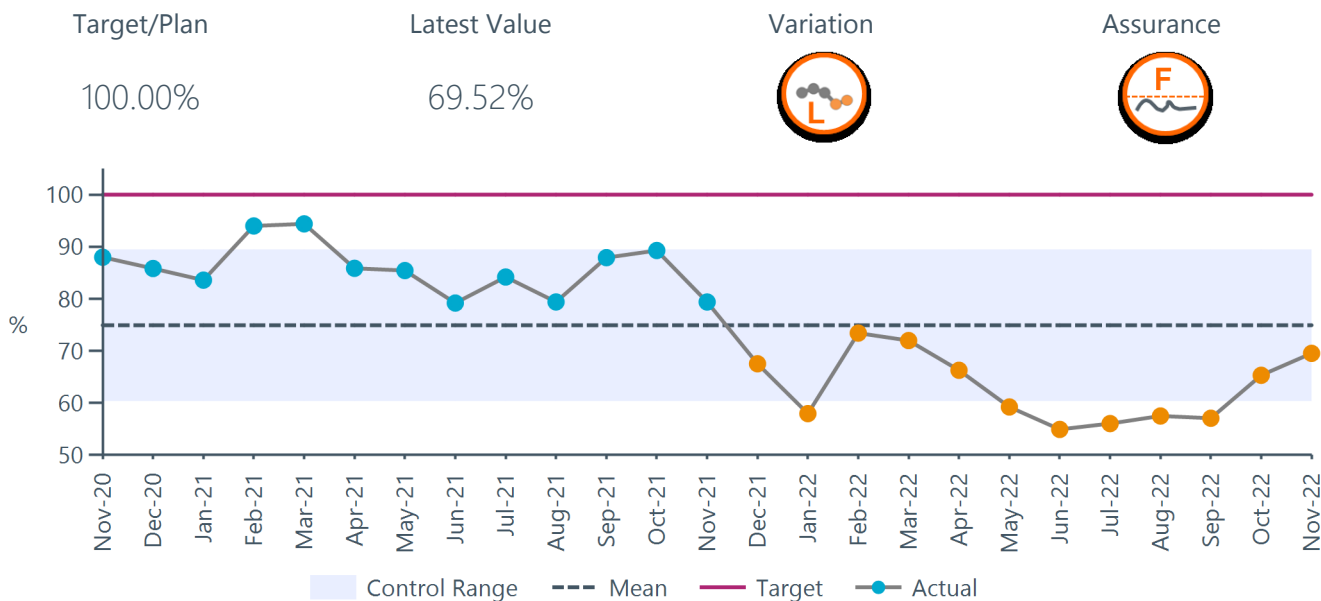
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
100.00%	69.52%	L	F	

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

The 8 week standard for diagnostics was not achieved this month and is reported at 69.52%. This equates to 228 patients who waited beyond 8 weeks. Breakdown below outlines performance and breaches by modality:
- MRI - 65.88% - D4 (Routine - 6-12 weeks) - 217 with 181 dated
- CT - 96% - D4 (Routine - 6-12 weeks) - 1 dated
- Ultrasound - 88.10% - D4 (Routine - 6-12 weeks) - 10 with 8 dated
- DEXA Scans - 100%
It must be noted that all diagnostic activity plans were met in November.

Actions

- Capacity has increased from September for MRI where they are now operating 8am to 8pm, 7 days per week to support backlog clearance.
- Staffed Mobile MRI scanner installed beginning of November for six months in order to help reduce the current waiting list to circa 800.
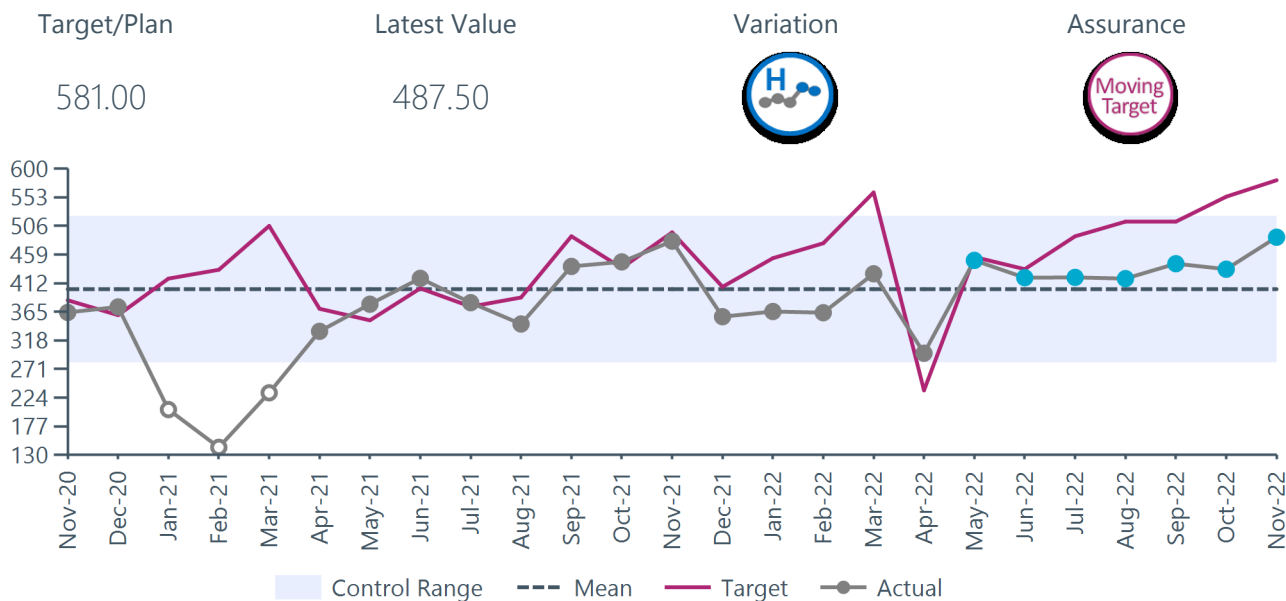
The national expectations are not for this target to be achieved throughout 22/23.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
79.38%	67.51%	57.94%	73.41%	71.98%	66.27%	59.22%	54.90%	56.03%	57.48%	57.05%	65.30%	69.52%

- Staff - Patients - Finances -

Volume of Sessions Against Plan

Total number of Theatre sessions delivered (includes PP and Dental sessions) rated against 2022/23 plan. 217709

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
581.00	487.50	H	Moving Target

Trajectory/H2 Forecast

Actual
Trajectory

494   381   472   473

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

Volume of Sessions Against Plan in November was 487.5 against a target of 581 equating to 83.91% of the plan. The plan is derived from the 2022/23 planning submission (NHS & Private) plus Dental sessions; the internal H2 trajectory was 381.
Summary:
* NHS sessions against plan – 456.5/529, 72.5 short equating to 86.30%
* Private sessions against plan – 27/45, 18 short equating to 60.00%
* Dental sessions against plan – 4/7 57.14%

Sessions impacted by:
* Staffing shortfall due to vacancies and sickness, some of which was mitigated with bank staff on the day
* Patient cancellations

NB: The plan for Sessions in November was set outside of the upper control limit indicating that without a process change it was unlikely to achieve this target. It is also worth noting that November saw the Trust deliver the highest volume of sessions year to date.

Actions

See 'Elective Activity Against Plan' and '% Cancellations' for details.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
481	357	365	363	427	297	449	421	421	419	444	435	487

- Staff - Patients - Finances -

Total Theatre Activity Against Plan

All activity in Theatres in month, rated against 2022/23 plan. 217797

Exec Lead:
Chief Operating Officer
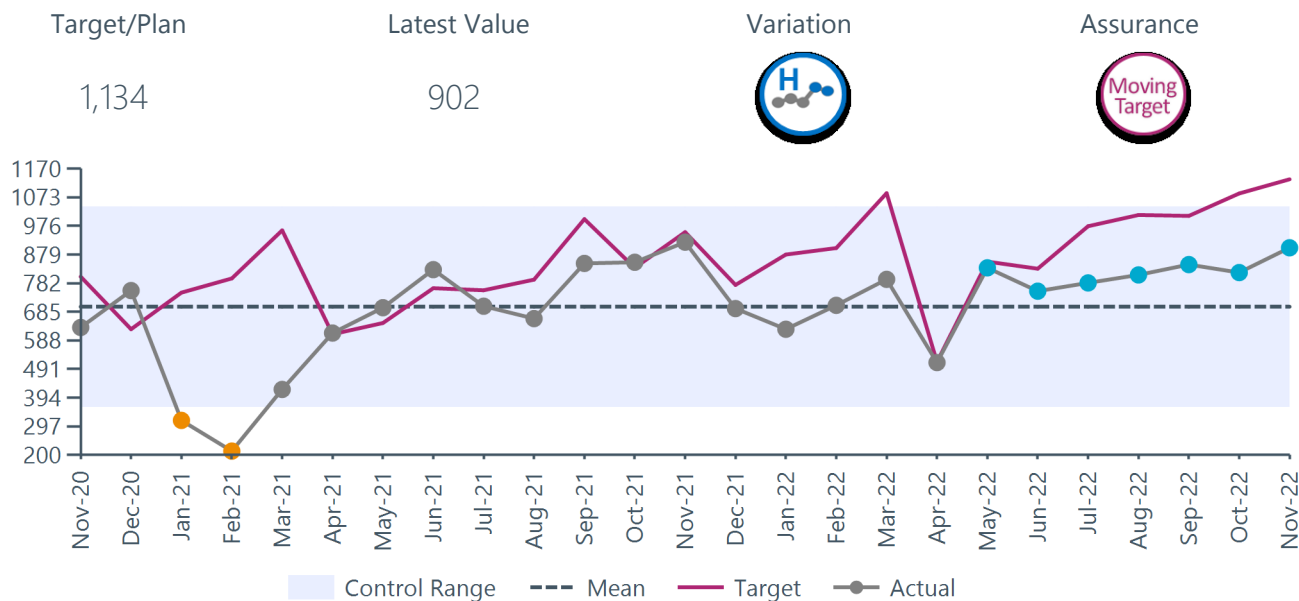
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
1,134	902	H	Moving Target	

Actual — Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

Total theatre activity is monitored against the 2022/23 plan.
 Summary:
* Total Theatre Activity against plan – 902 (plan 1134) 232 short (79.54%)
* NHS activity – 837 against a plan of 1051; 214 short equating to 79.64%
* Private patients – 65 against a plan of 83; 18 short equating to 78.31%
The internal H2 trajectory for total theatre activity was 899 with 902 delivered.
232 cases shortfall, 90 attributed to cancellations. Fewer sessions delivered than planned and cases per session falling short in Specialist Unit; see 'Theatre Cases per Session against plan' and 'Volume of Sessions Against Plan' for further analysis.
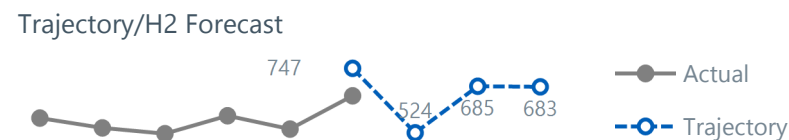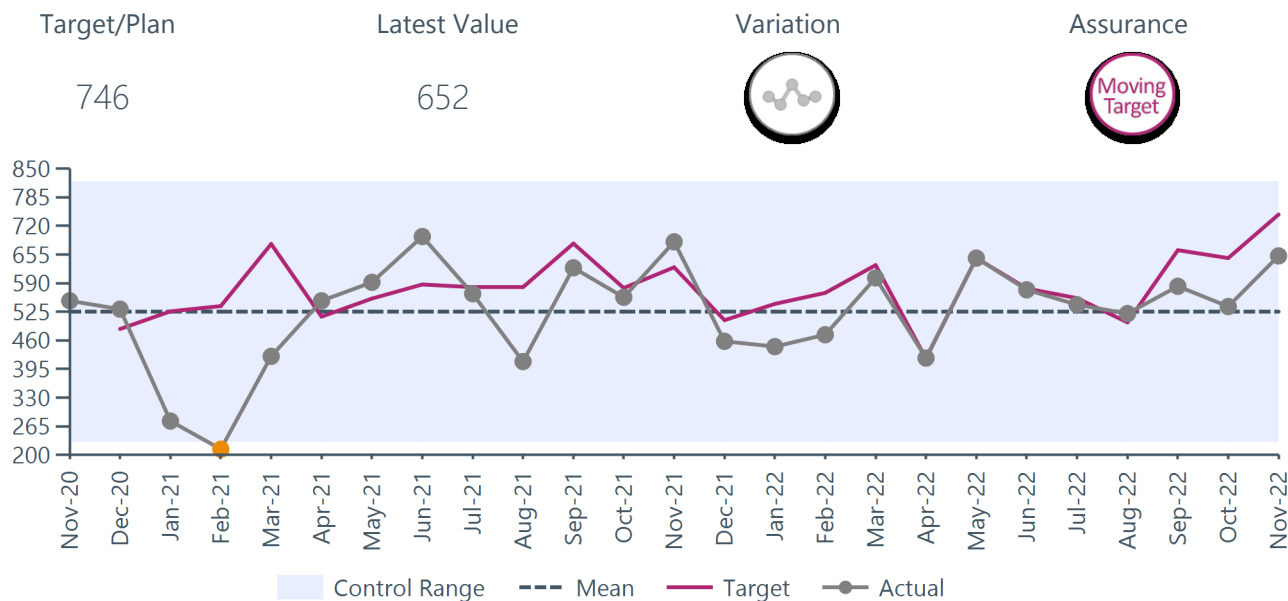
Actions

See 'Elective Activity Against Plan'.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
921	696	626	707	795	513	834	755	783	810	845	818	902

- Staff - Patients - **Finances** -

IJP Activity - Theatres - against Plan

NHS activity in Theatres in-month undertaken in job plan; rated against 2022/23 submitted plan. 217552

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
746	652		Moving Target

Trajectory/H2 Forecast

747 · Actual · 524 · 685 · 683 · Trajectory

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

This measure reflects how the Trust maximises IJP time and resource; the 2022/23 IJP plan for November was 746 cases. The internal H2 trajectory was 747.

In November, the Trust undertook 652 NHS theatre cases IJP, 94 cases behind the plan of 746 which equates to 87.40% and is included as an exception due to being behind plan for the 3rd consecutive month; see 'Theatre Cases per Session against plan' and 'Volume of Sessions Against Plan' for further analysis.

The H2 trajectory for November was 899 cases: 747 IJP, 69 OJP, 83 PP's. The plan was 1134 cases: 746 IJP, 305 OJP, 83 PP's.

Actions

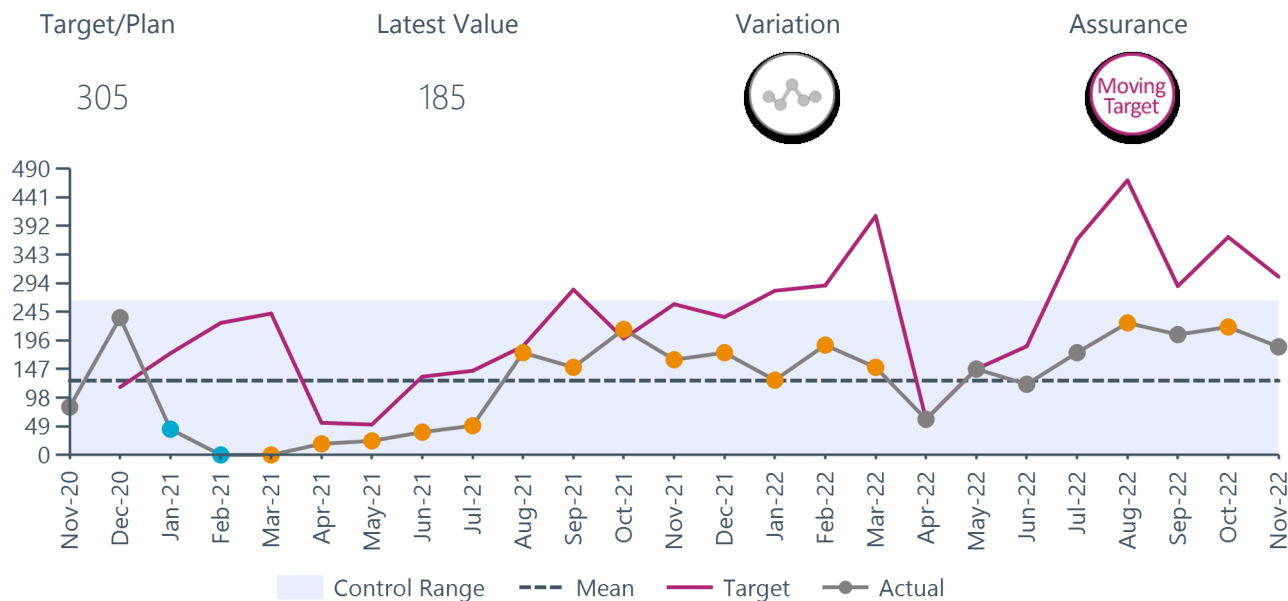* Weekly review of theatre schedule alignment to IJP

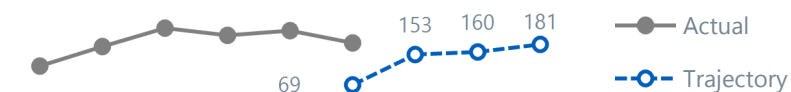| Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
684	458	446	473	602	420	647	575	541	521	583	537	652

- Staff - Patients - **Finances** -

OJP Activity - Theatres - against Plan

NHS activity in Theatres in-month undertaken out of job plan; rated against 2022/23 submitted plan. 217553

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
305	185		Moving Target	

Actual
Trajectory

153 160 181
69

What these graphs are telling us

Metric is experiencing common cause variation. This measure has a moving target. This metric should not be achieving too high or too low against the trajectory. At present, our IPR shows an increase of OJP activity as concerning. Recent news from the 'Making Data Count' team at NHS EI is to make further enhancements to SPC reporting that would indicate something is neither negative or positive and we hope to incorporate that into our reporting in the future for measures such as this.

Control Range   Mean   Target   Actual

Narrative

Activity levels are dependent on both IJP and OJP activity. This measure reflects the amount the Trusts use of OJP; the 2022/23 OJP plans for November was 305 cases. The internal H2 trajectory for OJP activity was 69.

In November, the Trust undertook 185 NHS theatre cases OJP, 120 cases behind the plan of 305 which equates to 60.66%; see 'Theatre Cases per Session against plan' and 'Volume of Sessions Against Plan' for further analysis.

The H2 trajectory for November was 899 cases: 747 IJP, 69 OJP, 83 PP's. The plan was 1134 cases: 746 IJP, 305 OJP, 83 PP's.

NB: The plan for OJP activity in November was set outside of the upper control limit indicating that without a process change it was unlikely to achieve this target.

Actions

* Daily monitoring of sessions and daily review of OJP of offer and uptake
* Weekly review of theatre schedule alignment to IJP

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
163	175	128	188	150	61	147	121	175	226	206	219	185

- Staff - Patients - **Finances** -

Independent Sector Activity Against Plan

Actual theatre cases delivered by the IS capacity monitored against plan. 217808

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
18	1	N/A to SPC	Moving Target
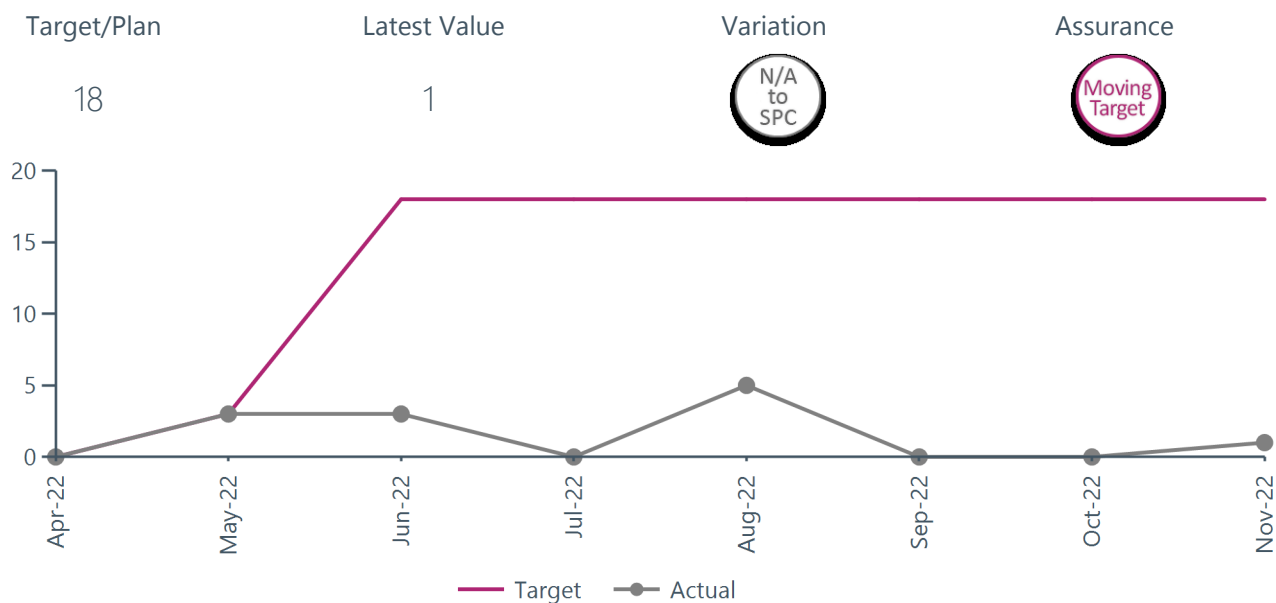
Trajectory/H2 Forecast

What these graphs are telling us

This measure does not have enough data points for robust reporting in SPC so is displayed as a line graph. Metric is consistently failing the target.

Narrative

This KPI has been added to ensure visibility of all Independent Sector activity undertaken against plan each month.

Since June, this metric has not achieved the target number of 18 patients and in November one patient was treated by Independent Sector.
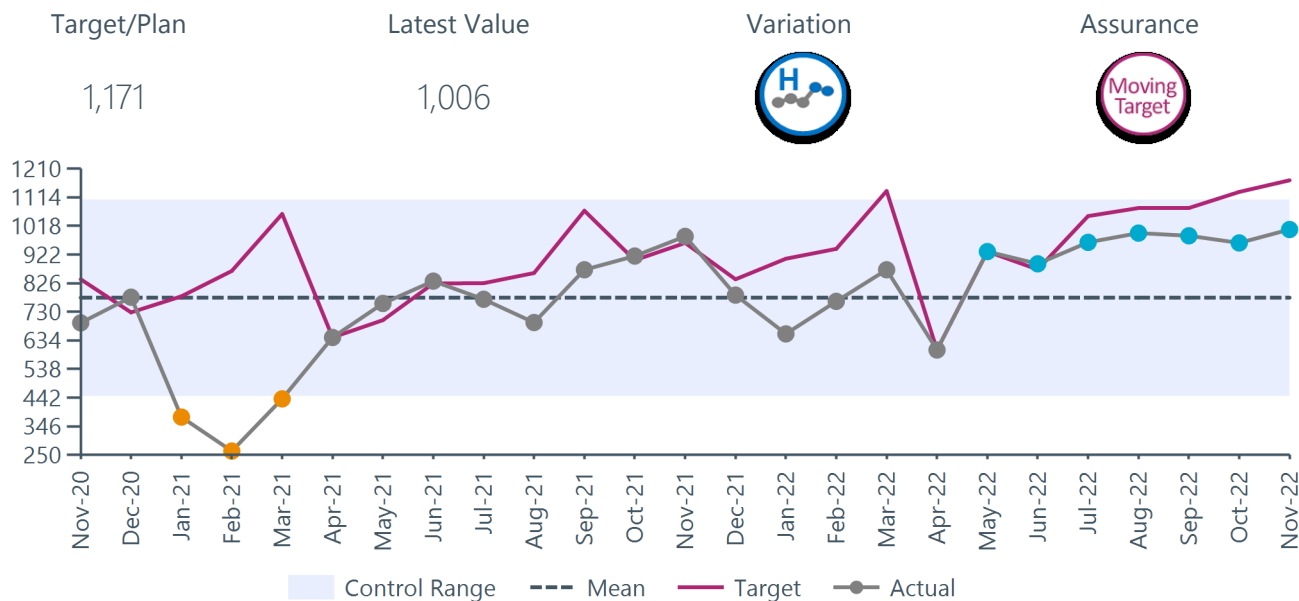
Actions

Mutual Aid Co-Ordinator appointed following request from central mutual aid funding.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
					0	3	3	0	5	0	0	1

- Staff - Patients - **Finances** -

Elective Activity Against Plan (volumes)

Total elective activity rated against 2022/23 plans. 217796

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
1,171	1,006	H	Moving Target

Trajectory/H2 Forecast

Actual — Trajectory
921 771 959 978

What these graphs are telling us

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

Control Range ┄┄ Mean ━ Target ━ Actual

Narrative

Total elective activity reported externally against plan 2022/23 in November was 1006, 165 below 1171 (85.91%).
The internal H2 trajectory for Elective Activity Against Plan (Volumes) was 921 with 1006 delivered (85 above trajectory).
Factors affecting delivery:
- Lack of Independent Sector uptake - 1 undertaken in November against a plan of 18
- 52 on the day theatre cancellations and 38 ahead of TCI
- NHS sessions behind plan
- Cases per session behind plan in Specialist unit

Actions

A full review of Theatre staffing and Theatre processes in progress. Key themes identified for improvement:
• Workforce model – planning and retention.
• Booking and Scheduling
• Working day effectiveness
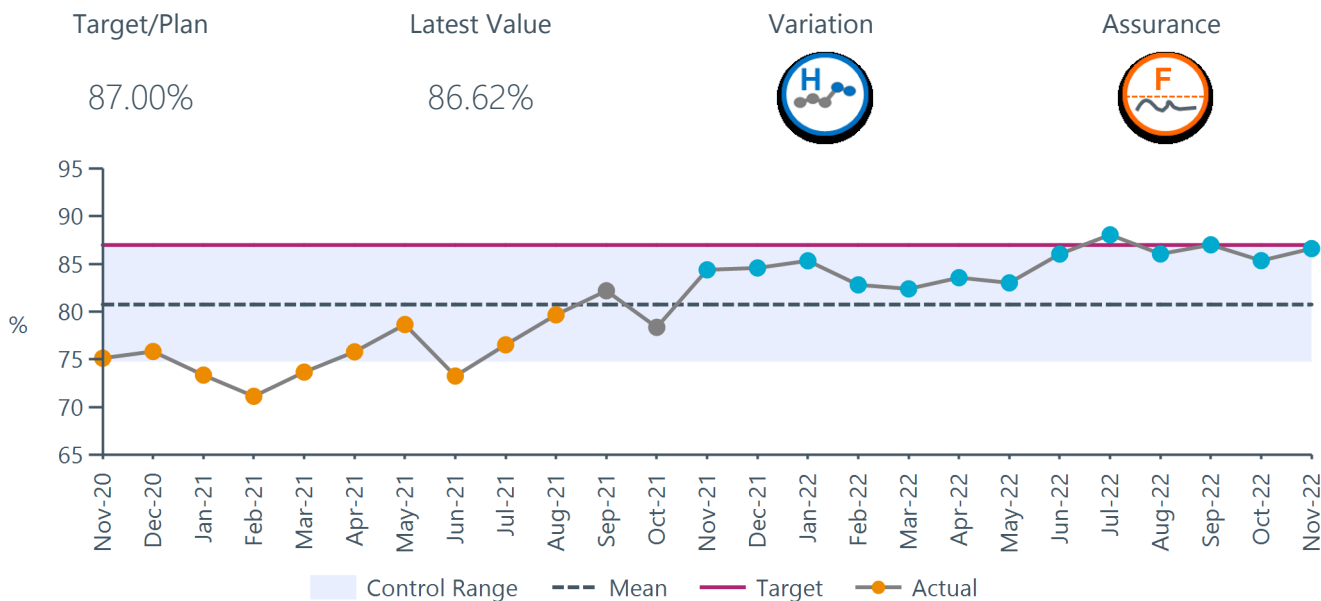• OJP alignment to booking processes

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
983	786	656	765	871	602	932	891	963	994	985	961	1006

- Staff - Patients - **Finances** -

Bed Occupancy – All Wards – 2pm

% Bed occupancy at 2pm (NHS & Private Beds) 211039

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
87.00%	86.62%	H	F

Trajectory/H2 Forecast

86.06   86.62

— Actual
–O– Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

The occupancy rate for all wards is reported at 86.62% for November and remains shown as special cause variation with sustained improvement. Breakdown provided below:
MSK Unit:
- Clwyd - 80.03% - compliment of 22 beds open throughout month
- Powys - 84.23% - compliment of 22 beds open majority of month
- Kenyon - 85.51% - compliment of 22 beds - 6 beds closed for part of month
- Ludlow - 79.96% - compliment of 16 beds open throughout month
Specialist Unit:
- Alice - 66.67% - compliment of 16 beds; open to 4-16 beds dependant on weekday/weekend and demand
- Oswald - 84.59% - compliment of 10 beds open all month
- Gladstone - 92.81% - compliment of 29 beds open majority of month
- Wrekin - 96.63% - compliment of 15 beds open majority of month
- Sheldon - 97.77% - compliment of 19 beds; open 15-19 throughout month

Actions

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
84.40%	84.60%	85.35%	82.82%	82.40%	83.58%	83.03%	86.06%	88.07%	86.07%	87.02%	85.36%	86.62%

- Staff - Patients - Finances -

Total Outpatient Activity against Plan (volumes)

Total outpatient activity (H1 - consultant led, non-consultant led and un-bundled and H2 and 22/23 plan - consultant led and non-consultant led) against submitted plans. 217795

Exec Lead:
Chief Operating Officer
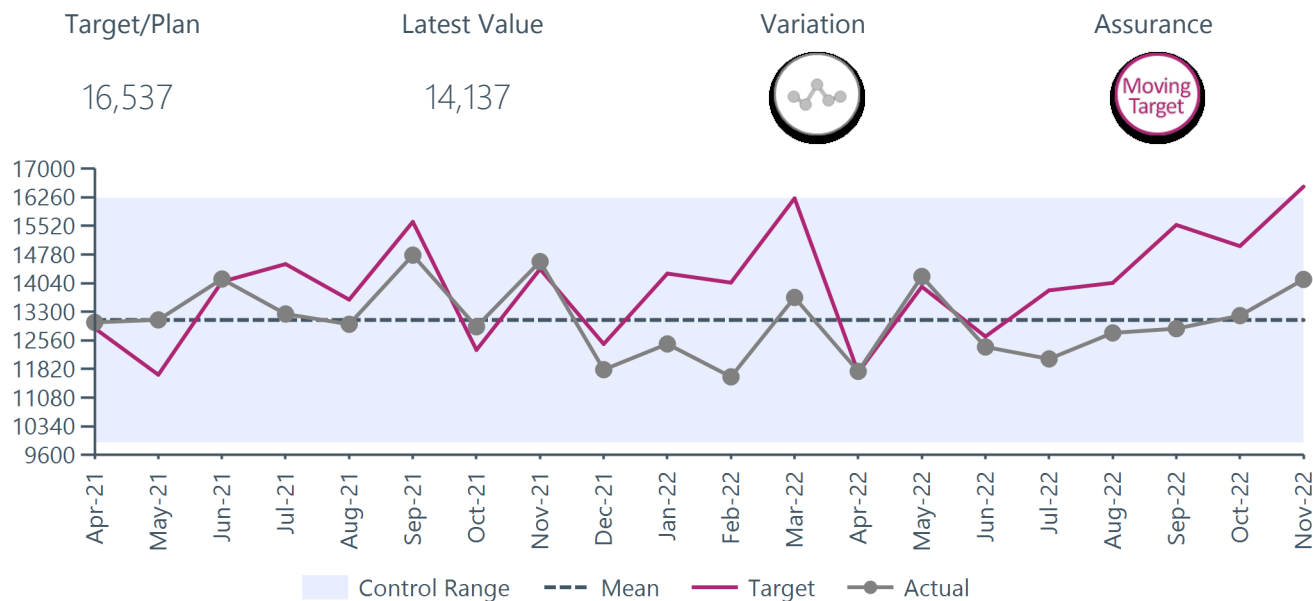
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
16,537	14,137		Moving Target	12391 ... 14137

What these graphs are telling us

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

Narrative

The plan for November was 101.61% of 19/20 against a national target of 104%. Total outpatient activity undertaken in November was 14137 against the 2022/23 plan of 16537; 2400 cases below - equating to 85.49%. This is broken down as:
- New Appointments - 4307 against 4994 - equating to 86.24%
- Follow Up Appointments - 9830 against 11543 - equating to 85.16%
The sub-specialities with the lowest activity against plan in November are:
- Physiotherapy - 1716 against 2829 - 1113 cases below - associated with cancellations, unfilled slots, class capacity reduction and high levels of sickness
- Arthroplasty - 1247 against 1685 - 438 cases below - shortfall can be attributed mostly to OJP plan underperformance
- Upper Limb - 1031 against 1302 - 271 cases below - shortfall can mainly be seen against the plan flex

Actions

- Outpatient Improvement Plan which includes all aspects of Outpatient activity including Overdue Follow Ups, DNAs, PIFU, Virtual, IPC, clinic utilisations etc. Task and Finish groups are now in place which encompass all of these workstreams.
- Review clinic templates within sub-specialities to maximise number of appointments
- Therapies is currently under a service review with report currently being reviewed before wider dissemination
- Backlog management Plan for SOOS patients has been developed and an application to the ERF has been made
- Review of staffing within outpatients to meet current demand
- Recruitment (particularly consultants and therapists)
- Review process and systems for radiology plain film
- Expressions of interest out for an outpatient consultant lead
A H2 forecast has been presented to FPD Committee in October and November, however, before final approval there are further actions required. Further refinement to be carried out before presenting to FPD committee again.
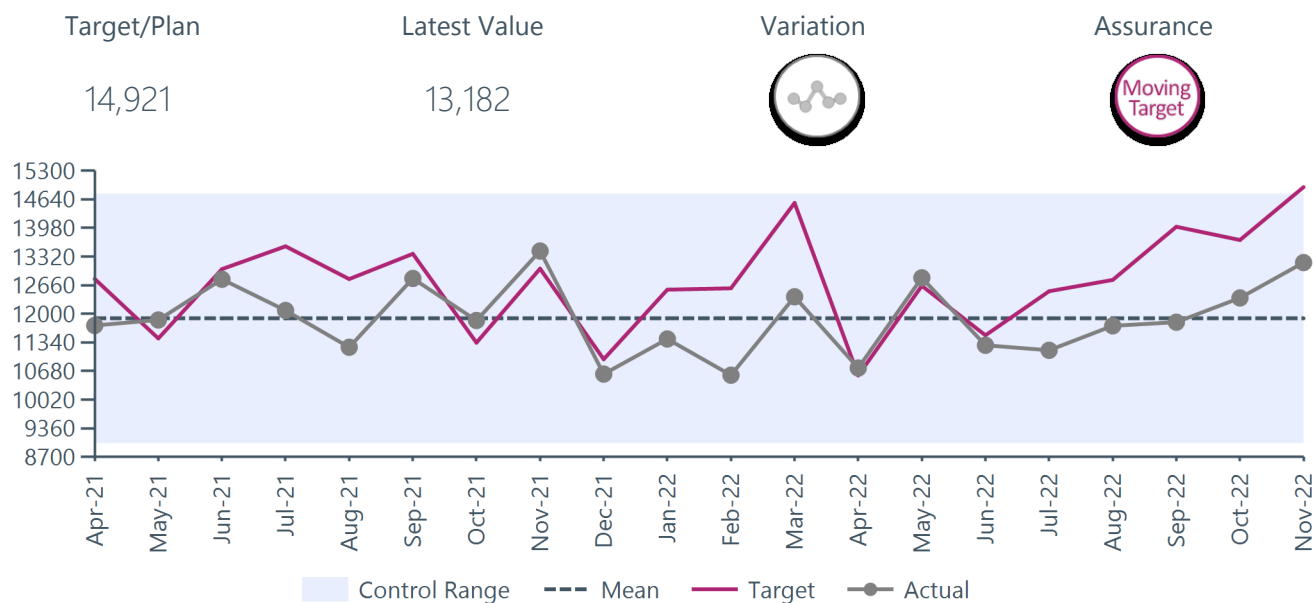
Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
14599	11804	12469	11619	13672	11761	14213	12391	12082	12754	12865	13202	14137

- Staff - Patients - Finances -

IJP Activity - Outpatients - against Plan

Total IJP Activity (consultant led and non-consultant led) with submitted Plan (22/23) as the target. 217583

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
14,921	13,182		Moving Target

Trajectory/H2 Forecast

11275   13182

Actual
Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

Our restoration is dependant on both IJP and OJP activity. This measure reflects on the amount the Trust is reliant on IJP and will be monitored against 2022/23 plans.

In November, Outpatients saw 13182 cases in job plan, 1739 cases behind the plan of 14921 and equates to 88.35%. 2022/23 plans for November were set to achieve 101.61% of 2019/20 baseline overall (IJP and OJP combined).

Actions

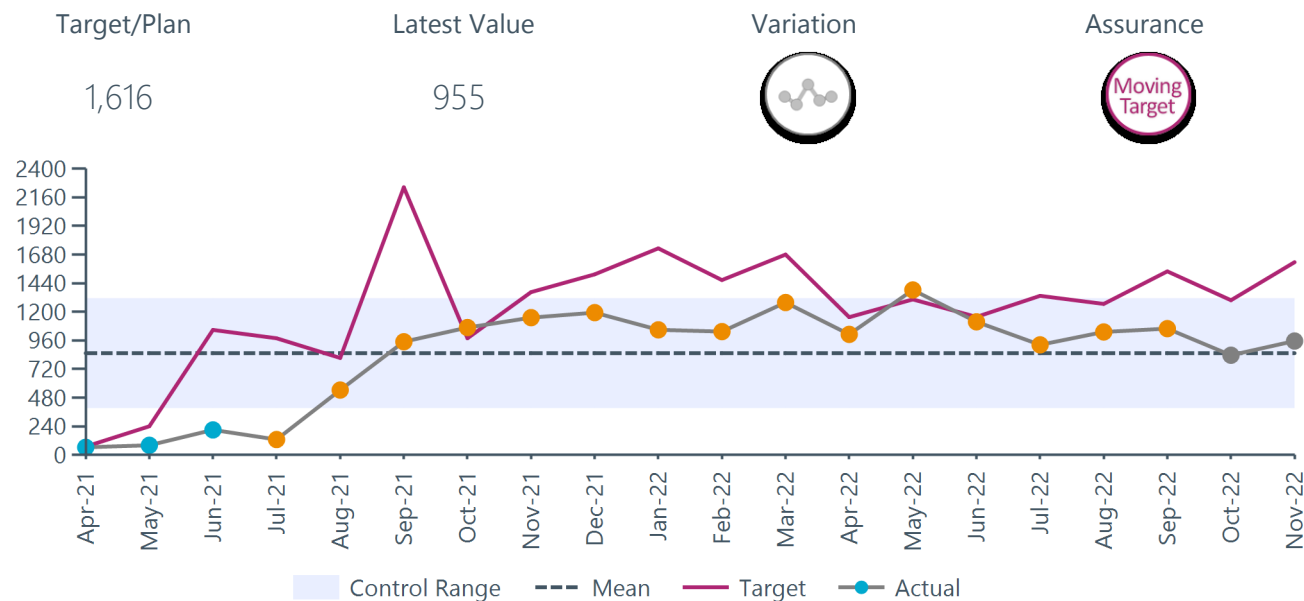Continual monitoring of both IJP and OJP activity levels that is reviewed in internal operational meetings.

See 'Total Outpatient Activity' for further details.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
13448	10611	11420	10585	12394	10750	12830	11275	11159	11723	11806	12366	13182

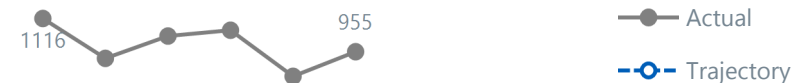-   Staff   -   Patients   -   **Finances**   -

OJP Activity - Outpatients - against Plan

Total OJP Activity (consultant led and non-consultant led) with submitted Plan (22/23) as the target. 217585

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
1,616	955		Moving Target	

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

Our restoration is dependant on both IJP and OJP activity. This measure reflects on the amount the Trust is reliant on OJP and will be monitored against 2022/23 plans.

In November, Outpatients saw 955 cases out of job plan, 661 cases below the plan of 1616 and equates to 59.10%. 2022/23 plans for November 2022 were set to achieve 101.61% of 2019/20 baseline overall (IJP and OJP combined).

Actions

Continual monitoring of both IJP and OJP activity levels that is reviewed in internal operational meetings.

' - OJP is being reviewed and discussed at sub-specialty level with figures being shared to help target discussions.
' - Review of our estate is being carried out in order to look to provide more OJP clinics within working hours.

See 'Total Outpatient Activity' for further details.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
1151	1193	1049	1034	1278	1011	1383	1116	923	1031	1059	836	955

- Staff - Patients - **Finances** -

Total Outpatient Activity - % Virtual

Total Outpatient Activity - % virtual (Against Unadjusted External Plan (22/23), Catchment Based) 217586

Exec Lead:
Chief Operating Officer
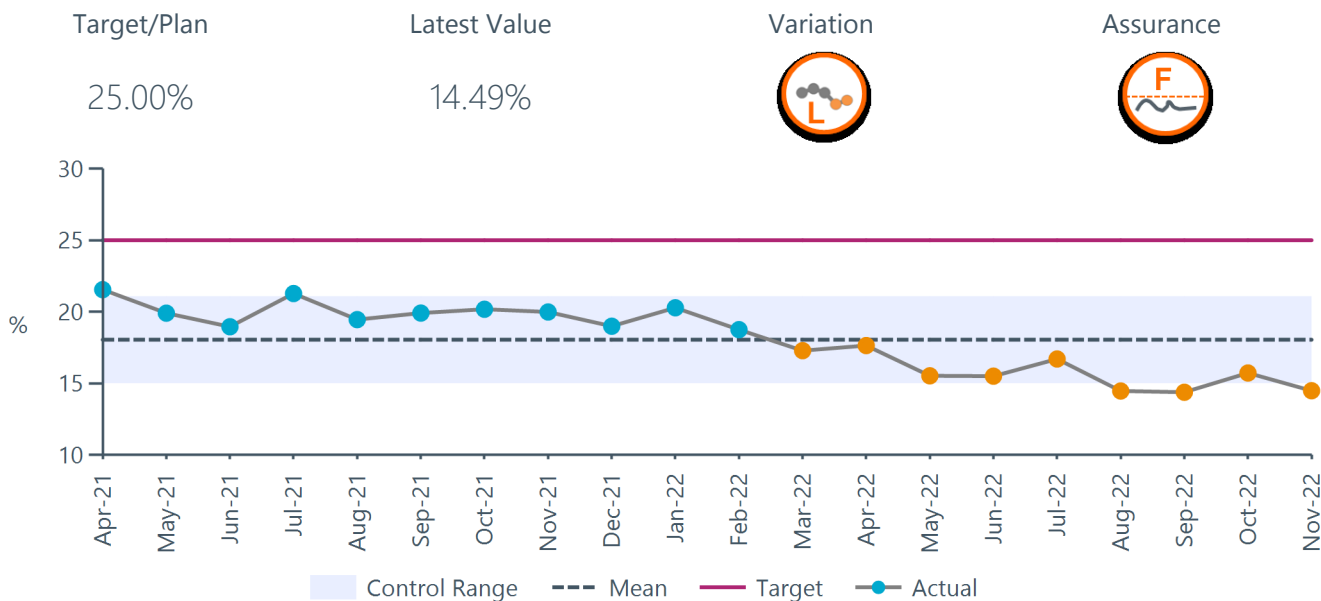
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
25.00%	14.49%			

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

In November the total Virtual Outpatient Activity undertaken in the Trust was 2048 against 14137, equating to 14.49%; 1486 below 2022/23 NHS EI plan of 25% and 497 below 2022/23 trajectory of 18%.
 This is broken down as follows:
- New appointments - 5.39% (232 out of 4307)
- Follow-up appointments - 18.47% (1816 out of 9830)
The sub-specialities achieving the 25% target for virtual appointments are:
- Spinal Injuries (48.82%); SOOS Physiotherapy (34.08%); Rheumatology (29.08%); Veterans (25.76%)
And the sub-specialities with the lowest virtual percentage, not achieving target are:
- Muscle (2.78%); Upper Limb (4.56%); Physiotherapy (5.77%); Spinal Disorders (5.78%)
Whilst most sub-specialties saw a hike in % virtual around covid and a later dip that then remained stable;
Therapies have seen a gradual decline month on month since April 2020.

Actions

- Work is still ongoing to increase the virtual activity, trial clinics are being held within foot and ankle and feedback from that will follow
- Discussions with other firms about how best to increase are ongoing
- Business case for virtual receptionist being updated to reflect all streams of activity
- The trust is taking steps to assure that all virtual activity undertaken is recorded accurately, in particular, nurse contacts
- Further assessments are underway to assess the services seeing reductions in virtual appointments. This is inclusive of benchmarking with other orthopaedic providers.

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
19.99%	18.99%	20.28%	18.75%	17.29%	17.64%	15.53%	15.50%	16.70%	14.47%	14.38%	15.72%	14.49%

- Staff - Patients - Finances -

Total Outpatient Activity - % Moved to PIFU Pathway

Total Outpatient Activity - % Moved to Patient Initiated Follow Up Pathway, (Against External Plan (22/23), Catchment Based) 217715

Exec Lead:
Chief Operating Officer
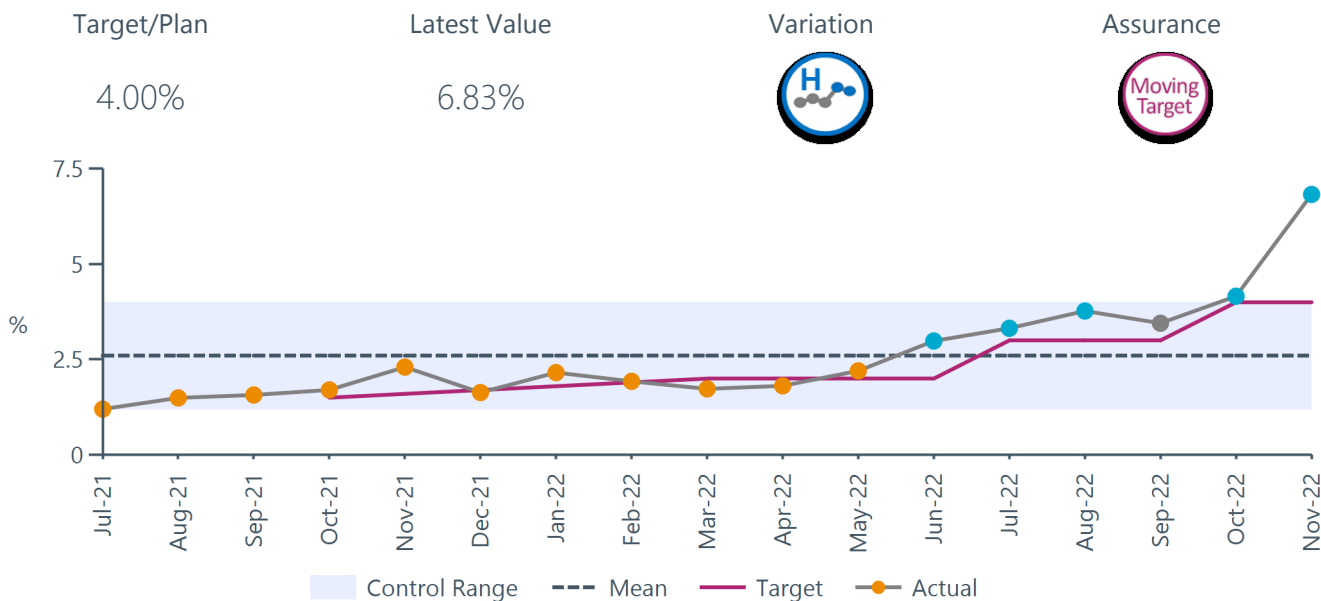
Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
4.00%	6.83%			2.99 ... 6.83

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

The target for the number of episodes moved to a PIFU Pathway is 5% of all outpatients attendances by March 2023. In November this was exceeded with 6.83% of total outpatient activity moved to a PIFU pathway against the 2022/23 plan of 4%.

PIFU has now been successfully implemented within SOOS, in November 432 SOOS episodes were moved to a PIFU pathway; this equates to 44.77% of the total number of episodes moved to a PIFU pathway in November. Furthermore, Rheumatology will be implementing PIFU in January 2023.
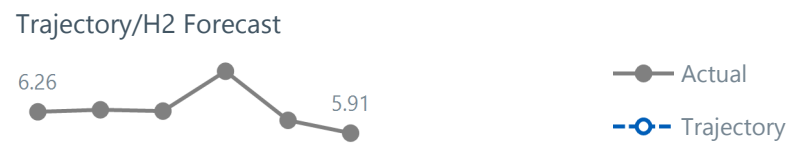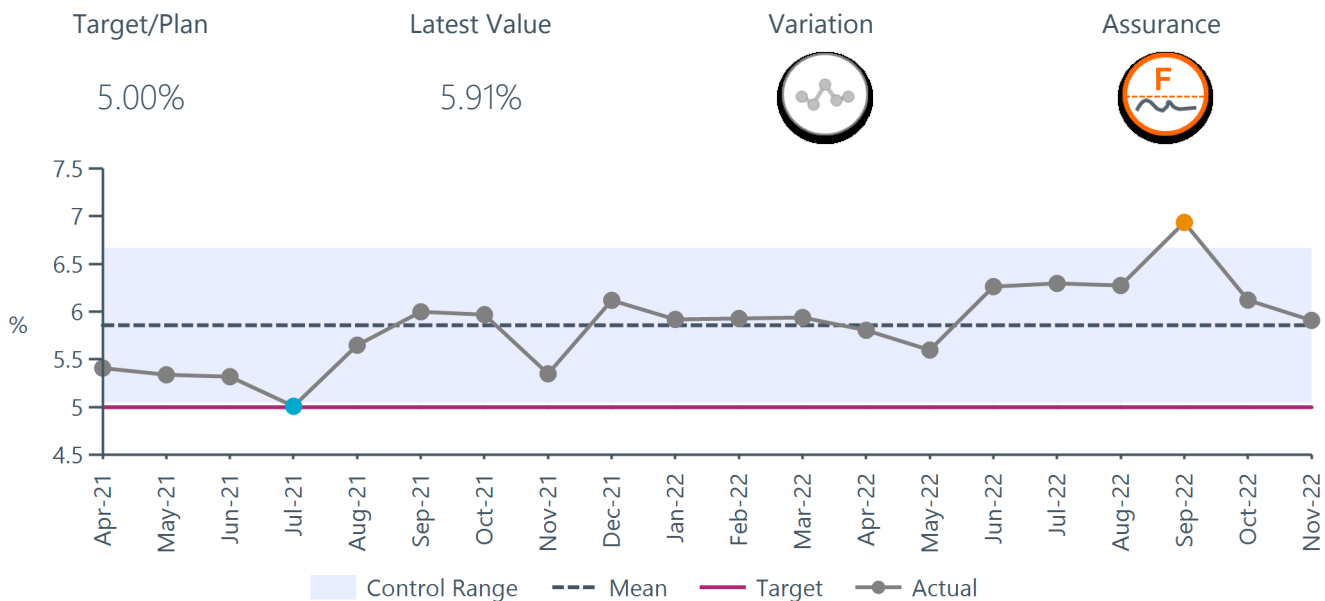
Actions

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
2.30%	1.64%	2.16%	1.93%	1.73%	1.81%	2.20%	2.99%	3.32%	3.77%	3.45%	4.16%	6.83%

- Staff - Patients - **Finances** -

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

Target/Plan	Latest Value	Variation	Assurance
5.00%	5.91%		F

Trajectory/H2 Forecast

6.26

5.91

— Actual
--O-- Trajectory

What these graphs are telling us

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

Control Range --- Mean — Target —●— Actual

Narrative

The DNA rate remains above target at 5.91% for November. This equates to 888 missed appointments; 137 above the 5%.

 This is broken down as follows:
- New appointments - 5.86% (268 out of 4575)
- Follow-up appointments - 5.93% (620 out of 10450)

The sub-specialties that recorded the highest volumes of DNAs in November were:
- Paediatric Orthopaedics - 62 DNAs; 11.79% of their activity
- Rheumatology - 94 DNAs; 9.22% of their activity
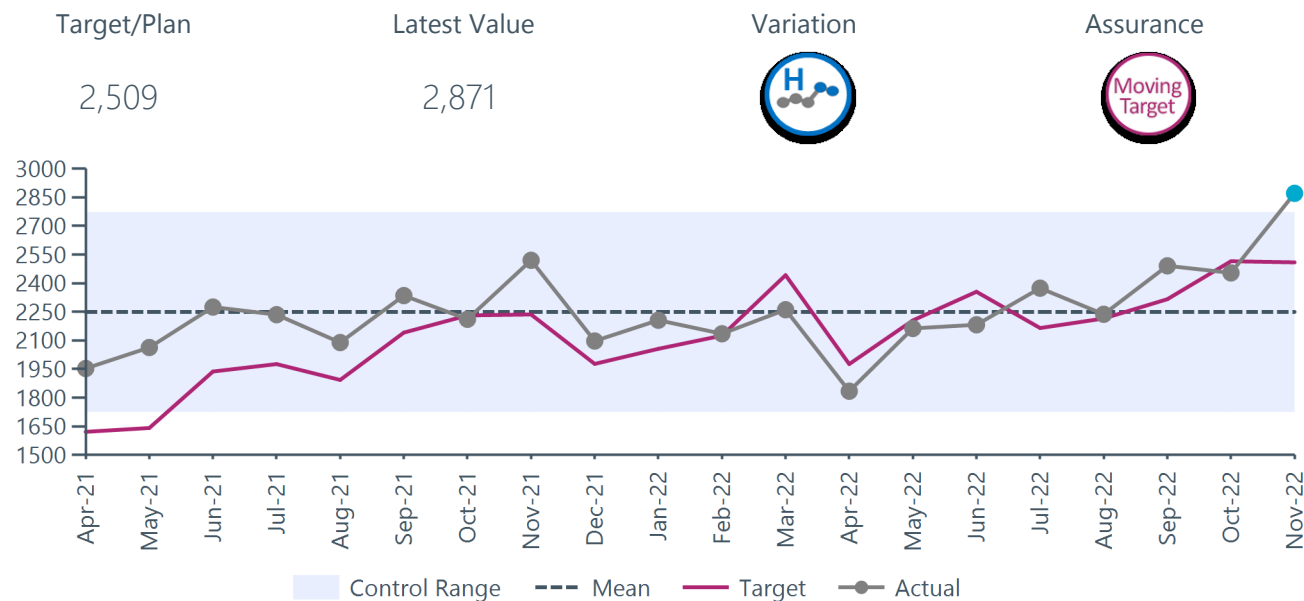- Knee & Sports Injuries - 54 DNAs; 7.95% of their activity

Actions

DNA Task and Finish group regularly meeting. Current actions being taken are:
- Focus on reviewing letters and converting to clear read format
- Digital comms has launched which will improve communication with patients
- Ensuring maximum confirmation rate wherever possible
- Embedding confirmation process with paediatrics to include a telephone call prior to the appointment

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
5.35%	6.12%	5.92%	5.93%	5.94%	5.81%	5.60%	6.26%	6.30%	6.28%	6.94%	6.12%	5.91%

- Staff - Patients - Finances -

Total Diagnostics Activity against Plan - Catchment Based

Total Diagnostic Activity against Plan - (MRI, U/S and CT activity against 2022/23 plan) 217794

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory/H2 Forecast
2,509	2,871	(H)	Moving Target	

Trajectory/H2 Forecast: 2182 ... 2871

Legend: Actual, Trajectory

Legend: Control Range, Mean, Target, Actual

What these graphs are telling us

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

Narrative

The plan for November was 107.61% of 19/20 against a national target of 120%. In November this was exceeded as total diagnostic activity undertaken in November was 2871 against the 2022/23 plan of 2509; 362 cases above - equating to 114.43%.
This is broken down as:
- CT - 435 against plan of 428; equating to 101.64%
- MRI - 1549 against plan of 1263; equating to 122.64%
- U/S - 887 against 818; equating to 108.44%

Actions

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
2520	2097	2206	2135	2261	1834	2163	2182	2374	2237	2491	2454	2871

-   Staff   -   Patients   -   Finances   -