Combined Integrated Performance Report
January 2024 – Month 10

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.

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) 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.

a)

Control Range   ---- Mean   —— Target   —•— Actual

b)

Control Range   ---- Mean   —— Target   —•— Actual

c)

Control Range   ---- Mean   —— Target   —•— Actual

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
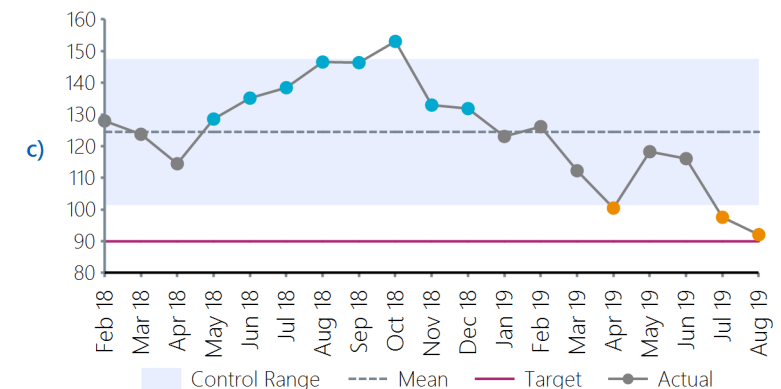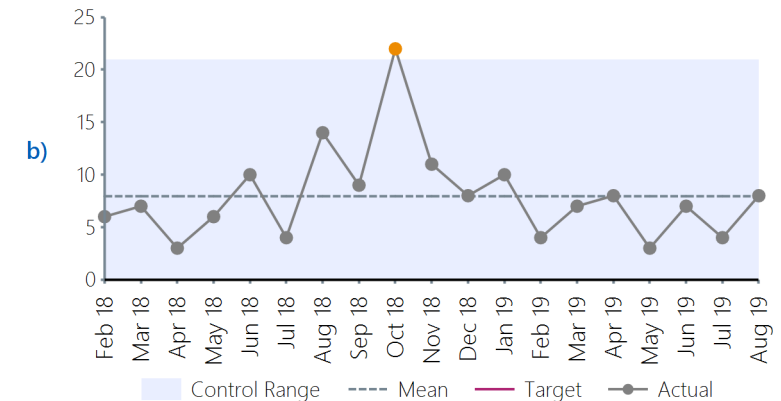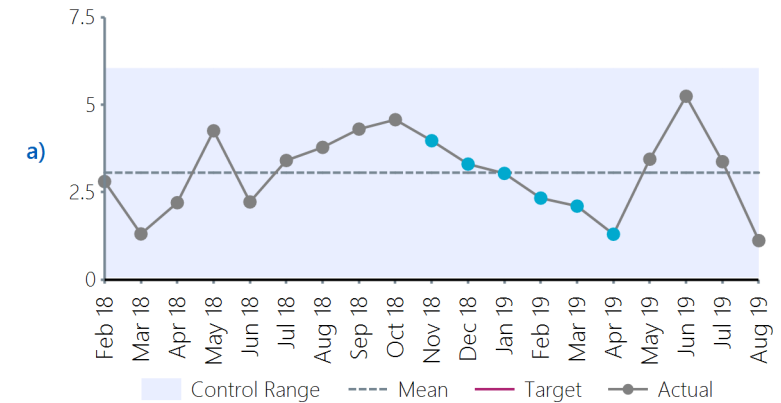
Summary Icons Reading Guide

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

Dates

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

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

Blue	Green	Amber	Red

No improvement required to comply with the dimensions of data quality

Satisfactory - minor issues only
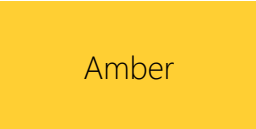
Requires improvement

Siginficant improvement required

Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Sickness Absence	4.40%	5.41%			Moving Target	+	05/12/23
Sickness Absence - Short Term	2.20%	2.66%			Moving Target		05/12/23
Sickness Absence - Long Term	2.20%	2.75%			Moving Target		05/12/23
Staff Turnover - Headcount	11.00%	8.02%		L	Moving Target	+	
In Month Leavers	10	14			Moving Target		
Vacancy Rate	8.00%	3.13%		L	?	+	14/03/19
Nursing Vacancy Rate (Trust)	8.00%	5.32%		L	?	+	
Healthcare Support Worker Vacancy Rate	0.00%	10.67%			F	+	
Allied Health Professionals Vacancy Rate	8.00%	3.63%		L	?	+	
Total Headcount in Post		2,097		N/A to SPC	No Target	+	

Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Time to Recruit		123		(common cause)	No Target	+	
Staff Retention		79.60%		(common cause)	No Target	+	
% Staff Availability		81.43%		H (high)	No Target	+	
Statutory & Mandatory Training	92.00%	94.40%		H (high)	?	+	
Personal Development Reviews	93.00%	90.60%		(common cause)	F	+	
E-Rostering Level of Attainment	4	4		N/A to SPC	F	+	
Percentage of Staff on the E-Rostering System	90.00%	91.71%		(common cause)	?	+	
% of E-Rosters Approved Six Weeks Before E-Roster Start Date		48.44%		H (high)	No Target	+	
% of System-Generated E-Roster (Auto-Rostering)		51.50%		H (high)	No Target	+	
E-Job Planning Level of Attainment	4	4		N/A to SPC	F	+	

Summary - Caring for Staff

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Percentage of Staff with an Active E-Job Plan	90.00%	89.44%		(H)	(F)	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Patient Safety Incident Investigations		0		N/A to SPC	No Target		
Total Patient Falls	10	12			?		
Inpatient Ward Falls Per 1,000 Bed Days	2.50	3.35			?		
RJAH Acquired Pressure Ulcers	1	1		N/A to SPC	P		
Pressure Ulcer Assessments	99.00%	100.00%			P		
Patient Friends & Family - % Would Recommend (IP & OP)	95.00%	98.06%			P		
Number of Complaints	8	12			?		11/05/18
Standard Complaints Response Rate Within 25 Days	100.00%	100.00%		H	?		
Complex Complaints Response Rate Within 40 Days	100.00%	100.00%		N/A to SPC	?		
Complaints Re-opened	0	2		N/A to SPC	?	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Safe Staffing	90.00%	99.00%					
Mixed Sex Accommodation	0	0		N/A to SPC	P		
% Delayed Discharge Rate	2.50%	10.22%			F	+	
Number Of Spinal Injury Patients Fit For Admission To RJAH	7	13			?	+	
RJAH Acquired C.Difficile	0	0		N/A to SPC	P		24/06/21
C Diff Infection Rates Per 100,000 Bed Days	3.18	14.48		H	F		
RJAH Acquired E. Coli Bacteraemia	0	0		N/A to SPC	?		24/06/21
E Coli Infection Rates Per 100,000 Bed Days	22.26	16.89		H	P		
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		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
RJAH Acquired Klebsiella spp	0	1		N/A to SPC	?	+	
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		
Medication Errors	18	41		H	?	+	
Number of Deteriorating Patients	5	4		N/A to SPC	P		
Total Deaths	0	1		N/A to SPC	F	+	12/09/23
RJAH Acquired VTE (DVT or PE)	4	3		(variation)	?		
VTE Assessments Undertaken	95.00%	99.92%		(variation)	P		

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
28 days Emergency Readmissions*	1.00%	1.06%			?		
WHO Quality Audit - % Compliance	100.00%	100.00%			P		
Volume of Theatre Cancellations	88	72			Moving Target	+	
31 Day General Treatment Standard*	96.00%	100.00%			P		
62 Day General Standard*	85.00%	100.00%			?		
28 Day Faster Diagnosis Standard*	75.00%	97.22%			?		12/09/23
18 Weeks RTT Open Pathways	92.00%	46.45%		L	F	+	24/06/21
English List Size	12,893	14,729	15,910	H	F	+	
Welsh List Size		7,766		H	No Target	+	
Combined List Size		22,495		H	No Target	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Patients Waiting Over 52 Weeks – English	0	1,284	927	L	F	+	24/06/21
Patients Waiting Over 52 Weeks - Welsh (Total)		1,049		H	No Target	+	24/06/21
Patients Waiting Over 52 Weeks - Combined		2,333		L	No Target	+	
Patients Waiting Over 78 Weeks - English	0	14	0	L	F	+	
Patients Waiting Over 78 Weeks - Welsh (Total)		249		L	No Target	+	
Patients Waiting Over 78 Weeks - Combined		263		L	No Target	+	
Patients Waiting Over 104 Weeks - English	0	0		L	F	+	
Patients Waiting Over 104 Weeks - Welsh (Total)		66			No Target	+	
Patients Waiting Over 104 Weeks - (Combined)		66		L	No Target	+	
Overdue Follow Up Backlog	5,000	9,925		L	F	+	

Summary - Caring for Patients

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
6 Week Wait for Diagnostics - English Patients	85.00%	78.22%		H	Moving Target	+	
8 Week Wait for Diagnostics - Welsh Patients	100.00%	87.10%		H	F	+	

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Theatre Cases Per Session Against Plan	2.06	1.94			Moving Target	+	
Touchtime Utilisation	82.00%	87.85%		H	?	+	
Total Theatre Activity Against Plan	1,177	939			Moving Target	+	
IJP Activity - Theatres - against Plan	737	642			Moving Target	+	
OJP Activity - Theatres - against Plan	374	209			Moving Target	+	
PP Activity - Theatres - against Plan	66	88			Moving Target	+	
Elective Activity Against Plan (volumes)	1,299	1,032			Moving Target	+	24/06/21
Overall BADS %	85.00%	83.73%			?		
Average Length of Stay – Elective & Non Elective		6.15			No Target	+	
Bed Occupancy – All Wards – 2pm	87.00%	85.94%			?		

14

Summary - Caring for Finances

| KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Total Outpatient Activity against Plan (volumes)	16,076	14,237			Moving Target	+	24/06/21
IJP Activity - Outpatients - against Plan	13,649	12,648			Moving Target	+	
OJP Activity - Outpatients - against Plan	2,427	1,589			Moving Target	+	
Total Outpatient Activity - % Virtual	15.00%	12.33%		L	Moving Target	+	
Total Outpatient Activity - % Moved to PIFU Pathway	5.00%	4.12%			Moving Target	+	
Outpatient DNA Rate (Consultant Led and Non Consultant Led Activity)	5.00%	4.76%		L	?	+	
New to Follow Up Ratio (Consultant Led and Non Consultant Led Activity)	2.50	2.32			?		
Total Diagnostics Activity against Plan - Catchment Based	2,646	2,629			Moving Target		
Data Quality Maturity Index Score					?		
Referrals Received for Consultant Led Services*		2,711			No Target		

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Financial Control Total	793	1,822		N/A to SPC	Moving Target		
Income	13,422.58	13,695		N/A to SPC	Moving Target		
Expenditure	12,629.35	11,929		N/A to SPC	Moving Target		
Efficiency Delivered	466	488		N/A to SPC	Moving Target		
Cash Balance	21,256	22,304		(variation)	Moving Target		
Capital Expenditure	278	1,327		N/A to SPC	Moving Target		
Agency Core - On Framework	258.00	165.10		N/A to SPC	Moving Target		
Agency Core - Off Framework	0.00	42.40		N/A to SPC	F	+	
Insourcing Agency	0	292		H	Moving Target	+	
Proportion of Temporary Staff	3.59%	3.00%		N/A to SPC	Moving Target		

Summary - Caring for Finances

KPI (*Reported in Arrears)	Target/Plan	Latest Value	Trajectory	Variation	Assurance	Exception	DQ Rating
Better Payment Practice Code (BPPC) % of Invoices paid within 30 days	95.00%	90.00%			?	+	
Value Weighted Assessment	125.17%	99.68%		N/A to SPC	Moving Target	+	

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
4.40%	5.41%		Moving Target	4.83 ... 5.41

Actual
Trajectory
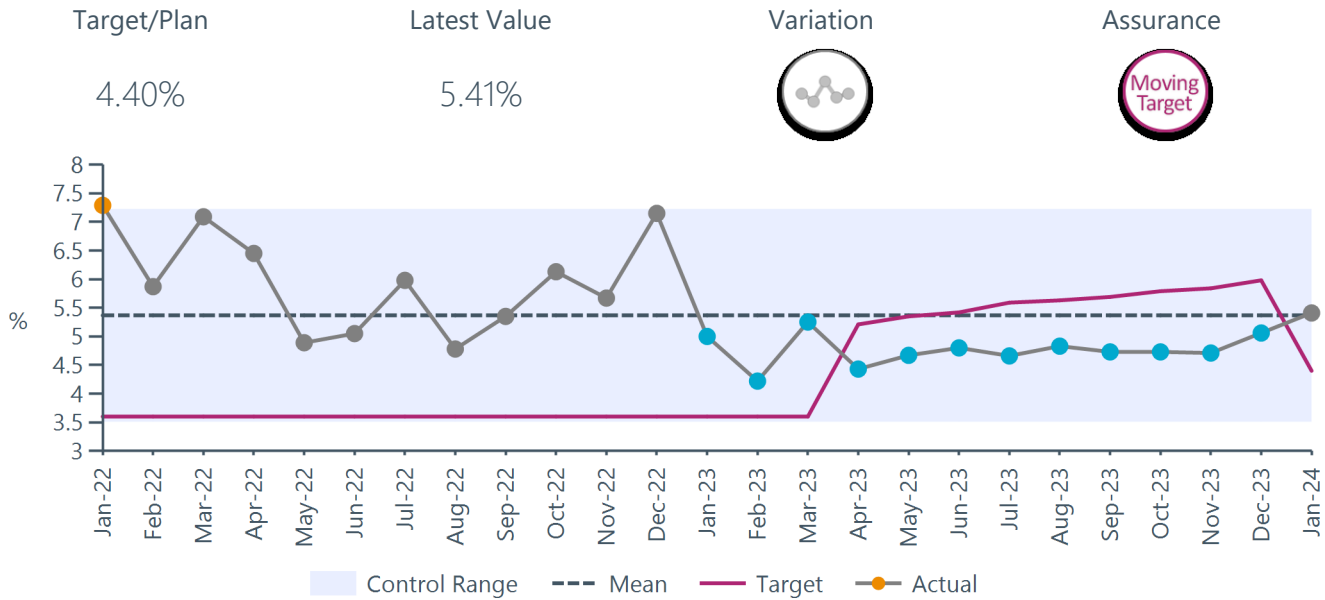
What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

The sickness absence rate for January is reported at 5.41%. This rate remains within our normal variation but is above target this month. It must be noted, the target has reduced from 5.98% in December to 4.40% in January. The target forms part of the Trust's operational planning and was profiled in line with historical data.

'Anxiety/stress/depression/other psychiatric illnesses', 'Other musculoskeletal problems' and 'Back problems' are the top three reasons for absence throughout the month. The hotspot areas for sickness this month were:
* Housekeeping 13.85%
* Kenyon Ward 12.01%
* Sheldon Ward 11.86%
* DEXA 10.76%
* Theatre Scrub 10.50%

Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
5.00%	4.22%	5.25%	4.43%	4.67%	4.80%	4.66%	4.83%	4.73%	4.73%	4.71%	5.06%	5.41%

- **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
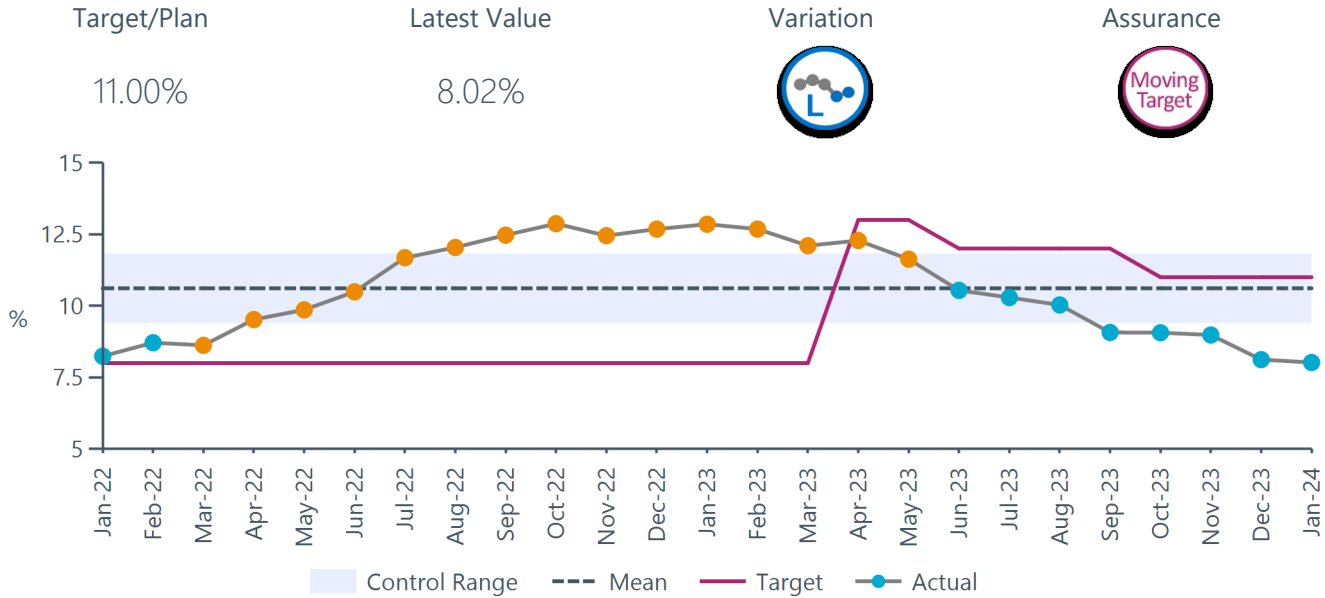
Target/Plan	Latest Value	Variation	Assurance
11.00%	8.02%	L	Moving Target

Trajectory

10.03 ... 8.02

Actual
Trajectory

What these graphs are telling us

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

Control Range — — Mean —— Target —— Actual

Narrative

Staff Turnover is reported at 8.02% for January and included as special cause variation due to the sustained improvement with month on month reduction throughout this financial year.

This metric relates to the leavers over the past twelve months. For the period of February-23 to January-24 there have been 145 leavers as a proportion of the month end headcount.

Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
12.85%	12.68%	12.10%	12.28%	11.63%	10.54%	10.29%	10.03%	9.07%	9.06%	8.98%	8.12%	8.02%

- Staff - Patients - Finances -

Vacancy Rate

% of Posts Vacant at Month End 211183

Exec Lead:
Chief People Officer
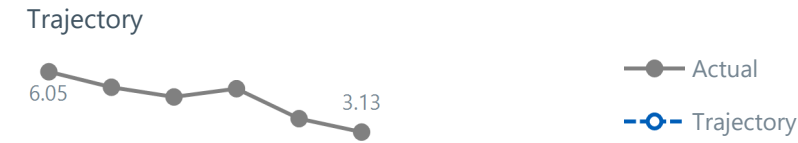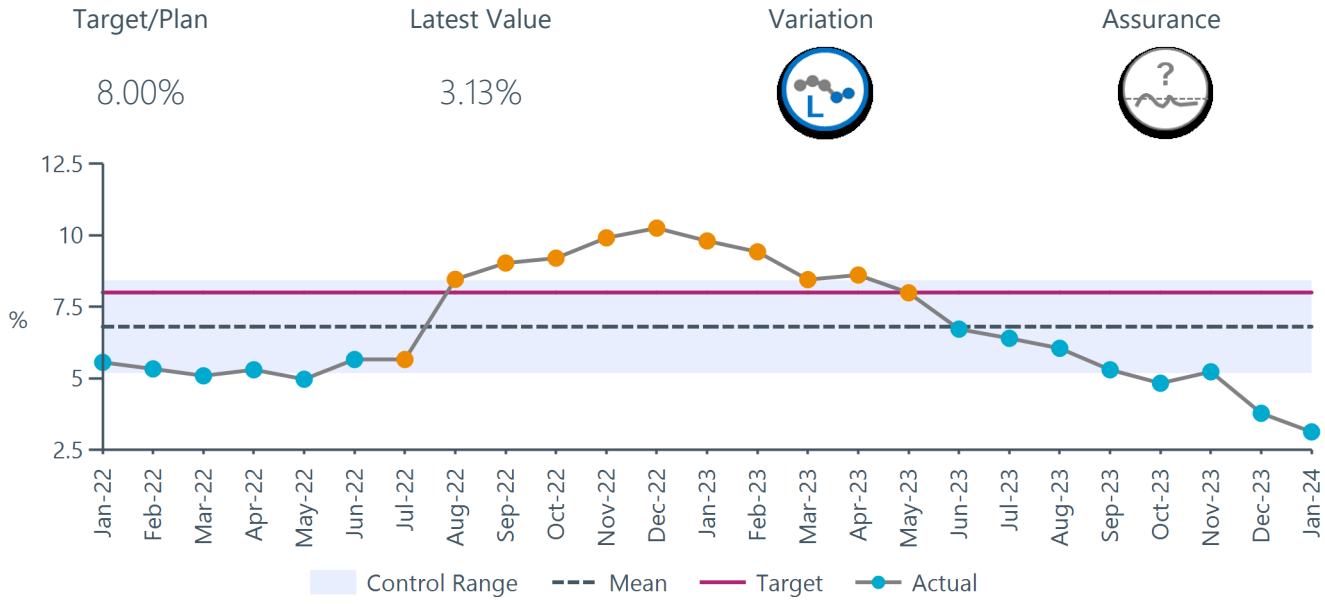
Target/Plan	Latest Value	Variation	Assurance
8.00%	3.13%	L	?

Trajectory

6.05   3.13

— Actual
–○– Trajectory

What these graphs are telling us

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

Control Range   Mean   Target   Actual

Narrative

The Trust-wide vacancy rate for January month-end is reported at 3.13%. It is included as an IPR exception due to the graph displaying sustained special cause variation of an improving nature. The latest data point is the lowest reported position over the last two years.

Despite the improved position at Trust-level, focus must remain on specific areas where there are high volumes of vacancies. The positions for Theatres are outlined in the Workforce Report that accompanies the IPR to People Committee. The five areas with the highest levels of vacancies, other than Theatres, are outlined below:
* MCSI Inpatients - 9.81 WTE vacant, equating to 10.83%
* Anaesthetic Medical Staff - 4.85 WTE vacant, equating to 16.30%
* Kenyon Ward - 4.51 WTE vacant, equating to 16.62%
* SOOS Administration Staff - 4.18 WTE vacant, equating to 37.39%
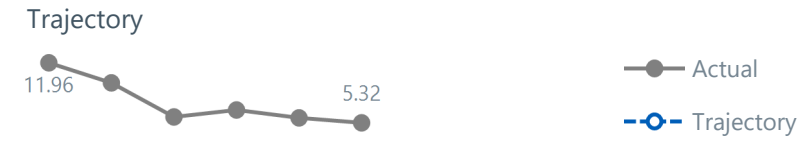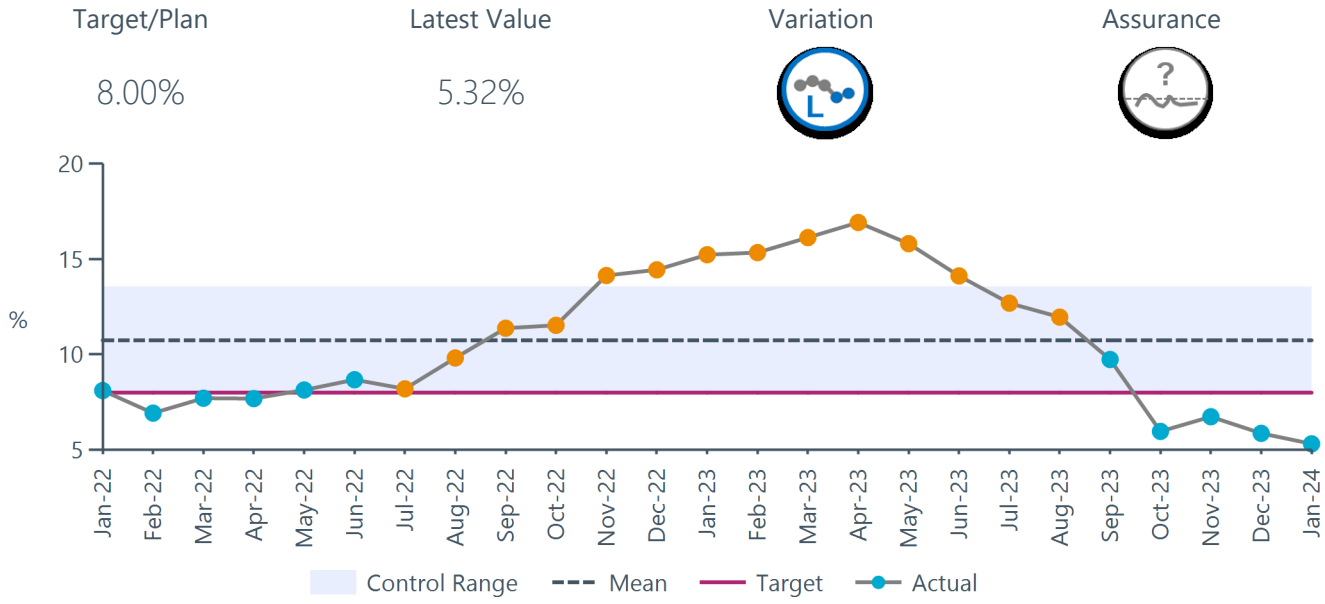* Pharmacy - 3.10 WTE vacant, equating to 11.20%

Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
9.80%	9.42%	8.45%	8.61%	7.99%	6.72%	6.40%	6.05%	5.30%	4.83%	5.23%	3.78%	3.13%

- 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	Trajectory
8.00%	5.32%	L	?	11.96 ... 5.32

Actual
Trajectory

What these graphs are telling us

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

Control Range · Mean · Target · Actual

Narrative

The Nursing Vacancy Rate is reported at 5.32% for January month end; this equates to 17.68 WTE vacant, down from 19.52 WTE at the end of December. The latest data point remains special cause variation of an improving nature and the lowest reported position over the last two years. A breakdown of the vacancies by area as follows:
* Specialist Unit - 9.27% / 11.50 WTE vacant
* MSK Unit - 2.99% / 5.65 WTE vacant
* Corporate Areas - 2.70% / 0.53 WTE vacant

As at month end, 22.60 WTE was in progress against the vacant position of 17.68 WTE with a breakdown as follows:
* 6.00 WTE - Active recruitment - Open Advert/Shortlisting/Interview
* 3.60 WTE in Recruitment Pipeline - at conditional or unconditional stage
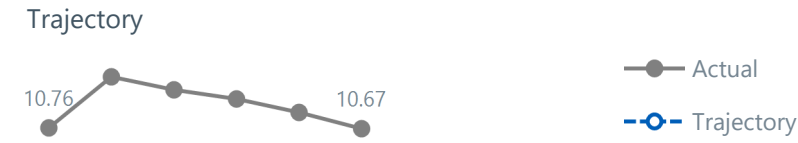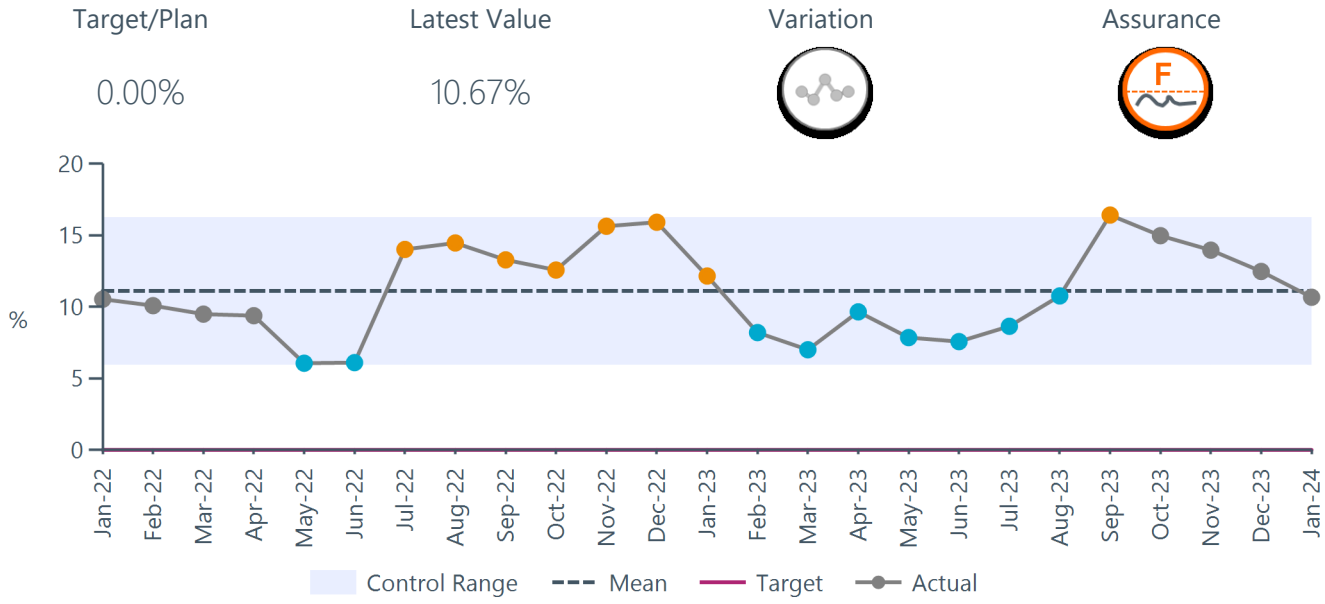* 13.00 WTE - International recruitment

Actions

* Focussed effort on developing role competencies and career pathways for progression to agenda for change. Within Theatres, this launched in November and Theatres continue to work with Learning & Development team to support BAU.
* MCSI - Workforce business case with transformational Nursing/HCA model encompassed was agreed by Execs, with some amendments required. This will require virtual sign off of amendments by Execs prior to it being Submitted to NHSE. It is anticipated that this will be by the end of February.
* Trainee Nurse Associates; March-24 cohort compromised due to funding challenges. Revised Business Case to be formulated and presented in Quarter One.
* Golden Tickets; Action to re-assess current process to emphasise communication channels with candidates.
* Theatres Recruitment pipeline continues to see onboarding of International recruits for both Nursing and AHPs. Commitment to land all recruits by 31st March.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
15.23%	15.34%	16.13%	16.92%	15.81%	14.12%	12.69%	11.96%	9.74%	5.97%	6.74%	5.87%	5.32%

- 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
0.00%	10.67%		F	10.76 ... 10.67

Actual
Trajectory

Control Range   Mean   Target   Actual

What these graphs are telling us

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

Narrative

The healthcare support worker vacancy rate is reported at 10.67% for January month end. The vacancy rate equates to 23.25 WTE; down from 27.17 WTE at the end of December. The increased number of vacancies seen from September is primarily driven by nine staff that have moved into Trainee Nurse Associate roles but that has since shown a reduction each month since.   A breakdown of vacancies by area as follows;
* MSK Unit - 16.52% / 18.25 WTE vacant
* Specialist Unit - 5.45% / 5.80 WTE vacant
* Corporate areas - over-established by 0.8 WTE

As at month end, 10.22 WTE was in progress against the vacant position of 23.25 WTE with a breakdown as follows:
* 2.00 WTE - Active recruitment - Open Advert/Shortlisting/Interview
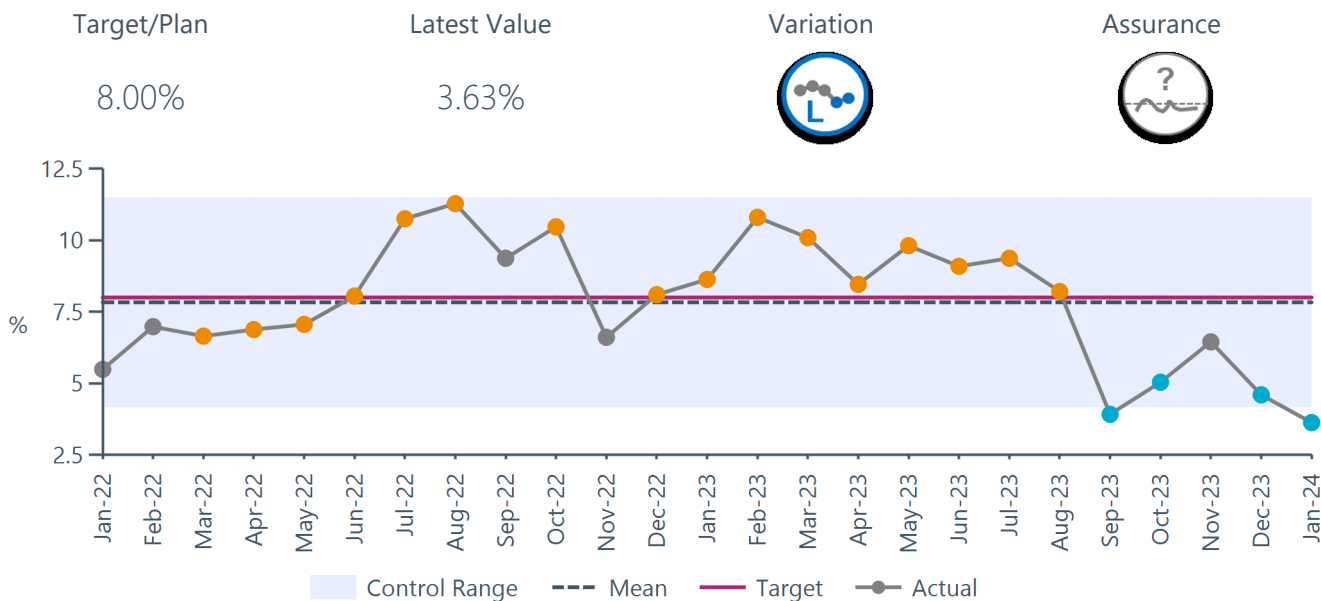* 8.22 WTE - Recruitment Pipeline - at conditional and unconditional stage

Actions

* HCSW Retention; Begin plans for a focus on retention of this staff group within quarter one. This will align with roll out of career progression work (see following point).
* Pathway of career progression for AHP HCSW with competencies for band 2,3,4 posts commenced. Job descriptions to be reviewed. The project has continued to develop, aligning NHSE/HEE HCSW roadmap framework. Career roadmaps are in current discussions with a date of promotion to be confirmed.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
12.15%	8.20%	7.00%	9.65%	7.85%	7.57%	8.64%	10.76%	16.41%	14.97%	13.96%	12.47%	10.67%

-    Staff   -   Patients   -   Finances   -

Allied Health Professionals Vacancy Rate

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance
8.00%	3.63%		

Trajectory

8.21   3.63

— Actual
–O– Trajectory

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

The allied health professionals vacancy rate it reported at 3.63% for January month end. This equates to 6.48 WTE; down from 8.22 at the end of December. The reported rate has been below the 8% target since September-23. There are some areas over-established (Podiatrist, Occupational Therapist and Physiotherapist roles) and then vacancies as follows; Operating Department Practitioner 6.21 WTE, Radiographer - Diagnostic 3.76 WTE, Orthotist 2.18 WTE, Multi Therapist Manager 1.00 WTE.

As at month end, 13.20 WTE was in progress against the vacant position of 6.48 WTE with a breakdown as follows:
* 2.60 WTE - Active Recruitment - Open Advert/Shortlisting/Interview
* 5.60 WTE in 'pipeline' - a conditional or unconditional stage
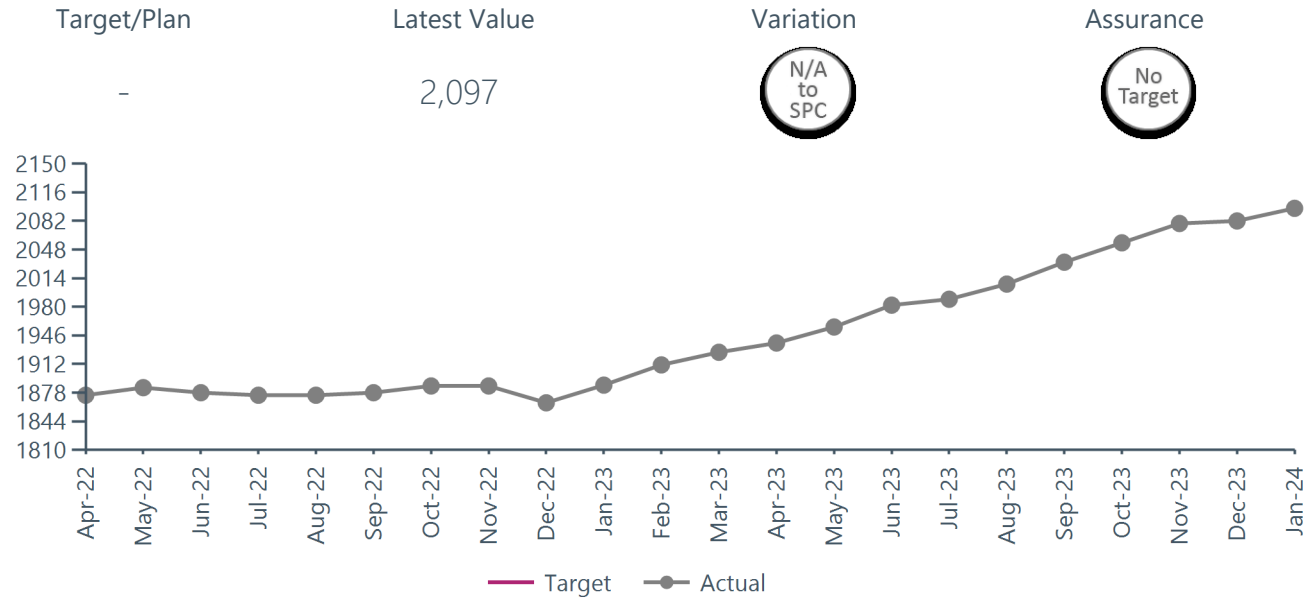* 5.00 WTE - International Recruitment

Actions

* Theatres Recruitment pipeline continues to see onboarding of International recruits for both Nursing and AHPs. Commitment to land all recruits by 31st March.
* Pathway of career progression for AHP HCSW with competencies for band 2,3,4 posts commenced. Job descriptions to be reviewed. The project has continued to develop, aligning NHSE/HEE HCSW roadmap framework. Career roadmaps are in current discussions with a date of promotion to be confirmed.
* Cross site working, mutual aid and system rotations for Theatre Practitioners; Agreement now in place following discussion between Chief Nurse at RJAH, Director of Nursing at SATH and SRO for project. Nursing & Workforce Leads at both Trusts leading project.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
8.63%	10.80%	10.09%	8.46%	9.81%	9.09%	9.37%	8.21%	3.92%	5.04%	6.45%	4.60%	3.63%

- **Staff** - Patients - Finances -

Total Headcount in Post

WTE tracker to monitor achievement against workforce plan 217827

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	2,097	N/A to SPC	No Target	2007 ... 2097

Actual
Trajectory

What these graphs are telling us

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

Target — Actual

Narrative

At the end of January the Trust had a total headcount in post of 2097. Data in the graph has been included back to April-22 and demonstrates an increased headcount that has steadily increased throughout this calendar year.
For January, the breakdown of 2097 in post is:
* Permanent - 1688
* Fixed Term - 138
* Locum - 3
* Bank - 268

Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
1887	1911	1926	1937	1956	1982	1989	2007	2033	2056	2079	2082	2097

- Staff - Patients - Finances -

Time to Recruit

The average number of days taken to recruit- based on post approval logged to new member of staff commencing post. Excludes International recruits and rotational doctors. 217821

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	123		No Target	143 ⟶ 123

Actual
Trajectory
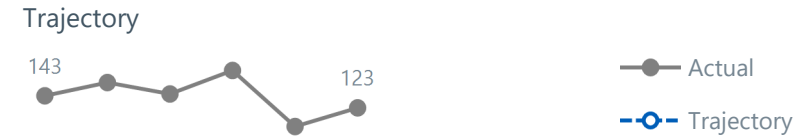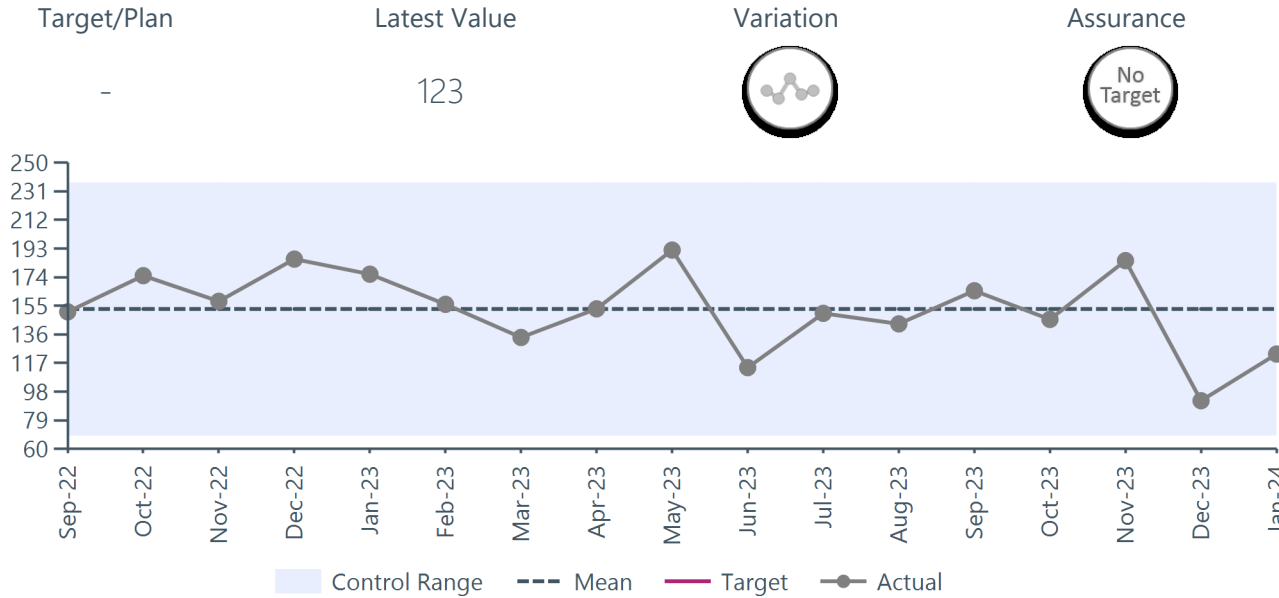
What these graphs are telling us

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

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

Narrative

This KPI captures the average time to recruit for any starters in the reporting month. It covers the period of time from when the recruiting manager first logs the request on the Trust post approval system through to the start date of the new member of staff.

For those staff that started new positions in January, the average time to recruit was 123 days. A breakdown of the stages of recruitment is provided within the covering paper/Workforce report that accompanies the IPR.

Actions

As part of annual review of IPR, alternative presentation of data being considered.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
176	156	134	153	192	114	150	143	165	146	185	92	123

- Staff - Patients - Finances -

Staff Retention

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

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
-	79.60%		No Target	
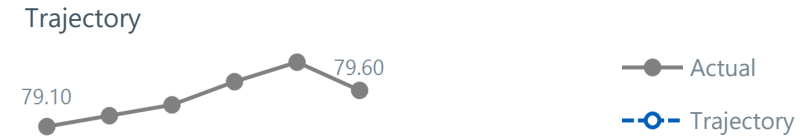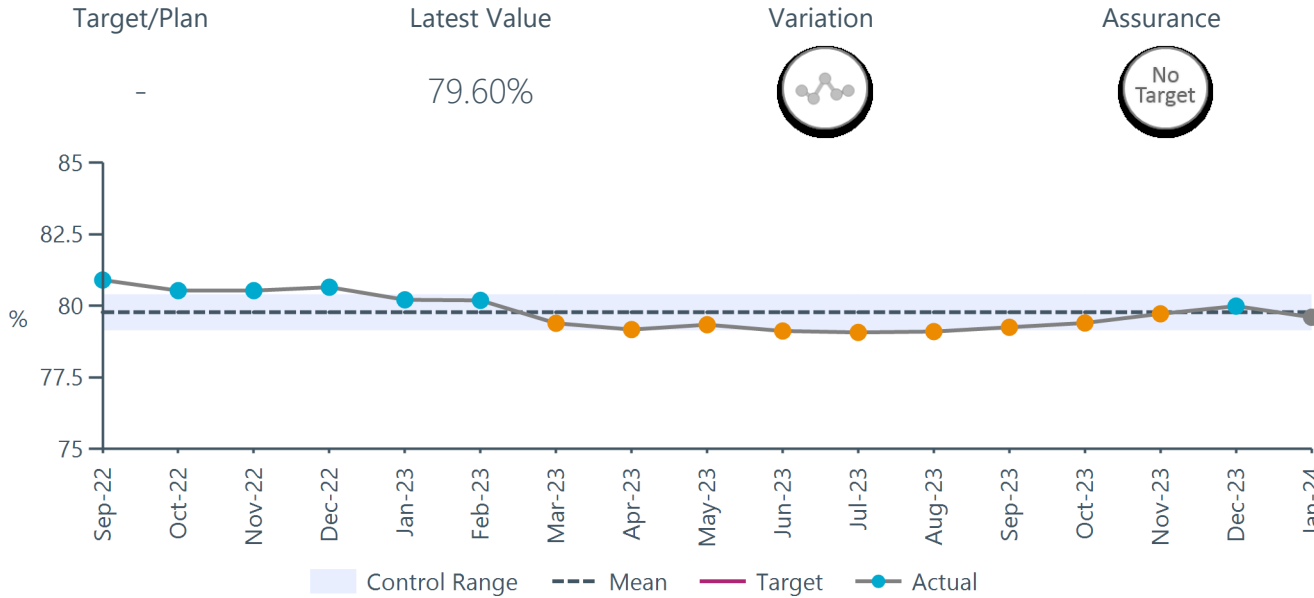
What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Trajectory: Actual, Trajectory (79.10 ... 79.60)

Narrative

This KPI reports on the % of staff retained in the Trust over a 24-month period.

In January, 79.60% of staff in post have been employed for 24 months. A breakdown by staff group as follows:
* Medical & Dental 90.09%
* Administrative & Clerical 82.77%
* Additional Clinical Services 80.07%
* Add Prof Scientific and Technic - 78.95%
* Nursing & Midwifery 77.55%
* Estates & Ancillary 75.00%
* Allied Health Professionals 73.68%
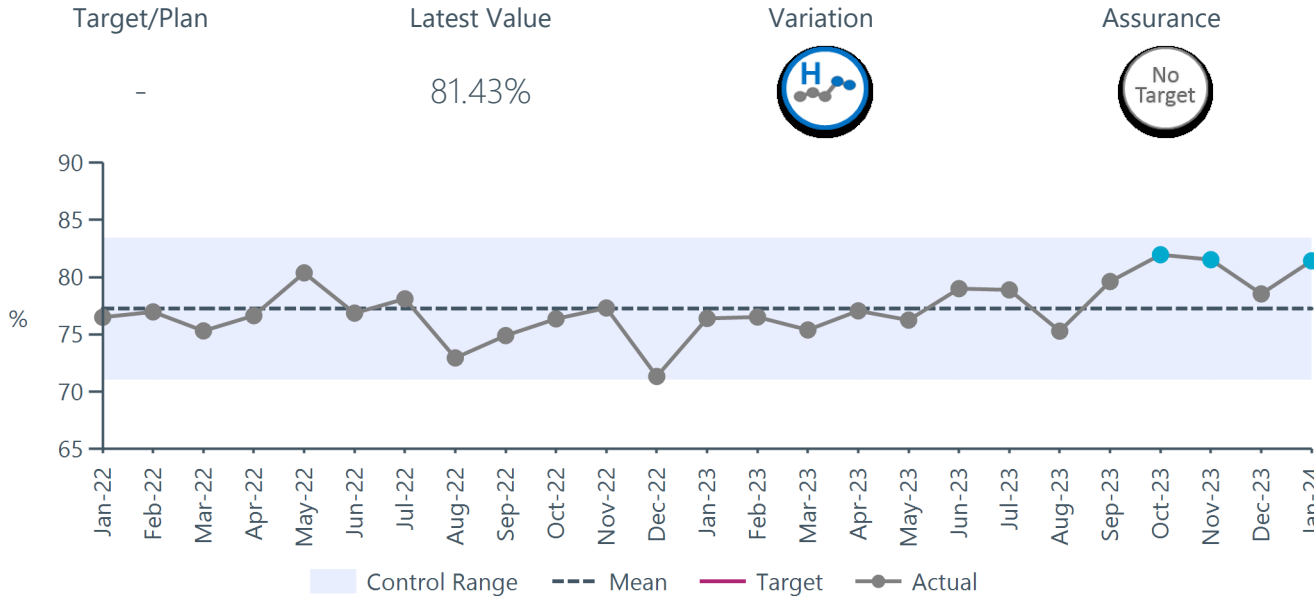* Healthcare Scientists 66.67%

Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
80.21%	80.19%	79.39%	79.17%	79.34%	79.12%	79.07%	79.10%	79.25%	79.40%	79.72%	79.99%	79.60%

- Staff - Patients - Finances -

% Staff Availability

% of Staff available in month 217810

Exec Lead:
Chief People Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	81.43%	H	No Target	75.29 — 81.43

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. This KPI has no target as it is included for monitoring purposes only.

Control Range — Mean — Target — Actual

Narrative

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

In January, % staff availability was 81.43%. The 18.57% not available is broken down as follows:
* Vacancies - 3.13%
* Planned absence (annual leave, maternity, paternity) - 9.96%
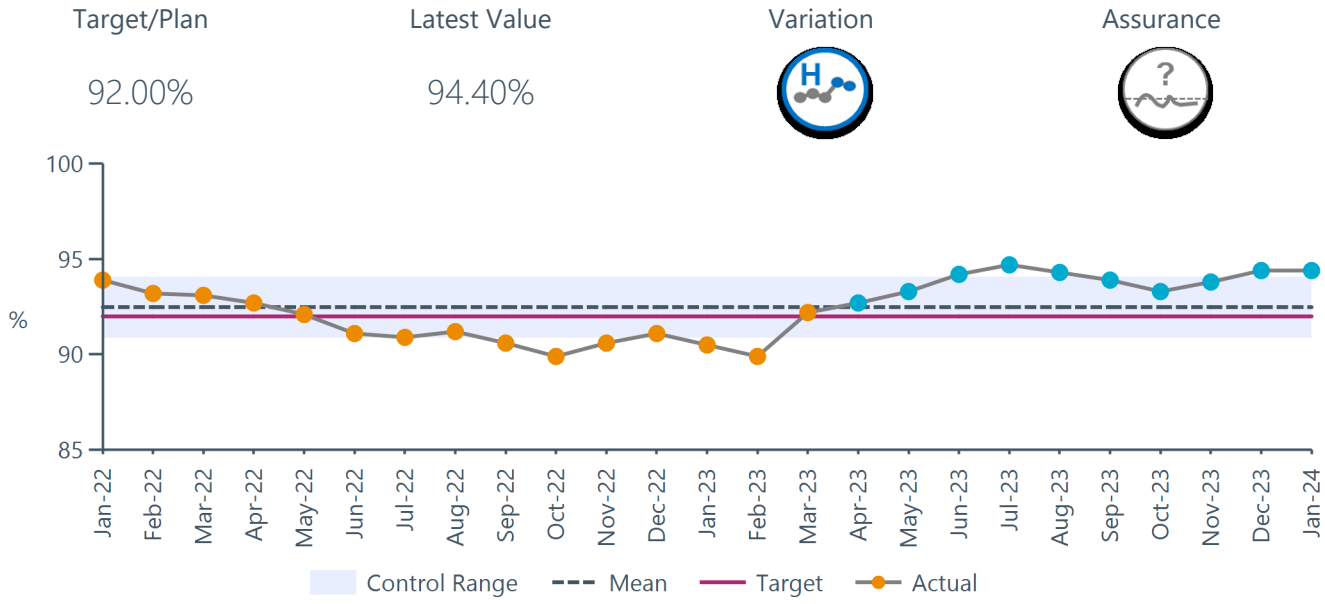* Unplanned absence (sickness, special leave) - 5.47%

Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
76.40%	76.52%	75.39%	77.06%	76.25%	79.00%	78.89%	75.29%	79.62%	81.96%	81.53%	78.54%	81.43%

- 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
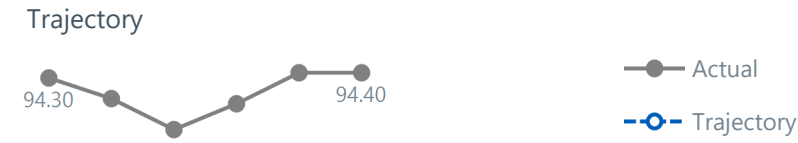
Target/Plan	Latest Value	Variation	Assurance	Trajectory
92.00%	94.40%	(H)	(?)	94.30 ... 94.40

— Actual
--O-- Trajectory

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

What these graphs are telling us

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

Narrative

The Statutory & Mandatory Training compliance remains static at 94.40% for January month end. The measure is included as an IPR exception as the graph indicates special cause variation of an improving nature with the target now being met consistently since March-23.
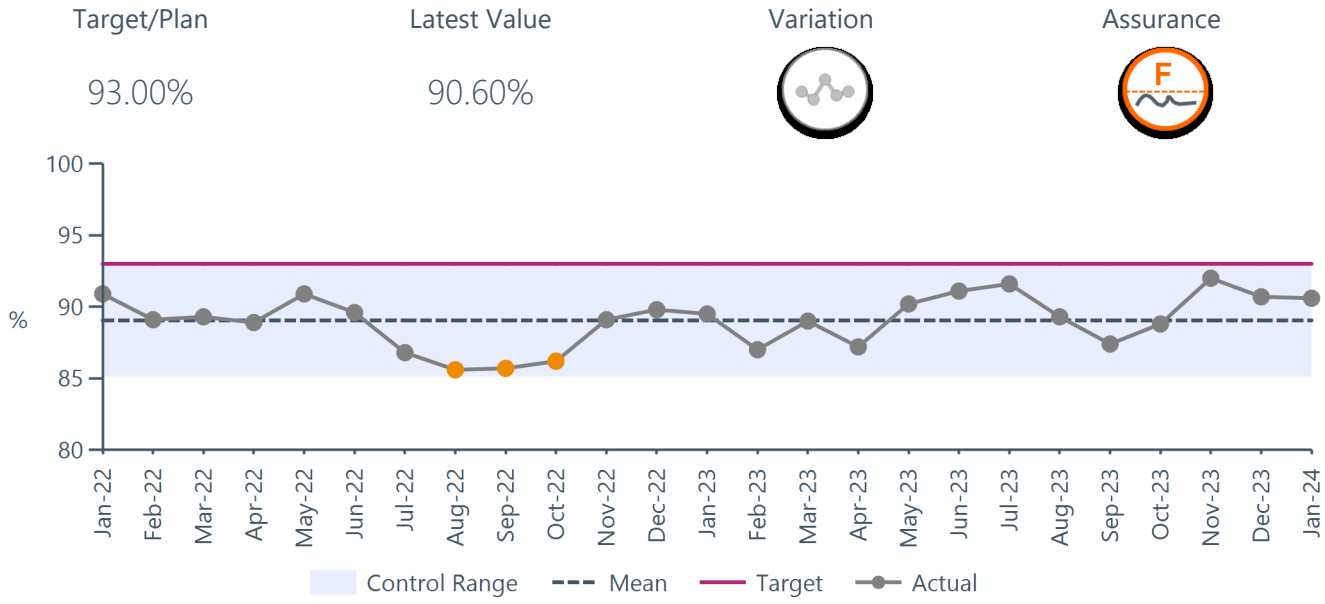
Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
90.50%	89.90%	92.20%	92.70%	93.30%	94.20%	94.70%	94.30%	93.90%	93.30%	93.80%	94.40%	94.40%

-    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
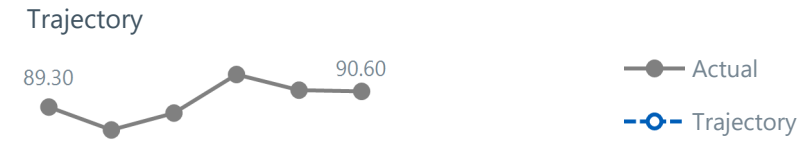
Target/Plan	Latest Value	Variation	Assurance	Trajectory
93.00%	90.60%		F	89.30 ... 90.60

Actual
Trajectory

What these graphs are telling us

Metric is experiencing common cause variation. Metric is consistently failing the target with the target line sitting above the control range.

Control Range   Mean   Target   Actual

Narrative

The percentage of staff who have had a Personal Development Review within required timescale is 90.60% at the end of January. This has been reported below target since August '21. Breakdown below by area:
* Corporate areas - 85.92% - 48 not completed
* MSK Unit - 90.86% - 53 not completed
* Specialist Unit meeting target at 93.60% - 32 not completed

A breakdown of the Corporate areas with PDRs outstanding:
* Office of the Medical Director - 16 with 9 of those within Apollo Project Team
* People Services - 13 with 12 of those with Education & Learning Hub (4 TNAs that have been chased through Ward Managers)
* Finance & Planning - 13 with most outstanding within Estates (5)
* Nursing & Patient Safety Team - 5
* Operations Team - 1

Actions

Performance against this target is monitored through Trust Performance and Operational Improvement Group.
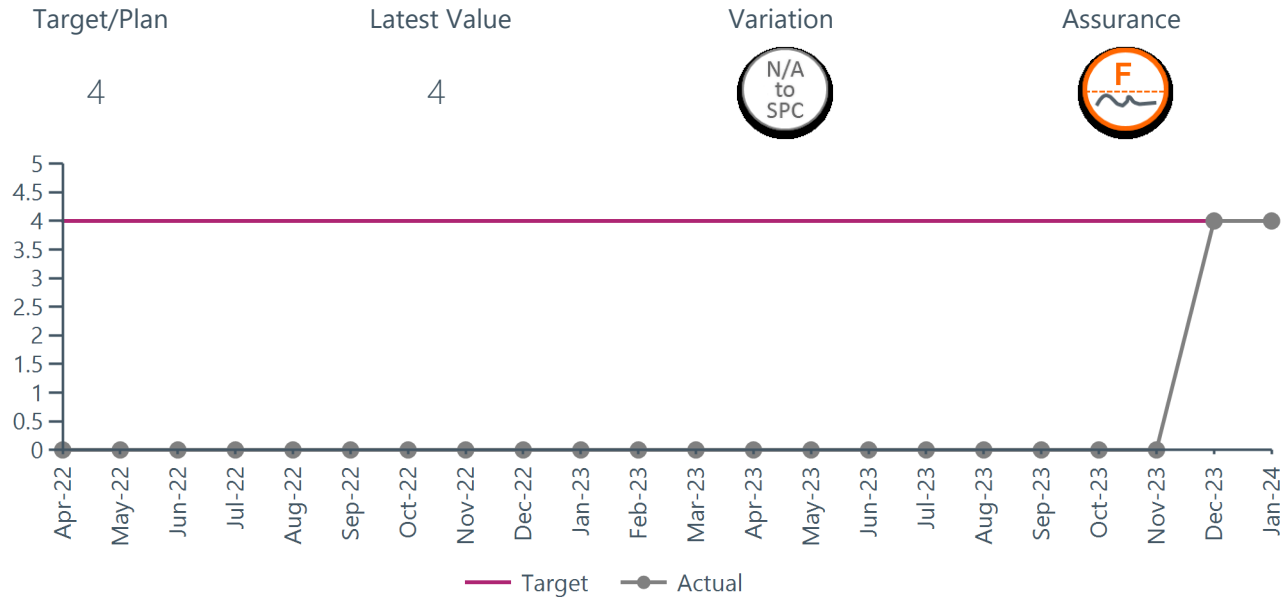
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
89.50%	87.00%	89.00%	87.20%	90.20%	91.10%	91.60%	89.30%	87.40%	88.80%	92.00%	90.70%	90.60%

- 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	Trajectory
4	4	N/A to SPC	F	0 ——— 4

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

RJAH is operating at level 4 , this is due to us achieving in December:
*Medical roster templates based on signed off job plans to be uploaded onto the system.

Level 4 has been achieved for all staff with the additional KPIs required now being reported on. These will be shared with Teams and Managers via NSSG Meeting.

Actions

Ongoing monitoring to gain benefit realisation from this program and ensure compliance with attaining Level 4.
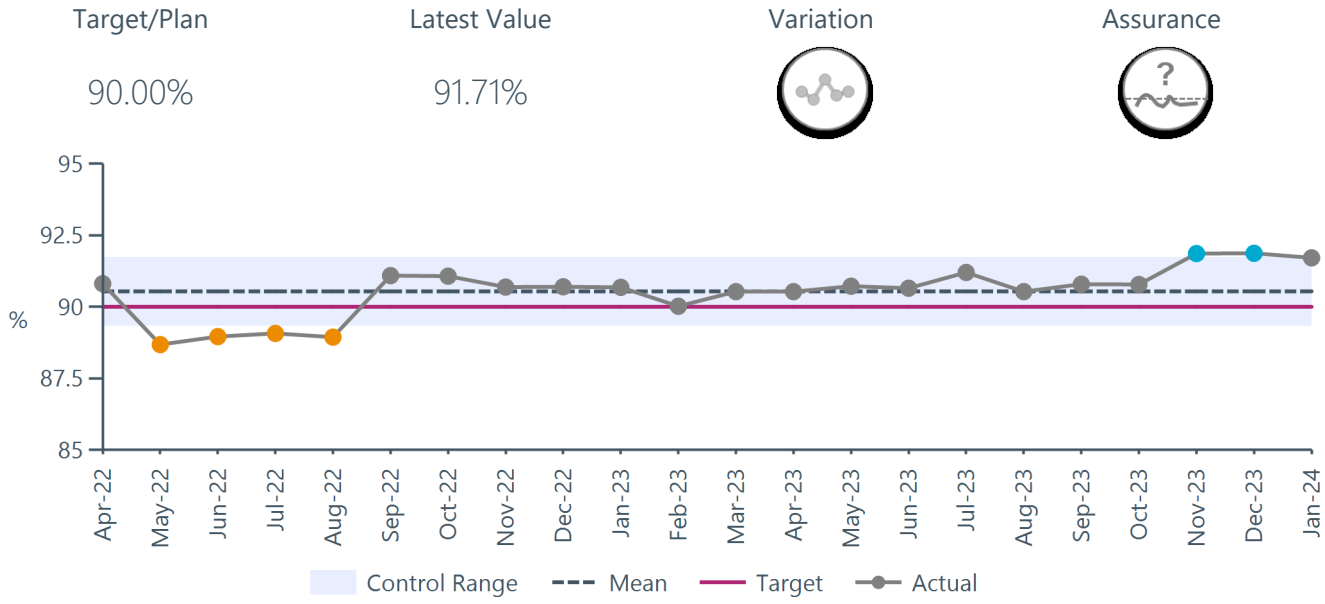
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
0	0	0	0	0	0	0	0	0	0	0	4	4

-    Staff   -   Patients   -   Finances   -

Percentage of Staff on the E-Rostering System

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

Exec Lead:
Chief Nurse and Patient Safety Officer
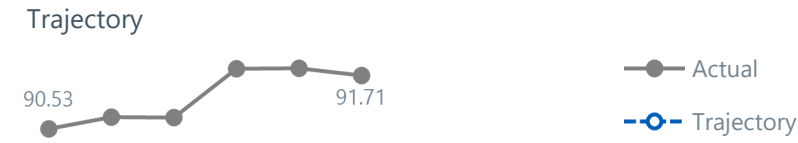
Target/Plan	Latest Value	Variation	Assurance	Trajectory
90.00%	91.71%		?	90.53 ... 91.71

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

This KPI measures the percentage of clinical staff who have an account on the e-rostering system. At the end of January, 91.71% of clinical staff are on roster. This has consistently been over the target of 90% since September-22.

Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
90.68%	90.02%	90.53%	90.53%	90.72%	90.65%	91.20%	90.53%	90.79%	90.78%	91.86%	91.87%	91.71%

- 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
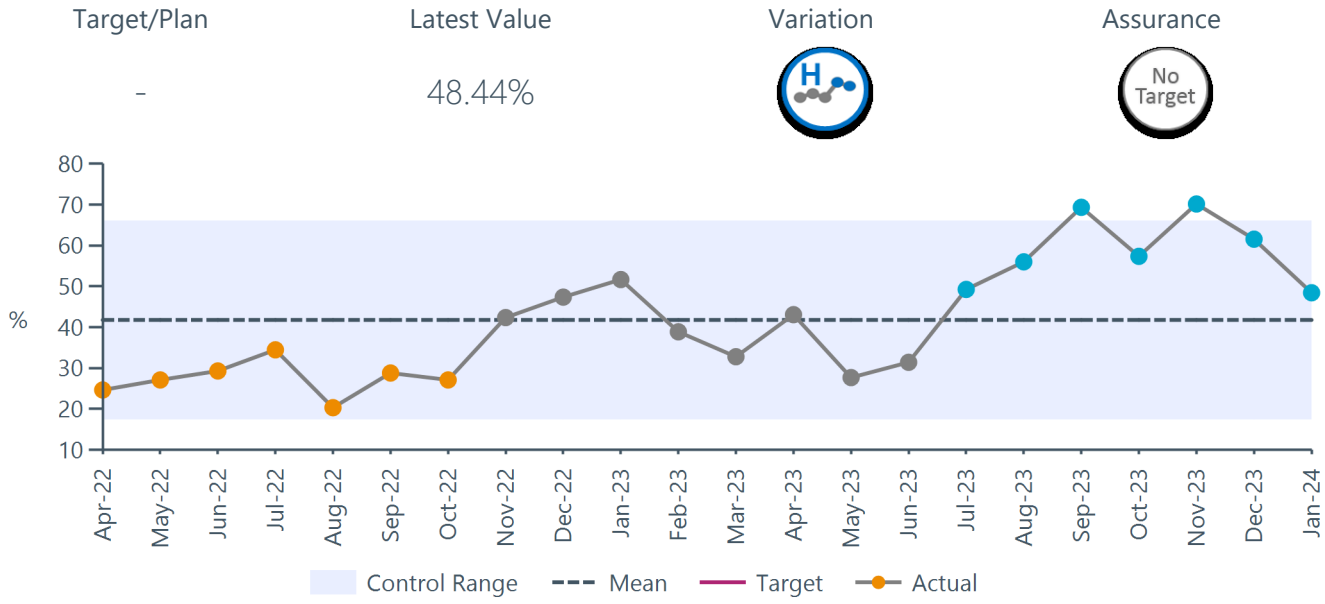
Target/Plan	Latest Value	Variation	Assurance	Trajectory
-	48.44%	H	No Target	56 ... 48.44

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. There is no target for this metric.

Control Range — Mean — Target — Actual

Narrative

The % of e-rosters that were approved six weeks ahead of their start date is reported at 48.44%. This relates to the roster start date of 4th December 2023. A breakdown by unit is provided below:
* Specialist Unit - 41.18%
* Corporate Areas - 39.22%
* MSK Unit - 38.24%

This measure has been disaggregated into professional areas. The breakdowns are :
* Radiology - 100%
* Corporate - 90.91%
* Nursing - 44.12%
* AHPs - 40.00%
* Medical - 12.50%

Actions

A task and finish group has been established for medical rostering with an implementation plan in place. We will expect compliance to further improve through February as further job plans were added to e-roster. This metric is presented at NSSG with actions to be provided for improvement, ensuring e-roster confirm and challenge meetings confirm compliance.

Metric now includes Anaesthetic medical staff as assurance provided that roster is approved 6 weeks before start date.
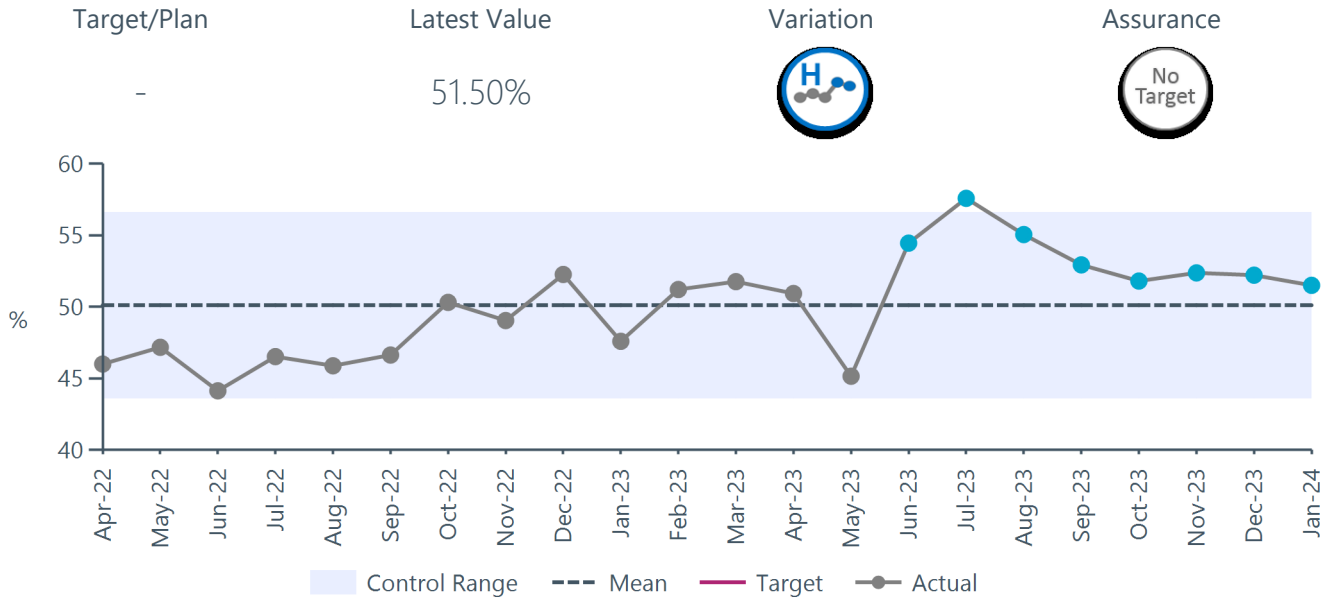
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
51.67%	38.89%	32.79%	43.08%	27.69%	31.43%	49.25%	56.00%	69.33%	57.35%	70.15%	61.54%	48.44%

- 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	Trajectory
-	51.50%	H	No Target	55.05 ... 51.50

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. There is no target for this metric.

Control Range — — Mean — Target —•— Actual

Narrative

This KPI relates to the percentage of shifts filled by the system-generated functionality. The auto-rostering metric assesses the level of administrative burden currently operational by department in terms of inputting and re-working of rosters and also the level of changes our employees experience in their shift patterns. High compliance with this metric is influenced by the following:
* Shift patterns at individual employee levels; shift skill and competency requirements are well understood and built into core template set up
* Core templates are updated and maintained at all times to reflect any changes to current employee status and shift requirements to enable auto-roster effectiveness.
* Shift change management is effective and minimises disruption to staff.

Trust wide compliance is 51.50% and we have been able to disaggregate this measure into professional areas. The breakdowns are :
* Medical - 100%, AHPs - 81.75%, Corporate - 72.35%, Radiology - 49.28%, Nursing - 34.11%

Actions

Performance relating to this metric will be monitored via Assistant Chief Nurses with improvement actions monitored at NSSG meeting.
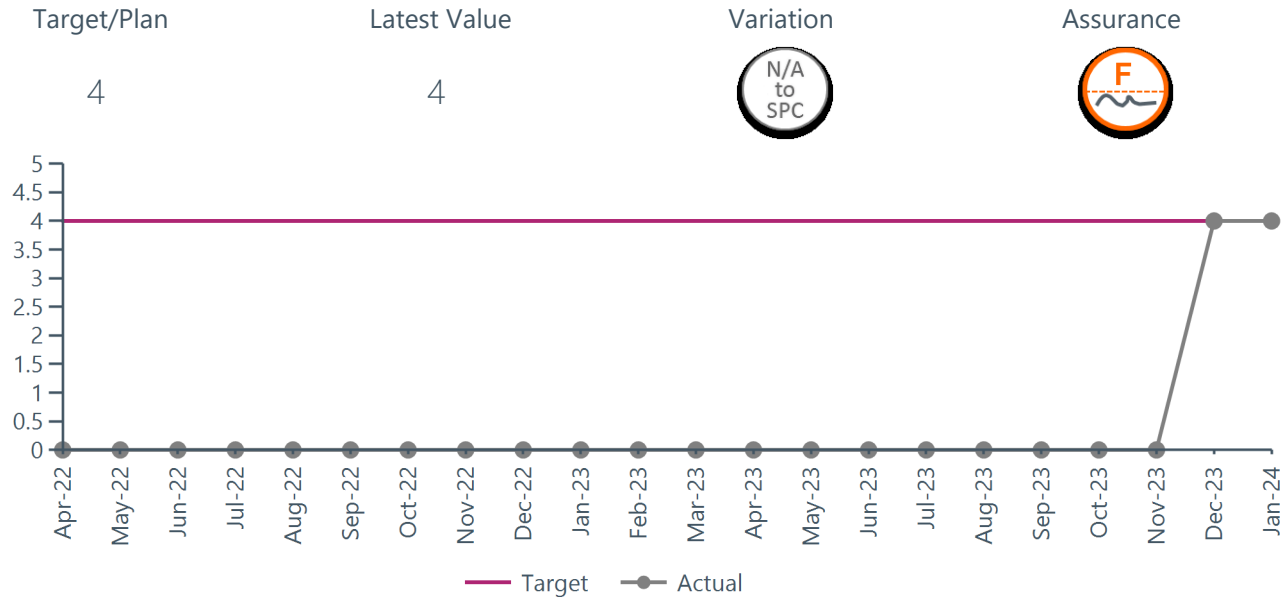
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
47.59%	51.21%	51.76%	50.93%	45.15%	54.45%	57.58%	55.05%	52.93%	51.80%	52.37%	52.21%	51.50%

- 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
4	4	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

RJAH is now operating at level 4 . This is as a result of the following actions being completed:
* At least 90% of employees have an active e-job plan
* Trusts use the full functionality of e-job planning software to include details of the expected output of planned activity. Planned versus delivered reports completed for December. The planned versus delivered activity standard needs now to be built into regular monthly reporting.
* Job plan versus budget reconciliation complete as part of the operational planning demand and capacity review.

Actions

Reporting for Medical Staff planned sessions vs actual sessions delivered now available operationally.
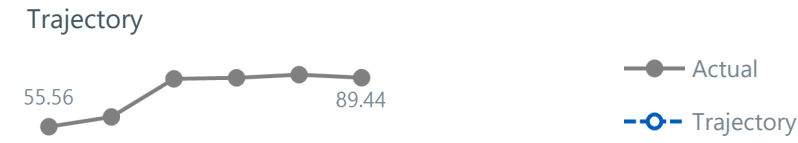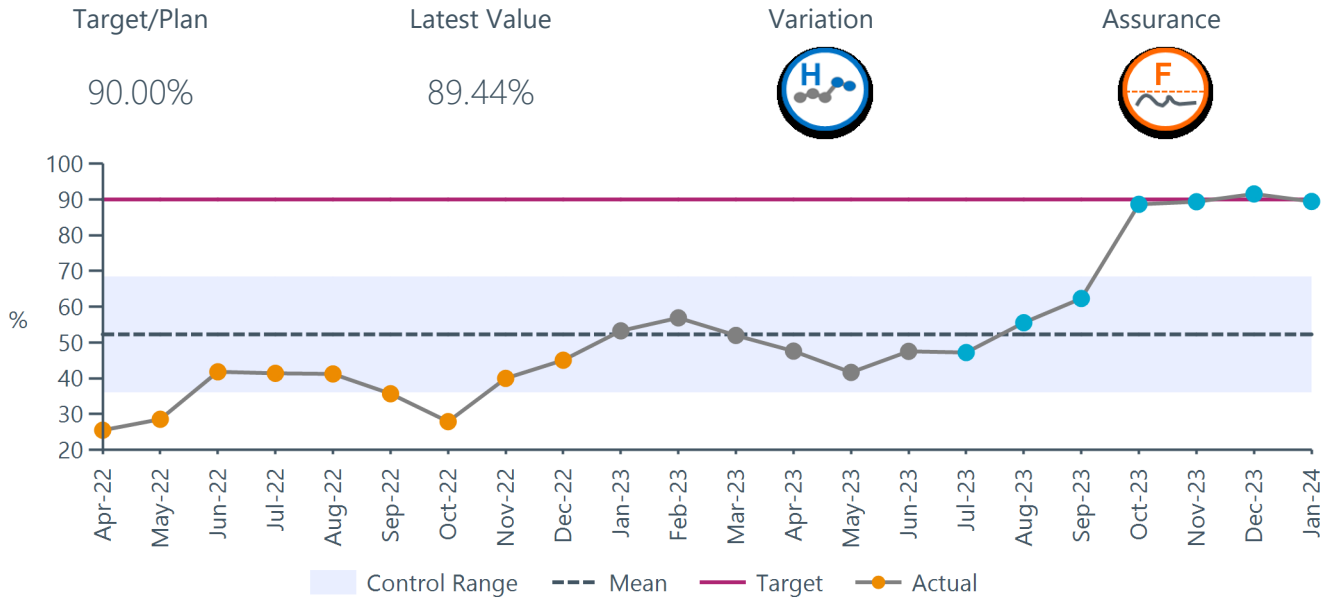
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
0	0	0	0	0	0	0	0	0	0	0	4	4

- 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
90.00%	89.44%	H	F	

Trajectory values: 55.56 ... 89.44

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

An active e-job plan is one that has been reviewed and approved in the past 12 months. Trusts should be aiming for more than 90%. The January month end position is 89.44%. Breakdown as follows:
* AHPs - 24 job plans with 23 signed off within last 12 months - 95.83%
* Specialist Nurses - 21 job plans with 19 signed off within last 12 months - 90.48%
* Consultants - 99 job plans with 85 signed off within last 12 months - 87.63%

These KPIs are now included in the Unit scorecards to allow monitoring at that level with MSK Unit reported at 89.47% and Specialist Unit reported at 85.71%.

As at the end of January, the below details the progress by staff group in chasing job plan completion at the different stages:
 - Consultants 12 outstanding - Awaiting 1st sign off (6), Awaiting 2nd sign off (0), In discussion (5), on hold (1)
 - Nurses 2 outstanding - In discussion (1), Awaiting 2nd sign off (1)

Actions

For over-arching actions in relation to e-roster, please see KPI 'E-Job Planning Level of Attainment'.
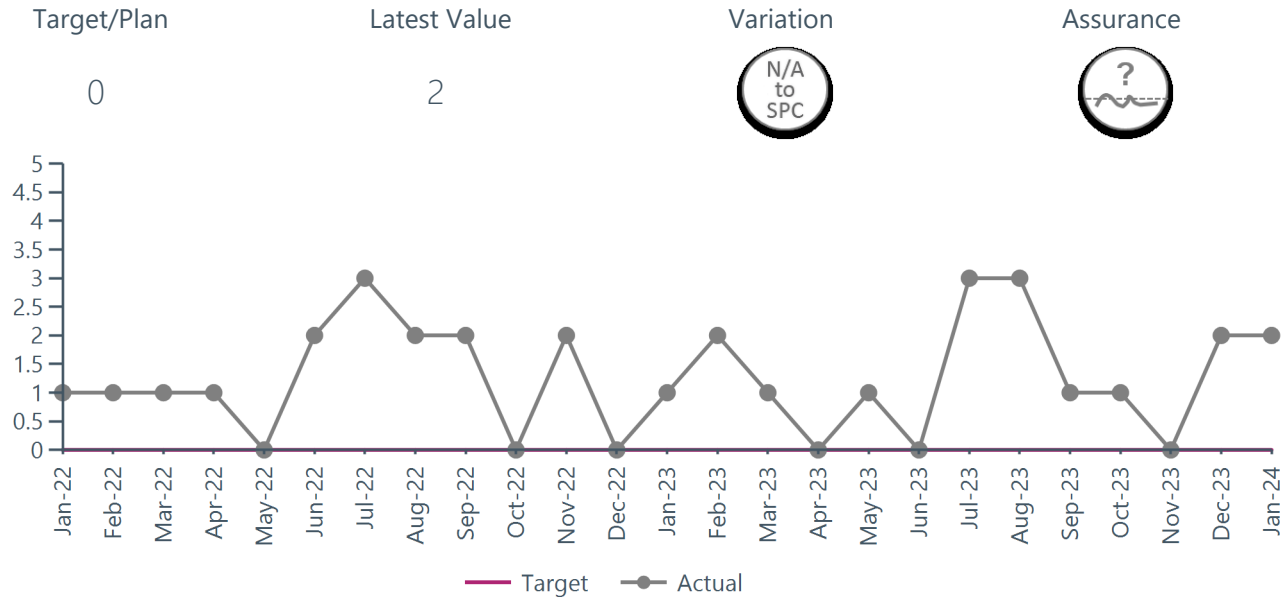
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
53.28%	56.91%	52.00%	47.62%	41.67%	47.55%	47.22%	55.56%	62.33%	88.65%	89.36%	91.55%	89.44%

-   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
0	2	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).

Target   Actual

Narrative

There were two complaints re-opened in January where one patient disagrees with the outcome of initial complaint and the second relates to whether all parts of the complaint were addressed.

Actions

No actions have been identified as a result of these re-opened complaints.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
1	2	1	0	1	0	3	3	1	1	0	2	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
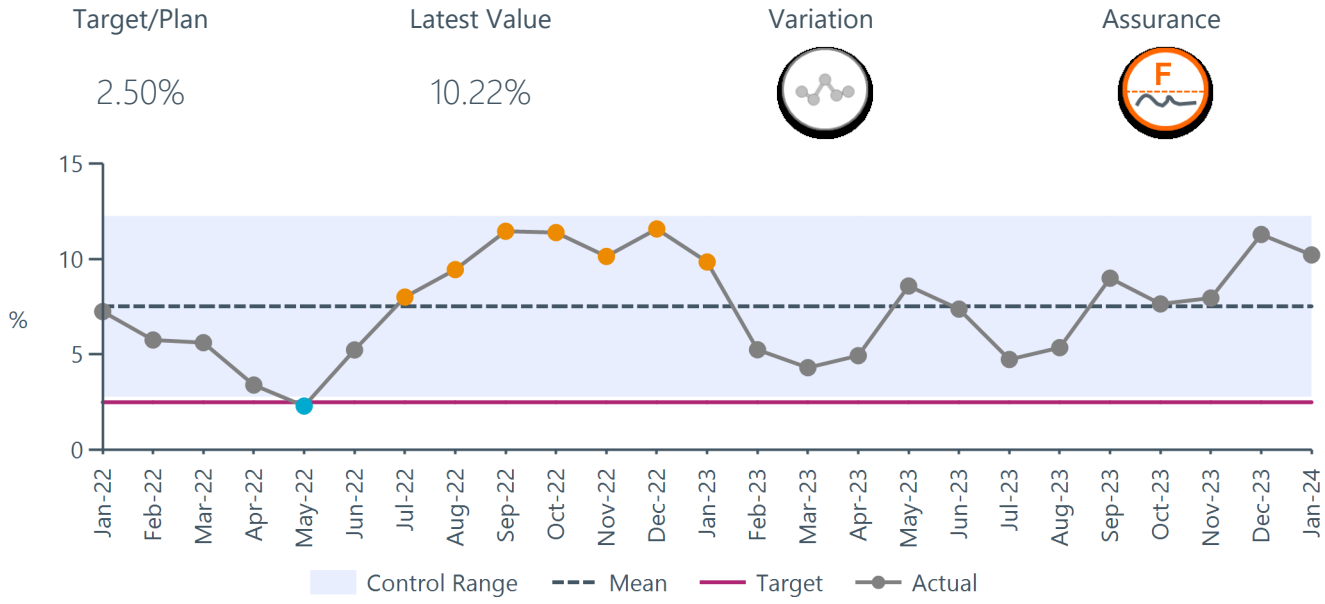
Target/Plan	Latest Value	Variation	Assurance
2.50%	10.22%		F

Trajectory

5.36   10.22

Actual
Trajectory

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

The Delayed Discharge rate is reported at 10.22% for January with the figure remaining within the expected control range. The total delayed days for the month is 432 days with a breakdown as follows:
* 32 care of the elderly patients with 207 delayed days - attributed to Shropshire, Telford, Wales, Birmingham & Wolverhampton
* 11 spinal injuries patients amounting to 183 days - attributed to following organisations - Coventry, Birmingham, Wales, Wolverhampton, Staffordshire, Herefordshire & Solihull
* 6 T&O patients totalling 42days - attributed to Shropshire & Wales

System support was provided in January by opening an additional 16 sub-acute beds and this has been a contributory factor to the volume of delayed patients reported this month.

Actions

The Discharge Task and Finish Group continues to review all delayed discharges on a monthly basis to ensure all internal delays have been reduced/removed; however internal delays are now rare. All areas now record a datix for any delays in order that the group can also assess for harm. No harms have been identified for the delays this month.

The rollout of Criteria Led Discharge is underway on Sheldon Ward and it is being absorbed into Enhanced Recovery for MSK. Criteria to be decided by MCSI consultants prior to rollout in that area.

Now recording NCTRs with the reason for delay on Lorenzo and trialling reporting on new data source.
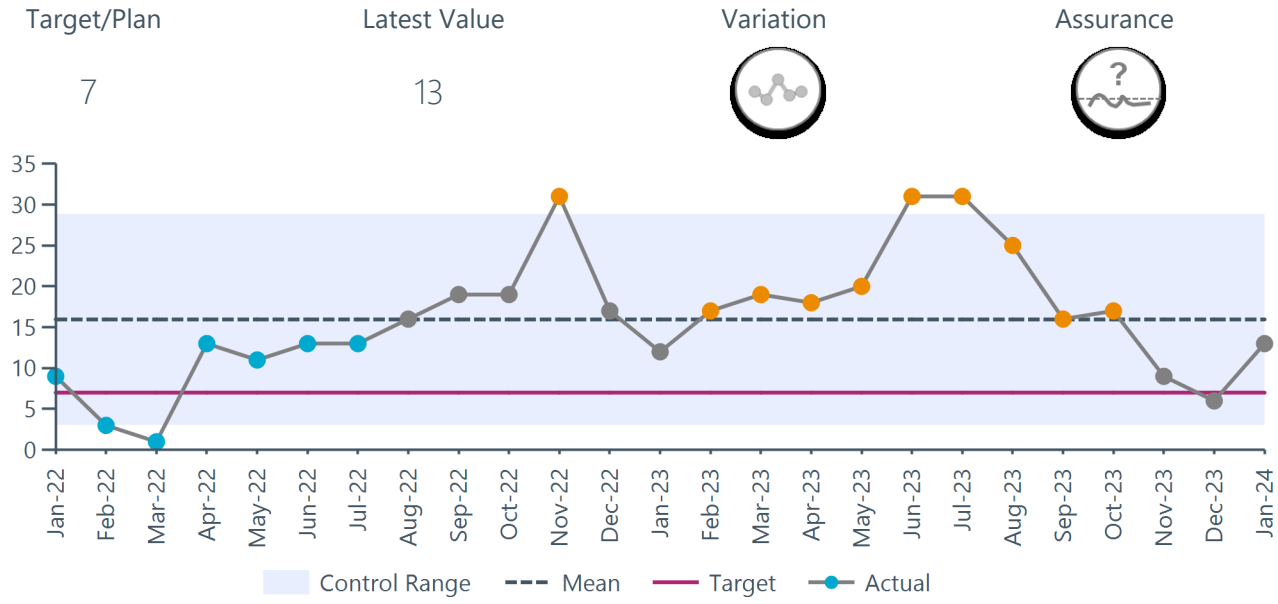
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
9.85%	5.25%	4.31%	4.94%	8.59%	7.38%	4.74%	5.36%	9.00%	7.65%	7.96%	11.29%	10.22%

- 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
7	13		?	25 ... 13

Actual
Trajectory

Control Range — Mean — Target — Actual

What these graphs are telling us

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

Narrative

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

Actions

We have seen a rise in acute admission wait list numbers. Unit is maintaining high bed occupancy numbers, but IPC patient Mental Health condition issues are causing delays in side room availability for acute admissions.

Patients waiting in referring hospitals are being supported by Nurse Consultant and networked model of care.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
12	17	19	18	20	31	31	25	16	17	9	6	13

- Staff - Patients - Finances -

RJAH Acquired Klebsiella spp

RJAH Acquired Klebsiella spp 217635

Exec Lead:
Chief Nurse and Patient Safety Officer
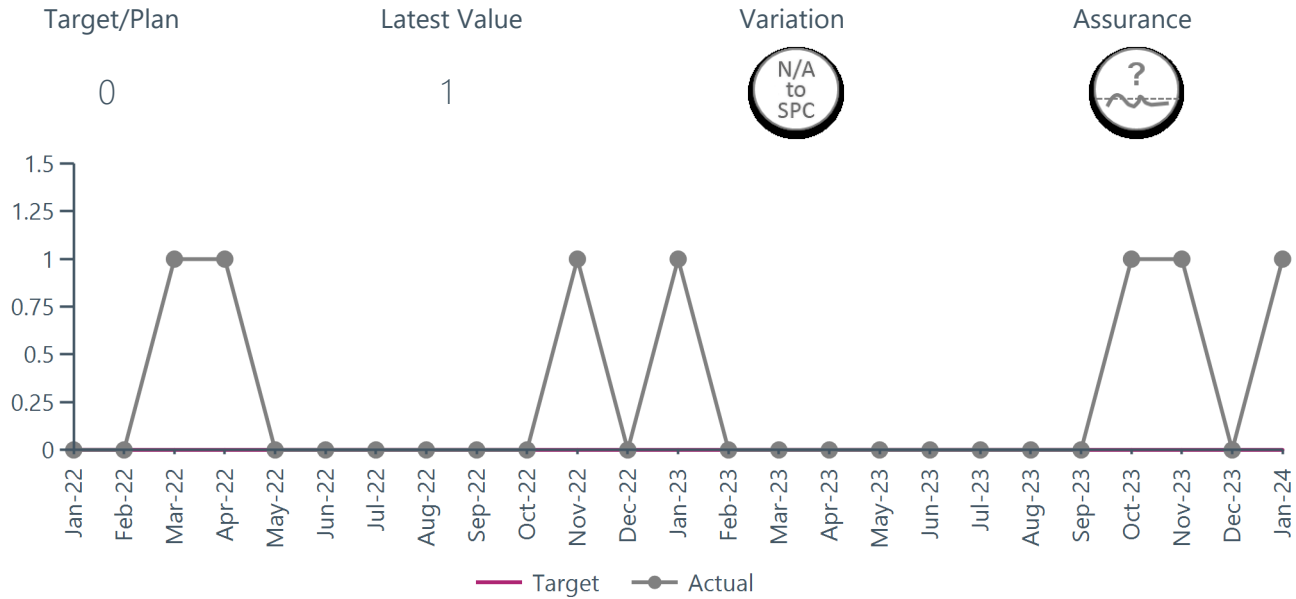
Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	1	N/A to SPC	?	

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

There was one RJAH Acquired Klebsiella spp infection reported in January.

Actions

The post infection review has been carried out where it has identified the cause as unavoidable urinary source. Relevant protocols were followed.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
1	0	0	0	0	0	0	0	0	1	1	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
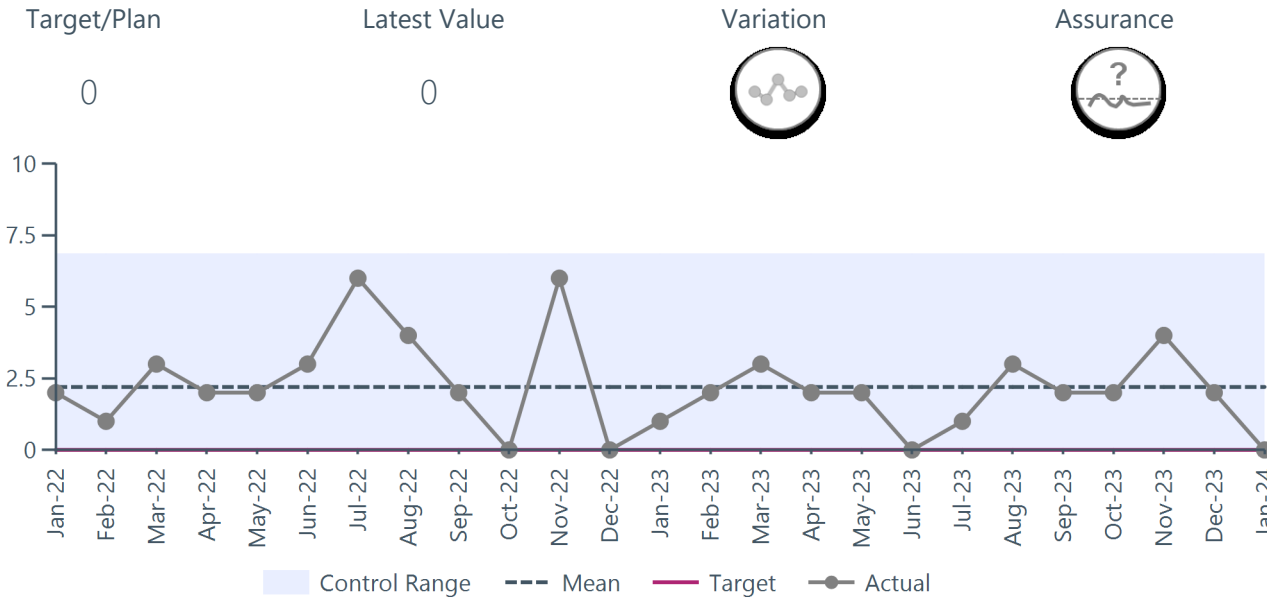
Target/Plan	Latest Value	Variation	Assurance	Trajectory
0	0		?	

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

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

There were two additional infections confirmed in January, these related to procedures that took place in November-23 (1) and December-23 (1). The IPC Team carry out case reviews within 30 days and are compliant with this process.

Actions

The IPC Team have completed case reviews for all SSIs which shows compliance against the OneTogether assessment. These are then explored further at MDT, in line with PSIRF, and all actions will be added to the IPC Quality Improvement plan and actioned by the SSIPWG. The One Together Audit is due to be repeated in February as part of a six-monthly cycle of assurance.
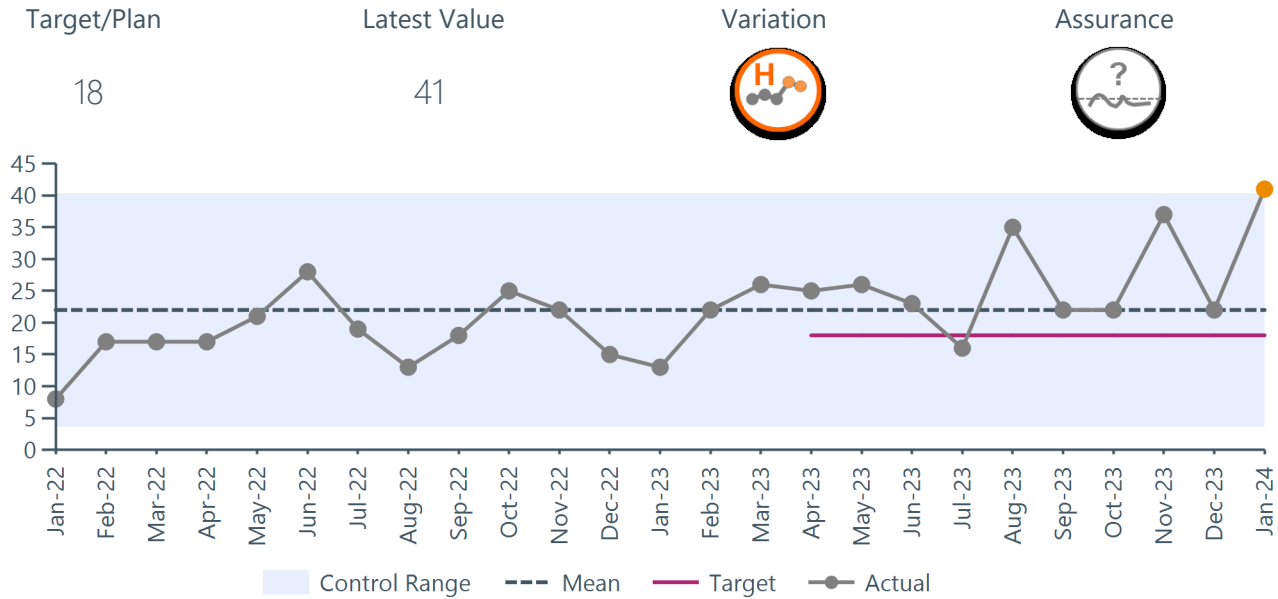
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
1	2	3	2	2	0	1	3	2	2	4	2	0

- Staff - Patients - Finances -

Medication Errors

Total number of medication errors reported in month 211086

Exec Lead:
Chief Nurse and Patient Safety Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
18	41	H	?	35 ... 41

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).

Narrative

There were 41 medication errors reported throughout January. This is included as an exception as it remains above the Trust's tolerance of 18 and is highlighted as special cause variation with the data point outside of the control range.

The incidents are reported against the following areas; Pharmacy (11), Gladstone (8), Powys (7), Sheldon (4), Kenyon (2), HDU (2) and one in each of these areas; Clwyd, Wrekin, Ludlow, Theatres, Oswald, MCSI OPD and OPD.

One patient was deemed to sustain low level harm as a result of one of the errors.

Actions

The Quarter Three PSIRF medication thematic review was presented at Patient Safety meeting with a number of recommendations made. A Task and Finish Group will be established to take these forward with Matrons and Assistant Chief Nurses involved.
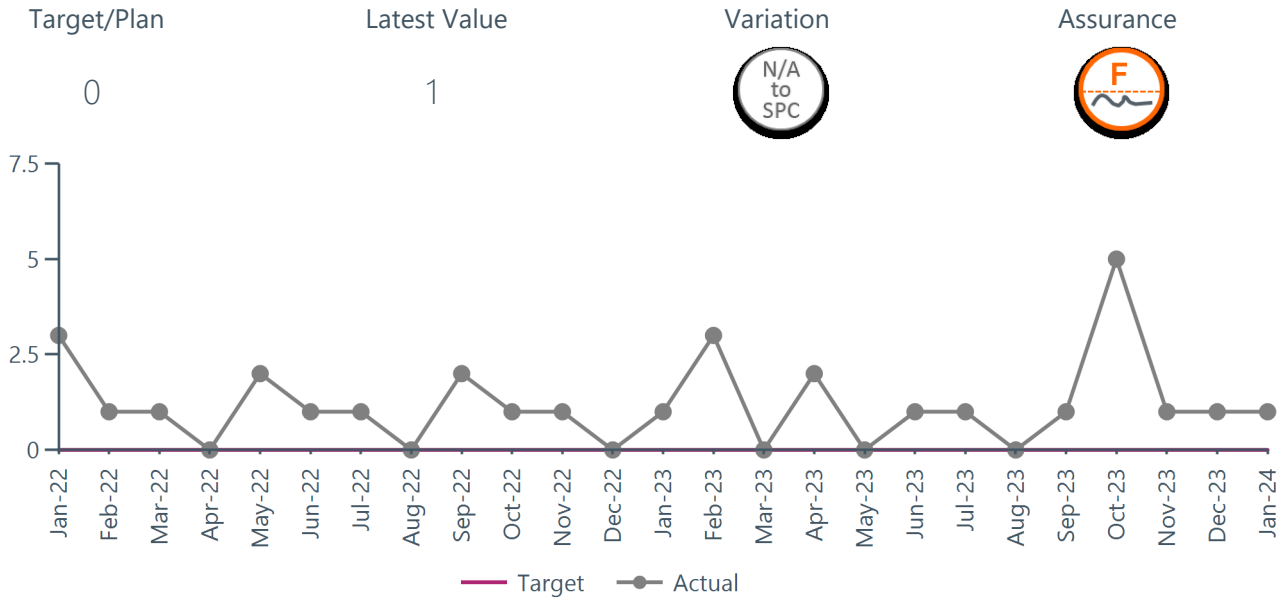
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
13	22	26	25	26	23	16	35	22	22	37	22	41

-   Staff   -   Patients   -   Finances   -

Total Deaths

Number of Deaths in Month 211172

Exec Lead:
Chief Medical Officer

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

—●— 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

There was one death within the Trust in January; this has been classified as an 'Expected Death'.

Actions

A Learning from Deaths Review will be completed.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
1	3	0	2	0	1	1	0	1	5	1	1	1

- Staff - Patients - Finances -

Volume of Theatre Cancellations

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

Responsible Unit:
MSK Unit
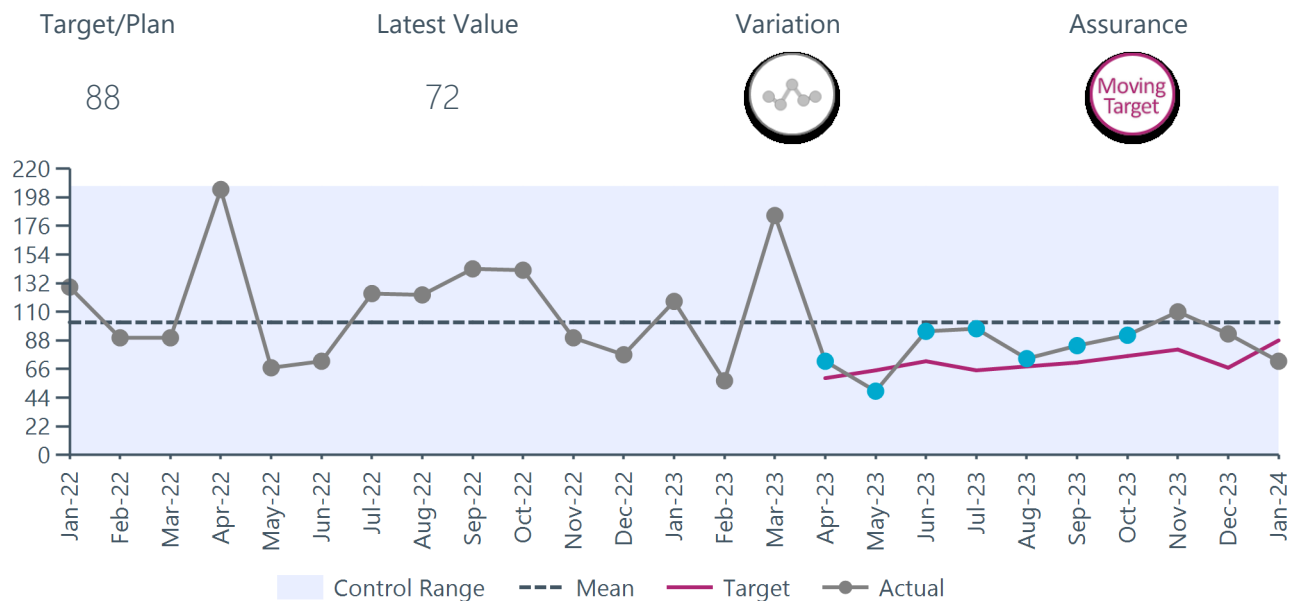
Target/Plan	Latest Value	Variation	Assurance	Trajectory
88	72		Moving Target	74 ... 72

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 metric includes the volume of procedures cancelled on the day, and within seven days of the surgery date, rated against 7.5% of planned theatre activity. References to any breaches of the 28-day rebooking standard given. Currently this manual data collection does not provide the number of theatre slots which are cancelled and subsequently re-filled.

In total there were 72 theatre cancellations in January: 34 on the day and 38 in the 7 days before surgery, 16 below target (88). This metric is included as an exception as the target for Theatre activity was not met and therefore the threshold for cancellations was lower than predicted.

There were 0 breaches of the 28-day booking standard in January.

The covering paper that accompanies the IPR includes supporting information on this measure to give a full breakdown of reasons.

Actions

* Focus on cancellation reduction through improved pre-op process. Review of pre-op process led by Pre-op Matron and Assistant Chief Nurse.
Areas of focus:
- Staffing using the GIRFT pre op formulas to calculate what staffing is needed in FTE.
- 72hr phone calls to confirm attending for surgery – workforce gap due to reduced hours. Linking with Baschurch and Ludlow administration to close gap.
- Cancellation Pool – Plan to work with access team to maximise pre-op slots.
- Cancelling clinics – Plan to work with access to minimise clinics cancelled.
- Elective Hub- GIRFT feedback – Embed the 3 utilisation and productivity comments from the review. including reviewing cancellations and identifying themes. Early screening, risk assessment and optimisation-maximise cancellation pool (Golden patient).
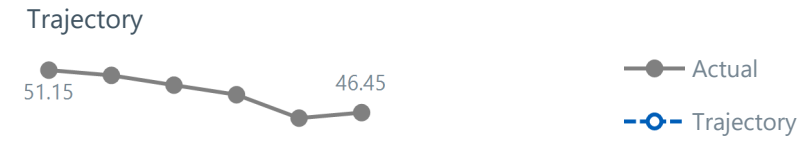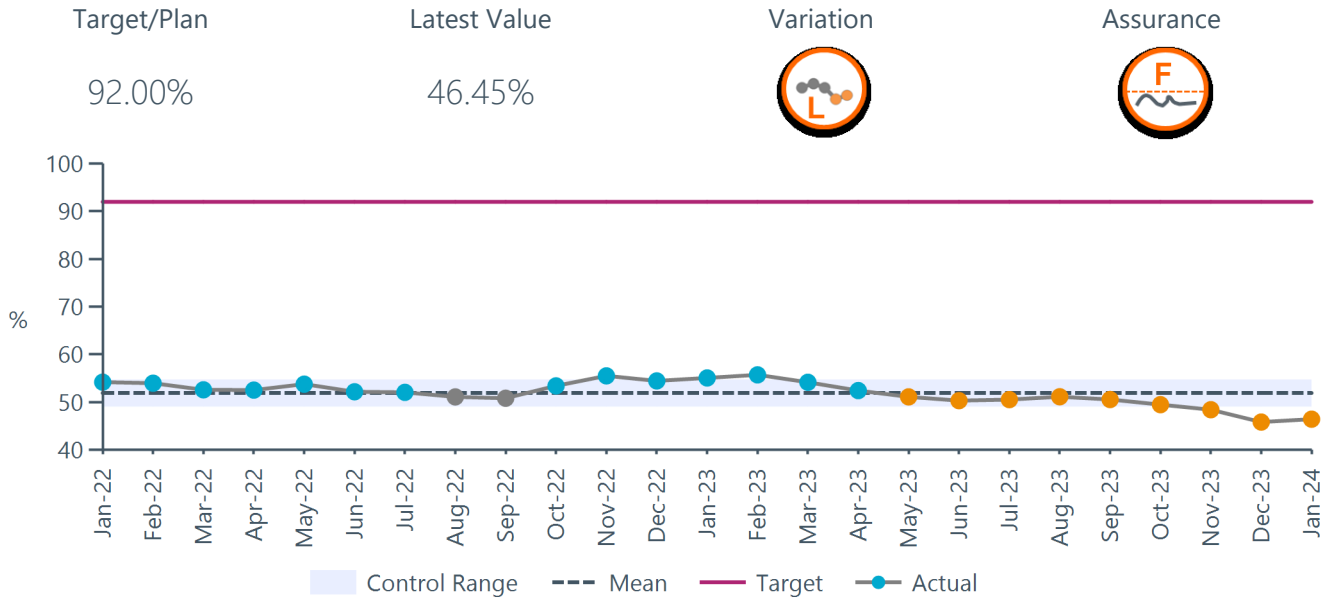
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
118	57	184	72	49	95	97	74	84	92	110	93	72

- 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%	46.45%		F

Trajectory

51.15   46.45

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

Our January performance was 46.45% 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 – 7612 patients waiting of which 2787 are breaches
* MS2 - 1559 patients waiting of which 1121 are breaches
* MS3 - 5558 patients waiting of which 3979 are breaches

Following the system transition to MUSST service, we expect to see a 4% negative impact on this measure.

The Trust is still working with the 2023/24 operational planning guidance. Industrial Action, Operational pressures and ongoing Estates works have impacted original delivery plans. The original guidance stipulated:
* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .
 We expect 2024/24 planning guidance imminently.

Actions

Planning assumptions for 2023/24 included increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. Delivery of activity levels has continually been monitored within the Trust against these programmes of work. Planning for 2024/25 has begun, this includes demand and capacity assessments of our services.

The Trust has been focusing on treatment of its longest waits. Agreements made for mutual aid support continue to be reviewed. A continuous validation programme is in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. A digital solution to support with validation went live in early December. For patient initiated digital mutual aid, external deadlines have been met and patients have been contacted where applicable.

The Trust is supporting the System to address waiting list pressures. The Trust accepted 72 long wait patients from Shropshire Community and is supporting Shrewsbury & Telford Hospitals by providing Elective Orthopaedic Theatre capacity.   Industrial Action impacts continue to be monitored with clinically urgent and long waits being prioritised, where possible, during the periods.
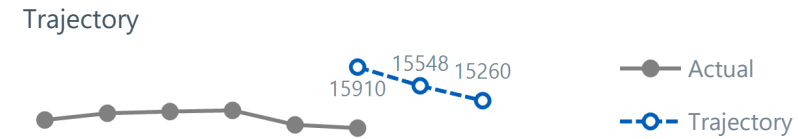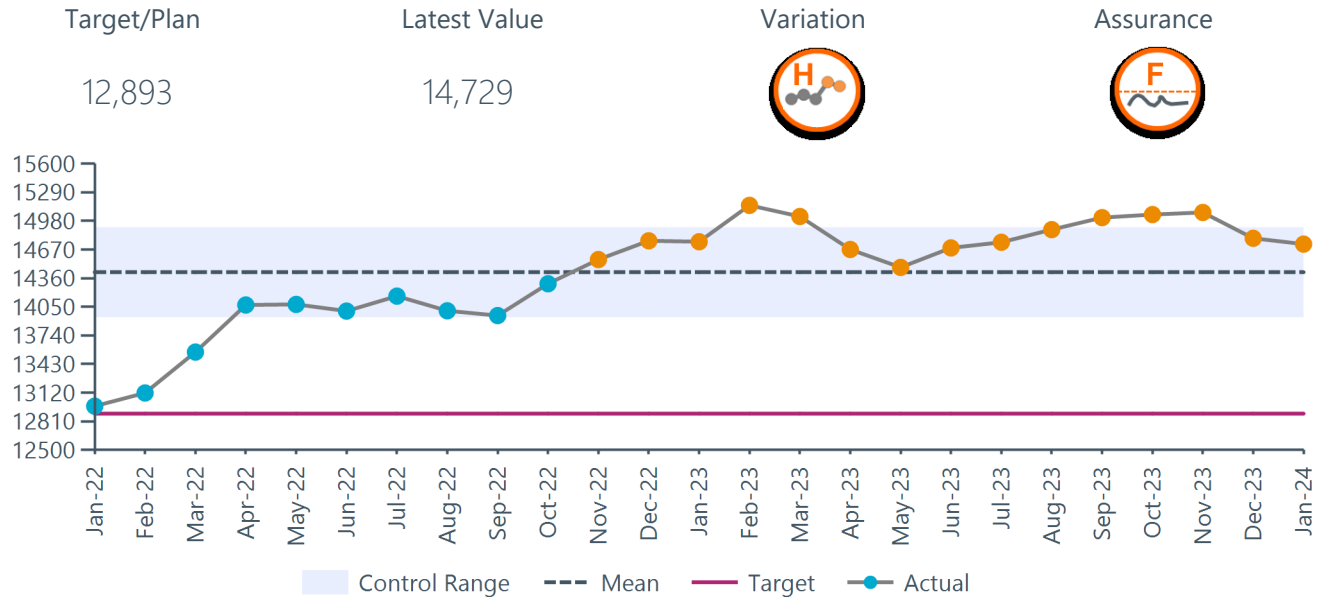
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
55.09%	55.74%	54.18%	52.44%	51.12%	50.33%	50.55%	51.15%	50.57%	49.49%	48.43%	45.84%	46.45%

- 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
12,893	14,729	H	F	

Trajectory values: 15910 15548 15260

Legend: Actual, Trajectory

What these graphs are telling us

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

Chart legend: Control Range — Mean — Target — Actual

Narrative

The number of English patients waiting at the end of January is reported at 14729; 1181 below our anticipated trajectory figure of 15910. List size analysis over the past six months indicates largest growth in these areas:
* Orthotics has increased by 169, rising from 58 to 227
* Spinal Disorders has increased by 111, rising from 2602 to 2713
Areas with the greatest decrease have been:
* Arthroplasty has decreased by 233, reducing from 3424 to 3191
* Metabolic Medicine has decreased by 205, reducing from 3090 to 2885

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 Trust is still working with the 2023/24 operational planning guidance. Industrial Action, Operational pressures and ongoing Estates works have impacted original delivery plans. The original guidance stipulated:
* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .
 We expect 2024/24 planning guidance imminently.

Actions

Planning assumptions for 2023/24 included increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. Delivery of activity levels has continually been monitored within the Trust against these programmes of work. Planning for 2024/25 has begun, this includes demand and capacity assessments of our services.

The Trust has been focusing on treatment of its longest waits. Agreements made for mutual aid support continue to be reviewed. A continuous validation programme is in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. A digital solution to support with validation went live in early December. For patient initiated digital mutual aid, external deadlines have been met and patients have been contacted where applicable.

The Trust is supporting the System to address waiting list pressures. The Trust accepted 72 long wait patients from Shropshire Community and is supporting Shrewsbury & Telford Hospitals by providing Elective Orthopaedic Theatre capacity. Industrial Action impacts continue to be monitored with clinically urgent and long waits being prioritised, where possible, during the periods.
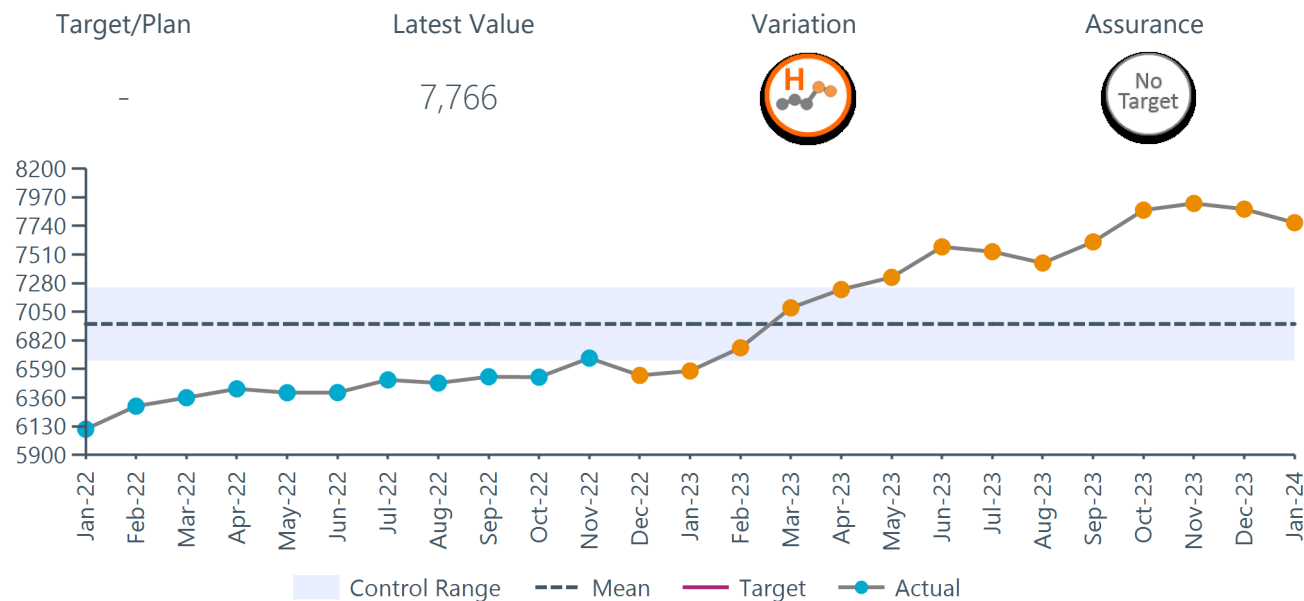
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
14755	15149	15028	14671	14477	14688	14749	14886	15016	15049	15072	14792	14729

- 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
–	7,766	H	No Target	7442 ... 7766

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Control Range — Mean — Target — Actual

Narrative

The number of Welsh patients waiting at the end of January is reported at 7766. Analysis of list size over the past six months indicates the greatest changes in Welsh list size have been the following:
* Spinal Disorders has increased by 155 patients over the past six months: rising from 2068 to 2223
* Metabolic Medicine has increased by 129 patients over the past six months: rising from 1303 to 1432
* Neurology has decreased by 50 patients over the past six months: reducing from 125 to 75
* Foot & Ankle has decreased by 42 patients over the last six months: reducing from 517 to 475

As part of Trust 24/25 planning, Welsh improvement required and impact on this against NHS England targets to be addressed, recognising the requirement to balance both English & Welsh waiting patients.

Actions

Planning assumptions for 2023/24 included increases in capacity throughout the year aligned to productivity, workforce and estates programmes of work. Delivery of activity levels has continually been monitored within the Trust against these programmes of work. Planning for 2024/25 is underway, this includes demand and capacity assessments of our services.

The Trust has been focusing on treatment of its longest waits. Agreements made for mutual aid support continue to be reviewed. A continuous validation programme is in place whilst these patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. For patient initiated digital mutual aid, external deadlines have been met and patients have been contacted where applicable.
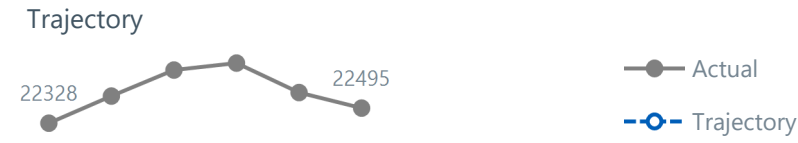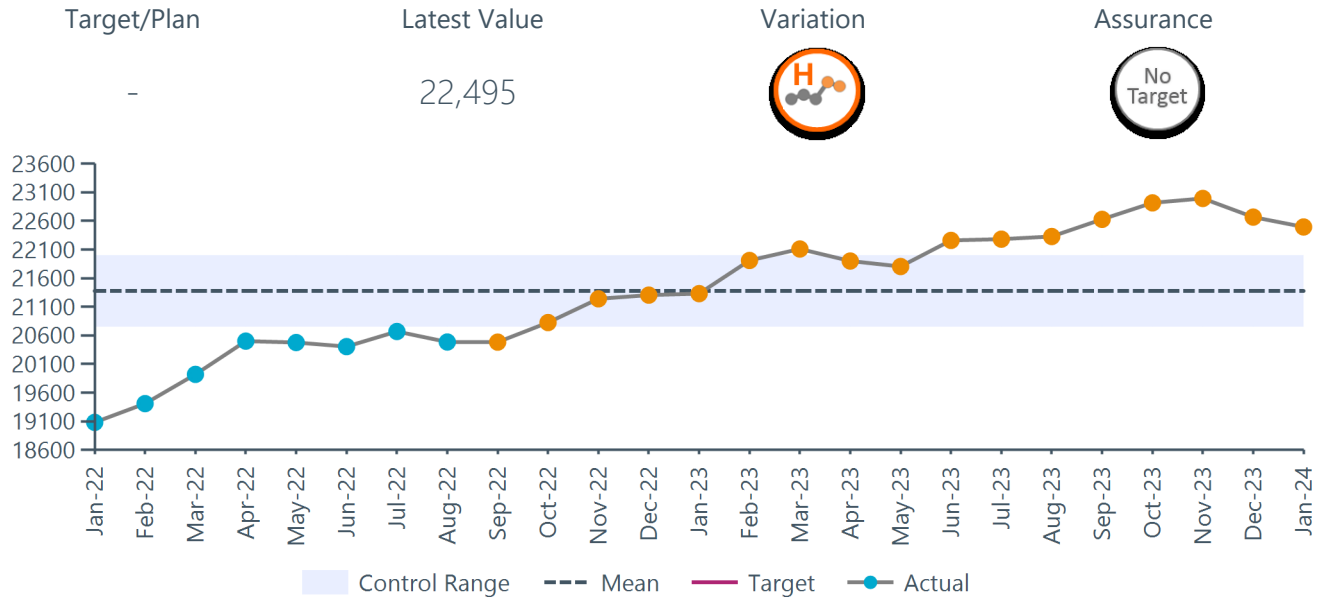
Welsh guidance differs from NHS England guidance; the Trust continues to monitor equity across our commissioners whilst recognising guidance and differences in pathway monitoring. Confirmation now received (w/c 16th October) from BCU & Powys that RJAH can utilise mutual aid for their patients. The Trust is liaising with Walton to facilitate and transfer appropriate patients. Discussions continue with Powys, following an initial meeting in December to discuss further opportunities for treatment of their patients

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
6575	6761	7082	7229	7327	7572	7533	7442	7612	7867	7921	7875	7766

- 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
-	22,495	H	No Target	22328 ... 22495

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Control Range — Mean — Target — Actual

Narrative

The total volume of patients waiting at the end of January is 22495; 14729 are English patients and 7766 are Welsh patients. The sub-specialties with the highest volume of patients are:
* Spinal Disorders - 4936 / 21.94%
* Arthroplasty - 4401 / 19.56%
* Metabolic Medicine - 4317 / 19.19%

The Trust is still working with the 2023/24 operational planning guidance. Industrial Action, Operational pressures and ongoing Estates works have impacted original delivery plans. The original guidance stipulated:
* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .
 We expect 2024/24 planning guidance imminently. The Trust continues to treat Welsh patients alongside English patients, balancing both long waits and clinical urgency.
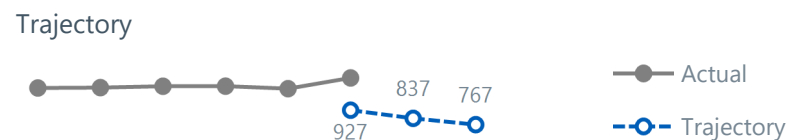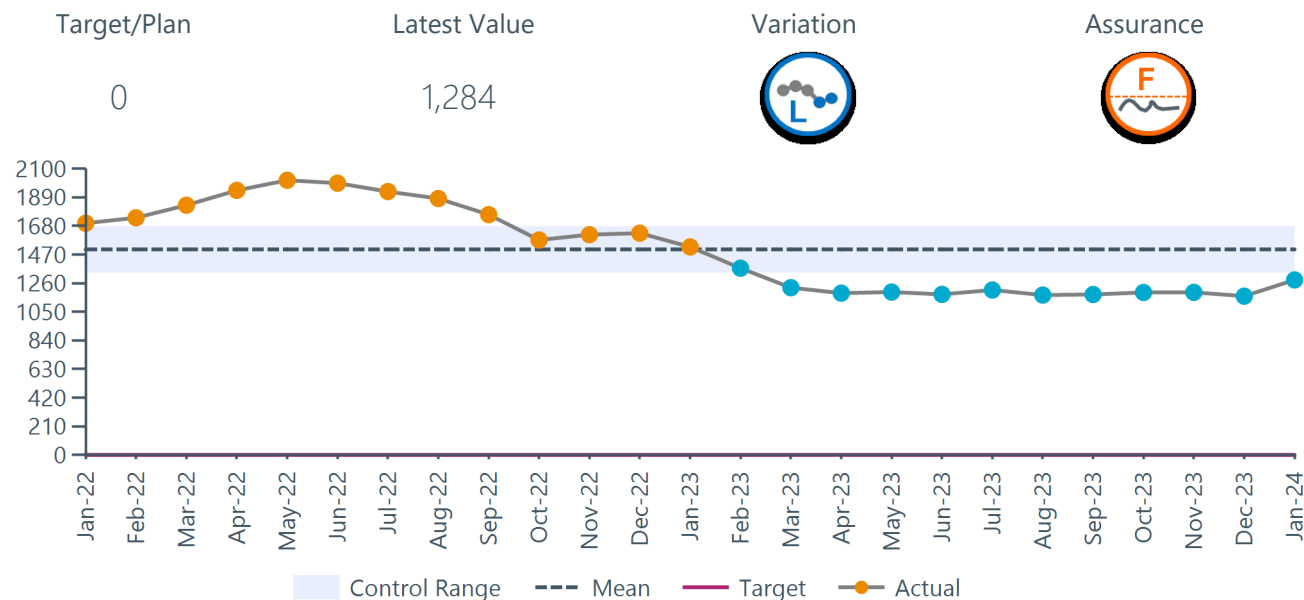
Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
21330	21910	22110	21900	21804	22260	22282	22328	22628	22916	22993	22667	22495

- 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
0	1,284	L	F	

Trajectory values: 837, 767, 927

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 January there were 1284 English patients waiting over 52 weeks; above our trajectory figure of 927 by 357. The patients are under the care of these sub-specialities; Arthroplasty (546), Knee & Sports Injuries (216), Spinal Disorders (208), Upper Limb (147), Foot & Ankle (120), Paediatric Orthopaedics (13), Metabolic Medicine (9), Orthotics (7), ORLAU (6), Neurology (4), Rheumatology (3), Tumour (2), SOOS GPSI (2) and Physiotherapy (1).
Patients waiting, by weeks brackets is:
* >52 to <=65 weeks - 931 patients
* >65 to <=78 weeks - 339 patients
* >78 to <=95 weeks - 14 patients
* >95 to <=104 weeks - 0 patient

Actions

The national planning requirements for 2023/24 stipulate that Trusts should eliminate waits of over 65 weeks for elective care, by March-24 (except where patients choose to wait longer or in specific specialties). The Trust is currently putting plans in place to achieve this by end of quarter one 2024/25.

A mutual aid co-ordinator, harms reviews process and validation resource are in place. The Trust has put in place a digital solution to support with validation that went live in early December. Cohort one for Patient Initiated Digital Mutual Aid had very small volumes of patients who were transferred to other Providers and rollout of further cohorts under National review. Internal Operational meeting are in place to further monitor progress. Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible during the periods.
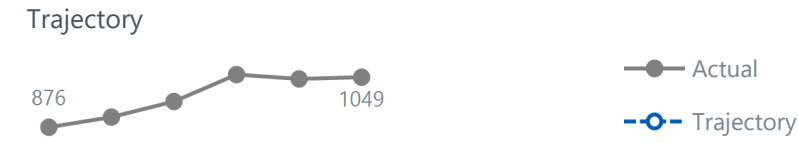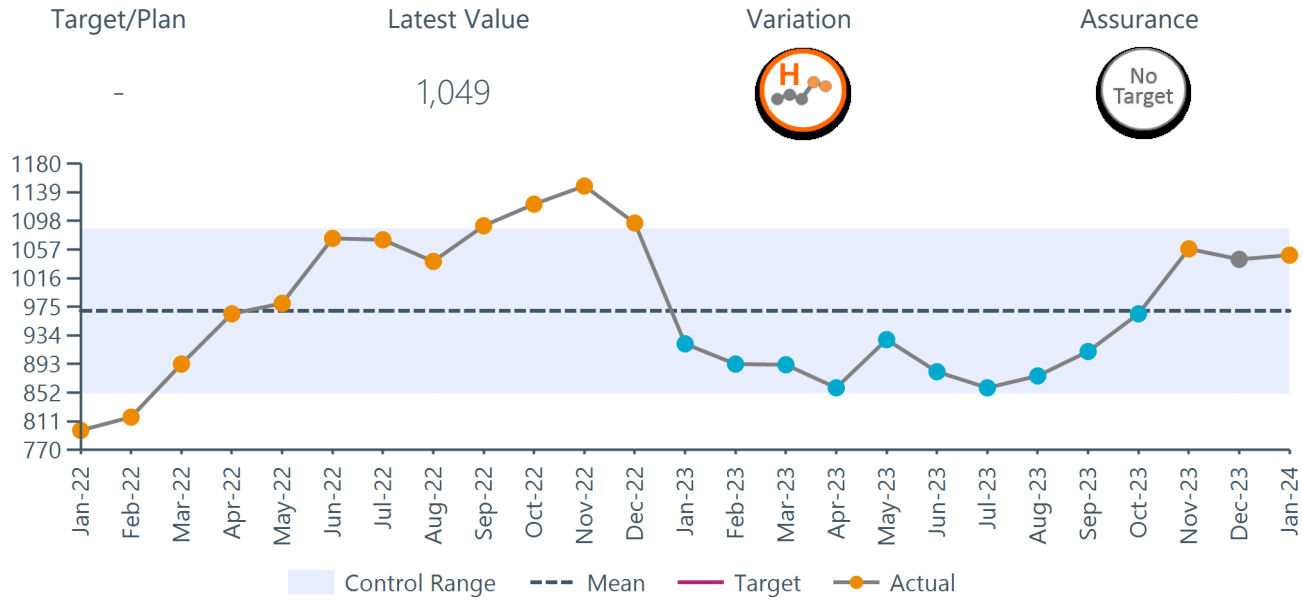
The Trust is supporting the System to address waiting list pressures. The Trust accepted 72 long wait patients from Shropshire Community and is supporting Shrewsbury & Telford Hospitals by providing Elective Orthopaedic Theatre capacity.   The Trust is also involved in discussions with other Providers to support with Paediatric Orthopaedic long waits.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
1526	1370	1227	1187	1195	1178	1210	1173	1177	1192	1193	1165	1284

- 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	Trajectory
-	1,049	H	No Target	876 ... 1049 (Actual / Trajectory)

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature.

Narrative

At the end of January there were 1049 Welsh patients waiting over 52 weeks. The patients are under the care of the following subspecialties; Spinal Disorders (405), Arthroplasty (234), Knee & Sports Injuries (190), Upper Limb (106), Foot & Ankle (82), Veterans (15), Paediatric Orthopaedics (12), Metabolic Medicine (2),Tumour (1), Physiotherapy (1) and Neurology (1).

Patients are under the care of the following commissioners: BCU (570), Powys (448), Hywel Dda (28), Cwm Taf (1), Cardiff & Vale (1) and Abertawe Bro Morgannwg (1). The number of patients waiting, by weeks brackets is:
* >52 to <=65 weeks - 513 patients
* >65 to <=78 weeks - 287 patients
* >78 to <=95 weeks - 147 patients
* >95 to <=104 weeks - 36 patients
* >104 weeks - 66 patients

Actions

The Welsh guidance differs from NHS England guidance. The Trust continues to monitor equity across our commissioners whilst recognising guidance and differences in pathway monitoring. The Trust has now received confirmation (w/c 16th October) from BCU & Powys that RJAH can utilise mutual aid for their patients.   The Trust is liaising with Walton to facilitate and transfer appropriate patients.

A continuous validation programme is in place whilst patients continue to wait and ensures harm is continually reviewed as per the Trust's Harm Policy. A digital solution has been in place to support with validation; this went live in early December.
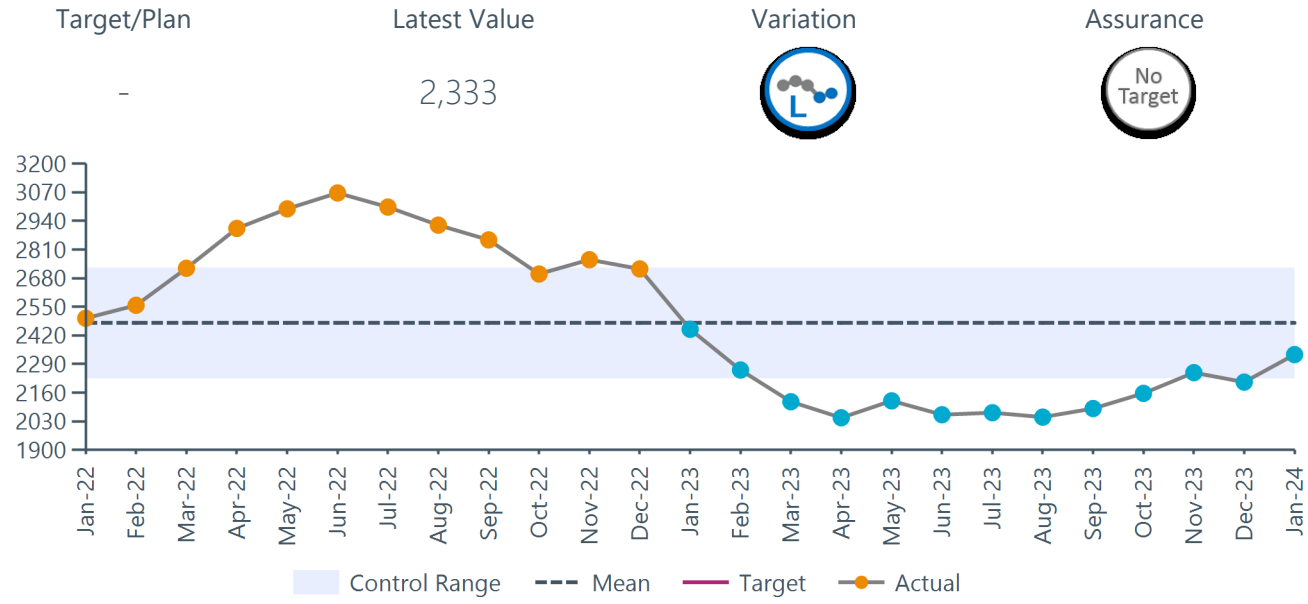
Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible, during the periods.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
922	893	892	859	928	882	859	876	911	965	1058	1043	1049

- 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
–	2,333	L	No Target	2049 ... 2333

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Control Range — Mean — Target — Actual

Narrative

Overall, there were 2333 patients waiting over 52 weeks at the end of January; 1284 English and 1049 Welsh. The number of patients waiting over 52 weeks represents 10.37% of the total list size.

The patients are under the care of the following sub-specialties; Arthroplasty (780), Spinal Disorders (613), Knee & Sports Injuries (406), Upper Limb (253), Foot & Ankle (202), Paediatric Orthopaedics (25), Veterans (15), Metabolic Medicine (11), Orthotics (7), ORLAU (6), Neurology (5), Tumour (3), Rheumatology (3), Physiotherapy (2) and SOOS GPSI (2).

The Trust is still working with the 2023/24 operational planning guidance. Industrial Action, Operational pressures and ongoing Estates works have impacted original delivery plans. The original guidance stipulated:
* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .
 We expect 2024/24 planning guidance imminently.

Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
2448	2263	2119	2046	2123	2060	2069	2049	2088	2157	2251	2208	2333

- 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
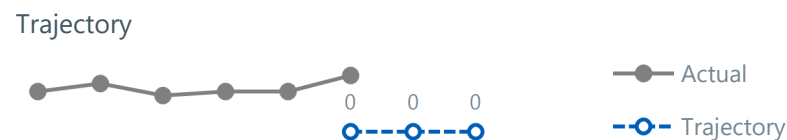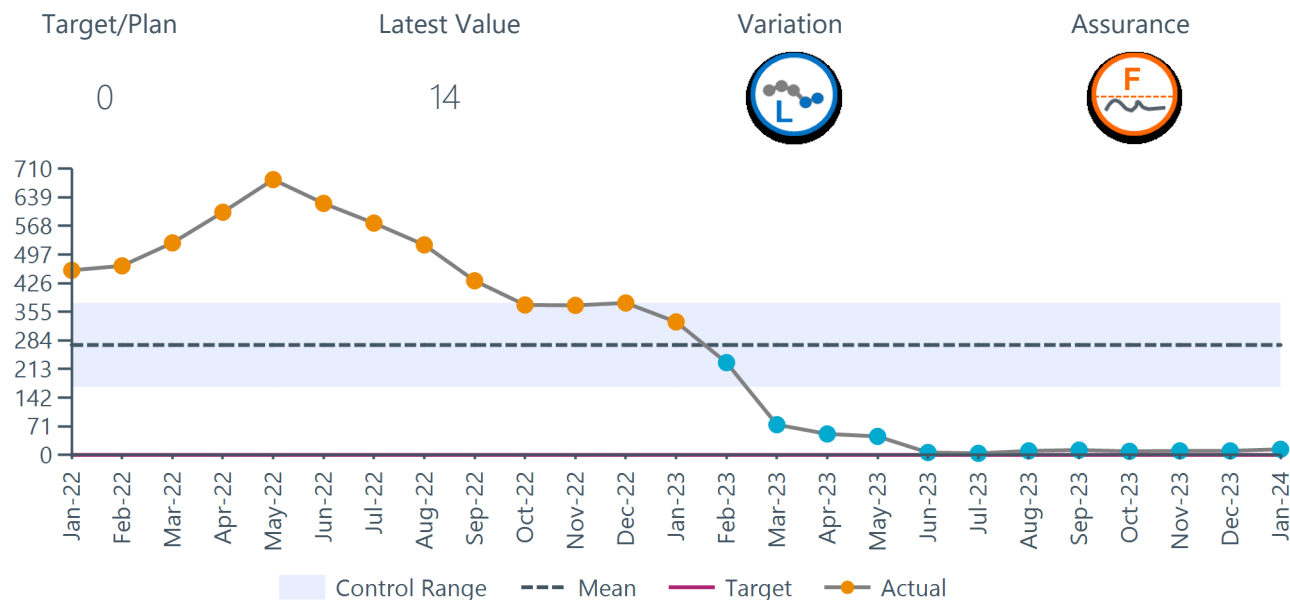
Target/Plan	Latest Value	Variation	Assurance
0	14	(L)	(F)

Trajectory

— 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

At the end of January there were 14 English patients waiting over 78 weeks; 14 above our trajectory of 0. Submitted plans are visible in the trajectory line above. The patients are under the care of the following sub-specialities; Arthroplasty (7), Spinal Disorders (6), and Knee & Sports Injuries (1).

40 patients declined the offer of mutual aid leading to non-admitted clock stops.

The Trust is still working with the 2023/24 operational planning guidance. Industrial Action, Operational pressures and ongoing Estates works have impacted original delivery plans. The original guidance stipulated:
* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .
 We expect 2024/24 planning guidance imminently.

Actions

The Trust is now reporting against this standard by exception with the Trust making significant improvements during 23/24. In line with national planning expectations the Trust aims to further reduce long waits to less than 65 weeks. The Trust is putting plans in place, with the aim to achieve this, end of Quarter one 24/25.

A mutual aid co-ordinator and validation resource are in place. The Trust has put in place a digital solution to support with validation that went live in early December. Cohort one for Patient Initiated Digital Mutual Aid had very small volumes of patients who were transferred to other Providers and rollout of further cohorts under National review.

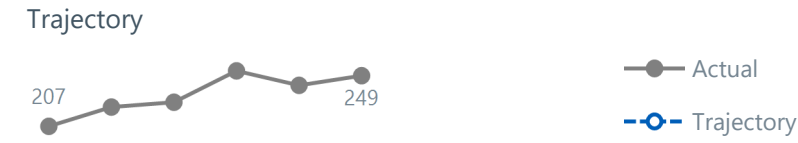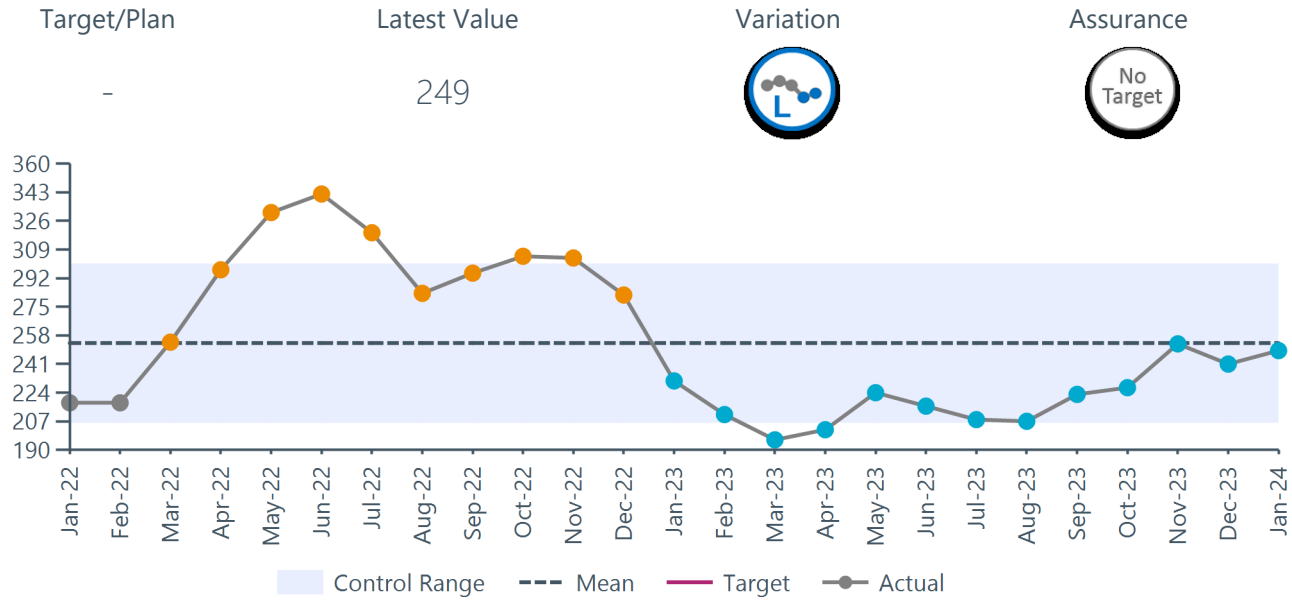Internal Operational meeting are in place to further monitor progress.

Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible during the periods.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
330	229	75	52	46	6	4	10	12	9	10	10	14

- Staff - Patients - Finances -

Patients Waiting Over 78 Weeks - Welsh (Total)

Number of Welsh RTT patients waiting 78 weeks or more at month end 217802

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
-	249	L	No Target	207 ... 249

Actual
Trajectory

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 January there were 249 Welsh patients waiting over 78 weeks.

The patients are under the following sub-specialties; Spinal Disorders (101), Knee & Sports Injuries (67), Arthroplasty (47), Foot & Ankle (16), Upper Limb (12), Veterans (3), Neurology (1), Physiotherapy (1) and Paediatric Orthopaedics (1).

Actions

In line with Welsh Assembly expectations, the Trust is taking action to address the longest waiting patients. The Trust continues to treat Welsh patients alongside English patients, balancing both long waits and clinical urgency. The Trust has now received confirmation (w/c 16th October) from BCU & Powys that RJAH can utilise mutual aid for their patients. The Trust is liaising with Walton to facilitate and transfer appropriate patients.

The Trust has put in place a digital solution to support with validation that went live in early December.

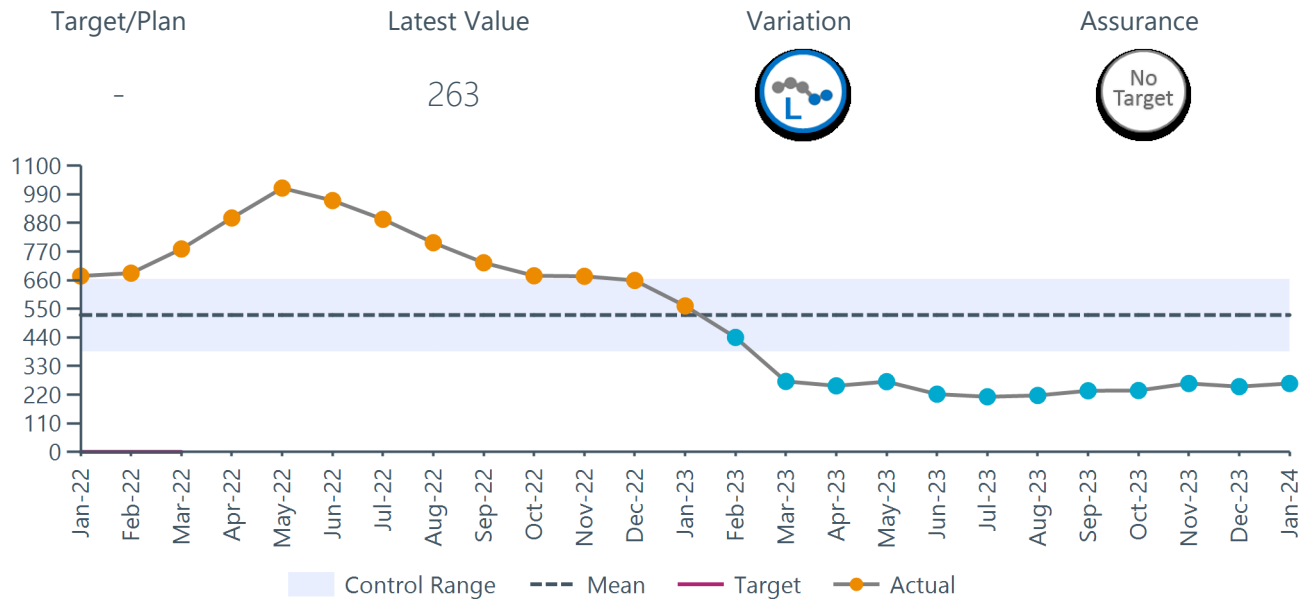Internal pooling is underway to further support progressing our longest waits.

Industrial Action impacts continue to be monitored within the Trust, with clinically urgent and long waits being prioritised, where possible, during the periods.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
231	211	196	202	224	216	208	207	223	227	253	241	249

- 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
–	263	L	No Target	217 ... 263

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Control Range — Mean -- Target — Actual

Narrative

Overall, there were 263 patients waiting over 78 weeks at the end of January; 14 English and 249 Welsh.

The patients are under the care of the following sub-specialties; Spinal Disorders (107), Knee & Sports Injuries (68), Arthroplasty (54), Foot & Ankle (16), Upper Limb (12), Veterans (3), Neurology (1), Physiotherapy (1) and Paediatric Orthopaedics (1).

The Trust is still working with the 2023/24 operational planning guidance. Industrial Action, Operational pressures and ongoing Estates works have impacted original delivery plans. The original guidance stipulated:
* Eliminate waits of over 65 weeks by March 2024 - exceptions are patient choice / specific specialties
* Continue to develop plans to reduce 52 week waits, with NHSE ambition, to eliminate them by March 2025 .
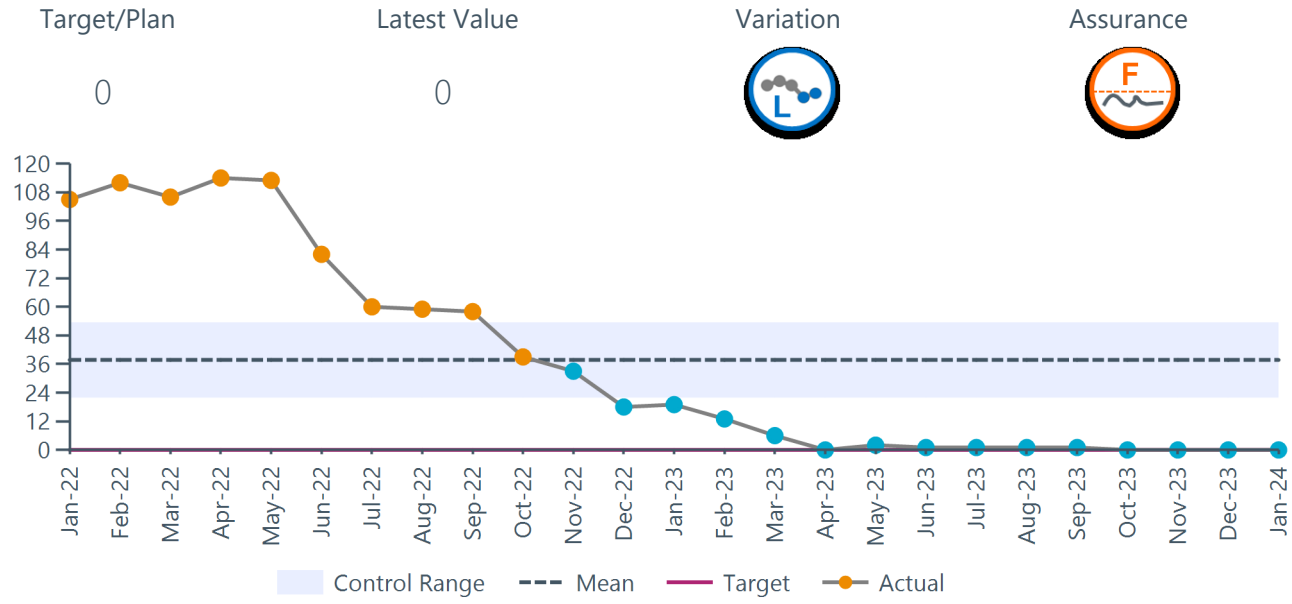 We expect 2024/24 planning guidance imminently.

Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
561	440	271	254	270	222	212	217	235	236	263	251	263

- 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	Trajectory
0	0	L	F	1 ——— 0

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 January there were 0 (zero) English patients waiting over 104 weeks.

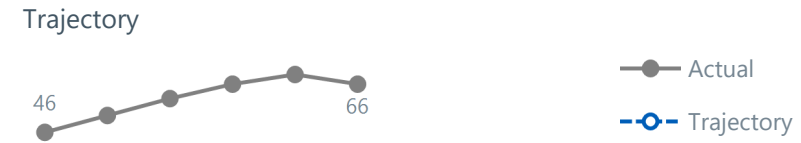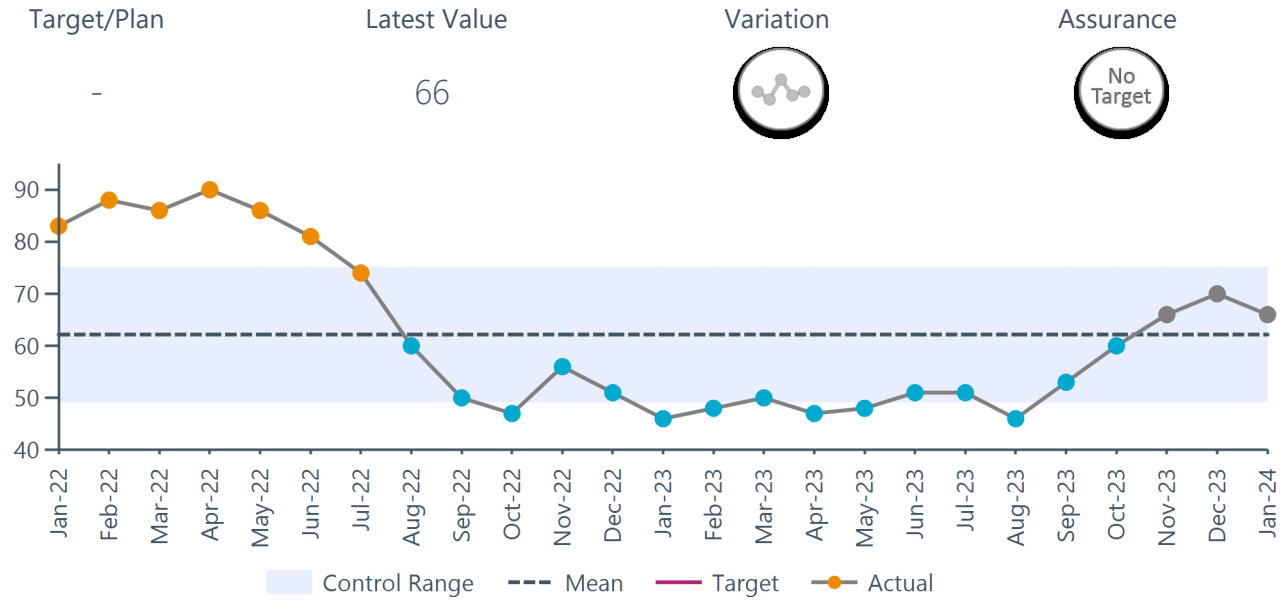The Trust is forecasting 0 breaches for the end of February.

Actions

The Trust continues to monitor its longest waits and will flag any forecast breaches against this standard going forward.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
19	13	6	0	2	1	1	1	1	0	0	0	0

- Staff - Patients - Finances -

Patients Waiting Over 104 Weeks - Welsh (Total)

Number of Welsh RTT patients waiting 104 weeks or more at month end 217803

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	66		No Target	46 ... 66

Actual
Trajectory

What these graphs are telling us

Metric is experiencing common cause variation.

Control Range --- Mean — Target — Actual

Narrative

At the end of January there were 66 Welsh patients waiting over 104 weeks.

The patients are under the care of the following subspecialties:
* Spinal Disorders (54)
* Knee & Sports Injuries (9)
* Foot & Ankle (1)
* Arthroplasty (1)
* Neurology (1)

Actions

The Trust continues to monitor its longest waits and will flag any forecast breaches against this standard going forward. The majority of breaches are now attributable to our most challenged sub-specialty.   The Trust has now received confirmation (w/c 16th October) from BCU & Powys that RJAH can utilise mutual aid for their patients. The Trust is liaising with Walton to facilitate and transfer appropriate patients.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
46	48	50	47	48	51	51	46	53	60	66	70	66

- 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
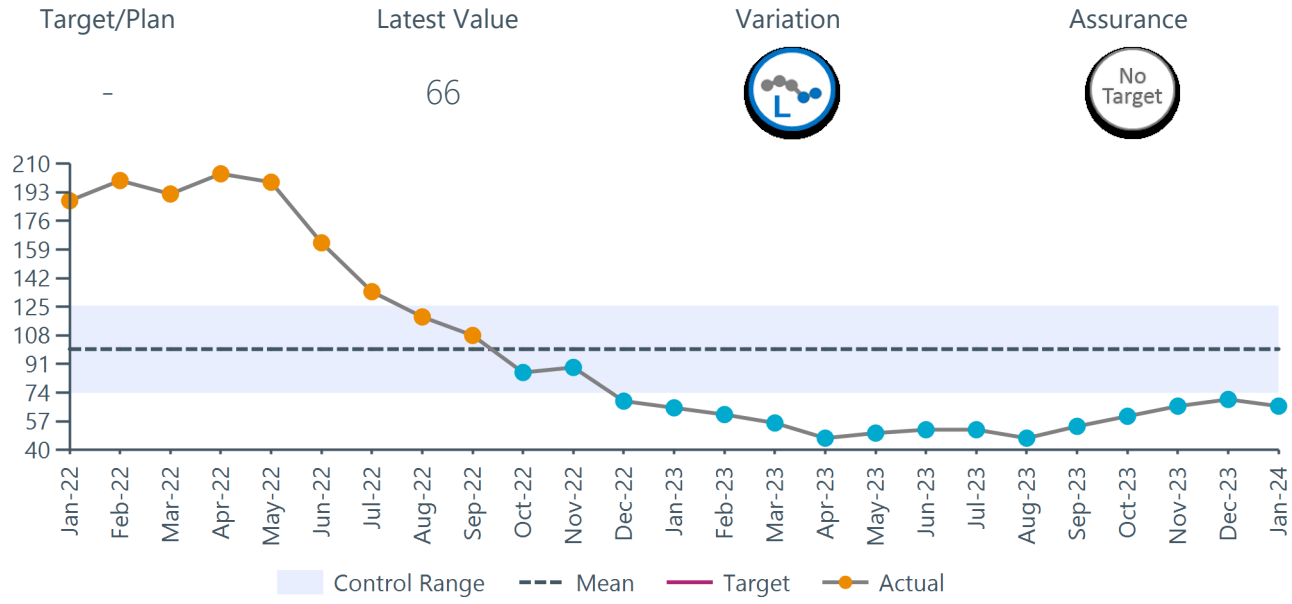
Target/Plan	Latest Value	Variation	Assurance	Trajectory
–	66	L	No Target	47 ... 66

Actual
Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature.

Control Range   Mean   Target   Actual

Narrative

The reported position for the end of January included 0 English patients and 66 Welsh patients waiting over 104 weeks.

The patients are under the care of the following subspecialties:
* Spinal Disorders (54)
* Knee & Sports Injuries (9)
* Foot & Ankle (1)
* Metabolic Medicine (1)
* Neurology (1)

Actions

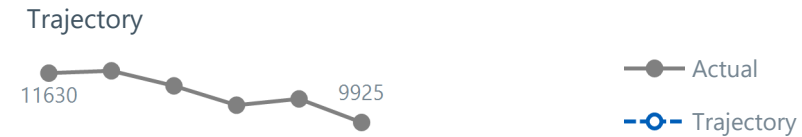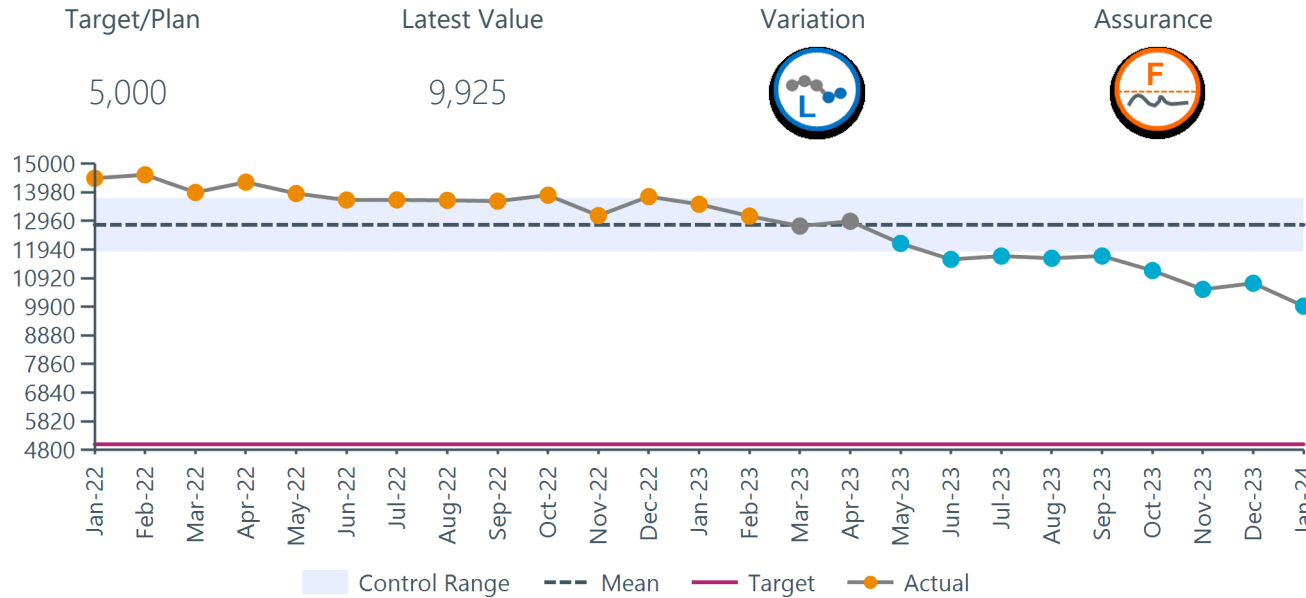| Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
65	61	56	47	50	52	52	47	54	60	66	70	66

- 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
5,000	9,925	L	F

Trajectory

11630 ... 9925

- 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 of the 31st of January, there were 9,925 patients overdue their follow up appointment. This is broken down by:
  - Priority 1 - 6306 with 1171 dated (19%) (priority 1 is our more overdue follow-up cohort)
  - Priority 2 - 3619 with 1066 dated (29%);
* The backlog has decreased by 23% since April. The teams with the biggest reduction this month were Veterans (-176), Spinal Disorders (-136), Upper Limb (-105). A decrease in all but 4 teams was seen in January.

* Of the 9,925 patients overdue, 53% are diagnostic follow ups.
* Of all the patients on a non-diagnostic follow up, 17% are overdue.
* Of all the patients on a diagnostic follow up, 36% are overdue.
* The sub-specialities with the highest volumes of overdue follow ups are: Arthroplasty (1,653), Rheumatology (1,436) and Spinal Disorders (1,186).
* The main focus within the Trust has been on long waiters, with a specific focus on the NHSE ask to meet the 65-week milestone 1 target.

Actions

Work on the follow up reduction plan remains ongoing:
* An action to identify & agree the no-go cohorts within each subspecialty has now been completed
* It is recognised that lists need to be validated from an administrative perspective before proceeding with DrDoctor text validation to ensure the exercise is carried out on appropriate cohorts of patients.
* Bank support of one day per week to validate follow ups commenced on the 7th of February.
* Further validation of diagnostic follow ups is required.
* Clinical Engagement within Rheumatology and MCSI to utilise continuous PIFU.
* Planning expectations for 2022/23 were to reduce outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023, however, our plans do not meet this aspiration. One of the factors to non-achievement is recognition that the Trust continues to address its overdue follow-up backlog.
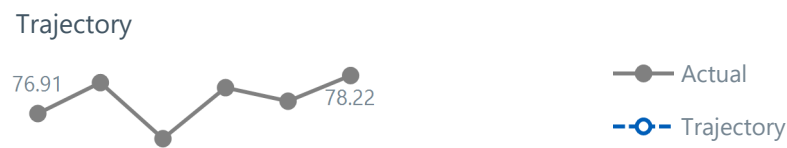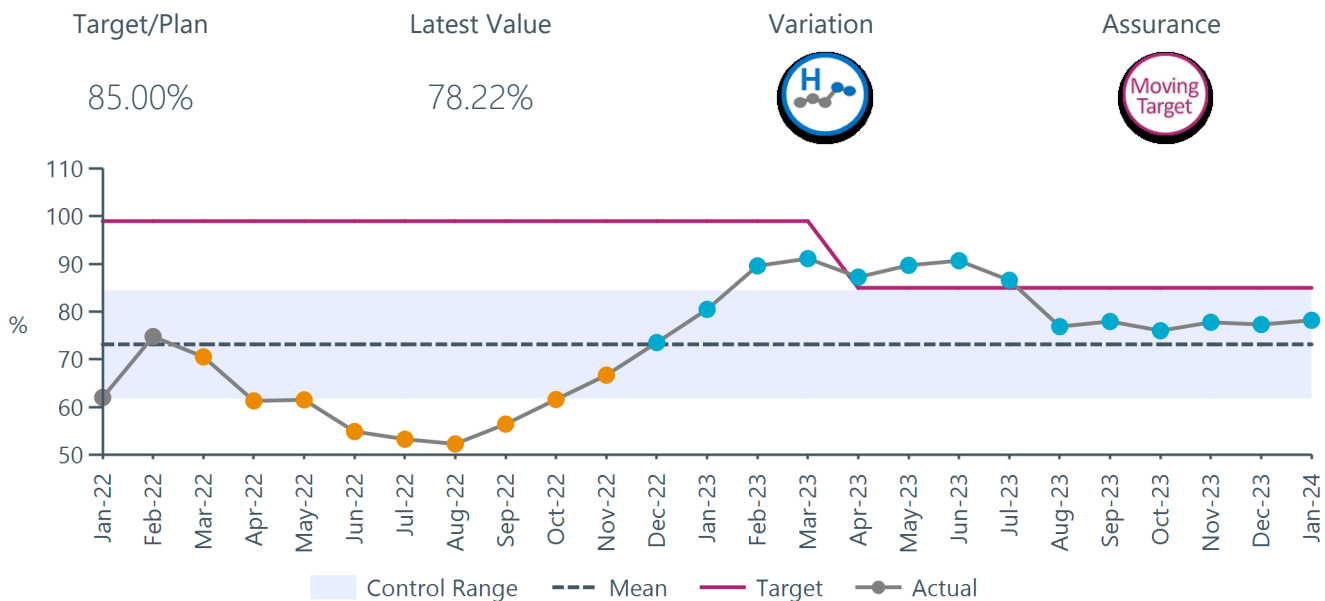
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
13554	13132	12777	12949	12158	11589	11707	11630	11710	11190	10522	10740	9925

- 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
85.00%	78.22%	H	Moving Target	76.91 ... 78.22

Actual
Trajectory

Control Range — Mean — Target — Actual

What these graphs are telling us

Metric is experiencing special cause variation of an improving nature. Due to target change, this shows as a moving target.

Narrative

The December position is reported at 78.22% below the 85% target. Reported performance equates to 235 patients who waited beyond 6 weeks. Of the 6-week breaches; 66 are over 13 weeks (Ultrasound). Breakdown below outlines performance and breaches by modality:

* MRI – 99.47% - D2 (Urgent - 0-2 weeks) - 1 dated
* CT – 99.30% - D4 (Routine - 6-12 weeks) – 1 dated
* Ultrasound – 57.27% - D2 (Urgent - 0-2 weeks) - 2 dated, D4 (Routine - 6-12 weeks) - 230 with 88 dated
* DEXA Scans - 100%

To support the percentage of patients receiving a diagnostic test within 6 weeks, NHSE are increasing focus on >13 weeks. National expectations to have no 13 weeks by end of June 2023 and by March 2024 the ambition is to achieve 85% against the 6-week standard within all modalities. It must be noted that both MRI and CT are already achieving the 6-week standard.
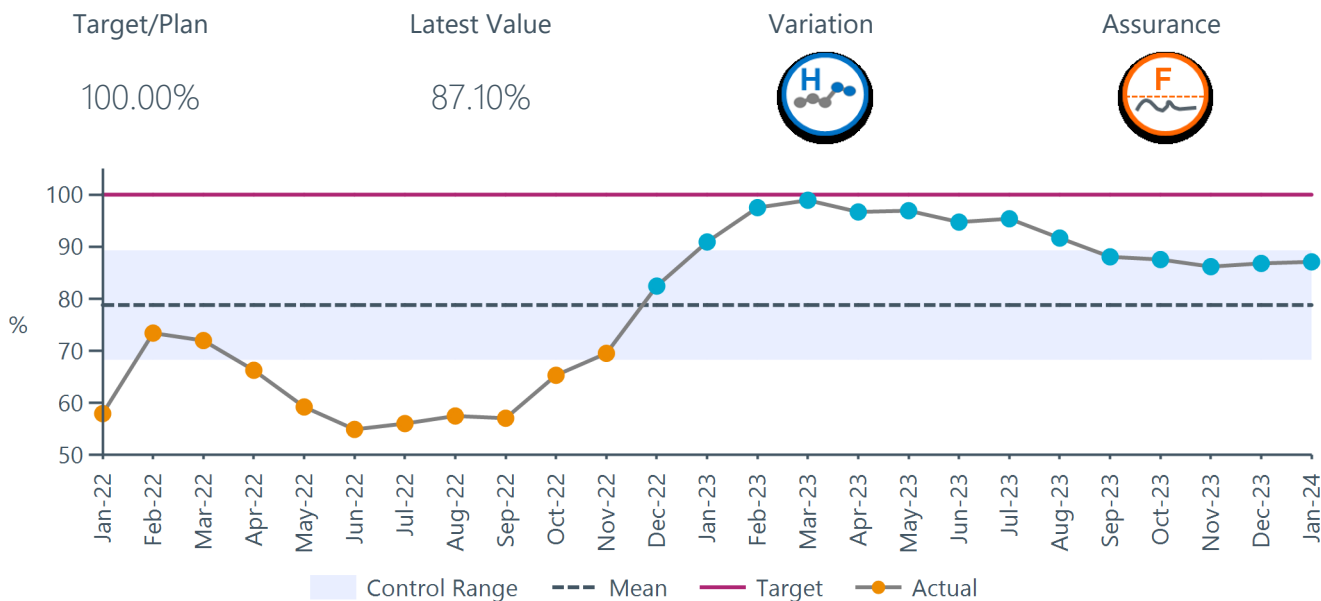The trust continues to treat by clinical priority. MRI activity plans were met in January.

Actions

* Business case for additional Radiologists to be completed by Clinical Director is still in progress. Focus is on offsetting OJP and high tariff procedure lists.
* 'Case of Need' for bank/locum Radiologist to run Ultrasound diagnostic all day Saturday lists has been agreed and clinics starting in January was delayed and now due to commence in February.
* Additional ultrasound clinics still in place in core week.
* New Fellow started in January so interventional/diagnostic lists to be adopted after a short period of mentorship.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
80.51%	89.63%	91.15%	87.27%	89.74%	90.71%	86.61%	76.91%	77.97%	76.04%	77.80%	77.33%	78.22%

- 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
100.00%	87.10%	H	F	91.67 ... 87.10

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

The 8-week standard for diagnostics was not achieved this month and is reported at 87.10%. Reported performance equates to 44 patients who waited beyond 8 weeks. Breakdown below outlines performance and breaches by modality:

* MRI – 98.94% - (D2 (Urgent – 0-2 weeks) – 1 dated
* CT – 96.67% - (D4 (Routine - 6-12 weeks) - 1 dated
* Ultrasound – 65.55% - (D4 (Routine - 6-12 weeks) - 41 with 13 dated
* DEXA Scans - 100%

The trust continues to treat by clinical priority. MRI activity plans were met in January.

Actions

* Business case for additional Radiologists to be completed by Clinical Director is still in progress. Focus is on offsetting OJP and high tariff procedure lists.
* 'Case of Need' for bank/locum Radiologist to run Ultrasound diagnostic all day Saturday lists has been agreed and clinics starting in January was delayed and now due to commence in February.
* Additional ultrasound clinics still in place in core week.
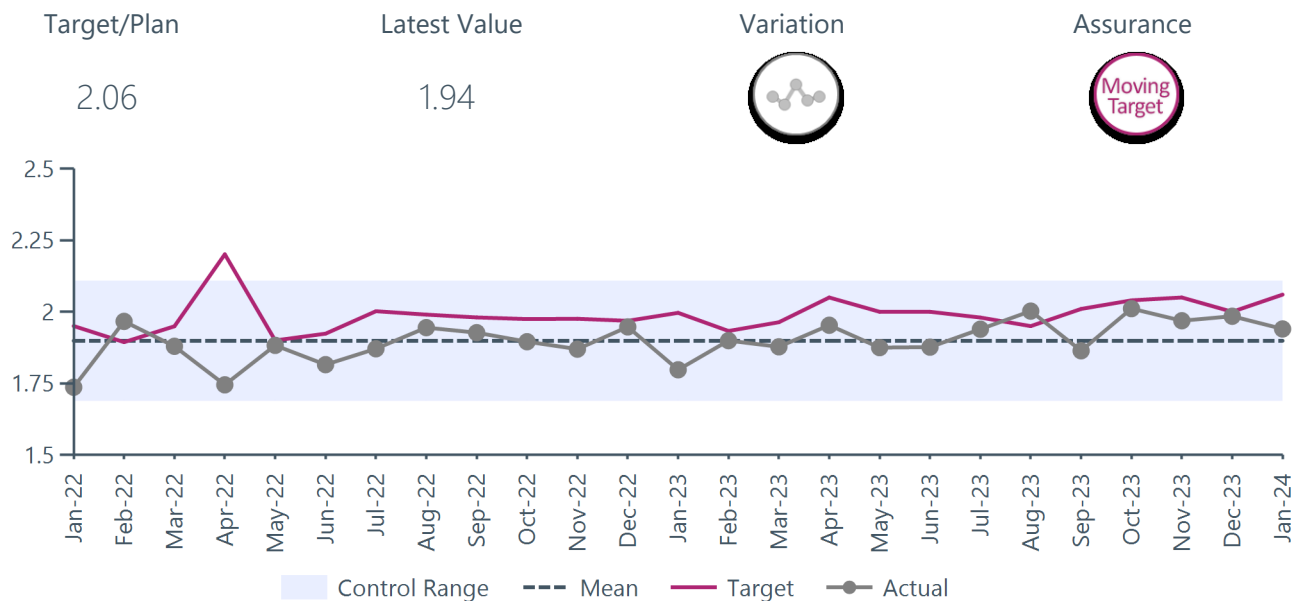* New Fellow started in January so interventional/diagnostic lists to be adopted after a short period of mentorship.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
90.92%	97.52%	98.94%	96.69%	96.92%	94.74%	95.38%	91.67%	88.06%	87.54%	86.18%	86.80%	87.10%

-   Staff   -   Patients   -   Finances   -

Theatre Cases Per Session Against Plan

Average number of cases per session rated against plan. 217801

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
2.06	1.94	(Common cause)	Moving Target	2 ... 1.94

Actual
Trajectory

Control Range   Mean   Target   Actual

What these graphs are telling us

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

Narrative

Cases per session achieved in January was 1.94 against the plan of 2.06 derived from our 2023/24 planning submission.
Summary:
* MSK Unit – achieved 2.12 of 2.17 plan
* Specialist Unit - achieved 1.49 of 1.72 plan

Actions

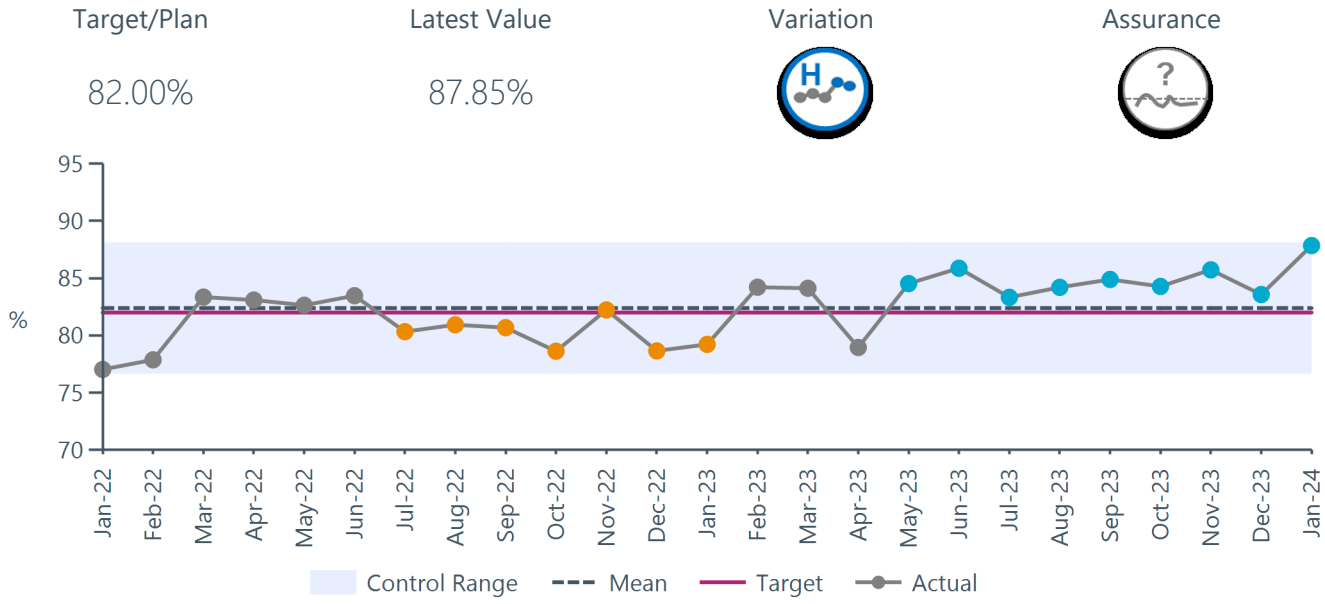* Greater focus on Theatre Improvement programme:
- early session starts currently reporting four all day sessions across two Consultants in February.
- Sunday working currently equating to 38 theatre cases across three Sundays in February.
- standardisation of cases per session in accordance with GIRFT guidance of 4 arthroplasty joint lists continues in February following engagement by the arthroplasty lead. Bluespier currently reporting 20x four joint lists undertaken and booked through February involving 11 surgeons.
- focus on reducing cancellations and opportunities for improvement identified and implemented.
- The Trust is taking action to support the winter capacity in the system by offering theatre capacity, where available, continuing in February with 3x all day and 3x morning and 2x afternoon sessions currently scheduled this month.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
1.80	1.90	1.88	1.95	1.88	1.88	1.94	2.00	1.86	2.01	1.97	1.98	1.94

- Staff - Patients - **Finances** -

Touchtime Utilisation

% of Minutes Utilised replicating Touch Time methodology 215309

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
82.00%	87.85%			84.20 ... 87.85

Actual
Trajectory

What these graphs are telling us

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

Control Range — Mean — Target — Actual

Narrative

Touchtime Utilisation in January was 87.85% and is included as an exception this month as it continues to report special cause variation of an improving nature. This follows nine consecutive months achieving the 82% target.

Several areas of focus and theatre improvements have impacted touch time utilisation including:
* On the day cancellation policy in place
* Early starts commenced amongst consultants
* Focus on maximising capacity in theatres staffed and available
* Standardisation of cases per session

Touch time utilisation over 85% is considered good practice and demonstrates effective use of theatre time as well as efficiency in non-surgery activities such as set up and logistics.
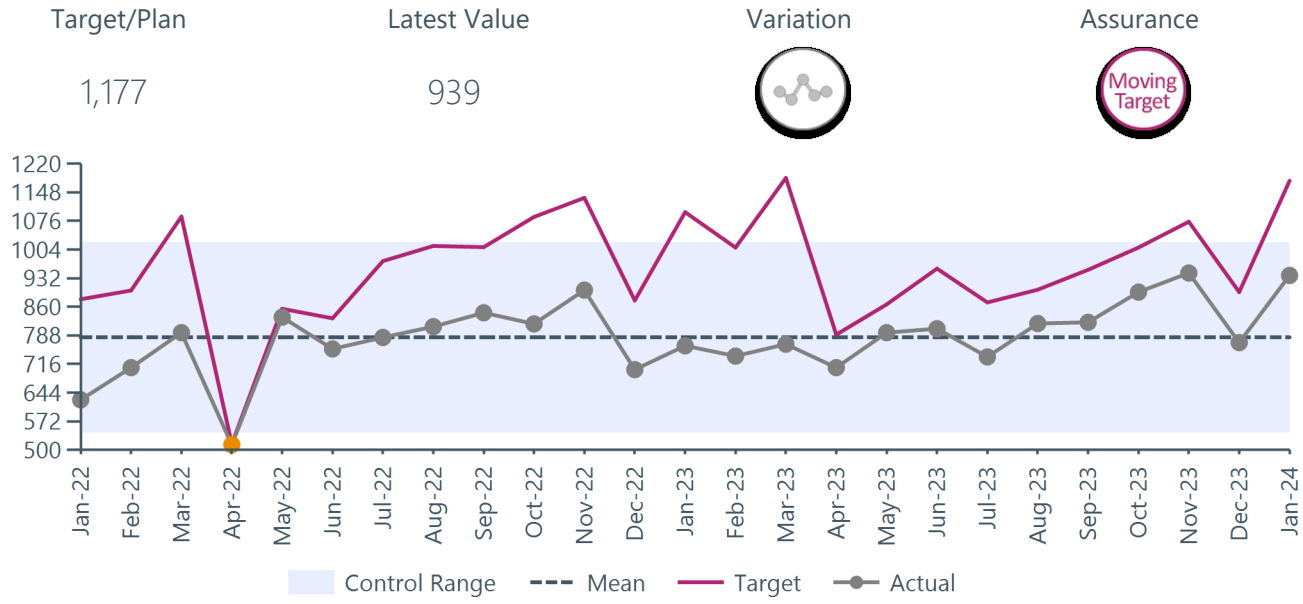
Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
79.22%	84.21%	84.12%	78.95%	84.53%	85.87%	83.33%	84.20%	84.89%	84.28%	85.73%	83.57%	87.85%

- Staff - Patients - Finances -

Total Theatre Activity Against Plan

All activity in Theatres in month, rated against plan. 217797

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
1,177	939	(common cause)	Moving Target	

Trajectory: 818 … 939

— Actual
—O— Trajectory

Control Range   Mean   Target   Actual

What these graphs are telling us

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

Narrative

Total theatre activity is monitored against the 2023/24 plan.
 January summary:
* Total Theatre Activity – 939 (plan 1177) 238 short (79.78%)
* NHS activity – 851 (plan1111) 260 short (76.60%)
* Private patients – 88 (plan of 66) 22 above (133.33%)
Factors affecting delivery:
- Staffing issues in Theatres resulting in lost sessions
- Industrial action - reported impact of 13 theatre cases
- 73 theatre cancellations (35 on the day and 38 ahead of TCI)
- Shortfall in NHS sessions (-88.5). 84.96% of sessions were used against plan.
- IJP/OJP activity not maximised; IJP 87.11% of plan, OJP 55.88% of plan.

Actions

* Greater focus on Theatre Improvement programme:
- early session starts currently reporting four all day sessions across two Consultants in February.
- Sunday working currently equating to 38 theatre cases across three Sundays in February.
- standardisation of cases per session in accordance with GIRFT guidance of 4 arthroplasty joint lists continues in February following engagement by the arthroplasty lead. Bluespier currently reporting 20x four joint lists undertaken and booked through February involving 11 surgeons.
- focus on reducing cancellations and opportunities for improvement identified and implemented.
- The Trust is taking action to support the winter capacity in the system by offering theatre capacity, where available, continuing in February with 3x all day and 3x morning and 2x afternoon sessions currently scheduled this month.
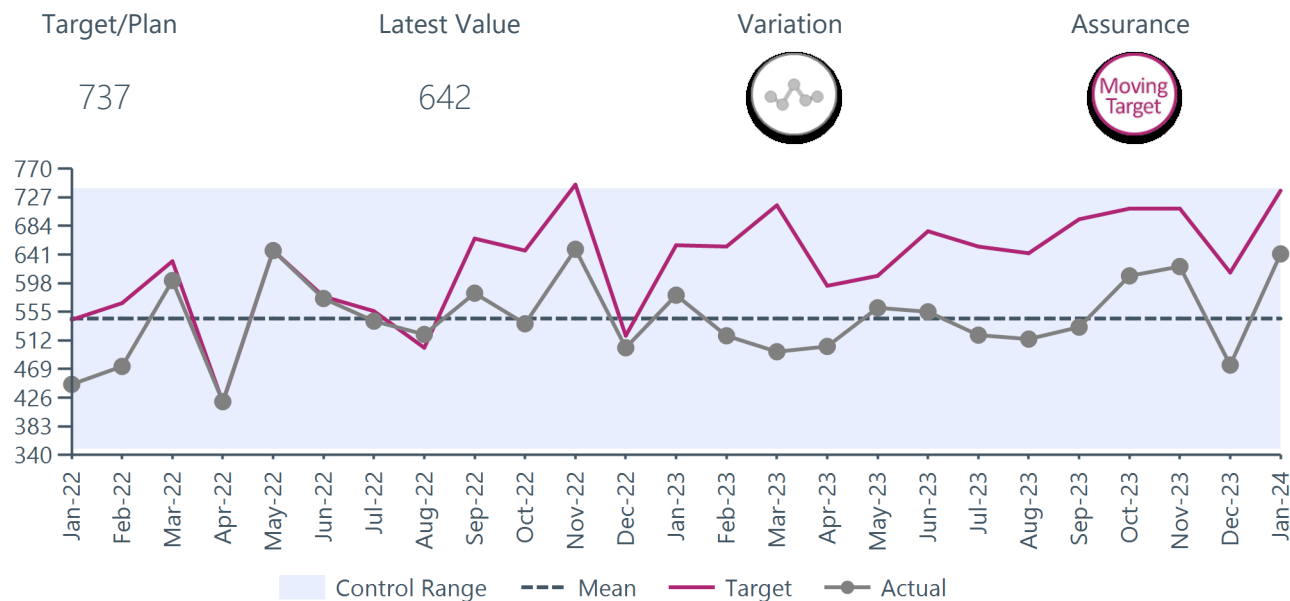
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
762	736	766	707	795	805	734	818	821	897	945	770	939

-   Staff   -   Patients   -   **Finances**   -

IJP Activity - Theatres - against Plan

NHS activity in Theatres in-month undertaken in job plan; rated against plan. 217552

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
737	642		Moving Target	514 ... 642

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 measure reflects how the Trust maximises IJP time and resource; the 2023/24 IJP plan for January was 737 cases.

In January, the Trust undertook 642 NHS theatre cases IJP, 95 cases behind the plan of 737 which equates to 87.11%. The plan was 1177 cases: 737 IJP, 374 OJP, 66 PP's.

There are several factors affecting IJP performance, mainly relating to workforce flexibility such as study leave / annual leave and workforce gaps.

These impacts form part of improvements reviewed as part of weekly financial recovery group activity.

Actions

* Greater focus on Theatre Improvement programme:
- early session starts currently reporting four all day sessions across two Consultants in February.
- Sunday working currently equating to 38 theatre cases across three Sundays in February.
- standardisation of cases per session in accordance with GIRFT guidance of 4 arthroplasty joint lists continues in February following engagement by the arthroplasty lead. Bluespier currently reporting 20x four joint lists undertaken and booked through February involving 11 surgeons.
- focus on reducing cancellations and opportunities for improvement identified and implemented.
- The Trust is taking action to support the winter capacity in the system by offering theatre capacity, where available, continuing in February with 3x all day and 3x morning and 2x afternoon sessions currently scheduled this month.
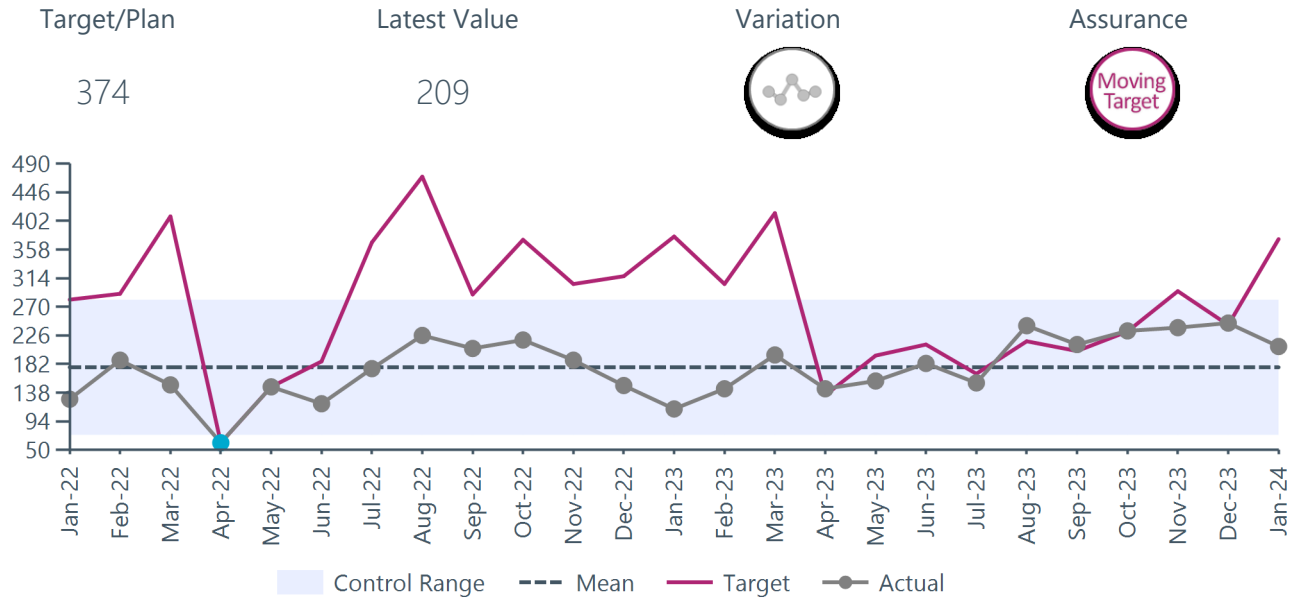
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
580	519	495	503	561	555	520	514	532	609	623	475	642

- Staff - Patients - **Finances** -

OJP Activity - Theatres - against Plan

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

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
374	209		Moving Target	241 ... 209

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 measure reflects how the Trust maximises OJP time and resource; the 2023/24 IJP plan for January was 374 cases.

In January, the Trust undertook 209 NHS theatre cases OJP, 165 cases behind the plan of 374 which equates to 55.88%. The plan was 1177 cases: 737 IJP, 374 OJP, 66 PP's.

There are several factors contributing to underperformance in OJP activity, mainly relating to workforce flexibility such as - study leave / annual leave and workforce gaps.

Actions

* Greater focus on Theatre Improvement programme:
- early session starts currently reporting four all day sessions across two Consultants in February.
- Sunday working currently equating to 38 theatre cases across three Sundays in February.
- standardisation of cases per session in accordance with GIRFT guidance of 4 arthroplasty joint lists continues in February following engagement by the arthroplasty lead. Bluespier currently reporting 20x four joint lists undertaken and booked through February involving 11 surgeons.
- focus on reducing cancellations and opportunities for improvement identified and implemented.
- The Trust is taking action to support the winter capacity in the system by offering theatre capacity, where available, continuing in February with 3x all day and 3x morning and 2x afternoon sessions currently scheduled this month.
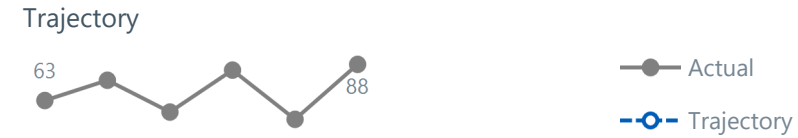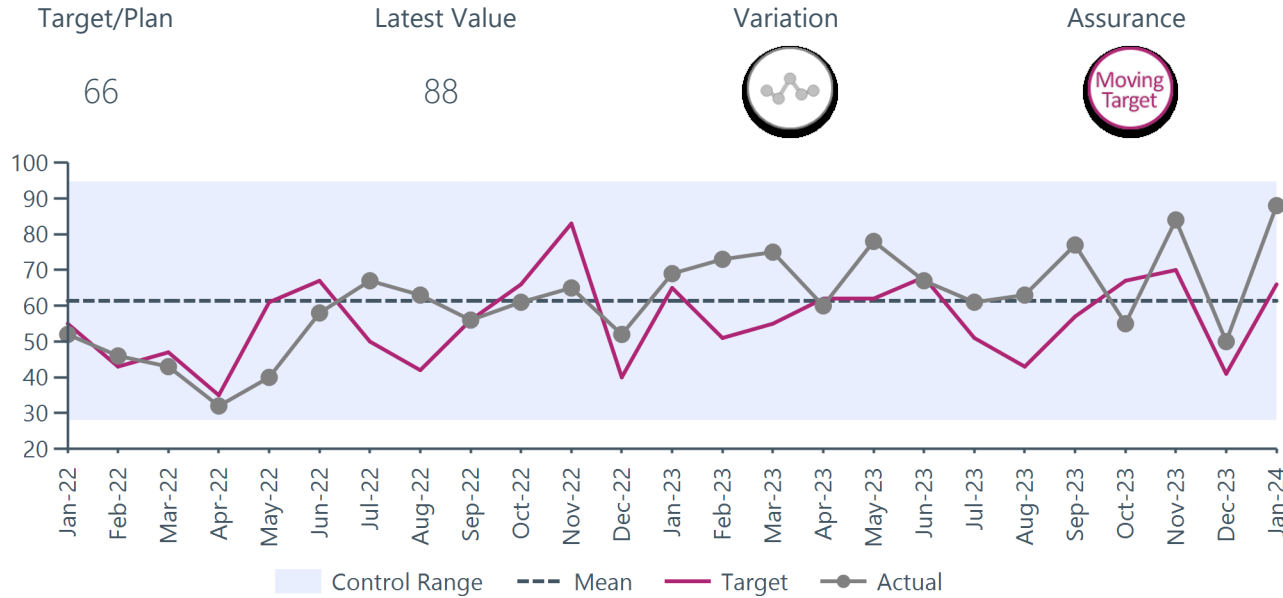
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
113	144	196	144	156	183	153	241	212	233	238	245	209

- Staff - Patients - Finances -

PP Activity - Theatres - against Plan

Private patient activity in Theatres in month, rated against plan. 217741

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
66	88		Moving Target	63 ... 88

Actual
Trajectory

Control Range   Mean   Target   Actual

What these graphs are telling us

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

Narrative

Part of the Trust's Finance mitigations is to over-achieve on private patient activity through Theatres from November onwards therefore this measure is included as an exception to emphasise the plan was exceeded in January.
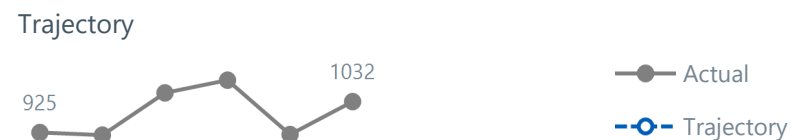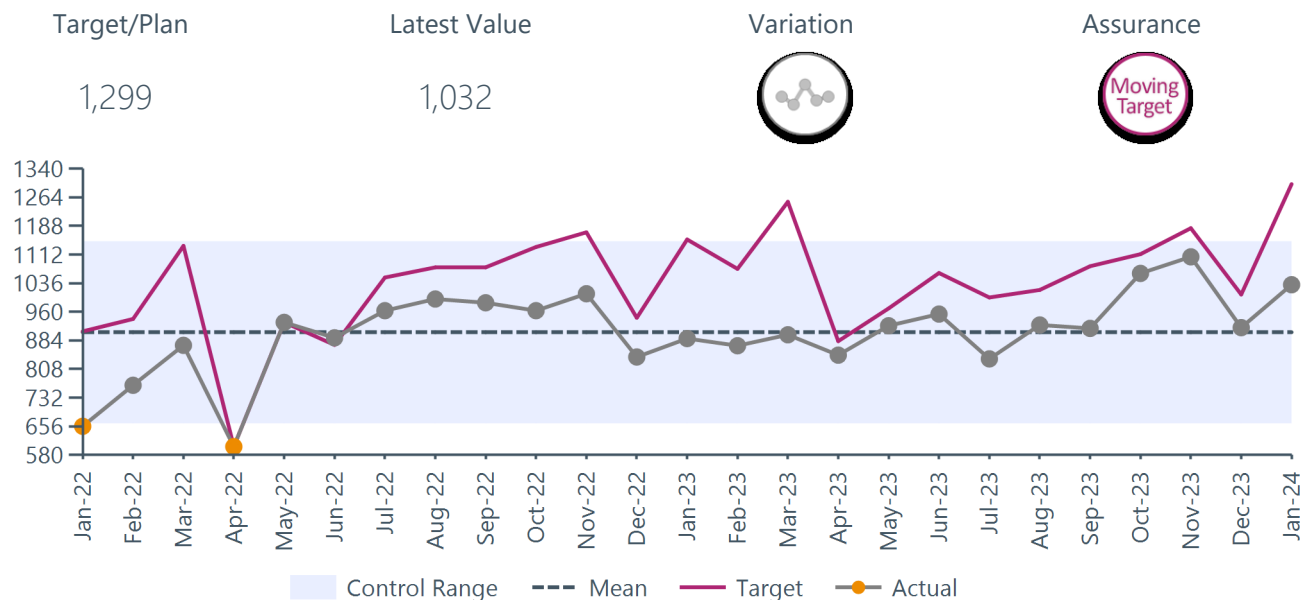
Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
69	73	75	60	78	67	61	63	77	55	84	50	88

-   Staff   -   Patients   -   **Finances**   -

Elective Activity Against Plan (volumes)

Total elective activity rated against plan. 217796

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
1,299	1,032		Moving Target	925 ... 1032

Actual
Trajectory

Control Range — Mean — Target — Actual

What these graphs are telling us

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

Narrative

Total elective activity reported externally against 2023/24 plan of 1299 in January was 1032, shortfall of 267 (79.45%).
Elective spell activity is broken down as follows:
- Elective patients discharged in reporting month following operation - plan was 1111; 776 delivered (69.85%)
- Elective patients discharged in reporting month, no operation - plan was 188; 256 delivered (136.17%)
- Non-theatre activity accounted for 24.73% of elective spells this month; plan was 14.47%.
Elective activity remains above the mean and within normal variation this month.

Actions

* Greater focus on Theatre Improvement programme:
- early session starts currently reporting four all day sessions across two Consultants in February.
- Sunday working currently equating to 38 theatre cases across three Sundays in February.
- standardisation of cases per session in accordance with GIRFT guidance of 4 arthroplasty joint lists continues in February following engagement by the arthroplasty lead. Bluespier currently reporting 20x four joint lists undertaken and booked through February involving 11 surgeons.
- focus on reducing cancellations and opportunities for improvement identified and implemented.
- The Trust is taking action to support the winter capacity in the system by offering theatre capacity, where available, continuing in February with 3x all day and 3x morning and 2x afternoon sessions currently scheduled this month.
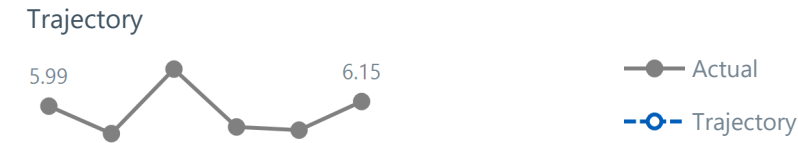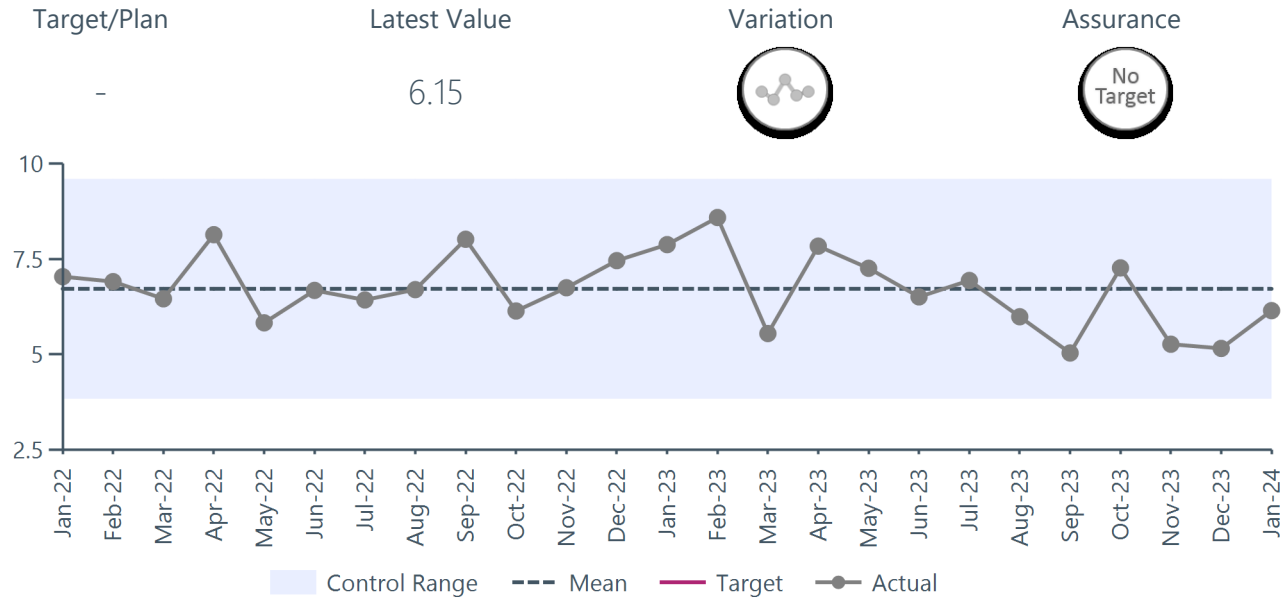
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
889	870	899	845	923	954	835	925	916	1062	1106	918	1032

- Staff - Patients - **Finances** -

Average Length of Stay – Elective & Non Elective

Length of Stay of all patients - Elective and Non Elective (excluding daycases). 217820

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
-	6.15		No Target

Trajectory

5.99   6.15

— Actual
--o-- Trajectory

Control Range   Mean   Target   Actual

What these graphs are telling us

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

Narrative

This KPI now encompasses both elective and non-elective patients. For August, the average length of stay was 6.15 days, with a breakdown as follows:

* Elective Patients - 2.47 days
* Non-Elective Patients 39.02 days; of which
- Spinal Injuries - 110.00 days
- Care of the Elderly - 23.13 days

System support was provided in January by opening an additional 16 sub-acute beds. These beds were on Kenyon ward where 12 patients were discharged whilst the ward was utilised this way, of which 5 patients had a length of stay over 20 days.

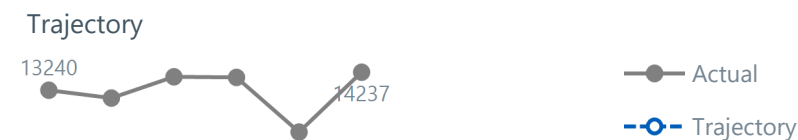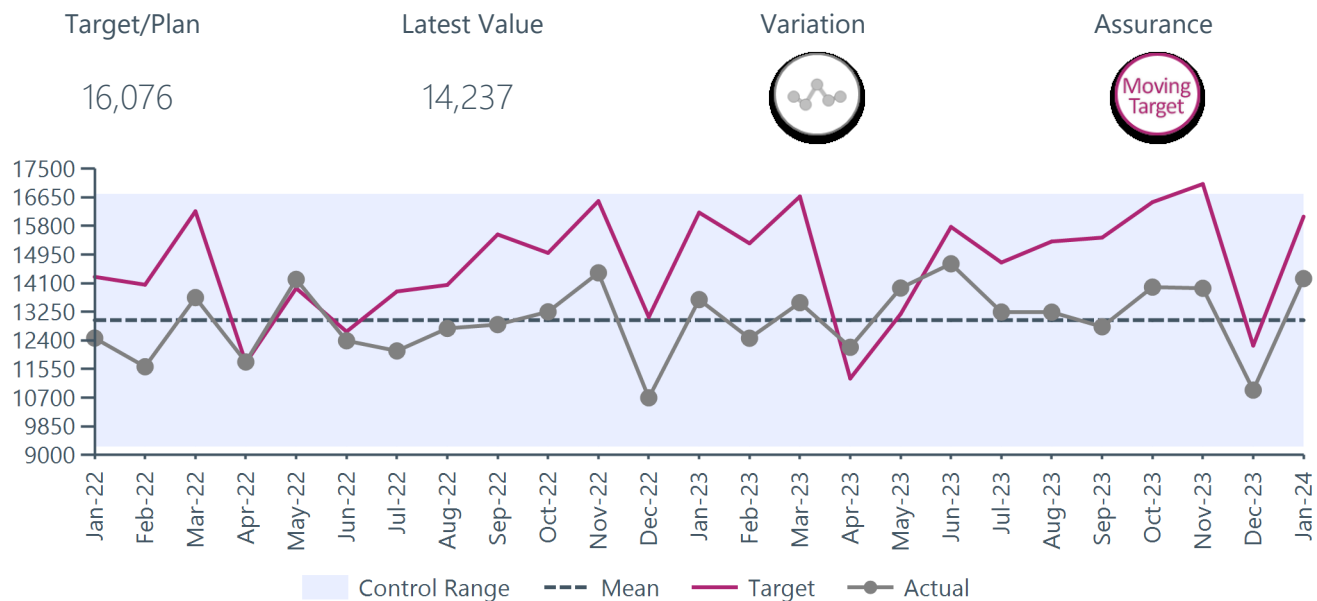There is currently no agreed target for this KPI.

Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
7.88	8.59	5.55	7.84	7.26	6.51	6.94	5.99	5.04	7.27	5.27	5.16	6.15

-   Staff   -   Patients   -   **Finances**   -

Total Outpatient Activity against Plan (volumes)

Total outpatient activity (consultant led and non-consultant led) against plan. 217795

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
16,076	14,237	(Common cause)	Moving Target	13240 ... 14237

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

Total outpatient activity undertaken in January was 14,237 against the 2023/24 plan of 16076; a shortfall of 1,839 that equates to 88.56% of plan. Due to the transition of services for SOOS & Therapies, if we were to exclude SOOS & Therapies from both the Plan and Activity delivered, the Trust position for January would be at 102.04% (250 above plan).

The activity numbers are always taken on 5th working day to allow 4 working days for administrative transactions.
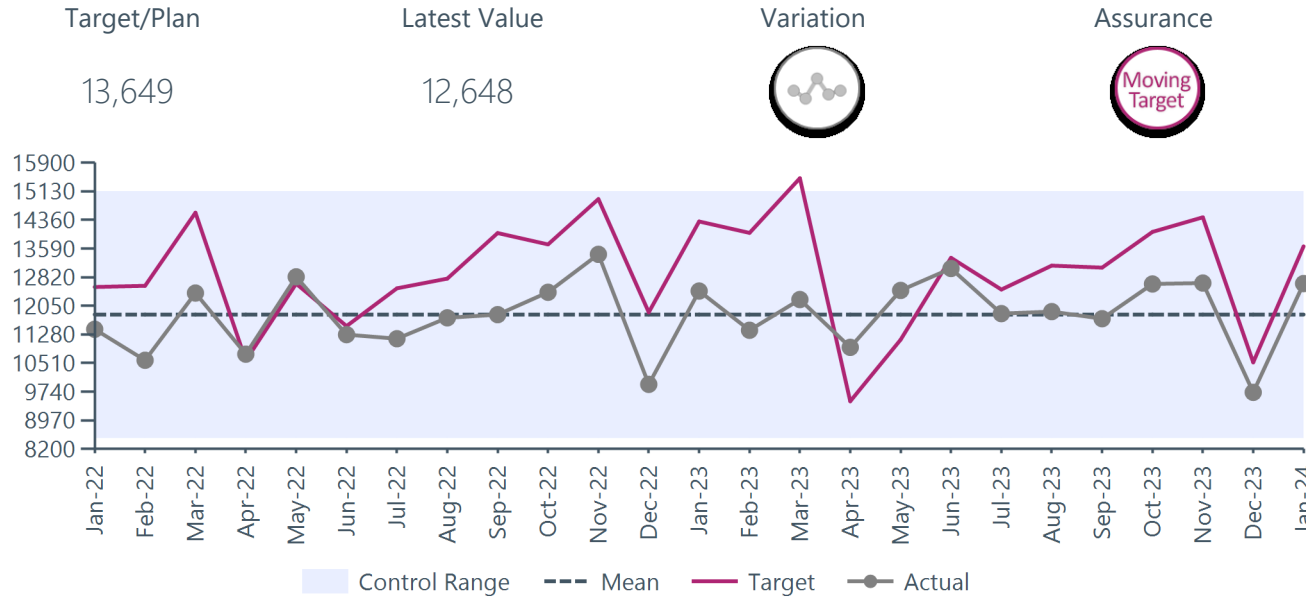
Actions

Outpatient Improvement Group meets fortnightly to discuss performance and actions in relation to Overdue Follow Ups, DNAs, PIFU & Virtual KPI's.
* Three other groups are in their infancy but will support with key areas of improvement, which are: Therapies Improvement Group, Radiology Improvement Group and Rheumatology Improvement Group
* All four of the above groups then feed into an Oversight group that meets monthly.
* Service Managers profiling and understanding activity at subspecialty level, keeping exception notes on changes and impacts to activity as and when they occur.
* Requirement to revisit plans at sub-speciality level.
* Plans being reviewed for 23/24 and 24/25.
* The impact of MUSST service is under assessment.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
13613	12466	13521	12197	13956	14676	13244	13240	12805	13983	13949	10925	14237

- Staff - Patients - Finances -

IJP Activity - Outpatients - against Plan

Total IJP Activity (consultant led and non-consultant led) against plan. 217583

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
13,649	12,648		Moving Target

Trajectory

11894

12648

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

Delivered activity is dependent on both IJP and OJP activity. This measure reflects on the amount the Trust utilises in job plan and will be monitored against 2023/24 plans.

In January, Outpatients have seen 12,648 via IJP, 1001 below the plan of 13,649 and equates to 92.67%. Year to date position is 95.42% against the IJP plan.

When looking at the IJP data with Therapies and SOOS excluded, January saw 10892 against a plan of 9804; this equates to 111.10%.

Though most SOOS activity is now being transacted through the RIO system, we are continuing to see small numbers of SOOS Physiotherapy activity.
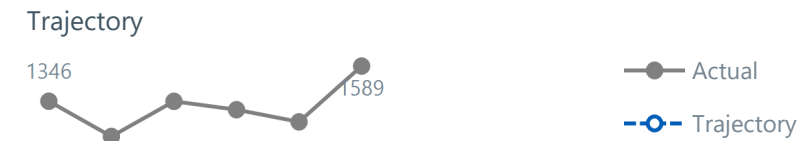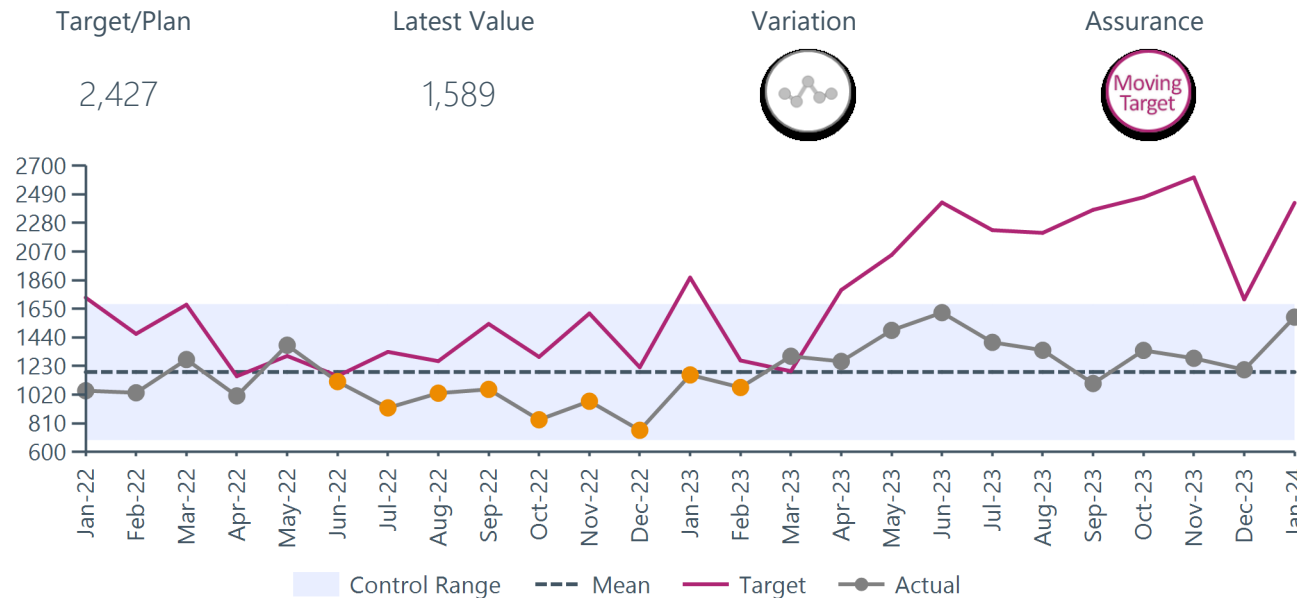
Actions

Discussions are taking place with service managers for the areas where IJP target is not being met to understand this in more detail and address any actions required.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
12448	11393	12219	10933	12464	13054	11840	11894	11703	12638	12662	9722	12648

- Staff - Patients - **Finances** -

OJP Activity - Outpatients - against Plan

Total OJP Activity (consultant led and non-consultant led) against plan. 217585

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
2,427	1,589		Moving Target	

Trajectory

1346 ● ● ● ● ● 1589

● 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

Delivered activity is dependent on both IJP and OJP activity. This measure reflects on the amount the Trust utilises out of job plan and will be monitored against 2023/24 plans.

In January, Outpatients have seen 1589 via OJP, 838 below the plan of 2427 equating to 65.47% of plan. Year to date position is 61.23% against OJP plan.

The sub-specialities with the highest variance against OJP plan in January were:

*Arthroplasty - 229 against a plan of 811 that equates to 28.24%; variance of 582
* Upper Limb - 219 against a plan of 537 that equates to 40.78%; variance of 318
* Foot & Ankle - 241 against a plan of 405 that equates to 59.51%; variance of 164

Spinal Disorders saw 659 OJP outpatient attendances in January, this is 422 above the plan of 237.

Actions

OJP service assessments are underway recognising the limitations in OJP.
* Plans being reviewed for 23/24 and 24/25.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
1165	1073	1302	1264	1492	1622	1404	1346	1102	1345	1287	1203	1589

- Staff - Patients - Finances -

Total Outpatient Activity - % Virtual

Total Outpatient Activity - % virtual against plan 217586

Exec Lead:
Chief Operating Officer
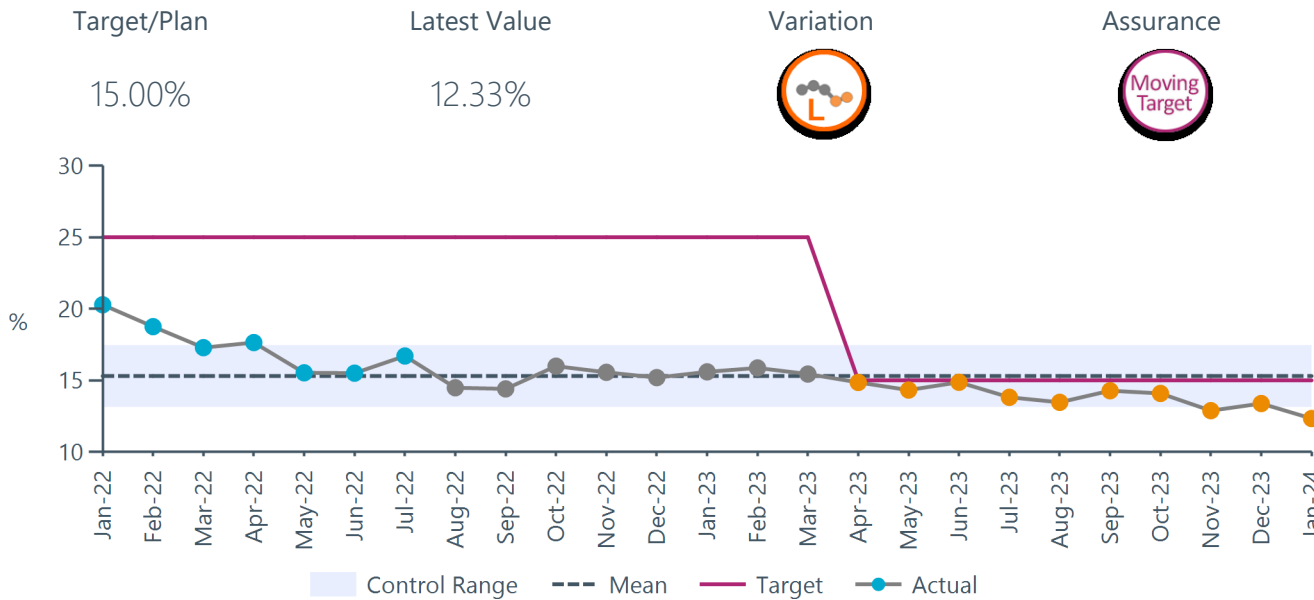
Target/Plan	Latest Value	Variation	Assurance	Trajectory
15.00%	12.33%	(L)	Moving Target	

O
18

— Actual
- O - Trajectory

What these graphs are telling us

Metric is experiencing special cause variation of a concerning nature. Metric has a moving target as a result of change this financial year.

Control Range   Mean   Target   Actual

Narrative

In January, the Total Virtual Outpatient Activity undertaken in the Trust was 1756 against 14237, equating to 12.33%.   This is broken down as follows:
* New appointments – 2.54% (109 out of 4285)
* Follow-up appointments - 16.55% (1647 out of 9952)

The sub-specialities with the highest achieving percentage for virtual appointments are:
* Spinal Injuries (56.56%; Rheumatology (32.22%) Tumour (24.01%);
The sub-specialities with the lowest virtual percentage, not achieving target are:
* Spinal Disorders (1.71%); Physiotherapy (2.29%); Upper Limb (5.58%)

Benchmarking has been carried out for Trauma and Orthopaedics against our peers, utilising data available on NHS Futures - ROH as being another regional specialist orthopaedic Trust and SaTH (T&O Only) as a system comparator. This shows that we are all performing at a similar rate against this metric, with the percentage of activity delivered virtually being under 12%.

Actions

*Communications to the consultants have been sent out for discussion at firm meetings regarding utilising the use of virtual appointments.

*Clinical engagement essential to improve performance. There is a reluctance from certain subspecialties to use virtual appointments due to the need to see how the patient presents in person.
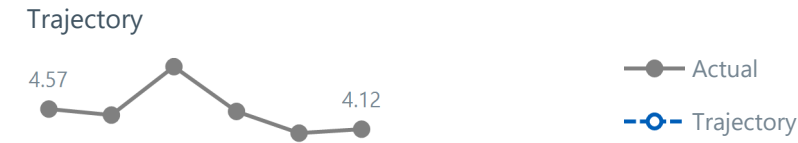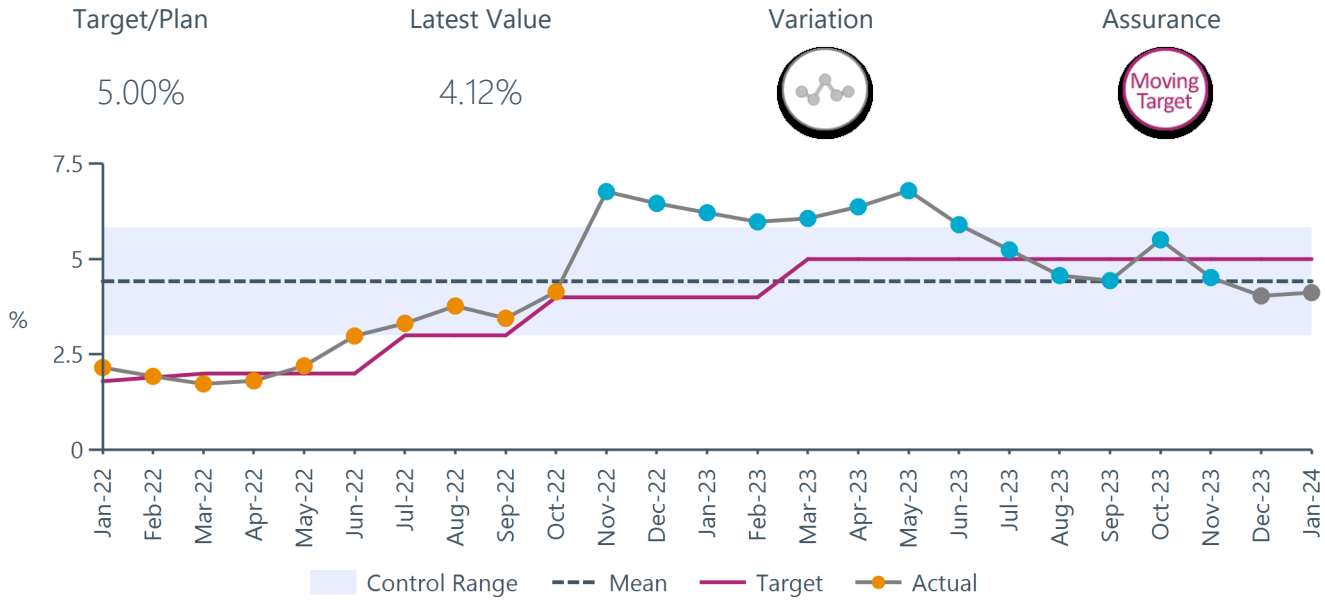
*It is intended that the discussions at these firm meetings will provide insight on the types of appointments that would be appropriate to be held virtually.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
15.60%	15.87%	15.44%	14.86%	14.32%	14.87%	13.82%	13.47%	14.28%	14.09%	12.88%	13.38%	12.33%

-   Staff   -   Patients   -   Finances   -

Total Outpatient Activity - % Moved to PIFU Pathway

Total Outpatient Activity - % Moved to Patient Initiated Follow Up Pathway against plan 217715

Exec Lead:
Chief Operating Officer

Target/Plan	Latest Value	Variation	Assurance
5.00%	4.12%	(common cause)	Moving Target

Trajectory

4.57 → 4.12

- 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

The target for the number of episodes moved to a PIFU Pathway is 5% of all outpatient attendances.

The % of patients moved to PIFU pathway for January was 4.12% equating to 587 patients.

The Teams with the highest achieving PIFU rate are:
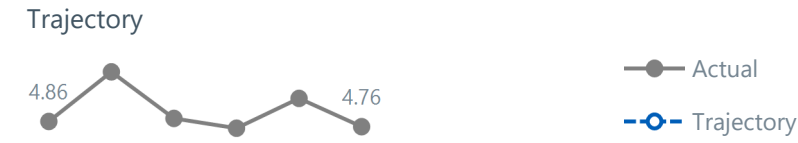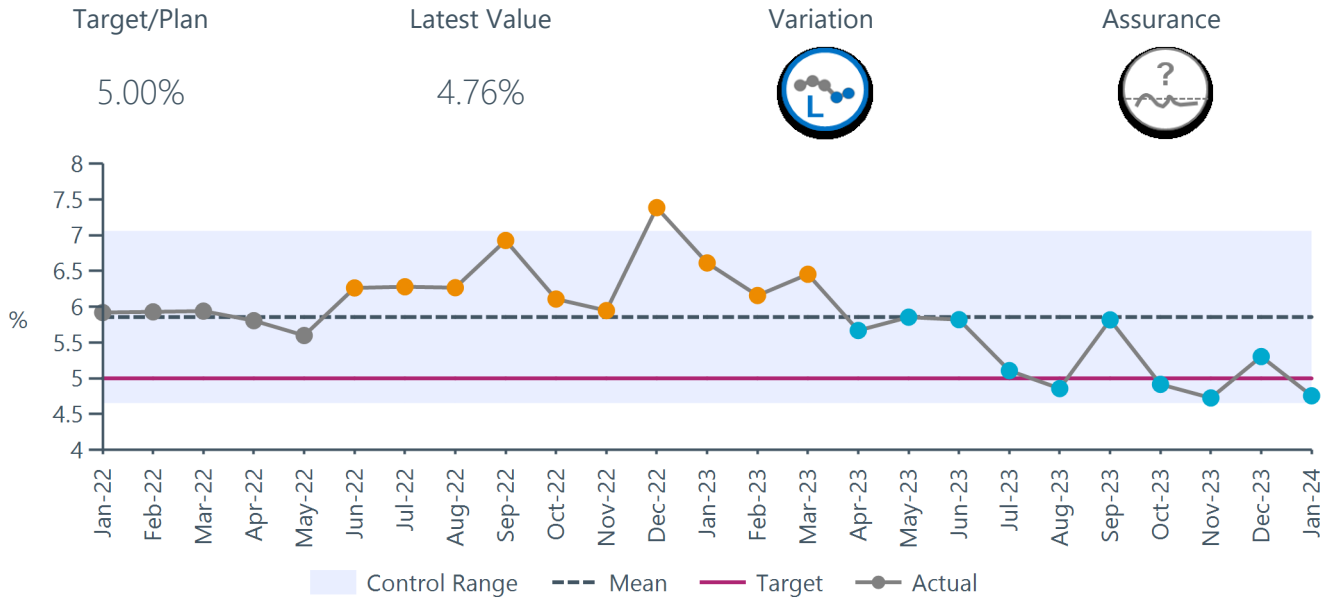Upper Limb (13.38%), Paediatric Orthopaedics (11.47%), & Occupational Therapy (8.14%).

Actions

System action - working with STW MSK with the transition of the MSST service from SOOS.
* Review of PIFU utilisation by sub-specialties to be undertaken with focus on different working practices within firms
* Exploring new variation of PIFU called 'Continuous PIFU' which will apply to our lifelong patients. This has the potential to boost numbers in certain sub-specialties.
* Clinical engagement has commenced within Rheumatology and MCSI to utilise continuous PIFU.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
6.21%	5.98%	6.06%	6.37%	6.79%	5.90%	5.24%	4.57%	4.44%	5.51%	4.52%	4.04%	4.12%

- 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	Trajectory
5.00%	4.76%			

Trajectory: 4.86 ... 4.76

- Actual
- Trajectory

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

The DNA rate achieved target in January with a rate of 4.76%.

There have been 10 months of improved performance with these data points all falling below the mean.

The Trust has been contacted by another regional orthopaedic hospital to share insight on how we are achieving and maintaining the current DNA rates.
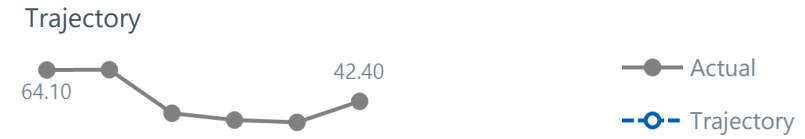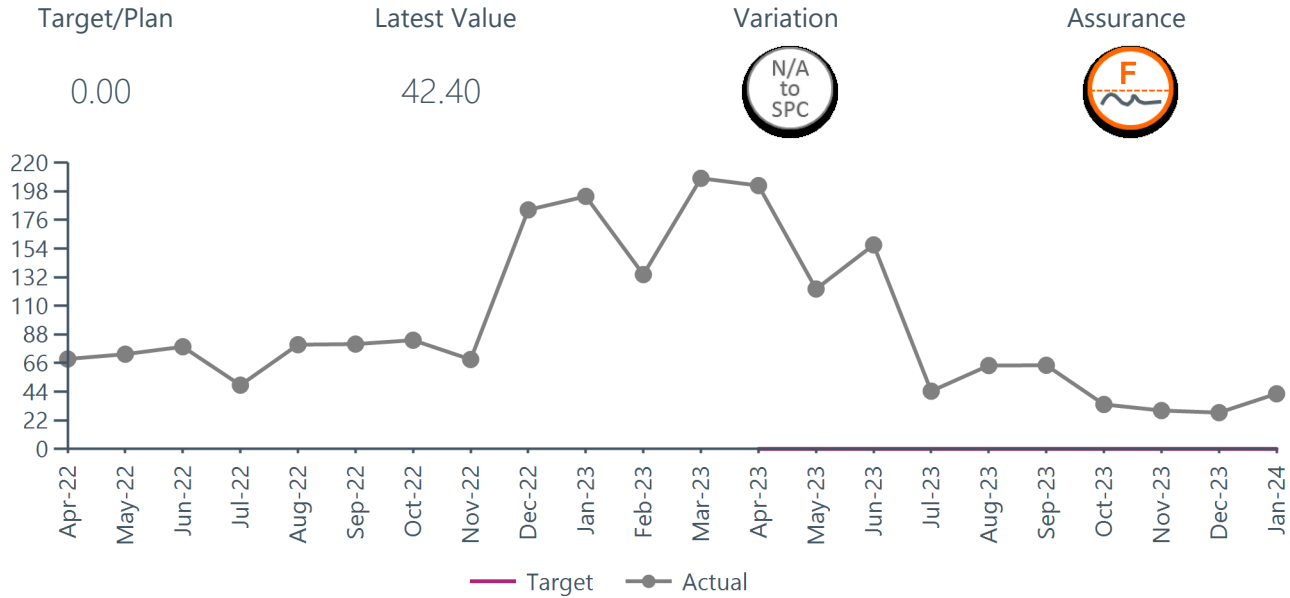
Actions

The Outpatient Improvement group meet fortnightly where DNAs is looked at. This group feeds into the monthly Outpatient Transformation Oversight group.

The actions below remain ongoing:
* Ensuring maximum confirmation rate wherever possible.
* Ensuring text reminder usage is maximised.
*Utilising the Synertec digital platform where patients can be offered the option to receive their letters digitally.
* Paediatric and Improvement Teams are working together on a script to enable the Paediatric Receptionist to call any DNAs to understand the reasons why.

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
6.61%	6.16%	6.45%	5.67%	5.86%	5.82%	5.11%	4.86%	5.82%	4.92%	4.73%	5.30%	4.76%

- Staff - Patients - **Finances** -

Agency Core - Off Framework

Annual ceiling for total agency spend introduced by NHS Improvement - Core Agency Off Framework 217817

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
0.00	42.40	N/A to SPC	F

Trajectory

64.10   42.40

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

Off framework usage at 16%, driven by 1:1 nursing support for MCSI patient.

Actions

- Continued engagement with NHSE/ICS regarding future arrangements given that this spend can not be tolerated within Agency limits
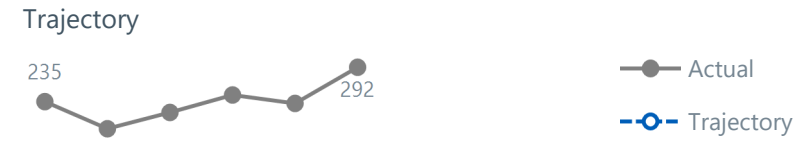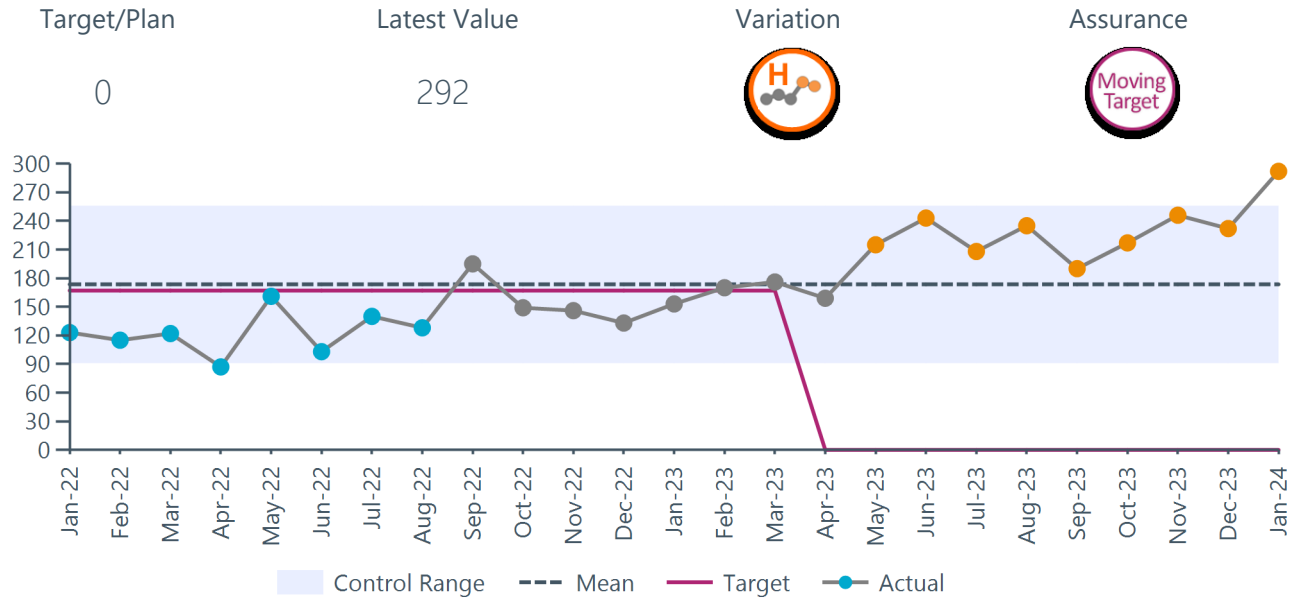
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
194	134	208	202	122	156	44	64	64	34	29	27	42

- Staff - Patients - **Finances** -

Insourcing Agency

Annual ceiling for total agency spend introduced by NHS Improvement - Non-Core Agency 216337

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance
0	292	H	Moving Target

Trajectory

235   292

- Actual
- Trajectory

What these graphs are telling us

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

Legend: Control Range — Mean — Target — Actual

Narrative

Includes spend with insourcing contracts which is required to be reported as Agency under new guidance.
Reporting change only - does not in itself generate a budgetary pressure as expenditure is planned.
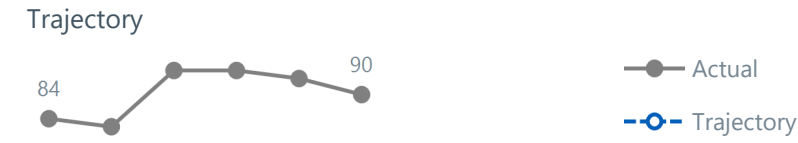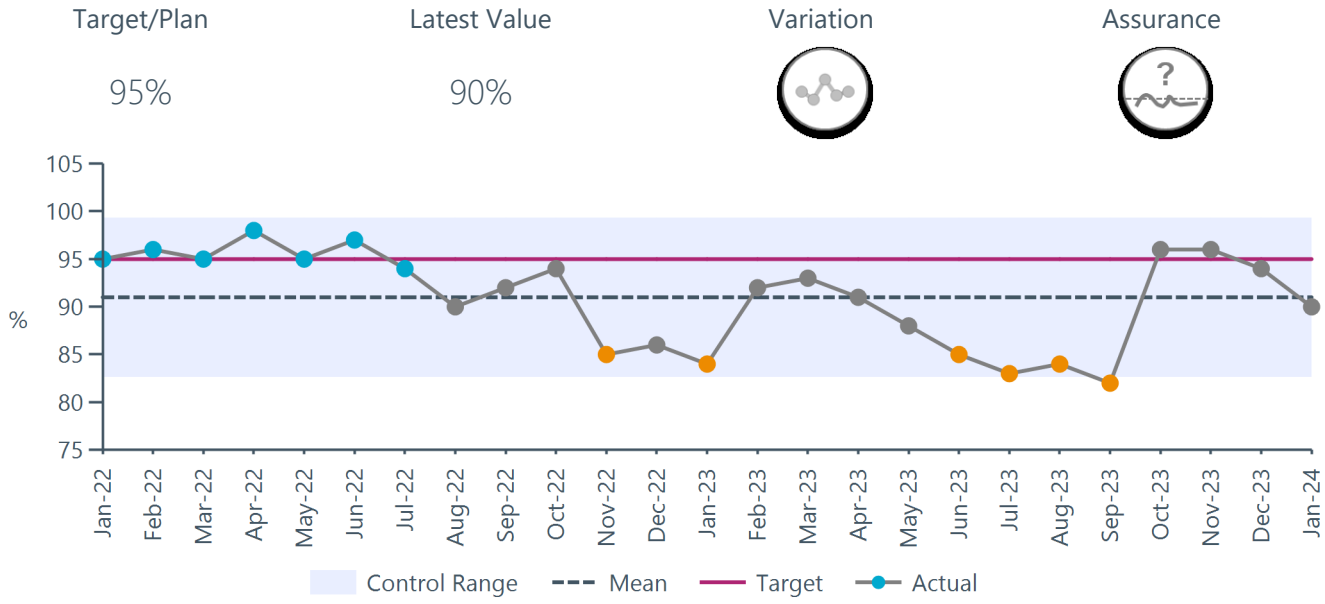
Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
153	170	176	159	215	243	208	235	190	217	246	232	292

- Staff - Patients - **Finances** -

Better Payment Practice Code (BPPC) % of Invoices paid within 30

Percentage of invoices paid within 30 days 217537

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
95%	90%			84 ... 90

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

Dropped below 95% target in-month mainly due to Pharmacy and Theatres, also general impact of No PO No Payment Policy being embedded

Actions

Work with the departments to minimise delays in receiving and authorising invoices.
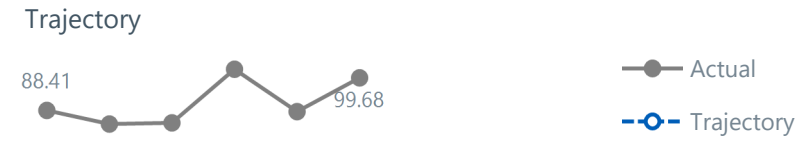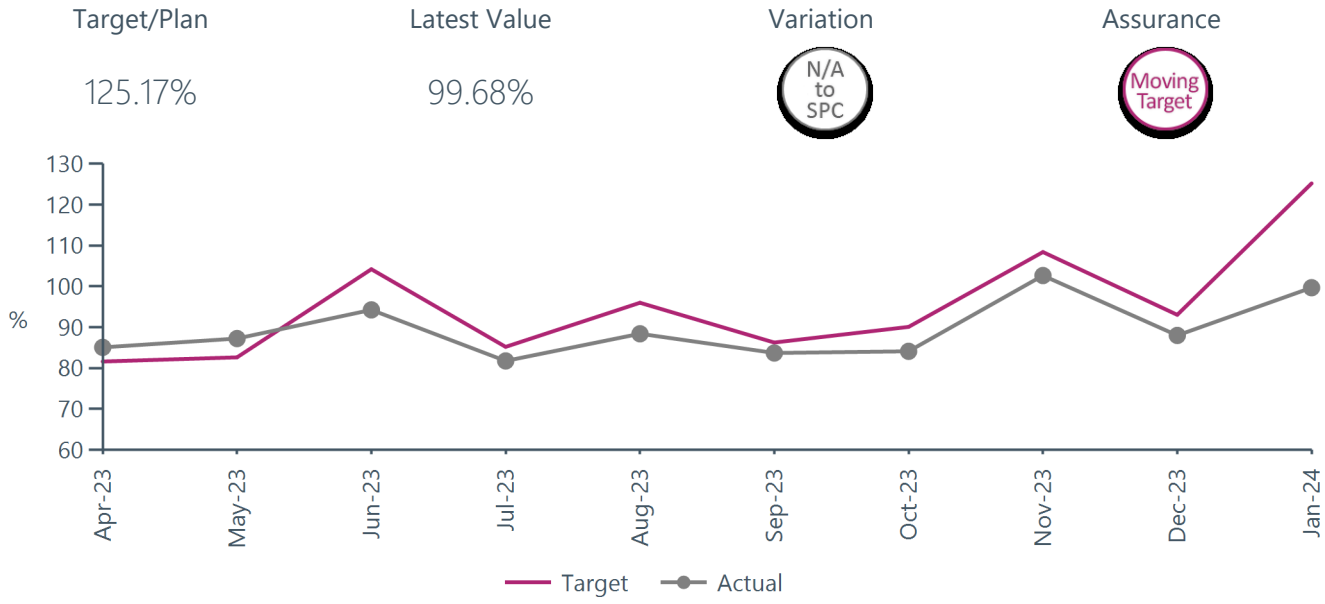
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
84.00%	92.00%	93.00%	91.00%	88.00%	85.00%	83.00%	84.00%	82.00%	96.00%	96.00%	94.00%	90.00%

- Staff - Patients - Finances -

Value Weighted Assessment

Relative value in pounds (£) of patient activity from the 2019/20 baseline to the 2023/24 actual delivery (English only) 217818

Exec Lead:
Chief Finance and Planning Officer

Target/Plan	Latest Value	Variation	Assurance	Trajectory
125.17%	99.68%	N/A to SPC	Moving Target	

Trajectory: 88.41 ... 99.68

Actual
Trajectory

What these graphs are telling us

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

Narrative

Adverse to plan ytd driven by industrial action activity losses and underlying shortfalls in activity for theatres and outpatients due to workforce constraints.

Actions

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
			85%	87%	94%	81%	88%	83%	84%	102%	88%	99%

- Staff - Patients - **Finances** -